northern territory

C. Moon

NT DRUG TRENDS 2013
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 116

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Northern Territory DRUG TRENDS 2013

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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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Abbreviations

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AIDS	Acquired Immune Deficiency Syndrome
AGDH&A	Australian Government Department of Health and Ageing
AFP	Australian Federal Police
AOD	Alcohol and Other Drugs
AODTS	Alcohol and Other Drugs Treatment Services
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
KE	Key Expert(s)
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NNDSS	National Notifiable Diseases Surveillance System
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	Statistics Package for the Social Sciences
TBI	Traumatic Brian Injury

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 2013 Illicit Drug Reporting System (IDRS) results for the Northern Territory (NT). This is the twelfth year this study has been conducted in the NT.

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

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 (65%) male (Table 1). The mean age was 40 years and 79% of the respondents were unemployed or on a pension at the time of interview. Seven percent reported full-time employment, up from 3% in 2011. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander declined to 21%. Eighty-seven percent reported heterosexual status while 10% identified as bisexual and 1% as gay or lesbian. Year 10 was again the mean for years of education although 53% reported some form of post-secondary education. Reported participation in treatment increased to 13% of the sample from 10% in 2011 and 57% reported prior prison history, similar to the 59% found in 2011.

This profile of the IDRS sample is similar to that surveyed in previous years.

Patterns of drug use

Recent drug use refers to use in the six months preceding the IDRS interview. Morphine was the illicit drug recently used by the largest proportion of the participant survey sample (80%), followed by cannabis (67%). Morphine was the drug most recently injected (71%) followed by speed powder (15%). Morphine was again the drug injected most often in the last month, 73% of the sample. In 2012, 71% of the sample reported morphine as the drug most often injected in the last month and 66% reported morphine as the last drug injected.

Methamphetamine powder (“speed powder” or “speed”) was again the form most frequently used by PWID in the previous six months (31%), although recent use of crystal methamphetamine, at 30%, reached essentially the same level.

Seventeen percent of the sample reported recent heroin use, an increase on the 11% found in 2012. Eighty-one percent reported heroin use at some time in their lives. Nineteen percent of the sample (29% in 2012) reported recent use of any form of methadone (including prescribed and non-prescribed methadone liquid and Physeptone). Twenty-one percent of the sample reported recent use of either prescribed or non-prescribed Subutex (buprenorphine), increasing from the 12%

found in 20102. Twenty-three percent of the sample reported recent injection of oxycodone (19% in 2012) and 22% reported recent use of over-the-counter (OTC) codeine, a marked decline from the 56% found in 2012.

Recent use of any form of benzodiazepine increased slightly from 35% last year to 39% this year, while injection declined from 11% to 7%. Recent use of Alprazolam was stable while injection declined.

Recent use of hallucinogens increased markedly from 4% in 2012 to 17%. Recent use of inhalants increased to 6%, while recent use of steroids (1%), alcohol (58%), cannabis (67%) and tobacco (89%) were stable.

Key experts were primarily concerned with an increase in the availability, regular use and injection of crystal methamphetamine and with a perception that the market in crystal methamphetamine had become more established. They emphasised an increased impact on treatment services and in law enforcement from this drug. They particularly noted a perceived move from smoking as the main route of administration to injecting.

Heroin

Recent heroin use and injection (17% each) increased slightly compared to 2012, the third year of increase in a row. The median days of use and injection decreased slightly.

One respondent reported a median heroin price of $100 a cap and four respondents reported a median of $275 for a gram of heroin. These prices confirm KE comment that heroin prices in Darwin fluctuate considerably.

Methamphetamine

In 2013, 43% of participants reported use of some form of methamphetamine, on a median of 20 days, similar to the results from 2012. Injecting was the main route of administration. Speed powder was used by 31% of the sample on a median of 12 days and although it was the main form of methamphetamine used, the recent use crystal methamphetamine increased to 30%. Recent use and injection of methamphetamine base was stable. Recent use of liquid methamphetamine increased slightly, although still at a low level. Injecting continues to be the main route of administration for all forms of methamphetamine. Smoking of ice increased to 9% of the sample, compared to 3% in 2012, but is still lower than historical levels (18% in 2011). Over time, recent use of speed powder has tended to decline while recent use of crystal, liquid and pharmaceutical stimulants has increased.

A median price of $100 per point for speed powder was reported, lower than the $150 found in 2012 but consistent with prices found in earlier years. Crystal methamphetamine was found to have a median price of $140 a point, similar to the $150 found in 2012. Prices for speed powder and crystal were largely seen as stable (59% and 55% of those able to comment), although substantial proportions reported that they had been increasing (32% and 46% respectively).

Eighty-one percent of those able to comment considered that speed powder was currently either easy or very easy to obtain, while all of those able to comment on

crystal methamphetamine availability reported it as easy (5%) or very easy (42%) to obtain., an increase from the 80% who rated current powder availability as easy or very easy in 2011. Sixty-seven percent of those able to respond rated crystal methamphetamine as easy or very easy to obtain.

Cocaine
Reported recent use of cocaine increased to 7% of the survey sample, remaining low as in previous years.

Cannabis
Cannabis was again the second most frequently used drug. Seventy percent of the sample reported recent use, as was the case in 2012. Hydroponic cannabis was again the form most commonly and most often used and a pattern of daily use remained most common. Cannabis was smoked by participants on a median of 180 days, a marked increase on recent years.

The median price of a gram of either hydro or bush cannabis was reported to be $30. For both varieties the long-term price is stable. The median price of an ounce of hydro increased slightly to $450, and remains higher than the prices seen before 2008.

Hydro was considered easy or very easy to obtain by 88% of those able to respond, the same as the 88% found in 2012 and still a large majority. Hydro availability was considered stable by 84% of respondents. Bush cannabis was also rated as easy (50%) or very easy (31%) to obtain and recent availability was rated as stable.

Methadone
Twelve percent of the sample reported use of illicit methadone liquid in the preceding six months, similar to the proportions found since 2011. Seven percent of the sample reported illicit Physeptone use, a substantial reduction compared to previous years. Those who recently used illicit methadone did so on a median of 10 days, as was the case in 2012. The recent illicit use of methadone and physeptone exceeded their licit use, as has been the case previously.

The median price of a millilitre of methadone syrup was stable at one dollar, as it has been since 2006. The median price of 10mg Physeptone tablets was also stable at $20. Prices were reported to be either stable (50%) or increasing (25%).

Sixty percent of respondents rated current availability of illicit methadone as difficult, similar to the result in 2012, while the balance rated it as very difficult to obtain.

Morphine
Recent use of morphine was 80% of the sample, lower than most of the previous years. Median days of use and injection both declined to less than daily.

Illicit morphine continued to be the form most often used over the six months before interview (74%) with recent use of licit morphine stable. MS Contin was again the brand most frequently used (73%) followed by Kapanol (19%).

As in previous years, MS Contin 100mg was the morphine form most frequently purchased by the IDRS sample. Sixty-one participants reported purchasing MS Contin 100mg at a median price of $80, the same median price found since 2008. Kapanol 100mg was again the form next most frequently purchased (41 purchasers) and in 2013 the median price was $80, also stable since 2008.

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Respondents were divided on their perceptions of morphine availability, with 37% rating it as easy to obtain and 38% rating it as difficult. Twenty-two percent rated it as very easy to obtain.

Key Experts 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-eight percent of respondents reported use of some form of oxycodone in the six months preceding the interview, an increase on the 22% found in 2012 but lower than earlier years. Recent use and injection of illicit oxycodone increased to 23% each. Median days of use and injection of both licit and illicit forms increased although remaining low.

As in previous years, a small but growing proportion of the NT IDRS sample reported purchasing illicit oxycodone. No participants reported purchasing 20mg oxycodone, seven reported paying a median of $35 for 40mg oxycodone and 14 reported paying a median of $60 for 80mg oxycodone. More than three-quarters (78%, Table 48) of those who responded considered price to have remained stable over the preceding six months.

Oxycodone was rated as easy or very easy to obtain by 45% of the sample and difficult to obtain by 50%.

Subutex (buprenorphine)

Recent use of illicit Subutex increased from 12% in 2012 to 20% this year. A frequency of weekly or less remained the most common pattern of use. Subutex was reported to cost $40 for 8mg.

Suboxone (buprenorphine naloxone)

Recent use and injecting of Suboxone tablets was stable at 12% with illicit use more common than licit. Twelve percent of the sample reported recent injection of Suboxone on a median of 20 days. Suboxone tablets (8mg) were reported to cost a median on $40 and Suboxone film (8mg) a median of $30. Six out of the seven participants able to comment reported Suboxone film availability as easy or very easy.

Over-the-counter codeine

Twenty percent of the sample reported recent use of over-the-counter (OTC) codeine in the previous six months, similar to the 19% found last year. No respondent reported injecting OTC codeine. Nurofen Plus was again the most commonly used OTC brand of codeine.

Benzodiazepines
Recent use of benzodiazepines in the survey sample increased slightly to 39%, while recent injection declined to 7%. Recent use of illicit Alprazolam use also stable at 14%.

Ecstasy, LSD, Seroquel, inhalants, tobacco and alcohol
Recent use of ecstasy increased to 14% of the survey sample. Seroquel (4%) and inhalants (1%) remained low, as in previous years.

Recent use of alcohol increased slightly to 58% (54% in 2012). The proportion of respondents reporting daily use increased. Recent use of tobacco remained high (89%) and frequent (daily).

Most health key experts identified crystal methamphetamine as the most problematic illicit drug at the time of interview. There was a consistent report that the number of clients seeking treatment for this drug had increased and a common perception that this was due to an increase in the availability and use of crystal methamphetamine.

Health
Twenty-five percent of the sample had overdosed on heroin at least once in their lives but only one participant reported a heroin overdose within the past year. Twenty percent of the sample had overdosed on a drug other than heroin, and of those 3 had overdosed within the past year.

Fifteen percent of the sample reported current treatment (13% in 2012) and 13% reported having attended treatment within six months of interview.

Rates of hospital admissions related to opioids declined slightly; the rate of amphetamine related admissions increased, although within historical range, and the rate of cannabis related admissions declined for the fourth year in a row.

Sharing of injecting equipment rates were similar to those found in 2012, with spoons/mixing containers and tourniquets being the most commonly shared equipment. Two percent of respondents used a needle after someone else and 22% had reused their own needle at least once.

Scarring/bruising (32%), difficulty injecting (25%) and a dirty hit (13%), were again identified as the main injection-related problems in the month prior to interview, although in lower proportions than found previously. Thirty percent of the sample reported experiencing a mental health problem in the six months prior to interview, with depression and anxiety again the most frequent mental health problems reported.

More than half the participants had driven a car within the preceding six months and, of these, 69% had driven under the influence of drugs, mainly morphine and cannabis.

Law enforcement and criminal behaviour

Fourteen percent of the sample had been arrested in the preceding 12 months and 14% percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing.

The number of ATS seizures and the amounts seized increased markedly in 2011/12. The number of cannabis related provider-arrests increased in 2011/12.

Forty-three percent of the sample had spent $50 or more on drugs on the day prior to the interview.

Law enforcement key experts identified crystal methamphetamine as the most problematic illicit drug at the time of interview, relating its increased availability and use to an increase in crimes involving violence. They noted that more dealers were typically in possession of larger amounts of crystal methamphetamine than has been the case in previous years.

1 INTRODUCTION

This report presents the results of the 2013 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 and Ageing (AGDH&A).

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 DHCS and Menzies School of Health Research.

In the NT, interviews were conducted in Darwin and Palmerston during July 2011 with 98 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 Statistical Package for the Social Sciences (SPSS) for Windows Version 19.0.

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 on a face to face basis. KE, and the main drug or drugs they discussed, were drawn from the following fields:

AOD workers

- Opiate Pharmacotherapy Program — Opioids
- OPP Medical Officer — Opioids
- OPP Medical Officer — Opioids and cannabis
- Withdrawal Service worker — Methamphetamine and cannabis
- NGO Rehabilitation provider — Methamphetamine and cannabis
- NGO Rehabilitation provider — Methamphetamine and cannabis
- Needle and Syringe Program worker — Opioids
- Needle and Syringe Program worker — Methamphetamine and opioids

Law

- Police officer — Methamphetamine and cannabis
- Police officer — Methamphetamine and cannabis

Interviews took between 40 minutes and 60 minutes. Notes were taken at the time of interview and later transcribed and analysed for recurring themes.

2.3 Other indicators

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

Due to the small population of the NT, many of the data sources available to other states and territories report very small numbers 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:

- 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
- National Centre in HIV Epidemiology and Clinical Research.

3 DEMOGRAPHICS

3.1 Overview of the participant sample

Key Points

- A total of 91 participants were interviewed for the 2012 NT IDRS survey.
- The mean age was 40 years (range 21 to 60 years).
- Sixty-five percent were male.
- The majority was unemployed or on a pension.
- Thirteen percent were currently in drug treatment.
- Fifty-seven percent had a prison history.

As in previous years, the sample was predominantly (65%) male (Table 1). The mean age was 40 years and 79% of the respondents were unemployed or on a pension at the time of interview. Seven percent reported full-time employment, up from 3% in 2011. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander declined to 21%. Eighty-seven percent reported heterosexual status while 10% identified as bisexual and 1% as gay or lesbian. Year 10 was again the mean for years of education although 53% reported some form of post-secondary education. Reported participation in treatment increased to 13% of the sample from 10% in 2011 and 57% reported prior prison history, similar to the 59% found in 2011.

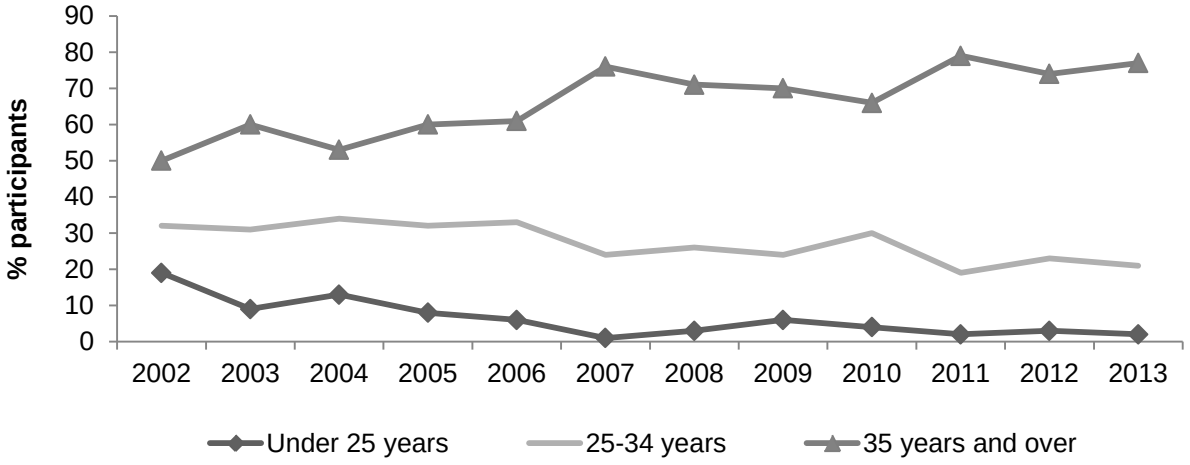
Table 1: Demographic characteristics of the participant sample, 2009-2013

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Age – mean years (range)	40 (21-61)	41 (22-63)	42 (18-63)	42 (23-62)	40 (21-60)
Sex (% male)	69	72	70	71	65
Employment (%)					
Not employed/on a pension	88	78	87	94	79
Full time	6	12	8	3	7
Part time/casual	4	8	4	3	11
Home duties	0	0	0	0	1
Student	0	0	0	0	1
Aboriginal and/or Torres Strait Islander (%)	20	21	28	28	21
Heterosexual (%)	90	91	90	94	87
Bisexual (%)	3	4	6	6	10
Gay or lesbian (%)	7	3	3	1	1
Other (%)	0	2	1	0	2
School education – mean no. years (range)	10 (6-12)	10 (4-12)	10 (5-12)	10 (2-12)	10 (0-12)
Tertiary education (%)					
None	42	51	54	62	45
Trade/technical	42	36	32	30	35
University/college	15	13	14	8	18
Currently in drug treatment (%)	8	12	4	10	13
Prison history (%)	55	44	44	59	57

Source: IDRS participant interviews

Figure 1 demonstrates that over time the proportion of IDRS participants aged 35 years and older has increased, although similar this year compared to 2012. Conversely, the proportions aged under 25 and between 25 and 34 years of age have declined, with 3% being aged under 25 this year.

Figure 1: Age distribution of participants in the NT IDRS samples, 2002-2013



Source: IDRS participant interviews

4 CONSUMPTION PATTERNS

4.1 Current drug use

Key Points

- The mean age of first injection was 20 years, with most participants reporting methamphetamine as the first drug injected.
- Heroin was the main drug of choice, followed by Morphine.
- Morphine was by far the drug injected most often in the last month, as well as the most recent drug injected.
- The majority of participants injected drugs at least once per day.
- Polydrug use remained common.

The mean age of first injection this year was 20 years (Table 2), lower than the result found last year. Sixty-seven percent of the sample identified amphetamines as the drug first injected, an increase on the proportions seen in previous years. The proportion reporting morphine as the first drug injected dropped markedly to 3%. Heroin (43%) was reported as the most common drug of choice, while the proportion reporting morphine dropped to 26%. The proportion reporting methamphetamine as their drug of choice was at similar levels to previous years.

Morphine was again the drug most often injected in the past month (73%) and the most recent drug injected (71%).

The frequency of injecting in the month before interview showed some change compared to 2012, with ‘2-3 times per day’ being the most reported category (30%).

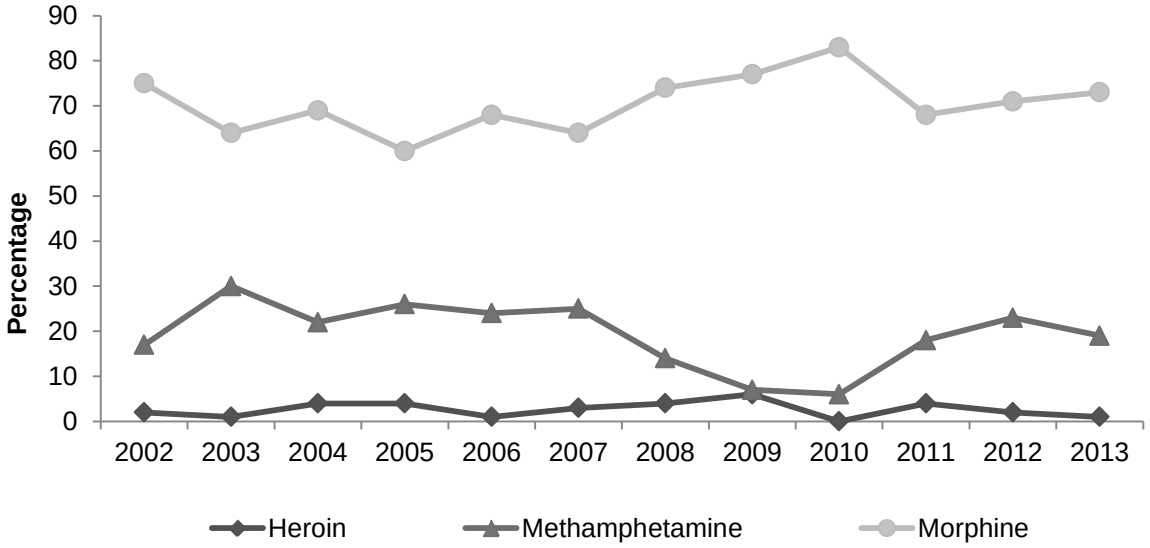
Table 2: Injection history, drug preferences and polydrug use, 2009-2013

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Age first injection – mean years (range)	21 (10-54)	22 (12-48)	24 (12-54)	24 (10-54)	20 (12-45)
First drug injected (%)					
Heroin	46	32	30	28	25
Amphetamines	40	51	52	50	67
Cocaine	2	0	0	0	0
Morphine	9	12	16	18	3
Drug of choice (%)					
Heroin	27	26	30	21	43
Morphine	37	44	36	46	26
Cocaine	8	4	0	2	0
Methamphetamine (any form)	16	8	17	22	18
Speed	*14*	*6*	*15*	*21*	*14*
Base	*0*	*0*	*0*	*1*	*0*
Crystal methamphetamine	*2*	*2*	*2*	*0*	*3*
Benzodiazepines	0	0	1	0	0
Cannabis	3	4	7	6	2
Drug injected most often in last month (%)					
Heroin	6	0	4	2	1
Cocaine	0	0	0	0	0
Methamphetamine (any form)	7	6	18	24	19
Speed	*6*	*5*	*15*	*23*	*15*
Base	*0*	*0*	*0*	*0*	*0*
Crystal methamphetamine	*1*	*1*	*3*	*1*	*3*
Benzodiazepines	4	0	1	0	0
Morphine	77	83	68	71	73
Not injected in last month	2	0	0	3	0
Most recent drug injected (%)					
Heroin	4	1	3	2	0
Cocaine	1	0	0	0	0
Methamphetamine (any form)	9	7	19	23	20
Speed	9	6	*17*	21	*15*
Base	0	0	*0*	0	*0*
Crystal methamphetamine	1	1	*2*	2	*4*
Benzodiazepines	2	2	1	1	0
Morphine	72	79	68	66	71
Other pharmaceutical opioids					7
Frequency of injecting in last month (%)					
Not injected in last month	1	1	0	3	2
Weekly or less	22	17	20	14	23
More than weekly, but less than daily	14	18	15	15	16
Once per day	34	28	26	40	28
2-3 times a day	26	35	37	29	30
>3 times a day	2	0	2	1	1

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

Figure 2 shows that while the proportions reporting heroin, methamphetamine and morphine as the drug injected most often in the last month have fluctuated over time, morphine continues to be the most prominent.

Figure 2: Drug injected most last month, 2002-2013



Source: IDRS participant interviews

Polydrug use histories and routes of administration are shown in Table 3. The most commonly used illicit drug in 2012 was non-prescribed morphine, at 74%. This group used morphine on a median of 90 days. At 67%, cannabis was again the next most commonly used illicit drug, slightly lower than the 2012 result (71%).

Seventy-three percent of the sample had recently injected illicit morphine on a median of 90 days, an increase on the 66% found in 2012. Illicit morphine remained the drug most recently injected (71%, Table 2).

Recent use and injection of methamphetamine in any form declined to 43% (48% in 2012) and 43% (46% in 2012) respectively. Reports of recent smoking of ice increased from 3% last year to 9%, similar to the levels seen in 2011 (13%). Recent use of base was stable while recent use (31%) and injection (30%) of speed powder declined.

Recent use and injection of heroin increased to 17% each, from the 11% found in 2012. Recent use and injection of any form of methadone declined for the second year running, primarily due to a drop in the proportion of the sample reporting recent illicit Physeptone use from 19% in 2012 to 7% this year.

Table 3: Polydrug use history of the participant sample, 2013 (2012 in brackets)

	Used			Injected			Smoked		Snorted		Swallowed	
Drug class	**Ever[1]**	**Recent[2]**	**Days[3]**	**Ever**	**Recent**	**Days**	**Ever**	**Recent**	**Ever**	**Recent**	**Ever**	**Recent**
Heroin	81 (70)	17 (11)	3 (5)	79 (66)	17 (11)	3 (5)	15 (27)	0 (0)	7 (10)	0 (0)	7 (6)	0 (0)
Homebake heroin	30 (14)	4 (1)	5 (2)	31 (10)	4 (0)	5 (0)	1 (2)	0 (0)	0 (1)	0 (1)	0 (2)	0 (0)
Any heroin (inc. homebake)	81 (72)	18 (12)	3 (4)	79 (66)	18 (11)	3 (4)	17 (27)	0 (0)	7 (10)	0 (1)	6 (7)	0 (0)
Methadone (prescribed)	32 (22)	4 (4)	135 (4)	20 (9)	2 (2)	46 (30)					26 (20)	2 (2)
Methadone (not prescribed)	41 (30)	10 (10)	3 (7)	32 (23)	9 (8)	2 (14)					15 (11)	1 (3)
Physeptone (prescribed)	11 (7)	4 (2)	180 (95)	8 (5)	3 (2)	90 (45)					10 (5)	4 (1)
Physeptone (not prescribed)	28 (39)	7 (19)	2 (4)	24 (33)	6 (16)	2 (4)					10 (20)	2 (6)
Any methadone (inc. Physeptone)	59 (66)	19 (29)	30 (4)	45 (50)	14 (22)	5 (8)					41 (39)	15 (12)
Subutex (prescribed)	17 (16)	1 (2)	2 (90)	6 (3)	0 (1)	0 (3)					15 (14)	1 (2)
Subutex (not prescribed)	29 (24)	20 (10)	15 (2)	19 (13)	13 (6)	48 (3)					13 (14)	9 (5)
Any form Subutex	35 (37)	21 (12)	14 (2)	19 (14)	13 (7)	48 (3)					25 (27)	10 (6)
Suboxone tablet (prescribed)	15 (14)	1 (5)	4 (36)	1 (2)	1 (2)	0 (13)					15 (12)	1 (4)
Suboxone tablet (not prescribed)	17 (16)	12 (8)	3 (6)	10 (10)	7 (6)	4 (2)					10 (10)	7 (6)
Any form Suboxone tablet	17 (26)	12 (12)	4 (14)	10 (12)	7 (7)	2 (2)					15 (20)	7 (10)
Suboxone film (prescribed)	9	6	150	0	0	0					0	0
Suboxone film (not prescribed)	13	12	4	7	7	20					8	7
Any form Suboxone film	13	12	180	7	7	20					8	7
Morphine (prescribed)	45 (30)	21 (22)	180 (18)	39 (23)	19 (18)	150	0 (1)	0 (0)	0 (1)	0 (0)	23 (22)	9 (14)
Morphine (not prescribed)	81 (75)	74 (67)	90 (17)	80 (73)	73 (66)	90 (17)	0 (1)	0 (0)	0 (0)	0 (0)	11 (26)	8 (53)
Any morphine	91 (85)	80 (77)	105 (18)	88 (80)	78 (74)	120	0 (2)	0 (0)	0 (1)	0 (0)	28 (40)	13 (23)
Oxycodone (prescribed)	19 (14)	9 (6)	64 (5)	10 (7)	3 (4)	30 (5)					12 (11)	8 (4)
Oxycodone (not prescribed)	34 (32)	23 (18)	6 (4)	32 (27)	23 (18)	6 (3)					9 (10)	6 (3)
Any oxycodone	44 (39)	28 (22)	7 (4)	35 (30)	23 (19)	6 (3)					17 (19)	9 (6)
OTC codeine	32 (33)	22 (56)	6 (10)	0 (3)	0 (1)	0 (24)					32 (32)	22 (18)
Other opioids (not elsewhere classified)	42 (45)	20 (25)	9 (5)	2 (6)	0 (2)	0 (2)					40 (43)	20 (25)

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 3 continued: Polydrug use history of the participant sample, 2013 (2012 in brackets)

	Used			Injected			Smoked		Snorted		Swallowed	
Drug class	**Ever[1]**	**Recent[2]**	**Days[3]**	**Ever**	**Recent**	**Days**	**Ever**	**Recent**	**Ever**	**Recent**	**Ever**	**Recent**
Speed	78 (76)	31 (46)	12 (15)	77 (72)	30 (44)	12 (15)	13 (22)	1 (2)	14 (31)	2 (2)	14 (29)	1 (6)
Base/point/wax	30 (16)	7 (6)	4 (7)	26 (15)	7 (6)	4 (7)	1 (2)	0 (0)	2 (1)	0 (0)	6 (3)	0 (2)
Ice/shabu/crystal	55 (38)	30 (26)	10 (12)	51 (34)	25 (25)	10 (14)	20 (18)	9 (3)	4 (3)	0 (0)	4 (6)	1 (1)
Amphetamine liquid	24 (13)	7 (5)	3 (2)	22 (13)	6 (4)	2 (2)					3 (1)	1 (0)
Any form methamphetamine[4]	87 (78)	43 (48)	18 (21)	86 (75)	43 (46)	20 (20)					19 (30)	19 (6)
Pharmaceutical stimulants (prescribed)	9 (6)	3 (2)	4 (10)	4 (2)	1 (1)	90 (24)	1 (1)	0 (0)	2 (0)	1 (0)	4 (4)	3 (2)
Pharmaceutical stimulants (not prescribed)	33 (15)	15 (10)	2 (1)	23 (15)	9 (8)	3 (6)	1 (0)	0 (0)	3 (0)	1 (0)	15 (9)	9 (2)
Any form pharmaceutical stimulants	37 (21)	18 (11)	2 (6)	25 (12)	10 (9)	3 (6)	2 (1)	0 (0)	(0)	(0)	21 (13)	12 (4)
Cocaine	48 (38)	7 (4)	7 (2)	25 (24)	3 (2)	1 (2)	10 (7)	0 (0)	24 (18)	4 (1)	10 (4)	0 (0)
Hallucinogens	52 (50)	17 (4)	2 (1)	6 (8)	0 (1)	0 (10)	1 (0)	0 (0)	2 (0)	1 (0)	48 (45)	15 (3)
Ecstasy	46 (47)	14 (7)	6 (1)	21 (15)	4 (3)	5 (1)	1 (0)	0 (0)	10 (2)	3 (0)	43 (41)	14 (4)
Alprazolam (prescribed)	25 (14)	7 (7)	10 (2)	7 (3)	2 (2)	3 (5)	0 (0)	0 (0)	0 (0)	0 (0)	25 (12)	4 (6)
Alprazolam (not prescribed)	43 (30)	18 (18)	4 (6)	13 (14)	4 (7)	16 (3)	0 (0)	0 (0)	0 (0)	0 (0)	35 (25)	14 (15)
Other benzodiazepines (prescribed)	42 (30)	21 (18)	90 (20)	3 (5)	1 (2)	180	1 (0)	0 (0)	1 (0)	0 (0)	41 (26)	21 (18)
Other benzodiazepines (not prescribed)	33 (26)	15 (14)	19 (7)	7 (5)	15 (2)	(15)	2 (0)	0 (0)	2 (0)	0 (0)	32 (24)	15 (11)
Any form any benzodiazepines	69 (55)	39 (35)	40 (25)	20 (55)	7 (11)	17 (7)	2 (0)	0 (0)	(0)	0 (0)	66 (50)	(32)
Seroquel (prescribed)	9 (5)	6 (2)	180 (8)	0 (1)	6 (0)	(0)					9 (5)	6 (2)
Seroquel (not prescribed)	13 (9)	4 (4)	13 (4)	0 (1)	0 (1)	0 (12)					13 (9)	4 (4)
Any form Seroquel	20 (14)	9 (6)	72 (4)	0 (1)	0 (1)	0 (12)					20 (14)	(6)
Steroids	4 (7)	1 (3)	30 (9)	2 (6)	0 (3)	0 (9)					1 (2)	1 (0)
Alcohol	89 (88)	58 (54)	90 (24)	3 (6)	0 (0)	0 (0)					89 (82)	58 (54)
Cannabis	84 (87)	67 (71)	180 (90)									
Inhalants	14 (15)	6 (0)	5 (0)									
Tobacco	96 (95)	89 (90)	180 (18)									
Fentanyl	21	9	1	14	8	1	0	0	0	0	0	0
EPS	7	4	5	4	3	7	0	0	2	1	1	1
Synthetic cannabis	18	8	1	0	0	0	18	8	0	0	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

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

Heroin use and injection (17% each, Table 4) increased slightly compared to 2012, the third year of increase in a row. The median days of use and injection decreased slightly.

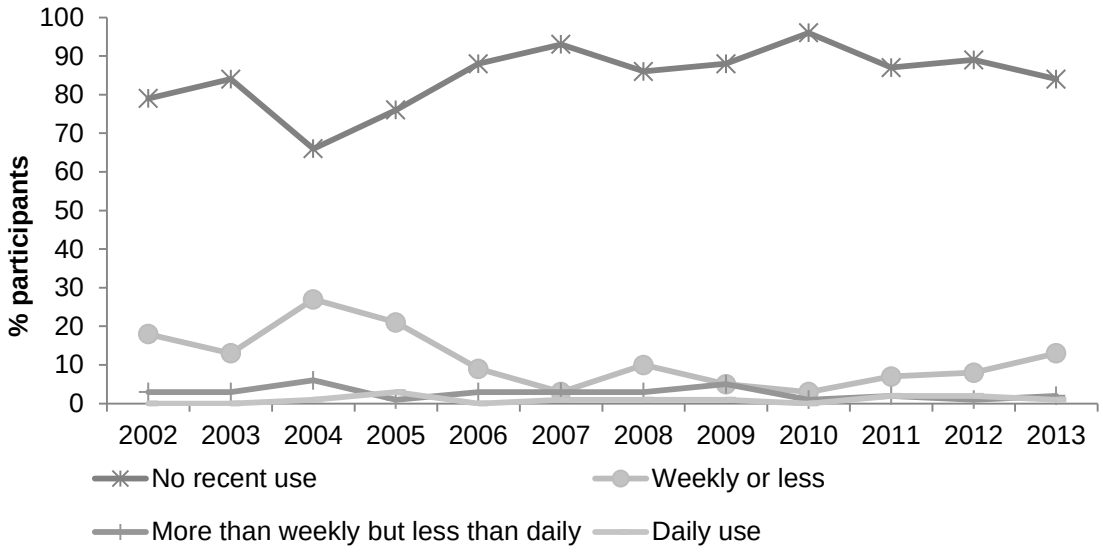
Table 4: Selected trends in participant heroin use, 2005-2013

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=124	2013 N=91
Used last 6 months (%)	24	12	7	14	13	5	9	11	17
Injected last 6 months (%)	24	12	7	14	8	5	9	11	17
Days used last 6 months (median)	4	13	30	27	17	4	21	5	3
Days injected last 6 months (median)	3	13	30	26	9	4	21	5	3

Source: IDRS participant interviews

The most common pattern of use among those who reported recent heroin use was weekly or less (Figure 3). The proportion of the sample reporting no recent heroin use has declined since 2010.

Figure 3: Patterns of heroin use by participants, 2002-2013



Source: IDRS participant interviews

Table 5 demonstrates that brown rock was the main form of heroin used in the previous six months, a change from the previous years where white or off-white powder was the most reported from.

Table 5: Forms of heroin used in previous six months by participants, 2009-2013

	2009 N=99		2010 N=99		2011 N=98		2012 N=124		2013 N=91	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder – white/off-white	2	2	0	0	6	6	11	7	5	4
Powder – brown	1	1	1	1	1	0	0	0	4	0
Powder – other colour	1	1	2	0	0	0	0	0	0	1
Rock – white/off white	6	6	1	1	0	0	4	4	4	4
Rock – brown	2	2	0	1	2	1	0	0	7	6
Rock – other colour	0	0	1	1	2	2	0	0	0	1
Homebake	2	2	5	5	2	2	1	1	4	0

Source: IDRS participant interviews

4.2.1 KE comment

As in previous years, most 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 KEs 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

- Almost half of the sample reported using some form of methamphetamine in the preceding six months, on a median of 20 days.
- Injecting remained the main route of administration.
- Crystal methamphetamine and speed powder show similar levels of recent use, with 30% of participants reported using crystal in the preceding six months, on a median of 10 days.

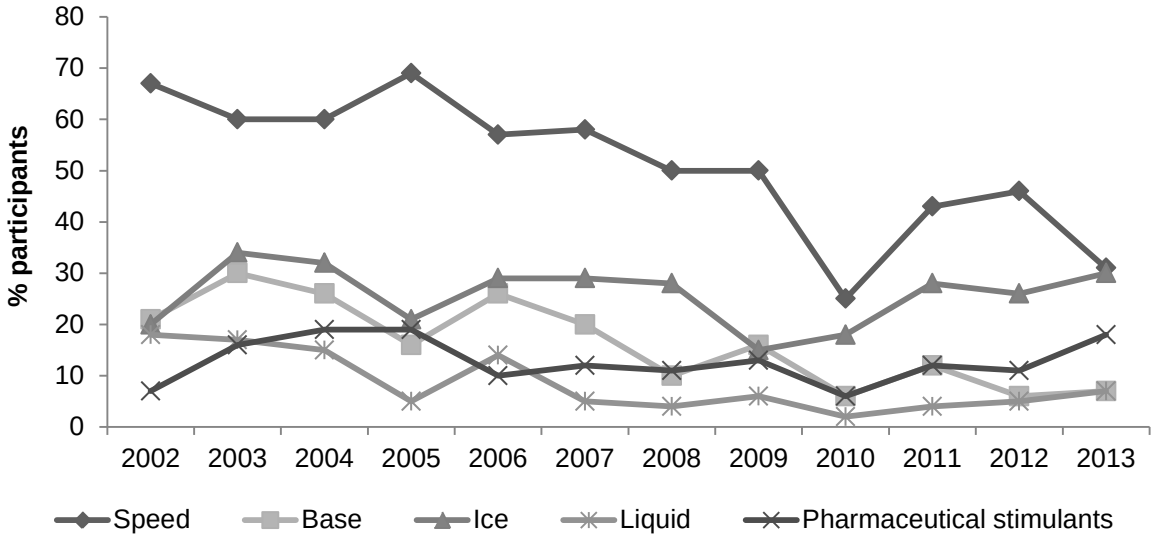
In 2013, 43% (Table 3) of participants reported use of some form of methamphetamine, on a median of 20 days, similar to the results from 2012. Injecting was the main route of administration.

Speed powder was used by 31% of the sample on a median of 12 days and although it was the main form of methamphetamine used, the recent use crystal methamphetamine increased to 30%. Recent use and injection of methamphetamine base was stable. Recent use of liquid methamphetamine increased slightly, although still at a low level.

Injecting continues to be the main route of administration for all forms of methamphetamine. Smoking of ice increased to 9% of the sample, compared to 3% in 2012, but is still lower than historical levels (18% in 2011).

Figure 4 shows that over time, recent use of speed powder has tended to decline while recent use of crystal, liquid and pharmaceutical stimulants has increased.

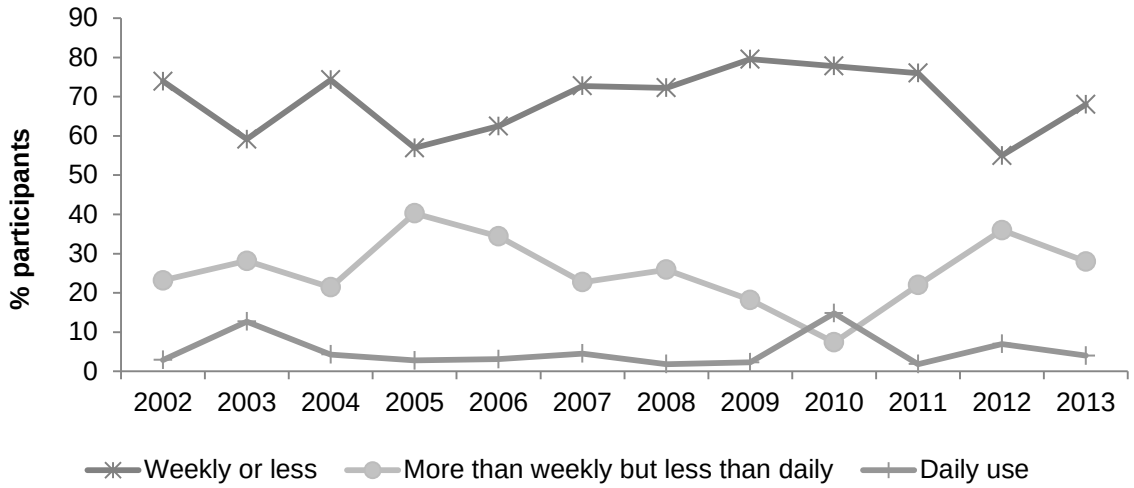
Figure 4: Proportion of participants reporting methamphetamine and pharmaceutical stimulant use in the past six months, 2002-2013



Source: IDRS participant interviews
Note: Pharmaceutical stimulants includes licit use of prescription amphetamine

Daily use (Figure 5) of methamphetamines remains rare among the IDRS sample, with use weekly or less being the most common frequency.

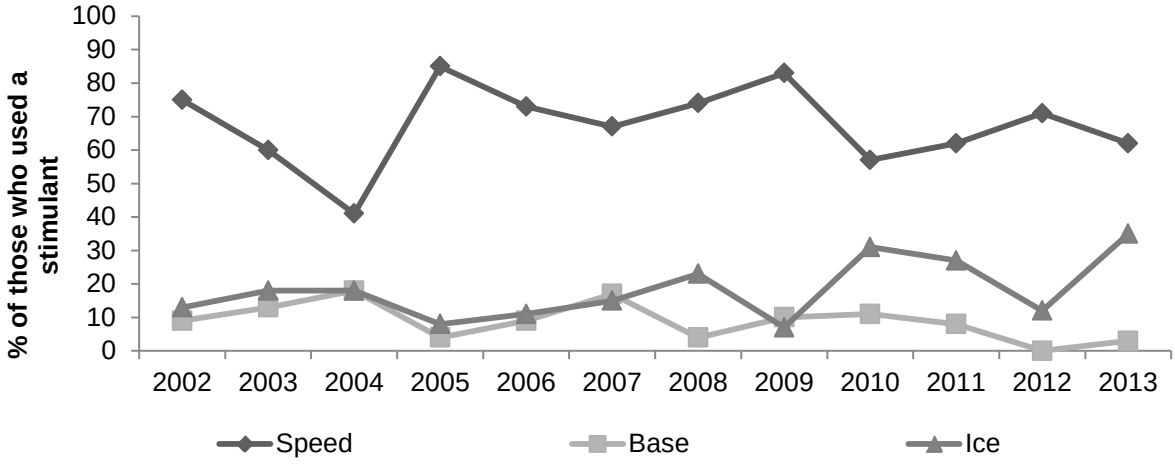
Figure 5: Patterns of methamphetamine use among recent users (any form), 2002-2013



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

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

Figure 6: Methamphetamine form most used in the preceding six months, among recent methamphetamine users, 2002-2013



Source: IDRS participant interviews

4.3.1 KE comment

Most KE discussed the methamphetamine market in Darwin, consistently suggesting that some changes had occurred over the previous 12 months.

Both treatment and law enforcement felt that methamphetamine use generally had become more common and that a stable market had been established. They noted

in particular the increased availability and use of crystal methamphetamine and that this had displaced powder as the most commonly used form.

Some treatment KE had noted a movement from smoking as the most common route of administration to injecting, saying that their clients were using each method "about 50/50". These KE also reported increased use among young, urban Aboriginal people, primarily injecting and split evenly between male and female.

All health KE reported an increase in the number of 'significant others', often parents or partners, who had been contacting them either for information about crystal methamphetamine use or to initiate a referral for treatment. They felt that this may reflect an increase in use among young, employed people in a stable family situation who had moved from a pattern of occasional use to more regular use. All health KE noted that they were seeing more young people employed in the building, construction and mining industries than was the case previously.

4.4 Cocaine

Key Points

- Reports of recent cocaine use remain low.
- Most KE had not received any reports of cocaine use.

Although showing an increase on last year, recent use (4% in 2012 to 7% this year) and injection (2% last year to 3% this year) of cocaine remains low in the IDRS sample (Table 6).

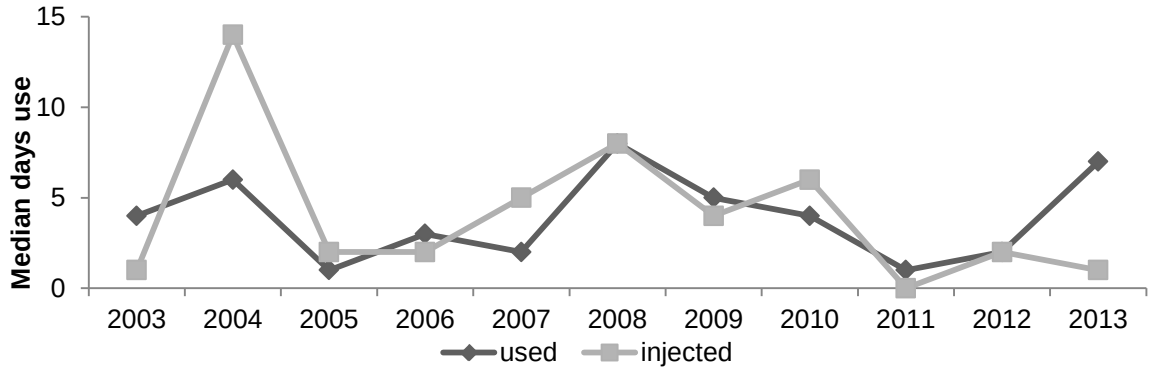
Table 6: Selected trends in participants' cocaine use, 2007-2013

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Used last 6 months (%)	9	3	12	4	1	4	7
Injected last 6 months (%)	8	3	8	4	0	2	3
Days used last 6 months (median)	2	8	5	6	1	2	7
Days injected last 6 months (median)	5	8	4	6	0	2	1

Source: IDRS participant interviews

Figure 7 shows that cocaine use and injection in Darwin has fluctuated over time.

Figure 7: Median days cocaine use in the past six months, 2003-2013



Source: IDRS participant interviews

Table 7 demonstrates that recent users mostly used powder and rock forms of cocaine.

Table 7: Forms of cocaine used previous six months, % participants, 2007-2013

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		20131 N=91	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	8	7	3	2	10	5	3	3	1	1	3	2	6	6
Rock	-	-	0	0	4	2	0	1	0	0	0	2	2	1
Crack	1	0	1	1	0	0	1	0	0	0	1	1	1	0

Source: IDRS participant interviews

4.5 Cannabis

Key Points

- Seven out of participants had used cannabis in the preceding six months.
- Cannabis was smoked by participants on a median of 180 days.
- Hydroponically grown cannabis (hydro) continued to be the form most commonly used, followed by bush cannabis.
- Key experts tended to describe the cannabis market as stable.

Sixty-seven percent of participants reported use of cannabis over the preceding six months, on a median of 180 days (Table 8) continuing a previously declining trend.

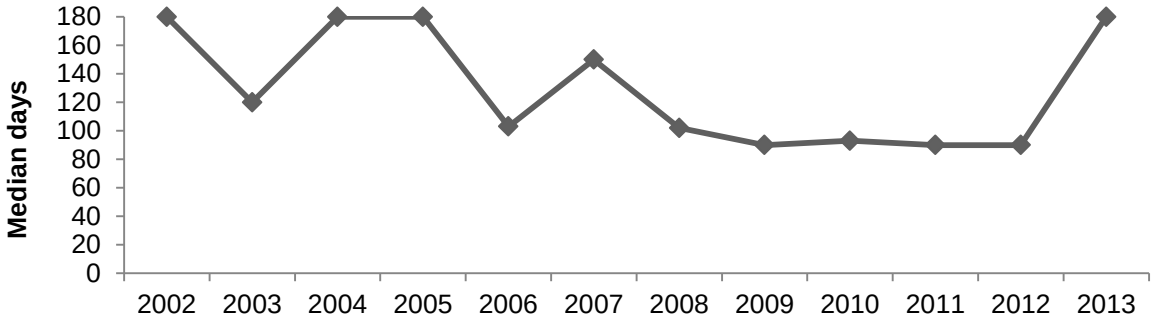
Table 8: Selected trends in participants' cannabis use, 2005-2013

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Used last 6 months (%)	79	84	83	78	78	72	71	71	67
Days used last 6 months (median)	180	103	150	102	90	93	90	90	180

Source: IDRS participant interviews

Figure 8 illustrates that median number of days of recent use of cannabis remained stable between 2008 and 2012, jumping up in 2013.

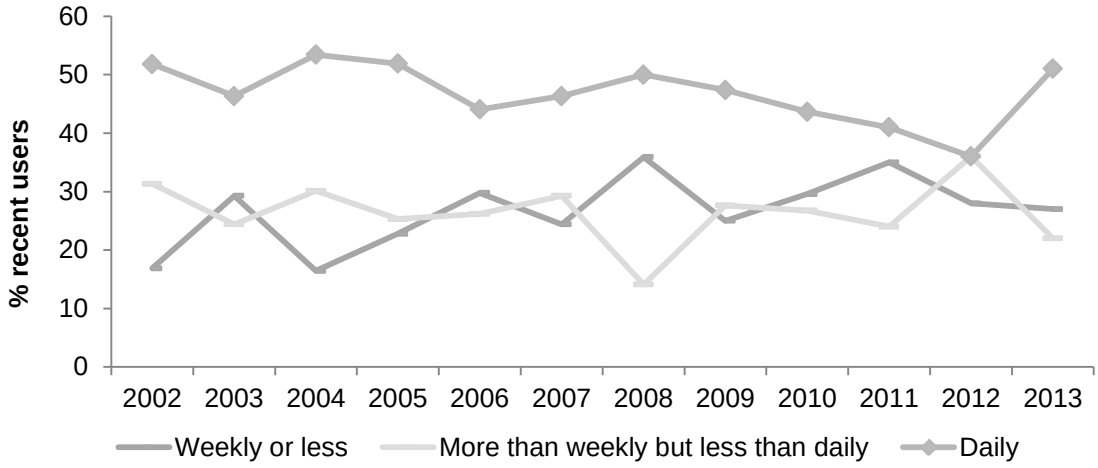
Figure 8: Median number of days of cannabis use in the past six months, 2002-2013



Source: IDRS participant interviews

Figure 9 demonstrates that a decline in daily use cannabis since 2008 has reversed this year.

Figure 9: Patterns of cannabis use by recent users, 2002-2013



Source: IDRS participant interviews

As in previous years, hydroponic cannabis was the form most commonly and most often used (Table 9). Bush cannabis was again the form next most commonly used but use of this form continued to decline. Hash and hash oil were used by small proportions of the sample

Table 9: Forms of cannabis used previous six months (% entire sample) and main form (% recent use), 2007-2013

	2007 N=106		2008 N=103		2009 N=99		2010 N=99*		2011 N=98		2012 N=125		2013 N=91	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often*	Used	Most often
Hydro	74	91	97	92	96	96	69	78	62	88	66	73	63	88
Bush	48	9	69	8	29	5	37	10	21	11	29	10	24	12
Hash	11	0	40	0	3	0	11	0	9	2	3	0	7	0
Hash oil	7	0	24	0	4	0	6	0	5	0	2	0	2	0

Source: IDRS participant interviews * 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 below. 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 80% having used some form of morphine in the preceding six months, on a median of 105 days.
- MS Contin continued to be the brand most often used.
- Illicitly obtained methadone was used by 10% of participants in the preceding six months, on a median of six days.
- Illicitly obtained Physeptone tablets were used by 7% of participants in the preceding six months, on a median of four days.
- Illicitly obtained oxycodone was used by 23% of participants in the preceding six months, on a median of six days.
- Illicitly obtained Subutex was used by 20% of participants in the preceding six months, on a median of 15 days.
- Over-the-counter (OTC) codeine was used by 22% of participants in the preceding six months, on a median of 71 days.

4.6.1 Methadone

In 2013, 12% of the sample reported use of illicit methadone liquid in the preceding six months, similar to the proportions found since 2010 (Table 10). Seven percent of the sample reported illicit Physeptone use, a substantial reduction compared to previous years. Those who recently used illicit methadone did so on a median of 10 days, as was the case in 2012 (Table 3). The recent illicit use of methadone and physeptone exceeded their licit use, as has been the case previously.

Table 10: Forms of methadone used previous six months, 2006-2013 (%)

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=913	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Methadone														
Licit	17	4	9	7	6	3	6	5	3	2	4	2	4	4
Illicit	17	4	25	16	15	10	11	1	11	5	11	11	10	6
Physeptone														
Licit	9	2	3	1	6	4	8	7	5	5	2	1	4	3
Illicit	26	12	36	26	22	9	26	17	27	20	19	14	7	4

Source: IDRS participant interviews

For both illicit methadone syrup and Physeptone tablets, a pattern of weekly or less use was again the most common frequency reported (Table 11).

Table 11: Frequency of methadone use in previous six months, 2004-2013(%)

	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Illicit methadone syrup										
No recent use	78	80	84	70	78	86	92	88	90	91
Weekly or less	20	17	13	22	18	11	7	7	9	6
More than weekly	2	4	3	9	3	1	1	2	1	2
Daily	1	0	0	0	1	1	0	0	1	1
Illicit physeptone										
No recent use	79	68	74	76	70	79	75	74	81	94
Weekly or less	18	23	22	23	27	17	18	26	18	6
More than weekly	1	8	3	1	2	2	6	0	1	0
Daily	2	0	1	0	1	1	1	0	1	0

Source: IDRS participant interviews

4.6.2 Morphine

Recent use of morphine increased to 80% (Table 12) of the sample, lower than most of the previous years (Table 12). Median days of use and injection both declined to less than daily.

Table 12: Selected trends in participants' morphine use, 2005-2013

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Used last 6 months (%)	80	81	82	89	70	91	81	77	80
Injected last 6 months (%)	79	81	76	87	70	91	78	74	78
Days used last 6 months (median)	140	180	180	133	180	180	180	180	105
Days injected last 6 months (median)	120	180	180	130	120	155	180	180	120

Source: IDRS participant interviews

Illicit morphine continued to be the form most often used over the six months before interview (74%, Table 13) with recent use of licit morphine stable. MS Contin was again the brand most frequently used (73%) followed by Kapanol (19%).

Table 13: Forms and brands of morphine used previous six months, 2007-2013

%	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=91	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	33	14	19	16	26	26	24	16	28	18	23	24	21	21
Illicit	73	37	85	73	61	43	89	73	73	60	68	75	74	71
Brand*														
MS Contin	59		81		52		81		79		75		73	
Kapanol	8		12		13		9		13		16		19	
Anamorph	1		3		3		1		0		0		0	
Other/generic	9		2		1		8		3		1		0	

Source: IDRS participant interviews * 'Don't know' excluded.

Daily use of illicit morphine in the previous six months declined to 24% (Table 14) of the sample from 32% in 2012.

Table 14: Frequency of morphine use in previous six months, 2009-2013

%	2009 N=99			2010 N=99			2011 N=98			2012 N=125			2013 N=91		
	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit
No recent use	31	40	80	9	15	79	19	28	72	24	34	78	34	15	80
Weekly or less	2	5	2	14	20	1	14	20	5	8	13	1	19	20	1
More than weekly	28	37	4	29	37	5	19	22	7	21	20	10	23	41	8
Daily	38	18	14	48	8	15	47	30	15	47	32	11	37	24	11

Source: IDRS participant interviews

4.6.3 Oxycodone

Twenty-eight percent (Table 15) of respondents reported use of some form of oxycodone in the six months preceding the interview, an increase on the 22% found in 2012 but lower than earlier years. Recent use and injection of illicit oxycodone increased to 23% each. Median days of use and injection of both licit and illicit forms increased although remaining low.

Table 15: Selected trends in participants' recent oxycodone use, 2009-2013 (%)

	2009 N=99			2010 N=99			2011 N=98			2012 N=125			2013 N=91		
	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any
Used last 6 months	9	35	41	12	22	33	8	26	32	7	19	22	9	23	28
Injected last 6 months	3	31	32	8	20	27	6	23	27	4	18	19	3	23	23
Days used last 6 months (median)	18	3	8	126	5	7	72	3	72	5	4	4	64	6	7
Days injected last 6 months (median)	4	3	6	180	5	7	72	3	5	5	3	3	30	6	6

Source: IDRS participant interviews

Illicit oxycodone was the form most used by the sample (19%, Table 16) and Oxycontin was again the main brand used.

Table 16: Forms of oxycodone used previous six months and main form, 2008-2013 (%)

	2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=91	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	3	3	9	9	12	12	8	7	7	6	9	8
Illicit	28	29	35	31	22	20	26	24	19	16	23	19
Main brand used												
Generic	1		1						1		1	
Oxycontin	30		23		26		27		12		23	
Endone			4		1		2		2		1	

Source: IDRS participants interviews

4.6.4 Subutex

Recent use of illicit Subutex was reported by 20% (Table 17) of the sample, an increase on the proportions found in previous years. The proportion of the sample reporting recent injection also increased.

Table 17: Selected trends in illicit Subutex use, 2007-2013

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Used last 6 months (%)	5	18	5	8	8	12	20
Injected last 6 months (%)	5	11	3	6	5	7	13
Days used last 6 months (median)	3	7	2	7	6	2	15
Days injected last 6 months (median)	3	6	1	7	8	3	0

Source: IDRS participant interviews

Weekly or less was the most common pattern of use reported for illicit Subutex 2013, although more frequent use was reported for the first time since 2010 (Table 18).

Table 18: Frequency of illicit Subutex use in previous six months, 2007-2013 (%)

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
No recent use	95	83	94	92	90	90	79
Weekly or less	5	13	4	6	8	10	13
More than weekly	0	4	0	2	0	0	6
Daily	0	1	1	0	0	0	2

Source: IDRS participant interviews

Twenty percent of the sample reported recent use of illicit Subutex as compared to 1% who reported recent use of licit Subutex (Table 19). The proportion of respondents who have reported use of illicit Subutex has exceeded those who reported use of licit Subutex since 2008.

Table 19: Forms of Subutex used previous six months and primary form, 2007-2013 (%)

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=91	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	6	5	7	8	4	3	4	4	7	7	3	4	1	1
Illicit	5	3	18	16	5	5	8	8	8	6	10	8	20	20

Source: IDRS participant interviews

4.6.5 Over-the-counter codeine

Twenty percent (Table 20) of the sample reported recent use of over-the-counter (OTC) codeine, similar to the result in 2012 but a lower proportion than in previous years. No respondent reported injecting OTC codeine. Nurofen Plus was again the most commonly used OTC brand of codeine, closely followed by Mersyndol.

Table 20: OTC codeine use characteristics, 2009-2013 (%)

	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
% used last six months	35	35	52	19	22
median days used last six months	16	14	18	10	71
% injected drug last six months	2	1	1	1	0
median days injected last six months	13	10	72*	24	0
Brands					
Mersyndol	1	6	5	2	6
Nurofen Plus	15	12	16	6	7
Panadeine	10	9	5	2	3
Panafen Plus	2	1	6	2	0
Panamax Co	1	0	1	1	0
Other	1	5	5	3	6

* 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.

Health KE reported that morphine was readily available and that its use continued to be common, although noting that it had to some extent been supplanted by methamphetamine as the drug of most concern to treatment providers. They reported that a client presenting with a pattern regular morphine use, usually injection, was likely to be older than a typical methamphetamine user and to have a longer history of morphine use. A number of health KE felt that there was a "crowd" or "cohort" of regular morphine users who were aging and that younger illicit drug users were more likely to be involved with methamphetamine. Similarly, law enforcement KE commented that morphine was usually dealt by older, white males.

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.

Health KE reported that while MS Contin continued to be the main type of opioid used, they had noticed an increased use of Suboxone and over the counter drugs, Neurophen Plus in particular.

4.7 Other drugs

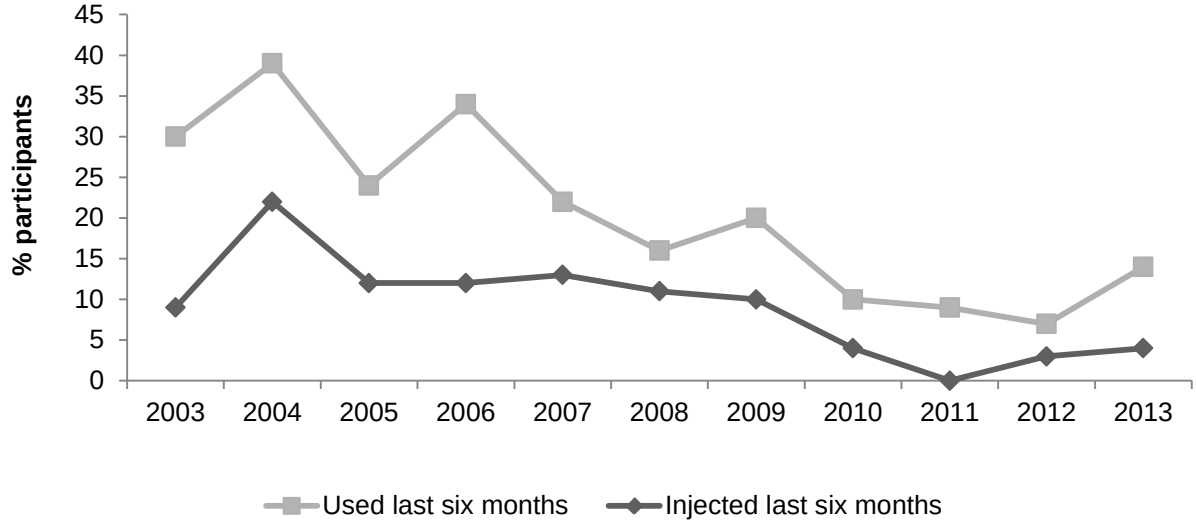
Key Points

- Fourteen percent of participants reported recent ecstasy use.
- Any form of benzodiazepine (illicit and/or licit) was used by 35% of participants in the preceding six months on a median of 40 days.
- Eighteen percent of participants had recently used illicit Alprazolam and 7% had recently used licit Alprazolam.
- Hallucinogens were used by 14% of participants in the preceding six months.
- Five participants reported recent use of any form of Seroquel.
- Fifty-eight percent of participants reported use of alcohol in the preceding six months, on a median of 24 days.
- Eighty-nine percent of respondents reported daily use of tobacco.
- One participant reported use of inhalants in the preceding six months.

4.7.1 Ecstasy

Recent use of ecstasy increased this year after a period of relative stability (Figure 10). Recent injection also increased this year but remains low compared to the years before 2010.

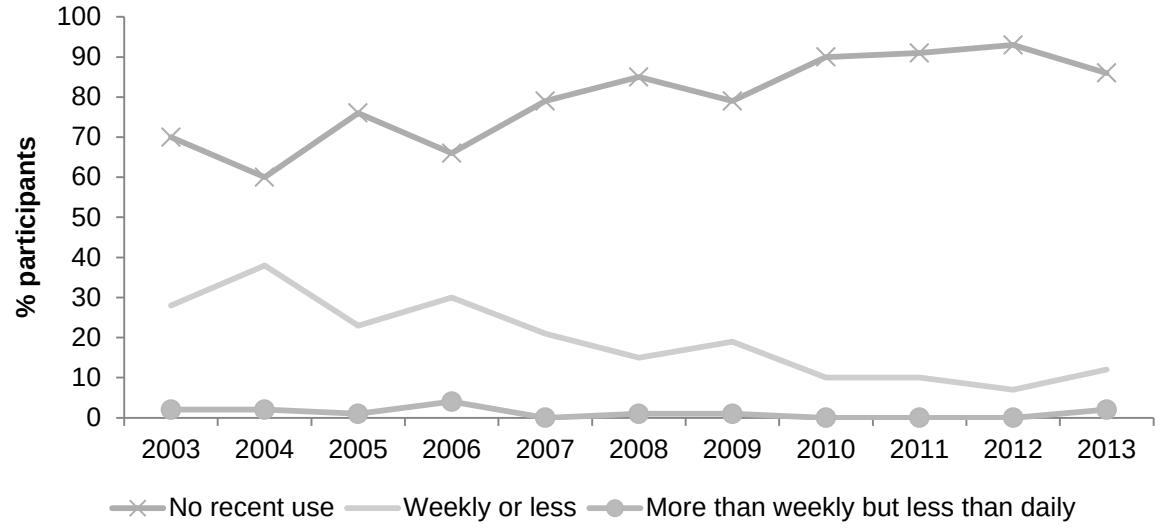
Figure 10: Proportion of participants reporting ecstasy use and injection in the preceding six months, 2003-2013



Source: IDRS participant interviews

Figure 11 shows that in 2011 weekly or less, was the main pattern of ecstasy use reported.

Figure 11: Patterns of ecstasy use, 2003-2013

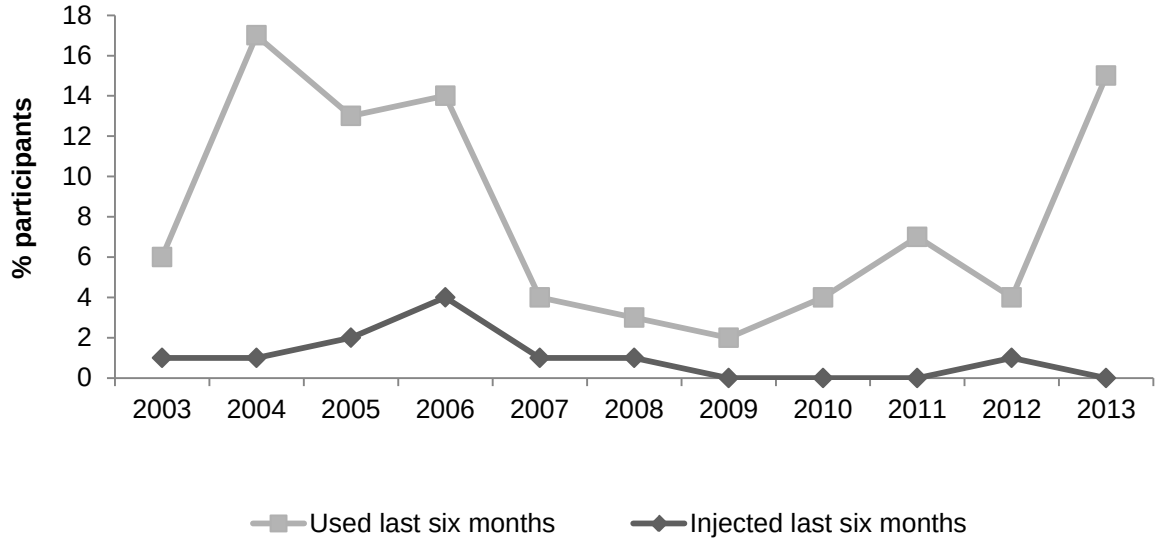


Source: IDRS participant interviews

4.7.2 Hallucinogens

Recent use of hallucinogens by participants increased dramatically this year to 15% (Figure 12), a level not seen since 2006. No one reported recent injection.

Figure 12: Proportion of participants reporting hallucinogen use and injection in the preceding six months, 2003-2013



Source: IDRS participant interviews

Use of all forms of hallucinogens included in the survey increased this year, with LSD continuing to be the main form used (Table 21).

Table 21: Hallucinogen forms most used, 2007-2013

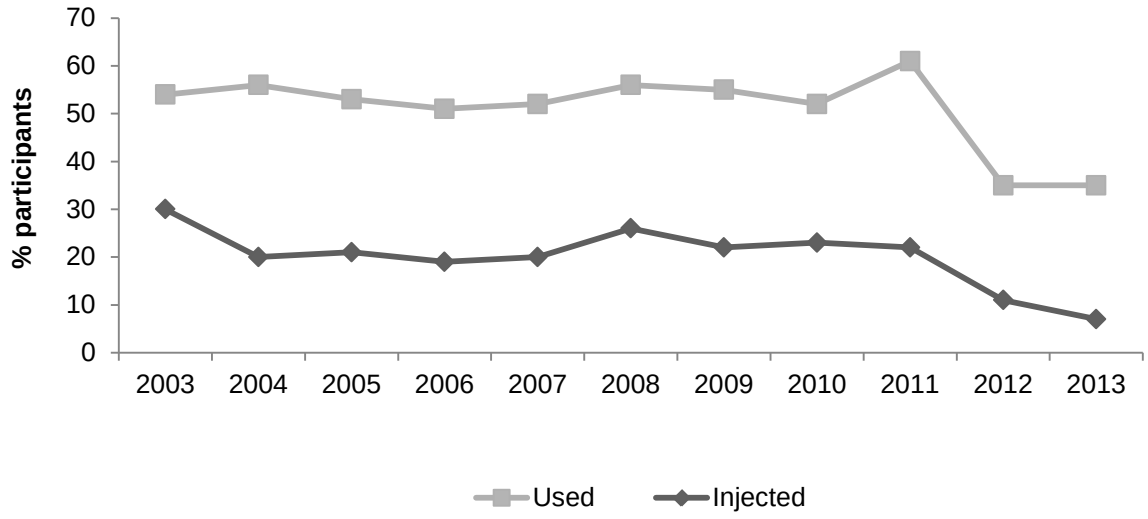
	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125		2013 N=91	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
LSD	3	3	3	3	2	2	4	3	5	5	4	4	14	12
Mushrooms	0	0	0	0	0	0	0	0	2	2	3	1	6	1
Other	1	0	0	0	0	0	0	0	0	0	0	0	2	2

Source**:** IDRS participant interviews

4.7.3 Benzodiazepines

Recent use of benzodiazepines was stable compared to 2012 (35%, Figure 13), although remaining lower than the result found in earlier years. Recent injection of benzodiazepines declined to the lowest proportion seen (7%) since 2003.

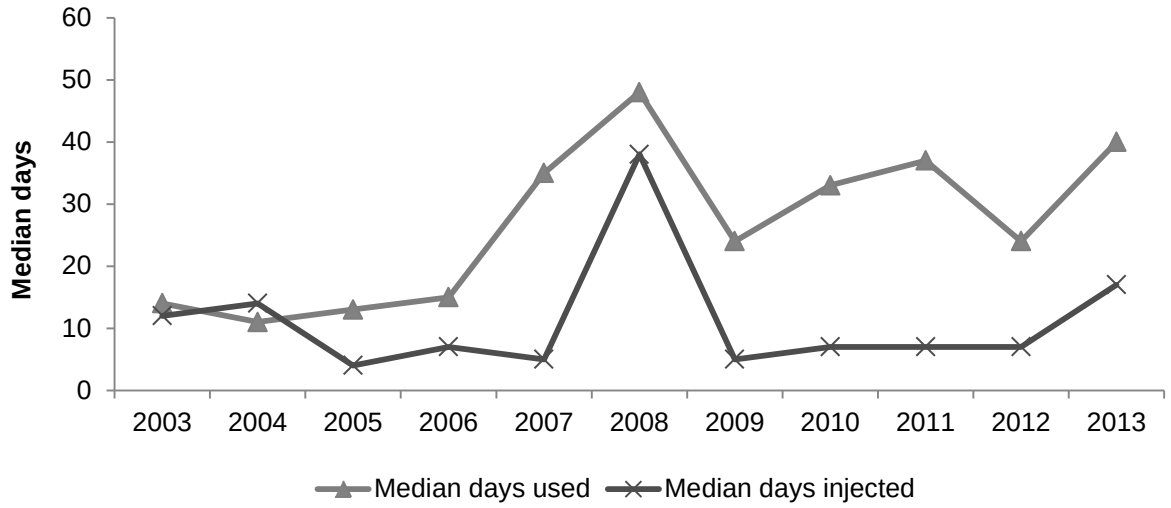
Figure 13: Proportion of participants reporting benzodiazepine use and injection in the preceding six months, 2003-2013



Source: IDRS participant interviews

Median days of benzodiazepine use and injection both increased this year (Figure 14). The increase in reported injection comes after a period of stability.

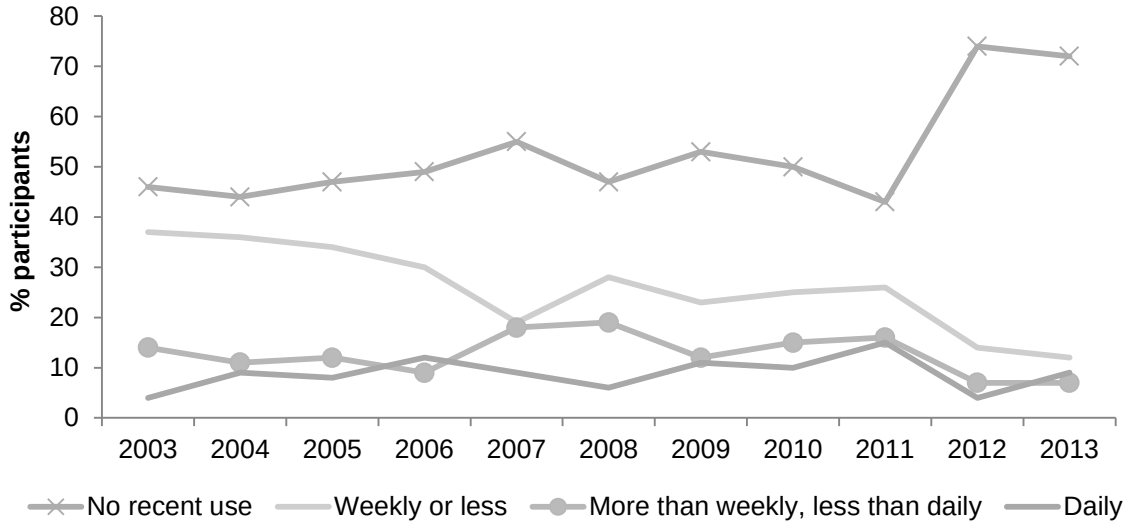
Figure 14: Median days use and injection of benzodiazepines in the past six months, 2003-2013



Source**:** IDRS participant interviews
Note: Collection of data on the number of days injected commenced in 2003

Daily use of benzodiazepines among recent users increased although weekly or less remained the most common pattern (Figure 15).

Figure 15: Patterns of benzodiazepine use, 2003-2013



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, 2006-2013 (%)

	2006 N=107	2007 N=100	2008 N=106	2009 N=103	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Xanax / Kalma (alprazolam)	3	19	25	7	23	-	-	-
Valium (diazepam)	26	14	18	10	18	25	14	21
Hypnodorm (flunitrazepam)	2	1	2	0	2	1	1	1
Murelax (oxazepam)	1	0	1	0	0	0	0	0
Serepax (oxazepam)	2	1	0	1	2	5	1	2
Normison (temazepam)	1	0	0	2	2	0	2	0
Rohypnol	5	0	0	0	2	0	0	0
Other	0	9	1	2	1	4	1	8

Source: IDRS participant interview
- Alprazolam reported separately below

Table 23 illustrates that twice as many respondents reported recent use and injection of illicit Alprazolam, as was the case in 2012.

Table 23: Alprazolam use, selected characteristics, 2011-2013.

	2011 N=98		2012 N=125		2013 N=91	
	Licit	Illicit	Licit	Illicit	Licit	Illicit
% used last six months	13	36	7	18	7	18
median days used last six months	90	6	21	6	10	4
% injected drug last six months	3	20	2	7	2	2
median days injected last six months	5	6	5	3	3	16
Main form used (%)	9	33	7	15	7	15

Source: IDRS participant interview

4.7.4 Seroquel, steroids and inhalants

Recent use of Seroquel remained low, with five respondents reporting use this year (Table 24).

Table 24: Seroquel use, selected characteristics, 2011 - 2013 (%)

	2011 N=98		2012 N=125		2013 N=91	
	Licit	**Illicit**	**Licit**	**Illicit**	**Licit**	**Illicit**
Patterns of use						
No recent use	97	98	98	95	95	96
Weekly or less	1	2	2	5	1	3
More than weekly but less than daily	1	0	0	0	1	0
Daily	1	0	0	0	3	1
Median days used last six months	90	4	8	4	72	13
Main form used	0	2	2	4	4	4

Source: IDRS participant interview

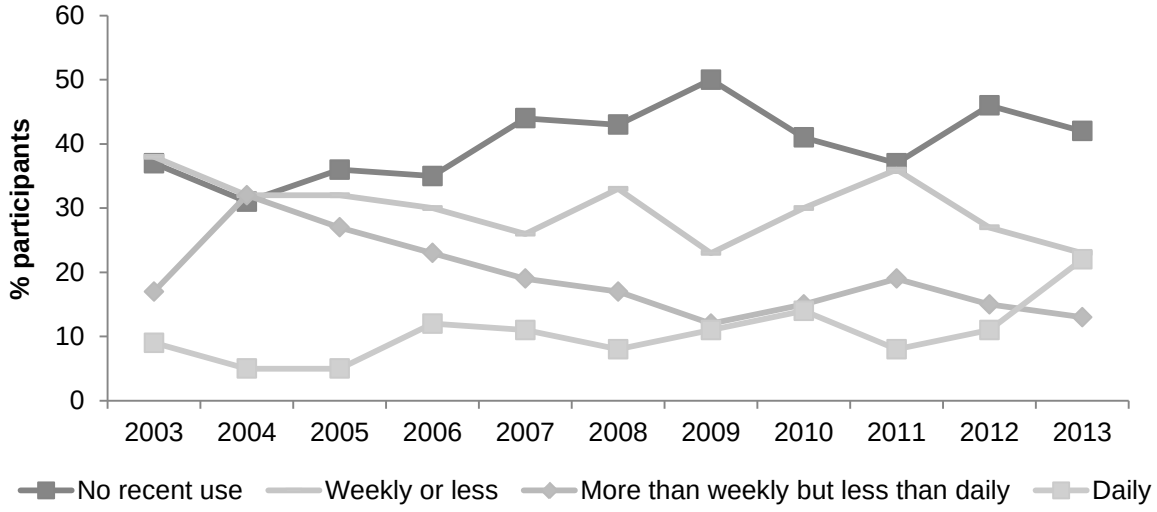
In 2013, one person (Table 3) reported recent steroid use, compared to 3% in 2012.

As in 2013, 6% of the sample reported recent inhalant use although 14% reported having used inhalants at some time in their life (Table 3).

4.7.5 Alcohol and tobacco

Recent use of alcohol increased slightly to 58% (54% in 2012, Table 3). The proportion of respondents reporting daily use increased (Figure 16).

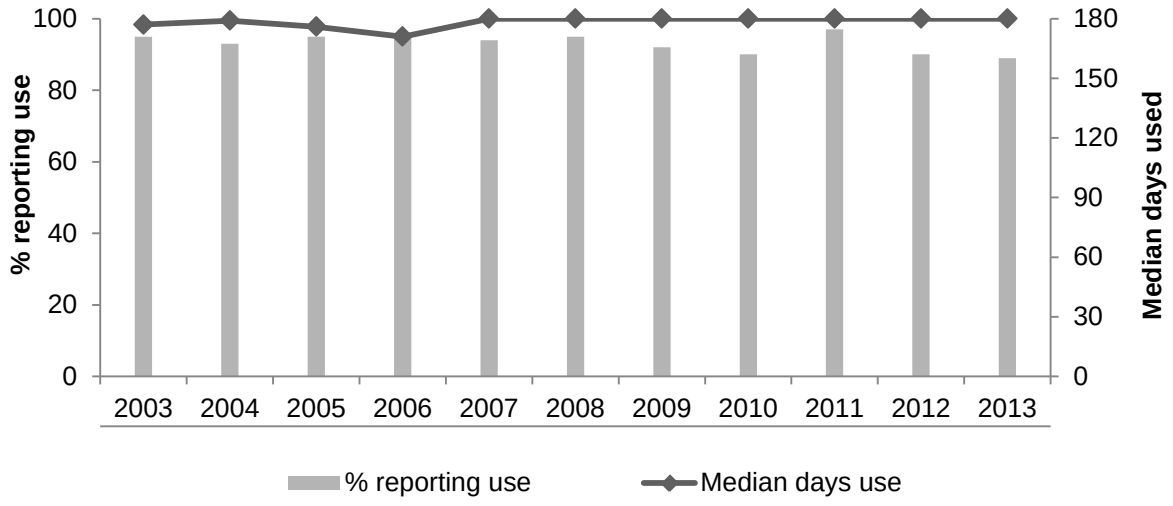
Figure 16: Patterns of recent alcohol use, 2003-2013



Source: IDRS participant interviews

As in past years, recent daily use of tobacco remained high (Figure 17).

Figure 17: Participant reports of tobacco use in the last six months, 2003-2013



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 reported a median heroin price of $100 a cap (Table 26) and four respondents reported a median of $275 for a gram of heroin. It can be seen from Table 25 that heroin prices in Darwin fluctuate considerably.

Table 25: Median price of most recent heroin purchases, 2007-2013, $ (n)

Amount	2007	2008	2009	2010	2011	2012	2013
Cap	50 (1)	100 (4)	80 (12)	-	80 (2)	110 (2)	100 (1)
Gram	150 (1)	400 (1)	300 (10)	100 (1)	550 (2)	150 (5)	275 (4)

Source**:** IDRS participant interviews
Note**:** median price in dollars (number of purchasers in brackets)

Few respondents were able to comment upon heroin price movements. Of those who did, most considered that the price was stable (80%, Table 26) or increasing (20%).

Table 26: Reports of heroin price movements, past six months, 2007-2013 (%)

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Did not respond	92	94	94	97	96	94	94
Did respond	8	6	6	3	4	6	6
Of those who responded							
Increasing	29	50	17	100	50	38	20
Stable	58	50	67	0	-	50	80
Decreasing	0	0	0	0	25	0	0
Fluctuating	15	0	17	0	25	13	0

Source**:** IDRS participant interviews

Among those able to comment, reports of current heroin availability were mixed (Table 28), although most rated it as either difficult (14%) or very difficult (57%), almost one third (30%) rated it as easy to obtain. Seventy-five percent rated recent availability as stable. As is evident in Table 27, reports of current heroin availability fluctuate considerably over time.

Table 27: Reports of heroin availability in the past six months, 2005-2013 (%)

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Did not respond	93	94	94	97	96	90	92
Did respond	7	6	6	3	4	10	8
Of those who responded:							
Current availability							
Very easy	0	17	0	0	0	8	0
Easy	0	0	67	50	50	33	30
Difficult	57	67	33	0	50	25	14
Very difficult	43	17	0	50	0	33	57
Change last six months							
More difficult	0	0	0	0	0	0	25
Stable	82	100	83	100	25	90	75
Easier	16	0	17	0	50	10	0
Fluctuates	0	0	0	0	25	0	0

Source: IDRS participant interviews

Of those able to comment, most (80%, Table 28) rated heroin purity as medium. Reports of recent purity change were mixed, one third rating it as stable and one third as fluctuating.

Table 28: Participant reports of heroin purity, past six months, 2005-2013 (%)

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Did not respond	92	94	94	97	96	91	94
Did respond	8	6	6	3	4	9	6
Of those who responded:							
Current purity							
High	0	17	17	50	33	27	20
Medium	15	17	50	50	0	55	0
Low	85	67	17	0	67	18	80
Change last six months							
Increasing	16	0	0	0	0	22	0
Stable	49	100	17	0	50	33	33
Decreasing	0	0	33	0	0	11	33
Fluctuating	35	0	50	0	50	33	33

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 methamphetamine powder was $100.
- The median price for a point of ice/crystal methamphetamine was stable at $140.
- The median price for a gram of speed powder was stable at $275.
- The median price of a gram of ice was decreased.
- The majority of respondents rated all forms of methamphetamine as either easy or very easy to obtain.

5.2.1 Price

The median price of the most recent purchase for the various forms of methamphetamine is shown in Table 29. The median point price of speed powder declined from $50 in 2011 to $100 this year while the median point price of crystal methamphetamine was stable.

Table 29: Price of most recent methamphetamine purchases, 2012-13

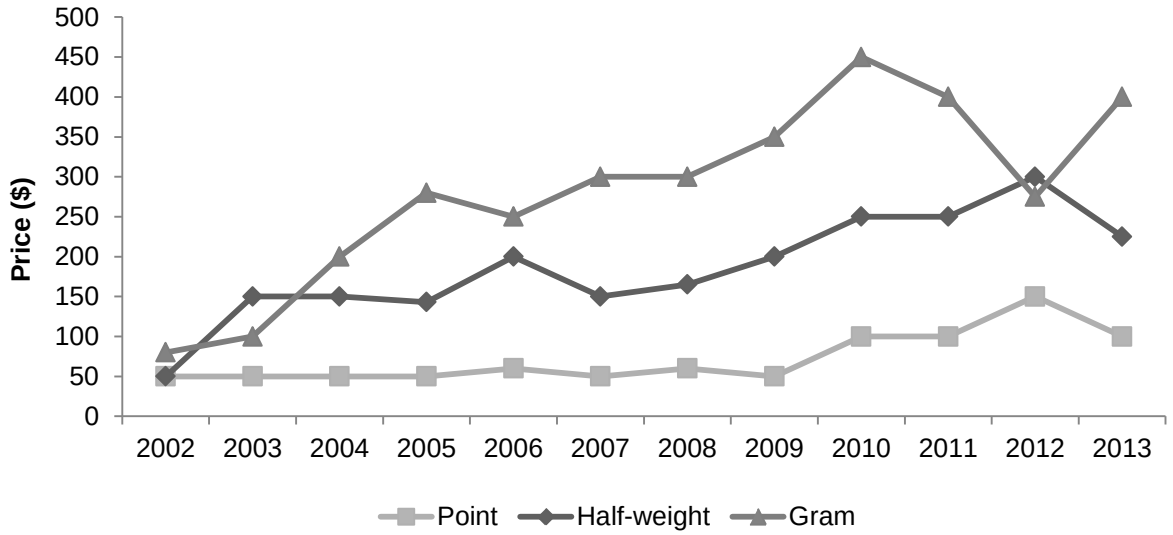
	2012			2013		
Amount	**Median price $**	**Range $**	**Number of purchasers**	**Median price $**	**Range $**	**Number of purchasers**
Speed						
Point (0.1g)	150	50-200	28	100	30-200	18
Gram	275	80-500	6	400	80-1000	9
Ounce	-	-	-	-	-	-
Base						
Point	100	50-100	4	50	-	1
Gram	-	-	-	700	400-1000	2
Ounce	300	-	1	-	-	-
Ice/crystal						
Point (0.1g)	150	50-200	15	140	50-250	11
Gram	996	400-2000	3	800	300-2000	5
Ounce	600	-	1	-	-	-

Source**:** IDRS participant interviews

Speed powder

The median prices of points and half-weights of speed powder have increased over time (Figure 18) although dropping this year. The median price of a gram has fallen has fluctuated over recent years.

Figure 18: Median prices of speed powder estimated from participant purchases, 2002-2013

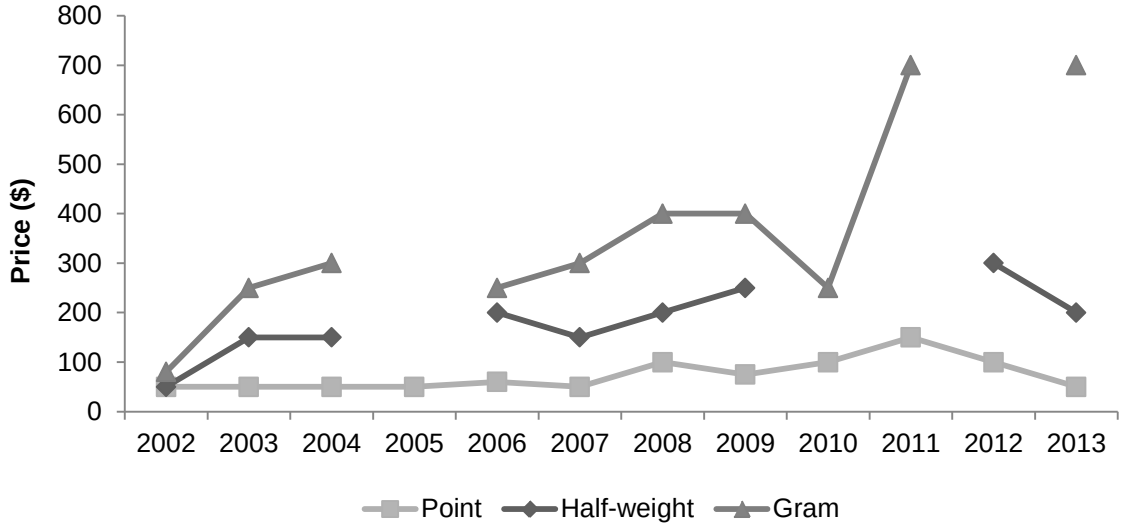


Source: IDRS participant interviews

Base

Relatively low numbers of participants are able to report base prices each year. Figure 19 shows that the price of the most commonly purchased amount (points) has declined in recent years while the prices of other amounts fluctuated considerably.

Figure 19: Median prices of base estimated from participant purchases, 2002-2013

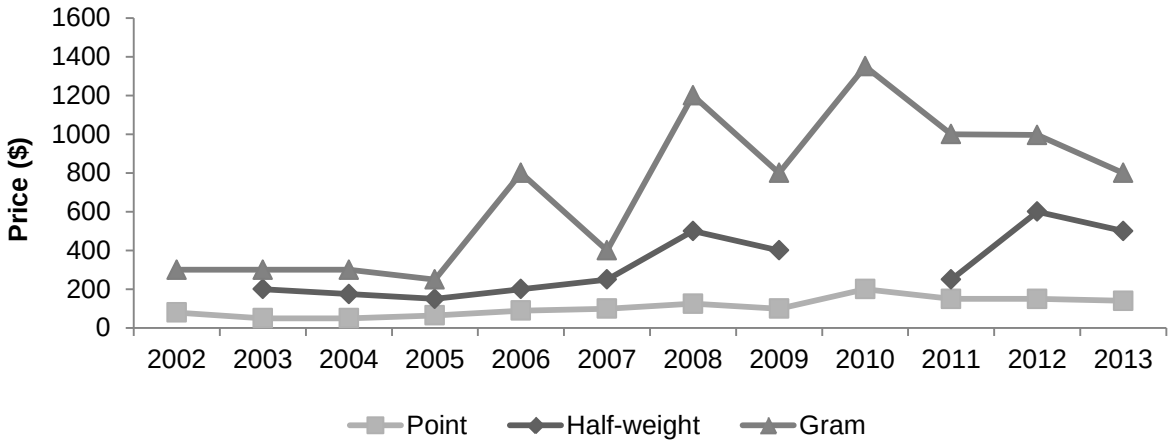


Source: IDRS participant interviews

Ice/Crystal

The gram price of crystal methamphetamine has fluctuated over time although declining since 2010 (Figure 20). The point price has been relatively stable.

Figure 20: Median prices of ice/crystal estimated from participant purchases, 2002-2013



Source: IDRS participant interviews

Those able to comment reported that recent methamphetamine prices in 2013 have been stable (59% for powder and 55% for crystal, Table 30) or increasing (32% and 46%). A small number of respondents reported that base prices had been stable.

Table 30: Methamphetamine price movements in the last six months, 2013 (%)

	Speed	Base	Crystal
Did not respond	76	97	88
Did respond	24	3	12
Of those who responded			
Increasing	32	0	46
Stable	59	100	55
Decreasing	5	0	0
Fluctuating	5	0	0

Source: IDRS participant interviews

5.2.2 Availability

Speed powder was more likely to be rated as very easy to obtain this year (48%, Table 31) than was the case in 2012 (27%) or 20122 (24%). Nineteen percent rated powder as difficult or very difficult to obtain. The majority (60%) considered that that there had been no changes in availability over the past six months while 16% reported that powder had become more difficult to obtain.

As in recent years, few participants were able to comment upon availability of base methamphetamine.

All those able to respond rated crystal methamphetamine as easy (58%, Table 31) or very easy (42%) to obtain and 83% reported that availability of this form had been stable overt the six months before interview.

Table 31: Participants reports of methamphetamine availability in the past six months, 211-2013 (%)

	Powder			Base			Ice/crystal		
	2011 N=98	2012 N=125	2013 N=91	2011 N=98	2012 N=125	2013 N=91	2011 N=98	2012 N=125	2013 N=91
Did not respond	65	64	76	95	96	98	87	81	87
Did respond	35	36	23	5	4	2	13	19	13
Of those who responded									
Current availability									
Very easy	24	27	48	20	0	50	23	13	42
Easy	56	62	33	40	60	50	54	54	58
Difficult	21	11	14	40	20	0	23	33	0
Very difficult	0	0	5	0	0	0	0	0	0
Change last six months									
More difficult	18	7	16	20	0	0	23	4	0
Stable	70	77	73	60	100	100	69	78	83
Easier	3	9	5	0	0	0	8	13	17
Fluctuates	9	7	5	20	0	0	0	4	0

Source**:** IDRS participant interviews

Respondents had obtained speed powder from street dealers (41%, Table 32), friends (36%) or known dealers (14%) usually at a friend's home (50%).

Crystal methamphetamine was last sourced principally from friends (50%, Table 32) with 50% of respondents identifying a friend's home as the last source venue.

Table 32: Last source person and source venue for purchases of meth-amphetamine in the preceding six months, 2012 - 2013

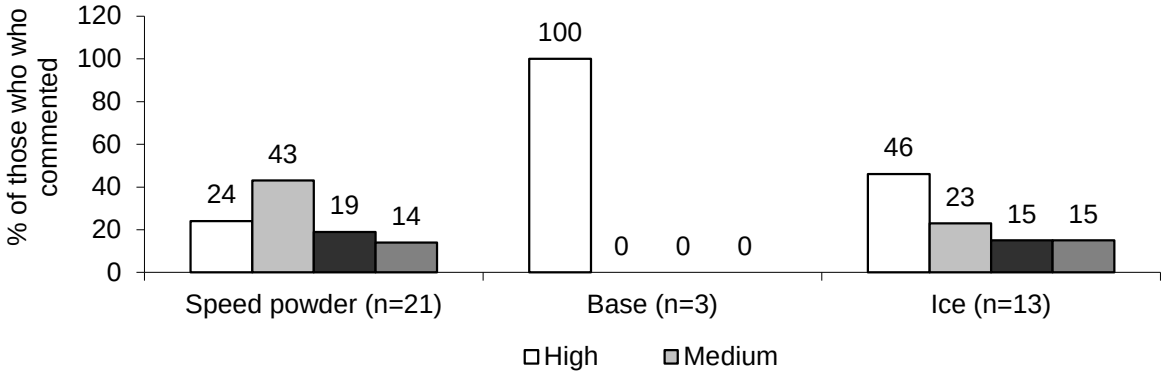
	Speed		Base		Ice	
	2012 N=98	2013 N=91	2012 N=98	2013 N=91	2012 N=98	2013 N=91
Did not respond	63	76	96	96	81	87
Did respond	37	23	4	4	19	13
Of those who responded						
Source person						
Street dealer	17	41	20	0	21	25
Friends	33	36	0	67	33	50
Known dealer	28	14	20	0	21	
Acquaintances	11	9	40	33	21	25
Unknown dealer	9	0	20	0	0	0
Other	2	0	0	0	4	0
Source venue						
Home delivery	11	27	40	100	8	17
Dealer's home	15	18	0	0	8	0
Friend's home	20	14	20	0	25	50
Acquaintance's house	4	0	20	0	8	0
Street market	11	23	0	0	21	8
Agreed public location	35	18	20	0	21	17
Other	4	0	0	0	8	1

Source**:** IDRS participant interviews

5.2.3 Purity

Of those able to respond, 43% (Figure 21) rated the purity of speed powder as medium and 24% as high, while most (46%) rated the purity of ice as high.

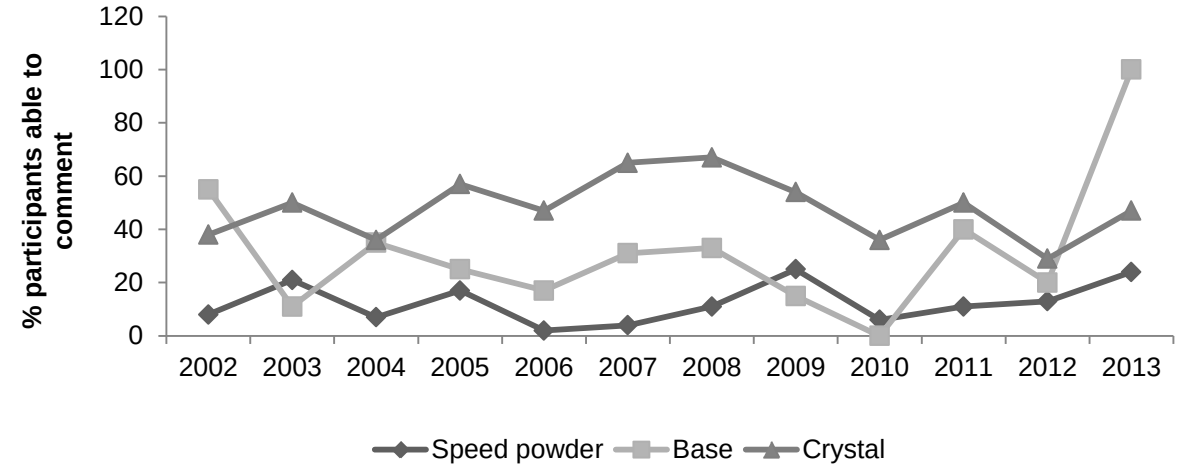
Figure 21: Participant perceptions of methamphetamine purity (speed, base and ice/crystal) among those who commented, 2013



Source: IDRS participant interviews

Figure 22 shows that the proportion of respondents rating speed powder purity as high have been increasing since 2010 while that of crystal has fluctuated. The purity of crystal continues to be rated as high by a larger proportion of respondents than the powder form. This year's result for base should be treated with caution given the small number of respondents able to comment.

Figure 22: Proportion of participants reporting speed powder, base and ice/crystal purity as 'high', among those who commented, 2002-2013



Source: IDRS participant interviews
Note: Data on all three forms commenced in 2002

5.3 Cocaine

One participant reported paying $50 for 1/6th of a gram of cocaine. KE comments confirm the rare use of this substance in the NT.

5.4 Cannabis

Key Points

- The median price of hydroponically grown cannabis was $30 per gram, similar to prices fond in previous years, and $420 per ounce.
- The median price for a gram of bush cannabis was also $30 per gram.
- The majority of participants able to comment rated cannabis availability as easy or very easy.
- The majority of participants able to comment rated hydro potency as high and bush cannabis potency as medium.

5.4.1 Price

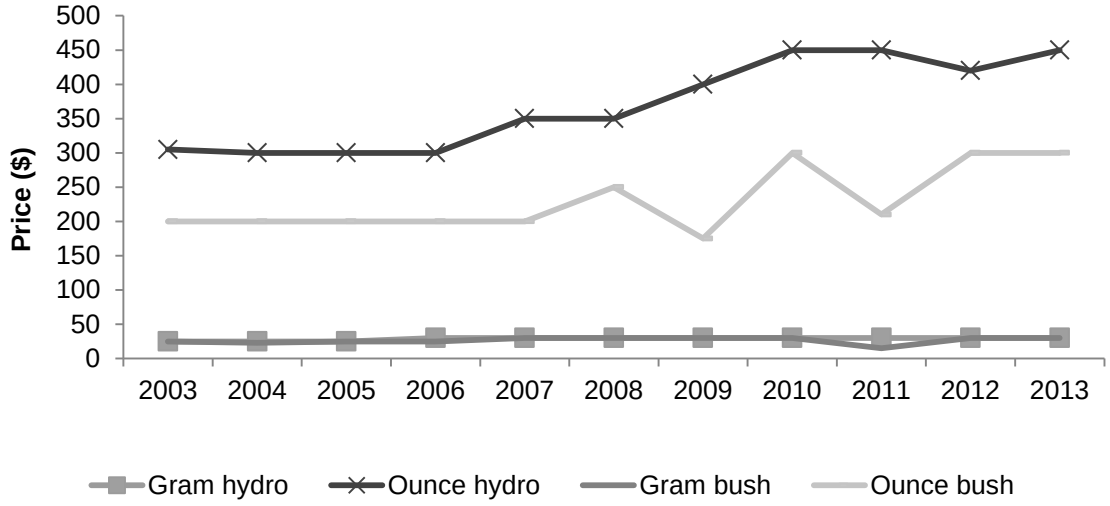
The median price of a gram of either hydro or bush cannabis was reported to be $30 (Table 33). For both varieties the long-term price is stable (Figure 23). The median price of an ounce of hydro increased slightly to $450 (Table 35), and remains higher than the prices seen before 2008 (Figure 23).

Table 33: Price of most recent cannabis purchases by participants, 2012-2013

	2012			2013		
	Median price $	**Range $**	**Number of purchasers**	**Median price $**	**Range $**	**Number of purchasers**
Hydro						
Gram	30	25-30	37	30	25-30	31
A bag	30	20-30	12	30	30-100	7
Quarter	-	-	-	150	100-150	5
ounce				250	200-260	9
Half ounce	420	15-450	17	450	350-450	19
Ounce						
Bush						
Gram	30	30	19	30	20-30	6
A bag	-			30	-	2
Quarter	-			80	-	1
ounce				180	100-200	3
Half ounce	300	50-400	7	300	150-450	7
Ounce						

Source**:** IDRS participant interviews

Figure 23: Median prices of cannabis estimated from participant purchases, 2003-2013



Source: IDRS participant interviews

Large majorities of those able to respond reported that both hydro (85%) and bush cannabis prices (77%) had been stable in the six months before interview (Table 34). One in five able to comment on hydro prices reported an increase.

Table 34: Price movements of cannabis in the past six months, 2013 (%)

	Hydro	Bush
Did not respond	52	86
Did respond	48	14
Of those who responded		
Increasing	18	0
Stable	77	85
Decreasing	0	8
Fluctuating	5	8

Source: IDRS participant interviews

5.4.2 Availability

Hydro was considered easy or very easy to obtain by 88% (Table 35) of those able to respond, the same as the 88% found in 2012 and still a large majority. Hydro availability was considered stable by 84% of respondents. Bush cannabis was also rated as easy (50%) or very easy (31%) to obtain and recent availability was rated as stable.

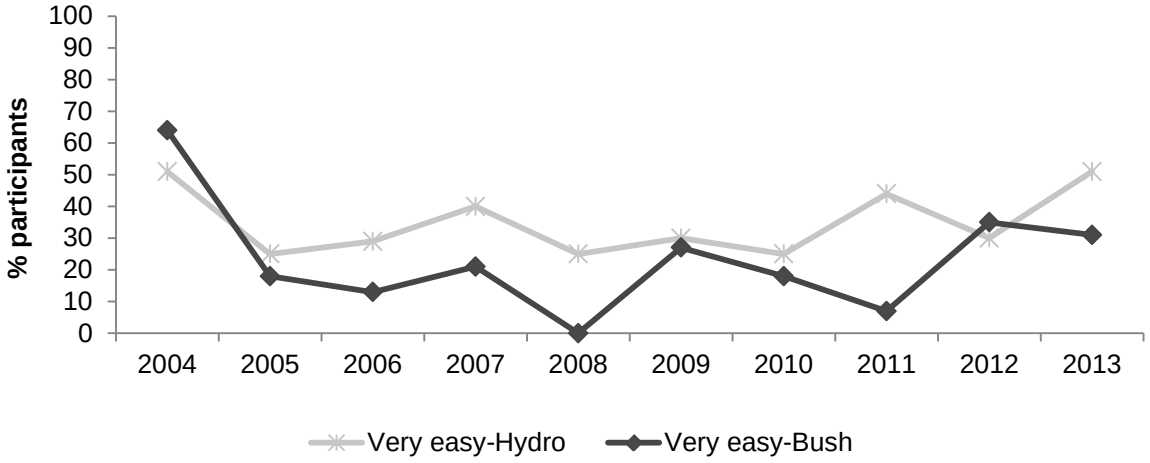
Table 35: Participants' reports of cannabis availability in the past six months, 2009-2013 (%)

	Hydro					Bush				
	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Did not respond	29	43	45	41	53	74	67	86	67	82
Did respond	71	57	55	59	47	26	33	14	23	18
Of those who responded										
Current availability										
Very easy	30	25	44	30	51	27	18	7	35	31
Easy	54	58	51	68	37	23	55	57	48	50
Difficult	17	16	6	3	12	50	24	29	17	19
Very difficult	0	2	0	0	0	0	0	7	0	0
Availability change										
More difficult	21	14	4	5	7	39	18	14	4	13
Stable	62	56	85	81	84	50	61	79	79	75
Easier	7	5	6	10	2	0	3	0	11	13
Fluctuates	9	21	6	3	7	3	9	7	7	0

Source: IDRS participant interviews

Figure 24 illustrates that over time hydro cannabis is usually rated as 'very easy' to obtain by a larger proportion of respondents than is the case for bush cannabis.

Figure 24: Participant reports of current cannabis availability, 2004-2013



Source: IDRS participant interviews

As is evident from Table 36, cannabis was purchased mainly from friends (50% for hydro, 65% for bush). For hydro cannabis the main source venue was a dealer's home (34%) and for bush cannabis a friend's home for bush cannabis (41%).

Table 36: People from whom cannabis was purchased in the preceding six months, 2009-2013 (%)

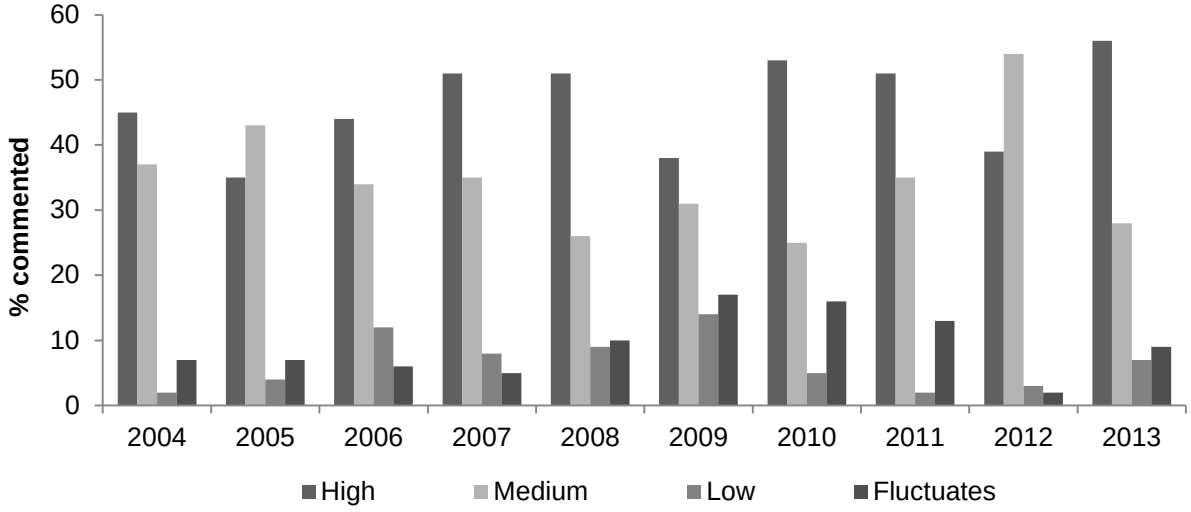
	Hydro					Bush				
	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N-91	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N-91
Did not respond	29	42	47	41	52	71	67	88	75	81
Did respond	71	58	53	59	48	29	33	12	25	19
Of those who responded:										
Source person										
Street dealer	41	9	8	14	21	24	9	8	13	18
Friends	35	52	64	45	50	55	72	83	55	65
Known dealer	13	25	21	30	18	10	9	8	16	0
Workmates	0	0	0	0	2	0	0	0	0	6
Acquaintances	7	9	8	7	9	7	0	0	10	12
Unknown dealer	2	4	0	3	0	0	3	0	0	0
Mobile dealers	0	0	0	0	0	0	0	0	0	0
Source venue										
Home delivery	13	16	11	9	9	17	13	17	7	24
Dealer's home	24	25	21	25	34	14	13	8	7	12
Friend's home	35	30	53	39	27	48	47	67	57	41
Acquaintance's house	3	4	6	4	5	0	0	0	7	0
Street market	21	4	6	7	14	14	6	8	7	12
Agreed public location	1	20	4	15	11	0	19	0	13	12

Source: IDRS participant interviews

5.4.3 Potency

This year, most respondents rated the current potency of hydro as high (56%, Figure 25)

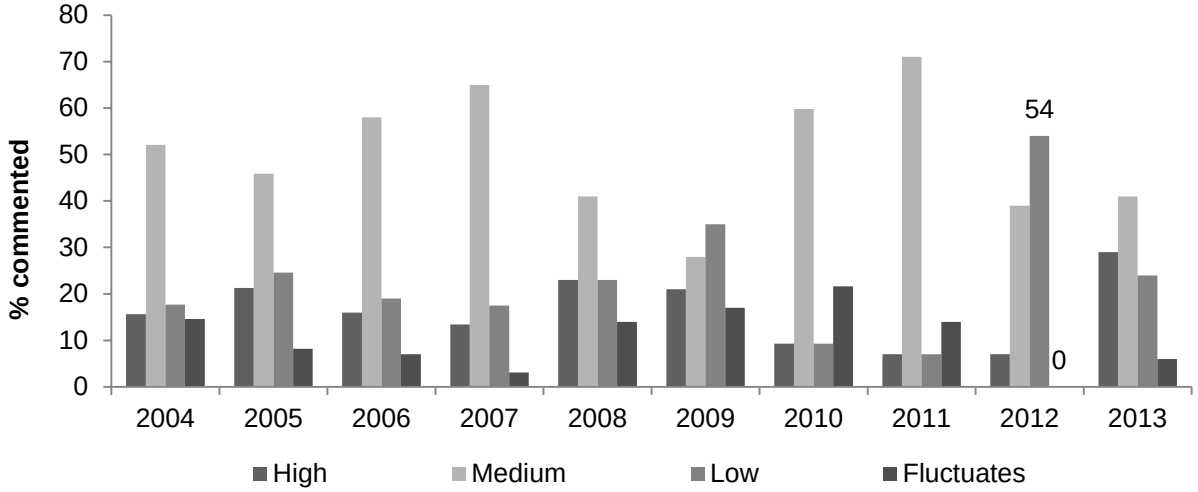
Figure 25: Current potency of hydro, % able to comment, 2004-2012



Source: IDRS participant interviews

The potency of bush cannabis was most often rated as medium (41%, Figure 26), although this year a large proportion of those able to respond rated it as high (29%).

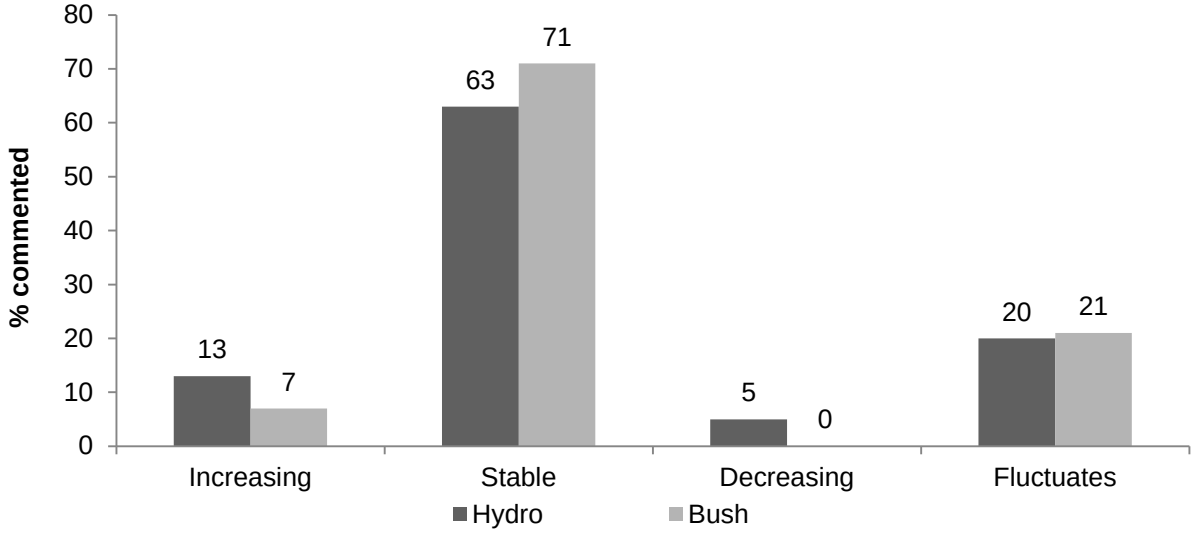
Figure 26: Current potency of bush, % commented, 2004-2013



Source: IDRS participant interviews

Sixty-three percent (Figure 27) of respondents reported stable hydro potency and 71% reported stable bush cannabis potency over the past six months. Similar proportions of respondents (20% for hydro and 21% for bush) reported that potency had fluctuated.

Figure 27: Change in potency of hydro and bush cannabis in past six months, % able to comment, 2013



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 were able to respond to questions regarding illicit methadone.
- The median price of methadone syrup was reported to be $1 per millilitre.
- The median price of Physeptone tablets was reported to be $2 per milligram.
- More than half of those able to comment rated methadone availability as difficult.
- Illicit methadone was sourced primarily through friends.

5.5.1 Price

Two participants purchased illicit methadone syrup recently for a median price of one dollar per millilitre (Table 37). One participant purchased 5mg Physeptone for $20, and 2 participants reported purchasing 10mg Physeptone tablets for a median cost of $20.

Table 37: Median price ($) of most recent illicit methadone purchase by participants, 2005-2013

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Methadone									
1ml	1 (12)	1 (7)	1 (10)	1 (15)	1 (6)	1 (5)	1 (5)	1 (4)	1 (2)
Physeptone									
5mg	10 (3)	14 (2)	0	28 (2)	10 (1)	10 (1)	10 (2)	0	20 (1)
10mg	15 (21)	15 (14)	15 (18)	15 (16)	20 (7)	20 (15)	20 (11)	20 (13)	20 (2)

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

Of those who responded to the question regarding price movements, just over half (50%, Table 38) considered that prices were stable.

Table 38: Illicit methadone price movements past six months, 2006-2013 (%)

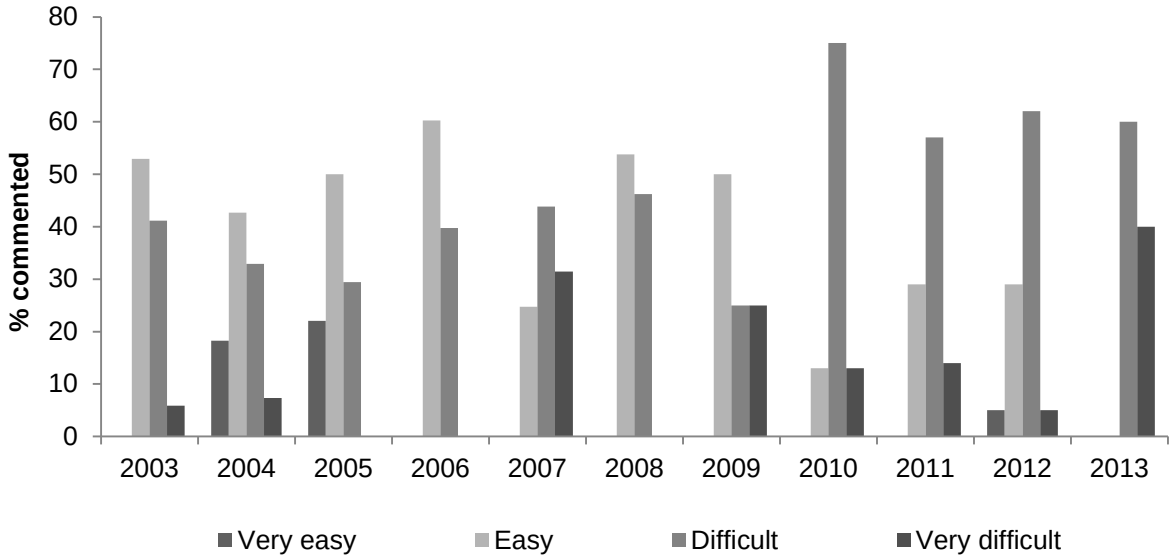
	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013
Did not respond	93	83	86	89	84	94	84	96
Did respond	7	17	14	11	16	6	16	4
Of those who responded								
Increasing	16	37	50	27	36	67	25	25
Stable	66	44	42	73	57	33	55	50
Decreasing	16	0	0	0	0	0	5	0
Fluctuating	0	19	8	0	7	0	15	25

Source**:** IDRS participant interviews

5.5.2 Availability

Sixty percent (Figure 28) of respondents rated current availability of illicit methadone as difficult, similar to the result in 2012, while the balance rated it as very difficult to obtain.

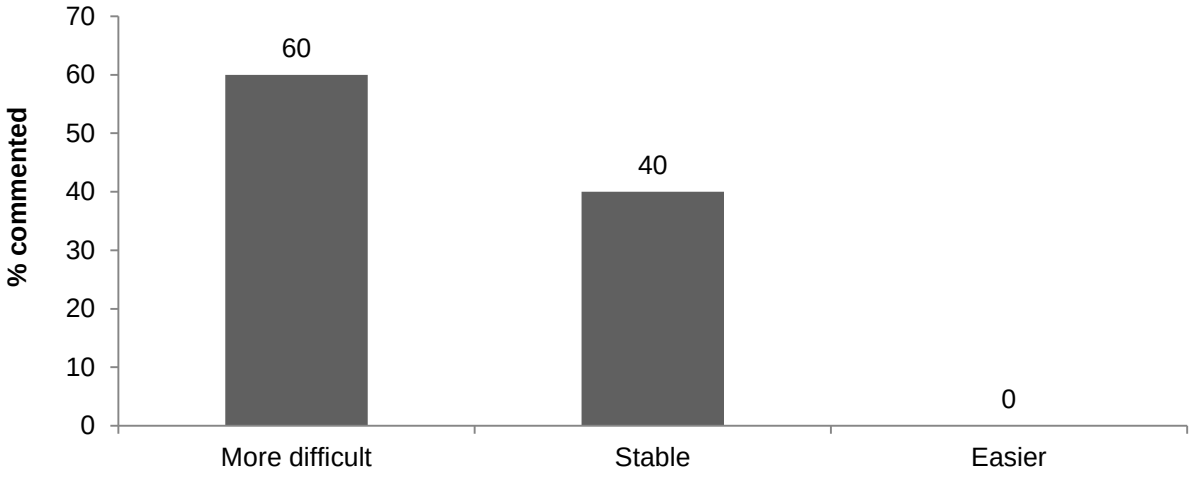
Figure 28: Current availability of illicit methadone, % commented, 2003-2013



Source: IDRS participant interviews

Of those who commented 60% (Figure 29) rated methadone as more difficult to obtain compared to six months before interview, while 40% said it had been stable.

Figure 29: Change in availability of illicit methadone in the last six months, % commented, 2013



Source: IDRS participant interviews

A small number of respondents reported that illicit methadone was purchased from a friend, Table 39.

Table 39: Usual source person and venue for purchases of illicit methadone in the preceding six months, 2008-2013

	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
% who did not respond	86	89	85	95	85	97
% who did respond	14	11	15	5	15	3
Of those who responded						
Source person						
Street dealer	29	46	0	0	16	0
Friends	36	36	73	100	74	100
Known dealer	0	9	20	0	0	0
Acquaintances	50	9	0	0	11	0
Unknown dealer	0	0	7	0	0	0
Source venue						
Home delivery	7	9	13	20	11	0
Dealer's home	0	36	27	0	5	0
Friend's home	29	36	40	60	63	33
Acquaintance's house	14	9	0	20	5	0
Street market	36	9	0	0	11	33
Agreed public location	36	0	13	0	5	33
Other	0	0	7	0	0	0

Source: IDRS participant interviews

5.6 Buprenorphine

Key Points

- A small number of participants reported that the median price for 8mg buprenorphine was reported to be $40, and that it was difficult to obtain.

5.6.1 Price

Six participants reported purchasing 8mg of Subutex, for a median price of $40 (Table 40), a substantial increase on the prices found in previous years.

Table 40: Median price of illicit Subutex reported by participants, 2007-2013

	2007	2008	2009	2010	2011	2012	2013
Subutex/buprenorphine							
8mg	$30 (10)	$30 (7)	$30 (1)	$23 (4)	$23 (2)	$23 (2)	$40 (6)

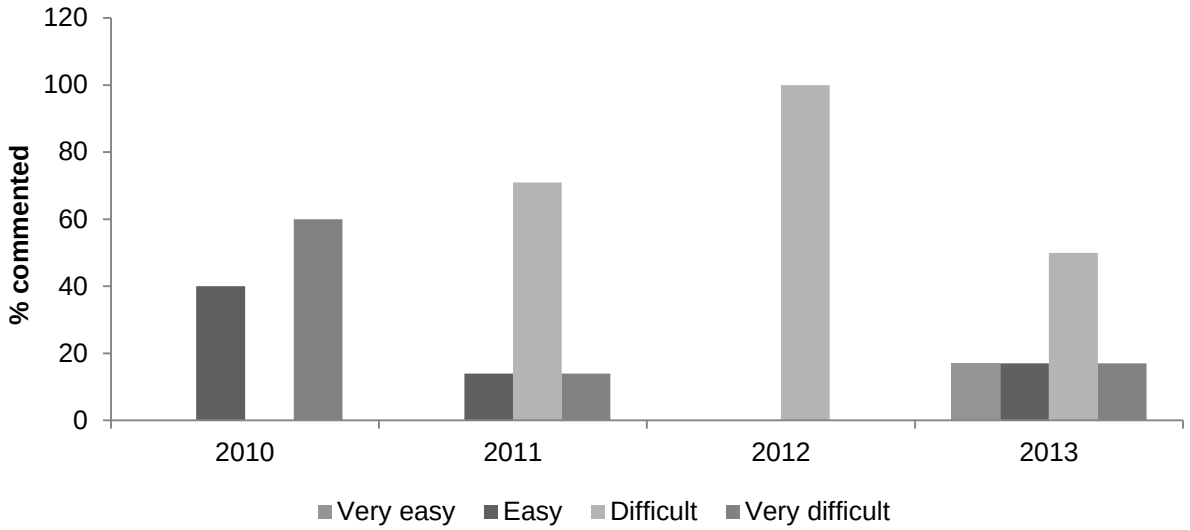
Source: IDRS participant interviews

* Number of purchasers in brackets

5.6.2 Availability

Six participants commented upon current availability of illicit Subutex, with three rating it as difficult to obtain (Figure 30).

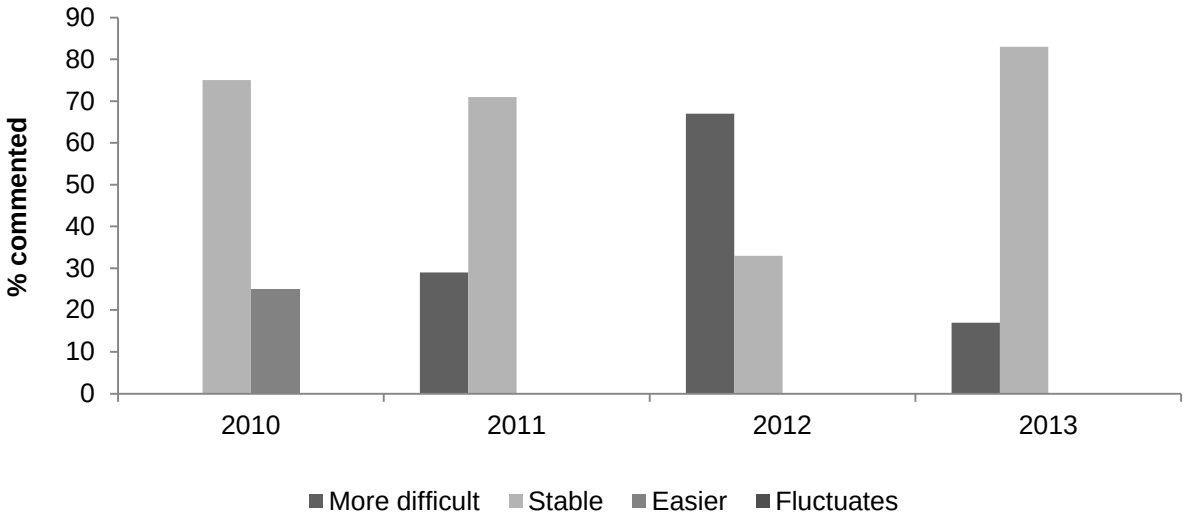
Figure 30: Current availability of illicit Subutex, % commented, 2010-2013



Source: IDRS participant interviews

Five out of the six respondents able to comment reported illicit Subutex availability as stable, Figure 31.

Figure 31: Change in availability of illicit Subutex/buprenorphine in the last six months, % commented, 2010-2013



Note: No data in 2009
Source: IDRS participant interviews

Six participants were able to comment on usual source person and original source of illicit Subutex (Table 41). Four usually purchased from a street dealer and the same number reported not knowing the drug's original source.

Table 41: Usual source person and source of illicit Subutex in the preceding six months, 2008-2013

	2008 N=103	2010 N=99	2011 N=98	2012 N=125	2013 N=91
% who did not respond	88	96	97	98	94
% who did respond	12	4	3	2	6
Of those who responded					
Source person					
Street dealer (%)	17	25	33	50	67
Friends (%)	67	25	33	0	33
Known dealer (%)	8	0	0	50	0
Acquaintances (%)	8	50	33	0	0
Original source					
Someone else's takeaway dose	25	-	0	0	17
Someone else's daily dose (to be swallowed)	17	-	50	50	17
Didn't buy/don't know	58	-	50	50	67

Note: No data reported in 2009
Source: IDRS participant interviews

5.7 Suboxone (buprenorphine-naloxone)

Key Points

- Suboxone tablets (8mg) were reported to cost a median on $40 and Suboxone film a median of $30.
- Six out of the seven participants able to comment reported Suboxone film availability as easy or very easy.

5.7.1 Price

Three participants reported purchasing illicit 8mg Suboxone tablets for a median of $40 and one participant reported purchasing 2mg Suboxone for $15. Three participants commented on recent Suboxone tablet price movements, one reported that it had been increasing and two that it had been stable.

Eight respondents reported a median last purchase price for 8mg Suboxone film of $30. Two respondents reported that prices had been stable.

5.7.2 Availability

Of the three participants who commented upon Suboxone tablet availability, one (50%) rated availability as difficult and two as easy. One participant considered that it had become more difficult to obtain and two that availability had been stable.

Six out of the seven respondents able to comment on Suboxone film availability rated it as easy or very easy to obtain and that availability had been stable.

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 2008.
- The majority of respondents reported that illicit morphine price had been stable but had mixed views on current availability, with similar proportions rating it as easy or difficult to obtain.
- Illicit morphine was sourced mainly from a street dealer or friends.

5.8.1 Price

As in previous years, MS Contin 100mg was the morphine form most frequently purchased by the IDRS sample (Table 42). Sixty-one participants reported purchasing MS Contin 100mg at a median price of $80, the same median price found since 2008. Kapanol 100mg was again the form next most frequently purchased (41 purchasers) and in 2013 the median price was $80, also stable since 2008.

Table 42: Median price ($) of most recent illicit morphine purchase by participants, 2006-2013

	2006	2007	2008	2009	2010	2011	2012	2013
MS Contin								
5mg	- (0)	- (0)	80 (1)	- (0)	5 (1)	-	80 (5)	-
10mg	6 (10)	15 (1)	10 (1)	15 (1)	10 (1)	-	9 (4)	-
30mg	18 (4)	28 (4)	25 (3)	25 (4)	30 (14)	30 (6)	30 (9)	28 (8)
60mg	30 (24)	42 (20)	40 (32)	50 (13)	50 (33)	50 (40)	50 (24)	50 (18)
100mg	60 (67)	60 (62)	80 (77)	80 (51)	80 (76)	80 (70)	80 (68)	80 (61)
Kapanol								
20mg	12 (4)	16 (4)	20 (2)		20 (4)	16 (2)	-	20 (7)
50mg	30 (19)	35 (11)	40 (24)	40 (7)	40 (20)	40 (25)	40 (7)	40 (14)
100mg	60 (48)	60 (48)	80 (61)	80 (37)	80 (59)	80 (46)	80 (41)	80 (44)
Anamorph								
30mg	25 (23)	25 (28)	25 (24)	25 (13)	25 (21)	20 (11)	35 (2)	20 (3)

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

Seventy-three percent (Table 43) of respondents regarded the price of morphine as stable over the preceding six months while 16% considered that price had increased and 8% noted fluctuating price movements.

Table 43: Illicit morphine price movements, past six months, 2007-2013

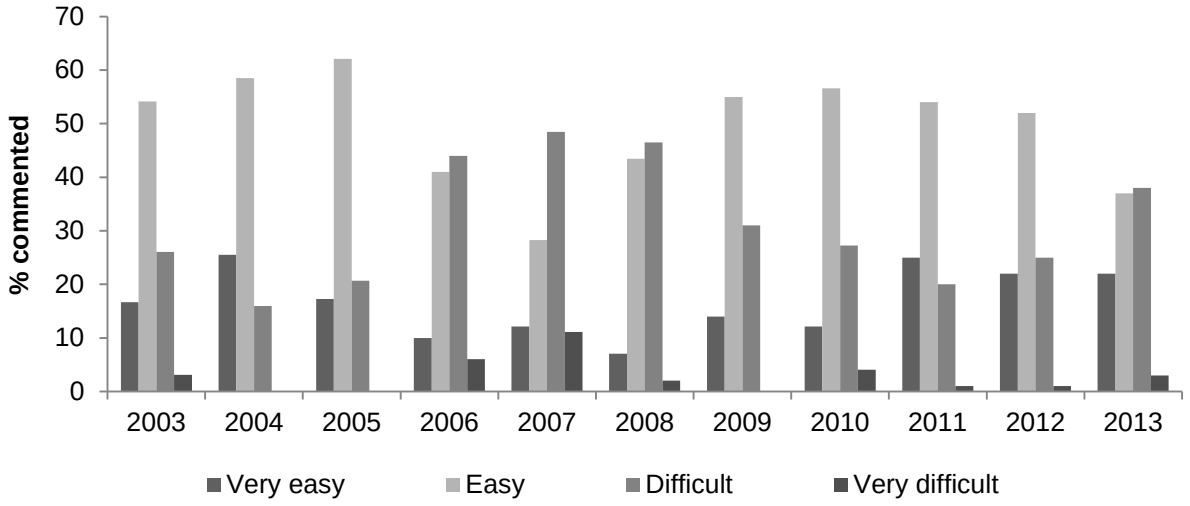
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Did not respond (%)	31	20	20	15	29	30	33
Did respond (%)	69	80	80	85	71	70	67
Of those who responded							
Increasing (%)	81	77	38	23	25	24	16
Stable (%)	16	16	40	55	59	50	73
Decreasing (%)	0	0	0	1	0	0	2
Fluctuating (%)	3	6	23	20	16	13	8

Source: IDRS participant interviews

5.8.2 Availability

Respondents were divided on their perceptions of morphine availability, with 37% (Figure 32) rating it as easy to obtain and 38% rating it as difficult. Twenty-two percent rated it as very easy to obtain.

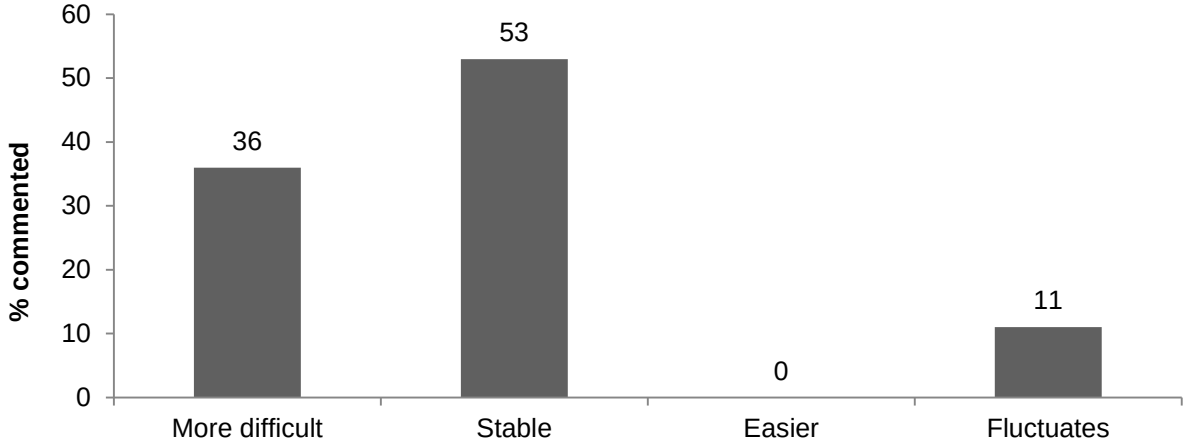
Figure 32: Current availability of illicit morphine, % commented, 2003-2013



Source: IDRS participant interviews

In 2013, 53% of respondents considered that illicit morphine availability had remained stable over the preceding six months (Figure 33), while 36% reported that it had become more difficult to obtain.

Figure 33: Change in availability of illicit morphine in the last six months, % commented, 2013



Source: IDRS participant interviews

Forty-three percent (Table 44) of respondents nominated a street dealer as their usual source person and 34% a friend. A friend's home (26%) and a street market (21%) were the most commonly cited source venues.

Table 44: Usual source person and venue for purchases of morphine in the preceding six months, 2008-2013

	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Did not respond (%)	18	20	16	28	34	33
Did respond (%)	82	80	84	72	66	67
Of those who responded:						
Source person						
Street dealer (%)	39	33	12	17	16	43
Friends (%)	49	39	39	50	52	34
Known dealer (%)	29	11	18	18	21	7
Acquaintances (%)	30	14	23	15	6	13
Unknown dealer (%)	5	3	6	0	1	3
Other (%)	0	1	1	0	4	0
Source venue						
Home delivery (%)	21	11	13	7	11	10
Dealer's home (%)	33	18	18	14	20	17
Friend's home (%)	36	26	20	39	39	26
Acquaintance's house (%)	17	9	8	13	4	8
Street market (%)	25	24	10	14	10	21
Agreed public location (%)	31	11	28	14	12	18
Other (%)	0	1	2	0	5	0

Source: IDRS participant interviews

5.9 Oxycodone

Key Points

- The median price for 80mg of oxycodone was reported to be $60, similar to previous years.
- Reports of the availability of oxycodone were mixed, although half of the respondents rated it as difficult to obtain.
- Illicit oxycodone was sourced mainly from a street dealer or friends.

5.9.1 Price

As in previous years, a small but growing proportion of the NT IDRS sample reported purchasing illicit oxycodone. Table 45 shows that no participants reported purchasing 20mg oxycodone, seven reported paying a median of $35 for 40mg oxycodone and 14 reported paying a median of $60 for 80mg oxycodone. More than three-quarters (78%, Table 46) of those who responded considered price to have remained stable over the preceding six months.

Table 45: Median price ($) of most recent illicit oxycodone purchase by participants, 2006-2013

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
20mg	15 (1)	5 (1)	20 (6)	20 (2)	20 (4)	20 (4)	-	-
40mg	23 (2)	25 (2)	30 (2)	23 (4)	40 (3)	40 (7)	38 (6)	35 (7)
80mg	60 (1)	59 (3)	50 (6)	60 (5)	80 (4)	70 (11)	60 (12)	60 (14)

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

Table 46: Price movements of oxycodone in the past six months, 2007-2012

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Did not respond (%)	92	86	94	86	88	88	80
Did respond (%)	8	14	6	14	12	12	20
Of those who responded							
Increasing (%)	14	50	50	20	17	20	11
Stable (%)	86	50	50	80	75	73	78
Decreasing (%)	0	0	0	0	0	7	0
Fluctuating (%)	0	0	0	0	8	0	11

Source: IDRS participant interviews

5.9.2 Availability

Half (50%, Table 47) of those able to comment rated the current availability of oxycodone as difficult and 25% as easy. Reported current availability of oxycodone has fluctuated over the time shown in Table 47.

Table 47: Participants' reports of oxycodone current availability, 2007-2013

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Did not respond (%)	91	86	90	86	84	87	78
Did respond (%)	9	14	10	14	16	13	22
Of those who responded							
Very easy (%)	0	0	40	8	13	13	20
Easy (%)	13	21	50	8	38	50	25
Difficult (%)	88	57	10	66	38	38	50
Very difficult (%)	0	21	0	16	13	0	1

Source: IDRS participant interviews

Seventy-two percent of those able to comment considered that oxycodone availability had remained stable over the preceding six months (Table 48), a reduction on 2012 but generally a similar pattern to that seen in previous years.

Table 48: Participants' reports of oxycodone availability change in the past six months, 2007-2013

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Did not respond (%)	91	86	91	86	87	88	80
Did respond (%)	9	14	9	14	13	12	20
Of those who responded (%)							
More difficult (%)	33	36	11	37	23	7	22
Stable (%)	67	64	78	54	69	80	72
Easier (%)	0	0	0	9	0	13	0
Fluctuates (%)	0	0	1	0	8	0	6

Source**:** IDRS participant interviews

A friend was again nominated as the main source person (45%, Table 49), although a street dealer was a more commonly reported source person than was the case previously. The source venue was also mixed, with friend's home (30%) being the most commonly reported, and dealer's home and street market (20% respectively) being equally popular (20%).

Table 49: People from whom oxycodone was purchased in the preceding six months, 2007-2013

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Did not respond (%)	91	86	90	86	85	86	78
Did respond (%)	9	14	10	14	15	14	22
Of those who responded							
Source person							
Street dealer (%)	10	29	20	7	27	17	40
Friends (%)	60	29	50	50	60	39	45
Known dealer (%)	0	29	20	7	0	17	0
Acquaintance (%)	20	14	10	14	13	17	15
Unknown dealer (%)	0	0	0	14	0	6	0
Source venue							
Home delivery (%)	10	21	0	0	13	12	10
Dealer's home (%)	0	14	30	21	0	18	20
Friend's home (%)	50	29	40	29	47	24	30
Acquaintance's house (%)	10	7	0	7	7	12	10
Street market (%)	10	14	20	0	27	12	20
Agreed public location (%)	10	29	0	36	7	24	10

Source: IDRS participant interviews

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- Twenty-five percent of the sample had overdosed on heroin at least once in their lives but only one participant reported a heroin overdose within the past year.
- Twenty percent of the sample had overdosed on a drug other than heroin, and of those 3 had overdosed within the past year.
- Fifteen percent of the sample reported current treatment (13% in 2012) and 13% reported having attended treatment within six months of interview.
- Rates of hospital admissions related to opioids declined slightly; the rate of amphetamine related admissions increased, although within historical range, and the rate of cannabis related admissions declined for the fourth year in a row.
- Sharing of injecting equipment rates were similar to those found in 2012, with spoons/mixing containers and tourniquets being the most commonly shared equipment.
- Two percent of respondents used a needle after someone else and 22% had reused their own needle at least once.
- Location of last injection was mainly in a private home with needles sourced almost exclusively from a Needle and Syringe Program (10% from a Chemist).
- Three percent reported a recent overdose, a marked increase on the proportions found in recent years.
- Scarring/bruising (32%), difficulty injecting (25%) and a dirty hit (13%), were again identified as the main injection-related problems in the month prior to interview, although in lower proportions than found previously.
- Thirty percent of the sample reported experiencing a mental health problem in the six months prior to interview, with depression and anxiety again the most frequent mental health problems reported.
- Twenty-seven percent of participants had high or very high levels of distress as measured by the Kessler Psychological Distress Scale (K10).
- More than half the participants had driven a car within the preceding six months and, of these, 69% had driven under the influence of drugs, mainly morphine and cannabis.

6.1 Overdose and drug-related fatalities

6.1.1 Heroin

Twenty-five percent of the 2010 IDRS sample had overdosed on heroin at least once in their lives, and one within one month of interview.

6.1.2 Other drugs

Eighteen participants (20% of the sample) reported ever overdosing on a drug other than heroin, 3 within one year of interview and none within one month. The latter did not report what drugs were involved in that overdose and so data up to 2012 are shown in Table 50.

Table 50: Overdose on other drugs by participants, 2007-2013

Drug	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
LSD (%)	0	1	0	0	0	0
Ecstasy (%)	2	1	1	0	0	1
Benzodiazepines (%)	8	7	5	5	4	1
Alcohol (%)	8	2	1	1	0	0
Cannabis (%)	1	1	0	0	0	1
Speed (%)	8	2	2	0	0	1
Base (%)	0	1	0	0	0	0
Ice/crystal (%)	0	0	0	0	0	0
Antidepressants (%)	0	0	0	0	0	0
Pharmaceutical stimulants (%)	0	0	0	0	0	0
Morphine	0	5	5	1	2	3
Other opiates	0	0	1	2	2	0
Inhalants	0	0	1	0	0	0

Source: IDRS participant interviews

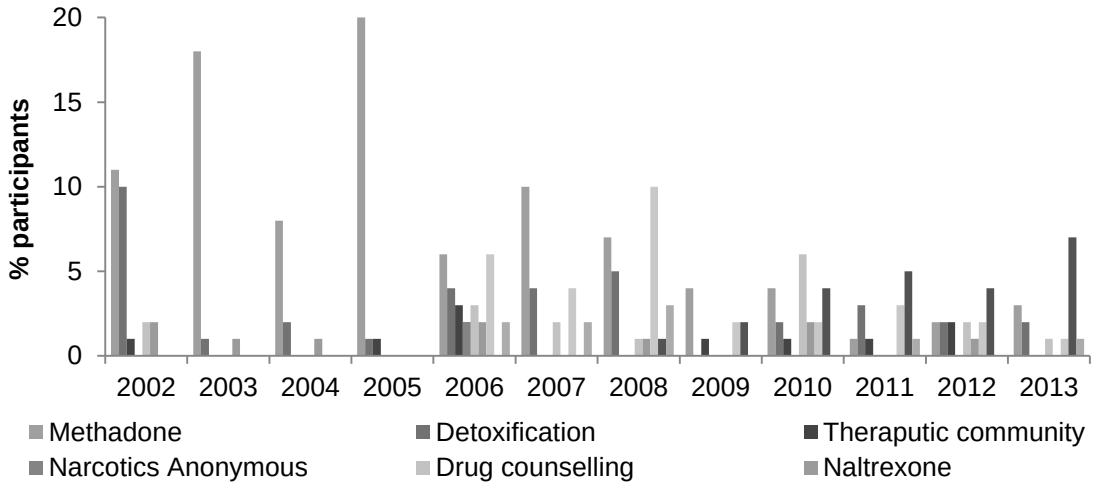
6.2 Drug treatment

In 2013, 15% of participants reported current attendance at treatment compared to 13% in 2012. In 2013, treatment was comprised of methadone/biodone (4%), Subutex (7%) and drug counselling (1%).

The proportion of participants reporting treatment in the last six months was 13% (Figure 34). Suboxone treatment (by 7% of participants) was the most common form of treatment reported in the past six months, as was the case in 2012.

As discussed in the 2011 IDRS report, the Opiate Pharmacotherapy Program is provided by the NT Department of Health's Tobacco, Alcohol and Other Drugs Program. Suboxone is the first line of opiate substitution treatment and methadone (biodone) is provided to interstate transfers who had previously commenced on methadone, pregnant clients or those who have exhibited a notable reaction to Suboxone.

Figure 34: Proportion of participants reporting treatment in the last six months, 2002-2013

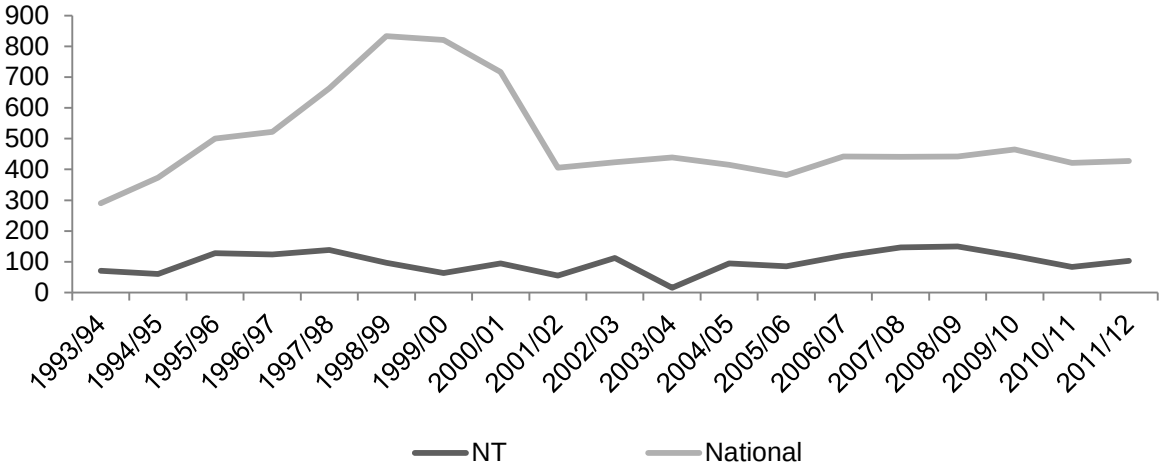


Source: IDRS participant interviews
Note: Some participants may be counted twice

6.3 Hospital admissions

The rate of opioid-related admission to NT hospitals in 2011/12 increased slightly compared to the previous year while the national rate was stable at 427.7 per million persons (Figure 35). Both series have been relatively stable in recent years with the NT rate remaining consistently lower than the national rate.

Figure 35: Opioid-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2011/12

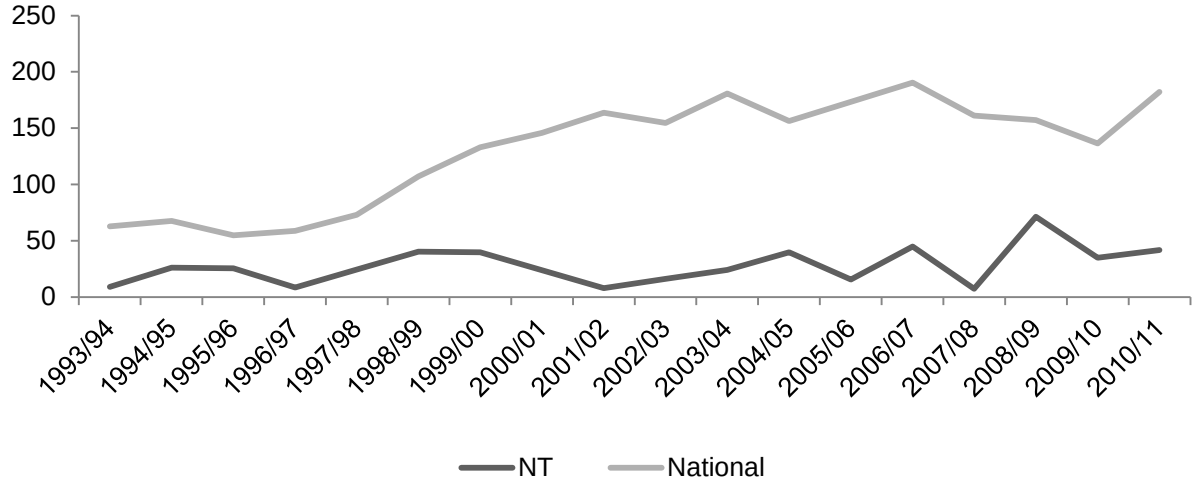


Source: AIHW.

The rate of amphetamine-related admissions to NT hospitals was not reported in 2011/12 due to small numbers. The rate increased in 20010/11 compared to 2009/10 (Figure 36) and it can be seen that this rate has fluctuated considerably in

recent years, although possibly trending upwards. The national rate shows a reverse of a reasonably steady decline between 2006/07 and 2009/10.

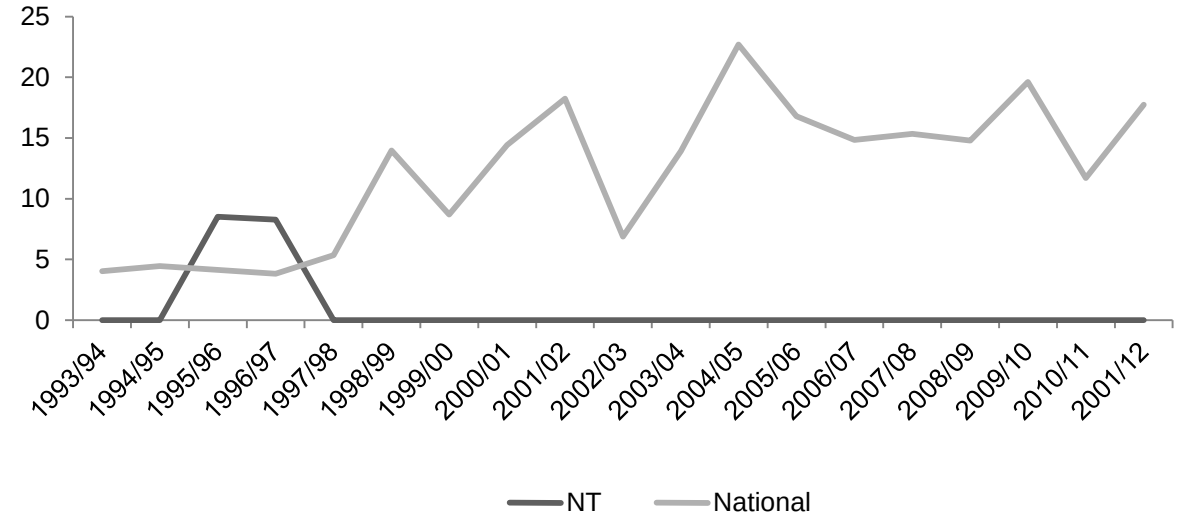
Figure 36: Amphetamine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2001/12



Source: AIHW.

As has been the case since 1997/98, there were no cocaine-related admissions to NT hospitals in 2011/12 (Figure 37).

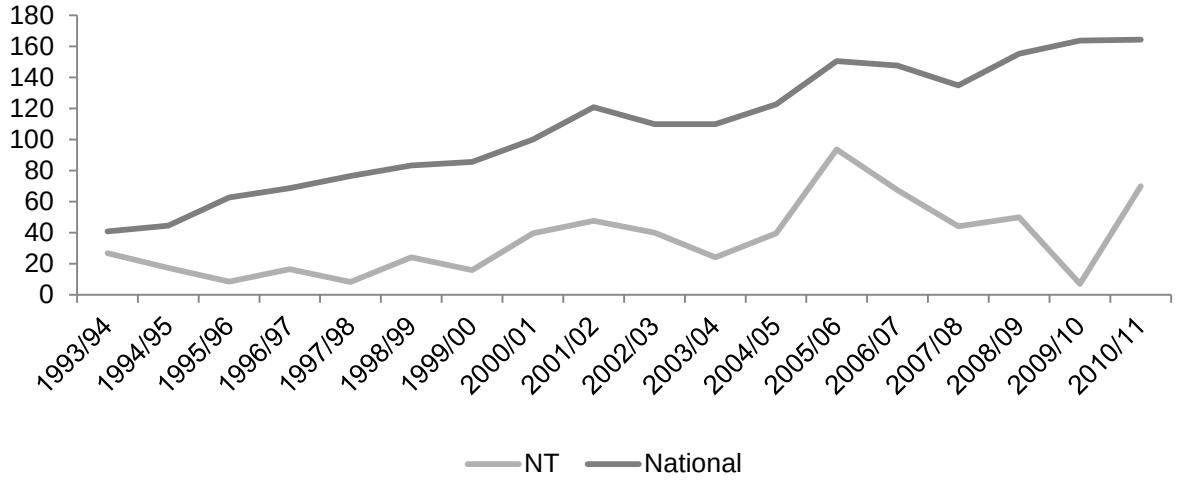
Figure 37: Cocaine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2011/12



Source: AIHW.

The rate of cannabis-related admissions to NT hospitals were not reported in 2011/12 due to small numbers. The rate decreased in 2010/11 (Figure 38), continuing a decline seen since 2005/06 then increased substantially into 2010/11. Again, the fluctuations are likely to be the result of small counts.

Figure 38: Cannabis-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2010/11



Source: AIHW.

6.4 Injecting risk behaviours

6.4.1 Access to needles and syringes

Ninety-three percent of participants sourced needles from an NSP in the six months prior to interview, continuing the trend observed in previous years (Table 51). Ten percent of respondents reported having some difficulty getting needles when they needed them.

Table 51: Source of needles in last six months, 2008-2013

Needle source	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
NSP (%)	93	95	98	95	92	93
NSP vending machine (%)	0	1	0	0	2	0
Chemist (%)	5	4	0	3	1	10
Partner (%)	0	0	0	2	1	1
Friend (%)	10	0	4	4	5	6
Dealer (%)	5	0	0	0	0	1
Hospital (%)	0	0	0	0	0	2
Outreach/peer worker (%)	0	0	0	0	0	0
Other (%)	1	0	0	1	0	0

Source: IDRS participant interviews

6.4.2 Sharing of injecting equipment among participants and related behaviours

Eighteen percent of participants reported using some type of injecting equipment (other than needles) after someone else, the same result as found in 2012. 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.

Table 52: Proportion of participants reporting using injecting equipment after someone else in the month preceding interview, 2003-2013

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Spoons/mixing containers	31	30	21	36	13	15	22	16
Filters	14	13	9	23	1	4	1	3
Tourniquets	16	21	20	28	6	8	15	11
Water	14	13	10	22	1	1	1	2
Someone used needle after you	10	7	9	3	4	8	3	3
You used needle after someone	7	8	8	5	3	3	3	2

Source: IDRS participant interviews

Table 53 shows that 22% of participants had reused their own needles at least once, a decline on the proportion to that found in 2012.

Table 53: Reuse of own needles, 2008-2013 (%)

Number of times	2008 N=98	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
No times	58	63	54	70	73	78
Once	5	12	16	11	13	4
Twice	13	11	14	9	6	3
3-5 times	13	8	12	7	7	8
6-10 times	5	2	2	1	1	3
More than 10 times	5	4	1	0	1	3

Source**:** IDRS participant interviews

Table 54 shows that three quarters (73%) of the sample identified an arm as the last injection site, injecting on a median of 30 occasions in past month. Participants 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, 2012-2013

Last site of injection (%)	2012 n=125	2013 N=91
Arm	74	73
Leg	6	14
Hand	14	8
Foot	2	1
Groin	3	1
Neck	0	0
Other	0	1
Median times injected in the last month	30	30
Median times obtained needles/syringes in the last month	2	2
Median no. of needles/syringes obtained in the last month	100	100

Source**:** IDRS participant interviews

6.4.3 Location of injections

Consistent with previous years, a large majority (84%) reported a private home as the last location for injecting drugs (Table 55). The proportion reporting last injecting in a public toilet increased from 1% in 2012 to 8% in 2013.

Table 55: Proportion of participants reporting last location for injection in the month preceding interview, 2005-2013

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Private home	95	96	96	98	90	92	92	96	84
Street/carpark/beach	-	-	2	1	2	2	3	1	2
Other public area	3	0	-	0	3	0	0	0	0
Car	1	0	0	1	0	2	3	2	1
Public toilet	1	0	1	0	2	2	1	1	8
Other	0	4	1	0	0	2	1	1	2

Source: IDRS participant interviews

6.4.4 Self-reported injection-related health problems

The proportion of the IDRS sample reporting a dirty hit decreased substantially this year to 13% (Table 56) from the 46% found last year, which was the highest level found since 2003. Scarring/bruising (32%) and difficulty injecting (25%) continued to be prominent injection-related problems reported as well (Table 56).

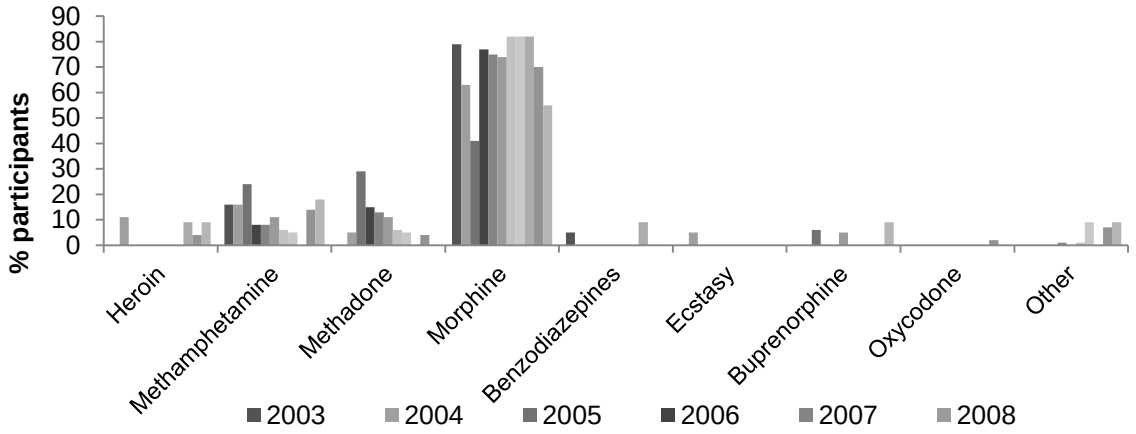
Table 56: Proportion of participants reporting injection-related problems within one month prior to interview, by problem type, 2005-2013

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Overdose	0	1	1	1	11	5	3	19	3
Dirty hit	17	13	27	18	25	22	12	46	13
Abscess/infection	8	9	11	11	16	11	10	9	4
Scarring/bruising	43	42	49	53	45	30	45	42	32
Difficulty injecting	40	42	45	45	42	27	37	34	25
Thrombosis	6	4	7	11	6	4	7	1	4

Source: IDRS participant interviews

As in previous years, morphine was the main drug causing a 'dirty hit' in the month preceding the interview (Figure 39), although this proportion declined from 70% in 2013 to 55% in 2013 while the proportion attributing the dirty hit to a methamphetamine increased to 18%.

Figure 39: Main drug causing dirty hit in last month, 2003-2013



Source: IDRS participant interviews

6.4.5 Blood-borne viral infections

Notifications of new cases of hepatitis B (HBV) and hepatitis C (HCV) to the National Notifiable Diseases Surveillance System have increased from 4 in 2011 (Table 57) to 8 in 2012. HIV notifications in 2011 increased to 9 with 2012 figures as yet unavailable.

Table 57: Total notification of HBV, HCV and HIV, 2002-2012

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
HBV (incident) (n)	12	15	8	5	11	12	8	4	4	4	8
HCV (unspecified) (n)	200	218	259	256	263	220	206	161	170	206	224
HIV new cases (n)	8	5	8	3	11	6	11	16	6	9	NA

Source: NNDSS & NCHECR
* 'NA' = not available

The 2011 finger-prick survey carried out in Darwin and Alice Springs, auspiced by the National Centre in HIV Epidemiology and Clinical Research (NCHER) identified 2% of those tested with HIV antibodies (Table 58). However, HCV antibody prevalence decreased.

Table 58: HIV and HCV antibody prevalence in NSP survey respondents, 2002-2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
HIV antibody (%/n)	0 (47)	1 (61)	0 (16)	0 (24)	0 (20)	0 (29)	1 (73)	0 (76)	0 (78)	2 (68)
HCV antibody (%/n)	29 (47)	29 (62)	9 (16)	12 (24)	5 (17)	18 (29)	38 (72)	29 (75)	47 (78)	42 (61)

Source: NCHECR

6.5 Mental health problems and psychological distress

Thirty 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 59).

Table 59: Proportion of participants self-reporting recent mental health problems, 2007-2013 (%)

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Depression	17	19	17	23	16	15	20
Manic depression	1	4	3	3	6	5	2
Anxiety	10	10	10	16	14	10	15
Panic	4	1	2	2	2	2	1
Paranoia	2	3	0	2	1	1	0
Personality disorder	1	0	2	0	0	0	0
Schizophrenia	3	3	6	4	3	2	7
Drug-induced psychosis	1	1	0	0	2	1	0

Source: IDRS participant interviews

Of the group who had experienced a mental health problem, 78% had attended a health professional for the reported problem. Just under three-quarters (67%) of this group attended a GP, 33% a psychiatrist, 14% a psychologist and 14% a counsellor. Sixty-seven percent of those who attended a health professional were prescribed an anti-depressant, 31% an anti-psychotic and 38% a benzodiazepine. The types of antidepressant and medications prescribed are listed below in Table 60.

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

	2013
Antidepressant (n=10)	
Avanza (mirtazapine)	10
Cymbalta (duloxetine)	10
Deptran (doxepin)	10
Efexor (venlafaxine)	20
Mirtazapine (generic)	10
Sertraline (generic)	10
Zoloft (sertraline)	20
Other	10
Anti-psychotic (n=4)	
Olanzapine (generic)	20.0
Seroquel (quetiapine)	60.0
Benzodiazepine (n=2)	
Valium (diazepam)	50.0
Valpam (diazepam)	16.7
Xanax (alprazolam)	16.7
Other	16.7

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 2013, 80% of the IDRS sample completed the K10, yielding a mean total score of 18.2 (median=18, SD=8.2, range=33). Results categorised using total score ranges consistent with those used by the Australian Bureau of Statistics are presented in Table 61.

Based on these categories, 10% of those who completed the K10 reported experiencing a very high level of distress over the four weeks prior to interview. One-fifth (21%) of those who completed the K10 reported low or no distress.

Table 61: Level of psychological distress, 2009-2013

Level of distress	2009	2010	2011	2012	2013
Low or no distress (10-15)	34	35	25	26	21
Moderate distress (16-21)	26	23	26	17	33
High distress (22-29)	23	21	24	16	17
Very high distress (30-50)	17	21	24	19	10

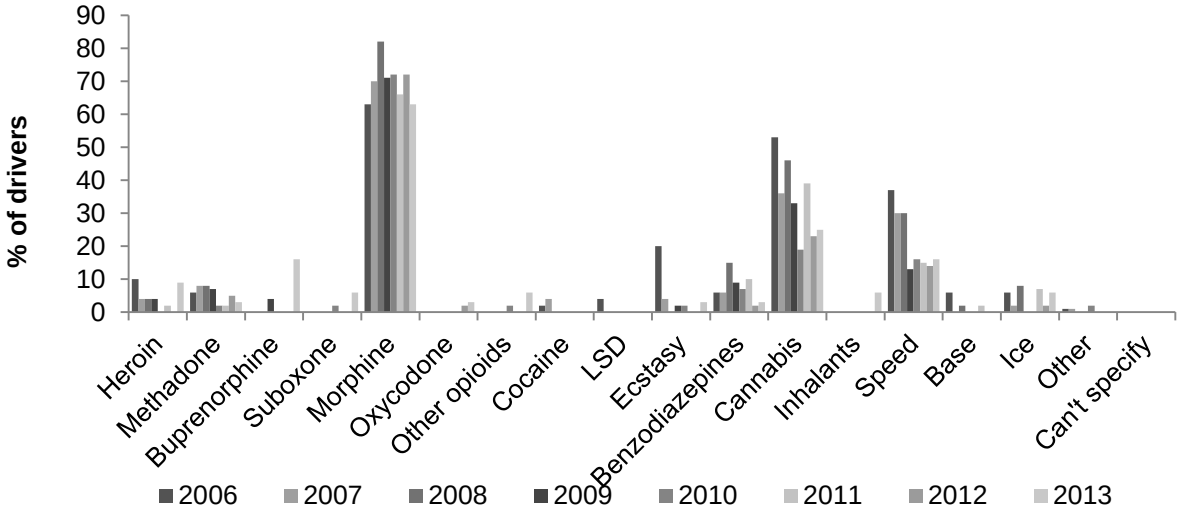
Source: IDRS participant interviews

6.6 Driving risk behaviour

Fifty-three percent of the IDRS sample had driven a car within the six months prior to interview and, of those, 31% had driven under the influence of alcohol during this period. Of the group who had driven under the influence of alcohol, 67% reported driving over the legal blood alcohol limit, on a median of three occasions.

Sixty-nine percent of drivers reported that within the six months prior to interview they had driven under the influence of illicit drugs, on a median of 25 (range to 180) times, within a median of 30 minutes after taking the drugs. Figure 40 illustrates that morphine (63%) and cannabis (25%) were the drugs most commonly consumed by drivers, followed by speed powder and buprenorphine (16% each).

Figure 40: Participants driving after taking an illicit drug by drug type, 2006-2013



Source: IDRS participant interviews

As in previous years, the majority (58%) of those who had driven under the influence of illicit drugs within the six months prior to interview felt that the drugs had no impact upon their driving (Table 62). Twenty-one percent acknowledged that their driving had been slightly or quite impaired while 18% reported that their driving had been slightly or quite improved.

Table 62: Self-reported impairment after drug driving, 2007-2013 (%)

	2007	2008	2009	2010	2011	2012	2013
Quite impaired	4	8	9	0	7	0	9
Slightly impaired	12	19	16	21	17	7	12
No impact	73	65	64	67	56	77	58
Slightly improved	8	8	9	9	15	11	15
Quite improved	4	0	2	2	5	5	3

Source: IDRS participant interviews

6.6.1 KE comment

As mentioned above and in recent years, health KE mostly reported an increase in crystal methamphetamine use and related availability increase.

They noted that the type of health issues they were encountering were consistent with crystal use in previous years. The Observations made by one or more health KE included:

- Injection-related problems among crystal methamphetamine users had increased due to a move from smoking to injecting;
- A number of clients had a pattern of 'long weekend' binge use that led to related child-care issues;
- Younger crystal users often 'self-detoxed' rather than attend a service for detoxification;
- The increased contact with significant others mentioned above, either as a referral source or for information requests, indicated an increasing level of concern in the general community. It also highlights a perceived service gap in that there are no services targeted at 'ice users' as a specific population.
- Clients were more likely to present to an Emergency Department in relation to their drug use and so referrals from ED had become more common, particularly for detoxification services;
- Clients were also more likely to be 'in crisis' than previously, meaning that were experiencing issues around anger, depression, anxiety and employment or relationship difficulties;
- Knowledge and practice in relation to the use of clean injecting equipment and the risks of needle and other equipment sharing was generally good, but better among older injectors than younger.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- Fourteen percent of the sample had been arrested in the preceding 12 months.
- Fourteen percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing.
- The number of ATS seizures and the amounts seized increased markedly in 2011/12.
- The number of cannabis related provider-arrests increased in 2011/12.
- Forty-three percent of the sample had spent $50 or more on drugs on the day prior to the interview.

7.1 Reports of criminal activity

Table 64 shows that 14% of the IDRS sample reported having committed at least one crime in the month prior to interview, similar to the 16% reported in 2012 but a marked reduction of the 31% found in 2011. Dealing (11%) was the most frequently reported crime, followed by property crime (5%). 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.

Seventeen percent (Table 63) of the sample had been arrested within 12 months of the interview. Of those, 81% had been arrested for drug possession or use, 14% for dealing/trafficking and 5% for property crime (33% in 2010).

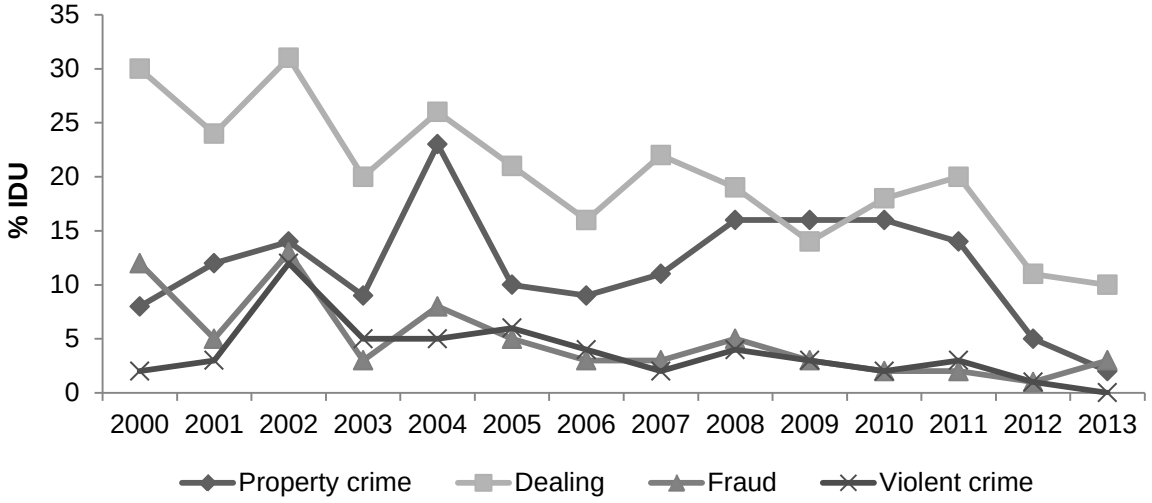
Table 63: Criminal and police activity as reported by participants, 2006-2013

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
Criminal activity in last month (%)								
Dealing	16	22	19	14	18	20	11	10
Property crime	9	11	16	16	16	14	5	2
Fraud	3	3	5	3	2	2	1	3
Violent crime	4	2	4	3	2	3	1	0
Any crime	26	29	35	26	32	31	16	14
Arrested in last 12 months	28	27	25	20	24	25	17	14

Source: IDRS participant interviews

Participant reports of criminal activity have fluctuated but generally declined since 2000 (Figure 41).

Figure 41: Proportion of participants reporting engagement in criminal activity in prior month, by offence type, 2000-2013



Source**:** IDRS participant interviews

Forty-two percent of the sample reported having been imprisoned at some time.

7.2 Arrests

Table 64 shows that there were three heroin consumer arrests in 2012/13, involving one seizure of approximately 6 kilograms grams.

Table 64: Heroin arrest and seizure characteristics, 2004/05-2012/13

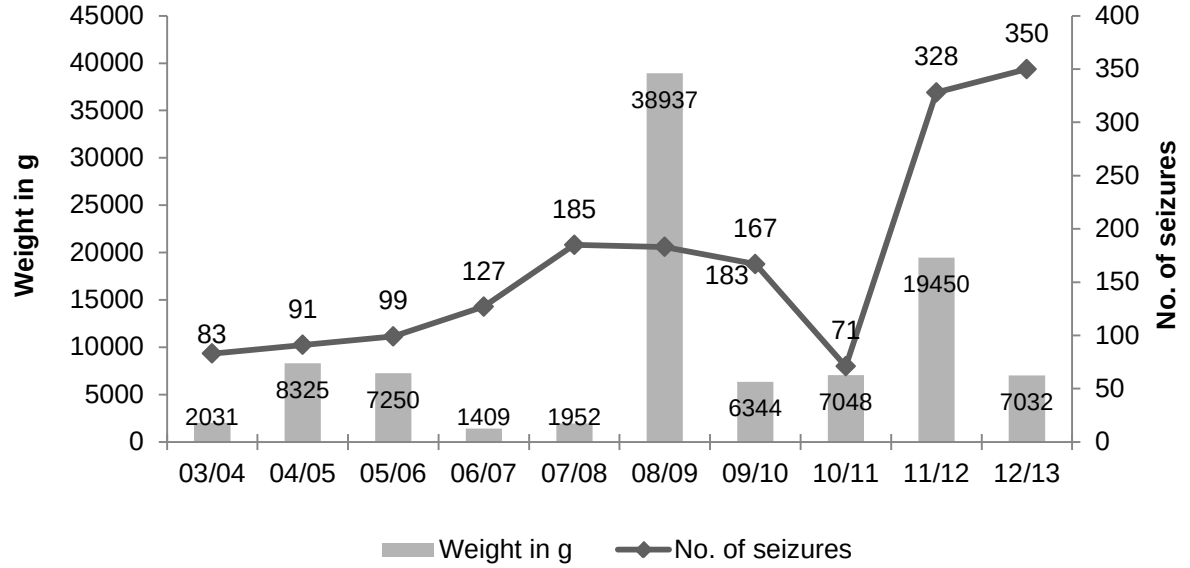
	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/2013
Consumer arrests	1	0	1	1	0	1	2	0	3
Provider arrests	0	0	0	0	0	0	0	1	0
Total arrests*	2	0	1	1	0	1	2	1	3
Seizure number	3	1	2	1	2	3	1	3	8
Seizure weight (g)	20	2	1	2	641	2	126	8	6148

Source: Australian Crime Commission (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 ATS seizures increased from 328 in 2011/12 to 350 in 2012/13 (Figure 42); the weight of seizures (7,032 grams) declined.

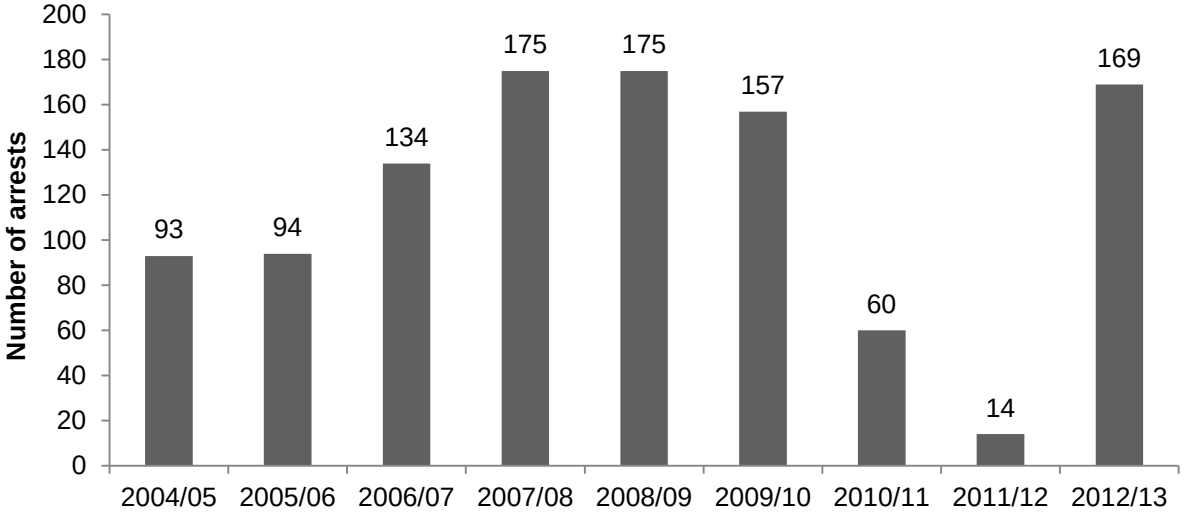
Figure 42: Number of ATS seizures in NT, 1999/00-2011/12



Source: Australian Bureau of Criminal Intelligence (ABCI) and ACC
Note: Excludes the over 25 litres of liquid amphetamines seized in two clandestine laboratories by NT Police in 2003/04

Figure 43 demonstrates that the combined number of arrests for ATS consumers and providers increased substantially.

Figure 43: Number of ATS total consumer and provider arrests in the NT, 2004/05-2012/13



Source: ACC

There were no cocaine related arrests and 1 seizure in 201112 (Table 65).

Table 65: Cocaine arrest and seizure characteristics, 2004/05-2012/13

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Consumer arrests	5	1	1	0	1	0	0	3	0
Provider arrests	0	1	0	0	0	1	0	0	0
Total arrests*	5	1	1	0	4	1	0	3	0
Seizure number	4	3	3	0	6	1	0	4	1
Seizure weight (g)	8	5	26	0	235	13	0	2	0

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 (299) and provider (229) arrests declined into 2012/13 as did the number and weight of seizures (Table 66).

Table 66: Cannabis arrest and seizure characteristics, 2004/05-2012/13

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Consumer arrests	289	368	409	386	422	393	318	355	299
Provider arrests	99	113	137	91	102	111	70	282	229
Total arrests*	429	526	588	552	597	597	460	617	528
Seizure number	877	1,144	986	1,077	1,087	764	1,010	2,185	1,685
Seizure weight (g)	56,736	55,662	55,202	83,179	131,179	740,957	27,243	238,224	178,520

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 declined (Table 67) to a similar level to that seen in previous years.

Table 67: Cannabis infringement notices, 2004/05-2012/13

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Consumer	409	481	399	378	456	466	442	703	521

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-eight percent of the IDRS sample reported some expenditure on drugs on the day prior to interview (Table 68). Forty-three percent of the sample reported spending $50 or more on drugs.

Table 68: Amount spent on drugs on the day before interview, 2005-2013 (%)

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2013 N=91
$0	42	47	30	42	63	33	39	43	42
Less than $20	3	0	4	1	2	2	1	0	2
$20-$49	14	6	22	11	8	6	12	7	14
$50-$99	24	15	19	21	10	23	17	20	16
$100-$199	14	18	15	15	10	21	16	17	13
$200 or more	3	8	11	8	6	14	14	14	14

Source: IDRS participant interviews

7.4 KE comment

Two police officers participated in the IDRS KE interviews. They both identified crystal methamphetamine as the most problematic drug at the time of interview.

Law enforcement KE have found that dealers in Darwin carried more crystal methamphetamine and in larger amounts that was the case 12 months ago. Also, that dealers may sell only the crystal form and at prices similar to the powder form. They speculated on the extent to which this change was the result of coordinated criminal activity versus the consequence of individual dealers changing their practices based on demand from consumers. They stated that in either case this drug enters Darwin primarily in small to medium sized quantities, less than 1kg, via road and air from Interstate points of origin. They noted that some international interceptions had occurred, but that they felt that in these cases the drugs were intended for southern markets. These KE also felt that crystal methamphetamine was more often found to be present when major crimes were detected, not necessarily as he object of the crime, but as having been consumed by those involved. Law enforcement KE also reported that smoking was the most common route of administration that they had encountered.

Some health KE reported that the ending of the NT SMART court had had treatment relevant consequences. Previously, clients had been seen after at least one court appearance and usually after they had been through some form of detoxification. Now, clients were more likely to be seen before court, often referred by their lawyer, with the main aim being a sentence reduction due to having been assessed by the treatment agency. Once sentencing has occurred, services have less access to custodial clients than was the case previously.

8 SPECIAL TOPICS OF INTEREST

8.1 Pharmaceutical opioids

Australian and international studies have shown that PWID experience excess morbidity and mortality compared to those in the general population (Hulse et al., 1999, English et al., 1995, Vlahov et al., 2004, Randall et al., 2001) and that prescribers are often reluctant to prescribe opioid analgesics to people with a history of injecting drug use (Baldacchino et al., 2010, Merrill and Rhodes, 2002).

Since 2011 the IDRS surveys have included questions regarding the use of pharmaceutical opioids and pain. Pharmaceutical opioids included morphine, oxycodone and other pharmaceutical opioids such as fentanyl, pethidine and tramadol. Methadone, buprenorphine and buprenorphine-naloxone were excluded.

Eighty-four percent of the NT sample reported use of pharmaceutical opioids in the last six months (Table 69). Pain relief (59%) and to experience an opioid effect (15%) were the main reasons identified for using pharmaceutical opioids. Most respondents (58%) had obtained their opioids on their own prescription, although 30% reported purchasing them. Participants were also asked if they were refused pharmaceutical opioids for pain due to injecting history. Of those who commented, 25% responded that they had been refused medications due to their injecting history.

Table 69: Pharmaceutical opioid use among PWID, 2013

	NT n=91
Used pharmaceutical opioids in the last 12 months (%)	84
Reason for using pharmaceutical opioids in the last 12 months* (%)	**n=76**
Pain relief	59
As a substitute for heroin	13
To prevent withdrawal	5
To experience an opioid effect	15
To top up heroin	0
Other reason	8
Method of obtaining pharmaceutical opioids for pain relief in the last 12 months (%)**	**n=43**
On own prescription	58
Purchased	30
Trading with others	7
Gift from others	2
Other	2
Refused pharmaceutical opioids medications for pain relief last 6 months (%)**	**n=44**
No	68
Yes, not clinically appropriate	2
Yes, injecting history	23
Other	7

Source: IDRS participant interviews
* Among those who recently used. Multiple responses were allowed
** Among those who sought pain relief

8.2 The Brief Pain Inventory (BPI)

In 2013, the Brief Pain Inventory (BPI) was asked to examine the association between injecting drug use and the legitimate therapeutic goals of pharmaceutical opioids (e.g. pain management). The BPI is a tool used for the assessment of pain in both clinical and research settings. The BPI uses rating scales from 0 to10. For questions 3 to 6, 0 is 'no pain' and 10 is 'pain as bad as you can imagine'. The mean of questions 3 to 6 is then calculated to make the 'pain severity score'. For questions 9A to 9G, 0 is 'Does not interfere' and 10 is 'Completely Interferes'. The mean of questions 9A to 9G is then calculated to make the 'pain interference score'. The 'pain interference score' looks at how much pain interferes with daily activities: general activity, mood, walking, normal work, relations, sleep and enjoyment of life.

Table 70: Brief Pain Inventory (BPI) among PWID who commented, 2013

	2012 N=125	**2013 N=91**
Experienced pain today (other than everyday pain) (%)	**n=49**	**N=21**
Acute/short term	15	5
Chronic non-cancer pain	85	76
Chronic cancer/malignant pain	0	10
Other	0	10
Mean 'Pain Severity' score	**5.1**	**5.5**
Mean relief experience from treatment/medications*	**5.7**	**6.4**
Mean 'Pain Interference' score	**5.7**	**6.0**

Source: IDRS Injecting drug user interviews
* among those who received treatment/medication for pain and commented

Twenty-three percent of this year's PWID reported experiencing pain other than everyday pain, on the day of interview. The large majority of this group (76%) described this as chronic (non-cancer) pain (Table 70).

8.3 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.

In 2012 and 2013, 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. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe, Loxton, Hides et al., 2002).

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=40), the median score was 2.0 (mean 3.2, range 0-14), with 33% scoring 4 or more. Women (55%) were more likely to score 4 or more than men (31%), although this difference was not statistically significant.

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=81), the median SDS score was 6.0 (mean 6.6, range 0-15), with 65% scoring 5 or above. Men (57%) were less likely to score 5 or more than women (82%) and this difference was statistically significant. Of those who scored 5 or above and who were able to comment (n=60), 64% specifically related their responses to morphine, 13% to heroin and 8% to methadone.

8.4 Hepatitis C Testing and Treatment

Eighty-six percent of respondents had had a Hepatitis C antibody test at some time in their life, 36% of this group within 12 months of interview. Of those who had received a positive result, 36% had had further testing. Of those who did not have further testing, 52% reporting that that was because it 'wasn't a priority'. Of those who did have further testing, 39% had a PCR test with 60% of this group showing an active virus. Forty-six percent had had a PCR viral genotype test (Table 71).

Table 71: Hepatitis C testing and treatment, 2013

	NT N=91
Ever tested for HCV (%)	86
Positive HCV test (%)	**n=39**
Within last 12 months	36
More than 12 months	64
Further testing for HCV antibody	36
Reasons for no further testing (%)	**n=25**
Provider didn't mention the need for further tests	8
Wasn't a priority	52
Blood tests are difficult for me	4
Don't feel sick	4
Concerned about confidentiality	0
Other reason	32
Further tests for HCV (%)	**n=13**
PCR test (see if virus is active)	39
PCR viral genotype test	46
Other	8
Location last tested for HCV (%)	**n=13**
Community GP	8
OST clinic	0
Specialist clinic	23
Prison	31
Other	39

Source: IDRS Injecting drug user interviews

8.5 Take-home naloxone

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. It is the frontline medication for the reversal of heroin and other opioid overdose in particular. In Australia, naloxone has largely only been available for use by medical doctors (or those auspiced by medical doctors such as nurses and paramedics) for the reversal of opioid effects. In 2012 a take-home naloxone program commenced in the ACT through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose as part of a comprehensive overdose response package. Shortly after, a similar program started in NSW and some other states have followed suit (for more information refer to http://www.cahma.org.au/Naloxone.html and/or http://www.naloxoneinfo.org/). In 2013, the IDRS included a series of questions about take-home naloxone and naloxone more broadly.

Eighty-nine percent (Table 72) of respondents have heard of Naloxone; 66% of this group stated that Naloxone 'reverses heroin' and 25% that it re-establishes consciousness.

Eighteen percent were aware that take-home Naloxone programs had commenced in some States and Territories and 83% of those who responded either support (25%) or strongly support (58%) these programs. Twelve percent of the sample had been resuscitated with Narcan in the past.

Most respondents (93%) said that they would call 000 if they witnessed an overdose, with smaller proportions saying that they may take other actions, such as turn the victim on their side (23%), CPR (38%) and/or stay with the person (23%). High proportions of the sample would carry (68%) or administer (87%) Naloxone if it was available.

Table 72: Take-home naloxone program and distribution, 2013

	NT n=84
Heard of naloxone (%)	89
Naloxone description (%)	**n=70**
Reverses heroin	66
Help start breathing	14
Re-establish consciousness	26
Other	16
Heard of the take-home naloxone program (%)	**n=84**
Yes	18
No	81
Expand naloxone program (%)	**n=84**
Strongly support	58
Support	25
Neutral	7
Oppose	5
Strongly oppose	4
Don't know enough to say	1
Witness overdose (%)	**n=83**
Turn victim on side	23
Mouth-to-mouth CPR	39
Call 000	93
Stay with victim	23
Other remedies	11
If naloxone was available would you: (%)	**n=83**
Carry naloxone if trained	68
Administer naloxone after overdose	87
Want peers give you naloxone	80
Stay after giving naloxone	87

Source: IDRS Injecting drug user interviews

8.6 Oral health impact

The oral health of People Who Inject Drugs (PWID) has traditionally been neglected in research, service provision and health promotion. In order to address this issue we included the Oral Health Impact Profile (OHIP-14, (Slade, 1997) , an internationally-recognised measure of Oral Health Related Quality of Life (OHRQoL), in the 2013 IDRS. OHRQoL is defined as an individual's assessment of how oral functional factors, psychological factors, social factors and experience of oro-facial pain or discomfort affect his or her well-being.

The OHIP-14 is a self-filled questionnaire that focuses on seven dimensions of impact (functional limitation, pain, psychological discomfort, physical disability, psychological disability, social disability and handicap) with participants being asked to respond according to frequency of impact on a 5-point Likert scale coded never (score 0), hardly ever (score 1), occasionally (score 2), fairly often (score 3) and very often (score 4) using a twelve-month recall period. However, the IDRS asked participants to respond based on the last three months (instead of 12mths). For this report the OHIP-14 was divided into the seven dimensions of impact and percentages calculated for those who responded 'occasionally', 'fairly often' and 'very often'.

Physical pain had the higher impact with 48% (Table 73) of those who commented reporting either: 'occasionally', 'fairly often' and 'very often'. This was followed by psychological disability (37%), physical disability (35%) and psychological discomfort (32%)

A mean scale score of the 14 items was computed, with higher scores indicating poorer oral health-related quality of life. Participants can have an overall OHIP-14 total score ranging from zero to 56. Respondents averaged a total score of 10.7, with 37% reporting a score of zero.

Table 73: Oral health impact profile 14 short form (OHIP-14) score, 2013

	NT N=91
Dimensions of impact (%)	
Functional limitation	28
Physical pain	48
Psychological discomfort	32
Physical disability	35
Psychological disability	37
Social disability	24
Handicap	23
Mean total scores (range)	10.1 (0-54)
Score of 'zero' (%)	37

Source: IDRS Injecting drug user interviews

8.7 Discrimination

Very often PWID manage complex situations in relation to poor treatment and discriminatory practices. The discrimination module aimed to complement the work that the Australian Injecting and Illicit Drug Users League (AIVL) have initiated with the AIVL National Anti-Discrimination Project (Parrand Bullen, February 2010) .

Ninety-six percent (Table 74) of the sample commented on the discrimination section. Of those who responded, 22% reported discrimination within the last 12 months, 15% over 12 months ago and 63% reported no discrimination. Those who had experienced a discrimination in the last 12 months (n=19), reported the main location of the discrimination taking place was at a doctor/prescriber (37%), by Police (32%) and at hospital (26%). The majority (84%) reported the main reason (perceived) for the discrimination was 'because I'm an injecting drug user (or people think I am)'. Sixteen percent reported that they were refused service while 11% had experienced violence or abuse as a result of the discrimination. The majority (79%) did not try to resolve the discrimination.

Table 74: Discrimination among people who inject drugs, 2013

	NT N=91
Ever discriminated against (%)	n=87
Yes, within the last 12 months	22
Yes, but no in the last 12 months	15
No	63
Location of discrimination (%)	n=19
Doctor/prescriber	37
Pharmacy	16
Dentist	0
Health services	11
Government service i.e. housing or Centrelink	5
Police	32
Hospital	26
Needle and syringe program	0
Drug and Alcohol service	11
Prison	16
Other	47
Reason for the discrimination (%)	n=19
Person who injects drugs	84
On OST medication	0
HCV positive	11
HIV positive	0
Other	21
Result of discrimination (%)	n=19
Refused service	16
Taken off/ reduced OST medication	11
'Outed' as a person who uses drugs	0
Experienced violence/abuse	11
Lost job	0
Other	16
Tried to resolve discrimination (%)	n=19
No didn't try to resolve	79
Australian human rights commission	0
Health care complaint commission	5
Directly to service provider/organisation	11
Other	5

Source: IDRS Injecting drug user interviews

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