EDRS

NORTHERN TERRITORY DRUG TRENDS 2020

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

NORTHERN TERRITORY DRUG TRENDS 2020: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at Drug Trends.

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2019:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Roanna Chan, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Amy Kirwan, Cristal Hall, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute Victoria;
- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Leith Morris, Dr Natalie Thomas and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

We would like to thank past and present members of the research team.

Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Emma Douglass, Emilie Bull, Tabitha Jenkins, Thomas Santo Jr, Devashi Paliwal, Jodi Van Dyk and Samantha Colledge for conducting the Northern Territory EDRS interviews in 2020. We would also like to thank the members of the Drug Trends Advisory Committee and the Australian Injecting & Illicit Drug Users League (AVIL) for their contribution to the EDRS project.

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

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Abbreviations

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

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Executive Summary

The NT EDRS sample is a sentinel group of people who regularly use ecstasy and other stimulants recruited via social media, advertisements on websites and via word-of-mouth in Darwin, NT. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from April-July: subsequent to COVID-19 restrictions on travel and gatherings in Australia. This should be factored into all comparisons of data from the 2020 sample relative to previous years.**

Sample Characteristics

In 2020, the NT EDRS sample (N=100) were predominantly young and educated, though a third (31%) were unemployed. One-tenth (11%) identified as Aboriginal and/or Torres Strait Islander. Ecstasy and cannabis were the drugs of choice among the sample, whilst cannabis was the drug predominantly cited as used most often in the past month.

COVID-19

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Fifteen per cent of the sample had been tested for SARS-CoV-2, although no participants had been diagnosed with COVID-19. Since the beginning of March 2020, most participants (90%) had practised social distancing and 70% had undergone home isolation. Ecstasy was reported by two-in-five participants (38%) as the drug most used in February 2020 (before COVID-19 restrictions) but by only one-in-five participants (21%) in the month prior to interview. In contrast, cannabis was reported by one-quarter (31%) as the drug most used in February, and by 41% in the month prior to interview. Overall, participants reported a perceived decrease in use of a number of drugs since March (i.e. since the introduction of COVID-19 associated restrictions), including ecstasy/MDMA (50%), ketamine (50%), nitrous oxide (46%) and cocaine (44%). The primary reasons for a decrease in use of these drugs comprised 'fewer opportunities to be with people or to go out' and 'decreased availability of drug'. An increase in alcohol use was reported, mainly cited as a result of 'boredom/less things to occupy time'. With regards to perceived drug availability, most participants reported that most drugs were harder to obtain, although bush cannabis and LSD remained relatively stable. Self-reported changes in mental health were mixed; one-third (34%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, 33% reported 'similar' and 33% reported their mental health as 'better'. One-in-ten (8%) participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. Over half (59%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

Ecstasy

Recent use of any ecstasy remained stable among the NT sample, however, for the first time since monitoring began capsules overtook pills as the main form being used (90% and 63%, respectively). Both capsules and pills were significantly cheaper in 2020 ($30 per cap or pill) as compared to 2019. Whilst perceived purity remained stable from 2019, perceived availability was reported as more 'difficult'.

Methamphetamine

After an increase in 2019, recent use of methamphetamine reached the lowest per cent since monitoring began (24% for any methamphetamine). Similarly, frequency of use also decreased to the lowest observed.

Cocaine

Recent use of cocaine has generally increased over the monitoring period, albeit with some fluctuation. In 2020, the per cent reporting any recent use among the NT sample significantly decreased, with three in five reporting use in the past six months. Frequency of use

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remained stable. Significantly more participants perceived cocaine to be of 'high' purity.

Cannabis

In almost every year of monitoring, at least three quarters of the NT sample has reported recent use of cannabis. In 2020, 91% of the sample reported recent use, stable relative to 2019. There was a non-significant decrease in frequency of use, from every second day in 2019 to twice weekly in 2020.

Ketamine and LSD

One quarter (24%) of the NT sample reported any recent ketamine consumption, significantly fewer compared to two-fifths in 2019 (39%). Frequency of use remained stable to 2019. LSD consumption remained stable, with approximately two-fifths of the sample reporting any recent use.

New Psychoactive Substances (NPS)

Recent use of any NPS among the NT sample has remained mostly stable since 2013. In 2020, there was a significant decrease in the per cent of participants reporting recent use, from 34% in 2019 to 16% in 2020. DMT and synthetic cannabinoids continued to be the two most cited recently used NPS.

Other Drugs

Reported recent use of any non-prescribed pharmaceutical stimulants significantly increased from 17% in 2019 to 29% in 2020. The per cent of recent use of amyl nitrite and nitrous oxide remained stable in 2020, after a spike in 2019. Alcohol and tobacco use were common in the sample, although frequency of alcohol use decreased in 2020 compared to 2019 (35 median days versus 72 median days in 2019). One-quarter (27%) reported recent e-cigarette use.

Drug-Related Harms and Other Associated Behaviours

The majority of participants (88%) obtained a score of eight or more on the AUDIT scale, indicative of hazardous alcohol use. However, significantly fewer participants exceeded the score indicating possible alcohol dependence in 2020 compared to 2019. Fifteen per cent of the sample reported a non-fatal simulant overdose and 18% reported a non-fatal depressant overdose (including alcohol) in the 12 months prior to interview. Small numbers reported being in current drug treatment (n≤5) and no one reported past month drug injection. Two-fifths (41%) of the sample self-reported that they had experienced a mental health problem in the preceding six months, and just under half (46%) of this group had seen a mental health professional in the same period. Past month drug-dealing (17%) and property crime (13%) remained the two main forms of criminal activity in 2020, though drug dealing had significantly declined, relative to 2019. Face-to-face was the most popular mean of participants arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview, followed by social network applications. Significantly more participants had obtained their drugs via a collection point in the past 12 months in 2020 relative to 2019.

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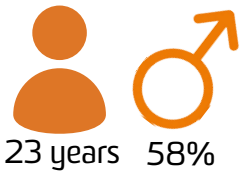
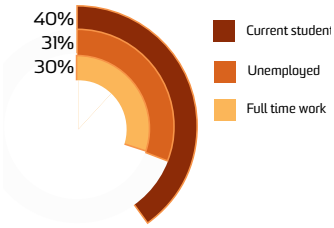
EDRS Ecstasy and Related Drugs Reporting System

2020 NORTHERN TERRITORY SAMPLE CHARACTERISTICS

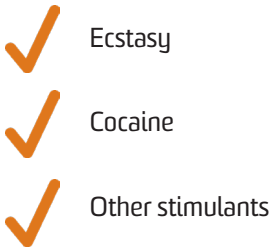
In 2020, 100 people from Darwin, NT, participated in EDRS interviews.



The median age in 2020 was 23, and 58% identified as male.

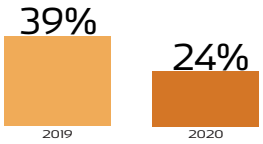


In the 2020 sample, 40% were enrolled students, 31% were unemployed, and 30% were employed full time.

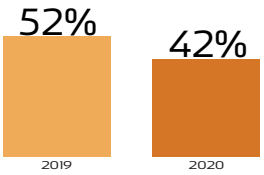


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

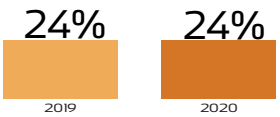
OTHER DRUGS



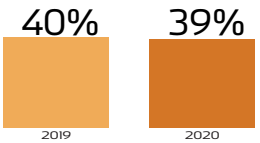
Past 6 month use of ketamine decreased from 39% in 2019 to 24% in the 2020 EDRS sample.



Past 6 month use of LSD decreased from 52% in 2019 to 42% in 2020.



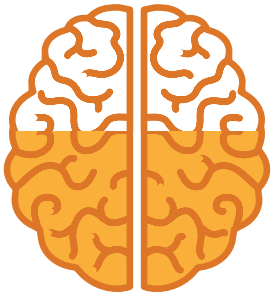
Past 6 month use of any amyl nitrite was stable from 2019 (24%) to 2020 (24%).



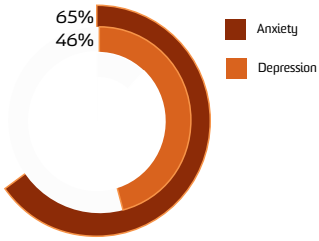
Past 6 month use of any nitrous oxide (nangs) was stable from 2019 (40%) to in 2020 (39%).

DRUG TREATMENT AND MENTAL HEALTH

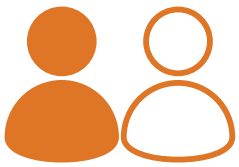
Of the 2020 EDRS sample <5% reported that they were currently receiving drug treatment.



Just under half of the sample (41%) self-reported that they had experienced a mental health problem in the previous 6 months.

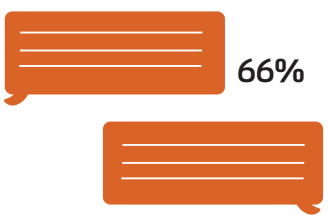


Of those who commented, the most common self-reported mental health concern was anxiety (65%), followed by depression (46%).



Of those self-reporting a mental health problem, 46% reported seeing a mental health professional in the previous 6 months (19% of the entire sample).

MODES OF PURCHASING



In 2020, 66% of participants organised the purchase of illicit or non-prescribed drugs via social networking.

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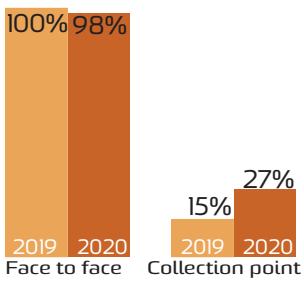
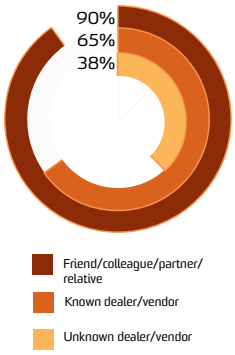
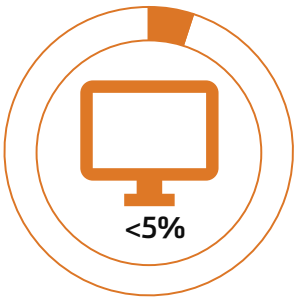


When asked about how they received drugs, 98% said face to face, and 27% said via a pre-arranged collection point.

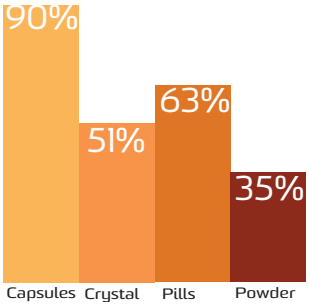


The majority of participants reported obtaining drugs from someone they knew personally (90%).



In 2020, <5% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

ECSTASY

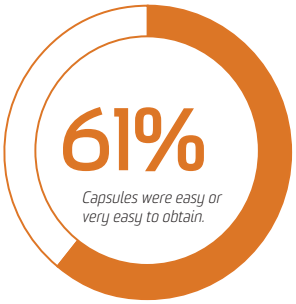


Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2020.

Of those who had recently consumed ecstasy, 1 in 3 (31%) used it weekly.

2 Capsules
2 Pills
0.30 grams of crystal
0.30 grams of powder

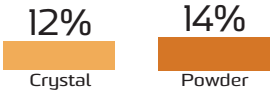
Median amounts of ecstasy consumed in a 'typical' session using each form.



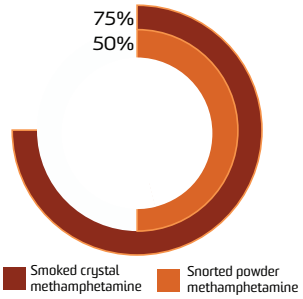
Of those who could comment 61% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain,

METHAMPHETAMINE

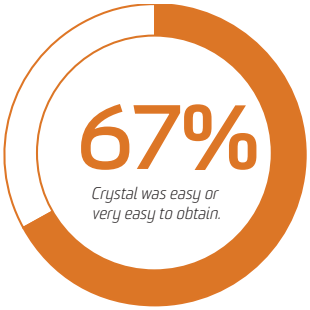
Past 6 month use of any methamphetimine decreased from 44% in 2019 to 24% in 2020.



Of the entire sample, 14% had recently consumed powder, and 12% crystal methamphetamine.



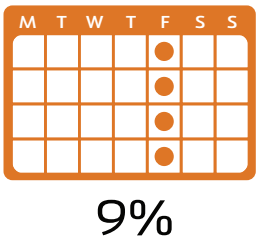
75% of people who had recently used crystal smoked it. Of those who had recently used powder, 50% snorted it.



Of those who could comment 67% perceived crystal methmphetamine to be 'easy' or 'very easy' to obtain.

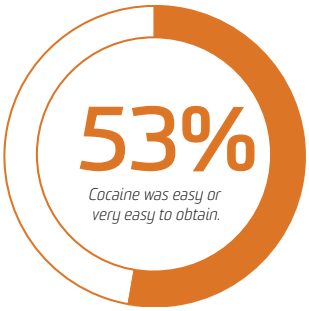
COCAINE

Past 6 month use of any cocaine reduced from 74% in 2019 to 59% in 2020.



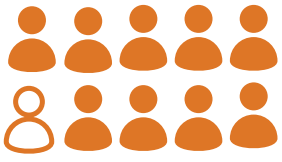
Of people who had consumed cocaine recently, 9% reported weekly or more frequent use.

Of people who had consumed cocaine in the last 6 months, 98% had snorted it.

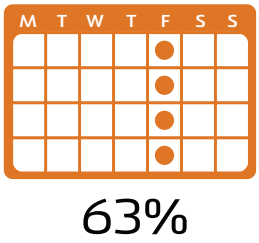


Of those who could comment 53% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS

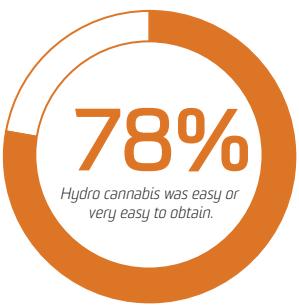


Past 6 month use of any cannabis increased from 83% in 2019 to 91% in 2020.



Of those who had consumed cannabis recently, over half (63%) reported weekly or more frequent use.

Of people who had consumed cannabis in the last 6 months, 97% had smoked it.



Of those who could comment 78% perceived hydro to be 'easy' or 'very easy' to obtain.

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Background and Methods

Background

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

The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of EDRS. It should also be noted that data collected in 2020 occurred subsequent to COVID-19 restrictions on gathering and movement, and this should be factored into all comparisons of 2020 data with previous years.

Methods

EDRS 2003-2019

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

In 2019, a total of 797 participants were recruited across capital cities nationally (April-July, 2019), with 100 participants interviewed in Darwin during April-July 2019 (Figure 1). One in five participants (18%) reported participating in the 2018 survey. **Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution.**

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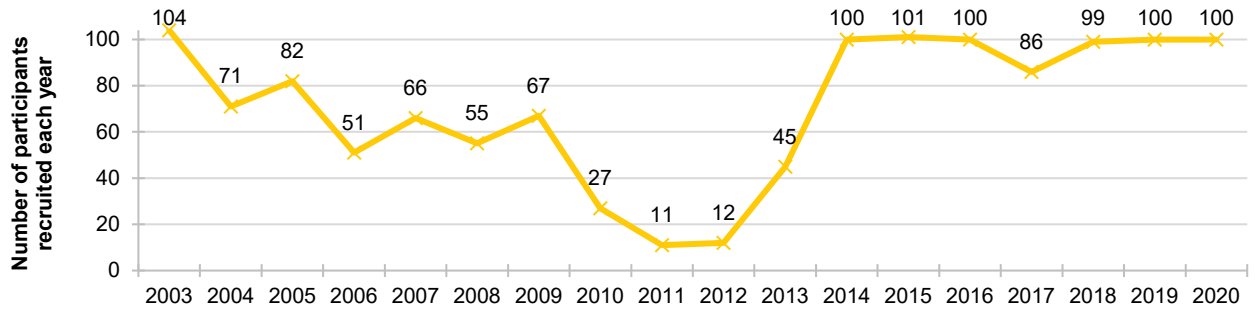
EDRS 2020: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were no longer possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all jurisdictions in 2020;
2. Means of consenting participants: Participants consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the load on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further details.

A total of 805 participants were recruited across capital cities nationally (April-July, 2020), with 100 participants interviewed in Darwin, NT during April-July 2020.

Figure 1: Number of participants recruited each year, Northern Territory, 2003-2020



Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2019 and 2020, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

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Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances (included in jurisdiction outputs; see below), nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in the NT (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 2.

Outcomes relating to the previous 6-12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous month will reflect behaviours during restrictions. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier bulletins released based on EDRS 2020 findings.

Additional Outputs

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

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

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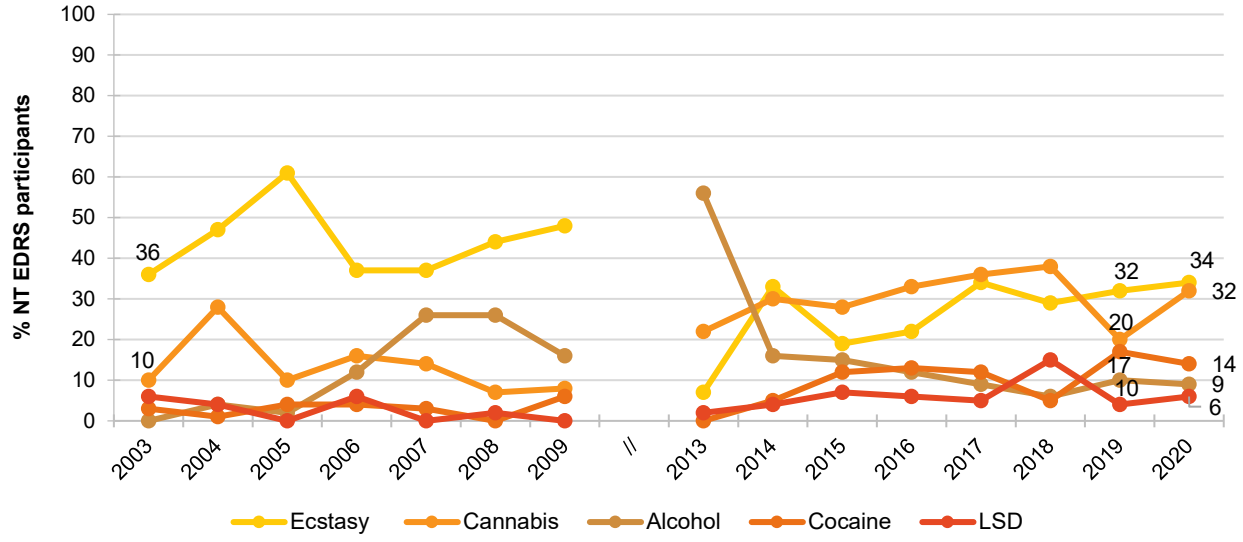
1

Sample Characteristics

In 2020, over half (58%) of the Northern Territory (NT) EDRS sample were male (50% in 2019; *p*=0.256) and the median age was 23 years (IQR=20-28; 24 years in 2019; IQR=20-30; *p*=0.157; Table 1). One in ten participants (11%; 11% in 2019) identified as Aboriginal and/or Torres Strait Islander. Approximately half the sample (47%) reported having post-school qualifications, a lower proportion than 2019 (67%, *p*=0.004). However, more participants were currently studying in 2020 (40%, versus 22% in 2019; *p*=0.007). Current employment remained stable, with 30% employed full-time (30% in 2019) and 31% unemployed (29% in 2019; *p*=0.758). As in previous years, the majority of participants lived in a rented house or flat (56%; 48% in 2019; *p*=0.258). However, more participants lived with their parents or family in 2020 (37% versus 19% in 2019, *p*=0.005).

Participants typically reported that ecstasy or cannabis were their drugs of choice (34% and 32%, respectively; 32%; *p*=0.764 and 20%; *p*=0.053; in 2019, respectively; Figure 2). Cannabis was most commonly reported as the drug used most often in the month prior to interview (41%; 30% in 2019; *p*=0.115), followed by alcohol (25%; 21% in 2019; *p*=0.526; Figure 3). High frequency (≥weekly) use of key drugs like cocaine, cannabis and ecstasy remained stable relative to 2019 (Figure 4), except for methamphetamine which had significantly decreased in 2020 compared to 2019 (n≤5 versus 15% in 2019; *p*=0.001).

Figure 2: Drug of choice, Northern Territory, 2003-2020



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p*<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Table 1: Demographic characteristics of the sample, nationally (2020) and Northern Territory, 2016-2020

	National 2020 N=805	NT 2020 N=100	NT 2019 N=100	NT 2018 N=99	NT 2017 N=86	NT 2016 N=100
Median age (years; IQR)	22 (19-27)	**23 (20-28)**	24 (20-30)	21 (18-27)	21 (18-26)	24 (21-28)
% Male	61	**58**	50	52	64	65
% Aboriginal and/or Torres Strait Islander	4	**11**	11	20	17	14
% Sexual identity						
Heterosexual	83	**87**	88	90	88	94
Homosexual	3	**-**	-	-	-	-
Bisexual	10	**8**	8	8	11	-
Queer	3	**-**	-	/	/	/
Different identity	2	**-**	-	-	0	0
Mean years of school education (SD)	12 (0.8)	**11 (0.8)**	11 (0.8)	11 (0.8)	11 (0.9)	11 (1.2)
% Post-school qualification(s)^	51	**47****	67	42	49	68
% Current employment status						
Employed full-time~	26	**30**	30	36	35	50
Part time/ casual	35	**33**	37	36	26	21
Self-employed	5	**-**	-	/	/	/
Students[#]	47	**40****	22	9	8	6
Unemployed	35	**31**	29	17	28	16
Current median weekly income $ (IQR)	(N=771) $600 (400-923)	**(N=90) $696 (386-1000)**	(N=95) $750 (450-962)	(N=98) $525 (265-1000)	(N=83) $750 (315-1100)	(N=97) $1000 (615-1365)
% Current accommodation						
Own house/flat	5	**-**	-	-	-	-
Rented house/flat[#]	50	**56**	48	50	51	72
Parents'/family home	40	**37****	19	43	35	21
Boarding house/hostel	2	**-**	24	0	-	-
Public housing	2	**-**	-	-	/	/
No fixed address+	1	**0**	-	-	-	-
Other	-	**0**	-	-	-	-

Note. ~Difference in employment and student status may be due to a difference in how the questions was asked in 2018, 2019 and 2020. In 2020, employment status was expanded to include 'part time/casual' and 'self-employed' due to participant responses in 2019. Furthermore, in 2020, 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. ^Includes trade/technical and university qualifications. / not asked. + In 2020, no fixed address included 'couch surfing and rough sleeping or squatting. # in 2016 and 2017, public housing was included in rented house/flat. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020

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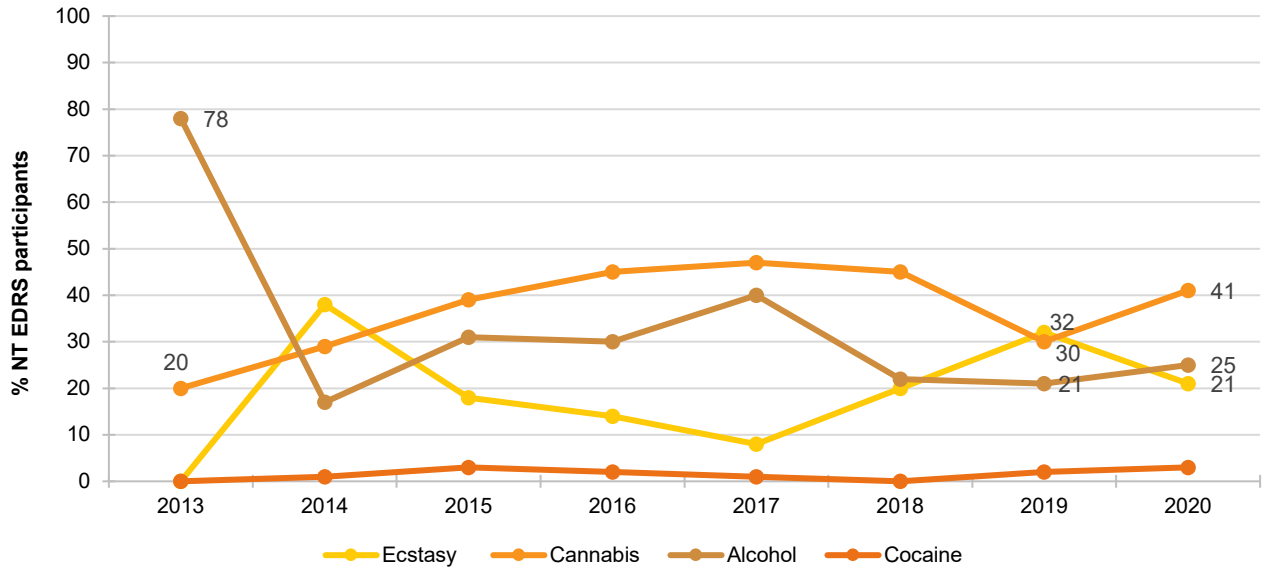
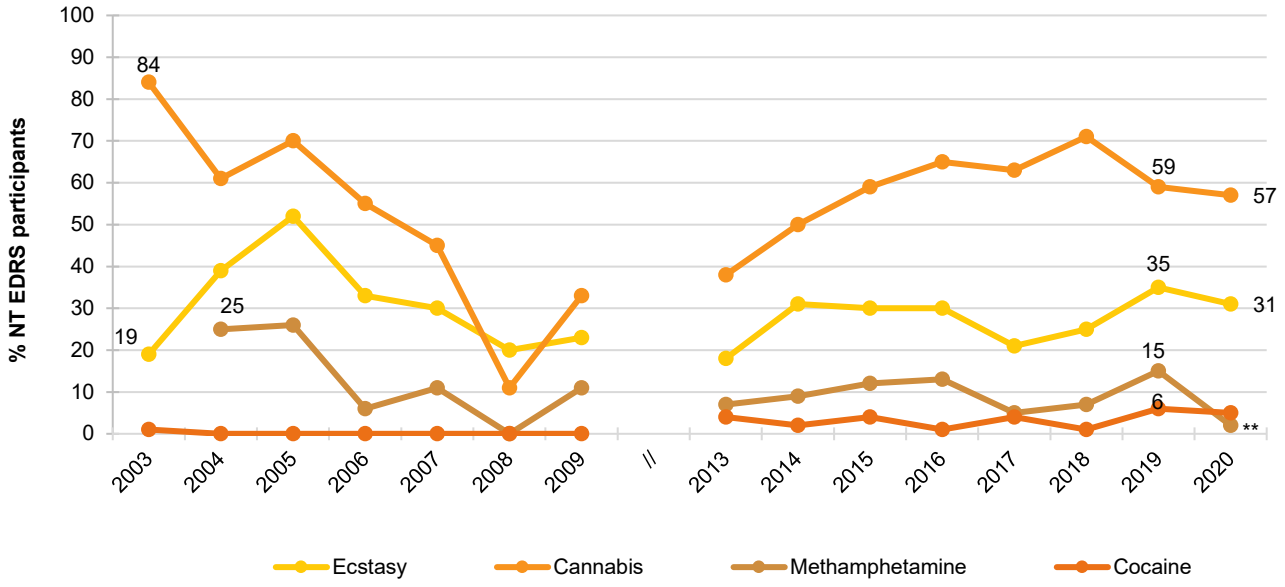
Figure 3: Drug used most often in the past month, Northern Territory, 2013-2020



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2013-2020 as this question was not asked in 2003-2010 and sample numbers in 2011 and 2012 were low. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 4: Weekly or more frequent substance use in the past six months, Northern Territory, 2003-2020



Note. Among the entire sample. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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2

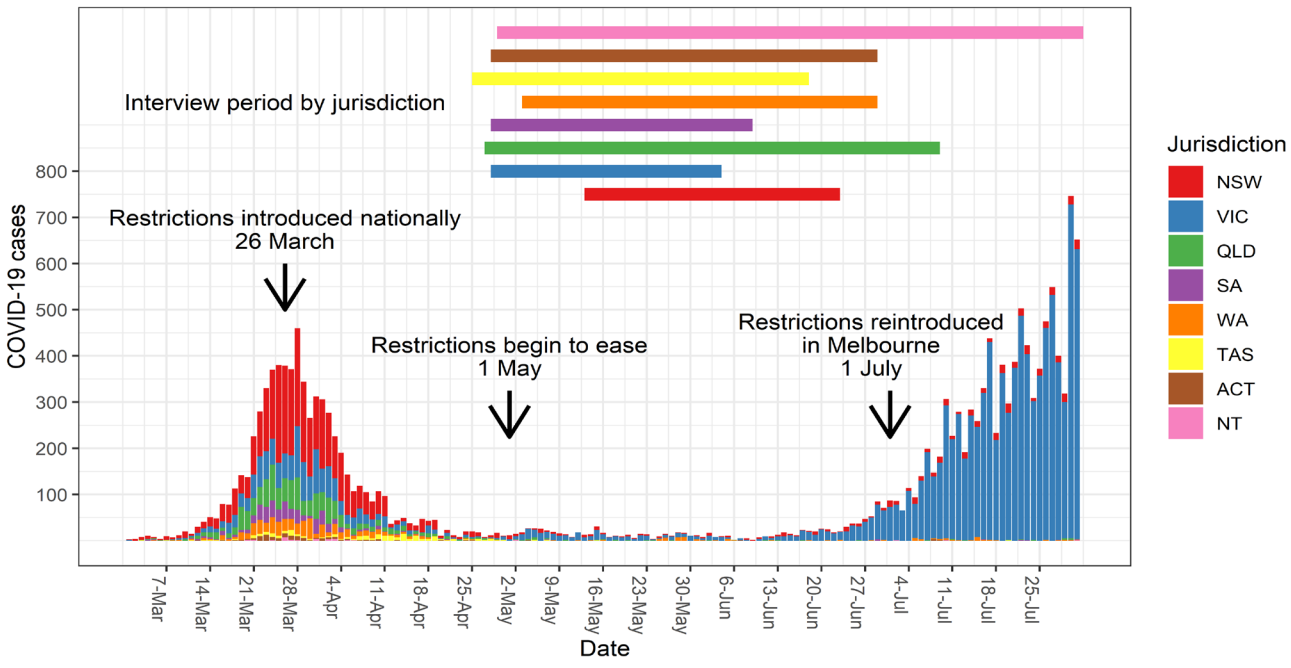
COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25th January 2020, with a rapid increase in cases throughout March (peak 469 cases 28/3/2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (Figure 5). As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July).

The Northern Territory observed its first case of COVID-19 much later than other parts of Australia; on 4th March 2020. Northern Territory has continuously had the national's lowest rate of positive COVID-19 test results. Given the low COVID-19 infections, pubs, restaurants and cafes reopened on 15th April, and further easing of restrictions, such as unlimited visitors to private homes, were announced on 2nd May. No further restrictions were announced.

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



Note. Data obtained from https://www.covid19data.com.au/.

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Methods

NT EDRS interviews commenced on 29th April and concluded on 31st July, 2020.

In 2020, the EDRS interview was condensed to alleviate the burden on participants completing the survey via telephone/videoconference, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions pertaining to the impacts of COVID-19 on lifestyle such as housing situation and changes in employment, amongst others, were examined, as well as COVID-19 specific questions such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, so as to ensure more complete capture of changes brought about by COVID-19, questions are posed throughout the interview to explore demographic characteristics, drug consumption and harm reduction behaviours which occurred in February 2020 as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the Error! Reference source not found. section of this document.

In 2020, 11% of participants reported participating in the 2019 survey.

COVID-19 Testing and Diagnosis

Fifteen per cent of the sample had been tested for SARS-CoV-2 by the time of interview but no participants had been diagnosed with the COVID-19. When asked how worried they were currently of contracting COVID-19, the majority of participants (87%) responded 'not at all', and one in ten (10%) were 'slightly' worried.

Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March 2020, the vast majority of participants (90%) had practiced social distancing (i.e., avoiding public transport and social gatherings) and 70% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or pick up groceries. A small number (n≤5) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19. Participants were asked about health precautions they had engaged in during the four weeks prior to interview (Figure 6). Most commonly, participants reported keeping distance from people (58%), changing or cancelling travel plans (53%), avoiding public transport (46%), avoiding public spaces and public events (46%), and cancelling personal gatherings (44%).

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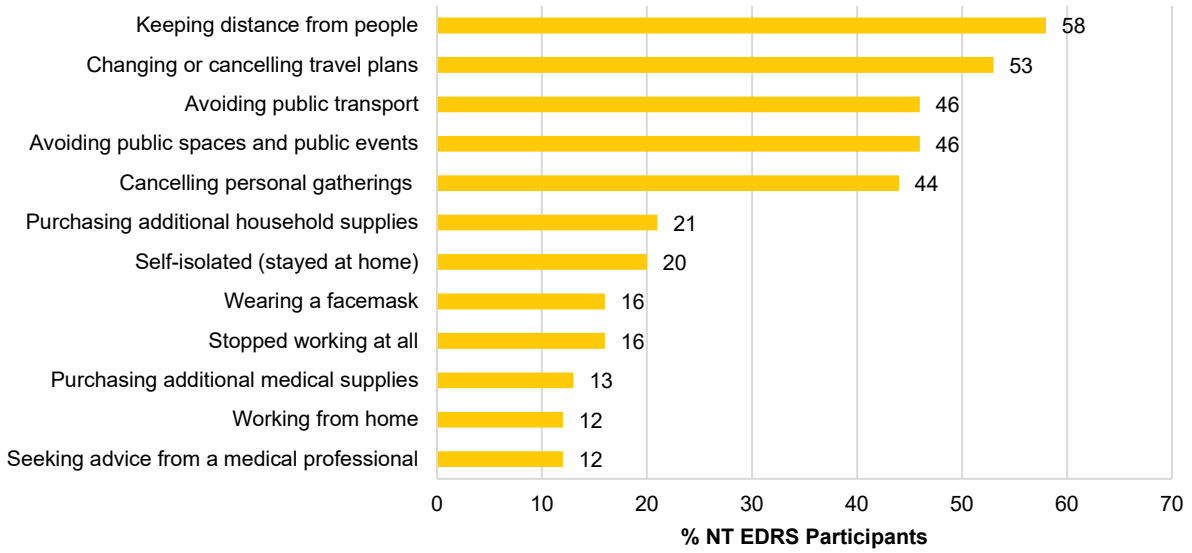
Figure 6: Health precautions related to COVID-19 in the past four weeks, Northern Territory, 2020



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

Housing. One-quarter (26%) of participants reported that their living situation had changed since the beginning of March, and of these participants (n=26), the most commonly cited reasons were 'unrelated to COVID-19' (38%) and 'moved to be with family' (34%).

Employment and Income. One third (35%) of the sample reported that their source(s) of income had changed since the beginning of March, 2020. Of those not receiving a wage or salary (n=34) during the month prior to interview, 38% had been stood down temporarily or permanently because of COVID-, 27% were non-working students and another 27% were seeking employment since before COVID-19. When asked about their income in the four weeks prior to interview as compared to February 2020, 26% of participants reported that they were receiving more income, 32% reported less income, and 42% reported a similar amount of income (Table 2).

One third of the NT participants (32%) reported experiencing any financial difficulty during the past month; the most commonly reported responses were asking for financial help from friends and family (21%) and being unable to pay household or phone bills on time (14%; Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

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Table 2: Social and financial impacts of COVID-19 restrictions, Northern Territory, 2020

	NT 2020
	N=100
% Change in source of income since March 2020 (since COVID-19 restrictions)	35
% Change in total income in the past month compared to February	**n=97**
More money	26
Less money	32
About the same	42
% Financial difficulties in the past month#	**N=100**
Could not pay household or phone bills on time	14
Could not pay the mortgage or rent on time	-
Requested deferred payment of mortgage/rent/loan	7
Unable to buy food or went without meals	7
Unable to heat/air-condition house	-
Asked for financial help from friends or family	21
Asked for help from welfare or community organisations	6
Difficulty paying for medicines	-
Difficulty paying for medical treatment	-

Note. The response 'Don't know' was excluded from analysis. # participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

Drug Use

Main drug used. Two-fifths (40%) of participants reported that the drug used most often in the last month was not the same as the drug used most often in February 2020. Of these participants (n=40), the main transitions cited were from MDMA/ecstasy to cannabis (35%) or alcohol (10%; Table 3).

Frequency of drug use. Nearly half of the sample (47%) reported using ecstasy and related drugs less in the month prior to interview as compared to February 2020; 25% reported greater frequency of use, and 28% reported stable frequency (Table 3).

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Table 3: Drug used most often in February (pre-COVID-19 restrictions) versus in the past month (during COVID-19 restrictions), Northern Territory, 2020

	NT 2020	
	February	Past month
% Drug used most often in that month	N=100	N=100
Ecstasy	38	21**
Cannabis	31	41
Alcohol	20	25
Cocaine	-	-
Other	-	7
*% reporting change in drug used most often from February to past month^*	Overall: 40	
% Frequency of ecstasy and related drug use in that month	N=100	N=100
Not in the month	12	10
Monthly	14	18
Fortnightly	27	39
Weekly	31	17*
More than once per week	13	15
Once a day	-	0
More than once per day	-	-
% reporting decrease in frequency	Overall: 47	
% reporting increase in frequency	Overall: 25	
% reporting stable frequency	Overall: 28	

Note. The response 'Don't know' was excluded from analysis. ^ this value might be greater than the difference between February and past month for individual drugs listed as participants may have changed main drug used within the 'other drug' category (e.g., from LSD to ketamine). - Per cent suppressed due to small cell size (n≤5 but not 0). / significance of difference not calculated due to small numbers. *p<0.050; **p<0.010; ***p<0.001 for February versus past month.

Perceived changes in drug use. Participants who reported past six-month use of each drug were asked about changes in their drug use since the beginning of March 2020, as compared to before (Figure 7).

Most commonly, participants reported a decrease in use of ecstasy/MDMA (50%), ketamine (50%). nitrous oxide (46%), cocaine (44%), while no change was reported for e-cigarettes (81%), amyl nitrite (75%), pharmaceutical stimulants (69%), benzodiazepines (68%) and tobacco (58%). Alcohol was the drug most endorsed as increased in use, although by only one-third of those reporting recent use (31%).

The primary reason cited for decreasing use of ecstasy/MDMA, cocaine and ketamine were 'fewer opportunities to be with people/go out' (62%, 50% and 58%, respectively). Other commonly endorsed reasons were 'decreased availability of drug', 'didn't feel like using the drug' and 'less money to buy drug or saving money'. The primary reasons why participants increased their alcohol use comprised 'boredom/less things to occupy time' (63%), followed by 'more time to use the drug' (10%).

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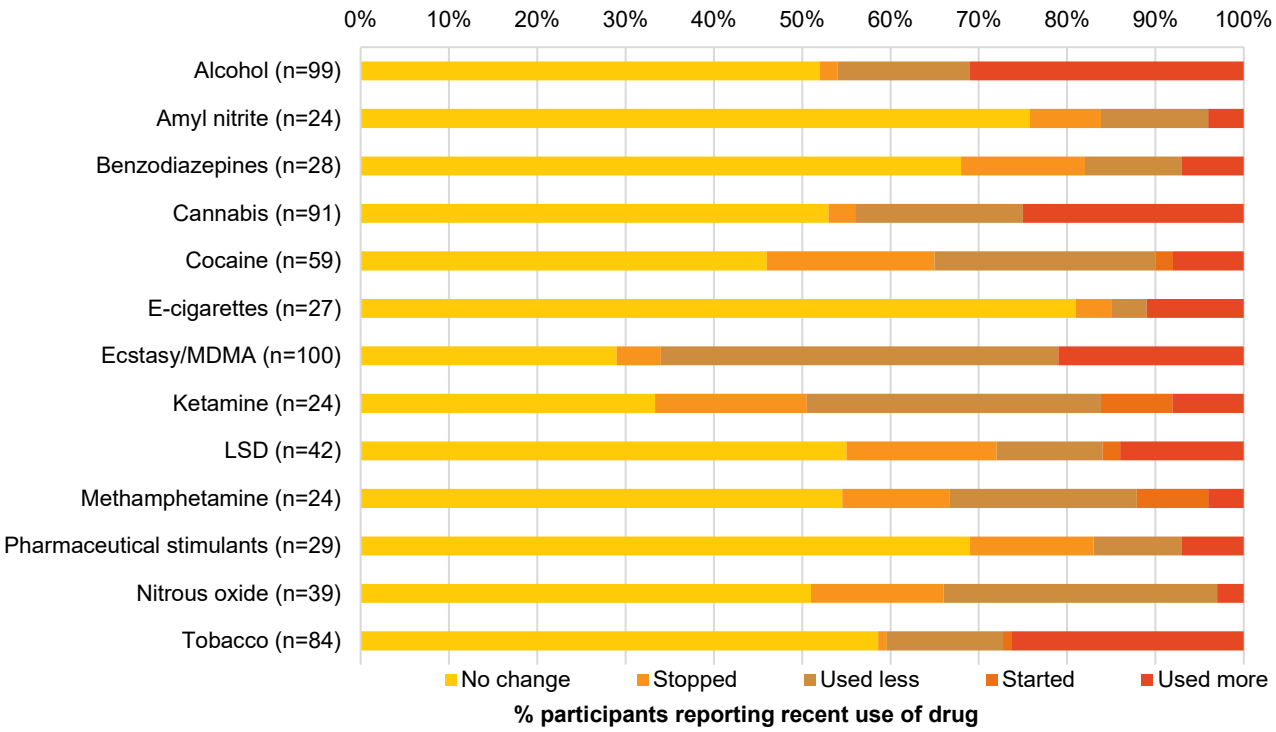
Figure 7: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, Northern Territory, 2020



Note. Questions about change in use were asked of participants who reported past six month use of the respective substance; don't know responses were excluded. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

Price, Perceived Purity and Availability

All price, perceived purity, and perceived availability data for 2020 were captured during the COVID-19 restriction period, and thus we refer the reader to the price, purity, and availability data reported in the following chapters.

An additional question was added for each of the main substances assessing perceived change in availability since March 2020 (since COVID-19 restrictions) as compared to before. Participants reported that most drugs were harder to obtain (Figure 8), while bush cannabis and LSD remained as relatively stable (65% and 56%, respectively).

Participants were also asked about level of concern about being able to access illicit drugs. Twenty-seven per cent of participants reported concerns about not being able to access illicit drugs due to COVID-19 and associated restrictions; 19% were 'somewhat concerned', and small numbers (n≤5) reported 'moderately concerned' and 'extremely concerned'.

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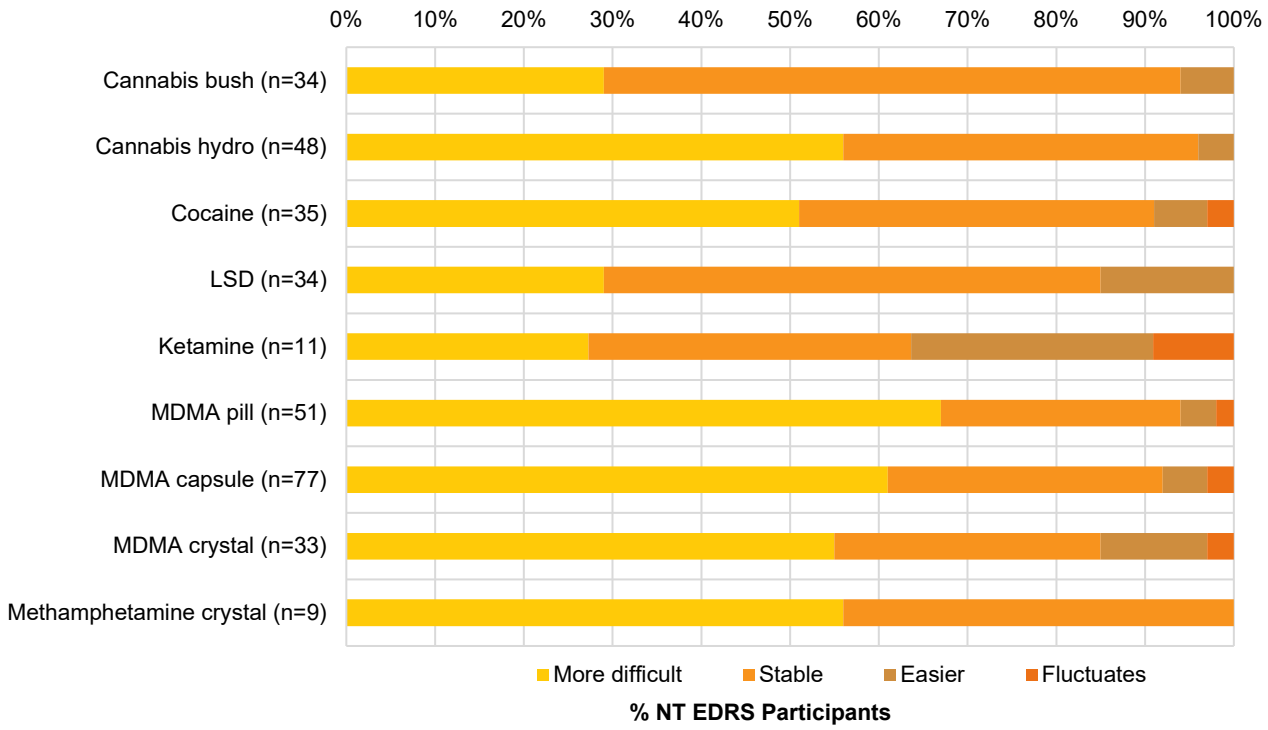
Figure 8: Change in perceived availability of illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Northern Territory, 2020



Note. The response 'Don't know' was excluded from analysis. Methamphetamine powder is not included here due to small numbers reporting.

Drug Purchasing Behaviours

Half (50%) of participants reported no change in means of obtaining drugs (Figure 9). However, 23% of the sample obtained drugs less frequently, followed by obtaining drugs from a different person (18%).

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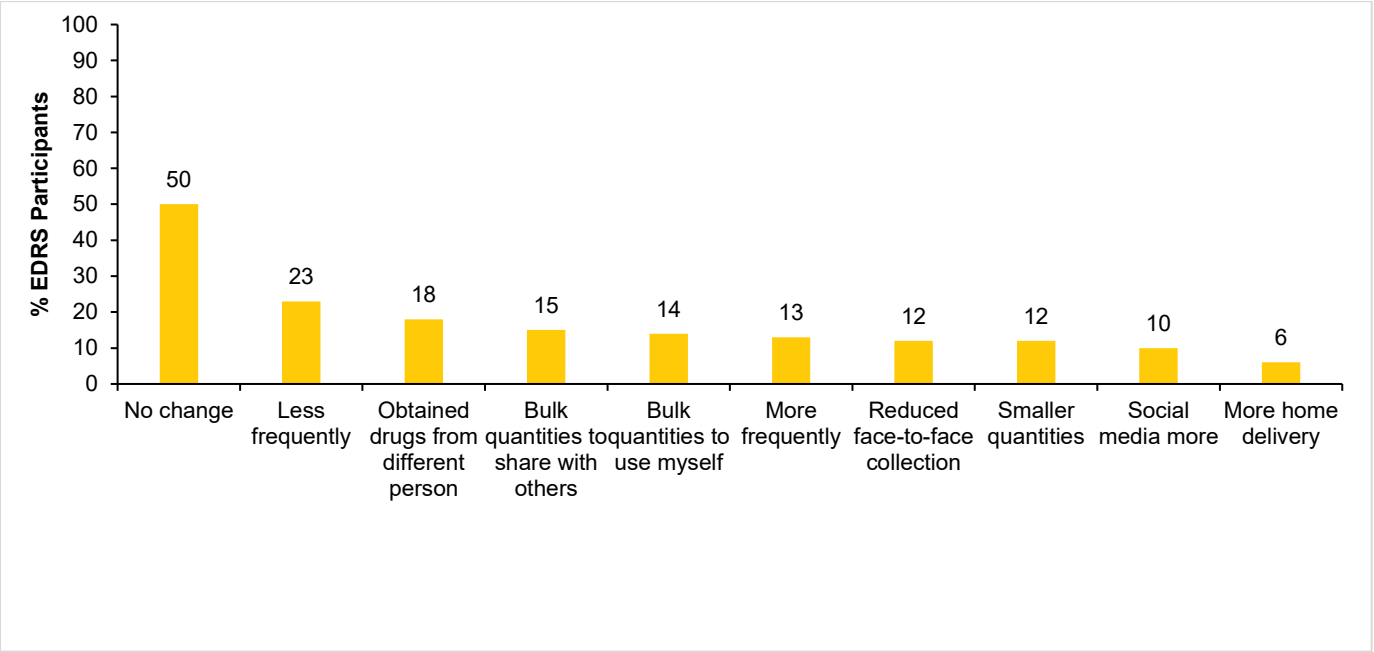
Figure 9: Change in means of obtaining drugs since March 2020 (since COVID-19 restrictions), Northern Territory, 2020



Note: Responses endorsed by small numbers (i.e. n≤5) are not shown here.

Risk and Protective Behaviours

Overdose. Over one-in-ten (15%) participants reported experiencing a non-fatal overdose from a stimulant drug in the last 12 months. Of these participants, the majority reported the overdose to have occurred before March (73%).

A similar per cent (16%) of participants reported experiencing a non-fatal overdose following alcohol use in the last 12 months. Of these participants, half (50%) experienced this prior to March 2020.

Drug and alcohol support. One-in-ten (10%) of the sample reported having accessed any services for alcohol and/or drug support in the six months prior to interview, and only a small number (n≤5) of participants reported difficulties accessing these services since March 2020 (since COVID-19 restrictions).

Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February, one-third (34%) of the participants rated their mental health as being 'worse', 33% reported 'similar' and 33% reported their mental health as 'better'.

Crime. Over one-in-ten (13%) of the sample reported committing a property crime during the past month, and 12% reported committing the same offence in February. Drug dealing also remained stable, with 17% and 15% of participants reporting drug dealing during the past month and in February, respectively.

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Behaviours to protect against COVID-19 transmission or impacts of restrictions. Just under one-in-ten (8%) participants reported seeking information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The most common source cited was social media (6% of participants).

Over half (59%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, Northern Territory, 2020

	NT 2020 (n=100)
Washed hands with soap/sanitiser before handling drugs or money	39
Avoiding sharing other drug use equipment with other people	29
Stocked up on illicit/non prescribed drugs	22
Prepared drugs yourself	21
Wiped down drug packages/wraps with soap/sanitiser	11
Avoided smoking/vaping drugs	-
Stocked up on prescription medicines prescribed to you	-
Avoided sharing needles/syringes with other people	-
Stocked up on sterile needles/syringes	0
Stocked up on other sterile drug use equipment	0
Home delivery of sterile drug use equipment from a HR service	0
Obtained take-home naloxone/Narcan	0

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). Participants could endorse multiple responses.

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3

Ecstasy/MDMA

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

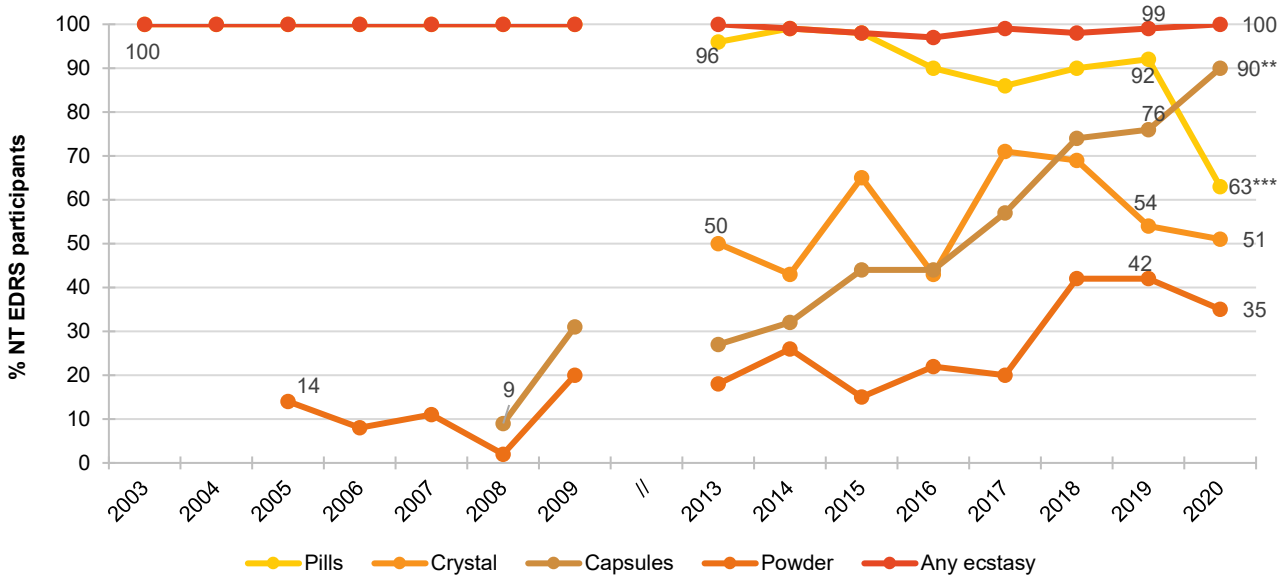
Recent Use (past 6 months)

In 2020, all participants (100%) reported using any form of ecstasy in the six months prior to the interview (99% in 2019; *p*=0.316). This is consistent with previous years (Figure 10) and a reflection of the interview eligibility criteria (see Methods for the Annual Interviews). For the first time since monitoring, there has been a shift to greater use of capsules, and declining use of pills.

Frequency of Use

The median days of use of any ecstasy remained stable at 14 days (IQR=9-24; 18 days in 2019, IQR=10-27; *p*=0.266; Figure 11), with one-third of recent consumers reporting weekly or more frequent use (31% versus 35% in 2019; *p*=0.514).

Figure 10: Past six month use of any ecstasy, and ecstasy pills, powder, capsules and crystal, Northern Territory, 2003-2020



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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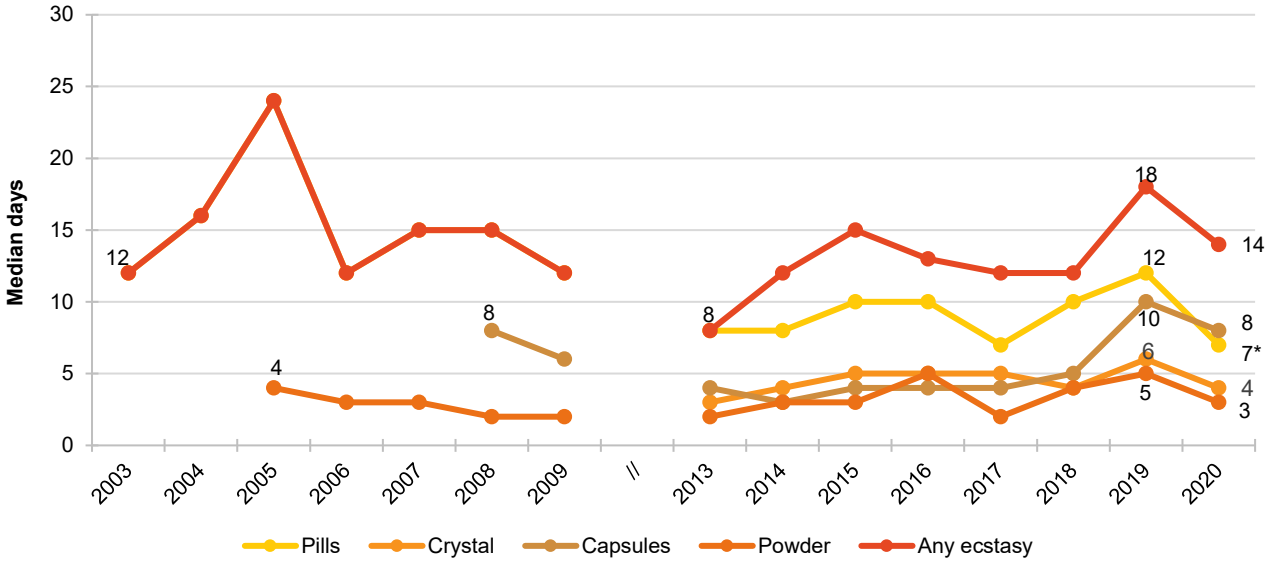
Figure 11: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Northern Territory, 2003-2020



Note. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): For the first time since monitoring began, pills were no longer the most commonly form of ecstasy used in the past six months in 2020 (63% versus 92% in 2019; $p<0.001$; Figure 10).

Frequency of Use: Frequency of use also declined to a median of seven days in 2020 (IQR=3-14; n=63; approximately once a month) compared to 12 days in 2019 (IQR=6-18; n=92; $p=0.038$; twice a month) in the past six months. However, weekly or more frequent use remained stable (16% of recent consumers; 15% in 2019; $p=0.912$).

Routes of Administration: Swallowing remained the main route of administration among consumers (98%; 96% in 2019; $p=0.339$), followed by snorting (25%; 49% in 2019; $p=0.003$).

Quantity: The median amount used in a 'typical' session was two pills (IQR =1-2; n=63) in 2020, similar to 2019 (2 pills; IQR=2-3, n=92; $p=0.089$). The median 'maximum' number of pills was three (IQR=2-5; n=63), also stable since 2019 (4 pills; IQR=2-5, n=92; $p=0.149$).

Ecstasy Capsules

Recent Use (past 6 months): Capsule use has steadily increased since data collection began in 2008. In 2020, the per cent reporting recent use continued to increase, with capsules being the most commonly used form (90% of the sample versus 76% in 2019; $p=0.008$; Figure 10).

Frequency of Use: While those reporting recent capsule consumption increased, frequency of use remained stable in 2020 with a median of eight days (IQR=3-12; n=90), compared to 10 days in 2019 (IQR=5-15, n=76; $p=0.120$; Figure 11). The proportion of recent consumers who reported weekly or more frequent use also remained stable in 2020 (11%) compared to 2019 (16%; $p=0.376$).

Routes of Administration: Swallowing remained the main route of administration in 2020 (94%; 95% in 2019; $p=0.934$), followed by snorting (23%; 29% in 2019; $p=0.411$).

Quantity: In 2020, the median quantity used in a 'typical' session was two capsules (IQR=1-2; n=89), a decrease compared to 2019 (2.5 capsules; IQR=2-4, n=76; $p<0.001$). For 'maximum' amount used, participants reported a median of three capsules (IQR=2-5; n=89), also a significant decrease compared to 2019 (4 capsules; IQR=2-6, n=76; $p=0.015$).

Contents of Capsules: When asked about the last occasion they consumed a capsule, most participants (74%) reported that the contents contained crystal, whilst 28% reported powder being among the contents. Just under one-tenth (8%) did not look at the contents the last time they had used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Use of ecstasy crystal has fluctuated since data collection began in 2013. After increasing in 2017 and remaining stable in 2018, crystal use decreased among the NT sample in 2019 (54%), remaining stable in 2020 (51%; $p=0.720$; Figure 10).

Frequency of Use: Frequency of use remained stable at a median of four days (IQR=2-10; n=51) versus six days in 2019 (IQR=3-12; n=52; $p=0.120$; Figure 11). Small numbers ($n\leq5$) reported using ecstasy crystal weekly or more frequently in 2020 (14% in 2019; $p=0.356$).

Routes of Administration: Among recent consumers, the same per cent reported swallowing (69%; 70% in 2019; $p=0.896$) and snorting (69%; 47% in 2019; $p=0.027$) the crystal form of ecstasy.

Quantity: The median amount of ecstasy crystal used in a typical session was 0.30 grams (IQR=0.16-0.50; n=40, similar to 2019 (0.40 grams; IQR=0.20-1.00, n=49; $p=0.104$), while the median maximum amount used was 0.50 grams (IQR=0.40-1.00; n=42; 1 gram in 2019; IQR=0.90-1.70; n=34; $p=0.078$).

Ecstasy Powder

Recent Use (past 6 months): After reported powder use doubled in 2018, it remained stable in 2020 (35%; 42% in 2019; $p=0.282$; Figure 10)

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and it also remained the least used form of ecstasy.

Frequency of Use: Frequency of use remained stable in 2020 at three days in the past six months (IQR=2-8; n=35) versus five days in 2019 (IQR=2-12; n=42; *p*=0.299; Figure 11). Small numbers (n≤5) reported using ecstasy powder weekly or more frequently in 2020 (n≤5 in 2019; *p*=0.535).

Routes of Administration: Snorting remained the most common route of administration among those who reported recent use in 2020 (80%; 88% in 2019; *p*=0.329), followed by swallowing (34%; 21% in 2019; *p*=0.207).

Quantity: The median intake of ecstasy powder in 2020 was 0.30 grams (IQR=0.10-0.50; n=30), significantly lower than reports in 2019 (0.50 grams; IQR=0.30-1.00; n=38; *p*=0.002). The median maximum amount reported was one gram (IQR=0.20-1.00; n=28), also significantly lower to reports in 2019 (1 gram; IQR=0.50-2.00, n=38; *p*=0.027).

Market Trends

Ecstasy Pills

Price: The price of an ecstasy pill in the NT has gradually declined since monitoring began and in 2020 declined further to $30 (IQR=25-35; n=60; $35 in 2019; IQR=30-40; n=93; *p*=0.001; Figure 12).

Perceived Purity: The perception of ecstasy pill purity varied among the sample (Table 5). Of those able to comment (n=58), the majority said purity was 'medium' (38%), similar to 2019 (35%, *p*=0.753), followed by 'low' (33%; 20% in 2019; *p*=0.071).

Perceived Availability: Among those able to comment in 2020 (n=57), an increased amount reported ecstasy pills as 'difficult' or 'very difficult' to obtain (33% and 18%, respectively versus 19%; *p*=0.038 and n≤5; *p*<0.001, respectively, in 2019; Table 5).

Ecstasy Capsules

Price: The median price reported for an ecstasy capsule was $30, the lowest price since monitoring began (IQR=25-35; n=84; $35 in 2019; IQR=30-37; n=89; *p*=0.003; Figure 12).

Perceived Purity: In 2020, the majority of those who could comment (n=80) reported ecstasy capsules to be 'medium' in purity (40% 44% in 2019; *p*=0.558; Table 5), followed by 'high' (31%; 23% in 2019; *p*=0.246).

Perceived Availability: Among those able to comment (n=82), an increased per cent reported that capsules were 'difficult' to obtain (31%; 17% in 2019; *p*=0.032) and a decrease of those reporting 'very easy' (17%; 33% in 2019; *p*=0.015).

Ecstasy Crystal

Price: In 2020 the median price per gram of crystal was $250 (IQR=150-300; n=28; $300 in 2019; IQR=150-350; n=31; *p*=0.164), the lowest number since monitoring began (Figure 13). Similarly, the median price per point was also the lowest observed ($30; IQR=28-60; n=9; $35 in 2019; IQR=25-45, n=13; *p*=0.937).

Perceived Purity: Among those able to comment in 2020 (n=38), the majority reported crystal to be of 'medium' purity (40%; 37% in 2019; *p*=0.777; Table 5). A similar proportion reported it to be 'high' (37%; 44% in 2019; *p*=0.482).

Perceived Availability: Of those able to comment (n=38), the majority reported that ecstasy crystal was 'easy' to obtain in 2020 (40%; 57% in 2019; *p*=0.105; Table 5).

Ecstasy Powder

Price: The median reported price per gram of ecstasy powder remained stable at $275 in 2020 (IQR=150-350; n=12; $250 in 2019; IQR=140-300, n=21; Figure 13). Small numbers reported on the price of a point of powder (n≤5).

Perceived Purity: Among those able to comment in 2020 (n=18), the same per cent

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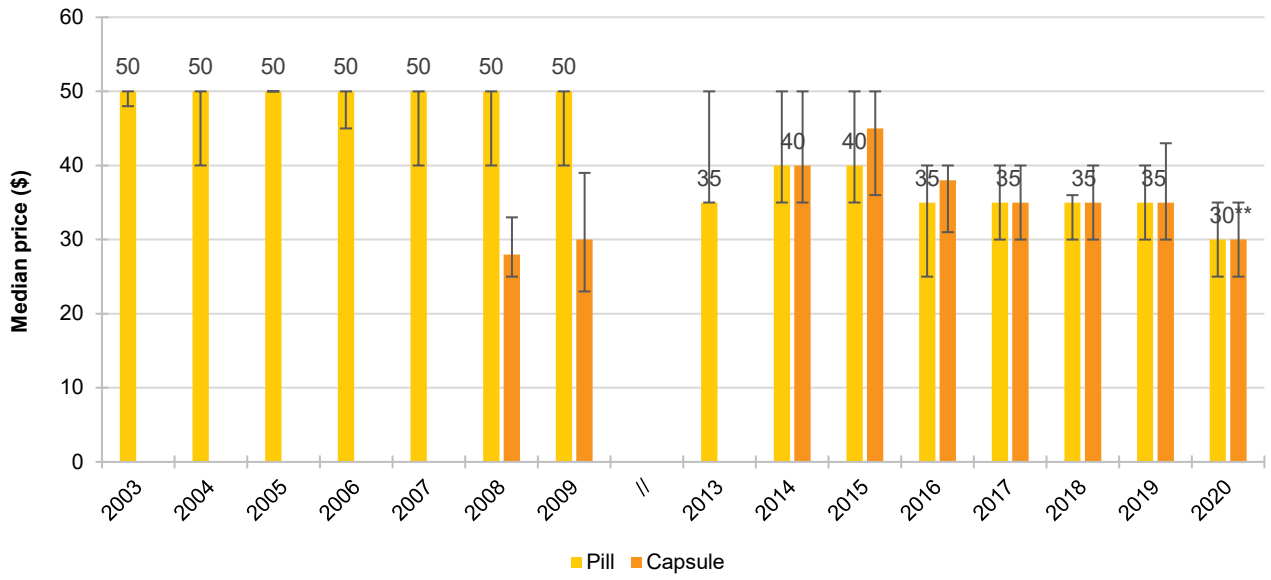
reported purity to be 'low' and 'medium' (40%; n≤5; *p*=0.012 and 59%; *p*=0.164, respectively in 2019; Table 5).

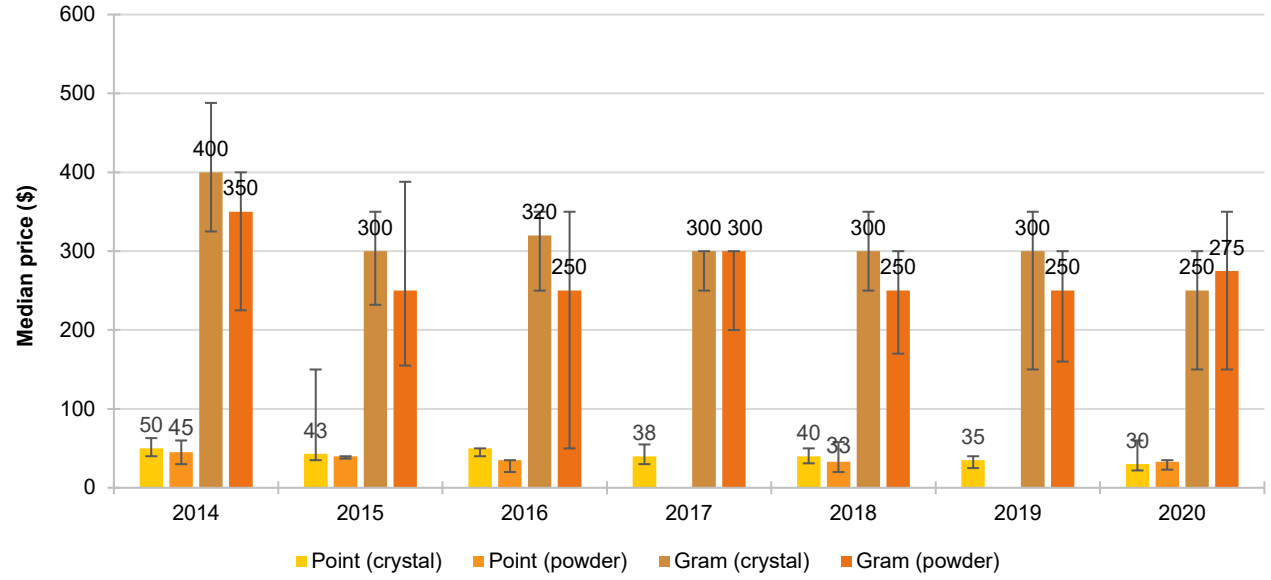
Perceived Availability: Of those who commented (n=19), the majority said powder was 'easy' to obtain in 2020 (47%; 61% in 2019; *p*=0.336); significantly more participants reported it as 'difficult' in 2020 (37%; 29% in 2019; *p*=0.020; Table 5).

Figure 12: Median price of ecstasy pill and capsule, Northern Territory, 2003-2020



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. No participants commented on the price of capsules in 2013. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 13: Median price of ecstasy crystal and powder per point and gram, Northern Territory, 2013-2020



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

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Table 5: Perceived purity and availability of ecstasy pills, capsules and crystal, Northern Territory, 2017-2020

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

Note. The response option 'Don't know' was excluded from analysis. - Percentage suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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4

Methamphetamine

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

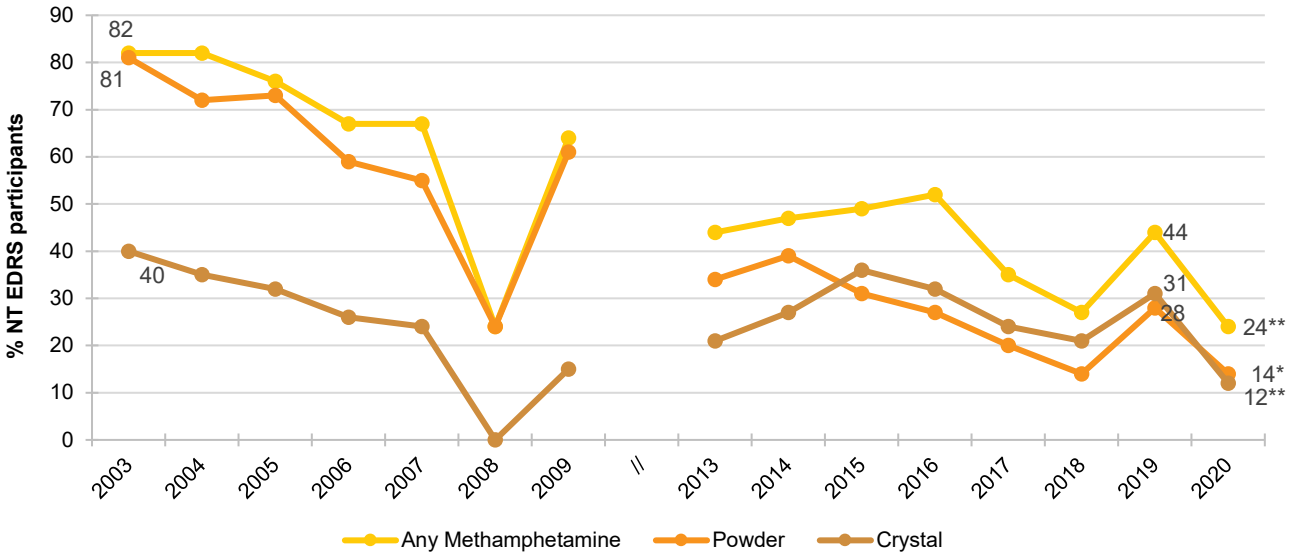
Recent Use (past 6 months)

After an increase in 2019, recent use of methamphetamine decreased among the NT EDRS sample in 2020 compared to 2019 (24% versus 44% in 2019; *p*=0.003; Figure 14).

Frequency of Use

Frequency of use of any methamphetamine followed a similar pattern (Figure 15). In 2020, consumers reported a median of two days of use (IQR=1-6), significantly lower than 12 median days in 2019 (IQR=5-40). Few participants reported weekly or more use of methamphetamine in 2020 (n≤5; 37% in 2019; *p*=0.012).

Figure 14: Past six month use of any methamphetamine, powder and crystal, Northern Territory, 2003-2020



Note. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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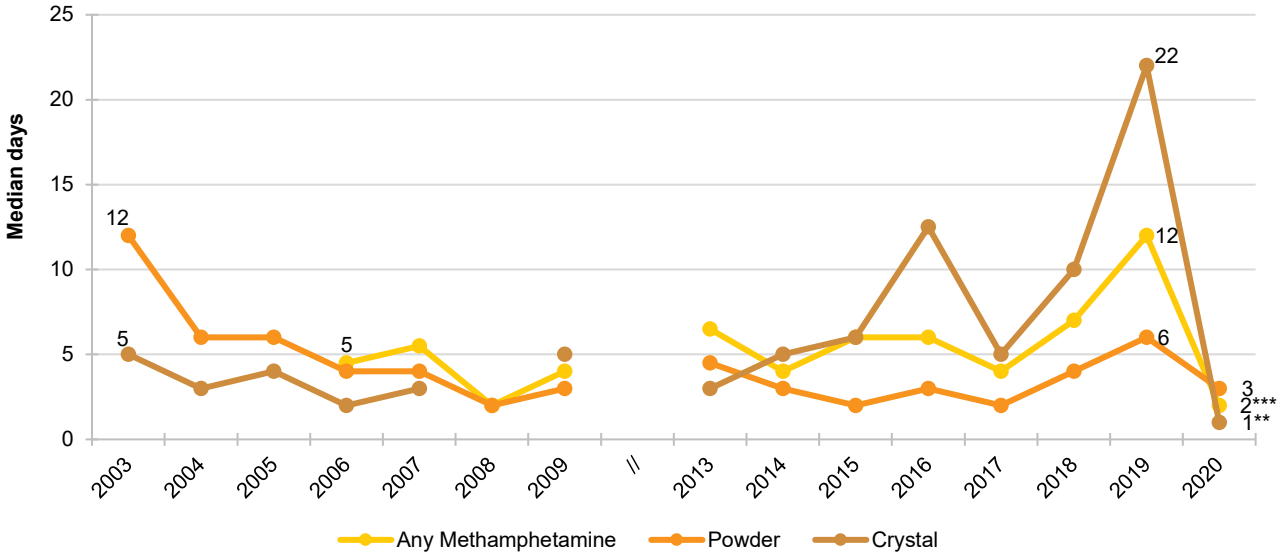
Figure 15: Median days of any methamphetamine, powder and crystal use in the past six months, Northern Territory, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 14 to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Patterns of consumption

Methamphetamine Powder

Recent Use (past 6 months): In 2020, recent methamphetamine powder use among the sample decreased to 14% (28% in 2019; p=0.019).

Frequency of Use: Frequency of use remained stable among recent consumers in 2020 at a median of three days (approximately every other month; IQR=1-6; n=14; 6 days in 2019; IQR=2-9; n=27; p=0.161). Very few (n≤5) participants who had recently used powder methamphetamine reported weekly or more frequent use in 2020 (n≤5 in 2019).

Routes of Administration: The majority of participants reported swallowing as the main route of administration (64%; 37% in 2019; p=0.809), followed by snorting 50%; 52% in 2019, p=0.106).

Quantity: In 2020, the median intake in a typical session was 0.30 grams (IQR=0.10-0.50; n=7), similar to that of 2019 (0.50 grams; IQR=0.20-1.00; n=24; p=0.094). Low numbers reported 'maximum' intake in 2020, therefore no comparison will be made.

Methamphetamine Crystal

Recent Use (past 6 months): Recent methamphetamine crystal use decreased among the sample in 2020 (12% versus 31% in 2019; p=0.001).

Frequency of Use: Frequency of methamphetamine crystal use decreased in 2020. Recent consumers reported using a median of one day (IQR=1-9; n=12) versus 22 days in 2019 (IQR=9-68; n=30; p=0.001). Very few (n≤5) participants who had recently used crystal methamphetamine reported weekly or more frequent use in 2020 (50% in 2019; p=0.047).

Routes of Administration: Smoking remained the main route of administration reported by recent consumers (75% versus 83% in 2019; p=0.003).

Quantity: Low numbers reported 'typical' and 'maximum' intake in 2020 and therefore further details are not reported. For further information refer to the national EDRS report or contact the Drug Trends team.

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Methamphetamine Base

Base has consistently been the least commonly used form of methamphetamine in the NT EDRS sample. For further information refer to the national EDRS report or contact the Drug Trends team.

Market Trends

Methamphetamine Powder

Low numbers reported on the perceived price, purity and availability regarding methamphetamine powder and therefore further details are not reported. For historical overview please see Figure 16, Figure 17 and Figure 18. For further information refer to the national EDRS report or contact the Drug Trends team.

Methamphetamine Crystal

Price: The median price per point of crystal remained stable at $100 in 2020 (IQR=78-150; n=10; $100 in 2019; IQR=100-100, n=14; *p*=0.892; Figure 19). Small numbers reported price per gram, hence no comparison is made (n≤5).

Perceived Purity: In 2020, low numbers reported on the perceived purity hence no comparison is made in text, instead please refer to Figure 20 for historical overview.

Perceived Availability: In 2020, low numbers reported on the perceived availability hence no comparison is made in text, instead please refer to Figure 21 for historical overview.

Methamphetamine Base

Low numbers reported on the perceived price, purity and availability regarding base methamphetamine and therefore further details are not reported. For further information refer to the national EDRS report or contact the Drug Trends team.

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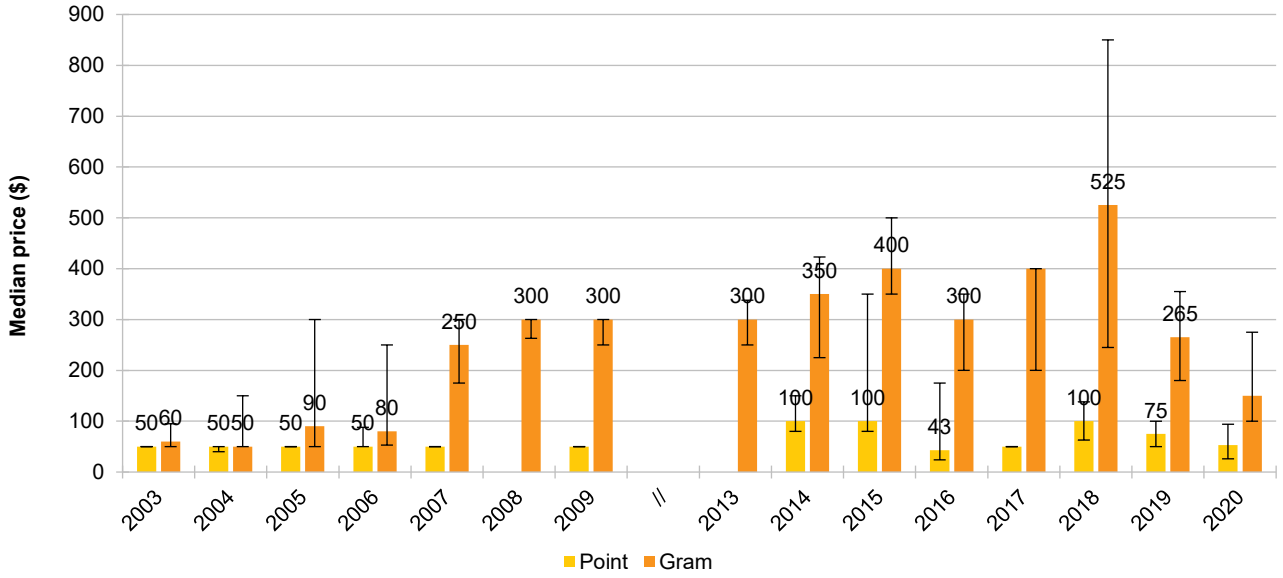
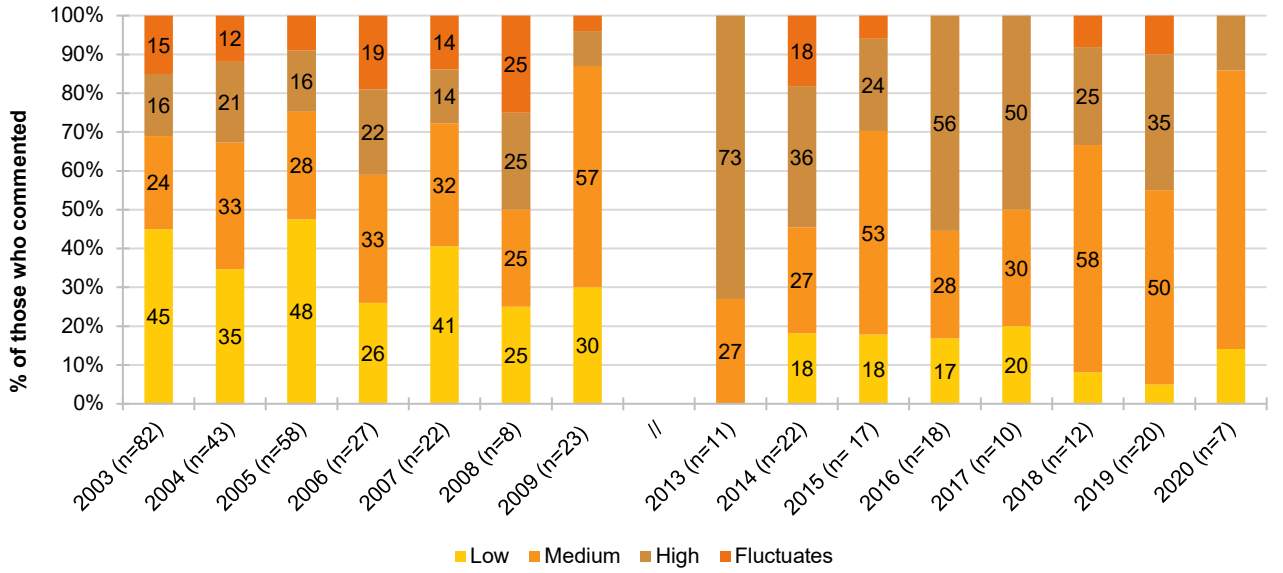
Figure 16: Median price of powder methamphetamine per point and gram, Northern Territory, 2003-2020



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret the data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008, 2013 and 2020 should be interpreted with caution. In 2008, no one commented on the price of a point. The error bars represent the IQR. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

Figure 17: Current perceived purity of powder methamphetamine, Northern Territory, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008, 2013 and 2020 should be interpreted with caution. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

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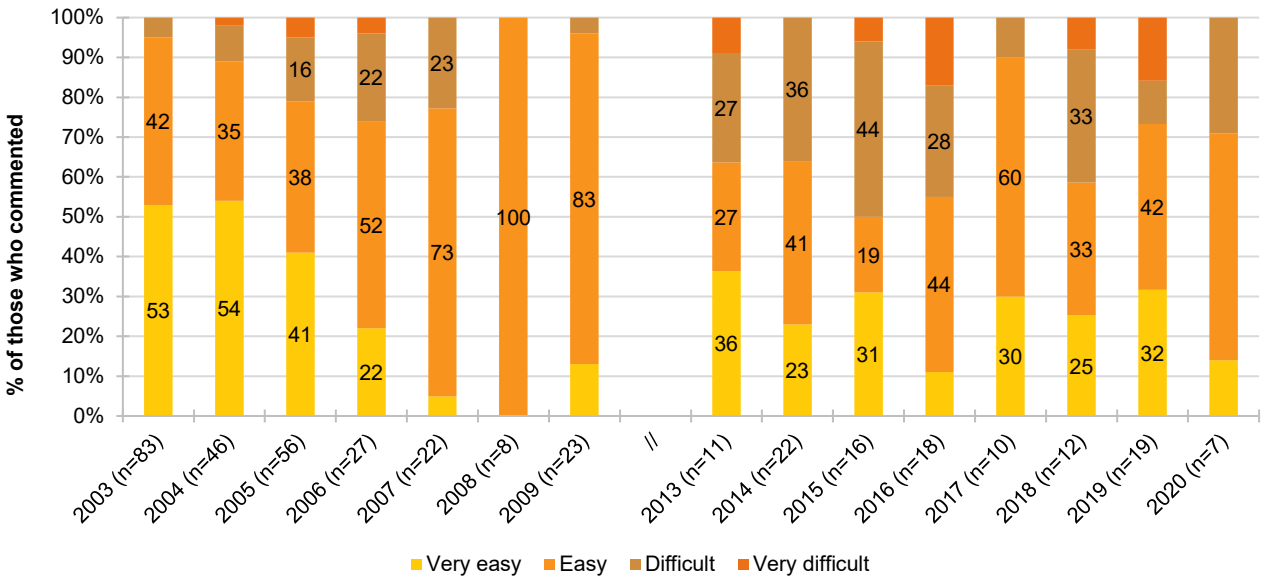
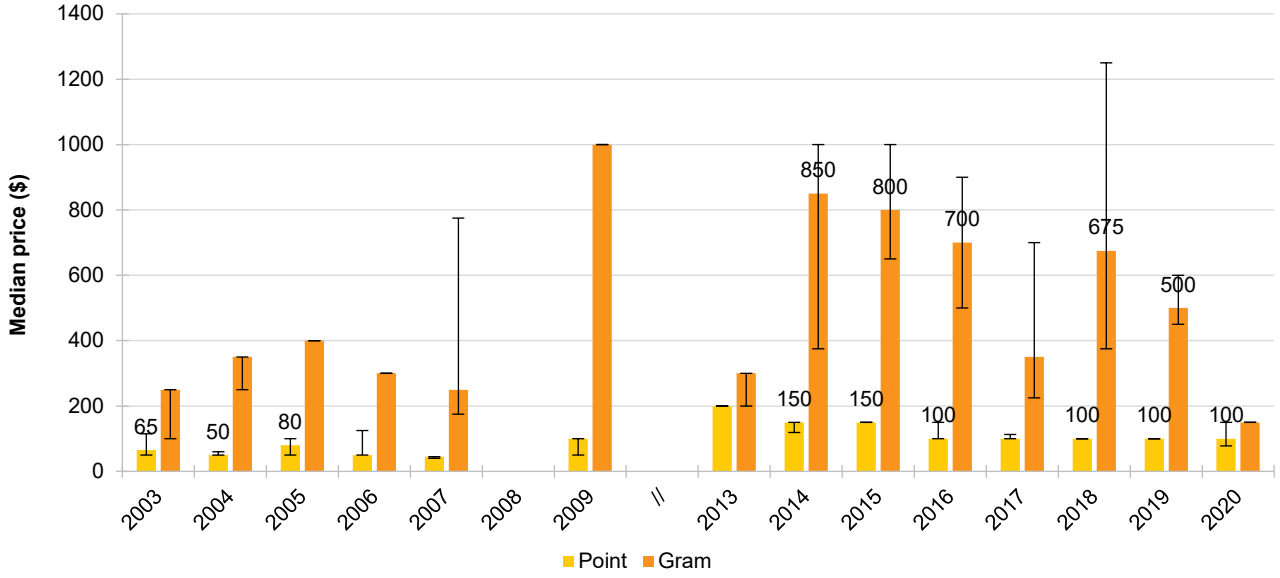
Figure 18: Current perceived availability of powder methamphetamine, Northern Territory, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008, 2013 and 2020 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 19: Median price of crystal methamphetamine per point and gram, Northern Territory, 2003-2020



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. In 2008, no participants commented on the price of a point or gram. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008, 2013 and 2020 should be interpreted with caution. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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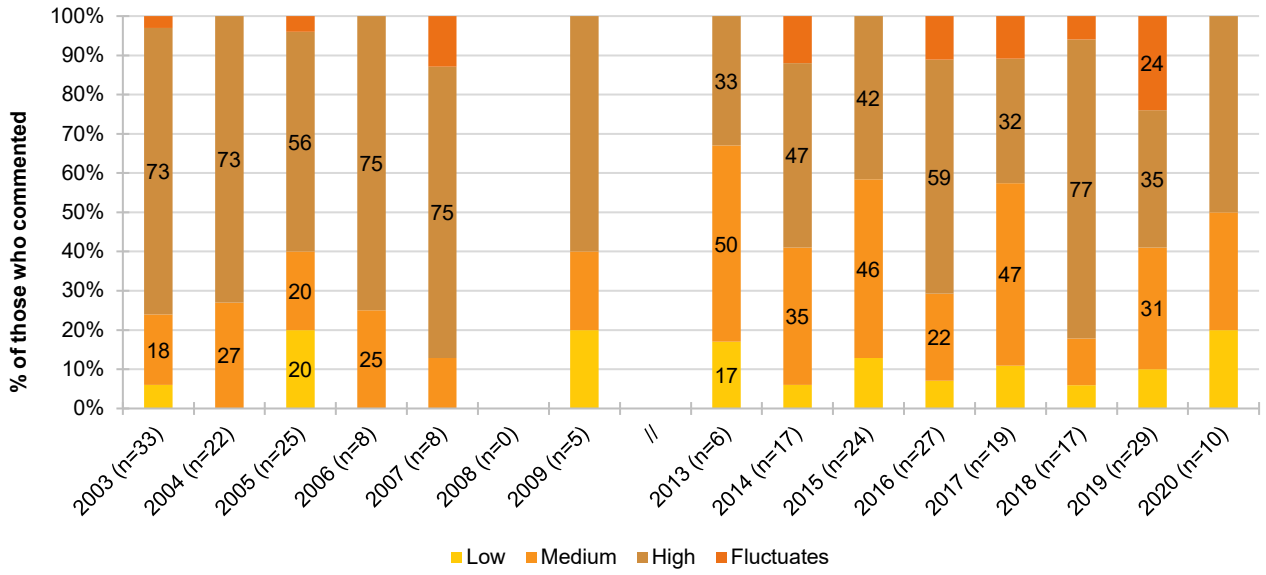
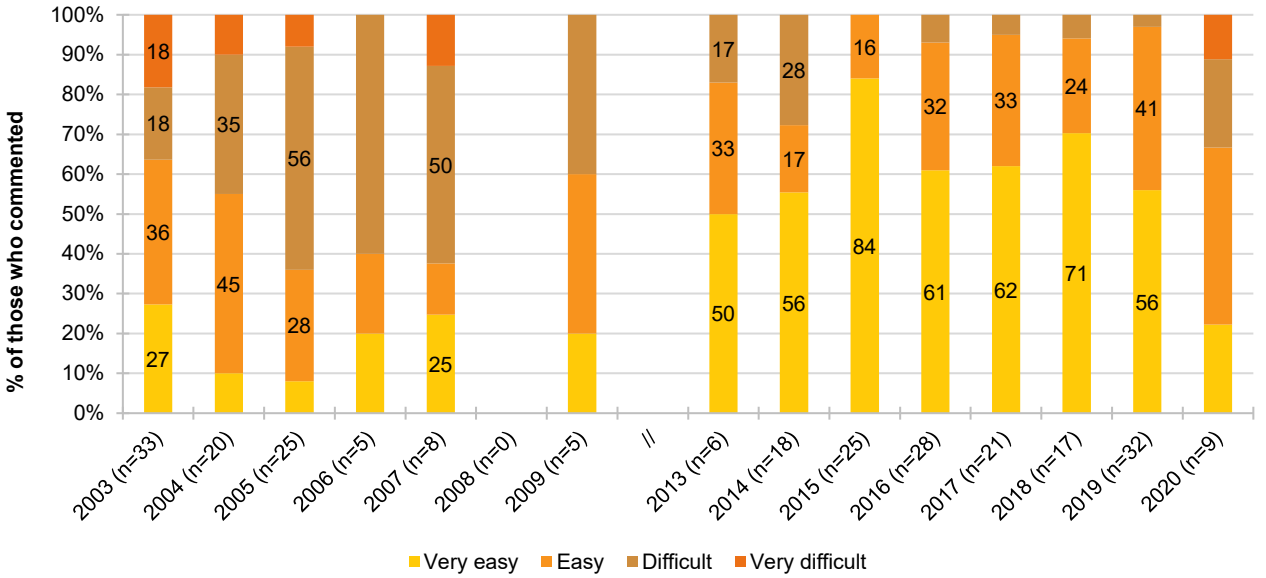
Figure 20: Current perceived purity of crystal methamphetamine, Northern Territory, 2003-2020



Note. The response 'Don't know' was excluded from analysis. In 2008, no participants answered this question. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008, 2013 and 2020 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 21: Current perceived availability of crystal methamphetamine, Northern Territory, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤50) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008, 2013 and 2020 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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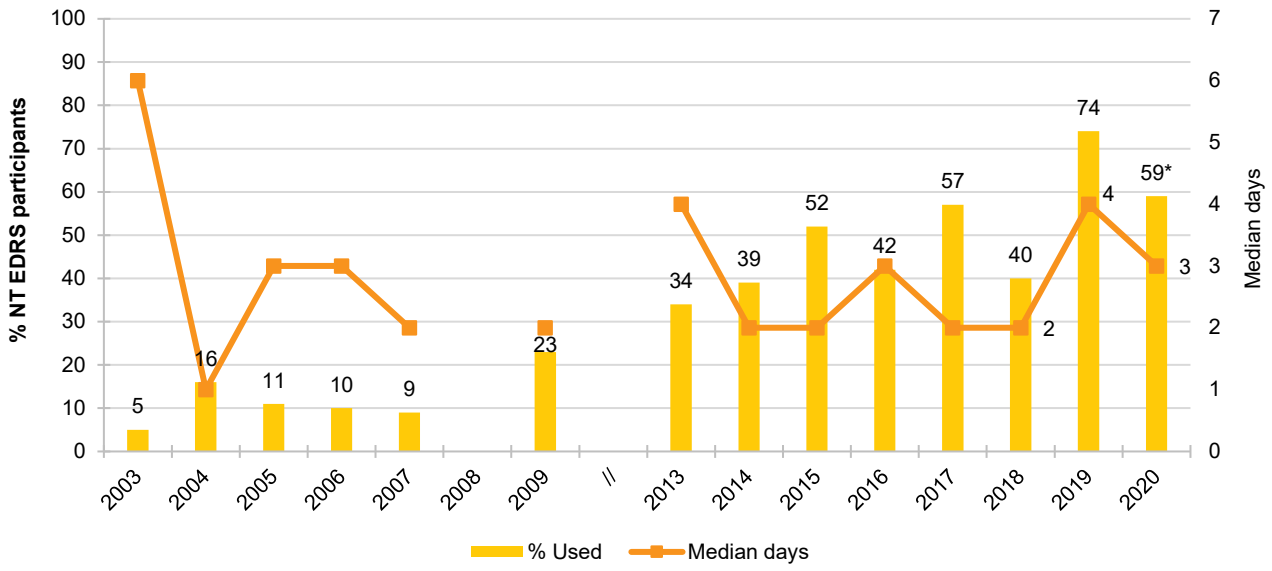
5

Cocaine

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

Figure 22: Past six month use and frequency of use of cocaine, Northern Territory, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 6 to improve visibility of trends for days of use. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Recent Use (past 6 months): Recent use of cocaine among the NT sample has generally increased since reporting began, although there has been some variability in the per cent reporting use (Figure 22). In 2020, reported recent used decreased to 59% following a spike of 74% in 2019 (p=0.025).

Frequency of Use: Frequency of use remained stable at three days in 2020 (IQR=2-6; n=59; 4 days in 2019; IQR=2-7; n=74; p=0.204; Figure 22), and so did the proportion of recent consumers reporting weekly or more use (n≤5 versus 8% in 2019; p=0.939).

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Routes of Administration: Among those who used cocaine recently, snorting remained the main route of administration (98%; 97% in 2019; *p*=0.697).

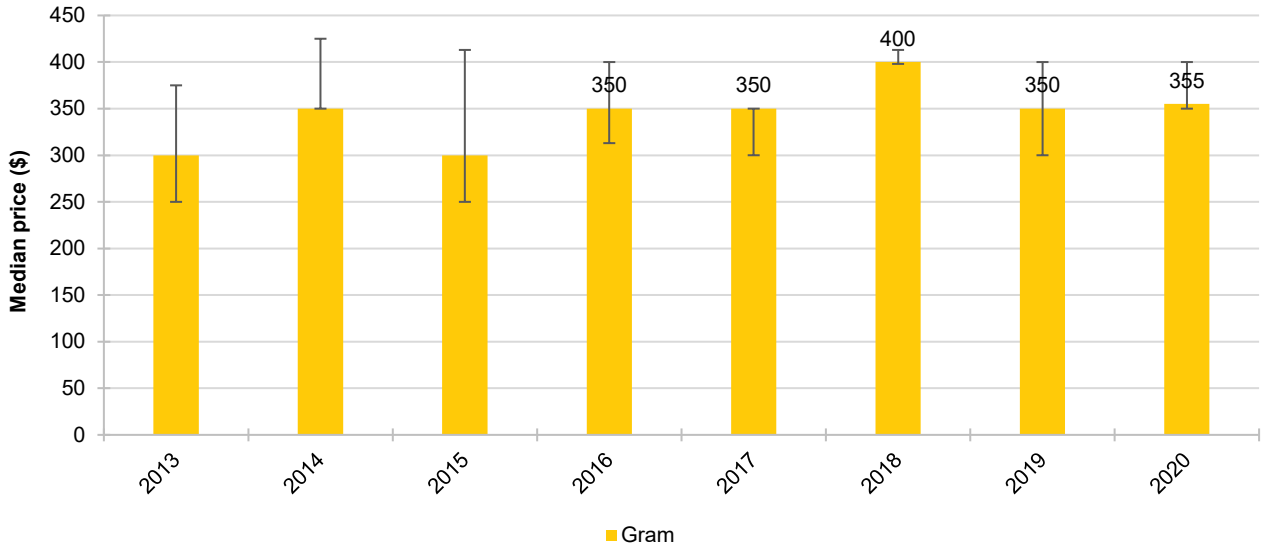
Quantity: The median intake during a typical session was 0.50 grams (IQR=0.29-0.60; n=42), similar to 2019 (0.50 grams; IQR=0.20-1.00; n=70; *p*=0.406). When asked about their maximum intake of cocaine in the past six months, participants also reported a median of 0.50 grams (IQR=0.38-1.13; n=42). Again, this was similar to the maximum amount reported in 2019 (median 1 gram; IQR=0.4-2.0; n=69; *p*=0.149).

Price: In 2020, the median price per gram of cocaine increased to $355 (IQR=350-400; n=38) compared to 2019 ($350; IQR=300-400, n=59; *p*=0.025; Figure 23). Small numbers (n≤5) were able to comment on the price per point of cocaine, so figures and significance testing are not presented (n≤5 in 2019).

Perceived Purity: Among those able to comment (n=40), the majority (38%; 44% in 2019; *p*=0.529) reported that purity of cocaine was 'low'. Although, a significant increase was observed in those indicating purity as 'high' in 2020 compared to 2019 (28% versus 11% in 2019; *p*=0.030; Figure 24).

Perceived Availability: Perception of availability varied among those who commented (n=40); 23% said 'very easy', 30% 'easy', 25% 'difficult' and 23% 'very difficult' (Figure 25).

Figure 23: Median price of cocaine per gram, Northern Territory, 2013-2020



Note. Among those who commented. Prices not reported prior to 2013 due to small numbers commenting. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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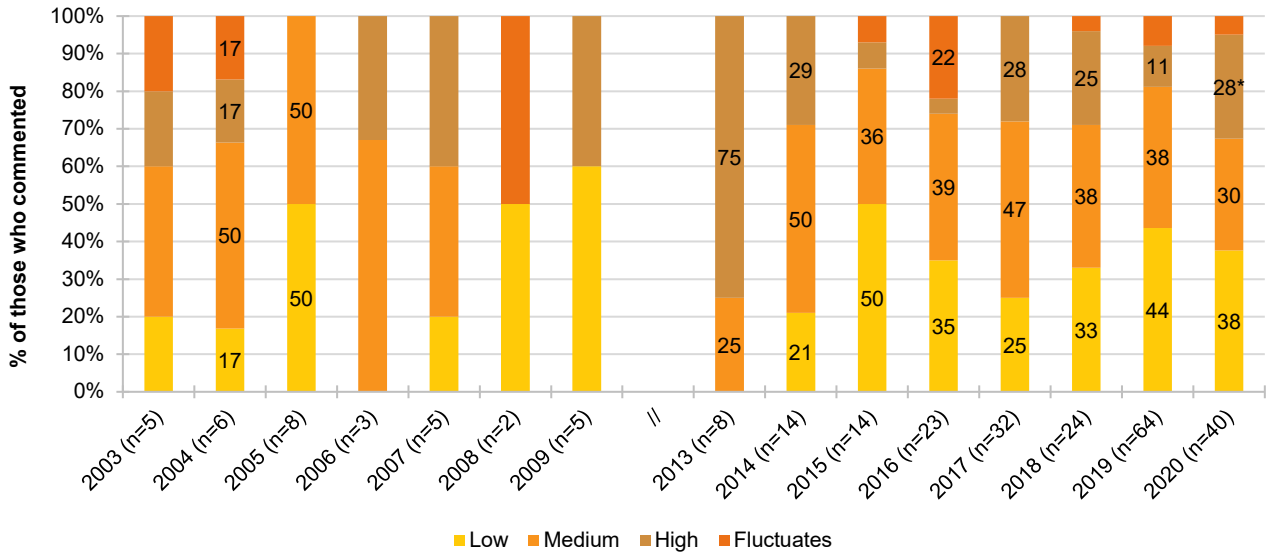
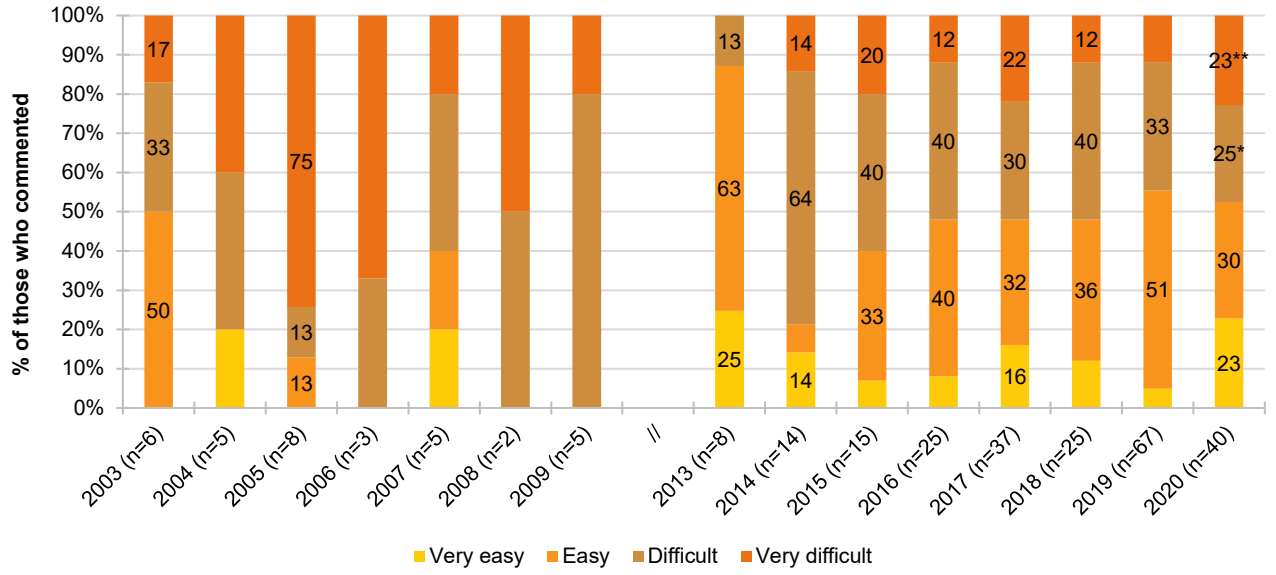
Figure 24: Current perceived purity of cocaine, Northern Territory, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 25: Current perceived availability of cocaine, Northern Territory, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

The proportion of the NT sample reporting recent use of cannabis in 2020 remained relatively stable at 91% (83% in 2019; *p*=0.093; Figure 26).

Frequency of Use

Frequency of use was relatively similar among recent consumers at a median of 48 days in 2020 (equivalent to twice a week; IQR=13-180; n=91) versus a median of 90 days in 2019 (IQR=12-180, n=83; *p*=0.394; Figure 26). Similarly, the proportion reporting weekly or more frequent use remained stable (63% versus 71% in 2019; *p*=0.238).

Routes of Administration

Smoking cannabis has consistently been reported by nearly all recent consumers (97%; 99% in 2019; *p*=0.358). In 2020, 20% reported swallowing (11% in 2019; *p*=0.104) and significantly more reported inhaling or vaporising cannabis in 2020 (20%) compared to 2019 (8%; *p*=0.033).

Quantity

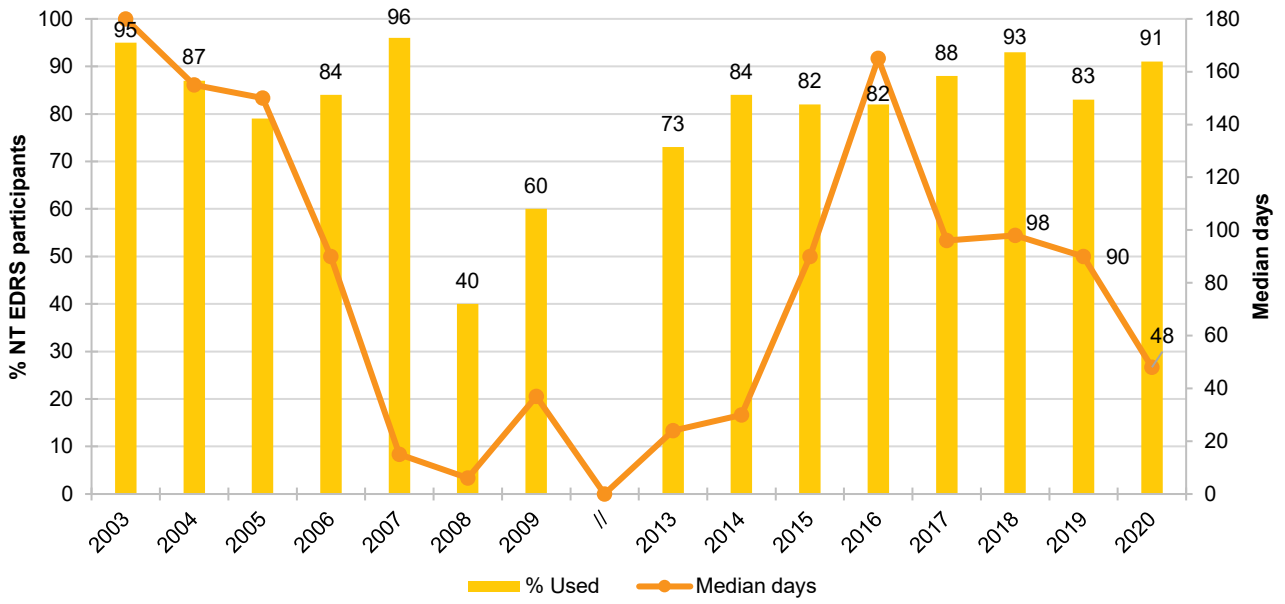
In 2020, participants reported using a median of 1.10 grams (IQR=1-2; n=40; 2 grams in 2019; IQR=1.00-3.50; n=35; *p*=0.119) or 2.5 cones (IQR=1-5; n=16; 2 cones in 2019; IQR=1-5, n=22; *p*=0.609) during a 'typical' session.

Forms Used

Over three-fifths (64%) of the NT sample reported recent use of hydroponic cannabis (70% in 2019; *p*=0.389) while 54%, 12% and 14% reported recent use of bush cannabis, hashish and hash oil, respectively (51%; *p*=0.701, 17%; *p*=0.294 and 9%; *p*=0.328, respectively, in 2019).

http://doi.org/10.26190/zwg4-fn45

Figure 26: Past six month use and frequency of use of cannabis, Northern Territory, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 to improve visibility of trends in days of use. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Market Trends

Hydroponic Cannabis

Price: In 2020, the median price for a gram ($30; IQR=30-30; n=20) and an ounce ($435; IQR=381-450; n=20) of hydroponic cannabis remained stable relative to 2019 ($30; IQR=30-30; n=19; p=0.964 and $450; IQR=420-450; p=0.249, respectively, Figure 27).

Perceived Potency: Among those able to comment in 2020 (n=49), the majority (59%; 49% in 2019; p=0.303) described the potency of hydroponic cannabis as "high". This is consistent with reporting since 2013 (Figure 28).

Perceived Availability: The majority of those able to comment (n=50) said hydroponic cannabis was 'easy' to obtain (62%), a significant increase from 2019 (36%; p=0.009). Conversely, there was a significant decrease in those perceiving it to be 'very easy' to obtain in 2020 (16% versus 49% in 2019; p<0.001; Figure 29).

Bush Cannabis

Price: The price of bush cannabis remained stable at a median of $30 per gram (IQR=20-30; n=14; $30 in 2019; IQR=25-30; n=12; p=0.518) and $400 per ounce (IQR=275-435; n=12; $420 in 2019; IQR=350-450; n=21; p=0.495; Figure 27).

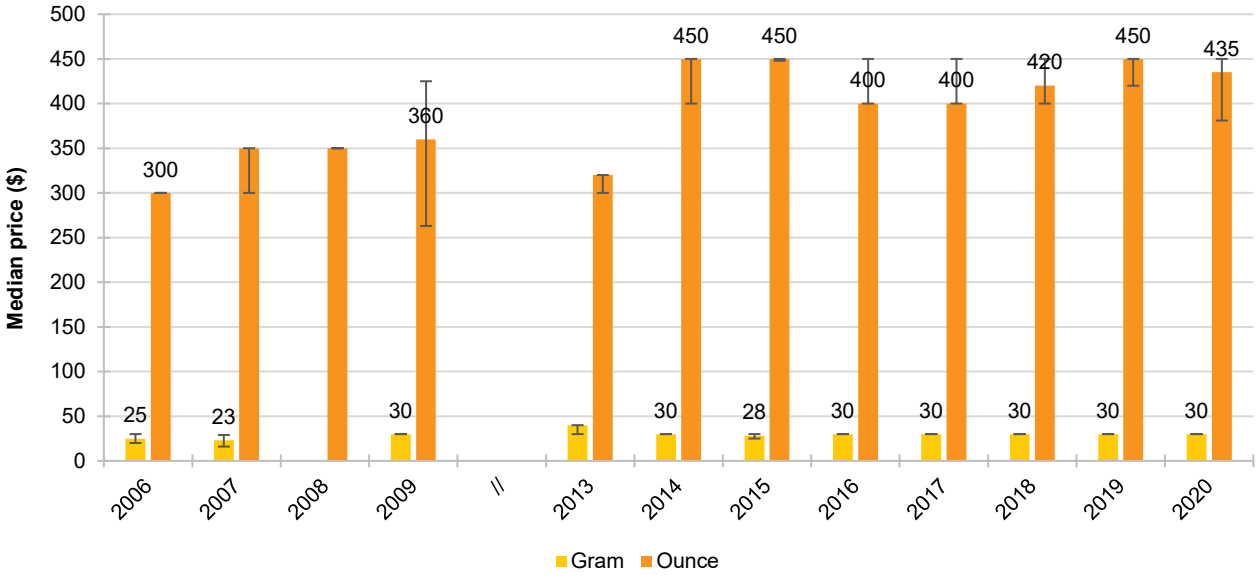
Perceived Potency: As in 2019, most of those able to comment in 2020 (n=39) described the potency of bush cannabis as 'medium' (36%; 41% in 2019; p=0.640) or 'low' (36%; 34% in 2019; p=0.863; Figure 28).

Perceived Availability: Among those able to comment in 2020 (n=40), half (50%) described bush cannabis as "easy" to obtain, stable relative to 2019 (40%; p=0.338; Figure 29).

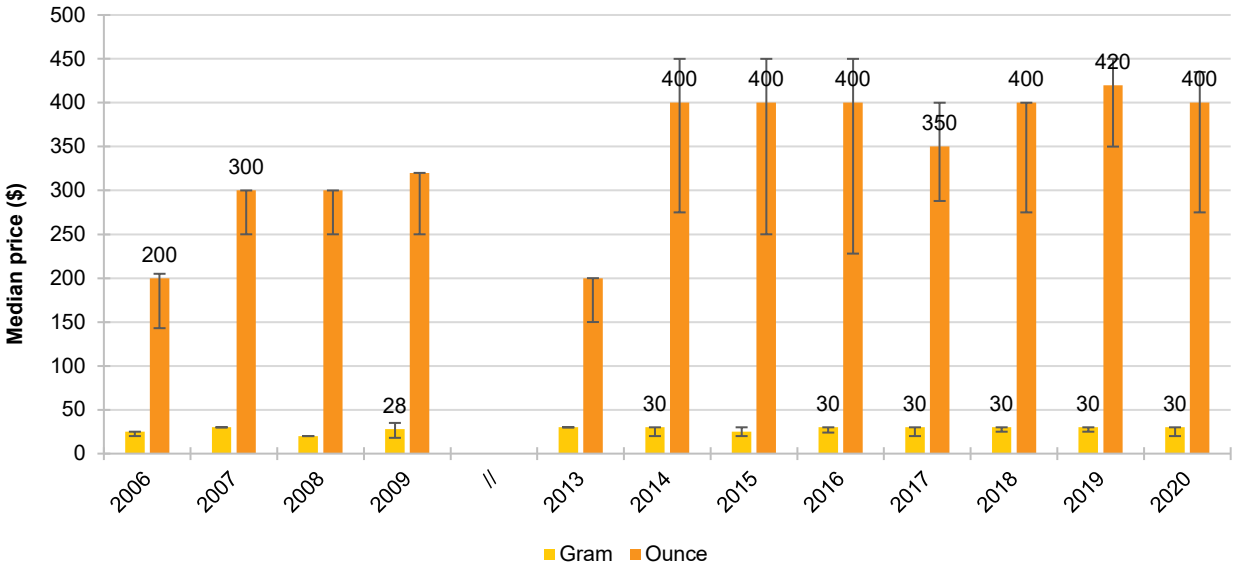
http://doi.org/10.26190/zwg4-fn45

Figure 27: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Northern Territory, 2006-2020

(A) Hydroponic cannabis



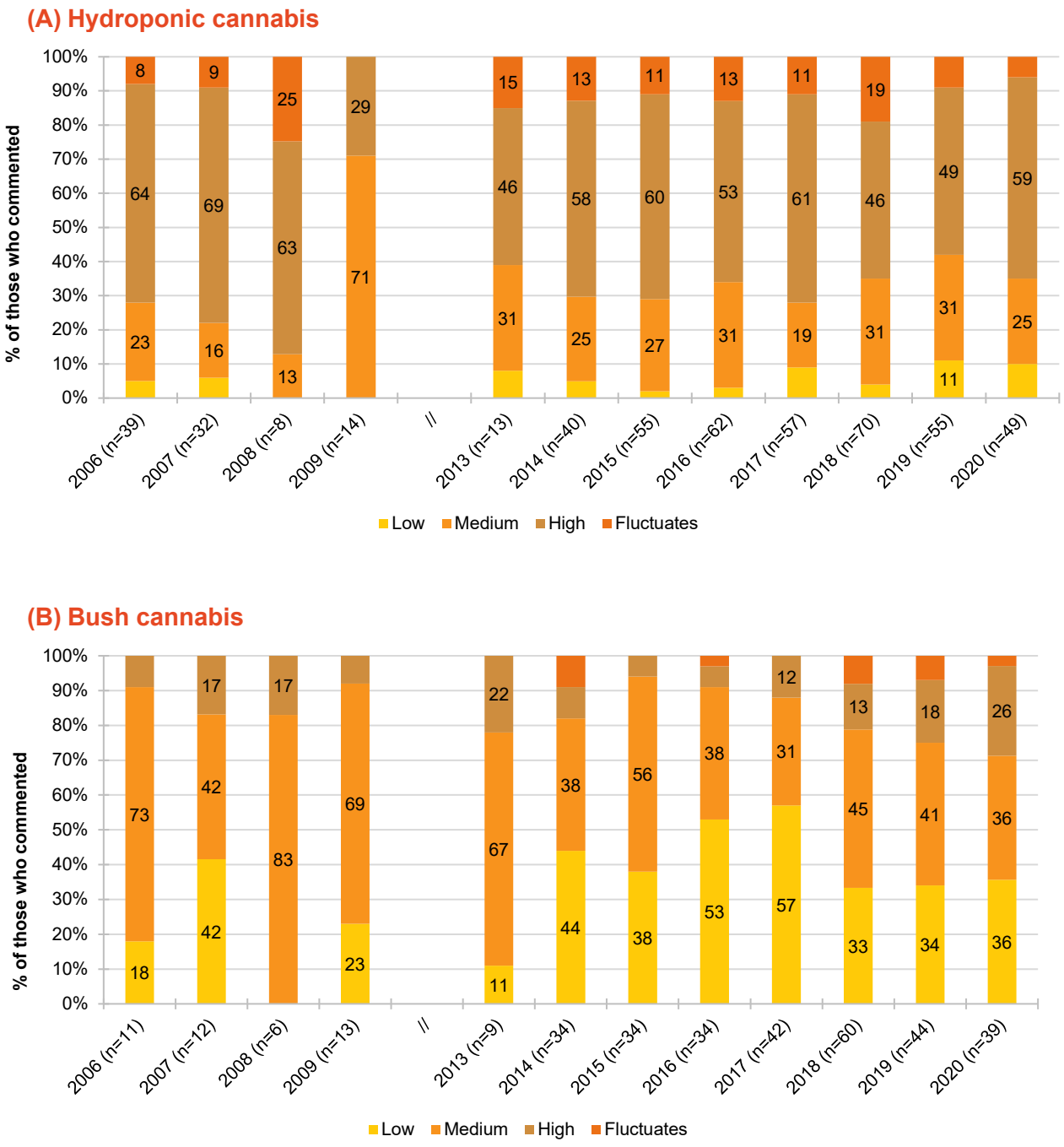
(B) Bush cannabis



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures where a small number of participants (i.e. n≤5) responded. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/zwg4-fn45

Figure 28: Current perceived potency of hydroponic (A) and bush (B) cannabis, Northern Territory, 2006-2020

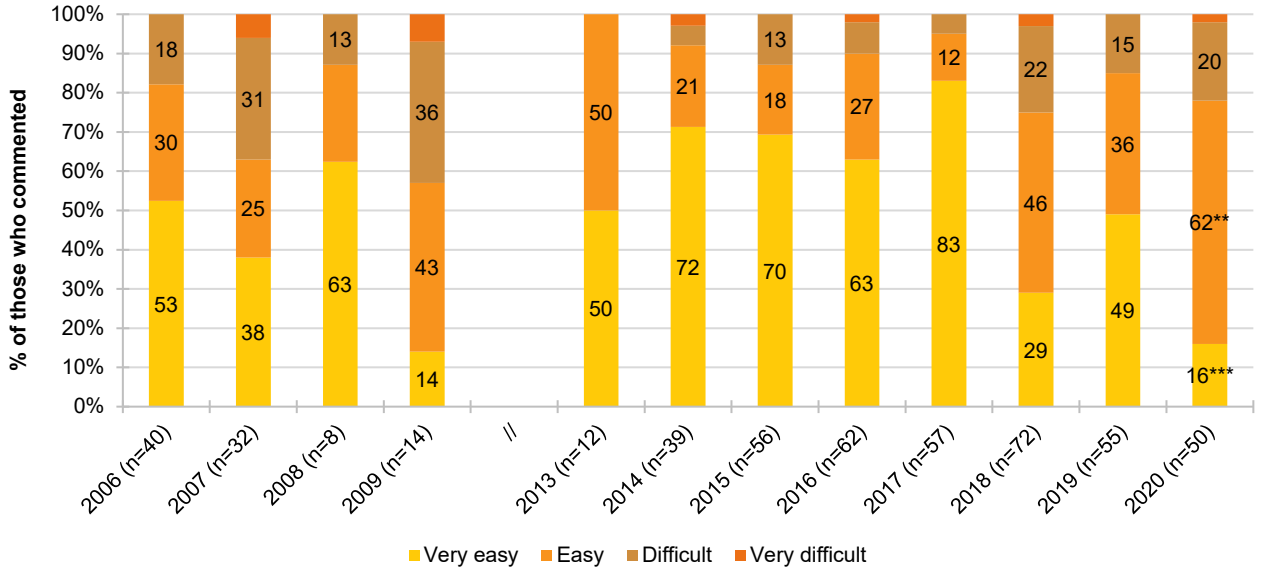


Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

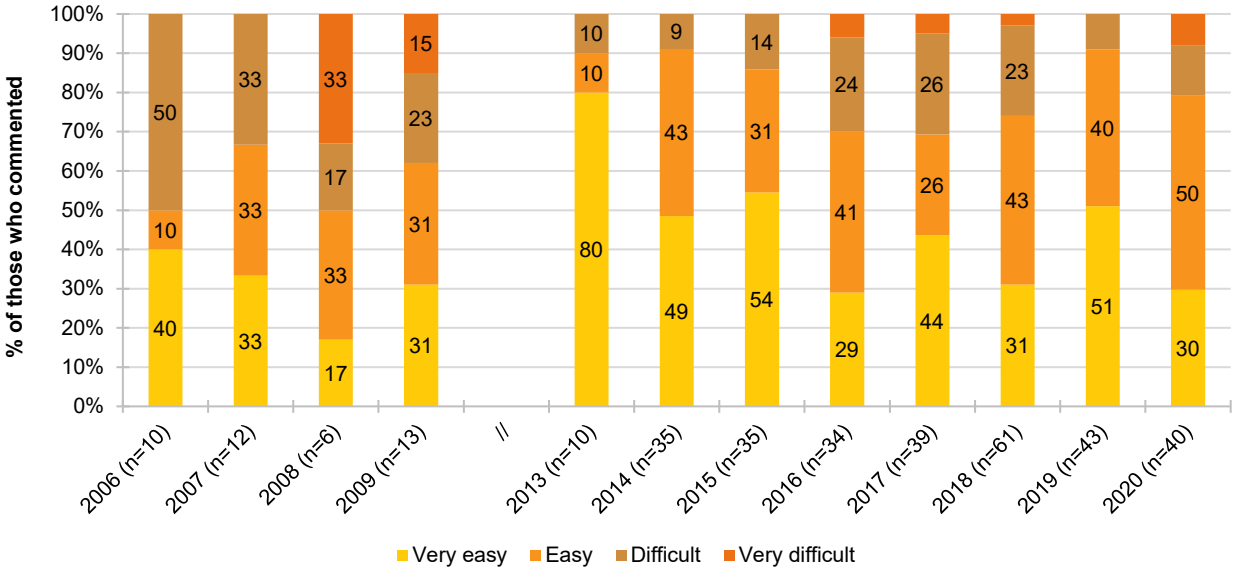
http://doi.org/10.26190/zwg4-fn45

Figure 29: Current perceived availability of hydroponic (A) and bush (B) cannabis, Northern Territory, 2006-2020

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

http://doi.org/10.26190/zwg4-fn45

7

Ketamine and LSD

Ketamine

Recent Use (past 6 months): In 2020, 24% of the NT EDRS sample reported recent use of ketamine, a significant decrease from 2019 (39%, *p*=0.022; Figure 30).

Frequency of Use: Frequency of use remained low in 2020. Recent consumers reported using ketamine on a median of two days (IQR=2-6; n=24; 4 days in 2019; IQR=2-7; n=39; *p*=0.221), with very few consumers (n≤5) reporting weekly or more frequent use in 2020 (n≤5 in 2019; *p*=0.862).

Routes of Administration: Snorting remained the most common route of administration (100%; 87% in 2019; *p*=0.068).

Quantity: Recent consumers reported using a median of 0.40 grams (IQR=0.23-0.65; n=12) of ketamine during a 'typical' session in 2020, similar to that reported in 2019 (0.50 grams; IQR=0.40-1.00; n=33; *p*=0.089). The median 'maximum' amount was 0.50 grams (IQR=0.20-1.00; n=14), also stable since 2019 (1 gram; IQR=0.5-1.3, n=33; *p*=0.066)

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

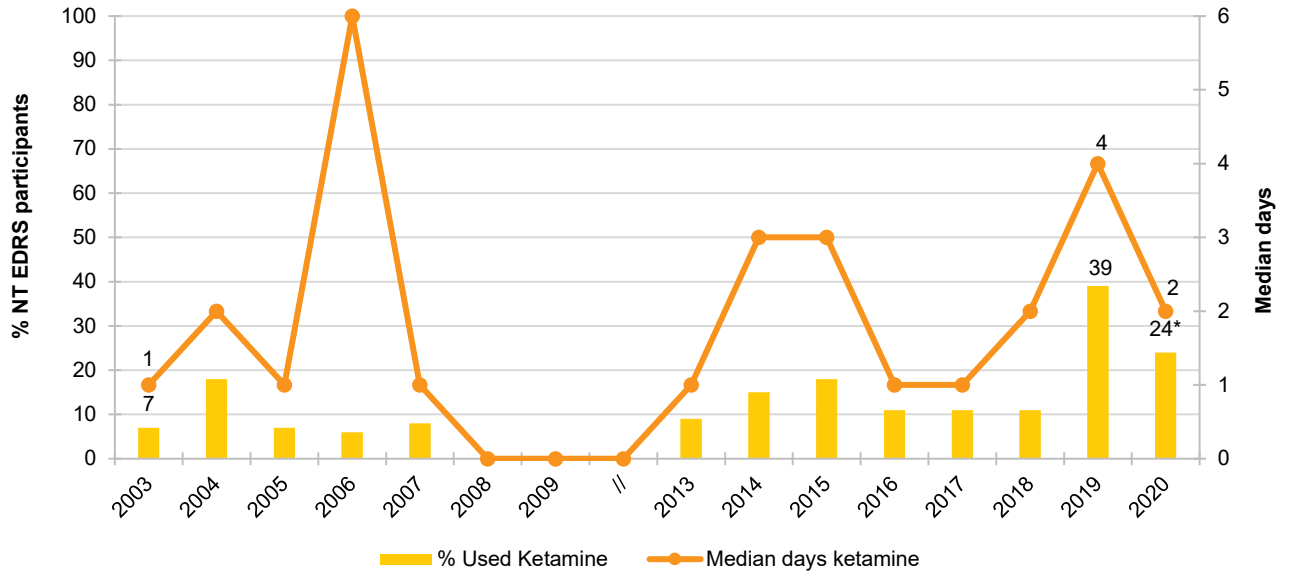
Price: The median price for a gram of ketamine in 2020 was $200 (IQR=90-319; n=8), a non-significant decrease from 2019 ($250; IQR=200-338; n=24; *p*=0.243).

Perceived Purity: Among those able to comment in 2020 (n=9), most participants described the purity of ketamine as "high" (78%; 50% in 2019; *p*=0.141).

Perceived Availability: Among those able to comment in 2020 (n=13), the perception of ketamine was reported as 'difficult' by 46% of respondents (37% in 2019; *p*=0.559).

http://doi.org/10.26190/zwg4-fn45

Figure 30: Past six month use and frequency of use of ketamine, Northern Territory, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 6 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

LSD

Recent Use (past 6 months): In 2020, 42% of the NT EDRS sample reported recently using LSD (52% in 2019; p=0.157; Figure 31).

Frequency of Use: Use among recent consumers remained infrequent in 2020 (median 3 days; IQR=2-6; n=42; 3 days in 2019; IQR=1-8; n=51; p=0.938). Small numbers (n≤5) reported weekly or more frequent use (12% in 2019; p=0.088).

Routes of Administration: The most common route of administration among recent consumers remained swallowing (100%; 98% in 2019; p=0.366).

Quantity: Recent consumers of LSD in 2020 reported using a median of one tab during a typical session (IQR=0.50-1.00; n=18), matching the estimate of typical use in 2019 (1 tab, IQR=1-2; n=36; p=0.498). For maximum quantity of use in a session in the past six months, participants reported a median of two tabs (IQR=1-2; n=19), also matching the estimate in 2019 (1 tab; IQR=1-3, n=38; p=0.701).

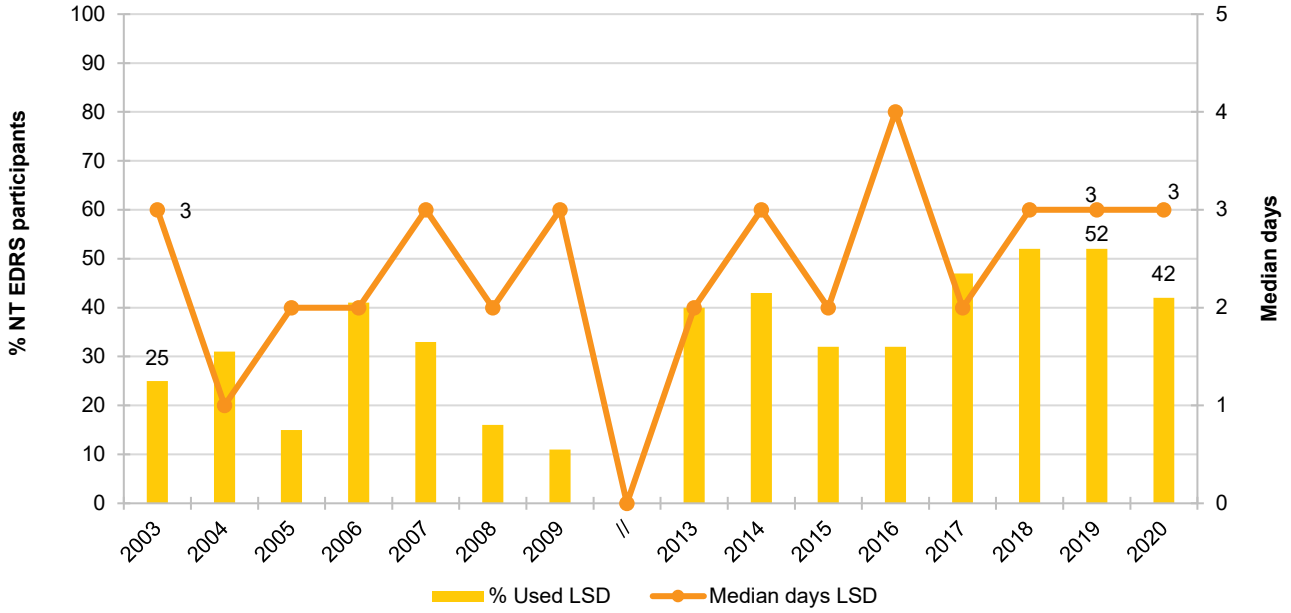
Price: The median reported price per LSD tab in 2020 continues to be $30 (IQR=25-34; n=34), the same as in 2019 ($30; IQR=22.5-30, n=19; p=0.243; Figure 32).

Perceived Purity: Of those able to comment (n=38), the majority (74%) perceived purity of LSD to be 'high', similar to 2019 (62%; p=0.248; Figure 33).

Perceived Availability: Among those able to comment in 2020 (n=39), two-fifths (39%) described LSD as "easy" to obtain, similar to 2019 (47%; p=0.418; Figure 34).

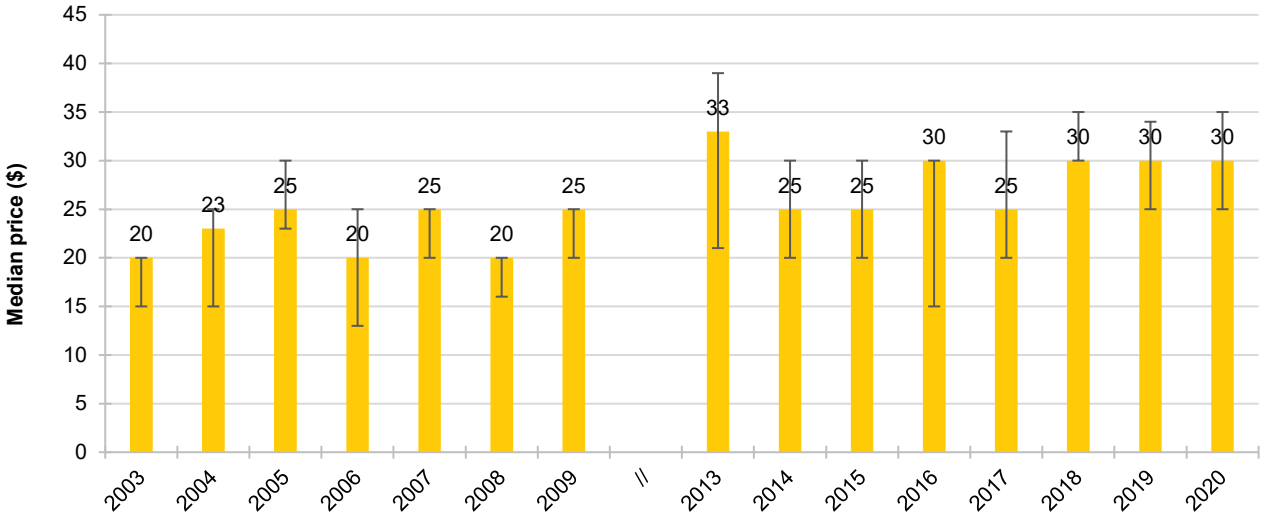
http://doi.org/10.26190/zwg4-fn45

Figure 31: Past six month use and frequency of use of LSD, Northern Territory, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

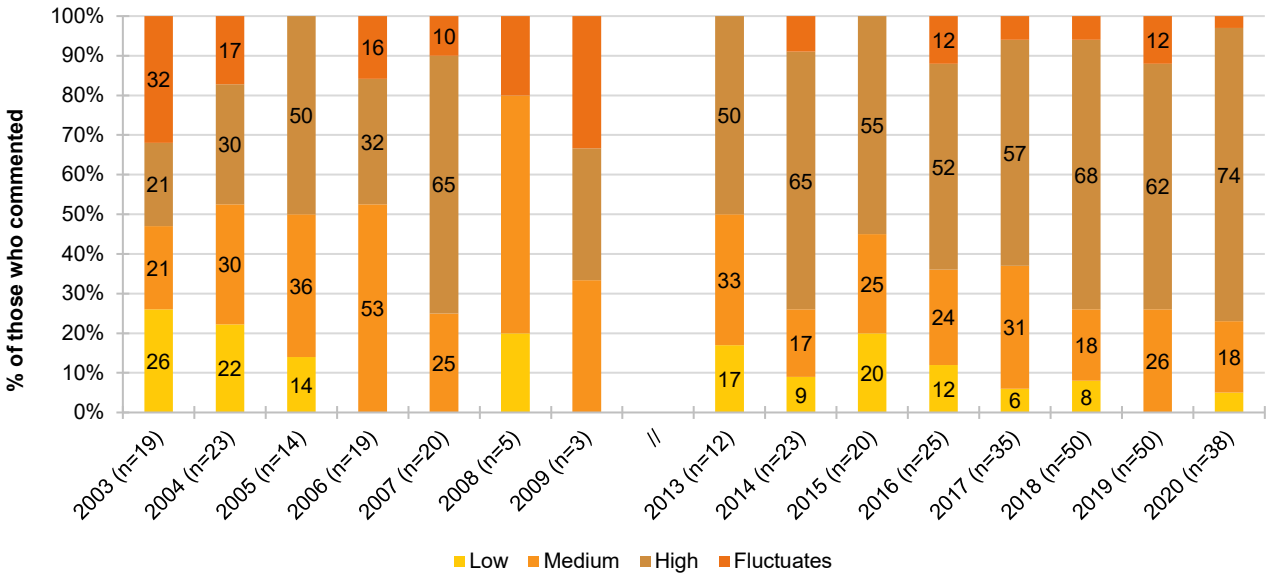
Figure 32: Median price of LSD per tab, Northern Territory, 2003-2020



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

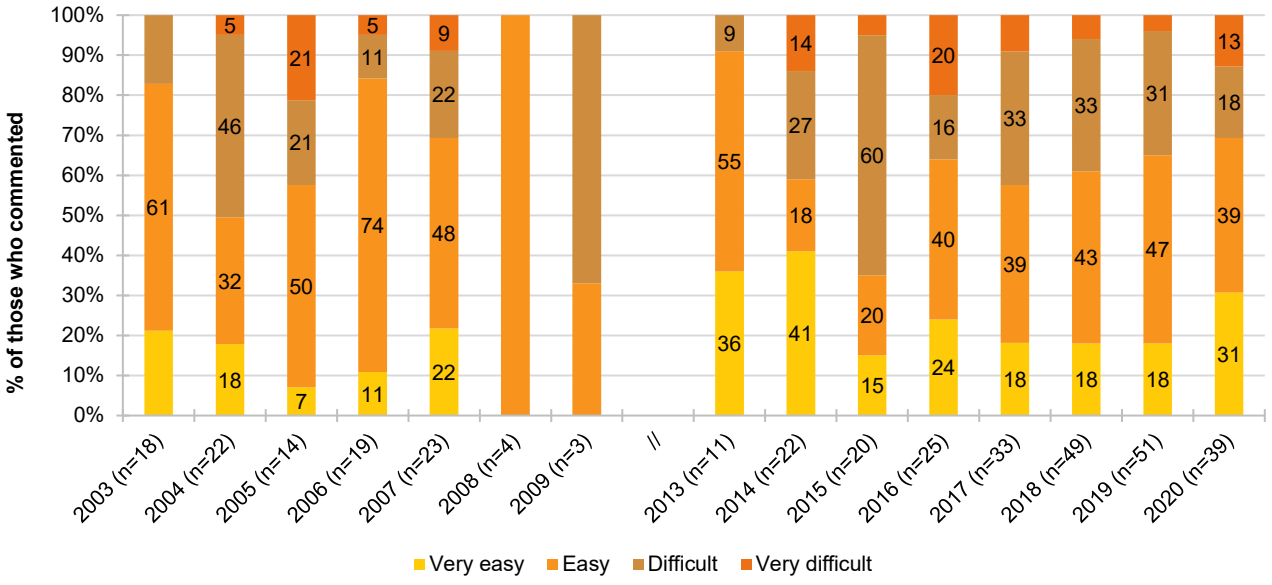
http://doi.org/10.26190/zwg4-fn45

Figure 33: Current perceived purity of LSD, Northern Territory, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 34: Current perceived availability of LSD, Northern Territory, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/zwg4-fn45

8

New Psychoactive Substances

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

Recent Use (past 6 months)

NPS use among the NT EDRS sample had been decreasing since 2015 when 37% of the sample reported recent use. After a spike in 2019, NPS use was reported by the smallest per cent since monitoring began (16%; 34% in 2019; p=0.015; Figure 35). DMT was the most commonly used NPS among the sample, with 7% reporting recent use (17% in 2019; p=0.028; Table 6).

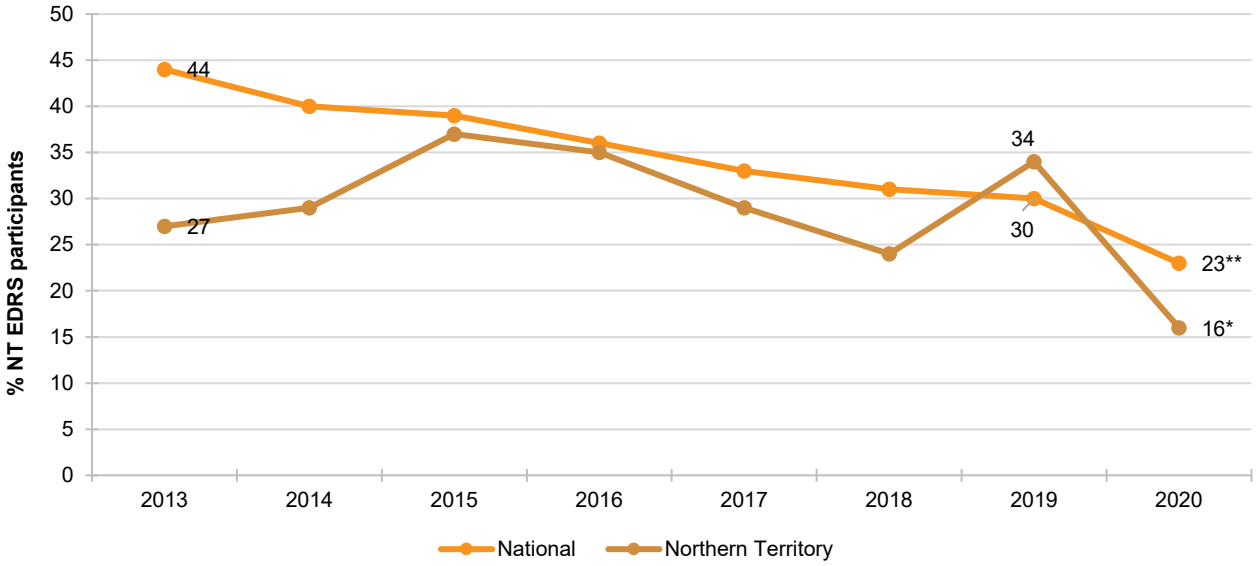
Frequency of Use

Frequency of use has consistently been low for the various NPS, ranging between a median of two days (e.g., DMT; 2 days; IQR=1-4) in 2020.

EDRS collects data on a large number of NPS specifically by name (Table 6). If further details about use of other NPS by the Northern Territory EDRS sample are needed, please contact the Drug Trends team, or see the National EDRS Report for national trends in use.

http://doi.org/10.26190/zwg4-fn45

Figure 35: Past six month use of new psychoactive substances, nationally and NT, 2013-2020



Note. Y axis reduced to 60% to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2013 should be interpreted with caution. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/zwg4-fn45

Table 6: Use of NPS in the past six months, Northern Territory, 2013-2020

	2013 N=45 %	2014 N=100 %	2015 N=101 %	2016 N=100 %	2017 N=86 %	2018 N=99 %	2019 N=100 %	2020 N=99 %
Phenethylamines	-	7	14	-	-	7	-	-
Any 2C substance~	-	-	12	-	-	5	-	-
NBOMe	/	-	-	0	-	-	0	-
Mescaline	-	0	0	0	0	-	-	-
DO-x	0	0	0	0	0	0	0	-
4-FA	/	/	/	0	0	0	0	**0**
PMA	0	-	0	0	0	0	-	**0**
Tryptamines	-	9	6	16	13	12	17	**8**
DMT	-	8	6	16	13	12	17	**7**
5-MeO-DMT	0	-	0	0	0	0	-	-
4-AcO-DMT	/	/	/	0	0	/	/	/
Synthetic cathinones	-	-	9	-	-	-	10	**0**
Mephedrone	-	-	-	0	-	0	-	**0**
Methylone/bk MDMA	-	-	-	-	-	-	6	**0**
MDPV/Ivory wave	-	0	-	-	0	0	-	**0**
Alpha PVP	/	/	/	0	0	0	0	**0**
n-ethyl hexedrone	/	/	/	/	/	/	0	**0**
n-ethylpentylone	/	/	/	/	/	/	0	**0**
Other substituted cathinone	0	0	0	0	0	0	/	/
Piperazines	0	0	0	-	0	/	/	/
BZP	0	0	0	-	0	/	/	/
Dissociatives	0	0	0	-	0	0	-	-
Methoxetamine (MXE)	0	0	0	-	0	0	-	**0**
Plant-based NPS	-		-	-	-	0	-	-
Ayahuasca	/	/	0	-	-	0	0	-
Salvia divinorum	-	-	-	0	0	0	-	-
Kratom	/	/	/	/	/	/	/	**0**
Benzodiazepines	/	/	/	0	0	0	0	**0**
Etizolam	/	/	/	0	0	0	0	**0**
Synthetic cannabinoids	/	/	/	15	6	-	12	-
Herbal high#	18	-	8	8	-	-	6	/
Phenibut	/	/	/	/	/	/	0	**0**
Other drugs that mimic the effect of opioids	/	/	/	/	0	0	0	**0**
Other drugs that mimic the effect of ecstasy	/	/	/	/	-	0	-	**0**
Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	-	-	-	**0**
Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	0	-	-	**0**
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	0	-	**0**

http://doi.org/10.26190/zwg4-fn45

Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	**/**	**0**

Note. / not asked. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/zwg4-fn45

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

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

Recent Use (past 6 months): In 2020, 26% of the NT sample reported recent use of any codeine (27% in 2019; *p*=0.812). Fifteen per cent reported prescribed codeine use (16% in 2019; *p*=0.893), while 10% reported non-prescribed use (8% in 2019; *p*=0.590).

Recent Use (past 6 months) for Non-Pain Purposes: Of those who reported recent use of low dose codeine (n=13; 13%; 9% in 2019; *p*=0.340), a small number (n≤5) used it for non-pain purposes (n≤5; in 2019; *p*=0.274; Figure 36).

Frequency of Use: In 2020, participants who had recently used any non-prescribed codeine reported use on a median of four days (n=10; IQR=3-14; 20 days in 2019; IQR=3-48; n=7; *p*=0.689).

Forms Used: Of those who recently used non-prescribed codeine (n=10), three-fifths reported use of low-dose (<30mg) and high-dose (≥30mg) codeine (60% and 60%, respectively, n≤5 in 2019; *p*=0.343 and 75% in 2019; *p*=0.502, respectively).

Pharmaceutical Opioids

Recent Use (past 6 months): Use of non-prescribed pharmaceutical opioids (e.g. methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) has remained stable at approximately one in ten participants since 2016. Indeed, 8% of the NT sample reported recent use in 2020 (9% in 2019; *p*=0.800; Figure 36).

Frequency of Use: Consumers reported a median of four days of non-prescribed opioid use (IQR=1-6; n=8; 9 days in 2019; IQR=3-18; n=8; *p*=0.124).

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Pharmaceutical Stimulants

Recent Use (past 6 months): After some fluctuations, recent use of non-prescribed pharmaceutical stimulants (e.g. dexamphetamine, methylphenidate, modafinil) has remained stable since 2014. In 2020, however, slightly more participants reported recent use of non-prescribed pharmaceutical stimulants compared to 2019 (29% versus 17% in 2019; *p*=0.048; Figure 36).

Frequency of Use: Median frequency of use has remained low at three days (IQR=1-6; n=29) versus two days in 2019 (IQR=1-9; n=17; *p*=0.963).

Quantity: The median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session in 2020 was two pills/tablets (IQR=1-2; n=25; 3 pills/tablets in 2019; IQR=2-6; n=14; *p*=0.228).

Benzodiazepines

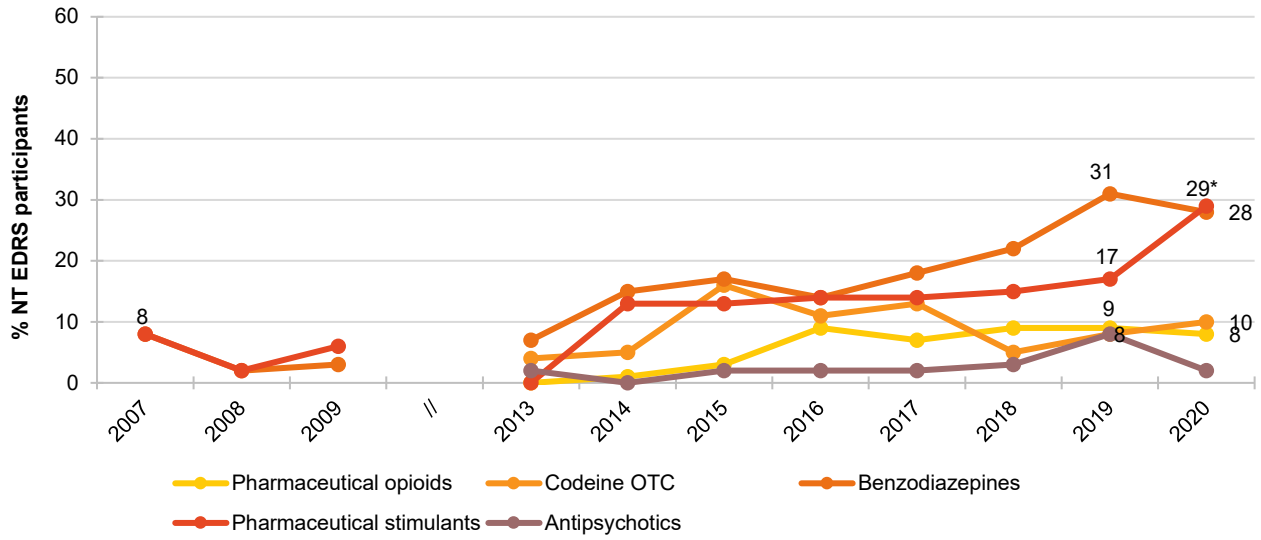
Recent Use (past 6 months): Non-prescribed benzodiazepine use has increased among the NT sample since 2008. In 2020, 28% reported any past six-month non-prescribed use of benzodiazepines, stable relative to 2019 (31%; *p*=0.686; Figure 36). In 2019, participants were asked about non-prescribed alprazolam use versus other non-prescribed benzodiazepine use, with 14% (17% in 2019; *p*=0.537) and 22% (20% in 2019; *p*=0.756) of the NT sample reporting recent use, respectively in 2020.

Frequency of Use: Median frequency of use was four days (IQR=1-11; n=14) in the past six months for non-prescribed alprazolam (4 days in 2019; IQR=1-6; n=17; *p*=0.717) and five days (IQR=2-10; n=22) for non-prescribed other benzodiazepine use in the past six months (6 days in 2019; IQR=2-10; n=20; *p*=0.666).

Antipsychotics

Non-prescribed antipsychotic use has remained low since 2013. In 2020, small numbers (n≤5) of the NT sample reported recent used (versus 8% in 2019; *p*=0.052; Figure 36).

Figure 36: Non-prescribed use of pharmaceutical drugs in the past six months, Northern Territory, 2007-2020



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. Note that estimates of codeine OTC use refer to use for non-pain purposes. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents low-dose codeine for non-pain purposes. Y axis reduced to 60% to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0≤050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/zwg4-fn45

Other Illicit Drugs

MDA

Recent Use (past 6 months): Seven per cent of NT participants reported recent use of MDA in 2020 (13% in 2019; *p*=0.193; Figure 37).

Substances with Unknown Contents

Capsules (past 6 months): Use of capsules with unknown contents has mostly increased since reporting began in 2013. However, in 2020 a significant decrease was observed, relative to 2019 (11% versus 22% in 2019; *p*=0.036; Figure 37). Participants reported using capsules with unknown contents on a median of two days (IQR=1-5; n=11; 3 days in 2019; IQR=2-7; n=21; *p*=0.800).

Other Unknown Substances (past 6 months): From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder, crystal and 'other' form. Nearly one-quarter (24%) reported use of any substance with 'unknown contents' in 2020, significantly lower than 47% in 2019 (*p*<0.001). Seven per cent reported using powder with unknown contents (10% in 2019; *p*=0.396) on a median of one day (IQR=1-2; n=7; 4 days in 2019; IQR=1-4; n=10; *p*=0.133). Small numbers reported using a pill (n≤5; 36% in 2019; *p*<0.001) or crystal (n≤5; 13% in 2019; *p*=0.019) with unknown content in the previous six months in 2020.

Quantity: In 2020, we asked participants about the average amount of pills used with unknown contents and the average amount of capsules used with unknown contents, in the last six months. In a 'typical' session, participants reported using a median of two capsules (IQR=1-4; n=11; 2 capsules in 2019; IQR=1-2; n=19; *p*=0.800) with unknown contents. Average amount of pills with unknown contents is not reported due to small numbers reporting recent use (n≤5).

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

A small number (n≤5) reported recent use of GHB/GBL/1,4-BD (Figure 37), so further data are not shown.

Heroin

As in previous years, a very small number (n≤5) reported recent use of heroin (Figure 37), so further data are not shown.

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2020, 21% of the NT EDRS sample reported recent use of hallucinogenic mushrooms (15% in 2019; *p*=0.299; Figure 37).

Frequency of Use: Frequency of use was low among recent consumers in 2020 at one day (IQR=1-2; n=21; 1 day in 2019; IQR=1-3; n=15; *p*=0.857).

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Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Nearly the entire NT sample reported recent alcohol use in 2020 (99%; 95% in 2019; *p*=0.097), consistent with the per cent observed since 2013 (Figure 38).

Frequency of Use: Recent consumers reported use of alcohol on a median of 35 days (equivalent to 1-2 times per week; IQR=20-72; n=99), significantly lower compared to 72 days in 2019 (equivalent to 3 times per week; IQR=24-96; n=95; *p*=0.001). The proportion reporting daily use decreased from 13% in 2019 to n≤5 in 2020 (*p*=0.002).

Tobacco

Recent Use (past 6 months): Four in five participants reported recent tobacco use in 2020 (84%; 87% in 2019; *p*=0.547), also consistent with the per cent observed since 2016 (Figure 38).

Frequency of Use: In 2020, frequency of use decreased to a median of 105 days (IQR=20-180; n=84) compared to daily use in 2019 (180 days; IQR=90-180; n=87; *p*=0.002). Indeed, significantly fewer recent consumers reported daily use in 2020 (43% versus 66% in 2019; *p*=0.003).

E-cigarettes

Recent Use (past 6 months): The proportion of the NT sample who reported recent use of e-cigarettes has remained stable since 2014 when reporting began (Figure 38). In 2020, 27% reported any recent use (32% in 2019; *p*=0.438).

Frequency of Use: Frequency of use also remained stable, with participants reporting a median of five days of use (IQR 2-21; n=27; versus 12 days; IQR 2-44; n=32 in 2019; *p*=0.207).

Forms Used: Among recent consumers (n=27), the majority (52%; n=14) reported using e-cigarettes containing nicotine (67% in 2019; n=20; *p*=0.255) and 30% (n=8) reported using both nicotine and cannabis in 2020 (n≤5 in 2019; *p*=0.061). Small numbers (n≤5) reported using only cannabis or neither cannabis nor nicotine.

Reason for Use: Three quarters (74%; n=20) of recent consumers reported that they did not use e-cigarettes as a smoking cessation tool in 2020 (69% in 2019; *p*=0.653).

Nitrous Oxide

Recent Use (past 6 months): In 2020, two in five participants reported recent use of nitrous oxide, stable to 2019 (39%; 40% in 2019; *p*=0.840; Figure 38).

Frequency of Use: Frequency of use decreased to a median of three days (IQR=1-10; n=39) from 10 days in 2019 (IQR 2-15; n=40; *p*<0.001).

Quantity: In 2020, we asked participants about the average amount of nitrous oxide that they had used in the six months preceding interview. In a 'typical' session, participants reported using a median of six bulbs (IQR=3-10; n=38), significantly less than 15 bulbs in 2019 (IQR=3-20; n=39; *p*=0.039).

Amyl Nitrite

Recent Use (past 6 months): Amyl nitrite use has remained low among the NT sample since 2013 (Figure 38). However, after a significant increase in participants reporting recent use in 2019, use remained stable in 2020 (24%; 24% in 2019; *p*=0.962).

Frequency of Use: Frequency of use remained low at a median of three days in the past six months (IQR=1-5; n=24; versus 4 days in 2019; IQR 1-7; n=23; *p*=0.742).

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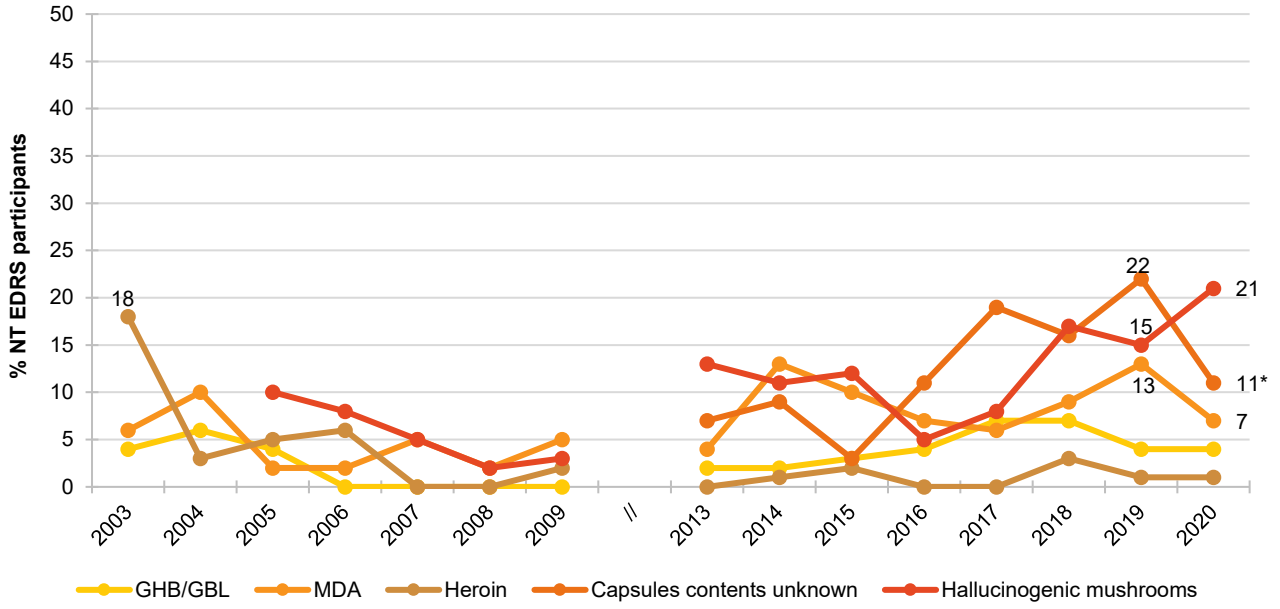
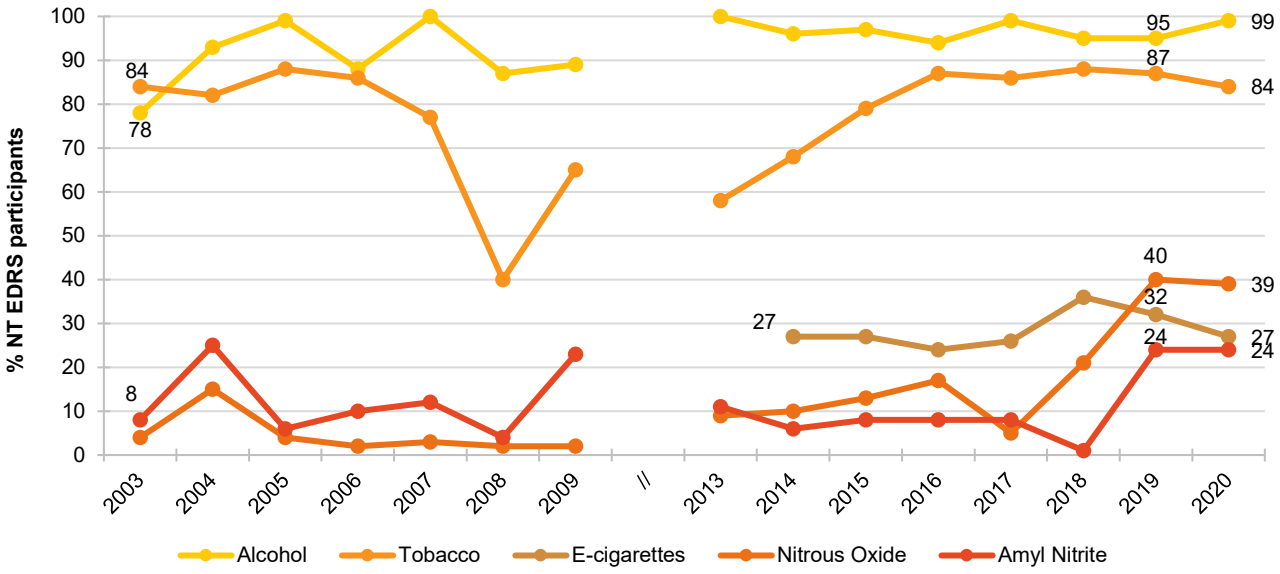
Figure 37: Other illicit drugs used in the past six months, Northern Territory, 2003-2020



Note. Monitoring of capsules contents unknown commenced in 2013. Y axis has been reduced to 50% to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 38: Licit drugs used in the past six months, Northern Territory, 2003-2020



Note. Monitoring of e-cigarettes commenced in 2014. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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10

Drug-Related Harms and Other Associated Behaviours

Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. The mean score on the AUDIT for the NT EDRS sample in 2020 was 13.9 (SD 5.6; n=99; possible score range 0-40), significantly lower compared to 15.9 in 2019 (SD 8.3, n=99; *p*=0.042). Eighty-eight per cent of participants obtained a score of eight or more, indicative of hazardous use (84% in 2019; *p*=0.399; Table 7). AUDIT scores are divided into four 'zones' which indicate risk level. In 2020, there was a significant increase in the proportion of NT participants in Zone 2 (56%; 37% in 2019; *p*=0.006) and a significant decrease in Zone 4 (i.e. considered to have possible alcohol dependence; 15%; 27% in 2019; *p*=0.034; Table 7).

Table 7: AUDIT total scores and percent of participants scoring above recommended levels, Northern Territory, 2014-2020

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

Note. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Overdose Events

Non-Fatal Overdose

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

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

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

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

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

Non-Fatal Stimulant Overdose

Fifteen per cent of the NT sample reported a stimulant overdose during the past 12 months (20% in 2019; p=0.352; Figure 39), on a median of one occasion (IQR=1-1; n=15; 1 occasion in 2019; IQR=1-3; n=20; p=0.039). These participants were asked which stimulant drug(s) had been used during their last overdose. Ecstasy was the most nominated drug, with 60% of those who had experienced an overdose citing capsules as involved in the last occasion, while small numbers (n≤5) reported use of methamphetamine crystal and cocaine. Nearly all (93%) reported that they had also been under the influence of one or more additional drug (80% in 2019; p=0.265). When asked about treatment received during their last stimulant overdose, 80% reported receiving no treatment (70% in 2019; p=0.503).

Non-Fatal Depressant Overdose

Alcohol: Sixteen per cent of the NT sample reported experiencing a non-fatal alcohol overdose in the year prior to interview (24% in 2019; p=0.157) on a median of three occasions (IQR=1-5; n=16; 2 occasions in 2019; p=0.157). Of those who experienced an alcohol overdose in the past year (n=16), nearly all (94%) reported not receiving treatment on the most recent occasion (75% in 2019; p=0.126).

Any depressant (including alcohol): The per cent reporting any past year non-fatal depressant overdose has been increasing among the NT sample since 2014. However, in 2019, one quarter (25%) of the NT sample reported a depressant overdose during the past 12 months, the same proportion as 2018 (Figure 39). In 2020, 18% reported past year non-fatal depressant overdose, stable relative to 2019 (p=0.228). Depressant overdose was largely driven by alcohol use, with almost all those who experienced any past year depressant overdose (n=18) reporting use of alcohol (89%; 96% in 2019; p=0.367).

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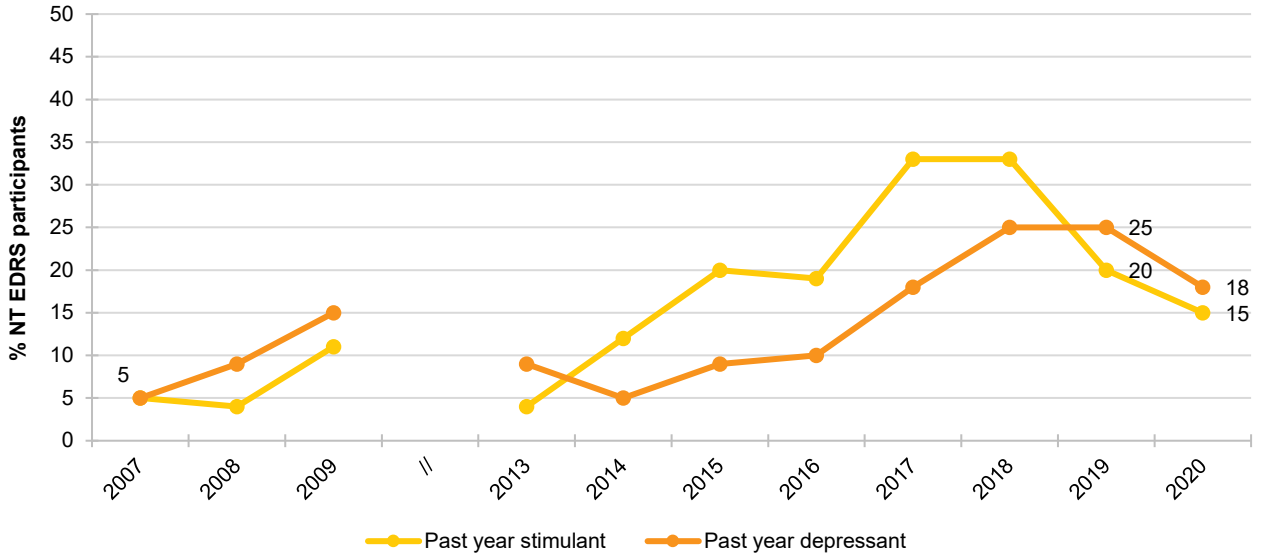
Figure 39: Past year non-fatal stimulant and depressant overdose, Northern Territory, 2007-2020

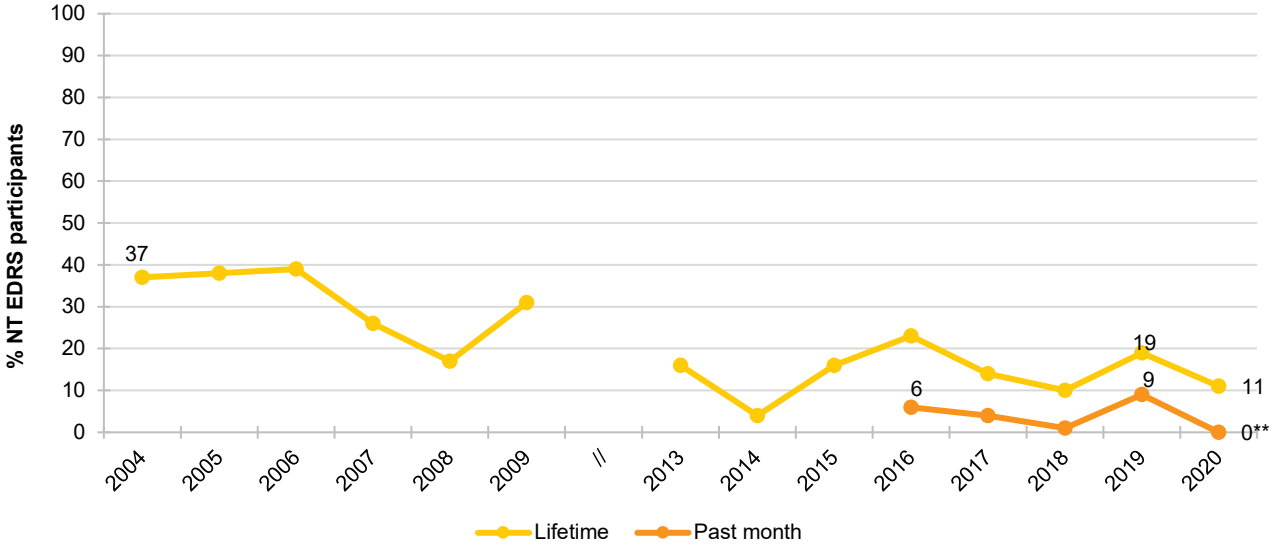


Note. Past year stimulant and depressant was first asked about in 2007. Items about overdose was revised and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Injecting Drug Use and Associated Risk Behaviours

The per cent reporting ever injecting a drug among the NT sample has fluctuated over time (Figure 40). In 2020, one in ten participants (11%) reported ever injecting a drug (19% in 2019; p=0.100). No one reported past month drug injection in 2020 (9% in 2019; p=0.002).

Figure 40: Lifetime and past month drug injection, Northern Territory, 2004-2020



Note. Past 6-month injection not asked of participants prior to 2016. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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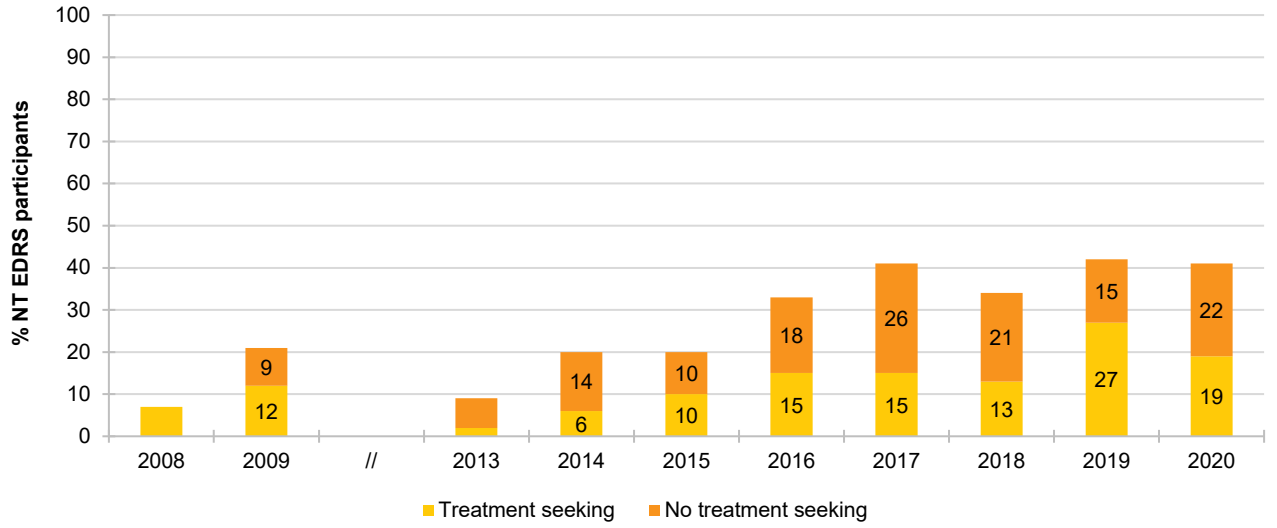
Drug Treatment

A nominal per cent reported currently receiving drug treatment; this is consistent with reporting in previous years (n≤5 in 2020; 6% in 2019; *p*=0.053). For national trends refer to the National EDRS Report, or for further information contact the researchers.

Mental Health

Two-fifths (41%) of the NT sample reported experiencing mental health problems (other than drug dependence) in the past six months (42% in 2019; *p*=0.857). Of those who self-reported mental health problems and commented (n=39), most cited anxiety (65%; 83% in 2019; *p*=0.018) or depression (46%; 76% in 2019; *p*=0.007). Of those who self-reported mental health problems (n=41), 46% (19% of the whole sample) reported seeing a mental health professional in the past six months (63% in 2019; *p*=0.120; Figure 41). Of those who sought help (n=19), two fifths (42%) reported being prescribed medication during this period (62% in 2019; *p*=0.197).

Figure 41: Self-reported mental health problems and treatment seeking in the past six months, Northern Territory, 2008-2020



Note. The combination of the percentage who report treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

Crime

All crime data for 2020 was captured during the COVID-19 restriction period (i.e., data were captured from April-July 2020, and participants reported on past month behaviour). The per cent reporting past month criminal activity has fluctuated over time, with drug dealing (17%; 29% in 2019; *p*=0.044) and property crime (13%; 11% in 2019; *p*=0.663) being the two main forms of criminal activity in 2020 (**Error! Reference source not found.**). Of the NT sample, 7% of the sample reported having been arrested in the 12 months preceding interview (15% in 2019; *p*=0.071). Small numbers (n≤5) reported having ever been in prison in 2020 (9% in 2019; *p*=0.268).

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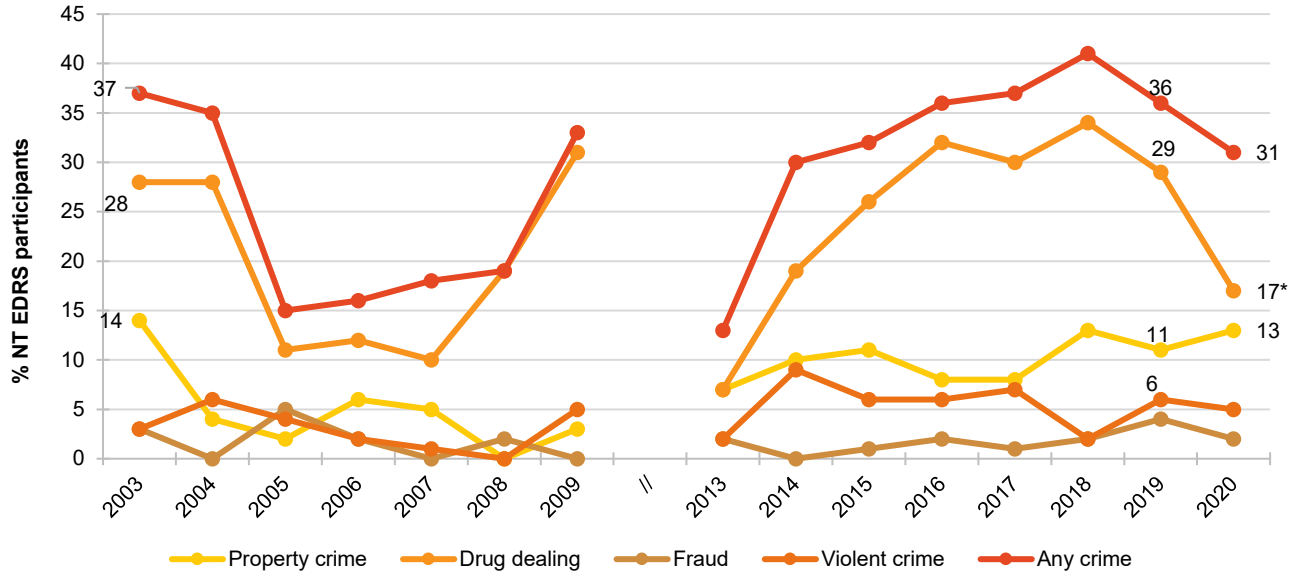
Figure 42: Self-reported criminal activity in the past month, Northern Territory, 2003-2020



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 45% to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2020, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was via face-to-face (69%; Table 8). However, significantly fewer reported doing so in 2020 compared to 2019 (90%; p<0.001). In addition, significantly fewer participants also reported using text messaging and phone calls in 2020 compared to 2019 (49% versus 71% in 2019; p<0.001 and 37% versus 54% in 2019; p=0.016, respectively). A nominal number (n≤5) reported using the darknet market and the surface web to buy drugs in the past 12 months in 2020.

Buying and Selling Drugs Online

In 2020, a minority of participants (n≤5) reported selling illicit/non-prescribed drugs via surface or darknet marketplaces (n≤5 in 2019). For further information refer to the National EDRS Report.

Over half (58%) of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet, stable relative to 2019 (57%; p=0.880). Two-fifths (44%) reported doing so in the last 12 months (46% in 2019; p=0.836).

Obtaining Drugs

The majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague (90%; 87% in 2019; p=0.506) in 2020. This was followed by known dealer/vendor (65%; 67% in 2019; p=0.765) and an unknown dealer/vendor (38%; 35% in 2019; p=0.659; Table 8).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (98%; 100% in 2019; p=0.159), with smaller numbers reported receiving illicit drugs via post (8%; 7% in 2019; p=0.820). In 2020, there was an increase in reports of receiving drugs via a collection point in the past 12 months compared to 2019 (defined as a predetermined location where a drug will be dropped for later collection; 27%; 15% in 2019; p=0.044).

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Table 8: Modes of purchacing non-prescribed and illict drugs in the past 12 months, Northern Territory, 2019-2020

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

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. ~ The face-to-face response option in 2020 was combined by those responding, 'I went and picked up the drugs' and/or 'The drugs were dropped off to my house by someone'. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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