

**NORTHERN TERRITORY  
DRUG TRENDS 2002**



**Findings from the  
Illicit Drug Reporting System  
(IDRS)**

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Northern Territory Department of Health and Community Services

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## ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
AFP	Australian Federal Police
ACT	Australian Capital Territory
BBV	Blood Borne Virus
CDHA	Commonwealth Department of Health and Ageing
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
IDU	Illicit Drug User
KI	Key Informant
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NNDSS	National Notifiable Diseases Surveillance System
NDARC	National Drugs and Alcohol Research Centre
NSP	Needle Syringe Program (NT AIDS Council)
NT	Northern Territory
NTAC	Northern Territory AIDS Council Incorporated
PBS	Pharmaceutical Benefit Scheme

## **EXECUTIVE SUMMARY**

### **Demographic characteristics of IDU**

The Injecting Drug User (IDU) sample for 2002 reflected similar characteristics to those in the two earlier surveys in terms of age (mean=34 years), age of first injection (mean=19.5 years) and unemployment rates. The 2002 sample included more women (22% in 2000; 23% in 2001; 36% in 2003), and more Aboriginal people (11% in 2000; 10% in 2001; 20% in 2003), though this may reflect the fact that more interviews were conducted in private homes, rather than a change in the IDU sample. Comments from key informants and data from the Needle and Syringe Program suggest that approximately 75% of IDU are male and approximately 15% Aboriginal. Patterns of drug use among women and Aboriginal people reflected those for the overall IDU population. The 2002 IDU sample included a smaller proportion currently in alcohol and other drug treatment than in earlier years (34% in 2000; 24% in 2001; 14% in 2002).

### **Patterns of drug use among IDU**

During the three years that the IDU survey has been conducted in the Northern Territory (NT), drug preferences among those surveyed have remained similar, with approximately 2 in 3 IDU nominating an opioid as their drug of choice, the majority naming heroin as their preferred drug.

A shift has occurred however, in the drugs that IDU used in the preceding six months, and an even greater shift in the drugs that they used most frequently.

Prevalence of heroin use has dropped progressively during the past three years and prevalence of morphine and methamphetamine use has risen very slightly. A more notable difference has occurred in the drugs most frequently used, with the proportion of IDU who most frequently use morphine increasing steadily each year, resulting in increased proportions of IDU respondents who most frequently use opioids. Correspondingly, while prevalence of methamphetamine use has increased very slightly, the proportion of IDU who most frequently use methamphetamine has dropped. Use of cocaine remains minimal and use of cannabis remains widespread and frequent.

Poly-drug use is common among the IDU respondents, and frequency of injection has increased.

### **Heroin**

Heroin availability and use in the NT has progressively dropped (50% in 2000; 36% in 2001; 22% in 2002), and in 2002 was the drug most frequently used by only 2% of the IDU sample. Nevertheless, the small proportion of those who do use heroin report that it is easily accessible, suggesting that availability is limited to particular networks. Recent reports suggest that availability may be increasing. The median reported price for a cap is \$85 and for a gram \$500.

### **Methamphetamine**

Of the three main forms of methamphetamine, speed powder was the most widely and most frequently used among the 2002 IDU sample. It was used by two thirds of the sample in the preceding 6 months and was reported to be easily accessible. This was consistent with reports from key informants. Methamphetamine base was used by one in five of the 2002 IDU sample, as was crystal, though access to crystal was reported to be more restricted than base.



Prevalence of methamphetamine use has risen only very slightly in the 3 years that the IDU survey has been conducted, but frequency of use has fluctuated, rising in 2001 and dropping back in 2002 to levels below those in 2000. Only 18% of IDU in 2002 reported methamphetamine as their preferred drug and more than half of the 2002 IDU respondents who used methamphetamine used it less than once a fortnight during the preceding 6 months. Among IDU in 2002 who named methamphetamine as the drug most frequently injected, only one in two injected daily or more (compared with 9 out of 10 of those who most frequently inject morphine).

Prices for speed powder have remained stable with a median reported price of \$50 a point, \$250 an eightball and \$80 a gram, but purity has fluctuated, and is generally reported as medium or low. Purity of base and crystal methamphetamine are reported to be higher and more stable than those for speed powder.

Poly-drug use was high among IDU methamphetamine users: morphine users were reported to use methamphetamine when morphine became less accessible, and conversely, it was suggested that increased use of morphine had resulted from low purity of methamphetamine.

## **Cocaine**

There was little cocaine available or used in the NT. The prevalence of reported cocaine use by the IDU sample has dropped each year (18% in 2000; 13% in 2001; 10% in 2002) and only one in 10 IDU had used cocaine in the preceding 6 months in 2002.

## **Cannabis**

Cannabis was reported to be very easily available in the NT and was used by 4 out of 5 IDU in the 2002 sample in the preceding 6 months, half of whom had used cannabis daily. The prevalence of use was almost identical to that in previous years, but frequency of cannabis use was higher in the 2002 sample than in the 2 previous samples. Key informants also spoke of widespread use of cannabis. Most of the cannabis used is reported to be hydroponically grown. The price of cannabis has remained stable at \$25 a gram, and purity is high.

## **Other opioids**

Morphine (most frequently 100mg MS Contin) was the most commonly injected drug among the IDU sample, (used by 74% in 2000, 84% in 2001; 86% in 2002) and high rates of morphine use were confirmed by key informants and other data. During the 3 years of the IDU survey increasing proportions of respondents named morphine as the drug most frequently injected (53% in 2000; 65% in 2001; 74% in 2002), with high rates of injection. In 2002, 9 out of 10 of those using morphine used it at least daily, most 2-3 times a day. Overall, access to morphine remained easy, but with temporary fluctuations; a third of users alternated between obtaining their supply from doctors or illicitly. Morphine users also used a wide range of other drugs. Key informants reported use of methamphetamine, benzodiazepines and more recently methadone, when morphine became scarce. The median price of morphine remained stable at \$50 for 100mg of MS Contin, with fluctuations depending on availability.

For the period of the 3 IDU surveys methadone was available as a treatment for withdrawal, but not for maintenance. Prevalence of methadone use in the NT has remained steady during the past 2 years of the IDU survey, following an increase since 2000 (used by 23% in 2000; 36% in 2001; 37% in 2002), though frequency of use was low. A higher proportion of IDU in the 2002 sample were using physeptone tablets, both licitly obtained and diverted, though the majority were diverted.

Buprenorphine was introduced to the NT for withdrawal treatment in July 2001. Of the 14% of IDU respondents who reported using buprenorphine in the preceding 6 months, 2 out of 3 had used it illicitly. Only one person had injected buprenorphine and frequency of use was low.

Use of other opiates (most frequently Panadeine Forte) was higher in the 2002 IDU sample than in previous years (2% in 2000; 7% in 2001; 24% in 2002). The majority reported obtaining other opiates licitly.

### **Other drug use**

Prevalence of benzodiazepine use among the 2002 IDU sample has remained at similar levels to those in 2001, which was almost double that in the previous year (29% in 2000; 53% in 2001; 53% in 2002). Frequency of use has dropped considerably, from a median of 26 days in 6 months in 2001 to 10 days in 2002. The proportion of IDU who injected benzodiazepines also dropped in the 2002 sample (27% of IDU in 2001, to 17% in 2002). Most IDU reported accessing benzodiazepines from their doctor.

Ecstasy was used by about one in 3 of the IDU in the 2002 sample, a similar proportion to the previous year, and an increase since 2000, but frequency of use was very low (median of 2 days in preceding 6 months). Most respondents who used ecstasy injected it.

Prevalence of hallucinogen use has decreased each year (33% in 2000; 18% in 2001; 9% in 2002). Frequency of use was low.

### **Drug-related issues**

None of the IDU in the 2002 sample reported experiencing an overdose in the previous 6 months, compared with 10% in 2001 and 18% in 2000. Of those who reported prior experience of overdose in the past, 3% had overdosed on morphine and 33% on heroin.

About two thirds of the 2002 IDU sample reported injection-related health problems in the previous months, but for most categories of health-related problems, the proportion experiencing them was lower than in previous years. IDU reports of needle-sharing were low (6%), and similar proportions of IDU to those in previous years reported sharing other injection equipment. Several key informants reported an improvement in injecting behaviour.

Self-reported crime by respondents in the 2002 IDU sample was slightly higher than in previous years, particularly for violent crime. This accorded with reports from key informants who related the increase in crime to difficulty in accessing drugs, especially morphine, at times of fluctuating supply.

Records of police activity indicate an ongoing focus on cannabis-related offences and to a lesser extent on methamphetamine.

### **Conclusion**

The high, and increasing rates of morphine use reported above reflect the unique situation in the NT, whereby doctors do not require a permit before prescribing Schedule 8 substances. Another difference in the NT has been that while methadone and (since July 2001) buprenorphine, have been available as treatment for withdrawal from opioid dependence, they have not been available for maintenance treatment. These two factors have been associated with high rates of morphine prescriptions from doctors.

Key informants report that the ready availability of morphine, either from doctors, from friends or on the street, has limited the openings for a more serious heroin market in the NT, and contained heroin within confined networks.

The predictability of the purity of morphine is also reported to have influenced more IDU who previously used mostly methamphetamine, to switch to morphine, as the purity of speed powder was perceived to be low or fluctuating. The predictable nature of morphine has probably also influenced the very low number of IDU respondents reporting overdose from morphine.

Recent and imminent legislative changes are likely to influence the nature of the illicit drug market in the NT. In September 2002 pharmacotherapy maintenance programs were introduced to the NT. From mid 2003 a new regulatory system for the prescribing and supply of Schedule 8 substances will be introduced.

Following these changes it will be important to monitor the use, both licit and diverted, of pharmacotherapies and of other prescription drugs including benzodiazepines and codeine.

The impact of the anticipated changes in morphine availability on the heroin market in the NT should be monitored. Quarterly monitoring of relevant indicator data by the Department of Health and Community Services will provide a guide to changing trends.

Use and availability of methamphetamine should also be monitored, particularly the more potent forms. As with heroin, quarterly monitoring of indicator data will be maintained by the Department of Health and Community Services

It is important that attention to harm minimisation behaviour be maintained, particularly in a changing environment, and one where IDU may be shifting from predictable known drugs to drugs of more variable doses. Ongoing advice, education and support will be crucial.

## 1.0 INTRODUCTION

This report summarises the results of the fourth Illicit Drug Reporting System (IDRS) study conducted in the Northern Territory (NT).

The IDRS is a federally funded project that provides a standardised system for the collection of data to enable trends in illicit drug use to be monitored and to detect emerging trends. The four main drug categories included in the study are heroin, cocaine, methamphetamine and cannabis.

The methodology for the IDRS was trialled during 1996 and 1997, initially in Sydney and then in other states (Hando, Darke, O'Brien & Hall, 1998). 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.

As well as producing a summary of illicit drug use in each individual state and territory, the application of similar methodology provides opportunities for comparisons between states and territories, and for the collation of data on a national level. This being the third year in which the full IDRS methodology has been conducted in each state and territory, the value of the system for mapping trends becomes increasingly evident.

The IDRS is coordinated by the National Drug and Alcohol Research Centre (NDARC) which is part of the University of NSW. It is jointly funded by the Commonwealth Department of Health and Ageing (CDHA) and by the National Drug Law Enforcement Research Fund (NDLERF). As a jointly funded project IDRS demonstrates the shared recognition by CDHA and NDLERF of the value of collaborative work between the sectors of health and law enforcement to identify and address issues related to supply, demand and use of illicit drugs.

Reports of the IDRS findings for individual states and territories are published by NDARC, and each year NDARC produces and publishes a summary of the national findings (Topp, Kaye, Bruno, Longo, Williams, O'Reilly, Fry, Rose, & Darke, 2002; Topp, Darke, Bruno, Fry, Hargreaves, Humeniuk, McAllister, O'Reilly, & Williams, 2001).

The partial IDRS methodology was conducted in the NT in 1999 through Territory Health Services (now NT Department of Health and Community Services) and in 2000 and 2001 the full methodology was conducted through the Northern Territory University. Reports of these studies are available from NDARC. (O'Reilly 2002; O'Reilly & Rysavy 2001; Rysavy, O'Reilly & Moon 2000). The 2002 IDRS has been conducted by the NT Department of Health and Community Services and draws data for comparison from these earlier studies.

### 1.1 Study Aims

The specific aim of the NT component of the IDRS is to provide information on trends in illicit drug use in the NT.

The IDRS does not aim to provide in depth information, but indicates areas for further investigation.

It is crucial to recognise that the IDRS is not intended in any way to represent the general population of the NT and does not provide an estimate of the extent of illicit drug use in the community as a whole. Given the aim of providing an early warning system for emerging trends in illicit drug use, the main source of data for the IDRS is drawn from interviews with injecting drug users, selected specifically for their engagement with the local drug culture. It must also be noted that interviews for the IDRS are conducted *only* in the capital city of each state and territory.

## 2.0 METHOD

The IDRS methodology, developed and trialled by NDARC, combines the findings from three different sets of data, described below.

### 2.1 Survey of Injecting Drug Users (IDU)

Face to face structured interviews are conducted in the capital city of each state and territory 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 twelve months. Regular injecting drug users 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. Because of their high exposure to the range of illicit drugs that are currently available they are also perceived as a sentinel group to detect emerging trends in illicit drug use.

As in previous years the same standardised interview schedule was used by each state and territory. The schedule followed closely 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 drug under investigation. Questions were also asked about treatment, crime, risk-taking and health. Additional questions were added this year to distinguish between different types of methamphetamine. Individual states and territories may add additional questions relevant to the specific situation in their area.

Ethical approval for the study was granted by the Human Research Ethics Committee of the University of New South Wales, and for the NT component by the Human Research Ethics Committee of the NT Department of Health and Community Services and Menzies School of Health Research.

In the NT interviews were conducted in Darwin and Palmerston during June 2002 with 111 people who regularly inject drugs. Participants were recruited through fliers posted at the Needle and Syringe Program (NSP) and at the sexual health clinic, and through word of mouth. The majority of interviews were conducted by two trained interviewers known to and accepted by the IDU population, who had also conducted interviews the previous year. A small number were conducted by a research officer who initially worked with the peer interviewers. Interviews were conducted at the NSP or in people's homes. This replicated the approach used in previous years, though this year a higher proportion of interviews were conducted in homes.

IDU who met the inclusion criteria were given an information sheet that described the content of the interview. If they wished to participate they were invited to sign a consent form explaining that information 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.

The standardised IDU interview schedule was adapted for the NT with the addition of questions about the availability and price of morphine, due to the high proportion of IDU who use this drug in the NT.

Interviews generally lasted about 30 minutes and participants were reimbursed \$30 for their time.

Data analysis was conducted using SPSS for Windows Version 10.1 (SPSS Inc., 1999).

## 2.2 Survey of Key Informants (KI)

The second component of the IDRS involves semi-structured interviews with thirty or more key informants, 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 key informants corroborates data from IDU, but also provides a broader context in which to place the IDU data. A standardised interview schedule is used by all states and territories that closely mirrors the IDU questionnaire. Each KI 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 38 key informants during July and August. One interview was conducted by telephone and the others face-to-face. Key informants included police officers (n=6), pharmacists (n=4), general practitioners (n=4), youth workers (n=3), NSP staff (n=3), a prison counsellor, a user group representative, a family support worker, a hostel manager, a forensic mental health worker, a gym instructor, and the remaining KI were counsellors or other staff in drug and alcohol services.

Ten key informants provided information chiefly about morphine, 9 about methamphetamine, 13 about cannabis and 6 about benzodiazepines<sup>1</sup>. Interviews took between 40 minutes and 2 hours. 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 of 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 in 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 is 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 is included.

The following data sources have been included in this report.

### **Australian Bureau of Criminal Intelligence (ABCI) illicit drug purity and price data.**

This information comes from drug seizures made by the NT and Australian Federal Police. It includes analyses of the purity of some of the drugs seized and in some case an estimate of the street value. The data are available from the NT Police on a quarterly basis for the period in which the drugs were seized while from the Federal Police the data are available for the quarter in which they were received at the laboratory. Numbers of seizures analysed in the NT are often very small and trends should be interpreted with caution.

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<sup>1</sup> For key informants who commented on benzodiazepine users, it was not necessary that benzodiazepine should be the user's principal drug.

**The Alcohol and Other Drug Treatment Services in Australia National Minimum Data Set (AODTS-NMDS).** (AIHW 2002).

The National Minimum Data Set includes information from 20 treatment services (both government and community based) in the Northern Territory. The main drug for which a client presents for treatment is recorded, along with other information.

**2001 Australian Bureau of Statistics data on opioid overdose deaths in Australia.** (Degenhardt 2002).

The Australian Bureau of Statistics (ABS) reports data on accidental deaths for which opioids were coded as the primary responsible factor.

**Australian Needle and Syringe Program Survey National Data Report 1995-2001** (MacDonald & Zhou 2002).

This reports on findings from a self administered survey and finger prick blood sample administered to clients of needle and syringe programs across Australia during one week at different dates each year since 1995. The purpose of the surveys is to monitor HIV and Hepatitis C infection and related risk behaviour among injecting drug users attending NSP services. Data has been collected in the NT each year since 1995, from the NSP in Darwin and in Alice Springs.

**Health Insurance Commission Data – “doctor shopper” information.**

The Health Insurance Commission (HIC), identifies people as “doctor shoppers” if in one year a person sees 15 or more general practitioners, has 30 or more Medicare consultations and obtains more Pharmaceutical Benefits Scheme prescriptions than appears to be clinically necessary. Information includes the number of individuals identified, the number of scripts prescribed and the types of drugs accessed.

**Northern Territory Aids Council Needle and Syringe Program data.**

The Northern Territory Aids Council (NTAC) collects data about the number of needles and syringes distributed at the Darwin Needle and Syringe Program (NSP), and characteristics and drug-related information from those using their service. Data is recorded on a quarterly basis, including reports of last drug injected. It should be noted that this data includes repeat visits.

**Northern Territory Police data.**

The Integrated Justice Information System, operated by the NT Department of Justice includes reports of the number of offences dealt with by the issuing of a drug infringement notice and the number of persons apprehended by Police for illicit drug offences.

**National Pharmacotherapy Statistics (Commonwealth Department of Health and Ageing).**

Provides information on the number of clients registered in pharmacotherapy maintenance programs. In the NT this has referred to clients in the pharmacotherapy withdrawal program.

**2001 National Drug Strategy Household Survey (AIHW).**

This is a survey of Australians aged 14 years and over that collects information about drug-related attitudes, beliefs and behaviours. As noted in the survey report, some of the results are not statistically reliable, and are indicated to have a standard error of 50% or more. In these cases the reported figures have been included in this report, but should be read with great caution. The sample size in the Northern Territory was 1,309 or 1% of the population aged 14 years and over.

**Poisons Control Branch, NT Department of Health and Community Services.**

The prescription of Schedule 8 drugs is monitored.

**St John’s Ambulance.**

Information is reported on the number of drug-related ambulance call-outs.

## 3.0 RESULTS

### 3.1 Overview of the IDU sample

The demographics of the 111 IDU who were interviewed are presented below in Table 1. Their mean age was 34.4 (SD 9.4, range 16-55). The mean age for females was lower than for males (mean age males = 36.1; females = 31.3).

Thirty-six per cent of the IDU interviewed were female. Twenty percent of the sample were Indigenous and only one person was from a non-English speaking background. The demographics of the Indigenous people in the sample were almost identical to those of the non-Indigenous people.

Nineteen percent of the sample were aged under 25 and amongst this younger age group the gender ratio was reversed, 67% being female.

The majority of the sample were currently not employed. The mean years of schooling for the sample was 10 and about half the sample had tertiary education. Forty-six percent of the sample had a prison history. Men were twice as likely to have been in prison than women (males 56%, females 27%).

Only 14% of the sample were currently in treatment. Of those in treatment 6% (n=7) were receiving methadone withdrawal treatment, 1% (n=1) was in detoxification treatment, 2% (n=2) receiving counselling, and 5% (n=5) receiving morphine reduction treatment. A higher percentage of females were currently in treatment than males (17% female, 10% male). Only 5% of those under 25 were in treatment compared with 17% of those over 25.



**Table 1: Demographic characteristics of IDU samples, 2000-2002**

Characteristic	2000 (n=100)	2001 (n=135)	2002 (n=111)
Mean age (years)	31.5 (range 16-64)	34.3 (range 16-53)	34.4 (range 16-55)
Age ranges (%)			
20 years or less	9	9	5
21-30	45	27	34
31-40	30	38	37
41-50	13	23	17
51 or older	3	3	7
Sex (% male)	78	77	64
Ethnicity (%)			
English speaking background	99	99	99
Indigenous	11	10	20
Employment (%)			
Not employed	81	71	78
Full time	6	10	1
Part time/casual	8	13	8
Home duties	not available	not available	10
Sex worker	not available	not available	2
School education (yrs) mean	10	10	10
Tertiary education (%)			
None	63	45	48
Trade/technical	25	40	31
University/college	12	15	22
Prison history (%)	46	51	46
Currently in treatment (%)	34	24	14

Source for 2001 and 2000 data: O'Reilly, B. 2002 and O'Reilly, B & Rysavy, P. 2001.

Twenty-eight percent of IDU had participated in the IDRS survey in 2001, 12% in 2000 and 34% in one or both of the previous years.

The demographics of this year's sample were broadly similar to those in previous years but this year's sample included more women and more Indigenous people. Interviewers believed this to be due to a higher proportion of interviews conducted in private homes; women and Indigenous people being less likely to attend the NSP.

The other main difference was the lower proportion of IDU currently in treatment. This may reflect changes in treatment opportunities in the months prior to the interviews being conducted, and the anticipated introduction to the NT of maintenance pharmacotherapies for opioid dependence.

Key informants typically described the population structure of injecting drug users in and around Darwin as about 75% male, though among the younger age groups the gender mix was said to be more equal. Indigenous people were generally said to comprise about 15% of the IDU population. Key informants other than those working in a treatment setting generally reported small proportions of IDU currently in treatment.

### 3.2 Drug Use History and Current Drug Use

The mean age of first injection for IDU in this year's sample was 19.5 (18.5 for females, 20.0 for men). Younger people (aged under 25) began injecting on average four years earlier than those aged 25 and over (mean age of first injection under 25 = 16.1; 25 and over = 20.1).

As seen in Table 2, methamphetamine was the first drug injected by almost half the sample (48%), followed by heroin, injected first by just over a third of the sample. Ten percent first injected morphine.

Almost half the IDU (46%) nominated heroin as their drug of choice, 20% morphine, 1% methadone, and 2% other opiates, comprising a total of 69% whose preferred drug is an opioid. Eighteen percent of IDU named amphetamine as their drug of choice, and small numbers nominated other drugs.

While 46% of the IDU sample nominated heroin as their preferred drug only 2% named heroin as the drug injected most frequently in the past month. Conversely, 74% of IDU had injected morphine most frequently in the past month, although only 20% reported it as their drug of choice. Three percent named cocaine as their preferred drug but it was not the drug most frequently or most recently injected for anyone.

A notable difference is seen between IDU under 25, and those 25 and over in their choice of opioids. Similar proportions of respondents in the younger and older age groups identified an opioid as their drug of choice (71% of those under 25; 68% of those 25 and over), and similar proportions in the two age groups preferred methamphetamine (14% of the younger IDU; 19% of the older IDU). An age difference was apparent however, in the choice of opioid. Amongst the younger IDU only 14% preferred heroin while 57% named morphine as their drug of choice. Conversely, among the older age group 53% named heroin as their drug of choice and only 11% nominated morphine. This was reflected in the mean age of those who nominated heroin as their preferred drug (mean age = 37.2) and those who nominated morphine (mean age=27.0). The mean age of those whose preferred drug was methamphetamine was 33.1.

Amongst those for whom there was a difference between drug of choice and drug most used (n = 69) the main reason given for the discrepancy was lack of availability (73% of those for whom this was a relevant question). Twelve percent named concerns about health effects to explain the difference. The remaining responses covered a range of individual reasons including price, purity, peer influence and pain relief.

**Table 2: Drug of initiation into injecting, drug of choice and current injection patterns, IDU sample, 2002 (n=111)**

Drug class	First drug injected (%)	Drug of choice (%)	Last drug injected (%)	Drug most often injected last month (%)
Heroin	37	46	2	2
Morphine	10	20	69	74
Methadone	0	1	5	4
Other opiates	3	2	0	0
Methamphetamine	48	18	22	19
Cocaine	2	3	0	0
Ecstasy	0	1	1	0
Benzodiazepine	0	1	2	0
Other	0	8	0	1

Data provided by the NT AIDS Council (NTAC) reporting last drug injected by clients of the Darwin Needle and Syringe Program (NSP) during July to September 2002 also identify morphine and methamphetamine (categorised as speed by the NSP) as the drugs most used. The NSP data differs from that provided by the IDU by indicating almost equal proportions of IDU last injecting morphine and speed (49% and 40% respectively). The NSP data highlights the nature of the IDU sample, with its emphasis on drug users who regularly inject illicit drugs.

**Table 3: Drug last injected by users of Darwin Needle and Syringe Program, July - Sept 2002**

Drug class	NSP users (n=1544) %
Morphine	49
Speed	40
Benzodiazepines	1
Heroin	3
Methadone	3
Steroids	2
Cocaine	1
Ecstasy	<1

Source: NT AIDS Council

The great majority of the IDU sample (80%) had injected at least once a day during the month prior to interview. The most common frequency was 2 to 3 times a day (48%) followed by once a day (23%). Figures are presented in Table 4 below.

**Table 4: Frequency of injection during month prior, IDU sample, 2002 (n=111)**

<b>Frequency of injection</b>	<b>% IDU</b>
Not in last month	1
Weekly or less	9
More than weekly, not daily	11
Once a day	24
Two to three times a day	48
More than three times a day	8

IDU who reported morphine as the drug most frequently injected in the preceding month reported a far higher frequency of injection than those who injected methamphetamine most frequently. Ninety-one percent of those who most frequently injected morphine (n=82) reported injecting daily or more in the past month (modal value 2-3 times/day), compared with 48% of those who most frequently injected methamphetamine (n=21) (modal value more than daily but not weekly, or daily).

Respondents had used a median number of 10 categories of drugs in their lifetime and 6 in the last 6 months (range 2-13). The median number of categories of drug injected in the last 6 months was 2 (range 1-7).

When asked to report drugs used on the day prior to interview, responses indicated extensive poly-drug use (see Table 5 below). Patterns of poly-drug use relating to specific drugs are reported later in the report.

**Table 5: Drugs taken on the day prior to interview, IDU sample, 2002 (n=111)**

<b>Drug</b>	<b>% IDU</b>
Tobacco	95
Morphine	74
Cannabis	62
Alcohol	23
Speed powder	21
Benzodiazepines	16
Methadone	5
Heroin	2
Other opiates	2
None	1

Note: More than one response could be given.

Table 6 compares the drug use history and current patterns of this year's IDU sample with those of previous years. In the three samples age of first injection and drugs first injected show broadly similar patterns.

No clear trends emerge in drug of choice over the 3 IDU samples, but trends are evident in drug of use. There has been a steady decline in the proportion most frequently injecting heroin and a corresponding and greater increase in those most frequently injecting morphine. The proportion most frequently and most recently injecting methamphetamine is smaller this year than previous years.

This year's IDU sample indicated a higher frequency of injection than in previous samples. Eighty percent of 2002 IDU injected daily or more compared with 60% in 2001 and 68% in 2000. This may be related to the higher proportion of respondents in the 2002 sample who most frequently inject morphine, these users having a higher rate of injection.

**Table 6: Drug use history and current drug use, IDU samples, 2000-2002**

Characteristic	2000 (n=100)	2001 (n=135)	2002 (n=111)
Age first injection (mean)	19.0	20.1	19.5
First drug injected (%)			
Heroin	33	36	37
Morphine	0	11	10
Other opiates	7	0	3
Methamphetamine	59	50	48
Cocaine	0	1	2
Drug of choice (%)			
Heroin	44	39	46
Morphine	18	22	20
Methadone	1	1	1
Other opiates	1	0	2
Amphetamines	21	26	18
Cocaine	2	2	3
Ecstasy	4	1	1
LSD	3	0	2
Benzodiazepines	0	0	1
Cannabis	6	4	5
Alcohol	0	3	2
Drugs injected most often in previous month (%)			
Heroin	14	5	2
Morphine	53	65	74
Methadone	3	2	4
Methamphetamine	28	27	19
Other	1	1	1
Most recent drug injected (%)			
Heroin	9	7	2
Morphine	56	57	69
Methadone	4	3	5
Methamphetamine	30	31	22
Cocaine	0	0	0
Benzodiazepines	0	0	2
Ecstasy	0	0	1
Frequency of injecting in previous month (%)			
Not in last month	4	4	1
Less than daily	28	38	20
Once a day	23	12	24
2-3 times daily	31	41	48
>3 times a day	14	7	8
Poly-drug use			
Median no. drug classes ever tried	8	9	10
Median no. drug classes used prior 6 months	6	6	6

Source for 2001 and 2000 data: O'Reilly, B. 2002, O'Reilly, B & Rysavy, P. 2001, Topp, L. et al. 2002 and Topp, L. et al 2001

**Table 7: Poly-drug history and routes of administration, IDU sample, 2002 (n=111)**

	Ever used %	Ever injected %	Injected last 6 months %	Ever smoked %	Smoked last 6 months %	Ever snorted %	Snorted last 6 months %	Ever swallow %	Swallow last 6 months %	Used last 6 months %	Days used last 6 months*
Heroin	87	87	21	42	4	25	2	14	2	22	2
Morphine	97	95	85	1	0	2	1	57	37	86	180
Methadone	67	52	30					53	26	37	12
Buprenorphine	22	4	1	0	0	0	0	19	14	14	3
Homebake	26	25	3	5	1	2	0	4	0	3	6
Other opiates	56	25	5	11	0	3	0	40	21	24	6
Speed powder	85	82	64	11	4	43	14	37	17	67	7
Base/wax	30	29	21	4	1	4	1	8	5	21	14
Crystal/ice	43	43	20	3	0	5	1	8	1	20	9
Cocaine	60	47	7	8	0	29	5	7	1	10	2
Hallucinogens	77	27	5	4	0	2	0	68	7	9	2
Ecstasy	62	41	21	0	0	5	1	44	21	34	2
Benzodiazepines	77	45	17	2	1	0	0	71	51	53	10
Alcohol	86	9	0					85	55	55	8
Cannabis	94									83	180
Anti-depressants	46	5	1					45	21	21	24
Inhalants	28									3	1
Tobacco	99									93	180

## 4.0 HEROIN

Very small numbers of IDU (a maximum of 10%) were able to comment on price, purity or availability of heroin, and key informants were able to provide very limited information.

Only one police seizure of heroin was reported under ABCI price data and no NT police seizures of heroin were reported under ABCI purity data.

### 4.1 Price

Five percent of IDU (n=5) reported having bought a gram of heroin in the past 6 months and 4% (n=4) reported buying a cap. Other quantities mentioned were 1/2 weight, 1/4 gram, and 1/8 gram, but only one or two respondents had bought each of these quantities.

Median prices for a cap and a gram were reported to be \$85 and \$500 respectively (Table 8). No price for a cap was recorded in previous years but the median price reported for a gram in 2001 was \$600, suggesting an apparent drop in price this year. This was not the general perception of the 7% of IDU (n=8) who felt confident to comment on the price of heroin: 4 of the 8 reported that the price had increased over the past 6 months, 3 said it was stable and one that it had decreased.

Australian Crime Commission (ACC) price data reported one NT seizure of heroin during 2001, recorded as a 1/2 weight (0.4-0.6 gram) priced at \$400.

As with all reports of heroin in the NT, the very small numbers of respondents and observations should be interpreted with caution.

**Table 8: Quantity and price of heroin purchased 6 months prior, IDU sample, 2002 (n=111)**

Quantity	Number of purchasers	Median price (\$)	Price range (\$)
Cap	4	85	60-100
Gram	5	500	250-650

### 4.2 Availability

Only 10% of the IDU sample (n=11) felt confident to comment on the availability of heroin in Darwin. Views among this 10% were almost equally split. Just over half (n=6) reported heroin to be difficult or very difficult to access while just under half (n=5) described availability as easy or very easy. Of these 11 people all but one believed that access to heroin during the past six months had been stable or become easier.

The views of the 10% of IDU reported above should, however, be considered in the context of the 44% of IDU who reported heroin as their drug of choice, yet not the drug most used. Of these, 91% (n=41) cited lack of availability as the reason.

Key informants who commented on heroin all stated that use was limited by availability, though three believed access had increased quite recently. The varied views expressed by IDU about availability are consistent with those expressed by one KI who said that access to heroin depends on involvement with particular networks.

Of the 10% of IDU who commented on heroin availability, the usual sources of heroin during the past 6 months were reported to be a friend (n=3), a dealer's home (n=3) a mobile dealer (n=2) and a street dealer (n=1). The modal time taken to obtain heroin during the past 6 months

was 30 or 60 minutes (range 1 minute to 2 hours), again suggesting that for the small proportion of the sample with access to particular networks, heroin is readily available.

### **4.3 Purity**

As noted above, there were no NT police analyses of heroin in 2002. Of the 11 IDU who felt confident to comment on purity the majority view was that purity was medium (n=5) or low (n=5), and stable.

### **4.4 Use**

#### **4.4.1 Prevalence of Heroin Use**

There are no reliable figures for prevalence of heroin use in the NT. While the 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002:6) reports that the NT recorded the highest prevalence of recent use of injected drugs and of 'other opiates' it notes only 0.1% of the population surveyed (n=1,309) using heroin, indicating a standard error greater than 50%.

The Alcohol and Other Drug Treatment Services in Australia 2000 – 2001 National Minimum Data Set (AODTS-NMDS) (Australian Institute of Health and Welfare, 2002:14) shows the NT to have the second lowest proportion of clients seeking help from alcohol and other drug treatment agencies who nominate heroin as their principal drug of concern (2.7% in the NT; 2.3% in Tasmania; 28.4% in Australia).

Although heroin was reported as the most popular drug of choice among the IDU sample (46% of sample) and 87% of IDU had used it during their life, only 22% had used heroin in the last 6 months. Only 2% named heroin as the most recent drug injected, and 2% named it as the drug injected most frequently in the month prior to interview. This is consistent with the Darwin NSP figures which, for the quarter July – September 2002 report 3% of those using the NSP (n=1544) recording heroin as the last drug injected.

Key informants whose client groups used mostly methamphetamine, morphine or cannabis estimated that up to 25% of their clients also used heroin, though all reported that use was sporadic, limited by availability.

#### **4.4.2 Current Patterns of Heroin Use**

There was no reported daily use of heroin among the 2002 IDU sample and the median days use during the past 6 months was 2 (range 1-90 days).

Of the 22% of the IDU respondents who used heroin in the past 6 months 21% injected it, 2% snorted it and 2% swallowed. Both heroin powder and heroin rock had been used (16% of the IDU sample had used powder: 12% had used rock), with 14% identifying powder as the form most used and 8% using rock most frequently.

Of the 2 IDU who had used heroin the day prior to interview, both reported using morphine, and one alcohol, on the same day, but no other drugs.



## **4.5 Trends in Heroin Use**

During the three years that the full IDRS methodology has been conducted in the NT the proportion of the IDU sample that has used heroin has consistently dropped, from 50% in 2000 to 36% in 2001 and 22% in 2002. Frequency of use has also dropped, from a median of 30 days in the previous 6 months in 2000, to 6 in 2001 and 2 in 2002. Nevertheless heroin maintains its popularity, particularly among the older IDU where it is the drug of choice of the majority (53% of those aged 25 and over named heroin as their drug of choice; 14% of those under 25).

## **4.6 Summary of Heroin Trends**

- The prevalence and frequency of heroin use among the IDU sample has continued to decrease.
- Heroin remains the drug of choice for a high proportion of IDU, especially those aged 25 and over.
- Availability is not easy for the majority, though for a few people it is readily accessible, and some respondents report that availability may be becoming easier.
- Prices may have dropped slightly but numbers are too small to report with any confidence.

## 5.0 METHAMPHETAMINE

Information was sought from IDU and key informants about three main forms of methamphetamine, commonly referred to as speed powder, base and crystal. While the 2001 IDRS survey collected some data on crystal methamphetamine and methamphetamine base, this year was the first time that a distinction was made between the three different forms, to collect more comprehensive data on the use, purity and availability of each.

This year flashcards with colour photographs of the different forms of methamphetamine (Churchill and Topp, 2002) were used to clarify more precisely the characteristics of the different forms of methamphetamines that are marketed as speed, base and crystal. A copy of the flashcard with discussion of the groupings is located on the NDARC website at <http://ndarc.med.unsw.au/ndarc.nsf/website/IDRS.bulletins>. Further discussion of Australian methamphetamine markets can also be found in the June 2002 issue of the IDRS Bulletin, also on the NDARC website.

Thirty-six percent of IDU provided comments on the price, availability and purity of one or more of these forms of methamphetamine. Eight key informants commented on methamphetamine use and users, though few were confident to distinguish between the different forms, and the majority confined their comments to speed powder.

### 5.1 Price

#### 5.1.1 Price of methamphetamine powder

The most commonly reported quantity in which IDU reported buying methamphetamine powder was as a point (0.1 gram) (n=23), for which the median price paid at last purchase was \$50. The other two most popular quantities were eightballs (3.5 grams, 1/8 ounce), with a median recorded last price of \$250, and a gram, with a median price of \$80.

**Table 9: Quantity and price of methamphetamine purchased 6 months prior to the survey, IDU sample, 2002 (n=111)**

Quantity	Number of purchasers	Median price (\$)	Price range (\$)
Point	23	50	10-100
Gram	18	80	50-300
Eightball	20	250	150-320

The median price in 2002 for a gram and an eightball was the same as that reported by IDU in the 2001 sample. The price of a point was not recorded in 2001. Of the 38 IDU who commented on the price of methamphetamine powder, the great majority (82%) shared the view that the price had remained stable during the past 6 months.

Australian Crime Commission (ACC) data for 2001/2 records almost identical prices in the NT to those reported by IDU. ABCI records two seizures of a gram of 'amphetamine' priced at \$80, and 2 eightball seizures priced at \$250 and \$350.

Also reported in the ACC data is one seizure of 'pure' amphetamine priced at \$300, and a note that "[a]mphetamine is also being sold titled "pure" for \$200 a gram", though there is no indication of the type of methamphetamine to which this refers. The other prices recorded by ABCI are \$1,100 – 1,800 for an ounce of methamphetamine.

### **5.1.2 Price of methamphetamine base**

The most common quantity of base about which IDU felt confident to comment was 1/8 gram. Seven of 9 IDU who commented on the price of 1/8 gram of base reported paying \$50 for their last purchase (range \$50-100). The majority, 7 out of 10 respondents, believed that the price of base was stable during the past 6 months: 3 said it had decreased.

### **5.1.3 Price of methamphetamine crystal**

Small numbers reported on the price of crystal, and prices from those who did were scattered across a range of quantities. The quantities on which 3 people commented were a point, with a median price for last purchase of \$80 (range \$50-80) and a gram, median price \$300 (range \$100-350). Six of the 8 people who commented believed that the price was stable during the past 6 months.

## **5.2 Availability**

### **5.2.1 Availability of methamphetamine powder**

Forty IDU respondents commented on availability of methamphetamine powder. All but one reported that speed powder was easy or very easy to access. The majority (n=34) said that access had remained stable, and 5 reported that it had become easier.

The modal value for the time taken to obtain methamphetamine powder, both usually and the most recent time, was 30 minutes (range 1 minute to 6 hours). The most common places to obtain it were from a friend (n=15), a dealer's home (n=8), a street dealer (n=7) or a mobile dealer (n=7).

Of IDU who reported methamphetamine as their drug of choice, only two people cited lack of availability as the reason why it was not the drug most often used. The type of methamphetamine to which this refers is not specified.

No key informants mentioned lack of availability as a restriction on use, but several spoke of recent changes in the methamphetamine market, and commented that it had become increasingly difficult to bring in large quantities from interstate. Four key informants mentioned that more methamphetamine was now produced locally, and that while previously the local methamphetamine market was "bikie-dominated" there were now more small-scale manufacturers, as it had become increasingly easy for local people to produce methamphetamine. Police spoke of younger people engaged in production, and of "an industry in teaching cooks", and "an industry that supplies the precursors". Some methamphetamine was said to still come from interstate, but in smaller quantities, for personal use and close networks.

All key informants believed access to speed powder was easy or very easy, once people know where to look. The one key informant who reported chiefly on methamphetamine use by employed professionals suggested that there is now a wider range of people selling methamphetamines, including employed people who sell the drug for additional income. This KI suggested that buying from these people supported a sense of methamphetamine use as "respectable".

Two key informants who work with young people expressed concern about an increasing trend among dealers to allow young people to build up growing amounts of credit for methamphetamine, which resulted in violence or obligation to engage in property crime or sex when they failed to pay off debts.

### **5.2.2 Availability of methamphetamine base**

Eleven of the IDU respondents commented on the availability of methamphetamine base, of which 8 reported access to be easy and 3 very easy. Seven of 10 who commented viewed availability as stable and 3 said it had become easier during the past 6 months.

The most usual, and most recent source of methamphetamine base was a friend (n=5), while 2 respondents each accessed base from a dealer's home, a street dealer and a mobile dealer. The modal time to obtain it was 20 minutes (range one minute to two hours).

### **5.2.3 Availability of methamphetamine crystal**

Only 8 IDU commented on the availability of methamphetamine crystal and most reported access to be very easy (n=3) or easy (n=3), while 2 considered it difficult. Half of those who commented (n=4) said availability had remained stable during the past 6 months, 3 thought it had become easier and one more difficult.

Four of the 8 respondents' usual and most recent source of crystal was a friend: 2 used a street dealer and 2 a mobile dealer. The modal time for accessing crystal was 15 or 20 minutes (range 2 minutes to an hour).

The few key informants who commented on crystal believed this to be the more difficult form of methamphetamine to access, and that unlike speed powder, it was only available within particular networks. One key informant referred to crystal as "the ethnic drug", and another believed that access was restricted to more serious drug dealing circles. Another key informant did however comment that there was recently more crystal on the market.

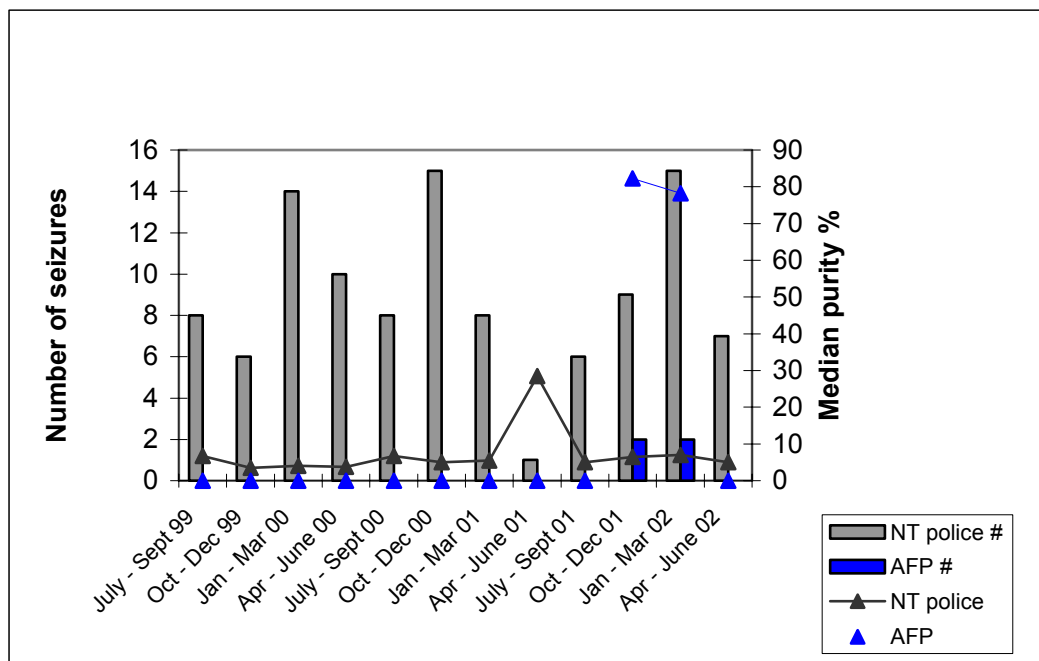
## **5.3 Purity**

ACC purity data reports that during 2001/2 a total of 37 seizures of methamphetamine (of unspecified type) were analysed by NT police, of which 9 weighed 2 grams or less, with a median purity of 10%. Twenty-eight seizures weighed over 2 grams of which the median purity was lower, at 4.8%. The median overall purity for NT Police seizures for 2002 was low at 5.5%

In addition, and in contrast, there were 4 seizures analysed by Australian Federal Police (AFP) in 2002/02 of very high purity: 2 in the second quarter, with a median purity of 82% and 2 in the third quarter with median purity 78%.

Figure 1 below shows the purity of analysed seizures from NT police for laboratory testing for each quarter between July 1998/9 to 2001/2 and the two very high purity AFP seizures in 2001/02.

**Figure 1: Number and purity of seizures of methamphetamine received for laboratory testing NT 1999/00–2001/2**



Source: Australian Bureau of Criminal Intelligence

### 5.3.1 Purity of methamphetamine powder

Forty IDU respondents commented on the current purity of methamphetamine powder. The general view was that purity was low (n=14), medium (n=12) or fluctuating (n=11).

The majority of the 40 respondents (n=19) believed that purity had remained stable during the past 6 months. Other respondents were divided in their views: 8 reported that it had decreased, 7 that it fluctuated and 6 that it had increased.

Key informants spoke of fluctuating or declining purity, which some attributed to the very varied quality of methamphetamine produced by local manufacturers.

### 5.3.2 Purity of methamphetamine base

Eleven IDU commented on the current purity of methamphetamine base. Purity was considered to be high (n=6) or medium (n=5). Nine respondents commented on purity changes during the past six months: most (n=5) believed it had remained stable, 2 that it had increased, 1 that it had decreased and 1 that it had fluctuated.

### 5.3.3 Purity of methamphetamine crystal

Views were mixed among the 8 IDU who commented on the current purity of methamphetamine crystal. Equal numbers reported purity as high (n=3) and low (n=3) and 2 reported it as medium. Half of the respondents (n=4) believed that purity had remained stable during the past 6 months, 3 that it had decreased and 1 that it had increased.

The range of views about purity of crystal may support comments from one key informant, that some users who believe they are being sold crystal are being duped.

## 5.4 Use

### 5.4.1 Prevalence of Methamphetamine Use

The 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002:6) shows the NT as the State or Territory with the highest rate of amphetamine use in the past 12 months among the 1,309 people surveyed in the NT (6.3% compared with 3.4% throughout Australia).

The Alcohol and Other Drug Treatment Services in Australia 2000 – 2001 National Minimum Data Set (AODTS-NMDS) (Australian Institute of Health and Welfare, 2002:14) reports amphetamines as the principal drug of concern for 7.4% of clients seeking help from alcohol and other drug treatment agencies in the NT. This is a lower percentage than the national average (9.1%) and is the third lowest of the jurisdictions (range 4.1-16.4%).

Figures provided by the NT AIDS Council (NTAC) show speed (the only methamphetamine recorded by NTAC) as the last drug injected by 40% of users of the Darwin NSP (n=1544) for the period July-September 2002. This was second only to morphine (the last drug injected by 49% of NSP users).

Seventy-two percent of the IDU respondents had used methamphetamine during the previous 6 months, a similar proportion to the 2001 IDU sample (70% in 2001). Eighty-five percent of the 2002 IDU sample had used methamphetamine at some time in their lives and it was the drug first injected by 48% of IDU respondents. Nevertheless, methamphetamine was the drug of choice for only 18% of the 2002 IDU sample, it was the drug most often injected by 19% of IDU and the most recent drug injected by 22%.

As well as the 8 key informants who reported on methamphetamine as the drug of choice for the majority of people with whom they come into contact, KI who reported on cannabis, morphine and benzodiazepine users estimated approximately 10-50% of their client groups also used methamphetamine, the majority on a recreational basis, chiefly at weekends. In addition, several KI whose clients are morphine users reported that a recent restriction on access to morphine had resulted in more morphine users using methamphetamine, because of its ready availability.

KI who most frequently come into contact with methamphetamine users reported on a range of different types of users. These included the very young, often homeless clients seen by youth workers, (aged 13-19, equal proportions of males and females); clients in drug treatment or prison (age range 18-50, majority aged late 20s to mid 30s and mainly male); and recreational users (aged 20 to late 30s, mostly employed in trade or professional work).

Two key informants reported that prevalence was increasing among younger age groups. Other KI reported increasing use among Indigenous people, and more social use among the “younger and yuppie scene”.

## 5.4.2 Current Patterns of Methamphetamine Use

### 5.4.2.1 *Forms of methamphetamine used*

Speed powder was the form of methamphetamine used by the highest proportion of the IDU respondents, and it was also the form most used. Sixty-seven percent of the IDU respondents reported using speed powder during the past 6 months and 56% reported it as the form of methamphetamine they used most.

Twenty-one percent of the IDU sample had used base in the past 6 months, and for 7% of the total sample this was the form of methamphetamine most used.

Use of crystal methamphetamine was reported by 20% of IDU. Nine percent of IDU reported crystal as the most used form of methamphetamine.

Eighteen percent of IDU reported use of liquid methamphetamine, 7% (n=8) reported use of illicit prescription methamphetamine and one reported using licit prescription. No respondents reported these as the forms most commonly used.

As noted above, most key informants were unable to comment on types of methamphetamine and were only familiar with speed powder. Two who did comment on other types estimated that 80% of the methamphetamine used by their clients was speed powder, and 20% base or crystal.

### 5.4.2.2 *Frequency of use*

Although prevalence of methamphetamine use, particularly speed powder, is high among the 2002 IDU sample, frequency of use is not. Of those using speed powder the median number of days use during the past 6 months was 7 (range 1-180 days). Only 2 IDU reported daily use of speed powder during the past 6 months. Of those using speed powder 62% (n=46) had used it 10 days or less over the past 6 months, which equates to less than fortnightly. Only 20% of speed powder users (n=15) had used it for more than 50 days over the past 6 months, which equates to 2 days/week or more.

A higher proportion of IDU respondents who used base used it on a more frequent basis, though there were no daily users. The median number of day's use among base users during the past 6 months was 14 (range 1-160). Just under half (48%: n=11) of those using base in the past 6 months had used it 10 days or less, and 35% (n=8) had used it on more than 50 days.

IDU respondents who had used crystal in the past 6 months had used it for a median number of 9 days (range 1-160) and there were no daily users. The frequency of use was similar to that for speed powder, with 59% (n=13) of users in the past 6 months using it on 10 days or less, and 23% (n=5) using it for more than 50 days.

Key informants also reported mainly sporadic use of methamphetamine, at weekends or when morphine was not available.

### 5.4.2.3 *Route of administration*

Among the IDU sample the most common route of administration for the three main forms of methamphetamine was injection, though for speed powder more than one route of administration was used by some respondents. Sixty-seven percent of the IDU sample had used speed powder during the past 6 months, and 64% of the total sample had injected it, 17% swallowed, 14% snorted and 4% smoked it. All 21% of those using base had injected it, as had all 20% of those using crystal.

Key informants reported injection as the most common mode of use among those who are already injecting drug users. Two youth workers commented that clients in the youngest age

range (under 15) are more likely to snort methamphetamine, but they noted a recent trend towards more young people injecting methamphetamine at an earlier age. In their view, young people in the 15-18 age group who previously used marijuana as their drug of choice were increasingly choosing to use, and inject, methamphetamine, and to perceive it as “the cool thing to do”.

The one KI who comes into contact chiefly with employed recreational users of methamphetamine reported that these users do not inject.

#### *5.4.2.4. Poly-drug use*

Twenty-one percent of IDU respondents (n=23) reported using speed powder the day prior to interview: no one had used base or crystal the previous day. Of the 23 who had used speed the previous day the majority (n=20) had used cannabis and over half (n=13) had used morphine the same day. Other drugs used the same day included alcohol (n=10), benzodiazepines (n=4) and methadone (n=2).

Key informants reported very similar combinations of drug taking by those with whom they come into contact, particularly referring to combinations of speed and alcohol, and methamphetamine used alongside or instead of morphine. Use of benzodiazepines when methamphetamine was not available was also mentioned. Key informants reported almost universal use of cannabis among methamphetamine users.

Three key informants who were pharmacists expressed concern about a recent increase in over the counter sales of pseudoephedrine, particularly Demazin and Unisom, which they believed were being used to manufacture methamphetamines.

## **5.5 Trends in Methamphetamine Use**

During the three years that the IDU survey has been conducted the proportion of the sample that used methamphetamine in the previous six months rose from 64% in 2000 to 70% in 2001 and 72% in 2002. Frequency of use has fluctuated, rising from a median of 15 days in the previous 6 months in 2000, to a median of 26 days in 2001, and dropping to the lowest level of 8 days in 2002. The numbers of IDU nominating methamphetamine as their drug of choice showed a similar pattern, rising from 21% of the sample in 2000 to 26% in 2001 and dropping back to 18% of the sample in 2002. One key informant suggested that low or fluctuating levels of purity in methamphetamine has led to a preference for morphine, where “at least you know you’re getting your money’s worth”.

Of the three types of methamphetamine, speed powder remains the form used by the majority of the IDU sample (63% in 2001 and 67% in 2002) and the form most used (51% in 2001: 56% in 2002). Similar proportions of the IDU sample have used base and crystal both years.

## **5.6 Summary of Methamphetamine Trends**

- Prevalence of methamphetamine use among the IDU sample has remained at similar levels to 2001, which was an increase from 2000.
- Frequency of use of methamphetamine among the IDU sample has fluctuated. It rose in 2001 and has dropped back in 2002 to rates lower than in 2000.
- Speed powder remains the most commonly used form of methamphetamine.
- Approximately a fifth of the IDU sample have used crystal and/or base, but less than a tenth of the sample report crystal or base as the most commonly used form of methamphetamine.



- Speed powder is reported to be very easy to access: availability has remained stable or become easier, prices have remained stable and purity fluctuates, but is generally low or medium.
- Base is reported as easy to access, availability has remained stable or become easier, prices have remained stable, and purity is high or medium.
- Availability of crystal varies, possibly depending on access to certain networks. Prices have remained stable, and purity was rated as high by some, low by others. It is possible that those rating it as low were not actually accessing crystal.

## **6.0 COCAINE**

Due to the very limited use of cocaine in Darwin, information about price, availability and purity of cocaine was not collected from the 2002 IDU sample.

### **6.1 Price**

ACC price data for 2002 reports one seizure of 1 gram estimated at \$250.

### **6.2 Availability**

Key informants knew of very little cocaine being available.

### **6.3 Purity**

The Australian Crime Commission (ACC) purity data records one seizure of cocaine by NT police in the last quarter of 2001 of 24% purity; there were none the previous two years.

### **6.4 Use**

#### **6.4.1 Prevalence of Cocaine Use**

The 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002:6) figures for cocaine use in the NT should be read with caution: a standard error of greater than 50% is indicated. The survey reports that of the population of the NT surveyed (n=1,309), 0.5% had used cocaine in the previous 12 months.

The Alcohol and Other Drug Treatment Services in Australia 2000 – 2001 National Minimum Data Set (AODTS-NMDS) (Australian Institute of Health and Welfare, 2002:14) does not indicate any clients reporting to treatment agencies in the NT who named cocaine as their principal drug of concern.

Figures reporting the last drug injected by clients of the Darwin NSP report that cocaine was the last drug injected by 1% of clients for the period July-September 2002 (n=1544).

Sixty percent of the 2002 IDU sample had used cocaine at some time in their lives but only 10% had used it in the past 6 months. Cocaine was the drug of choice for 3% of the IDU sample, all of who were aged over 25. No IDU respondents reported cocaine as the drug most frequently injected nor as the last drug injected and no one reported using it the day prior to interview.

#### **6.4.2 Current Patterns of Cocaine Use**

Among the 10% (n=11) IDU respondents who did use cocaine in the previous 6 months, the median number of days use during was 2 (range 1-16 days). Seven percent of the sample had injected cocaine, 5% had snorted it and 1% swallowed.

### **6.5 Trends in Cocaine Use**

During the 3 years that the IDU sample has been conducted the proportion of the sample that used cocaine during the previous 6 months decreased from 18% in 2000 to 13% in 2001 to 10% in 2002. Median days use has stayed low at 3 days in the previous 6 months in 2000 and 2 in 2001 and 2002. There were no daily users in 2000 nor in 2002, and one in 2001.

### **6.6 Summary of Cocaine Trends**

- Prevalence of cocaine use in the NT is low and has decreased during the past three years.

# 7.0 CANNABIS

Sixty-one percent of the IDU sample (n=68) commented on aspects of price, purity and availability of cannabis and 13 key informants reported on cannabis as the primary drug used by most of their clients.

## 7.1 Price

The quantities of cannabis for which IDU quoted prices were 1 gram, 2 grams, a bag, a quarter ounce, half ounce and an ounce. The median prices quoted are recorded in Table 10 below. Although the range of reported prices for most quantities is often wide, most prices quoted clustered very consistently to the median price.

The great majority of the 68 respondents (n=61) reported that the price was stable during the past 6 months.

**Table 10: Quantity and price of cannabis purchased 6 months prior to the survey, IDU sample, 2002 (n=111)**

Quantity	Number of purchasers	Median price (\$)	Price range (\$)
1 gram	14	25	12.50-25
2 grams	29	25	25-50
Bag	16	25	25-250
¼ ounce	16	78	50-125
½ ounce	21	150	50-200
1 ounce	30	300	250-400

All key informants who commented on the price of cannabis named \$25 as the standard price for a deal (a stick or a bag), which was generally said to vary between 1 and 1.5 grams. Two KI reported that while the price had remained the same, the size of a deal had decreased. It was also stated that the price of cannabis is very much higher, at least double, in remote communities in the NT.

ABCI price data report uniform prices of \$25 for a deal (approximately 1 gram) of leaf, head, skunk or hydroponic cannabis. Prices for head, skunk and hydroponic cannabis are reported as \$250-350 for an ounce bag (28 grams). These prices are consistent with those reported by IDU, as recorded in the table above. ABCI data also reports a price of \$3,000-3,500 for a pound of head, skunk and hydroponic cannabis, and \$350 for an ounce of hash/resin.

## 7.2 Availability

All IDU reported that cannabis is easy or very easy to access. The last time they accessed cannabis the majority obtained it from a friend (n=31), a dealer’s home (n=19), a street dealer (n=10) or home delivery (n=5), and the modal time taken was 5 minutes.

Key informants concurred with the view that cannabis is readily available, noting that many users sell cannabis to support their own use.

Key informants from the police reported an increase in the production of hydroponic cannabis locally in the NT, and more imported from interstate. Several KI spoke with concern about the increased availability of cannabis in remote Aboriginal communities.

### 7.3 Purity

Of the 68 IDU who reported on purity, most said it was high (n=35) or medium (n=25). The majority (n=44) reported that purity had remained stable during the past 6 months and 9 believed it had increased.

There are no ACC purity data for the NT for cannabis.

### 7.4 Use

#### 7.4.1 Prevalence of Cannabis Use

Figures in the 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002:6) indicate that 24.4% of the NT population that was surveyed (n=1,309) had used cannabis in the past 12 months. This is a higher proportion than any other state or territory and the average across Australia is 12.9%.

The Alcohol and Other Drug Treatment Services in Australia 2000 – 2001 National Minimum Data Set (AODTS-NMDS) (Australian Institute of Health and Welfare, 2002:14) shows 9.7% of clients seeking help from alcohol and other drug treatment agencies in the NT who nominated cannabinoids as their principal drug of concern. This is the third lowest in the country (range 6.7% in ACT to 20.7% in WA; 14.0% across Australia).

Almost all of the 2002 IDU sample (94%) had used cannabis at some time in their lives, and 83% had used it during the past 6 months.

Key informants reported that nearly all the people with whom they come into contact use cannabis, whether or not cannabis was their main drug of use.

#### 7.4.2 Current Patterns of Cannabis Use

##### 7.4.2.1 Forms of cannabis used

Eighty-three percent of the IDU sample had used hydroponic cannabis in the past 6 months, 72% had used bush cannabis, 24% had used hash and 23% had used hash oil. Hydroponic cannabis was the form most used by the great majority of cannabis users (86%, and 74% of all IDU). Two percent (n=2) had mostly used hash and the remaining 10% mostly used bush cannabis. These figures are presented in the table below, indicating little change from the previous year.

**Table 11: Forms of cannabis used and used most often in 6 months prior to the survey, IDU sample, 2001 and 2002**

Form	2001 (n=135)		2002 (n=111)	
	Used %	Used most %	Used %	Used most %
Hydroponic	79	72	83	74
Bush/outdoor	60	8	72	10
Hash	30	2	24	2
Hash Oil	21	1	23	0

Source for 2001 data: O'Reilly, B. 2002

Key informants reported that bucket bonges were the most common mode of use among young people.

#### 7.4.2.2 *Frequency of use*

Forty-four percent of the total IDU sample or 53% of cannabis users reported daily cannabis use during the previous 6 months, and 75% of cannabis users had used it for a minimum of 90 days, which equates to one day in every 2, during this time.

The great majority of key informants reported that most people with whom they come into contact use cannabis most days, and generally several times a day. Key informants expressed concern about young people who mix cannabis with alcohol, and also sometimes with speed powder, and/or benzodiazepines.

Concern was expressed about cannabis use in remote communities, where people are said to smoke whatever cannabis they can access until it is gone, with perceived consequences of violence, domestic violence, psychosis and self-harm.

Concerns about mental health problems among young people were also expressed more widely. Increasing amounts of paranoia, depression, violence and aggression were all cited as results of heavy cannabis use, often, but not always, in association with alcohol.

### **7.5 Trends in Cannabis Use**

Consistently high proportions of the IDU sample have used cannabis during the past 6 months in each of the 3 years that the survey has been conducted (82% in 2000, 81% in 2001; 83% in 2002). The median number of days for which the 2002 IDU sample used cannabis during the past 6 months was 180 (equating to daily use): this was higher than the previous 2 years (104 days in 2000 and 90 days in 2001).

### **7.6 Summary of Cannabis Trends**

- Prices have remained stable, at \$25 a gram.
- Cannabis is very easy to access and purity has remained high.
- Most cannabis used is hydroponically grown.
- Cannabis use has remained very high among the IDU sample, with the great majority using cannabis.
- Frequency of use among the IDU sample has increased.
- Increasing concerns were expressed about cannabis use in remote communities, and about mental health and violence in association with cannabis use, among Aboriginal and non-Aboriginal young people.

## **8.0 OTHER OPIOIDS**

Sixty-nine percent of the 2002 IDU sample named an opioid as their drug of choice. Forty-six percent of the total sample nominated heroin, 20% morphine, <1% (n=1) methadone and 2% (n=2) other opiates. Eighty percent of the sample named an opioid as the drug they had most frequently injected: for 74% of the total sample this was morphine. Four percent had most frequently injected methadone and 2% heroin.

### **8.1 Morphine**

The Northern Territory has been unique as the only jurisdiction without a legislated requirement that doctors must obtain a permit before prescribing any Schedule 8 (S8) substance. From April 2003 a new system will be introduced, under which it is envisaged that all S8 substances will be subject to a base level of regulatory control. Under the new system S8 pharmacotherapies will be able to be prescribed only by accredited prescribers. However, at the time that the 2002 IDRS was conducted there was no such restriction. Additionally, prescribers have not been able to utilise maintenance pharmacotherapies such as methadone and buprenorphine in the treatment of opioid dependence.

Due to the high rates of morphine use in the NT, IDU were asked specific questions about price and availability of morphine. Seventy percent of the IDU (n=78) felt confident to comment on aspects of price and/or availability.

Ten key informants reported on morphine as the primary drug used by the majority of their clients.

#### **8.1.1 Price**

Forty-eight IDU commented on the price of 100mg of MS Contin. The great majority (n=41) reported the price as \$50. Views were divided about price changes. Forty-five percent of those who commented (35 of 77) reported the price as stable, while roughly similar numbers believed that the price was increasing (n=16), fluctuating (n=15) or decreasing (n=11).

Almost all key informants who commented on morphine quoted \$50 as the standard price for 100mg of MS Contin, though prices were said to range up to \$80-100, depending on scarcity and who the buyer is. One key informant noted that if buying “a slab” of 10, the price could drop to \$30/tablet. The price of 60mg tablets of MS Contin was quoted as \$30-40. One key informant commented that users often swap or share drugs: in this way they access morphine (or other drugs) with no financial transaction taking place.

The median price for 100mg MS Contin quoted by IDU from the 2 previous IDRS surveys was \$50.

#### **8.1.2 Availability**

Eighty-nine percent of the 78 morphine users who commented considered morphine to be very easy (n=27) or easy (n=42) to access. Just over half who commented (n=42) reported that access had remained stable over the past 6 months, while views were divided among the other half, with about a third saying availability had fluctuated.

Almost equal numbers last accessed morphine from a street dealer (n=21) or a friend (n=20). Other sources were a dealer's home (n=15) or a doctor (n=10). The modal time to obtain the last deal of morphine was 10 minutes.

Comments from key informants reflected the fact that overall availability of morphine is easy, but with ongoing temporary fluctuations, influenced by the prescribing behaviour of individual doctors, and by seasonal fluctuations with new people coming to the NT from interstate.

One KI commented that as morphine became more difficult to access from doctors, more became available on the black market. Two key informants spoke of a recent increase in invalid or elderly people selling prescribed morphine as supply from doctors had tightened, and another spoke of more coming into the NT from interstate. The general impression was that morphine had very recently become more difficult to access.

### **8.1.3 Use**

#### *8.1.3.1 Prevalence*

The 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002:6) reports that 0.8% of those surveyed in the NT used opiates other than heroin or methadone for non-medical purposes during the previous 12 months. This is the highest percentage in the country (Tasmania is the next highest at 0.7%: the rate for Australia is 0.3%).

Almost all of the 2002 IDU sample (97%) had used morphine during their lives, and 86% had done so in the past 6 months. It was the last drug injected by 69% of the sample, and 74% had used it on the day prior to interview.

NT Aids Council (NTAC) report that morphine was the last drug injected by 49% of the users of the Darwin NSP during July to September 2002 (n=1544).

#### *8.1.3.2 Current Patterns of Use*

Morphine was used by 86% of the IDU sample during the past 6 months and it was the drug most frequently injected by 74% of the 2002 IDU sample, although it was the drug of choice for only 20% of the total sample. While use of morphine was not age related, preference for it was. Only 11% (n=10) of the IDU respondents aged 25 and over (n=90) named morphine as their drug of choice, while it was the drug of choice for 57% (n=12) of those aged under 25 (n=25). The mean age of IDU who preferred heroin was 37.2, while the mean age for those choosing morphine was 27.0.

The majority of IDU respondents who used morphine (63% of morphine users) reported daily use during the previous 6 months (range 1-180 days).

All but one person who had used morphine during the past 6 months (85% of the IDU sample) had injected it, and in addition 37% of the total sample had swallowed it. As mentioned earlier in this report, frequency of injection among morphine users was high, with 91% of those for whom morphine was the drug most frequently injected reporting have injected daily or more in the preceding month. The modal rate of injection among morphine users was 2-3 times a day. This was consistent with reports from key informants.

There was sizeable overlap of licit and illicit use among morphine users. Seventy-six percent (n=84) of the total IDU sample had used illicit morphine during the 6 months prior to interview and 42% (n=47) had used licit, indicating 31% who had used both. Forty-seven percent (n=52) of the sample reported using mostly illicit morphine and 40% (n=44) mostly licit.

The main brand of morphine used by 74% (n=82) of the IDU respondents was MS Contin (100mg). Six percent (n=6) had used Kapanol and 2% (n=2) had used Anamorph.

Poly-drug use is widespread among morphine users. Among the 82 IDU respondents who reported using morphine the day prior to interview, 2 used heroin and 1 used methadone the same day. Eighteen percent (n=15) used alcohol the same day, 17% (n=14) used benzodiazepines

and 16% (n=13) used speed powder, 57% (n=47) used cannabis and 84% (n=69) used tobacco the same day. Of the 15 who used both morphine and alcohol, 5 also used benzodiazepines.

High levels of poly-drug consumption are also reflected in patterns of drugs used during the past 6 months by the 60 IDU who used morphine daily. Of these 60 people 48% (n=29) used methadone in the past 6 months (range 1-180 days, with 3 daily users); 65% (n=39) used speed powder (range 1-140 days); 15% (n=9) used base (range 1-90 days); 18% (n=11) used crystal (range 1-90 days); 58% (n=35) used benzodiazepines (range 2-180 days, with 4 daily users); 45% (n=27) used alcohol (range 1-180 days, with 4 daily users); and 83% (n=50) used cannabis (range 2-180 days, with 27 daily users).

Reports from key informants whose clients were mainly morphine users also indicated high levels of poly-drug use. They estimated that 10-50% of morphine users sporadically use methamphetamine, and that most occasionally drank alcohol, with some binge drinking and a small proportion who drink alcohol regularly. Estimations from key informants about the proportion of morphine users who also use benzodiazepines varied widely from 10-95%. KI all reported that most morphine users use cannabis. In addition, with the perceived recent difficulty in accessing morphine, KI reported that morphine users were increasingly substituting methadone, heroin, speed or benzodiazepines.

#### *8.1.3.3 Trends in Use*

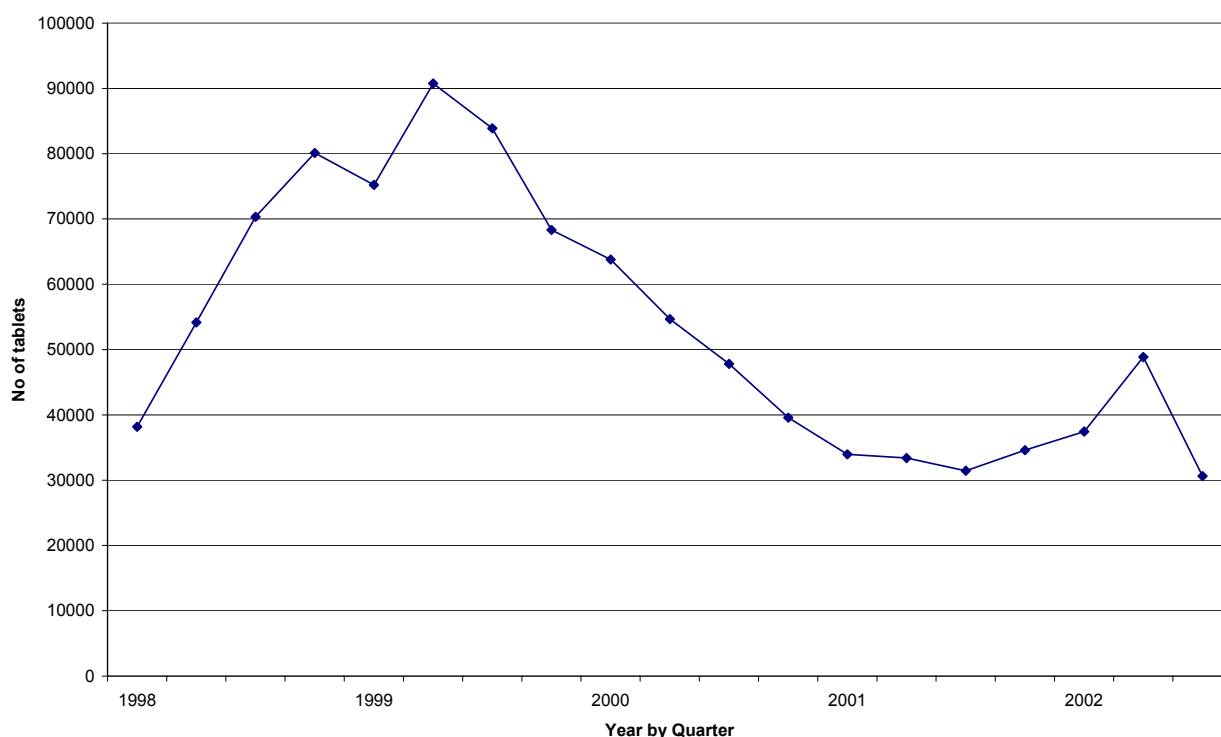
Prevalence of morphine use among the IDU sample increased from 74% in 2000 to 84% in 2001 and 86% in 2002. During this period the proportion of the sample for which morphine was the drug most frequently injected increased more rapidly, from 53% of the sample in 2000, to 65% in 2001 and 74% in 2002. The median days use in 2000 was 180 (daily), it dropped slightly in the 2001 sample, and returned to 180 in 2002.

The graph below shows the number of tablets of MS Contin 100mg dispensed in the NT each quarter, from 1998 to 2002. It demonstrates that the reduction since 2000 from the very high numbers during late 1998 and 1999 has been maintained, but with a more modest increase during the three quarters prior to the IDU interviews in June 2002. The subsequent decrease in the third quarter of 2002 coincides with the time of the 2002 key informant interviews, and corroborates their perception of decreased availability of morphine from doctors.

The graph illustrates that during the three years that the IDRS IDU interviews have been conducted, the progressive increase in prevalence and frequency of morphine use among IDU has not been directly correlated with numbers of tablets prescribed. The increase in the first 2 quarters of 2002 is however consistent with the increased proportion of IDU morphine users who indicated in 2002 that they used more licit than illicit morphine (36% of morphine users in 2001, compared with 47% in 2002).



**Figure 2: Number of tablets of MS Contin 100mg prescribed NT, 1998 – 2002**



Source: Poisons Control Branch, NT Department of Health and Community Services

## 8.2 Methadone

In the Northern Territory at the time of the 2002 IDRS interviews, and for the earlier IDRS surveys, methadone treatment has been available for withdrawal, but not for maintenance. Methadone maintenance programs commenced in the NT in September 2002.

### 8.2.1 Prevalence

Use of methadone in the 2001 National Household Survey (Australian Institute of Health and Welfare, 2002:6) is reported for 0.3% of the NT population surveyed. This figure should be read with caution: a relative standard error of greater than 50% is noted.

Methadone had been used by 67% of the 2002 IDU sample at some time in their lives, and by 37% in the 6 months prior to interview. Only 5% of the IDU sample named methadone as the drug they last injected, and the same percentage used methadone the day prior to interview.

These figures are consistent with those reported by the NT Aids Council (NTAC) for the Darwin NSP, which indicate that 3% of those using the NSP reported methadone as the last drug injected.

### 8.2.2 Current use

Thirty-seven percent (n=41) of the 2002 IDU sample had used methadone during the past 6 months and it was the drug most frequently injected by 4% (n=4).

At the time of interview there were 7 people currently in methadone withdrawal treatment, and 9 had been in the previous 6 months.

The median days use among those who used methadone during the past 6 months was 12 (range 1-180 days). Seven percent (n=8) of the IDU sample used methadone daily during the previous 6 months, of whom 5 were currently in methadone withdrawal treatment.

The majority of respondents who used methadone injected it, though a considerable proportion swallowed too. Thirty percent (n=33) of the IDU sample (81% of methadone users) injected methadone in the past 6 months and 26% of the total sample (n=29) (71% of methadone users) swallowed, indicating that approximately two thirds of methadone users did both.

Illicit physeptone tablets were the most widespread and most frequent form of methadone used among the IDU sample, though several respondents had used both licit and illicit. Twenty-eight percent (n=31) of the total sample had used illicit physeptone during the past 6 months and 13% (n=14) had used licit physeptone tablets. Most (n=28) reported illicit tablets as the form of methadone they had most frequently used.

A smaller proportion of IDU reported using methadone syrup in the past 6 months. Five percent (n=6) had used licit syrup, and 4% (n=4) had used illicit syrup, though all who had used syrup had used more licit than illicit. (These figures are presented below, in Table 12, along with figures from the 2001 IDU sample).

Consistent with the increased use of illicit physeptone tablets reported by IDU, 2 key informants commented that methadone had recently become more available, cheaper and more commonly used, as morphine had become more difficult to access.

Poly-drug use was evident among methadone users. Of the 6 IDU respondents who reported using methadone the day prior to interview, 2 had also used morphine, 2 used benzodiazepines, 2 used speed powder and 2 used cannabis the same day. None had used alcohol.

### **8.2.3 Trends in use**

Prevalence of methadone use among the IDU sample has remained stable during the past 2 years, following an increase from 2000. It was used, in the previous 6 months by 23% of the IDU sample in 2000, 36% in 2001 and 37% in 2002, and was the drug most frequently injected by 3% of the sample in 2000, 2% in 2001 and 4% in 2002. Median days use among the 2002 sample is lower however, dropping from 27 days in the past 6 months in 2000, 26 in 2001 to 12 in 2002.

The National Pharmacotherapy Statistics (published by the Drug Strategy Branch of the Commonwealth Department of Health and Ageing) reports on a census taken on 30<sup>th</sup> June each year of clients registered in pharmacotherapy maintenance treatment. The statistics show 25 registered methadone clients in the NT in 2001 and 21 in 2002. These clients would have been receiving methadone withdrawal treatment.

The table below shows that while the Pharmacotherapy Statistics indicates similar numbers of clients in methadone withdrawal programs in the NT at the census date in 2001 and 2002, the IDU sample in 2002 includes a smaller proportion of respondents using methadone syrup than in the previous year. Unlike in 2001, none of the 2002 IDU methadone users were using mostly illicit syrup.

In 2002 the majority of IDU methadone users were using physeptone tablets, and a higher proportion than the previous year were using diverted tablets.

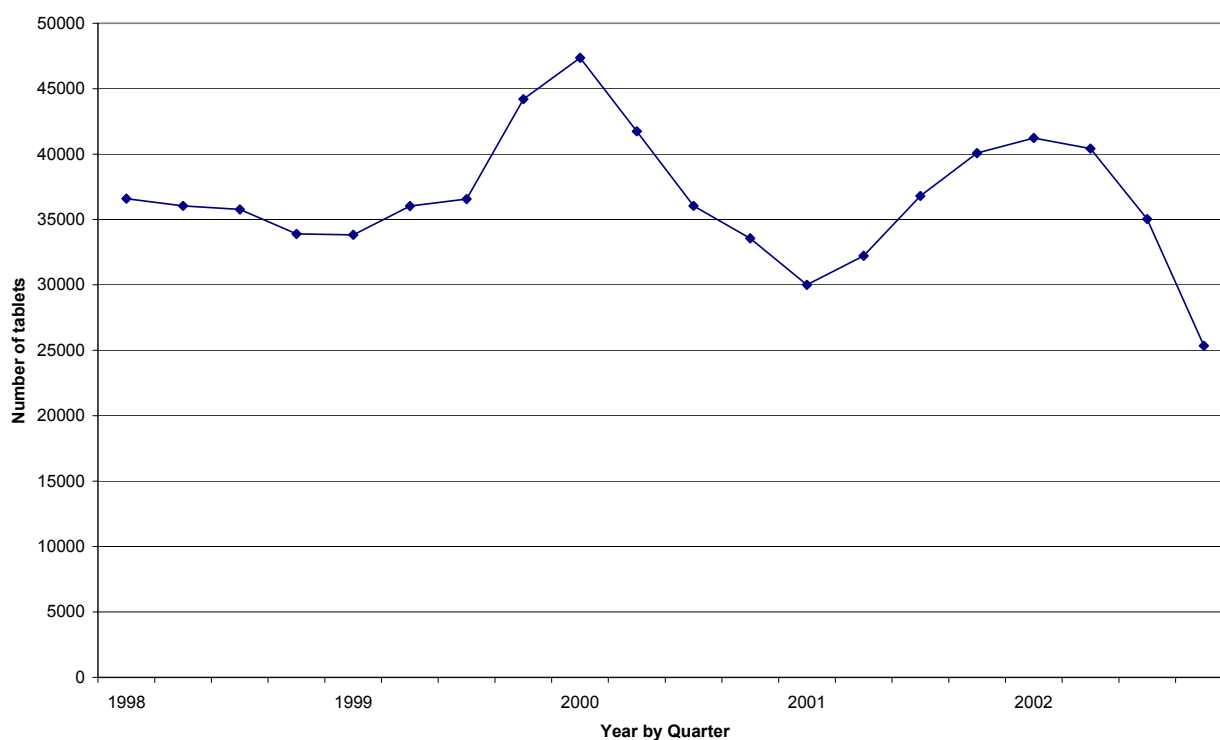
**Table 12: Forms of methadone used and used most often in 6 months prior to the survey, IDU sample, 2001 and 2002**

Form	2001 (n=135)		2002 (n=111)	
	Used %	Used most %	Used %	Used most %
Licit methadone syrup	15	13	5	5
Illicit methadone syrup	10	7	4	0
Licit physeptone tablets	8	6	13	10
Illicit physeptone tablets	17	10	28	25

Source for 2001 data: O'Reilly, B. 2002

Figure 3 below presents the number of 10mg physeptone tablets prescribed between 1998 to 2002. It indicates an increase in the number of tablets prescribed during 1999, with a subsequent decrease. The more recent peak in early 2002 coincides with the period relevant to the 2002 IDU responses, which reported increased levels of diverted physeptone.

**Figure 3: Number of tablets of methadone 10mg NT, 1998 - 2002**



Source: Poisons Control Branch, NT Department of Health and Community Services: Note: Data for last 2 quarters of 2002 is incomplete

### 8.3 Buprenorphine

Buprenorphine was not legally accessible in the Northern Territory for the treatment of opioid dependence until July 2001 when it was endorsed for prescription by accredited prescribers for withdrawal, but not for maintenance. This was the situation when the 2002 IDRS survey was conducted. In September 2002 ministerial guidelines were approved which allowed accredited prescribers to prescribe buprenorphine for maintenance treatment of opioid dependence.

### **8.3.1 Current use**

Twenty-two percent of the IDU sample had ever used buprenorphine. Fourteen percent (n=16) of the IDU sample used buprenorphine during the past 6 months and the median days use was 3 (range 1-60).

Only 4 people had ever injected buprenorphine and one person injected it during the last 6 months. All 14% who had used buprenorphine in the last 6 months had swallowed it.

Ten percent (n=11) of the IDU sample had used illicit buprenorphine in the past 6 months, and this was the form they had used mostly. Four percent (n=4) had used and used mostly licit buprenorphine (figures for one person are missing).

Figures for buprenorphine use were not collected in previous years so no comparisons are possible.

## **8.4 Homebake**

Twenty-six percent of the IDU sample had used homebake at some time in their lives, but only 3% (n=3) had used it in the last 6 months, all of whom had injected it.

## **8.5 Other Opiates**

### **8.5.1 Prevalence**

Other opiates had been used at some time by 56% of the IDU sample, and by 24% (n=27) in the previous 6 months.

### **8.5.2 Current use**

Those using other opiates had used them for a median of 6 days during the previous 6 months (range 1-180 days). One person had used them daily. The majority of other opiate users (21% of the total sample, n=23) had swallowed them and five percent (n=6) injected.

Most of the IDU who reported use of other opiates obtained them licitly. Seventeen percent of all IDU (n=19) reported that they had used licit other opiates, and 8% (n=9) had used illicit. Seventeen percent reported that most of their other opiate use was licit, and 5% (n=6) used mostly illicit other opiates (figures for 2 IDU are missing).

The main form used by 80% (n=20) of those who used other opiates was Panadeine Forte.

### **8.5.3 Trends in use**

Use of other opiates, in the 6 months prior to the interview, has increased during the past 3 years from 2% of the 2000 IDU sample, 7% in 2001 and 24% in 2002. The median number of days that IDU respondents had used other opiates during the previous 6 months was 1 in 2000, 7 in 2001 and 6 in 2002.

The increase in use of other opiates between the 2001 and 2002 IDU samples appears to be largely accounted for by the increased numbers of IDU attaining them licitly, though an increase in illicit use is also evident.

**Table 13: Forms of other opiates used and used most often in 6 months prior to the survey, IDU sample, 2001 and 2002**

Form	2001 (n=135)		2002 (n=111)	
	Used %	Used most %	Used %	Used most %
Licit other opiates	5	3	17	17
Illicit other opiates	3	2	8	5

Source for 2001 data: O'Reilly, B. 2002.

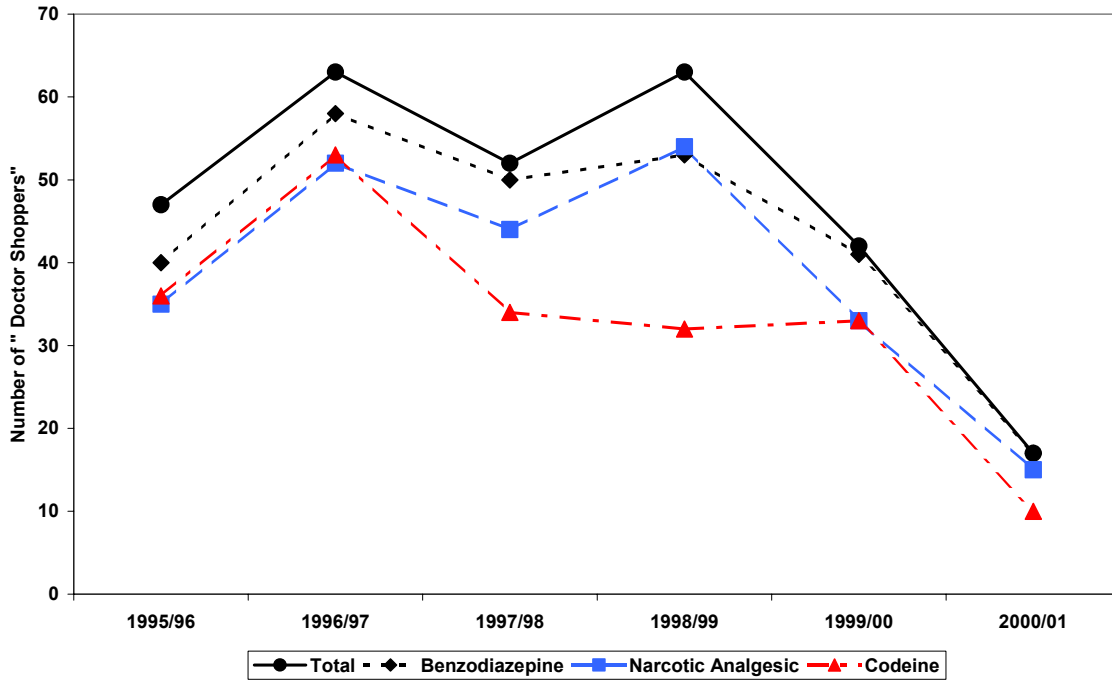
## 8.6 “Doctor shopping”

The Health Insurance Commission (HIC) identifies people as “doctor shoppers” if in one year a person sees 15 or more different general practitioners, has 30 or more Medicare consultations, or obtains more PBS prescriptions than appears to be clinically necessary.

HIC 1999/2000 data reports benzodiazepines, codeine compounds and narcotic analgesics as the drugs most frequently accessed through doctor shopping. ([http://www.hic.gov.au/providers/publications\\_guidelines/program\\_review\\_fact\\_sheets/doctor\\_shopping.htm](http://www.hic.gov.au/providers/publications_guidelines/program_review_fact_sheets/doctor_shopping.htm))

Figures supplied by the HIC, shown in Figure 4 below, indicate that in the NT the number of “doctor shoppers” for benzodiazepines, narcotic analgesics and codeine all dropped in 1999/00 and again in 2000/01. This coincides with the introduction of a voluntary contract system to the NT, established in January 1999, for patients receiving Schedule 8 medications, and also used for some Schedule 4 medications. Under the contract system patients nominate one doctor for prescribing and one pharmacy for dispensing. This information is lodged with the Poisons Control Branch, NT Department of Health and Community Services.

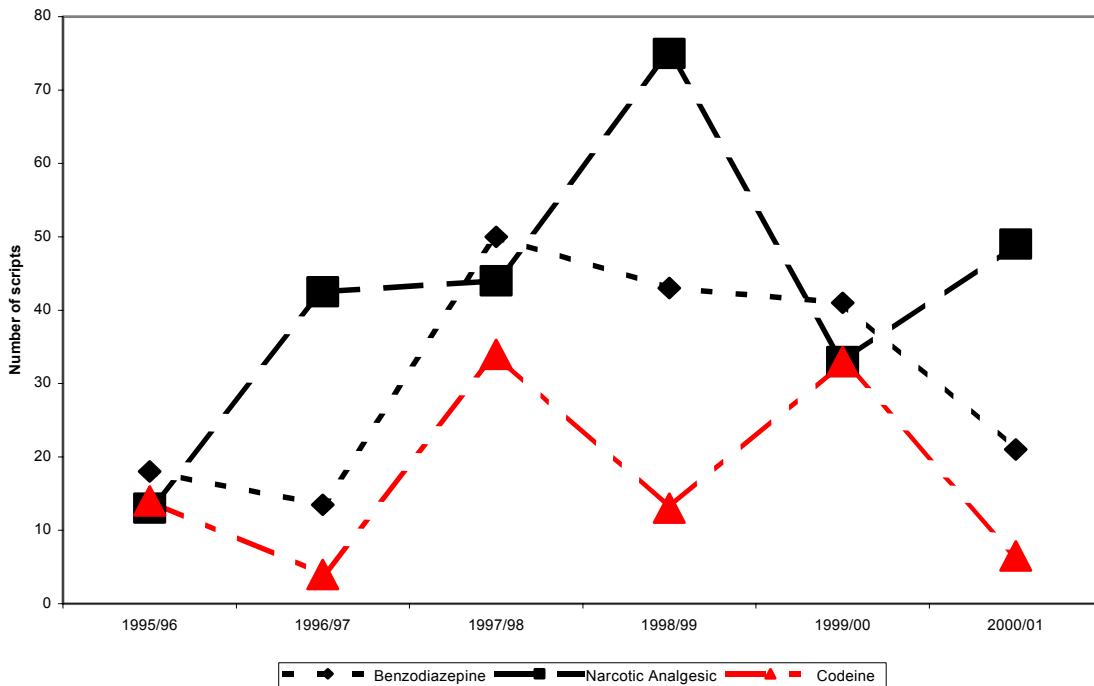
**Figure 4: "Doctor shoppers" for three main drugs classes NT, 1995/6-2000/01**



Source: Health Insurance Commission

Figures also supplied by the HIC indicate that since the introduction of the voluntary contract system, the overall number of scripts accessed by those who continue to doctor shop have decreased for codeine and benzodiazepines but increased for narcotic analgesics (see Figure 5 below).

**Figure 5: Median number of scripts for three main drug classes per doctor shopper NT 1995-2001**



Source: Health Insurance Commission

## 8.7 Summary of Trends in Other Opioids

### Morphine:

- The price has remained generally stable at \$50 for 100mg of MS Contin
- Access is very easy and stable overall, although there are temporary fluctuations.
- Morphine is the preferred opioid among under 25 year olds in the IDU sample.
- Morphine is the most widely injected drug and prevalence of use remains high.
- The proportion of the IDU sample using morphine as the most frequently injected drug has increased steadily since 2000.
- A high proportion of morphine users use on a daily basis.
- High numbers of morphine users continue to use both licit and illicit morphine. Almost all users inject morphine, though some also swallow.
- Poly-drug use among morphine users is high.

### Methadone:

- Prevalence of use of methadone has remained stable, though frequency of use has dropped.
- Rates of daily methadone use are low.
- A smaller proportion of the 2002 IDU sample were using methadone syrup.
- There has been an increase in the use of physeptone tablets among the IDU sample and an increase in the illicit use of them.

### Other opiates

- There has been an increase in the number of IDU reporting use of other opiates, the majority of which is licit.

### “Doctor shopping”

- There has been a decrease in the number of doctor shoppers in the NT since 1998/9 to 2000/01 (data for 2001/02 is not yet available).
- The number of scripts prescribed to the remaining doctor shoppers for codeine and benzodiazepines has decreased, but scripts for narcotic analgesics have increased.

## 9.0 OTHER DRUGS

### 9.1 Benzodiazepines

Fifty-three percent of the IDU sample had used benzodiazepines in the past six months, and provided information about their use. In addition, interviews were held with 6 key informants who come into contact with benzodiazepine users.

#### 9.1.1 Prevalence of use

The 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002:6) reports that 1.1% of the 1,309 people surveyed in the NT had used tranquillisers/sleeping pills for non medical purposes during the past 12 months. This is the average proportion across Australia (range 0.9-1.7%)

The Alcohol and Other Drug Treatment Services in Australia 2000 – 2001 National Minimum Data Set (AODTS-NMDS) (Australian Institute of Health and Welfare, 2002:14) shows 0.2% of clients seeking help from alcohol and other drug treatment agencies in the NT who registered benzodiazepines as their principal drug of concern. This is lower than all other States and Territories (the next lowest is WA with 1.2%; the overall rate for Australia is 2.1%).

Figures from the Darwin NSP show that 1% of those using the Darwin NSP (n=1544) during July – September 2002 reported benzodiazepines as the drug most recently injected.

Among the 2002 IDU sample, benzodiazepines had been used by 77% of respondents at some time in their lives, and, as noted above, by 53% in the past 6 months. One IDU respondent named benzodiazepines as their drug of choice.

Key informants reported that benzodiazepines may be the drug of choice for a few users but the majority who use benzodiazepines are primarily morphine (or methadone) users, who use benzodiazepines when access to morphine is difficult. KI whose clients were mainly morphine users estimated between 10-95% of morphine users also used benzodiazepines, 70% being the most common estimation.

#### 9.1.2 Current patterns of use

Sixteen percent of the 2002 IDU had used benzodiazepines the day prior to interview: no respondents reported them as the drug most frequently injected. The median number of days use in the past 6 months among those using benzodiazepines was 10 (range 2-180 days) and 6% of the sample (n=7) were daily users.

Thirty-four percent of the total sample (n=38) reported using licit benzodiazepines in the past 6 months and 30% (n=33) used illicit, indicating 11% (n=12) who used both. Of the total IDU sample 30% (n=33) had used mainly licit benzodiazepines and 23% (n=25) mainly illicit.

Estimations from key informants about the proportions using licit and illicit benzodiazepines varied. As one key informant noted, while users may access their tablets licitly, they often use them very differently to the ways prescribed, using 10 or more a day as a substitute for morphine, and/or selling, giving or trading them with friends.

IDU respondents who had used benzodiazepines in the past 6 months were asked separate questions about their use from January to April 2002, and since May 1<sup>st</sup> 2002 to explore the impact of prescribing restrictions that were introduced on May 1<sup>st</sup> 2002 to address growing concerns about injection of benzodiazepines, particularly temazepam capsules. The



Commonwealth Department of Health and Ageing has commissioned NDARC to assess the impact of the new restriction. The findings of this study will be reported separately.

Of those using benzodiazepines between January and April (31% of IDU, n=34), 4 out of 5 (n=27) reported that they obtained them from their doctor for genuine symptoms. Other sources were friends (n=11) and street purchases (n=2). After May 1<sup>st</sup> the sources were the same, used by similar proportions of those accessing benzodiazepines during that time. Of those obtaining benzodiazepines from their doctor, half of them (n=17) were able to obtain them all the time, 11% (n=4) most of the time, and only one person less than half the time.

The most common mode of use for benzodiazepines was swallowing (reported by 57 of the 59 benzodiazepine users). In addition 19 IDU reported that they injected benzodiazepines, indicating that about one in 3 respondents who had used benzodiazepines in the past 6 months had used both routes.

Poly-drug use was widespread among those who used benzodiazepines. Of the 18 IDU who used benzodiazepines the day prior to interview 14 had used morphine the same day, 5 had used alcohol, 4 used speed powder and 2 used methadone. In addition 14 had used cannabis the same day. Five used morphine, alcohol and benzodiazepines the day prior to interview.

As suggested by these figures, IDU who reported morphine as the drug most frequently injected in the preceding month were the most likely to also use benzodiazepines. Fifty-seven percent of those who most frequently injected morphine had also used benzodiazepines in the preceding 6 months, with a median use of 10 days during that time. Thirty-three percent of IDU respondents who had most frequently injected methamphetamine during the past month had also used benzodiazepines, for a median of 4 days in the previous 6 months.

Key informants who were pharmacists reported high proportions of those accessing benzodiazepines who were also receiving prescribed morphine or methadone.

### **9.1.3 Trends in use**

Between 2000 and 2001 both rates and frequency of use of benzodiazepines almost doubled, from 29% of the 2000 sample, with a median of 12 days use in the previous 6 months, to 53% in 2001 and a median of 26 days use. In 2002 the rates of use have remained the same as in 2001 but the frequency of use dropped back to a median of 10 days.

The proportion of the 2002 IDU sample that injected benzodiazepines in the past 6 months was lower than the previous two years. In 2000 19% injected benzodiazepines and 19% swallowed them, in 2001 27% injected and 47% swallowed, and in 2002 17% of the sample injected and 51% swallowed.

## **9.2 Ecstasy**

Australian Bureau of Criminal Intelligence (ABCI) 2002/2002 price data records seizures of ecstasy tablets estimated at between \$40-80 dollars, with a note that ecstasy was imported from southern states to take commercial advantage of the price difference.

ABCI purity data reports 10 seizures of MDMA that were analysed for purity in the first 2 quarters of 2002. Overall purity was 19.5% (range 17.5-22.0).

The 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002:6) reports 2.8% of the NT population surveyed (n=1,309) used ecstasy or designer drugs during the past 12 months. This is close to the average proportion across Australia (average=2.9%: range 1.7-4.8%)

Less than 1% of those using the Darwin NSP (n=1544) reported ecstasy as the drug most recently injected.

Ecstasy had been used by 62% of the 2002 IDU sample at some time in their lives, and by 34% in the past 6 months. The median number of days use in the past 6 months was 2 (range 1-70 days) Twenty-one percent (n=23) of the 2002 sample reported swallowing ecstasy in the past 6 months and the same proportion (21%) reported injecting.

One key informant whose clients use mainly methamphetamine reported a new trend of rectal insertion of ecstasy among young people, and another KI referred to ketamine being sold as ecstasy.

Three key informants mentioned new or increased access to party drugs. Names mentioned were Special K, liquid acid and divine sage, and four KI mentioned an increase in fantasy during the past year.

### **9.2.1 Trends in use**

The proportion of the IDU sample using ecstasy increased from 21% in 2000 to 31% in 2001 and has remained at a similar level of 34% in 2002.

Frequency of use is low and has dropped during the three years of the survey, from a median of 5 days in the past 6 months in 2000, to a median of 3 days in 2001 and 2 days in 2002. The proportion injecting has remained very similar to the previous year (22%), though higher than in 2000 (9%).

## **9.3 Hallucinogens**

The 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002:6) reports that 1.7% of the NT population surveyed used hallucinogens during the previous 12 months. This is higher than the average proportion across Australia (average=1.1%: range 0.9-2.0%)

Seventy-seven percent of the 2002 IDU sample had ever used hallucinogens and only 9% used them in the 6 months prior to interview. The median days use during the past 6 months was 2 days. Of those using hallucinogens, 7% swallowed and 5% injected them.

### **9.3.1 Trends in use**

Figures show a drop in the proportion of the IDU sample using hallucinogens, from 33% in 2000, to 18% in 2001, down to 9% in 2002. Frequency of use is also slightly lower, from a median of 4 days in the past 6 months in 2000, 5 days in 2001 to 2 days in 2002.

## **9.4 Anti-depressants**

Forty-six percent of the IDU sample had ever used anti-depressants, and 21% used them in the previous 6 months, for a median of 24 days in that time (range 1-180 days).

Only 4% of the total sample (n=4) used anti-depressants illicitly, and one person injected them. The most common estimation from key informants was that 20% of their clients used anti-depressants, and none believed that their clients used them in other than prescribed doses.

The proportion of the 2002 IDU sample using anti-depressants was similar to that in previous years: 24% reported using them in 2000 and 27% in 2001.

## **9.5 Inhalants**

Twenty-eight percent of the 2002 IDU sample had used inhalants at some time, but only 3% (n=3) in the past 6 months, with a median use of 1 day. This was a lower prevalence rate and frequency than in the 2 previous IDU samples. In 2000 5% had used inhalants in the preceding 6 months for a median of 7 days, in 2001 5% had used for a median of 3 days.

Two youth workers were the only key informants who reported on current use of inhalants among their clients. They reported that inhalant use was highest among the under 16 age group, then decreased with age.

## **9.6 Summary of Other Drugs**

- The proportion of IDU using benzodiazepines has stabilised in 2002 at the same level as in 2001, which was a sizeable increase since 2001, but frequency of use has dropped and the proportion of people injecting benzodiazepines has dropped. The majority of those using benzodiazepines access them from their doctor.
- The proportion of IDU using ecstasy has remained stable. One in three of the IDU use ecstasy but frequency of use has remained low. About two thirds of those using ecstasy inject it.
- The proportion of IDU using hallucinogens has continued a steady decline and prevalence and frequency of use is low.
- Use of anti-depressants remains stable and there is little misuse of these drugs.

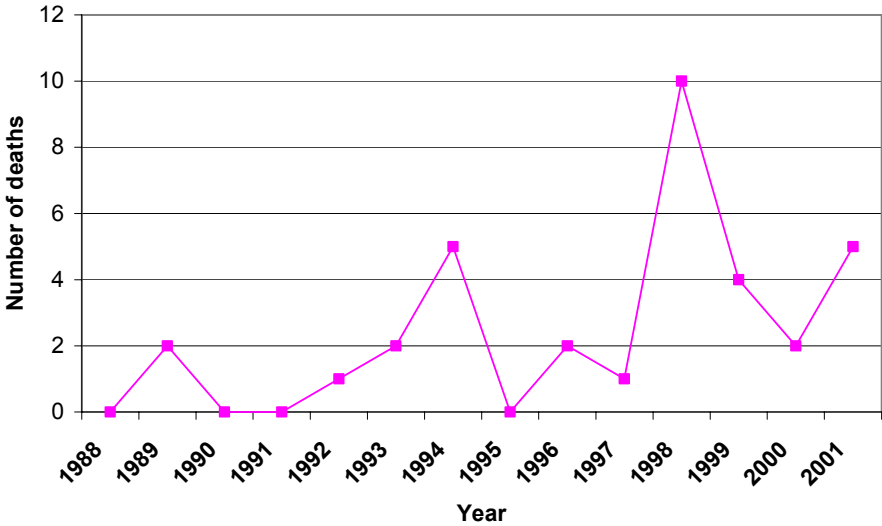
# 10.0 Drug-Related Issues

## 10.1 Opioid overdose

2001 Australian Bureau of Statistics data (Degenhardt, 2002) on opioid overdose deaths in Australia report a large decrease in deaths in the 15-44 age group, dropping from 725 in 2000, to 306 in 2001. This represents a decrease from 84.8 opioid overdose deaths per million persons aged 15 to 44 years in 2000, to 35.9 in 2001. Data for 2002 are not yet available.

Figures for opioid deaths among 15-44 year olds in the NT from 1988-2001 are presented in Figure 6 below. The graph does not reflect the national trend, but the numbers are very small and local trends should be read with great caution. In 1999 there were 4 deaths from overdose, in 2000 there were 2, and in 2001 there were 5, all of whom were male.

**Figure 6: Number of opioid overdose deaths among those aged 14-44 years in the NT, 1988-2001**



Source: Degenhardt, 2002

St John Ambulance Australia (NT) report that during 2002, Narcan was administered with a positive effect on the person’s condition to 37 out of 48 cases of poisoning or overdose where the patient was unconscious. These figures cover the northern region of the NT (which includes Darwin, Katherine and Nhulunbuy).

None of the 2002 IDU respondents reported experiencing an overdose in the month prior to interview. Rates in the previous IDU samples were 18% in 2000, dropping to 10% in 2001.

Despite the high rates of morphine use among the IDU sample, only 3 of the 2002 IDU respondents had ever overdosed on morphine, one person once, one 3 times, and one 5 times. The most recent of these occasions ranged from one month prior to interview to 3 years prior.

By contrast, a third (n=37) of the 2002 IDU respondents had overdosed on heroin at some time in the past, ranging from once to 12 times (median 2). The median time since the last heroin overdose was 4 years (range 6 months to 13 years). Twenty-six respondents said they had been administered Narcan after a heroin overdose, between 4 months to over 12 years ago, with a median time of 4 years.

Fifty-five percent of the sample had been present when someone else overdosed. The median number of times was 4 (range 1-100 times). The mean length of time since IDU respondents were present at an overdose was 4 years (range 2 weeks to 13 years).

**10.2 Injection-Related Problems**

Approximately two thirds of the 2002 IDU sample had experienced injection-related health problems in the previous month. The most frequently experienced problem was prominent scarring and/or bruising, reported by 44% of the sample, followed by difficulty injecting, experienced by 31%.

These data are reported in the table below, with comparable figures for the previous 2 IDU samples.

**Table 14: Injection-related health problems in the month prior to the survey, 2000-2002 IDU sample**

Type of problem	2000 (n=100) %	2001 (n=135) %	2002 (n=135) %
Prominent scarring and/or bruising	57	40	44
Difficulty injecting	49	41	31
Dirty hit	38	40	18
Abscesses/infections from injecting	16	13	12
Thrombosis	10	9	5
Overdose	18	10	0

Source for 2001 and 2000 data: O'Reilly, B. 2002 and O'Reilly, B & Rysavy, P. 2001.

Note: More than one response could be given.

The proportion of the 2002 IDU sample who had experienced health-related problems was lower for every reported problem than in 2000, and had decreased for all except prominent scarring and/or bruising since the 2001 survey.

This is consistent with reports from key informants that injecting practices had improved in the past year. KI reported a growing knowledge among IDU of safe injecting practices, reduced needle sharing and fewer overdose problems.

Those who did express concern about injecting practices referred to young people, and benzodiazepine users. Key informants reported that young people were less likely to access health services, and had difficulty obtaining clean needles. While ongoing problems of vein damage, infection and swollen joints were reported as a result of benzodiazepine injection, other key informants referred to fewer people injecting benzodiazepines. This accords with the IDU responses reported above.

### 10.3 Sharing of Injection Equipment

Ninety-four percent of the 2002 IDU respondents reported that they had not shared needles with anyone during the month prior to interview. Of the 6% (n=7) who had shared, 5 had only shared with one other person, though one reported to have shared with more than ten people. The number of times shared ranged from once (n=3) to 6-10 times (n=1). The people with whom they shared were reported to be close friends (n=4) or a regular sex partner (n=3).

Nine percent (n=10) of IDU respondents reported that someone else used a needle after they had used it.

Questions were also asked about sharing other equipment. The most frequently shared items were tourniquets by 16% (n=18); spoons or mixing equipment by 15% (n=16); filters by 10% (n=11); and water (n=8).

Needle-sharing was reported as lower than in previous years as indicated in the table below, but no overall change in reported behaviour can be seen.

**Table 15: Sharing of injection equipment in the month prior to the survey, 2000-2002 IDU sample**

Shared injection equipment	2000 (n=100) %	2001 (n=135) %	2002 (n=135) %
Shared tourniquets	12	17	16
Shared spoons/mixing equipment	22	30	15
Shared filters	9	12	10
Shared water	8	7	8
Lent used needles to others	11	10	9
Borrowed used needle	11	11	6

Source for 2001 and 2000 data: Topp, L. et al. 2002 and Topp, L. et al 2001

#### 10.3.1 Blood borne viruses

Blood borne viruses (BBV) can be transmitted through sharing needles, syringes and other injecting equipment, consequently IDU have a higher exposure to risk of contracting hepatitis B (HBV), hepatitis C (HCV) and HIV than the general population.

Since 1994 all jurisdictions have reported incident (newly acquired) cases of HBV to the National Notifiable Diseases Surveillance System (NNDSS). Some jurisdictions also report risk factors identified with notifications of incident HBV, though the NT is not one of them. For jurisdictions that do report risk factors, the 2000 NNDSS Annual Report indicates that injecting drug users constituted the highest risk category (range 50-100% incident HBV cases) (Communicable Diseases Network Australia, Annual Report of the NNDSS 2002).

Unlike other states and territories, the NT does not report unspecified cases of HBV (those where the timing of acquisition is not known).

Figures for notification of incident HBV infections in the NT are reported below in Table 16 The 2000 NNDSS Annual Report (ibid) notes that in 2000 the NT reported the third highest rate of incident HBV in Australia, at a rate of 3.1 cases per 100,000 population. As indicated in the table below, although the number of notifications in 2002 (n=16) is higher than the previous 2 years (2000: n=10; 2001: n=13), it remains lower than in earlier years.

It should also be noted however, that as the NNDSS reports (Communicable Diseases Network Australia, Annual Report of the NNDSS 2002), trends in blood borne virus notifications are likely to reflect changes in surveillance practices rather than true changes in disease activity.

**Table 16: Number of notifications of incident blood-borne viruses NT, 1997-2002**

<b>Blood Borne Virus</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>
HBV incident notifications	19	18	17	10	3	16
HCV incident & unspecified notifications	295	233	191	183	213	180
HIV incident notifications	3	2	1	2	3	n/a

Source for HBV and HCV data: Communicable Diseases Network Australia – National Notifiable Diseases Surveillance System, personal communication.

Source for HIV data: National Centre for HIV Epidemiology and Clinical Research 2002 HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report.

HCV cases are also reported to the NNDSS, though it is acknowledged that the number of notifications vastly underestimates the true incidence of HCV in Australia (Communicable Diseases Network Australia, Annual Report of the NNDSS 2002). In the NT incident and unspecified cases are reported together. The NT, along with 3 other jurisdictions, collects additional information on exposure assessment for incident HCV infections. In all 4 jurisdictions injecting drug use was the most common mode of transmission, accounting for 60% of incident cases in the NT (range 60-86% incident HCV cases across the 4 jurisdictions).

HCV cases, with incident and unspecified combined, are reported in Table 16 above.

Newly acquired HIV infections are reported to the National Centre in HIV Epidemiology and Clinical Research (NCHECR). Figures for the NT for 1997-2001 are reported in the table above. HIV reporting has remained stable with a small number of cases each year. Only a small proportion of incident HIV notifications are attributed to history of injecting drug use: transmission is mainly through sexual contact between men (NCHECR, 2002).

Information is also available from the NCHECR on the prevalence of HCV and HIV among clients of the Darwin and Alice Springs NSP, who agreed to participate in a survey that has been conducted during one week each year, since 1995. NSP clients provide finger prick blood samples that are tested for HCV and HIV antibodies (MacDonald & Zhou 2002). Prevalence rates for the NSP clients who agreed to participate are reported below in Table 17, and indicate small and decreasing proportions of clients with HIV, but prevalence of HCV is high and reached its highest level in 2001. Respondents to this survey are also asked to self-report results from previous testing for HBV. In 1999 12% reported presence of HBV, and 17% in both 2000 and 2001.

**Table 17: NSP clients in with HCV and HIV infections NT, 1997-2001**

	<b>1997 (n=102) %</b>	<b>1998 (n=87) %</b>	<b>1999 (n=79) %</b>	<b>2000 (n=90) %</b>	<b>2001 (n=79) %</b>
HIV antibody prevalence	4.9	4.6	3.8	1.1	0
HCV antibody prevalence	51	40	49	42	60

Source: MacDonald & Zhou 2002

### 10.3.2 Other health-related issues

Twenty percent (n=22) of the 2002 IDU respondents reported that they had visited a professional for mental health problems (other than drug dependence) in the past six months. The majority of those visiting a professional had attended a counsellor (n=10), a psychologist (n=7), a psychiatrist (n=7), a GP (n=6), and small numbers had seen a range of other professionals.

The most frequently reported mental health problems were depression by 16% of the IDU (n=18), anxiety (n=12) and paranoia (n=6).

As already noted, key informants expressed concern about a perceived increase in mental health problems among young people, noting increased rates of depression, anxiety and attempted suicide. The inadequacy of services to address co-existing mental health and substance use problems was also mentioned.

Data from the NT Department of Health and Community Services for drug related attendances at NT hospital emergency departments show smaller numbers for 2001/02 than the previous year in each of the three categories reported, these being drug withdrawal syndrome, drug mental disorder and unspecified drug dependence. The total for these three categories was 122 in 2000/01 and 92 in 2001/02. Comparable figures for earlier years are not available because of a change in the system of classification.

### 10.4 Location of Injections

The vast majority of the IDU sample most frequently injected at a private home (95%) and 92% last injected at a private home.

Comparisons with the 2 previous samples indicate an increased proportion of IDU injecting at home, and fewer injecting in public places.

**Table 18: Location of last injection reported IDU sample, 2000-2002**

<b>Location</b>	<b>2000 (n=100)</b>	<b>2001 (n=135)</b>	<b>2002 (n=111)</b>
	<b>%</b>	<b>%</b>	<b>%</b>
Private home	71	84	95
Street, park or beach	15	8	2
Car	8	4	1
Public toilet	1	2	2

Source for 2001 and 2000 data: O'Reilly, B. 2002 and O'Reilly, B & Rysavy, P. 2001.

### 10.5 Expenditure on Illicit Drugs

Respondents were asked how much money they had spent on illicit drugs during the day prior to interview. As shown in Table 19, amounts ranged from nothing to \$440. The median amount of money spent was \$25 and the mean was \$58 (SD \$80). This was lower than for the 2001 IDU sample (mean of \$97).



**Table 19: Amount spent on illicit drugs on day prior to interview, 2002 IDU sample (n=111)**

<b>Amount spent (\$)</b>	<b>%</b>
Nothing	44
Less than \$20	3
\$20-49	9
\$50-99	16
\$100-199	20
\$200-399	7
\$400 or more	1

## **10.6 Criminal and Police Activity**

Fifty-eight percent of the 2002 IDU sample reported that they had not been involved in any crime during the past month. Of the 42% who had been involved in any crime, the median number of criminal acts was 3.

The most frequent criminal activity in the past month was drug dealing, and of the 31% (n=35) of the sample who were involved in dealing, most had done so on average once a week or less (n=22), though 4% (n=4) had dealt daily. Fourteen percent (n=16) had been involved in property crime in the preceding month. Seven percent (n=7) had conducted property crime once a week or less in the past month, while 5% (n=6) had done so daily. Fraud had been engaged in by 13% (n=14) of the IDU, less than once a week by most (n=12) and violent crime had been conducted by 12% (n=13), less than once a week by most (n=10).

Numbers are too small to make confident comparisons with previous years (see table 20 below), but the higher numbers involved in violent crime do correspond with reports from key informants.

High numbers of key informants reported increased involvement by IDU in property crime, and in violent crime. Many mentioned violence among users, with more assaults and more standovers, as drugs became (even temporarily) more difficult to access, resulting in mounting unpaid credit and stealing between users. Smaller numbers of KI spoke of increased involvement in fraud, and steady numbers of users dealing drugs to maintain their own supply.

The overall proportion of the 2002 IDU sample who had been arrested in the previous 12 months was lower, at 22% (n=24) than in previous years, as reported in Table 20 below. The proportion arrested for property crimes had decreased, despite constant figures of self-reported engagement in this type of crime, and rates of arrest for violent crime remained similar to the previous year, despite higher rates of self-reported activity. Arrests for dealing remained low, confirming reports from police key informants that their main focus of activity is those engaged in commercial dealing operations.

**Table 20: Self-reported criminal activity and arrests IDU sample, 2000-2002**

Type of activity	2000 (n=100) %	2001 (n=135) %	2002 (n=111) %
Dealing	30	24	31
Property crime	8	12	14
Fraud	12	5	13
Violent crime	2	3	12
Arrested in last 12 months	28	32	22
Arrested for property crime	11	11	5
Arrested for use/possession	3	2	5
Arrested for violent crime	not available	4	5
Arrested for fraud	not available	0	1
Arrested for dealing/trafficking	4	2	1

Source for 2001 and 2000 data: O'Reilly, B. 2002, O'Reilly, B & Rysavy, P. 2001, Topp, L. et al. 2002 and Topp, L. et al 2001.

When asked to comment about police activity in the preceding 6 months the views of IDU were almost equally divided between those who believed it to be stable (39%) and those who thought it had increased (37%). Twenty-three percent did not know. The great majority did not think police activity had made it more difficult for them to access drugs. This was confirmed by the earlier reported comments from IDU whose drug of choice differed from their drug most used (Section 3.2): only one IDU mentioned police activity as a reason for this difference.

Among key informants who commented on police activity there was a general concern about the perceived focus on cannabis and raids on drug-houses. Several key informants expressed concern that users were being harassed, resulting in them being driven underground, with a negative impact on opportunities for harm minimisation.

NT Police data collected under the Integrated Justice Information System report the number of people issued drug infringement notices for cultivating cannabis for personal use (2 plants or less) and for possession of cannabis for personal use (less than 50 grams) from 1997/8 to 2001/2.

These data suggest that there has been little change in the number of infringements related to the cultivation or possession of cannabis for personal use in recent years.

**Table 21: Number of offences dealt with by drug infringement notice NT, 1997-2002**

	1997/8	1998/9	1999/00	2000/01	2001/02
Cultivated cannabis for personal use	44	26	17	25	18
Possessed cannabis for personal use	375	331	389	431	407

Source: NT Integrated Justice Information System

The Integrated Justice Information System also reports the number of people apprehended for more serious illicit drug offences. These figures (reported in table 22 below) include the total number of people arrested and summonsed for possession of illicit drugs, dealing in commercial and non commercial quantities of illicit drugs, and manufacturing or cultivating illicit drugs.

These data suggest that the numbers of people being arrested in the NT for the more serious illicit drug offences has been maintained in 2002.

While the highest category of apprehensions is for possession of illicit drugs, key informants from the police commented that in fact, their major focus of activity is those engaged in dealing and trafficking. The police report that dealers, to avoid apprehension for commercial trafficking,

store or carry only small quantities of illicit drugs in any one place, and hence, are often only able to be charged with possession.

**Table 22: Number of people apprehended by NT Police for illicit drug offences NT, 2000/01-2001/02**

Offence	2000/01	2001/02
Possession of illicit drugs	222	194
Dealing or trafficking in commercial quantities of illicit drugs	122	88
Dealing or trafficking in non commercial quantities of illicit drugs	16	25
Manufacturing or cultivating illicit drugs	43	62

Source: NT Integrated Justice Information System

More detailed data from the Australian Crime Commission (ACC) for 2001/02 report consumer and provider arrests by territory and federal police for individual drug categories. These figures are reported in table 23 below, and, consistent with the ACC seizure data reported earlier in the report, indicate low levels of heroin and cocaine detected by the police in the NT. Drug-related police activity remains heavily focussed on cannabis, and amphetamine-type stimulants.

**Table 23: Number of consumer and provider arrests for individual drug categories NT, 2001/02**

Drug category	Consumer and provider arrests
Cannabis	397
Amphetamine-type stimulants	56
Heroin	2
Cocaine	2
Hallucinogens	3

Source: Australian Crime Commission

**10.7 Summary of Drug-Related Issues**

**Health issues**

- Opioid overdoses among the IDU sample have decreased each year, with no overdoses reported by 2002 IDU respondents in the month prior to interview.
- Approximately ten times more IDU reported previous experience of opioid overdose resulting from heroin use, than those resulting from morphine, despite the vastly greater use of morphine among the IDU sample.
- Although 2 out of 3 of the 2002 IDU sample experienced injection-related problems in the previous month, the proportion experiencing most types of injection-related problems was lower than in previous years.
- Only a small proportion of the 2002 IDU sample reported sharing needles, but the proportion sharing other equipment remained approximately similar to other years.
- Increasing proportions of IDU inject at home, rather than in public places.
- Available data suggests that rates of HIV among IDU are low, but prevalence of hepatitis C is high and may be increasing.

### **Crime and police activity**

- Among IDU who reported involvement in crime, drug dealing remained the most commonly committed crime. Property crime, fraud and violent crime were also committed, with reported rates of the latter showing an increase from previous years.
- Approximately one in five of the 2002 IDU sample reported having been arrested in the previous year, a smaller proportion than in previous years. The most frequent reasons for arrest were property crime, use/possession of drugs, and violent crime.
- Police activity is centred on cannabis and methamphetamine. Contrary to the perception of key informants, police report that the focus of their activity is those engaged in commercial trafficking.

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