IDRS

NORTHERN TERRITORY DRUG TRENDS 2022

Key Findings from the Northern Territory Illicit Drug Reporting System (IDRS) Interviews

NORTHERN TERRITORY DRUG TRENDS 2022: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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

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Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA-PVP	α-Pyrrolidinopentiophenone
CBD	Cannabidiol
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic avid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
MDMA	3,4-methylenedioxymethamphetamine
N (or n)	Number of participants
NT	Northern Territory
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-Traumatic Stress Disorder
QLD	Queensland
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard deviation
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The IDRS sample comprises a sentinel group of people aged 18 years or older who injected illicit drugs ≥6 days in the preceding six months and resided in greater Darwin, Northern Territory. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in June 2022. Interviews in 2020 and 2021 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission. This methodological change should be factored into all comparisons of data from the 2020-2021 samples, relative to other years.**

Sample Characteristics

The IDRS sample recruited from Darwin, Northern Territory (NT) in 2022 (N=70) was consistent with the Darwin profile in previous years, whereby three-fifths (61%) were male, with a mean age of 47 years. The majority (86%) of the sample were unemployed at the time of interview, and most (96%) had received a government pension/allowance or benefit in the month prior to interview. The median income per week remained stable relative to 2021, with participants reporting $384 in 2021 and $425 in 2022 ($p$=0.052). Participants' nominated drug of choice was stable between 2021 and 2022 (p=0.185), as was the drug injected most often in the past month (p=0.561). In 2022, 54% of the sample reported that methamphetamine was their drug of choice (57% in 2021), and almost three-quarters (73%) reported that methamphetamine was the drug they had injected most often in the past month (63% in 2021). Weekly or more frequent use of heroin (0%; 0% in 2021), methamphetamine (60%; 61% in 2021), non-prescribed morphine (17%%; 27% in 2021) and cannabis (60%; 49% in 2021) remained stable between 2021 and 2022.

Heroin

As in 2021, few participants (n≤5) reported recent use of heroin, therefore, these data are suppressed.

Methamphetamine

Recent use of any methamphetamine has trended upwards since 2014, with four-fifths of participants (80%) reporting recent use in 2022. This was mostly driven by a continued increase in crystal methamphetamine use (80% in 2022) – the form most commonly used since 2014. Recent use of powder and base methamphetamine remained low in 2022 (n≤5 in 2021, respectively). The median price for one point of crystal methamphetamine increased significantly from $100 in 2021 to $120 in 2022 ($p$<0.001). No changes were observed in the perceived purity or perceived availability of crystal methamphetamine between 2021 and 2022, with 45% of participants in 2022 reporting that the purity of crystal was 'medium (39% in 2021)', and 53% reporting that it was 'easy' to obtain (58% in 2021).

Cocaine

Recent use of cocaine remained low and stable among the Darwin sample in 2022 (12%; n≤5 in 2021). Few participants (n≤5) commented on patterns of consumption and price, perceived purity, and perceived availability of cocaine, therefore, these data are suppressed.

Cannabis and/or Cannabinoid Related Products

Recent use of non-prescribed cannabis and/or cannabinoid related products has remained fairly stable since 2010, with 70% reporting recent use in 2022. Fifty-five per cent of participants who had recently used non-prescribed cannabis and/or cannabinoid products reported daily use, stable relative to 2021 (55%). Hydroponic cannabis remained the form most commonly used (100%), although there was a significant increase in the proportion who reported using bush cannabis (13%; 0% in 2021; p=0.009). No participants reported using hashish, hash oil, CBD extract

or THC extract in the six months preceding interview. Hydroponic cannabis was largely reported as being 'easy' to obtain in 2022 (53% of those who commented), and of 'high' or 'medium' purity (39% of those who commented, respectively), stable from 2021. Participants reported a median of $30 for one gram of hydroponic cannabis, stable since 2006.

Pharmaceutical Opioids

Recent use of non-prescribed methadone (n≤5; 10% in 2021), morphine (27%; 36% in 2021) and oxycodone (n≤5; n≤5 in 2021) have generally declined over the period of monitoring, although remained stable in 2022, relative to 2021. Recent use of non-prescribed fentanyl (n≤5; n≤5 in 2021) and buprenorphine-naloxone (n≤5; n≤5 in 2021) has fluctuated over the past 5-15 years of monitoring, although remained stable between 2021 and 2022.

Other Drugs

Few participants (n≤5) reported recent use of NPS, non-prescribed pharmaceutical stimulants, non-prescribed antipsychotics, and non-prescribed benzodiazepines in 2022. Pregabalin use remained low and stable at 11% (6% in 2021). Recent use of tobacco (90%; 91% in 2021), alcohol (47%; 50% in 2021) and non-prescribed e-cigarettes (n≤5; n≤5 in 2021) remained stable in 2022, relative to 2021. No participants reported recent use of GHB/GBL/1,4-BD in 2022 (0% in 2021).

Drug-Related Harms and Other Behaviours

In 2022, 49% of the Darwin sample reported using two or more drugs on the day preceding interview. No participants reported experiencing a non-fatal overdose in the previous 12 months. In 2022, 54% of the sample had heard of naloxone, and one-third (34%) had heard of naloxone take-home

programs. Few participants (n≤5) had ever been trained in naloxone administration, a decrease from 13% in 2021 (p=0.025). Few participants (n≤5) reported receptive or distributive sharing of a needle or syringe in the past month in both 2021 and 2022, whilst 10% of participants reported sharing other equipment in the past month, stable relative to 2021 (n≤5). Twenty per cent of the sample reported that they had re-used their own needles in the past month, stable from 14% in 2021. Sixteen per cent of participants reported experiencing injection-related problems in the past month, a significant increase from 2021 (n≤5; p=0.002). One-tenth (10%) were currently in any drug treatment, stable relative to 2021 (11%). Forty per cent reported that they had received a hepatitis C virus (HCV) antibody test in the past year, and almost two fifths (38%) of the sample had received an RNA test in the past year. Few (n≤5) reported having a current HCV infection. Self-reported mental health problems remained stable in 2022 (22%; 21% in 2021), with anxiety (47%) and depression (47%) remaining the most common problems. Seventy-two per cent of those who had driven recently reported driving within three hours of consuming an illicit drug in the last six months. Few participants (n≤5) reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia in the past year. Thirty per cent of participants reported engaging in 'any' crime in the past month in 2022, with property crime (17%) and drug dealing (16%) being the most common crimes reported. In 2022, 71% of the sample had been tested for SARS-CoV-2 in the 12 months prior to interview, with 30% testing positive to the virus. Half of the sample (52%) were 'not at all' concerned about contracting COVID-19. Ninety-three per cent had received at least one dose of the COVID-19 vaccine by the time of interview (median 3 doses).

2022 SAMPLE CHARACTERISTICS

47 years **61%**

86% Unemployed   **n≤5** No fixed address

☑ Injected heroin

☑ Injected methamphetamine

☑ Injected other illicit or non-prescribed drugs

In 2022, 70 participants, recruited from Darwin, NT, were interviewed.
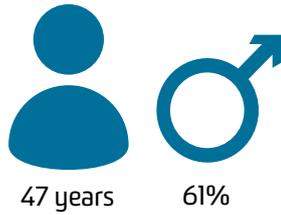
The mean age in 2022 was 47, and 61% identified as male.
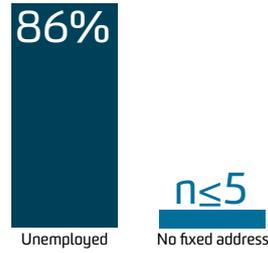
In the 2022 sample, 86% were unemployed and few had no fixed address (n≤5).

Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

INJECTING RELATED RISKS AND HARMS

n≤5

n≤5

14% 2021   **20%** 2022

23% Injected someone else after injecting themselves
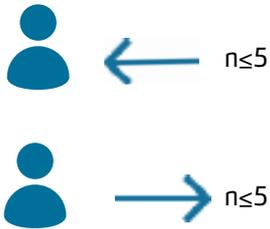
In 2022, few (n≤5) participants reported receptive sharing and distributive sharing in the past month.

20% of participants reported re-using their own needles in the past month, stable from 2021 (14%).
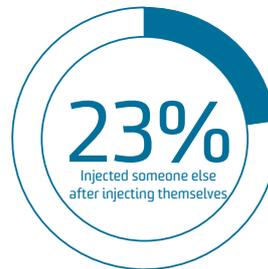
23% of participants reported injecting someone else after injecting themselves in the past month, stable from 2021 (14%).

16% of participants reported having an injection-related health issue in the past month, an increase relative to 2021 (n≤5).

OTHER HARMS AND HELP-SEEKING

49%
13%
20%

Reported using the day before interview
- Two or more drugs
- Opioids and cannabis
- Stimulants and cannabis

0% Non-fatal overdose   **10%** Drug treatment

47%
47%

- Depression
- Anxiety
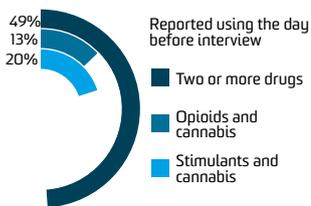
The most common patterns of poly substance use on the day preceding interview were cannabis and opioids, and cannabis and stimulants.

Past year non-fatal overdose (0%) and past 6-month drug treatment (10%) remained stable in 2022 relative to 2021.

In 2022, 22% of participants reported a mental health problem in the 6 months preceding interview, and few had seen a mental health professional (n≤5).
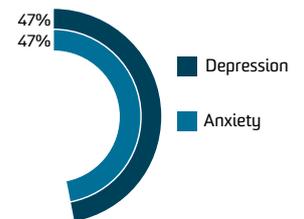
Among those who reported a mental health problem, the two most common mental health issues were depression and anxiety.

NALOXONE AND HARM REDUCTION

54%
34%
n≤5

- Heard of naloxone
- Heard of take-home naloxone (paid or free)
- Trained in naloxone administration

n≤5

n≤5 Tested substances
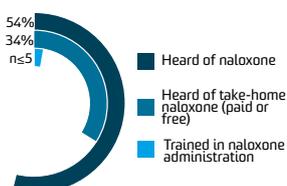
Knowledge of naloxone remained stable in 2022, however fewer participants reported knowledge of take-home naloxone programs and ever being trained in using naloxone.

Few (n≤5) of the sample reported using naloxone to resuscitate someone who had overdosed at least once in their lifetime.

88% of the sample reported to have last injected at home, stable to 2021 (91%).

In 2022, few (n≤5) reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

LICIT AND OTHER DRUGS

47%

Past 6 month use of alcohol remained stable in 2022 (47%) relative to 2021 (50%).

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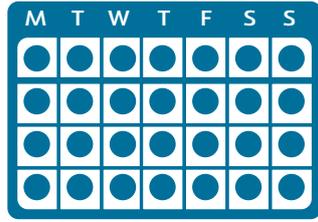
Of those who had recently consumed alcohol, 27% reported daily use, stable from 2021 (32%).
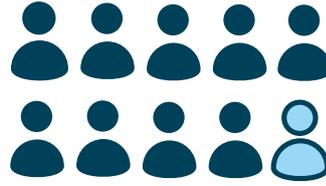
Past 6 month use of tobacco remained stable in 2022 (90%) relative to 2021 (91%).

M T W T F S S
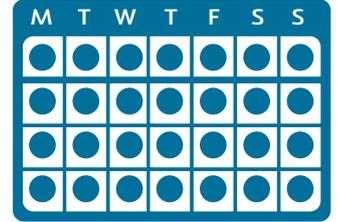
Of those who had recently used tobacco, 95% reported daily use, stable from 2021 (100%).

METHAMPHETAMINE

80%
80%
n≤5
0%

Form of methamphetamine
- Any
- Crystal
- Powder
- Base
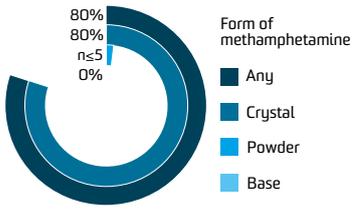
Past 6 month use of all forms of methamphetamine remained stable in 2022 relative to 2021.

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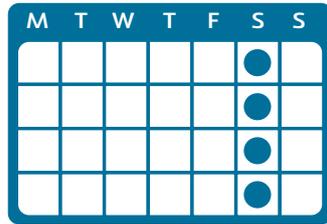
Of those who had recently used any form of methamphetamine, 75% reported weekly or more frequent use, stable from 2021 (81%).

$100 → $120

In 2022, the median reported price for a point of crystal methamphetamine increased from $100 in 2021 to $120 in 2022.

84%
Crystal methamphetamine was 'easy' or 'very easy' to obtain.
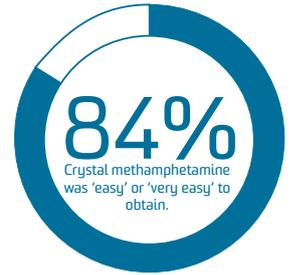
Of those who could comment, 84% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2022, stable relative to 2021 (85%).

OTHER DRUGS

Non-prescribed morphine

36% 2021   **27%** 2022

Past 6 month use of non-prescribed morphine remained stable between 2021 and 2022.

Non-prescribed fentanyl

n≤5 2021   **n≤5** 2022

Past 6 month use of non-prescribed fentanyl remained stable between 2021 and 2022.

Non-prescribed pregabalin

6% 2021   **11%** 2022
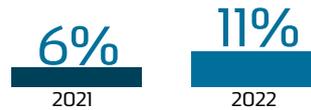
Past 6 month use of non-prescribed pregabalin remained stable between 2021 and 2022.

GHB/GBL/1,4-BD

n≤5 2021   **0%** 2022

Past 6 month use of GHB/GBL/1,4-BD remained stable between 2021 and 2022.

CANNABIS AND/OR CANNABINOID RELATED PRODUCTS

Past 6 month use of non-prescribed cannabis and/or cannabinoid related products remained stable in 2022 (70%) relative to 2021 (59%).
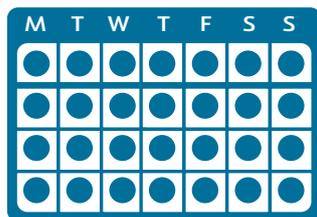
M T W T F S S

Of those who had recently used non-prescribed cannabis and/or cannabinoid related products, half reported daily use (55%), stable from 2021 (55%).
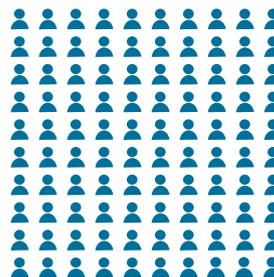
Of participants who had consumed non-prescribed cannabis and/or cannabinoid related products in the last 6 months, all had smoked it.

94% 2021   **98%** 2022
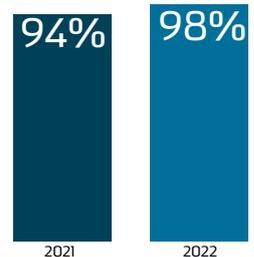
Of those who could comment, the majority perceived hydroponic cannabis to be 'easy' or 'very easy' to obtain (98%), stable from 2021 (94%).

Background

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 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 and from secondary analyses of routinely collected indicator data. This report focuses on the key results from the annual interview component of the IDRS.

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected non-prescribed or illicit drugs on at least six days during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

IDRS 2020-2022: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were not always possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

In 2020, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology; however telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

A total of 879 participants were recruited across capital cities nationally (May-July 2022), with 70 participants recruited from Darwin, NT between 6[th]June-22nd June 2022. All interviews were conducted in-person in Darwin, Northern Territory in 2021 and 2022.

In 2022, recruitment methods were stable compared to 2021 (p=0.145), with 83% of participants being recruited via NSPs (72% in 2021), and 17% via word-of-mouth (28% in 2021). One third of participants in the Darwin 2022 sample had taken part in the 2021 interview (36%; 14% of the 2021 sample had taken part in the 2020 interview; p=0.002).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2021 and 2022. References to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-months preceding interview.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews, but it should be noted that these data are from participants recruited in Darwin, Northern Territory, 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 are intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Darwin, NT (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020 must be taken into consideration when comparing 2020 data to other years, and comparisons treated with caution.

Additional Outputs

Infographics, executive summary, and data tables from this report are available for download. There is a range of outputs from the IDRS which triangulates key results from the annual interviews and other data sources and consider the implications of these findings, including jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Ecstasy and Related Drugs Reporting System (EDRS), which focuses on the use of ecstasy and other stimulants.

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

1

Sample Characteristics

The mean age of the Darwin sample was 47 years (SD:10; 45 years in 2021, SD:12; p=0.119). Gender identity in the sample remained stable between 2021 and 2022 (p=0.749), with 61% identifying as male (65% in 2021) (Table 1). Thirty-six per cent identified as Aboriginal or Torres Strait Islander origin (37% in 2021). Sexual identity remained stable between 2022 and 2021 (p=0.578), with 83% of participants identifying as heterosexual in 2022 (77% in 2021) and an 14% identifying as bisexual (19% in 2021). The majority of the sample (86%) were unemployed at the time of interview (83% in 2021; p=0.139), with half (54%) having received a post-school qualification (52% in 2021; p=0.872). Ninety-six per cent had received a government pension, allowance, or benefit in the month before interview (91% in 2021; p=0.356), with a median weekly income of $425 (IQR=350-500; $384 in 2021; IQR=300-475; p=0.052).

Drug of choice remained stable between 2021 and 2022 (p=0.185), with participants typically nominating methamphetamine as their drug of choice in 2022 (54%; 57% in 2021) (Figure 1), followed by morphine (19%; 18% in 2021) and cannabis (13%; n≤5 in 2021). Drug injected most often in the month prior to interview also remained stable between 2021 and 2022 (p=0.561), with methamphetamine being the drug injected most often in the month prior to interview (73%; 63% in 2021), followed by morphine (23%; 31% in 2021).

Weekly or more frequent consumption of crystal methamphetamine (60%; 61% in 2021), cannabis (60%; 49% in 2021; p=0.209) and non-prescribed morphine (17%; 27% in 2021; p=0.188) all remained relatively stable between 2021 and 2022 (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2022, and Darwin, NT, 2016-2022

	Darwin, NT							National
	2016	2017	2018	2019	2020	2021	2022	2022
	(N=90)	(N=109)	(N=99)	(N=99)	(N=78)	(N=94)	(N=70)	(N=879)
Mean age (years; SD)	46 (9.7)	45 (10.2)	46 (9.3)	46 (9.6)	44 (11)	45 (12)	**47 (10)**	46 (10)
% Gender								
Female	33	38	35	33	37	35	**39**	33
Male	67	62	65	67	63	65	**61**	66
Non-binary	/	/	/	/	0	0	**0**	1
% Aboriginal and/or Torres Strait Islander	31	26	28	31	38	37	**36**	27
% Sexual identity								
Heterosexual	90	91	88	87	93	77	**83**	83
Homosexual	0	0	0	0	0	-	**-**	4
Bisexual	7	6	10	11	7	19	**14**	11
Queer	0	0	0	0	0	-	**0**	1
Other	0	-	-	-	-	0	**-**	1
Mean years of school education (range)	10 (6-12)	10 (3-12)	10 (4-12)	10 (5-12)	10 (7-12)	10 (2-12)	**10 (2-12)**	10 (0-12)

	Darwin, NT							National
	2016	2017	2018	2019	2020	2021	2022	2022
	(N=90)	(N=109)	(N=99)	(N=99)	(N=78)	(N=94)	(N=70)	(N=879)
% Post-school qualification(s)^	52	50	53	55	46	52	**54**	63
% Current accommodation								
Own home *(inc. renting)*~	77	73	77	79	68	73	**81**	68
Parents'/family home	-	-	-	6	-	-	**-**	5
Boarding house/hostel	-	-	7	-	-	9	**7**	8
Shelter/refuge	-	-	-	-	0	-	**-**	2
No fixed address	14	13	6	7	19	10	**-**	16
Other	-	-	-	0	-	-	**0**	2
% Current employment status								
Unemployed	91	83	81	94	90	83	**86**	88
Full-time work	-	7	8	-	-	7	**-**	2
% Past month gov't pension, allowance or benefit	93	89	79	95	96	91	**96**	92
Current median income/week ($; IQR)	382 (273-450)	350 (300-450)	350 (290-500)	375 (259-450)	500 (400-575)	384 (300-475)	**425 (350-500)**	385 (300-490)

Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 among the Darwin sample presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 1: Drug of choice, Darwin, NT, 2000-2022
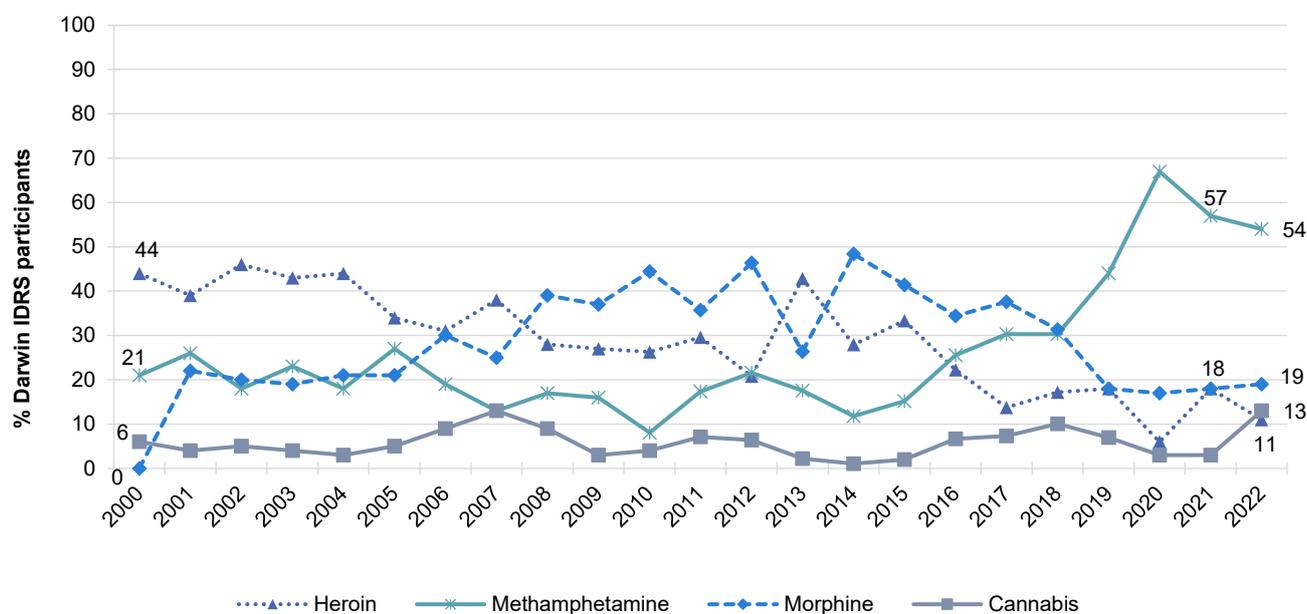
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. In 2022, 39%, 46%, 6%, and 4% of the national sample reported heroin, methamphetamine, cannabis, and morphine, respectively, as their drug of choice.

Figure 2: Drug injected most often in the past month, Darwin, NT, 2000-2022
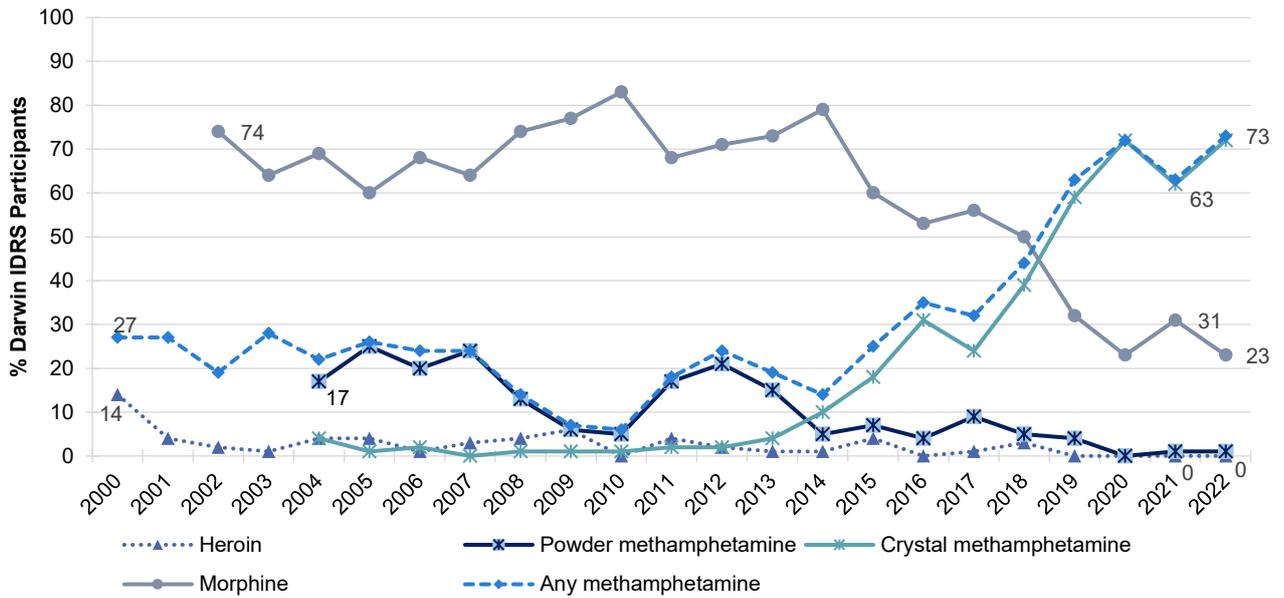
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000/2002/2004) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2022, 35%, 54%, 4%, 2% of the national sample reported heroin, methamphetamine, morphine, and methadone, respectively, as the drug injected most often in the past month.

Figure 3: Weekly or more frequent substance use in the past six months, Darwin, NT, 2000-2022
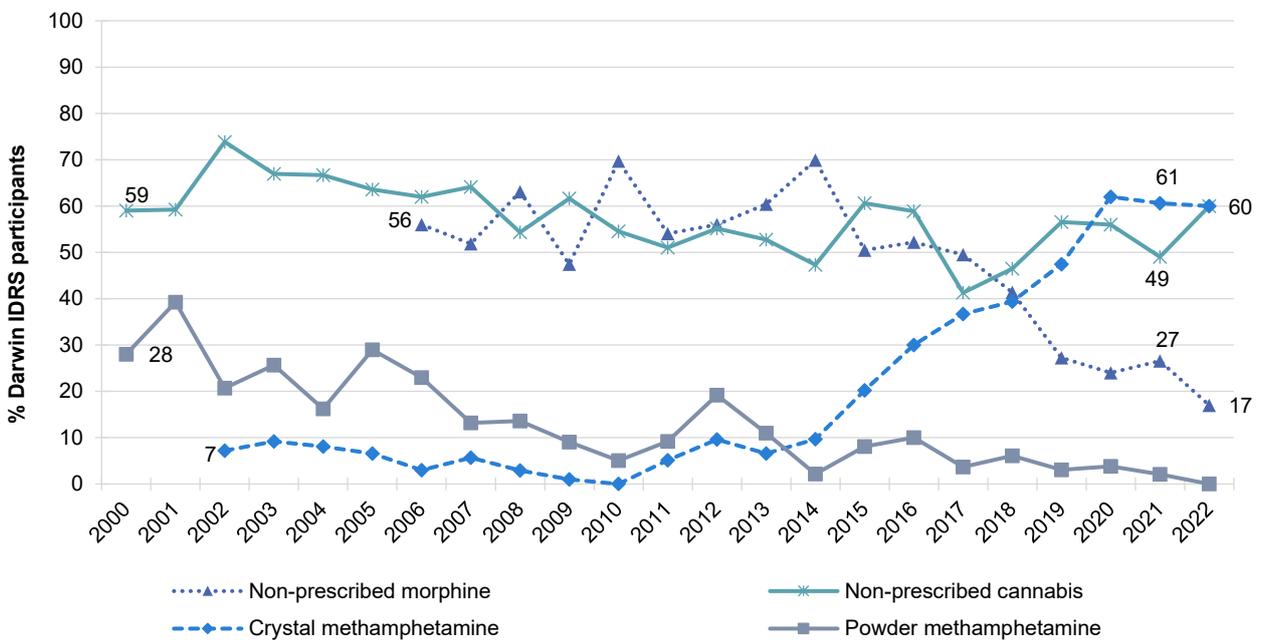
Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Crystal methamphetamine frequency of use not asked in 2000-2001. Non-prescribed morphine frequency of use not asked until 2006. Data labels are only provided for the first (2000/2002/2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2022, 60%, 60%, 58%, and 6% of the national sample reported high frequency use of any methamphetamine, cannabis, crystal methamphetamine, and powder methamphetamine, respectively.

18

2

Heroin

Participants were asked about their recent (past six month) use of heroin (including homebake). Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine.

Patterns of Consumption

Few participants (n≤5) reported recent heroin use in 2022 (n≤5 in 2021) (Figure 4), and therefore, further details regarding frequency of use, routes of administration and quantity of use are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 4: Past six month use and frequency of use of heroin, Darwin, NT, 2000-2022
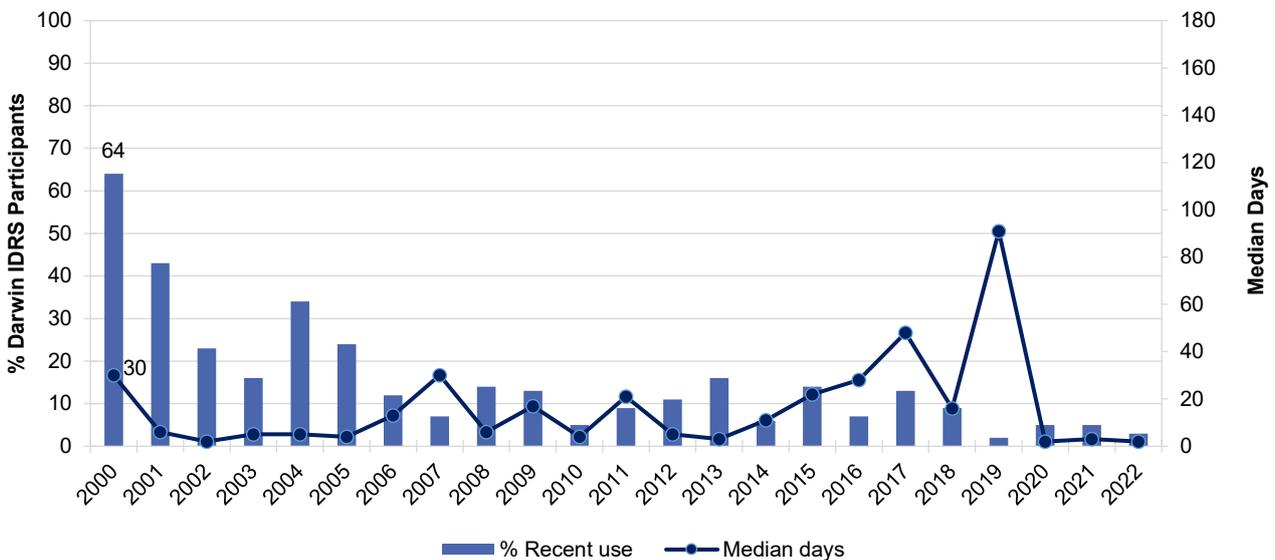
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Due to low numbers responding (n≤5), details on the price, perceived purity and perceived availability of heroin will not be reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

3

Methamphetamine

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

Recent Use (past 6 months)

In 2022, 80% of the sample reported recent use of any form of methamphetamine, stable relative to 2021 (76%; p=0.571) (Figure 5).

Frequency of Use

Median days of use of any methamphetamine in 2022 was 28 days (IQR=23-90; 72 days in 2021; IQR=24-173; p=0.211) (Figure 6). The per cent of participants who had recently used any methamphetamine who reported weekly or more frequent use remained stable in 2022 (75%; 81% in 2021; p=0.506), as did the per cent reporting daily use (14%; 26% in 2021; p=0.135).

Forms of Methamphetamine

The majority of participants (80%) reported recent use of methamphetamine crystal (Figure 5), while few participants (n≤5) reported recent use of powder, and no participants reported recent use of base. These results reflect longer term trends: recent use of powder has declined substantially since monitoring began in 2000 (74%), whilst recent use of crystal shows an overall increase since 2014.

Figure 5: Past six month use of any methamphetamine, powder, base, and crystal, Darwin, NT, 2000-2022
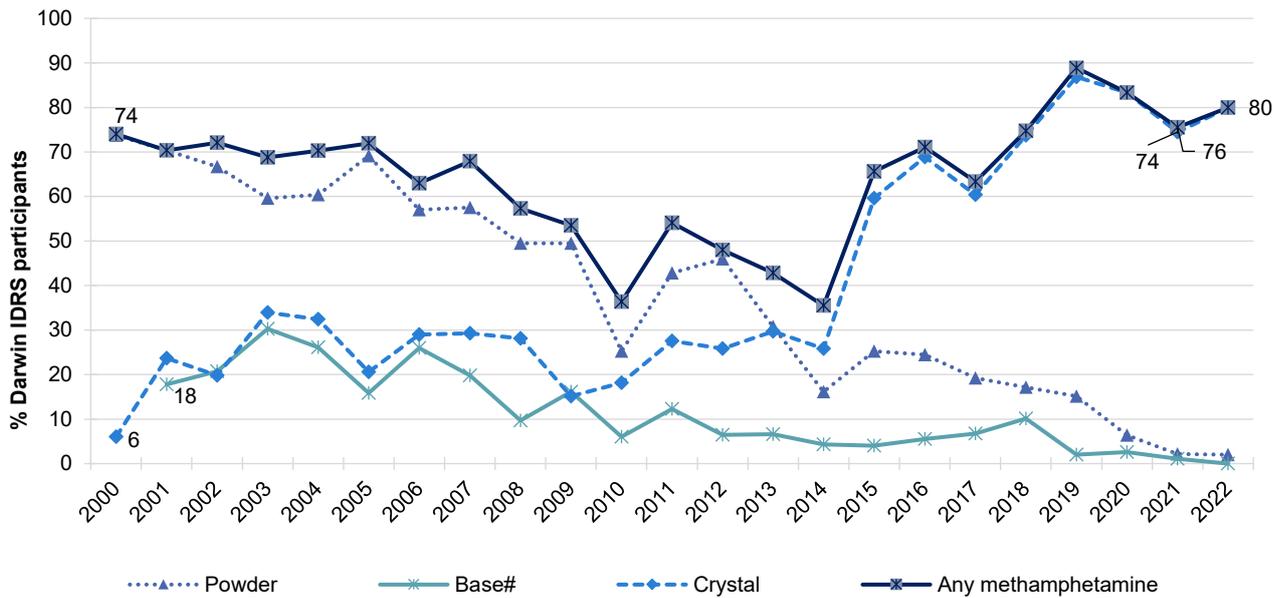
Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 6: Frequency of use of any methamphetamine, powder, base, and crystal, Darwin, NT, 2000-2022
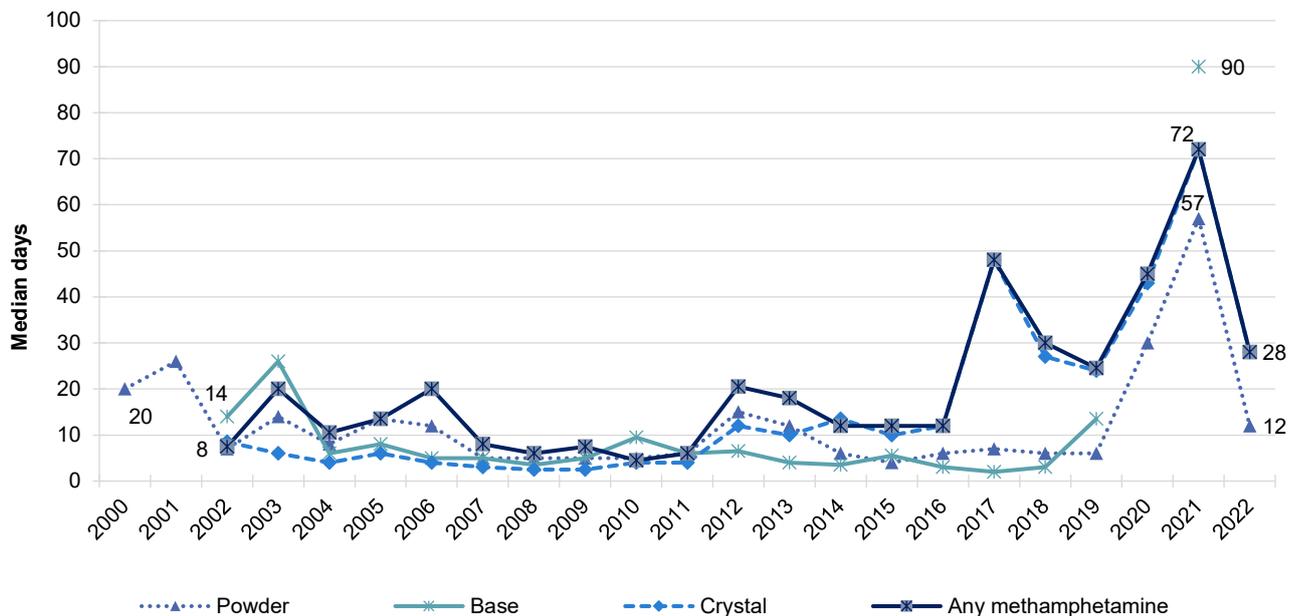
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Few participants (n≤5) reported recent methamphetamine powder use in 2022 (n≤5 in 2021), and therefore, further details regarding frequency of use, routes of administration and quantity of use are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Base

No participants reported recent use of methamphetamine base in 2022 (n≤5 in 2021), and therefore, further details regarding frequency of use, routes of administration and quantity of use are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Eighty per cent of the Darwin sample reported recent use of methamphetamine crystal, stable relative to 2021 (74%; p=0.463) (Figure 5).

Frequency of Use: Of those who had recently consumed crystal and commented in 2022 (n=56), median days of use was 28 days (IQR=23-90; 72 days in 2021; IQR=24-173; p=0.166). Of those who reported recent use and commented, weekly use remained stable (75%; 81% in 2021; p=0.506), as did daily use (14%; 26% in 2021 (p=0.135).

Routes of Administration: Among participants who had recently consumed crystal and commented (n=56), 96% of participants reported injecting crystal (100% in 2021; p=0.196), and had done so on a median of 35 days (IQR=24-90; 72 days in 2021; IQR=24-173; p=0.203). One-fifth (21%) reported smoking, a significant increase relative to 2021 (n≤5 in 2021; p=0.014).

Quantity: The median amount used on a 'typical' day in the past six months was 0.10 grams (IQR=0.10-0.20; n=56), comparable to a median of 0.10 grams in 2021 (IQR=0.10-0.20;

p=0.530). The median maximum amount of crystal used per day in the last six months was 0.20 grams (IQR=0.10-0.30; n=54; 0.20 grams in 2021; IQR=0.10-0.50; p=0.101).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to low numbers reporting (n≤5), details will not be reported on price, perceived purity or perceived availability for methamphetamine powder. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2020 and onwards. For historical information, please refer to the 2019 IDRS National Report, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Price: The median price for one point of methamphetamine crystal significantly increased, from $100 (IQR=100-100) in 2021 to $120 (IQR=100-150; n=37) in 2022 (p<0.001) (Figure 7). Few participants (n≤5) reported on the price of a gram in 2022 ($500 in 2021; IQR=500-600; p=0.131).

Perceived Purity: Perceived purity of methamphetamine crystal remained stable between 2021 and 2022 (p=0.815) (Figure 8). Among those able to respond in 2022 (n=51), 45% reported 'medium' purity (39% in 2021), and 27% reported 'high' purity (29% in 2021). Twelve per cent reported 'low' purity (18% in 2021).

Perceived Availability: Perceived availability for methamphetamine crystal also remained stable between 2021 and 2022 (p=0.857). Among those able to respond in 2022 (n=51), 84% of participants perceived crystal as being 'very easy' (31%; 27% in 2021) or 'easy' (53%, 58% in 2021) to obtain, while 16% perceived it

as being 'difficult' to obtain (15% in 2021) (Figure 9).

Figure 7: Median price of methamphetamine crystal per point and gram, Darwin, NT, 2001-2022
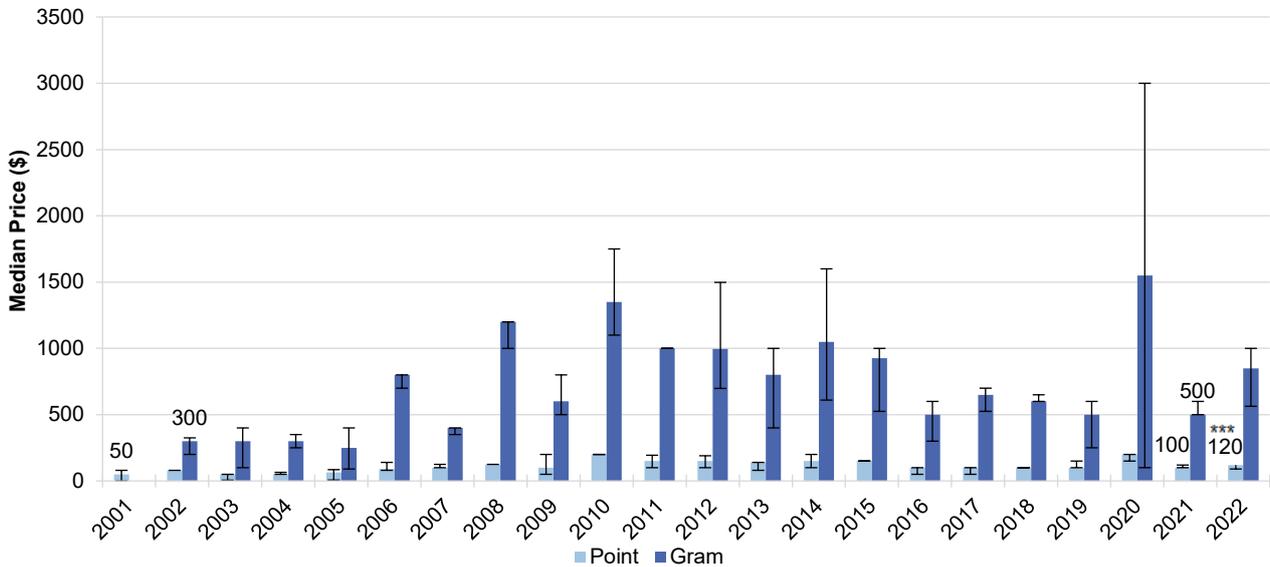
Note. Among those who commented. Price data not collected in 2000 and 2001. Data labels are only provided for the first (2001/2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 8: Current perceived purity of methamphetamine crystal, Darwin, NT, 2002-2022
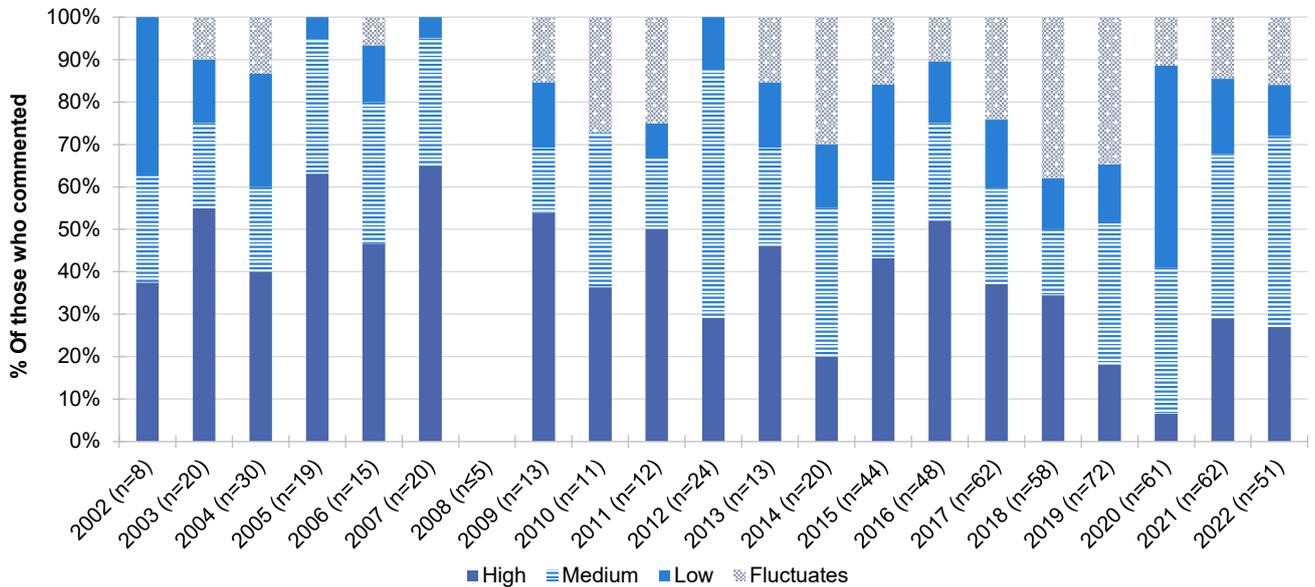
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 9: Current perceived availability of methamphetamine crystal, Darwin, NT, 2002-2022
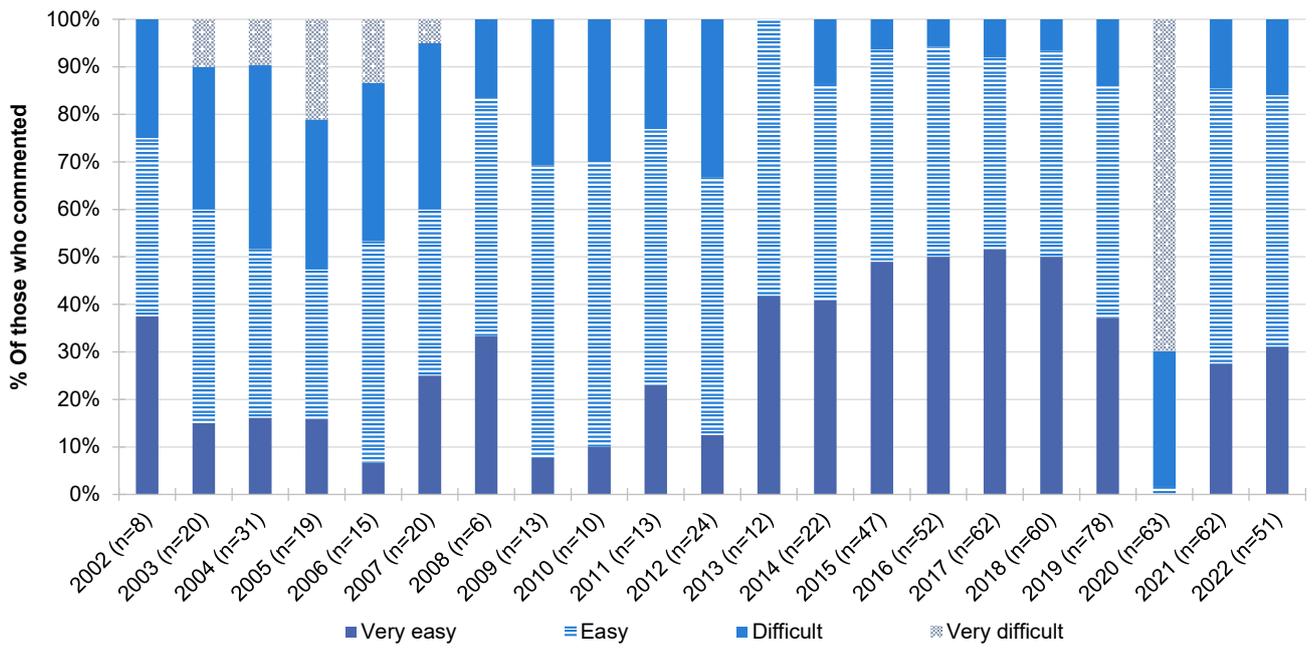
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has remained low over the years, with 12% of the Darwin sample recently consuming cocaine in 2022 (n≤5 in 2021; p=0.157).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2022 (n=8), median frequency of use was three days (IQR=1-5; n≤5 in 2021; p=0.138). No participants reported using cocaine weekly or more frequently in 2022 (n≤5 in 2021).

Routes of Administration

Few participants (n≤5) reported each route of administration; therefore, these data are suppressed.

Quantity

Of those who reported recent use and responded in 2022 (n=7), the median amount of cocaine used on a 'typical' day of consumption in the six months preceding interview was one gram (IQR=0.30-1.00; n≤5 in 2021; p=0.551).

Forms used

Among participants who had recently consumed cocaine and commented in 2022 (n=8), the majority reported using powder cocaine (75%; n≤5 in 2021), with few participants (n≤5) reporting use of crack cocaine.

Price, Perceived Purity and Perceived Availability

Few participants (n≤5) reported on the price, perceived purity and perceived availability of cocaine, and therefore, further details are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

5

Cannabis and/or Cannabinoid Related Products

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

Terminology throughout this chapter refers to:

• **Prescribed use:** use of cannabis and/or cannabinoid related products obtained by a prescription in the person's name;
• **Non-prescribed use:** use of cannabis and/or cannabinoid related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
• **Any use:** use of cannabis and/or cannabinoid related products obtained through either of the above means.

Patterns of Consumption

In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed cannabis and/or cannabinoid related products (including hydroponic and bush cannabis, hash, hash oil, CBD extract, THC extract); no participants (0%) reported prescribed use in the six months preceding interview.

In this chapter, data from 2021 and 2022, and from 2000-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash, hash oil). Whilst comparison between 2021-2022 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

Seventy per cent of the sample reported recent use of non-prescribed cannabis and/or cannabinoid related products in 2022 (59% in 2021; p=0.152) (Figure 10).

Frequency of Use

The median days of non-prescribed cannabis use and/or cannabinoid related products remained unchanged at 180 days (IQR=48-180; 180 days in 2021; IQR=48-180, p=0.892). Fifty-five per cent of those who reported recent use and commented (n=49) reported consuming non-prescribed cannabis daily (55% in 2021).

Routes of Administration

All participants who reported recent use of non-prescribed cannabis and/or cannabinoid related products reported smoking (100%; 100% in 2021). No participants reported swallowing non-prescribed cannabis, and few (n≤5) reported inhaling/vaporising (0% in 2021; *p*=0.471).

Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid related products in 2022, the median 'typical' amount used on the last occasion of use was one gram (IQR=1.00-2.00; n=17; 1.00 gram in 2021; IQR=1.00-2.00; *p*=0.378) or 3.5 cones (IQR=2-4; n=28; 2 cones in 2021; IQR=1-4 *p*=0.320).

Forms Used

Of those who reported recent use of any non-prescribed cannabis and/or cannabinoid related products and commented (n=48), all (100%) reported recent use of hydroponic cannabis (98% in 2021), with more participants reporting recent use of outdoor-grown 'bush' cannabis (13%; 0% in 2021; *p*=0.009). No participants reported recent use of hashish (0% in 2021), hash oil (0% in 2021), CBD extract (0% in 2021), or THC extract (not asked in 2021) in the preceding six months.

Figure 10: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid related products, Darwin, NT, 2000-2022
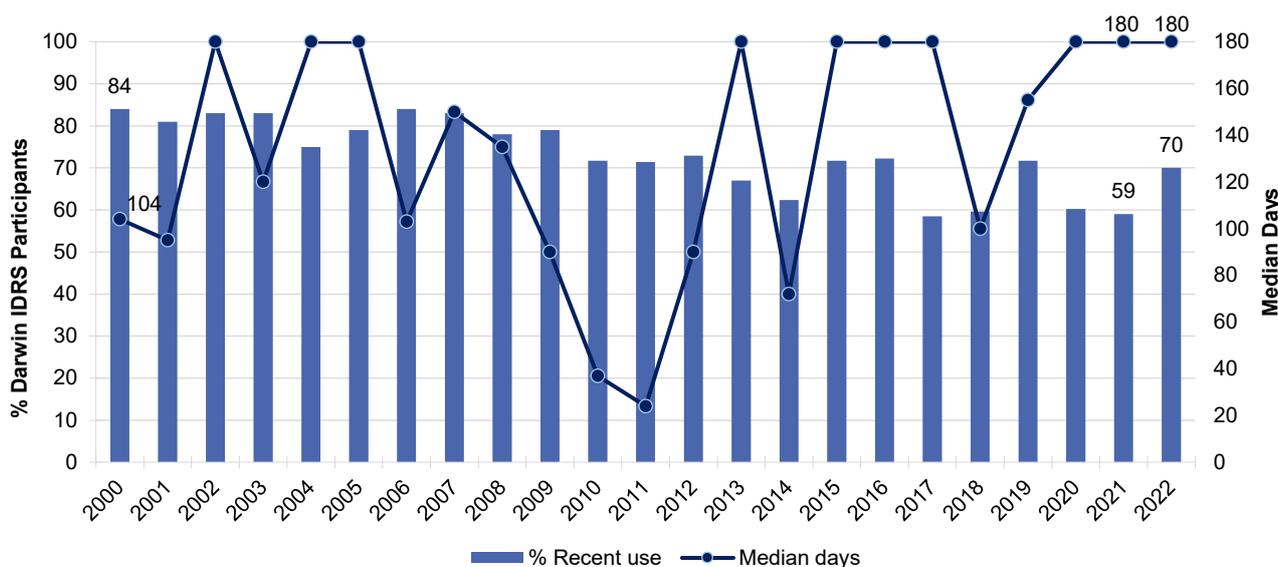
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australian in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Respondents reported a median price of $30 (IQR=30-30; n=17; *p*=0.071) for one gram of hydroponic cannabis, stable since 2006 (Figure 11).

Perceived Potency: Perceived potency of hydroponic cannabis remained stable between 2021 and 2022 (p=0.186). Among those who were able to comment in 2022 (n=38), 39% perceived the potency of hydroponic cannabis to be 'high' (62% in 2021) and 39% reported it as being 'medium' (30% in 2021) (Figure 12).

Perceived Availability: Perceived availability of hydroponic cannabis remained stable between 2021 and 2022 (p=0.349). Among those who were able to comment in 2022 (n=38), 45% perceived current availability as 'very easy' (59% in 2021) and 53% as 'easy' (35% in 2021) (Figure 13).

Bush Cannabis

Few participants (n≤5) reported on the price and perceived availability of cannabis, and only six reported on perceived potency, therefore, further details are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 11: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per gram and ounce, Darwin, NT, 2003-2022

(A) Hydroponic Cannabis
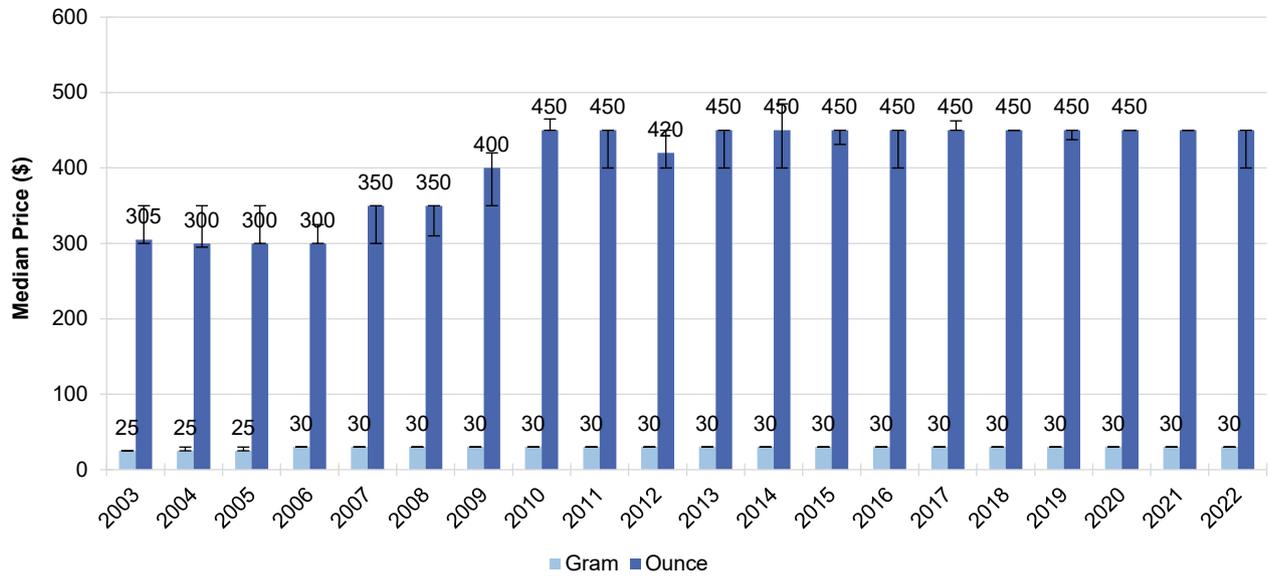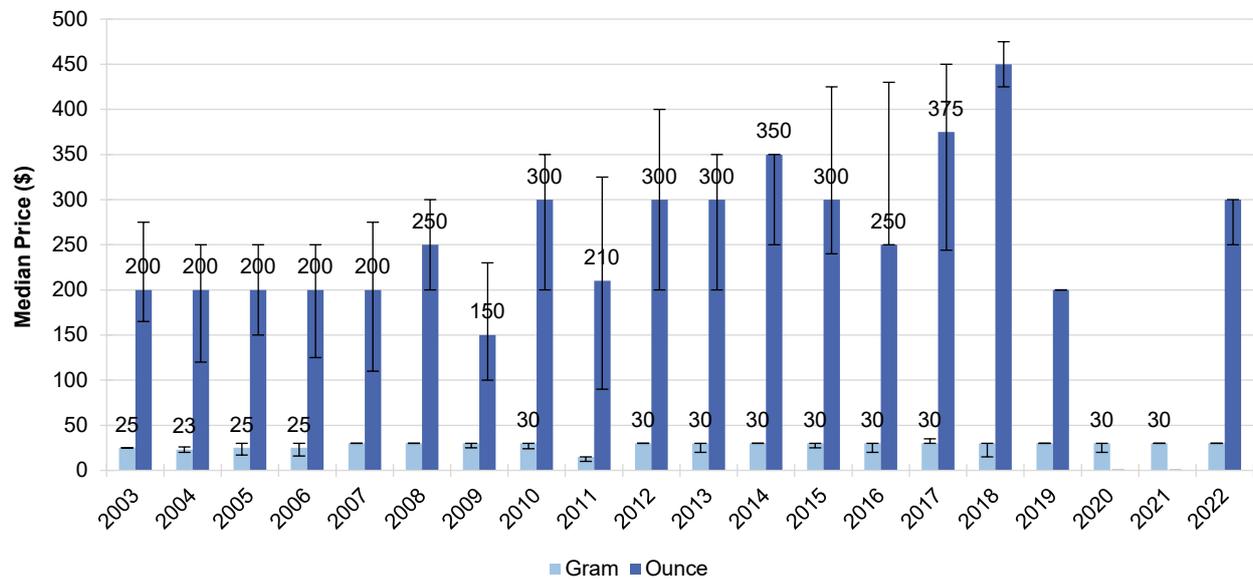
(B) Bush Cannabis

Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Darwin, NT, 2004-2022

(A)   Hydroponic Cannabis

(B)   Bush Cannabis

Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 13: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Darwin, NT, 2004-2022
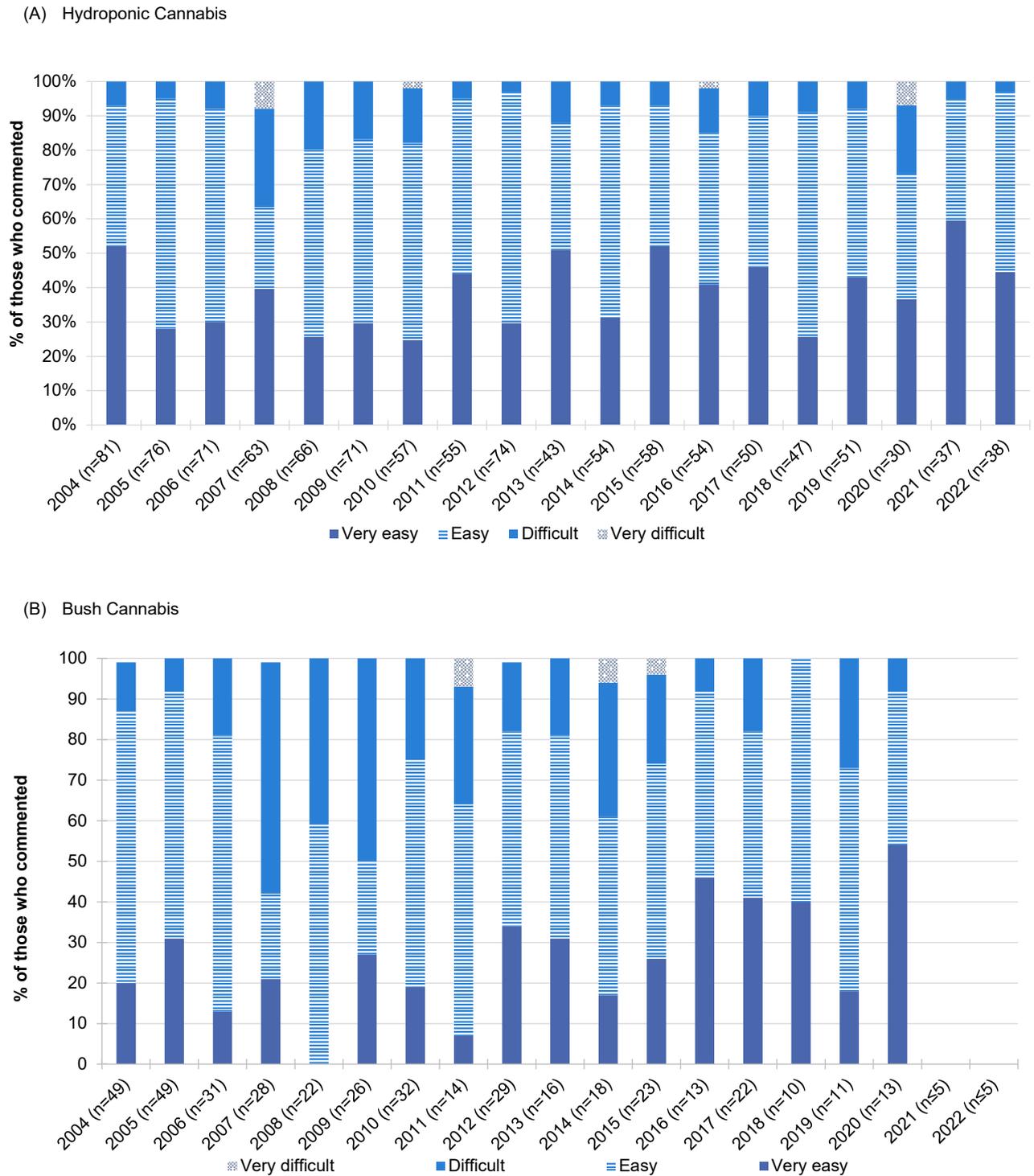
(A) Hydroponic Cannabis

(B) Bush Cannabis

Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

Pharmaceutical Opioids

The following section describes recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to:

- **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name or via another source (e.g., online); and
- **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team (drugtrends@unsw.edu.au).

Methadone

Any Recent Use (past 6 months): Fourteen per cent of the sample reported recent use of any methadone (16% in 2021; p=0.824) (Figure 14). Non-prescribed use remained stable in 2022, with few (n≤5) reporting recent use (10% in 2021; p=0.239).

Frequency of Use: Frequency of non-prescribed methadone syrup was reported by few participants (n≤5) in 2022 (n≤5 in 2021; p=0.667), therefore, these data are suppressed (Figure 14).

Recent Injecting Use: Of those who had recently used any form of methadone in 2022 and commented (n=10), few (n≤5) reported injecting methadone (53% in 2021). Due to low numbers reporting injecting methadone, frequency of injection is not reported for 2022 (18 days in 2021; IQR=2-72; p=0.183).

Figure 14: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Darwin, NT, 2000-2022
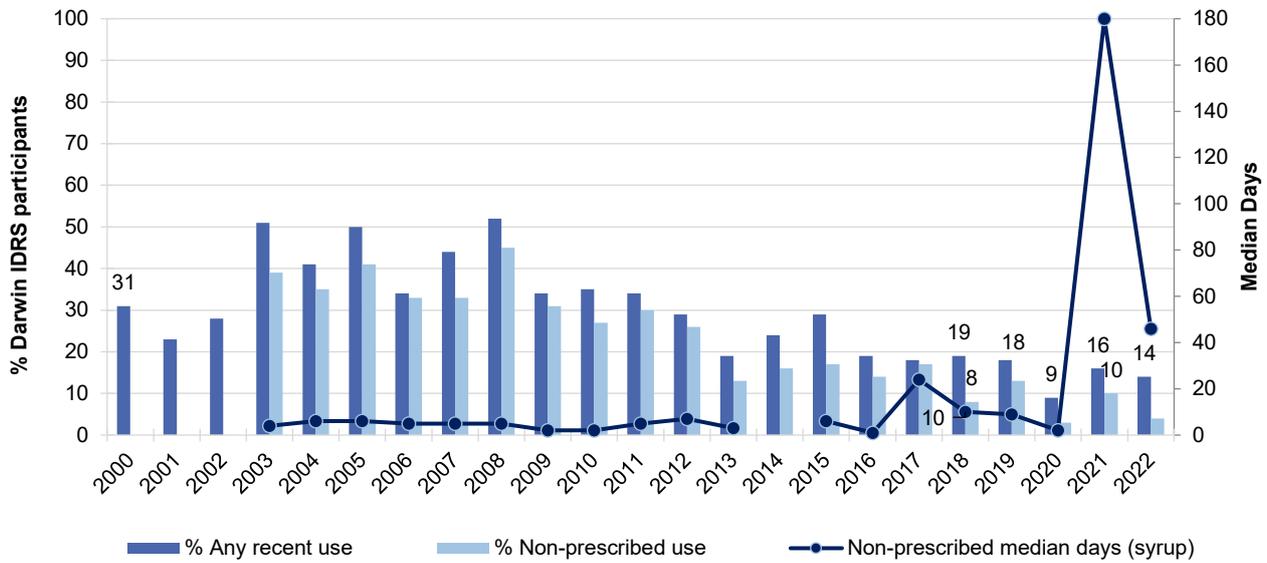
Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000/2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Buprenorphine Tablet

Few (n≤5) participants reported using buprenorphine tablet in the six months prior to interview and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Buprenorphine-Naloxone

Ten per cent of participants reported using any buprenorphine-naloxone in the six months prior to interview (n≤5 in 2021; *p*=0.100) (Figure 15). Few (n≤5) participants reported recent non-prescribed or any injecting use, therefore details on median frequency of non-prescribed use and median frequency of injection in the six months prior to interview are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 15: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Darwin, NT, 2016-2022
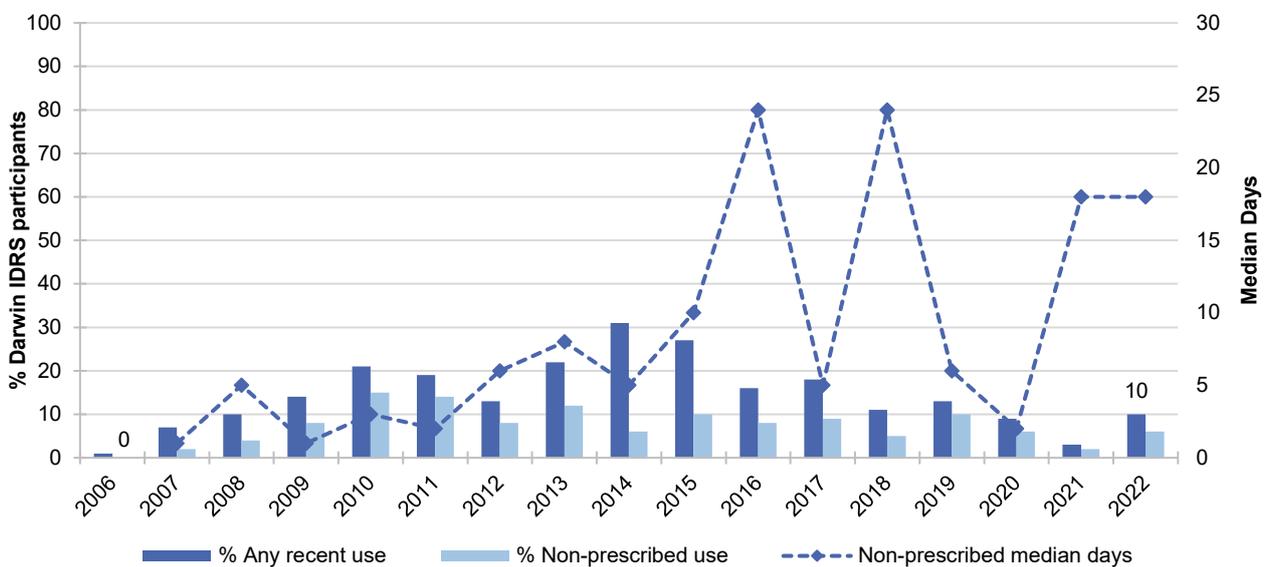
Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2006/2007) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Morphine

Any Recent Use (past 6 months): Recent use of any morphine remained stable in 2022 at 33% (37% in 2021; *p*=0.620). Non-prescribed morphine continued to be the form used most often during the six months preceding the interview, reported by 27% (36% in 2021; *p*=0.246) (Figure 16) of the sample, whilst recent use of prescribed morphine was reported by 9% (11% in 2021; *p*=0.791).

Frequency of Use: Median days of non-prescribed morphine use was relatively stable at 48 days (IQR=14-180; 72 days in 2021; IQR=15-180; *p*=0.895) (Figure 16).

Recent Injecting Use: Of those who had recently used any morphine in 2022 and commented (n=23), the majority of the sample reported injecting morphine (91%; 100% in 2021; *p*=0.153) on a median of 90 days (IQR=20-180; 90 days in 2021; IQR=36-180).

Figure 16: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Darwin, NT, 2010-2022
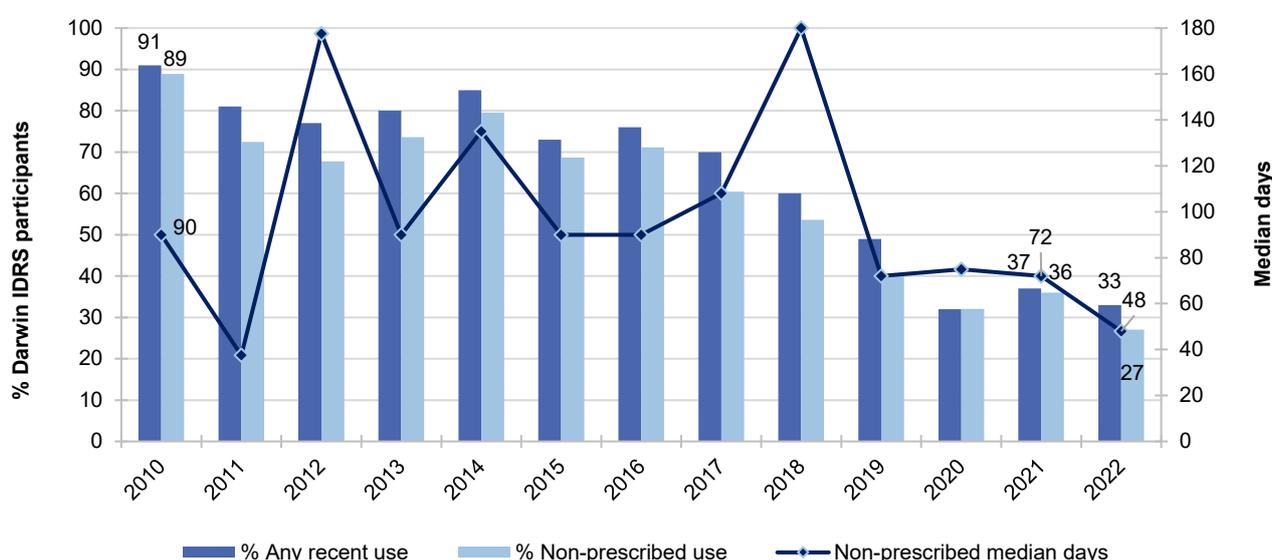
Note. Median days of computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Median days rounded to the nearest whole number. Data labels are only provided for the first (2010) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Oxycodone

Any Recent Use (past 6 months): Nine per cent of participants reported recent use of any oxycodone in 2022, stable relative to 2021 (n≤5; *p*=0.529) (Figure 17), with few participants (n≤5, respectively) reporting prescribed or non-prescribed oxycodone use.

Due to few (n≤5) participants reporting recent non-prescribed or any injecting use, details regarding median frequency of non-prescribed use and median frequency of injection in the six months prior to interview have been suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 17: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Darwin, NT, 2010-2022
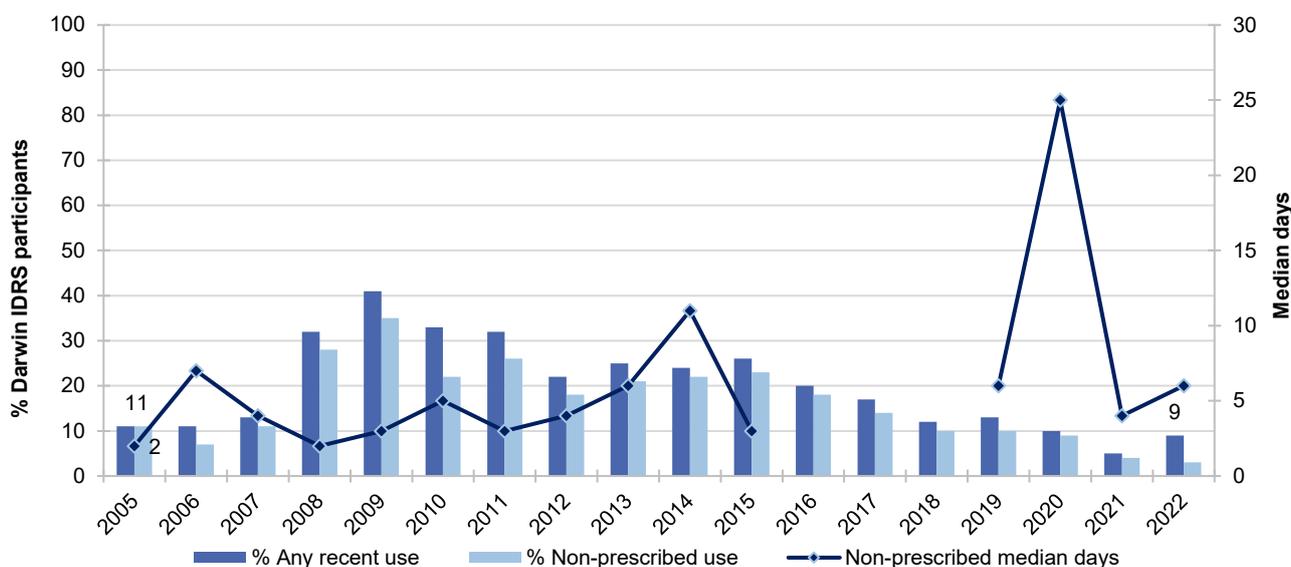
Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2010-2011 and 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Fentanyl

Few (n≤5) participants reported any fentanyl use in the six months prior to interview, therefore no further reporting on patterns of use in 2022 will be included. A historical overview of trends is presented below in Figure 18. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.
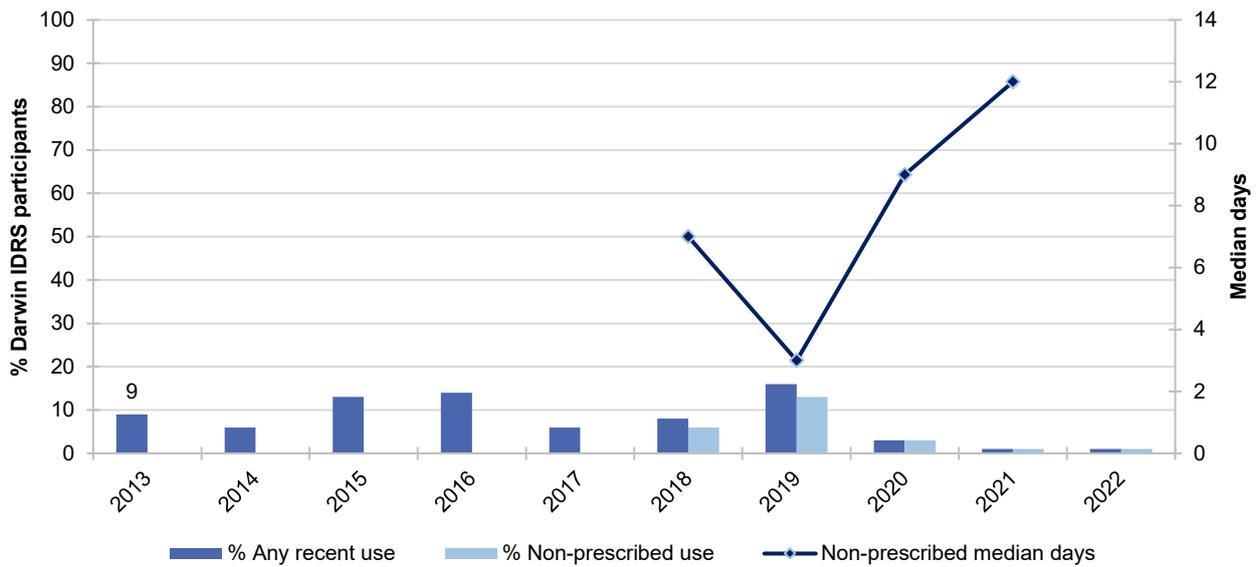
Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 14 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). No participants reported on frequency of fentanyl use in 2022. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.000.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 2). As in 2021, few participants (n≤5) reported recent use or injection of codeine and tramadol, and no participants reported recent use of tapentadol. See Figure 20 in the Northern Territory IDRS 2019 Report for more detailed data on use of codeine.

Table 2: Past six month use of other opioids, Darwin, NT, 2019-2022

% Recent Use (past 6 months)	2019 (N=99)	2020 (N=78)	2021 (N=94)	2022 (N=70)
Codeine^				
Any use	25	-	-	-
Non-prescribed use	10	-	0	-
Any injection#	-	0	-	0
Tramadol				
Any use	16	-	-	-
Non-prescribed use	8	-	-	-
Any injection#	0	-	0	0
Tapentadol				
Any use	0	-	0	0
Non-prescribed use	0	-	0	0
Any injection#	0	-	0	0

Note. - Values suppressed due to small cell size (n≤5 but not 0). ^Includes high and low dose. #Of those who reported past six month use. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

7

Other Drugs

Participants were asked about their recent (past six month) use of various other drugs, including use of new psychoactive substances, non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name, or via another source such as online) of other pharmaceutical drugs, and use of licit substances (e.g., alcohol, tobacco).

New Psychoactive Substances (NPS)

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

Few (n≤5) participants reported using any NPS in the six months prior to interview (0% in 2021; p=0.074) and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six-month use of new psychoactive substances, Darwin, NT, 2013-2022

% Recent Use (past 6 months)	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99	2020 N=78	2021 N=94	2022 N=69
'New' drugs that mimic the effects of opioids	/	/	/	/	-	-	-	0	0	**-**
'New' drugs that mimic the effects of ecstasy	/	/	/	/	0	0	-	0	0	**0**
'New' drugs that mimic the effects of amphetamine or cocaine	-	-	-	-	0[#]	-	0	0	0	**0**
'New' drugs that mimic the effects of cannabis	8	-	12	-	0	11	13	-	0	**-**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	0[#]	0	0	0	0	**0**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0	0	0	0	**0**
Any of the above	11	-	13	7	-	8	9	6	0	**-**

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. [#]In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Few participants (n≤5) reported recent use of any non-prescribed benzodiazepines (9% in 2021; *p*=0.356), non-prescribed 'other' benzodiazepines (7% in 2021; *p*=0.303) and non-prescribed alprazolam (n≤5 in 2021) (Figure 19).

Frequency of Use: Few (n≤5) participants commented on frequency of use of non-prescribed 'other' benzodiazepines in 2022 (6 days in 2021; IQR=4-30; *p*=0.303), and non-prescribed alprazolam (n≤5 in 2021).

Recent Injecting Use: In 2022, no participants reported recent injection of any non-prescribed benzodiazepines, therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Few participants (n≤5) reported recent use of non-prescribed pharmaceutical stimulants in 2022 (6% in 2021) (Figure 20), therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

In 2022, few participants (n≤5) reported recent use of antipsychotics, therefore no further reporting will be included (0% in 2021; *p*=0.181) (Figure 19). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): Eleven per cent of the sample (6% in 2021; *p*=0.271) reported recent use of non-prescribed pregabalin in 2022 (Figure 19).

Frequency of Use: Median frequency of use of non-prescribed pregabalin was five days (IQR=2-7; 2 days in 2021; IQR=1-10; *p*=0.691).

Recent Injecting Use: In 2022, few participants (n≤5) reported recent injection of any non-prescribed pregabalin, therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 19: Past six-month use of non-prescribed pharmaceutical drugs, Darwin, NT, 2006-2022
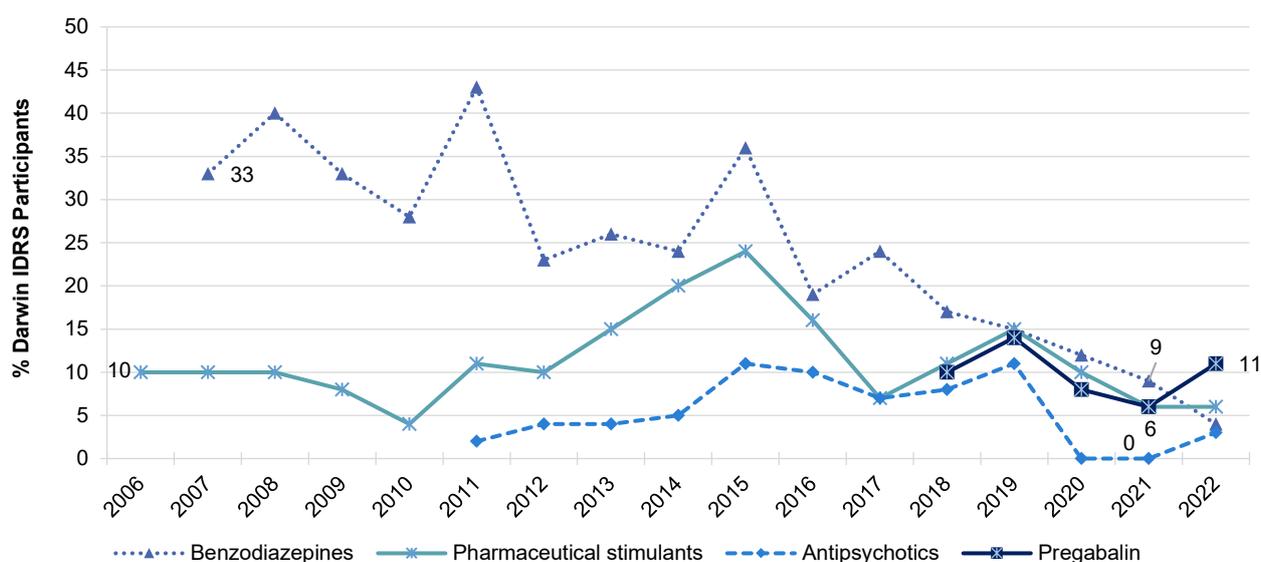
Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018) and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Y axis reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2006/2007/2011/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Forty-seven per cent of the sample reported consuming alcohol in the past six months in 2022, stable relative to 2021 (50%; *p*=0.757) (Figure 20).

Frequency of Use: The median days of alcohol use remained stable at 48 days in both 2021 (IQR=24-180) and 2022 (IQR=12-180; *p*=0.528). Twenty-seven per cent of those reporting recent alcohol use reported daily consumption, stable from 32% in 2021 (*p*=0.801).

Tobacco

Recent Use (past 6 months): Consistent with previous years, the majority (90%) of participants had used tobacco in the previous six months (91% in 2021; *p*=0.785) (Figure 20).

Frequency of Use: Median frequency of use of tobacco in 2022 and 2021 was 180 days (IQR=180-180, *p*=0.042), respectively. Ninety-five per cent of participants who reported recent use of tobacco in 2022 reported daily use, stable relative to 2021 (100% in 2021; *p*=0.074).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few participants (n≤5) reported recent use of prescribed e-cigarettes in 2022.

Few (n≤5) participants reported using non-prescribed e-cigarettes in the six months prior to interview and therefore no further reporting on patterns of use will be included (Figure 20). Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Steroids

Very low numbers (n≤5) reported using non-prescribed steroids in the six months preceding interview in 2022 and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1, 4-BD

No participants reported using GHB/GBL/1, 4-BD in the six months prior to interview and therefore no further reporting on patterns of use will be included (Figure 20). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 20: Past six month use of licit and other drugs, Darwin, NT, 2000-2022
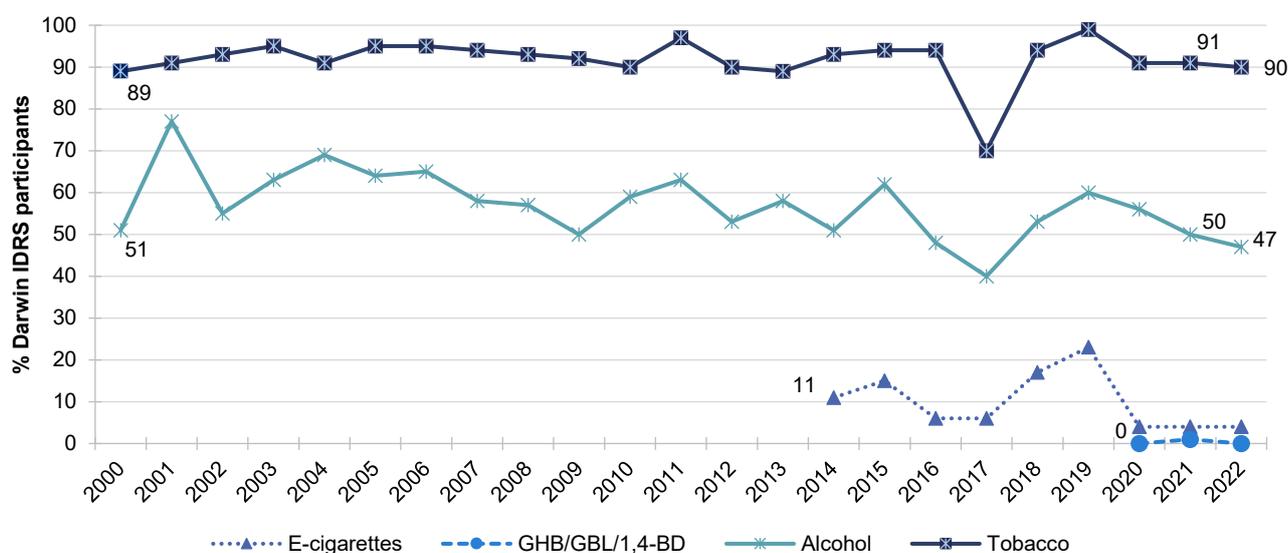
Note. Monitoring of e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

8

Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2022, 96% of participants reported using one or more drugs (including alcohol and prescription medications, but excluding tobacco and e-cigarettes) on the day before interview, whilst 49% reported using two or more drugs. Of those who reported using one or more drugs (n=67), the most commonly used substances were cannabis (50%), stimulants (39%) and opioids (30%).

Twenty per cent of participants reported concurrent use of cannabis and stimulants on the day preceding interview, whilst 13% reported concurrent use of cannabis and opioids. Sixteen per cent reported using cannabis only, 13% reported using stimulants only and 11% reported using opioids only (Figure 21).

Figure 21: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Darwin, NT, 2022
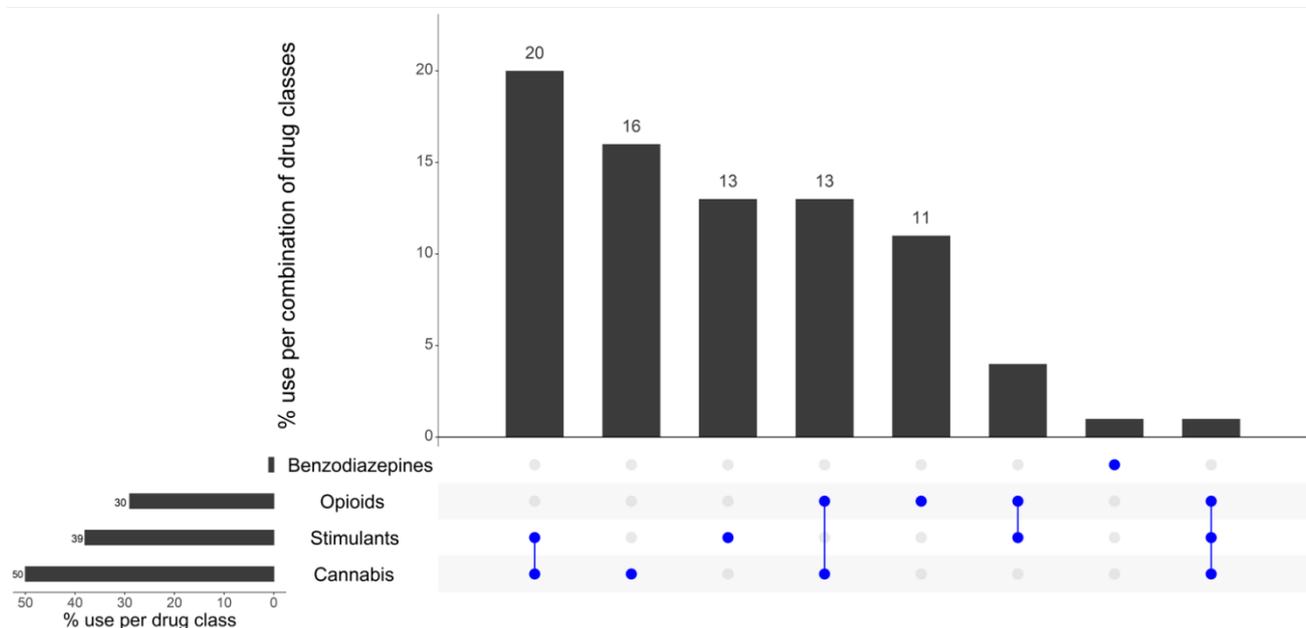
Note. % calculated out of total IDRS 2022 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 23% to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

There has been some variation in the way questions about overdose have been asked over the years.

In 2022, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;

- **Non-opioid overdose** (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following:

  - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and
  - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

Consistent with previous years, no participants reported experiencing a non-fatal overdose in the previous 12 months (n≤5 in 2021). Accordingly, information about overdose is not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over forty years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: Fifty-four per cent of participants reported having heard of naloxone in 2022 (45% in 2021; p=0.273) (Figure 22).

Awareness of Take-Home Programs (training program): The per cent reporting that they were aware of the take-home naloxone programs increased from 18% in 2013 to a peak of 59% in 2018. Following this, a downward trend has been observed, with 34% reporting awareness in 2022, stable relative to 2021 (34%) (Figure 22).

Participation in Training Programs: In 2022, fewer participants (n≤5) had been trained in how to administer naloxone in their lifetime than in 2021 (13% in 2021; p=0.025) (Figure 22). Due to low

numbers reporting having been trained in naloxone administration in 2022, location of training is not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Accessed Naloxone: Fewer participants reported having ever accessed naloxone in 2022, relative to 2021 (n≤5; 45% in 2021; *p*=0.043). Out of those who had either ever had trouble accessing naloxone or never accessed naloxone (n=55), the main reasons comprised 'don't use opioids' (27%) and 'don't consider myself/my peers at risk of overdose' (11%). Few participants (n≤5) cited other reasons.

Due to low numbers (n≤5) reporting having ever accessed naloxone in 2022, further patterns of use and access are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 22: Lifetime awareness of take-home naloxone program and distribution, Darwin, NT, 2013-2022
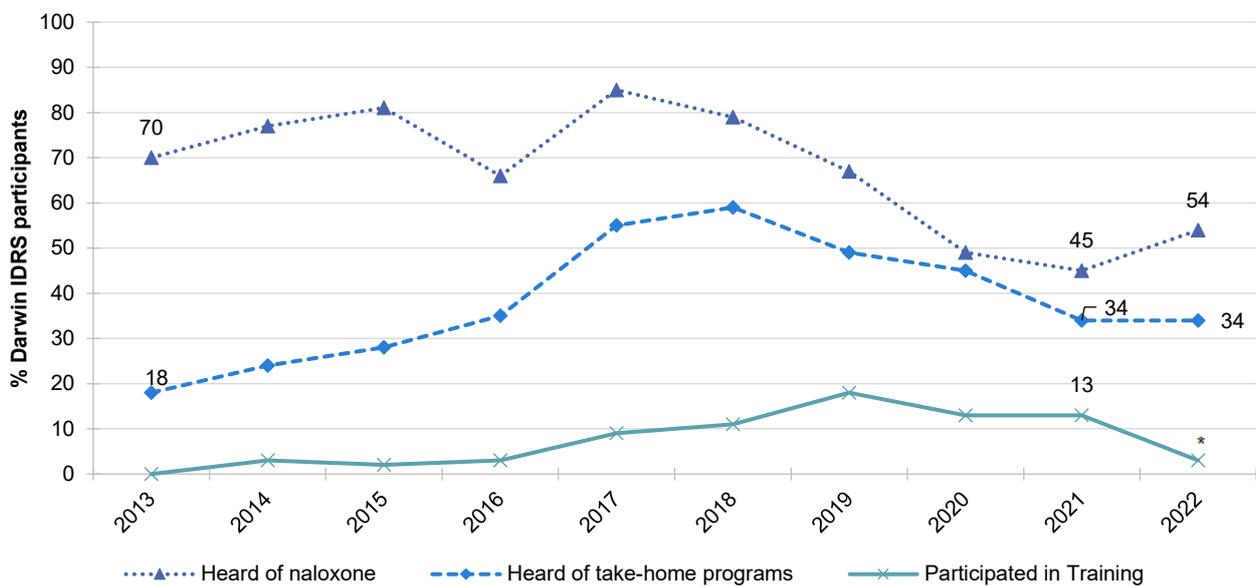
Note. Data labels are only provided for the first (2013) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

In 2022, few participants (n≤5) reported receptive (n≤5 in 2021, p=0.701) or distributive (n≤5 in 2021; p=0.725) needle sharing in the month prior to interview (Table 4), while one-fifth (20%; 14% in 2021; p=0.398) had reused their own needle (Figure 23).

Twenty-three per cent reported that they had injected someone else after injecting themselves, stable from 14% in 2021 (p=0.156) and thirteen per cent were injected by someone else who had previously injected in the past month (7% in 2021; p=0.287) (Table 4). Sharing of other injecting equipment also remained stable, with few participants (n≤5) reporting sharing in 2021, compared with 10% in 2022 (p=0.207).

Location of last injection remained stable between 2021 and 2022 (p=0.167). As in previous years, the majority of participants (88%) had most recently injected in a private home (91% in 2021). For both 2021 and 2022, few (n≤5) participants reported injecting on a street/park or beach.

Figure 23: Borrowing and lending of needles and sharing of injecting equipment in the past month, Darwin, NT, 2010-2022
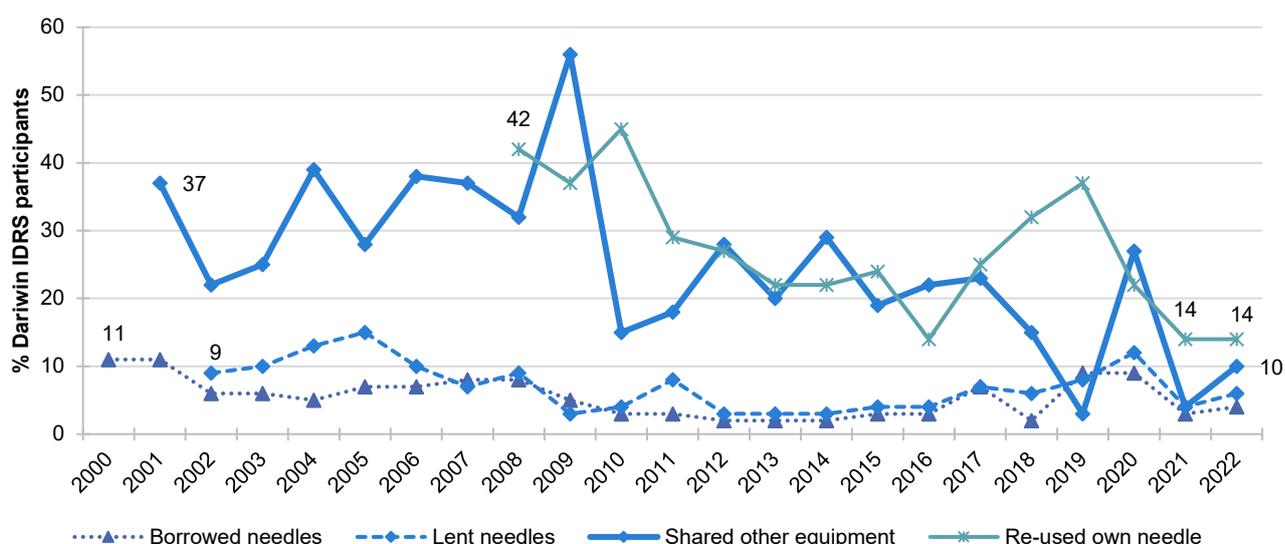
Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000/2002/2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Per cent reporting lending needles missing from 2000-2001. Per cent reporting sharing other equipment missing for 2001. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Sharing and re-using needles and injecting equipment in the past month, nationally, 2022, and Darwin, NT, 2015-2022

| | Darwin, NT | | | | | | | | National |
	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99	2020 N=78	2021 N=94	2022 N=70	2022 N=879
% Injecting behaviours past month									
Borrowed a needle	N=99 -	N=90 -	N=107 7	N=98 -	N=98 9	N=78 9	N=94 -	**N=70 -**	N=868 4
Lent a needle	N=99 -	N=90 -	N=106 7	N=98 -	N=95 8	N=78 12	N=94 -	**N=70 -**	N=865 8
Shared any injecting equipment ^	N=99 22	N=90 22	N=107 25	N=98 16	N=99 -	N=78 27	N=94 -	**N=70 10**	N=872 20
Re-used own needle	N=97 24	N=90 14	N=104 25	N=98 32	N=98 37	N=78 22	N=94 14	**N=70 20**	N=865 35
Injected partner/friend after self˜	/	N=90 26	N=106 41	N=98 34	N=99 30	N=78 28	N=94 14	**N=70 23**	N=866 27
Somebody else injected them after injecting themselves˜	/	N=90 18	N=106 20	N=98 16	N=99 21	N=78 18	N=94 7	**N=70 13**	N=865 15
% Location of last injection	N=97	N=90	N=105	N=98	N=98	N=78	N=94	**N=69**	N=868
Private home	**90**	96	91	92	86	85	91	**88**	78
Car	-	-	-	-	-	13	-	**-**	5
Street/car park/beach	-	-	-	-	-	-	-	**-**	6
Public toilet	-	-	0	-	6	-	0	**-**	5
Medically supervised injected services	-	0	0	0	-	0	-	**0**	2
Other	**90**	96	91	92	86	85	91	**0**	1

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ˜ With a new or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Not asked. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Self-Reported Injection-Related Injuries and Diseases

Sixteen per cent of participants reported experiencing an injection-related health problem in the month prior to interview, a significant increase from n≤5 n 2021 (p=0.002) (Table 5). However, few participants (n≤5) were able to comment on individual injection-related health problems. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Table 5: Injection-related issues in the past month, Darwin, NT, 2020-2022

	2020	2021	2022
	(N=78)	(N=94)	(N=69)
% Artery injection	-	-	**0**
% Any nerve damage	-	0	-
% Any thrombosis	-	0	-
Blood clot	-	0	-
Deep vein thrombosis	-	0	-
% Any infection/abscess	-	-	-
Skin abscess	**0**	-	-
Endocarditis	-	0	**0**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	**0**	0	**0**
% Dirty hit	**0**	-	-
% Any injection-related problem	-	-	**16****

Note. - Values suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Drug Treatment

Ten per cent of participants reported currently being in any form of drug treatment for their substance use (11% in 2021), with methadone (9%) being the most commonly reported treatment (6% in 2021; p=0.766).

Table 6: Current drug treatment, nationally, 2022, and Darwin, NT, 2015-2022

	Darwin, NT								National
	2015 N=98	2016 N=90	2017 N=	2018 N=108	2019 N=99	2020 N=78	2021 N=94	2022 N=70	2022 N=879
% Current drug treatment	23	12	17	22	10	8	11	**10**	38
Methadone	12	-	-	-	-	-	6	**9**	24
Buprenorphine	-	0	-	0	0	-	-	**0**	2
Buprenorphine-naloxone	-	7	7	-	-	-	-	**0**	5
Buprenorphine depot injection	/	/	/	/	0	0	-	**0**	4
Drug counselling	0	**0**	-	-	0	-	-	**-**	9
Other	-	-	6	-	0	0	0	**0**	3

Note. - Values suppressed due to small cell size (n≤5 but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Bloodborne Virus Testing and Treatment

In 2022, 40% of participants reported that they had received a Hepatitis C virus (HCV) antibody test in the past year (27% in 2021; p=0.095), 38% had received an RNA test (23% in 2021; p=0.055) and few (n≤5) reported having a current HCV infection (7% in 2021; p=0.735). Nine per cent of the sample

reported that they had received HCV treatment in the past year (7% in 2021; *p*=0.765). Few participants (n≤5) commented on the success of their treatment (Table 7).

The majority (69%) of participants reported having ever had a test for human immunodeficiency virus (HIV) (13% within the past six months; 56% more than six months ago), with the majority reporting that they had never received a positive diagnosis (98%) (Table 7).

Table 7: HCV and HIV testing and treatment, nationally, 2022, and Darwin, NT, 2018-2022

| %	Darwin, NT					National
	2018 N=99	**2019** N=99	**2020** N=78	**2021** N=94	**2022** N=70	**2022** N=879
Past year Hepatitis C test (n)						
Past year hepatitis C antibody test	N=94 41	N=95 47	N=75 36	N=94 27	**N=67** **40**	N=846 43
Past year hepatitis C PCR or RNA test	N=90 30	N=90 28	N=74 31	N=94 23	**N=65** **38**	N=803 37
Current hepatitis C status (n)						
Currently have hepatitis C^	N=88 13	N=85 14	N=74 -	N=91 7	**N=66** **-**	N=805 7
Past year treatment for hepatitis C (n)						
Received treatment in past year	N=94 10	N=95 7	N=75 13	N=92 7	**N=67** **9**	N=835 10
Most recent treatment was successful (among those who had received treatment in past year)	N=8 100	-	N=10 80	N=6 -	N=6 -	N=85 69
HIV test (n)				N=94	**N=68**	N=823
HIV test in past 6 months	/	/	/	9	**13**	23
HIV test more than 6 months ago	/	/	/	50	**56**	55
HIV status (n)				N=55	**N=47**	N=633
Lifetime HIV positive diagnosis	/	/	/	-	**-**	3

Note. ^Denominator includes people who had not been tested for HCV. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p*<0.050; **p*<0.010; ***p*<0.001.

Mental Health

In 2022, 22% of the sample self-reported that they had experienced a mental health problem in the preceding six months (21% in 2021) (Figure 24). Amongst this group, the most commonly reported problems were depression (47%) and anxiety (47%).

Amongst those who self-reported a mental health problem during the past six months, few participants (n≤5) reported seeing a mental health professional during the past six months, a decrease from 75% in 2021; *p*=0.019). Due to low numbers reporting having seen a mental health professional during the last six months, information on prescription of medication for mental health is suppressed.

Figure 24: Self-reported mental health problems and treatment seeking in the past six months, Darwin, NT, 2004-2022
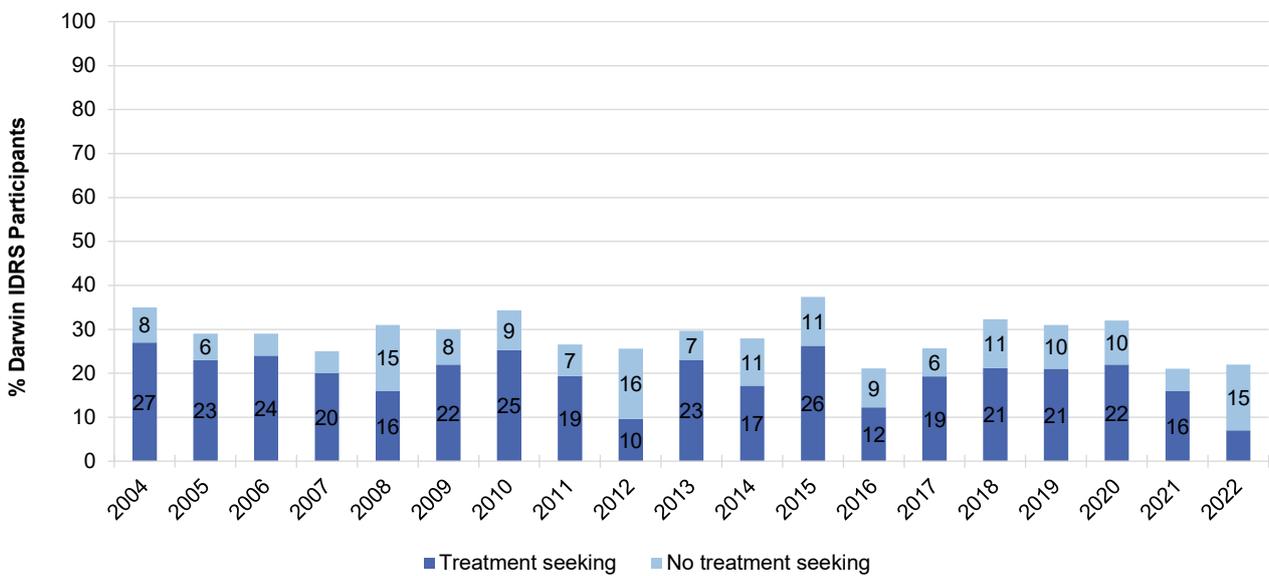

Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.
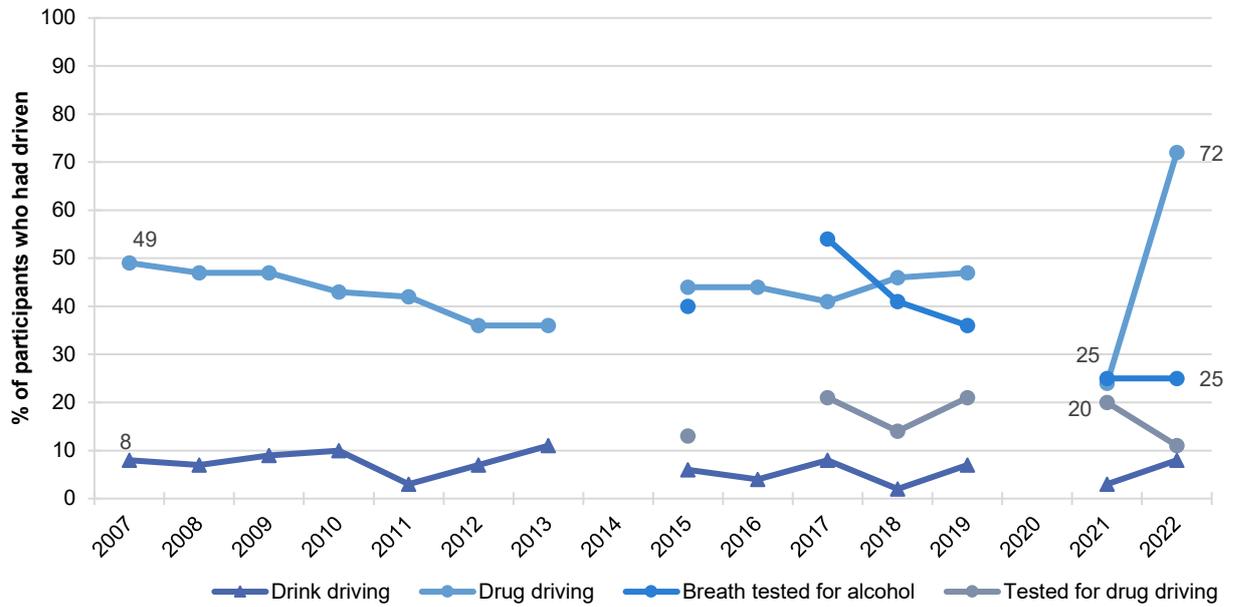
Driving

Fifty-one per cent of the Darwin sample had driven a car, motorcycle or other vehicle in the last six months (Figure 25). Among these participants, few (n≤5) reported driving while over the perceived legal limit of alcohol (n≤5 in 2021), while 72% reported driving within three hours of consuming an illicit drug in the last six months (24% in 2021; p=0.235) (Figure 26). Few Darwin participants (n≤5) reported that they had been tested for drug driving by the police roadside drug testing service, and 25% reported being breath tested for alcohol by the police roadside testing service in the past six months (Figure 26).

Figure 25: Self-reported driving in the past six months, Darwin, NT, 2007-2022
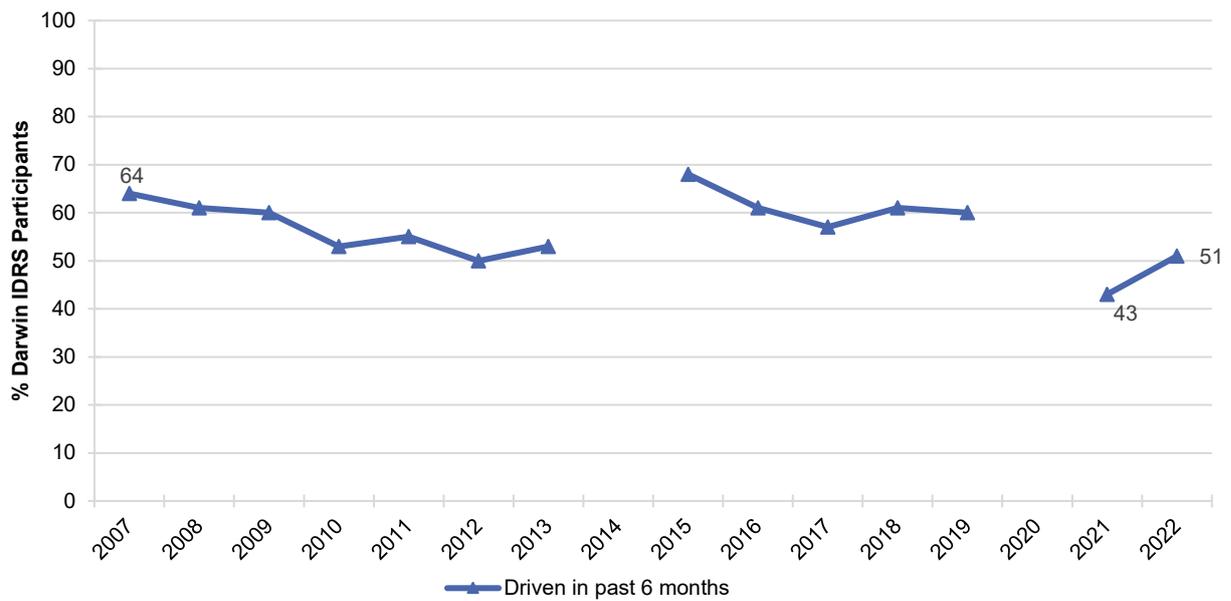
Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 26: Self-reported testing and driving over the (perceived) legal limit for alcohol and within three hours following illicit drug use in the last six months, among recent drivers, Darwin, NT, 2007-2022

Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 and 2020, and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

Few participants (n≤5) reported that they or someone else had ever tested the contents and/or purity of their illicit drugs in Australia. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Experience of Crime and Engagement with the Criminal Justice System

Thirty per cent of the Darwin IDRS sample reported engaging in 'any' criminal activity in the month prior to interview (18% in 2021; p=0.096), with property crime (17%; 13% in 2021; p=0.496) and selling drugs for cash profit (16%; 10% in 2021; p=0.241) remaining the most commonly reported crimes (Figure 27). Few participants (n≤5; n≤5 in 2021) reported being the victim of a violent crime in the month preceding interview.

Twelve per cent of the sample had been arrested within 12 months of the interview In 2022 (15% in 2021; p=0.646), and few participants (n≤5) reported a drug-related encounter in the last 12 months which did not result in charge or arrest (data not collected in 2021). Sixty-one per cent of the sample reported a lifetime prison history in 2022, stable from 55% in 2021 (p=0.526).

Figure 27: Self-reported criminal activity in the past month, Darwin, NT, 2000-2022
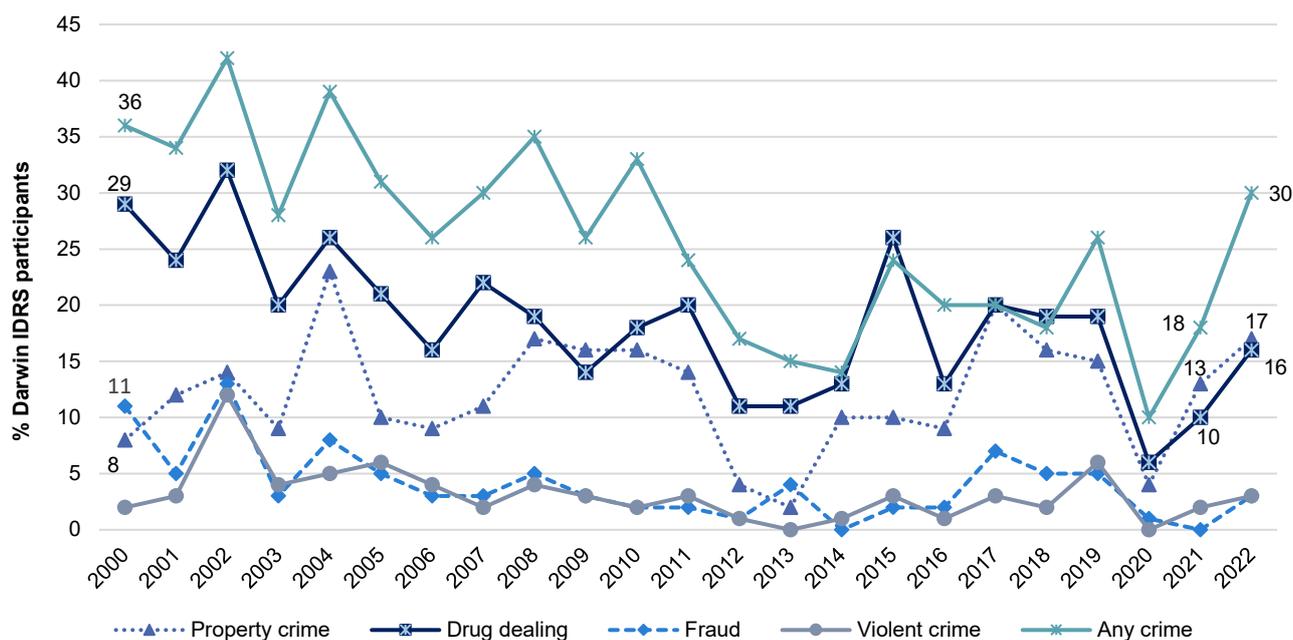
Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

COVID-19 Testing and Diagnosis

Seventy-one per cent of the Darwin sample had been tested for SARS-COV-2 in the 12 months prior to interview (28% in 2021), of whom 46% had been tested via PCR testing and 40% via Rapid Antigen Testing. Thirty per cent of participants reported having been diagnosed with the virus.

In 2022, 24% of participants reported quarantining for at least seven days due to a positive test or possible exposure in the past 12 months, with few (n≤5) quarantining in the month prior to interview and 14% in the six months prior to interview. At the time of interview, 93% reported that they had received at least one COVID-19 vaccine dose (median 3 doses; few (n≤5) received one dose, 36% received two doses; 52% received three or more doses).

When asked how worried they currently were about contracting COVID-19, 48% of participants reported some level of concern. In 2022, 32% responded that they were 'slightly' concerned, 12% reported 'moderately' concerned and few (n≤5) reported that they were 'very' concerned (Figure 28). Furthermore, 70% of participants reported that they would be concerned about their health if they did contract COVID-19, with 24% reporting that they would be 'slightly' concerned, 15% reporting 'moderately', 26% reporting that they would be 'very' concerned, and few (n≤5) reporting that they would be 'extremely' concerned.

Figure 28: Current concern related to contracting COVID-19, Darwin, NT, 2020-2022
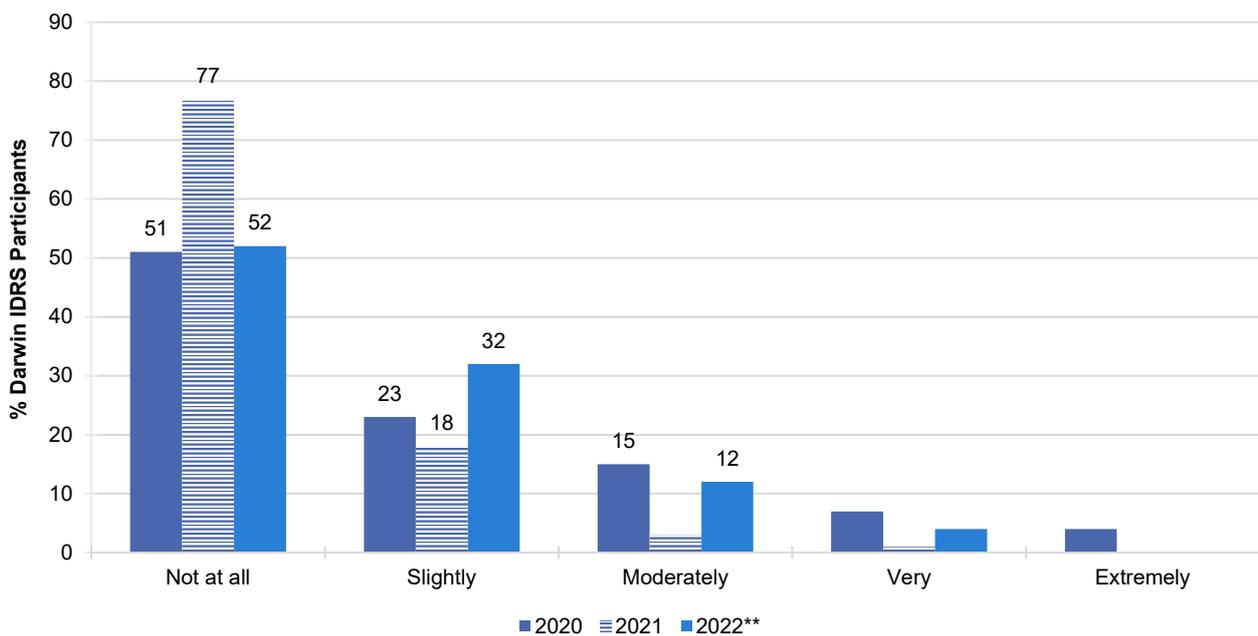
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.