northern territory

C. Moon

NT DRUG TRENDS 2012
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 98

NT
DRUG TRENDS
2012

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Chris Moon

Alcohol and Other Drugs Program
NT Department of Health

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1.1 Acknowledgements

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1.2 Abbreviations

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AIDS	Acquired Immune Deficiency Syndrome
AGDH&A	Australian Government Department of Health and Ageing
AFP	Australian Federal Police
AOD	Alcohol and Other Drugs
AODTS	Alcohol and Other Drugs Treatment Services
BBVI	Blood-borne viral infections
D&A	Drug and Alcohol
GP	General Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIC	Health Insurance Commission
HIV	Human Immuno-deficiency Virus
IDRS	Illicit Drug Reporting System
KE	Key Expert(s)
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program(s)
NT	Northern Territory
NTAHC	Northern Territory AIDS and Hepatitis Council
NTDHCS	NT Department of Health and Community Services
NTPFES	NT Police, Fire and Emergency Services
OPP	Opiate Pharmacotherapy Program
OTC	Over The Counter
PBS	Pharmaceutical Benefit Scheme
PWID	People Who Inject Drugs
SPSS	Statistics Package for the Social Sciences
TBI	Traumatic Brian Injury

1.3 Glossary of Terms

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

Guide to days of use/injection

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

*as appropriate

EXECUTIVE SUMMARY

This report presents the 2012 Illicit Drug Reporting System (IDRS) results for the Northern Territory (NT). This is the eleventh year this study has been conducted in the NT.

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

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

Demographic characteristics of the survey respondents

As in previous years, the 2012 sample of PWID was predominantly male (71%). The mean age was 42 years and 94% of the respondents were unemployed or on a pension at the time of interview. Three percent reported full-time employment, down from 8% in 2011. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was stable at 28%. Ninety-four percent reported heterosexual status while 6% identified as bisexual and 1% as gay or lesbian. Year 10 was again the mean for years of education although 38% reported some form of post-secondary education. Reported participation in treatment increased to 10% of the sample (4% in 2011) and 59% reported prior prison history.

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

Patterns of drug use

Recent drug use refers to use in the six months preceding the IDRS interview. Morphine was the illicit drug recently used by the largest proportion of the participant survey sample (77%), followed by cannabis (71%). Morphine was the drug most recently injected (66%) followed by speed powder (44%).

Morphine was again the drug injected most often in the last month (71% of the sample), with 66% of the sample also reporting morphine as the most recent drug injected. In 2011, 68% of the sample reported morphine as the drug most often injected in the last month and 68% reported morphine as the last drug injected.

Methamphetamine powder (“speed powder” or “speed”) was again the form most frequently used by PWID in the previous six months (46%), followed by crystal methamphetamine (“crystal”, “ice” or “shabu”) at 26%, methamphetamine base (“base”) at 6% and methamphetamine liquid at 5%.

Eleven percent of the sample reported recent heroin use, a small increase on the 9% found in 2012. Seventy percent reported heroin use at some time in their lives. Twenty-nine percent of the sample (34% in 2011) reported recent use of any form of

methadone (including prescribed and non-prescribed methadone liquid and Physeptone). Twelve percent of the sample reported recent use of either prescribed or non-prescribed Subutex (buprenorphine) while 12% reported recent use of Suboxone (buprenorphine-naloxone). Nineteen percent of the sample reported recent injection of oxycodone (27% in 2011) and 56% reported recent use of over-the-counter (OTC) codeine, similar to the 52% who reported recent OTC codeine use in 2011.

Recent use and injection of all forms of benzodiazepines declined. Thirty-five percent of respondents reported recent use of some form of benzodiazepine (61% in 2011); recent use of illicit Alprazolam declined from 26% in 2011 to 18% this year and recent injection from 20% to 7%.

Recent use of cocaine remained low at 4%, as did recent use of hallucinogens (4%), inhalants (0%) and steroids (3%). Recent alcohol use was reported by 54% of the sample (63% in 2011) and daily use of tobacco was reported by 90% of the sample (97% in 2011).

Key experts comments mostly agree with the demographic and drug use patterns described above, although they emphasised an increased impact on treatment services and in law enforcement from the use of crystal methamphetamine. Some KE also stated that injection-related harms from the use of benzodiazepines, Xanax in particular, were increasing.

Heroin

Eleven percent of the sample reported recent heroin use (9% in 2011), on a median of 5 days. Any form of heroin, including homebake, was recently used by 12% of the sample (11% in 2011) on a median of 4 days. In 2011, white or off-white heroin powder was the form most frequently used.

A median price of $110 per cap was reported for heroin, an increase on the $80 found last year. Most respondents described heroin as difficult (25%) or very difficult (33%) to obtain.

Methamphetamine

Forty-eight percent of the sample reported recent use of any form of methamphetamine, which includes speed powder, ice, base and liquid, a decline on the 55% found in 2011. Speed powder was again the form most frequently used (46%) and injected 44%. Use (26%) and injection (25%) of crystal methamphetamine was stable (28% and 24% respectively in 2011).

A median price of $150 per point for speed powder was reported, an increase on the $100 f0und last year. Crystal methamphetamine was found to have a median price of $150 a point, as was the case in 2011. Prices for speed powder and crystal were largely seen as stable (43% and 50% of those able to comment), although substantial proportions reported that they had been increasing (38% and 32% respectively).

Eighty-nine percent of those able to comment considered that speed powder was currently either easy or very easy to obtain, an increase from the 80% who rated

current powder availability as easy or very easy in 2011. Sixty-seven percent of those able to respond rated crystal methamphetamine as easy or very easy to obtain.

Cocaine
Reported recent use of cocaine increased to 4% of the survey sample, remaining low as in previous years.

As in 2011, no participants were able to comment upon cocaine price, purity or availability

Cannabis
Cannabis was again the second most frequently used drug. Seventy-one percent of the sample reported recent use, as was the case in 2011. Hydroponic cannabis was again the form most commonly and most often used and a pattern of daily use remained most common. Cannabis was smoked by participants on a median of 90 days, a result similar to that obtained in recent years.

The median price of hydroponic cannabis was stable at $30 a gram or a bag and the median price of bush cannabis had increased to $30 a gram from the $15 found in 2011.

Hydro was considered easy or very easy to obtain by 88% of those able to respond, a decline on the 95% found in 2011 but still a large majority. Hydro availability was considered stable by 81% of respondents. Bush cannabis was also rated as easy (48%) or very easy (35%) to obtain and recent availability was rated as stable.

Methadone
Ten percent of the sample reported recent use of illicit methadone liquid in the preceding six months, the same proportion as in 2011, while only 4% reported recent use of licit methadone liquid (3% in 2011). Nineteen percent of the sample reported recent use of illicit Physeptone (27% in 2011). Only 2% reported recent use of licit Physeptone, as compared to 5% in 2011.

The median price of a millilitre of methadone syrup was stable at one dollar, as it has been since 2006. The median price of 10mg Physeptone tablets was also stable at $20. Prices were reported to be either stable (55%) or increasing (25%).

Sixty-two percent of respondents rated current availability of illicit methadone as difficult, an increase on the 57% found in 2011 and lower than the 75% in 2010. The findings suggest that over time illicit methadone has become harder to obtain.

Morphine
Recent use of any form of morphine (both licit and illicit) decreased to 77% of the sample (81% in 2011). Illicit morphine continued to be the form most often used. Median days of use remained stable (daily) as did median days of injection (daily).

As in previous years, MS Contin 100mg was the morphine form most frequently purchased by the IDRS sample. Sixty-eight participants reported purchasing MS Contin 100mg at a median price of $80, the same median price found since 2008.

Kapanol 100mg was again the form next most frequently purchased (41 purchasers) and in 2012 the median price was $80, stable since 2008.

As has been the case since 2009, the majority of respondents (52%) rated illicit morphine as currently easy to obtain. The proportion of those who considered illicit morphine as difficult to obtain increased from 20% in 2011 to 25%.

Oxycodone
Twenty-two percent of respondents reported use of some form of oxycodone in the six months preceding the interview, a decline on the 32% found in 2011, attributable to a decline in the reported use of illicit oxycodone from 26% to 19%.

As in previous years, a small proportion of the NT IDRS sample reported purchasing illicit oxycodone. No participants reported purchasing 20mg oxycodone, six reported paying a median of $38 for 40mg oxycodone and twelve reported paying a median of $60 for 80mg oxycodone. Three-quarters (73%) of those who responded considered price to have remained stable over the preceding six months.

oxycodone was rated as easy or very easy to obtain by 63% of the sample and difficult to obtain by 38%.

Subutex (buprenorphine)
Recent use of illicit Subutex increased from 8% in 2011 to 12% this year. A frequency of weekly or less remained the most common pattern of use.

Two participants reported a median price for 8mg of Subutex of $23, the same median price as reported in 2011.

Suboxone
Eight percent of the sample had recently used illicit Suboxone (15% in 2010) on a median of 6 days. Six percent of the sample had recently injected illicit Suboxone, on a median of 2 days.

Five participants reported purchasing illicit 8mg Suboxone for a median of $30. Reports of Suboxone availability were mixed.

Over-the-counter codeine
Nineteen percent of the sample reported recent use of over-the-counter (OTC) codeine in the previous six months, a notably lower proportion than that found in previous years (52% in 2011). Recent injection remained low at 1%. Nurofen Plus was again the most commonly used OTC brand of codeine.

Benzodiazepines
There was a marked decrease in the recent use of benzodiazepines (35% in 2012 compared to 61% in 2011 and 67% in 2010), representing the lowest rate of usage seen to date. Recent injection of benzodiazepines also declined to the lowest proportion seen (11%) since 2003.
Recent use of illicit Alprazolam use also declined, to 18%, half the 36% found in 2011.

Ecstasy, LSD, Seroquel, inhalants, tobacco and alcohol
Recent use of ecstasy (7%), Seroquel (6%) and inhalants (0%) remained low, as in previous years.

Recent use of alcohol declined from 63% in 2011 to 54% this year. Respondents reporting the more frequent categories of use, daily and almost daily, declined, with an increase in weekly or less use. Recent use of tobacco remained high (90%) and frequent (daily).

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

Health
Seventeen percent of the sample had overdosed on heroin at least once in their lives but only one participant reported a heroin overdose within the past year. Twenty-nine percent of the sample had overdosed on a drug other than heroin, and of those 11% had overdosed within the past year. Nineteen percent reported a recent overdose, a marked increase on the proportions found in recent years.

Ten percent of the sample reported current treatment (12% in 2010) and 12% reported having attended treatment within six months of interview.

Rates of hospital admissions related to opioids, amphetamine and cannabis all declined.

Sharing of injecting equipment rates were higher than that found in 2011, accounted for mainly by increased sharing of spoons and tourniquets. Three percent of respondents used a needle after someone else and 17% had reused their own needle at least once.

Location of last injection was mainly in a private home with needles sourced almost exclusively from a Needle and Syringe Program.

A dirty hit (46%), scarring/bruising (42%) and difficulty injecting (34%) were again identified as the main injection-related problems in the month prior to interview.

Twenty-six percent of the sample reported experiencing a mental health problem in the six months prior to interview, with depression and anxiety again the most frequent mental health problems reported.

Thirty-five percent of participants had high or very high levels of distress as measured by the Kessler Psychological Distress Scale (K10).

More than half the participants had driven a car within the preceding six months and, of these, 72% had driven under the influence of drugs, mainly morphine and cannabis.

Law enforcement and criminal behaviour

One-fifth of the sample had been arrested in the preceding 12 months.

Sixteen percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing and property crime.

The number of ATS seizures decreased from 167 in 2009/10 to 71 in 2010/11 while the amount seized increased.

In 2009/10 there were two heroin consumer arrests and no cocaine arrests. Cannabis consumer and provider arrests totalled 460.

Half (51%) of the sample had spent $50 or more on drugs on the day prior to the interview.

Law enforcement key experts identified crystal methamphetamine as the most problematic illicit drug at the time of interview, relating its increased availability and use to an increase in crimes involving violence.

1 INTRODUCTION

This report presents the results of the 2012 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT).

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

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

In the NT, a partial IDRS, not including the participants' survey, was conducted by the then Territory Health Services (now NT Department of Health) in 1999. In 2000 and 2001, the full methodology was conducted through the Northern Territory University (now Charles Darwin University). Since 2002, the full IDRS has been conducted by the NT Department of Health. Reports of these studies are available to download from the NDARC website.

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

1.1 Study aims

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

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

2 METHOD

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

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

2.1 Survey of people who inject drugs (PWID)

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

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

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

In the NT, interviews were conducted in Darwin and Palmerston during July 2011 with 98 people meeting the criteria mentioned above. Participants were recruited through fliers posted at the Needle and Syringe Programs (NSP) and through word of mouth. The interviews were conducted by trained interviewers. Interviews were conducted at the Darwin and Palmerston NSP.

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

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

Data analysis was conducted using Statistical Package for the Social Sciences (SPSS) for Windows Version 19.0.

2.2 Survey of key experts (KE)

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

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

In Darwin and Palmerston, interviews were conducted with 12 KE during July and August 2011. Interviews were conducted either by telephone or on a face to face basis. KE, and the main drug or drugs they discussed, were drawn from the following fields:

<u>AOD workers</u>

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

The Opiate Pharmacotherapy Program workers, the Opiate Pharmacotherapy Program Sessional Medical Officer, the Hospital AOD liaison worker and the Withdrawal Service worker were employed by the Northern Territory Government's Alcohol and Other Drugs Program. Both NGO Rehabilitation providers were employed within an outpatient counselling service and the NSP workers were employed by the Northern Territory Aids and Hepatitis Council.

<u>Law</u>

- Court clinician Methamphetamines
- Court clinician Methamphetamine and cannabis
- Police officer Methamphetamine and cannabis
- Police officer Methamphetamine and cannabis

The court clinicians were employed by the Northern Territory Department of Justice and the police officers were employed by the Northern Territory Police, Fire and Emergency Service Drug and Organised Crime Division.

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

2.3 Other indicators

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

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

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

- Annual report of the National Notifiable Diseases Surveillance System
- Australian Needle and Syringe Program Survey National Data Report
- Northern Territory Integrated Justice Information System
- The NT Office of Crime Prevention
- The Australian Crime Commission Illicit Drug Report, various years
- The NT Alcohol and Other Drug Treatment Services Client Database
- The NT DHCS Corporate Information Services
- Alcohol and Drug Information Service annual reports
- Australian Institute of Health and Welfare (AIHW)
- NT Poisons Control
- National Centre in HIV Epidemiology and Clinical Research.

3 DEMOGRAPHICS

3.1 Overview of the participant sample

Key Points

- A total of 125 participants were interviewed for the 2012 NT IDRS survey.
- The mean age was 42 years (range 23 to 62 years).
- Seventy-one percent were male.
- The majority was unemployed or on a pension.
- Ten percent were currently in drug treatment.
- Fifty-nine percent had a prison history.

As in previous years, the sample was predominantly (71%) male (Table 1). The mean age was 42 years and 94% of the respondents were unemployed or on a pension at the time of interview. Three percent reported full-time employment, down from 8% in 2011. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was stable at 28%. Ninety-four percent reported heterosexual status while 6% identified as bisexual and 1% as gay or lesbian. Year 10 was again the mean for years of education although 38% reported some form of post-secondary education. Reported participation in treatment increased to 10% of the sample from 4% in 2011 and 59% reported prior prison history, an increase on the 44% found in 2011.

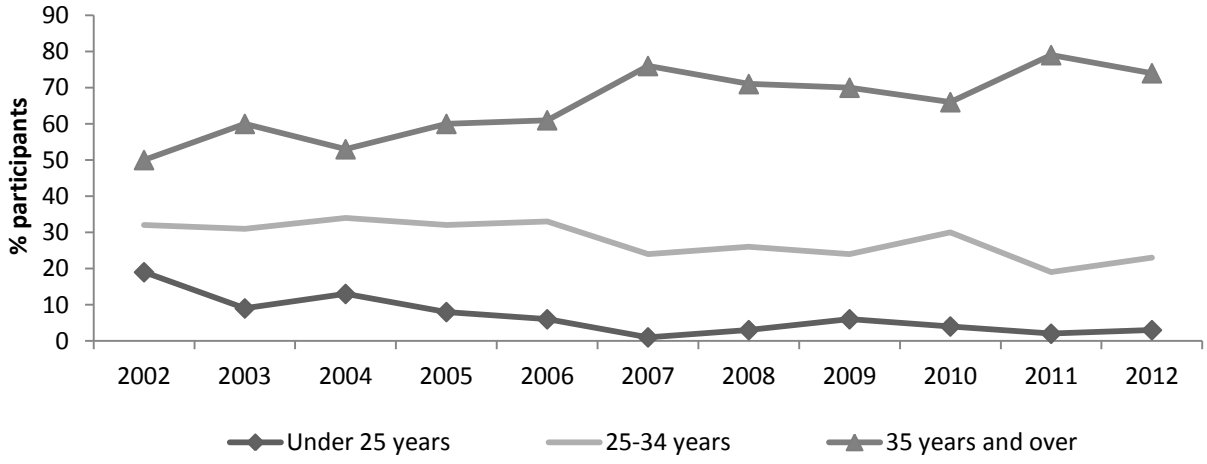
Table 1: Demographic characteristics of the participant sample, 2008-2012

	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Age – mean years (range)	40 (22-59)	40 (21-61)	41 (22-63)	42 (18-63)	42 (23-62)
Sex (% male)	72	69	72	70	71
Employment (%):					
Not employed/on a pension	83	88	78	87	94
Full time	8	6	12	8	3
Part time/casual	7	4	8	4	3
Home duties	0	0	0	0	0
Student	0	0	0	0	0
Received income from sex work last month	2	0	4	0	0
Aboriginal and/or Torres Strait Islander (%)	18	20	21	28	28
Heterosexual (%)	91	90	91	90	94
Bisexual (%)	6	3	4	6	6
Gay or lesbian (%)	2	7	3	3	1
Other (%)	1	0	2	1	0
School education – mean no. years (range)	10	10 (6-12)	10 (4-12)	10 (5-12)	10 (2-12)
Tertiary education (%):					
None	45	42	51	54	62
Trade/technical	40	42	36	32	30
University/college	16	15	13	14	8
Currently in drug treatment (%)	17	8	12	4	10
Prison history (%)	55	55	44	44	59

Source: IDRS participant interviews

Figure 1 demonstrates that over time the proportion of IDRS participants aged 35 years and older has increased, although declining this year compared to 2011. Conversely, the proportions aged under 25 and between 25 and 34 years of age have declined, with 3% being aged under 25 this year.

Figure 1: Age distribution of participants in the NT IDRS samples, 2002-2012



Source: IDRS participant interviews

4 CONSUMPTION PATTERNS

4.1 Current drug use

Key Points

- The mean age of first injection was 24 years, with most participants reporting methamphetamine as the first drug injected.
- Morphine was the main drug of choice, followed by heroin.
- Morphine was by far the drug injected most often in the last month, as well as the most recent drug injected.
- The majority of participants injected drugs at least once per day.
- Polydrug use remained common.

The mean age of first injection this year was 24 years (Table 2), matching the result found last year. Fifty percent of the sample identified amphetamines as the drug first injected, a similar result to that obtained in previous years, with the proportion reporting first injecting morphine increasing for the third year running, Morphine was again reported as the main drug of choice, increasing from 36% in 2011 to 46% this year. The proportion reporting methamphetamine as their drug of choice also increased, mainly due to an increase in those preferring speed powder.

Morphine was again the drug most often injected in the past month (71%) and the most recent drug injected (66%).

The frequency of injecting in the month before interview showed some change compared to 2011, with ‘once per day’ being the most reported category (40%).

Table 2: Injection history, drug preferences and polydrug use, 2008-2012

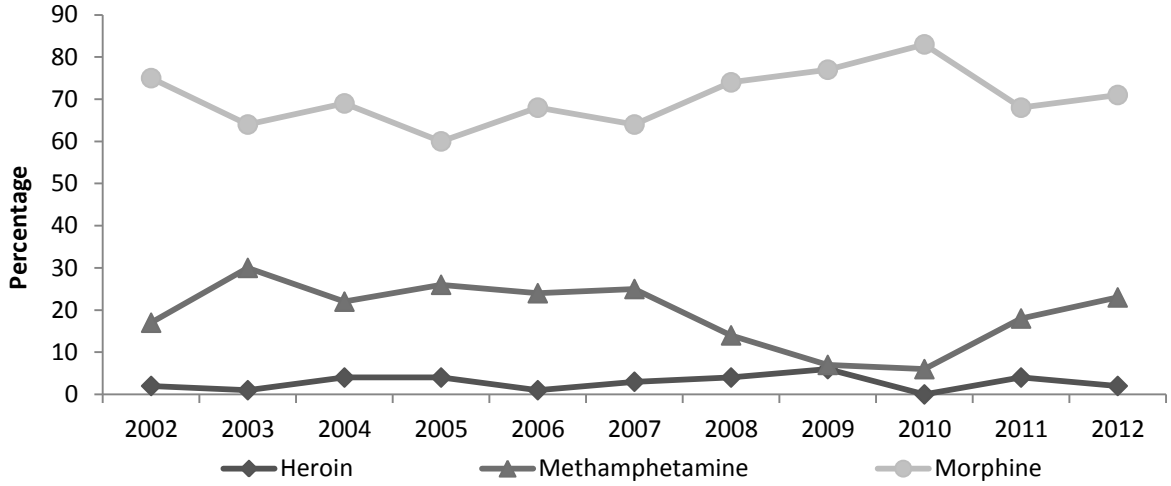
	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Age first injection – mean years (range)	21 (10-55)	21 (10-54)	22 (12-48)	24 (12-54)	24 (10-54)
First drug injected (%)					
Heroin	34	46	32	30	28
Amphetamines	51	40	51	52	50
Cocaine	0	2	0	0	0
Morphine	15	9	12	16	18
Drug of choice (%)					
Heroin	28	27	26	30	21
Morphine	-	37	44	36	46
Cocaine	4	8	4	0	2
Methamphetamine (any form)	18	16	8	17	22
Speed	*15*	*14*	*6*	*15*	*21*
Base	*2*	*0*	*0*	*0*	*1*
Crystal methamphetamine	*1*	*2*	*2*	*2*	*0*
Benzodiazepines	0	0	0	1	0
Cannabis	9	3	4	7	6
Drug injected most often in last month (%)					
Heroin	4	6	0	4	2
Cocaine	0	0	0	0	0
Methamphetamine (any form)	14	7	6	18	24
Speed	*13*	*6*	*5*	*15*	*23*
Base	*0*	*0*	*0*	*0*	*0*
Crystal methamphetamine	*1*	*1*	*1*	*3*	*1*
Benzodiazepines	2	4	0	1	0
Morphine	74	77	83	68	71
Not injected in last month	0	2	0	0	3
Most recent drug injected (%)					
Heroin	2	4	1	3	2
Cocaine	0	1	0	0	0
Methamphetamine (any form)	14	9	7	19	23
Speed	14	9	6	*17*	21
Base	0	0	0	*0*	0
Crystal methamphetamine	0	1	1	*2*	2
Benzodiazepines	1	2	2	1	1
Morphine	73	72	79	68	66
Frequency of injecting in last month (%)					
Not injected in last month	0	1	1	0	3
Weekly or less	15	22	17	20	14
More than weekly, but less than daily	17	14	18	15	15
Once per day	35	34	28	26	40
2-3 times a day	32	26	35	37	29
>3 times a day	2	2	0	2	1

Source: IDRS participant interviews

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

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

Figure 2: Drug injected most last month, 2002-2012



Source: IDRS participant interviews

Polydrug use histories and routes of administration are shown in Table 3. The most commonly used illicit drug in 2012 was non-prescribed morphine although the 67% found this year was lower than the 72% found in 2011 and the 89% in 2010. This group used morphine on a median of 178 days. At 71%, cannabis was again the next most commonly used illicit drug, identical to the 2011 result (71%).

Sixty-six percent of the sample had recently injected illicit morphine on a median of 170 days, similar to the 69 percent fond in 2011 but lower than the proportions found in 2010 (89%) and 2009 (81%). Illicit morphine remained the main drug most recently injected (69%) but again this is a sizeable reduction from the 89% reported in 2010, as well as from 81% in 2009 and 84% in 2008.

Recent use and injection of methamphetamine in any form declined to 48% (55% in 2011) and 46% (51% in 2011) respectively. An increase in reported smoking of ice, from 3% in 2010 to 13% in 2011, declined to 3% this year. Recent use of base and ice declined while recent use (46%) and injection (44%) of speed powder increased.

Recent use and injection of heroin was stable. Recent use and injection of any form of methadone declined, primarily due to a drop in the proportion of the sample reporting recent illicit Physeptone use from 27% in 2011 to 19% this year. Recent use of Subutex declined to 12% although recent injection increased slightly to 7%. A similar pattern was seen for Suboxone, with recent use declining to 12% but recent injection increasing to 7%.

Recent use and injection of all forms of benzodiazepines decreased this year. Overall, recent use of any form of benzodiazepine declined from 61% of the sample in 2011 to 35% in 2012 and recent injection declined from 22% in 2011 to 11% in 2012. This pattern was seen in the use of licit and illicit Alprazolam and of other benzodiazepines. Reported lifetime use of any form of benzodiazepine declined from 79% in 2011 to 35% this year.

There were relatively small changes in the reported use of alcohol, cannabis, tobacco and inhalants.

Table 3: Polydrug use history of the participant sample, 2012 (2011 in brackets)

	Used			Injected			Smoked		Snorted		Swallowed	
Drug class	**Ever[1]**	**Recent[2]**	**Days[3]**	**Ever**	**Recent**	**Days**	**Ever**	**Recent**	**Ever**	**Recent**	**Ever**	**Recent**
Heroin	70 (74)	11 (9)	5 (21)	66 (73)	11 (9)	5 (21)	27 (35)	0 (0)	10 (13)	0 (0)	6 (10)	0 (0)
Homebake heroin	14 (25)	1 (2)	2 (8)	10 (24)	0 (2)	0 (3)	2 (3)	0 (2)	1 (2)	1 (1)	2 (4)	0 (2)
Any heroin (inc. homebake)	72 (76)	12 (11)	4 (12)	66 (76)	11 (11)	4 (6)	27 (36)	0 (2)	10 (14)	1 (1)	7 (13)	0 (2)
Methadone (prescribed)	22 (27)	4 (3)	4 (90)	9 (11)	2 (1)	30 (90)					20 (26)	2 (3)
Methadone (not prescribed)	30 (37)	10 (11)	7 (5)	23 (24)	8 (7)	14 (5)					11 (25)	3 (7)
Physeptone (prescribed)	7 (17)	2 (5)	95 (180)	5 (11)	2 (4)	45 (71)					5 (15)	1 (4)
Physeptone (not prescribed)	39 (47)	19 (27)	4 (5)	33 (37)	16 (18)	4 (5)					20 (21)	6 (10)
Any methadone (inc. Physeptone)	66 (67)	29 (34)	4 (10)	50 (57)	22 (25)	8 (11)					39 (54)	12 (18)
Subutex (prescribed)	16 (25)	2 (7)	90 (24)	3 (8)	1 (1)	3 (8)					14 (23)	2 (5)
Subutex (not prescribed)	24 (28)	10 (8)	2 (6)	13 (17)	6 (5)	3 (8)					14 (16)	5 (5)
Any form Subutex	37 (39)	12 (16)	2 (7)	14 (18)	7 (5)	3 (11)					27 (32)	6 (9)
Suboxone (prescribed)	14 (20)	5 (6)	36 (18)	2 (2)	2 (0)	13 (0)					12 (20)	4 (6)
Suboxone (not prescribed)	16 (26)	8 (14)	6 (2)	10 (6)	6 (3)	2 (2)					10 (24)	6 (13)
Any form Suboxone	26 (36)	12 (19)	14 (4)	12 (7)	7 (3)	2 (2)					20 (34)	10 (18)
Morphine (prescribed)	30 (49)	22 (28)	180 (180)	23 (43)	18 (24)	155	1 (0)	0 (0)	1 (0)	0 (0)	22 (25)	14 (13)
Morphine (not prescribed)	75 (81)	67 (72)	178 (100)	73 (79)	66 (69)	170	1 (3)	0 (0)	0 (1)	0 (0)	26 (22)	53 (10)
Any morphine	85 (88)	77 (81)	180 (180)	80 (87)	74 (78)	180	2 (3)	0 (0)	1 ()	0 (0)	40 (37)	23 (18)
oxycodone (prescribed)	14 (14)	6 (8)	5 (72)	7 (8)	4 (6)	5 (72)					11 (7)	4 (4)
oxycodone (not prescribed)	32 (46)	18 (26)	4 (3)	27 (42)	18 (23)	3 (3)					10 (6)	3 (4)
Any oxycodone	39 (19)	22 (32)	4 (6)	30 (8)	19 (27)	3 (5)					19 (15)	6 (7)
OTC codeine	33 (66)	56 (52)	10 (18)	3 (2)	1 (1)	24 (72)					32 (66)	18 (51)
Other opioids (not elsewhere classified)	45 (62)	25 (41)	5 (12)	6 (7)	2 (4)	2 (51)					43 (59)	25 (40)

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

Source: IDRS participant interviews

Table 3 continued: Polydrug use history of the participant sample, 2012 (2011 in brackets)

	Used			Injected			Smoked		Snorted		Swallowed	
Drug class	**Ever[1]**	**Recent[2]**	**Days[3]**	**Ever**	**Recent**	**Days**	**Ever**	**Recent**	**Ever**	**Recent**	**Ever**	**Recent**
Speed	76 (78)	46 (43)	15 (6)	72 (72)	44 (40)	15 (6)	22 (19)	2 (7)	31 (27)	2 (5)	29 (30)	6 (10)
Base/point/wax	16 (30)	6 (12)	7 (6)	15 (29)	6 (12)	7 (2)	2 (2)	0 (1)	1 (2)	0 (0)	3 (6)	2 (3)
Ice/shabu/crystal	38 (8)	26 (28)	12 (4)	34 (39)	25 (24)	14 (3)	18 (26)	3 (13)	3 (5)	0 (3)	6 (5)	1 (2)
Amphetamine liquid	13 (22)	5 (4)	2 (2)	13 (20)	4 (4)	2 (2)					1 (4)	0 (0)
Any form methamphetamine[4]	78 (83)	48 (55)	21 (6)	75 (77)	46 (51)	20 (6)					30 (33)	6 (10)
Pharmaceutical stimulants (prescribed)	6 (43)	2 (1)	102 (25)	2 (0)	1 (0)	24 ()	1 (0)	0 (0)	0 (0)	0 (0)	4 (8)	2 (1)
Pharmaceutical stimulants (not prescribed)	15 (29)	10 (11)	1 (4)	15 (19)	8 (8)	6 (3)	0 (2)	0 (0)	0 (0)	0 (0)	9 (14)	2 (3)
Any form pharmaceutical stimulants	21 (33)	11 (12)	6 (5)	12 (19)	9 (8)	6 (4)	1 (2)	0 (0)	0 (0)	0 (0)	13 (18)	4 (4)
Cocaine	38 (42)	4 (1)	2 (1)	24 (24)	2 (0)	2 (0)	7 (7)	0 (0)	18 (25)	1 (1)	4 (8)	0 (0)
Hallucinogens	50 (63)	4 (7)	1 (3)	8 (14)	1 (0)	10 (0)	0 (0)	0 (0)	0 (0)	0 (0)	45 (61)	3 (7)
Ecstasy	47 (57)	7 (9)	1 (2)	15 (21)	3 (0)	1 (0)	0 (1)	0 (0)	2 (4)	0 (2)	41 (53)	4 (9)
Alprazolam (prescribed)	14 (21)	7 (13)	21 (90)	3 (8)	2 (3)	5 (5)	0 (1)	0 (1)	0 (0)	0 (0)	12 (19)	6 (11)
Alprazolam (not prescribed)	30 (49)	18 (26)	6 (6)	14 (29)	7 (20)	3 (6)	0 (0)	0 (0)	0 (0)	0 (0)	25 (40)	15 (29)
Other benzodiazepines (prescribed)	30 (48)	18 (30)	20(80)	5 (6)	2 (0)	16 (0)	0 (0)	0 (0)	0 (0)	0 (0)	26 (48)	18 (30)
Other benzodiazepines (not prescribed)	26 (42)	14 (24)	7 (6)	5 (7)	2 (4)	15 (4)	0 (0)	0 (0)	0 (0)	0 (0)	24 (40)	11 (20)
Any form any benzodiazepines	55 (79)	35 (61)	25 (37)	55 (33)	11 (22)	7 (7)	0 (1)	0 (1)	0 (0)	0 (0)	50 (76)	32 (56)
Seroqul (prescribed)	5 (8)	2 (3)	8 (90)	1 (0)	0 (0)	0 (0)					5 (8)	2 (3)
Seroqul (not prescribed)	9 (11)	4 (2)	4 (4)	1 (0)	1 (0)	12 (0)					9 (11)	4 (2)
Any form Seroquel	14 (19)	6 (5)	4 (-)	1 (0)	1 (0)	12 (0)					14 (19)	6 (5)
Steroids	7 (13)	3 (3)	9 (6)	6 (10)	3 (3)	9 (6)	0 (0)	0 (0)			2 (2)	0 (0)
Alcohol	88 (94)	54 (63)	24 (24)	6 (1)	0 (0)	0 (0)					82 (93)	54 (63)
Cannabis	87 (94)	71 (71)	90 (90)									
Inhalants	15 (13)	0 (0)	0 (0)									
Tobacco	95 (100)	90 (97)	180 (180)									

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

Source: IDRS participant interviews

4.2 Heroin

Key Points

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

Heroin use and injection (11%, Table 4) increased slightly compared to 2011, the second year of increase in a row. The median days of use and injection decreased considerably.

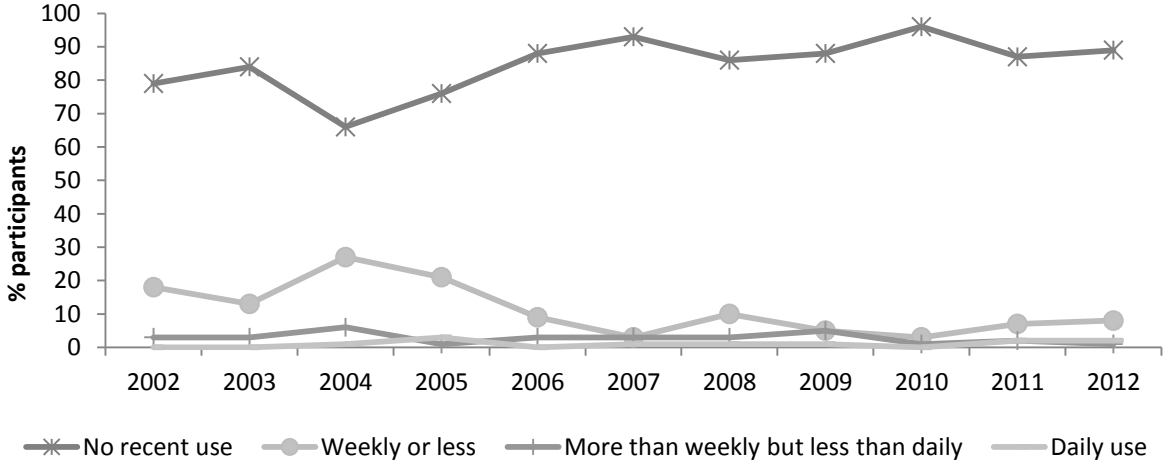
Table 4: Selected trends in participant heroin use, 2004-2012

	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=124
Used last 6 months (%)	34	24	12	7	14	13	5	9	11
Injected last 6 months (%)	33	24	12	7	14	8	5	9	11
Days used last 6 months (median)	5	4	13	30	27	17	4	21	5
Days injected last 6 months (median)	5	3	13	30	26	9	4	21	5

Source: IDRS participant interviews

The most common pattern of use among those who reported recent heroin use was weekly or less (Figure 3). The proportion of the sample reporting no recent heroin use increased steadily between 2004 and 2007 and has been relatively stable since.

Figure 3: Patterns of heroin use by participants, 2002-2012



Source: IDRS participant interviews

As in 2011 (6%) heroin powder was the form most often used this year (11%, Table 5).

Table 5: Forms of heroin used previous six months by participants, 2006-2012

	2006 N=100		2007 N=106		2008 N=103		209 N=99		2010 N=99		2011 N=98		2012 N=124	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	5	3	24	16	3	3	6	4	4	1	6	6	11	7
Rock	9	8	27	17	2	2	9	8	2	2	4	3	4	4
Homebake	5	5	6	2	2	1	2	2	5	5	2	2	1	1

Source: IDRS participant interviews

Table 6 demonstrates that white or off-white heroin powder was the main form of heroin used in the previous six months.

Table 6: Forms of heroin used in previous six months by participants, 2007-2012

	2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=124	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder – white/off-white	1	1	4	4	2	2	0	0	6	6	11	7
Powder – brown	2	2	3	3	1	1	1	1	1	0	0	0
Powder – other colour	0	0	1	1	1	1	2	0	0	0	0	0
Rock – white/off white	0	0	7	7	6	6	1	1	0	0	4	4
Rock – brown	1	1	4	4	2	2	0	1	2	1	0	0
Rock – other colour	1	1	1	1	0	0	1	1	2	2	0	0
Homebake	2	1	2	2	2	2	5	5	2	2	1	1

Source: IDRS participant interviews

4.2.1 KE comment

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

4.3 Methamphetamine

Key Points

- Almost half of the sample reported using some form of methamphetamine in the preceding six months, on a median of 21 days.
- Injecting remained the main route of administration.
- Speed powder remained the main form of methamphetamine used.
- Over a quarter of participants reported using ice in the preceding six months, on a median of 12 days.

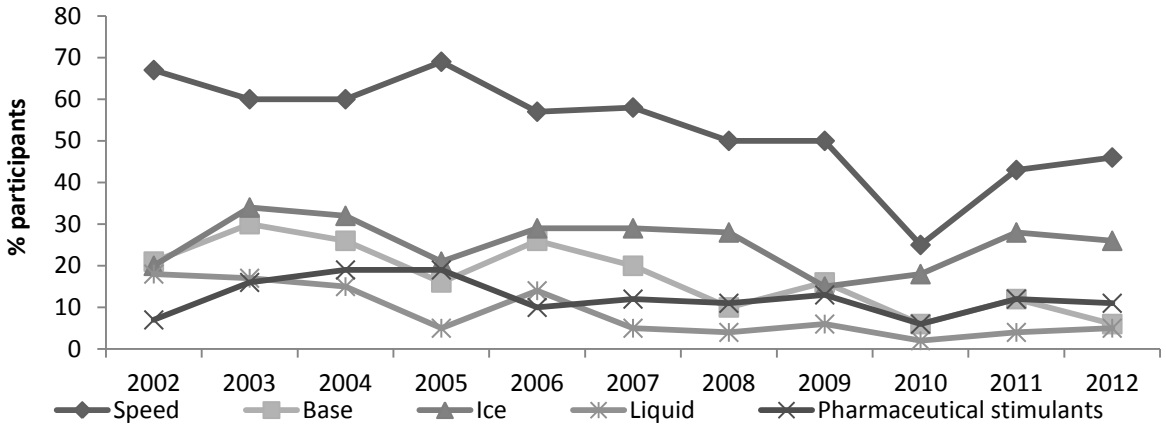
In 2012, 48% (Table 3) of participants reported use of some form of methamphetamine, on a median of 21 days, a decrease on the 55% and 6 days found in 2011. Injecting was the main route of administration (46%), similar to the 51% found in 2011.

Speed powder was used by 46% of the sample on a median of 15 days and was the form of methamphetamine most commonly used. This is an increase from the 43% who reported recent use (on a median of 6 days) of speed powder in 2011. Recent use of ice was reported by 26% of the sample, similar to the 28% found in 2011. Recent use of methamphetamine base also declined to 6% from the 12% found in 2011. Recent use of liquid methamphetamine remained low at 5% of the sample (4% in 2011) and median number of days used remained stable at 2 days.

Injecting continues to be the main route of administration for all forms of methamphetamine. Smoking of ice increased to 18% of the sample in 2011 but declined to 3% this year, as seen in 2010.

Figure 4 shows that the reversal in the decline in recent use of speed powder seen last year has continued and that the recent use of crystal methamphetamine (ice) has fluctuated around a consistent level.

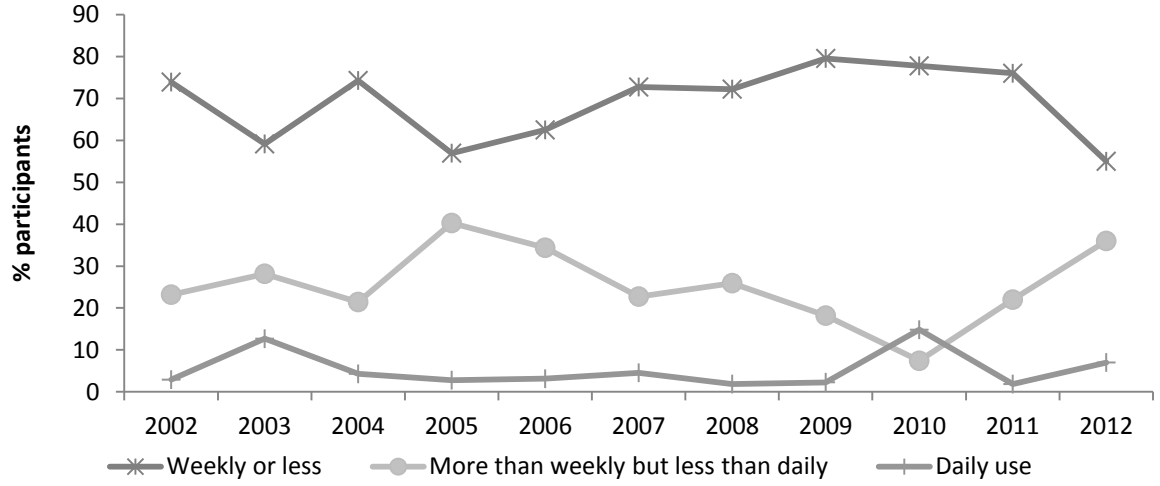
Figure 4: Proportion of participants reporting methamphetamine and pharmaceutical stimulant use in the past six months, 2002-2012



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

More than weekly but not daily use of methamphetamine has increased for the second year running (Figure 5), coinciding with the increase in speed powder use seen above. Daily use also increased this year, although staying at a relatively low proportion.

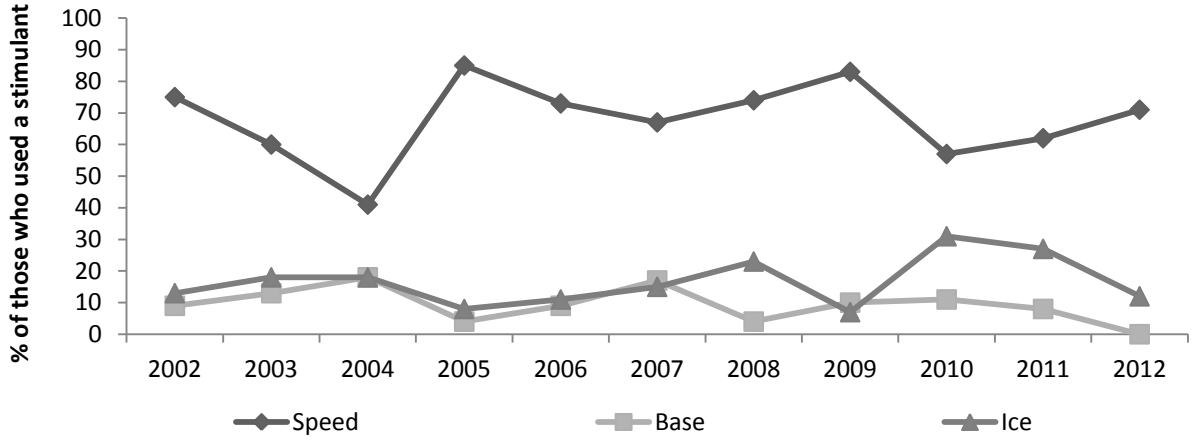
Figure 5: Patterns of methamphetamine use among recent users (any form), 2002-2011



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

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

Figure 6: Methamphetamine form most used in the preceding six months, among recent methamphetamine users, 2002-2012



Source: IDRS participant interviews

4.3.1 KE comment

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

Six KE had observed an increase in the number of clients presenting who mainly used crystal methamphetamine. One of these stated that inquiries around treatment where ice was the main drug had increased in frequency from 1-2 a week to 2-3 a day. Clients were described as being mainly male, non-indigenous, aged mid-20s to late 30s, often employed in a trade or as a fly-in-fly-out mine worker. The routes of administration mentioned were smoking ("ice-pipe") or injecting), although KE differed on which was more prevalent - 2 KE associated smoking more closely with older clients and injecting with younger.

Most treatment KE associated the increase in crystal use with new or additional demands on them as service providers, particularly in the areas of presentations with psychosis. One treatment KE and one court KE noted that ice users were less likely to "see through" a course of treatment. One Court KE noted that courts "lose patience" with the relapse pattern of methamphetamine users and employing a "limited range of options" when dealing with this group.

One court clinician stated that he was surprised by the high number of clients who reported use of speed powder and crystal methamphetamine and this was echoed by one NGO Rehabilitation provider who asserted that there appeared to be an increase in the proportion of clients who had reported methamphetamine as their primary drug of choice over the past six months. Another court clinician noted that although methamphetamine users made up a minority of their clients they required the most supervision.

4.4 Cocaine

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

Although showing an increase on last year, recent use (1% in 2011 to 4% this year) and injection (0% in 2011 to 2% this year) of cocaine remains low in the IDRS sample (Table 7).

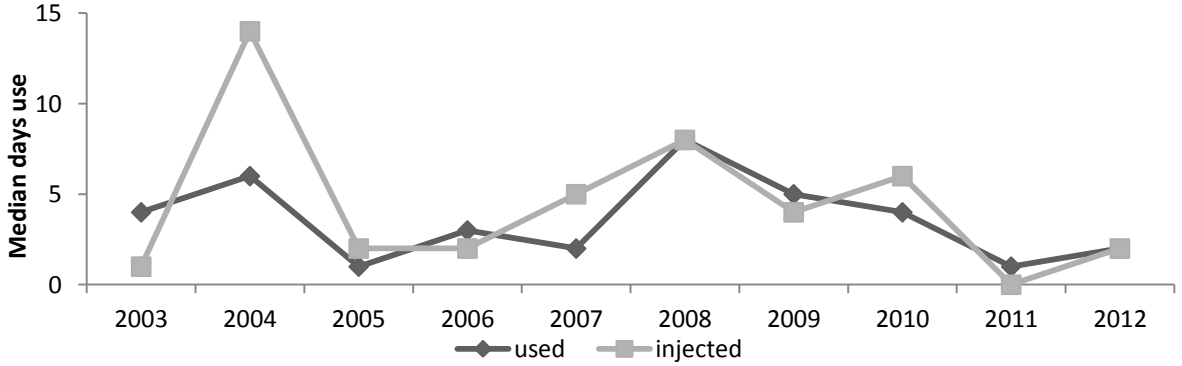
Table 7: Selected trends in participants' cocaine use, 2005-2012

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Used last 6 months (%)	10	8	9	3	12	4	1	4
Injected last 6 months (%)	8	4	8	3	8	4	0	2
Days used last 6 months (median)	1	3	2	8	5	6	1	2
Days injected last 6 months (median)	2	2	5	8	4	6	0	2

Source: IDRS participant interviews

All recent users of cocaine also reported injecting (Figure 7).

Figure 7: Median days cocaine use in the past six months, 2003-2012



Source: IDRS participant interviews

Table 8 demonstrates that recent users mostly used powder and rock forms of cocaine.

Table 8: Forms of cocaine used previous six months, % participants, 2006-2012

	2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	4	4	8	7	3	2	10	5	3	3	1	1	3	2
Rock	-	-	-	-	0	0	4	2	0	1	0	0	0	2
Crack	3	3	1	0	1	1	0	0	1	0	0	0	1	1

Source: IDRS participant interviews

4.4.1 KE comment

Those KE who felt able to comment noted that cocaine was very rare in Darwin. One law enforcement KE commented that a recent operation had found a number of 'backpackers' with cocaine.

4.5 Cannabis

Key Points

- Almost three-quarters of participants had used cannabis in the preceding six months.
- Cannabis was smoked by participants on a median of 90 days.
- Hydroponically grown cannabis (hydro) continued to be the form most commonly used, followed by bush cannabis.
- Key experts tended to describe the cannabis market a stable.

Seventy-one percent of participants reported use of cannabis over the preceding six months, on a median of 90 days (Table 9, stabilising a previously declining trend).

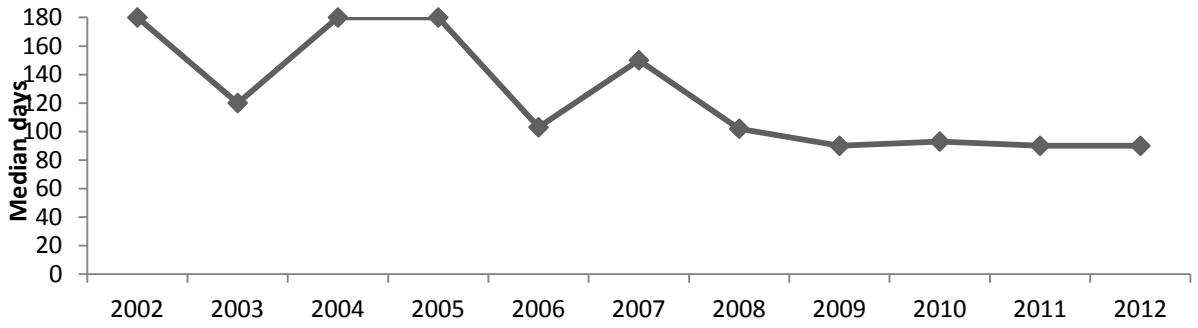
Table 9: Selected trends in participants' cannabis use, 2004-2012

	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Used last 6 months (%)	75	79	84	83	78	78	72	71	71
Days used last 6 months (median)	180	180	103	150	102	90	93	90	90

Source: IDRS participant interviews

Figure 8 illustrates that median number of days of recent use of cannabis has remained relatively stable since 2008. Prior to 2008, with the exception of 2006, reported median days of recent use of cannabis were higher.

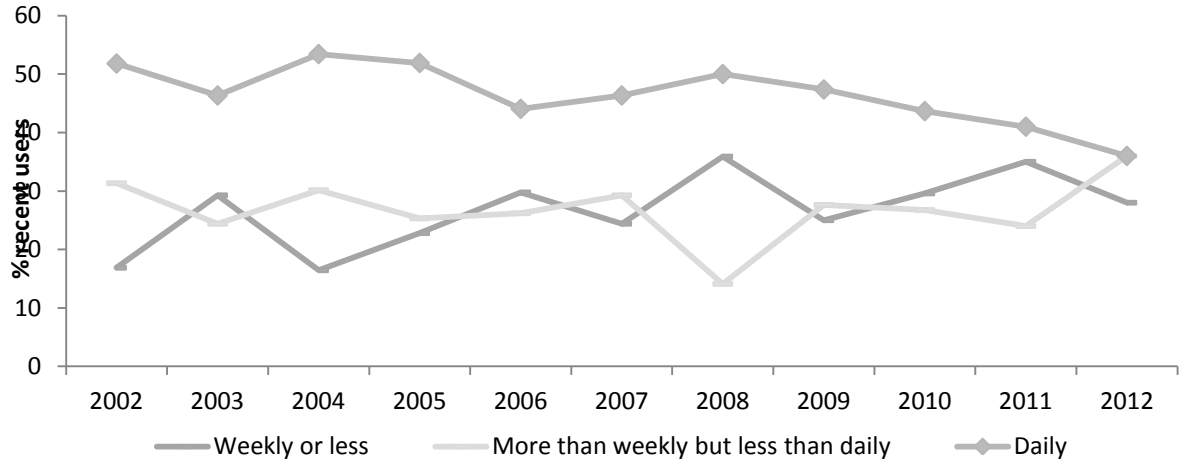
Figure 8: Median number of days of cannabis use in the past six months, 2002-2012



Source: IDRS participant interviews

Figure 9 demonstrates a continuing decline, since 2008, in daily cannabis use and an increase this year in almost daily use

Figure 9: Patterns of cannabis use by recent users, 2002-2012



Source: IDRS participant interviews

As in previous years, hydroponic cannabis was the form most commonly and most often used (Table 10). Bush cannabis was again the form next most commonly used but use of this form continued to decline. Hash and hash oil were used by small proportions of the sample

Table 10: Forms of cannabis used previous six months and main form, 2006-2012 (% entire sample)

	2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often*
Hydro	68	63	74	91	97	92	96	96	69	56	62	88	66	52
Bush	34	8	48	9	69	8	29	5	37	7	21	11	29	7
Hash	8	0	11	0	40	0	3	0	11	0	9	2	3	0
Hash oil	3	0	7	0	24	0	4	0	6	0	5	0	2	0

Source: IDRS participant interviews * 9% reported 'Don't know'

Respondents who recently used cannabis reported smoking on average 5 cones or 2 joints on the last occasion of use.

4.5.1 KE comment

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

4.6 Other opioids

Key Points

- Morphine remained the opioid most frequently used by participants, with 77% having used some form of morphine in the preceding six months, on a median of 178 days.
- MS Contin continued to be the brand most often used.
- Illicitly obtained methadone was used by 10% of participants in the preceding six months, on a median of seven days.
- Illicitly obtained Physeptone tablets were used by 19% of participants in the preceding six months, on a median of four days.
- Illicitly obtained oxycodone was used by 18% of participants in the preceding six months, on a median of four days.
- Illicitly obtained Subutex was used by 10% of participants in the preceding six months, on a median of two days.
- Illicitly obtained Suboxone was used by 8% of participants in the preceding six months, on a median of six days.
- Over-the-counter (OTC) codeine was used by 56% of participants in the preceding six months, on a median of 10 days.
- Other opioids were used by 25% of participants in the preceding six months, on a median of five days.

4.6.1 Methadone

In 2012, 11% of the sample reported use of illicit methadone liquid in the preceding six months, the same proportion as in 2010 and 2011 (Table 11), while 19% reported illicit Physeptone use. Those who recently used illicit methadone did so on a median of 4 days, as compared to 5 days in 2011 (Table 3). The recent illicit use of methadone and physeptone exceeded their licit use, as has been the case previously.

Table 11: Forms of methadone used previous six months, 2006-2012 (%)

	2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Methadone														
Licit	6	5	17	4	9	7	6	3	6	5	3	2	4	2
Illicit	16	7	17	4	25	16	15	10	11	1	11	5	11	11
Physeptone														
Licit	3	2	9	2	3	1	6	4	8	7	5	5	2	1
Illicit	26	18	26	12	36	26	22	9	26	17	27	20	19	14

Source: IDRS participant interviews

For both illicit methadone syrup and Physeptone tablets, a pattern of weekly or less use was again the most common frequency reported (Table 12).

Table 12: Frequency of methadone use in previous six months, 2004-2012(%)

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

Source: IDRS participant interviews

4.6.2 Morphine

Recent use of morphine decreased to 77% (Table 13) of the sample, lower than most of the previous years (Table 13). Median days of use and injection remained stable at daily.

Table 13: Selected trends in participants' morphine use, 2005-2012

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

Source: IDRS participant interviews

Illicit morphine continued to be the form most often used over the six months before interview (75%, Table 14) although recent use of licit morphine increased for the second year running. MS Contin was again the brand most frequently used (75%) followed by Kapanol (16%).

Table 14: Forms and brands of morphine used previous six months, 2005-2012

%	2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	31	24	33	14	19	16	26	26	24	16	28	18	23	24
Illicit	70	57	73	37	85	73	61	43	89	73	73	60	68	75
Brand*														
MS Contin	31		59		81		52		81		79		75	
Kapanol	4		8		12		13		9		13		16	
Anamorph	1		1		3		3		1		0		0	
Other/generic	0		9		2		1		8		3		1	

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

Daily use of illicit morphine in the previous six months increased slightly to 32% of the sample, along with the 2011 result of 30%, a significant increase from the 8% who reported daily use in 2010 (Table 15). Daily use of licit morphine declined slightly to 11% of the sample.

Table 15: Frequency of illicit morphine use in previous six months, 2008-2012

%	2008 N=103			2009 N=99			2010 N=99			2011 N=98			2012 N=125		
	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit
No recent use	14	19	81	31	40	80	9	15	79	19	28	72	24	34	78
Weekly or less	13	19	0	2	5	2	14	20	1	14	20	5	8	13	1
More than weekly	21	23	3	28	37	4	29	37	5	19	22	7	21	20	10
Daily	52	38	17	38	18	14	48	8	15	47	30	15	47	32	11

Source: IDRS participant interviews

4.6.3 Oxycodone

Twenty-two percent (Table 16) of respondents reported use of some form of oxycodone in the six months preceding the interview, a decline from the 32% found in 2011 and lower than the proportion found in the previous four surveys. Recent use of illicit oxycodone declined from the 26% found in 2011 and accounts for most of the drop in total use. Recent use of licit oxycodone declined slightly. Median days of use for licit oxycodone declined markedly, although this figure can be seen to fluctuate considerably since 2007. Median days of use and injection of both licit and illicit forms was low.

Table 16: Selected trends in participants' recent oxycodone use, 2007-2012 (%)

	2007 N=106			2008 N=103			2009 N=99			2010 N=99			2011 N=98			2012 N=125		
	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any
Used last 6 months	2	11	12	3	28	31	9	35	41	12	22	33	8	26	32	7	19	22
Injected last 6 months	0	9	9	3	26	29	3	31	32	8	20	27	6	23	27	4	18	19
Days used last 6 months (median)	24	4	4	68	8	13	18	3	8	126	5	7	72	3	72	5	4	4
Days injected last 6 months (median)	0	4	4	65	8	14	4	3	6	180	5	7	72	3	5	5	3	3

Source: IDRS participant interviews

Illicit oxycodone was the form most used by the sample (16%, Table 17) and Oxycontin was again the main brand used.

Table 17: Forms of oxycodone used previous six months and main form, 2006-2012 (%)

	2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	5	4	2		3	3	9	9	12	12	8	7	7	6
Illicit	7	7	11	5	28	29	35	31	22	20	26	24	19	16
Main brand used														
Generic					1		1						1	
Oxycontin	1		5		30		23		26		27		12	
Endone							4		1		2		2	

Source: IDRS participants interviews

4.6.4 Subutex

Recent use of illicit Subutex was reported by 12% (Table 18) of the sample, an increase on the 8% found in 2011. The proportion of the sample reporting recent injection increased slightly but remains relatively low.

Table 18: Selected trends in illicit Subutex use, 2006-2012

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Used last 6 months (%)	14	5	18	5	8	8	12
Injected last 6 months (%)	11	5	11	3	6	5	7
Days used last 6 months (median)	3	3	7	2	7	6	2
Days injected last 6 months (median)	4	3	6	1	7	8	3

Source: IDRS participant interviews

Weekly or less was the only pattern of use of illicit Subutex reported in 2012, remaining the main pattern of use since 2004 (Table 19).

Table 19: Frequency of illicit Subutex use in previous six months, 2004-2012 (%)

	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
No recent use	86	80	86	95	83	94	92	90	90
Weekly or less	13	17	10	5	13	4	6	8	10
More than weekly	2	2	3	0	4	0	2	0	0
Daily	0	1	1	0	1	1	0	0	0

Source: IDRS participant interviews

Eight percent of the sample reported recent use of illicit Subutex as compared to 4% who reported recent use of licit Subutex (Table 20). The proportion of respondents who have reported use of illicit Subutex has exceeded those who reported use of licit Subutex since 2008.

Table 20: Forms of Subutex used previous six months and primary form, 2005-2012 (%)

	2005 N=107		2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	11	9	16	13	6	5	7	8	4	3	4	4	7	7	3	4
Illicit	20	18	14	13	5	3	18	16	5	5	8	8	8	6	10	8

Source: IDRS participant interviews

4.6.5 Over-the-counter codeine

Nineteen percent (Table 21) of the sample reported recent use of over-the-counter (OTC) codeine in the previous six months, a lower proportion than in previous years. As since 2010, only one respondent reported injecting OTC codeine. Nurofen Plus was again the most commonly used OTC brand of codeine.

Table 21: OTC codeine use characteristics, 2009-2012 (%)

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

* one respondent only

Source: IDRS participant interviews

4.6.6 KE comment

Morphine was mentioned to some extent by all KE. Two treatment KE commented that “Darwin is awash” with morphine and all other KE alluded to its very easy availability. MS Contin continued to be the main brand mentioned with injecting as the principal route of administration. Morphine use was usually seen in combination with cannabis and tobacco and often with Xanax or other benzodiazepines. Client or user characteristics were reported to be stable with males aged 30 to late-40s seen as the main group. Treatment providers stated that they saw some users of other opioids – such as oxycodone – but only rarely. On KE commented that regular MS Contin users will substitute with oxycodone if MS Contin is not available.

Law enforcement KE commented that morphine was usually sold to users by older, white males.

4.7 Other drugs

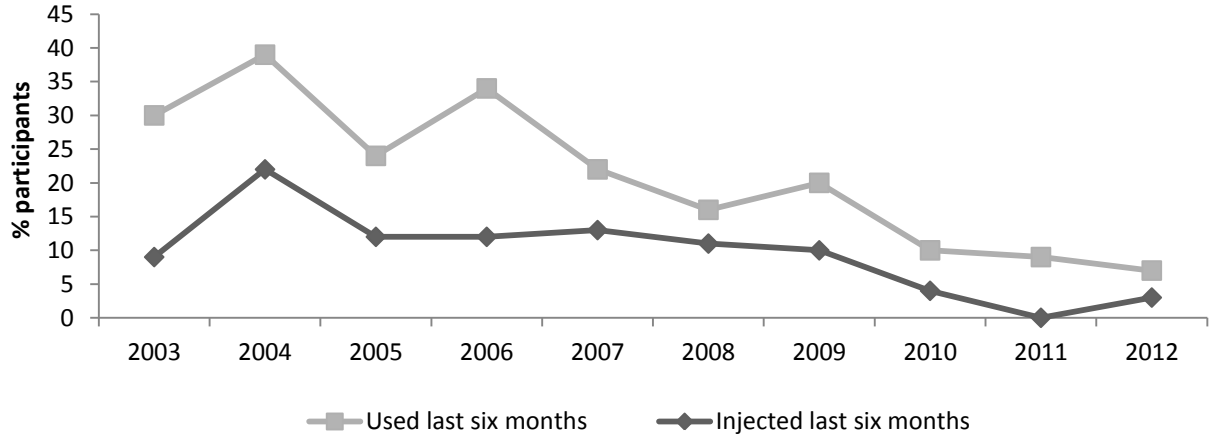
Key Points

- Seven percent of participants reported recent ecstasy use.
- Any form of benzodiazepine (illicit and/or licit) was used by 35% of participants in the preceding six months, a significant decline from the 61% who reported recent use in 2011.
- Eighteen percent of participants had recently used illicit Alprazolam and 7% had recently used licit Alprazolam.
- Recent use of any form of pharmaceutical stimulants was stable at 11% for any form.
- Hallucinogens were used by 4% of participants in the preceding six months, on a median of one day.
- Four participants reported recent use of any form of Seroquel.
- Fifty-four percent of participants reported use of alcohol in the preceding six months, on a median of 24 days.
- Ninety percent of respondents reported daily use of tobacco.
- No participants reported use of inhalants in the preceding six months.

4.7.1 Ecstasy

Recent use of ecstasy has been stable since 2010 (9% in 2012 and 2011, 10% in 2010, Figure 10). Recent injection increased this year (4%, 0% in 2011) but remains low compared to the years before 2010.

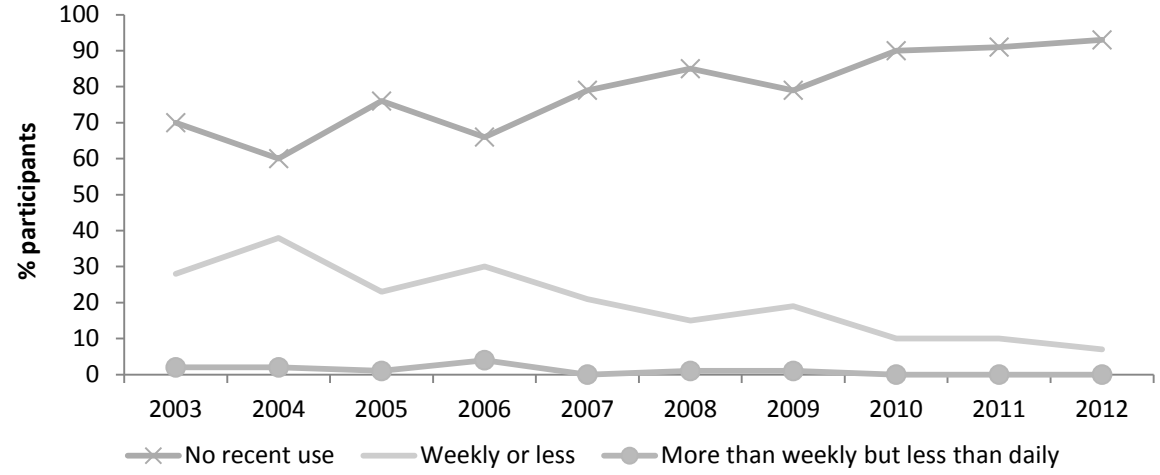
Figure 10: Proportion of participants reporting ecstasy use and injection in the preceding six months, 2003-2012



Source: IDRS participant interviews

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

Figure 11: Patterns of ecstasy use, 2003-2012

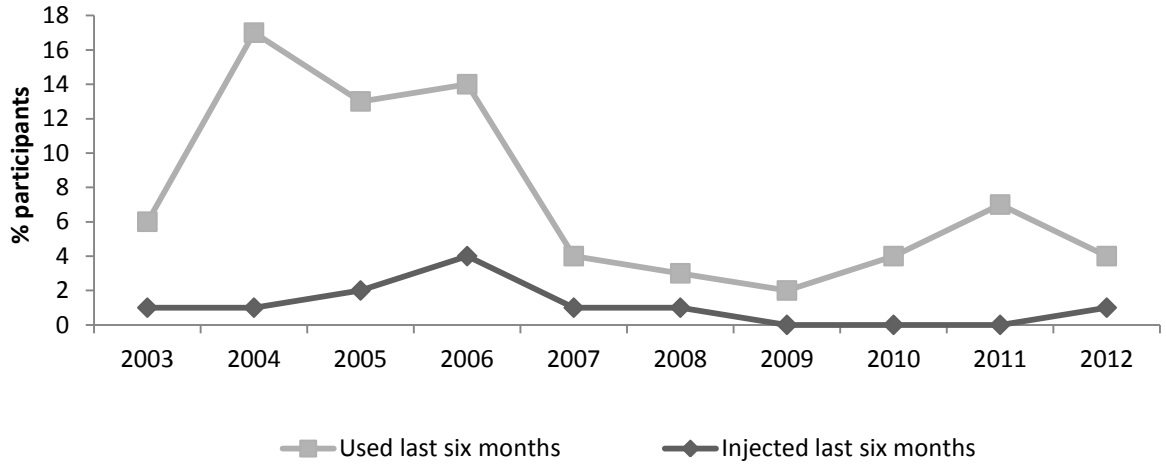


Source: IDRS participant interviews

4.7.2 Hallucinogens

Recent use of hallucinogens by participants remained low at 4% of the sample, reversing the increase seen over the previous two years (Figure 12). One person reported recent injection.

Figure 12: Proportion of participants reporting hallucinogen use and injection in the preceding six months, 2003-2012



Source: IDRS participant interviews

Use of mushrooms was reported for only the second time since 2005 although LSD remained the main form of hallucinogens used (Table 22).

Table 22: Hallucinogen forms most used, 2006-2012

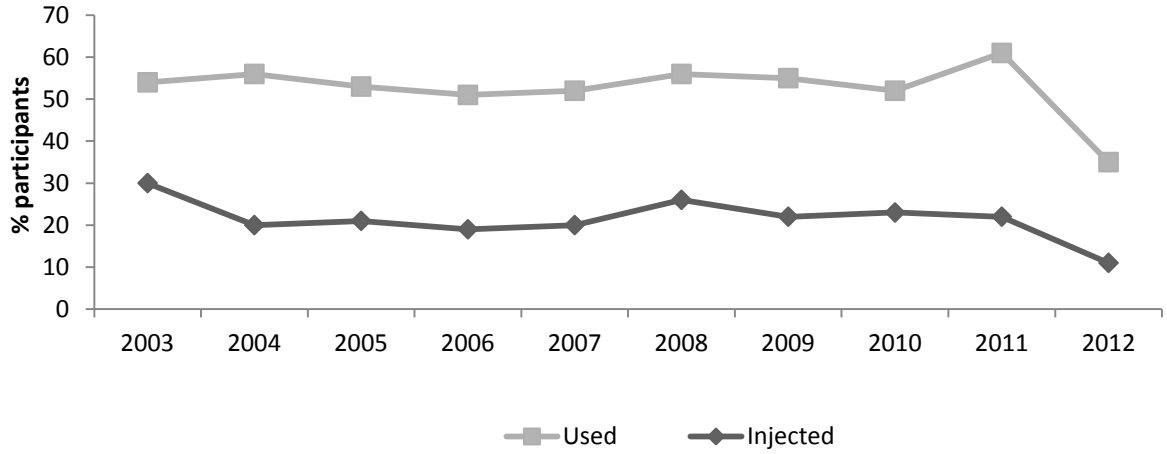
	2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99		2011 N=98		2012 N=125	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
LSD	13	12	3	3	3	3	2	2	4	3	5	5	4	4
Mushrooms	0	0	0	0	0	0	0	0	0	0	2	2	3	1
Other			1	0	0	0	0	0	0	0	0	0	0	

Source**:** IDRS participant interviews

4.7.3 Benzodiazepines

There was a marked decrease in the recent use of benzodiazepines (35% in 2012 compared to 61% in 2011 and 67% in 2010), representing the lowest rate of usage seen to date (Figure 13). Recent injection of benzodiazepines also declined to the lowest proportion seen (11%) since 2003.

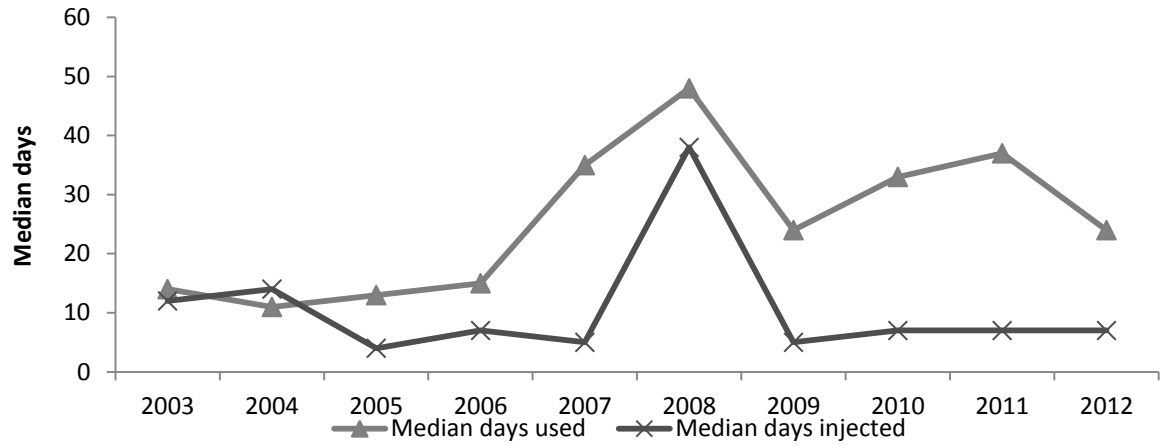
Figure 13: Proportion of participants reporting benzodiazepine use and injection in the preceding six months, 2003-2012



Source: IDRS participant interviews

Median days of benzodiazepine use declined markedly while median days of injection were stable (Figure 14).

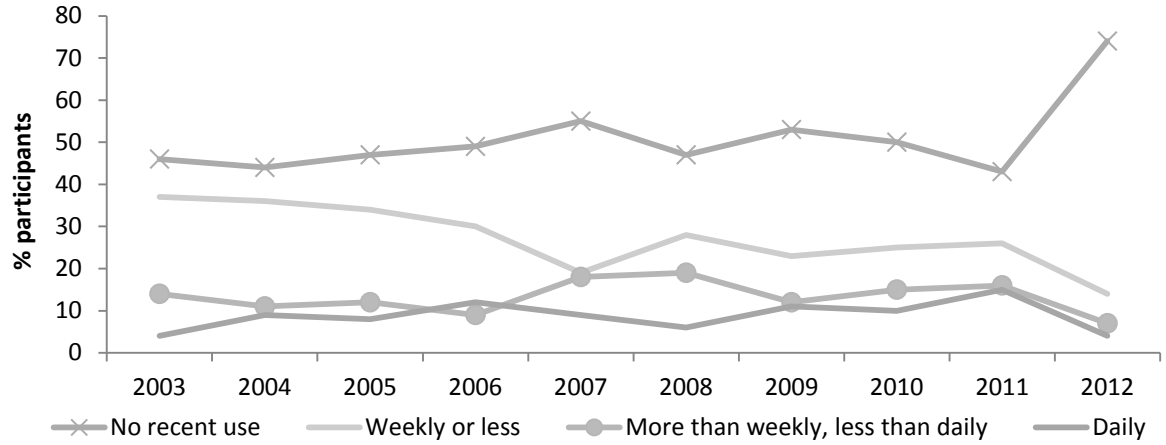
Figure 14: Median days use and injection of benzodiazepines in the past six months, 2003-2012



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

All frequencies of use declined although weekly or less remained the most common pattern (Figure 15).

Figure 15: Patterns of benzodiazepine use, 2003-2012



Source**:** IDRS participant interviews

Of the benzodiazepines listed below (Table 23), diazepam (Valium) was used most often as has been the case in all previous years.

Table 23: Forms of benzodiazepine most used and main brands, 2006-2012 (%)

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

Source: IDRS participant interview
- Alprazolam reported separately below

The 2011 and 2012 IDRS survey included questions focusing specifically upon Alprazolam use patterns. Table 24 illustrates that twice as many respondents reported recent use and injection of illicit Alprazolam compared to licit Alprazolam although the sample proportions declined in 2012.

Table 24: Alprazolam use, selected characteristics, 2011 and 2012.

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

4.7.4 Seroquel, steroids and inhalants

In 2011 the IDRS survey investigated the use of Seroquel, an anti-psychotic medication. In 2012, three respondents reported recent use of licit Seroquel, on a median of 8 days, and six respondents reported recent use of illicit Seroquel, on a median of 4 days (Table 25).

Table 25: Seroquel use, selected characteristics, 2011 - 2012 (%)

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

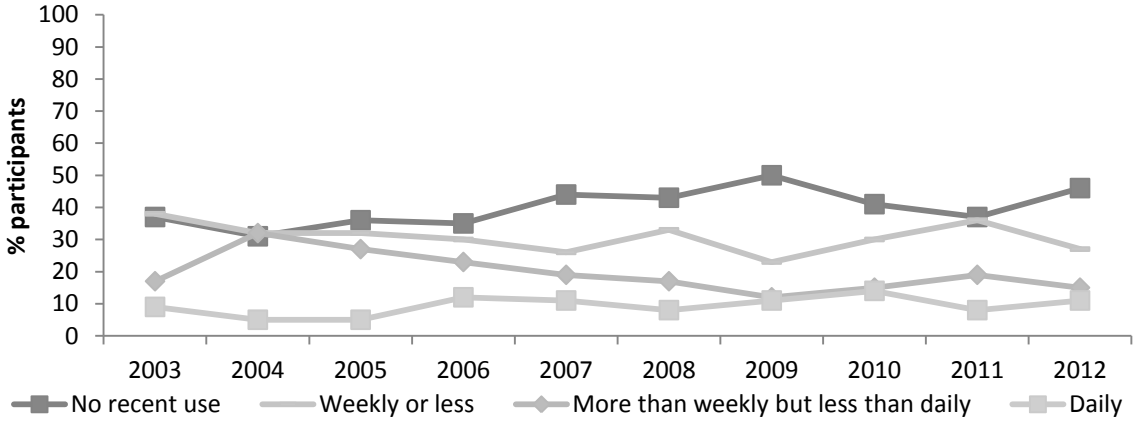
In 2012, 6% (Table 3) of the sample reported recent steroid use, compared to 3% in 2011.

As in 2011, no respondents reported recent inhalant use although 15% reported having used inhalants at some time in their life (Table 3).

4.7.5 Alcohol and tobacco

Recent use of alcohol declined from 63% in 2011 (Table 3) to 54% this year. Respondents reporting the more frequent categories of use, daily and almost daily, declined, with an increase in weekly or less use (Figure 17).

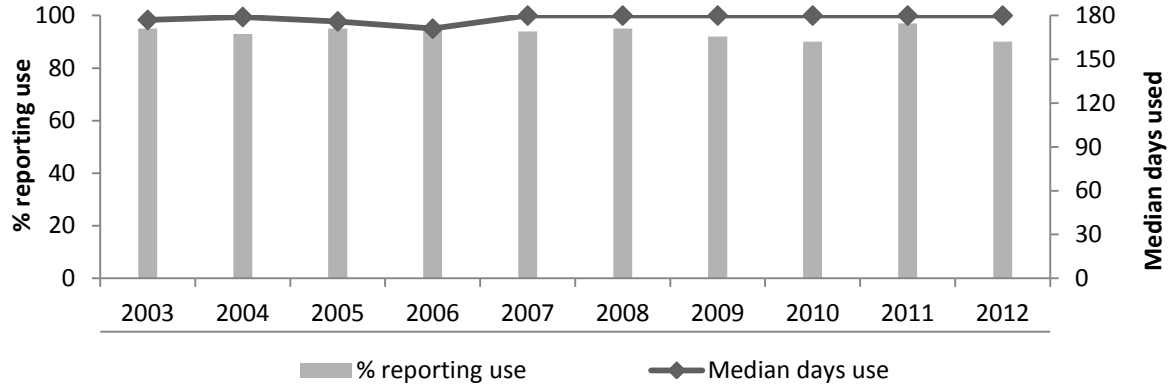
Figure 16: Patterns of recent alcohol use, 2003-2012



Source: IDRS participant interviews

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

Figure 17: Participant reports of tobacco use in the last six months, 2003-2012



Source: IDRS participant interviews

4.7.6 KE comment

Several treatment KE noted that morphine is often used in combination with cannabis and one or more benzodiazepines. One Medical Officer and one NSP worker noted a gradual increase over 12 months in Xanax injection by morphine users. The medical officer commented that "quite a few" of her clients have had "lots of" Xanax prescribed by their GP's. She also commented that "people lose days of their lives to Xanax" and saw this as a different characteristic to the effect of other benzodiazepines. She noted that "the program aims to move people off Xanax to diazepam".

The NSP worker also noted a gradual increase in Xanax injecting by morphine users, commenting that associated harms had become apparent in the past 12 months. She attributed the increase in Xanax injection to increased prescribing of Xanax as an anti-anxiety drug by GPs. She also stated that it had led to more people attending the Emergency Department, particularly older injectors, and that its use had lead to increased harms including overdoses, amputations and other injection-related problems.

The KE comments around increased Xanax use are in contrast to the decline in Alprazolam and other benzodiazepine use found in the IDR participant sample.

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

5.1 Heroin

Key Points

- Consistent with recent years, very few respondents were able to comment upon the price, purity or availability of heroin.
- The median price of a cap of heroin was $110.
- KE comments confirmed limited heroin availability in the NT.

Two respondents reported a median heroin price of $110 a cap (Table 26) and five respondents reported a median of $150 for a gram of heroin. It can be seen from Table 26 that heroin prices in Darwin fluctuate considerably.

Table 26: Median price of most recent heroin purchases, 2007-2012, $ (n)

Amount	2007	2008	2009	2010	2011	2012
Cap	50 (1)	100 (4)	80 (12)	-	80 (2)	110 (2)
Quarter gram	150 (2)	-	-	-	-	-
Half gram (half-weight)	-	-	-	-	-	-
Gram	150 (1)	400 (1)	300 (10)	100 (1)	550 (2)	150 (5)

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

Few respondents were able to comment upon heroin price movements. Of those who did, most considered that the price was stable (50%, Table 27) or increasing (38%).

Table 27: Reports of heroin price movements, past six months, 2005-2012 (%)

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond	74	95	92	94	94	97	96	94
Did respond	26	5	8	6	6	3	4	6
Of those who responded								
Don't know	43	0	13	0	0	67	0	0
Increasing	18	20	25	50	17	33	50	38
Stable	32	80	50	50	67	0	-	50
Decreasing	0	0	0	0	0	0	25	0
Fluctuating	7	0	13	0	17	0	25	13

Source**:** IDRS participant interviews

Among those able to comment, reports of current heroin availability were mixed (Table 28), although most rated it as either difficult (25%) or very difficult (33%) to obtain. Ninety percent rated recent availability as stable. As is evident in Table 28, reports of current heroin availability fluctuate considerably over time.

Table 28: Reports of heroin availability in the past six months, 2005-2012 (%)

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond*	74	95	93	94	94	97	96	90
Did respond	26	5	7	6	6	3	4	10
Of those who responded:								
Current availability								
Very easy	0	0	0	17	0	0	0	8
Easy	14	60	0	0	67	33	50	33
Difficult	50	20	57	67	33	0	50	25
Very difficult	21	20	43	17	0	33	0	33
Don't know	14	0	0	0	0	33	0	0
Change last six months								
More difficult	21	0	0	0	0	0	0	0
Stable	46	80	71	100	83	67	25	90
Easier	0	20	14	0	17	0	50	10
Fluctuates	4	0	0	0	0	0	25	0
Don't know	29	0	14	0	0	33	0	0

Source: IDRS participant interviews

In 2012 40% (Table 29) of those able to respond reported that their usual source person was a friend and 30% a dealer.

Table 29: Source person and venue for heroin, last six months, 2006-2012 (%)

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond	95	96	94	94	97	96	92
Did respond	5	4	6	6	3	4	8
Of those who responded:							
Source person*							
Street dealer	20	50	0	33	33	25	30
Friends	40	25	33	17	0	0	40
Gift from friends	0	0	0	0	0	0	0
Known dealer	0	0	17	0	0	25	20
Workmates	0	0	0	0	0	0	0
Acquaintances	0	25	33	17	0	50	10
Unknown dealer	20	0	0	33	33	0	0
Mobile dealer	0	0	0	0	0	0	0
Other	20	0	0	0	33	0	0
Source venue*							
Home delivery	20	25	0	50	0	0	27
Dealer's home	20	25	17	17	0	25	0
Friend's home	40	25	0	17	0	0	18
Acquaintance's house	0	0	17	17	0	25	0
Street market	0	50	0	0	33	25	27
Agreed public location	40	50	50	0	67	0	27
Work	0	0	0	0	0	25	0
Other	0	0	0	0	0	0	0

Source: IDRS participant interviews
* Multiple responses possible

Of those able to comment just over half (55%) rated heroin purity as medium. Reports of recent purity change were mixed, one third rating it as stable and one third as fluctuating.

Table 30: Participant reports of heroin purity, past six months, 2005-2012 (%)

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond	72	96	92	94	94	97	96	91
Did respond	28	4	8	6	6	3	4	9
Of those who responded:								
Current purity								
High	4	0	0	17	17	33	25	27
Medium	18	25	13	17	50	33	0	55
Low	54	75	75	67	17	0	50	18
Fluctuates	4	0	0	0	17	0	25	0
Don't know	21	0	13	0	0	33	0	0
Change last six months								
Increasing	0	0	14		0	0	0	22
Stable	29	0	43	83	17	0	50	33
Decreasing	11	75	0		33	0	0	11
Fluctuating	18	25	29		50	0	50	33
Don't know	43	0	14	17	0	100	0	0

Source: IDRS participant interviews

5.1.1 KE comment

As mentioned above, KE described heroin availability as periodic and short-term; KE were not able to comment on heroin prices or purity.

5.2 Methamphetamine

Key Points

- The median price for a point of methamphetamine powder was $150.
- The median price for a point of ice/crystal methamphetamine was stable at $150.
- The median price for a gram of speed powder was $275 compared to $400 in 2010.
- The median price of a gram of ice was stable.
- The majority of respondents rated all forms of methamphetamine, especially powder, as either easy or very easy to obtain.
- More respondents rated the availability of all forms of methamphetamine as easy or very easy.

5.2.1 Price

The median price of the most recent purchase for the various forms of methamphetamine is shown in Table 31. The median point price of speed powder increased from $100 in 2011 to $150 this year while the median point price of crystal methamphetamine was stable.

Table 31: Price of most recent methamphetamine purchases, 2011-12

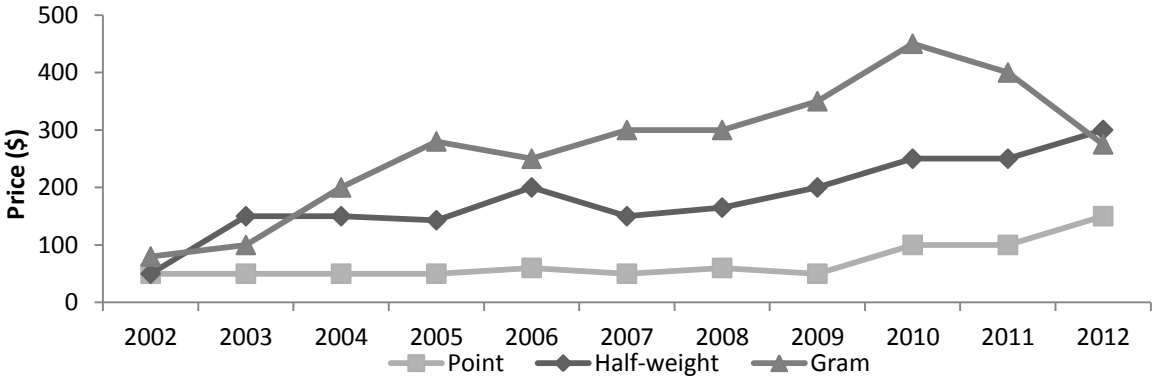
	2011			2012		
Amount	**Median price $**	**Range $**	**Number of purchasers**	**Median price $**	**Range $**	**Number of purchasers**
Speed						
Point	100	50-150	16	150	50-200	28
(0.1g)	400	160-600	12	275	80-500	6
Gram	-	-	-	-	-	-
Ounce						
Base						
Point	150	80-200	4	100	50-100	4
Gram	700	400-1,000	2	-	-	-
Ounce	-	-	-	300	-	1
Ice/crystal						
Point	150	100-200	12	150	50-200	15
(0.1g)	1,000	-	23	996	400-2000	3
Gram	-	-	-	600	-	1
Ounce						

Source**:** IDRS participant interviews

Speed powder

The median prices of points and half-weights of speed powder have increased over time (Figure 18) while the median price of a gram has fallen.

Figure 18: Median prices of speed powder estimated from participant purchases, 2002-2012

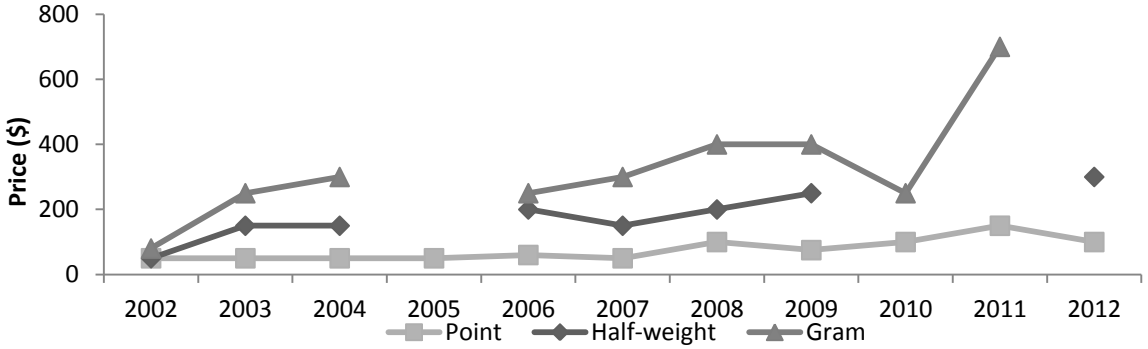


Source: IDRS participant interviews

Base

Relatively low numbers of participants are able to report base prices each year. Figure 19 shows that the price of the most commonly purchased amount (points) is stable over time while the prices of other amounts fluctuates considerably.

Figure 19: Median prices of base estimated from participant purchases, 2002-2012

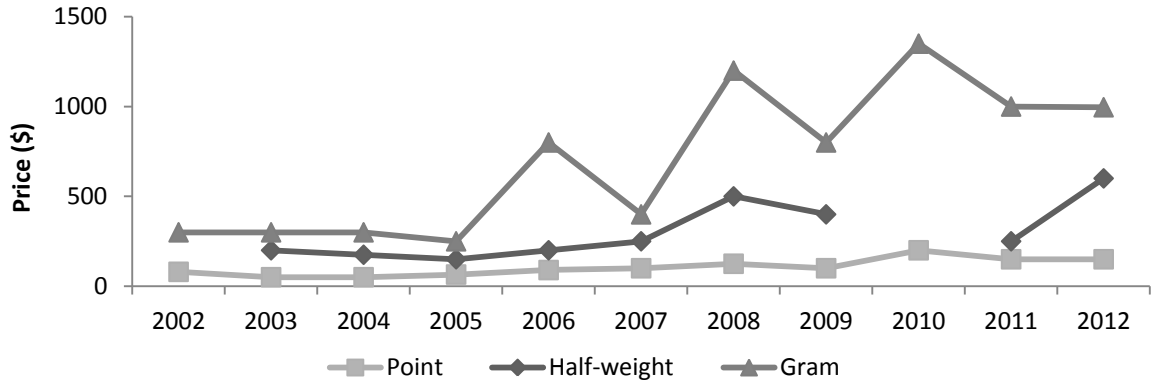


Source: IDRS participant interviews

Ice/Crystal

The gram price of crystal methamphetamine has fluctuated over time although stable this year at a higher level than seen before 2005 (Figure 20). The point price has been stable.

Figure 20: Median prices of ice/crystal estimated from participant purchases, 2002-2012



Source: IDRS participant interviews

Those able to comment reported that recent methamphetamine prices in 2012 have been stable (43% for powder and 50% for ice, Table 32) or increasing (38% and 32%). A small number of respondents reported that base prices had been stable.

Table 32: Methamphetamine price movements in the last six months, 2012 (%)

	Speed	Base	Crystal
Did not respond	66	96	88
Did respond	34	4	12
Of those who responded			
Don't know	0	0	0
Increasing	38	0	32
Stable	43	100	50
Decreasing	2	0	5
Fluctuating	17	0	14

Source: IDRS participant interviews

5.2.2 Availability

Eighty-nine percent (Table 33) of those able to comment considered that speed powder was currently either easy or very easy to obtain, an increase from the 80% who rated current powder availability as easy or very easy in 2011. Eleven percent rated powder as difficult to obtain but no respondents rated the substance as very difficult to obtain. The majority (70%) considered that that there had been no changes in availability over the past six months while 18% reported that powder had become more difficult to obtain.

As in recent years, few participants were able to comment upon availability of base methamphetamine. Of the few who did, 60% rated availability as easy while 20% rated availability as difficult (Table 33). All of these respondents noted no change in availability over the preceding six months.

Sixty-seven percent of those able to respond rated crystal methamphetamine as easy or very easy to obtain (Table 33) and 78% reported that availability of this form had been stable overt the six months before interview.

Table 33: Participants reports of methamphetamine availability in the past six months, 2007-2012 (%)

	Powder						Base						Ice/crystal					
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond	52	65	69	83	65	64	88	94	93	95	95	96	91		87	89	87	81
Did respond	48	35	31	17	35	36	12	6	7	5	5	4	19		13	11	13	19
Of those who responded																		
Current availability																		
Very easy	26	14	16	18	24	27	0	0	29	0	20	0	25	33	8	9	23	13
Easy	53	53	65	24	56	62	46	33	43	60	40	60	35	50	62	55	54	54
Difficult	12	31	16	35	21	11	31	67	14	0	40	20	35	17	31	27	23	33
Very difficult	4	3	3	12	0	0	8	0	14	20	0	0	5	0	0	0	0	0
Don’t know	6	0	0	12	0	0	15	0	0	20	0	0	0	0	0	9	0	0
Change last six months																		
More difficult	18	19	16	35	18	7	31	50	14	60	20	0	15	0	8	9	23	4
Stable	56	61	65	35	70	77	46	50	71	20	60	100	55	83	67	36	69	78
Easier	6	6	6	6	3	9	0	0	14	20	0	0	25	17	0	0	8	13
Fluctuates	14	8	13	12	9	7	8	0	0	0	20	0	5	0	25	36	0	4
Don’t know	6	6		12	0	0	15	0	0	0	0	0	0	0	0	18	0	0

Source**:** IDRS participant interviews

Respondents had obtained speed powder from friends (33%, Table 34) or known dealers (28%) usually at an agreed public lace (35%) or a friend's home (20%).

Crystal methamphetamine was last sourced principally from friends (33%) with 25% of respondents identifying a friend's home as the last source venue (Table 34).

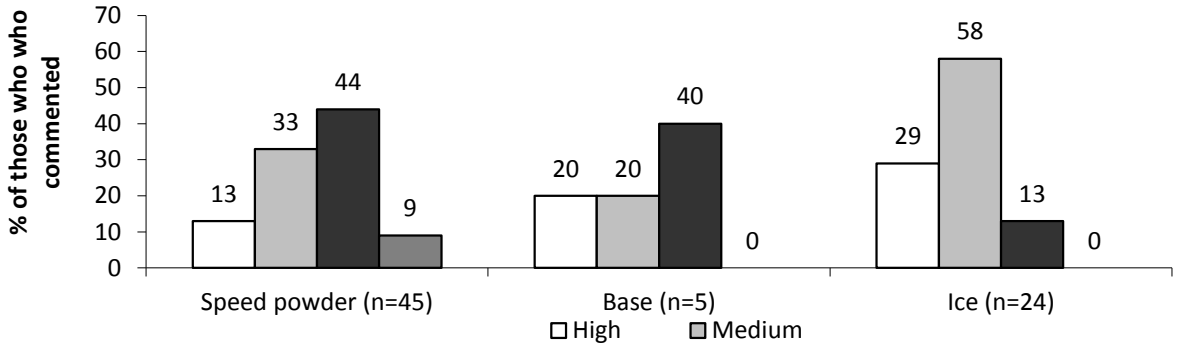
Table 34: Last source person and source venue for purchases of meth-amphetamine in the preceding six months, 2012

	2012 N=98		
	Speed	Base	Ice
Did not respond	63	96	81
Did respond	37	4	19
Of those who responded			
Source person			
Street dealer	17	20	21
Friends	33		33
Known dealer	28	20	21
Workmates			
Acquaintances	11	40	21
Unknown dealer	9	20	
Mobile dealer			
Other	2		4
Source venue			
Home delivery	11	40	8
Dealer's home	15		8
Friend's home	20	20	25
Acquaintance's house	4	20	8
Street market	11		21
Agreed public location	35	20	21
Work			
Other	4		8

5.2.3 Purity

Of those able to respond, 44% (Figure 21) rated the purity of speed powder as low and 33% as medium, while most (58%) rated the purity of ice as medium.

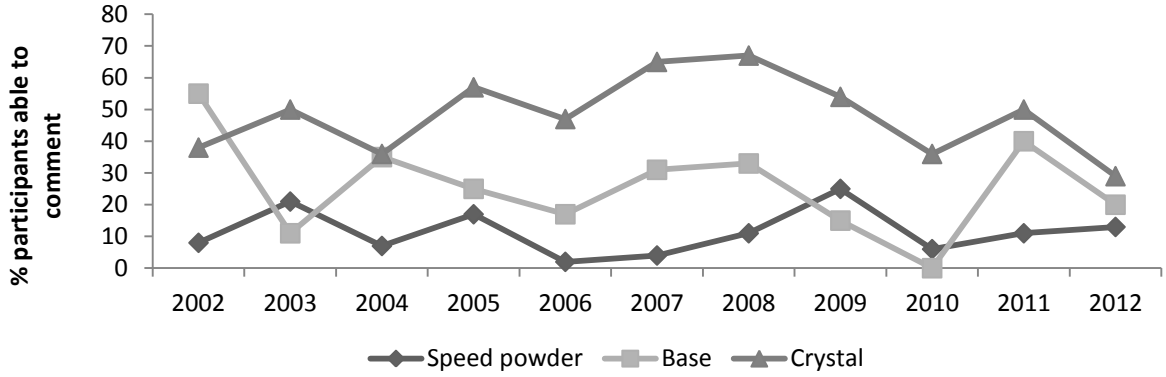
Figure 21: Participant perceptions of methamphetamine purity (speed, base and ice/crystal) among those who commented, 2012



Source: IDRS participant interviews

Figure 22 shows that the proportion of respondents rating the purity of the different forms of methamphetamine as high has fluctuated over time. The purity of ice continues to be rated as high by a larger proportion of respondents than the base or powder forms.

Figure 22: Proportion of participants reporting speed powder, base and ice/crystal purity as 'high', among those who commented, 2002-2012



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

5.2.3 KE comment

KE who were able to comment generally agreed that crystal methamphetamine entered Darwin from interstate. Law enforcement KE detailed that it arrives mostly carried by "mules" by air, with some arriving by road and a small amount manufactured locally. Law enforcement KE identified methamphetamines as the most problematic illicit drug at the time of interview due to its increased use and its association with violent crime.

Some KE expressed the opinion that the crystal methamphetamine market had become more "stable" and "established" in Darwin, one KE describing it as "more

business like". They also noted however that it may be too soon to draw this conclusion.

Price estimates by KE generally agreed with the prices reported above. One law enforcement KE noted that the price of crystal methamphetamine varies with purity, from $100 to $350 a point. Another estimated that the same form costs $800 to $1,000. One treatment KE estimated $1,600 to $2,000 a gram of crystal and another $1,500 to $2500.

All KE commented that methamphetamine was easily available in Darwin, mainly as speed powder. The two law enforcement KE stated that the crystal form was increasingly available. One law enforcement and one treatment KE commented that what is sold as 'ice' may often be a form of speed, based on the descriptions of its preparation provided by clients.

5.3 Cocaine

Key Points
- No participants were able to comment upon the cocaine drug market.
- KE comments confirm the rare use of this substance in the NT.

As in 2011, no participants were able to comment upon cocaine price, purity or availability.

5.3.1 KE comment

Two KE commented on cocaine availability, noting that it was rare in Darwin. Treatment KE could not recall any clients presenting with a need for treatment for cocaine use. As noted above, one law enforcement KE commented that a recent operation had found a number of 'backpackers' with cocaine.

5.4 Cannabis

Key Points
- The median price of hydroponically grown cannabis was $30 per gram, as in 2011, and $420 per ounce, lower than the $450 found in 2011.
- The median price for a gram of bush cannabis was $30 per gram, an increase on the $15 found in 2011.
- The majority of participants able to comment rated cannabis availability as easy or very easy.
- The majority of participants able to comment rated hydro potency as medium and bush cannabis potency as medium.

5.4.1 Price

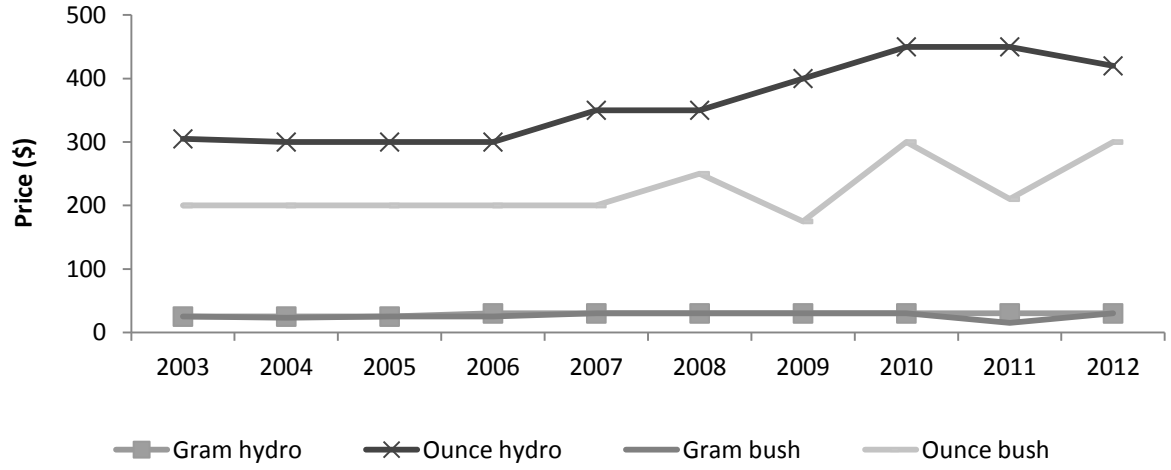
The median price of a gram of either hydro or bush cannabis was reported to be $30 (Table 35). For bush cannabis, this is an increase on the $15 found in 2011, although for both varieties the long-term price is stable (Figure 25). The median price of an ounce of hydro declined slightly to $420 (Table 35), but remains higher than the prices seen before 2008 (Figure 23).

Table 35: Price of most recent cannabis purchases by participants, 2011-2012

	2011			2012		
	Median price $	**Range $**	**Number of purchasers**	**Median price $**	**Range $**	**Number of purchasers**
Hydro						
Gram	30	15-30	25	30	25-30	37
A bag	30	30-50	24	30	20-30	12
Quarter ounce	120	100-120	3	-	-	-
Half ounce	450	240-500	26	420	15-450	17
Ounce						
Bush						
Gram	15	10-15	3	30	30	19
A bag	30	30-50	3	-		
Quarter ounce	50	-	1	-		
Half ounce	210	60-400	6	300	50-400	7
Ounce						

Source**:** IDRS participant interviews

Figure 23: Median prices of cannabis estimated from participant purchases, 2003-2012



Source: IDRS participant interviews

Large majorities of those able to respond reported that both hydro (73%) and bush cannabis prices (86%) had been stable in the six months before interview (Table 36). One in five able to comment on hydro prices reported an increase.

Table 36: Price movements of cannabis in the past six months, 2012 (%)

	Hydro	Bush
Did not respond	41	78
Did respond	59	22
Of those who responded		
Don't know	0	0
Increasing	20	11
Stable	73	86
Decreasing	1	4
Fluctuating	5	0

Source: IDRS participant interviews

5.4.2 Availability

Hydro was considered easy or very easy to obtain by 88% (Table 37) of those able to respond, a decline on the 95% found in 2011 but still a large majority. Hydro availability was considered stable by 81% of respondents. Bush cannabis was also rated as easy (48%) or very easy (35%) to obtain and recent availability was rated as stable.

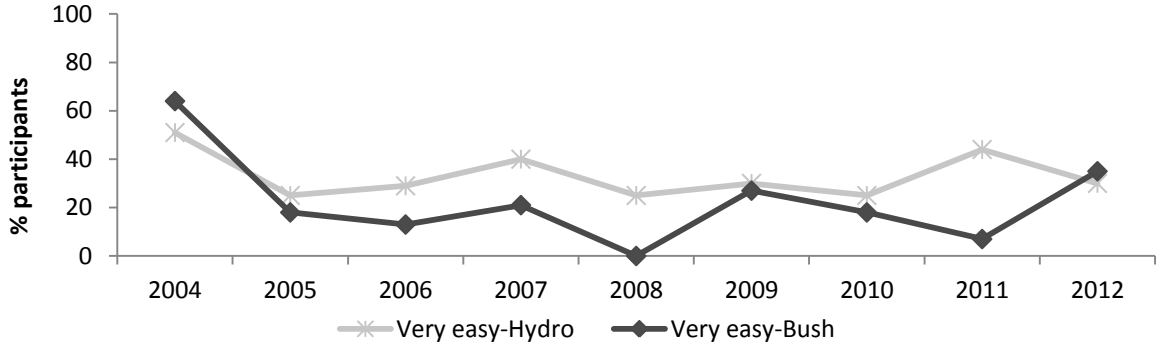
Table 37: Participants' reports of cannabis availability in the past six months, 2008-2012 (%)

	Hydro					Bush				
	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond	33	29	43	45	41	79	74	67	86	67
Did respond	67	71	57	55	59	21	26	33	14	23
Of those who responded										
Current availability										
Very easy	25	30	25	44	30	0	27	18	7	35
Easy	52	54	58	51	68	59	23	55	57	48
Difficult	19	17	16	6	3	41	50	24	29	17
Very difficult	0	0	2	0	0	0	0	0	7	0
Don't know	4	0	0	0	0	0	0	3	0	0
Availability change										
More difficult	20	21	14	4	5	23	39	18	14	4
Stable	70	62	56	85	81	55	50	61	79	79
Easier	1	7	5	6	10	0	0	3	0	11
Fluctuates	3	9	21	6	3	18	3	9	7	7
Don't know	6	0	4	0	0	5	0	9	0	0

Source: IDRS participant interviews

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

Figure 24: Participant reports of current cannabis availability, 2004-2012



Source: IDRS participant interviews
Note: A distinction between hydro and bush cannabis was introduced in 2004. Prior to this time, survey items referred to any form of cannabis

As is evident from Table 38, cannabis was purchased mainly from friends (45% for hydro, 55% for bush) and source venue was mainly a friend's home (39% for hydro and 57% for bush).

Table 38: People from whom cannabis was purchased in the preceding six months, 2008-2012 (%)

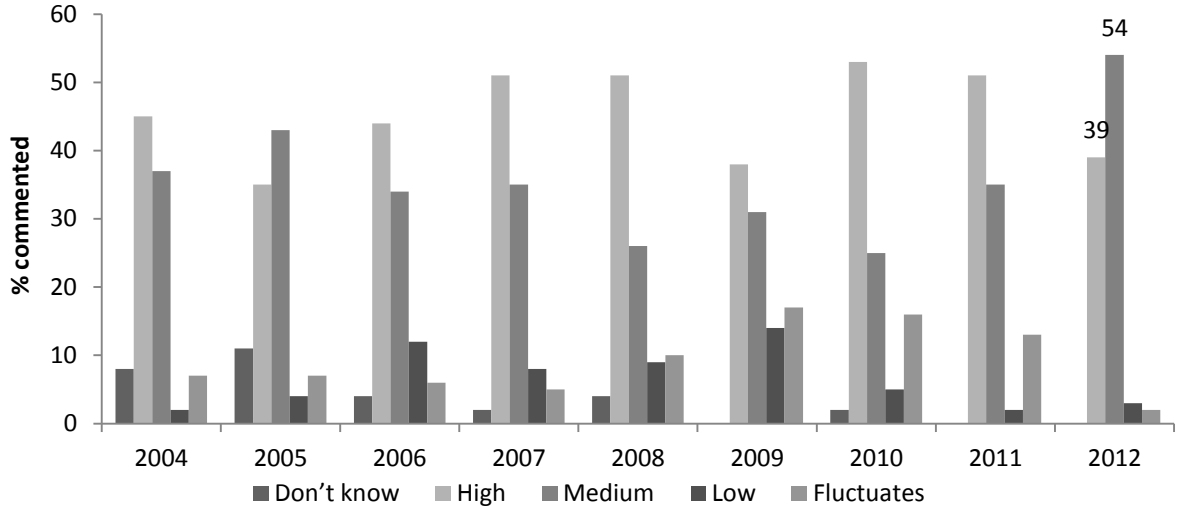
	Hydro					Bush				
	2008 N=103	**2009 N=99**	**2010 N=99**	**2011 N=98**	**2012 N=125**	**2008 N=103**	**2009 N=99**	**2010 N=99**	**2011 N=98**	**2012 N=125**
Did not respond	33	29	42	47	41	79	71	67	88	75
Did respond	67	71	58	53	59	21	29	33	12	25
Of those who responded:										
Source person										
Street dealer	23	41	9	8	14	14	24	9	8	13
Friends	46	35	52	64	45	64	55	72	83	55
Known dealer	28	13	25	21	30	9	10	9	8	16
Workmates	1	0				0	0			
Acquaintances	22	7	9	8	7	23	7			10
Unknown dealer	1	2	4		3	5	0	3		
Mobile dealers	0	0				5	0			
Source venue										
Home delivery	16	13	16	11	9	18	17	13	17	7
Dealer's home	28	24	25	21	25	14	14	13	8	7
Friend's home	35	35	30	53	39	59	48	47	67	57
Acquaintance's house	17	3	4	6	4	14	0			7
Street market	10	21	4	6	7	9	14	6	8	7
Agreed public location	19	1	20	4	15	14	0	19		13

Source: IDRS participant interviews

5.4.3 Potency

This year, more respondents rated the current potency of hydro as medium (54%, Figure 25) than they did high (39%). In all previous years hydro had been rated more commonly as having a high potency.

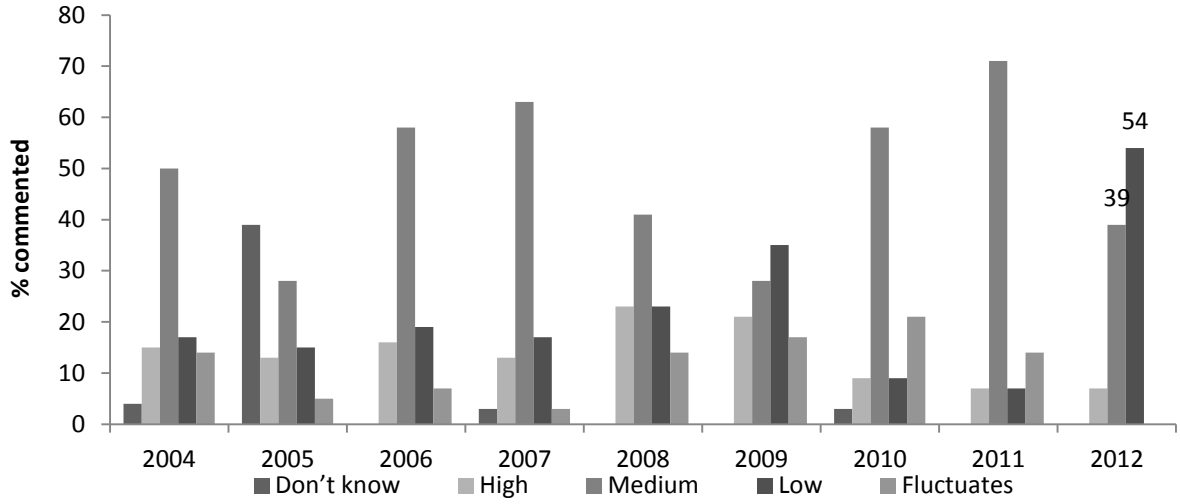
Figure 25: Current potency of hydro, % able to comment, 2004-2012



Source: IDRS participant interviews

Similarly, while the potency of bush cannabis has most often been rated as medium (Figure 26), this year a larger proportion of those able to respond rated it as low.

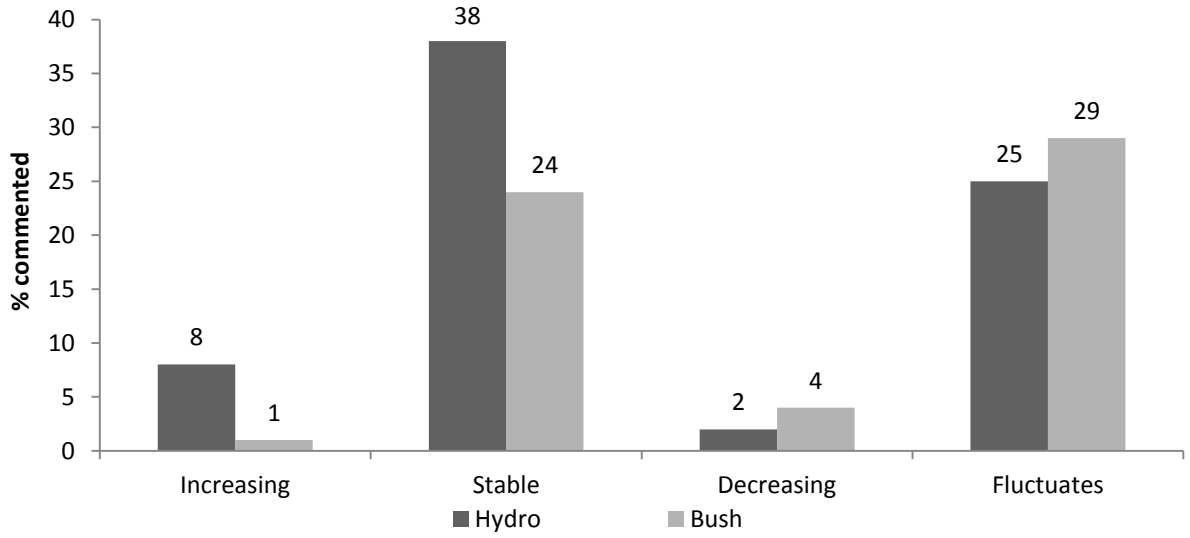
Figure 26: Current potency of bush, % commented, 2004-2012



Source: IDRS participant interviews

Thirty-eight percent (Figure 27) of respondents reported stable hydro potency and 24% reported stable bush cannabis potency over the past six months. Similar proportions of respondents (25% for hydro and 29% for bush) reported that potency had fluctuated.

Figure 27: Change in potency of hydro and bush cannabis in past six months, % able to comment, 2012



Source: IDRS participant interviews

5.4.4 KE comment

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

5.5 Methadone

Key Points

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

5.5.1 Price

Four participants purchased illicit methadone syrup recently for a median price of one dollar per millilitre (Table 39). No participants purchased 5mg Physeptone, and13 participants reported purchasing 10mg Physpetone tablets for a median cost of $20. The 2012 cost of 1ml of methadone syrup ($1) and 1mg of Physeptone ($2) is consistent with 2011 and 2010 costs.

Table 39: Median price ($) of most recent illicit methadone purchase by participants, 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Methadone										
1ml	1 (2)	1 (16)	0.65 (12)	1 (7)	1 (10)	1 (15)	1 (6)	1 (5)	1 (5)	1 (4)
Physeptone										
5mg	0	0	10 (3)	14 (2)	0	28 (2)	10 (1)	10 (1)	10 (2)	0
10mg	10 (15)	10 (18)	15 (21)	15 (14)	15 (18)	15 (16)	20 (7)	20 (15)	20 (11)	20 (13)

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

Of those who responded to the question regarding price movements, just over half (55%, Table 40) considered that prices were stable while 25% reported increasing prices.

Table 40: Illicit methadone price movements past six months, 2006-2012 (%)

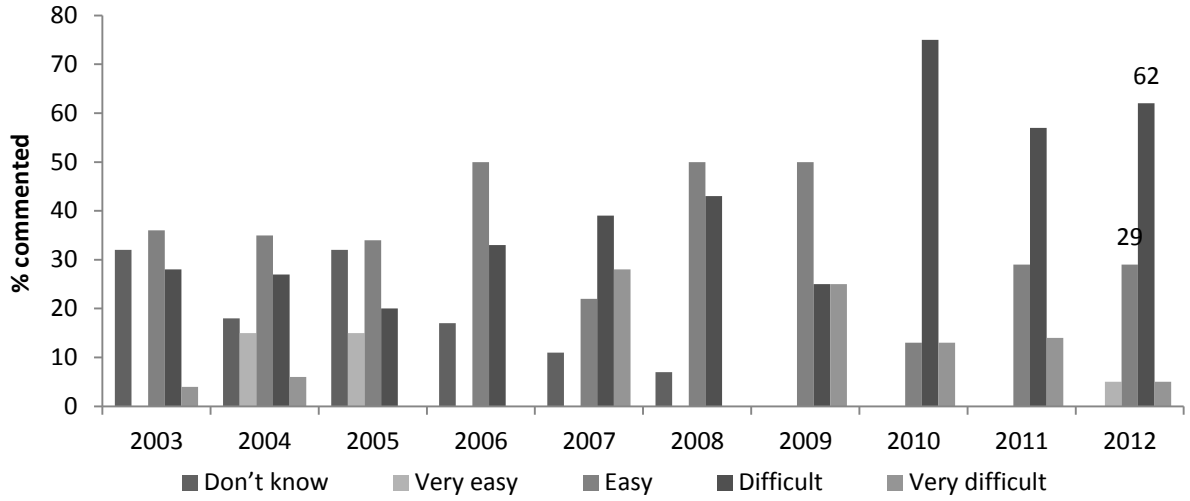
	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond	93	83	86	89	84	94	84
Did respond	7	17	14	11	16	6	16
Of those who responded							
Don't know	14	11	14		13		
Increasing	14	33	43	27	31	67	25
Stable	57	39	36	73	50	33	55
Decreasing	14	0	0	0	0		5
Fluctuating	0	17	7	0	6		15

Source**:** IDRS participant interviews
Note: Percentage of entire sample in brackets

5.5.2 Availability

Sixty-two percent (Figure 28) of respondents rated current availability of illicit methadone as difficult, an increase on the 57% found in 2011 and lower than the 75% in 2010. Figure 30 suggests that over time illicit methadone has become harder to obtain.

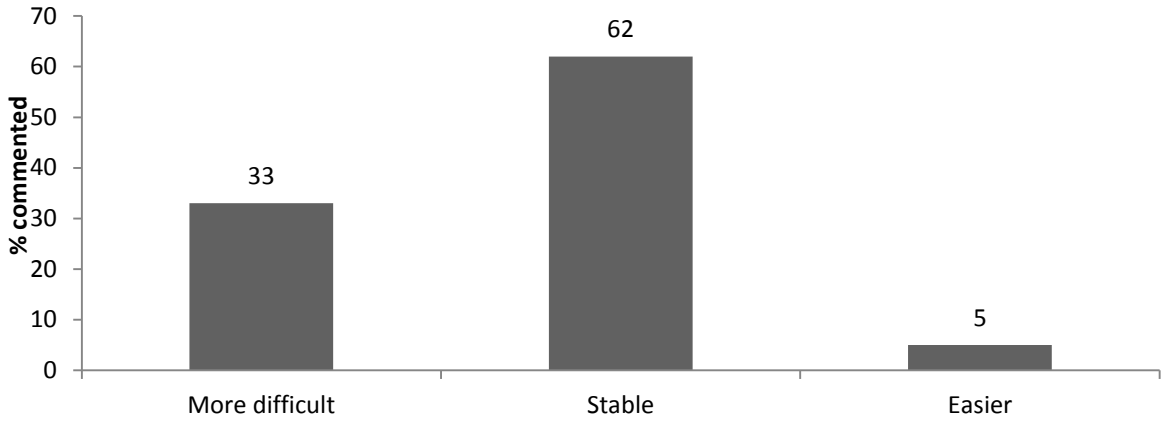
Figure 28: Current availability of illicit methadone, % commented, 2003-2012



Source: IDRS participant interviews

Of those who commented (17% of the entire sample), 62% (Figure 29) rated methadone availability as stable while 33% rated it as more difficult.

Figure 29: Change in availability of illicit methadone in the last six months, % commented, 2012



Source: IDRS participant interviews

Illicit methadone was most commonly purchased from a friend (74%, Table 41) at a friend's home (63%).

Table 41: Usual source person and venue for purchases of illicit methadone in the preceding six months, 2007-2012

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
% who did not respond	83	86	89	85	95	85
% who did respond	17	14	11	15	5	15
Of those who responded						
Source person						
Street dealer	33	29	46	0	0	16
Friends	28	36	36	73	100	74
Known dealer	0	0	9	20	0	0
Acquaintances	22	50	9	0	0	11
Unknown dealer	1	0	0	7	0	0
Source venue						
Home delivery	6	7	9	13	20	11
Dealer's home	0	0	36	27	0	5
Friend's home	11	29	36	40	60	63
Acquaintance's house	0	14	9	0	20	5
Street market	11	36	9	0	0	11
Agreed public location	5	36	0	13	0	5
Other	6	0	0	7	0	0

Source: IDRS participant interviews

5.6 Buprenorphine

Key Points

- As in previous years, very few participants were able to comment on price and availability of buprenorphine.
- The median price for 8mg buprenorphine was reported to be $23, the same as in 2011.
- The low number of respondents does not allow for identification of trends regarding price or availability of buprenorphine.

5.6.1 Price

Two participants reported purchasing 8mg of Subutex, for a median price of $23 (Table 42). This is the same median cost as reported in 2010 and 2011.

Table 42: Median price of illicit Subutex reported by participants, 2007-2012

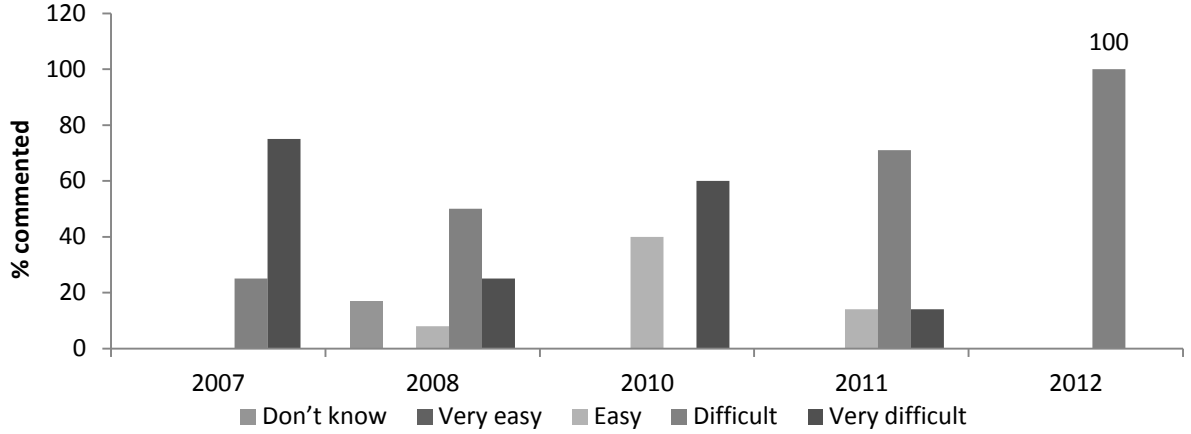
	2007*	2008^	2009	2010	2011	2012
Subutex/buprenorphine						
8mg	$30 (10)	$30 (7)	$30 (1)	$23 (4)	$23 (2)	$23 (2)

Source: IDRS participant interviews
* Number of purchasers in brackets

5.6.2 Availability

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

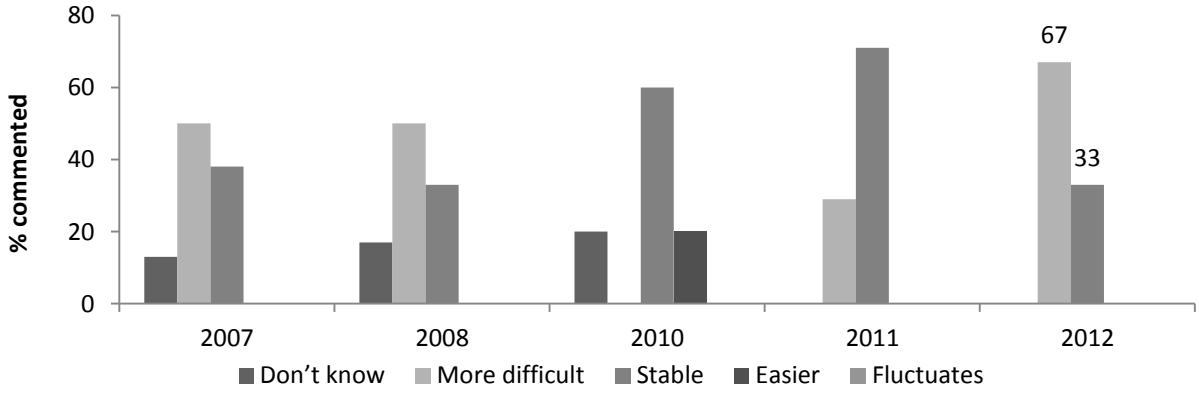
Figure 30: Current availability of illicit Subutex, % commented, 2007-2012



Source: IDRS participant interviews
Note: No data in 2009

Two out of three participants able to comment rated recent Subutex availability as 'more difficult' (Figure 31).

Figure 31: Change in availability of illicit Subutex/buprenorphine in the last six months, % commented, 2007-2012



Note: No data in 2009
Source: IDRS participant interviews

Two participants were able to comment on usual source person and venue (Table 43).

Table 43: Usual source person and source of illicit Subutex in the preceding six months, 2007-2012

	2007 N=106	2008 N=103	2010 N=99	2011 N=98	2012 N=125
% who did not respond	95	88	96	97	98
% who did respond	5	12	4	3	2
Of those who responded					
Source person					
Street dealer (%)	20	17	25	33	50
Friends (%)	60	67	25	33	0
Known dealer (%)	0	8	0	0	50
Acquaintances (%)	20	8	50	33	0
Source venue					
Someone else's takeaway dose	83	25	-	-	0
Someone else's daily dose (to be swallowed) Didn't buy/don't know	17 0	17 58	-	-	50 50

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

5.7 Buprenorphine-naloxone

Key Points

- Few participants were able to comment upon price and availability of buprenorphine-naloxone (Suboxone).
- Five participants reported recently purchasing illicit Suboxone (8mg), for a median of $30.
- Participants were divided on Suboxone availability.

5.7.1 Price

Five participants reported purchasing illicit 8mg Suboxone for a median of $30 and one participant reported purchasing 2mg Suboxone for $10.

Five participants commented on recent Suboxone price movements, three reported that it had been increasing and two that it had been stable.

5.7.2 Availability

Of the eight participants who commented upon availability, four (50%) rated availability as difficult and three as easy and one as very easy. Three participants considered that there had been no change in availability, two that it had become more difficult, while another suggested that availability had become easier.

Five participants stated that the last source person for illicit Suboxone had been either a friend or an acquaintance.

Nine participants commented on the immediate source of their Suboxone and eight on the original source. Seven participants (78%) stated that they had bought the Suboxone, with three (38%) stating that the original source was someone else's takeaway dose and one (13%) that the original source was someone else's daily dose.

5.8 Morphine

Key Points

- Morphine was purchased mainly in the form of 100mg MS Contin tablets at a median price of $80, identical to the median price reported since 2008.
- The majority of respondents considered illicit morphine availability to be easy and stable.
- Illicit morphine was sourced mainly from friends.

5.8.1 Price

As in previous years, MS Contin 100mg was the morphine form most frequently purchased by the IDRS sample (Table 44). Sixty-eight participants reported purchasing MS Contin 100mg at a median price of $80, the same median price found since 2008. Kapanol 100mg was again the form next most frequently purchased (41 purchasers) and in 2012 the median price was $80, stable since 2008.

Table 44: Median price ($) of most recent illicit morphine purchase by participants, 2005-2012

	2005	2006	2007	2008	2009	2010	2011	2012
MS Contin								
5mg	- (0)	- (0)	- (0)	80 (1)	- (0)	5 (1)	-	80 (5)
10mg	- (0)	6 (10)	15 (1)	10 (1)	15 (1)	10 (1)	-	9 (4)
30mg	20 (3)	18 (4)	28 (4)	25 (3)	25 (4)	30 (14)	30 (6)	30 (9)
60mg	30 (35)	30 (24)	42 (20)	40 (32)	50 (13)	50 (33)	50 (40)	50 (24)
100mg	60 (68)	60 (67)	60 (62)	80 (77)	80 (51)	80 (76)	80 (70)	80 (68)
Kapanol								
20mg	10 (2)	12 (4)	16 (4)	20 (2)		20 (4)	16 (2)	-
50mg	30 (15)	30 (19)	35 (11)	40 (24)	40 (7)	40 (20)	40 (25)	40 (7)
100mg	60 (59)	60 (48)	60 (48)	80 (61)	80 (37)	80 (59)	80 (46)	80 (41)
Anamorph								
30mg	20 (44)	25 (23)	25 (28)	25 (24)	25 (13)	25 (21)	20 (11)	35 (2)

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

Fifty percent (Table 45) of respondents regarded the price of morphine as stable over the preceding six months while 24% considered that price had increased and 13% noted fluctuating price movements.

Table 45: Illicit morphine price movements, past six months, 2007-2012

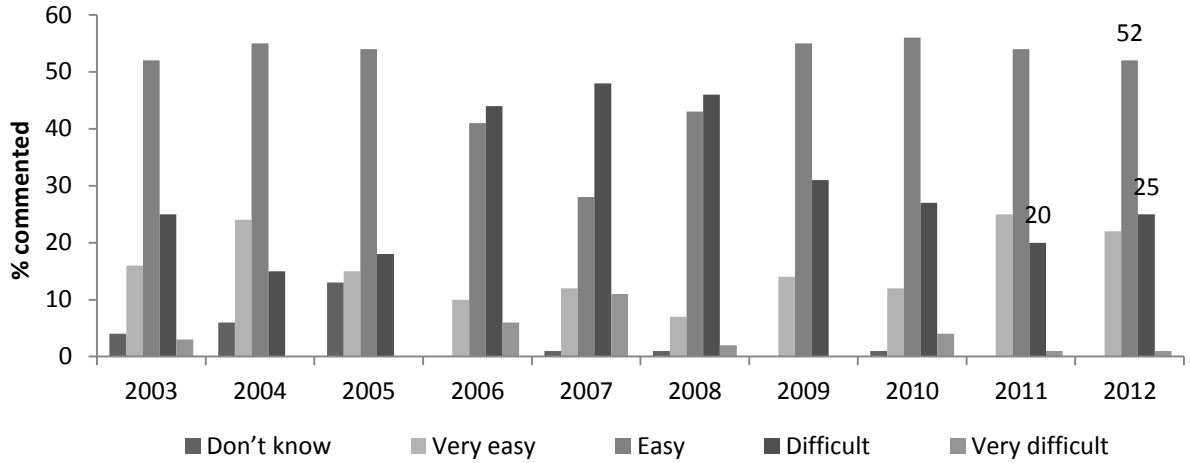
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond (%)	31	20	20	15	29	30
Did respond (%)	69	80	80	85	71	70
Of those who responded						
Don't know (%)	0	1	0	1	0	0
Increasing (%)	81	77	38	23	25	24
Stable (%)	16	16	40	55	59	50
Decreasing (%)	0	0	0	1	0	0
Fluctuating (%)	3	6	23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

Source: IDRS participant interviews

5.8.2 Availability

As has been the case since 2009, the majority of respondents (52%, Figure 32) rated illicit morphine as currently easy to obtain. The proportion of those who considered illicit morphine as difficult to obtain increased from 20% in 2011 to 25%.

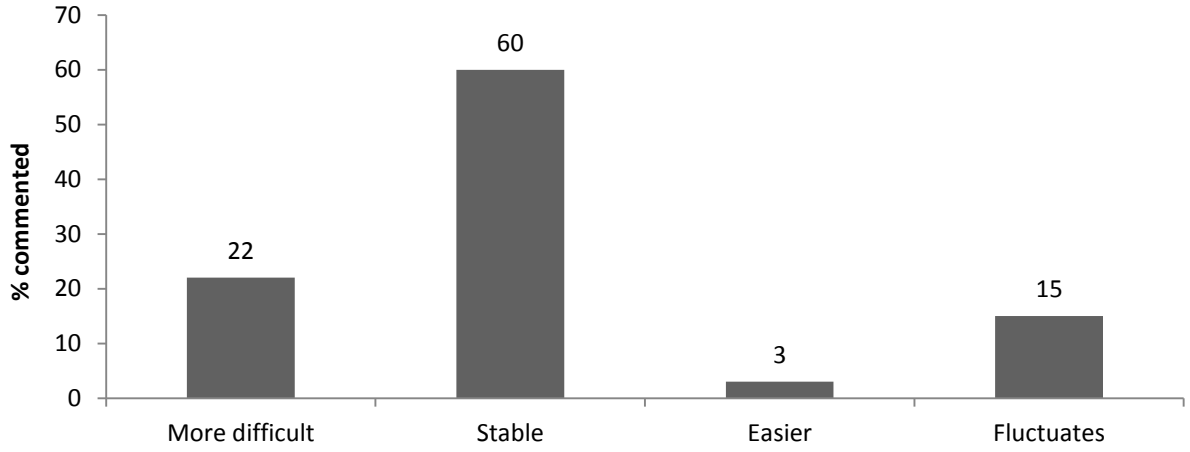
Figure 32: Current availability of illicit morphine, % commented, 2003-2012



Source: IDRS participant interviews

In 2012, 60% of respondents considered that illicit morphine availability had remained stable over the preceding six months (Figure 33), the same results as found in 2011.

Figure 33: Change in availability of illicit morphine in the last six months, % commented, 2012



Source: IDRS participant interviews

As is evident from Table 46, half (52%) of respondents nominated a friend as the usual source person, followed by a known dealer (21%), a street dealer (16%) and acquaintances (6%). Consistent with this result, a friend's home (39%) and a dealer's home (20%) were the most commonly cited source venues. These results are consistent with previous years.

Table 46: Usual source person and venue for purchases of morphine in the preceding six months, 2007-2012

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond (%)	29	18	20	16	28	34
Did respond (%)	71	82	80	84	72	66
Of those who responded:						
Source person						
Street dealer (%)	31	39	33	12	17	16
Friends (%)	40	49	39	39	50	52
Gift from friends (%)	1	0	0	0	0	0
Known dealer (%)	27	29	11	18	18	21
Workmates (%)	3	0	0	0	0	0
Acquaintances (%)	29	30	14	23	15	6
Unknown dealer (%)	11	5	3	6	0	1
Other (%)	0	0	1	1	0	4
Source venue						
Home delivery (%)	17	21	11	13	7	11
Dealer's home (%)	17	33	18	18	14	20
Friend's home (%)	25	36	26	20	39	39
Acquaintance's house (%)	13	17	9	8	13	4
Mobile dealer (%)	13	1	0	0	0	0
Street market (%)	21	25	24	10	14	10
Agreed public location (%)	39	31	11	28	14	12
Work (%)	0	0	0	0	0	0
Other (%)	0	0	1	2	0	5

Source: IDRS participant interviews
Note: Percentage of entire sample in brackets

5.8.3 KE comment

Three treatment KE and one law KE provided comments that agree with the results shown above: illicit morphine is readily available in Darwin, MS Contin is the most common form and it costs between $80 and $100 dollars for 100mg. Pharmacotherapy medical officers noted that the majority of their clients are treated for pharmaceutical morphine dependency with MS Contin the main form used and Kapanol or Endone seen occasionally

5.9 Oxycodone

Key Points

- The median price for 80mg of oxycodone was reported to be $60.
- The majority rated oxycodone availability as easy or very easy.
- Illicit oxycodone was sourced mainly from friends.

5.9.1 Price

As in previous years, a small proportion of the NT IDRS sample reported purchasing illicit oxycodone. Table 47 shows that no participants reported purchasing 20mg oxycodone, six reported paying a median of $38 for 40mg oxycodone and 12 reported paying a median of $60 for 80mg oxycodone. Three-quarters (73%, Table

48) of those who responded considered price to have remained stable over the preceding six months.

Table 47: Median price ($) of most recent illicit oxycodone purchase by participants, 2006-2012

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

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

Table 48: Price movements of oxycodone in the past six months, 2006-2011

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond (%)	95	92	86	94	86	88	88
Did respond (%)	5	8	14	6	14	12	12
Of those who responded							
Don't know (%)	20	22	14	0	29	0	0
Increasing (%)	20	11	43	50	14	17	20
Stable (%)	60	67	43	50	57	75	73
Decreasing (%)	0	0	0	0	0	0	7
Fluctuating (%)	0	0	0	0	0	8	0

Source: IDRS participant interviews

5.9.2 Availability

Half (50%, Table 49) of those able to comment rated the current availability of oxycodone as easy and 13% as very easy. Reported current availability of oxycodone has fluctuated over the time shown in Table 49.

Table 49: Participants' reports of oxycodone current availability, 2007-2012

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond (%)	91	86	90	86	84	87
Did respond (%)	9	14	10	14	16	13
Of those who responded						
Don't know (%)	20	0	0	14	0	0
Very easy (%)	-	0	40	7	13	13
Easy (%)	10	21	50	7	38	50
Difficult (%)	70	57	10	57	38	38
Very difficult (%)	-	21	0	14	13	0

Source: IDRS participant interviews

Eighty percent of those able to comment considered that oxycodone availability had remained stable over the preceding six months (Table 50), an increase on the proportions seen in 2010 and 2011.

Table 50: Participants' reports of oxycodone availability change in the past six months, 2007-2012

	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond (%)	91	86	91	86	87	88
Did respond (%)	9	14	9	14	13	12
Of those who responded (%)						
Don't know (%)	10	0	0	21	0	0
More difficult (%)	30	36	11	29	23	7
Stable (%)	60	64	78	43	69	80
Easier (%)	-	0	0	7	0	13
Fluctuates (%)	-	0	1	0	8	0

Source**:** IDRS participant interviews

A friend was again nominated as the main source person (39%, Table 51), although by a lower proportion than was found last year. The source venue was also mixed, with friend's home and agreed public location being equally popular (24%).

Table 51: People from whom oxycodone was purchased in the preceding six months, 2006-2012

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Did not respond (%)	95	91	86	90	86	85	86
Did respond (%)	5	9	14	10	14	15	14
Of those who responded							
Source person							
Street dealer (%)	20	10	29	20	7	27	17
Friends (%)	60	60	29	50	50	60	39
Known dealer (%)	20	0	29	20	7	0	17
Acquaintance (%)	0	20	14	10	14	13	17
Unknown dealer (%)	0	0	0	0	14	0	6
Source venue							
Home delivery (%)	0	10	21	0	0	13	12
Dealer's home (%)	20	0	14	30	21	0	18
Friend's home (%)	40	50	29	40	29	47	24
Acquaintance's house (%)	0	10	7	0	7	7	12
Street market (%)	20	10	14	20	0	27	12
Agreed public location (%)	20	10	29	0	36	7	24

Source: IDRS participant interviews

5.9.3 KE comment

Treatment KE reported oxycodone as available but not commonly in use; it is seen as a temporary substitute when MS Contin is unavailable. One law enforcement KE noted a price of $100 a tablet.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- Seventeen percent of the sample had overdosed on heroin at least once in their lives but only one participant reported a heroin overdose within the past year.
- Twenty-nine percent of the sample had overdosed on a drug other than heroin, and of those 11% had overdosed within the past year.
- Ten percent of the sample reported current treatment (12% in 2010) and 12% reported having attended treatment within six months of interview.
- Rates of hospital admissions related to opiods, amphetamine and cannabis all declined.
- Sharing of injecting equipment rates were higher than that found in 2011, accounted for mainly by increased sharing of spoons and tourniquets.
- Three percent of respondents used a needle after someone else and 17% had reused their own needle at least once.
- Location of last injection was mainly in a private home with needles sourced almost exclusively from a Needle and Syringe Program.
- Nineteen percent reported a recent overdose, a marked increase on the proportions found in recent years.
- A dirty hit (46%), scarring/bruising (42%) and difficulty injecting (34%) were again identified as the main injection-related problems in the month prior to interview.
- Twenty-six percent of the sample reported experiencing a mental health problem in the six months prior to interview, with depression and anxiety again the most frequent mental health problems reported.
- Thirty-five percent of participants had high or very high levels of distress as measured by the Kessler Psychological Distress Scale (K10).
- More than half the participants had driven a car within the preceding six months and, of these, 72% had driven under the influence of drugs, mainly morphine and cannabis.

6.1 Overdose and drug-related fatalities

6.1.1 Heroin

Seventeen percent of the 2010 IDRS sample had overdosed on heroin at least once in their lives, one within one year of the interview but none within the month prior to interview. Fifty-seven percent of those who had ever overdosed on heroin reported receiving Narcan on the occasion of their last overdose.

6.1.2 Other drugs

Thirty-five participants (29% of the sample) reported ever overdosing on a drug other than heroin, 11 within one year of interview and none within one month. Of the eleven who had overdosed within 12 months of interview, three had done so on morphine (Table 52).

Table 52: Overdose on other drugs by participants, 2006-2012

Drug	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
LSD (%)	4	0	1	0	0	0	0
Ecstasy (%)	2	2	1	1	0	0	1
Benzodiazepines (%)	5	8	7	5	5	4	1
Alcohol (%)	4	8	2	1	1	0	0
Cannabis (%)	1	1	1	0	0	0	1
Speed (%)	2	8	2	2	0	0	1
Base (%)	0	0	1	0	0	0	0
Ice/crystal (%)	1	0	0	0	0	0	0
Antidepressants (%)	2	0	0	0	0	0	0
Pharmaceutical stimulants (%)	1	0	0	0	0	0	0
Morphine	0	0	5	5	1	2	3
Other opiates	0	0	0	1	2	2	0
Inhalants	0	0	0	1	0	0	0

Source: IDRS participant interviews

6.1.3 KE comment

In 2012, no KE commented specifically upon overdoses and drug-related fatalities.

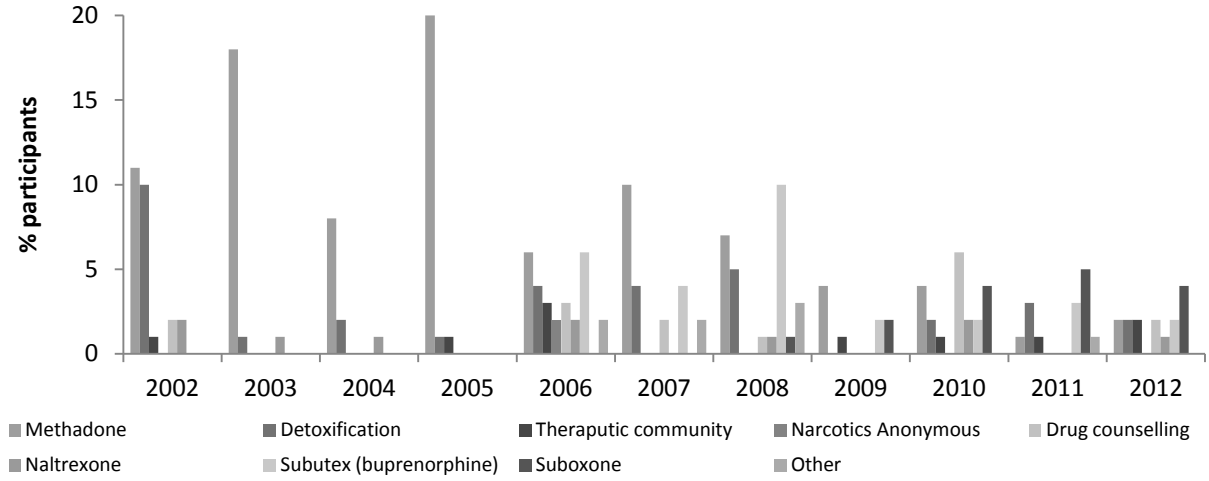
6.2 Drug treatment

In 2012, 10% of participants reported current attendance at treatment compared to 4% in 2011. In 2012, treatment was comprised of methadone/biodone (2%), detoxification (1%), Subutex (2%), Suboxone (3%) and drug counselling (2%).

The proportion of participants reporting treatment in the last six months was 12% (Figure 34), slightly lower than the 14% found in 2011. Suboxone treatment (by 3% of participants) was the most common form of treatment reported in the past six months.

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

Figure 34: Proportion of participants reporting treatment in the last six months, 2002-2012

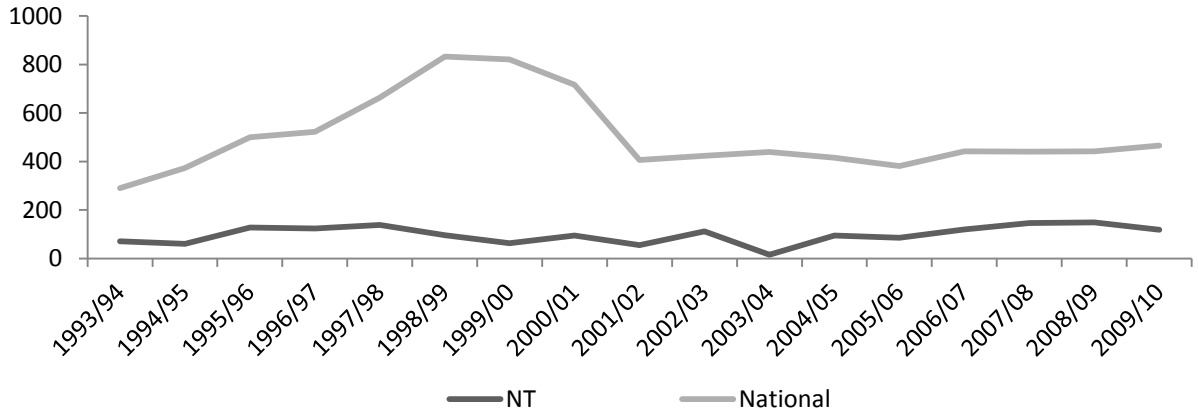


Source: IDRS participant interviews
Note: Some participants may be counted twice

6.3 Hospital admissions

The rate of opioid-related admission to NT hospitals in 2009/10 declined slightly compared to the previous year while the national rate increased to 149.5 per million persons (Figure 35). Both series have been stable in recent years with the NT rate remaining consistently lower than the national rate.

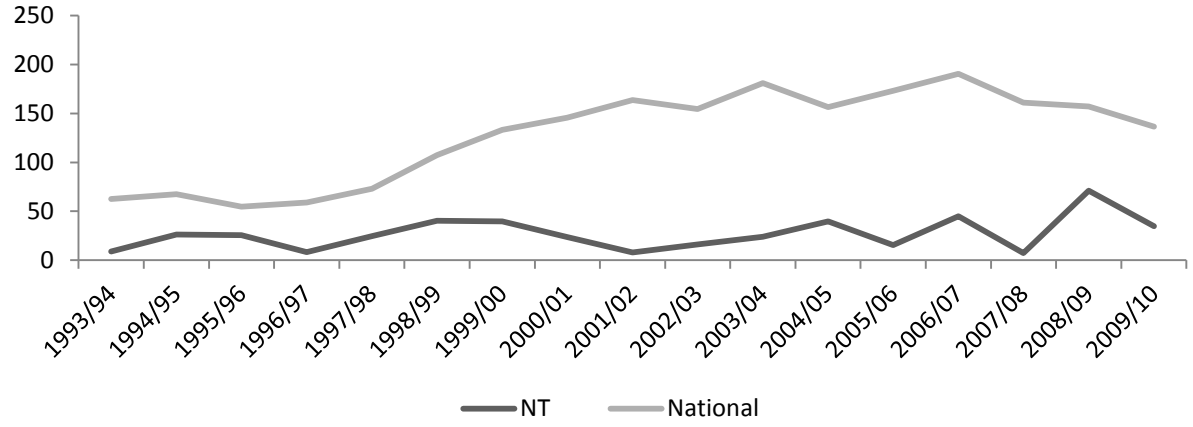
Figure 35: Opioid-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2009/10



Source: AIHW.

The rate of amphetamine-related admissions to NT hospitals declined in 2009/10 compared to 2008/09 (Figure 36) and it can be seen that this rate has fluctuated considerably in recent years. The national rate shows a reasonably steady decline between 2006/07 and 2009/10.

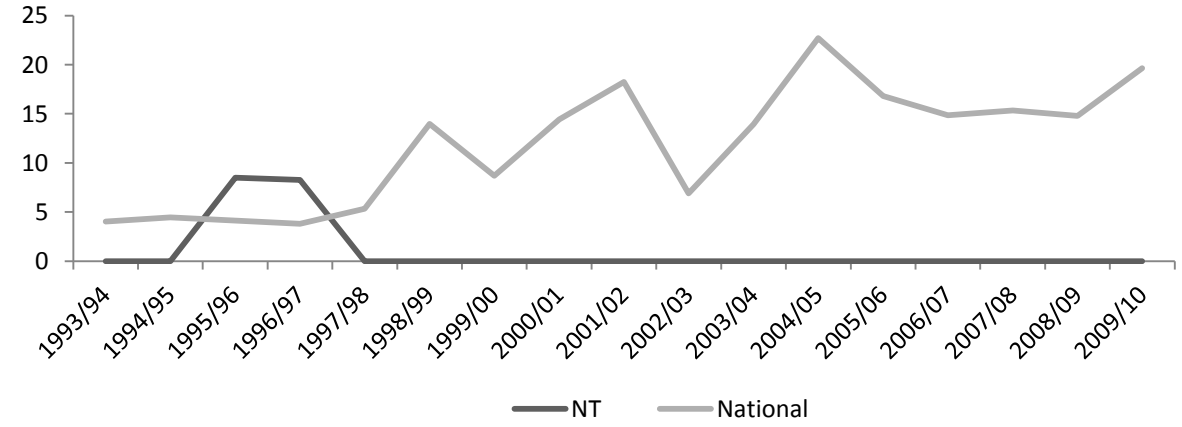
Figure 36: Amphetamine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2009/10



Source: AIHW.

As has been the case since 1997/98, there were no cocaine-related admissions to NT hospitals in 2008/09 (Figure 46). National rates remained relatively stable between 2006/07 and 2009/10.

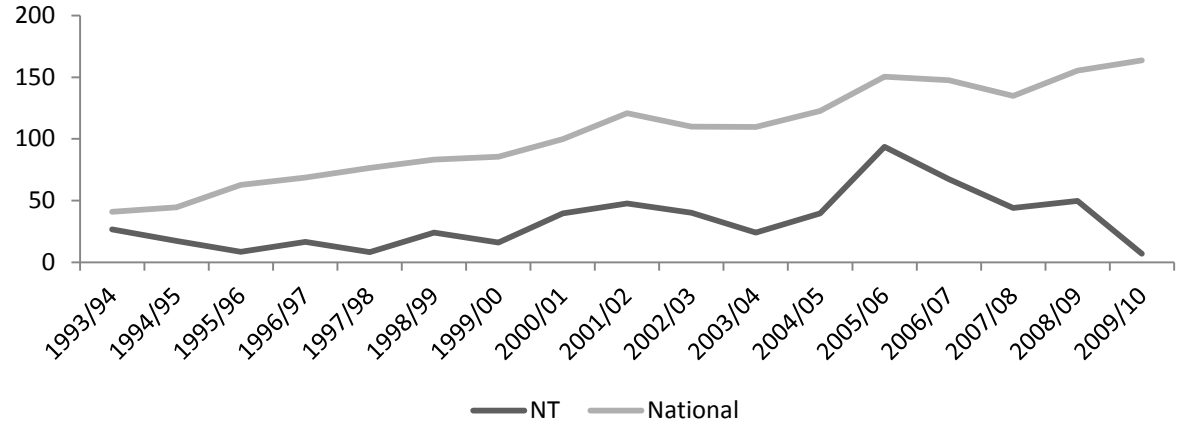
Figure 37: Cocaine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2009/10



Source: AIHW.

The rate of cannabis-related admissions to NT hospitals decreased in 2009/10 (Figure 47), continuing a decline seen since 2005/06; the 2009/10 NT rate is the lowest recorded over the period shown. This decline is in contrast to the more-or-less steady rise seen in the national rate.

Figure 38: Cannabis-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2009/10



Source: AIHW.

6.4 Injecting risk behaviours

6.4.1 Access to needles and syringes

Ninety-two percent of participants sourced needles from an NSP in the six months prior to interview, continuing the trend observed in previous years (Table 53). Twelve percent of respondents reported having some difficulty getting needles when they needed them.

Table 53: Source of needles in last six months, 2008-2012

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

6.4.2 Sharing of injecting equipment among participants and related behaviours

Twenty eight percent of participants reported using some type of injecting equipment (other than needles) after someone else, an increase from 18% in 2011. Table 54 demonstrates that with the exception of sharing spoons/mixing containers or tourniquets, there was a low rate of using injecting equipment after someone else.

Table 54: Proportion of participants reporting using injecting equipment after someone else in the month preceding interview, 2003-2012

	2003 N=109	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Spoons/mixing containers	17	32	22	31	30	21	36	13	15	22
Filters	11	12	7	14	13	9	23	1	4	1
Tourniquets	17	15	9	16	21	20	28	6	8	15
Water	10	10	8	14	13	10	22	1	1	1
Someone used needle after you	10	13	15	10	7	9	3	4	8	3
You used needle after someone	6	5	7	7	8	8	5	3	3	3

Source: IDRS participant interviews

Table 55 shows that 27% of participants had reused their own needles at least once, a similar proportion to that found in 2011.

Table 55: Reuse of own needles, 2008-2012 (%)

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

Source: IDRS participant interviews

Table 56 shows that three quarters (74%) of the sample identified an arm as the last injection site, injecting on a median of 30 occasions in past month. Participants obtained a median of 100 needles/syringes on a median of 2 occasions in the past month.

Table 56: Injection site and needle use characteristics, 2011-2012

Last site of injection (%)	2011 n=95	2012 n=125
Arm	68	74
Leg	10	6
Hand	10	14
Foot	7	2
Groin	3	3
Neck	1	0
Other	1	0
Median times injected	14 last 2 weeks	30 last month
Median times obtained needles/syringes	2 last 2 weeks	2 last month
Median no. of needles/syringes obtained	50 last 2 weeks	100 last 2 weeks

6.4.3 Location of injections

Consistent with previous years, the vast majority (96%) reported a private home as the last location for injecting drugs (Table 57).

Table 57: Proportion of participants reporting last location for injection in the month preceding interview, 2003-2012

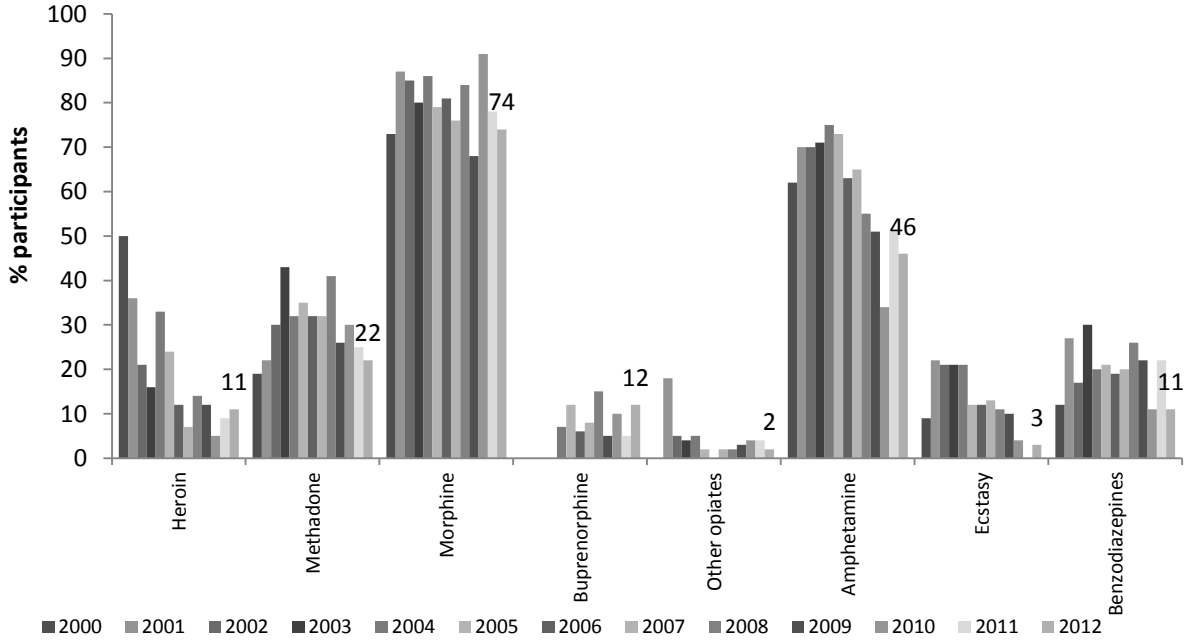
	2003 N=109	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Private home	92	93	95	96	96	98	90	92	92	96
Street/carpark/beach	-	-	-	-	2	1	2	2	3	1
Other public area	2	3	3	0	-	0	3	0	0	0
Car	4	1	1	0	0	1	0	2	3	2
Public toilet	2	2	1	0	1	0	2	2	1	1
Other	0	0	0	4	1	0	0	2	1	1

Source: IDRS participant interviews

6.4.4 Self-reported injection-related health problems

Figure 39 demonstrates that in 2012, 74% of participants reported morphine as the drug most often injected in the six months prior to interview (78% in 2011). Some form of methamphetamine was the next drug most likely to have been injected (46% in 2012 compared to 51% in 2011). Recent injection of benzodiazepines declined from 22% of participants in 2011 to 11% this year.

Figure 39: Recent injection in the participant sample, 2000-2012



Source: IDRS participant interviews

The proportion of the IDRS sample reporting a dirty hit increased substantially this year to 46% (Table 58) from the 12% found last year, the highest level found since 2003. Scarring/bruising (42%) and difficulty injecting (34%) continued to be

prominent injection-related problems reported as well (Table 58). Reported overdose also increased to 19% from the 3% found in 2011.

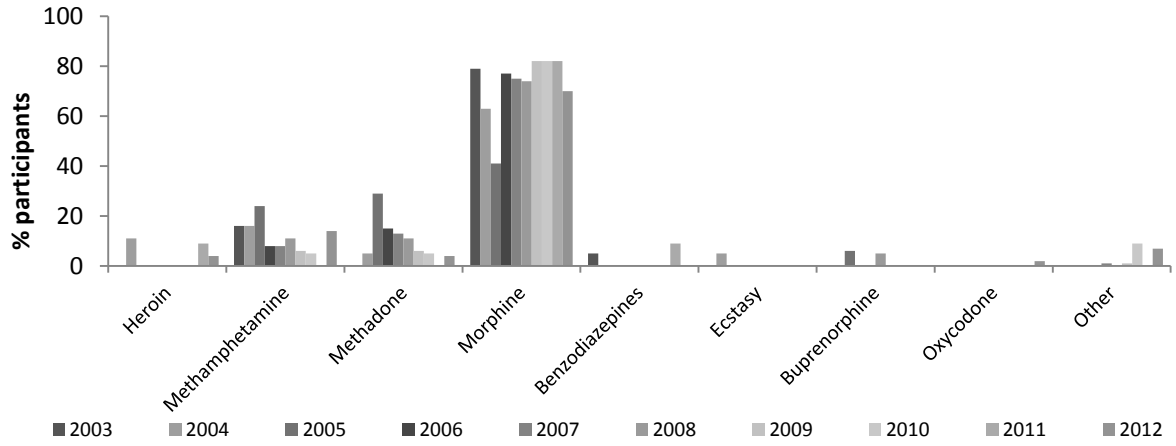
Table 58: Proportion of participants reporting injection-related problems month prior to interview, by problem type, 2003-2012

	2003 N=109	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Overdose	1	1	0	1	1	1	11	5	3	19
Dirty hit	17	17	17	13	27	18	25	22	12	46
Abscess/infection	10	12	8	9	11	11	16	11	10	9
Scarring/bruising	59	65	43	42	49	53	45	30	45	42
Difficulty injecting	51	48	40	42	45	45	42	27	37	34
Thrombosis	8	10	6	4	7	11	6	4	7	1

Source: IDRS participant interviews

As in previous years, morphine was the main drug causing a 'dirty hit' in the month preceding the interview (Figure 49). Fourteen percent of those reporting a dirty hit attributed it to methamphetamines.

Figure 40: Main drug causing dirty hit in last month, 2003-2012



Source: IDRS participant interviews

6.4.5 Blood-borne viral infections

Notifications of new cases of hepatitis B (HBV) and hepatitis C (HCV) to the National Notifiable Diseases Surveillance System have increased from 4 in 2011 (Table 59) to 8 in 2012. HIV notifications in 2011 increased to 9 with 2012 figures as yet unavailable.

Table 59: Total notification of HBV, HCV and HIV, 2002-2012

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

Source: NNDSS & NCHECR

* 'NA' = not available

The 2011 finger-prick survey carried out in Darwin and Alice Springs, auspiced by the National Centre in HIV Epidemiology and Clinical Research (NCHER) identified 2% of those tested with HIV antibodies (Table 60). However, HCV antibody prevalence decreased.

Table 60: HIV and HCV antibody prevalence in NSP survey respondents, 2002-2011

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

Source: NCHECR

6.5 Mental health problems and psychological distress

Twenty-six percent of the IDRS sample reported having experienced a mental health problem in the six months prior to interview. As in previous years, depression was the main mental health problem, followed by anxiety (Table 61).

Table 61: Proportion of participants self-reporting recent mental health problems, 2005-2012 (%)

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Depression	22	22	17	19	17	23	16	15
Manic depression	2	3	1	4	3	3	6	5
Anxiety	8	10	10	10	10	16	14	10
Panic	3	3	4	1	2	2	2	2
Paranoia	2	2	2	3	0	2	1	1
Personality disorder	0	0	1	0	2	0	0	0
Schizophrenia	3	3	3	3	6	4	3	2
Drug-induced psychosis	2	2	1	1	0	0	2	1
Other psychosis (not drug-induced)	0	0	0	0	0	0	0	0

Source: IDRS participant interviews

Of the group who had experienced a mental health problem, 38% had attended a health professional for the reported problem. Three-quarters (75%) of this group attended a GP, one person a psychiatrist and two people a psychologist. Seventy percent of those who attended a health professional were prescribed an anti-depressant, 40% an anti-psychotic and 20% a benzodiazepine. The types of antidepressant and anti-psychotic medications prescribed are listed below in Table 62.

Table 62: Types of medication for mental health problems, 2012 (%)

	2012
Antidepressant (n=7)	
Cipramil (citalopram)	17
Citalopram (generic)	17
Efexor (venlafaxine)	17
Mirtazapine (generic)	17
Zoloft (sertraline)	17
Other	17
Anti-psychotic (n=4)	
Epilium (sodium valproate)	25
Other	75
Benzodiazepine (n=2)	
Alprazolam (generic)	50
Serepax (oxazepam)	50

Source: IDRS participant interviews

The Kessler Psychological Distress Scale (K10) again formed part of the IDRS interview survey. The K10 is a questionnaire designed to measure the level of distress associated with psychological symptoms and is appropriate for use with population surveys (Kessler 2002). In 2012, 78% of the IDRS sample completed the K10, yielding a mean total score of 18.5 (median=16, SD=9.9, range=40). Results categorised using total score ranges consistent with those used by the Australian Bureau of Statistics are presented in Table 63.

Based on these categories, almost one-fifth (19%) of those who completed the K10 reported experiencing a very high level of distress over the four weeks prior to interview. One-quarter (25%) of those who completed the K10 reported low or no distress.

Table 63: Level of psychological distress, 2008-2012

Level of distress	2008	2009	2010	2011	2012
Low or no distress (10-15)	31	34	35	25	26
Moderate distress (16-21)	26	26	23	26	17
High distress (22-29)	25	23	21	24	16
Very high distress (30-50)	19	17	21	24	19

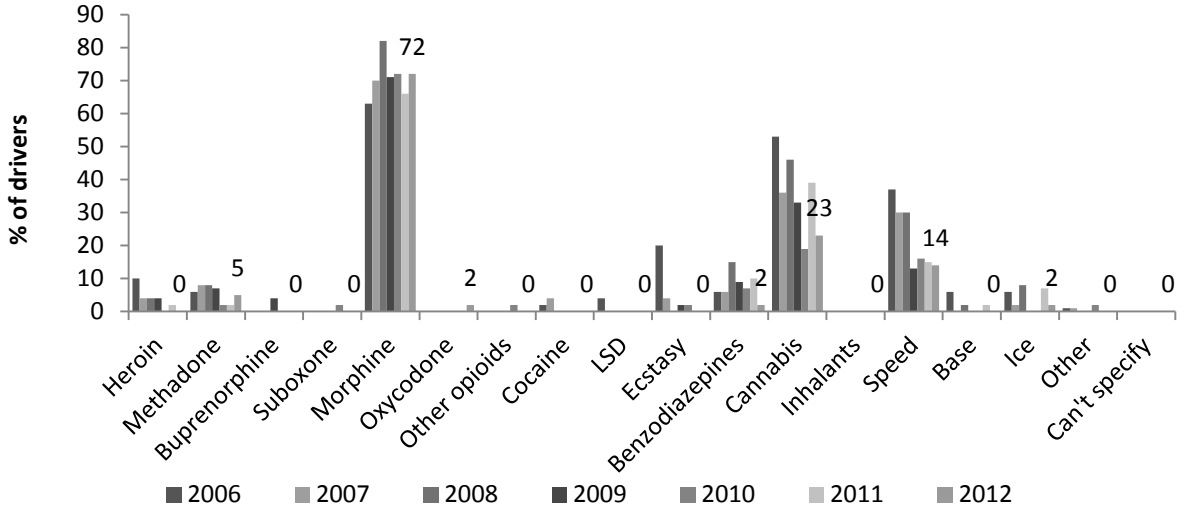
Source: IDRS participant interviews

6.6 Driving risk behaviour

Fifty percent of the IDRS sample had driven a car within the six months prior to interview and, of those, 25% had driven under the influence of alcohol during this period. Of the group who had driven under the influence of alcohol, 64% reported driving over the legal blood alcohol limit, on a median of two occasions.

Seventy-two percent of drivers reported that within the six months prior to interview they had driven under the influence of illicit drugs, on a median of 24 (range 2 to 180) times, within a median of 30 minutes after taking the drugs. Figure 41 illustrates that morphine (72%) and cannabis (23%) were the drugs most commonly consumed by drivers, followed by speed powder (14%).

Figure 41: Participants driving after taking an illicit drug by drug type, 2006-2012



Source: IDRS participant interviews

As in previous years, the majority (77%) of those who had driven under the influence of illicit drugs within the six months prior to interview felt that the drugs had no impact upon their driving (Table 64). Only 7% acknowledged that their driving had been slightly or quite impaired while 16% reported that their driving had been slightly or quite improved.

Table 64: Self-reported impairment after drug driving, 2007-2012 (%)

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

Source: IDRS participant interviews

6.6.1 KE comment

As mentioned above, treatment KE mostly reported an increase in crystal methamphetamine use and related availability increase. In discussion they reflected that the type of health issues they were encountering were consistent with crystal use in previous years, but that the increased numbers of clients presenting for treatment around crystal use were creating new demands on their services.

NSP worker

- Ice users more spontaneous, have an increased sex drive and unsafe sex is more likely; need to devote more resources to education around BBV's and hydration

Treatment worker

- The service was more likely to refer clients for psychotherapy and more likely to prescribe anti-psychotics; their provision of services like this had improved due to the recent filling of a clinical psychologist position.

NGO Counsellor

- The increased use of crystal had not changed the type of treatment offered – still motivational interviewing – but the needs of significant others had become more prominent and increased screening around dual-diagnosis had been required.
- There is more demand on workers to be able to respond quickly to changes in the illicit drug market.

Nurse counsellor

- The service had improved since the employment of a part-time psych-registrar – clients not suitable for referral to mental health services receive improved assessments and it can improve the pathways to mental health services for other clients.
- There has been an improvement in the service due to the employment of an addiction specialist – staff are 'learning a lot'.
- There is a need for more opiate pharmacotherapy prescribers in Darwin.

NGO counsellor

- People with a dependency on crystal methamphetamine tend to lack insight and motivation and so are less likely to complete a period of treatment.

Two pharmacotherapy service medical officers were interviewed and raised points around the treatment of clients with a dependency on morphine:

- There is a lack of suitably trained GPs, particularly in Darwin CBD and Palmerston, and this placed more demand on the service; at the same time it made the travel to the service more onerous for clients and so more likely to 'drop off' a program.
- Establishing a suitable service in Palmerston may be a solution.
- Many clients start their morphine dependency through a need for pain management medication.
- There is a low rate of needle sharing.
- Infections and Hepatitis C are common.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- One-fifth of the sample had been arrested in the preceding 12 months.
- Sixteen percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing and property crime.
- The number of ATS seizures decreased from 167 in 2009/10 to 71 in 2010/11 while the amount seized increased.
- In 2009/10 there were two heroin consumer arrests and no cocaine arrests. Cannabis consumer and provider arrests totalled 460.
- Half (51%) of the sample had spent $50 or more on drugs on the day prior to the interview.

7.1 Reports of criminal activity

Table 65 shows that 16% of the IDRS sample reported having committed at least one crime in the month prior to interview, a marked reduction of the 31% found in 2011. As in 2011, dealing (11%) was the most frequently reported crime, followed by property crime (5%). The pattern of types of crimes committed has remained stable over the years, with dealing and property crime most common and low reported rates of fraud and violent crime.

Seventeen percent (Table 65) of the sample had been arrested within 12 months of the interview. Of those, 81% had been arrested for drug possession or use, 14% for dealing/trafficking and 5% for property crime (33% in 2010).

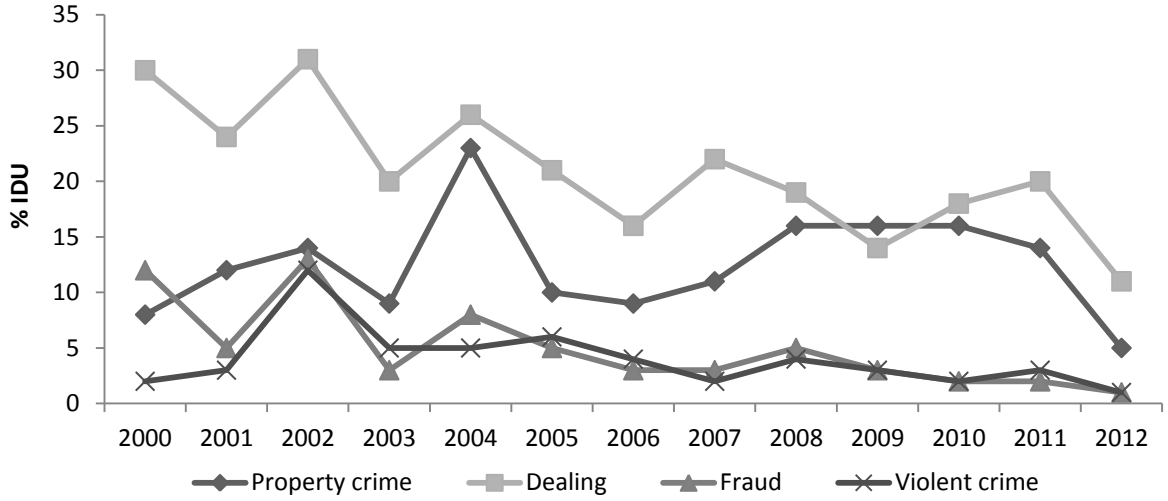
Table 65: Criminal and police activity as reported by participants, 2005-2012

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
Criminal activity in last month (%)								
Dealing	21	16	22	19	14	18	20	11
Property crime	10	9	11	16	16	16	14	5
Fraud	5	3	3	5	3	2	2	1
Violent crime	6	4	2	4	3	2	3	1
Any crime	31	26	29	35	26	32	31	16
Arrested in last 12 months	18	28	27	25	20	24	25	17

Source: IDRS participant interviews

Participant reports of criminal activity have fluctuated but generally declined since 2000 (Figure 42).

Figure 42: Proportion of participants reporting engagement in criminal activity in prior month, by offence type, 2000-2012



Source**:** IDRS participant interviews

Fifty-nine percent of the sample reported having been imprisoned at some time, an increase on the 44% found in 2011.

7.2 Arrests

Table 66 shows that there were two heroin consumer arrests in 2010/11, involving one seizure of 126 grams.

Table 66: Heroin arrest and seizure characteristics, 2003/04-2010/11

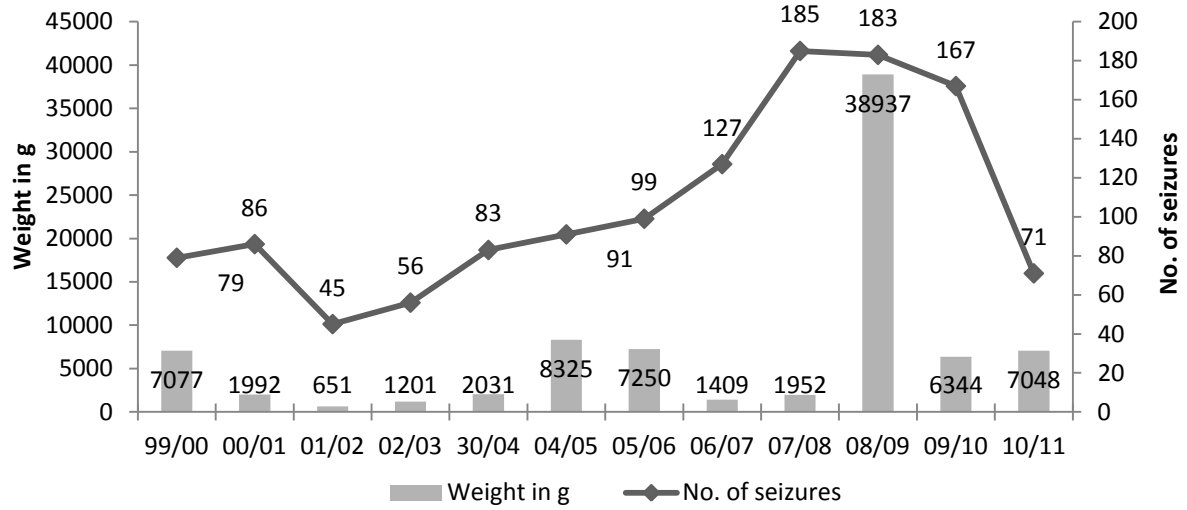
	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Consumer arrests	0	1	0	1	1	0	1	2
Provider arrests	0	0	0	0	0	0	0	0
Total arrests*	1	2	0	1	1	0	1	2
Seizure number	2	3	1	2	1	2	3	1
Seizure weight (g)	0	20	2	1	2	641	2	126

Source: Australian Crime Commission (ACC)

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

The number of ATS seizures decreased from 167 in 2009/10 to 71 in 2010/11 (Figure 52). The weight of seizures (7,48 grams) was greater than in 2009/10 (6,344 grams).

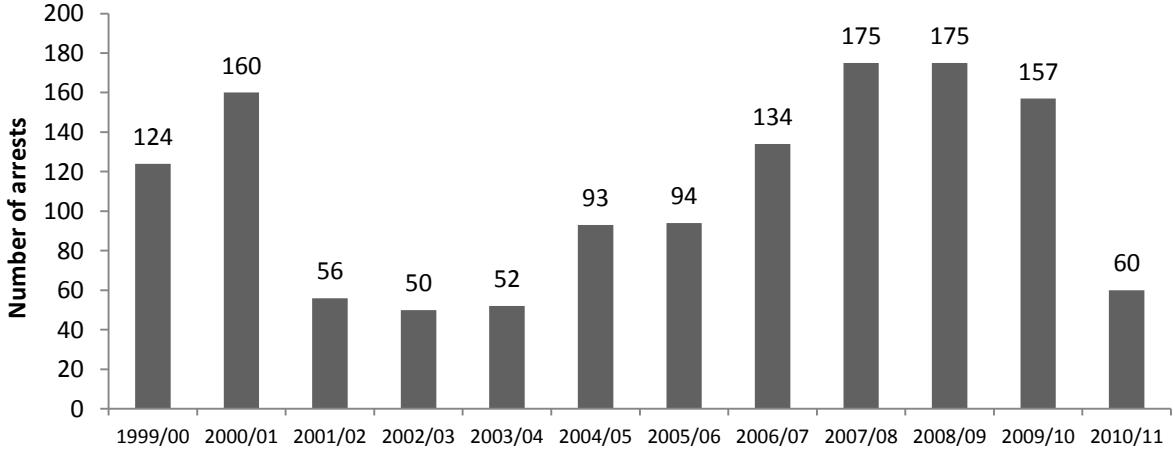
Figure 43: Number of ATS seizures in NT, 1999/00-2010/11



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

Figure 53 demonstrates that the combined number of arrests for ATS consumers and providers decreased to 60 arrests (157 in 2009/10), the second consecutive decline.

Figure 44: Number of ATS total consumer and provider arrests in the NT, 1999/00-2010/11



Source: ACC

There were no cocaine related arrests or seizures in 2010/11 (Table 67).

Table 67: Cocaine arrest and seizure characteristics, 2003/04-2010/11

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Consumer arrests	0	5	1	1	0	1	0	0
Provider arrests	0	0	1	0	0	0	1	0
Total arrests*	0	5	1	1	0	4	1	0
Seizure number	0	4	3	3	0	6	1	0
Seizure weight (g)	0	8	5	26	0	235	13	0

Source: ACC

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

The number of cannabis consumer (318) and provider (70) arrests for 2010/11 were lower than those seen since 2004/05. The number of seizures increased while the amount seized declined.

Table 68: Cannabis arrest and seizure characteristics, 2003/04-2010/11

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Consumer arrests	1	289	368	409	386	422	393	318
Provider arrests	0	99	113	137	91	102	111	70
Total arrests*	315	429	526	588	552	597	597	460
Seizure number	790	877	1,144	986	1,077	1087	764	1,010
Seizure weight (g)	139,220	56,736	55,662	55,202	83,179	131,179	740,957	27,243

Source: ACC

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

The number of cannabis infringement notices issued in the NT declined (Table 69) although the level was consistent with that seen in previous years.

Table 69: Cannabis infringement notices, 2003/04-2010/11

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Consumer	0	409	481	399	378	456	466	442

Source: ACC

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

7.3 Expenditure on illicit drugs

Fifty-seven percent of the IDRS sample reported some expenditure on drugs on the day prior to interview (Table 70). Almost half the sample (51%) reported spending $50 or more on drugs.

Table 70: Amount spent on drugs on the day before interview, 2003-2012 (%)

	2003 N=109	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2011 N=98	2012 N=125
$0	44	32	42	47	30	42	63	33	39	43
Less than $20	3	3	3	0	4	1	2	2	1	0
$20-$49	13	17	14	6	22	11	8	6	12	7
$50-$99	22	24	24	15	19	21	10	23	17	20
$100-$199	13	16	14	18	15	15	10	21	16	17
$200 or more	6	8	3	8	11	8	6	14	14	14

Source: IDRS participant interviews

7.4 KE comment

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

Police officer 1

- Increased crystal use is associated with increased violence, burglaries and home invasions as well as the increased use of guns in crime.
- Also increased impacts on family and community.
- Crystal methamphetamine has a form of crystals or paste while ‘speed’ appears as powder.
- Crystal is mostly smoked but longer-term users will inject.
- Crystal users are often professional or otherwise employed; usually male; will often use methamphetamine to stay awake for work or recreation: “smoked meth to fish all night”.
- Crystal users are more likely to be non-Aboriginal than Aboriginal; Aboriginal users often have a history of dealing in other drugs and so have enough money to buy methamphetamine.

Police officer 2

- The crystal methamphetamine he has seen has been a yellow/honey colour.
- Speed can be powder or paste and be white, brown or cream.
- Crystal is usually smoked; speed is either smoked or injected.
- Methamphetamine users range in age from early 20s to 30s; mostly employed, for example as trades people; are often recreational users or use to stay awake at work; many have a “minor criminal history” of, for example, possession or assault.
- Crystal methamphetamine traffickers are: often “known to police”; use young people with no criminal history as ‘drug mules’ to fly into Darwin with

methamphetamine on their person; some methamphetamine is brought in by ‘truckies’.

- Some methamphetamine is ‘cooked locally’ - for example, small cooking set-ups taken into bush areas, the methamphetamine is prepared and then the equipment is easily packed down and moved to another location.

One officer also noted that amounts of cannabinoid and cocaine analogues have been seized but which on testing turn out to be analogues and not illegal.

One court clinician commented that recent policy changes leading to the ceasing of illicit drug diversion programs and the removal of a specialised ‘drug court’ may result in increased reoffending by drug-related offenders.

8 SPECIAL TOPICS OF INTEREST

8.1 Fagerstrom test for nicotine dependence

In the 2011 IDRS survey, participants who smoked tobacco on a daily basis were asked two questions from the Fagerstrom test for nicotine dependence, the Heavy Smoking Index (HSI). In 2012 the full Fagerstron test was asked. Responses were scored and categorised to levels of dependence as indicated in Table 71. Results can be compared on those questions that were asked in both years.

Table 71 shows that the smoking pattern in both years was similar, with a majority of respondents having their first cigarette within five minutes of waking and smoking 11-20 cigarettes a day was the most common amount.

In 2012, 44% of daily smokers had a high level of nicotine dependence and 19% a very high level. The mean HSI score in both years was indicative of moderate dependence.

Table 71: Heavy Smoking Index for nicotine dependence, 2011-2012

	2011	2012
Time till first cigarette	**n=91**	**n=109**
Within 5 minutes (%)	59	61
5-30 mins (%)	34	22
31-60 mins (%)	2	10
60+ mins (%)	4	7
Number of cigarettes smoked a day	**n=90**	**n=109**
10 or less cigarettes (%)	11	14
11-20 cigarettes (%)	42	51
21-30 cigarettes (%)	24	25
31 or more cigarettes (%)	22	11
Experienced difficulty refraining from smoking in forbidden places (%)		45
Would hate to give up first cigarette in the morning (%)		59
Smoke when sick in bed (%)		55
Smoke more often in the morning (%)		44
Dependence (%)	n=91	n=109
High	42 (>=5)	44 (6-7)
Very high		19 (8-10)
Mean score	4.1	5.6

* Fagerstrom score in brackets
Source: IDRS participant interviews

8.2 Alcohol Use Disorders Identification Test - Consumption

People who regularly inject drugs are particularly at risk for alcohol-related harms due to a high prevalence of the hepatitis C virus (HCV). Half of the participants interviewed in the Australian NSP Survey 2010 (N=2,396) were found to have HCV antibodies (The Kirby Institute, May 2011). Given that the consumption of alcohol

has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid overdose and depressant overdose (Coffin et al., 2007, Schiff and Ozden, 2004, Darke et al., 1996, Darke et al., 2007), it is important to monitor risky drinking among PWID.

The information on alcohol consumption currently available in the IDRS includes the prevalence of lifetime and recent use and number of days of use over the preceding six months. The 2012 IDRS survey questionnaire included the Alcohol Use Disorders Identification Test - Consumption (AUDIT-C), considered to be a valid measure of identifying heavy drinking (Bush et al., 1998). The AUDIT-C is a three item measure, derived from the first three consumption questions in the AUDIT. Dawson et al. (2005) reported on the validity of the AUDIT-C, finding that it was a good indicator of alcohol dependence, alcohol use disorder and risky drinking.

Among NT IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 6.3 (SD=3.5, range 1-12). This was higher than the 2011 overall mean score of 5.5. According to Dawson et al. (2005) and Haber et al. (2009) *Guidelines for the Treatment of Alcohol Problems*, a cut-off score of five or more indicated that further assessment was required. As is evident from Table 72, 68% of males (56% in 2011) and 65% of females (43% in 2011) reported a level of alcohol consumption requiring further assessment. Sixty-eight percent of the total sample of males and females obtained a score of 5 or more (52% in 2011).

Table 72: AUDIT-C among people who inject drugs and drank alcohol in the past year, 2010-2012

	2010 (N=71)	2011 (N=75)	2012 (N=74)
Mean AUDIT-C score, SD range)	5.5, 3.5 (1-12)	5.7, 3.5 (1-12)	6.3, 3.3 (1-12)
Score of 5 or more (%)			
All participants	59 (n=71)	52 (n=75)	68 (n=74)
Males	50 (n=52)	56 (n=54)	68 (n=57)
Females	47 (n=19)	43 (n=21)	65 (n=19)

Source: IDRS participant interviews

8.3 Pharmaceutical opioids

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

The 2011 and 2012 IDRS surveys included questions regarding the use of pharmaceutical opioids and pain. Pharmaceutical opioids included morphine, oxycodone and other pharmaceutical opioids such as fentanyl, pethidine and tramadol. Methadone, buprenorphine and buprenorphine-naloxone were excluded.

Seventy-nine percent of the NT sample reported use of pharmaceutical opioids in the last six months (Table 73). Pain relief (58%) and treating self-dependence (29%)

were the main reasons identified for using pharmaceutical opioids. Participants were also asked if they were refused pharmaceutical opioids for pain due to injecting history. Of those who commented, 25% responded in the affirmative and 9% reported that they had not sought pain relief. Of those who sought pain relief, 48% reported being prescribed pharmaceutical opioids for pain relief.

Sixty-seven percent of those who responded had sought information about filtering from an NSP and 27% from friends.

Table 73: Pharmaceutical opioid use among PWID, 2011-2012

	2011 (N=98)	2012 N=125
Used pharmaceutical opioids in the last 6 months (%)	81	79
Reason for using pharmaceutical opioids* (%)	n=79	n=98
Treat self-dependence	44	29
Pain relief	63	58
Prescribed dose not high enough	0	2
Don't want to be registered	0	2
Safer than heroin	0	5
To 'top up' heroin	0	1
Wanted to stay away from 'drug users'	0	2
Know what dose to expect	1	4
Couldn't score heroin	8	4
Seek an opioid effect	6	16
Cheaper than heroin	4	0
Current heroin purity	1	0
Refused pharmaceutical opioids for pain due to injecting history (%)	n=78	n=98
Yes	28	25
Haven't sought pain relief	42	9
No, concealed pain history	0	0
Prescribed pharmaceutical opioids (%)**	n=44	N=89
For pain last six months	77	48
Sourced information about filtering*(%)		n=93
Haven't obtained any information		3
NSP		67
Friends		27
Other		3

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

8.4 Opioid and stimulant dependence

Understanding whether participants are dependent is an important predictor of harm, and typically demonstrates stronger relationships than simple frequency of use measures.

In 2012, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids.

The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with and anxiety about use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe, Loxton, Hides et al., 2002) .

Previous research has suggested that a cut-off of 4 is indicative of dependence for methamphetamine users (Topp and Mattick, 1997) and a cut-off value of 3 for cocaine (Kaye and Darke, 2002) . No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of 5 for the presence of dependence.

Of those who had recently used an opioid and commented (n=98), the median SDS score was 6.0 (mean 6.4, range 0-15), with 65% scoring 5 or above. Females (86%) were more likely than males (59%) to score 5 or above and females had a significantly ($t=3.64$, $df=96$, $p<=.01$) higher mean total score than males.

Of those who scored 5 or above and who were able to comment (n=60), 95% specifically related their responses to morphine while 2% related their responses to one of either heroin, oxycodone or methadone.

8.5 Neurological history

People with a neurological illness or injury may be at greater risk of experiencing adverse effects associated with drug use. Existing research indicates that there is an association between traumatic brain injury (TBI) and drug use (Corrigan, Bogner and Holloman, 2012) . This may be due to greater exposure to violence, mental illness, poor nutrition and poor sleep among other factors. TBI is a major cause of morbidity and mortality in developed countries (Bruns and Hauser, 2003) and can result in long term physical and cognitive impairments, as well as negatively impact upon psychological wellbeing, social and occupational outcomes (Tait, Anstey and Butterworth, 2010) . The cognitive, emotional and functional impairments associated with drug use could potentially compound those associated with TBI (Kelly, Johnson, Knoller et al., 1997) . In 2012, the IDRS examined the prevalence of selected neurological illnesses and also of TBI among PWID.

Small proportions of the IDRS sample reported ever being told by a doctor that they had epilepsy (3%, Table 74), diabetes (4%) or a stroke (5%).

Table 74: Incidence of selected neurological conditions, 2012 (%)

	NT N=125	Mean age first diagnosed
Epilepsy	3	26
Diabetes	4	35
Stroke	5	27
Hypoxic brain damage	0	-

Source: IDRS Injecting drug user interviews

Forty-two respondents (Table 75) reported having had at least one instance of a Traumatic Brain Injury (TBI), measured as that they had had at some time lost consciousness due to a knock on the head. This group reported a median of three occasions on which this had happened with a median loss of consciousness of 5 minutes. The most severe TBI had occurred at a median age of 24. Thirty-two percent of this group had been under the influence of alcohol at the time of their most severe loss of consciousness and 37% under the influence of another drug.

Table 75: Traumatic brain injury (TBI) among PWID, 2012

	NT N=42
Median No. TBIs (range)	3 (1-20)
Median LOC[1] (mins)	5
Most severe LOC - median age in years(range)	24 (5-56)
For most severe TBI:	n=41
Under influence of alcohol (%):	32
Under influence of drugs (%):	37
Main drug:	n=5
Heroin	0
Methadone	20
Benzodiazepines	20
Morphine	0
Speed	20
Ice/crystal	0
Other	40

Source: IDRS Injecting drug user interviews
1 LOC = Loss of consciousness.

Some people experience neuropsychological sequelae (symptoms such as cognitive, motor and behavioural changes) following a TBI which can complicate recovery. A large proportion of the group (69%, Table 76) reported having experienced neurological sequelae immediately following the injury. The most common complaints were poor coordination/balance (71%), poor concentration (65%), mood changes (58%) and memory loss (57%). Ongoing complaints were less common but included: poor coordination or balance (38%), mood changes or anxiety (33%), poor concentration (29%) and memory loss (29%).

Table 76: Effects of traumatic brain injury (TBI) among PWID, 2012

	NT n=35	
Experienced any effects[1] following the injury (%, n)	69 (n=24)	
	At the time	**Ongoing**
Functional weakness	48	8
Poor concentration	65	29
Memory loss	57	29
Word finding problems	38	21
Poor coordination/ balance	71	38
Personality change	29	17
Mood changes/anxiety issues	58	33

Source: IDRS Injecting drug user interviews

1 Neurological, cognitive, behavioural or psychiatric effects.

8.6 Opioid substitution treatment medication injection

Due to the introduction of buprenorphine-naloxone film in 2011, questions were included in the 2012 IDRS survey asking about the recent injection (last six months) of opioid substitution treatment (OST) medications (methadone, buprenorphine and buprenorphine-naloxone).

Of the NT sample, 14% of participants reported recently injecting methadone, 5% reported recently injecting buprenorphine and 7% buprenorphine-naloxone 'tablet'. No respondents reported injecting Suboxone film.

Please refer to Larance and colleagues for further information on OST medication injection (Larance, Sims, White et al., in preparation).

8.7 The Brief Pain Inventory (BPI)

In 2012, the Brief Pain Inventory (BPI) was asked to examine the association between injecting drug use and the legitimate therapeutic goals of pharmaceutical opioids (e.g. pain management). The BPI is a tool used for the assessment of pain in both clinical and research settings. The BPI uses rating scales from 0 to10. For questions 3 to 6, 0 is 'no pain' and 10 is 'pain as bad as you can imagine'. The mean of questions 3 to 6 is then calculated to make the 'pain severity score'. . For questions 9A to 9G, 0 is 'Does not Interfere' and 10 is 'Completely Interferes'. The mean of questions 9A to 9G is then calculated to make the 'pain interference score'. The 'pain interference score' looks at how much pain interferes with daily activities: general activity, mood, walking, normal work, relations, sleep and enjoyment of life.

Table 77: Brief Pain Inventory (BPI) among PWID who commented, 2012

	NT N=125
Experienced pain today (other than everyday pain) (%)	40
Nature of pain (%)	**n=49**
Acute/short term	15
Chronic non-cancer pain	85
Chronic cancer/malignant pain	0
Other	0
Mean 'Pain Severity' score	5.1
Mean relief experience from treatment/medications*	5.7
Mean 'Pain Interference' score	5.7
Trouble obtaining pain relief from doctor last 6 months (%)	55
Told doctor about drug use when requested pain relief (%)	**n=47**
No	57
Yes	36
Yes, but not all use	6
Doctor already knew	0

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

Forty percent (Table 77) of this year's PWID reported experiencing pain other than everyday pain, on the day of interview. The large majority of this group (85%) described this as chronic (non-cancer) pain. Fifty-five percent had had trouble obtaining pain relief from a doctor within 6 months of interview; in most cases (57%) they did not inform the doctor of their personal drug use.

8.8 Injection-related injuries and diseases

People who inject drugs (PWID) are exposed to a broad range of potential harms including (but not limited to) bacterial infections, soft tissue damage and vascular injury. Research conducted with PWID has identified high levels of experience of such injuries (Dwyer, Power, Topp et al., 2007).

In 2012, IDRS participants were asked if they had ever and recently (last six month) experienced any injection-related injuries or diseases (IRDI) from the list used in the Injection-Related Injuries and Diseases (IRID) project (Dwyer, Power, Topp et al., 2007). Table 78 below lists the IRIDs ever and recently experienced in the last six months by participants in the IDRS survey

Table 78: Self-reported injecting-related injuries and diseases ever experienced and recently, 2012

Problem experienced from injecting (%)	NT N=125	
	Ever	Last 12 months*
Non-serious IRIDs		
Redness near injection site	30	18
Swelling near injecting site	26	20
Raised red area (hives)	32	20
Dirty hit	55	19
Hit an artery when injecting	16	3
Numbness/Pins and Needles	18	11
Collapsed/blocked veins	21	11
Potentially serious IRIDS		
Pus-filled lump (skin abscess)	15	3
Internal/inside body abscess	3	2
Red, hot, swollen, tender skin (cellulitis)	28	8
Inflamed veins (thrombophlebitis)	20	10
Swelling leaves a dent (Pitting oedema)	15	8
Puffy Hands Syndrome (lymph oedema)	8	3
Fistula (permanent hole)	8	7
Injecting sinus		
Serious IRIDs		
Heart infection (Endocarditis)	1	0
Septicaemia	13	3
Other serious infection needing stay in hospital and intravenous antibiotics (septic arthritis, osteomyelitis, septicaemia)	13	3
Deep vein thrombosis (blood clot)	2	2
Gangrene	4	1
Amputation	6	1
Venous ulcer	6	3
Other problem	7	0

Source: IDRS participant interviews
*recently = last six months

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