C. Moon

NT DRUG TRENDS 2004
Findings from the Illicit Drug Reporting System (IDRS)

NDARC Technical Report No. 218

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2004

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Chris Moon

NT Department of Health and Community Services
Alcohol and Other Drugs Program

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
BBV	Blood Borne Virus
CDHA	Commonwealth Department of Health and Ageing
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
IDU	Illicit Drug User
KE	Key expert
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drugs and Alcohol Research Centre
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle Syringe Program (NT AIDS Council)
NT	Northern Territory
NTAHC	Northern Territory AIDS and Hepatitis Council
NTDHCS	NT Department of Health and Community Services
PBS	Pharmaceutical Benefit Scheme

EXECUTIVE SUMMARY

This report presents the results of the 2004 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT). This is the sixth year that the IDRS has been conducted in the NT.

The IDRS is coordinated by the National Drug and Alcohol Research Centre (NDARC) which is part of the University of NSW. It is jointly funded by the Australian Government Department of Health and Ageing (the Department) and by the National Drug Law Enforcement Research Fund (NDLERF).

The IDRS combines data from a survey of injecting drug users (IDU), a survey of key experts and the collation of illicit drug related indicator data to monitor the price, purity and availability of a range of illicit drug classes and to identify emerging trends in illicit drug use and the illicit drug market.

IDU Sample characteristics

As in previous years the IDU sample was primarily male (75%), aged in the mid-thirties (mean=36 years), spoke English at home and was unemployed (83%). Seventeen percent of the sample identified as indigenous (compared to 13% in 2002), 49% had been in prison, and 20% were in treatment at the time of interview.

Drug use patterns

The five illicit drugs most commonly used by the IDU sample in the last six months remain unchanged from the previous year: morphine, cannabis, speed powder, benzodiazepines and methadone. Morphine use and injection among the IDU is higher this year than in previous years, with diverted MS Contin still the preferred form. Methamphetamine use is stable compared to 2003 and higher than earlier years. The proportion of the IDU that recently injected amphetamines continues to increase. The proportion using and injecting any form of methadone declined this year, although the illicit use and injection of methadone syrup increased. Notably, the use and injection of heroin among the IDU increased this year.

Summary of heroin trends

- At a median of $50 per cap, the price of heroin is stable compared to last year.
- Purity continues to be rated as low.
- Occurrence of heroin use in the NT IDU sample has increased this year, reversing a declining trend seen over the last four years.
- Availability continues to be limited, with heroin rated by most users as difficult to obtain. However, the proportion of users rating heroin as easy to get has increased, and some key experts report an increased presence.

Summary of methamphetamine trends

- The median price of a gram of powder has increased from $100 in 2003 to $200 in 2003.

- IDU and key experts continue to rate methamphetamines as easy or very easy to obtain, although less IDU rated crystal as easy to obtain compared to 2003 and more rated it as difficult.
- Powder continues to be the most common and most frequently used form although base and crystal show small increases in use, continuing an increasing trend seen from previous years.
- Recent methamphetamine use and injection remains high, with continuing increase in the proportions of IDU reporting injection.
- Median days of use for all forms of methamphetamine has dropped this year compared to 2003.

Summary of cocaine trends

- Cocaine use in the NT remains low with some indication that it's presence and use has increased slightly in this year.

Summary of cannabis trends

- The price of cannabis remains unchanged since 2003 at around $25 for a gram of any form, $300 for an ounce of the hydroponic form and $200 for an ounce of bush weed.
- Cannabis continues to rated easy or very easy to obtain by both key experts and IDU.
- The potency of cannabis is quoted as medium to high, as in previous years.
- The number of separations from NT hospitals involving cannabinoids in 2004 shows a small increase from 2003 with a fluctuating but overall upward trend since 2999/00.

Summary of trends in opioid use

- The price of morphine is stable at $50 for a 100mg tablet of MS Contin.
- The proportion of the IDU reporting morphine as 'very easy' to obtain has increased.
- The use of licit morphine among the IDU sample has dropped over the last three years and illicit use has increased.
- Diverted MS Contin continues to be the primary injected opioid in Darwin.
- Changes in the use and availability of morphine reported by IDU are consistent with key experts comment that the supply of morphine from licit prescription has reduced while the street supply has remained stable, resulting in more users obtaining their morphine from illicit sources.
- The proportion of the IDU sample reporting recent use of some form of methadone declined this year compared to 2003, although the proportion reporting recent use and injection of illicit syrup has increased. Key experts attribute this to diversion from pharmacotherapy.

Summary of other drug trends

- Recent use of ecstasy among the IDU has increased since 2003 and shows a fluctuating but overall increase since 2000.
- Recent use of hallucinogens in the IDU has increased, reversing a declining trend seen since 2001.
- Recent use of benzodiazepine in the IDU increased this year compared to 2003 and recent injection is stable.

- Key experts report that benzodiazepine use continues to be closely associated with regular morphine use and may be increasing due to restrictions on morphine supply. Valium was the most used form.
- Recent use of anti-depressants has increased markedly from 2003. All of the increase is accounted for by licit use.
- The level of recent use of LSD has increased compared to 2003, reversing a declining trend.

Summary of trends in associated harms

- Some injection related risk behaviours have increased, including borrowing of used needles and sharing mixing containers.
- Selected injection related health problems increased among the IDU compared to 2003, particularly among those injecting benzodiazepines and methadone.
- As in 2003 morphine injectors were more likely to report an injection related problem than benzodiazepine or methadone injectors but by a reduced margin.
- IDU self-report, NT Police data and key expert opinion suggest an increase in selected crime types, specifically property crime and violence. Key experts link these increases to changes in morphine related prescribing practices.

1.0 INTRODUCTION

This report presents the results of the 2004 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 NSW. It is jointly funded by the Australian Government Department of Health and Ageing (the Department) and by the National Drug Law Enforcement Research Fund (NDLERF). As a jointly funded project, the IDRS demonstrates the shared recognition by the Department and NDLERF of the value of collaborative work between the sectors of health and law enforcement to identify and address issues relating to supply, demand and use of illicit drugs.

The purpose of the IDRS is to provide a standardised, comparable approach to the monitoring of data relating to the use of opioids, 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 IDU survey, was conducted by the then Territory Health Services (now NT Department of Health and Community Services (NTDHCS) in 1999. In 2000 and 2001 the full methodology was conducted through the then Northern Territory University (now Charles Darwin University). In 2002, 2003 and this year the full IDRS has been conducted by NTDCHS. Reports of these studies are available from NDARC: Rysavy, O'Reilly & Moon 2000; O'Reilly & Rysavy 2001; O'Reilly 2002; Duquemin and Gray 2003; Moon 2004.

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 and comparing 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.

2.0 METHOD

The methodology for the IDRS was trialled during 1996 and 1997, initially in Sydney and then in other states (Hando et al, 1998). 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 Injecting Drug Users (IDU)

Face to face structured interviews are conducted in the capital city of each state and territory, 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 twelve months. Regular injecting drug users 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 likely to reflect emerging trends.

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-taking and health.

Ethical approval for the study was granted by the Human Research Ethics Committee of the University of New South Wales, and for the NT component by the Human Research Ethics Committee of the NTDHCS and Menzies School of Health Research.

In the NT interviews were conducted in Darwin and Palmerston during June 2004 with 111 people meeting the criteria mentioned above. Participants were recruited through fliers posted at the Needle and Syringe Program (NSP) and at the sexual health clinic, and through word of mouth. The interviews were conducted by three trained interviewers, one of whom had conducted interviews in 2002 and 2003. Interviews were conducted at the Darwin and Palmerston NSPs.

The IDU who met the inclusion criteria were given an information sheet that described the content of the interview. If they wished to participate they were invited to sign a consent form explaining that the information 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 $30 for their time.

Data analysis was conducted using SPSS for Windows Version 12.0 (SPSS Inc.).

2.2 Survey of Key Experts (KE)

The second component of the IDRS involves semi-structured interviews with thirty or more key experts, 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 key experts corroborates data from IDU, but also provides a broader context in which to place the IDU data. A standardised interview schedule is used by all states and territories that closely mirrors the IDU questionnaire. Each KE is asked to nominate the main illicit drug used by most of the illicit drug users they work with and information is then gathered about use, availability, price and purity of that drug category. Further questions are asked about health, treatment, crime and police activity.

In Darwin and Palmerston interviews were conducted with 24 key experts during July and August. All interviews were conducted face-to-face. Key experts included:

2 NSP workers
2 GPs
1 researcher
2 pharmacists
2 law enforcement officers
1 psychiatrist
1 probation and parole officer
1 court psychologist
1 youth worker
4 D&A worker counsellors
2 school counsellors
2 D&A program coordinators
1 withdrawal service worker
2 nurses

Eleven key experts provided information chiefly about morphine, 6 about methamphetamine, 6 about cannabis and 1 about methadone. Interviews took between 40 minutes and two hours. Notes were taken at the time of interview and later transcribed and analysed for recurring themes.

2.3 Other indicators

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

Due to the small population of the NT many of the data sources available to other states and territories report very small numbers in 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 is 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 is included.

Indicator data derived from the following data sources and publications[1] have been included in this report:

2003 Australian Bureau of Statistics data on opioid overdose deaths in Australia.
Annual report of the National Notifiable Diseases Surveillance System.
Australian Needle and Syringe Program Survey National Data Report 1995-2003.
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.

[1] Full publication details are provided in the References list

3.0 RESULTS

3.1 Overview of the IDU sample

A total of 111 injecting drug users were interviewed; 83 men and 28 women. Seventeen percent of the sample identified as indigenous (4 women and 15 men) and all but one person listed English as the main language spoken at home. The mean age of the entire sample was 36 years (Table 1). The mean age for men (37) was higher than that of women (34), and indigenous respondents were older (39) than non-indigenous (36), although neither of these differences were significant.

Table 1: Demographic characteristics of IDU sample

Variable		2002 (n=111)	2003 (n=109)	2004 (n=111)
Age (yrs)	Mean	34	37	36
	Range	16-55	19-62	19-55
	SD	9.4	8.8	9.0
Sex (% male)		64	69	75
Ethnicity (% indigenous)		20	13	17
Language (% LOTE at home)		1	0	1
Employment (%)	Not employed	78	75	83
	Full time	1	9	5
	Part time/casual	8	14	11
	Home duties	10	2	2
	Sex worker	2	0	0
School education (mean yrs)		10	10	10
Post school education (%)	None	48	45	49
	Trade/technical	31	39	42
	University/college	22	17	8
Ever in prison (%)		46	48	49
Currently in treatment (%)		14	24	20

Source: Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

Most respondents were not employed (83%), with 16% in at least part-time paid employment. The mean number of years at school was 10, with 50% of the sample having some form of post-school education. Almost half of the entire sample (49%) had been in prison, and this was significantly more likely for men (60%) than women (18%, $\chi^2=15.06$, $p<.01$).

One fifth of the sample (20%) were in drug treatment at the time of interview. The main treatment type was pharmacotherapy, with 9% receiving methadone and 7% buprenorphine. A higher proportion of women (29%) than men (17%) were in treatment, as were a higher proportion of non-indigenous respondents (21% v. 16% indigenous), although neither of these differences was significant. The average length of treatment was 26 months. Respondents had been in methadone treatment for an average of 38 months, significantly longer than the time spent in buprenorphine treatment, 7 months ($t=2.3$, $df=1$, $p>=.05$)

The 2004 respondent profile shown in Table 1 is consistent with previous years. The proportion identifying as indigenous shows some variation as does the proportion currently in treatment. The low proportion in treatment in 2002 is consistent with the closing of the Darwin residential detoxification unit in June 2001 for a short period and the introduction of the Opioid Pharmacotherapy Program soon after.

3.2 Drug use history and current drug use

The profile of drug use history and recent drug use reported by the 2004 IDU sample is similar to previous years. The mean age of first injection was 19 years, comparable to previous years. Amphetamines were the most frequently listed first drug injected (47%), similar to the proportions seen in 2001 (50%) and 2002 (48%), but a decrease on the 57% found in 2003. The proportion reporting heroin as their first injected drug is higher in 2004 than previous years, and the proportion first injecting morphine shows a continuing decline from 2001.

Consistent with previous years, heroin was the main drug of choice (44%). The proportion preferring amphetamines (18%) was lower than that found in 2003 (23%), while at 6%, the proportion whose drug of choice is cocaine is higher than in previous years.

Sixty-nine percent of the sample injected morphine most often in the month prior to the interview, up from 64% in 2002, but lower than a high of 74% found in 2002. The proportion injecting heroin in the month prior shows an increase to 4% from 1% in 2003, reversing a decline seen between 2001 to 2003. The proportion most often injecting amphetamines (22%) has declined compared to 2003 (28%), but is similar to that found in 2002 (19%).

Morphine was the most recent drug injected for 68% of the 2004 IDU sample, followed by amphetamines, at 23%. These two drugs appear to show an exchange over the four years tabulated, with increases in one from year to year being reflected in decreases of the other.

The distribution of injection frequency has changed little this year compared to 2003. Forty-two percent of the sample reported injecting less than daily, 20% once a day and 37% more than once a day – a distribution little changed from 2003. The last two years contrast somewhat with 2001 and 2002, where 48% and 56% respectively reported injecting more than once a day.

The median number of different illicit drug classes ever used by respondents was 8, the median number used in the last six months was five, and they had injected a median of five different classes of drug in their lives - in each case less than the number found in

2003. Respondents had injected a median of three drug classes within the last six months, identical to 2003.

Table 2: Injection history, drug preferences and polydrug use of IDU

Variable	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)
Age of first injection (mean yrs)	20	20	21	19
Drug first injected (%)				
Heroin	36	37	34	41
Cocaine	1	2	0	4
Amphetamines	50	48	57	47
Morphine	11	10	5	4
Methadone	n.a.	n.a.	1	0
Other	2	3	3	4
Drug of choice (%)				
Heroin	39	46	43	44
Cocaine	2	3	3	6
Amphetamines	26	18	23	18
Morphine	22	20	19	21
Methadone	1	1	2	1
Cannabis	4	5	4	4
Other	6	7	5	6
Drug injected most often in the last month (%)				
Heroin	5	2	1	4
Amphetamines	27	19	28	22
Morphine	65	74	64	69
Methadone	2	4	4	4
Other	1	1	3	1
Most recent drug injected (%)				
Heroin	7	2	1	3
Cocaine	0	0	0	0
Amphetamines	31	22	30	23
Morphine	57	69	61	68
Methadone	3	5	4	3
Other	2	2	3	3
Frequency of injecting in last month (%)				
Not in the last month	4	1	1	0
Less than daily	38	20	40	42
Once a day	12	24	21	20
2-3 times a day	41	48	33	32
More than 3 times a day	7	8	5	5
Polydrug use (median)				
Drug classes ever tried	9	10	11	8
Drug classes used in last 6 months	6	6	6	5
Drug classes ever injected	n.a.	6	6	5
Drug classes injected last 6 months	n.a.	3	3	3

Source: O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon 2004, 2004 IDU sample.

Polydrug use histories and routes of administration are shown in Table 3. The five illicit drugs most commonly used by the IDU sample in the last six months remain unchanged from the previous year, with some variation in their representation: morphine (87%: 82% in 2003), cannabis (75% : 83% in 2003), speed powder (60% : 60% in 2003), benzodiazepines (56% : 54% in 2003) and methadone (41% : 51% in 2003). There is a notable increase in the IDU proportion reporting recent use (34%) and recent injection (33%) of heroin compared to 2003 (19% and 16% respectively), reversing the declining trend seen since the 2000 IDRS.

Table 3:Polydrug use history and routes of administration, % 2004 IDU sample.

Drug Class	Used (%)		Injected (%)			Smoked (%)		Snorted (%)		Swallowed (%)		Days used last 6 months$
	Ever	Last 6 months	Ever	Last 6 months	Days last 6 months$	Ever	Last 6 months	Ever	Last 6 months	Ever	Last 6 months	
Heroin	90	34	88	33	5	41	4	25	1	19	2	5
Methadone*	37	13	23	5	93					34	12	180
Methadone^	43	23	34	22	5					32	14	7
Physeptone*	18	6	16	5	55	0	0	0	0	13	5	60
Physeptone^	43	23	42	21	5	0	0	0	0	20	9	3
Morphine	94	87	93	86	180	2	1	1	1	44	28	172
Homebake	32	8	31	6	3	2	1	1	0	4	3	6
Other opioids	26	12	16	5	13	8	2	1	0	12	7	6
Speed powder	79	60	78	59	8	14	3	45	12	36	14	8
Amphetamine liquid	34	15	33	14	5					8	4	5
Amphetamine base#	36	26	36	25	7	5	1	5	1	9	4	6
Amphetamine crystal@	53	32	51	30	4	12	5	3	2	8	6	4
Pharmaceutical stimulants	45	19	41	17	3	1	1	0	0	23	5	3
Cocaine	55	10	48	6	14	10	2	27	5	5	1	6
Hallucinogens	77	17	19	1	2	4	0	0	0	73	16	2
Ecstasy	67	39	46	21	2	2	2	4	3	51	30	3
Benzodiazepines	71	56	39	20	14	3	0	3	0	66	52	11
Alcohol	94	69	5	1	1					88	69	30
Cannabis	94	75										180
Anti-Depressants	35	29	3	1	7					34	27	180
Inhalants	14	1										180
Tobacco	95	91										180
Buprenorphine*	26	13	12	2	53	0	0	0	0	25	14	30
Buprenorphine^	24	15	12	6	5	0	0	0	0	17	12	3

* prescribed ^not prescribed #base, wax or point @ice, shabu, crystal $ median

Source: 2004 IDU sample

4.0 HEROIN

4.1 Price

Twelve respondents had purchased a cap of heroin in the six months prior to interview for a median price of $53 (Table 5). Unlike 2003, a small number of respondents had purchased heroin in other amounts: 7 people paid a median of $400 for a gram and 4 people paid a median of $350 for half a gram. The median price for a cap is similar to that reported in 2003 ($50) and lower than that reported in 2002 ($85).

Table 4: Price of most recent heroin purchases by IDU, 2004

Amount	Median price $	Number of purchasers
Gram	400	7
Cap	53 (50)*	12
Half gram	350	4
Quarter gram	120	1

2003 data is presented in brackets
Source: 2004 IDU sample

The bulk of those able to comment (44%, Table 5) reported that heroin prices had been stable over the six months before interview, although a large proportion (33%) stated that they were unaware of heroin price movements.

Table 5: Heroin price movements, IDU 2004, % who commented

	2004 (n=27)
Don't know	33
Increasing	15
Stable	44
Decreasing	4
Fluctuating	4

Source: 2004 IDU sample

4.2 Availability

Most of those able to comment rated heroin as difficult to obtain in Darwin (59%, Table 6), with 26% rating availability as 'easy'. In 2003 only 5 people were able to comment on current heroin availability and all rated it as difficult or very difficult to obtain.

Table 6: IDU reports of current heroin availability, IDU 2004, % who commented

	2004 (n=27)
Don't know	15
Very easy	0
Easy	26
Difficult	59
Very difficult	0

Source: 2004 IDU sample

Almost half those able to comment (48%, Table 7) stated that heroin availability had been stable over the six months prior to interview while a quarter (26%) thought that it had become 'easier' to obtain.

Table 7: IDU reports of change in availability of heroin in the past six months, IDU 2004, % who commented

	2004 (n=27)
Don't know	19
More difficult	4
Stable	48
Easier	26
Fluctuates	4

Source: 2004 IDU sample

The most common source of heroin was a 'friend' (53%, Table 8) and it took a median of 54 minutes to score.

Table 8: Usual source for recent score of heroin, 2004, % who commented

	2004 (n=19)
Street dealer	16
Dealers home	11
Friend	53
Mobile dealer	11
Gift from friend	11

Source: 2004 IDU sample

4.3 Purity

Forty-four percent of those who commented (Table 9) rated heroin purity as 'low', although smaller proportions rated it as 'medium' (19%) or 'high' (15%).

Table 9: Current heroin purity, IDU 2004, % who commented

	2004 (n=27)
Don't know	19
High	15
Medium	19
Low	44
Fluctuates	4

Source: 2004 IDU sample

A third of those who commented stated that recent heroin purity had been stable (Table 10).

Table 10: Recent changes in heroin purity, IDU 2004, % who commented

	2004 (n=27)
Don't know	26
Increasing	11
Stable	33
Decreasing	19
Fluctuating	11

Source: 2004 IDU sample

4.4 Use

4.4.1 Heroin use among IDU

Thirty-four percent of the sample reported using heroin in the six months prior to interview and 33% reported injecting (Table 11). Four percent named heroin as the drug they injected most often in the month prior to interview (Table 2) and 3% as the most recent injected drug. All of these proportions are higher than those found in 2003 and 2002.

4.4.2 Current patterns of heroin use

Of the thirty-six people who had used heroin in the last six months, 66% (n=24) had used powder, 75% had used rock and 19% homebake. Forty-eight percent nominated heroin powder as their most used form and the same proportion nominated rock. Seven people had mainly used homebake. Thirty-three percent of the IDU had injected heroin in the six months prior to interview, 4% had smoked, 1 had snorted and 2 had swallowed. Only one person had not injected.

Of the 44 people who nominated heroin as their drug of choice only 4 had injected that drug more than any other in the month prior to interview. Thirty-four (77%) had injected morphine most often in the month prior to interview, and three people each had mostly injected either methadone or amphetamines.

Table 11: Selected trends in heroin use, 2000 to 2004

Variable	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)
Used last 6 months (%)	50	36	22	19	34
Injected last 6 months (%)	n.a.	n.a.	n.a.	16	33
Days used last 6 months (%)	30	6	2	5	5
IDU drug of choice (%)	44	39	46	43	44

Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon 2004; 2004 IDU sample.

4.4.3 Key expert comment

Key experts' reports concerning heroin supply and use are generally consistent this year with previous years. Regular heroin use appears to be restricted to a small number of people who have personal avenues of supply. Small amounts of heroin become available on the street sporadically and are taken up quickly. However, law enforcement key

experts have noted while still available mainly in small amounts it appears that those amount have become available on the street more often in the last year. They speculate that this is related to impacts that changes medical practitioner prescribing practices may be having on the supply of morphine to regular users and that this in turn creates a stronger demand for heroin among opioid users.

4.5 Trends in heroin use

The number of IDU able to report on price, purity and availability of heroin in the NT was larger this year than in 2003 and the results may accordingly be viewed as more reliable. This increase reverses the decline in this proportion seen over the last four years.

The median price of a gram of heroin in the NT was $400 (from 7 purchasers) and the median price of a cap was $53 (from 12 purchasers). The price of heroin in the NT was reported to be stable or increasing and the bulk of recent users reported the purity as low.

Availability was restricted and sporadic - 59% found heroin 'difficult' to obtain, 26% found it 'easy' and no users reported it as 'very easy' to obtain. However, law enforcement key experts noted an increased presence on the street consistent with the increased use among the IDU sample and with the increased proportion of IDU rating heroin availability as getting 'easier'.

The proportion of the IDU sample who had used heroin in the six months prior to interview has increased (34%) compared to 2003 and is similar to the proportion found in 2001. Heroin continues to be popular as a drug of choice.

4.6 Summary of heroin trends

- At a median of $50 per cap, the price of heroin is stable compared to last year.
- Purity continues to be rated as low.
- Occurrence of heroin use in the NT IDU sample has increased this year, reversing a declining trend seen over the last four years.
- Availability continues to be limited, with heroin rated by most users as difficult to obtain. However, the proportion of users rating heroin as easy to get has increased, and some key experts report an increased presence.

5.0 METHAMPHETAMINE

Up to 39 IDU (35%) had purchased some form of methamphetamine in the six months prior to interview and were able to provide price estimates. Up to 67 (60%) were able to comment on purity and availability. Six key experts nominated methamphetamine as the main drug type used by the drug users they had had most contact with in the previous six months.

5.1 Price

Table 12 displays the median price of each form of methamphetamine across IDU samples from 2001 to 2004.

Table 12: Median price in dollars of most recent methamphetamine purchase by type and amount (# purchasers), IDU 2001 to 2004

		2001	2002	2003	2004
Speed powder	Point	-	50 (23)	50 (18)	50 (39)
	1/8 gram	65 (4)	85 (4)	250 (1)	^
	1/4 gram	50 (3)	175 (2)	100 (2)	50 (1)
	1/2 gram	50 (6)	50 (8)	150 (8)	150 (9)
	1 gram	80 (35)	80 (18)	100 (18)	200 (20)
	Eightball	250 (39)	250 (20)	250 (11)	350 (12)
	Ounce	1300 (13)	1100 (2)	1000 (1)	3300 (1)
Base/wax/pure	Point	-	50 (9)	50 (14)	50 (20)
	1/8 gram	-	^	70 (1)	^
	1/4 gram	-	^	^	^
	1/2 gram	-	80 (3)	150 (7)	150 (5)
	1 gram	-	240 (3)	250 (5)	300 (16)
	Eightball	-	280 (3)	300 (4)	550 (6)
	Ounce	-	^	^	^
Crystal/ice/shabu	Point	50 (15)	80 (3)	50 (8)	50 (19)
	1/8 gram	265 (2)	^	^	^
	1/4 gram	^	75 (1)	^	^
	1/2 gram	^	^	200 (5)	175 (3)
	1 gram	225 (10)	300 (3)	300 (6)	300 (11)
	Eightball	220 (5)	275 (2)	1100 (1)	500 (3)
	Ounce	-	2850 (2)	2000 (1)	^

- data not available ^ no purchasers

Note: a number of the above figures represent median prices from a small number of purchasers (n<10); interpretations should be made with caution

Source: IDRS IDU interviews

Speed powder was most commonly purchased in points and the reported median price of $50 a point is unchanged from 2002 and 2003. Slightly more people reported gram

and eightball prices this year with both quantities showing substantial increases compared to 2003: from $100 to $200 for a gram and from $250 to $350 for an eightball.

Similar increases in price are seen for the same quantities of base methamphetamine: from a median of $250 in 2003 to $300 this year for a gram and from $300 to $550 this year for an eightball. As with speed powder points were the most commonly purchased quantity of base methamphetamine and at $50 a point the price this year is identical to 2003.

The reported median price of point and gram purchases of crystal methamphetamine are the same this year as in 2003 ($50 and $300 respectively), with more IDU reporting recent purchases of those amounts.

The number of IDU able to comment on recent price movements increased this year for all forms compared to 2003. Seven out of ten people who commented reported that the price of speed powder had been stable over the six months before interview (Table 13), two thirds reported that the price of base had decreased and just over half (52%) reported crystal as stable. One third reported that the price of crystal methamphetamine had increased.

Table 13: Methamphetamine price movements, IDU 2004, % who commented

Change in price last six months	Speed powder (n=62)	Base (n=29)	Crystal (n=33)
Increased	8	10	33
Stable	71	10	52
Decreased	0	66	3
Fluctuates	5	3	3
Don't know	16	10	9

Source: 2004 IDU sample

Key experts generally reported that one gram of speed powder cost from $80 to $100 and that grams of crystal methamphetamine cost around $200, i.e. lower than the prices reported by recent IDU purchasers. Prices reported by one key expert were consistent with IDU prices. KEs reported prices as having been either stable or increasing over the six months prior to interview, consistent with IDU reports.

5.2 Availability

Seventy-two percent of the 61 respondents who commented on the current availability of reported that it was 'easy' or 'very easy' to get at the time of interview (Table 14) and 21% reported it as 'difficult' or 'very difficult' to get, similar proportions to these found in 2003 (66% and 24% respectively). In 2003 most respondents (53%) rated the availability of speed powder as stable over the six months prior to interview while this year the majority (61%) reported that speed powder had become easier to obtain.

Recent users of base methamphetamine rated this form as either 'easy' (62%) or 'very easy' (21%) to obtain at the time of interview, with the majority (62%) reporting that the availability of base had been stable over the six months prior to interview.

A slightly lower proportion of IDU reported that crystal methamphetamine was 'easy' or 'very easy' to obtain than in 2003 (48% this year to 54% in 2003) while more people reported it as 'difficult' to obtain this year (36%) than in 2003 (27%). The majority of IDU who commented this year (67%) felt that crystal had become easier to obtain over the six months before interview compared to the majority in 2003 who reported recent availability of this form as either 'stable' (59%) or 'more difficult'(18%).

Table 14: Methamphetamine availability, IDU 2004, % who commented

Variable		Powder (n=61)	Base (n=29)	Crystal (n=32)
Current availability	Very easy	26	21	15
	Easy	46	62	33
	Difficult	18	14	36
	Very difficult	3	0	9
	Don't know	7	3	6
Availability change	More difficult	11	21	9
	Stable	11	62	9
	Easier	61	14	67
	Fluctuates	8	21	0
	Don't know	11	3	9

Source: 2004 IDU sample

IDU were more likely this year than in 2003 to have usually purchased speed powder from a dealer's home (21% to 11% in 2003, Table 15) and less likely to have purchased from a street dealer (12%) or a friend (39%), although as in 2003 the latter was the most common usual source.

As in 2003, scoring base from a friend was the most common usual source this year, reported by a virtually unchanged proportion of recent base users (43% compared to 42% in 2003). IDU were more likely to score base from a dealer's home (18% to 11% in 2003) and less likely to score through a 'home delivery' (11% to 21% in 2003).

Scoring from a friend was also the most common source for crystal users, although by an increased proportion compared to 2003 (45% to 30% in 2003). Crystal users were slightly more likely to usually score from a dealer's home (19% to 15%) and less likely to have scored from mobile dealer (10% to 20%) or used a home delivery (10% to 15%).

IDU reported that speed powder took a median of 30 minutes to score, the same as in 2003 (Table 15). The median time taken to score base dropped from 30 minutes to 20 minutes, and the median time taken to score crystal from 43 to 30 minutes.

Table 15: Methamphetamine source and length of time to score, 2003 and 2004, % who commented

		Powder		Base		Crystal	
		2003 (n=46)	2004 (n=57)	2003 (n=19)	2004 (n=28)	2003 (n=20)	2004 (n=31)
Usual source	Street dealer	24	12	11	7	15	7
	Dealers home	11	21	11	18	15	19
	Friend	50	39	42	43	30	45
	Mobile dealer	6	14	11	14	20	10
	Home delivery	7	7	21	11	15	10
	Gift from friend	2	7	5	7	5	10
Time to score (median mins)	Usually*	30	30	30	20	43	30

over the six months prior to interview
Source: Moon, 2004; 2004 IDU sample

Consistent with IDU reports, KEs reported current availability as 'easy' or 'very easy', and availability over the preceding six months as 'stable'. As with last year, crystal methamphetamine was reported to be more available than previously and used by more people.

5.3 Purity

The majority of speed users rated the current purity of methamphetamine powder as 'low' (43%, Table 16) to 'medium' (21%). The proportion rating the purity of powder as 'high' dropped substantially from 21% in 2003 to 7% this year. Thirty-four percent felt that the purity of powder had been 'stable' over the six months prior to interview and 32% felt that it had 'fluctuated'.

Base users were divided about the purity of this form, with 35% rating it as high, 28% as 'medium' and 28% as 'low'. This compares to 2003, where almost half (47%) of the base users rated the purity of base as 'medium'. As with powder, current base purity this year was generally reported as 'stable' over the six months prior to interview (41%), with 28% reporting that it had 'fluctuated'.

Ratings of current purity for crystal methamphetamine were distributed in a similar fashion to base, with 36% rating it as 'high', 18% as 'medium' and 24% as 'low'. This compares to 2003, where50% of users rated the purity of crystal as high'. As was the case in 2003 and this year with the powder and base forms, the purity of crystal was generally reported as having been stable over the six months to interview.

Table 16: Purity and recent changes to purity of methamphetamine, IDU 2004, % who commented

		Powder		Base		Crystal	
		2003 (n=47)	2004 (n=62)	2003 (n=19)	2004 (n=29)	2003 (n=22)	2004 (n=33)
Current purity	High	21	7	11	35	50	36
	Medium	15	21	47	28	18	18
	Low	43	45	16	28	14	24
	Fluctuates	11	19	16	7	9	12
	Don't know	11	8	11	3	9	9
Purity change	Increasing	11	8	32	10	27	15
last 6 months	Stable	9	34	32	41	36	39
	Decreasing	34	15	5	17	9	18
	Fluctuating	26	32	16	28	9	15
	Don't know	11	11	16	3	18	15

Source: Moon, 2004; 2004 IDU sample

Forensic analysis of methamphetamine seizures by NT Police[2] in 2001/02 showed a median purity of approximately 6%, the lowest of all Australian jurisdictions that reported purity. No forensic analysis was reported by NT Police in 2002/03 or 2003/04. Four AFP seizures in 2002/03[3] found a median purity of 77%, and one AFP seizure in 2003/04[4] return a purity of 71%.

Key experts reported purity in line with their perceptions of form, for example that the purity of speed powder is low and that of crystal high, although most commented that the purity or strength of each form fluctuates. Their comments were consistent with IDU ratings.

5.4 Use

5.4.1 Methamphetamine use among IDU

Seventy-five percent of the IDU sample had used some form of stimulant in the six months prior to interview (Table 17). Sixty percent had used speed powder, 30% base and 38% ice. In addition, 20% had used amphetamine liquid, 4% had used some type of pharmaceutical stimulant (eg duromine or Ritalin) licitly and 14% illicitly. This distribution remains essentially unchanged from previous years, with increases in the proportions using crystal, liquid and illicit pharmaceutical stimulants compared to 2003.

[2] Australian Crime Commission, 2003.
[3] Australian Crime Commission, 2004.
[4] Australian Crime Commission, in press.

Table 17: Forms of stimulant used previous six months and primary form, 2001 to 2004, % IDU

	2001 (n=135)		2002 (n=111)		2003 (n=109)		2004 (n=111)	
	used	most often	used	most often	used	most often	used	most often
Speed powder	63	51	67	56	59	44	60	32
Base	18	7	21	7	30	9	30	14
Crystal	24	9	20	9	33	13	38	14
Liquid	13	1	18	0	17	2	20	3
Pharmaceutical licit	8	2	1	0	2	1	5	2
Pharmaceutical illicit	15	3	7	0	10	1	14	5
Any form	73		72		70		75*	

7 cases missing data on 'form most used'
Source: O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample

The proportion of IDU reporting speed powder as the most used form over the six months to interview has declined, from 56% in 2002 to 44% in 2003 and 32% this year. Conversely, the proportions mostly using base and crystal forms have increased over the period shown in Table 17 to 14% this year for both base and crystal. Similarly, the proportion using mostly illicit pharmaceutical stimulants increased from 1% in 2003 to 5% this year.

5.4.2 Current patterns of methamphetamine use

Frequency

Speed powder was used on a median of 8 days (range 1-180) over the six months prior to interview (Table 18), substantially lower than the 14 days reported in 2003 but similar to the median of 7 days found in 2002. Thirty-four percent of speed users used it on 13 or more days (equivalent to at least fortnightly) over the previous six months, 24% had used it for 25 or more days (at least weekly) or more and 2% daily In 2003 the proportions using at the same frequencies were: 57% fortnightly, 48% weekly and 29% at least twice a week.

Methamphetamine base was used on a median of 6 days (range 1-170). Thirty-eight percent of base users used it at least weekly, 17% used at leats fortnightly no one reported daily use. The equivalent proportions in 2003 were 57% fortnightly and 40% at least weekly, with four reports of daily use.

Methamphetamine crystal was used on a median of 4 days (range 1-90) in the six months prior to interview, compared to a median of 6 days in 2003 and 9 days in 2002. Thirty-nine percent of crystal users used it at least fortnightly, 19% at least weekly and no one reported daily use. In 2003, 42% used it fortnightly, 22% used it at least weekly and two people reported daily use.

Table 18: Frequency of use of methamphetamine forms, 2003 and 2004, days and % recent users

		median days	% at least fortnightly	% at least weekly	% at least daily
Powder	2003 (n=65)	14	57	48	11
	2004 (n=67)	8	34	24	2
Base	2003 (n=33)	26	57	40	12
	2004 (n=29)	6	38	17	0
Crystal	2003 (n=36)	6	42	22	6
	2004 (n=36)	4	39	19	0

Source: Moon, 2004; 2004 IDU sample

In 2004 IDU who had recently injected methamphetamines were asked how many days they had injected over the previous six months (Table 19). Powder was the form injected most often, on a median of 8 days, followed by base (7 days) and crystal (4 days). Similar proportions of recent injectors injected each form fortnightly (approximately 4 out of 10) and weekly (approximately one quarter), with 2% of recent powder injectors reporting daily injection.

Table 19: Frequency of injection of methamphetamine forms, 2004, days and % recent injectors

	median days	% at least fortnightly	% at least weekly	% at least daily
Powder (n=64)	8	37	23	2
Base (n=28)	7	36	18	0
Crystal (n=34)	4	39	19	0

Source: 2004 IDU sample

Considering all forms of stimulants as a group (including pharmaceutical stimulants), the median days used over the six months prior to interview was 10 (range 1-180), a decrease on the 19 days found in 2003. Fifty-one percent of this group used one or more forms of stimulant on more than 10 days in the previous six months, 21% on more than 50 days and 3 people reported daily use.

Routes of administration

As in previous years, injecting remained the most common route of administration for methamphetamine users - all recent users in 2004 had also injected within 6 months of interview. Twelve percent of the IDU had snorted speed powder recently and 14% had swallowed this form (Table 3). Smaller proportions had used these routes of administration for the other forms of stimulants, with swallowing being the most common route after injecting for all forms.

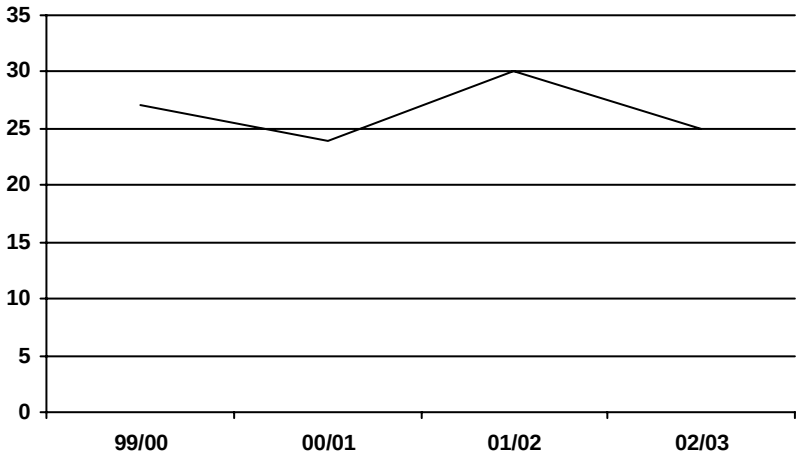
Key expert comment

Key expert comments supported the IDU survey results shown above. Speed powder was reported as the most common form of methamphetamine and the primary form for 80-90% of speed users. The use of crystal was reported to be small, ranging from 5-20% of amphetamine users and only one KE reported encountering users whose primary from was crystal. KEs reported a range of use frequency from occasional to daily. Daily users were reported as using around 2 to 3 grams a day, up to 4 times a day. Injection was reported as the route of administration used by most users.

5.5 Health and methamphetamines

The number of admissions to NT hospitals where methamphetamines are mentioned as either the primary or a secondary diagnosis has fluctuated over the period shown in Figure 1. Most such admissions are accounted for by 'harmful use' of a methamphetamine.

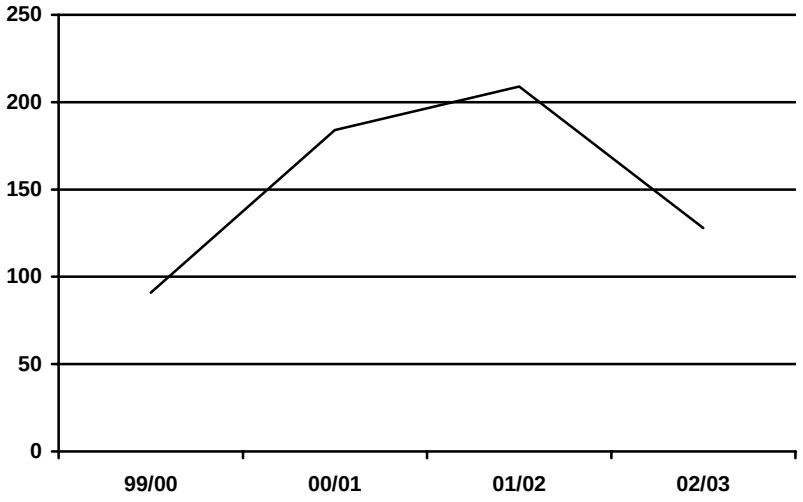
Figure 1: NT hospital separations with methamphetamine mentions, 1999/00 to 2002/03



Source: Australian Institute of Health and Welfare

The number of treatment episodes for own drug use in Alcohol and Other Drug Treatment Services (AODTS) where amphetamines is the principal drug of concern shows fluctuation over the last four financial years (Figure 2), more than doubling from 91 in 1999/00 to 209 in 2001/02 followed by a drop to 128 in 2002/03 with a drop in 2002/03 to 121, or 6% of all episodes from 207 (9%) in 2001/02 (Figure 2).

Figure 2: Number of episodes of treatment for own drug use where amphetamines are the principal drug of concern, 1999/00 to 2002/03



Source: NTDHCS

Key experts report no particular change in treatment service seeking behaviour or activity associated with methamphetamines. They did note that the recent introduction of a court diversion program was resulting in a greater number of amphetamine users being referred to treatment.

5.6 Trends in methamphetamine use

The median price of a gram of speed powder has increased from $80 in 2001 and 2002, $100 in 2003 to $200 in this year. A 'point' of speed, base and crystal methamphetamine were all $50, consistent with previous years. Key experts reported recent speed powder prices as stable, as did most IDU.

Speed and base continues to be both 'very easy' and 'easy' to obtain. Ice was less easy to obtain compared to speed and base and compared to 2003, with over a third reporting the availability of ice as 'difficult'.

Methamphetamine as the most frequently injected drug in the month prior to interview reduced from 28% in 2003 to 22% of the IDU sample in 2004 to levels similar to 2002 (19%). Recent methamphetamine use remains high (75% of the IDU sample) and consistent with previous years. Powder continues to be the most common and most frequently used form although larger proportions report the recent use of base (30%) and crystal (38%).

The decline in treatment agency episodes involving amphetamines is inconsistent with IDU and key expert reports on of stability of use and availability.

5.7 Summary of methamphetamine trends

- The median price of a gram of powder has increased from $100 in 2003 to $200 in 2003.
- IDU and key experts continue to rate methamphetamines as easy or very easy to obtain, although less IDU rated crystal as easy to obtain compared to 2003 and more rated it as difficult.
- Powder continues to be the most common and most frequently used form although base and crystal show small increases in use, continuing an increasing trend seen from previous years.
- Recent methamphetamine use and injection remains high, with continuing increase in the proportions of IDU reporting injection.
- Median days of use for all forms of methamphetamine has dropped this year compared to 2003.

6.0 COCAINE

6.1 Price, purity and availability

Four IDU reported buying a cap of cocaine in the six months before interview, paying a median of $60. One person bought a point for $80 and two people bought a gram for $250. There were no purchases of cocaine in 2003.

Five people commented that the recent price of cocaine had been stable. Four IDU reported that the purity/strength of cocaine was currently 'medium' and that it had recently been stable (n=2) or increasing (n=2). Reports of current availability were mixed, with similar numbers of IDU rating cocaine as 'very easy' (2), 'easy' (2) or 'difficult' (3) to access. Four people stated that access to cocaine had been 'stable' over the recent six months and three that access had become easier. A majority of recent users (n=5) usually obtained their cocaine from a friend.

6.2 Use

Six percent of the IDU sample reported cocaine as their drug of choice, with no IDU nominating cocaine as their most often injected drug in the last month or their most recently injected drug. Ten percent of the IDU reported using cocaine in the six months prior to interview for a median of 6 days. This compares to previous years where the proportion of the IDU sample reporting cocaine use within six months of interview declined steadily: 18% in 2000, 13% in 2001, 10% in 2002 and 5% in 2003.

Six percent of the IDU had injected cocaine for a median of 14 days (compared to 3% in 2003). Eighty-six percent of recent users named cocaine powder as their most used form in the six months before interview, the remainder (n=2) nominating crack cocaine.

No Key Experts nominated cocaine users as the group they have most contact with. However two law enforcement KEs commented that the availability of cocaine had increased recently although it was still an uncommon drug.

6.3 Trends in cocaine use

Four IDU reported buying a cap of cocaine in the six months before interview, paying a median of $60. One person bought a point for $80 and two people bought a gram for $250. There were no purchases of cocaine in 2003.

Six percent of the IDU sample reported cocaine as their drug of choice. Eleven people reported using cocaine in the six months prior to interview for a median of six days. Seven of the eleven had injected in the last six months. Cocaine powder was the main form reported. Only one participant reported using cocaine on the day before interview and less than one percent reported cocaine as the drug injected most often in the month prior to interview. The proportion of the IDU sample reporting cocaine use within six months of interview has declined steadily over the last four years: 18% in 2000, 13% in 2001 and 10% in 2002, 5% in 2003, however in 2004 this proportion increased to 10%.

No Key Experts nominated cocaine users as the group they have most contact with. However two law enforcement KEs commented that the availability of cocaine had increased recently although it was still an uncommon drug.

6.4 Summary of cocaine trends

- Cocaine use in the NT remains low with some indication that it's presence and use has increased slightly in this year.

7.0 CANNABIS

7.1 Price

Thirty-five people paid a median $25 for a gram of hydroponic cannabis in their last purchase prior to interview, and 22 people paid a median of $300 for their last purchase of an ounce of hydro (**Error! Reference source not found.**). Smaller numbers of participants had paid similar prices for bush weed, although the median price of one ounce was substantially lower at $200. These prices are essentially unchanged from previous years.

Table 20: Price in dollars of most recent cannabis purchase by type and amount (# purchasers), IDU 2001 to 2004

		2001*	2002*	2003	2004
Hydroponic	Gram	25 (31)	25 (14)	25 (37)	25 (35)
	2 grams	50 (25)	25 (29)	30 (20)	30 (7)
	3 grams	-	-	50 (8)	50 (4)
	Bag	25 (37)	25 (16)	28 (14)	30 (5)
	¼ ounce	95 (12)	77.50 (16)	100 (5)	80 (3)
	½ ounce	177.50 (18)	150 (21)	170 (4)	170 (3)
	Ounce	300 (53)	300 (30)	305 (22)	300 (22)
Hash / hash oil	Gram	50 (14)	40 (9)	50 (3)	25 (7)
	Cap	50 (12)	50 (10)	^	1 (1)
Bush weed	Gram	-	-	25 (18)	23 (16)
	2 grams	-	-	25 (2)	30 (7)
	3 grams	-	-	50 (2)	30 (1)
	Bag	-	-	25 (6)	100 (1)
	¼ ounce	-	-	60 (1)	50 (1)
	½ ounce	-	-	120 (1)	175 (4)
	Ounce	-	-	200 (9)	200 (11)

- data not available ^ no purchasers
* hydroponic and bush weed were not distinguished in the price questions in these years
Source: IDRS IDU interviews

Most cannabis users (71% for hydro and 64% for bush, Table 21) who were able to comment on price reported that it had been 'stable' over the six months prior to interview, although a proportion of hydro users (16%) reported that the price of hydro had been increasing.

Table 21: Change in cannabis price in 6 months before interview, IDU sample 2004, % who commented

	Hydro (n=83)	Bush (n=52)
Increasing	16	2
Stable	71	64
Decreasing	1	4
Fluctuating	6	12
Don't know	6	19

Source: 2004 IDU sample

Key expert comments about the price of cannabis are consistent with the IDU survey findings, with bush weed being generally cheaper than hydroponic.

7.2 Availability

A large majority of cannabis users who were able to comment rated cannabis as 'easy' (40% for hydro and 64% for bush, Table 22) or 'very easy' (51% and 19%) to obtain, with clear majorities (74% and 71%) reporting availability had remained 'stable' over the preceding six months . These proportions show no substantial changes from previous years.

Table 22: Estimates of cannabis availability, 2001 to 2004, % who commented

		2001	2002*	2003	2004	
		(n=107)	(n=81)	(n=86)	Hydro (n=83)	Bush (n=52)
Current availability (%)	Very easy	71	48	43	51	19
	Easy	25	37	37	40	64
	Difficult	2	0	13	7	12
	Very difficult	0	0	1	0	0
	Don't know	2	15	6	2	6
Availability change* (%)	More difficult	3	4	20	11	4
	Stable	82	78	63	74	71
	Easier	4	3	4	6	8
	Fluctuates	7	1	7	5	6
	Don't know	5	15	7	5	12

* data missing for one participant in 2002 (n=80)
Source: IDRS IDU interviews

Over the six months prior to interview hydro users usually scored cannabis from a friend (37%, Table 23) or a dealer's home (34%). Recent bush users were more likely to score from a friend (50%) or receive the cannabis a gift from a friend (15%), and less likely to score from a dealer's home (19%).

While only partial data is available from previous years and hydro and bush cannabis were not distinguished, it does suggest that the proportion usually scoring from a street dealers has declined and that scoring from a friend has increased. The median time taken to score remains unchanged from 2003.

Table 23: Source and length of time to score cannabis in the 6 months before interview, 2001 to 2004, % who commented

		2001	2002	2003	2004	
		(n=107)	(n=80)	(n=86)	Hydro (n=82)	Bush (n=52)
Usual source	Street dealer	21	15	17	9	6
	Dealer's home	37	25	17	34	19
	Friend	22	38	42	37	50
	Grow your own	2	0	1	0	2
	Gift from friend	7	1	4	1	15
	Mobile dealer	-	3	7	7	4
	Home delivery	-	4	5	7	2
	Next door neighbour	0	0	1	0	0
	Don't use	3	15	6	4	2
Time to score (median mins)	Usually	-	15	30	30	30

- data not available
Source: IDRS IDU interviews

Approximately half the recent cannabis users (41% of the IDU sample) commented on original source of the cannabis they used. Of these, 87% reported that it had come from a 'small-time/backyard user/grower' and 9% from a 'large scale cultivator/supplier'. Only 4% reported growing their own.

Key experts reported cannabis as being readily available and that availability had been stable or increasing.

7.3 Potency

Hydro users rated that form's potency as medium (37%, Table 24) to high (45%), while half (50%) of bush users rated that form as medium. As was the case in 2003 a clear majority reported that the potency of cannabis had been stable over the preceding six months (63% for hydro and 64% for bush). This result is similar to that from previous years with no apparent patterns of change or trends.

Table 24: Potency and recent changes to potency of cannabis, IDU 2001 to 2004, % who commented

Variable		2001	2002	2003	2004	
		(n=107)	(n=81)	(n=86)	Hydro (n=83)	Bush (n=52)
Current potency	High	50	43	49	45	15
	Medium	44	31	31	37	50
	Low	3	1	6	2	17
	Fluctuates	0	9	8	7	14
	Don't know	4	16	6	8	4
Potency change	Increasing	13	11	12	12	8
	Stable	65	54	59	63	64
	Decreasing	5	5	12	5	4
	Fluctuating	10	12	12	13	19
	Don't know	7	17	6	7	6

Source: IDRS IDU interviews

Key experts report that the potency of hydroponic cannabis is high and consistent, and that this contributes to its popularity and to a relative paucity of other forms such as hash and hash oil.

7.4 Use

7.4.1 Cannabis use among IDU

As in 2003, only 4% of the 2004 IDU nominated cannabis as their main drug of choice, although 75% had used cannabis within the six months prior to interview (Table 3). Unlike previous years morphine, rather than cannabis, was the single drug recently used by the largest proportion of the IDU sample.

7.4.2 Current patterns of cannabis use

Form

Eighty percent (Table 25) of the IDU sample had used hydroponic cannabis in the six months preceding interview, with 69% nominating it as their most often used form. Seventy percent had used bush weed, although this was the most often used form for only 12%. The proportions using hash or hash oil are similar this year (19% and 5%) to 2003, after a decline in the use of both forms after 2001.

Table 25: Forms of cannabis used previous six months and primary form, 2001 to 2004, % IDU

	2001 (n=135)		2002 (n=111)		2003 (n=109)		2004 (n=111)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Hydroponic	79	72	83	74	83	77	80	69
Bush	60	8	72	10	63	6	70	12
Hash	30	2	24	2	17	0	19	1
Hash oil	21	1	23	0	5	0	5	0
Any form	83		86		83		82	

Source: O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample

Frequency

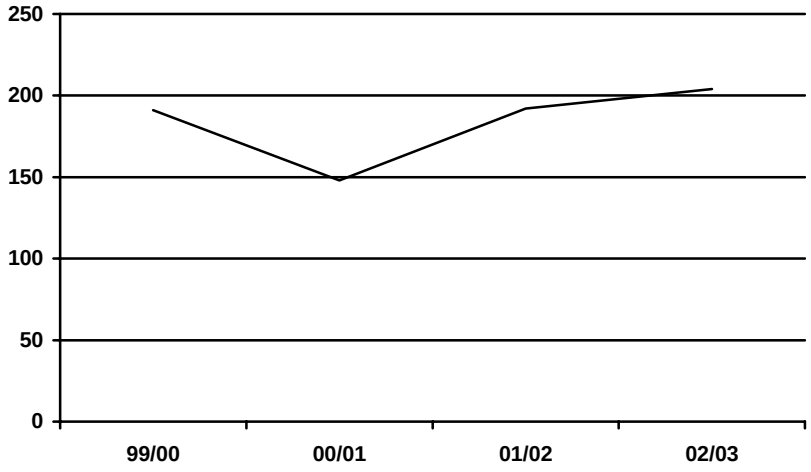
Fifty-four percent of IDU used cannabis daily over the six months before interview and 67% had used it every second day. These proportions are higher than those found in 2003 (46% and 60% respectively) but similar to those found in 2002. Cannabis was used on a median of 180 days over the previous six months (i.e. daily) this year, compared to 120 in 2003.

Key expert reports suggest that the pattern of cannabis use varies somewhat with age and other drug use. Most report that cannabis is used as an adjunct by other drug users to manage withdrawal or psychological states such as depressions or anxiety, rather than because it is the drug of choice. School based key experts report that cannabis is the illicit drug favoured by young people still at school. They also report that at least some students manage an infrequent use of cannabis without impact on their schooling, while more frequent users generally show problems with their attendance and quality of work. Cannabis use in schools was reported to be strongly associated with alcohol use.

7.5 Health and cannabis

NT hospital separations where cannabinoids are mentioned shows a steady upward trend over the past three financial years (Figure 3) after a decline from 1999/00 into 2000/01. This rise is primarily comprised of increases in separations recording harmful use and psychotic disorder.

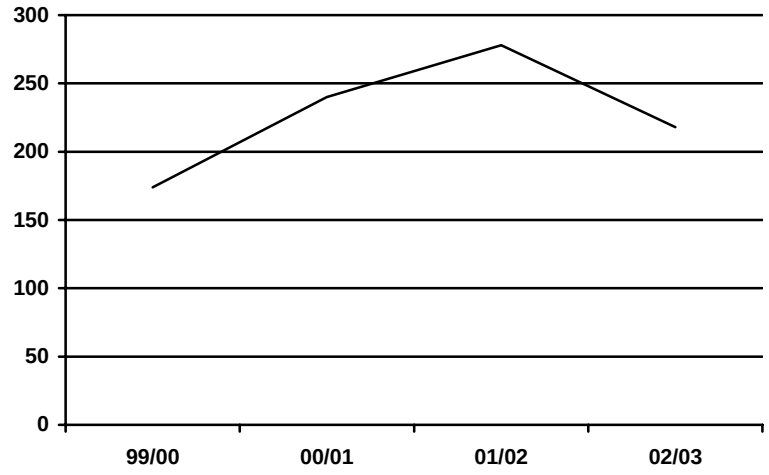
Figure 3: NT hospital separations with cannabinoid mentions, 1999/00 to 2002/03



Source: AIHW

The number of treatment episodes at AODTS where cannabis is the principal drug of concern increased from 1999/00 to 2001/02 then declined into 2002/03 (Figure 4).

Figure 4: AODTS treatment episodes where cannabis was the principal drug of concern, 1999/00 to 2002/03



Source: NTDHCS

7.6 Trends in cannabis use

Cannabis price, potency and availability have been stable - a gram of hydroponic cannabis costs $25 and bush cannabis cost $23 per gram. An ounce of hydroponic cannabis was $300 and the cost of bush cannabis was $200. Cannabis remains 'easy' to obtain and the majority of IDU described the potency as medium to high.

Until 2003 cannabis was consistently the illicit drug used by the greatest proportion of the IDU sample. In 2004 the proportion using cannabis dropped and morphine became the most reported recent use illicit drug.

The number of separations from NT hospitals involving cannabinoids increased has fluctuated between 1999/00 and 2002/03 (the most recent year where data is available) at around 200 per year, apart from a low number in 2000/01 of 148. Episodes of treatment for problematic cannabis use have declined. The decline in the number of AOD treatment episodes where cannabis is the principal drug of concern contrasts to the stability of use, price and availability found in the IDU survey. As in 2003, some KE reported increasing use of cannabis by young people at school, although generally in a context of longer term change.

Summary of cannabis trends

- The price of cannabis remains unchanged since 2003 at around $25 for a gram of any form, $300 for an ounce of the hydroponic form and $200 for an ounce of bush weed.
- Cannabis continues to rated easy or very easy to obtain by both key experts and IDU.
- The potency of cannabis is quoted as medium to high, as in previous years.
- The number of separations from NT hospitals involving cannabinoids in 2004 shows a small increase from 2003 with a fluctuating but overall upward trend since 2999/00.

8.0 OPIOIDS

8.1 Morphine

8.1.1 Price

Eighty-one people in the IDU 2004 sample paid a median price of $60 for 100mg tablets of MS Contin within six months of interview (Table 26). Forty-two people paid a median of $30 for 60mg tablets of MS Contin, and six people paid $15 for 30mg tablets. The price of Kapanol was slightly lower, at $50 for 100mg capsules.

Table 26: Price of most recent morphine purchase (# purchasers), IDU 2001 to 2004

		2001	2002	2003	2004
MS Contin	5mg	-	-	- (0)	- (0)
	10mg	-	-	10 (1)	50 (1)
	30mg	15 (2)	15 (-)	15 (7)	15 (6)
	60mg	30 (52)	30 (26)	30 (34)	30 (42)
	100mg	50 (98)	50 (48)	60 (68)	60 (81)
	200mg	-	-	100 (2)	80 (2)
Kapanol	20mg	-	-	15 (3)	10 (3)
	50mg	25 (3)	25 (-)	25 (11)	25 (16)
	100mg	40 (9)	40 (-)	50 (52)	50 (55)
Anamorph	30mg	-	-	20 (30)	25 (35)

- data not available.
Source: IDRS IDU interviews

Comparable data from previous years is limited (Table 26) but suggests that the price of 100mg tablets of both MS Contin and Kapanol increased between 2002 and 2003 from respectively the $50 and $40 found in previous years.

Most IDU who commented, 79% (Table 27), reported that the price of morphine had been 'stable' in the six months prior to interview, with 9% reporting that it had 'increased'.

Table 27: Change in morphine price in 6 months before interview, IDU sample 2004, % who commented

	2004 (n=99)
Increasing	9
Stable	79
Decreasing	1
Fluctuating	4
Don't know	7

Source: 2004 IDU sample

8.1.2 Availability

Over half of the IDU who commented reported morphine as 'easy' (55%, Table 28) to obtain, with an increased proportion this year rating it as 'very easy' to obtain (24%) and a lower proportion rating it as 'difficult' (15%). Morphine availability appears to have been consistently 'easy' or 'very easy' since 2002. More IDU this year than last year rated recent morphine availability as being 'stable (67% to 48% in 2003) and less rated it as being 'more difficult' to obtain (17% to 33% in 2003).

Table 28: Morphine availability, 2001 to 2004 IDU samples, % who commented

		2001 (n=88)	2002* (n=89)	2003 (n=73)	2004 (n=99)
Current availability	Very easy	15	31	16	24
	Easy	39	48	52	55
	Difficult	42	9	25	15
	Very difficult	3	1	3	0
	Don't know	1	11	4	6
Availability change	More difficult	51	15	33	17
	Stable	37	47	48	67
	Easier	2	12	3	2
	Fluctuates	6	15	12	6
	Don't know	5	11	4	8

* data missing for one participant in 2002 (n=88)
Source: IDRS IDU interviews

In the six months prior to interview 40% (Table 29) of users usually scored their morphine from a friend, 23% scored from a street dealer and 22% at a dealer's home. Compared to 2003 there appears to have been a shift away from 'street dealer' as a usual source and to 'dealer's home'. The median time to usually score morphine in the six months prior to interview this year was 30 minutes as it was in 2003.

Table 29: Source and length of time to score morphine, 2001 to 2004, % who commented

		2001 (n=87)	2002 (n=89)	2003 (n=71)	2004 (n=97)
Usual source	Don't use	0	10	1	4
	Street dealer	30	23	31	22
	Dealers home	16	18	13	23
	Friend	29	24	46	40
	Mobile dealer	3	3	7	5
Median time to score (mins)	Usually	-	30	30	30

- data not available
Source: IDRS IDU interviews

8.1.3 Use amongst the IDU

Eighty-seven percent of the IDU sample had used morphine within six months of interview (Table 3), an increase on previous years and replacing cannabis as the single drug used by the largest proportion of IDU. As in previous years, while a minority of IDU (19% this year) nominated morphine as their drug of choice, 69% had injected it more often than any other drug in the month prior to interview, 68% nominated it as the last drug they injected prior to interview and 67% had used morphine on the day before interview. Only 30% of those who injected morphine most often in the month before interview nominated morphine as their drug of choice. Most of the remainder (74%) cited poor availability as the reason why they had not been able to use their drug of choice.

Form

Eighty percent of the IDU had used illicit morphine within six months of interview and 62% nominated this as their most often used form. This compared to 29% who had used licit morphine and 23% who mostly used licit morphine.

While the total proportion of the IDU using morphine has been fairly stable since 2001, the proportions using and mostly using illicit morphine show increases (with fluctuations) over that period. Conversely, the proportions using and mostly using licit morphine show decreases. This year each form respectively shows it's highest and lowest representation among the IDU since 2001.

MS Contin was by far the most common brand of morphine used most often (by 70% of the IDU sample). Choice of brand was unaffected by whether licit or illicit morphine was the most used form and is consistent with the pattern seen in 2003.

Table 30: Forms and main brand of morphine used previous six months and primary form, 2000 to 2004, % IDU sample

	2000 (n=100)		2001 (n=135)		2002 (n=111)		2003 (n=109)		2004 (n=111)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Form										
Licit	-	-	42	30	42	40	35	28	29	23
Illicit	-	-	73	54	76	47	73	56	80	62
All forms	74		84		87		84		84	
Brand used most often										
MS Contin					74		72		70	
Kapanol					6		5		8	
Anamorph					2		3		3	
Other/generic							4		5	

- data not available

Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

Frequency

Almost half of recent morphine users (48%) reported daily use (i.e. 180 days over the six months prior to interview), compared to 56% in 2003 and 63% in 2002. Sixty-nine percent reported using on at least 90 days, i.e. every second day. Sixty-nine percent of those who injected morphine more than any other drug in the month prior to interview injected at least daily, with 46% injecting twice or more a day.

Key expert estimates of daily users vary upwards from 50% and suggest that daily users inject 2-4 times a day, using between 300 and 800mg per day.

Key expert comment

Key experts reported that morphine is more difficult to obtain from medical practitioners but remains easy or very easy to obtain on the street, consistent with IDU reports. They see the restrictions on licit supply as having no impact on the quantity or frequency of morphine used by regular users, but suggest that users who previously obtained morphine licitly (but used illicitly) now do so illicitly. They also reported that a greater proportion of the licitly obtained supply is being diverted through on-selling, often by people new to the market, or theft, often associated with assault.

While to some extent this comment about prescribing is inconsistent with IDU reports of continued easy availability, similar reports were made in 2003, suggesting that the impacts of these supply-side changes may be occurring slowly enough to 'escape' the 6 month reporting framework used in IDU interviews. Some key experts commented that methadone syrup, although not liked by most users, was being taken up to some extent as a substitute to morphine.

8.2 Methadone

8.2.1 Price

Sixteen people reported purchasing methadone syrup in the six months prior to interview for a median price of $1.00 per mg/ml; quantities purchased ranged from .5 to 120 mg/ml, with a median of 60. Eighteen people reported purchasing 10mg tablets of physeptone for prices ranging from $10 to $25, with a median of $10. No one reported purchasing 5mg tablets of physeptone.

A large majority of those who commented on the price of methadone (73%, Table 31) reported that prices had been stable over the six months prior to interview.

Table 31: Methadone price movements, 2003 and 2004, % able to comment

	2003 (n=25)	2004 (n=34)
Increasing	12	6
Stable	40	73
Decreasing	4	0
Fluctuating	8	0
Don't know	36	21

Source: Moon, 2004; 2004 IDU sample

8.2.2 Availability

Opinions on availability of methadone among those able to comment were mixed, with 35% reported it as 'easy' to obtain, 27% 'difficult' and 15% 'very easy'. Forty-three percent reported that availability had been 'stable' in the six months prior to interview (Table 32).

Table 32: Estimates of Methadone availability, 2003 and 2004, % able to comment

		2003 (n=25)	2004 (n=34)
Current availability	Very easy	0	15
	Easy	36	35
	Difficult	28	27
	Very difficult	4	6
	Don't know	32	18
Availability change	More difficult	20	17
	Stable	44	43
	Easier	4	6
	Fluctuates	0	9
	Don't know	32	26

Source: Moon, 2004; 2004 IDU sample

The most common usual sources for obtaining methadone among this year's IDU were 'friend' (54%) and 'street dealer' (27%). This is a reversal of the proportions seen in these categories in 2003 of 31% and 44% respectively.

Table 33: Usual source (% who commented) and usual length of time to score (median minutes) methadone, 2003 and 2004

		2003 (n=16)	2004 (n=26)
Source	Street dealer	44	27
	Dealers home	6	12
	Friend	31	54
	Mobile dealer	6	0
	Other	6	8
Time to score		45	45

Source: 2003 and 2004 IDU samples

Of the 20 people able to comment, 18 nominated 'take-aways' as the source of their last methadone purchase not prescribed to them and 2 nominated 'scripts'.

8.2.3 Use and Form

Forty-one percent of the IDU sample had used some form of methadone in the six months prior to interview, less than in 2003 (51%) but an increase on the 37% found in 2002. One percent nominated methadone as their drug of choice (Table 2) and 4% injected methadone more than any other drug in the month before interview. Methadone was the last drug injected by 3% percent of the IDU and 7% had used it on the day before interview.

Table 34 compares selected characteristics of methadone use in the 2003 and 2004 IDU. The proportions of the IDU using, mostly using and injecting both licit and illicit physeptone are lower than in 2003. The proportions that used, mostly used and injected illicit methadone have increased notably from 2003 to 2004. The proportions reporting the use of licit methadone are similar this year to those found in 2003, although the proportion injecting licit methadone has dropped.

The median days used for licit methadone has increased markedly, from 30 in 2003 to 180 this year, as have the median days injected, from 3 in 2003 to 93 this year. The distribution of days used and injected for this form of methadone are both highly skewed, with the IDU in each using or injecting for either one day over the six months or 180 days; the modal value in each case is 180 days. Of the eight people who reported using methadone syrup daily, six reported being currently in a methadone treatment program for longer than 6 months. Similarly, of the three people reporting daily injection of licit methadone, two were in current methadone treatment.

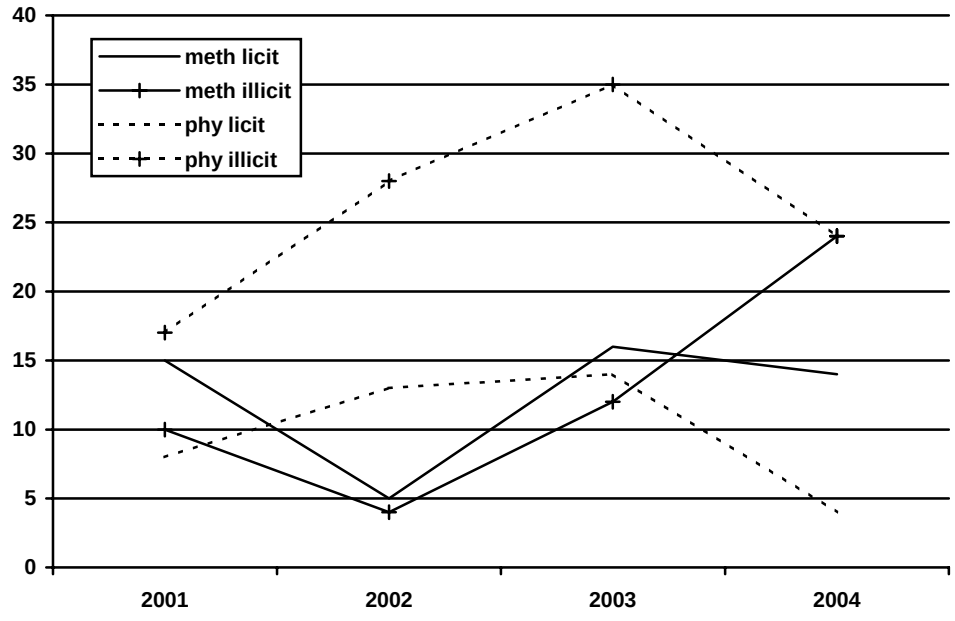
Table 34: Methadone use, selected characteristics, IDU 2003 and 2004

		Used (%)	Most often (%)	Median days used^	Injected (%)	Median days injected^
		(n=109)	(n=109)*		(n=109)	
2003	Physeptone illicit	35	23	6	35	6
	Methadone illicit	12	1	4	13	2
	Physeptone licit	14	13	90	12	60
	Methadone licit	16	11	30	10	3
		(n=111)	(n=111)		(n=111)	
2004	Physeptone illicit	24	15	3	21	5
	Methadone illicit	24	11	7	22	5
	Physeptone licit	4	2	60	5	55
	Methadone licit	14	13	180	5	93

* 4 cases missing data ^ Among those who used/injected
Source: Moon, 2004; 2004 IDU sample

Trends in the proportion of the IDU sample using various forms of methadone show fluctuation across the last four IDRS years (Figure 5). This year's result reverses the increasing trend seen in illicit physeptone use from 2001 to 2003, but continues the increasing trend seen in illicit use of methadone syrup since 2002.

Figure 5: Methadone use among the IDU sample, 2001 to 2004



Source: O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample

As noted above, key expert comment suggests that methadone is more available on the illicit drug market, in both syrup and tablet forms, and that to some extent it is used a substitute by primary morphine users when MS Contin is not available.

8.3 Buprenorphine

No one nominated buprenorphine as their drug of choice, the drug injected most often in the month prior to interview, or the drug last injected. Nine people (8% of the sample) had taken buprenorphine on the day before interview.

Twenty-six percent of IDU this year had used some form of buprenorphine within the previous six months, an increase on the 19% found in 2003, with 14% mainly using illicit buprenorphine (Table 35).

Table 35: Forms of buprenorphine used previous six months and primary form, 2002 to 2004, % IDU

	2002 (n=111)		2003 (n=109)		2004 (n=111)	
	Used	Most often	Used	Most often	Used	Most often
Licit	4	4	7	7	15	12
Illicit	10	10	15	12	17	14
Any form	14		19		26	

Source: Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample

Thirteen percent of the sample had used licit buprenorphine on a median of 30 days in the six months prior to interview. The preferred method of administration for licit users was oral although 2% had injected. Fifteen percent of the sample had used illicit buprenorphine for a median of three days, with oral (12% IDU sample) and injecting (6%) being the preferred methods.

Fifty-two percent of recent buprenorphine users were in treatment at the time of interview, including 26% receiving buprenorphine and 15% methadone. Two other recent buprenorphine users had been in treatment within the previous six months. Four out of eight recent injectors of buprenorphine were in treatment at the time of interview and the remaining four had not been in treatment in the six months before interview.

8.4 Other opioids

Twelve percent of IDU had used other opioids six months of interview (Table 3), for a median of 6 days. Swallowing was the preferred method of use (7% within the previous six months), followed by injecting (5%).

Use of both licit and illicit other opioids in the IDU sample has declined from 2002 to this year (Table 36). A small number of illicit users reported the main types of other opioids they used, including opium and oxycodone.

Table 36: Forms of other opioids used previous six months and primary form, 2000 to 2004, % IDU

	2000 (n=100)		2001 (n=135)		2002 (n=111)		2003 (n=109)		2004 (n=111)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	-	-	5	3	17	17	9	6	5	4
Illicit	-	-	3	2	8	5	12	11	5	4
Any form	2		7		24		17			12*

four cases missing data

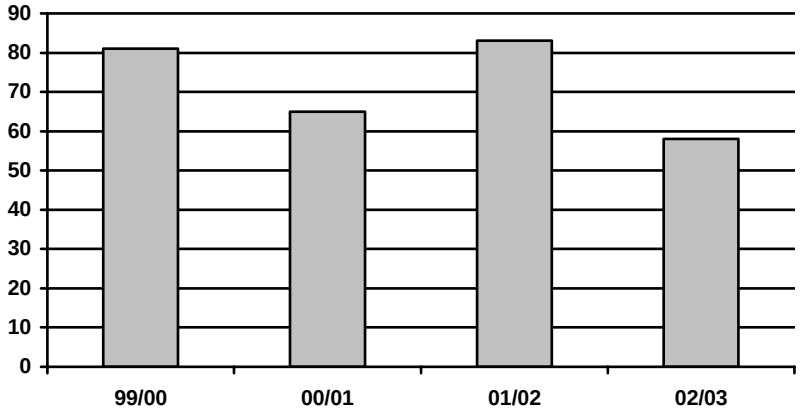
Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

Three recent other opioid users were in treatment at the time of interview (buprenorphine and methadone) and no others had been in treatment over the six months before interview.

8.5 Health and opioids

Separations from NT hospitals over the last four financial years shows fluctuation around an average of 72 per year, with the decline between 2001/02 and 2002/03 being accounted for mainly by a drop in the number of diagnoses of opioid dependence syndrome (Figure 6).

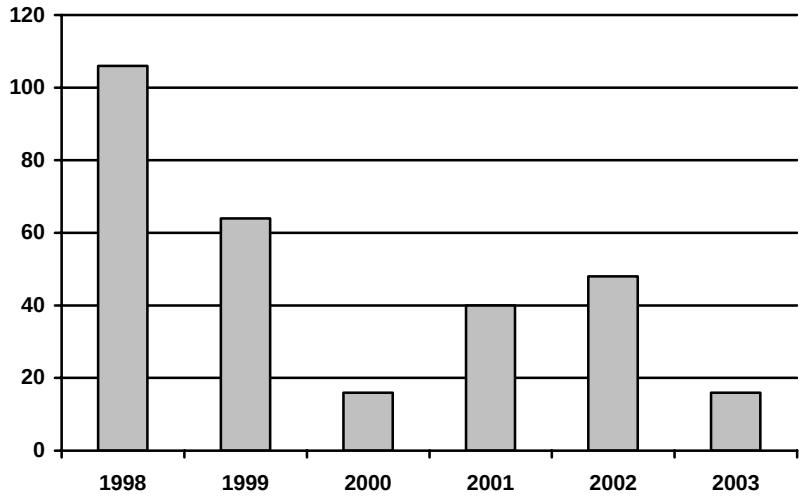
Figure 6: NT hospital separations with opioid mentions, 1999/00 to 2002/03



Source: NTDHCS

The rate of accidental deaths due to opioids in the NT in 2003 was 16 deaths per million, approximately half the national rate. (Figure 7). Over the period shown, this rate shows fluctuation with a decline this year compared to 2003.

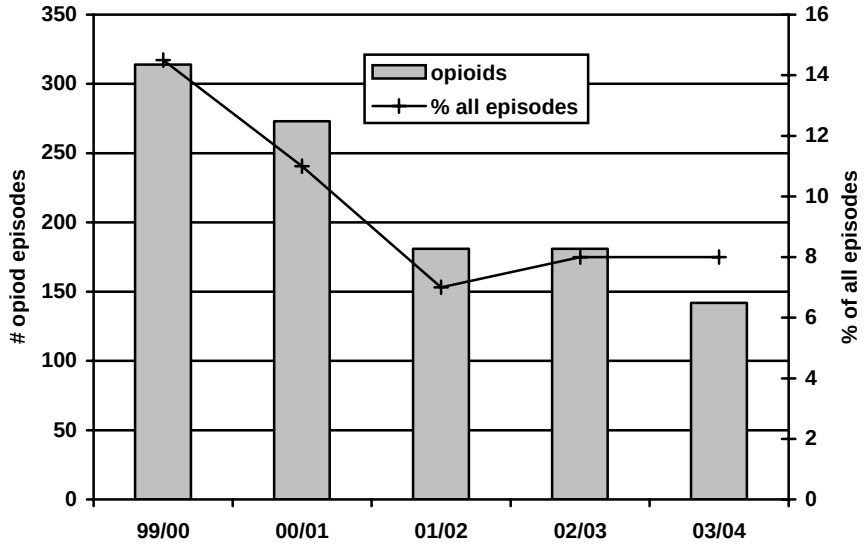
Figure 7: Rate of accidental deaths due to opioids in the NT 1988-2003, ages 15-54, deaths per million persons



Source: Degenhardt, et al 2004

The number of episodes of treatment at AOD treatment services for own drug use where morphine or another opioid was the principal drug of concern has experienced a decline over the last five financial years (Figure 8). As a proportion of all episodes, the morphine-other opioid episodes have parallelled this decline from 15% in 1999/00 to 8% in 2003/04.

Figure 8: AODTS treatment episodes where morphine or other opioids were the principal drug of concern, 1999/00 to 2003/04



Source: NTDHCS

8.6 Trends in opioid use

Morphine
Diverted MS Contin continues to be the primary injected opioid in Darwin, evidenced by the consistent proportion of IDU samples over the last four years reporting its recent use and by similarly consistent key expert reports. The use of licit morphine, i.e. morphine prescribed in the users name, appears to have dropped in 2004 compared to previous years, replaced to some extent by an increase in illicit use. Morphine also continues to be something of a substitute for the more preferred but unavailable heroin.

The median price of the most common dose of morphine in use, MS Contin 100mg, remained unchanged from 2003 at $60 and 100mg tablets of Kapanol were stable at $50.

IDU participants and relevant key experts, including those from law enforcement, continue to report that morphine is 'easily' and readily available for illicit use, with that availability being 'stable' over time. IDU reports show a marked increase in the use of friends as the main source to score morphine.

Key experts commented that medical practitioners are less able or willing to prescribe morphine than was the case in past years and so users are more inclined to score from the street. KEs stated that this had had no affect on the availability of morphine on the street. As was the case in 2003, KEs reported that more diversion from the smaller number of licit users was occurring and compensating for any supply reductions brought about by changes to prescribing practices. These views are consistent with the move from licit to illicit use reported above. One KE suggested that local prescribing may no longer be the primary source of illicit morphine, although there was no corroboration of this view.

Methadone, buprenorphine and other opioids
The proportion of IDU reporting recent use of methadone declined this year compared to 2003, mainly due to a drop in the proportion using illicit physeptone. However, the proportion using and injecting illicit methadone syrup, and the median days of use and injection, have increased. These increases are consistent with KE reports of increased availability of methadone syrup on the illicit market, and is attributed to the diversion of methadone syrup from pharmacotherapy treatment.

The price of methadone, at $1 per mg or $1 per ml is unchanged from 2003.

While the proportion of the IDU reporting recent buprenorphine use increased over the last two years, this consists primarily of an increase in licit use with the bulk of users in current or recent drug treatment. This is consistent with the increases being attributable to the introduction of the pharmacotherapy program mentioned above.

Overall use of other opioids in the IDU sample had declined from 2002 to 2004, and is now similar to the levels seen in 2001 for both licit and illicit use. The proportion of the IDU using illicitly declined this year reversing a three year trend towards increased use.

Summary of trends in opioid use

- The price of morphine is stable at $50 for a 100mg tablet of MS Contin.
- The proportion of the IDU reporting morphine as 'very easy' to obtain has increased.
- The use of licit morphine among the IDU sample has dropped over the last three years and illicit use has increased.
- Diverted MS Contin continues to be the primary injected opioid in Darwin.
- Changes in the use and availability of morphine reported by IDU are consistent with key experts comment that the supply of morphine from licit prescription has reduced while the street supply has remained stable, resulting in more users obtaining their morphine from illicit sources.
- The proportion of the IDU sample reporting recent use of some form of methadone declined this year compared to 2003, although the proportion reporting recent use and injection of illicit syrup has increased. Key experts attribute this to diversion from pharmacotherapy.

9.0 OTHER DRUGS

9.1 Ecstasy

Ecstasy had been used by 39% (Table 37) of the IDU sample in the six months prior to interview, for a median of 3 days. Swallowing was the preferred method of use (30%), followed by injecting (21%).

The proportion of the IDU that recently used ecstasy has increased over the period shown. This year shows and increase in swallowing as a method of administration while the proportion injecting is unchanged.

Table 37: Ecstasy use, selected characteristics, 2000 to 2004, % IDU

Variable	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)
Ever used	44	49	62	62	67
Used last 6 months	21	31	34	30	39
Swallowed last 6 months	17	25	21	17	30
Injected last 6 months	9	22	21	21	21
Median days used^	5	3	2	2	3

^ Among those who used

Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

Key experts report that ecstasy use is still small scale in Darwin, but that it's use is growing and spreading to younger users, with some suggestion that, along with alcohol, tobacco, and cannabis, it is becoming an 'initiation' drug. The proportion of 'genuine' ecstasy (i.e. MDMA rather than amphetamine based) being sold in Darwin is unknown, but some key experts estimate that it is up to 50%.

9.2 Hallucinogens

Over three quarters (77%, Table 38) of the IDU sample had used hallucinogens in the past and 17% had used it within six months of interview, for a median of 2 days. Swallowing (16%) was the preferred method of use, with less than 1% employing the other methods. Four people reported using mushrooms in the previous six months, otherwise LSD (n=13) was the main form used.

The proportion of recent hallucinogen use in the IDU declined from 33% in 2000 to 7% in 2003, but shows an increase into this year. Swallowing as the preferred method remains proportional to the rate of recent use.

Table 38: Hallucinogen use, selected characteristics, 2000 to 2004, % IDU

Variable	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)
Ever used	58	66	77	74	77
Used last 6 months	33	18	9	7	17
Swallowed last 6 months	32	17	7	6	16
Median days used^	4	5	2	2	2

^ Among those who used

Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

9.3 Inhalants

Three percent of the IDU reported using inhalants six months prior to interview, one each using petrol, 'amyl', and Glen 20. This proportion is comparable to previous years: 5% in 2000 and 2001, and 3% in 2002 and 2003.

9.4 Benzodiazepines

Benzodiazepines were used by over half the IDU sample (56%, Table 39) in the six months before interview, for a median of 11 days (range 1-180). The principal method of use was swallowing (52%), although 20% had injected.

Table 39: Benzodiazepine use, selected characteristics, 2000 to 2004, %IDU

Variable	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)
Ever used	37	62	77	74	71
Used last 6 months	29	53	53	54	56
Swallowed last 6 months	19	47	51	45	52
Injected last 6 months	12	27	17	30	20
Median days used^	12	26	10	14	11

^ Among those who used

Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

Prevalence of recent benzodiazepine use in the IDU sample has remained stable following a sharp rise from 2000 to 2001 (Table 39). The proportion of the sample that injected benzodiazepines within six months of interview has fluctuated over the last five years, this year showing a decrease from the recent high seen in 2003.

Licit use of benzodiazepines has slowly increased in each of the last two years from 34% of the IDU in 2002 to 38% this year (Table 40). Illicit use increased from 33% in 2003 to 41% this year. Thirty-one percent used the licit forms most often, while 24% used illicit forms most often.

Table 40: Forms of benzodiazepines used previous six months and primary form, IDU 2000 to 2004, % IDU

	2001 (n=135)		2002 (n=111)		2003 (n=109)		2004 (n=111)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	39	33	34	30	36	28	38	31
Illicit	30	21	30	23	33	22	41	24
Any form	53		53		54		56	

Source: O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

Sixty-six percent of recent users of benzodiazepines mainly used Valium; Hypnodorm, Temaze, Xanax and Serepax were all used by at least 5% of recent users. Main brand used was not affected by whether the primary use of benzodiazepines was licit or illicit.

9.5 Anti-depressants

Almost one third of the IDU sample (29%, Table 3) had used anti-depressants six months prior to interview on a median of 180 days (range 1 –180). Ninety-four percent of recent users had used orally, one person had injected.

Anti-depressants were most commonly used as a licit drug (25% of the sample, Table 41), with only 2% using it illicitly. Illicit use was the primary form for only one person. The total level of anti-depressant use among the IDU in 2004 is higher than that found in the previous two years due to increases in licit use.

Twenty-six recent anti-depressant users named the main brands they used, with each of the following being used by two people each: Endep (amitriptyline); Luvox; Effexor (venlafaxine). Eight people used Zoloft (sertraline), and three used Avanza (mirtazapine).

Table 41: Forms of anti-depressants used previous six months and primary form, IDU 2000-2004

	2001 n=135		2002 n=111		2003 n=109		2004 (n=111)	
	Used	Most often	Used	Most often	Used*	Most often	Used*	Most often
Licit	23	22	17	nr	15	16	25	23
Illicit	4	2	4	nr	2	1	2	1
Any form	27		21		21		29	

*missing data in some responses nr not recorded

Source: O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

9.6 Summary of other drug trends

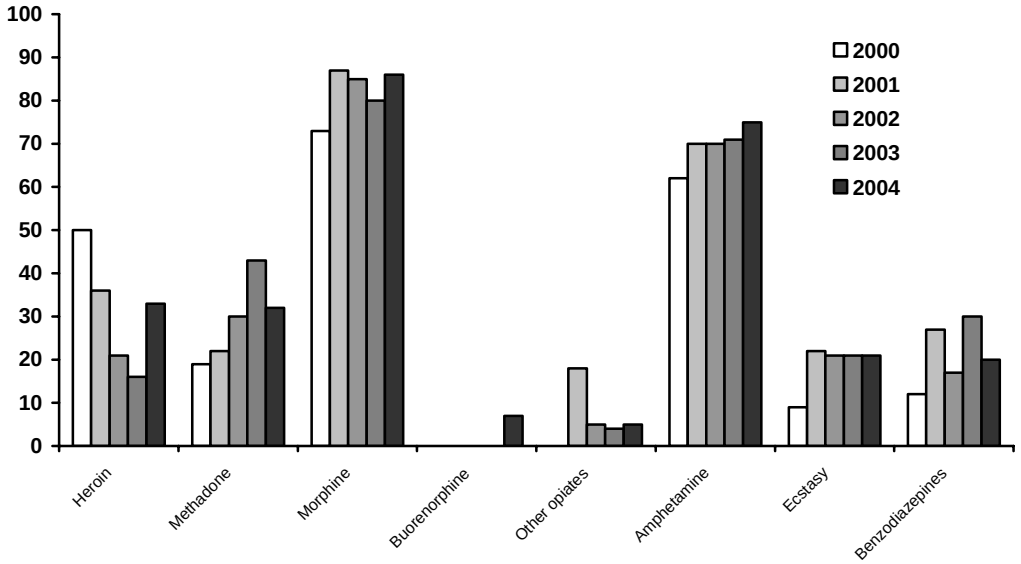
- Recent use of ecstasy among the IDU has increased since 2003 and shows a fluctuating but overall increase since 2000.
- Recent use of hallucinogens in the IDU has increased, reversing a declining trend seen since 2001.
- Recent use of benzodiazepine in the IDU increased this year compared to 2003 and recent injection is stable.
- Key experts report that benzodiazepine use continues to be closely associated with regular morphine use and may be increasing due to restrictions on morphine supply. Valium was the most used form.
- Recent use of anti-depressants has increased markedly from 2003. All of the increase is accounted for by licit use.
- The level of recent use of LSD has increased compared to 2003, reversing a declining trend.

10.0 ASSOCIATED HARMS

10.1 Recent injecting

The proportion of the IDU injecting within six months of interview is shown in Figure 9 for selected drug classes. Over the period shown the proportions injecting methadone and benzodiazepines increased until 2003 and then dropped into this year. The injection of morphine fluctuates around a consistently high level and the injection of amphetamines shows slow but consistent increase. Heroin inject is at it's highest level for three years.

Figure 9: Recent injection in the IDU sample, 2000 to 2004, % IDU



Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

10.2 Blood borne viruses

Notifications of Hepatitis B and Hepatitis C reported to the National Notifiable Diseases Surveillance System over recent years are shown in Table 35. Both series fluctuate with no clear general trends. HIV notifications are available only until 2003 and show a fluctuation around a low mean across the years shown.

Table 42: Notification of HBV, HCV and HIV, NT 1999-2004

Variable	1999	2000	2001	2002	2003	2004
Hepatitis B (incident) (n)	15	5	3	12	15	4
Hepatitis C (unspecified) (n)	184	183	220	196	208	136
HIV new cases (n)	5	2	3	8	5	n.a.

Source: NNDSS & NCHECR

The finger prick survey carried out in Darwin and Alice Springs and auspiced by the National Centre in HIV Epidemiology and Clinical Research[5] found one person with HIV antibodies in the most recent sample (2003,Table 43). Hepatitis C antibody prevalence showed a fluctuating but generally increasing trend from 1998 to 2002, with 62% of the 2002 sample showing HIV antibodies, but declining in 2003 to 29%.

Table 43: HIC and HCV antibody prevalence among NSP survey respondents 1999-2003

Variable	1998	1999	2000	2001	2002	2003
HIV antibody (% (n))	5 (87)	4 (79)	1 (90)	0 (79)	0 (47)	1 (67)
HCV antibody (% (n))	40 (88)	49 (79)	42 (91)	60 (84)	62 (47)	29 (62)

Source: NCHECR

10.3 Sharing of injecting equipment among IDU

A small proportion of the IDU sample either borrowed (5%) or lent (13%) used needles in the six months prior to interview, with larger proportions sharing other injecting equipment (Table 44). Of those who borrowed a used needle, 2 used it after their regular sex partner, 3 after a close friend and only 1 after an acquaintance. No one reported sharing a needle with a casual sex partner.

As can be seen in , the proportion of the IDU borrowing needles continues to decline while the proportion lending needles has increased into 2004. The proportion sharing other injecting equipment shows some changes from previous years with the sharing of spoon or mixing containers increasing markedly this year.

Table 44: Sharing of injection equipment in the month prior to interview, 2000-2004, % IDU

	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)
Spoons/mixing containers	22	30	15	17	32
Filters	9	12	10	11	12
Tourniquets	12	17	16	17	15
Water	8	7	8	10	10
Someone use needle after you	11	10	9	10	13
You used needle after someone	11	11	6	6	5

Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

[5] Buddle et al, 2003.

10.4 Location of injections

As in previous years a large majority of IDU usually injected in a private home (93%, Table 45).

Table 45: Location of usual injection 2000 to 2004, % IDU

	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)
Private home	71	84	95	92	93
Street/car park/beach	15	8	2	2	3
Car	8	4	1	4	1
Public toilet	1	2	2	2	2

Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

10.5 Injection related health problems

Seventy-eight percent of the IDU sample reported at least one injection related health problem, and the median number of problems reported was 2. The most common problem reported was prominent scarring or bruising (65%, Table 46), followed by difficulty injecting (49%). The number of IDU reporting overdose or a dirty hit has declined since 2001, while scarring/bruising and difficulty injecting has increased.

Table 46: Injection related health problems, month prior to interview, 2000 to 2004 % IDU

	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)
Overdose	18	10	0	1	1
Dirty hit	38	40	18	17	17
Abscess or infection	16	13	12	10	12
Scarring or bruising	57	40	44	59	65
Difficulty injecting	49	41	31	51	48
Thrombosis	10	9	5	8	10

Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

IDU were asked whether they had injected selected drugs in the month prior to interview and if so whether they had experienced any problems as a result (Table 47). The most often injected drug was morphine (78% of the IDU sample), with 13% of that group reporting no associated problems. However, 47% reported difficulty finding veins to inject into, 27% reported prominent scarring or bruising and 63% reported dependence. Up to twenty-nine percent of morphine injectors reported swelling in a limb: 29% of the arm, 18% of the hand and 13% of the feet.

Benzodiazepines (17%) and methadone (19%) were injected by similar proportions of the IDU, and in each case one third (33%) experienced no associated problems. Difficulty find a vein was the most commonly reported problem (44% and 48%), with up

to 28% of benzodiazepine injectors and 19% of methadone injectors reporting swelling in a limb. Substantial proportions of benzodiazepine injectors also reported prominent scarring or bruising (39%), abscesses or infections (22%), hospitalisation (17%) or dependence (17%). Methadone injectors reported a similar pattern of problems although at lower proportions, although the were more likely to report dependence (38%).

Table 47: Injection related problems by selected drugs, 2003 and 2004 IDU samples

	Benzodiazepine		Methadone		Morphine	
	2003 (n=109)	2004 (n=111)	2003 (n=109)	2004 (n=111)	2003 (n=109)	2004 (n=111)
Injected in the last month (% IDU (n))	18 (20)	17 (19)	18 (19)	19 (21)	76 (83)	78 (87)
Problems (% injected last month)						
No problem	45	33	53	33	28	13
Overdose	0	0	0	0	1	0
Abscesses/infections	10	22	5	10	5	9
Dirty hit	0	0	0	10	16	12
Prominent scar/bruising	5	39	16	29	27	38
Thrombosis/blood clot	0	0	0	0	6	3
Swelling of arm	10	28	5	19	10	29
Swelling of leg	0	11	0	10	2	6
Swelling of hand	15	22	11	19	8	18
Swelling of feet	0	28	5	14	5	13
Hospitalisation	0	17	5	10	2	2
Contact with Ambulance	0	11	0	5	1	1
Contact with Police	0	6	0	5	0	0
Dependence	5	17	5	38	24	63
Difficulty finding veins to inject	50	44	32	48	48	47
Skin ulcers	0	11	5	5	0	1
Gangrene	0	6	0	10	0	1

Source: Duquemin and Gray, 2003; Mood, 2004: 2004 IDU samples

The pattern of problems attributed to the injection of each drug is similar this year compared to 2003, although in each case more IDU reported problems. Injectors were substantially more likely to report dependence as a problem: for morphine an increase from 24% to 63%; methadone from 5% to 38% and benzodiazepine from 5% to 12%. More benzodiazepine injectors reported abscesses and infections (from 10% to 22%) caused by injecting and there were increases in the proportions experiencing swelling of limbs. Methadone injectors were more likely to have experienced difficulty finding veins, prominent scarring and swelling of limbs.

10.6 Expenditure on illicit drugs

Sixty-six percent of the IDU sample spent a median of $60 on drugs on the day before the interview. The most common amount was between $50 and $99 (23%, Table 48) with the distribution of amount spent similar to that found in 2003.

Table 48: Amount spent on drugs on the day before interview, 2002 to 2004, % IDU

	2002 (n=111)	2003 (n=109)	2004 (n=111)
$0	44	44	32
Less than $20	3	3	3
$20-49	9	13	17
$50-99	16	22	24
$100-199	20	13	16
$200 or more	8	6	8

Source: Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

10.7 Mental health problems

Thirty-five percent of the IDU sample reported having experienced a mental health problem other than drug dependence in the six months prior to interview and 27% had attended a professional for that problem. Depression was reported by 23% of the IDU (Table 49) with 17% attending a professional in relation to that problem. Anxiety was the next most common problem (10%), with 90% of that group attending a professional. Eighty-four percent of those who experienced depression attended a GP, 37% a counsellor, 21% a psychologist and 16% a psychiatrist. Nine out of the ten people who had experienced anxiety had attended a GP for this problem, 3 attended a counsellor and 3 a psychiatrist.

Table 49: Self reported recent mental health problems and professional attendence, 2004, % IDU (n=111)

	Had this mental health problem	Attended professional for this problem
Depression	23	17
Manic depression	2	0
Anxiety	10	9
Panic	1	1
Paranoia	1	1
Other PD	1	0
Schizophrenia	5	5
Drug induced psychosis	1	0
Other psychosis (not drug induced)	2	1

Source: 2004 IDU sample

IDU were asked this year if they had behaved aggressively or observed verbal or physical aggression from others after their drug use, and what drugs this was associated with

(Table 50). Seventeen percent of IDU had become verbally aggressive after their drug use, mostly after using alcohol (6%), but also after using benzodiazepines, morphine and other unspecified drugs (4% each). Eight percent of IDU reported becoming physically aggressive after drug use, mainly associated with alcohol (5%). IDU reported much higher levels of aggression from others: 59% had seen other people become verbally aggressive after that person's drug use and 44% had observed physical aggression by others. Verbal aggression by others was associated by IDU with alcohol (28%) and speed (27%) use and to a lesser extent with benzodiazepines (8%), cannabis (7%) and morphine (6%). Physical aggression was also mainly associated with alcohol (22%) and speed (16%).

Table 50: Drug related aggression post drug use, 2004, % IDU

	participant aggression		other's aggression	
	verbal	physical	verbal	physical
Exhibited this behaviour	17	8	59	44
Post this drug				
Heroin	0	0	1	0
Methadone	0	0	0	0
Other opioids	0	0	0	0
Cocaine	1	1	0	0
LSD	0	0	1	1
Ecstasy	0	0	2	1
Benzodiazepines	4	1	8	5
Alcohol	6	5	28	22
Cannabis	2	0	7	4
Inhalants	0	0	0	0
Morphine	4	2	6	4
Speed	0	0	27	16
Crystal (ice)	0	0	1	1
Base	0	0	0	0
Cant specify	4	2	1	1

Source: 2004 IDU sample

10.8 Criminal and police activity

Thirty-nine percent of the IDU sample reported criminal activity within one month of interview, dealing drugs being the most common (26% IDU, Table 51). Property crime was the next most frequent criminal activity (23%), with small proportions reporting violent crime (5%) and fraud (8%). The proportions reporting each crime type show variation across the four years shown in Table 51, with no apparent trends

Table 51: Self reported criminal and police activity, 2000 to 2004, % IDU

	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)
Property crime	8	12	14	9	23
Dealing	30	24	31	20	26
Fraud	12	5	13	3	8
Violent crime	2	3	12	5	5

Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

Twenty-seven percent of the IDU sample had been arrested in the twelve months before interview (Table 52), an increase on the proportions seen in 2003 and 2002. The pattern of reasons for arrest shows an increase in violent crime and 'other' in particular. The 'other' category included four people arrests for public disorder offences such as public drunkenness and vagrancy.

Table 52: Arrests in the twelve months prior to interview, 2000 to 2004, % IDU

	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)
Use/possession	3	2	5	1	3
Dealing/trafficking	4	2	1	1	1
Property crime	11	11	5	9	8
Fraud	nr	0	1	1	3
Violent crime	nr	4	5	2	7
Driving offence*	nr	nr	nr	3	2
Prostitution	nr	nr	nr	1	0
Other offences	nr	nr	nr	3	6
Arrested in last 12 months	28	32	22	18	27

* includes alcohol and driving, drugs and driving
nr not recorded
Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2004 IDU sample.

The number of confirmed offences cleared by police by either an arrest or summons to attend court for 2000/2001 to 2003/2004 are shown in Table 53. Cleared offences for dealing or trafficking in commercial quantities of illicit drugs has dropped consistently over the four financial years shown. Arrests or summons for dealing or trafficking in non-commercial quantities of illicit drugs show small increases between 2000/01 and 2002/03 and a large increase into 2003/04. The number of cleared offences for possession returned in 2003/04 to the level seen in 2000/01.

Table 53: Number of cleared offences for selected illicit drug related crimes, 00/01-03/04

	2000/01	2001/02	2002/03	2003/04
Deal/Traffic illicit drugs - commercial quantity	122	86	96	53
Deal/Traffic illicit drugs - non-commercial quantity	16	30	35	202
Manufacture or cultivate illicit drugs	43	72	40	50
Possess and or use illicit drug	266	208	176	268

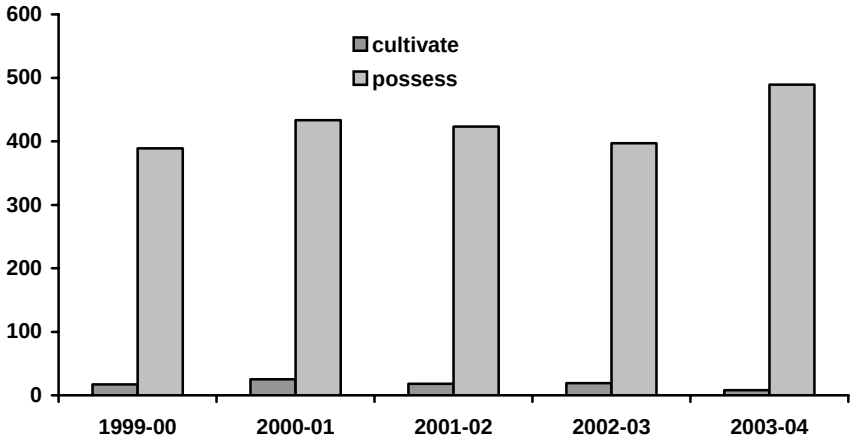
Source: NTPFES

The increases seen in Table 53 are consistent with a substantial increase in the number of drug seizures by NT Police. The number of seizures of amphetamine-type stimulants increased from 56 (1.2kg) in 2002/03 to 86 (2.0kg) in 2003/04, and the number of cannabis seizures increased from 375 (36kg) to 790 (140kg) over the same period. Law enforcement key experts attribute these increases primarily to better use of 'intelligence led' policing strategies resulting particularly in an increase in the number of clandestine

laboratories detected in the NT. They report that the increases seen in the number of seizures does not reflect an increase in the availability of amphetamine-type stimulants in the NT.

Figure 10 shows the number of cannabis infringement notices issued by police since financial year 1999/2001. Notices issued for cultivation have declined steadily over the period shown. Notices issued for possession for personal use have increased this year after a slow decline over the previous three years.

Figure 10: The number of infringement notices served for cultivation or possession of cannabis 99/00-03/04



Source: NT Office of Crime Prevention

Consumer and provider arrests by drug type up to 2002/03 are shown in Table 54. They show that police activity reflects the low prevalence of heroin and cocaine in the NT, with a focus on cannabis and amphetamine type stimulants, although the increase in heroin-related arrests is consistent with the findings reported above concerning increased heroin presence in the NT. They record a marked shift in cannabis related activity from consumers to providers in 2001/02 compared to 2000/01, although this distinction is not reported in 2002/03.

Table 54: Number of consumer and provider arrests by selected drug type, NT, 2000/01-2002/03

	2000-2001		2001-2002		2002/03	
	Consumer*	Provider^	Consumer*	Provider^	Consumer*	Provider^
Cannabis	328	113	122	328	315	
Opioids	13	0	1	2	10	0
ATS`	144	0	21	0	52	
Cocaine	0	0	2	0	0	0
Hallucinogens	5	0	3	0	1	

*people charged with user-type offences, eg possessing or administering drugs for their own use
^people charged with supply-type offences, eg selling, trafficking
`amphetamine type stimulants
Source: ACC Illicit Drug Report, 2002 and 2003

Thirty-seven percent of the IDU sample felt that police activity around illicit drug use had increased over the six months prior to interview. In most cases this activity was described in a general sense, eg 'more Police on city streets' or 'more police patrols' and a small number of responses referred specifically to increased surveillance. Two respondents mentioned police activity in relation to the 'drug house' legislation introduced in 2002. Fourteen percent of respondents stated that police activity had made scoring drugs more difficult.

Key expert comment suggests that property crime and drug dealing remain the offence types most closely associated with illicit drug use, and that the prevalence of these activities has been stable. As mentioned above, there is some indication that offences associated with the diversion of pharmaceuticals – script forging, script theft, medication theft, false reports of break-ins with theft, violence and use of weapons associated with theft or break-ins of pharmacies – have increased due to the impact of licit morphine supply restrictions and will continue to increase.

10.9 Trends in associated harms

Change can be seen in some aspects of the harms associated with injecting drug use. HCV antibody presence in the NSP annual survey (a population likely to have similar characteristics to the IDU sample) declined in the most recent year where data is available, from 62% in 2002 to 29% in 2003. While the risk behaviour of sharing injecting equipment continues to be low and in some instances declining, the proportion of IDU reporting that someone borrowed their used needle increased this year. High proportions of the IDU sample continue to inject in what may be seen as the relatively less harmful environment of private homes, with only small proportions injecting in public places. Immediate injection related health problems show an increase in reports of scarring and bruising compared to 2002. As was the case in 2003, injection related problems were reported by a larger proportion of morphine injectors than was the case for methadone or benzodiazepines. However, the differences between these proportions for each drug has reduced this year compared to 2003 and as described above large increases are seen in relation to specific problems including dependence, swelling of limbs and hospitalisations.

Similar patterns of mental health problems were reported by IDU this year as was the case in 2003. Depression and anxiety were the most commonly reported problems and the proportion attending a professional concerning these problems remained high (80% to 90%).

Engaging in or witnessing aggression was queried in this year's IDRS for the first time. IDU reported in engaging in verbal or physical aggression relatively small numbers, mainly associated with alcohol use. Considerably larger proportions had witnessed either verbal or physical aggression on the part of others, primarily after their use of alcohol or speed.

Self reported criminal activity in the IDU shows increases or stability in all categories compared to 2003. Dealing rose from 20% of the IDU to 26% and property crime rose from 9% to 23%. The number of IDU arrested also rose, with an increase in violent crime accounting for most of the overall increase. The number of offences cleared by NT Police increased this year to 573 from 347 in 2003. This change is accounted for by large increases in cleared offences for dealing or trafficking in non-commercial quantities

and possession or use of illicit drugs. The number of cannabis infringement notices issued for possession also increased this year.

Key expert comment corroborates the movements seen in IDU reports and Police figures. They claim that these increases in violent and property crimes are linked to tighter restrictions on the prescribing of morphine. More users turn to the street market for their morphine, financed by property crime, or engage in theft of other people's scripts sometimes involving violence.

10.10 Summary of trends in associated harms

- Some injection related risk behaviours have increased, including borrowing of used needles and sharing mixing containers.
- Selected injection related health problems increased among the IDU compared to 2003, particularly among those injecting benzodiazepines and methadone.
- As in 2003 morphine injectors were more likely to report an injection related problem than benzodiazepine or methadone injectors but by a reduced margin.
- IDU self-report, NT Police data and key expert opinion suggest an increase in selected crime types, specifically property crime and violence. Key experts link these increases to changes in morphine related prescribing practices.

11.0 DISCUSSION

As has been the case in previous years, to a large extent the illicit drug market in Darwin has remained stable. Cannabis, morphine and amphetamines are the most widely used illicit drugs, and continue to be easily available. The sharing of needles amongst IDU remains low and property crime and drug dealing are the main offence types associated with illicit drug use. However, as has also been the case previously, there are some specific areas of change or trend that are noteworthy.

11.1 Changes in the supply and use of opioids

As mentioned in the body of this report, while heroin and cocaine are a rare presence in Darwin, their use among the IDU grew this year and some key experts mentioned an increased presence of heroin. Both these drugs are still believed to become available for short periods in small amounts on the street market but that over the last 12 months this had occurred more often.

It is also the case that since 2001 the licit use of morphine has declined among the IDU who are recent morphine users and the illicit use has grown. This change from licit to illicit use has coincided with efforts on the part of the NT government and medical practitioners to limit the number of doses of morphine prescribed, initially through the use of voluntary patient-Dr contracts and currently through the implementation of new legislation.

Key experts and IDU are clear that the move to illicit use on the part of IDU is attributable to the restrictions on licit supply - as IDU find it more difficult to access morphine through licit prescriptions from medical practitioners they turn to the street market for their supply. Key experts and IDU are also clear that the restrictions on supply have had minimal impact on the supply of morphine available for sale on the street, i.e. it is still very easy to get morphine (mainly in the form of MS Contin).

The increased use of street supply is seen by some key experts and IDU to have led to an increase in criminal activities associated with securing that supply – people commit more property crime to finance purchases of the higher priced street morphine and there are more instances of theft, fraud and violence associated with the diversion of scripts. To some extent this is consistent with some of the findings in this report around criminal and Police activities.

Those key experts who noted the increased presence of heroin in Darwin speculated that making licit morphine more difficult to get opens up market opportunities for the sale of heroin. They also noted that as the Opioid Pharmacotherapy Program has become more established so has diversion of methadone syrup from that program, and that to some extent this is either substituting for morphine or being used to trade for morphine. It is worth noting that the same key experts feel that the benefits of such a program more than outweigh any negative implications of methadone diversion.

The causal links suggested by the key experts and IDU cannot be substantiated by the methodology employed in the IDRS and, as stated above and below, one aim of the IDRS is to highlight possible emerging trends in the illicit drug market for further investigation. In light of this, the main implication of this discussion is that the impact of ongoing changes to prescribing and to the provision of pharmacotherapy maintenance

programs for opioid dependence on the supply and use of opioids in the NT illicit market be monitored closely.

11.2 Increased availability of pure forms of methamphetamine

The increased availability and use of more refined forms of methamphetamines found in the 2003 IDRS appears to have stabilised and become less noteworthy among IDU and key experts. It seems likely, however, that while the least pure form of methamphetamine (speed powder) is still the most used form it is being supplanted to some extent by the base and crystal forms. This is apparent in the 'most used' forms of methamphetamine reported by IDU and in the comments by relevant key experts. Although raised by a number of key experts it is not clear that this is as yet having any impact in terms of increased chaotic or violent presentations to service providers, but it is a movement that requires further monitoring.

11.3 Methodological considerations

As noted above the IDRS uses three distinct sources of information – an IDU survey, a key informant survey and indicator data – to report on changes, new trends and ongoing trends in illicit drug use patterns both nationally and in each jurisdiction. Key informants often work with or have knowledge of specific groups of drug users who may not be representative of the general illicit drug using population. The IDU survey is perhaps the most crucial component of the IDRS as it collects information on price, availability and use patterns that would not otherwise be available. Indicator data is in a sense the 'objective' source of information but can be affected by changes in activity and data collection practices as much as changes in what it purports to measure. It should be noted then that the main role of the IDRS is to act as an 'early warning system' and to indicate areas for further research, rather than to explore emerging trends in detail.

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