EDRS



NORTHERN TERRITORY DRUG TRENDS 2019

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

NORTHERN TERRITORY DRUG TRENDS 2019:

KEY FINDINGS FROM THE

ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

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

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Research Team

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

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

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

Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Annemarie Kimmel, Emma Douglass, Emilie Bull, Tabitha Jenkins, Meera Johnson and Karen Wilson for conducting the Northern Territory EDRS interviews in 2019. We would also like to thank the members of the Drug Trends Advisory Committee for their contribution to the project.

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

Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
Alpha PVP	Alpha-Pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
DMT	Dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
MXE	Methoxetamine
N (or n)	Number of participants
NBOMe	N-methoxybenzyl
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NT	Northern Territory
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
SD	Standard deviation
STI	Sexually transmitted infection
WHO	World Health Organization

Executive Summary

Background

The NT EDRS sample is a sentinel group of people who regularly use ecstasy and other stimulants recruited via social media, advertisements on websites and via word-of-mouth in Darwin, NT. The results are not representative of all people who use illicit drugs, nor of use in the general population.

Sample Characteristics

In 2019, the NT EDRS sample (N=100) were predominantly young and educated, though a third (30%) were unemployed. One-tenth (11%) identified as Aboriginal and/or Torres Strait Islander. Ecstasy and cannabis were the drugs of choice among the sample, as well as the drugs used most often in the past month.

Ecstasy

Recent use of any ecstasy remained stable among the NT sample, as did recent use of all forms of ecstasy except crystal, which decreased significantly. Capsule use has steadily increased since reporting began in 2008, and while recent use remained stable in 2019, frequency of use doubled.

Methamphetamine

After mostly declining since monitoring began, recent use of methamphetamine increased among the NT sample in 2019, with almost half the sample (44%) reporting recent use. Reported recent use of powder methamphetamine significantly increased in 2019 to 28%.

Cocaine

Recent use of cocaine has generally increased over the monitoring period, albeit with some fluctuation. In 2019, recent use among the NT sample significantly increased with three quarters reporting use in the past six months. Frequency of use also doubled, although remained relatively low (median 4 days in the past six months). However, the majority of recent consumers perceived cocaine purity to be low.

Cannabis

In almost every year of monitoring, at least three quarters of the NT sample has reported recent use of cannabis. In 2019, 83% of the sample reported recent use, a significant decrease relative to 2018, though consistent with years prior to 2018.

Ketamine, LSD & Hallucinogenic Mushrooms

Recent use of ketamine has generally been low among the NT sample; however, it significantly increased to 39% in 2019. LSD consumption remained stable, with approximately half the sample reporting recent use. Recent use of hallucinogenic mushrooms remained low at 15% in 2019. Frequency of use was low for these three substances.

New Psychoactive Substances (NPS)

Recent use of any NPS among the NT sample has remained mostly stable since 2013. In 2019, one in three participants (34%) reported use in the past six months. DMT and synthetic cannabinoids were the two most cited recently used NPS.

Drug-Related Harms and Other Risks

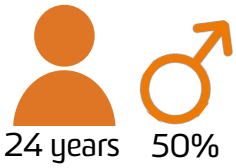
Almost all the NT sample (97%) reported polysubstance use on their last occasion of stimulant use. The number reporting a non-fatal stimulant overdose in the past year significantly decreased from one in three participants in 2018 to one in five participants in 2019. One third of participants who had recently engaged in penetrative sex (36%) reported penetrative sex without a barrier where the HIV/STI status of their partner was unknown. Almost half the sample (42%) self-reported they had experienced a mental health problem in the preceding six months, and two thirds (63%) of this group had seen a mental health professional in the same period. Over one quarter (29%) reported engaging in drug dealing, and one-tenth (11%) reported engaging in property crime in the past month. The most frequent modes of purchasing among the sample were face to face (90%) and text messaging (71%)

EDRS Ecstasy and Related Drugs Reporting System

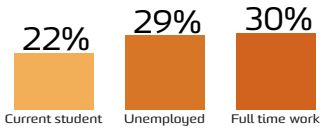
NORTHERN TERRITORY 2019 SAMPLE CHARACTERISTICS



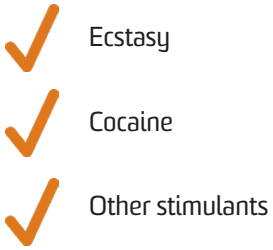
In 2019, 100 people from the Northern Territory participated in EDRS interviews.



The median age in 2019 was 24 (IQR = 20-30), and 50% identified as male.

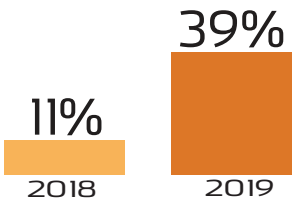


In the 2019 sample, 22% were students, 29% were unemployed, and 30% were employed full time.

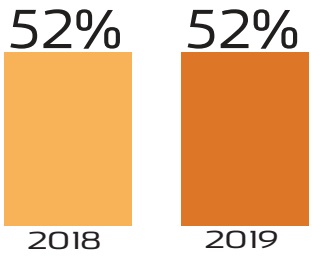


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

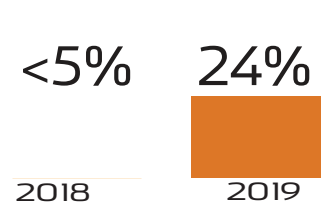
OTHER DRUGS



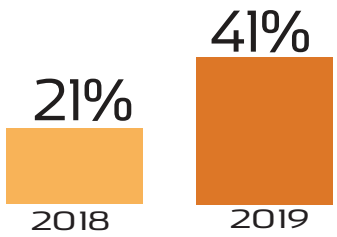
Past 6 month use of ketamine was reported by 39% of the 2019 EDRS sample, up from 11% in 2018.



Past 6 month use of LSD was reported by 52% in 2019, unchanged from 52% in the 2018 EDRS sample.



Past 6 month use of amyl nitrite increased from <5 in 2018 to 24% in the 2019 EDRS sample.



Past 6 month use of nitrous oxide (nangs) increased to 41% in 2019 (21% in the 2018).

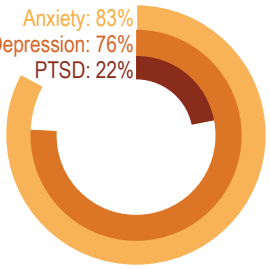
DRUG TREATMENT AND MENTAL HEALTH



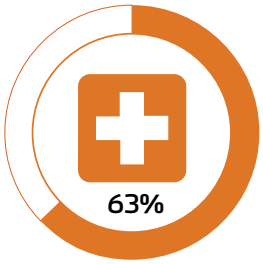
Of the 2019 EDRS sample 6% reported that they were currently receiving drug treatment.



Just less than half of the NT sample (42%) self-reported that they had experienced a mental health problem in the previous 6 months.



Of those who commented, the most common self-reported mental health concern was anxiety (83%), followed by depression (76%), and PTSD (22%).

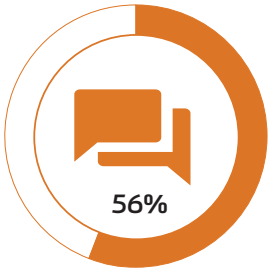


Of those self-reporting a mental health problem, 63% reported seeing a mental health professional in the previous 6 months.

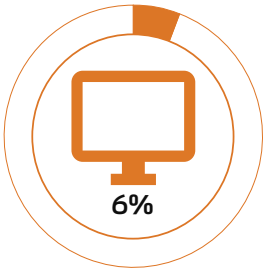
MODES OF PURCHASING



In 2019, 90% of the EDRS sample reported buying drugs face to face in the previous 12 months.

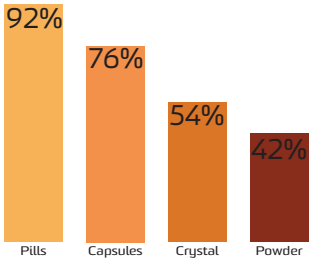


In 2019, 56% of the EDRS sample reported buying drugs off social networking applications in the previous 12 months.

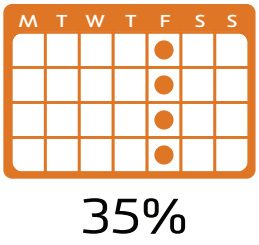


In 2019, 6% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

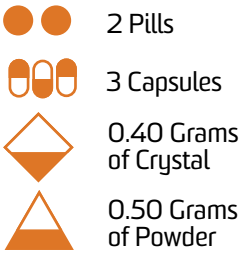
ECSTASY



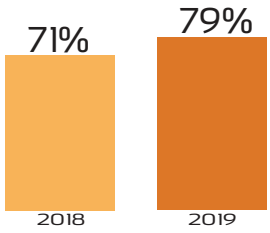
Past 6 month use of ecstasy pills, capsules, crystal, and powder in 2019.



Of those who had recently consumed ecstasy, 35% used it weekly or more often.



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

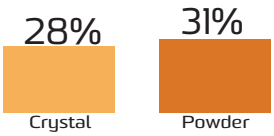


Of those who could comment 79% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

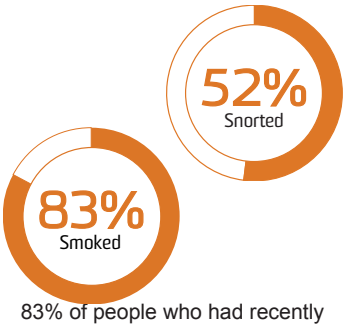
METHAMPHETAMINE



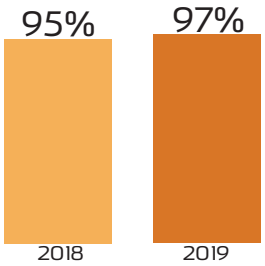
Almost half (44%) of people in the NT EDRS sample had used methamphetaime in the previous 6 months.



Of the entire sample, 28% had recently consumed powder, and 30% crystal methamphetamine.



83% of people who had recently used crystal smoked it. Of those who had recently used powder, 52% snorted it.

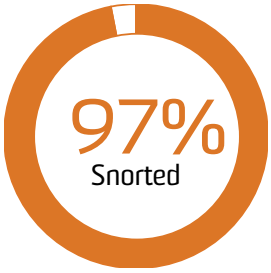


Of those who could comment 97% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

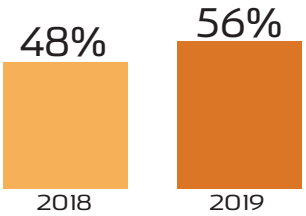
COCAINE



Almost three quarters (74%) of the entire sample used cocaine in the past 6 months.



Of people who had consumed cocaine in the last 6 months, 97% had snorted it.

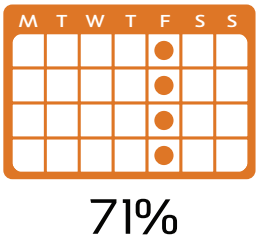


Of those who could comment 56% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



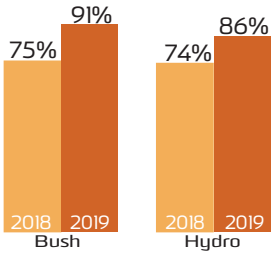
Four out of five (83%) reported using cannabis in the previous 6 months.



Of those who had consumed cannabis recently, 71% reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 99% had smoked it.



Of those who could comment 86% perceived hydro to be 'easy' or 'very easy' to obtain.

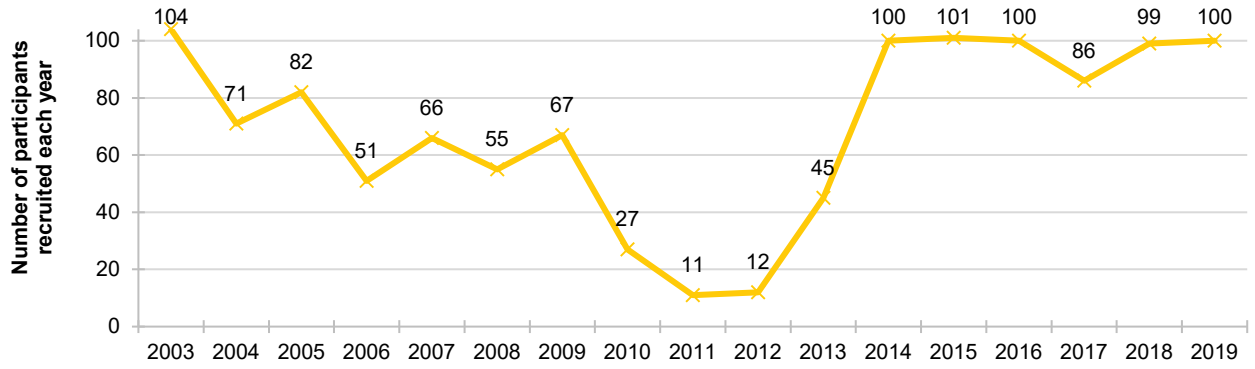
Background

The Ecstasy and Related Drugs Reporting System (EDRS) is an illicit drug monitoring system which has been conducted in all states and territories of Australia since 2003, and forms part of Drug Trends. The purpose is to provide a coordinated approach to monitoring the use, market features, and harms of ecstasy and related drugs. This includes drugs that are routinely used in the context of entertainment venues and other recreational locations, including ecstasy, methamphetamine, cocaine, new psychoactive substances, LSD (*d*-lysergic acid), and ketamine. The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of EDRS.

Methods

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 16 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks). Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 for their time and expenses incurred. A total of 797 participants were recruited across capital cities nationally (April-July, 2019), with 100 participants interviewed in Darwin during April-July 2019 (Figure 1). **Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution.**

Figure 1: Number of participants recruited each year, Northern Territory, 2003-2019



For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2018 and 2019, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported).

Interpretation of Findings

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

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

Additional Outputs

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

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

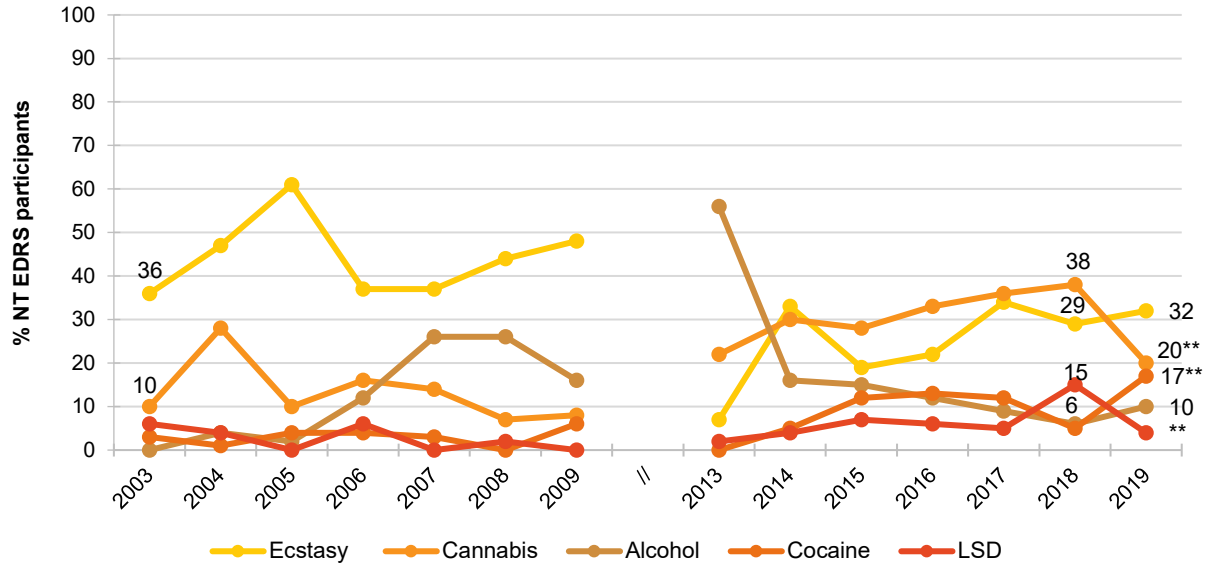
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Sample Characteristics

In 2019, half (50%) the Northern Territory (NT) EDRS sample were male and the median age was 24 years (IQR=20-30; Table 1). One in ten participants (11%) identified as Aboriginal and/or Torres Strait Islander. Two thirds (67%) reported having post-school qualifications, a higher proportion than 2018 (42%, p<0.001), with 30% employed full-time, 22% current students and 30% unemployed. As in previous years, the majority of participants lived in a rented house or flat (48%). However, more participants lived in a boarding house or hostel in 2019 (24% versus 0% in 2018, p<0.001) and fewer lived with their parents (19% versus 43% in 2018, p<0.001). The 2019 NT EDRS sample was different to previous years, particularly in age, post-school qualifications and accommodation. However, these particular sample characteristics are similar to those seen in the 2015 sample. These differences are important to note when interpreting trends over time.

Ecstasy overtook cannabis as both the 'drug of choice' (Figure 2) and drug used most often in the month prior to interview (Figure 3). Cocaine was endorsed by a greater percentage as 'drug of choice' in 2019 (17%) than 2018 (6%, p=0.006), though the number reporting it as their most used drug in the past month remained low (n≤5). High frequency (weekly or more) use of key drugs remained stable relative to 2018 (Figure 4).

Figure 2: Drug of choice, Northern Territory, 2003-2019



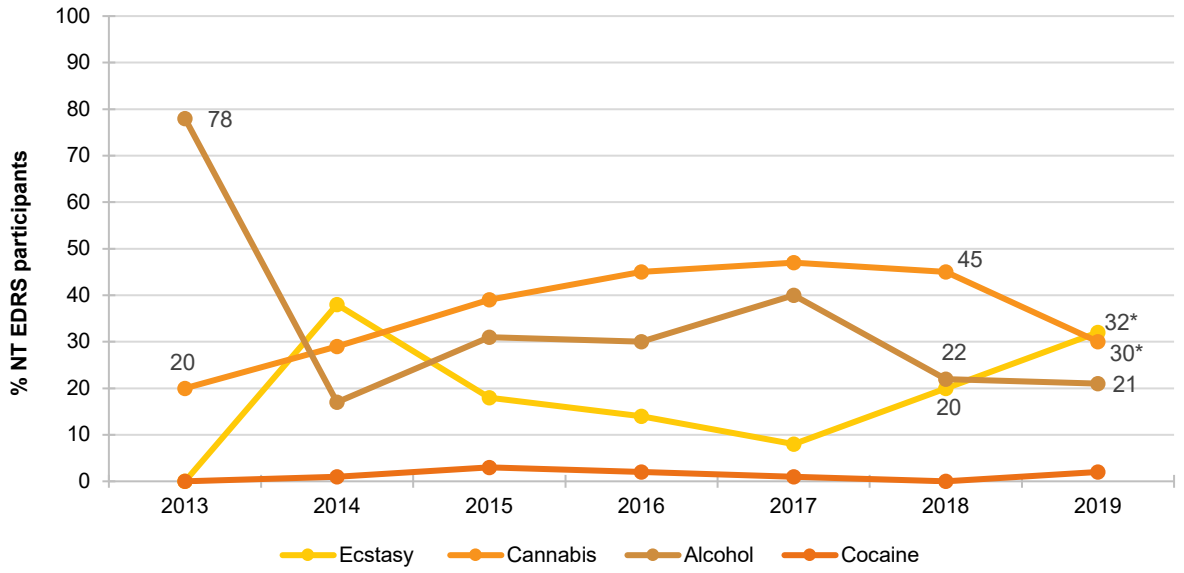
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 1: Demographic characteristics of the sample, nationally and Northern Territory, 2015-2019

	National 2019 N=797	NT 2019 N=100	NT 2018 N=99	NT 2017 N=86	NT 2016 N=100	NT 2015 N=101
Median age (years; IQR)	22 (19-26)	**24 (20-30)*** **	21 (18-27)	21 (18-26)	24 (21-28)	23 (20-25)
% Male	60	**50**	52	64	65	59
% Aboriginal and/or Torres Strait Islander	5	**11**	20	17	14	7
% Sexual identity						
Heterosexual	81	**88**	90	88	94	92
Homosexual	5	**-**	-	-	-	-
Bisexual	12	**8**	8	11	-	-
Different identity	1	**-**	-	0	0	0
Mean years of school education (SD)	12 (0.9)	**11 (0.8)**	11 (0.8)	11 (0.9)	11 (1.2)	11 (1.0)
% Post-school qualification(s)^	54	**67*** **	42	49	68	67
% Employment status						
Employed full-time	22	**30**	36	35	50	55
Students[#]	45	**22**	9	8	6	-
Unemployed	27	**29**	17	28	16	14
Median weekly income $ (IQR)	(N=763) $500 (257-850)	**(N=95) $750 (450-962)**	(N=98) $525 (265-1000)	(N=83) $750 (315-1100)	(N=97) $1000 (615-1365)	(N=98) $900 (600-1200)
% Accommodation						
Own house/flat	4	**-**	-	-	-	-
Rented house/flat	48	**48**	50	51	72	45
Parents'/family home	40	**19*** **	43	35	21	22
Boarding house/hostel	5	**24*** **	0	-	-	27
No fixed address	1	**-**	-	-	-	0
Other	-	**-**	-	-	-	-

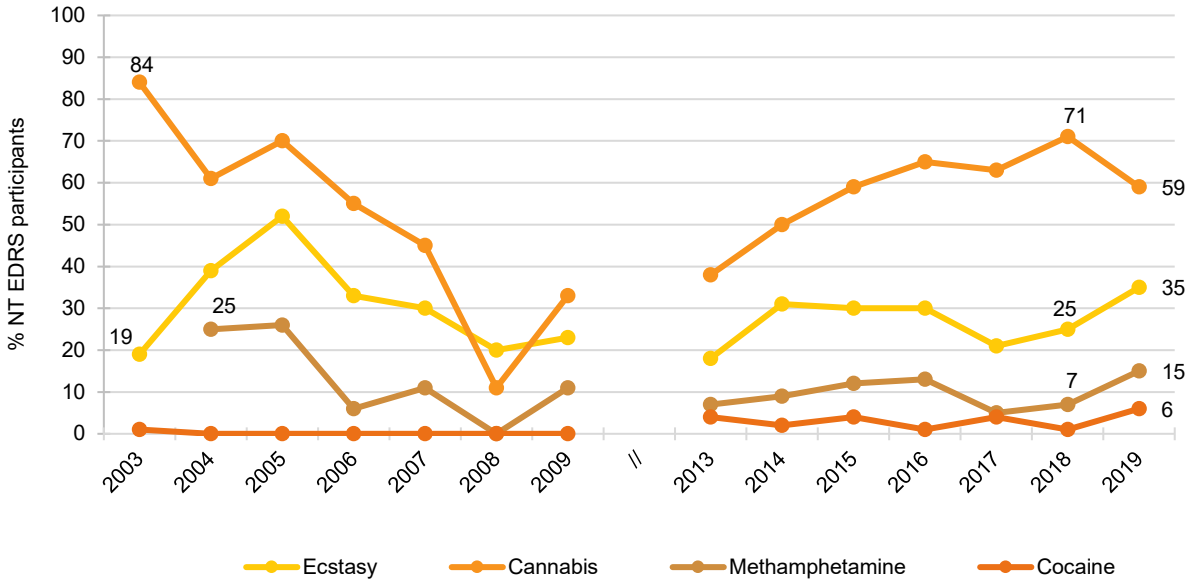
Note. ^Includes trade/technical and university qualifications; in 2019. [#] In 2019, includes full-time students, part-time students and participants who both work and study; prior to 2019, participants could only select either student or work.- Percentage suppressed due to small cell size (n≤5 but not 0). / not asked. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 3: Drug used most often in the past month, Northern Territory, 2013-2019



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2013-2019 as this question was not asked in 2003-2010 and sample numbers in 2011 and 2012 were low. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 4: Weekly or more frequent substance use in the past six months, Northern Territory, 2003-2019



Note. Among the entire sample. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

2

Ecstasy/MDMA

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

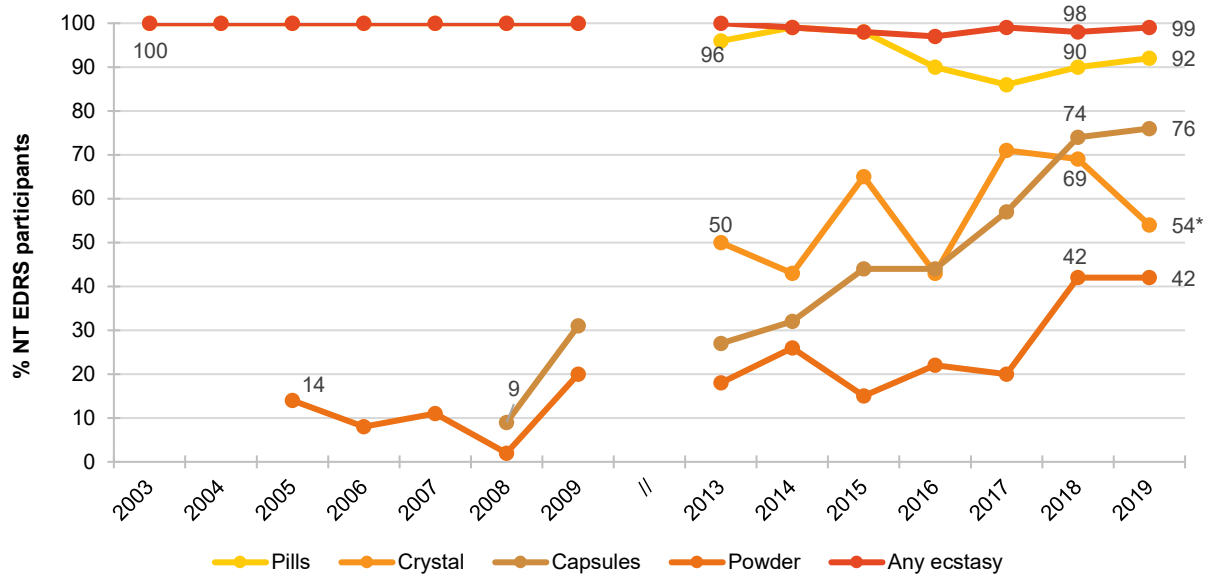
Recent Use (past 6 months)

In 2019, nearly all participants (99%) reported using any form of ecstasy in the six months prior to the interview. This is consistent with previous years (Figure 5) and a reflection of the interview eligibility criteria (see Methods). There has been a shift over time to greater use of MDMA crystal, and declining use of ecstasy pills and powder (discussed further below).

Frequency of Use

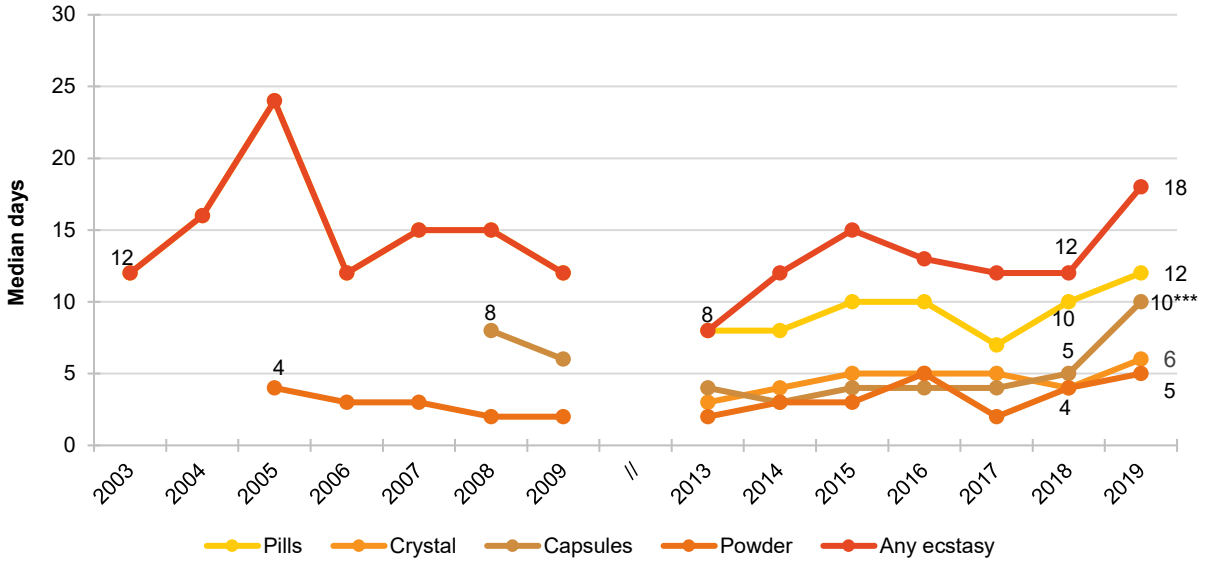
The median days of use of any ecstasy remained stable at 18 days (IQR=10-27; 12 days in 2018, IQR=10-24; *p*=0.123; Figure 6), with one third of recent consumers reporting weekly or more frequent use (35% versus 26% in 2018, *p*=0.151).

Figure 5: Past six month use of any ecstasy, and ecstasy pills, powder, capsules and crystal, Northern Territory, 2003-2019



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 6: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Northern Territory, 2003-2019



Note. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): Pills remained the most reported form of ecstasy used recently in the NT (92% of the sample; 90% in 2018; *p*=0.783; Figure 5).

Frequency of Use: Frequency of use also remained stable at a median of 12 days (IQR=6-18, n=92) in the past six months (approximately every second week; 10 days (IQR=6-15) in 2018; *p*=0.774; Figure 6). Fifteen per cent of recent consumers reported weekly or more frequent use (19% in 2018; *p*=0.444).

Routes of Administration: Swallowing remained the main route of administration among consumers (96%; 98% in 2018; *p*=0.722), followed by snorting (49%).

Quantity: The median amount used in a typical session was two pills (IQR=2-3, n=92) in 2019, similar to 2018 (two pills, IQR=1-2, n=90; *p*=0.066). The median maximum number of pills was four (IQR=2-5, n=92), also stable since 2018 (three pills, IQR=2-5, n=86; *p*=0.431).

Ecstasy Capsules

Recent Use (past 6 months): After steadily increasing since data collection for capsules began in 2008, the per cent reporting recent use remained stable in 2019 (76% of the sample versus 74% in 2018; *p*=0.775; Figure 5).

Frequency of Use: While those reporting recent capsule use was unchanged, frequency of use increased in 2019 to a median of 10 days (IQR=5-15, n=76), compared to 5 days in 2018 (IQR=2-7; *p*<0.001; Figure 6). Moreover, the proportion of recent consumers who reported weekly or more use significantly increased to 16% (n≤5 in 2018; *p*=0.006).

Routes of Administration: Swallowing remained the main route of administration in 2019 (95%; 96% in 2018; *p*=0.712), followed by snorting (29%).

Quantity: In 2019, the median quantity used in a typical session was 2.5 capsules (IQR=2-4, n=76), a significant increase compared to that reported in 2018 (two capsules, IQR=1-2, n=75; *p*<0.001). For maximum amount used, participants reported a median of four capsules (IQR=2-6, n=76), also a significant increase from that reported in 2018 (three capsules, IQR=2-4, n=64; p<0.001).

Ecstasy Crystal

Recent Use (past 6 months): Use of ecstasy crystal has fluctuated since data collection began in 2013. After increasing in 2017 and remaining stable in 2018, crystal use decreased among the NT sample in 2019 (54% versus 69% in 2018; *p*=0.022; Figure 5).

Frequency of Use: Frequency of use remained stable at a median of six days (approximately monthly, IQR=3-12; n=52) versus four days (IQR=3-10) in 2018 (*p*=0.195; Figure 6).

Routes of Administration: Among recent consumers, the most common route of administration was swallowing (70%; 77% in 2018; *p*=0.494), followed by snorting (47%).

Quantity: The median amount of ecstasy crystal used in a typical session was 0.4 grams (IQR=0.2-1.0, n=49), similar to 2018 (0.5 grams, IQR=0.3-1.0, n=35), while the median maximum amount used was one gram (IQR=0.9-1.7, n=34; one gram in 2018, IQR=0.9-1.0, n=28).

Ecstasy Powder

Recent Use (past 6 months): After reported powder use doubled in 2018, it was stable in 2019 (42% in both years; Figure 5) and remained the least used form of ecstasy.

Frequency of Use: Frequency of use remained stable in 2019 at five days in the past six months (IQR=2-12; n=42) versus four days in 2018 (IQR=2-10; *p*=0.503; Figure 6).

Routes of Administration: Snorting remained the most common route of administration among those who reported recent use in 2019 (88%; 81% in 2018; *p*=0.391), followed by swallowing (21%).

Quantity: The median intake of ecstasy powder in 2019 was 0.5 grams (IQR=0.3-1.0; n=38), similar to 2018 (0.5 grams, IQR=0.4-1.0, n=25). The median maximum amount reported was one gram (IQR=0.5-2.0, n=38), also similar to 2018 (one gram, IQR=1-3, n=21)

Market Trends

Ecstasy Pills

Price: The price of an ecstasy pill in the NT has declined since monitoring began but remained stable over the last few years (Figure 7). The median price in 2019 was $35 (IQR=30-40, n=93), the same as 2018 ($35, IQR=30-36; Figure 7).

Perceived Purity: The perception of ecstasy pill purity varied among the sample (Table 2). Of those able to comment (n=96), the majority said purity was 'medium' (35%), similar to 2018 (43%, *p*=0.310). The proportion who said 'low' increased in 2019 (20% versus 8% in 2018; *p*=0.020).

Perceived Availability: Among those able to comment in 2019 (n=97), 80% reported ecstasy pills as 'easy' or 'very easy' to obtain, stable since 2018 (79%, *p*=0.916; Table 2).

Ecstasy Capsules

Price: The median price reported for an ecstasy capsule was $35 (IQR=30-37, n=89), the same as 2018 ($35, IQR=30-40; Figure 7).

Perceived Purity: In 2019, the majority of those who could comment (n=90) reported ecstasy capsules to be 'medium' in purity (44%; Table 2). Those reporting purity to be 'high' decreased to 23% in 2019 (49% in 2018, *p*<0.001).

Perceived Availability: Among those able to comment (n=90), the majority (47%) reported that capsules were 'easy' to obtain (59% in 2018; p=0.087; Table 2). Those reporting capsules to be 'very easy' to obtain increased in 2019 (33%, 12% in 2018, *p*=0.001).

Ecstasy Crystal

Price: In 2019 the median price per gram of crystal was $300 (IQR=150-350; n=31), the same as 2018 ($300, IQR=250-350; Figure 8). The median price per point also remained stable at $35 (IQR=25-45, n=13) in 2019 versus $40 (IQR=31-50) in 2018 (*p*=0.101).

Perceived Purity: Among those able to comment in 2019 (n=52), the majority reported crystal to be of 'high' purity (44%; Table 2), although this decreased relative to 2018 (65%, *p*=0.039). A similar proportion reported it to be 'medium' (37%; 23% in 2018; *p*=0.136)

Perceived Availability: Of those able to comment (n=51), the majority reported that ecstasy crystal was 'easy' to obtain in 2019 (57%), which was similar to 2018 (48%, *p*=0.369; Table 2).

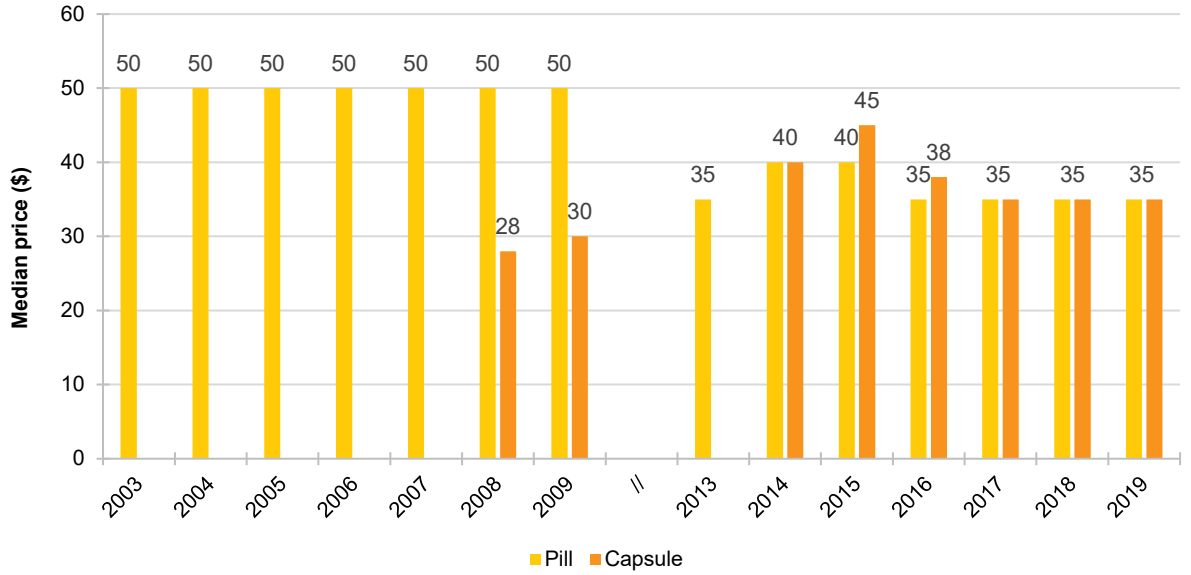
Ecstasy Powder

Price: The median reported price per gram of ecstasy powder remained stable at $250 in 2019 (IQR=140-300, n=21) versus $250 in 2018 (IQR=170-300; Figure 8). No participants reported on the price of a point of powder.

Perceived Purity: Among those able to comment in 2019 (n=32), the majority said purity of ecstasy powder was 'medium' in 2019 (59%; 42% in 2018, *p*=0.174; Table 2).

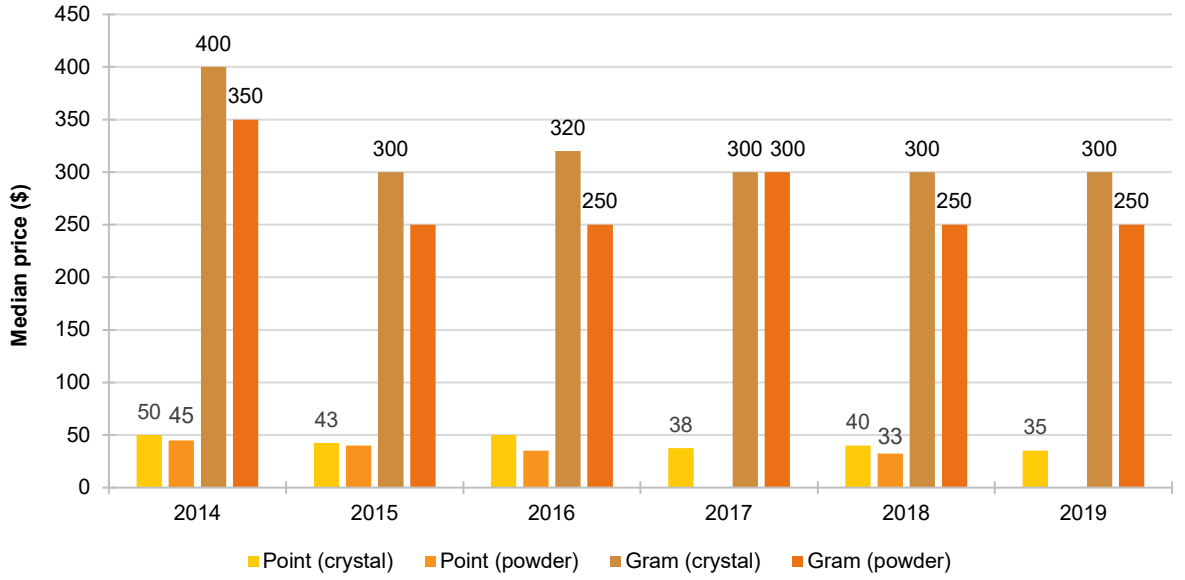
Perceived Availability: Of those who commented (n=31), the majority said powder was 'easy' to obtain in 2019 (61%), similar to 2018 (47%, *p*=0.427; Table 2).

Figure 7: Median price of ecstasy pill and capsule, Northern Territory, 2003-2019



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. No participants commented on the price of capsules in 2013. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 8: Median price of ecstasy crystal and powder per point and gram, Northern Territory, 2013-2019



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. In 2013, no participants reported on the price for ecstasy powder or crystal; in 2017 and 2019 no participants reported on the price for a point of ecstasy powder. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 2: Perceived purity and availability of ecstasy pills, capsules and crystal, Northern Territory, 2017-2019

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

Note. The response option 'Don't know' was excluded from analysis. - Percentage suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

3

Methamphetamine

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

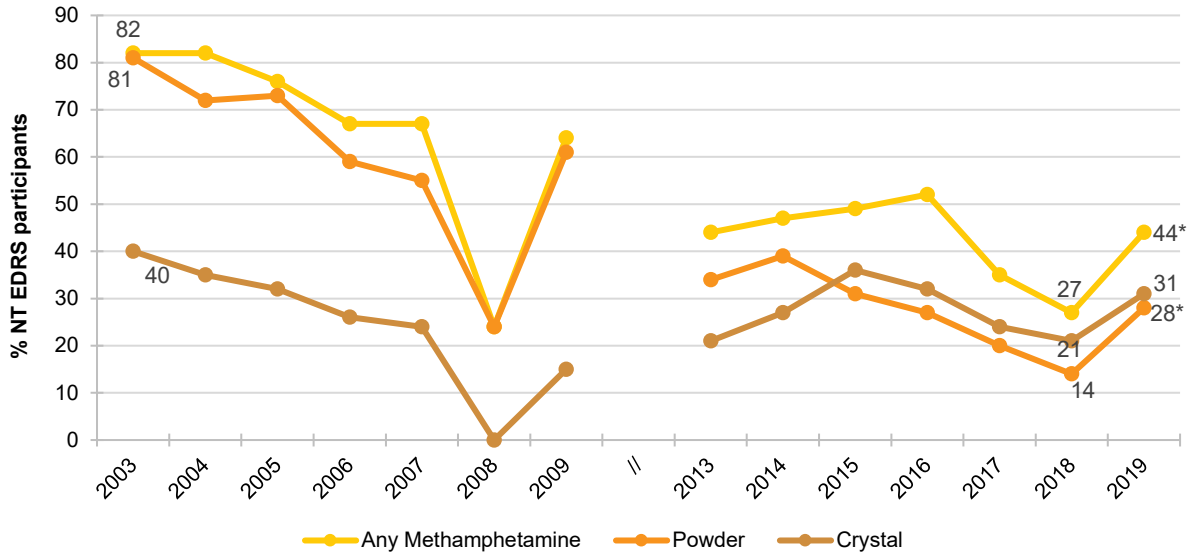
Recent Use (past 6 months)

After a general decline since monitoring began, recent use of methamphetamine increased among the NT EDRS sample in 2019 compared to 2018 (44% versus 27% in 2018; *p*=0.015; Figure 9).

Frequency of Use

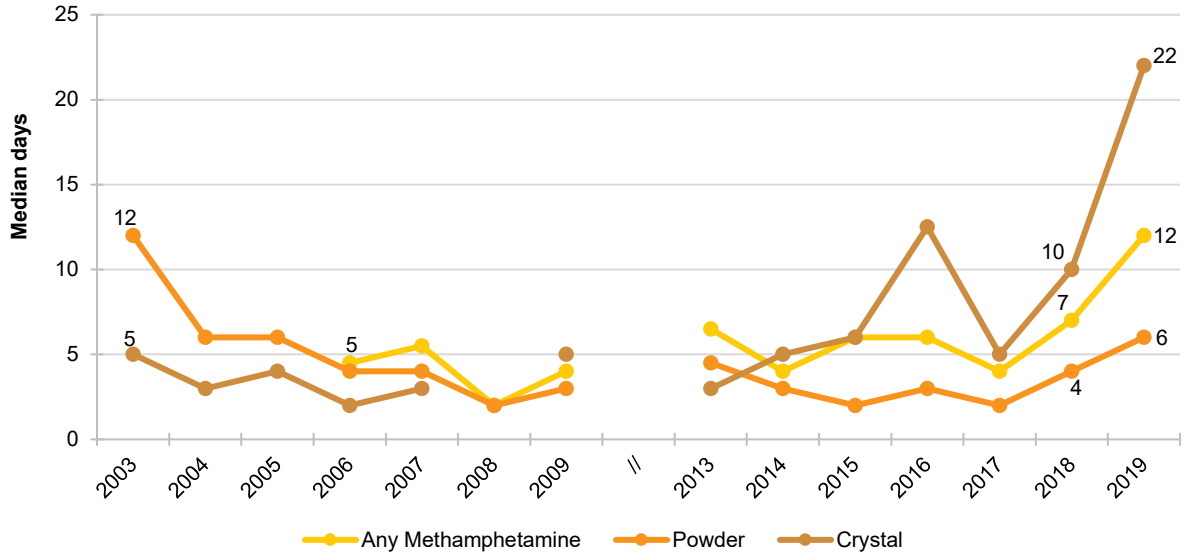
Frequency of use of any methamphetamine also followed an upwards trend (Figure 10), though the per cent reporting weekly or more use remained stable (37% versus 27% in 2018; *p*=0.412).

Figure 9: Past six month use of any methamphetamine, powder and crystal, Northern Territory, 2003-2019



Note. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 10: Median days of any methamphetamine, powder and crystal use in the past six months, Northern Territory, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 14 to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of consumption

Methamphetamine Powder

Recent Use (past 6 months): In 2019, recent methamphetamine powder use among the sample increased to 28% (14% in 2018; p=0.016).

Frequency of Use: Frequency of use remained stable among recent consumers in 2019 at a median of six days (approximately monthly, IQR=2-9; n=27; versus four days (IQR=1-6) in 2018 (p=0.075). Very few (n≤5) participants who had recently used powder methamphetamine reported weekly or more frequent use in 2019.

Routes of Administration: Snorting remained the main route of administration (52% versus 77% in 2018, p=0.130), followed by swallowing (37%).

Quantity: In 2019, the median intake in a typical session was 0.5 grams (IQR=0.2-1.0; n=24), similar to that of 2018 (0.3 grams; IQR=0.1-0.9; p=0.295). When asked about maximum quantity used, participants reported a median of 0.8 grams (IQR=0.3-1.0; n=24), also similar to 2018 (0.4 grams, IQR=0.1-1.8, n=12; p=0.436).

Methamphetamine Crystal

Recent Use (past 6 months): Recent methamphetamine crystal use increased among the sample in 2019, though not significantly (31% versus 21% in 2018, p=0.120)

Frequency of Use: Frequency of methamphetamine crystal use has increased over time. In 2019, recent consumers reported using a median of 22 days (approximately weekly; IQR=9-68; n=30) versus 10 days in 2018 (IQR=1-24; p=0.051). Half those who recently used crystal reported weekly or more frequent use (50% versus 26% in 2018; p=0.100).

Routes of Administration: Smoking remained the main route of administration reported by recent consumers (83% versus 95% in 2018; p=0.214), followed by injecting (27% versus 5% in 2018; p=0.051).

Quantity: In 2019, the median intake in a typical session was 0.2 grams (IQR=0.2-0.5; n=28), similar to that reported in 2018 (0.3 grams; IQR=0.2-0.5, n=19; *p*=0.693). For maximum intake, the median was 0.5 grams (IQR=0.2-1.0; n=29), the same as 2018 (0.5 grams, IQR=0.2-1.0, n=19; *p*=0.647).

Methamphetamine Base

Base has consistently been the least commonly used form of methamphetamine in the NT EDRS sample. No further information is presented due to low use in 2019 (n≤5).

Market Trends

Methamphetamine Powder

Price: The median price per point of powder was $75 in 2019 (n=8; Figure 11). The price of a gram has increased over time but in 2019 decreased to $265, although the numbers reporting were small (IQR=180-375, n=10; $525 in 2018).

Perceived Purity: Among those able to answer (n=20), 50% described purity of powder as "medium" (58% in 2018; *p*=0.675; Figure 12) and 35% described it as "high" (25% in 2018; *p*=0.555).

Perceived Availability: Of those who could comment (n=19), the majority said methamphetamine powder was "easy" or "very easy" to obtain (74%; 58% in 2018; *p*=0.373; Figure 13).

Methamphetamine Crystal

Price: The median price per point of crystal remained stable at $100 in 2019 (IQR=100-100, n=14; $100 in 2018; Figure 16). The price per gram has been decreasing since 2014; this trend continued in 2019 with those who commented (n=7) reporting a median price of $500 (IQR=450-600; $675 in 2018).

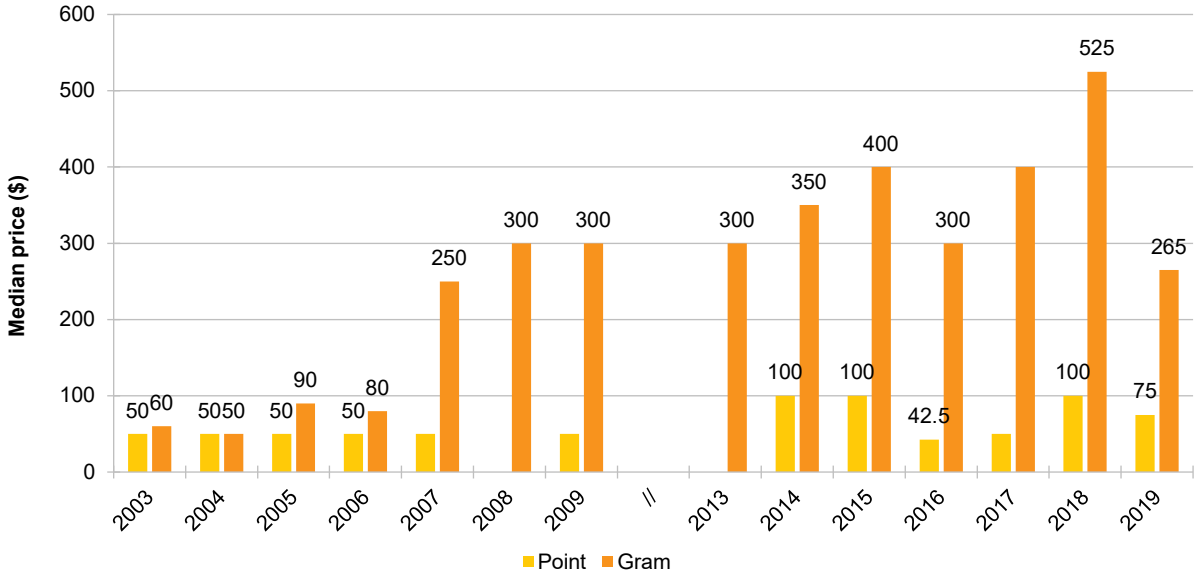
Perceived Purity: Among those who commented (n=29), similar proportions described current purity of crystal as 'high' (35%), "medium" (31%), and "fluctuating" (24%; Figure 14). The number describing purity as "high" decreased in 2019 (77% in 2018, *p*=0.009).

Perceived Availability: Nearly all participants who could comment (n=26; 96%) described methamphetamine crystal as "easy" or "very easy" to obtain in 2019, a trend seen in the NT EDRS sample since 2015 (Figure 15).

Methamphetamine Base

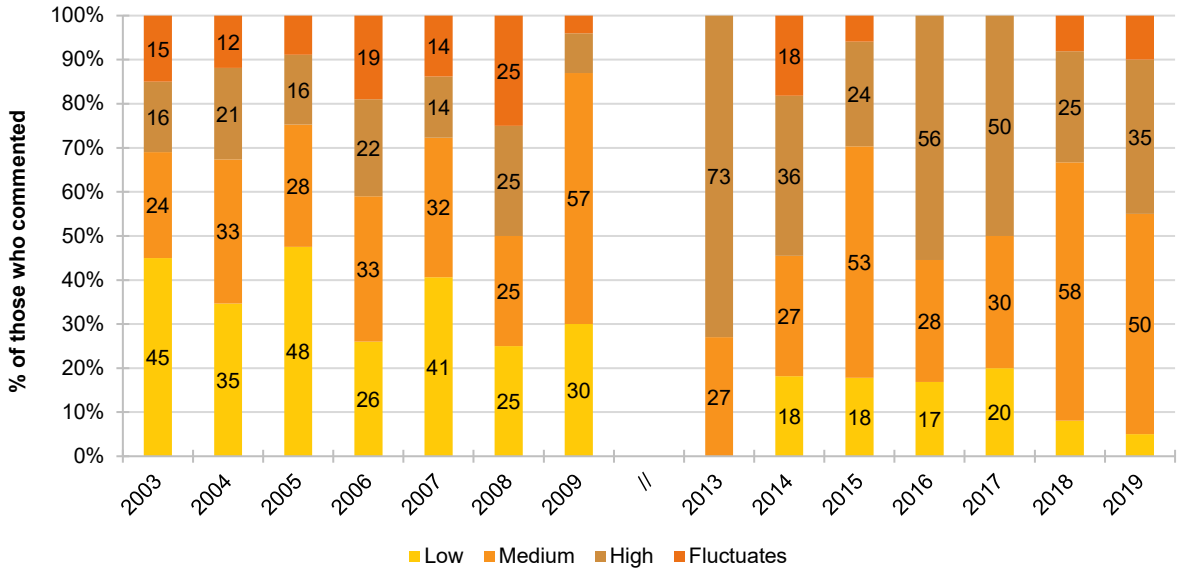
Low numbers reported on the price, purity and availability of methamphetamine base. Therefore, further details are not reported. For further information, please refer to the National EDRS Report, National IDRS Report or contact the Drug Trends research team.

Figure 11: Median price of powder methamphetamine per point and gram, Northern Territory, 2003-2019



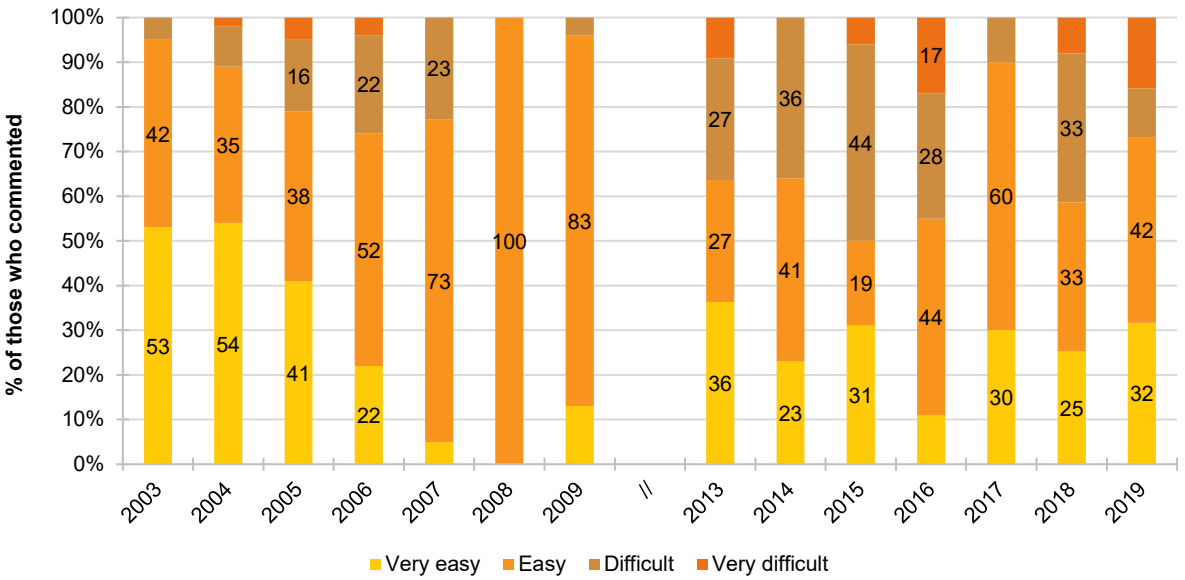
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret the data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. In 2008, no one commented on the price of a point. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 12: Current perceived purity of powder methamphetamine, Northern Territory, 2003-2019



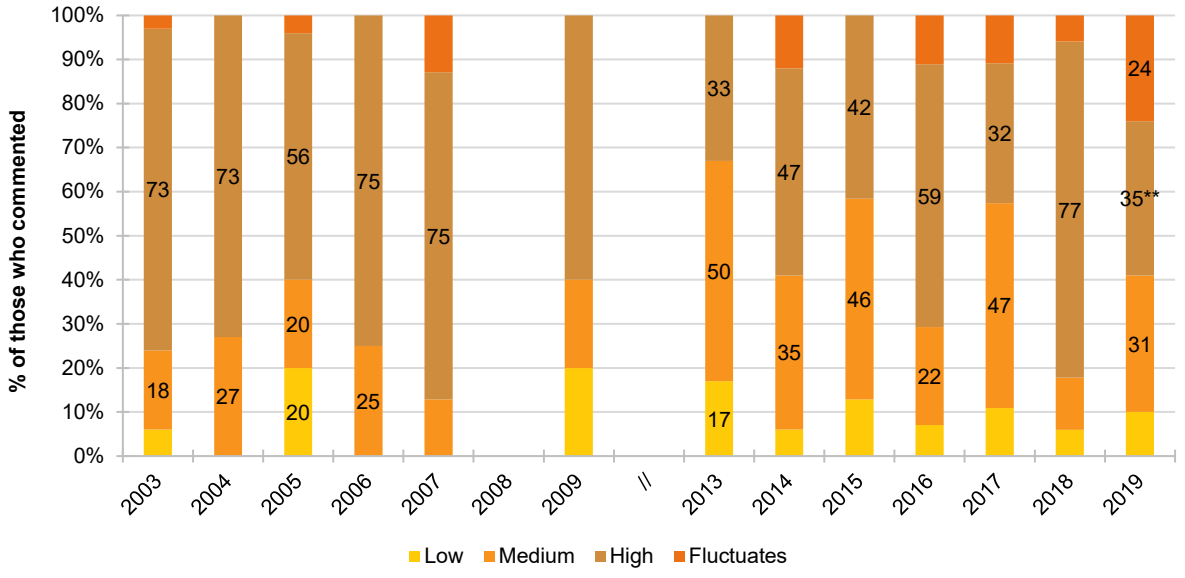
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 13: Current perceived availability of powder methamphetamine, Northern Territory, 2003-2019



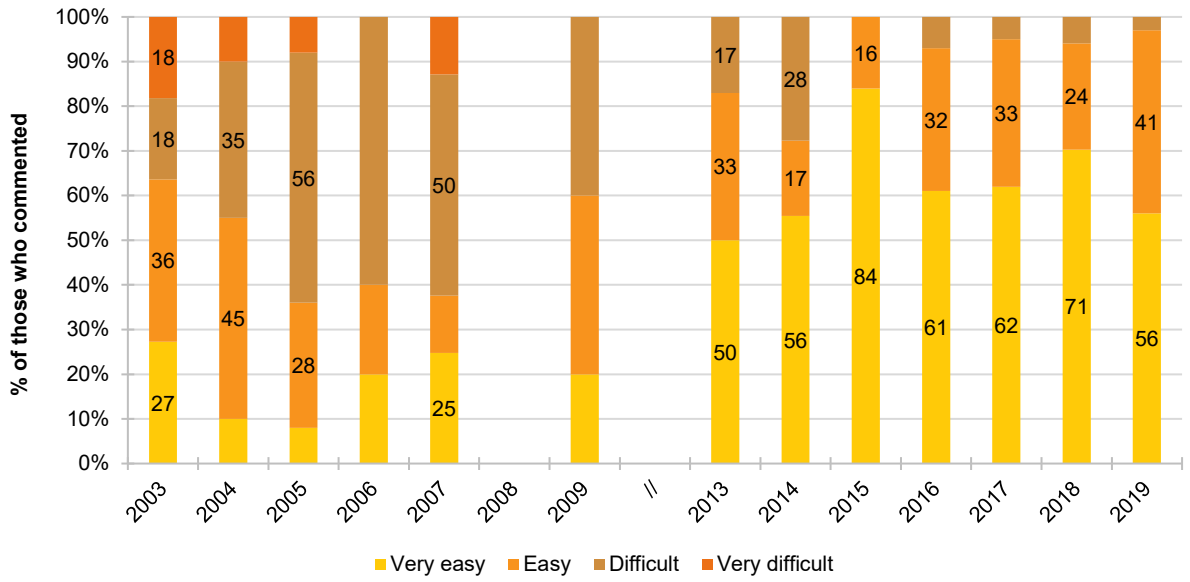
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 14: Current perceived purity of crystal methamphetamine, Northern Territory, 2003-2019



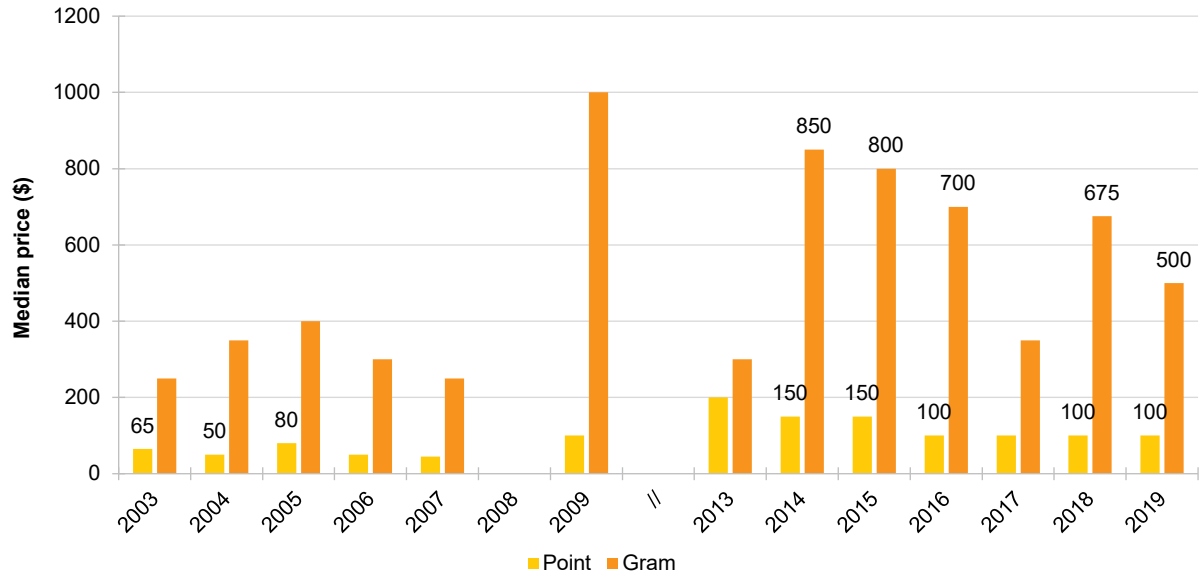
Note. The response 'Don't know' was excluded from analysis. In 2008, no participants answered this question. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 15: Current perceived availability of crystal methamphetamine, Northern Territory, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤50) – interpret these data points with caution. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 16: Median price of crystal methamphetamine per point and gram, Northern Territory, 2003-2019



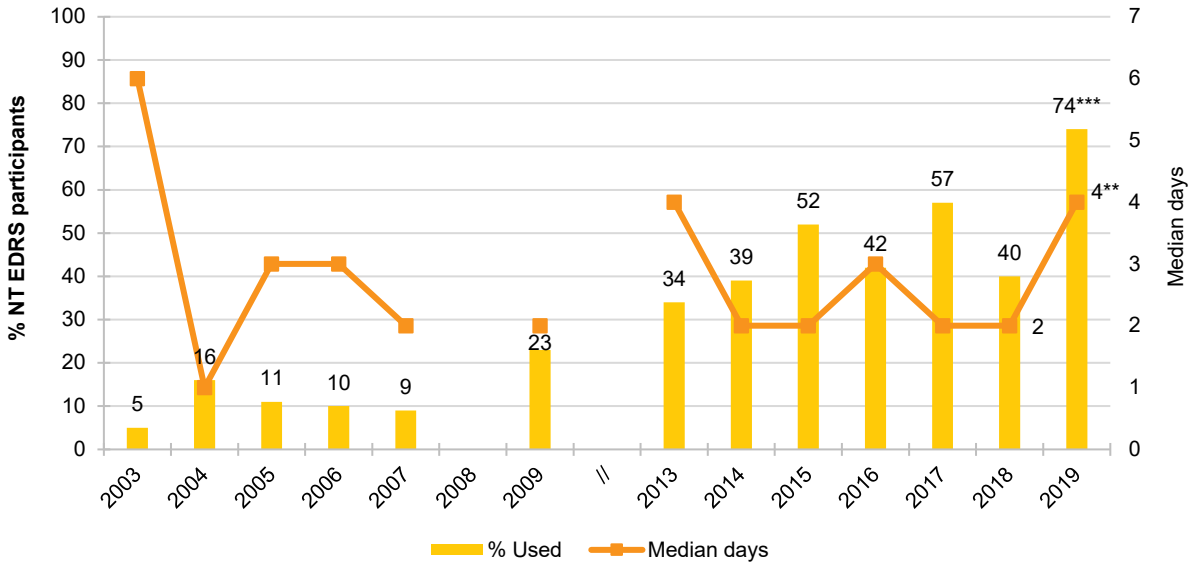
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5) – interpret these data points with caution. In 2008, no participants commented on the price of a point or gram. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

4

Cocaine

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

Figure 17: Past six month use and frequency of use of cocaine, Northern Territory, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 6 to improve visibility of trends for days of use. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Recent Use (past 6 months): Recent use of cocaine among the NT sample has generally increased since reporting began, although there has been some variability in the per cent reporting use (Figure 17). In 2019, reported recent used increased from 40% in 2018 to 74% (p<0.001).

Frequency of Use: Frequency of use also increased in 2019 to four days (IQR=2-7; n=74; versus two days in 2018; p=0.008; Figure 17), although the proportion of recent consumers reporting weekly or more use remained low (8% versus n≤5 in 2018; p=0.245).

Routes of Administration: Among those who used cocaine recently, snorting remained the main route of administration (97%; 93% in 2018; *p*=0.220).

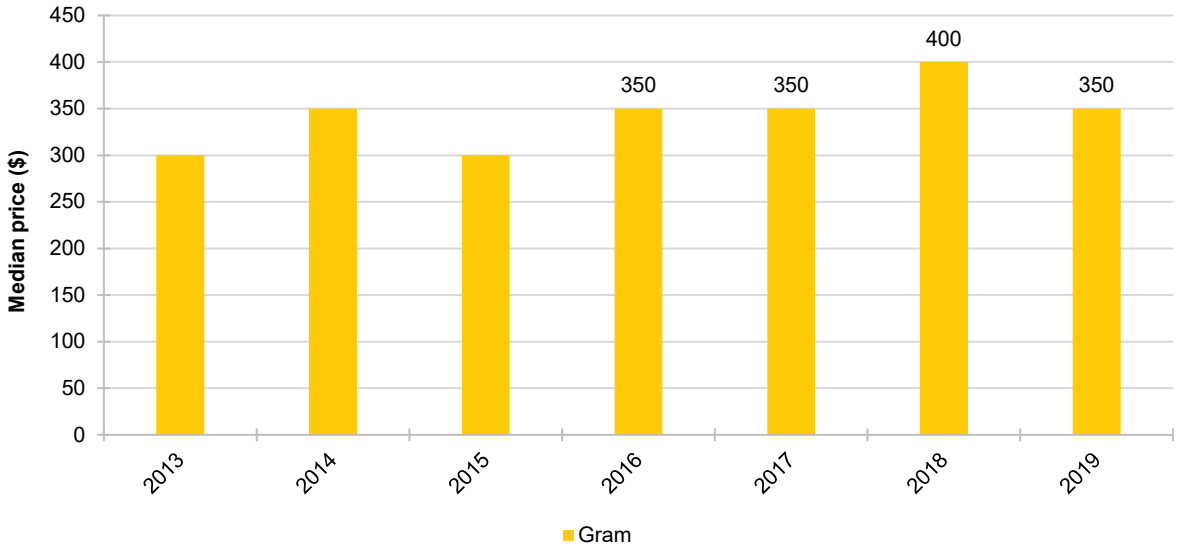
Quantity: The median intake during a typical session was 0.5 grams (IQR=0.2-1.0; n=70), similar to 2018 (0.3 grams, IQR=0.1-1.0, n=39; *p*=0.062). When asked about their maximum intake of cocaine in the past six months, participants reported a median of one gram (IQR=0.4-2.0; n=69). Again, this was similar to the maximum amount reported in 2018 (median one gram, IQR=0.4-4.0, n=39; *p*=0.230).

Price: In 2019, the median price per gram of cocaine decreased to $350 (IQR=300-400, n=59; $400 in 2018, *p*=0.030; Figure 18). Only five participants were able to comment on the price per point of cocaine, so figures and significance testing are not presented.

Perceived Purity: Among those able to comment (n=64), the majority (44%; 30% in 2018; *p*=0.264) reported that purity of cocaine was "low", followed by "medium" (38%; 38% in 2018; *p*=0.890; Figure 19).

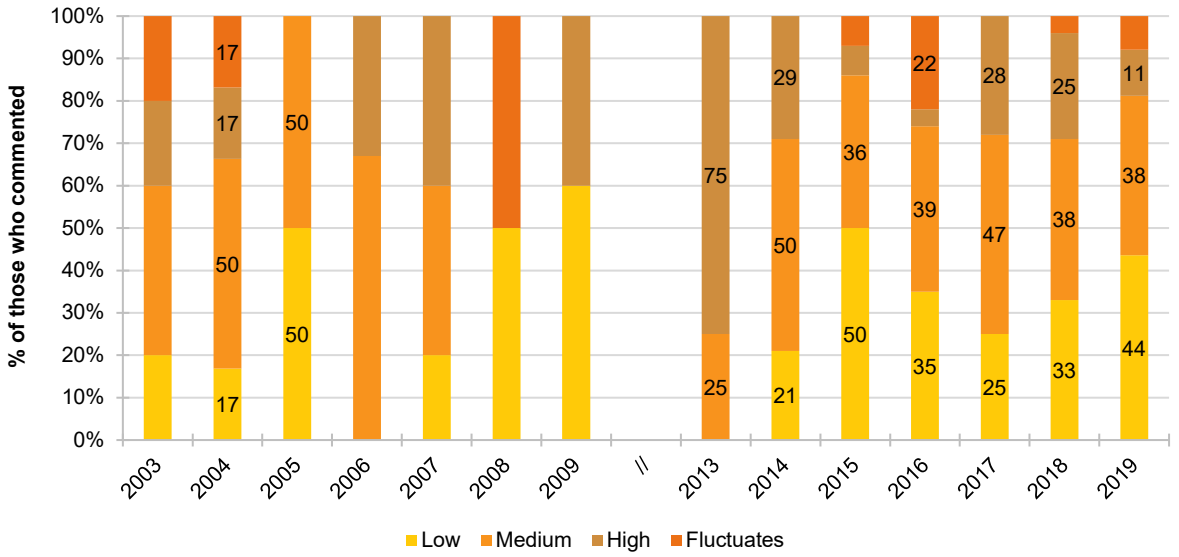
Perceived Availability: Among those who commented (n=67), perception of cocaine availability varied (Figure 20). Approximately half (51%) described cocaine as "easy" to obtain (36% in 2018; *p*=0.142), though 45% described it as "difficult" or "very difficult".

Figure 18: Median price of cocaine per gram, Northern Territory, 2013-2019



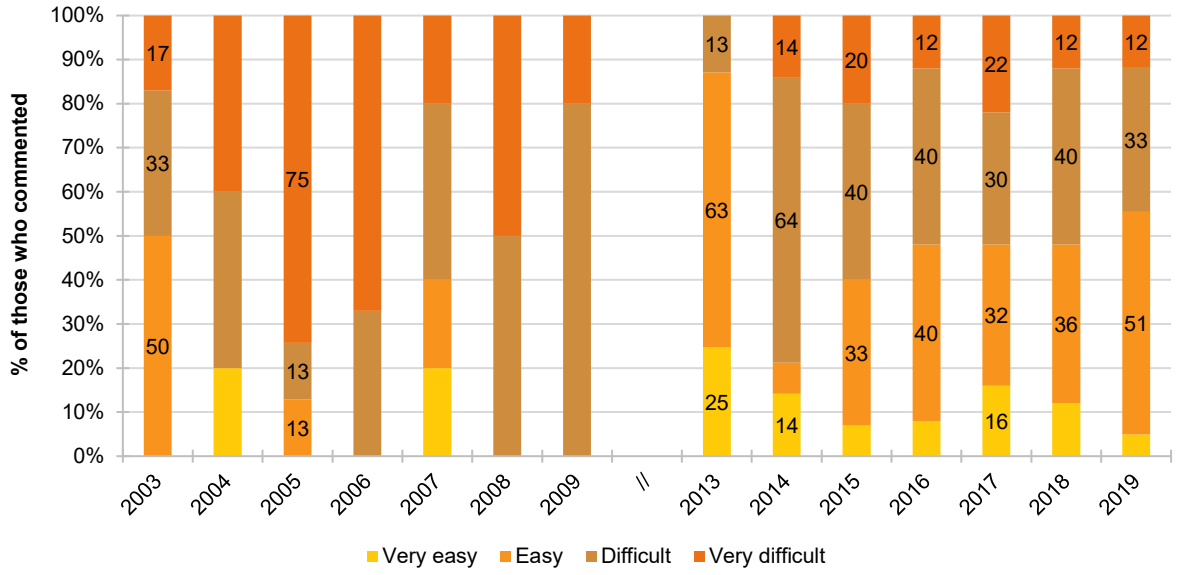
Note. Among those who commented. Prices not reported prior to 2013 due to small numbers commenting. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2018 versus 2019.

Figure 19: Current perceived purity of cocaine, Northern Territory, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 20: Current perceived availability of cocaine, Northern Territory, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

5

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

The proportion of the NT sample reporting recent use of cannabis in 2019 decreased to 83% (93% in 2018; *p*=0.032; Figure 21).

Frequency of Use

Frequency of use remained stable among recent consumers at a median of 90 days (approximately every second day; 98 days in 2018, n=83; *p*=0.310; Figure 21). Similarly, the proportion reporting weekly or more frequent use remained stable (71% versus 76% in 2018; *p*=0.531).

Routes of Administration

Smoking cannabis has consistently been reported by nearly all recent consumers (99% in 2019 and 2018). In 2019, 11% reported swallowing (9% in 2018; *p*=0.632) and 8% reported inhaling or vaporising cannabis (5% in 2018; *p*=0.433).

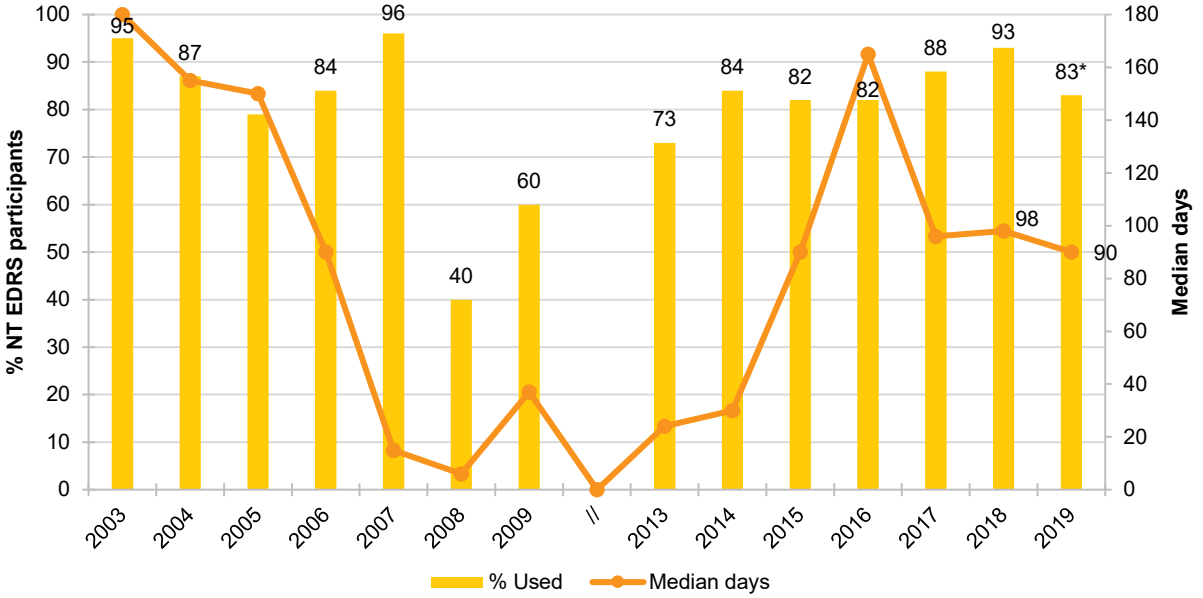
Quantity

In 2019, participants reported using a median of two grams (IQR=1.0-3.5; n=35; 1.5 grams in 2018, IQR=1-2) or two cones (IQR=1-5, n=22; three cones in 2018, IQR=2-7) during a typical session.

Forms Used

Almost three quarters of the NT sample (70%) reported recent use of hydroponic cannabis, while 51%, 17% and 9% reported recent use of bush cannabis, hashish and hash oil, respectively. Of those who had recently consumed cannabis, 70% reported that hydroponic was the main form used (62% in 2018; *p*=0.341), while 29% said bush (29% in 2018).

Figure 21: Past six month use and frequency of use of cannabis, Northern Territory, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 to improve visibility of trends in days of use. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Market Trends

Hydroponic Cannabis

Price: In 2019, the median price reported for an ounce of hydroponic cannabis increased to $450 (IQR=415-540; n=30; $420 in 2018; p=0.020), while the median price for a gram remained stable ($30 in 2019 and 2018; n=17**;** Figure 22).

Perceived Potency: Among those able to comment in 2019 (n=55), approximately half (49%) described the potency of hydroponic cannabis as "high". This is consistent with reporting since 2013 (Figure 23).

Perceived Availability: The majority of those able to comment (n=55) said hydroponic cannabis was "very easy" (49%; 29% in 2018; p=0.029) or "easy" (36%; 46% in 2018; p=0.345) to obtain (Figure 24).

Bush Cannabis

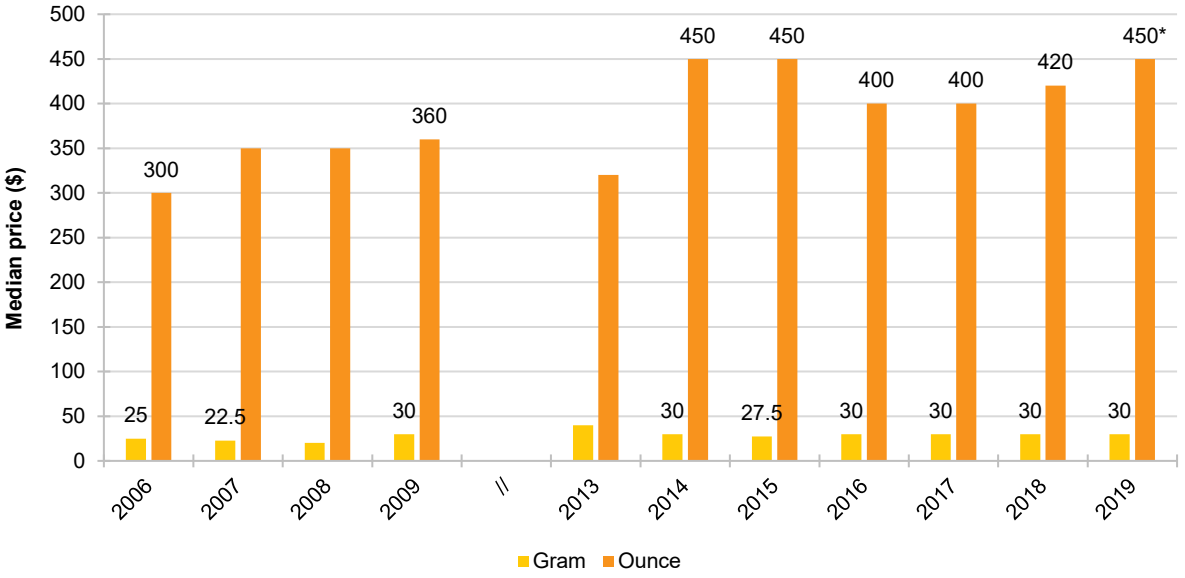
Price: The price of bush cannabis remained stable at a median of $420 per ounce (IQR=350-450, n=21; versus $400 in 2018; p=0.063; Figure 22).

Perceived Potency: As in 2018, most of those able to comment in 2019 (n=44) described the potency of bush cannabis as "medium" (41%; 45% in 2018; p=0.677) or "low" (34%; 33% in 2018; p=0.936; Figure 23).

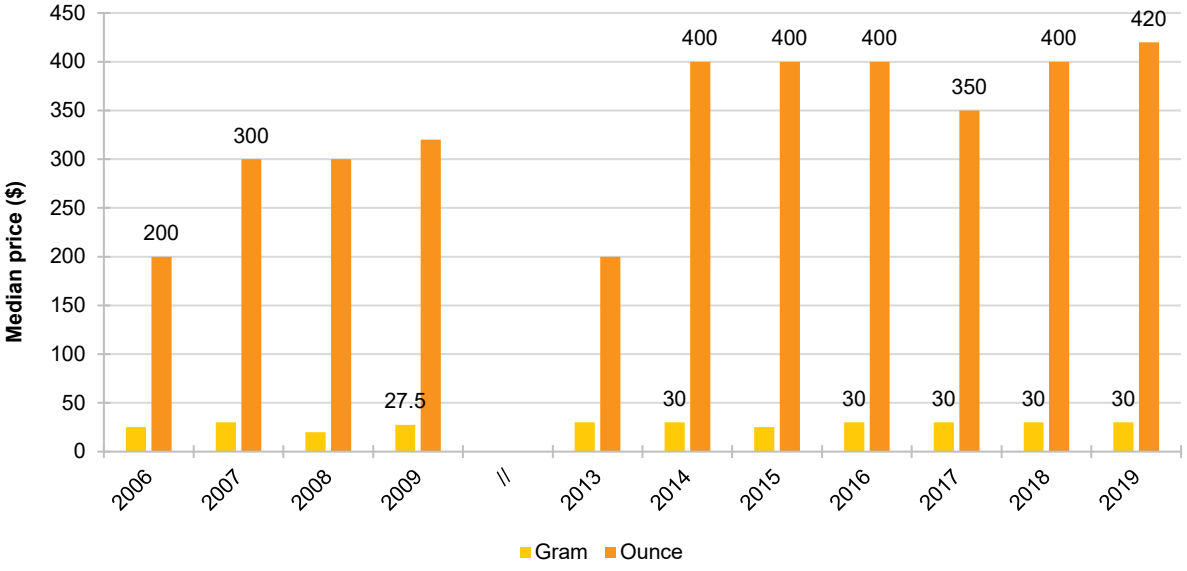
Perceived Availability: Among those able to comment in 2019 (n=44), the majority (51%) described bush cannabis as "very easy" to obtain, an increase since 2018 (31%; p=0.041; Figure 24)

Figure 22: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Northern Territory, 2006-2019

(A) Hydroponic cannabis



(B) Bush cannabis



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures where a small number of participants (i.e. n≤5) responded. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

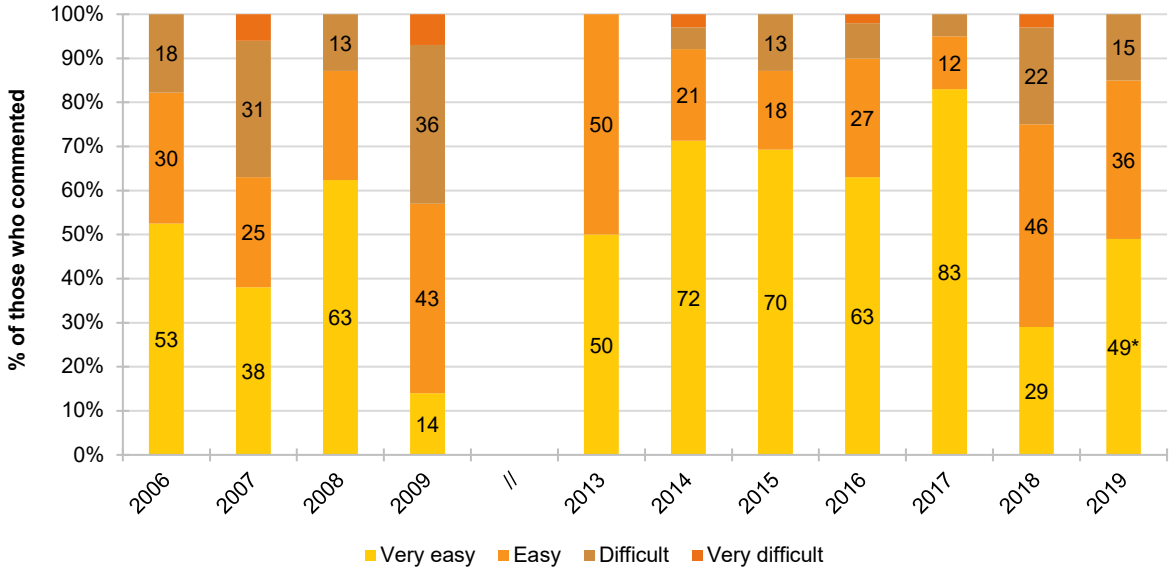
Figure 23: Current perceived potency of hydroponic (A) and bush (B) cannabis, Northern Territory, 2006-2019



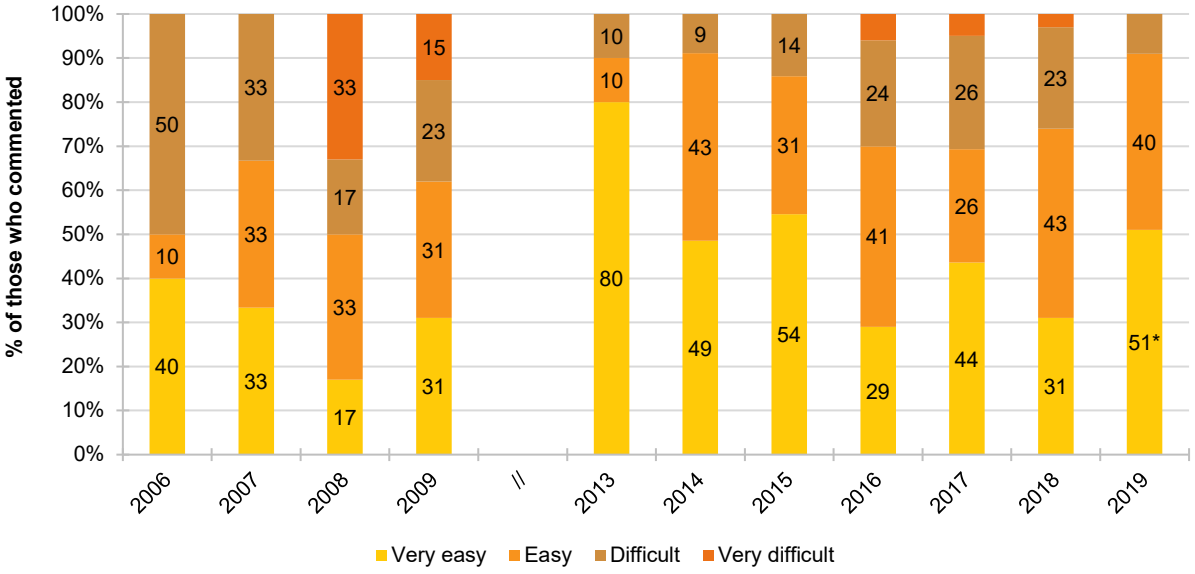
Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 24: Current perceived availability of hydroponic (A) and bush (B) cannabis, Northern Territory, 2006-2019

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

6

Ketamine, LSD and Hallucinogenic Mushrooms

Ketamine

Recent Use (past 6 months): In 2019, 39% of the NT EDRS sample reported recent use of ketamine, a significant increase from 2018 (11%, $p<0.001$; Figure 25).

Frequency of Use: Frequency of use remained low in 2019. Recent consumers reported using ketamine on a median of four days (IQR=2-7; n=39; two days in 2018; $p=0.093$), with very few consumers (n≤5) reporting weekly or more frequent use in 2019.

Routes of Administration: Snorting remained the most common route of administration (87%; 73% in 2018; $p=0.351$), followed by swallowing (13%).

Quantity: Recent consumers reported using a median of 0.5 grams (IQR=0.4-1.0; n=33) of ketamine during a typical session in 2019, similar to that reported in 2018 (0.3 grams, IQR=0.1-0.4, n=11; $p=0.872$). The median maximum amount was one gram (IQR=0.5-1.3, n=33), also similar to 2018 (one gram, IQR=0.5-2.0, n=11; $p=0.970$).

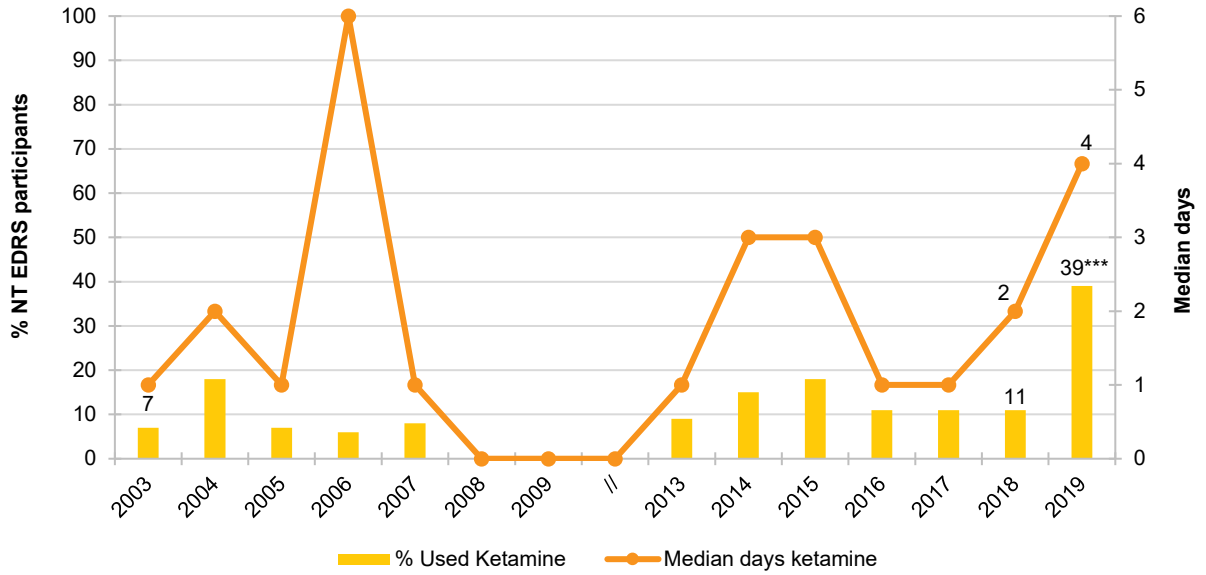
Historically, numbers reporting recent ketamine use in the NT EDRS sample have been low, so data has not been published for the price, perceived purity and availability. However, in 2019, a sufficient number of participants responded. These data are presented below, although without comparison to 2018. Please refer to the National EDRS Report or contact the Drug Trends team for further information.

Price: The median price for a gram of ketamine in 2019 was $250 (IQR=200-338; n=24).

Perceived Purity: Among those able to comment in 2019 (n=30), most participants described the purity of ketamine as “high” (50%), followed by “medium” (40%).

Perceived Availability: Among those able to comment in 2019 (n=30), the perception of ketamine availability varied, with an equal proportion (37%) describing it as “easy” or “difficult”.

Figure 25: Past six month use and frequency of use of ketamine, Northern Territory, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 6 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

LSD

Recent Use (past 6 months): In 2019, 52% of the NT EDRS sample reported recently using LSD, the same proportion as the 2018 sample (Figure 26).

Frequency of Use: Use among recent consumers remained infrequent in 2019 (median 3 days; IQR=1-8; n=51), with 12% reporting weekly or more frequent use (n≤5 in 2018; p=0.505).

Routes of Administration: The most common route of administration among recent consumers remained swallowing (98%; 100% in 2018; p=0.320).

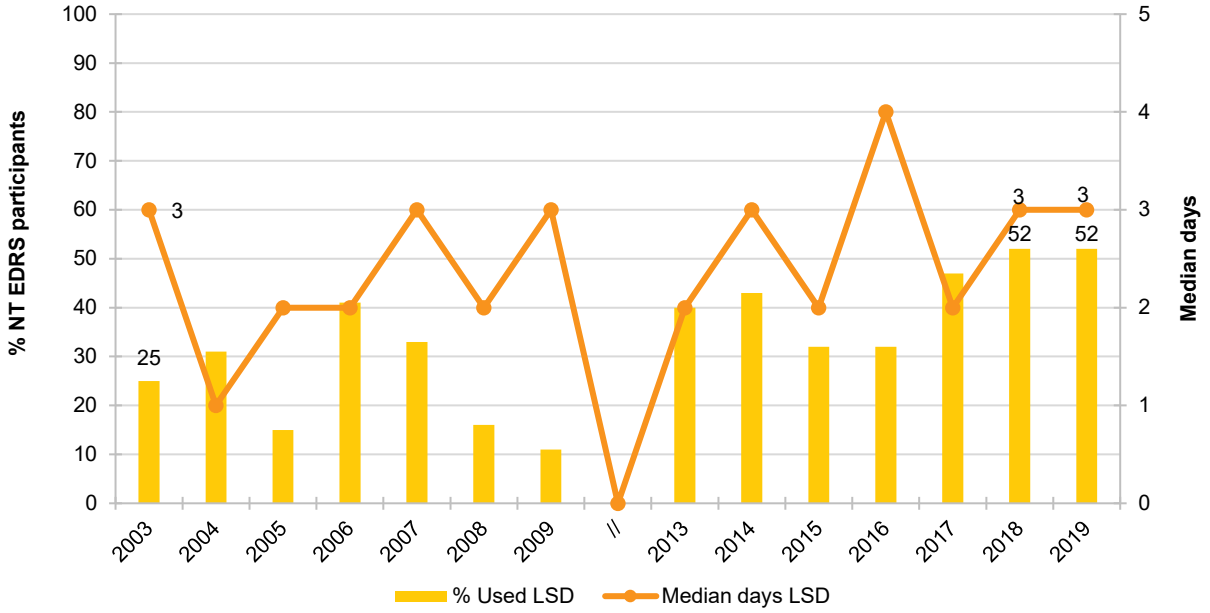
Quantity: Recent consumers of LSD in 2019 reported using a median of one tab during a typical session (IQR=1-2, n=36), matching the estimate of typical use in 2018 (one tab, IQR=1-2). For maximum quantity of use in a session in the past six months, participants reported a median of 2 tabs (IQR=1-3, n=38), also matching the estimate in 2018.

Price: The median reported price per LSD tab in 2019 was $30 (IQR=22.5-30, n=19), the same as in 2018 ($30, IQR=30-35; Figure 27).

Perceived Purity: Of those able to comment (n=50), nearly two thirds (62%) perceived purity of LSD to be “high”, similar to 2018 (68%; p=0.529; Figure 28).

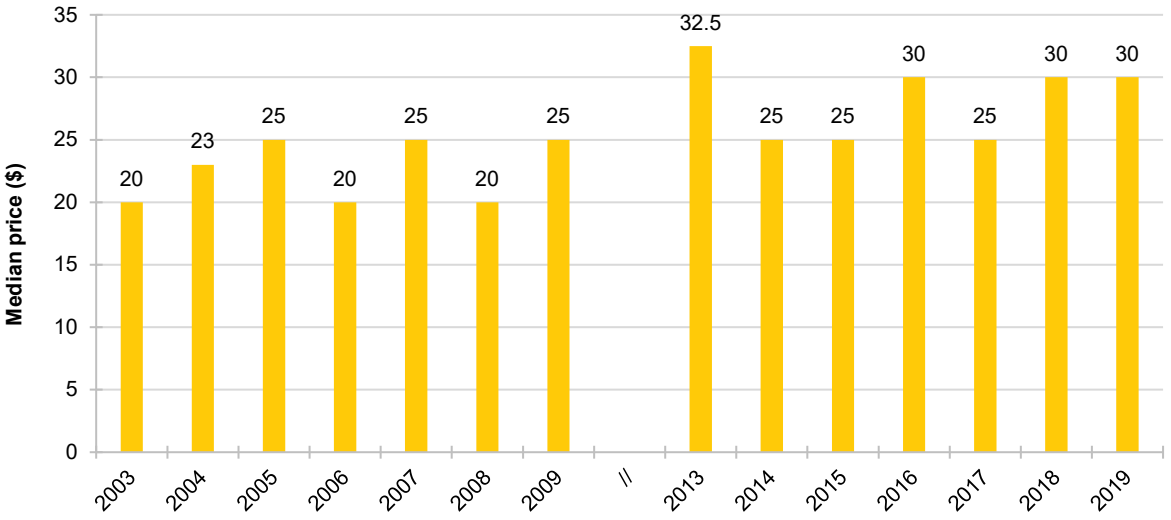
Perceived Availability: Among those able to comment in 2019 (n=51), approximately half (47%) described LSD as “easy” to obtain, similar to 2018 (43%; p=0.530; Figure 29).

Figure 26: Past six month use and frequency of use of LSD, Northern Territory, 2003-2019



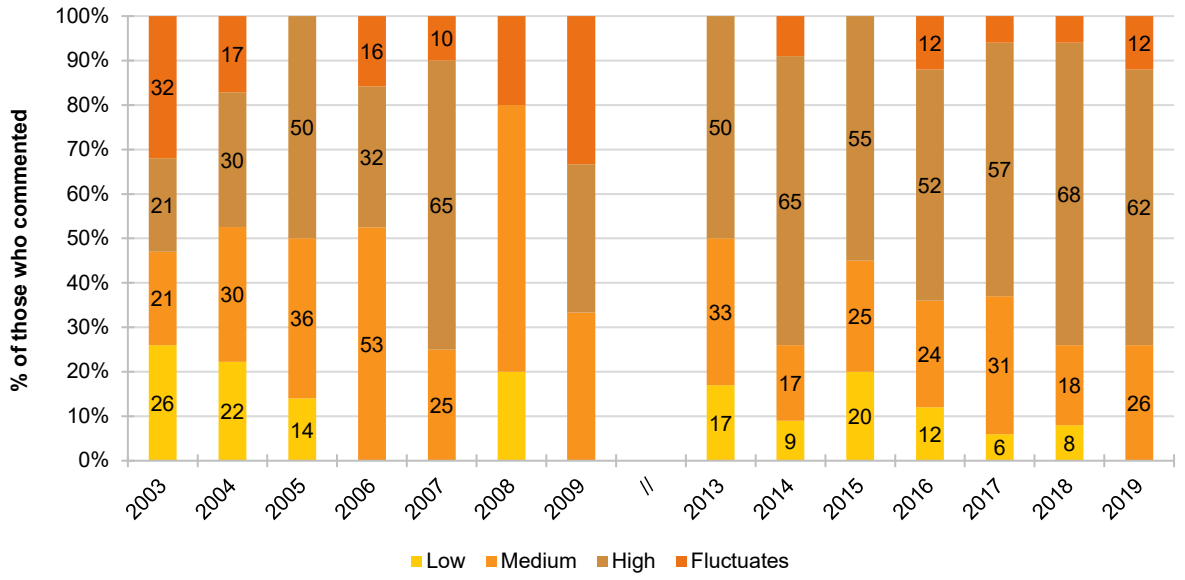
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 27: Median price of LSD per tab, Northern Territory, 2003-2019



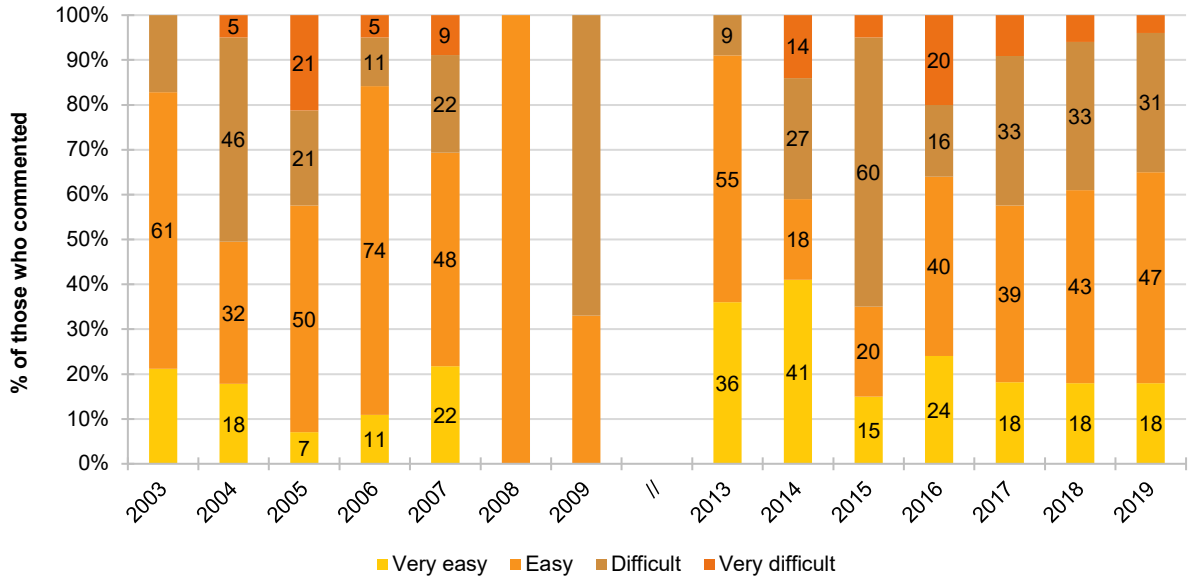
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 28: Current perceived purity of LSD, Northern Territory, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 29: Current perceived availability of LSD, Northern Territory, 2003-2019



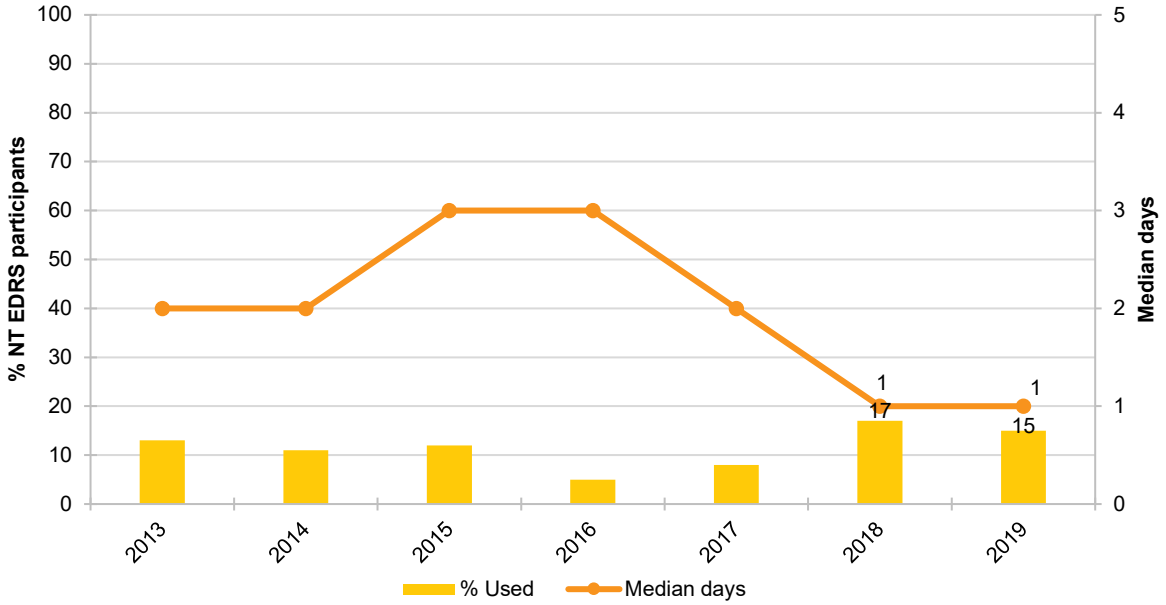
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5). Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2019, 15% of the NT EDRS sample reported recent use of hallucinogenic mushrooms (17% in 2018; *p*=0.677; Figure 30).

Frequency of use: Frequency of use was low among recent consumers in 2019 at one day (IQR=1-3; n=15).

Figure 30: Past six month use and frequency of use of mushrooms, Northern Territory, 2013-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Consistently small numbers (n≤5) reported recent use of mushrooms prior to 2013, so these data are not shown. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

7

New Psychoactive Substances

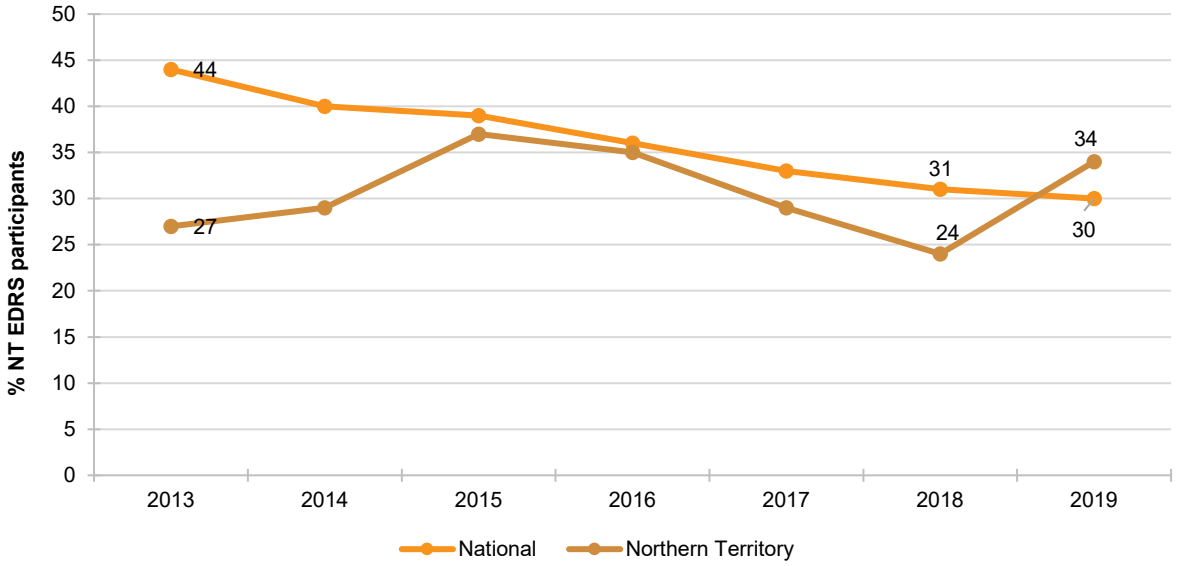
NPS are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational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

NPS use among the NT EDRS sample had been decreasing since 2015 when 37% of the sample reported recent use. However, in 2019, one in three participants reported recent use of any NPS (34%; 24% in 2018; p=0.115; Figure 32).

DMT was the most commonly used NPS among the sample with 17% reporting recent use (12% in 2018; p=0.315; Figure 32). However, use was infrequent (median two days; IQR=1-3). One in ten participants (12%) reported recent use of synthetic cannabinoids (n≤5 in 2018; p=0.072; Figure 33) with a median frequency of use of eight days in the past 6 months (IQR=1-29).

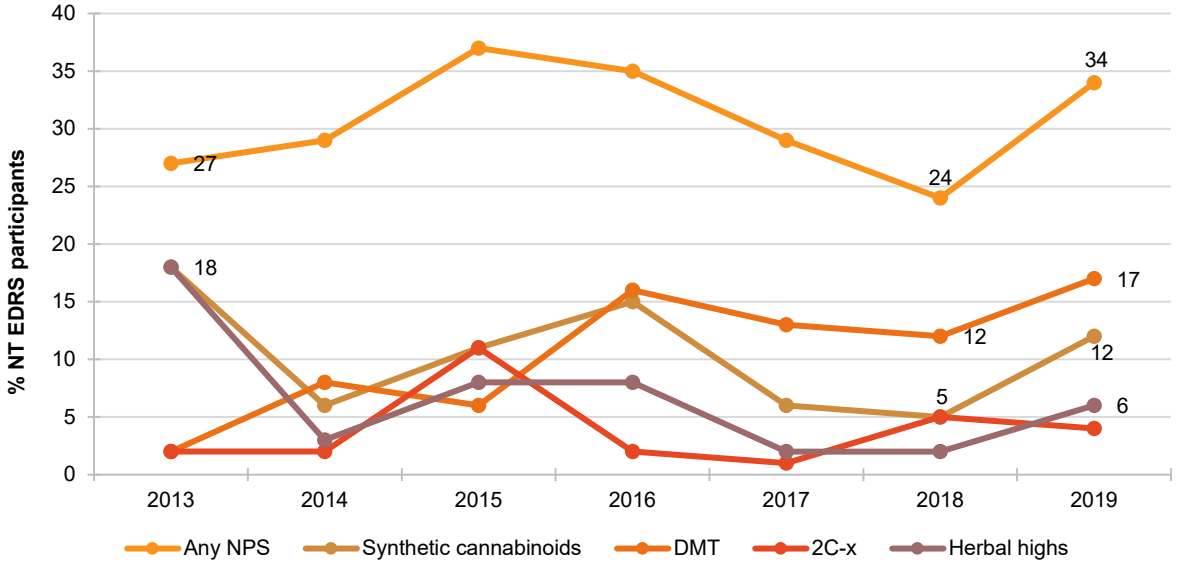
EDRS collects data on a large number of NPS specifically by name (Table 3). If further details about use of other NPS by the Northern Territory EDRS sample are needed, please contact the Drug Trends team, or see the National EDRS Report for national trends in use.

Figure 31: Past six month use of new psychoactive substances, nationally and NT, 2013-2019



Note. Y axis reduced to 60% to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2013 should be interpreted with caution. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 32: Past six month use of new psychoactive substances, NT, 2013-2019



Note. Y axis reduced to 60% to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2013 should be interpreted with caution. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 3: Use of NPS in the past six months, Northern Territory, 2013-2019

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

Note. / not asked. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

8

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

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

Recent Use (past 6 months): In 2019, 27% of the NT sample reported recent use of any codeine. Sixteen per cent reported prescribed codeine use, while 14% reported non-prescribed use.

Recent Use (past 6 months) for Non-Pain Purposes: Of those who reported recent use of low dose codeine (n=15; 15%), a small number (n≤5) used it for non-pain purposes (Figure 33).

Frequency of Use: In 2019, participants who had recently used any non-prescribed codeine reported use on a median of six days (i.e. monthly; n=13; IQR=3-27).

Forms Used: Of those who recently used non-prescribed codeine, 43% reported use of high-dose codeine (≥30mg). Small numbers (≤5) reported low-dose (<30mg) use. Of the total NT sample, 7% reported recent use of lean ('purple drank'/'sizzurp').

Pharmaceutical Opioids

Past six month use of non-prescribed pharmaceutical opioids has remained stable at approximately one in ten participants since 2016. Indeed, 9% of the NT sample reported recent use in both 2018 and 2019 (Figure 33). However, median frequency of use increased in 2019 to nine days (IQR=3-18; n=8) versus two days in 2018 (IQR=1-10; p=0.034).

Pharmaceutical Stimulants

After some fluctuations, recent use of non-prescribed pharmaceutical stimulants (e.g. dexamphetamine, methylphenidate, modafinil) has remained stable since 2014. In 2019, 17% of participants reported past six month use of non-prescribed pharmaceutical simulants (15% in 2018; p=0.621; Figure 33). Median frequency of use has remained low at two days (IQR=1-9; n=17) versus three days in 2018 (IQR=1-4; p=0.544).

Benzodiazepines

Non-prescribed benzodiazepine use has increased among the NT sample since 2008. In 2019, almost one third (31%) reported past six month use of benzodiazepines (22% in 2018; *p*=0.182; Figure 33). In 2019, participants were asked about non-prescribed alprazolam use versus other non-prescribed benzodiazepine use, with 17% and 14% of the NT reporting recent use, respectively. Median frequency of use was four days (IQR=1-6; n=17) in the past six months for non-prescribed alprazolam. Too few participants responded regarding frequency of use for other non-prescribed benzodiazepines.

Antipsychotics

Non-prescribed antipsychotic use has remained low since 2013. In 2019, 8% of the NT sample reported recent use (versus ≤5 in 2018; *p*=0.125; Figure 33). Median frequency of use was also low at nine days in the past six months (IQR=1-125, n=8).

Other Illicit Drugs

MDA

Approximately one in ten participants reported recent use of MDA in 2019 (13%; 9% in 2018; *p*=0.472; Figure 34). Frequency of use was low at a median of three days in the past six months (IQR=2-6, n=12)

Unknown Contents

In 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder, crystal and 'other' form. Therefore, prior year comparisons are provided only for capsule form.

Use of capsules with unknown contents has mostly increased since reporting began in 2013. In 2019, approximately one in five participants reported recent use of capsules with unknown contents (22%; 16% in 2018; *p*=0.343; Figure 34).

Over one third (36%) of participants reported recent use of pills with unknown contents, while approximately one in ten reported recent use of crystal (13%) or powder (10%) with unknown contents. Small numbers (n≤5) reported use of 'other' unknown contents in the past six months.

GHB/GBL

A small number (n≤5) reported recent use of GHB/GBL (Figure 34), so further data are not shown.

Heroin

As in previous years, a very small number (n≤5) reported recent use of heroin (Figure 34), so further data are not shown.

Licit and Other Drugs

Alcohol

Nearly the entire NT sample reported recent alcohol use in 2019 (95%), consistent with the per cent observed since 2013 (Figure 35). However, recent consumers reported use of alcohol on a median of 72 days (approximately three times per week; IQR=24-96; n=95), a significant increase compared to 2018 (median 24 days; IQR=12-51; $p<0.001$). Accordingly, the proportion reporting weekly or more frequent alcohol use increased to 79% (60% in 2018; $p<0.001$). The proportion reporting daily use also increased to 13% (5% in 2018), though the difference was not significant ($p=0.051$).

Tobacco

Almost 9 in 10 participants reported recent tobacco use in 2019 (87%; 88% in 2018; $p=0.852$), also consistent with the per cent observed since 2016 (Figure 35). Frequency of use remained stable at a median of 180 days (i.e. daily; 180 days in 2018; n=87; $p=0.255$), with 66% of consumers reporting daily use (58% in 2018; $p=0.276$).

E-cigarettes

The proportion of the NT sample who reported recent use of e-cigarettes has remained stable since 2014 when reporting began (Figure 35). In 2019, 32% of participants reported recent use (36% in 2018; $p=0.581$). Frequency of use also remained stable, with participants reporting a median of fortnightly use (12 days; IQR 2-44; n=32; versus 5 days (IQR 2-30) in 2018; $p=0.682$).

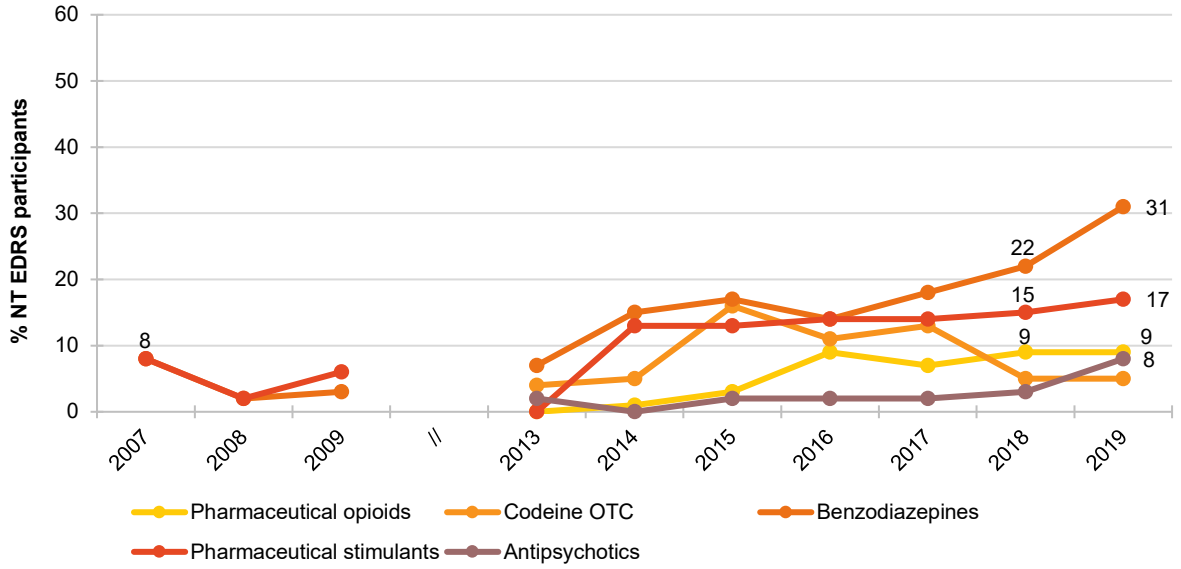
Nitrous Oxide

In 2019, two in five participants reported recent use of nitrous oxide, a significant increase relative to 2018 (40% versus 21%, $p=0.003$) and an approximately five-fold increase since 2017 (8%; Figure 35). Frequency of use also increased to a median of 10 days (IQR 2-15; n=40) from three days in 2018 (IQR 1-10, p=0.031).

Amyl Nitrite

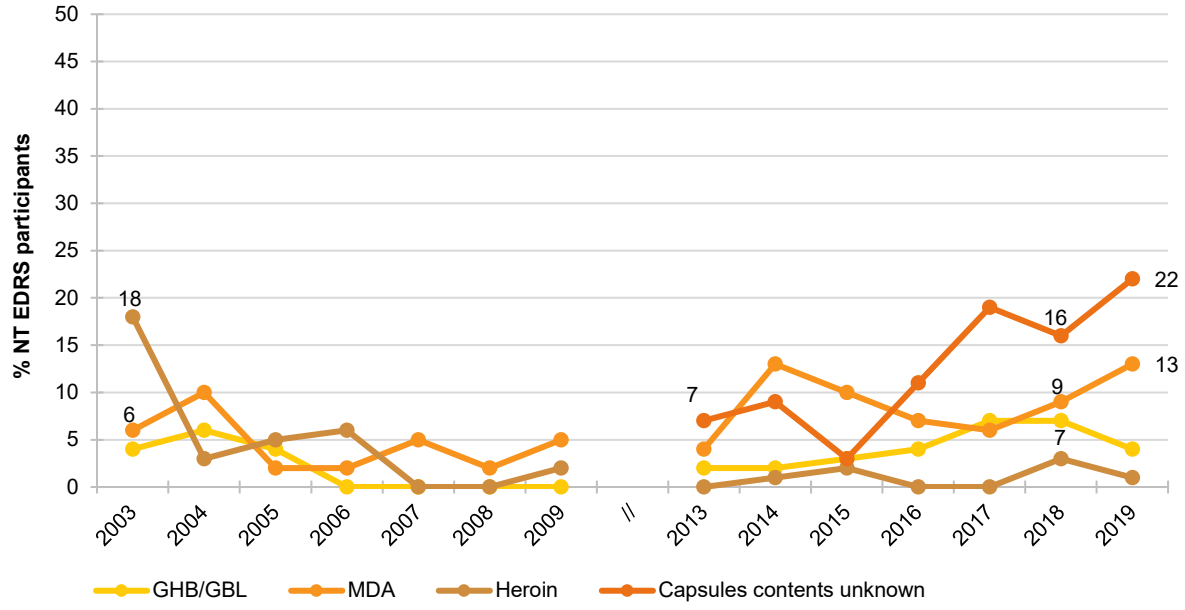
Amyl nitrite use has remained low among the NT sample since 2013 (Figure 35). However, there was a significant increase in participants reporting recent use in 2019 (24%; ≤5 in 2018; $p<0.001$). Frequency of use remained low at a median of four days in the past six months (IQR 1-7; n=23; versus one day in 2017; $p=0.417$).

Figure 33: Non-prescribed use of pharmaceutical drugs in the past six months, Northern Territory, 2007-2019



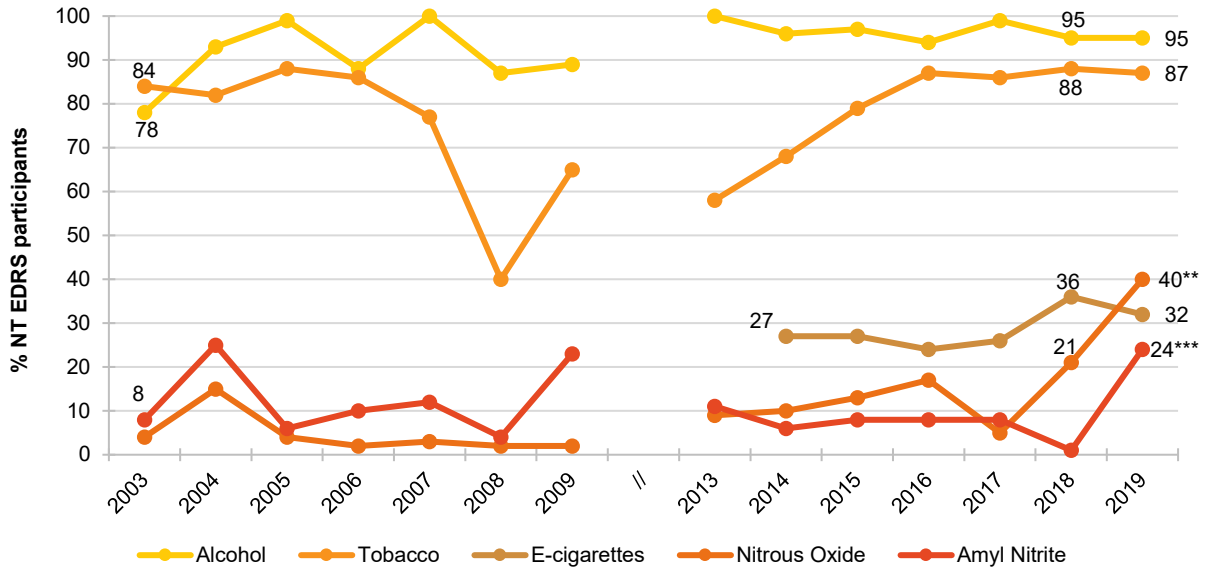
Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription.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

Figure 34: Other illicit drugs used in the past six months, Northern Territory, 2003-2019



Note. Monitoring of capsules contents unknown commenced in 2013. Y axis has been reduced to 50% to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 35: Licit drugs used in the past six months, Northern Territory, 2003-2019



Note. Monitoring of e-cigarettes commenced in 2014. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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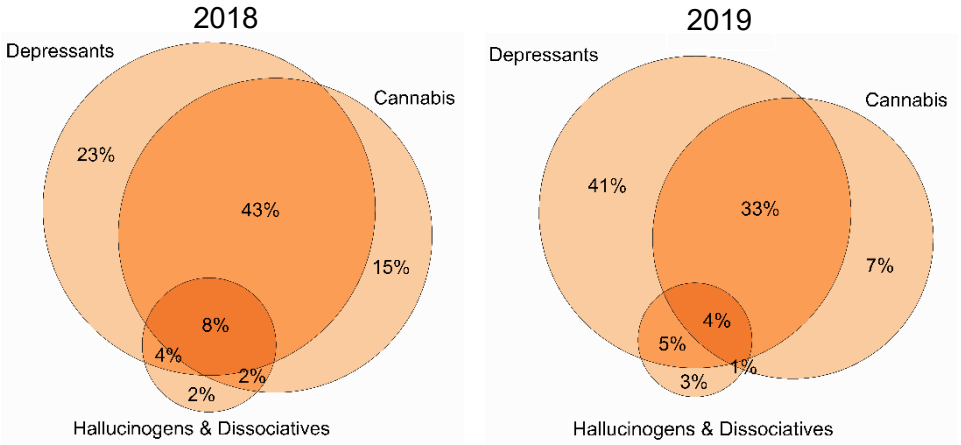
Drug-Related Harms and Treatment

Polysubstance Use

Almost all (97%) of the NT sample reported polysubstance use during their last occasion of stimulant use. The most commonly used substances in combination with stimulant(s) were alcohol (86%), tobacco (66%), cannabis (47%) and LSD (11%).

Of the total sample, 94% reported using depressants, cannabis and/or hallucinogens or dissociatives on their last occasion of stimulant use, with the most common combinations being stimulants and depressants (41%) and stimulants, depressants and cannabis (33%), which were also the most common combinations in 2018 (Figure 36).

Figure 36: Polysubstance use on occasion of last stimulant use, Northern Territory, 2018-2019



Note. This figure captures those who had also used hallucinogens/dissociatives (GHB, ketamine, LSD, and/or hallucinogenic mushrooms), depressants (alcohol and/or benzodiazepines) and/or cannabis on their last occasion of stimulant use (98% of the sample in 2018, 94% of the sample in 2019). Note that these figures are not to scale.

Harmful Consumption of Alcohol

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. The mean score on the AUDIT for the Northern Territory EDRS sample was 15.9 (SD 8.3, n=99; possible score range 0-40). Eighty-four per cent of participants obtained a score of eight or more, indicative of hazardous use (77% in 2018; p=0.106; Table 4). AUDIT scores are divided into four 'zones' which indicate risk level. In 2019 there was a significant increase in the proportion of NT participants in Zone 4 (i.e. considered to have possible alcohol dependence; 27%; 6% in 2018; p<0.001; Table 4).

Table 4: AUDIT total scores and percent of participants scoring above recommended levels, Northern Territory, 2014-2019

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

Note. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12 months of i) **stimulant overdose**, and ii) **depressant overdose**.

In 2019, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g. reduced level of consciousness, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful.
- **Opioid overdose:** same definition as above.
- **Stimulant overdose:** experience of symptoms (e.g. nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.
- **Other drug overdose:** similar definition to above.

It is important to note that events reported on for each drug type may not be unique given high occurrence of polysubstance use. For the purpose of comparison with previous years, we computed the per cent reporting any depressant overdose, comprising any endorsement of alcohol or opioid overdose, or other drug overdose where a depressant (e.g., GHB, benzodiazepines) was listed.

Non-Fatal Stimulant Overdose

One fifth (20%) of the NT sample reported a stimulant overdose during the past 12 months (Figure 37), on a median of one occasion (IQR=1-3; n=20). This was a significant decrease relative to 2018 (33%, p=0.043). These participants were asked which stimulant drug(s) had been used during their

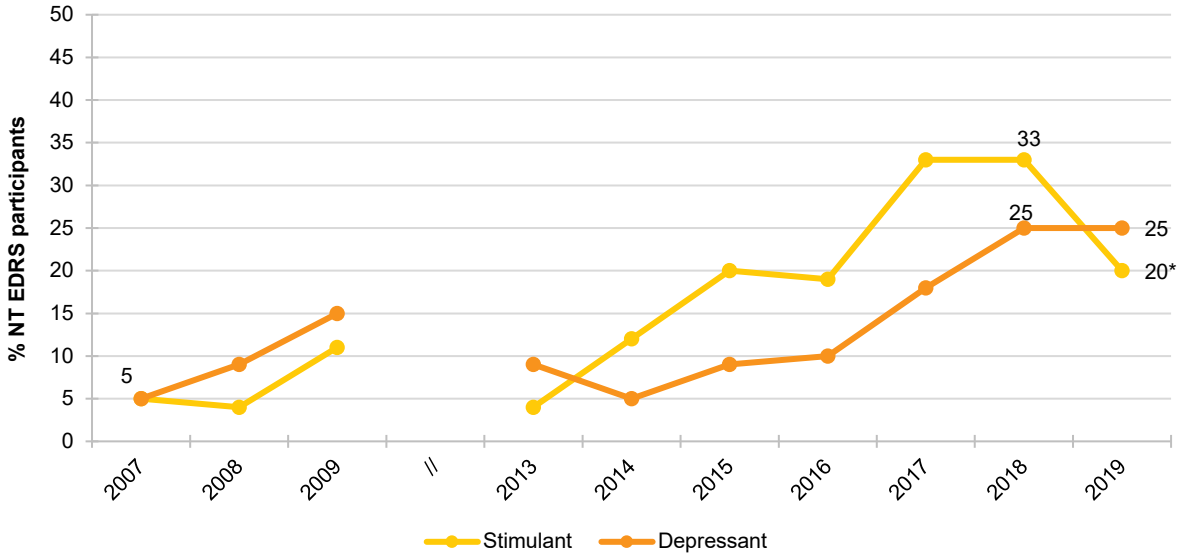
last overdose. Ecstasy was the most nominated drug, with 40% and 35% of those who had experienced an overdose citing pills and capsules as involved in the last occasion, respectively, while small numbers (n≤5) reported use of methamphetamine crystal, ecstasy crystal and cocaine. Moreover, four in five participants (80%) reported that they had also been under the influence of one or more additional drugs. When asked about treatment received during their last stimulant overdose, 70% reported receiving no treatment. Of those who did report receiving treatment or assistance (n=6), most reported ambulance attendance (67%) or emergency department attendance (50%), though none reported receiving CPR. When asked what prevented them seeking treatment, most (42%) reported that they did not think the event was serious enough to receive treatment.

Non-Fatal Depressant Overdose

Alcohol: Approximately one quarter (24%) of the NT sample reported experiencing a non-fatal alcohol overdose in the year prior to interview on a median of two occasions (IQR=1-3; n=24). Of those who experienced an alcohol overdose in the past year (n=24), the majority (75%) reported not receiving treatment on the most recent occasion. Of those who did receive treatment, all reported hospital emergency department attendance, while a smaller number (n≤5) reported ambulance attendance.

Any depressant (including alcohol): The per cent reporting any past year non-fatal depressant overdose has been increasingly among the NT sample since 2014. However, in 2019 one quarter (25%) of the NT sample reported a depressant overdose during the past 12 months, the same proportion as 2018 (Figure 37). Of those who experienced any depressant overdose in the last year (n=25), almost all reported use of alcohol (96%; 94% in 2018; *p*=0.744), with a small number of participants (n≤5) reporting alprazolam or other benzodiazepine use.

Figure 37: Past year non-fatal stimulant and depressant overdose, Northern Territory, 2007-2019

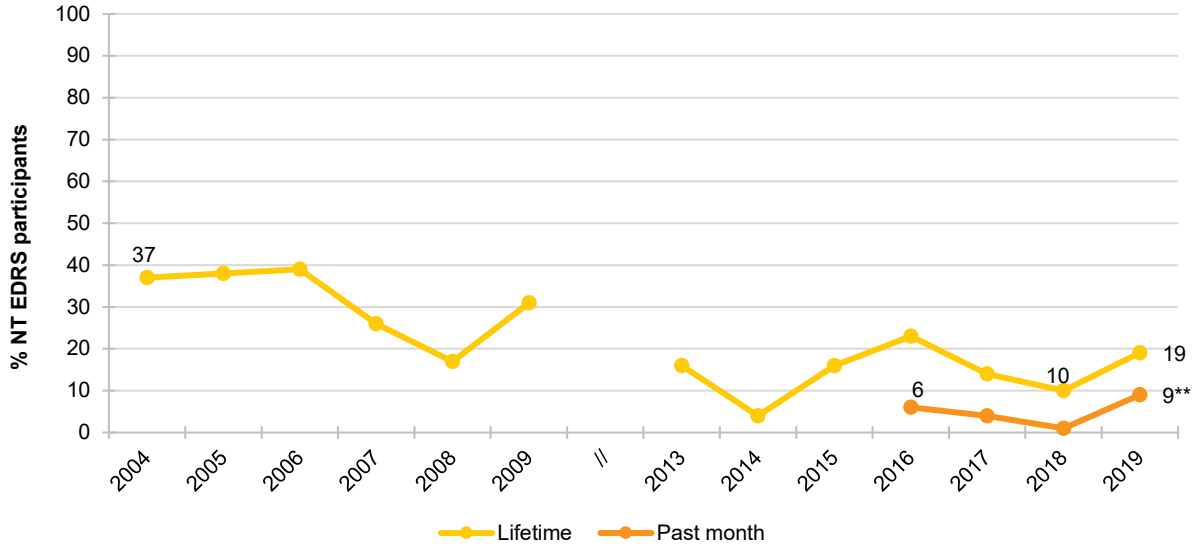


Note. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Injecting Drug Use and Associated Risk Behaviours

The per cent reporting ever injecting a drug among the NT sample has fluctuated over time (Figure 38). In 2019, 19% of the NT sample reported ever injecting a drug (10% in 2018; p=0.066). The median age of first injection was 22 years (IQR: 18-28). The proportion of participants reporting injecting any drugs in the month prior to interview significantly increased to 9% in 2019 (≤5 in 2018; p=0.009).

Figure 38: Lifetime and past month drug injection, Northern Territory, 2004-2019



Note. Y axis reduced to 50% to improve visibility of trends. Past 6-month injection not asked of participants prior to 2016. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Drug Treatment

Six per cent of the NT EDRS 2019 sample reported currently receiving drug treatment; this is consistent with low numbers reporting in previous years. For national trends refer to the National EDRS Report, or for further information contact the researchers.

Sexual Health Behaviours

In 2019, 97% of participants who responded to his module (n=91) reported penetrative sex in the past six months. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.

Of those who had penetrative sex and responded (n=78), 36% reported not using a barrier with someone whose HIV/STI status was unknown in the past six months (Table 5). Of those who responded (n=83), one quarter (23%) reported that alcohol and/or drugs had impaired their ability to negotiate their wishes during sexual intercourse in the past six months.

Of those who responded (n=91), almost three quarters (69%) reported having a sexual health check-up in the past year. A further 19% had done so more than one year ago, while 11% had never had a sexual health check-up. Among the total NT sample, 8% reported receiving a positive diagnosis for an STI in the past year, while 11% had received a positive diagnosis more than one year ago.

Table 5: Sexual health practices, Northern Territory, 2019

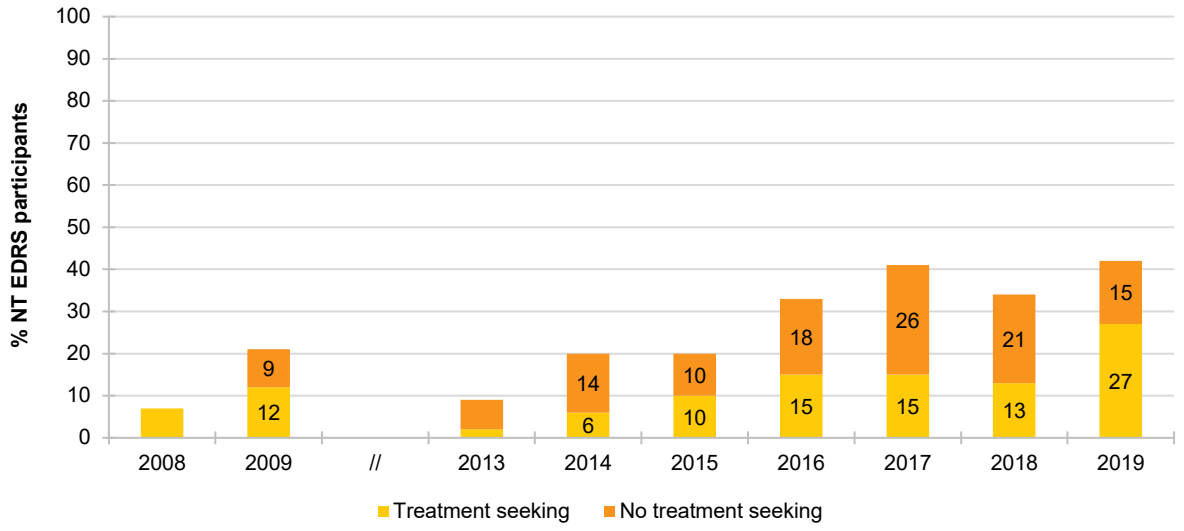
	2019
	n=91
% Any penetrative sex I the past six months (n)	97 (88)
Of those who responded[#]:	n=78
% Had penetrative sex without barrier and did not know HIV/STI status of partner	36
Of those who responded[#]:	n=83
% Alcohol and/or drugs impaired their ability to negotiate their wishes during sexual intercourse	23
Of the total sample (past 12 months):	n=91
% Had a sexual health check	69
% Diagnosed with a sexually transmitted infection	8

Note. 'Don't know' responses exclude. [#]Due to the sensitive nature of these items there are missing data for some participants who chose not to respond.

Mental Health

Almost half (42%) of the NT sample reported experiencing mental health problems (other than drug dependence) in the past six months (34% in 2018; *p*=0.197). Of those who self-reported mental health problems (n=41), most cited anxiety (83%; 78% in 2018; *p*=0.446) or depression (76%; 66% in 2018; *p*=0.263). A smaller number (22%) reported post-traumatic stress disorder, which was a significant increase relative to 2018 (n≤5; *p*<0.018). Of those who self-reported mental health problems (n=41), the majority (63%) reported seeing a mental health professional in the past six months (61% in 2018; *p*=0.641; Figure 39). Of those who sought help (n=26), almost two thirds (62%) reported being prescribed medication during this period.

Figure 39: Self-reported mental health problems and treatment seeking in the past six months, Northern Territory, 2008-2019

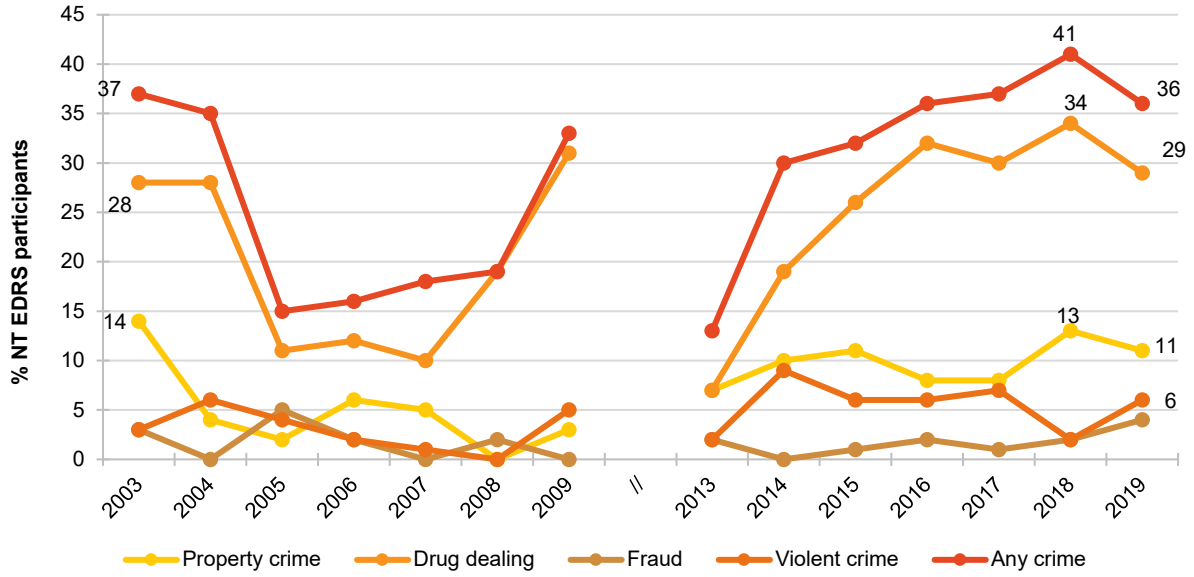


Note. The combination of the percentage who report treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Crime

The per cent reporting past month criminal activity has fluctuated over time, with drug dealing and property crime being the two main forms of criminal activity in 2019 (29% and 11%, respectively; Figure 40). Of the NT sample, 15% of the sample reported having been arrested in the 12 months preceding interview (12% in 2018; *p*=0.553), In 2019, the main reasons for arrest were public order (i.e. drunk and disorderly; 40%) and violent crime (40%). Low numbers (n≤5) reported arrest for drug possession. Approximately one tenth (9%) of the NT sample reported having ever been in prison in 2019.

Figure 40: Self-reported criminal activity in the past month, Northern Territory, 2003-2019



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 45% to improve visibility of trends. Due to the particularly small samples recruited in 2010-2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution. **p*<0.050; ***p*<0.010; ***p<0.001 for 2018 versus 2019.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Almost all the NT sample (90%) reported purchasing illicit or non-prescribed drugs face-to-face in the 12 months preceding interview (Table 6). The other most common purchasing approaches were text messaging (71%), social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder; 56%) and phone call (54%). A nominal per cent (6%) reported using the darknet market and fewer (n≤5) had used the surface web. When asked about their main mode of purchase in the last 12 months, the majority of participants cited face-to-face (42%), followed by text messaging (23%) and social networking applications (21%).

Buying Drugs Online

One in ten participants (8%) reported ever purchasing drugs on the darknet. We asked the remaining participants (n=92) about their knowledge of the darknet. Of those who responded (n=90), most (63%) reported that they had heard of the darknet but never accessed it, while similar numbers reported that they had accessed darknet marketplaces but never purchased from them (16%), researched the darknet but never accessed it (11%) or had never heard of the darknet (10%).

Only seven participants responded when asked about the drugs purchased on either the dark or surface web in the past 12 months, so the results are not published here. Please see the National EDRS Report for further information and national level data.

Selling Drugs Online

In 2019, a minority of participants (n≤5) reported having sold illicit drugs on the surface or darknet. Please see the National EDRS Report for further information and national level data.

Table 6: Modes of purchacing non-prescribed and illict drugs in the past 12 months, Northern Territory, 2019

	NT 2019
	N=100
% Purchasing approaches in the last 12 months^	
Face to face	90
Surface web	-
Darknet market	6
Social networking applications	56
Text messaging	71
Phone call	54
Other	0
% Main purchasing approach in the last 12 months	
Face to face	42
Surface web	0
Darknet market	-
Social networking applications	21
Text messaging	23
Phone call	13

Note. - not reported due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses.