

C. Moon

**NT DRUG TRENDS 2014
Findings from the
Illicit Drug Reporting System (IDRS)
Australian Drug Trends Series No. 134**

Northern Territory DRUG TRENDS 2014



Findings from the Illicit Drug Reporting System (IDRS)

Chris Moon

Alcohol and Other Drugs Services
NT Department of Health

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Abbreviations

ABS	Australian Bureau of Statistics
ABCI	Australian Bureau of Criminal Intelligence
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AIDS	Acquired Immune Deficiency Syndrome
AGDH	Australian Government Department of Health
AFP	Australian Federal Police
AOD	Alcohol and Other Drugs
AODTS	Alcohol and Other Drugs Treatment Services
ATS	Amphetamine Type Stimulant
AUDIT-C	Alcohol Use Disorders Identification Test - Consumption
BBVI	Blood-borne viral infections
D&A	Drug and Alcohol
GP	General Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIC	Health Insurance Commission
HIV	Human immuno-deficiency virus
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s)
LSD	Lysergic acid diethylamide
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NGO	Non-government Organisation
NNDSS	National Notifiable Diseases Surveillance System
NOMAD	National Opioid Medications Abuse Deterrence
NSP	Needle and Syringe Program(s)
NT	Northern Territory
NTAHC	Northern Territory AIDS and Hepatitis Council
NTDHCS	NT Department of Health and Community Services

NTPFES	NT Police, Fire and Emergency Services
OPP	Opiate Pharmacotherapy Program
OTC	Over-the-counter
PBS	Pharmaceutical Benefit Scheme
PWID	People who inject drugs
SPSS	Statistical Package for the Social Sciences
TBI	Traumatic Brain Injury
TGA	Therapeutic Goods Administration
SDS	Severity of Dependence Scale

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 this 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 2014 Illicit Drug Reporting System (IDRS) results for the Northern Territory (NT). This is the thirteenth year this study has been conducted in the NT.

In 2014, the Illicit Drug Reporting System Project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The IDRS team would like to thank the Australian Government Department of Health for their continued assistance and support throughout the year.

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

The demographic profile of the IDRS sample in 2014 was similar to that surveyed in previous years. The sample was predominantly (71%) male with a mean age of 44 years; the proportion aged 35 years and older continues to increase. Most (77%) of the respondents were unemployed or on a pension at the time of interview. Fourteen percent reported full-time employment, an increase on the 7% found in 2013 and the 3% in 2012. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was stable at 20%. Eighty-seven percent reported heterosexual status while 8% identified as bisexual and 3% as gay or lesbian. Year 10 was again the mean for years of education although 49% reported some form of post-secondary education. Reported participation in treatment increased to 17% of the sample from 13% in 2013 and 44% reported prior prison history, lower than the 57% found in 2013.

Patterns of drug use

Morphine was the drug most often injected in the month prior to interview (79%) and the most recent drug injected (72%), followed in each case by methamphetamine (14% and 15% respectively). Also, this year crystal methamphetamine replaced speed powder as the form of methamphetamine injected most often in the last month (9%) and the most recent drug injected (10%). The most commonly used illicit drug in 2014 was non-prescribed morphine, at 85%. This group used morphine on a median of 135 days. At 62%, cannabis was again the next most commonly used illicit drug, slightly lower than the 2013 result (67%).

As was the case in 2013, KE were primarily concerned with an increase in the availability, regular use and injection of crystal methamphetamine and with a perception that the market in crystal methamphetamine had become more established. They emphasised an increased impact on treatment services and in

law enforcement from this drug. Treatment KE raised particular concerns around the increased impacts of crystal methamphetamine use on families.

Heroin

Recent heroin use and injection (7% each) declined compared to 2012, after three years of increase. No respondents were able to report heroin prices this year. KE noted no changes in this market.

Methamphetamine

In 2014, 37% of survey participants reported use of some form of methamphetamine, on a median of 10 days, both declining compared to 2013. Recent use and injection declined or was stable for all forms of methamphetamine (Table 3), with crystal methamphetamine being the form with the highest level of recent use, 26%, and injection, 25%. Speed powder recent use and injection, which was last year on par with crystal methamphetamine, declined this year to 16% (31% in 2013) and 15% (30% in 2013) respectively. Recent smoking of ice increased to 11% of the sample, compared to 9% in 2013 and 33% in 2012, but is still lower than historical levels (18% in 2011).

The median point price of speed powder was stable at \$100 with a slight increase in the gram price. The median point price of crystal methamphetamine was relatively stable at \$150 while a small number of respondents reported an increase in the gram price to \$1,050. All forms of methamphetamine were reported to be readily available.

Most KE discussed the methamphetamine market in Darwin, reiterating a number of the themes found in 2013. In particular, KE noted the following changes from last year:

- more people are now injecting crystal methamphetamine rather than smoking;
- there has been an increase in the number of younger people, PWID aged under 19 years, using crystal methamphetamine;
- there are more PWID for whom crystal methamphetamine is the first form of methamphetamine they have used, ie they have not transitioned from speed powder;
- there appears to be more crystal use amongst regular morphine injectors;
- there may be two principal patterns of use of crystal methamphetamine:
 - occasional, or "recreational", use among young people who maintain employment, often in a trade and/or the mining industry, and where smoking is more common, and
 - more regular use via injection, where the person is older and unemployed;
- a number of KE reported that they were aware of an emerging "cohort" of young, often Indigenous, injectors in Palmerston and outer Darwin who were not accessing services and whom services found difficult to access.

Both treatment and law enforcement felt that crystal methamphetamine use generally had become more common and that a stable market had been established, largely displacing the speed powder market.

Cocaine

Reported recent use of cocaine was reported by only two survey, remaining low as in previous years.

Cannabis

Cannabis was again the second most frequently used illicit drug. Sixty-two percent of participants reported use of cannabis over the preceding six months, on a median of 72 days, continuing a previously declining trend, with daily use common.

Both hydroponic and bush cannabis was priced at \$30 a gram, the most common amount purchased, a price that has been stable for a number of years. Both forms were reported as easy or very easy to obtain.

Methadone

In 2014, no one reported recent use of illicit methadone liquid in the preceding six months, the lowest proportion found since 2007. Sixteen percent of the sample reported recent illicit Physeptone use, a substantial increase on 2013.

A small number of respondents reported a median price of @0 for a 20 milligram Physeptone tablet.

Morphine

Recent use of morphine increased to 85% of the sample while median days of use and injection both increased to daily. Illicit morphine continued to be the form most often used over the six months before interview (71%) with recent use of licit morphine relatively stable. MS Contin was again the brand most frequently used (77%) followed by Kapanol (22%).

MS Contin 100mg and Kapanol 100mg were the forms most frequently purchased by PWID, each with a median price of \$80. Morphine price and availability was reported to have been stable, with most PWID reporting that it was easy (49%) or very easy (20%) to obtain.

As in 2013, KE noted that while morphine use patterns have been stable they felt that regular morphine users were consisted to large extent of an aging cohort, while younger injectors were increasingly likely to be using crystal methamphetamine.

Oxycodone

Twenty-four percent of respondents reported use of some form of oxycodone in the six months preceding the interview, similar to the levels found in 2012 and 2013. Recent use and injection of illicit oxycodone was relatively stable at 22% each. Median days of use and injection of both licit and illicit forms increased.

Oxycodone

As in previous years, a small but growing proportion of the NT IDRS sample reported purchasing illicit oxycodone. No participants reported purchasing 20mg oxycodone, seven reported paying a median of \$35 for 40mg oxycodone and 14 reported paying a median of \$60 for 80mg oxycodone. More than three-quarters (78%, Table 48) of

those who responded considered price to have remained stable over the preceding six months.

Oxycodone was rated as easy or very easy to obtain by 45% of the sample and difficult to obtain by 50%. Prices were reported as stable (53%) or increasing (21%), with 80mg costing a median of \$70. A majority (58%) of PWID reported that Oxycodone had become difficult to obtain.

Subutex (buprenorphine)

Recent use of illicit Subutex was reported by 17% (Table 17) of the sample, a decline on 2013 but an increase on the proportions found in previous years. Four participants reported purchasing 8mg of Subutex for a median price of \$30

Suboxone (buprenorphine naloxone)

Fifteen percent of the PWID sample reported recent use of illicit Suboxone film, compared to 7% recent use of illicit Suboxone tablets. Eight respondents reported a median last purchase price for 8mg Suboxone film of \$20. Six respondents, 75% of those able to comment, reported that prices had been stable.

Other drugs

Survey participants reported a range of other drug use, including:

- Two percent of participants reported recent ecstasy use.
- Benzodiazepine (illicit and/or licit) was used by 39% of participants in the preceding six months on a median of 45 days.
- Twelve percent of participants had recently used illicit Alprazolam and 7% had recently used licit Alprazolam.
- A majority of those able to comment reported that Alprazolam has become more difficult to obtain since it became a Schedule 8 drug.
- Hallucinogens were used by 3% of participants in the preceding six months.
- Five participants reported recent use of any form of Seroquel.
- Fifty-two percent of participants reported use of alcohol in the preceding six months, on a median of 48 days.
- Ninety-three percent of respondents reported daily use of tobacco.

Health

Twenty-five percent of the sample had overdosed on heroin at least once in their lives but no one reported a heroin overdose within the past year. Fifteen percent of the sample had overdosed on a drug other than heroin, and of those 1 had overdosed within the past year.

Seventeen percent of the sample reported current treatment (15% in 2013) and 15% reported having attended treatment within six months of interview. Fifty-two percent of the sample reported that felt that it was difficult or very difficult to access drug treatment.

Among those survey participants who had drunk alcohol in the past year, 61% scored 5 or more on the AUDIT-C, indicating that further assessment for alcohol dependence was warranted.

Of those who had recently used a stimulant and were able to complete the Severity of Dependence Scale (SDS) for the use of stimulants, 18% returned a score indicating dependence. Most of this group, 82%, did not associate their answers with a particular stimulant. Of those who had recently used an opioid were able to complete the Severity of Dependence Scale (SDS) for the use of an opioid, 53% scored 5 or above, a cut-off value typically used by researchers to indicate dependence. Most of this group (89%), related their responses to morphine.

Sharing of injecting equipment rates were higher than those found in 2013, with spoons/mixing containers and tourniquets being the most commonly shared equipment. Two percent of respondents used a needle after someone else and 22% had reused their own needle at least once. Scarring/bruising (39%) and difficulty injecting (41%) both increased and were again identified as the main injection-related problems in the month prior to interview.

Thirty-nine percent of participants had high or very high levels of distress as measured by the Kessler Psychological Distress Scale (K10). Twenty-eight percent of the survey sample reported having experienced a mental health problem in the six months prior to interview, primarily depression (12%) and anxiety (9%)..

Law enforcement and criminal behaviour

Fourteen percent of the sample had been arrested in the preceding 12 months and 19% percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing.

The number of ATS seizures increased in 2012/13, while the weight of seizures declined. The number of arrests related to ATS increased markedly. The weight of steroid seizures increased, consistent with some KE reports of increased steroid use in Darwin.

Forty-two percent of the sample had spent \$50 or more on drugs on the day prior to the interview.

Law enforcement key experts identified crystal methamphetamine as the most problematic illicit drug at the time of interview, relating its increased availability and use to an increase in crimes involving violence. They noted that more dealers were typically in possession of larger amounts of crystal methamphetamine than has been the case in previous years.

Special topics

Sixty-two percent of the survey sample reported being homeless at least once in their lifetime, 17% at the time of interview. Forty percent of those who had ever been homeless had been homeless for three or more years. Fifty-six percent of those who had been homeless had experienced violence during their last six months of homelessness.

Forty-one percent of the sample reported ever using Oxycodone in any form. Of this group, 41% had used Original OxyContin® within six months of interview while 20% had used Reformulated OxyContin®.

Survey participants reported a lifetime diagnosis for a range of illnesses, including: asthma (23%), cancer (21%), heart/circulatory conditions (15%) and stroke (14%).

1 INTRODUCTION

This report presents the results of the 2014 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 (AGDH).

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 Department of Health. 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 Department of Health (DOH) 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 22.0.

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.

Interviews were conducted on a face to face basis. KE were drawn from the following fields:

- 2 NGO treatment service workers
- 3 NSP workers
- 2 Police
- 2 ED nurses
- 7 opiate pharmacotherapy program nurse counsellors
- 1 indigenous hospital liaison worker
- 2 withdrawal service nurses
- 1 treatment service clinical nurse manager
- 1 methamphetamine family support worker

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., 1997).

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 93 participants were interviewed for the 2014 NT IDRS survey.
- The mean age was 40 years (range 23 to 63 years).
- Seventy-one percent were male.
- The majority was unemployed or on a pension.
- Seventeen percent were currently in drug treatment.
- Forty-four percent had a prison history.

As in previous years, the sample was predominantly (71%) male (Table 1). The mean age was 44 years and 77% of the respondents were unemployed or on a pension at the time of interview. Fourteen percent reported full-time employment, an increase on the 7% found in 2013 and the 3% in 2012. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was stable at 20%. Eighty-seven percent reported heterosexual status while 8% identified as bisexual and 3% as gay or lesbian. Year 10 was again the mean for years of education although 49% reported some form of post-secondary education. Reported participation in treatment increased to 17% of the sample from 13% in 2013 and 44% reported prior prison history, lower than the 57% found in 2013.

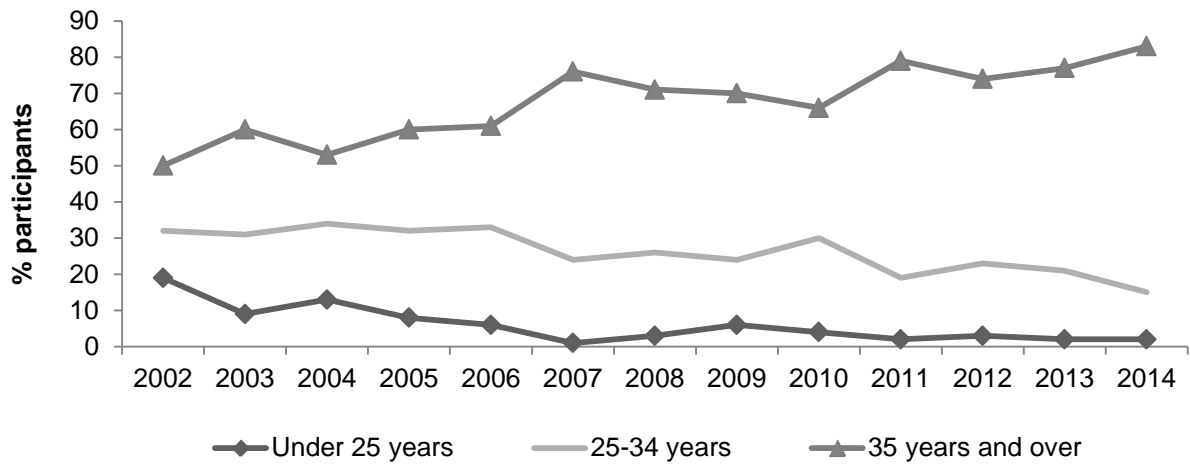
Table 1: Demographic characteristics of the participant sample, 2009-2014

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Age – mean years (range)	40 (21-61)	41 (22-63)	42 (18-63)	42 (23-62)	40 (21-60)	44 (23-63)
Sex (% male)	69	72	70	71	65	71
Employment (%)						
Not employed/on a pension	88	78	87	94	79	77
Full time	6	12	8	3	7	14
Part time/casual	4	8	4	3	11	8
Home duties	0	0	0	0	1	0
Student	0	0	0	0	1	0
Aboriginal and/or Torres Strait Islander (%)	20	21	28	28	21	20
Heterosexual (%)	90	91	90	94	87	87
Bisexual (%)	3	4	6	6	10	8
Gay or lesbian (%)	7	3	3	1	1	3
Other (%)	0	2	1	0	2	2
School education – mean no. years (range)	10 (6-12)	10 (4-12)	10 (5-12)	10 (2-12)	10 (0-12)	10 (4-12)
Tertiary education (%)						
None	42	51	54	62	45	52
Trade/technical	42	36	32	30	35	36
University/college	15	13	14	8	18	13
Currently in drug treatment (%)	8	12	4	10	13	17
Prison history (%)	55	44	44	59	57	44

Source: IDRS participant interviews

Figure 1 demonstrates that over time the proportion of IDRS participants aged 35 years and older has increased, reaching a high of 83% this year. Conversely, the proportions aged under 25 and between 25 and 34 years of age have declined, with 2% being aged under 25 this year.

Figure 1: Age distribution of participants in the NT IDRS samples, 2002-2014



Source: IDRS participant interviews

4 CONSUMPTION PATTERNS

4.1 Current drug use

Key Points

- The mean age of first injection was 22 years, with most participants reporting an amphetamine 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.

The mean age of first injection this year was 22 years (Table 2), higher than the 20 years in 2013 but average for the last 5 years. Forty-eight percent of the sample identified amphetamines as the drug first injected, lower than the 67% found in 2013 but similar to previous years. In 2013 the proportion reporting morphine as the first drug injected dropped markedly to 3% but has increased to 22% this year, higher than the result from earlier years. Morphine (48%) was the most frequently reported drug of choice, followed by heroin (28%). The proportion reporting methamphetamine (12%) as their drug of choice was lower than the proportions found in the previous three years although the popularity of crystal methamphetamine had increased slightly.

Morphine was again the drug most often injected in the past month (79%) and the most recent drug injected (72%), followed in each case by methamphetamine (14% and 15% respectively). Also, this year crystal methamphetamine replaced speed powder as the form of methamphetamine injected most often in the last month (9%) and the most recent drug injected (10%).

The frequency of injecting in the month before interview showed small changes compared to 2013, with 'once a day' (34%) and '2-3 times per day' (31%) being the most reported categories.

Table 2: Injection history, drug preferences and polydrug use, 2010-2014

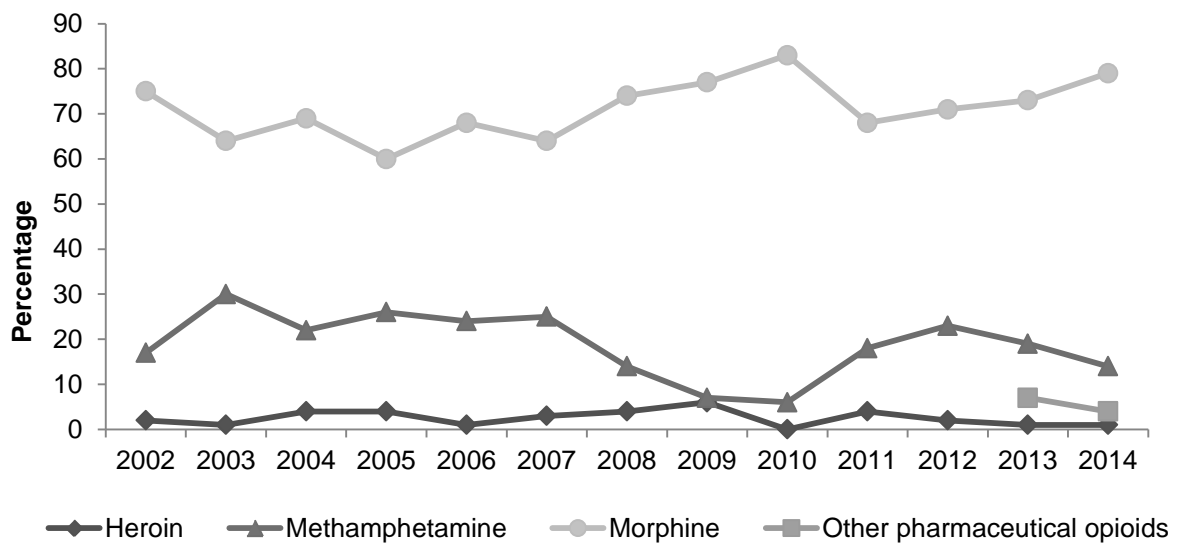
	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Age first injection – mean years (range)	22 (12-48)	24 (12-54)	24 (10-54)	20 (12-45)	22 (10-45)
First drug injected (%)					
Heroin	32	30	28	25	20
Amphetamines	51	52	50	67	48
Cocaine	0	0	0	0	1
Morphine	12	16	18	3	22
Drug of choice (%)					
Heroin	26	30	21	43	28
Morphine	44	36	46	26	48
Cocaine	4	0	2	0	4
Methamphetamine (any form)	8	17	22	18	12
<i>Speed</i>	6	15	21	14	8
<i>Base</i>	0	0	1	0	0
<i>Crystal methamphetamine</i>	2	2	0	3	4
Benzodiazepines	0	1	0	0	0
Cannabis	4	7	6	2	1
Drug injected most often in last month (%)					
Heroin	0	4	2	1	1
Cocaine	0	0	0	0	0
Methamphetamine (any form)	6	18	24	19	14
<i>Speed</i>	5	15	23	15	5
<i>Base</i>	0	0	0	0	0
<i>Crystal methamphetamine</i>	1	3	1	3	9
Benzodiazepines	0	1	0	0	0
Morphine	83	68	71	73	79
Other pharmaceutical opioids	-	-	-	7	4
Most recent drug injected (%)					
Heroin	1	3	2	0	1
Cocaine	0	0	0	0	0
Methamphetamine (any form)	7	19	23	20	15
<i>Speed</i>	6	17	21	15	5
<i>Base</i>	0	0	0	0	0
<i>Crystal methamphetamine</i>	1	2	2	4	10
Benzodiazepines	2	1	1	0	0
Morphine	79	68	66	71	72
Other pharmaceutical opioids	-	-	-	7	7
Frequency of injecting in last month (%)					
Not injected in last month	1	0	3	2	0
Weekly or less	17	20	14	23	17
More than weekly, but less than daily	18	15	15	16	16
Once per day	28	26	40	28	34
2-3 times a day	35	37	29	30	31
>3 times a day	0	2	1	1	1

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 that while the proportions reporting heroin, methamphetamine and morphine as the drug injected most often in the last month have fluctuated over time, morphine continues to be the most prominent.

Figure 2: Drug injected most last month, 2002-2014



Source: IDRS participant interviews

Polydrug use histories and routes of administration are shown in Table 3. The most commonly used illicit drug in 2014 was non-prescribed morphine, at 85%. This group used morphine on a median of 135 days. At 62%, cannabis was again the next most commonly used illicit drug, slightly lower than the 2013 result (67%).

Table 3: Polydrug use history of the participant sample, 2014 (2013 in brackets)

Drug class	Used			Injected			Smoked		Snorted		Swallowed	
	Ever ¹	Recent ²	Days ³	Ever	Recent	Days	Ever	Recent	Ever	Recent	Ever	Recent
Heroin	79 (81)	7 (17)	11 (3)	73 (79)	7 (17)	11 (3)	13 (15)	0 (0)	9 (7)	0 (0)	7 (7)	1 (0)
Homebake heroin	20 (30)	0 (4)	0 (5)	17 (31)	0 (4)	0 (5)	3 (1)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)
Any heroin (inc. homebake)	79 (81)	7 (18)	11 (3)	73 (79)	7 (18)	11 (3)	13 (17)	0 (0)	9 (7)	0 (0)	7 (6)	1 (0)
Methadone (prescribed)	23 (32)	5 (4)	180 (135)	8 (20)	0 (2)	0 (46)					19 (26)	5 (2)
Methadone (not prescribed)	31 (41)	0 (10)	0 (3)	30 (32)	0 (9)	0 (2)					14 (15)	0 (1)
Physeptone (prescribed)	15 (11)	7 (4)	114 (180)	9 (8)	2 (3)	114 (90)					11 (10)	7 (4)
Physeptone (not prescribed)	40 (28)	16 (7)	4 (2)	36 (24)	16 (6)	4 (2)					9 (10)	1 (2)
Any methadone (inc. Physeptone)	65 (59)	24 (19)	13 (30)	47 (45)	17 (14)	5 (5)					36 (41)	10 (15)
Subutex (prescribed)	19 (17)	7 (1)	144 (2)	4 (6)	1 (0)	138 (0)					18 (15)	7 (1)
Subutex (not prescribed)	23 (29)	12 (20)	15 (15)	12 (19)	8 (13)	2 (48)					15 (13)	7 (9)
Any form Subutex	33 (35)	17 (21)	36 (14)	13 (19)	9 (13)	6 (48)					27 (25)	12 (10)
Suboxone tablet (prescribed)	18 (15)	4 (1)	42 (4)	1 (1)	0 (0)	0 (0)					18 (15)	4 (1)
Suboxone tablet (not prescribed)	14 (17)	7 (1)	15 (3)	7 (10)	3 (7)	1 (4)					23 (10)	3 (7)
Any form Suboxone tablet	27 (17)	9 (1)	24 (4)	7 (10)	3 (7)	1 (2)					41 (15)	5 (7)
Suboxone film (prescribed)	16 (9)	11 (6)	180 (150)	1 (0)	0 (0)	0 (0)					0	0
Suboxone film (not prescribed)	26 (13)	15 (12)	5 (4)	9 (7)	5 (7)	7 (20)					8	7
Any form Suboxone film	37 (13)	26 (12)	9 ()	9 (7)	5 (7)	7 (20)					8	7
Morphine (prescribed)	48 (45)	30 (21)	180 (180)	42 (39)	29 (19)	180 (150)	0 (0)	0 (0)	0 (0)	0 (0)	22 (23)	13 (9)
Morphine (not prescribed)	87 (81)	80 (74)	135 (90)	85 (80)	79 (73)	143 (90)	0 (0)	0 (0)	0 (0)	0 (0)	12 (11)	10 (8)
Any morphine	96 (91)	85 (80)	180 (105)	93 (88)	84 (78)	180 (120)	0 (0)	0 (0)	0 (0)	0 (0)	26 (28)	17 (13)
Oxycodone (prescribed)	10 (19)	3 (9)	180 (64)	8 (10)	2 (3)	180 (30)					9 (12)	2 (8)
Oxycodone (not prescribed)	38 (34)	22 (23)	11 (6)	38 (32)	22 (23)	10 (6)					9 (9)	4 (6)
Any oxycodone	41 (44)	24 (28)	11 (7)	39 (35)	23 (23)	10 (6)					12 (17)	5 (9)
OTC codeine	24 (32)	11 (22)	12 (6)	3 (0)	0 (0)	0 (0)					20 (32)	11 (22)
Other opioids (not elsewhere classified)	57 (42)	25 (20)	7 (9)	3 (2)	1 (0)	3 (0)					55 (40)	24 (20)

¹ Includes injection, smoking, snorted, ingested. ² Within six months of interview. ³ Median days of use in the last six months.

Source: IDRS participant interviews

Table 3 continued: Polydrug use history of the participant sample, 2014 (2013 in brackets)

Drug class	Used			Injected			Smoked		Snorted		Swallowed	
	Ever ¹	Recent ²	Days ³	Ever	Recent	Days	Ever	Recent	Ever	Recent	Ever	Recent
Speed	70 (78)	16 (31)	6 (12)	67 (77)	15 (30)	7 (12)	10 (13)	3 (1)	14 (14)	0 (2)	10 (14)	2 (1)
Base/point/wax	16 (30)	4 (7)	4 (4)	16 (26)	3 (7)	5 (4)	2 (1)	1 (0)	2 (2)	0 (0)	1 (6)	0 (0)
Ice/shabu/crystal	48 (55)	26 (30)	14 (10)	46 (51)	25 (25)	8 (10)	17 (20)	11 (9)	1 (4)	0 (0)	0 (4)	0 (1)
Amphetamine liquid	10 (24)	2 (7)	4 (3)	10 (22)	2 (6)	4 (2)					1 (3)	0 (1)
Any form methamphetamine ⁴	77 (87)	37 (43)	10 (18)	75 (86)	33 (43)	10 (20)	25 (24)	14 (0)	15 (18)	0 (2)	10 (19)	2 (19)
Pharmaceutical stimulants (prescribed)	8 (9)	3 (3)	180 (4)	3 (4)	2 (1)	105 (90)	0 (1)	0 (0)	0 (2)	0 (1)	7 (4)	2 (3)
Pharmaceutical stimulants (not prescribed)	38 (33)	20 (15)	4 (2)	27 (23)	17 (9)	5 (3)	0 (1)	0 (0)	0 (3)	0 (1)	22 (15)	8 (9)
Any form pharmaceutical stimulants	41 (37)	24 (18)	7 (2)	28 (25)	19 (10)	7 (3)	0 (2)	0 (0)	0 (0)	0 (0)	24 (21)	10 (12)
Cocaine	38 (48)	2 (7)	3 (7)	24 (25)	2 (3)	3 (1)	8 (10)	0 (0)	19 (24)	0 (4)	7 (10)	0 (0)
Hallucinogens	46 (52)	3 (17)	1 (2)	4 (6)	3 (0)	- (0)	2 (1)	1 (0)	1 (2)	1 (1)	43 (48)	1 (15)
Ecstasy	44 (46)	4 (14)	2 (6)	16 (21)	2 (4)	4 (5)	0 (1)	0 (0)	1 (10)	0 (3)	39 (43)	3 (14)
Alprazolam (prescribed)	18 (25)	7 (7)	24 (10)	8 (7)	2 (2)	18 (3)	0 (0)	0 (0)	0 (0)	0 (0)	16 (25)	5 (4)
Alprazolam (not prescribed)	18 (43)	12 (18)	6 (4)	15 (13)	5 (4)	12 (16)	0 (0)	0 (0)	0 (0)	0 (0)	26 (35)	9 (14)
Other benzodiazepines (prescribed)	39 (42)	22 (21)	72 (90)	4 (3)	2 (1)	3 (180)	0 (1)	0 (0)	0 (1)	0 (0)	38 (41)	22 (21)
Other benzodiazepines (not prescribed)	28 (33)	14 (15)	40 (19)	4 (7)	0 (15)	0 (0)	0 (2)	0 (0)	0 (2)	0 (0)	27 (32)	14 (15)
Any form any benzodiazepines	63 (69)	39 (39)	45 (40)	24 (20)	8 (7)	4 (17)	0 (2)	0 (0)	0 (0)	0 (0)	59 (66)	37 (0)
Seroquel (prescribed)	7 (9)	4 (6)	101 (180)	0 (0)	0 (6)	0 (0)					7 (9)	4 (6)
Seroquel (not prescribed)	17 (13)	5 (4)	2 (13)	0 (0)	0 (0)	0 (0)					17 (13)	5 (4)
Any form Seroquel	22 (20)	10 (9)	5 (72)	0 (0)	0 (0)	0 (0)					22 (20)	10 (0)

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

Source: IDRS participant interviews

Table 3 continued: Polydrug use history of the participant sample, 2014 (2013 in brackets)

Drug class	Used			Injected			Smoked		Snorted		Swallowed	
	Ever ¹	Recent ²	Days ³	Ever	Recent	Days	Ever	Recent	Ever	Recent	Ever	Recent
Steroids	8 (4)	2 (1)	110 (30)	5 (2)	0 (0)	0 (0)					3 (1)	2 (1)
Alcohol	84 (89)	52 (58)	48 (90)	1 (3)	0 (0)	0 (0)					84 (89)	52 (58)
Cannabis	85 (84)	62 (67)	72 (180)				83 (81)	61 (66)			10 (13)	0 (3)
Inhalants	13 (14)	1 (6)	48 (5)									
Tobacco	95 (96)	93 (89)	180 (180)									
Fentanyl	24 (21)	7 (9)	3 (1)	16 (14)	4 (8)	3 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
NPS	4 (7)	1 (4)	1 (5)	3 (4)	0 (3)	0 (7)	0 (0)	0 (0)	0 (2)	0 (1)	1 (1)	1 (1)
Synthetic cannabis	18 (18)	1 (8)	1 (1)	0 (0)	0 (0)	0 (0)	18 (18)	1 (8)	0 (0)	0 (0)	1 (0)	0 (0)

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

Source: IDRS participant interviews

4.2 Heroin

Key Points

- Seven 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.

Heroin use and injection (7% each, Table 4) declined compared to 2013, after three years of increase. The median days of use and injection increased.

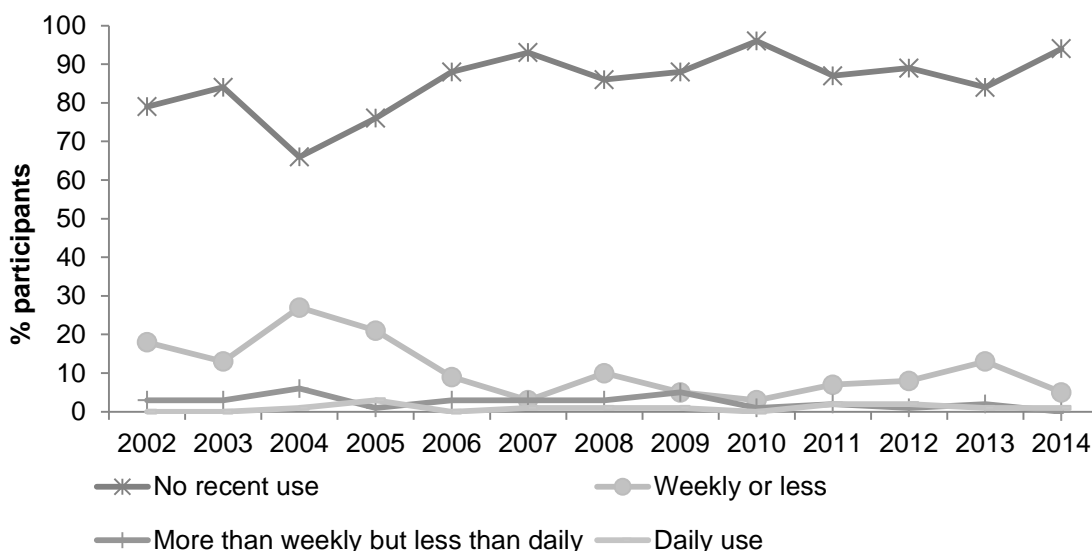
Table 4: Selected trends in participant heroin use, 2005-2014

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=124	2013 N=91	2014 N=93
Used last 6 months (%)	24	12	7	14	13	5	9	11	17	7
Injected last 6 months (%)	24	12	7	14	8	5	9	11	17	7
Days used last 6 months (median)	4	13	30	27	17	4	21	5	3	11
Days injected last 6 months (median)	3	13	30	26	9	4	21	5	3	11

Source: IDRS participant interviews

The most common pattern of use among those who reported recent heroin use was weekly or less (Figure 3). The proportion of the sample reporting no recent heroin use has fluctuated around 90% since 2006.

Figure 3: Patterns of heroin use by participants, 2002-2014



Source: IDRS participant interviews

Table 5 demonstrates that white powder was the main form of heroin used in the previous six months, as was the case in the years before 2013, although at a lower level.

Table 5: Forms of heroin used in previous six months by participants, 2009-2014

		2009 N=99		2010 N=99		2011 N=98		2012 N=124		2013 N=91		2014 N=93	
		Used	Most often	Used	Most often	Used	Used	Most often	Most often	Used	Most often	Used	Most often
Powder	white/off-white	2	2	0	0	6	6	11	7	5	4	3	3
	brown	1	1	1	1	1	0	0	0	4	0	0	0
	other colour	1	1	2	0	0	0	0	0	0	1	0	0
Rock	white/off white	6	6	1	1	0	0	4	4	4	4	1	1
	brown	2	2	0	1	2	1	0	0	7	6	2	2
	other colour	0	0	1	1	2	2	0	0	0	1	0	0
Homebake		2	2	5	5	2	2	1	1	4	0	0	0

Source: IDRS participant interviews

4.2.1 KE comment

As in previous years, most KE consistently stated that they had only encountered heroin use occasionally. They stated that heroin was periodically available in Darwin, usually for short periods only, and was expensive compared to interstate prices. Treatment provider KE could not recall any clients entering treatment for heroin as a principal drug, although most thought that a high proportion of other-opiate users would have some history of heroin use.

4.3 Methamphetamine

Key Points

- More than one third of the sample reported using some form of methamphetamine in the preceding six months, on a median of 10 days.
- Injecting remained the main route of administration.
- Recent use of crystal methamphetamine exceeded that of speed powder, corroborating Key Expert reports that 'ice' is now the most prevalent form in the NT.

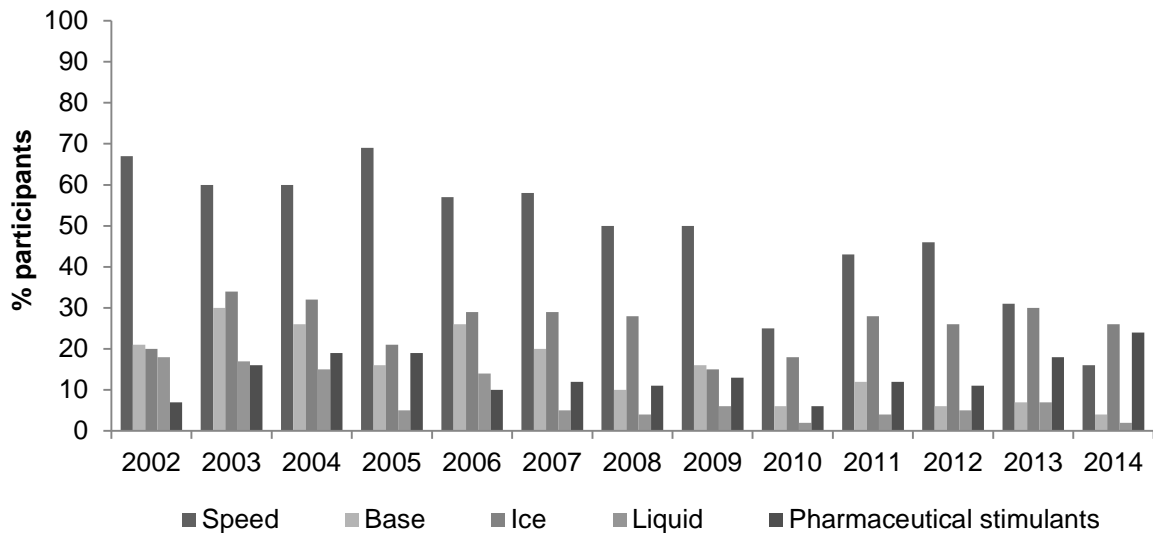
In 2014, 37% (Table 3) of participants reported use of some form of methamphetamine, on a median of 10 days, a decrease on the results found in 2013 (43% and 18 days respectively).

The proportions of the sample reporting recent use and injection declined or was stable for all forms of methamphetamine (Table 3), with crystal methamphetamine being the form with the highest level of recent use, 26%, and injection, 25%. Speed powder recent use and injection, which was last year on par with crystal methamphetamine, declined this year to 16% (31% in 2013) and 15% (30% in 2013) respectively.

Injecting continues to be the main route of administration for all forms of methamphetamine. Recent smoking of ice increased to 11% of the sample, compared to 9% in 2013 and 33% in 2012, but is still lower than historical levels (18% in 2011).

Figure 4 shows that over time, recent use of speed powder has tended to decline while recent use of crystal and pharmaceutical stimulants has increased.

Figure 4: Reports of methamphetamine and pharmaceutical stimulant use in the past six months, 2002-2014

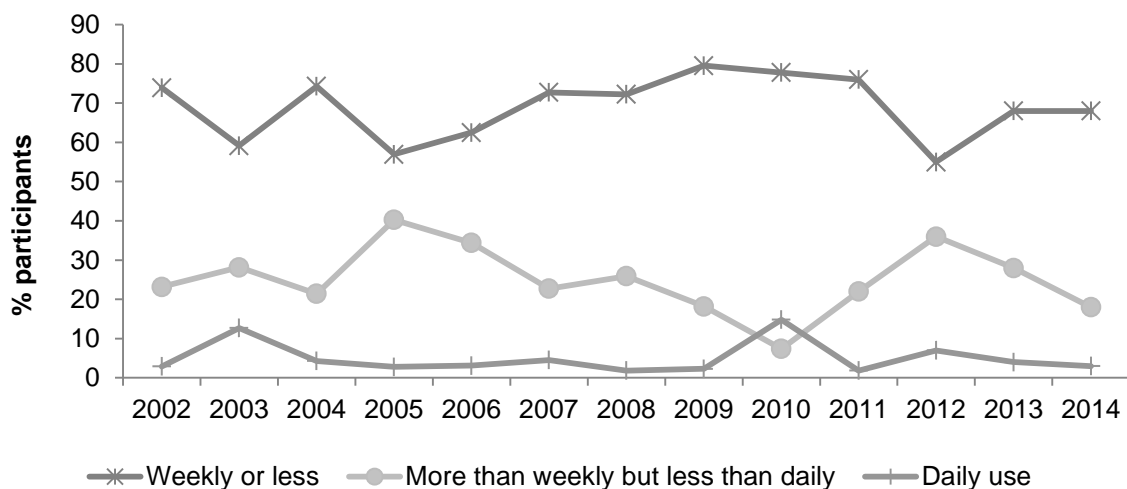


Source: IDRS participant interviews

Note: Pharmaceutical stimulants includes licit use of prescription amphetamine

Daily use (Figure 5) of methamphetamines remains rare among the IDRS sample, with use weekly or less being the most common frequency.

Figure 5: Methamphetamine use among recent users (any form), 2002-2014

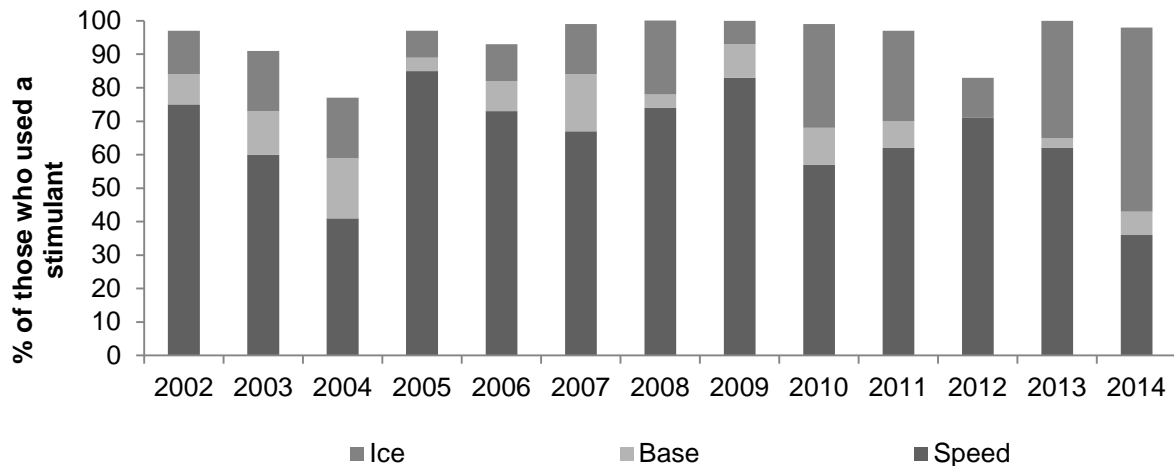


Source: IDRS participant interviews

Note: Data prior to 2005 also include prescription stimulants

Figure 6 shows that among those who recently used methamphetamines (i.e. excluding liquid and pharmaceutical stimulants) crystal methamphetamine use has increased relative to speed powder use.

Figure 6: Methamphetamine form most used in the preceding six months, among recent methamphetamine users, 2002-2014



Source: IDRS participant interviews

4.3.1 KE comment

Most KE discussed the methamphetamine market in Darwin, reiterating a number of the themes found in 2013. In particular, KE noted the following changes from last year:

- more people are now injecting crystal methamphetamine rather than smoking;
- there has been an increase in the number of younger people, PWID aged under 19 years, using crystal methamphetamine;
- there are more PWID for whom crystal methamphetamine is the first form of methamphetamine they have used, ie they have not transitioned from speed powder;
- there appears to be more crystal use amongst regular morphine injectors;
- there may be two principal patterns of use of crystal methamphetamine:
 - occasional, or "recreational", use among young people who maintain employment, often in a trade and/or the mining industry, and where smoking is more common, and
 - more regular use via injection, where the person is older and unemployed;
- a number of KE reported that they were aware of an emerging "cohort" of young, often Indigenous, injectors in Palmerston and outer Darwin who were not accessing services and whom services found difficult to access.

Both treatment and law enforcement felt that crystal methamphetamine use generally had become more common and that a stable market had been established, largely displacing the speed powder market.

4.4 Cocaine

Key Points

- Reports of recent cocaine use remain low.
- Most KE had not received any reports of cocaine use.

Recent use of cocaine remained low in the IDRS sample (2%, Table 6).

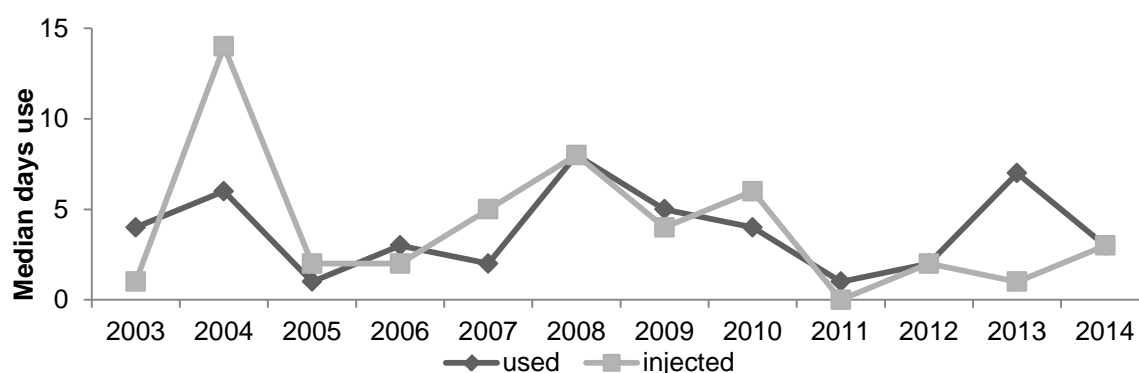
Table 6: Selected trends in participants' cocaine use, 2007-2014

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Used last 6 months (%)	9	3	12	4	1	4	7	2
Injected last 6 months (%)	8	3	8	4	0	2	3	2
Days used last 6 months (median)	2	8	5	6	1	2	7	3
Days injected last 6 months (median)	5	8	4	6	0	2	1	3

Source: IDRS participant interviews

Figure 7 shows that cocaine use and injection in Darwin has fluctuated over time.

Figure 7: Median days cocaine use in the past six months, 2003-2014



Source: IDRS participant interviews

Recent use of the different forms of cocaine shows no clear pattern for this year.

Table 7: Forms of cocaine used previous six months, % participants, 2007-2014

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=91		2014 N=93	
	Used	Most often	Used	Most often	Used	Most often	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	3	2	6	6	2	1
Rock	-	-	0	0	4	2	0	1	0	0	0	2	2	1	1	0
Crack	1	0	1	1	0	0	1	0	0	0	1	1	1	0	1	1

Source: IDRS participant interviews

4.5 Cannabis

Key Points

- Sixty-two percent of participants had used cannabis in the preceding six months.
- Cannabis was smoked by participants on a median of 72 days.
- Hydroponically grown cannabis (hydro) continued to be the form most commonly used, followed by bush cannabis.
- KE tended to describe the cannabis market as stable.

Sixty-two percent of participants reported use of cannabis over the preceding six months, on a median of 72 days (Table 8) continuing a previously declining trend.

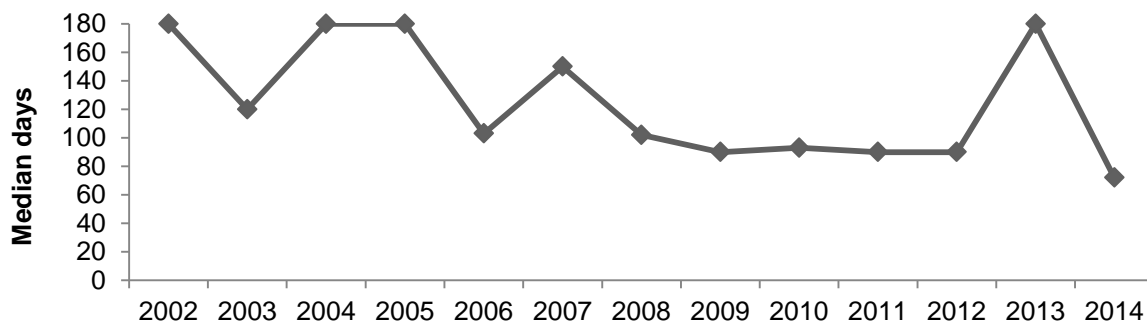
Table 8: Selected trends in participants' cannabis use, 2005-2014

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Used last 6 months (%)	79	84	83	78	78	72	71	71	67	62
Days used last 6 months (median)	180	103	150	102	90	93	90	90	180	72

Source: IDRS participant interviews

Figure 8 illustrates that the median number of days of recent use of cannabis remained stable between 2008 and 2012, jumping up in 2013, returning to previous levels this year.

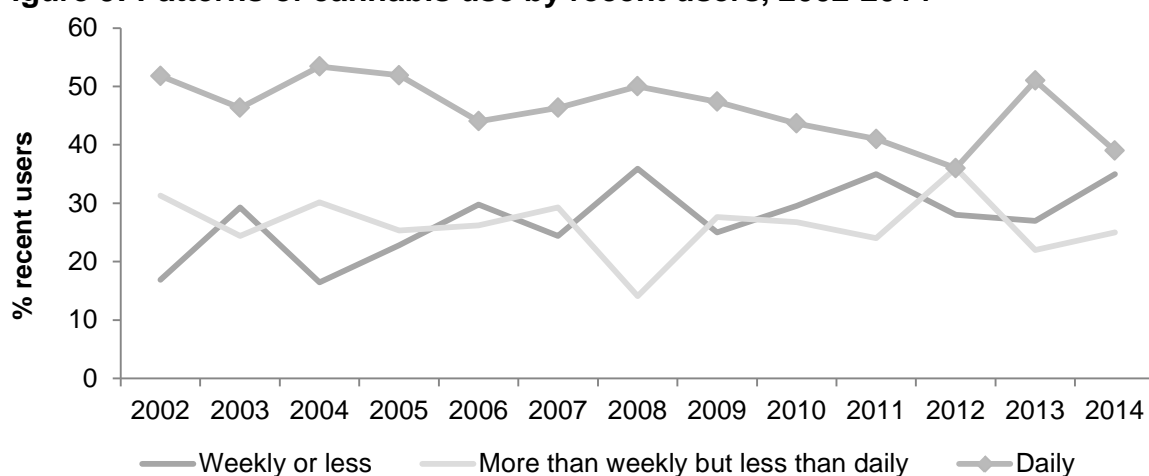
Figure 8: Median number of days of cannabis use in the past six months, 2002-2013



Source: IDRS participant interviews

Over the period shown in Figure 9, patterns of cannabis use have fluctuated with daily use declining and weekly or less use increasing.

Figure 9: Patterns of cannabis use by recent users, 2002-2014



Source: IDRS participant interviews

As in previous years, hydroponic cannabis was the form most commonly and most often used (Table 9). Hash and hash oil were used by small proportions of the sample

Table 9: Forms of cannabis used previous six months (% entire sample) and main form (% recent use), 2007-2014

	2007 N=106		2008 N=103		2009 N=99		2010 N=99*		2011 N=98		2012 N=125		2013 N=91		2014 N=93	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often*	Used	Most often	Used	Most often
Hydro	74	91	97	92	96	96	69	78	62	88	66	73	63	88	57	89
Bush	48	9	69	8	29	5	37	10	21	11	29	10	24	12	30	11
Hash	11	0	40	0	3	0	11	0	9	2	3	0	7	0	3	0
Hash oil	7	0	24	0	4	0	6	0	5	0	2	0	2	0	1	0

* some recent users responded 'don't know'.

Source: IDRS participant interviews

4.5.1 KE comment

All KE reported that cannabis use is very common in Darwin. Cannabis was rated as very easy to obtain – “freely available” – by all KE, with estimated prices agreeing with the results presented later in this report. Cannabis was reported to be the main illicit drug used by Indigenous people, often in combination with alcohol. KE consistently described the cannabis market and cannabis use patterns as "stable".

4.6 Other opioids

Key Points

- Morphine remained the opioid most frequently used by participants, with 85% 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 Physeptone was used by 16% of participants in the preceding six months.
- Illicitly obtained oxycodone was used by 22% of participants in the preceding six months, on a median of 11 days.
- Illicitly obtained Subutex was used by 17% of participants in the preceding six months, on a median of 36 days.
- Over-the-counter (OTC) codeine was used by 11% of participants in the preceding six months, on a median of 12 days.

4.6.1 Methadone

In 2014, no one reported recent use of illicit methadone liquid in the preceding six months, the lowest proportion found since 2007 (Table 10). Sixteen percent of the sample reported recent illicit Physeptone use, a substantial increase on 2013.

Table 10: Forms of methadone used previous six months, 2007-2014 (%)

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=913		2014 N=93	
	Used	Most often	Used	Most often	Used	Most often	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	4	2	4	4	5	5
Illicit	17	4	25	16	15	10	11	1	11	5	11	11	10	6	0	0
Physeptone																
Licit	9	2	3	1	6	4	8	7	5	5	2	1	4	3	7	3
Illicit	26	12	36	26	22	9	26	17	27	20	19	14	7	4	16	13

Source: IDRS participant interviews

For illicit Physeptone tablets, a pattern of weekly or less use was again the most common frequency reported (Table 11).

Table 11: Frequency of methadone use in previous six months, 2004-2014(%)

	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Illicit methadone syrup											
No recent use	78	80	84	70	78	86	92	88	90	91	100
Weekly or less	20	17	13	22	18	11	7	7	9	6	-
More than weekly	2	4	3	9	3	1	1	2	1	2	-
Daily	1	0	0	0	1	1	0	0	1	1	-
Illicit physeptone											
No recent use	79	68	74	76	70	79	75	74	81	94	85
Weekly or less	18	23	22	23	27	17	18	26	18	6	12
More than weekly	1	8	3	1	2	2	6	0	1	0	2
Daily	2	0	1	0	1	1	1	0	1	0	1

Source: IDRS participant interviews

4.6.2 Morphine

Recent use of morphine increased to 85% (Table 12) of the sample while median days of use and injection both increased to daily.

Table 12: Selected trends in participants' morphine use, 2005-2014

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Used last 6 months (%)	80	81	82	89	70	91	81	77	80	85
Injected last 6 months (%)	79	81	76	87	70	91	78	74	78	84
Days used last 6 months (median)	140	180	180	133	180	180	180	180	105	180
Days injected last 6 months (median)	120	180	180	130	120	155	180	180	120	180

Source: IDRS participant interviews

Illicit morphine continued to be the form most often used over the six months before interview (71%, Table 13) with recent use of licit morphine relatively stable. MS Contin was again the brand most frequently used (77%) followed by Kapanol (22%).

Table 13: Forms and brands of morphine used previous six months, 2008-2013

%	2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=91		2014 N=93	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	19	16	26	26	24	16	28	18	23	24	21	21	23	21
Illicit	85	73	61	43	89	73	73	60	68	75	74	71	77	71
Brand*														
MS Contin	81		52		81		79		75		73		77	
Kapanol	12		13		9		13		16		19		22	
Anamorph	3		3		1		0		0		0		0	
Other/generic	2		1		8		3		1		0		1	

*'Don't know' excluded.

Source: IDRS participant interviews

Daily use of illicit morphine in the previous six months increased to 36% (Table 14) of the sample from 24% in 2013.

Table 14: Frequency of morphine use in previous six months, 2010-2014

	2010 N=99			2011 N=98			2012 N=125			2013 N=91			2014 N=93		
	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit
No recent use	9	15	79	19	28	72	24	34	78	34	15	80	16	20	70
Weekly or less	14	20	1	14	20	5	8	13	1	19	20	1	14	15	3
More than weekly	29	37	5	19	22	7	21	20	10	23	41	8	18	28	8
Daily	48	8	15	47	30	15	47	32	11	37	24	11	53	36	19

Source: IDRS participant interviews

4.6.3 Oxycodone

Twenty-four percent (Table 15) of respondents reported use of some form of oxycodone in the six months preceding the interview, similar to the levels found in 2012 and 2013. Recent use and injection of illicit oxycodone was relatively stable at 22% each. Median days of use and injection of both licit and illicit forms increased.

Table 15: Selected trends in participants' recent oxycodone use, 2010-2014 (%)

	2010 N=99			2011 N=98			2012 N=125			2013 N=91			2014 N=93		
	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any
Used last 6 months	12	22	33	8	26	32	7	19	22	9	23	28	3	22	24
Injected last 6 months	8	20	27	6	23	27	4	18	19	3	23	23	2	22	23
Days used last 6 months (median)	126	5	7	72	3	72	5	4	4	64	6	7	180	11	11
Days injected last 6 months (median)	180	5	7	72	3	5	5	3	3	30	6	6	180	10	10

Source: IDRS participant interviews

Illicit oxycodone was the form most used by the sample (22%, Table 16) and Oxycontin was again the main brand used (19%), consistent with previous years.

Table 16: Forms of oxycodone used previous six months, 2009-2014 (%)

	2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=91		2014 N=93	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	9	9	12	12	8	7	7	6	9	8	3	4
Illicit	35	31	22	20	26	24	19	16	23	19	22	18
Main brand used												
Generic	1						1		1		1	
Oxycontin	23		26		27		12		23		19	
Endone	4		1		2		2		1		0	

Source: IDRS participants interviews

4.6.4 Subutex

Recent use of illicit Subutex was reported by 17% (Table 17) of the sample, a decline on 2013 but an increase on the proportions found in previous years. The proportion of the sample reporting recent injection also declined.

Table 17: Selected trends in illicit Subutex use, 2007-2014

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Used last 6 months (%)	5	18	5	8	8	12	20	17
Injected last 6 months (%)	5	11	3	6	5	7	13	9
Days used last 6 months (median)	3	7	2	7	6	2	15	36
Days injected last 6 months (median)	3	6	1	7	8	3	0	6

Source: IDRS participant interviews

Weekly or less was the most common pattern of use reported for illicit Subutex 2013.

Table 18: Frequency of illicit Subutex use in previous six months, 2007-2014 (%)

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
No recent use	95	83	94	92	90	90	79	89
Weekly or less	5	13	4	6	8	10	13	7
More than weekly	0	4	0	2	0	0	6	3
Daily	0	1	1	0	0	0	2	1

Source: IDRS participant interviews

Recent use of illicit Subutex declined (Table 19) while recent use of licit Subutex increased, although illicit use was more frequent. The proportion of respondents who have reported use of illicit Subutex has exceeded those who reported use of licit Subutex since 2008.

Table 19: Forms of Subutex used in the previous six months, 2007-2014 (%)

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=91		2014 N=93	
	Used	Most often	Used	Most often	Used	Most often	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	3	4	1	1	7	5
Illicit	5	3	18	16	5	5	8	8	8	6	10	8	20	20	12	11

Source: IDRS participant interviews

4.6.5 Over-the-counter codeine

Eleven percent (Table 20) of the sample reported recent use of over-the-counter (OTC) codeine, considerably lower than the proportions found in previous years.

Table 20: OTC codeine use characteristics, 2009-2014 (%)

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
% used last six months	35	35	52	19	22	11
median days used last six months	16	14	18	10	71	12
% injected drug last six months	2	1	1	1	0	0
median days injected last six months	13	10	72*	24	0	0
Brands						
Mersyndol	1	6	5	2	6	1
Nurofen Plus	15	12	16	6	7	0
Panadeine	10	9	5	2	3	1
Panafen Plus	2	1	6	2	0	0
Panamax Co	1	0	1	1	0	0
Other	1	5	5	3	6	7

* One respondent only

Source: IDRS participant interviews

4.6.6 KE comment

Morphine was mentioned to some extent by all KE, more prominently by health KE than by law enforcement KE.

Health KE reported that morphine was readily available and that its use continued to be common, although noting that it had to some extent been supplanted by methamphetamine as the drug of most concern to treatment providers. They reported that a client presenting with a pattern regular morphine use, usually injection, was likely to be older than a typical methamphetamine user and to have a longer history of morphine use. A number of health KE felt that there was a “crowd” or “cohort” of regular morphine users who were aging and that younger illicit drug users were more likely to be involved with methamphetamine. Similarly, law enforcement KE commented that morphine was usually dealt by older, white males.

Generally, the market characteristics of morphine in Darwin, such as price, availability and form, were reported to have been stable over time and consistent with the results of the injecting drug user survey.

Health KE reported that while MS Contin continued to be the main type of opioid used, they had noticed an increased use of Suboxone and over-the-counter drugs, Neurophen Plus in particular.

4.7 Other drugs

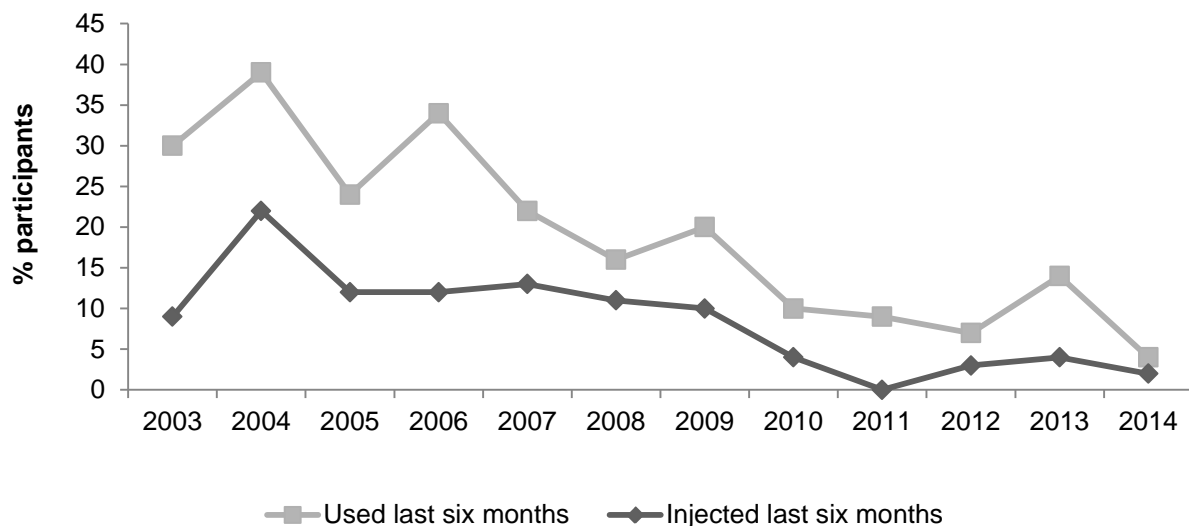
Key Points

- Only two percent of participants reported recent ecstasy use.
- Any form of benzodiazepine (illicit and/or licit) was used by 39% of participants in the preceding six months on a median of 45 days.
- Twelve percent of participants had recently used illicit Alprazolam and 7% had recently used licit Alprazolam.
- A majority of those able to comment reported that Alprazolam has become more difficult to obtain since it became a Schedule 8 drug.
- Hallucinogens were used by 3% of participants in the preceding six months.
- Five participants reported recent use of any form of Seroquel.
- Fifty-two percent of participants reported use of alcohol in the preceding six months, on a median of 48 days.
- Ninety-three percent of respondents reported daily use of tobacco.

4.7.1 Ecstasy

Recent use and injection of ecstasy show fluctuating declines over the period shown (Figure 10), reaching low levels this year.

Figure 10: Proportion of participants reporting ecstasy use and injection in the preceding six months, 2003-2014

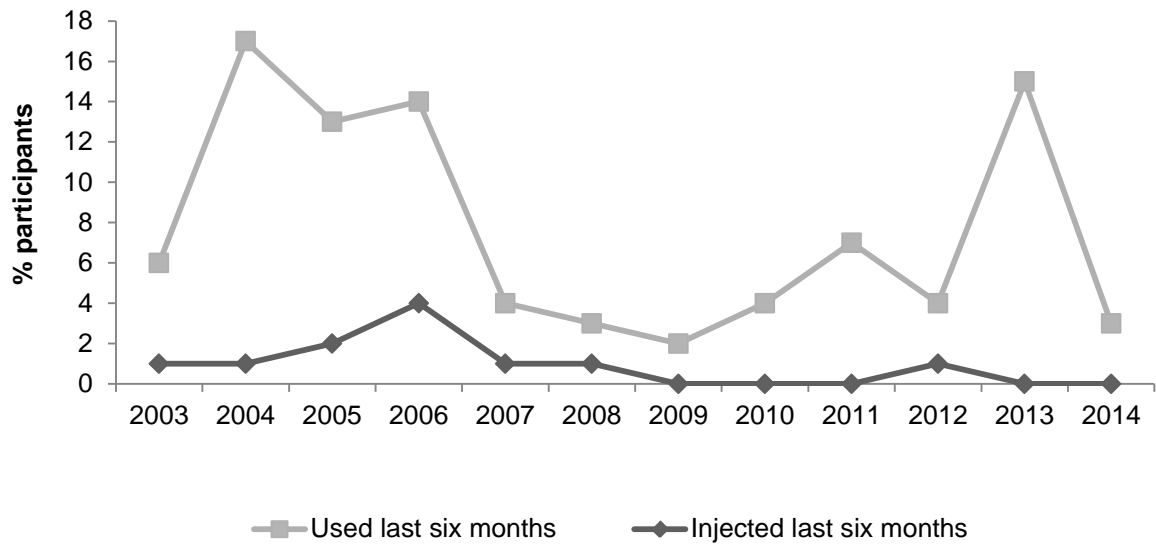


Source: IDRS participant interviews

4.7.2 Hallucinogens

Recent use of hallucinogens by participants over time shows considerable fluctuation, returning this year to a level seen previously after a substantial increase in 2013 (Figure 11).

Figure 11: Proportion of participants reporting hallucinogen use and injection in the preceding six months, 2003-2014



Source: IDRS participant interviews

No LSD use was reported this year, in marked contrast to previous years (Table 21).

Table 21: Hallucinogen forms most used, 2008-2014

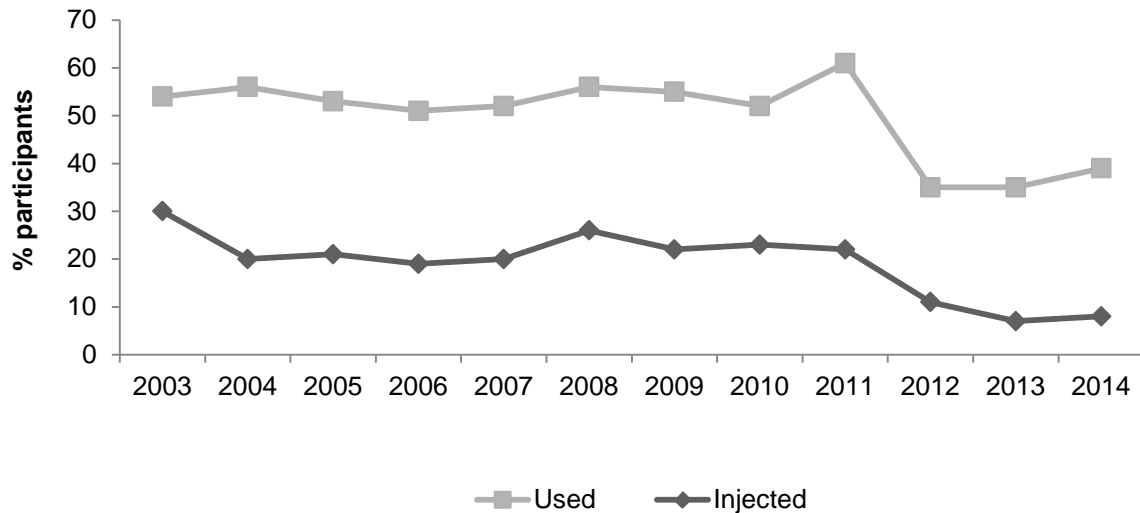
	2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=91		2014 N=93	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
LSD	3	3	2	2	4	3	5	5	4	4	14	12	0	0
Mushrooms	0	0	0	0	0	0	2	2	3	1	6	1	1	1
Other	0	0	0	0	0	0	0	0	0	0	2	2	2	2

Source: IDRS participant interviews

4.7.3 Benzodiazepines

Recent use of benzodiazepines showed a small increase on 2013, (Figure 12), although remaining lower than the result found in earlier years. Recent injection of benzodiazepines was stable.

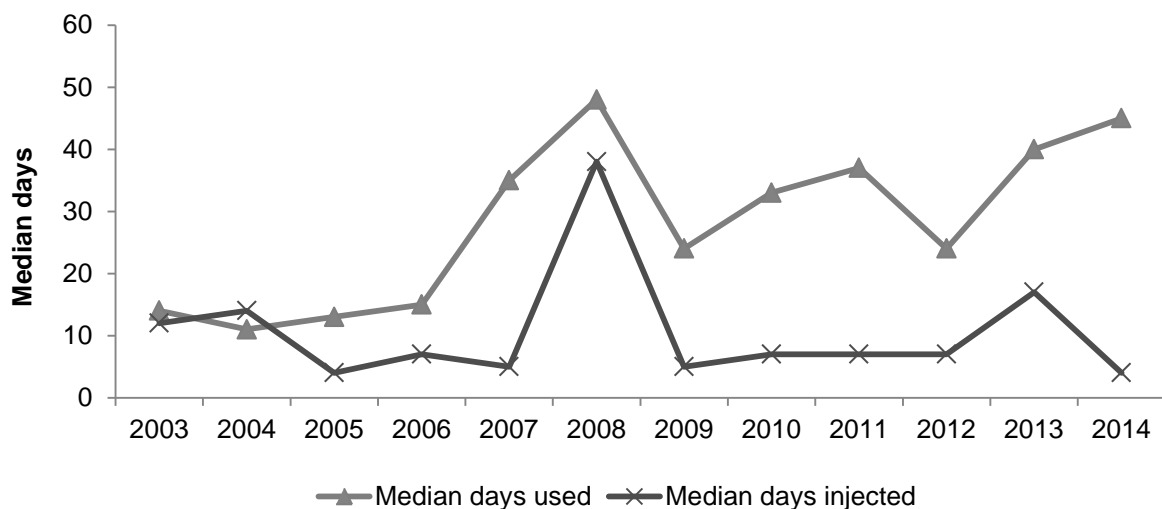
Figure 12: Proportion of participants reporting benzodiazepine use and injection in the preceding six months, 2003-2014



Source: IDRS participant interviews

Median days of benzodiazepine use increased for the second year running (Figure 13), while median days injected declined.

Figure 13: Median days use and injection of benzodiazepines in the past six months, 2003-2014



Source: IDRS participant interviews

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

Of the benzodiazepines listed below (Table 22), diazepam (Valium) was used most often as has been the case in all previous years.

Table 22: Main brands of benzodiazepine most used, 2008-2014 (%)

	2008 N=106	2009 N=103	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Xanax / Kalma (alprazolam)	25	7	23	0	0	0	0
Valium (diazepam)	18	10	18	25	14	21	19
Hypnodorm (flunitrazepam)	2	0	2	1	1	1	1
Murelax (oxazepam)	1	0	0	0	0	0	0
Serepax (oxazepam)	0	1	2	5	1	2	3
Normison (temazepam)	0	2	2	0	2	0	0
Rohypnol	0	0	2	0	0	0	0
3Other	1	2	1	4	1	8	3

Source: IDRS participant interview
 * Alprazolam reported separately below

Table 23 illustrates that twice as many respondents reported recent use and injection of illicit Alprazolam, as was the case in previous years.

Table 23: Alprazolam use, selected characteristics, 2011-2014.

	2011 N=98		2012 N=125		2013 N=91		2014 N=93	
	Licit	Illicit	Licit	Illicit	Licit	Illicit	Licit	Illicit
% used last six months	13	36	7	18	7	18	7	12
median days used last six months	90	6	21	6	10	4	24	6
% injected drug last six months	3	20	2	7	2	2	2	5
median days injected last six months	5	6	5	3	3	16	18	12

Source: IDRS participant interview

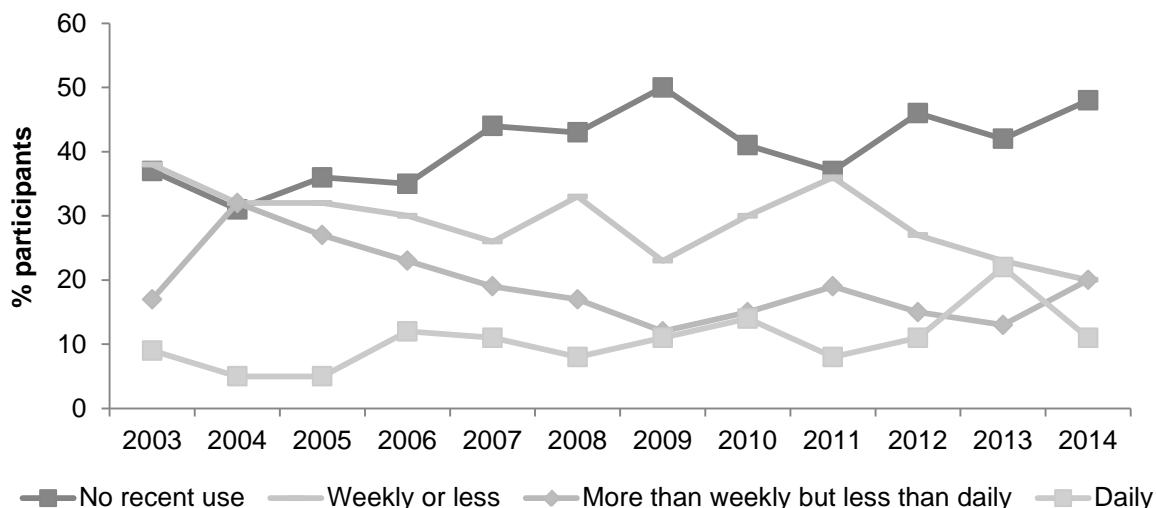
4.7.4 Seroquel, steroids and inhalants

Recent use of Seroquel remained low, with five respondents reporting use this year (Table 3). Two participants reported recent use of steroids and one of inhalants. Some health KE reported an increased demand for injecting equipment related to steroid use.

4.7.5 Alcohol and tobacco

Recent use of alcohol declined slightly to 52% (58% in 2013, Table 3), while the proportion of respondents reporting more than weekly and less than daily use increased (Figure 14).

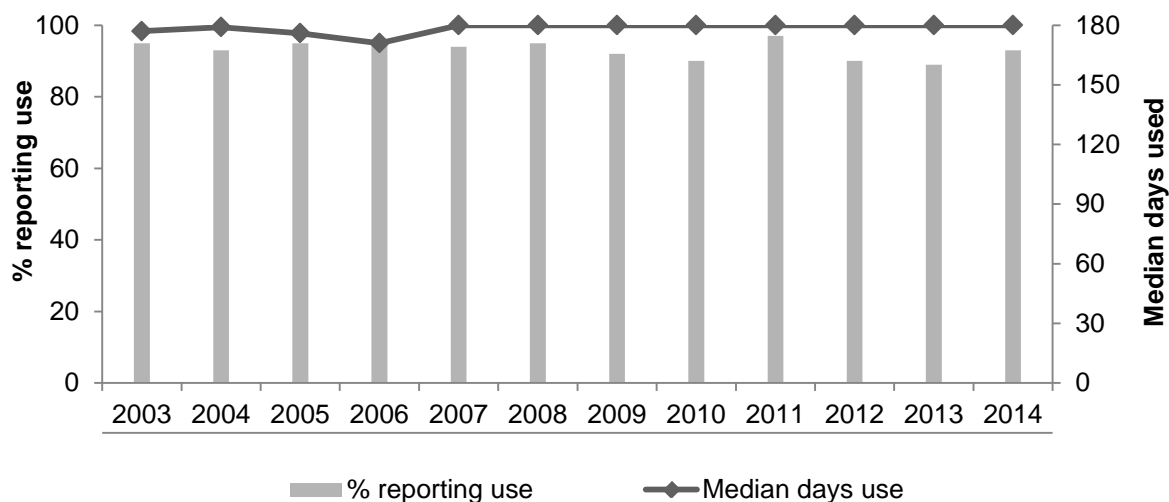
Figure 14: Patterns of recent alcohol use, 2003-2014



Source: IDRS participant interviews

As in past years, recent daily use of tobacco remained high (Figure 15).

Figure 15: Participant reports of tobacco use in the last six months, 2003-2014



Source: IDRS participant interviews

4.7.6 Alprazolam

In Australia, on the 1st February 2014 the Therapeutic Goods Administration (TGA) up-scheduled Alprazolam (all forms and preparations) from Schedule 4 to Schedule

8 (controlled drug). Due to this policy change participants were asked about the use, price and availability of Alprazolam before and after the 1st February 2014.

Sixteen participants (17% of the sample) had used Alprazolam between June 2013 and January 2014 (Table 24). Three-quarters of this group had continued to use Alprazolam after the policy change in February 2014, 67% using non-prescribed Alprazolam only. Most reported that it was difficult (46%) or very difficult (18%) to obtain since February 2014 and that availability had become more difficult (75%). Fifty-six percent of those able to comment reported that its price had been stable and 44% that it had increased. The main reason cited for not using Alprazolam since February 2014 was that it was harder to access (44%).

Table 24: Alprazolam use, price and availability, 2014

	2014
% Used Alprazolam between June 2013 and January 2014 (n)	(n=16)
Yes, prescribed only	13
Yes, non-prescribed only	75
Yes, both prescribed and non-prescribed	13
% Continued to use Alprazolam after the policy change /since February 2014 (n)	(n=12)
Yes, prescribed only	17
Yes, non-prescribed only	67
Yes, both prescribed and non-prescribed	17
% Ease of access since February 2014 (n)	(n=11)
Very easy	9
Easy	27
Difficult	46
Very difficult	18
% Noticed a change in the availability of Alprazolam since February 2014 (n)	(n=11)
No change	25
Yes, more difficult	75
Yes, easier	0
Yes, fluctuates	0
% Price change since February 2014 (n)	(n=9 [^])
Increasing	44
Stable	56
Decreasing	0
Fluctuating	0
% Main reason for not using Alprazolam since February 2014 (n)	(n=9 [^])
Harder to access	44
Lack of interest	11
Prescriber shifted me to another medication	0
Price increased	11
Experience of bad effects	0
Heard about bad experiences	33
Other	0

Source: IDRS participant interviews

[^] Small numbers reporting (n<10); interpret with caution

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.
- KE comments confirmed limited heroin availability in the NT.

No respondents were able to report recent prices for caps or grams of heroin. One respondent reported paying \$100 for 1 point of heroin in 2013.

Table 25: Median price of most recent heroin purchases, 2007-2013, \$ (n)

Amount	2007	2008	2009	2010	2011	2012	2013
Cap	50 (1)	100 (4)	80 (12)	-	80 (2)	110 (2)	100 (1)
Gram	150 (1)	400 (1)	300 (10)	100 (1)	550 (2)	150 (5)	275 (4)

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 those who did, most considered that the price was increasing (67%, Table 26) or fluctuating (20%).

Table 26: Reports of heroin price movements, past six months, 2007-2014 (%)

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Did not respond	92	94	94	97	96	94	94	97
Did respond	8	6	6	3	4	6	6	3
<i>Of those who responded</i>								
Increasing	29	50	17	100	50	38	20	67
Stable	58	50	67	0	-	50	80	0
Decreasing	0	0	0	0	25	0	0	0
Fluctuating	15	0	17	0	25	13	0	33

Source: IDRS participant interviews

Heroin was reported to be either difficult or very difficult to obtain by the small number of participants able to comment (Table 27), with most reporting that availability had been stable over the previous six months.

Table 27: Reports of heroin availability in the past six months, 2007-2014 (%)

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Did not respond	93	94	94	97	96	90	92	96
Did respond	7	6	6	3	4	10	8	4
<i>Of those who responded:</i>								
Current availability								
Very easy	0	17	0	0	0	8	0	0
Easy	0	0	67	50	50	33	30	0
Difficult	57	67	33	0	50	25	14	25
Very difficult	43	17	0	50	0	33	57	75
Change last six months								
More difficult	0	0	0	0	0	0	25	25
Stable	82	100	83	100	25	90	75	75
Easier	16	0	17	0	50	10	0	0
Fluctuates	0	0	0	0	25	0	0	0

Source: IDRS participant interviews

Those able to comment (n=3, Table 29) rated heroin purity as low and decreasing.

Table 28: Participant reports of heroin purity, past six months, 2007-2014 (%)

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Did not respond	92	94	94	97	96	91	94	97
Did respond	8	6	6	3	4	9	6	3
<i>Of those who responded:</i>								
Current purity								
High	0	17	17	50	33	27	20	0
Medium	15	17	50	50	0	55	0	0
Low	85	67	17	0	67	18	80	100
Change last six months								
Increasing	16	0	0	0	0	22	0	0
Stable	49	100	17	0	50	33	33	0
Decreasing	0	0	33	0	0	11	33	100
Fluctuating	35	0	50	0	50	33	33	0

Source: IDRS participant interviews

5.1.1 KE comment

Key Experts continued to describe heroin availability as periodic and short-term and were not able to comment on heroin prices or purity. In particular, law enforcement KE had not noted any change in this market.

5.2 Methamphetamine

Key Points

- The median price for a point of methamphetamine powder was \$100.
- The median price for a point of ice/crystal methamphetamine increased to \$150.
- The median price for a gram of speed powder increased to \$420.
- The median price of a gram of ice increased to \$1,050.
- The majority of respondents rated all forms of methamphetamine as either easy or very easy to obtain.

5.2.1 Price

The median price of the most recent purchase for the various forms of methamphetamine is shown in Table 29. The median point price of speed powder was stable at \$100 with a slight increase in the gram price. The median point price of crystal methamphetamine was relatively stable at \$150 while a small number of respondents reported an increase in the gram price to \$1,050.

Table 29: Price of most recent methamphetamine purchases, 2013-2014.

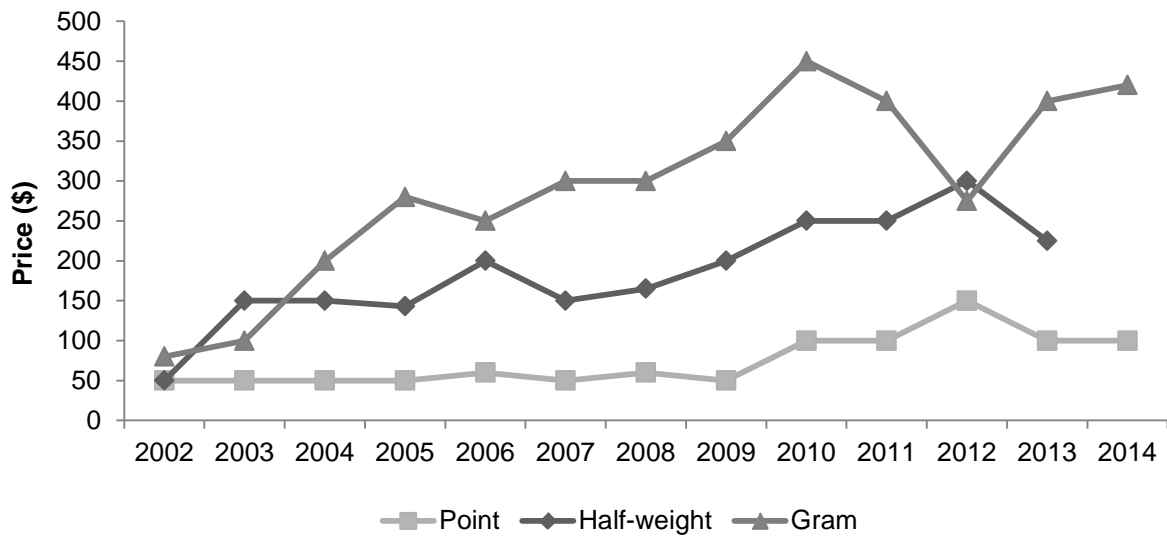
Amount	2013			2014		
	Number of purchasers	Median price \$	Range \$	Number of purchasers	Median price \$	Range \$
Speed						
Point (0.1g)	18	100	30-200	6	100	80-200
Gram	9	400	80-1,000	2	420	90-750
Ounce	-	-	-	-	-	-
Base						
Point (0.1g)	1	50	-	2	90	80-100
Gram	2	700	400-1,000	1	700	-
Ounce	-	-	-	-	-	-
Ice/crystal						
Point (0.1g)	11	140	50-250	23	150	100-200
Gram	5	800	300-2,000	4	1050	320-2,000
Ounce	-	-	-	-	-	-

Source: IDRS participant interviews

Speed powder

The median prices of points and half-weights of speed powder have generally increased over time (Figure 16), with a decline in the half-weight price this year. The median price of a gram has fluctuated over recent years.

Figure 16: Median prices of speed powder, 2002-2014

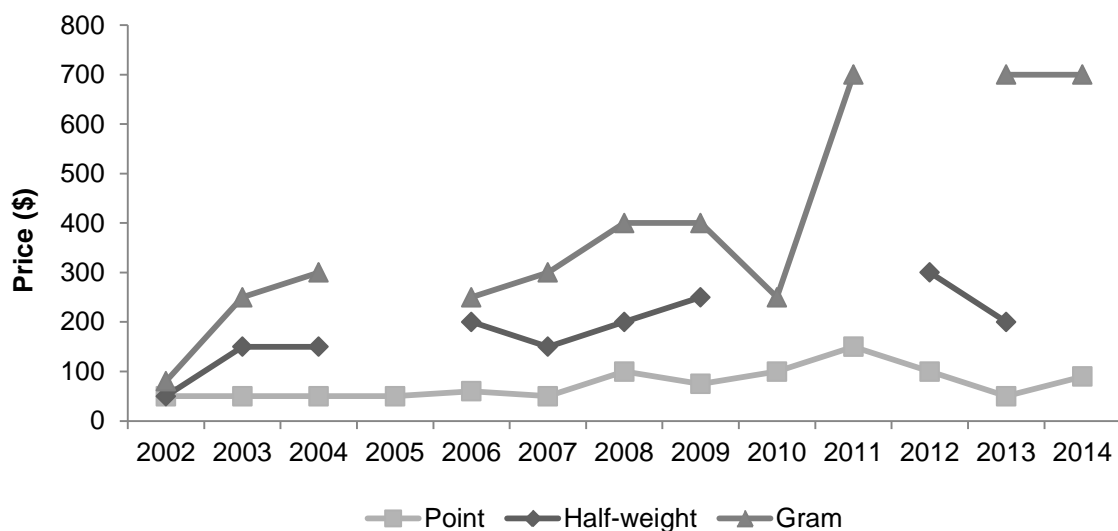


Source: IDRS participant interviews

Base

Relatively low numbers of participants were able to report base prices each year. Figure 19 shows that the price of the most commonly purchased amount (points) has fluctuated around \$100 since 2008.

Figure 17: Median prices of base, 2002-2014

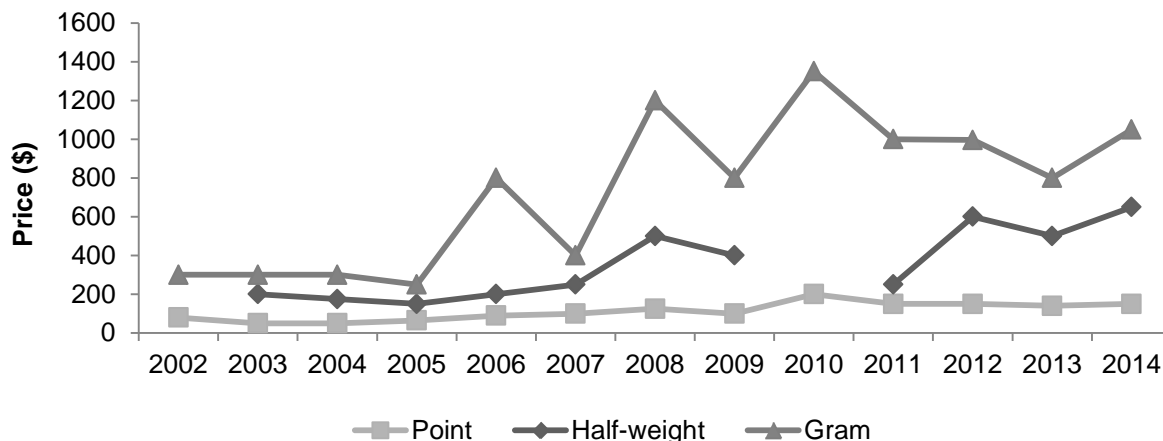


Source: IDRS participant interviews

Ice/Crystal

The gram price of crystal methamphetamine has fluctuated over time with an increase this year after three years of decline (Figure 18). The point price has been relatively stable since 2011.

Figure 18: Median prices of ice/crystal, 2002-2014



Source: IDRS participant interviews

Those able to comment reported that recent methamphetamine prices in 2014 had been stable (67% for powder and 45% for crystal, Table 30) or increasing (11% and 25%). A small number of respondents reported that base prices had been stable.

Table 30: Methamphetamine price movements in the last six months, 2014 (%)

	Speed	Base	Crystal
Did not respond	91	97	80
Did respond	9	3	20
<i>Of those who responded</i>			
Increasing	11	33	25
Stable	67	67	45
Decreasing	0	0	10
Fluctuating	22	0	20

Source: IDRS participant interviews

5.2.2 Availability

Speed powder was less likely to be rated as very easy to obtain this year (11%, Table 31) than was the case in 2013 (48%) or 2012 (27%). Thirty-three percent rated powder as difficult or very difficult to obtain. The majority (78%) considered that there had been no changes in availability over the past six months and no one reported that powder had become more difficult to obtain.

As in recent years, few participants were able to comment upon availability of base methamphetamine.

Most of those able to respond rated crystal methamphetamine as easy (42%, Table 31) or very easy (38%) to obtain and 75% reported that availability of this form had been stable over the six months before interview.

Table 31: Reports of recent methamphetamine availability, 2012-2014 (%)

	Powder			Base			Ice/crystal		
	2012 N=125	2013 N=91	2014 N=93	2012 N=125	2013 N=91	2014 N=93	2012 N=125	2013 N=91	2014 N=93
Did not respond	64	76	91	96	98	97	81	87	76
Did respond	36	23	9	4	2	3	19	13	24
<i>Of those who responded</i>									
Current availability									
Very easy	27	48	11	0	50	0	13	42	38
Easy	62	33	56	60	50	67	54	58	42
Difficult	11	14	33	20	0	33	33	0	13
Very difficult	0	5	0	0	0	0	0	0	0
Change last six months									
More difficult	7	16	0	0	0	33	4	0	0
Stable	77	73	78	100	100	67	78	83	75
Easier	9	5	11	0	0	0	13	17	20
Fluctuates	7	5	11	0	0	0	4	0	5

Source: IDRS participant interviews

Respondents had obtained speed powder from street dealers (22%, Table 32), friends (44%) or acquaintances (22%) usually at a friend's home (67%).

Crystal methamphetamine was last sourced principally from friends (45%, Table 32) with 36% of respondents identifying a home delivery as the last source venue.

Table 32: Last source person and source venue for purchases of methamphetamine in the preceding six months, 2012 - 2014

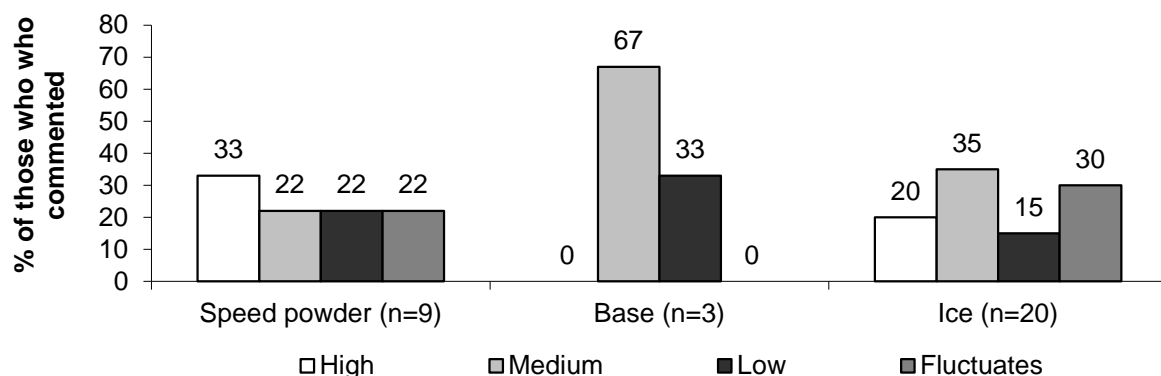
	Speed			Base			Ice		
	2012 N=98	2013 N=91	2014 N=93	2012 N=98	2013 N=91	2014 N=93	2012 N=98	2013 N=91	2014 N=93
Did not respond	63	76	90	96	96	97	81	87	76
Did respond	37	23	10	4	4	3	19	13	24
<i>Of those who responded</i>									
Source person									
Street dealer	17	41	22	20	0	33	21	25	18
Friends	33	36	44	0	67	0	33	50	45
Known dealer	28	14	11	20	0	67	21	0	23
Acquaintances	11	9	22	40	33	0	21	25	5
Unknown dealer	9	0	0	20	0	0	0	0	5
Other	2	0	0	0	0	0	4	0	5
Source venue									
Home delivery	11	27	11	40	100	33	8	17	36
Dealer's home	15	18	11	0	0	33	8	0	18
Friend's home	20	14	67	20	0	0	25	50	18
Acquaintance's house	4	0	11	20	0	0	8	0	0
Street market	11	23	0	0	0	0	21	8	5
Agreed public location	35	18	0	20	0	33	21	17	23
Other	4	0	0	0	0	0	8	1	0

Source: IDRS participant interviews

5.2.3 Purity

Of those able to respond, 33% (Figure 19) rated the purity of speed powder as high while 35% rated the purity of ice as medium.

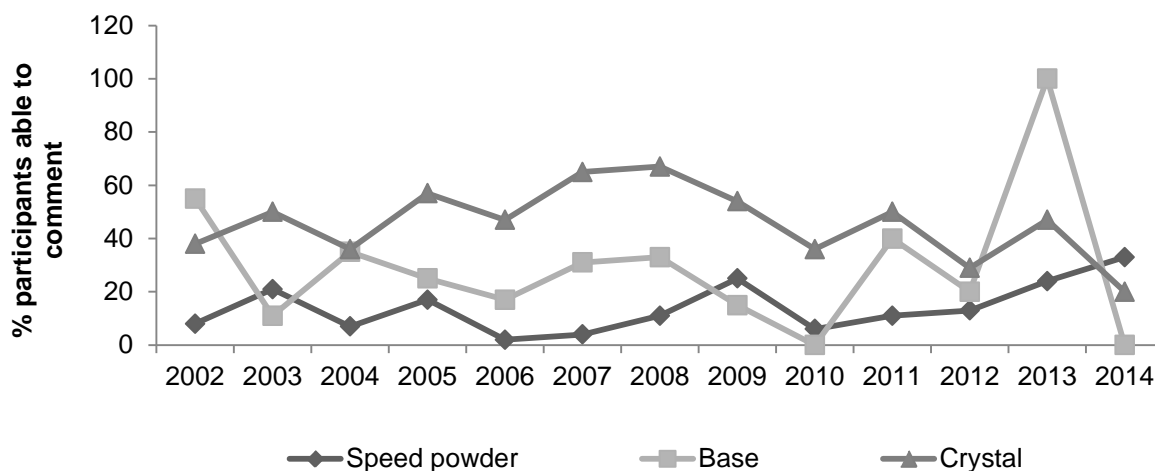
Figure 19: Participant perceptions of methamphetamine purity (speed, base and ice/crystal) among those who commented, 2014



Source: IDRS participant interviews

Figure 20 shows that the proportion of respondents rating speed powder purity as high has been increasing since 2010 while that of crystal has fluctuated. This year, the purity of crystal was rated as high by a smaller proportion of respondents than the powder form, and may be showing a fluctuating decline since 2008.

Figure 20: Proportion of participants reporting speed powder, base and ice/crystal purity as 'high', among those who commented, 2002-2014



Source: IDRS participant interviews

Note: Data on all three forms commenced in 2002

5.3 Cocaine

One participant reported paying \$50 for 1/6th of a gram of cocaine. KE comments confirm the rare use of this substance in the NT.

5.4 Cannabis

Key Points

- The median price of hydroponically grown cannabis was \$30 per gram, similar to prices found in previous years, and \$450 per ounce.
- The median price for a gram of bush cannabis was also \$30 per gram.
- The majority of participants able to comment rated hydro cannabis availability as easy or very easy.
- The majority of participants able to comment rated both hydro potency and bush cannabis potency as high.

5.4.1 Price

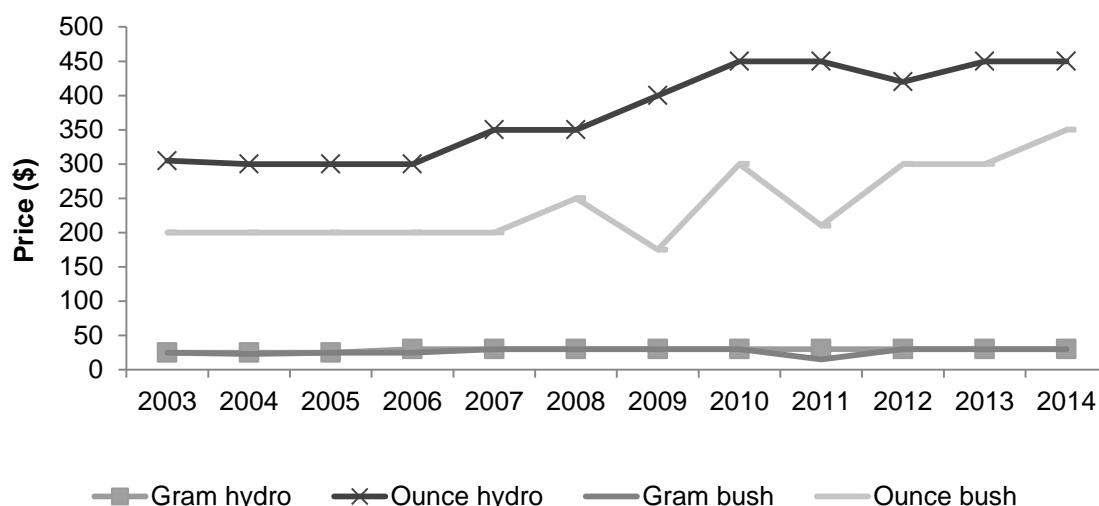
The median price of a gram of either hydro or bush cannabis was reported to be \$30 (Table 33). For both varieties the long-term price is stable (Figure 21). The median price of an ounce of hydro was stable at (Table 35), and remains higher than the prices seen before 2008 (Figure 23). The median price of an ounce of bush cannabis increased to \$350.

Table 33: Price of most recent cannabis purchases by participants, 2013-2014

	2013			2014		
	Number of purchasers	Median price \$	Range \$	Number of purchasers	Median price \$	Range \$
Hydro						
Gram	31	30	25-30	29	30	-
A bag	7	30	30-100	13	30	-
Quarter ounce	5	150	100-150	5	150	100-160
Half ounce	9	250	200-260	3	225	150-250
Ounce	19	450	350-450	14	450	220-500
Bush						
Gram	6	30	20-30	7	30	-
A bag	2	30	-	1	30	-
Quarter ounce	1	80	-	5	150	100-160
Half ounce	3	180	100-200	3	225	150-250
Ounce	7	300	150-450	9	350	20-400

Source: IDRS participant interviews

Figure 21: Median prices of cannabis, 2003-2014



Source: IDRS participant interviews

Large majorities of those able to respond reported that both hydro (71%) and bush cannabis prices (77%) had been stable in the six months before interview (Table 34). One in five able to comment on hydro prices reported an increase.

Table 34: Price movements of cannabis in the past six months, 2014 (%)

	Hydro	Bush
Did not respond	45	82
Did respond	55	18
<i>Of those who responded</i>		
Increasing	20	18
Stable	71	77
Decreasing	0	0
Fluctuating	10	6

Source: IDRS participant interviews

5.4.2 Availability

Hydro was considered easy or very easy to obtain by 93% (Table 35) of those able to respond, a similar portion to those seen in previous years. Hydro availability was considered stable by 87% of respondents. Bush cannabis was rated as easy (44%) or very easy (17%) to obtain and recent availability was rated as stable by 53%. Thirty-three percent of those who commented rated bush cannabis as difficult to obtain and 18% that its availability had become more difficult.

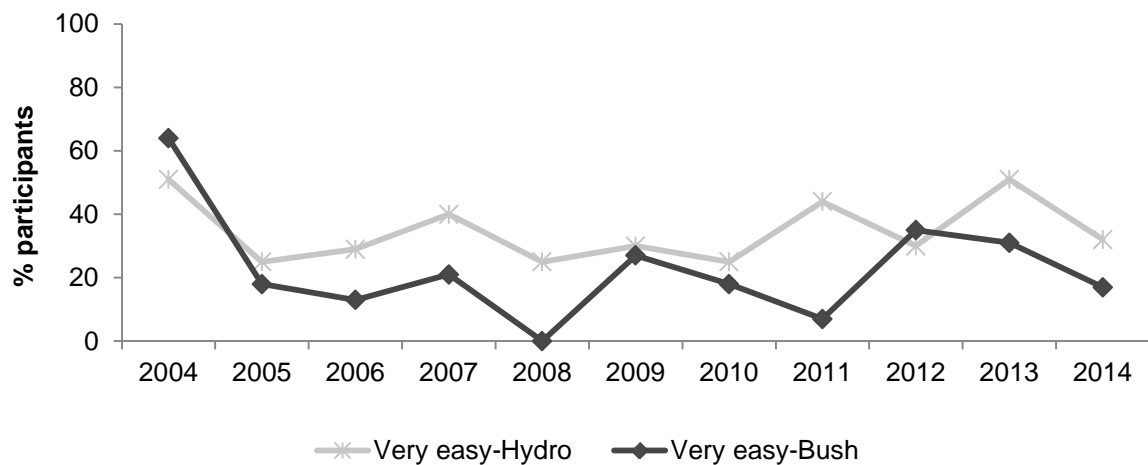
Table 35: Participants' reports of cannabis availability in the past six months, 2010-2014 (%)

	Hydro					Bush				
	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Did not respond	43	45	41	53	42	67	86	67	82	81
Did respond	57	55	59	47	58	33	14	23	18	19
<i>Of those who responded</i>										
Current availability										
Very easy	25	44	30	51	32	18	7	35	31	17
Easy	58	51	68	37	61	55	57	48	50	44
Difficult	16	6	3	12	7	24	29	17	19	33
Very difficult	2	0	0	0	0	0	7	0	0	6
Availability change										
More difficult	14	4	5	7	4	18	14	4	13	18
Stable	56	85	81	84	87	61	79	79	75	53
Easier	5	6	10	2	2	3	0	11	13	0
Fluctuates	21	6	3	7	4	9	7	7	0	29

Source: IDRS participant interviews

Figure 22 illustrates that over time hydro cannabis is usually rated as 'very easy' to obtain by a larger proportion of respondents than is the case for bush cannabis.

Figure 22: Participant reports of current cannabis availability, 2004-2014



Source: IDRS participant interviews

As is evident from Table 36, cannabis was purchased mainly from friends (48% for hydro, 75% for bush). For hydro cannabis the main source venue was a friend's (37%) or dealer's home (33%), as was the case for bush cannabis, 57% and 28% respectively.

Table 36: People from whom cannabis was purchased in the preceding six months, 2010-2014 (%)

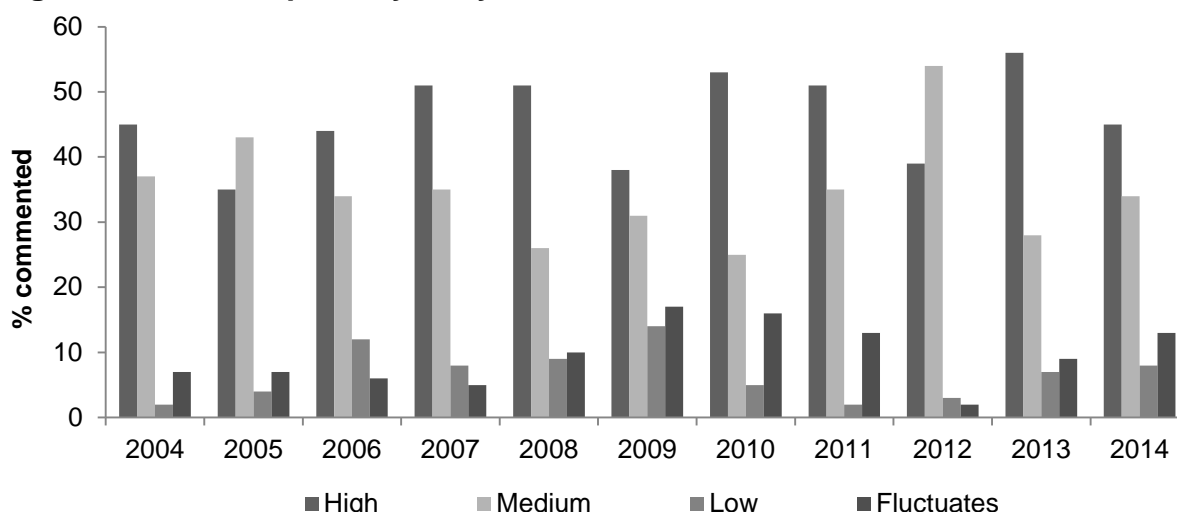
	Hydro					Bush				
	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Did not respond	42	47	41	52	44	67	88	75	81	81
Did respond	58	53	59	48	56	33	12	25	19	19
<i>Of those who responded:</i>										
Source person										
Street dealer	9	8	14	21	19	9	8	13	18	11
Friends	52	64	45	50	48	72	83	55	65	75
Known dealer	25	21	30	18	25	9	8	16	0	17
Workmates	0	0	0	2	0	0	0	0	6	0
Acquaintances	9	8	7	9	4	0	0	10	12	0
Unknown dealer	4	0	3	0	0	3	0	0	0	0
Mobile dealers	0	0	0	0	0	0	0	0	0	0
Source venue										
Home delivery	16	11	9	9	6	13	17	7	24	6
Dealer's home	25	21	25	34	33	13	8	7	12	28
Friend's home	30	53	39	27	37	47	67	57	41	57
Acquaintance's house	4	6	4	5	2	0	0	7	0	0
Street market	4	6	7	14	10	6	8	7	12	6
Agreed public location	20	4	15	11	12	19	0	13	12	6

Source: IDRS participant interviews

5.4.3 Potency

This year, most respondents rated the current potency of hydro as high (45%, Figure 25)

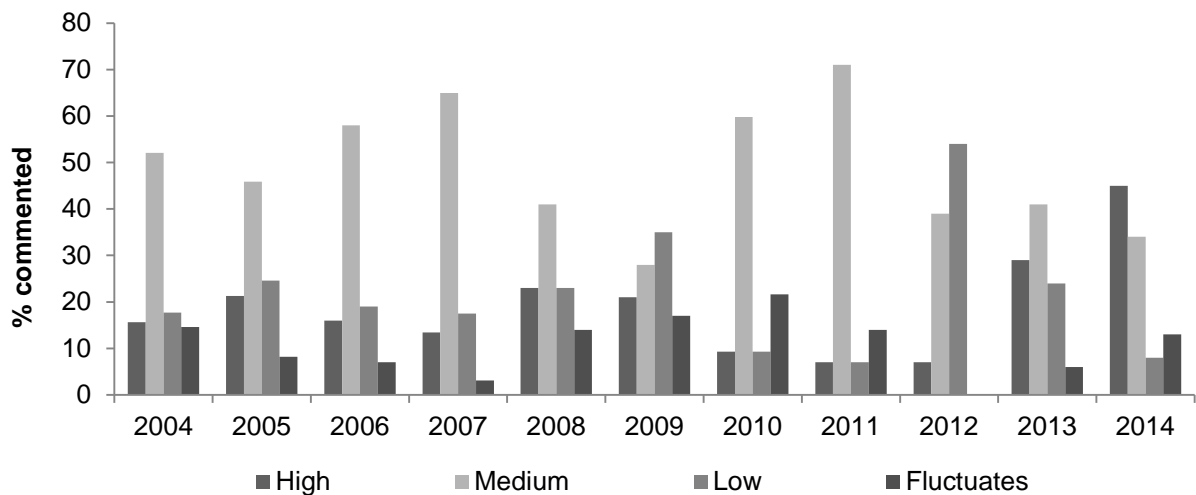
Figure 23: Current potency of hydro, % able to comment, 2004-2014



Source: IDRS participant interviews

The potency of bush cannabis was most often rated as high (45%, Figure 26), in contrast to previous years..

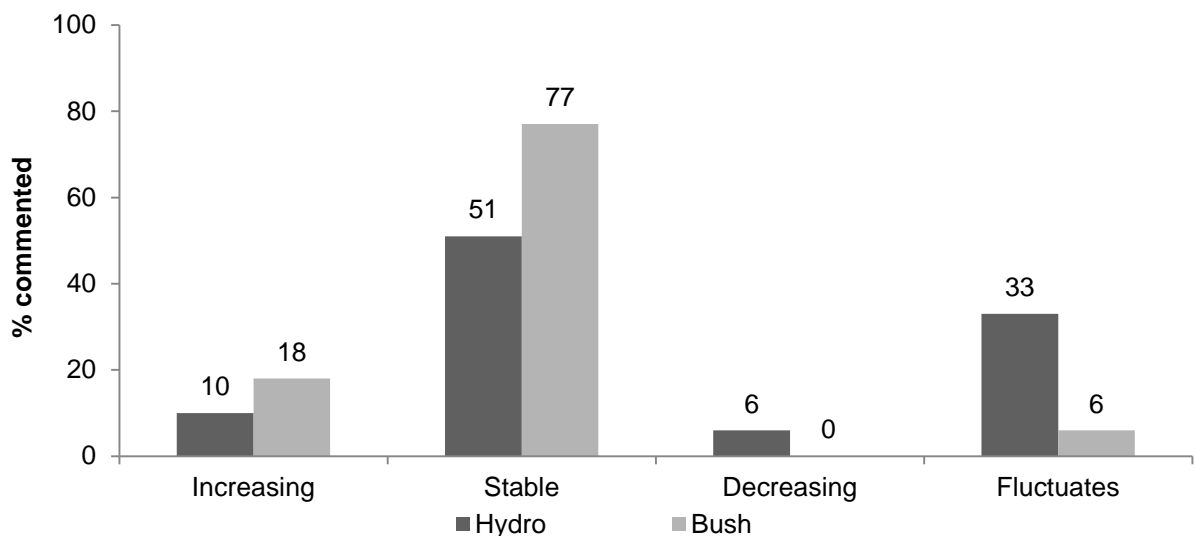
Figure 24: Current potency of bush, % commented, 2004-2014



Source: IDRS participant interviews

Fifty-one percent (Figure 25) of respondents reported stable hydro potency and 77% reported stable bush cannabis potency over the past six months. Participants were more likely to report hydro potency as fluctuating (33%) than was the case for bush (6%).

Figure 25: Change in potency of hydro and bush cannabis in past six months, % able to comment, 2014



Source: IDRS participant interviews

5.4.4 KE comment

KE estimated cannabis prices to be \$30 a bag, with law enforcement KE estimating \$450 an ounce. All KE agreed that both hydro and bush cannabis are readily available in Darwin, although hydro is more common. KE reported that the price and availability of cannabis had been stable.

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 \$20 per 20 milligram tablet.

5.5.1 Price

One participant purchased illicit methadone syrup recently for a median price of one dollar per millilitre (Table 37). No participants purchased 5mg Physeptone while 4 participants reported purchasing 10mg Physeptone tablets for a median cost of \$20.

Table 37: Median price (\$) of most recent illicit methadone purchase by participants, 2006-2014

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Methadone									
1ml	1 (7)	1 (10)	1 (15)	1 (6)	1 (5)	1 (5)	1 (4)	1 (2)	1 (1)
Physeptone									
5mg	14 (2)	0	28 (2)	10 (1)	10 (1)	10 (2)	- (0)	20 (1)	- (0)
10mg	15 (14)	15 (18)	15 (16)	20 (7)	20 (15)	20 (11)	20 (13)	20 (2)	20 (4)

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

Only one respondent reported that the recent price of illicit methadone had been stable, Table 38.

Table 38: Illicit methadone price movements past six months, 2007-2014 (%)

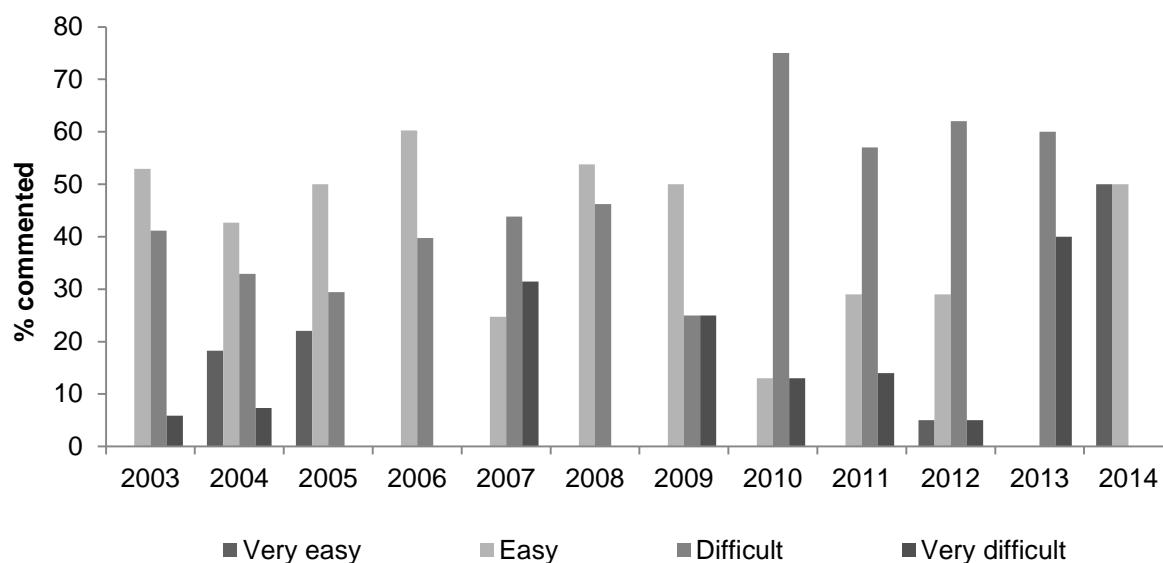
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=	2014 N=93
Did not respond	83	86	89	84	94	84	96	99
Did respond	17	14	11	16	6	16	4	1
<i>Of those who responded</i>								
Increasing	37	50	27	36	67	25	25	0
Stable	44	42	73	57	33	55	50	100
Decreasing	0	0	0	0	0	5	0	0
Fluctuating	19	8	0	7	0	15	25	0

Source: IDRS participant interviews

5.5.2 Availability

Two respondents reported the current availability of illicit methadone, Figure 26.

Figure 26: Current availability of illicit methadone, % commented, 2003-2014



Source: IDRS participant interviews

A small number of respondents reported usual source person and venue, Table 39.

Table 39: Usual source person and venue for purchases of illicit methadone in the preceding six months, 2009-2014

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
% who did not respond	89	85	95	85	97	98
% who did respond	11	15	5	15	3	2
<i>Of those who responded</i>						
Source person						
Street dealer	46	0	0	16	0	50
Friends	36	73	100	74	100	50
Known dealer	9	20	0	0	0	0
Acquaintances	9	0	0	11	0	0
Unknown dealer	0	7	0	0	0	0
Source venue						
Home delivery	9	13	20	11	0	0
Dealer's home	36	27	0	5	0	0
Friend's home	36	40	60	63	33	50
Acquaintance's house	9	0	20	5	0	0
Street market	9	0	0	11	33	0
Agreed public location	0	13	0	5	33	0
Other	0	7	0	0	0	50

Source: IDRS participant interviews

5.6 Buprenorphine

Key Points

- A small number of participants reported that the median price for 8mg buprenorphine was reported to be \$30, and that it was easy to obtain.

5.6.1 Price

Four participants reported purchasing 8mg of Subutex, for a median price of \$30 (Table 40), a decrease on the \$40 found in 2013.

Table 40: Median price (\$) of illicit Subutex reported by participants, 2008-2014

	2008	2009	2010	2011	2012	2013	2014
Subutex/buprenorphine							
8mg	\$30 (7)	\$30 (1)	\$23 (4)	\$23 (2)	\$23 (2)	\$40 (6)	\$30 (4)

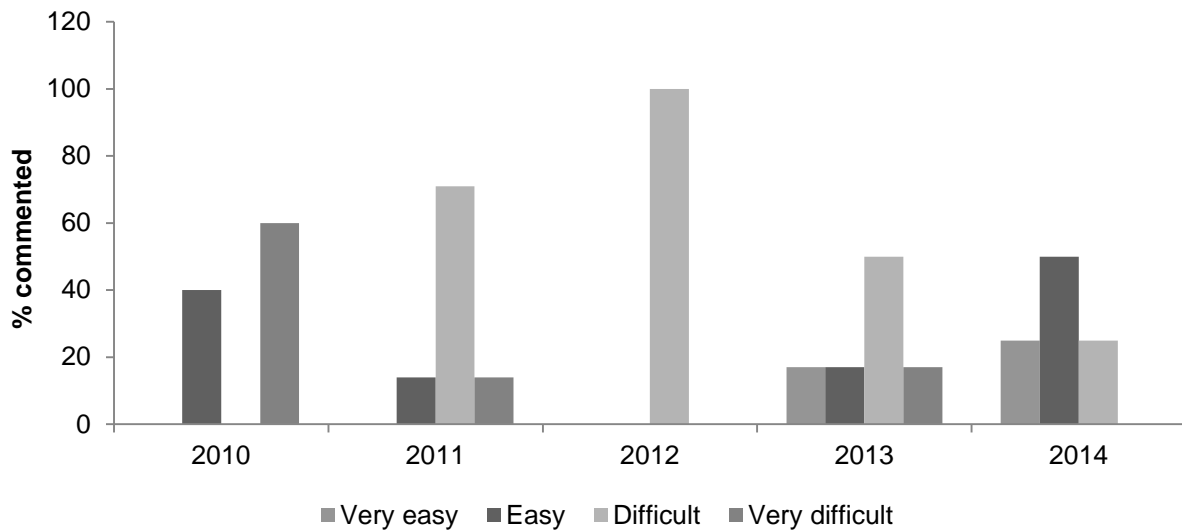
Source: IDRS participant interviews

Note: Number of purchasers in brackets

5.6.2 Availability

Four participants commented upon current availability of illicit Subutex, with 2 rating it as easy to obtain (Figure 27).

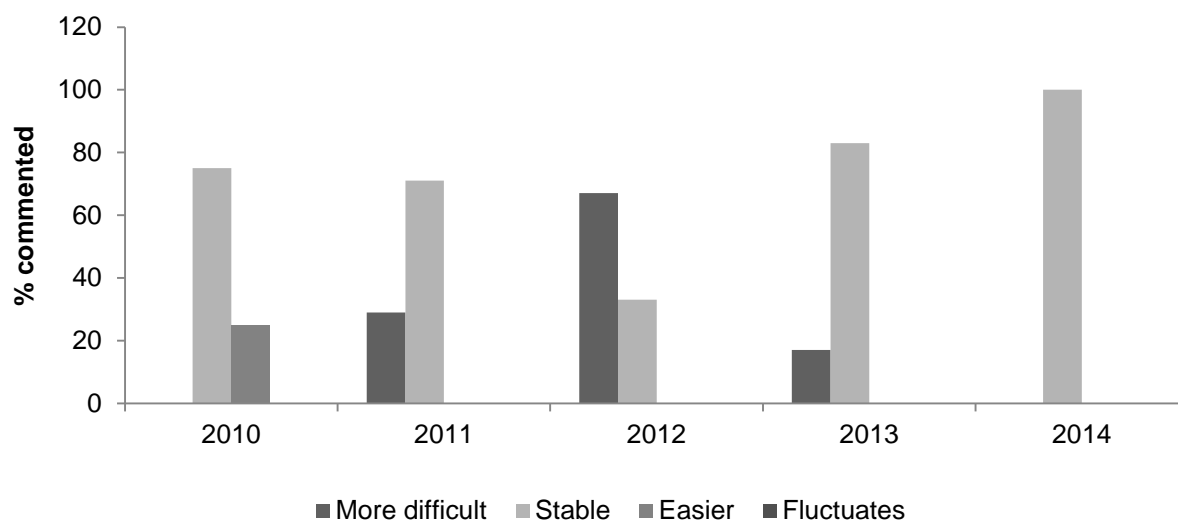
Figure 27: Current availability of illicit Subutex, % commented, 2010-2014



Source: IDRS participant interviews

Illicit Subutex availability was reported as stable, Figure 28.

Figure 28: Change in availability of illicit Subutex/buprenorphine in the last six months, % commented, 2010-2014



Source: IDRS participant interviews

Note: No data in 2009

Two participants were able to comment on usual source person and original source of illicit Subutex (Table 41).

Table 41: Source person and source of illicit Subutex in the preceding six months, 2010-2014

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
% who did not respond	96	97	98	94	98
% who did respond	4	3	2	6	2
<i>Of those who responded</i>					
Source person					
Street dealer (%)	25	33	50	67	0
Friends (%)	25	33	0	33	100
Known dealer (%)	0	0	50	0	0
Acquaintances (%)	50	33	0	0	0
Original source					
Someone else's takeaway dose	-	0	0	17	67
Someone else's daily dose (to be swallowed)	-	50	50	17	0
Didn't buy/don't know	-	50	50	67	33

Source: IDRS participant interviews

5.7 Suboxone (buprenorphine-naloxone)

Key Points

- Suboxone tablets (8mg) were reported to cost a median of \$30.
- Reports of Suboxone film availability were mixed, with almost half rating it as difficult to obtain..

5.7.1 Price

Four participants reported purchasing illicit 8mg Suboxone tablets for a median of \$30; no participants reported purchasing 2mg Suboxone. Two participants reported that recent Suboxone prices had been stable.

Eight respondents reported a median last purchase price for 8mg Suboxone film of \$20. Six respondents, 75% of those able to comment, reported that prices had been stable.

5.7.2 Availability

Of the four participants who commented upon Suboxone tablet availability, three (75%) rated availability as easy and one as difficult. Three participants considered that suboxone availability had been stable.

Reports of Suboxone film availability were mixed, with four (36%) of those able to comment saying it was very easy to obtain, two (15%) that it was easy to obtain and 5 (46%) saying that it was difficult to obtain. Most of this group, 80%, reported that Suboxone availability had been stable.

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 since 2008.
- The majority of respondents reported that illicit morphine price had been stable.
- Illicit morphine was sourced mainly from a known dealer or friends and was reported to be easy or very easy to obtain.

5.8.1 Price

As in previous years, MS Contin 100mg was the morphine form most frequently purchased by the IDRS sample (Table 42). Seventy participants reported purchasing MS Contin 100mg at a median price of \$80, the same median price found since 2008. Kapanol 100mg was again the form next most frequently purchased (55 purchasers) and, as in 2013, the median price was \$80, also stable since 2008.

Table 42: Median price (\$) of most recent illicit morphine purchase by participants, 2006-2014

	2007	2008	2009	2010	2011	2012	2013	2014
MS Contin								
5mg	- (0)	80 (1)	- (0)	5 (1)	-	80 (5)	-	5 (1)
10mg	15 (1)	10 (1)	15 (1)	10 (1)	-	9 (4)	-	17 (2)
30mg	28 (4)	25 (3)	25 (4)	30 (14)	30 (6)	30 (9)	28 (8)	25 (6)
60mg	42 (20)	40 (32)	50 (13)	50 (33)	50 (40)	50 (24)	50 (18)	48 (18)
100mg	60 (62)	80 (77)	80 (51)	80 (76)	80 (70)	80 (68)	80 (61)	80 (70)
Kapanol								
20mg	16 (4)	20 (2)	-	20 (4)	16 (2)	-	20 (7)	20 (2)
50mg	35 (11)	40 (24)	40 (7)	40 (20)	40 (25)	40 (7)	40 (14)	40 (17)
100mg	60 (48)	80 (61)	80 (37)	80 (59)	80 (46)	80 (41)	80 (44)	80 (55)
Anamorph								
30mg	25 (28)	25 (24)	25 (13)	25 (21)	20 (11)	35 (2)	20 (3)	30 (6)

Source: IDRS participant interviews

Note: Number of purchasers in brackets

Seventy-three percent (Table 43) of respondents regarded the price of morphine as stable over the preceding six months while 22% considered that price had increased and 5% noted fluctuating price movements.

Table 43: Illicit morphine price movements, past six months, 2008-2014

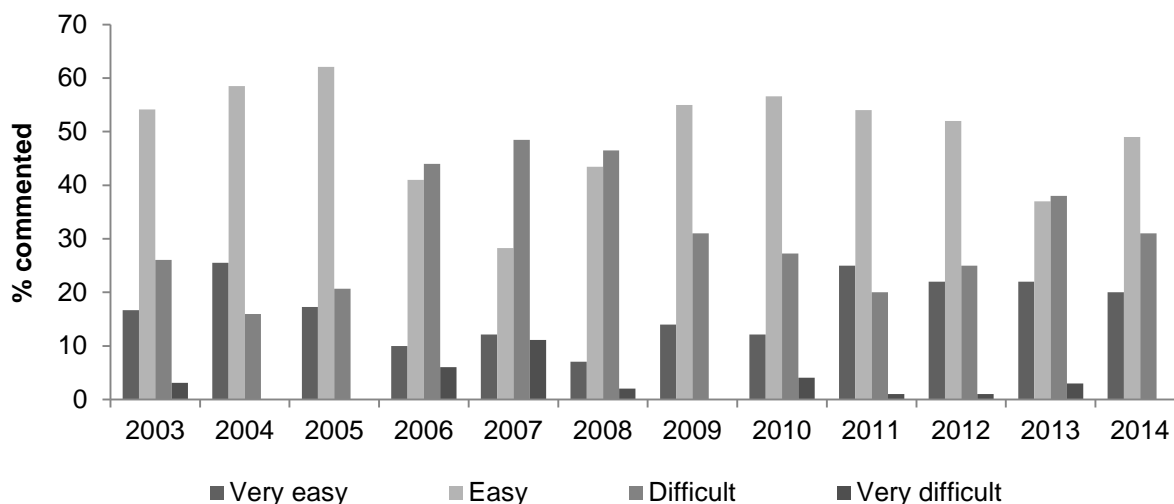
	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Did not respond (%)	20	20	15	29	30	33	17
Did respond (%)	80	80	85	71	70	67	83
<i>Of those who responded</i>							
Increasing (%)	77	38	23	25	24	16	22
Stable (%)	16	40	55	59	50	73	73
Decreasing (%)	0	0	1	0	0	2	0
Fluctuating (%)	6	23	20	16	13	8	5

Source: IDRS participant interviews

5.8.2 Availability

Over half of those able to comment reported that illicit morphine was either easy (49%) or very easy (20%) to obtain. Thirty-one percent rated it as difficult to obtain.

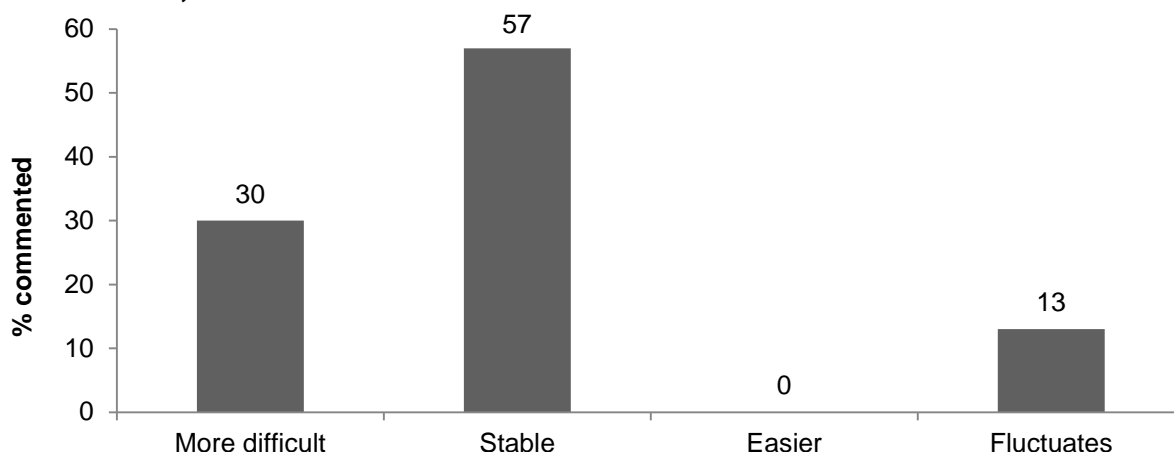
Figure 29: Current availability of illicit morphine, % commented, 2003-2014



Source: IDRS participant interviews

In 2014, 57% of respondents considered that illicit morphine availability had remained stable over the preceding six months (Figure 30), while 30% reported that it had become more difficult to obtain.

Figure 30: Change in availability of illicit morphine in the last six months, % commented, 2014



Source: IDRS participant interviews

Thirty-eight percent (Table 44) of respondents nominated a known dealer as their usual source person and 32% a friend. A friend's home (22%) and a dealer's home (36%) were the most commonly cited source venues.

Table 44: Usual source person and venue for purchases of morphine in the preceding six months, 2009-2014

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Did not respond (%)	20	16	28	34	33	18
Did respond (%)	80	84	72	66	67	82
<i>Of those who responded:</i>						
Source person						
Street dealer (%)	33	12	17	16	43	21
Friends (%)	39	39	50	52	34	32
Known dealer (%)	11	18	18	21	7	38
Acquaintances (%)	14	23	15	6	13	5
Unknown dealer (%)	3	6	0	1	3	1
Other (%)	1	1	0	4	0	3
Source venue						
Home delivery (%)	11	13	7	11	10	9
Dealer's home (%)	18	18	14	20	17	36
Friend's home (%)	26	20	39	39	26	22
Acquaintance's house (%)	9	8	13	4	8	4
Street market (%)	24	10	14	10	21	7
Agreed public location (%)	11	28	14	12	18	21
Other (%)	1	2	0	5	0	0

Source: IDRS participant interviews

5.9 Oxycodone

Key Points

- The median price for 80mg of oxycodone was reported to be \$70, similar to previous years.
- Reports of the availability of oxycodone were mixed, with one-third rating it as easy or very easy to obtain but over half as difficult to obtain.
- Illicit oxycodone was sourced mainly from a known dealer or friends.

5.9.1 Price

As in previous years, a small but growing proportion of the NT IDRS sample reported purchasing illicit oxycodone. Table 45 shows that one participant reported purchasing 15mg oxycodone (original formulation) for \$24 and four participants purchased 20mg oxycodone (original formulation) for a median of \$20. Ten reported paying a median of \$33 for 40mg oxycodone (original formulation) and 15 reported paying a median of \$70 for 80mg oxycodone (original formulation). One person purchased 20mg of the reformulated oxycodone for \$6.

Table 45: Median price (\$) of most recent illicit oxycodone purchase, 2007-2014

	2007	2008	2009	2010	2011	2012	2013	2014	
	N=106	N=103	N=99	N=99	N=98	N=125	N=91	N=93	
								Original	Reformulation
15mg	-	-	-	-	-	-	-	24 (1)	-
20mg	5 (1)	20 (6)	20 (2)	20 (4)	20 (4)	-	-	20 (4)	6 (1)
40mg	25 (2)	30 (2)	23 (4)	40 (3)	40 (7)	38 (6)	35 (7)	33 (10)	-
80mg	59 (3)	50 (6)	60 (5)	80 (4)	70 (11)	60 (12)	60 (14)	70 (15)	-

Source: IDRS participant interviews

Note: Number of purchasers in brackets

Just over half (53%, Table 46) of those who responded considered price to have remained stable over the preceding six months, while the balance of respondents reported mixed opinions.

Table 46: Price movements of oxycodone in the past six months, 2008-2014

	2008	2009	2010	2011	2012	2013	2014
	N=103	N=99	N=99	N=98	N=125	N=91	N=93
Did not respond (%)	86	94	86	88	88	80	80
Did respond (%)	14	6	14	12	12	20	20
<i>Of those who responded</i>							
Increasing (%)	50	50	20	17	20	11	21
Stable (%)	50	50	80	75	73	78	53
Decreasing (%)	0	0	0	0	7	0	16
Fluctuating (%)	0	0	0	8	0	11	11

Source: IDRS participant interviews

5.9.2 Availability

Over half (58%, Table 47) of those able to comment rated the current availability of oxycodone as difficult, with most of the remainder rating it as easy (11%) or very easy (26%) to obtain. Reported current availability of oxycodone has fluctuated over the time shown in Table 47.

Table 47: Participants' reports of oxycodone current availability, 2008-2014

	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Did not respond (%)	86	90	86	84	87	78	80
Did respond (%)	14	10	14	16	13	22	20
<i>Of those who responded</i>							
Very easy (%)	0	40	8	13	13	20	26
Easy (%)	21	50	8	38	50	25	11
Difficult (%)	57	10	66	38	38	50	58
Very difficult (%)	21	0	16	13	0	1	5

Source: IDRS participant interviews

Forty percent of those able to comment considered that oxycodone availability had remained stable over the preceding six months (Table 48) while 30% reported it as difficult to obtain.

Table 48: Change in oxycodone availability in the past six months, 2008-2014

	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Did not respond (%)	86	91	86	87	88	80	78
Did respond (%)	14	9	14	13	12	20	22
<i>Of those who responded (%)</i>							
More difficult (%)	36	11	37	23	7	22	30
Stable (%)	64	78	54	69	80	72	40
Easier (%)	0	0	9	0	13	0	15
Fluctuates (%)	0	1	0	8	0	6	15

Source: IDRS participant interviews

A friend was again nominated as the main source person (45%, Table 49), with friend's home (45%) being the most commonly reported source venue.

Table 49: Source and venue of recent oxycodone purchases, 2008-2014

	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Did not respond (%)	86	90	86	85	86	78	78
Did respond (%)	14	10	14	15	14	22	22
Of those who responded							
Source person							
Street dealer (%)	29	20	7	27	17	40	15
Friends (%)	29	50	50	60	39	45	45
Known dealer (%)	29	20	7	0	17	0	20
Acquaintance (%)	14	10	14	13	17	15	5
Unknown dealer (%)	0	0	14	0	6	0	-
Source venue							
Home delivery (%)	21	0	0	13	12	10	5
Dealer's home (%)	14	30	21	0	18	20	25
Friend's home (%)	29	40	29	47	24	30	45
Acquaintance's house (%)	7	0	7	7	12	10	-
Street market (%)	14	20	0	27	12	20	-
Agreed public location (%)	29	0	36	7	24	10	15

Source: IDRS participant interviews

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- Twenty-five percent of the sample had overdosed on heroin at least once in their lives but no one reported a heroin overdose within the past year.
- Fifteen percent of the sample had overdosed on a drug other than heroin, and of those 1 had overdosed within the past year.
- Seventeen percent of the sample reported current treatment (15% in 2013) and 15% reported having attended treatment within six months of interview.
- Sharing of injecting equipment rates were higher than those found in 2013, with spoons/mixing containers and tourniquets being the most commonly shared equipment.
- Two percent of respondents used a needle after someone else and 22% had reused their own needle at least once.
- Location of last injection was mainly in a private home with needles sourced almost exclusively from a Needle and Syringe Program.
- Scarring/bruising (39%), difficulty injecting (41%) both increased and were again identified as the main injection-related problems in the month prior to interview.
- Eighteen percent reported stimulant Severity of Dependence Scale (SDS) scores indicating dependence and 53% with opioid SDS scores indicating dependence.
- Twenty-eight 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.
- Thirty-nine percent of participants had high or very high levels of distress as measured by the Kessler Psychological Distress Scale (K10).

6.1 Overdose and drug-related fatalities

6.1.1 Heroin

Twenty-five percent of the 2014 IDRS sample had overdosed on heroin at least once in their lives, none within 12 months of interview.

6.1.2 Other drugs

Fourteen participants (15% of the sample) reported ever overdosing on a drug other than heroin, one within one year of interview and none within one month. Participants were not able to report the drugs involved in these overdoses this year or in 2013, and so data up to 2012 are shown in Table 50.

Table 50: Overdose on other drugs by participants, 2007-2012

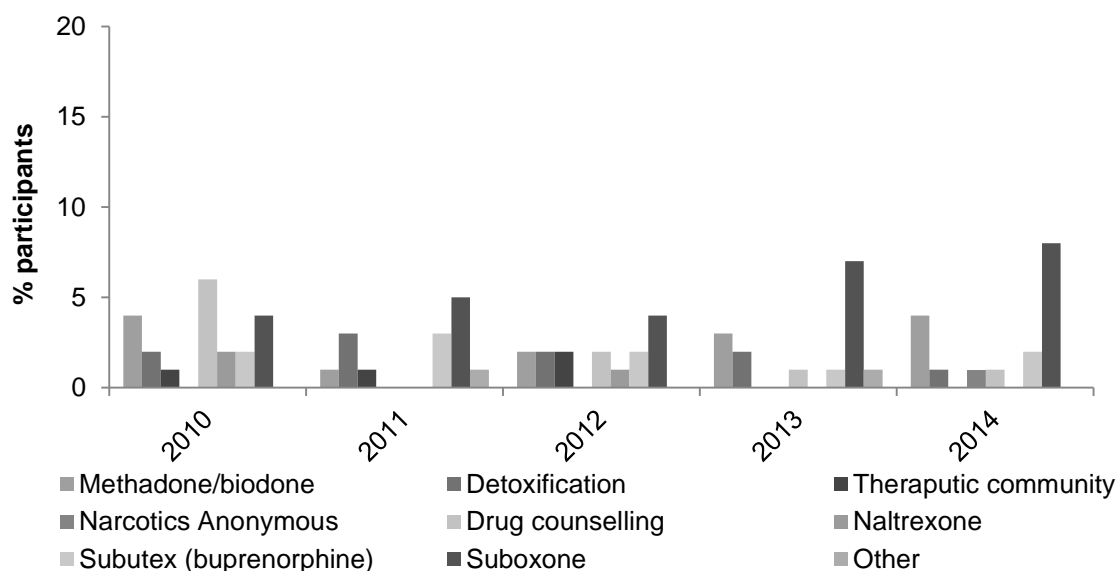
Drug	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
LSD (%)	0	1	0	0	0	0
Ecstasy (%)	2	1	1	0	0	1
Benzodiazepines (%)	8	7	5	5	4	1
Alcohol (%)	8	2	1	1	0	0
Cannabis (%)	1	1	0	0	0	1
Speed (%)	8	2	2	0	0	1
Base (%)	0	1	0	0	0	0
Ice/crystal (%)	0	0	0	0	0	0
Antidepressants (%)	0	0	0	0	0	0
Pharmaceutical stimulants (%)	0	0	0	0	0	0
Morphine	0	5	5	1	2	3
Other opiates	0	0	1	2	2	0
Inhalants	0	0	1	0	0	0

Source: IDRS participant interviews

6.2 Drug treatment

In 2014, 17% of participants reported current attendance at treatment compared to 15% in 2013. In 2014, treatment was comprised of methadone/biodone (5%), Subutex (4%), Suboxone (7%) and Narcotics Anonymous (1%). This group reported a median a 18 months in treatment, ranging from 1 to 240 months.

Figure 31: Proportion of participants reporting recent treatment, 2010-2014



Source: IDRS participant interviews

Note: Some participants may be counted twice

Twelve percent of participants reported that they had tried to access treatment in the six months prior to the survey but were unable to do so. Five percent had tried to access an alcohol or other drugs worker and 5% an opiate substitution program. Smaller numbers had been unable to access a GP, a counsellor, a psychiatrist or a

rehabilitation service. In most cases, 64% of those who tried, the participants were put on a waiting list. Of those able to comment (98% of the sample) over half reported that it is either difficult (31%, Table 50) or very difficult (21%) to get into drug treatment at the time of interview.

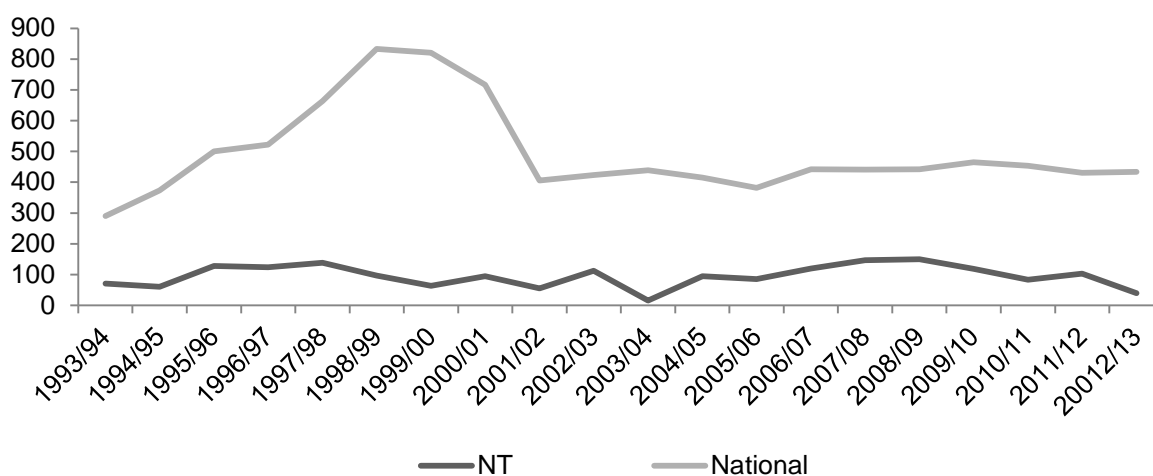
Table 50: Ease of access to drug treatment by participants, 2014

	2014 N=91
Very difficult	21
Difficult	31
Easy	21
Very easy	3
Don't know	24

6.3 Hospital admissions

The rate of opioid-related admission to NT hospitals in 2012/13 declined compared to the previous year while the national rate was stable 7 per million persons (Figure 32). Both series have been relatively stable in recent years with the NT rate remaining consistently lower than the national rate.

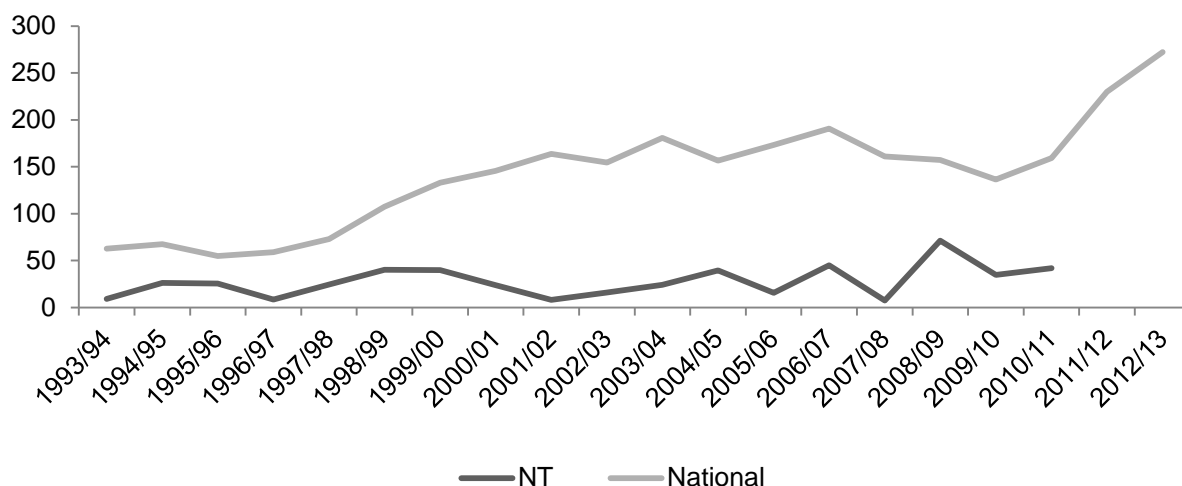
Figure 32: Opioid-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2011/12



Source: AIHW.

The rate of amphetamine-related admissions to NT hospitals was not reported in 2011/12 and 2012/13 due to small numbers. The rate increased in 2010/11 compared to 2009/10 (Figure 33) and it can be seen that this rate has fluctuated considerably in recent years. The national rate shows a sharp reversal of a reasonably steady decline between 2006/07 and 2009/10.

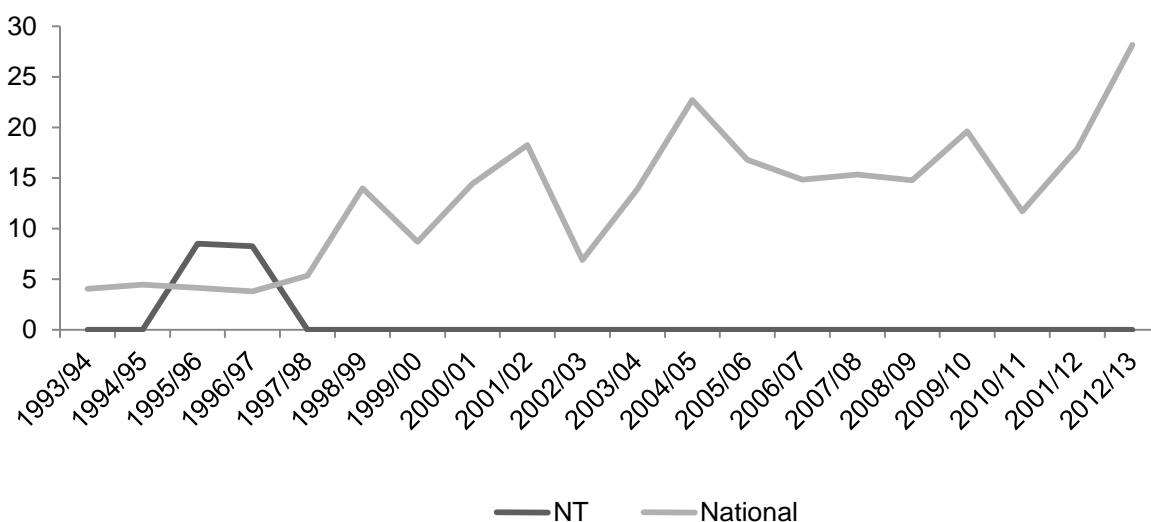
Figure 33: Amphetamine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2011/12



Source: AIHW.

As has been the case since 1997/98, there were no cocaine-related admissions to NT hospitals in 2011/12 (Figure 34).

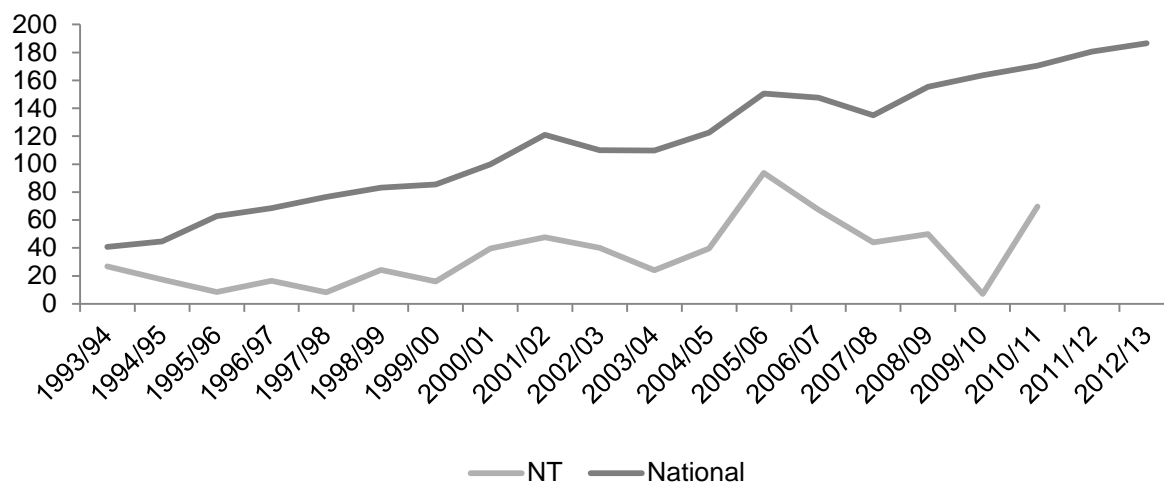
Figure 34: Cocaine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2011/12



Source: AIHW.

The rate of cannabis-related admissions to NT hospitals were not reported in 2011/12 and 2012/13 due to small numbers. The rate decreased in 2009/10 (Figure 35), continuing a decline seen since 2005/06 then increased substantially into 2010/11. Again, the fluctuations may be the result of small counts.

Figure 35: Cannabis-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2010/11



Source: AIHW.

6.4 Injecting risk behaviours

6.4.1 Access to needles and syringes

Ninety-seven percent of participants sourced needles from an NSP in the six months prior to interview, continuing the trend observed in previous years (Table 51). Chemists, hospital and peer worker were a source for one respondent each.

Table 52: Source of needles in last six months, 2009-2014

Needle source	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
NSP (%)	95	98	95	92	93	97
NSP vending machine (%)	1	0	0	2	0	0
Chemist (%)	4	0	3	1	10	1
Partner (%)	0	0	2	1	1	0
Friend (%)	0	4	4	5	6	0
Dealer (%)	0	0	0	0	1	0
Hospital (%)	0	0	0	0	2	1
Outreach/peer worker (%)	0	0	0	0	0	1
Other (%)	0	0	1	0	0	0

Source: IDRS participant interviews

6.4.2 Sharing of injecting equipment among participants and related behaviours

Twenty-nine percent of participants reported using some type of injecting equipment (other than needles) after someone else, compared to 18% in 2013. Table 53 demonstrates that with the exception of sharing spoons/mixing containers or tourniquets, there was a low rate of using injecting equipment after someone else.

Two participants had used a needle after another person, one after their regular sex partner and one after a close friend.

Table 53: Proportion of participants reporting using injecting equipment after someone else in the month preceding interview, 2007-2014

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Spoons/mixing containers	30	21	36	13	15	22	16	23
Filters	13	9	23	1	4	1	3	2
Tourniquets	21	20	28	6	8	15	11	13
Water	13	10	22	1	1	1	2	3
Swabs	-	-	-	-	-	-	-	3
Wheel filter	-	-	-	-	-	-	-	1
Some one used needle after you	7	9	3	4	8	3	3	3
You used needle after someone	8	8	5	3	3	3	2	2

Source: IDRS participant interviews

Table 54 shows that 22% of participants had reused their own needles at least once, the same as the proportion found in 2013.

Table 54: Reuse of own needles, 2009-2014 (%)

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
No times	63	54	70	73	78	78
Once	12	16	11	13	4	9
Twice	11	14	9	6	3	7
3-5 times	8	12	7	7	8	4
6-10 times	2	2	1	1	3	1
More than 10 times	4	1	0	1	3	1

Source: IDRS participant interviews

Table 55 shows that just under three-quarters (71%) of the sample identified an arm as the last injection site, injecting on a median of 30 occasions in past month. Participants obtained a median of 100 needles/syringes on a median of 2 occasions in the past month.

Table 55: Injection site and needle use characteristics, 2012-2014

	2012 N=125	2013 N=91	2014 N=93
Arm	74	73	71
Leg	6	14	11
Hand	14	8	15
Foot	2	1	1
Groin	3	1	1
Neck	0	0	0
Other	0	1	1
Median times injected in the last month	30	30	30
Median times obtained needles/syringes in the last month	2	2	2
Median no. of needles/syringes obtained in the last month	100	100	100

Source: IDRS participant interviews

6.4.3 Location of injections

Consistent with previous years, a large majority (89%) reported a private home as the last location for injecting drugs (Table 56). The proportion reporting last injecting in a public toilet declined from 8% in 2013 to 1% this year, while last injecting in a car increased to 4%.

Table 56: Proportion of participants reporting last location for injection in the month preceding interview, 2006-2014

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Private home	96	96	98	90	92	92	96	84	89
Street/carpark/beach	-	2	1	2	2	3	1	2	2
Other public area	0	-	0	3	0	0	0	0	0
Car	0	0	1	0	2	3	2	1	4
Public toilet	0	1	0	2	2	1	1	8	1
Other	4	1	0	0	2	1	1	2	3

Source: IDRS participant interviews

6.4.4 Self-reported injection-related health problems

The proportion of the IDRS sample reporting a dirty hit decreased substantially this year, for the second year running, to 5% (Table 57) from the 13% found last year. Scarring/bruising (39%) and difficulty injecting (41%) continued to be prominent injection-related problems reported as well (Table 57).

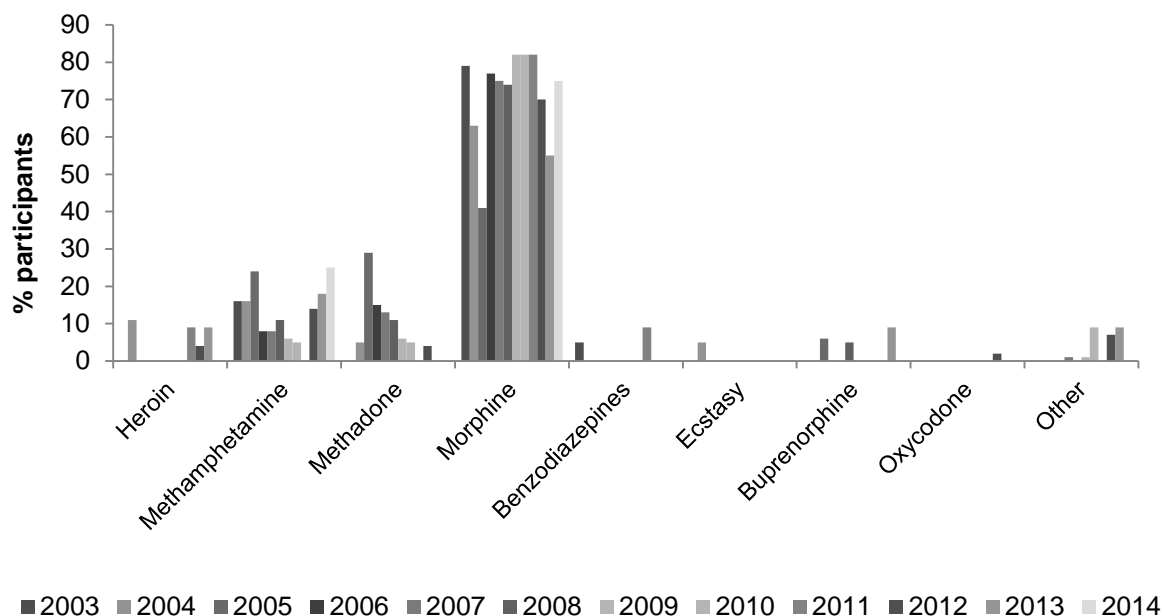
Table 57: Proportion of participants reporting injection-related problems within one month prior to interview, by problem type, 2006-2014

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Overdose	1	1	1	11	5	3	19	3	0
Dirty hit	13	27	18	25	22	12	46	13	5
Abscess/infection	9	11	11	16	11	10	9	4	5
Scarring/bruising	42	49	53	45	30	45	42	32	39
Difficulty injecting	42	45	45	42	27	37	34	25	41
Thrombosis	4	7	11	6	4	7	1	4	4

Source: IDRS participant interviews

As in previous years, morphine (75%) was the main drug causing a ‘dirty hit’ in the month preceding the interview (Figure 36), while the proportion attributing the dirty hit to a methamphetamine increased to 25%.

Figure 36: Main drug causing dirty hit in last month, 2003-2014



Source: IDRS participant interviews

6.5 Blood-borne viral infections

Notifications of new cases of hepatitis B virus (HBV) and hepatitis C virus (HCV) to the National Notifiable Diseases Surveillance System are shown in Table 58. HIV notifications in 2012 and 2013, as reported by the Kirby Institute, are markedly higher than in previous years.

Table 58: Total notification of HBV, HCV and HIV, 2002-2012

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
HBV (incident) (n)	8	5	11	12	8	4	4	4	5	6	4
HCV (unspecified) (n)	258	255	259	225	203	163	169	205	191	256	187
HIV new cases (n)	8	3	11	6	11	16	6	9	27	19	-

Source: NNDSS & NCHECR

The 2013 finger-prick survey carried out in Darwin and Alice Springs, auspiced by the National Centre in HIV Epidemiology and Clinical Research (NCHER) identified 3% of those tested with HIV antibodies (Table 59). HCV antibody prevalence has increased over the period shown.

Table 59: HIV and HCV antibody prevalence in NSP survey, 2006-2011

	2006	2007	2008	2009	2010	2011	2012	2013
HIV antibody (% (n))	0 (20)	0 (29)	1 (73)	0 (76)	0 (78)	1.5 (68)	2.2 (46)	3 (66)
HCV antibody (% (n))	5 (17)	18 (29)	38 (72)	29 (75)	47 (78)	52 (61)	35 (46)	51 (65)

Source: NCHECR

6.6 Alcohol Use Disorders Identification Test - Consumption

Since 2010, the 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). 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 6.1 (SD=3.4, range 1-12). This was similar to the 2013 overall mean score of 6.6. According to Dawson et al. (2005) and Haber et al. (2009), a cut-off score of five or more indicated that further assessment was required. As is evident from Table 60, 62% of males (63% in 2013) and 58% of females (38% in 2013) reported a level of alcohol consumption requiring further assessment. Sixty-one percent of the total sample of males and females obtained a score of 5 or more.

Table 60: AUDIT-C, people who inject drugs and drank alcohol in the past year, 2010-2014

	2010 (N=71)	2011 (N=75)	2012 (N=74)	2013 (N=83)	2014 (N=65)
Mean AUDIT-C score, SD (range)	5.5, 3.5 (1-12)	5.7, 3.5 (1-12)	6.3, 3.3 (1-12)	6.6, 4.0 (1-12)	6.1, 3.4 (1-12)
Score of 5 or more (%)					
All participants	59 (n=71)	52 (n=75)	68 (n=74)	64 (n=62)	61 (n=51)
Males	50 (n=52)	56 (n=54)	68 (n=57)	63 (n=46)	62 (n=39)
Females	47 (n=19)	43 (n=21)	65 (n=19)	38 (n=16)	58 (n=12)

Source: IDRS participant interviews

6.7 Opioid and stimulant dependence

Understanding whether participants are dependent is an important predictor of harm, and typically demonstrates stronger relationships than simple frequency of use measures. The participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids.

The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with and anxiety about use. Previous research has suggested that a cut-off of 4 is indicative of dependence for methamphetamine users (Topp and Mattick, 1997) and a cut-off value of 3 for cocaine (Kaye and Darke, 2002).

Of those who had recently used a stimulant and commented (n=34), the median score was 1.0 (mean 1.7, range 0-10), with 18% scoring 4 or more. Women (27%) were more likely to score 4 or more than men (13%), although this difference was not statistically significant. Most of this group, 82%, did not associate their answers with a particular stimulant; of those who did (n=6), 67% mentioned methamphetamine.

No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of 5 for the presence of dependence.

Of those who had recently used an opioid and commented (n=87), the median SDS score was 6.0 (mean 5.8, range 1-14), with 53% scoring 5 or above. Men (58%) were less likely to score 5 or more than women (82%) and this difference was statistically significant. Of those who scored 5 or above and who were able to comment (n=45), 89% specifically related their responses to morphine, 4% to buprenorphine and 2% to oxycodone.

6.8 Mental health problems and psychological distress

Twenty-eight 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). The proportions reporting these conditions both increased substantially.

Table 61: Self-reporting recent mental health problems, 2007-2014 (%)

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Depression	17	19	17	23	16	15	20	12
Manic depression	1	4	3	3	6	5	2	3
Anxiety	10	10	10	16	14	10	15	9
Panic	4	1	2	2	2	2	1	0
Paranoia	2	3	0	2	1	1	0	2
Personality disorder	1	0	2	0	0	0	0	0
Schizophrenia	3	3	6	4	3	2	7	3
Drug-induced psychosis	1	1	0	0	2	1	0	4
Post-traumatic stress disorder	-	-	-	-	-	-	-	3

Source: IDRS participant interviews

Of the group who had experienced a mental health problem, 62% had attended a health professional for the reported problem. Just under three-quarters (63%) of this group attended a GP, 38% a psychiatrist and 13% a psychologist. All of those who attended a health professional were prescribed medication: 63% an antidepressant, 25% an antipsychotic and 13% a benzodiazepine.

Table 62: Types of medication for mental health problems, 2013-2014 (%)

	2013	2014
Antidepressant	(n=10)	(n=10)
Avanza (mirtazapine)	10	13
Cymbalta (duloxetine)	10	0
Deptran (doxepin)	10	0
Efexor (venlafaxine)	20	25
Mirtazapine (generic)	10	0
Sertraline (generic)	10	0
Zoloft (sertraline)	20	13
Other	10	25
Anti-psychotic	(n=4)	(n=5)
Olanzapine (generic)	20.0	50
Seroquel (quetiapine)	60.0	0
Other	-	50
Benzodiazepine	(n=2)	(n=6)
Valium (diazepam)	50.0	50
Valpam (diazepam)	16.7	0
Xanax (alprazolam)	16.7	17
Serepax (oxazepam)	-	17
Other	16.7	17

Source: IDRS participant interviews

Of the 38% who reported a mental health problem and yet did not attend a health professional, 30% reported that they self-treated.

Table 63: Reasons why did not attend a health professional, 2014

	2014 N=10
Self-treated	30
Didn't know who to visit	10
Couldn't be bothered	10
Bad experience(s) e.g. with mental health services previously	10
Other	40

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 2014, 93% of the IDRS sample completed the K10, yielding a mean total score of 19.8 (median=18, SD=7.8, range=30).

K10 scores were categorised using total score ranges consistent with those used by the Australian Bureau of Statistics are presented in Table 61. Based on these categories, 16% of those who completed the K10 reported experiencing a very high level of distress over the four weeks prior to interview. Two-fifths (41%) of those who completed the K10 reported low or no distress.

Table 64: Level of psychological distress, 2009-2014

Level of distress	2009	2010	2011	2012	2013	2014
Low or no distress (10-15)	34	35	25	26	21	41
Moderate distress (16-21)	26	23	26	17	33	20
High distress (22-29)	23	21	24	16	17	23
Very high distress (30-50)	17	21	24	19	10	16

Source: IDRS participant interviews

6.8.1 KE comment

Health KE tended to focus their discussion on the impacts of crystal methamphetamine use on their clients and their services, reiterating issues raised in previous years, including:

- injection-related problems among crystal methamphetamine users had increased due to a move from smoking to injecting;
- a number of clients had a pattern of 'long weekend' binge use that led to related child-care issues;
- clients were also more likely to be 'in crisis' than previously, meaning that they were experiencing issues around anger, depression, anxiety and employment or relationship difficulties; and
- knowledge and practice in relation to the use of clean injecting equipment and the risks of needle and other equipment sharing was generally good, but better among older injectors than younger.

All health KE reported an increase in the number of 'significant others', often parents or partners, who had been contacting them either for information about crystal methamphetamine use or to initiate a referral for treatment. Health KE were of the view that even though referrals had increased existing treatment services were often not suitable for regular crystal methamphetamine injectors and that this constitutes a service gap. One response to this has been the formation of a support group specifically around assisting families of crystal methamphetamine users.

One Emergency department nurse noted that presentations related to crystal methamphetamine or other ATS use are occasional, estimating 1 or 2 a month, they can be challenging to staff due to aggressive or chaotic behaviours. She described the people involved as often male, in their mid-20s and involved in mining or similar industries, sometimes as fly-in/fly-out workers.

Health KE corroborate the decreased use of Physeptone found amongst the IDRS PWID sample and noted the decline in Xanax use as a reason for presentation.

Some NSP KE noted an increase in business from regular steroid users, mainly 20-29 year olds, often fly-in/fly-out workers who may be less aware than other PWID of the risks associated with injecting. These KE identified this as a group that would not typically come into contact with existing services and where targeted education campaigns may be required.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- Fourteen percent of the sample had been arrested in the preceding 12 months.
- Nineteen percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing.
- The number of ATS seizures and the amounts seized increased markedly for Heroin.
- The weight of ATS seizures declined while the number of arrests increased.
- The weight of steroid seizures increased markedly.
- Forty-two percent of the sample had spent \$50 or more on drugs on the day prior to the interview.

7.1 Reports of criminal activity

Nineteen percent of the IDRS sample reported having committed at least one crime in the month prior to interview. Dealing (13%) was the most frequently reported crime, followed by property crime (10%). 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.

Fourteen percent (Table 63) of the sample had been arrested within 12 months of the interview. Of those, 31% had been arrested for drug possession or use, 23% for property crime and 8% for a driving offence.

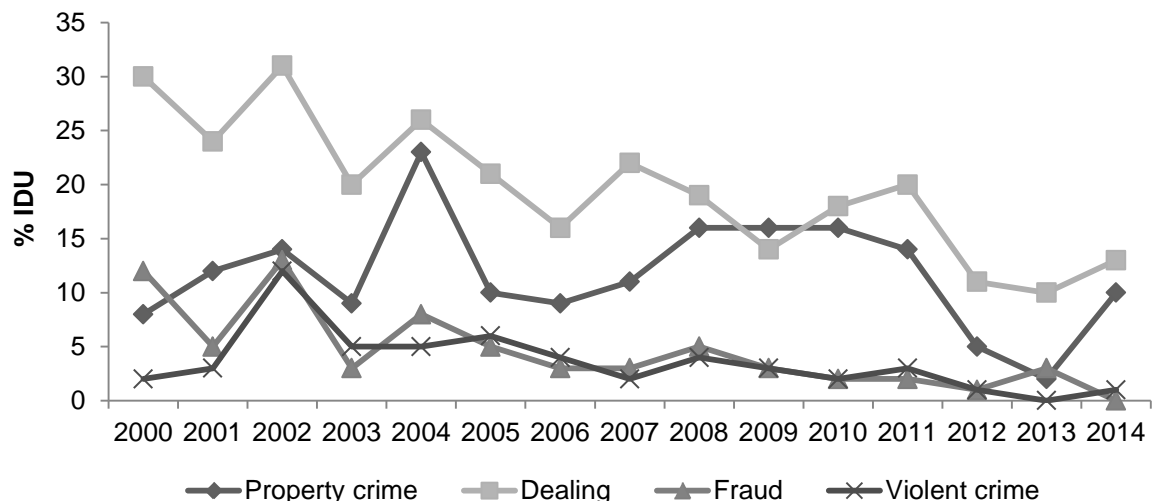
Table 65: Criminal and police activity as reported by participants, 2007-2014

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
Criminal activity in last month (%)								
Dealing	22	19	14	18	20	11	10	13
Property crime	11	16	16	16	14	5	2	10
Fraud	3	5	3	2	2	1	3	0
Violent crime	2	4	3	2	3	1	0	1
Any crime	29	35	26	32	31	16	14	19
Arrested in last 12 months	27	25	20	24	25	17	14	14

Source: IDRS participant interviews

Participant reports of criminal activity have fluctuated but generally declined since 2000 (Figure 37), with the exception of property crime, which shows no clear long-term trend.

Figure 37: Proportion of participants reporting engagement in criminal activity in prior month, by offence type, 2000-2014



Source: IDRS participant interviews

Forty-two percent of the sample reported having been imprisoned at some time.

7.2 Arrests

Table 64 shows that there were three heroin consumer arrests in 2012/13, involving one seizure of approximately 6 kilograms.

Table 66: Heroin arrest and seizure characteristics, 2004/05-2012/13

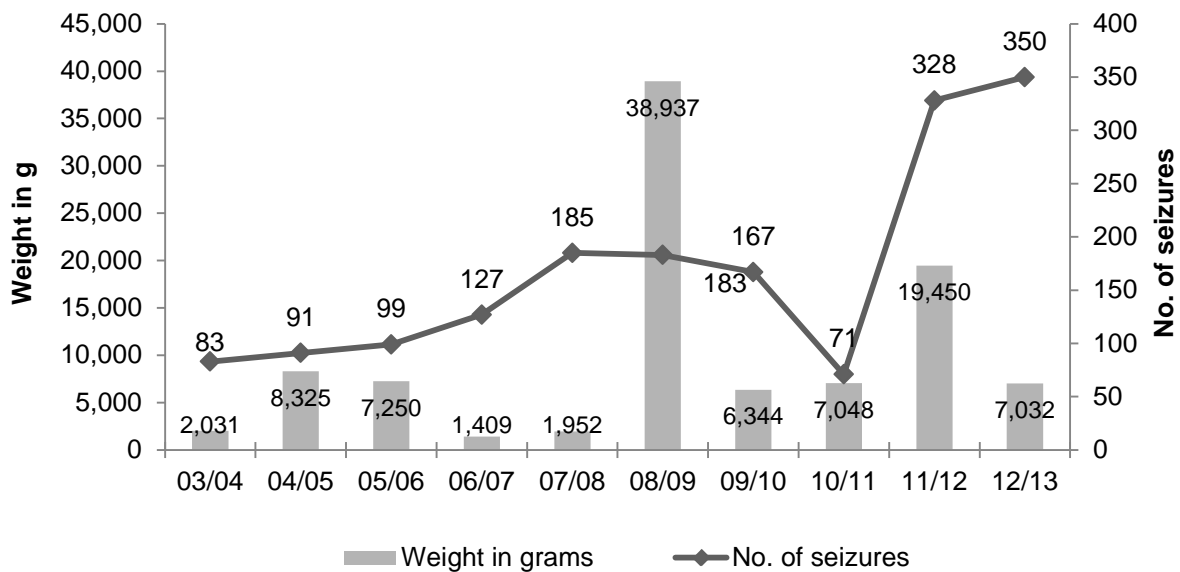
	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Consumer arrests	1	0	1	1	0	1	2	0	3
Provider arrests	0	0	0	0	0	0	0	1	0
Total arrests*	2	0	1	1	0	1	2	1	3
Seizure number	3	1	2	1	2	3	1	3	8
Seizure weight (g)	20	2	1	2	641	2	126	8	6,148

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 increased from 328 in 2011/12 to 350 in 2012/13 (Figure 42); the weight of seizures (7,032 grams) declined.

Figure 38: Number of ATS seizures in NT, 2003/04-2012/13

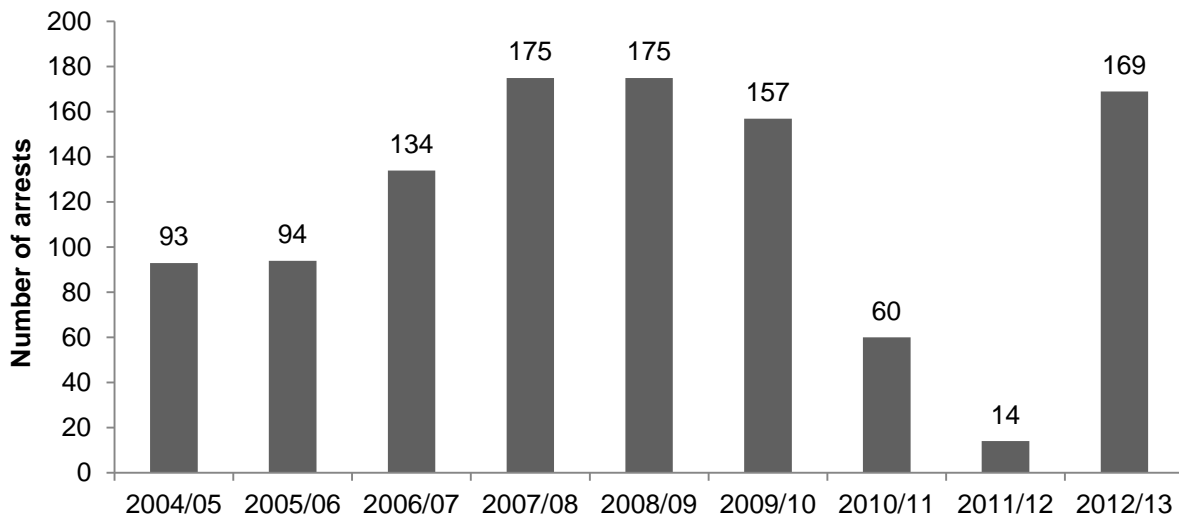


Source: Australian Bureau of Criminal Intelligence (ABCI) and ACC

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

Figure 39 demonstrates that the combined number of arrests for ATS consumers and providers increased substantially.

Figure 39: Number of ATS total consumer and provider arrests in the NT, 2004/05-2012/13



Source: ACC

There were no cocaine related arrests and 1 seizure in 2012/13 (Table 67).

Table 67: Cocaine arrest and seizure characteristics, 2004/05-2012/13

	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Consumer arrests	5	1	1	0	1	0	0	3	0
Provider arrests	0	1	0	0	0	1	0	0	0
Total arrests*	5	1	1	0	4	1	0	3	0
Seizure number	4	3	3	0	6	1	0	4	1
Seizure weight (g)	8	5	26	0	235	13	0	2	0

Source: 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 cannabis consumer (299) and provider (229) arrests declined into 2012/13 as did the number and weight of seizures (Table 68).

Table 68: Cannabis arrest and seizure characteristics, 2004/05-2012/13

	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Consumer arrests	289	368	409	386	422	393	318	355	299
Provider arrests	99	113	137	91	102	111	70	282	229
Total arrests*	429	526	588	552	597	597	460	617	528
Seizure number	877	1,144	986	1,077	1,087	764	1,010	2,185	1,685
Seizure weight (g)	56,736	55,662	55,202	83,179	131,179	740,957	27,243	238,224	178,520

Source: 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 cannabis infringement notices issued in the NT declined (Table 69) to a similar level to that seen in previous years.

Table 69: Cannabis infringement notices, 2004/05-2012/13

	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Consumer	409	481	399	378	456	466	442	703	521

Source: 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 steroid-related arrests increased (Table 70) slightly into 2012/13 while the weight of seizures increased markedly.

Table 70: Steroid arrest and seizure characteristics, 2004/05-2012/13

	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Consumer arrests	4	2	9	5	6	5	3	6	9
Provider arrests	0	2	0	0	0	1	0	5	5
Total arrests*	4	5	13	7	6	10	3	11	14
Seizure number	3	7	10	11	9	15	9	12	13
Seizure weight (g)	407	2,596	286	296	296	147	146	315	812

Source: ACC

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

7.3 Expenditure on illicit drugs

Sixty percent of the IDRS sample reported some expenditure on drugs on the day prior to interview (Table 71). Forty-two percent of the sample reported spending \$50 or more on drugs.

Table 71: Amount spent on drugs on the day before interview, 2005-2014 (%)

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93
\$0	47	30	42	63	33	39	43	42	40
Less than \$20	0	4	1	2	2	1	0	2	1
\$20-\$49	6	22	11	8	6	12	7	14	17
\$50-\$99	15	19	21	10	23	17	20	16	15
\$100-\$199	18	15	15	10	21	16	17	13	14
\$200 or more	8	11	8	6	14	14	14	14	13

Source: IDRS participant interviews

7.4 KE comment

Law enforcement KE have found that crystal methamphetamine is the principal illicit stimulant dealt in Darwin. As was the case last year they noted that:

- this drug enters Darwin primarily in small to medium sized quantities, less than 1kg, via road and air from Interstate points of origin; and
- crystal methamphetamine was more often found to be present when major crimes were detected, not necessarily as the object of the crime, but as having been consumed by those involved

Police described a perceived increase in aggression, violence and property crime associated with crystal seizures. They highlighted the financial burden associated with regular crystal use due to its relative expense and an association between this and increases in property crime. They rated crystal as easy to obtain in Darwin and mentioned anecdotal stories of crystal injection in some remote communities. One Police KE described regular crystal users as mainly young males and females of "European" heritage, but noted that they had encountered a small proportion of young Indigenous injectors. He described this group as Darwin-based, obtaining their crystal methamphetamine and mainly using it in Darwin, but sometimes travelling to remote communities for reasons unrelated to their drug use and injecting while there.

8 SPECIAL TOPICS OF INTEREST

8.1 Homelessness

Sixty-two percent (Table 72) of the sample reported being homeless at least once in their lifetime. The principal reasons given as contributors to the first episode of homelessness were: financial difficulties (31%), relationship breakdown with family (27%) and drug use or dependence (23%). Seventeen percent reported that they were homeless at the time of interview, and a further 11% that they had been homeless within the last 6 months. A majority(56%) reported that their last episode of homelessness was more than 5 years before interview.

One third (33%) of those who had ever been homeless had experienced less than 6 months homelessness in their lifetime while 40% had been homeless for three or more years. Fifty-six percent of those who had been homeless had experienced violence during their last six months of homelessness. One quarter (23%) of this group had been physically attacked and a further quarter (23%) had been robbed.

Table 72: Homelessness history among people who inject drugs, 2014

	2014 n=93
% lifetime homelessness history	62
% factors to contributing to first episode of homelessness* #	(n=52)
Relationship breakdown (family)	27
Drug use/dependence	23
Financial difficulties	31
Unemployment	15
Domestic violence	4
Mental health problems	8
Relationship breakdown (friends)	14
Alcohol use/dependence	10
Physical or sexual abuse	2
Released from prison	8
Gambling	2
Physical health problems	0
Disability	0
% length of time since last homeless episode*	(n=54)
Currently homeless	17
In the past six months	11
7-12 months	10
1-2 years	7
2-5 years	6
More than 5 years	56
% total duration of homelessness over lifetime*	(n=51)
Less than six months	33
6-11 months	14
1-2 years	14
3-5 years	12
6-10 years	14
More than 10 years	14
% exposed to violence during last 6mths of homelessness	(n=35)
Physically attacked	23
Stood over	11
Robbed	23
Mugged	17

Source: IDRS participant interviews

* Among those with a homelessness history

Multiple responses allowed

Seventy-eight percent (Table 73) of those who had been homeless had 'slept rough', 28% within six months of interview, with a mean age of 24 at their first episode. Living with relatives, friends or acquaintances (71% lifetime, 17% within 6 months and mean age of 27 years for the first episode) was the next most common form of homelessness, followed by crisis or emergency accommodation (55%, 10% and 26 years) and boarding or rooming houses (55%, 16% and 27 years).

Table 73: Proportion who experienced different forms of homelessness, by jurisdiction, 2014

	NT n=58
Slept rough	
Lifetime (%)	78
Last 6 mths (%)	28
Mean age of first episode (range)	24 (11-49)
Crisis or emergency accommodation	
Lifetime (%)	55
Last 6 mths (%)	10
Mean age of first episode (range)	26 (12-54)
Medium or long term accommodation	
Lifetime (%)	16
Last 6 mths (%)	3
Mean age of first episode (range)	34 (17-53)
Lived with relatives, friends or acquaintances (couch surfing)	
Lifetime (%)	71
Last 6 mths (%)	17
Mean age of first episode (range)	27 (13-52)
Boarding or rooming houses or hostels (other than on holiday)	
Lifetime (%)	55
Last 6 mths (%)	16
Mean age of first episode (range)	27 (16-45)
Caravan park (other than on holiday)	
Lifetime (%)	41
Last 6 mths (%)	2
Mean age of first episode (range)	23 (1-40)

Source: IDRS participant interviews

8.2 Oxycodone use

In response to the extra-medical use of opioid medications, pharmaceutical companies have begun developing formulations that are less prone to tampering. A new tamper resistant formulation of controlled release oxycodone hydrochloride tablets (Reformulated OxyContin®) was released onto the Australian market in April 2014. The tablets are designed to be bioequivalent to the original formulation, but are difficult to crush and which develop into a viscous gel when dissolved in water.

An oxycodone module was developed to examine patterns of use and misuse of oxycodone products, given changes in the types of oxycodone products available in 2014 (with the introduction of Reformulated OxyContin®). Participants were asked about their use of Original OxyContin®.

Forty-one percent (Table 74) of the sample reported ever using Oxycodone in any form. Of this group, 41% had used Original OxyContin® within six months of interview while 20% had used Reformulated OxyContin®.

Eight respondents reported lifetime use of Reformulated OxyContin®. Five of these had recently used non-prescribed tablets, on a median of 3 days. Four respondents reported recent injection of Reformulated OxyContin® on a median of 8 days. Three of this group rated the ease of injection of Reformulated OxyContin® on a scale of 10, where 0 = "impossible to inject" and 10 = "extremely easy to inject", with 1 person giving it a rating of 2 and two people a rating of 8.

Table 74: Lifetime and recent use of oxycodone (any form), by jurisdiction, 2014

	2014 n=93
% Ever used oxycodone (any form)	41
Recent use of oxycodone (any form)*	n=41
% Endone®	2
% Original OxyContin®	41
% Reformulated OxyContin®	20
% OxyNorm® tabs	5
% OxyNorm® liquid	0
% OxyNorm® Solution	0
% Targin®	0
% Proladone®	0

Source: IDRS participant interviews

*Among those who reported ever using oxycodone.

8.3 Ageing

Twenty-three percent (Table 75) of the sample reported a lifetime diagnosis of asthma, with 48% of this group reporting that they either still had the condition or received treatment for the condition in the last 12 months. One in five (21%) reported a lifetime diagnosis of cancer.

Table 75: Lifetime and recent diagnosis of chronic conditions and treatment received in the last 12 months among PWID, 2014 (%)

	NT (n=93)
Asthma	
Lifetime diagnosis	23
Had condition or received treatment last 12 months*	48 (n=21)
Cancer	
Lifetime diagnosis	21
Had condition or received treatment last 12 months*	46 (n=11)
Stroke	
Lifetime diagnosis	14
Had condition or received treatment last 12 months*	25 (n=4 [^])
Heart/circulatory condition	
Lifetime diagnosis	15
Had condition or received treatment last 12 months*	57 (n=14)
Gout, rheumatism, arthritis	
Lifetime diagnosis	8
Had condition or received treatment last 12 months*	37 (n=19)
Diabetes/high blood sugar levels	
Lifetime diagnosis	12
Had condition or received treatment last 12 months*	80 (n=5 [^])
Respiratory disease	
Lifetime diagnosis	4
Had condition or received treatment last 12 months*	31 (n=12)
Skin problems	
Lifetime diagnosis	5
Had condition or received treatment last 12 months*	57 (n=7 [^])

Source: IDRS PWID interviews

*Among those with a lifetime diagnosis of the chronic condition

[^] Small numbers commenting; interpret with caution

Participants were also asked how often they had a visited a health service in the past 12 months. Of those who had visited a General Practitioner (GP) in the last 12 months (n=74, Table 76), the median number of days visited was 10. Participants reported a median of six visiting days to an Opioid Substitution Treatment doctor (OST) in the last 12 months.

Table 76: Median number of days visited a health service in the past 12 months among PWID who visited the health service, 2014

	2014
General Practitioner (n)	10 (n=74)
OST doctor (n)	6 (n=17)
Drug and alcohol counsellor (n)	4 (n=17)
Psychiatrist (n)	2 (n=7 [^])
Specialist doctor (n)	4 (n=17)
Psychologist (n)	2 (n=7 [^])
Social or welfare worker (n)	6 (n=10)
Dentist (n)	2 (n=17)
Other health professional (n)	5 (n=11)
Attended by an ambulance (n)	1 (n=21)
Admitted to hospital (n)	1 (n=17)
Outpatient clinic (n)	1 (n=25)

Source: IDRS PWID interviews

[^] Small numbers commenting; interpret with caution

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