northern territory

C. Moon

NT DRUG TRENDS 2016
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 170

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under the Substance Misuse Prevention and Service Improvement Grants Fund

Northern Territory DRUG TRENDS 2016

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au.

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- NT agencies and staff who provided indicator data and explanations;
- 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 Brian Injury
TGA	Therapeutic Goods Administration
SDS	Severity of Dependence Scale

Glossary of Terms

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

Guide to days of use/injection

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

*as appropriate

EXECUTIVE SUMMARY

This report presents the 2016 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 2016, the Illicit Drug Reporting System Project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The IDRS team would like to thank the Australian Government Department of Health for their continued assistance and support throughout the year.

The IDRS analyses data from a survey of people who inject drugs (PWID, referred to in this report as participants or respondents), a survey of key experts (KE) and secondary illicit drug-related indicator data in order to monitor the price, purity and availability of a range of illicit drugs. The IDRS also identifies emerging drug trends through comparison of results obtained in previous years.

Demographic characteristics of the survey respondents

As in previous years, the sample was predominantly (67%) male (Table 1). The mean age was 46 years and 91% of the respondents were unemployed or on a pension at the time of interview. Four percent reported full-time employment, a decrease on the 8% found in 2015. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was 31%, similar to the 33% found in 2015. Ninety percent reported heterosexual status while 3% identified as bisexual and 3% as gay or lesbian. Year 10 was again the mean for years of education although 52% reported some form of post-secondary education. Reported participation in treatment declined to 12% of the sample from 17% in 2014; 51% reported prior prison history.

Patterns of drug use

Morphine was the drug most often injected in the month prior to interview (59%) and the most recent drug injected (58%), followed by methamphetamine at 35% recent use and 33% recent injection. Crystal methamphetamine use in both categories has increased consistently over the last five years, replacing speed powder as the used form.

The most commonly used illicit drugs over the six months prior to interview in 2016 were cannabis, at 72%, non-prescribed morphine, at 71%, and crystal methamphetamine, at 69%. Cannabis was used on a median of daily, morphine a median of 90 days and crystal methamphetamine on a median of 12 days, over the previous 6 months.

Recent injection of crystal methamphetamine (“ice”) increased substantially, from 58% in 2015 to 67% this year. This increase is corroborated by all KE, who reported that ice is the drug of most concern. KE, as in 2015, emphasised an increased impact on

treatment services and in law enforcement from this drug, although noting that treatment services have to some extent changed practice to improve their response to this increase.

Heroin
Recent heroin use and injection (7% each) decreased compared to 2015, although this movement is within the variation seen in Heroin use from year to year. KE noted no notable changes in this market.

Methamphetamine
In 2016, 71% of survey participants reported use of some form of methamphetamine, on a median of 12 days, an increase on the proportion fond in 2015. This is accounted for by an increase in the proportions of the sample reporting recent use and injection of crystal methamphetamine ('ice') while recent use of speed powder was stable.

Among this group of recent methamphetamine users, ice has become unambiguously this most common form, while use of speed powder, base and liquid forms has declined to historically low levels. The median point price of speed powder was stable at $100 while the median point price if ice dropped to $100. Speed powder and ice were reported to be readily available.

All KE discussed the methamphetamine market in Darwin, corroborating the findings of the injecting drug user survey. Law enforcement KE noted that supply via postal services had become more common, while some treatment services noted improvements around community and professional education, greater flexibility around entry to services and an increase in support groups.

Cocaine
Reported recent use of cocaine was reported by only four survey participants, remaining low as in previous years. In contrast to previous years, some health and law enforcement KE reported that they had encountered regular cocaine users more often. While reluctant to describe this as a 'trend', there was a perception that some of their clients saw cocaine as less hazardous and its use more controllable than crystal methamphetamine.

Cannabis
Cannabis was again the second most frequently used illicit drug. 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.

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 2016, 2% of the sample reported recent use of illicit methadone syrup and 11% recent illicit use of Physeptone tablets. A small number of respondents reported a median price of $15 for a 10 milligram Physeptone tablet.

Morphine
Recent use and injection of morphine both increased slightly, to 76% in each case, both on a median of daily use. Illicit morphine continued to be the form most often used over the six months before interview (71%) with recent use of licit morphine relatively stable. MS Contin was again the brand most frequently used (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 (42%) or very easy (39%) to obtain.

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

Oxycodone
Twenty 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 18% each.

Only a very small number of respondents was able to report a median price of $55 for 80mg of the reformulated oxycodone.

Subutex (buprenorphine)
Recent use of illicit Subutex was reported by 16% of the sample, an increase on 2015. Eight participants reported purchasing 8mg of Subutex for a median price of $40

Suboxone (buprenorphine naloxone)
Nine percent of the PWID sample reported recent use of illicit Suboxone, reporting a median price of $15 for 2mg film. Suboxone film availability reports were mixed, with eight respondents rating it as difficult to obtain and five as easy.

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

- Eight percent of participants reported recent ecstasy use.
- Recent use and injection of hallucinogens increased on 2015.
- Any form of benzodiazepine (illicit and/or licit) was used by 29% of participants in the preceding six months, a decline after three years of increases.
- Thirteen percent of participants had recently used illicit Alprazolam.
- Forty-nine percent of participants reported use of alcohol in the preceding six months, and ninety-four 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 (18%) or morphine (14%) only a small proportion reported an overdose within 12 months of interview.

Amphetamine-related admissions to NT hospitals have fluctuated over time but show an increase since 2009/10, with the rate of increase greater since 2012/13. The rate of increase is slower than that seen nationally.

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%.

Twelve percent of the sample reported current treatment (25% in 2014) and 18% reported having attended treatment within six months of interview. Eleven percent of the sample were unable to access immediate services in the previous six months, four out of ten (44%) being placed on a waiting list. Access to treatment was rated as difficult/very difficult by just under half the respondents and easy/very easy by about four out of ten.

Almost half the sample (49%) recorded an AUDIT-C score indicating further assessment was required, 47% of males and 50% of females. Twenty-five percent of the sample recorded a Severity of Dependence Scale (SDS) score indicative of stimulant dependence, 94% of this group associating their answers with a methamphetamine. Sixty-four percent of recent opioid users recorded an SDS score indicative of dependence, mostly (89%) attributable to morphine. Twenty-one percent of participants reported having experienced a mental health problem in the previous six months.

Key Experts from the treatment sector corroborated the findings above, and identified crystal methamphetamine, “ice”, as the most problematic drug of concern currently.

Law enforcement and criminal behaviour

Twenty percent of the sample had been arrested in the preceding 12 months and twenty-two percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing.

The number of ATS seizures declined in 2014/15, although the amount seized was stable, at around 17 kilograms. The number of consumer and provider arrests increased to a new high of 282, compared to 138 in 2013/14

Key Experts confirmed that crystal methamphetamine, ‘ice’, is the most problematic illicit drug that they currently deal with, corroborating the results found in the participant survey and secondary data, showing increases in self-reported property crime and dealing, and the increase in ATS seizures. Law enforcement KE noted a marked increase is the use of postal services to obtain illicit drugs.

Special topics

One quarter of respondents reported being homeless at the time of interview while eight or ten had been homeless at some point during their life.

One-in-five participants had donated blood at least once in their lives and 33% of this group had injected drugs prior to this.

Sixty-one percent of respondents able to comment reported that they had been treated differently (unfairly) to other people because they inject drugs.

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). Since 2002, the full IDRS has been conducted by the NT Department of Health. Reports of these studies are available to download from the NDARC website.

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

1.1 Study aims

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

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

2 METHOD

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

The IDRS uses three types of data, which are described below.

2.1 Survey of people who inject drugs (PWID)

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

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

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

In the NT, interviews were conducted in Darwin and Palmerston during July 2014 with 93 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 24.0.

2.2 Survey of key experts (KE)

The second component of the IDRS involves semi-structured interviews with key experts (KE), selected because their work brings them into regular contact with illicit drug users. Criteria for inclusion in this part of the study are at least weekly contact with illicit drug users in the past six months or contact with a minimum of 10 illicit drug users during the same period.

Information from KE corroborates data from participants, but also provides a broader context in which to place the participants' data. A standardised interview schedule is used by all states and territories that closely mirrors the participants' questionnaire. Each KE is asked to nominate the main illicit drug used by most of the illicit drug users they work with and information is then gathered about use, availability, price and purity of that drug category. Further questions are asked about health, treatment, crime and police activity.

Interviews were conducted face-to-face or by telephone and took approximately 40 minutes. KE were drawn from the following fields:

- Treatment service workers
- NSP workers
- Police
- Nursing

2.3 Other indicators

The third set of information comprises secondary data sources that relate to illicit drug use. Recommended criteria for inclusion in the study are that the data must be available at least annually, include 50 or more cases, be collected in the city or jurisdiction of the study, provide brief details on illicit drug use, and must include details of the four main illicit drugs under investigation (Hando et al., 1997).

Due to the small population of the NT, many of the data sources available to other states and territories report very small numbers regarding the NT and fail to meet the above criteria. Where no other secondary sources are available, some findings from such data sources are noted, but should be interpreted with caution. Data are presented for a time period that overlaps as closely as possible with the period of the IDRS, but where this is not available the most recent data available are included.

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

- Australian Crime Commission
- The Kirby Institute for infection and immunity in society
- Annual Report of the National Notifiable Diseases Surveillance System
- Australian Needle and Syringe Program Survey National Data Report
- Northern Territory Integrated Justice Information System
- The NT Office of Crime Prevention
- The Australian Crime Commission Illicit Drug Report, various years

- The NT Alcohol and Other Drug Treatment Services Client Database
- The NT DHCS Corporate Information Services
- Alcohol and Drug Information Service annual reports
- Australian Institute of Health and Welfare (AIHW)
- NT Poisons Control

3 DEMOGRAPHICS

3.1 Overview of the participant sample

Key Points

- A total of 90 participants were interviewed for the 2015 NT IDRS survey.
- The mean age was 46 years (range 20 to 63 years).
- Sixty-seven percent were male.
- The majority were unemployed or on a pension.
- Twelve percent were currently in drug treatment.
- Fifty-one percent had a prison history.

As in previous years, the sample was predominantly (67%) male (Table 1). The mean age was 46 years and 91% of the respondents were unemployed or on a pension at the time of interview. Four percent reported full-time employment, a decrease on the 8% found in 2015. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was 31%, similar to the 33% found in 2015. Ninety percent reported heterosexual status while 3% identified as bisexual and 3% as gay or lesbian. Year 10 was again the mean for years of education although 52% reported some form of post-secondary education. Reported participation in treatment declined to 12% of the sample from 17% in 2014; 51% reported prior prison history.

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

	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Age – mean years (range)	42 (23-62)	40 (21-60)	44 (23-63)	43 (20-64)	46 (20-63)
Sex (% male)	71	65	71	64	67
Aboriginal and/or Torres Strait Islander (%)	28	21	20	33	31
Heterosexual (%)	94	87	87	91	90
Bisexual (%)	6	10	8	6	7
Gay or lesbian (%)	1	1	3	2	3
Other (%)	0	2	2	1	0
School education – mean no. years (range)	10 (2-12)	10 (0-12)	10 (4-12)	10 (4-12)	10 (6-12)
Tertiary education (%)					
None	62	45	52	52	48
Trade/technical	30	35	36	32	40
University/college	8	18	13	16	12
Employment (%)					
Not employed/on a pension	94	79	77	84	91
Full time	3	7	14	8	4
Part time/casual	3	11	8	7	4
Other	0	2	0	0	0
Prison history (%)	59	57	44	54	51
Currently in drug treatment (%)	10	13	17	23	12

Source: IDRS participant interviews

Participants were mostly single (61%), receiving a pension, allowance or other benefit (93%), and lived in rented accommodation (76%).

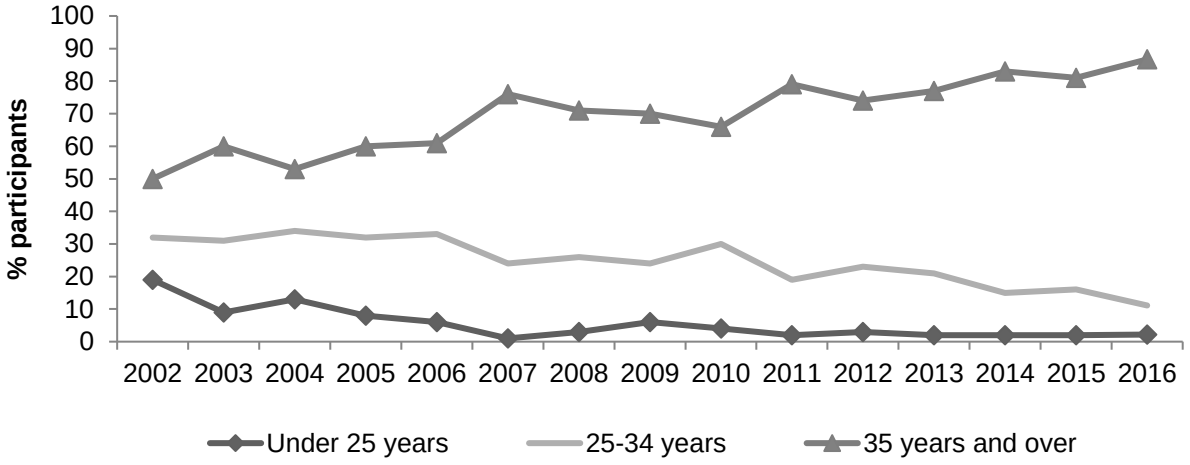
Table 2: Achieved characteristics of the PWID sample, 2016.

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

Source: IDRS participant interviews

Figure 1 demonstrates that over time the proportion of IDRS participants aged 35 years and older has increased, while, conversely, the proportions aged under 25 and between 25 and 34 years of age have declined.

Figure 1: Age distribution of participants in the NT IDRS samples, 2002-2016



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 Heroin.
- 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 23 years (Table 3) approximately the average for the last 5 years. Fifty-nine percent of the sample identified amphetamines as the drug first injected. In 2013 the proportion reporting morphine as the first drug injected dropped markedly to 3%, increased 22% in 2014 and then declined again to 11% in 2015 and maintaining that level at 12% this year.

Morphine (34%) was the most frequently reported drug of choice, followed by methamphetamine (26%). The popularity of crystal methamphetamine had increased for the third year in a row.

Morphine was again the drug most often injected in the past month (59%) and the most recent drug injected (58%), followed in each case by methamphetamine, 35% and 33% respectively. Crystal methamphetamine use in both categories has increased consistently over the last five years, replacing speed powder as the used form.

The pattern of injecting frequency in the previous month shows a similar pattern to 2015, with 68% of respondents injecting at least daily.

Table 3: Injection history, drug preferences and polydrug use, 2012-2016

	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Age first injection – mean years (range)	24 (10-54)	20 (12-45)	22 (10-45)	22 (6-45)	23 (12-45)
First drug injected (%)					
Heroin	28	25	20	28	23
Amphetamines	50	67	48	53	59
Cocaine	0	0	1	1	0
Morphine	18	3	22	11	12
Drug of choice (%)					
Heroin	21	43	28	33	22
Morphine	46	26	48	41	34
Cocaine	2	0	4	0	1
Methamphetamine (any form)	22	18	12	15	26
Speed	*21*	*14*	*8*	*9*	9
Base	*1*	*0*	*0*	*0*	0
Crystal methamphetamine	*0*	*3*	*4*	*6*	17
Benzodiazepines	0	0	0	0	0
Cannabis	6	2	1	2	7
Drug injected most often in last month (%)					
Heroin	2	1	1	4	0
Cocaine	0	0	0	1	0
Methamphetamine (any form)	24	19	14	25	35
Speed	*23*	*15*	*5*	*7*	4
Base	*0*	*0*	*0*	*0*	0
Crystal methamphetamine	*1*	*3*	*9*	*18*	31
Morphine	71	73	79	58	59
Suboxone				8	0
Oxycodone				1	1
Most recent drug injected (%)					
Heroin	2	0	1	3	1
Cocaine	0	0	0	1	0
Methamphetamine (any form)	23	20	15	25	33
Speed	*21*	*15*	*5*	*7*	3
Base	*0*	*0*	*0*	*0*	0
Crystal methamphetamine	*2*	*4*	*10*	*18*	30
Morphine	66	71	72	60	58
Suboxone				7	0
Oxycodone				1	1
Frequency of injecting in last month (%)					
Not injected in last month	3	2	0	1	0
Weekly or less	14	23	17	20	19
More than weekly, but less than daily	15	16	16	14	14
Once per day	40	28	34	21	26
2-3 times a day	29	30	31	37	36
>3 times a day	1	1	1	6	6

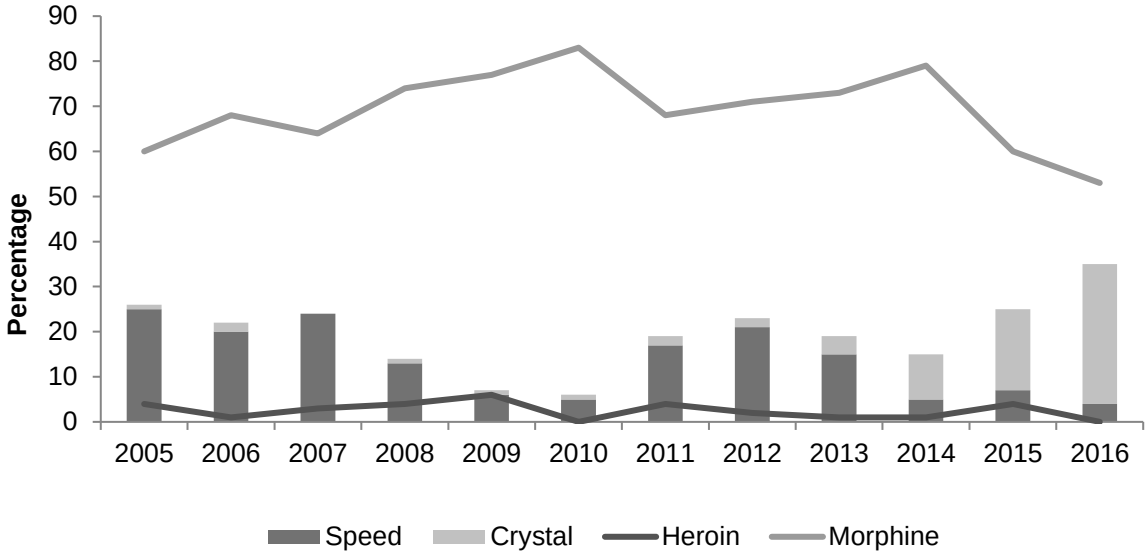
Source: IDRS participant interviews

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=3%) and morphine the most (average=69%). Methamphetamine use has fluctuated around an average of

approximately 14%, with the form of methamphetamine most used in the last month changing notably over the last three years, from speed powder to crystal.

Figure 2: Drug injected most last month, 2005-2016



Source: IDRS participant interviews

Polydrug use histories and routes of administration are shown in Table 4. The most commonly used illicit drug in 2014 was Morphine, at 76%, a three percentage-point increase on 2015. Seventy-one percent of the sample had used some form of methamphetamine in the six months prior to interview, primarily crystal methamphetamine: 69% on a median of 12 days, an increase of nine percentage points on 2015.

Cannabis was used by seventy-two percent of the sample and tobacco by 94%, both on a median of 180 days, i.e. daily. Recent use of both licit and illicit use of benzodiazepines declined, by thirteen and sixteen percentage points respectively, although recent injection was stable.

Table 4: Polydrug use history of the participant sample, 2016

	Used			Injected			Other recent ROA		
Drug class	Ever[1]	Recent[2]	Days[3]	Ever	Recent	Days	Smoked	Snorted	Swallowed
Heroin	72	7	28	71	7	28	0	0	0
Homebake heroin	26	7	4	23	7	4	0	0	0
Any heroin (inc. homebake)	74	13	5	73	13	5	0	0	0
Methadone (prescribed)	24	5	180	16	2	13	0	0	4
Methadone (not prescribed)	41	3	1	33	3	1	0	0	0
Physeptone (prescribed)	14	2	55	10	2	43	0	0	0
Physeptone (not prescribed)	40	11	5	11	9	5	0	0	2
Any methadone (inc. Physeptone)	63	19	12	37	13	5	0	0	0
Subutex (prescribed)	19	3	21	4	1	180	0	0	2
Subutex (not prescribed)	33	16	21	19	9	75	0	0	7
Any form Subutex	43	16	21	20	9	105	0	0	8
Suboxone (prescribed)	24	9	135	9	0	0	0	0	0
Suboxone (not prescribed)	27	9	24	14	4	13	0	0	4
Any Suboxone	42	16	50	20	4	13	0	0	12
Morphine (prescribed)	43	22	180	37	20	180	0	0	3
Morphine (not prescribed)	80	71	90	79	69	90	0	0	3
Any morphine	86	76	180	73	72	180	0	0	4
Generic oxycodone licit	4	1	180	4	1	180	0	0	0
Generic oxycodone illicit	18	6	40	17	6	40	0	0	0
Generic oxycodone any	19	7	-	18	7	-	0	0	0
OP Oxycodone licit	2	0	0	2	0	3	0	0	0
OP Oxycodone illicit	21	8	3	19	8	3	0	0	0
OP Oxycodone any	21	8	-	18	7	-	0	0	0
Other Oxycodone licit	8	1	180	3	1	180	0	0	0
Other Oxycodone Illicit	30	10	6	27	10	6	0	0	1
Other Oxycodone any	36	11	11	18	11	10	0	0	1
Fentanyl	38	14	6	36	14	6	0	0	0
OTC codeine	19	7	2	4	0	0	0	0	7
Other opioids (not elsewhere classified)	39	12	14	8	0	0	0	0	12

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, 2016

	Used			Injected			Other recent ROA		
Drug class	Ever[1]	Recent[2]	Days[3]	Ever	Recent	Days	Smoked	Snorted	Swallowed
Speed	82	24	6	78	24	6	2	0	1
Base/point/wax	21	6	3	18	4	3	1	0	0
Ice/shabu/crystal	81	69	12	78	67	11	10	1	0
Amphetamine liquid	20	3	1	17	2	3	0	0	1
Any form methamphetamine[4]	90	71	12	87	69	12	12	1	2
Pharmaceutical stimulants (prescribed)	8	1	180	4	1	180	0	0	0
Pharmaceutical stimulants (not prescribed)	34	16	18	32	16	18	0	0	1
Any form pharmaceutical stimulants	39	17	20	34	17	20	0	0	1
Cocaine	43	4	6	33	4	6	1	2	0
Hallucinogens	47	2	10	11	0	0	1	0	1
Ecstasy	48	8	3	26	4	2	0	0	6
Alprazolam (prescribed)	13	7	57	7	3	4	0	0	4
Alprazolam (not prescribed)	40	13	4	23	8	4	0	0	7
Other benzodiazepines (prescribed)	42	12	90	8	2	7	0	0	10
Other benzodiazepines (not prescribed)	37	9	6	16	3	4	0	0	7
Any form any benzodiazepines	70	29	11	31	17	12	0	0	22
Seroquel (prescribed)	3	1	180	0	0	0	0	0	1
Seroquel (not prescribed)	20	10	12	0	0	0	0	0	10
Any form Seroquel	22	11	18	0	0	0	0	0	11
Steroids	8	3	7	4	1	1	0	0	2
Alcohol	97	49	24	7	0	0	0	0	49
Cannabis	88	72	180				71	0	0
Inhalants	14	0	0				0	0	0
Tobacco	97	94	180				0	0	0
e-cigarette	26	6	3				0	0	0
NPS	7	1	5	6	1	5	0	0	0
Synthetic cannabis	28	6	6	0	0	0	6	0	0

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

Source: IDRS participant interviews

4.2 Heroin

Key Points

- Seven percent of participants had used and injected heroin in the preceding six months.
- Heroin powder was the form most used.
- Heroin use continues to remain relatively rare in the NT.

Heroin use and injection declined compared to 2015, from 16% each to 7% (Table 5), similar to the proportion found in some previous years. The median days of use and injection increased.

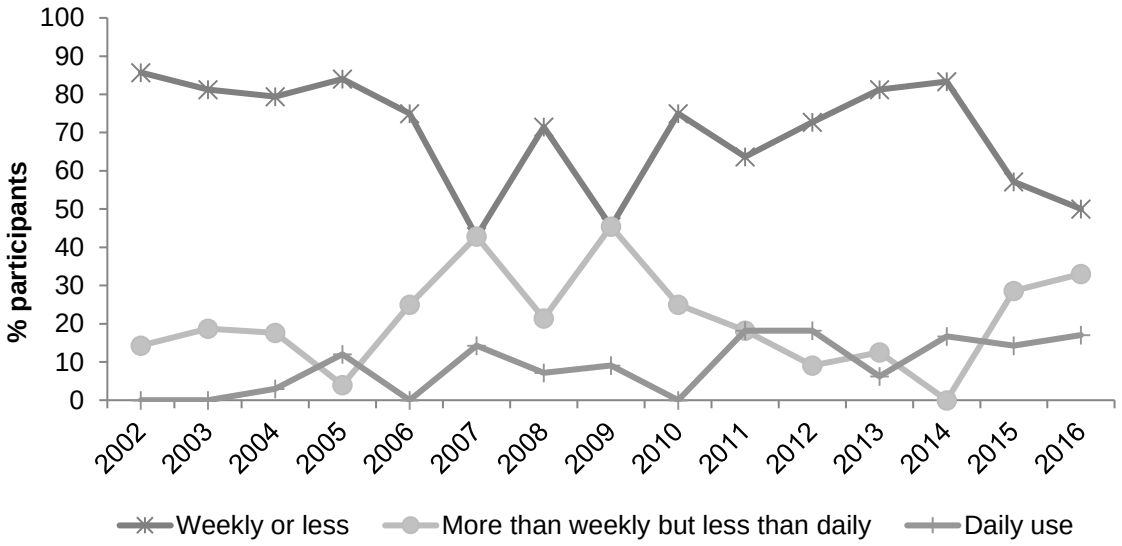
Table 5: Selected trends in participant heroin use, 2009-2016

	2009 N=99	2010 N=99	2011 N=98	2012 N=124	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Used last 6 months (%)	13	5	9	11	17	7	16	7
Injected last 6 months (%)	8	5	9	11	17	7	16	7
Days used last 6 months (median)	17	4	21	5	3	11	15	28
Days injected last 6 months (median)	9	4	21	5	3	11	15	28

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 and daily has increased this year.

Figure 3: Frequency of use among those used in the last six months, 2002-2016.



Source: IDRS participant interviews

Table 6 demonstrates that white rock was the main form of heroin used in the previous six months, with the proportion using homebake increasing.

Table 6: Forms of heroin used in previous six months by participants, 2011-2016

	2011 N=98		2012 N=124		2013 N=91		2014 N=93		2015 N=99		2016 N=90	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder												
white/off-white	6	6	11	7	5	4	3	3	7	5	2	2
brown	1	0	0	0	4	0	0	0	1	1	1	1
other colour	0	0	0	0	0	1	0	0	0	0	0	0
Rock												
white/off white	0	0	4	4	4	4	1	1	4	4	3	3
brown	2	1	0	0	7	6	2	2	4	4	0	0
other colour	2	2	0	0	0	1	0	0	0	0	0	0
Homebake	2	2	1	1	4	0	0	0	2	0	7	0

Source: IDRS participant interviews

4.2.1 KE comment

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

4.3 Methamphetamine

Key Points

- Seven out of ten survey participants reported using some form of methamphetamine in the preceding six months, on a median of 12 days.
- Injecting remained the main route of administration.
- Recent use of crystal methamphetamine exceeded that of speed powder for the third year in a row, corroborating Key Expert reports that 'ice' is now the most prevalent form in the NT.

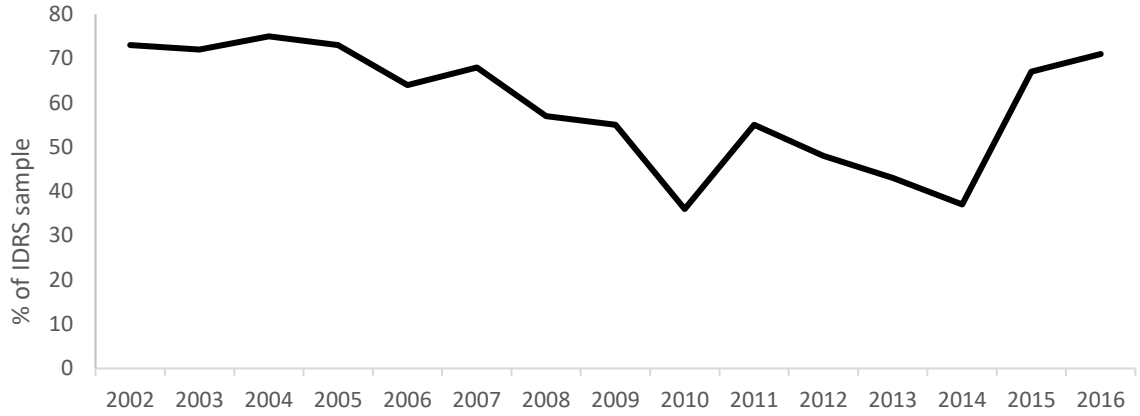
In 2016, 71% (Table 4) of participants reported use of some form of methamphetamine, on a median of 12 days, an increase on the results found in 2015 (67%).

This change is accounted for by an increase in the proportions of the sample reporting recent use and injection of and crystal methamphetamine (‘ice’). Recent use of crystal increased from 60% (Table 4) in 2015 to 69% this year, while recent use of speed powder was relative stable at 25%.

Injecting continues to be the main route of administration for all forms of methamphetamine in this sample. Recent smoking of ice was relatively stable at 19% (12% in 2015) but is still lower than historical levels (18% in 2011). Key Experts report smoking as the main route of administration in the wider population of ice suers in Darwin.

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.

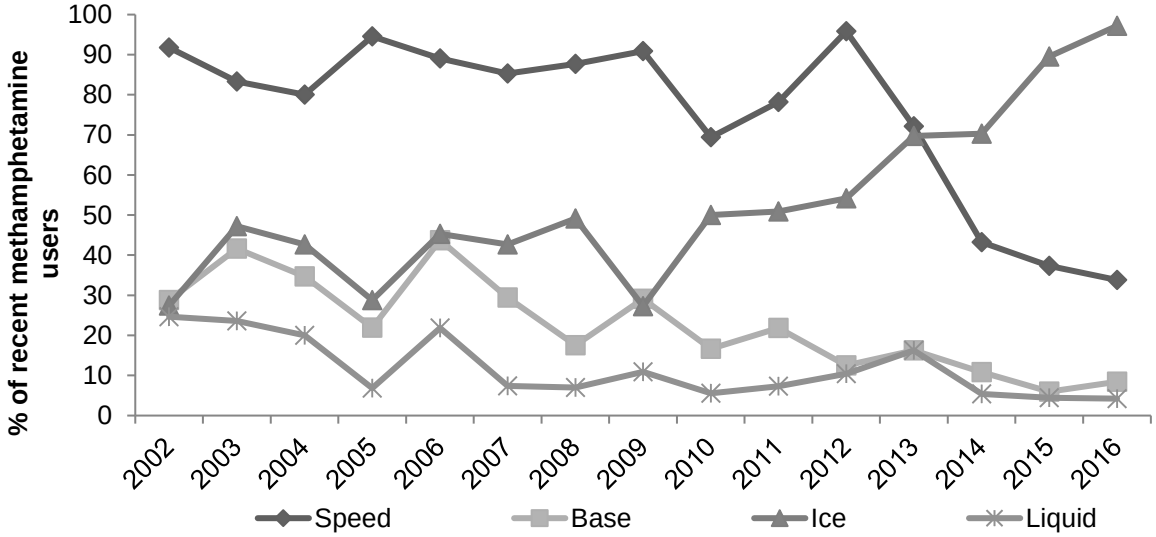
Figure 4: Recent use of any form of methamphetamine, 2002-2015



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.

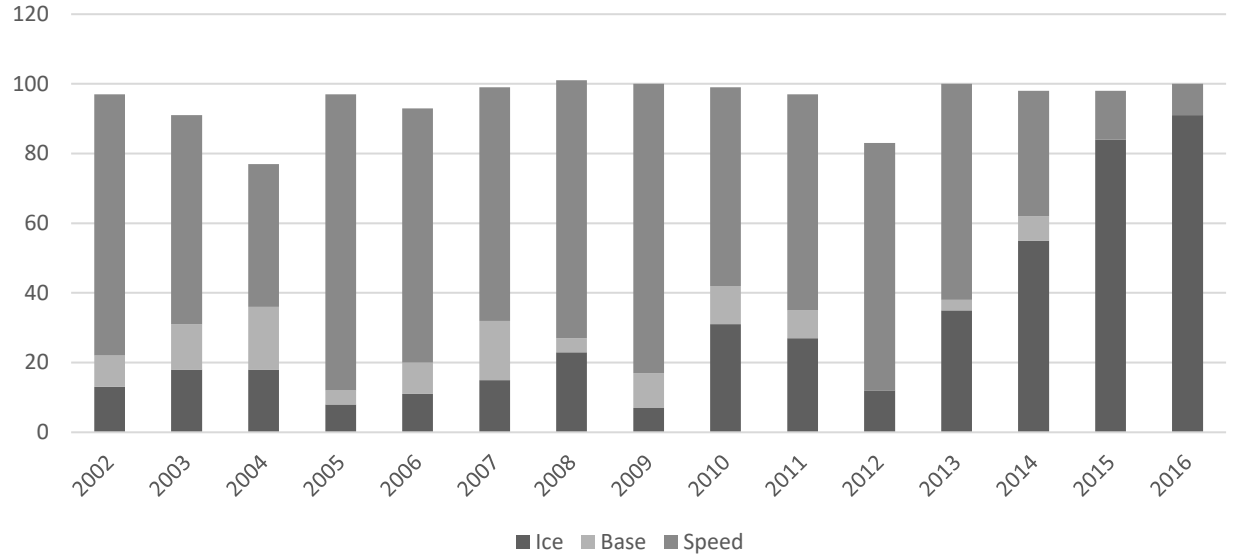
Figure 5: Methamphetamine use in the past six months among recent users, 2002-2016



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.

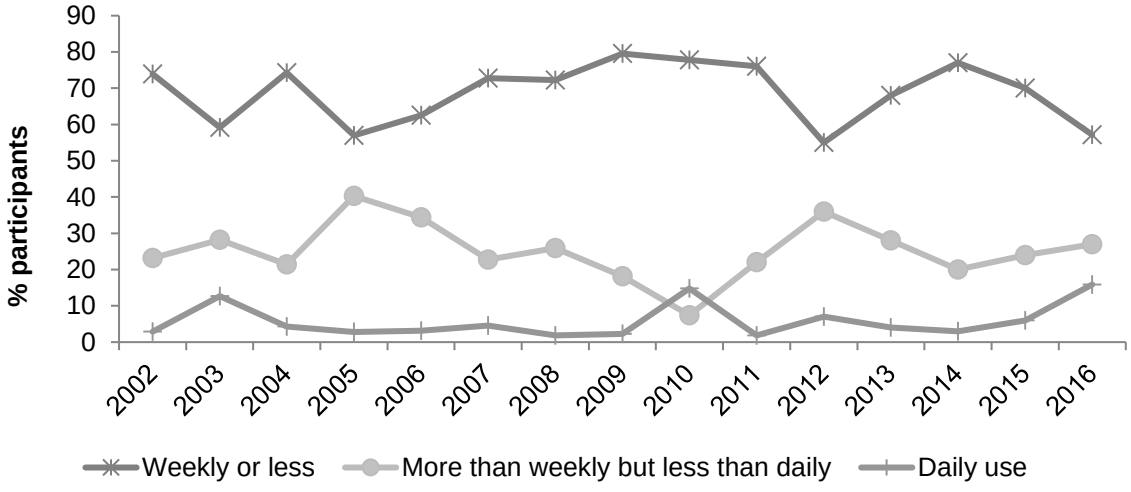
Figure 6: Methamphetamine form most used in the preceding six months, 2002-2016



Source: IDRS participant interviews

A pattern of more than weekly and daily use among the IDRS sample has become more common over the last two years, Figure 7.

Figure 7: Methamphetamine use among recent users (any form), 2002-2016



Source: IDRS participant interviews
Note: Data prior to 2005 also include prescription stimulants

4.3.1 KE comment

In relation to methamphetamine, KE corroborated the findings of the injecting drug user survey.

In most cases, KE reported that the emerging trends found in previous years had now stabilised, with ice as the main form of methamphetamine available and in use. KE identified the following patterns and characteristics of use:

- smoking was the main route of administration among most ice users,

- injecting is less common, but usually typical of those who come to the attention of treatment services and/or law enforcement,
- some KE reported that they were aware of regular injecting among young, often Indigenous people in Palmerston and outer Darwin who were not accessing services and with whom services found it difficult to engage.

In contrast to some previous years, KE were reluctant to identify or nominate particular demographic characteristics for regular ice users. They agreed that ice was now the most common first amphetamine used among younger, new, users, but that otherwise ice use spanned age groups, genders and occupations.

Some treatment service provider KE noted that retention of people seeking help with their ice use in treatment had improved and attributed this to changes in service provision over recent years, including community and professional education, greater flexibility around entry to services and an increase in support groups.

4.4 Cocaine

Key Points
- Reports of recent cocaine use remain low.
- Some KE had received reports of recent cocaine use.

Recent use of cocaine remained low in the IDRS sample (4%, Table 7).

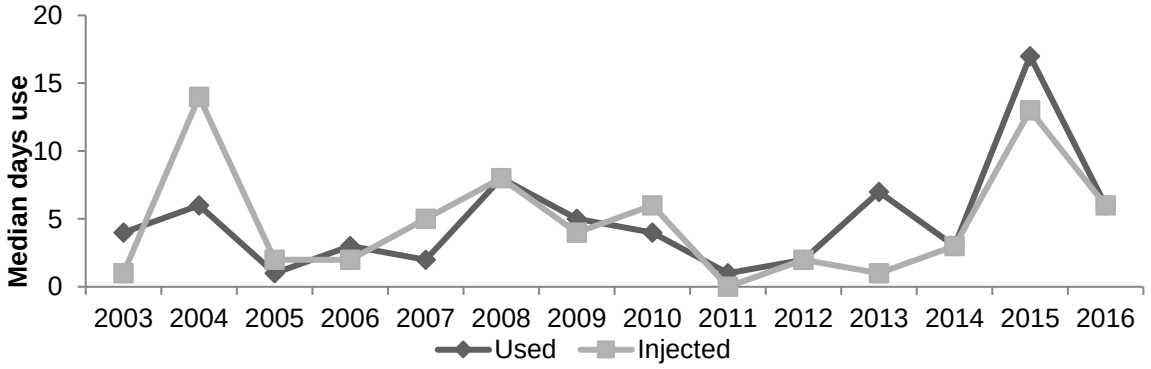
Table 7: Selected trends in participants' cocaine use, 2009-2016

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Used last 6 months (%)	12	4	1	4	7	2	4	4
Injected last 6 months (%)	8	4	0	2	3	2	4	4
Days used last 6 months (median)	5	6	1	2	7	3	17	6
Days injected last 6 months (median)	4	6	0	2	1	3	13	6

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, 2003-2016



Source: IDRS participant interviews

Cocaine powder was the form used most often in 2015 (Table 8), similar to the pattern seen in previous years.

Table 8: Forms of cocaine used previous six months, % participants, 2010-2016

	2010 N=99		2011 N=98		2012 N=125		2013 N=91		2014 N=93		2015 N=99		2016 N=90	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	3	3	1	1	3	2	6	6	2	1	4	3	3	2
Rock	0	1	0	0	0	2	2	1	1	0	1	1	2	1
Crack	1	0	0	0	1	1	1	0	1	1	1	0	0	0

Source: IDRS participant interviews

In contrast to previous years, some health and law enforcement KE reported that they had encountered regular cocaine users more often. While reluctant to describe this as a 'trend', there was a perception that some of their clients saw cocaine as less hazardous and its use more controllable than crystal methamphetamine. One KE felt that people who use cocaine constitute a different group to those who use crystal methamphetamine, particularly in regards to being employed and having a stable income.

4.5 Cannabis

Key Points

- Seventy-two 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.
- KE described the cannabis market, in terms of availability and price, as stable.

Seventy-two percent of participants reported use of cannabis over the preceding six months, on a median of 180 days (i.e. daily, Table 9).

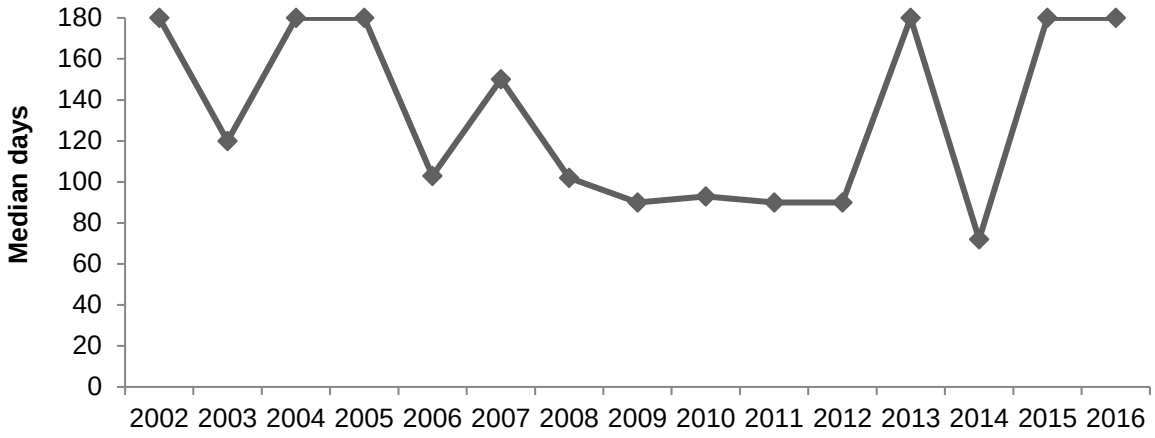
Table 9: Selected trends in participants' cannabis use, 2008-2016

	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
Used last 6 months (%)	78	78	72	71	71	67	62	72	72
Days used last 6 months (median)	102	90	93	90	90	180	72	180	180

Source: IDRS participant interviews

Figure 9 illustrates that the median number of days of recent use of cannabis remained stable between 2008 and 2012, but has fluctuated since then.

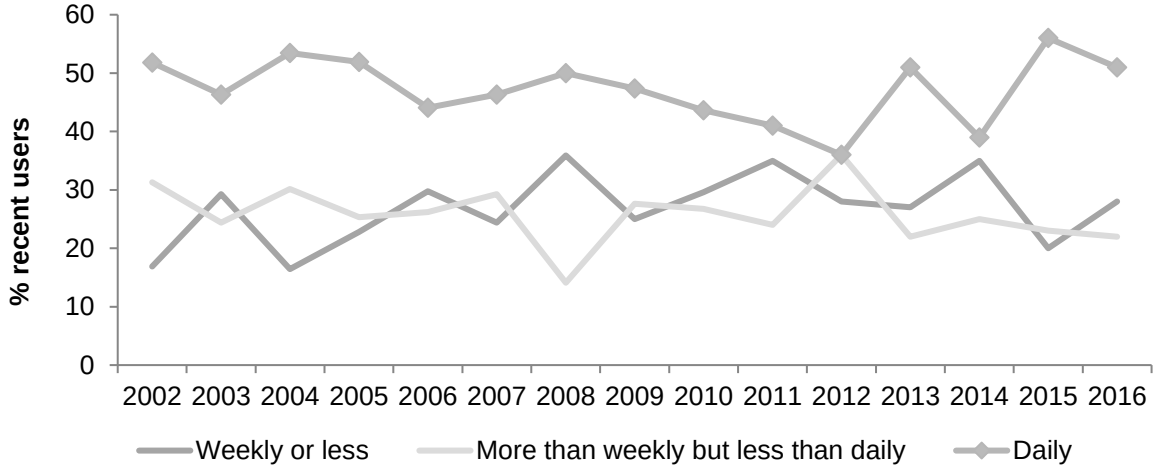
Figure 9: Median number of days of cannabis use in the past six months, 2002-2016



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, 2002-2016



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^, 2010-2016

	2010 N=99*		2011 N=98		2012 N=125		2013 N=91		2014 N=93		2015 N=99		2016 N=90	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Hydro	69	78	62	88	66	73	63	88	57	89	68	92	67	66
Bush	37	10	21	11	29	10	24	12	30	11	31	9	22	6
Hash	11	0	9	2	3	0	7	0	3	0	9	0	7	1
Hash oil	6	0	5	0	2	0	2	0	1	0	4	0	3	0

Source: IDRS participant interviews

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

4.5.1 KE comment

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

4.6 Other opioids

Key Points

- Morphine remained the opioid most frequently used by participants, with 76% having used some form of morphine in the preceding six months, on a median of 180 days.
- MS Contin continued to be the brand most often used.
- Illicitly obtained Physeptone was used by 11% of participants in the preceding six months.
- Illicitly obtained oxycodone was used by 20% of participants in the preceding six months.
- Illicitly obtained Subutex was used by 16% of participants in the preceding six months, on a median of 21 days.
- Over-the-counter (OTC) codeine was used by 7% of participants in the preceding six months.

4.6.1 Methadone

In 2016, six percent reported recent use of illicit methadone liquid in the preceding six months, a drop on the 13% found in 2015 (Table 11). Eleven percent of the sample reported recent illicit Physeptone use, a decrease compared to 2015 and consistent with a decline seen since 2008.

Table 11: Forms of methadone used previous six months, 2010-2016 (%)

	2010 N=99		2011 N=98		2012 N=125		2013 N=913		2014 N=93		2015 N=99		2016 N=90	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Methadone														
Licit	6	5	3	2	4	2	4	4	5	5	13	13	6	6
Illicit	11	1	11	5	11	11	10	6	0	0	6	3	3	2
Physeptone														
Licit	8	7	5	5	2	1	4	3	7	3	3	1	2	2
Illicit	26	17	27	20	19	14	7	4	16	13	13	12	11	4

Source: IDRS participant interviews

For illicit Physeptone tablets, 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, 2007-2016 (%)

	2007 N=106	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
Illicit methadone syrup										
No recent use	70	78	86	92	88	90	91	100	94	95
Weekly or less	22	18	11	7	7	9	6	-	6	3
More than weekly	9	3	1	1	2	1	2	-	0	0
Daily	0	1	1	0	0	1	1	-	0	0
Illicit physeptone										
No recent use	76	70	79	75	74	81	94	85	87	89
Weekly or less	23	27	17	18	26	18	6	12	13	11
More than weekly	1	2	2	6	0	1	0	2	0	0
Daily	0	1	1	1	0	1	0	1	0	0

Source: IDRS participant interviews

4.6.2 Morphine

Recent use and injection of morphine both increased slightly, to 76% each (Table 13) of the sample respectively, while median days of use and injection both remained stable at daily.

Table 13: Selected trends in participants' morphine use, 2007-2016

	2007 N=106	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
Used last 6 months (%)	82	89	70	91	81	77	80	85	73	76
Injected last 6 months (%)	76	87	70	91	78	74	78	84	72	76
Days used last 6 months (median)	180	133	180	180	180	180	105	180	180	180
Days injected last 6 months (median)	180	130	120	155	180	180	120	180	178	180

Source: IDRS participant interviews

Illicit morphine continued to be the form most often used over the six months before interview (68%, Table 14) with recent use of licit morphine relatively stable. MS Contin was again the brand most frequently used (74%) followed by Kapanol (15%).

Table 14: Forms and brands of morphine used previous six months, 2010-2016

	2010 N=99		2011 N=98		2012 N=125		2013 N=91		2014 N=93		2015 N=99		2016 N=90	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	24	16	28	18	23	18	21	17	23	18	24	31	22	31
Illicit	89	73	73	60	68	57	74	57	77	60	69	67	71	68
Brand*														
MS Contin	81		79		75		73		77		81		74	
Kapanol	9		13		16		19		22		11		15	
Anamorph	1		0		0		0		0		0		2	
Other/generic	8		3		1		0		1		1		9	

Source: IDRS participant interviews

Daily use of illicit morphine in the previous six months increased to 34% (Table 15) of the sample from 20% in 2015.

Table 15: Frequency of morphine use in previous six months, 2013-2016

	2013 N=91			2014 N=93			2015 N=99			2016 N=90		
	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit
No recent use	34	15	80	16	20	70	28	32	76	17	29	78
Weekly or less	19	20	1	14	15	3	18	22	2	6	9	0
More than weekly	23	41	8	18	28	8	15	25	2	25	18	6
Daily	37	24	11	53	36	19	38	20	19	52	34	16

Source: IDRS participant interviews

4.6.3 Oxycodone

Twenty 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 18% of the sample.

Table 16: Selected trends in participants' recent oxycodone use, 2013-2016 (%)

	2013 N=91			2014 N=93			2015 N=99			2016 N=90		
	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any
Used last 6 months	9	23	28	3	22	24	5	23	26	2	18	20
Injected last 6 months	3	23	23	2	22	23	2	22	23	2	18	20

Source: IDRS participant interviews

Illicit oxycodone was the form most used by the sample (18%, Table 17) and OxyNorm was the main brand used (7%).

Table 17: Forms of oxycodone used previous six months, 2011-2016 (%)

	2011 N=98		2012 N=125		2013 N=91		2014 N=93		2015 N=99		2016 N=90	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	8	7	7	6	9	8	3	4	5	5	2	2
Illicit	26	24	19	16	23	19	22	18	23	21	18	18
Main brand used												
Generic	-		1		1		1		0		-	
OxyContin 'OC'	27		12		23		19		14		3	
Endone	2		2		1		0		5		1	
OxyNorm	-		-		-		-		-		7	

Source: IDRS participant interviews

4.6.4 Subutex

Recent use of illicit Subutex was reported by 16% (Table 18) of the sample, an increase on 2015. The proportion of the sample reporting recent injection also increased, as did days injected in the last six months.

Table 18: Selected trends in illicit Subutex use, 2009-2016

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Used last 6 months (%)	5	8	8	12	20	17	10	16
Injected last 6 months (%)	3	6	5	7	13	9	6	9
Days used last 6 months (median)	2	7	6	2	15	36	10	21
Days injected last 6 months (median)	1	7	8	3	0	6	61	75

Source: IDRS participant interviews

More than weekly (Table 19) was the most common pattern of use reported among the small number of illicit Subutex users.

Table 19: Frequency of illicit Subutex 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
No recent use	83	94	92	90	90	79	89	94	84
Weekly or less	13	4	6	8	10	13	7	2	5
More than weekly	4	0	2	0	0	6	3	3	8
Daily	1	1	0	0	0	2	1	1	3

Source: IDRS participant interviews

4.6.5 Over-the-counter codeine

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

Table 20: OTC codeine use characteristics, 2010-2016 (%)

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Used last six months	35	52	19	22	11	11	7
Median days used last six months	14	18	10	71	12	5	19
Injected drug last six months	1	1	1	0	0	1	0
Median days injected last six months	10	72*	24	0	0	2*	0
Brands							
Mersyndol	6	5	2	6	1	0	0
Nurofen Plus	12	16	6	7	0	0	2
Panadeine	9	5	2	3	1	2	2
Panafen Plus	1	6	2	0	0	2	0
Panamax Co	0	1	1	0	0	1	0
Other	5	5	3	6	7	5	1

* One respondent only
Source: IDRS participant interviews

4.6.6 KE comment

Morphine was mentioned to some extent by all KE, more prominently by health KE than by law enforcement KE. Generally, the market characteristics of morphine in Darwin, such as

price, availability and form, were reported to have been stable over time and consistent with the results of the injecting drug user survey.

4.7 Other drugs

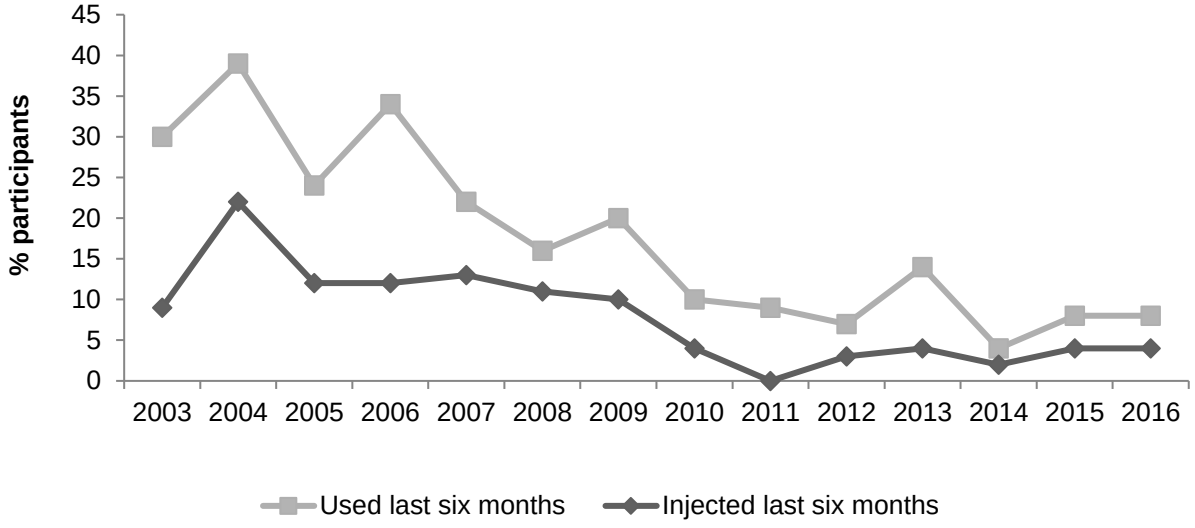
Key Points

- Eight percent of participants reported recent ecstasy use.
- Recent use and injection of hallucinogens increased on 2015.
- Any form of benzodiazepine (illicit and/or licit) was used by 29% of participants in the preceding six months, a decline after three years of increases.
- Thirteen percent of participants had recently used illicit Alprazolam.
- Forty-nine percent of participants reported use of alcohol in the preceding six months, and ninety-four 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), although stable this year compared to 2015.

Figure 11: Recent ecstasy use and injection, 2003-2016

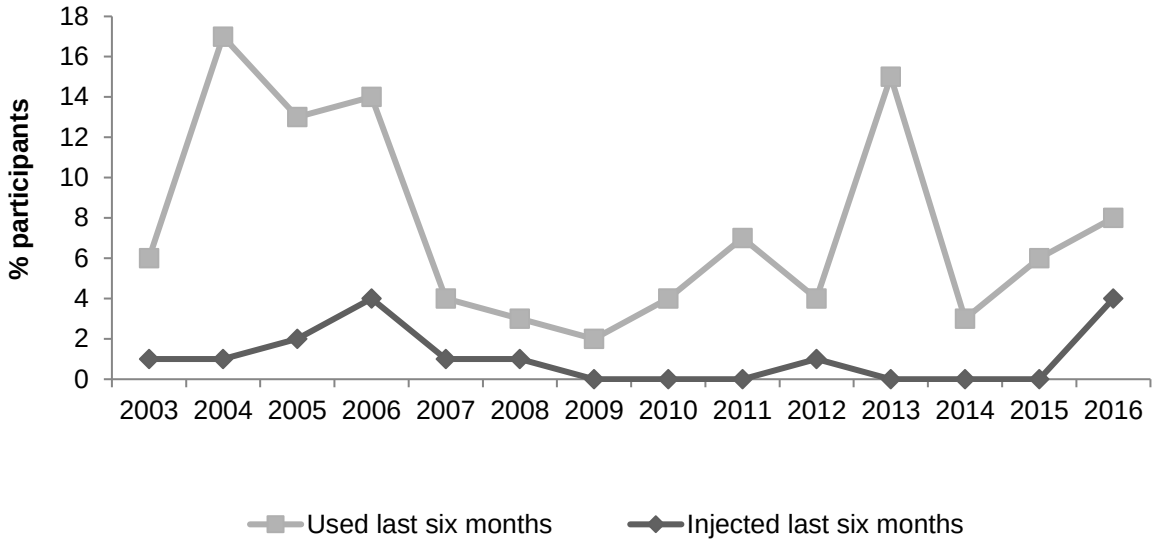


Source: IDRS participant interviews

4.7.2 Hallucinogens

Eight percent, Figure 12, of respondents reported recent use of hallucinogens, an increase on the 6% fund in 2015. Over time, recent hallucinogen use shows considerable fluctuation.

Figure 12: Recent hallucinogen use and injection, 2003-2016



Source: IDRS participant interviews

Only a very small number of respondents were able to report the forms of hallucinogens used. (Table 21).

Table 21: Hallucinogen forms most used, 2010-2016

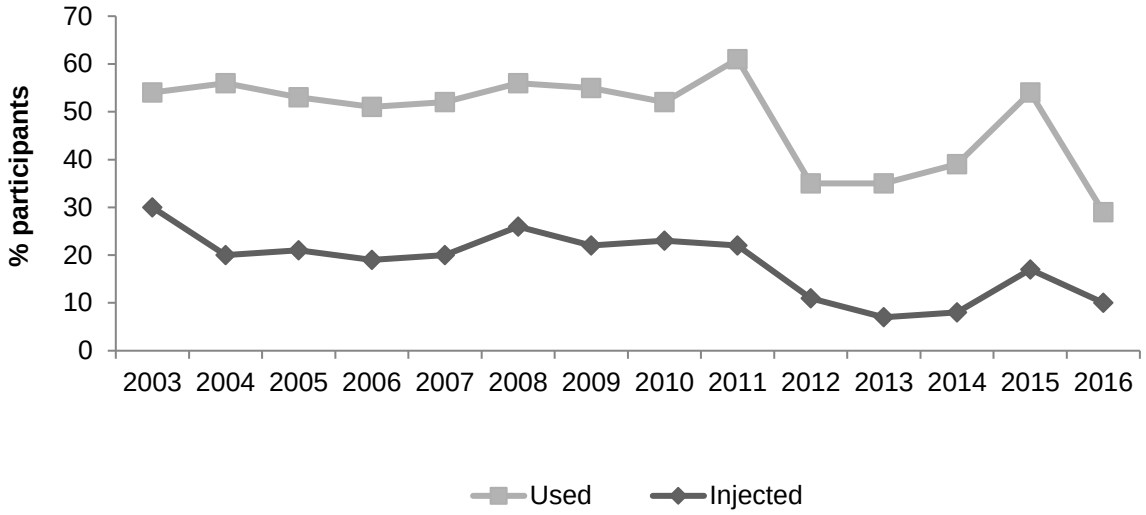
	2010 N=99		2011 N=98		2012 N=125		2013 N=91		2014 N=93		2015 N=99		2016 N=90	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
LSD	4	3	5	5	4	4	14	12	0	0	5	5	0	0
Mushrooms	0	0	2	2	3	1	6	1	1	1	0	0	1	1
Other	0	0	0	0	0	0	2	2	2	2	1	1	1	1

Source**:** IDRS participant interviews

4.7.3 Benzodiazepines

Twenty-nine percent, (Figure 13) the sample reported recent use of a benzodiazepine, a decline after three years of increase. Recent injection of benzodiazepines shows a similar pattern at a lower level of use.

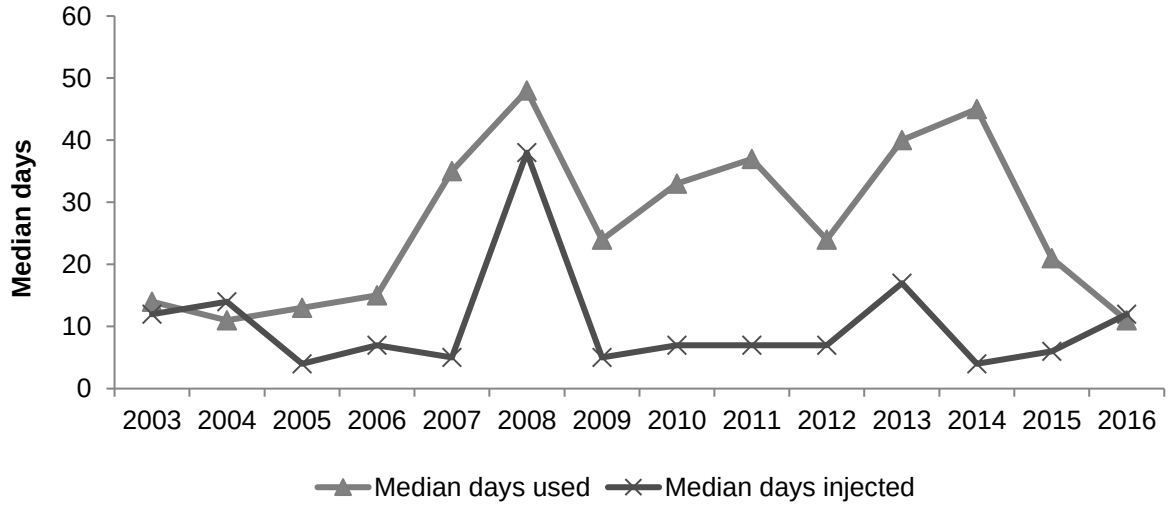
Figure 13: Recent benzodiazepine use and injection, 2003-2016



Source: IDRS participant interviews

Median days of benzodiazepine use declined to 11, the lowest level seen since 2004 (Figure 14) while median injection increased to 12 days. Median days for both recent use and injection have fluctuated over time.

Figure 14: Median days recent use and injection of benzodiazepines, 2003-2016



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, 2009-2016 (%)

	2009 N=103	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Xanax / Kalma (alprazolam)	7	23	0	0	0	0	23	0
Valium (diazepam)	10	18	25	14	21	19	24	12
Hypnodorm (flunitrazepam)	0	2	1	1	1	1	1	2
Serepax (oxazepam)	1	2	5	1	2	3	3	0
Other	2	1	4	1	8	3	2	3

Source: IDRS participant interview
* Alprazolam reported separately below

Recent use of illicit Alprazolam declined to 13% (Table 23) of the sample from 21% in 2015; the proportion reporting recent injection also decreased.

Table 23: Alprazolam use, selected characteristics, 2013-2016.

	2013 N=91		2014 N=93		2015 N=99		2016 N=90	
	Licit	Illicit	Licit	Illicit	Licit	Illicit	Licit	Illicit
% used last six months	7	18	7	12	6	21	7	13
median days used last six months	10	4	24	6	180	4	57	4
% injected drug last six months	2	2	2	5	2	15	3	8
median days injected last six months	3	16	18	12	126	3	4	4

Source: IDRS participant interview

4.7.4 Seroquel, steroids and inhalants

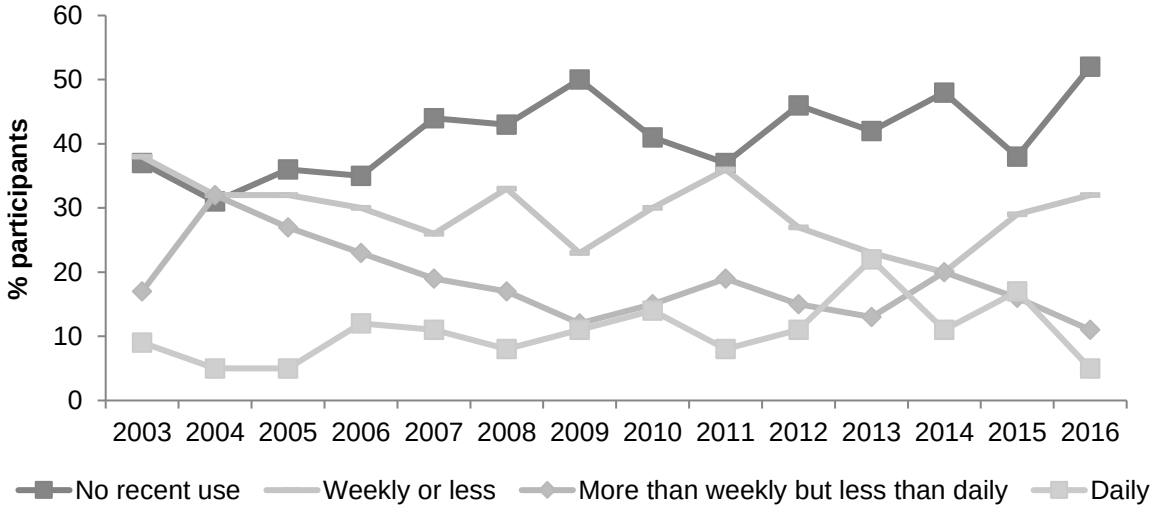
Recent use of Seroquel decreased to 11% for any form, 1% for prescribed and 10% for not prescribed, on a median of 18 days.

Recent steroids and inhalant use remain low (Table 4). Some health KE reported an increased demand for injecting equipment related to steroid use.

4.7.5 Alcohol and tobacco

Recent use of alcohol decreased to 49% (62% in 2015, Table 4). The proportions of respondents reporting daily use declined (Figure 15).

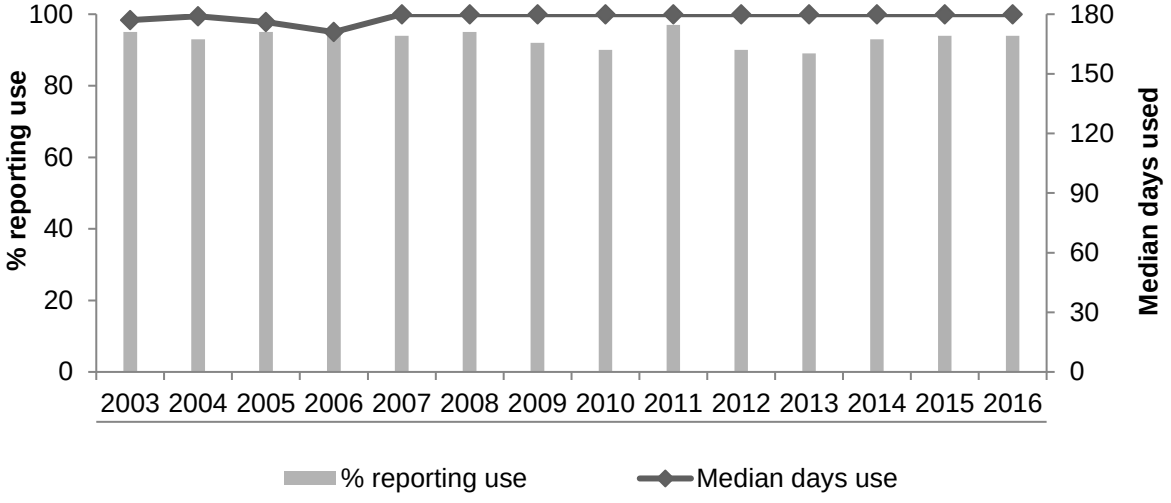
Figure 15: Patterns of recent alcohol use, 2003-2016



Source: IDRS participant interviews

As in past years, recent daily use of tobacco remained high, at 94% (Figure 16).

Figure 16: Participant reports of tobacco use in the last six months, 2003-2016



Source: IDRS participant interviews

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

5.1 Heroin

Key Points

- Consistent with recent years, very few respondents were able to comment upon the price, purity or availability of heroin.
- KE comments confirmed limited heroin availability in the NT.

One respondent (Table 24) reported a median price of $100 for a cap of heroin and one respondent paid $600 for a gram.

Table 24: Median price of most recent heroin purchases, 2009-2016, $ (n)

Amount	2009	2010	2011	2012	2013	2014	2015	2016
Cap	80 (12)	-	80 (2)	110 (2)	100 (1)	-	80 (4)	100 (1)
Gram	300 (10)	100 (1)	550 (2)	150 (5)	275 (4)	-	200 (1)	600 (10)

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, 50% considered that the price was stable (Table 25).

Table 25: Reports of heroin price movements, past six months, 2009-2016 (%)

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Did not respond	94	97	96	94	94	97	93	96
Did respond	6	3	4	6	6	3	7	4
Of those who responded								
Increasing	17	100	50	38	20	67	14	25
Stable	67	0	-	50	80	0	71	50
Decreasing	0	0	25	0	0	0	14	0
Fluctuating	17	0	25	13	0	33	0	25

Source**:** IDRS participant interviews

Heroin was reported to be difficult (75%, Table 26) to obtain by the small number of respondents able to comment. Half (50%) reported that availability had been stable over the previous six months.

Table 26: Reports of heroin availability in the past six months, 2009-2016 (%)

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Did not respond	94	97	96	90	92	96	92	96
Did respond	6	3	4	10	8	4	8	4
Of those who responded:								
Current availability								
Very easy	0	0	0	8	0	0	25	0
Easy	67	50	50	33	30	0	38	25
Difficult	33	0	50	25	14	25	25	75
Very difficult	0	50	0	33	57	75	13	0
Change last six months								
More difficult	0	0	0	0	25	25	25	25
Stable	83	100	25	90	75	75	75	50
Easier	17	0	50	10	0	0	0	0
Fluctuates	0	0	25	0	0	0	0	25

Source: IDRS participant interviews

Those able to comment (n=4, Table 27) were divided in their ratings of current heroin purity.

Table 27: Participant reports of heroin purity, past six months, 2007-2014 (%)

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Did not respond	94	97	96	91	94	97	92	96
Did respond	6	3	4	9	6	3	8	4
Of those who responded:								
Current purity								
High	17	50	33	27	20	0	0	50
Medium	50	50	0	55	0	0	75	0
Low	17	0	67	18	80	100	25	50
Change last six months								
Increasing	0	0	0	22	0	0	50	0
Stable	17	0	50	33	33	0	38	50
Decreasing	33	0	0	11	33	100	13	0
Fluctuating	50	0	50	33	33	0	0	50

Source: IDRS participant interviews

5.1.1 KE comment

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

5.2 Methamphetamine

Key Points

- The median price for a point of ice/crystal methamphetamine declined to $100.
- The price of crystal methamphetamine was reported to be stable by a majority of respondents.
- Crystal methamphetamine was rated as easy or very easy to obtain.
- Key experts corroborated the findings of the participant survey and confirmed that crystal methamphetamine is the main form used and purchased in Darwin.

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 price of speed powder was stable at $100. The median point price of crystal methamphetamine decreased to $100, while a small number of respondents reported a decrease in the gram price to $500.

Table 28: Price of most recent methamphetamine purchases, 2015-2016.

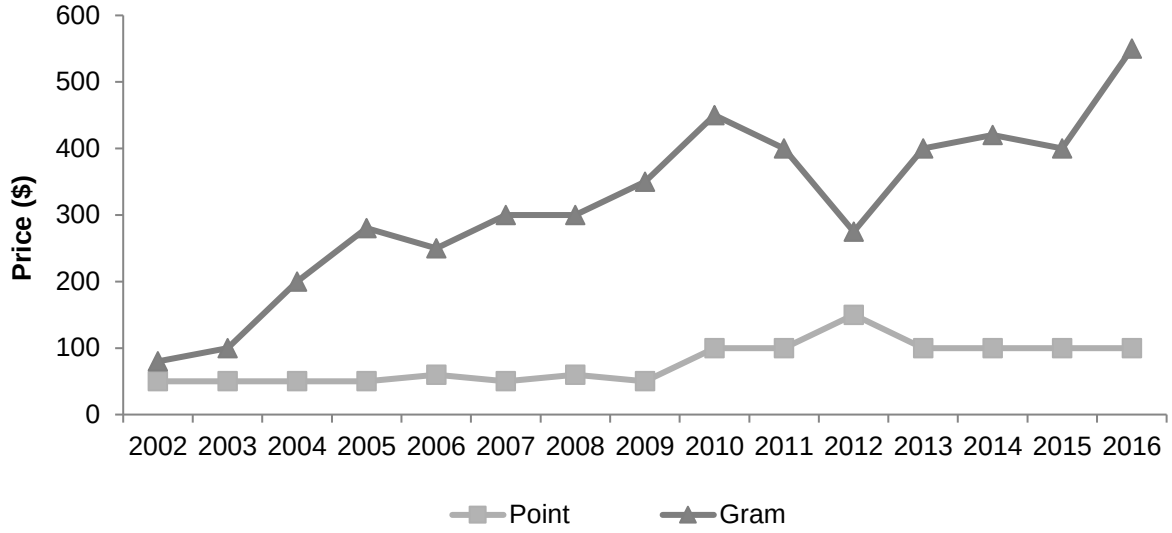
Amount	2015			2016		
	Number of purchasers	Median price $	Range $	Number of purchasers	Median price $	Range $
Speed						
Point (0.1g)	14	100	50-175	16	100	50-170
Gram	1	400	-	2	550	300-800
Ounce	1	4,000	-	-	-	-
Base						
Point (0.1g)	-	-	-	1	100	-
Ice/crystal						
Point (0.1g)	43	150	40-200	40	100	50-200
Gram	8	925	250-2,000	5	500	90-700
Ounce	2	6,150	5,200-7,100	-	-	-

Source**:** IDRS participant interviews

Speed powder

The median price of grams of speed powder have generally increased over time (Figure 17), while the point price has been more stable.

Figure 17: Median prices of speed powder, 2002-2016

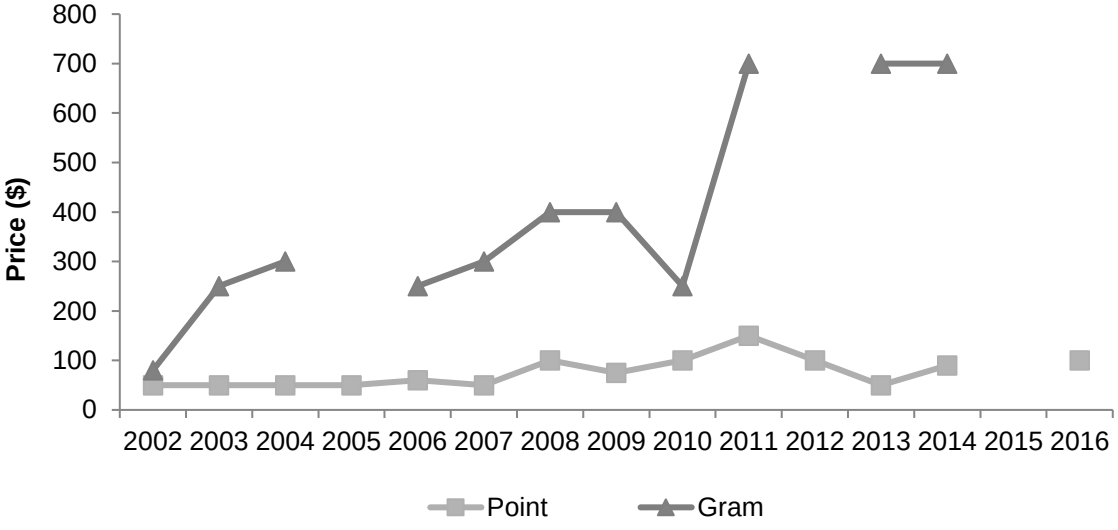


Source: IDRS participant interviews

Base

One respondent reported a point price for base of $100. Figure 18 shows that the price of the most commonly purchased amount (points) fluctuated around this price between 2008 and 2016.

Figure 18: Median prices of base, 2002-2016

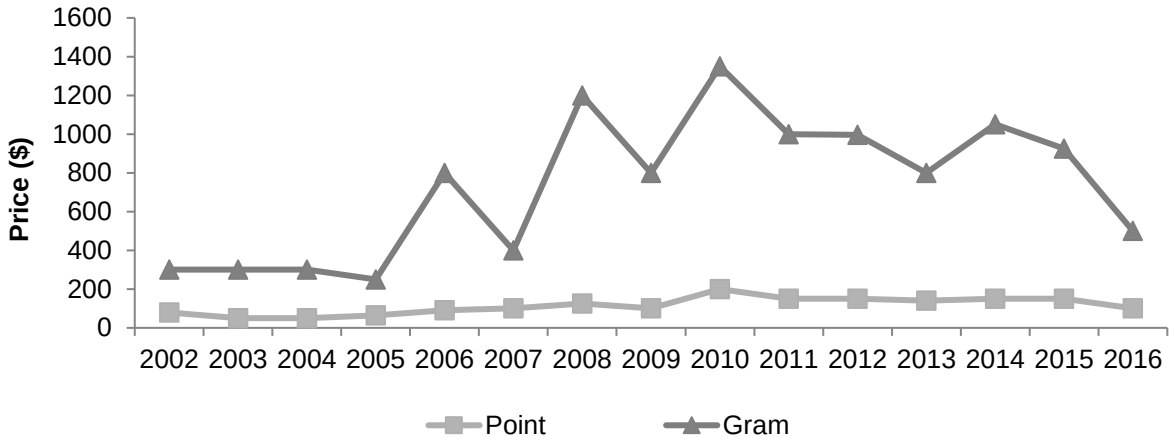


Source: IDRS participant interviews

Ice/Crystal

The gram price of crystal methamphetamine shows an increase over the period shown in Figure 19, with a recent steep decline. The point price has been stable more stable at around $150 since 2011.

Figure 19: Median prices of ice/crystal, 2002-2016



Source: IDRS participant interviews

Those able to comment mostly reported that recent methamphetamine prices in 2014 had been stable (44% for powder and 71% for crystal, Table 29).

Table 29: Methamphetamine price movements in the last six months, 2016 (%)

	Speed	Base	Crystal
Did not respond	82	99	53
Did respond	18	1	47
Of those who responded			
Increasing	19	0	13
Stable	44	100	71
Decreasing	19	0	10
Fluctuating	19	0	6

Source: IDRS participant interviews

5.2.2 Availability

Ninety percent (Table 30) of those able to comment rated speed powder as either ‘very easy’ (32%) or ‘easy’ (58%) to obtain, and increase on the 72% found last year. The majority (84%) considered that that there had been no changes in availability over the past six months.

As in recent years, few participants could comment upon availability of base methamphetamine.

Most of those able to respond rated crystal methamphetamine as easy (44%, Table 30) or very easy (50%) to obtain and 78% reported that availability of this form had been stable over the six months before interview.

Table 30: Reports of recent methamphetamine availability, 2014-2016 (%)

	Powder			Base			Ice/crystal		
	2014 N=93	2015 N=99	2016 N=90	2014 N=93	2015 N=99	2016 N=90	2014 N=93	2015 N=99	2016 N=90
Did not respond	91	82	79	97	99	98	76	53	42
Did respond	9	18	21	3	1	2	24	47	58
Of those who responded									
Current availability									
Very easy	11	50	32	0	0	0	38	49	50
Easy	56	22	58	67	0	50	42	45	44
Difficult	33	22	5	33	100	0	13	6	6
Very difficult	0	6	5	0	0	50	0	0	0
Change last six months									
More difficult	0	11	5	33	0	0	0	4	2
Stable	78	67	84	67	100	100	75	76	78
Easier	11	17	5	0	0	0	20	18	18
Fluctuates	11	6	5	0	0	0	5	2	2

Source**:** IDRS participant interviews

Respondents had obtained speed powder from friends (70%, Table 31) and known dealers (10%) or acquaintances (15%) usually at their own home (45%) or an agreed public location (20%). Crystal methamphetamine was last sourced principally from friends (59%, Table 32) at a friend's home (21%) or via home delivery (36%).

Table 31: Recent methamphetamine purchase, source person and venue, 2014 - 2016

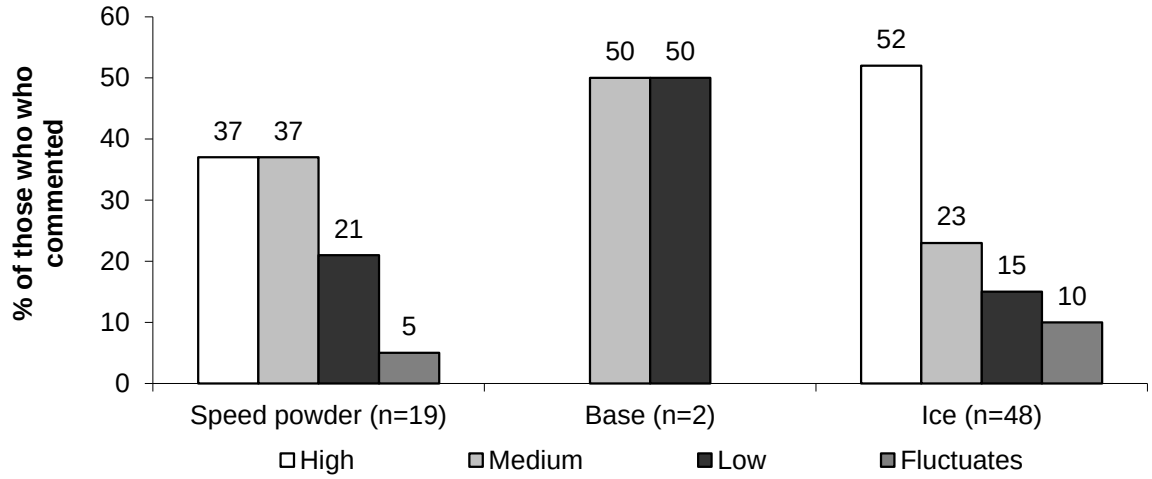
	Speed			Base			Ice		
	2014 N=93	2015 N=99	2016 N=90	2014 N=93	2015 N=99	2016 N=90	2014 N=93	2015 N=99	2016 N=90
Did not respond	90	83	77	97	99	98	76	51	41
Did respond	10	17	23	3	1	2	24	49	59
Of those who responded									
Source person									
Street dealer	22	6	10	33	0	0	18	12	11
Friends	44	47	70	0	0	100	45	49	59
15Known dealer	11	41	5	67	100	0	23	20	15
Acquaintances	22	6	15	0	0	0	5	6	11
Unknown dealer	0	0	0	0	0	0	5	6	2
Other	0	0	0	0	0	0	5	6	2
Source venue									
Home delivery	11	24	45	33	0	0	36	22	36
Dealer's home	11	18	5	33	100	100	18	16	17
Friend's home	67	24	15	0	0	0	18	33	21
Acquaintance's house	11	0	5	0	0	0	0	2	6
Street market	0	6	10	0	0	0	5	8	6
Agreed public location	0	29	20	33	0	0	23	18	13
Other	0	0	0	0	0	0	0	0	1

Source**:** IDRS participant interviews

5.2.3 Purity

Among those able to comment, equal proportion of respondents (37%, Figure 20) reported speed powder to be of high or medium purity. The purity of 'ice' was more likely to be rated as 'fluctuates' (10%) than was the case for speed powder (5%).

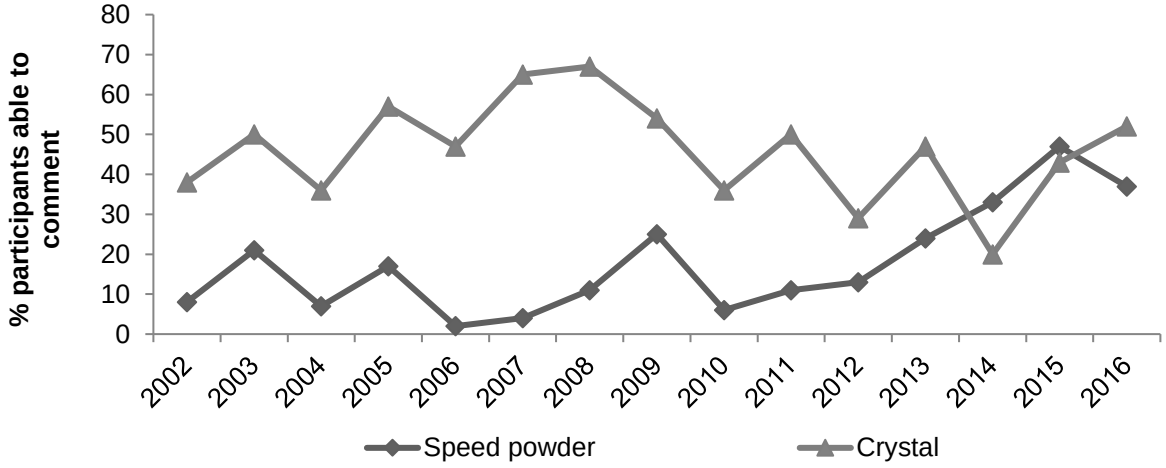
Figure 20: Participant perceptions of methamphetamine purity, 2016



Source: IDRS participant interviews

Figure 21 shows that the proportion of respondents rating speed powder purity as high has was increasing between 2010 and 2015, but then dropping this year. Respondent's rating of crystal methamphetamine purity has fluctuated, increasing this year.

Figure 21: Participants reporting speed powder and ice/crystal purity as 'high', 2002-2016



Source: IDRS participant interviews

5.3 Cocaine

One participant reported paying $50 for 1/8th of a gram of cocaine. KE comments confirm the rare use of this substance in the NT, although health and law enforcement KE noted that they had anecdotal reports that cocaine use and availability had increased.

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

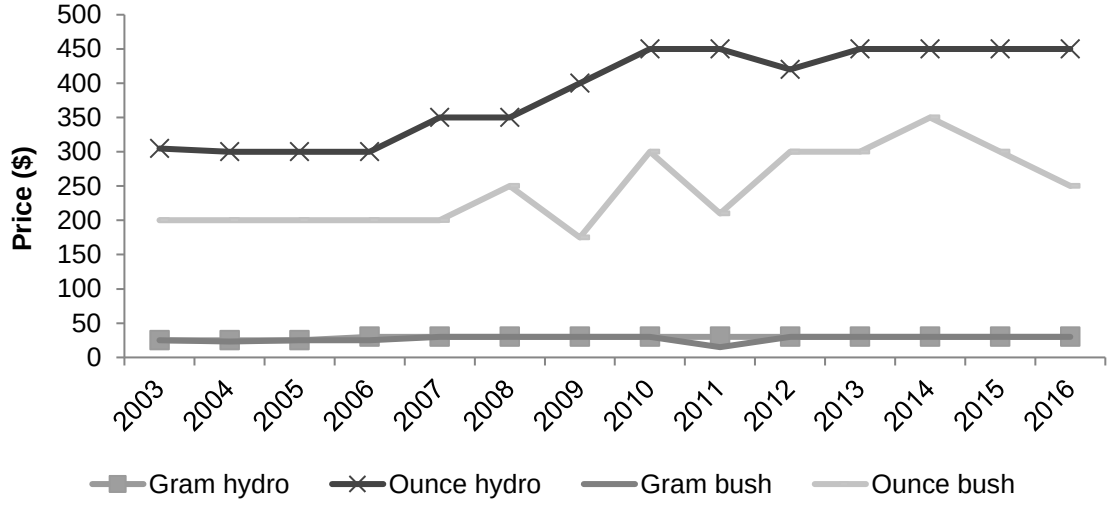
The median price of a gram of either hydro or bush cannabis was reported to be $30 (Table 32). For both varieties, the long-term gram price is stable (Figure 22). The median price of an ounce of hydro was stable at $450 (Table 33), and remains higher than the prices seen before 2008 (Figure 22). The median price of an ounce of bush cannabis declined to $250, although comparable to prices in recent years.

Table 32: Price of most recent cannabis purchases by participants, 2015-2016

	2015			2016		
	Number of purchasers	Median price $	Range $	Number of purchasers	Median price $	Range $
Hydro						
Gram	38	30	20-30	24	30	20-40
A bag	6	30	-	11	30	30-120
Quarter ounce	6	60	50-100	8	120	100-140
Half ounce	8	237	180-260	9	225	150-450
Ounce	32	450	390-500	10	450	350-450
Bush						
Gram	11	30	20-30	6	30	20-30
A bag	1	50	-	2	100	-
Quarter ounce	3	75	40-125	2	95	70-120
Half ounce	2	115	80-150	2	173	125-220
Ounce	9	300	150-500	7	250	250-450

Source**:** IDRS participant interviews

Figure 22: Median prices of cannabis, 2003-2016



Source: IDRS participant interviews

Majorities of those able to respond reported that both hydro (80%) and bush cannabis prices (67%) had been stable in the six months before interview (Table 33). One in eight able to comment on hydro prices reported an increase.

Table 33: Price movements of cannabis in the past six months, 2016 (%)

	Hydro	Bush
Did not respond	40	87
Did respond	60	13
Of those who responded		
Increasing	13	8
Stable	80	67
Decreasing	0	0
Fluctuating	7	25

Source: IDRS participant interviews

5.4.2 Availability

Hydro was considered easy or very easy to obtain by 93% (Table 34) of those able to respond, a similar portion to those seen in previous years. Hydro availability was considered stable by 87% of respondents. Bush cannabis was rated as easy (46%) or very easy (46%) to obtain and recent availability was rated as stable by 76%.

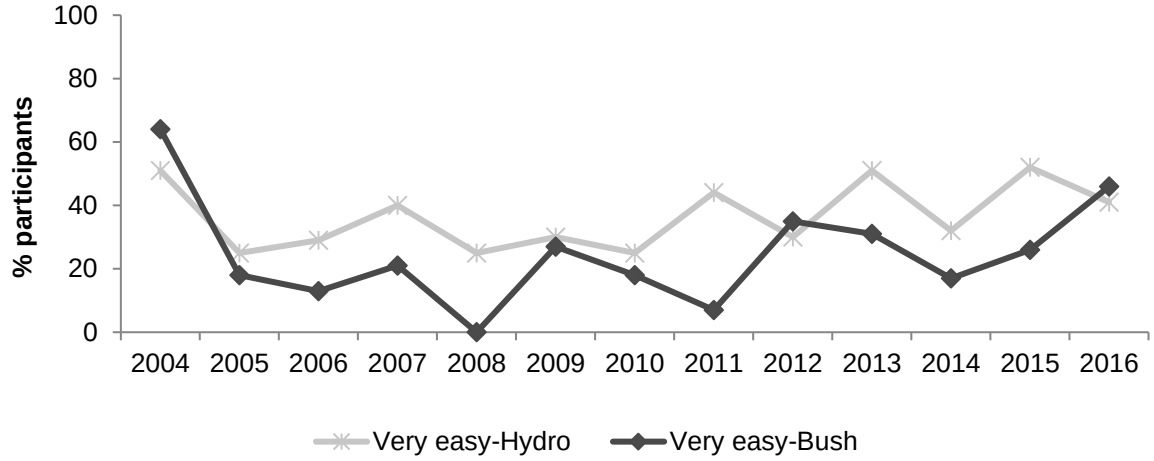
Table 34: Reports of recent cannabis availability, 2012-2016 (%)

	Hydro					Bush				
	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Did not respond	41	53	42	42	40	67	82	81	77	86
Did respond	59	47	58	58	60	23	18	19	23	14
Of those who responded										
Current availability										
Very easy	30	51	32	52	41	35	31	17	26	46
Easy	68	37	61	41	44	48	50	44	48	46
Difficult	3	12	7	7	13	17	19	33	22	8
Very difficult	0	0	0	0	2	0	0	6	4	0
Availability change										
More difficult	5	7	4	7	4	4	13	18	13	0
Stable	81	84	87	86	87	79	75	53	78	76
Easier	10	2	2	7	6	11	13	0	9	15
Fluctuates	3	7	4	0	4	7	0	29	0	8

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, 2004-2016



Source: IDRS participant interviews

Cannabis was purchased mainly from friends (50% for hydro, 62% for bush, Table 35) and a street dealer (20% for hydro, 15% for bush). For hydro cannabis, the main source venue was a friend's (33%) or dealer's home (26%), while for bush cannabis it was home delivery, 31%, and a friend's home, 31%.

Table 35: Recent cannabis purchases, source person and venue, 2011-2016 (%)

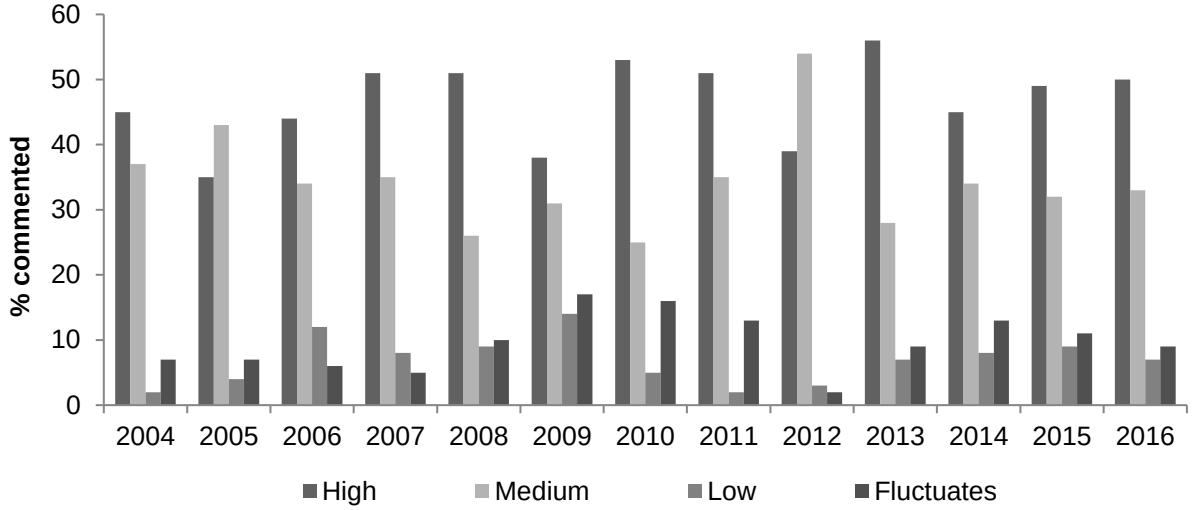
	Hydro					Bush				
	2012 N=125	**2013 N-91**	**2014 N=93**	**2015 N=99**	**2016 N=90**	**2012 N=125**	**2013 N-91**	**2014 N=93**	**2015 N=99**	**2016 N=90**
Did not respond	41	52	44	42	39	75	81	81	77	86
Did respond	59	48	56	58	61	25	19	19	23	14
Of those who responded:										
Source person										
Street dealer	14	21	19	14	20	13	18	11	4	15
Friends	45	50	48	50	53	55	65	75	52	62
Known dealer	30	18	25	21	16	16	0	17	22	8
Acquaintances	7	9	4	5	7	10	12	0	13	0
Unknown dealer	3	0	0	7	0	0	0	0	4	8
Source venue										
Home delivery	9	9	6	17	16	7	24	6	35	31
Dealer's home	25	34	33	26	26	7	12	28	17	8
Friend's home	39	27	37	33	33	57	41	57	22	31
Acquaintance's house	4	5	2	3	4	7	0	0	4	0
Street market	7	14	10	16	4	7	12	6	17	15
Agreed public location	15	11	12	5	15	13	12	6	4	8

Source: IDRS participant interviews

5.4.3 Potency

This year, most respondents rated the current potency of hydro as high (50%, Figure 24)

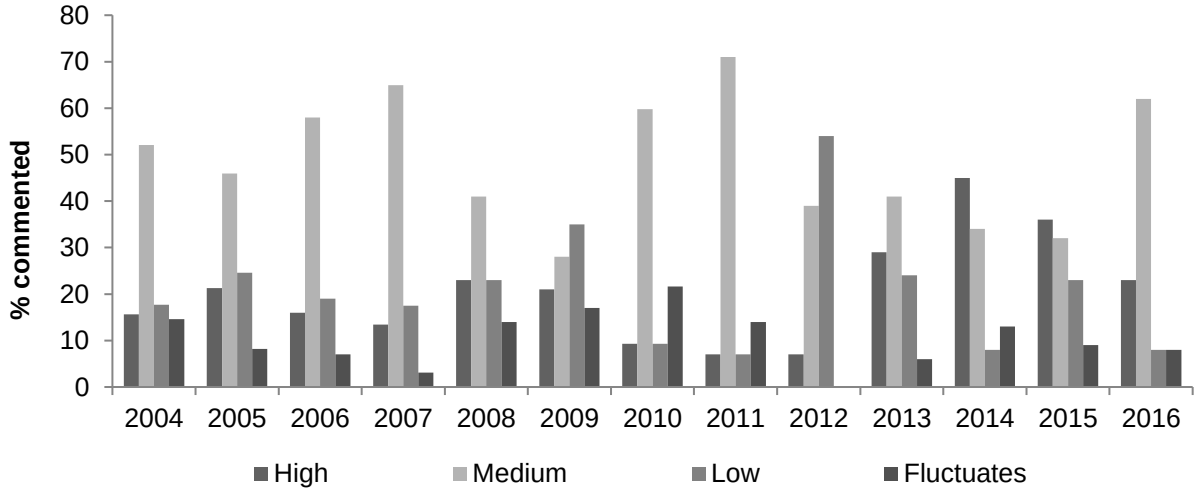
Figure 24: Current potency of hydro, % able to comment, 2004-2016



Source: IDRS participant interviews

The potency of bush cannabis was more likely to be rated as medium (62%, Figure 25) this year than the previous two years.

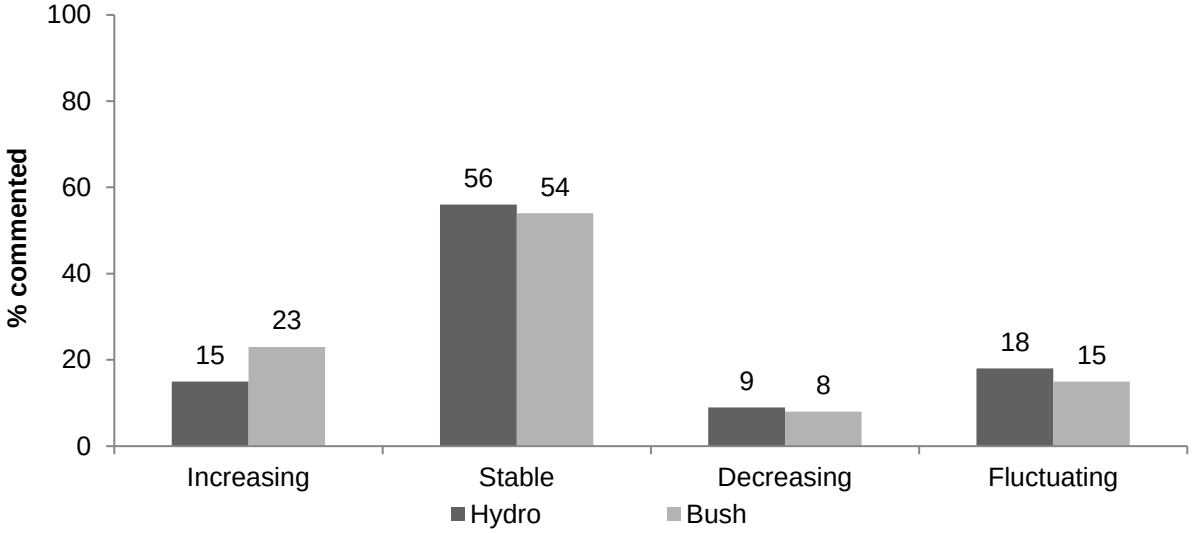
Figure 25: Current potency of bush, % commented, 2004-2016



Source: IDRS participant interviews

Fifty-six percent (Figure 26) of respondents reported stable hydro potency and 54% reported stable bush cannabis potency over the past six months. Participants were more likely to report the potency of bush as increasing (23%) than was the case for hydro (15%).

Figure 26: Change in potency of hydro and bush cannabis in past six months, 2016



Source**:** IDRS participant interviews

5.4.4 KE comment

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

5.5 Methadone

Key Points
- Very few participants could respond to questions regarding illicit methadone.
- The median price of Physeptone tablets was reported to be $15 per 10 milligram tablet and it rated as difficult to obtain.

5.5.1 Price

No respondents could quote a price for purchased illicit methadone syrup, Table 36. One participant purchased 5mg Physeptone for $20 while 2 participants reported purchasing 10mg Physeptone tablets for a median cost of $15.

Table 36: Median price ($) of most recent illicit methadone purchase, 2009-2016

	2009	2010	2011	2012	2013	2014	2015	2016
Methadone								
1ml	1 (6)	1 (5)	1 (5)	1 (4)	1 (2)	1 (1)	1 (3)	- (0)
Physeptone								
5mg	10 (1)	10 (1)	10 (2)	- (0)	20 (1)	- (0)	20 (3)	20 (1)
10mg	20 (7)	20 (15)	20 (11)	20 (13)	20 (2)	20 (4)	20 (2)	15 (5)

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

Five percent of respondents reported that the recent price of illicit methadone had been stable, Table 37.

Table 37: Illicit methadone price movements past six months, 2009-2016 (%)

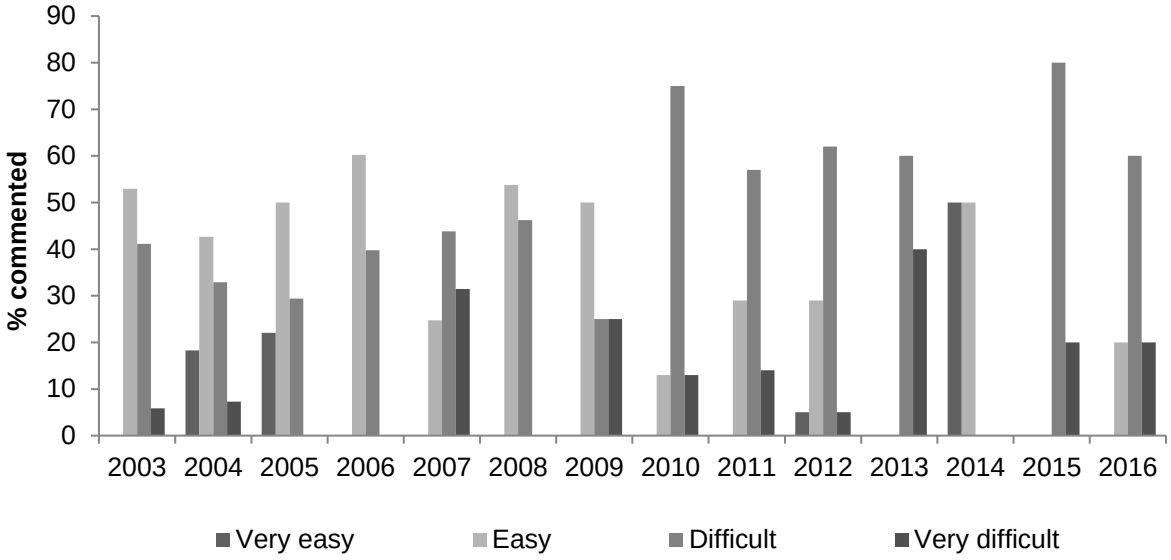
	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Did not respond	89	84	94	84	96	99	95	94
Did respond	11	16	6	16	4	1	5	6
Of those who responded								
Increasing	27	36	67	25	25	0	20	0
Stable	73	57	33	55	50	100	80	100
Decreasing	0	0	0	5	0	0	0	0
Fluctuating	0	7	0	15	25	0	0	0

Source**:** IDRS participant interviews

5.5.2 Availability

Five respondents reported the current availability of illicit methadone, three rating it as difficult, Figure 27.

Figure 27: Current availability of illicit methadone, % commented, 2003-2016



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, 2011-2016

	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
% who did not respond	95	85	97	98	96	94
% who did respond	5	15	3	2	4	5
Of those who responded						
Source person						
Street dealer	0	16	0	50	25	20
Friends	100	74	100	50	50	80
Known dealer	0	0	0	0	0	0
Acquaintances	0	11	0	0	25	0
Source venue						
Home delivery	20	11	0	0	25	17
Dealer's home	0	5	0	0	0	33
Friend's home	60	63	33	50	0	33
Acquaintance's house	20	5	0	0	25	0
Street market	0	11	33	0	25	0
Agreed public location	0	5	33	0	25	17
Other	0	0	0	50	0	0

Source: IDRS participant interviews

5.6 Buprenorphine

Key Points

- A small number of participants reported that the median price for 8mg buprenorphine had dropped to $25, and that it was easy to obtain.

5.6.1 Price

Five participants reported purchasing 8mg of Subutex, for a median price of $25 (Table 39), a decrease on the $40 found in 2014.

Table 39: Median price ($) of illicit Subutex reported by participants, 2010-2016

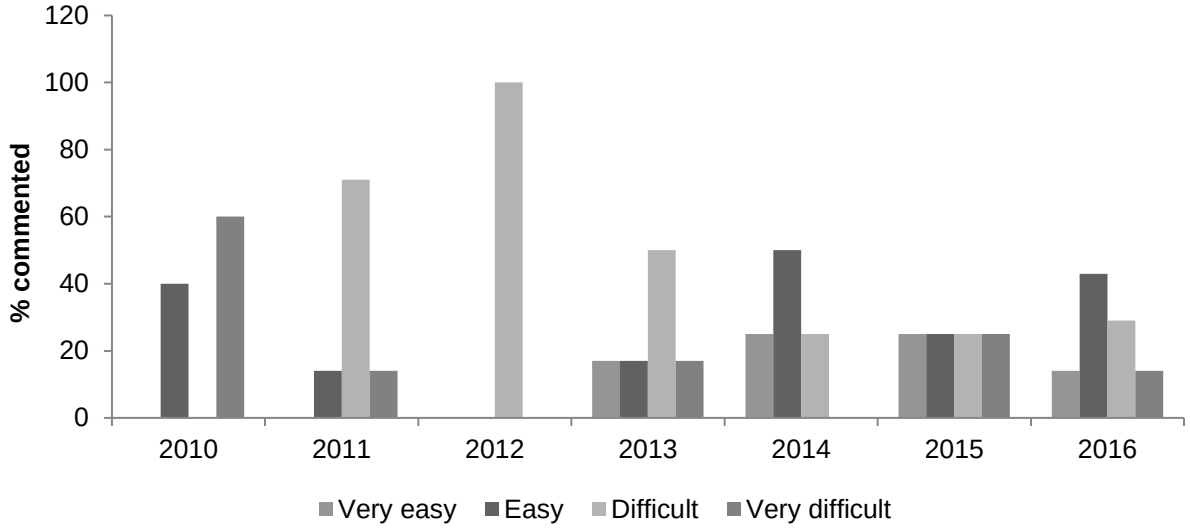
	2010	2011	2012	2013	2014	2015	2016
8mg	$23 (4)	$23 (2)	$23 (2)	$40 (6)	$30 (4)	$40 (8)	$25 (5)

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

5.6.2 Availability

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

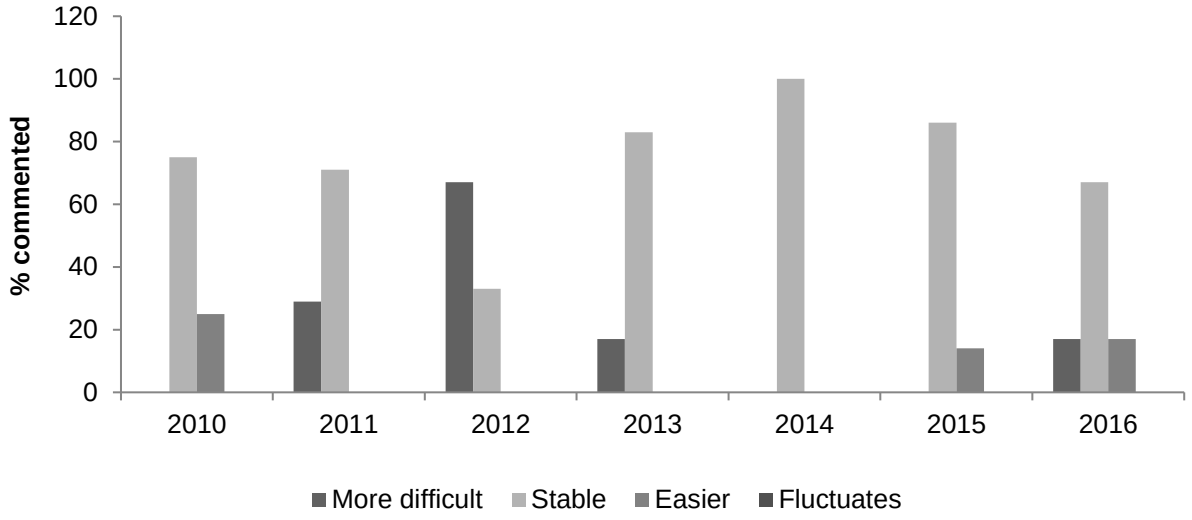
Figure 28: Current availability of illicit Subutex, % commented, 2010-2016



Source: IDRS participant interviews

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

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
Of those who responded					
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) were reported to cost a median of $15.
- 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

One participant reported purchasing illicit 8mg Suboxone tablets for a median of $40 and one participant reported purchasing 2mg Suboxone for $20. One person reported that recent Suboxone tablet prices had been stable and rated availability as “easy”.

Nine participants reported paying a median of $15 for 2mg Suboxone film, while one participant reported paying $30 for 8mg Suboxone film. Of the nine participants, able to comment on recent Suboxone price changes, eight (90%) 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.

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.
- Illicit morphine was sourced mainly from a known dealer or friends and was reported to be easy or very easy to obtain.

5.8.1 Price

As in previous years, MS Contin 100mg was the morphine form most frequently purchased by the IDRS sample (Table 41). Sixty-three participants reported purchasing MS Contin 100mg at a median price of $80, the same median price found since 2009. Kapanol 100mg was again the form next most frequently purchased (45 purchasers) and, as in 2013, the median price was $80, also stable since 2009.

Table 41: Recent illicit morphine purchase, source person and venue, 2009-2016

	2009	2010	2011	2012	2013	2014	2015	2016
MS Contin								
5mg	- (0)	5 (1)	-	80 (5)	-	5 (1)	5 (1)	- (0)
10mg	15 (1)	10 (1)	-	9 (4)	-	17 (2)	10 (3)	8 (2)
30mg	25 (4)	30 (14)	30 (6)	30 (9)	28 (8)	25 (6)	30 (21)	30 (9)
60mg	50 (13)	50 (33)	50 (40)	50 (24)	50 (18)	48 (18)	50 (36)	40 (25)
100mg	80 (51)	80 (76)	80 (70)	80 (68)	80 (61)	80 (70)	80 (63)	80 (51)
Kapanol								
20mg	-	20 (4)	16 (2)	-	20 (7)	20 (2)	20 (7)	20 (3)
50mg	40 (7)	40 (20)	40 (25)	40 (7)	40 (14)	40 (17)	40 (22)	40 (17)
100mg	80 (37)	80 (59)	80 (46)	80 (41)	80 (44)	80 (55)	80 (45)	80 (35)
Anamorph								
30mg	25 (13)	25 (21)	20 (11)	35 (2)	20 (3)	30 (6)	20 (19)	25 (5)

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

Seventy-six percent (Table 42) of those who responded regarded the price of morphine as stable over the preceding six months while 15% considered that price had increased and 8% noted fluctuating price movements.

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

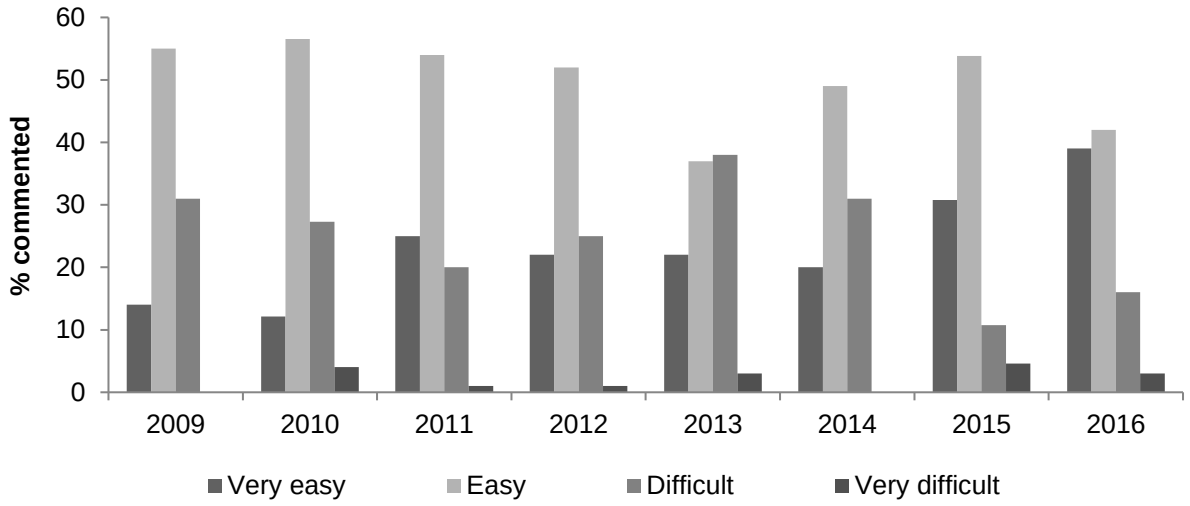
	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Did not respond (%)	15	29	30	33	17	38	67
Did respond (%)	85	71	70	67	83	61	33
Of those who responded							
Increasing (%)	23	25	24	16	22	16	15
Stable (%)	55	59	50	73	73	80	76
Decreasing (%)	1	0	0	2	0	0	2
Fluctuating (%)	20	16	13	8	5	5	8

Source: IDRS participant interviews

5.8.2 Availability

Over half of those able to comment reported that illicit morphine was either easy (42%, Figure 30) or very easy (39%) to obtain. Thirty-one percent rated it as difficult to obtain.

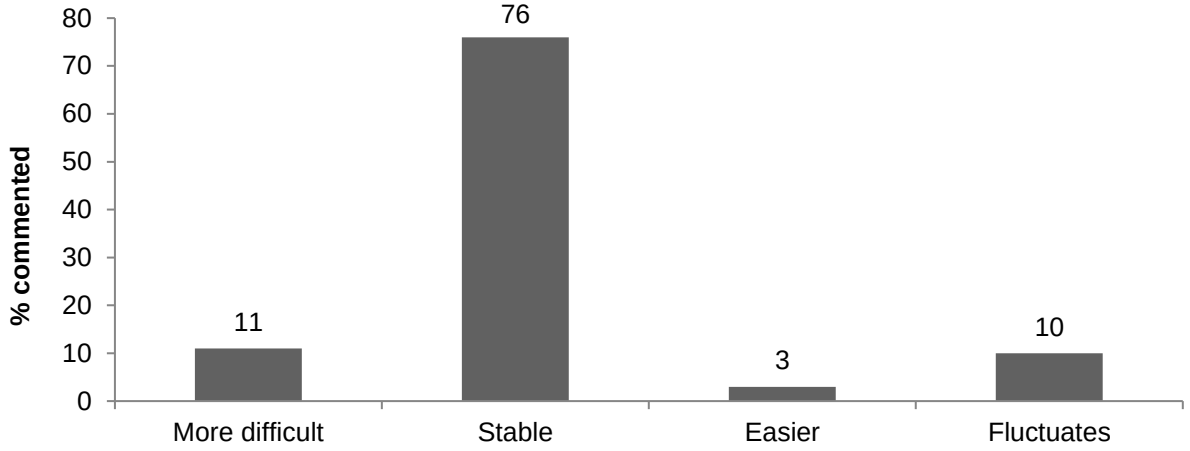
Figure 30: Current availability of illicit morphine, % commented, 2009-2016



Source: IDRS participant interviews

In 2016, 76% (Figure 31) of respondents considered that illicit morphine availability had remained stable over the preceding six months, while 11% reported that it had become more difficult to obtain.

Figure 31: Recent change in availability of illicit morphine, 2016



Source: IDRS participant interviews

Forty-three percent (Table 43) of respondents nominated a fiend as their usual source person and 22% a known dealer. A friend's home (26%), and home delivery (21%) were the most commonly cited source venues.

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

	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Did not respond (%)	28	34	33	18	35	30
Did respond (%)	72	66	67	82	65	70
Of those who responded:						
Source person						
Street dealer (%)	17	16	43	21	8	19
Friends (%)	50	52	34	32	44	43
Known dealer (%)	18	21	7	38	26	22
Acquaintances (%)	15	6	13	5	5	11
Unknown dealer (%)	0	1	3	1	6	5
Other (%)	0	4	0	3	8	0
Source venue						
Home delivery (%)	7	11	10	9	20	21
Dealer's home (%)	14	20	17	36	15	18
Friend's home (%)	39	39	26	22	26	24
Acquaintance's house (%)	13	4	8	4	3	5
Street market (%)	14	10	21	7	14	15
Agreed public location (%)	14	12	18	21	21	16
Other (%)	0	5	0	0	0	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 $55, an increase on 2015.
- Oxycodone was rated as easy or very easy to obtain.
- 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, with Table 44 showing that the median prices reported for original formulation fluctuated around approximately $60 for 80mg and $30 for 40mg. This year, a small number of purchasers reported paying a median of $55 for 80mg of the reformulation.

Table 44: Median price ($) of most recent illicit oxycodone purchase, 2010-2016

	Original					Reformulation	
	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
20mg	20 (4)	20 (4)	-	-	20 (4)	20 (3)	-
30mg	-	-	-	-	-	20 (3)	-
40mg	40 (3)	40 (7)	38 (6)	35 (7)	33 (10)	30 (5)	-
80mg	80 (4)	70 (11)	60 (12)	60 (14)	70 (15)	40 (6)	55 (4)

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.

Table 45: Price movements of oxycodone in the past six months, 2009-2016

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Did not respond (%)	86	88	88	80	80	86	96
Did respond (%)	14	12	12	20	20	14	4
Of those who responded							
Increasing (%)	20	17	20	11	21	14	0
Stable (%)	80	75	73	78	53	71	25
Decreasing (%)	0	0	7	0	16	14	50
Fluctuating (%)	0	8	0	11	11	0	25

Source: IDRS participant interviews

5.9.2 Availability

Reported availability of oxycodone has fluctuated over the period shown in Table 48, with the small number of people able to comment rating it as either easy or very easy to obtain (50% in each case, Table 46).

Table 46: Participants' reports of oxycodone current availability, 2010-2016

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Did not respond (%)	86	84	87	78	80	83	96
Did respond (%)	14	16	13	22	20	17	4
Of those who responded							
Very easy (%)	8	13	13	20	26	30	50
Easy (%)	8	38	50	25	11	35	50
Difficult (%)	66	38	38	50	58	30	0
Very difficult (%)	16	13	0	1	5	6	0

Source: IDRS participant interviews

Most of those able to comment, 75%, considered that oxycodone availability had remained stable over the preceding six months (Table 47) while no one reported it as difficult to obtain.

Table 47: Change in oxycodone availability in the past six months, 2010-2016

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Did not respond (%)	86	87	88	80	78	82	96
Did respond (%)	14	13	12	20	22	18	4
Of those who responded (%)							
More difficult (%)	37	23	7	22	30	22	0
Stable (%)	54	69	80	72	40	78	75
Easier (%)	9	0	13	0	15	0	0
Fluctuates (%)	0	8	0	6	15	0	25

Source**:** IDRS participant interviews

A friend was again nominated as the main source person (70%, Table 48), with an agreed public location being the most commonly reported source venue.

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
Did not respond (%)	86	85	86	78	78	81	96
Did respond (%)	14	15	14	22	22	19	4
Of those who responded							
Source person							
Street dealer (%)	7	27	17	40	15	11	25
Friends (%)	50	60	39	45	45	68	75
Known dealer (%)	7	0	17	0	20	0	0
Acquaintance (%)	14	13	17	15	5	2	0
Unknown dealer (%)	14	0	6	0	0	0	0
Source venue							
Home delivery (%)	0	13	12	10	5	47	0
Dealer's home (%)	21	0	18	20	25	5	25
Friend's home (%)	29	47	24	30	45	26	25
Acquaintance's house (%)	7	7	12	10	0	5	0
Street market (%)	0	27	12	20	0	5	0
Agreed public location (%)	36	7	24	10	15	10	50

Source: IDRS participant interviews

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- Eighteen percent of the sample had overdosed on heroin at least once in their lives, one person reported a heroin overdose within the past year.
- Amphetamine admissions to NT hospitals show an increased for the second year in a row.
- Twelve percent of the sample reported current treatment (25% in 2015).
- Access to treatment was rated as difficult/very difficult by just under half the respondents and easy/very easy by about four out of ten.
- 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%.
- A private home was the most likely site for the last injection, as was found in previous years.
- The pattern of injection related problems was similar to previous years, with scaring/bruising and difficulty injecting the most common.
- Almost half the sample (59%) recorded an AUDIT-C score indicating further assessment was required: 47% of males and 50% of females.
- Twenty-five percent of the sample recorded an SDS score indicative of stimulant dependence, two-thirds of this group associating their answers with a methamphetamine.
- Sixty-four percent of recent opioid users recorded an SDS score indicative of dependence, mostly attributable to morphine.
- Twenty-one percent of participants reported having experienced a mental health problem in the previous six months.
- Fifty-seven 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 and drug-related fatalities

Eighteen percent (Table 49) of the 2015 IDRS sample had overdosed on heroin at least once in their lives, one within 12 months of interview. Fourteen 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 2015.

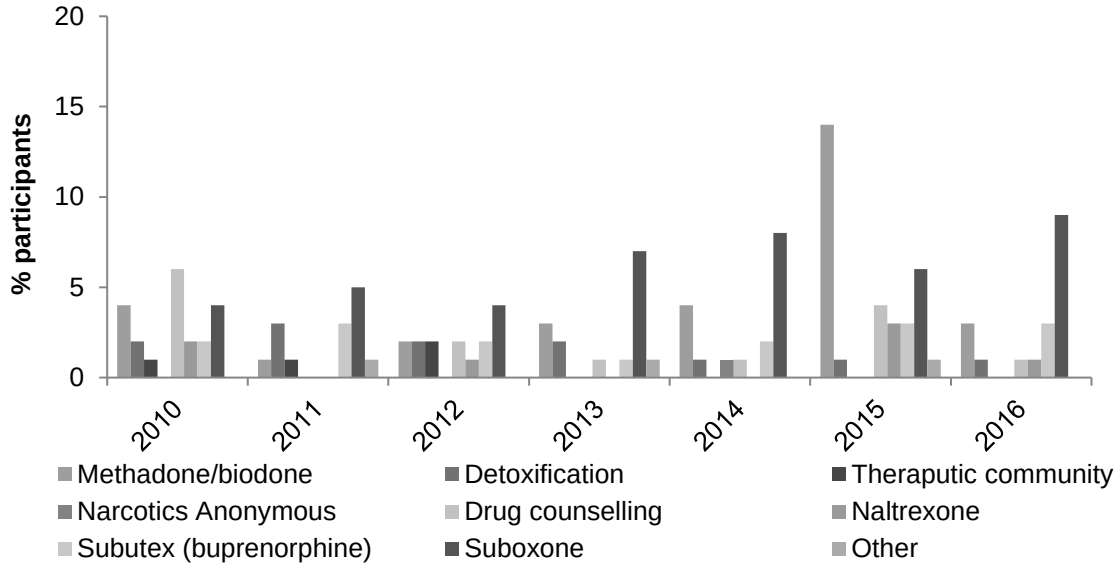
Table 49: Lifetime and recent reported overdose, 2015-2016 (%)

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

6.2 Drug treatment

In 2016, 12% of participants reported current attendance at treatment compared to 25% in 2015. In 2016, current treatment was comprised primarily of methadone/biodone (4%, Figure 32), Naltrexone (1%) and Suboxone (7%). This group reported a median of 6 months in treatment, ranging from 2 to 144 months. Participants also reported the forms of treatment they had participated in over the six months prior to interview, Figure 32.

Figure 32: Proportion of participants reporting recent treatment, 2010-2016



Source: IDRS participant interviews
Note: Some participants may be counted twice

Eleven 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, 7% of the sample, had been unable to access treatment for opioid use. Six percent had tried to access an alcohol or other drugs worker, 4% a GP and 3% 'rehab' or a therapeutic community. Smaller numbers had been unable to access a counsellor or an opiate substitution program. Forty-four percent of those who tried to access services were put on a waiting list.

Eighteen percent of participants and received some form of Opioid Substitution Treatment in the past year. One person reported starting treatment for methamphetamine use in the past year, while seven were admitted to hospital.

At the time of interview, over one third (34%, Table 50) of the sample felt that it would be easy to get into drug treatment if they wanted it. Forty-six percent of respondents felt that it would be difficult (29%) or very difficult (17%) to access treatment.

Table 50: Ease of access to drug treatment by participants, 2014 - 2016

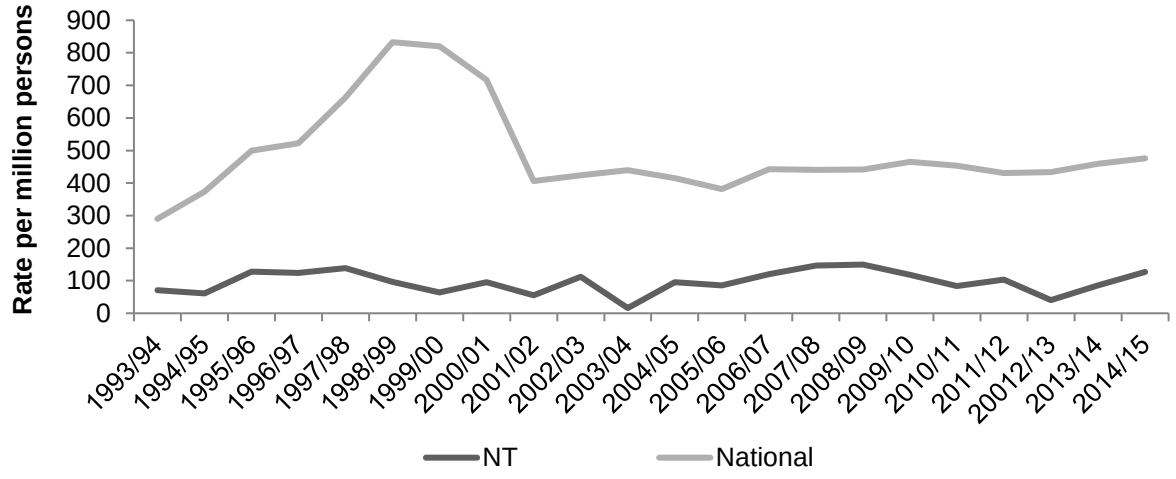
	2014 N=91	2015 N=99	2016 N=90
Very difficult	21	20	17
Difficult	31	33	29
Easy	21	22	34
Very easy	3	1	3
Don't know	24	23	17

Source: IDRS participant interviews

6.3 Hospital admissions

The rate per million persons of opioid-related admissions to NT hospitals in 2014/15 increased compared to the previous year (Figure 33), approaching the maximum in 2008/09. The national rate has been stable for several years.

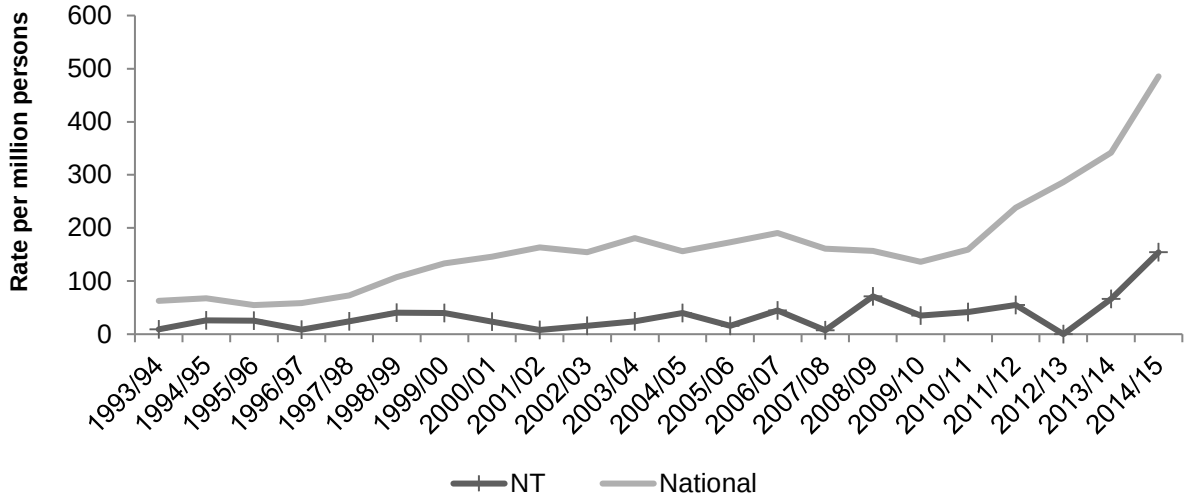
Figure 33: Opioid-related hospitals admissions*, 1993/94-2014/15



Sources: AIHW, NT Health, Roxburgh and Breen (in press)
* rate per million persons

The rate of amphetamine-related admissions to NT hospitals fluctuated over the period shown in Figure 34 up to 2013/14, showing an increase over the past two years. In contrast, the national rate showed a decline from 2006/7 to 2009/10 followed since by a sharp increase.

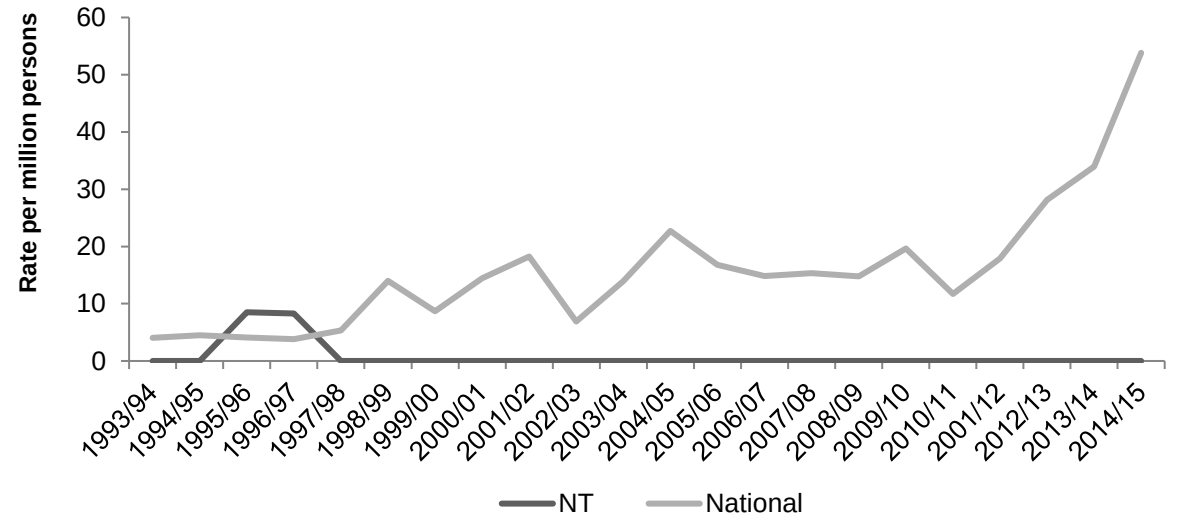
Figure 34: Amphetamine-related hospitals admissions*, 1993/94-2014/15



Sources: AIHW, NT Health, Roxburgh and Breen (in press)
* rate per million persons

As has been the case since 1997/98, and in contrast to the national rate, there were no cocaine-related admissions to NT hospitals in 2014/15 (Figure 35).

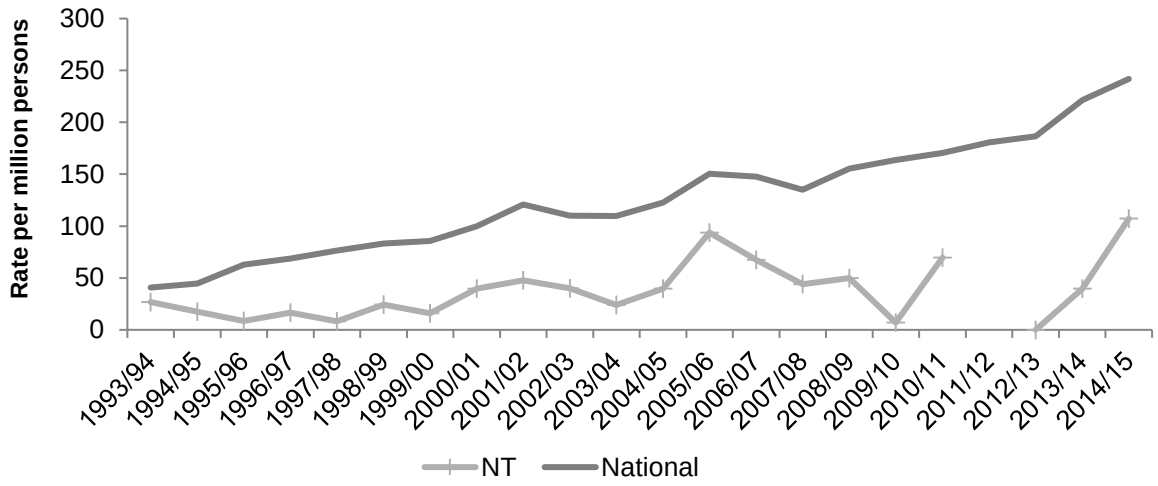
Figure 35: Cocaine-related hospitals admissions*, 1993/94-2014/15



Sources: AIHW, NT Health, Roxburgh and Breen (in press)
* rate per million persons

The rate of cannabis-related admissions to NT hospitals has fluctuated, showing a decline after 2005/06 followed by an increase into 2010/11 and subsequent increases (Figure 36, rates were not reported in 2011/12 due to small numbers). Again, the fluctuations may be the result of small counts.

Figure 36: Cannabis-related hospitals admissions*, 1993/94-2014/15



Sources: AIHW, NT Health, Roxburgh and Breen (in press)
* rate per million persons

6.4 Injecting risk behaviours

6.4.1 Access to needles and syringes

Ninety-seven percent of participants sourced needles from an NSP in the six months prior to interview, continuing the trend observed in previous years (Table 51). Small proportions obtained needles from chemists (2%) and friends (2%).

Table 51: Source of needles in last six months, 2010-2016

Needle source	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
NSP (%)	95	92	93	97	91	97
NSP vending machine (%)	0	2	0	0	1	1
Chemist (%)	3	1	10	1	7	2
Partner (%)	2	1	1	0	1	0
Friend (%)	4	5	6	0	4	2
Dealer (%)	0	0	1	0	0	0
Hospital (%)	0	0	2	1	1	0
Outreach/peer worker (%)	0	0	0	1	0	1
Other (%)	1	0	0	0	1	0

Source: IDRS participant interviews

Four percent of the sample reported that they had trouble getting needles/syringes; 3% because they were too expensive to purchase. Eighty-five percent reported that they were able to access filters when they needed them – of this group, most, 89%, were able to access wheel filter, 47% cotton filters and 14% cigarette filters.

6.4.2 Sharing of injecting equipment among participants and related behaviours

Twenty-two percent of participants reported using some type of injecting equipment (other than needles) after someone else. Table 52 demonstrates that with the exception of sharing spoons/mixing containers or tourniquets, there was a low rate of using injecting equipment after someone else. Three participants had used a needle after another person and four had used a needle before someone else.

Table 52: Recent re-use of injecting equipment, 2009-2016

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Spoons/mixing containers	36	13	15	22	16	23	15	21
Filters	23	1	4	1	3	2	0	1
Tourniquets	28	6	8	15	11	13	8	5
Water	22	1	1	1	2	3	1	4
Swabs	-	-	-	-	-	3	0	1
Wheel filter	-	-	-	-	-	1	0	0
Some one used needle after you	3	4	8	3	3	3	4	4
You used needle after someone	5	3	3	3	2	2	3	3

Source: IDRS participant interviews

Table 53 shows that 16% of participants had reused their own needles at least once, lower than the proportion found in 2015. Six percent had used a needle 3-5 times.

Table 53: Reuse of own needles, 2010-2016 (%)

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
No times	54	70	73	78	78	76	86
Once	16	11	13	4	9	2	4
Twice	14	9	6	3	7	12	4
3-5 times	12	7	7	8	4	6	6
6-10 times	2	1	1	3	1	2	0
More than 10 times	1	0	1	3	1	1	0

Source**:** IDRS participant interviews

Table 54 shows that almost 8 out of 10 respondents (76%) identified an arm as the last injection site, 9% a leg and 12% 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 54: Injection site and needle use characteristics, 2012-2016

	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Arm	74	73	71	57	76
Leg	6	14	11	10	9
Hand	14	8	15	22	12
Foot	2	1	1	1	0
Groin	3	1	1	3	2
Neck	0	0	0	4	0
Other	0	1	1	1	1
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

6.4.3 Location of injections

Consistent with previous years, a large majority (96%) reported a private home as the last location for injecting drugs (Table 55); 2% had injected in a public toilet.

Table 55: Last location for injection in the month preceding interview, 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
Private home	98	90	92	92	96	84	89	88	96
Street/carpark/beach	1	2	2	3	1	2	2	2	1
Other public area	0	3	0	0	0	0	0	0	0
Car	1	0	2	3	2	1	4	4	1
Public toilet	0	2	2	1	1	8	1	3	2
Other	0	0	2	1	1	2	3	1	0

Source: IDRS participant interviews

6.4.4 Self-reported injection-related health problems

The proportion of the IDRS sample reporting a dirty hit declined slightly to 8% (Table 56), continuing a drop in level seen since 2013. Scarring/bruising (32%) and difficulty injecting (31%) continued to be prominent injection-related problems reported.

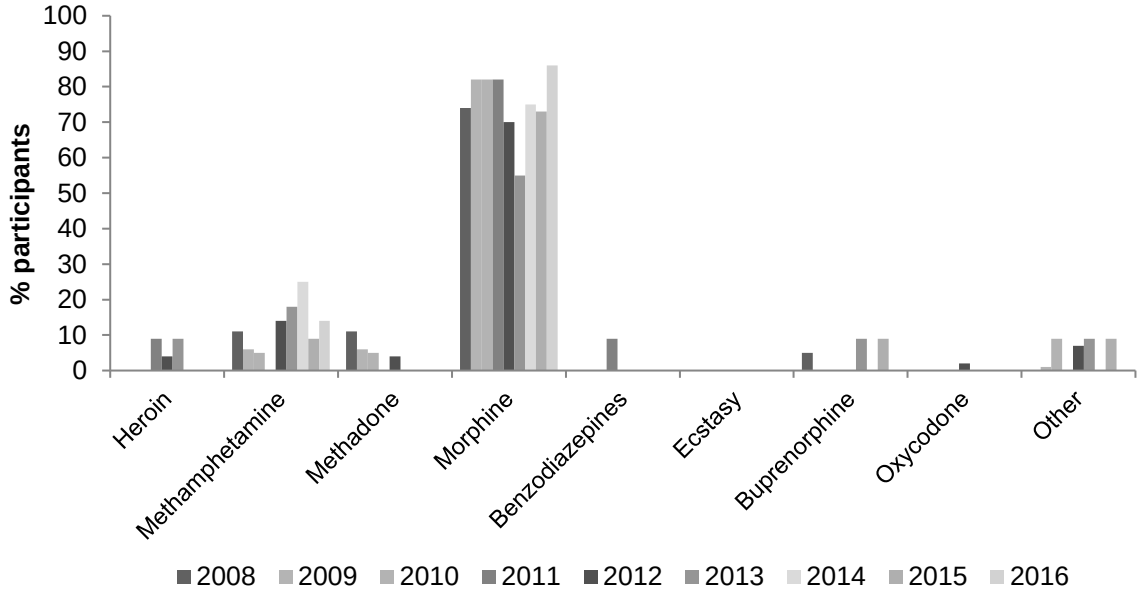
Table 56: Injection-related problems within one month of interview, 2008-2016

	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
Overdose	1	11	5	3	19	3	0	0	0
Dirty hit	18	25	22	12	46	13	5	11	8
Abscess/infection	11	16	11	10	9	4	5	3	4
Scarring/bruising	53	45	30	45	42	32	39	37	32
Difficulty injecting	45	42	27	37	34	25	41	29	31
Thrombosis	11	6	4	7	1	4	4	5	0

Source: IDRS participant interviews

As in previous years, morphine (86%) 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 increased to 14%.

Figure 37: Main drug causing dirty hit in last month, 2008-2016



Source: IDRS participant interviews

6.5 Blood-borne viral infections

Notifications of new cases of hepatitis B virus (HBV) and hepatitis C virus (HCV) to the National Notifiable Diseases Surveillance System are shown in Table 57. HIV notifications in 2014 and 2015, as reported by the Kirby Institute, have decreased compared to 2012 and 2013.

Table 57: Total notification of HBV, HCV and HIV, 2007-2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
HBV (newly acquired) (n)	10	8	4	4	4	5	6	3	1	2
HCV (unspecified) (n)	225	203	163	169	205	191	255	178	196	218
HIV new cases (n)	6	10	12	5	9	20	13	9	9	na

Source: NNDSS & NCHECR

The 2015 NSP survey carried out in Darwin and Alice Springs, by the Kirby Institute, found no one with HIV antibodies among those tested (Table 58). HCV antibody prevalence has fluctuated over the period shown.

Table 58: HIV and HCV antibody prevalence in NSP survey, 2009-2015

	2009	2010	2011	2012	2013	2014	2015
HIV antibody (% (n))	0 (76)	0 (78)	1.5 (68)	2.2 (46)	3 (66)	0 (70)	0 (59)
HCV antibody (% (n))	29 (75)	47 (78)	52 (61)	35 (46)	51 (65)	38 (69)	60 (43)

Source: NCHECR

6.6 Alcohol Use Disorders Identification Test - Consumption

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

Among NT IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 5.0 (SD=3.5, range 1-12), slightly lower than the mean score of 5.7 found in 2014. 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 59, 47% of males (63% in 2015) and 50% of females (42% in 2015) reported a level of alcohol consumption requiring further assessment. Forty-nine percent of the total sample of males and females obtained a score of 5 or more.

Table 59: AUDIT-C results, 2011-2016

	2011 N=75	2012 N=74	2013 N=62	2014 N=51	2015 N=75	2016 N=55
Mean score (SD)*	5.7 (3.5)	6.3 (3.3)	6.6 (4.0)	6.1 (3.4)	5.7 (3.8)	5.0 (3.5)
Score of 5 or more (%)						
All participants (n)	52 (75)	68 (74)	64 (62)	61 (51)	56 (75)	49 (55)
Males (n)	56 (54)	68 (57)	63 (46)	62 (39)	63 (49)	47 (15)
Females (n)	43 (21)	65 (17)	38 (16)	58 (12)	42 (26)	50 (40)

Source: IDRS participant interviews

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

6.7 Opioid and stimulant dependence

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

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

Of those who had recently used a stimulant and commented (n=66), the median score was 1.0 (mean 2.3, range 0-11), with 25% scoring 4 or more. The mean score for women, 3.1 (n=24) was higher than for men 1.7 (n=42), although this difference was not statistically significant. Most (94%) associated their answers with methamphetamine use, while 2% identified each of Cocaine and a pharmaceutical stimulant.

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=70), the median SDS score was 6.0 (mean 6.5, range 0-15), with 64% scoring 5 or above. Men (38%) were less likely to score 5 or more than women (71%) and the difference in mean scores was statistically

significant. Of those who scored 5 or above and who were able to comment (n=45), 89% specifically related their responses to morphine, 4% to buprenorphine and 4% to methadone.

6.8 Mental health problems and psychological distress

Twenty-one 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 declined.

Table 60: Self-reporting recent mental health problems, 2010-2016 (%)

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Depression	23	16	15	20	12	25	17
Manic depression	3	6	5	2	3	6	1
Anxiety	16	14	10	15	9	15	10
Panic	2	2	2	1	0	3	2
Paranoia	2	1	1	0	2	2	2
Personality disorder	0	0	0	0	0	2	0
Schizophrenia	4	3	2	7	3	7	2
Drug-induced psychosis	0	2	1	0	4	1	1
Post-traumatic stress disorder	-	-	-	-	3	2	2

Source: IDRS participant interviews

Of the group who had experienced a mental health problem, 58% had attended a health professional for the reported problem. Just under three-quarters (73%) of this group attended a GP, 18% a psychiatrist, 18% a counsellor and 18% a psychologist. Of those who attended a health professional, 47% were prescribed medication: 44% an antidepressant, 22% an antipsychotic and 33% a benzodiazepine. Further details of the types of medication received by his group are shown in Table 61

Table 61: Types of medication received for mental health problems, 2013-2016 (%)

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

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, 99% of the IDRS sample completed the K10, yielding a mean total score of 21.4 (median=20.0, SD=8.9, range=34).

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, 19% of those who completed the K10 reported experiencing a very high level of distress over the four weeks prior to interview. Thirty-two percent of those who completed the K10 reported low or no distress.

Table 62: Level of psychological distress, 2011-2016

Level of distress	2011	2012	2013	2014	2015	2016
Low or no distress (10-15)	25	26	21	41	35	32
Moderate distress (16-21)	26	17	33	20	16	23
High distress (22-29)	24	16	17	23	29	27
Very high distress (30-50)	24	19	10	16	20	19

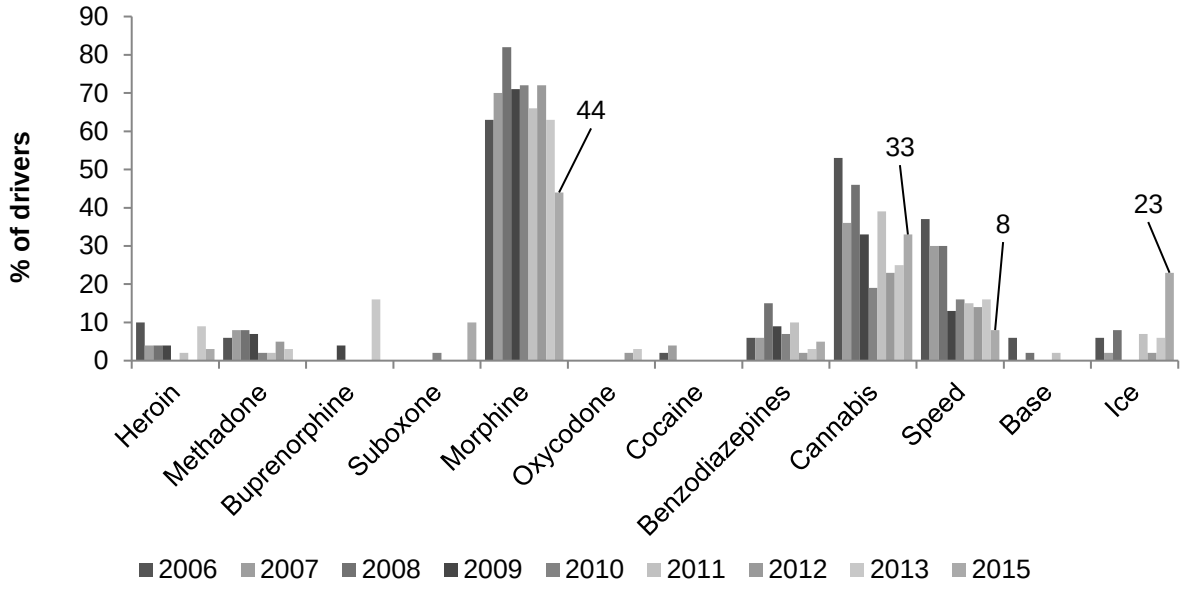
Source: IDRS participant interviews

6.9 Driving risk behaviour

Fifty-six percent of the IDRS sample had driven a car within the six months prior to interview and, of those, 6% reported driving over the legal blood alcohol limit and 40% had driven within three hours of taking an illicit or non-prescribed drug.

In 2016, participants were not asked which illicit drugs they had taken before driving. Figure 38 shows that in 2015 while morphine (44%) and cannabis (33%) were the drugs most commonly consumed by drivers before driving, the proportion reporting crystal methamphetamine (23%) has increased markedly since 2013.

Figure 38: Driving after taking an illicit drug by drug type, 2006-2013, 2015



Source: IDRS participant interviews

6.10 Naloxone program and distribution

Since 2013, participants have been asked questions about naloxone and naloxone take-home programs. Most participants, 73% in 2016 (Table 63), had heard of naloxone, with 62% of this group saying that it 'reverses heroin', 35% that it is used to 're-establish consciousness' and 18% that it 'helps start breathing.

The proportion of respondents that had heard of take-home naloxone programs currently available in some other jurisdictions increased to 35% of the sample this year.

Fifty-seven percent of the sample said that they would be willing to purchase naloxone from a pharmacy now that it is available without a prescription; 29% of this group would be willing to carry naloxone. Fifty-seven percent of the sample would be willing to administer naloxone after witnessing an overdose with all this group saying that they would stay with the person after administering the naloxone.

Table 63: Take-home naloxone program and distribution, 2013-2016

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

6.11 KE comment

Health KE corroborated a number of the findings reported above, namely that:

- overdose is rare in the NT;
- in some cases, space on a withdrawal or treatment program is not available immediately;
- knowledge of safe injecting practices is generally good with low rates of equipment sharing, and that instances of injection related problems appeared to unchanged;
- that alcohol use among regular injectors was common.

Some KE reported that retention in treatment of people who inject or smoke ice had improved, attributing this to better community and worker education, greater flexibility in treatment services and an expansion of support groups and support group meetings.

Some KE also expressed a need for a consumer advice line, targeted diversion programs and consideration of the benefits of exercise, possibly through subsidised gym membership, as an aide to treatment.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- Twenty percent of the sample had been arrested in the preceding 12 months.
- Twenty-two percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing.
- The number of ATS seizures declined, although the amount seized was stable.
- Cocaine and steroid related seizures and the amount seized increased.
- Spending by participants on illicit drugs the day before interview showed similar a pattern to previous years.

7.1 Reports of criminal activity

Twenty-two percent of the IDRS sample reported having committed at least one crime in the month prior to interview. Dealing (13%, Table 67) was the most frequently reported crime, followed by property crime (9%). 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 64) of the sample had been arrested within 12 months of the interview. Of those, 34% for use or possession of drugs and 17% for property crime.

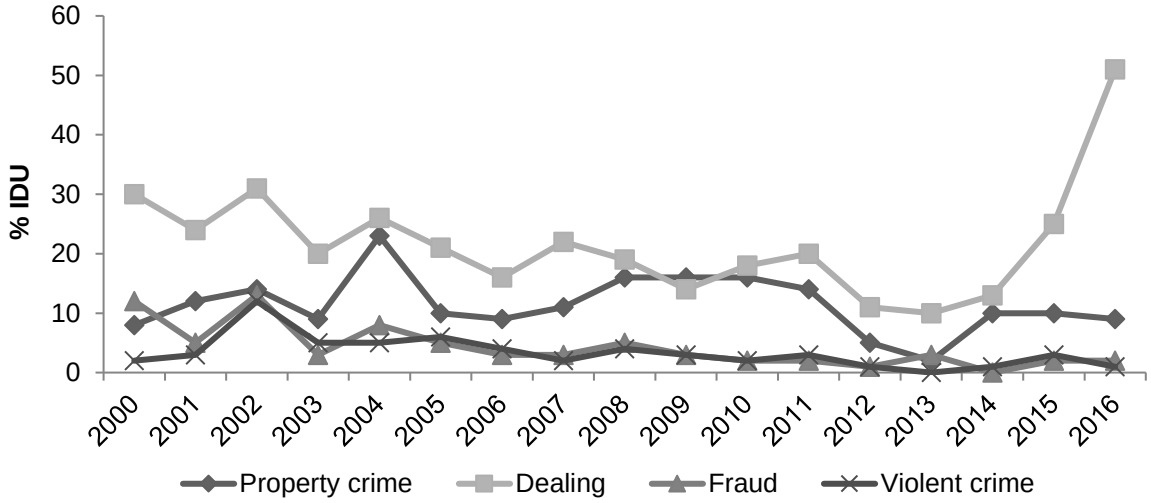
Table 64: Criminal and police activity as reported by participants, 2010-2016

	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
Criminal activity in last month (%)							
Dealing	18	20	11	10	13	25	13
Property crime	16	14	5	2	10	10	9
Fraud	2	2	1	3	0	2	2
Violent crime	2	3	1	0	1	3	1
Any crime	32	31	16	14	19	34	22
Arrested in last 12 months	24	25	17	14	14	24	20

Source: IDRS participant interviews

Participant reports of criminal activity have fluctuated but generally declined since 2000 (Figure 39), except for dealing, which shows a marked recent upswing.

Figure 39: Engagement in criminal activity in prior month, 2000-2016



Source**:** IDRS participant interviews

Fifty-one percent of the sample reported having been imprisoned at some time.

7.2 Arrests

There were no heroin-related consumer or provider arrests in 2014/15, Table 65, although there are 33 seizures for a total of 202 grams.

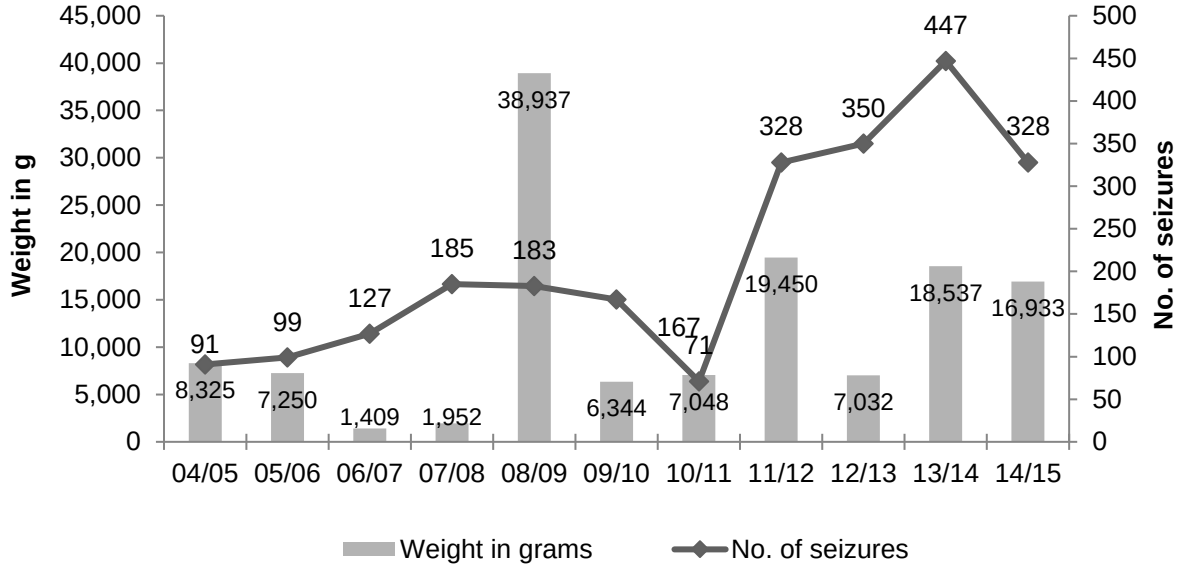
Table 65: Heroin arrest and seizure characteristics, 2006/07-2014/15

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Consumer arrests	1	1	0	1	2	0	3	0	0
Provider arrests	0	0	0	0	0	1	0	2	0
Total arrests*	1	1	0	1	2	1	3	2	0
Seizure number	2	1	2	3	1	3	8	3	33
Seizure weight (g)	1	2	641	2	126	8	6,148	5	202

Source: Australian Crime Commission (ACC) / Australian Criminal Intelligence Commission (ACIC)
* Includes arrests where consumer/provider status is not provided and so may be greater than the sum of the rows above

The number of ATS seizures and the amount seized declined into 2014/15, with almost 17 kilograms seized (Figure 40).

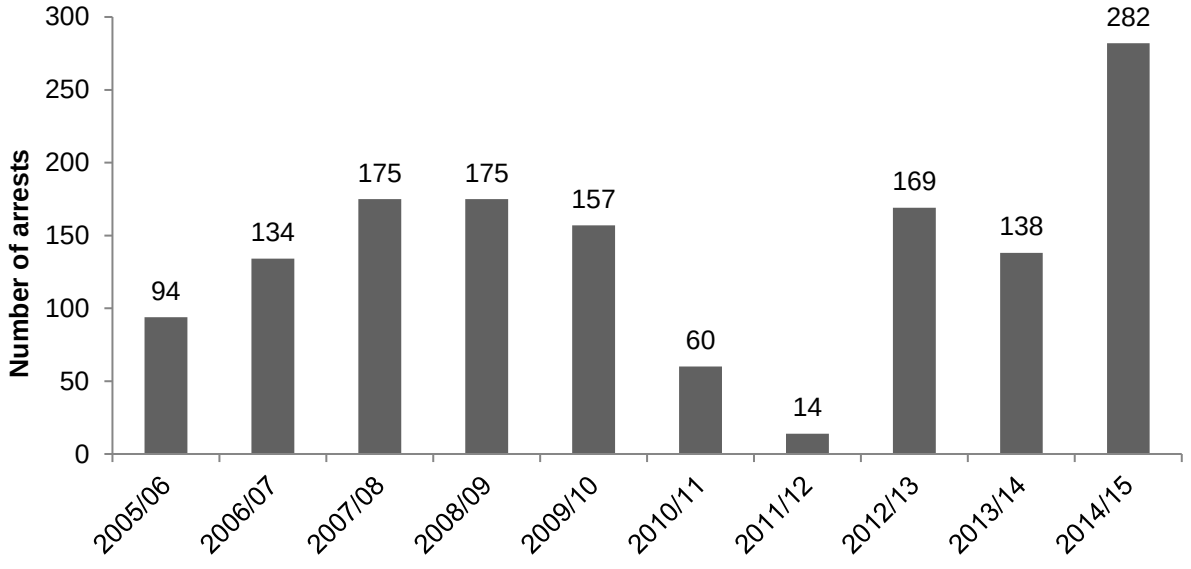
Figure 40: Number of ATS seizures in NT, 2004/05-2014/15



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

The combined number of arrests for ATS consumers and providers has increased substantially since a low 2011/12, with the number in 2014/15 being the highest in the period shown, Figure 41.

Figure 41: Number of ATS consumer and provider arrests in the NT, 2005/06-2014/15



Source: Australian Crime Commission (ACC) / Australian Criminal Intelligence Commission (ACIC)

Cocaine arrests remain low, 2 in 204/15 (Table 66) while the amount seized increased to 303 grams.

Table 66: Cocaine arrest and seizure characteristics, 2006/07-2014/15

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Consumer arrests	1	0	1	0	0	3	0	1	2
Provider arrests	0	0	0	1	0	0	0	3	0
Total arrests*	1	0	4	1	0	3	0	4	2
Seizure number	3	0	6	1	0	4	1	8	18
Seizure weight (g)	26	0	235	13	0	2	0	180	303

Source: ACC

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

The number of cannabis consumer and provider arrests was unchanged between 2013/14 and 2014/15 while the weight of seizures increased (Table 67).

Table 67: Cannabis arrest and seizure characteristics, 2006/07-2014/15

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Consumer arrests	409	386	422	393	318	355	299	286	217
Provider arrests	137	91	102	111	70	282	229	198	247
Total arrests*	588	552	597	597	460	617	528	464	464
Seizure number	986	1,077	1,087	764	1,010	2,185	1,685	1,755	708
Seizure weight (g)	55,202	83,179	131,179	740,957	27,243	238,224	178,520	161,084	332,364

Source: ACC

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

The number of cannabis infringement notices issued in the NT increased (Table 68) compared to the previous year.

Table 68: Cannabis infringement notices, 2006/07-2014/15

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Consumer	399	378	456	466	442	703	521	563	644

Source: ACC

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

The number of steroid-related arrests in 2014/15 was stable while the amount seized increased (Table 69).

Table 69: Steroid arrest and seizure characteristics, 2006/07-2014/15

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Consumer arrests	9	5	6	5	3	6	9	4	4
Provider arrests	0	0	0	1	0	5	5	3	3
Total arrests*	13	7	6	10	3	11	14	7	7
Seizure number	10	11	9	15	9	12	13	6	17
Seizure weight (g)	286	296	296	147	146	315	812	84	481

Source: ACC

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

7.3 Expenditure on illicit drugs

Fifty-three percent of the IDRS sample reported some expenditure on drugs on the day prior to interview (Table 70). Twenty-two percent of the sample reported spending $100 or more on drugs.

Table 70: Amount spent on drugs on the day before interview, 2009-2016 (%)

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90
$0	63	33	39	43	42	40	40	47
Less than $20	2	2	1	0	2	1	3	4
$20-$49	8	6	12	7	14	17	8	6
$50-$99	10	23	17	20	16	15	16	22
$100-$199	10	21	16	17	13	14	18	16
$200 or more	6	14	14	14	14	13	14	6

Source: IDRS participant interviews

7.4 KE comment

KE comment corroborates the results reported above showing increases in self-reported property crime and dealing, and the increase in ATS seizure amounts.

Key Experts confirmed that crystal methamphetamine, 'ice', is the most problematic illicit drug that they currently deal with. It is associated with a range of crimes, particularly: dealing, theft and burglary, and more likely to be associated with violent crime than other illicits. In large part these crimes are a consequence of the financial costs of maintaining regular use of ice, which can amount to up to $2,000 per day. Police noted that regular users can accrue significant debt and that crimes committed around the collection of this debt can often involve violence.

Police had previously noted that along with the stabilisation of the availability and price of ice in Darwin:

- ice enters Darwin primarily in small to medium sized quantities, less than 1kg, via road and air from Interstate points of origin, but that the number of larger amounts being brought into the NT has also increased;
- that the number of suppliers, small and large scale, has grown, with 'gaps' in the supply chain quickly filled;
- as a consequence, ice related arrests and seizures have increased.

Police also noted that there has been an increase in the use of on-line media to order a variety of illicit drugs, in small amounts, delivered via postal services. Because of improved availability of illicit drugs through these relatively low-risk avenues, local manufacture of methamphetamines has declined markedly.

Police have been able to respond to these using increased surveillance powers, through "declared rug areas" and targeting of airports and post offices.

8 SPECIAL TOPICS OF INTEREST

Key points

- One quarter of respondents reported being homeless at the time of interview while eight or ten had been homeless at some point during their life.
- One-in-five participants had donated blood at least once in their lives and 33% of this group had injected drugs prior to this.
- Sixty-one percent of respondents able to comment reported that they had been treated differently (unfairly) to other people because they inject drugs.

8.1 Homelessness

Eighty-two percent of the IDRS sample had experienced homelessness at some time during their life (Table 71). Twenty-five percent were homeless at the time of interview and a further 19% had experienced homelessness within the past 12 months. Of those able to comment, 35% had spent 1-2 years homeless thus far in their lives.

Table 71: Homelessness history among PWID, 2016

	NT n=90
% Lifetime homelessness history	82
% Length of time since last homeless episode*	(n=71)
Currently homeless	25
In the past six months	18
7-12 months	1
1-2 years	11
2-5 years	9
More than 5 years	35
% Total duration of homelessness over lifetime*	(n=66)
Less than six months	21
6-11 months	11
1-2 years	35
3-5 years	11
6-10 years	11
More than 10 years	12

Source: IDRS participant interviews

* Among those with a homelessness history and who commented

For those who report a lifetime experience of homelessness, living with relatives, friends or acquaintances (62%, Table 72) and sleeping rough (57%) were the most often reported forms of homelessness. The same pattern was seen for those who had been homeless with six months of interview.

Table 72: Different forms of homelessness (lifetime & last six months), 2016

	2016 N=90
% Lifetime	
Slept rough	57
Crisis or emergency accommodation	40
Medium or long term accommodation	19
Lived with relatives, friends or acquaintances (couch surfing)	62
Boarding or rooming houses or hostels (other than on holiday)	42
Caravan park (other than on holiday)	41
% Last six months	
Slept rough	22
Crisis or emergency accommodation	10
Medium or long term accommodation	6
Lived with relatives, friends or acquaintances (couch surfing)	29
Boarding or rooming houses or hostels (other than on holiday)	10
Caravan park (other than on holiday)	3

Source: IDRS participant interviews

8.2 Blood donations

Twenty percent (Table 73) of the 2016 sample reported having ever donated blood, while one-third of this smaller group had injected prior to making the donation.

Table 73: Blood donations, 2015 & 2016, %

	2015 N=98	2016 N=90
Ever donated blood	19	22
Injected before blood donation*	42	33

Source: IDRS participant interviews
* Among those who had ever donated blood

8.3 Unfair treatment

Of those who to commented, 61% reported that they had been treated differently (unfairly) to other people because they inject drugs (Table 74).

Table 74: Unfair treatment, lifetime, 2016, %

	2016 N=83
Never	39
Not in the last 12 months	23
Monthly	27
Weekly but not daily	10
Daily or more	2

Twenty-eight percent (Table 75) of those who had ever been treated unfairly had experienced this when seeking help for a physical health problem, and 22% respectively by their family or by Police.

Table 75: Unfair treatment situations, last 12 months, 2016, %

	2016 N=51
In making or keeping friends	18
By people in neighbourhood	18
In housing	8
By your family	22
By the police	22
When getting help for physical health problems	28
In getting welfare/disability benefits	4
In school/education	2
At work/in your career	10

The most common venues for unfair treatment was a public location (33%, Table 76) or a health service other than a general practice (22%), primarily by either a GP (23%) or by a family member (15%).

Table 76: Unfair treatment, venue and by whom, last 12 months, 2016

	2016
% Most frequent venue treated unfairly	(n=49)
Public location	33
Employment/work place	8
Pharmacy	2
General Practitioner practice	12
Other health care service	22
Government institution	0
Home	14
Other	8
% Mainly treated unfairly in venue by:	(n=48)
Police	13
Family member	15
Member of public	8
Pharmacist	2
General Practitioner	23
Other service provider	8
Other	13

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