J. Newman and C. Moon

NT DRUG TRENDS 2005
Findings from the Illicit Drug Reporting System (IDRS)

NDARC Technical Report No. 243

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Jaclyn Newman and Chris Moon

Alcohol and Other Drugs Program
Department of Health and Community Services

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AGDHA	Australian Government Department of Health and Ageing
AFP	Australian Federal Police
AODTS	Alcohol and Other Drugs Treatment Services
BBVI	Blood-borne viral infections
CDHA	Commonwealth Department of Health and Ageing
GP	General Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIC	Health Insurance Commission
HIV	Human immuno-deficiency virus
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user(s)
KE	Key expert(s)
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program (NT AIDS Council)
NT	Northern Territory
NTAHC	Northern Territory AIDS and Hepatitis Council
NTDHCS	NT Department of Health and Community Services
OPP	Opiate Pharmacotherapy Program
PBS	Pharmaceutical Benefit Scheme

EXECUTIVE SUMMARY

This report presents the results of the 2005 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT). This is the seventh year that the IDRS has been conducted in the NT.

The IDRS is coordinated by the National Drug and Alcohol Research Centre (NDARC) which is part of the University of NSW. It is jointly funded by the Australian Government Department of Health and Ageing (the Department) and by the National Drug Law Enforcement Research Fund (NDLERF).

The IDRS combines data from a survey of injecting drug users (IDU), a survey of key experts (KE) and the collation of illicit drug-related indicator data to monitor the price, purity and availability of a range of illicit drug classes and to identify emerging trends in illicit drug use and the illicit drug market.

Demographic characteristics of injecting drug users

As in previous years, the IDU sample was primarily male (71%), aged in the mid-to-late-thirties (mean=38 years), spoke English at home, and was unemployed (81%). Fifteen percent of the sample identified as indigenous, 56% had been in prison, and 24% were in treatment at the time of interview.

Patterns of drug use among IDU

The five illicit drugs most commonly used by the IDU sample in the last six months remain unchanged from the previous year: morphine, cannabis, speed powder, benzodiazepines and some form of methadone. Morphine use and injection among the IDU remains stable compared to last year; diverted MS Contin is still the preferred form, although Kapanol use is increasing. Recent speed use and injection continues to rise while recent use and injection of the other two forms of methamphetamines, base and crystal, have declined. Recent use and injection of heroin has fluctuated over the last three years. The proportion using and injecting illicit methadone syrup increased this year, with the other forms fluctuating.

Heroin

- At a median of $80 per cap, the price of heroin has increased compared to last year.
- Purity continues to be rated as low.
- Occurrence of heroin use in the NT IDU sample has decreased this year, but is still greater than that found in 2003.
- Availability continues to be limited, with heroin rated by most users as difficult or very difficult to obtain.

Methamphetamine

- The median price of a gram of powder has increased from $100 in 2003 to $280 in 2005.
- IDU continue to rate speed and base as easy to obtain, while crystal is rated equally as 'easy' and 'difficult'.
- Powder continues to be the most common and most frequently used form, and recent use of base and crystal show decreases since 2003.
- Recent methamphetamine use and injection remains high, with continuing increases in the proportions of IDU reporting injection.

- Median days of use for all forms of methamphetamine have risen since last year..

Cocaine

- Cocaine use in the NT remains low with some indication that its presence and use has increased slightly in the last two years.

Cannabis

- The price of cannabis remains unchanged since 2003 at around $25 for a gram of any form, $300 for an ounce of the hydroponic form and $200 for an ounce of bush cannabis.
- Cannabis continues to be rated as easy or very easy to obtain by both key experts and IDU.
- The potency of cannabis is quoted as medium to high, as in previous years.
- AODTS treatment episodes with cannabis as the primary or other drug of concern is decreasing.
- The number and weight of cannabis seizures continues to increase in the NT.

Use of illicit pharmaceuticals

- The price of morphine is stable at $50 for a 100mg tablet of MS Contin but increased for Kapanol.
- Most IDU who commented continue to report morphine as 'easy' to obtain.
- The use of licit morphine among the IDU sample has remained stable since last year and illicit use has decreased.
- MS Contin continues to be the primary injected opiate in Darwin.
- Recent use of licit methadone and illicit Physeptone has increased since 2004.

Associated harms

- Some injection-related risk behaviours have increased, including borrowing and sharing needles.
- Selected injection-related health problems increased among the IDU and particularly among those injecting benzodiazepines.
- In 2004, morphine injectors were more likely to report an injection-related problem; this year it is benzodiazepine injectors who are more likely.
- Just under half of the sample had recently driven soon after taking an illicit drug; most commonly this was morphine.
- Proportions reporting experiencing mental problems remain consistent.
- Almost a third of IDU reported being verbally aggressive whilst coming down from a drug; this was most commonly from morphine.
- Arrest rates and crime have gone down in all categories except violent crimes.

1.0 INTRODUCTION

This report presents the results of the 2005 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT).

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

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

In the NT, a partial IDRS, not including the IDU survey, was conducted by the then Territory Health Services (now NT Department of Health and Community Services (DHCS)) in 1999. In 2000 and 2001 the full methodology was conducted through the then Northern Territory University (now Charles Darwin University). In 2002, 2003, 2004 and this year the full IDRS has been conducted by the NT DHCS. Reports of these studies are available to download from the NDARC website: Rysavy, O'Reilly & Moon 1999; O'Reilly & Rysavy 2000; O'Reilly 2001; Duquemin & Gray 2002, Moon 2003; Moon 2004.

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

1.1 Study Aims

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

1. to monitor the price, purity and availability of a range of illicit drug classes in the NT; and

2. to identify emerging trends in illicit drug use and the illicit drug market in the NT.

2.0 METHOD

The methodology for the IDRS was trialled during 1996 and 1997, initially in Sydney and then in other states (Hando et al, 1998). The methodology (described in the following section) was partially used in every state and territory in 1999, and since 2000 has been fully applied in each state and territory on an annual basis.

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

2.1 Survey of injecting drug users (IDU)

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

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

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

In the NT, interviews were conducted in Darwin and Palmerston during June 2005 with 107 people meeting the criteria mentioned above. Participants were recruited through fliers posted at the Needle and Syringe Programs (NSP), at the sexual health clinic, and through word of mouth. The interviews were conducted by four trained interviewers, one of whom had conducted IDU interviews for the past three years. Interviews were conducted at the Darwin and Palmerston NSPs.

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

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

Data analysis was conducted using SPSS for Windows Version 14.1 (SPSS Inc.).

2.2 Survey of key experts (KE)

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

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

In Darwin and Palmerston, interviews were conducted with seven key experts during July through October. All interviews were conducted face-to-face. Key experts included:

- 1 researcher
- 1 psychiatrist
- 1 sexual health nurse
- 6 D&A counsellor/caseworkers
- 1 coordinator of D&A services
- 1 needle exchange worker
- 1 prison treatment intervention worker
- 1 police officer
- 1 Opiate Pharmacotherapy Program Medical Officer
- 1 GP
- 1 court clinician/diversion officer
- 1 group at a high school including:
    - student counsellor
    - home liaison officer
    - Aboriginal and Islander Education worker
    - year 8 coordinator
    - assistant principal
    - senior teach
    - pastoral care worker

Seven key experts provided information chiefly about morphine, two about methamphetamine, seven about cannabis and one about methadone. Interviews took between 40 minutes and 90 minutes. Notes were taken at the time of interview and later transcribed and analysed for recurring themes.

2.3 Other indicators

The third set of information comprises secondary data sources that relate to illicit drug use. Recommended criteria for inclusion in the study are that the data must be available at least annually, include 50 or more cases, be collected in the city or jurisdiction of the study, provide brief details on illicit drug use, and must include details of the four main illicit drugs under investigation (Hando et al, 1998).
Due to the small population of the NT, many of the data sources available to other states and territories report very small numbers regarding the NT and fail to meet the above criteria. Where no other secondary sources are available, some findings from such data sources are noted, but should be interpreted with caution. Data are presented for a time period that overlaps as closely as possible with the period of the IDRS, but where this is not available the most recent data available are included.

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

- 2003 Australian Bureau of Statistics data on opioid overdose deaths in Australia.
- Annual report of the National Notifiable Diseases Surveillance System.
- Australian Needle and Syringe Program Survey National Data Report 1995-2004.
- Northern Territory Integrated Justice Information System.
- The NT Office of Crime Prevention.
- The Australian Crime Commission Illicit Drug Report, various years.
- The NT Alcohol and Other Drug Treatment Services Client Database.
- The NT DHCS Corporate Information Services
- Alcohol and Drug Information Service annual reports
- Australian Institute of Health and Welfare
- NT Poisons Control
- AGDHA Medicare statistics
- National Centre in HIV Epidemiology and Clinical Research.

[1] Full publication details are provided in the references list

3.0 RESULTS

3.1 Overview of the IDU sample

The demographic characteristics of the 107 injecting drug users interviewed are presented in Table 1. Fifteen percent of the sample identified as indigenous (56% male) and all but two listed English as the main language spoken at home. The mean age of the entire sample was 38 years. The majority of the sample was heterosexual (89%). IDU had completed 10 years of education on average and almost half (46%) had not completed any tertiary education. Over half of the IDU had previously been in prison (56%) and a quarter (24%) reported they were currently in treatment.

Table 1: Demographic characteristics of the IDU sample, 2004-2005

	2003 n=109	2004 n=111	**2005 n=107**
Age (mean years, range)	37 (19-62)	36 (19-55)	**38 (21-63)**
Sex (% male)	69	75	**71**
Employment (%):			
Not employed	75	83	**81**
Full-time	9	5	**5**
Part-time/casual	14	11	**9**
Home duties	2	2	**4**
Student^	-	-	**1**
Sex work*	0	0	**5**
A&TSI (%)	13	17	**15**
Heterosexual^ (%)	-	-	**89**
School education (years)	10	10	**10**
Tertiary education (%):			
None	45	49	**46**
Trade/technical	39	42	**36**
University/college	17	8	**18**
Currently in drug treatment (%)	24	20	**24**
Prison history (%)	48	49	**56**

Source: IDRS IDU Interviews
*** Received income from sex work in last month**
^ Data were not collected in 2003-2004

Amongst those who reported current drug treatment, 16 were in methadone treatment, 4 in buprenorphine treatment, 3 were getting Physeptone, 2 were getting GP-prescribed morphine and one reported they were receiving an unspecified treatment from their GP.

There were significant gender differences in the sample: on average the females were younger, (35 vs. 40) (t_{105}=-2.41, p>=.05), and had completed more years of education (10.3 vs. 9.6) (t_{105}=2.05, p>=.05). Fewer males had completed tertiary education (32% vs. 53%) (χ^2=9.10, p<.05), more males were unemployed (83% vs. 77%), more females were in treatment (39% vs. 18%) (χ^2=4.92, p<.05), and more males had a previous prison history (36% vs.. 65%) (χ^2=7.51, p<.01).

The 2005 respondent demographic profile shown in Table 1 is consistent with previous years, with a somewhat older sample, and slightly more university/college-trained respondents and previous incarcerations in 2005.

3.2 Drug use history and current drug use

The profile of drug use history and recent drug use reported by the 2005 IDU sample is similar to previous years. The mean age of first injection was 21 years, slightly older than the previous year (Table 2). Again, methamphetamines were the most frequently listed first drug injected (49%), with heroin second (38%). The proportion first injecting morphine had been on a decline since 2001; however, this year it increased to 8%.

Consistent with previous years, heroin was the main drug of choice (34%); however, this figure has dropped compared to 2004, while amphetamines (27%) and in particular speed (24%) has increased. Again, the drug most often injected in the month prior to the interview was morphine (60%); however, this proportion is at its lowest since 2001. Methamphetamines (26%), and in particular speed (25%), was the second most frequently injected drug. As found last year, only four percent (4%) had injected heroin most often.

Morphine remains the most common last drug injected (59%); however, this proportion has gone up and down since 2002. Methamphetamines (27%, 26% speed) were the second most common last drug to be injected. As reported last year, these two drugs continue to show an exchange, with increases in one from year-to-year being reflected in decreases in the other.

The distribution of injection frequency has changed a little this year compared to 2004 with less injecting daily (15%) and more injecting either less than daily (46%) or 2-3 times a day (39%). 2001 and 2002 still record the highest proportions of those who injected 2 or more times a day (48% and 56%).

The mean number of different illicit drug classes ever used, ever injected, and recently injected have all remained the same with only the mean number of drug classes used recently decreasing by one.

Polydrug use histories and routes of administration are shown in Table 3. The five illicit drugs most commonly used by the IDU sample in the last six months remain unchanged from the previous year, with some variation in their representation: morphine (80%: 87% in 2004), cannabis (79%: 75% in 2004), speed powder (69%: 60% in 2004), benzodiazepines (53%: 56% in 2004) and methadone (50%: 41% in 2004).

There is a notable decrease in the IDU proportion reporting recent use (34% to 24%) of heroin and an increase in the proportion reporting recent illicit Physeptone use (23% to 32%). Recent crystal methamphetamine (32% to 21%) and ecstasy (39% to 24%) use has also declined among this group.

Table 2: Injection history, drug preferences and polydrug use of IDU, 2004-2005

	2003 n=109	2004 n=111	**2005 n=107**
Age first injection (years, range)	21	19	**21**
First drug injected (%)			
Heroin	34	41	**38**
Amphetamine	57	47	**49**
Cocaine	0	4	**3**
Morphine	5	4	**8**
Drug of choice (%)			
Heroin	43	44	**34**
Cocaine	3	6	**2**
Methamphetamine (any form)	23	18	**27**
Speed	-	14	**24**
Base	-	1	**1**
Crystal methamphetamine (ice)	-	4	**2**
Benzodiazepines	-	0	**4**
Cannabis	4	4	**5**
Drug injected most often in last month (%)			
Heroin	1	4	**4**
Cocaine	-	1	**0**
Methamphetamine (any form)	28	22	**26**
Speed	-	17	**25**
Base	-	1	**0**
Crystal methamphetamine (ice)	-	4	**1**
Benzodiazepines	-	0	**1**
Morphine	64	69	**60**
Other/Have not injected in last month	3	4	**10**
Most recent drug injected (%)			
Heroin	1	3	**3**
Cocaine	0	0	**0**
Methamphetamine (any form)	30	23	**27**
Speed	-	15	**26**
Base	-	2	**1**
Crystal methamphetamine (ice)	-	5	**0**
Benzodiazepines	-	1	**2**
Morphine	61	68	**59**
Frequency of injecting in last month (%)			
Less than daily	40	42	**46**
Once a day	21	20	**15**
2-3 times a day	33	32	**39**
>3 times a day	5	5	**0**
Polydrug use			
Mean number of drug classes ever tried	11	11	**11**
Mean number of drug classes used in last 6 months	6	7	**6**
Mean number of drug classes ever injected	6	6	**6**
Mean number of drug classes injected in last 6 months	3	3	**3**

Source: **IDRS IDU interviews**

Table 3: Polydrug use history of the IDU sample, 2005

Drug Class	Ever used %	Ever injected %	Injected last 6 mths %	Median days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths %	Used^ last 6 mths %	Median days used^ in last 6 mths*
Heroin	84	81	24	3	35	1	22	0	9	0	24	4
Methadone (prescribed)	31	19	8	24					27	17	18	180
Methadone (not prescribed)	51	40	13	9					29	12	21	6
Physeptone (prescribed)	18	16	6	180	0	0	0	0	10	4	6	180
Physeptone (not prescribed)	57	53	26	7	0	0	0	0	27	16	32	6
Any methadone	**80**	**70**	**35**	**10**					**60**	**34**	**50**	**20**
Buprenorphine (prescribed)	22	8	5	3	0	0	0	0	19	8	11	13
Buprenorphine (not prescribed)	26	12	10	4	0	0	0	0	16	12	20	2
Any buprenorphine	**39**	**17**	**12**	**7**	**0**	**0**	**0**	**0**	**31**	**20**	**27**	**7**
Morphine	91	89	79	120	2	1	1	1	46	26	80	140
Oxycodone (prescribed)	8	4	1	30	0	0	1	0	6	0	1	30
Oxycodone (not prescribed)	31	29	10	2	0	0	0	0	8	3	11	2
Homebake	15	15	3	2	2	0	0	0	1	0	3	2
Other opioids	28	17	2	8	8	1	0	0	10	8	8	7
Speed powder	89	89	69	12	11	0	45	6	36	6	69	14
Base/point/wax	29	28	16	7	1	0	1	1	3	1	16	8
Ice/shabu/crystal	47	45	19	9	8	4	5	4	8	3	21	6
Amphetamine liquid	23	22	5	2					2	0	5	2
Pharmaceutical stimulants	40	29	13	3	2	0	1	0	22	7	19	3
Any form amphetamine	**93**	**92**	**73**	**12**	**19**	**4**	**47**	**8**	**46**	**12**	**73**	**13**
Cocaine	55	41	8	2	12	1	33	1	11	1	10	1
Hallucinogens	70	16	2	4	5	0	3	0	68	12	13	3
Ecstasy	54	33	12	2	0	0	6	1	47	20	24	4
Benzodiazepines	68	39	21	4	3	0	0	0	67	51	53	13
Alcohol	85	9	2	2					85	64	64	28
Cannabis	93										79	180
Anti-depressants	43	6	1	3					43	23	23	180
Inhalants	20										4	5
Tobacco	97										95	180

Source: IDRS IDU interviews ^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting * Among those who had used/injected.

4.0 HEROIN

4.1 Price

Prices paid for heroin by IDU on the last occasion of purchase are shown in Table 4 below. A gram was the most common quantity of heroin purchased in the six months prior to interview in 2005, and it cost a median of $500. Seven respondents had purchased a cap of heroin for a median price of $80. Again, only a small number of respondents had purchased heroin in other amounts: three people paid a median of $250 for a half gram and one person commented that a quarter of a gram cost $100.

The median prices for both a cap and a gram of heroin increased since last year. Conversely the median prices for a half gram and a quarter gram has decreased since last year, although the number of purchasers for these quantities remains small.

Table 4: Median price ($) of most recent heroin purchases by IDU, 2004-2005

Amount	Median price	Number of purchasers
Gram	500 (400)	8 (7)
Cap	80 (53)	7 (12)
Half gram	250 (350)	3 (4)
Quarter gram	100 (120)	1 (1)

Source: IDRS IDU interviews
2004 data are presented in brackets

The ACC reported that in 2002/2003 a cap of heroin in the NT was $50 and in 2003/2004 it was reported that a gram of heroin cost $450-$480. Prices were not available in the NT for 2004/05.

Table 5: IDU reports of heroin price movements in the past 6 months, 2005

	2005 n=107
Did not respond (%)	74
Did respond (%)	26
Of those that responded (%)	(n=28)
Don't know	43 (11% of entire sample)
Increasing	18 (5% of entire sample)
Stable	32 (8% of entire sample)
Decreasing	0 (0% of entire sample)
Fluctuating	7 (2% of entire sample)

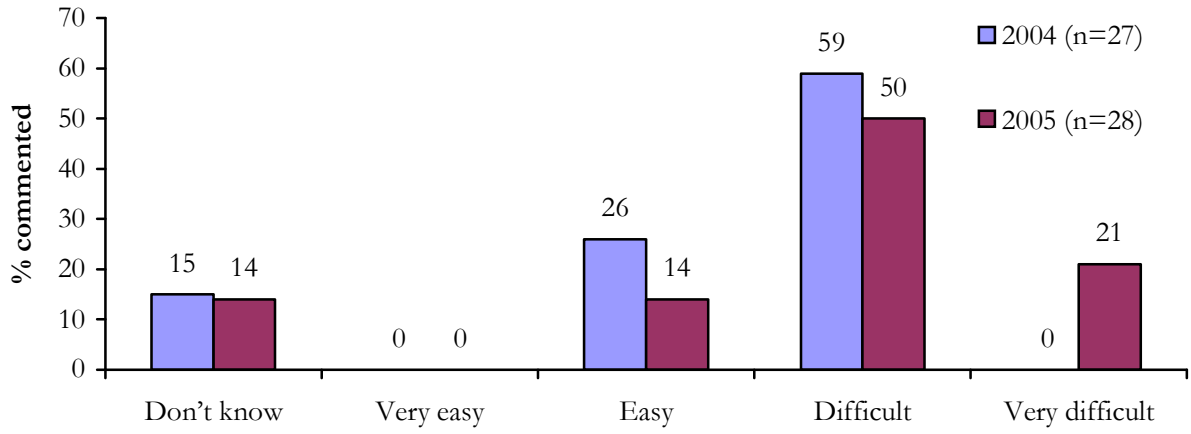
Source: IDRS IDU interviews

The bulk of those able to comment did not know how the price of heroin had changed over the prior six months (43%, 11% of entire sample, Table 5). A large proportion (32%, 8% of entire sample) stated that heroin prices had been stable.

4.2 Availability

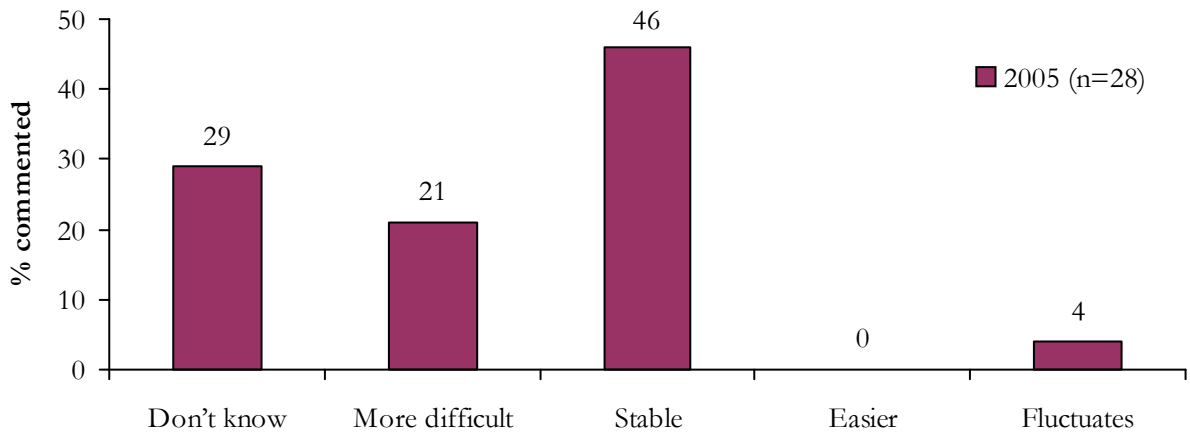
Most of those able to comment in 2005 rated heroin as difficult to obtain in Darwin (50%, Figure 1), with a large increase from 0% in 2004 to 21% in 2005 rating heroin as 'very difficult' to obtain. 2003 figures are not presented as only five people could comment on heroin availability.

Figure 1: IDU reports of current availability of heroin, 2004-2005



Source: IDRS IDU interviews

Figure 2: IDU reports of change in availability of heroin in the past six months, 2004-2005



Source: IDRS IDU interviews

Almost half those able to comment (46%, figure 2) stated that heroin availability had been stable over the six months prior to interview. Twenty-one percent (21%) of those who commented thought that heroin had become more difficult to score over the past six months: this corresponds with the reports of current availability, which show a decrease in the proportion reporting heroin as easy to obtain and an increase in the proportion reporting it as very difficult to obtain.

The most common source for scoring heroin remains a 'friend' (75%, Table 6) and no one scored from a dealer's home this year. It took a median of 60 minutes to score.

Table 6: Usual source and median time for recent score of heroin by IDU, 2004-2005

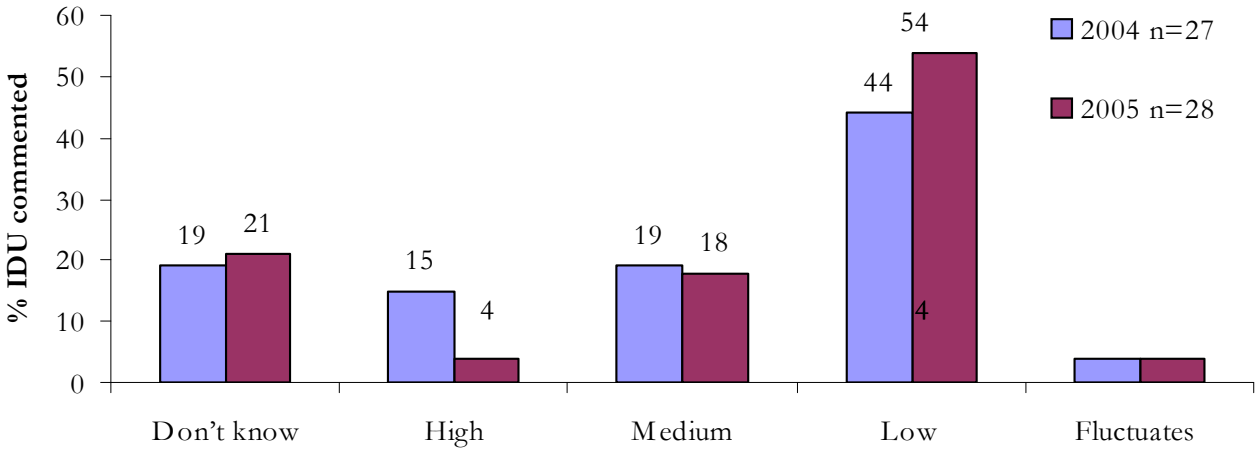
	2004 n=19	**2005 n=16**
Street dealer	16	**19**
Dealer's home	11	**0**
Friend	53	**75**
Mobile dealer	11	**1**
Gift from friend	11	**0**
Time to score (median mins)	54	**60**

Source: **IDRS IDU interviews**

4.3 Purity

Only 28 people could comment on heroin purity. Fifty-four percent of those (Figure 3) rated heroin purity as 'low', and only one person rated it as 'high'. 2003 figures are not presented as only five people could comment on heroin purity.

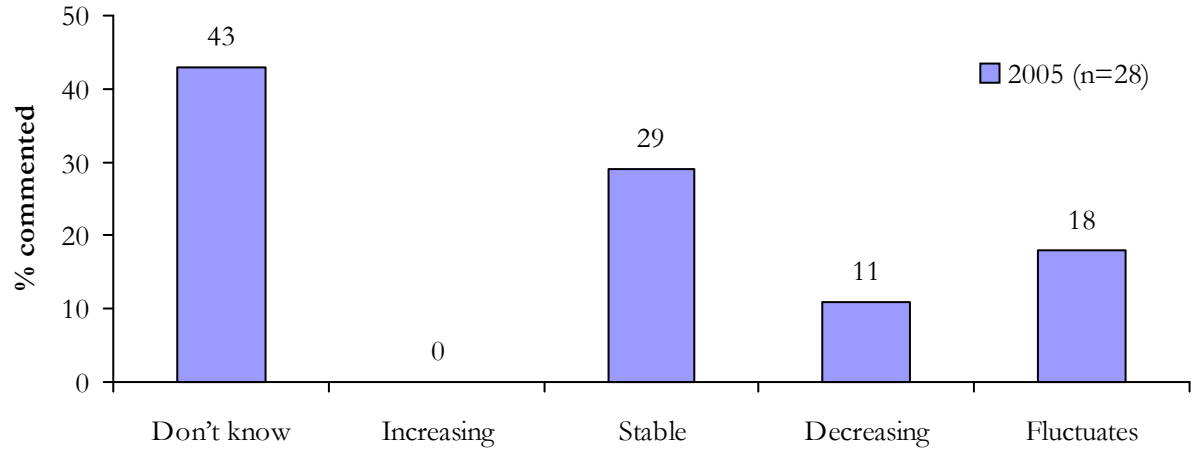
Figure 3: IDU reports of current purity of heroin in the past six months, 2004-2005



Source: IDRS IDU interviews

Of those that could comment, most said that they did not know about the recent change in heroin purity (Figure 4). No one thought that the purity of heroin was increasing: this is consistent with the current purity data showing an 11% decrease in the proportion reporting the current purity of heroin as high.

Figure 4: IDU reports of change in purity of heroin in the past six months, % commented, 2005



Source: IDRS IDU interviews

4.4 Use

Twenty-four percent (24%) of the sample reported using heroin in the six months prior to interview and the same proportion reported recent injecting (Table 7). The median number of days that heroin was used in the six months preceding the interview has remained relatively stable over the last three years, with a slight decrease to four days this year. Four percent (4%) named heroin as the drug they injected most often in the month prior to interview (Table 2) and 3% as the most recent injected drug (the same as 2004). In 2004 and 2005, 2% of the sample had used heroin on the day before the interview.

Table 7: Selected trends in IDU heroin use, 2003-2005

Variable	2003 n=109	2004 n=111	2005 n=107
Used last 6 months (%)	19	34	**24**
Injected last 6 months (%)	16	33	**24**
Days used last 6 months (median)	5	5	**4**
Days injected last 6 months (median)	5	5	**3**
IDU drug of choice (%)	43	44	**34**
Drug taken yesterday	0	2	**2**

Source: IDRS IDU interviews

Of the 36 people who nominated heroin as their drug of choice, only 4 had injected that drug more than any other in the month prior to interview. Twenty-four (67%) of these participants had injected morphine most often in the month prior to interview, three people each had mostly injected either speed or Physeptone and two mostly injected methadone. When asked why the participant had not mostly injected heroin (their drug of choice), 84% said it was due to availability. One each stated it was due to price, purity, health effects and because they were in drug treatment.

Frequency

Although the median number of days used and injected heroin in the last six months slightly decreased this year, there were more daily users (12%) compared to 2004 and 2003. Fifteen percent (15%) were at least weekly users and 31% were at least fortnightly users of heroin.

Table 8: Frequency of heroin use in previous 6 months, % of recent users, 2003-2005

	2003 (n=17)	2004 (n=38)	**2005 (n=26)**
% fortnightly	41	26	**31**
% weekly	23	21	**15**
% daily	0	3	**12**

Source: IDRS IDU interviews

Form

Fifteen percent (15%) of the sample had used powder in the previous six months, 17% had used rock and 3% homebake (Table 9). Consistent with the previous year, rock remains the form most often used.

Table 9: Forms of heroin used previous six months by IDU, 2003-2005

	2003 (n=109)		2004 (n=111)		**2005 (n=107)**	
	Used	Most often	Used	Most often	**Used**	**Most often**
Powder	12	10	24	16	**15**	**10**
Rock	11	7	27	17	**17**	**13**
Homebake	3	1	6	2	**3**	**2**

Source: IDRS IDU interviews

Route

Twenty-four percent (24%, 100% of recent users) of the IDU had injected heroin in the six months prior to interview, 1% had smoked, and none had snorted or swallowed.

4.5 Heroin-related harms

4.5.1 Law enforcement

There was one heroin consumer/provider arrest in the NT in 2002/03, again only one in 2003/04 and two in 2004/05 (ACC). In regards to number of heroin seizures and weight, there was one NT seizure in 2002/2003 of 4 grams, one seizure in 2003/2004 with the weight not recorded, and three seizures totalling 20 grams in 2004/05 (ACC).

4.5.2 Health

4.5.3 Calls to telephone helplines

The NT Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in the NT. This service commenced in March 2003. In the 2004-2005 financial year there were five calls to the ADIS line where heroin was the drug of concern.

Overdose

Thirty-three IDU reported having ever overdosed on heroin with an average of three overdoses in their life (range 1-9). Most heroin overdoses occurred over a decade ago; however, four people reported they had overdosed within the last two years. Twenty-one people had Narcan administered to them and all but one said this was for the heroin overdose.

Treatment

Clients who use the Northern Territory Alcohol and other Drug Treatment Services, and who report heroin as their principal or other drug of concern, are represented in the figure below (Figure 5). The number of episodes has dropped by two-thirds since the high of 296 episodes in 2001, now down to 86 episodes last year.

Figure 5: Number of treatment episodes in Northern Territory Alcohol and Other Drug Treatment Services with heroin as the principal or other drug of concern, 2000-2004
Source: NT AODTS

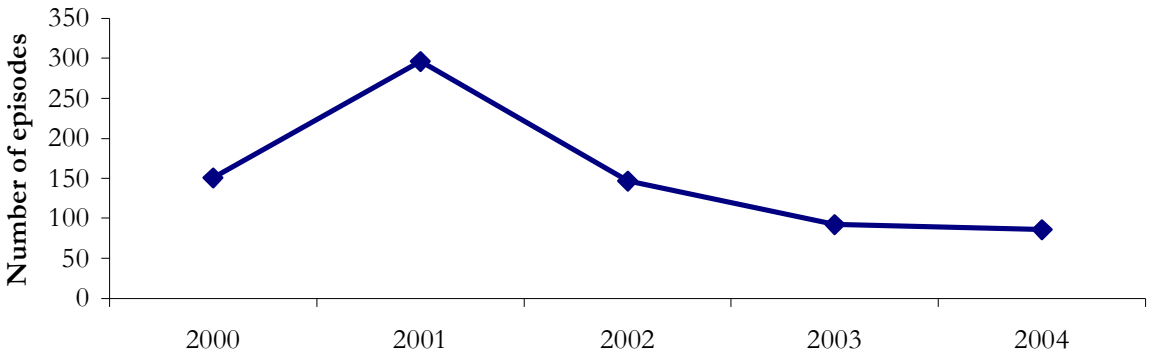
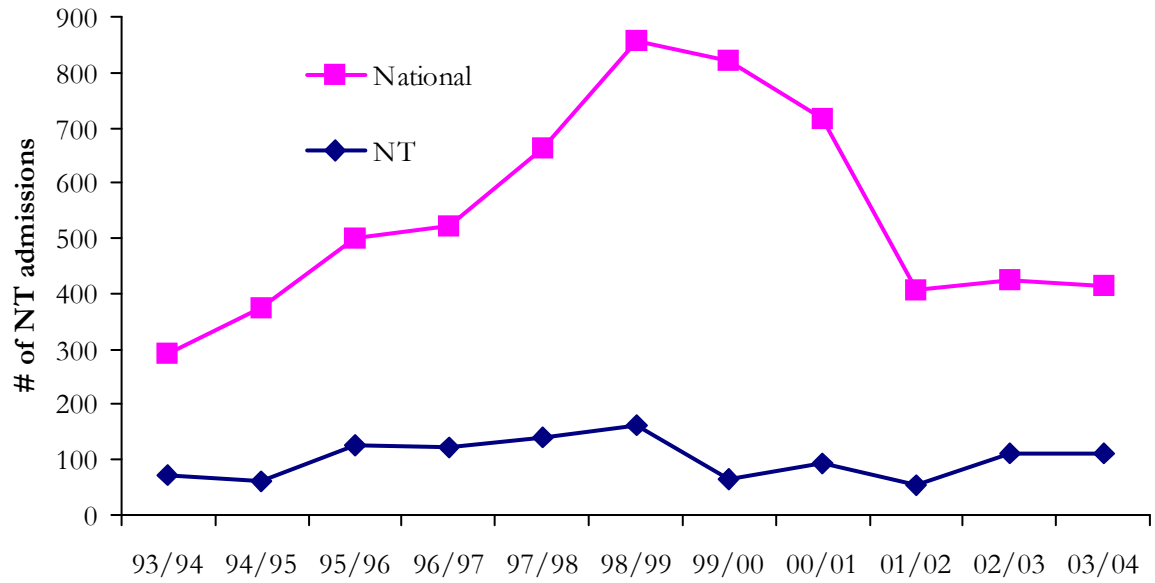


Figure 6 below displays the rates per million of inpatient hospital admissions where opioids were the primary diagnosis for people aged 15-54 years in the NT and nationally. National rates of admission appear to be stable in the last three financial years, whereas the NT rates continue to be low and fluctuating.

Figure 6: Rate (per million) of inpatient hospital admissions where opioids were the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2003/04



Source: AIHW

4.6 Trends in heroin use

The number of IDU able to report on price, purity and availability of heroin in the NT was similar to last year.

The median price of a gram of heroin in the NT was $500 (from 8 purchasers) and the median price of a cap was $80 (from 7 purchasers) and both of these prices have increased compared to last year. The price of heroin in the NT was reported to be stable or increasing and the bulk of recent users reported the purity as low.

Heroin may be less available, with more respondents rating it as difficult to very difficult to obtain.

The proportion of the IDU sample who had used heroin in the six months prior to interview has decreased (34% to 24%) compared to 2004, but is still higher than previous years. The median number of days used has also decreased. Even though recent use and median days used decreased in 2005, this year produced the highest proportion of daily users and almost a third (31%) of the sample used heroin at least fortnightly.

Heroin continues to be popular as a drug of choice.

4.7 Summary of heroin trends

- At a median of $80 per cap, the price of heroin has increased compared to last year.
- Purity continues to be rated as low.
- Occurrence of heroin use in the NT IDU sample has decreased this year, but is still greater than that found in 2003.
- Availability continues to be limited, with heroin rated by most users as difficult or very difficult to obtain.

5.0 METHAMPHETAMINE

5.1 Price

Table 10 displays the median price of each form of methamphetamine across IDU samples from 2003 to 2005.

Table 10: Median price ($) of most recent methamphetamine purchases by IDU, 2003-2005

Amount	Median price $ (Number of purchasers)		
	2003	2004	2005
Speed			
Gram	100 (18)	200 (20)	**280 (21)**
'Half-weight' (0.5 grams)	150 (8)	150 (9)	**143 (12)**
'Eightball' (3.5 grams)	250 (11)	350 (12)	**250 (4)**
Point (0.1 gram)	50 (18)	50 (39)	**50 (49)**
Base			
Gram	250 (5)	300 (16)	**250 (4)**
'Half-weight' (0.5 grams)	150 (7)	150 (5)	**-**
'Eightball' (3.5 grams)	300 (4)	550 (6)	**-**
Point	50 (14)	50 (20)	**50 (7)**
Ice			
Gram	300 (6)	300 (11)	**250 (4)**
'Half-weight' (0.5 grams)	200 (5)	175 (3)	**150 (1)**
'Eightball' (3.5 grams)	1100 (1)	500 (3)	**-**
Point (0.1 gram)	50 (8)	50 (19)	**65 (12)**

Source: IDRS IDU interviews

Speed

Speed powder was most commonly purchased in points and the reported median price of $50 a point is unchanged across the years from 2003 (Table 10). The median price for both eightballs and half-weights dropped this year and the median price of a gram of speed increased by $80.

Two-thirds of the sample were able to comment on recent changes in speed prices. Almost two-thirds (63%) of those able to comment stated that the price of speed had remained stable (41% of the entire sample) and 20% (13% of entire sample) thought the price was increasing (Table 11).

Base

This year people only reported purchasing grams and points of base (Table 10). The median price for a gram returned to $250 that was reported in 2003, and a point of base remains at $50, which has not changed since 2003.

Only 16 people were able to comment on recent changes in base prices and almost two-thirds (63%) of those stated that the price of base had remained stable (9% of the entire sample) (Table 11).

Ice

The reported median price of a point purchase of crystal methamphetamine increased to $65 this year after remaining at $50 for the last two years (Table 10). However, the median price of a half-weight of crystal decreased to the lowest price ever this year ($150) and a gram was at its lowest price since 2001 ($250).

One-fifth of the sample commented on recent changes in crystal prices. Half (52%) of those able to comment stated that the price of crystal had remained stable (10% of the entire sample), and a quarter (24%, 5% of entire sample) didn't know about recent crystal price changes (Table 11).

Table 11: Methamphetamine price movements in the last 6 months, IDU 2005

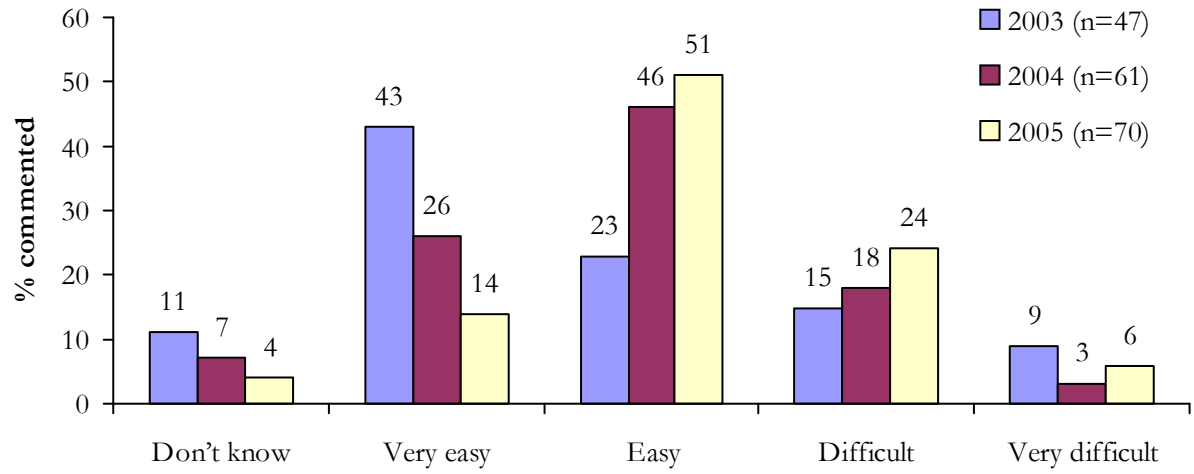
(%)	Speed	Base	Crystal
Did not respond	35	85	80
Did respond	65	15	20
Of those that responded	(n=70)	(n=16)	(n=21)
Don't know	7 (5% of entire sample)	6 (1% of entire sample)	24 (5% of entire sample)
Increasing	20 (13% of entire sample)	19 (3% of entire sample)	19 (4% of entire sample)
Stable	63 (41% of entire sample)	63 (9% of entire sample)	52 (10% of entire sample)
Decreasing	1 (1% of entire sample)	6 (1% of entire sample)	0 (0% of entire sample)
Fluctuating	7 (6% of entire sample)	6 (1% of entire sample)	5 (1% of entire sample)

Source: IDRS IDU interviews

5.2 Availability

Most of those who have been able to comment on the current availability of speed since 2003 have rated its accessibility as 'easy' to 'very easy' to obtain. This year 51% of the 70 respondents thought speed was 'easy' and 14% thought it was 'very easy' to get (Figure 7). It also appears that there are decreasing proportions who find speed easy to score and increasing proportions who find it difficult.

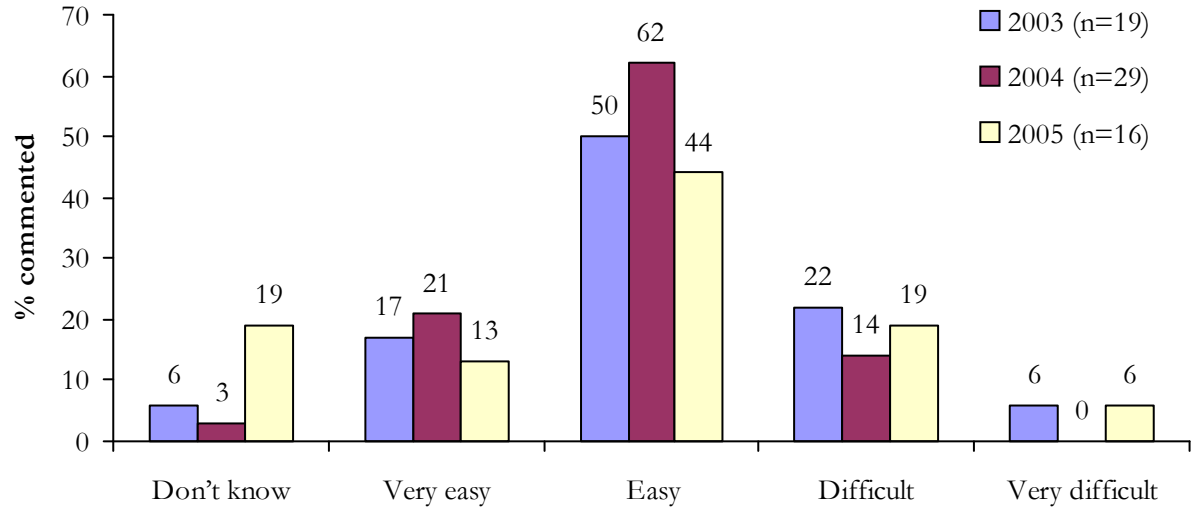
Figure 7: IDU reports of current availability of speed, 2003-2005



Source: IDRS IDU interviews

Just under a half (44%, Figure 8) of those who could comment rated base as easy to obtain: this is down from 62% last year. It appears base may be getting harder to obtain, with a decrease in the proportion finding it very easy to obtain and an increase in the proportions rating it as both difficult and very difficult.

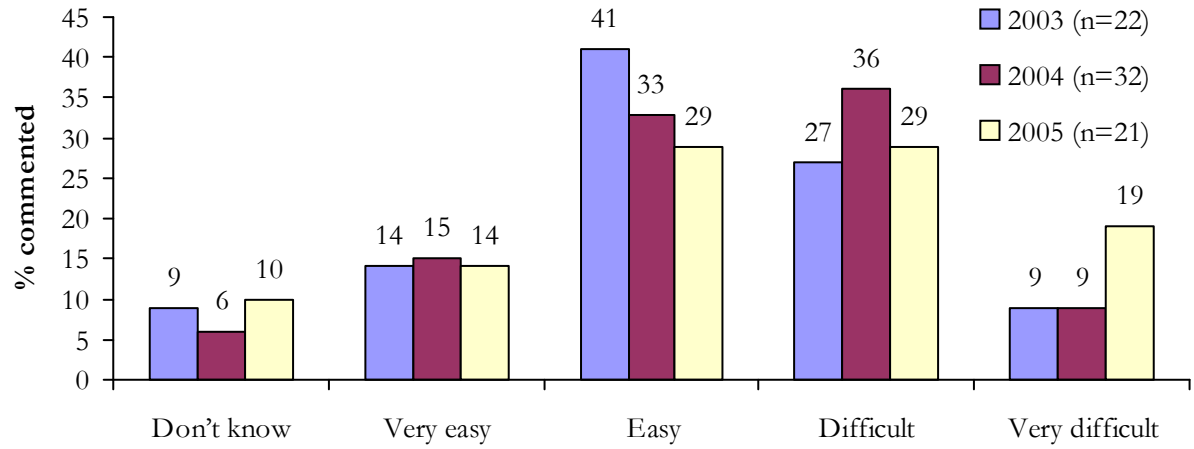
Figure 8: IDU reports of current availability of base, 2003-2005



Source: IDRS IDU interviews

This year equal proportions (of those who could comment) found crystal 'easy' or 'difficult' to obtain (29%, Figure 9). It appears that over the last three years the trend is a decreasing proportion who find it easy to obtain and increasing proportion who find it very difficult to obtain.

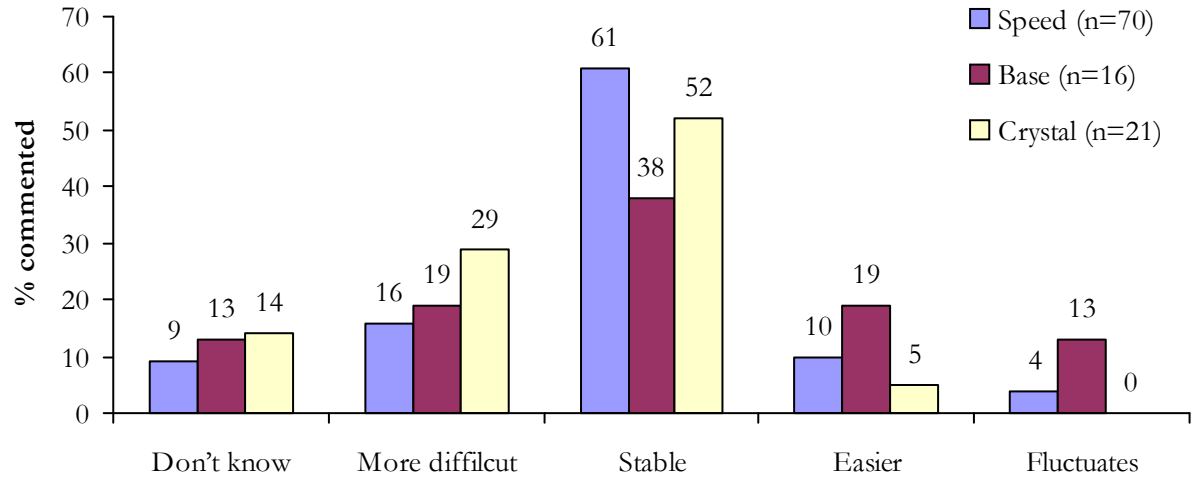
Figure 9: IDU reports of current availability of crystal, 2003-2005



Source: IDRS IDU interviews

Figure 10 shows the change in ease of access over the last six months of each methamphetamine. Of those who could comment, most believed that each form of methamphetamine had been stable in the last six months. However, almost a third (29%) thought crystal had become more difficult to obtain recently.

Figure 10: IDU reports of change in availability of speed, base and crystal in the last 6 months, 2005



Source: IDRS IDU interviews

As in 2003, the most common sources for scoring speed were friends (46%) and street dealers (26%, Table 12). The popularity of using mobile dealers and going to a dealer's home has slightly decreased this year.

As in 2003 and 2004, scoring base from a friend was the most common usual source this year, reported by a virtually unchanged proportion of recent base users (46%). This year no one reported scoring base from mobile delivery, whereas last year 14% used this method.

Scoring from a friend was also the most common source for crystal users, although by an increased proportion compared to 2003 and 2004 (47%). And again this year no one used home delivery for crystal, whereas last year 10% reported doing so.

IDU reported that all forms of methamphetamine took a median of 30 minutes to score. When compared to previous years this is the same for speed, an increase for base (although same as 2003) and a decrease for crystal (since 2003).

Table 12: Usual source and median time for recent score of methamphetamine by IDU, 2003-2005

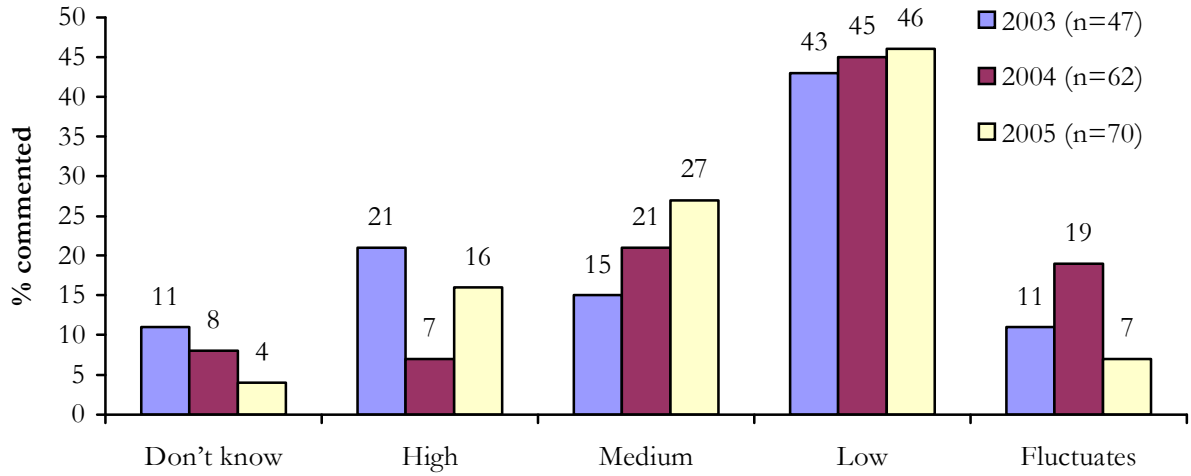
	Speed			Base			Crystal		
	2003 (n=46)	2004 (n=57)	**2005 (n=66)**	2003 (n=19)	2004 (n=28)	**2005 (n=13)**	2003 (n=20)	2004 (n=31)	**2005 (n=17)**
Usual source									
Street dealer	24	12	**26**	11	7	**8**	15	7	**12**
Dealer's home	11	21	**17**	11	18	**15**	15	19	**24**
Friend	50	39	**46**	42	43	**46**	30	45	**47**
Mobile dealer	6	14	**9**	11	14	**0**	20	10	**12**
Home delivery	7	7	**0**	21	11	**15**	15	10	**0**
Gift from friend	2	7	**2**	5	7	**8**	5	10	**0**
Time to score (median mins)	30	30	**30**	30	20	**30**	43	30	**30**

Source: IDRS IDU interviews

5.3 Purity

Over the last three years, most of those who could comment rated the current purity of speed as 'low' (Figure 11). It also seems more people are aware of the current purity of speed, with the proportion who report they 'don't know' decreasing to just 4% this year.

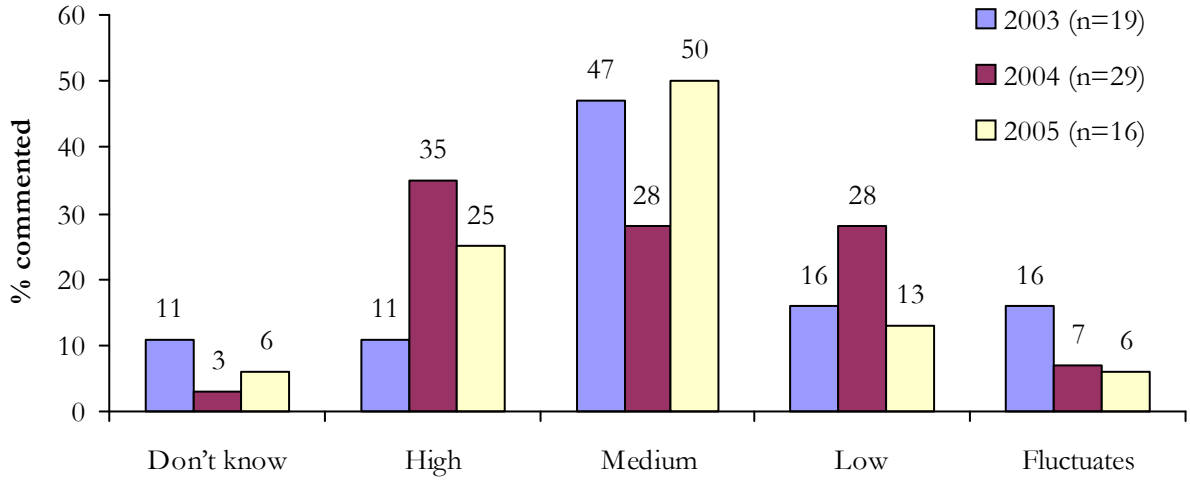
Figure 11: IDU reports of current purity of speed, 2003-2005



Source: IDRS IDU interviews

There seems to be no clear trend with the reports of current purity of base; however, this year half of those able to comment rated it as 'medium' (50%) whereas the highest proportion rated it as 'high' (35%) the previous year (Figure 12).

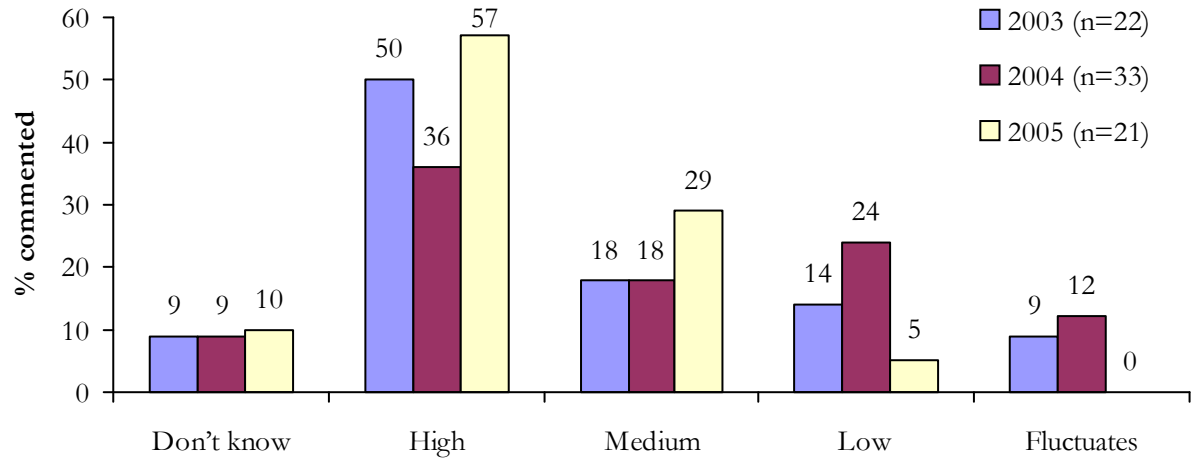
Figure 12: IDU reports of current purity of base, % commented, 2003-2005



Source: IDRS IDU interviews

Over the last three years the highest proportion of those who commented have always rated crystal's current purity as 'high' (Figure 13). However, this year there was also an increase in the proportion that rated it as medium (from 18% to 29%) with a corresponding drop in the proportion reporting it as low (from 24% to 5%).

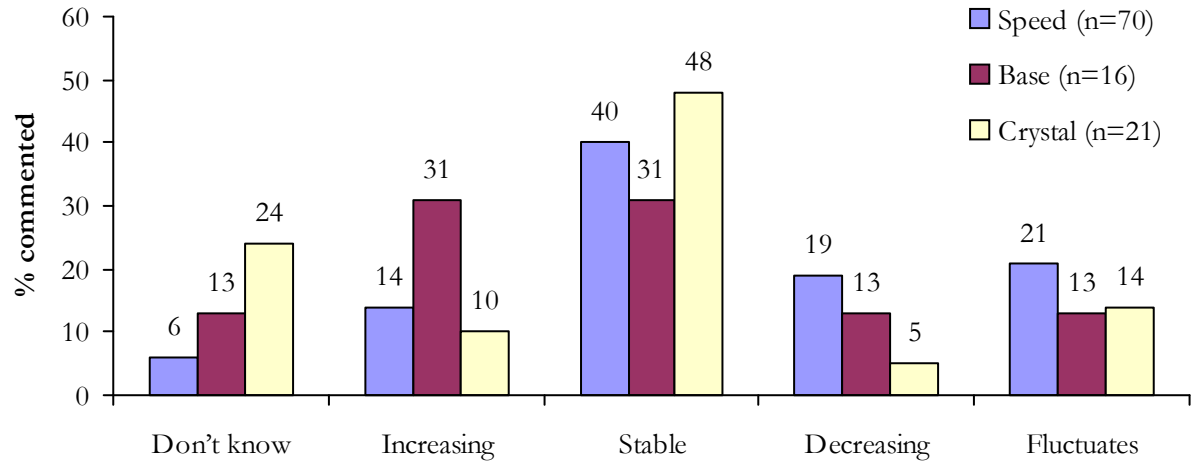
Figure 13: IDU reports of current purity of crystal, % commented, 2003-2005



Source: IDRS IDU interviews

When asked about the recent change in purity of the various methamphetamine forms, 48% of those who could comment said speed was 'stable', 31% thought that base was 'stable' or 'increasing' and 48% believed that crystal had remained 'stable' (Figure 14).

Figure 14: Change in purity of speed, base and crystal in past 6 months, % commented, 2005



Source: IDRS IDU interviews

5.4 Use

Recent use of speed has increased since 2003; however, recent use of the other two forms of methamphetamines have been on a steady decline since 2003 (Table 13). All of those IDU who had recently used speed and base had also recently injected it. The median number of days used and injected speed was the same in 2005 as it was in 2003. For base and crystal the median number of days each form was used and injected in the last six months has increased since 2004 but not quite as high as that found in 2003.

Table 13: Selected trends in IDU methamphetamine use, 2003-2005

	Powder			Base			Crystal		
	2003	2004	**2005**	2003	2004	**2005**	2003	2004	**2005**
Used last 6 months (%)	60	60	**69**	30	26	**16**	34	32	**21**
Injected last 6 months (%)	59	59	**69**	30	25	**16**	33	30	**19**
Days used last 6 months (median)	14	8	**14**	26	6	**8**	6	4	**6**
Days injected last 6 months (median)	12	8	**12**	26	7	**7**	5	4	**9**
IDU drug of choice (%)	23*	13	**24**	23*	1	**1**	23*	4	**2**
Drug taken yesterday (%)	13	11	**14**	0	1	**1**	1	2	**0**

Source: IDRS IDU interviews
*** methamphetamine form not specified**

Powder continues to be the form injected most often amongst recent injectors, increasing to a median of 12 days. Crystal has taken over from base and is now the second most often injected form, at a median of nine days, while base remains at seven days.

Base and crystal continue to show very small proportions rating each as drug of choice; however, speed's popularity as drug of choice continues to rise: currently almost a quarter of the sample (24%) report speed as their favourite drug. Consistent with the last three years, few respondents had used base or crystal the day prior to the interview and 14% had used speed the previous day.

Frequency

Table 14: Frequency of use of methamphetamine forms, % recent users, 2003-2005

	Powder			Base			Crystal		
	2003 (n=65)	2004 (n=67)	**2005 (n=74)**	2003 (n=33)	2004 (n=29)	**2005 (n=17)**	2003 (n=36)	2004 (n=36)	**2005 (n=22)**
% fortnightly	57	34	**57**	57	38	**47**	42	39	**41**
% weekly	48	24	**42**	40	17	**23**	22	19	**32**
% daily	11	2	**3**	12	0	**0**	6	0	**0**

Source: IDRS IDU interviews

Table 14 displays the frequency of use of the various forms of methamphetamine. Base and crystal recorded no daily users and only 3% of recent speed users were daily users. The proportion of recent base users who used it at least weekly (24 days or more) in the past six months increased to 23% compared to 17% last year; however, still not as high as the 40% recorded in 2003. Crystal recorded the highest proportion since 2003 recent users of who would use at least weekly.

Table 15: Frequency of injection of methamphetamine forms, % recent injectors, 2004-2005

	Powder		Base		Crystal	
	2004 (n=64)	**2005 (n=74)**	2004 (n=28)	**2005 (n=17)**	2004 (n=34)	**2005 (n=20)**
% fortnightly	37	**55**	36	**41**	39	**40**
% weekly	23	**42**	18	**18**	19	**35**
% daily	2	**3**	0	**0**	0	**0**

Source: IDRS IDU interviews

In 2004, IDU who had recently injected methamphetamines were asked for the first time how many days they had injected each form over the previous six months (Table 15). The proportion that inject each form at least daily has remained stable, whereas the proportion injecting each form at least weekly and at least fortnightly has increased in every instance except those who inject base at least weekly (remaining at 18%).

Forms

Table 16: Forms of stimulant used previous six months and primary form, % IDU, 2003-2005

	2003 (n=109)		2004 (n=111)		**2005 (n=107)**	
	Use	Most often	Use	Most often	Use	Most often
Speed powder	59	44	60	32	**69**	**62**
Base	30	9	30	14	**16**	**3**
Crystal	33	13	38	14	**21**	**6**
Liquid	17	2	20	3	**5**	**0**
Pharmaceutical licit	2	1	5	2	**1**	**0**
Pharmaceutical illicit	10	1	14	5	**15**	**3**

Source: IDRS IDU interviews

Seventy-two percent (73%) of the IDU sample had used some form of stimulant in the six months prior to interview. Sixty-nine percent (69%) had used speed powder, 16% base and 21% ice (Table 16). In addition, 5% had used amphetamine liquid, 1% had used some type of pharmaceutical stimulant (e.g. Ritalin) licitly and 15% illicitly. This distribution is quite different from the previous year, with increases in speed and illicit pharmaceutical use and decreases in base, crystal and liquid amphetamine use.

Route

Table 17 displays how IDU had recently administered the various forms of methamphetamines. The proportion of the sample that had recently swallowed any type of methamphetamine has reduced, except pharmaceutical stimulants. Recent injecting of all the forms of methamphetamine has decreased since last year, except for speed. Smoking and snorting remains fairly uncommon and in most cases is decreasing.

Table 17: Routes of recent administration of various methamphetamines by IDU, 2004-2005

	Inject		Smoke		Snort		Swallow	
	2004 (n=111)	**2005 (n=107)**	2004 (n=111)	**2005 (n=107)**	2004 (n=111)	**2005 (n=107)**	2004 (n=111)	**2005 (n=107)**
Speed	59	**69**	3	**0**	12	**6**	14	**6**
Base	25	**16**	1	**0**	1	**1**	4	**1**
Crystal	30	**19**	5	**4**	2	**4**	6	**3**
Liquid amphet	14	**5**	-	**-**	-	**-**	4	**0**
Pharm stimulants	17	**13**	1	**0**	0	**0**	5	**7**
Any meth	75	**73**	8	**4**	13	**8**	22	**12**

Source: IDRS IDU interviews

5.3.1 Key expert comment

Three KE spoke about amphetamines, including one law enforcement representative. They suggested that the typical age of amphetamine users was 20-40 years; however, some were as young as 17 years and as old as 50 years. All agreed that 75%-80% of amphetamine users were male and 70%-80% Caucasian. One key expert said that a lot of users would be university educated and another said they wouldn't have finished high school. Another KE clarified that the manufactures usually are tertiary educated but the users aren't. It was agreed that 70%-80% were unemployed and those that were employed were in the trades. There was some variation in estimates of previous incarceration, with one estimation of 60%, another of 85% and another of only 5%. It was agreed, however, that only a small proportion were currently in treatment (2%-5%).

All KE agreed that the most common form of amphetamine used was speed, and one noted that the use of crystal was increasing. All KE stated that most would use intravenously (approx. 90%) and the rest would snort, smoke and swallow, and that use was daily. One KE advised that there had been an increase in injecting and that there were two distinctive groups: a) "the hard core group who are injecting greater quantities more frequently because the quality is poor and they are most likely using other stuff as well" and, b) "the other group who are injecting less because the quality is so poor they don't want to waste money and will only do it on special occasions".

When commenting on polydrug use, it was detailed that only a few amphetamine users would use cocaine, mostly because of the lack of availability. Most amphetamine users would also use hydroponic cannabis. One KE believed that no amphetamine user also used ecstasy and the other two thought that a few would use it – the same was said in reference to LSD. All three agreed that a few would use benzodiazepines, although one said it was illicitly and another said it was licitly but possibly selling some of their scripts. All agreed that some amphetamine users used methadone, but that it was quite rare. It was reported that a few to a half would use morphine and one KE thought that morphine use amongst this group was increasing while another said that they use morphine when there is no speed available. Another said that most would get prescribed morphine but on-sell it.

The prices were reported as follows: a point of speed at $30-$50, a gram at $80-$350, and an eightball at $700 but up to $1500 for pure. Two thought these prices were stable; one thought it was increased. Two thought the purity was low and one thought it was medium to high, and this person said that it appears that more high-purity speed is available. All agreed that is was easy to obtain speed and this had remained stable over the last six months. With regards to

manufacturing, it was stated that there was less manufactured locally and more trafficked from the south.

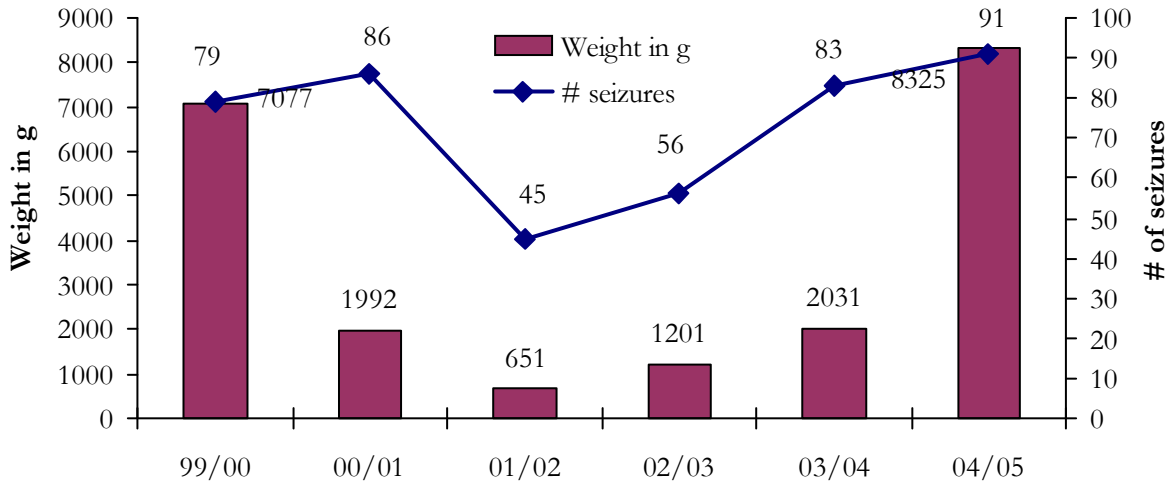
5.5 Methamphetamine-related harms

5.5.1 Law enforcement

Figure 15 shows the number of amphetamine-type stimulant seizures by AFP and NT police since 1999/00. The number of seizures decreased in the 2001/02 financial year but appears to be on the increase ever since. The weights of the seizures remain low compared to the 7,077grams seized in 1999/00.

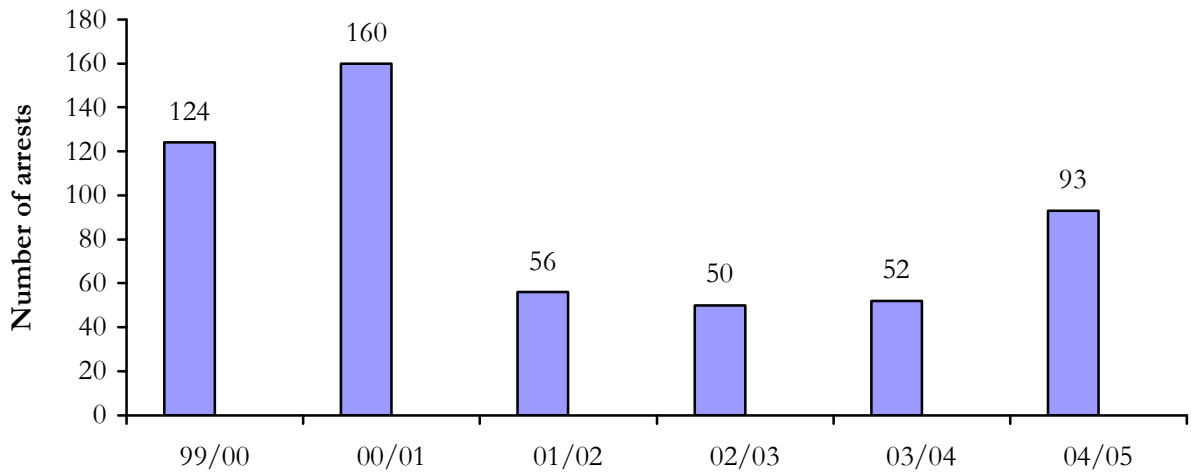
Figure 16 shows the total number of amphetamine-type stimulant consumer and provider arrests in the NT since 1999/00 including AFP data. Since 2001/02 the total number of arrests has remained consistent until a large increase in 2004/05.

Figure 15: Number of amphetamine-type stimulant seizures in NT, 1999/00-2004/05*



Source: Australian Bureau of Criminal Intelligence and Australian Crime Commission
*** Excludes the over 25 liters of liquid amphetamines seized in two clandestine laboratories by NT Police in 03/04**

Figure 16: Number of amphetamine-type stimulants total consumer and provider arrests in the NT, 1999/00-2004/05



Source Australian Crime Commission

5.5.2 Health

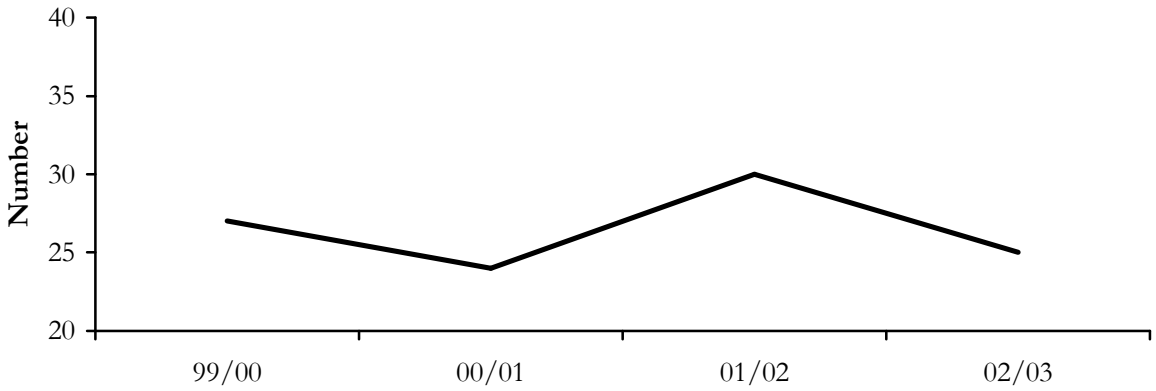
Calls to helplines

In the 2003/04 financial year ADIS received 8 calls that were amphetamine-related and 13 calls in 2004/05. However, it is noted that more than one drug may be recorded per call and the drug involved is not always available so may not show in the data.

Treatment

The number of admissions to NT hospitals where methamphetamines are mentioned as the primary or a secondary diagnosis has fluctuated over the period, as shown in Figure 17.

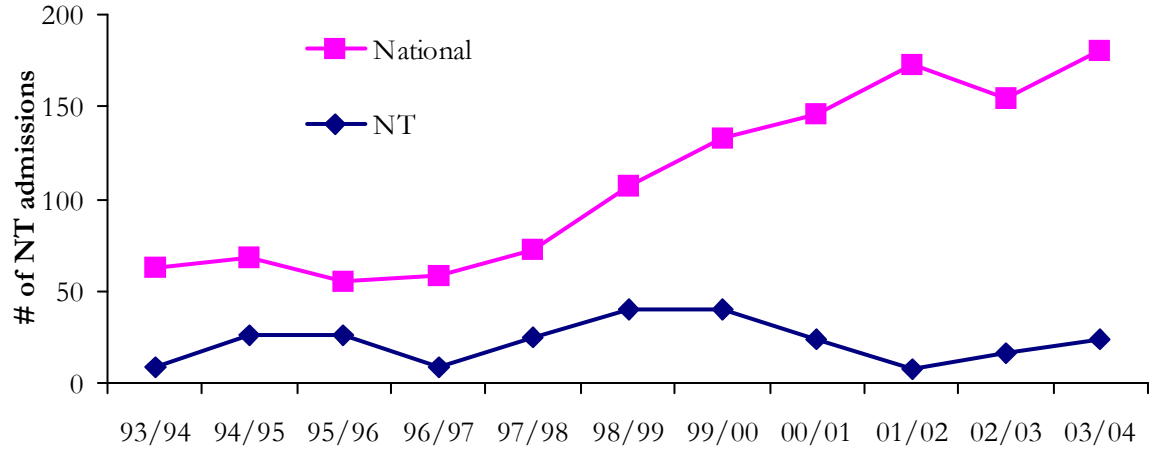
Figure 17: NT hospital separations with methamphetamine mentions, 1999/00 to 2002/03



Source: Australian Institute of Health and Welfare

Figure 18 below shows rate per million of inpatient hospital admissions where methamphetamines were the primary diagnosis for people aged 15-54 years. NT methamphetamines primary diagnoses are relatively small and fluctuating compared to national rates which continue to rise.

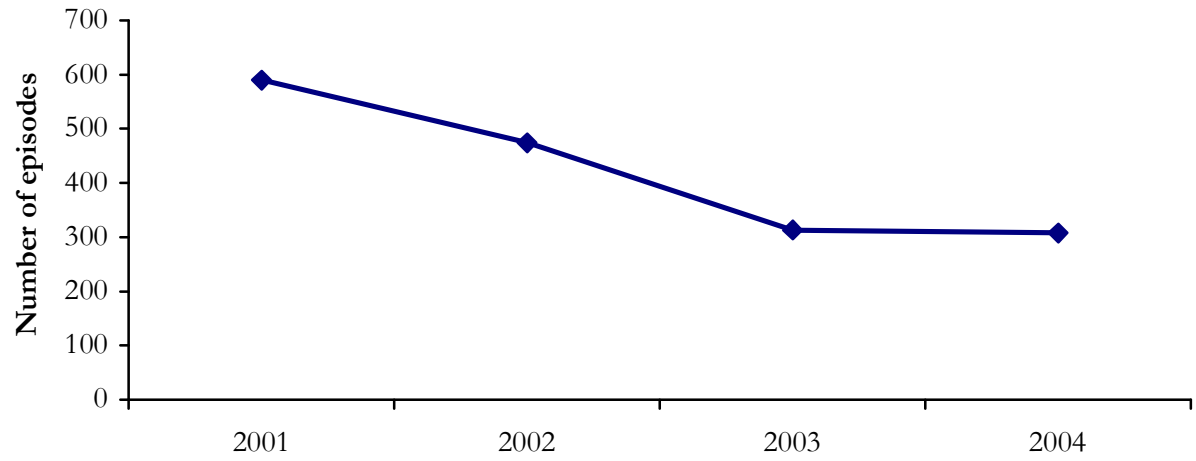
Figure 18: Rate (per million) of inpatient hospital admissions where methamphetamines were the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2003/04



Source: AIHW

The number of treatment episodes for drug use in Alcohol and Other Drug Treatment Services (AODTS) where amphetamines is the principal drug of concern shows a continuous decline since 2001 (Figure 19).

Figure 19: Number of treatment episodes in Northern Territory Alcohol and Other Drug Treatment Services with amphetamines as the principal or other drug of concern, 2001-2004



Source: NT AODTS

5.6 Trends in methamphetamine use

The median price of a gram of speed powder has increased from $80 in 2001 and 2002, $100 in 2003, $200 in 2004, to $280 this year. A 'point' of speed and base was $50, consistent with previous years; however, a point of crystal rose by $15 to $65 this year. The majority of those who could comment on the recent price changes of all of the forms reported that they were stable, with a substantial proportion (about 1 in 3) reporting they were increasing.

Speed and base continue to be 'easy' to obtain. Ice was less easy to obtain compared to speed and base, with equal proportions rating is as 'easy' or 'difficult'. Speed's purity was rated as low, base as medium and crystal as high.

Recent methamphetamine use remains high (73% of the IDU sample) although recent base and crystal use has decreased. Speed remains the third most common recently used illicit drug by the IDU after cannabis and morphine. 'Any form' of methamphetamine had the second highest proportions for: drug of choice, drug injected most often in the last month, and most recent drug injected. It was the most common first drug injected.

The number of treatment episodes in Northern Territory Alcohol and Other Drug Treatment Services with amphetamines as the principal or other drug of concern has declined since 2001, but is stable over 2003 to 2004.

5.7 Summary of methamphetamine trends

- The median price of a gram of powder has increased from $100 in 2003 to $280 in 2005.
- IDU continue to rate speed and base as easy to obtain, while crystal is rated equally as 'easy' and 'difficult'.
- Powder continues to be the most common and most frequently used form, and recent use of base and crystal show decreases since 2003.
- Recent methamphetamine use and injection remains high, with continuing increases in the proportions of IDU reporting injection.
- Median days of use for all forms of methamphetamine have risen since last year.
- The number and weight of methamphetamine seizures continues to increase in the NT.

6.0 COCAINE

6.1 Price

Again this year, only very few IDU could comment on cocaine prices. A gram of cocaine remains at a median price of $250 and a cap has risen to a median of $100 compared to $60 last year (Table 18). This year one person could comment on the price of a half-weight of cocaine, which was reported to be $300. The ACC reported the price of cocaine in the NT in 2003/04 to be $300 per gram and prices were not available for 2004/05.

Table 18: Median price ($) of most recent cocaine purchases by IDU, 2004-2005

Amount	Median price* $	Number of purchasers*
Gram	250 (250)	1 (2)
Cap	100 (60)	3 (4)
"Half-weight" (0.5 grams)	300	1

Source: **IDRS IDU interviews**
*2004 data are presented in brackets

Seven IDU (8% of the entire sample) were able to comment on the recent cocaine price changes, 44% (4% of entire sample) of those did not know, and the same proportion thought cocaine prices had remained stable (Table 19).

Table 19: Cocaine price movements, past 6 months, IDU, 2005

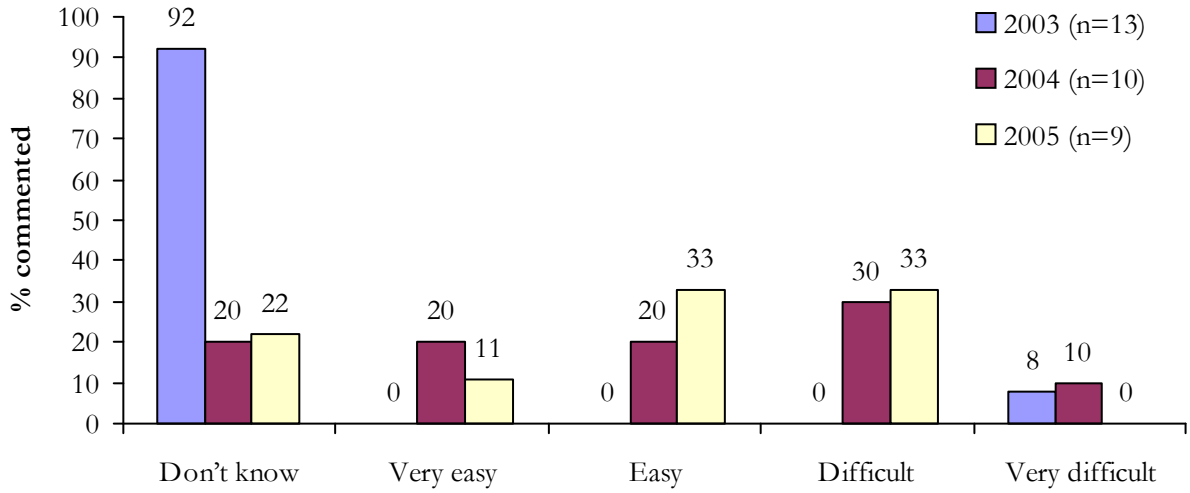
	2005 n=107
Did not respond (%)	92
Did respond (%)	8
Of those that responded (%)	(n=9)
Don't know	44 (4% of entire sample)
Increasing	11 (1% of entire sample)
Stable	44 (4% of entire sample)
Decreasing	0 (0% of entire sample)
Fluctuating	0 (0% of entire sample)

Source: IDRS IDU interviews

6.2 Availability

Reports of availability of cocaine amongst those who could comment are displayed in Figure 20. Very small numbers have been able to comment over the last three years and this year a third (33%) of those who could comment rated cocaine as either easy or difficult to obtain.

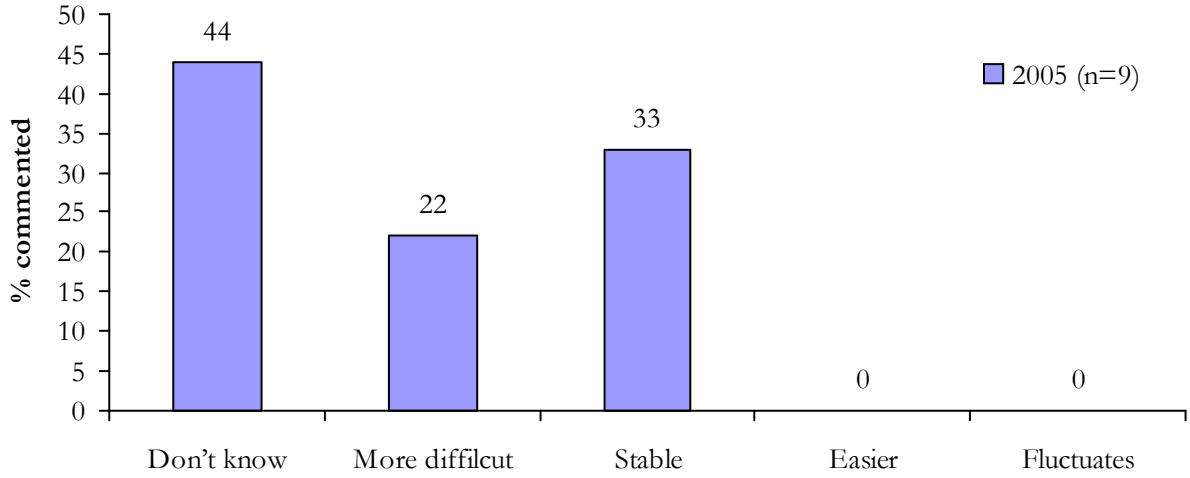
Figure 20: Current availability of cocaine, % commented, 2003-2005



Source: IDRS IDU interviews

Most of those who could comment on the recent change in cocaine availability said it had remained stable over the previous six months (Figure 21).

Figure 21: Change in availability of cocaine in the last 6 months, % commented, 2005



Source: IDRS IDU interviews

Again, only very small numbers could comment on the source and time taken for cocaine score. Currently, those IDU who can score cocaine in the NT obtain it from a street dealer, dealer's home or a friend, and one person obtained it from a mobile dealer (Table 20). The median time to score was 23 minutes.

Table 20: Usual source and median time for recent score of cocaine by IDU, 2003-2005

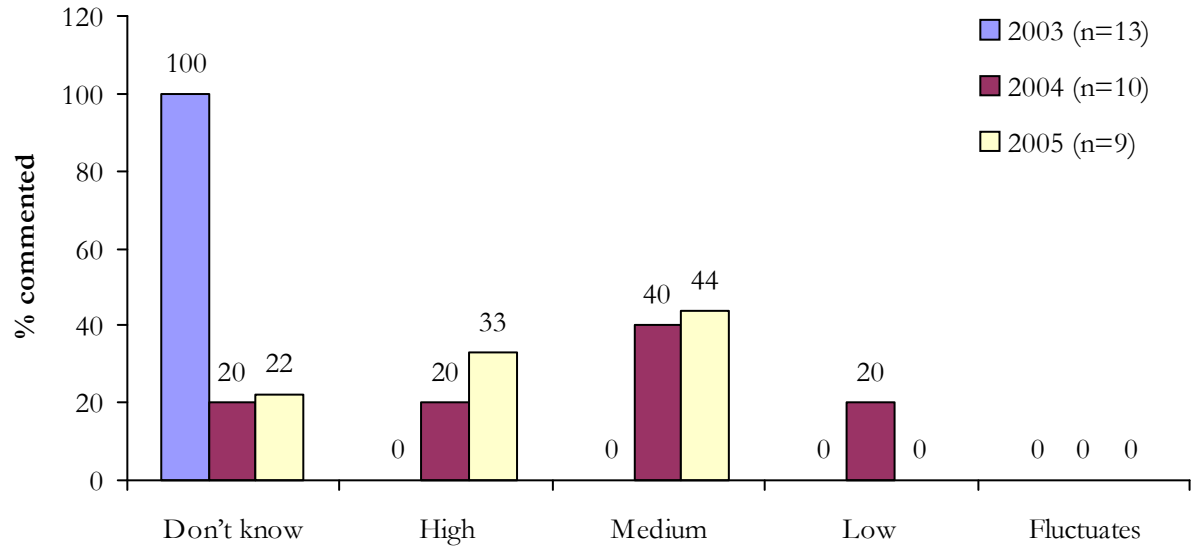
	2003 (n=1)	2004 (n=8)	**2005 (n=7)**
Street dealer	0	25	**29**
Dealer's home	0	0	**29**
Friend	100	63	**29**
Mobile dealer	0	13	**1**
Gift from friend	0	0	**0**
Time to score (median mins)	15	39	**23**

Source: IDRS IDU interviews

6.3 Purity

Of those that could comment this year, most rated cocaine purity as medium (44%) or high (33%, Figure 22), which is consistent with last year's pattern.

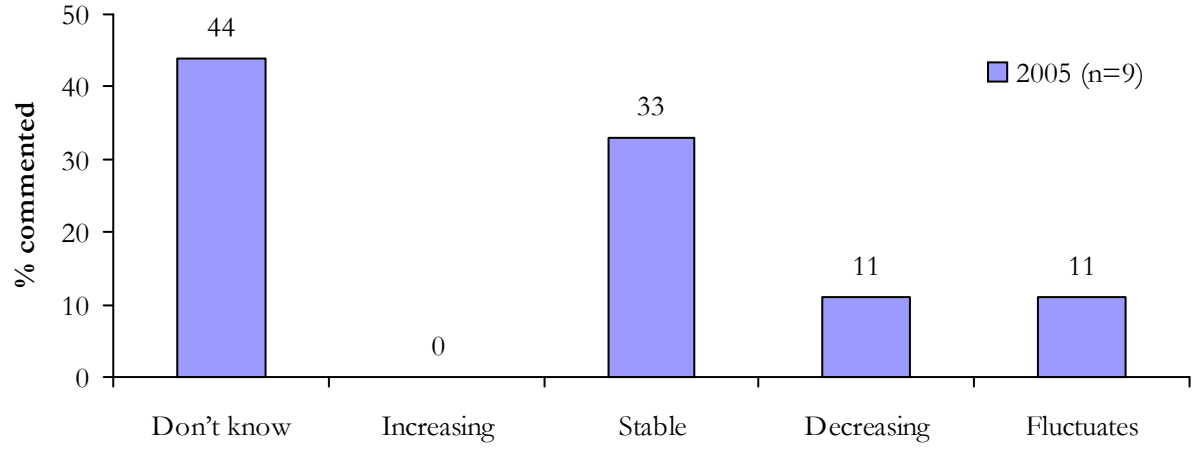
Figure 22: Current purity of cocaine, % commented, 2003-2005



Source: IDRS IDU interviews

Most of the nine IDU who could comment did not know about the recent change in cocaine purity; however, a third (33%) thought it had been stable over the previous six months (Figure 23).

Figure 23: Change in purity of cocaine in past 6 months, % commented, 2005



Source: IDRS IDU interviews

6.4 Use

Over the last two years the proportions recently using and injecting cocaine have remained steady; however, the frequency of use has decreased (from a median of once a month in 2004 to once in six months in 2005), as has its popularity as drug of choice (Table 21). Over the last three years very few IDU have reported using cocaine on the day before the interview.

Table 21: Selected trends in IDU cocaine use, 2003-2005

	2003 n=109	2004 n=111	**2005 n=107**
Used last 6 months (%)	5	10	**10**
Injected last 6 months (%)	3	6	**8**
Days used last 6 months (median)	4	6	**1**
Days injected last 6 months (median)	1	14	**2**
IDU drug of choice (%)	3	6	**2**
Drug taken yesterday	2	1	**0**

Source: IDRS IDU interviews

Frequency

2004 displays a peak in the frequency of cocaine use, with 45% of recent users using cocaine at least fortnightly in the prior six months (Table 22). This year no IDU had used cocaine even fortnightly; the most days anyone reported using cocaine in the previous six months was seven days (just over monthly).

Table 22: Frequency of cocaine use in previous 6 months, % recent users, 2003-2005

	2003 n=4	2004 n=11	**2005 n=11**
% fortnightly	25	45	**0**
% weekly	0	27	**0**
% daily	0	0	**0**

Source: IDRS IDU interviews

Form

Over the last three years, powder has remained the most common form of cocaine used in the previous 6 months amongst IDU, and the form that is used most often (Table 23).

Table 23: Forms of cocaine used previous six months, % IDU, 2003-2005

	2003 (n=109)		2004 (n=111)		**2005 (n=107)**	
	Used	Most often	Used	Most often	**Used**	**Most often**
Powder	4	4	13	11	**8**	**8**
Crack	0	0	3	2	**2**	**1**

Source: IDRS IDU interviews

Route

The injection of cocaine amongst IDU has slowly increased since 2003, with 8% of the sample having injected it in 2005 (Table 24). All other routes of administrating cocaine have not been as popular as injecting for the IDU in the last three years.

Table 24: Routes of recent administration of cocaine by IDU, 2003-2005

	2003 (n=109)	2004 (n=111)	**2005 (n=107)**
Inject	3	6	**8**
Smoke	1	2	**1**
Snort	2	5	**1**
Swallow	1	1	**1**

Source: IDRS IDU interviews

6.5 Cocaine-related harms

6.5.1 Law enforcement

In 04/05 there were five cocaine seizures in the NT by NT police. The ACC data shows that there was a total of five consumer/provider arrests related to cocaine in the NT in 2004/05.

6.5.2 Health

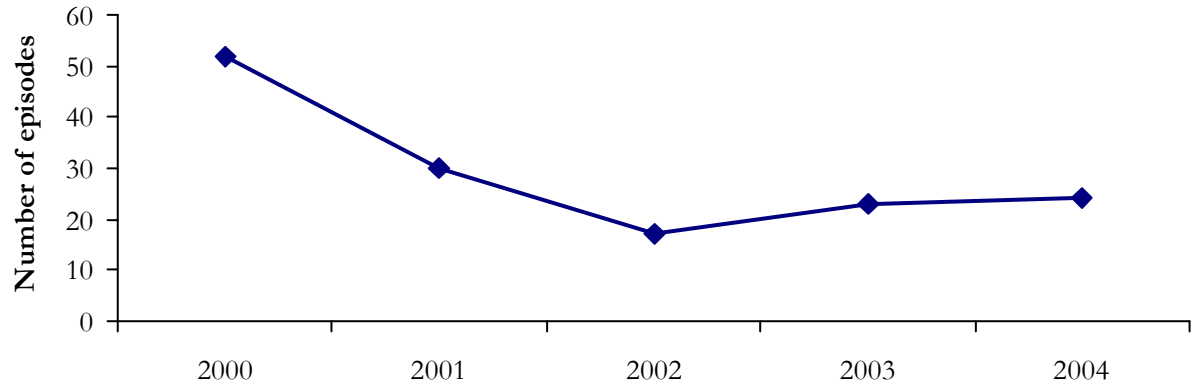
Calls to telephone helplines

In the 2004-2005 financial year there was one call to the ADIS line where cocaine was the drug of concern.

Treatment

The number of treatment episodes in Alcohol and Other Drug Treatment Services (AODTS) where cocaine was the principal or other drug of concern dropped drastically from 2000 to 2002 (figure 24). It has now begun to increase since 2002, with 24 episodes in 2004.

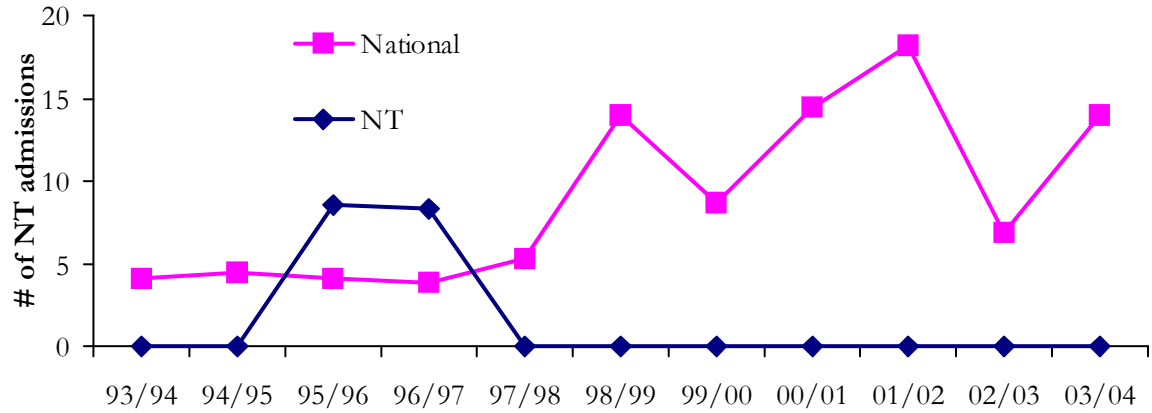
Figure 24: Number of treatment episodes in Northern Territory Alcohol and Other Drug Treatment Services with cocaine as the principal or other drug of concern, 2000-2004



Source: NT AODTS

The rate (per million) of inpatient hospital admissions where cocaine was the primary diagnosis for people aged 15-54 years is shown in Figure 25. The NT only had admissions in 1995/96 and 1996/97, whereas nationally since 1998/99 the rate of admissions climbed and has since fluctuated.

Figure 25: Rate (per million) of inpatient hospital admissions where cocaine was the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2003/04



Source: AIHW

6.6 Trends in cocaine use

Only one IDU reported buying a gram of cocaine, at $250, and three had purchased a cap of cocaine in the six months before interview, paying a median of $100 (up from $60 last year). There were no purchases of cocaine in 2003. Of the few who could comment, most said cocaine price was stable. Availability reports were mixed, and with the small numbers commenting there is no clear trend. Purity was medium to high.

The proportion of the IDU sample reporting cocaine use within six months of interview has declined steadily over the four years since 2000: 18% in 2000, 13% in 2001, 10% in 2002, and 5% in 2003. However, in 2004 this proportion increased to 10% and remained at 10% in 2005. Recent injection of cocaine increased from 6% in 2004 to 8% in 2005. Only two percent of the IDU sample reported cocaine as their drug of choice and no one had used cocaine the day before the interview.

Number of treatment episodes in Northern Territory Alcohol and Other Drug Treatment Services with cocaine as the principal or other drug of concern has risen slightly from 2002 to 2004.

6.7 Summary of cocaine trends

- Cocaine use in the NT remains low with some indication that its presence and use has increased slightly in the last two years.

7.0 CANNABIS

7.1 Price

Hydro

Hydroponic cannabis was most commonly purchased by the gram for a median of $25 (Table 25). Seventeen IDU had recently bought an ounce of cannabis for a median of $300. The price for a gram and an ounce of hydro has remained stable over the past three years, a quarter ounce has returned to its 2003 price, and an half ounce has increased by $5.

Bush

Bush cannabis was most commonly purchased by the ounce for a median of $200 (Table 25). Ten people had recently bought a gram of bush cannabis paying a median of $25. The price for an ounce and a gram of bush cannabis has remained stable over the past three years; however, no one reported purchasing a half ounce this year and a quarter ounce was at its highest price in three years.

Hash and hash oil

Six IDU had recently bought a gram of hashish, paying a median of $30, and three IDU had recently purchased a cap of hashish oil for a median of $50 (Table 25). The price for a gram of hash has fluctuated over the past three years, whereas hash oil prices are extremely varied, with one person paying one dollar last year, and three people paying between $25 and $80 this year.

Table 25: Median price ($) of most recent cannabis purchases by IDU, 2003-2005

		2003 (n=109)	2004 (n=111)	**2005 (n=107)**
Hydroponic	Gram	25 (37)	25 (35)	**25 (33)**
	¼ ounce	100 (5)	80 (3)	**100 (3)**
	½ ounce	170 (4)	170 (3)	**175 (5)**
	Ounce	305 (22)	300 (22)	**300 (17)**
Bush	Gram	25 (18)	23 (16)	**25 (10)**
	¼ ounce	60 (1)	50 (1)	**70 (3)**
	½ ounce	120 (1)	175 (4)	**-**
	Ounce	200 (9)	200 (11)	**200 (11)**
Hash/hash oil	Gram	50 (3)	25 (7)	**30 (6)**
	Cap	-	1 (1)	**50 (3)**

Source: IDRS IDU interviews
Number of purchasers in brackets

In 2004/05 the ACC reported the prices of hydroponic cannabis in the NT as follows: $25-$40 for a deal (approx 1 gram), $180-$240 for half a bag (14 grams), and $300-$350 for an ounce.

Table 26 displays the recent price changes for hydro and bush cannabis. Most of those that could comment thought that the price of hydro had been stable in the past six months (68%, 32% of entire sample). When commenting on bush cannabis, equal proportions thought that bush prices had been stable or they didn't know how the price had changed in the previous six months (44%, 34% of entire sample).

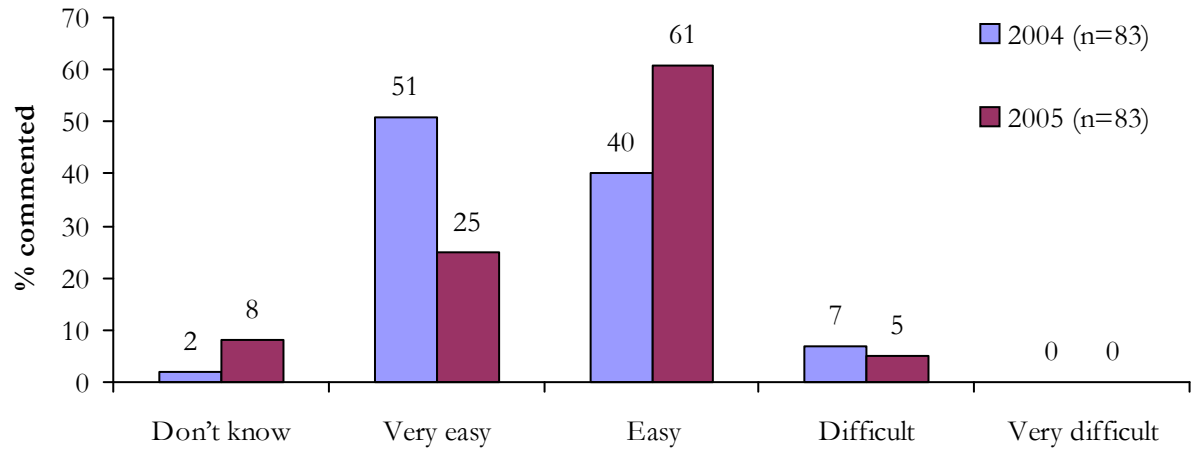
Table 26: Price movements of cannabis in the past 6 months, 2005

	2005 n=107	
	Hydro	**Bush**
Did not respond (%)	22	23
Did respond (%)	78	77
Of those that responded (%)	(n=83)	(n=82)
Don't know	15 (11% of entire sample)	44 (34% of entire sample)
Increasing	16 (12% of entire sample)	6 (5% of entire sample)
Stable	68 (52% of entire sample)	44 (34% of entire sample)
Decreasing	1 (1% of entire sample)	5 (4% of entire sample)
Fluctuating	1 (1% of entire sample)	1 (1% of entire sample)

Source: IDRS IDU interviews

7.2 Availability

Figure 26: Current availability of hydro, % commented, 2004-2005

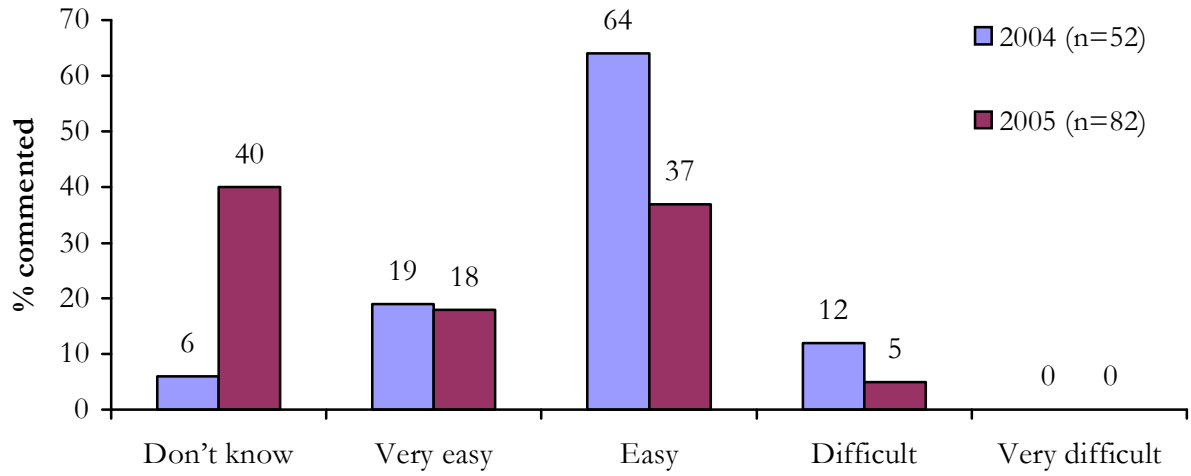


Source: IDRS IDU interviews

Only 2004 and 2005 availability figures are presented, as cannabis was specified into hydro and bush forms in 2004. Almost all of those who could comment rated hydro as easy (61%) or very easy (25%) to obtain in 2005 (Figure 26). However, last year most IDU rated hydro as very easy to obtain, whereas this year most rated it as easy.

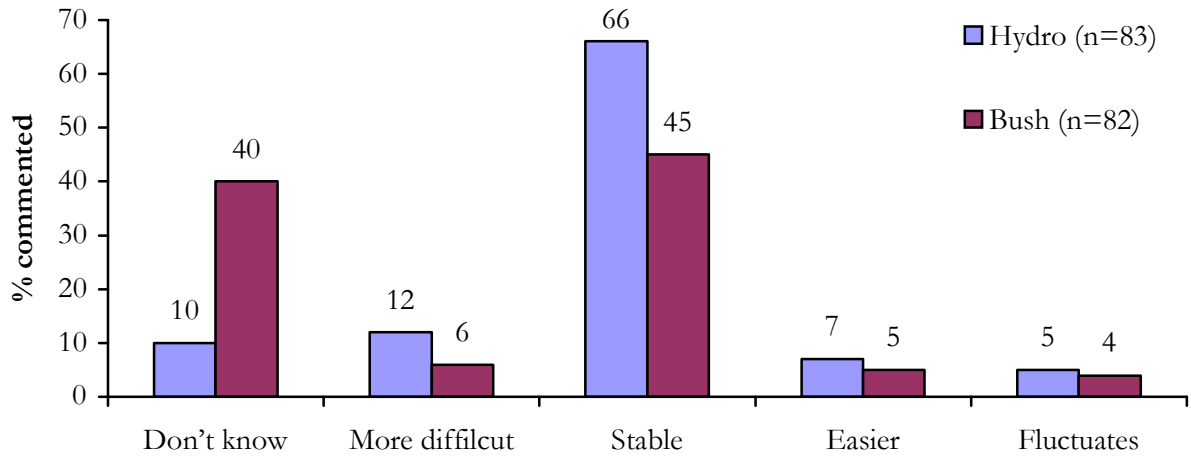
The highest proportion who could comment on bush did not know about the current availability of bush (40%, Figure 27). However, 30% rated it as easy to obtain and 18% rated it as very easy to obtain. Only 5% of those who commented rated it as difficult to obtain. Figure 28 displays how the availability of hydro and bush cannabis has changed in the six months prior to interview, as rated by those who could comment. Hydro (66%) and bush (45%) were rated by most as stable.

Figure 27: Current availability of bush, % commented, 2004-2005



Source: IDRS IDU interviews

Figure 28: Change in availability of cannabis in the last 6 months, % commented, 2005



Source: IDRS IDU interviews

In 2005 hydro was most commonly obtained from a friend (41%), a dealer's home (28%) or a street dealer (16%, Table 27). Bush was also most commonly scored from the same source, with different proportions– friend (53%), dealer's home and street dealer (both 16%). It took a median of 20 minutes to score both hydro and bush.

Table 27: Usual source for recent score of cannabis, % commented, 2004-2005

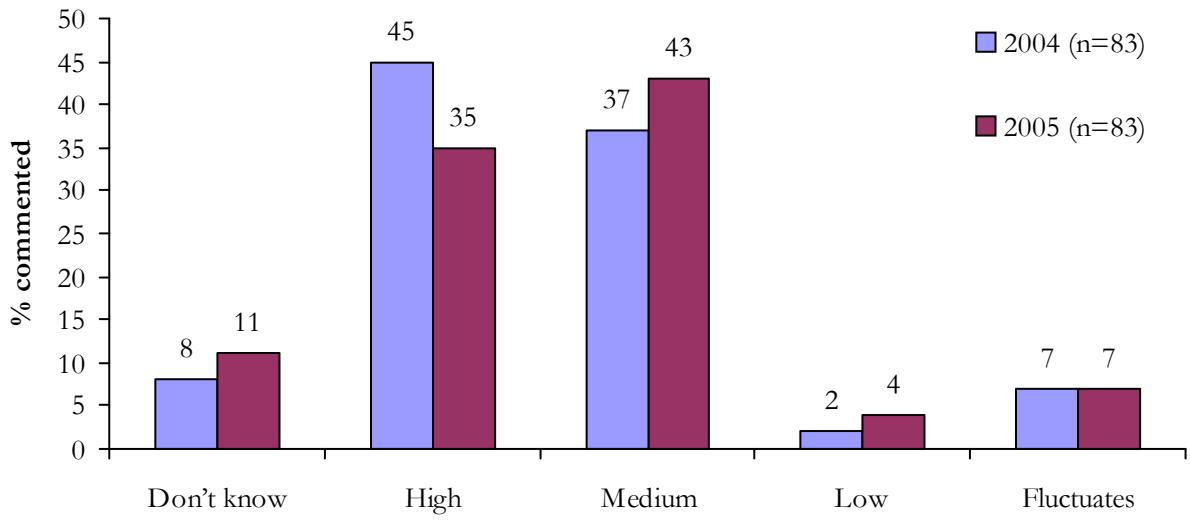
	2004		2005	
	Hydro (n=82)	Bush (n=52)	**Hydro (n=75)**	**Bush (n=49)**
Street dealer	9	6	**16**	**16**
Dealer's home	34	19	**28**	**16**
Friend	37	50	**41**	**53**
Mobile dealer	7	4	**8**	**4**
Gift from friend	1	15	**3**	**4**
Time to score (median mins)	30	30	**20**	**20**

Source: **IDRS IDU interviews**

7.3 Potency

Over the last two years most of those who could comment rated hydro's potency as high or medium (Figure 29). In 2005, 43% rated it as medium and 35% as high, whereas last year the larger proportion rated it as high (45%).

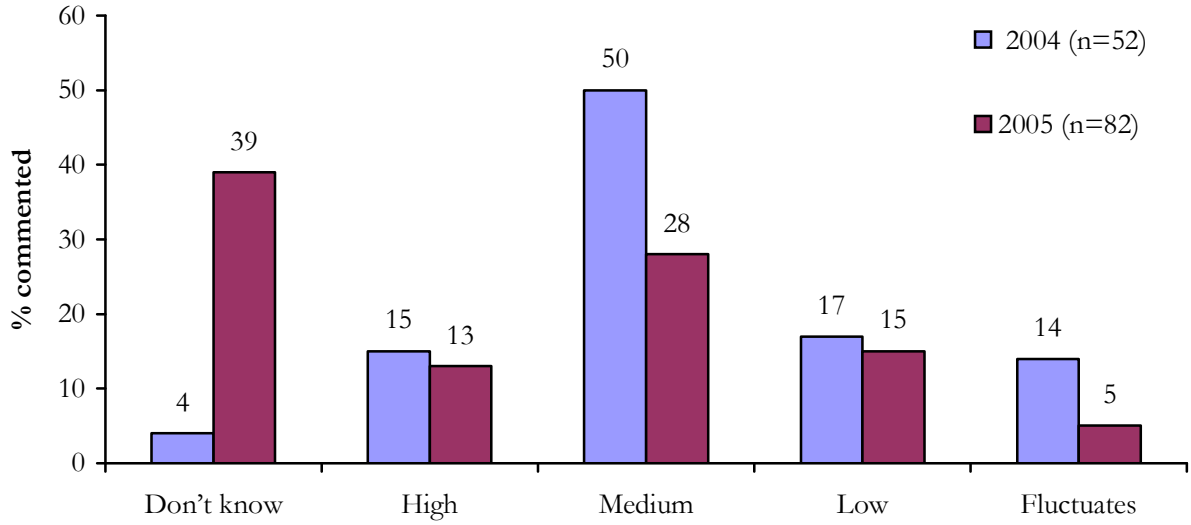
Figure 29: Current potency of hydro, % commented, 2004-2005



Source: IDRS IDU interviews

Of those who could comment and did know about the potency of bush, most rated it as medium (28%) followed by low (15%, Figure 30). This is the same pattern as last year.

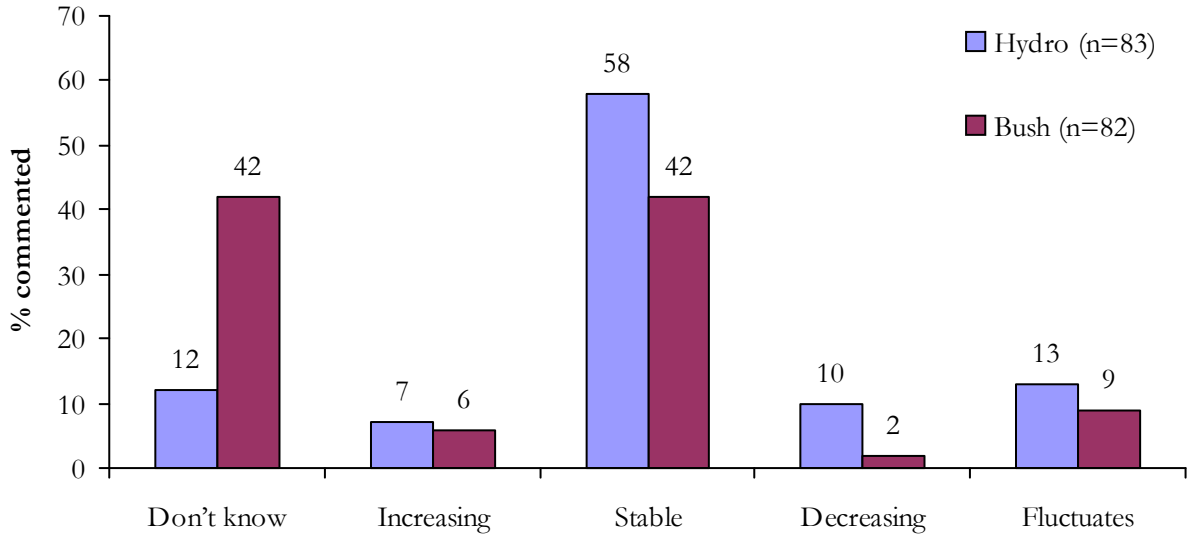
Figure 30: Current potency of bush, % commented, 2004-2005



Source: IDRS IDU interviews

Again, of those who could comment and did know about the change in potency of cannabis over the last six months, most believed that both hydro (58%) and bush (42%) had remained stable (Figure 31).

Figure 31: Change in potency of cannabis in past 6 months, % commented, 2005



Source: IDRS IDU interviews

7.4 Use

Cannabis remains a common recently used drug with 79% of the sample having used cannabis in the six months before the interview in 2005 (Table 28). Cannabis has never been a popular drug of choice and this remains consistent in 2005 with only 5% nominating it as their favourite drug. For the last two years cannabis has obtained a median frequency of daily use (180 days) and almost half (49%) of the sample reported they had used cannabis the day before the interview.

Table 28: Selected trends in IDU cannabis use, 2003-2005

Variable	2003 n=109	2004 n=111	**2005 n=107**
Used last 6 months (%)	83	75	**79**
Days used last 6 months (median)	120	180	**180**
IDU drug of choice (%)	4	3	**5**
Drug taken yesterday	44	51	**49**

Source: IDRS IDU interviews

Frequency

The proportion of the sample using cannabis daily has remained relatively stable over the last three years with 52% reporting daily use in 2005. Eighty-one percent (81%, Table 29) of the sample had used cannabis at least weekly and 85% at least fortnightly in the six months prior to interview in 2005.

Table 29: Frequency of cannabis use, % recent users, 2003-2005

	2003 (n=89)	2004 (n=80)	**2005 (n=84)**
% fortnightly	87	92	**85**
% weekly	80	92	**81**
% daily	46	54	**52**

Source: IDRS IDU interviews

Form

Seventy-five (75%) of the IDU sample had used hydroponic cannabis in the six months preceding interview, with 68% nominating it as their most often used form (Table 30). Sixty-one percent (61%) had used bush cannabis, although this was the form most often used for only 10%. The proportions using hash or hash oil are similar this year (19% and 1%) to 2004.

Table 30: Forms of cannabis used previous six months and primary form, % IDU, 2003-2005

	2003 (n=109)		2004 (n=111)		**2005 (n=107)**	
	Recent use	Most often	Recent use	Most often	Recent use	Most often
Hydroponic	83	77	80	69	**75**	**68**
Bush	63	6	70	12	**61**	**10**
Hash	17	0	19	1	**19**	**0**
Hash oil	5	0	5	0	**10**	**0**

Source: IDRS IDU interviews

7.4.1 Key expert comment

Six KE were interviewed in relation to cannabis users. They had contact with between 21-100 cannabis users on 1-7 days per week in the last six months. One KE answered only in relation to aboriginal cannabis users in remote areas of the Northern Territory with mental health issues.

It was agreed that cannabis use was not confined to any particular area of Darwin and that, in general, users were between the ages of 18-35, but there were some as young as 13 years and as old as 55 years. It was reported that cannabis users were mostly male (60%-90%) and that, although there was some variation in estimations of ethnicity of users, it was generally agreed that they were predominantly Caucasian or Aboriginal and/or Torres Strait Islanders. Educational attainment was estimated to be between years 10-12 though it was stated that passing year 12 was rare. One KE advised that the cannabis users she knew personally (as opposed to work) were very well educated, some with PhDs who were all employed full-time. Others stated that 20%-40% were unemployed, some were on disability payments and those who were employed full-time were usually in the trades. Most KE thought that a small percentage had a prison history and one reported that approximately 50% had a prison history. Three KE stated that all of the cannabis users they had contact with were in counselling treatment (some through diversion), one said none were in treatment and another said that a quarter were in treatment but there were very few self-referrals.

Those KE who knew about the form of cannabis used said it was mainly hydroponic and that all would smoke it, with minimal proportions eating it. KE generally concurred that most cannabis users were heavy daily users smoking up to 24 bongs a day starting as soon as they woke up. However, it was noted that if people were in employment or school they would generally have more control over their use and smoke less.

All KE agreed that those people who were predominately cannabis users would also use amphetamines, particularly speed. Two KE said that a few cannabis users would also use ecstasy but generally it was too expensive for cannabis users. When commenting on inhalants, three KE said that a few cannabis users would inhale petrol, that it mainly occurred in remote areas by younger people because it was cheaper, and that once the users were 18 years old they would switch to alcohol.

Most KE reported that a few would also use benzodiazepines and this was mostly illicitly. Two advised that a few cannabis users were on the methadone maintenance program (i.e. for opioid dependence) and they seemed to be focused on long-term maintenance not withdrawal or reduction. All agreed that none used buprenorphine. KE agreed that some cannabis users also used illicit morphine, but could not describe their pattern of use in any detail.

Two KE believed that over the last six months there had been an increase in the quantity and frequency of cannabis use. Again, only two could comment on the current price of cannabis: $25 for a stick, $35 for a bag and $150-$400 for an ounce. One said the price had recently increased, another said it had remained stable, and both thought the current potency was high and that it had increased in the prior six months. All KE agreed that cannabis was very easy to obtain and that it had become even easier or remained stable in the past six months.

7.5 Cannabis-related harms

7.5.1 Law enforcement

In 2002/03 there were 257 cannabis consumer/provider arrests and this number rose to 315 in 2003/04 and to 429 in 2004/05 (ACC). In 2004/05 the ACC reported that there were 434 cannabis infringement notices issued. NT police recorded 575 seizures at 35,744 grams in 2002/03 and the AFP recorded six seizures at 149 grams. In 03/04 the NT police recorded 790 seizures at 139,220 grams and the AFP recorded two seizures at seven grams. In 2004/05 the AFP made no cannabis seizures but the NT police made 877 totalling 56,736 grams (ACC).

7.5.2 Health

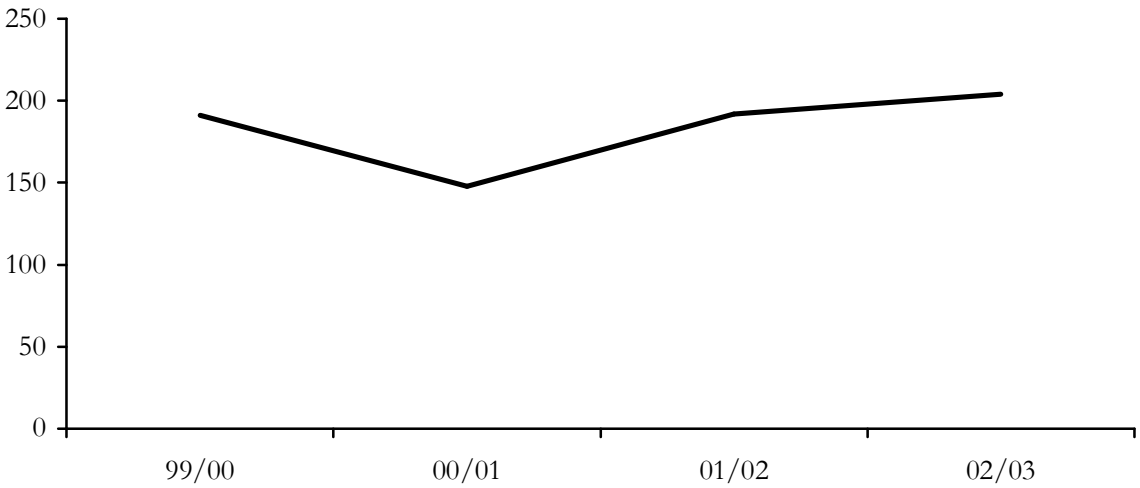
Calls to telephone helplines

In the 2004-2005 financial year there were 28 calls to the ADIS line where cannabis was the drug of concern.

Treatment

NT hospital separations where cannabinoids are mentioned shows a steady upward trend over the past three financial years after a decline from 1999/00 into 2000/01 (Figure 32). This rise is primarily comprised of increases in separations recording harmful use and psychotic disorder.

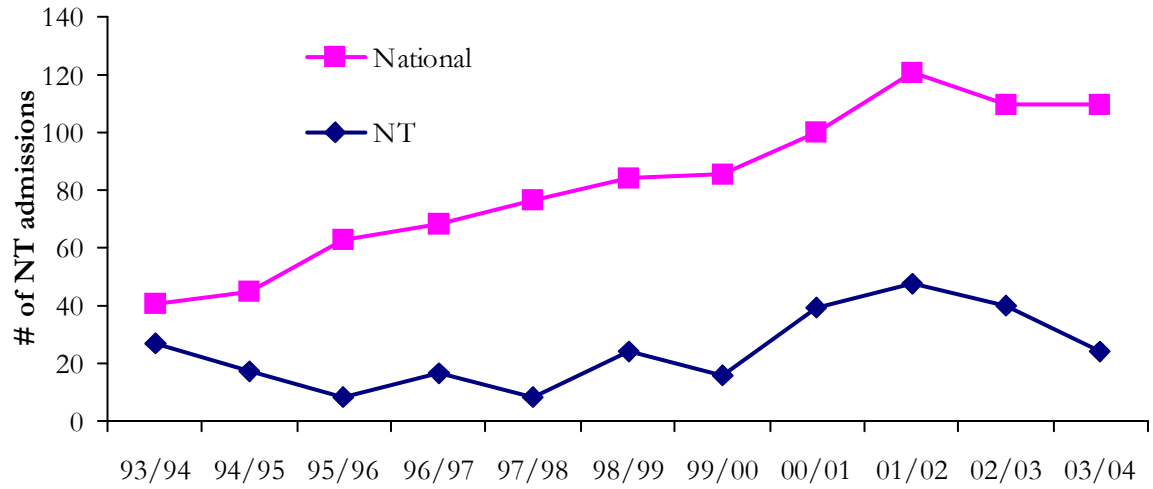
Figure 32: NT hospital separations with cannabinoid mentions, 1999/00 to 2002/03



Source: AIHW

The rate (per million) of inpatient hospital admissions where cannabis was the primary diagnosis for people aged 15-54 years is displayed in Figure 33. The NT rate appears to be fluctuating but slowly increasing since 1995/96 and then declining since 2001/02. The national rate was climbing at a steady pace until 2001/02 where it started dropping off.

Figure 33: Rate (per million) of inpatient hospital admissions where cannabis was the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2003/04



Source: AIHW

The number of treatment episodes in NT Alcohol and Other Drug Treatment Services (AODTS) where cannabis was the principal or other drug of concern rose drastically from 2000 to 2001(figure 34). It has since decreased to 761 episodes in 2004.

Figure 34: Number of treatment episodes in NT Alcohol and Other Drug Treatment Services with cannabis as the principal or other drug of concern, 2000–2004

Source: NT AODTS

7.6 Trends in cannabis use

Cannabis price, potency and availability have been stable: a gram of hydroponic cannabis costs $25 as does bush cannabis. An ounce of hydroponic cannabis was $300 and the cost of bush cannabis was $200. Both hydro and bush cannabis remain 'easy' to obtain with the median time to score both forms decreasing from 30 minutes to 20 minutes. The majority of IDU described the potency of hydro as high-medium and of bush as medium.

Until 2003 cannabis was consistently the illicit drug used by the greatest proportion of the IDU sample. In 2004 the proportion using cannabis dropped and morphine became the most reported recent use illicit drug. This is the same for 2005, although they are only separated by 2% for lifetime use and 1% for recent use.

Focusing on harms, the number and weight of cannabis seizures made by the NT police has increased over the last two financial years. The rate of hospital separations with cannabis as the primary diagnosis in the NT has fluctuated over the last 10 financial years; however, the number of episodes of treatment in AODTS where cannabis is the principal or other drug of concern has declined since 2001.

7.7 Summary of cannabis trends

- The price of cannabis remains unchanged since 2003 at around $25 for a gram of any form, $300 for an ounce of the hydroponic form and $200 for an ounce of bush.
- Cannabis continues to be rated as easy or very easy to obtain by both key experts and IDU.
- The potency of cannabis is quoted as medium to high, as in previous years.
- AODTS treatment episodes with cannabis as the primary or other drug of concern is decreasing.

8.0 OPIOIDS

8.1 Morphine

8.1.1 Price

Sixty-eight (68) people in the IDU 2005 sample paid a median price of $60 for 100mg tablets of MS Contin within six months of interview (Table 31). This price has remained stable over the past three years but is an increase from $50 in 2001 and 2002. Thirty-five (35) people paid a median of $30 for 60mg tablets of MS Contin, and three people paid $20 for 30mg tablets, with the letter representing a $5 increase from last year. The price of Kapanol has increased to a median of $60 for 100mg and $30 for 50mg, which now matches the price of MS Contin, while 30mg of Anamorph has returned to its 2003 median price of $20.

Table 31: Median price ($) of most recent morphine purchase by IDU, 2003 to 2005

		2003	2004	2005
MS Contin	5mg	- (0)	- (0)	**- (0)**
	10mg	10 (1)	50 (1)	**- (0)**
	30mg	15 (7)	15 (6)	**20 (3)**
	60mg	30 (34)	30 (42)	**30 (35)**
	100mg	60 (68)	60 (81)	**60 (68)**
	200mg	100 (2)	80 (2)	**- (0)**
Kapanol	20mg	15 (3)	10 (3)	**10 (2)**
	50mg	25 (11)	25 (16)	**30 (15)**
	100mg	50 (52)	50 (55)	**60 (59)**
Anamorph	30mg	20 (30)	25 (35)	**20 (44)**

Source: IDRS IDU interviews
Number of purchasers in brackets

Table 32: Morphine price movements, past 6 months, 2005

	2005 n=107
Did not respond (%)	22
Did respond (%)	78
Of those that responded (%)	(n=83)
Don't know	12 (9% of entire sample)
Increasing	8 (7% of entire sample)
Stable	76 (59% of entire sample)
Decreasing	0 (0% of entire sample)
Fluctuating	4 (3% of entire sample)

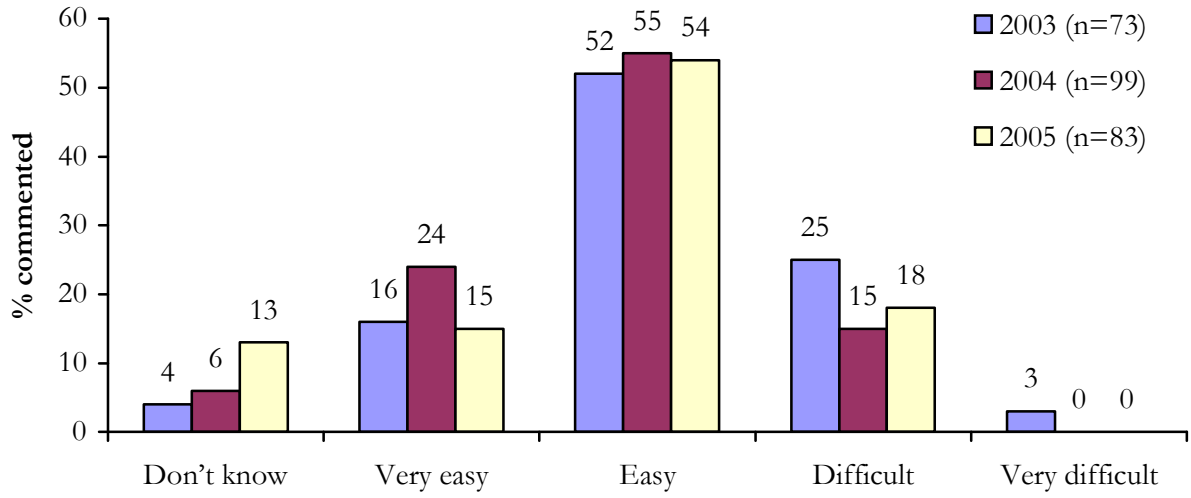
Source: IDRS IDU interviews

Seventy-eight percent (78%, Table 32) of the sample could comment on the recent changes in morphine price. Of those that could comment, over three-quarters (76%, 59% of entire sample) believed that the price of morphine had remained stable in the six months prior.

8.1.2 Availability

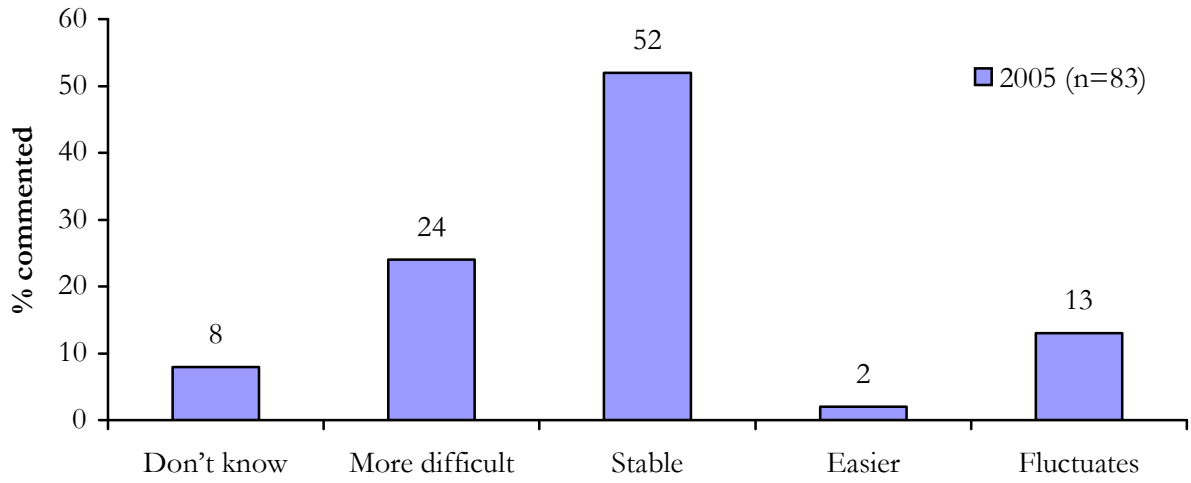
Over half of the IDU who commented reported morphine as 'easy' (54%, Figure 35) to obtain, with an decreased proportion this year rating it as 'very easy' to obtain (15%) and a higher proportion rating it as 'difficult' (18%). Morphine availability appears to have been consistently 'easy' since 2002.

Figure 35: Current availability of morphine, % commented, 2003-2005



Source: IDRS IDU interviews

Figure 36: Change in availability of morphine in the last 6 months, % commented, 2005



Source: IDRS IDU interviews

Over half (52%, Figure 36) of the sample thought the availability of morphine had remained stable in the previous six months; however, almost a quarter (24%) thought it had become more difficult.

In the six months prior to interview, 47% (Table 33) of users usually scored their morphine from a friend, 22% scored from a street dealer and 19% at a dealer's home. Compared to 2004 there appears to be very little change. The median time to usually score morphine in the six months prior to interview this year was 30 minutes, as it was for the past two years.

Table 33: Usual source for recent score of morphine, % commented, 2003-2005

	2003 (n=71)	2004 (n=97)	**2005 (n=74)**
Street dealer	31	22	**22**
Dealer's home	13	23	**19**
Friend	46	40	**47**
Mobile dealer	7	5	**5**
Gift from friend	-	-	**-**
Time to score (median mins)	30	30	**30**

Source: IDRS IDU interviews

8.1.3 Morphine use among IDU

Recent morphine use remains popular among the IDU sample, with only one-fifth (20%) of the 2005 sample reporting that they had not used morphine in the prior six months (Table 34). The difference between recent use and recent injecting has only ever been 1% or 2%. The median number of days the IDU have used and injected morphine in the last six months has decreased since 2003 and 2004: whereas previously use and injection was daily, now it is a median of 140 days for use and 120 days for injection.

Table 34: Selected trends in IDU morphine use, 2003-2005

Variable	**2003 n=109**	**2004 n=111**	**2005 n=107**
Used last 6 months (%)	82	87	**80**
Injected last 6 months (%)	80	86	**79**
Days used last 6 months (median)	180	173	**140**
Days injected last 6 months (median)	180	180	**120**
IDU drug of choice (%)	19	21	**21**
Drug taken yesterday	55	67	**54**

Source: IDRS IDU interviews

Morphine's popularity as drug of choice remains consistent at 21%. Of those who stated morphine was their drug of choice, all but one had injected morphine most often in the last month (and the one who didn't had injected speed most often) and this was reportedly due to health effects. In 2004 a third (67%) of the sample had used morphine the day before the interview; this year only a half (54%) did so, similar to 2003 (55%).

Frequency

The frequency of morphine use amongst recent users is detailed in Table 35. The current year's frequency of use pattern reflects that of 2004 and is slightly lower than 2003. A large majority (80%) of recent users used morphine at least weekly and half (47%) used morphine daily.

Table 35: Frequency of morphine use in previous 6 months, % IDU, 2003-2005

	2003 (n=87)	2004 (n=94)	**2005 (n=86)**
% fortnightly	90	86	**88**
% weekly	86	83	**80**
% daily	56	48	**47**

Source: IDRS IDU interviews

Form

Table 36 details the forms of morphine used in the past six months. The proportions using licit and illicit morphine this year more closely reflect those found in 2003. Since last year there was a 1% increase in those using licit morphine (now 30%) and a decrease of 10% in those using illicit morphine (now 70%). Twenty-six percent (26%) would use licit morphine most often and 54% would use illicit morphine most often. MS Contin remains the most popular brand of morphine used; however, proportions have decreased slightly this year and this is compensated by an increase in those using Kapanol (13%).

Table 36: Forms of morphine used previous six months and brand, % IDU, 2003-2005

	2003 (n=109)		2004 (n=111)		**2005 (n=107)**	
	Used	Most often	Used	Most often	**Used**	**Most often**
Licit	35	28	29	23	**30**	**26**
Illicit	73	56	80	62	**70**	**54**
Brand						
MS Contin	72		70		**62**	
Kapanol	5		8		**13**	
Anamorph	3		3		**3**	
Other/generic	4		5		**1**	

Source: IDRS IDU interviews

The number of 100mg doses of both MS Contin and Kapanol dispensed through community pharmacies is shown in Figure 37. The figure shows that after the initial decline in the number of MS Contin tablets prescribed from 1999 to 2001, prescription have since remained stable, even after the S8 restrictions in the latter half of 2004. Kapanol capsules, on the other hand, appear to have gradually increased since 1998, although MS Contin prescription are still double that of Kapanol.

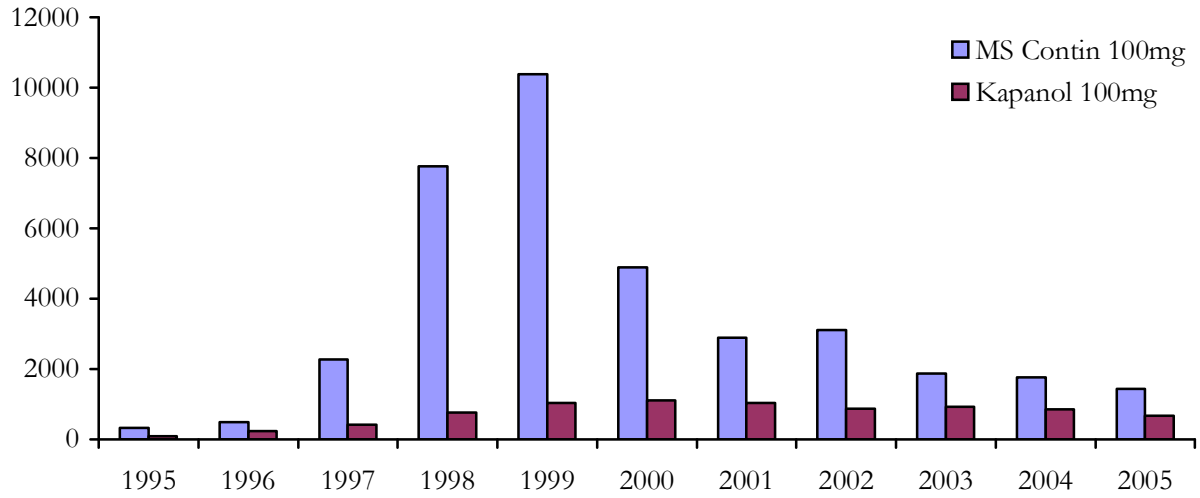
Figure 37: Number of MS Contin 100mg tablets and Kapanol 100mg capsules prescribed in the NT by year

Source: NT Poisons Control
*** Prescription data are only collected from community pharmacies. Supplies via non-retail pharmacies such as those at public hospitals, military establishments and remote area dispensaries are not included in these data**

Figure 38 shows that over the last three years there has been very little change in the number of MS Contin or Kapanol prescriptions. With this Medicare PBS and RPBS data it should be noted that the state/territory is determined according to the address of the pharmacy supplying the item, not the state of residence of the script holder. The month is determined by the date the service was processed by Medicare Australia, not the date of prescribing or the date of supply by the pharmacy.

One possible explanation for the change in the IDU pattern of use (decrease in MS Contin and increase in Kapanol) is changes in prescribing practices. However, as can be seen in Figures 37 and 38, there appears to be no changes in the number of tablets/capsules prescribed or number of prescriptions of either brand, and therefore another explanation is warranted.

Figure 38: Number of MS Contin 100mg and Kapanol 100mg scripts prescribed in the NT by year*



Source: AGDHA Medicare statistics
***2005 missing December data**

Route

The recent injection of morphine amongst IDU has remained reasonably stable since 2003 with 79% of the sample having recently injected it in 2005 (Table 37). Smoking and snorting have not been common recent routes of administration in the last three years, whereas in 2003 28% of the sample had recently swallowed morphine, but this dropped to only 3% in 2004 and back up again to 26% in 2005.

Table 37: Routes of recent administration of morphine by IDU, 2003-2005

	2003 (n=109)	2004 (n=111)	**2005 (n=107)**
Inject	80	86	**79**
Smoke	1	1	**1**
Snort	1	0	**1**
Swallow	28	3	**26**

Source: IDRS IDU interviews

8.1.4 Key expert comment

Seven key experts were able to comment on morphine users. These KE had between 1-5 days contact per week with 21-100+ morphine users in the past six months. When asked to specify some details about morphine users, the KE advised that morphine use is widespread and users do not tend to live in any particular area. All agreed that most were aged between 20-40, but some were as young as 12 and as old as 70. It was reported that between 50%-75% of users were male, 60%-99% were Caucasian and between 8% and 30% were A&TSI. It was agreed that most users would have completed some high school education but it was rare for users to have any tertiary education. All but one KE concurred that most users were unemployed, and it was reported that the small proportion who were employed were in such fields as trades, hospitality, and sex work.

Comments regarding prison history were varied, with KE estimating that 10%-95% have previously been incarcerated. Four KE stated that all the morphine users they had contact with were currently in treatment – this included methadone, buprenorphine and counselling. The other KE estimated that between 20%-50% were in treatment, including the above-mentioned treatments as well as detox, residential and GP-managed reduction/substitution. One KE advised that they had a few morphine users who had been cut off from their GP so they presented to the OPP for treatment.

All KE reported that MS Contin was the form used and one reported that Kapanol is also used. All agreed that 90%-100% would inject morphine, with small proportions swallowing. It was also agreed that most, if not all, were using daily, and quantities ranged from 100mg a day to 400mg a day. One KE advised that some would use morphine daily as a methadone top up.

KE were asked about other drugs that morphine users also used. Two KE reported that a few would use heroin, but these were people who were part of an elite group, as heroin is rare in Darwin. All KE stated that a few to half of the morphine users would also use amphetamines including speed, crystal and pharmaceutical stimulants; however, all agrees that they were not regular amphetamine users, that it caused more mental health issues in the users, and that it is not their preferred drug but partly linked to difficulty obtaining opiates.

All KE agreed that most to all morphine users also used cannabis and that cannabis was not seen as a problem drug or an addictive drug by the users. All KE also agreed that a few would use ecstasy; however, this was mostly the younger ones with jobs.

KE stated that a few to most would use licit and illicit benzodiazepines. It was noted that it is very easy for users to get a benzodiazepine prescription from a GP. It was also noted that the morphine users who are also using benzodiazepines are very problematic and have major functional problems. It was noted that benzodiazepine use amongst morphine users was increasing in the younger group.

All KE advised that half to most morphine users were using licit and illicit methadone and Physeptone and that this just adds to their tolerance and drug use. It was also reported that a few to half would use licit and illicit buprenorphine. It was advised that most don't like it very much when they try it illicitly; however, if they are on a maintenance program they will tend to chose buprenorphine if they still want to use morphine recreationally.

When asked about recent changes in morphine use, one KE stated that more people were using pill filters; however, the price of the filters is a problem or their use would be greater. Another KE stated that there had been a decrease in the frequency of morphine use but no change in quantity. All other KE advised they had not noticed a recent change in frequency or quantity of use; however, one reported that they "heard that there was an increase in intravenous drug use of morphine in A&TSI".

The price of morphine was reported by KE to average at $1 per 1mg; however, 100mg tablets were reported to cost between $60-$100. One KE reported that 60mg cost $30-$40 and 10mg cost $15. One KE advised that morphine price had decreased and that this was probably due to an increase in black market methadone syrup and Physeptone.

When commenting on the availability of morphine over the last six months, four KE said it was stable, two said it fluctuates and one said it was more difficult. It was advised that there was less opportunity because fewer doctors were prescribing; however, there were better organised

criminals with drug being brought in from southern states. Another KE reported that the new S8 legislation has meant doctors are not prescribing morphine to their patients so there are more other pharmaceutical opiates being used like Oxycontin. With the controls on S8s it was predicted that benzodiazepine prescriptions would probably increase and that this will be the new problem drug in Darwin which, it was advised, is more dangerous than morphine.

8.2 Illicit methadone

8.2.1 Price

The median price for a millilitre of methadone had decreased over the last three years to sixty-five cents ($0.65) in 2005 (Table 38) In contrast, the median price of 10mg of Physeptone increased $5 this year to $15 and the median price for 5mg of Physeptone was $10.

Table 38: Median price ($) of most recent methadone purchase by IDU, 2003 to 2005

		2003	2004	2005
Methadone	ml	$50-50mg, $70-30mg (2)	1 (16)	**0.65 (12)**
Physeptone	5mg	0	0	**10 (3)**
	10mg	10 (15)	10 (18)	**15 (21)**

Source: IDRS IDU interviews
Number of purchasers in brackets

Thirty-eight (38%) of IDU could comment of the change in illicit methadone prices; of those, 37% (14% of entire sample) thought that the price had been stable over the past six months (Table 39).

Table 39: Methadone price movements, past 6 months, 2005

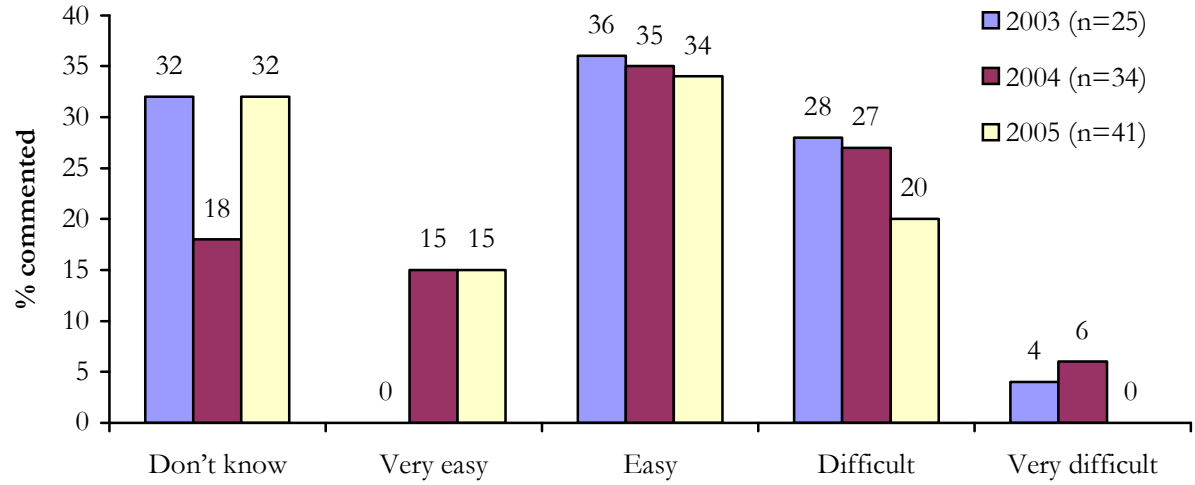
	2005 n=107
Did not respond (%)	62
Did respond (%)	38
Of those that responded (%)	(n=41)
Don't know	42 (16% of entire sample)
Increasing	15 (6% of entire sample)
Stable	37 (14% of entire sample)
Decreasing	2 (1% of entire sample)
Fluctuating	5 (2% of entire sample)

Source: IDRS IDU interviews

8.2.2 Availability

Over the last three years increasing numbers of IDU have been able to comment on the availability of illicit methadone. Thirty-four percent (34%, Figure 39) of those who could comment in 2005 thought that methadone was easy to obtain and 15% thought it was very easy. The proportion finding it difficult or very difficult has decreased since 2003 and 2004.

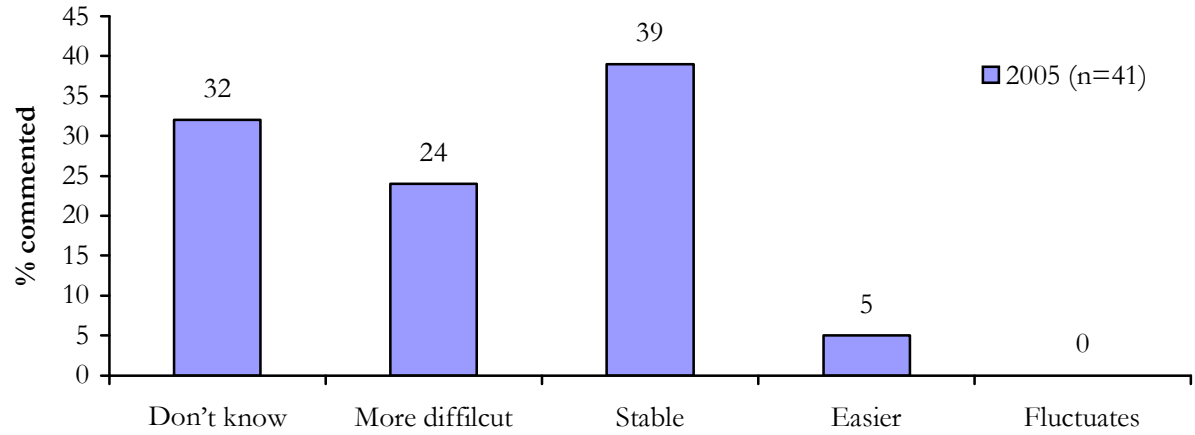
Figure 39: Current availability of methadone, % commented, 2003-2005



Source: IDRS IDU interviews

Of those who could comment, most (39%, Figure 40) stated methadone availability has remained stable over the prior six months; however, almost a quarter (24%) thought it had become more difficult.

Figure 40: Change in availability of methadone in the last 6 months, % commented, 2005



Source: IDRS IDU interviews

Over the last three years an increasing proportion of IDU have obtained their methadone from a friend (from 31% to 79%, Table 40) and a decreasing proportion from a street dealer (from 44% to 17%). Most (62%) believed that the original source of their illicit methadone was a take-away dose.

Table 40: Usual source for recent score of methadone, % commented, 2003-2005

	2003 (n=16)	2004 (n=26)	**2005 (n=24)**
Street dealer	44	27	**17**
Dealer's home	6	12	**4**
Friend	31	54	**79**
Mobile dealer	6	0	**0**
Gift from friend	-	-	**0**
Time to score (median mins)	45	45	**30**
Original source	(n=18)	(n=26)	**(n=21)**
Take-away	17	69	**62**
Daily dose	0	0	**5**
Script	0	8	**0**

Source: IDRS IDU interviews

8.2.3 Use

The recent use of illicit methadone amongst the sample has sharply increased since 2003 from 4% to 21%; however, recent injecting of illicit methadone has fluctuated (Table 41). The median days that illicit methadone was used in the prior six months has remained stable at six days in 2005 whereas the median days methadone was injected has increased to nine days in 2005.

Table 41: Selected trends in IDU methadone use, 2003-2005

	Illicit methadone			Licit methadone			Illicit Physeptone			Licit Physeptone		
	2003	2004	**2005**	2003	2004	**2005**	2003	2004	**2005**	2003	2004	**2005**
Used last 6 months (%)	4	11	21	16	14	18	35	24	32	14	4	6
Injected last 6 months (%)	13	22	13	10	5	8	35	21	26	12	5	6
Days used last 6 months (median)	4	7	6	30	180	180	6	3	6	90	60	180
Days injected last 6 months (median)	2	5	9	3	93	24	6	5	7	60	55	180
Methadone	2003			2004			**2005**					
IDU drug of choice (%)	2			1			**2**					
Drug taken yesterday	9			7			**15**					

Source: IDRS IDU interviews

The recent use of licit methadone has remained stable over the last three years at 18% in 2005, and the recent injection of licit methadone has fluctuated slightly since 2003 with 8% reporting doing so in 2005. The median days licit methadone was reported to be used in the last six months remains stable since 2004 at 180 days; however, this was a sharp increase from 30 days in 2003. In 2005 licit methadone was injected at a median of weekly (24 days) which was a decline from

the median of every second day (93 days) found last year, but again a sharp increase from only three days in 2003.

Recent use and injection of illicit Physeptone has decreased since 2003 but increased since 2004, with 32% of the sample recently using illicit Physeptone and 12% recently injecting illicit Physeptone (Table 41). The median number of days illicit Physeptone was used in the prior six months has only varied by a few days over the last three years.

The recent use of licit Physeptone in 2003 was 14% which dropped in 2004 and now remains low at 6% (Table 41). The same pattern exists for recent injection of licit Physeptone, currently also at 6%. The median number of days used licit Physeptone has shown large fluctuations over the past three years from a median of every second day (90 days) in 2003 down to every third day (60 days) in 2004 and now up to daily (180 days) in 2005.

Any form of methadone has never been a popular drug of choice, and 2005 showed the same results with only 2% nominating it as their favourite drug (Table 41). The proportion of IDU who report having taken methadone the day before the interview has doubled since 2004 to 15%.

Frequency

Table 42 below displays the frequency at which recent users reported using any form of methadone (methadone and Physeptone). The proportion of recent methadone users who are using methadone daily has gradually increased over the last three years and is currently 34%. This same pattern can be seen with the proportion of weekly and fortnightly use as well. Although the number of recent methadone users has fluctuated slightly, they are using at an increasing frequency.

Table 42: Frequency of methadone use in previous 6 months, % of recent users, 2003-2005

Any methadone	2003 n=55	2004 n=43	**2005** **n=53**
% fortnightly	49	51	**59**
% weekly	38	42	**49**
% daily	18	23	**34**

Source: IDRS IDU interviews

Form

As seen in Table 41, the use of licit Physeptone has decreased since 2003, and the use of illicit Physeptone has fluctuated slightly over three years. As can be seen from Table 43, of those who recently used Physeptone, illicit forms were most often used.

Illicit methadone use has almost double since 2003 and, although the use of licit methadone has only increased slightly, this is the form that has been used most often in the past three years. This is consistent with the median days of use displayed in Table 41.

Table 43: Forms of methadone used previous six months and primary form, % IDU, 2003-2005

	2003 (n=109)		2004 (n=111)		**2005 (n=107)**	
	Used	Most often	Used	Most often	**Used**	**Most often**
Physeptone						
Licit	14	13	4	2	**6**	**5**
Illicit	35	23	24	15	**32**	**16**
Methadone						
Licit	16	11	14	13	**18**	**15**
Illicit	12	1	11	11	**21**	**14**

Source: IDRS IDU interviews

Route

Route of administration information for methadone is only collected in relation to injecting and swallowing. All information about routes of administration for Physeptone are collected; however, no one reported ever snorting or smoking Physeptone.

8.2.3 Key expert comment

One KE spoke about methadone. The KE had contact with approximately 21-50 users in the past 6 months for 3 days per week. It was reported that, on average, methadone users were between 17-50, but mostly late 20s, 85% male, all unemployed, educated on average to Year 10, 30% were A&TSI, 50% had a previous prison history and 10% were currently in prison, and the other drugs used by methadone users included: amphetamines, cannabis, ecstasy, benzodiazepines, inhalants and morphine.

It was reported that amongst methadone users it was a 50/50 split with half using syrup and half using Physeptone, with all injecting daily. When asked about polydrug use, it was noted that a few of the methadone users would use amphetamines, most would use cannabis and alcohol, half would use ecstasy and morphine (both licit and illicit), and a few would use hallucinogens, benzodiazepines, inhalants (petrol, paint), buprenorphine and prescribed anti-depressants. It was advised that there were no differences in the polydrug use patterns for older and younger users.

When describing changes in recent drug use, the KE reported that there was an increase in the use of methadone and decrease in morphine use, but no change in frequency. The KE could not comment on price or availability of methadone and associated criminal activity.

8.3 Buprenorphine

Recent use and injection of illicit buprenorphine has gradually increased since 2003, with 20% currently reporting that they had use illicit buprenorphine in the last six months and 10% reporting recently injecting it (Table 44). Median days used and injected illicit buprenorphine in the last six months has remained stable since 2004 (2 days use, 4 days inject).

Over the last three years, the recent use and injection of licit buprenorphine has fluctuated slightly, with 11% recently using and 5% recently injecting licit buprenorphine (Table 44). The frequency of use and injection of licit buprenorphine has decreased drastically since 2003. Licit buprenorphine was used on a median of 50 days in 2003 and 13 days in 2005, it was injected on a median of 30 days in 2003, peaked at 53 days in 2004, and dropped to 3 days in 2005.

Table 44: Selected trends in IDU buprenorphine use, 2003-2005

	Illicit buprenorphine			Licit buprenorphine		
	2003	2004	**2005**	2003	2004	**2005**
Used last 6 months (%)	13	15	**20**	9	13	**11**
Injected last 6 months (%)	5	6	**10**	3	2	**5**
Days used last 6 months (median)	1	3	**2**	50	30	**13**
Days injected last 6 months (median)	1	5	**4**	30	53	**3**
Buprenorphine	2003		2004		**2005**	
IDU drug of choice (%)	0		0		**1**	
Drug taken yesterday (%)	4		8		**7**	

Source: IDRS IDU interviews

Buprenorphine has never been a popular drug of choice and only 1% said it was their favourite drug this year. Seven percent (7%) of the sample reported they had used buprenorphine on the day before the interview.

Frequency

Table 45: Frequency of buprenorphine use in previous 6 months, % recent users, 2003-2005

Any buprenorphine	2003 n=21	2004 n=19	**2005** **n=29**
% fortnightly	33	42	**38**
% weekly	29	32	**31**
% daily	5	11	**10**

Source: IDRS IDU interviews

The proportion of recent buprenorphine users who use it at least daily (10%), weekly (31%) and fortnightly (38%) has remained similar over the last two years, but increased slightly since 2003 (Table 45).

Form

The proportion of IDU reporting licit buprenorphine use has decreased from 15% in 2004 to 11% in 2005 and the use of illicit buprenorphine has gradually increased since 2003 to 20% in 2005 (Table 46). Nine percent (9%) would use licit and 18% would use illicit buprenorphine most often.

Table 46: Forms of buprenorphine used previous six months and primary form, % IDU, 2003-2005

	2003 (n=109)		2004 (n=111)		**2005** **(n=107)**	
	Used	Most often	Used	Most often	**Used**	**Most often**
Licit	7	7	15	12	**11**	**9**
Illicit	15	12	17	14	**20**	**18**

Source: IDRS IDU interviews

Route

All information about routes of administration for buprenorphine were collected; however, no one reported ever snorting or smoking buprenorphine.

8.4 Other opioids

Recent use of other opioids shows a gradual decline since 2003 to 8% in 2005, with only 2% of the IDU reporting recent injection of other opioids (Table 47). Other opioids were used on a median of seven days in the last six months, which is similar to the previous two years. However, recent frequency of injection has fluctuated: other opioids were injected on a median of eight days in 2005, down from 13 days in 2004, but up from the 6 days in 2003. One percent (1%) of the sample had taken other opioid the day before the interview for the last three years, and this year 2% of the sample nominated other opiates as their favourite drug.

Table 47: Selected trends in IDU other opioid use, 2003-2005

	2003 n=109	2004 n=111	**2005 n=107**
Used last 6 months (%)	17	12	**8**
Injected last 6 months (%)	4	5	**2**
Days used last 6 months (median)	7	6	**7**
Days injected last 6 months (median)	6	13	**8**
IDU drug of choice (%)	0	1	**2**
Drug taken yesterday	1	1	**1**

Source: **IDRS IDU interviews**

Frequency

Although the proportion of IDU recently using other opiates has declined the proportion of daily users has increased to 22% this year (8% in 2004, Table 48). A third (66%) of those who had recently used other opioids were using them at least fortnightly.

Table 48: Frequency of other opioid use in previous 6 months, % recent users, 2003-2005

	2003 n=18	2004 n=13	**2005 n=9**
% fortnightly	33	38	**22**
% weekly	33	31	**22**
% daily	11	8	**22**

Source: IDRS IDU interviews

Form

Table 49 displays the forms and primary form of other opiods used. It would appear from this year's data that those IDU who use licit other opiods only use licit other opioids and those who use illicit other opioids only use illicit other opioids. The most common other opioid used was codeine and 2% reported using opium.

Table 49: Forms of other opioids used previous six months and primary form, % recent users, 2003-2005

	2003 (n=109)		2004 (n=111)		**2005 (n=107)**	
	Used	Most often	Used	Most often	**Used**	**Most often**
Licit	9	6	5	4	**6**	**6**
Illicit	12	11	5	4	**2**	**2**
Form						
Codeine	0		1		**4**	
Panadiene Forte	12		0		**2**	
Opium	2		1		**2**	
Oxycodone	0		3		**0**	

Source: IDRS IDU interviews

Route

Swallowing remains the predominant method for recent administration of other opioids with 8% of the 2005 sample reporting doing so (Table 50). In the last three years no one has reported snorting other opioids.

Table 50: Routes of recent administration of other opioids by IDU, 2003-2005

	2003 (n=109)	2004 (n=111)	**2005 (n=107)**
Inject	4	5	**2**
Smoke	2	2	**1**
Snort	0	0	**0**
Swallow	13	7	**8**

Source: IDRS IDU interviews

8.5 Trends in opioid use

8.5.1 Morphine

Diverted MS Contin continues to be the primary injected opioid in Darwin, evidenced by the consistent proportion of IDU samples over the last five years reporting its recent use and by similarly consistent key expert reports. The use of licit morphine, i.e. morphine prescribed in the user's name, appears to have remained reasonably consistent in the last three years. However, illicit morphine use has fluctuated since 2003 and is currently 10% lower than 2004.

The median price of the most common dose of morphine in use, MS Contin 100mg, remains unchanged from 2003 and 2004 at $60, and 100mg tablets of Kapanol 100mg has increased by $10 to $60.

IDU participants continue to report that morphine is 'easily' and readily available for illicit use, with that availability being 'stable' over time. However, almost a quarter said this had become more difficult in the prior six months. Friends remain the main source to score morphine.

Last year one KE suggested that local prescribing may no longer be the primary source of illicit morphine, although at the time there was no corroboration of this view. This year, one KE who commented on morphine advised that there was less opportunity because fewer doctors were

prescribing morphine; however, it was noted that there were better organised criminals who brought morphine in from southern states.

8.5.2 Methadone, buprenorphine and other opioids

The changes in methadone use since 2003 include an increase in recent use of illicit methadone syrup, a decrease in the recent use of licit Physeptone and fluctuation in the recent use of illicit Physeptone over the last three years. The median days on which IDU report using illicit methadone and Physeptone remain low and slightly fluctuating.

The price of methadone has decreased from $1 per ml in 2004 to $0.65 per ml in 2005. The price of 10mg of Kapanol has increased by $5.

While the proportion of the IDU reporting recent licit buprenorphine use fluctuated somewhat, recent illicit use has increased over the last three years. However, frequency of illicit use remains low.

Overall use of other opioid in the IDU sample had declined from 2002 to 2005 but the frequency of use remains stable.

8.6 Summary of trends in opioid use

- The price of morphine is stable at $50 for a 100mg tablet of MS Contin but has increased for Kapanol.
- Most IDU who commented continue to report morphine as 'easy' to obtain.
- The use of licit morphine among the IDU sample has remained stable since last year and illicit use has decreased.
- MS Contin continues to be the primary injected opiate in Darwin.
- Recent use of licit methadone and illicit Physeptone has increased since 2004.

9.0 OTHER DRUGS

9.1 Benzodiazepines

Recent use of benzodiazepines has remained consistent over the last three years, with 53% of the 2005 sample reporting using benzodiazepines in the prior six months (Table 51). Recent injecting of benzodiazepines decreased from 2003 to 2004 but has remained stable in 2005 at 21%. In 2005 benzodiazepines were used on a median of 13 days, which has only changed by a few days over the last three years; however, benzodiazepines were injected on a median of 4 days which is a sharp decline from the 14 days in 2004. This is possibly reflected in the figures for 'drug taken yesterday', which has halved for benzodiazepines since last year from 14% to 7%. In 2003 and 2004 no one reported benzodiazepines as their drug of choice, and this year 4% nominated benzodiazepines as their favourite drug.

Table 51: Selected trends in IDU benzodiazepine use, 2003-2005

	2003 n=109	2004 n=111	**2005 n=107**
Used last 6 months (%)	54	56	**53**
Injected last 6 months (%)	30	20	**21**
Days used last 6 months (median)	14	11	**13**
Days injected last 6 months (median)	12	14	**4**
IDU drug of choice (%)	0	0	**4**
Drug taken yesterday	14	14	**7**

Source: **IDRS IDU interviews**

Frequency

The proportion of recent users who use benzodiazepines daily increased in 2004 and remains stable at 14 days in 2005 (Table 52). The proportion of at least weekly users has increased in 2005 to 42% and the proportion of at least fortnightly users remains stable since 2004 at 51%.

Table 52: Frequency of benzodiazepine use in previous 6 months, % recent users, 2003-2005

	2003 n=59	2004 n=62	**2005 n=57**
% fortnightly	58	50	**51**
% weekly	37	35	**42**
% daily	7	16	**14**

Source: **IDRS IDU interviews**

Form

Use of licit and illicit forms of benzodiazepines has decreased since 2004, with similar proportions reporting that they mostly use each form (25% licit, 26% licit, Table 53). In 2003 a higher percentage had used licit benzodiazepines compared to illicit benzodiazepines, whereas this was reversed in 2004 and 2005 with the gap between to two getting wider. However, in 2004, although a higher proportion of IDU had used illicit benzodiazepines, a higher proportion reported that they would most often use licit benzodiazepines. Whereas this year a higher percentage of IDU had used illicit benzodiazepines compared to licit, now more are reporting they also most often use illicit benzodiazepines.

Table 53: Forms of benzodiazepine used previous six months, primary form and brand, % IDU, 2003-2005

	2003 (n=109)		2004 (n=111)		**2005 (n=107)**	
	Used	Most often	Used	Most often	**Used**	**Most often**
Licit	36	28	38	31	**27**	**25**
Illicit	33	22	41	24	**34**	**26**
Brand						
Xanax	2		4		**5**	
Vallium/diazepam	23		39		**27**	
Hypnodorm	2		5		**4**	
Serepax/oxazepam	0		4		**5**	
Rohypnol	1		1		**4**	
temazepam	9		6		**6**	

Source: IDRS IDU interviews

Vallium/diazepam remains the most common brand of benzodiazepine used in the last three years (Table 53). All other brands remain relatively stable, with small increases in Xanax, Serepax/oxazepam and Rohypnol, and a small decrease in the use of temazepam.

Route

All information about routes of administration for benzodiazepines were collected; however, no one reported recently snorting or smoking benzodiazepines.

9.2 Anti-depressants

Recent use of anti-depressants has shown slight fluctuations over the last three years with 23% of the 2005 sample reporting using anti-depressants in the prior six months (Table 54). Recent injecting of anti-depressants remains low at 1%. In 2003 anti-depressants were used on a median of 42 days which sharply increased to daily (180 days) in 2004, and remains the same in 2005. Anti-depressants were injected on a median of 3 days which is similar to the prior two years. Anti-depressants have never been reported as a drug of choice by IDU.

Table 54: Selected trends in IDU anti-depressant use, 2003-2005

	2003 n=109	2004 n=111	**2005 n=107**
Used last 6 months (%)	21	29	**23**
Injected last 6 months (%)	1	1	**1**
Days used last 6 months (median)	42	180	**180**
Days injected last 6 months (median)	2	7	**3**
IDU drug of choice (%)	0	0	**0**
Drug taken yesterday	5	11	**8**

Source: **IDRS IDU interviews**

Frequency

The proportion of recent users who are using anti-depressants daily, at least weekly and at least fortnightly have all increased over the last three years, with 60% reporting they use anti-depressants daily, 80% using at least weekly and 88% using at least fortnightly (Table 55).

Table 55: Frequency of anti-depressant use in previous 6 months, % recent users, 2003-2005

	2003 n=23	2004 n=32	**2005 n=25**
% fortnightly	78	75	**88**
% weekly	61	72	**80**
% daily	39	56	**60**

Source: **IDRS IDU interviews**

Form

Over the last three years much higher proportions of IDU reported using licit forms of anti-depressants as opposed to illicit forms; however, a small proportion consistently reported that they would most often use illicit anti-depressants (Table 56).

There appears to be no pattern with regards to the brand of anti-depressant used by IDU. In 2005 the most common brand was Avanza/mirtazapine (6%) followed by Endep/amitriptyline (5%), whereas in 2003 and 2004 it was Zoloft (5% and 7% respectively).

Table 56: Forms of anti-depressant used previous six months, primary form and brand, % IDU, 2003-2005

	2003 (n=109)		2004 (n=111)		**2005 (n=107)**	
	Used	Most often	Used	Most often	**Used**	**Most often**
Licit	15	16	25	23	**22**	**21**
Illicit	2	1	2	1	**3**	**3**
Brand						
Endep/amitriptyline	1		2		**5**	
Avanza/mirtazapine	0		3		**6**	
Cipramil/citalopram	1		2		**1**	
Doxepin	0		0		**1**	
Efexor	3		2		**3**	
Zoloft	5		7		**3**	

Source: **IDRS IDU interviews**

Route

Route of administration information for anti-depressants is only collected in relation to injecting and swallowing.

9.3 Summary of trends in other drug use

- Recent use of benzodiazepines has remained consistent over the last three years. Recent injection increased from 2003 to 2004 but remains stable this year.
- Vallium remains the most used form of benzodiazepine.
- Recent use of anti-depressants use rose in 2004 and has now decreased, similar to 2003 proportions. Almost all use is licit.

10.0 ASSOCIATED HARMS

10.1 Blood-borne viral infections

Notifications of hepatitis B and hepatitis C reported to the National Notifiable Diseases Surveillance System over recent years are shown in Table 57. Both series fluctuate with no clear general trends. HIV notifications are available only until 2004 and show a fluctuation around a low mean across the years shown.

Table 57: Total notification of HBV, HCV and HIV, NT 1999-2005

Variable	1999	2000	2001	2002	2003	2004	2005
Hepatitis B (incident) (n)	19	6	3	12	15	8	7
Hepatitis C (unspecified) (n)	187	191	212	201	216	261	198
HIV new cases (n)	5	3	4	8	5	9	na

Source: NNDSS & NCHECR

The finger prick survey carried out in Darwin and Alice Springs NSPs, auspiced by the National Centre in HIV Epidemiology and Clinical Research,[2] found no one with HIV antibodies in the most recent sample (2004, Table 58). Hepatitis C antibody prevalence showed a fluctuating but generally increasing trend from 1998 to 2001, with 50% of the 2001 sample showing HCV antibodies, but declining in 2004 to 9%.

Table 58: HIV and HCV antibody prevalence among NSP survey respondents 1998-2004

Variable	1998	1999	2000	2001	2002	2003	2004
HIV antibody (% (n))	5 (87)	4 (79)	1 (90)	0 (79)	0 (47)	1 (61)	0 (16)
HCV antibody (% (n))	40 (88)	49 (79)	38 (91)	50 (84)	29 (47)	29 (62)	9 (16)

Source: NCHECR

10.2 Sharing of injecting equipment among IDU

A small proportion of the IDU sample either borrowed (7%) or lent (15%) used needles in the month prior to interview, with larger proportions sharing other injecting equipment (Table 59). The proportion of the IDU borrowing needles continued to decline until 2004, while the proportion lending needles has constantly increased over the years. Of those who borrowed a used needle, two used it after their regular sex partner, one after a casual sex partner, and five after a close friend. No one reported sharing a needle with an acquaintance.

[2] Buddle et al., 2003.

Table 59: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 2000-2005

	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)	**2005 (n=107)**
Spoons/mixing containers	22	30	15	17	32	**22**
Filters	9	12	10	11	12	**7**
Tourniquets	12	17	16	17	15	**9**
Water	8	7	8	10	10	**8**
Someone use needle after you	11	10	9	10	13	**15**
You used needle after someone	11	11	6	6	5	**7**

Source: IDRS IDU interviews

10.2.1 Key expert comment

One key expert who was commenting on amphetamine users said that younger users are more likely to engage in unsafe injecting practices and that it is not uncommon for girls to use a needle after their boyfriends. Another KE who answered in reference to morphine users, said that they don't tend to share needles but they will re-use needles.

10.3 Location of injections

Table 60: Proportion of IDU reporting usual location for injection in the month preceding interview 2000-2005

	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)	**2005 (n=107)**
Private home	71	84	95	92	93	**95**
Other public area	15	8	2	2	3	**3**
Car	8	4	1	4	1	**1**
Public toilet	1	2	2	2	2	**1**

Source: IDRS IDU interviews

As in previous years, a large majority of IDU usually injected in a private home (95%, Table 60). Ninety percent (90%) of IDU also reported that a private home was their last injection location, 4% each stated that a public toilet or another public place was the venue for their last injection, and one person reported last injecting at work.

10.4 Injection-related health problems

Sixty-three percent (63%) of the IDU sample reported at least one injection-related health problem, down from 78% last year. The median number of problems reported was one, down from two last year. The most common problem reported was prominent scarring or bruising (43%, Table 61), followed by difficulty injecting (40%). The proportions reporting each injection-related health problem are at the lowest since 2002.

Table 61: Proportion of IDU reporting injection-related problems month prior to interview, by problem type, 2000-2005

	2000 (n=100)	2001 (n=135)	2002 (n=111)	2003 (n=109)	2004 (n=111)	**2005 (n=107)**
Overdose	18	10	0	1	1	**0**
Dirty hit	38	40	18	17	17	**17**
Abscess or infection	16	13	12	10	12	**8**
Scarring or bruising	57	40	44	59	65	**43**
Difficulty injecting	49	41	31	51	48	**40**
Thrombosis	10	9	5	8	10	**6**

Source: IDRS IDU interviews

IDU were asked whether they had injected selected drugs in the month prior to interview and, if so, whether they had experienced any problems as a result (Table 62).

The most often injected drug was morphine (73% of the IDU sample), with 32% of that group reporting no associated problems. However, 44% reported dependence, 32% reported difficulty finding veins to inject into, and 26% reported prominent scarring or bruising. Swelling of the hands, feet and limbs of morphine injectors decreased in the current year.

Last year benzodiazepines (17%) and methadone (19%) were injected by similar proportions of the IDU (Table 62). This year recent benzodiazepine injection has decreased (12%) and recent methadone injection has increased (25%). A quarter (23%) of benzodiazepine injectors experienced no problems and neither did a third (33%) of methadone injectors. Difficulty find a vein was the most commonly reported problem for both injectors (62% benzodiazepine and 48% methadone) and 8% of benzodiazepine injectors had experienced a dirty hit.

Five IDU reported recently injecting buprenorphine and three had not experienced any injection-associated problems. Two had prominent scarring/bruising, one experienced hand swelling, one buprenorphine dependence and two had difficulties find veins.

In 2004 the pattern of problems attributed to the injection of each drug was similar to 2003, although in each case more IDU reported problems in 2004. In the current year there are some decreases, and less people reported: abscesses/infections, swelling of arms, hands and feet, hospitalisation, contact with ambulance, contact with police, and dependence.

Table 62: Proportion of IDU reporting injection-related problems by selected drugs, 2004-2005

	Benzodiazepine		Methadone		Morphine	
	2004 (n=111)	**2005 (n=107)**	2004 (n=111)	**2005 (n=107)**	2004 (n=111)	**2005 (n=107)**
Injected in the last month (% IDU (n))	17 (19)	**12 (13)**	19 (21)	**25 (27)**	78 (87)	**73 (78)**
Problems (% injected last month)						
No problem	33	**23**	33	**33**	13	**32**
Overdose	0	**0**	0	**0**	0	**0**
Abscesses/infections	22	**15**	10	**4**	9	**3**
Dirty hit	0	**8**	10	**11**	12	**5**
Prominent scar/bruising	39	**46**	29	**22**	38	**26**
Thrombosis/blood clot	0	**8**	0	**0**	3	**1**
Swelling of arm	28	**15**	19	**15**	29	**6**
Swelling of leg	11	**15**	10	**11**	6	**5**
Swelling of hand	22	**15**	19	**11**	18	**10**
Swelling of feet	28	**23**	14	**11**	13	**8**
Hospitalisation	17	**0**	10	**4**	2	**1**
Contact with ambulance	11	**0**	5	**4**	1	**1**
Contact with police	6	**0**	5	**0**	0	**1**
Dependence	17	**7**	38	**26**	63	**44**
Difficulty finding veins to inject	44	**62**	48	**48**	47	**32**
Skin ulcers	11	**15**	5	**4**	1	**3**
Gangrene	6	**8**	10	**0**	1	**0**

Source: IDRS IDU interviews

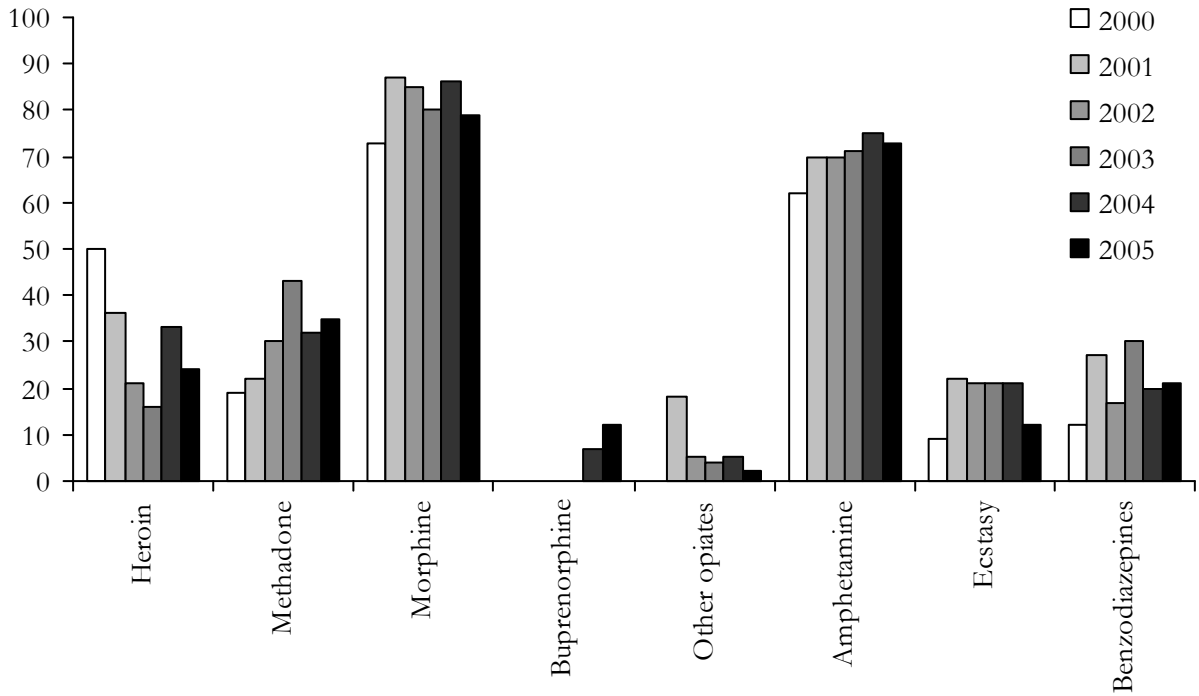
10.4.1 Key expert comment

One KE noted that at their service they had recently noticed bad vein damage and scarring from abscesses, and that there was more endocarditis around. Another advised that they had noticed an increase in the severity of dependence of cannabis users. One KE discussing morphine users stated that, due to the scarcity of bulk-billing GPs, their ordinary health problems are not being addressed, let alone their drug using problems.

10.5 Recent injecting

The proportion of the IDU injecting within six months of interview is shown in Figure 41 for selected drug classes. Morphine injection shows a fluctuating decline since 2001, and heroin, methadone, buprenorphine and benzodiazepines show increases since 2003 or earlier. Amphetamine injection has increased steadily.

Figure 41: Recent injection in the IDU sample, 2000 to 2005, % IDU



Source: Rysavy et al, 2000; O'Reilly and Rysavy, 2001; O'Reilly, 2002; Duquemin and Gray, 2003; Moon, 2004; 2005 IDU sample.

10.6 Driving risk behaviours

Forty-two percent (42%) of the sample had driven soon after taking an illicit drug in the past six months. Of this group the most commonly reported drugs used before driving included: morphine (71%), cannabis (50%), speed (43%), benzodiazepines (14%), and methadone (11%).

10.7 Expenditure on illicit drugs

Sixty-two people had spent money on drugs the day before the interview and on average they spent $44 (Table 63). The most common amount was between $50 and $99 (24%), with the distribution of amount spent similar to that found in 2004, although less people are spending more.

Table 63: Amount spent on drugs on the day before interview, 2002 to 2005, % IDU

	2002 (n=111)	2003 (n=109)	2004 (n=111)	2005 (n=107)
$0	44	44	32	42
Less than $20	3	3	3	3
$20-49	9	13	17	14
$50-99	16	22	24	24
$100-199	20	13	16	14
$200 or more	8	6	8	3

Source: IDRS IDU interviews

10.8 Mental health problems

Twenty-nine percent (29%) of the IDU sample reported having experienced a mental health problem other than drug dependence in the six months prior to interview and 23% had attended a professional for that problem. Depression was reported by 22% of the IDU (Table 64) with 16% attending a professional in relation to that problem. Anxiety was the next most common problem (8%), with 5% attending a professional. Fifty-three percent (53%) of those who experienced depression attended a GP, 35% a psychologist, 18% a psychiatrist and 11% a counsellor. All five people who had experienced anxiety had attended a different professional for their problem; this included a GP, psychologist, community health nurse, social worker and the Tamarind Centre.

Table 64: Proportion of IDU self-reporting recent mental health problems and professional attendance, 2004-2005

	Had this mental health problem		Attended professional for this problem	
	2004 (n=111)	**2005 (n=107)**	2004 (n=111)	**2005 (n=107)**
Depression	23	**22**	17	**16**
Manic depression	2	**2**	0	**2**
Anxiety	10	**8**	9	**5**
Panic	1	**3**	1	**2**
Paranoia	1	**2**	1	**0**
Other PD	1	**0**	0	**0**
Schizophrenia	5	**3**	5	**2**
Drug-induced psychosis	1	**2**	0	**1**
Other psychosis (not drug-induced)	2	**0**	1	**0**

Source: IDRS IDU interviews

10.8.1 Key expert comment

KE were asked to identify mental health problems associated with the drug users they were most familiar with. The KE who spoke about morphine users stated that their mental health issues included bipolar disorder, schizophrenia, chronic depression, anxiety, post-traumatic stress disorder, drug-induced psychosis (from mixing amphetamines and morphine), anti-social personality, insomnia and social dysfunction.

Mental health problems observed amongst methadone users included depression, anxiety, bipolar and, schizophrenia.

Amphetamine users were reported to exhibit the following mental health issues: depression, anxiety, psychotic disorders, bipolar disorder, and personality disorders, especially anti-social personality disorder.

The KE who spoke about cannabis users stated that their mental health issues included psychosis and drug-induced psychosis, schizophrenia, depression, bipolar disorder, anxiety, eating disorders, paranoia, hallucinations, borderline personality disorders, self-harm, apathy, aggression and work-related problems. One KE also advised that more users are getting forced into

treatment through credit and drug courts, and also a few have come through who have been forced into treatment by their employer. This group of KE was noticeably more inclined to raise perceived connections between cannabis use and mental health problems than in previous years.

10.9 Substance-related aggression

Last year IDU were asked if they had behaved aggressively or observed verbal or physical aggression from others after drug use, and what drugs this was associated with. Seventeen percent (17%) of IDU had become verbally aggressive after their drug use, mostly after using alcohol (6%). Eight percent of IDU reported becoming physically aggressive after drug use, mainly associated with alcohol (5%). IDU reported much higher levels of aggression from others: 59% had seen other people become verbally aggressive after that person's drug use and 44% had observed physical aggression by others. Verbal aggression by others was associated by IDU with alcohol (28%) and speed (27%) use. Physical aggression was also mainly associated with alcohol (22%) and speed (16%).

This year IDU were only asked about their own physically and verbally aggressive behaviour and whether it was under the influence of drugs or while coming down from drugs. (Table 65). The most common form of aggression from IDU was verbal whilst coming down (29%), followed by verbal while under the influence (20%). Fifteen percent (15%) of the sample reported being physically aggressive whilst coming down and 8% were so while under the influence. Alcohol was the drug that was most likely to elicit verbal (12%) and physical (6%) aggression under the influence. The drug that was most likely to elicit aggression whilst coming down was morphine (16%) for verbal aggression, and speed (9%) for physical aggression.

Table 65: Proportions of IDU reporting aggression (verbal and physical) while under the influence of or following use of a drug, 2005

	2005 (n=107)			
	Under the influence		Whilst coming down	
	Verbal	Physical	Verbal	Physical
Exhibited behaviour (%)	20	8	29	15
After this drug (%)				
Heroin	0	0	3	0
Methadone	2	2	5	3
Other opiates	0	0	0	0
Cocaine	0	0	0	0
LSD	0	0	0	0
Ecstasy	0	0	1	0
Benzodiazepines	1	0	2	0
Alcohol	12	6	5	2
Cannabis	5	1	3	1
Inhalants	0	0	0	0
Morphine	8	2	16	4
Speed	5	3	12	9
Base	1	1	1	1
Crystal	1	2	2	2
Can't specify	0	0	0	0

Source: IDRS IDU interviews

10.10 Criminal and police activity

Thirty-one percent (31%) of the IDU sample reported criminal activity within one month of interview, dealing drugs being the most common (21%, Table 66). Property crime was the next most frequent criminal activity (10%), with small proportions reporting violent crime (6%) and fraud (5%). The proportions reporting each crime type show variation across the five years shown in Figure 41, with no apparent trends.

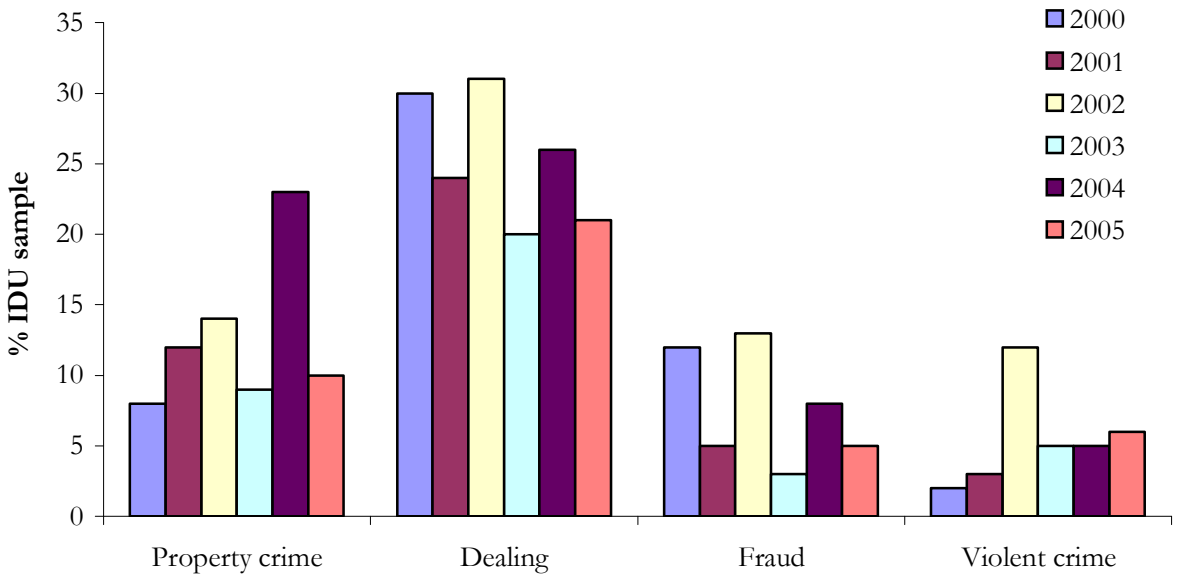
Twenty-seven percent of the IDU sample had been arrested in the twelve months before interview last year, and this year that figure dropped to 18%. Property crime and violent crime were the most common reason for arrest (both 5%). One person reported being arrested for manufacturing drugs.

Table 66: Criminal and police activity as reported by IDU, 2004-2005

	2004 (n=111)	**2005 (n=107)**
Criminal activity in last month:		
Dealing	26	**21**
Property crime	23	**10**
Fraud	8	**5**
Violent crime	5	**6**
Any crime	39	**31**
Arrested in last 12 months	27	**18**
Police activity in last 6 months		
More activity	37	**27**
Stable	50	**53**
Less activity	2	**1**
Don't know	11	**19**
More difficult to obtain drugs recently		
Yes	14	**22**
No	86	**78**

Source: IDRS IDU interviews

Figure 42: Proportion of IDU reporting engagement in criminal activity in prior month, by offence type, 2000-2005



Source: IDRS IDU interviews

Twenty-seven percent (27%, Table 66) of the IDU sample felt that police activity around illicit drug use had increased over the six months prior to interview. The proportion of respondents reporting that police activity had made scoring drugs more difficult almost doubled since last year (14% to 22%).

10.10.1 Key expert comment

KE were asked to comment on any changes in crime. Those who were referring to morphine users advised that there had been no change; however, crime was common amongst this group, but it tended to drop off as people went into treatment. When asked about changes in police activity, only one KE amongst this group thought there had been increased activity in specific areas, and that there was some harassment of women and younger users.

The group of KE who referred to amphetamine users said that there was no noticeable recent change in crime amongst this group – it was just the usual dealing, manufacturing, property crime and aggression-related crimes. When commenting on changes in police activity towards this group, it was noted that there were higher levels of police activity with an increase in street and drug squad staff. There was more focus on and arrests of low-level users, although the main priority still appears to be dealers.

The KE who were able to comment on cannabis user crime reported that property crime was common to fund cannabis use and that more kids were getting 'roped' into being the 'middleman' in dealing. The only violence that was mentioned was in relation to threatening self-harm to get drugs. It was advised that police have been much more active and proactive towards cannabis users. It was advised that more people are being searched or busted. One stated that sometimes, with newer users, diversion may work, but it doesn't tend to work with the older users.

10.11 Trends in associated harms

Change can be seen in some aspects of the harms associated with injecting drug use. HCV antibody presence in the NSP annual survey (a population likely to have similar characteristics to the IDU sample) declined in the most recent year where data are available, from 62% in 2002 to 29% in 2003.

High proportions of the IDU sample continue to inject in what may be seen as the relatively less harmful environment of private homes, with only small proportions injecting in public places. Although decreasing numbers are sharing injection paraphernalia, increased proportions are (slowly but steadily) continuing to borrow and lend needles.

Proportions experiencing injection-related problems in the prior month have decreased from 78% to 63%, with the most common problem being scarring/bruising, closely followed by difficulty injecting. The proportion of recent morphine injectors reporting an injection-related problem declined from 2004 to 2005, while the proportion of recent benzodiazepine injectors reporting an injection-related problem increased, and now this year recent benzodiazepine injectors were more likely to report injection-related problems than recent morphine injectors.

Just under half the sample reported drug driving and this was most commonly under the influence of morphine, cannabis and speed. On average, those who had brought drugs the day prior to the interview spent $44 and this was not significantly different to the previous year.

Similar patterns of mental health problems were reported by IDU this year compared to last year. Depression and anxiety were the most commonly reported problems and the proportion attending a professional concerning these problems remained high.

Only engaging in aggression (under the influence and whilst coming down) was queried in this year's IDRS, as opposed to witnessing drug-related aggression, which was also asked last year. Minorities of IDU reported engaging in verbal or physical aggression. The most common form of IDU aggression was verbal whilst coming down from morphine. Relatively small numbers reported physical aggression and this was mainly associated with alcohol use.

Self-reported criminal activity in the IDU shows decreases in all categories except an increase in violent crime compared to 2004. The number of IDU arrested also decreased from 27% to 18%. Most IDU thought police activity had remained stable or increased, but again this had not made scoring drugs more difficult.

10.12 Summary of trends in associated harms

- Some injection-related risk behaviours have increased, including borrowing and sharing needles.
- Selected injection-related health problems increased among the IDU and particularly among those injecting benzodiazepines.
- In 2004 morphine injectors were more likely to report an injection-related problem; this year it is benzodiazepine injectors who are more likely.
- Just under half of the sample had recently driven soon after taking an illicit drug, most commonly this was morphine.
- Proportions reporting experiencing mental problems remain consistent.
- Almost a third of IDU reported being verbally aggressive whilst coming down; this was most commonly from morphine.
- Arrest rates and crime have gone down in all categories except violent crimes.

11.0 DISCUSSION

The illicit drug market in Darwin has, by and large, remained stable. Cannabis, morphine and amphetamines are the most widely used illicit drugs, and continue to be easily available. The sharing of needles amongst IDU remains low but increasing, and drug dealing is the main offence associated with illicit drug use.

11.1 Heroin

The number of IDU able to report on price, purity and availability of heroin in the NT was similar to last year. The median price of a gram of heroin in the NT was $500 and the median price of a cap was $80, and both of these prices have increased compared to last year ($400 and $53 respectively). The price of heroin in the NT was reported to be stable or increasing and the bulk of recent users reported the purity as low.

Heroin may be less available, with more respondents rating it as difficult and 21% rating it as very difficult to obtain (compared to 0% in 2004). The proportion of the IDU sample who had used heroin in the six months prior to interview has decreased (34% to 24%) compared to 2004, but is still higher than in previous years; the median number of days used has also decreased. However, the current sample produced the highest proportion of daily users and almost a third (31%) of recent heroin users used it at least fortnightly.

As in previous years, more IDU nominated heroin as their drug of choice than any other drug. However, most IDU who prefer heroin had injected morphine most often in the previous month and attributed this to poor availability of heroin in the NT.

11.2 Methamphetamine

This year IDU reported some differences compared to previous years. Prices of various quantities of all forms have fluctuated over the last three years, the exceptions being the point prices of speed and base, which have remained stable, and the price of crystal, which has increased.

Speed and base are still rated as easy to obtain by the majority of recent users, although compared to 2004 the proportions of recent users rating each form as difficult or very difficult to obtain have increased. Speed and base continue to be rated as easier to obtain than crystal. One justice-based KE reported that there was less methamphetamine manufactured locally and more trafficked from south compared to previous years.

Recent crystal use has declined over the last three years; however, it is still more commonly used than base, recent use of which has also declined. In contrast, speed use has increased over the same period. This suggests that the increased availability and recent use of crystal methamphetamine, seen in the IDRS over the years leading up to 2003, has reversed somewhat this year.

Speed remains the third most common recently used illicit drug by the IDU after cannabis and morphine. Any form of methamphetamine had the second highest proportions for: drug of choice, drug injected most often in the last month, and most recent drug injected. It was the most common first drug injected.

While the number and weight of amphetamine-type substance (ATS) seizures have increased since 2001/02, the number of ATS-related arrests have remained stable in the same time period.

The number of treatment episodes in NT AODTS related to amphetamines has declined since 2001 but is stable over 2003 to 2004.

11.3 Cocaine

While only very few IDU can comment on price, it appears that the price for a cap of cocaine has increased this year. The proportion of the IDU sample reporting recent cocaine use has declined steadily over the four years since 2000: 18% in 2000, 13% in 2001, 10% in 2002, 5% in 2003; however, in 2004 this proportion increased to 10% and remained at 10% in 2005. Recent injection of cocaine increased from 6% in 2004 to 8% in 2005. The number of treatment episodes in NT AODTS related to cocaine has risen slightly from 2002, to 24 episodes in 2004.

Although no KE nominated cocaine users as the group they had most contact with, general KE comment suggest that there are two distinct groups of people who use cocaine. One group has an established supply route and so can use cocaine regularly, and another group can use cocaine only when it becomes available on the street. KE also suggest that these patterns of supply have been consistent over a number of years.

11.4 Cannabis

Cannabis price, potency and availability have been stable: a gram of hydroponic cannabis costs $25 as does bush cannabis. An ounce of hydroponic cannabis was $300 and the cost of bush cannabis was $200. Both hydro and bush cannabis remain 'easy' to obtain, with the median time to score both forms decreasing from 30 minutes to 20 minutes. The majority of IDU described the potency of hydro as high-medium and of bush as medium.

Until 2003, cannabis was consistently the illicit drug used by the greatest proportion of the IDU sample. In 2004 the proportion using cannabis dropped and morphine became the illicit drug reported as most recently used. This was the same for 2005.

The number and weight of cannabis seizures made by the NT police has increased over the last two financial years. The rate of hospital separations with cannabis as the primary diagnosis in the NT has fluctuated over the last 10 financial years; however, the number of episodes of treatment in AODTS where cannabis is the principal or other drug of concern has declined since 2001. This is noteworthy, given that this year key experts were inclined to raise cannabis-related harms, and in particular the relation between cannabis use and mental health problems.

11.5 Morphine

Pharmaceutical morphine continues to be the most frequently used and injected opiate in Darwin, with MS Contin being the most common brand. This is evidenced by the consistent proportion of IDU samples over the last five years reporting its recent use and by similarly consistent key expert reports.

The median price of the most common dose of morphine used in the illicit market, MS Contin 100mg, remains unchanged from 2003 and 2004 at $60; 100mg tablets of Kapanol 100mg increased by $10 to $60. Although the prices of some forms of morphine have increased, most IDU report prices over the six months prior to interview as stable.

The recent use of licit morphine, i.e. morphine prescribed in the user's name, appears to have remained reasonably consistent in the last three years. Recent illicit use and recent injection have fluctuated over the last few years, with a decline in both this year compared to last year. The

median days used has decreased by 33 days this year, median days injected by 60 days, and the proportion using morphine the day prior to the interview declined by 13%.

IDU participants continue to report that morphine is easily and readily available for illicit use, and that this has been stable over time. There was only a 3% increase in the proportion rating morphine as difficult to obtain and no one found it very difficult to obtain. Friends remain the main source to score morphine and the median time to score remains unchanged. All but one respondent who said morphine was their drug of choice had injected morphine most often in the month prior.

The number of 100mg MS Contin tablets dispensed through NT pharmacies has remained relatively stable over the last three years, while the number of 100mg Kapanol capsules shows a slow and fluctuating increase. This pattern may be reflected in the finding this year that the proportion of IDU reporting MS Contin as their most used form of morphine has decreased by 10%, and the proportion mainly using Kapanol has increased by 8%.

Key experts report that morphine is less readily available from doctors but agree that it is still very easy to get on the street. Last year one KE suggested that local prescribing may no longer be the primary source of illicit morphine, although at the time there was no corroboration of this view. This year one KE who commented on morphine advised that there was less opportunity because fewer doctors were prescribing morphine, but noted that there were better organised 'criminal types' who brought morphine in from southern states.

11.6 Methadone and buprenorphine

Since 2003 there has been an increase in the proportions of the IDU reporting recent illicit use of methadone syrup (from 4% to 21%) and buprenorphine (from 13% to 20%). The median number of days on which IDU report using illicit methadone and buprenorphine remain low and slightly fluctuating.

The price of methadone has decreased from $1 per ml in 2004 to $0.65 per ml in 2005. The price of 10mg of Physeptone has increased by $5. Almost half (49%) found illicit methadone easy to very easy to obtain and 62% of those who could comment thought that it originated from a take-away dose – a substantial increase on the 17% found in 2003.

11.7 Benzodiazepines

Recent use of benzodiazepines has remained consistent over the last three years. Recent injection increased from 2003 to 2004 but remains stable this year. Vallium remains the most used form of benzodiazepine.

11.8 Pharmaceutical opiate diversion and substitution

Voluntary controls on the prescribing of Schedule 8 (S8) drugs in the NT, in the form of patient contracts, were introduced in 2003, and legislative controls in the second half of 2004. The general aim of these controls was to better monitor, and in some cases reduce, over-prescribing and to reduce 'doctor-shopping'. The same legislation allowed the prescribing of methadone and buprenorphine for the opiate dependent clients and a pharmacotherapy maintenance program has been established.

As in previous years, the relationship between prescribing and street supply is not transparent. Both key experts and IDU report that it is more difficult to obtain morphine from prescribers, suggesting that the S8 controls are having an affect on that particular supply source. At the same

time, key experts and IDU continue to rate morphine as easy or very easy to obtain illicitly. Some KE have suggested that there has been an increase in the supply of morphine from interstate and that this compensates for the reduced availability from local suppliers, but this cannot be confirmed.

Key experts and other commentators have expressed a concern that the S8 controls may lead IDU to substitute other drugs, particularly other opioids or benzodiazepines, for their morphine use. While the IDRS does not allow conclusions about individual behaviour, it does appear that the recent use and injection of heroin and buprenorphine among the IDU has increased over the past three years, and that of methadone and benzodiazepines has increased over the last five years. It is also the case that the proportions of the IDU reporting recent morphine use and recent injection are both at their lowest since the year 2000. These patterns do not conclusively demonstrate substitution, but they do suggest changes in market presence and are consistent with substitution.

11.9 Associated harms

Change can be seen in some aspects of the harms associated with injecting drug use. HCV antibody presence in the NSP annual survey (a population likely to have similar characteristics to the IDU sample) declined in the most recent year where data are available, from 62% in 2002 to 29% in 2003.

High proportions of the IDU sample continue to inject in what may be seen as the relatively less harmful environment of private homes, with only small proportions injecting in public places. The proportion of the IDU sharing used needles has increased three years in a row, and the proportion borrowing a used needle has increased this year compared to the last three years.

Proportions experiencing injection-related problems in the prior month have decreased from 78% to 63%, with the most common problem being scarring/bruising, closely followed by difficulty injecting. This year, recent benzodiazepine injectors, rather than recent morphine injectors, were more likely to report injection-related problems.

For the first time, this year IDU were asked about driving under the influence of drugs and alcohol. Just under half the sample reported drug driving and this was most commonly under the influence of morphine, cannabis and speed.

Self-reported criminal activity in the IDU shows decreases in all categories except an increase in violent crime compared to 2004. The number of IDU arrested also decreased from 27% to 18%. Most IDU thought that police activity had remained stable or increased, but again this had not made scoring drugs more difficult for the bulk of users.

12.0 IMPLICATIONS

The findings of the 2005 NT IDRS imply that:

- The use of diverted pharmaceuticals and related harms should be monitored with particular attention paid to the impact of changes in S8 prescribing practices on the illicit drug market.
- Research should be conducted to better understand the relation between prescribing practices, pharmaceutical diversion and the supply of pharmaceuticals to the illicit market.
- Given warnings from key experts, it may be appropriate to further monitor patterns and prevalence of benzodiazepine use, along with consideration for the clinical need for their prescription by medical practitioners and other health professionals.
- With the continuing increases in borrowing and lending used needles, and also the key expert reports of re-using needles, there needs to be an increased focus on the development and distribution of educational material regarding the dangers of sharing injecting equipment.
- Research should be conducted to better understand the determinants or predictors of unsafe injecting.
- Given the concerns raised by key experts around cannabis use and related mental health issues, reasons for the decline in treatment episodes where cannabis is the principal drug of concern should be investigated and treatment agencies should be encouraged to give more attention to the potential to reduce the harms associated with cannabis use.
- The illicit drug market in the NT should continue to be monitored for changes in price, purity and availability trends, and evidence of increasing harms.

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