NORTHERN TERRITORY DRUG TRENDS 2024

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

NORTHERN TERRITORY DRUG TRENDS 2024: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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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 Drug Trends.

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Acknowledgements

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2024:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Udesha Chandrasena, Olivia Price, Haniene Tayeb, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Dylan Vella-Horne and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Sophie Haywood and Professor Simon Lenton, National Drug Research Institute and EnAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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Participants

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

Contributors

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

Abbreviations

ACT	Australian Capital Territory
1,4-BD	1,4-Butanediol
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA-PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
AUDIT-C	Alcohol Use Disorder Identification Test - Concise
CBD	Cannabidiol
COVID-19	Coronavirus Disease of 2019
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
K10	Kessler-10
LSD	*d*-lysergic avid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NT	Northern Territory
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Survey
NPS	New Psychoactive Substances
NSP	Needle and Syringe Program
NSW	New South Wales
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction

QLD	Queensland
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard Deviation
SDS	Severity of Dependence Scale
STI	Sexually Transmitted Infection
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

Executive Summary

The IDRS sample comprises a sentinel group of people aged 18 years or older who injected illicit drugs ≥6 days in the preceding six months and resided in greater Darwin, Northern Territory. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected between June and July 2024. Interviews were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2024 samples relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Darwin, Northern Territory (NT) in 2024 (N=70) was consistent with the Darwin profile in previous years, whereby three-fifths (61%) were male, with a median age of 49 years. The majority (86%) of the sample were unemployed at the time of interview, and most (94%) had received a government pension/allowance or benefit in the month prior to interview. The median income per week was $450.

In 2024, three fifths (59%) of the sample reported that methamphetamine was their drug of choice, and 86% reported that methamphetamine was the drug they had injected most often in the past month, the highest per cent observed since monitoring commenced. Four fifths (79%) of the sample reported using methamphetamine crystal on a weekly or more frequent basis.

Heroin

Recent use of heroin has declined substantially since monitoring commenced, from 64% of the sample in 2000 to few participants (n≤5) reporting recent use in 2024.

Methamphetamine

Recent use of any methamphetamine has trended upwards since 2014, with 87% reporting recent use in 2024. This was mostly driven by a continued increase in methamphetamine crystal use (87% in 2024) – the form most commonly used since 2014. Recent use of methamphetamine powder and base remained low in 2024. The median price for one point of methamphetamine crystal was $100 in 2024. Among those who commented, two fifths (42%) perceived methamphetamine crystal to be of 'medium' purity and 88% perceived it to be 'easy' or 'very easy' to obtain.

Cocaine

Recent use of cocaine remained relatively low, with 23% or fewer participants reporting recent use since monitoring commenced in 2000. In 2024, 14% of the sample reported recent use on a median of one day in the six months preceding interview. In 2024, few participants (n≤5) commented on the price, perceived purity, and perceived availability of cocaine.

Cannabis and/or Cannabinoid-Related Products

Recent use of non-prescribed cannabis and/or cannabinoid related products gradually declined between 2000 (84%) and 2017 (58%) and has remained relatively stable since. In 2024, 69% of the sample reported recent use, of which three quarters (77%) reported daily use. Hydroponic cannabis remained the form most commonly used (96%). Among those who commented, all participants perceived

hydroponic cannabis as 'easy' or 'very easy' to obtain, and four fifths (80%) perceived it to be of 'medium' or 'high' purity (40%, respectively). Consistent with previous years, participants reported a median of $30 for one gram of hydroponic cannabis.

Pharmaceutical Opioids

Recent use of all non-prescribed opioids has gradually declined over the course of monitoring. Fourteen per cent of participants reported recently using non-prescribed morphine and 11% reported recently using non-prescribed buprenorphine-naloxone. Few participants (n≤5) reported use of other non-prescribed opioids in 2024.

Other Drugs

No participants reported the recent use of any NPS and gabapentin, while few participants (n≤5) reported recent use of non-prescribed benzodiazepines, antipsychotics and pregabalin. Nine per cent of participants reported recent use of non-prescribed pharmaceutical stimulants on a median of one day in the six months preceding interview.

Half (53%) of the sample reported recent use of alcohol, and the majority (89%) reported recent use of tobacco. Few participants (n≤5) reported recently using illicit tobacco. Eleven per cent reported recent use of non-prescribed e-cigarettes. Few participants (n≤5) reported recent use of GHB/GBL/1,4-BD in 2024.

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

In 2024, 61% of the sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview.

Three fifths (59%) of the sample had binged on one or more drugs for 48 hours or more in the six months preceding interview.

Injecting behaviours and equipment access

In 2024, few participants (n≤5) reported receptive or distributive sharing of a needle in the past month. One fifth (19%) reported re-using their own needles in the past month. Few participants (n≤5) reported having difficulty accessing needles and syringes and filters in the past month.

Few participants (n≤5) reported experiencing injection-related problems in the past month.

Overdose, naloxone and drug checking

Few participants (n≤5) reported any past 12-month non-fatal overdose.

Two fifths (39%) reported lifetime awareness of take-home naloxone and one tenth (10%) reported obtaining naloxone in the past year.

In 2024, no participants reported that they or someone else had tested the contents and/or purity of their illicit drugs in Australia in the past year.

Dependence, drug treatment and HCV

In 2024, 33% of male participants obtained an AUDIT-C score of ≥4, and 35% of female participants obtained a score of ≥3, indicative of hazardous alcohol use.

One quarter (26%) of those who reported recent methamphetamine use obtained an SDS score of ≥4, while few participants (n≤5) reporting recent opioid use obtained a score of ≥5, indicating possible dependence on these substances.

One tenth (11%) of the sample reported that they were in any drug treatment for their substance use in 2024.

Three fifths (58%) of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year. No participants reported having a current HCV infection. One fifth (20%) of the sample reported having had

a test for human immunodeficiency virus in the past six months.

Sexual activity, mental health and health service access

Half (50%) of the sample reported engaging in sexual activity in the month preceding interview and 16% reported recently having a sexual health check-up.

Thirty-seven per cent of the sample self-reported experiencing a mental health problem, with the most commonly reported problems being depression (67%) and anxiety (63%). One tenth (10%) reported high/very high psychological distress in 2024.

Thirty per cent reported accessing any health service for alcohol and/or drug support in the six months preceding interview.

Driving, contact with police and modes of purchasing drugs

Three quarters (78%) of those who had recently driven reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months, though few participants (n≤5) reported driving while over the perceived legal limit of alcohol.

One third (36%) of participants reported engaging in 'any' crime in the month preceding interview. Few participants (n≤5) reported having been arrested in the past year or having a drug-related encounter with police which did not result in charge or arrest.

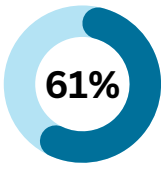
In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (94%).

2024 SAMPLE CHARACTERISTICS

IDRS Illicit Drug Reporting System

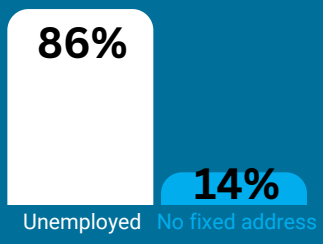
In 2024, 70 participants, recruited from Darwin, NT, were interviewed.

49 years



Male

The median age in 2024 was 49, and 61% identified as male.

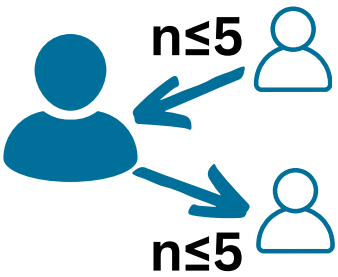


In the 2024 sample, 86% were unemployed and 14% had no fixed address.

- **Injected heroin**
- **Injected methamphetamine**
- **Injected other illicit or non-prescribed drugs**

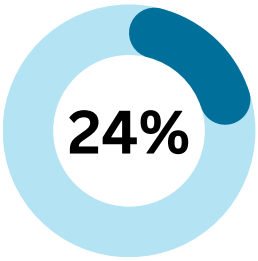
Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

INJECTING-RELATED RISKS AND HARMS

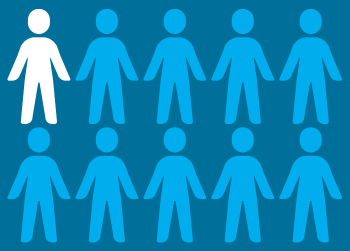


In 2024, few participants reported receptive and distributive sharing in the past month (n≤5, respectively).

Percentage who reported re-using their own needles in the past month.

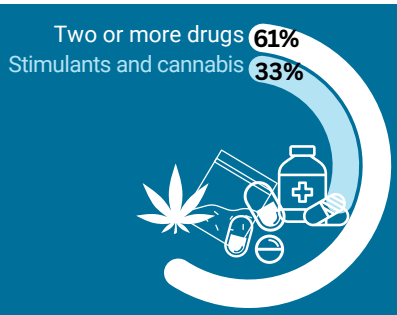


Percentage who reported injecting someone else after injecting themselves in the past month.



Few participants (n≤5) reported having an injection-related health issue in the past month.

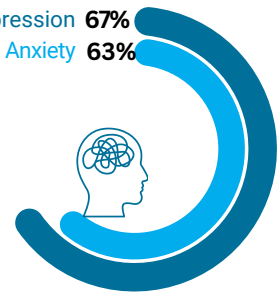
OTHER HARMS



In 2024, 61% reported using two or more drugs on the day preceding interview: the most commonly used combination of drug classes was stimulants and cannabis (33%).

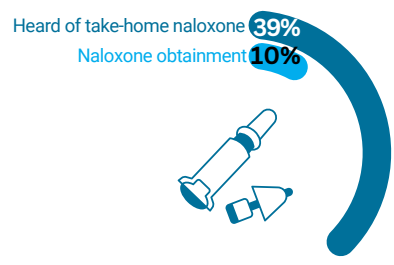
In 2024, few participants (n≤5) reported past year non-fatal overdose.

In 2024, 37% of participants reported a mental health problem in the 6 months preceding interview.



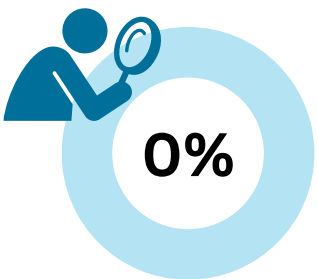
Among those who reported a mental health problem, the two most common mental health issues were depression and anxiety.

NALOXONE AND OTHER HARM REDUCTION STRATEGIES

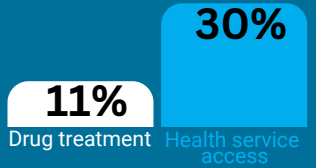


39% reported knowledge of take-home naloxone and 10% had obtained naloxone in the past 12 months.

Among those who were aware of naloxone, no participants reported ever using naloxone to resuscitate someone who had overdosed.



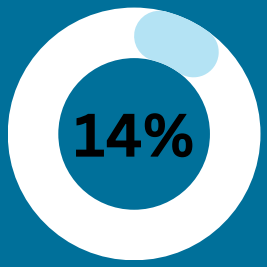
No participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.



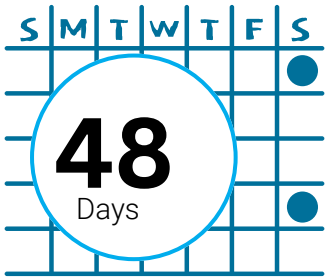
Percentage who reported current drug treatment and health service access for AOD support in the past six months.

MORPHINE

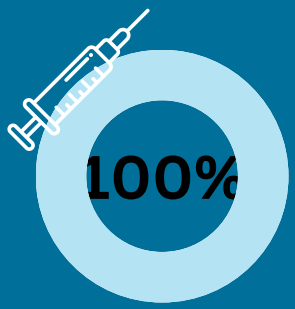
IDRS Illicit Drug Reporting System



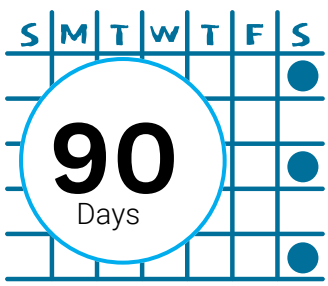
Past 6 month use of non-prescribed morphine.



Of those who had recently consumed non-prescribed morphine, the median frequency of use was 48 days.

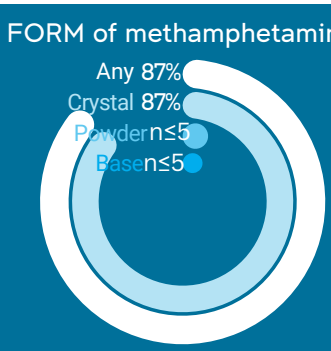


Of those who had recently consumed any morphine, all participants reported injecting it.

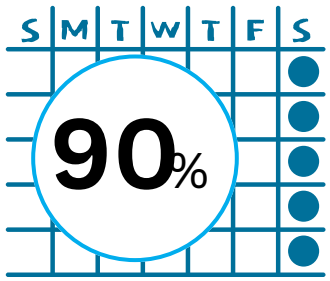


Of those who had recently injected any morphine, the median frequency of injection was 90 days.

METHAMPHETAMINE



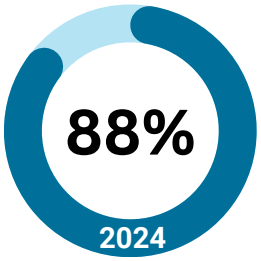
Past 6 month use of methamphetamine.



Of those who had recently used any form of methamphetamine, 90% reported weekly or more frequent use.

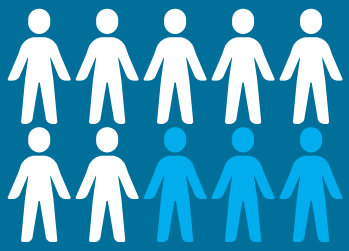
$100
2024

The median reported price for a point of methamphetamine crystal.

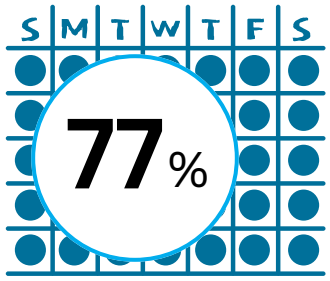


Percentage who perceived methamphetamine crystal as being 'easy' or 'very easy' to obtain.

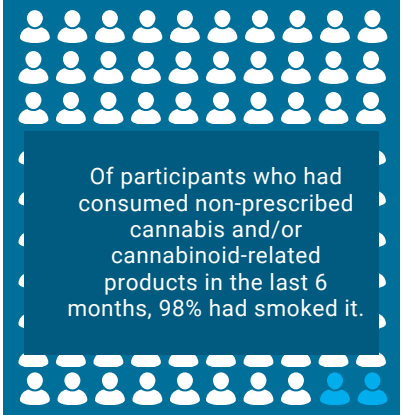
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS



69% of the sample reported past 6 month use of non-prescribed cannabis and/or cannabinoid-related products.



Of those who had recently used non-prescribed cannabis/cannabinoid-related products, 77% reported daily use.



Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, 98% had smoked it.

Percentage who perceived hydroponic cannabis as being 'easy' or 'very easy' to obtain.

PAST 6 MONTH USE OF OTHER DRUGS

Background

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

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

Methods

IDRS 2000-2019

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

IDRS 2020-2024: COVID-19 Impacts on Recruitment and Data Collection

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

1. Means of data collection: Interviews were conducted via telephone across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

From 2021 onwards, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants

reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology; however telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

2024 IDRS Sample

Between 1 June-12 July 2024, a total of 884 participants were recruited across capital cities nationally, with 70 participants recruited from Darwin, NT between 11 June-12 July 2024. Two interviews were conducted via telephone in Darwin, NT; the remainder were conducted face-to-face.

In 2024, 70% of participants were recruited via NSPs. Two fifths (38%) of participants in the Darwin 2024 sample had taken part in the 2023 interview (45% of the 2023 sample had taken part in the 2022 interview; p=0.553).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Due to the small sample size in 2023 (n=46), data for 2023 is suppressed and no tests of statistical significance have been conducted between estimates for 2023 and 2024. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six month time period. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, were excluded from analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

Legend	
/	Question not asked in respective year (for tables)
~	Data not presented for Darwin in 2023 due to small sample.
-	Missing data points indicate question not asked in respective year or n≤5 answered the question (for figures)
	Missing data points indicate question not asked in respective year (for figures)

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2024 must be taken into consideration when comparing 2020-2024 data to previous years, and treated with caution.

Additional Outputs

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

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

1

Sample Characteristics

In 2024, the median age of the Darwin sample was 49 years (IQR=40-53), with a gender distribution of 61% male and 37% female (Table 2). Half (51%) of the sample identified as Aboriginal or Torres Strait Islander. The majority (94%) of participants were born in Australia, and the entire sample spoke English at home (100%).

The majority of the sample (86%) were unemployed at the time of interview and participants reported a mean of 10 years of school in 2024 (range: 7-12). Ninety-four per cent had received a government pension, allowance, or benefit in the month before interview, with a median weekly income of $450 (IQR=350-550). Fourteen per cent of the sample reported having 'no fixed address' at the time of interview, while two thirds (66%) reported living in a private home or flat (Table 2).

Since 2019, methamphetamine has remained the most commonly reported drug of choice among the Darwin sample. In 2024, three fifths (59%) of participants nominated methamphetamine as their drug of choice, with smaller percentages nominating heroin (17%), cannabis (11%) and morphine (9%) (Figure 1). Similarly, since 2019, the majority of participants have reported that methamphetamine was the drug injected most often in the past month (86% in 2024), overtaking morphine, which has been steadily declining since 2014 (Figure 2).

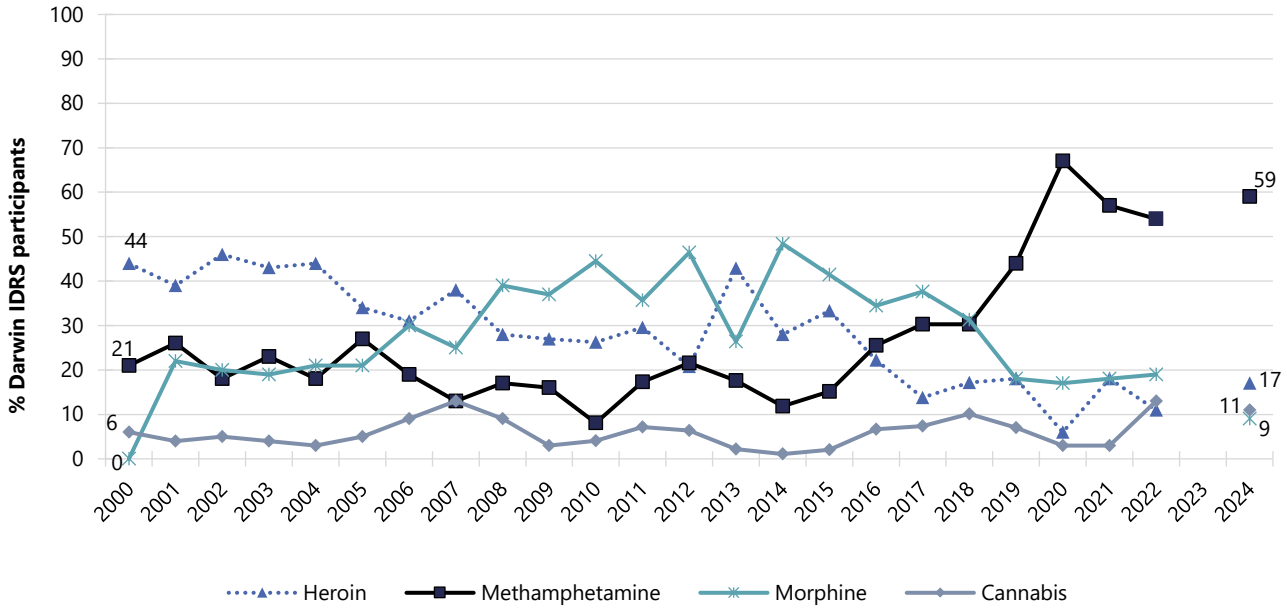
Seventy nine per cent of the sample reported weekly or more frequent use of methamphetamine crystal in 2024, the highest percentage since monitoring commenced and continuing an upward trend that has been observed since 2014. Two thirds (66%) of the sample reported weekly or more frequent use of non-prescribed cannabis (66%) (Figure 3).

Table 2: Demographic characteristics of the sample, nationally, 2024, and Darwin, NT, 2020-2024

	Darwin, NT					National
	2020	2021	2022	2023	2024	2024
	N=78	N=94	N=70	N=46	N=70	(N=884)
Median age (years; IQR)	44 (34-52)	45 (37-54)	46 (41-54)	~	**49 (40-53)**	47 (40-53)
% Gender						
Female	37	35	39	~	**37**	30
Male	63	65	61	~	**61**	69
Non-binary	0	0	0	~	**-**	-
% Aboriginal and/or Torres Strait Islander	38	37	36	~	**51**	28
% Born in Australia	/	/	/	/	**94**	88
% English primary language spoken at home	/	/	/	/	**100**	96
% Sexual identity						
Heterosexual	93	77	83	~	**81**	85
Homosexual	0	-	-	~	**-**	4
Bisexual	7	19	14	~	**16**	9
Queer	0	-	0	~	**-**	1
Other	-	0	-	~	**0**	2
Mean years of school education (range)	10 (7-12)	10 (2-12)	10 (2-12)	~	**10 (7-12)**	10 (1-12)
% Post-school qualification(s)^	46	52	54	~	**56**	62
% Current accommodation						
Own home *(inc. renting)*^	68	73	81	~	**66**	66
Parents'/family home	-	-	-	~	**9**	5
Boarding house/hostel	-	9	7	~	**9**	6
Shelter/refuge	0	-	-	~	**0**	2
No fixed address	19	10	-	~	**14**	20
Other	-	-	0	~	**-**	1
% Current employment status						
Unemployed	90	83	86	~	**86**	89
Full-time work	-	7	-	~	**-**	3
Part time/casual	/	/	/	~	**11**	6
Self-employed	/	/	/	~	**0**	2
Other	/	/	/	~	**0**	1
% Past month gov't pension, allowance or benefit	96	91	96	~	**94**	94
Current median income/week ($; IQR)	$500 (400-575)	$384 (300-475)	$425 (350-500)	~	**$450 ($350-550)**	$424 (350-550)

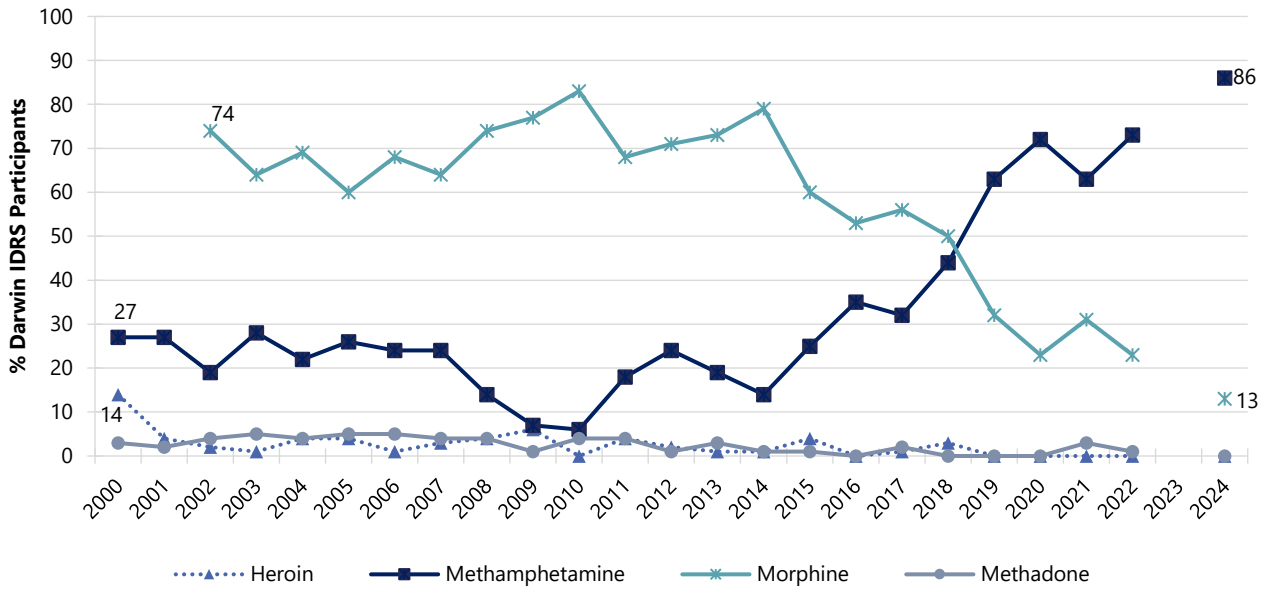
Note. ^Includes trade/technical and university qualifications. ~Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 1: Drug of choice, Darwin, NT, 2000-2024



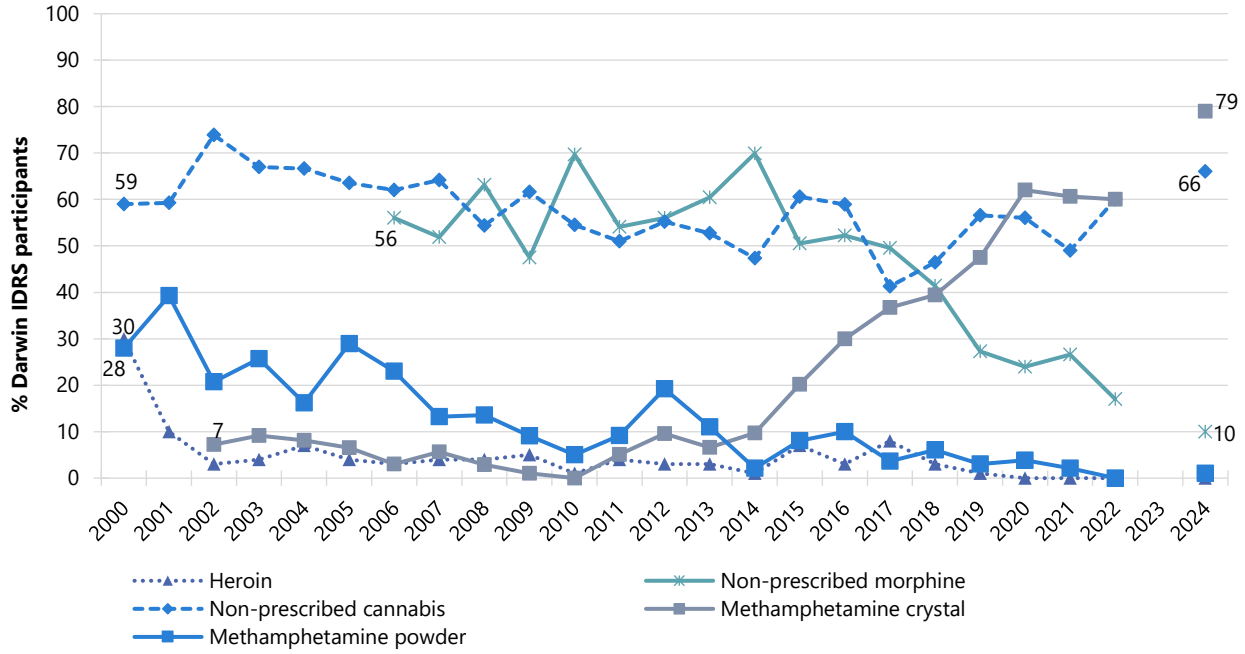
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 2: Drug injected most often in the past month, Darwin, NT, 2000-2024



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, Darwin, NT, 2000-2024



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

2

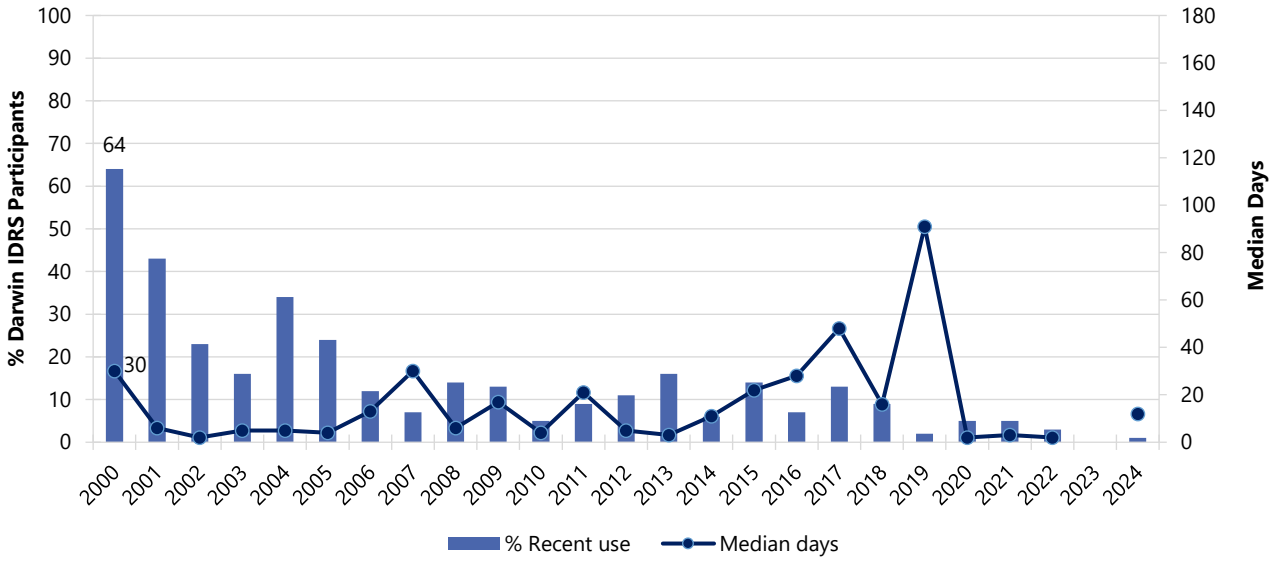
Heroin

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

Patterns of Consumption

Few participants (n≤5) reported recent heroin use in 2024 (Figure 4), therefore, further details regarding frequency of use, routes of administration and quantity of use are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 4: Past six month use and frequency of use of heroin, Darwin, NT, 2000-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Due to few participants (n≤5) responding, details on the price, perceived purity and perceived availability of heroin are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

3

Methamphetamine

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

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

Since declining from 74% in 2000 to 35% in 2014, past six month use of any methamphetamine use has gradually increased. In 2024, 87% of the sample reported recent use, the second highest per cent observed since monitoring commenced (Figure 5).

Frequency of Use

Median days of use remained relatively stable between 2002 and 2016, however, since 2017, has fluctuated considerably. Participants who reported recent use and commented in 2024 (n=61) had used any methamphetamine on a median of 72 days (IQR=48-96). Among those who reported recent use in 2024, 90% reported weekly or more frequent use and 20% reported daily use.

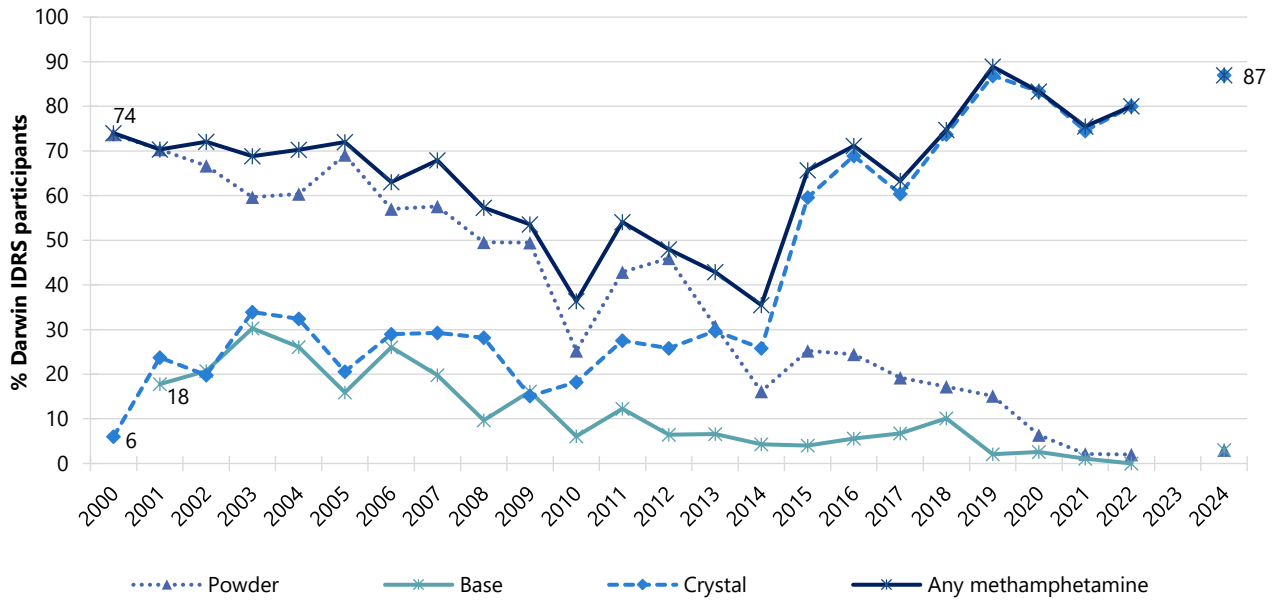
Forms Used

Among participants who had used methamphetamine in the six months preceding interview in 2024 (n=61), all participants (100%) had used methamphetamine crystal. Few participants (n≤5) reported the use of base and powder.

Number of Forms Used

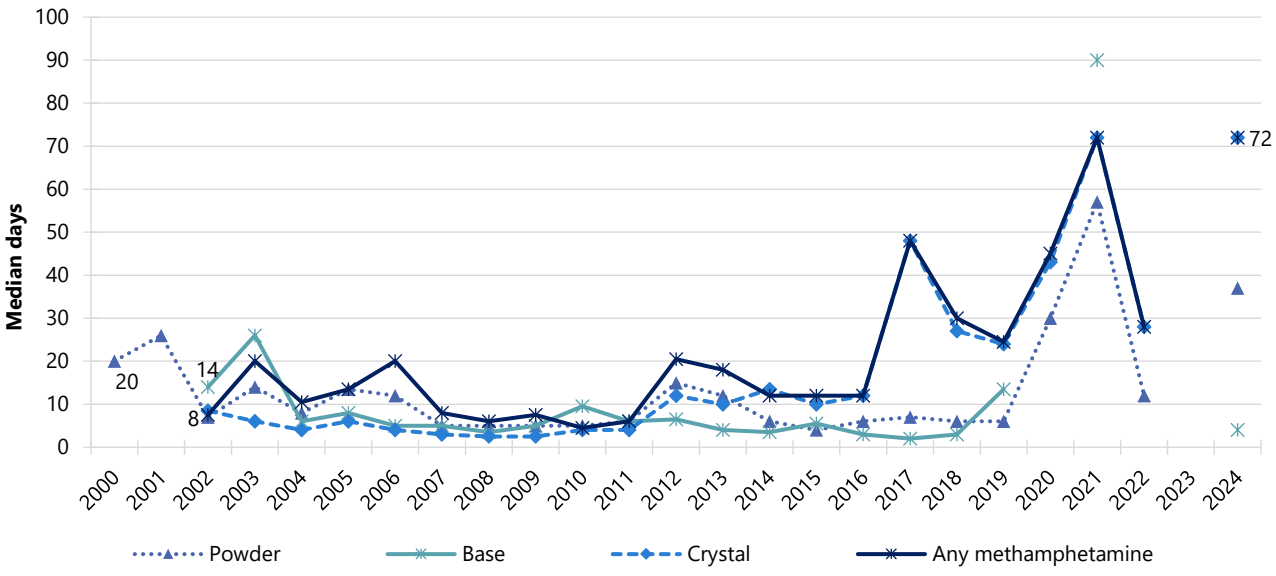
Among participants who had recently consumed any methamphetamine and commented in 2024 (n=61), the median number of forms of methamphetamine used was one (IQR=1-1).

Figure 5: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, Darwin, NT, 2000-2024



Note. Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 6: Frequency of use of any methamphetamine and methamphetamine powder, base, and crystal, Darwin, NT, 2000-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Few participants (n≤5) reported recent use of methamphetamine powder in 2024, and therefore, further details regarding frequency of use, routes of administration and quantity of use are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Methamphetamine Base

Few participants (n≤5) reported recent use of methamphetamine base in 2024, and therefore, further details regarding frequency of use, routes of administration and quantity of use are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Methamphetamine Crystal

Recent Use (past 6 months): Surpassing methamphetamine powder from 2014 onwards, recent use of methamphetamine crystal has been gradually increasing since 2015. In 2024, the majority (87%) of the sample reported recent use in the six months preceding interview, the highest per cent observed since monitoring commenced though similar to the per cent observed in 2019 and 2020 (Figure 5).

Frequency of Use: Of those who had recently consumed methamphetamine crystal and commented in 2024 (n=61), median days of use was 72 days (IQR=48-96) (Figure 6). Most (90%) of those who had recently used crystal reported weekly or more frequent use and one fifth (20%) reported daily use.

Routes of Administration: Among participants who had recently consumed methamphetamine crystal and commented (n=61), all (100%) participants reported injecting methamphetamine crystal, and had done so on a median of 72 days (IQR=48-96). One fifth (20%) reported smoking methamphetamine crystal.

Quantity: The median amount used on a 'typical' day in the past six months was 0.20 grams (IQR=0.10-0.20; n=60). The median maximum amount of methamphetamine crystal used per day in the last six months was 0.30 grams (IQR=0.20-0.40; n=61).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

No participants reported on the price, perceived purity or perceived availability of methamphetamine powder in 2024. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants from 2020 and onwards. For historical information, please refer to the 2019 IDRS National Report, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

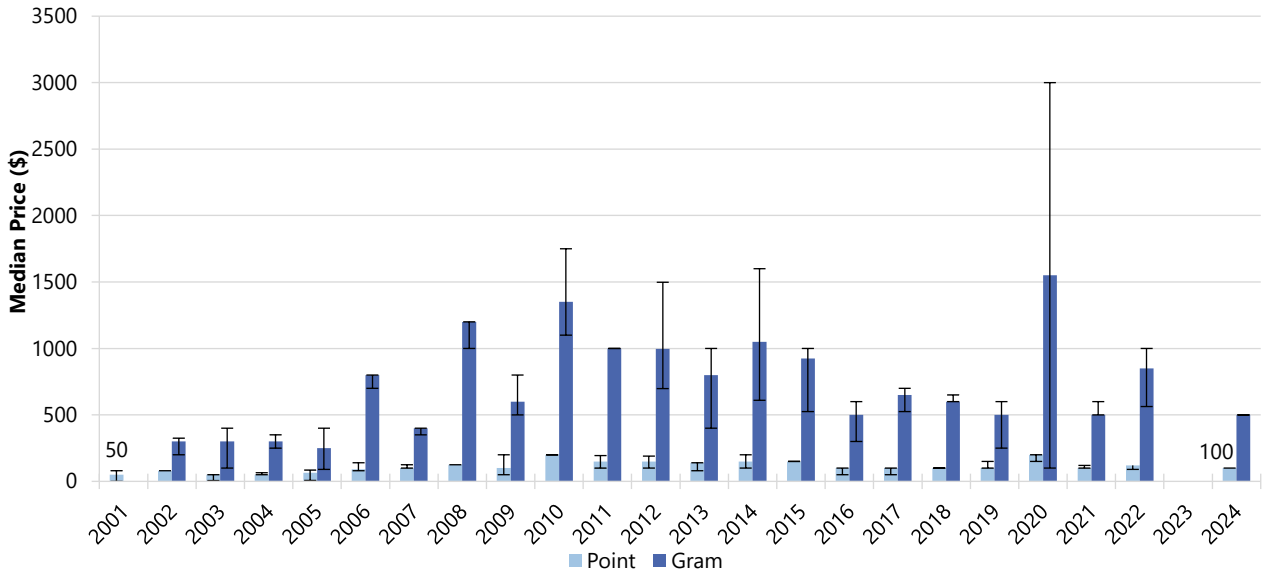
Methamphetamine Crystal

Price: The median price for one point (0.10 of a gram) of methamphetamine crystal was $100 in 2024 (IQR=100-100; n=36) (Figure 7). Few participants (n≤5) reported on the price of a gram in 2024, therefore, these data are suppressed.

Perceived Purity: Among those able to respond in 2024 (n=59), 42% reported 'medium' purity, and 22% reported 'high' purity. Fifteen per cent reported 'low' purity (Figure 8).

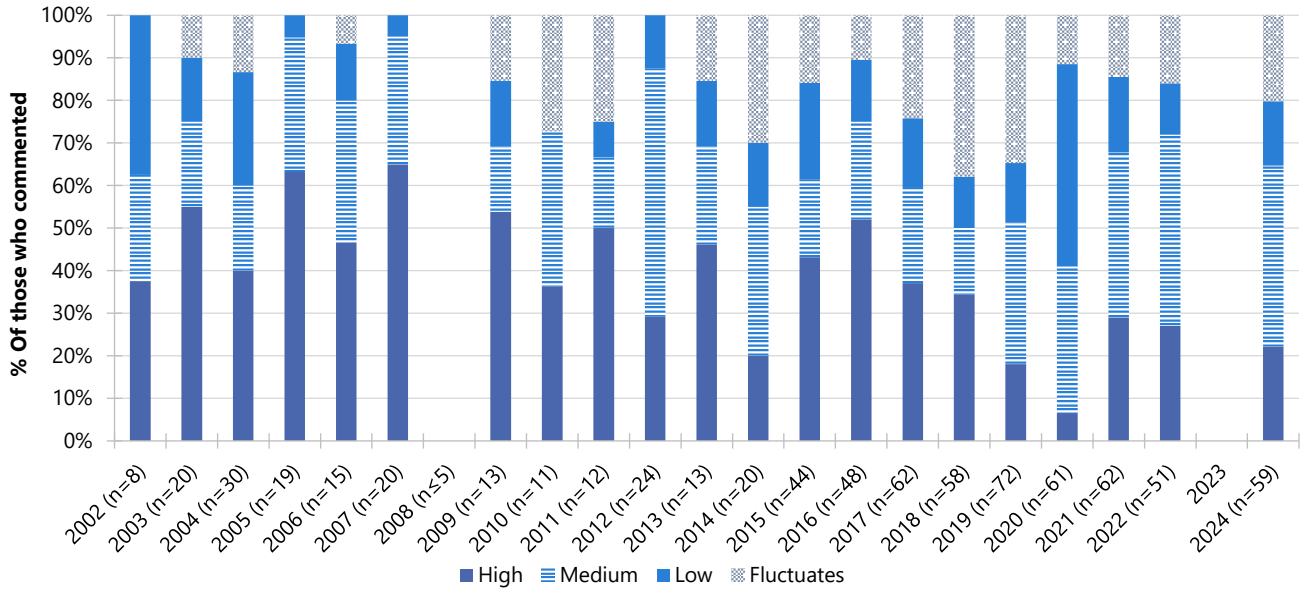
Perceived Availability: Among those able to respond in 2024 (n=59), 56% of participants perceived methamphetamine crystal as being 'very easy' to obtain, followed by 32% reporting that it was 'easy' to obtain (Figure 9).

Figure 7: Median price of methamphetamine crystal per point and gram, Darwin, NT, 2001-2024



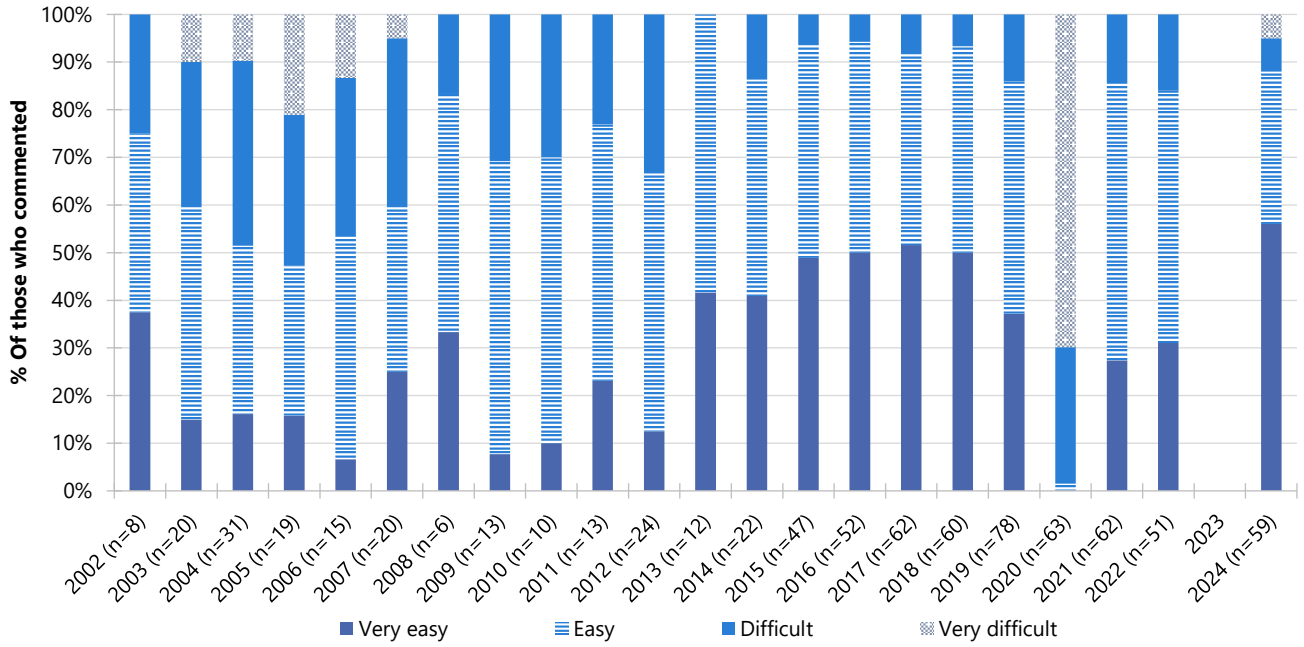
Note. Among those who commented. The error bars represent the IQR. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 8: Current perceived purity of methamphetamine crystal, Darwin, NT, 2002-2024



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Please refer to Table 1 for a guide to table/figure notes.

Figure 9: Current perceived availability of methamphetamine crystal, Darwin, NT, 2002-2024



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Please refer to Table 1 for a guide to table/figure notes.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Cocaine use has remained low over the course of monitoring, with 14% of the Darwin sample reporting recent consumption in 2024.

Frequency of Use

Of those who had recently consumed cocaine and commented in 2024 (n=10), median frequency of use was one day (IQR=1-4) in the preceding six months. Few participants (n≤5) reported using cocaine weekly or more frequently in 2024.

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=10), three fifths (60%) reported snorting cocaine. Few participants (n≤5) reported other routes of administration in 2024.

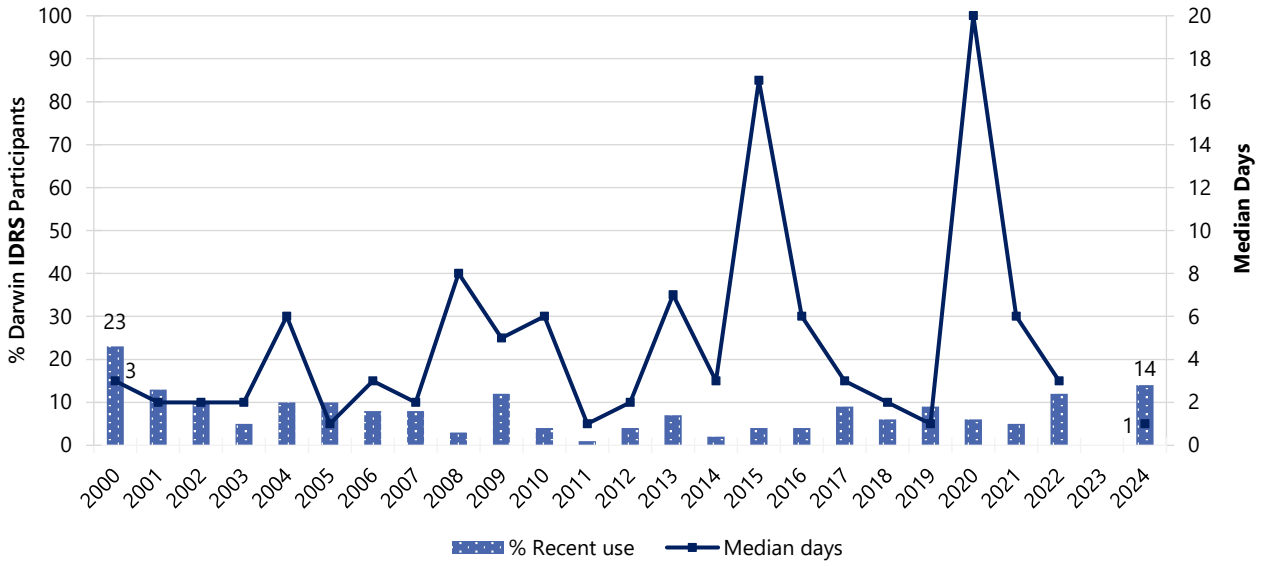
Quantity

Of those who reported recent use and responded in 2024 (n=7), the median amount of cocaine used on a 'typical' day of consumption in the six months preceding interview was 0.30 grams (IQR=0.20-0.50).

Forms Used

Among participants who had recently consumed cocaine and commented in 2024 (n=9), all participants reported using powder cocaine (100%), with few participants (n≤5) reporting use of crack/rock cocaine.

Figure 10: Past six month use and frequency of use of cocaine, Darwin, NT, 2000-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 20 days to improve visibility of trends. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Few participants (n≤5) reported on the price, perceived purity and perceived availability of cocaine, and therefore, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

5

Cannabis and/or Cannabinoid-Related Products

Participants were asked about their recent (past six month) use of various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic'), outdoor-cultivated cannabis ('bush'), hashish, hash oil, commercially prepared edibles and CBD and THC extract.

Terminology throughout this chapter refers to:

• **Prescribed use:** use of cannabis and/or cannabinoid-related products obtained by a prescription in the person's name;
• **Non-prescribed use:** use of cannabis and/or cannabinoid-related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
• **Any use:** use of cannabis and/or cannabinoid-related products obtained through either of the above means.

Patterns of Consumption

From 2022, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. Nine per cent of the Darwin sample reported prescribed use in the six months preceding interview in 2024.

In the remainder of this chapter, data from 2021-2024, and from 2000-2016, refers to non-prescribed cannabis use only, whilst data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). Whilst comparison between 2021-2024 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2024 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

Recent use of non-prescribed cannabis and/or cannabinoid related products gradually declined between 2000 (84%) and 2017 (58%) and has remained relatively stable since. In 2024, 69% of the sample reported use in the six months preceding interview (Figure 11).

Frequency of Use

Frequency of non-prescribed cannabis and/or cannabinoid related product use has fluctuated over the course of monitoring, though has remained stable from 2020 onwards. In 2024, participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=48), reported use on a median of 180 days (IQR=180-180) (Figure 11), with 77% reporting daily use.

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=48), the most common route of administration was smoking (98%). Few participants (n≤5) reported vaporising non-prescribed cannabis and/or cannabinoid-related products, and no participants reported swallowing non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview in 2024.

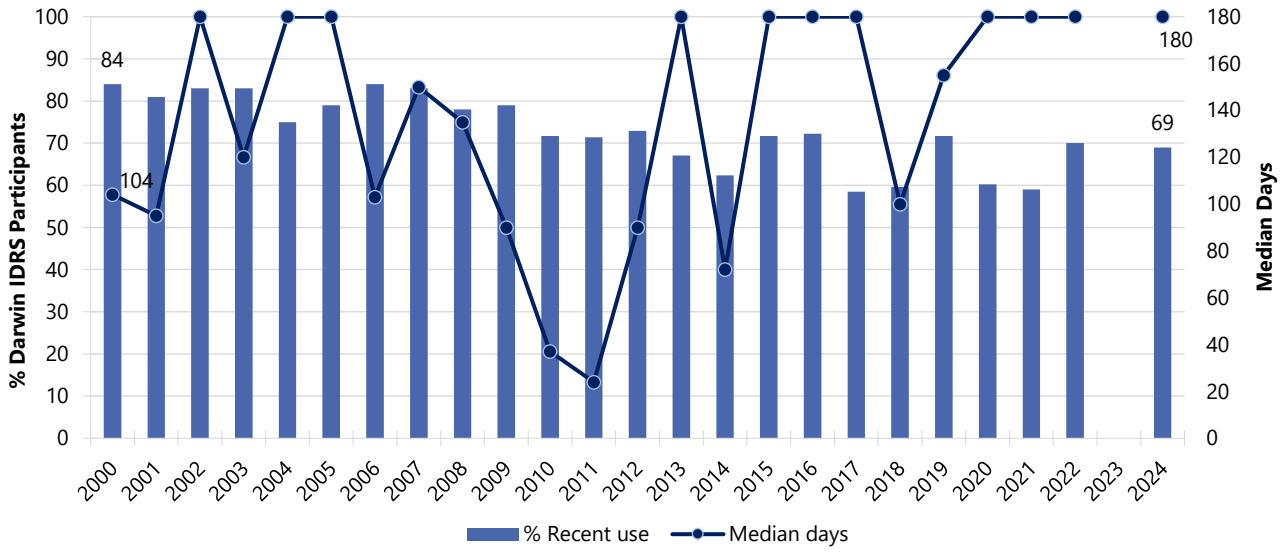
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid related products in 2024, the median 'typical' amount used on the last occasion of use was four cones (IQR=3-10; n=41).

Forms Used

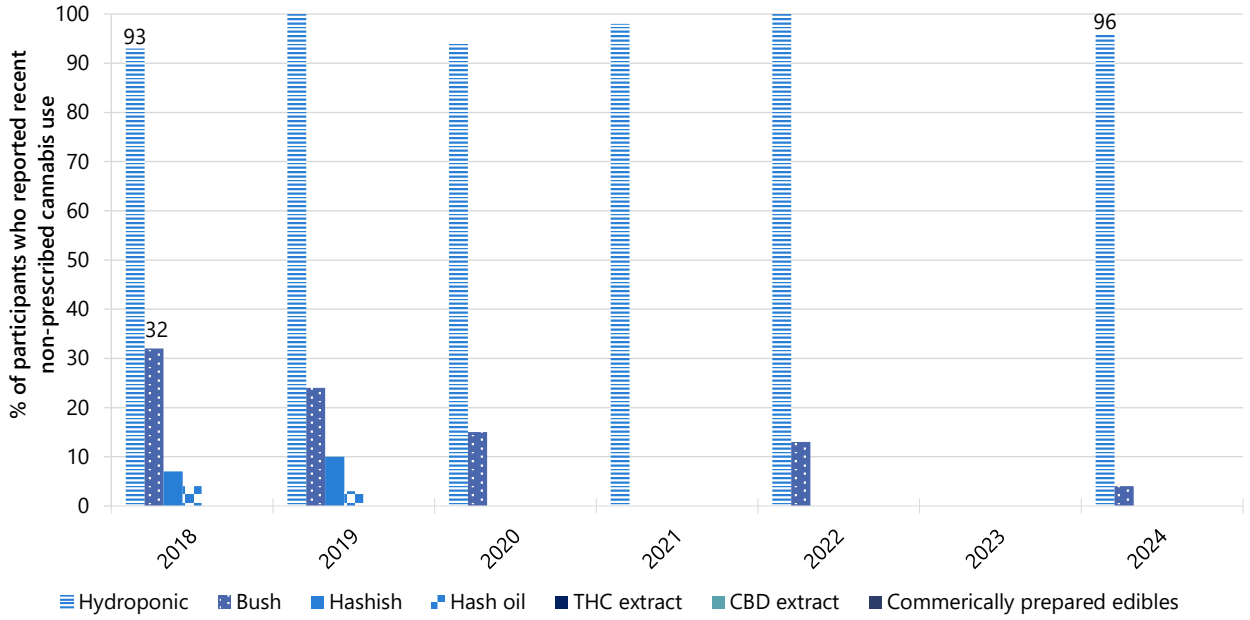
Of those who reported recent use of any non-prescribed cannabis and/or cannabinoid related products and commented (n=48), most (96%) reported recent use of hydroponic cannabis. Few participants (n≤5) reported recent use of bush cannabis and no participants reported recent use of hashish, hash oil, CBD extract, THC extract and commercially prepared edibles in 2024 (Figure 12).

Figure 11: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Darwin, NT, 2000-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australian in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 12: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, Darwin, NT, 2018-2024



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. For historical numbers, please refer to the data tables. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price for one gram of hydroponic cannabis was $30 (IQR=30-30, n=7), remaining unchanged since 2006 (Figure 13).

Perceived Potency: Among those who were able to comment in 2024 (n=35), equal percentages perceived the potency of hydroponic cannabis to be 'high' and 'medium' (40%, respectively) (Figure 14).

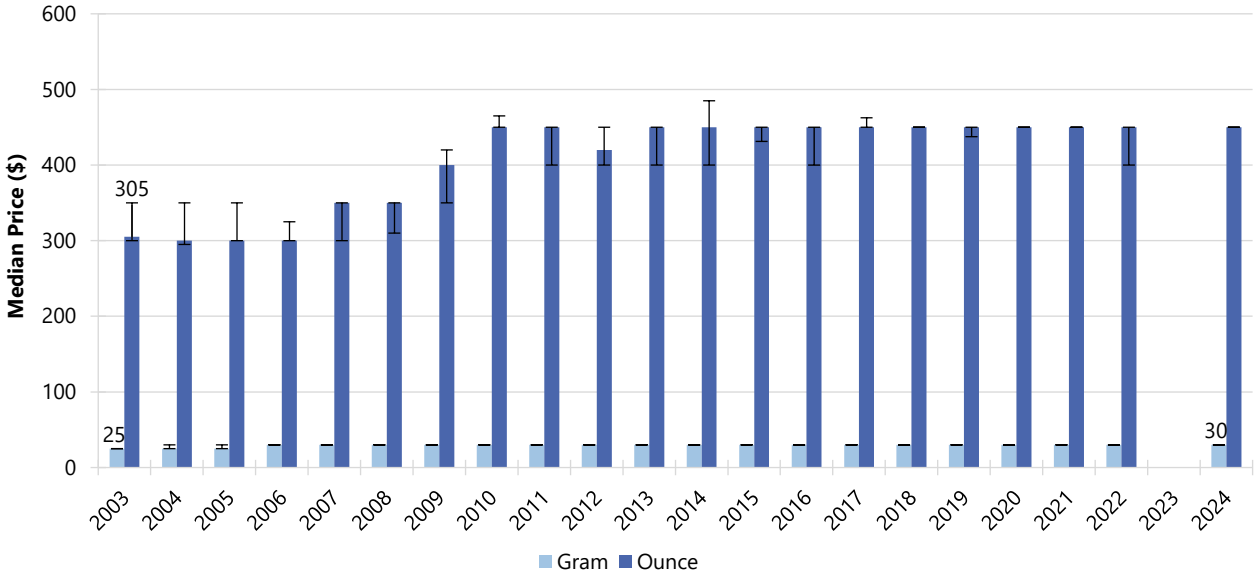
Perceived Availability: Among those who were able to comment in 2024 (n=34), the majority (85%) perceived availability as 'very easy' (Figure 15).

Bush Cannabis

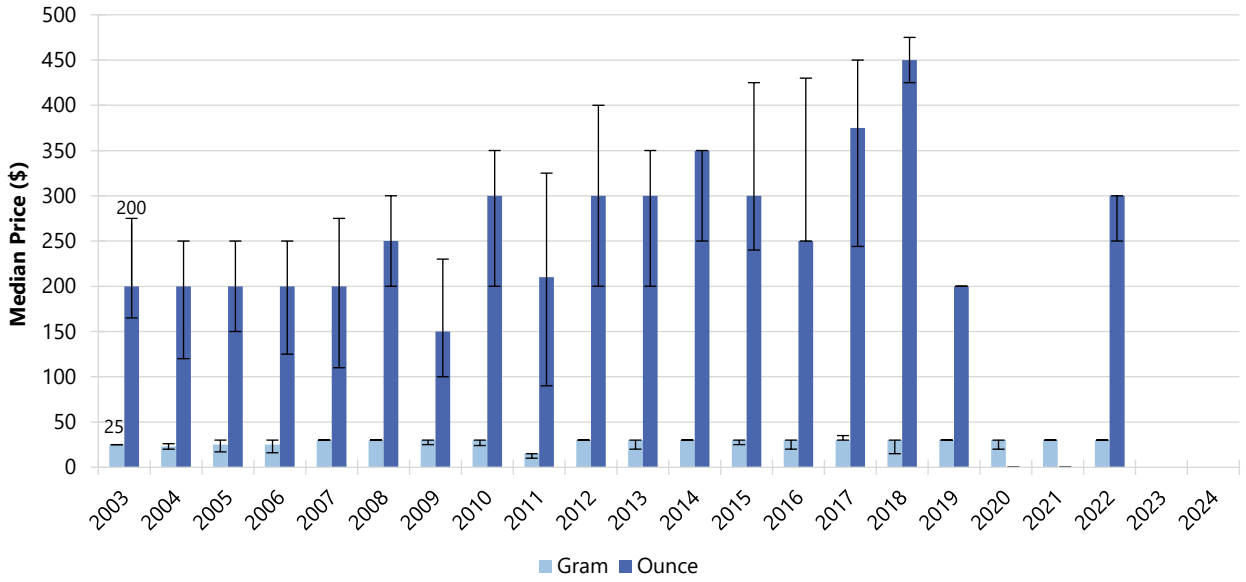
No participants reported on the price, and few participants (n≤5) reported on the perceived potency and availability of bush cannabis. Therefore, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu).

Figure 13: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per gram and ounce, Darwin, NT, 2003-2024

(A) Hydroponic Cannabis

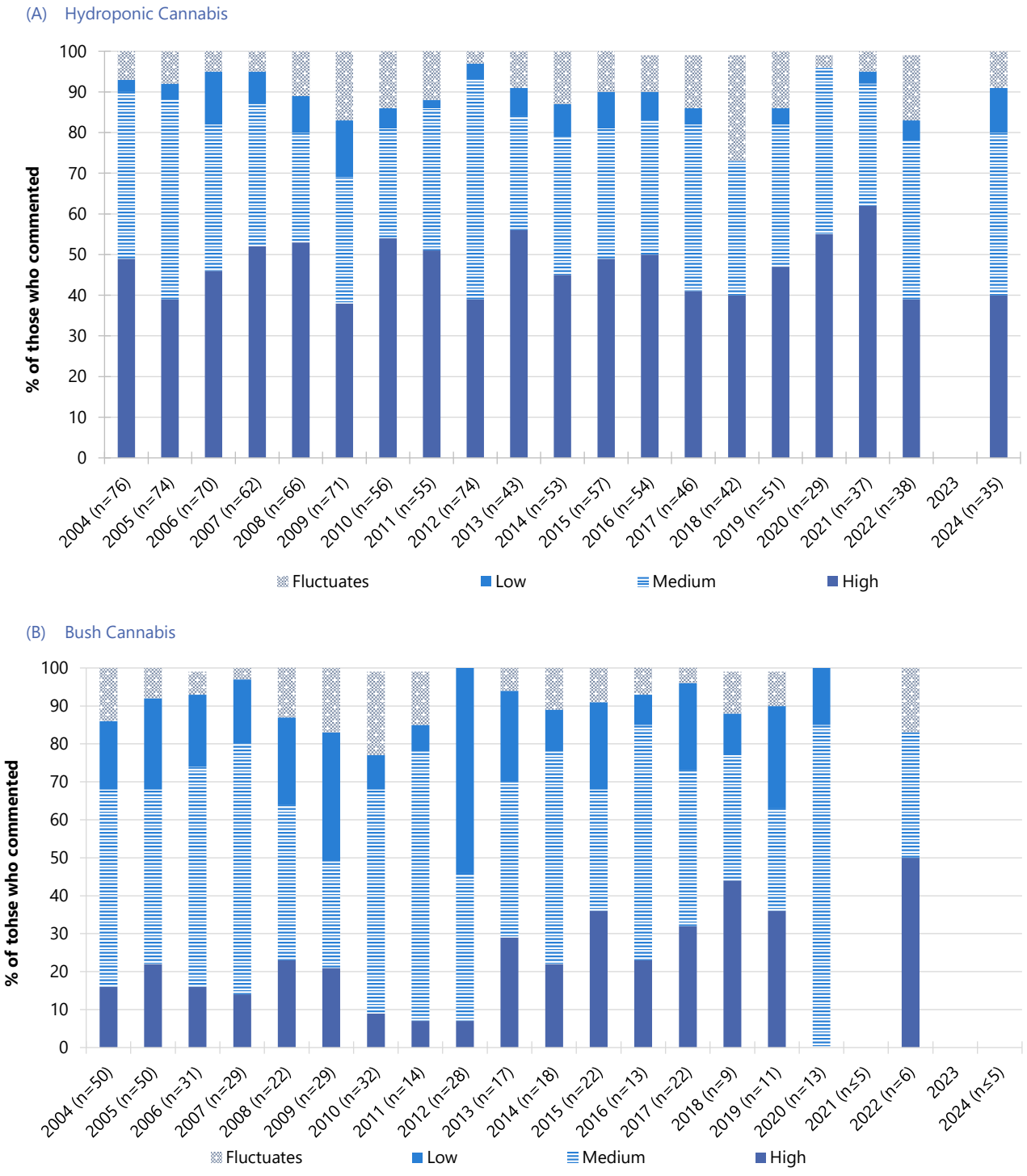


(B) Bush Cannabis



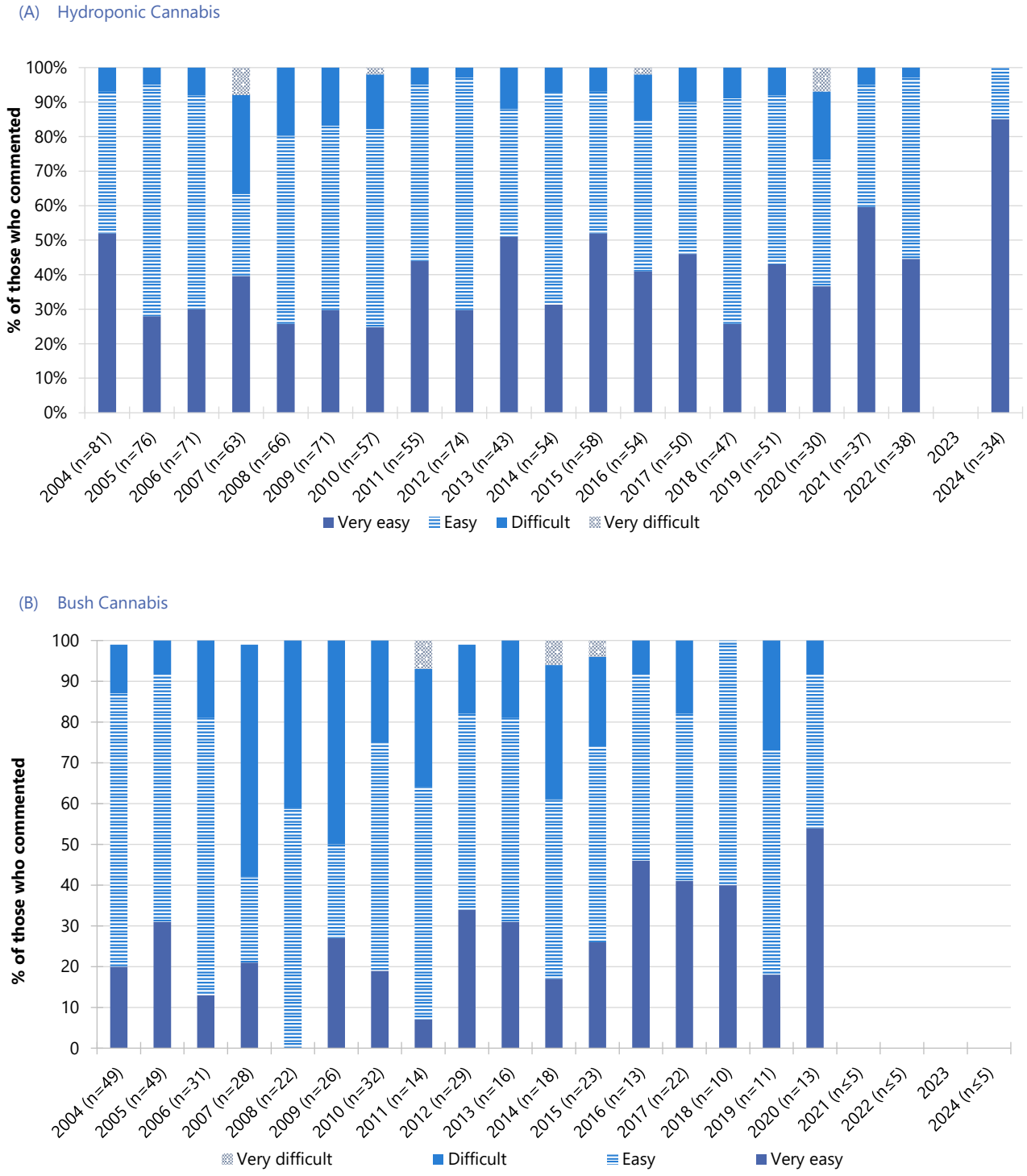
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). Data are suppressed in the figure and data tables where n≤5 responded to the item. The error bars represent the IQR. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 14: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Darwin, NT, 2004-2024



Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 15: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Darwin, NT, 2004-2024



Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Please refer to Table 1 for a guide to table/figure notes.

6

Pharmaceutical Opioids

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

- **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name or via another source (e.g., online); and
- **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team (drugtrends@unsw.edu.au).

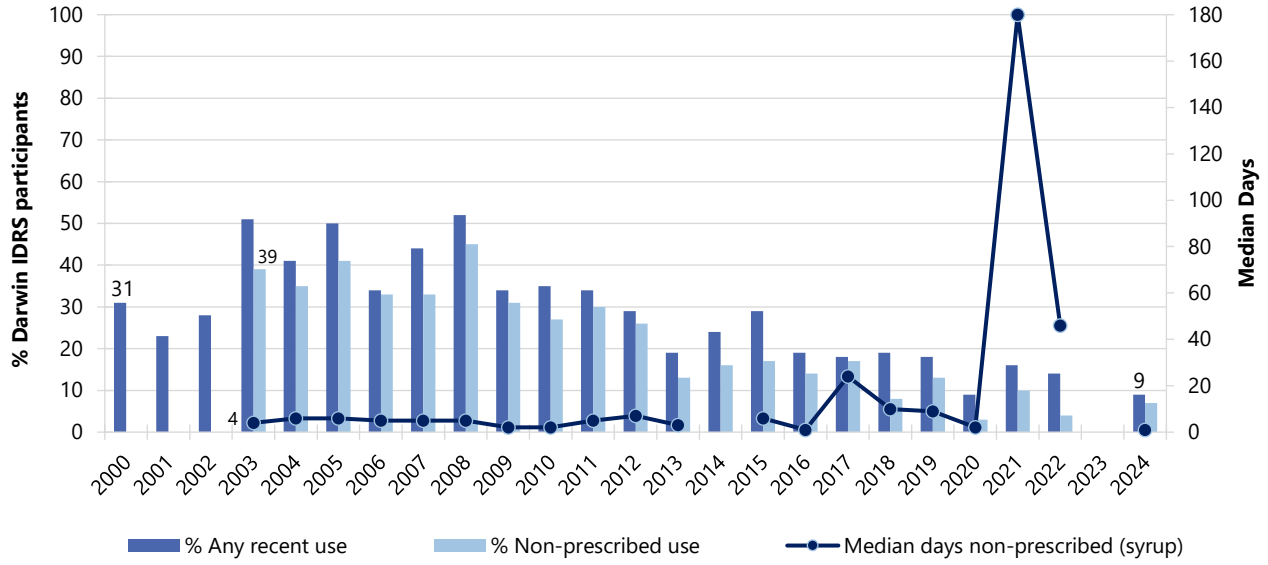
Methadone

Any Recent Use (past 6 months): The per cent reporting any recent methadone use (including syrup and tablets) gradually decreased between 2008 (52%) and 2020 (9%) and has remained relatively stable since. In 2024, one tenth (9%) of the sample reported recent use of any methadone in the six months preceding interview, with few participants (n≤5) reporting recent use of non-prescribed methadone (Figure 16).

Frequency of Use: Due to few participants (n≤5) reporting recent non-prescribed use in 2024, details regarding frequency of use are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Recent Injecting Use: Of those who had recently used any form of methadone in 2024 and commented (n=6), no participants reported injecting methadone.

Figure 16: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Darwin, NT, 2000-2024



Note**.** Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Buprenorphine Tablet

Few participants (n≤5) reported using buprenorphine tablet in the six months prior to interview and therefore no further reporting on patterns of use are included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

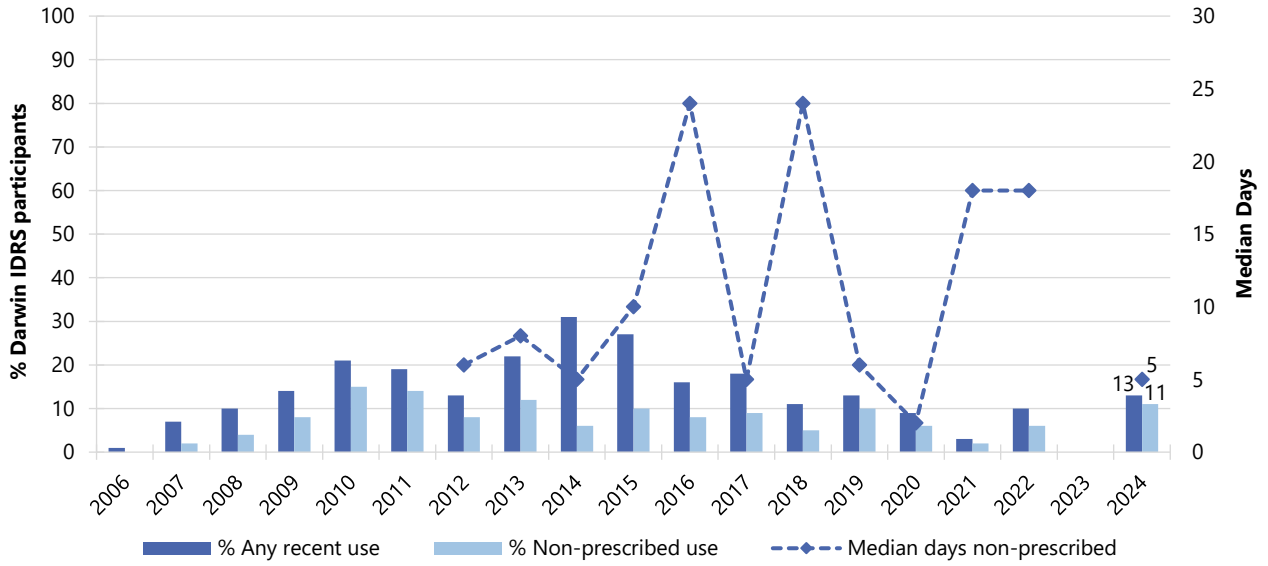
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting any recent buprenorphine-naloxone use gradually decreased between 2014 (31%) and 2021 (3%) and has remained relatively stable since. In 2024, 13% of the sample reported recent use of any form of buprenorphine-naloxone, with 11% reporting recent non-prescribed use (Figure 17).

Frequency of Use: Frequency of use has fluctuated over the course of monitoring. In 2024, participants who had recently consumed non-prescribed buprenorphine-naloxone and commented (n=8) reported use on a median of five days (IQR=1-11) in the past six months.

Recent Injecting Use: Of those who had recently used any form of buprenorphine-naloxone and commented (n=9), few participants (n≤5) reported injecting buprenorphine-naloxone; frequency of injection is therefore not reported.

Figure 17: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Darwin, NT, 2006-2024



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Secondary Y axis reduced to 30 days to improve visibility of trends. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

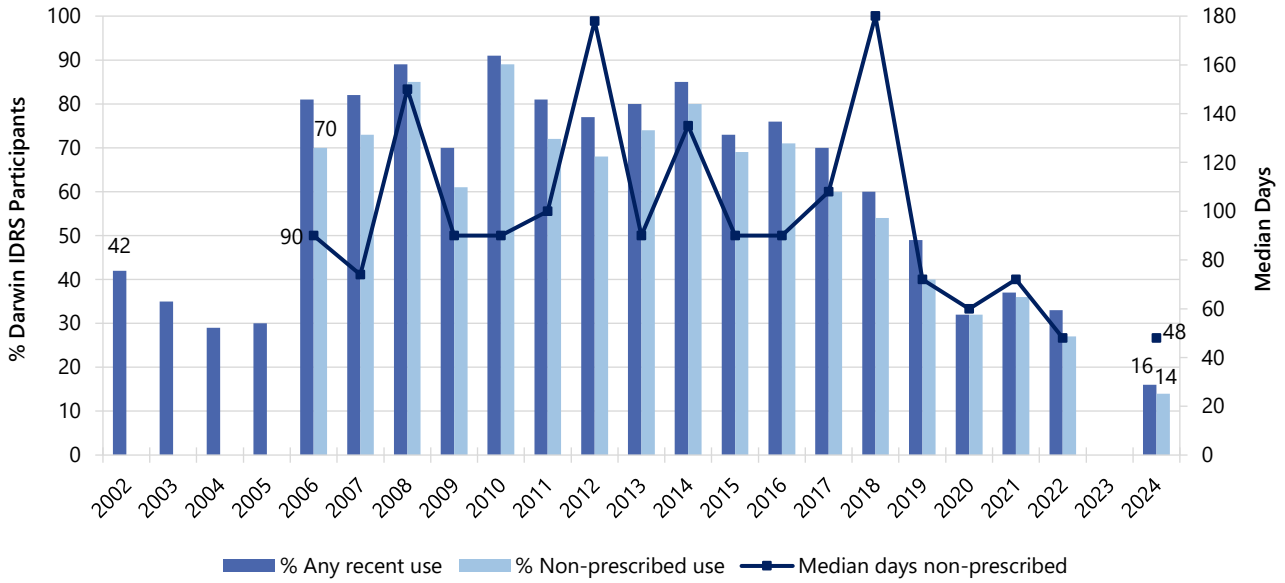
Morphine

Any Recent Use (past 6 months): The Darwin sample has observed a downward trend in recent use of morphine since peaking in 2010 (91%). In 2024, recent use of any morphine was reported by 16% of the sample, the lowest percentage observed since monitoring commenced (Figure 18). Consistent with previous years, this mostly comprised non-prescribed use (14%).

Frequency of Use: Frequency of non-prescribed morphine use has fluctuated over time, though has been decreasing since 2018. In 2024, participants who had recently consumed non-prescribed morphine and commented (n=10) reported use on a median of 48 days (IQR=21-95) (Figure 18).

Recent Injecting Use: Of those who had recently used any morphine in 2024 and commented (n=11), all participants reported injecting morphine (100%) on a median of 90 days (IQR=30-180).

Figure 18: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Darwin, NT, 2002-2024

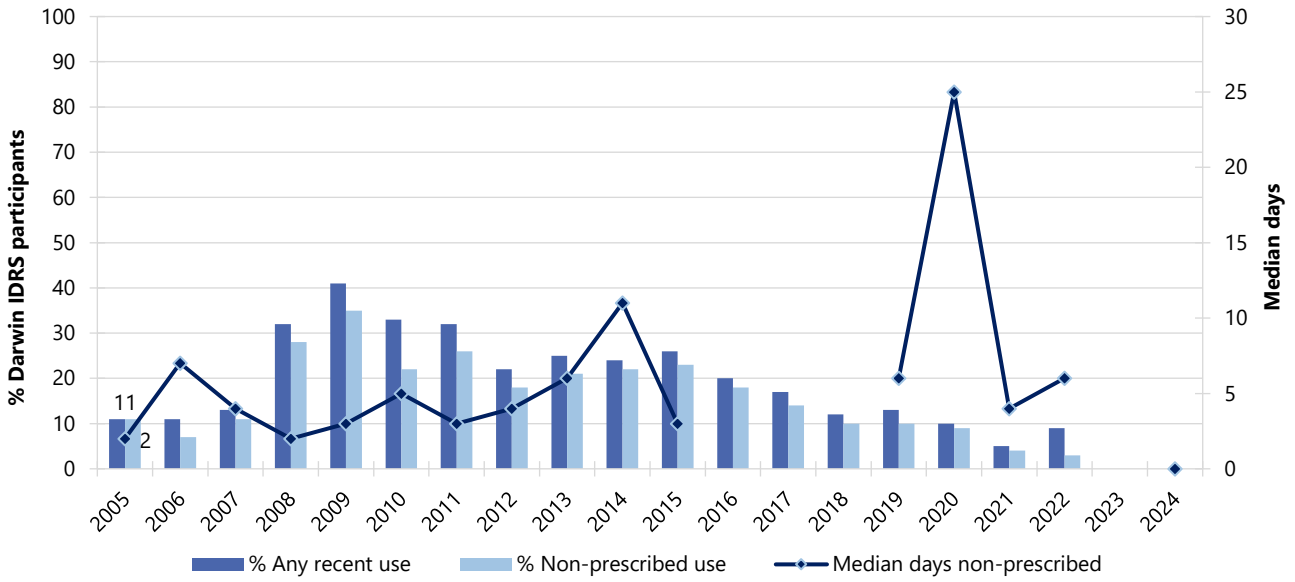


Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Median days rounded to the nearest whole number. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Oxycodone

No participants reported recent use of any oxycodone in 2024, therefore, details regarding frequency of use and recent injecting use are not reported. Please refer to Figure 19 for historical trends in the Darwin sample, and the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 19: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Darwin, NT, 2005-2024

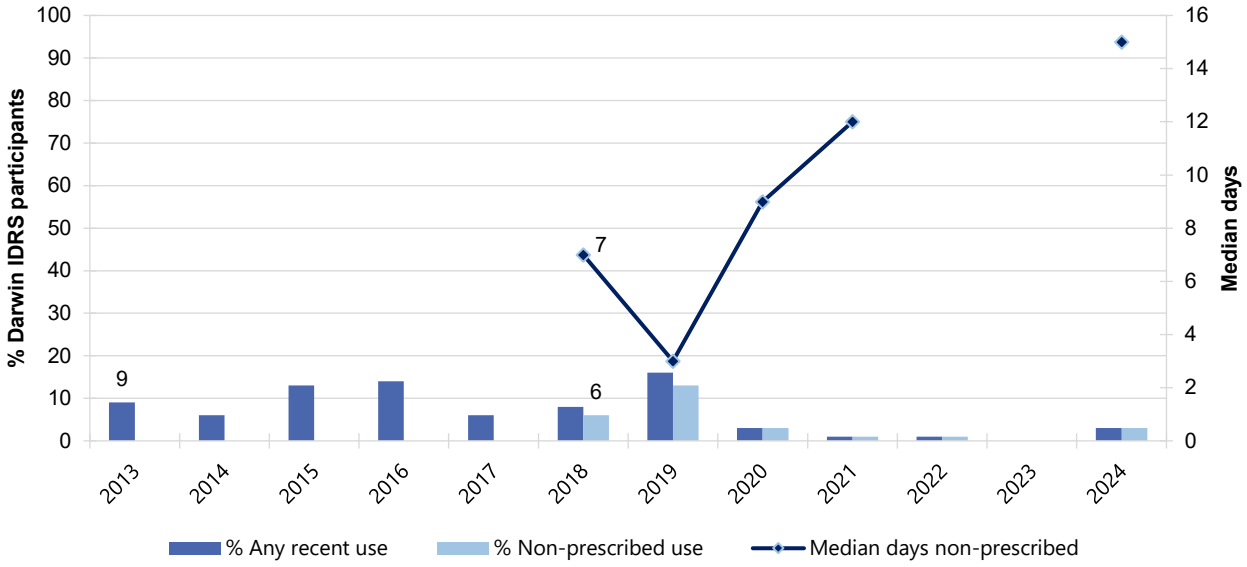


Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019-2022, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. From 2023 onwards, participants were asked about recent use and frequency of use for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 30 days to improve visibility of trends. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Fentanyl

Few participants (n≤5) reported any fentanyl use in the six months prior to interview, therefore no further details regarding patterns of use are included. A historical overview of trends is presented below in Figure 20. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 20: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Darwin, NT, 2013-2024



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 16 days to improve visibility of trends. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 3). In 2024, few participants (n≤5) reported recent use of codeine and tapentadol, and no participants reported recent use of tramadol. See Figure 20 in the Northern Territory IDRS 2019 Report for more detailed data on use of codeine.

Table 3: Past six month use of other opioids, Darwin, NT, 2019-2024

% Recent Use (past 6 months)	2019 (N=99)	2020 (N=78)	2021 (N=94)	2022 (N=70)	2023	2024 (N=70)
Codeine^						
Any use	25	-	-	-	~	-
Non-prescribed use	10	-	0	-	~	-
Any injection#	-	0	-	0	~	**0**
Tramadol						
Any use	16	-	-	-	~	**0**
Non-prescribed use	8	-	-	-	~	**0**
Any injection#	0	-	0	0	~	**0**
Tapentadol						
Any use	0	-	0	0	~	-
Non-prescribed use	0	-	0	0	~	**0**
Any injection#	0	-	0	0	~	**0**

Note. ^Includes high and low dose. #Of those who reported past six month use. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

7

Other Drugs

Participants were asked about their recent (past six month) use of various other drugs, including use of new psychoactive substances, non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name) of other pharmaceutical drugs, and use of licit substances (e.g., alcohol, tobacco).

New Psychoactive Substances (NPS)

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

No participants reported using any NPS in the six months prior to interview in 2024 (Table 4). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 4: Past six-month use of new psychoactive substances, Darwin, NT, 2013-2024

% Recent Use (past 6 months)	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99	2020 N=78	2021 N=94	2022 N=69	2023 N=46	2024 N=70
'New' drugs that mimic the effects of opioids	/	/	/	/	-	-	-	0	0	-	~	**0**
'New' drugs that mimic the effects of ecstasy	/	/	/	/	0[#]	0	-	0	0	0	~	**0**
'New' drugs that mimic the effects of amphetamine or cocaine	-	-	-	-	0	-	0	0	0	0	~	**0**
'New' drugs that mimic the effects of cannabis	8	-	12	-	0	11	13	-	0	-	~	**0**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	0[#]	0	0	0	0	0	~	**0**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0	0	0	0	0	~	**0**
Any of the above	11	-	13	7	-	8	9	6	0	-	~	**0**

Note. [#]In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drug. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

From 2019 to 2023, participants were asked about their use of non-prescribed alprazolam and non-prescribed use of 'other' benzodiazepines (e.g., diazepam), separately. In 2024, these categories were combined, and as such, participants were asked about non-prescribed use of any benzodiazepines.

Despite some fluctuation, non-prescribed benzodiazepine use has gradually declined since monitoring commenced (Figure 21). Few participants (n≤5) reported recent use of non-prescribed benzodiazepines in 2024, therefore no further details regarding patterns of use are included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants (e.g., Ritalin, dexamphetamine, Modafinil, Concerta, Vyvanse) peaked in 2015 (24%), and has since declined gradually (Figure 21). In 2024, 9% of the sample reported recent use of non-prescribed pharmaceutical stimulants.

Frequency of Use: Among those who reported recent use and commented (n=6), the median frequency of use was one day (IQR=1-3) in the six months preceding interview.

Recent Injecting Use: Few participants (n≤5) reported recent injection of non-prescribed pharmaceutical stimulants in 2024. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Antipsychotics

In 2024, few participants (n≤5) reported recent use of non-prescribed antipsychotics, therefore no further details regarding patterns of use are included (Figure 21). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

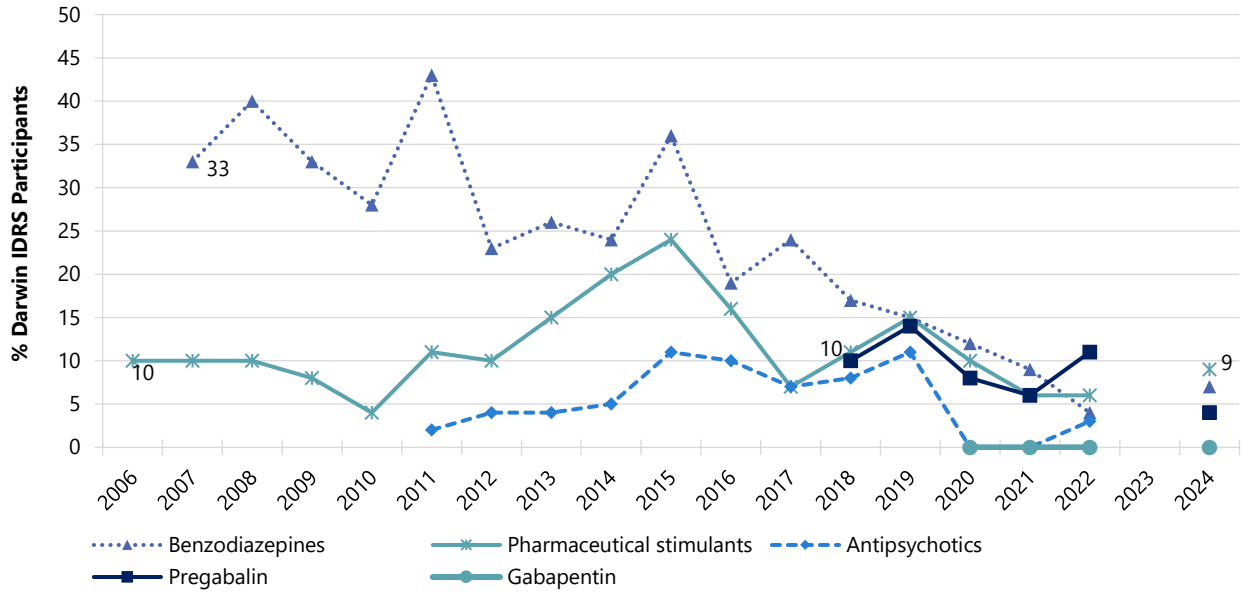
Pregabalin

In 2024, few participants (n≤5) reported recent use of non-prescribed pregabalin, therefore no further details regarding patterns of use are included (Figure 21). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Gabapentin

No participants reported using non-prescribed gabapentin in the six months prior to interview in 2024 (Figure 21). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 21: Past six month use of non-prescribed pharmaceutical drugs, Darwin, NT, 2006-2024



Note. Non-prescribed use is reported. Antipsychotics was asked as 'Seroquel' from 2011-2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Y axis reduced to 50% to improve visibility of trends. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Recent use of alcohol has remained relatively stable over the course of monitoring. In 2024, half (53%) of the sample reported consuming alcohol in the past six months (Figure 22).

Frequency of Use: Among those who reported recent use and commented in 2024 (n=37), the median frequency of use was 12 days (IQR=6-72), with almost one fifth (19%) reporting daily consumption.

Tobacco

In 2024, questions about illicit tobacco were included for the first time. Illicit tobacco was defined as products sold illegally without the necessary taxes added to the price.

Recent Use (past 6 months): Consistent with previous years, the majority (89%) of participants had used tobacco in the previous six months (Figure 22). Few participants (n≤5) reported recent use of illicit tobacco, and therefore no further reporting on patterns of use is included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Frequency of Use: Among those who reported recent use and commented in 2024 (n=62), the median frequency of use was 180 days (IQR=180-180; n=62), with 97% reporting daily use.

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. No participants reported recent use of prescribed e-cigarettes in 2024. The data presented from 2022 to 2024 refers to non-prescribed e-cigarette use, while data for 2021 and earlier years refers to any e-cigarette use.

Recent Use (past 6 months): One tenth (11%) of the sample reported recent use of non-prescribed e-cigarettes in 2024 (Figure 22).

Frequency of Use: Among those who reported recent non-prescribed use and commented in 2024 (n=8), the median frequency of use was 18 days (IQR=6-81), with few participants (n≤5) reporting daily use.

Contents and Forms Used: Among those who reported recent non-prescribed use and commented (n=8), three quarters (75%) reported using e-cigarettes that contained nicotine and most reported using disposable devices (88%). Few participants (n≤5) reported using re-fillable devices.

Few participants (n≤5) reported vaping substances other than nicotine/vape juice, therefore no further details regarding patterns of use are included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Reason for Use: Thirteen per cent of those who had recently used any (i.e., prescribed or non-prescribed) e-cigarettes in 2024 reported that they had used e-cigarettes as a smoking cessation tool.

Nicotine Pouches

No participants reported using nicotine pouches in the six months preceding interview in 2024 (Figure 22). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Kava

No participants reported recent use of kava in 2024 (Figure 22). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Steroids

Few participants (n≤5) reported using non-prescribed steroids in the six months preceding interview in 2024, therefore no further details regarding patterns of use are included (Figure 22). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

GHB/GBL/1, 4-BD

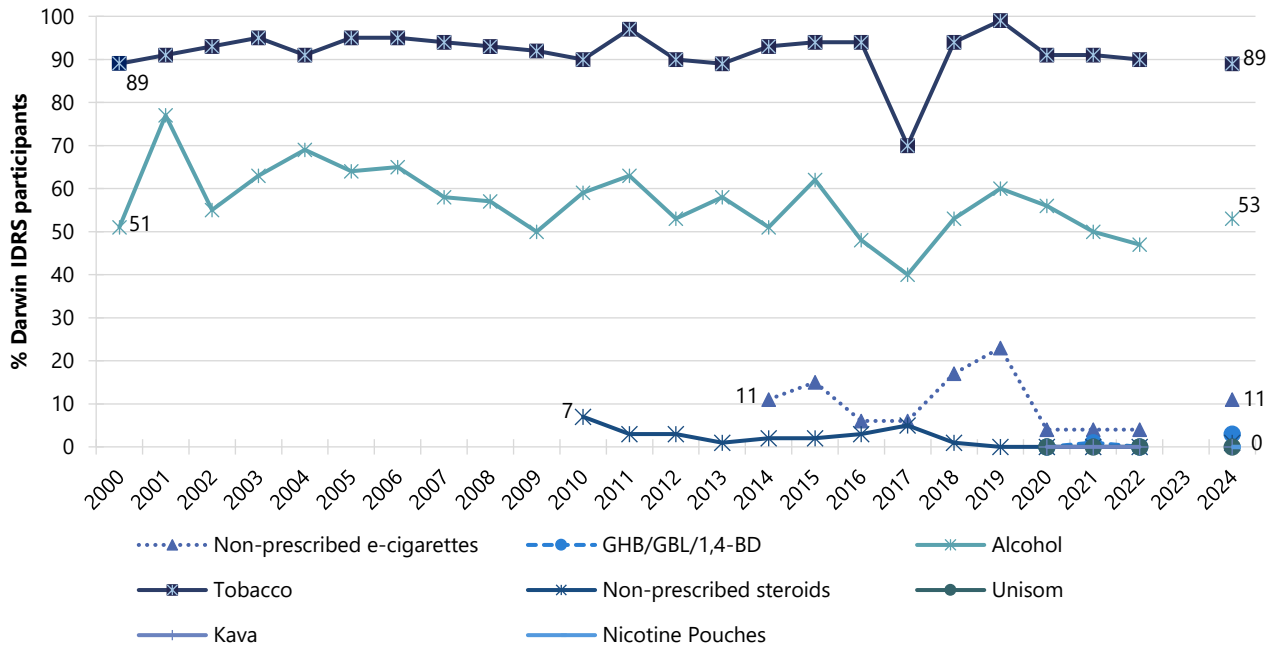
Few participants (n≤5) reported using GHB/GBL/1, 4-BD in the six months prior to interview, therefore no further details regarding patterns of use are included (Figure 22). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Unisom

Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been reports of injecting use in Australia, raising concern of attendant injecting-related injuries.

In 2024, no participants reported using Unisom in the six months prior to interview (Figure 22). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 22: Past six month use of licit and other drugs, Darwin, NT, 2000-2024



Note. Regarding e-cigarette use, on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

8

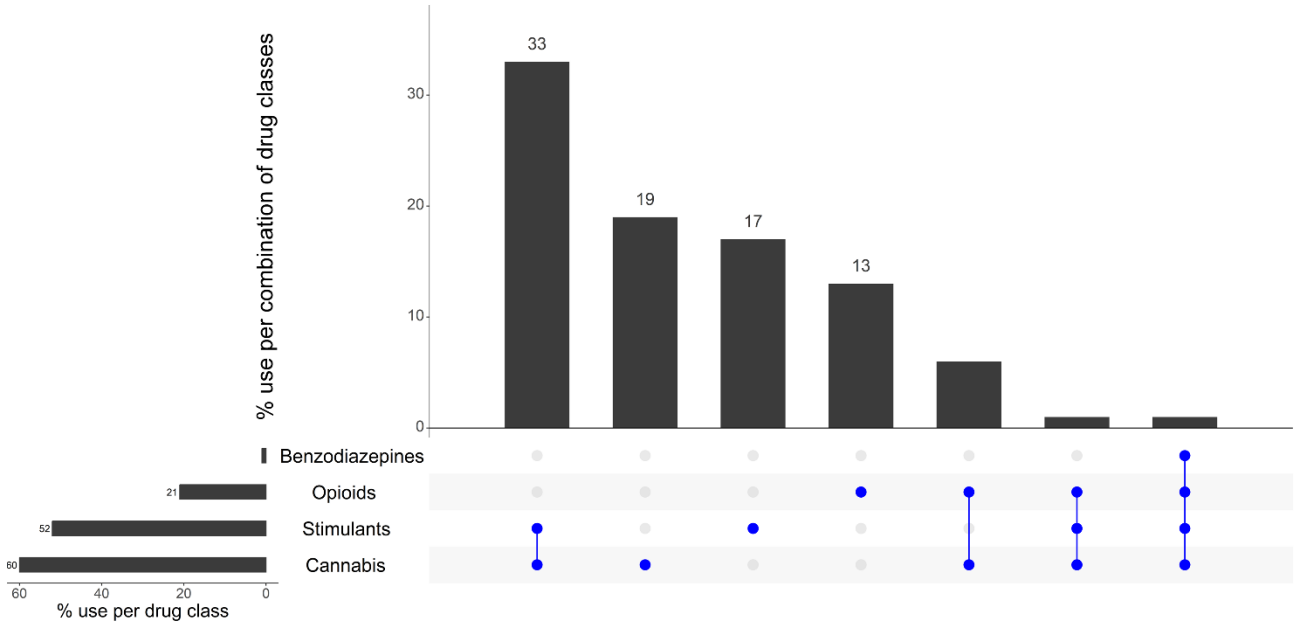
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2024, 94% of participants reported using one or more drugs (including alcohol and prescription medications, but excluding tobacco and e-cigarettes) on the day preceding interview, whilst 61% reported using two or more drugs. Of those who reported using one or more drugs (n=66), the most commonly used substances were cannabis (64%) and stimulants (56%).

One third (33%) of participants reported concurrent use of cannabis and stimulants on the day preceding interview. One fifth (19%) reported using cannabis only and 17% reported using stimulants only (Figure 23).

Figure 23: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Darwin, NT, 2024

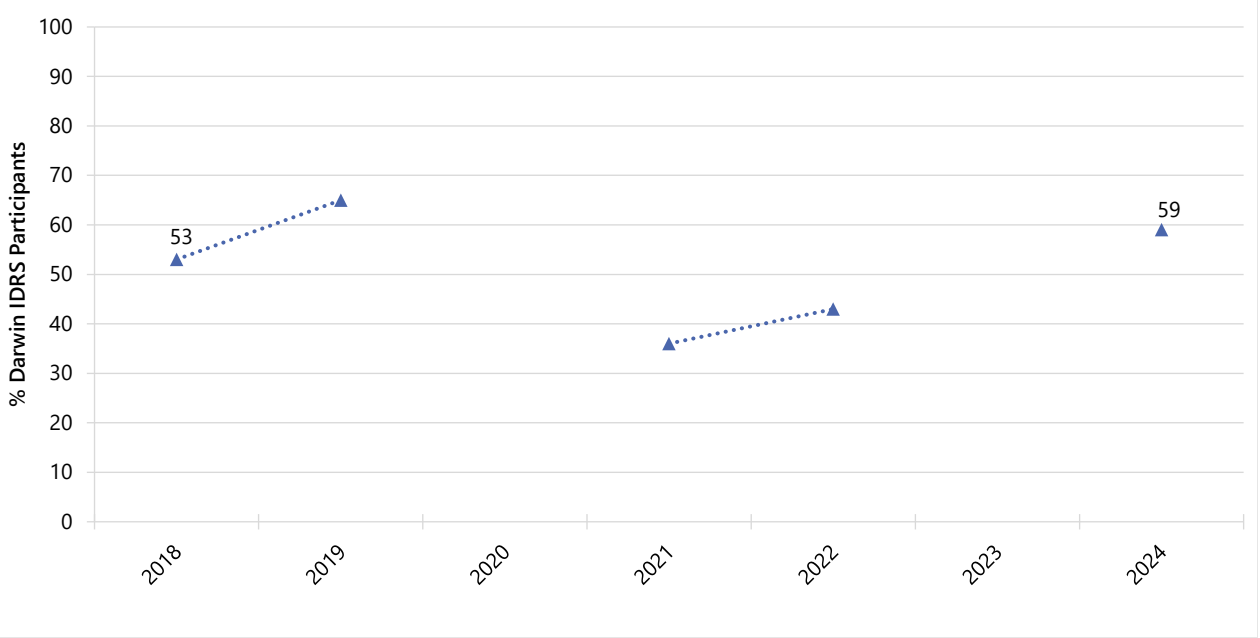


Note. % calculated out of total IDRS 2024 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 35% to improve visibility of trends.

Binge Drug Use

Participants were asked whether they had used any drug/s for 48 hours or more continuously without sleep (i.e., binged) in the six months preceding interview. In 2024, almost three fifths (59%) of the Darwin sample had binged on one or more drugs in the preceding six months (Figure 24).

Figure 24: Past six month use of drugs for 48 hours or more continuously without sleep ('binge'), Darwin, NT, 2018-2024



Note. Participants were first asked about bingeing in 2018 and were not asked about bingeing in 2020. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Overdose Events

Non-Fatal Overdose

There has been some variation in the way questions about overdose have been asked over the years, which may account for some variation in estimates.

From 2019 onwards, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following:

- **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and
- **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample.

Each year, we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried

Consistent with previous years, few participants (n≤5) reported experiencing a non-fatal overdose in the previous 12 months in 2024. Accordingly, information about overdose is not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months. The AUDIT-C is a modified version of the 10 question AUDIT instrument, comprising three questions and is scored on a scale of 0-12.

The mean score on the AUDIT-C for the total sample (including participants who had not consumed alcohol in the past 12 months) was 2.9 (SD 3.5) in 2024.

AUDIT-C scores of ≥4 (men) and ≥3 (women) are likely to indicate hazardous drinking, and potentially, alcohol dependence (Table 5). In 2024, one third (33%) of male participants had obtained a score of four or more, and one third (35%) of female participants had obtained a score of three or more, indicative of hazardous use.

Table 5: AUDIT-C total scores and per cent of participants scoring above recommended levels, Darwin, NT, 2010-2024

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Men														
Mean AUDIT-C score (SD)	4.1 (3.9)	4.7 (4.1)	4.1 (4.1)	6.2 (4.3)	4.9 (3.8)	4.9 (4.0)	3.9 (3.7)	4.1 (4.1)	3.8 (3.6)	4 (4.1)	8.8 (3.1)	7.3 (2.8)	3.3 (4.3)	~	**2.8 (3.1)**
Score of ≥4 (%)	46	48	49	67	58	61	45	41	47	47	93	94	38	~	**33**
	Women														
Mean AUDIT-C score (SD)	3.6 (3.7)	3.4 (3.4)	2.9 (3.8)	2.5 (3.8)	4.5 (4.5)	3.5 (4.1)	2.9 (3.6)	3 (3.3)	2.8 (3.1)	3.2 (4.2)	7.9 (2.8)	6.9 (3.2)	2.1 (3.1)	~	**2.7 (3.8)**
Score of ≥3 (%)	54	52	39	28	53	40	40	40	43	37	94	94	33	~	**35**

Note. Monitoring of AUDIT-C commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: Awareness of naloxone gradually decreased between 2017 (85%) and 2020 (49%), before subsequently stabilising. In 2024, two fifths (40%) of participants reported having heard of naloxone (Figure 25).

Awareness of Take-Home Naloxone: Two fifths (39%) of participants reported awareness of take-home naloxone in 2024 (Figure 25). In 2024, no participants reported having heard of paid access, however, almost two fifths (37%) reported having heard of free access.

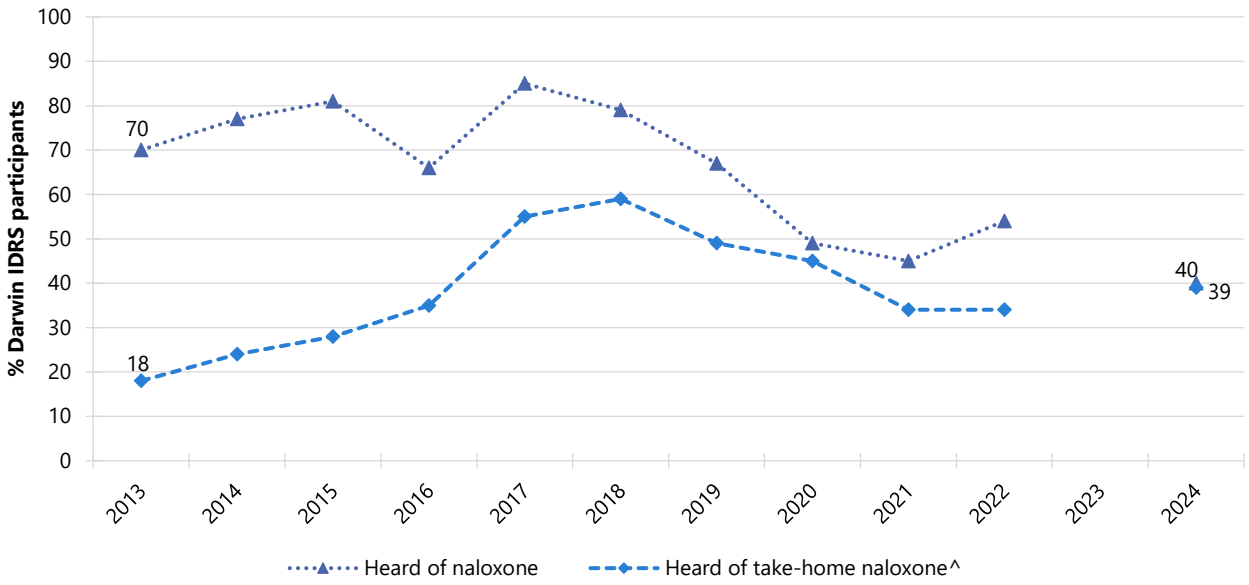
Obtained Naloxone: One tenth (11%) of participants reported having ever obtained naloxone in 2024, with 10% of the total sample having done so in the past year (Figure 26). Among those that had ever accessed naloxone and responded (n=8), most participants reported accessing naloxone from a NSP (88%) the last time. All participants (100%) reported that they did not have to pay the last time they accessed naloxone.

No participants reported that they had tried to obtain naloxone in their lifetime but had been unsuccessful (note: a small per cent of participants reported never trying to obtain naloxone despite having obtained it in their lifetime – this could reflect that they had been given naloxone, but never actively sought it out). Out of those who had either ever had trouble obtaining naloxone or never obtained naloxone (n=59), the main reason comprised 'don't use opioids' (27%). Few participants (n≤5) cited other reasons.

Education on Using Naloxone: In 2024, 16% of the sample reported participation in naloxone training programs in their lifetime, with 9% of the sample reporting having done so in the past year (Figure 26).

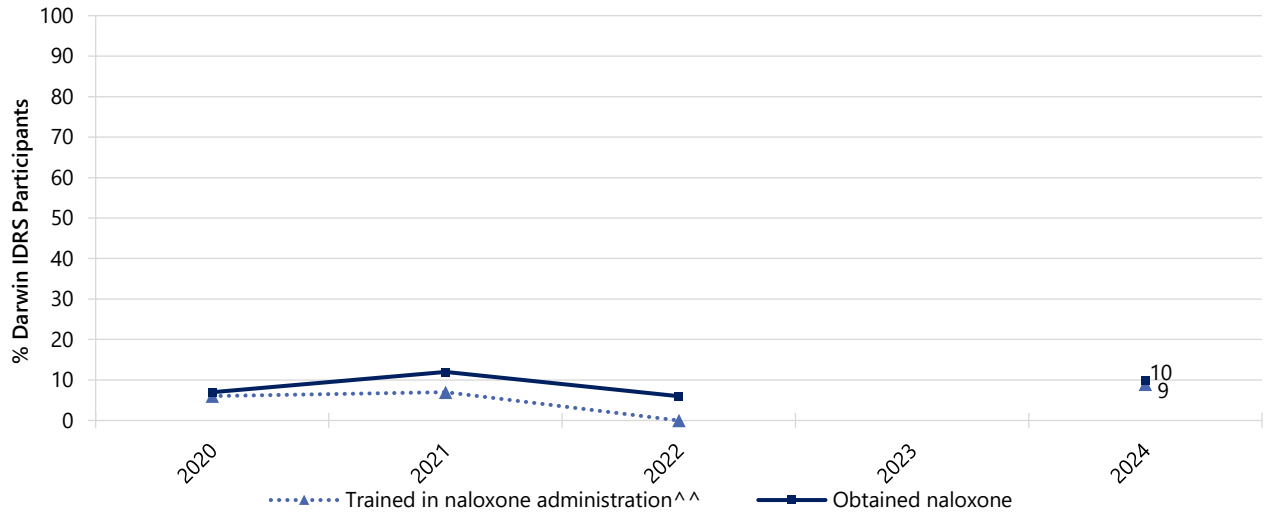
Use of Naloxone to Reverse Overdose: In 2024, no participants reported that they had resuscitated someone using naloxone or that they had been resuscitated themselves by a peer using naloxone in the past year. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 25: Lifetime awareness of naloxone and naloxone take-home programs, Darwin, NT, 2013-2024



Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 26: Past 12 month education in naloxone administration, and obtainment of naloxone, Darwin, NT, 2020-2024:



Note. ^^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2020-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023 onwards). Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Equipment Access and Injecting Behaviours

Equipment Access

In 2024, participants reported obtaining a median of 100 new needle and syringes in the month prior to interview (IQR=44-200), having a median of 10 needles and syringes 'stored away' (IQR=2-60) and providing a median of 20 needles and syringes to others (IQR=5-50).

Few participants (n≤5) reported difficulties obtaining new needles/syringes and filters in the past month (Table 6). The majority (99%) of participants reported that they had obtained needles from a Needle and Syringe Program in the month preceding interview, and one quarter (25%) had obtained them from a Needle and Syringe Program vending machine (25%).

Injecting Behaviours

In 2024, few participants reported receptive or distributive (n≤5, respectively) needle sharing in the month prior to interview (Figure 27), while one fifth (19%) had reused their own needle.

One quarter (24%) of participants reported that they had injected someone else after injecting themselves and 14% were injected by someone else in the past month (Table 7). Sharing of other injecting equipment remained low, with few participants (n≤5) reporting sharing in 2024 (Table 7).

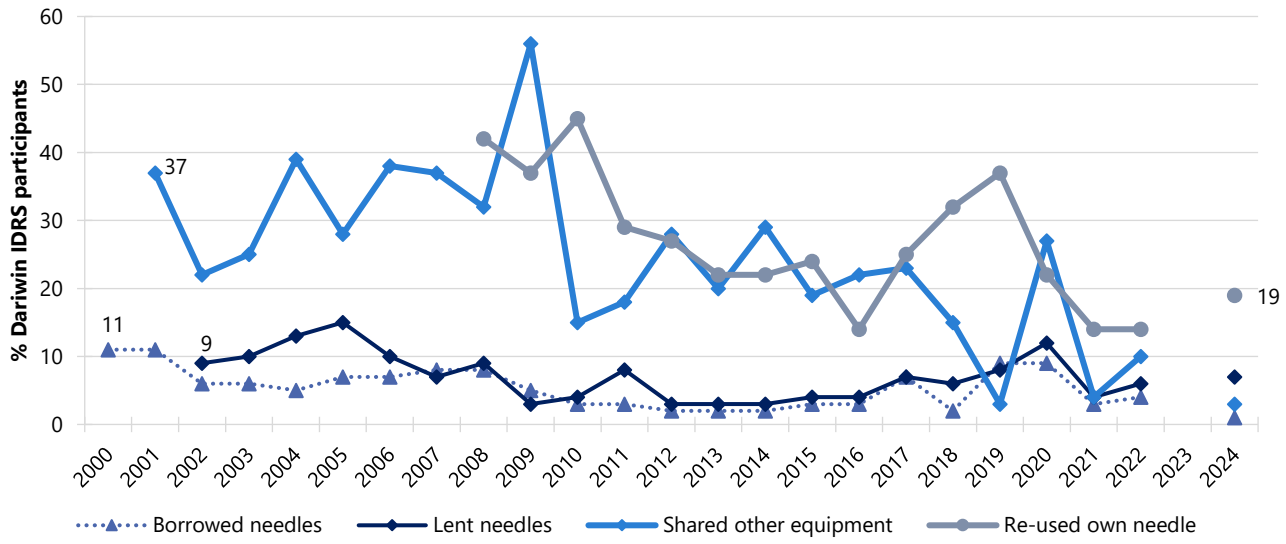
As in previous years, the majority of participants (93%) had most recently injected in a private home (Table 7).

Table 6: Injecting equipment access in the past month, Darwin, NT, 2023-2024

Darwin, NT		
	2023	2024 (N=69)
% Location of needle/syringe access past month		
NSP	~	**99**
NSP vending machine	~	**25**
Chemist	~	**-**
Friend/partner	~	**-**
Dealer	~	**-**
Hospital	~	**0**
Outreach/peer worker	~	**-**
Medically supervised injecting Centre/Room	~	**0**
Other	~	**0**
% Difficulties accessing filters^ in past month	~	**-**
% Difficulties accessing needles/syringes in past month	~	**-**
% Equipment used past month		
Spoons/mixing containers	~	**16**
Tourniquet	~	**41**
Swabs	~	**96**
Water	~	**97**
Any filters	~	**33**

Note. ^Filters included wheel filters, Sterifilt basic filters, sterifilt plus filters and commercial cotton filters (e.g., Stericups). Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

Figure 27: Borrowing and lending of needles and sharing of injecting equipment in the past month, Darwin, NT, 2000-2024



Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Table 7: Injecting behaviours in the past month, and location of last injection use, Darwin, NT, 2015-2024

	Darwin, NT									
	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99	2020 N=78	2021 N=94	2022 N=70	2023	2024 N=70
% Injecting behaviours past month										
Borrowed a needle	N=99 -	N=90 -	N=107 7	N=98 -	N=98 9	N=78 9	N=94 -	N=70 -	~	**N=70 -**
Lent a needle	N=99 -	N=90 -	N=106 7	N=98 -	N=95 8	N=78 12	N=94 -	N=70 -	~	**N=70 -**
Shared any injecting equipment ^	N=99 22	N=90 22	N=107 25	N=98 16	N=99 -	N=78 27	N=94 -	N=70 10	~	**N=70 -**
Re-used own needle	N=97 24	N=90 14	N=104 25	N=98 32	N=98 37	N=78 22	N=94 14	N=70 20	~	**N=70 19**
Injected partner/friend after self˜	/	N=90 26	N=106 41	N=98 34	N=99 30	N=78 28	N=94 14	N=70 23	~	**N=70 24**
Somebody else injected them after injecting themselves˜	/	N=90 18	N=106 20	N=98 16	N=99 21	N=78 18	N=94 7	N=70 13	~	**N=70 14**
% Location of last injection	N=97	N=90	N=105	N=98	N=98	N=78	N=94	N=69	~	**N=70**
Private home	90	96	91	92	86	85	91	88	~	**93**
Car	-	-	-	-	-	13	-	-	~	**-**
Street/car park/beach	-	-	-	-	-	-	-	-	~	**-**
Public toilet	-	-	0	-	6	-	0	-	~	**-**
Medically supervised injected services	-	0	0	0	-	0	-	0	~	**0**
Other	90	96	91	92	86	85	91	0	~	**0**

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ˜ With a new or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. N is the number who responded (denominator). Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

Self-Reported Injection-Related Injuries and Diseases

Few participants (n≤5) reported experiencing an injection-related health problem in the month prior to interview in 2024 (Table 8). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 8: Injection-related issues in the past month, Darwin, NT, 2020-2024

	2020	2021	2022	2023	2024
	(N=78)	(N=94)	(N=69)		(N=68)
% Artery injection	-	-	0	~	**0**
% Any nerve damage	-	0	-	~	**-**
% Any thrombosis	-	0	-	~	**0**
Blood clot	-	0	-	~	**0**
Deep vein thrombosis	-	0	-	~	**0**
% Any infection/abscess	-	-	-	~	**-**
Skin abscess or cellulitis	0	-	-	~	**-**
Endocarditis	-	0	0	~	**-**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	0	0	0	~	**0**
% Dirty hit	0	-	-	~	**-**
% Any injection-related problem	-	-	16	~	**-**

Note. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

Drug Treatment

Eleven per cent of participants reported currently being in any form of drug treatment for their substance use, though few participants (n≤5) were able to comment on the specific types of treatment received (Table 9).

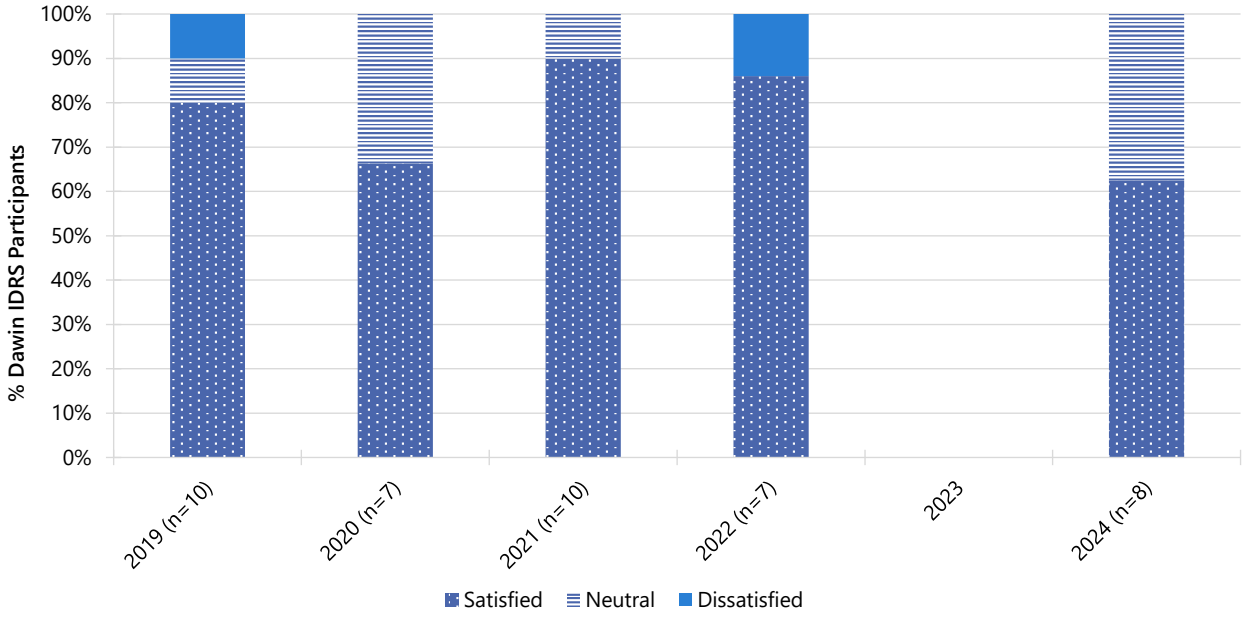
Few participants (n≤5) were able to comment on the satisfaction of their drug treatment (Figure 28), therefore, further information is not provided. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 9: Any current drug treatment, Darwin, NT, 2015-2024

	Darwin, NT									
	2015 N=98	2016 N=90	2017 N=108	2018 N=108	2019 N=99	2020 N=78	2021 N=94	2022 N=70	2023	2024 N=70
% Any current drug treatment	23	12	17	22	10	8	11	10	~	**11**
Methadone	12	-	-	-	-	-	6	9	~	-
Buprenorphine	-	0	-	0	0	-	-	0	~	-
Buprenorphine-naloxone	-	7	7	-	-	-	-	0	~	-
Buprenorphine depot injection	/	/	/	/	0	0	-	0	~	**0**
Drug counselling	0	0	-	-	0	-	-	-	~	**0**
Other	-	-	6	-	0	0	0	0	~	**0**

Note. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

Figure 28: Treatment satisfaction amongst those who reported current drug treatment, Darwin, NT, 2019-2024



Note. 'Too early to say' excluded from analysis. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Please refer to Table 1 for a guide to table/figure notes.

Opioid and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate opioid and methamphetamine dependence. The SDS is a five-item tool designed to screen for potential dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess methamphetamine dependence in the past six months, a cut-off value of four was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=19), the median SDS score was one (IQR=0-2.5), with few participants (n≤5) scoring five or above, indicating possible dependence (Table 10). Almost half (47%) the participants obtained a score of zero on the opioid SDS, indicating no symptoms of opioid dependence.

Of those who had recently used methamphetamine and commented (n=61), the median SDS score was two (IQR=1-4), with one quarter (26%) scoring four or above, indicating possible dependence (Table 10). Sixteen per cent of participants obtained a score of zero on the methamphetamine SDS, indicative of no or few symptoms of methamphetamine dependence.

Table 10: Total opioid and methamphetamine SDS scores and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Darwin, NT, 2017-2024

	2017	2018	2019	2020	2021	2022	2023	2024
Opioid	**(N=72)**	**(N=64)**	**(N=44)**	**/**	**(N=40)**	**(N=24)**	**~**	**(N=19)**
Median total score (IQR)	7 (3-8)	3 (0-6)	5 (1-7)	/	5 (2-7)	5 (2-7)	**~**	**1 (0-2.5)**
% score = 0	14	44	20	/	18	-	**~**	**47**
% score ≥ 5	69	38	50	/	53	54	**~**	**-**
Methamphetamine	**(N=65)**	**(N=71)**	**(N=81)**	**/**	**(N=71)**	**(N=51)**	**~**	**(N=61)**
Median total score (IQR)	1 (0-5)	3 (0-8)	1 (0-4)	/	2 (0-6)	3 (0-4)	**~**	**2 (1-4)**
% score = 0	43	35	46	/	39	29	**~**	**16**
% score ≥ 4	29	49	28	/	44	37	**~**	**26**

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. Imputation used for missing scale scores. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

Bloodborne Virus Testing and Treatment

In 2024, 58% of participants reported that they had received a Hepatitis C virus (HCV) antibody test in the past year, 46% had received an RNA test and no participants reported having a current HCV infection. Few participants (n≤5) reported that they had received HCV treatment in the past year (Table 11).

The majority (70%) of participants reported having ever had a test for human immunodeficiency virus (HIV) (20% within the past six months; 50% more than six months ago). No participants reported having ever being diagnosed with HIV (Table 11).

Table 11: HCV and HIV testing and treatment, Darwin, NT, 2018-2024

%	Darwin, NT						
	2018 N=99	2019 N=99	2020 N=78	2021 N=94	2022 N=70	2023	2024 N=70
Past year Hepatitis C test							
Past year hepatitis C antibody test	N=94 41	N=95 47	N=75 36	N=94 27	N=67 40	~	**N=66** **58**
Past year hepatitis C PCR or RNA test	N=90 30	N=90 28	N=74 31	N=94 23	N=65 38	~	**N=65** **46**
Current hepatitis C status							
Currently have hepatitis C^	N=88 13	N=85 14	N=74 -	N=91 7	N=66 -	~	**N=63** **0**
Past year treatment for hepatitis C							
Received treatment in past year	N=94 10	N=95 7	N=75 13	N=92 7	N=67 9	~	**N=65** **-**
Most recent treatment was successful (among those who had received treatment in past year)	N=8 100	-	N=10 80	N=6 -	N=6 -	~	**-**
Re-tested with a PCR or RNA test to determine re-infection (among those who underwent successful treatment)	/	/	/	/	/	~	**0**
HIV test (n)				N=94	N=68		**N=70**
HIV test in past 6 months	/	/	/	9	13	~	**20**
HIV test more than 6 months ago	/	/	/	50	56	~	**50**
HIV status (n)				N=55	N=47		**N=49**
Lifetime HIV positive diagnosis	/	/	/	-	-	~	**0**

Note. ^This includes people who had not been tested for HCV. N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

Sexual Health Behaviours

In 2024, half (50%) of the sample reported some form of sexual activity in the past four weeks (Table 12). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Amongst those who reported engaging in sexual activity in the past four weeks and commented (n=35), participants reported a median of one partner (IQR=1-2). One quarter (24%) reported engaging in sexual activity in the past four weeks in exchange for money, drugs, or other goods and services (Table 12) (data not collected in 2023).

Of those who commented (n=69), 16% reported having a sexual health check-up in the six months prior to interview, whilst 54% had done so in their lifetime. Of the total sample who responded (n=69), no participants reported that they had received a positive diagnosis for a sexually transmitted infection (STI) in the six months prior to interview, though 20% had received a positive diagnosis in their lifetime

(Table 12). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Information about HIV testing provided in Table 11.

Table 12: Sexual health behaviours, Darwin, NT, 2022-2024

	2022	2023	2024
Of those who responded#:	**N=68**		**N=70**
% Any sexual activity in the past four weeks	51	~	**50**
Of those who reported any sexual activity in the past four weeks and responded#:	/	/	**n=34**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	**24**
Of those who responded#:	n=68		**n=69**
% Had a sexual health check in the last six months	18	~	**16**
% Had a sexual health check in their lifetime	57	~	**54**
Of those who responded#:	n=68		**n=69**
% Diagnosed with a sexually transmitted infection in the last six months	-	~	**0**
% Diagnosed with a sexually transmitted infection in their lifetime	15	~	**20**

Note. # Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

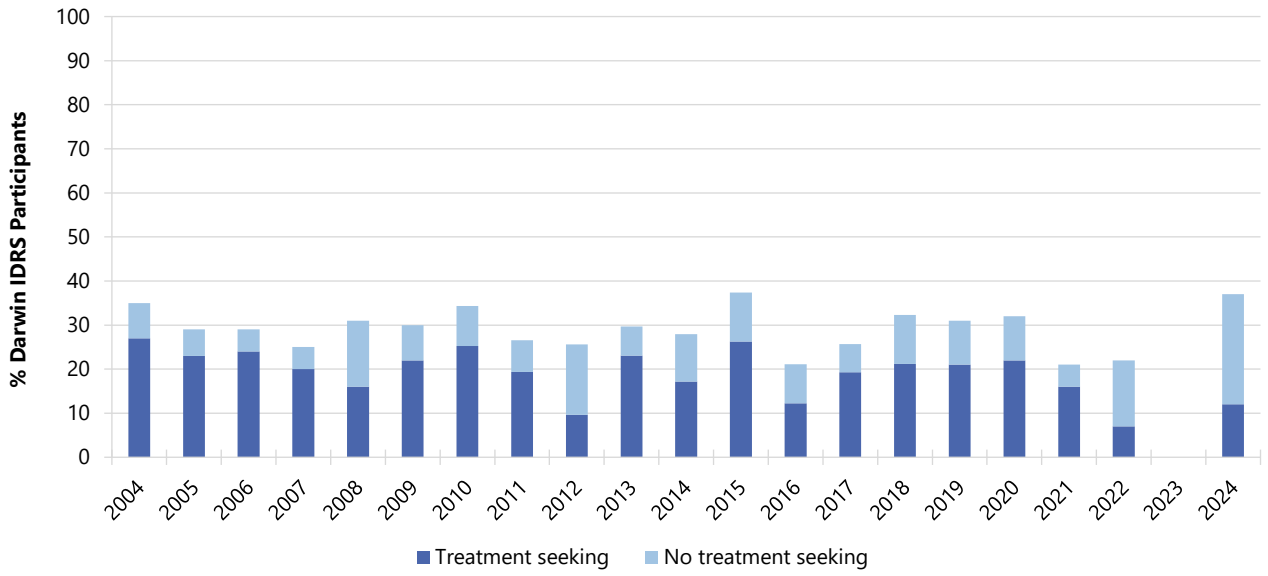
Mental Health and Psychological Distress (K10)

Mental Health

In 2024, 37% of the sample self-reported that they had experienced a mental health problem in the preceding six months (Figure 29). Amongst this group, the most commonly reported problems were depression (67%) and anxiety (63%).

Amongst those who self-reported a mental health problem during the past six months, 32% reported seeing a mental health professional during the past six months. Due to low numbers reporting having seen a mental health professional during the last six months, information on prescription of medication for mental health is not provided. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 29: Self-reported mental health problems and treatment seeking in the past six months, Darwin, NT, 2004-2024



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Please refer to Table 1 for a guide to table/figure notes.

Psychological Distress (K10)

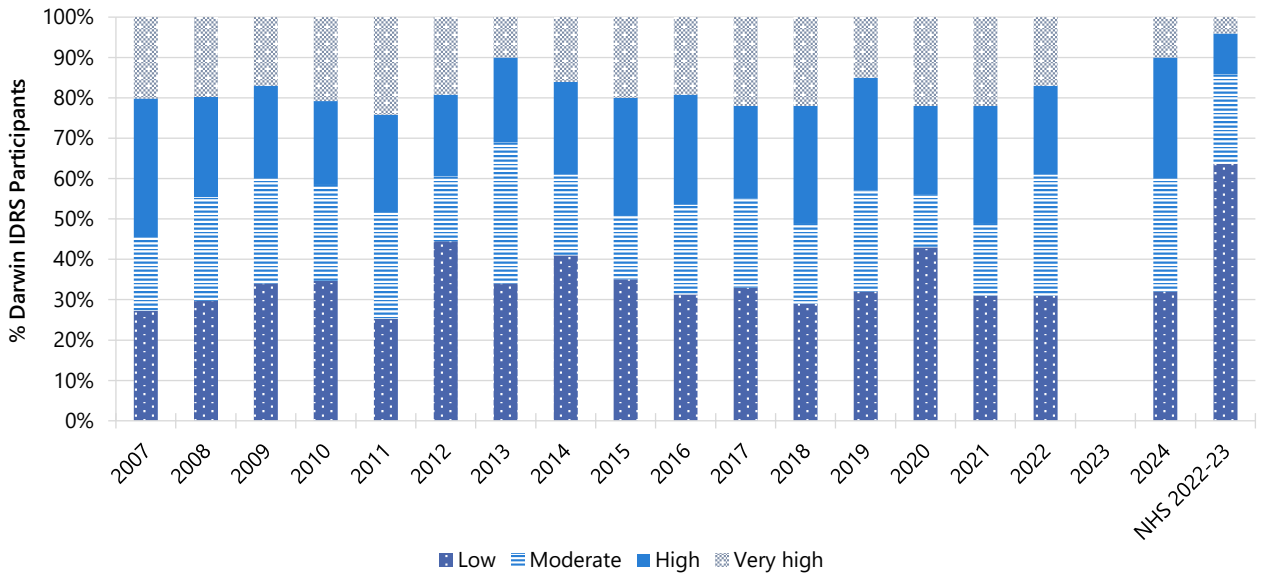
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders and the Structured Clinical Interview for DSM disorders.

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; score between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

One tenth (10%) of the Darwin sample scored 30 or more in 2024 (Figure 30).

The National Health Survey (NHS) 2022-23 provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2024 reported greater levels of 'high' and 'very high' distress compared to the general population (Figure 30).

Figure 30: K10 psychological distress scores, Darwin, NT, 2007-2024 and among the general population, 2022-23



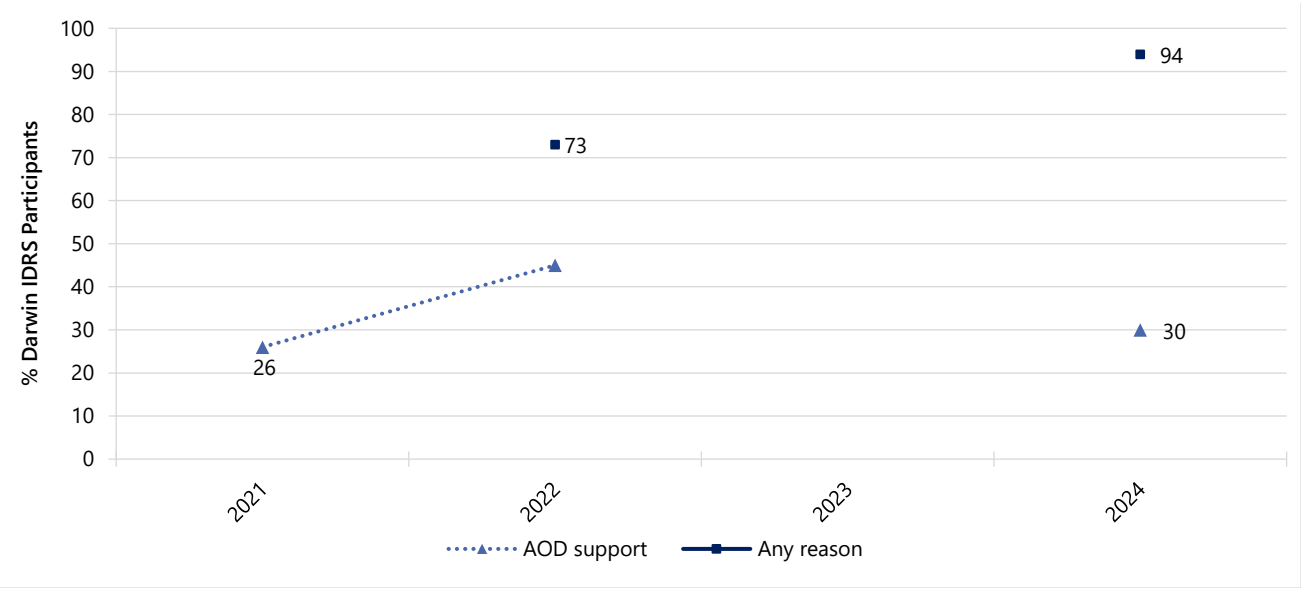
Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (IDRS only). Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Please refer to Table 1 for a guide to table/figure notes.

Health Service Access

Almost one third (30%) of the Darwin sample reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2024 (Figure 31). The most common service accessed by participants for AOD support in 2024 was a NSP (27%) (Table 13).

The majority (94%) of the Darwin sample reported accessing any health service for any reason in the six months preceding interview in 2024 (Figure 31). The most common services accessed by participants for any reason in 2024 were a NSP (93%), a GP (50%) and a pharmacy (40%) (Table 13).

Figure 31: Health service access for alcohol and other drug reasons, and for any reason in the past six months, Darwin, NT, 2021-2024



Note. Questions regarding health service access for AUD support were first asked in 2018, however due to differences in response options between 2018 and 2020, data are presented from 2021 onwards. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Table 13: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, Darwin, NT, 2022-2024

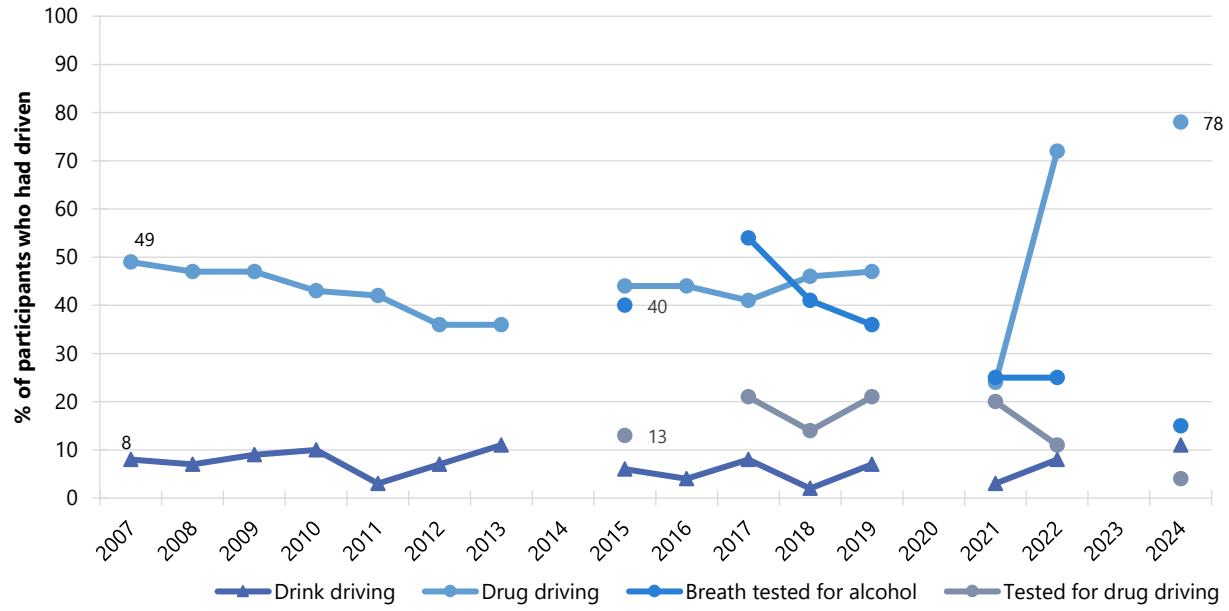
	AOD support			Any reason		
	2022	2023	2024	2022	2023	2024
% accessing health services	**(N=69) 45**		**(N=70) 30**	**(N=70) 73**		**(N=70) 94**
GP	12	~	**-**	53	~	**50**
Emergency department	-	~	**-**	14	~	**-**
Hospital admission (inpatient)	-	~	**-**	14	~	**10**
Medical tent (e.g., at a festival)	0	~	**0**	0	~	**0**
Drug and Alcohol counsellor	9	~	**0**	-	~	**0**
Hospital as an outpatient	-	~	**0**	10	~	**-**
Specialist doctor (not including a psychiatrist)	-	~	**0**	-	~	**0**
Dentist	-	~	**0**	13	~	**-**
Ambulance attendance	-	~	**-**	-	~	**-**
Pharmacy	/	/	**-**	/	/	**40**
Other health professional (e.g., physiotherapist)	-	~	**0**	-	~	**-**
Psychiatrist	-	~	**-**	-	~	**-**
Psychologist	-	~	**-**	-	~	**-**
NSP	35	~	**27**	49	~	**93**
Peer based harm reduction service	0	~	**0**	0	~	**0**
Other harm reduction service	0	~	**-**	0	~	**-**

Note. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.

Driving

Thirty-nine per cent of the Darwin sample had driven a car, motorcycle or other vehicle in the last six months (Figure 32). Among these participants, few (n≤5) reported driving while over the perceived legal limit of alcohol, while 78% reported driving within three hours of consuming an illicit drug in the last six months (Figure 32). Few participants (n≤5) reported that they had been tested for drug driving or breath tested by the police roadside testing services in the six months preceding interview (Figure 32).

Figure 32: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Darwin, NT, 2007-2024



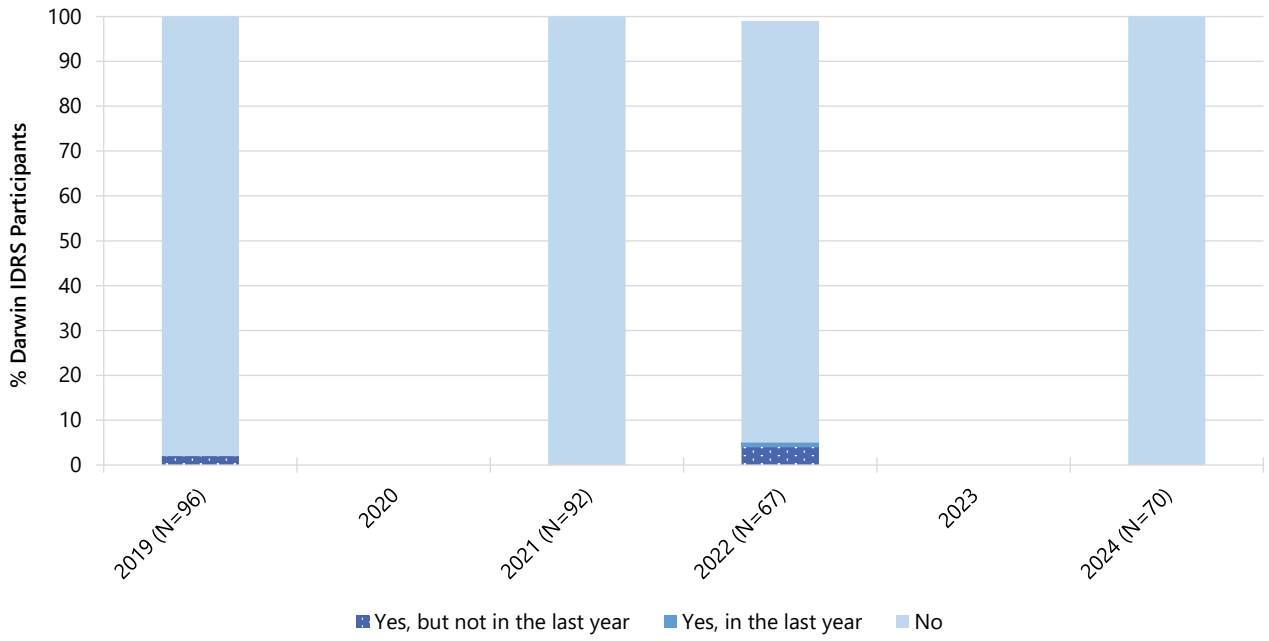
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time interviewing commenced in 2024, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019), at CanTEST, a pilot fixed-site dug checking service in Canberra which has been operational since 17 July 2022, and at CheQpoint, Queensland's first fixed-site drug checking service in Brisbane, which opened on April 20, 2024. CheQpoint opened a second service on the Gold Coast in July 2024, shortly after IDRS recruitment had finished.

In 2024, no participants reported that they or someone else had ever tested the contents and/or purity of their illicit drugs in Australia (Figure 33). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 33: Lifetime and past year engagement in drug checking, Darwin, NT, 2019-2024



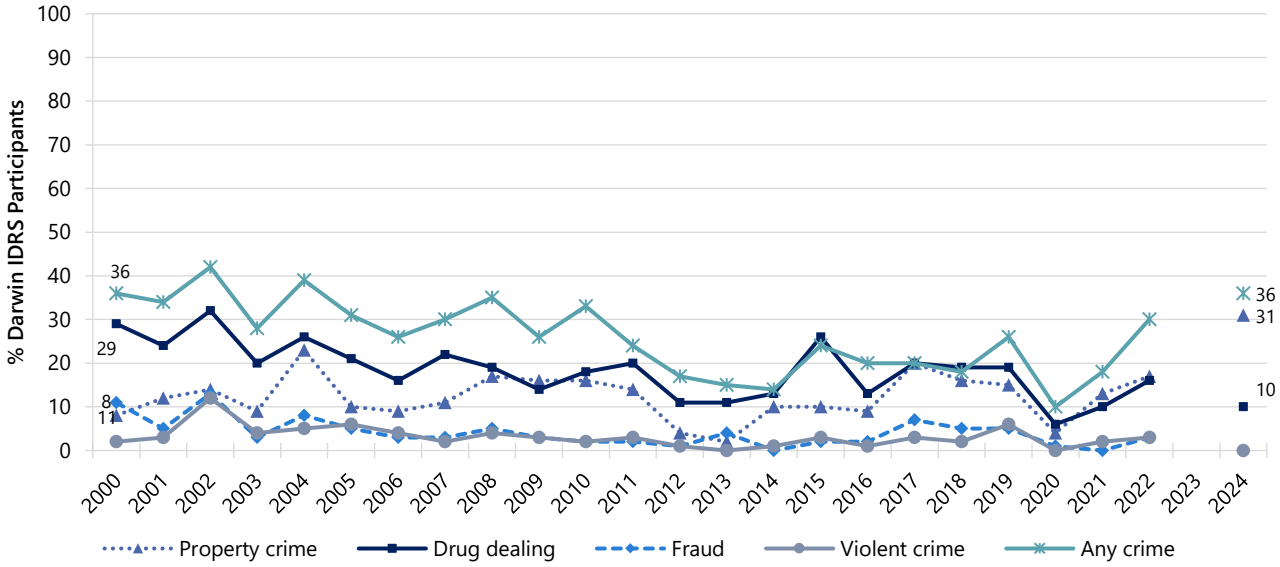
Note. Drug checking questions were not asked in 2020. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Please refer to Table 1 for a guide to table/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

Thirty-six per cent of the Darwin sample reported engaging in 'any' criminal activity in the month prior to interview, with property crime (31%) and selling drugs for cash profit (10%) remaining the most commonly reported crimes (Figure 34). Twelve per cent reported being the victim of a violent crime in the month preceding interview (Figure 35).

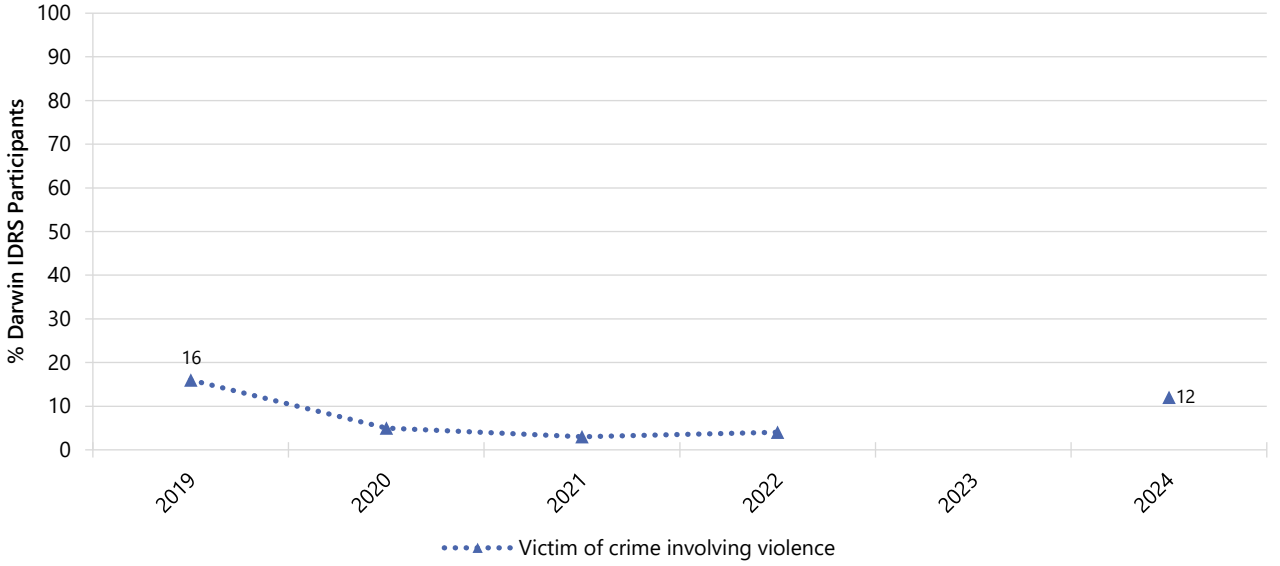
Few participants (n≤5) reported being arrested within 12 months of the interview. Similarly, few participants (n≤5) reported a drug-related encounter in the last 12 months which did not result in charge or arrest in 2024. Half (52%) of the sample reported a lifetime prison history (Figure 36).

Figure 34: Self-reported criminal activity in the past month, Darwin, NT, 2000-2024



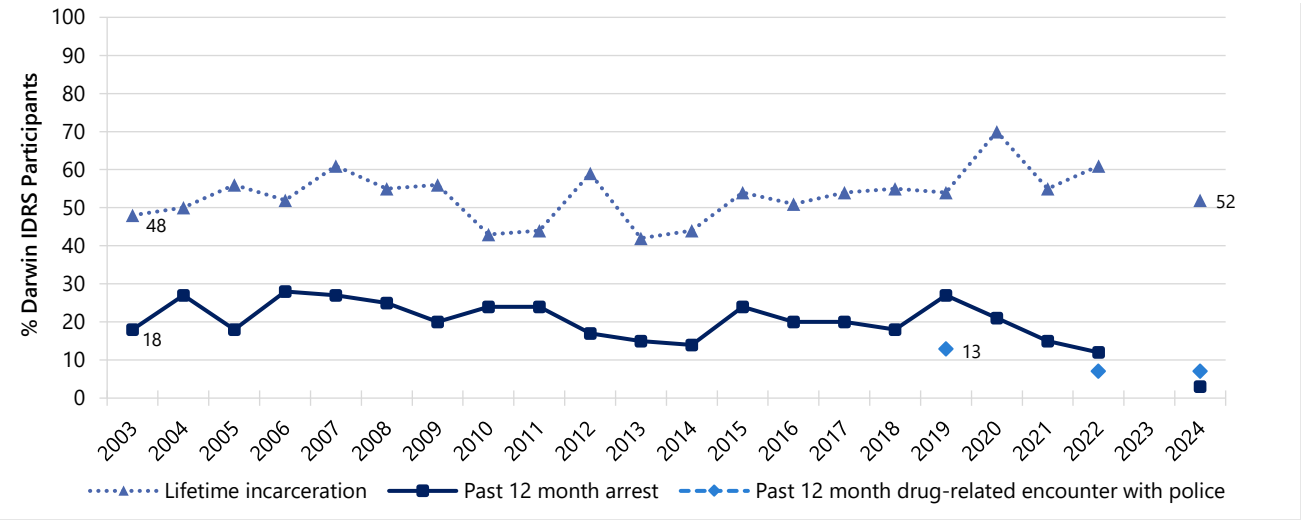
Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 35: Victim of crime involving violence in the past month, Darwin, NT, 2019-2024



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 36: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Darwin, NT, 2003-2024



Note. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Data labels are only provided for the first and most recent year of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Modes of Purchasing Illicit or Non-Prescribed Drugs

In interviewing and reporting, 'online sources' were defined as either surface or darknet marketplaces.

Purchasing Approaches

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (94%), followed by phone call (44%) and text messaging (33%) (Table 14). No participants reported arranging the purchase of illicit or non-prescribed drugs via social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person.

Table 14: Purchasing approaches in the past 12 months, Darwin, NT, 2023-2024

	2023	2024
% Purchasing approaches in the last 12 months^#		**N=70**
Face-to-face	~	**94**
Surface web	~	**0**
Darknet market	~	**-**
Social networking or messaging applications`	~	**0**
Text messaging	~	**33**
Phone call	~	**44**
Grew/made my own	/	**0**
Other	/	**0**

Note. ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. ` This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. Due to the particularly small sample recruited in 2023, data from this year are not presented in this report. Please refer to Table 1 for a guide to table/figure notes.