

C. Moon

**NT DRUG TRENDS 2017
Findings from the
Illicit Drug Reporting System (IDRS)
Australian Drug Trends Series No. 188**

The IDRS Project is supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund

**Northern Territory
DRUG TRENDS
2017**



**Findings from the
Illicit Drug Reporting System
(IDRS)**

Chris Moon

Alcohol and Other Drugs Directorate
NT Department of Health

Australian Drug Trends Series No. 188

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- participating NT agencies and staff;
- the IDRS survey interviewers; and
- the NT Alcohol and Other Drugs Directorate team.

Abbreviations

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

PBS	Pharmaceutical Benefit Scheme
PWID	People who inject drugs
SPSS	Statistical Package for the Social Sciences
TBI	Traumatic Brain Injury
TGA	Therapeutic Goods Administration
SDS	Severity of Dependence Scale

Glossary of Terms

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

Guide to days of use/injection

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

1 EXECUTIVE SUMMARY

This report presents results from the 2017 survey of people who inject drugs (PWID) component of the Illicit Drug Reporting System (IDRS) results for the Northern Territory (NT). This is the fifteenth year this study has been conducted in the NT.

In 2017, the Illicit Drug Reporting System Project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The IDRS team would like to thank the Australian Government Department of Health for their continued assistance and support throughout the year.

Demographic characteristics of the survey respondents

As in previous years, the sample was predominantly (67%) male, heterosexual (91%) and either unemployed or on a pension (83%). The mean age was 42 years and seven percent reported full-time employment. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was 26%, similar to that found in previous years. Six percent identified as bisexual and 2% as gay or lesbian. Year 10 was again the mean for years of education although 53% reported some form of post-secondary education. Reported participation in treatment increased to 17% of the sample from 12% in 2016; 54% reported prior prison history.

Patterns of drug use

Morphine was the drug most often injected in the month prior to interview (56%) and the most recent drug injected (52%), followed by methamphetamine at 32% most often injected and 39% most recent injection. Reported crystal methamphetamine use in both categories declined this year following a consistent increase over the previous five years, replacing speed powder as the most-used form.

The most commonly used illicit drugs over the six months prior to interview in 2017 were morphine, at 68% of the sample, crystal methamphetamine, at 59% and cannabis, at 57%. Cannabis and morphine were used on a median of daily, while crystal methamphetamine was used on a median of 48 days in the previous six months, or roughly once every 2-3 days.

Recent injection of crystal methamphetamine ("ice") declined from 67% in 2016 to 57% this year.

Heroin

Recent heroin use and injection (12% each) increased compared to 2016, although this movement is within the variation seen in Heroin use from year to year. Heroin was reported to cost \$100 per cap, consistent with the prices found in previous years.

Methamphetamine

In 2016, 63% of survey participants reported use of some form of methamphetamine, on a median of 48 days, a decrease on the proportion found in 2016. This is accounted for by a decrease in the proportions of the sample reporting recent use and injection of crystal methamphetamine ('ice') and a decrease in the recent use of speed powder.

Among this group of recent methamphetamine users, ice has become unambiguously the most common form, while use of speed powder, base and liquid forms continues to be reported at historically low levels. The median point price of both speed powder and crystal

methamphetamine was stable at \$100. Speed powder and ice were reported to be readily available.

Cocaine

Recent use of cocaine increased from 4% in 2016 to 9% in 2017 (Table 7), while recent injection increased from 4% to 6%. In each case, while still relatively low, this is the highest proportion seen since 2010.

Cannabis

Seventy-two percent of participants reported use of cannabis over the preceding six months, on a median of daily, typical of the levels seen in previous years. This proportion is lower than that seen previously and is, for the first time, lower than the reported use of crystal methamphetamine.

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

Methadone

In 2017, 10% of the sample reported recent use of illicit methadone syrup and 9% recent illicit use of Physeptone tablets. A small number of respondents reported a median price of \$20 for a 10 milligram Physeptone tablet.

Morphine

Recent use and injection of morphine both declined to 68% in each case, with use on a median of daily and injection on a median of 132 days. Illicit morphine continued to be the form most often used over the six months before interview (73%) among recent users, with recent use of licit morphine relatively stable. MS Contin was again the brand most frequently used (74%) followed by Kapanol (15%). Daily use of illicit morphine in the previous six months increased to 34% of the sample from 20% in 2014.

MS Contin 100mg and Kapanol 100mg were the forms most frequently purchased by PWID, each with a median price of \$80. Morphine price and availability was reported to have been stable, with most PWID reporting that it was easy (58%) or very easy (23%) to obtain.

Oxycodone

Seventeen percent of respondents reported use of some form of oxycodone in the six months preceding the interview, a decline on the levels found in previous years. Recent use and injection of illicit oxycodone dropped to 14% and 12% respectively.

A small number of respondents was able to report a median price of \$65 for 80mg of the reformulated OP oxycodone.

Suboxone (buprenorphine naloxone)

Nine participants reported paying a median of \$15 for 2mg Suboxone film, while eight participants reported paying \$35 for 8mg Suboxone film. Of the nine participants able to comment on recent Suboxone price changes, 6 (67%) reported that it has been stable. Five out of the ten participants able to respond reported that Suboxone film was currently difficult to obtain, while five rated it as very easy or easy to obtain.

Other drugs

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

- Six percent of participants reported recent ecstasy use.
- Recent use and injection of hallucinogens declined compared to 2016.

- Any form of benzodiazepine (illicit and/or licit) was used by 29% of participants in the preceding six months, stable compared to 2016.
- Fifteen percent of participants had recently used illicit Alprazolam, with both use and injection increasing on 2016.
- Forty-four percent of participants reported use of alcohol in the preceding six months, and seventy percent of respondents reported daily use of tobacco.

Health

Recent overdose was rare. While about one in five of the sample had overdosed at least once in their lives, most commonly on heroin (23%), only a small proportion reported an overdose within 12 months of interview.

Sharing of injecting equipment rates were higher for some equipment than was the case in 2015: reuse of water and containers was reported by 21% of the sample. Three percent of respondents used a needle after someone else and 16% had reused their own needle at least once. Needles were sourced almost exclusively from a Needle and Syringe Program, 97%.

Except for spoons and containers, sharing of injecting equipment rates were higher than was the case in 2016. Using a needle before or after someone else increased to 7% of the sample. Twenty-five percent of the sample had reused their own needle, mostly once or twice in the previous six months. Needles were sourced almost exclusively from a Needle and Syringe Program, 93%, with the proportion using vending machines increasing from 1% to 9%.

The proportion of respondents reporting all injection-related problems increased, although the pattern of injection related problems was similar to previous years, with scarring/bruising and difficulty injecting the most common.

Seventeen percent of the sample reported current treatment (12% in 2016). Twelve percent of the sample were unable to access immediate services in the previous six months. Access to treatment was rated as difficult/very difficult by four out of ten of participants while 31% rated it as easy or very easy.

About one-third of the sample, (35%) recorded an AUDIT-C score indicating further assessment was required, with no difference between genders. Thirty-six percent of the sample recorded a Severity of Dependence Scale (SDS) score indicative of stimulant dependence, 97% of this group associating their answers with a methamphetamine. Seventy-one percent of recent opioid users recorded an SDS score indicative of dependence, mostly (88%) attributable to morphine. Twenty-seven percent of participants reported having experienced a mental health problem in the previous six months.

Law enforcement and criminal behaviour

Twenty percent of the sample had been arrested in the preceding 12 months and thirty-five percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing or property crime.

1 INTRODUCTION

This report presents the results of the 2016 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT).

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

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

In the NT, a partial IDRS, not including the participants' survey, was conducted by the then Territory Health Services (now NT Department of Health) in 1999. In 2000 and 2001, the full methodology was conducted through the Northern Territory University (now Charles Darwin University). From 2002 to 2016, the full IDRS has been conducted by the NT Department of Health. Reports of these studies are available to download from the NDARC website. In 2017, the participant's survey was conducted, but not the Key expert survey nor the secondary data collection

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

1.1 Study aims

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

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

2 METHOD

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

In previous the IDRS uses three types of data: a survey of people who inject drugs (PWID), a survey of Key Experts and the collection of secondary data. In 2017 only the PWID survey was conducted.

2.1 Survey of people who inject drugs (PWID)

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

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

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

In the NT, interviews were conducted in Darwin and Palmerston in June 2017 with 109 people meeting the criteria mentioned above. Participants were recruited through fliers posted at the Needle and Syringe Programs (NSP) and through word of mouth. The interviews were conducted by trained interviewers. Interviews were conducted at the Darwin and Palmerston NSP.

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

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

Data analysis was conducted using (SPSS) for Windows Version 25.0.

3 DEMOGRAPHICS

3.1 Overview of the participant sample

Key Points

- A total of 109 participants were interviewed for the 2017 NT IDRS survey.
- The mean age was 45 years (range 25 to 66 years).
- Sixty-two percent were male.
- The majority were unemployed or on a pension.
- Seventeen percent were currently in drug treatment.
- Fifty-four percent had a prison history.

As in previous years, the sample was predominantly (67%, Table 1) male, heterosexual (91%) and either unemployed or on a pension (83%). The mean age was 42 years and seven percent reported full-time employment. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was 26%, similar to that found in previous years. Six percent identified as bisexual and 2% as gay or lesbian. Year 10 was again the mean for years of education although 53% reported some form of post-secondary education. Reported participation in treatment increased to 17% of the sample from 12% in 2016; 54% reported prior prison history.

Table 1: Demographic characteristics of the PWID sample, 2012-2016

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Age – mean years (range)	40 (21-60)	44 (23-63)	43 (20-64)	46 (20-63)	45 (25-66)
Sex (% male)	65	71	64	67	62
Aboriginal and/or Torres Strait Islander (%)	21	20	33	31	26
Heterosexual (%)	87	87	91	90	91
Bisexual (%)	10	8	6	7	6
Gay or lesbian (%)	1	3	2	3	2
Other (%)	2	2	1	0	2
School education – mean no. years (range)	10 (0-12)	10 (4-12)	10 (4-12)	10 (6-12)	10 (3-12)
Tertiary education (%)					
None	45	52	52	48	47
Trade/technical	35	36	32	40	34
University/college	18	13	16	12	20
Employment (%)					
Not employed/on a pension	79	77	84	91	83
Full time	7	14	8	4	7
Part time/casual	11	8	7	4	7
Other	2	0	0	0	3
Prison history (%)	57	44	54	51	54
Currently in drug treatment (%)	13	17	23	12	17

Source: IDRS participant interviews

Participants were mostly single (60%), receiving a pension, allowance or other benefit (89%), and lived in rented accommodation (69%).

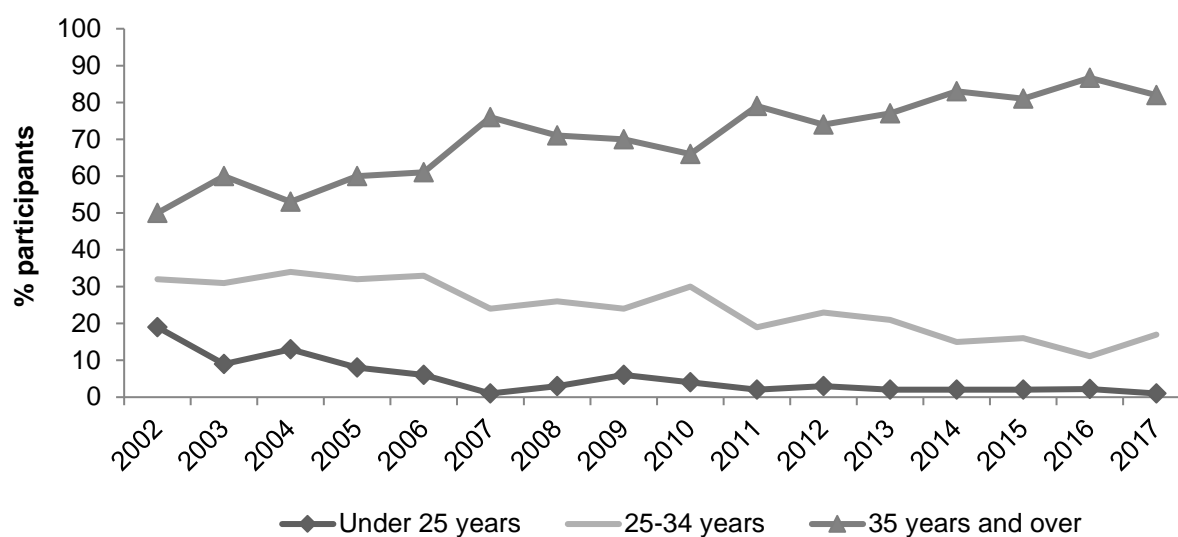
Table 2: Achieved characteristics of the PWID sample, 2016-2017.

	2016 N=90	2017 N=109
Source of income last month (%)		
Wage or salary	10	14
Government pension, allowance or benefit	93	89
Criminal activity	0	5
Child support	1	1
Sex work	1	3
No income	1	1
Median weekly income (range)	382 (0-1,000)	350 (150-8,000)
Relationship status (%)		
Married/defacto/regular partner	33	29
Single	61	60
Other	6	11
Accommodation type		
Own house or flat	1	4
Rented house or flat (inc. public housing)	76	69
Parent's/family house	3	5
Boarding house/hostel	4	4
Homeless/no fixed address	14	13
Shelter/refuge	-	4
Other	1	1

Source: IDRS participant interviews

The proportion of IDRS participants aged 35 years and older has increased over time (Figure 1), although declining slightly this year compared to 2016. IN 2017 only one participant was aged 25 years old or younger.

Figure 1: Age distribution of participants in the NT IDRS samples, 2002-2017



Source: IDRS participant interviews

4 CONSUMPTION PATTERNS

4.1 Current drug use

Key Points

- The mean age of first injection was 23 years, with most participants reporting an amphetamine as the first drug injected.
- Morphine was the main drug of choice, followed by crystal methamphetamine.
- Morphine was the drug injected most often in the last month, as well as the most recent drug injected.
- Most participants injected drugs at least once per day.
- Polydrug use remained common.

The mean age of first injection this year was 24 years (Table 3) approximately the average for the last 5 years. Fifty-five percent of the sample identified amphetamines as the drug first injected, while 24% identified heroin and 18% morphine

Morphine (38%) was the most frequently reported drug of choice, followed by methamphetamine (30%). The popularity of crystal methamphetamine increased for the fourth year in a row, albeit by only one percentage point.

Morphine was again the drug most often injected in the past month (56%) and the most recent drug injected (52%), followed in each case by methamphetamine, 32% and 39% respectively. Crystal methamphetamine use in both categories has increased over the last five years, replacing speed powder as the most used form.

The pattern of injecting frequency in the previous month shows a similar pattern to previous years, although the proportion injecting at least daily declined from 68% in 2016 to 58% this year.

Table 3: Injection history, drug preferences and polydrug use, 2013-2017

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Age first injection – mean years (range)	20 (12-45)	22 (10-45)	22 (6-45)	23 (12-45)	23 (6-53)
First drug injected (%)					
Heroin	25	20	28	23	24
Amphetamines	67	48	53	59	55
Cocaine	0	1	1	0	2
Morphine	3	22	11	12	18
Drug of choice (%)					
Heroin	43	28	33	22	14
Morphine	26	48	41	34	38
Cocaine	0	4	0	1	1
Methamphetamine (any form)	18	12	15	26	30
<i>Speed</i>	14	8	9	9	12
<i>Base</i>	0	0	0	0	0
<i>Crystal methamphetamine</i>	3	4	6	17	18
Cannabis	2	1	2	7	7
Drug injected most often in last month (%)					
Heroin	1	1	4	0	1
Cocaine	0	0	1	0	0
Methamphetamine (any form)	19	14	25	35	32
<i>Speed</i>	15	5	7	4	9
<i>Base</i>	0	0	0	0	0
<i>Crystal methamphetamine</i>	3	9	18	31	23
Morphine	73	79	58	59	56
Suboxone			8	0	0
Oxycodone			1	1	2
Most recent drug injected (%)					
Heroin	0	1	3	1	1
Cocaine	0	0	1	0	0
Methamphetamine (any form)	20	15	25	33	39
<i>Speed</i>	15	5	7	3	12
<i>Base</i>	0	0	0	0	0
<i>Crystal methamphetamine</i>	4	10	18	30	27
Morphine	71	72	60	58	52
Suboxone			7	0	0
Oxycodone			1	1	2
Frequency of injecting in last month (%)					
Not injected in last month	2	0	1	0	3
Weekly or less	23	17	20	19	25
More than weekly, but less than daily	16	16	14	14	15
Once per day	28	34	21	26	27
2-3 times a day	30	31	37	36	30
>3 times a day	1	1	6	6	1

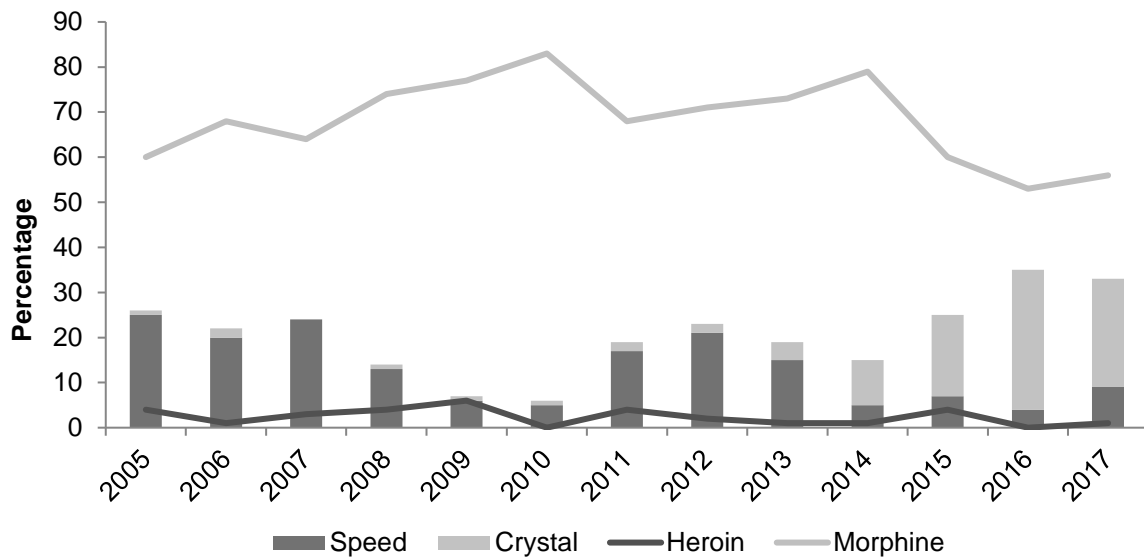
Source: IDRS participant interviews

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

Figure 2 shows the proportions of PWID reporting selected drugs as the most often injected in the last month since 2005. All the drug types have fluctuated over time, with heroin being consistently the least reported (average=2%) and morphine the most (average=68%). Methamphetamine use has fluctuated around an average of approximately 20%, with the form of methamphetamine most used in the last month changing notably over the last four years,

from speed powder to crystal. The increased use of crystal methamphetamine seen since 2014 coincides with a decline in the proportion injecting morphine.

Figure 2: Drug injected most last month, 2005-2017



Source: IDRS participant interviews

Polydrug use histories and routes of administration are shown in Table 4. The most commonly used illicit drug in 2017 was Morphine, at 68% of the sample, a decline on the 76% found in 2016. Sixty-three percent of the sample had used some form of methamphetamine in the six months prior to interview, primarily crystal methamphetamine: 59% on a median of 48 days.

Cannabis was used by fifty-seven percent of the sample and tobacco by 70%, both on a median of 180 days, i.e. daily. Recent use of Alprazolam was stable, while recent illicit use of other benzodiazepines increased from 9% of the sample in 2016 to 16% this year.

Note that participants were also asked about their use of Tapentadol and drugs that mimic opioids, ecstasy or psychedelics, but no recent use was reported.

Table 4: Polydrug use history of the participant sample, 2017

Drug class	Used			Injected			Other recent ROA		
	Ever ¹	Recent ²	Days ³	Ever	Recent	Days	Smoked	Snorted	Swallowed
Heroin	62	12	48	60	12	67	0	0	0
Homebake heroin	25	1	2	24	1	2	0	0	0
Any heroin (inc. homebake)	62	14	36	60	13	62	0	0	0
Methadone (prescribed)	18	0	0	9	0	0			0
Methadone (not prescribed)	27	9	24	22	8	22			1
Physeptone (prescribed)	7	3	94	6	3	94	0	0	0
Physeptone (not prescribed)	34	13	4	31	13	13	0	0	0
Any methadone (inc. Physeptone)	50	18	12	37	17	29	0	0	1
Subutex (prescribed)	25	3	56	11	1	12	0	0	2
Subutex (not prescribed)	15	1	12	12	1	12	0	0	0
Any form Subutex	31	3	56	17	1	12	0	0	2
Suboxone film (prescribed)	23	11	90	8	2	42	0	0	9
Suboxone film (not prescribed)	27	9	5	13	5	75	5	0	0
Any suboxone	40	17	90	16	6	75	5	0	9
Morphine (prescribed)	40	26	180	38	25	136	0	0	6
Morphine (not prescribed)	70	59	108	70	59	109	0	0	4
Any morphine	79	68	180	79	68	132			6
Generic oxycodone licit	11	2	3	8	1	-	0	0	1
Generic oxycodone illicit	23	4	6	22	4	9	0	0	0
OP Oxycodone licit	7	3	30	6	2	51	0	0	1
OP Oxycodone illicit	28	10	13	26	8	27	0	0	2
OP Oxycodone any	30	12		27	9				
Other Oxycodone licit	5	0	0	4	0	0	0	0	0
Other Oxycodone Illicit	20	2	1	20	2	1	2	0	0
Other Oxycodone any	21	2		20	2				
Any Oxycodone	49	17		43	13				
Fentanyl	34	6	2	26	5	38	0	0	0
OTC codeine	23	10	16	6	1	7	0	0	8
Other opioids (not elsewhere classified)	55	23	7	4	0	0	0	0	23

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

Source: IDRS participant interviews

Table 4 continued: Polydrug use history of the participant sample, 2017

Drug class	Used			Injected			Other recent ROA		
	Ever ¹	Recent ²	Days ³	Ever	Recent	Days	Smoked	Snorted	Swallowed
Speed	66	18	7	65	17	27	2	2	1
Base/point/wax	21	6	2	20	6	2	1	0	0
Ice/shabu/crystal	72	59	48	70	57	58	9	3	2
Amphetamine liquid	14	4	2	14	4	8			4
Any form methamphetamine ⁴	79	63	48	79	62	57			
Pharmaceutical stimulants (prescribed)	6	0	-	1	0	-	0	0	0
Pharmaceutical stimulants (not prescribed)	18	6	6	14	6	9	0	0	2
Any form pharmaceutical stimulants	23	6	6	14	6	9	0	0	2
Cocaine	48	8	3	29	6	8	1	3	1
Hallucinogens	44	6	3	9	1	20	1	0	5
Ecstasy	49	6	4	19	0	-	0	0	6
Alprazolam (prescribed)	21	6	20	10	5	20	0	0	2
Alprazolam (not prescribed)	37	15	10	22	9	23	0	0	6
Other benzodiazepines (prescribed)	25	6	59	2	0	-	0	0	6
Other benzodiazepines (not prescribed)	28	16	5	4	2	30	0	0	14
Any form any benzodiazepines	56	29	15	25	12	28			
Seroquel (prescribed)	12	6	180	2	0	-	0	0	6
Seroquel (not prescribed)	20	6	21	2	0	-	0	0	6
Any form Seroquel	32	12	30	4	0	-			
Steroids	6	5	3	4	3	2	0	0	2
Alcohol	74	44	48	5	0	-			42
Cannabis	76	57	180						
Inhalants	16	1	10						
Tobacco	79	70	180						
e-cigarette	29	6	7						
NPS	5	2	11	2	1	2	0	1	0
Synthetic cannabis	17	3	4	0	0	-	3	0	0

1 Includes injection, smoking, snorted, ingested. 2 Within six months of interview. 3 Median days of use in the last six months 4 Category includes speed, base, ice/crystal and amphetamine liquid. Does not include pharmaceutical stimulants

Source: IDRS participant interviews

4.2 Heroin

Key Points

- Twelve percent of participants had used and injected heroin in the preceding six months.
- Heroin powder was the form most used.
- The median number of days of use and frequency of use both increased in 2017 compared to recent years.

Heroin use and injection increased compared to 2016, from 7% each to 12% (Table 5), similar to the proportion found in some previous years. The median days of use and injection increased for the second year running.

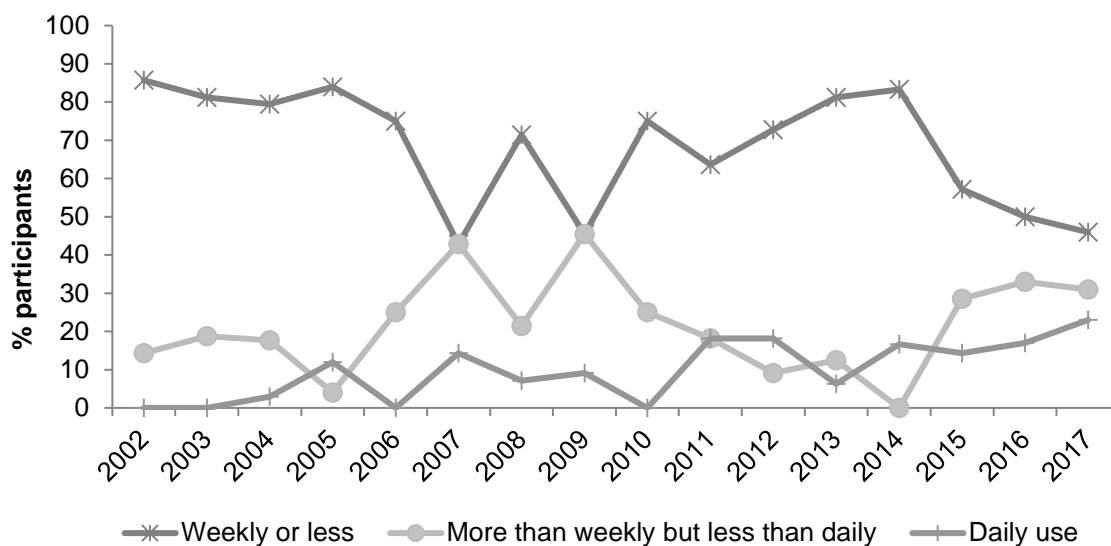
Table 5: Selected trends in participant heroin use, 2010-2017

	2010 N=99	2011 N=98	2012 N=124	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Used last 6 months (%)	5	9	11	17	7	16	7	12
Injected last 6 months (%)	5	9	11	17	7	16	7	12
Days used last 6 months (median)	4	21	5	3	11	15	28	48
Days injected last 6 months (median)	4	21	5	3	11	15	28	67

Source: IDRS participant interviews

Over time (Figure 3), the pattern of recent heroin use has fluctuated, although a frequency of weekly or less has been consistently the most common. The proportion of recent users with a frequency of more than weekly or daily use have increased since 2014.

Figure 3: Frequency of use among those used in the last six months, 2002-2017.



Source: IDRS participant interviews

White rock (5%, Table 6) and white powder were the main forms of heroin used in the previous six months, with the proportion using homebake stable at a low level.

Table 6: Forms of heroin used in previous six months by participants, 2012-2017

	2012 N=124		2013 N=91		2014 N=93		2015 N=99		2016 N=90		2017 N=109	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder												
white/off-white	11	7	5	4	3	3	7	5	2	2	6	5
brown	0	0	4	0	0	0	1	1	1	1	0	0
other colour	0	0	0	1	0	0	0	0	0	0	0	0
Rock												
white/off white	4	4	4	4	1	1	4	4	3	3	5	5
brown	0	0	7	6	2	2	4	4	0	0	4	2
other colour	0	0	0	1	0	0	0	0	0	0	0	0
Homebake	1	1	4	0	0	0	2	0	7	0	1	1

Source: IDRS participant interviews

4.3 Methamphetamine

Key Points

- Six out of ten survey participants reported using some form of methamphetamine in the preceding six months, on a median of 48 days.
- Injecting remained the main route of administration.
- Recent use of crystal methamphetamine continues to exceed that of speed powder.

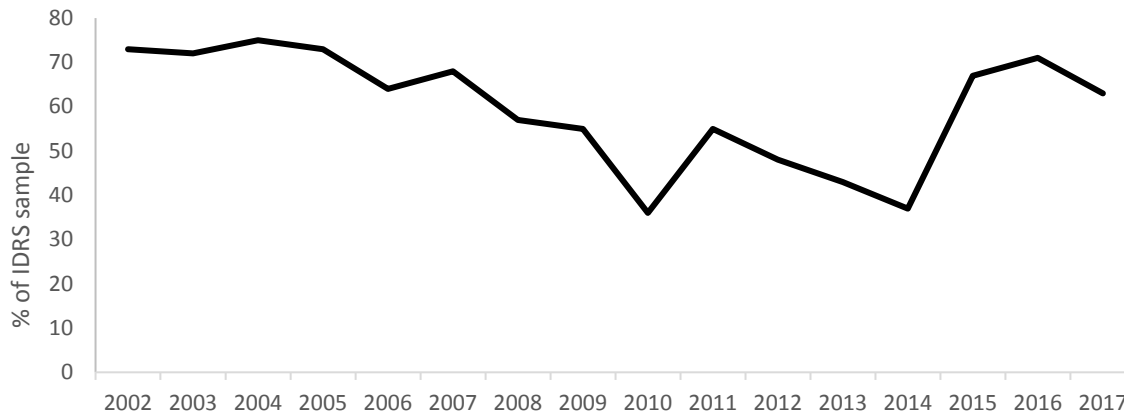
In 2016, 63% (Table 4) of participants reported recent use of some form of methamphetamine, on a median of 48 days, a decrease on the results found in 2016 (71%).

This change is accounted for by a decrease in the proportions of the sample reporting recent use and injection of crystal methamphetamine ('ice'). Recent use of crystal dropped from 69% (Table 4) in 2016 to 59% this year. Recent use of speed powder also declined, from 25% to 18% at 25%.

Injecting continues to be the main route of administration for all forms of methamphetamine in this sample. Recent smoking of ice declined to 9% (19% in 2016) and is lower than historical levels (18% in 2011).

Figure 4 shows that over time, recent use of any form of methamphetamine among the IDRS samples declines between 2002 and 2014, increasing more recently to levels seen in the mid-2000's, with a decline into 2017.

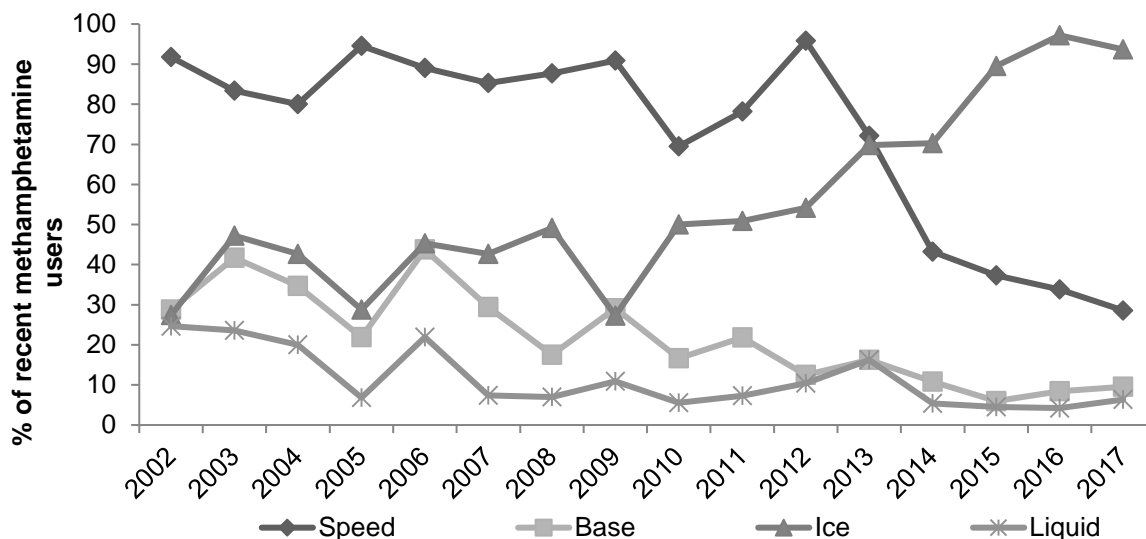
Figure 4: Recent use of any form of methamphetamine, 2002-2017



Source: IDRS participant interviews

Among those who had used any form of methamphetamine in the six months prior to interview, speed powder was the most commonly used form used until 2012, since decreasing (Figure 5). The proportion of recent users of methamphetamine using crystal has steadily increased since 2009, passing the level of speed powder use in 2014 and remaining higher this year. Recent use of the base and liquid forms of methamphetamine have declined to low levels.

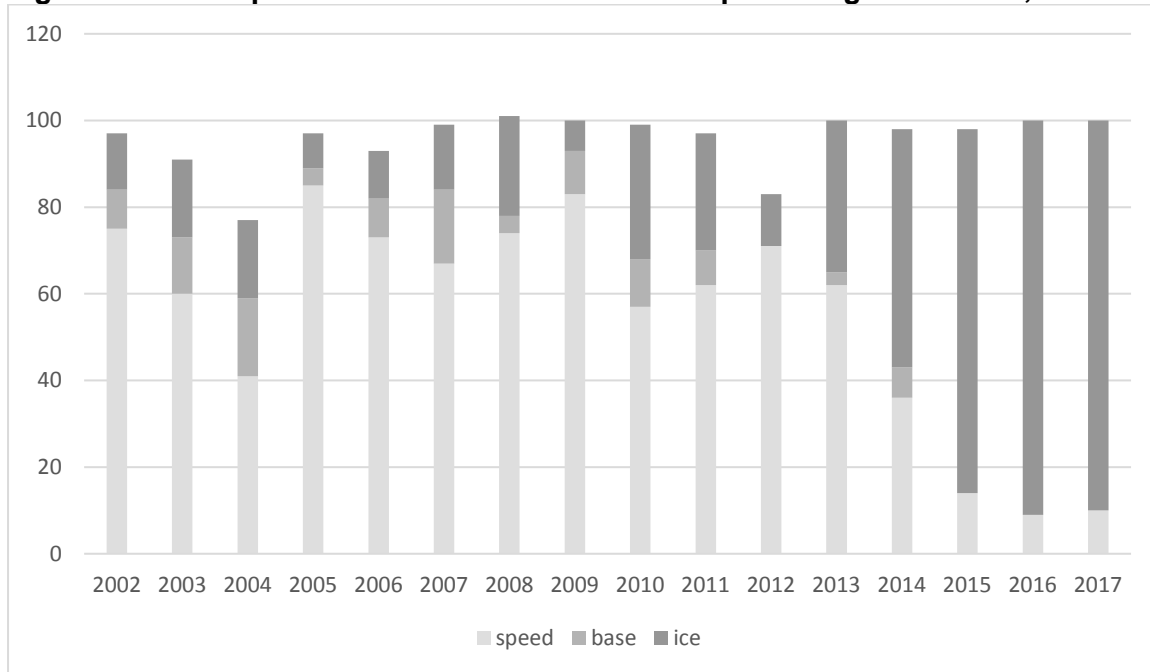
Figure 5: Methamphetamine use in the past six months among recent users, 2002-2017



Source: IDRS participant interviews

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

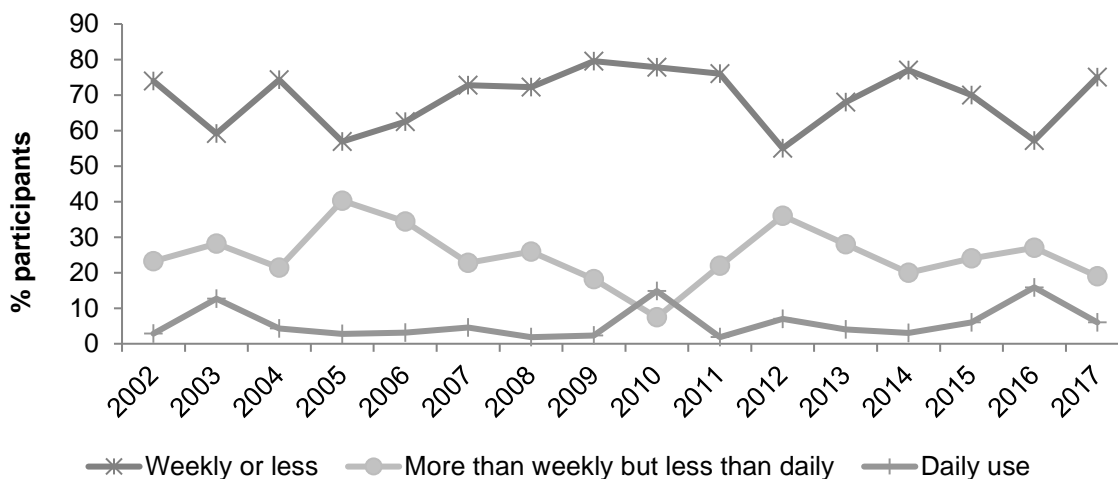
Figure 6: Methamphetamine form most used in the preceding six months, 2002-2017



Source: IDRS participant interviews

A pattern of more than weekly and daily use among the IDRS sample declined this year, while weekly or less use increased, Figure 7.

Figure 7: Methamphetamine use among recent users (any form), 2002-2017



Source: IDRS participant interviews

Note: Data prior to 2005 also include prescription stimulants

4.4 Cocaine

Key Points

- Reports of recent cocaine use increased this year, although remaining relatively low.

Recent use of cocaine increased from 4% in 2016 to 9% in 2017 (Table 7), while recent injection increased from 4% to 6%. In each case, this is the highest proportion seen since 2010.

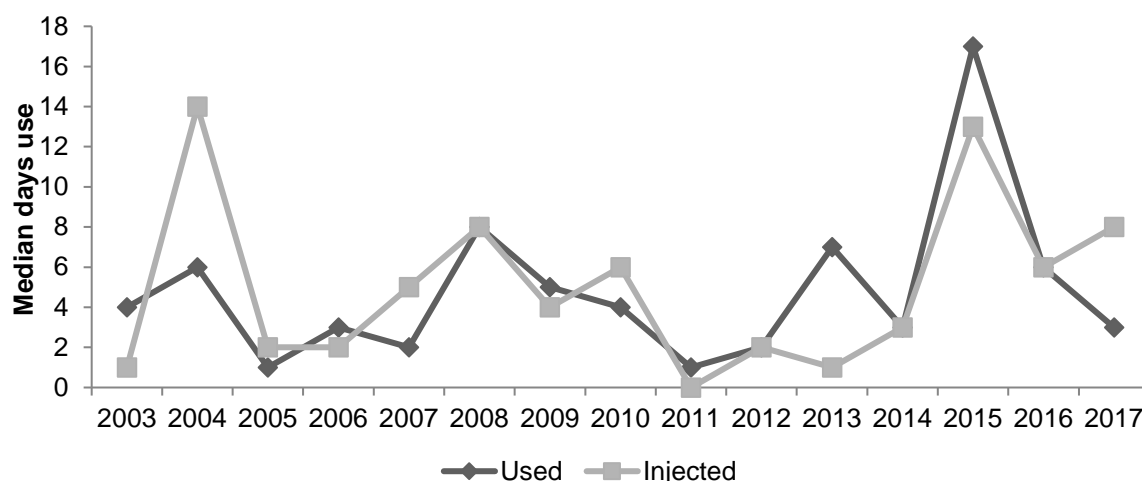
Table 7: Selected trends in participants' cocaine use, 2010-2017

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Used last 6 months (%)	4	1	4	7	2	4	4	9
Injected last 6 months (%)	4	0	2	3	2	4	4	6
Days used last 6 months (median)	6	1	2	7	3	17	6	3
Days injected last 6 months (median)	6	0	2	1	3	13	6	8

Source: IDRS participant interviews

Figure 8 shows that cocaine use and injection in Darwin has fluctuated over time.

Figure 8: Median days cocaine use in the past six months, 2003-2017.



Source: IDRS participant interviews

Cocaine powder was the form used most often in 2016 (Table 8), like the pattern seen in previous years.

Table 8: Forms of cocaine used previous six months, % participants, 2011-2017

	2011 N=98		2012 N=125		2013 N=91		2014 N=93		2015 N=99		2016 N=90		2017 N=109	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	1	1	3	2	6	6	2	1	4	3	3	2	7	6
Rock	0	0	0	2	2	1	1	0	1	1	2	1	2	1
Crack	0	0	1	1	1	0	1	1	1	0	0	0	1	0

Source: IDRS participant interviews

4.5 Cannabis

Key Points

- Fifty-seven percent of participants had used cannabis in the preceding six months.
- Cannabis was smoked by participants on a median of daily.
- Hydroponically grown cannabis (hydro) continued to be the form most commonly used, followed by bush cannabis.
- Participants described the cannabis market, in terms of availability and price, as stable.

Fifty-seven percent of participants reported use of cannabis over the preceding six months, on a median of 180 days (i.e. daily, Table 9), the lowest proportion of recent use seen since 2009.

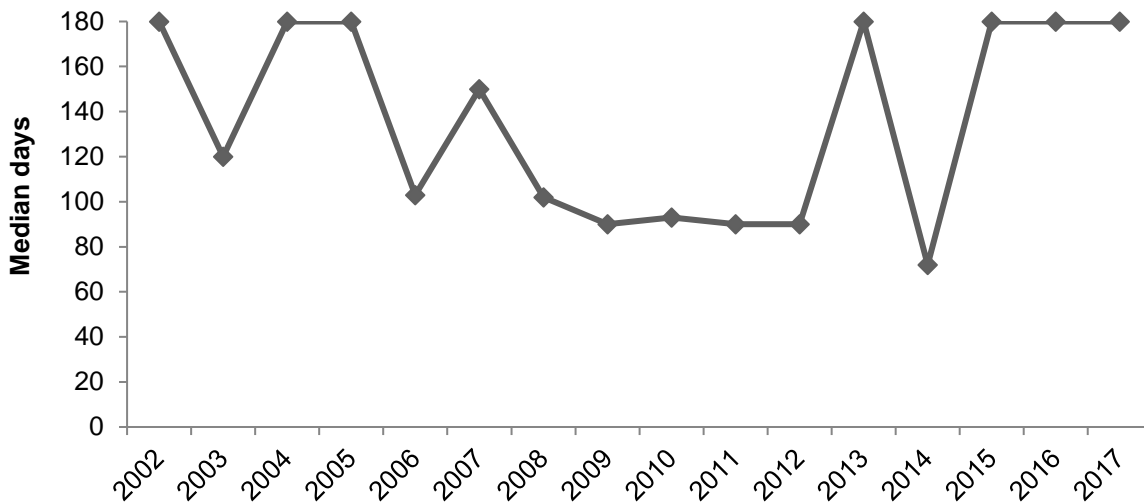
Table 9: Selected trends in participants' cannabis use, 2009-2017

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Used last 6 months (%)	78	72	71	71	67	62	72	72	57
Days used last 6 months (median)	90	93	90	90	180	72	180	180	180

Source: IDRS participant interviews

Figure 9 illustrates that the median number of days of recent use of cannabis has remained stable since 2015.

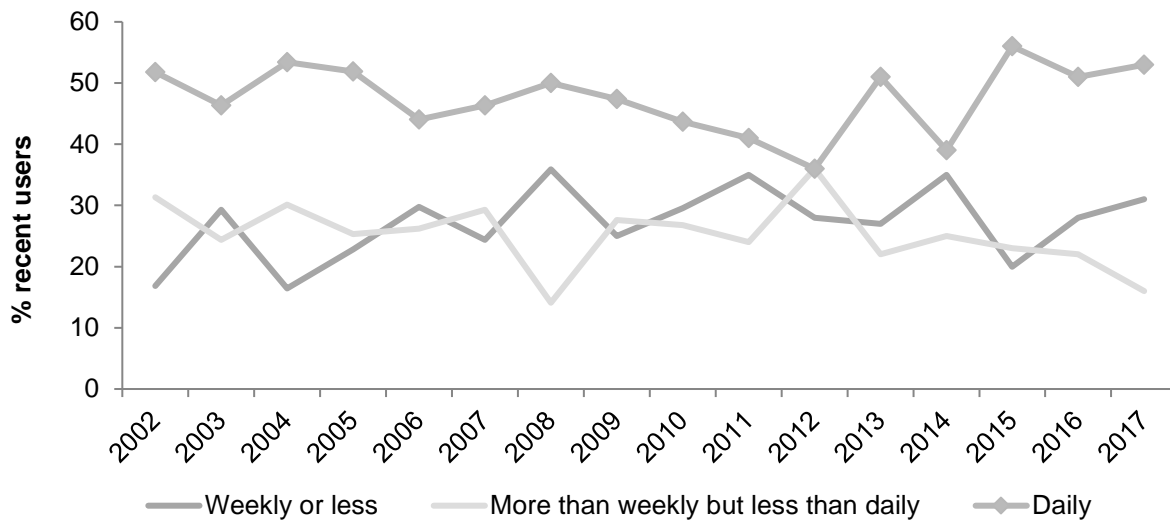
Figure 9: Median number of days of cannabis use in the past six months, 2002-2017



Source: IDRS participant interviews

Over the period shown in Figure 10, daily use of cannabis was in decline until 2012, showing a fluctuating increase since then.

Figure 10: Patterns of cannabis use by recent users, 2002-2017



Source: IDRS participant interviews

As in previous years, hydroponic cannabis was the form most commonly and most often used (Table 10). Hash and hash oil were used by small proportions of the sample

Table 10: Forms of cannabis used* previous six months and main form^, 2011-2017

	2011 N=98		2012 N=125		2013 N=91		2014 N=93		2015 N=99		2016 N=90		2017 N=109	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Hydro	62	88	66	73	63	88	57	89	68	92	67	66	52	87
Bush	21	11	29	10	24	12	30	11	31	9	22	6	21	13
Hash	9	2	3	0	7	0	3	0	9	0	7	1	4	0
Hash oil	5	0	2	0	2	0	1	0	4	0	3	0	4	0

Source: IDRS participant interviews

* % of entire sample ^ % recent use; some recent users responded 'don't know'.

4.6 Other opioids

Key Points

- Morphine remained the opioid most frequently used by participants, with 68% having used some form of morphine in the preceding six months, on a median of 180 days.
- MS Contin continued to be the brand most often used.
- In the six months before interview, illicitly obtained Physeptone was used by 9% of participants and illicitly obtained Oxycodone was used by 17% of participants.
- Illicit use of Subutex declined markedly among the sample.
- Over-the-counter (OTC) codeine was used by 10% of participants in the preceding six months.

4.6.1 Methadone

In 2017, ten percent reported recent use of illicit methadone liquid in the preceding six months, increased from 3% in 2016 (Table 11). Fourteen percent of the sample reported recent illicit Physeptone use, also an increase on 2016 and a reversal of a longer-term decline.

Table 11: Forms of methadone used previous six months, 2011-2017 (%)

	2011 N=98		2012 N=125		2013 N=913		2014 N=93		2015 N=99		2016 N=90		2017 N=109	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Methadone														
Licit	3	2	4	2	4	4	5	5	13	13	6	6	0	0
Illicit	11	5	11	11	10	6	0	0	6	3	3	2	10	7
Physeptone														
Licit	5	5	2	1	4	3	7	3	3	1	2	2	3	1
Illicit	27	20	19	14	7	4	16	13	13	12	11	4	14	9

Source: IDRS participant interviews

For illicit Physeptone tablets, among those with any recent use, a pattern of weekly or less use was again the most common frequency reported (Table 12).

Table 12: Frequency of illicit methadone use in previous six months, 2008-2016 (%)

	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Illicit methadone syrup										
No recent use	78	86	92	88	90	91	100	94	95	91
Weekly or less	18	11	7	7	9	6	-	6	3	6
More than weekly	3	1	1	2	1	2	-	0	0	3
Daily	1	1	0	0	1	1	-	0	0	0
Illicit physeptone										
No recent use	70	79	75	74	81	94	85	87	89	88
Weekly or less	27	17	18	26	18	6	12	13	11	10
More than weekly	2	2	6	0	1	0	2	0	0	2
Daily	1	1	1	0	1	0	1	0	0	0

Source: IDRS participant interviews

4.6.2 Morphine

Recent use and injection of morphine both declined, to 68% each (Table 13) of the sample respectively, while median days of use remained stable at daily and median days of injection dropped.

Table 13: Selected trends in participants' morphine use, 2009-2017

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Used last 6 months (%)	70	91	81	77	80	85	73	76	68
Injected last 6 months (%)	70	91	78	74	78	84	72	76	68
Days used last 6 months (median)	180	180	180	180	105	180	180	180	180
Days injected last 6 months (median)	120	155	180	180	120	180	178	180	132

Source: IDRS participant interviews

Illicit morphine continued to be the form most often used over the six months before interview (73%, Table 14) with recent use of licit morphine relatively stable. MS Contin was again the brand most frequently used (75%) followed by Kapanol (18%).

Table 14: Forms and brands of morphine used previous six months, 2011-2017

	2011 N=98		2012 N=125		2013 N=91		2014 N=93		2015 N=99		2016 N=90		2017 N=109	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	28	18	23	18	21	17	23	18	24	31	22	31	26	27
Illicit	73	60	68	57	74	57	77	60	69	67	71	68	59	73
Brand*														
MS Contin	79		75		73		77		81		74		75	
Kapanol	13		16		19		22		11		15		18	
Anamorph	0		0		0		0		0		2		0	
Other/generic	3		1		0		1		1		9		7	

Source: IDRS participant interviews

Daily use of illicit morphine in the previous six months declined to 27% (Table 15) of the sample from 34% in 2016.

Table 15: Frequency of morphine use in previous six months, 2014-2017

	2014 N=93			2015 N=99			2016 N=90			2017 N=109		
	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit
No recent use	16	20	70	28	32	76	17	29	78	32	40	75
Weekly or less	14	15	3	18	22	2	6	9	0	13	13	4
More than weekly	18	28	8	15	25	2	25	18	6	13	20	5
Daily	53	36	19	38	20	19	52	34	16	42	27	16

Source: IDRS participant interviews

4.6.3 Oxycodone

Seventeen percent (Table 16) of respondents reported use of some form of oxycodone in the six months preceding the interview, slightly lower than the levels found in previous years. Recent use and injection of illicit oxycodone was reported by 14% and 12% of the sample respectively.

Table 16: Selected trends in participants' recent oxycodone use, 2014-2017 (%)

	2014 N=93			2015 N=99			2016 N=90			2017 N=109		
	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any
Used last 6 months	3	22	24	5	23	26	2	18	20	5	14	17
Injected last 6 months	2	22	23	2	22	23	2	18	20	3	12	13

Source: IDRS participant interviews

Illicit oxycodone was the form most used by the sample (14%, Table 17). Twelve percent of the sample reported recent use of tamper resistant 'OP' Oxycodone, with most of this group, 77%, mostly using it illicitly.

Table 17: Forms of oxycodone used previous six months, 2012-2017 (%)

	2012 N=125		2013 N=91		2014 N=93		2015 N=99		2016 N=90		2017 N=109	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	7	6	9	8	3	4	5	5	2	2	5	4
Illicit	19	16	23	19	22	18	23	21	18	18	14	12

Source: IDRS participant interviews

4.6.4 Subutex

One person reported recent use or injection of Subutex (Table 18).

Table 18: Selected trends in illicit Subutex use, 2010-2017

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Used last 6 months (%)	8	8	12	20	17	10	16	1
Injected last 6 months (%)	6	5	7	13	9	6	9	1
Days used last 6 months (median)	7	6	2	15	36	10	21	12
Days injected last 6 months (median)	7	8	3	0	6	61	75	12

Source: IDRS participant interviews

The one respondent who reported recent Subutex use did so on a weekly or less basis (Table 19).

Table 19: Frequency of illicit Subutex use in previous six months, 2009-2017 (%)

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
No recent use	94	92	90	90	79	89	94	84	99
Weekly or less	4	6	8	10	13	7	2	5	1
More than weekly	0	2	0	0	6	3	3	8	0
Daily	1	0	0	0	2	1	1	3	0

Source: IDRS participant interviews

4.6.5 Over-the-counter codeine

Ten percent (Table 20) of the sample reported recent use of over-the-counter (OTC) codeine, and increase on 2016 but considerably lower than the proportions found in previous years.

Table 20: OTC codeine use characteristics, 2011-2017 (%)

	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Used last six months	52	19	22	11	11	7	10
Median days used last six months	18	10	71	12	5	19	16
Injected drug last six months	1	1	0	0	1	0	1
Median days injected last six months	72*	24	0	0	2*	0	7
Brands							
Mersyndol	5	2	6	1	0	0	0
Nurofen Plus	16	6	7	0	0	2	1
Panadeine	5	2	3	1	2	2	2
Panafen Plus	6	2	0	0	2	0	3
Panamax Co	1	1	0	0	1	0	0
Other	5	3	6	7	5	1	2

Source: IDRS participant interviews * One respondent only

4.7 Other drugs

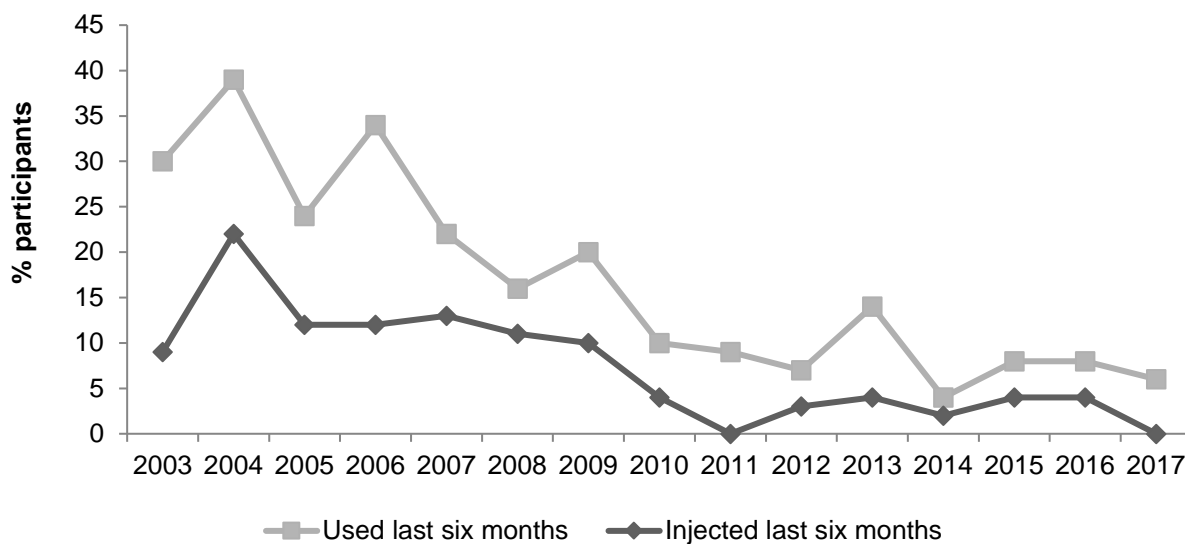
Key Points

- Six percent of participants reported recent ecstasy use.
- Recent use and injection of hallucinogens declined compared to 2016.
- Recent use of any form of benzodiazepine (illicit and/or licit) was stable at 29% of participants.
- Recent use and injection of illicit Alprazolam both increased.
- Forty-four percent of participants reported use of alcohol in the preceding six months, and seventy percent of respondents reported daily use of tobacco.

4.7.1 Ecstasy

Recent use and injection of ecstasy show fluctuating declines over the period shown (Figure 11), decreasing again this year stable this year compared to 2016.

Figure 11: Recent ecstasy use and injection, 2003-2017

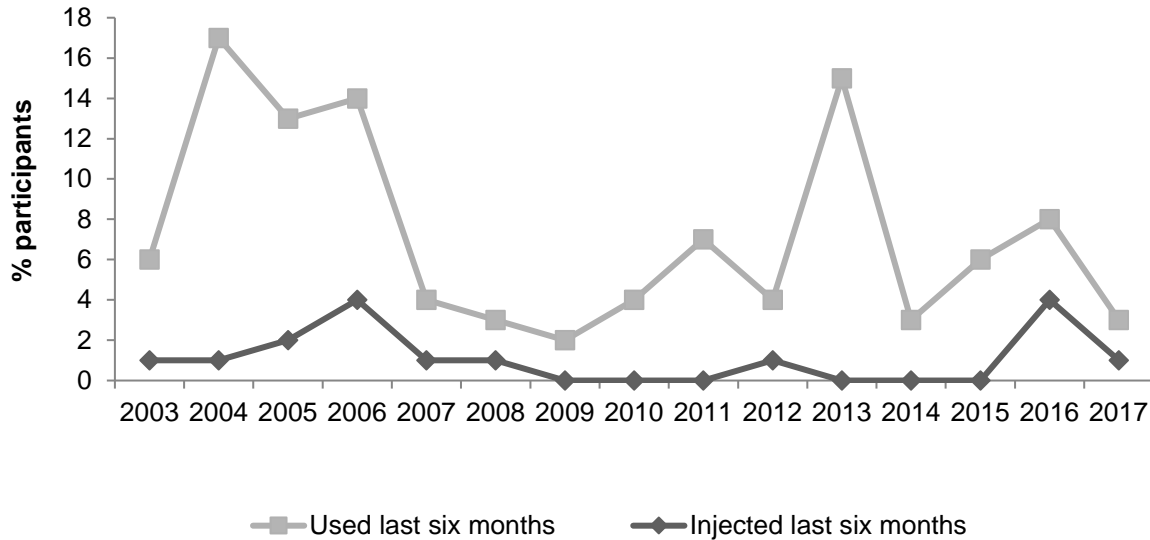


Source: IDRS participant interviews

4.7.2 Hallucinogens

Three percent, Figure 12, of respondents reported recent use of hallucinogens, a decrease on the 8% found in 2016. Over time, recent hallucinogen use shows considerable fluctuation.

Figure 12: Recent hallucinogen use and injection, 2003-2017



Source: IDRS participant interviews

LSD (5%) was the hallucinogen most often reported by respondents for recent use and the hallucinogen used most often (Table 21).

Table 21: Hallucinogen forms most used, 2012-2017

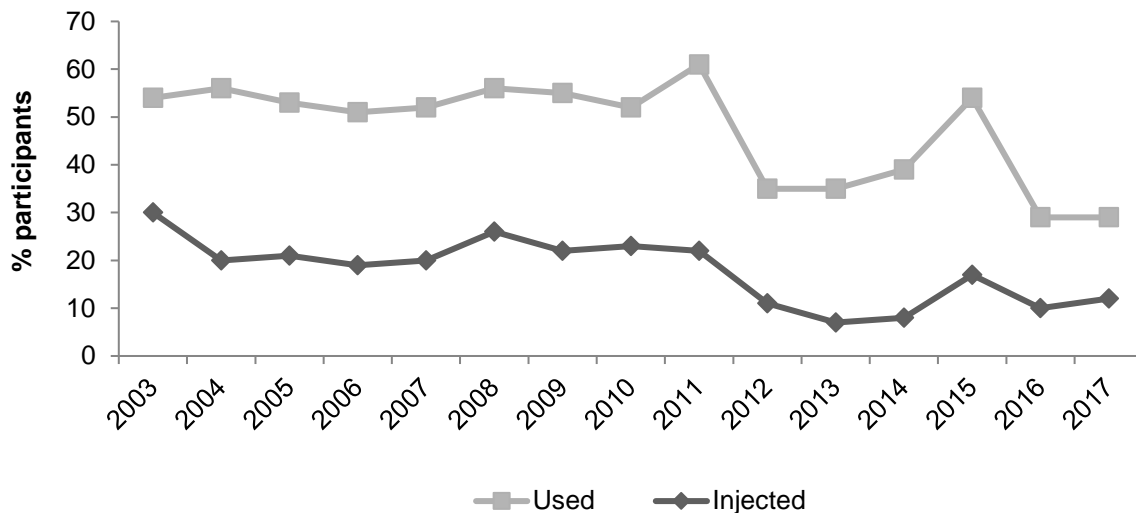
	2012 N=125		2013 N=91		2014 N=93		2015 N=99		2016 N=90		2017 N=109	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
LSD	4	4	14	12	0	0	5	5	0	0	5	4
Mushrooms	3	1	6	1	1	1	0	0	1	1	1	0
Other	0	0	2	2	2	2	1	1	1	1	2	1

Source: IDRS participant interviews

4.7.3 Benzodiazepines

Twenty-nine percent, (Figure 13) of the sample reported recent use of a benzodiazepine, the same proportion as in 2016, although lower than that seen in previous years. Recent injection of benzodiazepines shows a similar pattern at a lower level of use.

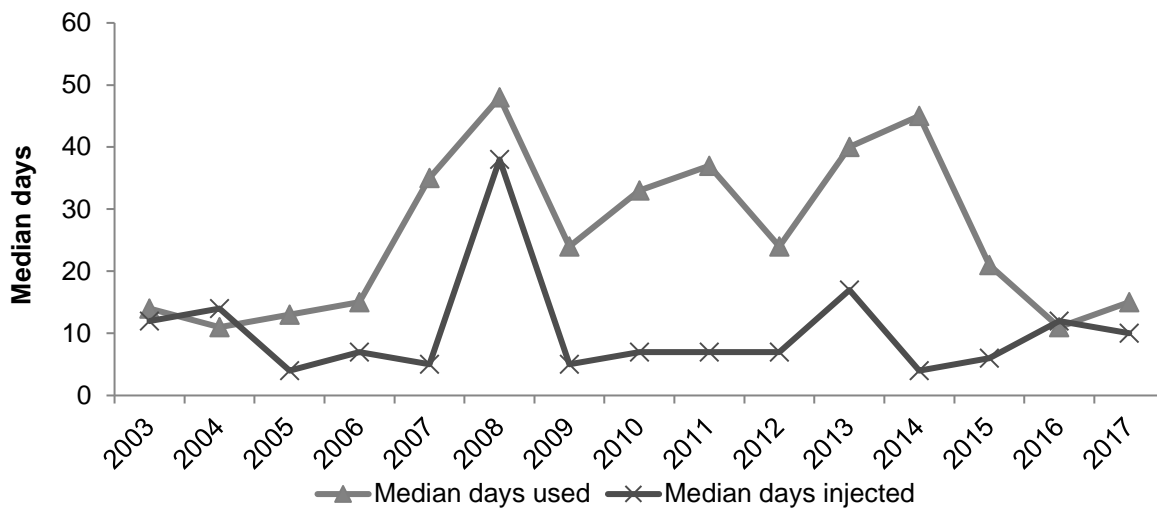
Figure 13: Recent benzodiazepine use and injection, 2003-2017



Source: IDRS participant interviews

Median days of benzodiazepine use increased to 15, although still lower than levels seen since 2006 (Figure 14) while median injection dropped slightly to 10 days. Median days for both recent use and injection have fluctuated over time.

Figure 14: Median days recent use and injection of benzodiazepines, 2003-2017



Source: IDRS participant interviews

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

Table 22: Main brands of benzodiazepine most used, 2010-2017 (%)

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Valium (diazepam)	18	25	14	21	19	24	12	15
Hypnodorm (flunitrazepam)	2	1	1	1	1	1	2	0
Serepax (oxazepam)	2	5	1	2	3	3	0	1
Other	1	4	1	8	3	2	3	3

Source: IDRS participant interview
* Alprazolam reported separately below

Recent use of illicit Alprazolam increased slightly to 15% (Table 23) of the sample from 13% in 2016; the proportion reporting recent injection also increased.

Table 23: Alprazolam use, selected characteristics, 2014-2017.

	2014 N=93		2015 N=99		2016 N=90		2017 N=109	
	Licit	Illicit	Licit	Illicit	Licit	Illicit	Licit	Illicit
% used last six months	7	12	6	21	7	13	6	15
median days used last six months	24	6	180	4	57	4	20	10
% injected drug last six months	2	5	2	15	3	8	4	10
median days injected last six months	18	12	126	3	4	4	16	7

Source: IDRS participant interview

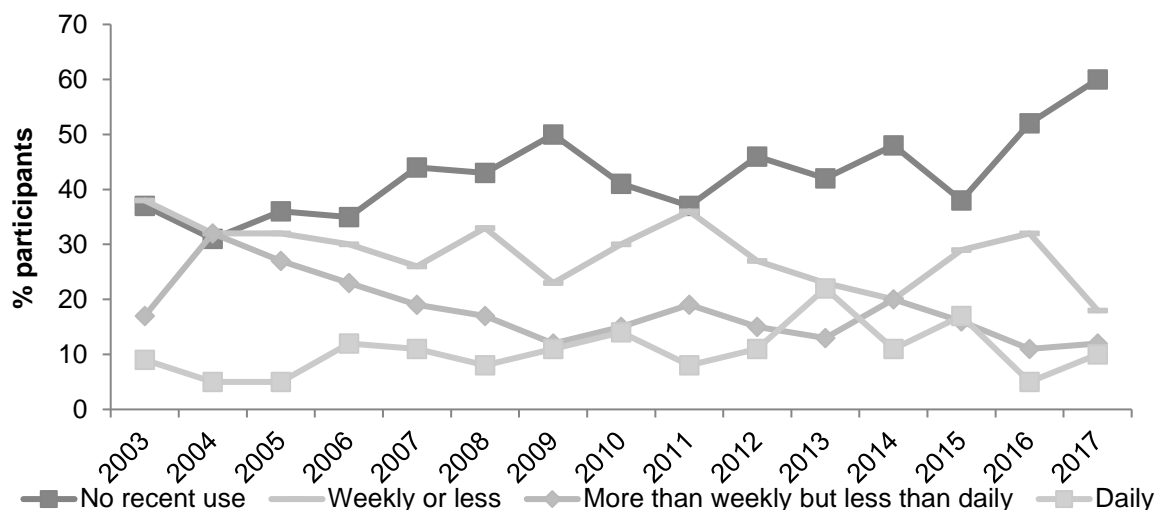
4.7.4 Seroquel, steroids and inhalants

Recent use of Seroquel was stable at 12% for any form, 6% for prescribed and 6% for not prescribed, on a median of 30 days. Recent steroids and inhalant use remain low (Table 4).

4.7.5 Alcohol and tobacco

Recent use of alcohol decreased to 44% (49% in 2016, Table 4); the sample proportions reporting no recent use have increased for the second year in a row (Figure 15) with the change this year taking the series away from the long-term mean.

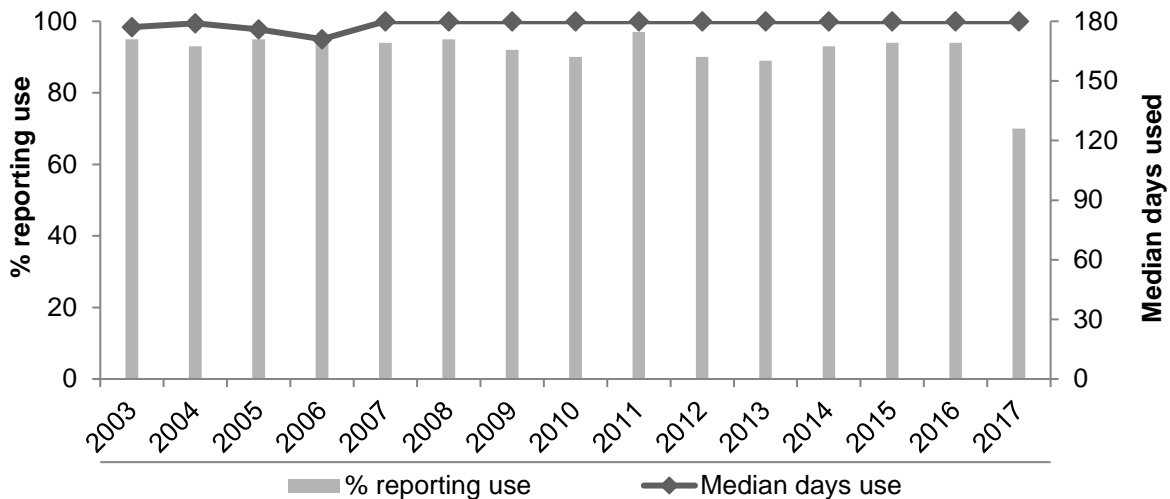
Figure 15: Patterns of recent alcohol use, 2003-2017



Source: IDRS participant interviews

Recent daily use of tobacco has also departed from the long-term series with a decline to 70% (Figure 16) this year.

Figure 16: Participant reports of tobacco use in the last six months, 2003-2017



Source: IDRS participant interviews

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

5.1 Heroin

Key Points

- The number of respondents reporting a recent Heroin purchase increased, although remaining relatively small, with four people reporting a median price of \$100 per cap.
- The proportion of respondents rating Heroin as easy or very easy to obtain also increased fifty-nine percent of those able to comment.

Four respondents (Table 24) reported a median price of \$100 for a cap of heroin and six respondents paid a median of \$500 for a gram.

Table 24: Median price of most recent heroin purchases, 2010-2017, \$ (n)

Amount	2010	2011	2012	2013	2014	2015	2016	2017
Cap	-	80 (2)	110 (2)	100 (1)	-	80 (4)	100 (1)	100 (4)
Gram	100 (1)	550 (2)	150 (5)	275 (4)	-	200 (1)	600 (10)	500 (6)

Source: IDRS participant interviews

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

A small number of respondents were able to comment upon heroin price movements. Of those who did, 90% considered that the price was stable (Table 25).

Table 25: Reports of heroin price movements, past six months, 2010-2017 (%)

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Did not respond	97	96	94	94	97	93	96	91
Did respond	3	4	6	6	3	7	4	9
<i>Of those who responded</i>								
Increasing	100	50	38	20	67	14	25	0
Stable	0	-	50	80	0	71	50	90
Decreasing	0	25	0	0	0	14	0	5
Fluctuating	0	25	13	0	33	0	25	5

Source: IDRS participant interviews

Among recent users, heroin was reported to be easy (42%, Table 26) or very easy (17%) to obtain, while 42% reported availability to be either difficult (25%) or very difficult (17%). Eighty-percent of respondents reported that availability had been stable over the previous six months.

Table 26: Reports of heroin availability in the past six months, 2010-2017 (%)

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Did not respond	97	96	90	92	96	92	96	89
Did respond	3	4	10	8	4	8	4	11
<i>Of those who responded:</i>								
Current availability								
Very easy	0	0	8	0	0	25	0	17
Easy	50	50	33	30	0	38	25	42
Difficult	0	50	25	14	25	25	75	25
Very difficult	50	0	33	57	75	13	0	17
Change last six months								
More difficult	0	0	0	25	25	25	25	0
Stable	100	25	90	75	75	75	50	80
Easier	0	50	10	0	0	0	0	10
Fluctuates	0	25	0	0	0	0	25	10

Source: IDRS participant interviews

Those able to comment (n=11, Table 27) were divided in their ratings of current heroin purity, with just over a third reporting it as high.

Table 27: Participant reports of heroin purity, past six months, 2010-2017 (%)

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Did not respond	97	96	91	94	97	92	96	89
Did respond	3	4	9	6	3	8	4	11
<i>Of those who responded:</i>								
Current purity								
High	50	33	27	20	0	0	50	36
Medium	50	0	55	0	0	75	0	27
Low	0	67	18	80	100	25	50	18
Change last six months								
Increasing	0	0	22	0	0	50	0	22
Stable	0	50	33	33	0	38	50	67
Decreasing	0	0	11	33	100	13	0	0
Fluctuating	0	50	33	33	0	0	50	11

Source: IDRS participant interviews

5.2 Methamphetamine

Key Points

- The median price for a point of ice/crystal methamphetamine was stable at \$100.
- The price of crystal methamphetamine was reported to be stable by most respondents.
- Crystal methamphetamine was rated as easy or very easy to obtain by almost all participants, ninety-two percent.

5.2.1 Price

The median price of the most recent purchase for the various forms of methamphetamine is shown in Table 28. The median point prices of speed powder and crystal were stable at \$100 each. The median price of one gram of speed powder decreased to \$375 while the median price of one gram of crystal increased to \$650.

Table 28: Price of most recent methamphetamine purchases, 2016-2017.

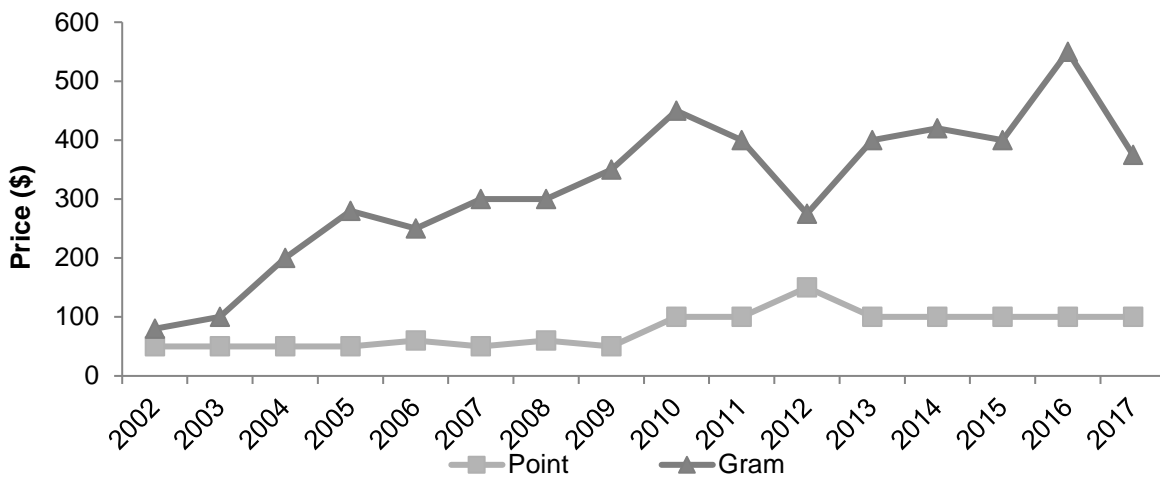
Amount	2016			2017		
	Number of purchasers	Median price \$	Range \$	Number of purchasers	Median price \$	Range \$
Speed						
Point (0.1g)	16	100	50-170	21	100	50-200
Gram	2	550	300-800	8	375	100-1000
Ounce	-	-	-	-	-	-
Base						
Point (0.1g)	1	100	-	7	100	50-175
Ice/crystal						
Point (0.1g)	40	100	50-200	48	100	50-250
Gram	5	500	90-700	11	650	200-800
Ounce	-	-	-	2	2,500	2,000-3,000

Source: IDRS participant interviews

Speed powder

The median price of a gram of speed powder has generally increased over time (Figure 17), although fluctuating around \$400 in recent years. The point price increased from a stable median around \$50 before 2009 to a stable median of \$100 since 2013.

Figure 17: Median prices of speed powder, 2002-2017

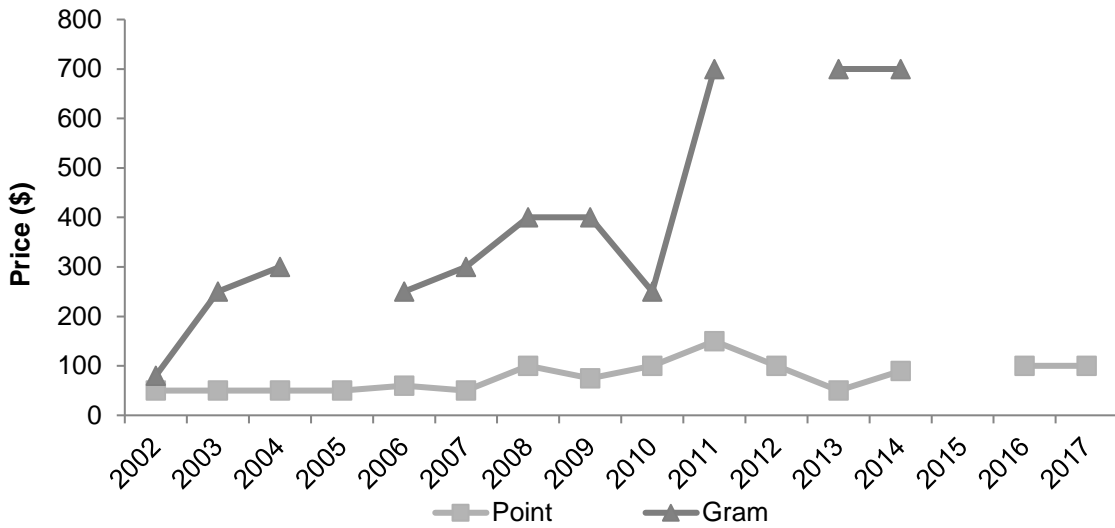


Source: IDRS participant interviews

Base

Seven respondents reported a median point price for base of \$100. Figure 18 shows that the price of the most commonly purchased amount (points) has fluctuated around this price since 2008.

Figure 18: Median prices of base, 2002-2017

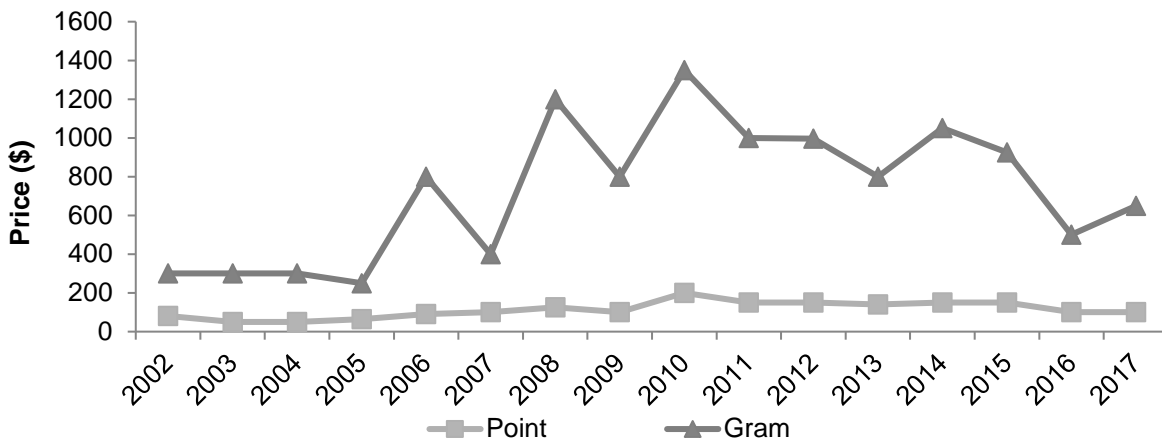


Source: IDRS participant interviews

Ice/Crystal

The gram price of crystal methamphetamine shows considerable variation over time, Figure 19, with this year's increase preceded by a steep decline. The point price had been more stable at around \$150 up to 2015, followed by two years \$100.

Figure 19: Median prices of ice/crystal, 2002-2017



Source: IDRS participant interviews

Those able to comment mostly reported that recent methamphetamine prices in 2017 had been stable (59% for powder and 61% for crystal, Table 29).

Table 29: Methamphetamine price movements in the last six months, 2017 (%)

	Speed	Base	Crystal
Did not respond	80	96	46
Did respond	20	4	54
<i>Of those who responded</i>			
Increasing	14	0	9
Stable	59	75	61
Decreasing	14	0	10
Fluctuating	14	25	20

Source: IDRS participant interviews

5.2.2 Availability

Almost nine out of ten (88%, Table 30) of those able to comment rated speed powder as either 'very easy' (46%) or 'easy' (42%) to obtain, little changed from the 90% found in 2016. The majority (71%) considered that there had been no changes in availability over the past six months.

A small number of participants were able to comment upon availability of base methamphetamine, with 75% reporting it as stable.

Most of those able to respond rated crystal methamphetamine as easy (40%, Table 30) or very easy (52%) to obtain and 80% reported that availability of this form had been stable over the six months before interview.

Table 30: Reports of recent methamphetamine availability, 2015-2017 (%)

	Powder			Base			Ice/crystal		
	2015 N=99	2016 N=90	2017 N=109	2015 N=99	2016 N=90	2017 N=109	2015 N=99	2016 N=90	2017 N=109
Did not respond	82	79	76	99	98	94	53	42	43
Did respond	18	21	24	1	2	6	47	58	57
<i>Of those who responded</i>									
Current availability									
Very easy	50	32	46	0	0	17	49	50	52
Easy	22	58	42	0	50	33	45	44	40
Difficult	22	5	12	100	0	33	6	6	8
Very difficult	6	5	0	0	50	17	0	0	0
Change last six months									
More difficult	11	5	13	0	0	0	4	2	2
Stable	67	84	71	100	100	75	76	78	80
Easier	17	5	8	0	0	0	18	18	10
Fluctuates	6	5	8	0	0	25	2	2	9

Source: IDRS participant interviews

Respondents had obtained speed powder from friends (7460%, Table 31) and known dealers (29%) usually at their own home (45%) or a friend's home (29%). Crystal methamphetamine was last sourced principally from friends (61%, Table 31) at a friend's home (34%) or via home delivery (21%).

Table 31: Recent methamphetamine purchase, source person and venue, 2015 - 2017

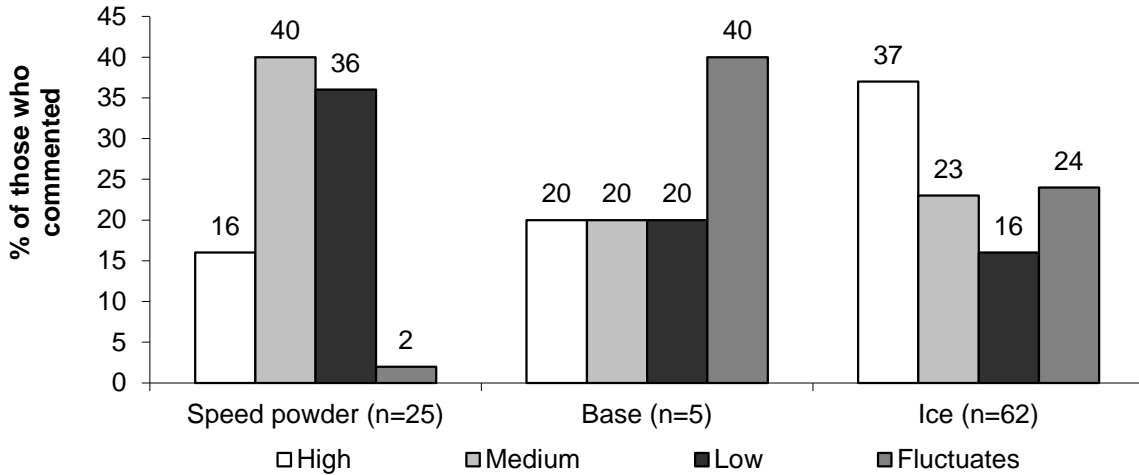
	Speed			Base			Ice		
	2015 N=99	2016 N=90	2017 N=109	2015 N=99	2016 N=90	2017 N=109	2015 N=99	2016 N=90	2017 N=109
Did not respond	83	77	78	99	98	95	51	41	43
Did respond	17	23	22	1	2	5	49	59	57
<i>Of those who responded</i>									
Source person									
Street dealer	6	10	13	0	0	20	12	11	10
Friends	47	70	46	0	100	40	49	59	61
Known dealer	41	5	29	100	0	40	20	15	21
Acquaintances	6	15	4	0	0	0	6	11	5
Unknown dealer	0	0	0	0	0	0	6	2	2
Other	0	0	8	0	0	0	6	2	2
Source venue									
Home delivery	24	45	29	0	0	0	22	36	21
Dealer's home	18	5	17	100	100	20	16	17	16
Friend's home	24	15	29	0	0	40	33	21	34
Acquaintance's house	0	5	4	0	0	40	2	6	3
Street market	6	10	8	0	0	0	8	6	3
Agreed public location	29	20	13	0	0	0	18	13	21
Other	0	0	0	0	0	0	0	1	2

Source: IDRS participant interviews

5.2.3 Purity

Among those able to comment, speed powder was rated as being of low (36%, Figure 20) or medium purity (40%), while 'ice' was more likely to be rated as 'high' (37%) or medium (23%). Ice purity was reported to fluctuate (24%) more often than speed powder purity (2%).

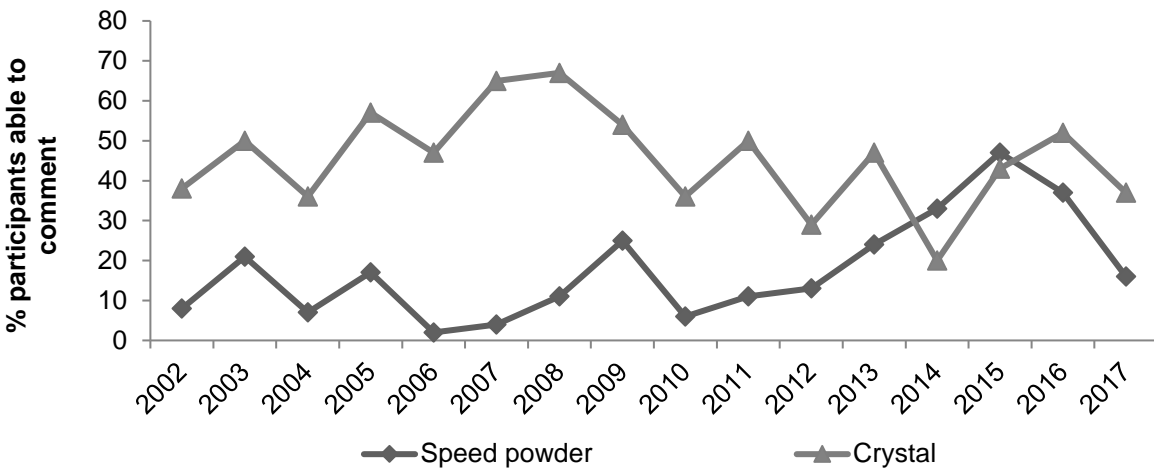
Figure 20: Participant perceptions of methamphetamine purity, 2017



Source: IDRS participant interviews

Figure 21 shows that the proportion of respondents rating speed powder purity as high was increasing between 2010 and 2015, subsequently declining. Respondent's rating of crystal methamphetamine purity has fluctuated, declining this year after two years of increase.

Figure 21: Participants reporting speed powder and ice/crystal purity as 'high', 2002-2017



Source: IDRS participant interviews

5.3 Cocaine

While eight percent of the sample reported recent use of cocaine and five percent had purchased a gram of cocaine within the past six months, no one was able to report pricing information. Two participants described cocaine as very easy to obtain and three as difficult.

5.4 Cannabis

Key Points

- The median gram price of hydroponically grown and bush cannabis was stable at \$30.
- Most participants able to comment rated cannabis availability as easy or very easy, with hydro more available than bush.

5.4.1 Price

The median price of a gram of either hydro or bush cannabis was reported to be \$30 (Table 32). The median price of an ounce of hydro was stable at \$450 (Table 33) while the median price of an ounce of bush cannabis increased to \$375.

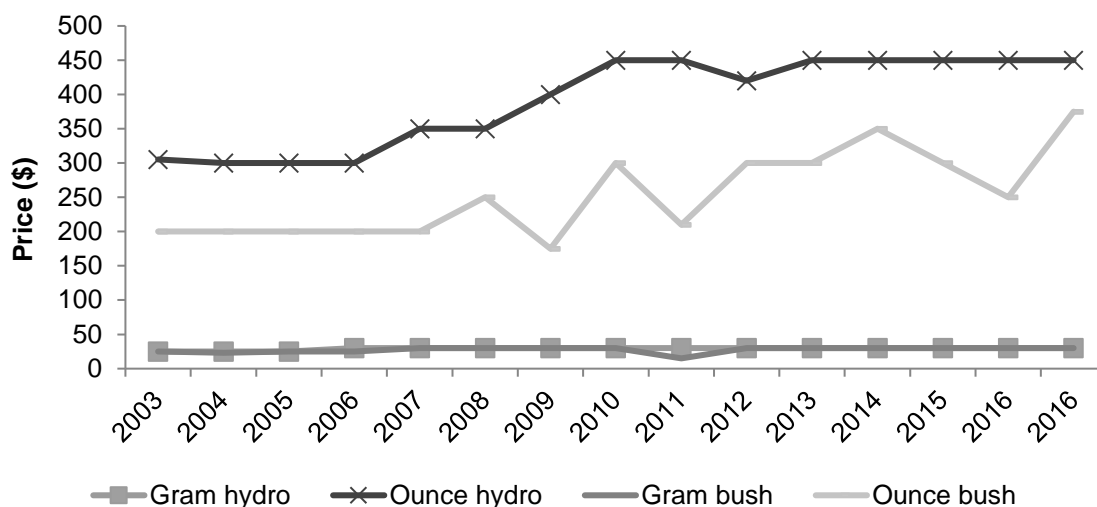
Table 32: Price of most recent cannabis purchases by participants, 2016-2017

	2016			2017		
	Number of purchasers	Median price \$	Range \$	Number of purchasers	Median price \$	Range \$
Hydro						
Gram	24	30	20-40	30	30	20-100
A bag	11	30	30-120	13	50	30-400
Quarter ounce	8	120	100-140	10	123	70-200
Half ounce	9	225	150-450	12	225	200-300
Ounce	10	450	350-450	22	450	400-500
Bush						
Gram	6	30	20-30	10	30	15-50
A bag	2	100	-	3	50	-
Quarter ounce	2	95	70-120	2	83	75-90
Half ounce	2	173	125-220	5	180	125-250
Ounce	7	250	250-450	18	375	200-500

Source: IDRS participant interviews

For both varieties, the long-term gram price is stable (Figure 22). The median price of an ounce of hydro is stable and remains higher than the prices seen before 2008 while the bush price may be showing an upward movement over the same period.

Figure 22: Median prices of cannabis, 2003-2017



Source: IDRS participant interviews

Majorities of those able to respond reported that both hydro (82%, Table 33) and bush cannabis prices (86%) had been stable in the six months before interview.

Table 33: Price movements of cannabis in the past six months, 2017 (%)

	Hydro	Bush
Did not respond	54	80
Did respond	46	20
<i>Of those who responded</i>		
Increasing	6	5
Stable	82	86
Decreasing	2	5
Fluctuating	10	5

Source: IDRS participant interviews

5.4.2 Availability

Hydro was considered easy or very easy to obtain by 90% (Table 34) of those able to respond, a similar proportion to those seen in previous years. Hydro availability was considered stable by 83% of respondents. Bush cannabis was rated as easy (41%) or very easy (41%) to obtain and recent availability was rated as stable by 76%.

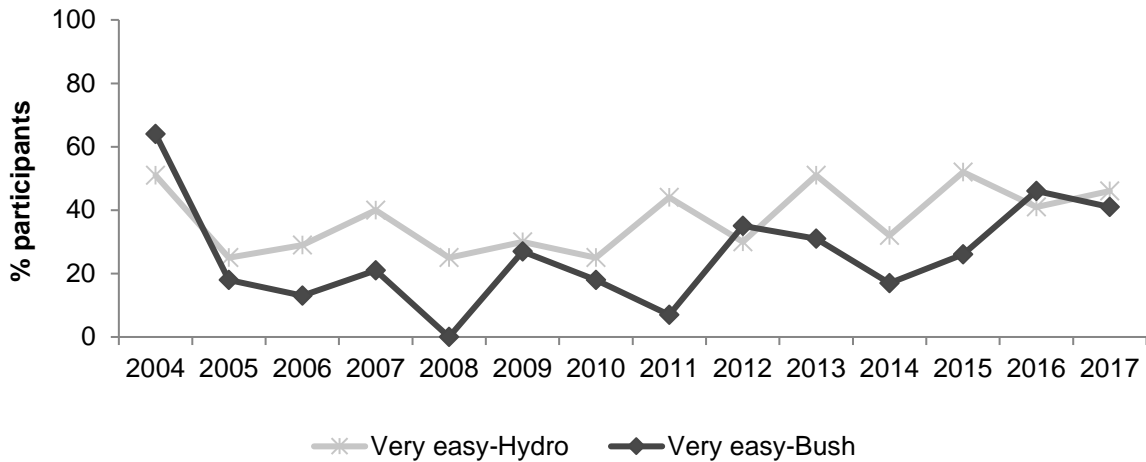
Table 34: Reports of recent cannabis availability, 2013-2017 (%)

	Hydro					Bush				
	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Did not respond	53	42	42	40	54	82	81	77	86	80
Did respond	47	58	58	60	46	18	19	23	14	20
<i>Of those who responded</i>										
Current availability										
Very easy	51	32	52	41	46	31	17	26	46	41
Easy	37	61	41	44	44	50	44	48	46	41
Difficult	12	7	7	13	10	19	33	22	8	18
Very difficult	0	0	0	2	0	0	6	4	0	0
Availability change										
More difficult	7	4	7	4	4	13	18	13	0	5
Stable	84	87	86	87	83	75	53	78	76	76
Easier	2	2	7	6	4	13	0	9	15	10
Fluctuates	7	4	0	4	9	0	29	0	8	10

Source: IDRS participant interviews

Figure 23 illustrates that over time similar proportions of respondents rate hydro and bush cannabis 'very easy' to obtain.

Figure 23: Participant reports of current cannabis availability, 2004-2017



Source: IDRS participant interviews

Cannabis was purchased mainly from friends (56% for hydro, 60% for bush, Table 35), a street dealer (20% for hydro) or a known dealer (25% for bush). For hydro cannabis, the main source venue was a friend's (48%) or dealer's home (18%), as was the case for bush cannabis - 30% each for a dealer's home or a friend's home.

Table 35: Recent cannabis purchases, source person and venue, 2012-2017 (%)

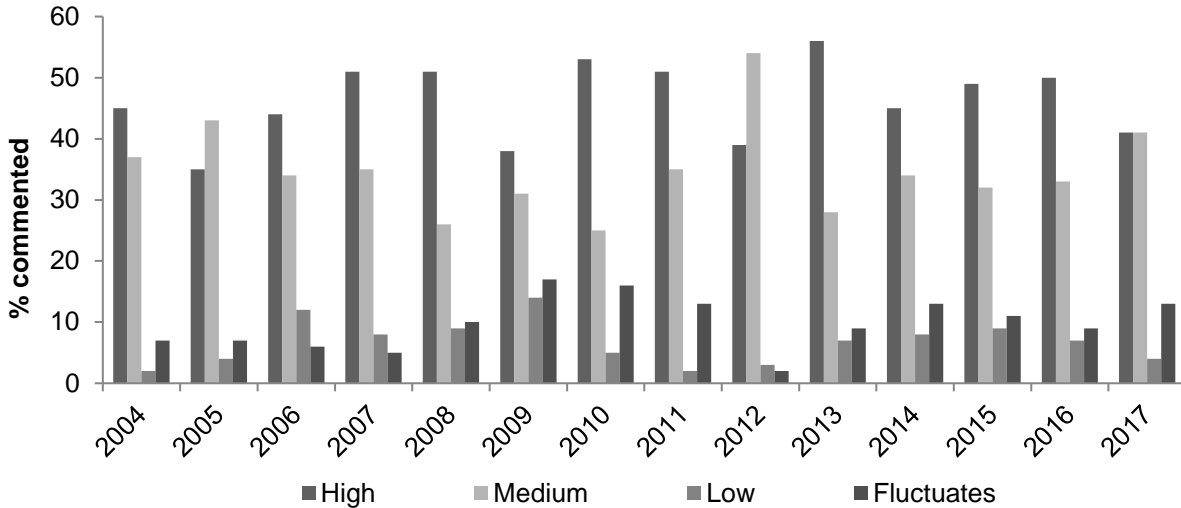
	Hydro					Bush				
	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Did not respond	52	44	42	39	54	81	81	77	86	82
Did respond	48	56	58	61	46	19	19	23	14	18
<i>Of those who responded:</i>										
Source person										
Street dealer	21	19	14	20	20	18	11	4	15	10
Friends	50	48	50	53	56	65	75	52	62	60
Known dealer	18	25	21	16	18	0	17	22	8	25
Acquaintances	9	4	5	7	4	12	0	13	0	0
Unknown dealer	0	0	7	0	0	0	0	4	8	0
Source venue										
Home delivery	9	6	17	16	16	24	6	35	31	15
Dealer's home	34	33	26	26	18	12	28	17	8	30
Friend's home	27	37	33	33	48	41	57	22	31	30
Acquaintance's house	5	2	3	4	4	0	0	4	0	0
Street market	14	10	16	4	6	12	6	17	15	0
Agreed public location	11	12	5	15	8	12	6	4	8	25

Source: IDRS participant interviews

5.4.3 Potency

This year, most respondents rated the current potency of hydro as high (41%, Figure 24) or medium (41%)

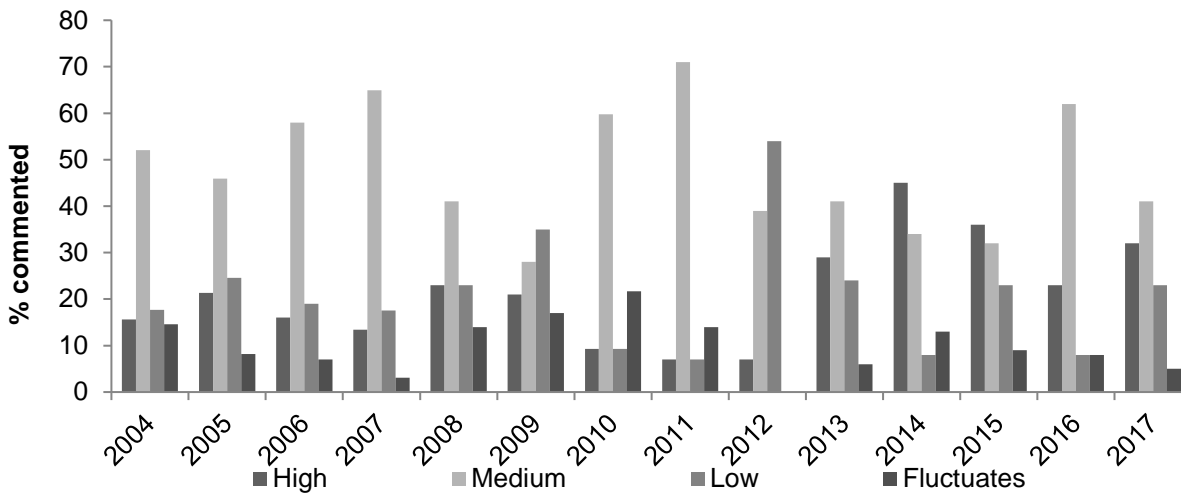
Figure 24: Current potency of hydro, % able to comment, 2004-2017



Source: IDRS participant interviews

The potency of bush cannabis was most likely to be rated as medium (41%, Figure 25).

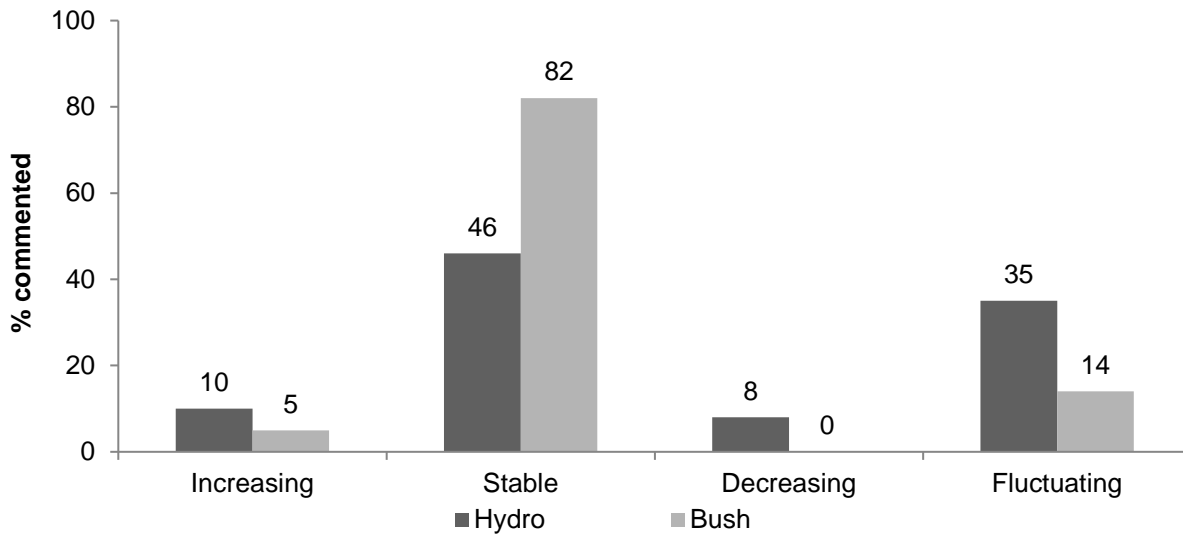
Figure 25: Current potency of bush, % commented, 2004-2017



Source: IDRS participant interviews

Forty-six percent (Figure 26) of respondents reported stable hydro potency and 82% reported stable bush cannabis potency over the past six months. Participants were more likely to report the potency of hydro as fluctuating (35%) than was the case for bush (14%).

Figure 26: Change in potency of hydro and bush cannabis in past six months, 2017



Source: IDRS participant interviews

5.5 Methadone

Key Points

- Very few participants could respond to questions regarding illicit methadone.
- The median price of Physeptone was reported to be \$20 per 10 milligram tablet and it rated as easy or very easy to obtain.

5.5.1 Price

Two respondents paid a median of \$1 per millilitre of illicit methadone syrup at their most recent purchase, Table 36. One participant purchased 5mg Physeptone for \$5 while 7 participants reported purchasing 10mg Physeptone tablets for a median cost of \$20.

Table 36: Median price (\$) of most recent illicit methadone purchase, 2010-2017

	2010	2011	2012	2013	2014	2015	2016	2017
Methadone								
1ml	1 (5)	1 (5)	1 (4)	1 (2)	1 (1)	1 (3)	- (0)	1 (2)
Physeptone								
5mg	10 (1)	10 (2)	- (0)	20 (1)	- (0)	20 (3)	20 (1)	5 (1)
10mg	20 (15)	20 (11)	20 (13)	20 (2)	20 (4)	20 (2)	15 (5)	20 (7)

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

Seventy-one percent of all respondents reported that the recent price of illicit methadone had been stable, Table 37.

Table 37: Illicit methadone price movements past six months, 2010-2017 (%)

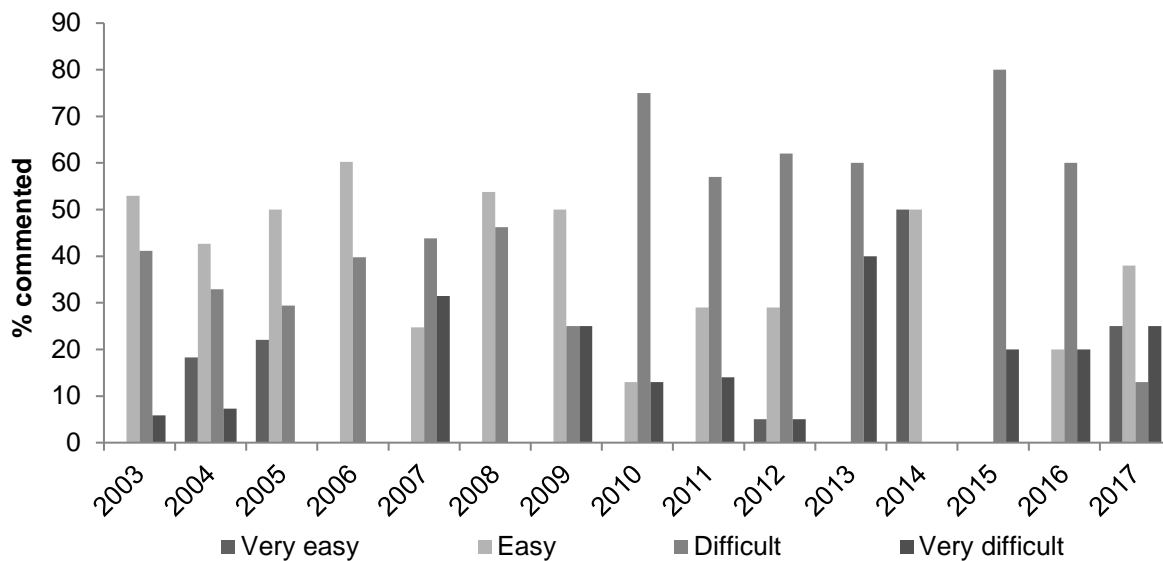
	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Did not respond	84	94	84	96	99	95	94	93
Did respond	16	6	16	4	1	5	6	7
<i>Of those who responded</i>								
Increasing	36	67	25	25	0	20	0	29
Stable	57	33	55	50	100	80	100	71
Decreasing	0	0	5	0	0	0	0	0
Fluctuating	7	0	15	25	0	0	0	0

Source: IDRS participant interviews

5.5.2 Availability

Of those able to comment, most reported that illicit methadone is currently easy (38%) or very easy (25%) to obtain, Figure 27.

Figure 27: Current availability of illicit methadone, % commented, 2003-2017



Source: IDRS participant interviews

A small number of respondents reported usual source person and venue, Table 38.

Table 38: Recent illicit methadone purchase, source person and venue, 2012-2017

	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
% who did not respond	85	97	98	96	94	93
% who did respond	15	3	2	4	5	7
<i>Of those who responded</i>						
Source person						
Street dealer	16	0	50	25	20	13
Friends	74	100	50	50	80	50
Known dealer	0	0	0	0	0	38
Acquaintances	11	0	0	25	0	0
Source venue						
Home delivery	11	0	0	25	17	13
Dealer's home	5	0	0	0	33	38
Friend's home	63	33	50	0	33	25
Acquaintance's house	5	0	0	25	0	0
Street market	11	33	0	25	0	0
Agreed public location	5	33	0	25	17	25
Other	0	0	50	0	0	0

Source: IDRS participant interviews

5.6 Buprenorphine

Key Points

- This year, no participants were able to provide information about illicit buprenorphine.
- In 2016, a small number of participants reported that the median price for 8mg buprenorphine had dropped to \$25, and that it was easy to obtain.

In 2017, only one respondent was able to partially answer questions related to illicit Buprenorphine and so 2016 results are shown, being the most recent valid responses.

5.6.1 Price

In 2016, five participants reported purchasing 8mg of Subutex, for a median price of \$25 (Table 39).

Table 39: Median price (\$) of illicit Subutex reported by participants, 2011-2017

	2011	2012	2013	2014	2015	2016
8mg	\$23 (2)	\$23 (2)	\$40 (6)	\$30 (4)	\$40 (8)	\$25 (5)

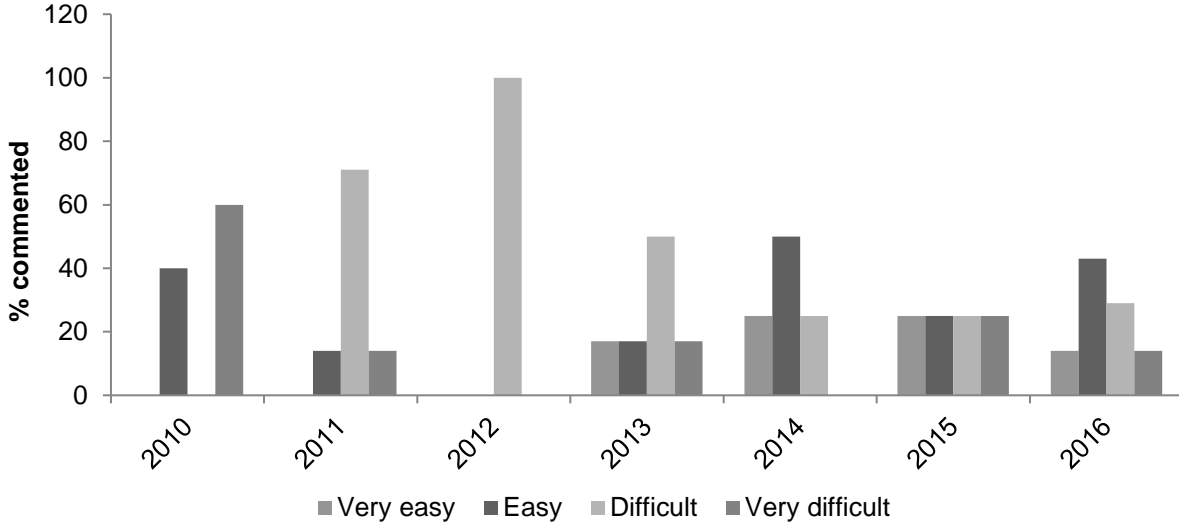
Source: IDRS participant interviews

Note: Number of purchasers in brackets

5.6.2 Availability

Seven participants commented upon current availability of illicit Subutex in 2016, with availability ratings divided between easy (43%) and difficult (29%) (Figure 28).

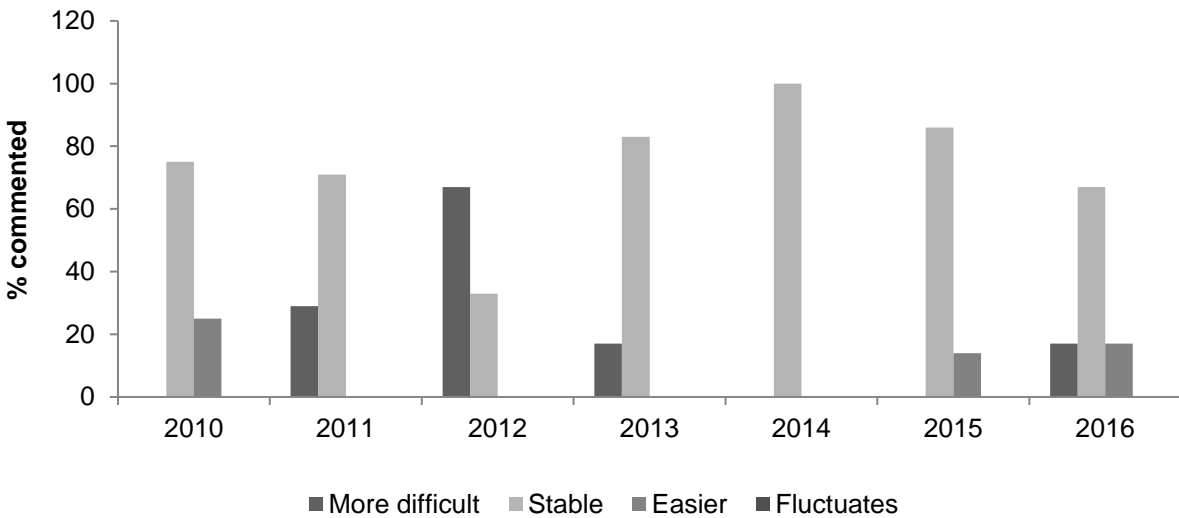
Figure 28: Current availability of illicit Subutex, % commented, 2010-2017



Source: IDRS participant interviews

In 2016, illicit Subutex availability was reported as stable, 67%, Figure 29.

Figure 29: Recent change in availability of illicit Subutex/buprenorphine, 2010-2016



Source: IDRS participant interviews

Note: No data in 2009

In 2016, seven participants could comment on usual source person and original source of illicit Subutex (Table 40).

Table 40: Recent illicit Subutex purchase, source person, 2012-2016

	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
% who did not respond	98	94	98	93	92
% who did respond	2	6	2	7	8
<i>Of those who responded</i>					
Source person					
Street dealer (%)	50	67	0	0	57
Friends (%)	0	33	100	86	29
Known dealer (%)	50	0	0	14	14

Source: IDRS participant interviews

5.7 Suboxone (buprenorphine-naloxone)

Key Points

- Suboxone film (2mg) was reported to cost a median of \$15, stable in comparison to 2016.
- Reports of Suboxone film availability were mixed, with half the respondents rating it as difficult to obtain and half as easy.

5.7.1 Price and Availability

Nine participants reported paying a median of \$15 for 2mg Suboxone film, while eight participants reported paying \$35 for 8mg Suboxone film. Of the nine participants able to comment on recent Suboxone price changes, 6 (67%) reported that it has been stable. Five out of the ten participants able to respond reported that Suboxone film was currently difficult to obtain, while five rated it as very easy or easy to obtain. Most (63%) of those who had recently obtained Suboxone did so from a friend, at a friend's home.

5.8 Morphine

Key Points

- Morphine was purchased mainly in the form of 100mg MS Contin tablets at a median price of \$80, identical to the median price reported since 2009.
- Most respondents reported that illicit morphine price had been stable and that it is easy to obtain.

5.8.1 Price

As in previous years, MS Contin 100mg was the morphine form most frequently purchased by the IDRS sample (Table 41). Fifty-six participants reported purchasing MS Contin 100mg at a median price of \$80, the same median price found since 2010. Kapanol 100mg was again the form next most frequently purchased (31 purchasers) and, as in 2016, the median price was \$80, also stable since 2010.

Table 41: Recent illicit morphine price, 2010-2017

	2010	2011	2012	2013	2014	2015	2016	2017
MS Contin								
5mg	5 (1)	-	80 (5)	-	5 (1)	5 (1)	- (0)	5 (1)
10mg	10 (1)	-	9 (4)	-	17 (2)	10 (3)	8 (2)	10 (1)
30mg	30 (14)	30 (6)	30 (9)	28 (8)	25 (6)	30 (21)	30 (9)	30 (8)
60mg	50 (33)	50 (40)	50 (24)	50 (18)	48 (18)	50 (36)	40 (25)	50 (27)
100mg	80 (76)	80 (70)	80 (68)	80 (61)	80 (70)	80 (63)	80 (51)	80 (56)
Kapanol								
20mg	20 (4)	16 (2)	-	20 (7)	20 (2)	20 (7)	20 (3)	13 (1)
50mg	40 (20)	40 (25)	40 (7)	40 (14)	40 (17)	40 (22)	40 (17)	40 (13)
100mg	80 (59)	80 (46)	80 (41)	80 (44)	80 (55)	80 (45)	80 (35)	80 (31)
Anamorph								
30mg	25 (21)	20 (11)	35 (2)	20 (3)	30 (6)	20 (19)	25 (5)	30 (13)

Source: IDRS participant interviews

Note: Number of purchasers in brackets

Eighty-seven percent (Table 42) of those who responded regarded the price of morphine as stable over the preceding six months while 9% considered that price had increased.

Table 42: Illicit morphine price movements, past six months, 2010-2016

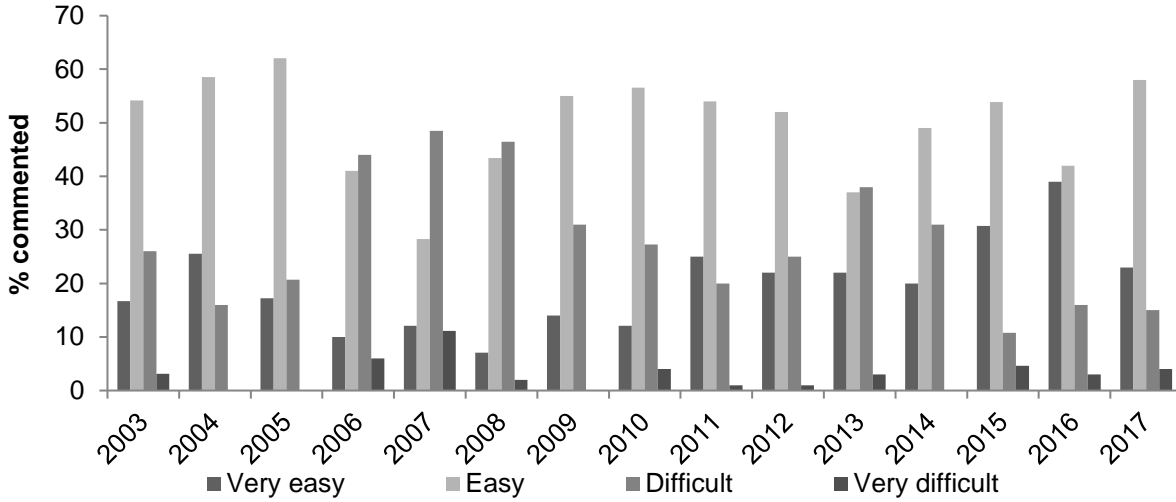
	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Did not respond (%)	29	30	33	17	38	67	38
Did respond (%)	71	70	67	83	61	33	62
<i>Of those who responded</i>							
Increasing (%)	25	24	16	22	16	15	9
Stable (%)	59	50	73	73	80	76	87
Decreasing (%)	0	0	2	0	0	2	2
Fluctuating (%)	16	13	8	5	5	8	3

Source: IDRS participant interviews

5.8.2 Availability

Over half of those able to comment reported that illicit morphine was either easy (48%, Figure 30) or very easy (23%) to obtain. Nineteen percent rated it as difficult or very difficult to obtain.

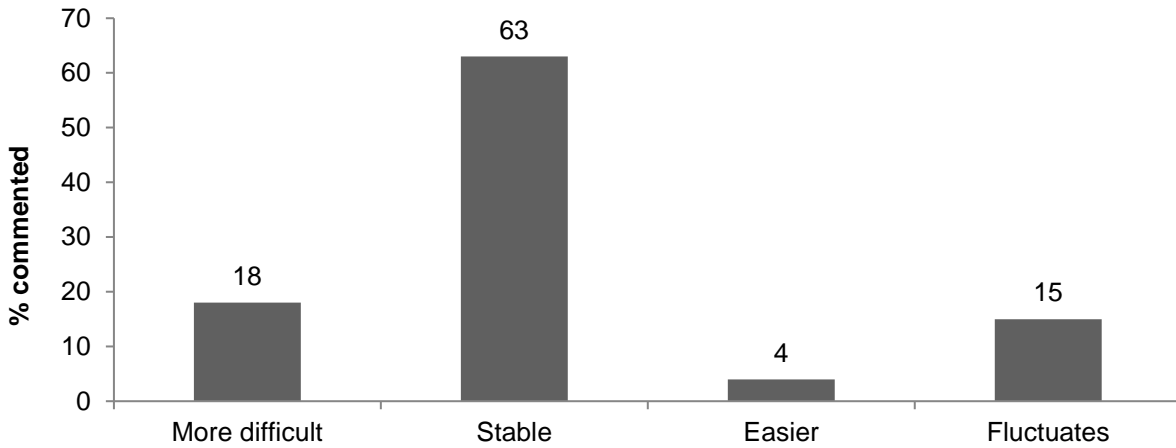
Figure 30: Current availability of illicit morphine, % commented, 2009-2017



Source: IDRS participant interviews

In 2016, 63% (Figure 31) of respondents considered that illicit morphine availability had remained stable over the preceding six months, while 18% reported that it had become more difficult to obtain.

Figure 31: Recent change in availability of illicit morphine, 2017



Source: IDRS participant interviews

Fifty-three percent (Table 43) of respondents nominated a friend as their usual source person and 25% a known dealer. A friend's home (32%), and a dealer's home (24%) were the most commonly cited source venues.

Table 43: Recent purchases of morphine, source person and venue, 2011-2016

	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Did not respond (%)	34	33	18	35	30	38
Did respond (%)	66	67	82	65	70	62
<i>Of those who responded:</i>						
Source person						
Street dealer (%)	16	43	21	8	19	15
Friends (%)	52	34	32	44	43	53
Known dealer (%)	21	7	38	26	22	25
Acquaintances (%)	6	13	5	5	11	3
Unknown dealer (%)	1	3	1	6	5	2
Other (%)	4	0	3	8	0	3
Source venue						
Home delivery (%)	11	10	9	20	21	15
Dealer's home (%)	20	17	36	15	18	24
Friend's home (%)	39	26	22	26	24	32
Acquaintance's house (%)	4	8	4	3	5	6
Street market (%)	10	21	7	14	15	6
Agreed public location (%)	12	18	21	21	16	16
Other (%)	5	0	0	0	2	2

Source: IDRS participant interviews

5.9 Oxycodone

Key Points

- The median price among a small number of respondents for 80mg of reformulated oxycodone was found to be \$65, an increase on 2015 and 2016.
- Oxycodone was rated as easy or very easy to obtain by most respondents.
- Illicit oxycodone was sourced mainly from friends.

5.9.1 Price

From 2009 to 2014, a small but growing proportion of the NT IDRS sample reported purchasing illicit oxycodone. Since 2015 small numbers of respondents have been able to report the prices of their most recent purchases of OP tamper resistant Oxycodone. In 2017 seven people paid a median of \$25 for 40mg and 6 people paid a median of 65\$ for 80mg.

Table 44: Median price (\$) of most recent illicit OP oxycontin purchase, 2015-2017

	2015 N=99	2016 N=90	2017 N=109
40mg	30 (5)	-	25 (7)
80mg	40 (6)	55 (4)	65 (6)

Source: IDRS participant interviews

Note: Number of purchasers in brackets

Opinions on recent price movement were divided among the small number of participants able to comment, Table 45, with 43% reporting that prices had been stable while 29% reported that they fluctuate.

Table 45: Price movements of oxycodone in the past six months, 2011-2017

	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017* N=109
Did not respond (%)	88	88	80	80	86	96	94
Did respond (%)	12	12	20	20	14	4	6
<i>Of those who responded</i>							
Increasing (%)	17	20	11	21	14	0	14
Stable (%)	75	73	78	53	71	25	43
Decreasing (%)	0	7	0	16	14	50	14
Fluctuating (%)	8	0	11	11	0	25	39

Source: IDRS participant interviews

* OP tamper resistant Oxycodone; excludes 'Don't know'.

5.9.2 Availability

Reported availability of oxycodone has fluctuated over the period shown in Table 48, with this year a small number of people able to comment rating it as either easy or very easy to obtain (38% in each case, Table 46).

Table 46: Participants' reports of oxycodone current availability, 2011-2017

	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017* N=109
Did not respond (%)	84	87	78	80	83	96	93
Did respond (%)	16	13	22	20	17	4	7
<i>Of those who responded</i>							
Very easy (%)	13	13	20	26	30	50	38
Easy (%)	38	50	25	11	35	50	38
Difficult (%)	38	38	50	58	30	0	25
Very difficult (%)	13	0	1	5	6	0	0

Source: IDRS participant interviews

* OP tamper resistant Oxycodone; excludes 'Don't know'

Most of those able to comment, 63%, considered that oxycodone availability had remained stable over the preceding six months (Table 47) while 25% reported it as difficult to obtain.

Table 47: Change in oxycodone availability in the past six months, 2011-2017

	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017* N=109
Did not respond (%)	87	88	80	78	82	96	93
Did respond (%)	13	12	20	22	18	4	7
<i>Of those who responded (%)</i>							
More difficult (%)	23	7	22	30	22	0	25
Stable (%)	69	80	72	40	78	75	63
Easier (%)	0	13	0	15	0	0	13
Fluctuates (%)	8	0	6	15	0	25	0

Source: IDRS participant interviews

* OP tamper resistant Oxycodone; excludes 'Don't know'

A friend was again nominated as the main source person (43%, Table 48), with a dealer's home or an agreed public location being the most commonly reported source venues, each also 43%.

Table 48: Source and venue of recent oxycodone purchases, 2009-2016

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017* N=109
Did not respond (%)	86	85	86	78	78	81	96	94
Did respond (%)	14	15	14	22	22	19	4	6
Of those who responded								
Source person								
Street dealer (%)	7	27	17	40	15	11	25	14
Friends (%)	50	60	39	45	45	68	75	43
Known dealer (%)	7	0	17	0	20	0	0	29
Acquaintance (%)	14	13	17	15	5	2	0	14
Unknown dealer (%)	14	0	6	0	0	0	0	0
Source venue								
Home delivery (%)	0	13	12	10	5	47	0	0
Dealer's home (%)	21	0	18	20	25	5	25	43
Friend's home (%)	29	47	24	30	45	26	25	14
Acquaintance's house (%)	7	7	12	10	0	5	0	0
Street market (%)	0	27	12	20	0	5	0	0
Agreed public location (%)	36	7	24	10	15	10	50	43

Source: IDRS participant interviews

* OP tamper resistant Oxycodone

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- Twenty-three percent of the sample had overdosed on heroin at least once in their lives, two within the past year.
- Seventeen percent of the sample reported current treatment (12% in 2016), while 8% reported that they had tried to access treatment in the previous six months but had been unable to do so.
- Access to treatment was rated as difficult/very difficult by four out of ten respondents and easy/very easy by about three out of ten.
- Except for spoons and containers, sharing of injecting equipment rates were higher than was the case in 2016. Using a needle before or after someone else increased to 7% of the sample.
- Twenty-five percent of the sample had reused their own needle, mostly once or twice in the previous six months.
- Needles were sourced almost exclusively from a Needle and Syringe Program, 93%, with the proportion using vending machines increasing from 1% to 9%.
- A private home was the most likely site for the last injection, as was found in previous years.
- The proportion of respondents reporting all injection-related problems increased, although the pattern of injection related problems was similar to previous years, with scarring/bruising and difficulty injecting the most common.
- One third (35%) of the sample recorded an AUDIT-C score indicating further assessment was required: 35% of males and 33% of females.
- Thirty-six percent of the sample recorded an SDS score indicative of stimulant dependence, almost all (97%) associating their answers with methamphetamine.
- Seventy-one percent of recent opioid users recorded an SDS score indicative of dependence, mostly attributable to morphine.
- Twenty-seven percent of participants reported having experienced a mental health problem in the previous six months.
- Thirty-two percent of the sample said that they would be willing to purchase naloxone from a pharmacy now that it is available without a prescription.

6.1 Overdose

Twenty-three percent (Table 49) of the 2016 IDRS sample had overdosed on heroin at least once in their lives, two people within 12 months of interview. Nine percent reported having overdosed on morphine at least once in their lives, also one within the last 12 months. This pattern of overdose is similar to that found in 2016.

Table 49: Lifetime and recent reported overdose, 2015-2017 (%)

	2015 N=99		2016 N=90		2017 N=109	
	Lifetime	Within 12 months	Lifetime	Within 12 months	Lifetime	Within 12 months
Heroin	32	1	18	1	23	2
Morphine	10	0	14	1	9	1
Methadone	1	0	1	0	1	0
Oxycodone	1	0	0	0	2	0
Other drug	20	1	12	7	28	2

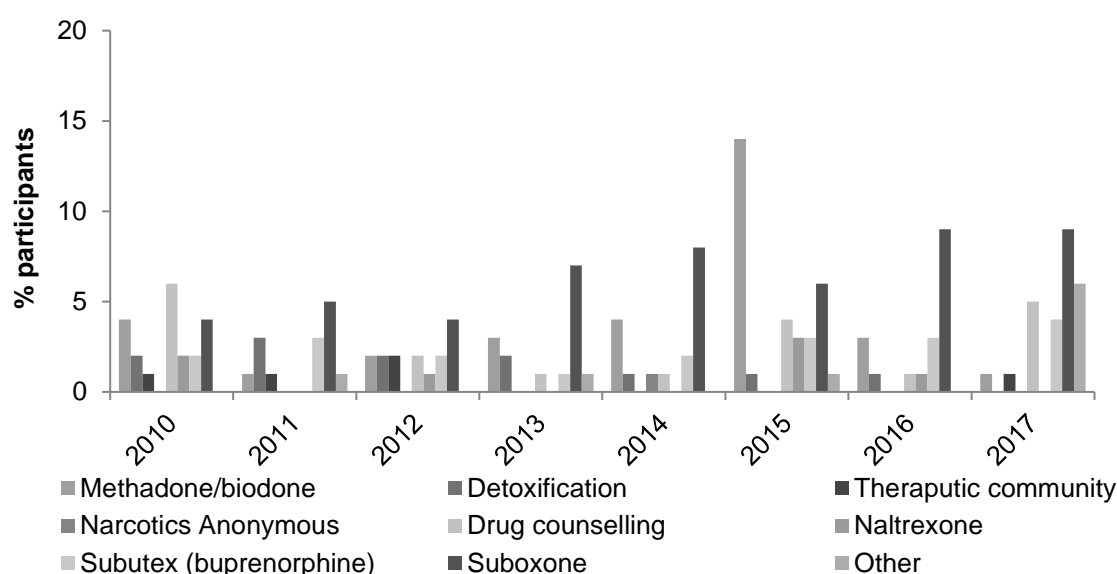
6.2 Drug treatment

In 2017, 17% of participants reported current attendance at treatment compared to 12% in 2016. For this group, current treatment was comprised primarily of suboxone (44%) and Subutex (11%). This

group reported a median of 18 months in treatment, ranging from 1 to 240 months. Ten percent of the sample were receiving opiate substitution treatment at the time of interview.

Participants also reported the forms of treatment they had participated in over the six months prior to interview, Figure 32. Twenty percent of participants reported having opioid treatment in the previous year on a median of one occasion.

Figure 32: Proportion of participants reporting recent treatment, 2010-2017



Source: IDRS participant interviews

Six respondents reported participating in treatment for methamphetamine use in the previous year on a median of one time, with the types of treatment shown in Table 50. Six respondents had been admitted to hospital for their methamphetamine use: four for methamphetamine psychosis on a median of 2 times and two people for another methamphetamine related problem also for a median of twice.

Table 50: Participation in methamphetamine treatment in the previous year, %

Types of treatment	2017 n=6
Assessment	17
Detoxification	0
Pharmacotherapy	67
Counselling	50
Rehabilitation	17
Other	0

Source: IDRS participant interviews

Twelve percent of participants reported that they had tried to access treatment in the six months prior to the survey but were unable to do so; most of these, 8% of the sample, had been unable to access treatment for opioid (heroin or other opiate) use.

Six percent had been unable to access opioid substitution treatment, 5% percent had tried to access an alcohol or other drugs worker, 4% rehabilitation or a therapeutic community, 3% a GP and 3% a counsellor.

At the time of interview, almost one third (30%, Table 51) of the sample felt that it would be easy to get into drug treatment if they wanted it. Forty percent of respondents felt that it would be difficult (29%) or very difficult (17%) to access treatment.

Table 51: Ease of access to drug treatment by participants, 2014 - 2017

	2014 N=91	2015 N=99	2016 N=90	2017 N=109
Very difficult	21	20	17	21
Difficult	31	33	29	19
Easy	21	22	34	30
Very easy	3	1	3	1
Don't know	24	23	17	24

Source: IDRS participant interviews

6.3 Injecting risk behaviours

6.3.1 Access to needles and syringes

Ninety-three percent of participants sourced needles from an NSP in the six months prior to interview, continuing the trend observed in previous years (Table 52). Nine percent had used a vending machine to obtain needles and seven percent from a friend. Small proportions obtained needles from chemists (4%).

Table 52: Source of needles in last six months, 2012-2017

Needle source	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
NSP (%)	92	93	97	91	97	93
NSP vending machine (%)	2	0	0	1	1	9
Chemist (%)	1	10	1	7	2	4
Partner (%)	1	1	0	1	0	1
Friend (%)	5	6	0	4	2	7
Dealer (%)	0	1	0	0	0	2
Hospital (%)	0	2	1	1	0	0
Outreach/peer worker (%)	0	0	1	0	1	0
Other (%)	0	0	0	1	0	2

Source: IDRS participant interviews

Five percent of the sample reported that they had trouble getting needles/syringes in the previous month and 2% had trouble getting filters.

6.3.2 Sharing of injecting equipment among participants and related behaviours

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

Table 53: Recent re-use of injecting equipment, 2010-2017

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Spoons/mixing containers	13	15	22	16	23	15	21	17
Filters	1	4	1	3	2	0	1	7
Tourniquets	6	8	15	11	13	8	5	14
Water	1	1	1	2	3	1	4	7
Swabs	-	-	-	-	3	0	1	6
Wheel filter	-	-	-	-	1	0	0	6
Some one used needle after you	4	8	3	3	3	4	4	7
You used needle after someone	3	3	3	2	2	3	3	7

Source: IDRS participant interviews

Seven percent of the sample (Table 53, n=8) had used a needle after another person: 5% on one occasion, 1% twice and 1% on 3-5 times; 29% of this group (n=2) used a needle after their partner and 29% after a close friend. Nineteen percent of the sample reported that someone had injected them after first injecting themselves: 17% with a new needle and 2% with a used needle.,

Seven percent also reported that someone had used a needle after them: 5% on one occasion and 2% twice. Thirty-four percent of respondents had injected a partner or friend after themselves with a new needle and 4% with a used needle.

Table 54 shows that 25% of participants had reused their own needles at least once, higher than the 14% found in 2016. Three percent had used a needle 3-5 times.

Table 54: Reuse of own needles, 2011-2017 (%)

	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
No times	70	73	78	78	76	86	75
Once	11	13	4	9	2	4	12
Twice	9	6	3	7	12	4	11
3-5 times	7	7	8	4	6	6	3
6-10 times	1	1	3	1	2	0	0
More than 10 times	0	1	3	1	1	0	0

Source: IDRS participant interviews

Table 55 shows that two-thirds of the respondents (65%) identified an arm as the last injection site, 14% a leg and 14% a hand. Respondents injected on a median of 30 occasions in past month and obtained a median of 100 needles/syringes on a median of 2 occasions in the past month.

Table 55: Injection site and needle use characteristics, 2013-2017

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Arm	73	71	57	76	65
Leg	14	11	10	9	14
Hand	8	15	22	12	14
Foot	1	1	1	0	2
Groin	1	1	3	2	2
Neck	0	0	4	0	3
Other	1	1	1	1	0
Median times injected in the last month	30	30	30	30	30
Median times obtained needles/syringes in the last month	2	2	2	2	2
Median no. of needles/syringes obtained in the last month	100	100	100	100	100

Source: IDRS participant interviews

6.3.3 Location of injections

Consistent with previous years, a large majority (91%) reported a private home as the last location for injecting drugs (Table 56); 5% had injected in a car.

Table 56: Last location for injection in the month preceding interview, 2008-2016

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Private home	90	92	92	96	84	89	88	96	91
Street/carpark/beach	2	2	3	1	2	2	2	1	4
Other public area	3	0	0	0	0	0	0	0	0
Car	0	2	3	2	1	4	4	1	5
Public toilet	2	2	1	1	8	1	3	2	0
Other	0	2	1	1	2	3	1	0	0

Source: IDRS participant interviews

6.3.4 Self-reported injection-related health problems

The proportion of the IDRS sample reporting a dirty hit increased noticeably to 19% (Table 57), reversing a drop in level seen since 2013. Scarring/bruising (38%) and difficulty injecting (34%) continued to be prominent injection-related problems reported.

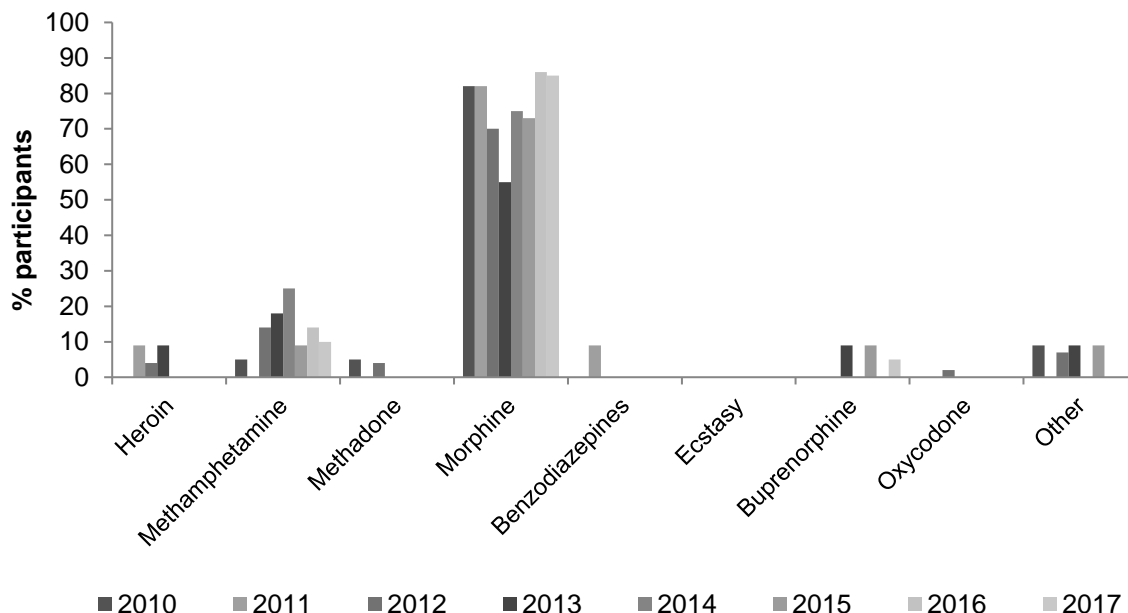
Table 57: Injection-related problems within one month of interview, 2010-2017

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Overdose	5	3	19	3	0	0	0	2
Dirty hit	22	12	46	13	5	11	8	19
Abscess/infection	11	10	9	4	5	3	4	7
Scarring/bruising	30	45	42	32	39	37	32	38
Difficulty injecting	27	37	34	25	41	29	31	34
Thrombosis	4	7	1	4	4	5	0	8

Source: IDRS participant interviews

As in previous years, morphine (85%) was the main drug causing a ‘dirty hit’ in the month preceding the interview (Figure 37), while the proportion attributing the dirty hit to a methamphetamine declined to 10%.

Figure 33: Main drug causing dirty hit in last month, 2010-2017



Source: IDRS participant interviews

6.4 Alcohol Use Disorders Identification Test - Consumption

Since 2010, the IDRS survey questionnaire included the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C), considered to be a valid measure of identifying heavy drinking (Bush et al., 1998). Dawson et al. (2005) reported on the validity of the AUDIT-C, finding that it was a good indicator of alcohol dependence, alcohol use disorder and risky drinking.

Among NT IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 3.5 (SD=3.7, range 1-12), lower than the mean score of 5.0 found in 2016. According to Dawson et al. (2005) and Haber et al. (2009), a cut-off score of five or more indicated that further assessment was required. As is evident from Table 58, 35% of males (47% in 2016) and 33% of females (50% in 2016) reported a level of alcohol consumption requiring further assessment. Thirty-five percent of the total sample of males and females obtained a score of 5 or more.

Table 58: AUDIT-C results, 2012-2017

	2012 N=74	2013 N=62	2014 N=51	2015 N=75	2016 N=55	2017 N=48
Mean score (SD)*	6.3 (3.3)	6.6 (4.0)	6.1 (3.4)	5.7 (3.8)	5.0 (3.5)	3.5 (3.7)
Score of 5 or more (%)						
All participants (n)	68 (74)	64 (62)	61 (51)	56 (75)	49 (55)	35 (78)
Males (n)	68 (57)	63 (46)	62 (39)	63 (49)	47 (15)	35 (48)
Females (n)	65 (17)	38 (16)	58 (12)	42 (26)	50 (40)	33 (30)

Source: IDRS participant interviews

- Standard deviation in brackets. Range is 1-12 in all years.

6.5 Opioid and stimulant dependence

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

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

Of those who had recently used a stimulant and commented (n=58), the median score was 2.0 (mean 3.4, range 0-14), with 36% scoring 4 or more. The mean score for men, 3.7 (n=38) was higher than for women 3.0 (n=20), although this difference was not statistically significant. Most (97%) associated their answers with methamphetamine use, while 2% identified cocaine.

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

Of those who had recently used an opioid and commented (n=79), the median SDS score was 7.0 (mean 6.3, range 0-15), with 71% scoring 5 or above. Men (70%) were less likely to score 5 or more than women (72%) and the difference in mean scores was not statistically significant. Of those who scored 5 or above and who were able to comment (n=56), 88% specifically related their responses to morphine, 7% to buprenorphine, 4% to heroin and 2% to methadone.

6.6 Mental health problems and psychological distress

Twenty-seven percent of the IDRS sample reported having experienced a mental health problem in the six months prior to interview. As in previous years, depression was the main mental health problem, followed by anxiety (Table 60). The proportions reporting these conditions both increased.

Table 59: Self-reporting recent mental health problems, 2011-2017 (%)

	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Depression	16	15	20	12	25	17	20
Manic depression	6	5	2	3	6	1	6
Anxiety	14	10	15	9	15	10	17
Panic	2	2	1	0	3	2	6
Paranoia	1	1	0	2	2	2	4
Personality disorder	0	0	0	0	2	0	4
Schizophrenia	3	2	7	3	7	2	5
Drug-induced psychosis	2	1	0	4	1	1	2
Post-traumatic stress disorder	-	-	-	3	2	2	3

Source: IDRS participant interviews

Of the group who had experienced a mental health problem, 75% had attended a health professional for the reported problem. Just over half (52%) of this group attended a GP, 29% a psychiatrist, 29% a psychologist and 14% a mental health nurse. Of those who attended a health professional, 48% were prescribed medication: 43% an antidepressant, 43% an antipsychotic, 21% a benzodiazepine and 14% a mood stabiliser. Further details of the types of medication received by his group are shown in Table 61.

Table 60: Types of medication received for mental health problems, 2013-2017 (%)

	2013	2014	2015	2016	2017
Antidepressant	(n=10)	(n=10)	(n=10)	(n=3)	(n=6)
Avanza (mirtazapine)	10	13	-	33	50
Cymbalta (duloxetine)	10	0	-		
Citalopram (generic)	-	-	20	33	17
Deptran (doxepin)	10	-	-		
Efexor (venlafaxine)	20	25	20	33	17
Zoloft (sertraline)	20	13	30	-	
Other	10	25	10	-	17
Anti-psychotic	(n=4)	(n=5)	(n=6)	(n=2)	(n=6)
Seroquel (quetiapine)	60	-	50	-	60
Other	-	50	50	100	40
Benzodiazepine	(n=6)	(n=6)	(n=2)	(n=3)	(n=2)
Valium (diazepam)	50	50	100	33	50
Valpam (diazepam)	16	0	-	33	
Other	16	17	-	33	50

Source: IDRS participant interviews

The Kessler Psychological Distress Scale (K10) again formed part of the IDRS interview survey. The K10 is a questionnaire designed to measure the level of distress associated with psychological symptoms and is appropriate for use with population surveys (Kessler, 2002). In 2016, 89% of the IDRS sample completed the K10, yielding a mean total score of 21.5 (median=20.0, SD=9.5, range=37).

K10 scores were categorised using total score ranges consistent with those used by the Australian Bureau of Statistics and are presented in Table 62. Based on these categories, 22% of those who completed the K10 reported experiencing a very high level of distress over the four weeks prior to interview. Thirty-four percent of those who completed the K10 reported low or no distress.

Table 61: Level of psychological distress, 2011-2016

Level of distress	2012	2013	2014	2015	2016	2017
Low or no distress (10-15)	26	21	41	35	32	34
Moderate distress (16-21)	17	33	20	16	23	22
High distress (22-29)	16	17	23	29	27	23
Very high distress (30-50)	19	10	16	20	19	22

Source: IDRS participant interviews

6.7 Naloxone program and distribution

Since 2013, participants have been asked questions about naloxone and naloxone take-home programs. Most participants, 78% in 2017 (Table 62), had heard of naloxone, with 39% of this group saying that it 'reverses heroin', 41% that it is used to 're-establish consciousness' and 31% that it 'helps start breathing'.

The proportion of respondents that had heard of take-home naloxone programs increased to 55% of the sample this year. Eight percent of the sample reported that they had completed training in the use of take-home Naloxone, with 2 people reporting that they had used the Naloxone to resuscitate someone.

Thirty-six percent (Table 62) of respondents were aware of the rescheduling of Naloxone to make it available over-the-counter at pharmacies. Five percent of the sample reported that they had been

resuscitated by someone using OTC Naloxone and 5% said that had accessed OTC Naloxone, although none reported using it.

Thirty-two percent of the sample said that they would be willing to purchase naloxone from a pharmacy now that it is available without a prescription; 57% of this group would be willing to carry naloxone, 97% would be willing to administer naloxone after witnessing an overdose and 94% would stay with the person after administering the naloxone.

Table 62: Take-home naloxone program and distribution, 2013-2017

	2013	2014	2015	2016	2017
% Naloxone description (n)	n=70	n=77	n=81	n=66	n=85
Reverses heroin	66	74	52	62	39
Helps start breathing	14	4	27	18	31
Re-establishes consciousness	26	14	41	35	41
Other	16	12	31	18	29
% Heard of the take-home naloxone program (n)	n=84	n=89	n=99	n=89	n=100
Yes	18	24	28	35	55
No	81	76	72	66	45
% Heard of the rescheduling of naloxone	-	-	-	n=89	n=99
Yes	-	-	-	9	36
No	-	-	-	91	64

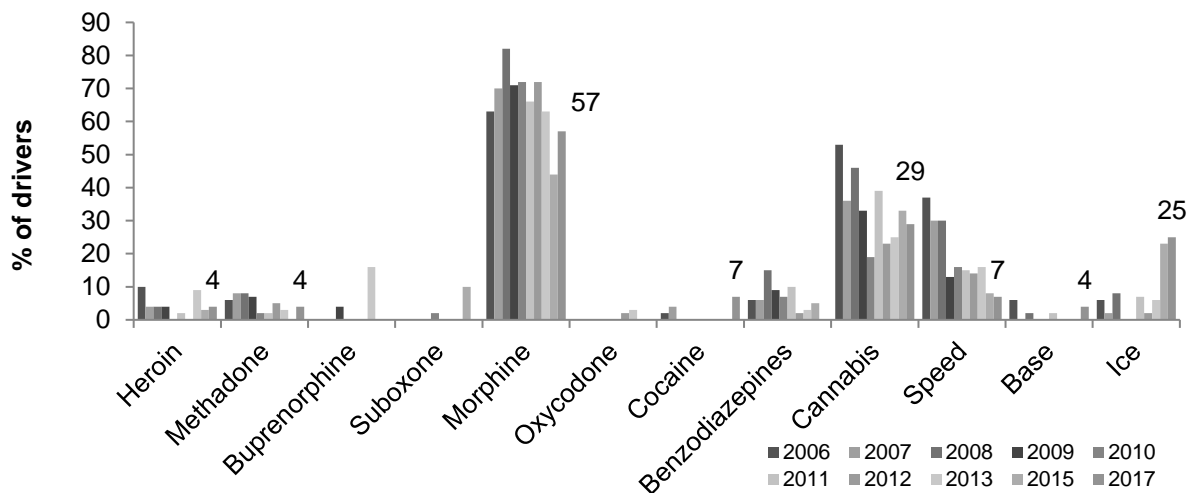
Source: IDRS participant interviews

6.8 Driving risk behaviour

Thirty-eight percent of the IDRS sample had driven a car within the six months prior to interview and, of those, 15% reported driving over the legal blood alcohol limit on a median of 4 days, while 71% had driven within three hours of taking an illicit or non-prescribed drug on a median of 24 days. Twenty percent of drivers drove without a licence.

In 2017, morphine (57%), cannabis (29%) and crystal methamphetamine (25%) were the drugs most commonly consumed by drivers before driving; the proportion reporting crystal methamphetamine has increased markedly since 2013.

Figure 34: Driving after taking an illicit drug by drug type, 2006-2013, 2015, 2017



Source: IDRS participant interviews

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- Twenty percent of the sample had been arrested in the preceding 12 months and thirty-five percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing and property crime.
- Spending by participants on illicit drugs the day before interview showed similar a pattern to previous years.

7.1 Reports of criminal activity and arrests

Thirty-five percent of the IDRS sample reported having committed at least one crime in the month prior to interview. Dealing (20%, Table 63) and property crime (20%) were the most frequently reported. The pattern of types of crimes committed has remained stable over the years, with dealing and property crime most common and low reported rates of fraud and violent crime.

Twenty percent (Table 63) of the sample had been arrested within 12 months of the interview. Of those, 46% were arrested for property crime, 23% for use or possession of drugs and 18% for a driving offence. Nine percent reported an arrest for a violent crime.

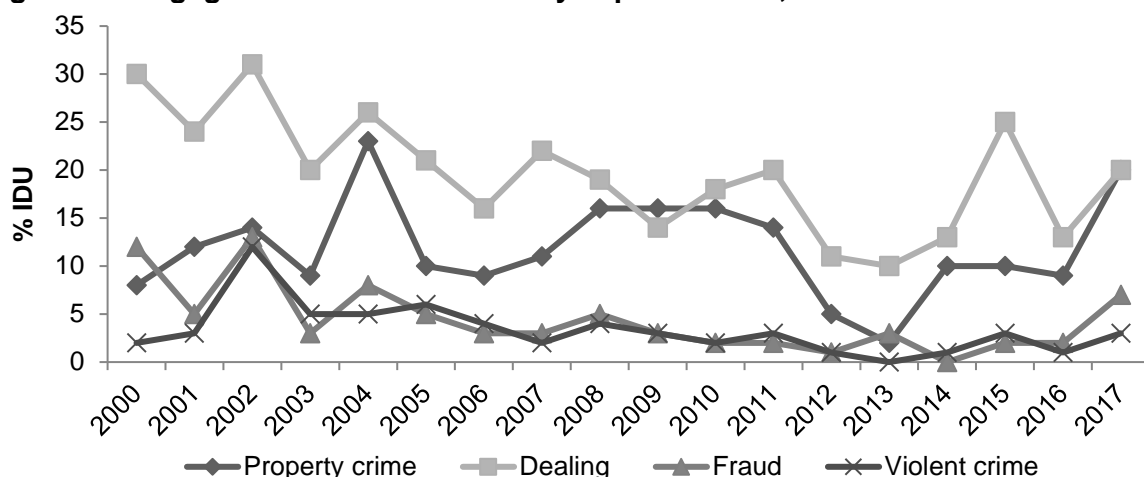
Table 63: Criminal and police activity as reported by participants, 2011-2017

	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
Criminal activity in last month (%)							
Dealing	20	11	10	13	25	13	20
Property crime	14	5	2	10	10	9	20
Fraud	2	1	3	0	2	2	7
Violent crime	3	1	0	1	3	1	3
Any crime	31	16	14	19	34	22	35
Arrested in last 12 months	25	17	14	14	24	20	20

Source: IDRS participant interviews

Participant reports of criminal activity have fluctuated since 2000, showing a decline until 2013 and increases since then. Fifty-four percent (not shown) of the sample reported having been imprisoned at some time.

Figure 35: Engagement in criminal activity in prior month, 2000-2017



Source: IDRS participant interviews

Most of the sample, 54% (Table 64), had spent nothing on drugs in the day before interview while 42% had spent \$50 or more.

Table 64: Amount spent on drugs on the day before interview, 2010-2017 (%)

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109
\$0	33	39	43	42	40	40	47	54
Less than \$20	2	1	0	2	1	3	4	2
\$20-\$49	6	12	7	14	17	8	6	3
\$50-\$99	23	17	20	16	15	16	22	12
\$100-\$199	21	16	17	13	14	18	16	13
\$200 or more	14	14	14	14	13	14	6	17

Source: IDRS participant interviews

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