

Northern Territory Drug Trends 2018

Key findings from the
Illicit Drug Reporting
System (IDRS) Interviews





NORTHERN TERRITORY DRUG TRENDS 2018:

KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Chris Moon

Mental Health, Alcohol and Other Drugs Branch
NT Department of Health



ISBN 978-0-7334-3695-6

©NDARC 2019

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to the information manager, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia.

Suggested citation: Moon, C. (2019). Northern Territory Drug Trends 2018: Key findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney, National Drug and Alcohol Research Centre, UNSW Australia.

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

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

TABLE OF CONTENTS

Table of Contents.....	iv
List of Tables	v
List of Figures.....	vii
Acknowledgements	viii
Funding	viii
Research Team	viii
Participants.....	viii
Contributors.....	viii
Abbreviations.....	ix
Glossary of Terms	x
EXECUTIVE SUMMARY	1
INTRODUCTION	3
METHOD	4
Overview of the participant sample.....	5
Current drug use.....	8
Drug use, price, purity and availability.....	11
Heroin	11
Methamphetamine.....	14
Cannabis	20
Morphine and other pharmaceutical opioids.....	25
Other drugs.....	35
Health-related trends associated with drug use.....	39
Non-fatal Overdose	39
Drug treatment	39
Injecting risk behaviours.....	41
Mental health problems and psychological distress	46
Naloxone program and distribution	46
Driving risk behaviour	47
Law enforcement-related trends associated with drug use.....	48
Reports of criminal activity and arrests.....	48
Expenditure on drugs	49
References.....	50
Appendix: Additional data tables.....	51

LIST OF TABLES

Table 1: Demographic characteristics of the PWID sample, NT, 2014-2018	5
Table 2: Sociodemographic characteristics of the PWID sample, NT, 2014-2018.....	6
Table 3: Injection history, drug preferences and polydrug use, NT, 2014-2018	9
Table 4: Selected trends in participant heroin use, NT, 2011-2018	11
Table 5: Forms of heroin used in previous six months by participants, 2014-2018 (%)	12
Table 6: Median price of most recent heroin purchases, NT, 2011-2018, \$ (n)	12
Table 7: Reports of heroin price movements, past six months, NT, 2013-2018 (%)	12
Table 8: Reports of perceived heroin availability in the past six months, NT, 2013-2018 (%)	13
Table 9: Participant reports of perceived heroin purity in the past six months, NT, 2013-2018 (%)	13
Table 10: Price of most recent methamphetamine purchases, NT, 2017-2018.....	16
Table 11: Methamphetamine price movements in the last six months, NT, 2018 (%)	18
Table 12: Reports of recent methamphetamine availability, NT, 2016-2018 (%)	18
Table 13: Selected trends in participants' cannabis use, 2011-2018	20
Table 14: Forms of cannabis used* in the previous six months and main form^, NT, 2013-2018.....	21
Table 15: Price of most recent cannabis purchases by participants, NT, 2017-2018.....	21
Table 16: Price movements of cannabis in the past six months, NT, 2018 (%)	22
Table 17: Reports of recent perceived cannabis availability, NT, 2014-2018 (%)	23
Table 18: Selected trends in participants' morphine use, NT, 2013-2018.....	25
Table 19: Forms and brands of morphine used previous six months, NT, 2013-2018	25
Table 20: Frequency of morphine use in previous six months, NT, 2015-2018	26
Table 21: Recent non-prescribed morphine price, NT, 2013-2018	26
Table 22: Non-prescribed morphine price movements in the past six months, NT, 2013-2018 (%).....	26
Table 23: Forms of methadone used previous six months, NT, 2013-2018 (%)	28
Table 24: Frequency of non-prescribed methadone use in previous six months, NT, 2013-2018 (%).....	28
Table 25: Median price (\$) of most recent non-prescribed methadone purchase, NT, 2013-2018.....	29
Table 26: Non-prescribed methadone price movements past six months, NT, 2013-2018 (%).....	29
Table 27: Selected trends in non-prescribed buprenorphine use, NT, 2013-2018.....	30
Table 28: Frequency of non-prescribed buprenorphine use in previous six months, NT, 2013-2018	30
Table 29: Median price (\$) of non-prescribed buprenorphine reported by participants, NT, 2013-2018	30
Table 30: Selected trends in participants' recent oxycodone use, NT, 2015-2018 (%)	32
Table 31: Median price (\$) of most recent non-prescribed OP oxycontin purchase, NT, 2015-2018	32
Table 32: Price movements of oxycodone in the past six months, NT, 2013-2018.....	32
Table 33: Participants' reports of oxycodone current perceived availability, NT, 2013-2018	33
Table 34: Recent use of low- and high-dose OTC codeine, NT, 2018	34
Table 35: Responses to change in scheduling of OTC codeine, NT, 2018.....	34
Table 36: Selected trends in participants' cocaine use, NT, 2013-2018	35
Table 37: Forms of cocaine used previous six months, NT, 2013-2018.....	36
Table 38: Alprazolam use, selected characteristics, NT, 2015-2018	36
Table 39: Lifetime and recent reported non-fatal overdose, NT, 2016-2018 (%)	39
Table 40: Participation in methamphetamine treatment in the previous year, NT, 2017-2018 (%).....	40
Table 41: Perceived ease of access to drug treatment by participants, NT, 2014 – 2018 (%).....	41
Table 42: Source of needles in last six months, NT, 2012-2018	41

Table 43: Recent re-use of injecting equipment, NT, 2013-2018 (%).....	42
Table 44: Reuse of own needles in the past month, NT, 2013-2018 (%).....	42
Table 45: Last injection site and needle use characteristics, NT, 2013-2018 (%)	43
Table 46: Last location for injection in the month preceding interview, 2013-2018	43
Table 47: Injection-related problems within one month of interview, NT, 2013-2018 (%)	44
Table 48: AUDIT-C results, NT, 2012-2017	45
Table 49: AUDIT results, NT, 2018 (%).....	45
Table 50: Self-reporting recent mental health problems, NT, 2013-2018 (%)	46
Table 51: Take-home naloxone program and distribution, NT, 2013-2018	46
Table 52: Criminal and police activity as reported by participants, NT, 2013-2018 (%).....	48
Table 53: Amount spent on drugs on the day before interview, NT, 2013-2018 (%).....	49
Table A1: Participant reports of perceived current cannabis availability, NT, 2004-2018	51
Table A2: Current perceived potency of hydro, % commented, NT, 2004-2018.....	51
Table A3: Current perceived potency of bush, % commented, NT, 2004-2018	51
Table A4: Current perceived availability of non-prescribed methadone, % commented, NT, 2003-2018.....	51
Table A5: Current perceived availability of non-prescribed buprenorphine, % commented, NT, 2010-2018	52
Table A6: Median days cocaine use in the past six months, NT, 2003-2018	52
Table A7: Patterns of recent alcohol use, NT, 2003-2018	52
Table A8: Proportion of participants reporting recent treatment, NT, 2010-2017	52
Table A9: Driving after taking selected non-prescribed drugs by type, NT, 2006-2013, 2015, 2017, 2018	53

LIST OF FIGURES

Figure 1: Age distribution of participants, NT, 2002-2018	7
Figure 2: Drug injected most last month, NT, 2005-2018.....	10
Figure 3: Frequency of use among those used in the last six months, NT, 2002-2018	11
Figure 4: Recent use of any form of methamphetamine, 2002-2018	14
Figure 5: Methamphetamine use in the past six months among recent consumers, NT, 2002-2018.....	15
Figure 6: Methamphetamine use among recent consumers (any form), NT, 2002-2018.....	15
Figure 7: Median prices of speed powder, NT, 2002-2018	16
Figure 8: Median prices of base, 2002-2018	17
Figure 9: Median prices of ice/crystal, 2002-2018	17
Figure 10: Participant perceptions of methamphetamine purity, NT, 2018	19
Figure 11: Participants reporting speed powder and crystal purity as 'high', NT, 2002-2018	19
Figure 12: Patterns of cannabis among those reporting recent use, NT, 2002-2018.....	20
Figure 13: Median prices of cannabis, NT, 2003-2018	22
Figure 14: Participant reports of perceived current cannabis availability, NT, 2004-2018	23
Figure 15: Current perceived potency of hydro, % commented, NT, 2004-2018.....	24
Figure 16: Current perceived potency of bush, % commented, NT, 2004-2018	24
Figure 17: Current availability of non-prescribed morphine, % commented, NT, 2003-2018	27
Figure 18: Recent change in perceived availability of non-prescribed morphine, % commented, NT, 2018 (%)..	27
Figure 19: Current perceived availability of non-prescribed methadone, % commented, NT, 2003-2018.....	29
Figure 20: Current perceived availability of non-prescribed buprenorphine, % commented, NT, 2010-2018	31
Figure 21: Recent use of OTC codeine, NT, 2011-2017	33
Figure 22: Median days cocaine use in the past six months, NT, 2003-2018.....	35
Figure 23: Recent benzodiazepine use and injection, NT, 2003-2018.....	37
Figure 24: Patterns of recent alcohol use, NT, 2003-2018	37
Figure 25: Participant reports of tobacco use in the last six months, NT, 2003-2018.....	38
Figure 26: Proportion of participants reporting recent treatment, NT, 2010-2017	40
Figure 27: Main drug causing dirty hit in last month, 2013-2018	44
Figure 28: Driving after taking selected non-prescribed drugs by type, NT, 2006-2013, 2015, 2017, 2018	47
Figure 29: Engagement in criminal activity in prior month, NT, 2000-2018.....	49

ACKNOWLEDGEMENTS

FUNDING

In 2018, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

RESEARCH TEAM

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2018:

- Dr Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Ellie Bucher and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Ms Jodie Grigg, Mr James Fetherston and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Mr Chris Moon, Northern Territory Department of Health; and
- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, 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 IDRS 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:

- staff and volunteers at the Northern Territory AIDS and Hepatitis Council and the Darwin and Palmerston Needle and Syringe Programs;
- participating NT agencies and staff;
- the IDRS survey interviewers; and
- the NT Mental Health, Alcohol and Other Drugs Directorate team.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AGDH	Australian Government Department of Health
AUDIT	Alcohol Use Disorders Identification Test
AUDIT-C	Alcohol Use Disorders Identification Test - Consumption
GP	General Practitioner
IDRS	Illicit Drug Reporting System
LSD	Lysergic acid diethylamide
NDARC	National Drug and Alcohol Research Centre
NSP	Needle and Syringe Program(s)
NT	Northern Territory
OTC	Over-the-counter
PWID	People who inject drugs
SD	Standard deviation
SPSS	Statistical Package for the Social Sciences

GLOSSARY OF TERMS

Availability	Participants are asked how easy it is to obtain a certain drug
Distributive sharing	Giving a needle or other injecting equipment to someone else to use after the individual has already used it
Drug dealing	Sale of drugs for cash profit, where a person purchased drugs and on-sold them for a cash profit (more than the amount to cover personal use)
Fraud	Acts involving fraud, including forging cheques, forging prescriptions, social security scams, using someone else's credit card
Incarceration	An occasion where a person has been convicted of an offence and sentenced to jail (excluding remand)
Injection	Injection (typically intravenous) of a substance
Jurisdiction	State or territory
Naloxone	Medication use to block the effects of an opioid in the event of an overdose
Naloxone take-home training programs	Programs which train people (such as friends or family members) who might be present if the person overdoses, to use naloxone to resuscitate the person
New psychoactive substances	Substances which are sometimes referred to as research chemicals, analogues, legal highs, herbal highs, synthetic drugs, designer drugs or bath salts, and often mimic the effects of traditional illicit drugs
Non-prescribed use	Use of a prescribed medication obtained by a prescription in someone else's name
Overdose	Experience of symptoms such as reduced level of consciousness, respiratory depression, turning blue, and collapsing, where professional assistance would have been helpful
Over-the-counter	Availability of a medicine through a pharmacy without a doctor's prescription
Point	0.1 gram (although may also be used as a term referring to an amount for one injection)
Prescribed use	Use of a prescribed medication obtained by a prescription in the person's name
Property crime	Theft or destruction of someone else's property, including shoplifting, break and enter, stealing a car, receiving stolen goods
Purity	Participants are asked 'how strong would you say *drug* is at the moment?'
Receptive sharing	Use of a needle or other injecting equipment after someone else has already used it
Re-use	Use of injecting equipment again by the same person
Session	A period of continuous use without sleeping
Shelving/shafting	Use via insertion into vagina (shelving) or the rectum (shafting)
Smoking	Use of a substance via inhalation/vaping
Snorting	Use of a substance intranasally
Use	Use of a substance via any route of administration, including injecting, smoking, snorting/shelving/shafting, and/or swallowing
Violent Crime	Acts involving violence, including assault, violence in a robbery, armed robbery, sexual assault, breaking an apprehended violence order

GUIDE TO DAYS OF USE/INJECTION

Lifetime use	Use on one or more occasion in their lifetime
Recent use	Use on one or more occasion in the past six months
180 days	daily use/injection over preceding six months
90 days	use/injection every second day
24 days	weekly use/injection
12 days	fortnightly use/injection
6 days	monthly use/injection

EXECUTIVE SUMMARY

Overview of the participant sample

A total of 99 people who regularly inject drugs were interviewed for the 2018 IDRS. The sample was 65% male, 28% Aboriginal and had a mean age of 46 years. Three out of ten participants nominated morphine as their drug of choice, the same proportion nominating methamphetamine. Morphine and methamphetamine were drugs injected most often in the month prior to interview and the last drugs injected. Six out of ten participants injected once or more per day in the previous month.

Heroin

Nine percent of the sample had recently used heroin and eight percent had recently injected, on a median of 2-3 times a month. Daily use among recent users remained relatively low at 22% but has increased slowly since 2015. The reported price of a cap of heroin was stable at \$100 while availability was rated as 'difficult' by most of those able to comment.

Methamphetamine

Seven out of ten participants reported recent methamphetamine use, showing a fluctuating growth since 2014. Recent use of crystal methamphetamine continues to grow, although more slowly over recent years, while use of methamphetamine powder has declined. Point prices of both powder and crystal were stable at \$100, with availability of both forms rated as 'easy' to 'very easy' by large majorities of those able to comment.

Cannabis

Recent cannabis use remains high among the sample at 60%, although this is lower than levels seen in previous years, with hydroponically grown cannabis being the most common form. The price of a gram of cannabis was stable at \$30, as was the price of an ounce, at \$450. Both forms of cannabis were rated as 'easy' to 'very easy' easy to obtain by 90% or more of the sample.

Morphine and other pharmaceutical opioids

Morphine remains the most commonly used and injected opioid in the NT, at almost six out of ten participants in both cases, although this is lower than the proportions seen previously. Daily use is the most common pattern, with prices stable at \$80 for 100mg MS Contin or 100mg Kapanol. Morphine was rated as 'easy' or 'very easy' to obtain by 71% of those able to comment.

Smaller proportions reported recent use of oxycodone (12%), illicit methadone syrup (6%), illicit Physeptone tablets (5%) and buprenorphine-naloxone (Suboxone) (11%).

Participants were asked questions about their response to the change in scheduling of low- and high-dose codeine on 1 February 2018. Fourteen percent of participants reported recent use of high-dose codeine with most of those obtaining the codeine by prescription. Almost half of those who comments reported that after the rescheduling they got a prescription for high-dose codeine with only a small proportion using it off-prescription.

Other drugs

Recent cocaine use remained low, at 6% of the sample. Twenty-four percent of the sample reported recent benzodiazepine use, showing a fluctuating decline in use since around 2010. Recent use of alcohol and tobacco remains common.

Health-related trends associated with drug use

A small number of people reported having overdosed on either heroin or morphine within 12 months of interview. Fifteen percent of participants reported being in treatment at the time of interview, with seven

people participating in treatment in the previous 12 months. Reports of ease of access to treatment were mixed with 30% of the sample rating access as 'easy' and 41% rating it as 'difficult' or 'very difficult'.

The rate of re-use of needles for injecting was low, at 4%, although 32% reported re-use of their own needles, most on more than one occasion. Scarring/bruising (36%) and difficulty injecting (36%) continued to be prominent injection-related problems reported. Just over half of those reporting as dirty hit attributed it to a methamphetamine, a substantial increase on previous years and the first time that morphine (47%) has not been the main drug causing a dirty hit.

Thirty-two percent of the sample reported recent mental health issues, primarily depression (24%) and anxiety (19%). Almost seven out of ten of this group had attended a health professional for their mental health issue.

Criminal activity

Eighteen percent of the sample had been arrested in the preceding 12 months and thirty percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing and property crime.

INTRODUCTION

This report presents the results of the 2018 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT).

The IDRS is coordinated by the National Drug and Alcohol Research Centre (NDARC) which is part of the University of New South Wales. It is funded by the Australian Government under the Drug and Alcohol Program.

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

In the NT, a partial IDRS, not including the participants' survey, was conducted by the then Territory Health Services (now NT Department of Health) in 1999. In 2000 and 2001, the full methodology was conducted through the Northern Territory University (now Charles Darwin University). From 2002 to 2016, the full IDRS has been conducted by the NT Department of Health. Reports of these studies are available to download from the NDARC website.

The IDRS 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 inject drugs. This report focuses on the key results from the annual interview component of IDRS.

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

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

- Describe the characteristics of a sample of people who regularly inject drugs interviewed in NT;
- 2. Examine the patterns of drug use among this sample;
- 3. Document the current price, purity and availability of illicit drugs;
- 4. Examine participants' reports of drug-related harm, including physical, psychological, occupational, social and legal harms; and
- 5. Identify emerging trends in the illicit drug market that may require further investigation.

METHOD

The [Illicit Drug Reporting System \(IDRS\)](#) is an ongoing illicit drug monitoring system which has been conducted in all states and territories of Australia since 2000, and forms part of [Drug Trends](#). The purpose of the IDRS is to provide a coordinated approach to monitoring the use, market features, and harms of illicit drugs.

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

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

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

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

In the NT, interviews were conducted in Darwin and Palmerston in June 2018 with 99 people meeting the criteria mentioned above. Participants were recruited through fliers posted at the Needle and Syringe Programs (NSP) and through word of mouth. The interviews were conducted by trained interviewers. Interviews were conducted at the Darwin and Palmerston NSP.

The participants who met the inclusion criteria were given an information sheet that described the content of the interview. It was explained that the information they provided was entirely confidential and that they were free to withdraw from the survey without prejudice or to decline to answer any questions they chose. Interviews generally lasted about 60 minutes and participants were reimbursed \$40 for their time.

It should be noted that these data are from participants recruited in capital cities, 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.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data, medians are reported. Values where cell sizes are ≤ 5 are shown but should be treated with caution. Where appropriate, tests of statistical significance have been conducted between estimates for 2017 and 2018.

Data analysis was conducted using (SPSS) for Windows Version 25.0.

OVERVIEW OF THE PARTICIPANT SAMPLE

Key Points

- A total of 99 participants were interviewed for the 2018 NT IDRS survey.
- Sample characteristics were consistent with previous years.

As in previous years, the sample was predominantly (65%, Table 1) male, heterosexual (88%) and either unemployed or on a pension (81%). The mean age was 46 years and eight percent reported full-time employment. The percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was 28%, similar to that found in previous years. Ten percent identified as bisexual and 1% as gay or lesbian. Year 10 was again the mean for years of education although 52% reported some form of post-secondary education. Reported participation in treatment declined slightly to 15% of the sample. Fifty-four percent reported prior prison history.

Table 1: Demographic characteristics of the PWID sample, NT, 2014-2018

	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Age – mean years (SD)	44 (9.3)	43 (9.7)	46 (9.7)	45 (10.2)	46 (9.3)
Sex (% male)	71	64	67	62	65
Aboriginal and/or Torres Strait Islander (%)	20	33	31	26	28
Heterosexual (%)	87	91	90	91	88
Bisexual (%)	8	6	7	6	10
Gay or lesbian (%)	3	2	3	2	1
Other (%)	2	1	0	2	1
School education – mean no. years (SD)	10 (1.7)	10 (1.6)	10 (1.4)	10 (1.7)	10 (1.5)
Tertiary education (%)					
None	52	52	48	47	48
Trade/technical	36	32	40	34	38
University/college	13	16	12	20	14
Employment (%)					
Not employed/on a pension	77	84	91	83	81
Full time	14	8	4	7	8
Part time/casual	8	7	4	7	8
Other	0	0	0	3	3
Prison history (%)	44	54	51	54	54
Currently in drug treatment (%)	17	23	12	17	15

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Participants were mostly single (53%), receiving a pension, allowance or other benefit (79%), and lived in rented accommodation (73%).

Table 2: Sociodemographic characteristics of the PWID sample, NT, 2014-2018.

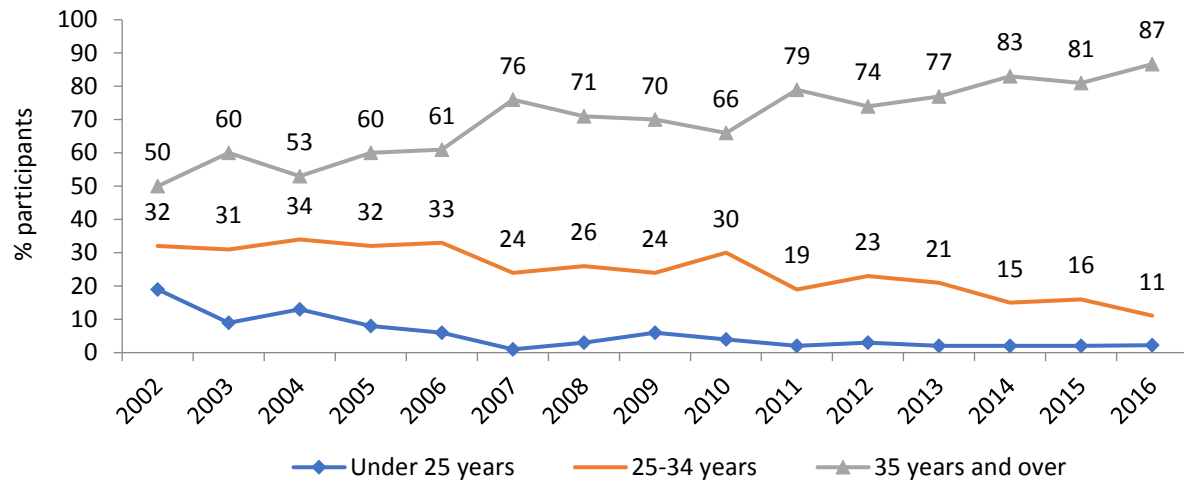
	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Source of income last month (%)				
Wage or salary	12	10	14	14
Gov't pension, allowance or benefit	81	93	89	79
Criminal activity	5	0	5	3
Child support	2	1	1	0
Sex work	0	1	3	1
No income	0	1	1	0
Median weekly income (range)	375 (110 – 2,400)	382 (0- 1,000)	350 (150- 8,000)	350 (43- 2,400)
Relationship status (%)				
Married/defacto/regular partner	35	33	29	39
Single	62	61	60	53
Other	3	6	11	8
Accommodation type				
Own house or flat	3	1	4	4
Rented house or flat (inc. public housing)	71	76	69	73
Parent's/family house	6	3	5	4
Boarding house/hostel	5	4	4	7
Homeless/no fixed address	2	14	13	6

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

The proportion of IDRS participants aged 35 years and older has increased steadily over time (Figure 1); in 2018 only one participant was aged less than 25 years.

Figure 1: Age distribution of participants, NT, 2002-2018



Source: IDRS participant interviews

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018

CURRENT DRUG USE

Key Points

- While morphine remains the opioid of choice and the drug injected most frequently in the past month, methamphetamine use continues to increase.

The mean age of first injection this year was 19 years (Table 3), lower than the age found in the previous four years. Fifty-eight percent of the sample identified methamphetamines as the drug first injected, while 25% identified heroin and 9% morphine.

Morphine (31%) and some form of methamphetamine (31%) were the most frequently reported drugs of choice, the first year that morphine has not been nominated as the main drug of choice. The popularity of crystal methamphetamine increased for the fifth year in a row, with significantly higher proportions reporting it as the drug injected most often in the month ($p<0.001$) and the most recent drug injected ($p<0.050$) in 2018 than in 2017.

Morphine was again the drug most often injected in the past month (50%) but was replaced by methamphetamine as the most recent drug injected (46%). Crystal methamphetamine use in both categories has increased over the last five years, clearly exceeding speed powder.

The pattern of injecting frequency in the previous month shows a similar pattern to previous years (Table 3).

Table 3: Injection history, drug preferences and polydrug use, NT, 2014-2018

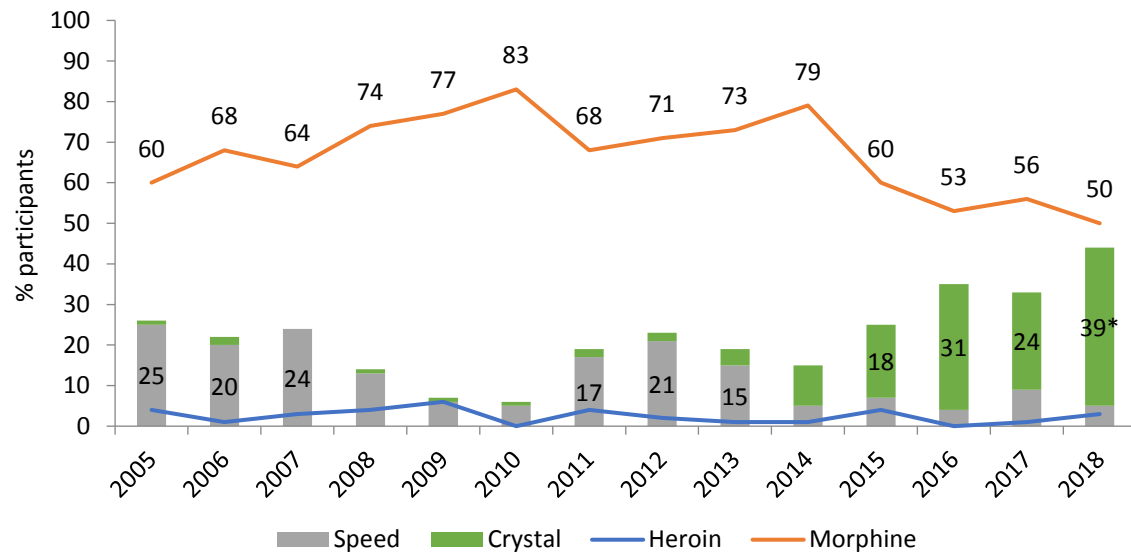
	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Age first injection – mean years (SD)	22 (8.4)	22 (9.2)	23 (9.0)	23 (10.3)	19 (9.5)
First drug injected (%)					
Heroin	20	28	23	24	25
Amphetamines	48	53	59	55	58
Cocaine	1	1	0	2	0
Morphine	22	11	12	18	9
Drug of choice (%)					
Heroin	28	33	22	14	17
Morphine	48	41	34	38	31
Cocaine	4	0	1	1	2
Methamphetamine (any form)	12	15	26	30	31
<i>Speed</i>	8	9	9	12	11
<i>Base</i>	0	0	0	0	0
<i>Crystal methamphetamine</i>	4	6	17	18	20
Cannabis	1	2	7	7	10
Drug injected most often in last month (%)					
Heroin	1	4	0	1	3
Cocaine	0	1	0	0	0
Methamphetamine (any form)	14	25	35	32	44
<i>Speed</i>	5	7	4	9	5
<i>Base</i>	0	0	0	0	0
<i>Crystal methamphetamine</i>	9	18	31	23	39**
Morphine	79	58	59	56	50
Suboxone		8	0	0	0
Oxycodone		1	1	2	2
Most recent drug injected (%)					
Heroin	1	3	1	1	2
Cocaine	0	1	0	0	0
Methamphetamine (any form)	15	25	33	39	46
<i>Speed</i>	5	7	3	12	5
<i>Base</i>	0	0	0	0	0
<i>Crystal methamphetamine</i>	10	18	30	27	41*
Morphine	72	60	58	52	43
Suboxone		7	0	0	1
Oxycodone		1	1	2	2
Frequency of injecting in last month (%)					
Not injected in last month	0	1	0	3	2
Weekly or less	17	20	19	25	26
More than weekly, but less than daily	16	14	14	15	13
Once per day	34	21	26	27	24
2-3 times a day	31	37	36	30	29
>3 times a day	1	6	6	1	5

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Figure 2 shows the proportions of participants reporting selected drugs as the most often injected in the last month since 2005. All the drug types have fluctuated over time, with heroin being consistently the least reported (average=2%) and morphine the most (average=67%). Methamphetamine use has fluctuated around an average of approximately 22%, with the form of methamphetamine most used in the last month changing notably over the last six years, from speed powder to crystal. The increased use of crystal methamphetamine seen since 2014 coincides with a decline in the proportion injecting morphine.

Figure 2: Drug injected most last month, NT, 2005-2018



Source: IDRS participant interviews

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018

DRUG USE, PRICE, PURITY AND AVAILABILITY

HEROIN

Key Points

- Nine percent of participants had used and injected heroin in the preceding six months.
- Daily use of heroin has increased slowly since 2013.
- The price of a cap of heroin was stable at \$100 while availability was perceived as 'difficult' to obtain.

Recent heroin use and injection declined compared to 2017, from 12% (Table 4) each to 9% and 8% respectively, although within the range seen in previous years. The median days of use and injection declined markedly in both categories.

Table 4: Selected trends in participant heroin use, NT, 2011-2018

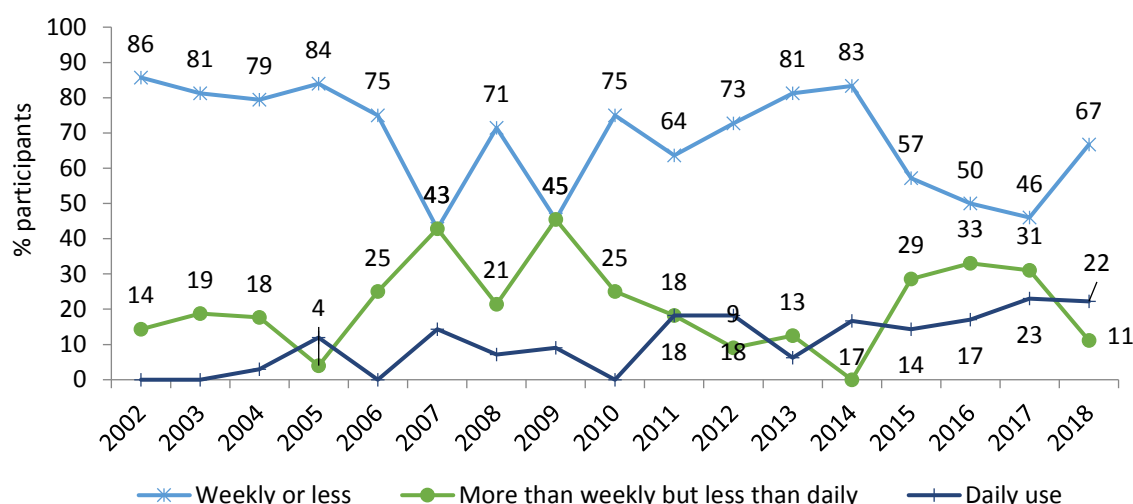
	2011 N=98	2012 N=124	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Used last 6 months (%)	9	11	17	7	16	7	12	9
Injected last 6 months (%)	9	11	17	7	16	7	12	8
Days used last 6 months (median)	21	5	3	11	15	28	48	16
Days injected last 6 months (median)	21	5	3	11	15	28	67	17

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Over time (Figure 3), the pattern of recent heroin use has fluctuated, although a frequency of weekly or less has been consistently the most common. Daily use has tended to increase since 2013.

Figure 3: Frequency of use among those used in the last six months, NT, 2002-2018



Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

White rock (4%, Table 5) and white/off white powder (4%) were the main forms of heroin used in the previous six months, with the proportion using homebake stable at a low level.

Table 5: Forms of heroin used in previous six months by participants, 2014-2018 (%)

	2014 N=93		2015 N=99		2016 N=90		2017 N=109		2018 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder										
white/off-white	3	3	7	5	2	2	6	5	4	2
brown	0	0	1	1	1	1	0	0	3	2
other colour	0	0	0	0	0	0	0	0	3	1
Rock										
white/off white	1	1	4	4	3	3	5	5	4	2
brown	2	2	4	4	0	0	4	2	3	1
other colour	0	0	0	0	0	0	0	0	2	0
Homebake	0	0	2	0	7	0	1	1	4	4

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

A small number of respondents (Table 6) reported a median price of \$100 for a cap of heroin and a median of \$290 for a gram.

Table 6: Median price of most recent heroin purchases, NT, 2011-2018, \$ (n)

Amount	2011	2012	2013	2014	2015	2016	2017	2018
Cap	80 (2)	110 (2)	100 (1)	-	80 (4)	100 (1)	100 (4)	100 (2)
Gram	550 (2)	150 (5)	275 (4)	-	200 (1)	600 (10)	500 (6)	290 (2)

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

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

A small number of respondents were able to comment upon heroin price movements. Of those who did, 50% considered that the price was stable (Table 7).

Table 7: Reports of heroin price movements, past six months, NT, 2013-2018 (%)

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Able to respond (%)	6	3	7	4	9	6
<i>Of those who responded</i>						
Increasing	20	67	14	25	0	17
Stable	80	0	71	50	90	50
Decreasing	0	0	14	0	5	0
Fluctuating	0	33	0	25	5	33

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Among recent users, heroin was perceived to be 'difficult' (83%, Table 8) to obtain, while 83% percent reported that availability had been 'stable' over the previous six months.

Table 8: Reports of perceived heroin availability in the past six months, NT, 2013-2018 (%)

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Able to respond (%)	8	4	8	4	11	6
<i>Of those who responded:</i>						
Current availability						
Very easy	0	0	25	0	17	17
Easy	30	0	38	25	42	0
Difficult	14	25	25	75	25	83
Very difficult	57	75	13	0	17	0
Change last six months						
More difficult	25	25	25	25	0	17
Stable	75	75	75	50	80	83
Easier	0	0	0	0	10	0
Fluctuates	0	0	0	25	10	0

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Those able to comment (n=6, Table 9) were divided in their ratings of current perceived heroin purity, with just over a third reporting it as medium and another third as low.

Table 9: Participant reports of perceived heroin purity in the past six months, NT, 2013-2018 (%)

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Did respond (%)	6	3	8	4	11	6
<i>Of those who responded:</i>						
Current purity						
High	20	0	0	50	36	17
Medium	0	0	75	0	27	33
Low	80	100	25	50	18	33

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

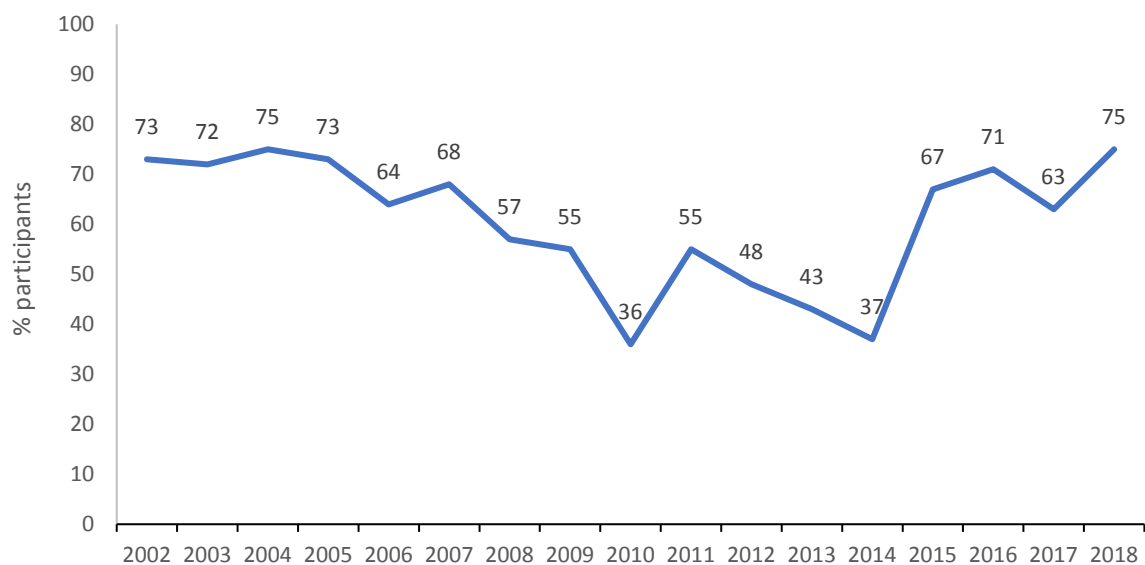
METHAMPHETAMINE

Key Points

- Seven out of ten survey participants reported using some form of methamphetamine in the preceding six months. Recent use of crystal methamphetamine continues to exceed that of speed powder.
- The median price for a point of crystal methamphetamine was stable at \$100, with availability perceived as 'easy' to 'very easy'.

In 2018, recent use of methamphetamine increased to 75% (Figure 4) of participants; over time, recent use of any form of methamphetamine among the IDRS samples declined between 2002 and 2014, increasing more recently to levels seen in the mid-2000's, with an increase into 2018.

Figure 4: Recent use of any form of methamphetamine, 2002-2018

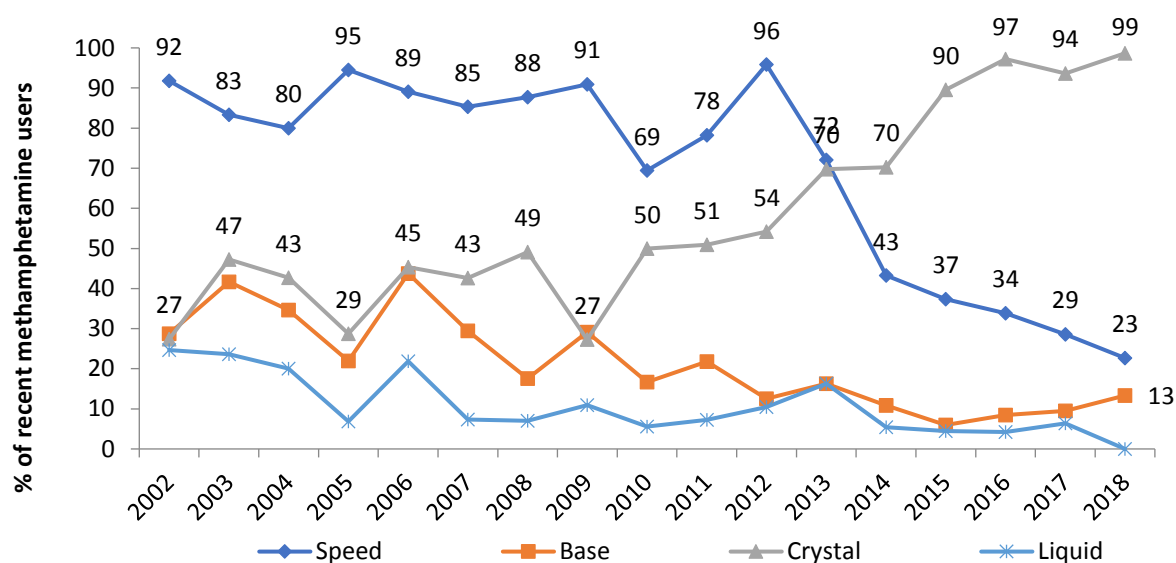


Source: IDRS participant interviews

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018

The increase in any methamphetamine use is accounted for by a continued decrease in the proportions of the sample reporting recent use of speed (Figure 5) and an increase in proportions reporting recent use of crystal methamphetamine ('ice'). Among those who had used any form of methamphetamine in the six months prior to interview, speed powder was the most commonly used form used until 2012, since decreasing. The proportion of recent consumers of methamphetamine using crystal has steadily increased since 2009, passing the level of speed powder use in 2014 and remaining higher this year. Recent use of the base and liquid forms of methamphetamine have declined to low levels.

Figure 5: Methamphetamine use in the past six months among recent consumers, NT, 2002-2018

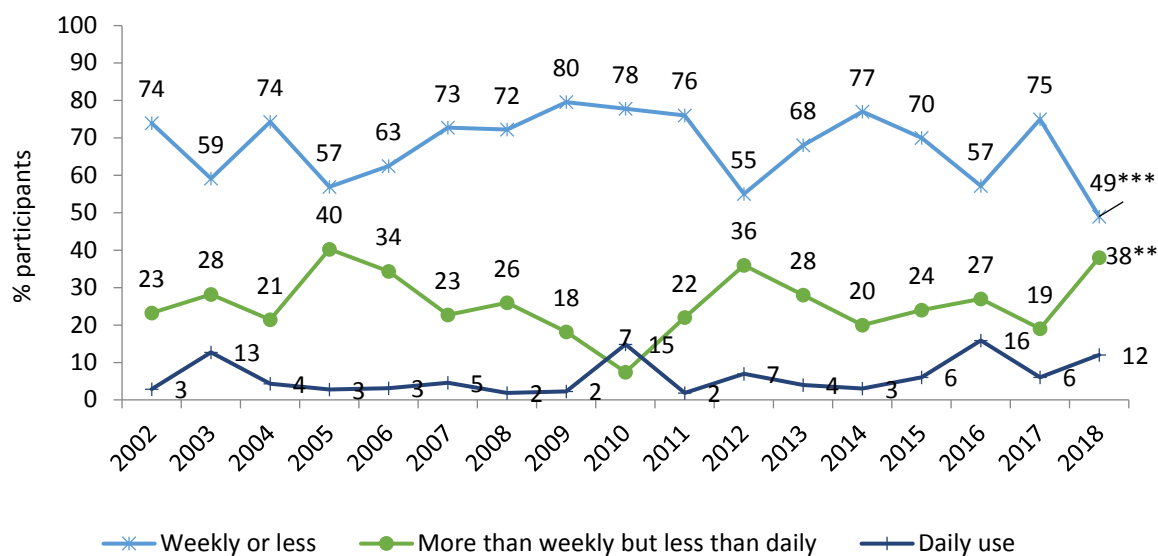


Source: IDRS participant interviews

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018

The 2018 sample reported a more frequent pattern of methamphetamine use with an increase in daily and a significant increase ($p < 0.010$) in more than weekly use, Figure 6.

Figure 6: Methamphetamine use among recent consumers (any form), NT, 2002-2018



Source: IDRS participant interviews

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018

The median price of the most recent purchase for the various forms of methamphetamine is shown in Table 10. The median point prices of speed powder and crystal were stable at \$100 each. The median price of one gram of speed powder increased to \$500 while the median price of one gram of crystal decreased to \$600.

Table 10: Price of most recent methamphetamine purchases, NT, 2017-2018.

Amount	2017			2018		
	Number of purchasers	Median price \$	Range \$	Number of purchasers	Median price \$	Range \$
Speed						
Point (0.1g)	21	100	50-200	10	100	100-150
Gram	8	375	100-1000	4	500	150-900
Base						
Point (0.1g)	7	100	50-175	-	-	-
Ice/crystal						
Point (0.1g)	48	100	50-250	44	100	40-150
Gram	11	650	200-800	14	600	250-1000

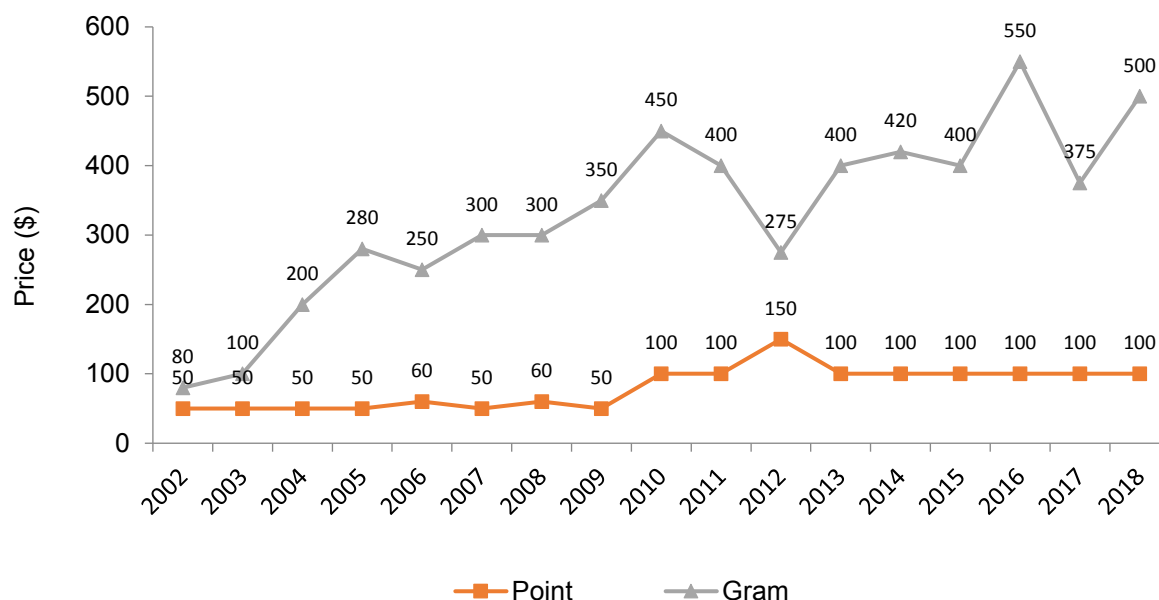
Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Speed powder

The median price of a gram of speed powder has generally increased over time (Figure 7), although fluctuating around \$400 in recent years. The point price increased from a stable median around \$50 before 2009 to a stable median of \$100 since 2013.

Figure 7: Median prices of speed powder, NT, 2002-2018



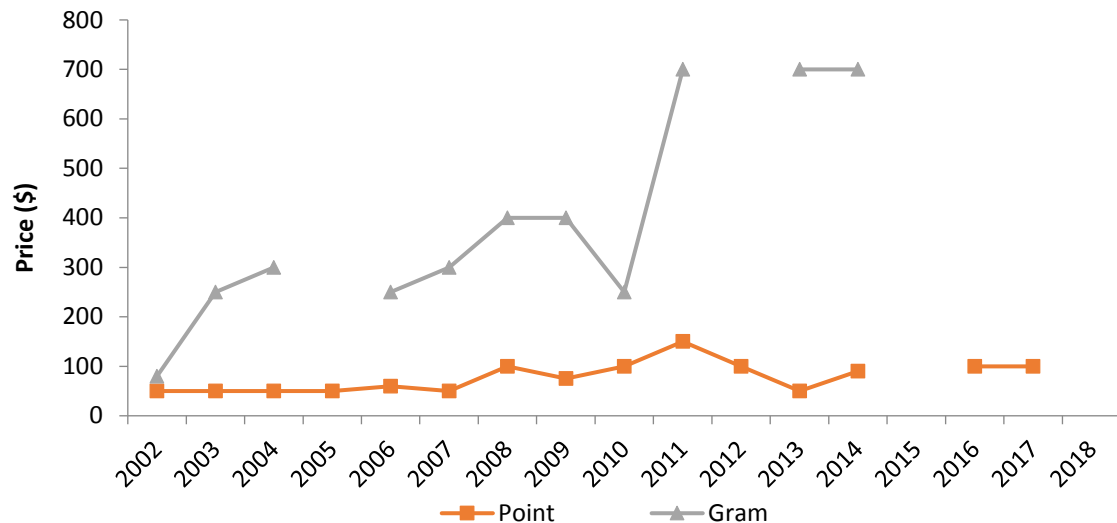
Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Base

Few respondents have been able to report base methamphetamine prices in recent years, with no one in 2018. In 2017, seven respondents reported a median point price for base of \$100. Figure 8 shows that the price of the most commonly purchased amount (points) has fluctuated around this price since 2008.

Figure 8: Median prices of base, 2002-2018



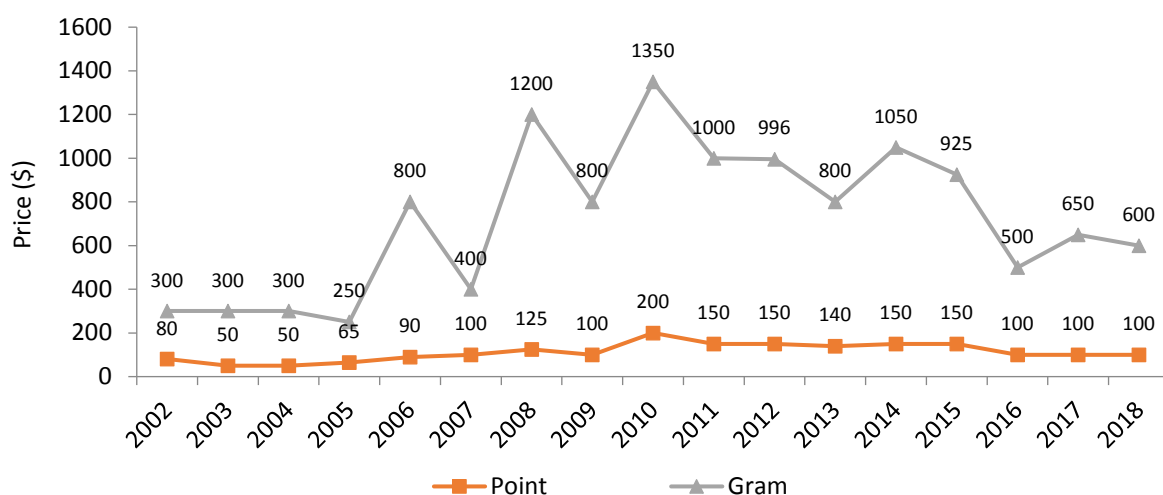
Source: IDRS participant interviews

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018

Crystal

The gram price of crystal methamphetamine shows considerable variation over time (Figure 9) with a fluctuating decline since 2010. The point price had been more stable at around \$150 up to 2015, and \$100 since.

Figure 9: Median prices of ice/crystal, 2002-2018



Source: IDRS participant interviews

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018

Those able to comment mostly reported that recent methamphetamine prices in 2018 had been stable (56% for powder and 60% for crystal, Table 11).

Table 11: Methamphetamine price movements in the last six months, NT, 2018 (%)

	Speed powder	Base	Crystal
Did respond (%)	16	2	53
<i>Of those who responded</i>			
Increasing	25	0	8
Stable	56	100	60
Decreasing	13	0	13
Fluctuating	6	0	20

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Eight out of ten (84%, Table 12) of those able to comment rated speed powder as either 'very easy' (26%) or 'easy' (58%) to obtain, little changed from the 88% found in 2017. The majority reported that availability had been stable (77%) over the six months prior to interview.

Most of those able to respond rated crystal methamphetamine as 'easy' (43%, Table 12) or 'very easy' (50%) to obtain and most reported that the availability of this form had been stable (60%) or easier (31%) over the six months before interview.

Table 12: Reports of recent methamphetamine availability, NT, 2016-2018 (%)

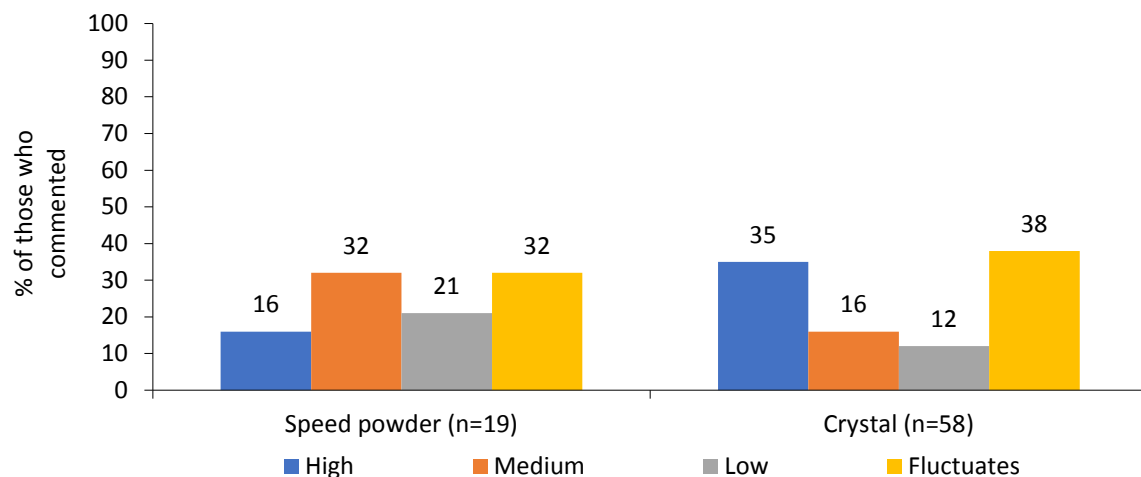
	Powder			Base			Ice/crystal		
	2016 N=90	2017 N=109	2018 N=99	2016 N=90	2017 N=109	2018 N=99	2016 N=90	2017 N=109	2018 N=99
Able to respond	21	24	19	2	6	2	58	57	60
<i>Of those who responded</i>									
Current availability									
Very easy	32	46	26	0	17	50	50	52	50
Easy	58	42	58	50	33	0	44	40	43
Difficult	5	12	16	0	33	50	6	8	7
Very difficult	5	0	0	50	17	0	0	0	0
Change last six months									
More difficult	5	13	12	0	0	50	2	2	2
Stable	84	71	77	100	75	50	78	80	60**
Easier	5	8	12	0	0	0	18	10	31**
Fluctuates	5	8	0	0	25	0	2	9	7

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Among those able to comment, speed powder was rated as being of medium (32%, Figure 10) or fluctuating purity (32%), while 'crystal' was more likely to be rated as fluctuating (38%) or high (35%).

Figure 10: Participant perceptions of methamphetamine purity, NT, 2018

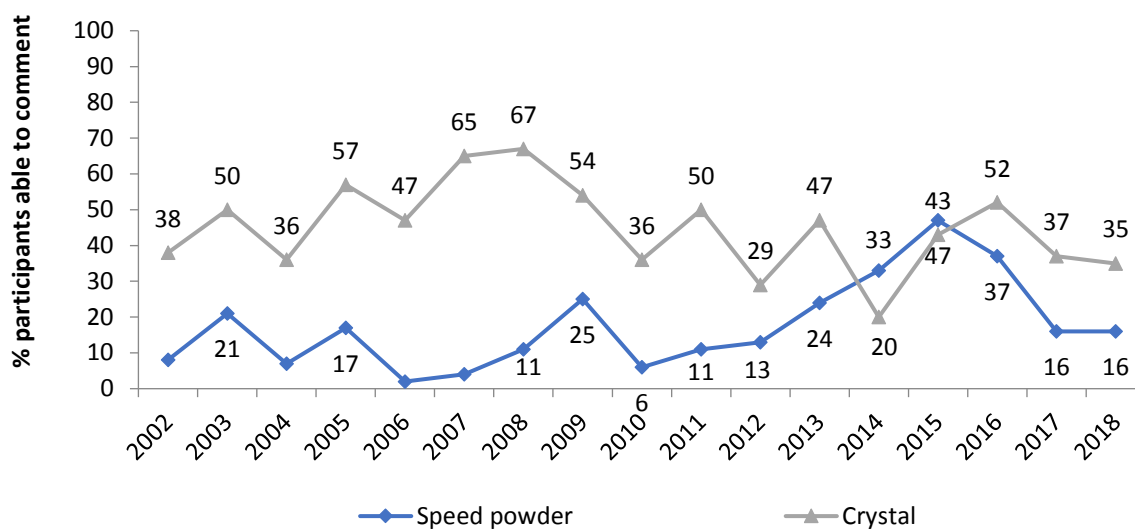


Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Figure 11 shows that the proportion of respondents rating speed powder purity as high was increasing between 2010 and 2015, subsequently declining. Respondent's rating of crystal methamphetamine purity has fluctuated, declining slightly this year after two years of increase.

Figure 11: Participants reporting speed powder and crystal purity as 'high', NT, 2002-2018



Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

CANNABIS

Key Points

- Participant reports of cannabis use (60%), price (\$30 a gram) and availability (92% 'easy' or 'very easy') remain consistent with previous years.

Sixty percent of participants reported use of cannabis over the preceding six months, on a median of 100 days (Table 9), significantly lower ($p<0.001$) than the 180 days found in 2017.

Table 13: Selected trends in participants' cannabis use, 2011-2018

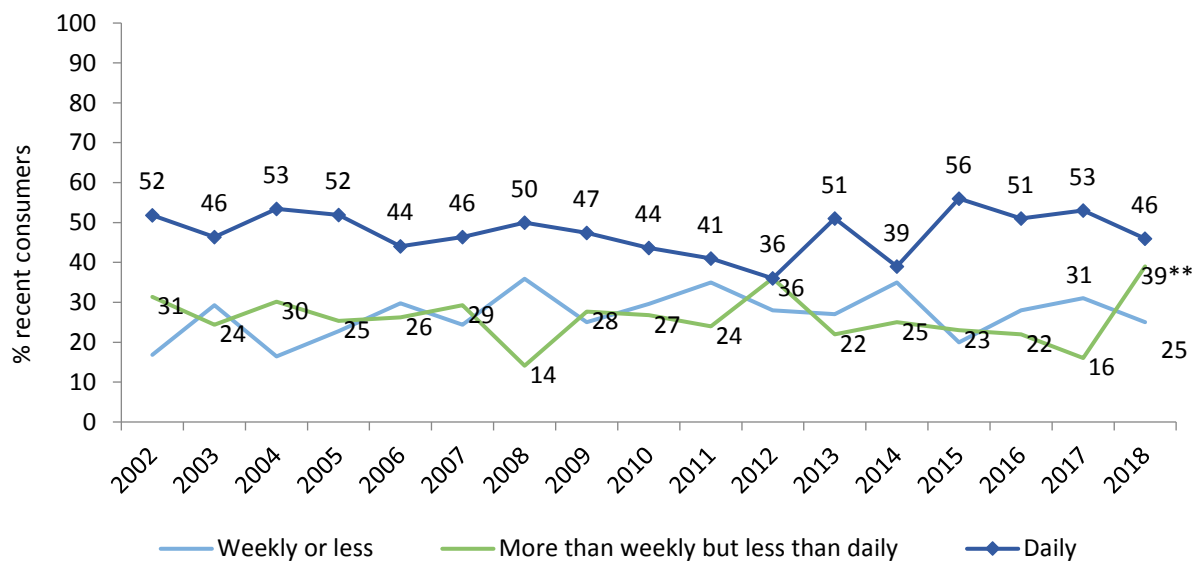
	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Used last 6 months (%)	71	71	67	62	72	72	57	60
Days used last 6 months (median)	90	90	180	72	180	180	180	100***

Source: IDRS participant interviews

* $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018

In 2018, participants generally reported less frequent patterns of cannabis use (Figure 12), with more than weekly but less than daily use showing a significant ($p<0.010$) increase in 2018. Daily use remains the most common pattern.

Figure 12: Patterns of cannabis among those reporting recent use, NT, 2002-2018



Source: IDRS participant interviews

* $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018

As in previous years, hydroponic cannabis was the form most commonly (53%; Table 14) and most often (86%) used. Hash and hash oil use was not reported as most often used by any respondents.

Table 14: Forms of cannabis used* in the previous six months and main form^, NT, 2013-2018

	2013 N=91		2014 N=93		2015 N=99		2016 N=90		2017 N=109		2018 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Hydro	63	88	57	89	68	92	67	66	52	87	53	86
Bush	24	12	30	11	31	9	22	6	21	13	18	9
Hash	7	0	3	0	9	0	7	1	4	0	4	0
Hash oil	2	0	1	0	4	0	3	0	4	0	2	0

Source: IDRS participant interviews. * % of entire sample ^ % recent users; some recent users responded 'don't know'.

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

The median price of a gram of either hydro or bush cannabis was reported to be \$30 (Table 15). The median price of an ounce of hydro was stable at \$450 (Table 15) while the median price of an ounce of bush cannabis increased to \$450.

Table 15: Price of most recent cannabis purchases by participants, NT, 2017-2018

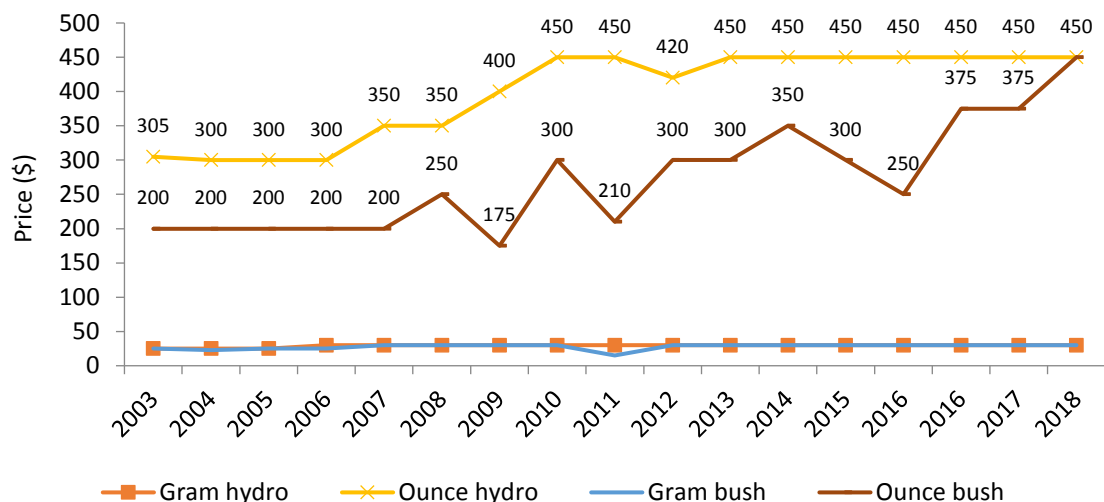
	2017			2018		
	Number of purchasers	Median price \$	Range \$	Number of purchasers	Median price \$	Range \$
Hydro						
Gram	30	30	20-100	18	30	30-50
A bag	13	50	30-400	11	30	30-50
Quarter ounce	10	123	70-200	8	125	100-250
Half ounce	12	225	200-300	4	250	225-250
Ounce	22	450	400-500	22	450	300-500
Bush						
Gram	10	30	15-50	3	30	15-30
A bag	3	50	-	2	40	30-50
Quarter ounce	2	83	75-90	1	125	-
Half ounce	5	180	125-250	1	250	-
Ounce	18	375	200-500	5	450	400-500

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

For both varieties, the long-term gram price is stable (Figure 13). The median price of an ounce of hydro is stable and remains higher than the prices seen before 2008 while the bush price has been showing an upward movement over the same period.

Figure 13: Median prices of cannabis, NT, 2003-2018



Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Majorities of those able to respond reported that both hydro (83%; Table 16) and bush cannabis prices (63%) had been stable in the six months before interview.

Table 16: Price movements of cannabis in the past six months, NT, 2018 (%)

	Hydro	Bush
Able to respond (%)	47	8
<i>Of those who responded</i>		
Increasing	13	25
Stable	83	63
Decreasing	2	0
Fluctuating	2	13

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Hydro was considered 'easy' or 'very easy' to obtain by 92% (Table 17) of those able to respond, a similar proportion to those seen in previous years. Hydro availability was considered stable by 65% of respondents with a higher than usual proportion reporting it as more difficult to obtain (24%). Bush cannabis was rated as 'easy' (60%) or 'very easy' (40%) to obtain and recent availability was rated as 'stable' by 67%.

Table 17: Reports of recent perceived cannabis availability, NT, 2014-2018 (%)

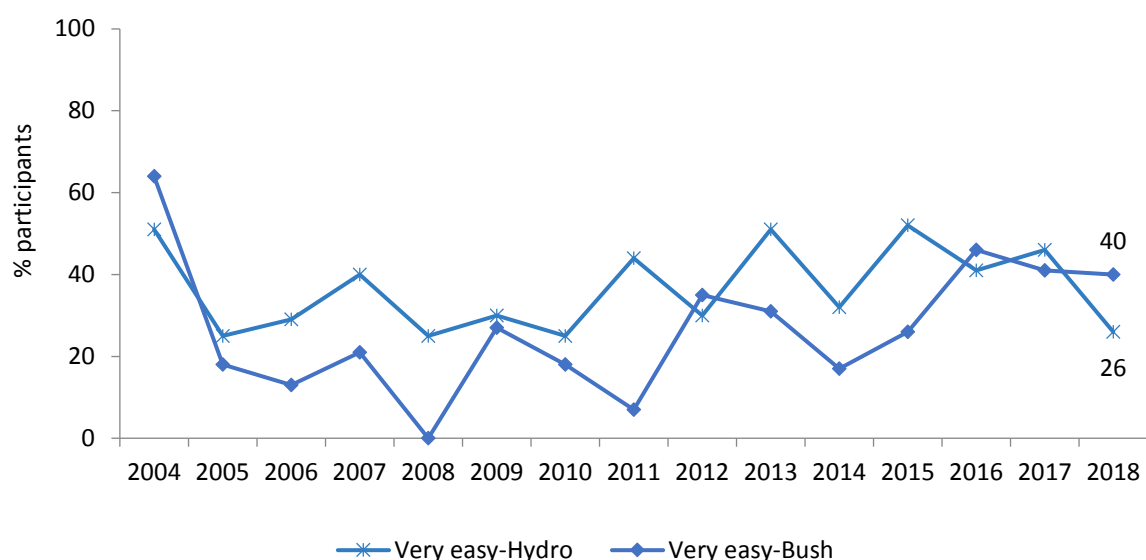
	Hydro					Bush				
	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Able to respond (%)	58	58	60	46	48	19	23	14	20	10
<i>Of those who responded</i>										
Current availability										
Very easy	32	52	41	46	26*	17	26	46	41	40
Easy	61	41	44	44	66*	44	48	46	41	60
Difficult	7	7	13	10	9	33	22	8	18	0
Very difficult	0	0	2	0	0	6	4	0	0	0
Availability change										
More difficult	4	7	4	4	24	18	13	0	5	0
Stable	87	86	87	83	65	53	78	76	76	67
Easier	2	7	6	4	2	0	9	15	10	11
Fluctuates	4	0	4	9	9	29	0	8	10	22

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Figure 14 illustrates that over time similar proportions of respondents perceived hydro and bush cannabis as 'very easy' to obtain.

Figure 14: Participant reports of perceived current cannabis availability, NT, 2004-2018

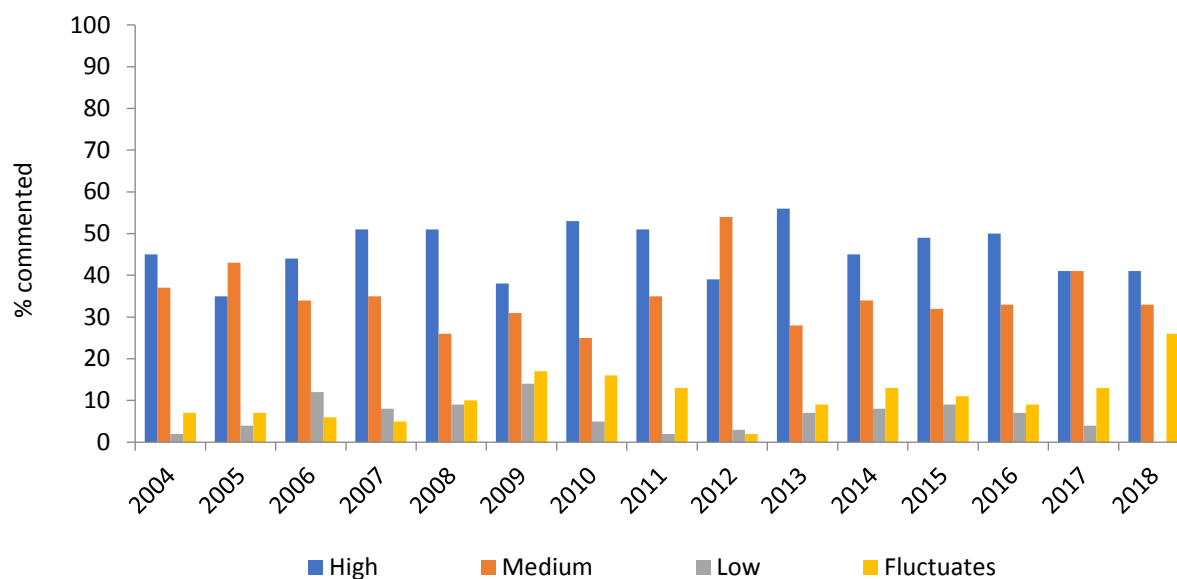


Source: IDRS participant interviews; Table A1.

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

This year, most respondents rated the current perceived potency of hydro as ‘high’ (41%; Figure 15) or medium (33%).

Figure 15: Current perceived potency of hydro, % commented, NT, 2004-2018

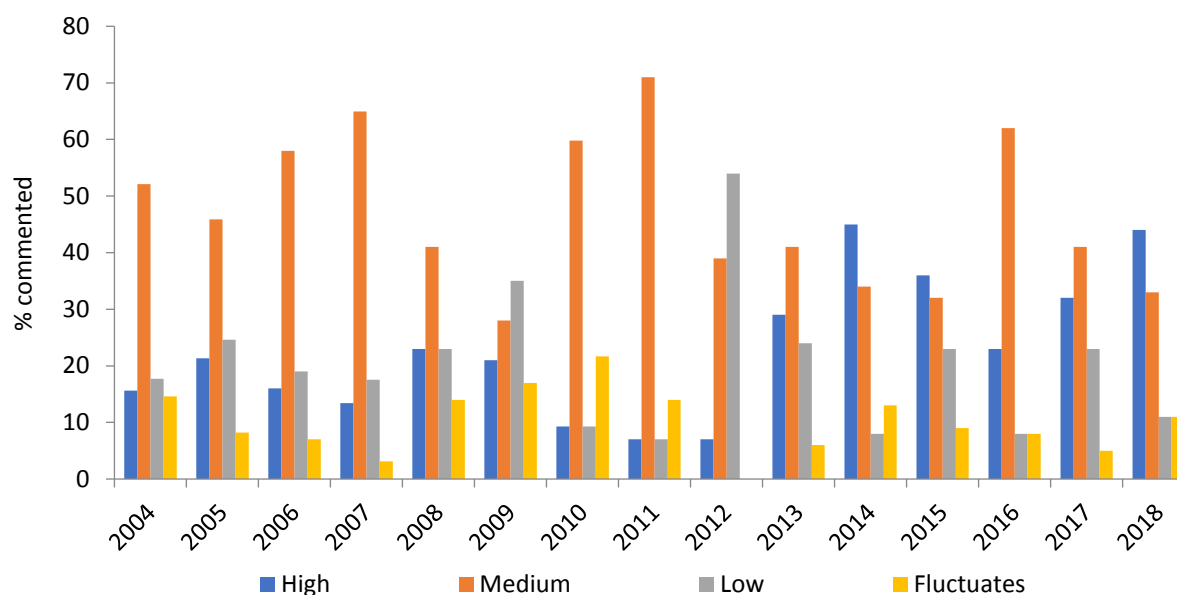


Source: IDRS participant interviews; Table A2

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

The perceived potency of bush cannabis was most likely to be rated as ‘high’ (44%) or ‘medium’ (33%, Figure 16).

Figure 16: Current perceived potency of bush, % commented, NT, 2004-2018



Source: IDRS participant interviews; Table A3

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

MORPHINE

Key Points

- Morphine was purchased mainly in the form of 100mg MS Contin tablets at a median price of \$80, identical to the median price reported since 2009.
- Most respondents reported that illicit morphine price had been stable and that it is 'easy' or 'very easy' to obtain.

Recent use and injection of morphine both declined, to 59% use and 58% injection (Table 18) of the sample respectively, while median days of use remained stable at daily and median days of injection increased.

Table 18: Selected trends in participants' morphine use, NT, 2013-2018

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Used last 6 months (%)	80	85	73	76	68	59
Injected last 6 months (%)	78	84	72	76	68	58
Days used last 6 months (median)	105	180	180	180	180	180
Days injected last 6 months (median)	120	180	178	180	180	180

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Illicit morphine continued to be the form most often used over the six months before interview (70%, Table 19) with recent use of licit morphine relatively stable. MS Contin was again the brand most frequently used (88%) followed by Kapanol (12%).

Table 19: Forms and brands of morphine used previous six months, NT, 2013-2018

	2013 N=91		2014 N=93		2015 N=99		2016 N=90		2017 N=109		2018 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	21	17	23	18	24	31	22	31	26	27	26	30
Illicit	74	57	77	60	69	67	71	68	59	73	54	70
Brand*												
MS Contin	73		77		81		74		75		88	
Kapanol	19		22		11		15		18		12	
Anamorph	0		0		0		2		0		0	
Other/generic	0		1		1		9		7		0	

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Daily use of illicit morphine in the previous six months was stable at 27% (Table 20) as was the result in 2017.

Table 20: Frequency of morphine use in previous six months, NT, 2015-2018

	2015 N=99			2016 N=90			2017 N=109			2018 N=99		
	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit
No recent use	28	32	76	17	29	78	32	40	75	41	46	74
Weekly or less	18	22	2	6	9	0	13	13	4	12	14	4
More than weekly	15	25	2	25	18	6	13	20	5	9	10	2
Daily	38	20	19	52	34	16	42	27	16	35	27	18

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Prices of the various forms of morphine purchased remained stable, at \$80 (Table 21) for 100mg MS Contin and 100mg Kapanol, and \$50 for 50mg MS Contin. As in previous years, 100mg MS Contin was the most commonly purchased form, followed by 100mg Kapanol.

Table 21: Recent non-prescribed morphine price, NT, 2013-2018

	2013	2014	2015	2016	2017	2018
MS Contin						
5mg	-	5 (1)	5 (1)	- (0)	5 (1)	5 (1)
10mg	-	17 (2)	10 (3)	8 (2)	10 (1)	10 (1)
30mg	28 (8)	25 (6)	30 (21)	30 (9)	30 (8)	30 (9)
60mg	50 (18)	48 (18)	50 (36)	40 (25)	50 (27)	50 (26)
100mg	80 (61)	80 (70)	80 (63)	80 (51)	80 (56)	80 (58)
Kapanol						
20mg	20 (7)	20 (2)	20 (7)	20 (3)	13 (1)	28 (3)
50mg	40 (14)	40 (17)	40 (22)	40 (17)	40 (13)	40 (11)
100mg	80 (44)	80 (55)	80 (45)	80 (35)	80 (31)	80 (36)
Anamorph						
30mg	20 (3)	30 (6)	20 (19)	25 (5)	30 (13)	20 (8)

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Eighty-eight percent (Table 22) of those who responded regarded the price of morphine as stable over the preceding six months while 12% considered that price had increased.

Table 22: Non-prescribed morphine price movements in the past six months, NT, 2013-2018 (%)

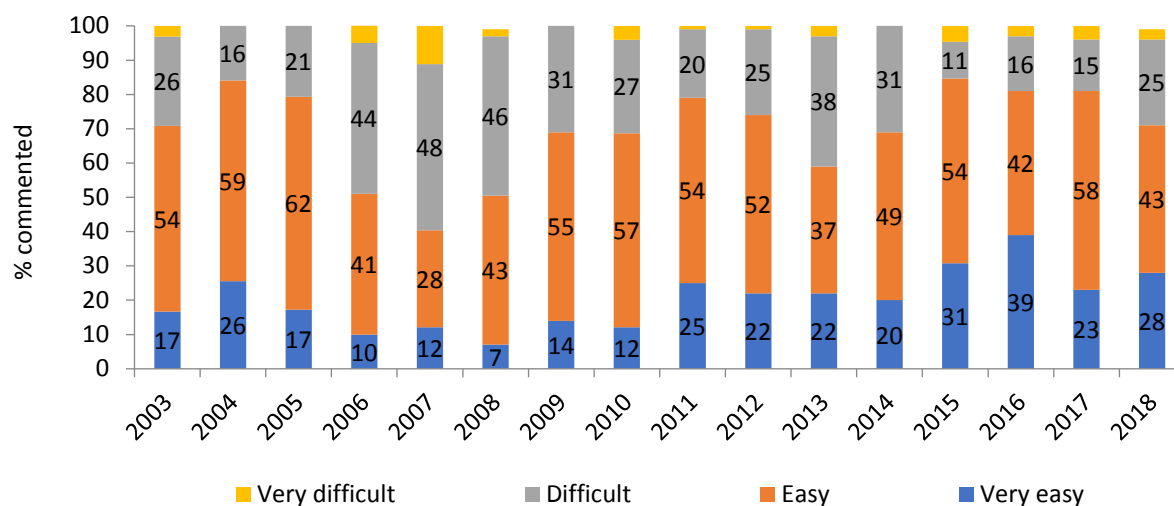
	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Able to respond (%)	67	83	61	33	62	58
<i>Of those who responded</i>						
Increasing (%)	16	22	16	15	9	12
Stable (%)	73	73	80	76	87	88
Decreasing (%)	2	0	0	2	2	0
Fluctuating (%)	8	5	5	8	3	0

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Over half of those able to comment reported that non-prescribed morphine was either 'easy' (43%; Figure 17) or 'very easy' (28%) to obtain. Twenty-eight percent rated it as 'difficult' or 'very difficult' to obtain.

Figure 17: Current availability of non-prescribed morphine, % commented, NT, 2003-2018

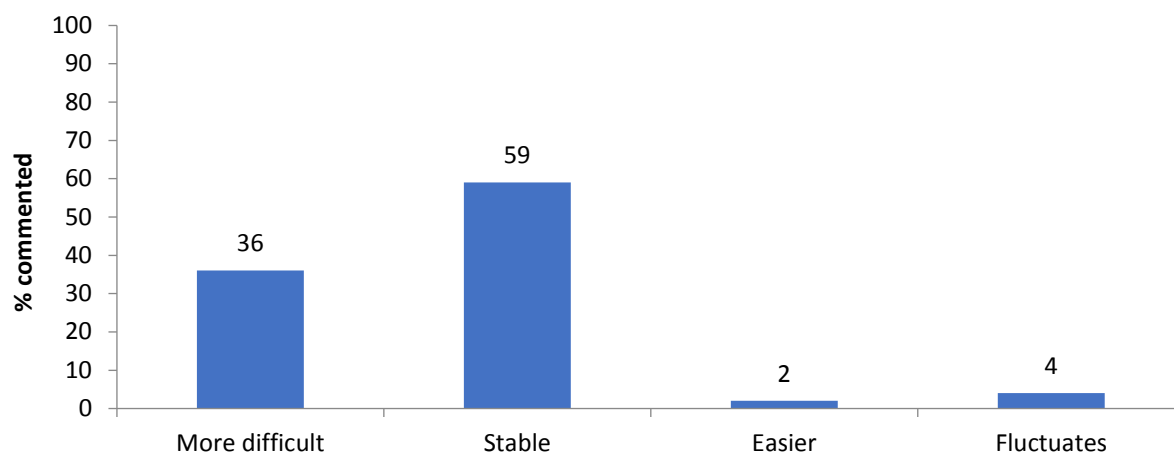


Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

In 2018, 59% (Figure 18) of respondents considered that non-prescribed morphine availability had remained stable over the preceding six months, while 36% reported that it had become more difficult to obtain.

Figure 18: Recent change in perceived availability of non-prescribed morphine, % commented, NT, 2018 (%)



Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Key Points

- Recent use of both methadone syrup and physeptone tablets declined in 2018, with few respondents able to comment on price or availability.

In 2018, 19% of the survey sample reported recent use of some form of methadone. Five percent reported recent use of non-prescribed methadone liquid in the preceding six months, declining from 10% in 2017 (Table 23). Five percent of the sample reported recent non-prescribed physeptone use, also a decline on 2017.

Table 23: Forms of methadone used previous six months, NT, 2013-2018 (%)

	2013 N=913		2014 N=93		2015 N=99		2016 N=90		2017 N=109		2018 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Methadone												
Licit	4	4	5	5	13	13	6	6	0	0	10	5
Illicit	10	6	0	0	6	3	3	2	10	7	5	3
Physeptone												
Licit	4	3	7	3	3	1	2	2	3	1	7	6
Illicit	7	4	16	13	13	12	11	4	14	9	5	4

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Among recent users of both non-prescribed methadone syrup and non-prescribed physeptone tablets, a pattern of weekly or less use was again the most common frequency reported (Table 24).

Table 24: Frequency of non-prescribed methadone use in previous six months, NT, 2013-2018 (%)

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Illicit methadone syrup						
No recent use	91	100	94	95	91	95
Weekly or less	6	-	6	3	6	5
More than weekly	2	-	0	0	3	0
Daily	1	-	0	0	0	0
Illicit physeptone						
No recent use	94	85	87	89	88	93
Weekly or less	6	12	13	11	10	6
More than weekly	0	2	0	0	2	0
Daily	0	1	0	0	0	1

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

No respondents reported recent purchasing of non-prescribed methadone syrup in 2018 (Table 25) while three reported a median price of \$20 for 10mg physeptone tablets.

Table 25: Median price (\$) of most recent non-prescribed methadone purchase, NT, 2013-2018

	2013	2014	2015	2016	2017	2018
Methadone						
1ml	1 (2)	1 (1)	1 (3)	- (0)	1 (2)	-
Physeptone						
5mg	20 (1)	- (0)	20 (3)	20 (1)	5 (1)	-
10mg	20 (2)	20 (4)	20 (2)	15 (5)	20 (7)	20 (3)

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

All of those able to respond reported that the recent price of non-prescribed methadone had been stable (Table 26).

Table 26: Non-prescribed methadone price movements past six months, NT, 2013-2018 (%)

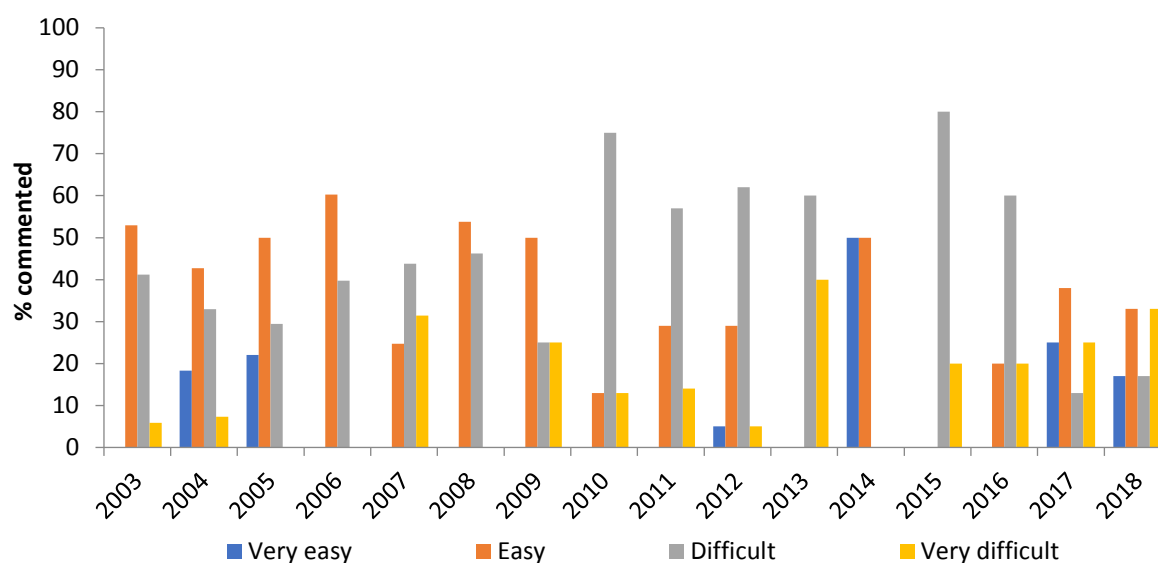
	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Able to respond (%)	4	1	5	6	7	6
<i>Of those who responded</i>						
Increasing	25	0	20	0	29	0
Stable	50	100	80	100	71	100
Decreasing	0	0	0	0	0	0
Fluctuating	25	0	0	0	0	0

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Those able to comment on non-prescribed methadone availability were divided, with 33% perceived it as 'easy' to obtain and 33% 'very difficult' (Figure 19).

Figure 19: Current perceived availability of non-prescribed methadone, % commented, NT, 2003-2018



Source: IDRS participant interviews; Table A4

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

BUPRENORPHINE (SUBUTEX) AND BUPRENORPHINE-NALOXONE (SUBOXONE)

Key Points

- A small proportion (5%) of the survey sample reported recent non-prescribed buprenorphine (Subutex) use.
- In 2018, participants reported that the median price for 8mg buprenorphine (Subutex) had increased to \$40 and that it was difficult or very difficult to obtain.
- Recent use of non-prescribed buprenorphine-naloxone film (Suboxone) was reported by 11% of the sample.

Recent use (5%, Table 27) and injection (4%) of buprenorphine (Subutex) increased this year compared to 2017, although still tending to be lower than the levels seen in earlier years.

Table 27: Selected trends in non-prescribed buprenorphine use, NT, 2013-2018

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Used last 6 months (%)	20	17	10	16	1	5
Injected last 6 months (%)	13	9	6	9	1	4
Days used last 6 months (median)	15	36	10	21	12	72
Days injected last 6 months (median)	0	6	61	75	12	126

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

The small number of respondents who reported frequency of use are shown in Table 28.

Table 28: Frequency of non-prescribed buprenorphine use in previous six months, NT, 2013-2018

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
No recent use	79	89	94	84	99	95
Weekly or less	13	7	2	5	1	2
More than weekly	6	3	3	8	0	1
Daily	2	1	1	3	0	2

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

In 2018, five participants reported purchasing 8mg of Subutex, for a median price of \$40 (Table 29).

Table 29: Median price (\$) of non-prescribed buprenorphine reported by participants, NT, 2013-2018

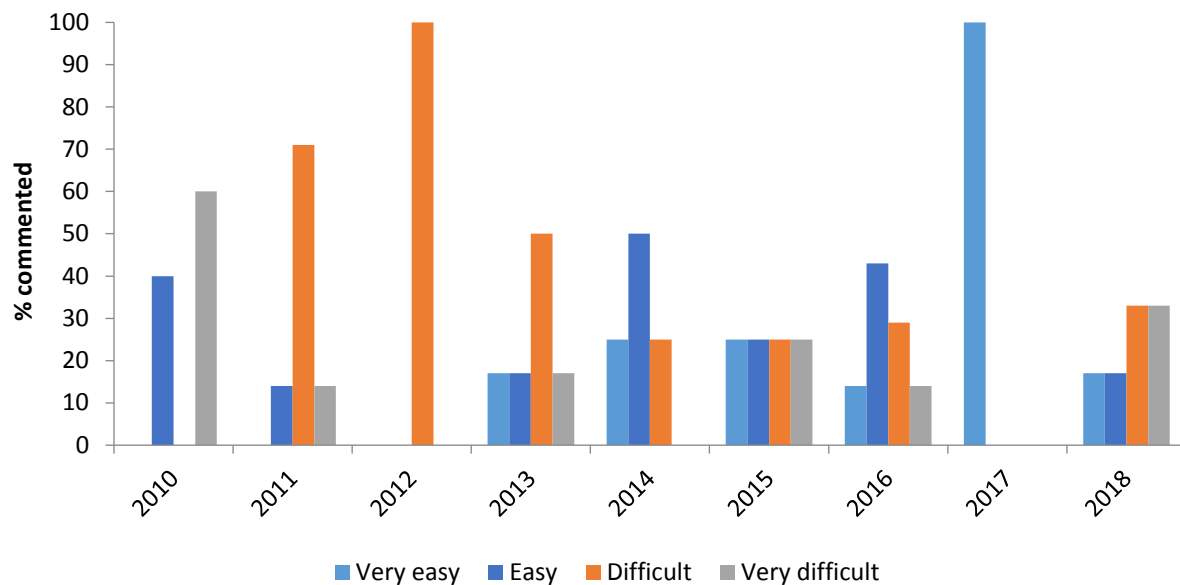
	2013	2014	2015	2016	2018
8mg	\$40 (6)	\$30 (4)	\$40 (8)	\$25 (5)	\$40 (5)

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Those able to comment perceived buprenorphine (Subutex) as either ‘difficult’ (33%, Figure 20) or ‘very difficult’ (33%) to obtain.

Figure 20: Current perceived availability of non-prescribed buprenorphine, % commented, NT, 2010-2018



Source: IDRS participant interviews; Table A5

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018

BUPRENORPHINE-NALOXONE (SUBOXONE)

Eleven respondents reported using buprenorphine-naloxone (Suboxone) on a median of 90 days in the six months prior to interview, with five having injected on a median of 48 days.

Among this group, five respondents reported having used non-prescribed buprenorphine-naloxone film on a median of 24 days, four having injected on a median of 36 days.

Participants reported paying a median of \$30 for 8mg Suboxone film. Eighty percent of recent users reported that the price had been stable over the previous six months. Reports of buprenorphine-naloxone film availability were mixed, with 46% of recent users finding it easy to obtain and 39% finding it difficult.

OXYCODONE

Key Points

- The median price among a small number of respondents for 80mg of reformulated oxycodone was found to be \$80, an increase on previous years.
- Oxycodone was rated as easy or very easy to obtain by most respondents.

Twelve percent (Table 30) of respondents reported use of some form of oxycodone in the six months preceding the interview, lower than the levels found in previous years. Recent use and injection of non-prescribed oxycodone was reported by 11% and 10% of the sample respectively.

Table 30: Selected trends in participants' recent oxycodone use, NT, 2015-2018 (%)

	2015 N=99			2016 N=90			2017 N=109			2018 N=99		
	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any	Licit	Illicit	Any
Used last 6 months	5	23	26	2	18	20	5	14	17	3	11	12
Injected last 6 months	2	22	23	2	18	20	3	12	13	8	10	11

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Since 2015 small numbers of respondents have been able to report the prices of their most recent purchases of OP tamper resistant Oxycodone. In 2018 two people paid a median of \$30 for 40mg and five people paid a median of \$80 for 80mg.

Table 31: Median price (\$) of most recent non-prescribed OP oxycontin purchase, NT, 2015-2018

	2015 N=99	2016 N=90	2017 N=109	2018 N=99
40mg	30 (5)	-	25 (7)	30 (2)
80mg	40 (6)	55 (4)	65 (6)	80 (5)

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

A large majority of those able to respond (88%, Table 32) reported that oxycodone prices had been stable over the six months before interview.

Table 32: Price movements of oxycodone in the past six months, NT, 2013-2018

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Able to respond (%)	20	20	14	4	6	8
<i>Of those who responded</i>						
Increasing (%)	11	21	14	0	14	13
Stable (%)	78	53	71	25	43	88
Decreasing (%)	0	16	14	50	14	0
Fluctuating (%)	11	11	0	25	39	0

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Reported availability of oxycodone has fluctuated over the period shown in Table 33 and is often divided. This year most of those able to respond perceived it as 'easy' (50%) or 'very easy' (25%) to obtain.

Table 33: Participants' reports of oxycodone current perceived availability, NT, 2013-2018

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017* N=109	2018 N=99
Able to respond (%)	22	20	17	4	7	8
<i>Of those who responded</i>						
Very easy (%)	20	26	30	50	38	25
Easy (%)	25	11	35	50	38	50
Difficult (%)	50	58	30	0	25	25
Very difficult (%)	1	5	6	0	0	0

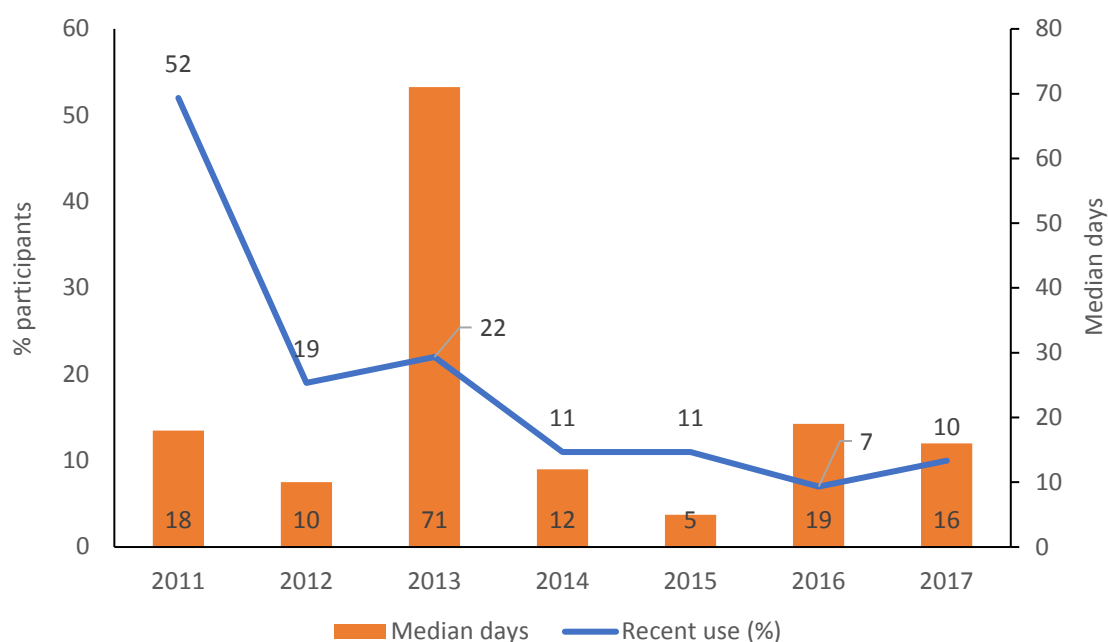
Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

OVER-THE-COUNTER CODEINE

Between 2011 and 2017 respondents were asked whether they had used over-the-counter (OTC) codeine in the six months prior to interview and on how many days (Figure 21), with recent use showing a decline over that period.

Figure 21: Recent use of OTC codeine, NT, 2011-2017



On the 1st February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access. Respondents were asked a range of questions about their response to the changes and their use of low- and high-dose codeine.

Twenty-four percent (Table 34) of respondents reported having used OTC codeine in the six months prior to interview on a median of 9 days. Slightly more people used high-dose (14%) than low-dose (12%) codeine, with a small number (3%) using high-dose codeine not prescribed to them on a median of 48 days. The proportions reporting recent use did not appear to vary from before the changes to after.

Table 34: Recent use of low- and high-dose OTC codeine, NT, 2018

	Low dose	High dose			Any codeine
		Prescribed	Not prescribed	Any high-dose	
Used in last six months (%)	12	10	3	14	24
Median days used	6	20	48	24	9
Before change (%)	3	3	1		
After change (%)	4	4	0		
Both before and after (%)	4	3	2		

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Most respondents (75%, Table 35) reported no particular response to the change in scheduling of codeine. Otherwise, the most common response to the change was to obtain a prescription for either low-dose (5%) or high-dose (13%) codeine. Eight percent stopped using low-dose codeine.

Table 35: Responses to change in scheduling of OTC codeine, NT, 2018

Response to change in scheduling	NT N=99
Stopped low-dose codeine use	8
Purchased additional OTC codeine (stockpiling)	3
Got a prescription for low-dose codeine	5
Got a prescription for high-dose codeine	13
Got a prescription for another opioid	0
Obtained codeine not prescribed to you	3
Obtained other opioids not prescribed to you	3
Accessed online website about codeine	1
Called telephone helpline about your codeine use	0
Sought drug treatment for your codeine use	0
None of the above	75

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

OTHER DRUGS

COCAINE

Key Points

- Reports of recent cocaine use declined this year, although consistent with earlier years.

Recent use of cocaine declined from 9% in 2017 to 6% (Table 36) this year, while recent injection was stable (5%).

Table 36: Selected trends in participants' cocaine use, NT, 2013-2018

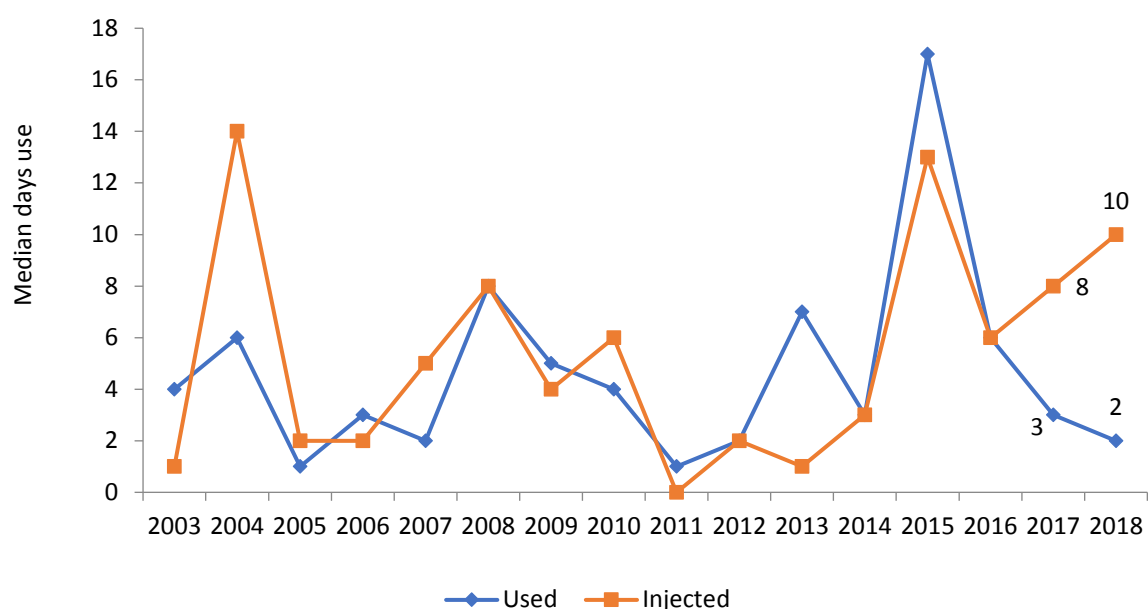
	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Used last 6 months (%)	7	2	4	4	9	6
Injected last 6 months (%)	3	2	4	4	6	5
Days used last 6 months (median)	7	3	17	6	3	2
Days injected last 6 months (median)	1	3	13	6	8	10

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Figure 22 shows that median days of cocaine use and injection in Darwin has fluctuated considerably over time.

Figure 22: Median cocaine use in the past six months, NT, 2003-2018



Source: IDRS participant interviews; Table A6

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Recent use of crack cocaine continues to be reported by only one respondent, with rock use being reported by a very small but slightly larger proportion than that found in previous years (Table 37).

Table 37: Forms of cocaine used previous six months, NT, 2013-2018

	2013 N=91		2014 N=93		2015 N=99		2016 N=90		2017 N=109		2018 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	6	6	2	1	4	3	3	2	7	6	3	2
Rock	2	1	1	0	1	1	2	1	2	1	3	3
Crack	1	0	1	1	1	0	0	0	1	0	1	0

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

While six percent of the sample reported recent use of cocaine only a small number reported a recent purchase: one of \$450 for a gram and one of \$10,000 for an ounce. One participant described cocaine as 'easy' to obtain and one as 'difficult'.

BENZODIAZEPINES

Recent use of non-prescribed alprazolam declined to 9% (Table 38) of the sample from 15% in 2017; as did the proportion reporting recent injection (6% vs. 10% in 2017).

Table 38: Alprazolam use, selected characteristics, NT, 2015-2018

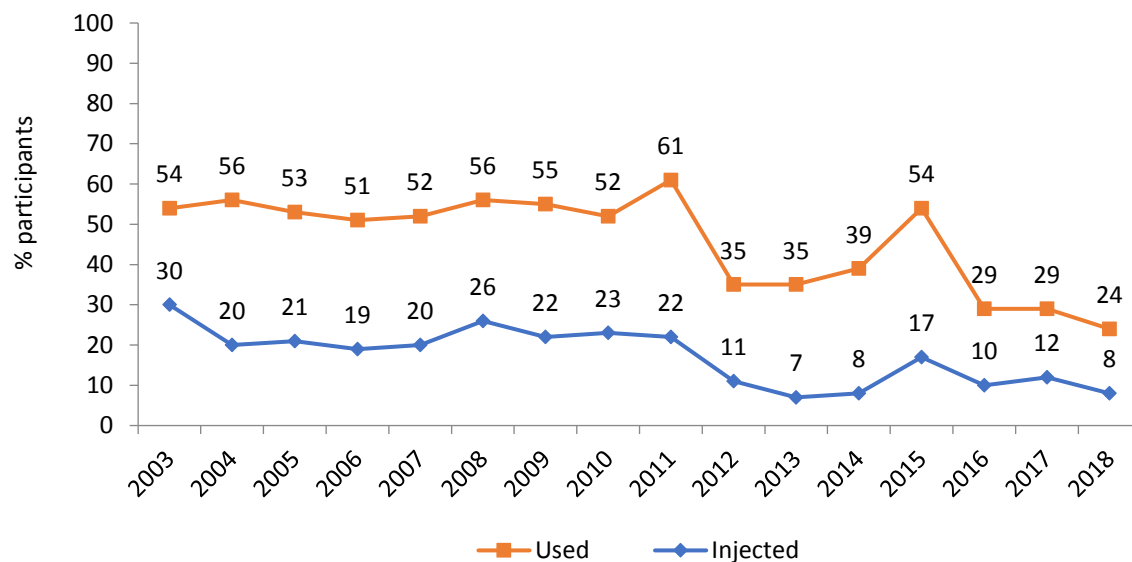
	2015 N=99		2016 N=90		2017 N=109		2018 N=99	
	Licit	Illicit	Licit	Illicit	Licit	Illicit	Licit	Illicit
Used last 6 months (%)	6	21	7	13	6	15	2	9
Days used last 6 months (median)	180	4	57	4	20	10	11	3
Injected last 6 months (%)	2	15	3	8	4	10	1	6
Days injected last 6 months (median)	126	3	4	4	16	7	10	3

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Twenty-four percent, (Figure 23) of the sample reported recent use of any type of benzodiazepine, slightly lower than the twenty-nine percent found in 2017. Recent injection of any benzodiazepine shows a similar pattern at a lower level of use.

Figure 23: Recent benzodiazepine use and injection, NT, 2003-2018



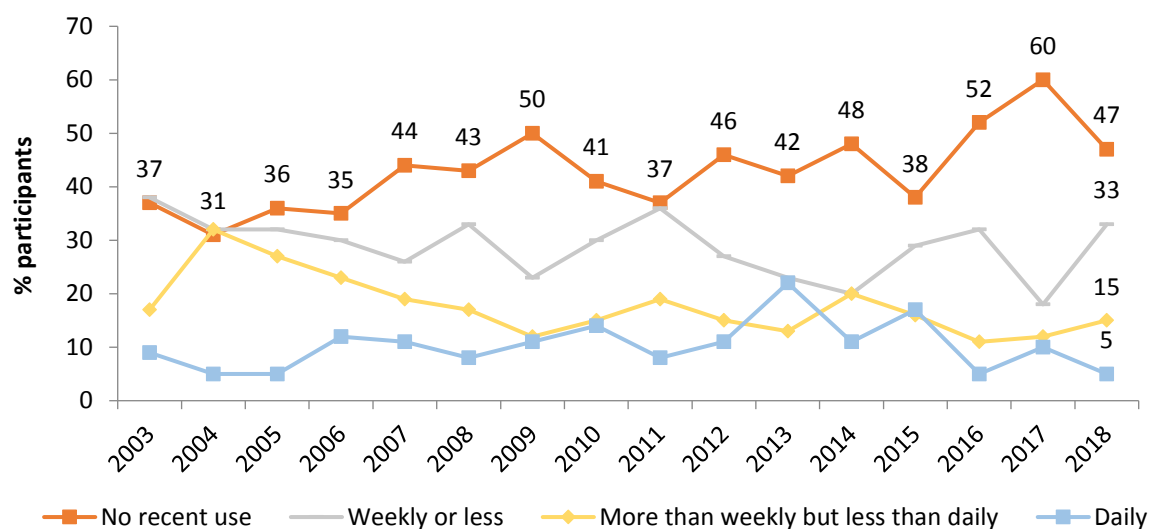
Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

ALCOHOL AND TOBACCO

Recent use of alcohol increased to 54% (40% in 2017, Figure 24). Although declining this year, the sample proportions reporting no recent use are higher in the last three years than seen previously.

Figure 24: Patterns of recent alcohol use, NT, 2003-2018

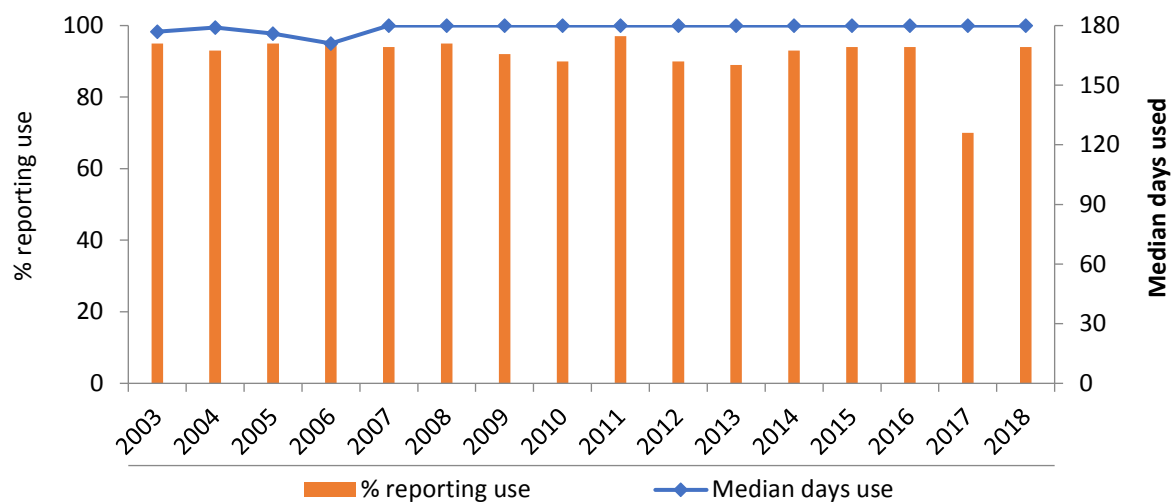


Source: IDRS participant interviews; Table A7

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Recent use of tobacco continues to be reported by almost all the survey respondents, Figure 25.

Figure 25: Participant reports of tobacco use in the last six months, NT, 2003-2018



Source: IDRS participant interviews

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018

Seventeen percent of participants reported recent use of an e-cigarette on a median of 5 days, just over half (53%) of this group using the e-cigarette as a smoking cessation tool.

HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- A small number of respondents reported a non-fatal overdose within 12 months of interview.
- Fifteen percent of the sample were in treatment at the time of interview and seven percent had participated in methamphetamine-related treatment in the past year.
- A small number reported sharing needles in the previous month and thirty-two percent had re-used their own needles.
- Scarring/bruising (36%) and difficulty injecting (36%) continued to be the most prominent injection-related problems reported.
- Thirty-two percent of the IDRS sample reported having experienced a mental health problem in the six months prior to interview.
- Among those who had drunk alcohol in the previous 12 months, a small number recorded an AUDIT score suggesting a need for further evaluation for alcohol dependence.

NON-FATAL OVERDOSE

Twenty-two percent (Table 39) of the 2018 IDRS sample had overdosed on heroin at least once in their lives, three people within 12 months of interview. Ten percent reported having overdosed on morphine at least once in their lives, three within the last 12 months. This pattern of overdose is similar to that found in 2017.

Table 39: Lifetime and recent reported non-fatal overdose, NT, 2016-2018 (%)

	2016 N=90		2017 N=109		2018 N=99	
	Lifetime	Within 12 months	Lifetime	Within 12 months	Lifetime	Within 12 months
Heroin	18	1	23	2	22	3
Morphine	14	1	9	1	10	3
Methadone	1	0	1	0	1	1
Oxycodone	0	0	2	0	2	0
Other drug	12	7	28	2	15	2

Source: IDRS participant interviews

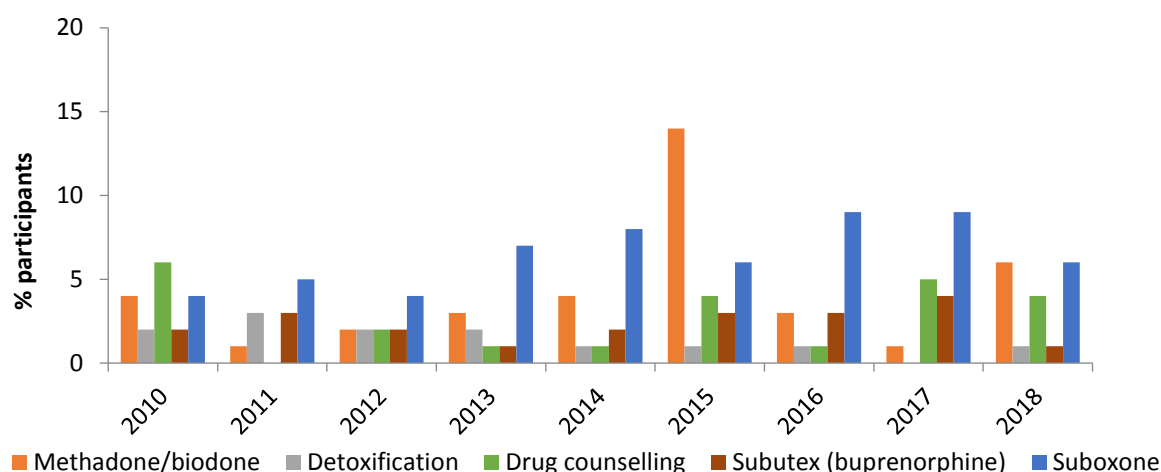
*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

DRUG TREATMENT

In 2018, 15% of participants reported current attendance at treatment compared to 17% in 2017. For this group, current treatment was comprised primarily of methadone (33%) and Suboxone (27%). This group reported a median of 14 months in treatment, ranging from 2 to 120 months.

Participants also reported the forms of treatment they had participated in over the six months prior to interview (Figure 26). Six percent of the entire sample reported having started opioid substitution treatment in the past year.

Figure 26: Proportion of participants reporting recent treatment, NT, 2010-2017



Source: IDRS participant interviews; Table A8. Note: The following treatment types have been reported by 2% or less of participants over the period shown and are excluded from this chart: detoxification, therapeutic community, Narcotics Anonymous, Naltrexone and other. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Seven respondents reported participating in treatment for methamphetamine use in the previous year on a median of one time, with the types of treatment shown in Table 40. Six respondents had been admitted to hospital for their methamphetamine use: four for methamphetamine psychosis on a median of 2 times and two people for another methamphetamine related problem also for a median of twice.

Table 40: Participation in methamphetamine treatment in the previous year, NT, 2017-2018 (%)

Types of treatment	2017 n=6	2018 n=7
Assessment	17	0
Detoxification	0	43
Pharmacotherapy	67	14
Counselling	50	0
Rehabilitation	17	43
Other	0	14

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Ten percent of participants reported that they had tried to access treatment in the six months prior to the survey but were unable to do so; most of these, 9% of the sample, had been unable to access treatment for opioid use.

Five percent had been unable to access opioid substitution treatment, 2% percent had tried to access an alcohol or other drugs worker, 2% rehabilitation or a therapeutic community, 2% a GP and 1% a counsellor.

At the time of interview, almost one third (30%, Table 41) of the sample felt that it would be easy to get into drug treatment if they wanted it, while forty-one percent of respondents felt that it would be difficult (25%) or very difficult (16%) to access treatment.

Table 41: Perceived ease of access to drug treatment by participants, NT, 2014 – 2018 (%)

	2014 N=91	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Very difficult	21	20	17	21	16
Difficult	31	33	29	19	25
Easy	21	22	34	30	30
Very easy	3	1	3	1	2
Don't know	24	23	17	24	26

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

INJECTING RISK BEHAVIOURS

ACCESS TO NEEDLES AND SYRINGES

Ninety-four percent of participants sourced needles from an NSP in the six months prior to interview, continuing the trend observed in previous years (Table 42). Significant increases were found in the proportions sourcing needles from an NSP vending machine (48%, p<0.001) or a Chemist (11%, p<0.010), compared to 2017.

Table 42: Source of needles in last six months, NT, 2012-2018

Needle source	2012 N=125	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
NSP (%)	92	93	97	91	97	93	94
NSP vending machine (%)	2	0	0	1	1	9	48***
Chemist (%)	1	10	1	7	2	4	11*
Partner (%)	1	1	0	1	0	1	0
Friend (%)	5	6	0	4	2	7	8
Dealer (%)	0	1	0	0	0	2	2
Hospital (%)	0	2	1	1	0	0	1
Outreach/peer worker (%)	0	0	1	0	1	0	1
Other (%)	0	0	0	1	0	2	2

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Eleven percent of the sample reported that they had trouble getting needles/syringes in the previous month and 1% had trouble getting filters.

SHARING OF INJECTING EQUIPMENT AMONG PARTICIPANTS AND RELATED BEHAVIOURS

Forty-eight percent of the survey sample reported reusing some form of injecting equipment other than needles in the previous month. Thirty percent (Table 43) reported re-using spoons or mixing containers (17% in 2017, $p<0.050$), and tourniquets (14% in 2017, $p<0.050$).

Table 43: Recent re-use of injecting equipment, NT, 2013-2018 (%)

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Spoons/mixing containers	16	23	15	21	17	30*
Filters	3	2	0	1	7	1
Tourniquets	11	13	8	5	14	30*
Water	2	3	1	4	7	5
Swabs	-	3	0	1	6	2
Wheel filter	-	1	0	0	6	0
Some one used needle after you	3	3	4	4	7	4
You used needle after someone	2	2	3	3	7	4

Source: IDRS participant interviews

* $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018

Four percent of the sample (Table 43) had used a needle after another person: one person once, two people twice and one person more than twice. Three of this group used a needle after a regular sex partner had used it.

Four percent also reported that someone had used a needle after them in the past month, one person on more than ten occasions. Thirty-two percent of the entire sample had injected a partner or friend after themselves with a new needle and two percent with a used needle.

Thirty-two percent (Table 44) of participants had reused their own needles at least once in the past month, higher than the 25% found in 2017. Seventy-eight percent of this group had done so on more than one occasion.

Table 44: Reuse of own needles in the past month, NT, 2013-2018 (%)

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
No times	78	78	76	86	75	68
Once	4	9	2	4	12	6
Twice	3	7	12	4	11	14
3-5 times	8	4	6	6	3	8
6-10 times	3	1	2	0	0	2
More than 10 times	3	1	1	0	0	1

Source: IDRS participant interviews

* $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018

Table 45 shows that three-quarters of the respondents (73%) identified an arm as the last injection site, 6% a leg and 15% a hand. Respondents injected on a median of 40 occasions in past month and obtained a median of 100 needles/syringes on a median of 2 occasions in the past month.

Table 45: Last injection site and needle use characteristics, NT, 2013-2018 (%)

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Arm	73	71	57	76	65	73
Leg	14	11	10	9	14	6
Hand	8	15	22	12	14	15
Foot	1	1	1	0	2	1
Groin	1	1	3	2	2	2
Neck	0	0	4	0	3	1
Other	1	1	1	1	0	1
Median times injected in the last month	30	30	30	30	30	40
Median times obtained needles/syringes in the last month	2	2	2	2	2	2
Median no. of needles/syringes obtained in the last month	100	100	100	100	100	100

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

LOCATION OF INJECTIONS

Consistent with previous years, a large majority (92%) reported a private home as the last location for injecting drugs (Table 46); 5% had injected in a car.

Table 46: Last location for injection in the month preceding interview, 2013-2018

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Private home	84	89	88	96	91	92
Street/carpark/beach	2	2	2	1	4	1
Other public area	0	0	0	0	0	0
Car	1	4	4	1	5	5
Public toilet	8	1	3	2	0	1
Other	2	3	1	0	0	1

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

SELF-REPORTED INJECTION-RELATED HEALTH PROBLEMS

The proportion of the IDRS sample reporting a dirty hit declined slightly to 17% (Table 47), although remaining higher than the proportions found in earlier years. Scarring/bruising (36%) and difficulty injecting (36%) continued to be the most prominent injection-related problems reported.

Table 47: Injection-related problems within one month of interview, NT, 2013-2018 (%)

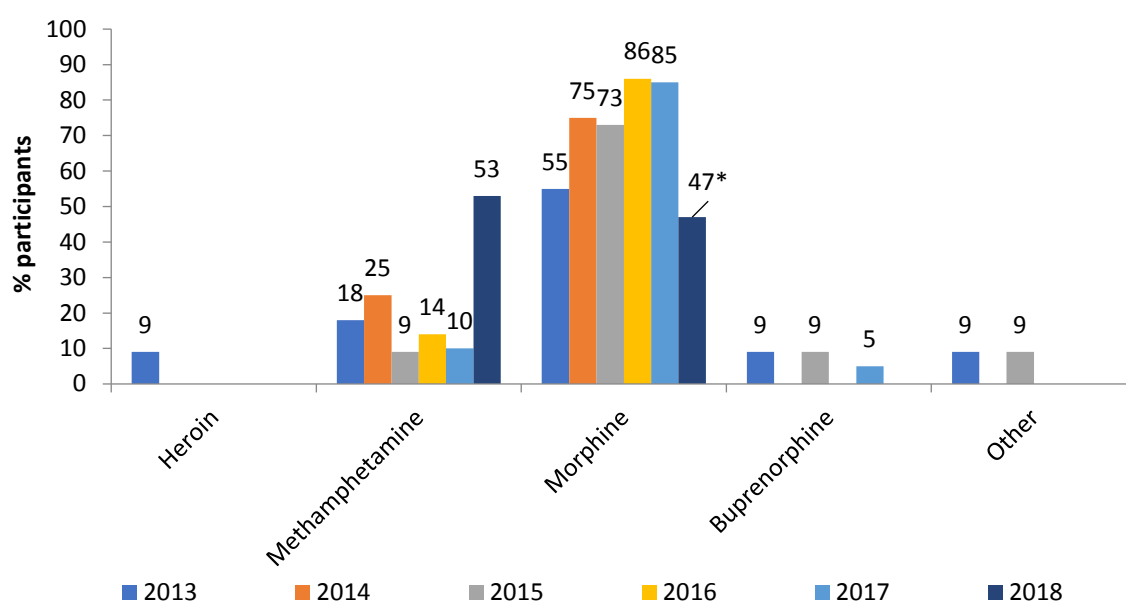
	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Overdose	3	0	0	0	2	1
Dirty hit	13	5	11	8	19	17
Abscess/infection	4	5	3	4	7	6
Scarring/bruising	32	39	37	32	38	36
Difficulty injecting	25	41	29	31	34	36
Thrombosis	4	4	5	0	8	2

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

In 2018, 53% (Figure 27) of respondents who reported a dirty hit attributed it to a methamphetamine, a substantial increase on previous years and the first time that morphine (47%) has not been the main drug causing a dirty hit.

Figure 27: Main drug causing dirty hit in last month, 2013-2018



Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

ALCOHOL USE DISORDERS IDENTIFICATION TEST - CONSUMPTION

From 2010-2017 the IDRS survey questionnaire included the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C), considered to be a valid measure of identifying heavy drinking (Bush et al., 1998).

According to Dawson et al. (2005) and Haber et al. (2009), a cut-off score of five or more indicated that further assessment was required.

In 2018 the IDRS survey questionnaire included the Alcohol Use Disorders Identification Test (AUDIT) considered to be a valid measure of identifying excessive drinking (Barbor et al., 2001). Total cut-off scores of 20 or more are regarded as warranting a need for further evaluation for alcohol dependence.

In 2017, among NT IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 3.5 (SD=3.7, range 1-12), lower than the mean score of 5.0 found in 2016. As is evident from Table 48, 35% of males (47% in 2016) and 33% of females (50% in 2016) reported a level of alcohol consumption requiring further assessment. Thirty-five percent of the total sample of males and females obtained a score of 5 or more.

Table 48: AUDIT-C results, NT, 2012-2017

	2012 N=74	2013 N=62	2014 N=51	2015 N=75	2016 N=55	2017 N=48
Mean score (SD)*	6.3 (3.3)	6.6 (4.0)	6.1 (3.4)	5.7 (3.8)	5.0 (3.5)	3.5 (3.7)
Score of 5 or more (%)						
All participants (n)	68 (74)	64 (62)	61 (51)	56 (75)	49 (55)	35 (78)
Males (n)	68 (57)	63 (46)	62 (39)	63 (49)	47 (15)	35 (48)
Females (n)	65 (17)	38 (16)	58 (12)	42 (26)	50 (40)	33 (30)

Source: IDRS participant interviews Standard deviation in brackets. Range is 1-12 in all years.

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

In 2018, among NT IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT was 7.1 (SD=6.4, range 1-40), with 61% (Table 49) of this group reporting unproblematic alcohol use. Thirty-four percent of these respondents returned a score indicating that simple advice focused on the reduction of hazardous drinking would be appropriate, while 5% would suggest a need for further evaluation for alcohol dependence.

Table 49: AUDIT results, NT, 2018 (%)

AUDIT score	Female (n=21)	Male (n=40)	Total (n=61)
<=7	48	68	61
8-15	48	28	34
16-19	0	0	0
20+	5	5	5

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

MENTAL HEALTH PROBLEMS AND PSYCHOLOGICAL DISTRESS

Thirty-two percent of the IDRS sample reported having experienced a mental health problem in the six months prior to interview. As in previous years, depression was the main mental health problem (24%, Table 50), followed by anxiety (19%). The proportions reporting these conditions both increased.

Table 50: Self-reporting recent mental health problems, NT, 2013-2018 (%)

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Depression	20	12	25	17	20	24
Manic depression	2	3	6	1	6	2
Anxiety	15	9	15	10	17	19
Panic	1	0	3	2	6	2
Paranoia	0	2	2	2	4	3
Personality disorder	0	0	2	0	4	2
Schizophrenia	7	3	7	2	5	3
Drug-induced psychosis	0	4	1	1	2	0
Post-traumatic stress disorder	-	3	2	2	3	5

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Of the group who had experienced a mental health problem, 66% had attended a health professional for the reported problem. Just over half (34%) of this group attended a GP, 19% a psychiatrist, 16% a psychologist and 9% a mental health nurse. Of those who attended a health professional, 62% were prescribed medication: 20% an antidepressant, 25% an antipsychotic, 40% a benzodiazepine and 1% a mood stabiliser.

NALOXONE PROGRAM AND DISTRIBUTION

Since 2013, participants have been asked questions about naloxone and naloxone take-home programs. Most participants (79% in 2018; Table 51) had heard of naloxone, with 62% of this group saying that it 'reverses heroin', 47% that it is used to 're-establish consciousness' and 32% that it 'helps start breathing'. Fifty percent (Table 51) of respondents were aware of the rescheduling of Naloxone to make it available over-the-counter at pharmacies and 59% were aware of take-home naloxone programs.

Table 51: Take-home naloxone program and distribution, NT, 2013-2018

	2013	2014	2015	2016	2017	2018
% Naloxone description (n)	n=70	n=77	n=81	n=66	n=85	N=79
Reverses heroin	66	74	52	62	39	62
Helps start breathing	14	4	27	18	31	32
Re-establishes consciousness	26	14	41	35	41	47
Other	16	12	31	18	29	6
% Heard of the take-home naloxone program (n)	n=84	n=89	n=99	n=89	n=100	N=99
Yes	18	24	28	35	55	59
No	81	76	72	66	45	41
% Heard of the rescheduling of naloxone (n)	-	-	-	n=89	n=99	N=97
Yes	-	-	-	9	36	50
No	-	-	-	91	64	50

Source: IDRS participant interviews

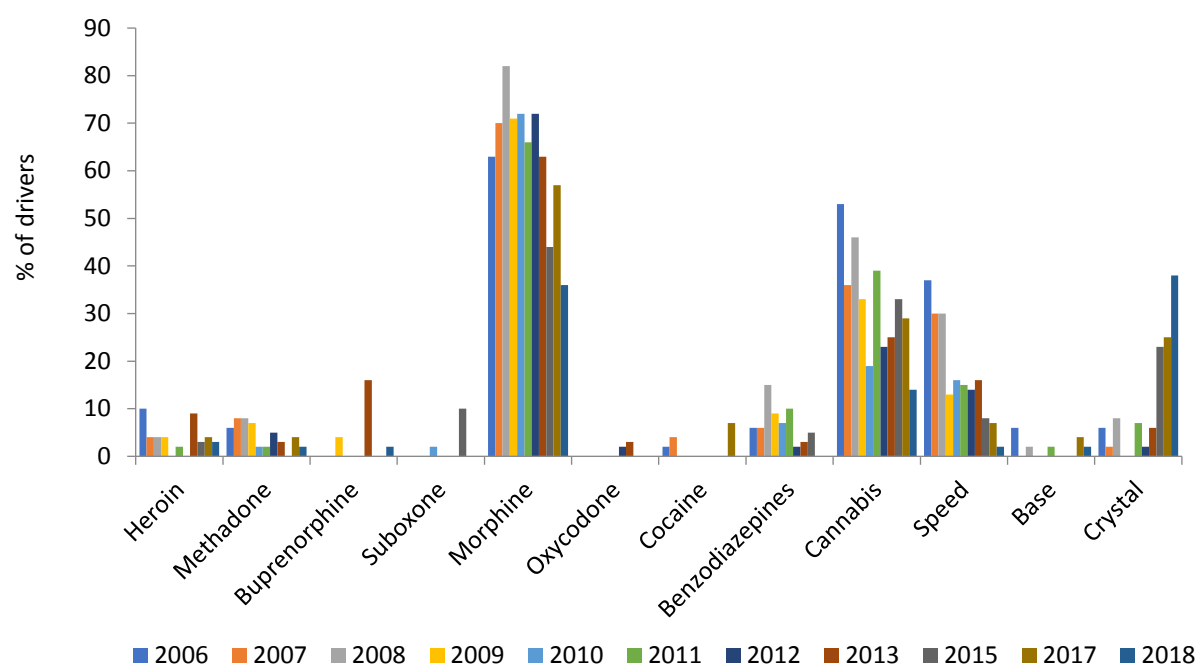
*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

DRIVING RISK BEHAVIOUR

Sixty-one percent of the IDRS sample had driven a car within the six months prior to interview and, of those, 3% reported driving over the legal blood alcohol limit on a median of 2 days, while 76% had driven within three hours of taking a non-prescribed drug on a median of 180 days.

In 2018, morphine (36%, Figure 28), cannabis (14%) and crystal methamphetamine (38%) were the drugs most commonly consumed by drivers before driving; the proportion reporting crystal methamphetamine has increased markedly since 2013.

Figure 28: Driving after taking selected non-prescribed drugs by type, NT, 2006-2013, 2015, 2017, 2018



Source: IDRS participant interviews; Table A9

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key Points

- Eighteen percent of the sample had been arrested in the preceding 12 months and thirty percent of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing and property crime.
- Spending by participants on non-prescribed drugs the day before interview showed similar a pattern to previous years.

REPORTS OF CRIMINAL ACTIVITY AND ARRESTS

Thirty percent of the NT IDRS sample reported having committed at least one crime in the month prior to interview. Dealing (19%, Table 52) and property crime (17%) were the most commonly reported. The pattern of types of crimes committed has remained stable over the years, with dealing and property crime most common and low reported rates of fraud and violent crime.

Eighteen percent (Table 52) of the sample had been arrested within 12 months of the interview. Of those, 39% were arrested for property crime, 11% for use or possession of drugs and 17% for a driving offence. Nine percent reported an arrest for a violent crime.

Table 52: Criminal and police activity as reported by participants, NT, 2013-2018 (%)

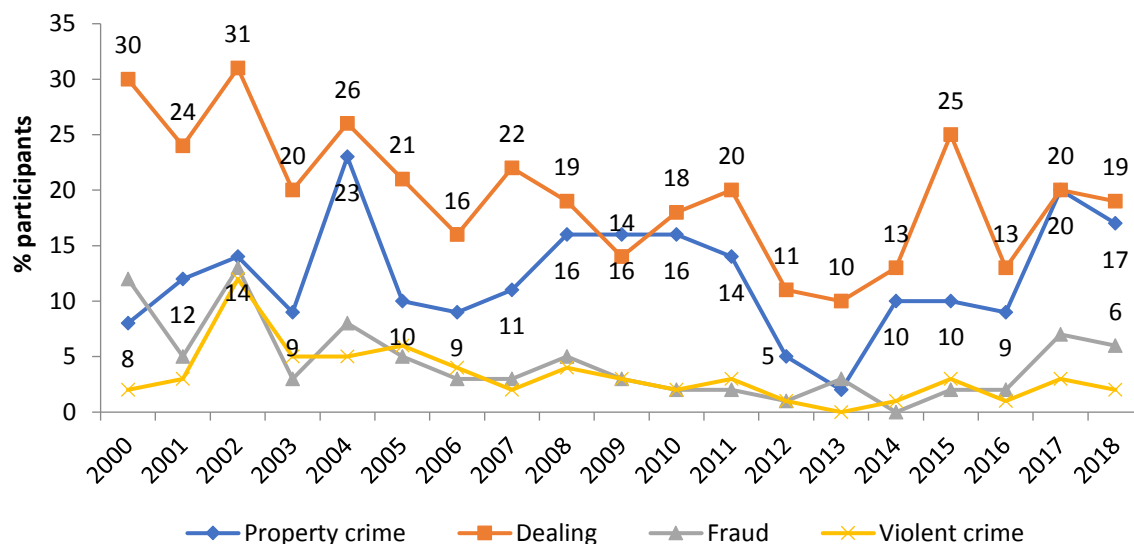
	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
Criminal activity in last month (%)						
Dealing	10	13	25	13	20	19
Property crime	2	10	10	9	20	17
Fraud	3	0	2	2	7	6
Violent crime	0	1	3	1	3	2
Any crime	14	19	34	22	35	30
Arrested in last 12 months	14	14	24	20	20	18

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

Participant reports of criminal activity have fluctuated since 2000 (Figure 29), showing a decline until 2013 and increases since then, particularly for property crime and dealing. Fifty-four percent (not shown) of the sample reported having been imprisoned at some time.

Figure 29: Engagement in criminal activity in prior month, NT, 2000-2018



Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

EXPENDITURE ON DRUGS

Under half the sample (45%; Table 53) had spent nothing on drugs on the day before interview while 50% had spent \$50 or more.

Table 53: Amount spent on drugs on the day before interview, NT, 2013-2018 (%)

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99
\$0	42	40	40	47	54	45
Less than \$20	2	1	3	4	2	0
\$20-\$49	14	17	8	6	3	5
\$50-\$99	16	15	16	22	12	23
\$100-\$199	13	14	18	16	13	14
\$200 or more	14	13	14	6	17	13

Source: IDRS participant interviews

*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018

REFERENCES

- Barbor, T., Higgins-Biddle, J., Saunders, J., Montiero, M. (2001) *The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care*. [2nd ed]. Geneva: World Health Organization.
- Bush, K., Kivlahan, D. R., McDonell, M. S., Fihn, S. D. and Bradley, K. A. (1998) The AUDIT Alcohol Consumption Questions (AUDIT-C): an effective brief screening test for problem drinking. *Archives of Internal Medicine* 158, 1789–1795.
- Darke, S., Ross, J. & Hall, W. (1996). Overdose among heroin users in Sydney, Australia: Prevalence and correlates of non-fatal overdose. *Addiction*, 91 (3), 405-411.
- Darke S., Duflou, J. & Kaye, S. (2007). Comparative toxicology of fatal heroin overdose cases and morphine positive homicide victims. *Addiction*, 102, 1793-1797.
- Dawson, D.A., Grant, B.F., Stinson, F.S. & Zhou, Y. (2005). Effectiveness of the Derived Alcohol Use Disorders Identification Test (AUDIT-C) in screening for alcohol use disorders and risk drinking in the US general population. *Alcoholism: Clinical and Experimental Research*, 29, 844-854.
- English, D.R., Holman, C.D.J., Milne, E., Winter, M.G., Hulse, G.K., Codde, J.P., Bower, C.I., Corti, B., DeKlerk, N. & Knuiman, M.W. (1995). *The quantification of drug caused morbidity and mortality in Australia*. Canberra. Commonwealth Department of Human Services and Health.
- Haber, P., Lintzeris, N., Proude, E., & Lopatko, O. (2009). *Guidelines for the Treatment of Alcohol Problems*. Canberra, Australian Government, Department of Health and Ageing.
- Hando, J., O'Brien, S., Darke, S., Maher, L., & Hall, W. (1997). *The Illicit Drug Reporting System (IDRS) Trial: Final Report*. NDARC Monograph No. 31. Sydney: NDARC.
- National Prescribing Service. (2009). Quality use of over-the-counter codeine: position statement. Sydney: National Prescribing Service Inc.

APPENDIX: ADDITIONAL DATA TABLES

Table A1: Participant reports of perceived current cannabis availability, NT, 2004-2018

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Very easy-Hydro	51	25	29	40	25	30	25	44	30	51	32	52	41	46	26
Very easy-Bush	64	18	13	21	0	27	18	7	35	31	17	26	46	41	40

Table A2: Current perceived potency of hydro, % commented, NT, 2004-2018

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
High	45	35	44	51	51	38	53	51	39	56	45	49	50	41	41
Medium	37	43	34	35	26	31	25	35	54	28	34	32	33	41	33
Low	2	4	12	8	9	14	5	2	3	7	8	9	7	4	0
Fluctuates	7	7	6	5	10	17	16	13	2	9	13	11	9	13	26

Table A3: Current perceived potency of bush, % commented, NT, 2004-2018

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
High	16	21	16	13	23	21	9	7	7	29	45	36	23	32	44
Medium	52	46	58	65	41	28	60	71	39	41	34	32	62	41	33
Low	18	25	19	18	23	35	9	7	54	24	8	23	8	23	11
Fluctuates	15	8	7	3	14	17	22	14	0	6	13	9	8	5	11

Table A4: Current perceived availability of non-prescribed methadone, % commented, NT, 2003-2018

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Very easy	0	18	22	0	0	0	0	0	0	5	0	50	0	0	25	17
Easy	53	43	50	60	25	54	50	13	29	29	0	50	0	20	38	33
Difficult	41	33	29	40	44	46	25	75	57	62	60	0	80	60	13	17
Very difficult	6	7	0	0	31	0	25	13	14	5	40	0	20	20	25	33

Table A5: Current perceived availability of non-prescribed buprenorphine, % commented, NT, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Very easy	0	0	0	17	25	25	14	100	17
Easy	40	14	0	17	50	25	43	0	17
Difficult	0	71	100	50	25	25	29	0	33
Very difficult	60	14	0	17	0	25	14	0	33

Table A6: Median days cocaine use in the past six months, NT, 2003-2018

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Used	4	6	1	3	2	8	5	4	1	2	7	3	17	6	3	2
Injected	1	14	2	2	5	8	4	6	0	2	1	3	13	6	8	10

Table A7: Patterns of recent alcohol use, NT, 2003-2018

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
No recent use	37	31	36	35	44	43	50	41	37	46	42	48	38	52	60	47
Weekly or less	38	32	32	30	26	33	23	30	36	27	23	20	29	32	18	33
More than weekly but less than daily	17	32	27	23	19	17	12	15	19	15	13	20	16	11	12	15
Daily	9	5	5	12	11	8	11	14	8	11	22	11	17	5	10	5

Table A8: Proportion of participants reporting recent treatment, NT, 2010-2017

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Methadone/biodone	11	18	8	20	6	10	7	4	4	1	2	3	4	14	3	1	6
Detoxification	10	1	2	1	4	4	5	0	2	3	2	2	1	1	1	0	1
Therapeutic community	1			1	3	0	0	1	1	1	2	0	0	0	0	1	4
Narcotics Anonymous					2	0	0	0	0	0	0	0	1	0	0	0	1
Drug counselling	2				3	2	1	0	6	0	2	1	1	4	1	5	4
Naltrexone	2	1	1		2	0	1	0	2	0	1	0	0	3	1	0	0
Subutex (buprenorphine)					6	4	10	2	2	3	2	1	2	3	3	4	1
Suboxone							1	2	4	5	4	7	8	6	9	9	6
Other					2	2	3			1	0	1	0	1	0	6	4

Table A9: Driving after taking selected non-prescribed drugs by type, NT, 2006-2013, 2015, 2017, 2018

	2006	2007	2008	2009	2010	2011	2012	2013	2015	2017	2018
Heroin	10	4	4	4	0	2	0	9	3	4	3
Methadone	6	8	8	7	2	2	5	3		4	2
Buprenorphine				4				16			2
Buprenorphine-Naloxone					2				10		
Morphine	63	70	82	71	72	66	72	63	44	57	36
Oxycodone							2	3			
Cocaine	2	4								7	
Benzodiazepines	6	6	15	9	7	10	2	3	5		
Cannabis	53	36	46	33	19	39	23	25	33	29	14
Speed	37	30	30	13	16	15	14	16	8	7	2
Base	6		2			2				4	2
Crystal	6	2	8			7	2	6	23	25	38