P. Rysavy and C. Moon

NT DRUG TRENDS 2010
Findings from the Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 62

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2010

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Department of Health

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Table of Contents

List of Tables

List of Figures

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Abbreviations

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

Glossary of Terms

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

Guide to days of use/injection

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

*as appropriate

EXECUTIVE SUMMARY

This report presents the 2010 Illicit Drug Reporting System (IDRS) results for the Northern Territory (NT). This is the tenth year this study has been conducted in the NT.

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

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

Demographic characteristics of the survey respondents

The 2010 sample of PWID was comprised predominantly of males (71%) and had a mean age of 41 years. At the time of interview the majority (79%) were unemployed while 12% reported full-time employment. Aboriginal and/or Torres Strait Islanders comprised 21% of the sample. Ninety-one percent of the sample identified as heterosexual. The sample had an average of 10 years of school attendance with 36% reporting completion of a trade/technical course and 13% reporting attaining university/college qualifications. Twelve percent reported current participation in drug treatment and 44% reported prior prison history.

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

Patterns of drug use

Recent drug use refers to use in the six months preceding the IDRS interview. Some form of morphine (either prescribed or not prescribed) was the drug recently used by the largest proportion of the sample (91%). In 2009, cannabis was the drug recently used by the largest proportion of the sample (78%) whereas in 2010 cannabis was recently used by 72% of the sample.

Consistent with previous years, morphine was also the drug injected most often (83% of the sample) in the last month and 78% reported morphine to be the last drug injected. Illicitly obtained morphine was the most commonly used illicit drug in the previous six months, used by 89% of the sample. Morphine was identified as the drug of choice by 44% of respondents.

Some form of methamphetamine was reported to be the drug first injected by more than half the sample (51%); however, only 7% of the sample identified any form of methamphetamine as the most recent drug injected. Methamphetamine powder ("speed powder" or "speed") was the form most frequently used by respondents in the previous six months (25%), followed by crystal methamphetamine ("crystal", "shabu" or "ice") at 18%, methamphetamine base ("base") at 6% and methamphetamine liquid at 2%.

Only 5% of the sample reported recent heroin use although 71% of participants had used heroin at some time in their lives. Any form of methadone (including prescribed and non-prescribed methadone and prescribed and non-prescribed Physeptone) had been recently used by 35% of participants (34% in 2009). Any form of buprenorphine (including prescribed and non-

prescribed buprenorphine and buprenorphine-naloxone) had been used by 27% of the sample (8% in 2009). Any form of oxycodone had been recently used by 33% of the sample (41% in 2009) and over the counter codeine (OTC) by 35% of the sample (34% in 2009).

Recent use of any form of benzodiazepines remained high (52% in 2010 and 55% in 2009) while recent use of cocaine declined from 12% of the sample in 2009 to 4% in 2010. Recent hallucinogen use was reported by 4% of the sample (2% in 2009) while recent ecstasy use declined from 20% in 2009 to 10% in 2010.

Fifty-seven percent of participants reported recent alcohol use (50% in 2009) and 90% reported daily use of tobacco (92% in 2009).

Heroin

In 2010, recent use of heroin declined to 5% of the sample (13% in 2009 on a median of 4 days). Any form of heroin, which includes homebake, was recently used by 9% of the sample on a median of 4 days. Nine percent of the sample also recently injected any form of heroin. The form of heroin most frequently used in the previous six months was homebake, a result not seen between 2004 and 2009 when rock or powder heroin were the forms most frequently used.

Very few participants were able to comment upon heroin price, purity and availability, reflecting the low level of heroin use in the NT. One respondent reported that price paid recently for a gram of heroin was $100 but this figure should be treated with caution. Three respondents commented on current price of heroin (median of $500) and one respondent reported that a cap of heroin cost $120. Only one respondent commented on price stability, reporting that price was increasing and of the two respondents who commented upon heroin availability in the past six months, one suggested that availability was easy while the other stated that availability was very difficult.

Methamphetamine

Any form of methamphetamine (which includes speed powder, base, crystal and liquid) was recently used by 36% of participants, a reduction from the 55% reported in 2009. Twenty-five percent of the sample reported recent use of speed powder, 18% reported recent use of crystal, 6% reported recent use of base and only 2% reported recent use of liquid. This is a reduction in use of all forms of methamphetamine with the exception of crystal which increased slightly from the 15% reported in 2009.

Thirty-four percent of participants recently injected any form of methamphetamine, a decrease from the 51% who injected any form of methamphetamine in 2009. Crystal was more likely to be recently injected (16%) than smoked (3%).

The median price of speed powder was $100 for a point (one tenth of a gram), double that reported in 2009. Grams of speed powder had a median price of $450, compared to $350 in 2009. The median price of crystal also increased. In 2009 the median price of crystal was reported to be $100 for a point and $800 for a gram whereas in 2010 the median price was $200 for a point and $1350 for a gram. The median price of base methamphetamine increased from $75 for a point in 2009 to $100 in 2010. However, the median price of a gram of base methamphetamine decreased from $400 to $250 although this figure should be treated with caution as few participants were able to comment. Consistent with these results, the majority of those who commented upon price movements reported that the price of all forms of methamphetamine was increasing

Forty-two percent of participants rated speed powder as very easy or easy to obtain in the past six months, a reduction from 81% who considered speed powder very easy or easy to obtain in 2009. In 2009 72% of those able to comment rated recent base availability as very easy or easy while in 2010 60% rated recent base availability as easy (although no respondents rated base as very easy to obtain). Seventy percent of participants rated current availability of crystal as easy or very easy in 2009 compared to 64% in 2010.

Cocaine

Recent use of cocaine was reported by only 4% of the sample, a reduction from the 12% who reported recent use in 2009. In 2010 no participants were able to comment upon cocaine price, purity and availability, confirming the low level of use of this substance in the NT. One police officer KE reported that cocaine is "starting to creep in".

Cannabis

Cannabis was the second most frequently used drug by the IDRS sample (after morphine), with 72% reporting recent use on a median of 93 days. While a high proportion of participants reported recent use, this result is lower than in previous years (78% of the sample in 2009, 78% in 2009, 83% in 2007 and 84% in 2006). Weekly but less than daily use of cannabis has become more common than daily use, which was more common in previous years.

The median cost of grams of hydroponically grown cannabis (hydro) and bush cannabis (bush) remained $30 although several KE commented that the size and weight of deals was decreasing. The median price of an ounce of hydro increased to $450 from the $400 reported in 2009. The median price of an ounce of bush cannabis increased from $175 in 2009 to $300 in 2010. More than half the respondents (55%) reported that the price of hydro was either increasing or fluctuating while 61% of respondents considered that the price of bush cannabis had remained stable over the past six months.

Eight-three percent of respondents rated current availability of a hydro as easy or very easy (84% in 2009). Availability of bush cannabis was rated as easy by 55% of respondents; however, this was contradicted by a number of KE who considered that availability was difficult or very difficult.

More than half the participants rated hydro potency as high, an increase from the 38% who rated hydro potency as high in 2009 and similar to the percentages reported in 2007 and 2008. The potency of bush cannabis was more likely to be rated as "medium" (58%). In 2009 bush cannabis potency was more likely to be rated as low (35%) than medium (28%).

Both forms of cannabis were most frequently sourced from friends

Methadone

Recent use of illicit methadone syrup declined to 11% of the sample (15% in 2009) on a median of 2 days. Recent use of illicit Physeptone increased from 22% of the sample in 2009 to 26% of the sample in 2010. Median days used in the previous six months remained low: 2 days for methadone syrup and 5 days for Physeptone.

The median price of a millilitre of methadone syrup was one dollar, as it has been since 2006. The median price of 10mg Physeptone tablets was reported to be $20, the same cost as reported in 2009. Half of the respondents considered that the price of illicit methadone had remained stable over the past six months.

Seventy-five percent of respondents rated current availability of illicit methadone as difficult, an increase from the 25% who rated it as difficult to obtain in 2009. An equal proportion of respondents (44%) considered that availability of illicit methadone had remained stable or more difficult over the previous six months.

Morphine
In 2010 morphine surpassed cannabis as the illicit drug used by the highest proportion of the sample, with 91% reporting use of any form of morphine in the past six months and 89% reporting use of illicit morphine in this period. Eighty-nine percent of the sample reported injecting illicit morphine within the past six months, on a median of 90 days. 100mg MS Contin tablets remain the form most frequently used.

The median price of 100mg MS Contin and 100mg Kapanol tablets had remained stable at $80 and more than half of those who commented on price movement reported that the price had remained stable over the past six months. Forty-six percent of respondents reported stable availability of illicit morphine over the preceding six months as compared to 61% who reported stable availability in the preceding six months in 2009. Twenty-nine percent of respondents suggested that availability had become more difficult (21% in 2009) and 20% reported fluctuating availability (16% in 2009). A number of KE asserted that morphine availability either fluctuated or was more difficult.

Oxycodone
Recent use of any form of oxycodone has decreased from 41% of the sample in 2009 to 33% in 2010. Twenty-two percent of the sample reported recent use of illicit oxycodone (35% in 2009) and 12% reported recent use of licit oxycodone (9% in 2009). Over a quarter of the sample reported injection of any form of oxycodone in the preceding six months.

The median price of 80mg illicit oxycodone increased from $60 in 2009 to $80 in 2010. More than half the respondents reported stable price over the past six months; however, 57% of those who commented considered that current availability was difficult. This contrasts with 2009 results wherein 90% of those who commented considered current availability as easy or very easy.

Subutex (buprenorphine)
Recent use of illicit Subutex increased to 8% of the sample (5% in 2009) on a median of 7 days and 6% of the sample reported injecting the substance in the previous six months. Frequency of use was generally weekly or less, consistent with the results between 2004 and 2009. The median price for 8mg Subutex was $23, down from the $30 reported in 2007, 2008 and 2009. Only five respondents commented upon current availability and views were divided with three respondents rating current availability as very difficult and three rating it as easy.

Suboxone
Fifteen percent of the sample had recently used illicit Suboxone (8% in 2009) on a median of 3 days. Seven percent of the sample had recently injected Suboxone, on a median of 1 day. Nine participants reported purchasing 8mg Suboxone for a median price of $20. Six of the eight participants who commented considered that current availability was difficult or very difficult.

Over-the-counter codeine
Thirty-five percent of the sample had recently used over-the-counter (OTC) codeine, the same proportion which reported recent use in 2009. Only one respondent reported recent injection of

OTC codeine. As in 2009, Nurofen Plus and Panadeine were the main brands used. Respondents identified "to sleep" and "opiate substitute" as the main reasons for use.

Benzodiazepines

Fifty-two percent of the sample had recently used any form of benzodiazepines, consistent with results obtained since 2003. Twenty-three percent of the sample reported recent injection and this is also a similar result to that obtained in previous years. Median days used increased from 24 days in 2009 to 33 days in 2010. As in 2009, licit benzodiazepines were the form recently used by most respondents (34% of the sample) with Xanax and Valium the main brands used. A number of KE commented upon health risks associated with intravenous use of benzodiazepines, particularly with Xanax.

Ecstasy, LSD, inhalants, tobacco and alcohol

Recent ecstasy use was reported by 10% of the sample (20% in 2009). Four percent reported recent injection of the substance (10% in 2009) and use was generally weekly or less. The recent use of hallucinogens increased slightly to 4% of the sample (2% in 2009), and, as in 2009, no respondents reported intravenous use. Inhalant use remains rare; only one respondent reported recent use, on one day only.

Ninety percent of the sample reported daily use of tobacco (92% in 2009) and 57% of the sample reported recent alcohol use (50% in 2009). Several KE emphasised that alcohol misuse was by far the most significant drug problem facing the NT.

Health

Nine respondents reported an overdose in the past 12 months: five from benzodiazepines, one from alcohol, one from morphine and two from other opiates.

Treatment episodes in NT alcohol and other drug treatment services (AODTS) where a given drug was either the principal or other drug of concern decreased for all drugs with the exception of cocaine, where there was a modest increase. The decrease in reported treatment episodes for morphine and methamphetamine was relatively small while there was an 11% decrease in cannabis treatment episodes. These three drug categories accounted for the vast majority of treatment episodes.

No hospital admission data were available in 2010 and data presented in this report repeat information from the 2009 IDRS report (2007/08 data). Hospital admissions related to opioids, methamphetamine, cocaine and cannabis continued to occur at a lower rate than was the case nationally. The NT rate of admissions related to opioids had increased while rates of admission for amphetamines and cannabis had declined.

Three percent of participants reported using a needle after someone else and 14% reported use of other injecting equipment. Forty-six percent of the sample had re-used their own needles at least once. As in previous years, the vast majority reported a private home as the location of last injection using needles sourced almost exclusively from an NSP.

Notifications of new cases of hepatitis B (HBV) and hepatitis C (HCV) to the National Notifiable Diseases Surveillance System (NDSS) have declined slightly since 2009 and significantly since 2006-2008. The finger-prick survey carried out in Darwin and Alice Springs did not identify any individuals with HIV antibodies in the most recent (2009) sample and HCV antibody prevalence declined to 29% (38% in 2009).

Thirty-percent of the sample reported scarring/bruising and 27% reported difficulty injecting as the main injection-related problems in the month prior to interview. This is consistent with results obtained in previous years. Morphine continued to be the main drug (82%) attributed to a "dirty hit".

Thirty-four percent of the sample reported having experienced a mental health problem in the six months prior to interview. As in previous years, depression was reported as the main mental health problem, followed by anxiety. Seventy-four percent of the group reporting mental health problems (25% of the entire sample) had attended a health professional for the reported mental health problem and 84% of this group had been prescribed medication. Fifty-seven percent of this group (N=12) had been prescribed benzodiazepines, 48% (N=10) had been prescribed an antidepressant and 9% (N=6) had been prescribed anti-psychotic medication. More than one in five of those who completed the Kessler Psychological Distress Scale (K10) reported a very high level of psychological distress over the four weeks prior to interview.

Seventy-seven participants had visited a GP over the past 12 months, with a mean of 15 visits. Of these, 26 had attended for mental health problems.

Fifty-three percent of the sample had driven a car within the six months prior to interview. Of those, 33% had driven under the influence of alcohol during this period, with 59% of this second group also having driven over the legal limit on a median of two occasions. Eighty-three percent of drivers reported that within the six months prior to interview they had driven under the influence of the illicit drugs on a median of 161 (range 1 to 180) times within a median of 10 minutes after taking the drugs. Morphine (81%) and cannabis (33%) were the most common drugs consumed by drivers, followed by speed powder (24%), benzodiazepines (10%) and methadone (10%). The illicit drugs consumed prior to the last time driving under the influence were identified as morphine (72%), cannabis (19%), speed powder (16%) and benzodiazepines (7%).

Law enforcement and criminal behaviour

Thirty-two percent of the sample reported having committed at least one crime in the month prior to interview, with dealing was the most frequently reported crime (18%) followed by property crime (16%). The criminal activity reported in 2010 follows a similar pattern to that seen in previous years. Fraud and violent crime appear to be continuing to decline.

Twenty-four percent of the sample had been arrested within 12 months of the interview: 8% had been arrested for property crime, 7% for drug possession, 4% for driving and alcohol driving offences and 2% for dealing/trafficking.

In 2008/09, the most recent data available from the Australian Crime Commission, there were no consumer or provider arrests for heroin; however, the two reported seizures accounted for a significantly higher weight than in previous years (641 grams). While the number of ATS seizures was equivalent to those reported in 2007/08, the weight of those seizures increased dramatically to 38,937 grams. The number of ATS arrests for both consumers and providers (175) in 2008/09 was identical to that reported in 2007/08.

Although only one arrest was reported for cocaine in 2008/09, the seizure weight was significantly higher than in previous years at 235 grams.

In 2008/09 there were a total of 597 arrests for consumers and providers combined, an increase from the 552 reported in 2007/08. The weight of seizures in 2008/09 was significantly higher

(approximately 130 kilograms) than in 2007/08 (approximately 83 kilograms). According to data provided by the NT Department of Justice, the number of infringement notices issued for possessing cannabis increased to 562 in 2009/10 from the 480 issued in 2008/09.

1 INTRODUCTION

This report presents the results of the 2010 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT).

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

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

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

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

1.1 Study aims

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

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

2 METHOD

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

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

2.1 Survey of people who inject drugs (PWID)

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

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

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

In the NT, interviews were conducted in Darwin and Palmerston during August 2010 with 99 people meeting the criteria mentioned above. Participants were recruited through fliers posted at the Needle and Syringe Programs (NSP), at the sexual health clinic, and through word of mouth. The interviews were conducted by trained interviewers. Interviews were conducted at the Darwin and Palmerston NSP.

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

Interviews generally lasted about 60 minutes and participants were reimbursed $30 for their time.

Data analysis was conducted using Statistical Package for the Social Sciences (SPSS) for Windows Version 18.0.

2.2 Survey of key experts (KE)

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

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

In Darwin and Palmerston, interviews were conducted with 12 KE during August 2010. All interviews were conducted face to face. KE, and the main drug or drugs they discussed, were drawn from the following fields:

AOD workers

- Opiate Pharmacotherapy Program — Opioids
- Hospital AOD liaison worker — Opioids
- Withdrawal Service worker — Opioids
- Withdrawal Service worker — Cannabis
- NGO Rehabilitation provider — Methamphetamine (and cannabis)
- NGO Rehabilitation provider — Methamphetamine (and cannabis)
- Needle and Syringe Program worker — Methamphetamine (and opioids)
- Needle and Syringe Program worker — Methamphetamine (and opioids)
- Needle and Syringe Program worker — Methamphetamine (and opioids)

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

Law

- Court clinician — Methamphetamine (and cannabis)
- Police officer — Cannabis
- Police officer — Methamphetamine (and cannabis)

The court clinician was employed by the Northern Territory Department of Justice and the police officers were employed by the Northern Territory Police, Fire and Emergency Service Drug Enforcement Section.

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

2.3 Other indicators

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

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

Indicator data derived from the following data sources and publications[1] have been included in this report:

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

3 DEMOGRAPHICS

3.1 Overview of the participant sample

Key Points

- A total of 99 participants were interviewed for the 2010 NT IDRS survey.
- The mean age was 41 years (range 22 to 63 years).
- Seventy-two percent were male.
- The majority were unemployed or on a pension.
- Twelve percent were currently in treatment.
- Forty-four percent had a prison history.

The 2010 participant sample was predominantly male (72%, Table 1) with a mean age of 41 years. This is similar to previous years. At the time of interview, most (79%) were unemployed or on a pension, with 12% of the sample employed on a full-time basis. Aboriginal and/or Torres Strait Islanders comprised 21% of the participant sample. Ninety-one percent identified as heterosexual while 4% identified as bisexual and 3% gay or lesbian. Year 10 was the mean age for school education although 49% reported some form of post-secondary education. Twelve percent reported current participation in drug treatment and 44% reported prior prison history.

Table 1: Demographic characteristics of the participant sample, 2006-2010

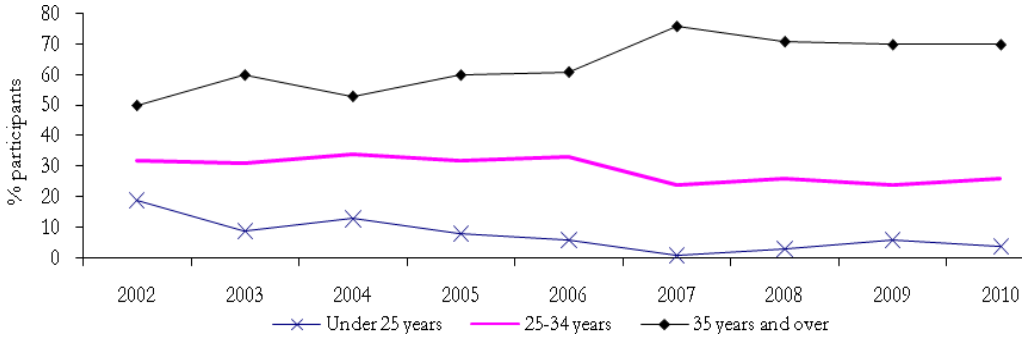
	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Age – mean years (range)	38	41 (21-58)	40 (22-59)	40 (21-61)	41 (22-63)
Sex (% male)	70	66	72	69	72
Employment (%):					
Not employed/on a pension	76	85	83	88	78
Full time	5	5	8	6	12
Part time/casual	16	8	7	4	8
Home duties	3	2	0	0	0
Student	0	0	0	0	0
Received income from sex work last month	0	6	2		4
Aboriginal and/or Torres Strait Islander (%)	16	21	18	20	21
Heterosexual (%)	87	90	91	90	91
Bisexual (%)	6	5	6	3	4
Gay or lesbian (%)	3	4	2	7	3
Other (%)	4	1	1	0	2
School education – mean no. years (range)	10 (6-12)	10 (4-12)	10	10 (6-12)	10 (4-12)
Tertiary education (%):					
None	58	43	45	42	51
Trade/technical	30	40	40	42	36
University/college	12	17	16	15	13
Currently in drug treatment^ (%)	13	22	17	8	12
Prison history (%)	52	61	55	55	44

Source: IDRS participant interviews

^ Refers to any form of drug treatment, including pharmacotherapies, counselling, detoxification, etc.

The age distribution of the 2010 sample shown in Figure 1 demonstrates that while the mean age has remained fairly stable, the relative proportions of young, middle and older age groups has changed over the previous eight years. The pattern has been stable since 2007, with the 35 year or older group accounting for the majority of the participant sample and only a small percentage (4%) under 25 years of age.

Figure 1: Age distribution of participants in the NT IDRS samples, 2002-2010



Source: IDRS participant interviews

4 CONSUMPTION PATTERNS

4.1 Current Drug Use

Key Points

- The mean age of first injection was 22 years, with most participants reporting methamphetamine as the first drug injected.
- Morphine was the main drug of choice, followed by heroin.
- Morphine was by far the drug injected most often in the last month.
- The majority of participants injected drugs at least once per day.
- Polydrug use remained common.

Table 2 provides details regarding age of first injection and first drug injected as well as information pertaining to current drug use.

The mean age of first injection (22 years) is similar to that in previous years. This year, over half the sample (51%) reported amphetamines as the first drug injected, with a similar profile to that obtained in 2008. Morphine was reported as the main drug of choice (44%), which exceeds the 37% who reported morphine as their drug of choice in 2009.

Fewer participants reported injection once per day than in 2009 (28% in 2010 and 34% in 2009) whereas injection two to three times a day increased to 35% of the sample.

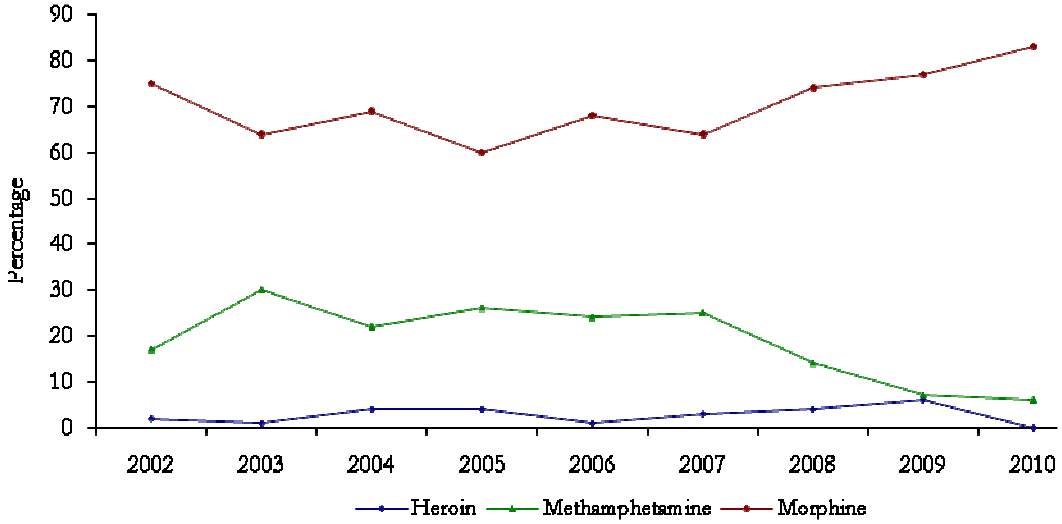
Table 2: Injection history, drug preferences and polydrug use, 2007-2010

	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Age first injection – mean years (range)	21 (13-43)	21 (10-55)	21 (10-54)	22 (12-48)
First drug injected (%)				
Heroin	39	34	46	32
Amphetamines	45	51	40	51
Cocaine	0	0	2	0
Morphine	13	15	9	12
Drug of choice (%)				
Heroin	38	28	27	26
Morphine	-	-	37	44
Cocaine	3	4	8	4
Methamphetamine (any form)	13	18	16	8
Speed	*13*	*15*	14	6
Base	*0*	*2*	0	0
Crystal methamphetamine (ice/crystal)	*0*	*1*	2	2
Benzodiazepines	1	0	0	0
Cannabis	13	9	3	4
Drug injected most often in last month (%)				
Heroin	3	4	6	0
Cocaine	0	0	0	0
Methamphetamine (any form)	25	14	7	6
Speed	*24*	*13*	*6*	5
Base	*0*	*0*	*0*	0
Crystal methamphetamine (ice/crystal)	*0*	*1*	*1*	1
Benzodiazepines	3	2	4	0
Morphine	64	74	77	83
Not injected in last month	0	0	2	0
Most recent drug injected (%)				
Heroin	1	2	4	1
Cocaine	2	0	1	0
Methamphetamine (any form)	19	14	9	7
Speed	18	14	9	6
Base	0	0	0	0
Crystal methamphetamine (ice/crystal)	0	0	1	1
Benzodiazepines	3	1	2	2
Morphine	70	73	72	79
Frequency of injecting in last month (%)				
Not injected in last month	0	0	1	1
Weekly or less	17	15	22	17
More than weekly, but less than daily	27	17	14	18
Once per day	19	35	34	28
2-3 times a day	31	32	26	35
>3 times a day	6	2	2	0

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

Morphine was also by far the drug most often injected in the past month (83%) as well as the drug most recently injected prior to the interview. As is apparent from Figure 2, morphine continues to increase as the drug injected most often in the previous month while methamphetamine injection continues to decline (6% of the sample in 2010). In 2010 no participants reported heroin as the drug injected most often in the past month.

Figure 2: Drug injected most last month, 2002-2010



Source: IDRS participant interviews

Polydrug use histories and routes of administration are shown in Table 3. In 2010 the most commonly used illicit drug in the previous six months was non-prescribed morphine, used by 89% of the sample. Cannabis, at 72%, was the second most commonly used drug in the past six months. This contrasts with 2009 when cannabis was the most commonly used illicit drug (78%) and non-prescribed morphine was the second most commonly used illicit drug (70%).

Illicit morphine was also the main drug most recently injected (89%), increasing from 81% in 2009 and 84% in 2008. In 2010 illicit morphine was the most common drug ever injected (91%) whereas in 2009 this was methamphetamine powder (74%).

Recent use of methamphetamine in any form declined from 55% of the sample in 2009 to 36% in 2010. Similarly, recent intravenous use declined from 51% in 2009 to 34% in 2010. Recent smoking of crystal methamphetamine also declined to 3% of the sample in 2010 compared to 7% in both 2009 and 2008. Recent use of base methamphetamine declined to 6% in 2010 from 16% in 2009 and 10% in 2008. In 2010 only 2% of the sample reported recent use of methamphetamine liquid, a reduction in reported use of 6% in 2009.

Reported recent use of heroin also declined to 5% from 13% in 2009 and 14% in 2008. There was considerable variation in reported recent use of illicit pharmaceutical opioids in 2010 compared to 2009. Use of illicit methadone syrup reduced to 11% of the sample compared to 15% of the sample in 2009 and illicit oxycodone reduced from 35% in 2009 to 22% in 2010. However, recent use of illicit Physeptone increased to 26% of the sample (22% in 2009), buprenorphine to 8% (5% in 2009) and buprenorphine-naloxone to 15% (8% in 2009).

Recent use of illicit benzodiazepines reduced from 33% of the sample in 2009 to 28% in 2010. This was also a lower level of use of illicit benzodiazepines than reported in 2008 (40%) and 2007 (33%). There was little change in the use of tobacco (90% in 2010 compared to 92% in 2009) while recent use of alcohol increased to 57% in 2010 from 50% in 2009.

Table 3: Polydrug use history of the participants sample, 2010

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Heroin	71	71	5	4	28	0	14	9	10	0	5		4
Homebake heroin	22	22	5	2	3	1	2	2	3	1	5		4
Any heroin (inc. homebake)	72	72	9	2	29	1	10	1	11	1	9		4
Methadone (prescribed)	27	13	3	6					24	5	6	97	60
Methadone (not prescribed)	47	41	9	2					17	4	11		2
Physeptone (prescribed)	16	12	6	47	0	0	0	0	10	6	8	180	140
Physeptone (not prescribed)	49	42	24	5	0	0	0	0	22	8	26		5
Any methadone (inc. Physeptone)	67	56	30	6					46	17	35		8
Buprenorphine (prescribed)	19	1	0	0	0	0	1	0	19	4	4	42	19
Buprenorphine (not prescribed)	22	10	6	7	0	0	1	0	14	4	8		7
Buprenorphine-naloxone (prescribed)	14	1	0	0	0	0			14	8	8	37	14
Buprenorphine-naloxone (not prescribed)	23	10	7	1	0	0			17	10	15		3
Any buprenorphine	50	17	10		0	0			43	20	27		
Morphine (prescribed)	39	37	24	180	1	0	0	0	25	11	24	180	180
Morphine (not prescribed)	91	91	89	90	0	0	1	1	34	25	89		90
Any morphine	94	94	91	155	1	0	1	1	47	28	91		180
Oxycodone (prescribed)	17	12	8	180	0	0	0	0	11	7	12	180	126
Oxycodone (not prescribed)	44	41	20	5	0	0	0	0	9	3	22		5
Any oxycodone	57	50	28	7	0	0	0	0	18	10	33		7
OTC codeine	47	4	1	10	0	0	1	1	46	35	35		14
Other opioids (not elsewhere classified)	32	6	4	4	1	0	1	1	29	17	19		21

Source: IDRS participant interviews

^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

+ Refers to/includes sublingual administration of buprenorphine

* Among those who had used/injected

Table 3: Polydrug use history of the participants sample, 2010 (continued)

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Speed	79	75	24	5	13	3	38	3	33	3	25		5
Base/point/wax	24	24	6	10	5	3	5	1	5	2	6		10
Ice/shabu/crystal	54	48	16	4	11	3	5	-	7	2	18		4
Amphetamine liquid	10	9	2	45					2	0	2		45
Any form methamphetamine#	88	84	34	5					35	6	36		5
Pharmaceutical stimulants (prescribed)	5	3	2	2	0	0	3	0	5	1	2		2
Pharmaceutical stimulants (not prescribed)	17	14	3	1	0	0	1	1	7	0	4		2
Any form pharmaceutical stimulants	21	17	5	2	0	0	4	1	11	1	6		2
Cocaine	29	19	4	6	3	0	16	0	5	0	4		6
Hallucinogens	55	7	0	0	0	0	1	0	53	4	4		2
Ecstasy	49	20	4	2	0	0	3	1	41	9	10		2
Benzodiazepines (Prescribed)	46	22	11	7	1	0	1	0	41	30	34		72
Benzodiazepines (not prescribed)	41	23	15	5	0	0	0	0	32	19	28		10
Any form benzodiazepines	67	36	23	7	1	0	1	0	58	41	52		33
Alcohol	82	4	1	2					80	57	57		23
Cannabis	87										72		93
Inhalants	15										1		1
Tobacco	92										90		180

Source: IDRS participant interviews

^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

+ Refers to/includes sublingual administration of buprenorphine

* Among those who had used/injected

Category includes speed, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulant

4.2 Heroin

Key Points

- Five percent of participants had used and injected heroin in the preceding six months.
- Homebake was the form most often used.
- As in previous years, heroin use remains relatively rare in the NT.

Five percent of the sample had used and injected heroin in the six months preceding the interview, a reduction from the 13% who had reported use in 2009 and the 8% who had reported injection of heroin in the previous six months in 2009. Median days of use also declined in 2010. As is evident from Table 4, the use of heroin in 2010 is lower than in the years 2004-2009.

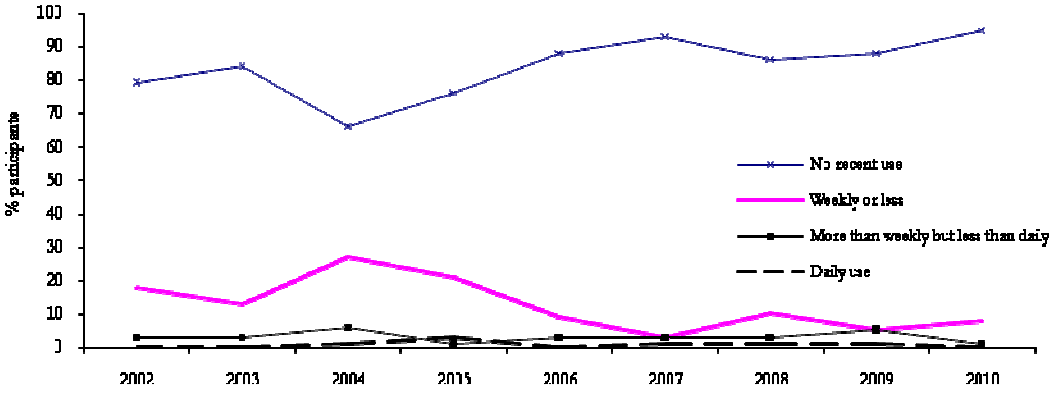
Table 4: Selected trends in participant heroin use, 2004-2010

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

Source: IDRS participant interviews

Figure 3 reflects the overall decline in use of heroin although there was a slight increase in weekly or less use.

Figure 3: Patterns of heroin use by participants, 2002-2010



Source: IDRS participant interviews

As is evident from Table 5, homebake was the form most often used, a pattern of use not reported between 2004 and 2009.

Table 5: Forms of heroin used previous six months by participants (%), 2004-2010

	2004 N=111		2005 N=107		2006 N=100		2007 N=106		2008 N=103		209 N=99		2010 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	24	16	15	10	5	3	24	16	3	3	6	4	4	1
Rock	27	17	17	13	9	8	27	17	2	2	9	8	2	2
Homebake	6	2	3	2	5	5	6	2	2	1	2	2	5	5

Source: IDRS participant interviews

Consistent with Table 5, Table 6 demonstrates that homebake was the main form of heroin used in the previous six months.

Table 6: Forms of heroin used in previous six months by participants (%), 2007-2010

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

Source: IDRS participant interviews

4.2.1 KE comment

KE comments reflect the low level of use of heroin in Darwin. One police officer KE stated that heroin use is very rare and the other police officer KE advised that heroin is rarely seen and is restricted to an 'Asian market'. The Hospital AOD Liaison worker noted only occasional reports of heroin use, as did a Withdrawal Services worker. One Rehabilitation Service provider stated that a small percentage of outpatient clients reported occasional use of heroin only and the other observed that only two clients had reported any heroin use over the past 12 months.

4.3 Methamphetamine

Key points

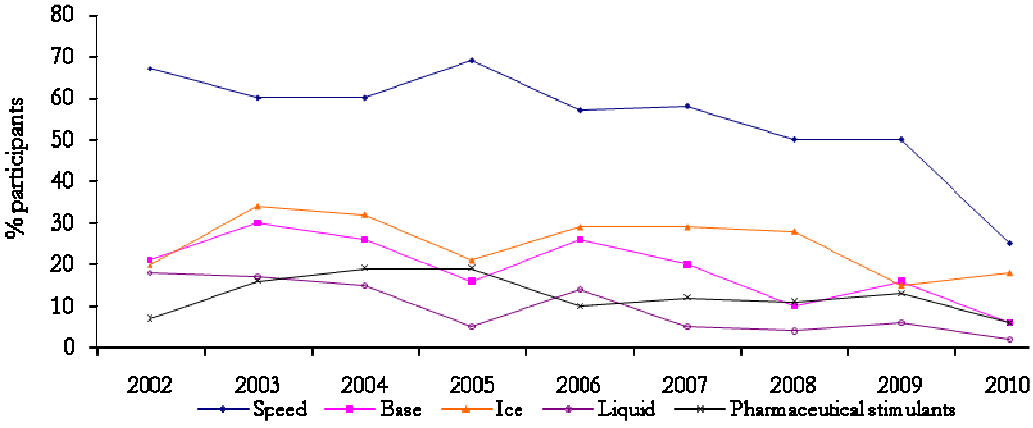
- Over one-third of participants reported using some form of methamphetamine in the preceding six months, on a median of five days.
- Injecting remained the main route of administration.
- Speed powder remained the main form of methamphetamine used.
- With the exception of ice, use of other forms of methamphetamine declined in 2010.

Thirty-six percent of participants reported use of some form of methamphetamine over the preceding six months (Table 3), a reduction from the 55% reported in 2009 and 55% in 2008. Median days of use in 2010 declined to 5 days compared to 8 days in 2009. Injecting remained the main route of administration (34%); however, this is also a decline from the 51% of respondents who reported injecting in the previous six months in 2009.

Speed powder was used by 25% of the sample on a median of 5 days in the preceding six months (Table 3). As in 2009 where 50% of the sample reported speed powder use, speed powder remains the most commonly used form of methamphetamine. In the preceding six months methamphetamine base was used by 6% of the sample (with 6 days median use), ice by 18% of the sample (with 4 days median use) and methamphetamine liquid by 2% of the sample (with 45 days median use). Injection of these forms was the most common route of administration. Only 3% reported smoking ice, a decline from the 7% who reported smoking ice in 2009 and the 9% who reported smoking ice in 2008.

Figure 4 demonstrates that in 2010 all forms of methamphetamine use, with the exception of ice, declined.

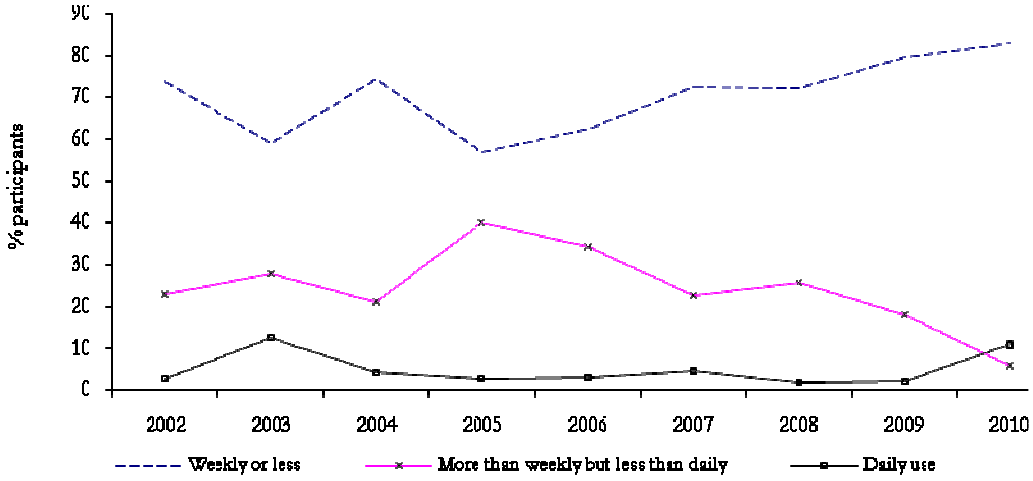
Figure 4: Proportion of participants reporting methamphetamine and pharmaceutical stimulant use in the past six months, 2002-2010



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

Figure 5 demonstrates that weekly or less patterns of use of any form of methamphetamine continued to increase although in 2010. Eleven percent of respondents reported daily use, up from 2% in 2009.

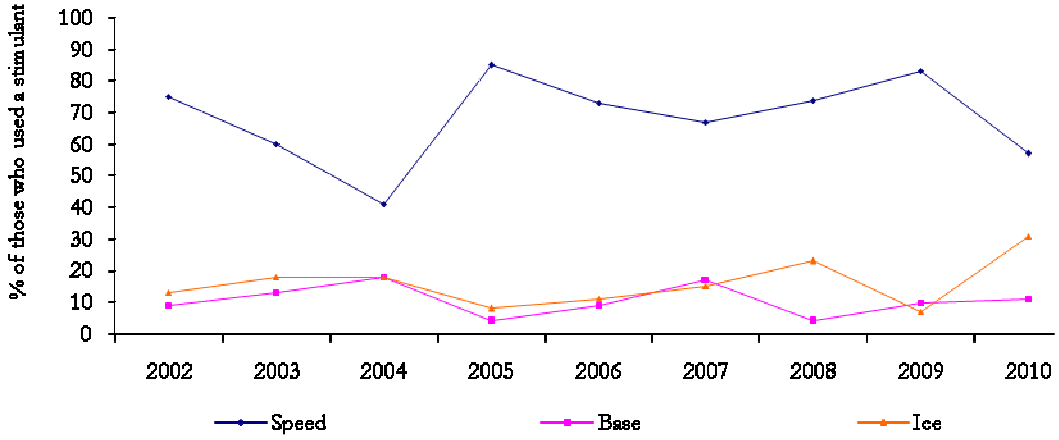
Figure 5: Patterns of recent methamphetamine use (any form), 2002-2010



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

As is evident from Figure 6, methamphetamine powder remains the predominant form of methamphetamine used in the preceding six months. The use of ice increased in 2010 while use of base remained stable.

Figure 6: Methamphetamine form most used in the preceding six months, among recent methamphetamine users, 2002-2010



Source: IDRS participant interviews

4.3.1 KE comment

Both police officer KE commented on the use of crystal methamphetamine with one noting the increasing use of ice and suggesting that the use of ice resulted in more problems than the use of speed power. Both police officers reported that ice was most frequently ingested through smoking and agreed that speed powder continues to be the form most commonly used.

One Rehabilitation provider highlighted the trend of tradespeople using methamphetamine. This KE stated that the majority of methamphetamine users are not using intravenously and that

bingeing patterns of use are more common among younger users while dependent patterns of use are more common with older users.

The other Rehabilitation provider referred to the agency's client treatment records and advised that over the past 24 months individuals under the age of 25 years were most likely to present to that service for treatment with methamphetamine as the principal drug of concern. The age group of 25 years to 34 years was the next group most likely to present, followed by the 35 years to 44 years group. Apparently only one individual over the age of 44 years had presented to treatment in the past 24 months with methamphetamine as the principal drug of concern. This KE also commented upon methamphetamine use becoming increasingly common among tradespeople, observing that this group had a high disposable income.

The court clinician advised that speed powder was still the principal form of methamphetamine, adding that a greater proportion of the Indigenous population was using methamphetamine intravenously than in previous years.

One NSP worker observed that in the NSP methamphetamine users tended to be younger than the morphine users.

4.4 Cocaine

Key Points

- Cocaine use by participants was rare, with only 4% reporting use in the preceding six months.
- Cocaine powder was the form most used.

Reports of recent use of cocaine decreased in 2010 to 4% of the sample, down from the 12% reported in 2009 (Table 7).

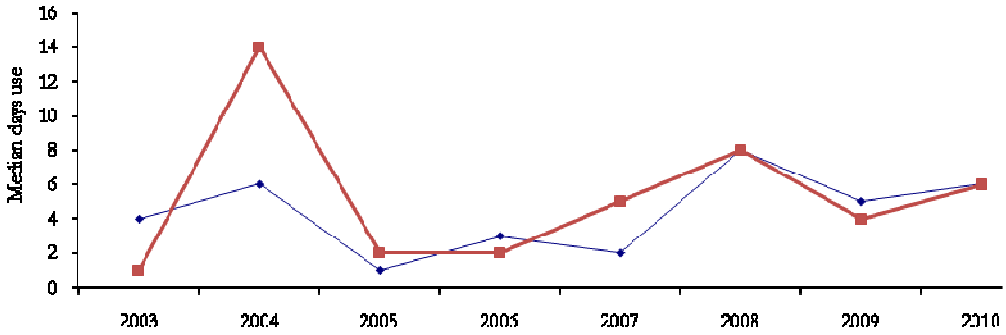
Table 7: Selected trends in participants' cocaine use, 2004-2010

	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Used last 6 months (%)	10	10	8	9	3	12	4
Injected last 6 months (%)	6	8	4	8	3	8	4
Days used last 6 months (median)	6	1	3	2	8	5	6
Days injected last 6 months (median)	14	2	2	5	8	4	6

Source: IDRS participant interviews

The median days used in the previous six months and median days injected are similar to those reported in 2009 (Figure 7).

Figure 7: Median days cocaine use in the past six months, 2003-2010



Source: IDRS participant interviews

As has been the case in previous years, powder is the most frequently reported form of cocaine used (Table 8).

Table 8: Forms of cocaine used previous six months, % participants, 2005-2010

	2005 N=107		**2006** N=100		**2007** N=106		**2008** N=103		**2009** N=99		**2010** N=**99**	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	8	8	4	4	8	7	3	2	10	5	3	3
Rock	-	-	-	-	-	-	0	0	4	2	0	1
Crack	2	1	3	3	1	0	1	1	0	0	1	0

Source: IDRS participant interviews

4.4.1 KE comment

Few KE commented upon cocaine use. One police officer stated that there was a small market only while the other police officer suggested that cocaine "is starting to creep in". One Rehabilitation provider reported that there had been no mention of cocaine use by clients attending their service.

4.5 Cannabis

Key Points

- Almost three-quarters of participants had used cannabis in the preceding six months.
- Cannabis was smoked by participants on a median of 93 days.
- Hydroponically grown cannabis (hydro) was the most common form used, followed by bush cannabis.

Table 9 shows that 72% of the sample used cannabis in the past six months, with 93 days the median number of days used. The percentage of the sample who reported use in 2010 has declined from previous years

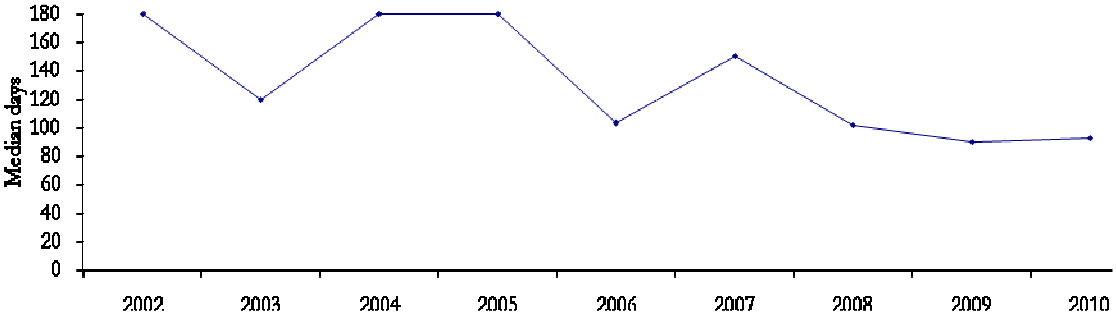
Table 9: Selected trends in participants' cannabis use, 2003-2010

	2003 N=109	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Used last 6 months (%)	83	75	79	84	83	78	78	72
Days used last 6 months (median)	120	180	180	103	150	102	90	93

Source: IDRS participant interviews

Figure 8 demonstrates the decline over time in the median number of days recent use of cannabis, although there was a slight increase in 2010 as compared to 2009 (93 days versus 90 days).

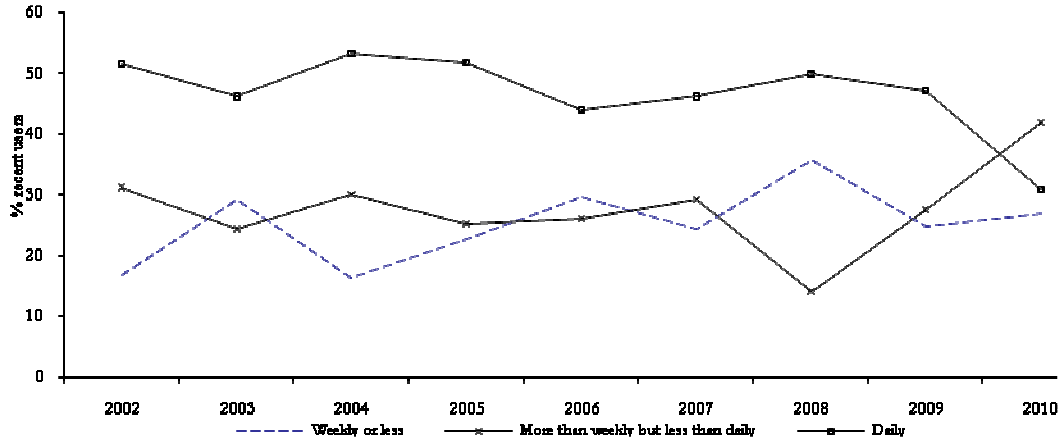
Figure 8: Median number of days of cannabis use in the past six months, 2002-2010



Source: IDRS participant interviews

In 2010 respondents were less likely to report daily cannabis use, with less frequent use more common, both showing a marked change compared to previous years. (Figure 9).

Figure 9: Patterns of cannabis use by recent users, 2002-2010



Source: IDRS participant interviews

Hydroponic cannabis continues to be the form most commonly and most often used (Table 10). Bush cannabis was the form next most commonly used, and hash oil was the form least used.

Table 10: Forms of cannabis used previous six months and main form, 2004-2010 (% entire sample)

	2004 N=111		2005 N=107		2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Hydro	80	69	75	68	68	63	74	91	97	92	96	96	69	56
Bush	70	61	61	10	34	8	48	9	69	8	29	5	37	7
Hash	19	1	19	0	8	0	11	0	40	0	3	0	11	0
Hash oil	5	0	10	0	3	0	7	0	24	0	4	0	6	0

Source: IDRS participant interviews

Respondents who recently used the substance reported smoking on average 5.7 cones or 1.4 joints on the last occasion of use.

4.5.1 KE comment

Both police officers spoke of cannabis use among the Indigenous population; one stated that cannabis use was common while the other expressed the view that it was becoming increasingly problematic.

One Withdrawal Service worker also commented upon cannabis use among the Indigenous population, stating that many Indigenous clients presenting to the service smoked cannabis. This worker also stated that older users tended to smoke on a daily basis while younger users tended to binge. The KE also commented on tradespeople smoking before, during and after work.

One Rehabilitation provider referred to the agency's client treatment records and advised that over the past 24 months individuals between the ages of 25 years to 34 years were most likely to present to that service for treatment with cannabis as the principal drug of concern. The age

group under 25 years were the next group most likely to present, followed by the 35 years to 44 years group and finally the 45 years or older group. This KE also referred to the high prevalence of cannabis use in the Indigenous population.

4.6 Other Opioids

Key Points

- Morphine remained the opioid most frequently used by participants, with 91% having used some form of morphine in the preceding six months, on a median of 180 days.
- MS Contin was the brand most often used.
- Illicitly obtained methadone was used by 11% of participants in the preceding six months, on a median of two days.
- Illicitly obtained Physeptone tablets were used by 26% of participants in the preceding six months, on a median of five days.
- Illicitly obtained oxycodone was used by 22% of participants in the preceding six months, on a median of five days.
- Illicitly obtained Subutex was used by 8% of participants in the preceding six months, on a median of seven days.
- Illicitly obtained Suboxone was used by 15% of participants in the preceding six months, on a median of 14 days.
- Over-the-counter (OTC) codeine was used by 35% of participants in the preceding six months, on a median of 14 days.
- Other opioids were used by 19% of participants in the preceding six months, on a median of 21 days.

4.6.1 Methadone

Eleven percent of the sample reported use of illicit methadone in the preceding six months on a median of 2 days, a decline from the 15% who reported use in the preceding six months in 2009 (Table 11). Illicit methadone syrup continued to be more frequently used than licit syrup and this was also the case with Physeptone tablets. There was an observed increase in use of illicit Physpetone (26%) compared to 2009 (22%), although 36% of respondents had reported use of illicit Physeptone in 2008.

Table 11: Forms of methadone used previous six months and primary form, 2004-2010

	2004 N=111		2005 N=107		2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Methadone (%)														
Licit (%)	13	13	18	15	6	5	17	4	9	7	6	3	6	5
Illicit (%)	23	11	21	14	16	7	17	4	25	16	15	10	11	1
Physeptone (%)														
Licit (%)	6	2	6	5	3	2	9	2	3	1	6	4	8	7
Illicit (%)	23	15	32	16	26	18	26	12	36	26	22	9	26	17

Source: IDRS participant interviews

Table 12 shows that a pattern of weekly or less use was the most common frequency reported.

Table 12: Frequency of methadone use in previous six months, % of recent users, 2004-2010

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

Source: IDRS participant interviews

4.6.2 Morphine

Morphine use over the previous six months increased to 91% of the sample in 2010 from 70% reported in 2009 (Table 13). Median days of use remained stable (daily) and there was a slight increase in median days injected (155 days in 2010 and 120 days in 2009).

Table 13: Selected trends in participants' morphine use, 2003-2010

	2003 N=109	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Used last 6 months (%)	82	87	80	81	82	89	70	91
Injected last 6 months (%)	80	86	79	81	76	87	70	91
Days used last 6 months (median)	180	173	140	180	180	133	180	180
Days injected last 6 months (median)	180	180	120	180	180	130	120	155

Source: IDRS participant interviews

Eighty-nine percent of the sample had used illicit morphine and 73% had used illicit morphine most often in the previous six months (Table 14). MS Contin continued to be the brand most often used (81%), followed by Kapanol (9%).

Table 14: Forms and brands of morphine used previous six months, 2004-2010

	2004 N=111		2005 N=107		2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often*	Used	Most often	Used	Most often
Licit (%)	29	23	30	26	31	24	33	14	19	16	26	26	24	16
Illicit (%)	80	62	70	54	70	57	73	37	85	73	61	43	89	73
Brand (%)														
MS Contin (%)	70		62		31		59		81		52		81	
Kapanol (%)	8		13		4		8		12		13		9	
Anamorph (%)	3		3		1		1		3		3		1	
Other/generic (%)	5		1		0		9		2		1		8	

Source: IDRS participant interviews * Data missing on some records

Daily use of illicit morphine in the previous six months declined to 8% from the 18% reported in 2009 (Table 15). More users of licit morphine (15%) used on a daily basis than did illicit morphine users (8%).

Table 15: Frequency of illicit morphine use in previous six months, 2007-2010 (%)

	2007* N=106			2008 N=103			2009 N=99			2010 N=99		
	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit
No recent use	22	31	69	14	19	81	31	40	80	9	15	79
Weekly or less	12	21	3	13	19	0	2	5	2	14	20	1
More than weekly	21	28	8	21	23	3	28	37	4	29	37	5
Daily	45	20	21	52	38	17	38	18	14	48	8	15

Source: IDRS participant interviews

4.6.3 Oxycodone

In the six months preceding the interview, 33% of respondents reported some form of oxycodone use, down from the 41% reported in 2009 (Table 16). Use of illicit oxycodone (22%) was higher than that of licit oxycodone (12%) and injection of illicit oxycodone (20%) was higher than that of licit oxycodone (8%). Median days used for licit oxycodone far exceeded that of illicit oxycodone (126 days compared to 5 days).

Table 16: Selected trends in participants' recent oxycodone use, 2006-2010, %

	2006 N=100			2007 N=106			2008 N=103			2009 N=99			2010 N=99		
	licit	illicit	any	licit	illicit	any	licit	illicit	any	licit	illicit	any	licit	illicit	any
Used last 6 months	5	7	11	2	11	12	3	28	31	9	35	41	12	22	33
Injected last 6 months	3	6	8	0	9	9	3	26	29	3	31	32	8	20	27
Days used last 6 months (median)	180	2	3	24	4	4	68	8	13	18	3	8	126	5	7
Days injected last 6 months (median)	180	2	3	0	4	4	65	8	14	4	3	6	180	5	7

Source: IDRS participant interviews

Table 17 demonstrates that use of illicit oxycodone (22%) exceeded that of illicit oxycodone (12%) and that Oxycontin remains the main brand used.

Table 17: Forms of oxycodone used previous six months and main form, 2006-2010

	2006 n=100		2007 n=106		2008 n=103		2009 n=99		2010 n=99	
	Used	Most often	Used	Most often	Used	Most often*	Used	Most often	Used	Most often
Licit (%)	5	4	2		3	3	9	9	12	12
Illicit (%)	7	7	11	5	28	29	35	31	22	20
Brand (%)										
Generic (%)					1		1			
Oxycontin (%)	1		5		30		23		26	
Endone							4		1	

Source: IDRS participants interviews
* Missing data

4.6.4 Subutex

Recent use and injection of illicit Subutex increased slightly in 2010 with 8% of the sample reporting use and 6% reporting injecting illicit Subutex of the previous six months (Table 18). There was also an increase in median days used and injected.

Table 18: Selected trends in illicit Subutex use, 2004-2010

	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Used last 6 months (%)	15	20	14	5	18	5	8
Injected last 6 months (%)	6	10	11	5	11	3	6
Days used last 6 months (median)	3	2	3	3	7	2	7
Days injected last 6 months (median)	5	4	4	3	6	1	7

Source: IDRS participant interviews

Table 19 shows that frequency of use of illicit Subutex generally remained weekly or less, consistent with the findings between 2004 and 2009.

Table 19: Frequency of illicit Subutex use in previous six months, 2004-2010

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

Source: IDRS participant interviews

Illicit Subutex was the form most commonly used over the previous six months and this is consistent with the 2008 and 2009 findings (Table 20).

Table 20: Forms of Subutex used previous six months and primary form, 2004-2010

	2004 N=111		2005 N=107		2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit (%)	15	12	11	9	16	13	6	5	7	8	4	3	4	4
Illicit (%)	17	14	20	18	14	13	5	3	18	16	5	5	8	8

Source: IDRS participant interviews

4.6.5 Over-the-counter codeine

As in 2009, 35% of the sample reported use of over-the-counter (OTC) codeine in the six months preceding the interview (Table 21). Only one respondent reported injecting this medication and Nurofen Plus was again the most commonly used OTC brand of codeine.

Table 21: OTC codeine use characteristics, 2009-2010, %

	2009 N=99	2010 N=99
% used last six months	35	35
median days used last six months	16	14
% injected drug last six months	2	1
median days injected last six months	13	10
Brands		
Mersyndol	1	6
Nurofen Plus	15	12
Panadeine	10	9
Panafen Plus	2	1
Panamax Co	1	0
Other	1	5

Source: IDRS participant interviews

"To sleep" and "opiate substitute" were identified equally (44%) by respondents as the main reason for use of OTC codeine (Table 22).

Table 22: OTC codeine reasons for use, 2010, %

	OTC codeine
% of entire sample able to respond	9
% of those who responded	
To get out of it	0
To sleep	44
To relieve opioid withdrawal	0
Opiate substitute	44
Substitute pharmacotherapy	22
Withdrawal relief	11

Source: IDRS participant interviews

4.6.6 KE comment

There was consensus among the KE who commented upon opiate use that morphine was the opiate form most frequently used by people who inject opiates, with a police officer suggesting that morphine users form a distinct group.

The Opiate Pharmacotherapy worker commented that there was increasing use of Endone and one Withdrawal Service provider commented that intravenous use of opiates was increasing in the Indigenous population.

OTC codeine use drew comments from three KE. One Withdrawal Service worker stated that Nurofen Plus use was common, including dependence leading to admission to their service. The other Withdrawal Service worker also referred to high rates of use of OTC codeine, especially Nurofen Plus, stating that some users were ingesting 60 to 80 tablets daily, with associated high risk of internal bleeds. One Rehabilitation provider estimated that an OTC codeine user would present to the service every two weeks.

4.7 Other drugs

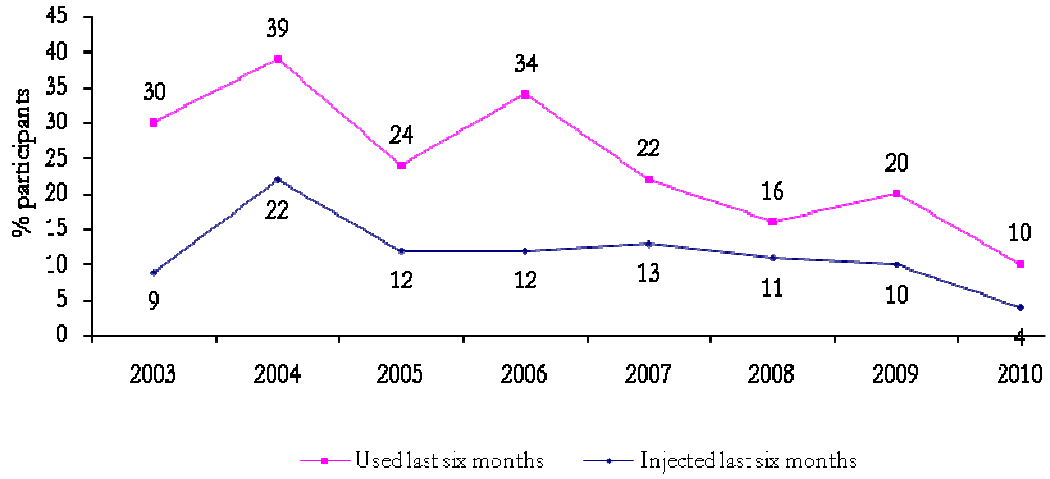
Key Points

- Ten percent of participants reported ecstasy use (on a median of two days) in the preceding six months, a reduction from the 20% who reported ecstasy use in the preceding six months in 2009.
- A form of benzodiazepines (illicit and/or licit) was used by 52% of participants in the preceding six months, on a median of 33 days.
- Use of pharmaceutical stimulants was rare, with only 6% of participants reporting use of prescribed or non-prescribed pharmaceutical stimulants in the preceding six months, on a median of 2 days.
- Hallucinogens (LSD only) were used by 4% of participants in the preceding six months, on a median two days.
- Fifty-seven percent of participants reported use of alcohol in the preceding six months, on a median of 23 days.
- Inhalant use was rare; only one participant reported use of inhalants in the preceding six months, on one day only.
- Daily use of tobacco was reported by 90% of participants.

4.7.1 Ecstasy

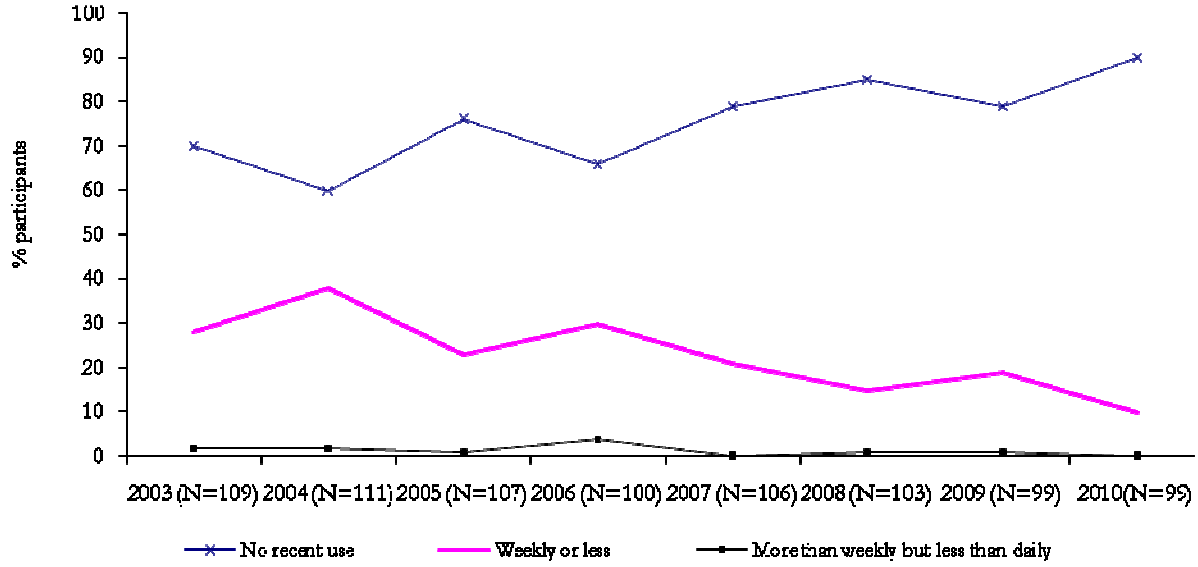
Figure 10 shows that ecstasy use declined over the previous six months with 10% reporting use (20% in 2009) and 4% reporting intravenous use (10% in 2009). Weekly or less was the main pattern of use reported (Figure 11).

Figure 10: Proportion of participants reporting ecstasy use and injection in the preceding six months, 2003-2010



Source: IDRS participant interviews

Figure 11: Patterns of ecstasy use, 2003-2010

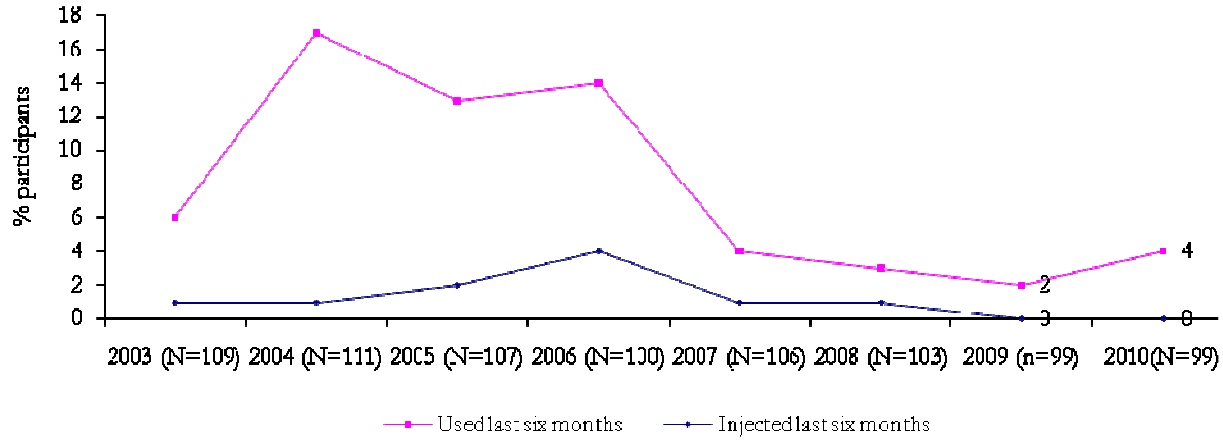


Source: IDRS participant interviews

4.7.2 Hallucinogens

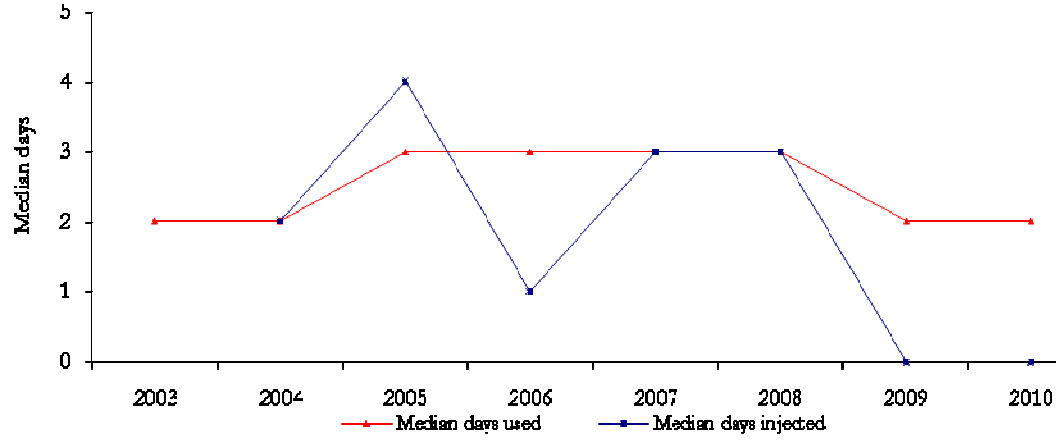
There was a slight increase in use of hallucinogens by respondents in the previous six months, but, as in 2009, no respondents reported injection of hallucinogens (Figure 12). Median days of use remained low (Figure 13).

Figure 12: Proportion of participants reporting hallucinogen use and injection in the preceding six months, 2003-2010



Source: IDRS participant interviews

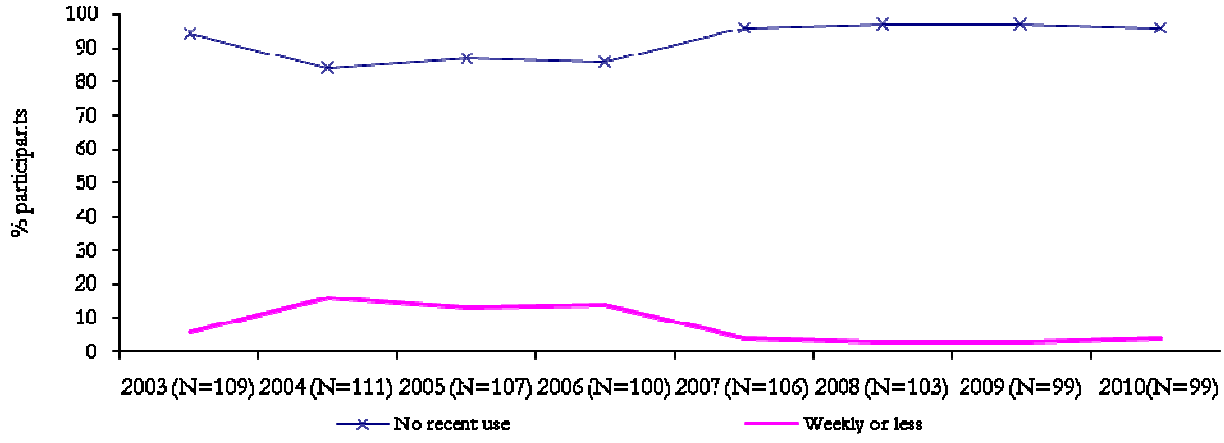
Figure 13: Median days use and injection of hallucinogens in the past six months, 2003-2010



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

Figure 14 demonstrates that hallucinogens continue to be infrequently used.

Figure 14: Patterns of recent hallucinogen use, 2003-2010



Source: IDRS participant interviews

As has been the case since 2008, LSD was the only form of hallucinogens reported to have been used by participants (Table 23).

Table 23: Hallucinogen forms most used, 2004-2010

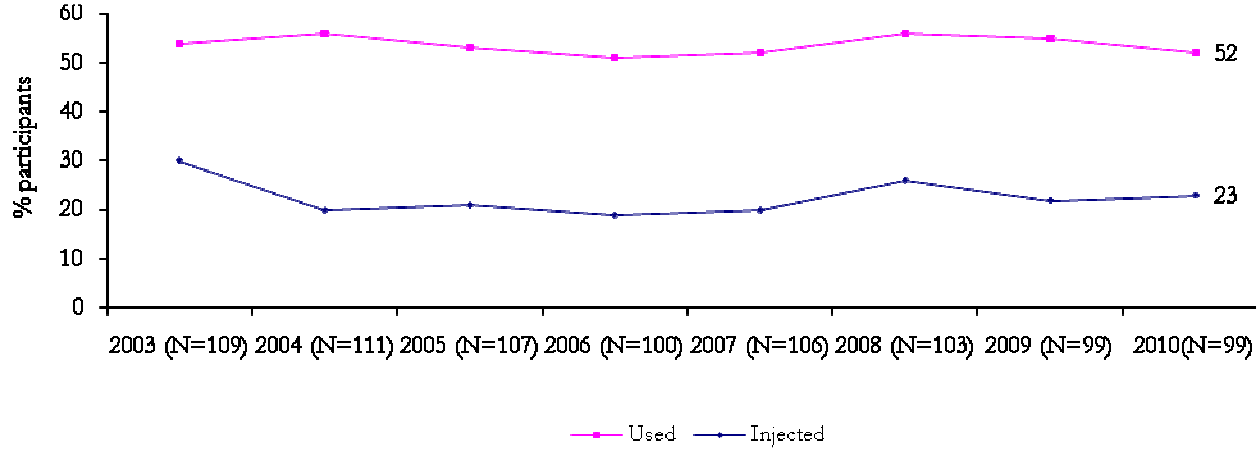
	2004 N=111		2005 N=107		2006 N=100		2007 N=106		2008 N=103		2009 N=99		2010 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
LSD	13	12	10	9	13	12	3	3	3	3	2	2	4	3
Mushrooms	8	4	1	1	0	0	0	0	0	0	0	0	0	0
Other							1	0	0	0	0	0	0	0

Source: IDRS participant interviews

4.7.3 Benzodiazepines

There was a slight decrease in use of benzodiazepines in 2010 (52% of the sample compared to 55% in 2009) but the overall trend remains stable (Figure 15). Injection of benzodiazepines increased by 1% and this result is similar to that observed in previous years.

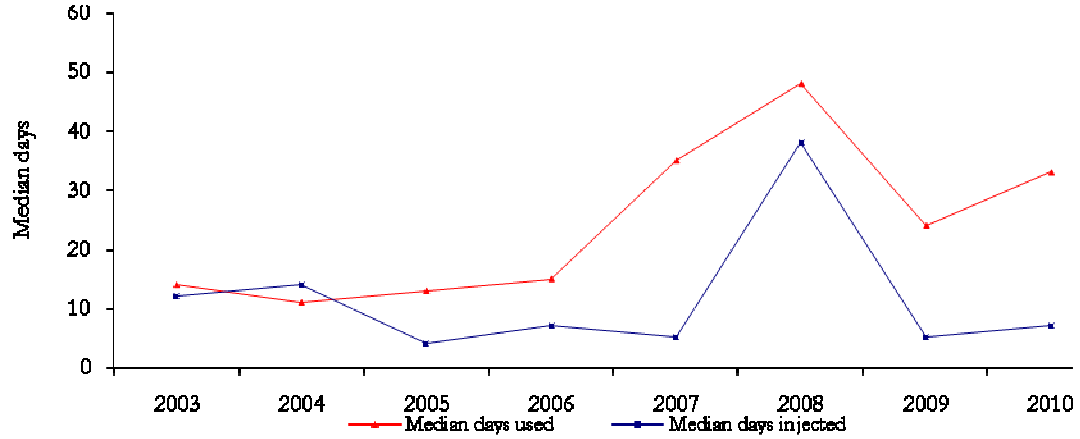
Figure 15: Proportion of participants reporting benzodiazepine use and injection in the preceding six months, 2003-2010



Source: IDRS participant interviews

In contrast to 2009 when median days used and injected declined from the 2008 findings, there was an increase in 2010 (Figure 16). The 2010 results are similar to those obtained in 2007.

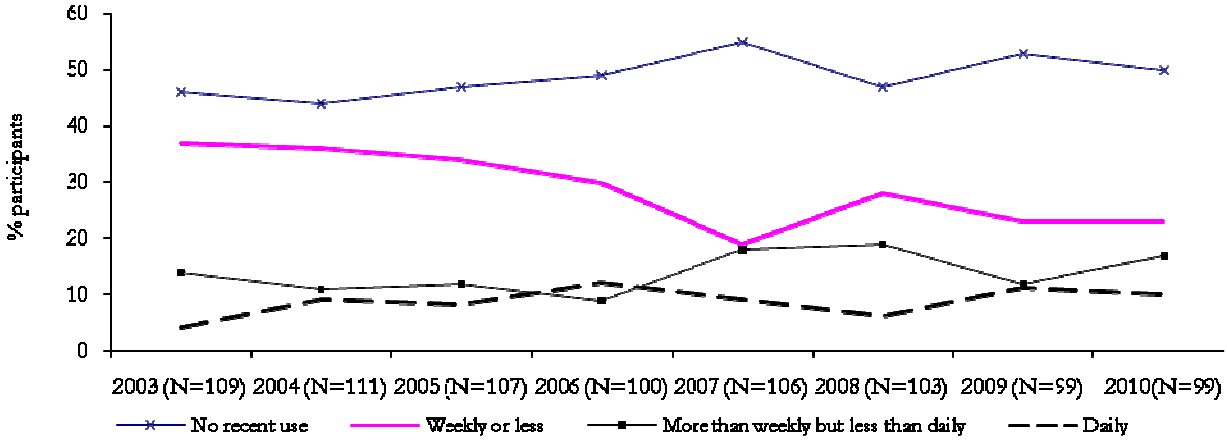
Figure 16: Median days use and injection of benzodiazepines in the past six months, 2003-2010



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

Patterns of use of benzodiazepines in 2010 are similar to those reported in previous years (Figure 17).

Figure 17: Patterns of benzodiazepine use, 2003-2010



Source: IDRS participant interviews

Twenty-eight percent of the sample reported recent use of illicit benzodiazepines in 2010, down from the 33% reported in 2009 (Table 24). As in 2009, licit benzodiazepines were the form most used by respondents. Xanax and Valium continue to be the main brand used.

Table 24: Forms of benzodiazepine most used and main brands, 2004-2010

	2004 N=109		2005 N=111		2006 N=107		2007 N=100		2008 N=106		2009 N=103		2010 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often*	Used	Most often	Used	Most often
Licit (%)	38	31	27	25	21	19	34	11	32	27	32	21	34	27
Illicit (%)	41	24	34	26	34	31	33	20	40	28	33	18	28	22
Brand (%)														
Xanax / Kalma (alprazolam)	4		5		3		19			25		7		23
Bromazepam (generic)	0				1		0			0				
Valium (diazepam)	39		27		26		14			18		10		18
Hypnodorm (flunitrazepam)	5		4		2		1			2				2
Murelax (oxazepam)	0		0		1		0			1				
Serepax (oxazepam)	4		5		2		1			0		1		2
Normison (temazepam)	6		6		1		0			0		2		2
Stilnox (zolpidem)	0		0		1		0			0				
Rohypnol	1		4		5		0			0				2
Other							9			1		2		1

Source: IDRS participant interview
* Data missing on some records

4.7.4 Inhalants

Inhalant use was again rare and in 2010 no respondents reported daily use (Figure 18). Only one respondent reported any use and this was on a weekly or less basis.

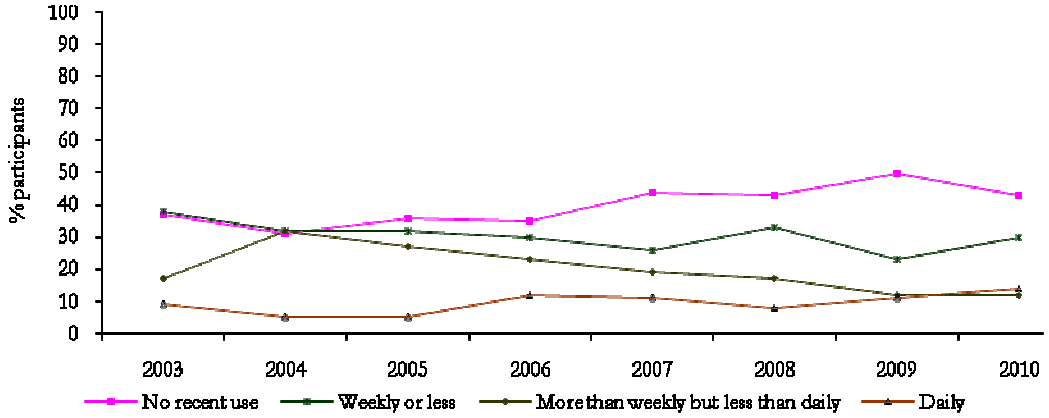
Figure 18: Patterns of inhalant use, 2003-2010

Source: IDRS participant interviews

4.7.5 Alcohol and tobacco

Recent use of alcohol increased from 50% in 2009 to 57% of the sample in 2010 (Table 3). Daily use was reported by 14% of the respondents, up slightly from the 11% reported in 2009 (Figure 19).

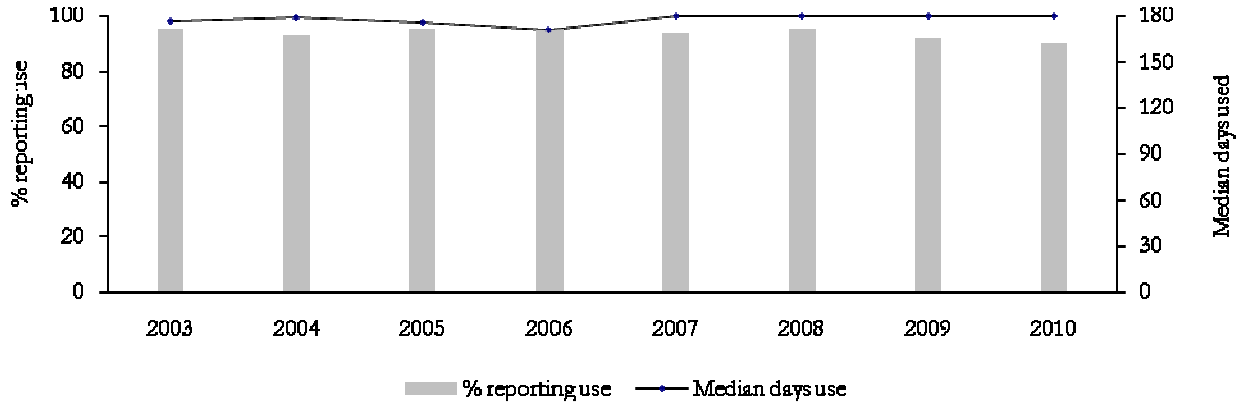
Figure 19: Patterns of recent alcohol use, 2003-2010



Source: IDRS participant interviews

Daily use of tobacco was reported by 90% of the sample, demonstrating that tobacco use remains prevalent among this population (Figure 20).

Figure 20: Participant reports of tobacco use in the last six months, 2003-2010



Source: IDRS participant interviews

4.7.6 KE comment

The KE commented primarily upon the use of benzodiazepines. One Withdrawal Service worker, the Opiate Pharmacotherapy Program worker, the Hospital AOD Liaison worker, both Rehabilitation providers, the court clinician and both NSP workers noted that benzodiazepine use was common among morphine users. The Opiate Pharmacotherapy Program worker and the Hospital AOD Liaison worker suggested that benzodiazepine use among this group was becoming more frequent than in previous years. One NSP worker stated that of all benzodiazepines, Xanax use was the most problematic and use was becoming increasingly

common. The other NSP worker stated that intravenous use of Xanax leads to major health problems and that benzodiazepine use increases when morphine was unavailable. The Withdrawal Service worker also stated that many morphine users are "topping up" with benzodiazepines.

Both police officer KE referred to drugs available over the internet, with one officer suggesting that use of these drugs has increased partially due to a reduction in the supply and availability of ecstasy and tighter restrictions on the supply of pseudoephedrine. This officer reported that LSD, ketamine and GHB rarely come to the attention of police but noted a recent seizure of GHB. The other police officer commented upon increased use of methcathinone and methedrone and other drugs obtained over the internet, adding that use of LSD, ketamine and GHB is infrequent. One Rehabilitation provider stated that use of LSD and ketamine by their client group is rare and that there had been no reports of use of GHB. The other Rehabilitation provider agreed that LSD, ketamine and GHB presentations are rare but identified a "definite" increase in the use of methcathinone and other drugs sourced over the internet.

One NSP worker spoke about steroid use, commenting that these were younger and often new users who did not necessarily use illicit drugs.

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

5.1 Heroin

Key points

- Only one respondent commented on the price of most recent heroin purchase, which was reported as $100 per gram. This figure should be treated with caution.
- Very few respondents could comment upon price movements and availability.
- KE comments confirm availability of heroin in the NT remains difficult or very difficult.

As is evident from Table 25, in 2010 only one respondent commented on the most recent price paid for of a gram of heroin, which was reported as $100. This figure should be treated with caution and it should be noted that three respondents commented on current price of heroin, quoting $100, $500 and $1000 (median $500). One respondent reported that the current price of a cap of heroin was $120.

Table 25: Median price of most recent heroin purchases, 2007-2010, $ (n)

Amount	2007	2008	2009	2010
Cap	50 (1)	100 (4)	80 (12)	
Quarter gram	150 (2)	-		
Half gram (halfweight)	-	-		
Gram	150 (1)	400 (1)	300 (10)	100 (1)

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

The one respondent who commented on price movement of heroin stated that the price was increasing (Table 26).

Table 26: Reports of heroin price movements in the past six months, 2005-2010

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Did not respond (%)	74	95	92	94	94	97
Did respond (%)	26	5	8	6	6	3
Of those who responded						
Don't know (%)	43 (11)	0	13 (1)	0	0	67 (2)
Increasing (%)	18 (5)	20 (1)	25 (4)	50 (3)	17 (1)	33 (1)
Stable (%)	32 (8)	80 (4)	50 (4)	50 (3)	67 (4)	0
Decreasing (%)	0	0	0	0	0	0
Fluctuating (%)	7 (2)	0	13 (1)	0	17 (1)	0

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

Only 3% of the 2010 sample commented on the availability of heroin with one respondent suggesting that availability was easy, another that it was very difficult and the third unable to comment (Table 27). The few respondents who were able to comment stated that there had been no change in availability of the previous six months.

Table 27: Participant reports of heroin availability in the past six months, 2005-2010

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Did not respond* (%)	74	95	93	94	94	97
Did respond (%)	26	5	7	6	6	3
Of those who responded:						
Current availability						
Very easy (%)	0	0	0	17 (1)	0	
Easy (%)	14 (4)	60 (3)	0	0	67 (4)	33 (1)
Difficult (%)	50 (12)	20 (1)	57 (4)	67 (4)	33 (2)	
Very difficult (%)	21 (6)	20 (1)	43 (3)	17 (1)	0	33 (1)
Don't know^ (%)	14 (4)	0	0	0	0	33 (1)
Change last six months						
More difficult (%)	21(6)	0	0	0	0	0
Stable (%)	46 (12)	80 (4)	71 (5)	100 (6)	83 (5)	67 (2)
Easier (%)	0	20 (1)	14 (1)	0	17 (1)	0
Fluctuates (%)	4 (1)	0	0	0	0	0
Don't know^ (%)	29 (8)	0	14 (1)	0	0	33 (1)

Source: IDRS participant interviews

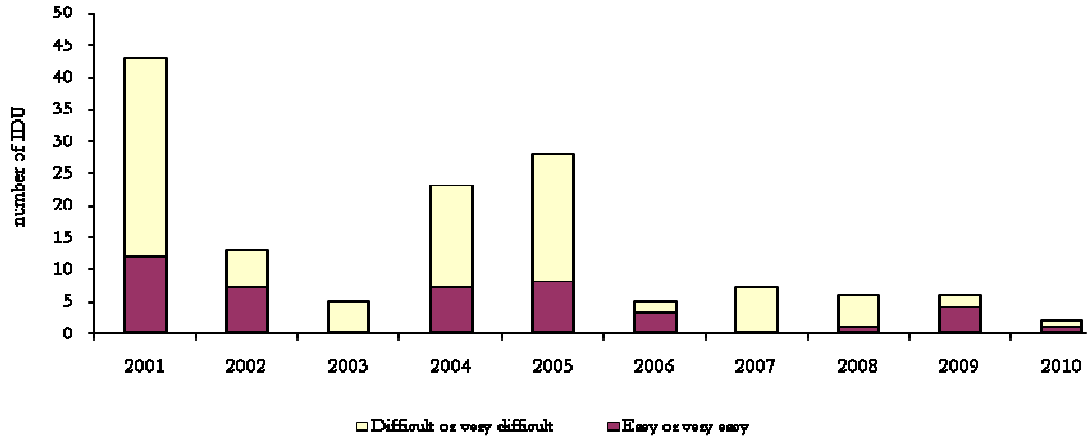
* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of heroin but had not had enough contact with users/dealers to respond to items concerning availability

Note: Proportion of entire sample in brackets

The small number of participants who commented differed in report of availability (Figure 21). Of greater significance is that there is an apparent trend towards fewer respondents being able to comment on heroin availability.

Figure 21: Participant reports of current heroin availability, 2001-2010



Source: IDRS participant interviews

Table 28 demonstrates that the few participants who were able to comment sourced heroin from a street dealer, an unknown dealer or another source not listed in the table. Two of the three respondents obtained the substance at an agreed public location.

Table 28: Usual source person and venue for purchases of heroin in the preceding six months, 2006-2010

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

Source: IDRS participant interviews
* Multiple responses possible

Of the two participants who were able to comment, one noted high purity and the other noted medium purity (Table 29). No participants could comment upon any change in purity over the previous six months.

Table 29: Participants' perceptions of heroin purity in the past six months, 2005-2010

	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 n=99
Did not respond* (%)	72	96	92	94	94	97
Did respond (%)	28	4	8	6	6	3
Of those who responded:						
Current purity						
High (%)	4 (1)	0	0	17 (1)	17 (1)	33 (1)
Medium (%)	18 (5)	25 (1)	13 (1)	17 (1)	50 (3)	33 (1)
Low (%)	54 (14)	75 (3)	75 (6)	67 (4)	17 (1)	
Fluctuates (%)	4 (1)	0	0	0	17 (1)	
Don't know^ (%)	21 (6)	0	13 (1)	0	0	33 (1)
Change last six months						
Increasing (%)	0	0	14 (1)		0	0
Stable (%)	29 (8)	0	43 (3)	83 (5)	17 (1)	0
Decreasing (%)	11 (3)	75 (3)	0		33 (2)	0
Fluctuating (%)	18 (5)	25 (1)	29 (2)		50 (3)	0
Don't know^ (%)	43 (11)	0	14 (1)	17 (1)	0	100 (3)

Source: IDRS participant interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or availability of heroin, but had not had enough contact with users/dealers, or had not used a sufficient number of times to feel confident responding to items concerning purity

Note: Proportion of entire sample in brackets

5.1.1 KE comment

One police officer stated that heroin availability was very rare and the other officer stated that heroin was rarely seen and was restricted to an 'Asian market'. The only other KE to comment upon heroin was one Withdrawal Service worker who stated that there were only occasional reports of availability.

5.2 Methamphetamine

Key points

- The median price for a point of methamphetamine powder or base was $100 and $200 for ice/crystal methamphetamine.
- Grams of speed powder had a median price of $450 while the median price for a gram of ice/crystal was $1350.
- Grams of base methamphetamine had a median price of $250.
- Prices of all forms of methamphetamine have increased since 2009.
- A lower proportion of participants rated availability of any form of methamphetamine as very easy or easy than in 2009.
- Reported purity of all forms of methamphetamine has declined.

5.2.1 Price

Table 30 shows the median price of most recent purchase for the various forms of methamphetamine.

Table 30: Price of most recent methamphetamine purchases by participants, 2010

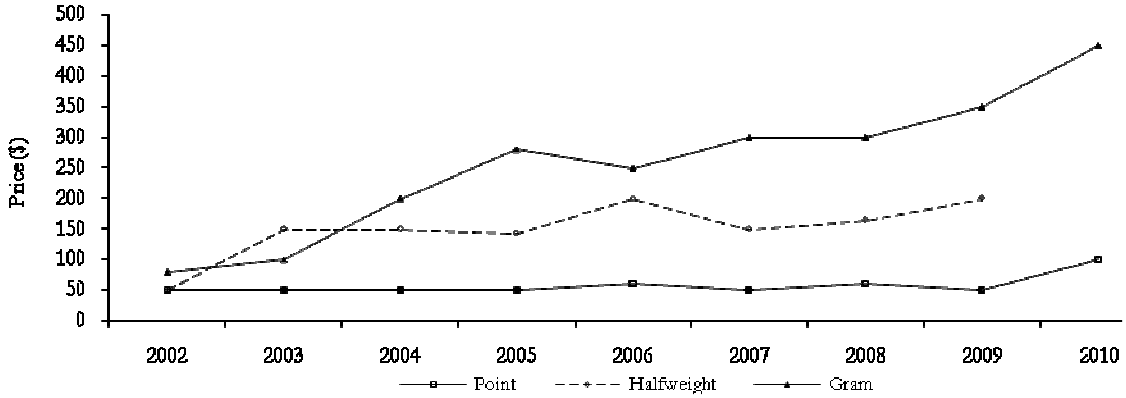
Amount	Median price $	Range $	Number of purchasers
Speed			
Point (0.1 g)	100	50-200	15
Gram	450	4000-1500	11
Ounce	5000	5000-7000	3
Base			
Point	100	70-100	4
Gram	250	250-900	3
Ounce	7000	-	1
Ice/crystal			
Point (0.1 g)	200	100-200	10
Gram	1350	1200-1500	2
Ounce	15,500	13,000-18,000	2

Source**:** IDRS participant interviews

Speed

Speed powder was most commonly purchased in points, with a median price of $100, double that reported in 2009 (Figure 22). Figure 22 also shows that the median price of grams of speed powder increased from $350 in 2009 to $450 in 2010.

Figure 22: Median prices of speed powder estimated from participant purchases, 2002-2010

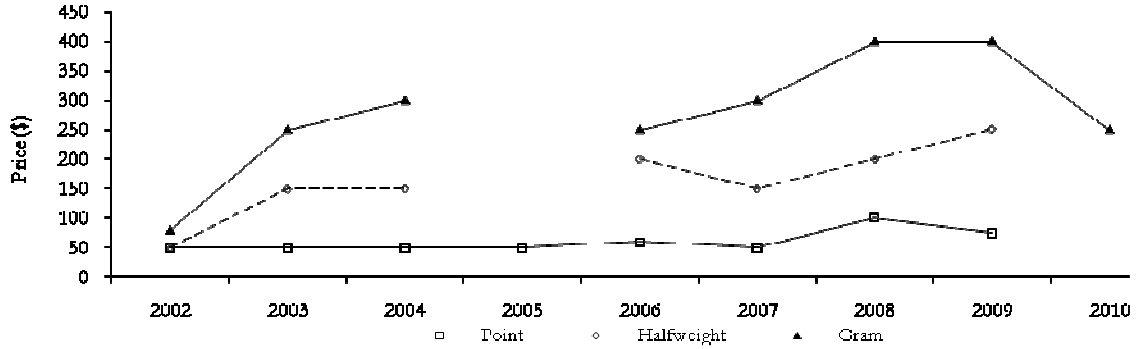


Source: IDRS participant interviews

Base

Participants reported a decrease in the price of grams of base but, as in 2009, the low number of participants who commented suggests these results should be treated with caution (Figure 23).

Figure 23: Median prices of base estimated from participant purchases, 2002-2010

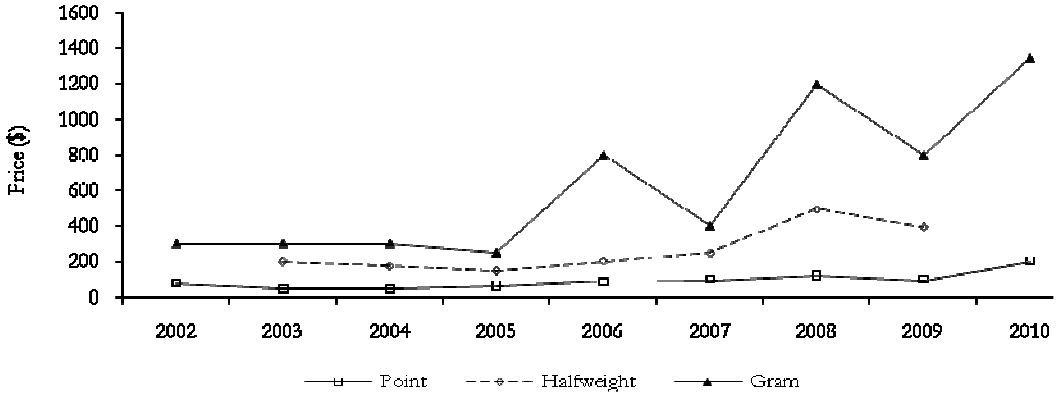


Source: IDRS participant interviews

Crystal

Figure 24 shows that the price of points of crystal has doubled since 2009. A similar increase was observed by the two purchasers of grams, with the median price increasing from $800 to $1350. The low number of participants able to comment on the price of grams of crystal methamphetamine suggests that this result should be treated with caution.

Figure 24: Median prices of ice/crystal estimated from participant purchases, 2002-2010



Source: IDRS participant interviews

The majority (64%) of participants able to comment on the price movement of methamphetamine over the past six months identified a trend towards increasing price (Table 31).

Table 31: Methamphetamine price movements in the last six months, participants 2010

	Speed	Base	Crystal
Did not respond (%)	83	95	89
Did respond (%)	17	5	11
Of those who responded			
Don't know (%)	6 (1)	20 (1)	9 (1)
Increasing (%)	53 (9)	80 (4)	64 (7))
Stable (%)	29 (5)		9 (1))
Decreasing (%)		-	-
Fluctuating (%)	12 (2)	-	18 (2)

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

5.2.2 Availability

Forty-two percent of respondents rated speed powder and as very easy or easy to obtain and 47% rated it as difficult or very difficult to obtain (Table 32). Thirty-five percent of respondents commented that availability had become more difficult, 35% suggested it was stable, 6% that it was easier to obtain and 12% stated that availability had fluctuated over the previous six months. The proportion reporting easy current availability had decreased from 65% in 2009 to 24% in 2010.

Of the few respondents who commented on current availability of base, 60% rated this form of methamphetamine as easy to obtain while 20% rated it as very difficult to obtain (Table 32). Three of the five respondents who commented suggested availability of base had become more difficult over the past six months.

Ice was rated as currently easy to obtain by over half the respondents (55%) while over a quarter (27%) considered ice to be difficult to obtain (Table 32). Thirty-six percent of respondents considered that availability had remained stable over the previous six months while another 36% considered that availability had fluctuated.

Table 32: Participants reports of methamphetamine availability in the past six months, 2006-2010

	Powder					Base					Ice/crystal				
	2006 N=100	**2007** N=106	**2008** N=103	**2009** N=99	**2010** N=99	**2006** N=100	**2007** N=106	**2008** N=103	**2009** N=99	**2010** N=99	**2006** N=100	**2007** N=106	**2008** N=103	**2009** N=99	**2010** N=99
Did not respond* (%)	47	52	65	69	83	82	88	94	93	95	85	91		87	89
Did respond (%)	53	48	35	31	17	18	12	6	7	5	15	19		13	11
Of those who responded															
Current availability															
Very easy (%)	16 (9)	26 (12)	14 (5)	16 (5)	18 (3)	17 (3)	0	0	29 (2)		7 (1)	25 (5)	33 (2)	8 (1)	9 (1)
Easy (%)	51 (28)	53 (26)	53 (18)	65 (20)	24 (4)	50 (9)	46 (6)	33 (2)	43 (3)	60 (3)	47 (7)	35 (7)	50 (3)	62 (8)	55 (6)
Difficult (%)	26 (14)	12 (6)	31 (11)	16 (5)	35 (6)	33 (6)	31 (4)	67 (4)	14 (1)		33 (5)	35 (7)	17 (1)	31 (4)	27 (3)
Very difficult (%)	4 (2)	4 (2)	3 (1)	3 (1)	12 (2)	0	8 (1)	0	14 (1)	20 (1)	13 (2)	5 (1)	0		
Don't know^ (%)	4 (2)	6 (3)	0		12 (2)	0	15 (2)	0		20 (1)	0	0	0		9 (1)
Change last six months															
More difficult (%)	18 (10)	18 (9)	19 (7)	16 (5)	35 (6)	0	31 (4)	50 (3)	14 (1)	60 (3)	27 (4)	15 (3)	0	8 (1)	9 (1)
Stable (%)	67 (37)	56 (26)	61 (21)	65 (20)	35 (6)	94 (17)	46 (6)	50 (3)	71 (5)	20 (1)	67 (10)	55 (10)	83 (5)	67 (8)	36 (4)
Easier (%)	6 (3)	6 (3)	6 (2)	6 (2)	6 (1)	0	0	0	14 (1)	20 (1)	7 (1)	25 (5)	17 (1)		
Fluctuates (%)	4 (2)	14 (7)	8 (3)	13 (4)	12 (2)	4 (1)	8 (1)	0			0	5 (1)	0	25 (3)	36 (4)
Don't know^ (%)	6 (3)	6 (3)	6 (2)		12 (2)	0	15 (2)	0			0	0	0		18 (2)

Source**:** IDRS participant interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

Note: Percentage of entire sample in brackets

The majority (63%) of respondents had obtained speed powder from friends, while 19% reported obtaining powder from a known dealer and another 19% reported obtaining powder from an acquaintance (Table 33). Friends remained the most common source for obtaining speed powder, but this was not the case for base methamphetamine where known dealers (40%) and acquaintances (40%) exceeded the 20% sourced from friends.

As with speed powder, friends (50%) was the main source for crystal methamphetamine and friend's house (40%) was identified as the main venue from which ice was obtained (Table 33).

The small number of participants commenting upon source person and venue suggests these results be treated with caution.

Table 33: Usual source person and source venue for purchases of methamphetamine in the preceding six months, 2006-2010

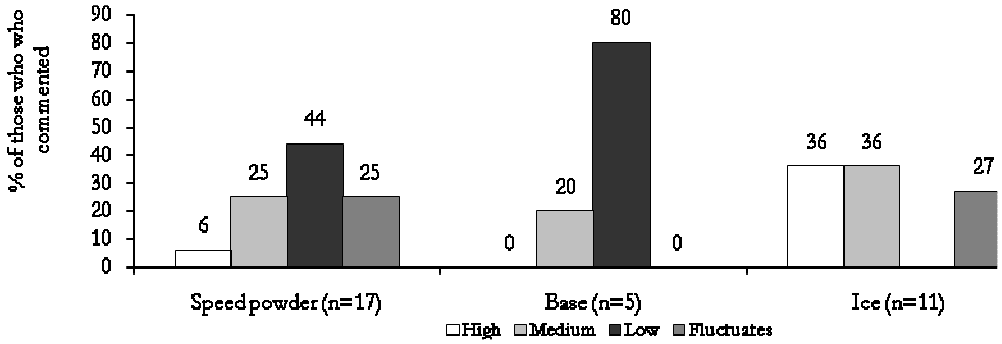
	Speed				Base				Ice/Crystal			
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Did not respond (%)	53	35	68	84	88	94	93	95	81	94	87	90
Did respond (%)	47	65	32	16	12	6	7	5	19	6	13	10
Of those who responded												
Source person (%)												
Street dealer	32	22	31	0	31	17	43	0	25	17	31	10
Friends	44	47	41	63	46	33	43	20	60	50	54	50
Gift from friends	4	0	0	0	8	0		0	0	0		
Known dealer	16	17	6	19	15	17	14	40	15	17	15	20
Workmates	0	0			0	0		0	0	0		0
Acquaintances	26	25	22	18	0	33		40	5	17		10
Unknown dealer	12	6			15	0		0	0	0		10
Mobile dealer	6	0			8	17		0	10	0		0
Other	4	0			8	0		0	0	0		0
Source venue (%)												
Home delivery	16	14	19	13	23	33	14	20	15	67	31	20
Dealer's home	6	25	6	19	0	17	14	20	10	0	8	10
Friend's home	26	39	31	38	15	33	57	20	30	17	47	40
Acquaintance's house	14	14	9	13	0	33		40	0	0		0
Street market	10	17	19	0	0	17	14	0	20	17	15	0
Agreed public location	37	17	13	19	46	0		0	25	0		30
Work	0	0	0	0	0	0		0	0	0		0
Other	4	0	3	0	8	0		0	0	0		0

Source: IDRS participant interviews

5.2.3 Purity

Speed powder purity was rated by 44% of respondents as low while 80% rated base purity as low (Figure 25). No respondents rated ice purity as low, with assessment of purity rated equally (36%) as high or medium. Twenty-seven percent of respondents reported that ice purity fluctuates.

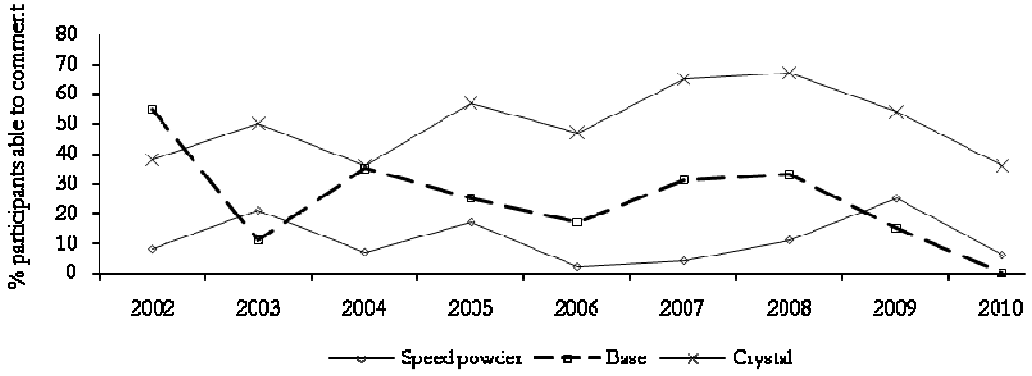
Figure 25: Participant perceptions of methamphetamine purity (speed, base and ice/crystal) among those who commented, 2010



Source: IDRS participant interviews

Figure 26 demonstrates that the reported purity of all forms of methamphetamine declined in 2010. The decline in assessed purity of speed powder in 2010 continues to reverse the trend of increased purity reported between 2006 and 2008.

Figure 26: Proportion of participants reporting speed powder, base and ice/crystal purity as 'high', among those who commented, 2002-2010



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

5.2.3 KE comment

One police officer KE reported that ice was selling for $120 to $250 for a point and that this was far more expensive than in southern states. The court clinician noted that the price of ice was increasing.

Methamphetamine purity attracted a number of comments, with most KE (both police officers, the Hospital AOD Liaison worker, both Withdrawal Service workers, both Rehabilitation providers, the court clinician and two NSP workers) agreeing that purity fluctuates. The AOD Hospital Liaison worker described purity as "wildly variable" and a Withdrawal Service worker observed that some methamphetamine sold as ice was not genuine crystal methamphetamine. This KE and an NSP worker suggested that the quality of methamphetamine obtained was highly dependent upon closeness to the source. The Opiate Pharmacotherapy Program worker referred to generally poor quality, as did one NSP worker.

Both police officers stated that base methamphetamine was rarely seen. The Opiate Pharmacotherapy Program worker, one Rehabilitation provider and one NSP worker also suggested that availability of all forms of methamphetamine fluctuated.

5.3 Cocaine

Key Point

- In 2010 no participants were able to comment upon the cocaine drug market, confirming the rare use of this substance by the IDRS sample in the NT.

In the interests of providing some historical context, in 2009 there were sole purchasers for a cap, a quarter gram and a gram of cocaine, with prices identified as $80, $300 and $250 respectively. These prices should be viewed with scepticism.

In 2009 five participants commented upon availability, with one participant rating availability as very easy, two participants rating availability as easy and two participants rating availability as difficult. Again, the low number of respondents suggests that this information be viewed with caution.

5.3.1 KE comment

One police officer KE stated that there was a small market only while the other police officer suggested that cocaine "is starting to creep in".

5.4 Cannabis

Key Points

- The median price of hydro and bush cannabis was $30 per gram.
- The median price for an ounce of hydro was $450 and $300 for bush cannabis, with the majority of participants rating price as stable over the past six months.
- The majority of participants able to comment rated cannabis availability as easy or very easy.
- The majority of participants able to comment rated hydro potency as high and bush cannabis potency as medium.

5.4.1 Price

Recent cannabis prices are presented in Table 34. Grams of hydro and bush cannabis were the weights most commonly purchased, both with a median price of $30. Ounces of bush cannabis were purchased by 21 participants at a median price of $300, while the median price of an ounce of hydro was $450. Given the range of prices for "a bag" of both hydro and bush cannabis, it is apparent that respondents interpreted "a bag" as either a gram or as a larger quantity, possibly approaching an ounce in the weight.

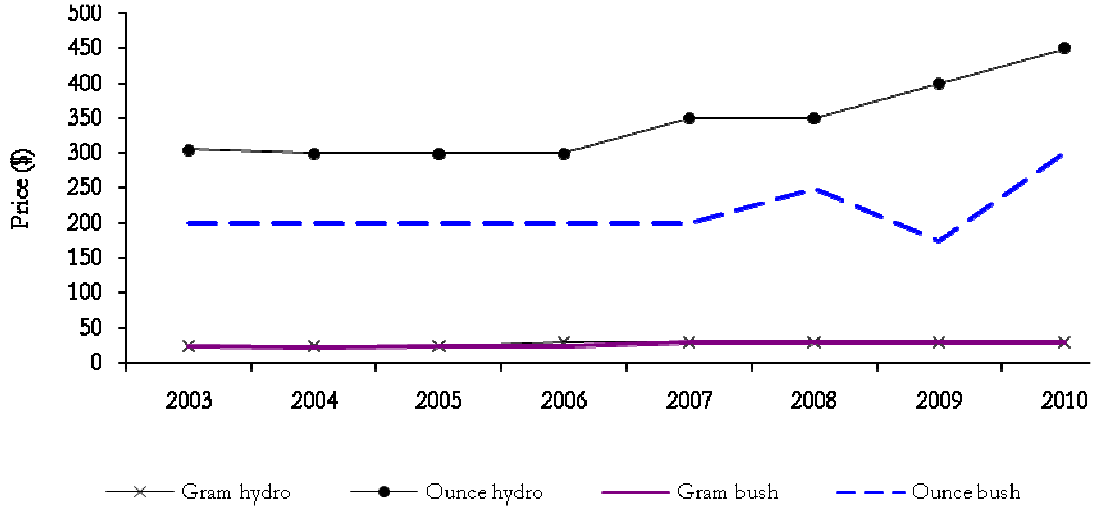
Table 34: Price of most recent cannabis purchases by participants, 2010

	Median price $	Range	Number of purchasers
Hydro			
Gram	30	20-30	34
A bag	50	30-400	21
Quarter ounce	100	80-130	5
Half ounce	213	15-600	4
Ounce	450	300-600	17
Bush			
Gram	30	10-40	14
A bag	30	10-300	10
Quarter ounce	90	50-100	4
Half ounce	150	100-225	5
Ounce	300	120-450	21

Source: IDRS participant interviews

Figure 27 demonstrates that while the price of grams has remained stable for both bush and hydro, the cost of ounces has increased after a period of price stability between 2003 and 2008.

Figure 27: Median prices of cannabis estimated from participant purchases, 2003-2010



Source: IDRS participant interviews

More than half the respondents (55%) stated that the price of hydro was either increasing or fluctuating while 61% of respondents suggested that the price of bush cannabis remained stable over the previous six months (Table 35).

Table 35: Price movements of cannabis in the past six months, 2010

	Hydro	Bush
Did not respond (%)	42	67
Did respond (%)	57	33
Of those who responded		
Don't know (%)	0	6
Increasing (%)	46	18
Stable (%)	46	61
Decreasing (%)	0	0
Fluctuating (%)	9	15

Source: IDRS participant interviews

5.4.2 Availability

Eighty-three percent of respondents in 2010 rated hydro as currently very easy or easy to obtain, almost identical to the 84% who rated this form of cannabis as easy or very easy to obtain in 2009 (Table 36). Current availability of bush was rated as easy by 55% of respondents, although, as discussed later, this is contradicted by the KE. More than half the respondents considered prices of both bush and hydro to be stable over the previous six months.

Table 36: Participants' reports of cannabis availability in the past six months, 2006-2010

	Hydro				Bush			
	2007 N=106	2008 N=103	2009 N=99	2010 N=99	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Did not respond* (%)	41	33	29	43	74	79	74	67
Did respond (%)	59	67	71	57	26	21	26	33
Of those who responded								
Current availability								
Very easy (%)	40	25	30	25	21	0	27	18
Easy (%)	24	52	54	58	21	59	23	55
Difficult (%)	29	19	17	16	55	41	50	24
Very difficult (%)	8	0	0	2	0	0	0	0
Don't know^ (%)	0	4	0	0	3	0	0	3
Availability change								
More difficult (%)	37	20	21	14	18	23	39	18
Stable (%)	37	70	62	56	68	55	50	61
Easier (%)	10	1	7	5	4	0	0	3
Fluctuates (%)	16	3	9	21	11	18	3	9
Don't know^ (%)	2	6	0	4	0	5	0	9

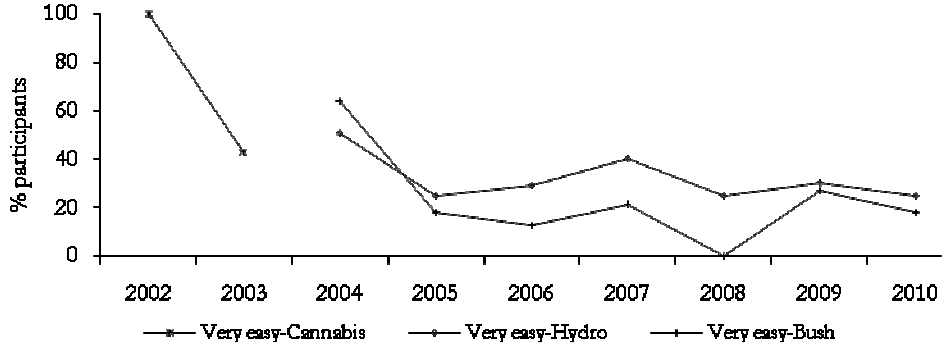
Source: IDRS participant interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

Figure 28 shows a slight decrease in the percentage of participants rating both categories of cannabis as very easy to obtain.

Figure 28: Participant reports of current cannabis availability, 2002-2010



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

Table 37 demonstrates that the majority of purchasers obtained their cannabis from friends (52% for hydro, 72% for bush). Similarly, a friend's home was the most common source venue (30% for hydro and 47% for bush).

Table 37: People from whom cannabis was purchased in the preceding six months, 2007-2010

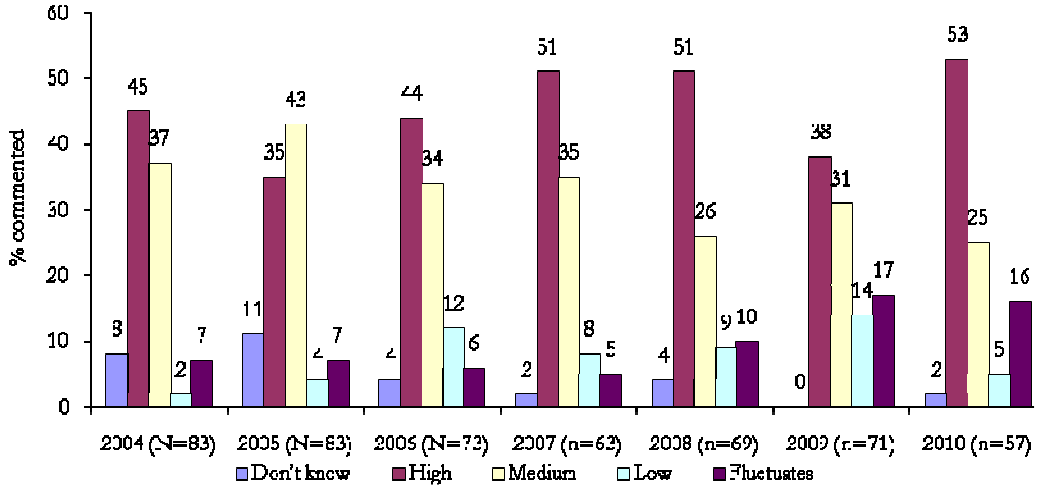
	Hydro				Bush			
	2007 N=106	**2008** N=103	**2009** N=99	**2010** N=99	**2007** N=106	**2008** N=103	**2009** N=99	**2010** N=99
Did not respond (%)	41	33	29	42	72	79	71	67
Did respond (%)	59	67	71	58	28	21	29	33
Of those who responded:								
Source person								
Street dealer (%)	37	23	41	9	20	14	24	9
Friends (%)	40	46	35	52	47	64	55	72
Gift from friends (%)	10	0			0	0	0	
Known dealer (%)	29	28	13	25	20	9	10	9
Workmates (%)	2	1	0		3	0	0	
Acquaintances (%)	22	22	7	9	27	23	7	
Unknown dealer (%)	6	1	2	4	13	5	0	3
Mobile dealers (%)	11	0	0		7	5	0	
Source venue								
Home delivery (%)	19	16	13	16	20	18	17	13
Dealer's home (%)	27	28	24	25	17	14	14	13
Friend's home (%)	32	35	35	30	30	59	48	47
Acquaintance's house (%)	18	17	3	4	13	14	0	
Street market (%)	13	10	21	4	10	9	14	6
Work (%)	2	0	0		3	0	0	
Agreed public location (%)	27	19	1	20	27	14	0	19

Source: IDRS participant interviews

5.4.3 Potency

Fifty-three percent of respondents rated hydro potency as high, an increase from the 38% who rated hydro potency as high in 2009 and similar to the percentages reported in 2007 and 2008 (Figure 29).

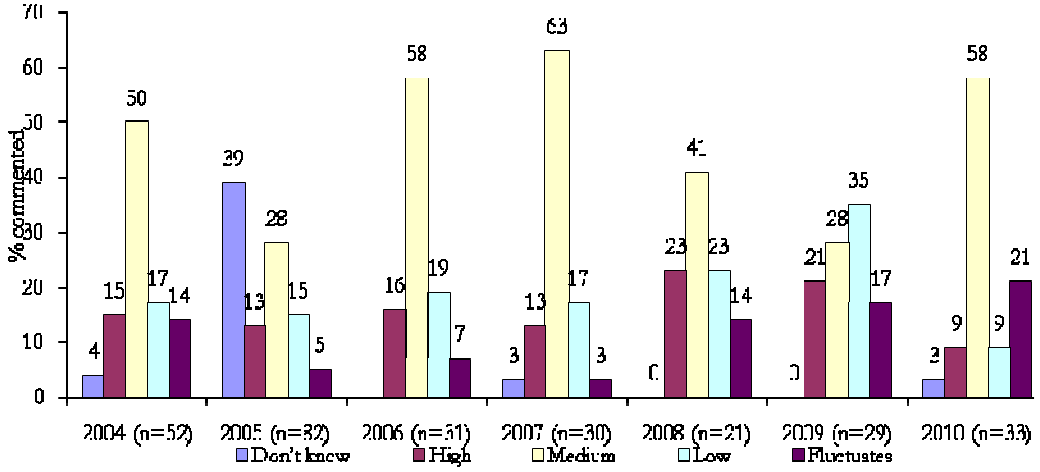
Figure 29: Current potency of hydro, % able to comment, 2004-2010



Source: IDRS participant interviews

Figure 30 shows that the majority (58%) of respondents rated bush cannabis as of medium potency while 21% reported that potency fluctuates.

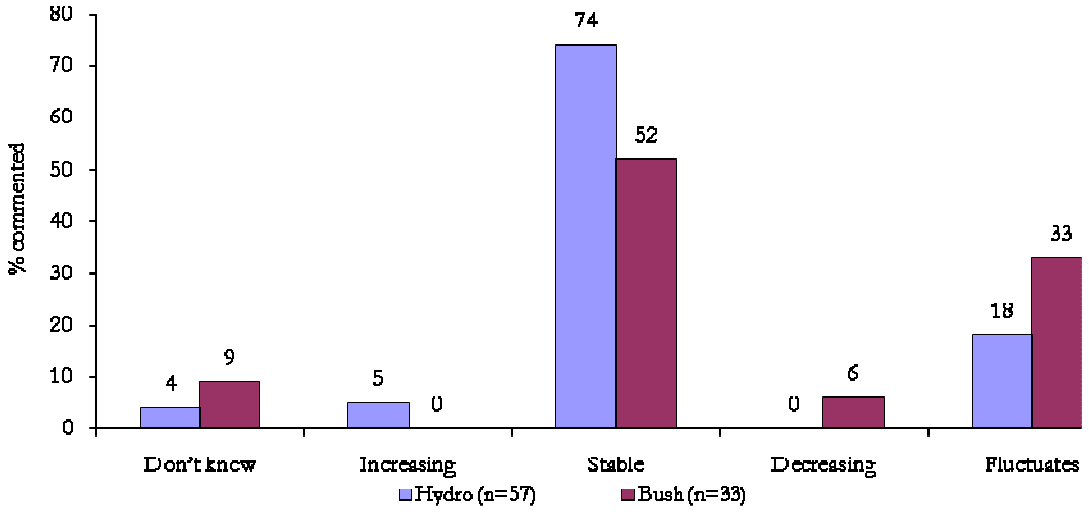
Figure 30: Current potency of bush, % commented, 2004-2010



Source: IDRS participant interviews

Seventy-four percent of respondents stated that hydro potency had remained stable and 52% reported that bush potency had remained stable (Figure 31). Eighteen percent of respondents considered that hydro potency fluctuated whereas 33% of respondents reported that bush cannabis potency fluctuated.

Figure 31: Change in potency of hydro and bush cannabis in past six months, % able to comment, 2010



Source: IDRS participant interviews

5.4.4 KE comment

One police officer commented upon price, reporting that the usual street price for hydro was $30 for a gram, $400 for an ounce and $2500 for a pound. He added that commercial quantities of cannabis were sourced primarily from South Australia. The Opiate Pharmacotherapy Program KE suggested that cannabis was becoming more expensive and weights are often "light". This was echoed by the Hospital Liaison worker who said that deals were often smaller and lighter than the supposed weight. One Rehabilitation provider commented that at times price depended on whether the cannabis was "wet" or "dry".

Ten of the 12 KE referred to the scarcity of bush cannabis, with five KE (the Opiate Pharmacotherapy Program worker, one Rehabilitation provider, the court clinician and two NSP workers) asserting that no bush cannabis whatsoever had been available over the past few months. One Withdrawal Service worker commented that complaints from clients that bush cannabis was difficult to obtain were common.

Only one KE (a Rehabilitation provider) referred to cannabis shortages while one police officer observed that cannabis was the most readily available of all illicit drugs.

5.5 Methadone

Key points

- The median price of methadone syrup was reported to be $1 per millilitre.
- The median price of a 10mg tablet of Physeptone was reported to be $20.
- Three-quarters of those able to comment rated methadone availability as difficult.
- Illicit methadone was sourced primarily through friends.

5.5.1 Price

Five participants had purchased illicit methadone syrup recently for a median price of one dollar per millilitre and 15 respondents purchased 10mg Physeptone tablets for a median price of $20 (Table 38). These prices are consistent with those reported in 2009.

Table 38: Median price ($) of most recent illicit methadone purchase by participants, 2003-2010

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

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

Half of those able to comment reported that the price of illicit methadone had been stable over the previous six months while 31% reported that the price was increasing (Table 39).

Table 39: Illicit methadone price movements past six months, 2006-2009

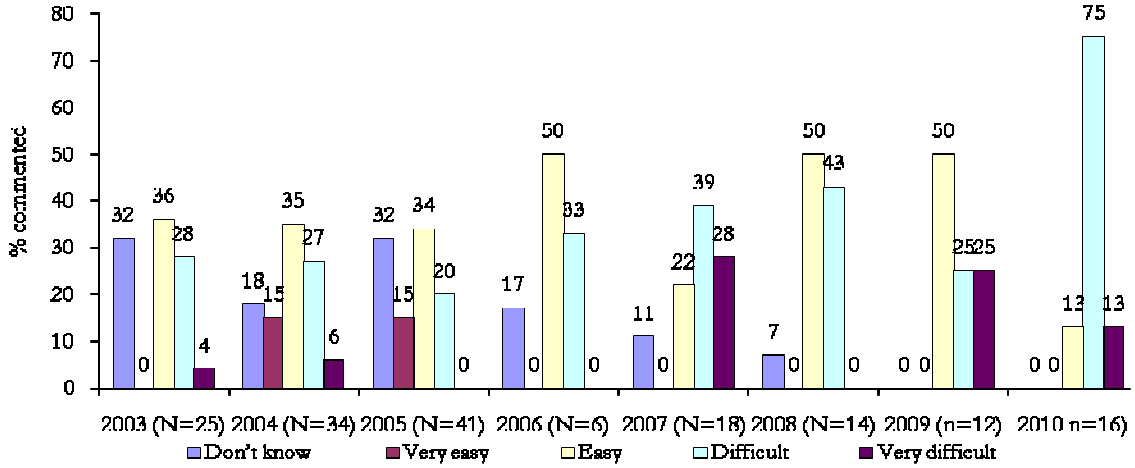
	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Did not respond (%)	93	83	86	89	84
Did respond (%)	7	17	14	11	16
Of those who responded					
Don't know (%)	14 (1)	11 *(2)*	14 (2)		13 (2)
Increasing (%)	14 (1)	33 *(6)*	43 (6)	27 (3)	31 (5)
Stable (%)	57 (4)	39 *(7)*	36 (5)	73 (8)	50 (8)
Decreasing (%)	14 (1)	0	0	0	0
Fluctuating (%)	0	17 *(3)*	7 (1)	0	6 (1)

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

5.5.2 Availability

As is evident from Figure 32, in 2010 75% of respondents rated current availability of illicit methadone as difficult, an increase from the 25% who rated it as difficult to obtain in 2009. As in 2009, no respondents rated illicit methadone as very easy to obtain.

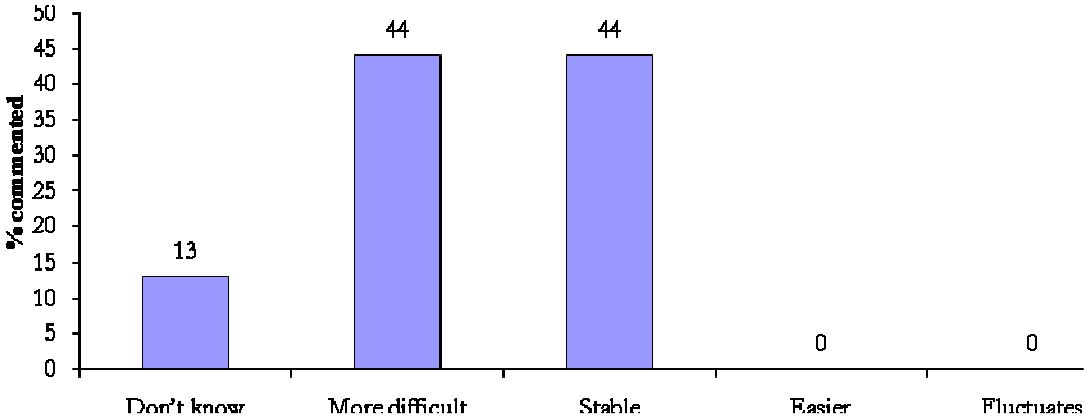
Figure 32: Current availability of illicit methadone, % commented, 2003-2010



Source: IDRS participant interviews

An equal number of respondents (44%) considered that availability had remained stable or more difficult over the previous six months (Figure 33).

Figure 33: Change in availability of illicit methadone in the last six months, % commented, 2010



Source: IDRS participant interviews

Table 40 demonstrates that in 2010 illicit methadone was most frequently obtained from friends (73%). Known dealers were the next most common source of the drug (20%). The substance was mainly sourced from a friend's home (40%) or from a dealer's home (27%).

Table 40: Usual source person and venue for purchases of illicit methadone in the preceding six months, 2007-2010

	2007 N=106	2008 N=103	2009 N=99	2010 N=99
% who did not respond	83	86	89	85
% who did respond	17	14	11	15
Of those who responded				
Source person				
Street dealer (%)	33	29	46	0
Friends (%)	28	36	36	73
Gift from friends (%)	0	0	0	0
Known dealer (%)	0	0	9	20
Workmates (%)	0	0	0	0
Acquaintances (%)	22	50	9	0
Unknown dealer (%)	1	0	0	7
Mobile dealer (%)	0	0	0	0
Other (%)	0	0	0	0
Source venue				
Home delivery (%)	6	7	9	13
Dealer's home (%)	0	0	36	27
Friend's home (%)	11	29	36	40
Acquaintance's house (%)	0	14	9	0
Street market (%)	11	36	9	0
Agreed public location (%)	5	36	0	13
Work (%)	0	0	0	0
Other (%)	6	0	0	7

Source: IDRS participant interviews

5.5.3 KE comment

The only KE comment regarding methadone was from a Withdrawal Services worker who stated that illicit Physeptone availability was increasing and that 10mg tablets were being sold for $25 to $30.

5.6 Buprenorphine

Key Points

- Very few participants were able to comment on price and availability of buprenorphine.
- The median price for 8mg buprenorphine was reported to be $23.
- The low number of respondents does not allow for identification of trends regarding price or availability of buprenorphine.

5.6.1 Price

Four participants reported purchasing 8mg of illicit Subutex for a median price of $23 (Table 41). This is a reduction in the price reported between 2007 and 2009.

Table 41: Median price of illicit Subutex reported by participants, 2007-2010

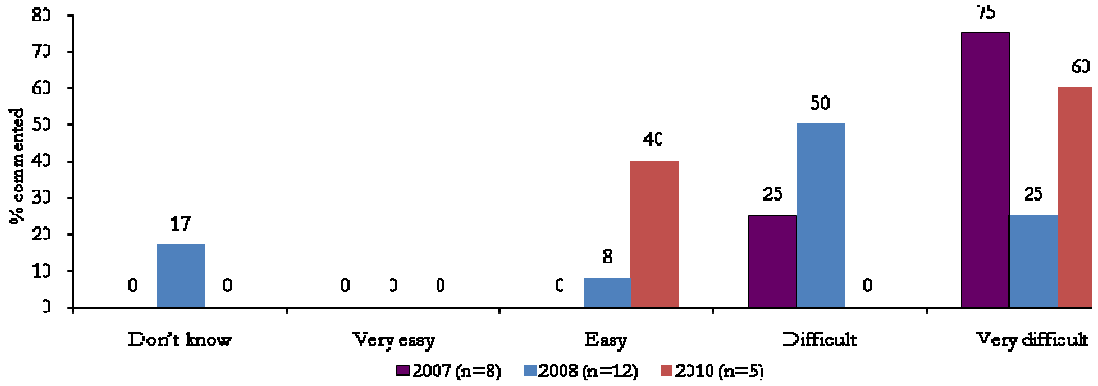
	2007*	2008^	2009	2010
Subutex/buprenorphine 8mg	$30 (10)	$30 (7)	$30 (1)	$23 (4)

Source: IDRS participant interviews
* Number of purchasers in brackets

5.6.2 Availability

Of the five participants who commented in 2010, three rated current availability of illicit buprenorphine as very difficult and two rated availability as easy (Figure 34). The 2009 NT IDRS report noted that the one participant who had commented had rated availability as easy.

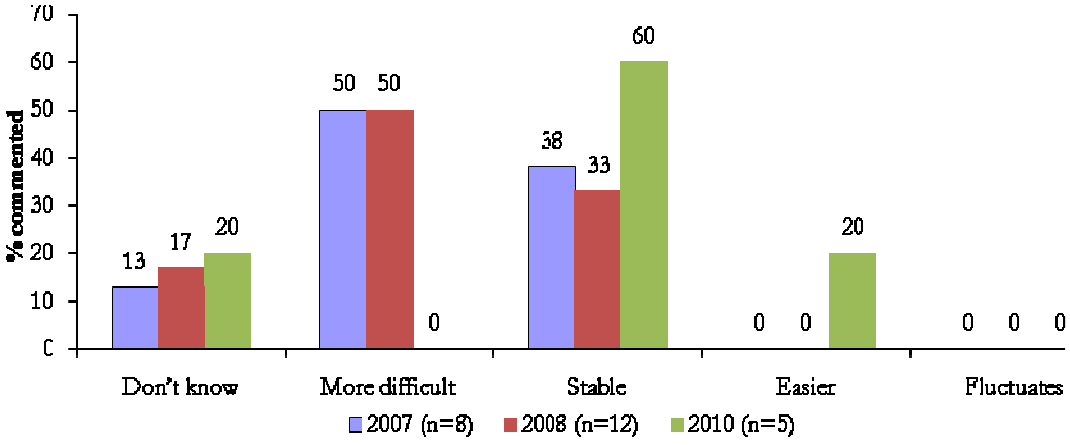
Figure 34: Current availability of illicit Subutex, % commented, 2007-2010



Note: No data in 2009

In 2010, three respondents reported that availability of illicit buprenorphine had remained stable over of the past six months, one that it had become easier and one did not venture an opinion (Figure 35). No participants commented in 2009. The low number of respondents makes it difficult to confidently identify any trends in availability.

Figure 35: Change in availability of illicit Subutex/buprenorphine in the last six months, % commented, 2007-2010



Note: No data in 2009
Source: IDRS participant interviews

Table 42 shows that the small number of participants who obtained illicit Subutex in 2010 obtained the substance from acquaintances (50%, two respondents), a friend (25%, one respondent) and a street dealer (25%, one respondent). No participants commented in 2009.

Table 42: Usual source person and source of illicit Subutex in the preceding six months, 2007-2010

	2007 N=106	**2008** N=103	**2010** N=99
% who did not respond	95	88	96
% who did respond	5	12	4
Of those who responded			
Source person			
Street dealer (%)	20 *(1)*	17 (2)	25
Friends (%)	60 *(3)*	67 (8)	25
Gift from friends (%)	0	0	0
Known dealer (%)	0	8 (1)	0
Workmates (%)	0	0	0
Acquaintances (%)	20 *(1)*	8 (1)	50
Unknown dealer (%)	0	0	0
Mobile dealer (%)	0	0	0
Other (%)	0	0	0
Source *			
Someone else's takeaway dose	83	25 (3)	
Someone else's daily dose (to be swallowed)	17	17 (2)	
Didn't buy/don't know	0	58 (7)	

Note: No data in 2009
Source: IDRS participant interviews

5.6.3 KE comment

There were no KE comments regarding Subutex.

5.7 Buprenorphine-naloxone

Key Points

- Few participants were able to comment upon price and availability of buprenorphine-naloxone (Suboxone).
- The median price of 8mg Suboxone was reported to be $20.
- The majority of respondents rated illicit Suboxone availability as difficult or very difficult.
- The majority of respondents had sourced Suboxone from a friend.

5.7.1 Price

One participant reported purchasing 2mg of illicit Suboxone for $10 and nine participants reported purchasing 8mg of illicit Suboxone for a median price of $20. In 2009, one participant had reported the price of 2mg of Suboxone to be $20 and one participant had reported the price of 8mg of Suboxone to be $30.

Of the eight participants who commented on price change over the past six months, two asserted that the price was increasing and six reported the price as stable.

5.7.2 Availability

Eight participants commented upon current availability: two reported that availability was easy, five reported that it was difficult and one reported that it was very difficult. When asked about changes in availability over the past six months, three participants stated that availability was more difficult, four stated availability remained stable and one suggested availability was easier.

Nine participants commented upon the source of illicit Suboxone: five participants identified a friend as the source from which Suboxone was last obtained, one from a known dealer, one from an acquaintance and two from unknown dealers. The source venue was also mixed; three participants reported that the venue from which the substance had been obtained had been a friend's home, two from a street market and four from an agreed public location.

5.7.3 KE comment

There were no KE comments regarding buprenorphine-naloxone.

5.8 Morphine

Key Points

- Morphine was purchased mainly in the form of 100mg MS Contin tablets at a median price of $80, identical to the median price reported in 2009 and 2008.
- The majority of respondents considered illicit morphine availability to be easy.
- Illicit morphine was sourced mainly from friends or acquaintances.

5.8.1 Price

100mg tablets of MS Contin was the morphine form most frequently purchased by the IDRS sample (76 purchasers) at a median price of $80, the same median price as in 2009 and 2008 (Table 43). Kapanol 100mg was the next most frequently purchased form of morphine (59 purchasers), also with a median price of $80. The median price of Kapanol has also remained stable since 2008.

Table 43: Median price ($) of most recent illicit morphine purchase by participants, 2004-2010

	2004	2005	2006	2007	2008	2009	2010
MS Contin							
5mg	- (0)	- (0)	- (0)	- (0)	80 (1)	- (0)	5 (1)
10mg	50 (1)	- (0)	6 (10)	15 (1)	10 (1)	15 (1)	10 (1)
30mg	15 (6)	20 (3)	18 (4)	28 (4)	25 (3)	25 (4)	30 (14)
60mg	30 (42)	30 (35)	30 (24)	42 (20)	40 (32)	50 (13)	50 (33)
100mg	60 (81)	60 (68)	60 (67)	60 (62)	80 (77)	80 (51)	80 (76)
Kapanol							
20mg	10 (3)	10 (2)	12 (4)	16 (4)	20 (2)		20 (4)
50mg	25 (16)	30 (15)	30 (19)	35 (11)	40 (24)	40 (7)	40 (20)
100mg	50 (55)	60 (59)	60 (48)	60 (48)	80 (61)	80 (37)	80 (59)
Anamorph							
30mg	25 (35)	20 (44)	25 (23)	25 (28)	25 (24)	25 (13)	25 (21)

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

In 2010, over half (55%) of those who commented on price movement reported that the price had remained stable over the past six months (Table 44). Twenty three percent of the sample reported that the price was increasing and 20% noted price fluctuation.

Table 44: Illicit morphine price movements, past six months, 2007-2010

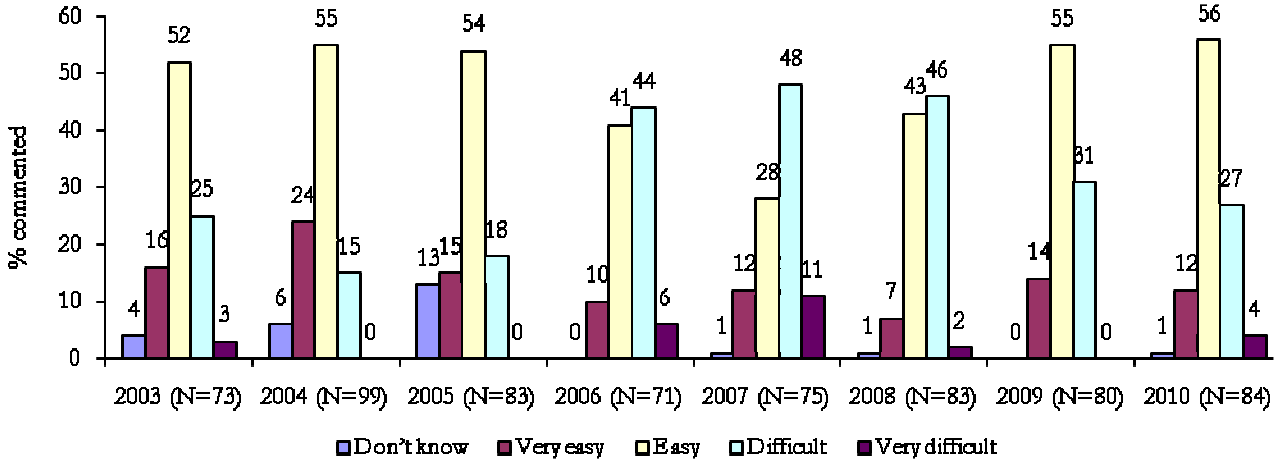
	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Did not respond (%)	31	20	20	15
Did respond (%)	69	80	80	85
Of those who responded				
Don't know (%)	0	1	0	1
Increasing (%)	81	77	38	23
Stable (%)	16	16	40	55
Decreasing (%)	0	0	0	1
Fluctuating (%)	3	6	23	20

Source: IDRS participant interviews

5.8.2 Availability

Figure 36 demonstrates that, as in 2009, the majority (56%) of those who commented considered illicit morphine currently easy to obtain. This continues to reverse the trend between 2006 and 2008 when morphine availability was more likely to be rated as difficult.

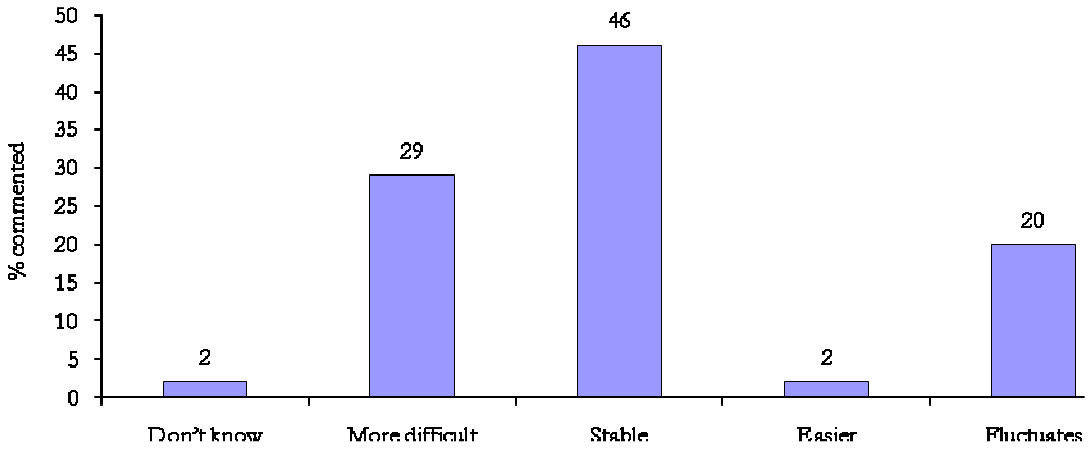
Figure 36: Current availability of illicit morphine, % commented, 2003-2010



Source: IDRS participant interviews

Forty-six percent of participants considered that over the past six months illicit morphine availability had remained stable (Figure 37). This is a decline from the 61% who rated morphine availability as stable over the previous six months in 2009.

Figure 37: Change in availability of illicit morphine in the last six months, % commented, 2010



Source: IDRS participant interviews

Table 45 shows that morphine was mainly obtained from friends (39%), acquaintances (23%), known dealers (18%) or street dealers (12%). The source venue was most commonly an agreed public location (28%), followed by a friend's home (20%) or a dealer's home (18%).

Table 45: Usual source person and venue for purchases of morphine in the preceding six months, 2006-2010

	2007 N=106	**2008** N=103	**2009** N=99	**2010** N=99
Did not respond (%)	29	18	20	16
Did respond (%)	71	82	80	84
Of those who responded:				
Source person				
Street dealer (%)	31 (22)	39 (32)	33 (26)	12 (10)
Friends (%)	40 (28)	49 (40)	39 (31)	39 (32)
Gift from friends (%)	1 (1)	0	0	0
Known dealer (%)	27 (19)	29 (23)	11 (9)	18 (15)
Workmates (%)	3 (2)	0	0	0
Acquaintances (%)	29 (21)	30 (24)	14 (11)	23 (19)
Unknown dealer (%)	11 (8)	5 (4)	3 (2)	6 (5)
Other (%)	0	0	1 (1)	1 (1)
Source venue				
Home delivery (%)	17 (12)	21 (18)	11 (9)	13 (11)
Dealer's home (%)	17 (12)	33 (27)	18 (14)	18 (15)
Friend's home (%)	25 (18)	36 (29)	26 (21)	20 (17)
Acquaintance's house (%)	13 (9)	17 (14)	9 (7)	8 (7)
Mobile dealer (%)	13 (9)	1 (1)	0	0
Street market (%)	21 (15)	25 (20)	24 (19)	10 (8)
Agreed public location (%)	39 (27)	31 (25)	11 (9)	28 (23)
Work (%)	0	0	0	0
Other (%)	0	0	1 (1)	2 (2)

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

5.8.3 KE comment

Only one KE referred to price - the Opiate Pharmacotherapy Program worker who commented that price increased as availability decreased.

One Withdrawal Services worker and the Hospital Liaison worker noted that morphine availability has remained stable; however, five KE (the other Withdrawal Services worker, one Rehabilitation provider and all three NSP workers) referred to fluctuating morphine availability leading to "real shortages over the past 12 months" and "more desperation".

5.9 Oxycodone

Key Points

- The median price for 80mg, 40mg and 20mg oxycodone was reported to be $80, $40 and $20 respectively.
- The majority of those able to comment rated oxycodone as difficult to obtain.
- Illicit oxycodone was sourced mainly from friends.

5.9.1 Price

Four participants had paid a median price of $80 for 80mg oxycodone, an increase from the $60 reported in 2009. Four participants reported paying $20 for 20mg oxycodone, the same as in 2009 and 2008, while three participants paid a median price of $40 for 40mg oxycodone, an increase from the $23 median price in 2009 (Table 46). The majority of those who responded (57%) considered price to have remained stable over the past six months (Table 47).

Table 46: Median price ($) of most recent illicit oxycodone purchase by participants, 2006-2010

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
20mg	15 (1)	5 (1)	20 (6)	20 (2)	20 (4)
40mg	23 (2)	25 (2)	30 (2)	23 (4)	40 (3)
80mg	60 (1)	59 (3)	50 (6)	60 (5)	80 (4)

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

Table 47: Price movements of oxycodone in the past six months, 2006-2010

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

Source: IDRS participant interviews

5.9.2 Availability

In 2010 the majority of those able to comment (57%) suggested that oxycodone was difficult to obtain, in contrast with 50% who reported easy availability in 2009 (Table 48).

Table 48: Participants' reports of oxycodone current availability, 2007-2010

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

Source: IDRS participant interviews

Table 49 demonstrates that while most of those able to comment considered oxycodone availability to be stable over the past six months (43%), this is a decline in reported stable availability in 2009 (78%), 2008 (64%) and 2007 (60%).

Table 49: Participants' reports of oxycodone availability change in the past six months, 2007-2010

	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Did not respond (%)	91	86	91	86
Did respond (%)	9	14	9	14
Of those who responded (%)				
Don't know (%)	10	0	0	21
More difficult (%)	30	36	11	29
Stable (%)	60	64	78	43
Easier (%)	-	0	0	7
Fluctuates (%)	-	0	1	0

Source**:** IDRS participant interviews

As in 2009, friends (50%) remained the main source of oxycodone (Table 50). Agreed public location was the most frequently reported source venue (36%), followed by a friend's home (29%).

Table 50: People from whom oxycodone was purchased in the preceding six months, 2006-2010

	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Did not respond (%)	95	91	86	90	86
Did respond (%)	5	9	14	10	14
Of those who responded					
Source person					

Street dealer (%)	20	10	29	20	7
Friends (%)	60	60	29	50	50
Gift from friends (%)	0	0		0	0
Known dealer (%)	20	0	29	20	7
Workmates (%)	0	0	0	0	0
Acquaintance (%)	0	20	14	10	14
Unknown dealer (%)	0	0	0	0	14
Mobile dealer (%)	0	10	0	0	7
Source venue					
Home delivery (%)	0	10	21	0	0
Dealer's home (%)	20	0	14	30	21
Friend's home (%)	40	50	29	40	29
Acquaintance's house (%)	0	10	7	0	7
Street market (%)	20	10	14	20	0
Agreed public location (%)	20	10	29	0	36
Work (%)	0	0	0	0	0

Source: IDRS participant interviews

5.9.3 KE comment

There were no KE comments regarding oxycodone.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Twenty-four percent of the sample had overdosed on heroin at least once in their lives but only two participants reported a heroin overdose within the past year.
- Twenty-percent of the sample had overdosed on a drug other than heroin, and of those 35% had overdosed within the past year.
- Twelve percent of the sample reported current treatment.
- Compared to 2009 there was a slight increase in the proportion of participants reporting attendance at treatment in the preceding six months.
- NT Department of Health and Families data shows a reduction from 2009 in closed episodes of treatment for all drug categories except cocaine.
- Overall there was less sharing of injecting equipment than in previous years.
- Location of last injection was mainly in a private home with needles sourced almost exclusively from a Needle and Syringe Program.
- Notifications of new cases of hepatitis B (HBV) and hepatitis C (HCV) declined slightly.
- HIV notifications in 2009 increased to 16 with 2010 figures as yet unavailable.
- The finger-prick survey carried out in Darwin and Alice Springs did not identify any individuals with HIV antibodies in the most recent (2009) sample and HCV antibody prevalence declined.
- Scarring/bruising and difficulty injecting were identified as the main injection-related problems in the month prior to interview.
- Thirty-four percent of the sample reported experiencing a mental health problem in the six months prior to interview, with depression and anxiety the most frequent mental health problems reported.
- Forty-two percent of participants had high or very high levels of distress as measured by the Kessler Psychological Distress Scale (K10).
- More than half the participants had driven a car within the preceding six months; of these, 83% had driven under the influence of drugs, mainly morphine and cannabis.

6.1 Overdose and drug-related fatalities

6.1.1 Heroin

Twenty-four percent of the 2010 IDRS sample had overdosed on heroin at least once in their lives, two within one year of the interview but none within the month prior to interview. Forty-five percent of participants reported receiving Narcan on the occasion of their last overdose.

6.1.2 Other drugs

Twenty participants (20% of the sample) reported overdosing on another drug on a median of one occasion within a median of 54 months prior to the interview (range of 2 months to 396 months). Seven participants (35% of those who had ever overdosed on another drug) had

overdosed within 12 months prior to the interview. Five percent had overdosed on benzodiazepines (Table 51) and only 1% had overdosed on morphine. Five respondents had attended the hospital emergency department as a result of their overdose and one had attended a drug health service.

Table 51: Overdose on other drugs by participants, 2006-2010

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

Source: IDRS participant interviews

6.1.3 KE comment

One police officer commented upon overdose from party-drugs, referring to an incident reported by the media wherein a number of individuals had been admitted to hospital following ingesting an unnamed party drug.

One Withdrawal Service worker and one Rehabilitation provider spoke of the dangers associated with tradespeople operating machinery while under the influence of drugs, in particular methamphetamine and cannabis.

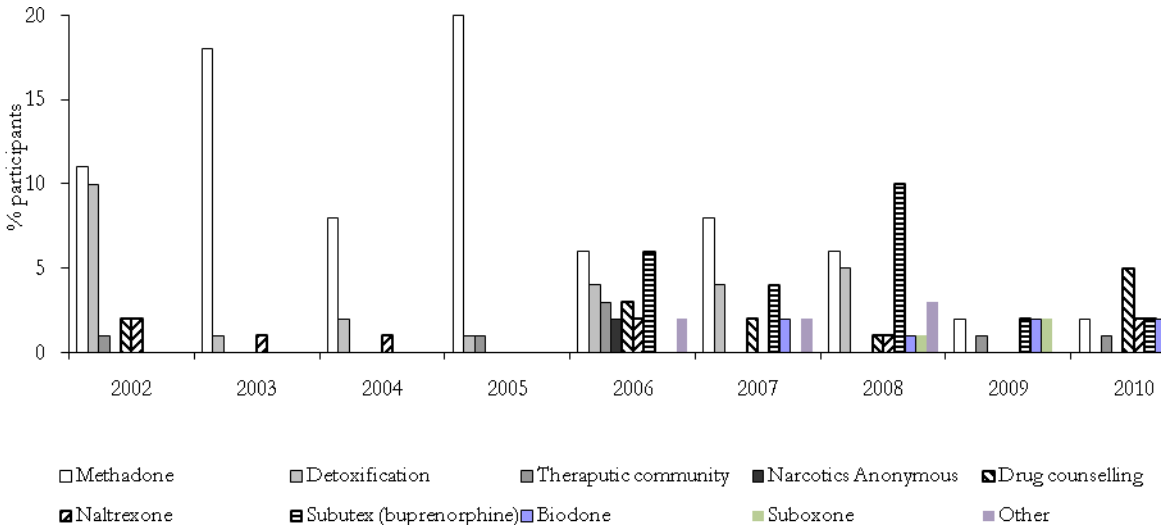
6.2 Drug treatment

Twelve percent of participants reported current attendance at treatment, which was comprised of methadone/biodone (2%), drug counselling (2%), naltrexone treatment (2%), Subutex (2%), Suboxone (2%) and other (2%).

From 2009 to 2010 there was a slight increase in the proportion of participants reporting attendance at treatment in the previous six months (Figure 38). The proportion of the IDRS sample reporting treatment remains low.

In relation to opiate substitution treatment, it should be noted that the Opiate Pharmacotherapy Program provided by the NT Department of Health and Families' Alcohol and Other Drugs Program dispenses Suboxone as the first line of opiate substitution treatment. Methadone (Biodone) is provided to interstate transfers who had previously commenced on methadone, pregnant clients or those who have exhibited a notifiable reaction to Suboxone.

Figure 38: Proportion of participants reporting treatment in the last six months, 2002-2010

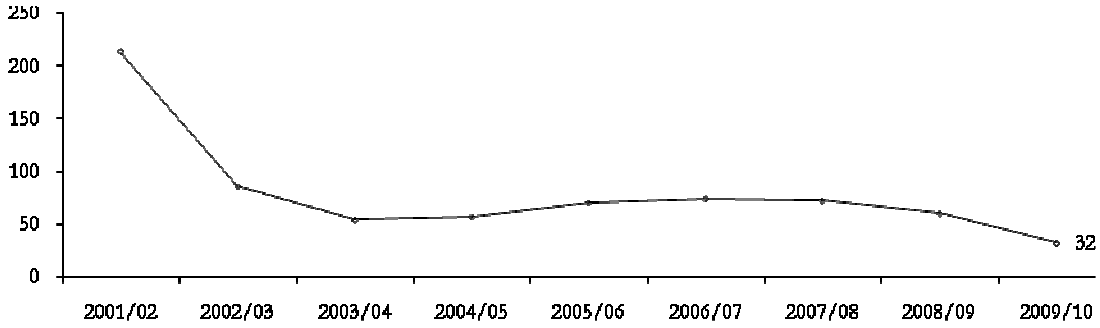


Source: IDRS participant interviews
Note: Some participants may be counted twice

6.2.1 Heroin

In 2010 there was a decline in the number of closed episodes in alcohol and other drugs treatment (AODTS) where heroin was the principal or other drug of concern (Figure 39).

Figure 39: Number of episodes commenced in NT AODTS where heroin was the principal or other drug of concern, 2001/02-2009/10

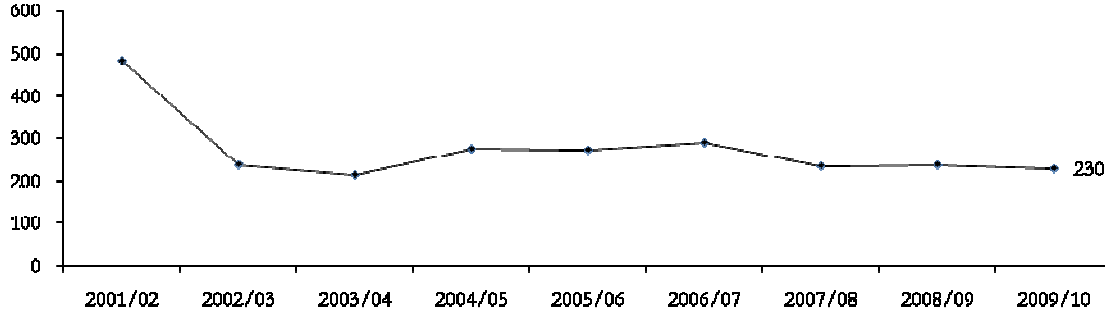


Source: NT AODP

6.2.2 Methamphetamine

Figure 40 demonstrates that the closed episodes of treatment where methamphetamines were the principal or other drug of concern have remained stable since 2002/03.

Figure 40: Number of episodes commenced in NT AODTS where methamphetamines were the principal or other drug of concern, 2001/02-2009/10

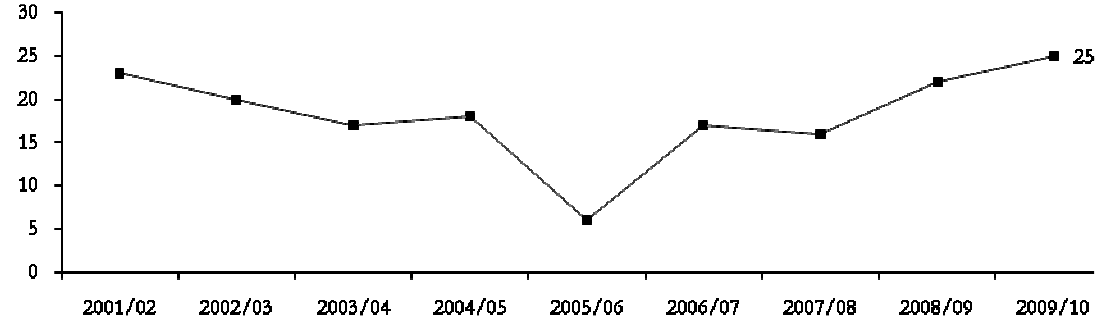


Source: NT AODP

6.2.3 Cocaine

Closed episodes of treatment where cocaine was the principal or other drug of concern increased in 2009/10, with the highest number of closed treatment episodes yet seen (Figure 41).

Figure 41: Number of episodes commenced in NT AODTS where cocaine was the principal or other drug of concern, 2001/02-2009/10

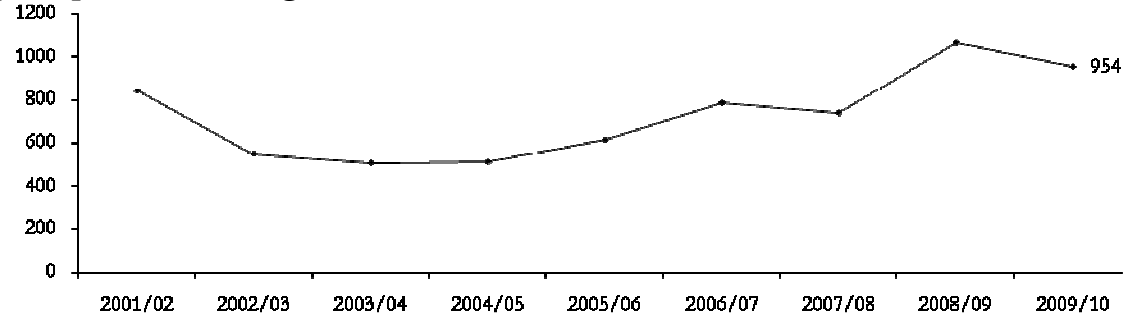


Source: NT AODP

6.2.4 Cannabis

Closed treatment episodes for cannabis decreased in 2009/10 (Figure 42). However, attendance at treatment to address cannabis misuse remained by far the most common reason for presentation at treatment.

Figure 422: Number of episodes commenced in NT AODTS where cannabis was the principal or other drug of concern, 2001/02-2009/10

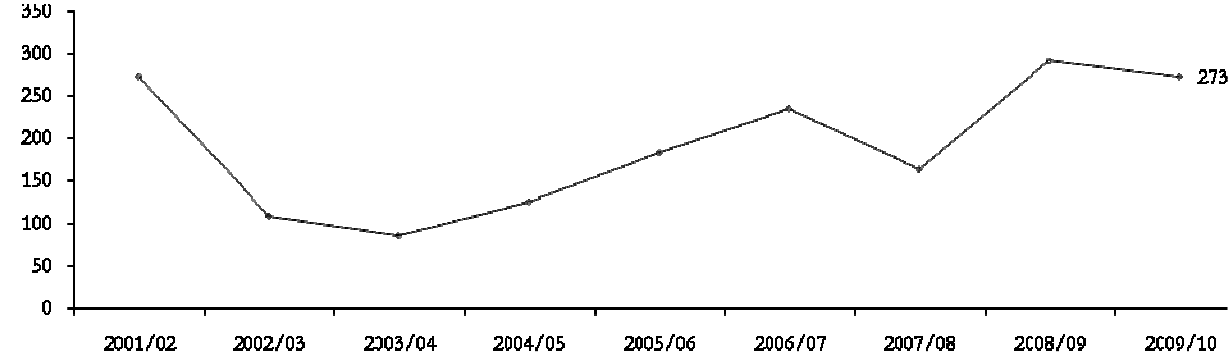


Source: NT AODP

6.2.5 Other drugs

In 2009/10 there was a slight decline in closed episodes where morphine was the principal or other drug of concern. Commensurate with the high level of morphine use in the NT, closed episodes where morphine was the principal or other drug of concern represented the second most common reason (after cannabis) for presentation at treatment (Figure 43).

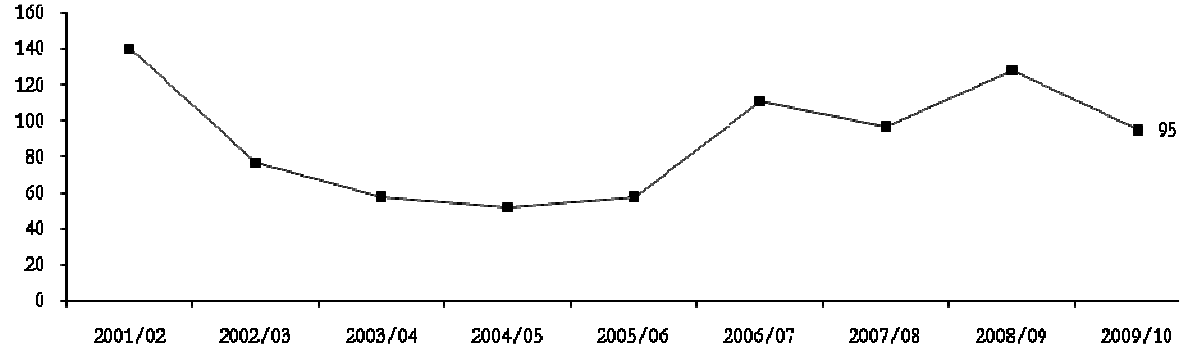
Figure 43: Number of episodes commenced in NT AODTS where morphine was the principal or other drug of concern, 2001/02-2009/10



Source: NT AODP

In 2009/10 the number of closed episodes for treatment where ecstasy was the principal or other drug of concern decreased from 2008/09, with numbers similar to those seen in 2007/08 (Figure 44).

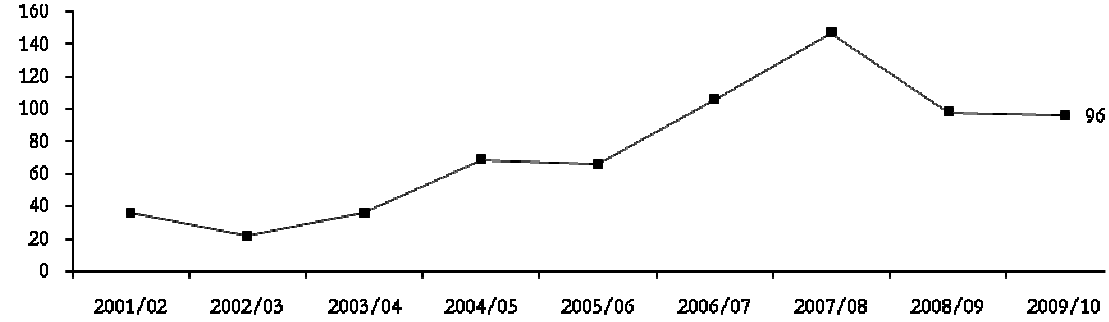
Figure 44: Number of episodes commenced in NT AODTS where ecstasy was the principal or other drug of concern, 2001/02-2009/10



Source: NT AODP

The number of closed episodes for treatment where benzodiazepines were the principal or other drug of concern declined slightly from 2008/09 levels (Figure 45).

Figure 45: Number of episodes commenced in NT AODTS where benzodiazepines were the principal or other drug of concern, 2001/02-2009/10



Source: NT AODP

6.2.6 KE comment

Most comments regarding treatment related to the Northern Territory Government's hospital-based opiate substitution program, the Opiate Pharmacotherapy Program (OPP). The Hospital Liaison worker suggested that the OPP should also operate in Palmerston and one Rehabilitation provider stated that the OPP should provide methadone as well as Suboxone as Suboxone did not satisfy the needs of many morphine users. Other comments were more critical of the OPP. The court clinician asserted that there was a high level of dissatisfaction with the OPP, one NSP worker commented that the OPP was inflexible and that methadone should be available, a view echoed by another NSP worker who also asserted that the two hour dosing period each day was unfair to clients who had to travel a considerable distance to the hospital. The third NSP worker remarked that the OPP was punitive and difficult to access.

Other comments were more general, including an observation by the Opiate Pharmacotherapy Program worker that more Indigenous clients were accessing treatment. This KE also noted the need for treatment services to establish improved links with the hospital. In a similar vein, one Withdrawal Service worker identified the need for improved links between treatment services and general practitioners (GPs). The final KE comment regarding treatment was from another

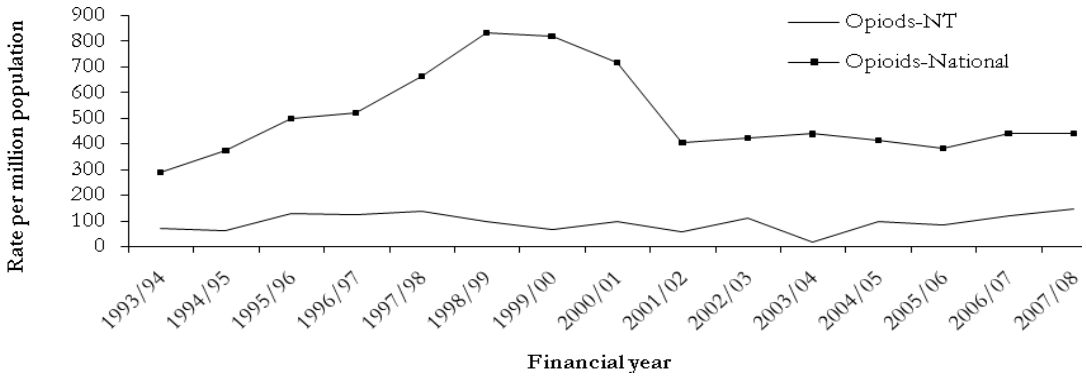
Withdrawal Service worker who identified a need for employers to encourage employees to access treatment in light of a significant number of tradespeople using illicit drugs.

6.3 Hospital admissions

In 2010, updated hospital admissions data were unavailable. In the interest of providing historical context, the following information replicates that provided in the 2009 IDRS report.

The rate of opioid-related admission to NT hospitals in 2007/08 (the most recent year where data were available) increased to 146.7 per million persons (Figure 46) and has fluctuated around 100 per million persons since 1993/94 with no obvious long term trend, although trending up in the most recent two years. This pattern is consistently lower than the national rate and does not appear to be related to movement in the national rate.

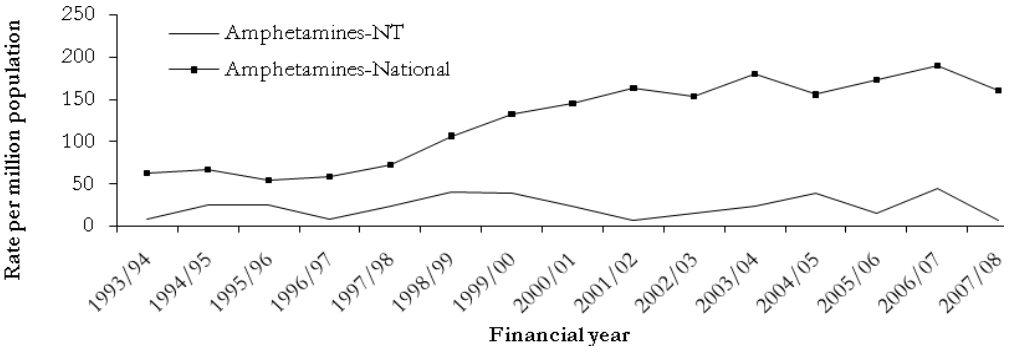
Figure 46: Opioid-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2007/08



Source: AIHW.

The rate of amphetamine-related admissions to NT hospitals in 2007/08 was 7.4 per million persons (Figure 47). The national rate of amphetamine-related admissions has grown steadily since a low in 1995/96.

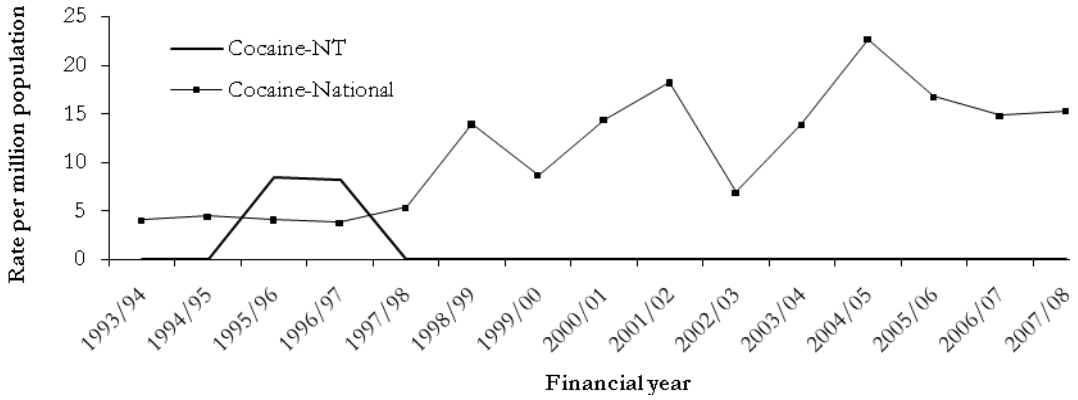
Figure 47: Amphetamine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2007/08



Source: AIHW.

There were no cocaine-related admissions to NT hospitals in 2007/08 (Figure 48), as has been the case in most previous years. Nationally, the rate of admissions per million persons shows high variability over the period shown.

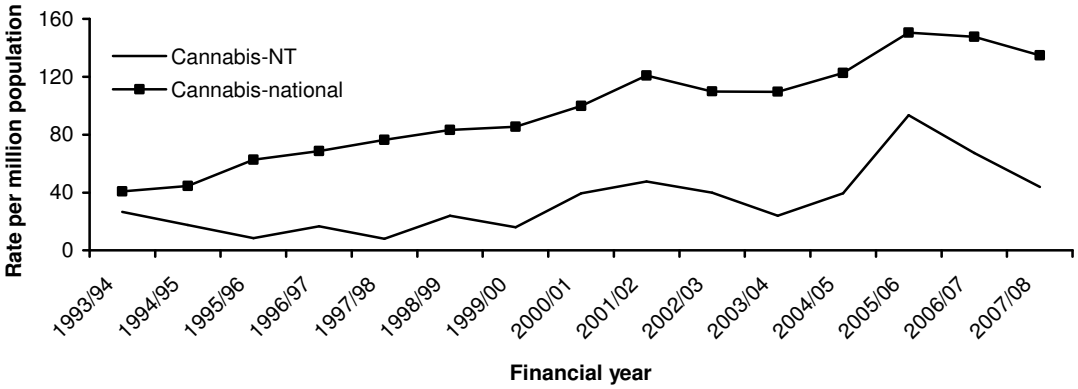
Figure 48: Cocaine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2007/08



Source: AIHW.

The rate of cannabis-related admissions to NT hospitals in 2007/08 was 44.0 per million persons (Figure 49), the second year of decline since 2005/06 showed a substantial increase on previous years. The series shows an increase over the period shown, to some degree mirroring changes in the national rate over time.

Figure 49: Cannabis-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2007/08



Source: AIHW.

6.4 Injecting risk behaviours

6.4.1 Sharing of injecting equipment among participants and related behaviours

Fourteen percent of participants reported using some type of injecting equipment (other than needles) after someone else. Table 49 demonstrates that participants reported significantly less sharing of injecting equipment in the month preceding the interview than in recent years.

Table 52: Proportion of participants reporting sharing injecting equipment in the month preceding interview, 2002-2010

	2002 N=111	2003 N=109	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Spoons/mixing containers	15	17	32	22	31	30	21	36	13
Filters	10	11	12	7	14	13	9	23	1
Tourniquets	16	17	15	9	16	21	20	28	6
Water	8	10	10	8	14	13	10	22	1
Someone used needle after you	9	10	13	15	10	7	9	3	4
You used needle after someone	6	6	5	7	7	8	8	5	3

Source: IDRS participant interviews

Forty-six percent of participants had reused their own needles at least once (Table 53).

Table 53: Re-use of own needles, 2008-2010

Number of times	2008 N=98	2009 N=99	2010 N=99
No times (%)	58	63	54
Once (%)	5	12	16
Twice (%)	13	11	14
3-5 times (%)	13	8	12
6-10 times (%)	5	2	2
More than 10 times (%)	5	4	1

Source: IDRS participant interviews

6.4.2 Location of injections

As has been the case in previous years, the vast majority (92%) reported a private home as the last location for injecting drugs (Table 54)

Table 54: Proportion of participants reporting last location for injection in the month preceding interview, 2002-2009

	2002 N=111	2003 N=109	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Private home	95	92	93	95	96	96	98	90	92
Street/carpark/beach	-	-	-	-	-	2	1	2	2
Other public area	2	2	3	3	0	-	0	3	0
Car	1	4	1	1	0	0	1	0	2
Public toilet	2	2	2	1	0	1	0	2	2
Other	0	0	0	0	4	1	0	0	2

Source: IDRS participant interviews

In the six months prior to interview, needles were sourced almost exclusively (98%) from an NSP (Table 55). This continues the trend observed in previous years.

Table 55: Source of needles in last six months, 2008-2010

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

Source: IDRS participant interviews

6.4.3 Blood-borne viral infections

Notifications of new cases of hepatitis B (HBV) and hepatitis C (HCV) to the National Notifiable Diseases Surveillance System (NDSS) have declined slightly since 2009 and significantly since 2006-2008 (Table 56). HIV notifications in 2009 increased to 16; 2010 figures are as yet unavailable.

Table 56: Total notification of HBV, HCV and HIV, 2000-2010

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
HBV (incident) (n)	6	3	12	15	8	5	11	12	8	4	3
HCV (unspecified) (n)	191	212	201	219	261	258	269	230	212	166	162
HIV new cases (n)	3	3	8	5	8	3	11	6	11	16	NA

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

In 2009, the finger-prick survey carried out in Darwin and Alice Springs, auspiced by the National Centre in HIV Epidemiology and Clinical Research (NCHER), did not identify any individuals with HIV antibodies in the most recent (2009) sample (Table 57). HCV antibody prevalence declined.

Table 57: HIV and HCV antibody prevalence in NSP survey respondents, 1999-2009

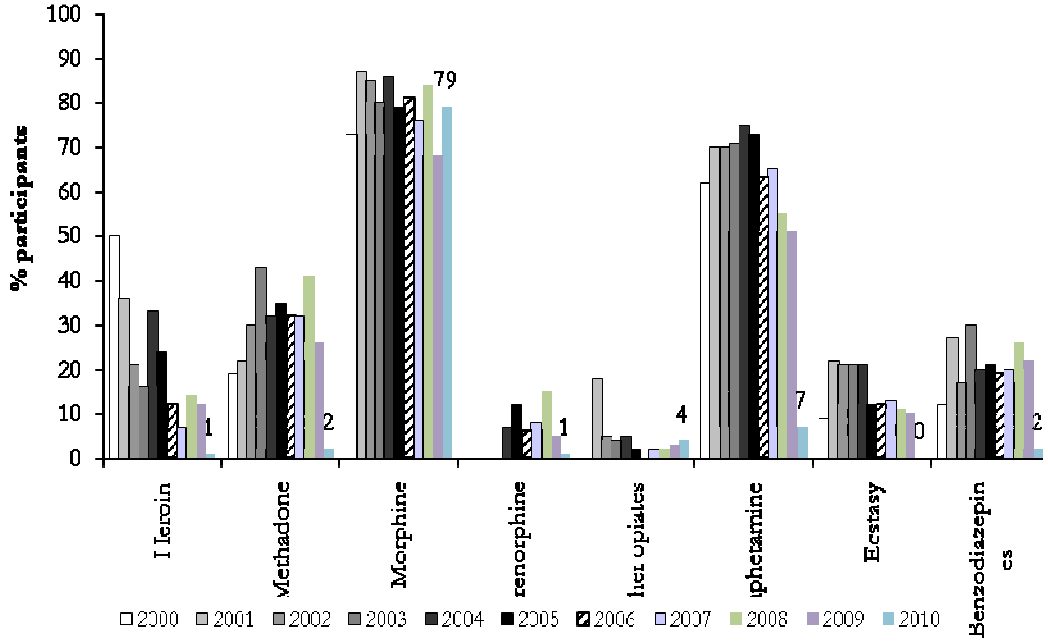
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
HIV antibody (%/n)	4 (79)	1 (90)	0 (79)	0 (47)	1 (61)	0 (16)	0 (24)	0 (20)	0 (29)	1 (73)	0 (76)
HCV antibody (%/n)	49 (79)	38 (91)	50 (84)	29 (47)	29 (62)	9 (16)	12 (24)	5 (17)	18 (29)	38 (72)	29 (75)

Source: NCHECR

6.4.4 Self-reported injection-related health problems

As in recent years, morphine (79%) was the substance most commonly injected by the IDRS sample (Figure 50). In 2009, some form of amphetamine was the drug next most likely to be injected (51%) but in 2010 this declined to 7%. Recent injection of benzodiazepines had also declined.

Figure 50: Recent injection in the participant sample, 2000-2010



Source: IDRS participant interviews

Scarring/bruising (30%) and difficulty injecting (27%) continued to be the main injection-related problems reported by participants (Table 58). Reported overdose had declined to 5% while the proportion reporting a 'dirty hit' (22%) is similar to that reported in 2009 (25%).

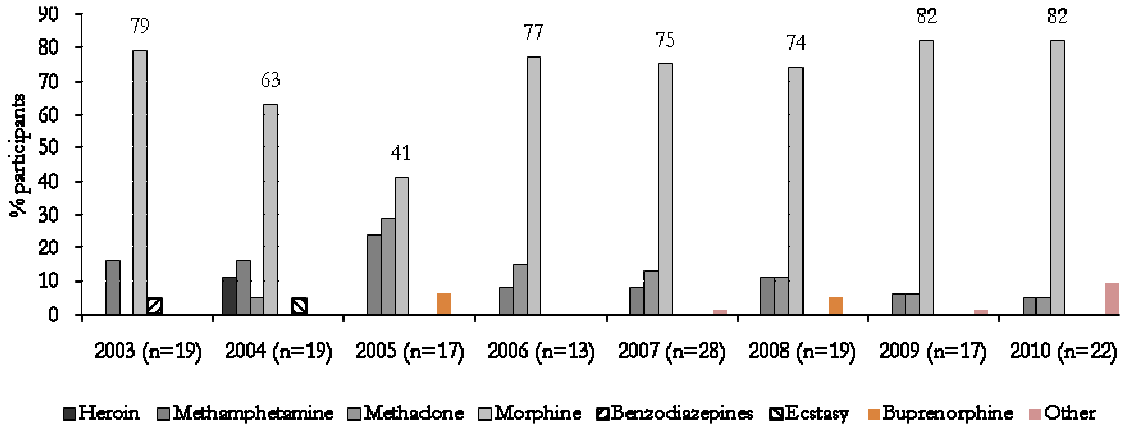
Table 58: Proportion of participants reporting injection-related problems month prior to interview, by problem type, 2002-2010

	2002 N=111	2003 N=109	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Overdose	0	1	1	0	1	1	1	11	5
Dirty hit	18	17	17	17	13	27	18	25	22
Abscess/infection	12	10	12	8	9	11	11	16	11
Scarring/bruising	44	59	65	43	42	49	53	45	30
Difficulty injecting	31	51	48	40	42	45	45	42	27
Thrombosis	5	8	10	6	4	7	11	6	4

Source: IDRS participant interviews

Consistent with previous years, morphine was the main drug causing a 'dirty hit' (82%) in the month before interview (Figure 51).

Figure 51: Main drug causing dirty hit in last month, 2003-2010



Source: IDRS participant interviews

6.4.5 KE comment

The majority of KE comments focused on the intravenous use of benzodiazepines. All three NSP workers commented on the risks associated with injecting benzodiazepines, particularly Xanax which does not dissolve in water and can lead to severe physical injuries. One Withdrawal Service worker referred to the loss of digits and the Hospital Liaison worker spoke of loss of digits and limbs. The Opiate Pharmacotherapy Program worker observed that older users have more problems with their veins and encounter more problems when injecting benzodiazepines.

An NSP worker also commented upon the risks involved with mixing morphine and benzodiazepines and a Withdrawal Service worker suggested that, with the exception of benzodiazepine use, overall people were injecting safely.

6.5 Mental health problems and psychological distress

Thirty-four percent of the IDRS sample reported having experienced a mental health problem in the six months prior to interview. Depression was again reported as the main mental health problem, followed by anxiety (Table 59). This is consistent with previous years.

Table 59: Proportion of participants self-reporting recent mental health problems, 2004-2010

	2004 N=111	2005 N=107	2006 N=100	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Depression	23	22	22	17	19	17	23
Manic depression	2	2	3	1	4	3	3
Anxiety	10	8	10	10	10	10	16
Panic	1	3	3	4	1	2	2
Paranoia	1	2	2	2	3	0	2
Personality Disorder	1	0	0	1	0	2	0
Schizophrenia	5	3	3	3	3	6	4
Drug-induced psychosis	1	2	2	1	1	0	0
Other psychosis (not drug-induced)	2	0	0	0	0	0	0

Source: IDRS participant interviews

Seventy-four percent of the group reporting mental health problems (25% of the entire sample) had attended a health professional for the reported mental health problem and 84% had been prescribed medication. Fifty-seven percent (N=12) had been prescribed benzodiazepines, 48% (N=10) had been prescribed an antidepressant and 9% (N=6) had been prescribed an anti-psychotic. The types of antidepressant and anti-psychotic medications prescribed are shown in Table 60.

Table 60: Types of medication received for mental health problems, 2007-2010

	2007 N=106	2008 N=103	2009 N=99	2010 N=99
Antidepressant				
Endep (amitriptyline) (%)	2	1	0	1
Avanza (mirtazapine) (%)	4	1	0	2
Zoloft (sertraline) (%)	1	3	3	0
Efexor (venlafaxine) (%)		1	0	0
Other (%)	2	4	3	7
Anti-psychotic				
Flupenthixol (generic) (%)	1	0	0	0
Largactil (chlorpromazine) (%)	1	0	0	0
Risperdal (risperidone) (%)	2	1	1	1
Seroquel (quetiapine) (%)	1	1	0	3
Zyprexa (olanzapine) (%)	2	0	1	0
Other (%)	1	1	3	2

Source: IDRS participant interviews

Ninety-two percent of the IDRS sample agreed to respond to the 10-item Kessler Psychological Distress Scale (K10) (Kessler 2002), a questionnaire designed to measure the level of distress associated with psychological symptoms in population surveys The 2010 mean total score was

21.12 (median=18, SD=10.1, range=10-44). Results categorised using total score ranges consistent with those used by the Australian Bureau of Statistics are shown in Table 61.

Using these categories, more than one in five (21%) of those who completed the K10 reported experiencing a very high level of distress over the four weeks prior to the interview. Only 35% of those who completed the K10 reported low or no distress.

Table 61: Level of psychological distress, 2008-2010

Level of distress*	2008 N=98	2009 N=99	2010 N=99
Low or no distress (10-15)	31	34	35
Moderate distress (16-21)	26	26	23
High distress (22-29)	25	23	21
Very high distress (30-50)	19	17	21

Source: IDRS participant interviews
* Total score range in brackets

6.5.1 KE comment

A number of KE commented on mental health problems associated with specific drug groups.

Two NSP workers and a Withdrawal Service worker identified anxiety and depression as common among morphine users, with the Withdrawal Service worker estimating that approximately half the morphine users accessing the service suffer from anxiety and/or depression.

The court clinician referred to significant mental health problems among methamphetamine dependent users, a Rehabilitation provider referred to significant anxiety and depression rates among methamphetamine users and the other Rehabilitation provider commented upon the aggression frequently exhibited by methamphetamine users.

The Hospital Liaison worker referred to high levels of anxiety among benzodiazepine users while an NSP worker simply noted that benzodiazepine use is frequently associated with mental health problems.

A Withdrawal Services worker stated that depression and anxiety, particularly panic disorder, were common among heavy cannabis users and a Rehabilitation provider commented upon the loss of motivation often seen among many cannabis users.

6.6 Driving risk behaviour

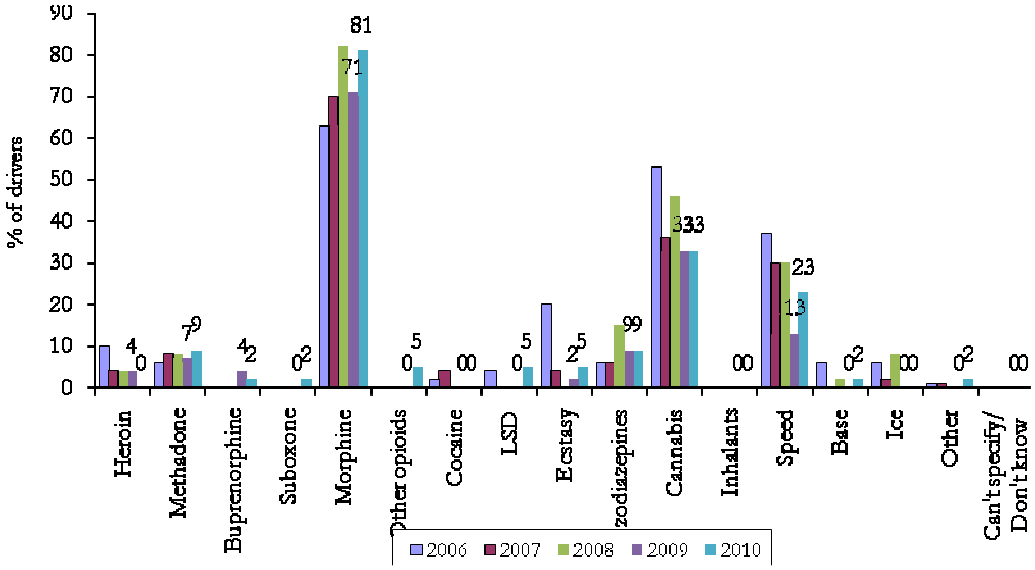
Fifty-three percent of the IDRS sample had driven a car within the six months prior to interview. Of those, 33% had driven under the influence of alcohol during this period, with 59% of this second group also having driven over the legal limit on a median of two occasions.

Eighty-three percent of drivers reported that within the six months prior to interview they had driven under the influence of illicit drugs on a median of 161 (range 1 to 180) times within a median of 10 minutes after taking the drugs. Figure 52 demonstrates that morphine (81%) and

cannabis (33%) were the most common drugs consumed by drivers, followed by speed powder (23%), benzodiazepines (9%) and methadone (9%).

The illicit drugs consumed prior to the last occasion of driving under the influence were identified as morphine (72%), cannabis (19%), speed (16%) and benzodiazepines (7%).

Figure 52: Participants driving after taking an illicit drug by drug type, 2006-2010



Source: IDRS participant interviews

Sixty-seven percent of those who had driven under the influence of illicit drugs within the six months prior to interview felt that the drugs had not impaired their driving (Table 62). Twenty-one percent reported that their driving had been slightly impaired although none rated their driving as quite impaired. Eleven percent considered that the drugs had improved their driving.

Table 62: Self-reported impairment after drug driving, 2007-2010

	2007 N=51	2008 N=48	2009 N=99	2010 N=99
Quite impaired (%)	4	8	9	
Slightly impaired (%)	12	19	16	21
No impact (%)	73	65	64	67
Slightly improved (%)	8	8	9	9
Quite improved (%)	4	0	2	2

Source: IDRS participant interviews

6.6.1 KE comment

Two KE commented specifically upon driving risk, both referring to tradespeople. One Withdrawal Service worker stated that many tradespeople were smoking cannabis before and during work and then driving, while one Rehabilitation provider noted that drugging and driving were common, including among tradespeople.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Twenty-four percent of the sample had been arrested in the preceding 12 months.
- Thirty-two percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing and property crime.
- There was a dramatic increase in the weight of ATS seizures in 2008/09 (the most recent data available from the Australian Crime Commission) although total number of arrests for ATS consumers and providers in this period remained stable.
- In 2008/09 there were no heroin-related arrests, cocaine-related arrests remained low and cannabis consumer arrests increased by approximately 10%.
- The number of cannabis infringement notices issued in 2009/2010 increased by almost 20% from 2008/09 figures.
- More than half the sample had spent at least $50 on drugs on the day prior to the interview.

7.1 Reports of criminal activity

Thirty-two percent of the IDRS sample reported having committed at least one crime in the month prior to interview (Table 63). Dealing was the most frequently reported crime (18%) followed by property crime (16%). The criminal activity reported in 2010 follows a similar pattern to that seen in previous years. Fraud and violent crime appear to be continuing to decline (Figure 53).

Twenty-four percent of the sample had been arrested within 12 months of the interview (Table 63). Of the total sample, 8% had been arrested for property crime, 7% for drug possession, 4% for driving and alcohol driving offences and 2% for dealing/trafficking.

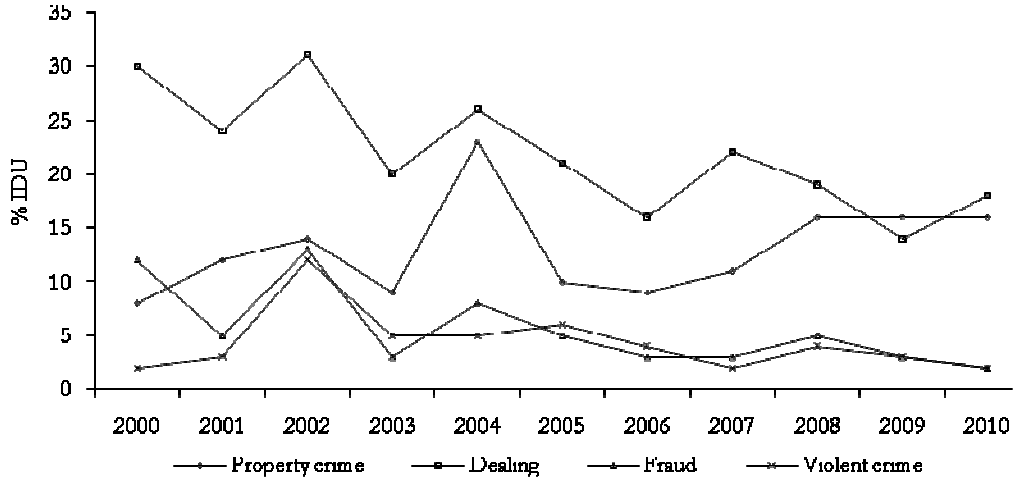
Table 63: Criminal and police activity as reported by participants, 2004-2010

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

Source: IDRS participant interviews

Figure 53 shows a decline in criminal activity in 2010 except for dealing, which increased from 16% of the sample in 2009 to 18% in 2010.

Figure 53: Proportion of participants reporting engagement in criminal activity in prior month, by offence type, 2000-2010



Source: IDRS participant interviews

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

7.2 Arrests

While there were no heroin-related consumer or provider arrests, the two reported seizures accounted for a significantly higher weight than in previous years (Table 64).

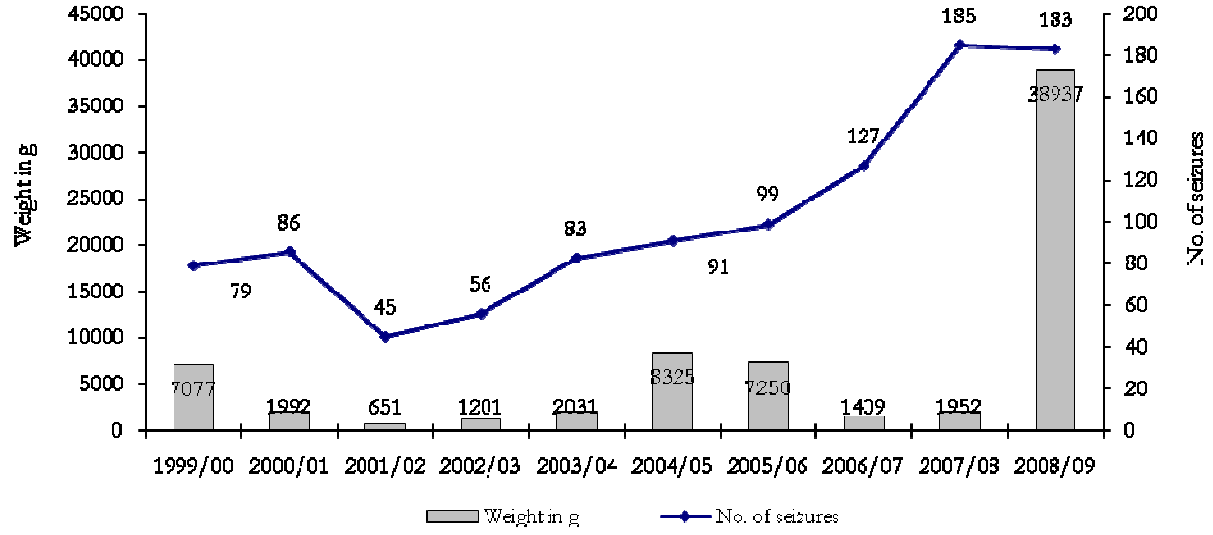
Table 64: Heroin arrest and seizure characteristics, 2003/04-2008/09

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

Source: Australian Crime Commission (ACC)
* Includes arrests where consumer/provider status is not provided and so may be greater than the sum of the rows above

Figure 54 demonstrates that while the number of ATS seizures was equivalent to those in 2007/08, the weight of those seizures increased dramatically to 38,937 grams.

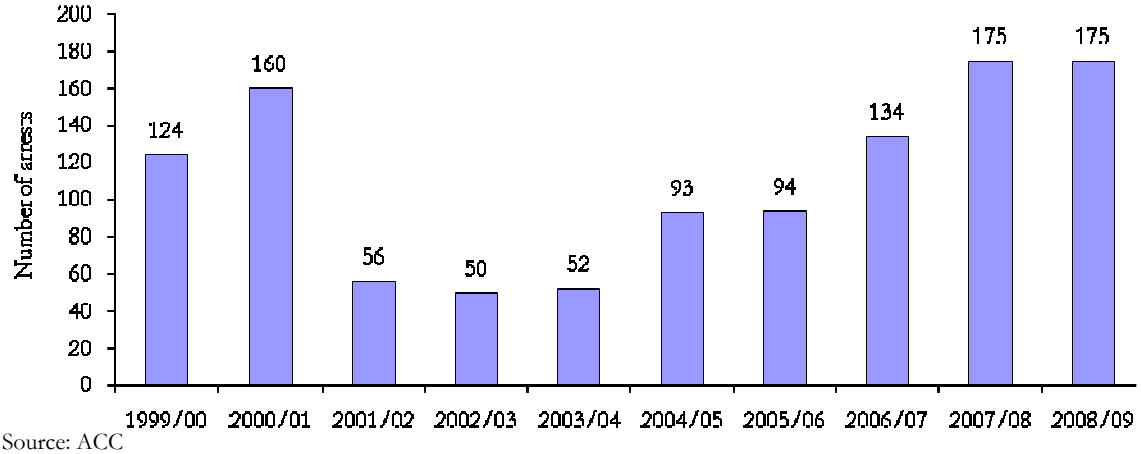
Figure 54: Number of ATS seizures in NT, 1999/00-2008/09



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

The combined number of arrests for consumers and providers in 2008/09 was identical to that reported in 2007/08 (Figure 55). This is the first year since 2002/03 that the number of arrests has not increased.

Figure 55: Number of ATS total consumer and provider arrests in the NT, 1999/00-2008/09



Source: ACC

While cocaine-related seizure and arrest numbers remained low in 2008/09 they were higher than in previous years (Table 65). Moreover, the weight of seizures significantly exceeded seizure weights in previous years.

Table 65: Cocaine arrest and seizure characteristics, 2003/04-2008/09

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

Source: ACC

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

Consumer arrests for cannabis in 2008/09 were higher than in previous years, as were total arrest numbers (Table 66). Seizure numbers were similar to those reported in previous years; however, the weight of seizures in 2008/09 (approximately 131 kilograms) was the highest reported since 2003/04.

Table 66: Cannabis arrest and seizure characteristics, 2003/04-2008/09

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
Consumer arrests	1	289	368	409	386	422
Provider arrests	0	99	113	137	91	102
Total arrests*	315	429	526	588	552	597
Seizure number	790	877	1144	986	1,077	1087
Seizure weight (g)	139,220	56,736	55,662	55,202	83,179	131,179

Source: ACC

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

As is evident from Table 67, the number of cannabis infringement notices increased to their highest levels since 2005/06.

Table 67: Cannabis infringement notices, 2003/04-2008/09

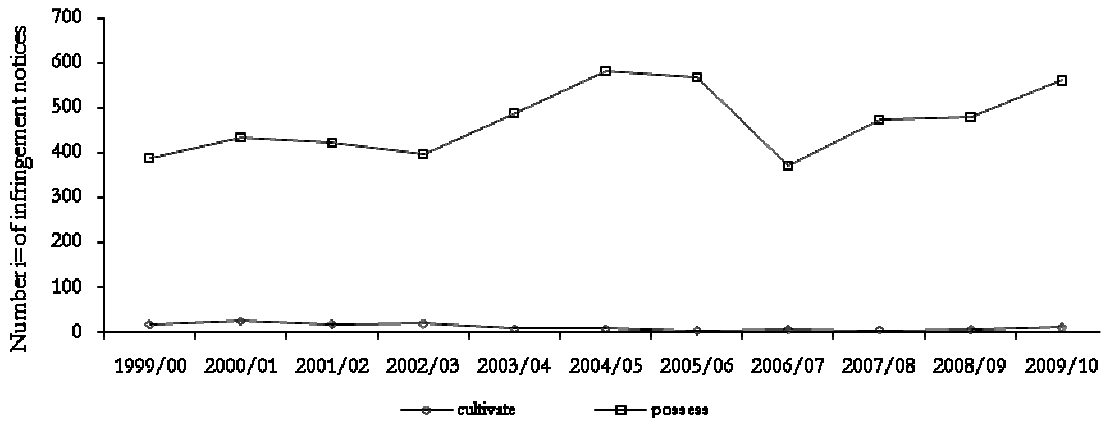
	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
Consumer arrests	0	409	481	399	378	456
Provider arrests	0	2	0	0	0	0
Total arrests*	300	434	481	399	378	456

Source: ACC

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

The more recent data regarding infringement notices supplied to the NT Department of Justice shows that the number of infringement notices for possess cannabis increased from 480 in 2008/09 to 562 in 2009/10 (Figure 56). The number of infringement notices for cultivate cannabis remained stable and low.

Figure 56: Number of infringement notices served for cultivation or possession of cannabis 1999/00-2009/10

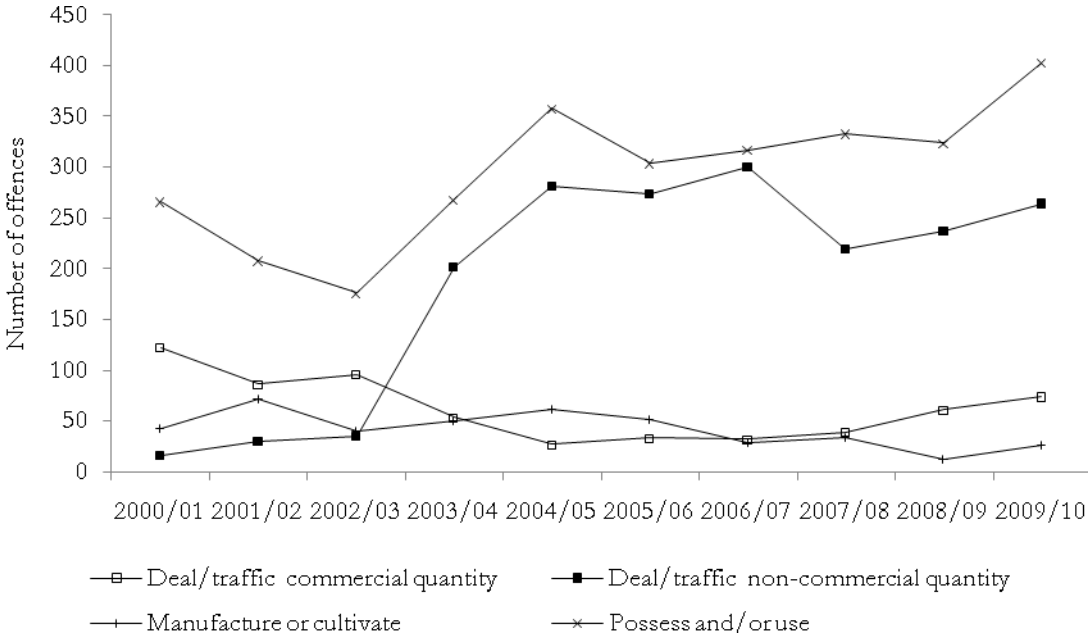


Source: NT Office of Crime Prevention

7.3 Finalised drug offences

Figure 57 shows that finalised offences for all drug offence categories increased in 2009/10. The most striking increases were in the categories for manufacture or cultivate, which increased from 12 finalised offences in 2008/09 to 26 finalised offences in 2009/10 and possess and/or use, which increased from 324 finalised offences in 2008/09 to 403 finalised offences in 2009/10.

Figure 57 : Finalised offences for illicit drug related crimes 2000/01-2009/10



Source: NT Office of Crime Prevention

7.4 Expenditure on illicit drugs

Participants reported expenditure on drugs on the day prior to interview, with 67% of the sample reporting some expenditure (Table 68). More than half the sample (58%) had spent $50 or more on drugs.

Table 68: Amount spent on drugs on the day before interview, 2003-2010

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

Source: IDRS participant interviews

7.5 KE Comment

The following comments were made by the two police officer KE:

- Some women were exchanging sex for crystal methamphetamine.
- A select group is supplying party drugs and supply is through established networks, social networks and nightclubs.
- Ice is often sold from hotel rooms to reduce the risk of detection.
- Ice is sourced mainly by outlaw motorcycle gangs.
- People continue to shop for pseudoephedrine.
- There have been some significant seizures over the past 18 months.
- Most ecstasy is sourced from the eastern seaboard.
- Generally those who import illicit drugs are over 30 years of age while those engaged in street dealing are under 30 years of age.
- The supply of drugs is usually through social networks.
- Almost all illicit drugs come from interstate.
- There are "one or two" local methamphetamine laboratories but most methamphetamine is sourced from interstate.
- There is a "massive mark-up" in cannabis prices in Aboriginal communities, with cannabis at times selling for up to $200 per gram.

The court clinician also commented upon reports of "sex for speed" and suggested that many cannabis and methamphetamine users supply these substances to fund their own use.

8 SPECIAL TOPICS OF INTEREST

Key Points

- Investigations of participants' Body Mass Index (BMI) revealed that the majority (51%) of participants fell within the healthy BMI range.
- Based on the Alcohol Use Disorders Identification Test (AUDIT), 35% of all participants obtained scores indicative of possible alcohol misuse (males 37%, females 32%).
- Based on the Severity of Dependence Scale (SDS), 20% of 35 participants obtained scores indicative of methamphetamine dependence (males 24%, females 0%).
- Based on the severity of dependence Scale (SDS), 69% of 91 participants obtained scores indicative of opioid dependence (males 59%, females 93%).
- Participants scored lower than the general Australian population in all domains of the Personal Wellbeing Index (PWI), an instrument which measures satisfaction with fundamental aspects of an individual's life.
- Two-thirds of the sample had been tested for sexually transmitted infections within the past two years.
- More than half the female respondents had a pap smear within the past two years.
- Seventy-seven participants had visited a GP in the past 12 months (median of 15 visits) and, of these, 26 had attended for mental health problems.
- More than half the sample (53%) had at least weekly contact with family and more than three-quarters (79%) had at least weekly contact with friends.

8.1 Height, Weight and Body Mass Index

Eating disorders and drug use disorders are significant public health problems. However, epidemiologic research examining their associations yields ambiguous results. Evidence on a relationship between obesity and alcohol use is found in some studies (Wannamethee, Shaper et al., 2005). As to the relationships between overweight/obesity and nicotine dependence, some studies have found overweight and obese men, but not women, were more likely to be former daily smokers than non-smokers (John et al., 2006; Zimlichman, Kochba et al., 2005). In a nationally representative sample, overweight, obesity and extreme obesity were associated with lower risk for past-year nicotine dependence in men but not in women (Pickering, Grant et al., 2007).

Relationships between Body Mass Index (BMI) and illicit drug use disorders are also unclear. For instance, marijuana can stimulate appetite whereas cocaine is a stimulant and appetite suppressant, but one study found similar prevalence of overweight in individuals with illicit drug use disorders as that found in the general population (Rajs, Petersson et al., 2004) and another study found both positive and negative associations of BMI with various substance use disorders, and significant gender differences in those relationships (Barry and Petry, 2009). Finally, BMI and drug use are both associated with mental health problems (Kemp, Gao et al., 2009).

As is evident from Table 69, the majority of males and of the overall NT IDRS sample fell within the healthy BMI range. A higher proportion of females were underweight while a higher proportion of males fell into the healthy range than women (54% of males, 43% of females). Six percent of the males were classified as obese while no females were classified in this category.

The mean height for all respondents was 1.76 metres, the mean weight was 71.3 kilograms and the mean body mass index was 23.0.

The national figures, derived from the Australian Bureau of Statistics 2007 National Health Survey, demonstrate that the NT IDRS sample contained a lower percentage of overweight and obese persons (both male and female) than the national sample (Table 69). Other striking differences between the NT IDRS sample and the national sample are that the NT IDRS sample had a higher proportion of males in the normal weight range and a much higher proportion of females in the underweight range.

Table 69: BMI results for NT participant and national samples

	NT N=65	National
Male		
Underweight (%)	11	1
Normal range (%)	54	36
Overweight (%)	29	40
Obese (%)	6	23
Female		
Underweight (%)	29	4
Normal range (%)	43	49
Overweight (%)	29	27
Obese (%)	0	20
All		
Underweight (%)	15	3
Normal range (%)	51	42
Overweight (%)	29	34
Obese (%)	5	21

Source: IDRS participant interviews
Note: 13 participants did not respond.

8.2 Alcohol Use Disorders Identification Test

In 2010 participants were also screened for potentially risky drinking patterns. The Alcohol Use Disorders Identification Test (AUDIT) was developed by the World Health Organization to detect people with risky alcohol consumption. A shortened version (three questions), the AUDIT-C, examines alcohol consumption only and is effective for use in primary care settings for identifying alcohol misuse (Haber et al., 2009). A score of 5 or more indicates further assessment is required. As is evident from Table 70, 37% of males and 32% of females reported a level of alcohol consumption requiring further assessment. Thirty-five percent of the total sample of males and females obtained a score of 5 or more.

Table 70: Participant need for further assessment based on AUDIT scores

	Male (N=71)	Female (N=28)
Further assessment required (%)	37	32
Further assessment not required (%)	63	68

Source: IDRS participant interviews

8.3 Stimulant and Opioid Dependence

In 2010, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids.

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

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

Table 71 demonstrates that 24% of males and 0% of females obtained scores indicating methamphetamine dependence. Twenty percent of the total sample of 35 males and females obtained a score of 4 or more. Of the seven respondents who obtained scores indicative of dependence, six identified illicit methamphetamine and one identified pharmaceutical stimulants as the form of methamphetamine associated with dependence.

Table 71: Methamphetamine dependence based on SDS scores, 2010

	Male (N=29)	**Female** (N=6)
Dependent %	24	0
Non-dependent %	76	100

Source: IDRS participant interviews

In contrast to methamphetamine dependence where males were more likely to obtain scores indicative of dependence, females were more likely to obtain scores indicative of opioid dependence. Table 72 shows that 93% of females obtained scores indicative of opioid dependence while 59% of males obtained scores of 5 or more. Sixty-nine percent of the total sample of males and females obtained a score of 5 or more.

Table 72: Opioid dependence based on SDS scores, 2010

	Male (N=64)	**Female** (N=27)
Dependent %	59	93
Non-dependent %	41	7

Source: IDRS participant interviews

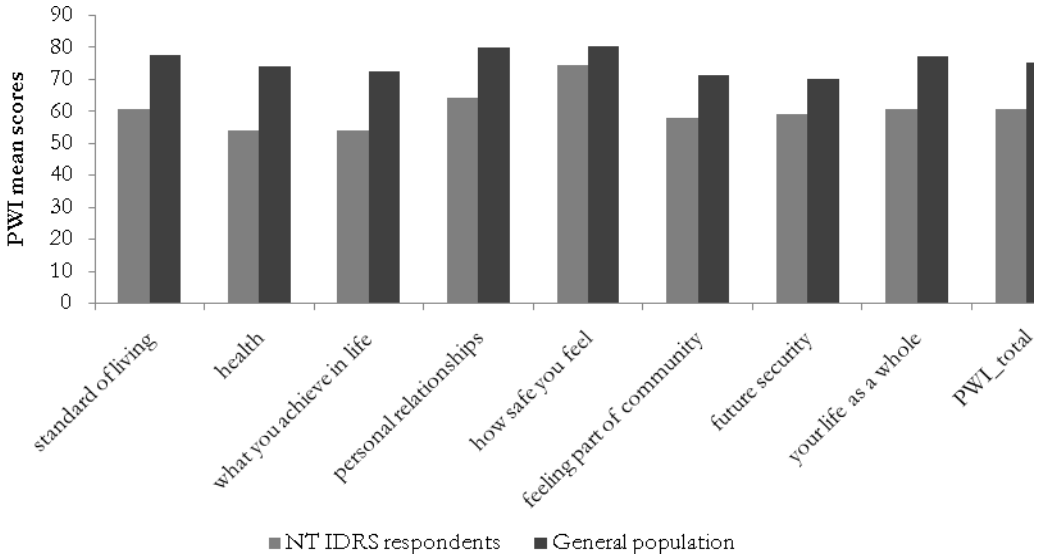
Of those whose scores indicated dependence, 90% identified morphine, 10% identified oxycodone and 5% identified methadone as the form of opioid associated with dependence.

8.4 Personal Wellbeing Index

As in 2009, the IDRS participants were asked questions comprising the Personal Wellbeing Index (PWI). The PWI asks questions regarding satisfaction with a range of life domains, including: standard of living, health, relationships, achievements, safety, community, future security and their life as a whole. Participants answer on a scale of 0 (very unsatisfied) to 10 (very satisfied) on each domain. Domain responses are combined to produce an index score between with a range of 0-100. At typical levels of wellbeing where people feel good about themselves and have a sense of optimism, they return average scores between 70-80; individuals with average scores below 50 are at a higher risk of depression (Cummins et al., 2007).

The 2010 NT IDRS participants scored below the general Australian population and below the expected range of scores (60-90) in the domains of 'health' (53.74), 'what you achieve in life' (53.98), 'part of community' (57.83) and 'future security' (59.12). The only domain where the score exceeded 70 was 'how safe you feel' wherein the mean score was 74.34. The 2010 PWI total of 60.52 was higher than the result obtained in 2009 (57.88).

Figure 58: Personal Wellbeing Index, NT IDRS participants and the general Australian population mean scores, 2010



8.5 Sexual Health

In the 2010 IDRS all participants were asked whether they had been tested for sexually transmitted infections in the past two years, reason for testing and where testing had been conducted. Female participants were asked whether they'd had a pap smear in the last two years, reason for being tested and where testing had been conducted. Participants who had not had a pap smear were asked reason for not being tested.

Table 73 demonstrates that two-thirds of the sample had undergone testing in the past two years. The major reason for being tested was identified as due to a suggestion from a health care provider (40%) and almost half the sample (48%) had been tested in a sexual health clinic.

Table 73: Proportion of participants tested for sexually transmitted infection in the past two years, 2010

	2010 N=99
In the past two years have you been tested for a sexually transmitted infection? (%)	
No, I didn't think about it	28
No, I didn't want to be tested	2
No, another reason	4
Yes, I was tested by means of a blood test, urine sample or swab	66
Of those who were tested (%)	N=65
To be sure I was clear of infection after ending a relationship	15
To be sure I was clear of infection before entering a new relationship	2
Because I had unprotected sex	3
Because I had symptoms of infections	5
Because my health care provider suggested it	40
My friend suggested it	0
My partner suggested it	0
My partner had symptoms / STI	0
An ex-partner told me I should get tested	0
Access to clinic was easy	8
Other	29
Place last tested (%)	
Sexual Health Clinic	48
GP	25
Hospital	12
Other	15

Source: IDRS participant interviews

Table 74 shows that more than half (54%) of the female respondents had a pap smear in the past two years, with two-thirds (67%) nominating that they were aware that they were due for a test as the primary reason for being tested. Those who had a pap smear were most likely to have undergone the procedure at a sexual health clinic (40%).

Those who elected not have a pap smear mainly identified a reason other than that listed in the response categories (62%). Twenty-one percent identified not being sexually active as the primary reason for not having had a pap smear.

Table 74: Proportion of female participants undertaking a pap smear in the past two years, 2010

	2010 N=28
Have you had a pap smear in the last two years (%)?	
No	46
Yes, I had a pap smear	54
Of those who did not have a pap smear, reason	N=13
Wasn't sexually active	23
No symptoms	8
Don't like them	0
Didn't think of it	8
Embarrassed / uncomfortable	8
Financial cost	0
Other	62
Of those who did have a pap smear, reason	N=15
I had symptoms	0
I received a reminder letter from the registry	13
My health care provider suggested it	7
My friend suggested it	0
My partner suggested it	0
I know I was due for a test	67
A family history of cervical cancer	0
Other	13
Place last tested	
Sexual Health Clinic	40
GP	33
Hospital	0
Other	27

Source: IDRS participant interviews

8.6 Service Use – General Medical Practitioners

Literature has shown that the regular PWID population is a group that experience a variety of physical and mental health problems. However, due to the marginalised status and concealed nature of this group, it can be difficult to ensure that this group obtain the public health care access they require and that targeted health care strategies reach them. This group also experience barriers to treatment due to a lack of knowledge regarding available services, long wait times and limited operating hours (Neale et al., 2007). Also due to the nature of the addiction, the time spent obtaining and consuming drugs may cause delays in seeking treatment (McCoy et al., 2001; Drumm et al., 2005) which often lead to over dependence on acute crisis and emergency interventions (Kerr et al., 2004).

The IDRS sought to investigate this issue of access to services further and identify the services which PWID have utilised most often. This section focused on general medical practitioner (GP or doctor) and not participants' opiate prescriber.

Seventy-seven participants reported having visited a GP over the past 12 months, with a mean of 15 visits (median=12, range 1 to 98).

One respondent had received a home-visit from a GP and 27 had attended hospital or the emergency department.

Of the 77 participants who had attended a GP, 25 had attended for mental health problems. Three of those had not seen the same GP on subsequent visits with two attending at two separate general practice clinics and one at nine separate general practice clinics. Ten of the 25 respondents had been referred by one GP to another GP.

The mean age for first presentation to a GP for mental health problems was 21 years (median=20 years, range 4 to 37 years).

8.6.1 KE comment

A Withdrawal Services worker identified the need for improved, subsidised pathways and links between drug treatment services and GPs and the Hospital Liaison worker commented upon the need for better coordination between the specialist government unit (which also operates the withdrawal service and the opiate substitution program) and GPs.

8.7 Social Networks

Interaction with other people is vital to human development. Social relationships and networks can act as protective factors against the onset or reoccurrence of mental illness and enhance recovery of mental disorders (World Health Organization, 2003, 2005). For example, marital status has been shown to be related to a person's physical and mental health, with results indicating married people experience less negative effects associated with these areas. Regular drug users, particularly regular injectors, are a group that tend to be marginalised by society and experience many hardships including homelessness, social and financial disadvantage and physical health problems all of which may contribute to a mental health condition, therefore implying social networks would be a vital area of support for this group.

Results from the 2007 National Survey of Mental Health and Well-being demonstrated that the prevalence of a 12-month mental health disorder was very similar for people who did and did not have contact with family members; however, results differed for those who had contact and who did not have contact with friends. Of the 15.7 million people who had contact with their friends, one in five (20%) has a 12-month mental disorder but for the 352,500 who had no contact with friends, or no friends, 38% had a 12-month mental health disorder (Australian Bureau of Statistics, 2007).

In 2010, the IDRS asked participants questions in relation to social networks. Sixteen percent of the NT sample reported contact with family members "nearly every day" and this was almost less than half that of the national sample (which includes the NT sample). However, the NT sample reported more frequent contact with family members 3-4 days a week, 1-2 days a week and 1-3 days a month (Table 75).

Of those who could rely on family members, a higher proportion of the NT sample could rely on 1-2 family members than in the national sample (73% compared to 61%) although NT percentages were lower than the national sample for three or more family members.

Frequency of contact with friends among the NT sample was almost identical to that of the national sample with more than half reporting contact with friends nearly every day. Fifty-nine percent of the NT sample reported they could rely on 1-2 friends, compared to 61% of the national sample.

Thirty percent of the NT sample reported that they could rely upon their spouse/partner for help in the event of a serious problem compared to 32% of the national sample. Sixty-five percent of the NT sample reported current single marital status compared to 56% of the national sample.

Table 75: Social networks among participants by jurisdiction, 2010

	NT N=99	**National** N=902
How often are you in contact with any family member?		
Nearly every day (%)	16	31
3-4 days a week (%)	9	7
1-2 days a week (%)	28	19
1-3 days a month (%)	18	13
< once a month (%)	10	15
Never (%)	14	13
No family (%)	4	2
How many family members can you rely on*?	N=59	N=562
1-2 family members (%)	73	61
3-4 family members (%)	17	23
5 or more family members (%)	10	16
How often are you in contact with any of your friends?		
Nearly every day (%)	53	51
3-4 days a week (%)	11	11
1-2 days a week (%)	15	15
1-3 days a month (%)	4	4
< once a month (%)	5	4
Never (%)	2	3
No friends (%)	10	9
How many friends can you rely on?**	N=58	N=588
1-2 friends (%)	59	61
3-4 friends (%)	21	23
5 or more friends (%)	21	15
How much can you rely of your spouse/partner for help (for a serious problem)?		
A lot (%)	30	32
Some (%)	2	6
A little (%)	1	3
Not at all (%)	1	2
Don't know (%)	1	1
Currently single (%)	65	56

Source: IDRS participant interviews

* among those in contact with a family member, ** among those in contact with friends

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