EDRS

NORTHERN TERRITORY DRUG TRENDS 2021

Key Findings from the Northern Territory Ecstasy and related Drugs Reporting System (EDRS) Interviews

NORTHERN TERRITORY DRUG TRENDS 2021: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) 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.

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

Table of Contents

List of Tables

List of Figures

Acknowledgements

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Research Team

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

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- Cristal Hall, Sarah Eddy, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

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Participants

We would like to thank all the participants who were interviewed for the EDRS 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

4-AcO-DMT	*4-Acetoxy*-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	*5-methoxy*-N,N-dimethyltryptamine
AIVL	Australian Injecting & Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NBOMe	N-methoxybenzyl
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NT	Northern Territory
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
REDCap	Research Electronic Data Capture
SD	Standard deviation
UNSW	University of New South Wales
WHO	World Health Organization

Executive Summary

The NT EDRS sample is a sentinel group of people who regularly use ecstasy and other stimulants recruited via social media, advertisements on websites and via word-of-mouth in Darwin, NT. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from April-August. Interviews were conducted face-to-face and via telephone, due to COVID-19 restrictions being imposed during the data collection period. This change in modality, which also occurred in 2020, should be considered when comparing data from 2020 and 2021 samples to samples from previous years.**

Sample Characteristics

In 2021, the NT EDRS sample (N=100) were predominantly young and educated, although one-fifth (21%) reported being unemployed at the time of interview. One-tenth (10%) identified as Aboriginal and/or Torres Strait Islander. Ecstasy and cannabis were the most common drugs of choice among the sample, while cannabis and alcohol were the drugs used most often in the past month.

COVID-19 impact

Just over half (56%) of the sample had been tested for SARS-CoV-2 in the past 12 months, with very few participants (n≤5) diagnosed with COVID-19. The majority (78%) reported that they were 'not at all' worried about contracting COVID-19. Almost one-third (29%) reported they had received at least one dose of the COVID-19 vaccine at the time of interview.

Ecstasy

Recent use of any ecstasy remained stable among the NT sample. Capsules remained the main form used (82%), followed by pills (56%). Frequency of use of any ecstasy significantly decreased from a median of 14 days in the past 6 months in 2020 to 9 days in 2021. Both pills and crystal were significantly more expensive in 2021 compared to 2020. However, perceived availability and purity of all forms of ecstasy remained stable between 2021 and 2020.

Methamphetamine

The per cent reporting recent use of methamphetamine in 2021 was the lowest since monitoring began (14%; peak 82% in 2003). Use of the crystal form remained stable relative to 2020 (12% both years) but use of powder significantly decreased (n≤5 participants, 14% in 2020).

Cocaine

Recent use of cocaine has generally increased over the monitoring period, albeit with some fluctuation. In 2021, almost three-quarters (71%) of the NT sample reported recent use. Frequency of use remained stable at less than monthly. Reported price, purity and availability of cocaine was similar in 2021 relative to 2020.

Cannabis

In almost every year of monitoring, at least three quarters of the NT sample has reported recent use of cannabis. In 2021, 83% of the sample reported recent use, stable relative to 2020. There was a non-significant increase in frequency of use, from a median of 48 days (i.e., twice weekly) in 2020 to 90 days (i.e., every second day) in 2021. The price for hydroponic and bush cannabis remained stable in 2021, as did perceived potency.

Ketamine, LSD and DMT

Half (55%) of the NT sample reported recent ketamine use, a significant increase compared to 2020 (24%). Recent LSD use also significantly increased from 42% in 2020 to 59% in 2021. A similar per cent reported recent use of DMT in 2020 (7%) and 2021 (13%). Frequency of use for all three substances remained low and stable (i.e., less than monthly).

New Psychoactive Substances (NPS)

Recent use of any NPS among the NT sample has mostly decreased since 2015. In 2021, one-fifth (20%) of the sample reported recent use of NPS (including plant-based NPS). In 2021, the most commonly used NPS was mescaline (6% of the total sample).

Other Drugs

Recent use of non-prescribed pharmaceutical benzodiazepines, stimulants and opioids all remained stable in 2021 relative to 2020. Use of hallucinogenic mushrooms has largely increased since 2016; in 2021, 26% of the NT sample reported use in the past six months, the highest per cent since reporting began. Use of e-cigarettes significantly increased to almost half of the NT sample (46%; 27% in 2020). The per cent reporting recent use of amyl nitrite and nitrous oxide remained stable in 2021, at 22% and 43% respectively. Alcohol and tobacco use remained common among the sample, and frequency of use was stable at a median of 48 (i.e., twice per week) and 177 days (i.e., almost daily), respectively.

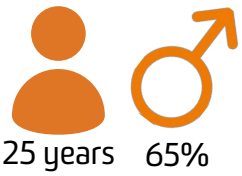
Drug-Related Harms and Other Associated Behaviours

When asked about the last time they used ecstasy or related drugs, the majority of participants (94%) reported concurrent use of two or more drugs. The most commonly used combination of drugs was stimulants and depressants (27%). Three-quarters of participants (77%) obtained a score of eight or more on the AUDIT scale, indicative of hazardous alcohol use, similar to 2020 (88%). Thirteen per cent of the sample reported a non-fatal depressant overdose (including alcohol), while 11% reported a non-fatal stimulant overdose in the 12 months prior to interview. Small numbers reported being in current drug treatment (n≤5) and no one reported past month drug injection. The majority of the sample (90%) reported engaging in some form of sexual activity in the four weeks prior to interview. Of these participants, 89% reported that they had used alcohol and/or drugs prior to or while engaging in sexual activity. Almost half (45%) the sample reported a sexual health check up in the six months prior to interview. Two-fifths (37%) of the sample self-reported that they had experienced a mental health problem in the preceding six months, and three-fifths (62%) of this group had seen a mental health professional in the same period. Approximately one-third of the NT sample reported driving while over the perceived legal limit for alcohol (31%) or within three hours of using illicit or non-prescribed drugs (36%; mostly cannabis). Past month drug-dealing (22%) and property crime (10%) remained the two main forms of criminal activity in 2021. Face-to-face was the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (86%), followed by social networking applications (66%). Significantly fewer participants obtained their drugs via a collection point in the past 12 months in 2021 relative to 2020.

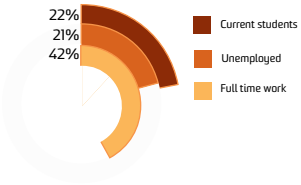
EDRS Ecstasy and Related Drugs Reporting System

2021 SAMPLE CHARACTERISTICS

In 2021, 100 people from Darwin, NT, participated in EDRS interviews.



The median age in 2021 was 25 (IQR = 23 - 28), and 65% identified as male.

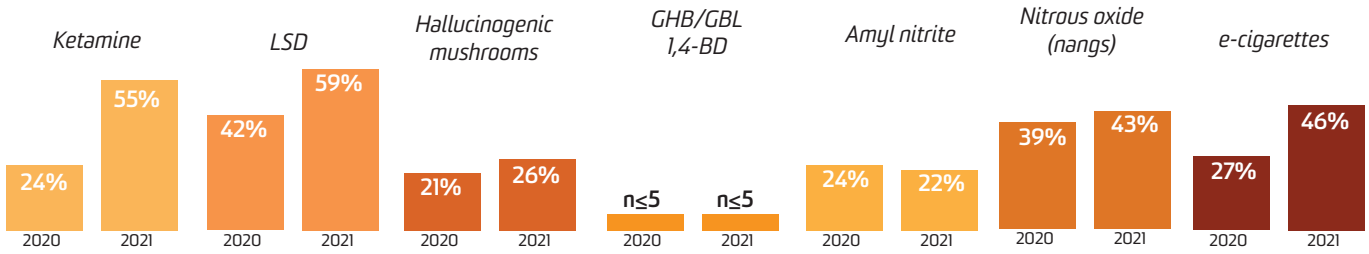


In the 2021 sample, 22% were enrolled students, 21% were unemployed, and 42% were employed full time.

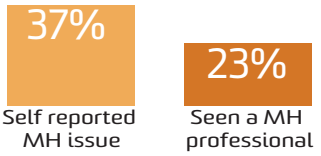
- ✓ Ecstasy
- ✓ Cocaine
- ✓ Other stimulants

Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

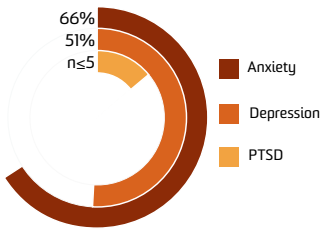
PAST 6 MONTH USE OF OTHER DRUGS



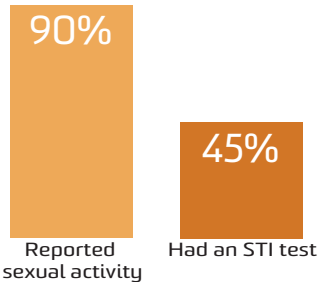
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



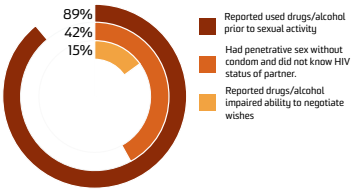
In the total sample, 37% self-reported a mental health issue and 23% had seen a mental health professional in the past 6 months.



Of those who commented, the three most common mental health issues reported were anxiety (66%), depression (51%) and PTSD (n≤5).

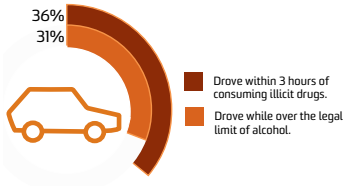


In the total sample, 90% reported sexual activity in the past 4 weeks, and 45% had a sexual health check in the past 6 months.

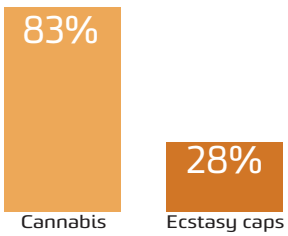


Sexual risk behaviours among those who reported any sexual activity in the past four weeks (90%) and were able to comment.

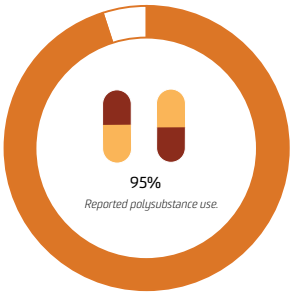
OTHER RISK BEHAVIOURS



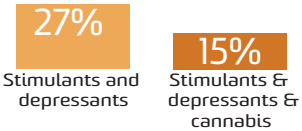
In the total sample, 36% reported driving a vehicle within 3 hours of consuming illicit drugs and 31% while over the legal limit of alcohol.



The most common drugs used prior to driving were cannabis (83%) and ecstasy capsules (28%).

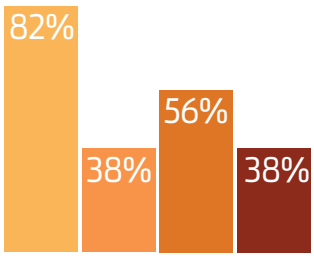


In the total sample, 95% reported concurrent use of two or more substances on the last occasion of ecstasy/stimulant use.

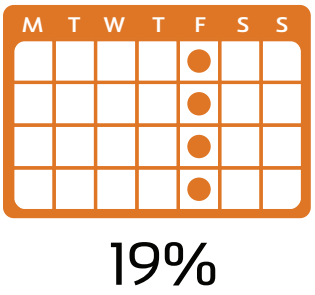


In the total sample, 27% reported to have used stimulants and depressants on one occasion whereas 15% reported using stimulants, depressants and cannabis.

ECSTASY



Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2021.

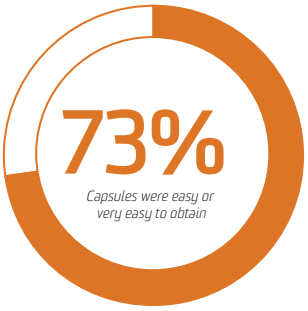


19%

Of those who had recently consumed ecstasy, 19% used it weekly or more frequently.

2 Capsules
2 Pills
0.50 grams of crystal
0.50 grams of powder

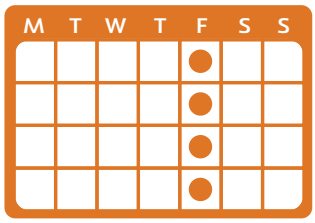
Median amounts of ecstasy consumed in a 'typical' session using each form.



Of those who could comment 73% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

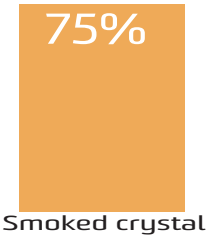
METHAMPHETAMINE

Past 6 month use of any methamphetamine (14%), crystal (12%), powder (n≤5) and base (0%) in 2021.

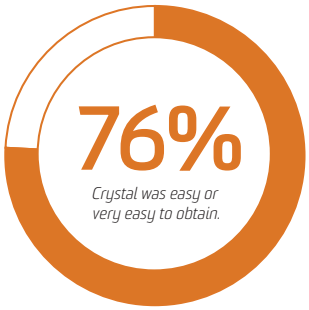


n≤5

Of those who had recently consumed methamphetamine, n≤5 used it weekly or more frequently.

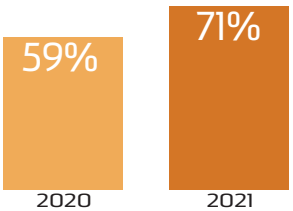


75% of people who had recently used crystal smoked it.

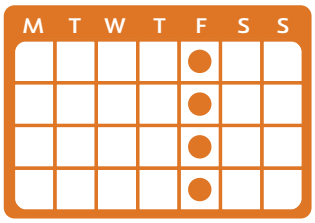


Of those who could comment 76% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE



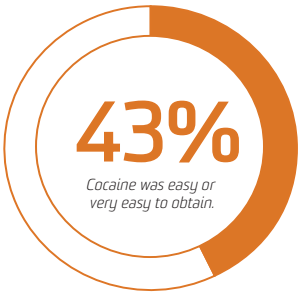
Past 6 month use of any cocaine remained stable from 2020 (59%) to 2021 (71%).



0%

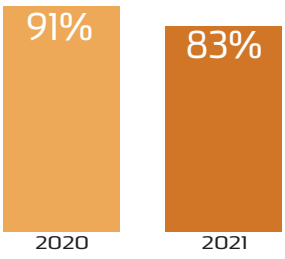
Of those who had consumed cocaine recently, no participants reported weekly or more frequent use.

Of those who had consumed cocaine in the last 6 months, all particiants had snorted it (97%).

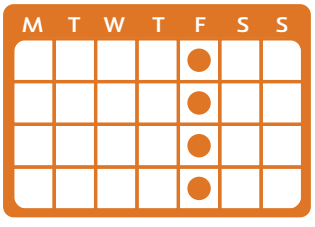


Of those who could comment 43% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



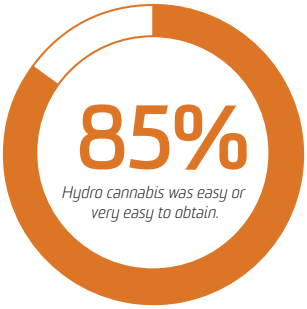
Past 6 month use of any cannabis remained stable from 91% in 2020 to 83% in 2021.



69%

Of those who had consumed cannabis recently, 69% reported weekly or more frequent use.

Of people who had consumed cannabis in the last 6 months, 94% had smoked it.



Of those who could comment 85% perceived hydro to be 'easy' or 'very easy' to obtain.

Background and Methods

Background

The Ecstasy and Related Drugs Reporting System (EDRS) is an illicit drug monitoring system which has been conducted in all states and territories of Australia since 2003, and forms part of Drug Trends. The purpose is to provide a coordinated approach to monitoring the use, market features, and harms of ecstasy and related drugs. This includes drugs that are routinely used in the context of entertainment venues and other recreational locations, including ecstasy, methamphetamine, cocaine, new psychoactive substances, LSD (*d*-lysergic acid), and ketamine.

The EDRS 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 use ecstasy and other stimulants and from secondary analyses of routinely collected indicator data. This report focuses on the key findings from the annual interview component of the EDRS.

Methods

EDRS 2003-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution.

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

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which first 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:

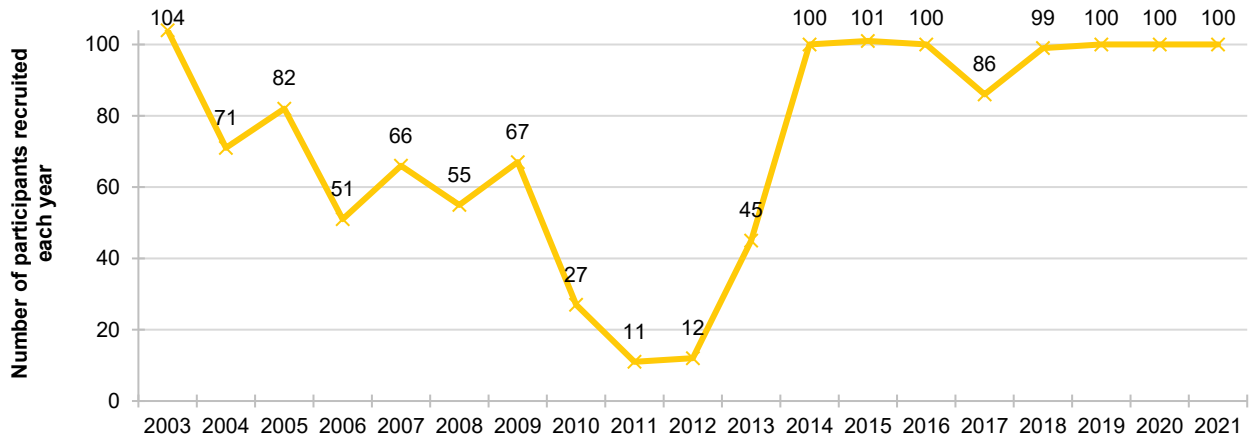
1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all jurisdictions in 2020;
2. Means of consenting participants: Participants consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher; and
4. Age eligibility criterion: Changed from 17 years old to 18 years old.

In 2021, a hybrid approach was used with interviews conducted either face-to-face (with participants reimbursed with cash) or via telephone (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions by various jurisdictional governments throughout the recruitment period, combined with hesitancy from some participants to meet face-to-face, meant that 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.

Almost all jurisdictions, including the Northern Territory, had trouble recruiting in 2021. While it is difficult to provide a definitive reason for this, it is possible that this was reflective of a reduction in ecstasy and other illegal stimulant use due to ongoing government restrictions, and the cancellation of many music festivals and events in 2020-21.

A total of 774 participants were recruited across capital cities nationally (April-August, 2021), with 100 participants interviewed in Darwin, NT during April-August 2021. A total of 60 interviews were conducted via telephone. 19% per cent of the 2021 NT sample completed the interview in 2020.

Figure 1: Number of participants recruited each year, Northern Territory, 2003-2021



Data Analysis

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

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Darwin, Northern Territory, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather 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 Northern Territory (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-21, must be taken into consideration when comparing 2020-21 data to previous years, and treated with caution.

Additional Outputs

Infographics from this report are available for download. There is a range of outputs from the EDRS which triangulate key findings from the annual interviews and other data sources, including jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from Illicit Drug Reporting System (IDRS), which focuses more so on the use of illicit drugs via injection.

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 2021, two-thirds (65%) of the Northern Territory (NT) EDRS sample were male (58% in 2020; *p*=0.326) and the median age was 25 years (IQR=23-28; 23 years in 2020; IQR=20-28; *p*=0.058; Table 1). One in ten participants (10%; 10% in 2020) identified as Aboriginal and/or Torres Strait Islander. Approximately three-quarters of the sample (70%) reported having post-school qualifications, a higher proportion than reported in 2020 (47%; *p*=0.002). However, fewer participants were currently studying in 2021 (22%, versus 40% in 2020; *p*=0.009). Overall, current employment remained stable (*p*=0.218), with 42% employed full-time (30% in 2020) and 21% unemployed (31% in 2020). The current accommodation of participants changed in 2021 compared to 2020 (*p*<0.001); fewer participants resided in their parents'/family home (13%, versus 37% in 2020) and more resided in a boarding house or hostel (21%, versus ≤5 participants in 2020). However, as in previous years, the majority of participants lived in a rented house or flat (58%; 56% in 2020). In 2021, the median weekly income reported by participants increased significantly ($1000, IQR=700-1361; $696 in 2020, IQR=393-1000; *p*<0.001).

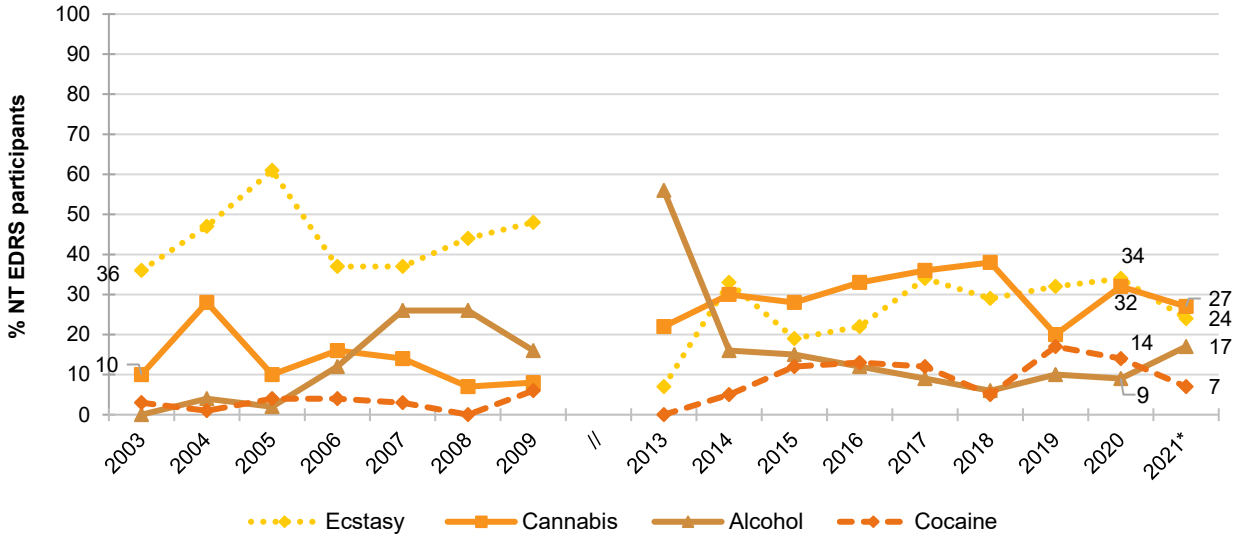
The drug of choice profile of the 2021 sample differed from that of the 2020 sample (*p*=0.015; Figure 2); more participants nominated alcohol as their drug of choice (17%, versus 9% in 2020) and fewer nominated ecstasy/MDMA (24%, versus 34% in 2020) or cocaine (7%, versus 14% in 2020). However, the drug reported as used most often in the month prior to interview remained similar (*p*=0.819; Figure 3), with the majority nominating cannabis (40%, versus 41% in 2020), alcohol (32%, versus 25% in 2020) or ecstasy/MDMA (17%, versus 21% in 2020) as the substances used most often in the past month. High frequency (≥weekly) use of key drugs like cocaine, cannabis and ecstasy/MDMA remained stable relative to 2020 (Figure 4).

Table 1: Demographic characteristics of the sample, nationally (2021) and Northern Territory, 2017-2021

	National 2021 N=774	NT 2021 N=100	NT 2020 N=100	NT 2019 N=100	NT 2018 N=99	NT 2017 N=86
Median age (years; IQR)	24 (21-29)	**25 (23-28)**	23 (20-28)	24 (20-30)	21 (18-27)	21 (18-26)
% Gender						
Male	63	**65**	58	50	52	64
Female	34	**34**	42	50	48	36
Non-binary	3	**-**	0	0	/	/
% Aboriginal and/or Torres Strait Islander	6	**10**	10	11	20	17
% Sexual identity						
Heterosexual	73	**84**	87	88	90	88
Homosexual	4	**-**	-	-	-	-
Bisexual	14	**11**	8	8	8	11
Queer	6	**-**	-	-	/	/
Different identity	2	**-**	-	-	-	0
Mean years of school education (SD)	12 (1.0)	**11 (0.9)**	11 (0.8)	11 (0.8)	11 (0.8)	11 (0.9)
% Post-school qualification(s)^	60	**70****	47	67	42	49
% Current students#	45	**22****	**40**	**22**	**9**	**8**
% Current employment status						
Employed full-time	27	**42**	30	30	36	35
Part time/ casual	45	**34**	33	37	36	26
Self-employed	6	**-**	-	-	/	/
Unemployed	22	**21**	31	29	17	28
Current median weekly income $ (IQR)	(N=758) $600 (375-1000)	**(N=94) $1000 (700-1361)*****	(N=90) $696 (386-1000)	(N=95) $750 (450-962)	(N=98) $525 (265-1000)	(N=83) $750 (315-1100)
% Current accommodation		***				
Own house/flat	6	**-**	-	-	-	-
Rented house/flat	60	**58**	56	48	50	51
Parents'/family home	26	**13**	37	19	43	35
Boarding house/hostel	4	**21**	-	24	0	-
Public housing	2	**-**	-	-	-	/
No fixed address+	2	**-**	0	-	-	-
Other	1	**-**	0	-	-	-

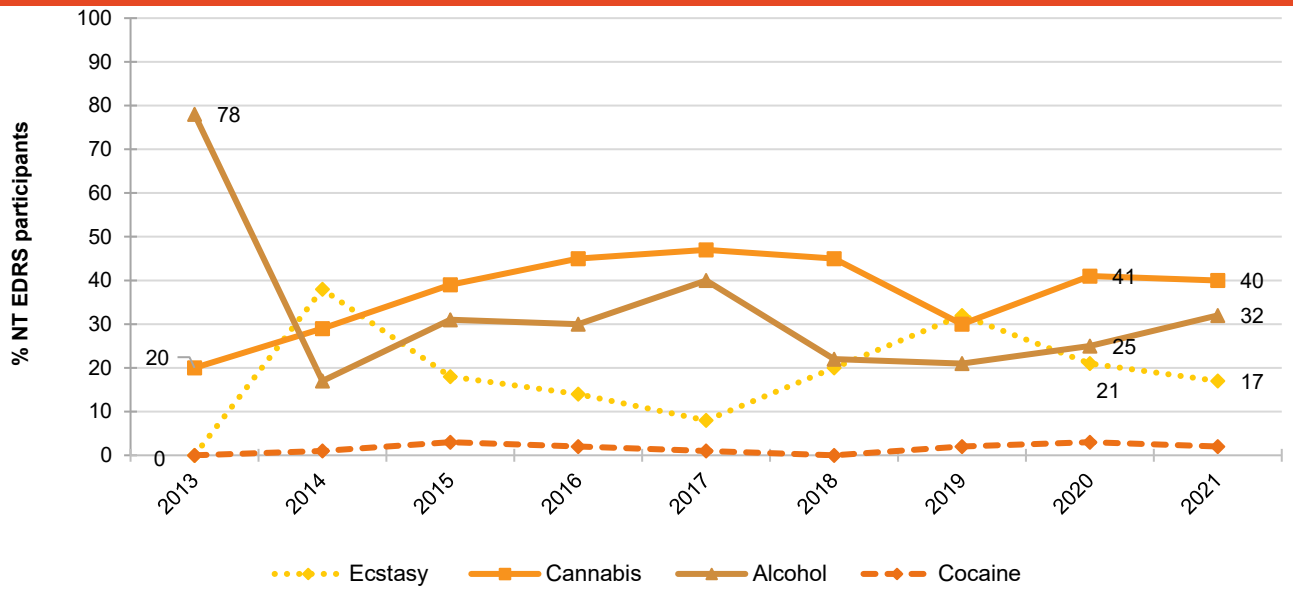
Note. ^ Includes trade/technical. # 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. + In 2019-2021, 'no fixed address' comprised response options 'couch surfing' and 'rough sleeping or squatting'. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 2: Drug of choice, Northern Territory, 2003-2021



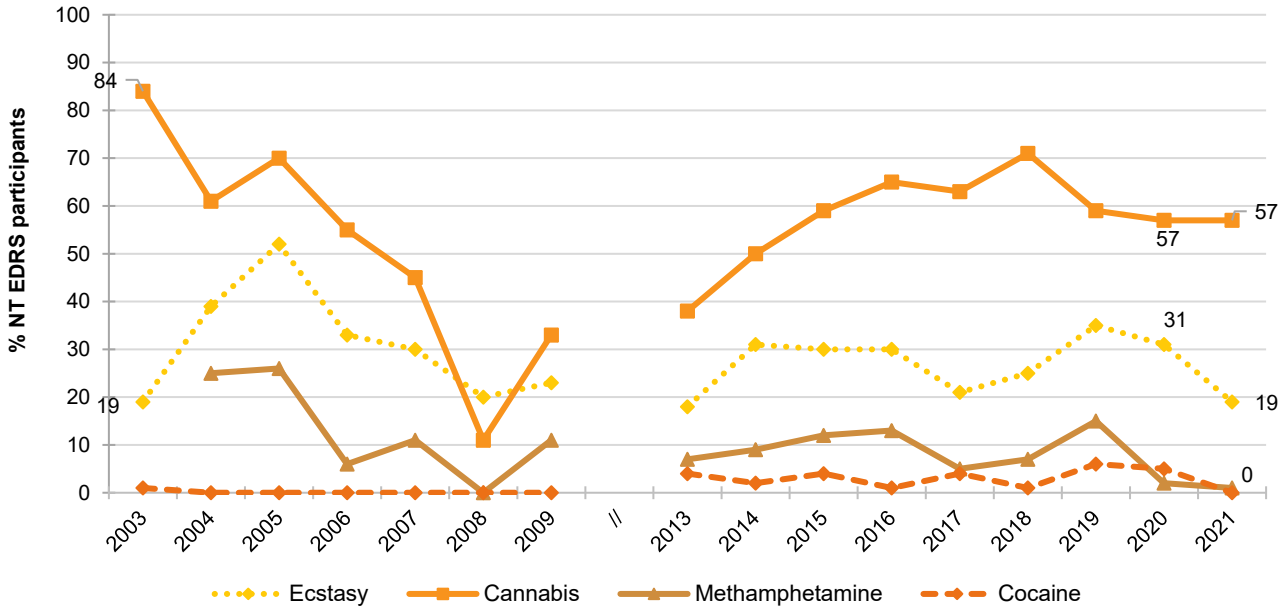
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Figure 3: Drug used most often in the past month, Northern Territory, 2013-2021



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2013-2021 as this question was not asked in 2003-2010 and sample numbers in 2011 and 2012 were low. Data labels are only provided for the first (2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).**p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Figure 4: Weekly or more frequent substance use in the past six months, Northern Territory, 2003-2021



Note. Among the entire sample. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

2

COVID-19

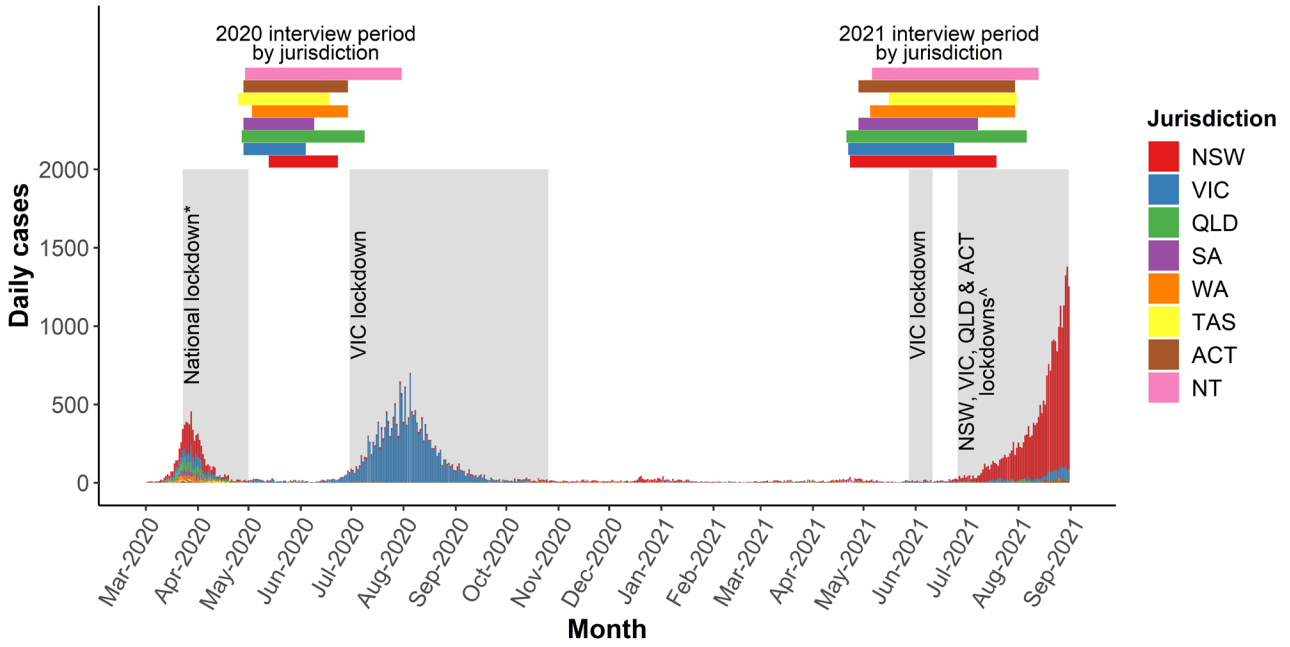
Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 455 cases 28/3/2020) which declined shortly thereafter (<20 cases per day nationally from 20/4/2020). There was a resurgence in cases from late June 2020, largely based in Victoria (peak 686 cases 5/8/2020), which subsequently declined from September onwards (<20 cases per day from 23/9/2020) (Figure 5). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30/8/2021, not including cases from 1/09/2021 onwards) and a couple of months later in Victoria (peak 86 cases 29/8/2021, not including cases from 1/09/2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31/8/2021).

As a nation of federated states and territories, public health policy including restrictions on movement and gatherings varies by jurisdiction. However, restrictions on gatherings were implemented across jurisdictions from early March 2020; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were eased across May-June 2020, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July-October 2020). Restrictions were re-introduced in Victoria from May 27 to June 10, 2021, and in NSW from 26 June 2021 onwards, with other jurisdictions (VIC, SA, QLD and ACT) introducing restrictions shortly thereafter.

Notably, most of the 2021 EDRS surveys occurred before the most recent wave of cases and subsequent introduction of restrictions. However, Figure 5 illustrates how COVID-19 restrictions throughout 2020-2021 may have impacted substance use, particularly those used in the context of entertainment venues and other recreational locations (which were often closed throughout periods of restrictions and beyond).

Figure 5: Timeline of COVID-19 in Australia and EDRS data collection period, 2020-2021

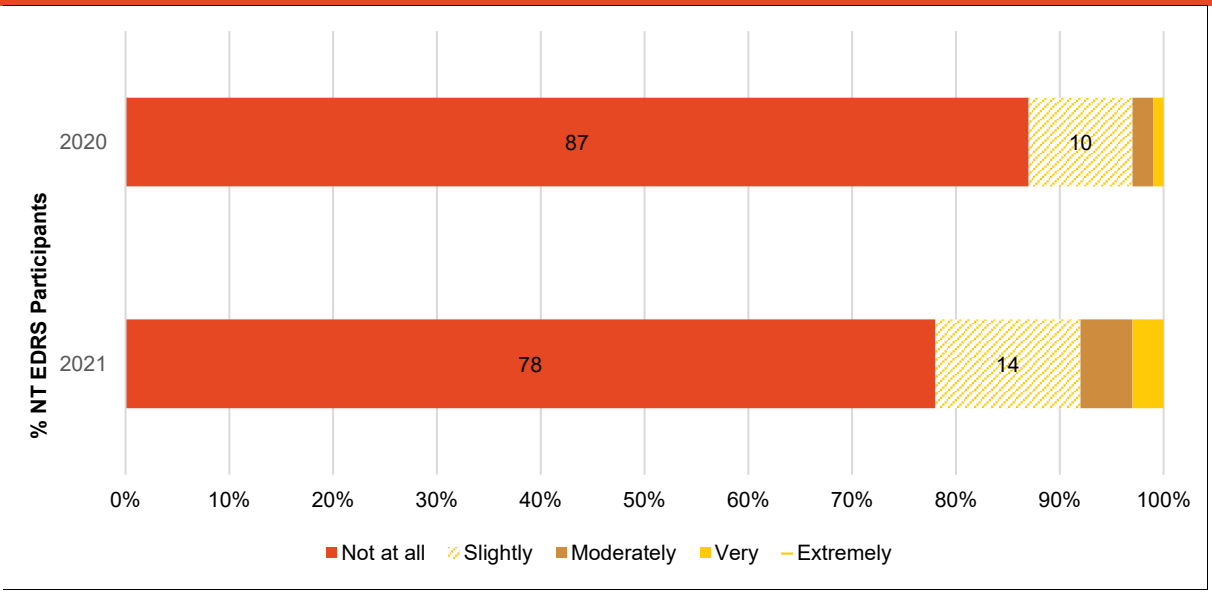


Notes: data obtained from http://www.covid19data.com.au. Only lockdowns of >7 days and affecting at least an entire city are displayed. *National stay-at-home orders began lifting dependent on jurisdiction from May 1 2020. ^NSW lockdown 26 June 2021 onwards; VIC lockdowns 14 July-27 July 2021 and 5 August 2021 onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August 2021; ACT lockdown 12 August 2021 onwards.

COVID-19 Testing and Diagnosis

In 2021, almost three-fifths of the sample (56%) had been tested for SARS-CoV-2 in the 12 months prior to interview (15% in 2020), although very few participants (n≤5) had been diagnosed with the virus. When asked how worried they currently were about contracting COVID-19, the majority (78%) responded ‘not at all’, and approximately one-tenth (14%) were ‘slightly’ worried (Figure 6). Almost one-third (29%) of the sample had received at least one-dose of the COVID-19 vaccine at the time of interview.

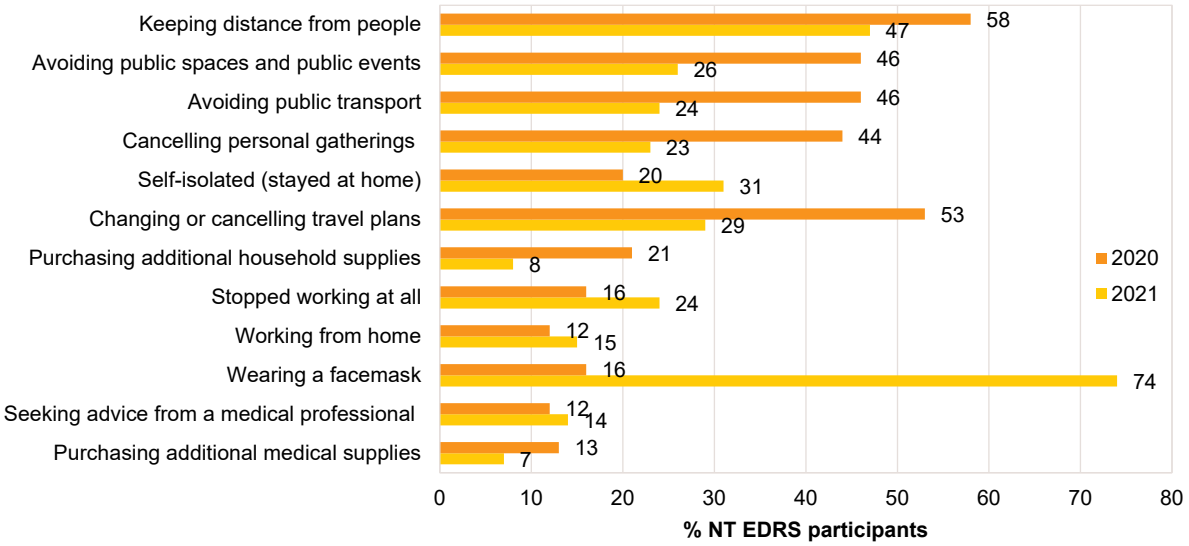
Figure 6: Current concern related to contracting COVID-19, Northern Territory, 2020-2021



COVID-19 Related Health Behaviours

Participants were asked about health precautions they had engaged in in the four weeks prior to interview (Figure 7). Most commonly, participants reported wearing a facemask (74%; facemasks were mandated in NT for a week from 27 June), keeping distance from people (47%), self-isolating (31%) and changing or cancelling travel plans (29%).

Figure 7: Health precautions related to COVID-19 in the past four weeks, Northern Territory, 2020-2021



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

3

Ecstasy/MDMA

Participants were asked about their recent (past six month) use of various forms of ecstasy (3,4-methylenedioxymethamphetamine), including pills, powder, capsules, and crystal.

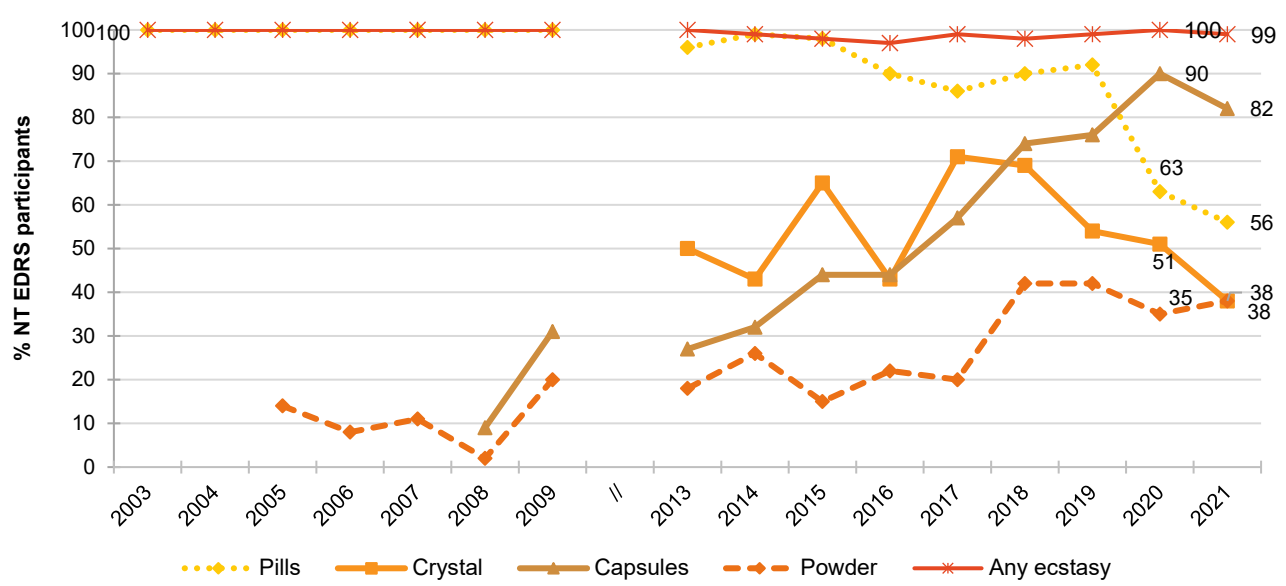
Recent Use (past 6 months)

In 2021, almost all participants (99%) reported using any form of ecstasy in the six months prior to the interview (100% in 2020). This is consistent with previous years (Figure 8) and a reflection of the interview eligibility criteria (see Methods for the Annual Interviews). In 2020, more participants reported recent use of capsules than pills for the first time since monitoring began; this trend continued in 2021.

Frequency of Use

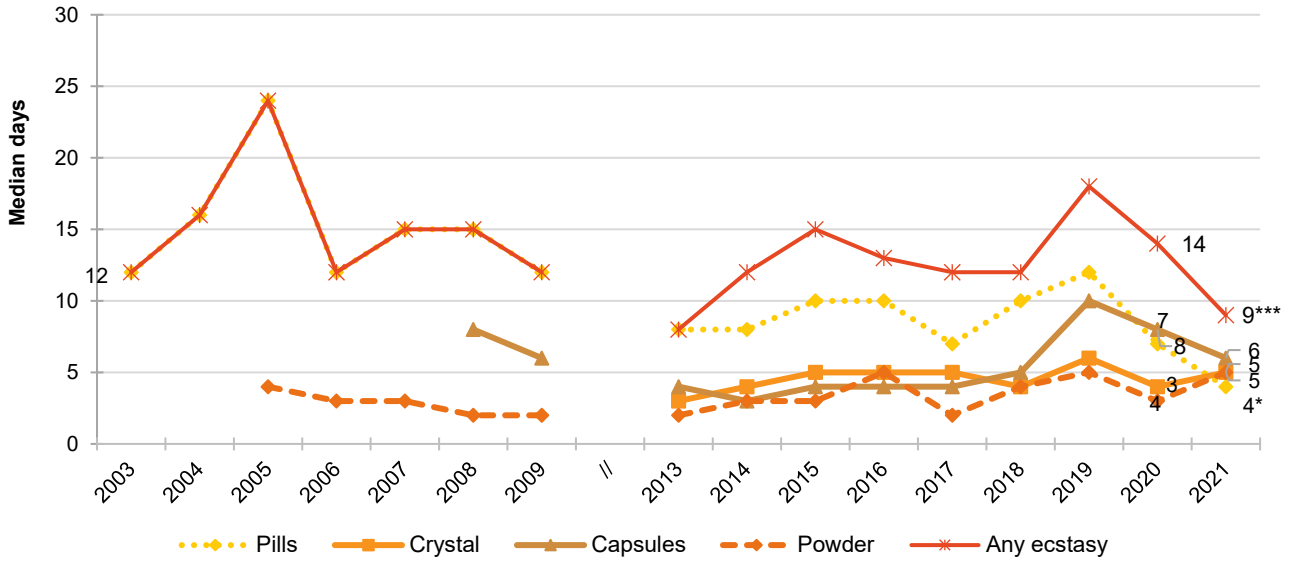
The median days of use of any ecstasy decreased significantly to 9 days (IQR=6-16; 14 days in 2020, IQR=10-24; $p<0.001$; Figure 9). However, the percent of participants reporting weekly or more frequent use remained stable (19% versus 31% in 2020; $p=0.079$).

Figure 8: Past six month use of any ecstasy, and ecstasy pills, powder, capsules and crystal, Northern Territory, 2003-2021



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).*$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2020 versus 2021.

Figure 9: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Northern Territory, 2003-2021



Note. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): In 2020, for the first time since monitoring began, pills were no longer the most common form of ecstasy used in the past six months. Recent use remained stable in 2021 (56% versus 63% in 2020; *p*=0.387; Figure 8).

Frequency of Use: Frequency of use declined to a median of four days in 2021 (IQR=2-10; n=56; less than once a month) compared to 7 days in 2020 (IQR=3-14; n=63; *p*=0.017; approximately once a month) in the past six months. However, weekly or more frequent use among those who had recently used pills remained stable (n≤5; 16% in 2020; *p*=0.123).

Routes of Administration: Swallowing remained the most common route of administration in 2021 (91%; 98% in 2020; *p*=0.159), followed by snorting (38%; 25% in 2020; *p*=0.220).

Quantity: The median amount used in a 'typical' session was two pills (IQR =1-2; n=56) in 2021, similar to 2020 (2 pills; IQR=1-2, n=63; *p*=0.803). The median maximum number of pills was three (IQR=2-4; n=46), also stable since 2020 (3 pills; IQR=2-5, n=63; *p*=0.130).

Ecstasy Capsules

Recent Use (past 6 months): Capsule use has steadily increased since data collection began in 2008 and since 2020, has been the form used most often in the past 6 months among the NT sample. In 2021, the per cent reporting recent use remained stable (82% of the sample versus 90% in 2020; *p*=0.154; Figure 8).

Frequency of Use: Frequency of use among those reporting recent capsule consumption also remained stable in 2021 at a median of six days (IQR=4-12; n=82, equivalent to monthly use), compared to 8 days in 2020 (IQR=3-12, n=90; *p*=0.462; Figure 9). Accordingly, the per cent who reported weekly or more frequent use also remained stable in 2021 (10%) compared to 2020 (11%; *p*=0.968).

Routes of Administration: Swallowing remained the most common route of administration in 2021 (94%; 94% in 2020), followed by snorting (26%; 23% in 2020; *p*=0.865).

Quantity: In 2021, the median quantity used in a 'typical' session was two capsules (IQR=1-2; n=82), stable compared to 2020 (2 capsules; IQR=1-2, n=89; *p*=0.792). For the maximum amount used, participants reported a median of three capsules (IQR=2-4; n=82), also stable compared to 2020 (3 capsules; IQR=2-5, n=89; *p*=0.849).

Contents of Capsules: When asked about the last occasion they consumed a capsule (n=79), most participants (75%) reported that the capsule contained crystal, while 33% reported that it contained powder and n≤5 did not look (note: participants could select both powder and crystal).

Ecstasy Crystal

Recent Use (past 6 months): Use of ecstasy crystal has decreased since 2017 when almost three-quarters of the sample reported recent use (71%). In 2021, two-fifths (38%) reported recent use, a non-significant decrease compared to 2020 (51%; *p*=0.088; Figure 8).

Frequency of Use: Frequency of use remained stable at a median of five days (IQR=3-8; n=38) versus four days in 2020 (IQR=2-10; n=51; *p*=0.837; Figure 9). In both 2020 and 2021, small numbers (n≤5) reported using ecstasy crystal weekly or more frequently (*p*=0.958).

Routes of Administration: Among those who had recently used the crystal form, a similar per cent reported swallowing (61%; 69% in 2020; *p*=0.570) and snorting (71%; 69% in 2020; *p*=0.990).

Quantity: The median amount of ecstasy crystal used in a typical session was 0.50 grams (IQR=0.20-0.50; n=33), similar to 2020 (0.30 grams; IQR=0.20-0.50, n=40; *p*=0.157). The median maximum amount used was also 0.50 grams (IQR=0.30-1.00; n=32; 0.5 grams in 2020; IQR=0.40-1.00; n=42; *p*=0.756).

Ecstasy Powder

Recent Use (past 6 months): Powder has consistently been the least used form of ecstasy since reporting began. While recent use of powder doubled in 2018 (42%), it has remained

stable since (38% in 2021; 35% in 2020; *p*=0.769; Figure 8). In 2021, the same per cent reported recent use of powder and crystal forms.

Frequency of Use: Frequency of use remained stable in 2021 at a median of five days in the past six months (IQR=3-10; n=38) versus three days in 2020 (IQR=2-7; n=35; *p*=0.219; Figure 9). Small numbers (n≤5) reported using ecstasy powder weekly or more frequently in 2020 and 20201 (*p*=0.748).

Routes of Administration: Snorting remained the most common route of administration among those who reported recent use in 2020 (74%; 80% in 2020; *p*=0.718), followed by swallowing (58%; 34% in 2020; *p*=0.074).

Quantity: The median intake of ecstasy powder remained stable in 2021 at 0.50 grams (IQR=0.20-0.50; n=27), compared to 0.30 grams in 2020 (IQR=0.10-0.50; n=30; *p*=0.132). Similarly, the median maximum remained stable at 0.8 grams (IQR=0.50-1.00; n=27), compared to 0.5 grams in 2020 (IQR=0.20-1.00, n=28; *p*=0.099).

2020 (*p*=0.200). Among those able to comment in 2021 (n=78), the largest per cent reported

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The price of an ecstasy pill in the NT has gradually declined since monitoring began. However, in 2021 it increased significantly to $55 (IQR=34-75; n=24; $30 in 2020; IQR=25-35; n=60; *p*<0.001; Figure 10), the highest median price observed since monitoring began.

Perceived Purity: The perceived purity of ecstasy pills was mixed but remained stable from 2020 (*p*=0.059; Table 2). Of those able to comment in 2021 (n=54), a similar per cent reported purity as 'high' (35%; 17% in 2020) and 'medium' (33%; 28% in 2020).

Perceived Availability: Similarly, perceptions regarding the availability of pills remained stable in 2021 relative to 2020 (*p*=0.606). Among those able to comment in 2021 (n=58), a similar per cent reported ecstasy pills as 'difficult' (34%; 33% in 2020) or 'easy' to obtain (31%; 39% in 2020; Table 2).

Ecstasy Capsules

Price: The median price reported for an ecstasy capsule remained stable in 2021 ($33, IQR=30-40, n=34; $30 in 2020, IQR=25-35; n=84; *p*=0.092; Figure 10).

Perceived Purity: Perceptions of capsule purity remained stable in 2021 compared to

ecstasy capsules to be of 'medium' purity (36%; 40% in 2020; Table 2), followed 27% reporting them to be of 'low' purity (20% in 2020).

Perceived Availability: Among those able to comment (n=80), the majority reported that capsules were 'easy' (44%; 44% in 2020) or 'very easy' (29%; 17% in 2020) to obtain. Overall, perceived availability remained stable in 2021 compared to 2020 (*p*=0.268; Table 2).

Ecstasy Crystal

Price: In 2021, the median price per gram of crystal increased to $300 (IQR=250-350; n=27; $250 in 2020; IQR=150-300; n=28; *p*=0.011; Figure 11). Very few participants (n≤5) reported on the price per point in 2021.

Perceived Purity: Overall, perceived purity of ecstasy crystal remained stable in 2021 compared to 2020 (*p*=0.102). Among those able to comment in 2021 (n=42), reports of purity were diverse, with approximately one-quarter endorsing each of the four options (Table 2).

Perceived Availability: Perceived availability also remained stable in 2021 compared to 2020 (*p*=0.918). Of those able to comment in 2021 (n=43), the same per cent reported that ecstasy crystal was 'easy' and 'difficult' to obtain (40%; 40% and 34%, respectively in 2020; Table 2).

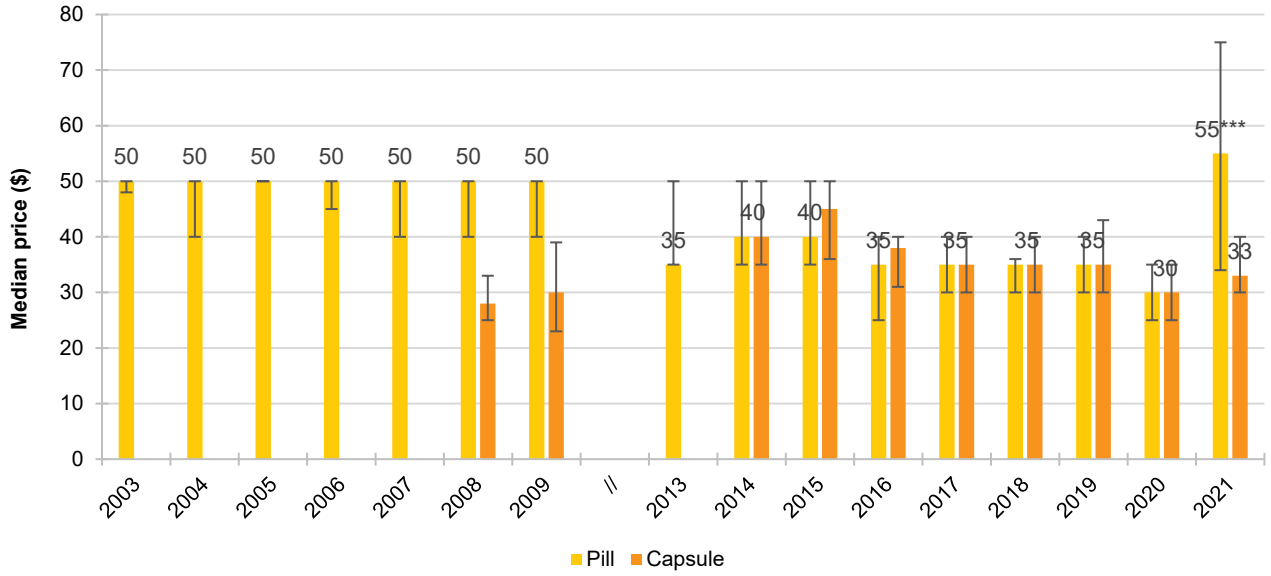
Ecstasy Powder

Price: The median reported price per gram of ecstasy powder remained stable at $280 in 2021 (IQR=250-300; n=13; $275 in 2020; IQR=150-350, n=12; Figure 11). Small numbers reported on the price of a point of powder (n≤5).

Perceived Purity: Among those able to comment in 2021 (n=20), reports of powder purity were diverse, with similar per cents endorsing each of the four options (Table 2). Overall, perceived purity was stable compared to 2020 (p=0.492).

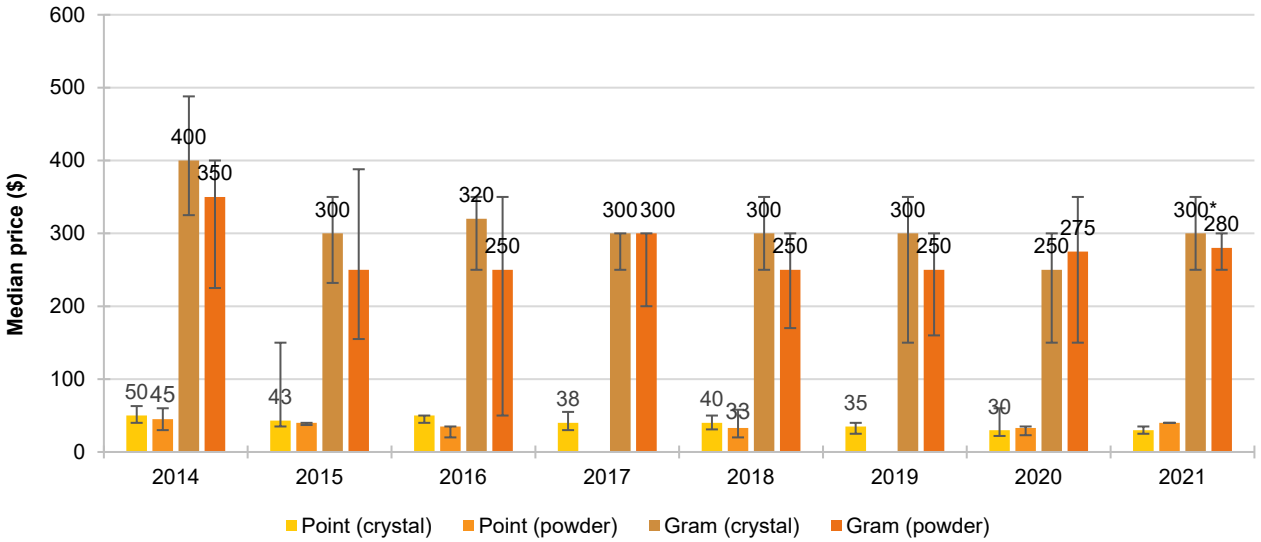
Perceived Availability: Of those who commented in 2021 (n=20), half reported that powder was 'easy' to obtain (50%; 47% in 2020; Table 2). Overall, perceived availability remained stable compared to 2020 (p=0.821).

Figure 10: Median price of ecstasy pill and capsule, Northern Territory, 2003-2021



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. No participants commented on the price of capsules in 2013. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 11: Median price of ecstasy crystal and powder per point and gram, Northern Territory, 2014-2021



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. In 2013, no participants reported on the price for ecstasy powder or crystal; therefore, the figure begins in 2014. In 2017 and 2019 no participants reported on the price for a point of ecstasy powder. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 2: Perceived purity and availability of ecstasy pills, capsules and crystal, Northern Territory, 2017-2021

	2017	2018	2019	2020	2021
Perceived Purity					
% Pills (n)	(n=71)	(n=89)	(n=96)	(n=58)	**(n=54)**
Low	14	8	20	33	**15**
Medium	41	43	35	38	**33**
High	31	26	21	17	**35**
Fluctuates	14	24	24	12	**17**
% Capsules (n)	(n=54)	(n=75)	(n=90)	(n=80)	**(n=78)**
Low	9	8	13	20	**27**
Medium	41	32	44	40	**36**
High	43	49	23	31	**21**
Fluctuates	7	11	19	9	**17**
% Crystal (n)	(n=62)	(n=62)	(n=52)	(n=38)	**(n=42)**
Low	0	10	-	-	**26**
Medium	36	23	37	40	**29**
High	61	65	44	37	**21**
Fluctuates	-	-	12	-	**24**
% Powder (n)	(n=7)	(n=19)	(n=32)	(n=18)	**(n=20)**
Low	-	26	-	40*	**-**
Medium	-	42	59	40	**30**
High	-	21	19	-	**-**
Fluctuates	0	11	-	-	**-**
Perceived Availability					
% Pills (n)	(n=73)	(n=90)	(n=97)	(n=57)	**(n=58)**
Very easy	43	27	29	-	**19**
Easy	40	52	51	39	**31**
Difficult	16	21	19	33	**34**
Very difficult	-	0	-	18	**16**
% Capsules (n)	(n=53)	(n=75)	(n=90)	(n=82)	**(n=80)**
Very easy	32	12	33	17	**29**
Easy	51	59	47	44	**44**
Difficult	15	28	17	31	**21**
Very difficult	-	-	-	9	**-**
% Crystal (n)	(n=62)	(n=61)	(n=51)	(n=38)	**(n=43)**
Very easy	34	13	-	-	**-**
Easy	39	48	57	40	**40**
Difficult	23	31	33	34	**40**
Very difficult	-	-	0	-	**-**
% Powder (n)	(n=7)	(n=19)	(n=31)	(n=19)	**(n=20)**
Very easy	43	16	-	-	**-**
Easy	14	47	61	47	**50**
Difficult	43	37	29	37	**-**
Very difficult	0	0	0	-	**-**

Note. The response option 'Don't know' was excluded from analysis. - Percentage suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

4

Methamphetamine

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

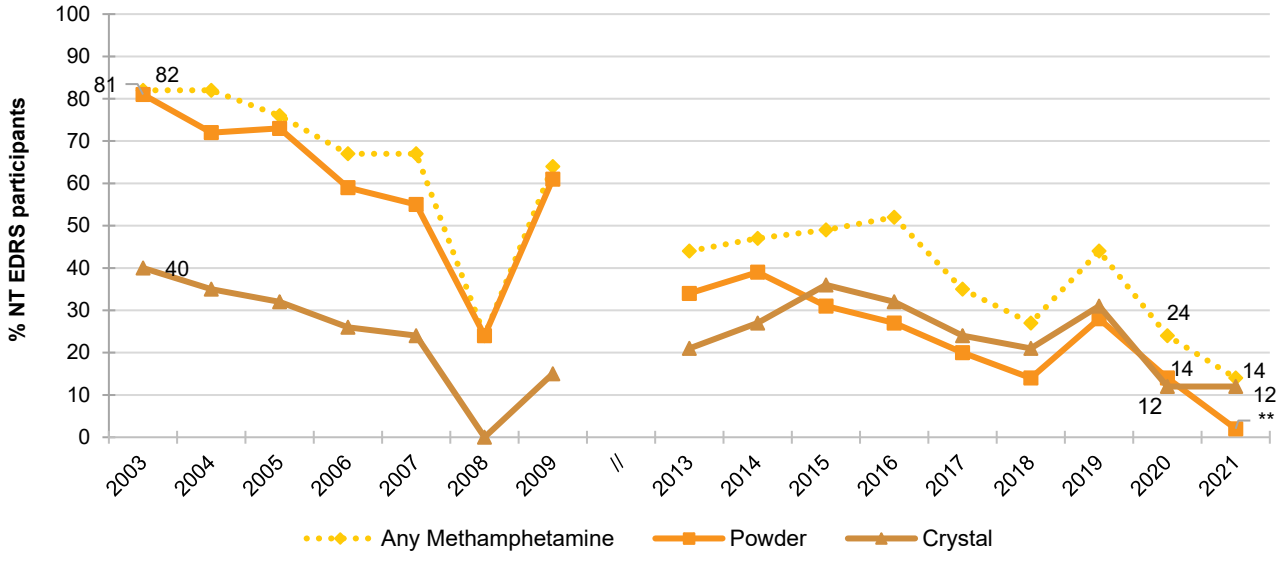
Recent Use (past 6 months)

After an increase in 2019, recent use of methamphetamine decreased among the NT EDRS sample in 2020 (24%) and remained stable in 2021 (14%; *p*=0.105; Figure 12).

Frequency of Use

Frequency of use of any methamphetamine followed a similar pattern (Figure 13). After increasing in 2019, frequency of use declined in 2020 and remained stable in 2021 at a median of two days of use in the past six months (IQR=1-6 days; median 2 days in 2020, IQR=1-5; *p*=0.987). Accordingly, few participants reported weekly or more use of methamphetamine in 2020 and 2021 (n≤5).

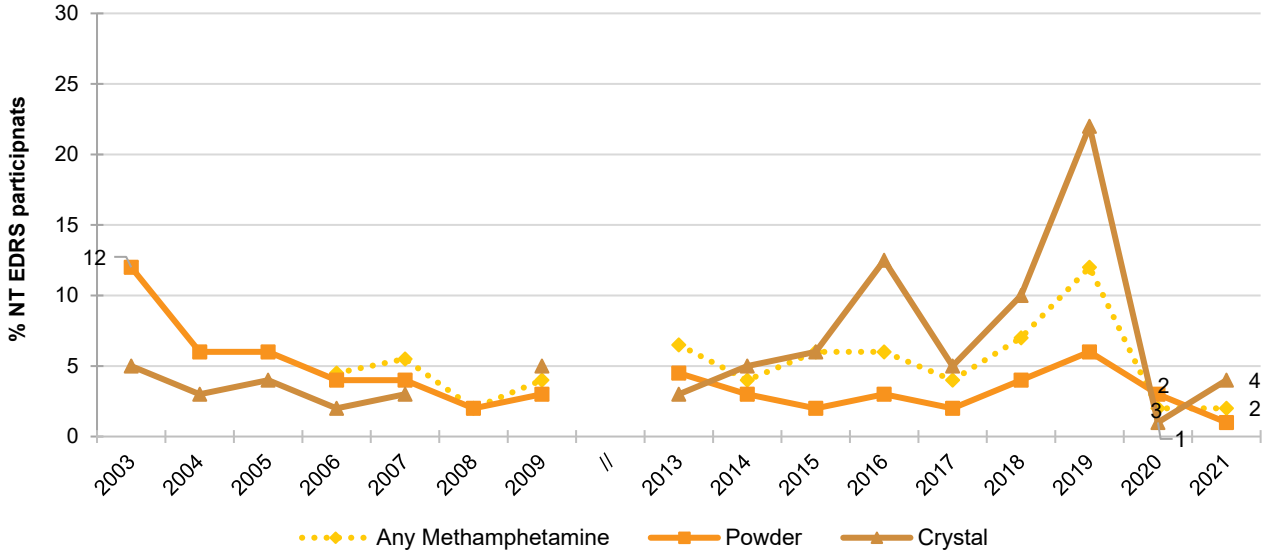
Figure 12: Past six month use of any methamphetamine, powder and crystal, Northern Territory, 2003-2021



Note. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years

(2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 13: Median days of any methamphetamine, powder and crystal use in the past six months, Northern Territory, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of consumption

Methamphetamine Powder

Recent Use (past 6 months): In 2021, use of methamphetamine powder decreased significantly, with few participants reporting past six-month use (n≤5; 14% in 2020; p=0.004).

Due to the small numbers reporting on recent use of methamphetamine powder, data on frequency of use, routes of administration, and quantity of use are not reported. For further information, please refer to the National EDRS Report or contact the Drug Trends team.

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of methamphetamine crystal remained stable in 2021 (12%; 12% in 2020).

Frequency of Use: Frequency of methamphetamine crystal use also remained stable in 2021. Participants who reported recent use of the crystal form reported use on a median of four days (IQR=1-7, n=12) versus one day in 2020 (IQR=1-8; n=12; p=0.757). Very few (n≤5) participants who had recently used crystal methamphetamine reported weekly or more frequent use in 2020 and 2021.

Routes of Administration: Smoking remained the most common route of administration reported by recent consumers (75% in 2020 and 2021).

Quantity: The median amount used in a 'typical' session was 0.20 grams (IQR =0.10-0.30; n=9) in 2021. The median maximum quantity used was 0.30 grams (IQR=0.20-0.50; n=9). Few participants (n≤5) reported on quantity of use in 2020 so statistical testing was not performed.

Methamphetamine Base

Base has consistently been the least commonly used form of methamphetamine in the NT EDRS sample. For further information

refer to the National EDRS Report or contact the Drug Trends team

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Few participants reported on the perceived price, purity and availability regarding methamphetamine powder and therefore further details are not reported. For a historical overview please see Figure 14, Figure 15 and Figure 16. For further information refer to the National EDRS Report or contact the Drug Trends team.

Methamphetamine Crystal

Price: Few participants (n≤5) reported on the price of methamphetamine crystal in 2021, so data are not reported in text. Instead, please refer to Figure 17 for a historical overview.

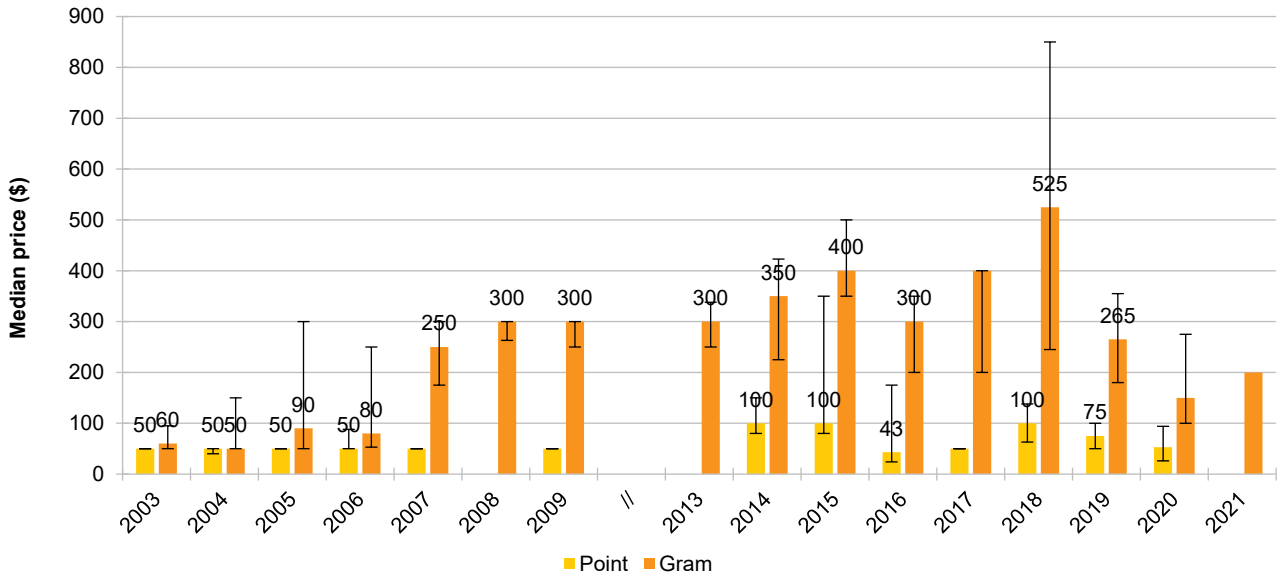
Perceived Purity: In 2021, among participants who could comment (n=16), the largest per cent perceived the current purity of crystal methamphetamine to be 'high' (50%; few participants commented in 2020). Few participants reported on perceived purity in 2020, so no comparisons are presented in text. Instead, please refer to Figure 18 for a historical overview.

Perceived Availability: In 2021, among participants who could comment (n=16), the majority perceived the current availability of crystal methamphetamine as 'easy' (63%). Few participants reported on perceived availability in 2020, so no comparisons are presented in text. Instead, please refer to Figure 19 for a historical overview.

Methamphetamine Base

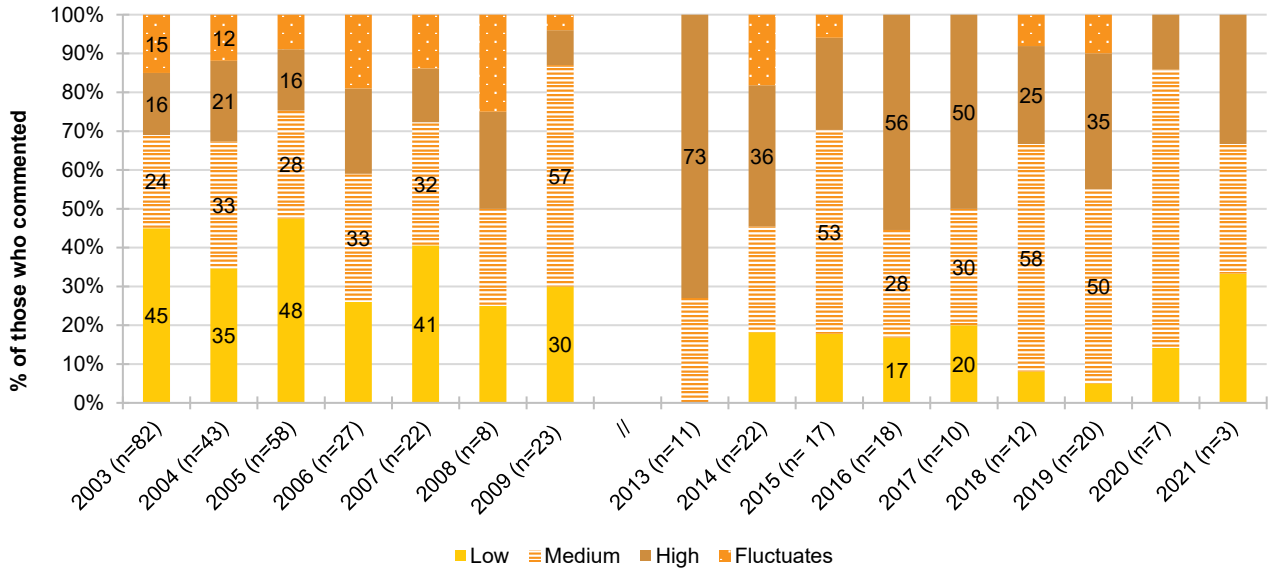
Few participants reported on the perceived price, purity and availability of base methamphetamine and therefore further details are not reported. For further information refer to the National EDRS Report or contact the Drug Trends team.

Figure 14: Median price of methamphetamine powder per point and gram, Northern Territory, 2003-2021



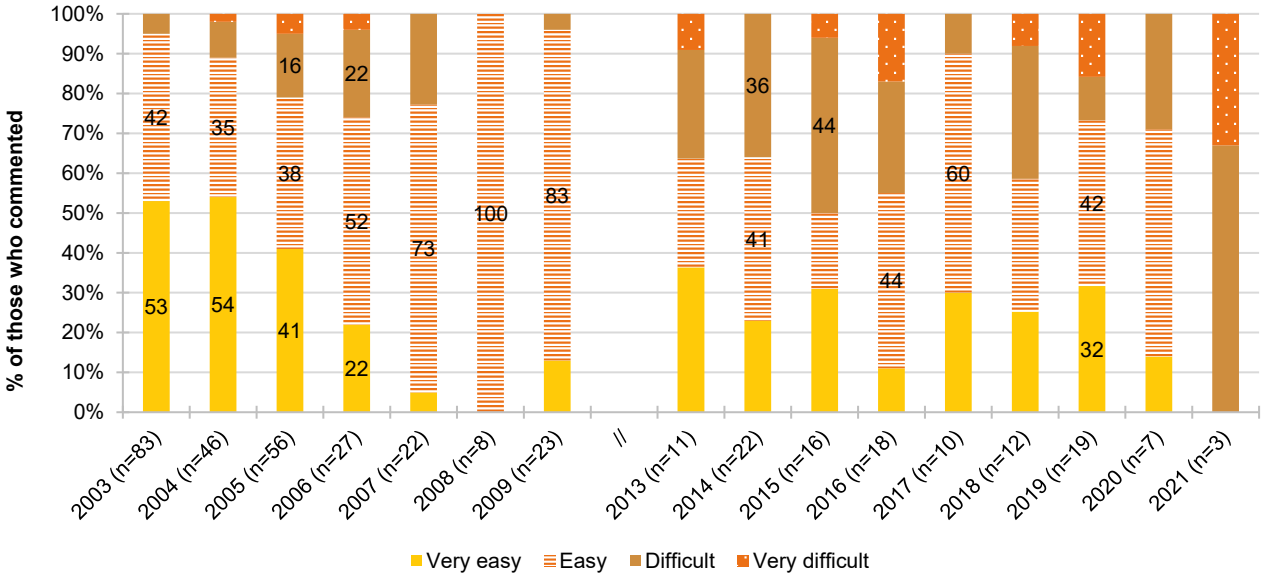
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret the data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008, 2013 and 2020 should be interpreted with caution. In 2008 and 2021, no one commented on the price of a point. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 15: Current perceived purity of methamphetamine powder, Northern Territory, 2003-2021



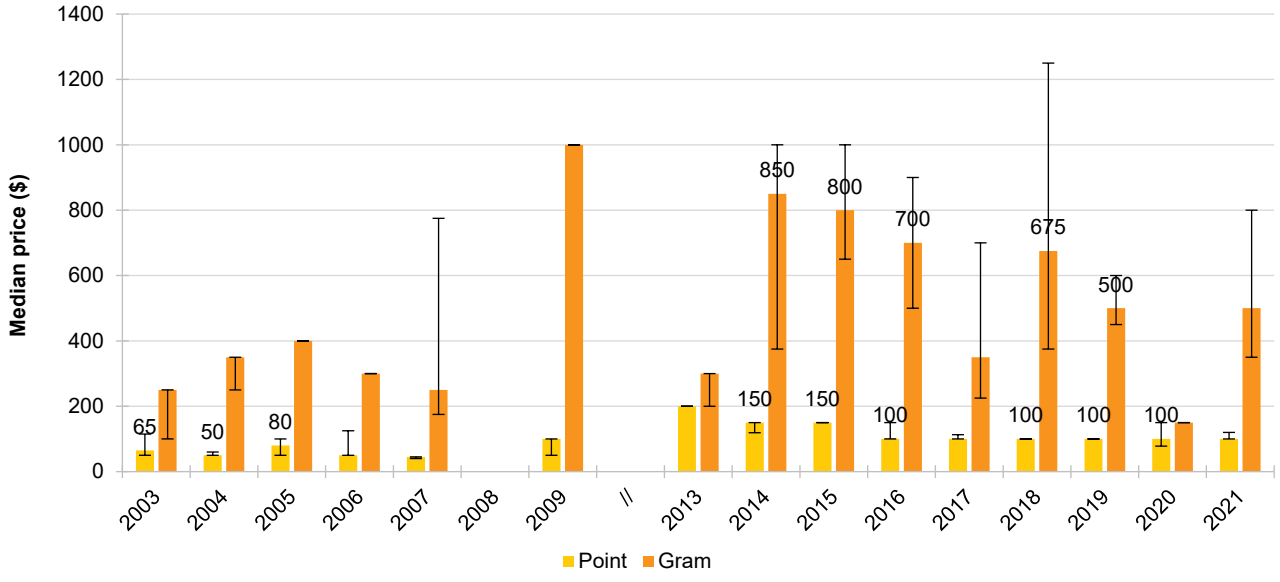
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008, 2013 and 2020 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 16: Current perceived availability of methamphetamine powder, Northern Territory, 2003-2021



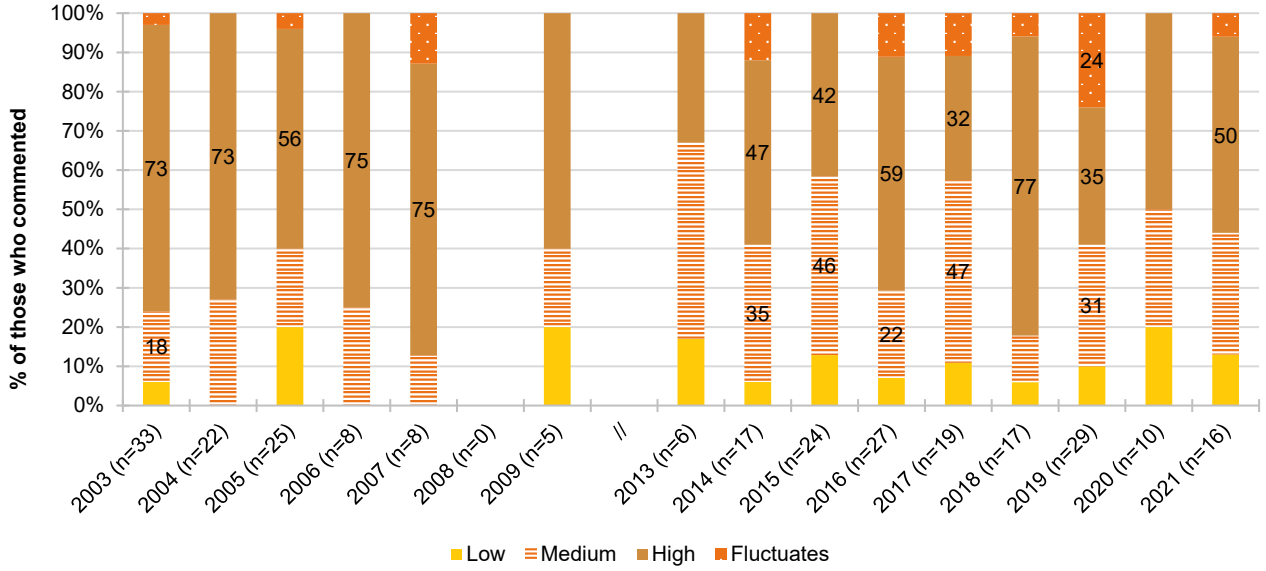
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 17: Median price of crystal methamphetamine per point and gram, Northern Territory, 2003-2021



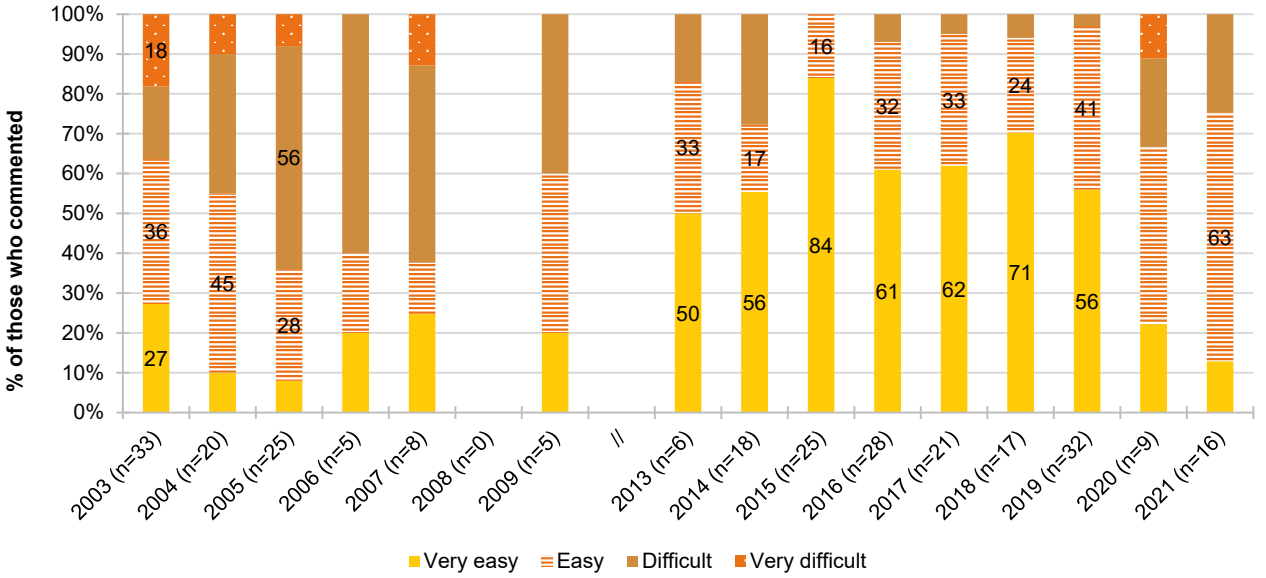
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. In 2008, no participants commented on the price of a point or gram. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 18: Current perceived purity of crystal methamphetamine, Northern Territory, 2003-2021



Note. The response 'Don't know' was excluded from analysis. In 2008, no participants answered this question. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 19: Current perceived availability of crystal methamphetamine, Northern Territory, 2003-2021



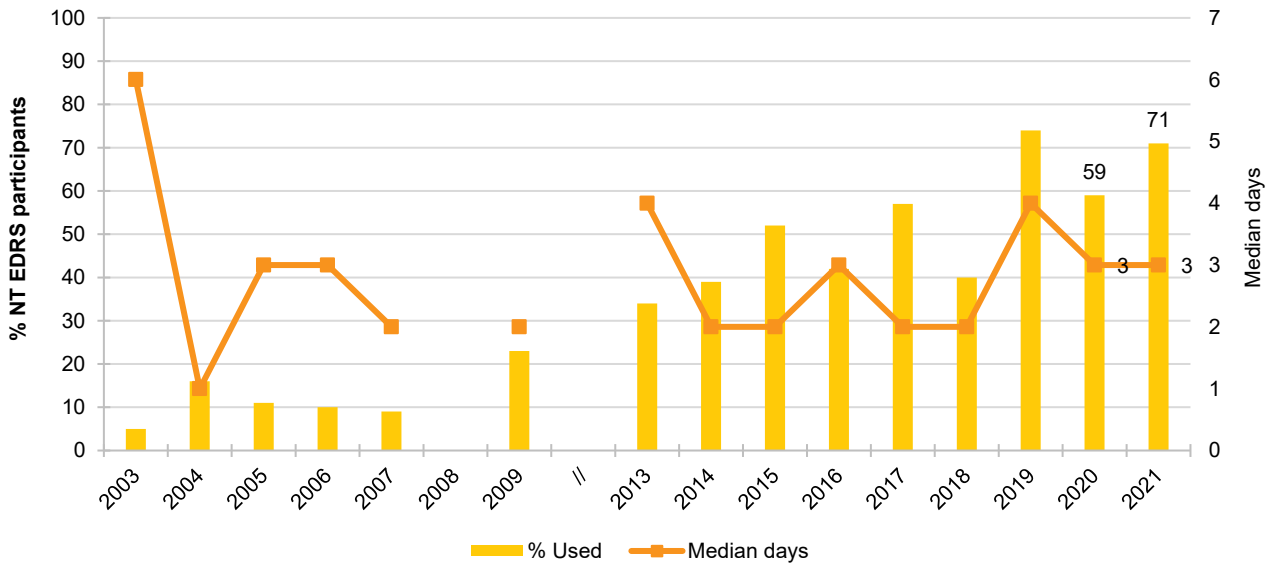
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

5

Cocaine

Participants were asked about their recent (past six month) use of various forms of 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.

Figure 20: Past six month use and frequency of use of cocaine, Northern Territory, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 7 to improve visibility of trends for days of use. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Recent Use (past 6 months): Recent use of cocaine among the NT sample has generally increased since reporting began, although there has been some variability over time (Figure 20). In 2021, almost three-quarters (71%) of the sample reported recent use, which was similar to 2020 (59%; p=0.103).

Frequency of Use: Frequency of use remained stable and low at a median of three days in 2021 (equivalent to once every two months; IQR=2-5, n=71; 3 days in 2020, IQR=2-6; n=59; p=0.851; Figure 20). No participants reported weekly or more frequent use in 2021, a decrease compared to 2020 (n≤5; p=0.041).

Routes of Administration: Among those who used cocaine recently (n=71), snorting remained the most common route of administration (97%; 98% in 2020).

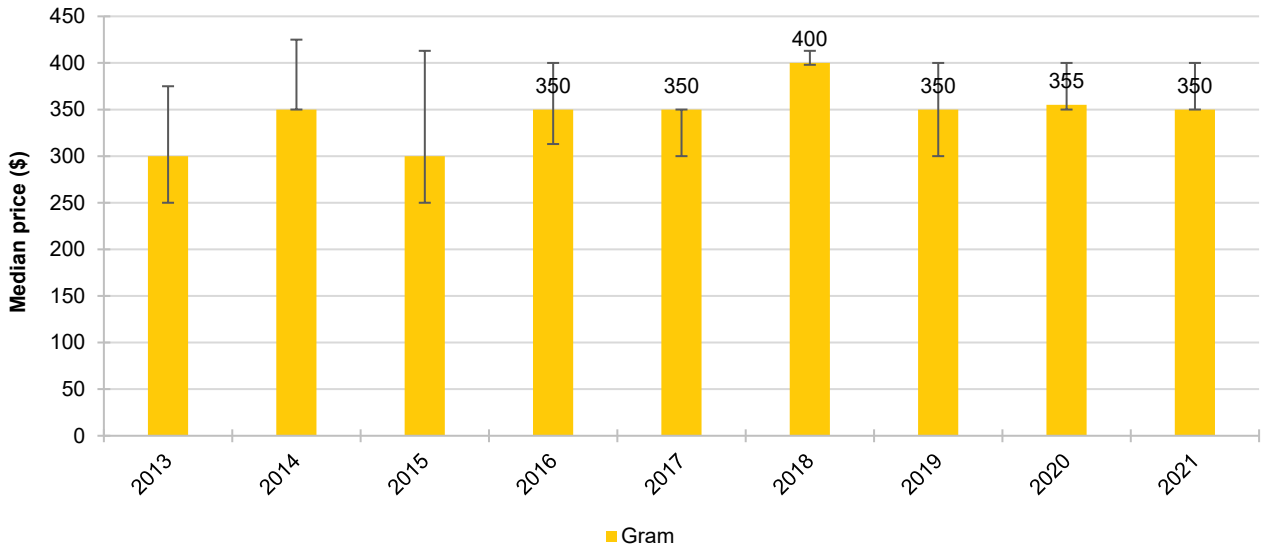
Quantity: The median intake during a typical session was 0.50 grams (IQR=0.30-1.00; n=48), similar to 2020 (0.50 grams; IQR=0.30-0.50; n=42; *p*=0.464). When asked about their maximum intake of cocaine in the past six months, participants also reported a median of one gram (IQR=0.50-1.10; n=48). Again, this was similar to the maximum amount reported in 2020 (median 0.50 grams; IQR=0.4-1.0; n=42; *p*=0.270).

Price: In 2021, the median price per gram of cocaine was $350 (IQR=350-400; n=31), stable compared to 2020 ($355; IQR=350-400, n=38; *p*=0.671; Figure 21). Small numbers (n≤5) were able to comment on the price per point of cocaine, so figures and significance testing are not presented.

Perceived Purity: Among those able to comment in 2021 (n=52), the largest per cent (38%; 38% in 2020) reported that the purity of cocaine was 'low', followed by 27% who reported that it was 'medium' (30% in 2020). Overall, perceived purity remained stable in 2021 compared to 2020 (*p*=0.889; Figure 22).

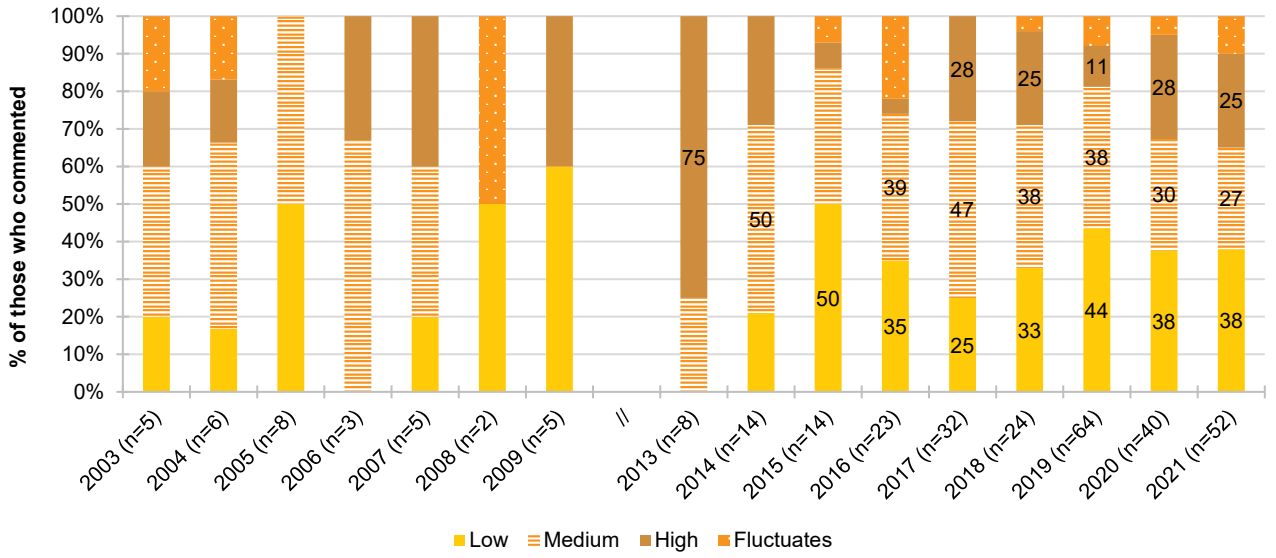
Perceived Availability: Among those able to comment in 2021 (n=51), the largest percent (43%) reported that cocaine was 'difficult' to obtain (25% in 2020), while 25% reported that it was 'easy' to obtain (30% in 2020; Figure 23). Overall, perceived availability was similar in 2021 compared to 2020 (*p*=0.317).

Figure 21: Median price of cocaine per gram, Northern Territory, 2013-2021



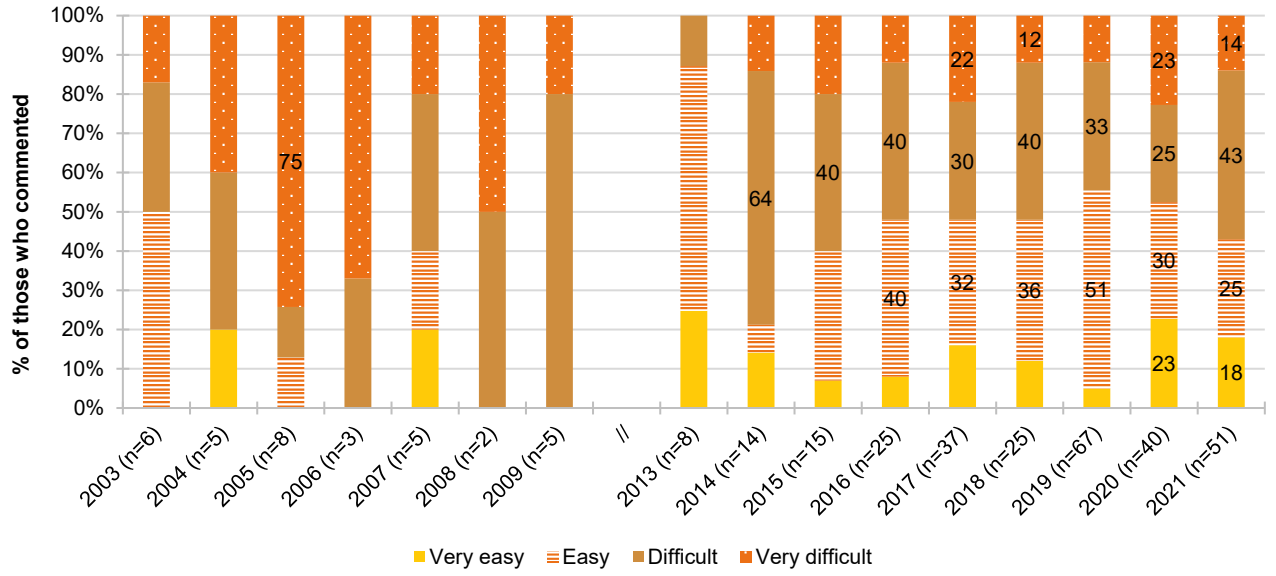
Note. Among those who commented. Prices not reported prior to 2013 due to small numbers commenting. The error bars represent the IQR. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0) *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 22: Current perceived purity of cocaine, Northern Territory, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 23: Current perceived availability of cocaine, Northern Territory, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

The proportion of the NT sample reporting recent use of cannabis in 2021 remained stable at 83% (91% in 2020; *p*=0.141; Figure 24).

Frequency of Use

Frequency of use was relatively similar among recent consumers at a median of 90 days in 2021 (equivalent to every second day; IQR=11-180; n=83) versus a median of 48 days in 2020 (IQR=14-180, n=91; *p*=0.487; Figure 24). Accordingly, the proportion of recent consumers reporting weekly or more frequent use remained stable in 2021 (69% versus 63% in 2020; *p*=0.498).

Routes of Administration

Smoking has consistently been reported by nearly all participants who reported recent use of cannabis (94%; 97% in 2020; *p*=0.620). In 2021, 28% reported swallowing (20% in 2020; *p*=0.293) and 17% reported inhaling/vaporising (20% in 2020; *p*=0.765).

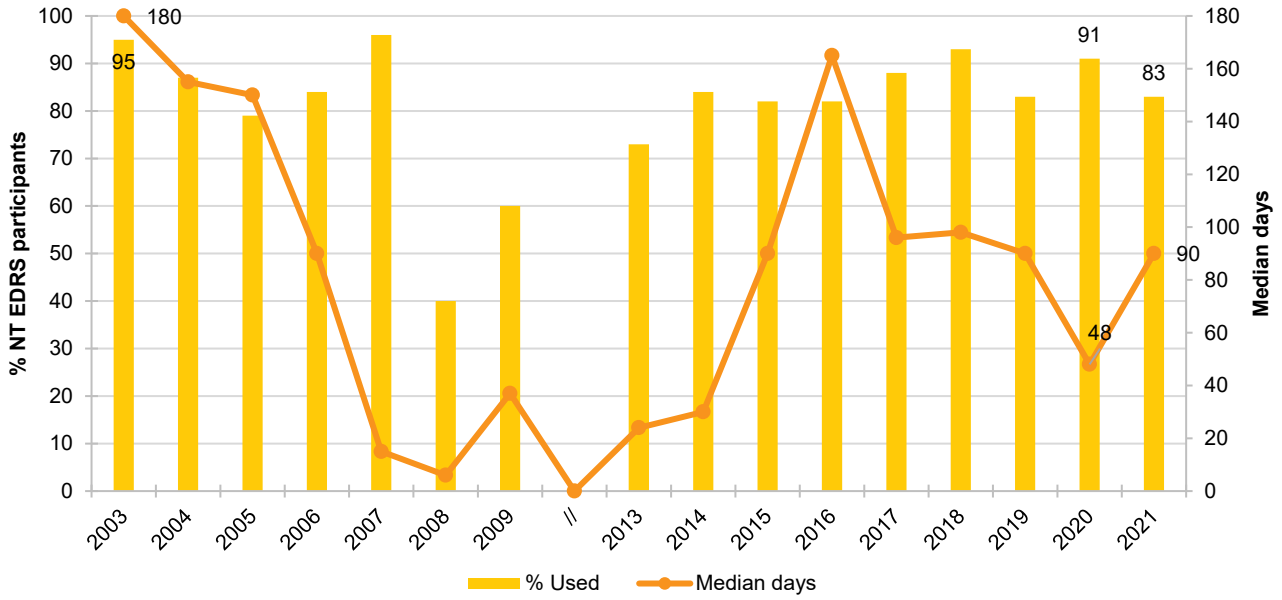
Quantity

When asked about the amount of cannabis used on their last occasion of use, participants reported using a median of 1 gram in 2021 (IQR=0.5-2.0; n=34; 1.1 grams in 2020; IQR=1-2; n=40; *p*=0.860) or 1 joint (IQR=0.5-2.0; n=33; 1 joint in 2020; IQR=1-2, n=26; *p*=0.671).

Forms Used

Among those who had recently consumed cannabis, three-quarters (73%) reported recent use of hydroponic cannabis (71% in 2020; *p*=0.976), while 59%, 9% and 9% reported recent use of bush cannabis, hashish and hash oil, respectively (60%; 13%, *p*=0.669; and 16%, *p*=0.374, respectively in 2020). Few participants (n≤5) reported recent use of pharmaceutical CBD oil (not asked in 2020).

Figure 24: Past six month use and frequency of use of cannabis, Northern Territory, 2003-2021



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 samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Market Trends

Hydroponic Cannabis

Price: In 2021, the median price for a gram ($30; IQR=30-30; n=8) and an ounce ($450; IQR=400-450; n=17) of hydroponic cannabis remained stable relative to 2020 ($30; IQR=30-30; n=17; p=0.118 and $435; IQR=394-450; n=20; p=0.173, respectively, Figure 25).

Perceived Potency: Among those able to comment in 2021 (n=51), the majority (55%) described the potency of hydroponic cannabis as 'high'. This was stable relative to 2020 (59%) and consistent with reporting since 2013 (Figure 26). Overall, perceived potency was similar in 2021 compared to 2020 (p=0.838).

Perceived Availability: Perceived availability of hydroponic cannabis changed significantly in 2021 relative to 2020 (p<0.001). The majority of those able to comment in 2021 (n=52) reported that hydroponic cannabis was 'very easy' to obtain (52%), a decline from 16% in 2020. However, the per cent of participants describing availability as 'difficult' or 'very difficult' remained similar between 2021 (16%) and 2020 (22%; Figure 27).

Bush Cannabis

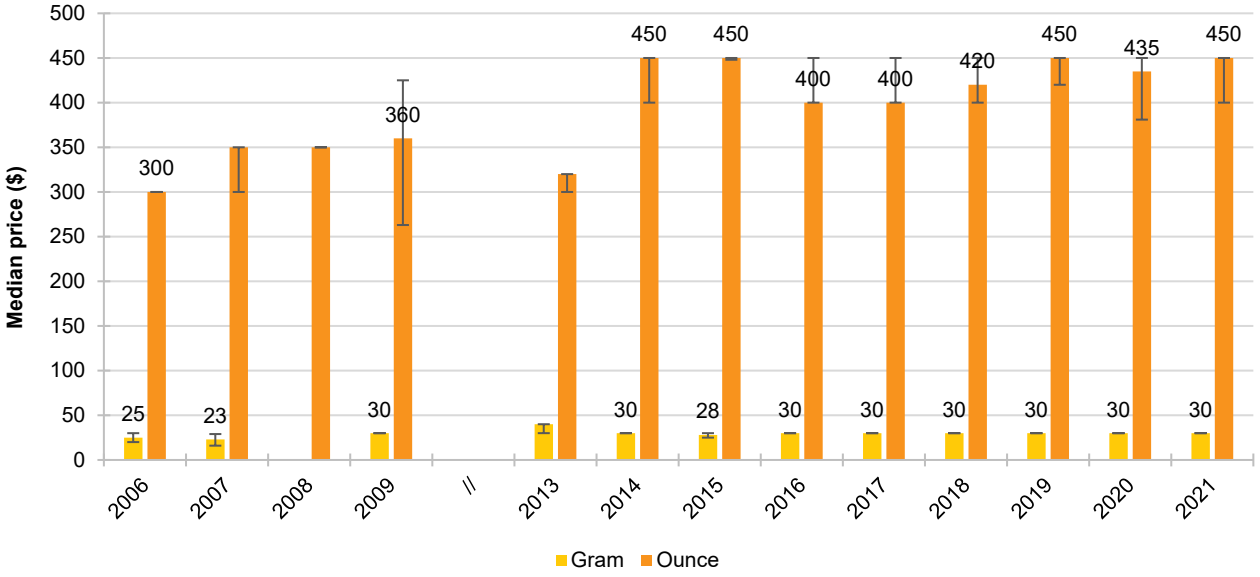
Price: The price of bush cannabis remained stable at a median of $400 per ounce (IQR=250-425; n=11; $400 in 2020; IQR=325-425; n=12; p=0.575; Figure 25). Few participants (n≤5) reported on price per gram of bush cannabis in 2021.

Perceived Potency: Perceived potency of bush cannabis was stable between 2021 and 2020 (p=0.114). Of those able to comment in 2021 (n=38), the majority described the potency as 'high' (42%; 26% in 2020) or 'medium' (34%; 36% in 2020; Figure 26).

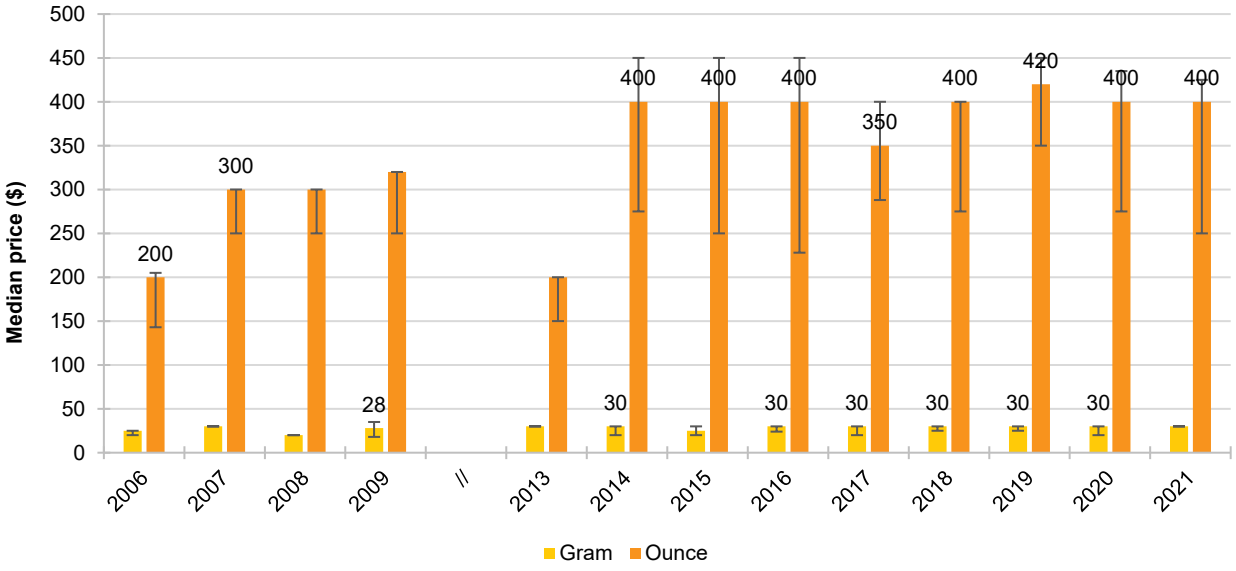
Perceived Availability: Perceived availability of bush cannabis was stable between 2021 and 2020 (p=0.271). Among those able to comment in 2021 (n=38), the largest per cent (39%) described bush cannabis as 'very easy' to obtain (30% in 2020; Figure 27).

Figure 25: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Northern Territory, 2006-2021

(A) Hydroponic cannabis

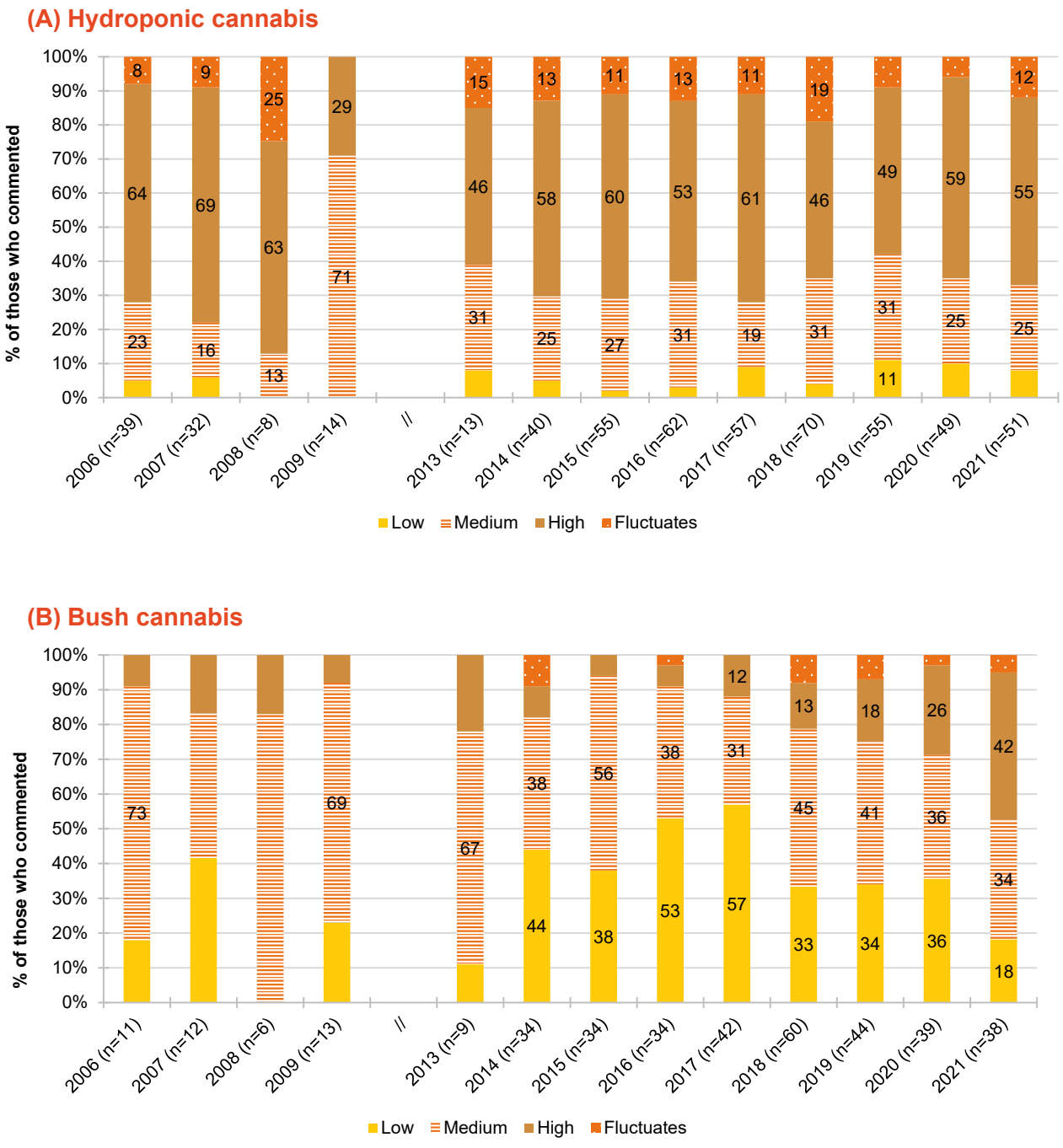


(B) Bush cannabis



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures where a small number of participants (i.e. n≤5) responded. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels have been removed from figures small cell size (i.e. n≤5 but not 0). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

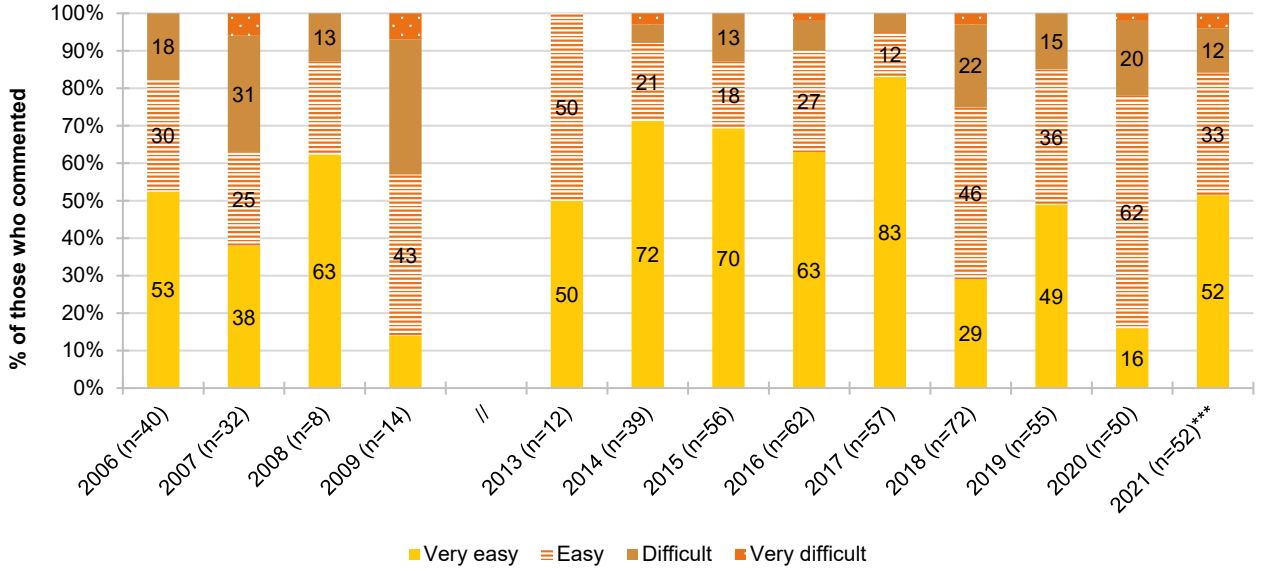
Figure 26: Current perceived potency of hydroponic (A) and bush (B) cannabis, Northern Territory, 2006-2021



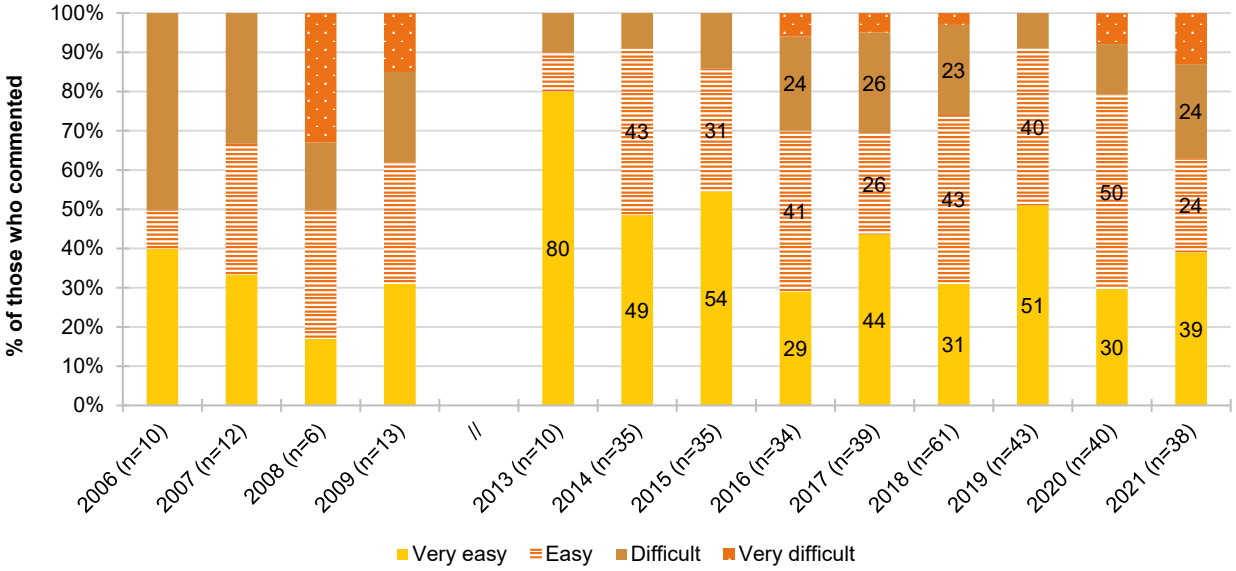
Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 27: Current perceived availability of hydroponic (A) and bush (B) cannabis, Northern Territory, 2006-2021

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

7

Ketamine, LSD and DMT

Ketamine

Patterns of Consumption

Recent Use (past 6 months): In 2021, 55% of the NT EDRS sample reported recent use of ketamine, a significant increase from 2020 (24%, $p<0.001$; Figure 28).

Frequency of Use: However, frequency of use remained low in 2021. Participants who had recently used ketamine reported use on a median of three days in the past 6 months (IQR=2-10; n=54; 2 days in 2020; IQR=2-5; n=24; $p=0.207$), with very few consumers (n≤5) reporting weekly or more frequent use in 2021 (n≤5 in 2020; $p=0.969$).

Routes of Administration: Snorting remained the most common route of administration (98%; 100% in 2020).

Quantity: Participants who had recently used ketamine reported using a median of 0.50 grams (IQR=0.30-0.50; n=34) during a 'typical' session in 2021, similar to that reported in 2020 (0.40 grams; IQR=0.30-0.50; n=12; $p=0.665$). The median maximum amount was 0.50 grams (IQR=0.40-1.00; n=34), also stable from 2020 (0.50 grams; IQR=0.2-0.9, n=14; $p=0.299$)

Price, Perceived Purity and Perceived Availability

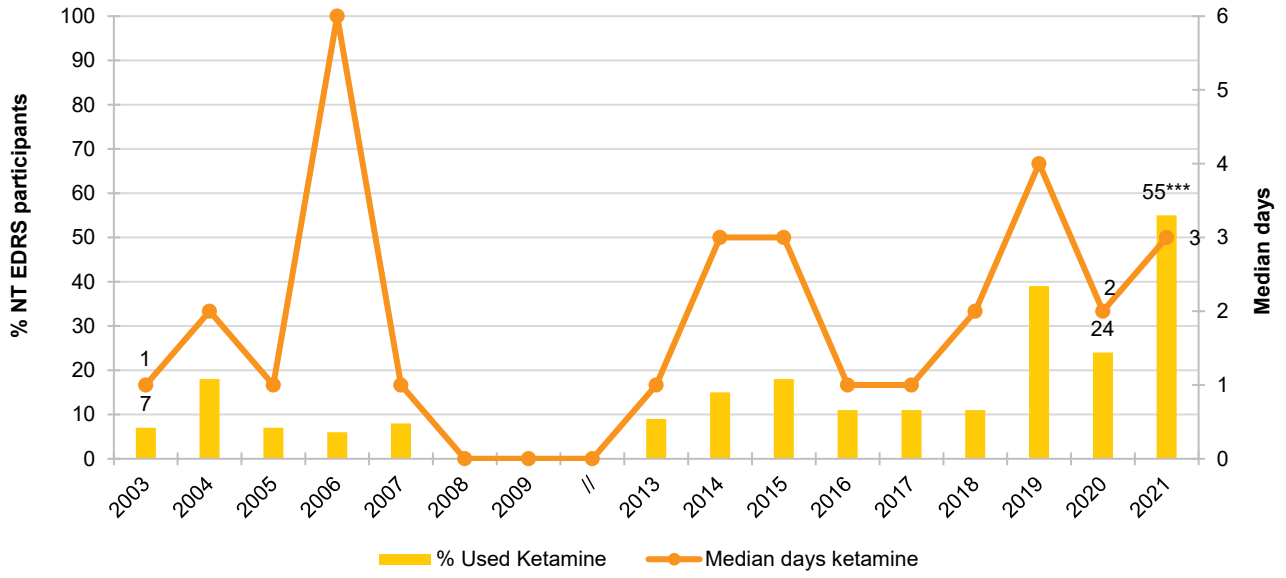
Prior to 2019, numbers reporting recent ketamine use in the NT EDRS sample were low, so data for the price, perceived purity and availability have not previously been published. Please refer to the National EDRS Report or contact the Drug Trends team for further information on historical data.

Price: The median price for a gram of ketamine in 2021 was $250 (IQR=220-250; n=31), a non-significant increase from 2020 ($200; IQR=130-306; n=8; $p=0.349$; Figure 29).

Perceived Purity: Overall, perceived purity of ketamine remained stable in 2021 relative to 2020. Among those able to comment in 2021 (n=38), most participants described the purity of ketamine as 'high' (74%; 78% in 2020; Figure 30).

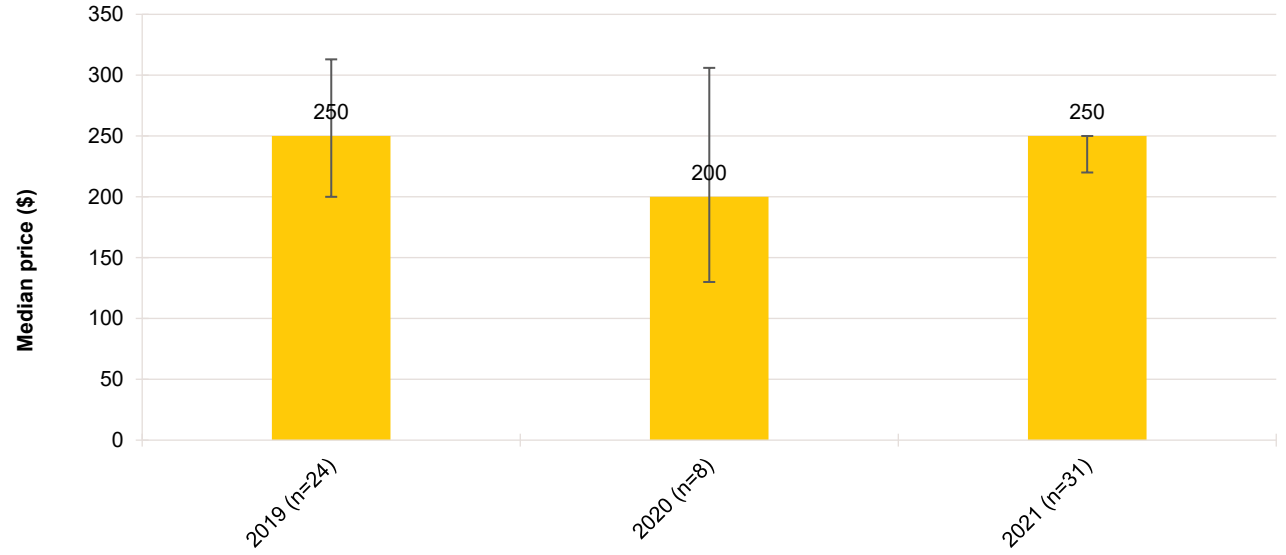
Perceived Availability: Overall, perceived availability of ketamine remained stable in 2021 relative to 2020 ($p=0.061$). Among those able to comment in 2021 (n=39), availability of ketamine was mostly reported as 'easy' or 'very easy' to obtain (72%; 31% in 2020; Figure 31).

Figure 28: Past six month use and frequency of use of ketamine, Northern Territory, 2003-2021



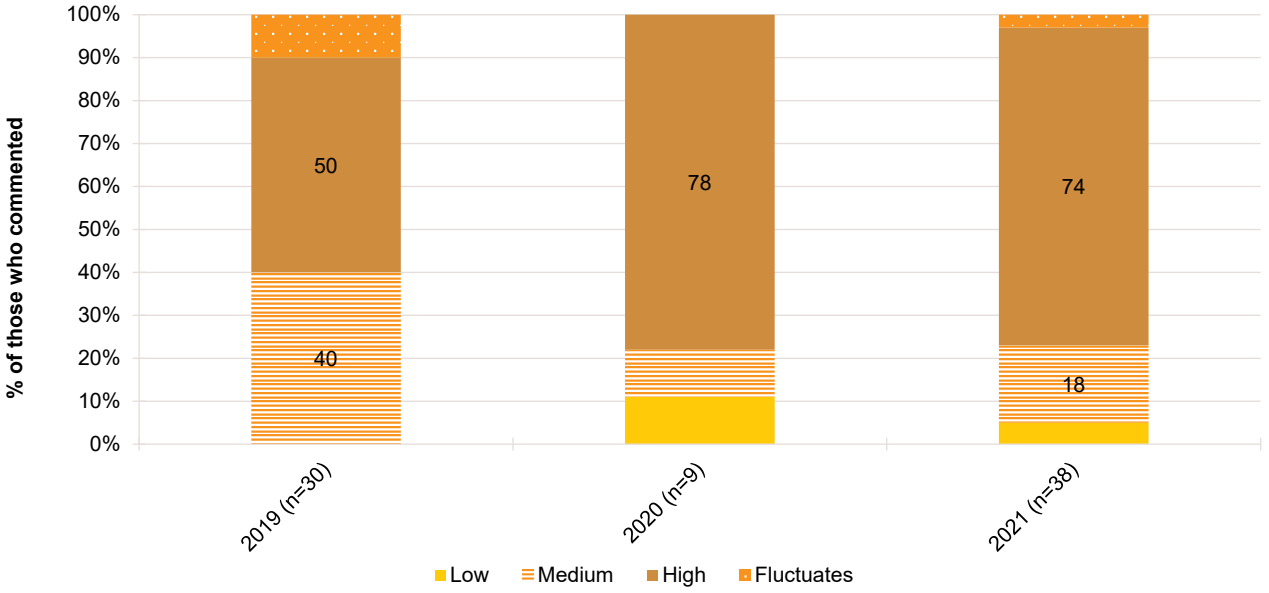
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 6 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 29: Median price of ketamine per gram, Northern Territory, 2019-2021



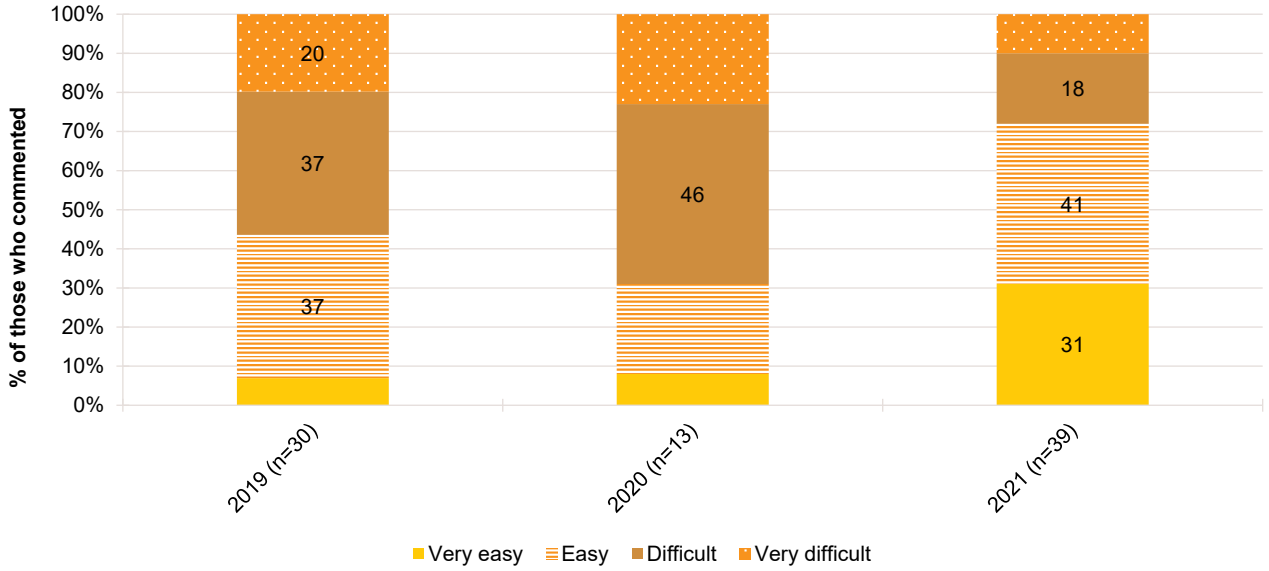
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). Prior to 2019, very few participants reported on price of ketamine, so these data are not displayed. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 30: Current perceived purity of ketamine, Northern Territory, 2019-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Prior to 2019, very few participants reported on purity of ketamine, so these data are not displayed. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 31: Current perceived availability of ketamine, Northern Territory, 2019-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Prior to 2019, very few participants reported on availability of ketamine, so these data are not displayed. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

LSD

Patterns of Consumption

Recent Use (past 6 months): In 2021, 59% of the NT EDRS sample reported recently using LSD, a significant increase relative to 2020 (42%; *p*=0.024; Figure 32).

Frequency of Use: Frequency of use among those who had recently consumed LSD remained low in 2021 (median 4 days; IQR=2-7; n=59; 3 days in 2020; IQR=2-6; n=42; *p*=0.285). Small numbers (n≤5) reported weekly or more frequent use (n≤5 in 2020).

Routes of Administration: The most common route of administration among recent consumers remained swallowing (98%; 100% in 2020).

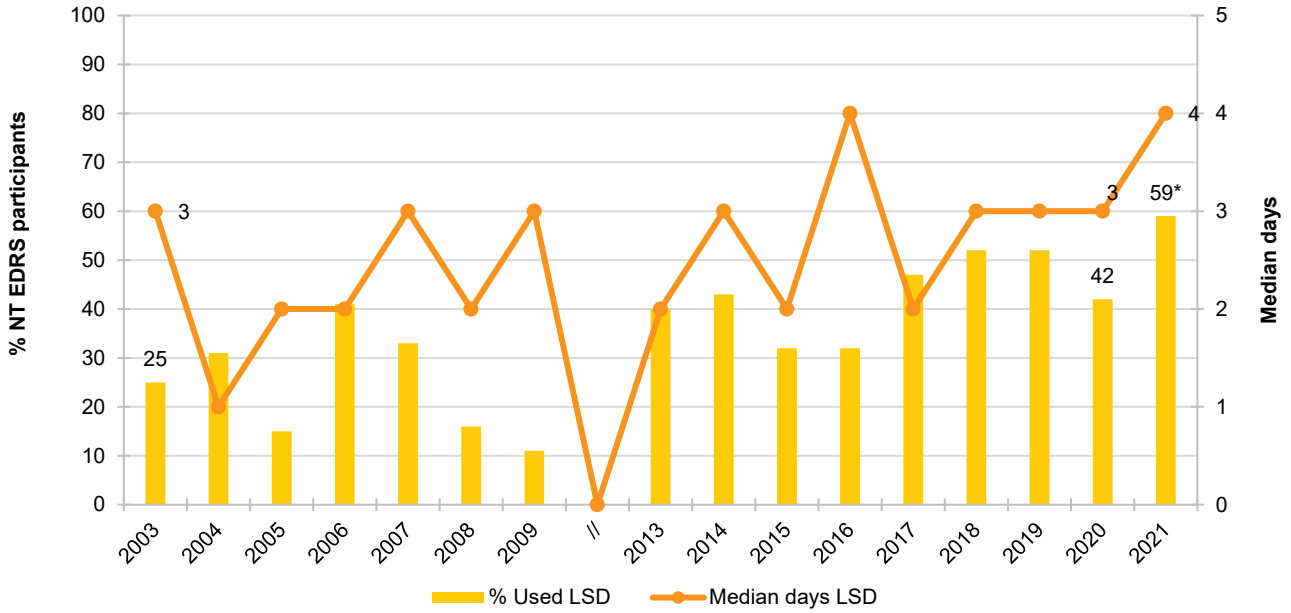
Quantity: Participants who had recently consumed LSD reported using a median of one tab during a typical session (IQR=0.80-1.00; n=42), matching the estimate of typical use in 2020 (1 tab, IQR=0.50-1.0; n=18; *p*=0.433). For maximum quantity of use in a session in the past six months, participants reported a median of two tabs (IQR=1-2; n=41), the same as reported in 2020 (two tabs; IQR=1-2, n=19; *p*=0.861).

Price: The median reported price per LSD tab in 2021 was $28 (IQR=25-30; n=26), stable from 2020 ($30; IQR=25-34, n=34; *p*=0.076; Figure 33).

Perceived Purity: The perceived purity of LSD remained stable in 2021 relative to 2020 (*p*=0.809). Of those able to comment in 2021 (n=56), the majority (64%) perceived the purity of LSD to be 'high' (74% in 2020; Figure 34).

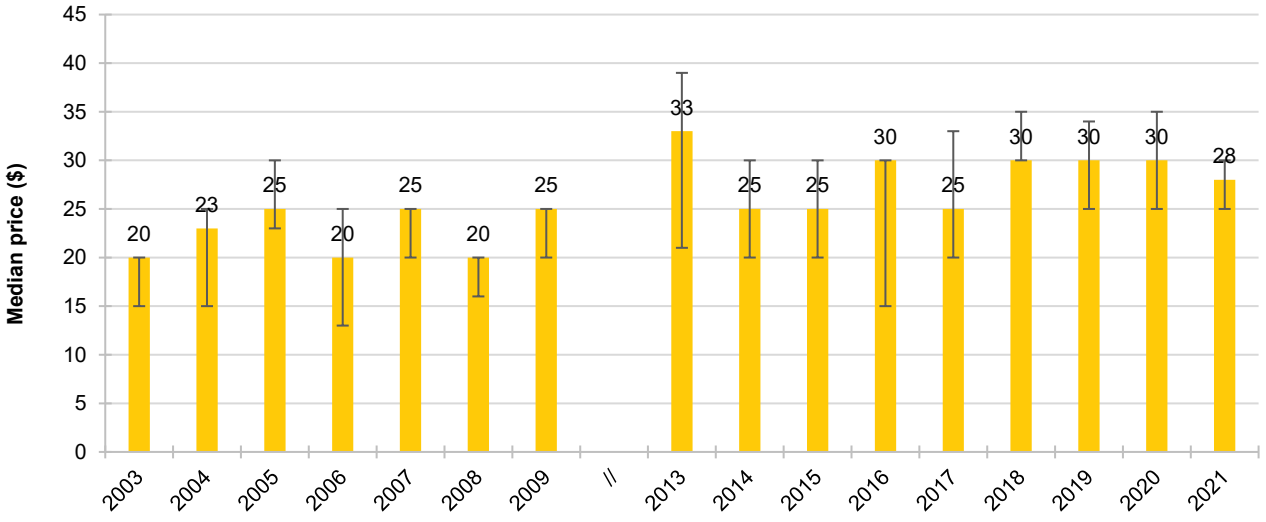
Perceived Availability: Similarly, perceived availability remained stable in 2021 relative to 2020 (*p*=0.185). Among those able to comment in 2021 (n=58), four-fifths (83%) described LSD as 'easy' or 'very easy' to obtain (69% in 2020; Figure 35).

Figure 32: Past six month use and frequency of use of LSD, Northern Territory, 2003-2021



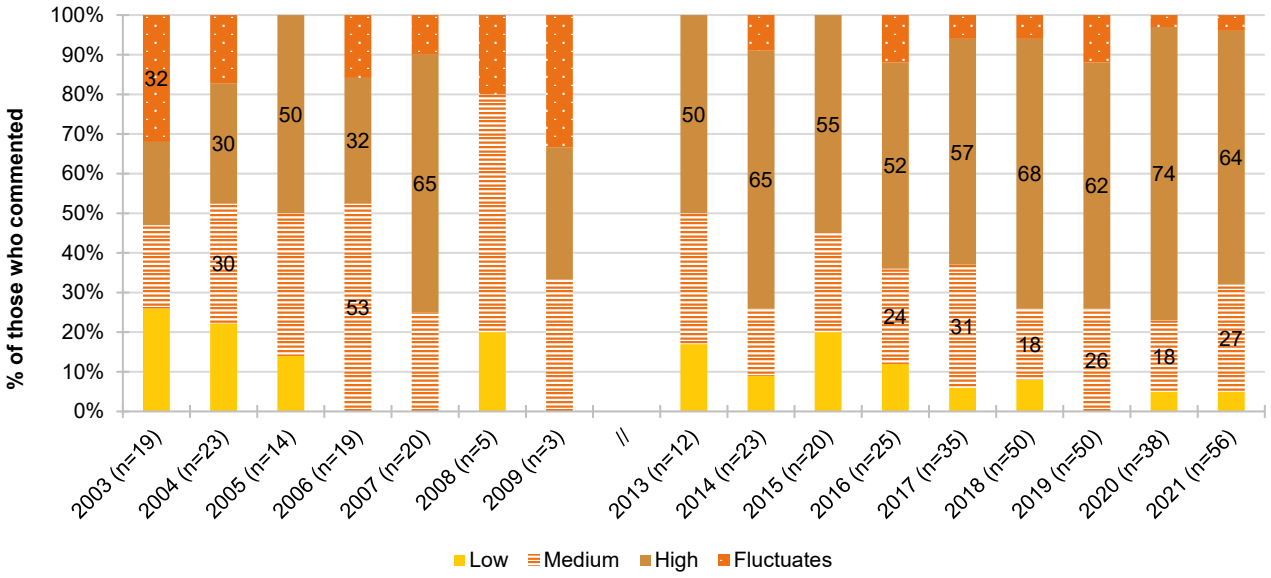
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Figure 33: Median price of LSD per tab, Northern Territory, 2003-2021



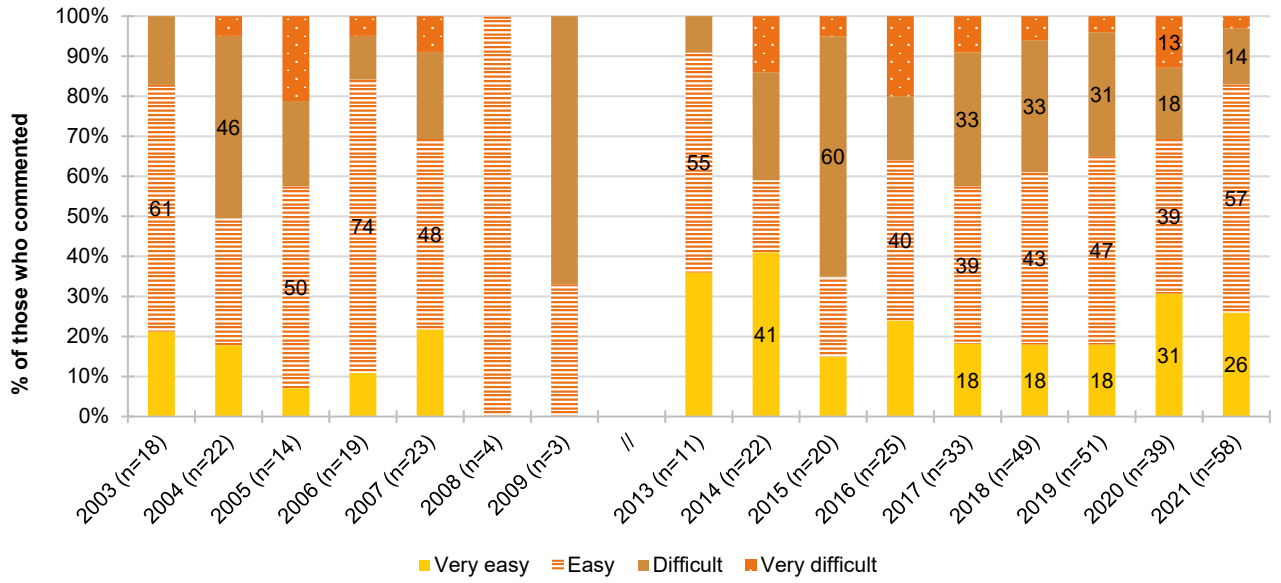
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels have been removed from figures small cell size (i.e. n≤5 but not 0). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 34: Current perceived purity of LSD, Northern Territory, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 35: Current perceived availability of LSD, Northern Territory, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DMT

Patterns of Consumption

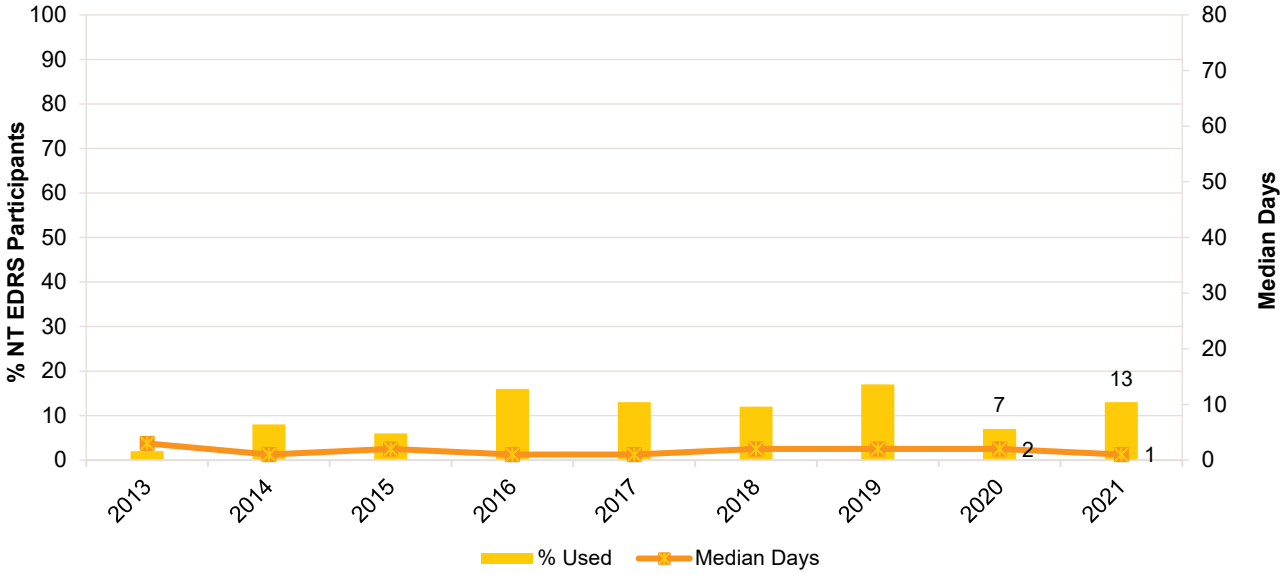
Recent Use (past 6 months): In 2021,13% of the NT EDRS sample reported recent use of DMT, stable from 2020 (7%; p=0.239; Figure 36).

Frequency of Use: Among those who had recently consumed DMT (n=13), use was infrequent in the past 6 months (median: 1 day, IQR: 1-2; 2 days in 2020, IQR=1-4; p=0.112).

Routes of Administration: Among those who had recently used DMT (n=13), all reported smoking it (100% in 2020).

Quantity: The median quantity used in a 'typical' session was 10 mgs (IQR=0.20-40; n=9; not asked in 2020). The median maximum quantity used in a session was also 10 mgs (IQR=0.20-40; n=9; not asked in 2020).

Figure 36: Past six month use and frequency of use of DMT, Northern Territory, 2013-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 80 days to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Data on the price, perceived purity and perceived availability of DMT was not collected.

8

New Psychoactive Substances

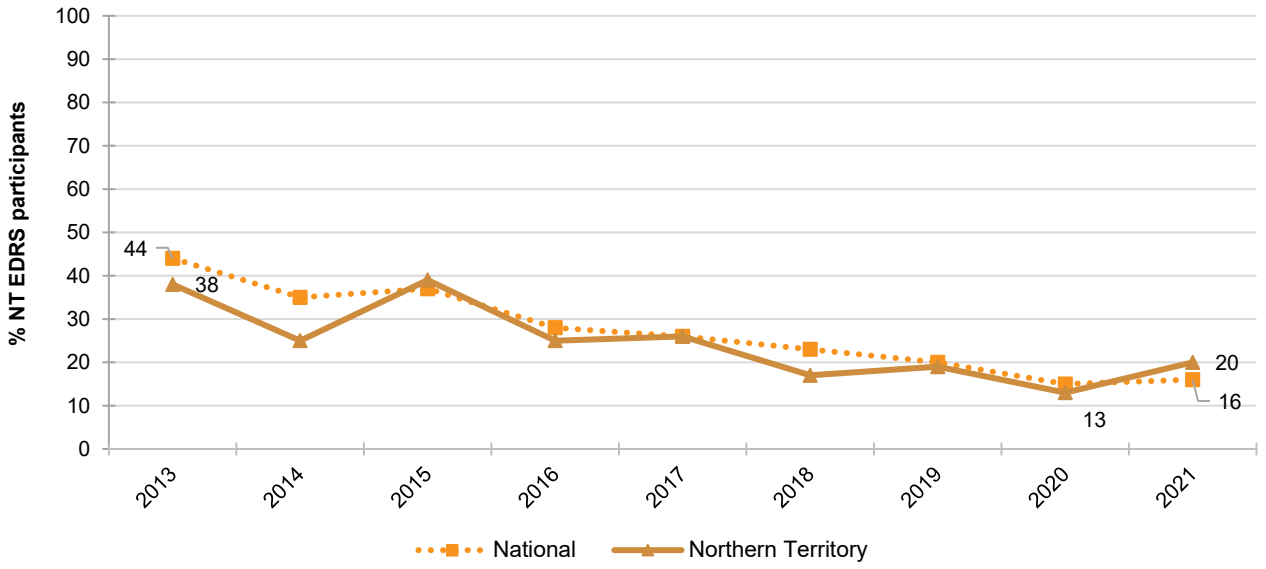
New psychoactive substances (NPS) are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been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

In previous (2010-2020) EDRS reports, DMT and paramethoxyamphetamine (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and the decision has been made to exclude them from this category from hereon-in. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our previous reports.

Recent Use (past 6 months)

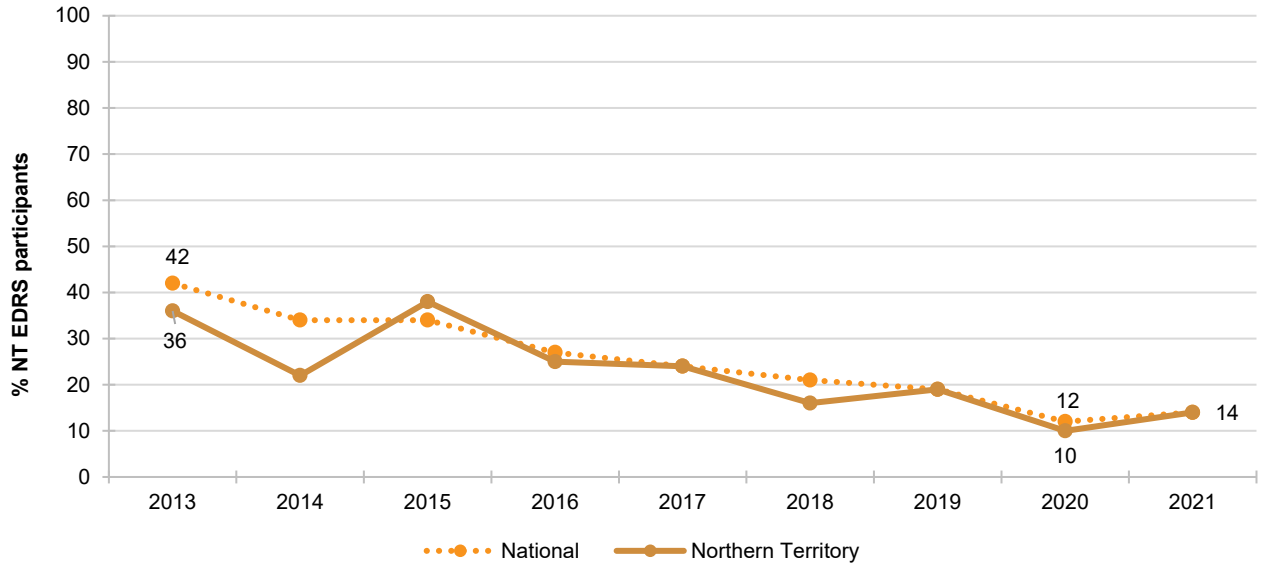
NPS use has mostly been decreasing since 2015, when 39% of the sample reported recent use of 'any' (including plant-based) NPS, however remained stable in 2021 (20%) relative to 2020 (13%; p=0.253; Figure 37). The per cent reporting recent use of NPS, excluding plant-based NPS, followed a similar trend, remaining stable at 14% in 2021 (10% in 2020; p=0.514) (Figure 38). Mescaline was the most commonly used NPS in 2021 (6%; n≤5 in 2020; Table 3).

Figure 37: Past six month use of new psychoactive substances (including plant-based NPS), nationally and Northern Territory, 2013-2021



Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 7 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 38: Past six month use of new psychoactive substances (excluding plant-based NPS), nationally and Northern Territory, 2013-2021



Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 7 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 3: Use of NPS in the past six months, Northern Territory, 2013-2021

	2013 N=45 %	2014 N=100 %	2015 N=101 %	2016 N=100 %	2017 N=86 %	2018 N=99 %	2019 N=100 %	2020 N=99 %	2021 N=100 %
Phenethylamines	-	7	14	-	-	6	-	-	-
Any 2C substance~	-	-	12	-	-	5	-	-	-
NBOMe	/	-	-	0	-	-	0	-	-
DO-x	0	0	0	0	0	0	0	-	**0**
4-FA	/	/	/	0	0	0	0	0	**0**
Tryptamines	0	-	0	0	0	0	-	-	-
5-MeO-DMT	0	-	0	0	0	0	-	-	-
4-AcO-DMT	/	/	/	0	0	/	/	/	/
Synthetic cathinones	-	-	9	-	-	-	10	0	-
Mephedrone	-	-	-	0	-	0	-	0	-
Methylone/bk MDMA	-	-	-	-	-	-	6	0	**0**
MDPV/Ivory wave	-	0	-	-	0	0	-	0	-
Alpha PVP	/	/	/	0	0	0	0	0	**0**
n-ethyl hexedrone	/	/	/	/	/	/	0	0	**0**
n-ethylpentylone	/	/	/	/	/	/	0	0	**0**
n-ethylbutylone	/	/	/	/	/	/	/	0	**0**
Other substituted cathinone	0	0	0	0	0	0	/	/	/
Piperazines	0	0	0	-	0	/	/	/	/
BZP	0	0	0	-	0	/	/	/	/
Dissociatives	0	0	0	-	0	0	-	-	-
Methoxetamine (MXE)	0	0	0	-	0	0	-	0	-
Plant-based NPS	-	6	-	-	-	-	-	-	**7**
Ayahuasca	/	/	0	-	-	0	0	-	-
Mescaline	-	0	0	0	0	-	-	-	**6**
Salvia divinorum	-	-	-	0	0	0	-	-	**0**
Kratom	/	/	/	/	/	/	/	0	-
LSA	/	-	-	-	/	/	/	/	/
Dartura	0	0	0	-	/	/	/	/	/
Benzodiazepines	/	/	/	0	0	0	0	0	-
Etizolam	/	/	/	0	0	0	0	0	-
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	0	-	0	**0**
Synthetic cannabinoids	/	/	/	15	6	-	12	-	-
Herbal high#	18	-	8	8	-	-	6	/	/
Phenibut	/	/	/	/	/	/	0	0	**0**
Other drugs that mimic the effect of opioids	/	/	/	/	0	0	0	0	**0**
Other drugs that mimic the effect of ecstasy	/	/	/	/	-	0	-	0	/
Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	-	-	-	0	**0**
Other drugs that mimic the effect of	/	/	/	/	0	-	-	0	/

	2013 N=45 %	2014 N=100 %	2015 N=101 %	2016 N=100 %	2017 N=86 %	2018 N=99 %	2019 N=100 %	2020 N=99 %	2021 N=100 %
psychedelic drugs like LSD									
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	0	**0**

Note. NPS first asked about in 2010. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2013 should be interpreted with caution. / not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. This year, PMA has been deleted as a NPS altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS' – this means that the percentages reported for any phenethylamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. ^^In previous EDRS reports, DMT was included as a NPS under 'tryptamines'. This year, DMT has been removed as a NPS (refer to Chapter 8 for further information on DMT use among the sample), which means that the percentages reported for any tryptamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. From 2020 onwards, 'any' 2C use is captured. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1st February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access.

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in EDRS 2018, 2019 and 2020. In 2021, participants were asked about prescribed and non-prescribed use, and whether non-prescribed use was for non-pain purposes.

Recent Use (past 6 months): In 2021, 19% of the NT sample reported recent use of any codeine (23% in 2020; *p*=0.489). Thirteen per cent reported prescribed codeine use (15% in 2020; *p*=0.687), while 7% reported non-prescribed use (10% in 2020; *p*=0.457).

Recent Use (past 6 months) for Non-Pain Purposes: Of those who reported recent use of non-prescribed codeine (n=7), a small number (n≤5) used it for non-pain purposes (10% in 2020; Figure 39).

Frequency of Use: In 2021, participants who had recently used any non-prescribed codeine reported use on a median of four days (n=7; IQR=3-8; 4 days in 2020; IQR=3-9; n=10; *p*=0.922).

Pharmaceutical Opioids

Recent Use (past 6 months): Use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) has remained stable at approximately one in ten participants since 2016. Indeed, 10% of the NT sample reported recent use in 2021 (7% in 2020; *p*=0.613; Figure 39).

Frequency of Use: Consumers reported a median of two days of non-prescribed opioid use in 2021 (IQR=2-19; n=10; 4 days in 2020; IQR=1-5; n=7; *p*=0.855).

Pharmaceutical Stimulants

Recent Use (past 6 months): After an increase in 2020, recent use of non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) in 2021 returned to similar levels observed in 2014-2019. Specifically, in 2021, one in five participants (20%) reported recent use of non-prescribed pharmaceutical stimulants (29% in 2020; *p*=0.188; Figure 39).

Frequency of Use: Frequency of use remained low at a median of three days in 2021 (IQR=2-9; n=20), stable from 2020 (3 days; IQR=1-6; n=29; *p*=0.584).

Quantity: The median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session in 2021 was two pills/tablets (IQR=1-2; n=17; 2 pills/tablets in 2020; IQR=1-2; n=25; *p*=0.255). The median maximum quantity consumed was 3 pills/tables (IQR=1-4; n=17; not asked in 2020).

Benzodiazepines

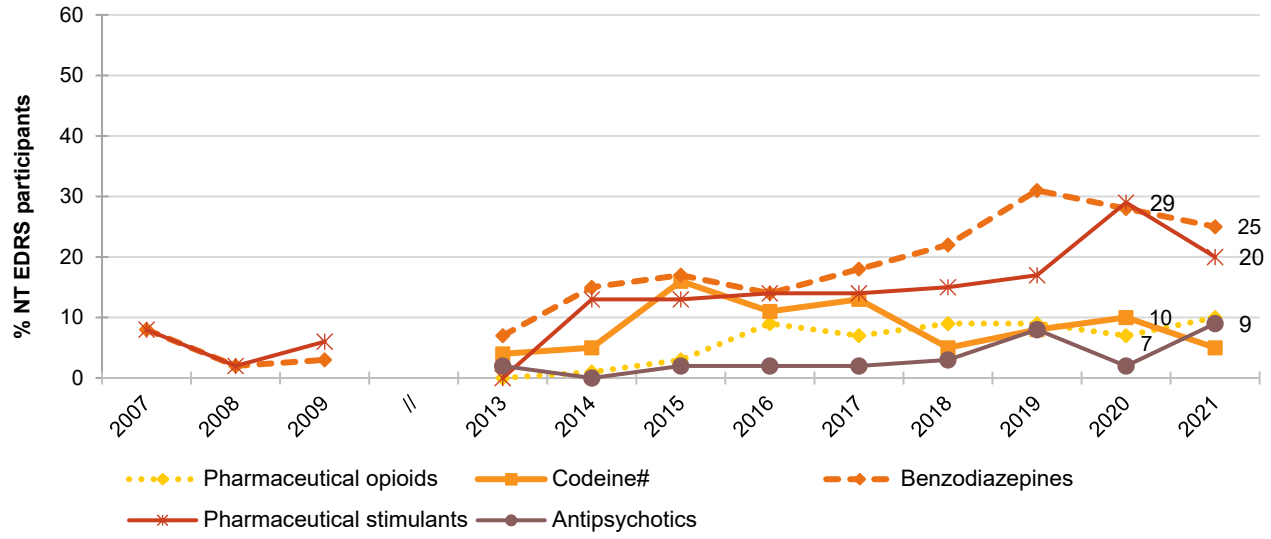
Recent Use (past 6 months): Non-prescribed benzodiazepine use increased from 2008 to 2019 and has since remained relatively stable. In 2021, 25% of the sample reported any past six-month non-prescribed use of benzodiazepines (28%; *p*=0.749; Figure 39). One in five participants (19%) reported recent use of non-prescribed alprazolam (14% in 2020; *p*=0.446), while 16% reported recent use of non-prescribed other benzodiazepines (22% in 2020; *p*=0.429).

Frequency of Use: Median frequency of use was three days (IQR=2-13; n=19) in the past six months for non-prescribed alprazolam (4 days in 2020; IQR=1-9; n=14; *p*=0.941) and three days (IQR=2-5; n=16) in the past six months for non-prescribed other benzodiazepines (5 days in 2020; IQR=2-10; n=22; *p*=0.429).

Antipsychotics

Non-prescribed antipsychotic use has remained low since 2013. In 2021, 9% of the NT sample reported recent use (n≤5 in 2020; *p*=0.058; Figure 39).

Figure 39: Non-prescribed use of pharmaceutical drugs in the past six months, Northern Territory, 2007-2021



Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, over-the-counter (OTC) codeine (low-dose codeine) in 2009, and pharmaceutical opioids and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines (e.g., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents low-dose codeine used for non-pain purposes (2010-2020) and non-prescribed codeine (low- and high-dose) for non-pain purposes (2021). Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2008 and 2013 should be interpreted with caution. **p*<0≤050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Other Illicit Drugs

MDA

Recent Use (past 6 months): Six per cent of NT participants reported recent use of MDA in 2021 (7% in 2020; Figure 40).

Substances with Unknown Contents

Any Unknown Substances (past 6 months): Almost one in five NT participants (17%) reported recent use of unknown substances in 2021 (24% in 2020; *p*=0.293). Participants reported using substances with unknown contents on a median of one day (IQR=1-3; n=17; not asked in 2020).

Capsules (past 6 months): Use of capsules with unknown contents mostly increased from 2013 to 2019 but has since decreased. In 2021, one in ten NT participants (9%) reported recent use, similar to 2020 (11%; *p*=0.814; Figure 40).

Other Unknown Substances (past 6 months): From 2019 onwards, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder, crystal and 'other' form. Six per cent reported using powder with unknown contents (7% in 2020), while small numbers (n≤5) reported using a pill or crystal with unknown content in the previous six months in 2021.

Quantity: In a 'typical' session, participants reported using a median of 1.5 capsules (IQR=1-3; n=9; 2 capsule in 2020; IQR=1-3.5; n=11; *p*=0.438) with unknown contents. Few participants (n≤5) reported on quantity of use for pills with unknown contents.

GHB/GBL/1,4-BD (Liquid E)

A small number (n≤5) of participants reported recent use of GHB/GBL/1,4-BD in both 2021 and 2020, therefore further data are not reported in text. Instead, please refer to Figure 40 for a historical overview of recent GHB/GBL/1,4-BD use.

Heroin

No participants reported recent use of heroin in 2021, therefore further data are not reported in text. Instead, please refer to Figure 40 for a historical overview of recent heroin use.

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2021, 26% of the NT EDRS sample reported recent use of hallucinogenic mushrooms (21% in 2020; *p*=0.505; Figure 40).

Frequency of Use: Frequency of use was low among recent consumers in 2021 at a median of two days (IQR=1-4; n=26; 1 day in 2020; IQR=1-2; n=21; *p*=0.207).

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Nearly the entire NT sample reported recent alcohol use in 2021 (98%; 99% in 2020), consistent with the per cent observed since 2013 (Figure 41).

Frequency of Use: Frequency of alcohol us remained stable at a median of 48 days (equivalent to twice per week; IQR=24-90; n=97, versus median 35 days in 2020; IQR=20-72; n=99; *p*=0.083). The proportion reporting daily use remained low and stable (n≤5 in 2020 and 2021; *p*=0.660).

Tobacco

Recent Use (past 6 months): Four in five participants reported recent tobacco use in 2021 (80%; 84% in 2020; *p*=0.581), consistent with the per cent observed since 2016 (Figure 41).

Frequency of Use: In 2021, participants who recently consumed tobacco reported doing so on a median of 177 days (equivalent to almost daily; IQR=25-180; n=80) compared to approximately four times per week in 2020 (median 105 days; IQR=20-180; n=84; *p*=0.519). Half (50%) of those who had recently used tobacco reported daily use in 2021 (43% in 2020; *p*=0.447).

E-cigarettes

Recent Use (past 6 months): The proportion of the NT sample who reported recent use of e-cigarettes has mostly remained stable since 2014 when reporting began (Figure 41). However, in 2021, almost half the sample (46%) reported recent use, a significant increase from 2020 (27%; *p*=0.008).

Frequency of Use: Frequency of use also increased, with participants who had recently used e-cigarettes reporting consumption on a median of 24 days (equivalent to once per week; IQR 9-98; n=46; versus 5 days in 2020; IQR 2-20; n=27; *p*=0.001).

Forms Used: Of participants who had recently used e-cigarettes (n=46), the majority (89%) reported use of e-cigarettes containing nicotine (52% in 2020), while 13% reported use of e-cigarettes containing cannabis (n≤5 in 2020).

Reason for Use: Two thirds (63%) of participants who had recently used e-cigarettes in 2021 reported that they did not use e-cigarettes as a smoking cessation tool (74% in 2020).

Nitrous Oxide

Recent Use (past 6 months): In 2021, two in five participants (43%) reported recent use of nitrous oxide, stable from 2020 (39%; *p*=0.666; Figure 41).

Frequency of Use: Frequency of use remained low at a median of four days in the past six months (IQR=2-7; n=43), stable from 3 days in 2020 (IQR 2-10; n=39; *p*=0.751).

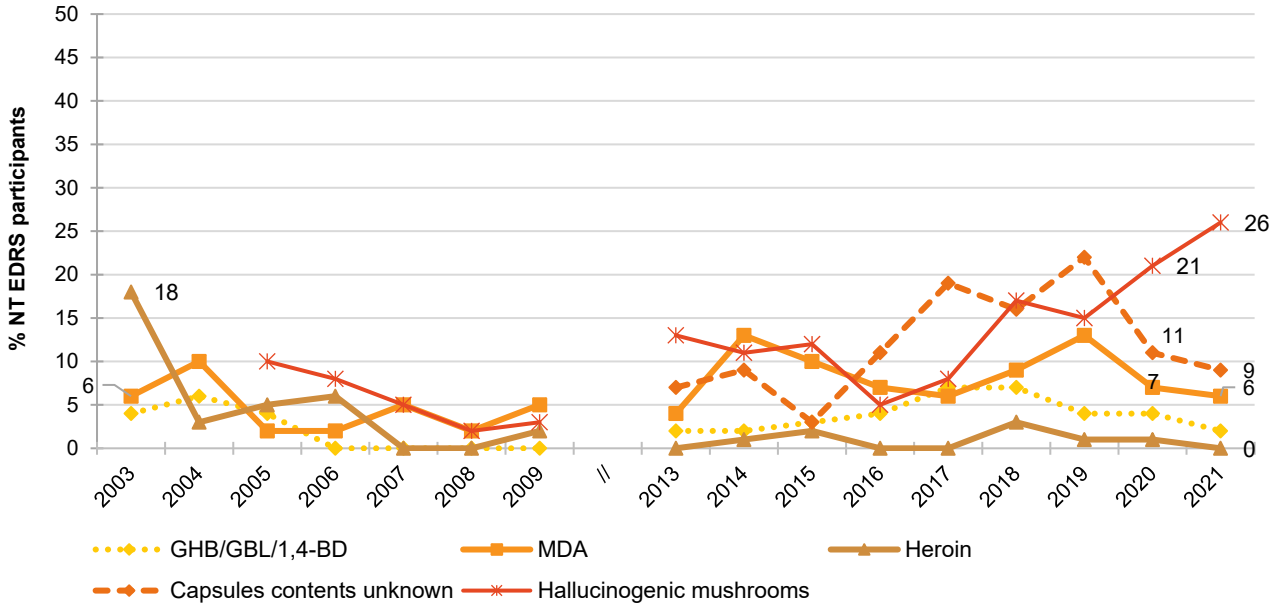
Quantity: In a 'typical' session, participants reported using a median of six bulbs (IQR=3-10; n=44), stable from 2020 (six bulbs, IQR=3-10; n=38; *p*=0.892). The median maximum quantity used was 10 bulbs (IQR=3-20; not asked in 2020).

Amyl Nitrite

Recent Use (past 6 months): Amyl nitrite use remained relatively low and stable among the NT sample from 2003-2018, until an increase in 2019, and has since remained stable (Figure 41). Indeed, 22% of the sample reported recent use in 2021 (24% in 2020; *p*=0.867).

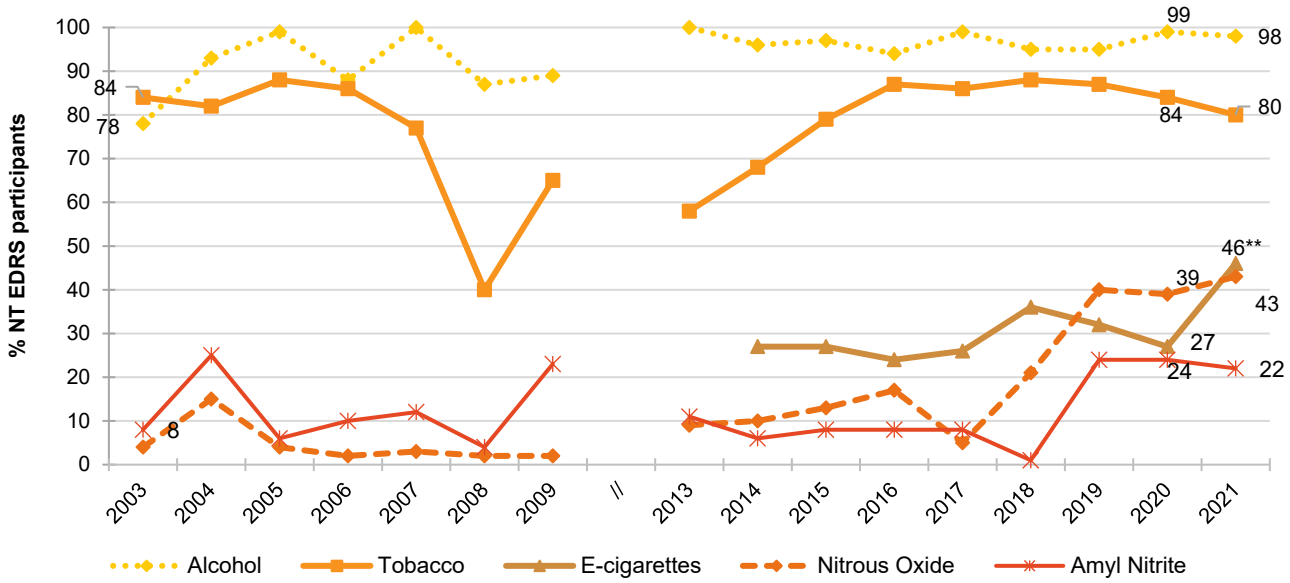
Frequency of Use: Frequency of use remained low at a median of one day in the past six months (IQR=1-2; n=22). This was a significant decrease relative to 2020 (3 days; IQR 1-5; n=24; *p*=0.039).

Figure 40: Other illicit drugs used in the past six months, Northern Territory, 2003-2021



Note. Monitoring of capsules contents unknown commenced in 2013. Y axis has been reduced to 50% to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 41: Licit drugs used in the past six months, Northern Territory, 2003-2021



Note. Monitoring of e-cigarettes commenced in 2014. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

10

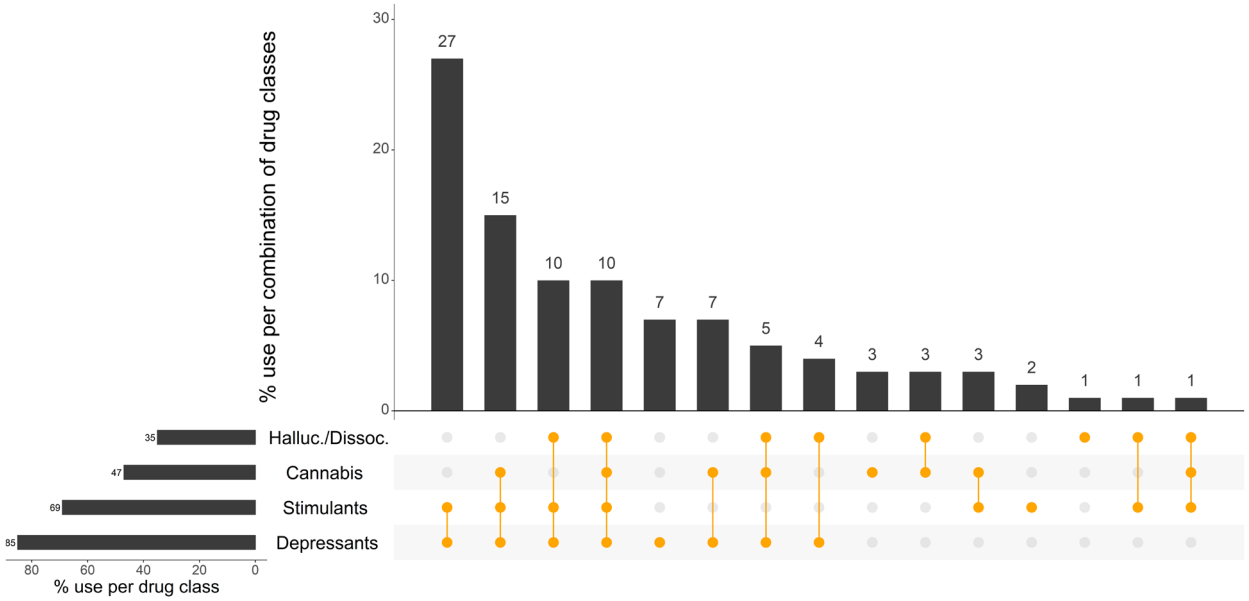
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use, the most commonly used drug classes were depressants (85%; predominantly comprising alcohol) and stimulants (69%; predominantly comprising ecstasy and cocaine), followed by cannabis (47%) and hallucinogens/dissociatives (35%) (Figure 42).

The majority (94%; n=94) of the NT sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (including alcohol, tobacco and prescription medicines). The most commonly used combinations of drug classes were stimulants and depressants (27%), followed by stimulants, depressants, and cannabis (15%). One-in-ten participants reported using stimulants, depressants and hallucinogens/dissociatives (10%) or stimulants, depressants, cannabis and hallucinogens/dissociatives (10%), whilst 7% reported using depressants alone (Figure 42).

Figure 42: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Northern Territory, 2021: Most common drug pattern profiles



Note. Percentage calculated out of total NT EDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange 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. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, OTC stimulants and/or pharmaceutical stimulants). Y axis reduced to 30% to improve visibility of trends.

Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. The mean score on the AUDIT for the NT EDRS sample in 2021 was 14.2 (SD 7.2; n=100; possible score range 0-40), significantly higher compared to 2020 (mean 13.9, SD 5.6, n=99; $p<0.001$). However, the per cent of participants who obtained a score of eight or more, indicative of hazardous use, remained stable (77%, 88% in 2020; $p=0.0.063$; Table 4). When AUDIT scores were divided into the four 'zones' that indicate risk level, there was a significant overall change compared to 2020 ($p=0.026$). Compared to 2020, a greater per cent were considered Zone 1 (low risk drinking or abstinence; 23%, 12% in 2020), while a smaller per cent were considered Zone 2 (alcohol in excess of low-risk guidelines; 36%, 56% in 2020; Table 4).

Table 4: AUDIT total scores and percent of participants scoring above recommended levels, Northern Territory, 2014-2021

	2014 (n=99)	2015 (n=101)	2016 (n=100)	2017 (n=86)	2018 (n=94)	2019 (n=99)	2020 (n=99)	2021 (n=100)	*p*
Mean AUDIT total score (SD)	14.8 (6.7)	15.4 (7.6)	13.3 (6.6)	13.1 (5.7)	11.6 (5.8)	15.9 (8.3)	13.9 (5.6)	**14.2 (7.2)**	***
Score 8 or above (%)	87	82	80	88	77	84	88	**77**	
Zone 1 (low risk drinking or abstinence)	13	18	20	12	23	16	12	**23**	*
Zone 2 (alcohol in excess of low-risk guidelines)	42	38	41	55	57	37	56	**36**	
Zone 3 (harmful or hazardous drinking)	19	12	19	17	13	19	17	**19**	
Zone 4 (possible alcohol dependence)	25	33	20	16	6	27	15	**22**	

Note. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2020 versus 2021.

Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12-months of i) alcohol overdose; (ii) opioid overdose; (iii) **stimulant overdose**, and iv) **other drug overdose**.

In 2020, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

> **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful. Note that prior to 2019, alcohol overdose was captured within 'depressant overdose' items.
>
> **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.
>
> **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose but this was removed in 2020 as few participants endorsed this behaviour.

It is important to note that events reported on for each drug type may not be unique given high rates of polysubstance use.

For the purpose of comparison with previous years, we computed the per cent reporting any depressant overdose, comprising any endorsement of alcohol or opioid overdose, or other drug overdose where a depressant (e.g., GHB, benzodiazepines) was listed.

Non-Fatal Stimulant Overdose

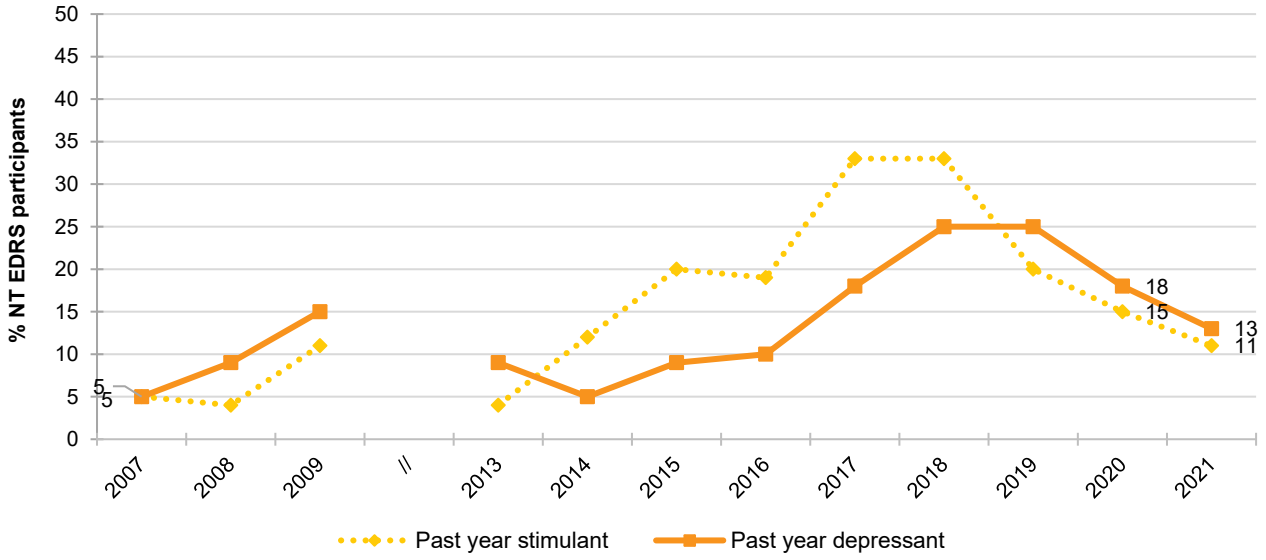
Eleven per cent of the NT sample reported a stimulant overdose during the past 12 months (15% in 2020; p=0.528; Figure 43), on a median of one occasion (IQR=1-2; n=11; 1 occasion in 2020; IQR=1-1; n=15). These participants were asked which stimulant drug(s) had been used during their last overdose. Ecstasy was the most nominated drug (64%), while small numbers (n≤5) reported use of methamphetamine crystal and cocaine. Nearly all (91%) reported that they had also been under the influence of one or more additional drug (93% in 2020). When asked about treatment received during their last stimulant overdose, 64% reported receiving no treatment (80% in 2020).

Non-Fatal Depressant Overdose

Alcohol: Thirteen per cent of the NT sample reported experiencing a non-fatal alcohol overdose in the year prior to interview (16% in 2020; p=0.688) on a median of one occasion (IQR=1-3; n=13; 3 occasions in 2020, IQR=1-5). Of those who experienced an alcohol overdose in the past year (n=13), nearly all (85%) reported not receiving treatment on the most recent occasion (94% in 2020).

Any depressant (including alcohol): The per cent reporting any past year non-fatal depressant overdose increased among the NT sample from 2014 to 2018 (n≤5 to 25%), however has been decreasing since 2019. In 2021, 13 per cent reported a depressant overdose during the past 12 months (18% in 2020; p=0.703; Figure 43). Depressant overdose was largely driven by alcohol use, with almost all of those who experienced any past year depressant overdose (n=15) reporting use of alcohol (87%; 89% in 2020).

Figure 43: Past year non-fatal stimulant and depressant overdose, Northern Territory, 2007-2021

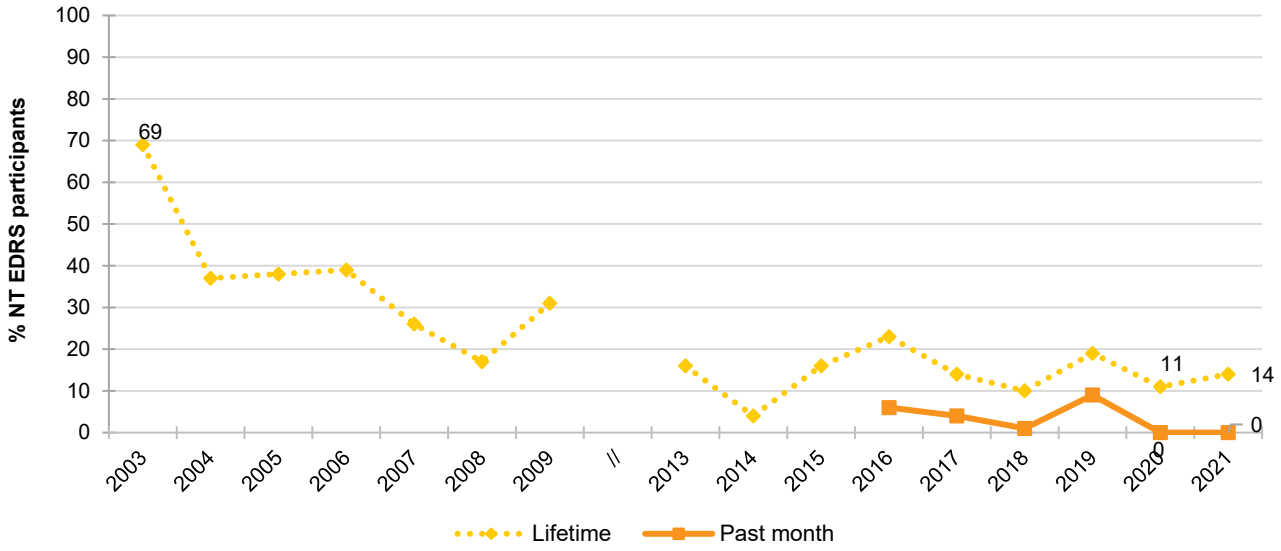


Note. Past year stimulant and depressant overdose was first asked about in 2007. Items about overdose were revised and any changes in 2019 relative to 2018 may be a function of greater nuance in capturing depressant events. Y axis has been reduced to 50% to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Drug Use and Associated Risk Behaviours

The per cent reporting lifetime injection has fluctuated over time (Figure 44). In 2021, 14% of participants reported ever injecting a drug (11% in 2020; p=0.669). No one reported past month drug injection in 2021 (0% in 2020).

Figure 44: Lifetime and past month drug injection, Northern Territory, 2003-2021



Note. Past month injection not asked of participants prior to 2016. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Drug Treatment

A nominal per cent reported currently receiving drug treatment; this is consistent with reporting in previous years (n≤5 in 2021 and 2020; *p*=0.614). For national trends refer to the National EDRS Report, or contact the Drug Trends team for further information .

Sexual Health Behaviours

In 2021, 90% of the NT sample reported some form of sexual activity in the past four weeks. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if interview undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=88), 89% reported using alcohol and/or other drugs prior to or while engaging in sexual activity. Of those who had engaged in sexual activity in the past four weeks and responded (n=87), 15% reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex. Furthermore, of those who had engaged in sexual activity in the past four weeks and who responded (n=85), 42% reported penetrative sex without a condom where they did not know the HIV status of their partner (Table 5).

Of the total NT sample who responded (n=98), almost half (45%) reported having a sexual health check-up in the six months prior to interview. A further 44% had done so more than six months ago, while 11% had never had a sexual health check-up. Of the total NT sample who responded (n=98), 72% reported that they had never received a positive diagnosis for a sexually transmitted infection (STI); n≤5 participants had received a positive diagnosis in the past six months.

Of the total NT sample who responded (n=98), almost one-third (30%) reported being tested for human immunodeficiency virus (HIV) in the past six months. No participants in the NT sample had ever been diagnosed with HIV.

Table 5: Sexual health behaviours, Northern Territory, 2021

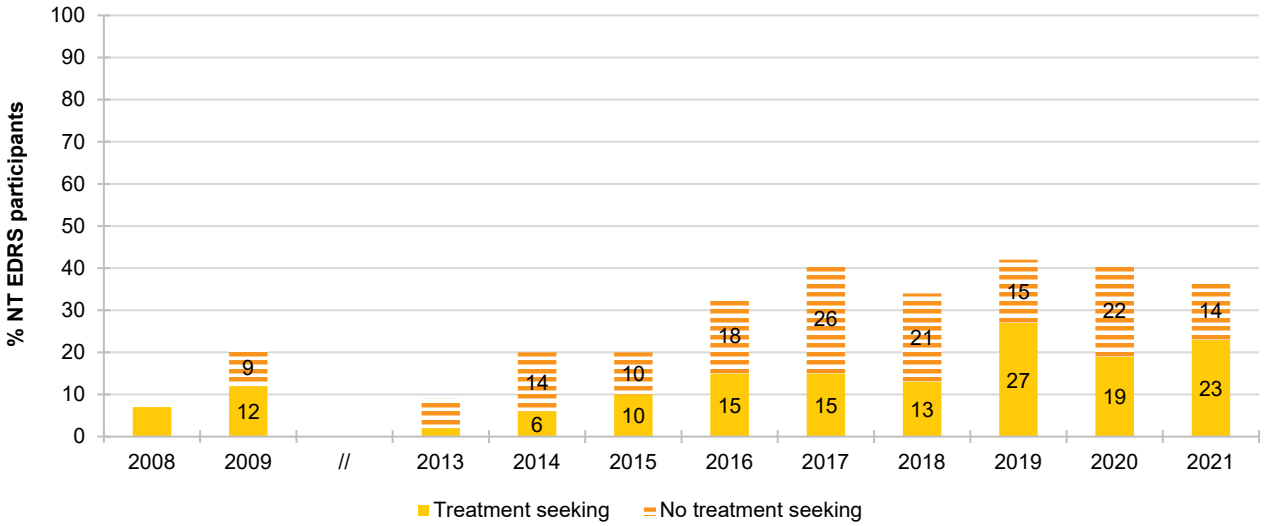
	2021
Of those who responded:	**N=98**
% Any sexual activity in the past four weeks (n)	90 (n=88)
Of those who responded#:	**n=88**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	89
Of those who responded#:	**n=87**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	15
Of those who responded#:	**n=85**
% Had penetrative sex without a condom and did not know HIV status of partner	42
Of the total sample (past six months):	**n=98**
% Had a HIV test	30
% Diagnosed with HIV	0
% Had a sexual health check	45
% Diagnosed with a sexually transmitted infection	-

Note. Don't know and did not respond responses excluded. #Due to the sensitive nature of these items, there are missing data for some participants who chose not to respond.

Mental Health

Two-fifths (37%) of the NT sample reported experiencing mental health problems (other than drug dependence) in the past six months (41% in 2020; *p*=0.705). Of those who self-reported mental health problems and commented (n=35), the most common mental health problems were anxiety (66%; 65% in 2020) and depression (51%; 41% in 2020). Of those who self-reported mental health problems (n=37), 62% (23% of the whole sample) reported seeing a mental health professional in the past six months (46% in 2020; *p*=0.241; Figure 45). Of those who sought help (n=23), half (52%) reported being prescribed medication during this period (42% in 2020; *p*=0.734).

Figure 45: Self-reported mental health problems and treatment seeking in the past six months, Northern Territory, 2008-2021



Note. The combination of the percentage who report treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2008 and 2013 should be interpreted with caution. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Driving

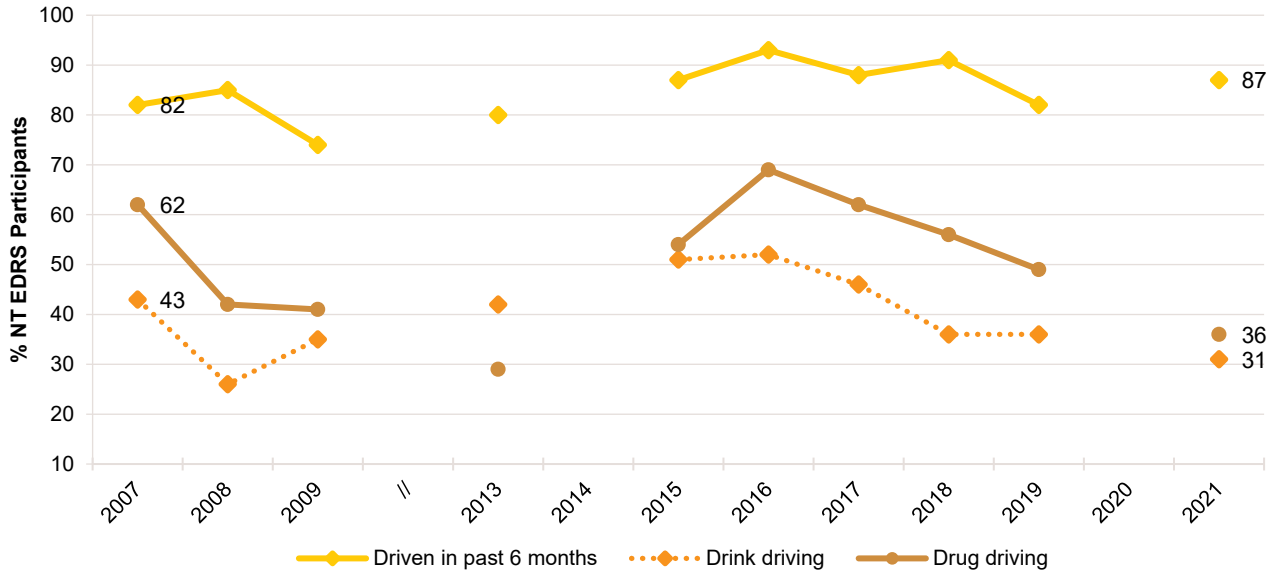
In 2021, 87% of the NT sample had driven a car, motorcycle or other vehicle in the last six months. One-third (31%) reported driving while over the perceived legal limit for alcohol (36% of those who had driven in the past six months). A similar per cent (36%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (41% of those who had driven in the past six months) (Table 6). The per cent reporting both these behaviours has mostly decreased since 2016 (Figure 46). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, cannabis was the most common drug used prior to driving (83%), followed by ecstasy capsules (28%) and cocaine (17%). One-quarter (25%) of the NT sample reported they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview, while fewer (7%) reported being tested by the police roadside drug testing service.

Table 6: Participant reports of driving behaviour in the last six months, Northern Territory, 2021

	2021
	N=100
% Driven in the last six months	87
% Driven over the legal alcohol limit in the last six months	31
% Driven within three hours of consuming illicit drug(s) last six months	36
% Tested for drug driving by police roadside drug testing last six months	7
% Breath tested for alcohol by police roadside testing last six months	25

Note: Questions about driving behaviour were not asked in 2020. Computed out of the entire sample.

Figure 46: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, Northern Territory, 2007-2021

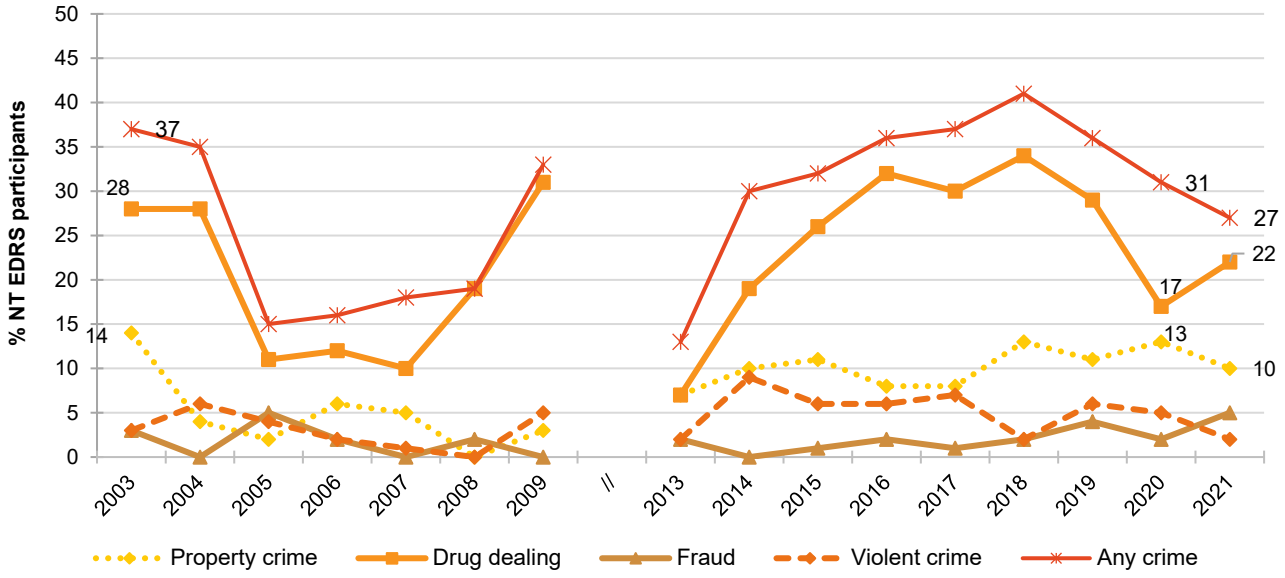


Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2007) and two most recent year (2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).

Crime

The per cent reporting past month criminal activity has fluctuated over time, with drug dealing (22%; 17% in 2020; *p*=0.475) and property crime (10%; 13% in 2020; *p*=0.658) being the two main forms of criminal activity in 2021 (Figure 47). In 2021, one-in ten participants reported having been arrested in the 12 months preceding interview (10%; 7% in 2019; *p*=0.612), or having ever been in prison (10%; n≤5 in 2020; *p*=0.283).

Figure 47: Self-reported criminal activity in the past month, Northern Territory, 2003-2021



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 50% to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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 2021, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview remained face-to-face (86%; Table 7). This was a significant increase relative to 2020 (69%; p=0.008), however is similar to the per cent reported in 2019 (90%). Social networking was the next most common method (66%, 66% in 2020), followed by text messaging (55%, 49% in 2020; p=0.522). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. For social networking, 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.

Buying and Selling Drugs Online

A nominal number (n≤5) reported using the darknet market and the surface web to buy drugs in the past 12 months in 2021. Two-thirds (63%) of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet, with two-fifths (37%) reported doing so in the last 12 months (44% in 2020; p=0.455).

In 2021, a minority of participants (n≤5) reported selling illicit/non-prescribed drugs via surface or darknet marketplaces (n≤5 in 2020). For further information refer to the National EDRS Report.

Obtaining Drugs

In 2021, the majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague in the last 12 months (85%; 90% in 2020; p=0.407). Half (51%) reported obtaining drugs from a known dealer/vendor (65% in 2020; p=0.071), while one-third (34%) reported obtaining substances from an unknown dealer/vendor (34%; 38% in 2020; p=0.620; Table 7).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (97%; 98% in 2020). After an increase in the per cent of participants reporting using a collection point to receive drugs in 2020, the per cent decreased in 2021 (10%, 27% in 2020; p=0.004). Very few participants (n≤5) reported receiving illicit drugs via the post (8% in 2020; p=0.372).

Table 7: Modes of purchasing non-prescribed and illict drugs in the past 12 months, Northern Territory, 2019-2021

	2019 n=100	2020 n=100	2021 n=99
% Purchasing approaches in the last 12 months^			
Face-to-face	90	69	**86****
Surface web	-	-	**-**
Darknet market	6	-	**-**
Social networking applications	56	66	**66**
Text messaging	71	49	**55**
Phone call	54	37	**40**
Grew/ made my own	/	-	**-**
Other	0	0	**0**
% Means of obtaining drugs in the last 12 months^~	n=98	n=100	**n=100**
Face-to-face	100	98	**97**
Collection point	15	27	**10****
Post	7	8	**-**
% Sources of drugs in the last 12 months^	n=99	n=99	**n=100**
Friend/relative/partner/colleague	87	90	**85**
Known dealer/vendor	67	65	**51**
Unknown dealer/vendor	35	38	**34**

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. ~ The face-to-face response option in 2020 and 2021 combined responses, 'I went and picked up the drugs' and/or 'The drugs were dropped off to my house by someone'. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.