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Northern Territory Drug Trends 1999

Findings from the Illicit Drug Reporting System (IDRS)

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EXECUTIVE SUMMARY

The Illicit Drug Reporting System (IDRS) is coordinated by the National Drug and Alcohol Research Council (NDARC) and funded by the Commonwealth Department of Health and Aged Care. The study was first trialed in 1997 in three states and in 1998 the Northern Territory Government was invited to participate. Following training by NDARC, the Northern Territory Living With Alcohol (LWA) program and Territory Health Services Alcohol and Other Drugs Program (AODP) were able to jointly conduct a key informant survey for inclusion in the 1999 IDRS.

The national IDRS examines amphetamine, heroin, cannabis and cocaine use patterns and trends. The Northern Territory study focused only on amphetamines, opiates and cannabis. Cocaine was not included in the study as no key informants nominated cocaine as the primary illicit drug used by those with whom the informants had the most contact. Additionally, the Northern Territory study focused on morphine use patterns and trends rather than heroin as morphine is the opiate most commonly used in Darwin.

This report examines drug use patterns and trends through:

- Analysis of information provided by key informant surveys
- Analysis of other indicator data, such as LWA Coronial Database, Northern Territory Aids Council Needle Exchange survey data, Territory Health Services Poisons and Pharmacy Branch data, AODP treatment agency admission and separation data, National Drug Strategy Household Survey data, Young People and Substance Use Survey data and law enforcement data

28 key informants were recruited to participate in the study. All informants satisfied the inclusion criteria of a minimum of weekly contact with illicit drug users in the six months preceding the study or contact with at least ten illicit drug users in the previous six months. The key informants consisted of treatment agency, law enforcement, medical, legal, corrections, needle exchange, mental health and community services personnel.

Analysis of indicator data and key informant surveys suggested the following:

Amphetamines

- There was a diverse population of amphetamine users in Darwin
- Amphetamine use occurred in all suburbs in Darwin
- Gender of users was evenly distributed
- Use of amphetamines by Aboriginal people was increasing
- More young people were using amphetamines
- Intravenous use was becoming increasingly common
- More people, including younger people, were supplying amphetamines
- More users were accessing treatment
- Polydrug use, particularly use of cannabis and alcohol, was common
- Intravenous users had improved awareness of safe injecting practices
- Purity remained poor, cost was stable at approximately $70 per gram and availability was easy

Opiates

- Morphine rather than heroin was the opiate most commonly used in Darwin
- Morphine use occurred across all suburbs in Darwin
- Most users were male Caucasians, although use by Asian people was recognised and use by Aboriginal people was increasing
- There was a wide age range of users
- Polydrug use, particularly alcohol and benzodiazepine use, was common
- MS Contin 100mg tablets were the most common form of morphine
- Injecting remained the most common route of administration
- Morphine users were the group most likely to access the needle exchange service
- Although awareness of safe injecting practices had improved, needle sharing and other unsafe injecting practices still occurred
- Overdoses were relatively rare
- While more users were accessing treatment, they were still a minority
- Cost per 100mg tablet Ms Contin averaged $40 and there was uncertainty regarding stability of this price
- While morphine was very easy to obtain, there was uncertainty whether availability was stable or becoming more difficult
- Heroin was available in Darwin, but more difficult to obtain than morphine

Cannabis

- Cannabis use was common and increasing throughout the Northern Territory and particularly in Darwin
- Patterns of use varied widely
- More young people and women were smoking cannabis
- Cannabis use was causing concern on some Aboriginal communities
- There was a wide age range of users
- Cannabis was not viewed as a dangerous drug
- There had been an increase in cannabis users presenting with mental health and behavioural problems
- Polydrug use was common, particularly among young users. Alcohol was the other drug most often used
- In the Top End more locally grown, including hydroponic, cannabis was available
- Potency was high and costs were stable at approximately $25 per gram and $250 to $300 per ounce
- Availability was very easy

Other Drugs

- Polydrug use was common, with alcohol the main other drug used
- Benzodiazepine use was common among morphine users
- Ecstasy was viewed as a "party" drug and popular with some cannabis and amphetamine users
- LSD was popular with some cannabis and amphetamine users
- Inhalant use was most common among those who lack resources to purchase other drugs
- Petrol sniffing was common on some Aboriginal communities
- Heroin was available but more difficult to obtain than morphine
- Cocaine use was rare

Other Indicators

Information from a range of secondary data sources complemented and validated the key informant survey. These sources included population surveys, health and law enforcement data and treatment agency client admission and separation information. Secondary data sources met specific criteria and the following major trends were evident from analysis of this data:

- Heroin/opiate overdoses were very rare as were other drug overdoses. Mixed drug toxicity was more frequent but still relatively low in 1998
- Needle and syringe distribution figures indicated a 388 percent increase in the four years to 1998/99
- Needle and Syringe Exchange Program figures indicated an increase in the last four years in the number of injecting drug users (IDUs) who had last injected morphine or amphetamines
- Two thirds of IDUs presenting for needle exchange had been tested for HIV and 8.5% had tested positive. Nine in every ten had been tested for Hepatitis C (HCV) and just over one third of these were positive
- Schedule 8 morphine narcotics consumption had increased markedly, with a 1,100 percent rise in 100mg tablets of MS Contin and a 180 percent increase in Kapanol 100mg tablets from 1996 to 1998
- Admissions to treatment agencies for opiates, cannabis and amphetamines as principal drug problem had increased from 1996/97 to 1998/99
- From 1995 to 1999 drug-related arrests and summons increased for offences against police, good order, traffic matters and drug-related matters. Overall, the total proportion of drug-related arrests and summons did not change over the four and a half year period

Policy/Research Implications

The findings from this study suggest the following key areas for further investigation:

1. Research into and development of interventions for those experiencing harm associated with amphetamine use.
2. Research into and development of interventions for those experiencing problems due to cannabis use.
3. Research into and development of interventions for those experiencing harm from another person's drug use.
4. Development of harm minimisation advice for polydrug users.
5. Monitoring of changes in the availability of morphine and heroin in the NT, particularly the Darwin region, including factors affecting the markets.
6. Research into patterns of and trends in licit and illicit drug use and availability amongst Aboriginal and Torres Strait Islander communities in the Northern Territory.
7. Research into the psychological impact of cannabis and polydrug use in people at risk of developing mental health and behavioural disorders.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) was trialed in 1997 by three states: New South Wales, Victoria and South Australia. The trial and the 1998 study were coordinated by the National Drug and Alcohol Research Centre (NDARC) and funded by the Commonwealth Department of Health and Aged Care. The Northern Territory (NT) was approached and asked to participate in the 1999 study. A Territory Health Services (THS) representative attended the National Drug Trends Conference in Sydney in November 1998 to discuss the current status of illicit drug use in the NT and to receive training in implementing the key informant survey of the IDRS. A team from the NT Living With Alcohol (LWA) program and THS Alcohol and Other Drugs Program (AODP) conducted the study in August 1999.

1.1 Study Aim

The Northern Territory's participation in the IDRS aimed to provide an accurate description of current illicit drug use patterns in Darwin and thereby to contribute to a national perspective which will serve to identify intervention priorities and guide further research.

2.0 METHODS

This study employed two methods:

- A qualitative study of key informants who were working in the alcohol and drug field (for example, counsellors, support workers and outreach workers, health professionals, law enforcement, corrections and researchers)
- An examination of drug-related harm indicators (for example, health, client and criminal justice data)

The procedures utilised in these two study components were developed by Hando et al (1997).

2.1 Key Informant Study

The informants were interviewed in August 1999. The criteria for inclusion in the study were:

- A minimum of weekly contact with illicit drug users in the six months preceding the study; or
- Contact with at least 10 illicit drug users in the previous six months

All the informants were employed in alcohol and drug treatment agencies (Government and non-Government), other health services, non-Government organisations (NGOs), NT police, NT Correctional Services, Customs, needle exchanges or in research. The research team selected IDRS informants from known professionals and NGO workers or they were referred by peers. Potential informants were provided with a study information sheet and a consent form. Those interested in participating provided the research team with contact details, a completed consent form and a time to conduct the screening and interview. The interviewer contacted each informant at the pre-arranged time, screened each informant for inclusion into the study (according to set questions to assess if the criteria listed above were met) and either conducted the interview immediately or arranged a mutually convenient time.

A total of 28 informants were interviewed and there were 14 males and 14 females. The informants consisted of two general practitioners, nine alcohol and drug treatment professionals, three detoxification workers, three youth workers (one outreach), one drug squad officer, one customs officer, two correctional services employees, two health workers, two HIV/needle exchange workers, one community service worker, one lawyer and one mental health professional.

The informants were requested to identify the main illicit drug used by the drug users with whom they had the most contact in the six months preceding the study (approximately the first half of 1999). Six (21.5%) identified amphetamines, fourteen cannabis (50%), seven morphine (25%) and only one (3.5%) identified heroin. No informants nominated cocaine. A large majority of informants (89%) stated that their work brought them into contact with drug users and the remaining 11% indicated that they had contact through both their work and social/personal life.

The informant interview schedule usually took between 30 to 45 minutes to administer. The interview schedule was based on previous research conducted at NDARC for the World Health Organisation (Hando and Flaherty, 1993). The schedule included questions on drug use patterns, availability, purity, forms of administration, criminal behaviour and health issues.

The responses to open-ended questions were transcribed shortly after the completion of the interview in order to record as much detail as possible. Quantitative questions were analysed with the Statistical Package for Social Sciences 9 (SPSS9) and open-ended questions were analysed with a word processor.

2.2 Drug-related Harm Indicators

To complement and validate the informant data a range of secondary data sources were accessed. The pilot study for the IDRS (Hando et al, 1997) recommended that databases accessed for secondary indicator data should meet at least four of the following criteria:

- Include 50 or more cases
- Available at least annually
- Provide brief details of illicit drug use
- Collected in the main study site (Darwin or the Northern Territory for the current study)
- Include details on the four main illicit drugs under investigation

The following databases meet at least four of the above criteria and were accessed for this study:

- Integrated Justice Information System (NT Police)
- Alcohol and Other Drugs Client Database (client data from AODP Client Database)
- LWA coronial database
- Needle exchange data (collected by NT AIDS Council)
- NDS National Household Survey: 1998 NT Results (LWA)
- Young People and Substance Use in the NT in 1998 survey data (LWA)
- Consumption of Schedule 8 narcotics (THS)

Some additional secondary data sources were not available at the time of writing this report and these included hospital separations, accident and emergency data and St John of God Ambulance Service data.

3.0 CURRENT DRUG SCENE AND RECENT TRENDS

Current illicit drug use patterns and related issues are discussed from the perspectives of the twenty eight informants and results are summarised according to the major illicit drug groups.

3.1 Amphetamines (n = 6)

Current amphetamine use patterns

Informants were unanimous in their belief that amphetamine users resided in all suburbs in the Darwin area. While it was felt that that the heaviest users were in their 20's, the informants noted that age of users varied widely, with an increasing number of users in their early teens. Several informants noted that among some teen users, amphetamines were the first illicit drug used. One informant stated that the user group was now so diverse that it was no longer possible to stereotype users. Most informants believed that gender of users was evenly distributed, but there was a perception among informants that suppliers were predominantly male. Although Caucasians were identified as the majority user group, three of the six informants commented on increasing amphetamine use among the younger Aboriginal population. Reports of amphetamines being used on Aboriginal communities were also noted. Most informants were unable to comment on Non English Speaking Background (NESB) users but one estimated that this group comprised less than 5% of the using population. Similarly, most informants were unable to comment on sexual preference of users although one commented that this was likely to mirror that of the general population.

Education levels also varied widely, with informants noting that while it appeared the majority of users had some high school or completed high school education histories, a significant percentage were tradespeople or tertiary educated. Employment status also varied widely, but informants agreed that a large percentage of users were unemployed, with many others working in unskilled or manual labour positions.

Three of the six informants observed that there was an increasing number of users entering treatment, with one estimating that half of all recent admissions to the therapeutic community were related to amphetamine use. Two informants commented that women were more likely to access treatment in a voluntary capacity, whereas referrals to treatment agencies from the Criminal Justice System were primarily younger males. Two informants also emphasised that there was a very large group of hidden users who were not dependent, who used on a recreational or bingeing basis, who did not access treatment and who otherwise were not involved in criminal activities. While most informants believed that only a small percentage of users were currently in prison and a slightly higher percentage had a prison history, most informants believed that between 25% to 50% of users had some past criminal convictions. One informant stated that of those who had a prison history, 60% were recidivists.

Informants agreed that amphetamines usually came in powder form, although dexamphetamine in tablet form was an exception. Injection was the most common form of administration among users known to the informants and reasons cited were the "rush" and the immediacy of effect. Most informants felt that new users started by

snorting, but that increasing use generally led to injecting. One informant also noted that there appeared to be less stigma attached to injecting than in the past. Several informants suggested that "snorting" and, less often, swallowing, were also common ways of using, particularly among the large non-dependent, recreational use population.

Quantity and frequency of use estimates varied widely. While it was accepted that many users used occasionally and recreationally, those users who came to the attention of treatment agencies and police tended to be daily users. All informants agreed that these users injected at least three times per day and, depending upon quality, might inject up to eight times per day. Amount used also varied with several informants pointing out that newer users used less, perhaps injecting a quarter gram per injection, whereas dedicated users generally injected a gram or more per injection. Due to the largely hidden nature of the recreational users, informants were unable to comment upon their patterns of use.

Polydrug use appeared to be the norm, with most informants identifying tobacco, cannabis and then alcohol use as most common. Ecstasy was identified as a "party drug" sometimes used by amphetamine users, with LSD use less common. One informant discussed a small group of amphetamine users who also used steroids. Several informants stated that benzodiazepines were often used by amphetamine users to assist in "coming down", while another suggested that some users injected opiates to assist in the withdrawal process. Another informant observed that many amphetamine users, particularly occasional users, did not use opiates, did not identify with opiate dependent individuals and disapproved of the lifestyle associated with opiate dependency. Cocaine use appeared to be rare.

Amphetamine use trends

Table 1: Key informant views of amphetamine use and trends

User Profile	Early teens to 40's, but predominantly men and women in their 20's Mostly high school only education Mostly Caucasian but increasing number of Aboriginal users Prior criminal convictions common
Changes in user demographics	More Aboriginal and younger users
Routes of administration	Most injecting Snorting and swallowing also common
Changes in routes of administration	Injecting becoming more common and acceptable
Other Drug Use	Polydrug use common, primarily alcohol and cannabis Benzodiazepines used to assist withdrawal

As earlier noted, informants commented upon increased use by Aboriginal people and younger people. Injecting use also appeared to be increasing and several informants highlighted that younger users appeared to have some knowledge of safe injecting techniques and have good awareness of the risks of contracting HCV or HIV. Three informants identified a recent trend of teenage girls and young women exchanging sex for drugs. One informant suggested that some amphetamine users were moving from amphetamine use to opiate use, but the majority of informants did not see any changes in terms of trends in other drugs used. The majority of informants also expressed the view that more users, including very young users, were selling the substance and more amphetamine users were presenting for treatment.

Cost, purity and availability of amphetamines

All informants identified powder amphetamines as the most readily available, with two informants stating that this was usually methamphetamine. Table 2 demonstrates that informants believed that grams generally sold between $50 to $100 per gram, with $70 per gram being the modal price reported. One informant reported that current cost per ounce was $1300 to $1500. Ephedrine-based amphetamines were also reported, but availability appeared to be sporadic.

Informants were unanimous that purity was generally low and usually around the 5% range. While three informants viewed purity as stable, two suggested that purity was increasing. One informant reported that amphetamines imported from southern states tended to be of higher quality, but also suggested that there had been an increase in local production in recent times.

Four of the six informants rated amphetamines as "easy" to purchase, with the remaining informants rating it as "very easy". This was consistent with the informants' views that more users are selling, often to finance their own use.

Table 2: Key informant estimates of amphetamine purchase cost, purity and availability

Purchase cost	Between $50 to $100 per gram, with $70 per gram average
Change in purchase cost	Stable
Purity	Low to medium Estimated at 5% to 20%
Changes in purity	Increased (33%) Stable (67%)
Availability	Very easy (33%) Easy (67%)

3.1.1 Summary of Amphetamine Trends

Informants indicated that:

- A diverse population used amphetamines, with differing patterns of use
- The number of younger and Aboriginal users was increasing
- Intravenous use was becoming more common
- More people, including younger people, were supplying amphetamines
- An increasing number of users were accessing treatment
- Polydrug use was common
- Purity was generally low, averaging 5%
- Cost per gram averaged $70
- Amphetamines were easy to obtain

3.2 Opiates (n = 8)

Current opiate use patterns

The following section focuses primarily on morphine use as all informants reported that heroin use was rare compared to morphine use. The wide disparity of informant views presented in this section strongly suggests that there are several subsets of users in Darwin.

Informants agreed that morphine use occurred in all suburbs in Darwin while several commented that morphine use was also occurring in Palmerston (Darwin's satellite city) and to a lesser extent in the rural area. The age range of users was large, with informants identifying users between the ages of 16 years and over 60 years. Three informants suggested that the majority of users were in their 20's, while two believed that the majority were in their 30's. One suggested that there was a large group aged between 40 and 45 years and another identified the age of palliative care patients as over 60 years and those presenting for pain related conditions as averaging 35 years.

Views regarding gender also varied but half the informants reported that 75% to 80% of users were male. One informant opined that at least 50% of female users worked in the sex industry. Informants agreed that the majority of morphine users were Caucasian but disagreed in relation to the prevalence of Aboriginal use. Estimates of Aboriginal use ranged from 2% to 40%, with 15% as the mean estimate. Five informants made specific reference to Asian use, most estimating that this ethnic group comprised approximately 10% of the using population with one informant suggesting this group had better access to heroin.

Informant perspectives in relation to education levels and usual employment status of users were less varied. Education levels were seen as overall on the lower end of the scale (some high school), but one informant referred to tradesmen users and another to a smaller number of tertiary educated users. Most informants estimated that at least half of the user population was unemployed or receiving disability benefits and that those who were working were employed in casual, unskilled or manual positions.

The majority of informants were unwilling or unable to comment upon user sexual preferences. One informant estimated a "small" percentage of homosexual users, another suggested that users were mainly heterosexual, while the third who made comment stated that over 20% were either homosexual or bisexual.

Estimates of users in treatment also varied, but informants agreed that those in treatment represented a small minority of the user population. Three informants referred to users accessing medical services for general health issues and another estimated that less than 20% of users ever utilised the detoxification service. Most informants believed that the majority of users had prior criminal convictions but were less certain about how many users were currently incarcerated.

Morphine Sulphate (MS Contin) in 100mg tablets was identified as the most common form of morphine available and currently used, although several informants noted that Anamorph and Kapanol tablets were also available. One informant stated that codeine was also used when other opiates were unavailable. Informants believed that the vast majority of users injected, with the exception of older palliative care patients. Amounts used appeared to depend upon supply and finances, with some informants reporting use of more than 800mg per day, with 300mg per day (usually three 100mg injections per day) being the average amount estimated as used. Polydrug use, especially alcohol and benzodiazepine use was reported as common, particularly when users were unable to procure morphine.

Morphine use trends

Only one informant provided an estimate of the total number of opiate users in Darwin, putting this figure at approximately 2000. Several informants noted that individuals were beginning their using careers at a younger age and that there was more "street use". Aboriginal users were also identified as an emerging group. One informant noted a trend of users with children accessing medical services to obtain Ritalin which they could then sell to obtain funds for the purchase of morphine. While use of other drugs was generally seen as stable, several informants suggested that users were obtaining prescriptions for Physeptone from medical practitioners who were reluctant to prescribe morphine.

Table 3: Key informant estimates of opiate (morphine) use and trends

User Profile	Unemployed or manual labour Caucasian heterosexual males Late teens to 60's High school educated Some Aboriginals and Asians
Changes in user demographics	More youth and Aboriginals
Routes of administration	Intravenous
Changes in routes of administration	Unchanged
Other drug use	Polydrug use common, primarily alcohol and benzodiazepines

Morphine cost and availability

One informant stated that costs had decreased, three reported costs as stable and four reported costs as increasing. Those who identified increasing costs linked this to a belief that there is a growing reluctance by medical practitioners to prescribe morphine and a perception among users that supply had reduced or will reduce. Costs for a 100mg morphine tablet were estimated to range from between $30 to $80, with $40 per 100mg tablet the cost most frequently quoted. Several informants suggested that the amount paid was dependent upon the user's relationship with the supplier. The majority of informants rated morphine as currently "very easy" to obtain. Three informants believed that availability over the past six months was stable, but another three suggested it was gradually becoming more difficult to obtain morphine.

Table 4: Key informant estimates of morphine cost and availability

Purchase cost 100mg morphine	$30 to $80, $40 average
Change in purchase cost	Uncertain
Availability	Very easy (57%) Easy (43%)
Change in availability	Uncertain

3.2.1 Summary of Opiate Trends

Informants indicated that:

- Morphine rather than heroin was the opiate most commonly used in Darwin
- Users were mainly Caucasian males, although Aboriginal users were recognised as an emerging group
- Age of users varied widely, with some teenage use reported
- Most users did not access treatment
- Polydrug use was common
- Diversion of morphine prescriptions was common
- MS Contin 100mg tablets were the most common form of morphine
- Intravenous use was the most common route of administration
- Cost per 100mg MS Contin tablet averaged $40
- Morphine was very easy to obtain

3.3 Cannabis (n=14)

Current cannabis use patterns

Informants indicated that cannabis use was widespread across all geographic locations in the NT, with a higher usage in the Top End, particularly Darwin. This may relate to climatic factors and a northern tropical climate conducive to cultivation. In the Top End most informants considered that Darwin had the highest number of users, especially long term users. It was estimated that about 20-25% of users resided in the Greater Darwin region and in the rural areas surrounding Darwin. In these rural areas it was relatively easy to grow cannabis and there was a low chance of detection. Those

who had contact with Aboriginal communities indicated that members of remote communities had higher use than their urban counterparts.

There was a broad age range of cannabis users, from early teens through to older people. Eight informants (57%) stated the age range as 16 to 45 years and the modal age was considered to be in the 20s. Three informants (21%) stated a range from 19 to 24 years with an average of about 20 years. Overall, most informants indicated that users were generally male but three informants indicated that there were more female users, particularly among teenage females. Users were generally described as heterosexual but a number of informants stated they did not know or did not ask. Users were mostly non-Aboriginal and between 10-25% were considered to be Aboriginal. The few informants who estimated the proportion of NESB users indicated that they comprised less than 5% of all cannabis users.

The level of education ranged from primary through to tertiary and eleven informants (78%) stated that users usually had some high school education. Many users were still in the education system and older users were generally described as unemployed, under-employed or on pensions. The trades were mentioned as areas of employment of many cannabis users. Half of the informants stated that some cannabis users were entering treatment and two (14%) said very few were in treatment as there are no services for cannabis users. Young Aboriginal users may receive some form of intervention if they accompany family members into residential alcohol treatment programs. Few of the younger users were receiving any form of treatment because it was difficult to convince them that some form of assistance was required or there were no appropriate services. Only four informants (30%) said some cannabis users were in prison and the majority estimated 40% or less had a history with the criminal justice system.

There was a large variation in estimates of quantity and frequency of cannabis use. Eight informants (57%) stated many users smoked on a daily basis (or would if they could) and the estimates ranged from 10-80% and some of these smoked on a number of occasions each day. Most users were thought to smoke a few times a week. One informant said 50% were binge users and a group would smoke a 25 gram bag in an hour. Quantity estimates for users varied from 1-2 cones per week, a 1 gram bag every few days to 1-2 grams (1-2 bags) per day. Four informants (29%) stated money and availability were limiting factors in quantity used. Bud and leaf were the common forms smoked and a variety of implements were used (bongs, cones/pipes, bucket bongs, joints). Younger users tended to prefer bongs and buckets and some were smoking “snow cones” (cannabis and amphetamine). Older users tended to smoke joints.

Polydrug use was common and 12 informants (86%) stated that cannabis users also used alcohol, and estimates varied between 50-90%. Three informants (21%) indicated that up to 25% also used morphine. Amphetamines were used by close to 20% of cannabis users and heroin by 1-3%. Younger people would take ecstasy at the weekend and occasionally LSD (“trips”). On Aboriginal communities alcohol use depended on availability and one informant stated that 70-80% of cannabis users also inhaled petrol and butane gas.

Cannabis use trends

Informants commented that there had been an increase in cannabis use and this was most evident in younger people and five informants (36%) emphasised the rise in polydrug use, particularly among the young (described as "cocktails" and "bits of everything"). Cannabis use was also considered to be increasing among young Aboriginals on communities. Older cannabis users were less likely to be polydrug users. According to four informants (29%) morphine was becoming more common among cannabis users and it could replace cannabis as the main drug. Another informant stated that dealers were starting to sell cannabis mixed with other substances ("spotty" cannabis). More young people were also selling cannabis.

Five informants commented that cannabis use tended to be a social activity and people would pool their money and share the drug. Because of the high level of sharing, actual individual purchases did not necessarily reflect the level of use. Two informants stated that cannabis was used to relax and another said it resulted from boredom.

Informants working with Aboriginal people indicated that cannabis use was concentrated in particular communities and was more readily available on some communities. Cannabis was popular among young Aboriginals but was generally used to carry people over during non-drinking hours (communities where there are social clubs) or when alcohol was not available. More women on communities were using cannabis. Alcohol was seen as more of a problem drug and resulting in more harm than cannabis.

Table 5: Key informant views of cannabis use and trends

User Profile	Early teenagers to 50's, but mainly males and females aged 15 to 35. Mostly Caucasian, 10-25% Aboriginal and less than 5% NESB Mostly high school education Few in treatment or prison and less than 40% with a criminal justice history
Change in user demographics	Users becoming younger and more Aboriginal users
Routes of administration	Smoking using bongs, bucket bongs, cones/pipes and joints
Changes in routes of administration	Younger users favoured bongs and buckets
Other drug use	Polydrug common, particularly among youth Other drugs used were alcohol, morphine and amphetamines Young people using "snow cones" (cannabis and amphetamines)

Cost, potency and availability of cannabis

The main source of cannabis was Adelaide, however, most informants (57%) stated that there was more locally grown cannabis and especially more hydroponic available. Locally grown cannabis was considered to be better than that brought in from the southern states. The price quoted for a 1 gram bag varied from $15 to $25 and most informants indicated $25 as the usual price. One ounce bags sold for $250-$300 and a foil or stick cost between $20 and $25. Generally, informants thought that "bush weed" was slightly cheaper. Most informants considered that the price was stable.

Of those informants who could comment on potency, all stated that it was high and hydroponic cannabis had a higher potency. One informant claimed that potency had increased because dealers were mixing other substances with cannabis. Most informants were of the opinion that potency had increased over the last six months. All informants agreed that cannabis was readily available and the majority said availability was stable. One in four stated that cannabis had become easier to obtain in the last six months.

Table 6: Key informant estimates of cannabis purchase cost, purity and availability

Purchase cost	$15 to $25 for 1 gram, usually $25, and $250-$300 per ounce Sticks and foils cost from $20 to $25
Change in purchase cost	Stable (60%) Increased (20%) Decreased (20%)
Potency	High (100%)
Changes in potency	Increased (56%) -especially hydroponic Stable (11%) Decreased (11%) Fluctuates (22%)
Availability	Very easy (100%)
Change in availability	Stable (62%) Easier (38%)

3.3.1 Summary of Cannabis Trends

Informants indicated that:

- The number of cannabis users was increasing and users were becoming younger
- Cannabis use was of concern in some Aboriginal communities and more young people and women were using this drug
- More cannabis users and significant others were presenting at treatment services
- Polydrug use was common, particularly among young people
- More young users were beginning to sell cannabis
- Hydroponic and locally grown cannabis were becoming more common
- The price was usually $25 for 1 gram and stable

- Potency was high and had increased, especially hydroponic cannabis
- Cannabis was very easy to obtain

3.4 Other Drugs

3.4.1 Alcohol

Twenty informants mentioned alcohol when discussing other drugs used. Twelve informants discussed alcohol use by cannabis users, with estimates of the percentage of alcohol use by cannabis users ranging from 50% to 90%. While one informant believed that cannabis users were not heavy drinkers, another stated that alcohol was the main "other drug" used by this group. Three informants identified alcohol as a drug used by amphetamine users, one noting most amphetamine users did not drink on a daily basis and drinking was generally limited to social occasions. Of the five informants who mentioned alcohol in relation to morphine users, two stated that morphine users did not drink, two stated they did drink and one stated that morphine users were heavy drinkers, particularly when withdrawing from opiates.

3.4.2 Benzodiazepines

Nine informants referred to benzodiazepines, mostly in relation to opiate users. Two mentioned the popularity of flunitrazepam (Rohypnol), with one informant commenting that since being classified a Schedule 8 substance, availability had decreased markedly. Oxazepam (Serepax) and diazepam (Valium) were also mentioned, the latter as an aid to opiate withdrawal and both as substances commonly used when morphine was unavailable. Three informants identified temazepam (Normison) as another popular benzodiazepine, again most commonly used by morphine users.

3.4.3 Hallucinogenics

Eight informants discussed LSD, mainly in relation to cannabis users. While one suggested that it was less common than ecstasy, another suggested that it was popular, cheap and available. Price was noted as ranging between $30 and $70.

3.4.4 Ecstasy

Five informants identified ecstasy as a popular party or weekend drug and more often used by cannabis and amphetamine users than by morphine users. One informant observed that type and purity varied and that recent labels included "ufo's", "007s", "tic-tacs" and "flatliners", ostensibly variants of ecstasy. This informant also pointed out that there was a large increase in ecstasy use and that designer drugs were popular because they could not be cut. Another reported that recently there had been more ecstasy and that it was "better and cheaper".

3.4.5 Other Designer Drugs

Only one informant mentioned other designer drugs, referring to the occasional presence of Fantasy and GBH.

3.4.6 Steroids

Three informants commented upon steroid use, with one suggesting use was increasing. Another noted that steroid users were generally drug "cocktail" takers and the third observed that steroids were not popular with opiate users.

3.4.7 Inhalants

Three informants noted the use of inhalants, with one observing that inhalant users were younger and another stating that inhalants were generally used by lower socio-economic status individuals when no other substances were available. One informant raised petrol sniffing as an issue on some Aboriginal communities.

3.4.8 Heroin

Seven informants discussed heroin, predominantly in relation to morphine use. There was consensus that heroin use was rare compared to morphine use although several informants believed that the majority of morphine users preferred heroin to morphine. The informant who nominated heroin as the main opiate used by the drug users with whom he/she had the most contact, noted that heroin was often available in Darwin. However, this informant also stated that compared to morphine it was difficult to obtain and that those who possessed larger quantities of heroin tended to supply only to friends. Another informant noted that there were enough seizures to suggest that there was a market.

3.4.9 Cocaine

Two informants mentioned cocaine, with one stating only that it was rare and expensive and the other noting that one client had reported smoking crack.

3.4.10 Antidepressants

Two informants mentioned antidepressants, both in relation to cannabis users.

3.4.11 Summary of Other Drug Trends

Informants indicated that:

- Alcohol use was common and most often associated with cannabis users
- Benzodiazepines were most often used by morphine users, particularly when morphine was unavailable
- Oxazepam, diazepam and temazepam were the benzodiazepines identified as commonly used by morphine users
- Ecstasy was often used as a "party" drug and was more popular with cannabis and amphetamine users than with morphine users
- LSD was also available and, as with ecstasy, was more popular with cannabis and amphetamine users
- Inhalants were sometimes used by those who lacked the funds to purchase other drugs, and petrol sniffing was common on some Aboriginal communities
- Heroin was available in Darwin, but was more difficult to obtain than morphine
- Cocaine use was rare

3.5 Drug-Related Issues

3.5.1 Amphetamines: Law enforcement and health findings

Crime

Only one informant commented on changes over the past six months, noting that crime rates remained stable. Three informants reported that more people were supplying amphetamines, often to finance their own use. Two informants mentioned supply of amphetamines by motorcycle club members and one informant referred to amphetamine importation by Vietnamese and ethnic Chinese syndicates. Three informants saw property crime as the most common crime perpetrated by users, with one identifying this as part of the drug culture and another suggesting that younger users were more likely to be involved in criminal activities. Violent crime was not seen to be as common as property crime but more common among amphetamine users than opiate users, particularly assaults by young males. Overall, informants saw the incidence of crime as stable.

Police Activity

One informant stated that there had been no change in police strategies over the past six months and other informants made no comment. Few informants were able to comment upon police activity in the previous twelve months. Of the three that did, one noted occasional police "blitzes" targeting users and suppliers, one suggested that police were interested only in suppliers, while the final informant believed that police had obtained more resources to address drug offending.

Health

All six informants commented upon health related issues. As previously noted, three identified the trend of teenage girls and young women exchanging sex for drugs. A further two identified general health related problems, including poor diet, and one discussed amphetamine psychosis. Two informants stated that injecting users had better awareness regarding safe injecting practices.

3.5.2 Opiates: Law enforcement and health findings

Crime

Three of the eight informants saw no changes in crime activities over the past six months and the remainder made no comment. Only one informant stated that there appeared to be more suppliers, but three observed that it was common for pensioners and other individuals receiving prescribed morphine for pain to sell their prescriptions. Five informants stated that property crime by morphine users was common and two suggested that some armed robberies were perpetrated by users. Another informant expressed the view that younger users did not manage their drug use well and that subsequent desperation led to burglaries and assaults.

Three informants saw no changes in crime in the previous twelve months, two did not know, one suggested organised crime syndicate involvement in supply, one noted suppliers who did not use themselves and the final informant stated dealers were "spreading out" and that home delivery was common.

Police Activity

The three informants who responded to this question indicated that there was no change in the past six months. Three informants believed that police were not interested in simple possession and were targeting suppliers. One pointed out the difficulties in police addressing a licit drug issue and another suggested that high availability led to lower costs and a reduction in property crimes. Another informant believed that one function of an increased police presence in the Darwin City Mall was to deter drug dealing.

Health

Although four informants stated that users' awareness of safe injecting practices had improved, two stated that this knowledge was often not put to use and another informant stated that needle sharing remained common. One informant identified hurried injecting as a serious health risk, mentioning vein damage and health risks associated with injecting wax and talc. Two informants made reference to the risks associated with injecting temazepam. One informant expressed the view that older users were more health conscious and that careless use by younger users was reflected in continuing transmission of HCV among this population.

3.5.3 Cannabis: Law enforcement and health findings

Crime

Property crime was considered to be the main type of offence committed by cannabis users and the incidence of this crime was generally thought to be stable. Nine informants (64%) commented that there had been no change in the types of crime being committed in the past six months, but another three (21%) claimed there had been an increase in stealing. One informant opined that this crime was not committed as a result of the influence of the drug but, rather, to finance the drug use. Violent crime was very rare and in Aboriginal people it was thought to be usually committed under the influence of alcohol or petrol. One informant stated that domestic violence resulted from the combination of alcohol with cannabis, not cannabis alone.

Five informants (of 14) had not noted any change in crime in the past 12 months, but two informants claimed there was more aggression and violence and one of these attributed this to the use of amphetamines. Two informants indicated that there was more property crime, especially among younger users.

Police activity

Many informants could not comment on any changes in police activity in the previous six months. Of those who did make comment, three claimed there was decreased activity, two stated there was no change and one believed police activity had increased. This informant stated there had been more cannabis seizures. One informant thought the police were more lenient and two others were of the opinion that the police were more concerned with heavy dealers than users. There had been no change in cannabis arrests and one informant thought it was easier to use drugs without detection by the criminal justice system.

Four informants commented on an increase in policing in the previous 12 months, particularly in relation to public order offences and the police more often pursuing minor or trivial offences. Two others stated that mandatory sentencing had increased the number of Community Service Orders. Another informant thought in the previous year there had been a trend toward more community policing and getting to know "kids".

Health

Six informants (43%) commented on a rise in the number of users presenting to drug treatment agencies. Significant others were also beginning to access services for assistance in coping with another's cannabis use. Six informants indicated that there were more presentations relating to mental health problems, particularly psychosis, depression, schizophrenia and paranoia. However, five other informants noted that there was no change or a decrease in mental health issues and that debate on mental health and suicide was less than it had been 12 months ago.

Some informants commented that cannabis, like alcohol, was not generally perceived as a drug or harmful, that it was rarely the only drug or drug of first choice, that it was ever-present and remained after users have given up other drugs. Another informant said cannabis was a secondary drug and was used to detoxify from other drugs. It is worth noting that some informants commented that some young people viewed tobacco as harmful and they would not mix cannabis with tobacco.

Table 7: Key informant estimates of drug-related issues

Drug Type	Main Findings
Amphetamines	➢ Property crime was more prevalent than other crime, particularly among young users ➢ Crime rates were stable ➢ No apparent changes in police activity ➢ There were more suppliers ➢ Teenage girls and young women exchanging sex for drugs ➢ Better awareness of safe injecting
Opiates	➢ Property crime common and some armed robberies ➢ Pensioners and those with prescribed morphine selling prescriptions ➢ Crime rates fairly stable ➢ No changes in police activity ➢ Improved awareness of safe injecting but needle sharing still common
Cannabis	➢ Property crime more prevalent than other crime and possibly an increase in stealing among younger users ➢ No consensus on police activity ➢ Increased policing of public order offences ➢ Mandatory Sentencing had increased number of Community Service Orders ➢ Increase in users and significant others presenting to drug treatment services ➢ Increase in users with mental health and behavioural issues

3.5.4 Other Indicators

Overdose deaths

The Australian Bureau of Statistics (ABS) maintains a database on the number of opiate-related deaths by each jurisdiction and these data are presented in Table 8. Table 9 indicates the population rates for each jurisdiction. The NT has relatively low numbers of opiate overdoses each year, especially when compared to New South Wales, Victoria and South Australia. The opiate-related death rate per million people was generally higher in most years in the NT than in Tasmania and Queensland.

Table 8: Number of opiate overdose deaths among those aged 15-44 years by jurisdiction, 1988-1997

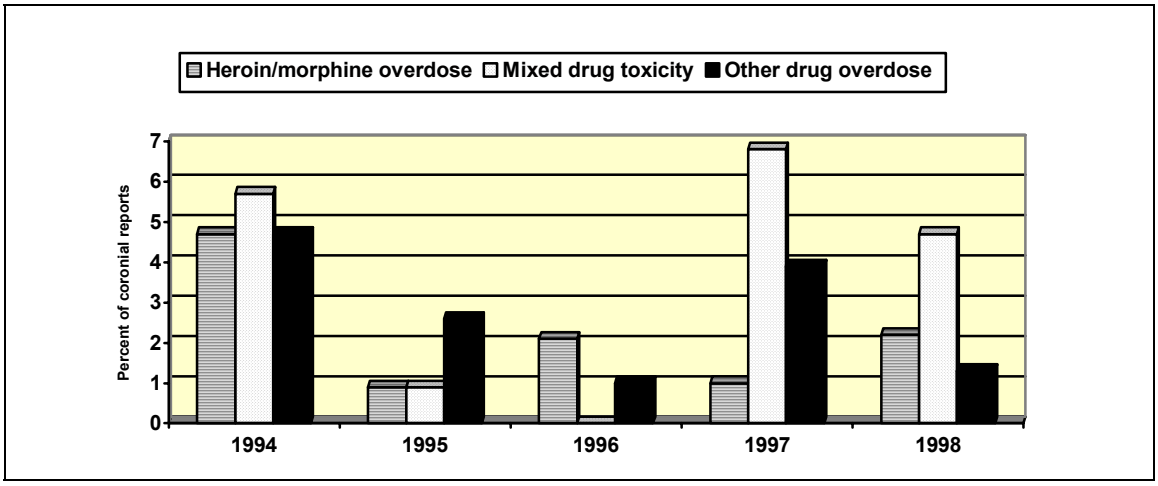
	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUST
1988	201	99	15	12	18	0	0	2	347
1989	154	98	19	8	18	1	2	2	302
1990	193	78	8	18	14	5	0	0	316
1991	142	63	9	12	12	3	0	2	243
1992	178	77	18	28	21	0	1	4	327
1993	177	84	22	40	23	4	2	5	357
1994	201	91	34	32	38	4	5	1	406
1995	251	136	42	34	68	6	0	13	550
1996	244	142	27	30	61	5	2	15	526
1997	292	168	26	36	70	1	1	6	600
1998	358	210	38	45	59	7	10	10	737

Table 9: Rates per million population aged 15-44 years of opiate overdose deaths by jurisdiction, 1988-1997

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUST
1988	75.1	48.5	11.4	18.1	23.8	-	-	13.7	45.3
1989	56.6	47.2	14.0	12.0	23.2	4.7	22.2	13.5	38.3
1990	70.4	37.1	5.8	26.8	17.7	23.4	-	-	39.9
1991	51.5	29.8	6.4	17.8	15.1	14.0	-	13.0	30.1
1992	64.3	36.5	12.6	41.6	26.3	-	10.9	25.7	40.6
1993	64.2	40.1	15.1	59.9	28.8	18.8	21.9	31.9	43.6
1994	72.8	43.8	22.8	48.2	47.3	19.0	55.2	6.4	49.6
1995	90.5	65.7	27.7	51.6	83.7	28.7	-	82.8	67.0
1996	87.3	68.4	17.5	45.8	74.2	24.1	21.9	95.3	62.9
1997	103.8	80.3	16.7	55.6	83.6	4.9	10.0	38.7	71.5
1998	126.4	99.6	24.2	69.7	69.4	34.6	99.8	65.8	87.1

These ABS figures were corroborated by additional data from the LWA Coronial Database on the number of deaths attributed to a heroin/morphine overdose, mixed drug toxicity and other drug overdose from 1994 to 1998 (Figure 1).

Figure 1: Deaths attributed to drug overdose or toxicity, 1994-1998* (%)



Source: LWA Coronial Database
* 1998 database not closed as not all reports received from coroners office.

Heroin/morphine overdoses were very rare and in 1998 there were 5 overdoses of the 232 cases reported by the coroner's office. Other drug overdose incidence was also very low with only three deaths in 1998. Mixed drug toxicity was more frequent but still low at 11 deaths in 1998.

The same database was accessed to determine the presence of drugs in the circumstances surrounding death (drugs consumed or detected in the bloodstream). Table 10 indicates that neither cocaine nor amphetamines were listed as present in the circumstances surrounding any deaths in coroners' reports for the five year period. There were very few deaths with heroin/opiates or cannabis present. Generally more reports had polydrug with alcohol present than without alcohol present and 7.6% of reports had polydrug including alcohol in 1998.

Table 10: Substances in circumstances surrounding death, 1994-1998*

Substance	1994	1995	1996	1997	1998
Heroin/Morphine	4	2	2	2	6
Amphetamines	0	0	0	0	0
Cocaine	0	0	0	0	0
Cannabis	0	2	0	4	0
Polydrug & no alcohol	3	1	2	5	5
Polydrug & alcohol	14	8	9	14	13
Total Coronial Reports	106	105	94	101	232

Source: LWA Coronial Database
* 1998 database not closed as not all reports received from coroners office.

Needle exchange data

Characteristics of needle exchange users

Three snapshots of the characteristics of needle exchange clients have been collected by Health for Injectors in the Northern Territory (HINT, Northern Territory AIDS Council) and the most recent was in October/November 1998 (Roberts, 1998). Of the 242 distinct cases at HINT during the study period, 121 completed the survey and summary details for these cases are presented in Table 11. The majority of cases (80.2%) had been injecting for over three years and morphine was most likely to be the last drug injected. Two thirds of these users had been tested for HIV and, of these, 8.5% had tested positive. A greater proportion (87.6%) had undergone HCV testing and just over a third tested positive. In the month before the survey three quarters of users stated they had used a clean needle and syringe each time they injected. None of the respondents who had injected in the previous month had used a needle after someone else.

Table 11: Characteristics of injecting drug users Oct/Nov 1998

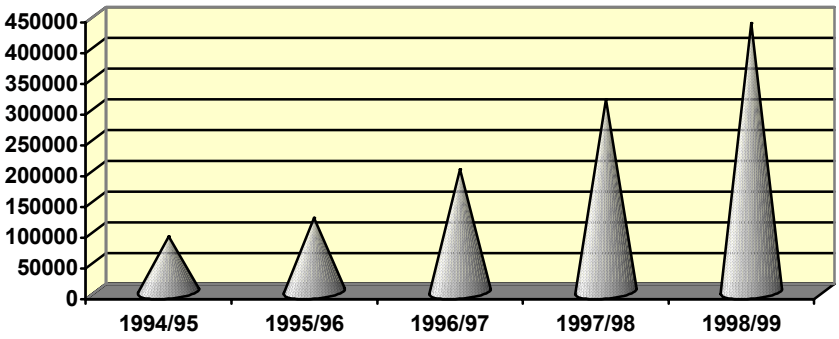
	Males	Females	Total
Years injecting			
< 4 years	13.6%	36.4%	19.8%
4-10	36.4%	33.3%	35.6%
>10 years	50.0%	30.3%	44.6%
Had HIV test (n=79)			
<25 years old	24.0%	66.7%	35.8%
25-35	38.0%	16.7%	32.1%
>35 years old	38.0%	16.7%	32.1%
Tested HIV positive	11.4%	0.0%	8.5%
Had HCV test (n=106)			
<25 years old	24.0%	64.5%	35.8%
25-35	36.0%	16.1%	30.2%
>35 years old	40.0%	19.4%	34.0%
Tested HCV positive	36.0%	38.7%	36.8%
Last drug used			
heroin	4.5%	9.1%	5.9%
speed	13.6%	33.3%	19.0%
methadone	1.2%	0.0%	0.8%
morphine	78.4%	57.6%	72.7%
anabolic steroids	2.3%	0.0%	1.6%
Use of new needle & syringe			
all injections	80.7%	75.7%	79.3%
most of time	12.5%	9.1%	11.6%
half the time	4.5%	6.1%	5.0%
did not inject last month	2.3%	9.1%	4.1%
Total Cases	**88**	**33**	**121**

Source: Roberts, C. 1998 *Snapshot III: The 1998 Wet.* HINT, NT AIDS Council

Needle exchange figures

HINT also collects information on the number of needles and syringes distributed and these data are presented in Figure 2. There has been a steady rise in the distribution figures, from 89,475 in 1994/95 to 436,527 in 1998/99, a 388 percent increase over the last four years.

Figure 2: Number of needles and syringes distributed, 1994/95 to 1998/99



Source: HINT Needle Exchange figures (Northern Territory AIDS Council)

Last drug injected

The Australian Needle and Syringe Program (NSP) collates survey information on the prevalence of "last drug injected" and the data for the NT from 1995 to 1998 are presented in Table 12. The number of injecting drug users (IDUs) who had last injected morphine increased markedly over the four years, and in 1998 70% of IDUs reported they had last injected this drug. At the same time, the proportion who last injected heroin had decreased, from 20% in 1995 to 10% in 1998. There was an increase in the proportion who had last injected amphetamines over the four years and in 1998 19% of IDUs had injected speed.

Table 12: Prevalence of last drug injected, 1995 to 1998

	1995		1996		1997		1998	
DRUG	Number	%	Number	%	Number	%	Number	%
Cocaine	0	0	0	0	0	0	0	0
Heroin	6	20	7	37	19	19	10	10
Methadone	4	13	3	16	6	6	1	1
Morphine	10	33	3	16	59	58	71	70
Other	1	3	2	11	4	4	1	1
Speed	6	20	4	21	11	11	19	19
> One drug	3	10	0	0	3	3	0	0
Not reported	0	0	0	0	0	0	0	0
Total	30		19		102		102	

Cite: National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs.

* In some years the sample size is too small to make meaningful comparisons.

Schedule 8 narcotics

The Poisons and Pharmacy Branch of THS collates information on Schedule 8 drugs. Table 13 indicates the changes in the consumption of Schedule 8 morphine narcotics in the NT and Australia from 1994 to 1998. Consumption of all Schedule 8 morphine narcotics increased and very large rises were evident in MS Contin 100mg tablets and all doses of Kapanol. From 1996 to 1998, the NT had a 1,100% increase in MS Contin 100mg tablets compared to a 35% increase in Australia. Increases were also higher in the NT than in Australia for Kapanol 20mg tablets (100% : 70%), Kapanol 50mg (180% : 80%) and Kapanol 100mg (180% : 80%). If the usage of all morphine in the NT is calculated including all morphine injections, tablets, capsules and mixtures in both hospital and community use, then the total NT morphine consumption was 3.8% of the total Australian consumption. The NT population in June 1998 was 1% of the Australian population. Consumption of MS Contin 100mg was 11.3% of the total Australian consumption, MS Contin 60mg was 5.3% and Anamorph 30mg was 5.3%.

Table 13: Consumption of Schedule 8 morphine narcotics from 1994 to 1998

Drug name	1994	1995	1996	1997	1998*	% increase
MS Contin 10mg tabs	19,680	17,000	33,160	36,140	32,390	65%
MS Contin 30mg tabs	18,880	20,380	31,580	34,100	32,210	71%
MS Contin 60mg tabs	26,840	20,800	44,940	86,620	132,900	395%
MS Contin 100mg tabs	18,540	17,440	19,820	74,400	250,900	1,253%
Kapanol 20mg tabs	220	6,200	12,080	14,980	24,900	11,281%
Kapanol 50mg tabs	160	3,580	8,240	15,080	23,200	14,400%
Kapanol 100mg tabs	220	4,340	13,060	24,240	37,000	16,718%
Anamorph 30mg tabs	54,120	48,840	59,020	62,140	62,000	15%

*Calculated pro-rata on figures to 30/11/98

Admissions to alcohol and drug treatment agencies

All alcohol and drug treatment agencies funded by THS are required to send in client admission and separation data and admissions for the four IDRS drugs from 1996/97 to 1998/99 are depicted in Table 14.

These data indicate that the proportion of admissions for opiates as the principal drug problem have increased for users over the three year period, but not for those admitted because of another's use. Admissions of cannabis users increased in 1997/98 but dropped to below 1996/97 levels in 1998/99. However, the proportion of people admitted because of another's cannabis use increased over the three years. The proportion of both amphetamine users and non-users increased from 1996/97 to 1998/99. Admissions for cocaine were consistently very low.

Table 14: Drug admissions to treatment agencies, 1996/97 to 1998/99

	1996/97		1997/98		1998/99	
Substance	**Users**	**Non-users**	**Users**	**Non-users**	**Users**	**Non-users**
Opiates	97 1.5%	20 10.2%	161 27.1%	23 7.4%	315 44.2%	18 7.8%
Amphetamines	15 3.3%	7 3.6%	32 5.4%	13 4.2%	67 9.4%	20 8.7%
Cannabis	88 19.5%	20 10.2%	135 22.7%	69 22.2%	116 16.3%	50 21.7%
Cocaine	2 0.4%	0 0.0%	1 0.7%	0 0.0%	1 0.1%	2 0.9%
Polydrug	83 18.4%	19 9.7%	134 22.6%	23 7.4%	144 20.2%	41 17.8%
Total	285	66	463	128	643	131
Total all drug	451	196	594	310	713	230
% of all drug	63.2%	33.7%	77.9%	41.3%	90.2%	57.0%
% of all admissions	15.4%	10.6%	19.6%	5.4%	22.8%	4.6%

Source: Alcohol and Other Drugs Client Database (AODPCDb)

Survey data

National Drug Strategy Household Survey: 1998 Northern Territory Results[1]

The Northern Territory results of the National Drug Strategy (NDS) National Household Survey in 1998 were compared to figures for the rest of Australia (Table 15).

Table 15: Recent use of selected drugs in the NT and rest of Australia*, 1995 and 1998*

	LIFETIME USE				RECENT USE			
	1995		1998		1995		1998	
DRUG	Aus	NT	NT	Aus	Aus	NT	NT	Aus
Cannabis	30.9	52.9	58.3	39.1	13.2	21.8	35.1	17.7
Heroin	1.4	1.8	4.4	2.2	0.4	0.5	0.5	0.7
Amphetamines	5.7	9.6	16.3	8.6	2.1	4.0	6.2	3.6
Cocaine	3.4	3.7	5.2	4.3	1.0	0.2	1.2	1.4
Injected illegal drugs	1.3	1.7	3.8	2.0	0.6	0.9	0.9	0.7

Source: O'Reilly, B. 1999 *National Drug Strategy Household Survey: 1998 Northern Territory Results.* Living With Alcohol program, Territory Health Services (soon to be released).
Recent use = in last 12 months
*Aged 14 years or more

Three in five respondents had tried an illicit drug in their lifetime, one in ten stated that cannabis was their drug of first choice and less than one in every ten nominated one of the other illicit drugs in the survey as their preferred drug. Recent use of any illicit drug had increased 13 percentage points from 1995 to 1998 to 37.6% and this was higher than the rest of Australia figure of 21.7%. The 13% increase in recent cannabis users from 1995 to 1998 was mainly attributable to a doubling of the proportion of male recent users from 20.1% to 44.7%. The proportion of recent cannabis users in the NT was twice that for the rest of Australia. Less than one in ten Territorians had recently used heroin or injected drugs (for non-medical reasons) and this had not changed from 1995 to 1998. Of those people who had recently injected drugs, four in five had injected amphetamines and two in five had used ecstasy. Most illicit drugs were usually obtained initially and subsequently from friends and acquaintances.

Amphetamines were more likely to be the first illicit drug injected in both the NT (44.9%) and the rest of Australia (51.1%). Heroin was the drug next likely to be first injected. Gender comparisons indicate that males in the rest of Australia were more likely to first inject amphetamines (54.6%), while females were equally likely to inject amphetamines or heroin (43.7% and 43.0% respectively). The opposite applied in the NT where males were equally likely to first inject heroin or amphetamines (41.2% and 40.9%) and females were more likely to inject amphetamines (78.1%). More NT than non-NT females first injected opiates other than heroin (12.5%: 0.5%). The third choice for males in the NT was cocaine but females did not first inject any other illicit drug category.

Table 16: Drugs recently injected by injecting drug users by sex in the NT and rest of Australia, 1998.

	MALES		FEMALES		PERSONS	
DRUG	**Aus**	**NT***	**Aus**	**NT***	**Aus**	**NT***
Heroin	52.7	35.5	37.9	-	47.7	28.0
Other opiates	8.3	32.5	-	24.3	5.5	30.8
Amphetamines	64.6	82.2	62.7	75.7	63.9	80.3
Cocaine	6.9	26.3	17.4	-	10.5	20.7
Ecstasy	6.0	48.2	1.8	-	4.6	38.1

Aged 14 years and over
* Small sample size in the NT and results need to be interpreted with caution.

Young People and Substance Use in the Northern Territory in 1998

A street intercept methodology was employed to determine the drinking behaviour, related attitudes and other drug use of youth aged 16 to 24 years and no longer at school in both 1994 (Crundall and Weir, 1994) and 1998 (O'Reilly and Townsend, 1999). In 1998 half of all those surveyed had used cannabis in the six months prior to the survey and slightly more males than females had used the drug (53.0% : 49.7%). Stimulants were used by 12.4% of respondents, 14.3% of males and 10.4% of females. Very few respondents (3.8%) had used opiates in the preceding six months and those aged 18-20 had higher use (7.1%) than the 16-17 (2.2%) or 21-24 (1.9%) age groups. Use of illicit drugs had changed little since 1994 survey.

Law enforcement data

Drug-related arrests and summons

Table 17 indicates that from 1995 to 1999 there were overall increases in the proportion of drug-related arrests and summons for offences against the police, good order, traffic matters and drug-related matters. The total proportion of drug-related arrests and summons did not change over the four and a half year period.

Table 17: Drug-related arrests and summons, 1995 to 1999 (% of total)

Offence	1995	1996	1997	1998	1999*
Against Person	4.34	1.82	2.85	2.80	2.46
Against Property	6.30	3.98	2.86	3.11	6.55
Against Police	1.57	3.09	1.82	2.29	6.86
Against Good Order	2.93	3.70	2.49	3.70	4.38
Against Traffic Matters	0.29	0.75	0.50	0.63	0.65
Against Drug-related Matters	46.66	59.64	57.10	64.33	56.90
TOTAL	5.85	3.91	3.80	4.18	5.44

*Jan 1 to July 31 1999 only
Source: Integrated Justice Information System, NT Police

Illicit Drug Seizures

Tables 18a, b and c depict the number and purity of seizures of methamphetamine, amphetamine and heroin by NT Police and the Australian Federal Police in 1998/99. No cocaine seizures were reported. The purity levels of amphetamine seizures concur with informant reports of purity ranging from 5% to 20% but generally being about 5%. Informants did not provide estimates of the cost and purity of heroin.

Table 18a: Methamphetamine seizures and purity levels in the NT, 1998/99

	<= 2 grams	> 2 grams	Total
Jul-Sep 98			
Number cases	-	2	2
Average purity (%)	-	2	2
Purity range	-	2	2
Oct-Dec 98			
Number cases	4	11	15
Average purity (%)	10	10	10
Purity range	2-34	<1-46	<1-46
Jan-Mar 99			
Number cases	6	7	13
Average purity (%)	4	19	12
Purity range	<1-8	4-98	<1-98
Apr-Jun 99			
Number cases	-	1	1
Average purity (%)	-	76	76
Purity range	-	76	76
1998/99			
Number cases	**10**	**21**	**31**
Average purity (%)	**6**	**15**	**12**
Purity range	**<1-34**	**<1-98**	**<1-98**

Figures are the purity levels of drugs received at the laboratory within the relevant quarter. The interim between date of seizure by police and date of receipt at the laboratory could vary from a few days to several months.

Table 18b: Amphetamine seizures and purity levels in the NT, 1998/99

	<= 2 grams	> 2 grams	Total
Jul-Sep 98			
Number cases	-	-	-
Average purity (%)	-	-	-
Purity range	-	-	-
Oct-Dec 98			
Number cases	2	-	2
Average purity (%)	2	-	2
Purity range	1-4	-	1-4
Jan-Mar 99			
Number cases	-	1	1
Average purity (%)	-	2	2
Purity range	-	2	2
Apr-Jun 99			
Number cases	-	1	1
Average purity (%)	-	56	56
Purity range	-	56	56
1998/99			
Number cases	**2**	**2**	**4**
Average purity (%)	**2**	**29**	**16**
Purity range	**1-4**	**2-56**	**1-56**

Table 18c: Heroin seizures and purity levels in the NT, 1998/99

	<= 2 grams	> 2 grams	Total
Jul-Sep 98			
Number cases	-	-	-
Average purity (%)	-	-	-
Purity range	-	-	-
Oct-Dec 98			
Number cases	-	-	-
Average purity (%)	-	-	-
Purity range	-	-	-
Jan-Mar 99			
Number cases	-	1	1
Average purity (%)	-	56	56
Purity range	-	56	56
Apr-Jun 99			
Number cases	-	-	-
Average purity (%)	-	-	-
Purity range	-	-	-
1998/99			
Number cases	**-**	**1**	**1**
Average purity (%)	**-**	**56**	**56**
Purity range	**-**	**56**	**56**

Figures are the purity levels of drugs received at the laboratory within the relevant quarter. The interim between date of seizure by police and date of receipt at the laboratory could vary from a few days to several months.

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The cost of various forms and quantities of cannabis, heroin, amphetamines, LSD and ecstasy (Table 19) indicate prices for all drugs other than heroin are not dissimilar to those reported in this study.

Table 19: Price of various forms and quantities of cannabis, heroin, amphetamines, LSD and ecstasy MDMA, 1999

DRUG		January - March	April - June
Cannabis			
Leaf	a deal (1gm approx)	25	25
Head	a deal (1gm approx)	30	30
Hydro	a deal (1gm approx)	30	30
Skunk	a deal (1gm approx)	30	30
Hash/resin	a deal (1gm approx)	60-100	60-100
Oil	a deal (1gm approx)	60-100	60-100
Leaf	¼ bag (7gms)	-	-
Head	¼ bag (7gms)	-	-
Hydro	¼ bag (7gms)	-	-
Skunk	¼ bag (7gms)	-	-
Leaf	½ bag (14gms)	-	-
Head	½ bag (14gms)	-	-
Hydo	½ bag (14gms)	-	-
Skunk	½ bag (14gms)	-	-
Leaf	Ounce bag (28gms)	300	300
Head	Ounce bag (28gms)	300	300
Hydro	Ounce bag (28gms)	300	300
Skunk	Ounce bag (28gms)	300	300
Hash/resin	1 Ounce	-	-
Oil	1 Ounce	-	-
Leaf	1 lb	3500	3500
Head	1 lb	3500	3500
Hydro	1 lb	3500	3500
Skunk	1 lb	3500	3500
Hash/resin	1 kg	-	-
Oil	1 kg	-	-
Plant*	1 mature plant * potential value	1000	1000
Heroin			
1 taste/cap (0.1 – 0.3gm)		100	100
Quarter weight		-	-
½ weight (0.4 – 0.6gm)		350-400	350-400
Full gram		600	600
½ ounce		-	-
1 ounce		-	-
1 pound		12000-14000	12000-14000
1 kg		-	-
½ Asian unit (350gm)		-	-
Asian unit (Catti) (700gm)		-	-

DRUG	January - March	April - June
Amphetamines		
1 street deal	80-100	80-100
Quarter weight	-	-
1 weight (gm)	100	100
Eightball (1/8 ounce)	-	-
1 ounce	1000	1000
1 lb	-	-
1 kg	-	-
1 vial (ie 1ml ox blood)	-	-
Methamphetamine pills	-	-
LSD		
1 tab	25-50	25-50
25-100	-	-
100-1000	-	-
1000+	-	-
A microdot	-	-
Ecstasy MDMA		
1 tablet/capsule	50-100	50-100
25-100	-	-
100-1000	-	-
1000+	-	-

3.6 Summary and Comparison of Trends by Source

Table 20 summarises the key findings and congruence of the data from the two sources.

Table 20: Drug use and related issues: Summary of major findings from the key informant survey (KIS) and other indicator data (Other)

Issue	*Summary of Major Findings*	*KIS*	*Other*
Amphetamines	➢ A diverse population of users with differing patterns of use	X	
	➢ Increasing numbers of younger and Aboriginal users	X	
	➢ Intravenous use was becoming more common	X	X
	➢ More people, including younger people, supplying	X	
	➢ More users were accessing treatment	X	X
	➢ Polydrug use was common	X	X
	➢ Purity was generally low, averaging 5%	X	X
	➢ Cost per gram averaged $70	X	
	➢ Amphetamines were easy to obtain	X	X
Opiates	➢ Morphine, not heroin, was most commonly used	X	X
	➢ Users were mainly Caucasian males, although Aboriginal users were seen as an emerging group	X	
	➢ Age of users varied widely, with some teenage use reported	X	X
	➢ Most users did not access treatment	X	X
	➢ Polydrug use was common	X	X
	➢ Diversion of legal prescriptions was common	X	X
	➢ MS Contin 100mg tablets were the most common form of morphine	X	X
	➢ Intravenous use was the most common route of administration	X	X
	➢ Cost per 100mg MS Contin tablet averaged $40	X	
	➢ Morphine was very easy to obtain	X	X
Cannabis	➢ The number of cannabis users was increasing and users were becoming younger	X	X
	➢ Cannabis use was of concern in some Aboriginal communities and more young people and women were using this drug	X	X
	➢ More cannabis users and significant others were presenting at treatment services	X	X
	➢ Polydrug use was common, particularly among young people	X	X
	➢ More young users were beginning to sell cannabis	X	
	➢ The price was usually $25 for 1 gram and stable	X	X
	➢ Potency was high and becoming higher, mainly because of the increased availability of hydroponic	X	
	➢ Cannabis was very easy to obtain	X	

Issue	*Summary of Major Findings*	*KIS*	*Other*
Other drugs	➢ Alcohol use was common and most often associated with cannabis users	X	X
	➢ Benzodiazepines were most often used by morphine users, particularly when morphine was unavailable	X	
	➢ Oxazepam, diazepam and temazepam were the benzodiazepines identified as commonly used by morphine users	X	
	➢ Ecstasy was often used as a "party" drug and was more popular with cannabis and amphetamine users than with morphine users	X	X
	➢ LSD was also available and, as with ecstasy, was more popular with cannabis and amphetamine users	X	X
	➢ Inhalants were sometimes used by those who lacked the funds to purchase other drugs, and petrol sniffing was common on some Aboriginal communities	X	X
	➢ Heroin was available in Darwin, but was more difficult to obtain than morphine	X	X
	➢ Cocaine use was rare	X	X
Drug-related issues	➢ Property crime was more prevalent than other crime, particularly among young users	X	X
	➢ Crime rates were stable	X	X
	➢ No apparent changes in police activity, except in relation to public order offences	X	
	➢ There were more suppliers	X	
	➢ Teenage girls and young women exchanging sex for drugs	X	
	➢ Better awareness of safe injecting, but still some needle sharing	X	X
	➢ Increase in users and significant others presenting to drug treatment services	X	X
	➢ Increase in users with mental health and behavioural issues	X	

3.7 Policy/research implications

The findings from this study suggest the following key areas for further investigation:

1. **Research into and development of interventions for those experiencing harm associated with amphetamine use**. All informants noted that amphetamine users were experiencing some forms of drug-related harm. Treatment agencies admit small number of drug users and the low proportions may reflect the lack of appropriate interventions, treatments and services. Amphetamines are likely to be the first drug injected and the increasing number of people using amphetamines, particularly young people, indicates that the development of such services is of high priority.

2. **Research into and development of interventions for those experiencing problems due to cannabis use**. Both the key informant survey and other data sources indicate an increase in the proportion of cannabis users and polydrug use was the norm among cannabis users. There were increasing numbers of younger users, however informants stated that there was a lack of appropriate services or no services available for young users.

3. **Research into and development of interventions for those experiencing harm from another person's drug use**. Both the key informant survey and other data sources indicate an increase in the proportion of significant others seeking assistance for problems associated with another's drug use. There has been an increase in the proportion of non-users accessing treatment services and this suggests the need for services to implement appropriate interventions for these people.

4. **Development of harm minimisation advice for polydrug users**. The prevalence of polydrug use among all drug users and the increase in such use indicates the need to ensure users are informed of strategies to reduce the harm associated with such use.

5. **Monitoring of changes in the availability of morphine and heroin in the NT, particularly the Darwin region, including factors affecting the markets**. Some informants and users were of the belief that morphine was becoming less readily available and there was also a growing reluctance by medical practitioners to prescribe morphine. This suggests that monitoring needs to occur to effectively plan for changes in opiate availability and usage patterns.

6. **Research into patterns of and trends in licit and illicit drug use and availability amongst Aboriginal and Torres Strait Islander communities in the Northern Territory.** The present study did not attempt to access Aboriginal communities. However those informants who had some contact with communities stated that drug use was of concern in communities, particularly apparent increases in the use of cannabis and amphetamines. Inhalant use was also an issue in some locations. Other informants also commented that more Aboriginals were using opiates.

7. **Research into the psychological impact of cannabis and polydrug use in people at risk of psychiatric disorders**. Informants identified cannabis use as a correlate of mental health and behavioural disorders. The increasing availability and potency of cannabis, combined with polydrug use, suggests the immediate need to identify at risk individuals and early intervention strategies to reduce the risks associated with drug use.

4.0 REFERENCES

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