

# **NORTHERN TERRITORY DRUG TRENDS 2011**



## **FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS)**

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Alcohol and Other Drugs Program  
Department of Health

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# Table of Contents

List of Tables	iv
List of Figures	vi
Acknowledgements	viii
Abbreviations	ix
Glossary of Terms	x
<b>EXECUTIVE SUMMARY</b>	<b>xi</b>
<b>1 INTRODUCTION</b>	<b>1</b>
1.1 Study aims	1
<b>2 METHOD</b>	<b>2</b>
2.1 Survey of people who inject drugs (PWID)	2
2.2 Survey of key experts (KE)	3
2.3 Other indicators	4
<b>3 DEMOGRAPHICS</b>	<b>5</b>
3.1 Overview of the participant sample	5
<b>4 CONSUMPTION PATTERNS</b>	<b>7</b>
4.1 Current drug use	7
4.2 Heroin	13
4.3 Methamphetamine	15
4.4 Cocaine	18
4.5 Cannabis	19
4.6 Other opioids	21
4.7 Other drugs	26
<b>5 DRUG MARKET: PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS</b>	<b>34</b>
5.1 Heroin	34
5.2 Methamphetamine	38
5.3 Cocaine	44
5.4 Cannabis	45
5.5 Methadone	51
5.6 Buprenorphine	54
5.7 Buprenorphine-naloxone	Error! Bookmark not defined.
5.8 Morphine	57
5.9 Oxycodone	60
<b>6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE</b>	<b>63</b>
6.1 Overdose and drug-related fatalities	63
6.2 Drug treatment	64
6.3 Hospital admissions	71
6.4 Injecting risk behaviours	73
6.5 Mental health problems and psychological distress	79

<b>6.6</b>	<b>Driving risk behaviour</b>	<b>81</b>
<b>7</b>	<b>LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE</b>	<b>83</b>
<b>7.1</b>	<b>Reports of criminal activity</b>	<b>83</b>
<b>7.2</b>	<b>Arrests</b>	<b>84</b>
<b>7.3</b>	<b>Finalised drug offences</b>	<b>87</b>
<b>7.4</b>	<b>Expenditure on illicit drugs</b>	<b>88</b>
<b>7.5</b>	<b>KE comment</b>	<b>88</b>
<b>8</b>	<b>SPECIAL TOPICS OF INTEREST</b>	<b>90</b>
<b>8.1</b>	<b>Heavy Smoking Index nicotine dependence</b>	<b>90</b>
<b>8.2</b>	<b>Alcohol use disorders identification test-consumption</b>	<b>90</b>
<b>8.3</b>	<b>Pharmaceutical opioids</b>	<b>91</b>
<b>8.4</b>	<b>Over the counter codeine</b>	<b>92</b>
<b>8.5</b>	<b>Injecting equipment use in the last month</b>	<b>93</b>
<b>8.6</b>	<b>Mental and physical health problems</b>	<b>96</b>
<b>8.7</b>	<b>Health service access</b>	<b>97</b>
<b>8.8</b>	<b>Online activities</b>	<b>98</b>
<b>8.9</b>	<b>Policy</b>	<b>98</b>
	<b>References</b>	<b>100</b>

## List of Tables

Table 1: Demographic characteristics of the participant sample, 2007-2011 .....	5
Table 2: Injection history, drug preferences and polydrug use, 2007-2011 .....	8
Table 3: Polydrug use history of the participants sample, 2011 (2010 in brackets).....	11
Table 4: Selected trends in participant heroin use, 2007-2011 .....	13
Table 5: Forms of heroin used previous six months by participants (%), 2007-2011 .....	14
Table 6: Forms of heroin used in previous six months by participants (%), 2007-2011.....	14
Table 7: Selected trends in participants' cocaine use, 2007-2011 .....	18
Table 8: Forms of cocaine used previous six months, % participants, 2007-2011 .....	18
Table 9: Selected trends in participants' cannabis use, 2007-2011 .....	19
Table 10: Forms of cannabis used previous six months and main form, 2007-2011 (%) .....	20
Table 11: Forms of methadone used previous six months and primary form, 2007-2011 (%) .....	21
Table 12: Frequency of methadone use in previous six months, 2007-2011 (%).....	22
Table 13: Selected trends in participants' morphine use, 2007-2011.....	22
Table 14: Forms and brands of morphine used previous six months, 2007-2011 (%) .....	22
Table 15: Frequency of illicit morphine use in previous six months, 2007-2011 (%).....	23
Table 16: Selected trends in participants' recent oxycodone use, 2007-2011 (%).....	23
Table 18: Selected trends in illicit Subutex use, 2007-2011.....	24
Table 19: Frequency of illicit Subutex use in previous six months, 2007-2011 (%).....	24
Table 21: OTC codeine use characteristics, 2009-2011 (%).....	25
Table 22: Hallucinogen forms most used, 2007-2011.....	28
Table 23: Forms of benzodiazepine most used and main brands, 2007-2011 .....	30
Table 25: Seroquel use, selected characteristics, 2011 (%) .....	31
Table 26: Median price of most recent heroin purchases, 2007-2011, \$ (n) .....	34
Table 27: Reports of heroin price movements in the past six months, 2007-2011 (%) .....	34
Table 28: Participant reports of heroin availability in the past six months, 2007-2011 (%).....	35
Table 29: Usual source person and venue for purchases of heroin in the preceding six months, 2007-2011 (%).....	36
Table 30: Participants perceptions of heroin purity, past six months, 2007-2011 (%) .....	37
Table 31: Price of most recent methamphetamine purchases by participants, 2010-11 .....	38
Table 32: Methamphetamine price movements in the last six months, 2011 (%).....	40
Table 33: Participants reports of methamphetamine availability in the past six months, 2007-2011 (%) .....	41
Table 34: Last source person and source venue for purchases of methamphetamine in the preceding six months, (%).....	42
Table 35: Price of most recent cannabis purchases by participants, 2010-2011.....	45
Table 36: Price movements of cannabis in the past six months, 2011 (%) .....	46
Table 37: Participants' reports of cannabis availability in the past six months, 2007-2011 (%) .....	47
Table 38: People from whom cannabis was purchased in the preceding six months, 2007-2011 (%) .....	48
Table 39: Median price of most recent illicit methadone purchase, 2007-2011 (\$) .....	51
Table 40: Illicit methadone price movements past six months, 2007-2011 (%).....	52
Table 41: Usual source person and venue for purchases of illicit methadone in the preceding six months, 2007-2011 .....	53
Table 42: Median price of illicit Subutex reported by participants, 2007-2011 .....	54
Table 43: Usual source person and source of illicit Subutex in the preceding six months, 2007-2011 (%) .....	55
Table 44: Median price (\$) of most recent illicit morphine purchase by participants, 2007-2011 .....	57
Table 45: Illicit morphine price movements, past six months, 2007-2011 .....	57

Table 46: Usual source person and venue for purchases of morphine in the preceding six months, 2007-2011 (%) .....	59
Table 47: Median price (\$) of most recent illicit oxycodone purchase by participants, 2007-2011.....	60
Table 48: Price movements of oxycodone in the past six months, 2007-2011 (%) .....	60
Table 49: Participants' reports of oxycodone current availability, 2007-2011 (%) .....	61
Table 50: Participants' reports of oxycodone availability change in the past six months, 2007-2011 (%) .....	61
Table 51: People from whom oxycodone was purchased in the preceding six months, 2007-2011 (%) .....	62
Table 52: Overdose on other drugs by participants, 2007-2011 (%).....	64
Table 53: Proportion of participants reporting using injecting equipment after someone else in the month preceding interview, 2007-2011 .....	73
Table 54: Reuse of own needles, 2008-2011 (%).....	73
Table 55: Proportion of participants reporting last location for injection in the month preceding interview, 2007-2011.....	74
Table 56: Source of needles in last six months, 2008-2011 (%) .....	74
Table 57: Injection site and needle use characteristics, 2011 .....	74
Table 58: Total notification of HBV, HCV and HIV, 2000-2011 .....	75
Table 59: HIV and HCV antibody prevalence in NSP survey respondents, 1999-2009.....	75
Table 60: Proportion of participants reporting injection-related problems month prior to interview, by problem type, 2007-2011 .....	76
Table 61: Proportion of participants self-reporting recent mental health problems, 2007-2011 (%) .....	79
Table 62: Types of medication received for mental health problems, 2007-2011 (%).....	79
Table 63: Level of psychological distress, 2008-2011 .....	80
Table 64: Self-reported impairment after drug driving, 2007-2011 (%) .....	82
Table 65: Criminal and police activity as reported by participants, 2007-2011 (%) .....	83
Table 66: Heroin arrest and seizure characteristics, 2005/06-2009/10 .....	84
Table 67: Cocaine arrest and seizure characteristics, 2005/06-2009/10 .....	86
Table 68: Cannabis arrest and seizure characteristics, 2005/06-2009/10 .....	86
Table 69: Cannabis infringement notices, 2005/06-2009/10.....	86
Table 70: Amount spent on drugs on the day before interview, 2003-2011 (%).....	88
Table 71: Heavy Smoking Index for nicotine dependence.....	90
Table 72: AUDIT-C among people who inject drugs and drank alcohol in the past year, 2010-2011.....	91
Table 73: Pharmaceutical opioids use among people who inject drugs.....	92
Table 74: Over the counter codeine use and pain.....	93
Table 75: Injecting equipment used in the last month among those who commented, Australian NSP Survey 2008 & NT 2011, (%).....	94
Table 76: Injecting equipment reused in the last month among those who commented, by Australian NSP Survey 2008 & NT 2011, (%).....	94
Table 77: Injecting equipment cleaned in the last month among those who commented, by Australian NSP Survey 2008 & NT 2011 (%).....	95
Table 78: Injecting equipment cleaning substance and method, among those who commented, 2011 (%).....	96
Table 79: Health service access in the last four weeks, 2011 (%) .....	97
Table 80: Proportion of PWID that online activity related to drug use.....	98
Table 81: Support and strongly support measures to reduce problems associated with heroin, for legalisation of illicit drugs and the increase of penalties for illicit drugs.....	99

## List of Figures

Figure 1: Age distribution of participants in the NT IDRS samples, 2002-2011 .....	6
Figure 2: Drug injected most last month, 2002-2011 .....	9
Figure 3: Patterns of heroin use by participants, 2002-2011.....	13
Figure 4: Proportion of participants reporting methamphetamine and pharmaceutical stimulant use in the past six months, 2002-2011 .....	16
Figure 5: Patterns of methamphetamine use among recent users (any form), 2002-2011.....	16
Figure 6: Methamphetamine form most used in the preceding six months, among recent methamphetamine users, 2002-2011 .....	17
Figure 7: Median days cocaine use in the past six months, 2003-2011 .....	18
Figure 8: Median number of days of cannabis use in the past six months, 2002-2011 .....	19
Figure 9: Patterns of cannabis use by recent users, 2002-2011 .....	20
Figure 10: Proportion of participants reporting ecstasy use and injection in the preceding six months, 2003-2011 .....	27
Figure 11: Patterns of ecstasy use, 2003-2011 .....	27
Figure 12: Proportion of participants reporting hallucinogen use and injection in the preceding six months, 2003-2011 .....	28
Figure 13: Median days use and injection of hallucinogens in the past six months, 2003-2011.....	28
Figure 14: Proportion of participants reporting benzodiazepine use and injection in the preceding six months, 2003-2011 .....	29
Figure 15: Median days use and injection of benzodiazepines in the past six months, 2003-2011.....	29
Figure 16: Patterns of benzodiazepine use, 2003-2011 .....	30
Figure 17: Patterns of recent alcohol use, 2003-2011 .....	32
Figure 18: Participant reports of tobacco use in the last six months, 2003-2011 .....	32
Figure 19: Participant reports of current heroin availability, 2001-2011 .....	35
Figure 20: Median prices of speed powder estimated from participant purchases, 2002-2011.....	39
Figure 21: Median prices of base estimated from participant purchases, 2002-2011.....	39
Figure 22: Median prices of ice/crystal estimated from participant purchases, 2002-2011 .....	39
Figure 23: Participant perceptions of methamphetamine purity (speed, base and ice/crystal) among those who commented, 2011 .....	43
Figure 24: Proportion of participants reporting speed powder, base and ice/crystal purity as 'high', among those who commented, 2002-2011 .....	43
Figure 25: Median prices of cannabis estimated from participant purchases, 2003-2011 .....	46
Figure 26: Participant reports of current cannabis availability, 2002-2011 .....	47
Figure 27: Current potency of hydro, % able to comment, 2004-2011.....	49
Figure 28: Current potency of bush, % commented, 2004-2011.....	49
Figure 29: Change in potency of hydro and bush cannabis in past six months, % able to comment, 2011 .....	50
Figure 30: Current availability of illicit methadone, % commented, 2003-2011 .....	52
Figure 31: Change in availability of illicit methadone in the last six months, % commented, 2011 (n=5) .....	53
Figure 32: Current availability of illicit Subutex, % commented, 2007-2011.....	54
Figure 33: Change in availability of illicit Subutex/buprenorphine in the last six months, % commented, 2007-2011 .....	55
Figure 34: Current availability of illicit morphine, % commented, 2003-2011 .....	58
Figure 35: Change in availability of illicit morphine in the last six months, % commented, 2011.....	58
Figure 36: Proportion of participants reporting treatment in the last six months, 2002-2011 ...	65
Figure 37: Number of episodes commenced in NT AODTS where heroin was the principal or other drug of concern, 2001/02-20010/11 .....	65

Figure 38: Number of episodes commenced in NT AODTS where methamphetamine was the principal or other drug of concern, 2001/02-2010/11 .....	66
Figure 39: Number of episodes commenced in NT AODTS where cocaine was the principal or other drug of concern, 2001/02-2010/11 .....	66
Figure 40: Number of episodes commenced in NT AODTS where cannabis was the principal or other drug of concern, 2001/02-2010/11 .....	67
Figure 41: Number of episodes commenced in NT AODTS where morphine was the principal or other drug of concern, 2001/02-2010/11 .....	67
Figure 42: Number of episodes commenced in NT AODTS where ecstasy was the principal or other drug of concern, 2001/02-2010/11 .....	68
Figure 43: Number of episodes commenced in NT AODTS where benzodiazepines were the principal or other drug of concern, 2001/02-2010/11 .....	68
Figure 44: Opioid-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2008/09 .....	71
Figure 45: Amphetamine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2008/09 .....	71
Figure 46: Cocaine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2008/09 .....	72
Figure 47: Cannabis-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2008/09 .....	72
Figure 48: Recent injection in the participant sample, 2000-2011 .....	76
Figure 49: Main drug causing dirty hit in last month, 2003-2011 .....	77
Figure 50: Participants driving after taking an illicit drug by drug type, 2006-2011 .....	82
Figure 51: Proportion of participants reporting engagement in criminal activity in prior month, by offence type, 2000-2011 .....	84
Figure 52: Number of ATS seizures in NT, 1999/00-2009/10 .....	85
Figure 53: Number of ATS total consumer and provider arrests in the NT, 1999/00-2009/10 .....	85
Figure 54: Number of infringement notices served for cultivation or possession of cannabis 1999/00-2010/11 .....	87
Figure 55 : Finalised offences for illicit drug-related crimes 2000/01-2010/11 .....	87
Figure 56: SF-12 scores for IDRS participants compared with the general Australian population (ABS), 2011 .....	97



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## Abbreviations

<b>ABS</b>	Australian Bureau of Statistics
<b>ACC</b>	Australian Crime Commission
<b>ACT</b>	Australian Capital Territory
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AGDH&amp;A</b>	Australian Government Department of Health and Ageing
<b>AFP</b>	Australian Federal Police
<b>AOD</b>	Alcohol and Other Drugs
<b>AODTS</b>	Alcohol and Other Drugs Treatment Services
<b>BBVI</b>	Blood-borne viral infections
<b>D&amp;A</b>	Drug and Alcohol
<b>GP</b>	General Practitioner
<b>HBV</b>	Hepatitis B virus
<b>HCV</b>	Hepatitis C virus
<b>HIC</b>	Health Insurance Commission
<b>HIV</b>	Human Immuno-deficiency Virus
<b>IDRS</b>	Illicit Drug Reporting System
<b>KE</b>	Key Expert(s)
<b>NCHECR</b>	National Centre in HIV Epidemiology and Clinical Research
<b>NDARC</b>	National Drug and Alcohol Research Centre
<b>NDLERF</b>	National Drug Law Enforcement Research Fund
<b>NNDSS</b>	National Notifiable Diseases Surveillance System
<b>NSP</b>	Needle and Syringe Program(s)
<b>NT</b>	Northern Territory
<b>NTAHC</b>	Northern Territory AIDS and Hepatitis Council
<b>NTDHCS</b>	NT Department of Health and Community Services
<b>NTPFES</b>	NT Police, Fire and Emergency Services
<b>OPP</b>	Opiate Pharmacotherapy Program
<b>PBS</b>	Pharmaceutical Benefit Scheme
<b>PWID</b>	People Who Inject Drugs
<b>SPSS</b>	Statistics Package for the Social Sciences

## Glossary of Terms

Cap	Small amount, typically enough for one injection
Half-weight	0.5 grams
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the IDRS (see Method section for further details)
Key expert(s)	Also referred to as KE; persons participating in the Key Expert Survey component of the IDRS (see Method section for further details)
Licit	Licit refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
Participant	In the context of this report, refers to persons who participated in the Injecting Drug User Survey (does not refer to key expert participants unless stated otherwise)
People who inject drugs	Also referred to as PWID. In the context of the IDRS, refers to persons participating in the Injecting Drug User Survey component of the IDRS (See Method section for further details)
Point	0.1 gram although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
Use	Use via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing

## Guide to days of use/injection

180 days	daily use/injection* over preceding six months
90 days	use/injection* every second day
24 days	weekly use/injection*
12 days	fortnightly use/injection*
6 days	monthly use/injection*

\*as appropriate

## EXECUTIVE SUMMARY

This report presents the 2011 Illicit Drug Reporting System (IDRS) results for the Northern Territory (NT). This is the eleventh year this study has been conducted in the NT.

The IDRS is coordinated by the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales. It is funded by the Australian Government Department of Health and Ageing.

The IDRS analyses data from a survey of people who inject drugs (PWID, referred to in this report as participants or respondents), a survey of key experts (KE) and secondary illicit drug-related indicator data in order to monitor the price, purity and availability of a range of illicit drugs. The IDRS also identifies emerging drug trends through comparison of results obtained in previous years.

### **Demographic characteristics of the survey respondents**

As in previous years, the 2011 sample of PWID was predominantly male (70%). The mean age was 42 years and 87% of the respondents were unemployed or on a pension at the time of interview. Eight percent reported full-time employment, down from 12% in 2010. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander increased to 28% in 2011. Ninety percent reported heterosexual status while 6% identified as bisexual and 3% as gay or lesbian. Year 10 was again the mean for years of education although 46% reported some form of post-secondary education. Reported participation in treatment dropped to 4% of the sample (12% in 2010) and 44% reported prior prison history.

The demographic profile of the IDRS sample is similar to that surveyed in previous years.

### **Patterns of drug use**

Recent drug use refers to use in the six months preceding the IDRS interview. As in 2010, any form of morphine (either prescribed or not prescribed) was the drug recently used by the largest proportion of the population (81%), followed by cannabis (71%), any form of benzodiazepines (61%) and any form of methamphetamine (55%).

Morphine was again the drug injected most often in the last month (68% of the sample), with 68% of the sample also reporting morphine as the most recent drug injected. In 2010, 83% of the sample reported morphine as the drug most often injected in the last month and 79% reported morphine as the last drug injected. Illicitly obtained morphine was again the most commonly used illicit drug in the past six months (by 72% of the sample), followed closely by cannabis (71% of the sample).

Some form of methamphetamine was again the drug most likely to be the first drug injected (by 52% of the sample) although only 19% of the sample identified any form of methamphetamine as the most recent drug injected. Methamphetamine powder ("speed powder" or "speed") was again the form most frequently used by PWID in the previous six months (43%), followed by crystal methamphetamine ("crystal", "ice" or "shabu") at 28%, methamphetamine base ("base") at 12% and methamphetamine liquid at 4%.

In 2011, 9% of the sample reported recent heroin use, an increase from the 5% who reported recent heroin use of 2010. Seventy-four percent reported heroin use at some time in their lives. Thirty-four percent of the sample (35% in 2010) reported recent use of any form of methadone (including prescribed and non-prescribed methadone liquid and Physeptone). Thirteen percent of the sample reported recent use of either prescribed or non-prescribed Subutex (buprenorphine) while 19% reported recent use of Suboxone

(buprenorphine-naloxone). Thirty-two percent of the sample reported recent injection of oxycodone (33% in 2010) and 52% reported recent use of over-the-counter (OTC) codeine, an increase from the 35% who reported recent OTC codeine use in 2010.

Recent use of any form of benzodiazepine increased to 61% of the sample (52% in 2010 and 55% in 2009), with 36% of the sample reporting recent use of non-prescribed Alprazolam. Only one participant reported recent use of cocaine (4% in 2010) and recent hallucinogenic use was also infrequent, reported by 7% of the sample (4% in 2010).

Recent alcohol use was reported by 63% of the sample (57% in 2010) and daily use of tobacco was reported by 97% of the sample (90% in 2010).

### **Heroin**

Nine percent of the sample reported recent heroin use (5% in 2010), on a median of 21 days. Any form of heroin, including homebake, was recently used by 11% of the sample (9% in 2010) on a median of 12 days. Eleven percent of the sample also reported recently injecting heroin (5% in 2010). In 2011, white or off-white heroin powder was the form most frequently used whereas in 2010 homebake was the form most often used.

Consistent with previous years, few participants were able to comment upon heroin price, purity and availability. Two respondents commented upon the price of a cap of heroin (median of \$80) and two upon the price of a gram of heroin (median of \$550). The reported median price of a cap of heroin in 2011 is equal to that reported in 2009. One respondent reported high purity, two considered purity to be low and one reported fluctuating purity. Two of the four respondents who commented upon current heroin availability considered that it was easy while the other two rated current availability as difficult.

### **Methamphetamine**

Fifty-five percent of the sample reported recent use of any form of methamphetamine, which includes speed powder, ice, base and liquid. This is a notable increase from 36% who reported recent use of any form of methamphetamine in 2010 and equal to the proportion of the sample who reported recent use of any form of methamphetamine in 2009. Speed powder was again the form most frequently used (by 43% of the sample compared to 25% in 2010), followed by ice (28% compared to 18% in 2010), base (12% compared to 6% in 2010) and liquid (4% compared to 2% in 2010).

Over half the sample (51%) reported recent injection of any form of methamphetamine, an increase from the 34% who reported recent injection in 2010 and equal to the 2009 result. Twenty-four percent of the sample reported recent injection of ice (16% in 2010) and 13% reported recently smoking ice (3% in 2010).

In 2011 the median price of both points (one tenth of a gram) and half-weights of speed powder did not differ to prices reported in 2010, with the median price of points at \$100 and the median price of a half-weight at \$250. The median price for a gram of speed powder was \$400, a decrease from the 2010 median price of \$450. The cost of ice reduced to a median of \$1,000 a gram from \$1,350 in 2010 and points reduced to a median of \$150 compared to \$200 in 2010. The median price of a gram of base increased to \$700 from \$250 in 2010 and there was a concomitant increase in the median price of points (\$150 in 2011 compared to \$100 in 2010). More respondents considered the price of speed powder and ice to be increasing (rather than decreasing, stable or fluctuating) whereas of the few who commented upon base methamphetamine price movements, most considered price to be stable.

Eighty percent of those able to comment considered that speed powder was currently either easy or very easy to obtain, a notable increase from the 42% who rated powder current

availability as easy or very easy in 2010. As with speed powder, there was an increase in the proportion of respondents who rated very easy or easy availability of ice, from 64% in 2010 to 77% in 2011. Of the few respondents who commented upon base methamphetamine availability, 60% rated availability as very easy or easy while 40% rated availability as difficult.

### **Cocaine**

Reported use of cocaine continued to decline. In 2011, only 1% (one participant) reported recent use as compared to 4% in 2010 and 12% in 2009.

As in 2010, no participants were able to comment upon cocaine price, purity or availability. KE comments confirmed very low levels of availability and use with one police officer KE suggesting that cocaine was mainly used by a select group of individuals.

### **Cannabis**

After morphine, cannabis was again the second most frequently used drug. Seventy-one percent of the sample reported recent use and this was a lower proportion than in recent years: 72% in 2010, 78% in 2009, 83% in 2007 and 84% in 2006. Hydroponic cannabis was again the form most commonly and most often used and a pattern of daily use remained most common. Cannabis was smoked by participants on a median of 90 days, a result similar to that obtained in recent years.

In 2011 the median price of a gram of hydroponically grown cannabis remained stable at \$30 while the median price of a gram of bush cannabis halved to \$15. The median price of an ounce of hydro also remained stable at \$450 while the median price of an ounce of bush cannabis reduced from \$300 in 2010 to \$210 in 2011. There were far fewer purchasers of bush cannabis than of hydro. The majority of respondents considered that the price of both hydro and bush cannabis had remained stable.

Current hydro availability was considered easy or very easy by 95% of respondents, an increase from the 83% who had rated hydro availability as easy or very easy in 2010. Fifty-seven percent of respondents rated current availability of bush cannabis as easy (55% in 2010) while only 7% rated availability of bush cannabis as very easy (18% in 2010). KE comments highlighted a scarcity of bush cannabis.

Fifty-one percent of respondents rated current potency of hydro as high, the same percentage as rated this form of cannabis as possessing high potency in 2007 and 2008 and almost identical to the 53% who rated hydro as being of high potency in 2010. Only 2% rated hydro potency as low (5% in 2010). The majority (71%) of respondents rated bush cannabis potency as medium (58% in 2010).

Cannabis was purchased mainly from friends and source venue was mainly a friend's home.

### **Methadone**

Eleven percent of the sample reported recent use of illicit methadone liquid in the preceding six months, the same proportion as in 2010, while only 3% reported recent use of licit methadone liquid (6% in 2010). Twenty-seven percent of the sample reported recent use of illicit Physeptone (26% in 2010). Only 5% reported recent use of licit Physeptone, as compared to 8% in 2010. Those who recently used illicit methadone did so on a median of 5 days, as compared to 2 days in 2010.

The median price of a millilitre of methadone syrup was again one dollar, as it has been since 2006. The median price of 10mg Physeptone tablets was \$20 and the median price of 5mg Physeptone tablets was \$10, the same median prices as in 2010 and 2009. The 2011 cost of 1ml of methadone syrup (\$1) and 1mg of Physeptone (\$2) was consistent with 2010 and 2009 costs. Sixty-seven percent of respondents considered that illicit methadone prices were increasing while the remainder considered that prices had remained stable

Fifty-seven percent of respondents rated current availability of illicit methadone as difficult, a reduction from the 75% who rated availability as difficult in 2010. As has been the case since 2006, no respondents considered current availability to be very easy although almost a third (29%) considered current availability to be easy. Few participants commented upon changes in availability over the past six months, with the majority noting stable availability.

### **Morphine**

Recent use of any form of morphine (both licit and illicit) decreased to 81% of the sample (91% in 2010), a similar level to that seen between 2005 and 2007. Illicit morphine continued to be the form most often used. Median days of use remained stable (daily) and there was an increase in median days injected (from 155 days in 2010 to 180 days in 2011).

MS Contin 100mg was again the morphine form most frequently purchased by the IDRS sample and the median price remained stable at \$80. Kapanol 100mg continued to be the form next most frequently purchased, with a median price of \$80 (also \$80 in 2008, 2009 and 2010). As was the case in 2010 and 2009, the majority of respondents (54%) rated illicit morphine as currently easy to obtain. Sixty percent of respondents considered that illicit morphine availability had remained stable over the preceding six months, an increase from the 46% who rated availability as stable in 2010.

### **Oxycodone**

Thirty-two percent of respondents reported use of some form of oxycodone in the six months preceding the interview, almost identical to the 33% who reported recent oxycodone use in 2010. Recent use of illicit oxycodone increased from 22% of the sample in 2010 to 26% in 2011 while recent use of licit oxycodone reduced from 12% of the sample in 2010 to 8% in 2011. As in 2010, over a quarter of the sample reported injection of any form of oxycodone in the preceding six months.

The median price of 80mg illicit oxycodone was \$70 (\$80 in 2010 and \$60 in 2009) although this price needs to be considered in the context of very few participants responding to the questions regarding price. Three quarters of those who did respond considered price to have remained stable over the preceding six months. Respondents varied in their views regarding current availability; half considered availability to be easy or very easy while the other half considered availability to be difficult or very difficult.

### **Subutex (buprenorphine)**

Recent use of illicit Subutex was reported by 8% of the sample, the same proportion that reported recent use in 2010. The percentage of the sample that injected illicit Subutex in the

past six months (5%), median days used (6 days) and median days injected (8 days) largely mirrored the 2010 results.

The median price for 8mg of Subutex was \$23, the same median price as reported in 2010. Only seven participants commented upon current availability, with five participants rating current availability as difficult, one rating it as easy and one rating current availability as very difficult.

### **Suboxone**

Fourteen percent of the sample had recently used illicit Suboxone (15% in 2010) on a median of 2 days. Three percent of the sample had recently injected illicit Suboxone, on a median of 2 days. Two participants reported purchasing illicit 8mg Suboxone (one for \$30 and the other for \$70) and no participants reported purchasing 2mg Suboxone. In 2010, the median price for 8mg Suboxone was \$20. Three of the five participants who commented upon current availability rated it as difficult while the other two respondents rated current availability as very difficult.

### **Over-the-counter codeine**

Fifty-two percent of the sample reported recent use of over-the-counter (OTC) codeine in the previous six months, a notably higher proportion than the 35% who reported recent OTC codeine use in 2010 and 2009. As in 2010, only one respondent reported injecting OTC codeine although median days injected increased from 10 days in 2010 to 72 days in 2011. Nurofen Plus was again the most commonly used OTC brand of codeine.

### **Benzodiazepines**

Sixty-one percent of the sample had recently used any form of benzodiazepines, an increase from the 52% who reported recent use in 2010. Recent injection of benzodiazepines remained stable, at about one-fifth of the sample. Median days used increased to 37 days from 33 days in 2010. As in 2010, licit benzodiazepines were the form recently used by most respondents (30% of the sample). In 2011, Alprazolam was investigated separately and results showed that 36% of respondents reported recent use of illicit Alprazolam whereas 13% reported recent use of licit Alprazolam. Twenty percent of the sample reported recent injection of illicit Alprazolam while only 3% reported recent injection of licit Alprazolam.

### **Ecstasy, LSD, Seroquel, inhalants, tobacco and alcohol**

Recent ecstasy use continued to decline in 2011, with 9% reporting use within the past six months (10% in 2010 and 20% in 2009) and no respondents reporting injection of the substance (4% in 2010 and 10% in 2009). Weekly or less was the only pattern of ecstasy use reported. Recent use of hallucinogens by participants remained low at 7% of the sample, but this still represented an increase from the 4% who reported recent use in 2010. As in the past two years, no respondents reported injection of the drug and median days of use remained low at 3 days. Two respondents reported recent use illicit Seroquel and three reported recent use of licit Seroquel. In 2011, no participants reported recent inhalant use (one in 2010).

Ninety-seven percent of the sample reported daily use of tobacco (90% in 2010). Sixty-three percent of the sample reported recent alcohol use (57% in 2010), with weekly or less the main pattern of use reported.

### **Health**

Two participants had overdosed on heroin in the past 12 months. Eight participants had overdosed on a drug other than heroin in the past year: four from benzodiazepines, two from morphine and two from other opiates.



Four percent of participants reported current engagement in drug treatment (12% in 2010). NT Department of Health data demonstrated an increase from 2010 in closed episodes of treatment for heroin, methamphetamine, cannabis and morphine and a decrease from 2010 in closed treatment episodes for cocaine, ecstasy and benzodiazepines. Cannabis, followed by morphine and methamphetamine, again accounted for the majority of treatment episodes.

NT drug-related hospital admissions continued to remain lower than the national rates. The latest data (2008/09) show an increase in NT hospital admissions for opiates, methamphetamine and cannabis. There were no cocaine-related hospital admissions and opiate-related admissions were the highest of the other three drug categories.

Three percent of participants had used a needle after someone else and 18% reported use of other injecting equipment after someone else. With the exception of sharing spoons/mixing containers, there was a low rate of using injecting equipment after someone else. Twenty-eight percent of participants had re-used their own needle at least once. Ninety-five percent of participants had sourced needles from an NSP and 92% had last injected in a private home.

Notifications of new cases of hepatitis B (HBV) and hepatitis C (HCV) to the National Notifiable Diseases Surveillance System have increased from 2010 rates. There were six HIV notifications in 2010 (the latest data available) compared to 16 in 2009. The finger-prick survey carried out in Darwin and Alice Springs again did not identify any individuals with HIV antibodies in the most recent (2010) sample while HCV antibody prevalence increased to 47% (29% in 2009).

As in previous years, scarring/bruising (reported by 45% of participants) and difficulty injecting (reported by 37% of participants) were the main injection-related problems in the month prior to interview. Morphine was again the main drug (82%) attributed to a "dirty hit".

Twenty-seven percent of the IDRS sample reported having experienced a mental health problem in the six months prior to interview and, as in previous years, depression was the main mental health problem, followed by anxiety. Of those who reported a mental health problem, 73% had attended a mental health professional for the reported mental health problem and 90% of these had been prescribed medication. Sixty-three percent of this group (n=12) had been prescribed an anti-depressant, 35% (n=6) were prescribed a benzodiazepine and 23% (n=4) had been prescribed an anti-psychotic. Almost one-quarter of those who completed the Kessler Psychological Distress Scale (K10) reported a very high level of psychological distress over the four weeks prior to interview.

Fifty-five percent of the IDRS sample had driven a car within the six months prior to interview and of those, 15% had driven under the influence of alcohol during this period. Of the group who had driven under the influence of alcohol, 38% reported driving over the legal blood alcohol limit, on a median of 12 occasions. Seventy-six percent of drivers reported that within the six months prior to interview they had driven under the influence of illicit drugs, on a median of 50 (range 1 to 200) times, within a median of 30 minutes after taking the drugs. Morphine (66%) and cannabis (39%) were the drugs most commonly consumed by drivers, followed by speed powder (15%), benzodiazepines (10%), ice (7%), base methamphetamine (2%), methadone (2%) and heroin (2%).

### **Law enforcement and criminal behaviour**

Thirty-one percent of the IDRS sample reported having committed at least one crime in the month prior to interview and, as in 2010, dealing (20%) was the most frequently reported crime, followed by property crime (14%). The pattern of types of crimes committed has

remained stable over the years, with dealing and property crime most common and low reported rates of fraud and violent crime.

One-quarter of the sample had been arrested within 12 months of the interview. Twenty-nine percent had been arrested for drug possession or use, 25% for property crime, 8% for fraud, 8% for breach of AVO, 4% for dealing/trafficking, 4% for driving offences and 4% for violent crime.

In 2009/10 (the most recent data available from the Australian Crime Commission) there was one arrest for heroin possession and three heroin seizures, which amounted to two grams. In 2008/09 there had been no arrests but two seizures, amounting to 641 grams.

There was one cocaine provider arrest in 2009/10 (none in 2008/09), and one seizure which amounted to 13 grams (six seizures amounting to 235 grams in 2008/09).

The combined number of arrests for ATS consumers and providers in 2009/10 decreased to 157 arrests from 175 in 2008/09. The number of ATS seizures decreased from 183 in 2008/09 to 167 seizures in 2009/10, with a weight of 6,344 grams compared to 38,937 grams in 2008/09.

In 2009/10 there were a total of 597 arrests for both cannabis consumer and providers, identical to the combined number of consumer and provider arrests in 2008/09. There were 764 cannabis seizures in 2009/10, amounting to approximately 740 kilograms compared to 1,087 seizures amounting to 131 kilograms in 2008/09.

NT Department of Justice data show that in 2010/11 there were 679 infringement notices issued for possessing cannabis compared to 559 in 2009/10.

# 1 INTRODUCTION

This report presents the results of the 2011 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT).

The IDRS is coordinated by the National Drug and Alcohol Research Centre (NDARC) which is part of the University of New South Wales. It is funded by the Australian Government Department of Health and Ageing (AGDH&A).

The purpose of the IDRS is to provide a standardised, comparable approach to the monitoring of data relating to the use of opiates, cocaine, methamphetamine and cannabis. It is intended to act as a 'strategic early warning system' – identifying emerging drug problems of national and jurisdictional concern.

In the NT, a partial IDRS, not including the participants' survey, was conducted by the then Territory Health Services (now NT Department of Health) in 1999. In 2000 and 2001, the full methodology was conducted through the Northern Territory University (now Charles Darwin University). Since 2002, the full IDRS has been conducted by the NT DHCS. Reports of these studies are available to download from the NDARC website.

Reports of the IDRS findings for individual states and territories are published by NDARC, and each year NDARC produces and publishes a national report presenting an overall picture which includes comparison of jurisdictions.

## 1.1 Study aims

The specific aims of the NT component of the IDRS are:

- to monitor the price, purity and availability of a range of illicit drug classes in the NT; and
- to identify emerging trends in illicit drug use and the illicit drug market in the NT.

## **2 METHOD**

The methodology for the IDRS was trialled during 1996 and 1997, initially in Sydney and then in other states (Hando et al., 1997). The methodology (described in the following section) was partially used in every state and territory in 1999, and since 2000 has been fully applied in each state and territory on an annual basis.

The IDRS uses three types of data, which are described below.

### **2.1 Survey of people who inject drugs (PWID)**

Face-to-face structured interviews are conducted in the capital city of each state and territory, ideally with a minimum of 100 people who regularly inject drugs. To participate in the study, people must have injected drugs at least once a month during the past six months, and have lived in the relevant capital city for at least the past 12 months. Regular PWID are selected for their first-hand knowledge and ability to comment on the price, purity, availability and use of illicit drugs in the city in which they live. This group is treated as a sentinel group that is likely to reflect emerging trends. In this report, this group is referred to variously as 'participants' or 'respondents'.

As in previous years, each state and territory used a standardised interview schedule. The schedule closely followed the one used in previous years, requesting information about the interviewee's demographics and drug use, and about the price, purity and availability of the four main categories of drugs under investigation. Questions were also asked about treatment, crime, risk behaviours and health.

Overall ethical approval for the study was granted by the Human Research Ethics Committee of the University of New South Wales, and jurisdictionally for the NT by the Human Research Ethics Committee of the NT DHCS and Menzies School of Health Research.

In the NT, interviews were conducted in Darwin and Palmerston during July 2011 with 98 people meeting the criteria mentioned above. Participants were recruited through fliers posted at the Needle and Syringe Programs (NSP) and through word of mouth. The interviews were conducted by trained interviewers. Interviews were conducted at the Darwin and Palmerston NSP.

The participants who met the inclusion criteria were given an information sheet that described the content of the interview. It was explained that the information they provided was entirely confidential and that they were free to withdraw from the survey without prejudice or to decline to answer any questions they chose.

Interviews generally lasted about 60 minutes and participants were reimbursed \$40 for their time.

Data analysis was conducted using Statistical Package for the Social Sciences (SPSS) for Windows Version 19.0.

## 2.2 Survey of key experts (KE)

The second component of the IDRS involves semi-structured interviews with key experts (KE), selected because their work brings them into regular contact with illicit drug users. Criteria for inclusion in this part of the study are at least weekly contact with illicit drug users in the past six months or contact with a minimum of 10 illicit drug users during the same period.

Information from KE corroborates data from participants, but also provides a broader context in which to place the participants' data. A standardised interview schedule is used by all states and territories that closely mirrors the participants' questionnaire. Each KE is asked to nominate the main illicit drug used by most of the illicit drug users they work with and information is then gathered about use, availability, price and purity of that drug category. Further questions are asked about health, treatment, crime and police activity.

In Darwin and Palmerston, interviews were conducted with 13 KE during July and August 2011. Interviews were conducted either by telephone or on a face to face basis. KE, and the main drug or drugs they discussed, were drawn from the following fields:

### AOD workers

- |                                     |                               |
|-------------------------------------|-------------------------------|
| • Opiate Pharmacotherapy Program    | Opioids                       |
| • Opiate Pharmacotherapy Program    | Opioids                       |
| • OPP Sessional Medical Officer     | Opioids (and methamphetamine) |
| • Hospital AOD liaison worker       | Opioids (and cannabis)        |
| • Withdrawal Service worker         | Opioids                       |
| • NGO Rehabilitation provider       | Cannabis                      |
| • NGO Rehabilitation provider       | Methamphetamine               |
| • Needle and Syringe Program worker | Opioids                       |
| • Needle and Syringe Program worker | Methamphetamine               |

The Opiate Pharmacotherapy Program workers, the Opiate Pharmacotherapy Program Sessional Medical Officer, the Hospital AOD liaison worker and the Withdrawal Service worker were employed by the Northern Territory Government's Alcohol and Other Drugs Program. Both NGO Rehabilitation providers were employed within an outpatient counselling service and the NSP workers were employed by the Northern Territory Aids and Hepatitis Council.

### Law

- |                   |                                |
|-------------------|--------------------------------|
| • Court clinician | Opioids                        |
| • Court clinician | Methamphetamine (and cannabis) |
| • Police officer  | Cannabis                       |
| • Police officer  | Methamphetamine (and cannabis) |

The court clinicians were employed by the Northern Territory Department of Justice and the police officers were employed by the Northern Territory Police, Fire and Emergency Service Drug and Organised Crime Division.

Interviews took between 40 minutes and 60 minutes. Notes were taken at the time of interview and later transcribed and analysed for recurring themes.

## 2.3 Other indicators

The third set of information comprises secondary data sources that relate to illicit drug use. Recommended criteria for inclusion in the study are that the data must be available at least annually, include 50 or more cases, be collected in the city or jurisdiction of the study, provide brief details on illicit drug use, and must include details of the four main illicit drugs under investigation (Hando et al., 1998).

Due to the small population of the NT, many of the data sources available to other states and territories report very small numbers regarding the NT and fail to meet the above criteria. Where no other secondary sources are available, some findings from such data sources are noted, but should be interpreted with caution. Data are presented for a time period that overlaps as closely as possible with the period of the IDRS, but where this is not available the most recent data available are included.

Indicator data derived from the following data sources and publications have been included in this report:

- Annual report of the National Notifiable Diseases Surveillance System
- Australian Needle and Syringe Program Survey National Data Report
- Northern Territory Integrated Justice Information System
- The NT Office of Crime Prevention
- The Australian Crime Commission Illicit Drug Report, various years
- The NT Alcohol and Other Drug Treatment Services Client Database
- The NT DHCS Corporate Information Services
- Alcohol and Drug Information Service annual reports
- Australian Institute of Health and Welfare (AIHW)
- NT Poisons Control
- National Centre in HIV Epidemiology and Clinical Research.

### 3 DEMOGRAPHICS

#### 3.1 Overview of the participant sample

##### Key Points

- A total of 98 participants were interviewed for the 2011 NT IDRS survey.
- The mean age was 42 years (range 18 to 63 years).
- Seventy percent were male.
- The majority was unemployed or on a pension.
- Four percent were currently in treatment.
- Forty-four percent had a prison history.

As in previous years, the sample was predominantly (70%) male (Table 1). The mean age was 42 years and 87% of the respondents were unemployed or on a pension at the time of interview. Eight percent reported full-time employment, down from 12% in 2010. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander increased to 28% in 2011. Ninety percent reported heterosexual status while 6% identified as bisexual and 3% as gay or lesbian. Year 10 was again the mean for years of education although 46% reported some form of post-secondary education. Reported participation in treatment dropped to 4% of the sample (12% in 2010) and 44% reported prior prison history, the same percentage as reported by the 2010 sample.

**Table 1: Demographic characteristics of the participant sample, 2007-2011**

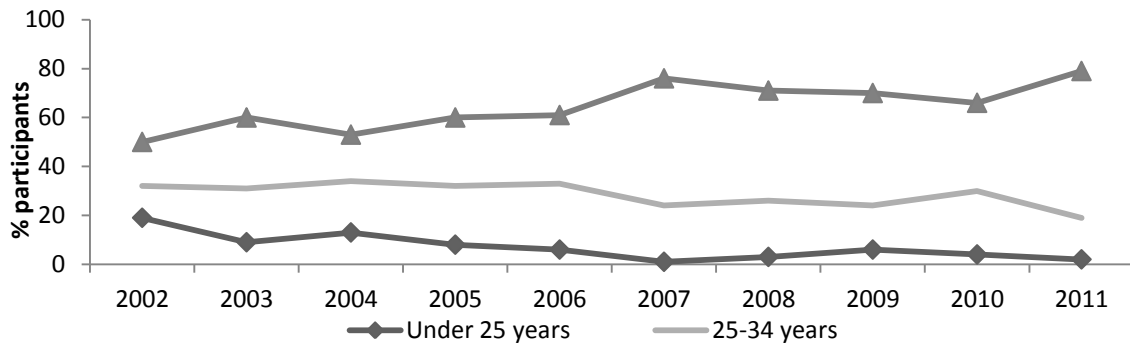
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Age – mean years (range)	41 (21-58)	40 (22-59)	40 (21-61)	41 (22-63)	42 (18-63)
Sex (% male)	66	72	69	72	70
Employment (%):					
Not employed/on a pension	85	83	88	78	87
Full time	5	8	6	12	8
Part time/casual	8	7	4	8	4
Home duties	2	0	0	0	0
Student	0	0	0	0	0
Received income from sex work last month	6	2		4	
Aboriginal and/or Torres Strait Islander (%)	21	18	20	21	28
Heterosexual (%)	90	91	90	91	90
Bisexual (%)	5	6	3	4	6
Gay or lesbian (%)	4	2	7	3	3
Other (%)	1	1	0	2	1
School education – mean no. years (range)	10 (4-12)	10	10 (6-12)	10 (4-12)	10 (5-12)
Tertiary education (%):					
None	43	45	42	51	54
Trade/technical	40	40	42	36	32
University/college	17	16	15	13	14
Currently in drug treatment (%)	22	17	8	12	4
Prison history (%)	61	55	55	44	44

Source: IDRS participant interviews

Mean age has remained relatively stable at 42 years. However, Figure 1 demonstrates that in 2011 there was an increase in the proportion of respondents in the older age group (79% in 2011 compared to 66% in 2010) and decreases in the younger age groups. Only 2% of

the sample fell into the youngest age bracket while 19% were in the middle age bracket, a reduction from 30% of the sample in 2010.

**Figure 1: Age distribution of participants in the NT IDRS samples, 2002-2011**



Source: IDRS participant interviews



## 4 CONSUMPTION PATTERNS

### 4.1 Current drug use

#### Key Points

- The mean age of first injection was 24 years, with most participants reporting methamphetamine as the first drug injected.
- Morphine was the main drug of choice, followed by heroin.
- Morphine was by far the drug injected most often in the last month, as well as the most recent drug injected.
- The majority of participants injected drugs at least once per day.
- Polydrug use remained common.

Table 2 provides details regarding age of first injection and first drug injected as well as information pertaining to current drug use.

The mean age of first injection was 24 years, a slight increase from the mean age reported in previous years. Fifty-two percent of the sample identified amphetamines as the drug first injected, a similar result to that obtained in previous years. Morphine was again reported as the main drug of choice, although the proportion who reported morphine as their drug of choice decreased from 44% in 2010 to 36% in 2011.

Morphine was again the drug most often injected in the past month (68%, down from 83% in 2010) followed by some form of methamphetamine (18%).

Reported injecting rates mirrored those reported in 2010 with most respondents injecting at least daily.

**Table 2: Injection history, drug preferences and polydrug use, 2007-2011**

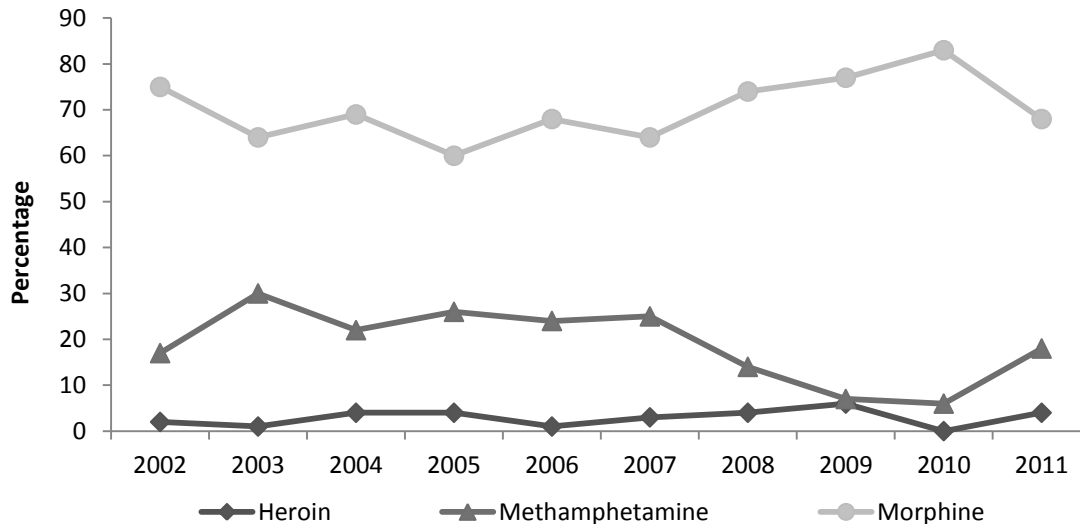
	<b>2007 N=106</b>	<b>2008 N=103</b>	<b>2009 N=99</b>	<b>2010 N=99</b>	<b>2011 N=98</b>
Age first injection – mean years (range)	21 (13-43)	21 (10-55)	21 (10-54)	22 (12-48)	24 (12-54)
First drug injected (%)					
Heroin	39	34	46	32	30
Amphetamines	45	51	40	51	52
Cocaine	0	0	2	0	0
Morphine	13	15	9	12	16
Drug of choice (%)					
Heroin	38	28	27	26	30
Morphine	-	-	37	44	36
Cocaine	3	4	8	4	0
Methamphetamine (any form)	13	18	16	8	17
<i>Speed</i>	13	15	14	6	15
<i>Base</i>	0	2	0	0	0
<i>Crystal methamphetamine (ice/crystal)</i>	0	1	2	2	2
Benzodiazepines	1	0	0	0	1
Cannabis	13	9	3	4	7
Drug injected most often in last month (%)					
Heroin	3	4	6	0	4
Cocaine	0	0	0	0	0
Methamphetamine (any form)	25	14	7	6	18
<i>Speed</i>	24	13	6	5	15
<i>Base</i>	0	0	0	0	0
<i>Crystal methamphetamine (ice/crystal)</i>	0	1	1	1	3
Benzodiazepines	3	2	4	0	1
Morphine	64	74	77	83	68
<i>Not injected in last month</i>	0	0	2	0	0
Most recent drug injected (%)					
Heroin	1	2	4	1	3
Cocaine	2	0	1	0	0
Methamphetamine (any form)	19	14	9	7	19
<i>Speed</i>	18	14	9	6	17
<i>Base</i>	0	0	0	0	0
<i>Crystal methamphetamine (ice/crystal)</i>	0	0	1	1	2
Benzodiazepines	3	1	2	2	1
Morphine	70	73	72	79	68
Frequency of injecting in last month (%)					
<i>Not injected in last month</i>	0	0	1	1	0
Weekly or less	17	15	22	17	20
More than weekly, but less than daily	27	17	14	18	15
Once per day	19	35	34	28	26
2-3 times a day	31	32	26	35	37
>3 times a day	6	2	2	0	2

Source: IDRS participant interviews

Note: Percentages within categories may not sum to 100 because of rounding, missing data or exclusion of 'other' responses

Figure 2 shows the decrease in morphine as the drug injected most often in the previous month while also illustrating an increase in methamphetamine use (18% compared to 6% in 2010). Four percent of the sample identified heroin as the drug injected most often in the previous month whereas none did so in 2010.

**Figure 2: Drug injected most last month, 2002-2011**



Source: IDRS participant interviews

Polydrug use histories and routes of administration are shown in Table 3. As in 2010 the most commonly used illicit drug in 2011 was non-prescribed morphine although the 72% who reported use in the past six months represents a significantly lower proportion than the 89% who reported recent use in 2010. At 71%, cannabis was again the next most commonly used illicit drug, and the proportion of the sample who reported recent use was almost identical to the 2010 result (72%).

Illicit morphine remained the main drug most recently injected (69%) but again this is a sizeable reduction from the 89% reported in 2010, as well as from 81% in 2009 and 84% in 2008. Illicit morphine continued to be the most common drug ever injected (79%), followed by heroin (73%) and speed powder (72%).

Recent use of methamphetamine in any form increased to 55% of the sample (36% in 2010), mirroring the 2009 result. Reported recent intravenous use of any form of methamphetamine increased from 34% in 2010 to 51% in 2011. There was also an increase in reported smoking of ice, from 3% of the sample in 2010 to 13% in 2011. In 2011 reported recent use of base methamphetamine doubled from 2010 to 12%, but this remained lower than the 16% who reported recent use in 2009. Recent use of methamphetamine liquid remained low at 4% of the sample (2% in 2010).

In 2011 recent reported use of heroin almost doubled from the 2010 result to 9% of the sample but this remained lower than the 13% who reported recent use in 2009 and 14% who reported recent use in 2008. There was again considerable variation in reported recent use of illicit pharmaceutical opioids. As in 2010, recent use of illicit Physeptone was most common (27% in 2011, 26% in 2010 and 22% in 2009), followed by illicit oxycodone (26% in 2011, 22% in 2010 and 35% in 2009). Reported recent use of illicit buprenorphine-naloxone (Suboxone) at 14% of the sample was similar to that reported in 2010 (15% in 2010 and 8% in 2009). Recent use of illicit methadone syrup was 11%, identical to the 2010 result (15% in 2009.) At 8% of the sample, recent use of illicit buprenorphine (Subutex) was also identical to the 2010 result (5% in 2009).

In 2011 the use of Alprazolam (both prescribed and non-prescribed) was investigated separately to other benzodiazepines. Thirty-six percent of the sample reported recent use of non-prescribed Alprazolam and 24% reported recent use of other non-prescribed benzodiazepines. In 2010, 28% of the sample had reported recent use of any non-prescribed benzodiazepines (33% in 2009 and 40% in 2008).

Reported recent use of tobacco increased to 97% of the sample (90% in 2010 and 92% in 2009). Recent use of alcohol also increased to 63% of the sample (57% in 2010 and 50% in 2009).

**Table 3: Polydrug use history of the participants sample, 2011 (2010 in brackets)**

Drug class	Use <sup>1</sup>			Injection			Smoked		Snorted		Swallowed		Treatment
	Ever use	Recent <sup>2</sup>	Days <sup>3</sup>	Ever	Recent <sup>2</sup>	Days <sup>3</sup>	Ever	Recent <sup>2</sup>	Ever	Recent <sup>2</sup>	Ever	Recent <sup>2</sup>	Days <sup>3</sup>
Heroin	74 (71)	9 (5)	21 (4)	73 (71)	9 (5)	21 (4)	35 (28)	0 (0)	13 (14)	0 (9)	10 (10)	0 (0)	
Homebake heroin	25 (22)	2 (5)	8 (4)	24 (22)	2 (5)	3 (2)	3 (3)	2 (1)	2 (2)	1 (2)	4 (3)	2 (1)	
Any heroin (inc. homebake)	76 (72)	11 (9)	12 (4)	76 (72)	11 (9)	6 (2)	36 (29)	2 (1)	14 (10)	1 (1)	13 (11)	2 (1)	
Methadone (prescribed)	27 (27)	3 (6)	90 (60)	11 (13)	1 (3)	90 (6)					26 (24)	3 (5)	0 (97)
Methadone (not prescribed)	37 (47)	11 (11)	5 (2)	24 (41)	7 (9)	5 (2)					25 (17)	7 (4)	
Physeptone (prescribed)	17 (16)	5 (8)	180 (140)	11 (12)	4 (6)	71 (47)	1 (0)	1 (0)	0 (0)	0 (0)	15 (10)	4 (6)	0 (180)
Physeptone (not prescribed)	47 (49)	27 (26)	5 (5)	37 (42)	18 (24)	5 (5)	0 (0)	0 (0)	0 (0)	0 (0)	21 (22)	10 (8)	
Any methadone (inc. Physeptone)	67 (67)	34 (35)	10 (8)	57 (56)	25 (30)	11 (6)	1	1	0	0	54 (46)	18 (17)	
Subutex (prescribed)	25 (19)	7 (4)	24 (19)	8 (1)	1 (0)	8 (0)	0 (0)	0 (0)	0 (1)	0 (0)	23 (19)	5 (4)	0 (42)
Subutex (not prescribed)	28 (22)	8 (8)	6 (7)	17 (10)	5 (6)	8 (7)	1 (0)	0 (0)	0 (1)	0 (0)	16 (14)	5 (4)	
Any form Subutex	39	13	7	18	5	11	1	0	0	0	32	9	
Suboxone (prescribed)	20 (14)	6 (8)	18 (14)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0	0	20 (14)	6 (8)	8 (37)
Suboxone (not prescribed)	26 (23)	14 (15)	2 (3)	6 (10)	3 (7)	2 (1)	0 (0)	0 (0)	0	0	24 (17)	13 (10)	
Any form Suboxone	36	19	4	7	3	2	0	0	0	0	34	18	
Morphine (prescribed)	49 (39)	28 (24)	180 (180)	43 (37)	24 (24)	130 (180)	0 (1)	0 (0)	0 (0)	0 (0)	25 (25)	13 (11)	
Morphine (not prescribed)	81 (91)	72 (89)	100 (90)	79 (91)	69 (89)	120 (90)	3 (0)	0 (0)	1 (1)	0 (1)	22 (34)	10 (25)	90 (180)
Any morphine	14 (94)	81 (91)	180 (180)	87 (94)	78 (91)	180 (155)	3 (1)	0 (0)	(1)	0 (1)	37 (47)	18 (28)	
Oxycodone (prescribed)	14 (17)	8 (12)	72 (126)	8 (12)	6 (8)	72 (180)	0 (0)	0 (0)	0 (0)	0 (0)	7 (11)	4 (7)	0 (180)
Oxycodone (not prescribed)	46 (44)	26 (22)	3 (5)	42 (41)	23 (20)	3 (5)	0 (0)	0 (0)	0 (0)	0 (0)	6 (9)	4 (3)	
Any oxycodone	19 (57)	32 (33)	6 (7)	8 (50)	27 (28)	5 (7)	0 (0)	2 (0)	0 (0)	0 (0)	15 (18)	7 (10)	
OTC codeine	66 (47)	52 (35)	18 (14)	2 (4)	1 (1)	72 (10)	2 (0)	2 (0)	3 (1)	0 (1)	66 (46)	51 (35)	
Other opioids	62 (32)	41 (19)	12 (21)	7 (6)	4 (4)	51 (4)	1 (1)	2 (0)	1 (1)	0 (1)	59 (29)	40 (17)	

1 Includes injection, smoking, snorted, ingested.

2 Within six months of interview.

3 Median days of use in the last six months

4 Category includes speed, base, ice/crystal and amphetamine liquid. Does not include pharmaceutical stimulants

**Table 3 continued: Polydrug use history of the participants sample, 2011 (2010 in brackets)**

Drug class	Use <sup>1</sup>			Injection			Smoked		Snorted		Swallowed		Treatment
	Ever use	Recent <sup>2</sup>	Days <sup>3</sup>	Ever	Recent <sup>2</sup>	Days <sup>3</sup>	Ever	Recent <sup>2</sup>	Ever	Recent <sup>2</sup>	Ever	Recent <sup>2</sup>	Days <sup>3</sup>
Speed	78 (79)	43 (25)	6 (5)	72 (75)	40 (24)	6 (5)	19 (13)	7 (3)	27 (38)	5 (3)	30 (33)	10 (3)	
Base/point/wax	30 (24)	12 (6)	6 (10)	29 (24)	12 (6)	2 (10)	2 (5)	1 (3)	2 (5)	0 (1)	6 (5)	3 (2)	
Ice/shabu/crystal	8 (54)	28 (18)	4 (4)	39 (48)	24 (16)	3 (4)	26 (11)	13 (3)	5 (5)	3 (-)	5 (7)	2 (2)	
Amphetamine liquid	22 (10)	4 (2)	2 (45)	20 (9)	4 (2)	2 (45)					4 (2)	0 (0)	
Any form methamphetamine <sup>4</sup>	83 (88)	55 (36)	6 (5)	77 (84)	51 (34)	6 (5)					33 (35)	10 (6)	
Pharmaceutical stimulants (prescribed)	43 (5)	1 (2)	25 (2)	0 (3)	0 (2)	(2)	0 (0)	0 (0)	0 (3)	0 (0)	8 (5)	1 (1)	
Pharmaceutical stimulants (not prescribed)	29 (17)	11 (4)	4 (2)	19 (14)	8 (3)	3 (1)	2 (0)	0 (0)	0 (1)	0 (1)	14 (7)	3 (0)	
Any form pharmaceutical stimulants	33 (21)	12 (6)	5 (2)	19 (17)	8 (5)	4 (2)	2 (0)	0 (0)	0 (4)	0 (1)	18 (11)	4 (1)	
Cocaine	42 (29)	1 (4)	1 (6)	24 (19)	0 (4)	0 (6)	7 (3)	0 (0)	25 (16)	1 (0)	8 (5)	0 (0)	
Hallucinogens	63 (55)	7 (4)	3 (2)	14 (7)	0 (0)	0 (0)	0 (0)	0 (0)	0 (1)	0 (0)	61 (53)	7 (4)	
Ecstasy	57 (49)	9 (10)	2 (2)	21 (20)	0 (4)	0 (2)	1 (0)	0 (0)	4 (3)	2 (1)	53 (41)	9 (9)	
Alprazolam (prescribed)	21	13	90	8	3	5	1	1	0	0	19	11	
Alprazolam (not prescribed)	49	36	6	29	20	6	0	0	0	0	40	29	
Other benzodiazepines (prescribed)	48	30	80	6	0	0	0	0	0	0	48	30	
Other benzodiazepines (not prescribed)	42	24	6	7	4	4	0	0	0	0	40	20	
Any form any benzodiazepines	79 (67)	61 (52)	37 (33)	33 (36)	22 (23)	7 (7)	1 (1)	1 (0)	0 (1)	0 (0)	76 (58)	56 (41)	
Seroquel (prescribed)	8	3	90	0	0	0	0	0	0	0	8	3	
Seroquel (not prescribed)	11	2	4	0	0	0	0	0	0	0	11	2	
Any form Seroquel	19	5	-	0	0	0	0	0	0	0	19	5	
Steroids	13	3	6	10	3	6	0	0	0	0	2	0	
Alcohol	94 (82)	63 (57)	24 (23)	1 (4)	0 (1)	0 (2)					93 (80)	63 (57)	
Cannabis	94 (87)	71 (72)	90 (93)										
Inhalants	13 (15)	0 (1)	0 (1)										
Tobacco	100 (92)	97 (90)	180 (180)										

1 Includes injection, smoking, snorted, ingested.

2 Within six months of interview.

3 Median days of use in the last six months

4 Category includes speed, base, ice/crystal and amphetamine liquid. Does not include pharmaceutical stimulants

## 4.2 Heroin

### Key Points

- Nine percent of participants had used and injected heroin in the preceding six months.
- Heroin powder was the form most often used.
- Heroin use continues to remain relatively rare in the NT.

Table 4 shows an increase from last year in reported heroin use and injection (9% of the sample in 2011 compared to 5% in 2010) although these percentages remain lower than use patterns reported between 2004 and 2008. There was a corresponding increase in median days used and median days injected over the past six months.

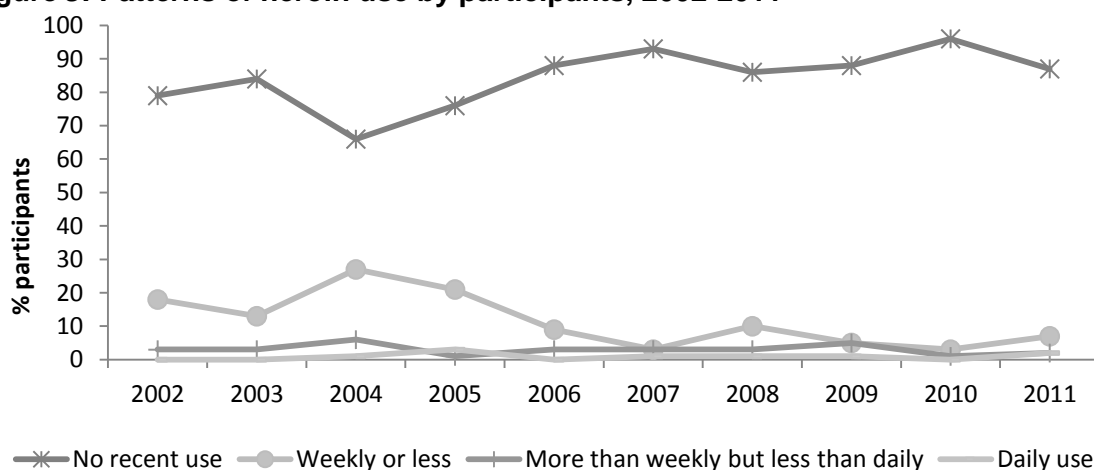
**Table 4: Selected trends in participant heroin use, 2007-2011**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Used last 6 months (%)	7	14	13	5	9
Injected last 6 months (%)	7	14	8	5	9
Days used last 6 months (median)	30	27	17	4	21
Days injected last 6 months (median)	30	26	9	4	21

Source: IDRS participant interviews

Figure 3 illustrates the decrease in the percentage of participants reporting no recent heroin use while also reflecting the slight increase in weekly or less, more than weekly but less than daily and daily use patterns. Two percent of participants identified daily use in 2011 whereas none did so in 2010.

**Figure 3: Patterns of heroin use by participants, 2002-2011**



Source: IDRS participant interviews

In contrast to 2010, when homebake was the predominant form of heroin used, in 2011 heroin powder was the form most often used (Table 5).

**Table 5: Forms of heroin used previous six months by participants (%), 2007-2011**

	2007 N=106		2008 N=103		209 N=99		2010 N=99		2011 N=98	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	24	16	3	3	6	4	4	1	6	6
Rock	27	17	2	2	9	8	2	2	4	3
Homebake	6	2	2	1	2	2	5	5	2	2

Source: IDRS participant interviews

Table 6 demonstrates that white or off-white heroin powder was the main form of heroin used in the previous six months.

**Table 6: Forms of heroin used in previous six months by participants (%), 2007-2011**

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder – white/off-white	1	1	4	4	2	2	0	0	6	6
Powder – brown	2	2	3	3	1	1	1	1	1	0
Powder – other colour	0	0	1	1	1	1	2	0	0	0
Rock – white/off white	0	0	7	7	6	6	1	1	0	0
Rock – brown	1	1	4	4	2	2	0	1	2	1
Rock – other colour	1	1	1	1	0	0	1	1	2	2
Homebake	2	1	2	2	2	2	5	5	2	2

Source: IDRS participant interviews

#### 4.2.1 KE comment

As in 2010, few KE were able to comment upon heroin use patterns. Five Health and two legal KE stated that there had been no reports of heroin use. Two Health KE stated that heroin use was rarely reported one of which recalled that in the past six months only one client had reported recent heroin use. One legal KE reported that heroin was rarely seen in Darwin while the other noted that while not many people were using heroin, he was aware that “it is there”.



### 4.3 Methamphetamine

#### Key points

- Over half of the sample reported using some form of methamphetamine in the preceding six months, on a median of six days.
- Injecting remained the main route of administration.
- Speed powder remained the main form of methamphetamine used.
- Over a quarter of participants reported using ice in the preceding six months, on a median of four days.
- There was an increase in reported use of all forms of methamphetamine.

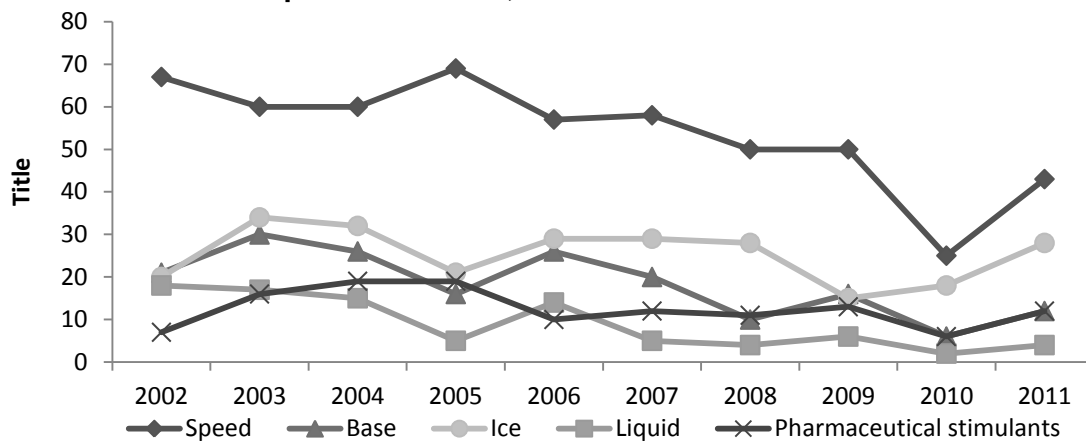
In 2011, 55% of participants reported use of some form of methamphetamine, the same proportion as in 2009 and an increase from the 36% reported in 2010 (Table 3). Six days was the median number of days of use for any form of methamphetamine, a result similar to the 5 days reported in 2010 and 8 days in 2009. Injecting was the main route of administration (51%), the same result as in 2009 and an increase from the 34% reported in 2010.

Speed powder was used by 43% of the sample on a median of six days and this was the form most commonly used. This is an increase from the 25% who reported recent use (on a median of 5 days) of speed powder in 2010. Recent use of ice increased from 18% in 2010 to 28% of the sample, on a median of 4 days, the same median days of use as recorded in 2010. Recent use of methamphetamine base also increased to 12% (6% in 2010) on a median of 6 days (10 days in 2010). Recent use of liquid methamphetamine remained low at 4% of the sample (2% in 2010) and median number of days used decreased from 45 days in 2010 to only 2 days in 2011.

While injecting continues to be the main route of administration for all forms of methamphetamine, smoking of ice increased to 13% of the sample as compared to 3% in 2010 and 7% in 2009.

Figure 4 demonstrates a reversal in the previously seen trend of declining rates of use of speed powder, base, liquid and pharmaceutical stimulants. In 2011, there was increase in recent use of all forms of methamphetamine, with the most striking increase in the use of speed powder (43% of participants in 2011 compared to 25% in 2010). Recent use of ice continued to trend upward, from 18% of participants in 2010 to 28% in 2011.

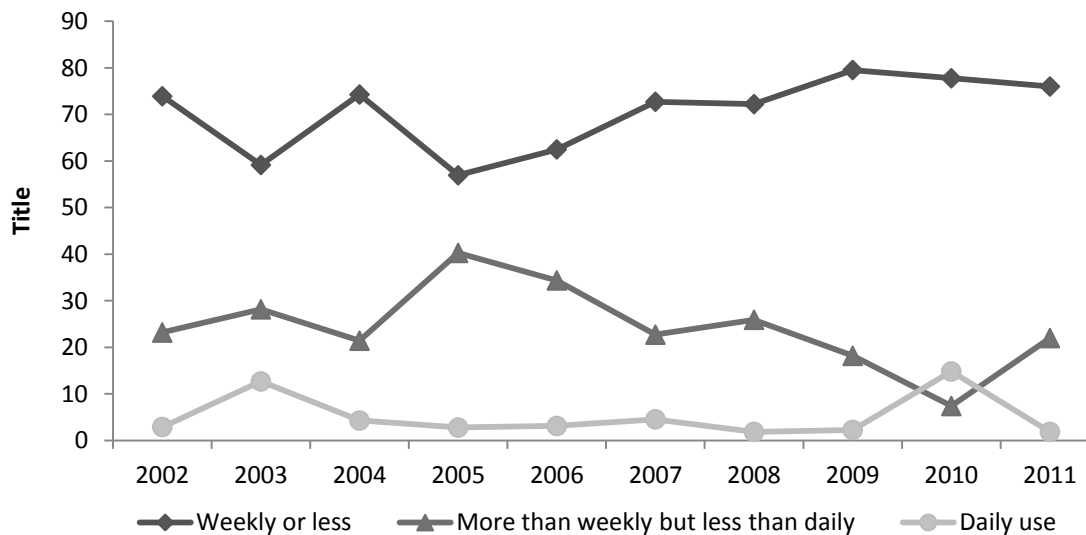
**Figure 4: Proportion of participants reporting methamphetamine and pharmaceutical stimulant use in the past six months, 2002-2011**



Source: IDRS participant interviews  
 Note: Pharmaceutical stimulants includes licit use of prescription amphetamine

Figure 5 demonstrates that weekly or less patterns of use of methamphetamine have remained relatively stable over the past seven years. While there had been a general trend toward declining more than weekly but less than daily patterns of use between 2005 and 2010, 2011 saw an increase to 22% of participants in this use category, up from 7% in 2010. In contrast, the proportion of participants reporting recent daily use decreased from 15% in 2010 to 2% in 2011.

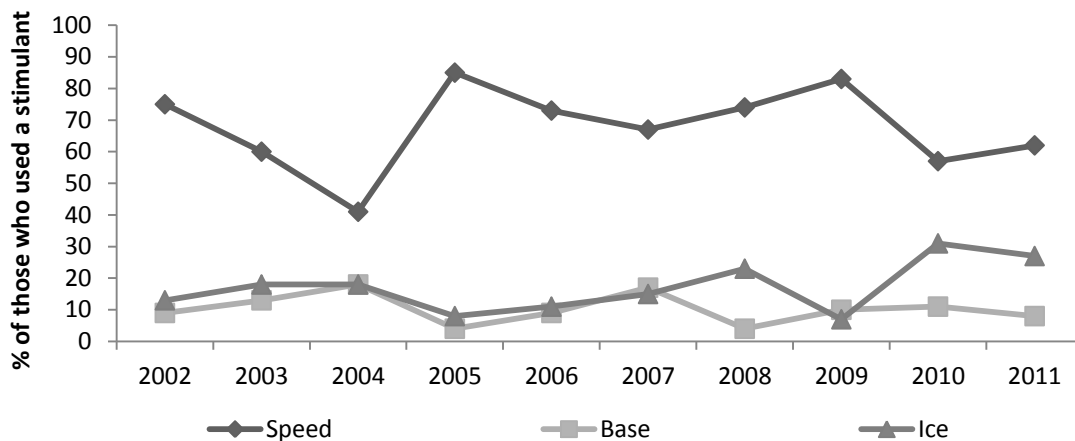
**Figure 5: Patterns of methamphetamine use among recent users (any form), 2002-2011**



Source: IDRS participant interviews  
 Note: data prior to 2005 also include prescription stimulants

Figure 6 shows that methamphetamine powder continues to be the predominant form of methamphetamine used in the preceding six months, with 62% of participants reporting recent use. There were slight decreases in reported recent use of both ice and base methamphetamine.

**Figure 6: Methamphetamine form most used in the preceding six months, among recent methamphetamine users, 2002-2011**



Source: IDRS participant interviews

#### 4.3.1 KE comment

One Legal KE stated that he was surprised by the high number of clients who reported use of speed powder and crystal methamphetamine and this was echoed by a Health KE who asserted that there appeared to be an increase in the proportion of clients who had reported methamphetamine as their primary drug of choice over the past six months.

KE differed in their views regarding types of methamphetamine most frequently used. One Health KE stated that fewer people were using speed powder and were using ice when they could. She also noted that some use base methamphetamine and then progress to use of ice; however, some reported a preference for base methamphetamine and return to use of base after a period of using ice. Another Health KE worker said he had heard no reports of use of base methamphetamine and suggested that most people were using ice, while another KE stated that she had not heard any reports of use of base methamphetamine, adding that there were fewer reports of ice use than of use of speed powder. One Health KE reported that speed powder and ice were the forms most commonly used while two other Health KE agreed that speed powder was the form most commonly used. A frontline Health KE also commented that her clients had not reported use of ice; however, she was aware that high quality methamphetamine was available but believed that those who used high quality methamphetamine were in the minority.

A legal KE noted that people were using both locally and interstate manufactured methamphetamine.

A Health KE identified that there had been an increase in very young (18 years and younger) methamphetamine users attending the service while another Health KE reported that more young people were attending the NSP and these were mainly speed users.

## 4.4 Cocaine

### Key Points

- Only one participant reported use of cocaine in the preceding six months.
- Most KE had not received any reports of cocaine use.

Reported use of cocaine continued to decline. In 2011, only 1% (one participant) reported recent use as compared to 4% in 2010 and 12% in 2009 (Table 7).

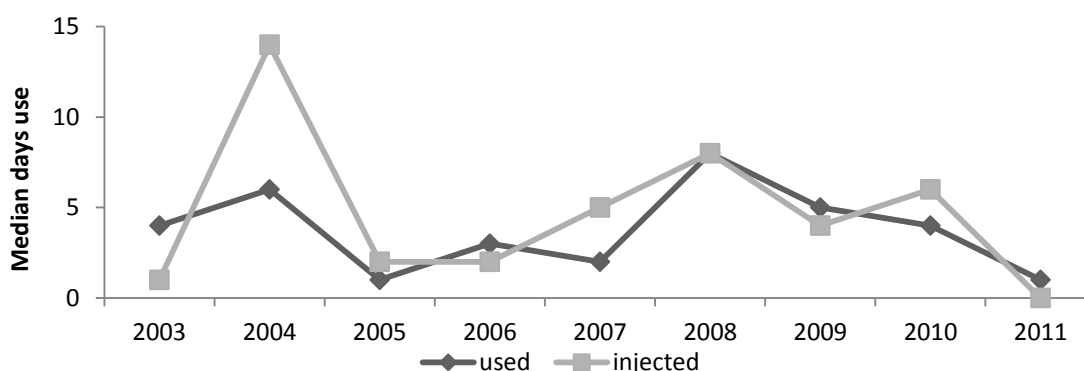
**Table 7: Selected trends in participants' cocaine use, 2007-2011**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Used last 6 months (%)	9	3	12	4	1
Injected last 6 months (%)	8	3	8	4	0
Days used last 6 months (median)	2	8	5	6	1
Days injected last 6 months (median)	5	8	4	6	0

Source: IDRS participant interviews

As is evident from Figure 7, the sole participant who reported cocaine use in the preceding six months used on one day only and did not inject the substance.

**Figure 7: Median days cocaine use in the past six months, 2003-2011**



Source: IDRS participant interviews

Table 8 demonstrates that powder cocaine was the form used by the one participant reporting recent cocaine use in 2011.

**Table 8: Forms of cocaine used previous six months, % participants, 2007-2011**

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	8	7	3	2	10	5	3	3	1	1
Rock	-	-	0	0	4	2	0	1	0	0
Crack	1	0	1	1	0	0	1	0	0	0

Source: IDRS participant interviews

#### 4.4.1 KE comment

One KE stated that there had been rare reports of cocaine use. The other KE's all noted that there had been no reports of cocaine use.

#### 4.5 Cannabis

##### Key Points

- Almost three-quarters of participants had used cannabis in the preceding six months.
- Cannabis was smoked by participants on a median of 90 days.
- Hydroponically grown cannabis (hydro) continued to be the form most commonly used, followed by bush cannabis.

Seventy-one percent of participants reported use of cannabis over the preceding six months, on a median of 90 days (Table 9). This is a continuation of an apparent trend toward gradual declining use of cannabis by this population sample.

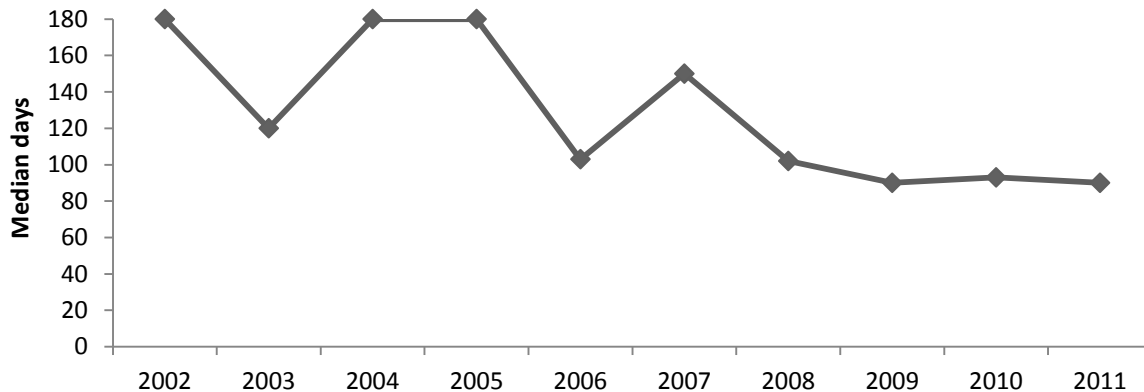
**Table 9: Selected trends in participants' cannabis use, 2007-2011**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Used last 6 months (%)	83	78	78	72	71
Days used last 6 months (median)	150	102	90	93	90

Source: IDRS participant interviews

Figure 8 illustrates that median number of days of recent use of cannabis has remained relatively stable since 2008. Prior to 2008, with the exception of 2006, reported median days of recent use of cannabis were considerably higher.

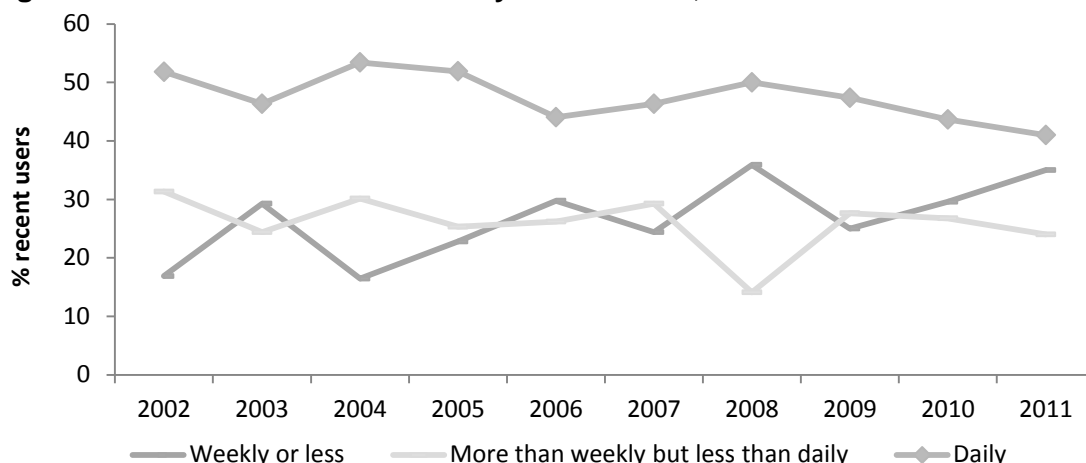
**Figure 8: Median number of days of cannabis use in the past six months, 2002-2011**



Source: IDRS participant interviews

Figure 9 demonstrates a continuing increase in weekly or less patterns of use of cannabis and a concurrent continuing decrease in daily and more than weekly but less than daily patterns of use.

**Figure 9: Patterns of cannabis use by recent users, 2002-2011**



Source: IDRS participant interviews

As in previous years, hydroponic cannabis was the form most commonly and most often used (Table 10). Bush cannabis was again the form next most commonly used but use of this form continued to decline. Hashish oil was again the form least used.

**Table 10: Forms of cannabis used previous six months and main form, 2007-2011 (%)**

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Hydro	74	91	97	92	96	96	69	56	62	88
Bush	48	9	69	8	29	5	37	7	21	11
Hash	11	0	40	0	3	0	11	0	9	2
Hash oil	7	0	24	0	4	0	6	0	5	0

Source: IDRS participant interviews

Respondents who recently used cannabis reported smoking on average 5.1 cones or 2.0 joints on the last occasion of use.

#### 4.5.1 KE comment

A legal KE commented that cannabis was the most commonly used illicit drug in the NT, suggesting that this was partially due to use of the substance by a particular minority group, many of whom were frequent users.

A KE reported that people were mainly smoking hydro and the other KE said that she had heard no reports of use of bush cannabis. The Health KE also stated that she had heard no mention of use of bush cannabis. One only KE mentioned use of bush cannabis – who stated that some clients were reporting use of bush cannabis, although not as frequently as use of hydro. The other NGO Rehabilitation provider commented upon the use of legal cannabis analogues such as Happy High Herbs and said that use of these substances was often supplemented with cannabis.

## 4.6 Other opioids

### Key Points

- Morphine remained the opioid most frequently used by participants, with 81% having used some form of morphine in the preceding six months, on a median of 180 days.
- MS Contin continued to be the brand most often used.
- Illicitly obtained methadone was used by 11% of participants in the preceding six months, on a median of five days.
- Illicitly obtained Physeptone tablets were used by 27% of participants in the preceding six months, on a median of five days.
- Illicitly obtained oxycodone was used by 26% of participants in the preceding six months, on a median of three days.
- Illicitly obtained Subutex was used by 8% of participants in the preceding six months, on a median of six days.
- Illicitly obtained Suboxone was used by 14% of participants in the preceding six months, on a median of 2 days.
- Over-the-counter (OTC) codeine was used by 52% of participants in the preceding six months, on a median of 18 days.
- Other opioids were used by 41% of participants in the preceding six months, on a median of 12 days.

### 4.6.1 Methadone

In 2011, 11% of the sample reported use of illicit methadone liquid in the preceding six months, the same proportion as in 2010 (Table 11). Those who recently used illicit methadone did so on a median of 5 days, as compared to 2 days in 2010 (Table 3). The recent use of illicit methadone exceeded that of licit methadone, as did the recent use of illicit Physeptone (27% compared to 5% who reported use of licit Physeptone).

**Table 11: Forms of methadone used previous six months and primary form, 2007-2011 (%)**

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Methadone										
Licit	17	4	9	7	6	3	6	5	3	2
Illicit	17	4	25	16	15	10	11	1	11	5
Physeptone										
Licit	9	2	3	1	6	4	8	7	5	5
Illicit	26	12	36	26	22	9	26	17	27	20

Source: IDRS participant interviews

For both illicit methadone syrup and Physeptone tablets, a pattern of weekly or less use was again the most common frequency reported (Table 12).

**Table 12: Frequency of methadone use in previous six months, 2007-2011 (%)**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Illicit methadone syrup					
No recent use	70	78	86	92	88
Weekly or less	22	18	11	7	7
More than weekly	9	3	1	1	2
Daily	0	1	1	0	0
Illicit physeptone					
No recent use	76	70	79	75	74
Weekly or less	23	27	17	18	26
More than weekly	1	2	2	6	0
Daily	0	1	1	1	0

Source: IDRS participant interviews

#### 4.6.2 Morphine

Recent use of morphine decreased to 81%, of the sample, a similar level to that seen between 2005 and 2007 (Table 13). Median days of use remained stable (daily) and there was an increase in median days injected (from 155 days in 2010 to 180 days in 2011).

**Table 13: Selected trends in participants' morphine use, 2007-2011**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Used last 6 months (%)	82	89	70	91	81
Injected last 6 months (%)	76	87	70	91	78
Days used last 6 months (median)	180	133	180	180	180
Days injected last 6 months (median)	180	130	120	155	180

Source: IDRS participant interviews

Illicit morphine continued to be the form most often used; however, while almost three quarters of the sample had recently used illicit morphine, this is a reduction from the 89% who reported recent use of illicit morphine in 2010 (Table 14). Use of licit morphine increased from 24% of the sample in 2010 to 28% in 2011. MS Contin was again the brand most frequently used (79%) followed by Kapanol (13%).

**Table 14: Forms and brands of morphine used previous six months, 2007-2011 (%)**

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98	
	Used	Most often	Used	Most often*	Used	Most often	Used	Most often	Used	Most often
Licit	33	14	19	16	26	26	24	16	28	18
Illicit	73	37	85	73	61	43	89	73	73	60
Brand										
MS Contin	59		81		52		81		79	
Kapanol	8		12		13		9		13	
Anamorph	1		3		3		1		0	
Other/generic	9		2		1		8		3	

Source: IDRS participant interviews Data missing on some records



Daily use of illicit morphine in the previous six months increased to 30% of the sample, a significant increase from the 8% who reported daily use in 2010 (Table 15). Daily use of licit morphine remained at 15% of the sample.

**Table 15: Frequency of illicit morphine use in previous six months, 2007-2011 (%)**

	2007 N=106			2008 N=103			2009 N=99			2010 N=99			2011 N=98		
	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit
No recent use	22	31	69	14	19	81	31	40	80	9	15	79	19	28	72
Weekly or less	12	21	3	13	19	0	2	5	2	14	20	1	14	20	5
More than weekly	21	28	8	21	23	3	28	37	4	29	37	5	19	22	7
Daily	45	20	21	52	38	17	38	18	14	48	8	15	47	30	15

Source: IDRS participant interviews

### 4.6.3 Oxycodone

Thirty-two percent of respondents reported use of some form of oxycodone in the six months preceding the interview, an almost identical proportion to the 33% who reported recent oxycodone use in 2010 (Table 16). Recent use of illicit oxycodone increased from 22% of the sample in 2010 to 26% in 2011. The proportion of those who injected illicit oxycodone (23%) exceeded those who injected licit oxycodone (6%). Median days used for licit oxycodone again exceeded that of illicit oxycodone (72 days compared to 3 days) but this was lower than the 126 days median use of licit oxycodone reported in 2010. There was a concurrent reduction in median days licit oxycodone was recently injected, from 180 days in 2010 to 72 days in 2011.

**Table 16: Selected trends in participants' recent oxycodone use, 2007-2011 (%)**

	2007 N=106			2008 N=103			2009 N=99			2010 N=99			2011 N=98		
	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any
Used last 6 months	2	11	12	3	28	31	9	35	41	12	22	33	8	26	32
Injected last 6 months	0	9	9	3	26	29	3	31	32	8	20	27	6	23	27
Days used last 6 months (median)	24	4	4	68	8	13	18	3	8	126	5	7	72	3	72
Days injected last 6 months (median)	0	4	4	65	8	14	4	3	6	180	5	7	72	3	5

Source: IDRS participant interviews

In 2011, 26% of respondents reported recent use of illicit oxycodone, far more than the 8% who reported recent use of licit oxycodone (Table 17). Oxycontin was again the main brand used.

**Table 17: Forms of oxycodone used previous six months and main form, 2007-2011 (%)**

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98	
	Used	Most often	Used	Most often*	Used	Most often	Used	Most often	Used	Most often
Licit	2		3	3	9	9	12	12	8	7
Illicit	11	5	28	29	35	31	22	20	26	24
Main brand used										
Generic			1		1					
Oxycontin	5		30		23		26		27	
Endone					4		1		2	

Source: IDRS participants interviews

\* Missing data

#### 4.6.4 Subutex

Recent use of illicit Subutex was reported by 8% of the sample, the same proportion that reported recent use in 2010 (Table 18). The percentage of the sample that injected illicit Subutex in the past six months (5%), median days used (6 days) and median days injected (8 days) largely mirrored the 2010 results.

**Table 18: Selected trends in illicit Subutex use, 2007-2011**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Used last 6 months (%)	5	18	5	8	8
Injected last 6 months (%)	5	11	3	6	5
Days used last 6 months (median)	3	7	2	7	6
Days injected last 6 months (median)	3	6	1	7	8

Source: IDRS participant interviews

Weekly or less was the only pattern of use of illicit Subutex reported in 2011, remaining the main pattern of use since 2004 (Table 19).

**Table 19: Frequency of illicit Subutex use in previous six months, 2007-2011 (%)**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
No recent use	95	83	94	92	90
Weekly or less	5	13	4	6	8
More than weekly	0	4	0	2	0
Daily	0	1	1	0	0

Source: IDRS participant interviews

Eight percent of the sample reported recent use of illicit Subutex as compared to 7% who reported recent use of licit Subutex (Table 20). The proportion of respondents who have reported use of illicit Subutex has exceeded those who reported use of licit Subutex since 2008.

**Table 20: Forms of Subutex used last six months and primary form, 2007-2011 (%)**

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	6	5	7	8	4	3	4	4	7	7
Illicit	5	3	18	16	5	5	8	8	8	6

Source: IDRS participant interviews

#### 4.6.5 Over-the-counter codeine

Fifty-two percent of the sample reported recent use of over-the-counter (OTC) codeine in the previous six months, a higher proportion than in 2010 and 2009 (Table 21). As in 2010, only one respondent reported injecting OTC codeine although median days injected increased from 10 days in 2010 to 72 days in 2011. Nurofen Plus was again the most commonly used OTC brand of codeine.

**Table 21: OTC codeine use characteristics, 2009-2011 (%)**

	2009 N=99	2010 N=99	2011 N=98
% used last six months	35	35	52
median days used last six months	16	14	18
% injected drug last six months	2	1	1
median days injected last six months	13	10	72*
<b>Brands</b>			
Mersyndol	1	6	5
Nurofen Plus	15	12	16
Panadeine	10	9	5
Panadeine extra			9
Panafen Plus	2	1	6
Panamax Co	1	0	1
Other	1	5	5

\* one respondent only

Source: IDRS participant interviews

#### 4.6.6 KE comment

Of the nine KE who commented, there was again consensus that morphine, primarily MS Contin, was the opiate form most frequently used by those who inject opiates.

One Health KE reported that while MS Contin remained the predominant opiate form used, he had heard more reports of illicit oxycodone and illicit Physeptone use than in previous years. He added that there had been “rare” reports of use of illicit buprenorphine and suggested that there was less use of illicit Subutex than of illicit Physeptone. Another KE also referred to an increase in the use of illicit oxycodone while another KE referred to occasional reports of oxycodone use. One KE stated that while she had heard reports of oxycodone use she believed that levels of use had not increased since last year.

One Health KE advised that there was some oxycodone use when MS Contin was unavailable but this was infrequently reported. This KE also observed that MS Contin

continued to be the most popular form of morphine, that there were occasional reports of use of illicit Physeptone and that there were rare reports of illicit methadone syrup use. She added that there were more regular reports of illicit Suboxone use, with report rates similar to those for Physeptone tablets. She also stated that opiate users were developing greater knowledge of pharmacology and referred to reports of users taking Suboxone (unsupervised) to withdraw from morphine.

A KE commented that morphine users in Darwin were a distinct group and were often unemployed or on a disability support pension.

## 4.7 Other drugs

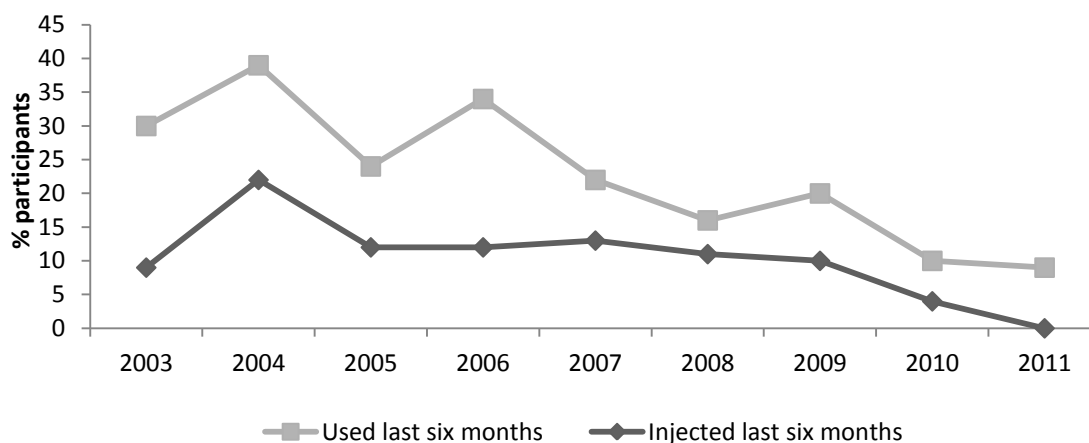
### Key Points

- Nine percent of participants reported ecstasy use (on a median of two days) in the preceding six months, a slight reduction from the 10% who reported ecstasy use in the preceding six months in 2010.
- Any form of benzodiazepines (illicit and/or licit) was used by 61% of participants in the preceding six months, a significant increase from the 52% who reported recent use in 2010.
- Thirty-six percent of participants had recently used illicit Alprazolam and 13% had recently used licit Alprazolam.
- Recent use of any form of pharmaceutical stimulants increased to 12% of participants (6% in 2010) on a median of 5 days.
- Hallucinogens were used by 7% of participants in the preceding six months, on a median of three days.
- Five participants reported recent use of any form of Seroquel.
- Sixty-three percent of participants reported use of alcohol in the preceding six months, on a median of 24 days.
- No participants reported use of inhalants in the preceding six months.
- Daily use of tobacco increased to 97% of participants.

### 4.7.1 Ecstasy

Figure 10 illustrates that recent reported ecstasy use continued to decline in 2011, with 9% reporting use within the past six months (10% in 2010 and 20% in 2009) and no respondents reporting injection of the substance (4% in 2010 and 10% in 2009).

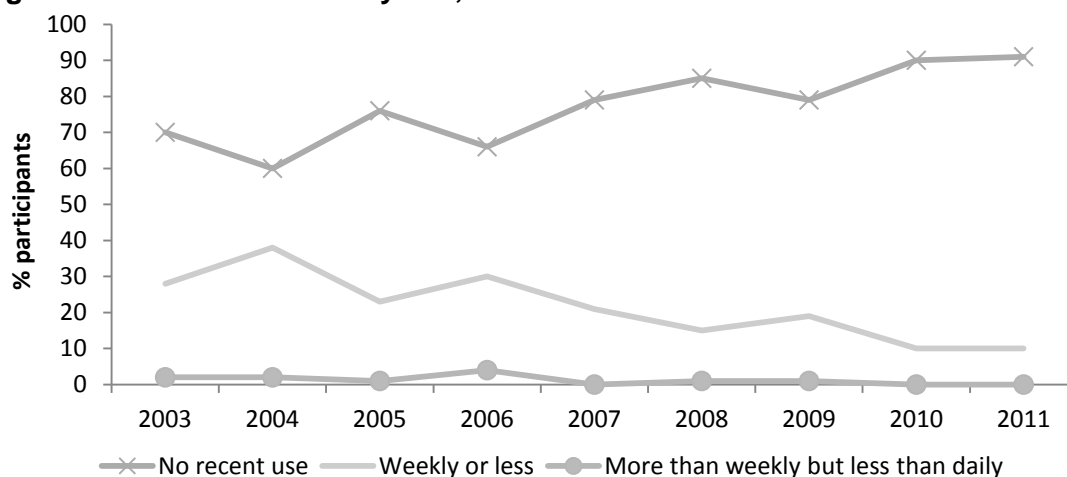
**Figure 10: Proportion of participants reporting ecstasy use and injection in the preceding six months, 2003-2011**



Source: IDRS participant interviews

Figure 11 shows that in 2011 weekly or less, was the only pattern of ecstasy use reported.

**Figure 11: Patterns of ecstasy use, 2003-2011**



Source: IDRS participant interviews

#### 4.7.2 Hallucinogens

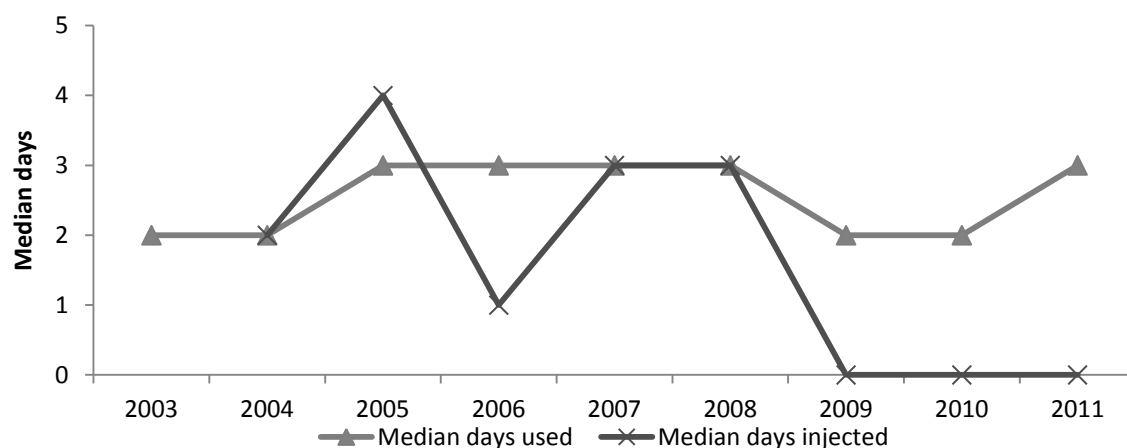
Recent use of hallucinogens by participants remained low at 7% of the sample, but this still represented an increase from the 4% who reported recent use in 2010 (Figure 12). As in the past two years, no respondents reported injection of the drug. Median days of use remained low at 3 days (Figure 13).

**Figure 12: Proportion of participants reporting hallucinogen use and injection in the preceding six months, 2003-2011**



Source: IDRS participant interviews

**Figure 13: Median days use and injection of hallucinogens in the past six months, 2003-2011**



Source: IDRS participant interviews

Note: Collection of data on the number of days injected commenced in 2003

Use of mushrooms (by 2 participants) was reported for the first time since 2005 although LSD remained the main form of hallucinogens used (Table 22).

**Table 22: Hallucinogen forms most used, 2007-2011**

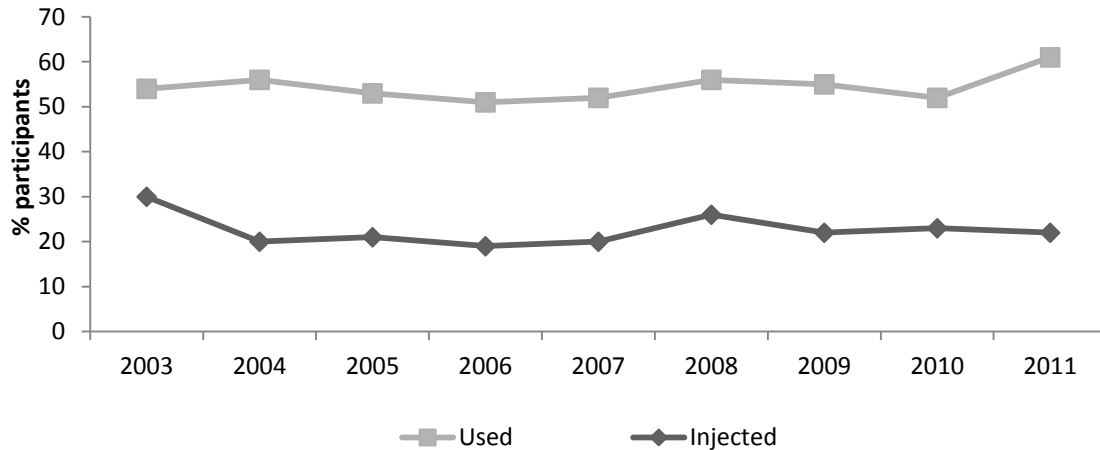
	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
LSD	3	3	3	3	2	2	4	3	5	5
Mushrooms	0	0	0	0	0	0	0	0	2	2
Other	1	0	0	0	0	0	0	0	0	0

Source: IDRS participant interviews

### 4.7.3 Benzodiazepines

There was a marked increase in the recent use of benzodiazepines (61% in 2011 compared to 52% in 2010), representing the highest rate of usage seen to date (Figure 14). However, recent injection of benzodiazepines remained stable, at about one-fifth of the sample.

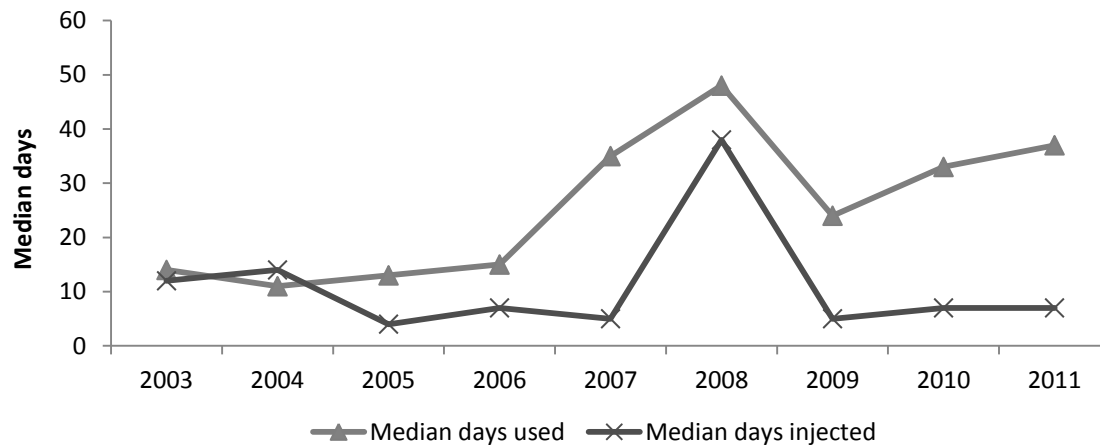
**Figure 14: Proportion of participants reporting benzodiazepine use and injection in the preceding six months, 2003-2011**



Source: IDRS participant interviews

There was again an increase in median days of benzodiazepines use although these results did not reach the peak observed in 2008 (Figure 15). Median days injected remained stable.

**Figure 15: Median days use and injection of benzodiazepines in the past six months, 2003-2011**

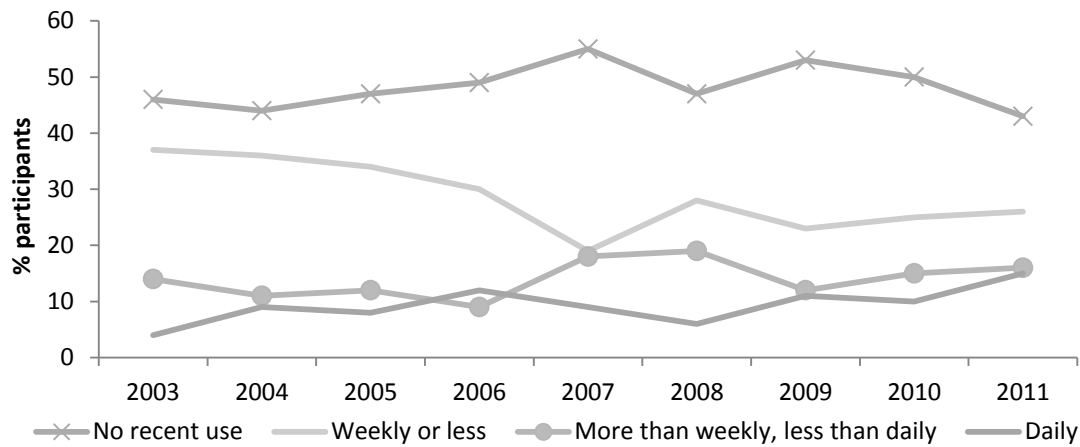


Source: IDRS participant interviews

Note: Collection of data on the number of days injected commenced in 2003

Weekly or less continued to be the main pattern of use with overall patterns of use similar to those reported in previous years (Figure 16).

**Figure 16: Patterns of benzodiazepine use, 2003-2011**



Source: IDRS participant interviews

Table 23 demonstrates that in 2011 more than twice as many respondents used illicit benzodiazepines as used licit benzodiazepines. Alprazolam (Xanax) data is presented separately. Of the benzodiazepines listed below, diazepam (Valium) was used most often.

**Table 23: Forms of benzodiazepine most used and main brands, 2007-2011**

	2007 N=100		2008 N=106		2009 N=103		2010 N=99		2011 N=98	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit (%)	34	11	32	27	32	21	34	27		13
Illicit (%)	33	20	40	28	33	18	28	22		28
Brand (%)										
Xanax / Kalma (alprazolam)	19			25		7		23		-
Bromazepam (generic)	0			0						0
Valium (diazepam)	14			18		10		18		25
Hypnodorm (flunitrazepam)	1			2				2		1
Murelax (oxazepam)	0			1						0
Serepax (oxazepam)	1			0		1		2		5
Normison (temazepam)	0			0		2		2		0
Stilnox (zolpidem)	0			0						0
Rohypnol	0			0				2		0
Other	9			1		2		1		4

Source: IDRS participant interview



The 2011 IDRS survey included questions focusing specifically upon Alprazolam use patterns. Table 24 illustrates that twice as many respondents reported recent use of illicit Alprazolam compared to licit Alprazolam and that these respondents were more likely to inject the substance.

**Table 24: Alprazolam use, selected characteristics, 2011.**

	2011 N=98	
	Licit	Illicit
% used last six months	13	36
median days used last six months	90	6
% injected drug last six months	3	20
median days injected last six months	5	6
Main form used (%)	9	33

Source: IDRS participant interviews

#### 4.7.4 Seroquel, steroids and inhalants

In 2011 the IDRS survey investigated the use of Seroquel, an anti-psychotic medication. Three respondents reported recent use of licit Seroquel, on a median of 90 days, and two respondents reported recent use of illicit Seroquel, on a median of 4 days (Table 25). Nineteen percent of the sample had used either licit or illicit Seroquel at some time in their life (Table 3).

**Table 25: Seroquel use, selected characteristics, 2011 (%)**

	2011 N=98	
	Licit	Illicit
Patterns of use		
No recent use	97	98
Weekly or less	1	2
More than weekly but less than daily	1	0
Daily	1	0
Median days used last six months	90	4
Main form used	0	2

Source: IDRS participant interviews

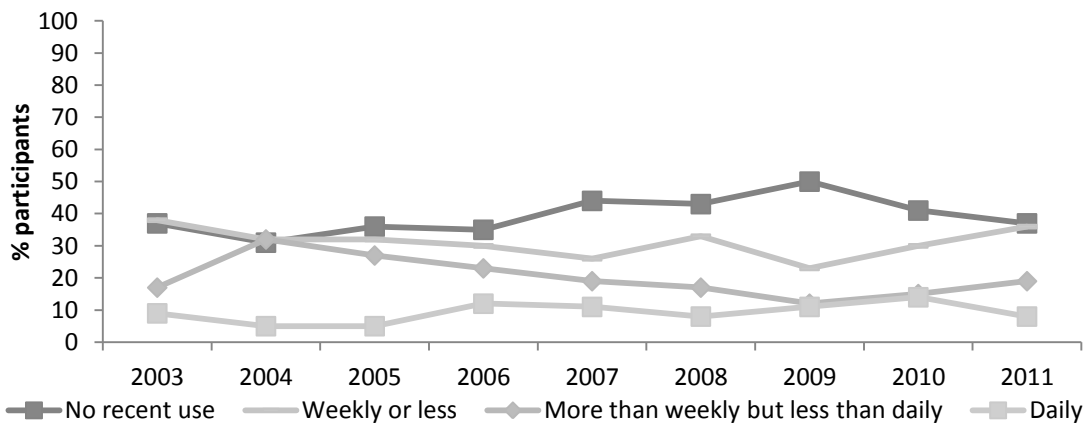
Steroid use was also investigated in the 2011 IDRS survey. Three participants reported recent steroid use, on a median of 6 days (Table 3). Thirteen percent of the sample reported use of steroids at some time in their life.

In 2011 no respondents reported recent inhalant use although 13% reported having used inhalants at some time in their life (Table 3). In 2010, one respondent had reported recent inhalant use.

#### 4.7.5 Alcohol and tobacco

Recent use of alcohol increased from 57% of the sample in 2010 to 63% in 2011 (Table 3). There were observed increases in more than weekly but less than daily and weekly or less patterns of use; however, recent daily use declined from 14% of the sample in 2010 to 8% in 2011 (Figure 17).

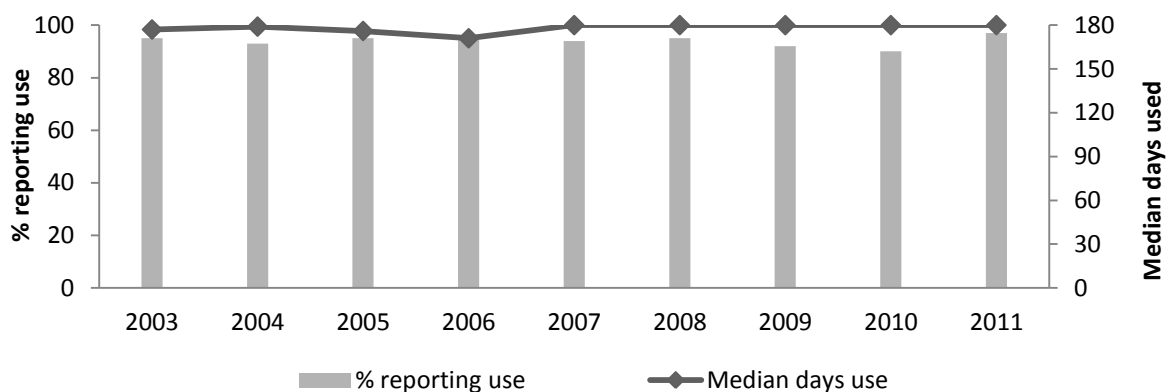
**Figure 17: Patterns of recent alcohol use, 2003-2011**



Source: IDRS participant interviews

Ninety-seven percent of the sample reported recent use of tobacco, an increase from the 90% who reported recent use in 2010 (Figure 18). This continues the trend of very high rates of tobacco use by NT IDRS participants.

**Figure 18: Participant reports of tobacco use in the last six months, 2003-2011**



Source: IDRS participant interviews

#### 4.7.6 KE comment

Seven KE commented upon Xanax (alprazolam) use, mostly in relation to the high prevalence of use. One Health KE stated there were frequent reports of Xanax use, primarily by opiate users, a view echoed by other KE. A Legal KE stated that he was aware that Xanax had become a significant currency for purchasing morphine while another KE reported that a recent shortage of diazepam and apparent ease of availability of Xanax had led to more Xanax use. A Health KE stated that there was increasing use of Xanax.

Several KE commented upon benzodiazepine use in general. One frontline Health KE observed that benzodiazepine use increased when morphine was scarce, describing benzodiazepines as “a last resort drug”. Another KE said that there were always reports of intravenous benzodiazepine use and noted that some PWID went to extra lengths with benzodiazepines to try to obtain a heroin-type effect. A legal KE also stated that benzodiazepine use among opiate users increased when morphine was scarce.

There were conflicting reports regarding Valium. One Health KE provider related that there had been an increase in reports of Valium use while another suggested that the increasing

use of Xanax was due to Valium becoming harder to obtain, consistent with another KE's comments regarding a recent shortage of diazepam.

Two legal KE and a Health KE reported that polydrug use was common.

A number of KE commented upon use of cannabis-type substances. A legal KE said that she had received regular reports of use of Kronic and similar substances while another health KE said that clients were reporting use of "Dust", "Aroma" and "Puff" as alternatives to cannabis. Another KE referred to some reports of Kronic and other legal highs and also linked use of these primarily to workers who were drug tested. Another KE spoke of people using "Happy High" drugs but said she was unsure if there was more use of these substances than in previous years. She also suggested that continued media focus on these substances had led to more awareness of their availability. A legal KE referred to "a spate of new drugs" – amphetamine-type substances and those with effects similar to cannabis, as well as drugs available over the internet. He reported that Kronic and a number of other similar drugs had been intermittently available but were soon to be prohibited.

One KE provided other relevant feedback. He advised that there had been a shift to party drugs being sold in capsules rather than in tablet form and referred to M-Cat, (Methcathinone), observing that there had been a period over the past 12 months when this drug had been used, including among Defence Force personnel. He added that availability had been temporary and that those interested in these types of substances had returned to using LSD and ecstasy.

A legal KE observed that the majority of their clients consumed alcohol. A Health KE also referred to alcohol use but estimated that less than 50% of Opiate Pharmacotherapy Program clients drank alcohol and a far lower percentage drank heavily.

## 5 DRUG MARKET: PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

### 5.1 Heroin

#### Key points

- Consistent with recent years, very few respondents were able to comment upon the price, purity or availability of heroin.
- The median price of a cap of heroin was \$80 and the median price of a gram was \$550.
- KE comments confirmed limited heroin availability in the NT.

Table 26 illustrates that two respondents commented upon the price of a cap of heroin (median of \$80) and two upon the price of a gram of a gram of heroin (median of \$550). The reported median price of a cap of heroin in 2011 is equal to that reported in 2009.

**Table 26: Median price of most recent heroin purchases, 2007-2011, \$ (n)**

Amount	2007	2008	2009	2010	2011
Cap	50 (1)	100 (4)	80 (12)	-	80 (2)
Quarter gram	150 (2)	-	-	-	-
Half gram (half-weight)	-	-	-	-	-
Gram	150 (1)	400 (1)	300 (10)	100 (1)	550 (2)

Source: IDRS participant interviews

Note: median price in dollars (number of purchasers in brackets)

Few respondents were able to comment upon heroin price movements. Of the four who did, two considered the price to be increasing, one reported that it was decreasing and one reported that price was fluctuating (Table 27).

**Table 27: Reports of heroin price movements in the past six months, 2007-2011 (%)**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Did not respond	92	94	94	97	96
Did respond	8	6	6	3	4
<i>Of those who responded</i>					
Don't know	13	0	0	67	0
Increasing	25	50	17	33	50
Stable	50	50	67	0	-
Decreasing	0	0	0	0	25
Fluctuating	13	0	17	0	25

Source: IDRS participant interviews

Two of the four respondents who commented upon current heroin availability considered that it was easy while the other two rated current availability as difficult (Table 28). Views regarding changes in availability over the past six months were also mixed: one respondent reported no change, two considered that availability had become easier while one suggested that availability had fluctuated.

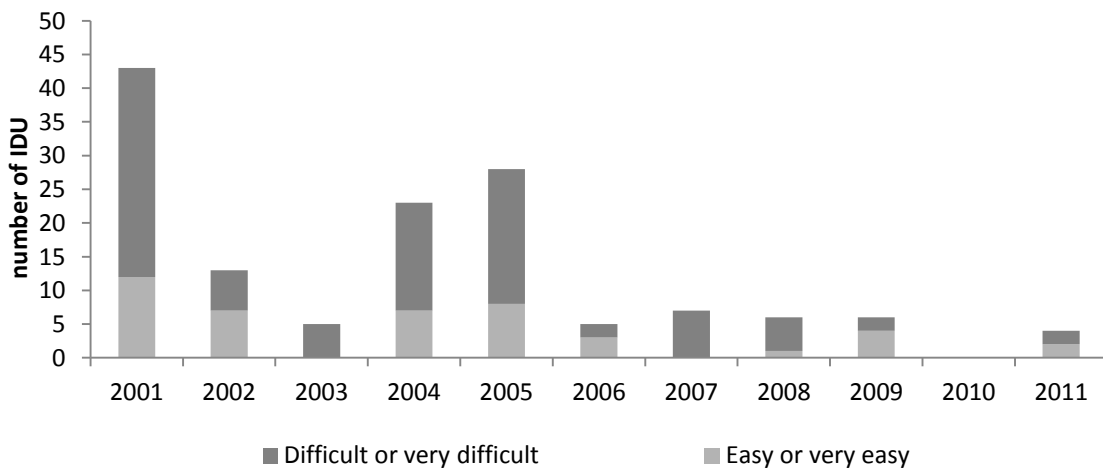
**Table 28: Participant reports of heroin availability in the past six months, 2007-2011 (%)**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Did not respond*	93	94	94	97	96
Did respond	7	6	6	3	4
<i>Of those who responded:</i>					
<b>Current availability</b>					
Very easy	0	17	0		0
Easy	0	0	67	33	50
Difficult	57	67	33		50
Very difficult	43	17	0	33	0
Don't know	0	0	0	33	0
<b>Change last six months</b>					
More difficult	0	0	0	0	
Stable	71	100	83	67	25
Easier	14	0	17	0	50
Fluctuates	0	0	0	0	25
Don't know	14	0	0	33	

Source: IDRS participant interviews

As is evident from Figure 19, the few participant reports of heroin availability are contradictory, with current availability rated equally as difficult/very difficult or easy/very easy.

**Figure 19: Participant reports of current heroin availability, 2001-2011**



Source: IDRS participant interviews

In 2011 two respondents identified an acquaintance as the usual source person for heroin purchases, one nominated a known dealer and one nominated a street dealer (Table 29). Source venue was equally spread between a dealer's home, an acquaintance's house, a street market or a work location.

**Table 29: Usual source person and venue for purchases of heroin in the preceding six months, 2007-2011 (%)**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Did not respond	96	94	94	97	96
Did respond	4	6	6	3	4
<i>Of those who responded:</i>					
<b>Source person*</b>					
Street dealer	50	0	33	33	25
Friends	25	33	17	0	0
Gift from friends	0	0	0	0	0
Known dealer	0	17	0	0	25
Workmates	0	0	0	0	0
Acquaintances	25	33	17	0	50
Unknown dealer	0	0	33	33	0
Mobile dealer	0	0	0	0	0
Other	0	0	0	33	0
<b>Source venue*</b>					
Home delivery	25	0	50	0	0
Dealer's home	25	17	17	0	25
Friend's home	25	0	17	0	0
Acquaintance's house	0	17	17	0	25
Street market	50	0	0	33	25
Agreed public location	50	50	0	67	0
Work	0	0	0	0	25
Other	0	0	0	0	0

Source: IDRS participant interviews

\* Multiple responses possible

As in recent years, few participants were able to comment upon purity and changes in heroin purity. One respondent reported high purity, two considered purity to be low and one reported fluctuating purity (Table 30). Two respondents did not detect any changes in purity over the preceding six months while two respondents noted fluctuating purity.

**Table 30: Participants perceptions of heroin purity, past six months, 2007-2011 (%)**

	<b>2007 N=106</b>	<b>2008 N=103</b>	<b>2009 N=99</b>	<b>2010 N=99</b>	<b>2011 N=98</b>
Did not respond	92	94	94	97	96
Did respond	8	6	6	3	4
<i>Of those who responded:</i>					
<b>Current purity</b>					
High	0	17	17	33	25
Medium	13	17	50	33	0
Low	75	67	17	0	50
Fluctuates	0	0	17	0	25
Don't know	13	0	0	33	0
<b>Change last six months</b>					
Increasing	14		0	0	0
Stable	43	83	17	0	50
Decreasing	0		33	0	0
Fluctuating	29		50	0	50
Don't know	14	17	0	100	0

Source: IDRS participant interviews

### 5.1.1 KE comment

Some KE advised that there had been no reports of heroin availability. One Health KE recalled that the one client who had reported heroin use to her had referred to limited availability while another Health KE stated that there had only been occasional mention of heroin availability.

Two legal KEs said that heroin seizures were rare, with one officer recalling that the last seizure had occurred over a year ago.

## 5.2 Methamphetamine

### Key points

- The median price for a point of methamphetamine powder was \$100, the same price as reported in 2010.
- The median price for a point of ice/crystal methamphetamine decreased from \$200 in 2010 to \$150 in 2011.
- The median price for a point of base was \$150 compared to \$100 in 2010.
- The median price for a gram of speed powder was \$400 compared to \$450 in 2010.
- The median price of a gram of ice was \$1,000 as compared to \$1,350 in 2010.
- The median price for a gram of base methamphetamine was \$700 compared to \$250 in 2010.
- The majority of respondents rated all forms of methamphetamine, especially powder, as either easy or very easy to obtain.
- More respondents rated purity of all forms of methamphetamine as high than did so in 2010.

### 5.2.1 Price

The median price of the most recent purchase for the various forms of methamphetamine is shown in Table 31. No respondents commented upon ounce prices and there was considerable variation in the range of price paid for points and grams of powder and base. It is significant that in 2011 there were more recent purchasers of ice than of speed powder.

**Table 31: Price of most recent methamphetamine purchases by participants, 2010-11**

Amount	2010			2011		
	Median price \$	Range \$	Number of purchasers	Median price \$	Range \$	Number of purchasers
Speed						
Point (0.1g)	100	50-200	15	100	50-150	16
Gram	450	4,000-1,500	11	400	160-600	12
Ounce	5000	5,000-7,000	3	-	-	-
Base						
Point	100	70-100	4	150	80-200	4
Gram	250	250-900	3	700	400-1,000	2
Ounce	7000	-	1	-	-	-
Ice/crystal						
Point (0.1g)	200	100-200	10	150	100-200	12
Gram	1350	1,200-1,500	2	1,000	-	23
Ounce	15,500	13,000-18,000	2	-	-	-

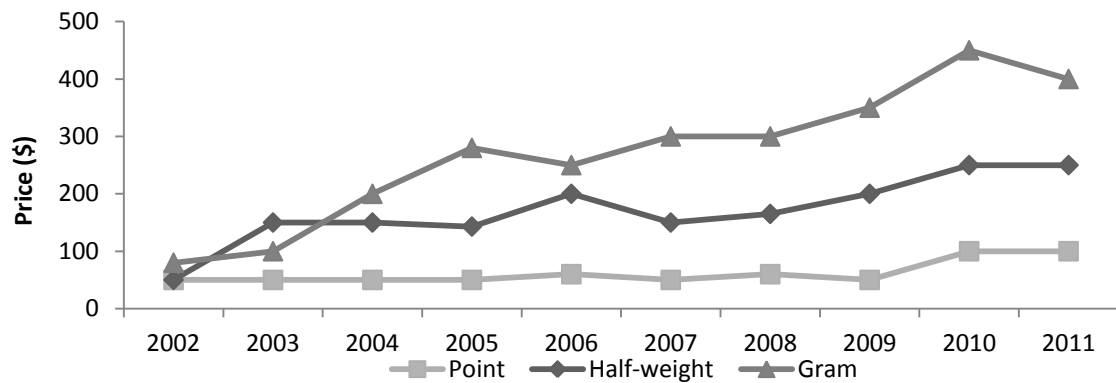
Source: IDRS participant interviews

#### *Speed powder*

In 2011 the median price of both points and half-weights of speed powder did not differ to prices reported in 2010, with the median price of points at \$100 and the median price of a half-weight at \$250 (Figure 20).



**Figure 20: Median prices of speed powder estimated from participant purchases, 2002-2011**

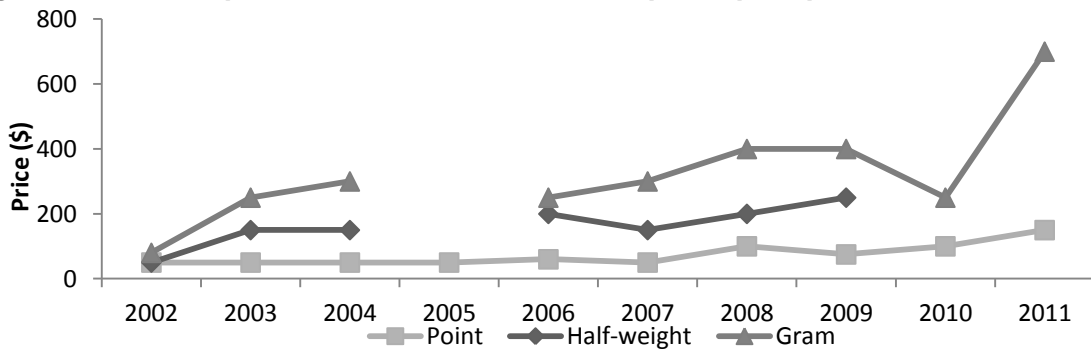


Source: IDRS participant interviews

*Base*

Figure 21 demonstrates that the median price of a gram of base increased to \$700. There was also an increase in the median price of points (\$150 in 2011 compared to \$100 in 2010).

**Figure 21: Median prices of base estimated from participant purchases, 2002-2011**

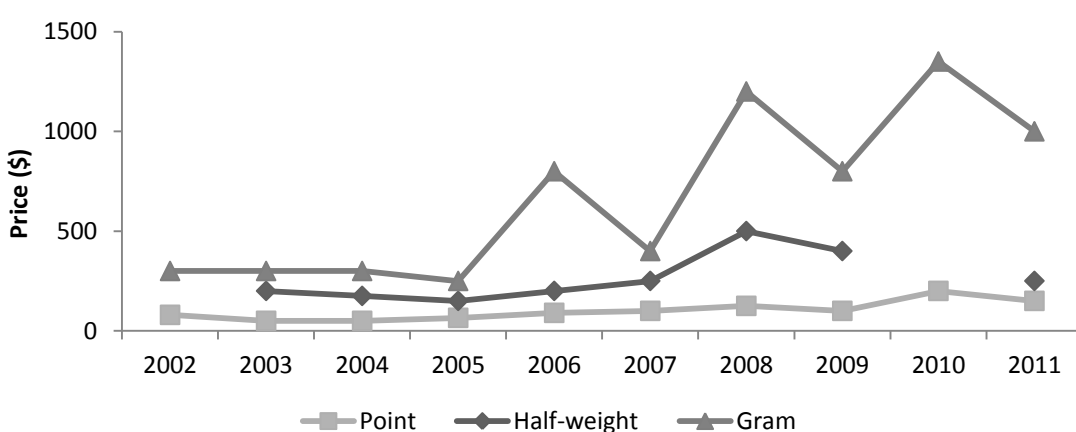


Source: IDRS participant interviews

*Ice/Crystal*

Figure 22 shows a decrease in both the median price of points and grams of ice. The cost of ice decreased to a median of \$1,000 a gram from \$1,350 in 2010 and points decreased to a median of \$150 compared to \$200 in 2010.

**Figure 22: Median prices of ice/crystal estimated from participant purchases, 2002-2011**



Source: IDRS participant interviews

More participants were able to comment upon price movements of powder than of base or ice, with 44% reporting increasing prices for powder, 41% rating prices as stable and 16% reporting that prices had fluctuated (Table 32). The cost of ice was rated as increasing by 46% of those able to comment while 31% rated price as stable, 8% considered the price to be decreasing and 15% reported fluctuating prices.

**Table 32: Methamphetamine price movements in the last six months, 2011 (%)**

	<b>Speed</b>	<b>Base</b>	<b>Crystal</b>
Did not respond	67	96	87
Did respond	33	4	13
<i>Of those who responded</i>			
Don't know	0	0	0
Increasing	44	25	46
Stable	41	75	31
Decreasing	0	0	8
Fluctuating	16	0	15

Source: IDRS participant interviews

### 5.2.2 Availability

Eighty percent of those able to comment considered that speed powder was currently either easy or very easy to obtain, a significant increase from the 42% who rated current powder availability as easy or very easy in 2010 (Table 33). Twenty-one percent rated powder as difficult to obtain but no respondents rated the substance as very difficult to obtain. The majority (70%) considered that there had been no changes in availability over the past six months.

As in recent years, few participants were able to comment upon availability of base methamphetamine. Of the few who did, 60% rated availability as easy or very easy while 40% rated availability as difficult (Table 33). The majority (60%) of these respondents noted no change in availability over the preceding six months.

As with speed powder, there was an increase in the proportion of respondents who rated ice availability as easy or very easy, from 64% in 2010 to 77% in 2011 (Table 33). Sixty-nine percent of respondents rated ice availability as stable over the past six months while almost a quarter (23%) considered that availability had become more difficult.

**Table 33: Participants reports of methamphetamine availability in the past six months, 2007-2011 (%)**

	Powder					Base					Ice/crystal				
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Did not respond	52	65	69	83	65	88	94	93	95	95	91		87	89	87
Did respond	48	35	31	17	35	12	6	7	5	5	19		13	11	13
<i>Of those who responded</i>															
<b>Current availability</b>															
Very easy	26	14	16	18	24	0	0	29	0	20	25	33	8	9	23
Easy	53	53	65	24	56	46	33	43	60	40	35	50	62	55	54
Difficult	12	31	16	35	21	31	67	14	0	40	35	17	31	27	23
Very difficult	4	3	3	12	0	8	0	14	20	0	5	0	0	0	0
Don't know	6	0		12	0	15	0	0	20	0	0	0	0	9	0
<b>Change last six months</b>															
More difficult	18	19	16	35	18	31	50	14	60	20	15	0	8	9	23
Stable	56	61	65	35	70	46	50	71	20	60	55	83	67	36	69
Easier	6	6	6	6	3	0	0	14	20	0	25	17	0	0	8
Fluctuates	14	8	13	12	9	8	0	0	0	20	5	0	25	36	0
Don't know	6	6		12	0	15	0	0	0	0	0	0	0	18	0

Source: IDRS participant interviews

Table 34 demonstrates that over half (51%) of respondents had last obtained speed powder from friends, while 14% reported obtaining powder from a street dealer and 11% from a known dealer. Source venue was identified mainly as a friend's home (41%).

Base methamphetamine was last sourced equally from a street dealer and friends (29%) with source venue spread evenly between home delivery, a dealer's home, a friend's home, street market and agreed public location (Table 34).

Ice was last sourced principally from friends (44%) with 31% of respondents identifying a friend's home as the last source venue (Table 34).

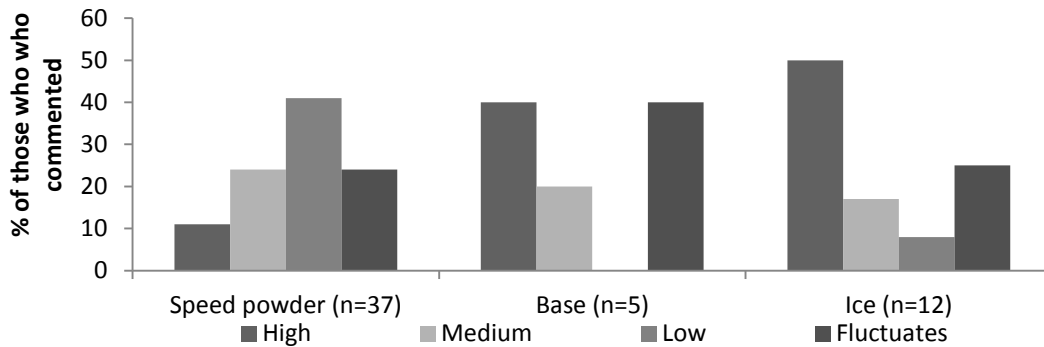
**Table 34: Last source person and source venue for purchases of methamphetamine in the preceding six months, (%)**

	2011 N=98		
	Speed	Base	Ice
Did not respond	63	93	84
Did respond	37	7	16
<i>Of those who responded</i>			
<b>Source person</b>			
Have not obtained	16	29	13
Street dealer	14	29	19
Friends	51	29	44
Known dealer	11	14	19
Workmates	0	0	0
Acquaintances	5	0	0
Unknown dealer	3	0	6
Mobile dealer	0	0	0
Other	0	0	0
<b>Source venue</b>			
Have not obtained	16	29	13
Home delivery	8	14	13
Dealer's home	11	14	19
Friend's home	41	14	31
Acquaintance's house	3	0	0
Street market	5	14	6
Agreed public location	14	14	19
Work	0	0	0
Other	0	0	0

### 5.2.3 Purity

More respondents (41%) rated speed powder purity as low compared to the other categories of high, medium and fluctuating (Figure 23). This contrasts with the 40% who rated base purity as high and the 50% who rated ice purity as high. One-quarter of those able to comment rated ice purity as fluctuating while only 8% rated ice purity as low.

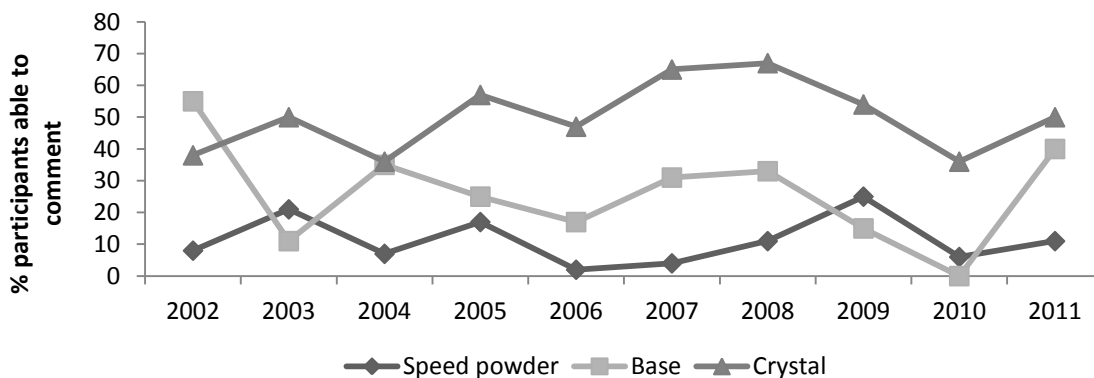
**Figure 23: Participant perceptions of methamphetamine purity (speed, base and ice/crystal) among those who commented, 2011**



Source: IDRS participant interviews

Figure 24 illustrates an increase in 2011 in reported high purity of all forms of methamphetamine. The most striking increase is for base purity but very few respondents were able to comment. One half of those able to comment rated ice purity as high as compared to 36% who rated ice purity as high in 2010.

**Figure 24: Proportion of participants reporting speed powder, base and ice/crystal purity as ‘high’, among those who commented, 2002-2011**



Source: IDRS participant interviews

### 5.2.3 KE comment

Two legal KEs and a Health KE reported that speed powder sold for \$50 a point while one other KEs reported that speed powder generally sold for \$100 a point. A law KE advised that speed powder sold for \$100-\$200 a point with grams being sold for \$400-\$500.

A Health KE indicated that ice sold for \$200 a point and a law KE reported that the cost of points of ice was basically double that of powder. He noted that grams of ice were sold for between \$1,200 to \$1,600, adding that the increase in the cost of ice was alarming. The other law KE identified the cost of a gram of ice as \$1,600 and noted that both ice and speed powder were generally sold in points.

Speed powder was considered to be of consistently low quality by Health and Law KEs (who noted that purity was generally less than 5%). A Health KE stated that interstate clients had commented upon the poor quality of speed powder in the NT, adding that some clients travel to the NT to get away from high-quality speed in other jurisdictions.

Variability in the quality of speed powder was highlighted a few KE who suggested that powder quality varies from very low to high.

Ice was considered to be of high quality by a Health KE (who also suggested that ice was better value than powder due to its quality), Two other KEs reported that ice purity was generally 80% or higher.

Both Legal KEs noted that many methamphetamine users did not know what they were purchasing.

KE comments varied in regard to the availability of speed powder and ice. One Legal KE stated that both speed powder and ice had been more readily available over the past six months and this was a noticeable trend. Another KE commented that powder was more readily available than ice while another KE suggested that powder appeared more difficult to obtain while availability of ice appeared to be increasing. One KE suggested that ice had become readily available and the second Pharmacotherapy Program Worker, commenting upon speed powder, described fluctuating availability. A law KE declared that speed powder remained far more common than ice and was readily available. However, he also referred to a noticeable increase in the availability of ice over the past six months and a slight increase in the number of seizures of ice. Another law KE advised that the source of methamphetamine in the NT remained a combination of locally manufactured and imported from interstate. He considered that the availability of ice fluctuated.

Only two KE commented upon base methamphetamine and no KE mentioned liquid. One KE said that she had not heard of any reports of availability of base while one police officer observed that there was not much base available in Darwin, noting only one seizure of base (imported from Queensland) last year.

### **5.3 Cocaine**

#### **Key Points**

- No participants were able to comment upon the cocaine drug market.
- KE comments confirm the rare use of this substance in the NT.

As in 2010, no participants were able to comment upon cocaine price, purity or availability.

#### **5.3.1 KE comment**

Three KE commented upon cocaine availability. One Health KE referred to reports of some cocaine availability approximately a year ago. One Law KE stated that availability was rare and said that he was uncertain as to why cocaine was not more popular. Another Law KE that there was some information that cocaine was available in small quantities, among a “select group” of individuals.

## 5.4 Cannabis

### Key Points

- The median price of hydroponically grown cannabis was \$30 per gram and \$450 per ounce, the same as reported in 2010.
- The median price for a gram of bush cannabis was \$15 per gram and \$210 per ounce, a reduction from 2010 prices.
- The majority of participants able to comment rated cannabis availability as easy or very easy.
- As in 2010, the majority of participants able to comment rated hydro potency as high and bush cannabis potency as medium.

### 5.4.1 Price

Recent cannabis prices are presented in Table 35. In contrast to 2010 when the median price of grams of hydro and bush cannabis were equal at \$30, in 2011 the median price of a gram of hydro remained stable at \$30 while the median price of a gram of bush cannabis halved to \$15, although there were far fewer purchasers of this form of cannabis. The median price of an ounce of hydro also remained stable at \$450 while the median price of an ounce of bush cannabis reduced from \$300 in 2010 to \$210 in 2011, again with few purchasers.

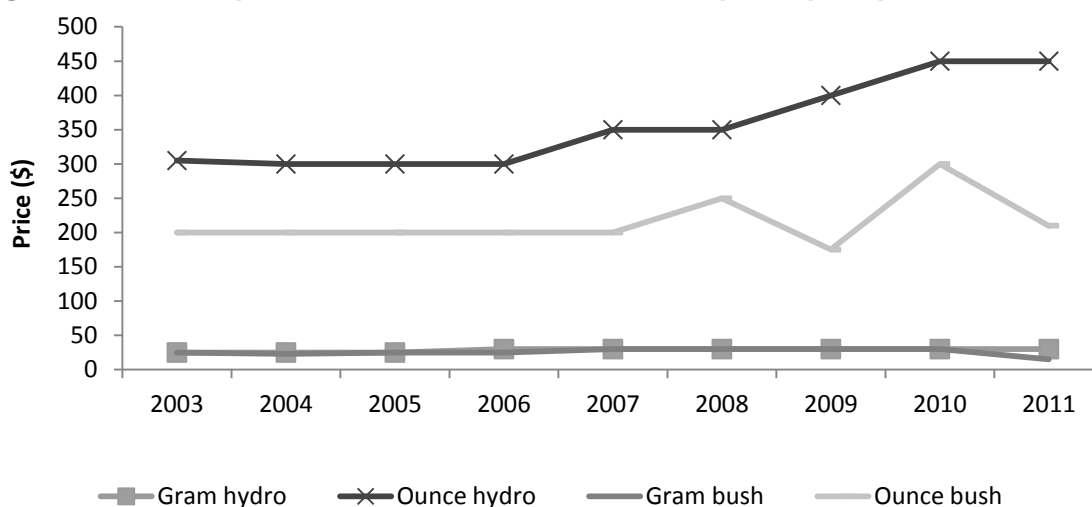
**Table 35: Price of most recent cannabis purchases by participants, 2010-2011**

	2010			2011		
	Median price \$	Range \$	Number of purchasers	Median price \$	Range \$	Number of purchasers
Hydro						
Gram	30	20-30	34	30	15-30	25
A bag	50	30-400	21	30	30-50	24
Quarter ounce	100	80-130	5	120	100-120	3
Half ounce	213	15-600	4			
Ounce	450	300-600	17	450	240-500	26
Bush						
Gram	30	10-40	14	15	10-15	3
A bag	30	10-300	10	30	30-50	3
Quarter ounce	90	50-100	4	50	-	1
Half ounce	150	100-225	5			
Ounce	300	120-450	21	210	60-400	6

Source: IDRS participant interviews

Figure 25 further illustrates the stability in the prices of grams and ounces of hydro and the relative reduction in the price of grams and ounces of bush cannabis.

**Figure 25: Median prices of cannabis estimated from participant purchases, 2003-2011**



Source: IDRS participant interviews

Many more participants were able to comment upon the price movements of hydro as compared to bush cannabis and the majority (62%) considered that hydro prices had remained stable (Table 36). Of the few participants who did comment upon bush cannabis price movements, 64% rated recent price movements as stable.

**Table 36: Price movements of cannabis in the past six months, 2011 (%)**

	Hydro	Bush
Did not respond	48	89
Did respond	52	11
<i>Of those who responded</i>		
Don't know	0	0
Increasing	29	9
Stable	62	64
Decreasing	0	9
Fluctuating	10	18

Source: IDRS participant interviews

#### 5.4.2 Availability

Hydro availability was considered easy or very by 95% of respondents, an increase from the 83% who rated hydro availability as easy or very easy in 2010 (Table 37). Bush availability was rated as easy or very easy by 64% of respondents compared to 73% in 2010 although only 14% of participants were able to comment on bush cannabis availability. While the majority of those able to comment upon bush cannabis availability considered availability as easy or very easy, later KE comments point to a scarcity of bush cannabis.

The vast majority of respondents (85%) considered that hydro availability had remained stable over the past six months, while 79% considered that bush cannabis availability had remained stable.



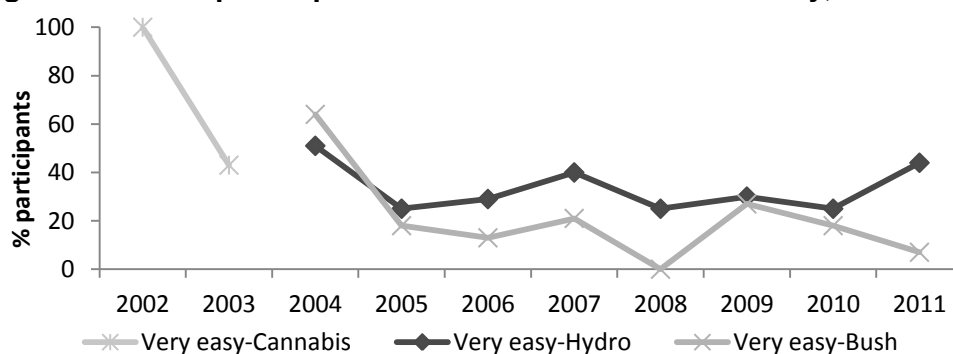
**Table 37: Participants' reports of cannabis availability in the past six months, 2007-2011 (%)**

	Hydro					Bush				
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Did not respond	41	33	29	43	45	74	79	74	67	86
Did respond	59	67	71	57	55	26	21	26	33	14
<i>Of those who responded</i>										
<b>Current availability</b>										
Very easy	40	25	30	25	44	21	0	27	18	7
Easy	24	52	54	58	51	21	59	23	55	57
Difficult	29	19	17	16	6	55	41	50	24	29
Very difficult	8	0	0	2	0	0	0	0	0	7
Don't know	0	4	0	0	0	3	0	0	3	0
<b>Availability change</b>										
More difficult	37	20	21	14	4	18	23	39	18	14
Stable	37	70	62	56	85	68	55	50	61	79
Easier	10	1	7	5	6	4	0	0	3	0
Fluctuates	16	3	9	21	6	11	18	3	9	7
Don't know	2	6	0	4	0	0	5	0	9	0

Source: IDRS participant interviews

Figure 26 illustrates that while a higher proportion of respondents identified very easy availability of hydro (44% in 2011 compared to 25% in 2010), bush cannabis availability was rated as very easy by only 7% of respondents compared to 18% in 2010.

**Figure 26: Participant reports of current cannabis availability, 2002-2011**



Source: IDRS participant interviews

Note: A distinction between hydro and bush cannabis was introduced in 2004. Prior to this time, survey items referred to any form of cannabis

As is evident from Table 38, cannabis was purchased mainly from friends (64% for hydro, 83% for bush) and source venue was mainly a friend's home (53% for hydro and 67% for bush).

**Table 38: People from whom cannabis was purchased in the preceding six months, 2007-2011 (%)**

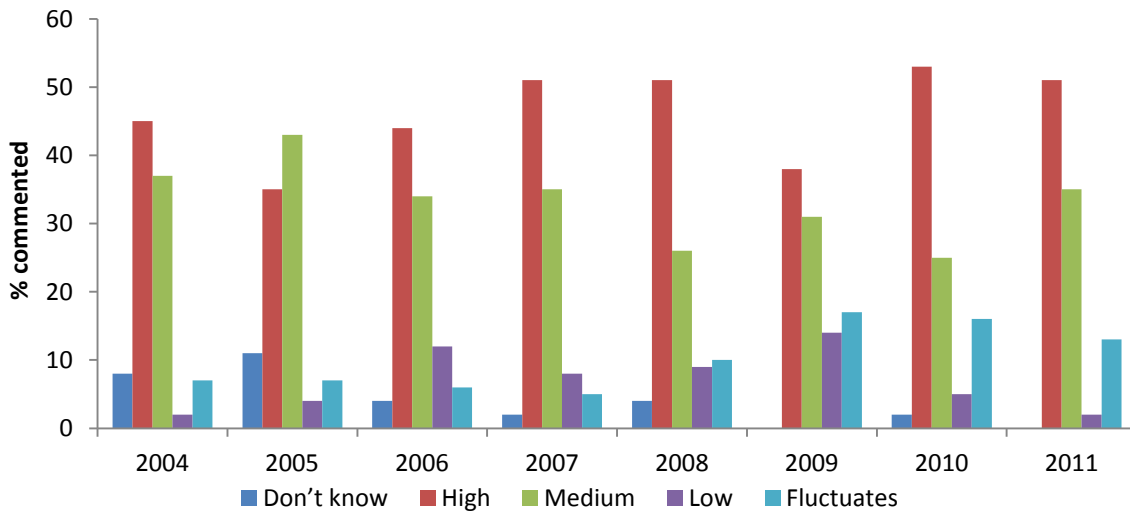
	Hydro					Bush				
	2007 N=10 6	2008 N=10 3	2009 N=9 9	2010 N=9 9	2011 N=9 8	2007 N=10 6	2008 N=10 3	2009 N=9 9	2010 N=9 9	2011 N=9 8
Did not respond	41	33	29	42	47	72	79	71	67	88
Did respond	59	67	71	58	53	28	21	29	33	12
<i>Of those who responded:</i>										
<b>Source person</b>										
Street dealer	37	23	41	9	8	20	14	24	9	8
Friends	40	46	35	52	64	47	64	55	72	83
Gift from friends	10	0				0	0	0		
Known dealer	29	28	13	25	21	20	9	10	9	8
Workmates	2	1	0			3	0	0		
Acquaintances	22	22	7	9	8	27	23	7		
Unknown dealer	6	1	2	4		13	5	0	3	
Mobile dealers	11	0	0			7	5	0		
<b>Source venue</b>										
Home delivery	19	16	13	16	11	20	18	17	13	17
Dealer's home	27	28	24	25	21	17	14	14	13	8
Friend's home	32	35	35	30	53	30	59	48	47	67
Acquaintance's house	18	17	3	4	6	13	14	0		
Street market	13	10	21	4	6	10	9	14	6	8
Work	2	0	0			3	0	0		
Agreed public location	27	19	1	20	4	27	14	0	19	

Source: IDRS participant interviews

### 5.4.3 Potency

Over half of respondents (51%) rated current potency of hydro as high, the same percentage as rated this form of cannabis as possessing high potency in 2007 and 2008 and almost identical to the 53% who rated hydro as being of high potency in 2010 (Figure 27). Only 2% rated hydro potency as low (5% in 2010).

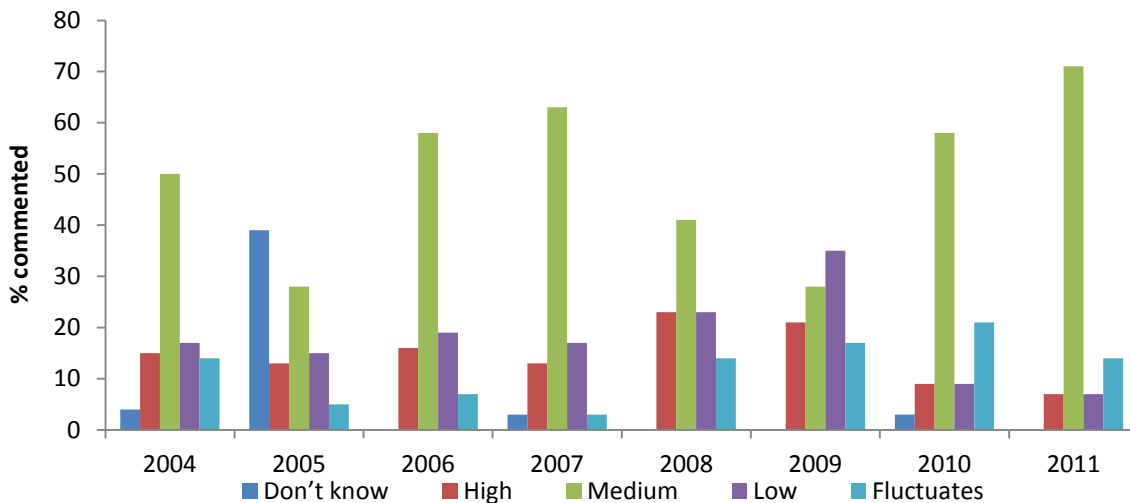
**Figure 27: Current potency of hydro, % able to comment, 2004-2011**



Source: IDRS participant interviews

The majority (71%) of respondents rated bush cannabis potency as medium (58% in 2010) (Figure 28). An equal proportion (7%) rated potency as either high or low as compared to the 9% who rated potency as either high or low in 2010.

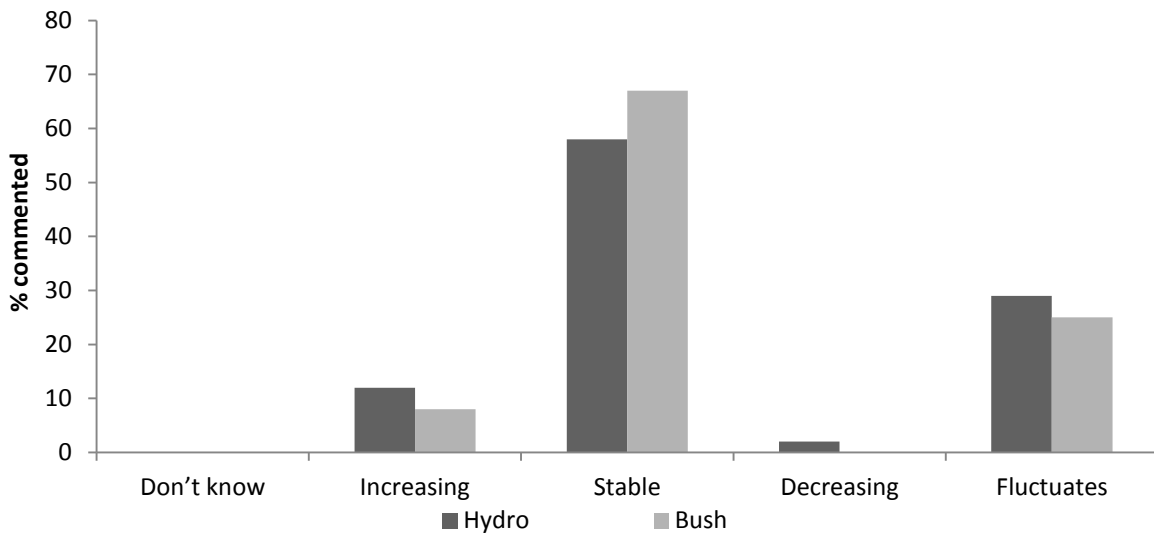
**Figure 28: Current potency of bush, % commented, 2004-2011**



Source: IDRS participant interviews

Fifty-eight percent of respondents reported stable hydro potency and 67% reported stable bush cannabis potency over the past six months (Figure 29). Twelve percent reported that hydro potency was increasing while only 2% reported a decrease in potency. Slightly more respondents considered that hydro potency fluctuated than did those who believed bush cannabis potency fluctuated (29% for hydro and 25% for bush cannabis).

**Figure 29: Change in potency of hydro and bush cannabis in past six months, % able to comment, 2011**



Source: IDRS participant interviews

#### 5.4.4 KE comment

The cost of hydro was identified as \$30 per gram by several KEs. One Health KE suggested that hydro cost \$30-\$50 per bag, depending upon weight. One Law KE also reported that grams of hydro sold for \$30-\$50 but noted that what was sold as a gram often weighed less than a gram and was closer to half a gram. Two Law KEs reported that grams of hydro sold for \$25-\$30.

Only three KE commented upon the price of ounces of hydroponically grown cannabis, suggesting that most cannabis users purchased the substance in grams. A Health KE reported ounces to cost \$400 while one Law KE reported that ounces were generally sold for between \$400-\$500, with pounds selling for between \$4,000-\$5,000. This KE also observed that the cost of cannabis was up to five times higher in Aboriginal communities, consistent with the report by one court clinician that grams of cannabis sold for up to \$125 in Aboriginal communities. The other police officer reported that ounces of hydro generally sold for between \$400-\$600 with pounds selling for between \$5,000-\$6,000. This KE observed that the cost of pounds of hydroponically grown cannabis had increased significantly since last year. He also stated that cannabis prices were four times higher in Aboriginal communities.

A Health KE reported that quarter ounces of hydro sold for \$100.

Two KE commented upon the price of bush cannabis, with one Health KE stating that bush cannabis generally sold for \$350 an ounce and one Health KE reporting that ounces of bush cannabis sold for between \$300-\$400.

The quality of hydro was reported as high by several Health KEs. One Health KE provider said that quality varied and one court clinician agreed that quality varied but added that it was usually high.

In relation to the quality of bush cannabis, one Health KE suggested that the quality was better than in recent years. One Law KE also reported bush cannabis to be of high quality.

Eight KE reported that hydro was easy to obtain. One Law KE suggested that hydro availability was not only easy but had increased since last year. Another Health KE referred to a "tightening" of the cannabis market in general, leading to increased use of other drugs.

A Health KE also said that hydro was more difficult to obtain and, as noted earlier by a Law KE, observed that quantities sold as grams often weighed less than a gram.

Two KEs reported that there had been no reports whatsoever of bush cannabis availability. One Health KE described availability of bush cannabis as scarce. Another Health KEr stated that bush cannabis was harder to obtain than hydro while another Health KE referred to several clients reporting availability of bush cannabis. A Law KE stated that his unit seldom saw bush cannabis, noting that it was available but not prevalent. A Legal KE reported that bush cannabis was occasionally available and availability was more likely in rural areas. This KE also stated that there were no longer any cannabis plantations in the NT although some cannabis continued to be locally grown. He added that most cannabis was sourced from South Australia due to more lenient cultivation laws in that state.

## 5.5 Methadone

### Key Points

- Very few participants were able to respond to questions regarding illicit methadone.
- The median price of methadone syrup was reported to be \$1 per millilitre.
- The median price of Physeptone tablets was reported to be \$2 per milligram.
- More than half of those able to comment rated methadone availability as difficult.
- Illicit methadone was sourced primarily through friends.

### 5.5.1 Price

Five participants purchased illicit methadone syrup recently for a median price of one dollar per millilitre (Table 39). Two participants purchased 5mg Physeptone tablets for a median price of \$10 and 11 participants reported purchasing 10mg Physpetone tablets for a median cost of \$20. The 2011 cost of 1ml of methadone syrup (\$1) and 1mg of Physeptone (\$2) is consistent with 2010 and 2009 costs.

**Table 39: Median price of most recent illicit methadone purchase, 2007-2011 (\$)**

	2007	2008	2009	2010	2011
Methadone					
1ml	1 (10)	1 (15)	1 (6)	1 (5)	1 (5)
Physeptone					
5mg	0	28 (2)	10 (1)	10 (1)	10 (2)
10mg	15 (18)	15 (16)	20 (7)	20 (15)	20 (11)

Source: IDRS participant interviews Note: Number of purchasers in brackets

Of the few participants who responded to the question regarding price movements, two-thirds considered that prices were increasing while the remainder considered that prices had remained stable (Table 40).

**Table 40: Illicit methadone price movements past six months, 2007-2011 (%)**

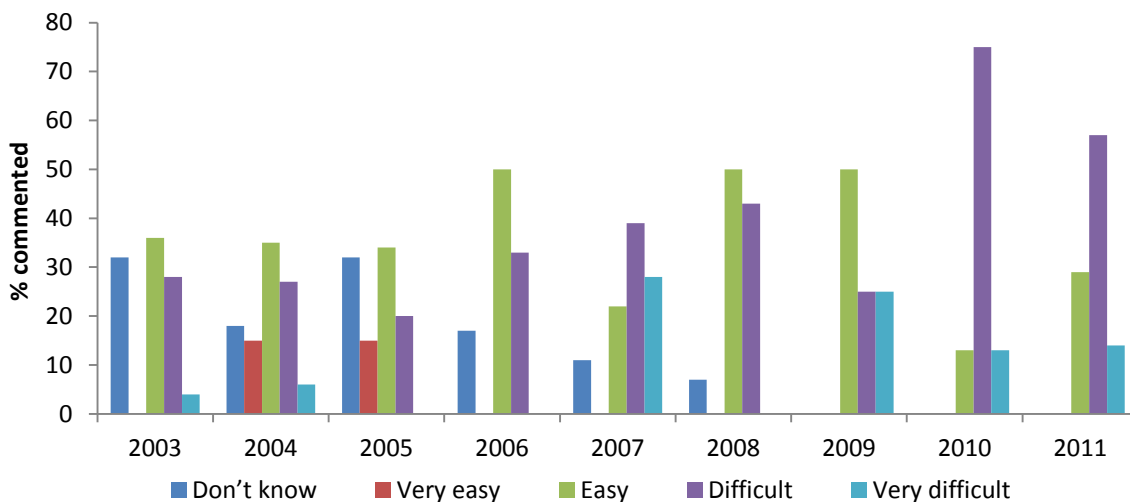
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Did not respond	83	86	89	84	94
Did respond	17	14	11	16	6
<i>Of those who responded</i>					
Don't know	11	14		13	
Increasing	33	43	27	31	67
Stable	39	36	73	50	33
Decreasing	0	0	0	0	
Fluctuating	17	7	0	6	

Source: IDRS participant interviews  
 Note: Percentage of entire sample in brackets

### 5.5.2 Availability

Fifty-seven percent of respondents rated current availability of illicit methadone as difficult, a reduction from the 75% who rated availability as difficult in 2010 (Figure 30). As has been the case since 2006, no respondents considered availability to be very easy although almost a third (29%) considered availability to be easy.

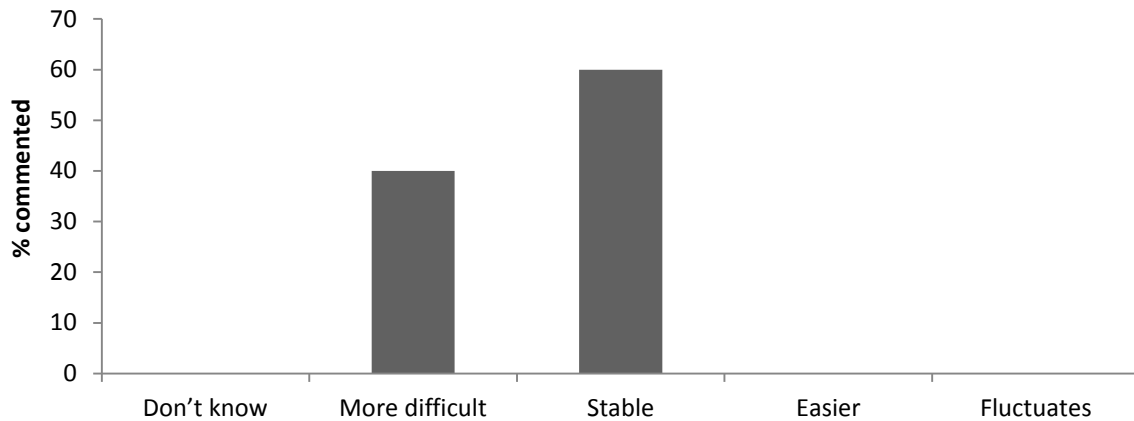
**Figure 30: Current availability of illicit methadone, % commented, 2003-2011**



Source: IDRS participant interviews

Of the five participants who commented, three noted no change in availability over the preceding six months and two considered that availability had become more difficult (Figure 31).

**Figure 31: Change in availability of illicit methadone in the last six months, % commented, 2011 (n=5)**



Source: IDRS participant interviews

All purchasers of illicit methadone nominated a friend as the usual source person and a friend's home was the main source venue (Table 41).

**Table 41: Usual source person and venue for purchases of illicit methadone in the preceding six months, 2007-2011**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
% who did not respond	83	86	89	85	95
% who did respond	17	14	11	15	5
<i>Of those who responded</i>					
<b>Source person</b>					
Street dealer	33	29	46	0	
Friends	28	36	36	73	100
Gift from friends	0	0	0	0	
Known dealer	0	0	9	20	
Workmates	0	0	0	0	
Acquaintances	22	50	9	0	
Unknown dealer	1	0	0	7	
Mobile dealer	0	0	0	0	
Other	0	0	0	0	
<b>Source venue</b>					
Home delivery	6	7	9	13	20
Dealer's home	0	0	36	27	
Friend's home	11	29	36	40	60
Acquaintance's house	0	14	9	0	20
Street market	11	36	9	0	
Agreed public location	5	36	0	13	
Work	0	0	0	0	
Other	6	0	0	7	

Source: IDRS participant interviews

### 5.5.3 KE comment

Two Health KEs agreed that illicit methadone liquid was rarely available and that there were occasional reports of Physeptone tablets being sold on the street. Other KEs reported “some” availability of illicit Physeptone tablets. One KE said that Physeptone tablets were available for one dollar per milligram while the other reported that a 10mg Physeptone tablet sold for \$20 (\$2 per milligram).

## 5.6 Buprenorphine

### Key Points

- As in previous years, very few participants were able to comment on price and availability of buprenorphine.
- The median price for 8mg buprenorphine was reported to be \$23, the same as in 2010.
- The low number of respondents does not allow for identification of trends regarding price or availability of buprenorphine.

### 5.6.1 Price

Only two participants reported purchasing 8mg of Subutex, for a median price of \$23 (Table 42). This is the same median cost as reported in 2010.

**Table 42: Median price of illicit Subutex reported by participants, 2007-2011**

	2007*	2008^	2009	2010	2011
Subutex/buprenorphine					
8mg	\$30 (10)	\$30 (7)	\$30 (1)	\$23 (4)	\$23 (2)

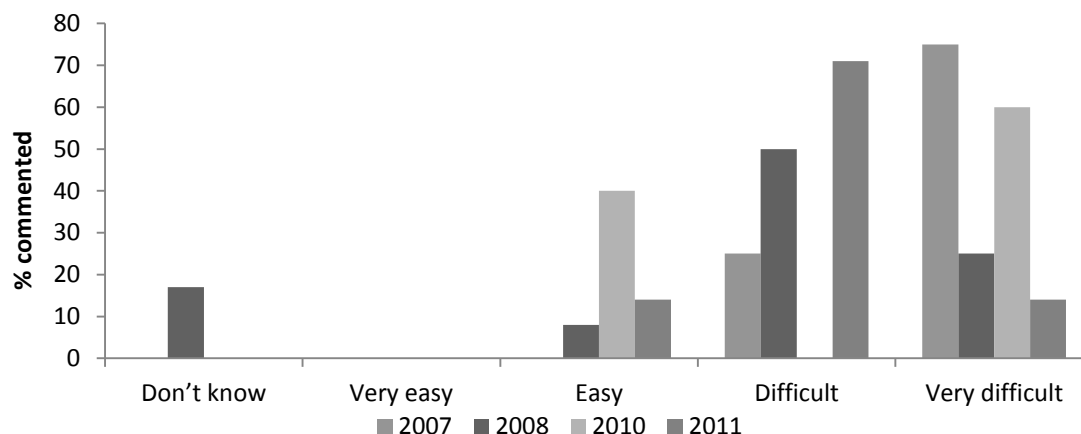
Source: IDRS participant interviews

\* Number of purchasers in brackets

### 5.6.2 Availability

Of the seven participants who commented upon current availability of illicit Subutex, the majority (five participants) rated availability as difficult while one rated availability as easy and the other rated availability as very difficult (Figure 32).

**Figure 32: Current availability of illicit Subutex, % commented, 2007-2011**



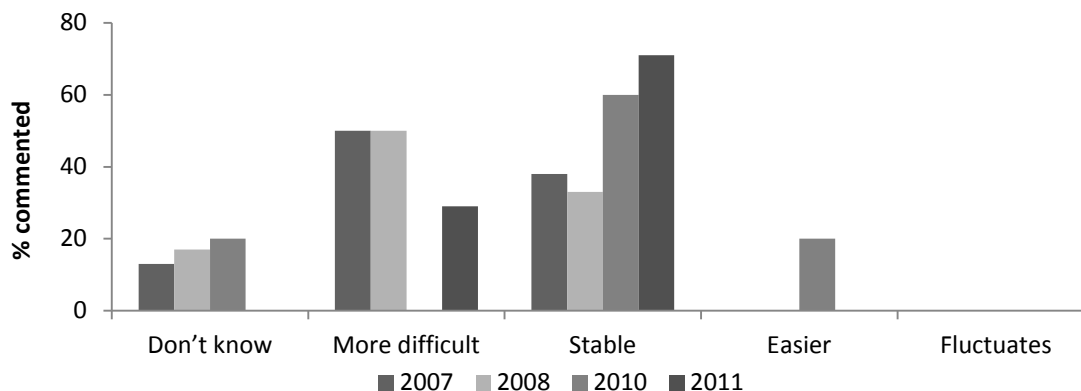
Source: IDRS participant interviews

Note: No data in 2009



Five of the seven respondents who commented upon changes in availability of illicit Subutex over the preceding six months considered that availability had remained stable while the remaining two respondents reported that availability had become more difficult (Figure 33). The low number of respondents continues to make it difficult to confidently identify any trends in availability.

**Figure 33: Change in availability of illicit Subutex/buprenorphine in the last six months, % commented, 2007-2011**



Note: No data in 2009

Source: IDRS participant interviews

Of the three participants who responded to the question regarding usual source person, one nominated a street dealer, one nominated a friend and one nominated an acquaintance (Table 43).

**Table 43: Usual source person and source of illicit Subutex in the preceding six months, 2007-2011 (%)**

	2007 N=106	2008 N=103	2010 N=99	2011 N=98
% who did not respond	95	88	96	97
% who did respond	5	12	4	3
<i>Of those who responded</i>				
<b>Source person</b>				
Street dealer	20	17	25	33
Friends	60	67	25	33
Gift from friends	0	0	0	0
Known dealer	0	8	0	0
Workmates	0	0	0	0
Acquaintances	20	8	50	33
Unknown dealer	0	0	0	0
Mobile dealer	0	0	0	0
Other	0	0	0	0
<b>Source</b>				
Someone else's takeaway dose	83	25	-	-
Someone else's daily dose (to be swallowed)	17	17	-	-
Didn't buy/don't know	0	58	-	-

Note: No data in 2009

Source: IDRS participant interviews

### 5.6.3 KE comment

One KE referred to rare reports of illicit buprenorphine availability, suggesting that illicit Physeptone tablets were more readily available.

## 5.7 Buprenorphine-naloxone

### Key Points

- Few participants were able to comment upon price and availability of buprenorphine-naloxone (Suboxone).
- Only two participants reported recently purchasing illicit Suboxone (8mg), for \$30 and \$70 respectively.
- Participants rated illicit Suboxone availability as difficult or very difficult.

### 5.7.1 Price

Two participants reported purchasing illicit 8mg Suboxone and no participants reported purchasing 2mg Suboxone. One participant identified the cost as \$30 for 8mg Suboxone while the other recalled a cost of \$70.

In relation to price movement, one participant suggested that the price had remained stable over the preceding six months while another participant reported an increase in cost.

### 5.7.2 Availability

Of the five participants who commented upon availability, three rated availability as difficult and two rated availability as very difficult. Three participants considered that there had been no change in availability while another suggested that availability had become more difficult.

Two participants stated that the last source person for illicit Suboxone had been a street dealer and one participant reported last source venue to be a street market.

### 5.7.3 KE comment

A few KE commented upon some reports of illicit Suboxone availability, with another KE comparing availability of illicit Suboxone with illicit Physeptone tablets, adding that Suboxone was not usually injected. Another KE reported that 8mg Suboxone sold for \$50 on the street. Another KE referred to rare reports of illicit buprenorphine availability, suggesting that illicit Physeptone tablets were more readily available.

## 5.8 Morphine

### Key Points

- Morphine was purchased mainly in the form of 100mg MS Contin tablets at a median price of \$80, identical to the median price reported in 2010, 2009 and 2008.
- The majority of respondents considered illicit morphine availability to be easy and stable.
- Illicit morphine was sourced mainly from friends.

### 5.8.1 Price

As in previous years, MS Contin 100mg was the morphine form most frequently purchased by the IDRS sample (Table 44). Seventy participants reported purchasing MS Contin 100mg at a median price of \$80, the same median price as in 2008, 2009 and 2010. Kapanol 100mg was again the form next most frequently purchased (46 purchasers) and in 2011 the median price was \$80, stable since 2008.

**Table 44: Median price (\$) of most recent illicit morphine purchase by participants, 2007-2011**

	2007	2008	2009	2010	2011
MS Contin					
5mg	-	80	-	5	-
10mg	15	10	15	10	-
30mg	28	25	25	30	30
60mg	42	40	50	50	50
100mg	60	80	80	80	80
Kapanol					
20mg	16	20		20	16
50mg	35	40	40	40	40
100mg	60	80	80	80	80
Anamorph					
30mg	25	25	25	25	20

Source: IDRS participant interviews

Note: Number of purchasers in brackets

Fifty-nine percent of respondents regarded the price of morphine as stable over the preceding six months while 25% considered that price had increased and 16% noted fluctuating price movements (Table 45).

**Table 45: Illicit morphine price movements, past six months, 2007-2011**

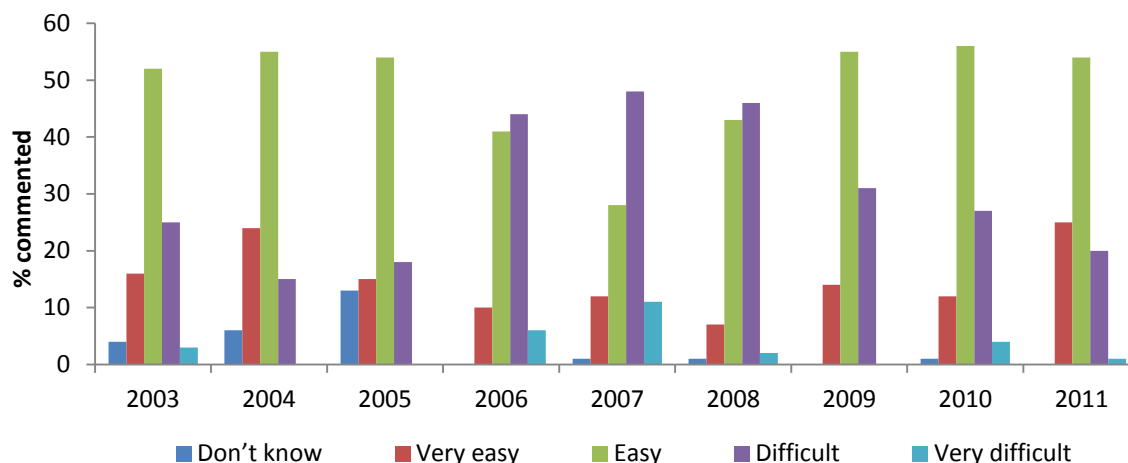
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Did not respond (%)	31	20	20	15	29
Did respond (%)	69	80	80	85	71
<i>Of those who responded</i>					
Don't know (%)	0	1	0	1	0
Increasing (%)	81	77	38	23	25
Stable (%)	16	16	40	55	59
Decreasing (%)	0	0	0	1	0
Fluctuating (%)	3	6	23	20	16

Source: IDRS participant interviews

## 5.8.2 Availability

As was the case in 2009 and 2010, the majority of respondents (54%) rated illicit morphine as currently easy to obtain (Figure 34). The proportion of those who considered illicit morphine as difficult to obtain reduced to 20% from 27% in 2010.

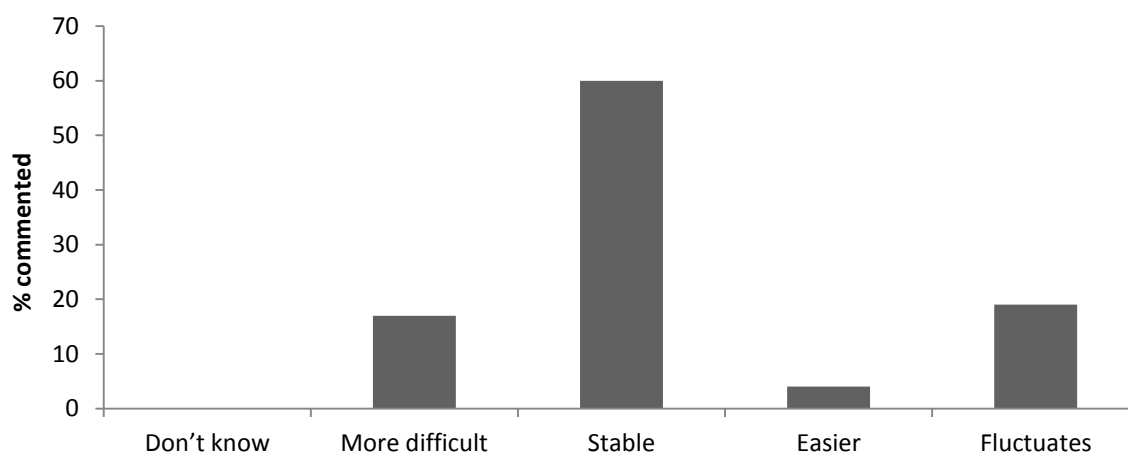
**Figure 34: Current availability of illicit morphine, % commented, 2003-2011**



Source: IDRS participant interviews

In 2011, 60% of respondents considered that illicit morphine availability had remained stable over the preceding six months (Figure 35), an increase from the 46% who rated availability as stable in 2010.

**Figure 35: Change in availability of illicit morphine in the last six months, % commented, 2011**



Source: IDRS participant interviews

As is evident from Table 46, half of respondents nominated a friend as the usual source person, followed by a known dealer (18%), a street dealer (17%) and acquaintances (15%). Consistent with this result, a friend's home was the most commonly cited source venue (39%).

**Table 46: Usual source person and venue for purchases of morphine in the preceding six months, 2007-2011 (%)**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Did not respond	29	18	20	16	28
Did respond	71	82	80	84	72
<i>Of those who responded:</i>					
<b>Source person</b>					
Street dealer	31	39	33	12	17
Friends	40	49	39	39	50
Gift from friends	1	0	0	0	
Known dealer	27	29	11	18	18
Workmates	3	0	0	0	
Acquaintances	29	30	14	23	15
Unknown dealer	11	5	3	6	
Other	0	0	1	1	
<b>Source venue</b>					
Home delivery	17	21	11	13	7
Dealer's home	17	33	18	18	14
Friend's home	25	36	26	20	39
Acquaintance's house	13	17	9	8	13
Mobile dealer	13	1	0	0	0
Street market	21	25	24	10	14
Agreed public location	39	31	11	28	14
Work	0	0	0	0	0
Other	0	0	1	2	0

Source: IDRS participant interviews

### 5.8.3 KE comment

Six KE commented upon the cost of 100mg MS Contin tablets. Three said that 100mg MS Contin tablets sold for \$80 and three said that these tablets sold for between \$80-\$100.

Some KE reported stable and easy availability of illicit morphine, most commonly in the form of MS Contin. One Health KE stated that availability had varied over the past 12 months, from relatively easy to difficult, with several droughts lasting up to four days. A Health KE suggested that there had been a slight increase in illicit morphine availability and linked this to people being able to “doctor shop”.

## 5.9 Oxycodone

### Key Points

- Very few participants had recently used illicit oxycodone.
- The median price for 80mg, 40mg and 20mg oxycodone was reported to be \$70, \$40 and \$20 respectively.
- Half of those able to comment rated current availability as easy or very easy while the other half rated current availability as difficult or very difficult.
- Illicit oxycodone was sourced mainly from friends.

### 5.9.1 Price

As in previous years, only a small proportion of the NT IDRS sample reported purchasing illicit oxycodone. Table 47 shows that four participants reported paying a median of \$20 for 20mg oxycodone (the same cost as in 2010, 2009 and 2008), seven reported paying a median of \$40 for 40mg oxycodone (\$40 in 2010, \$23 in 2009 and \$30 in 2008) and eleven reported paying a median of \$70 for 80mg oxycodone (\$80 in 2010, \$60 in 2009 and \$50 in 2008). Three-quarters of those who responded considered price to have remained stable over the preceding six months (Table 48).

**Table 47: Median price (\$) of most recent illicit oxycodone purchase by participants, 2007-2011**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
20mg	5 (1)	20 (6)	20 (2)	20 (4)	20 (4)
40mg	25 (2)	30 (2)	23 (4)	40 (3)	40 (7)
80mg	59 (3)	50 (6)	60 (5)	80 (4)	70 (11)

Source: IDRS participant interviews

Note: Number of purchasers in brackets

**Table 48: Price movements of oxycodone in the past six months, 2007-2011 (%)**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Did not respond	92	86	94	86	88
Did respond	8	14	6	14	12
<i>Of those who responded</i>					
Don't know	22	14	0	29	0
Increasing	11	43	50	14	17
Stable	67	43	50	57	75
Decreasing	0	0	0	0	0
Fluctuating	0	0	0	0	8

Source: IDRS participant interviews

### 5.9.2 Availability

An equal proportion of those able to comment (38%) rated current oxycodone availability as either easy or difficult (Table 49). Similarly, an equal proportion (13%) rated current availability as either very easy or very difficult. In 2011, 51% of those able to comment rated current Oxycodone availability as either easy or very easy, compared to 14% in 2010.

**Table 49: Participants' reports of oxycodone current availability, 2007-2011 (%)**

	<b>2007 N=106</b>	<b>2008 N=103</b>	<b>2009 N=99</b>	<b>2010 N=99</b>	<b>2011 N=98</b>
Did not respond	91	86	90	86	84
Did respond	9	14	10	14	16
<i>Of those who responded</i>					
Don't know	20	0	0	14	0
Very easy	-	0	40	7	13
Easy	10	21	50	7	38
Difficult	70	57	10	57	38
Very difficult	-	21	0	14	13

Source: IDRS participant interviews

Sixty-nine percent of those able to comment considered that oxycodone availability had remained stable over the preceding six months (Table 50). This is an increase from the 43% that reported stable availability in 2010.

**Table 50: Participants' reports of oxycodone availability change in the past six months, 2007-2011 (%)**

	<b>2007 N=106</b>	<b>2008 N=103</b>	<b>2009 N=99</b>	<b>2010 N=99</b>	<b>2011 N=98</b>
Did not respond	91	86	91	86	87
Did respond	9	14	9	14	13
<i>Of those who responded</i>					
Don't know	10	0	0	21	0
More difficult	30	36	11	29	23
Stable	60	64	78	43	69
Easier	-	0	0	7	0
Fluctuates	-	0	1	0	8

Source: IDRS participant interviews

Table 51 demonstrates that a friend was again nominated as the main source person (60%), followed by a street dealer (27%) and an acquaintance (13%). Almost half of respondents (47%) reported a friend's home as the source venue, with street market (27%) the next most frequently reported source venue.

**Table 51: People from whom oxycodone was purchased in the preceding six months, 2007-2011 (%)**

	<b>2007 N=106</b>	<b>2008 N=103</b>	<b>2009 N=99</b>	<b>2010 N=99</b>	<b>2011 N=98</b>
Did not respond	91	86	90	86	85
Did respond	9	14	10	14	15
<i>Of those who responded</i>					
<b>Source person</b>					
Street dealer	10	29	20	7	27
Friends	60	29	50	50	60
Gift from friends	0		0	0	0
Known dealer	0	29	20	7	0
Workmates	0	0	0	0	0
Acquaintance	20	14	10	14	13
Unknown dealer	0	0	0	14	0
Mobile dealer	10	0	0	7	0
<b>Source venue</b>					
Home delivery	10	21	0	0	13
Dealer's home	0	14	30	21	0
Friend's home	50	29	40	29	47
Acquaintance's house	10	7	0	7	7
Street market	10	14	20	0	27
Agreed public location	10	29	0	36	7
Work	0	0	0	0	0

Source: IDRS participant interviews

### 5.9.3 KE comment

Two KE referred to occasional reports of Oxycontin availability. Two KEs stated that Oxycontin was used when MS Contin was unavailable. Another Health KE observed that there were more reports of street Oxycontin availability than in previous years.



## 6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

### Key Points

- Twenty-one percent of the sample had overdosed on heroin at least once in their lives but only two participants reported a heroin overdose within the past year.
- Eighteen percent of the sample had overdosed on a drug other than heroin, and of those 44% had overdosed within the past year.
- Four percent of the sample reported current treatment (12% in 2010).
- The proportion of participants reporting attendance at treatment in the preceding six months was also low and equivalent to 2010 treatment attendance rates.
- NT Department of Health data show an increase from 2010 in closed episodes of treatment for heroin, methamphetamine, cannabis and morphine. Conversely, there was a decrease from 2010 levels for closed episodes of treatment for cocaine, ecstasy and benzodiazepines.
- Sharing of injecting equipment rates were similar to 2010, with spoons/mixing containers again the injecting equipment most commonly shared.
- Location of last injection was mainly in a private home with needles sourced almost exclusively from a Needle and Syringe Program.
- There were more notifications of new cases of hepatitis B (HBV) and hepatitis C (HCV) in 2011 than in the previous year. HCV notification rates continue to be far higher than HBV notification rates.
- HIV notifications in 2010 decreased to 6 (16 in 2009) with 2011 figures as yet unavailable.
- The finger-prick survey carried out in Darwin and Alice Springs did not identify any individuals with HIV antibodies in the most recent (2010) sample while HCV antibody prevalence increased.
- Scarring/bruising and difficulty injecting were again identified as the main injection-related problems in the month prior to interview.
- Twenty-seven percent of the sample reported experiencing a mental health problem in the six months prior to interview, with depression and anxiety again the most frequent mental health problems reported.
- Forty-eight percent of participants had high or very high levels of distress as measured by the Kessler Psychological Distress Scale (K10).
- More than half the participants had driven a car within the preceding six months and, of these, 76% had driven under the influence of drugs, mainly morphine and cannabis.

### 6.1 Overdose and drug-related fatalities

#### 6.1.1 Heroin

Twenty-one percent of the 2010 IDRS sample had overdosed on heroin at least once in their lives, two within one year of the interview but none within the month prior to interview. Fifty-two percent of this group reported receiving Narcan on the occasion of their last overdose.

#### 6.1.2 Other drugs

Eighteen participants (18% of the sample) reported ever overdosing on a drug other than heroin, on a median of one occasion within a median of 24 months prior to the interview (range of one month to 360 months). Eight participants (44% of those who had ever overdosed on another drug) had overdosed within 12 months prior to the interview. Four percent had overdosed on benzodiazepines, 2% had overdosed on morphine and 2% on other opiates (Table 52). One respondent had received CPR, two had received Narcan, four were attended by ambulance, two were admitted to an ED, one attended a drug health service and one used a drug phone information service.

**Table 52: Overdose on other drugs by participants, 2007-2011 (%)**

Drug	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
LSD	0	1	0	0	0
Ecstasy	2	1	1	0	0
Benzodiazepines	8	7	5	5	4
Alcohol	8	2	1	1	0
Cannabis	1	1	0	0	0
Speed	8	2	2	0	0
Base	0	1	0	0	0
Ice/crystal	0	0	0	0	0
Antidepressants	0	0	0	0	0
Pharmaceutical stimulants	0	0	0	0	0
Morphine	0	5	5	1	2
Other opiates	0	0	1	2	2
Inhalants	0	0	1	0	0

Source: IDRS participant interviews

### 6.1.3 KE comment

In 2011, no KE commented specifically upon overdoses and drug-related fatalities, with comments falling under the more general heading of Injecting Risk Behaviours.

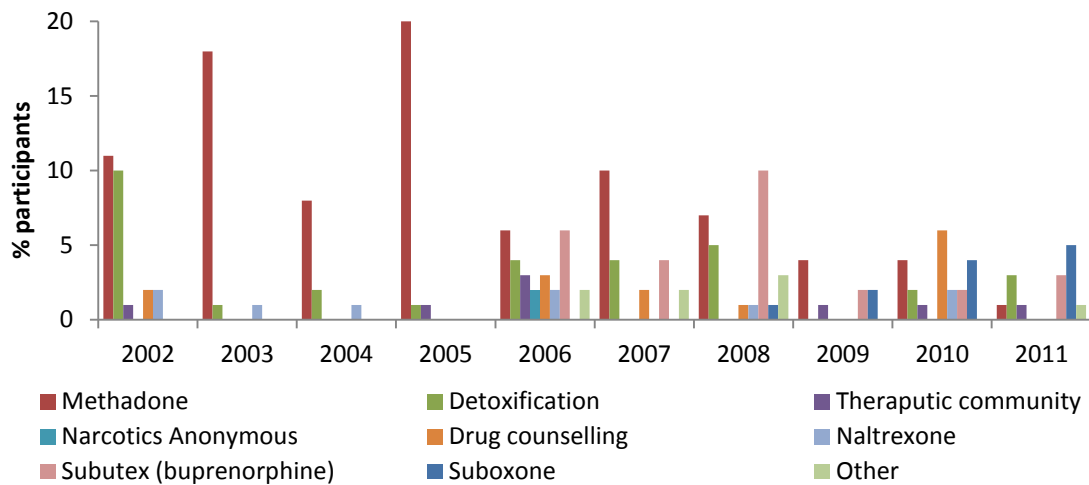
## 6.2 Drug treatment

In 2011, only 4% of participants reported current attendance at treatment compared to 12% in 2010. In 2011, treatment was comprised of methadone/biodone (1%), detoxification (1%), Subutex (1%) and Suboxone (1%).

The proportion of participants reporting treatment in the last six months was roughly equivalent to that reported in 2010 and remained low (Figure 36). Suboxone treatment (by 5% of participants) was the most common form of treatment reported in the past six months.

As discussed in the 2010 IDRS report, the Opiate Pharmacotherapy Program is provided by the NT Department of Health's Tobacco, Alcohol and Other Drugs Program. Suboxone is the first line of opiate substitution treatment and methadone (Biodone) is provided to interstate transfers who had previously commenced on methadone, pregnant clients or those who have exhibited a notifiable reaction to Suboxone.

**Figure 36: Proportion of participants reporting treatment in the last six months, 2002-2011**



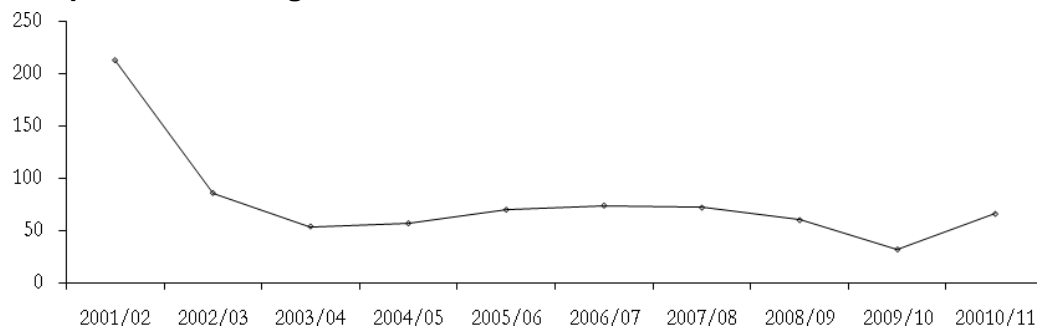
Source: IDRS participant interviews

Note: Some participants may be counted twice

### 6.2.1 Heroin

Figure 37 demonstrates an increase in the number of closed episodes in alcohol and other drugs treatment (AODTS) where heroin was the principal or other drug of concern.

**Figure 37: Number of episodes commenced in NT AODTS where heroin was the principal or other drug of concern, 2001/02-2010/11**

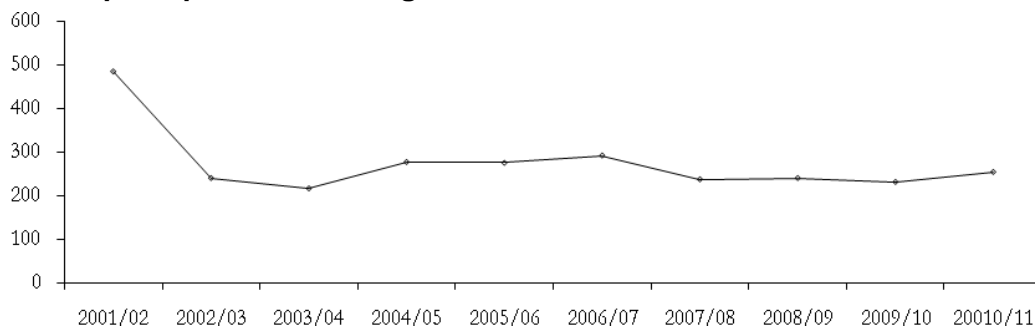


Source: NT AODP

### 6.2.2 Methamphetamine

In 2011 the number of closed episodes in alcohol and other drugs treatment (AODTS) where methamphetamine was the principal or other drug of concern continued to remain stable (Figure 38).

**Figure 38: Number of episodes commenced in NT AODTS where methamphetamine was the principal or other drug of concern, 2001/02-2010/11**

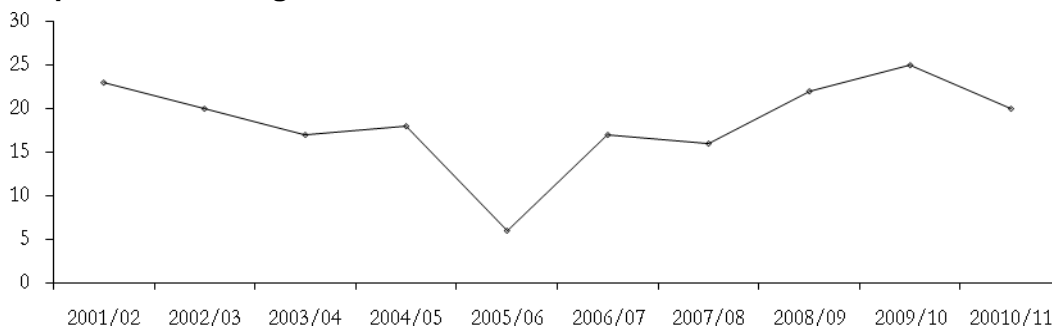


Source: NT AODP

### 6.2.3 Cocaine

There was a decrease in closed episodes of treatment where cocaine was the principal or other drug of concern (Figure 39). As would be expected with low cocaine usage rates, attendance at treatment for cocaine has remained correspondingly low.

**Figure 39: Number of episodes commenced in NT AODTS where cocaine was the principal or other drug of concern, 2001/02-2010/11**

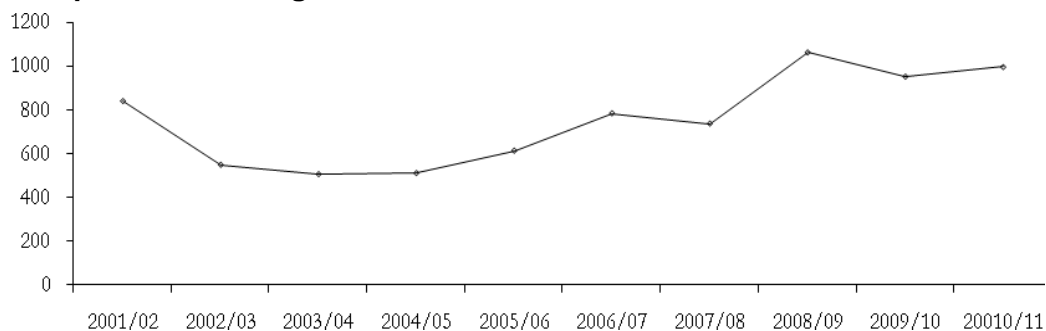


Source: NT AODP

## 6.2.4 Cannabis

Closed treatment episodes for cannabis increased slightly in 2010/11 (Figure 40) and continued to remain by far the most common reason for presentation at treatment.

**Figure 40: Number of episodes commenced in NT AODTS where cannabis was the principal or other drug of concern, 2001/02-2010/11**

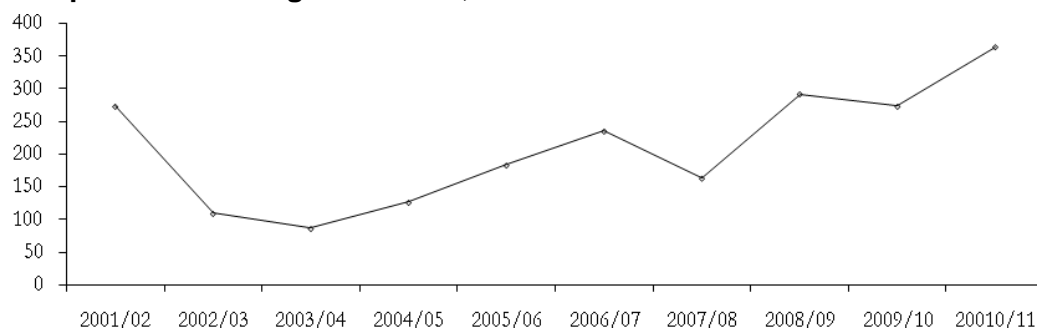


Source: NT AODP

## 6.2.5 Other drugs

In 2010/11 there was an increase in closed episodes where morphine was the principal or other drug of concern. Consistent with the high level of morphine use in the NT, closed episodes where morphine was the principal or other drug of concern represented the second most common reason (after cannabis) for presentation at treatment (Figure 41).

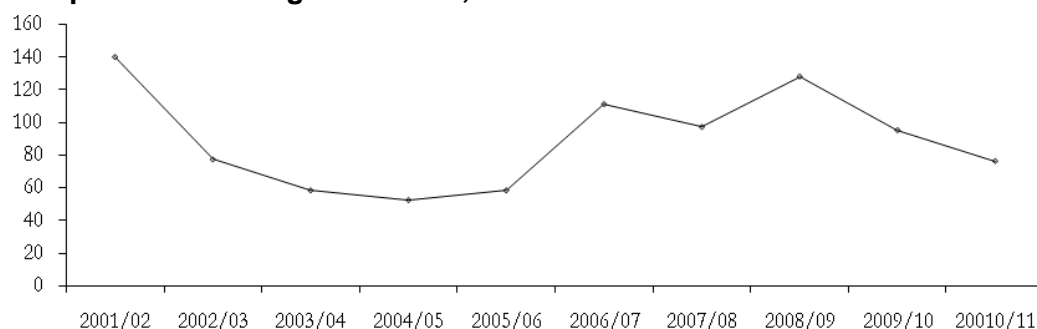
**Figure 41: Number of episodes commenced in NT AODTS where morphine was the principal or other drug of concern, 2001/02-2010/11**



Source: NT AODP

The number of closed episodes for treatment where ecstasy was the principal or other drug of concern continued to decline in 2010/11 (Figure 42).

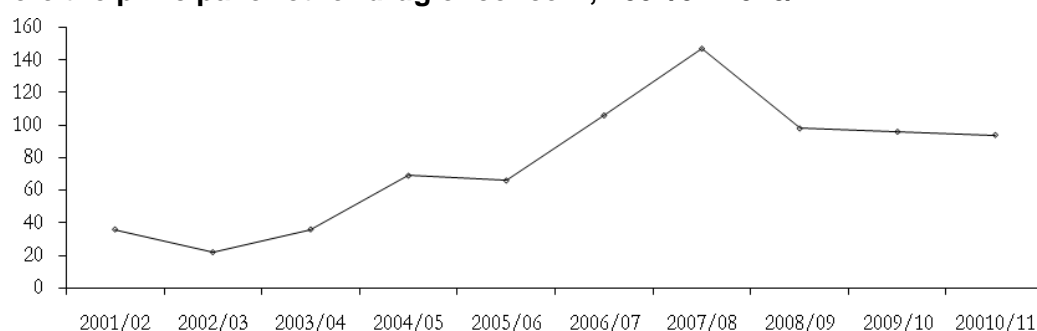
**Figure 42: Number of episodes commenced in NT AODTS where ecstasy was the principal or other drug of concern, 2001/02-2010/11**



Source: NT AODP

In 2010/11 the number of closed episodes for treatment where benzodiazepines were the principal or other drug of concern declined slightly from 2009/10 levels (Figure 43).

**Figure 43: Number of episodes commenced in NT AODTS where benzodiazepines were the principal or other drug of concern, 2001/02-2010/11**



Source: NT AODP

### 6.2.6 KE comment

KE made numerous comments regarding treatment with most expressing views regarding the Opiate Pharmacotherapy Program provided by the NT Department of Health's specialist drug and alcohol unit, Tobacco, Alcohol and Other Drug Services. To ensure accuracy of the content of comments, each KE's own words are presented separately, in point form.

#### Health KE 1

- Ideally there should be structured residential programs available for those on maintenance opiate substitution therapies.
- Comments from clients regarding the Opiate Pharmacotherapy Program vary and it appears to depend upon their Case Manager although there are still reports of a punitive program framework.
- There are difficulties in accessing the Opiate Pharmacotherapy Program and the short dosing period is particularly difficult for clients who reside in Palmerston.

#### Health KE 2

- We are seeing increased numbers of functional clients, including those with full-time employment.
- There has been an increase in clients aged 45 years and older.

- There continue to be a significant number of tradespersons attending treatment;
- A couple of clients have commented that the Opiate Pharmacotherapy Program has a punishment framework and is inflexible.

#### Health KE 3

- Referrals from the courts are usually related to speed use.
- Approximately 50% of clients present for alcohol misuse, 20% for cannabis, 10% for speed, 2% for opiates and 20% for polydrug use.
- Among polydrug users, cannabis and alcohol and cannabis and methamphetamine combination use patterns are the most common.
- We are still not seeing many Indigenous clients.
- The number of young people presenting has remained stable.
- There are more older clients, mainly for alcohol and cannabis misuse.
- There are more clients coming from the rural area.
- A number of clients have reported dropping out of the Opiate Pharmacotherapy Program due to limited dosing hours.
- A number of clients have commented on how difficult it is to locate a GP who will prescribe.
- Even treatment agencies have great difficulty in finding GPs willing to co-manage clients.

#### Health KE 4

- The lack of prescribing doctors is regularly reported by NSP clients.
- There is also a difficulty in accessing those doctors willing to prescribe opiates.

#### Health KE 5

- Some doctors are leaving their patients in the lurch (ceasing to prescribe).
- The Opiate Pharmacotherapy Program (OPP) waiting time to commence is too long.
- The level of detail in the OPP assessment is unnecessary and intrusive.
- The two hour OPP dosing period is too short, especially as clients need to catch three buses from Palmerston.
- It is a minimum of two weeks before OPP clients can start community dosing and this is unsuitable for those clients with employment.
- OPP clients comment that the program is too hard, too punitive, especially the three day stand-down which occurs for very minor infractions.

#### Health KE 6

- The client profile is generally the same although there are slightly more women than in previous years.
- Indigenous clients still represent a small proportion of the overall client population and are under-represented on the OPP.
- There is a regular flow of clients unable to find a prescribing doctor.

#### Health KE 7

- Client demographics are generally stable with a revolving door for many OPP clients.
- The OPP is receiving more interstate transfers.
- Some private opiate prescribers have left Darwin.
- The OPP can be difficult for those working but does provide medical certificates and tries to be flexible.
- Clients complain about drug screens and finding the time to attend a pathology centre for a drug screen, within 24 hours as required, can be difficult for clients.
- OPP drug screens are random; clients get notification from their pharmacists and have 24 hours in which to undertake a drug screen.

#### Health KE 8

- The two hour dosing period is difficult, especially for those who live in Palmerston.
- We try to arrange dosing at a community pharmacy as soon as it is safe.
- We do try to dose out of hours for those with special needs.
- I am not aware of fewer doctors prescribing although some clients report that their GP refuses to continue to prescribe.
- Some clients attend the OPP as there are no GPs willing to prescribe opiates.

#### Health KE 9

- In the past 12 months there have been six indigenous women on the OPP.
- I have the impression that more women are seeking treatment.
- We recognise that the two hour OPP dosing period is difficult and are exploring dosing options in Palmerston.
- I have heard that a number of doctors who have previously scripted (opiates) are leaving or have left Darwin or are reducing their hours and/or their number of patients.
- It is still easy to obtain morphine prescriptions and the doctor issue has not led to increased numbers on the OPP.

#### Health KE 10

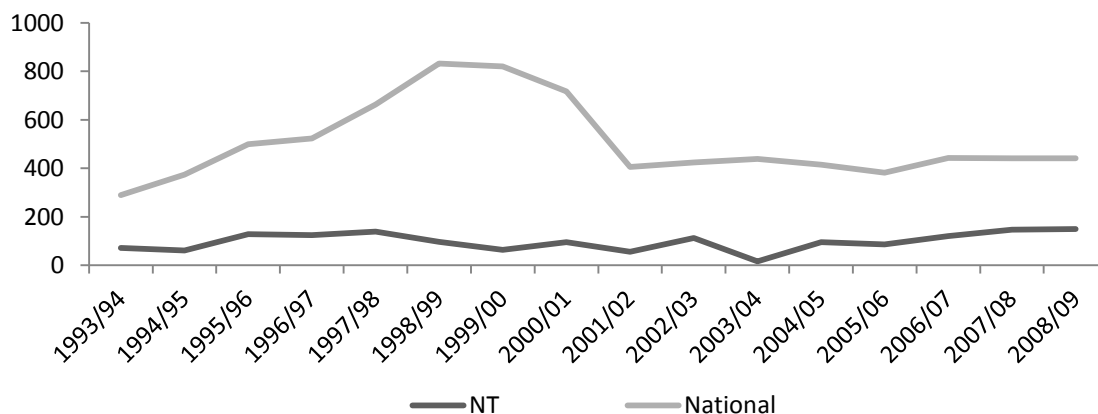
- There has been no change in Withdrawal Services client demographic profile.
- Clients are still mainly between late 20s to mid-40s in age.
- Some clients have expressed dissatisfaction with the OPP but not as many this year as last year.
- GPs are more likely to refer to Tobacco, Alcohol and Other Drug Services due to increased awareness of prescribing regulations and issues around dependence.



### 6.3 Hospital admissions

2008/2009 hospital admissions data are the latest available. These show that the rate of opioid-related admission to NT hospitals in 2008/09 increased to 149.5 per million persons (Figure 44). There has been a gradual upward trend in opioid-related admissions since 2006/07; however, the NT pattern remains consistently lower than the national rate.

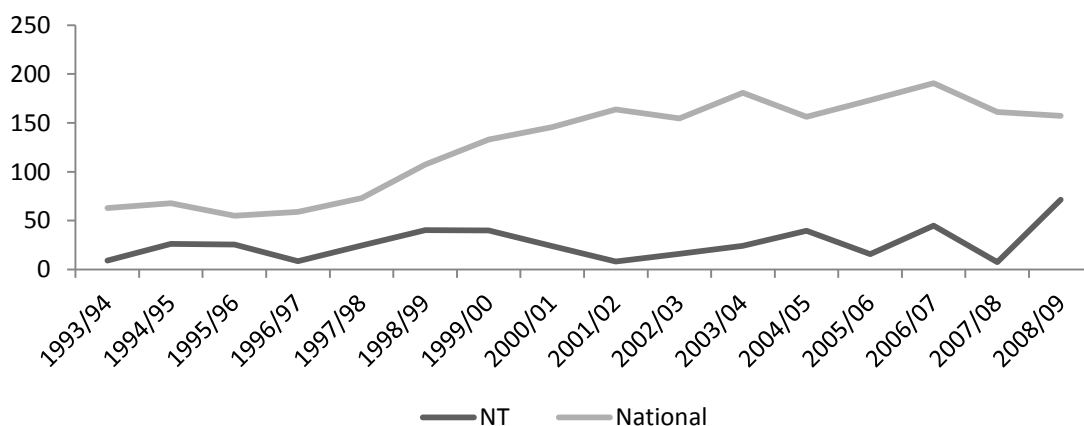
**Figure 44: Opioid-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2008/09**



Source: AIHW.

The rate of amphetamine-related admissions to NT hospitals increased from 7.4 per million persons in 2007/08 to 71.9 per million persons in 2008/09 (Figure 45). The 2008/09 NT increase is inconsistent with the decreased national rate of amphetamine-related admissions.

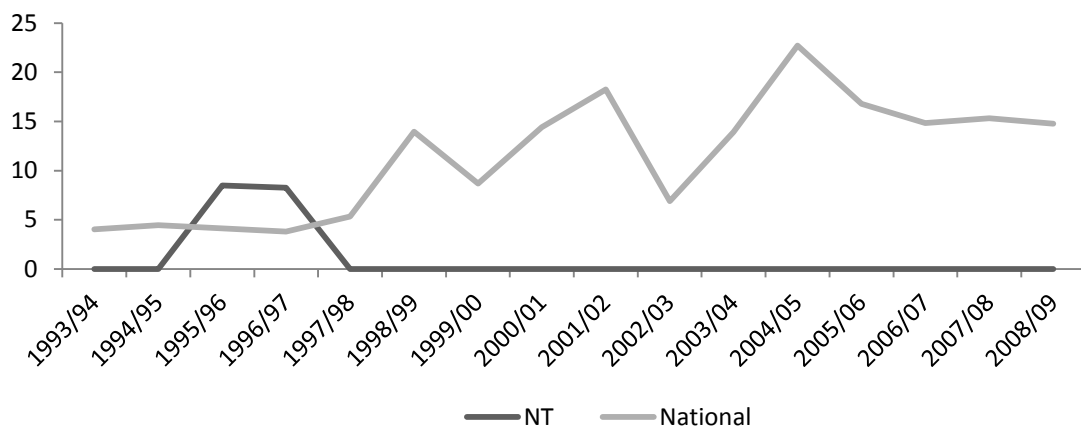
**Figure 45: Amphetamine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2008/09**



Source: AIHW.

As has been the case since 1997/98, there were no cocaine-related admissions to NT hospitals in 2008/09 (Figure 46). National rates remained relatively stable between 2006/07 and 2008/09.

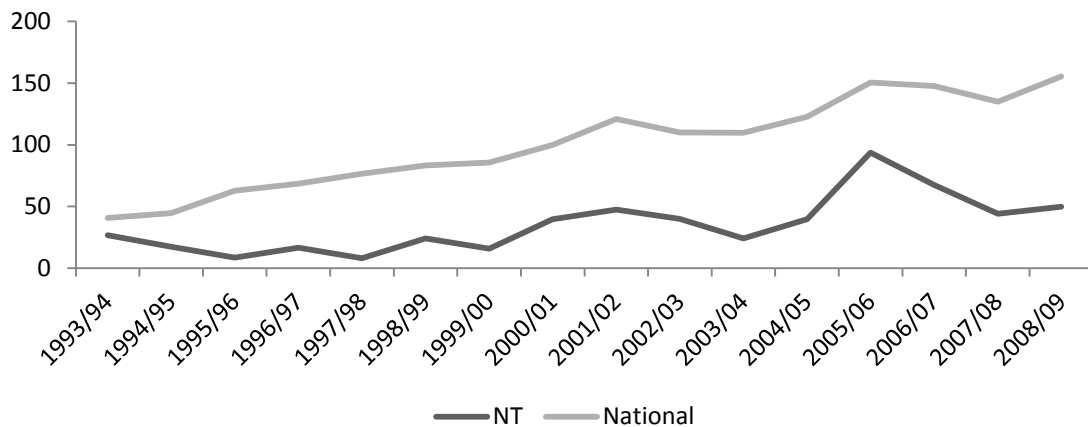
**Figure 46: Cocaine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2008/09**



Source: AIHW.

The rate of cannabis-related admissions to NT hospitals in 2008/09 was 49.8 per million persons, a slight increase from 44.0 per million persons in 2007/08 (Figure 47). These figures also reverse the downward trend that commenced in 2006/07. The NT series shows a gradual increase between 1994/94 and 2008/09, to some degree mirroring changes in the national rate over time.

**Figure 47: Cannabis-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2008/09**



Source: AIHW.

## 6.4 Injecting risk behaviours

### 6.4.1 Sharing of injecting equipment among participants and related behaviours

Eighteen percent of participants reported using some type of injecting equipment (other than needles) after someone else, a slight increase from 14% in 2010. Table 53 demonstrates that with the exception of sharing spoons/mixing containers, there was a low rate of using injecting equipment after someone else.

**Table 53: Proportion of participants reporting using injecting equipment after someone else in the month preceding interview, 2007-2011**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Spoons/mixing containers	30	21	36	13	15
Filters	13	9	23	1	4
Tourniquets	21	20	28	6	8
Water	13	10	22	1	1
Someone used needle after you	7	9	3	4	8
You used needle after someone	8	8	5	3	3

Source: IDRS participant interviews

Table 54 shows that 28% of participants had reused their own needles at least once, a decrease from the 45% who reported re-using their own needles in 2010.

**Table 54: Reuse of own needles, 2008-2011 (%)**

Number of times	2008 N=98	2009 N=99	2010 N=99	2011 N=98
No times	58	63	54	70
Once	5	12	16	11
Twice	13	11	14	9
3-5 times	13	8	12	7
6-10 times	5	2	2	1
More than 10 times	5	4	1	0

Source: IDRS participant interviews

## 6.4.2 Location of injections

Consistent with previous years, the vast majority (92%) reported a private home as the last location for injecting drugs (Table 55).

**Table 55: Proportion of participants reporting last location for injection in the month preceding interview, 2007-2011**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Private home	96	98	90	92	92
Street/carpark/beach	2	1	2	2	3
Other public area	-	0	3	0	0
Car	0	1	0	2	3
Public toilet	1	0	2	2	1
Other	1	0	0	2	1

Source: IDRS participant interviews

Ninety-five percent of participants sourced needles from an NSP in the six months prior to interview, continuing the trend observed in previous years (Table 56).

**Table 56: Source of needles in last six months, 2008-2011 (%)**

Needle source	2008 N=103	2009 N=99	2010 N=99	2011 N=98
NSP	93	95	98	95
NSP vending machine	0	1	0	0
Chemist	5	4	0	3
Partner	0	0	0	2
Friend	10	0	4	4
Dealer	5	0	0	0
Hospital	0	0	0	0
Outreach/peer worker	0	0	0	0
Other	1	0	0	1

Source: IDRS participant interviews

Table 57 shows that over two-thirds of the sample identified an arm as the last injection site, injecting on a median of 14 occasions in past two weeks. Participants obtained a median of 50 needles/syringes on a median of 2 occasions in the past two weeks.

**Table 57: Injection site and needle use characteristics, 2011**

Last site of injection (%)	n=95
Arm	68
Leg	10
Hand	10
Foot	7
Groin	3
Neck	1
Other	1
Median times injected last 2 weeks	14
Median times obtained needles/syringes last 2 weeks	2
Median no. of needles/syringes obtained last 2 weeks	50

### 6.4.3 Blood-borne viral infections

Notifications of new cases of hepatitis B (HBV) and hepatitis C (HCV) to the National Notifiable Diseases Surveillance System have increased from 2010 rates, with new HCV notifications in 2011 similar to those reported in 2008 (Table 58). HIV notifications in 2010 decreased to 6 with 2011 figures as yet unavailable.

**Table 58: Total notification of HBV, HCV and HIV, 2000-2011**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
HBV (incident) (n)	6	3	12	15	8	5	11	12	8	4	3	5
HCV (unspecified) (n)	191	212	200	218	259	256	263	220	206	161	172	207
HIV new cases (n)	3	3	8	5	8	3	11	6	11	16	6	NA

Source: NNDSS & NCHECR

\* 'NA' = not available

The 2010 finger-prick survey carried out in Darwin and Alice Springs, auspiced by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), again did not identify any individuals with HIV antibodies (Table 59). However, HCV antibody prevalence increased.

**Table 59: HIV and HCV antibody prevalence in NSP survey respondents, 1999-2009**

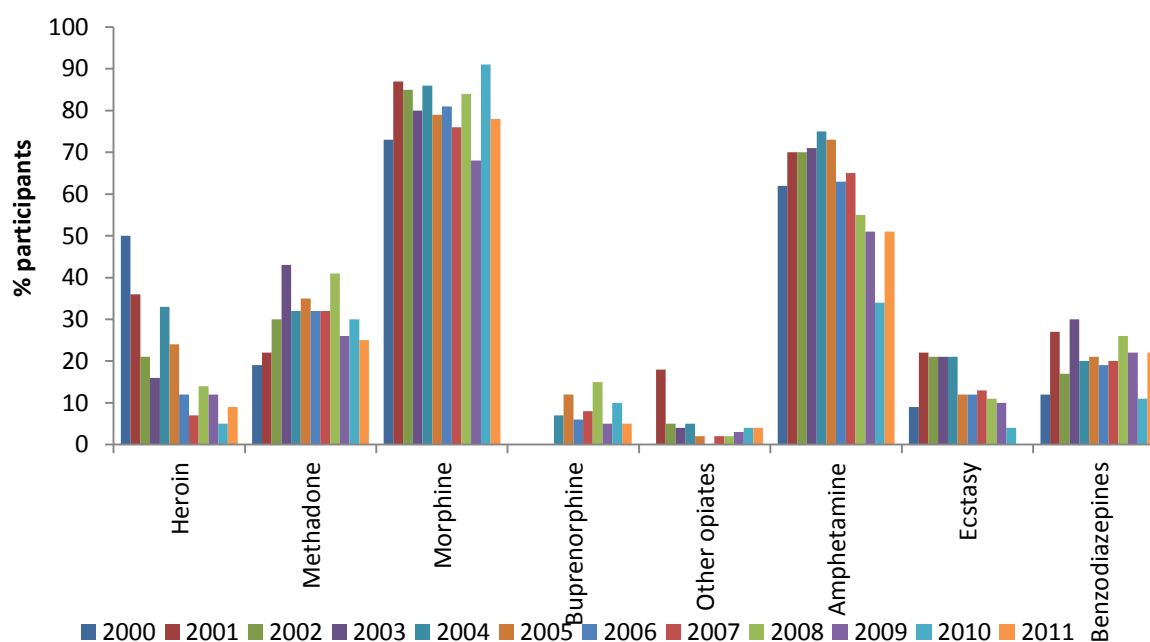
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
HIV antibody (%/n)	4 (79)	1 (90)	0 (79)	0 (47)	1 (61)	0 (16)	0 (24)	0 (20)	0 (29)	1 (73)	0 (76)	0 (78)
HCV antibody (%/n)	49 (79)	38 (91)	50 (84)	29 (47)	29 (62)	9 (16)	12 (24)	5 (17)	18 (29)	38 (72)	29 (75)	47 (78)

Source: NCHECR

### 6.4.4 Self-reported injection-related health problems

Figure 48 demonstrates that in 2011 78% of participants reported morphine as the drug most often injected in the six months prior to interview (91% in 2010). As in previous years, morphine was the substance most commonly recently injected by the IDRS sample. Some form of methamphetamine was the next drug most likely to have been injected (51% in 2011 compared to 34% in 2010). Recent injection of benzodiazepines doubled from 11% of participants in 2010 to 22% in 2011.

**Figure 48: Recent injection in the participant sample, 2000-2011**



Source: IDRS participant interviews

Scarring/bruising (45%) and difficulty injecting (37%) continued to be the main injection-related problems reported by participants (Table 60). Reported overdose again declined (3% in 2011 compared to 5% in 2010 and 11% in 2009) as did the proportion reporting a ‘dirty hit’ (12% in 2011 compared to 22% in 2010 and 25% in 2009).

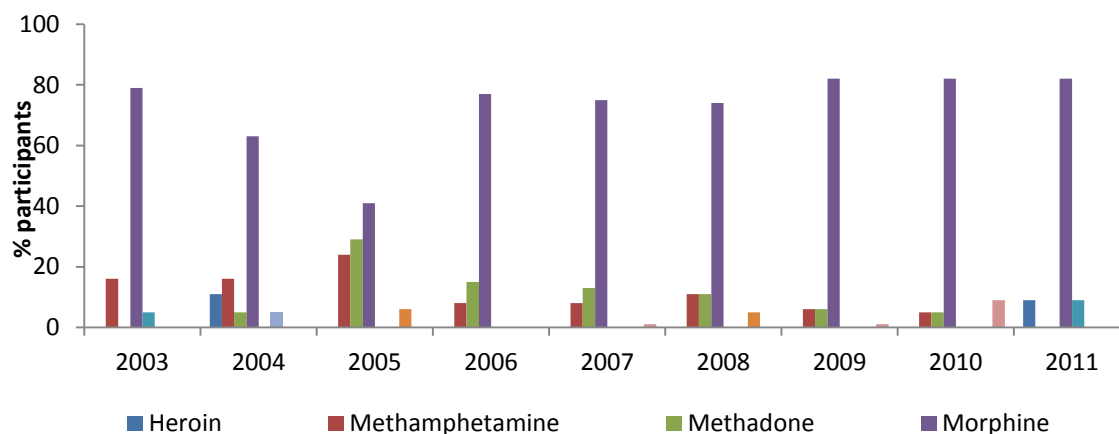
**Table 60: Proportion of participants reporting injection-related problems month prior to interview, by problem type, 2007-2011**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Overdose	1	1	11	5	3
Dirty hit	27	18	25	22	12
Abscess/infection	11	11	16	11	10
Scarring/bruising	49	53	45	30	45
Difficulty injecting	45	45	42	27	37
Thrombosis	7	11	6	4	7

Source: IDRS participant interviews

As in previous years, morphine was the main drug causing a ‘dirty hit’ in the month preceding the interview (Figure 49). One participant identified heroin as the drug leading to a dirty hit and another identified benzodiazepines.

**Figure 49: Main drug causing dirty hit in last month, 2003-2011**



Source: IDRS participant interviews

### 6.4.5 KE comment

KE comments regarding injecting risk behaviours were numerous and diverse, although most KE referred to the dangers associated with injecting Xanax (Alprazolam). To ensure accuracy of the content of comments, each KE's own words are presented separately, in point form.

#### Legal KE

- There are significant physical risks associated with intravenous use of Xanax.

#### Health KE 1

- There are many health dangers associated with injecting street drugs.
- Covert behaviour leads to extra risk taking and shortcuts.
- There are significant dangers with injecting Xanax and benzodiazepines in general, including the loss of fingers.
- Sharing of equipment is not common, only in unfunded (not free) equipment, especially tourniquets.
- In prison, all injecting equipment is shared.
- There are still people unwilling to attend the NSP due to concerns regarding police surveillance. Speed users may be less likely to attend the NSP and more likely to purchase injecting equipment from pharmacies.

#### Health KE 2

- The main problem is with the intravenous use of benzodiazepines, especially Xanax.
- With intravenous use of Xanax, loss of digits can and does occur.
- Too many doctors are prescribing benzos for the wrong reasons, which has led to increased availability on the street.

#### Health KE 3

- There are health issues associated with the use of ice and some employers are referring their employees to treatment due to erratic behaviour.
- There is a link between methamphetamine use and gambling.
- Some users are naïve and inexperienced in safe injecting.

#### Health KE 4

- There is a problem with intravenous benzodiazepine use, especially Xanax.
- Doctors prescribe benzodiazepines more readily than morphine.
- Our unit has seen 10-15 fingers lost by clients over the past 12 months.

#### Health KE 5

- Intoxication with benzodiazepines on top of opiate use is the main health risk with Opiate Pharmacotherapy Program clients.

#### Health KE 6

- The biggest problem is concurrent use of opiates and benzodiazepines and this continues to be of great concern.
- I do not believe the problem is increasing substantially but it remains a significant problem in terms of safety.

#### Health KE 7

- Xanax is a real worry, see loss of digits in the hospital.
- Most concerning is benzodiazepine use by opiate users.
- I have seen a minimum of five people at Royal Darwin Hospital with injection-related injuries leading to loss of body parts.

#### Health KE 8

- There are significant health implications associated with intravenous use of benzodiazepines, mainly Xanax.



## 6.5 Mental health problems and psychological distress

Twenty-seven percent of the IDRS sample reported having experienced a mental health problem in the six months prior to interview. As in previous years, depression was the main mental health problem, followed by anxiety (Table 61).

**Table 61: Proportion of participants self-reporting recent mental health problems, 2007-2011 (%)**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
Depression	17	19	17	23	16
Manic depression	1	4	3	3	6
Anxiety	10	10	10	16	14
Panic	4	1	2	2	2
Paranoia	2	3	0	2	1
Personality Disorder	1	0	2	0	0
Schizophrenia	3	3	6	4	3
Drug-induced psychosis	1	1	0	0	2
Other psychosis*	0	0	0	0	0

\* not drug induced

Source: IDRS participant interviews

Of the group who had experienced a mental health problem, 73% had attended a mental health professional for the reported problem and 90% of these had been prescribed medication. Sixty-three percent of this last group (n=12) had been prescribed an anti-depressant, 35% (n=6) were prescribed a benzodiazepine and 23% (n=4) had been prescribed an anti-psychotic. The types of antidepressant and anti-psychotic medications prescribed are listed below in Table 62.

**Table 62: Types of medication received for mental health problems, 2007-2011 (%)**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011* N=98
<b>Antidepressant</b>					
Endep (amitriptyline)	2	1	0	1	3
Avanza (mirtazapine)	4	1	0	2	0
Zoloft (sertraline)	1	3	3	0	2
Efexor (venlafaxine)		1	0	0	0
Other	2	4	3	7	5
<b>Anti-psychotic</b>					
Flupenthixol (generic)	1	0	0	0	0
Largactil (chlorpromazine)	1	0	0	0	0
Risperdal (risperidone)	2	1	1	1	0
Seroquel (quetiapine)	1	1	0	3	0
Zyprexa (olanzapine)	2	0	1	0	2
Other	1	1	3	2	2

Source: IDRS participant interviews

\* two respondents did not specify which anti-depressant.

The Kessler Psychological Distress Scale (K10) again formed part of the IDRS interview survey. The K10 is a questionnaire designed to measure the level of distress associated

with psychological symptoms and is appropriate for use with population surveys (Kessler 2002). In 2011, 98% of the IDRS sample completed the K10, yielding a mean total score of 22.40 (median=21, SD=9.5, range=9.47). Results categorised using total score ranges consistent with those used by the Australian Bureau of Statistics are presented in Table 63.

Based on these categories, almost one-quarter (24%) of those who completed the K10 reported experiencing a very high level of distress over the four weeks prior to interview. One-quarter of those who completed the K10 reported low or no distress. As is evident from Table 63, the K10 demonstrated higher levels of distress among the 2011 IDRS participants than in previous years.

**Table 63: Level of psychological distress, 2008-2011**

Level of distress*	2008 N=98	2009 N=99	2010 N=99	2011 N=98
Low or no distress (10-15)	31	34	35	25
Moderate distress (16-21)	26	26	23	26
High distress (22-29)	25	23	21	24
Very high distress (30-50)	19	17	21	24

Source: IDRS participant interviews

\* Category score range in brackets

### 6.5.1 KE comment

To ensure accuracy of the content of comments, each KE's own words are presented separately, in point form.

#### Health KE 1

- Depression is common with occasional suicidal ideation.
- Aggression by clients is uncommon.

#### Health KE 2

- Anxiety and depression are often seen.
- Trauma, including current, recent and past, is not uncommon, particularly with Indigenous clients.
- We are seeing significant anger issues with both male and female clients.

#### Health KE 3

- Anger and aggression are often associated with methamphetamine users.
- Depression and anxiety are seen with 60% to 70% of clients, most commonly with methamphetamine users.

#### Health KE 4

- I believe there has been an increase in the past 12 months in the number of clients presenting with depression and anxiety and other disorders. This is possibly due to a psychiatric registrar on staff who is able to recognise these disorders.
- Mental health problems are most common among those misusing alcohol, cannabis and speed.
- Anxiety among Opiate Pharmacotherapy Program clients is also common.

#### Health KE 5

- The number of clients with psychiatric presentations remain stable with no apparent increase or decrease over the past 12 months.
- Most clients present with some mental health problems, generally anxiety and depression.

#### Health KE 6

- Anxiety is most common and more clients present with anxiety than depression although there are certainly some with depression.
- Access to psychologists is difficult and needs to be through a GP. There are also cost issues.
- Concurrent use of benzodiazepines and cannabis leads to significant memory problems.

#### Health KE 7

- Anxiety is most common, often in combination with depression.
- PTSD is also seen.
- 

#### Health KE 8

- We are seeing more people presenting with anxiety and depression but this may be due to better assessment associated with employing a psychiatric registrar.

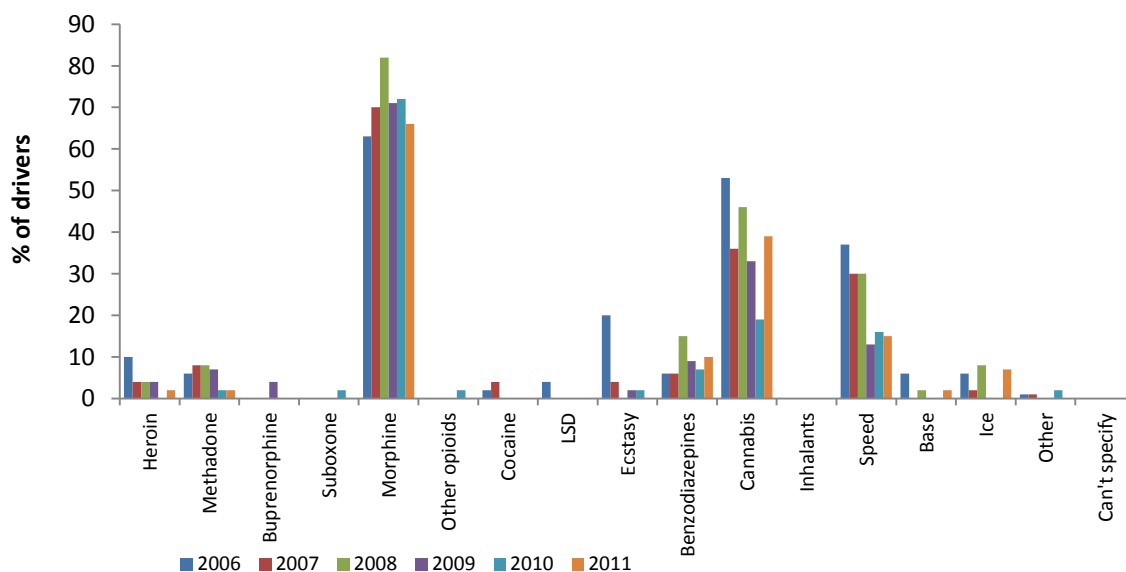
## 6.6 Driving risk behaviour

Fifty-five percent of the IDRS sample had driven a car within the six months prior to interview and, of those, 15% had driven under the influence of alcohol during this period. Of the group who had driven under the influence of alcohol, 38% reported driving over the legal blood alcohol limit, on a median of 12 occasions.

Seventy-six percent of drivers reported that within the six months prior to interview they had driven under the influence of illicit drugs, on a median of 50 (range 1 to 200) times, within a median of 30 minutes after taking the drugs. Figure 50 illustrates that morphine (66%) and cannabis (39%) were the drugs most commonly consumed by drivers, followed by speed powder (15%), benzodiazepines (10%), ice (7%), base methamphetamine (2%), methadone (2%) and heroin (2%).

The illicit drugs consumed prior to the last occasion of driving under the influence were identified as morphine (72%), cannabis (19%), methamphetamine powder (16%), benzodiazepines (7%), other opiates (2%), methadone (2%), Suboxone (2%), ecstasy (2%) and other drugs (2%).

**Figure 50: Participants driving after taking an illicit drug by drug type, 2006-2011**



Source: IDRS participant interviews

As in previous years, the majority (56%) of those who had driven under the influence of illicit drugs within the six months prior to interview felt that the drugs had no impact upon their driving (Table 64). Almost a quarter (24%) acknowledged that their driving had been slightly or quite impaired while 20% reported that their driving had been slightly or quite improved.

**Table 64: Self-reported impairment after drug driving, 2007-2011 (%)**

	2007 N=51	2008 N=48	2009 N=45	2010 N=43	2011 N=41
Quite impaired	4	8	9	0	7
Slightly impaired	12	19	16	21	17
No impact	73	65	64	67	56
Slightly improved	8	8	9	9	15
Quite improved	4	0	2	2	5

Source: IDRS participant interviews

### 6.6.1 KE comment

There were no KE comments regarding drug use and driving.

## 7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

### Key points

- One-quarter of the sample had been arrested in the preceding 12 months.
- Thirty-one percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing and property crime.
- The number of ATS seizures decreased from 183 in 2008/09 to 167 in 2009/10. The weight of seizures (6,344 grams) was far less than in 2010 (38,937 grams).
- In 2009/10 there was one heroin consumer arrest and one cocaine provider arrest. Cannabis consumer and provider arrests totalled 597, the same number as in 2008/09.
- More recent NT Department of Justice data show that possession of cannabis infringement notices increased from 559 in 2009/10 to 679 in 2010/11.
- Almost half (47%) of the sample had spent \$50 or more on drugs on the day prior to the interview.

### 7.1 Reports of criminal activity

Table 65 shows that 31% of the IDRS sample reported having committed at least one crime in the month prior to interview. As in 2010, dealing (20%) was the most frequently reported crime, followed by property crime (14%). The pattern of types of crimes committed has remained stable over the years, with dealing and property crime most common and low reported rates of fraud and violent crime.

One-quarter of the sample had been arrested within 12 months of the interview. Of those, 29% had been arrested for drug possession or use (29% in 2010), 4% for dealing/trafficking (4% in 2010), 25% for property crime (33% in 2010), 8% for fraud (nil in 2010), 4% for driving offences (17% in 2010), 8% for breach of AVO (4% in 2010) and 4% for violent crime (4% in 2010). Of the categories of drunk and disorderly, failure to appear in court, provide false identity, outstanding warrants, trespassing and unpaid fines, each accounted for 4% of the arrested population.

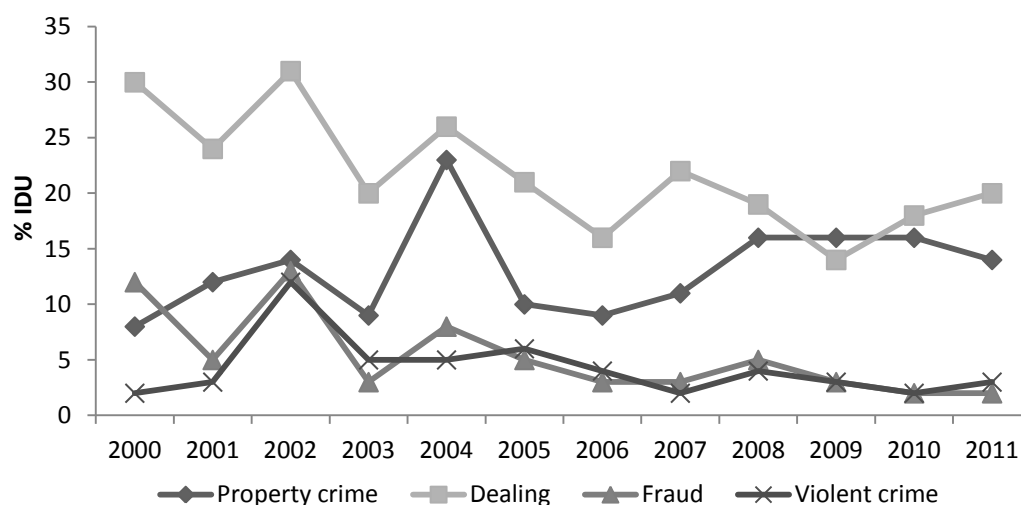
**Table 65: Criminal and police activity as reported by participants, 2007-2011 (%)**

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
<b>Criminal activity in last month</b>					
Dealing	22	19	14	18	20
Property crime	11	16	16	16	14
Fraud	3	5	3	2	2
Violent crime	2	4	3	2	3
Any crime	29	35	26	32	31
Arrested in last 12 months	27	25	20	24	25

Source: IDRS participant interviews

Reports of dealing and violent crime increased from 2010 levels, although the increase in violent crime was marginal (Figure 51). There was a slight decrease in reports of property crime and reports of engaging in fraud remained stable.

**Figure 51: Proportion of participants reporting engagement in criminal activity in prior month, by offence type, 2000-2011**



Source: IDRS participant interviews

Forty-four percent of the sample reported having been imprisoned at some time, the same proportion as in 2010.

## 7.2 Arrests

Table 66 shows that there had been one heroin consumer arrest in 2009/10. Although there had been three seizures, these accounted for only two grams.

**Table 66: Heroin arrest and seizure characteristics, 2005/06-2009/10**

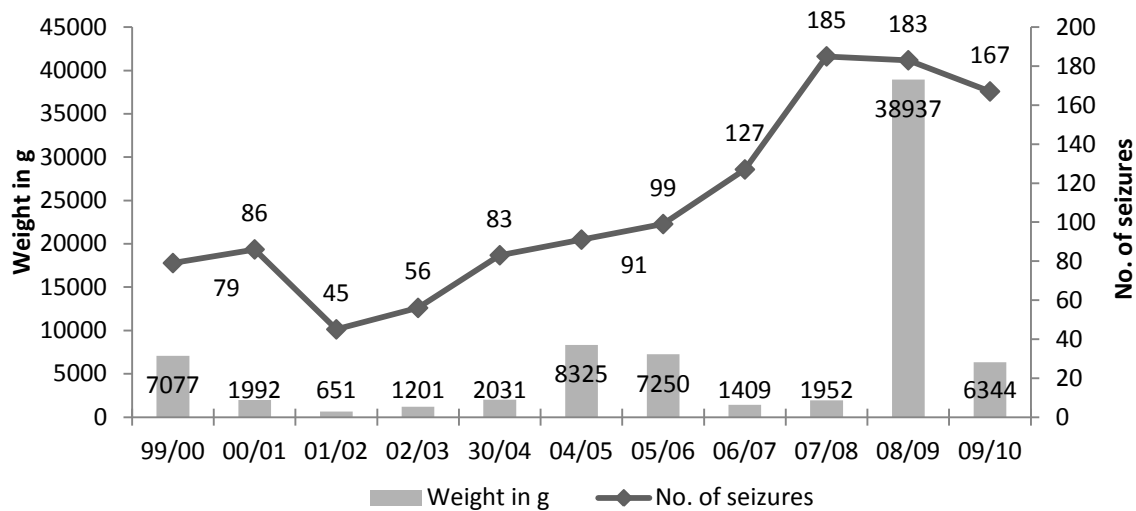
	2005/06	2006/07	2007/08	2008/09	2009/10
Consumer arrests	0	1	1	0	1
Provider arrests	0	0	0	0	0
Total arrests*	0	1	1	0	1
Seizure number	1	2	1	2	3
Seizure weight (g)	2	1	2	641	2

Source: Australian Crime Commission (ACC)

\* Includes arrests where consumer/provider status is not provided and so may be greater than the sum of the rows above

The number of ATS seizures decreased from 183 in 2008/09 to 167 in 2009/10 (Figure 52). The weight of seizures (6,344 grams) was far less than in 2008/09 (38,937 grams).

**Figure 52: Number of ATS seizures in NT, 1999/00-2009/10**

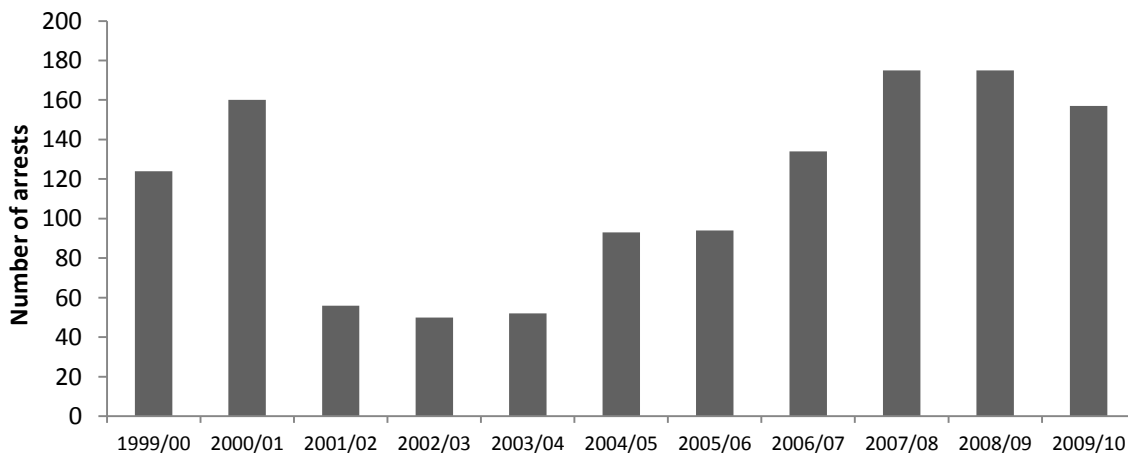


Source: Australian Bureau of Criminal Intelligence (ABCI) and ACC

Note: Excludes the over 25 litres of liquid amphetamines seized in two clandestine laboratories by NT Police in 2003/04

Figure 53 demonstrates that the combined number of arrests for ATS consumers and providers decreased to 157 arrests (175 in 2008/09), reversing the general trend of increasing number of ATS-related arrests that commenced in 2003/04.

**Figure 53: Number of ATS total consumer and provider arrests in the NT, 1999/00-2009/10**



Source: ACC

Table 67 shows that cocaine arrest and seizure numbers remained low, with seizure weight (13 grams) much lower than in 2008/09 (235 grams).

**Table 67: Cocaine arrest and seizure characteristics, 2005/06-2009/10**

	2005/06	2006/07	2007/08	2008/09	2009/10
Consumer arrests	1	1	0	1	0
Provider arrests	1	0	0	0	1
Total arrests*	1	1	0	4	1
Seizure number	3	3	0	6	1
Seizure weight (g)	5	26	0	235	13

Source: ACC

\* Includes arrests where consumer/provider status is not provided and so may be greater than the sum of the rows above

Total arrests (597 arrests) for both cannabis consumer and providers were identical to the total arrest number in 2008/09. Although there were fewer seizures in 2009/10 than in 2008/09, the seizure weight of approximately 740 kilograms was far higher than recorded in previous years (Table 68).

**Table 68: Cannabis arrest and seizure characteristics, 2005/06-2009/10**

	2005/06	2006/07	2007/08	2008/09	2009/10
Consumer arrests	368	409	386	422	393
Provider arrests	113	137	91	102	111
Total arrests*	526	588	552	597	597
Seizure number	1,144	986	1,077	1087	764
Seizure weight (g)	55,662	55,202	83,179	131,179	740,957

Source: ACC

\* Includes arrests where consumer/provider status is not provided and so may be greater than the sum of the rows above

Table 69 shows that while there had been no provider arrests, the number of infringement notices increased to the highest number since 2005/06.

**Table 69: Cannabis infringement notices, 2005/06-2009/10**

	2005/06	2006/07	2007/08	2008/09	2009/10
Consumer arrests	481	399	378	456	466
Provider arrests	0	0	0	0	0
Total arrests*	481	399	378	456	466

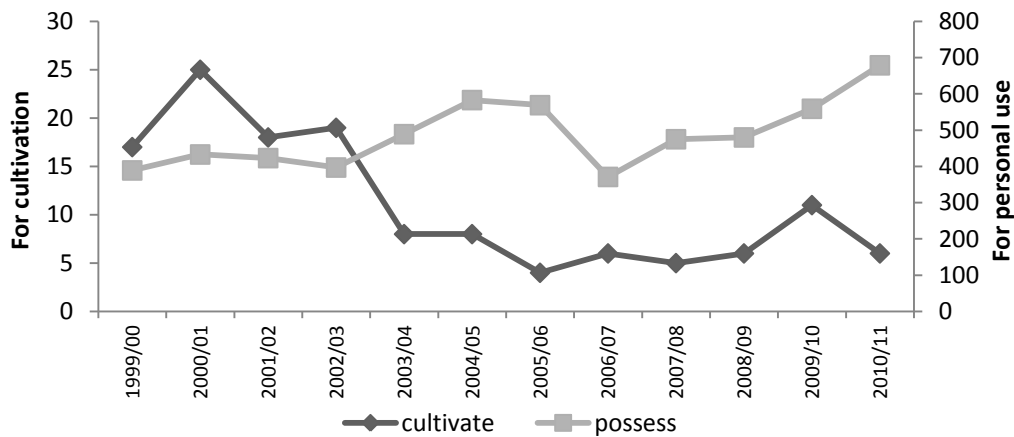
Source: ACC

\* Includes arrests where consumer/provider status is not provided and so may be greater than the sum of the rows above

The NT Department of Justice also records infringement notices for cultivation and possession of cannabis, and these data are more recent than those obtained from the ACC. Figure 54 shows an increase in the number of infringement notices served for possession of cannabis (679 in 2010/11 compared to 559 in 2009/10) and a decrease in notices for cultivation (6 in 2010/11 compared to 11 in 2009/10).



**Figure 54: Number of infringement notices served for cultivation or possession of cannabis 1999/00-2010/11.**

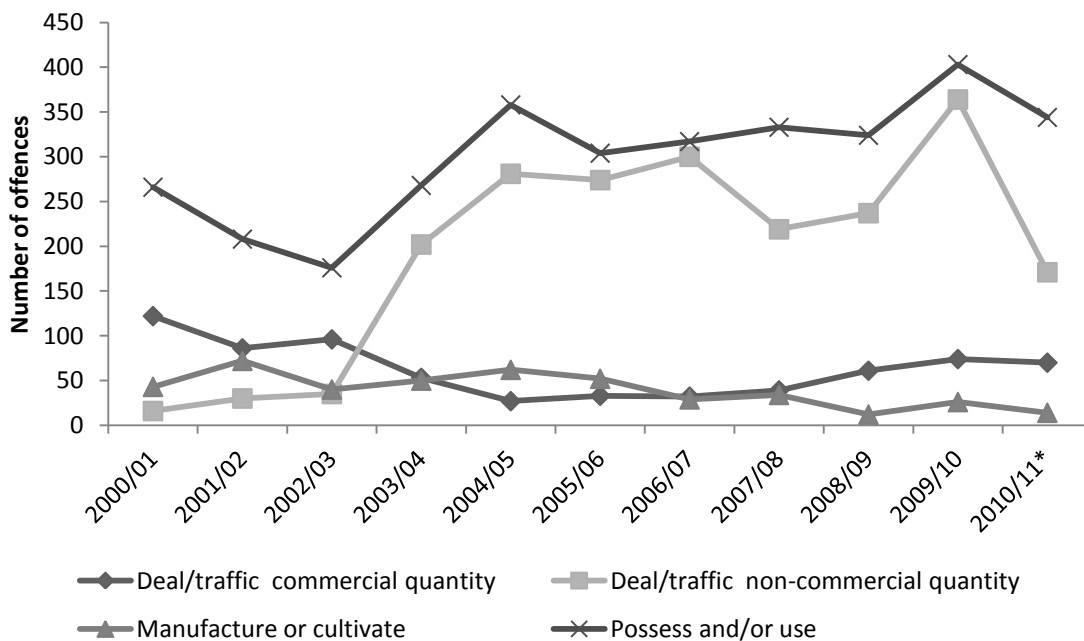


Source: NT Office of Crime Prevention

### 7.3 Finalised drug offences

Finalised offences for all drug categories decreased in 2010/11 (Figure 55). The greatest reduction was in the deal/traffic non-commercial quantity, where finalised offences more than halved from 364 in 2009/10 to 171 in 2010/11. There was also a notable reduction in possess/use finalised offences, from 403 in 2009/10 to 344 in 2010/11. The categories of deal/traffic commercial quantity and manufacture or cultivate saw modest decreases in the number of finalised offences.

**Figure 55 : Finalised offences for illicit drug-related crimes 2000/01-2010/11**



\* Data available for three quarters only: July 2010 to March 2011.

Source: NT Office of Crime Prevention.

## 7.4 Expenditure on illicit drugs

Sixty-one percent of the IDRS sample reported some expenditure on drugs on the day prior to interview (Table 70). Almost half the sample (47%) reported spending \$50 or more on drugs.

**Table 70: Amount spent on drugs on the day before interview, 2003-2011 (%)**

	2003 N=109	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98
\$0	44	32	42	47	30	42	63	33	39
Less than \$20	3	3	3	0	4	1	2	2	1
\$20-\$49	13	17	14	6	22	11	8	6	12
\$50-\$99	22	24	24	15	19	21	10	23	17
\$100-\$199	13	16	14	18	15	15	10	21	16
\$200 or more	6	8	3	8	11	8	6	14	14

Source: IDRS participant interviews

## 7.5 KE comment

The following comments were made by the two police officer KE in response to the question regarding perception of problems arising from illicit drug use (currently and over the past 12 months). Any other comments relating to policing issues associated with illicit drug use were also invited.

### Law KE 1

- The dealing of drugs and the profits made are problematic.
- There is anecdotal evidence of nightclub violence, especially associated with speed and party drugs use.
- There is also property crime associated with drug use.
- There are significant economic and social effects upon Aboriginal communities with large profits made due to the much higher cost of drugs.
- On Aboriginal communities the pattern of use is to smoke cannabis until it is finished.
- There is no evidence of speed use on Aboriginal communities, nor of intravenous drug use.
- There is a good trade in morphine, including pensioners selling their prescriptions to supplement income.
- There are intermittent speed labs, very clandestine.
- A good proportion of speed, both powder and crystal, comes from the Eastern seaboard.
- Outlaw motorcycle gangs continue to appear to have a linkage in the sale and supply of amphetamines.
- These groups seem to be involved as suppliers or providers.
- There is no structured sex for speed – no obvious pattern of exploitation.

## Law KE 2

- People are getting better at taking cannabis to Aboriginal communities, being supplied by community members themselves, not outsiders.
- Cannabis wreaks havoc on Aboriginal communities.
- Kava, alcohol and cannabis all contribute to dysfunction on Aboriginal communities.
- Organised crime, including outlaw motorcycle gangs, are involved in the supply and sale of ATS.
- There are individuals who manufacture ATS in the NT but this is not common, these are isolated incidents.
- Speed comes mainly from interstate, almost always from the Eastern seaboard, whereas cannabis is usually sourced from South Australia.
- The price of cannabis on Aboriginal communities is alarming.

## 8 SPECIAL TOPICS OF INTEREST

### 8.1 Heavy Smoking Index nicotine dependence

In the 2011 IDRS survey participants who smoked tobacco on a daily basis were asked two questions from the Fagerstrom test for nicotine dependence, the Heavy Smoking Index (HSI). These questions were: “How soon after waking do you smoke your first cigarette?” and “How many cigarettes a day do you smoke?”. Responses were scored between zero and six with a score of zero indicating no dependence, 1-2 indicating very low dependence, 3 indicating low to moderate dependence, 4 indicating moderate dependence and 5 or above indicating high dependence (Heatherton et al., 1989).

Table 71 shows that of the 91 participants who reported daily tobacco use, the majority (59%) had their first cigarette within 5 minutes of waking and 34% had their first cigarette within 5 and 30 minutes of waking. Almost half the sample (46%) smoked more than 20 cigarettes per day.

Based upon the HSI, 42% of daily smokers had high nicotine dependence, 27% had moderate dependence, 19% had low to moderate dependence, 11% had very low dependence and 1% had no dependence. The mean HSI score of 4.1 was indicative of moderate dependence.

**Table 71: Heavy Smoking Index for nicotine dependence.**

	2011
<b>Time till first cigarette (%)</b>	n=91
Within 5 minutes	59
5-30 mins	34
31-60 mins	2
60 mins	4
<b>Number of cigarettes smoked a day (%)</b>	n=90
10 or less cigarettes	11
11-20 cigarettes	42
21-30 cigarettes	24
31 or more cigarettes	22
<b>Nicotine dependence (%)</b>	n=90
No dependence	1
Very low	11
Low to moderate	19
Moderate	27
High	42
<b>Mean score</b>	4.1

Source: IDRS participant interviews

### 8.2 Alcohol use disorders identification test-consumption

People who regularly inject drugs are particularly at risk for alcohol-related harms due to a high prevalence of the hepatitis C virus (HCV). Half of the participants interviewed in the Australian NSP Survey 2010 (N=2,396) were found to have HCV antibodies (The Kirby Institute, May 2011). Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid overdose and

depressant overdose (Coffin et al., 2007, Schiff and Ozden, 2004, Darke et al., 1996, Darke et al., 2007), it is important to monitor risky drinking among PWID.

The information on alcohol consumption currently available in the IDRS includes the prevalence of lifetime and recent use and number of days of use over the preceding six months. As in 2010, the 2011 IDRS survey questionnaire included the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C), considered to be a valid measure of identifying heavy drinking (Bush et al., 1998). The AUDIT-C is a three item measure, derived from the first three consumption questions in the AUDIT. Dawson et al. (2005) reported on the validity of the AUDIT-C, finding that it was a good indicator of alcohol dependence, alcohol use disorder and risky drinking.

Among NT IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 5.7 (SD=3.5, range 1-12). This was slightly higher than the 2010 overall mean score of 5.5. According to Dawson et al. (2005) and Haber et al. (2009) *Guidelines for the Treatment of Alcohol Problem's*, a cut-off score of five or more indicated that further assessment was required. As is evident from Table 72, 56% of males (50% in 2010) and 43% of females (47% in 2010) reported a level of alcohol consumption requiring further assessment. Fifty-two percent of the total sample of males and females obtained a score of 5 or more (59% in 2010).

**Table 72: AUDIT-C among people who inject drugs and drank alcohol in the past year, 2010-2011**

	<b>2010 (n=71)</b>	<b>2011 (n=75)</b>
<b>Mean AUDIT-C score, SD (range)</b>	5.5, 3.5 (1-12)	5.7, 3.5 (1-12)
<b>Score of 5 or more (%)</b>		
All participants	59 (n=71)	52 (n=75)
Males	50 (n=52)	56 (n=54)
Females	47 (n=19)	43 (n=21)

Source: IDRS participant interviews

### 8.3 Pharmaceutical opioids

Australian and international studies have shown that PWID experience excess morbidity and mortality compared to those in the general population (Hulse et al., 1999, English et al., 1995, Vlahov et al., 2004, Randall et al., 2001) and that prescribers are often reluctant to prescribe opioid analgesics to people with a history of injecting drug use (Baldacchino et al., 2010, Merrill and Rhodes, 2002).

The 2011 IDRS survey included questions regarding the use of pharmaceutical opioids and pain. Pharmaceutical opioids included morphine, oxycodone and other pharmaceutical opioids such as fentanyl, pethidine and tramadol. Methadone, buprenorphine and buprenorphine-naloxone were excluded.

Eighty-one percent of the NT sample reported use of pharmaceutical opioids in the last six months (Table 73). Pain relief (63%) and treating self-dependence (44%) were the main reasons identified for using pharmaceutical opioids. Participants were also asked if they were refused pharmaceutical opioids for pain due to injecting history. Of those who commented, 28% responded in the affirmative and 42% reported that they had not sought pain relief.

Of those who sought pain relief (n=44), 77% reported being prescribed pharmaceutical opioids for pain relief while 55% reported experiencing difficulty in obtaining pain relief from

their doctor. Over one-third (35%) reported that they had informed their doctor about their drug use while 2% reported that they had reported some drug use, but not all, and 2% reported that the doctor was already aware of their drug use.

Pharmaceutical opioids were prescribed mainly by a GP (88%), followed by a pain specialist (15%) and a hospital doctor (9%).

**Table 73: Pharmaceutical opioids use among people who inject drugs.**

	<b>2011 (N=98)</b>
Used pharmaceutical opioids in the last 6 months (%)	81
<b>Reason for using pharmaceutical opioids* (%)</b>	n=79
Treat self-dependence	44
Seek an opioid effect	6
Pain relief	63
Know what dose to expect	1
Cheaper than heroin	4
Current heroin purity	1
Couldn't score heroin	8
<b>Refused pharmaceutical opioids medications for pain due to injecting history (%)</b>	n=78
Yes	28
Haven't sought pain relief	42
<b>Prescribed pharmaceutical opioids** (%)</b>	n=44
For pain last six months	77
Trouble obtaining pain relief from doctor	55
<b>Informed doctor about drug use (%)</b>	n=43
Yes	35
Yes, but not all	2
Doctor already knew	2
<b>Pharmaceutical opioids prescribed by*** (%)</b>	n=34
Pain specialist	15
Hospital doctor	9
OST specialist	0
GP	88

Source: IDRS participant interviews

\* Among those who recently used. Multiple responses were allowed

\*\* Among those who sought pain relief

\*\*\* Among those who were prescribed PO for pain in the last six months

## 8.4 Over the counter codeine

Prolonged use of codeine has the potential to produce tolerance and create a dependence liability, often leading to dose escalation (Sproule et al., 1999, National Prescribing Service Ltd, 2009).

The 2011 IDRS survey investigated reasons for use of over the counter (OTC) codeine as well as use patterns.

As reported earlier (Table 3), two thirds of the NT sample reported the use of OTC codeine in their lifetime, with 52% using OTC codeine in the last six months on a median of 18 days. Only one participant reported injecting OTC codeine in the last six months.

Ninety-four percent of recent OTC users reported the main brand they had used, with Nurofen Plus® being the most reported (34%).

Forty-nine percent of participants reported using OTC codeine for pain in the last six months, on a median of 12 days. The main medical purpose was to treat chronic non-malignant pain (51%), although a similar percent (45%) reported use for short-term pain (Table 74). Only 2% of participants reported use of OTC codeine for chronic malignant pain. Of those who had used OTC for medical purposes, the median amount of relief received from OTC codeine was 55 on a scale of 0-100. The median amount of tabs/caps taken was three.

Seven percent of the NT sample reported the use of OTC codeine for non-medical purposes, on a median of four days. Of those who had ingested OTC codeine for non-medical purposes, the majority did so in order to obtain an opiate effect (substitute for heroin). The only other reason identified for use was to assist with sleep. The median amount of tabs/caps taken was three. The maximum number taken in any one session was five tabs/caps. The most common brand of OTC codeine used for non-medical purposes was Chemists Own Strong Pain Relief® (27%, n=2) and Mersyndol (27%, n=2).

**Table 74: Over the counter codeine use and pain.**

	<b>2011 (n=98)</b>
Ever used OTC codeine (%)	66
Recently used OTC codeine (%)	52
Median days used OTC codeine in the last six months*	17.5
<b>Use OTC codeine for pain in the last six months (%)</b>	<b>49 (n=47)</b>
Acute/short-term	45
Chronic non-malignant	51
Chronic malignant	2
<b>Used OTC codeine for non-medical purposes (%)</b>	<b>7 (n=7)</b>
To feel numb	0
To go to sleep	29
Substitute for heroin	57
Substitute for pharmacotherapy	0
Supplement pharmacotherapy	0
Other	0

Source: IDRS participant interviews

\* Among those who recently used \*\* Response could be between 0-100% # Multiple responses allowed

## 8.5 Injecting equipment use in the last month

The 2011 IDRS survey included questions regarding the use of injecting equipment and the re-use and cleaning of a range of items used for injecting in the last month. These questions were sourced from the 2008 Australian Needle and Syringe Program Survey (ANSPS) conducted by The Kirby Institute, University of New South Wales (National Centre in HIV Epidemiology and Clinical Research, 2009).

Table 75 shows types of injecting equipment used in the past month by participants in the 2008 ANSPS and the 2011 NT IDRS sample. The most frequently used needle/syringe by the NT IDRS sample in the past month was a 5ml syringe (barrel) whereas the most frequently used needle/syringe by the ANSPS sample was a 1ml needle/syringe. The 3ml syringe (barrel) was the next most frequently used injecting equipment in the past month by the NT sample (43% by the NT IDRS sample compared to 22% by the ANSPS sample).

Detachable needles (tips) were used by 58% of the NT sample in the past month as compared to 19% of the NSP survey sample.

**Table 75: Injecting equipment used in the last month among those who commented, Australian NSP Survey 2008 & NT 2011, (%)**

	Australian NSP Survey	NT (N=98)
1ml needle/syringe	76	27
3ml syringe (barrel)	22	43
5ml syringe (barrel)	17	58
10ml syringe (barrel)	9	2
20ml syringe (barrel)	6	2
50ml syringe (barrel)	n.a	0
Detached needle (tip)	19	58
Winged view infusion set (butterfly)	12	8
Wheel filter	11	17

Source: IDRS participant interviews

Table 76 presents data regarding reuse of injecting equipment in the past month by the 2008 ANSPS survey sample and the 2011 NT IDRS sample. Fifteen percent of the NT sample reported reuse of 5ml barrels (6% for ANSPS sample), 13% reused 3ml barrels (7% for the ANSPS sample) and 9% reused 1ml needles/syringes (32% for the ANSPS sample). Detachable needles/tips were reused by 8% of the NT IDRS sample in the past month compared to 4% of the ANSPS sample.

**Table 76: Injecting equipment reused in the last month among those who commented, by Australian NSP Survey 2008 & NT 2011, (%)**

	Australian NSP Survey	NT (N=98)
1ml needle/syringe	32	9
3ml syringe (barrel)	7	13
5ml syringe (barrel)	6	15
10ml syringe (barrel)	4	0
20ml syringe (barrel)	3	1
50ml syringe (barrel)	n.a.	0
Detached needle (tip)	4	8
Winged view infusion set (butterfly)	5	2
Wheel filter	4	2

Source: IDRS participant interviews

\* More than one item could be selected

Cleaning of injecting equipment was also investigated. Table 77 shows that 17% of the NT IDRS sample cleaned 5ml barrels in the past month (6% for the ANSPS sample), 14% cleaned 3ml barrels (8% for the ANSPS sample) and 8% cleaned 1ml needles/syringes (30% for the ANSPS sample). Thirty-two participants responded to the question regarding last injecting item cleaned, with 44% identifying a 5ml barrel, 25% identifying a 3ml barrel and 19% identifying a 1ml needle/syringe.



**Table 77: Injecting equipment cleaned in the last month among those who commented, by Australian NSP Survey 2008 & NT 2011 (%)**

	Australian NSP Survey	NT 2011 (n=98)
<b>Cleaning of injecting equipment in the last month*</b>		
1ml needle/syringe	30	8
3ml syringe (barrel)	8	14
5ml syringe (barrel)	6	17
10ml syringe (barrel)	4	0
20ml syringe (barrel)	3	2
50ml syringe (barrel)	n.a.	0
Detached needle (tip)	5	8
Winged view infusion set (butterfly)	4	2
Wheel filter	3	2
<b>Last injecting item cleaned**</b>		n=32
1ml needle and syringe	n.a.	19
3ml syringe (barrel)	n.a.	25
5ml syringe (barrel)	n.a.	44
10ml syringe (barrel)	n.a.	0
20ml syringe (barrel)	n.a.	3
Detachable needle (tip)	n.a.	3
Winged vein infusion set (butterfly)	n.a.	0
Wheel filter	n.a.	6

Source: IDRS participant interviews

\* More than one item could be selected \*\* Among those who cleaned equipment in the last month

All of those who reported cleaning an injecting item in the last month also reported only they had used the item before the cleaning. Hot water (50%), boiling water (32%) and bleach (16%) were the most frequently reported cleaning substances used (Table 78). Ninety-percent of this group reported their cleaning method as 'rinse or flush more than once'.

**Table 78: Injecting equipment cleaning substance and method, among those who commented, 2011 (%)**

	<b>2011 (n=38)</b>
<b>Cleaning substance</b>	
Hot water	50
Cold water	5
Boiling water	32
Bleach	16
Soap/detergent	3
Swabs	8
Other	5
<b>Cleaning method</b>	
Rinse/flush once	5
Rinse/flush more than once	90
Wipe	8
Soak	0
Other	3

Source: IDRS participant interviews

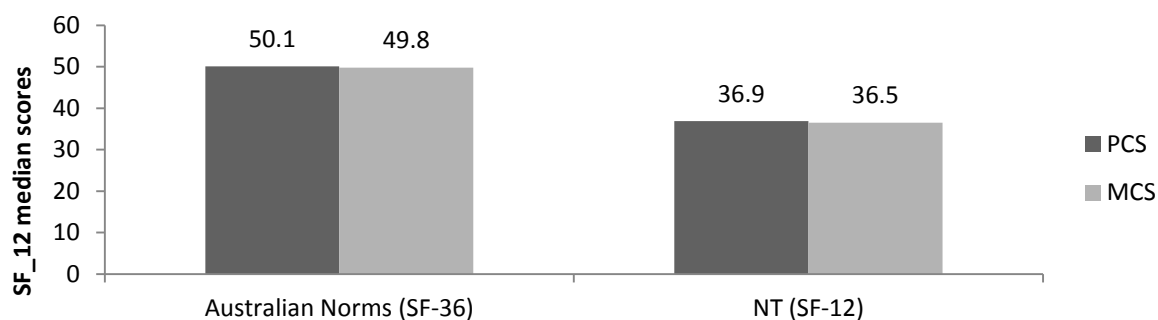
## 8.6 Mental and physical health problems

The Short Form 12-Item Health Survey (SF-12®) is a questionnaire designed to provide information regarding general health and wellbeing and includes 12 questions from the SF-36®. The SF-12 was included for the first time in the 2011 IDRS survey. The SF-12 contains twelve questions and measures health status across eight dimensions: physical functioning, role limitations due to physical health problems, bodily pain, general health, energy/fatigue, social functioning, role limitations due to emotional problems and psychological distress and wellbeing. The scores generated by these eight components are combined to generate two composite scores, the physical component score (PCS) and the mental component score (MCS) (Ware et al., 1995, Ware et al., 1996). The SF-12 scoring system was developed to yield a mean of 50 and a standard deviation of 10. A higher score indicates better health.

Figure 56 presents the MCS and PCS for participants interviewed in the NT IDRS compared with those of the general Australian population from the National Health Survey (Australian Bureau of Statistics, 1995). The SF-12 scores were transformed into SF-36 scores using weighted syntax to make them comparable with the general Australian population scores.

NT IDRS participants scored a mean of 36.5 for the MCS and 36.9 for the PCS. These results demonstrate that the NT IDRS participants experienced poorer mental and physical health than the population average.

**Figure 56: SF-12 scores for IDRS participants compared with the general Australian population (ABS), 2011**



Source: IDRS participant interviews , (Australian Bureau of Statistics, 1995)

## 8.7 Health service access

The 2011 IDRS survey included questions regarding access to health services in the previous four weeks. Table 79 shows the number of occasions a participant visited a particular health service and, of those occasions, how many were substance use related.

For example, 18 participants reported attending a hospital ED/Casualty in the last four weeks with 94% of this group attending on one occasion and 6% attending on two occasions. Twenty-eight percent of those who had attended a hospital ED/Casualty reported that the visit was substance use related.

A GP visit was the most common type of health service accessed with 49 participants reporting a GP visit in the last four weeks. Eighty-eight percent of this group attended a GP on one occasion while 6% attended twice, 2% attended three times and 4% attended four times or more. Approximately one-third (31%) reported that the GP visit was substance use related.

**Table 79: Health service access in the last four weeks, 2011 (%)**

	Occasions visited				Visits due to substance use			
	1	2	3	4 or more	0	1	2	3 or more
Hospital ED/Casualty (n=18)	94	6			72	28		
Hospital Outpatient (n=6)	83			17	83	17		
Hospital Inpatient (n=7)	100				86	14		
GP visit (n=49)	88	6		6	63	31	4	2
Specialist (n=10)	80	10	10		70	20		10
Dentist (n=8)	88		13		88	13		
Other health professional (n=7)	71	14		14	100			
Ambulance (n=10)	100				70	30		
Psychiatrist (n=6)	83		17		33	50		17
Psychologist (n=4)	75		25		75	25		
Social/welfare worker (n=7)	43	29	14	14	71	14		14
Drug/alcohol counsellor (n=7)	71		14	14	14	57		29
Other (n=2)	50	50				50	50	

Source: IDRS participant interviews

## 8.8 Online activities

There is recognition that the internet and other electronic mediums may be used to disseminate health and safety messages (Belenko et al., 2009). The 2011 IDRS survey sought to gain an insight into the level of online activity by PWID, particularly in relation to sourcing information regarding drugs and purchasing and selling drugs.

Table 80 shows that more than two-thirds (69%) of participants did not go online at all within the past month. Of the remainder, 13% went online daily, 8% at least weekly, 5% at least fortnightly and 5% at least monthly. Few participants made use of the internet for drug-related reasons. Twenty-four percent of those who had been online (representing seven participants) had used the internet to obtain information about drugs while 3% (representing one participant) had used the internet to purchase ingredients to manufacture drugs.

The use of text messaging to obtain drugs was also investigated. Fifty-seven percent of the sample reported that they relied on text messaging very little or not at all to obtain drugs, 2% reported that they relied "completely" on text messaging and 18% reported that they relied "quite a lot" on text messaging to obtain drugs. Twenty-one percent reported that text messaging was their preferred method to obtain drugs.

In this section of the IDRS questionnaire participants were also asked if they had ever purchased substances sold as "legal highs", and if so, had they made any purchases within the past six months. No participants in the NT sample reported ever purchasing any substances sold as "legal highs".

**Table 80: Proportion of PWID that online activity related to drug use.**

	2011
<b>How often did you go online last month (% , n=96)</b>	
Never	69
Daily	13
At least weekly	8
At least fortnightly	5
At least monthly	5
<b>In the last six months did you go online to* (% , n=29)</b>	
Get information about drugs	24
Post information about drugs	0
Buy ingredients to make drugs	3
Buy drugs	0
Sell drugs	0
Didn't go online for these activities	76

Source: IDRS participant interviews

\* among those who went online; multiple responses allowed so total greater than 100%.

## 8.9 Policy

The 2011 IDRS survey obtained PWID perspectives in relation to drug policy. This information will contribute to further investigation by NDARC's Drug Policy Modelling Program which is undertaking an analysis of public opinion and drug policy, incorporating the views of the affected community.

The policy questions were drawn from the National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2008a) in order to ensure comparability with general population responses. Participants were asked three policy questions: (1) 'Thinking about the problems associated with heroin use, to what extent would you support or oppose

measures such as...', (2) 'To what extent would you support or oppose the personal use of the following drugs being made legal?' and (3) 'To what extent would you support or oppose the increased penalties for sale or supply of the following drugs?'

Table 81 shows that the majority of participants expressed support (either "support" or "strongly support") for all the support measures listed. Needle and Syringe Programs garnered the greatest support (100%) followed by methadone/buprenorphine maintenance programs (86%). The use of Naltrexone yielded the least support, although more than half (52%) either supported or strongly supported use of this particular pharmacotherapy.

There was less consistency in responses to support legalisation of personal use of the various illicit drug groups. The vast majority of participants (90%) supported or strongly supported legalisation of personal use of cannabis. There was significant support for the legalisation of personal use of heroin (46%) but less so for methamphetamine (28%), cocaine (27%) and ecstasy (18%).

The majority of participants did not support increased penalties for sale and supply of any of the illicit drug groups. Twelve percent of participants supported or strongly supported increased penalties for the sale and supply of cannabis and 30% supported or strongly supported increased penalties for the sale and supply of heroin. Over a third of participants supported or strongly supported increased penalties for the sale and supply of the other major illicit drug groups: 39% for methamphetamine and 38% for both cocaine and ecstasy.

**Table 81: Support and strongly support measures to reduce problems associated with heroin, for legalisation of illicit drugs and the increase of penalties for illicit drugs.**

	<b>2011 (N=97)</b>
<b>Support measures to reduce problems associated with heroin use (%)</b>	
Needle syringe programs	100
Methadone/buprenorphine maintenance program	86
Treatment with drugs (not methadone)	84
Regulated injecting room	81
Trial of prescribed heroin	77
Rapid detoxification therapy	63
Use of naltrexone	52
<b>Support legalisation (personal use) of (%)</b>	<b>n=97</b>
Cannabis	90
Heroin	46
Methamphetamine	28
Cocaine	27
Ecstasy	18
<b>Support for increased penalties for sale or supply of illicit drugs (%)</b>	<b>n=97</b>
Cannabis	12
Heroin	30
Methamphetamine	39
Cocaine	38
Ecstasy	38

Source: IDRS participant interviews.

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