IDRS

NORTHERN TERRITORY DRUG TRENDS 2021

Key Findings from the Northern Territory Illicit Drug Reporting System (IDRS) Interviews

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NORTHERN TERRITORY DRUG TRENDS 2021: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2021:

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- Joanna Wilson, Sarah Eddy, Emma Woods and Professor Paul Dietze, Burnet Institute, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health, Northern Territory; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

We would like to thank past and present members of the research team.

Participants

We would like to thank all the participants who were interviewed for the IDRS in the present and in previous years.

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. We would also like to thank:

- staff and volunteers at the Northern Territory AIDS and Hepatitis Council and the Darwin and Palmerston Needle and Syringe Programs;
- participating NT agencies and staff;
- the IDRS survey interviewers; and
- the NT Mental Health, Alcohol and Other Drugs Directorate team.

We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

We acknowledge the traditional custodians of the land on which the work for this report was undertaken. We pay respect to Elders past, present and emerging.

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Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic avid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
MDMA	3,4-methylenedioxymethamphetamine
N (or n)	Number of participants
NT	Northern Territory
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-Traumatic Stress Disorder
QLD	Queensland
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard deviation
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

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Executive Summary

The Northern Territory (NT) IDRS sample comprises a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in greater Darwin, Northern Territory. Participants were recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population.

Data were collected in 2021 between 7 June and 23 June, and interviews were delivered face-to-face. During this time, interstate travel was restricted due to COVID-19, while movement within Darwin was unrestricted.

Sample Characteristics

The IDRS sample from the NT in 2021 (N=94) was consistent with the NT profile in previous years, whereby 65% identified as male (63% in 2020) with a mean age of 45 years (44 years in 2020; p=0.691). Sexual identity significantly changed between 2020 and 2021 (p=0.023), with more participants identifying as heterosexual (77%; 93% in 2020) and bisexual (19%; 7% in 2020). The majority (91%) of participants reported having received a government pension/allowance or benefit in the month prior to interview (96% in 2020), and the current median income per week significantly decreased, from $500 in 2020 to $384 in 2021 ($p$<0.001). Drug of choice remained stable from 2020 (p=0.142) with 57% nominating methamphetamine as their drug of choice (67% in 2020). The drug injected most often also remained stable (p=0.227), with 63% reporting methamphetamine as the drug injected most often (72% in 2020).

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. In 2021, 28% of the sample had been tested for SARS-CoV-2 in the 12 months prior to interview, while no participants had been diagnosed with the virus. Most of the sample, (77%) were 'not at all' concerned about contracting COVID-19. Nine per cent had received at least one dose of the COVID-19 vaccine by the time of interview.

Heroin

As in 2020, few participants (n≤5) reported recent use of heroin, therefore, these data are suppressed.

Methamphetamine

Almost eight-in-ten participants reported recent methamphetamine use (76%), stable relative to 2020 (83%). As in 2020, few (n≤5) participants reported recent use of methamphetamine powder or base. Crystal continued to be the most commonly used form of methamphetamine (74%), stable relative to 2020 (83%), though a significant increase was observed in daily use (26%; 11% in 2020; p=0.044). The price of a point of methamphetamine crystal significantly decreased, from $200 in 2020 to $100 in 2021 ($p$<0.001). Perceived purity and perceived availability significantly changed between 2020 and 2021 (p<0.001, respectively), with more participants perceiving purity to be 'high' (29%; 7% in 2020) and 85% perceiving availability to be 'easy' or 'very easy' (n≤5 in 2020).

Cocaine

Recent use of cocaine remained low and stable among the NT sample (n≤5; 6% in 2020), therefore, these data are suppressed.

Cannabis

Fifty-nine per cent of the sample reported recent cannabis use (60% in 2020), with hydroponic being the most common form in 2021 (98%; 94% in 2020). No participants reported using bush cannabis in the six months prior to interview, a significant decrease from 15% reporting recent use in 2020 (p=0.011). No market changes were observed for hydroponic cannabis between 2020 and 2021. The price of a gram of hydroponic cannabis remained stable at $30, with the majority of those commenting reporting 'high' purity (62%;

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55% in 2020), as well as being 'easy' or 'very easy' to obtain by the majority (94%) of the sample (74% in 2020).

Pharmaceutical Opioids

Morphine remained the most commonly used pharmaceutical opioid in the NT sample, with 36% reporting non-prescribed use in the six months prior to interview (32% in 2020). Median days of use remained stable at 72 days (75 days in 2020) in the past six months. The median price for 100mg of morphine significantly decreased, from $150 in 2020 to $120 in 2021 ($p$<0.001). Perceived availability of non-prescribed morphine significantly changed between 2020 and 2021 (p<0.001), with far fewer participants perceiving it as 'easy' to obtain in 2021 (47%; n≤5 in 2020) and in contrast, 10% reporting it 'very difficult' to obtain in 2021 (46% in 2020). A smaller percentage reported recent use of non-prescribed methadone (10%; n≤5 in 2020), whilst few participants (n≤5) reported recent non-prescribed use of other pharmaceutical opioids, including oxycodone, buprenorphine, buprenorphine-naloxone, fentanyl, tapentadol and tramadol.

Other Drugs

No participants reported recent use of NPS, and few participants (n≤5) reported recent use of GHB/GBL/1,4-BD and e-cigarettes. Recent non-prescribed benzodiazepine use was reported by 9% of participants in 2021 (12% in 2020). Pharmaceutical stimulants and pregabalin use remained low and stable at 6%, respectively (10% in 2020; 8% in 2020; respectively). Recent use of tobacco (91%; 91% in 2020) remained stable in 2021, as did recent use of alcohol (50%; 56% in 2020), though the frequency of use of alcohol significantly decreased from a median of 180 days in 2020 to 48 days in 2021 (p=0.038). Daily use of alcohol, among those who reported recent use, also significantly decreased, from 55% in 2020 to 32% in 2021 (p=0.049).

Drug-Related Harms and Other Associated Behaviours

In 2021, 100% of the NT sample reported using one or more drugs on the day preceding interview. Consistent with previous years, few participants (n≤5) reported experiencing a non-fatal overdose in the previous 12 months. In 2021, 45% of the sample had heard of naloxone (49% in 2020) and one-third (34%) had heard of naloxone take-home programs (45% in 2020). Thirteen per cent had ever been trained in naloxone administration, stable from 13% in 2020. Few participants (n≤5) reported receptive sharing of a needle or syringe (9% in 2020) and few participants (n≤5) reported distributive sharing in the past month (12% in 2020). A significant decrease was observed, however, in the percentage of participants sharing other equipment, from 27% in 2020 to n≤5 in 2021 (p<0.001). Fourteen per cent of the sample reported that they had re-used their own needles in the past month, stable from 22% in 2020. Few participants (n≤5) reported experiencing injection-related problems in the past month. One-tenth (11%) were currently in any drug treatment, stable relative to 2020 (8%). Twenty-seven per cent reported that they had received a hepatitis C virus (HCV) antibody test in the past year (36% in 2020) and almost one-quarter (23%) of the sample had received an RNA test in the past year (31% in 2020). Seven per cent reported having a current HCV infection. Self-reported mental health problems remained stable in 2021 (21%; 32% in 2020), with depression (70%) and anxiety (45%) remaining the most common problems. Almost one-quarter (24%) of the sample reported driving within three hours of consuming an illicit drug in the last six months. No participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia. Eighteen per cent of participants reported engaging in 'any' crime in the past month in 2021, stable from 10% in 2020, with property crime (13%) and drug dealing (10%) being the most common crimes reported.

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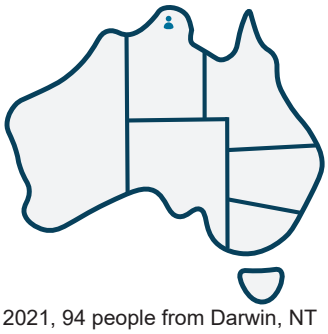
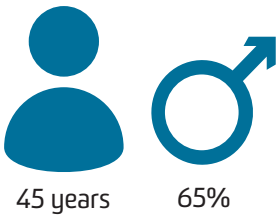
IDRS Illicit Drug Reporting System

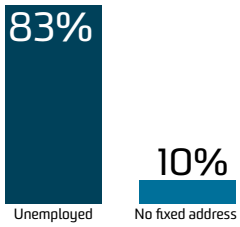
2021 SAMPLE CHARACTERISTICS



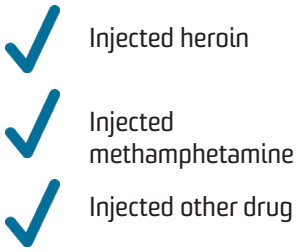
In 2021, 94 people from Darwin, NT participated in IDRS interviews.



The mean age in 2021 was 45, and 65% identified as male.

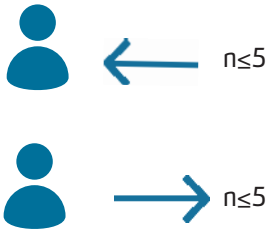


In the 2021 sample, 83% were unemployed and 10% had no fixed address.



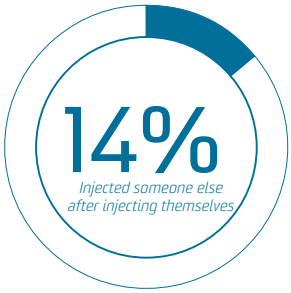
Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

INJECTING RELATED RISKS AND HARMS



In 2021, n≤5 of the IDRS sample reported receptive needle sharing, and n≤5 reported distributive needle sharing.

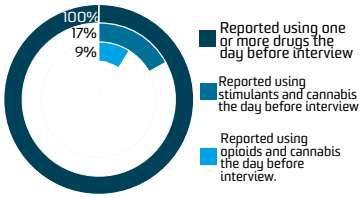
The number of people who re-used their own needles remained stable from 22% in 2020 to 14% 2021.



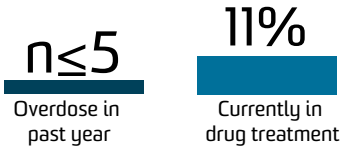
In the NT sample, 14% of participants reported injecting someone else after injecting themselves.

In 2021, n≤5 of the NT sample reported having an injection-related health issue in the month preceding interview.

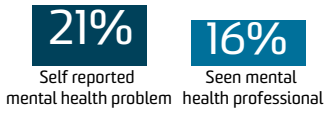
OTHER HARMS AND HELP-SEEKING



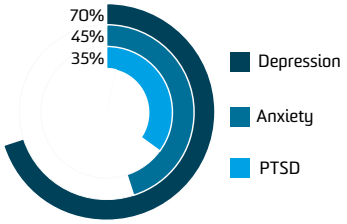
IDRS participants' use of drugs the day before interview participation, 2021.



In the 2021 sample, n≤5 had experienced a non-fatal overdose in the previous 12 months and 11% were currently in drug treatment.

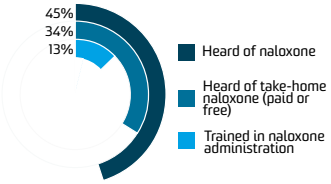


In the sample, 21% self reported a mental health problem in the six months prior to interview, and 16% had seen a mental health professional.

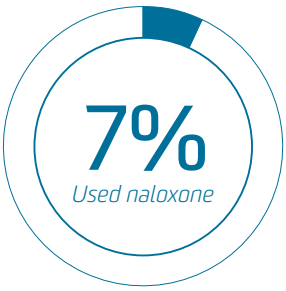


Of those who commented, the three most common mental health issues reported were depression (70%), anxiety (45%) and PTSD (35%).

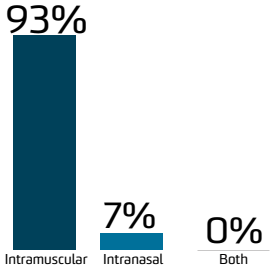
NALOXONE AND HARM REDUCTION



IDRS participants' knowledge of, and participation in, the take-home naloxone program remained stable in 2021.



Of those who reported having heard of naloxone, 7% had used naloxone to resuscitate someone who had overdosed.



Of those who reported ever accessing naloxone, 93% received intramuscular naloxone, 7% intranasal naloxone and 0% both.

In 2021, no participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

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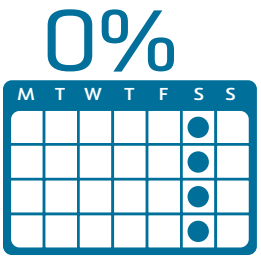
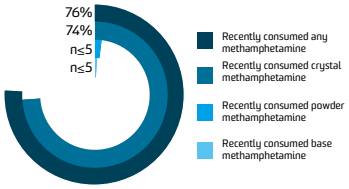
HEROIN

Past 6 month use of heroin was at n≤5 in the 2021 IDRS sample, stable from n≤5 2020.

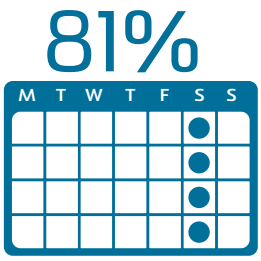


Of those who had recently consumed heroin, 0% used it weekly or more often, stable from 0% in 2020.

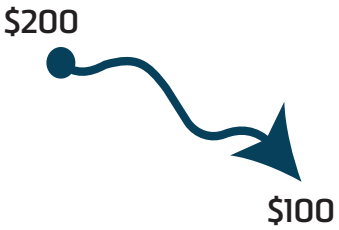
METHAMPHETAMINE



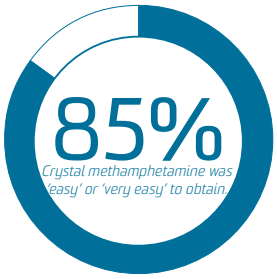
Past 6 month use of any (76%), crystal (74%), powder (n≤5) and base (n≤5) methamphetamine remained stable.



Of those who had recently used any form of methamphetamine, 81% used it at least weekly, stable from 74% in 2020.



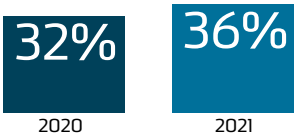
The median reported price for a point of crystal methamphetamine was $100 in 2021, a decrease from $200 in 2020.



Of those who could comment, 85% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2021, an increase from n≤5 in 2020.

OTHER DRUGS

Non-prescribed morphine



Past 6 month use of non-prescribed morphine was stable at 32% in the 2020 sample and 36% in 2021.

Non-prescribed fentanyl

Past 6 month use of non-prescribed fentanyl was stable at n≤5 in the 2020 sample to n≤5 in 2021.

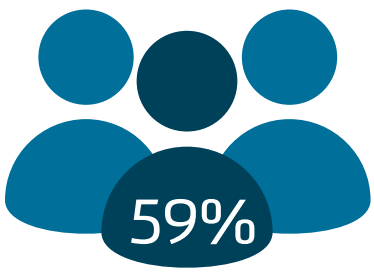
Non-prescribed pregabalin

Past 6 month use of non-prescribed pregabalin was stable at 8% in the 2020 sample and 6% in 2021.

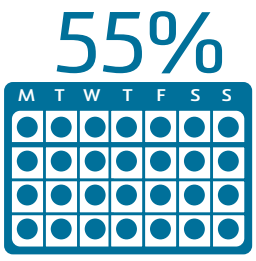
GHB/GBL/1,4-BD

Past 6 month use of GHB/GBL/1,4-BD was low (0% in 2020 and n≤5 in 2021).

CANNABIS



Past 6 month use of any cannabis was stable at 60% in the 2020 sample and 59% in 2021.



Of those who had consumed cannabis recently, over half reported daily use (55%).

Of people who had consumed cannabis in the last 6 months, all of the participants had smoked it.

Of those who could comment 94% perceived hydro to be 'easy' or 'very easy' to obtain.

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Background

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug monitoring system which has been conducted in all states and territories of Australia since 2000, and forms part of Drug Trends. The purpose of the IDRS is to provide a coordinated approach to monitoring the use, market features, and harms of illicit drugs.

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs and from secondary analyses of routinely collected indicator data. This report focuses on the key results from the annual interview component of IDRS.

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected non-prescribed or illicit drugs at least monthly during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g. treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

IDRS 2020-2021: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were not always possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone across all jurisdictions in 2020, with some jurisdictions (NT and TAS) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old to 18 years old.

In 2021, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions by various jurisdictional governments throughout the recruitment period meant that telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants.

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A total of 888 participants were recruited across capital cities nationally (June-July, 2021), with 94 participants recruited from Darwin, Northern Territory.

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2020 and 2021. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Darwin, Northern Territory, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in the Northern Territory (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2021, must be taken into consideration when comparing 2020-2021 data to previous years, and treated with caution.

Additional Outputs

Infographics from this report are available for download. There is a range of outputs from the IDRS which triangulates key results from the annual interviews and other data sources and consider the implications of these findings, including jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Ecstasy and Related Drugs Reporting System (EDRS), which focuses on the use of ecstasy and other stimulants.

Please contact the research team at drugtrends@unsw.edu.au with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

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Sample Characteristics

No changes in recruitment methods were observed in 2021 compared to 2020 (p=0.485). Seventy-two per cent of participants were recruited via NSPs (78% in 2020), and 28% were recruited via word-of-mouth (22% in 2020). Forty-two per cent of the 2021 NT sample completed the interview in 2020, and 45% of participants in 2020 reported taking part in the 2019 interview (p=0.807).

Gender identity remained stable between 2020 and 2021 (p=0.903), with 65% identifying as male (63% in 2020) (Table 1). The mean age of the sample was 45 years (SD:12; 44 years in 2020, SD:11; p=0.691). Thirty-seven per cent identified as Aboriginal or Torres Strait Islander origin (38% in 2020, p=0.966). There was a significant change between 2021 and 2020 regarding sexual identity (p=0.023), with a decrease in participants identifying as heterosexual in 2021 (77%; 93% in 2020) and an increase in participants identifying as bisexual (19%; 7% in 2020). The majority of the sample (83%) were unemployed at the time of interview (90% in 2020; p=0.273), with half (52%) having received a post-school qualification (46% in 2020, p=0.531). Ninety-one per cent (96% in 2020, p=0.351) had received a government pension, allowance or benefit in the month before interview. The median weekly income of $384 (IQR=300-475) was significantly lower than the $500 (IQR=400-575) reported by participants in 2020 (p<0.001).

Drug of choice remained stable between 2020 and 2021 (p=0.142), with participants typically reporting that methamphetamine was their drug of choice in 2021 (57%; 67% in 2020) (Figure 1), followed by morphine (18%; 17% in 2020) and heroin (18%; 6% in 2020). The drug injected most often in the month prior to interview also remained stable between 2020 and 2021 (p=0.227), with methamphetamine being the drug injected most often in the month prior to interview (63%; 72% in 2020), followed by morphine (31%; 23% in 2020).

Weekly or more frequent consumption of crystal methamphetamine (61%; 62% in 2020), cannabis (49%; 56% in 2020; p=0.412) and non-prescribed morphine (27%; 24% in 2020; p=0.874) all remained stable in 2021.

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Table 1: Demographic characteristics of the sample, nationally, 2021, and NT, 2016-2021

	Northern Territory						National
	2016	2017	2018	2019	2020	2021	2021
	(N=90)	(N=109)	(N=99)	(N=99)	(N=78)	(n=94)	(N=888)
Mean age (years; SD)	46 (9.7)	45 (10.2)	46 (9.3)	46 (9.6)	44 (11)	**45 (12)**	45 (10)
% Gender							
Female	33	38	35	33	37	**35**	34
Male	67	62	65	67	63	**65**	65
Non-binary	/	/	/	/	0	**0**	0
% Aboriginal and/or Torres Strait Islander	31	26	28	31	38	**37**	23
% Sexual identity						*	
Heterosexual	90	91	88	87	93	**77**	82
Homosexual	0	0	0	0	0	**-**	4
Bisexual	7	6	10	11	7	**19**	11
Queer	0	0	0	0	0	**-**	1
Other	0	2	1	1	1	**0**	1
Mean years of school education (range)	10 (6-12)	10 ((3-12)	10 ((4-12)	10 (5-12)	10 (7-12)	**10 (2-12)**	10 (1-12)
% Post-school qualification(s)^	52	50	53	55	46	**52**	58
% Current accommodation							
Own home *(inc. renting)*~	77	73	77	79	68	**73**	66
Parents'/family home	-	-	-	6	-	**-**	5
Boarding house/hostel	-	-	7	-	-	**9**	9
Shelter/refuge	-	-	-	-	0	**-**	2
No fixed address	14	13	6	7	19	**10**	16
Other	-	-	-	0	-	**-**	2
% Current employment status							
Unemployed	91	83	81	94	90	**83**	88
Full-time work	-	7	8	-	3	**7**	2
% Past month gov't pension, allowance or benefit	93	89	79	95	96	**91**	95
Current median income/week ($; IQR)	382 (273-450)	350 (300-450)	350 (290-500)	375 (259-450)	500 (400-575)	**384*** (300-475)**	$358 (300-460)

Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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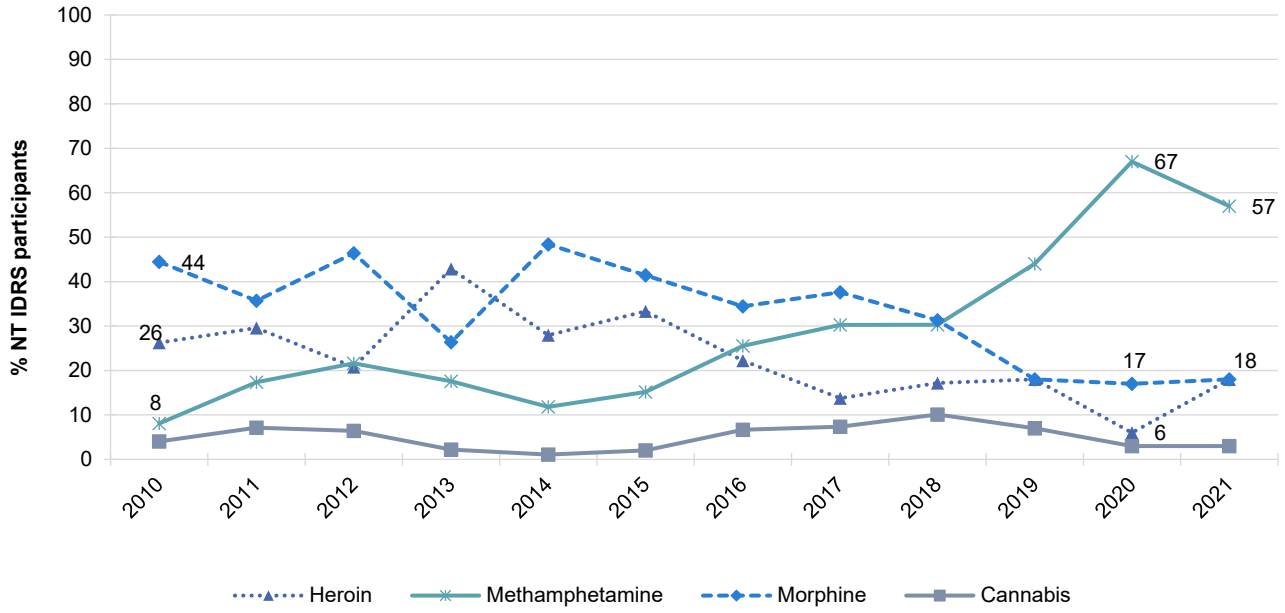
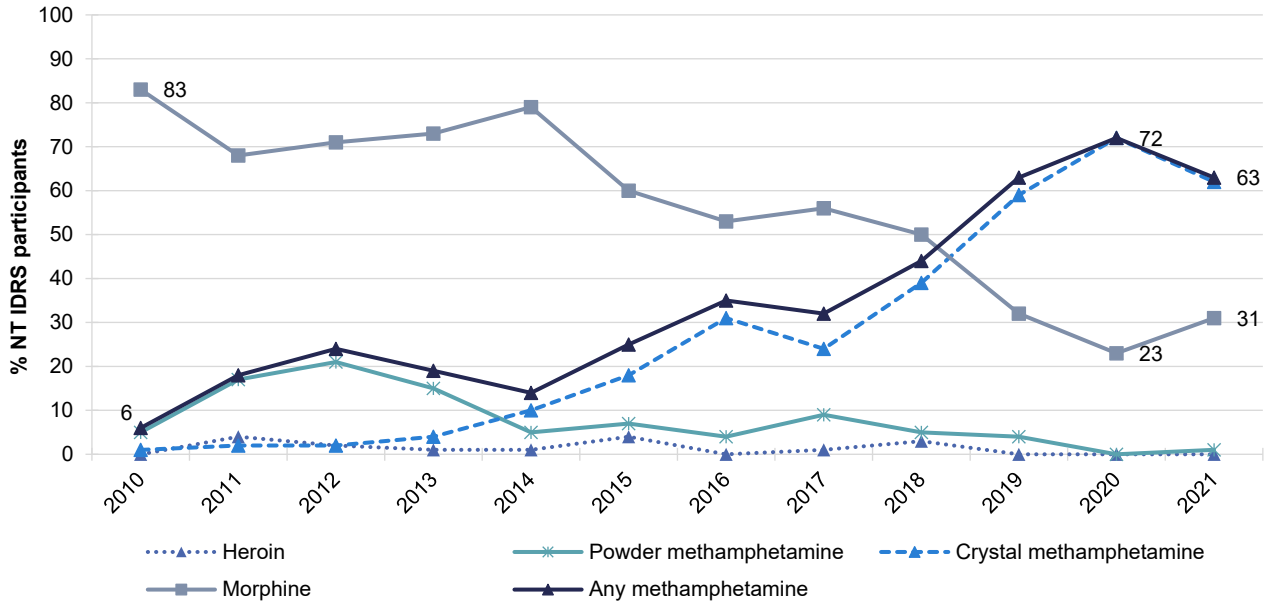
Figure 1: Drug of choice, NT, 2010-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 2: Drug injected most often in the past month, NT, 2010-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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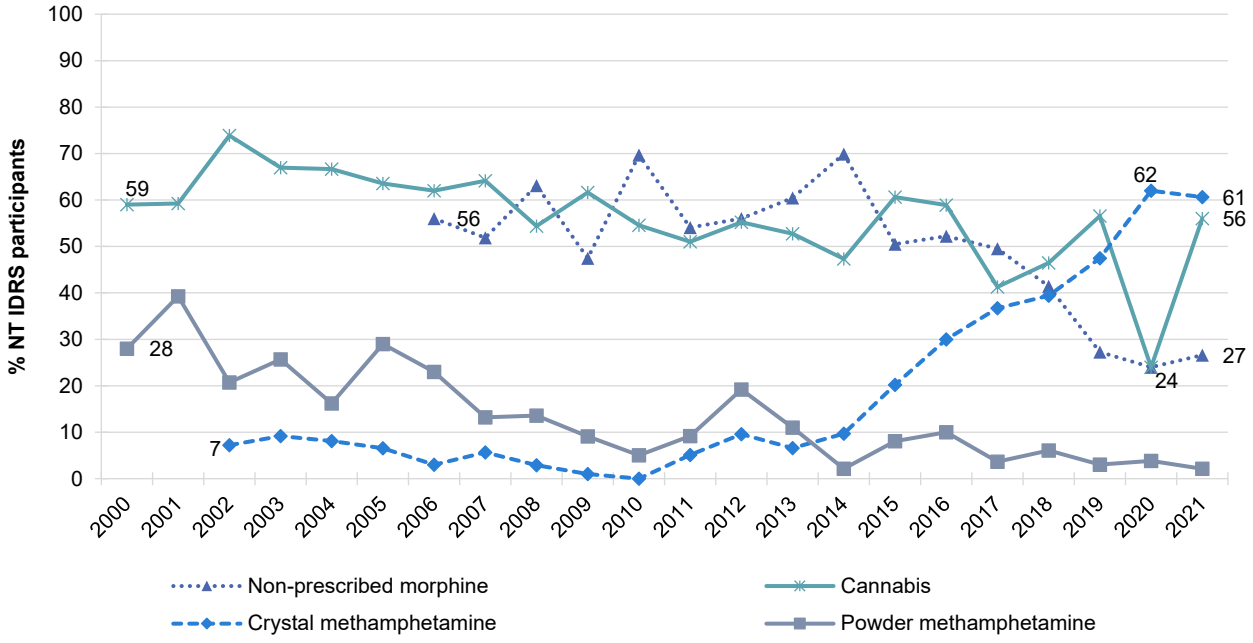
Figure 3: Weekly or more frequent substance use in the past six months, NT, 2010-2021



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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2

COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 455 cases 28 March 2020) which declined shortly thereafter (<20 cases per day nationally from 20 April 2020). There was a resurgence in cases from late June 2020, largely based in Victoria (peak 686 cases 5 August 2020), which subsequently declined from September onwards (<20 cases per day from 23 September 2020) (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30 August 2021, not including cases from 1 September 2021 onwards) and a couple of months later in VIC (peak 86 cases 29 August 2021, not including cases from 1 September 2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31 August 2021).

The first confirmed COVID-19 case in the NT was announced on 4 March 2020 and the NT has had 180 confirmed cases between then and 23 June 2021 (i.e., last day of recruitment). The Northern Territory closed its borders to the rest of Australia on 24 March 2020 and introduced various measures related to minimising the spread of COVID-19, including limitations on movement, mask wearing, gathering sizes and COVID-safe plans for businesses. Easing of restrictions commenced on 1 May 2020 and from 17 July 2020 only arrivals from declared virus hotspots need self-quarantine.

Over the period of the 2021 IDRS interviews, 7 June 2021 to 23 June 2021, there were no restrictions on movement in Darwin and services were open to face-to-face contact with appropriate COVID-safe protocols. NT residents were able to return, with a 2-week supervised quarantine period applying to those who had been to a declared interstate hotspot within 14 days of arrival in the NT.

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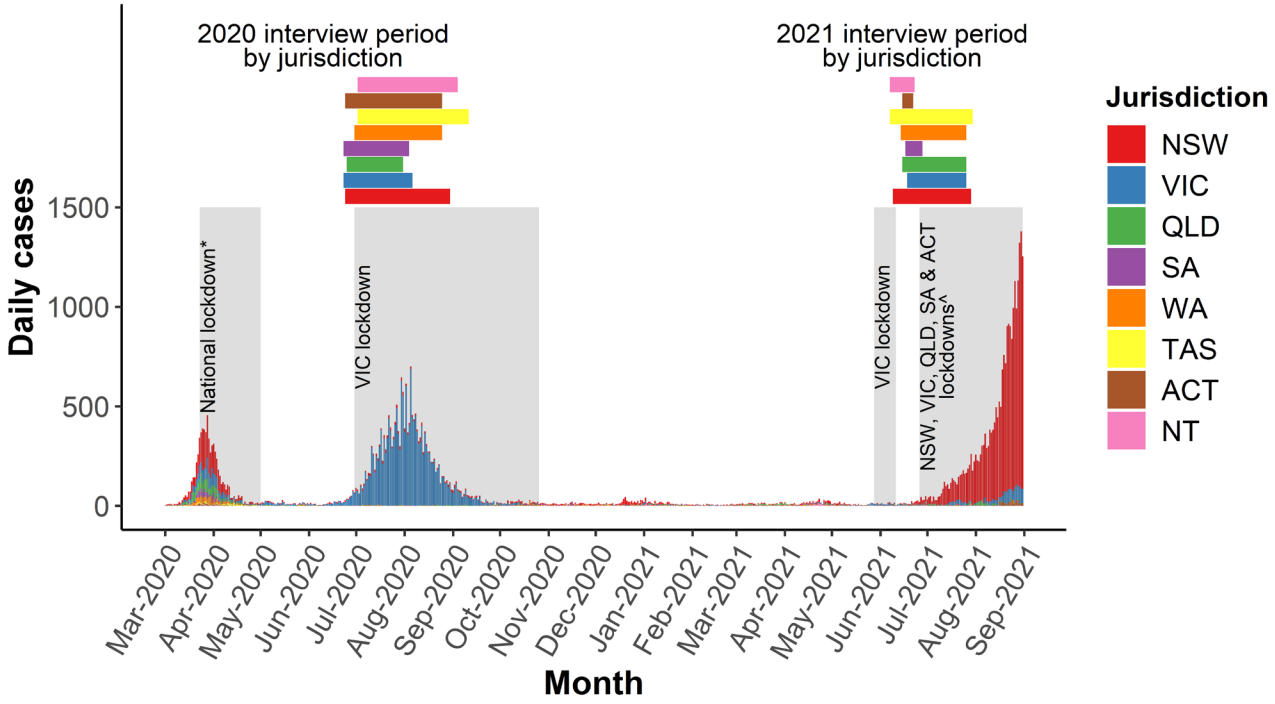
Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020-2021



Notes: data obtained from http://www.covid19data.com.au. Only lockdowns of >7 days and affecting at least an entire city are displayed. *national stay-at-home orders began lifting dependent on jurisdiction from May 1. ^NSW lockdown 26 June onwards; VIC lockdowns 14 July-27 July and 5 August onwards; SA lockdown 20 July-27 July. Southeast QLD lockdown 31 July-8 August; ACT lockdown 12 August onwards.

COVID-19 Testing and Diagnosis

Twenty-eight per cent of the NT sample had been tested for SARS-COV-2 in the 12 months prior to interview (14% in 2020), and no participants had been diagnosed with the virus. Few participants (n≤5) reported that they had quarantined for 14 or more days due to a possible exposure within 12 months of the interview. At the time of interview, 9% of the sample reported having had at least one dose of the COVID-19 vaccine.

When asked how worried participants currently were of contracting COVID-19, 18% (Figure 5) reported that they were ‘slightly’ worried about their health, with few participants (n≤5) reporting higher levels of concern. Forty-three per cent of participants reported that they would be concerned about their health if they did contract COVID-19, with 23% reporting that they would be ‘slightly’ concerned, 7% reporting ‘moderately’, 8% reporting ‘very’ and 7% reporting that they would be ‘extremely’ concerned.

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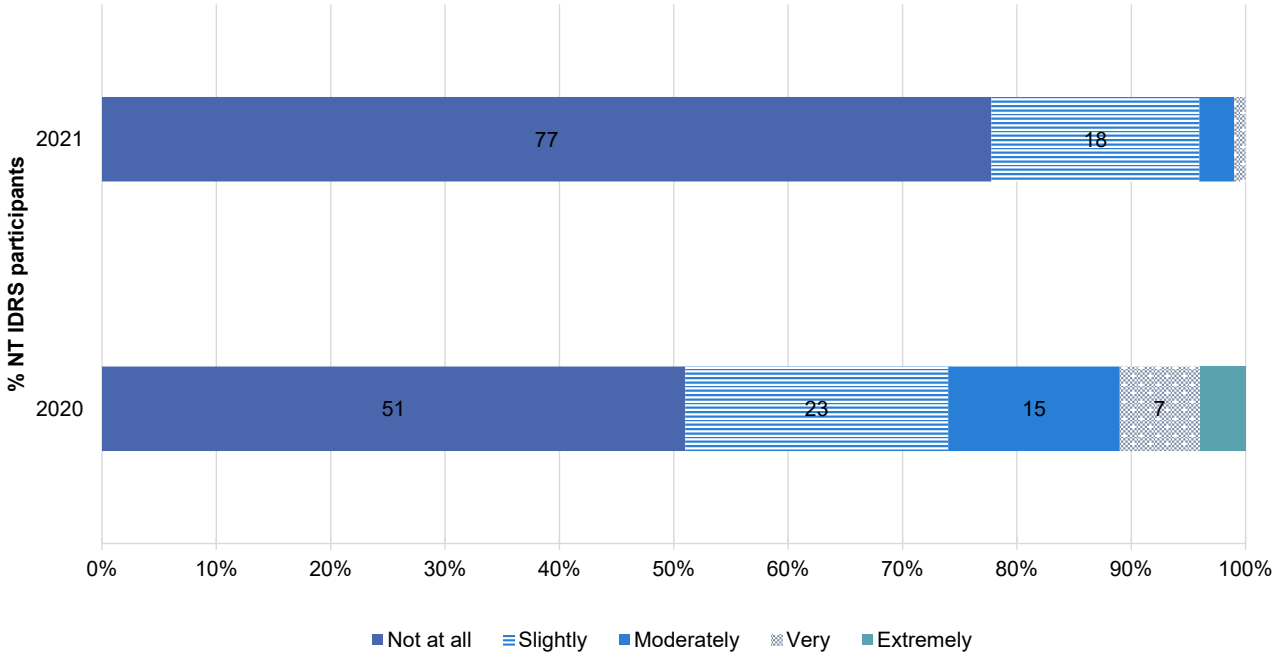
Figure 5: Current concern related to contracting COVID-19, NT, 2020-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

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3

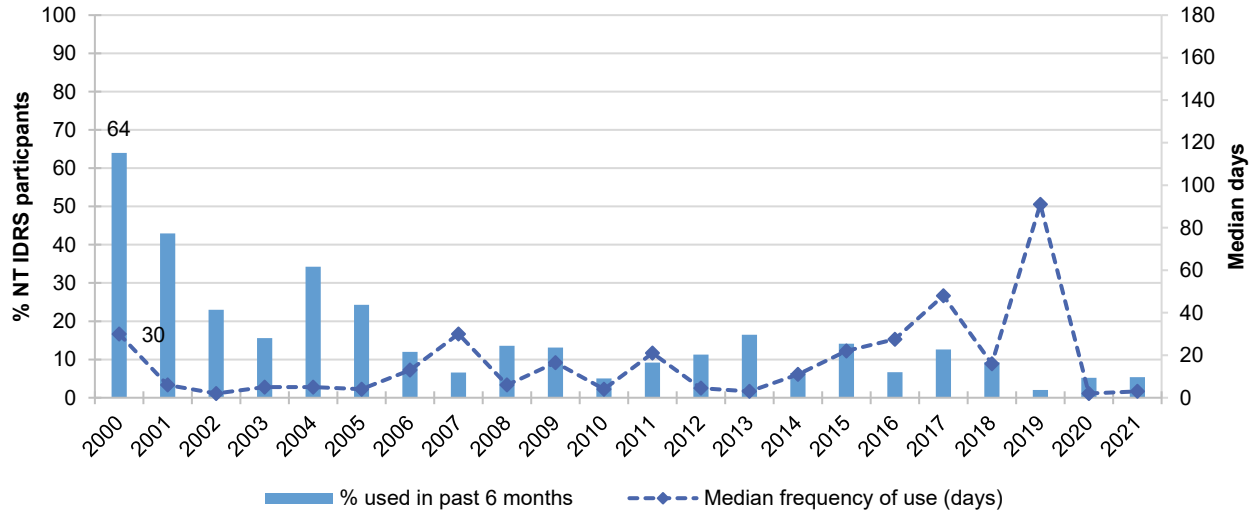
Heroin

Participants were asked about their recent (past six month) use of heroin (including homebake). Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine.

Patterns of Consumption

Low numbers (n≤5) reported on recent use, frequency of use, routes of administration and quantity of use regarding heroin, and therefore, further details are not reported. For historical overview, please refer to Figure 6. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 6: Past six month use and frequency of use of heroin, NT, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Due to low numbers (n≤5), details will not be reported on price, perceived purity and perceived availability for heroin. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

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4

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as speed), base (wet, oily powder) and crystal (clear, ice-like crystals).

Recent Use (past 6 months)

In 2021, 76% of the sample reported recent use of any form of methamphetamine, stable relative to 2020 (83%; *p*=0.287) (Figure 7).

Frequency of Use

Median days of use of any methamphetamine remained stable at 72 days (IQR=24-173) in 2021 (45 days in 2020; IQR=21-72; *p*=0.092) (Figure 8). The per cent of participants who had recently used any methamphetamine who reported weekly or more frequent use also remained stable, from 74% in 2020 to 81% in 2021 (*p*=0.394). However, a significant increase was observed in those reporting daily use (26%; 11% in 2020; *p*=0.044) (Figure 9).

Forms of Methamphetamine

The majority of participants (74%) reported recent use of methamphetamine crystal (Figure 7), while few participants (n≤5) reported recent use of powder and base. These results reflect longer term trends: recent use of powder has declined substantially since monitoring began in 2000 (74%), whilst recent use of crystal shows an overall increase since 2014.

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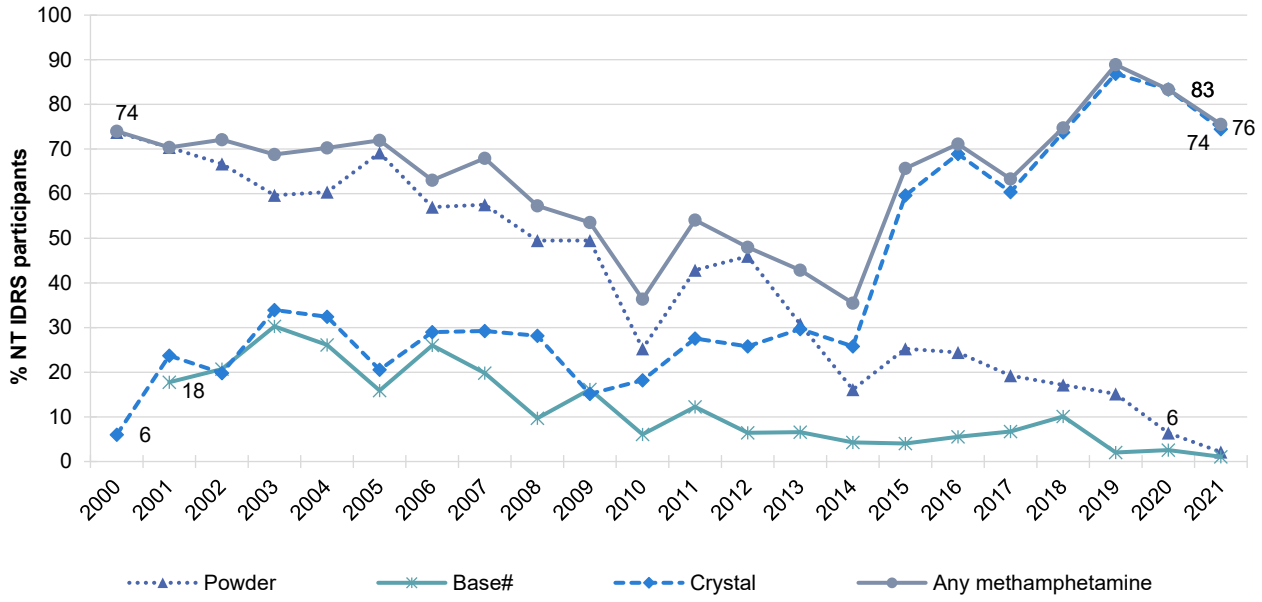
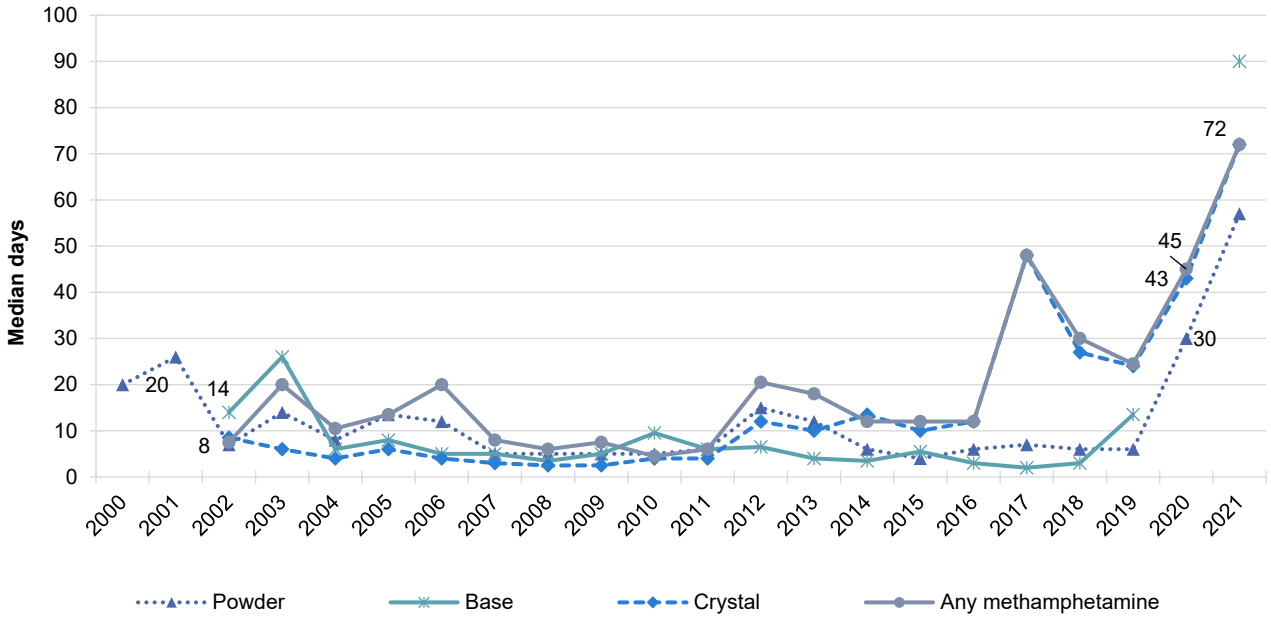
Figure 7: Past six month use of any methamphetamine, powder, base, and crystal, NT, 2000-2021



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined (2000-2018). Between 2019-2021, 'Any methamphetamine' includes crystal, powder and base, combined. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 8: Frequency of use of any methamphetamine, powder, base, and crystal, NT, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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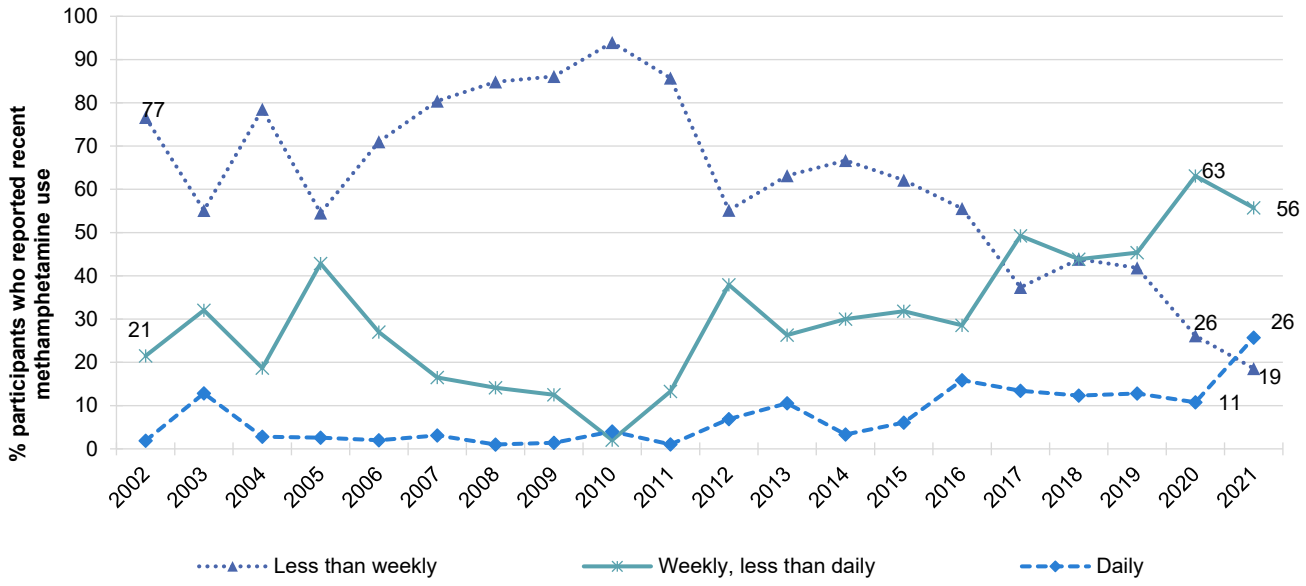
Figure 9: Frequency of recent any methamphetamine use (among those who have used), NT, 2002-2021



Note. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined (2002-2018). Between 2019-2021, 'Any methamphetamine' includes crystal, powder and base, combined. Data labels are only provided for the first (2002) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Patterns of Consumption (by form)

Methamphetamine Powder & Base

Low numbers (n≤5) reported on recent use, frequency of use, routes of administration and quantity of use regarding methamphetamine powder and base, and therefore, further details are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Seventy-four per cent of the NT sample reported recent use of methamphetamine crystal, stable relative to 2020 (83%; *p*=0.222) (Figure 7).

Frequency of Use: Of those who had recently consumed crystal and commented (n=70), median frequency of use remained stable at 72 days (IQR=24-173) in 2021 (43 days in 2020; IQR=21-63; *p*=0.051). Of those who reported recent use and commented, daily use increased significantly from 11% in 2020 to 26% in 2021 (*p*=0.044).

Routes of Administration: Among participants who had recently consumed crystal and commented (n=70), all participants reported injection (100% in 2020), with few (n≤5) reporting smoking (9% in 2020; *p*=0.652).

Quantity: The median amount used on a 'typical' day in the past six months was 0.10 grams (IQR=0.10-0.20; n=69), comparable to a median of 0.10 grams in 2020 (IQR=0.10-0.20; *p*=0.783). The median maximum amount of crystal used per day in the last six months was 0.20 grams (IQR=0.10-0.50; n=69) (maximum quantity of crystal recently used was not collected in 2020).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to low numbers reporting (n≤5), details will not be reported on price, perceived purity or perceived availability for methamphetamine powder. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2021 or 2020. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Price: The median price for one point of methamphetamine crystal significantly decreased in 2021, from $200 (IQR=150-250) in 2020 to $100 (IQR=100-100; n=45) (Figure 10) in 2021 (*p*<0.001). One gram cost a median of $500 in 2021 (IQR=500-600; n≤5 in 2020).

Perceived Purity: Perceived purity of methamphetamine crystal changed significantly between 2020 and 2021 (*p*<0.001) (Figure 11). Among those able to respond in 2021 (n=62), 29% reported 'high' purity, an increase from 7% in 2020. In contrast, 18% reported 'low' purity, a decrease from 48% in 2020.

Perceived Availability: Perceived purity of methamphetamine crystal significantly changed between 2020 and 2021 (*p*<0.001). Among those able to respond in 2021 (n=62), more participants perceived crystal as being 'very easy' (27%; 0% in 2020) (Figure 12) or 'easy' (58%, n≤5 in 2020) to obtain, while fewer perceived it as being 'difficult' to obtain in 2021 (15%; 29% in 2020).

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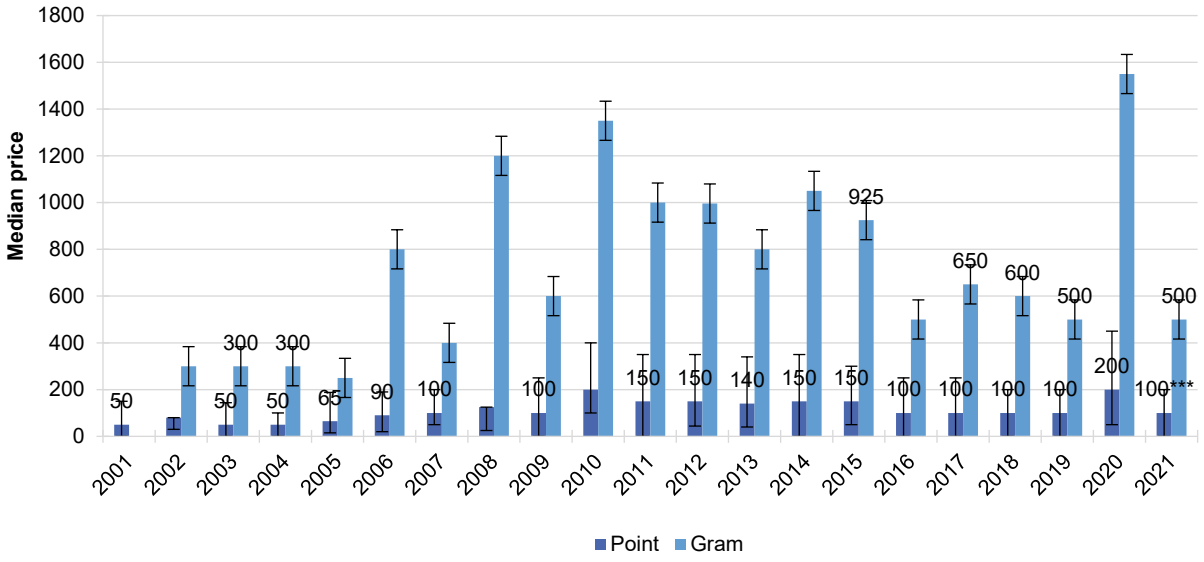
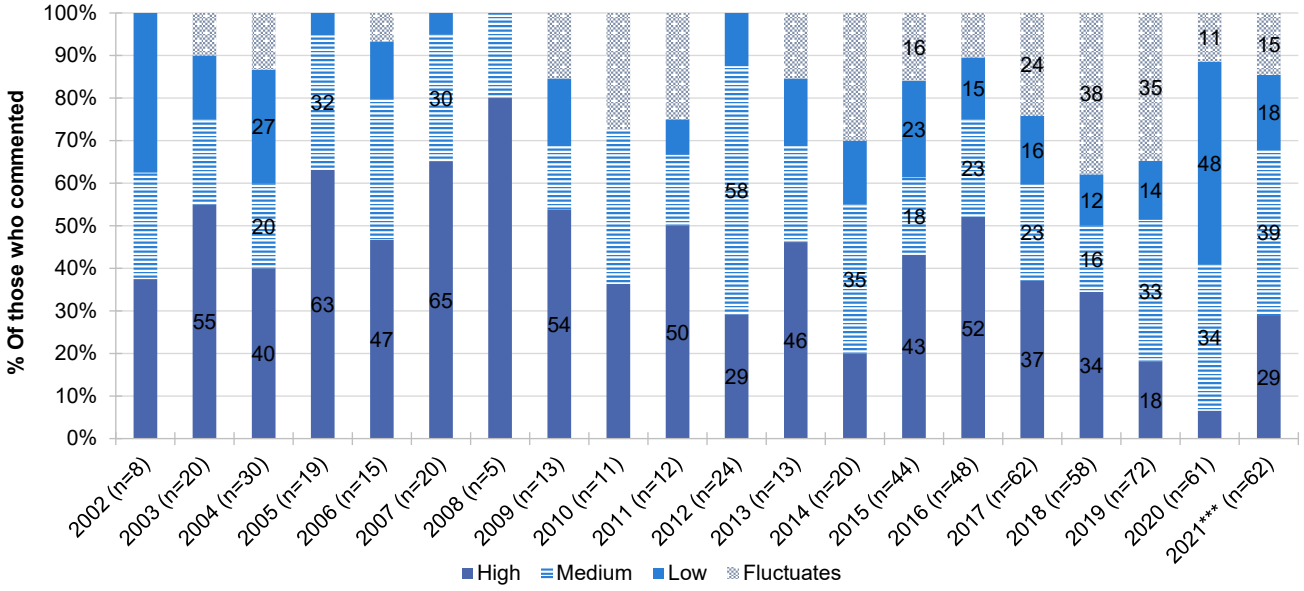
Figure 10: Median price of methamphetamine crystal, NT, 2001-2021



Note. Among those who commented. No data available for gram in 2001. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

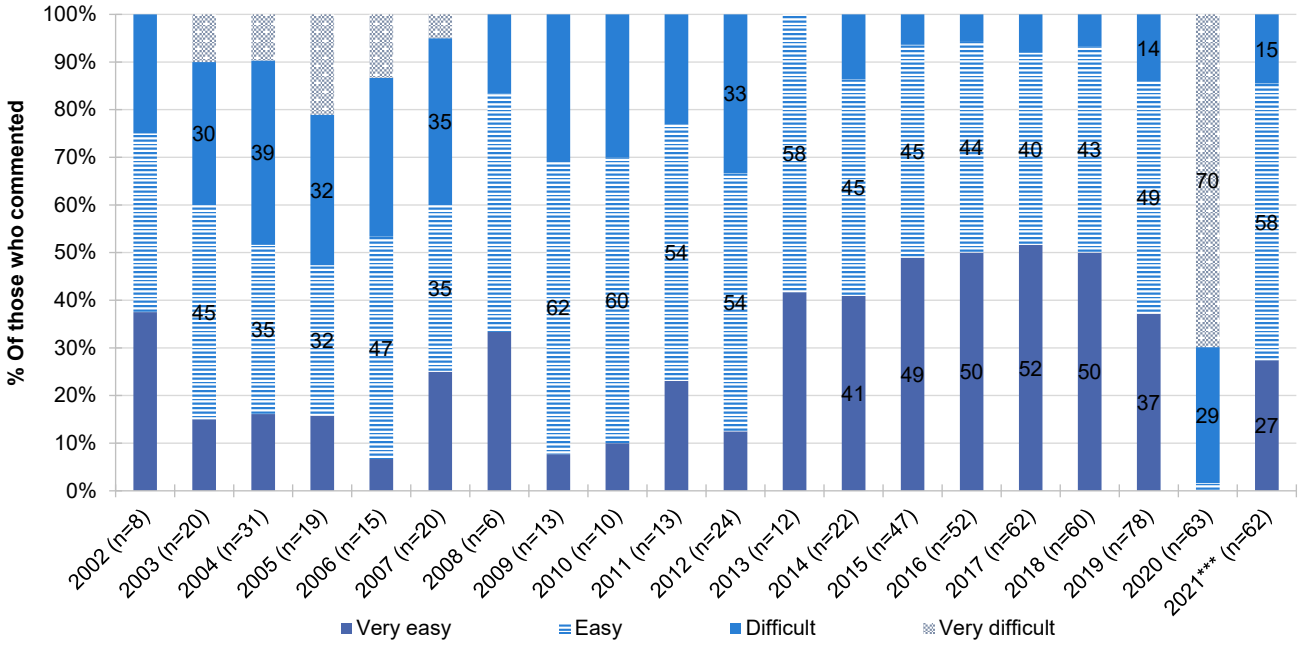
Figure 11: Current perceived purity of methamphetamine crystal, NT, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/f2z8-9e12

Figure 12: Current perceived availability of methamphetamine crystal, NT, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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5

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine, including powder and 'crack' cocaine. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia. 'Crack' cocaine is a form of freebase cocaine (hydrochloride removed), which is particularly pure. 'Crack' is most prevalent in North America and infrequently encountered in Australia.

Patterns of Consumption

Low numbers (n≤5) reported on recent use, frequency of use, routes of administration and quantity of use regarding cocaine, and therefore, further details are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Price, Perceived Purity and Perceived Availability

Low numbers (n≤5) reported on price, perceived purity and perceived availability regarding cocaine, and therefore, further details are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

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6

Cannabis

Participants were asked about their recent (past six month) use of indoor-cultivated cannabis via a hydroponic system ('hydroponic') and outdoor-cultivated cannabis ('bush'), as well as hashish and hash oil.

Patterns of Consumption

Recent Use (past 6 months)

Fifty-nine per cent of the sample reported recent use of cannabis (60% in 2020, *p*=0.939) (Figure 13).

Frequency of Use

The median days of cannabis use remained unchanged at 180 days (IQR=48-180; 180 days in 2020; IQR=111-180, *p*=0.054). Fifty-five per cent of those who reported recent use and commented (n=53), reported consuming cannabis on a daily basis (68% in 2020; *p*=0.245).

Routes of Administration

All participants who reported recent use of cannabis reported smoking (100%; 100% in 2020). No participants reported swallowing or inhaling/vaporising cannabis.

Quantity

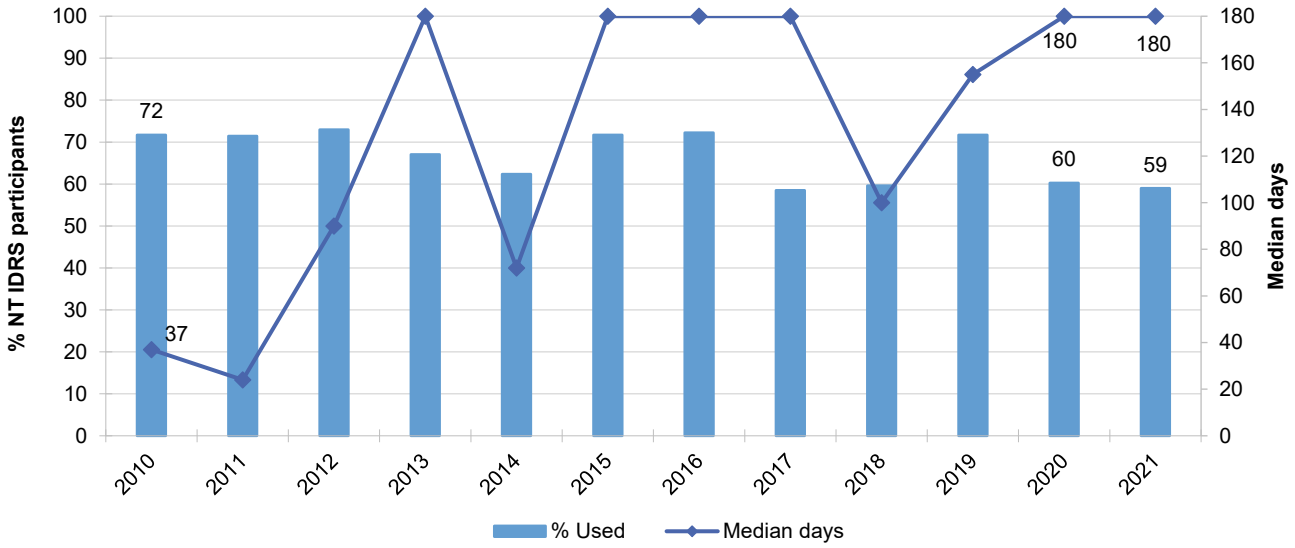
Of those who reported recent use of cannabis in 2021, the median 'typical' amount used on the last occasion of use was 1.00 gram (IQR=1.00-2.00; n=31; 1.00 gram in 2020; IQR=1.00-2.00; *p*=0.364) or two cones (IQR=1-4; n=20; 2 cones in 2020; IQR=2-5; *p*=0.386).

Forms Used

Of those who reported recent use of any cannabis and commented (n=54), 98% (n=53) reported recent use of hydroponic cannabis (94% in 2020, *p*=0.514), with no participants reporting recent use of bush cannabis (15% in 2020, *p*=0.011), hashish (0% in 2020), hash oil (0% in 2020) or pharmaceutical CBD oil (not asked in 2020).

DOI: 10.26190/f2z8-9e12

Figure 13: Recent use and median days of use of cannabis, NT, 2010-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Respondents reported a median price of $30 (IQR=30-30, n=16, p=0.358) for one gram of hydroponic cannabis, unchanged since 2010 (Figure 14).

Perceived Potency: Perceived potency of hydroponic cannabis remained stable between 2020 and 2021 (p=0.787). Among those who were able to comment in 2021 (n=37), 62% perceived the potency of hydroponic cannabis to be 'high' (55% in 2020) (Figure 15) and 30% reported it as being 'medium' (41% in 2020).

Perceived Availability: Perceived availability of hydroponic cannabis remained stable between 2020 and 2021 (p=0.055). Among those who were able to comment in 2021 (n=37), 59% perceived current availability as 'very easy' (37% in 2020) and 35% (37% in 2020) as 'easy' (Figure 16).

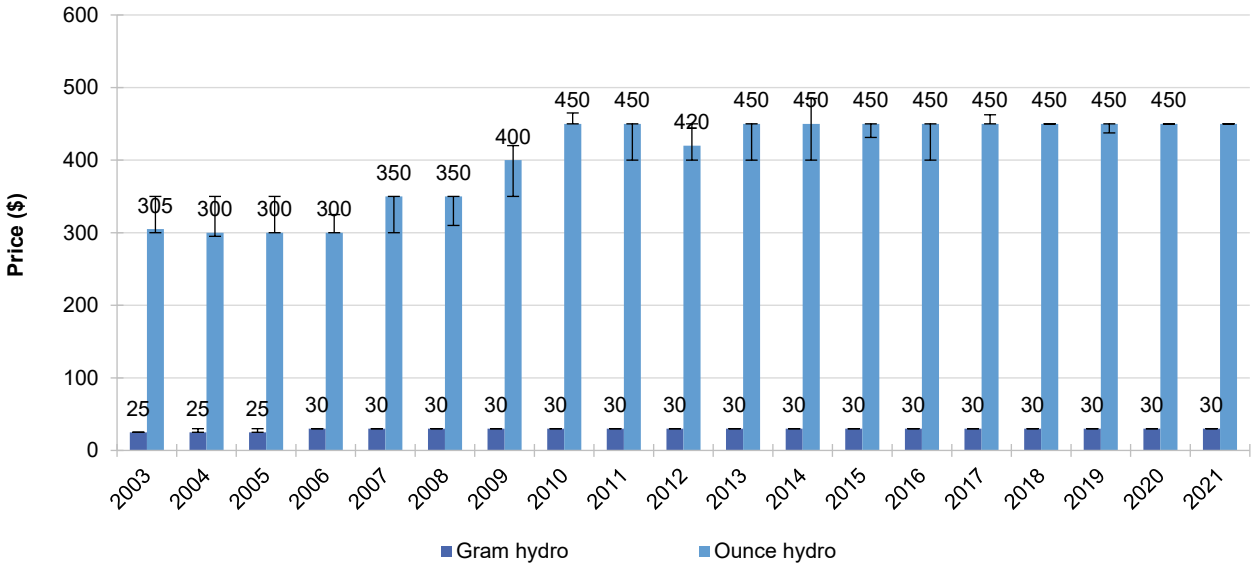
Bush Cannabis

Due to low numbers reporting recent use of bush cannabis, market trends (price, perceived potency and perceived availability) are not reported in text. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

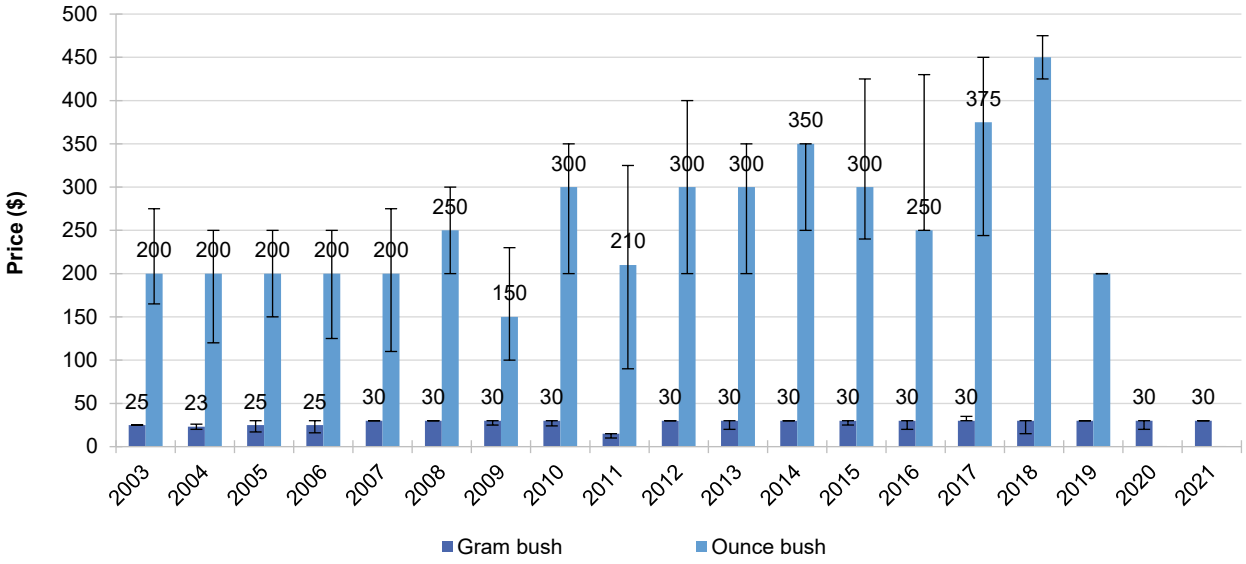
DOI: 10.26190/f2z8-9e12

Figure 14: Median price of hydroponic (A) and bush (B) cannabis per gram and ounce, NT, 2003-2021

(A) Hydroponic Cannabis



(B) Bush Cannabis



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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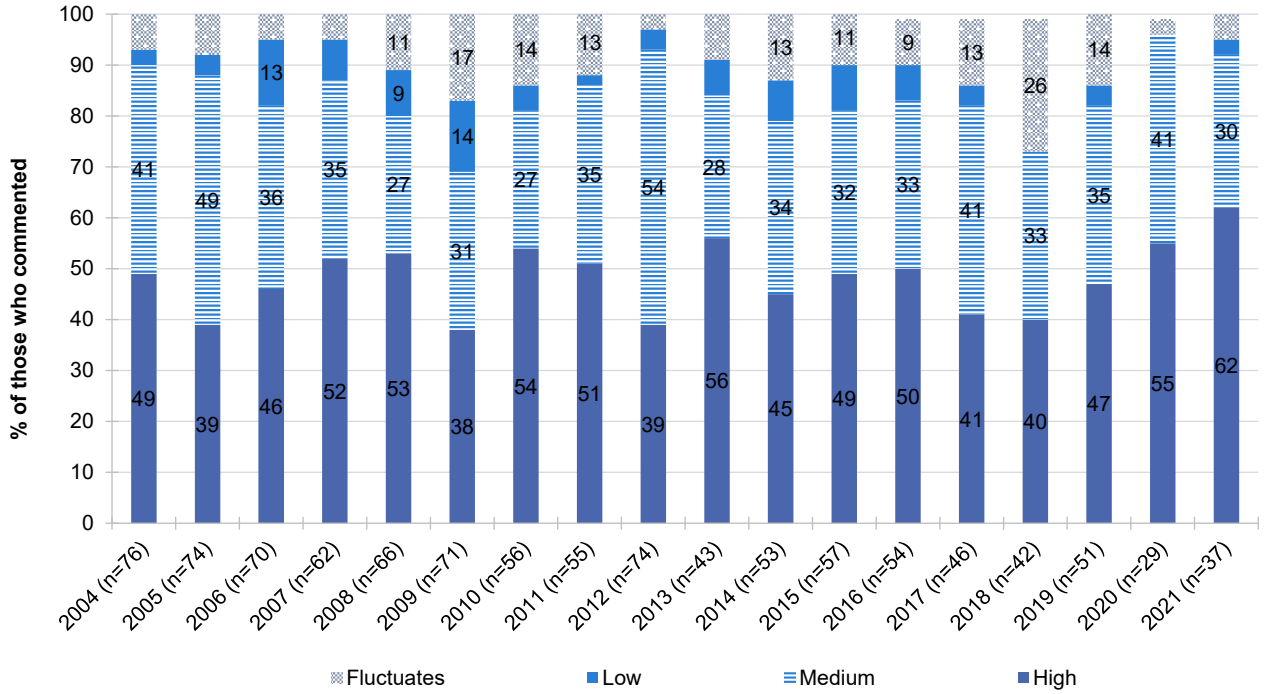
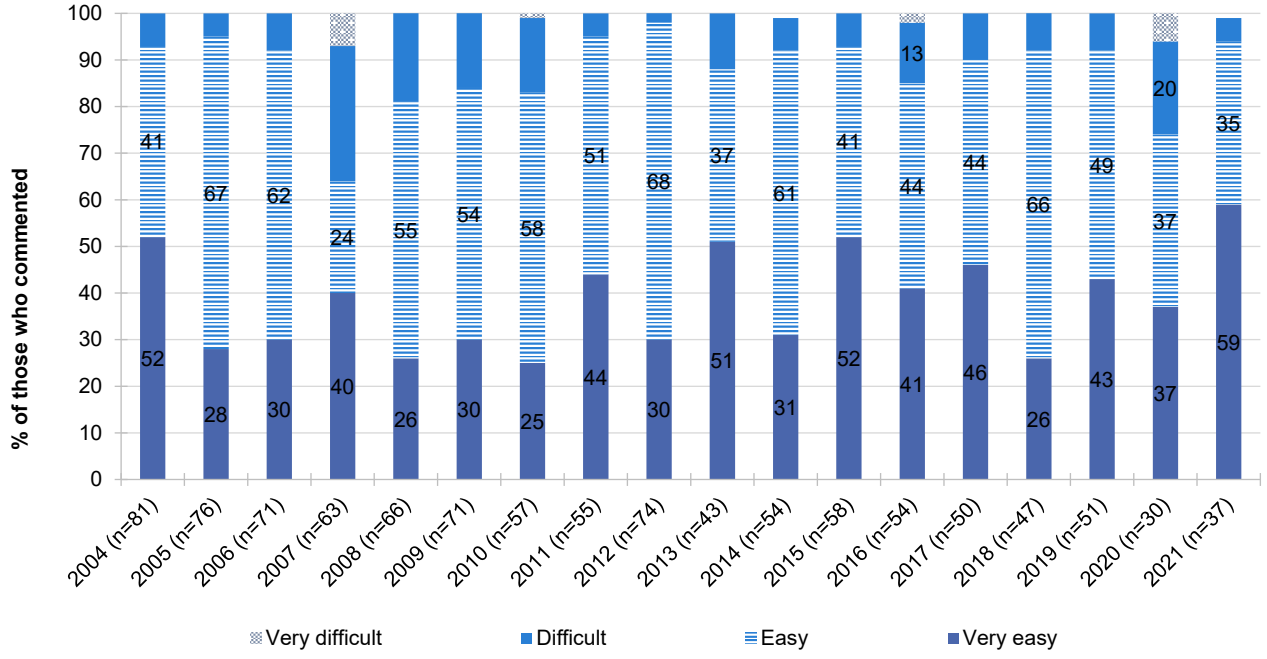
Figure 15: Current perceived potency of hydroponic cannabis, NT, 2004-2021



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

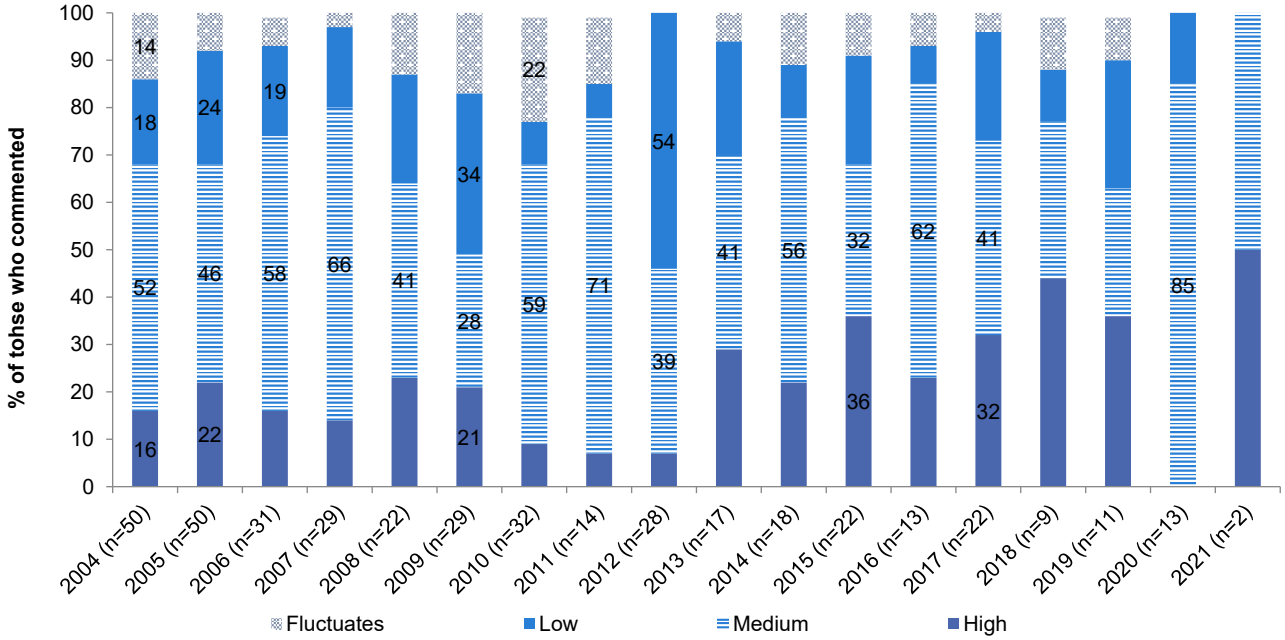
Figure 16: Current perceived availability of hydroponic cannabis, NT, 2004-2021



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

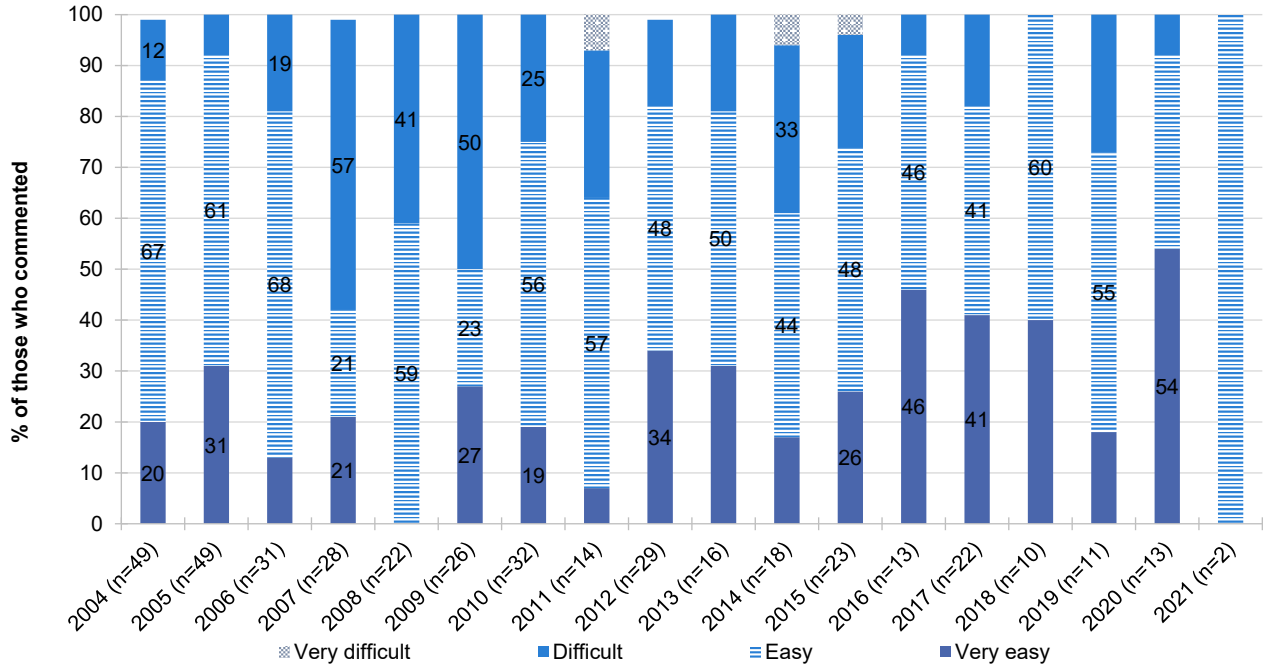
DOI: 10.26190/f2z8-9e12

Figure 17: Current perceived potency of bush cannabis, NT, 2004-2021



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 18: Current perceived availability of bush cannabis, NT, 2004-2021



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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7

Pharmaceutical Opioids

The following section describes recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to:

- **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-Prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and
- **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

Methadone

Any Recent Use (past 6 months): Sixteen per cent of the sample reported recent use of any methadone (9% in 2020; *p*=0.256) (Figure 19). Non-prescribed use remained stable in 2021, with 10% reporting recent use (n≤5 in 2020; *p*=0.119).

Frequency of Use: Frequency of non-prescribed methadone syrup was reported by few participants (n≤5) in 2021 (n≤5 in 2020), therefore, these data are suppressed (Figure 19). Non-prescribed physeptone was used on a median of nine days (IQR=1-60; unreported in 2020 due to low numbers).

Recent Injection: Of those who had recently used any form of methadone in 2021 and commented (n=15), 53% reported injecting methadone (43% in 2020) on a median of 18 days (IQR=2-72), stable relative to 2020 (2 days; IQR=2-4; *p*=0.301).

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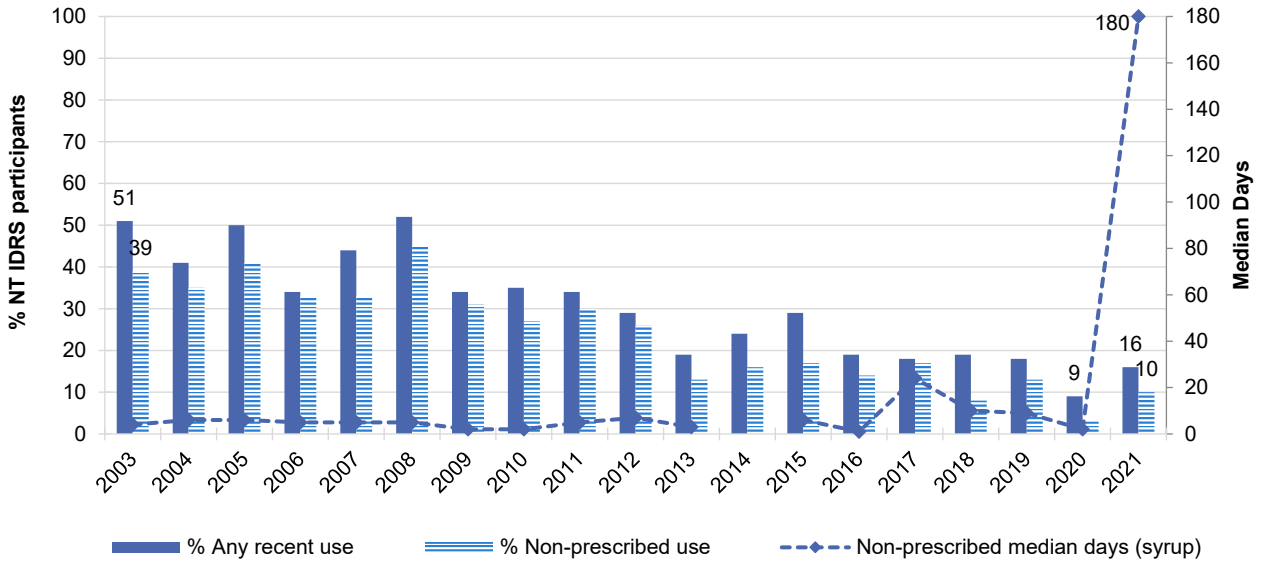
Figure 19: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, NT, 2003-2021



Note. Includes methadone syrup and tablets. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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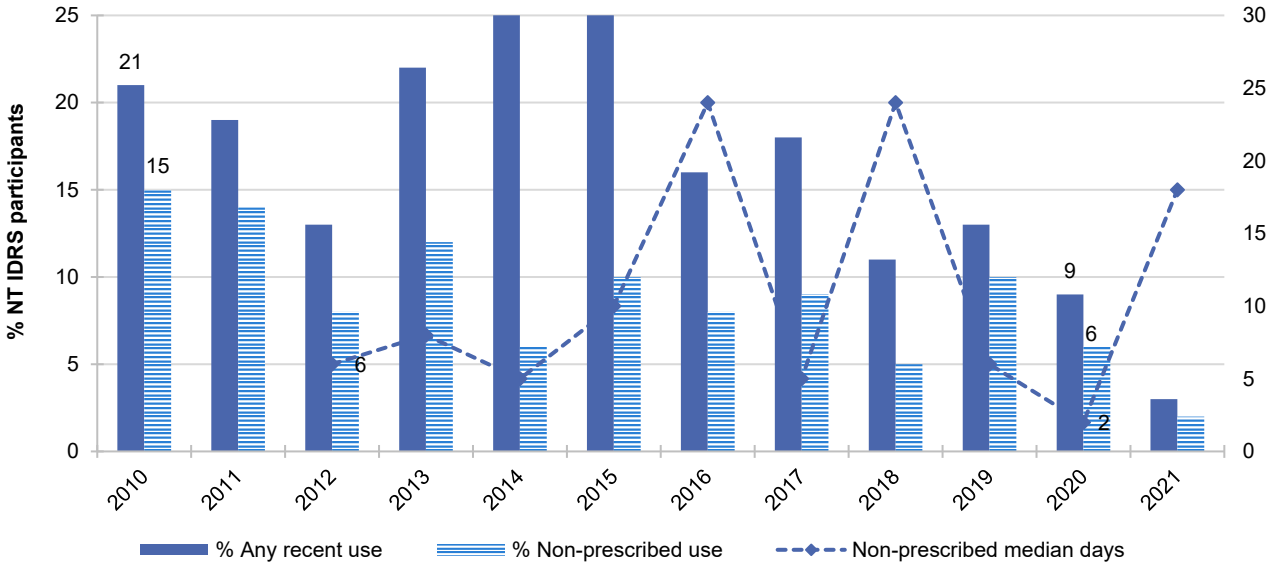
Buprenorphine

Few (n≤5) participants reported using buprenorphine in the six months prior to interview and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Buprenorphine-Naloxone

Few (n≤5) participants reported using buprenorphine-naloxone in the six months prior to interview and therefore no further reporting on patterns of use in 2021 will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 20: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, NT, 2010-2021



Note. From 2010-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2021, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 25% and 30 days to improve visibility of trends. Data labels are only provided for the first (2010/2012) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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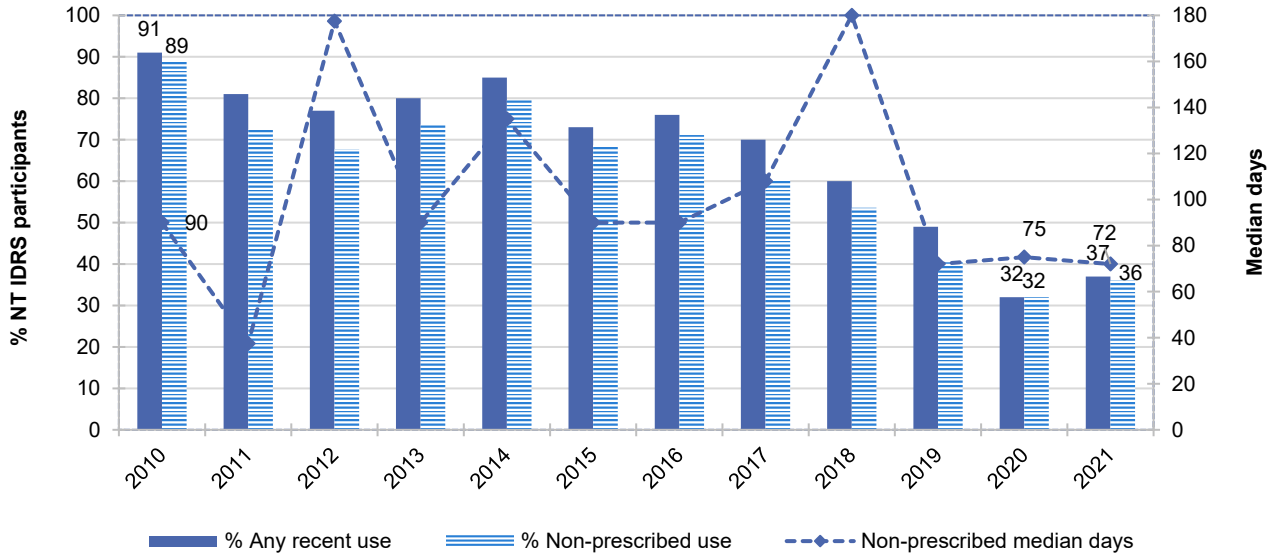
Morphine

Any Recent Use (past 6 months): Recent use of any morphine remained stable in 2021 at 37% (32% in 2020, *p*=0.583) in 2021. Non-prescribed morphine continued to be the form most often used during the six months preceding the interview, reported by 36% (32% in 2020; *p*=0.685) (Figure 21) of the sample, whilst recent use of prescribed morphine was reported by 11% (n≤5 in 2020, *p*=0.300).

Frequency of Use: Median days of non-prescribed morphine use was relatively stable at 72 days (IQR=15-180; 75 days in 2020, IQR=24=180, *p*=0.916) (Figure 21). Median days of injection of any morphine remained stable, from 75 days in 2020 (IQR=24-180) to 90 days (IQR=36-180, *p*=0.590) in 2021.

Recent Injection: All participants reporting recent use of non-prescribed morphine reported injecting (100% in 2020), and had done so on a median of 90 days (IQR=36-180, stable from 2020 (75 days; IQR=24-180; *p*=0.590).

Figure 21: Recent use and frequency of non-prescribed use of morphine, NT, 2010-2021



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Price: MS Contin was the most commonly purchased form of morphine (n=26), with a median price of $120 (IQR=100-120) (Table 2) per 100mg, significantly lower (*p*<0.001) than $150 (IQR=120-180) reported in 2020.

Perceived Availability: Perceived availability of non-prescribed morphine significantly changed between 2020 and 2021 (*p*<0.001). Among those who were able to comment in 2021 (n=30), 47% perceived non-prescribed morphine as 'easy' to obtain, a decrease from n≤5 in 2020. Few participants (n≤5) perceived non-prescribed morphine as 'very difficult' to obtain, a decrease from 46% in 2020 (Figure 22).

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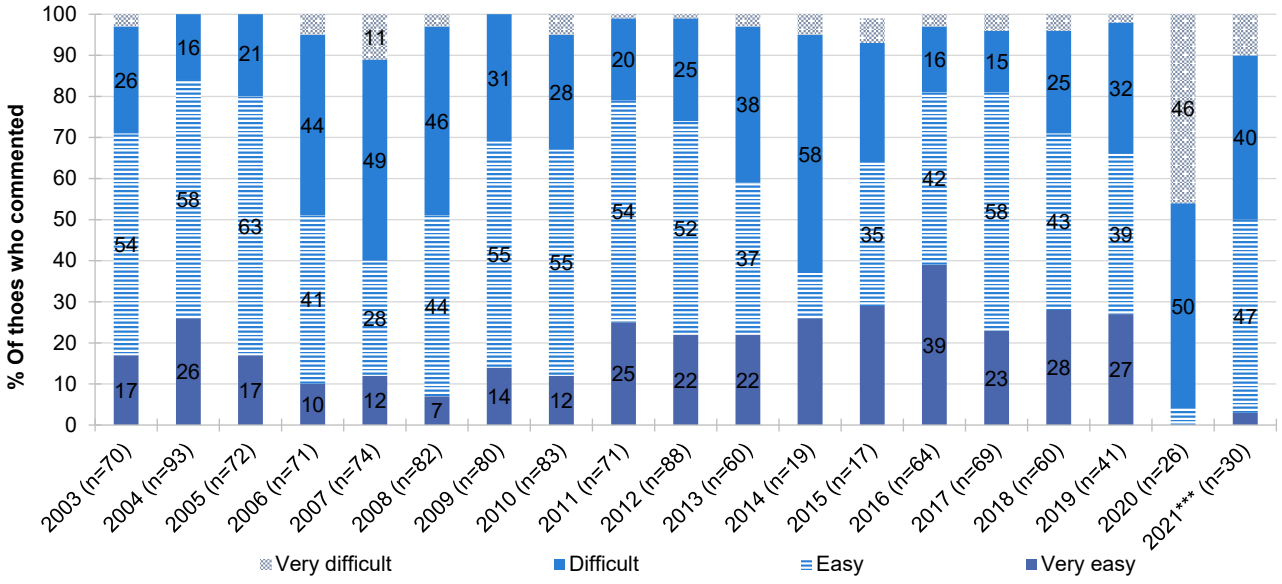
Table 2: Recent non-prescribed morphine (MS Contin) price, NT, 2013-2021

	2013	2014	2015	2016	2017	2018	2019	2020	2021
60mg $ (n)	50 (18)	48 (18)	50 (36)	40 (25)	50 (27)	50 (26)	50 (21)	80 (4)	**50 (2)**
100mg $ (n)	80 (61)	80 (70)	80 (63)	80 (51)	80 (56)	80 (58)	80 (28)	150 (21)	**120*** (23)**

Note. Among those who commented. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 22: Current perceived availability of non-prescribed morphine, NT, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5).
*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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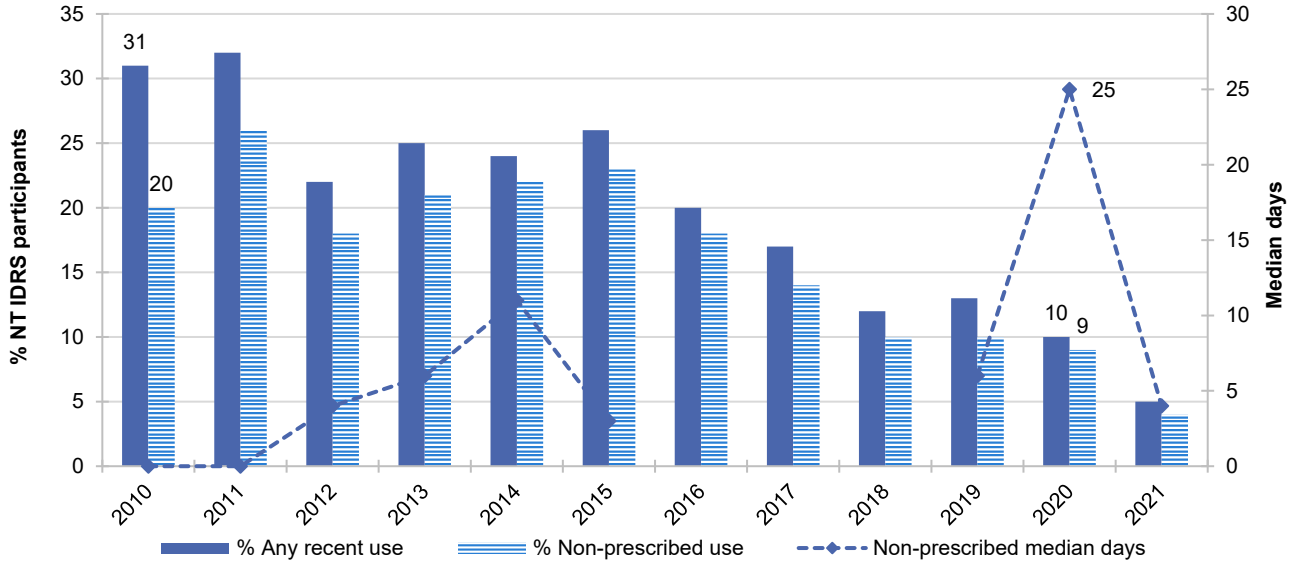
Oxycodone

Few (n≤5) participants reported using oxycodone in the six months prior to interview and therefore no further reporting on patterns of use in 2021 will be included. An historical overview of trends are presented below in Figure 23. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 23: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, NT, 2010-2021



Note. From 2010-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing 2016-2018). Since 2019, oxycodone has been broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 35% and 30 days to improve visibility of trends. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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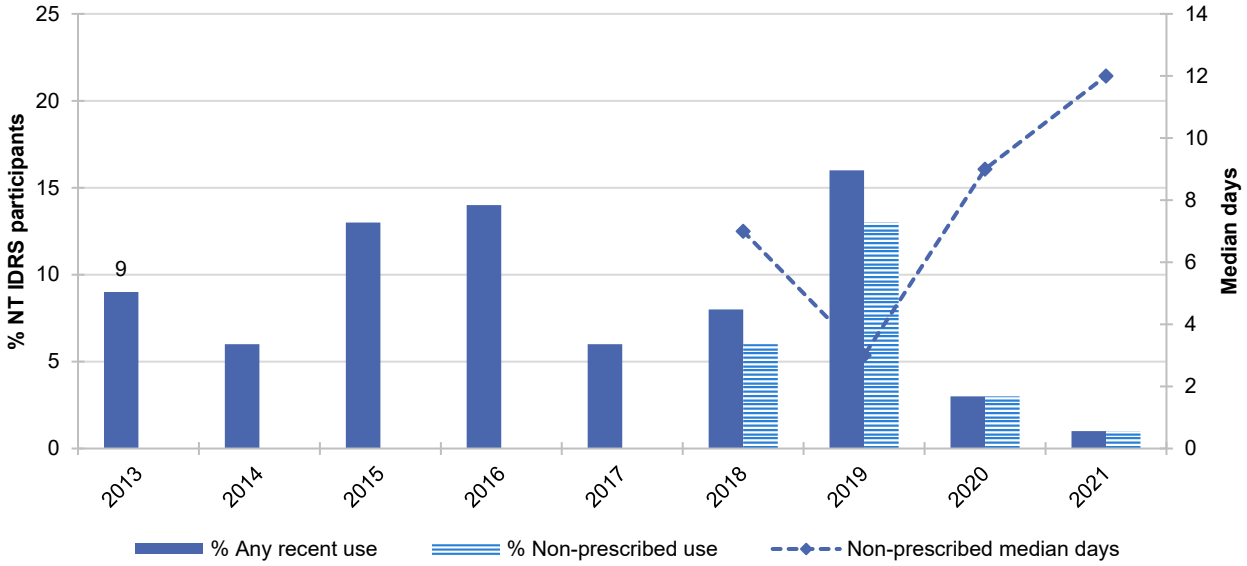
Fentanyl

Few (n≤5) participants reported using fentanyl in the six months prior to interview and therefore no further reporting on patterns of use in 2021 will be included. An historical overview of trends are presented below in Figure 24. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 24: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, NT, 2013-2021



Note. Data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days non-prescribed computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and 14 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 3). As in 2020, few participants (n≤5) reported recent use or injection of codeine or tramadol, and no participants reported recent use of tapentadol. See Figure 20 in the Northern Territory IDRS 2019 Report for more detailed data on use of codeine.

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Table 3: Past six month use of other opioids, NT, 2019-2021

% Recent Use (past 6 months)	2019 (N=99)	2020 (N=78)	2021 (N=94)
Codeine			
Any prescribed use	25	-	-
Any non-prescribed use	10	-	**0**
Any injection (prescribed and/or non-prescribed)	-	**0**	-
Tramadol			
Any prescribed use	16	-	-
Any non-prescribed use	8	-	-
Any injection (prescribed and/or non-prescribed)	0	-	**0**
Tapentadol			
Any prescribed use	0	-	**0**
Any non-prescribed use	0	-	**0**
Any injection (prescribed and/or non-prescribed)	0	-	**0**

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/f2z8-9e12

8

Other Drugs

New Psychoactive Substances (NPS)

NPS are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets.

Recent Use (past 6 months): In 2021, no participants reported the recent use of any NPS (n≤5 in 2020; *p*=0.087) (Table 4).

Table 4: Past six month use of new psychoactive substances, NT, 2017-2021

	2017 N=109	2018 N=99	2019 N=99	2020 N=78	2021 (N=94)
'New' drugs that mimic the effects of opioids	-	-	-	0	**0**
'New' drugs that mimic the effects of ecstasy	0	0	-	0	**0**
'New' drugs that mimic the effects of amphetamine or cocaine	0	-	0	0	**0**
'New' drugs that mimic the effects of cannabis	0	11	13	-	**0**
'New' drugs that mimic the effects of psychedelic drugs	0	0	0	0	**0**
'New' drugs that mimic the effects of benzodiazepines	/	0	0	0	**0**
Any of the above	-	12	13	-	**0**

Note. - Values suppressed due to small cell size (n≤5 but not 0). In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. In 2018, participants were asked about use of 'new drugs that mimic the effects of benzodiazepines'. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent use of any non-prescribed benzodiazepines was reported by nine per cent of the NT sample (12% in 2020; *p*=0.664). This was mostly driven by non-prescribed use of other benzodiazepines (7%; 8% in 2020) (Figure 25), with few (n≤5) participants reporting recent use of non-prescribed alprazolam in 2021 (n≤5 in 2020; *p*=0.261).

Frequency of Use: The median days of non-prescribed 'other benzodiazepines' use was six days (IQR=4-30; 10 days in 2020; IQR=9-15).

Recent Injection: In 2021, few (n≤5) participants reported recent injection of any non-prescribed benzodiazepines, therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): Six per cent (10% in 2020, *p*=0.519) of the NT sample reported recent use of non-prescribed pharmaceutical stimulants (Figure 25).

Frequency of Use: Participants reported using non-prescribed pharmaceutical stimulants on a median of seven days (IQR=3-24), stable relative to two days (IQR=1-3; *p*=0.070) in 2020.

Recent Injection: In 2021, very low numbers (n≤5) reported recent injection of non-prescribed pharmaceutical stimulants (8% in 2020), therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

In 2021, no participants reported recent use of antipsychotics, therefore no further reporting will be included (Figure 25). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): Six per cent of the sample (8% in 2020; *p*=0.972) reported recent use of non-prescribed pregabalin in 2021 (Figure 25).

Frequency of Use: Median frequency of use of non-prescribed pregabalin was two days (IQR=1-10; 4 days in 2020, IQR=4-72, *p*=0.170).

Recent Injection: In 2021, few participants (n≤5) reported recent injection of any non-prescribed pregabalin, therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

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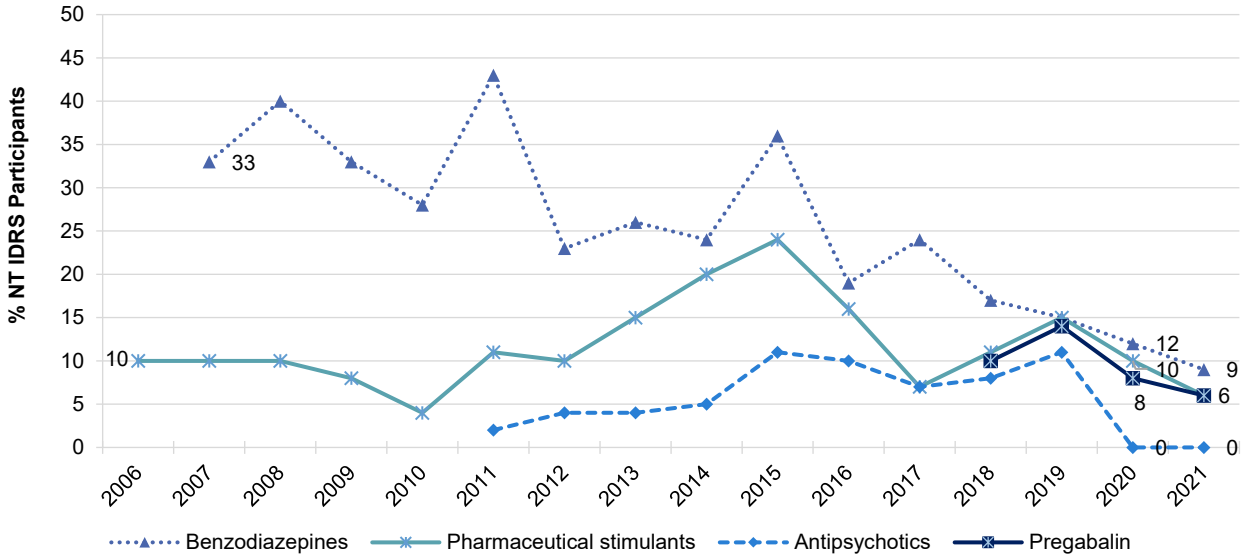
Figure 25: Past six month use of non-prescribed pharmaceutical drugs, NT, 2006-2021



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018) and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Y axis reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2006/2007/2011/2018) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Fifty per cent of the sample reported having a drink containing alcohol in the past six months in 2021, stable relative to 2020 (56%; p=0.493) (Figure 26).

Frequency of Use: The median days of alcohol use decreased significantly from 180 days in 2020 (IQR=26-180) to 48 days (IQR=24-180, p=0.038) in 2021. Thirty-two per cent of those reporting recent alcohol use reported daily consumption, a significant decrease from 55% in 2020 (p=0.049).

Tobacco

Recent Use (past 6 months): Consistent with previous years, the majority (91%) of participants had used tobacco in the previous six months (91% in 2020) (Figure 26).

Frequency of Use: The median frequency of use of tobacco in 2021 and 2020 was 180 days (IQR=180-180, p=0.121), respectively. All participants (100%) who reported recent use of tobacco in 2021 reported daily use (97% in 2020; p=0.394).

E-cigarettes

Few (n≤5) participants reported using e-cigarettes in the six months prior to interview and therefore no further reporting on patterns of use will be included (Figure 26). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

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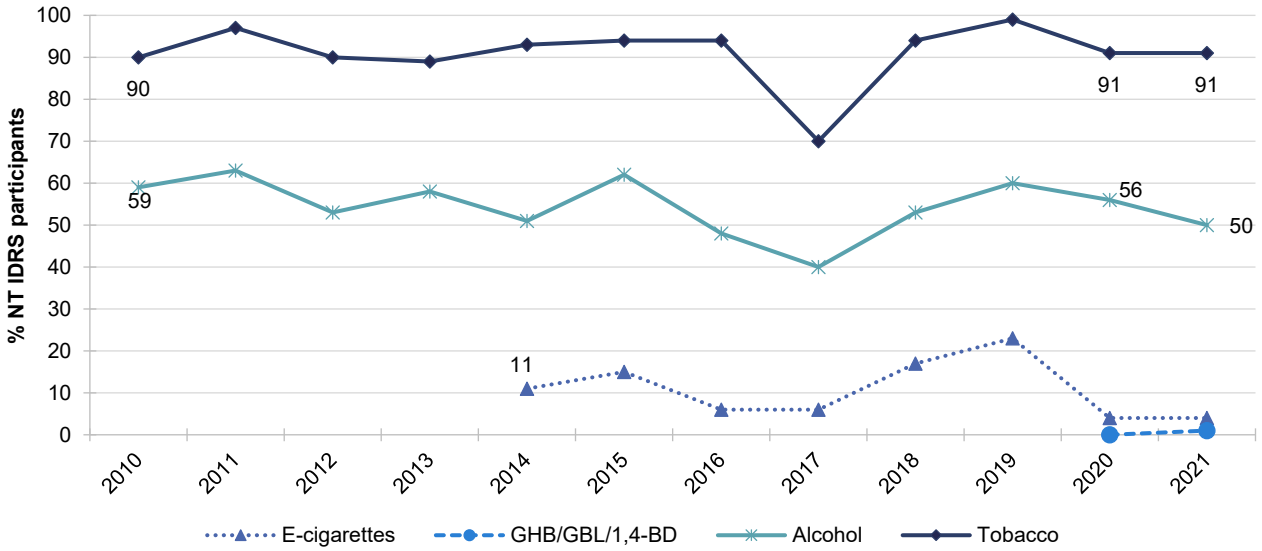
GHB/GBL/1, 4-BD

Few (n≤5) participants reported using GHB/GBL/1, 4-BD in the six months prior to interview and therefore no further reporting on patterns of use will be included (Figure 26). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 26: Past six month use of licit and other drugs, NT, 2010-2021



Note. Participants were first asked about e-cigarettes in 2014. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2010/2014) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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9

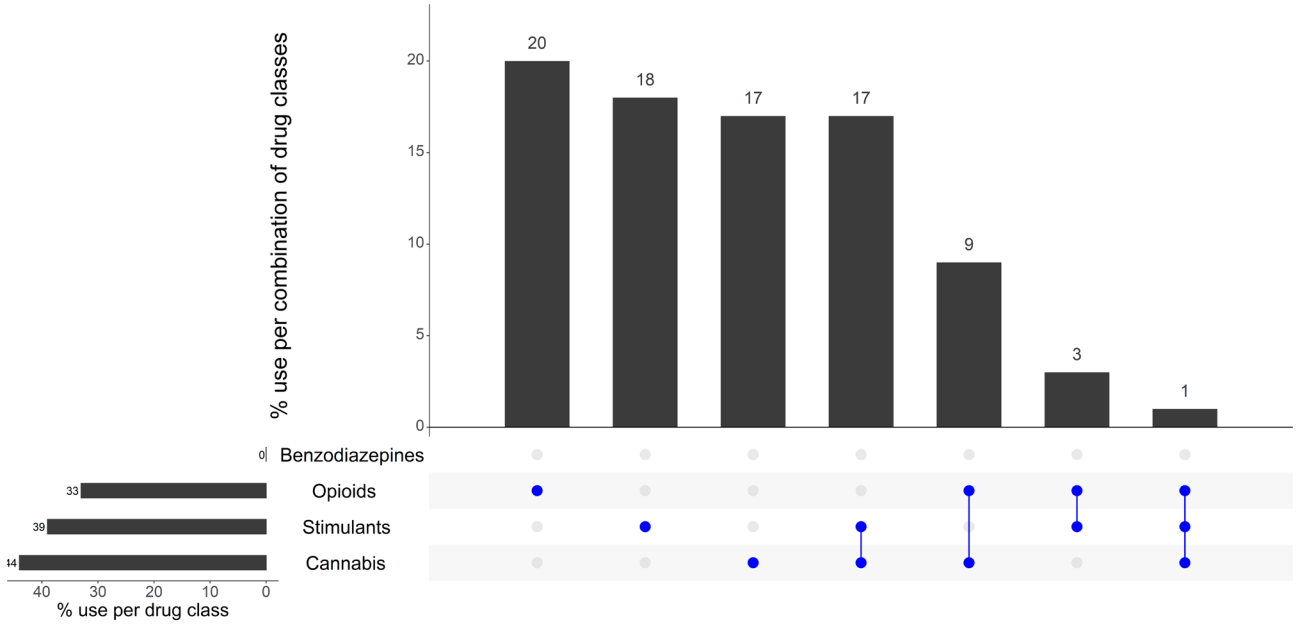
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

In 2021, all participants (100%) reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day before interview. Of those who reported using one or more drugs (n=94), the most commonly used substances were tobacco (85%), cannabis (44%), stimulants (39%) and opioids (33%).

Seventeen per cent (Figure 27) of participants reported concurrent use of cannabis and stimulants on the day preceding interview, whilst 9% reported concurrent use of cannabis and opioids. One-fifth (20%) reported using opioids only, whilst 18% reported using stimulants alone. Seventeen per cent reported using cannabis alone on the day preceding interview.

Figure 27: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, NT, 2021



Note. % calculated out of total IDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 23% to improve visibility of trends.

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Overdose Events

Non-Fatal Overdose

There has been some variation in the way questions about overdose have been asked over the years.

In 2021, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following data coding:
    - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and
    - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

Consistent with previous years, few participants (n≤5) reported experiencing a non-fatal overdose in the previous 12 months. Accordingly, information about overdose is not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: Forty-five per cent of participants had heard of naloxone (49% in 2020; p=0.644), the lowest per cent reporting awareness of naloxone across the period of monitoring (Figure 28).

Awareness of Take-Home Programs (training program): The per cent reporting that they were aware of the take-home naloxone programs increased from 18% in 2013 to a peak of 59% in 2018. Following this, a downward trend commenced, with 34% reporting awareness in 2021, stable relative to 2020 (45%; p=0.157) (Figure 28).

Participation in Training Programs: In 2021, 13% had been trained in how to administer naloxone in their lifetime, stable relative to 2020 (13%) (Figure 28); the majority (79%) of these participants reported that they had completed their training at an NSP. Few participants (n≤5) reported completing their training at a different location.

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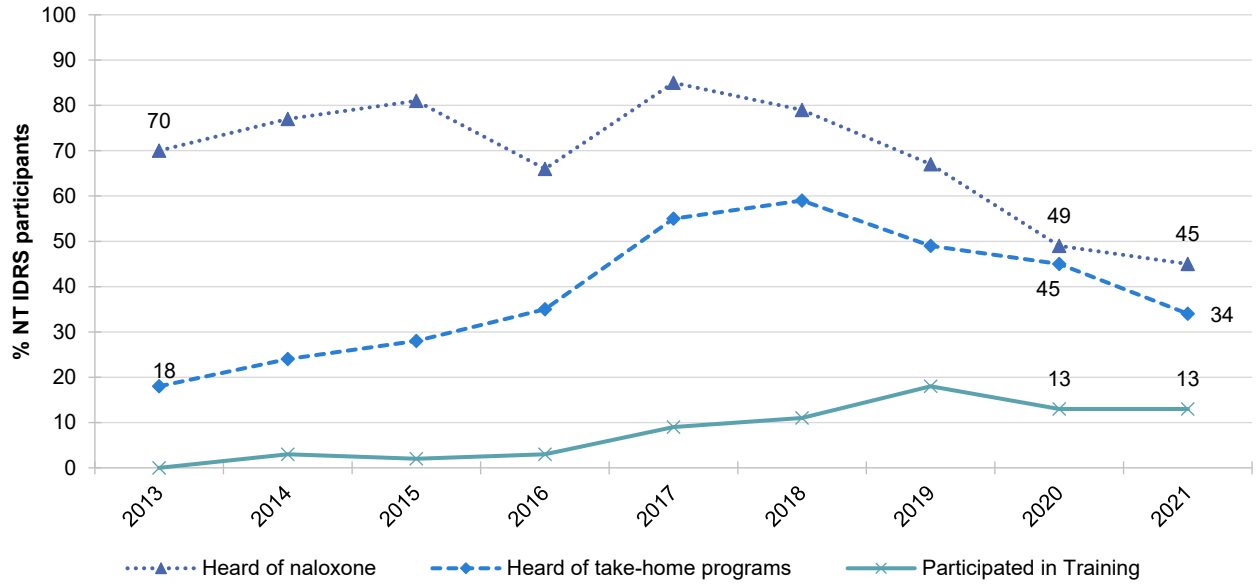
Accessed Naloxone: Fifteen per cent of the NT sample reported having ever accessed naloxone (14% in 2020; *p*=0.826). Out of those who had either ever had trouble accessing naloxone or never accessed naloxone (n=82), the main reason comprised 'don't use opioids' (15%). Few participants (n≤5) cited other reasons.

Use of Naloxone to Reverse Overdose: In 2021, seven per cent of the NT sample reported that they had ever resuscitated someone using naloxone at least once in their lifetime (n≤5 in 2020; *p*=0.407). Few (n≤5) participants reported that they had been resuscitated by a peer using naloxone in the past year (0% in 2020).

Of those who reported ever accessing naloxone and commented (n=14), the majority (93%) reported receiving intramuscular naloxone on the last occasion and few (n≤5) reported receiving intranasal naloxone. Of those who responded (n=15), 87% (n=13) reported that they did not have to pay the last time they accessed naloxone. Of those who reported ever accessing naloxone and could respond (n=14), 57% reported that they 'always' had naloxone on hand when using opioids in the past month. Few participants (n≤5) reported 'often', 'sometimes' or 'rarely' having naloxone on hand when using opioids in the past month.

Figure 28: Take-home naloxone program and distribution, NT, 2013-2021



Note. Data labels are only provided for the first (2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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Injecting Risk Behaviours and Harms

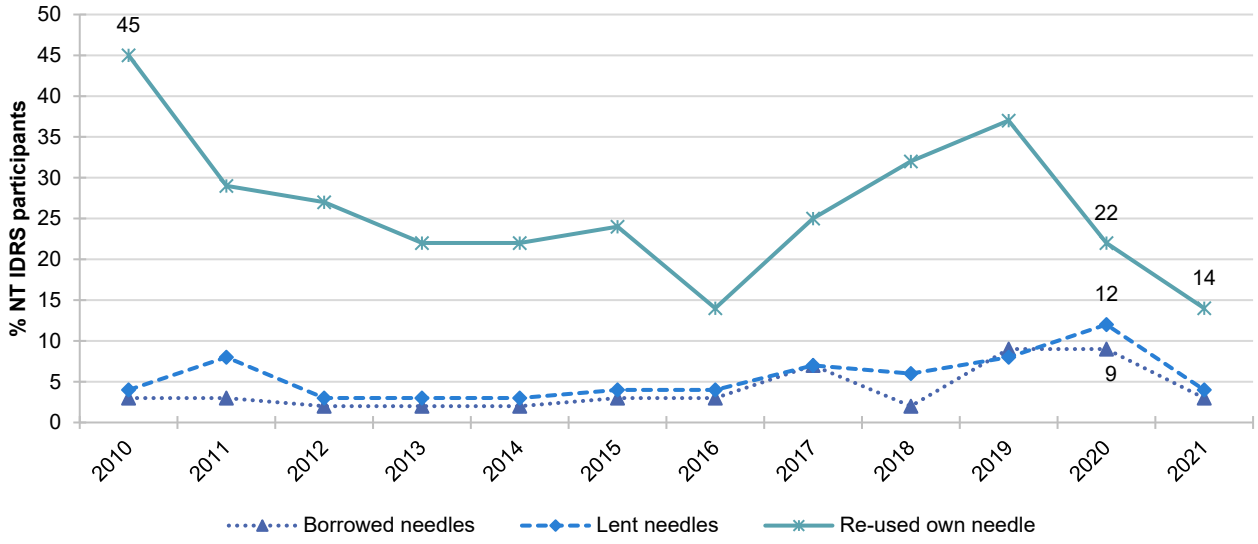
Injecting Risk Behaviours

In 2021, few participants (n≤5; 9% in 2020, p=0.198) reported receptive sharing and few participants (n≤5) reported distributive sharing (12% in 2020; p=0.131) in the month prior to interview (Table 5). Fourteen per cent (22% in 2020; p=0.243) had reused their own needle in 2021 (Figure 29).

Fourteen per cent reported that they had injected someone else after injecting themselves, a significant decrease from 28% in 2020 (p=0.032) and seven per cent were injected by someone else who had previously injected in the past month (18% in 2020, p=0.063) (Table 5). Sharing of other injecting equipment declined significantly from 27% in 2020 to n≤5 in 2021 (p<0.001).

Location of last injection significantly changed between 2020 and 2021 (p=0.018). As in previous years, the majority of participants (91%) had most recently injected in a private home, however this was a slight increase from 85% in 2020. An inverse decrease was observed in those who reported injecting on a street/park or beach (n≤5; 13% in 2020).

Figure 29: Sharing and reuse of needles in the past month, NT, 2010-2021



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Y axis reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally 2021, and NT, 2015-2021

	Northern Territory							National
	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99	2020 N=78	2021 N=94	2021 N=888
% Injecting behaviours past month								
% Borrowed a needle	-	-	7	-	9	9	**-**	**6**
% Lent a needle	-	-	7	-	8	12	**-**	**10**
% Shared any injecting equipment ^	22	22	25	16	-	27	**-*** **	18
% Reused own needle	24	14	25	32	37	22	**14**	**38**
% Injected partner/friend after injecting self~	/	26	41	34	30	28	**14***	**34**
% Somebody else injected them after injecting themselves~	/	18	20	16	21	18	**7**	**18**
% Location of last injection							*	
Private home	90	96	91	92	86	85	**91**	**83**
Street/car park/beach	-	-	-	-	-	13	**-**	**4**
Car	-	-	-	-	-	-	**-**	**4**
Public toilet	-	-	0	-	6	-	**0**	**4**
Other	-	0	0	0	-	0	**-**	**2**

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Self-Reported Injection-Related Health Problems

Few (n≤5) participants reported experiencing an injection-related health problem in the month prior to interview (Table 6). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 6: Injection-related issues in the past month, Northern Territory, 2020-2021

	2020 (N=78	2021 (N=94
% Artery injection	**-**	-
% Any nerve damage	**-**	0
% Any thrombosis	**-**	0
Blood clot	**-**	0
Deep vein thrombosis	**-**	0
% Infection/abscess	**-**	-
Skin abscess	**0**	-
Endocarditis	**-**	0
Osteomyelitis/Sepsis/Septic arthritis	**0**	0
% Dirty hit	**0**	-
% Any injection-related problem	**-**	-

Note. In 2020, 'sepsis' and osteomyelitis were combined. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Drug Treatment

Eleven per cent of participants reported that they were currently in any form of drug treatment for their substance use (8% in 2020, *p*=0.690), with methadone (6%) being the most commonly reported treatment.

A small number (n≤5) of participants reported that they had attempted but failed to access treatment for their methamphetamine use.

Few participants (n≤5) were able to comment on the services that they had tried to access, therefore, numbers have been suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Bloodborne Virus Testing and Treatment

In 2021, 27% of participants reported that they had received a Hepatitis C virus (HCV) antibody test in the past year (36% in 2020; *p*=0.251), 23% had received an RNA test (31% in 2020; *p*=0.347) and seven per cent reported having a current HCV infection (n≤5 in 2020). Seven per cent of the sample reported that they had received HCV treatment in the past year (13% in 2020; *p*=0.221). Few participants (n≤5) commented on the success of their treatment (Table 7).

The majority (59%) of participants reported having ever had a test for human immunodeficiency virus (HIV) (9% within the past six months; 50% more than six months ago), with the majority reporting that they had never received a positive diagnosis (98%) (Table 7).

Table 7: HCV and HIV Testing and Treatment, nationally (2021) and NT, 2020-2021

%	National 2021	Northern Territory 2021	Northern Territory 2020
	N=888	**N=94**	**N=78**
Past year Hepatitis C test (n)			
Past year hepatitis C antibody test	N=868 44	N=94 27	N=75 36
Past year hepatitis C PCR or RNA test	N=839 40	N=94 23	N=74 31
Current hepatitis C status (n)			
Currently have hepatitis C	N=826 9	N=91 7	N=74 -
Past year treatment for hepatitis C (n)			
Received treatment in past year	N=862 12	N=92 7	N=75 13
Most recent treatment was successful (among those who had received treatment in past year)	N=100 69	N=6 -	N=10 80
HIV test (n)	N=727	N=94	N=78
HIV test in past 6 months	31	N=94 9	/
HIV test more than 6 months ago	53	N=94 50	/
HIV status (n)	N=727	N=94	N=78
Lifetime HIV positive diagnosis	3	-	/

Note. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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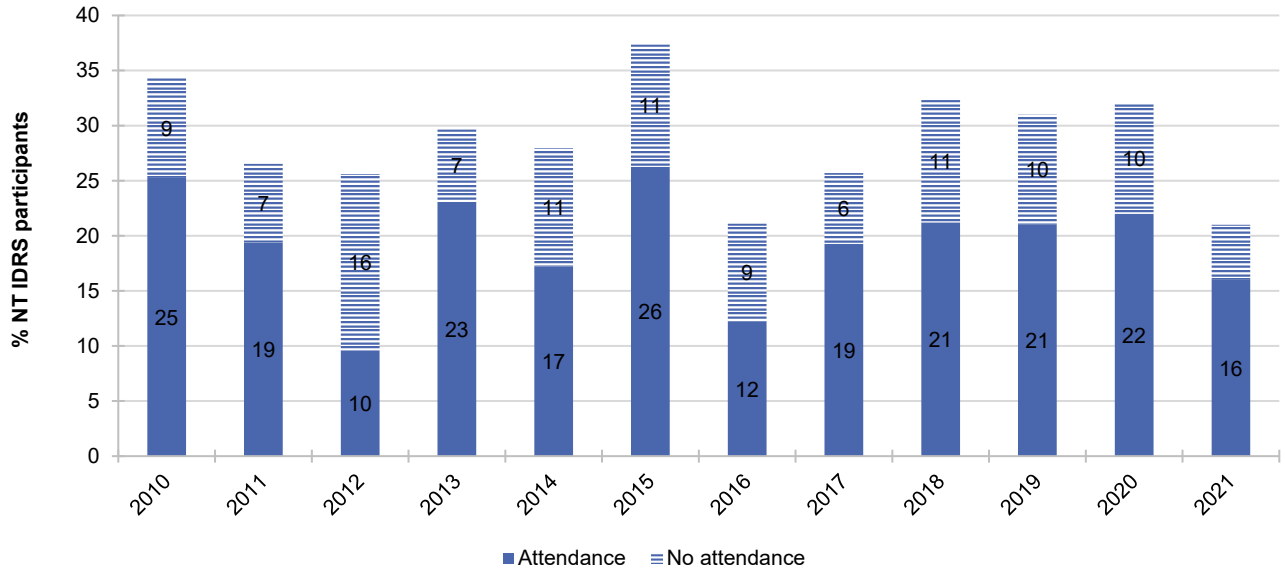
Mental Health

In 2021, 21% of the sample self-reported that they had experienced a mental health problem in the preceding six months (32% in 2020, p=0.139) (Figure 30). Amongst this group, the most commonly reported problems were depression (70%), anxiety (45%) and post-traumatic stress disorder (PTSD) (35%).

Sixteen per cent of the sample had seen a mental health professional during the past six months (75% of those who self-reported a mental health problem during the past six months, stable from 60% in 2020; p=0.458). Sixty-seven per cent of those who had seen a mental health professional reported that they had been prescribed medication for their mental health problem in the preceding six months, stable from 2020 (76%; p=0.825).

Figure 30: Recent self-reported mental health problems and treatment seeking, NT, 2010-2021



Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who have not. Data labels have been removed from figures with small cell size (i.e. n≤5). Y axis reduced to 40% to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 8: Self-reported recent mental health problems, NT, 2013-2021

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99	2020 N=78	2021 N=94
Depression	20	12	25	17	20	24	18	21	**15**
Manic depression	-	-	6	-	6	-	-	-	**0**
Anxiety	15	9	15	10	17	19	11	22	**10**
Panic	-	0	-	-	6	-	-	-	**0**
Paranoia	0	-	-	-	-	-	-	0	**-**
Personality disorder	0	0	-	0	-	-	0	0	**0**
Schizophrenia	7	-	7	-	5	-	8	-	**-**
Drug-induced psychosis	0	-	-	-	-	0	0	-	**-**
Post-traumatic stress disorder	-	-	-	-	-	-	-	9	**7**

Note. Computed out of the entire sample. - Values suppressed due to small cell size (n≤5 but not 0).

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Driving

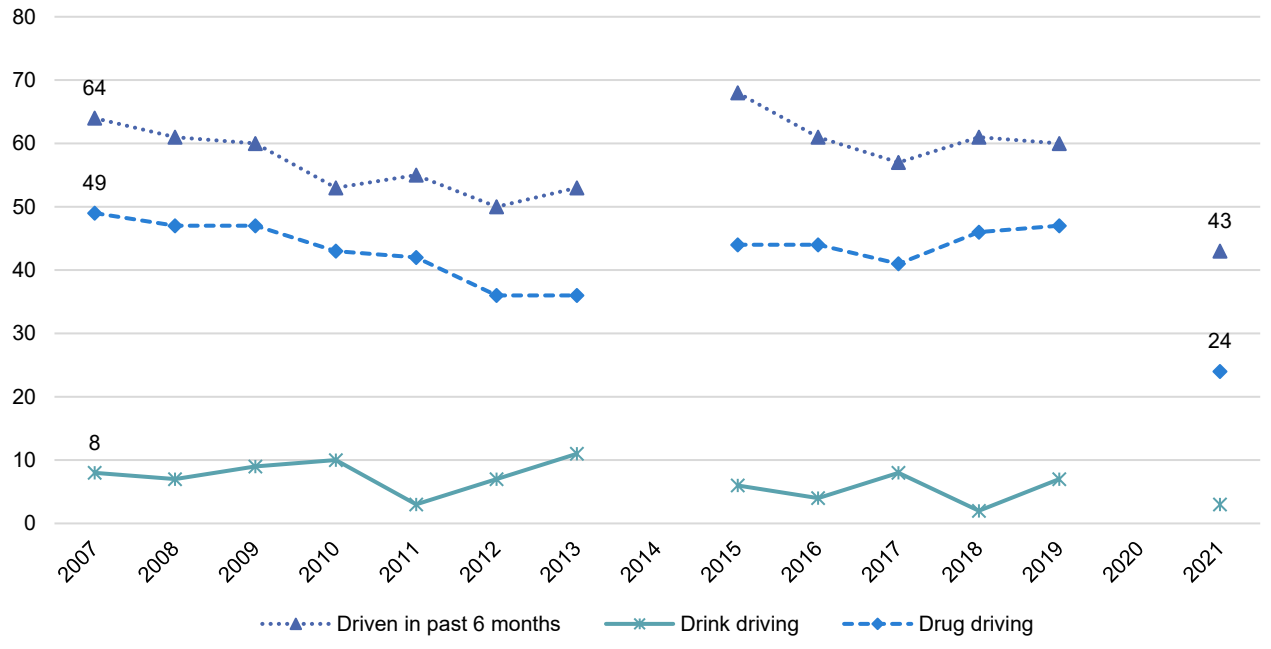
Forty-three per cent of the NT sample had driven a car, motorcycle or other vehicle in the last six months. Whilst few participants (n≤5) reported driving while over the perceived legal limit of alcohol, 24% reported driving within three hours of consuming an illicit drug in the last six months (58% of those who had driven recently) (Table 9) (Figure 31). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, the majority reported using crystal methamphetamine prior to driving (52%), followed by morphine (48%) and cannabis (35%). Almost one-tenth (9%) of the NT sample reported that they had been tested for drug driving by the police roadside drug testing service, and 11% reported being breath tested for alcohol by the police roadside testing service in the past six months.

Table 9: Participant reports of driving behaviour in the last six months, nationally and NT, 2021

	National N=875	2021 N=94
% Driven in last six months	36	**43**
% Driven over the legal alcohol limit in the last six months	(N=867) 4	**(N=93) -**
% Driven within three hours of consuming illicit drug(s) last six months	(N=871) 25	**(N=94) 24**
% Tested for drug driving by police roadside drug testing last six months	(N=872) 9	**(N=94) 9**
% Breath tested for alcohol by police roadside testing last six months	(N=874) 13	**(N=94) 11**

Note: Computed of the entire sample. Questions about driving behaviour were not asked in 2020. - Values suppressed due to small numbers (n≤5 but not 0).

Figure 31: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, NT, 2007-2021



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2007) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables.

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Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

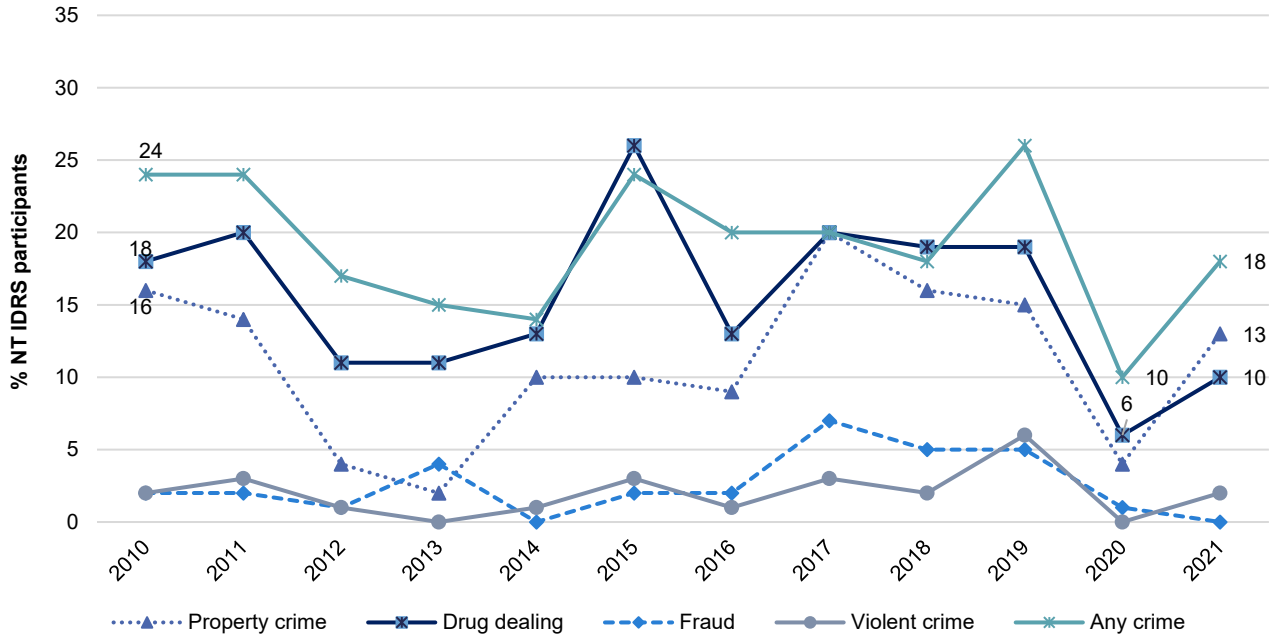
No participants reported that they had ever tested the contents of their illicit drugs in Australia. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Crime

Eighteen per cent (Figure 35) of the NT IDRS sample reported having committed at least one crime in the month prior to interview, stable from 10% in 2020 (p=0.230). Drug dealing (10%; 6% in 2020; p=0.652) and property crime (13%, n≤5 in 2020, p=0.077) remained the most commonly reported crimes. Few participants (n≤5; n≤5 in 2020) reported being the victim of a violent crime in the month before interview (p=0.787).

Fifteen per cent (Figure 36) of the sample had been arrested within 12 months of the interview (21% in 2020, p=0.421), while 55% (70% in 2020, p=0.068) reported having ever been in prison.

Figure 32: Self-reported criminal activity in the past month, NT, 2010-2021



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis reduced to 35% to improve visibility of trends. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.