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C. Moon

NT DRUG TRENDS 2009
Findings from the Illicit Drug Reporting System (IDRS)

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2009



Findings from the Illicit Drug Reporting System (IDRS)

Chris Moon

Alcohol and Other Drugs Program
Department of Health and Community Services

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AIDS	Acquired Immune Deficiency Syndrome
AGDH&A	Australian Government Department of Health and Ageing
AFP	Australian Federal Police
AOD	Alcohol and Other Drugs
AODTS	Alcohol and Other Drugs Treatment Services
BBVI	Blood-borne viral infections
D&A	Drug and Alcohol
GP	General Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIC	Health Insurance Commission
HIV	Human immuno-deficiency virus
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user(s)
KE	Key expert(s)
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program(s)
NT	Northern Territory
NTAHC	Northern Territory AIDS and Hepatitis Council
NTDHCS	NT Department of Health and Community Services
NTPFES	NT Police, Fire and Emergency Services
OPP	Opiate Pharmacotherapy Program
PBS	Pharmaceutical Benefit Scheme
SPSS	Statistics Package for the Social Sciences

EXECUTIVE SUMMARY

This report presents the results of the 2008 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT). This is the ninth year that the IDRS has been conducted in the NT.

The IDRS is co-ordinated by the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales. It is jointly funded by the Australian Government Department of Health and Ageing and by the National Drug Law Enforcement Research Fund (NDLERF).

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

Demographic characteristics of survey respondents

In 2009 the participant sample was mainly male (69%) with an average age of 40 years. Most (88%) of the sample were unemployed or on a pension at the time of interview and one in ten (10%) were employed. Twenty percent identified as Aboriginal and/or Torres Strait Islander (ATSI). Most identified as heterosexual (90%) and the balance as bisexual (3%), gay or lesbian (7%). The sample had an average of 10 years of school education with most (67%) having some form of post-secondary education. Eight percent were in some form of drug treatment at the time of interview and 56% had some form of prison history.

Patterns of drug use among survey respondents

Cannabis (78%) was the illicit drug used by the largest proportion of the sample followed by illicit morphine (70%), a pattern also found in previous years. Illicit morphine (61%) continues as the main drug of recent injection, although with a reduced proportion (84% in 2008), while speed powder is reported as the most common drug ever injected (74%).

Recent methamphetamine use (55%) and injection (51%) are comparable to previous years (57% and 55% in 2008). Recent smoking of crystal declined slightly this year to 7% of survey respondents, 9% in 2007, comparable to 2008 at 7%. Recent use of the base form of methamphetamine, 19%, increased compared to 2008 (10%), but remains lower than found in earlier (26% in 2006, 20% in 2007) Recent use of amphetamine liquid was stable.

Recent use of heroin increased from 7% in 2007 to 14% in 2008, remaining stable this year at 13%. Illicit forms of most pharmaceutical opioids generally showed increases between 2007 to 2008: methadone syrup from 17% to 25%, physeptone from 26% to 36%, buprenorphine from 6% to 11%, buprenorphine-naloxone from 2% to 4%, and oxycodone form 11% to 28%. With the exception of buprenorphine, which shows another increase this year to 8%, recent use of this group of drugs declined to levels similar to those found in 2007. This is also the case for recent use of benzodiazepines: 33% in 2007, 40% in 2008 and 33% this year.

Tobacco and alcohol were used by 92% and 55% respectively, stable when compared to previous years.

Heroin

The proportion of survey participants reporting recent heroin use this year was stable (13%) compared to 2008 (15%), but the proportions injecting (8%) and the median days of use and injection all declined. Heroin powder was used by a greater proportion of the sample than rock or homebake, although equal proportions (4%) reported using powder or rock most often. White/off white rock being the most used specific form (4%).

Twelve participants, a larger number than able to comment in 2008, reported paying a median of $80 for a cap of heroin, a 20% decline on the $100 reported in 2008, with most of the small number able to comment (67%) reporting that recent heroin prices had been stable. or increasing. Heroin was rated as easy to obtain (67%), mainly from street dealers (33%).

Methamphetamine

Fifty-five percent of participants used some form of methamphetamine on a median of 8 days over the six months prior to interview. This is an decline on the proportion of recent use found in 2007 (68%) and 2008 (55%) and a decrease in the median days of use from the 24 found in 2008. As in previous years injection was the principal route of administration, with 51% of the sample reporting recent injection compared to 65% in 2007. Recent use of speed (50%) was stable, recent base use increased (16%, 10% in 2008) and recent crystal use declined (15%, 28% in 2008). Recent smoking of crystal was stable at 7%.

The point price of speed powder ($50 this year) has been stable over time. Halfweight ($200) and gram ($350) prices increased this year and show an increase over time. These changes are consistent with participant reports that recent speed prices have been stable (43%) or increasing (37%). Speed powder availability continues to be reported as easy (65% this yuear) or very easy (16%).

Base price movements vary compared to 2008, but the small number of respondents able to report make this result uncertain. This is also the case for reports of base availability. The median point price of crystal declined this year to $100 and has been relatively stable over time. Half of those able to respond rated crystal prices as stable ($50) and availability as easy ($67).

Cocaine

Recent use and injection of cocaine among the survey sample increased to 12% and 8% respectively, the highest levels reported since 2003. In contrast to this increase, KEs continue to report that cocaine use in the NT is rare, possibly consistent with the small numbers of survey participants able to comment on the price, purity and availability of cocaine.

Cannabis

Recent use of cannabis has fluctuated between 75% and 84% of the survey sample since 2003, with 78% reporting recent use in 2009. Daily use (47% of recent users in 2009) remains the most common pattern. Hydro cannabis continues to dominate the market, used by 96% of participants compared to 29% that had used bush. Ninety-six percent of participants reported that they had mainly used hydro in the preceding six months.

Hydro was reported to cost a median of $30 a gram and $400 an ounce, an increase in the ounce price on last year. The price of a gram of bush was also stable at $30, while an ounce of bush had declined to $175. Respondents were divided on the recent price movements of both hydro (48% stable; 47% increasing) and bush (41%; 33%).

Survey participants rated hydro as either easy (50%) or very easy (30%) to obtain, with the proportions rating it difficult or very difficult to obtain declining from 37% in 2007 to 17% this year. Bush cannabis was rated as difficult to obtain (50%).

Hydro was obtained from street dealers (41%) and friends (35%) at a variety of locations, primarily: friends homes (35%), dealer's homes (24%) and street markets (21%). Bush was most likely to be obtained from a friend (55%, 64% in 2008) at a friend's home (48%).

Methadone

Recent use of illicit methadone syrup declined to 15% of the survey sample on a median of 2 days. Recent use of illicit physeptone also declined this year, to 22% of the sample, the lowest level found since 2003. In both cases use on a weekly or less basis was the most common pattern of use. Key experts partly attribute these declines to changes in prescribing practices by pharmacotherapy programs.

Six participants had recently purchased methadone syrup for a median price of $1 per millilitre, identical to previous years, while 7 participants had recently purchased 10mg physeptone tablets for a median of $26, an increase compared to previous years.

Participants were divided in their assessments of the availability of illicit methadone, with 50% rating it as easy and 50%% as difficult or very difficult to obtain. Two-thirds (67%) of those able to comment judged that illicit methadone availability had been stable in the six months prior to interview, with 17% rating it as more difficult.

Morphine

Pharmaceutical morphine continues to be the most frequently used and injected illicit opiate in Darwin (70% of the survey sample), with MS Contin being the most common brand (52%). At the same time, these proportions show reductions on previous years (previous minimum of 80% in 2004), consistent with KE reports that morphine is less commonly prescribed and so less readily available on the illicit market. In contrast, survey participants rated morphine as easy (55%) or very easy (14%) to obtain with less than a third (31%) rating availability as difficult. Daily (18%) and more than weekly (37%) use were the most commonly reported patterns of use for illicit morphine.

The median price of the most common dose of morphine used in the illicit market, MS Contin 100mg, was stable at $80, as was Kapanol 100mg. Participants report that prices over the six months prior to interview have been stable (40%) or increasing (38%).

As mentioned above, survey participants were divided on the availability of morphine, although less likely to rate it as difficult to obtain than has been the case in recent years. Sixty-one percent of those participants able to comment this year reported that morphine availability had been stable over the six months prior to interview.

Oxycodone

Recent use of oxycodone among respondents has increased: 41% of respondents had used some form of oxycodone in the six months prior to interview, 9% using licit oxycodone (3% in 2008) and 35% illicit (28% in 2008). Most illicit oxycodone use was via injection, 88% of recent users, with this route of administration becoming more common over time.

The median price for 80mg of oxycodone increased this year to $60 ($50 in 2008), although consistent with previous years. Participants reported that prices had been stable or increased

over this six months prior to interview. Most of those able to respond (90%) reported that it is easy or very easy to obtain oxycodone, a marked change on previous years.

Subutex (buprenorphine)

Recent use (5%) and injection (3%) of illicit Subutex among the participants declined this year. Most recent users used on a weekly or less basis (4% of entire sample). Subutex was rated as difficult to obtain with 50% of those able to comment reporting that it had been more difficult to obtain over the previous 6 months. The reported median price of Subutex was stable at $30 per 8mg while 5% of the sample used more frequently.

Suboxone (buprenorphine-naloxone)

Eight people had used illicit Suboxone within six months of interview on a median of 1 day. Two people had recently injected illicit Suboxone for median of 1 day in the last six months. One person reported purchasing 2mg of Suboxone for $20 and one reported purchasing 8mg for $30. Two people reported that Suboxone prices had been stable and that it was easy to obtain.

Over the counter codeine

Thirty-five percent of respondents had used over-the-counter (OTC) codeine within six months of interview, 2% reporting recent injection. Nurofen Plus and Panadeine were the main brand names used to treat headaches (17%,) or other pain.

Benzodiazepines

The proportion of the participant sample reporting recent use of benzodiazepines has been stable at around 50% since 2003 (55% this year); the proportion injecting has also remained stable at around 20% since 2004. Median days of use and injection declined this year after marked increases last year, returning to the levels seen prior to 2007. There have been fluctuations in the main forms used by survey respondents since 2003. In 2003 and 2004, participants mainly used licit benzodiazepines; in 2005 these proportions were equal, and in 2006 and 2007, illicit benzodiazepines were the main reported form, returning to approximately equal proportions in the last two years.

Ecstasy, LSD, inhalants, tobacco and alcohol

Ecstasy use among the survey sample increased this year while injection was stable, with weekly or less being the main use pattern. LSD remained the main type of hallucinogen used, showing the continuation of a long-term decline in use. Inhalant use remained rare.

Alcohol and tobacco use remained stable with a majority of the sample reporting recent use, and 92% of the sample reporting daily tobacco use. As was the case last year, a number of KE noted that alcohol and tobacco use patterns had remained stable but were at pains to emphasise that alcohol in particular is a major contributor to the risky behaviours associated with illicit drug use, particularly amongst occasional ATS users.

Health

Nine respondents reported overdose within the 12 months prior to interview, one attributed to heroin and five each to morphine and benzodiazepines.

Treatment episodes in NT AODTS where a given drug was either the principal or other drug of concern increased for cocaine, cannabis, morphine and ecstasy. Episodes of treatment

involving each of these drugs show increases since around 2004/05. Episodes involving benzodiazepines declined this year after five years of increase.

Hospital admissions related to opioids, methamphetamines, cocaine and cannabis continued to occur at a lower rate than is the case nationally. The NT rate of admissions related to opioids has increased in the most recent year available (2007/08), while rates of admission for amphetamines and cannabis have declined.

Consistent with previous years, a small proportion of the participants had either lent (3%) or borrowed (5%) used needles in the month prior to interview, with larger proportions sharing other injecting equipment. One third of the sample had reused their own needles, mostly once (12%) or twice (11%), although up to 10 or times in some cases. As in previous years, a large majority of the participant sample (92%) had usually injected in a private home in the month before interview. Most survey respondents (95%) had obtained their needles from an NSP during the six months prior to interview, with 4% obtaining needles from a chemist.

Notifications of new cases of HBV and HCV were reduced in compared to 2008, and no new cases of HIV were notified in 2008. The finger-prick survey carried out in the Darwin and Alice Springs NSP found that HCV antibody prevalence increased from 29% of the sample in 2006 to 62% this year.

Morphine and some form of amphetamine have been consistently the main recently injected drugs in the participant samples since 2000, although both declining this year compared to 2008.

The pattern of injection-related problems in the participants sample is similar to that seen in previous years with scarring/bruising (45%) and difficulty injecting (42%) being the most common problems. The proportion of respondents reporting a dirty hit has increased to 25% (18% in 2008), with morphine continuing to be the drug most commonly associated with a dirty hit.

Thirty percent of the participants sample reported having experienced a mental health problem within the six months prior to interview and the pattern of mental health problems reported is almost identical to that found in previous years, with depression (17%) and anxiety (10%) being the most common. Seventy-three percent of this group (22% of the entire sample) had attended a health professional for the reported mental health problem and most of these (64%) had been prescribed medication. Forty-three percent of this group (n=6) had been prescribed an anti-depressant, 36% (n=5) a benzodiazepine and 25% (n=5) an antipsychotic. Seventeen percent (19% in 2007) of those who completed the K10 component of the survey returned a result indicating a high level of stress and severity associated with psychological symptoms.

Sixty percent of the participant sample had driven a car within the six months prior to interview. Of this group, 26% had driven under the influence of alcohol in that time, with 64% of this second group in turn having driven over the legal limit on a median of three occasions. Seventy-eight percent of drivers reported that within the six months prior interview they had driven under the influence of illicit drugs on a median of 30 (range 2 to 180) times within a median of 30 minutes after taking the drugs. Morphine (71%) and cannabis (33%) were the most common drugs reported by drivers, followed by speed (13%) and benzodiazepines (9%).

Law enforcement and criminal behaviour

Twenty-six percent of the participant sample reported having committed at least one crime in the month prior to interview (median=1, not shown). Property crime was the most frequently reported crime (16%) followed by dealing (14%). This pattern of crime is consistent with that found in previous years, although reporting of property crime shows a decline over time

Twenty percent of the sample had been arrested within the 12 months prior to interview. Of this group, 15% (not shown) had been arrested for property crime or violent crime and 30% for a driving offence.

The NT has recorded only small numbers of heroin and other opioid arrests and seizures since 2003/04. The total number of ATS consumer and provider arrests made in the NT in 2006/07 increased to 175, the highest number recorded since 2000/01. The number of seizures has increased steadily since 2001/02 to 185 in the most recent year, with the weight of seizures showing an increase from 1,409g in 2008 to 1,952g this year.

Consumer and provider arrests related to cannabis declined to a total of 552, although consistent with previous years. Both the number and weight of seizures increased. The number of cannabis infringement notices issued as recorded by the ACC increased between 2003/04 and 2005/06 but declined in 2006/07 and 2007/08. More recent data from the NT Police suggests that the number of infringement notices served has been stable 2007/08 and 2008/09.

1 INTRODUCTION

This report presents the results of the 2009 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT).

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

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

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

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

1.1 Study aims

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

- to monitor the price, purity and availability of a range of illicit drug classes in the NT; and
- to identify emerging trends in illicit drug use and the illicit drug market in the NT.

2 METHOD

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

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

2.1 Survey of injecting drug users

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

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

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

In the NT, interviews were conducted in Darwin and Palmerston during June 2009 with 99 people meeting the criteria mentioned above. Participants were recruited through fliers posted at the Needle and Syringe Programs (NSP), at the sexual health clinic, and through word of mouth. The interviews were conducted by trained interviewers. Interviews were conducted at the Darwin and Palmerston NSP.

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

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

Data analysis was conducted using Statistical Package for the Social Sciences (SPSS) for Windows Version 16.0.

2.2 Survey of key experts

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

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

In Darwin and Palmerston, interviews were conducted with 8 KE during July through October 2009. All interviews were conducted by telephone. KE, and the main drug or drugs they discussed, were drawn from the following fields:

Health

- Emergency department nurse — Amphetamines (and ecstasy)

AOD workers

- Opiate Pharmacotherapy Program — Opioids (and amphetamines)
- Opiate Pharmacotherapy Program — Opioids (and amphetamines)
- Withdrawal Service worker — Opioids
- NGO Rehabilitation provider — Cannabis

Law

- Court clinician — Amphetamines (and cannabis)
- Police officer — Amphetamines
- Police officer — Opioids

Interviews took between 40 minutes and 60 minutes. Notes were taken at the time of interview and later transcribed and analysed for recurring themes.

2.3 Other indicators

The third set of information comprises secondary data sources that relate to illicit drug use. Recommended criteria for inclusion in the study are that the data must be available at least annually, include 50 or more cases, be collected in the city or jurisdiction of the study, provide brief details on illicit drug use, and must include details of the four main illicit drugs under investigation (Hando et al., 1998).

Due to the small population of the NT, many of the data sources available to other states and territories report very small numbers regarding the NT and fail to meet the above criteria. Where no other secondary sources are available, some findings from such data sources are noted, but should be interpreted with caution. Data are presented for a time period that overlaps as closely as possible with the period of the IDRS, but where this is not available the most recent data available are included.

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

- Annual report of the National Notifiable Diseases Surveillance System.
- Australian Needle and Syringe Program Survey National Data Report.
- Northern Territory Integrated Justice Information System.
- The NT Office of Crime Prevention.
- The Australian Crime Commission Illicit Drug Report, various years.
- The NT Alcohol and Other Drug Treatment Services Client Database.
- The NT DHCS Corporate Information Services.
- Alcohol and Drug Information Service annual reports.
- Australian Institute of Health and Welfare (AIHW).
- NT Poisons Control.
- National Centre in HIV Epidemiology and Clinical Research.

[1] Full publication details are provided in the Reference List.

3 RESULTS

3.1 Overview of the participant sample

In 2009 the participant sample was mainly male (69%, Table 1) with an average age of 40 years. Most (88%) of the sample were unemployed or on a pension at the time of interview and one in ten (10%) were employed. Twenty percent identified as Aboriginal and/or Torres Strait Islander (ATSI). Most identified as heterosexual (90%) and the balance as bisexual (3%), gay or lesbian (7%). The sample had an average of 10 years of school education with most (67%) having some form of post-secondary education. Eight percent were in some form of drug treatment at the time of interview and 56% had some form of prison history.

Table 1: Demographic characteristics of the participants sample, 2006-2009

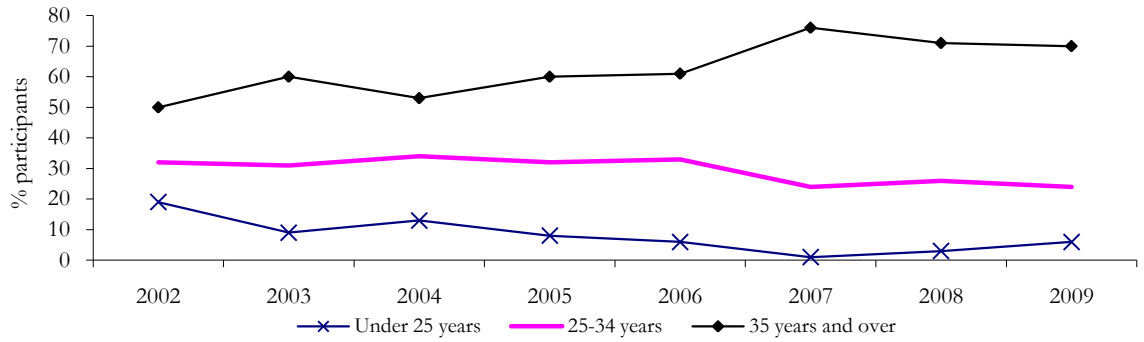
	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Age – mean years (range)	38	41 (21-58)	40 (22-59)	40 (21-61)
Sex (% male)	70	66	72	69
Employment (%):				
Not employed/on a pension	76	85	83	88
Full time	5	5	8	6
Part time/casual	16	8	7	4
Home duties	3	2	0	0
Student	0	0	0	0
Received income from sex work last month	0	6	2	
Aboriginal and/or Torres Strait Islander (%)	16	21	18	20
Heterosexual (%)	87	90	91	90
Bisexual (%)	6	5	6	3
Gay or lesbian (%)	3	4	2	7
Other (%)	4	1	1	0
School education – mean no. years (range)	10 (6-12)	10 (4-12)	10	10 (6-12)
Tertiary education (%):				
None	58	43	45	42
Trade/technical	30	40	40	42
University/college	12	17	16	15
Currently in drug treatment^ (%)	13	22	17	8
Prison history (%)	52	61	55	55

Source: IDRS participant interviews

^ Refers to any form of drug treatment, including pharmacotherapies, counselling, detoxification, etc

This year's sample shows a similar age distribution to that found last year, with a small decrease in the older age group and increase in the under 25 year old group. Regarding all other respondent characteristics, the sample appears to be similar to that of previous years and so allows comparison over time.

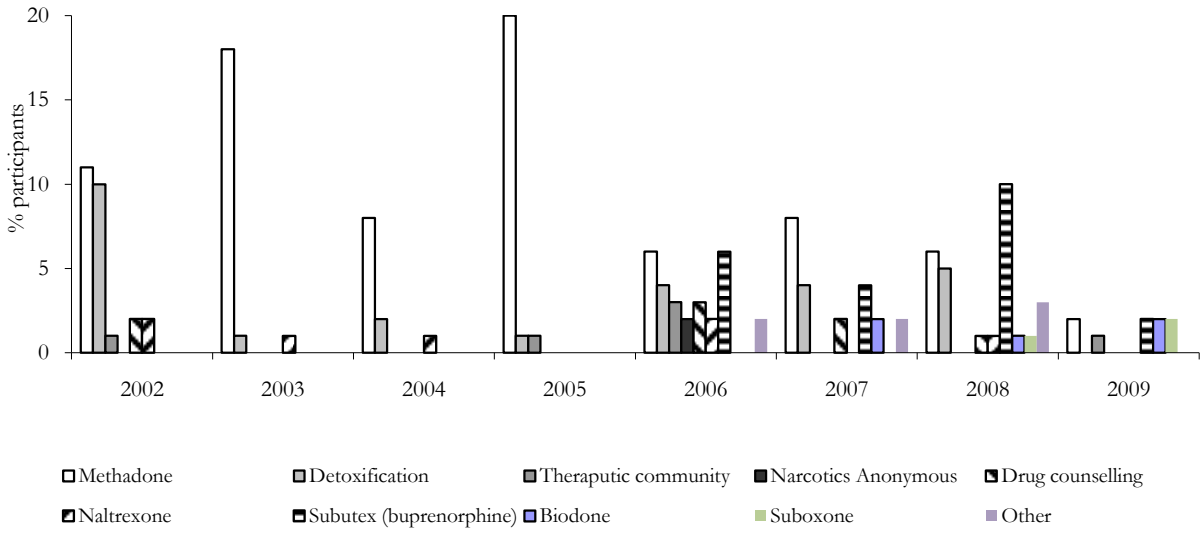
Figure 1: Age distribution of participants in the NT IDRS samples, 2002-2009



Source: IDRS participant interviews

This year, smaller numbers of IDRS participants reported recent treatment (Figure 2), with the range of treatments distributed more evenly than in previous years. Over time, the use of methadone as a treatment has been replaced by the use of Subutex.

Figure 2: Proportion of participants reporting treatment in the last six months, 2002-2009



Source: IDRS participant interviews
Note: Some participants may be counted twice

3.2 Drug use history

The mean age of first injection for the 2006 sample was 21 years (Table 2) with heroin (45%) or some form of amphetamine (40%) being the most common first injected drugs. Morphine was the most popular drug amongst participants (37%), followed by heroin (27%) and methamphetamine powder (14%).

Morphine was also the drug most often injected in the month prior to interview (77%) and the last drug injected by the majority of participants (76%); some form of methamphetamine was the second most reported drug in each of these categories (7% and 9% respectively).

Sixty-two percent of the sample had injected at least once a day in the month prior to interview, with 28% injecting two or more times a day. Twenty-two percent injected once a week or less.

Table 2: Injection history, drug preferences and polydrug use, 2006-2009

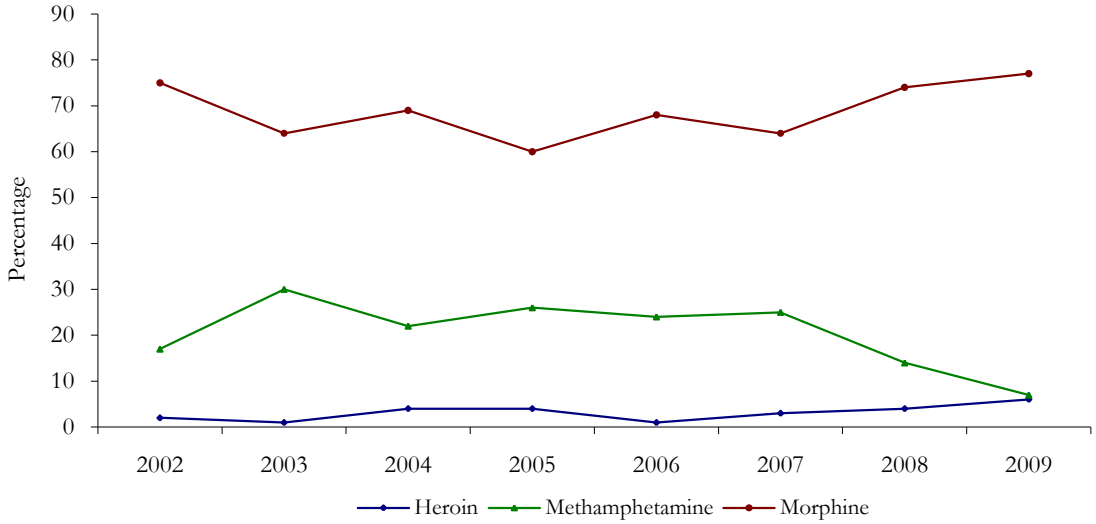
	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Age first injection – mean years (range)	21 (13-54)	21 (13-43)	21 (10-55)	21 (10-54)
First drug injected (%)				
Heroin	29	39	34	46
Amphetamines	58	45	51	40
Cocaine	2	0	0	2
Morphine	8	13	15	9
Drug of choice (%)				
Heroin	31	38	28	27
Morphine	-	-	-	37
Cocaine	3	3	4	8
Methamphetamine (any form)	19	13	18	16
Speed	*16*	*13*	*15*	14
Base	*1*	*0*	*2*	0
Crystal methamphetamine (ice/crystal)	*2*	*0*	*1*	2
Benzodiazepines	1	1	0	0
Cannabis	9	13	9	3
Drug injected most often in last month (%)				
Heroin	1	3	4	6
Cocaine	0	0	0	0
Methamphetamine (any form)	24	25	14	7
Speed	*20*	*24*	*13*	*6*
Base	*2*	*0*	*0*	*0*
Crystal methamphetamine (ice/crystal)	*2*	*0*	*1*	*1*
Benzodiazepines	0	3	2	4
Morphine	68	64	74	77
Not injected in last month	1	0	0	2
Most recent drug injected (%)				
Heroin	3	1	2	4
Cocaine	0	2	0	1
Methamphetamine (any form)	18	19	14	
Speed	13	18	14	9
Base	2	0	0	0
Crystal methamphetamine (ice/crystal)	3	0	0	1
Benzodiazepines	0	3	1	2
Morphine	72	70	73	72
Frequency of injecting in last month (%)				
Not injected in last month	1	0	0	1
Weekly or less	20	17	15	22
More than weekly, but less than daily	17	27	17	14
Once per day	21	19	35	34
2-3 times a day	38	31	32	26
>3 times a day	2	6	2	2

Source: IDRS participant interviews

Note: Percentages within categories may not sum to 100 because of rounding, missing data or exclusion of 'other' responses

This year shows an increase in the proportion reporting morphine as their most frequently injected drug in the month prior to interview with a consequent decline in those mainly injecting a form of methamphetamine (Figure 3). This is consistent with the inverse relationship between morphine and methamphetamine use noted previously.

Figure 3: Drug injected most last month, 2002-2009



Source: IDRS participant interviews

Polydrug use histories and routes of administration are shown in Table 3. Cannabis (78%) was the illicit drug used by the largest proportion of the sample followed by illicit morphine (70%), a pattern also found in previous years. Illicit morphine (61%) continues as the main drug of recent injection, although with a reduced proportion (84% in 2008), while speed powder is reported as the most common drug ever injected (74%).

Recent methamphetamine use (55%) and injection (51%) are comparable to previous years (57% and 55% in 2008). Recent smoking of crystal declined slightly this year to 7% of survey respondents, 9% in 2007, comparable to 2008 at 7%. Recent use of the base form of methamphetamine, 19%, increased compared to 2008 (10%), but remains lower than found in earlier (26% in 2006, 20% in 2007) Recent use of amphetamine liquid was stable.

Recent use of heroin increased from 7% in 2007 to 14% in 2008, remaining stable this year at 13%. Illicit forms of most pharmaceutical opioids generally showed increases between 2007 to 2008: methadone syrup from 17% to 25%, physeptone from 26% to 36%, buprenorphine from 6% to 11%, buprenorphine-naloxone from 2% to 4%, and oxycodone form 11% to 28%. With the exception of buprenorphine, which shows another increase this year to 8%, recent use of this group of drugs declined to levels similar to those found in 2007. This is also the case for recent use of benzodiazepines: 33% in 2007, 40% in 2008 and 33% this year.

Tobacco and alcohol were used by 92% and 55% respectively, stable when compared to previous years.

Table 3: Polydrug use history of the participants sample, 2009

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Heroin	78	52	12	9	22	4	14	4	10	4	13		17
Homebake heroin	24	13	3	28	1	0	2	1	2	0	3		28
Any heroin (inc. homebake)	79	53	13	38	22	4	11	5	11	4	14		35
Methadone (prescribed)	30	10	2	92					18	5	6	4	180
Methadone (not prescribed)	36	18	11	2					18	8	15		2
Physeptone (prescribed)	11	2	2	25	1	0	0	0	1	1	6	0	69
Physeptone (not prescribed)	38	25	18	3	0	0	0	0	17	11	22		5
Any methadone (inc. Physeptone)	64	39	26	4					37	19	34		6
Buprenorphine (prescribed)	20	3	2	57	0	0	0	0	11	2	4	24	102
Buprenorphine (not prescribed)	22	7	3	1	0	0	0	0	10	3	5		2
Buprenorphine-naloxone (prescribed)	10	1	1	1	0	0			7	5	7	22	22
Buprenorphine-naloxone (not prescribed)	11	2	2	1	0	0			9	6	8		1
Any buprenorphine	34	9	5		1	0			18	5	8		
Morphine (prescribed)	42	31	23	180	0	0	1	0	28	14	26		180
Morphine (not prescribed)	66	63	61	85	2	1	1	1	21	14	61		90
Any morphine		70	68	120	2	1	2	0	42	25	70		180
Oxycodone (prescribed)	14	4	3	4	0	0	2	0	9	7	9		18
Oxycodone (not prescribed)	49	36	29	3	0	0	0	0	17	13	35		3
Any oxycodone	52	40	30	6	0	0	0	0	25	20	41		8
OTC codeine	44	4	2	13	0	0	0	0	6	32	34		16
Other opioids (not elsewhere classified)	13	4	3	15	1	0	1	1	6	5	8		20

Source: IDRS participant interviews

^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

+ Refers to/includes sublingual administration of buprenorphine

* Among those who had used/injected

Table 3: Polydrug use history of the participants sample, 2009 (continued)

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Speed	83	74	47	4	12	5	27	10	22	6	50		5
Base/point/wax	30	23	16	7	1	1	0	0	3	2	16		5
Ice/shabu/crystal	40	22	12	3	11	7	0	0	5	1	15		3
Amphetamine liquid	18	11	5	1					3	0	6		1
Any form methamphetamine#	85	64	51	6					25	7	55		8
Pharmaceutical stimulants (prescribed)	16	2	2	5	0	0	0	0	7	4	6		24
Pharmaceutical stimulants (not prescribed)	23	13	5	2	0	0	0	0	12	4	8		3
Any form pharmaceutical stimulants	31	15	7	3	0	0	0	1	18	8	13		6
Cocaine	42	21	8	4	3	2	14	5	4	1	12		5
Hallucinogens	38	4	0	0	0	0	0	0	19	2	2		2
Ecstasy	54	20	10	2	0	0	1	0	32	14	20		2
Benzodiazepines (Prescribed)	42	11	6	11	0	0	0	0	34	27	32		120
Benzodiazepines (not prescribed)	39	24	20	5	0	0	1	1	27	24	33		6
Any form benzodiazepines	65	29	22	5	0	0	1	1	52		55		24
Alcohol	95	4	0	0					71	48	50		48
Cannabis	90										78		90
Inhalants	6										2		93
Tobacco	95										92		180

Source: IDRS participant interviews

^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

+ Refers to/includes sublingual administration of buprenorphine

* Among those who had used/injected

Category includes speed, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulants

4 HEROIN

4.1 Use

Thirteen percent of the participants sample had used and 8% injected heroin in the six months prior to interview (Table 4), an decrease on the 14 % reporting recent injection in 2008. Median days of recent use and injection also show declines.

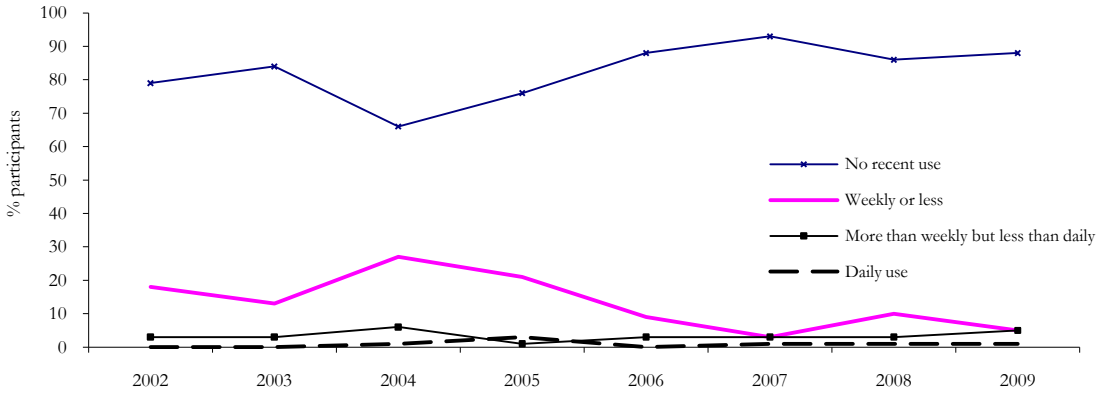
Table 4: Selected trends in participant heroin use, 2003-2009

	2003 n=109	2004 n=111	2005 n=107	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Used last 6 months (%)	19	34	24	12	7	14	13
Injected last 6 months (%)	16	33	24	12	7	14	8
Days used last 6 months (median)	5	5	4	13	30	27	17
Days injected last 6 months (median)	5	5	3	13	30	26	9

Source: IDRS participant interviews

Figure 4 reflects this overall decline, although showing slight increases in the more frequent use categories.

Figure 4: Patterns of heroin use by participants, 2002-2009



Source: IDRS participant interviews

Participants reported that powder heroin was the most commonly used form (Table 5), reversing a movement away from this form shown in previous years

Table 5: Forms of heroin used previous six months by participants (%), 2003-2009

	2003 n=109		2004 n=111		2005 n=107		2006 n=100		2007 n=106		2008 n=103		209 n=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	12	10	24	16	15	10	5	3	3	3	6	4	7	4
Rock	11	7	27	17	17	13	9	8	2	2	9	8	4	4
Homebake	3	1	6	2	3	2	5	5	2	1	2	2	2	1

Source: IDRS participant interviews

Participants reported that white/off white powder was the main form used (5%, Table 6).

Table 6: Forms of heroin used in previous six months by participants (%), 2007-2009

	2007 n=106		2008 n=103		2009 n=99	
	Used	Most often	Used	Most often	Used	Most often
Powder – white/off-white	1	1	4	2	5	4
Powder – brown	2	2	3	1	2	0
Powder – other colour	0	0	1	1	0	0
Rock – white/off white	0	0	7	6	3	1
Rock – brown	1	1	4	2	1	1
Rock – other colour	1	1	1	0	0	0
Homebake	2	1	2	2	2	1

Source: IDRS participant interviews

4.2 Price

A larger number of participants than found in previous years was able to report a median heroin price of $80 a cap (Table 7) and $300 a gram, in both cases a reduction on the prices reported in 2008.

Table 7: Median price of most recent heroin purchases, 2007-2009, $ (n)

Amount	2007	2008	2009
Cap	50 (1)	100 (4)	80 (12)
Quarter gram	150 (2)	-	
Half gram (halfweight)	-	-	
Gram	150 (1)	400 (1)	300 (10)

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

Of the six people able to comment, four reported that the price of heroin had been stable over the six months prior to interview (Table 8).

Table 8: Reports of heroin price movements in the past six months, 2005-2009

	2005 n=107	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Did not respond (%)	74	95	92	94	94
Did respond (%)	26	5	8	6	6
Of those who responded					
Don't know (%)	43 (11)	0	13 (1)	0	0
Increasing (%)	18 (5)	20 (1)	25 (4)	50 (3)	17 (1)
Stable (%)	32 (8)	80 (4)	50 (4)	50 (3)	67 (4)
Decreasing (%)	0	0	0	0	0
Fluctuating (%)	7 (2)	0	13 (1)	0	17 (1)

Source: IDRS participant interviews
Note: Proportion of entire sample in brackets

4.3 Availability

Six percent of the participant sample were able to comment on heroin availability in 2008 (Table 9). Unlike the last two years, most reported that heroin was easy to obtain in Darwin and that this availability had been stable over the six months prior to interview.

Table 9: Participant reports of heroin availability in the past six months, 2005-2009

	2005 n=107	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99
Did not respond* (%)	74	95	93	94	94
Did respond (%)	26	5	7	6	6
Of those who responded:					
Current availability					
Very easy (%)	0	0	0	17 (1)	0
Easy (%)	14 (4)	60 (3)	0	0	67 (4)
Difficult (%)	50 (12)	20 (1)	57 (4)	67 (4)	33 (2)
Very difficult (%)	21 (6)	20 (1)	43 (3)	17 (1)	0
Don't know^ (%)	14 (4)	0	0	0	0
Change last six months					
More difficult (%)	21(6)	0	0	0	0
Stable (%)	46 (12)	80 (4)	71 (5)	100 (6)	83 (5)
Easier (%)	0	20 (1)	14 (1)	0	17 (1)
Fluctuates (%)	4 (1)	0	0	0	0
Don't know^ (%)	29 (8)	0	14 (1)	0	0

Source: IDRS participant interviews

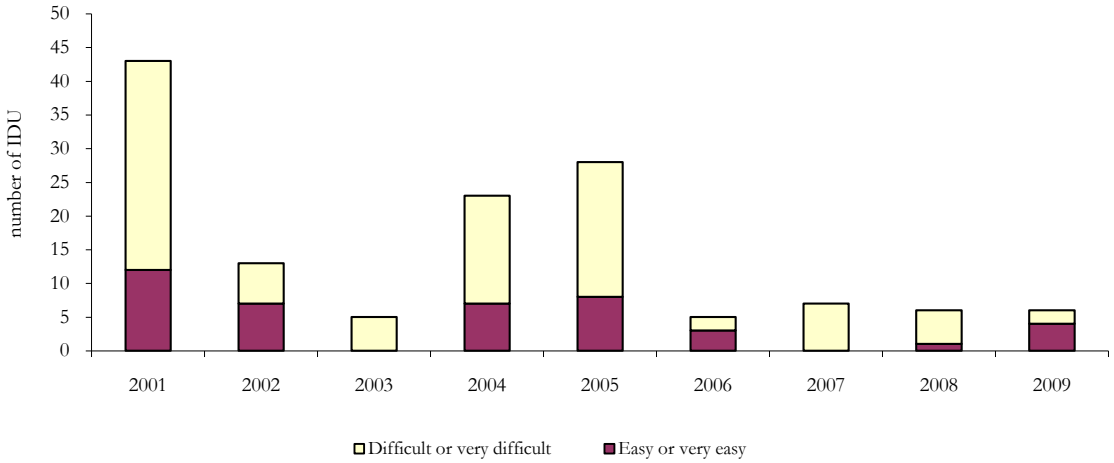
* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of heroin but had not had enough contact with users/dealers to respond to items concerning availability

Note: Proportion of entire sample in brackets

Figure 5 shows that, since 2001, participants have generally reported that heroin is difficult or very difficult to obtain in Darwin, although this is not the case for this year's sample. It can also be seen that the number of participants able to comment has fluctuated considerably.

Figure 5: Participant reports of current heroin availability, 2001-2009



Source: IDRS participant interviews

A small proportion of the sample reported that in the six months prior to interview, heroin was usually obtained from a dealer through home delivery (Table 10).

Table 10: Usual source person and venue for purchases of heroin in the preceding six months, 2006-2009

	2006 n=100	**2007** n=106	**2008** n=103	**2009** n=99
Did not respond (%)	95	96	94	94
Did respond (%)	5	4	6	6
Of those who responded:				
Source person*				
Street dealer (%)	20	50	0	33
Friends (%)	40	25	33	17
Gift from friends (%)	0	0	0	0
Known dealer (%)	0	0	17	0
Workmates (%)	0	0	0	0
Acquaintances (%)	0	25	33	17
Unknown dealer (%)	20	0	0	33
Mobile dealer (%)	0	0	0	0
Other (%)	20	0	0	0
Source venue*				
Home delivery (%)	20	25	0	50
Dealer's home (%)	20	25	17	17
Friend's home (%)	40	25	0	17
Acquaintance's house (%)	0	0	17	17
Street market (%)	0	50	0	0
Agreed public location (%)	40	50	50	0
Work (%)	0	0	0	0
Other (%)	0	0	0	0

Source: IDRS participant interviews
* Multiple responses possible

4.4 Purity

Heroin purity at the time of interview was reported to be medium (50% of recent users) (Table 11) and that this had been fluctuating (50%).

Table 11: Participants' perceptions of heroin purity in the past six months, 2005-2009

	2005 n=107	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Did not respond* (%)	72	96	92	94	94
Did respond (%)	28	4	8	6	6
Of those who responded:					
Current purity					
High (%)	4 (1)	0	0	17 (1)	17 (1)
Medium (%)	18 (5)	25 (1)	13 (1)	17 (1)	50 (3)
Low (%)	54 (14)	75 (3)	75 (6)	67 (4)	17 (1)
Fluctuates (%)	4 (1)	0	0	0	17 (1)
Don't know^ (%)	21 (6)	0	13 (1)	0	0
Change last six months					
Increasing (%)	0	0	14 (1)		0
Stable (%)	29 (8)	0	43 (3)	83 (5)	17 (1)
Decreasing (%)	11 (3)	75 (3)	0		33 (2)
Fluctuating (%)	18 (5)	25 (1)	29 (2)		50 (3)
Don't know^ (%)	43 (11)	0	14 (1)	17 (1)	0

Source: IDRS participant interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or availability of heroin, but had not had enough contact with users/dealers, or had not used a sufficient number of times to feel confident responding to items concerning purity

Note: Proportion of entire sample in brackets

4.5 KE comment

No KE chose heroin users as the main group they had contact with; most noted that they encountered people who used heroin rarely. As in previous IDRS surveys, KE comments were consistent with the survey participant results reported above, suggesting that the NT heroin market is small and occasional. It is available to a small number of regular users through personal contacts in other jurisdictions and very occasionally through small amounts from dealers. No KE felt that the heroin market showed signs of growing.

4.6 Trends in heroin use

The proportion of survey participants reporting recent heroin use this year was stable (13%) compared to 2008 (15%), but the proportions injecting (8%) and the median days of use and injection all declined. Heroin powder was used by a greater proportion of the sample than rock or homebake, although equal proportions (4%) reported using powder or rock most often. White/off white rock being the most used specific form (4%).

Twelve participants, a larger number than able to comment in 2008, reported paying a median of $80 for a cap of heroin, a 20% decline on the $100 reported in 2008, with most of the small number able to comment (67%) reporting that recent heroin prices had been stable. or increasing. Heroin was rated as easy to obtain (67%), mainly from street dealers (33%).

5 METHAMPHETAMINE

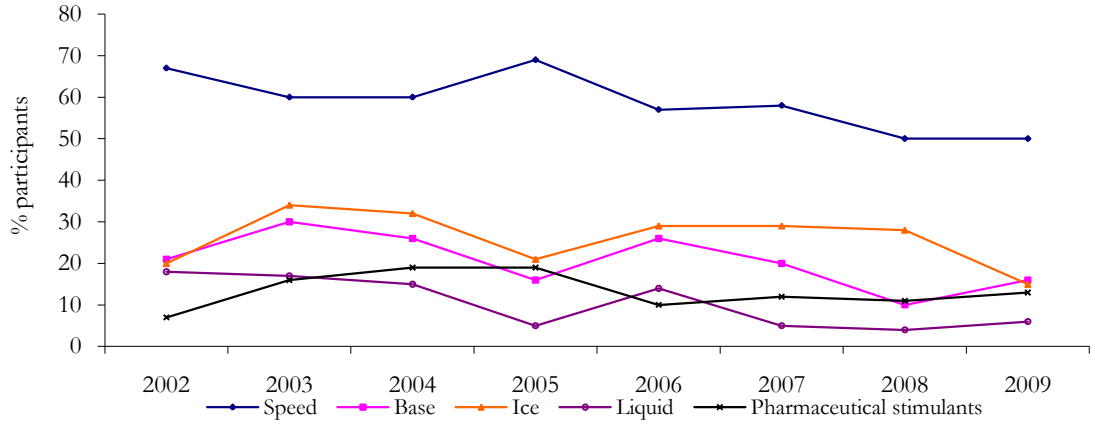
5.1 Use

Fifty-five percent of participants used some form of methamphetamine on a median of 8 days over the six months prior to interview (Table 3). This is an decline on the proportion of recent use found in 2007 (68%) and 2008 (55%) and a decrease in the median days of use from the 24 found in 2008. As in previous years injection was the principal route of administration, with 51% of the sample reporting recent injection compared to 65% in 2007.

Speed was used by 50% of the sample on a median of 5 days (Table 3) over the past six months and remains the most used form of methamphetamine. Base was used by 16% on a median of 5 days, and crystal by 15% on a median of 3 days. For each of these forms, injection was the main route of administration (47%, 16% and 12% respectively). Seven percent of the sample reported recently smoking crystal, consistent with the proportions found in recent years: 9% found in 2008, 7% in 2007 and 13% in 2006.

Figure 6 shows that since 2002 here has been long-term gradual decline in the use of speed powder liquid amphetamine in the various IDRS samples. Until 2006, increases or decreases in the use of speed were reflected by decreases and increases in the more refined forms, and that liquid amphetamine was involved in this relationship but pharmaceutical stimulants were not. Since 2006, this pattern has not continued, with declines in speed, base and liquid use, while use of crystal and pharmaceutical stimulants has been stable.

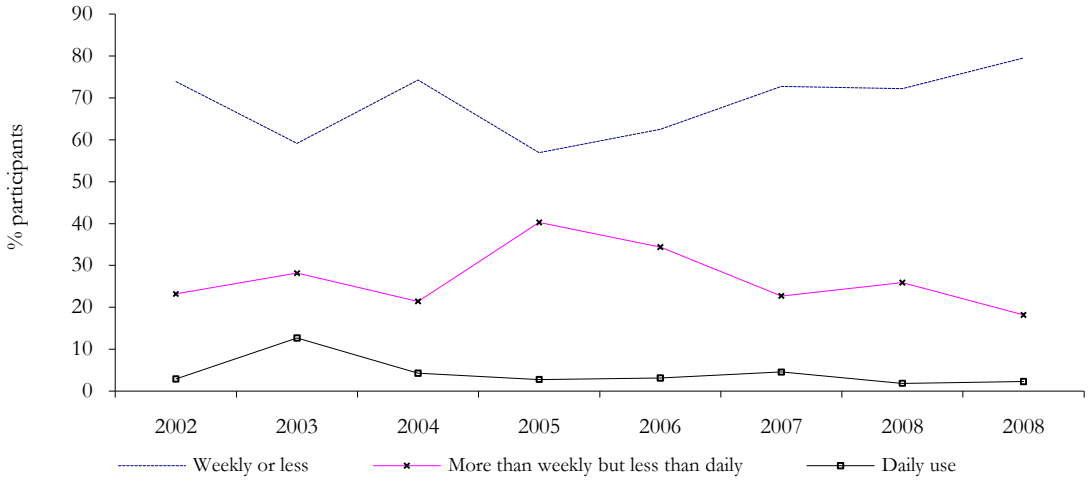
Figure 6: Proportion of participants reporting methamphetamine and pharmaceutical stimulant use in the past six months, 2002-2009



Source: IDRS participant interviews
Note: Pharmaceutical stimulants includes licit use of prescription amphetamine

Frequency of use mong recent users of methamphetamines has declined over time (Figure 7), with weekly of less use becoming more common while more than weekly use has reduced.

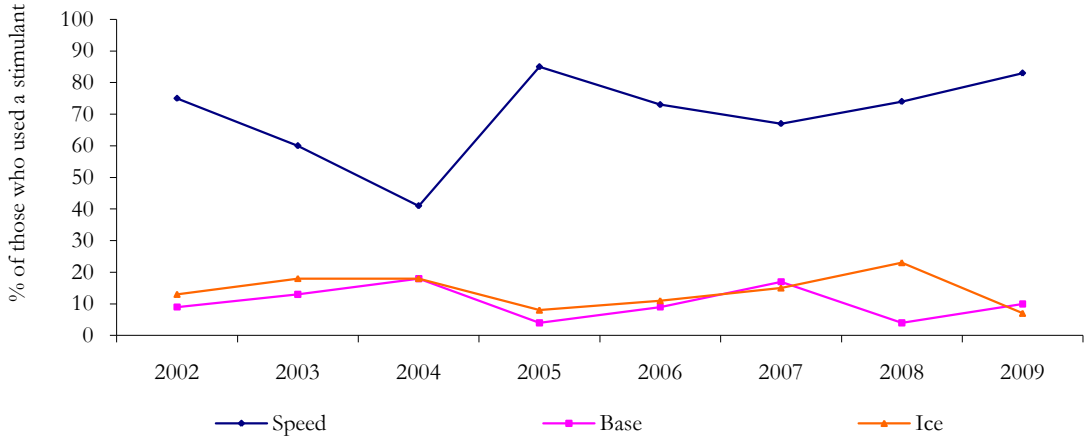
Figure 7: Patterns of recent methamphetamine use (any form), 2002-2009



Source: IDRS participant interviews
Note: data prior to 2005 also include prescription stimulants

Participants were asked what form of methamphetamine they used most in the preceding six months; Figure 8 shows the proportions of the participant samples responding to these questions over time. Speed powder and base use have increased this year while crystal use has declined. Use of the various forms has fluctuated over time although speed powder is consistently the main form used.

Figure 8: Methamphetamine form most used in the preceding six months, among recent methamphetamine users, 2002-2009



Source: IDRS participant interviews

5.2 Price

Table 12 displays the median prices of the various forms of methamphetamine reported by this year's participant sample.

Table 12: Price of most recent methamphetamine purchases by participants, 2009

Amount	Median price $	Range $	Number of purchasers
Speed			
Point (0.1 g)	50	40-100	11
'Halfweight' (0.5 g)	200	90-250	8
Gram	350	150-600	11
Base			
Point	75	50-100	2
'Halfweight' (0.5 g)	250	-	1
Gram	400	-	1
Ice/crystal			
Point (0.1 g)	100	50-200	7
'Halfweight' (0.5 g)	500	-	1
Gram	800	500-800	3

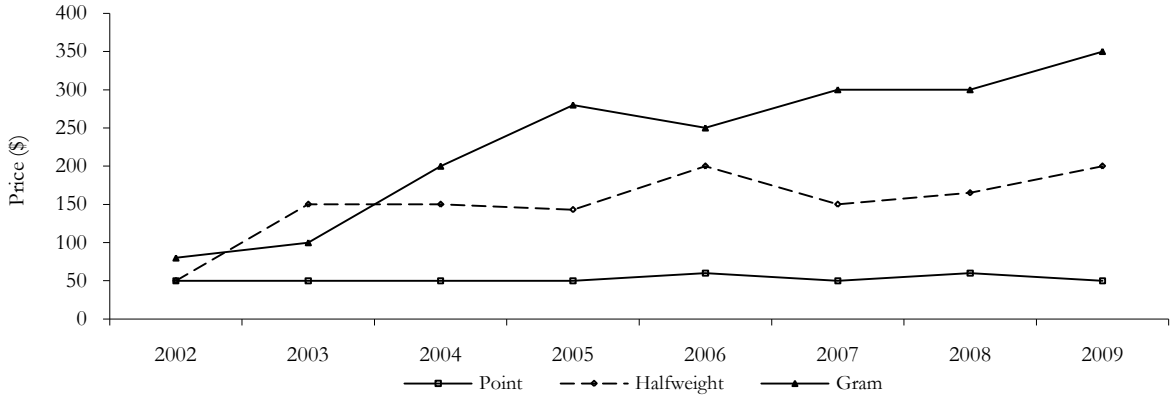
Source: IDRS participant interviews

Speed

Speed was most commonly purchased in points for a median price of $50 (Table 12) and grams for a median of $350. Eight respondents reported a median purchase price of $200 for a halfweight. Figure 9 shows that the median price of points of speed powder has been stable overt time while the median prices of larger amounts has risen steadily.

Almost half (43%) of those participants able to comment judged that recent speed prices had been stable, although a third (37%) reported that it had been increasing (Table 13).

Figure 9: Median prices of speed powder estimated from participant purchases, 2002-2009

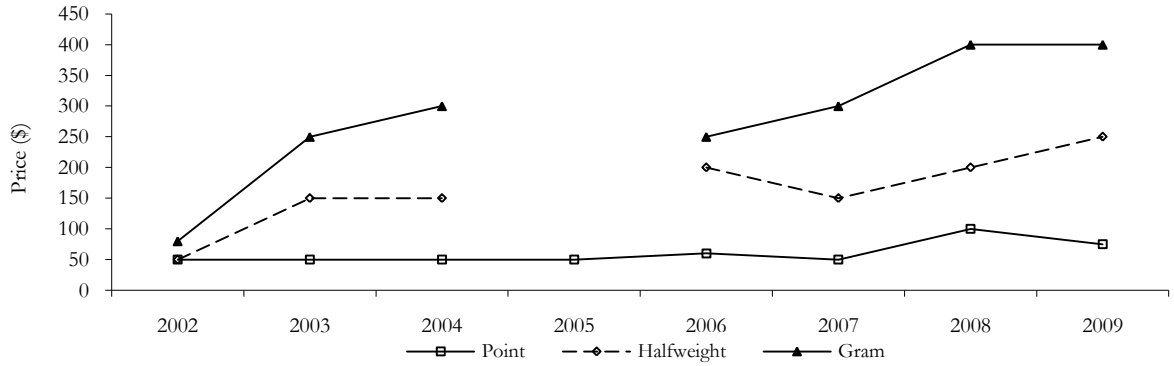


Source: IDRS participant interviews

Base

As with speed powder, the larger amounts, grams and halfweights, show increases over time, Figure 10, although small the small numbers of respondents reporting recent purchases (Table 12) suggest that these results be treated with caution.

Figure 10: Median prices of base estimated from participant purchases, 2002-2009



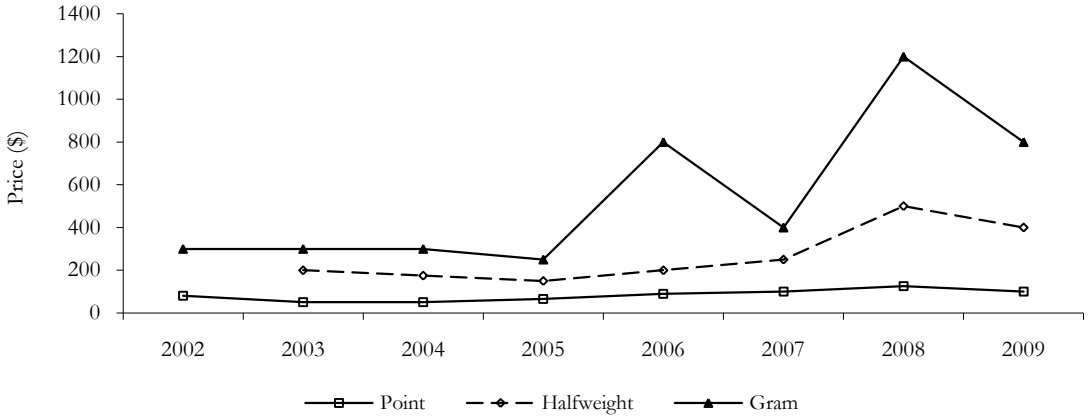
Source: IDRS participant interviews

Crystal

Seven participants reported that a point of crystal had cost them a median of $100 (Table 12) and three reported that a gram cost a median of $800. The reported point price of crystal declined this year after showing a small but a steady increase since 2005 (Figure 11). As was the case with base prices, the crystal prices, particularly for the larger amounts, were reported by only a small number of respondents and should be treated with caution.

Half (50%) of those able to comment reported that crystal prices had been stable recently (Table 13).

Figure 11: Median prices of ice/crystal estimated from participants purchases, 2002-2009



Source: IDRS participant interviews

Table 13: Methamphetamine price movements in the last six months, participants 2009

	Speed	Base	Crystal
Did not respond (%)	70	93	90
Did respond (%)	30	7	10
Of those who responded			
Don't know (%)			
Increasing (%)	37 (11)	43 (3)	20 (2)
Stable (%)	43 (13)	57 (4)	50 (5)
Decreasing (%)	3 (1)	-	-
Fluctuating (%)	17 (5)	-	30 (3)

Source: IDRS participant interviews
Note: Proportion of entire sample in brackets

5.3 Availability

Most respondents able to comment (81%) rated speed powder as easy or very easy to obtain, while one-fifth (19%) rated it as difficult (Table 14). A majority (65%) of those able to comment reported that recent speed availability had been stable, while 16% reported that it had become more difficult to obtain. The proportion rating speed as very easy to obtain is similar to that found in previous years, with the exception of 2007 (Table 14).

The small number of participants able to comment this year rated base as easy (43%, Table 14) or very easy (29%) to obtain, compared to 2007 and 2008, where none found it very easy to obtain. Recent base availability was rated as stable (71%).

Crystal was mostly rated as easy to obtain (62%, Table 14), although not quite one third (31%) rated availability as difficult. Two-thirds (67%) reported that recent crystal availability had been stable.

Perceptions of availability and recent change in availability of base in particular methamphetamine should be treated with caution due to the low number of respondents able to comment.

Table 14: Participants reports of methamphetamine availability in the past six months, 2005-2009

	Powder					Base					Ice/crystal				
	2005 n=107	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99	**2005** n=107	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99	**2005** n=107	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99
Did not respond* (%)	35	47	52	65	69	85	82	88	94	93	80	85	91		87
Did respond (%)	65	53	48	35	31	15	18	12	6	7	20	15	19		13
Of those who responded															
Current availability															
Very easy (%)	14 (9)	16 (9)	26 (12)	14 (5)	16 (5)	13 (2)	17 (3)	0	0	29 (2)	14 (3)	7 (1)	25 (5)	33 (2)	8 (1)
Easy (%)	51 (31)	51 (28)	53 (26)	53 (18)	65 (20)	44 (6)	50 (9)	46 (6)	33 (2)	43 (3)	29 (5)	47 (7)	35 (7)	50 (3)	62 (8)
Difficult (%)	24 (15)	26 (14)	12 (6)	31 (11)	16 (5)	19 (3)	33 (6)	31 (4)	67 (4)	14 (1)	29 (3)	33 (5)	35 (7)	17 (1)	31 (4)
Very difficult (%)	6 (4)	4 (2)	4 (2)	3 (1)	3 (1)	6 (1)	0	8 (1)	0	14 (1)	19 (4)	13 (2)	5 (1)	0	
Don't know^ (%)	4 (2)	4 (2)	6 (3)	0		19 (3)	0	15 (2)	0		10 (2)	0	0	0	
Change last six months															
More difficult (%)	16 (10)	18 (10)	18 (9)	19 (7)	16 (5)	19 (3)	0	31 (4)	50 (3)	14 (1)	29 (5)	27 (4)	15 (3)	0	8 (1)
Stable (%)	61 (37)	67 (37)	56 (26)	61 (21)	65 (20)	38 (5)	94 (17)	46 (6)	50 (3)	71 (5)	52 (10)	67 (10)	55 (10)	83 (5)	67 (8)
Easier (%)	10 (6)	6 (3)	6 (3)	6 (2)	6 (2)	19 (3)	0	0	0	14 (1)	5 (1)	7 (1)	25 (5)	17 (1)	
Fluctuates (%)	4 (2)	4 (2)	14 (7)	8 (3)	13 (4)	13 (2)	4 (1)	8 (1)	0		0	0	5 (1)	0	25 (3)
Don't know^ (%)	9 (6)	6 ()	6 (3)	6 (2)		13 (2)	0	15 (2)	0		14 (3)	0	0	0	

Source: IDRS participant interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

Note: Percentage of entire sample in brackets

Respondents had obtained speed powder from friends (41%, Table 15) or a street dealer (31%) in a friend's home (31%) a street market (19%) or via home delivery (19%). This pattern is similar to that seen previously, although obtaining speed powder from known dealers in a dealer's home was less common that found in earlier years.

A similar pattern can be seen for base and crystal methamphetamine, with the main sources being friends (43% for base and 54% for crystal) or a street dealer (43% base, 31% crystal). Friends home was the most frequently reported source venue for base (57%) and crystal (47%).

The small number of participants able to respond to the source questions for base and crystal suggest these results be treated with caution.

Table 15: Usual source person and source venue for purchases of methamphetamine in the preceding six months, 2006-2009

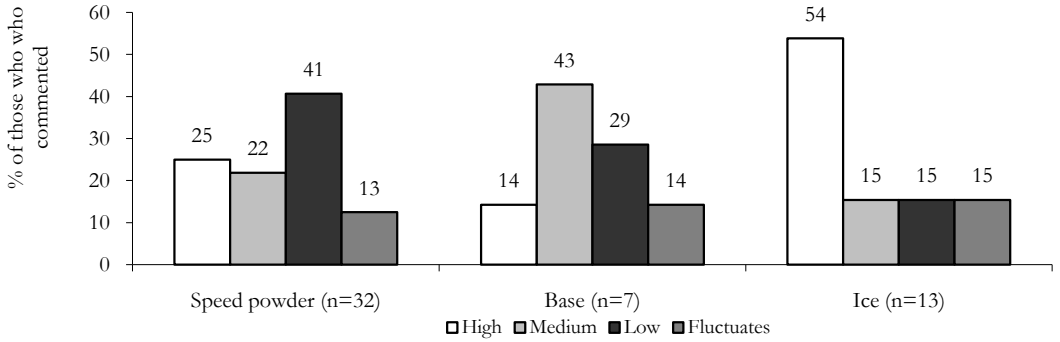
	Speed				Base				Crystal			
	2006 n=100	2007 n=106	2008 n=103	2009 n=99	2006 n=100	2007 n=106	2008 n=103	2009 n=99	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Did not respond (%)	45	53	35	68	82	88	94	93	85	81	94	87
Did respond (%)	55	47	65	32	18	12	6	7	15	19	6	13
Of those who responded												
Source person (%)												
Street dealer	22	32	22	31	22	31	17	43	13	25	17	31
Friends	49	44	47	41	67	46	33	43	73	60	50	54
Gift from friends	11	4	0		0	8	0		13	0	0	
Known dealer	31	16	17	6	44	15	17	14	27	15	17	15
Workmates	0	0	0		0	0	0		0	0	0	
Acquaintances	22	26	25	22	0	0	33		0	5	17	
Unknown dealer	7	12	6		6	15	0		7	0	0	
Mobile dealer	0	6	0		0	8	17		0	10	0	
Other	0	4	0		0	8	0		7	0	0	
Source venue (%)												
Home delivery	15	16	14	19	17	23	33	14	20	15	67	31
Dealer's home	33	6	25	6	33	0	17	14	33	10	0	8
Friend's home	33	26	39	31	56	15	33	57	60	30	17	47
Acquaintance's house	9	14	14	9	6	0	33		0	0	0	
Street market	18	10	17	19	17	0	17	14	7	20	17	15
Agreed public location	20	37	17	13	17	46	0		7	25	0	
Work	0	0	0	0	0	0	0		0	0	0	
Other	1	4	0	3	0	8	0		0	0	0	

Source: IDRS participant interviews

5.4 Purity

Participant assessments of the purity of speed and crystal forms generally agree with the accepted purity levels for these forms: speed is mostly rated as having low purity (41%, Figure 12), base medium (43%) and crystal as high (54%).

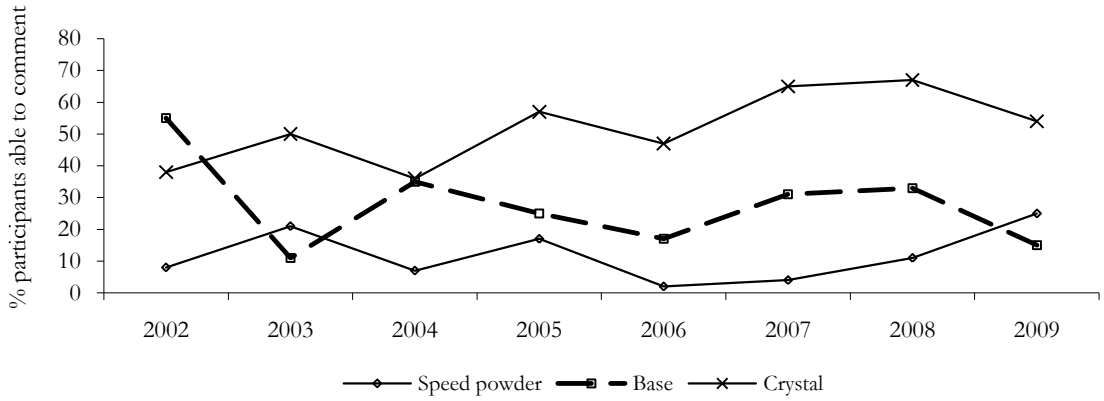
Figure 12: Participant perceptions of methamphetamine purity (speed, base and ice/crystal) among those who commented, 2009



Source: IDRS participant interviews

The proportions of participants rating the purity of each form as high have fluctuated since 2002 (Figure 13). A possible decline in the perception of speed purity seen up to 2006 appears to have been reversed, with that proportion increasing this year for the third year running.

Figure 13: Proportion of participants reporting speed powder, base and ice/crystal purity as 'high', among those who commented, 2002-2009



Source: IDRS participant interviews
Note: Data on all three forms commenced in 2002

5.5 KE comment

KE comments in relation to ATS were consistent with the finding of the participant survey. Speed powder is recognised as the most commonly used and readily available form, injected on a daily basis. KE reported that speed powder continues to be easy to obtain.

KE distinguished two groups, regular and occasional users, with the latter more likely to snort rather than inject, and more likely to be employed, female and well educated. Law

enforcement KE corroborated this distinction, noting that the second group are less likely to commit crimes and less likely to come to the attention of the Police.

One KE mentioned having recently encountered a number of injectors with poor knowledge of injecting risk and so having to refer these clients to injection and sexual health educators. Another felt that ATS use was a contributor to recent public disorder incidents in central Darwin.

Illicit drug use in general was not seen as a major contributor to Emergency Department admissions with ATS use described as "secondary" to other illicit use, particularly cannabis and pharmaceutical opioids.

As in past years, KE were undecided about the degree of crystal use in Darwin. One AOD worker reported that clients had recently been talking about points rather than grams and took this to reflect an increase in purity. Law enforcement KE agreed that methamphetamine purity may have increased, but interpreted this as "more refined" speed powder rather than crystal.

(One KE mentioned that there had been a small number of arrests for GHB possession.)

5.6 Trends in methamphetamine use

Fifty-five percent of participants used some form of methamphetamine on a median of 8 days over the six months prior to interview (Table 3). This is an decline on the proportion of recent use found in 2007 (68%) and 2008 (55%) and a decrease in the median days of use from the 24 found in 2008. As in previous years injection was the principal route of administration, with 51% of the sample reporting recent injection compared to 65% in 2007. Recent use of speed (50%) was stable, recent base use increased (16%, 10% in 2008) and recent crystal use declined (15%, 28% in 2008). Recent smoking of crystal was stable at 7%.

The point price of speed powder ($50 this year) has been stable over time. Halfweight ($200) and gram ($350) prices increased this year and show an increase over time. These changes are consistent with participant reports that recent speed prices have been stable (43%) or increasing (37%). Speed powder availability continues to be reported as easy (65% this yuear) or very easy (16%).

Base price movements vary compared to 2008, but the small number of respondents able to report make this result uncertain. This is also the case for reports of base availability. The median point price of crystal declined this year to $100 and has been relatively stable over time. Half of those able to respond rated crystal prices as stable ($50) and availability as easy ($67).

6 COCAINE

Although the number of respondents reporting recent use is larger this year (12%, Table 16) compared to 2008 (3%), only small numbers have been able to comment on price, purity and availability, so the following results must be treated with caution.

6.1 Use

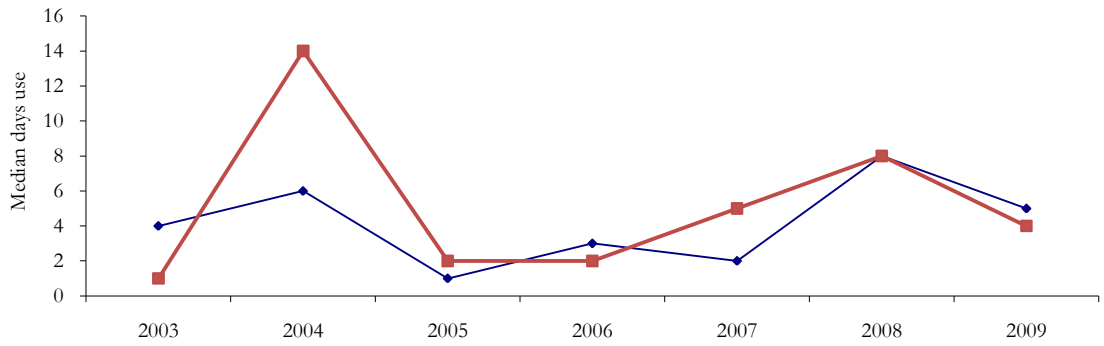
Twelve percent of participants (Table 16) reported recent cocaine use this year, similar to the proportions of recent use reported in most previous years. The median days of recent use and injection have declined this year compared to previous years but over time shows fluctuation rather than any obvious trend (Figure 14).

Table 16: Selected trends in participants' cocaine use, 2003-2009

	2003 n=109	**2004** n=111	**2005** n=107	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99
Used last 6 months (%)	5	10	10	8	9	3	12
Injected last 6 months (%)	3	6	8	4	8	3	8
Days used last 6 months (median)	4	6	1	3	2	8	5
Days injected last 6 months (median)	1	14	2	2	5	8	4

Source: IDRS participant interviews

Figure 14: Median days cocaine use in the past six months, 2002-2009



Source: IDRS participant interviews

Table 17 shows the forms of cocaine most used by participants in the six months prior to interview; as in previous years, powder is the most frequently reported form of cocaine used.

Table 17: Forms of cocaine used previous six months, % participants, 2003-2009

	2003 n=109		2004 n=111		2005 n=107		2006 n=100		2007 n=106		2008 n=103		2009 n=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	4	4	13	11	8	8	4	4	8	7	3	2	10	5
Rock	-	-	-	-	-	-	-	-	-	-	0	0	4	2
Crack	0	0	3	2	2	1	3	3	1	0	1	1	0	0

Source: IDRS participant interviews

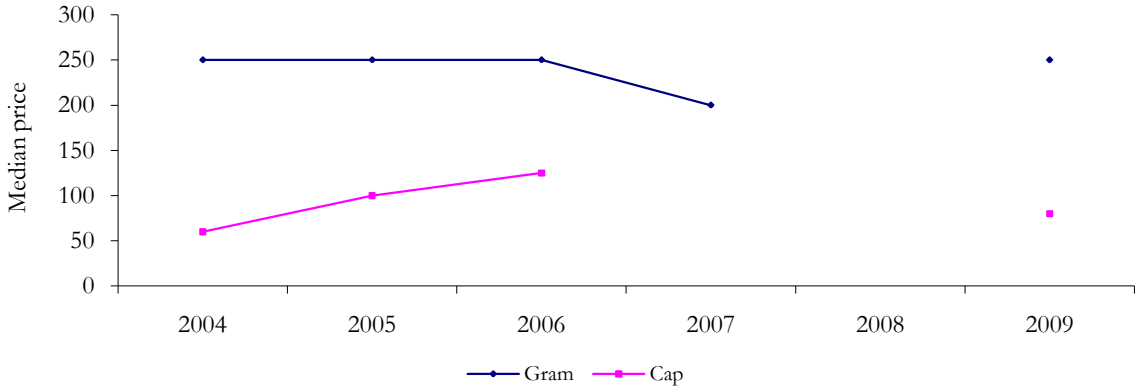
6.2 Price

One respondent reported purchasing cocaine in 2009, paying $80 for a cap (Table 18). Figure 15 suggests that cocaine prices have been fairly stable over time, although in some years no participants reported a purchase and in all years the number able to report have been small, suggesting caution.

Table 18: Price of most recent cocaine purchases by participants, 2009

Amount	Median price* $	Range $	Number of purchasers*
Cap	80	-	1
Quarter gram	300	-	1
'Halfweight' (0.5 g)	-	-	-
Gram	250	-	1

Figure 15: Median price of a gram and cap of cocaine estimated from participant purchases, 2004-2009



Source: IDRS participant interviews

6.3 Availability

No respondents in 2008 were able to comment on cocaine availability or source. This year 5 respondents were able to comment, reporting cocaine availability as easy (n=2, Table 19) or difficult (n=2) and recent availability as stable (n=2) or more difficult (n=2) .

Table 19: Participants' reports of cocaine availability in the past six months, 2005-2007 & 2009

	2005 n=107	**2006** n=100	**2007** n=106	**2009** n=99
Did not respond* (%)	92	93	94	95
Did respond (%)	8	7	6	5
Of those who responded				
Current availability				
Very easy (%)	11	0	0	20
Easy (%)	33	14	17	40
Difficult (%)	33	57	33	40
Very difficult (%)	0	29	50	0
Don't know^ (%)	22	0	0	0
Change last six months				
More difficult (%)	22	14	0	40
Stable (%)	33	86	50	40
Easier (%)	0	0	0	20
Fluctuates (%)	0	0	50	0
Don't know^ (%)	44	0	0	0

Source: IDRS participant interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of cocaine, but had not had enough contact with users/dealers to respond to items concerning availability

In 2009, cocaine was obtained mainly from friends (40%, Table 20) or a street dealer (40%) via home delivery (40%).

Table 20: Locations where cocaine was scored in the preceding six months, 2005-2007 & 2009

	2005 n=107	**2006** n=100	**2007** n=106	**2009** n=99
Did not respond (%)	93	93	95	95
Did respond (%)	7	7	5	5
Of those who responded				
Source person*				
Street dealer (%)	25	14	0	40
Friends (%)	25	43	80	40
Gift from friends (%)	0	14	0	0
Known dealer (%)	0	14	20	0
Acquaintances (%)	0	14	20	0
Unknown dealer (%)	0	0	0	20
Mobile dealer (%)	13	0	0	0
Other (%)	0	0	0	0
Source venue*				
Home delivery (%)	0	29	40	40
Dealer's home (%)	25	29	0	0
Friend's home (%)	0	43	80	20
Acquaintance's house	0	0	20	0
Street market (%)	0	14	0	20
Agreed public location (%)	0	0	20	0
Work (%)	0	0	0	20
Other (%)	0	0	0	0

Source: IDRS participant interviews

* Multiple responses possible

Note: Source person and source venue categories changed in 2006 and so only comparable 2006 data is used

6.4 Purity

No respondents were able to comment on the purity of cocaine in 2008. In 2009, participants assessed cocaine purity as medium (60%, Table 21) and that the level of purity had been stable (60%) in the six months prior to interview.

Table 21: Participant perceptions of cocaine purity in the past six months, 2005-2007, 2009

	2005 n=107	**2006** n=100	**2007** n=106	**2009** n=99
Did not respond* (%)	84	93	94	95
Did respond (%)	16	7	6	5
Of those who responded				
Current purity				
High (%)	33	14	17	20
Medium (%)	44	14	67	60
Low (%)	0	29	0	20
Fluctuates (%)	0	43	17	0
Don't know^ (%)	22	0	0	0
Change last six months				
Increasing (%)	0	0	0	0
Stable (%)	33	71	17	60
Decreasing (%)	11	29	17	0
Fluctuating (%)	11	0	67	40
Don't know^ (%)	44	0	0	0

Source: IDRS participant interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^ 'Don't know' refers to participants who responded to survey items on price and/or availability of cocaine, but had not had enough contact with users and/or dealers, or had not used often enough to feel able to respond to items concerning purity

6.5 Trends in cocaine use

Recent use and injection of cocaine among the survey sample increased to 12% and 8% respectively, the highest levels reported since 2003. In contrast to this increase, KEs continue to report that cocaine use in the NT is rare, possibly consistent with the small numbers of survey participants able to comment on the price, purity and availability of cocaine.

7 CANNABIS

7.1 Use

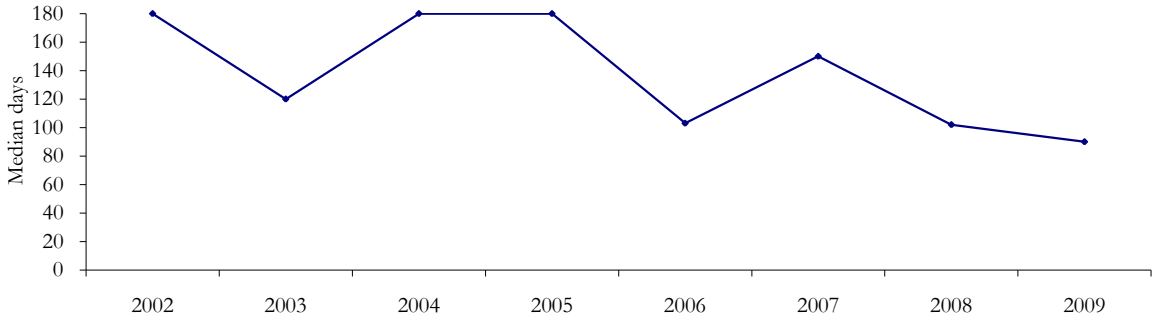
In the six months prior to interview, cannabis was used by 78% of the participants sample (Table 22) on a median of 90 days, a reduction on 2007. As Figure 16 shows, the median days of use of cannabis as reported by participants has fluctuated since 2002, possibly showing an overall downward movement, with this year's result being lowest in the series.

Table 22: Selected trends in participants' cannabis use, 2003-2009

	2003 n=109	2004 n=111	2005 n=107	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Used last 6 months (%)	83	75	79	84	83	78	78
Days used last 6 months (median)	120	180	180	103	150	102	90

Source: IDRS participant interviews

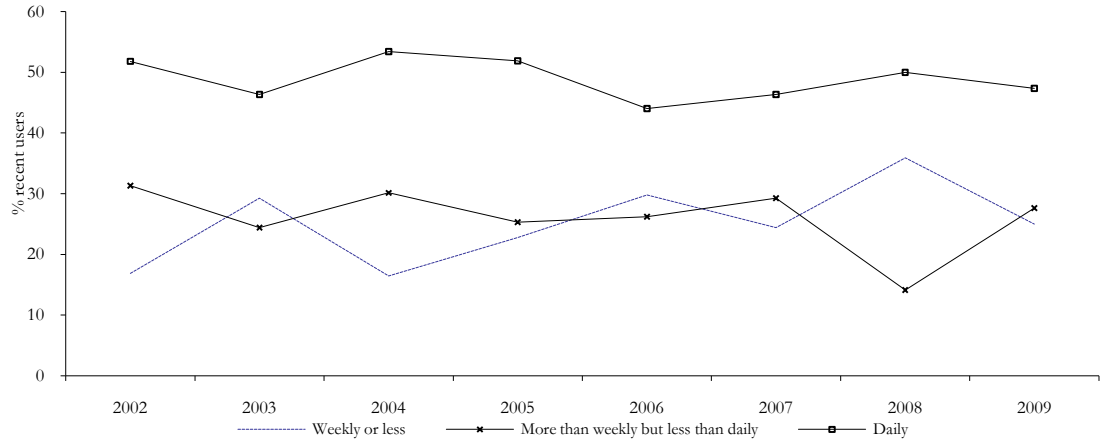
Figure 16: Median number of days of cannabis use in the past six months, 2002-2009



Source: IDRS participant interviews

As with the overall median days of use, over time, the proportions of recent users reporting different levels of frequency of use have fluctuated within a narrow range (Figure 17), daily use being the common pattern.

Figure 17: Patterns of cannabis use by recent users, 2002-2009



Source: IDRS participant interviews

Hydroponic cannabis continues to dominate the market, used by 96% (Table 23) of participants compared to 29% that had used bush cannabis. Most (96%) participants reported that they had mainly used hydro in the preceding six months.

Table 23: Forms of cannabis used previous six months and main form, 2003-2009 (% entire sample)

	2003 n=109		2004 n=111		2005 n=107		2006 n=100		2007 n=106		2008 n=103		2009 n=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Hydro	83	77	80	69	75	68	68	63	74	91	97	92	96	96
Bush	63	6	70	12	61	10	34	8	48	9	69	8	29	5
Hash	17	0	19	1	19	0	8	0	11	0	40	0	3	0
Hash oil	5	0	5	0	10	0	3	0	7	0	24	0	4	0

Source: IDRS participant interviews

Twenty-nine respondents reported smoking an average of 5.9 cones the last time they used cannabis. One respondent each reported having last time smoked 1 joint and 1 gram.

7.2 Price

The most commonly purchased amount of hydro among the participants was a gram for a median of $30 (Table 24). Fourteen people had recently purchased an ounce of hydro for a median of $400. Smaller numbers of participants recently purchased bush cannabis for a median of $30 a gram or $175 an ounce.

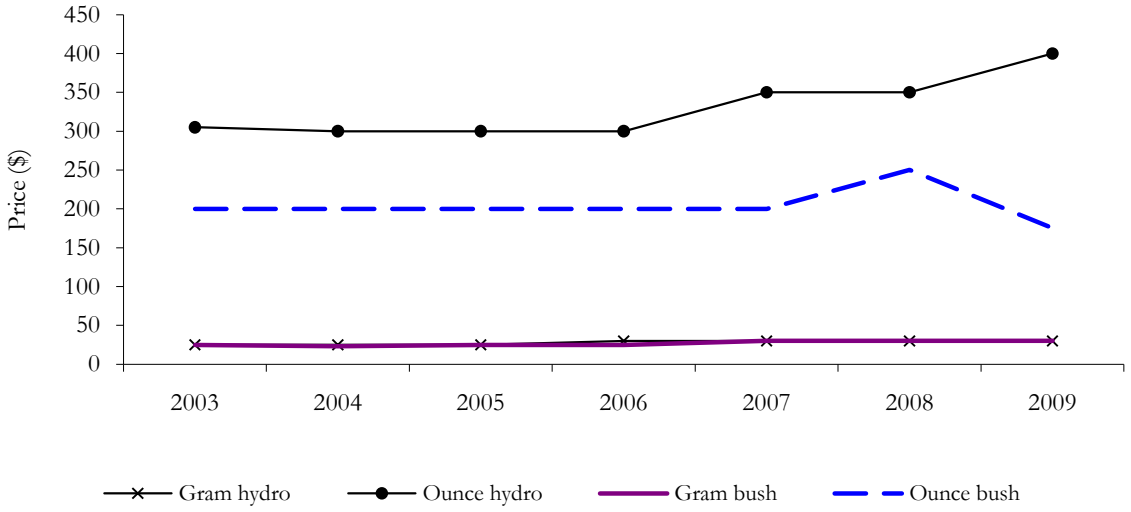
Table 24: Price of most recent cannabis purchases by participants, 2009

	Median price $	Range	Number of purchasers
Hydro			
Gram	30	20-50	43
A bag	50	30-300	7
Quarter ounce	100	-	1
Half ounce			
Ounce	400	350-450	14
Bush			
Gram	30	15-30	8
A bag	50	50-300	3
Quarter ounce	50	-	1
Half ounce			
Ounce	175	80-250	6

Source: IDRS participant interviews

These prices have been stable since at least 2003 (Figure 18), with the exception of the median ounce price of hydro, which has increased since 2006.

Figure 18: Median prices of cannabis estimated from participant purchases, 2003-2009



Source: IDRS participant interviews

The bulk of respondents who could comment judged that cannabis prices had been stable or increasing over recent months for both hydro (48% stable, 47% increasing, Table 25) and bush (41% and 33%).

Table 25: Price movements of cannabis in the past six months, 2009

	Hydro	Bush
Did not respond (%)	29	73
Did respond (%)	71	27
Of those who responded		
Don't know (%)	0	0
Increasing (%)	47	33
Stable (%)	48	41
Decreasing (%)	0	7
Fluctuating (%)	6	19

Source: IDRS participant interviews
Note: Percentage of entire sample in brackets

7.3 Availability

Most respondents rated hydro as either easy (54%, Table 26) or very easy (30%) to obtain, as did most recent users of bush (50% easy or very easy). Less than one in five (17%) respondents rated hydro as difficult to obtain while 13% rated bush availability as difficult. Sixty-two percent of respondents reported that hydro availability had remained stable over the six months prior to interview and, while half (50%) recent bush users reported that bush availability had also been stable, four in ten of this group (39%) reported that it had become more difficult to obtain.

Table 26: Participants' reports of cannabis availability in the past six months, 2006-2009

	Hydro				Bush			
	2006 n=100	**2007** n=106	**2008** n=103	**2009** n=99	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99
Did not respond* (%)	27	41	33	29	69	74	79	74
Did respond (%)	73	59	67	71	31	26	21	26
Of those who responded								
Current availability								
Very easy (%)	29	40	25	30	13	21	0	27
Easy (%)	60	24	52	54	68	21	59	23
Difficult (%)	8	29	19	17	19	55	41	50
Very difficult (%)	0	8	0	0	0	0	0	0
Don't know^ (%)	3	0	4	0	0	3	0	0
Availability change								
More difficult (%)	10	37	20	21	10	18	23	39
Stable (%)	81	37	70	62	81	68	55	50
Easier (%)	3	10	1	7	7	4	0	0
Fluctuates (%)	3	16	3	9	3	11	18	3
Don't know^ (%)	4	2	6	0	3	0	5	0

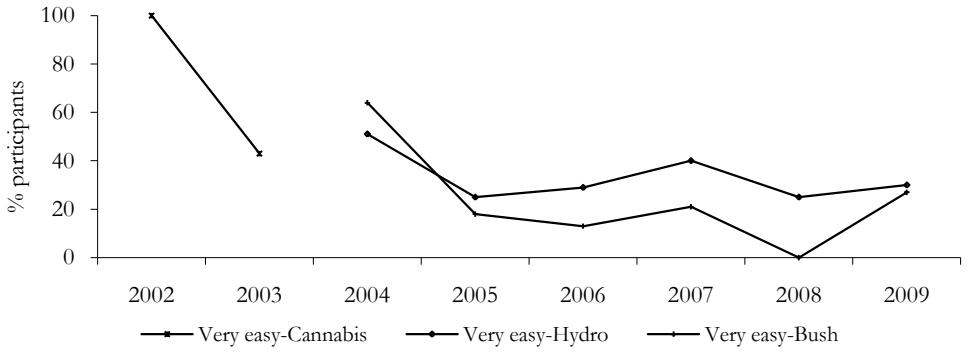
Source: IDRS participant interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

Figure 19 shows that the proportion reporting that cannabis is very easy to obtain has fluctuated but been relatively stable since 2005.

Figure 19: Participant reports of current cannabis availability, 2002-2009



Source: IDRS participant interviews

Note: A distinction between hydro and bush cannabis was introduced in 2004. Prior to this time, survey items referred to any form of cannabis

As in previous years, participants obtained hydro from a range of source people, with friends being the most common (35%, Table 27) along with street dealers (41%) and known dealers (10%); in 2008 they were less likely to use a street dealer (23%) and more likely to use a known dealer (28%) or acquaintances (22%). As in 2007, the most common source locations for hydro were a friend's home (35%) and a dealer's home (23%), with street market showing an increase from 10% to 21%.

Bush cannabis was most likely to be obtained from a friend (55%, 64% in 2008) at a friend's home (48%).

Table 27: People from whom cannabis was purchased in the preceding six months, 2006-2009

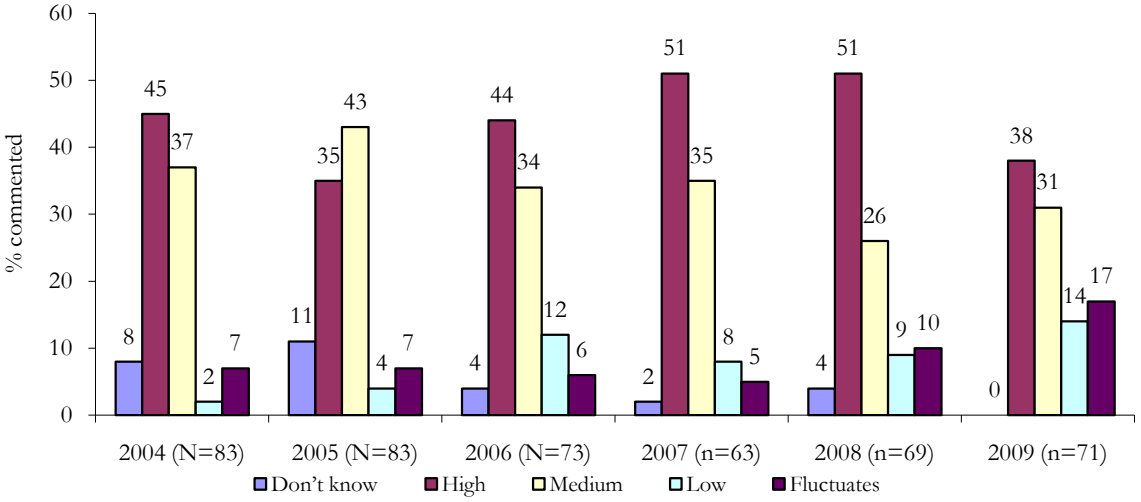
	Hydro				Bush			
	2006 n=100	**2007** n=106	**2008** n=103	**2009** n=99	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99
Did not respond (%)	27	41	33	29	69	72	79	71
Did respond (%)	73	59	67	71	31	28	21	29
Of those who responded:								
Source person								
Street dealer (%)	18	37	23	41	10	20	14	24
Friends (%)	45	40	46	35	52	47	64	55
Gift from friends (%)	11	10	0		13	0	0	0
Known dealer (%)	32	29	28	13	23	20	9	10
Workmates (%)	0	2	1	0	0	3	0	0
Acquaintances (%)	16	22	22	7	7	27	23	7
Unknown dealer (%)	10	6	1	2	7	13	5	0
Mobile dealers (%)	4	11	0	0	3	7	5	0
Source venue								
Home delivery (%)	16	19	16	13	10	20	18	17
Dealer's home (%)	29	27	28	24	23	17	14	14
Friend's home (%)	38	32	35	35	48	30	59	48
Acquaintance's house (%)	10	18	17	3	3	13	14	0
Street market (%)	15	13	10	21	13	10	9	14
Work (%)	0	2	0	0	0	3	0	0
Agreed public location (%)	11	27	19	1	10	27	14	0

Source: IDRS participant interviews

7.4 Potency

Thirty-eight percent of participants able to comment rated the current potency of hydro as high (Figure 20), a lower proportion than that found in 2008 and 2007.

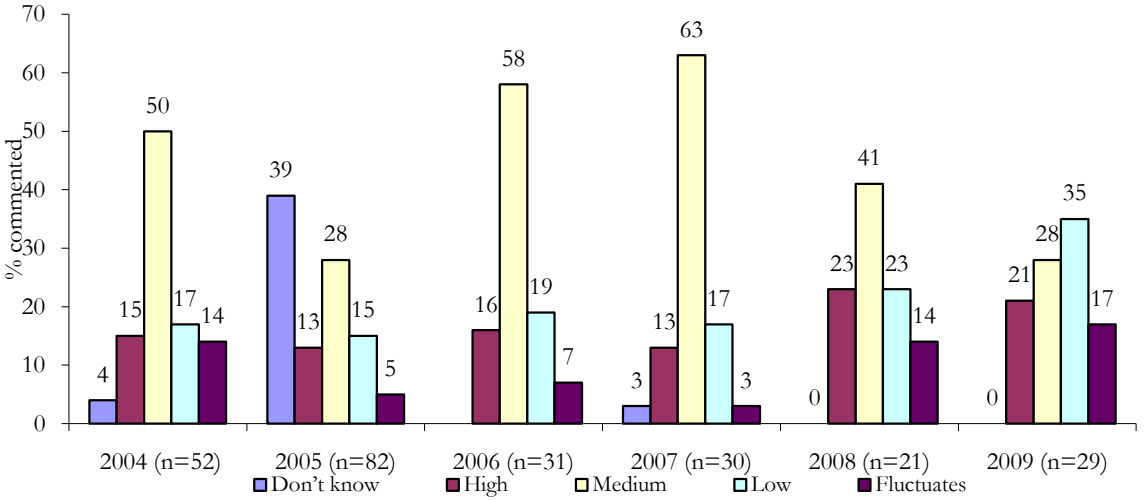
Figure 20: Current potency of hydro, % able to comment, 2004-2009



Source: IDRS participant interviews

Bush cannabis was most likely to be rated to be of low potency in 2000 (35%, Figure 21) with similar proportions rating it as medium (28%) or high (21%).

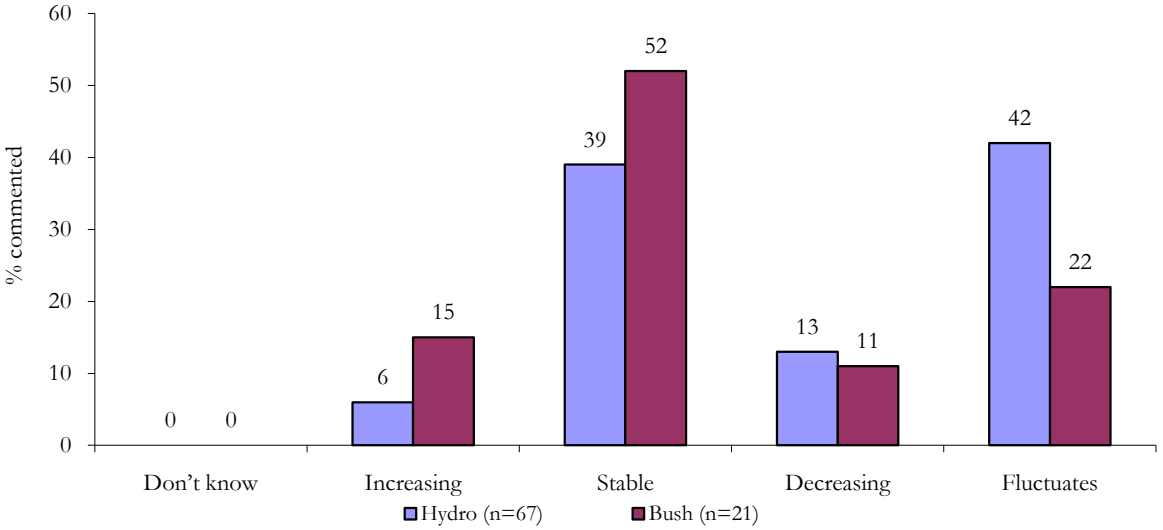
Figure 21: Current potency of bush, % commented, 2004-2009



Source: IDRS participant interviews

The potency of hydro over the six months before interview was reported as stable (39%, Figure 22) or fluctuating (42%), while the potency bush cannabis was reported to be stable (52%).

Figure 22: Change in potency of hydro cannabis in past six months, % able to comment, 2009



Source: IDRS participant interviews

7.5 KE comment

KE comment regarding cannabis use is consistent with the participant survey results and with findings from previous years. Cannabis use was reported by KE to be common, either as a principal drug or in combination with other drugs often used to ameliorate the withdrawal effects of amphetamines. Cannabis was reported to be easy or very easy to obtain, regardless of whether it was bush or hydro, with price and availability reported to be stable. The use of alcohol and cannabis together in a recreational setting was also reported as a common practice.

7.6 Trends in cannabis use

Recent use of cannabis has fluctuated between 75% and 84% of the survey sample since 2003, with 78% reporting recent use in 2009. Daily use (47% of recent users in 2009) remains the most common pattern. Hydro cannabis continues to dominate the market, used by 96% of participants compared to 29% that had used bush. Ninety-six percent of participants reported that they had mainly used hydro in the preceding six months.

Hydro was reported to cost a median of $30 a gram and $400 an ounce, an increase in the ounce price on last year. The price of a gram of bush was also stable at $30, while an ounce of bush had declined to $175. Respondents were divided on the recent price movements of both hydro (48% stable; 47% increasing) and bush (41%; 33%).

Survey participants rated hydro as either easy (50%) or very easy (30%) to obtain, with the proportions rating it difficult or very difficult to obtain declining from 37% in 2007 to 17% this year. Bush cannabis was rated as difficult to obtain (50%).

Hydro was obtained from street dealers (41%) and friends (35%) at a variety of locations, primarily: friends homes (35%), dealer's homes (24%) and street markets (21%). Bush was most likely to be obtained from a friend (55%, 64% in 2008) at a friend's home (48%).

8 OPIOIDS

8.1 Illicit methadone

8.1.1 Use

Fifteen percent of the sample reported recent use of illicit methadone syrup (Table 28), on a median of 2 days (Table 3), decreases in both measures compared to the results found in 2008 (19% for a median of five days). Illicit syrup (10%) was more likely to be the main form of methadone used than licit syrup (3%). One recent user of illicit methadone syrup reported daily use with weekly or less often (11%) being the most commonly reported frequency of use.

Table 28: Forms of methadone used previous six months and primary form, 2003-2009

	2003 n=109		2004 n=111		2005 n=107		2006 n=100		2007 n=106		2008 n=103		2009 n=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Methadone (%)														
Licit (%)	17	11	13	13	18	15	6	5	17	4	9	7	6	3
Illicit (%)	13	1	23	11	21	14	16	7	17	4	25	16	15	10
Physeptone (%)														
Licit (%)	14	13	6	2	6	5	3	2	9	2	3	1	6	4
Illicit (%)	38	23	23	15	32	16	26	18	26	12	36	26	22	9

Source: IDRS participant interviews

Recent use of illicit physeptone tablets has fluctuated over the past five years, with 22% of the sample reporting recent use this year (Table 29), compared to 36% last year and 26% in 2007. Illicit physeptone (9%) was considerably more likely than licit physeptone (4%) to be the main form used. As with illicit syrup and consistent with previous years, weekly or less often use was the most common frequency reported (Table 29).

Table 29: Frequency of methadone use in previous six months, % of recent users, 2003-2009

	2003 n=109	2004 n=111	2005 n=107	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Illicit methadone syrup							
No recent use	87	78	80	84	70	78	86
Weekly or less	9	20	17	13	22	18	11
More than weekly	3	2	4	3	9	3	1
Daily	1	1	0	0	0	1	1
Illicit physeptone							
No recent use	63	79	68	74	76	70	79
Weekly or less	32	18	23	22	23	27	17
More than weekly	4	1	8	3	1	2	2
Daily	1	2	0	1	0	1	1

Source: IDRS participant interviews

8.1.2 Price

Six participants had recently purchased methadone syrup for a median price of $1 a millilitre (Table 30) while 7 participants had recently purchased 10mg physeptone tablets for a median of $26, an increase in the median price of 10mg physeptone.

Table 30: Median price ($) of most recent illicit methadone purchase by participants, 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Methadone							
1ml	1 (2)	1 (16)	0.65 (12)	1 (7)	1 (10)	1 (15)	1 (6)
Physeptone							
5mg	0	0	10 (3)	14 (2)	0	28 (2)	10 (1)
10mg	10 (15)	10 (18)	15 (21)	15 (14)	15 (18)	15 (16)	20 (7)

Source: IDRS participant interviews
Note: Number of purchasers in brackets

Most of those able to comment reported that illicit methadone prices had been stable (73%, Table 31), over the six months before interview.

Table 31: Illicit methadone price movements past six months, 2005-2009

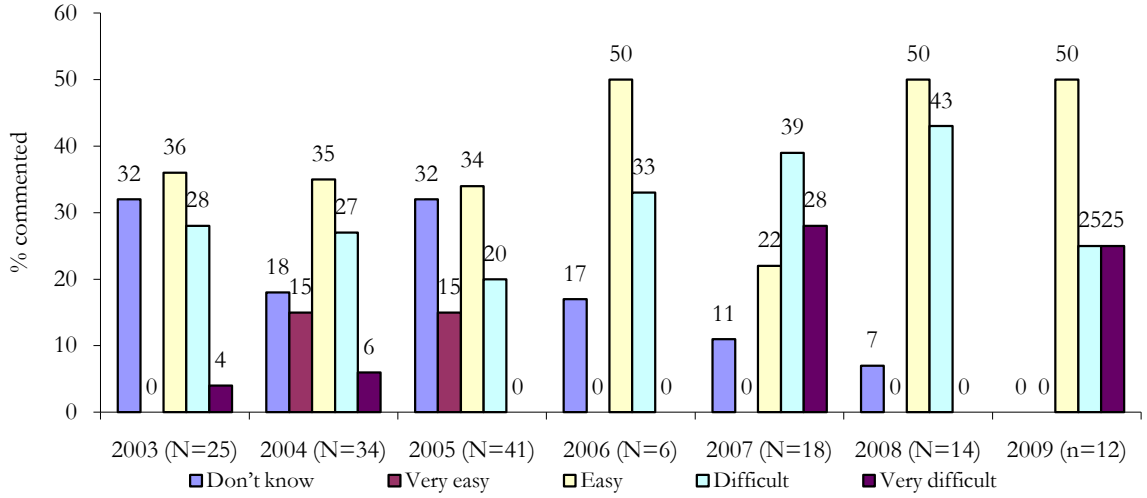
	2005 n=107	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Did not respond (%)	62	93	83	86	89
Did respond (%)	38	7	17	14	11
Of those who responded					
Don't know (%)	42 (16)	14 (1)	11 *(2)*	14 (2)	
Increasing (%)	15 (6)	14 (1)	33 *(6)*	43 (6)	27 (3)
Stable (%)	37 (14)	57 (4)	39 *(7)*	36 (5)	73 (8)
Decreasing (%)	2 (1)	14 (1)	0	0	0
Fluctuating (%)	5 (2)	0	17 *(3)*	7 (1)	0

Source: IDRS participant interviews
Note: Percentage of entire sample in brackets

8.1.3 Availability

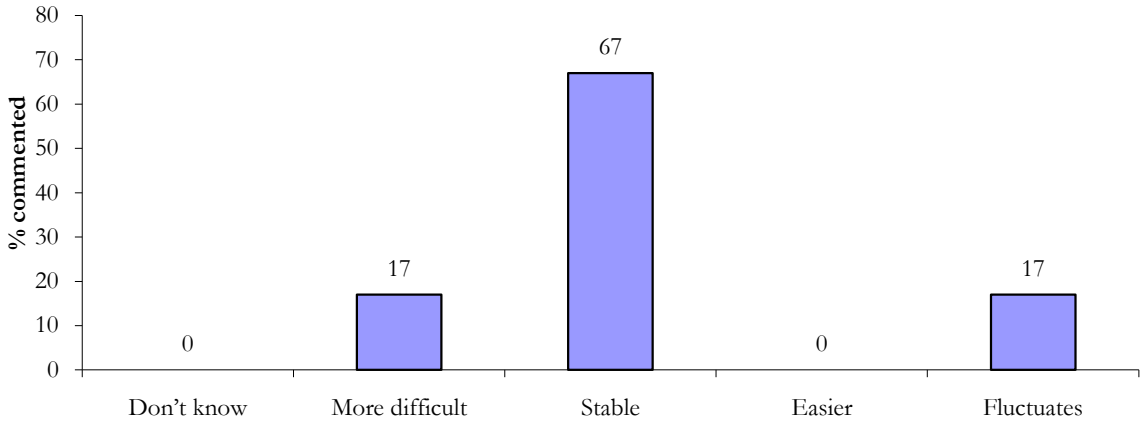
Participants this year were most likely to rate illicit methadone as easy to obtain (50%, Figure 23), although half also rated it as difficult (25%) or very difficult (25%) to obtain. Two-thirds (67%, Figure 24) judged that illicit methadone availability had been stable over the six months prior to interview, with 17% rating it as more difficult.

Figure 23: Current availability of illicit methadone, % commented, 2003-2009



Source: IDRS participant interviews

Figure 24: Change in availability of illicit methadone in the last six months, % commented, 2009



Source: IDRS participant interviews

Illicit methadone was most commonly purchased from a street dealer (46%, Table 32) or friend (36%) at a friend's (36%) or dealer's (36%) home. This year, acquaintances (9%) were less reported as source person than in previous years and the range of source venues reported was more limited.

Table 32: Usual source person and venue for purchases of illicit methadone in the preceding six months, 2006-2009

	2006 n=100	**2007** n=106	**2008** n=103	**2009** n=99
% who did not respond	94	83	86	89
% who did respond	6	17	14	11
Of those who responded				
Source person				
Street dealer (%)	17	33	29	46
Friends (%)	50	28	36	36
Gift from friends (%)	0	0	0	0
Known dealer (%)	0	0	0	9
Workmates (%)	0	0	0	0
Acquaintances (%)	17	22	50	9
Unknown dealer (%)	17	1	0	0
Mobile dealer (%)	0	0	0	0
Other (%)	0	0	0	0
Source venue				
Home delivery (%)	0	6	7	9
Dealer's home (%)	0	0	0	36
Friend's home (%)	50	11	29	36
Acquaintance's house (%)	0	0	14	9
Street market (%)	33	11	36	9
Agreed public location (%)	17	5	36	0
Work (%)	0	0	0	0
Other (%)	0	6	0	0

Source: IDRS participant interviews

8.2 Morphine

8.2.1 Use

Seventy percent of participants had used or injected morphine in the six months prior to interview (Table 33), an decline in both cases from earlier years. Recent users had used on a median frequency of daily and injected on a median of 90 days.

Table 33: Selected trends in participants' morphine use, 2003-2009

	2003 n=109	**2004** n=111	**2005** n=107	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99
Used last 6 months (%)	82	87	80	81	82	89	70
Injected last 6 months (%)	80	86	79	81	76	87	70
Days used last 6 months (median)	180	173	140	180	180	133	180
Days injected last 6 months (median)	180	180	120	180	180	130	120

Source: IDRS participant interviews

Sixty-one percent of the participant sample used illicit morphine (Table 34), and forty-three% had used this form most often, a substantial decrease on the proportions seen previously. Fifty-two percent of the sample nominated MS Contin as the main brand they had used recently, consistent with previous years, and substantially more than the proportions nominating Kapanol (13%), Anamorph (3%), or other (1%) brands.

Table 34: Forms and brands of morphine used previous six months, 2003-2009

	2003 n=109		**2004** n=111		**2005** n=107		**2006** n=100		**2007** n=106		**2008** n=103		**2009** n=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often*	Used	Most often	Used	Most often
Licit (%)	35	28	29	23	30	26	31	24	33	14	19	16	26	26
Illicit (%)	73	56	80	62	70	54	70	57	73	37	85	73	61	43
Brand (%)														
MS Contin (%)	72		70		62		31		59		81		52	
Kapanol (%)	5		8		13		4		8		12		13	
Anamorph (%)	3		3		3		1		1		3		3	
Other/generic (%)	4		5		1		0		9		2		1	

Source: IDRS participant interviews
* Data missing on some records

Daily (18%, Table 35) or less than daily but more often than weekly (37%) were the most common use frequencies reported by recent morphine users. The use patterns of licit morphine were similar to those found from last year, with most recent licit users using on a daily basis.

Table 35: Frequency of illicit morphine use in previous six months, 2003-2009 (%)

	2003 n=109	2004 n=111	2005 n=107	2006* n=100			2007 n=106			2008 n=103			2009 n=99		
				Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit
No recent use	20	15	20	19	30	69	22	31	69	14	19	81	31	40	80
Weekly or less	13	16	20	12	18	5	12	21	3	13	19	0	2	5	2
More than weekly	22	28	23	24	25	8	21	28	8	21	23	3	28	37	4
Daily	45	41	37	45	27	18	45	20	21	52	38	17	38	18	14

Source: IDRS participant interviews
* The distinction between licit and illicit use commenced in the survey in 2006

8.2.2 Price

Fifty-one participants had recently purchased 100mg of MS Contin for a median of $80, identical to the prices found in 2008 (Table 36). The second most frequent purchase, by 37 participants, was of 100mg Kapanol which also had a median price of $80. Sixty milligram MS Contin was slightly more expensive (13 purchasers at $50), and 50mg Kapanol (7 purchasers at $40) was stable. Consistent with these increases, 78% of those participants who could comment reported that recent morphine prices had been stable (40%, Table 37) or increasing (38%).

Table 36: Median price ($) of most recent illicit morphine purchase by participants, 2003-2009

	2003	2004	2005	2006	2007	2008	2009
MS Contin							
5mg	- (0)	- (0)	- (0)	- (0)	- (0)	80 (1)	- (0)
10mg	10 (1)	50 (1)	- (0)	6 (10)	15 (1)	10 (1)	15 (1)
30mg	15 (7)	15 (6)	20 (3)	18 (4)	28 (4)	25 (3)	25 (4)
60mg	30 (34)	30 (42)	30 (35)	30 (24)	42 (20)	40 (32)	50 (13)
100mg	60 (68)	60 (81)	60 (68)	60 (67)	60 (62)	80 (77)	80 (51)
Kapanol							
20mg	15 (3)	10 (3)	10 (2)	12 (4)	16 (4)	20 (2)	
50mg	25 (11)	25 (16)	30 (15)	30 (19)	35 (11)	40 (24)	40 (7)
100mg	50 (52)	50 (55)	60 (59)	60 (48)	60 (48)	80 (61)	80 (37)
Anamorph							
30mg	20 (30)	25 (35)	20 (44)	25 (23)	25 (28)	25 (24)	25 (13)

Source: IDRS participant interviews
Note: Number of purchasers in brackets

Table 37: Illicit morphine price movements, past six months, 2007-2009

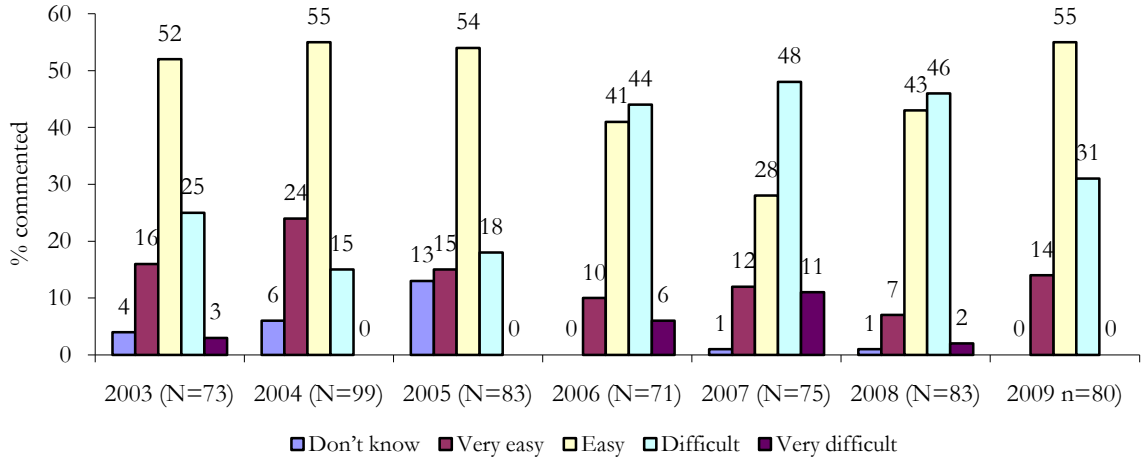
	2007 n=106	2008 n=103	2009 n=99
Did not respond (%)	31	20	20
Did respond (%)	69	80	80
Of those who responded			
Don't know (%)	0	1	0
Increasing (%)	81	77	38
Stable (%)	16	16	40
Decreasing (%)	0	0	0
Fluctuating (%)	3	6	23

Source: IDRS participant interviews

8.2.3 Availability

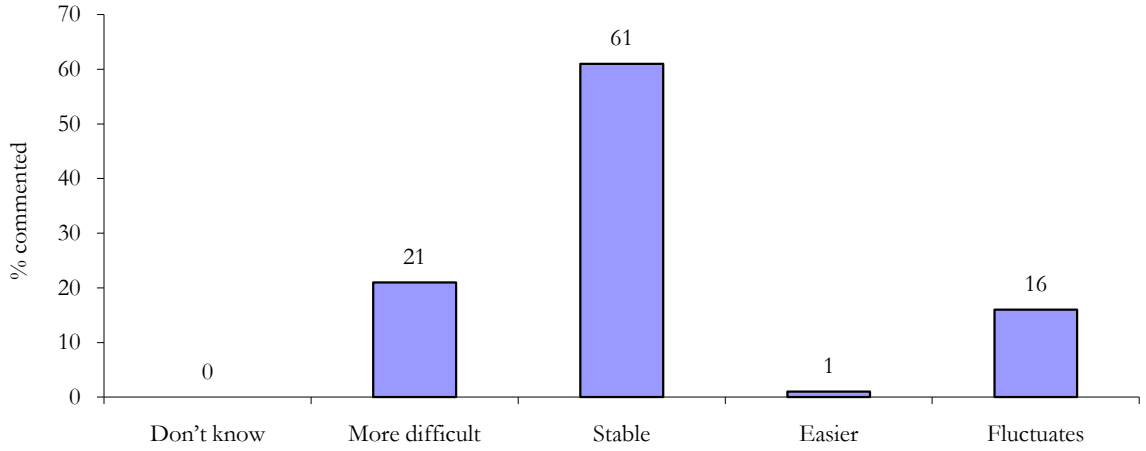
Survey participants generally rated morphine as easy to obtain (55%, Figure 25) although a third (31%) found it difficult to obtain. The decline in the proportion rating morphine as difficult to obtain reverses a pattern seen since 2006, where morphine availability was more likely to be rated as difficult. Participants rated recent morphine availability as stable (61%, Figure 26).

Figure 25: Current availability of illicit morphine, % commented, 2003-2009



Source: IDRS participant interviews

Figure 26: Change in availability of illicit morphine in the last six months, % commented, 2008



Source: IDRS participant interviews
Note: n=84

Morphine was obtained from friends (39%), a street dealer (26%), acquaintances (14%) or a known dealer (11%), a pattern similar to that found in previous years (Table 38). The pattern of source location is also similar to that found previously, with a friend's (26%) or a dealer's (18%) home or street market (24%) being the most reported venues.

Table 38: Usual source person and venue for purchases of morphine in the preceding six months, 2006-2009

	2006 n=100	**2007** n=106	**2008** n=103	**2009** n=99
Did not respond (%)	27	29	18	20
Did respond (%)	73	71	82	80
Of those who responded:				
Source person				
Street dealer (%)	23 (17)	31 (22)	39 (32)	33 (26)
Friends (%)	45 (33)	40 (28)	49 (40)	39 (31)
Gift from friends (%)	6 (4)	1 (1)	0	0
Known dealer (%)	32 (23)	27 (19)	29 (23)	11 (9)
Workmates (%)	4 (3)	3 (2)	0	0
Acquaintances (%)	19 (14)	29 (21)	30 (24)	14 (11)
Unknown dealer (%)	12 (9)	11 (8)	5 (4)	3 (2)
Other (%)	0	0	0	1 (1)
Source venue				
Home delivery (%)	19 (14)	17 (12)	21 (18)	11 (9)
Dealer's home (%)	36 (26)	17 (12)	33 (27)	18 (14)
Friend's home (%)	30 (22)	25 (18)	36 (29)	26 (21)
Acquaintance's house (%)	12 (9)	13 (9)	17 (14)	9 (7)
Mobile dealer (%)	6 (4)	13 (9)	1 (1)	0
Street market (%)	25 (18)	21 (15)	25 (20)	24 (19)
Agreed public location (%)	22 (16)	39 (27)	31 (25)	11 (9)
Work (%)	1 (1)	0	0	0
Other (%)	1 (1)	0	0	1 (1)

Source: IDRS participant interviews
Note: Percentage of entire sample in brackets

8.3 Oxycodone

8.3.1 Use

Forty-one percent of the participants sample used some form of oxycodone in the six months prior to interview (Table 39), 9% using licit oxycodone and 35% illicit, continuing a trend towards increased use, particularly of illicit oxycodone. Licit oxycodone was used on a median of 18 days over the preceding six months and illicit oxycodone on a median of 8 days. Most illicit oxycodone use was via injection (31%).

Table 39: Selected trends in participants' recent oxycodone use, 2005-2009, %

	2005 n=107			2006 n=100			2007 n=106			2008 n=103			2009 n=99		
	licit	illicit	any	licit	illicit	any	licit	illicit	any	licit	illicit	any	licit	illicit	any
Used last 6 months	1	11	11	5	7	11	2	11	12	3	28	31	9	35	41
Injected last 6 months	1	10	8	3	6	8	0	9	9	3	26	29	3	31	32
Days used last 6 months (median)	30	2	3	180	2	3	24	4	4	68	8	13	18	3	8
Days injected last 6 months (median)	30	2	3	180	2	3	0	4	4	65	8	14	4	3	6

Source: IDRS participant interviews

Participants were more likely to mostly use illicit oxycodone (31%) than licit (9%) in the six months prior to interview (Table 40). Most participants nominated Oxycontin as the main brand they used.

Table 40: Forms of oxycodone used previous six months and main form, 2005-2009

	2005 n=107		2006 n=100		2007 n=106		2008 n=103			
	Used	Most often	Used	Most often	Used	Most often*	Used	Most often	Used	Most often
Licit (%)	1	1	5	4	2		3	3	9	9
Illicit (%)	11	10	7	7	11	5	28	29	35	31
Brand (%)										
Generic (%)	5						1		1	
Oxycontin (%)	3		1		5		30		23	
Endone									4	

Source: IDRS participants interviews

* Missing data

8.3.2 Price

Five people paid a median price of $60 for 80mg of oxycodone and four people paid a median price of $20 for 20mg of oxycodone (Table 41), an increase in the 80mg price seen previously. Respondents were equally likely to report recent prices as stable (50%, Table 42) or increasing (50%).

Table 41: Median price ($) of most recent illicit oxycodone purchase by participants, 2006-2009

	2006 n=100	**2007** n=106	**2008** n=103	**2009** n=99
20mg	15 (1)	5 (1)	20 (6)	20 (2)
40mg	23 (2)	25 (2)	30 (2)	23 (4)
80mg	60 (1)	59 (3)	50 (6)	60 (5)

Source: IDRS participants interviews
Note: Number of purchasers in brackets

Table 42: Price movements of oxycodone in the past six months, 2006-2009

	2006 n=100	**2007** n=106	**2008** n=103	**2009** n=99
Did not respond (%)	95	92	86	94
Did respond (%)	5	8	14	6
Of those who responded				
Don't know (%)	20	22	14	0
Increasing (%)	20	11	43	50
Stable (%)	60	67	43	50
Decreasing (%)	0	0	0	0
Fluctuating (%)	0	0	0	0

Source: IDRS participant interviews

8.3.3 Availability

Most of those participants able to comment rated oxycodone as easy (50%, Table 43) or very easy (40%) to obtain with over three quarters (78%, Table 44) reporting that oxycodone availability had been stable.

Table 43: Participants' reports of oxycodone current availability, 2008

	2007 n=106	**2008** n=103	**2009** n=99
Did not respond (%)	91	86	90
Did respond (%)	9	14	10
Of those who responded			
Don't know (%)	20	0	0
Very easy (%)	-	0	40
Easy (%)	10	21	50
Difficult (%)	70	57	10
Very difficult (%)	-	21	0

Source: IDRS participant interviews

Table 44: Participants' reports of oxycodone availability change in the past six months, 2007-2009

	2007 n=106	**2008** n=103	**2009** n=99
Did not respond (%)	91	86	91
Did respond (%)	9	14	9
Of those who responded (%)			
Don't know (%)	10	0	0
More difficult (%)	30	36	11
Stable (%)	60	64	78
Easier (%)	-	0	0
Fluctuates (%)	-	0	1

Source: IDRS participant interviews

The distribution of source people for oxycodone was similar to that found in 2008, with, friends (50%, Table 45), known dealers (20%) and street dealers (20%) being the most commonly reported. Source venues show some change compared to last year. While friend's home (40%) remains the principal venue, street markets (20%) and dealers homes (30%) show increase. Home delivery and agreed public locations were not mentioned at all this year.

Table 45: People from whom oxycodone was purchased in the preceding six months, 2006-2009

	2006 n=100	**2007** n=106	**2008** n=103	**2009** n=99
Did not respond (%)	95	91	86	90
Did respond (%)	5	9	14	10
Of those who responded				
Source person				
Street dealer (%)	20	10	29	20
Friends (%)	60	60	29	50
Gift from friends (%)	0	0		0
Known dealer (%)	20	0	29	20
Workmates (%)	0	0	0	0
Acquaintance (%)	0	20	14	10
Unknown dealer (%)	0	0	0	0
Mobile dealer (%)	0	10	0	0
Source venue				
Home delivery (%)	0	10	21	0
Dealer's home (%)	20	0	14	30
Friend's home (%)	40	50	29	40
Acquaintance's house (%)	0	10	7	0
Street market (%)	20	10	14	20
Agreed public location (%)	20	10	29	0
Work (%)	0	0	0	0

Source: IDRS participant interviews

8.4 Subutex

8.4.1 Use

Recent use of illicit Subutex among the participants declined to 5% (Table 46) this year following an increase in 2008. The proportion injecting also shows an decline to 3%. Most recent users used on a weekly or less basis (4% of entire sample) while 1% of the sample used more frequently (Table 47).

Table 46: Selected trends in illicit Subutex use, 2003-2009

	2003 n=109	2004 n=111	2005 n=107	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Used last 6 months (%)	11	15	20	14	5	18	5
Injected last 6 months (%)	5	6	10	11	5	11	3
Days used last 6 months (median)	1	3	2	3	3	7	2
Days injected last 6 months (median)	1	5	4	4	3	6	1

Source: IDRS participant interviews

Table 47: Frequency of illicit Subutex use in previous six months, 2003-2009

	2003 n=109	2004 n=111	2005 n=107	2006 n=100	2007 n=106	2008 n=103	2009 n=99
No recent use (%)	87	86	80	86	95	83	94
Weekly or less (%)	13	13	17	10	5	13	4
More than weekly (%)	0	2	2	3	0	4	0
Daily (%)	0	0	1	1	0	1	1

Source: IDRS participant interviews

Illicit Subutex (5%, Table 48) was more likely licit (3%) to be the main form used. Although use has declined this preference amongst recent users for illicit over licit Subutex is consistent with previous years.

Table 48: Forms of Subutex used previous six months and primary form, 2003-2009

	2003 n=109		2004 n=111		2005 n=107		2006 n=100		2007 n=106		2008 n=103		2009 n=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit (%)	7	7	15	12	11	9	16	13	6	5	7	8	4	3
Illicit (%)	15	12	17	14	20	18	14	13	5	3	18	16	5	5

Source: IDRS participant interviews

8.4.2 *Price*

One person (Table 49) was able to comment on the price and availability of Subutex. That person had last purchased 8mg of Subutex for $30, rating it as easy to obtain.

Table 49: Median price of illicit Subutex reported by participants, 2007 & 2008

	2007*	2008^	2009
Subutex/buprenorphine 8mg	$30 (10)	$30 (7)	$30 (1)

Source: IDRS participant interviews
* Number of purchasers in brackets

8.4.3 *Availability*

The one respondent able to comment rated Subutex as easy to obtain this year. In 2008, Subutex was more likely to be rated as difficult to obtain (50%) and less likely to be rated as very difficult to obtain (25%) than was the case in 2007 (Figure 27). Half the participants able to comment in 2008 stated that buprenorphine had become more difficult to obtain over the previous six months (Figure 28).

Figure 27: Current availability of illicit Subutex, % commented, 2007-2008

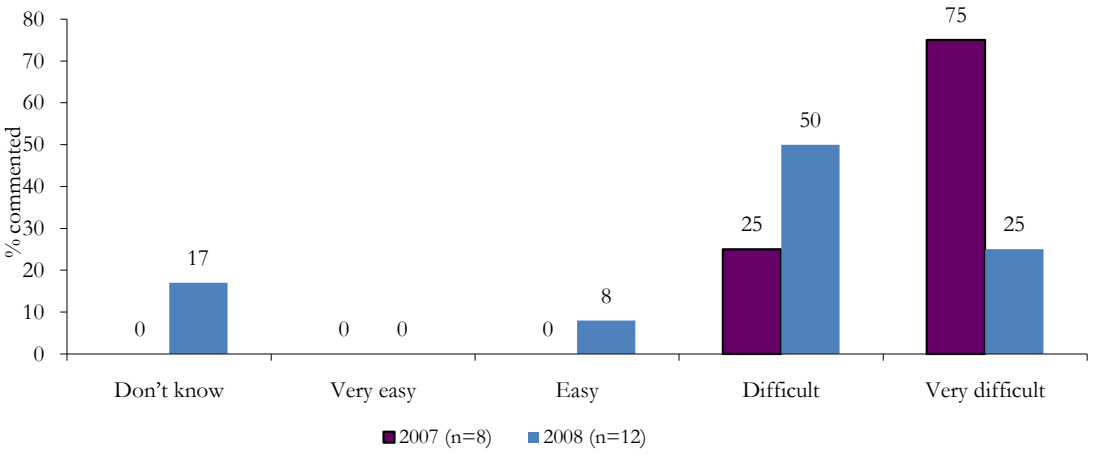
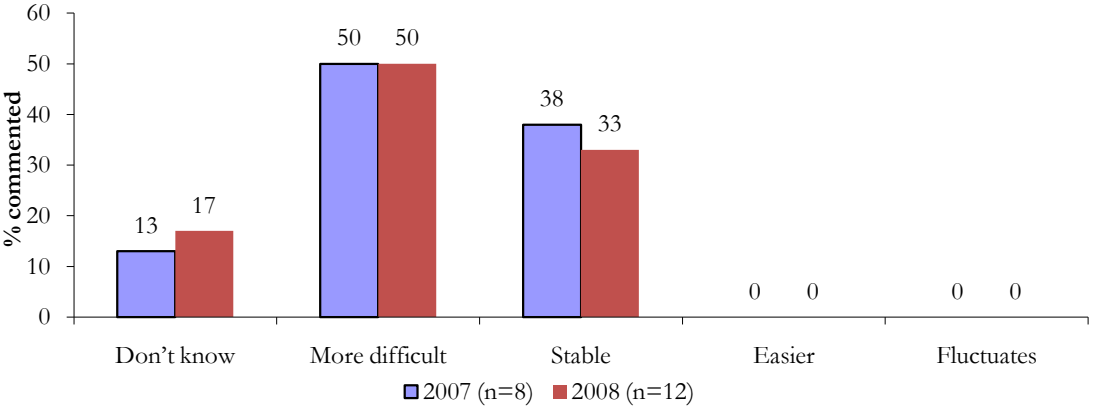


Figure 28: Change in availability of illicit Subutex/buprenorphine in the last six months, % commented, 2007-2009



Source: IDRS participant interviews

No respondents were able to comment on source person or venue this year. In 2008, of the recent users able to comment, 67% (Table 50) had obtained buprenorphine from friends and did not know where the dose came from. Twenty-five percent reported that the dose was someone else's take away. Seventy-five percent of recent users had bought their dose and 25% were given it for free.

Table 50: Usual source person and source of illicit Subutex in the preceding six months, 2007-2009

	2007 n=106	**2008** n=103
% who did not respond	95	88
% who did respond	5	12
Of those who responded		
Source person		
Street dealer (%)	20 *(1)*	17 (2)
Friends (%)	60 *(3)*	67 (8)
Gift from friends (%)	0	0
Known dealer (%)	0	8 (1)
Workmates (%)	0	0
Acquaintances (%)	20 *(1)*	8 (1)
Unknown dealer (%)	0	0
Mobile dealer (%)	0	0
Other (%)	0	0
Source		
Someone else's takeaway dose	83	25 (3)
Someone else's daily dose (to be swallowed)	17	17 (2)
Didn't buy/don't know	0	58 (7)

Source: IDRS participant interviews

8.5 Illicit Suboxone and other opioids

In 2009, 8 people had used illicit Suboxone within six months of interview on a median of 1 day. Two people had recently injected illicit Suboxone for median of 1 day in the last six months. One person reported purchasing 2mg of Suboxone for $20 and one reported purchasing 8mg for $30. Two people reported that Suboxone prices had been stable and that it was easy to obtain.

In 2007, two participants had used illicit Suboxone in the six months prior to interview and were able to comment on market characteristics: they paid a median of $20 for 8mg tablets of Suboxone and one rated illicit Suboxone as very difficult to obtain. In 2008, four participants had recently used illicit Suboxone. Two recent users had paid a median of $20, unchanged from 2007, and one rated Suboxone as very difficult to obtain while another rated it as easy to obtain. Both participants had used someone else's take away dose. No participants in either 2007 or 2008 were able to provide any other information about a Suboxone market or use.

8.6 Over the counter codeine

Thirty-five percent (Table 51) of respondents had used over-the-counter (OTC) codeine within six months of interview, 2% reporting recent injection. Nurofen Plus and Panadeine were the main brand names used to treat headaches (17%, Table 42) or other pain.

Table 51: OTC codeine use characteristics, 2009, %

	2009 n=99	
% used last six months	35	
median days used last six months	16	
% injected drug last six months	2	
median days injected last six months	13	
	Used	Most used
Forms		
Licit	29	24
Illicit	24	2
Brands		
Mersyndol	1	
Nurofen Plus	15	
Panadeine	10	
Panafen Plus	2	
Panamax Co	1	
Other	1	

Table 52: OTC codeine reasons for use, 2009, %

	OTC codeine
% of entire sample able to respond	6
% of those who responded	
Headache	17
Other pain	100
To get out of it	0
To sleep	0
To relieve opioid withdrawal	0

8.7 Reasons for use of selected drugs

Recent illicit methadone users had used to self-treat dependence (100%, Table 53). This was the also case for the majority of recent users of morphine (72%), oxycodone (70%) and Suboxone (50%, n=1). Smaller proportions used these drugs to become intoxicated or to substitute for heroin or another opiate.

Table 53: Reasons for recent use of selected drugs, 2009.

	Methadone	Morphine	Oxycodone	Suboxone
% of entire sample able to respond	11	79	9	2
% of those who responded				
Self treatment	100	72	70	50
Intoxication	9	15	22	0
Substitute for heroin or other opiates	18	5	11	0
Away from home	0	0	0	0
Other	10	25	22	0
Pain	*10*	*5*		
Dependency		*5*		

8.8 KE comment

KE comment regarding opioid use and markets centred around regular morphine users as a group.

KEs estimated morphine prices to be between $80 and $100 for 100mg, with current availability rated as easy or very easy. As has been the case for a number of years, KE felt that stricter controls on the prescribing of Schedule 8 (S8) drugs had made morphine more difficult to obtain, in particular from doctors. KE noted that distribution by people with their own prescriptions continued to be the main source of illicit morphine.

KE this year tended to describe the morphine using group as "fifty-fifty" male and female, in contrast to previous descriptions of this group being mainly male, consistent with the demographic of the participant survey.

Injection was reported to be the preferred mode of administration, once or more a day of 100mg to 400mg of MS Contin or Kapanol, with Oxycontin used to lesser degree.

As has been found on previous years, a recurring theme with KE was the polydrug nature of this group's drug use. Regular morphine users were seen to also use benzodiazepines, illicit methadone (most commonly in the form of Physeptone tablets), cannabis and tobacco. Amphetamine use occurred with this group but on an irregular or occasional basis. Substantial proportions of regular morphine users were reported to inject benzodiazepines to self-manage withdrawal symptoms. This year, a KE discussing morphine users had noted more clients using Xanax. In 2008, two KE based in treatment services noted an increase in clients presenting with dependencies on over-the-counter pain management medicines, naming Neurophine and Panadeine, administered orally, estimating 50 to 80 tablets a day as a typical use pattern.

Of interest, as was the case with one KE discussing regular methamphetamine suers that they had encountered, a KE discussing regular morphine users raised the possibility that younger users were less well informed than older users about safe injecting practices and safe sex.

8.9 Trends in opioid use

8.9.1 Methadone

Recent use of illicit methadone syrup declined to 15% of the survey sample on a median of 2 days. Recent use of illicit physeptone also declined this year, to 22% of the sample, the lowest level found since 2003. In both cases use on a weekly or less basis was the most common pattern of use. Key experts partly attribute these declines to changes in prescribing practices by pharmacotherapy programs.

Six participants had recently purchased methadone syrup for a median price of $1 per millilitre, identical to previous years, while 7 participants had recently purchased 10mg physeptone tablets for a median of $26, an increase compared to previous years.

Participants were divided in their assessments of the availability of illicit methadone, with 50% rating it as easy and 50%% as difficult or very difficult to obtain. Two-thirds (67%) of those able to comment judged that illicit methadone availability had been stable in the six months prior to interview, with 17% rating it as more difficult.

8.9.2 Morphine

Pharmaceutical morphine continues to be the most frequently used and injected illicit opiate in Darwin (70% of the survey sample), with MS Contin being the most common brand (52%). At the same time, these proportions show reductions on previous years (previous minimum of 80% in 2004), consistent with KE reports that morphine is less commonly prescribed and so less readily available on the illicit market. In contrast, survey participants rated morphine as easy (55%) or very easy (14%) to obtain with less than a third (31%) rating availability as difficult. Daily (18%) and more than weekly (37%) use were the most commonly reported patterns of use for illicit morphine.

The median price of the most common dose of morphine used in the illicit market, MS Contin 100mg, was stable at $80, as was Kapanol 100mg. Participants report that prices over the six months prior to interview have been stable (40%) or increasing (38%).

As mentioned above, survey participants were divided on the availability of morphine, although less likely to rate it as difficult to obtain than has been the case in recent years. Sixty-one percent of those participants able to comment this year reported that morphine availability had been stable over the six months prior to interview.

8.9.3 Oxycodone

Recent use of oxycodone among respondents has increased: 41% of respondents had used some form of oxycodone in the six months prior to interview, 9% using licit oxycodone (3% in 2008) and 35% illicit (28% in 2008). Most illicit oxycodone use was via injection, 88% of recent users, with this route of administration becoming more common over time.

The median price for 80mg of oxycodone increased this year to $60 ($50 in 2008), although consistent with previous years. Participants reported that prices had been stable or increased over this six months prior to interview. Most of those able to respond (90%) reported that it is easy or very easy to obtain oxycodone, a marked change on previous years.

8.9.4 Subutex (buprenorphine)

Recent use (5%) and injection (3%) of illicit Subutex among the participants declined this year. Most recent users used on a weekly or less basis (4% of entire sample). Subutex was rated as difficult to obtain with 50% of those able to comment reporting that it had been more difficult to obtain over the previous 6 months. The reported median price of Subutex was stable at $30 per 8mg while 5% of the sample used more frequently.

8.9.5 Suboxone (buprenorphine-naloxone)

Eight people had used illicit Suboxone within six months of interview on a median of 1 day. Two people had recently injected illicit Suboxone for median of 1 day in the last six months. One person reported purchasing 2mg of Suboxone for $20 and one reported purchasing 8mg for $30. Two people reported that Suboxone prices had been stable and that it was easy to obtain.

8.9.6 Over the counter codeine

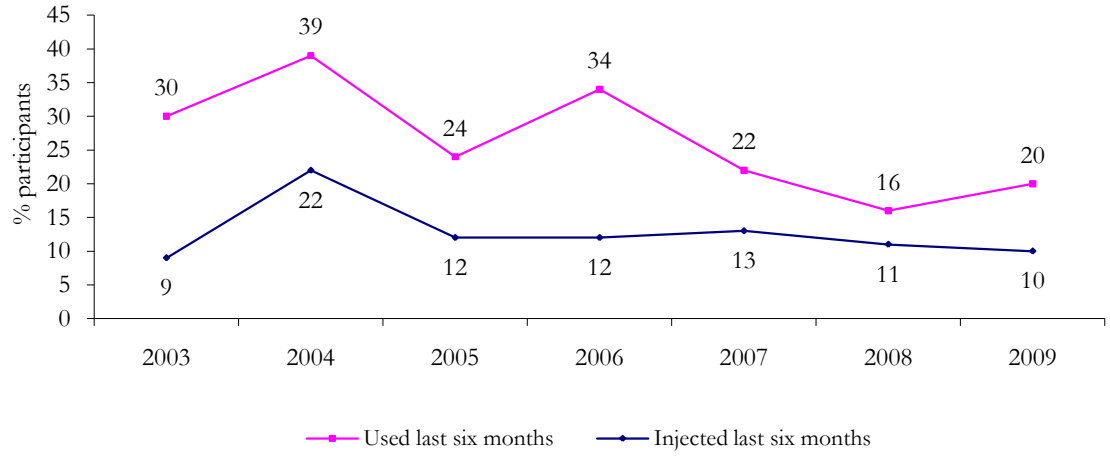
Thirty-five percent of respondents had used over-the-counter (OTC) codeine within six months of interview, 2% reporting recent injection. Nurofen Plus and Panadeine were the main brand names used to treat headaches (17%,) or other pain.

9 OTHER DRUGS

9.1 Ecstasy

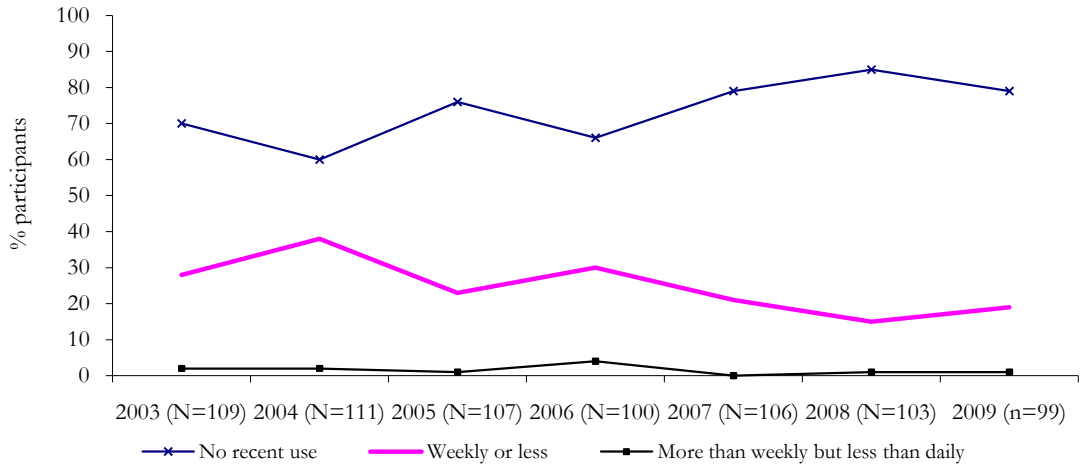
Twenty percent of the participant sample reported recent ecstasy use (Figure 29) this year, a increase on the 16% found in 2008. At 10%, the proportion of participants reporting recent injection is consistent with previous years. Ecstasy is most commonly used once a week or less (Figure 30).

Figure 29: Proportion of participants reporting ecstasy use and injection in the preceding six months, 2003-2009



Source: IDRS participant interviews

Figure 30: Patterns of ecstasy use, 2003-2009

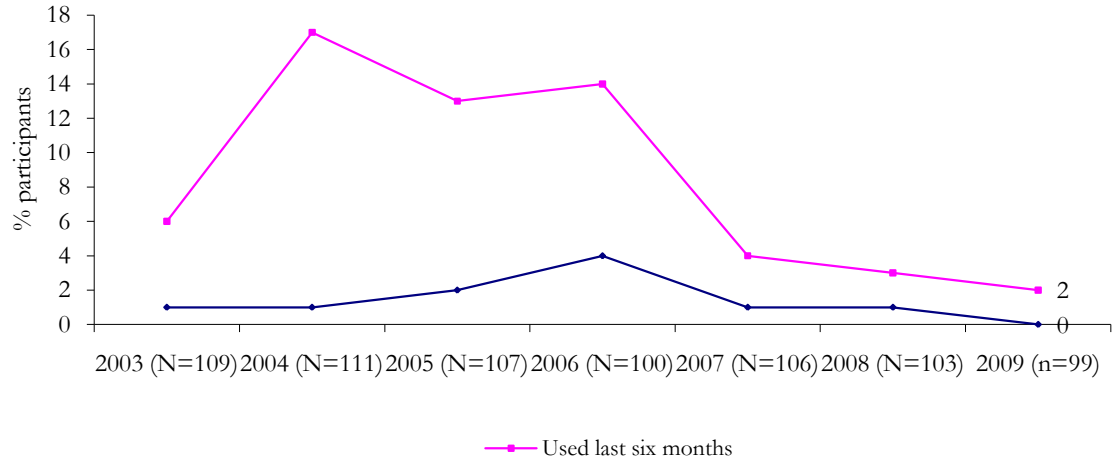


Source: IDRS participant interviews

9.2 Hallucinogens

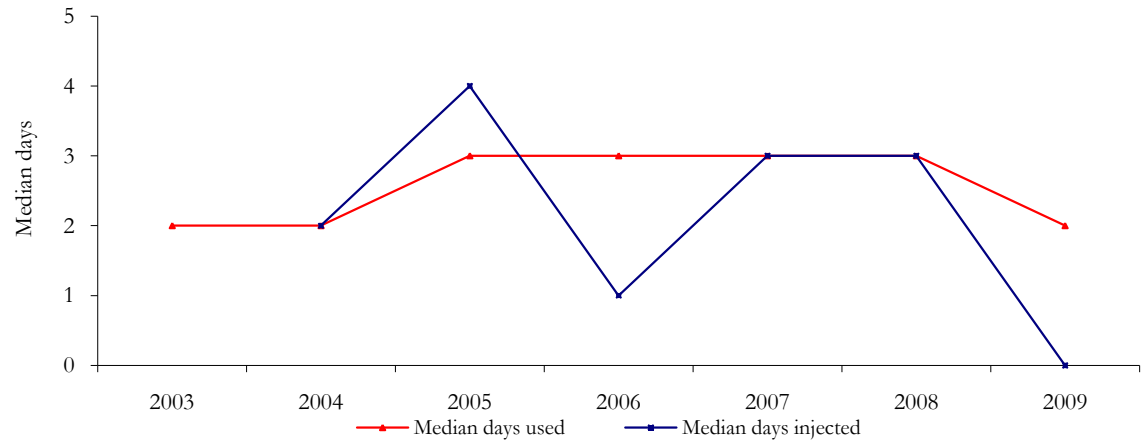
Use of hallucinogens (2%) (Figure 31) continued to decline this year as did injection. Median days of recent use continued to be low, Figure 32.

Figure 31: Proportion of participants reporting hallucinogen use and injection in the preceding six months, 2003-2009



Source: IDRS participant interviews

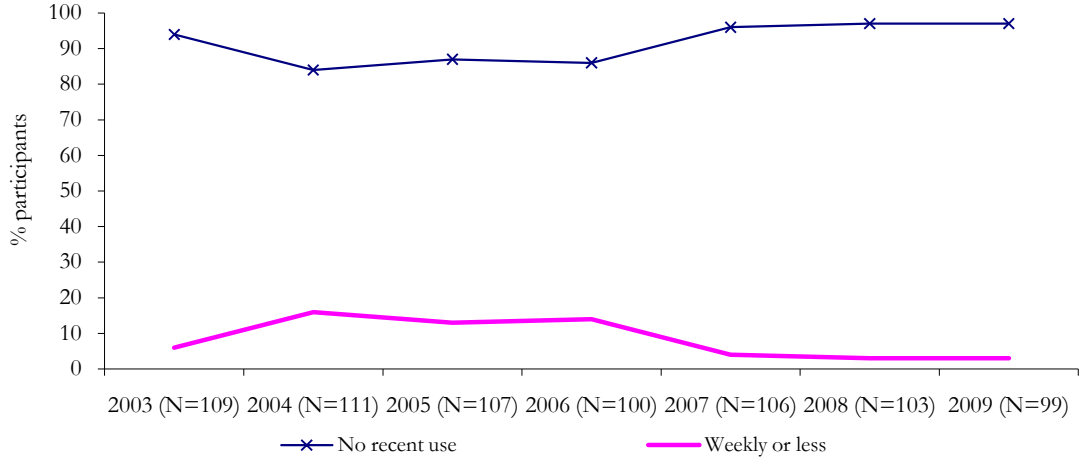
Figure 32: Median days use and injection of hallucinogens in the past six months, 2003-2009



Source: IDRS participant interviews
Note: Collection of data on the number of days injected commenced in 2003

As in previous years, hallucinogens were used, if at all, on a weekly or less basis (Figure 33).

Figure 33: Patterns of recent hallucinogen use, 2003-2009



Source: IDRS participant interviews

LSD was the only form of hallucinogen reported by participants this year and last year (Table 54).

Table 54: Hallucinogen forms most used, 2003-2009

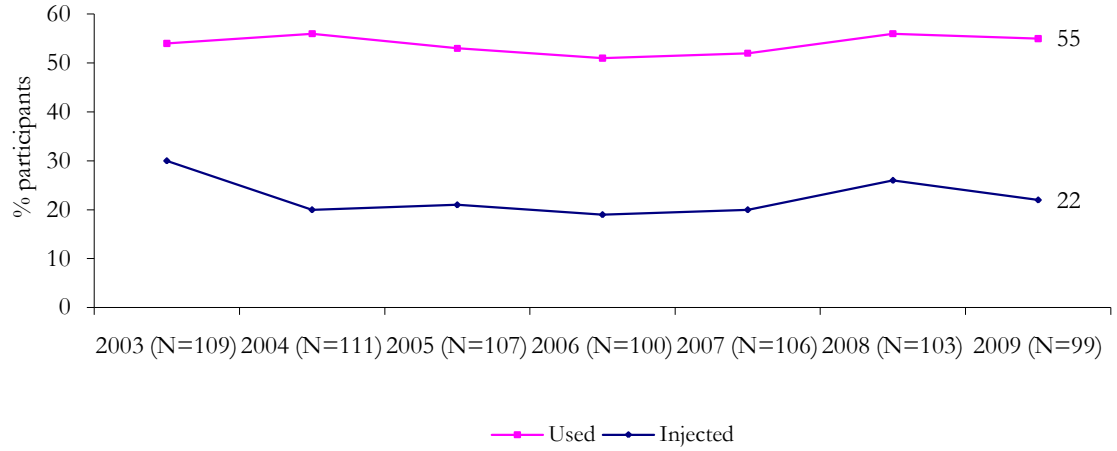
	2003 n=109		**2004** n=111		**2005** n=107		**2006** n=100		**2007** n=106		**2008** n=103		**2009** n=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often
LSD	5	5	13	12	10	9	13	12	3	3	3	3	2	2
Mushrooms	1	0	8	4	1	1	0	0	0	0	0	0	0	0
Other									1	0	0	0	0	0

Source: IDRS participant interviews

9.3 Benzodiazepines

Fifty-five percent of the participants sample reported recent benzodiazepine use this year (Figure 34), consistent with earlier years. The level of recent injection shows a slight decline this year but is also consistent with previous years.

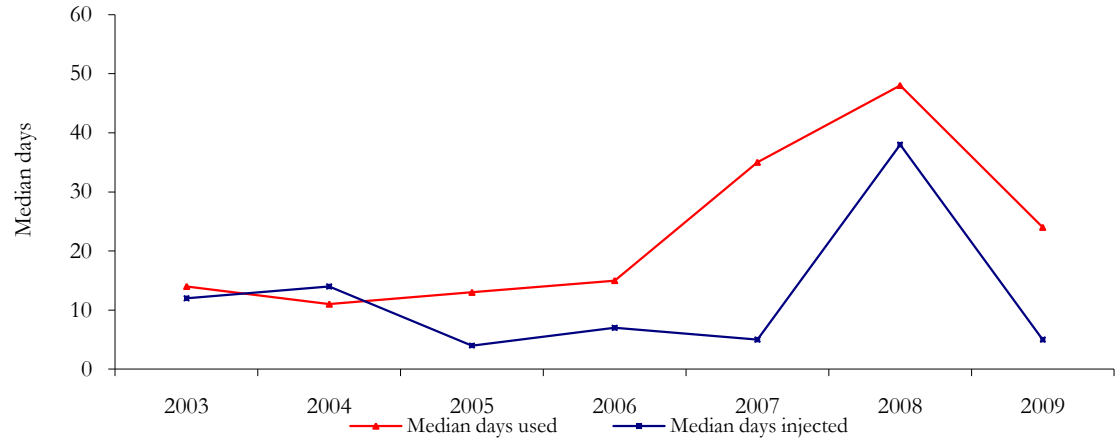
Figure 34: Proportion of participants reporting benzodiazepine use and injection in the preceding six months, 2003-2009



Source: IDRS participant interviews

The median days of use of benzodiazepines declined this year after two years of increase (Figure 35) although it remains at a higher level than that found in 2006 and prior. Median days of injection has also declined, returning to the levels seen in previous years.

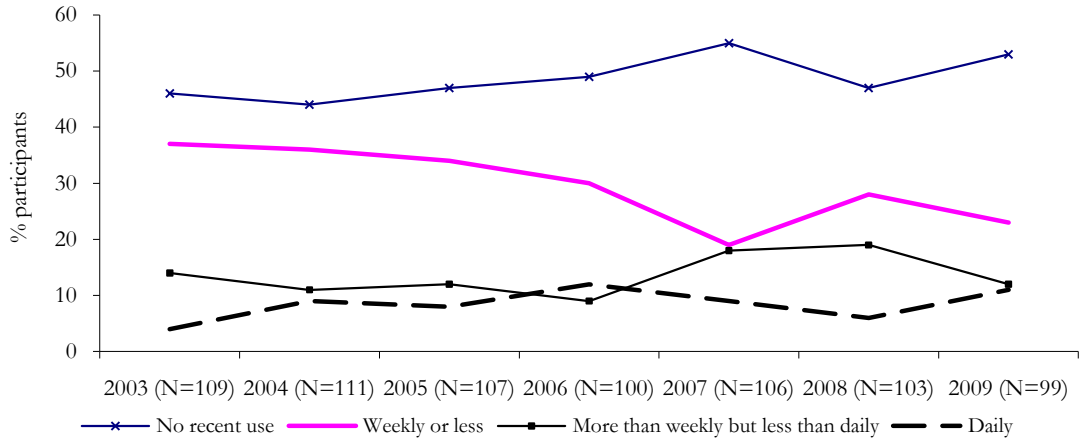
Figure 35: Median days use and injection of benzodiazepines in the past six months, 2003-2009



Source: IDRS participant interviews
Note: Collection of data on the number of days injected commenced in 2003

Daily use of benzodiazepines has increased this year to 11% after a decline in 2008, Figure 36, while less frequent use has declined.

Figure 36: Patterns of benzodiazepine use, 2003-2009



Source: IDRS participant interviews

Thirty-three percent (Table 55) of participants reported recent use of illicit benzodiazepines this year, a result consistent with previous years. Illicit benzodiazepines were the form mostly used by participants from 2005 to 2008, but this is not the case this year, with 21% mostly using a licit form while 18% mostly used an illicit form. Small numbers of respondents reported Xanax and Valium as the main brands used.

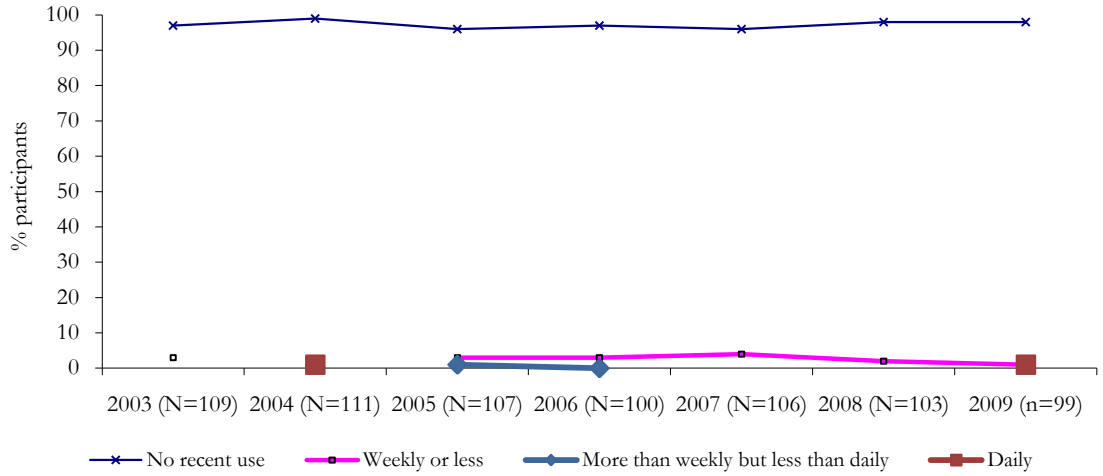
Table 55: Forms of benzodiazepine most used and main brands, 2003-2009

	2003 n=109		2004 n=111		2005 n=107		2006 n=100		2007 n=106		2008 n=103		2009 n=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often*	Used	Most often	Used	Most often
Licit (%)	36	28	38	31	27	25	21	19	34	11	32	27	32	21
Illicit (%)	33	22	41	24	34	26	34	31	33	20	40	28	33	18
Brand (%)														
Xanax / Kalma (alprazolam)	2		4		5		3		19			25		7
Bromazepam (generic)	0		0				1		0			0		
Valium (diazepam)	23		39		27		26		14			18		10
Hypnodorm (flunitrazepam)	2		5		4		2		1			2		
Murelax (oxazepam)	0		0		0		1		0			1		
Serepax (oxazepam)	0		4		5		2		1			0		1
Normison (temazepam)	9		6		6		1		0			0		2
Stilnox (zolpidem)	0		0		0		1		0			0		
Rohypnol	1		1		4		5		0			0		
Other									9			1		2

Source: IDRS participant interview
* Data missing on some records

Recent inhalant use is rare among the participants (Figure 37); this year 2% reported using inhalants, one on a weekly or less often basis and one daily.

Figure 37: Patterns of inhalant use, 2003-2009

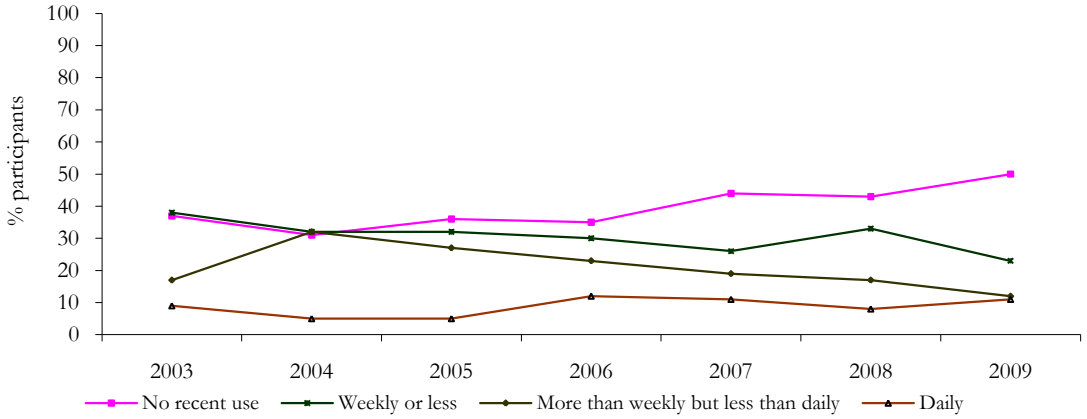


Source: IDRS participant interviews

9.4 Alcohol and tobacco

Fifty-percent (Table 3) of participants reported recent use of alcohol, mostly on a weekly of less basis (Figure 38). Daily use increased this year to 11%, although remaining consistent with previous years.

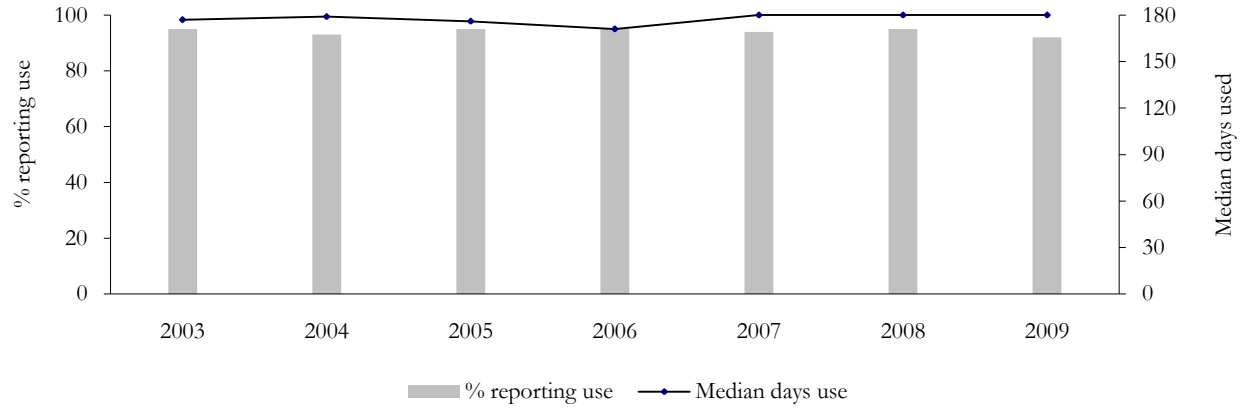
Figure 38: Patterns of recent alcohol use, 2003-2009



Source: IDRS participant interviews

Daily tobacco use was reported by 92% of the participant sample with a median of daily use, a level and pattern of use consistent with those seen in previous years (Figure 39).

Figure 39: Participant reports of tobacco use in the last six months, 2003-2009



Source: IDRS participant interviews

9.5 Trends in other drug use

9.5.1 Benzodiazepines

The proportion of the participant sample reporting recent use of benzodiazepines has been stable at around 50% since 2003 (55% this year); the proportion injecting has also remained stable at around 20% since 2004. Median days of use and injection declined this year after marked increases last year, returning to the levels seen prior to 2007. There have been fluctuations in the main forms used by survey respondents since 2003. In 2003 and 2004, participants mainly used licit benzodiazepines; in 2005 these proportions were equal, and in 2006 and 2007, illicit benzodiazepines were the main reported form, returning to approximately equal proportions in the last two years.

Key experts were consistent in their reports that benzodiazepine use and related injection related health problems were common among different drug using groups, although particularly opioid users.

9.5.2 Ecstasy, LSD, inhalants, tobacco and alcohol

Ecstasy use among the survey sample increased this year while injection was stable, with weekly or less being the main use pattern. LSD remained the main type of hallucinogen used, showing the continuation of a long-term decline in use. Inhalant use remained rare.

Alcohol and tobacco use remained stable with a majority of the sample reporting recent use, and 92% of the sample reporting daily tobacco use. As was the case last year, a number of KE noted that alcohol and tobacco use patterns had remained stable but were at pains to emphasise that alcohol in particular is a major contributor to the risky behaviours associated with illicit drug use, particularly amongst occasional ATS users.

10 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

10.1 Overdose and drug-related fatalities

10.1.1 Heroin

Twenty-five percent of this year's participants sample had overdosed on heroin at least once in their lives (range 1 to 17), one within one year of interview and none within one month. The person who had overdosed within one year had not received any treatment for that overdoase.

10.1.2 Other drugs

Twenty-three respondents (23% percent of the sample) had overdosed on another drug on a median of one occasion (range of one to three times) within a median of 30 months of interview (range of 1 months to 314 months). Nine respondents (39% of those who had ever overdosed on another drug) had overdosed within the 12 months prior to interview. Five percent (Table 56) of the sample reported overdosing on benzodiazepines or morphine. Two respondents had attended a hospital emergency department because of their overdose and one had attended a hospital metal health ward.

Table 56: Overdose on other drugs by participants, 2006-2009

Drug	2006 n=100	2007 n=106	2008 n=103	2009 n=99
LSD (%)	4	0	1	0
Ecstasy (%)	2	2	1	1
Benzodiazepines (%)	5	8	7	5
Alcohol (%)	4	8	2	1
Cannabis (%)	1	1	1	0
Speed (%)	2	8	2	2
Base (%)	0	0	1	0
Ice/crystal (%)	1	0	0	0
Anti-depressants (%)	2	0	0	0
Pharmaceutical stimulants (%)	1	0	0	0
Morphine	0	0	5	5
Other opiates	0	0	0	1
Inhalants	0	0	0	1

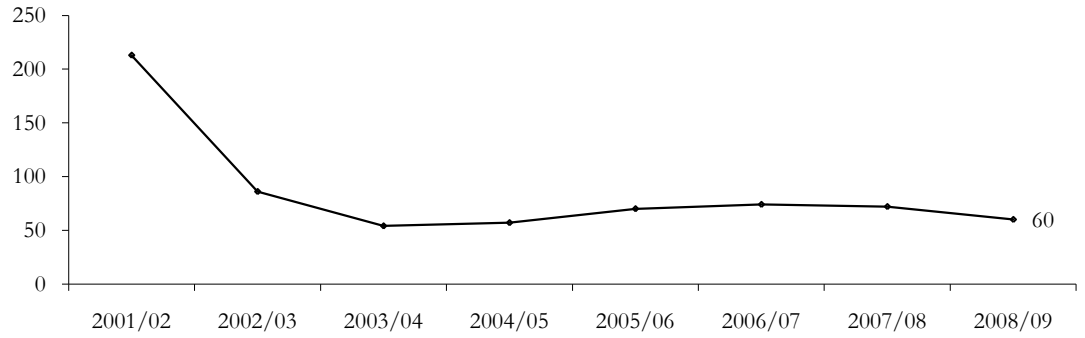
Source: IDRS participant interviews

10.2 Drug treatment

10.2.1 Heroin

The number of closed episodes of treatment in alcohol and other drug treatment services (AODTS) where heroin was the principal or other drug of concern has been stable over recent years (Figure 40).

Figure 40: Number of episodes commenced in NT AODTS where heroin was the principal or other drug of concern, 2001/02-2007/08

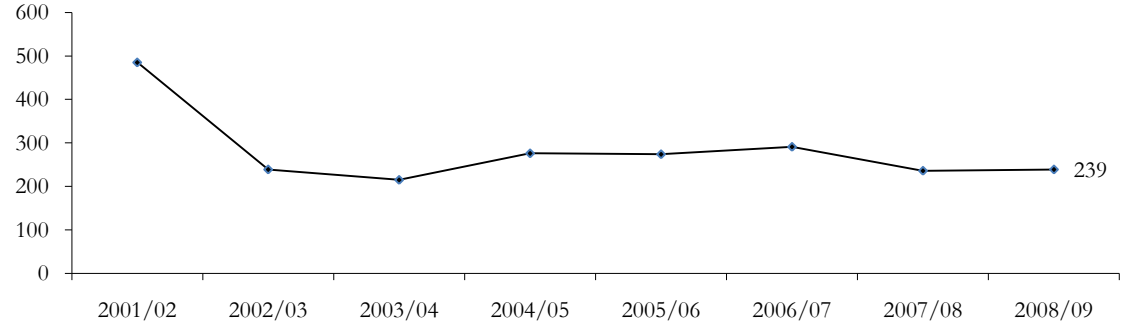


Source: NT AODP

10.2.2 Methamphetamine

The number of closed episodes of treatment where amphetamines were the principal or other drug of concern has been relatively stable over the longer term (Figure 41).

Figure 41: Number of episodes commenced in NT AODTS where amphetamines were the principal or other drug of concern, 2001/02-2007/08

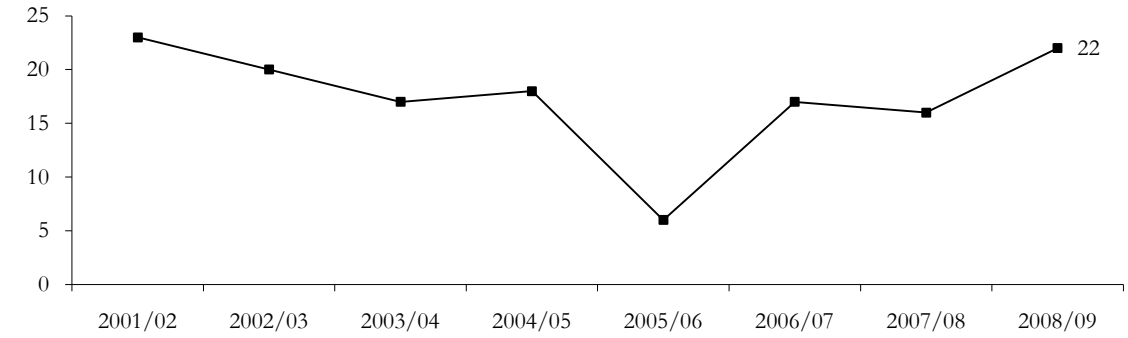


Source: NT AODP

10.2.3 Cocaine

The number of closed episodes of treatment where cocaine was the principal or other drug of concern increased in 2008/09, although still similar to that found in previous years, with the exception of 2005/06 (Figure 42).

Figure 42: Number of episodes commenced in NT AODTS where cocaine was the principal or other drug of concern, 2001/02-2007/08

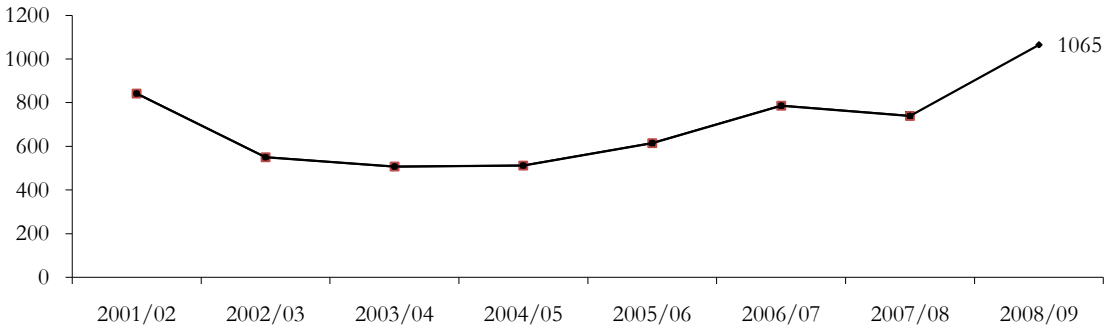


Source: NT AODP

10.2.4 Cannabis

The number of closed episodes of treatment where cannabis was the principal or other drug of concern increased this year and has been showing an upward trend since 2003/04 (Figure 43).

Figure 43: Number of episodes commenced in NT AODTS where cannabis was the principal or other drug of concern, 2001/02-2007/08

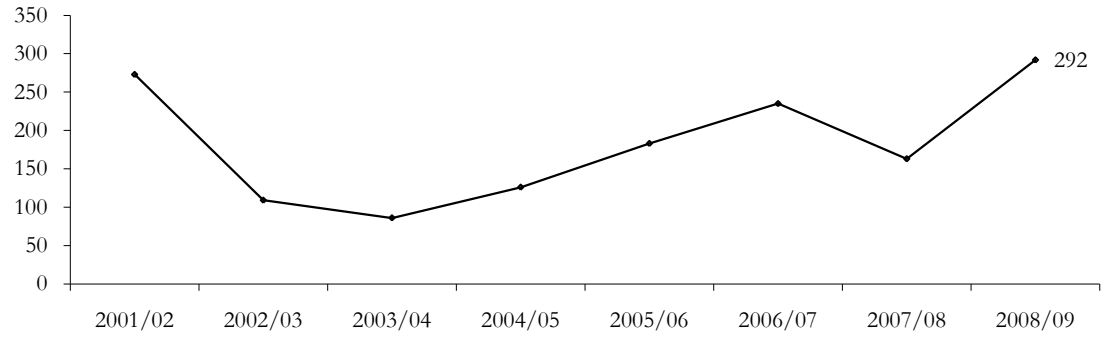


Source: NT AODP

10.2.5 Other drugs

The number of closed episodes of treatment where morphine was the principal or other drug of concern increased to 292 in 2008/09 and with the exception of 2007/08 is trending upwards (Figure 44).

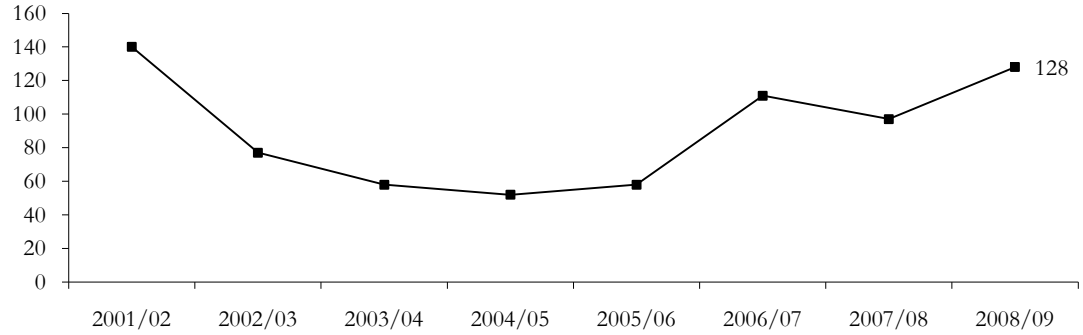
Figure 44: Number of episodes commenced in NT AODTS where morphine was the principal or other drug of concern, 2001/02-2007/08



Source: NT AODP

The number of closed episodes of treatment where ecstasy was the principal or other drug of concern increased somewhat in 2008/09 to 128, this being higher than the number seen in previous years (Figure 45).

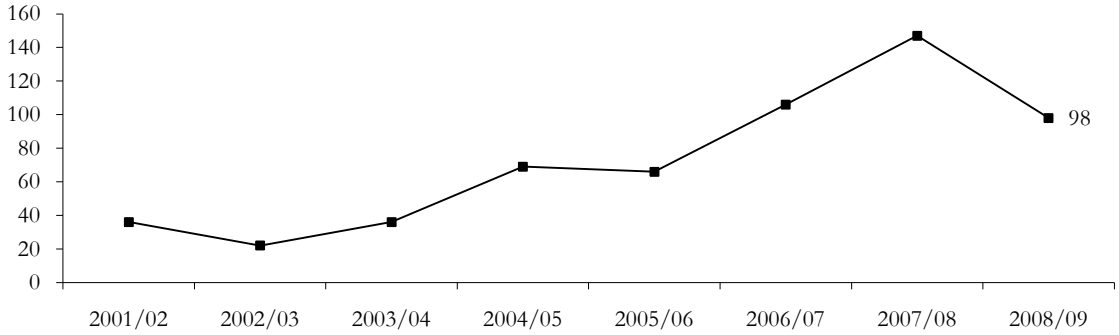
Figure 45: Number of episodes commenced in NT AODTS where ecstasy was the principal or other drug of concern, 2001/02-2007/08



Source: NT AODP

The number of closed episodes of treatment where benzodiazepines were the principal or other drug of concern shows a decline in 2008/09 after marked increase over the period 2002/03 to 2007/08 (Figure 46).

Figure 46: Number of episodes commenced in NT AODTS where benzodiazepines were the principal or other drug of concern, 2001/02-2007/08



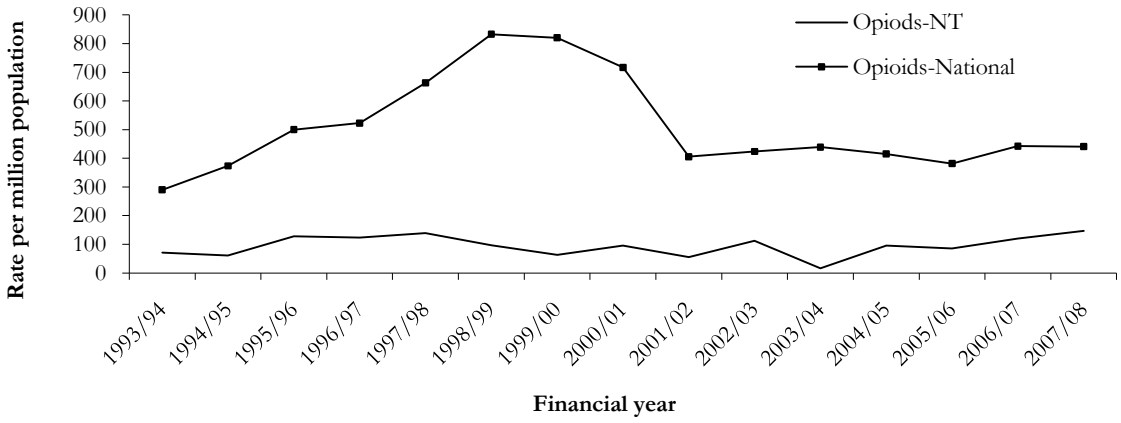
Source: NT AODP

10.3 Hospital admissions

10.3.1 Opioids

The rate of opioid-related admission to NT hospitals in 2007/08 (the most recent year where data is available) increased to 146.7 per million persons (Figure 47) and has fluctuated around 100 per million persons since 1993/94 with no obvious long-term trend, although trending up in the most recent two years. This pattern is consistently lower than the national rate and does not appear to be related to movement in the national rate.

Figure 47: Opioid-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2006/07

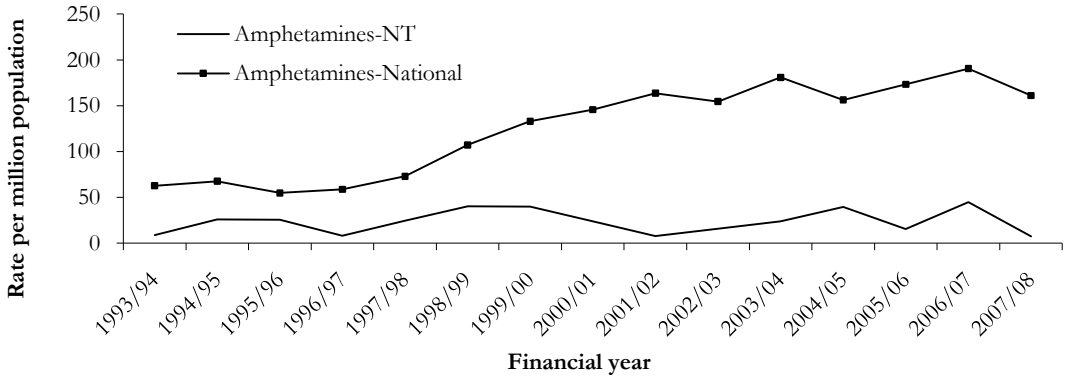


Source: AIHW.

10.3.2 Methamphetamine

The rate of amphetamine-related admissions to NT hospitals in 2007/08 was 7.4 per million persons (Figure 48). The national rate of amphetamine-related admissions has grown steadily since a low in 1995/96.

Figure 48: Amphetamine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2006/07

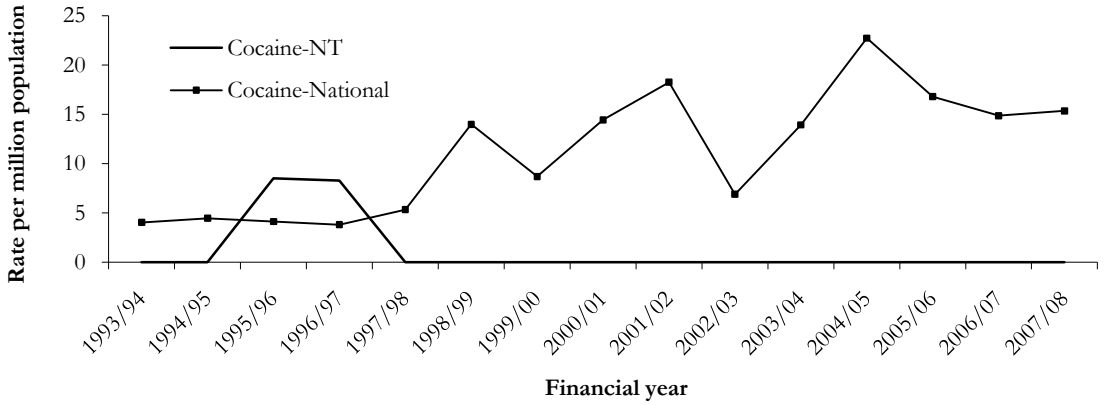


Source: AIHW.

10.3.3 Cocaine

There were no cocaine-related admissions to NT hospitals in 2007/08 (Figure 49), as has been the case in most previous years. Nationally, the rate of admissions per million persons shows high variability over the period shown.

Figure 49: Cocaine-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2006/07



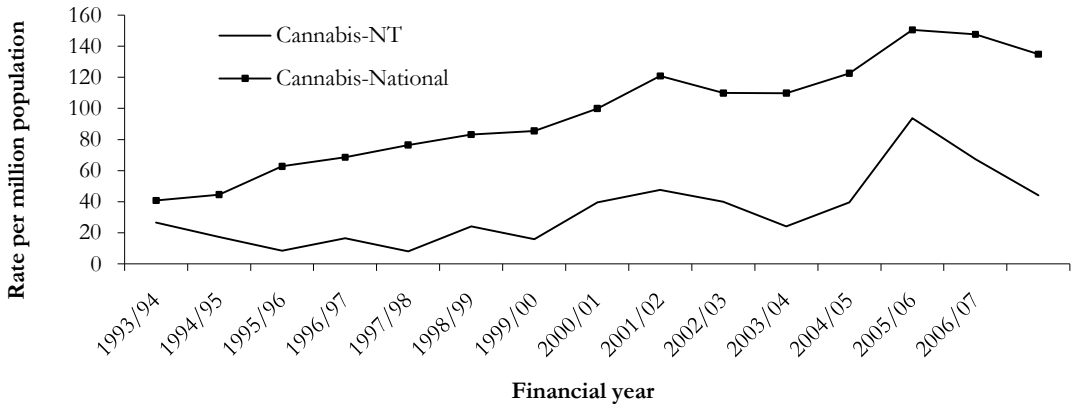
Source: AIHW.

10.3.4 Cannabis

The rate of cannabis-related admission to NT hospitals in 2007/08 was 44.0 per million persons (Figure 50), the second year of decline since 2005/06 showed a substantial increase

on previous years. This series shows an increase over the period shown to some degree mirroring changes in the national rate over time.

Figure 50: Cannabis-related admissions to NT hospitals by financial year, rate per million persons, 1993/94-2006/07



Source: AIHW.

10.4 Injecting drug risk behaviours

10.4.1 Sharing of injecting equipment among participants and related behaviours

Fifty-seven respondents (58% of the sample) had shared injecting equipment in the month prior to interview. Recent sharing of all equipment other than needles increased this year compared to 2008 (Table 57). Of the five participants who had used a needle after someone else, one had done so after their regular sex partner and two after a close friend (two people declined to answer).

Table 57: Proportion of participants reporting sharing injecting equipment in the month preceding interview, 2001-2009

	2001 n=135	**2002** n=111	**2003** n=109	**2004** n=111	**2005** n=107	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99
Spoons/mixing containers	30	15	17	32	22	31	30	21	36
Filters	12	10	11	12	7	14	13	9	23
Tourniquets	17	16	17	15	9	16	21	20	28
Water	7	8	10	10	8	14	13	10	22
Someone used needle after you	10	9	10	13	15	10	7	9	3
You used needle after someone	11	6	6	5	7	7	8	8	5

Source: IDRS participant interviews

Thirty-seven people had reused their own needles (Table 58), usually once (12%) or twice (11%).

Table 58: Re-use of own needles, 2008

Number of times	2008 n=98	2009 n=99
No times (%)	58	63
Once (%)	5	12
Twice (%)	13	11
3-5 times (%)	13	8
6-10 times (%)	5	2
More than 10 times (%)	5	4

Source: IDRS participant interviews

10.4.2 Location of injections

As in previous years, a large majority of the participants sample, 92% (Table 59) had last injected in a private home in the month prior to interview, reporting other locations in similar proportions to those seen previously,

Table 59: Proportion of participants reporting last location for injection in the month preceding interview, 2002-2009

	2002 n=111	2003 n=109	2004 n=111	2005 n=107	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Private home	95	92	93	95	96	96	98	90
Street/carpark/beach	-	-	-	-	-	2	1	2
Other public area	2	2	3	3	0	-	0	3
Car	1	4	1	1	0	0	1	0
Public toilet	2	2	2	1	0	1	0	2
Other	0	0	0	0	4	1	0	0

Source: IDRS participant interviews

Most survey respondents, 95% (Table 60) had obtained their needles from an NSP during the six months prior to interview.

Table 60: Source of needles in last six months, 2008.

Needle source	2008 n=103	2009 n=99
NSP (%)	93	95
NSP vending machine (%)	0	1
Chemist (%)	5	4
Partner (%)	0	0
Friend (%)	10	0
Dealer (%)	5	0
Hospital (%)	0	0
Outreach/peer worker (%)	0	0
Other (%)	1	0

Source: IDRS participant interviews

10.4.3 Blood-borne viral infections

Notifications of new cases of hepatitis B (HBV) and hepatitis C (HCV) to the National Notifiable Diseases Surveillance System (NNDSS) have reduced in 2009 compared to 2007 and 2008 (Table 61) although showing similar levels to those seen in previous years. No new cases of human immunodeficiency virus (HIV) were notified in 2009.

Table 61: Total notification of HBV, HCV and HIV, 1999-2009

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
HBV (incident) (n)	19	6	3	12	15	8	5	11	12	8	7
HCV (unspecified) (n)	187	191	212	201	219	261	257	267	227	222	167
HIV new cases (n)	5	3	3	8	4	8	2	9	5	NA*	NA

Source: NNDSS & NCHECR
* 'NA' = not available

The finger-prick survey carried out in the Darwin and Alice Springs NSP, auspiced by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), found one person with HIV antibodies in the most recent sample (2008) (Table 62). HCV antibody prevalence (n=18) declined.

Table 62: HIV and HCV antibody prevalence in NSP survey respondents, 1998-2007

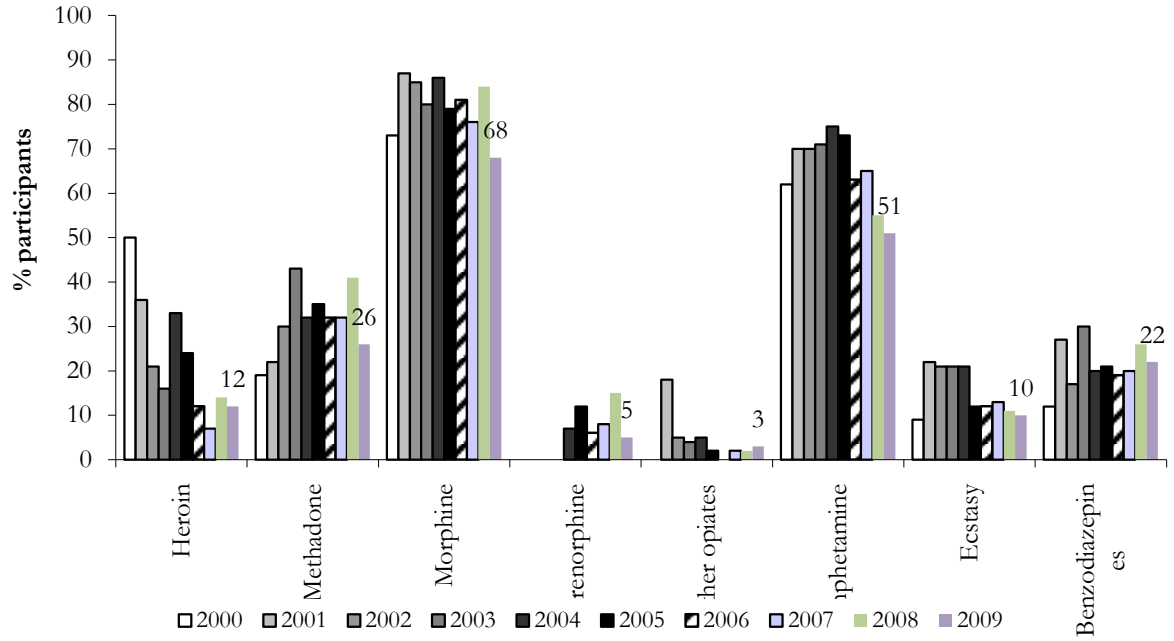
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
HIV antibody (%/n)	5 (87)	4 (79)	1 (90)	0 (79)	0 (47)	1 (61)	0 (16)	0 (24)	0 (20)	0 (29)	1 (73)
HCV antibody (%/n)	40 (88)	49 (79)	38 (91)	50 (84)	29 (47)	29 (62)	9 (16)	12 (24)	5 (17)	18 (29)	38 (72)

Source: NCHECR

10.4.4 Self-reported injection-related health problems

Morphine (98%) and some form of amphetamine (51%) have been consistently the main recently injected drugs in the participant samples since 2000 (Figure 51). Recent injection of methadone (26%) and benzodiazepines (22%) were the next most common. Although recent injection of the drugs shown has fluctuated over the period shown, recent injection of morphine declined this year and over time, as has injection of an amphetamine. Recent injection of benzodiazepines may have increased.

Figure 51: Recent injection in the participant sample, 2000-2009



Source: IDRS participant interviews

The pattern of injection-related problems in the participant sample is similar to that seen in previous years (Table 63) with scarring/bruising (45%) and difficulty injecting (42%) being the most common problems. The proportion of respondents reporting a dirty hit has increased this year to 25%. The proportions reporting overdose (11%) and an abscess or infection (16%) have also increased.

Table 63: Proportion of participants reporting injection-related problems month prior to interview, by problem type, 2001-2009

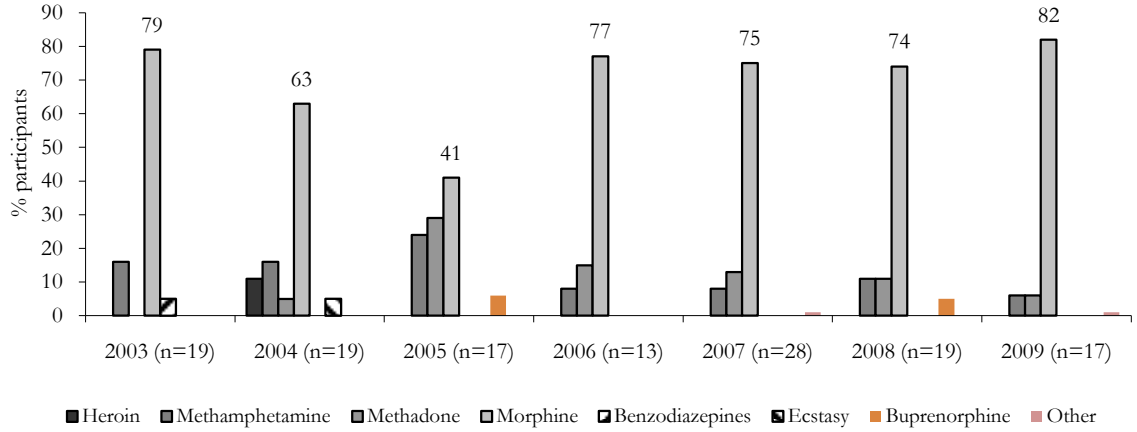
	2001 n=135	**2002** n=111	**2003** n=109	**2004** n=111	**2005** n=107	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99
Overdose	10	0	1	1	0	1	1	1	11
Dirty hit	40	18	17	17	17	13	27	18	25
Abscess/infection	13	12	10	12	8	9	11	11	16
Scarring/bruising	40	44	59	65	43	42	49	53	45
Difficulty injecting	41	31	51	48	40	42	45	45	42
Thrombosis	9	5	8	10	6	4	7	11	6

Source: IDRS participant interviews

Nine of the eleven respondents reporting recent overdose also reported the main drug associated with that overdose: 4 reporting heroin, 3 reporting morphine and 1 reporting benzodiazepines.

Morphine was the main drug causing a dirty hit in the month before interview (82%), as was the case in previous years (Figure 52).

Figure 52: Main drug causing dirty hit in last month, 2003-2009



Source: IDRS participant interviews

10.5 Mental health problems and psychological distress

Thirty percent of the participants sample reported having experienced a mental health problem in the six months prior to interview and the pattern of mental health problems reported is almost identical to that found in previous years, with depression (17%) and anxiety (10%) being the most common (Table 64).

Table 64: Proportion of participants self-reporting recent mental health problems, 2004-2009

	2004 n=111	**2005** n=107	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99
Depression	23	22	22	17	19	17
Manic depression	2	2	3	1	4	3
Anxiety	10	8	10	10	10	10
Panic	1	3	3	4	1	2
Paranoia	1	2	2	2	3	0
Personality Disorder	1	0	0	1	0	2
Schizophrenia	5	3	3	3	3	6
Drug-induced psychosis	1	2	2	1	1	0
Other psychosis (not drug-induced)	2	0	0	0	0	0

Source: IDRS participant interviews

Seventy-three percent of this group (22% of the entire sample) had attended a health professional for the reported mental health problem and most of these (64%) had been prescribed medication. Forty-three percent of this group (n=6) had been prescribed an anti-depressant, 36% (n=5) a benzodiazepine and 25% (n=5) an antipsychotic. A range of specific medications were provided in small numbers, as shown in Table 65.

Table 65: Types of medication received for mental health problems, 2007-2009

	2007 n=106	2008 n=103	2009 n=99
Antidepressant			
Endep (amitriptyline) (%)	2	1	0
Avanza (mirtazapine) (%)	4	1	0
Zoloft (sertraline) (%)	1	3	3
Efexor (venlafaxine) (%)		1	0
Other (%)	2	4	3
Antipsychotic			
Flupenthixol (generic) (%)	1	0	0
Largactil (chlorpromazine) (%)	1	0	0
Risperdal (risperidone) (%)	2	1	1
Seroquel (quetiapine) (%)	1	1	0
Zyprexa (olanzapine) (%)	2	0	1
Other (%)	1	1	3

Source: IDRS participant interviews

Ninety-five percent of the participants sample responded to the 10-item Kessler Psychological Distress Scale (K10) (Kessler, 2002) a questionnaire designed to measure the level of distress and severity associated with psychological symptoms in population surveys. The mean total score was 20.4 (median=18, SD=8.7, range=10-46). Results categorised using total score ranges consistent with those used by the Australian Bureau of Statistics are shown in Table 66. Using these categories, almost one in five (17%) of those able to respond reported experiencing a very high level of distress over the four weeks before interview.

Table 66: Level of psychological distress, 2008

Level of distress*	2008 n=98	2009 n=99
Low or no distress (10-15)	31	34
Moderate distress (16-21)	26	26
High distress (22-29)	25	23
Very high distress (30-50)	19	17

Source: ??

* Total score range in brackets

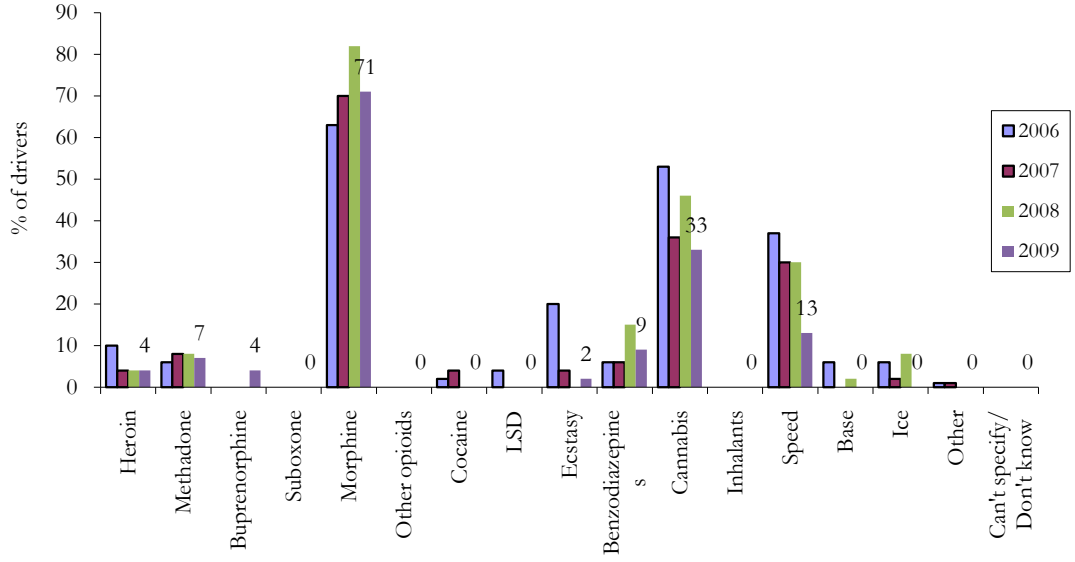
10.6 Driving risk behaviours

Sixty percent of the participant sample had driven a car within the six months prior to interview. Of this group, 26% had driven under the influence of alcohol in that time, with 64% of this second group in turn having driven over the legal limit on a median of three occasions.

Seventy-eight percent of drivers reported that within the six months prior interview they had driven under the influence of illicit drugs on a median of 30 (range 2 to 180) times within a median of 30 minutes after taking the drugs. Morphine (71%) and cannabis (33%) were the most common drugs reported by drivers, followed by speed (13%) and benzodiazepines (9%) (Figure 53). Seven percent had driven under the influence of methadone.

Participants also reported the drug taken before the last time they had driven under the influence, responding with similar drug types: morphine 53%, benzodiazepines 5%, cannabis 19%, and speed 7%.

Figure 53: Participants driving after taking an illicit drug by drug type, 2006-2009



Source: IDRS participant interviews

Sixty-four percent (Table 67) of those who had driven under the influence of illicit drugs within the six months prior to interview felt that the drugs had not impaired their driving the last time they had done so; 25% reported that their driving had been slightly or quite impaired, while 11% felt that the drugs had improved their driving.

Table 67: Self-reported impairment after drug driving, 2007 & 2008

	2007 n=51	2008 n=48	2009 n=99
Quite impaired (%)	4	8	9
Slightly impaired (%)	12	19	16
No impact (%)	73	65	64
Slightly improved (%)	8	8	9
Quite improved (%)	4	0	2

Source: IDRS participant interviews

10.7 Summary of health-related trends

Nine respondents reported overdose within the 12 months prior to interview, one attributed to heroin and five each to morphine and benzodiazepines.

Treatment episodes in NT AODTS where a given drug was either the principal or other drug of concern increased for cocaine, cannabis, morphine and ecstasy. Episodes of treatment involving each of these drugs show increases since around 2004/05. Episodes involving benzodiazepines declined this year after five years of increase.

Hospital admissions related to opioids, methamphetamines, cocaine and cannabis continued to occur at a lower rate than is the case nationally. The NT rate of admissions related to opioids has increased in the most recent year available (2007/08), while rates of admission for amphetamines and cannabis have declined.

Consistent with previous years, a small proportion of the participants had either lent (3%) or borrowed (5%) used needles in the month prior to interview, with larger proportions sharing other injecting equipment. One third of the sample had reused their own needles, mostly once (12%) or twice (11%), although up to 10 or times in some cases. As in previous years, a large majority of the participant sample (92%) had usually injected in a private home in the month before interview. Most survey respondents (95%) had obtained their needles from an NSP during the six months prior to interview, with 4% obtaining needles from a chemist.

Notifications of new cases of HBV and HCV were reduced in compared to 2008, and no new cases of HIV were notified in 2008. The finger-prick survey carried out in the Darwin and Alice Springs NSP found that HCV antibody prevalence increased from 29% of the sample in 2006 to 62% this year.

Morphine and some form of amphetamine have been consistently the main recently injected drugs in the participant samples since 2000, although both declining this year compared to 2008.

The pattern of injection-related problems in the participants sample is similar to that seen in previous years with scarring/bruising (45%) and difficulty injecting (42%) being the most common problems. The proportion of respondents reporting a dirty hit has increased to 25% (18% in 2008), with morphine continuing to be the drug most commonly associated with a dirty hit.

Thirty percent of the participants sample reported having experienced a mental health problem within the six months prior to interview and the pattern of mental health problems reported is almost identical to that found in previous years, with depression (17%) and anxiety (10%) being the most common. Seventy-three percent of this group (22% of the entire sample) had attended a health professional for the reported mental health problem and most of these (64%) had been prescribed medication. Forty-three percent of this group (n=6) had been prescribed an anti-depressant, 36% (n=5) a benzodiazepine and 25% (n=5) an antipsychotic. Seventeen percent (19% in 2007) of those who completed the K10 component of the survey returned a result indicating a high level of stress and severity associated with psychological symptoms.

Sixty percent of the participant sample had driven a car within the six months prior to interview. Of this group, 26% had driven under the influence of alcohol in that time, with 64% of this second group in turn having driven over the legal limit on a median of three occasions. Seventy-eight percent of drivers reported that within the six months prior interview they had driven under the influence of illicit drugs on a median of 30 (range 2 to 180) times within a median of 30 minutes after taking the drugs. Morphine (71%) and cannabis (33%) were the most common drugs reported by drivers, followed by speed (13%) and benzodiazepines (9%).

11 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

11.1 Reports of criminal activity among participants

Twenty-six percent of the participant sample (Table 68) reported having committed at least one crime in the month prior to interview (median=1, not shown). Property crime was the most frequently reported crime (16%) followed by dealing (14%). This pattern of crime is consistent with that found in previous years, although reporting of property crime shows a decline over time (Figure 54). Fraud and violent crime reporting may also be declining.

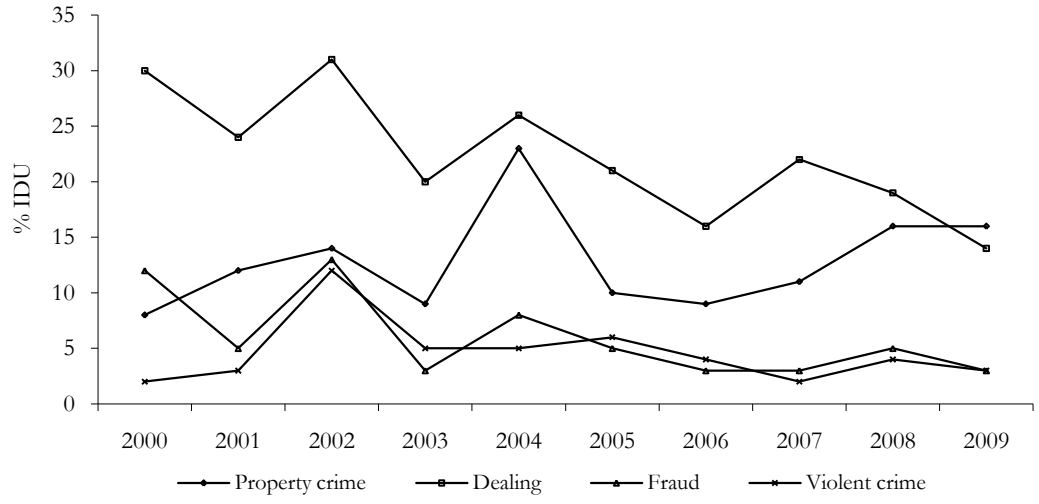
Table 68: Criminal and police activity as reported by participants, 2004-2009

	2004 n=111	2005 n=107	2006 n=100	2007 n=106	2008 n=103	2009 n=99
Criminal activity in last month (%)						
Dealing	26	21	16	22	19	14
Property crime	23	10	9	11	16	16
Fraud	8	5	3	3	5	3
Violent crime	5	6	4	2	4	3
Any crime	39	31	26	29	35	26
Arrested in last 12 months	27	18	28	27	25	20

Source: IDRS participant interviews

Twenty percent of the sample had been arrested within 12 months of interview (Table 68). Of this group, 15% (not shown) had been arrested for property crime or violent crime and 30% for a driving offence.

Figure 54: Proportion of participants reporting engagement in criminal activity in prior month, by offence type, 2000-2009



Source: IDRS participant interviews

11.2 *Reports of police activity towards participants*

11.2.1 *Arrests*

Heroin

The NT has recorded only small numbers of heroin and other opioid arrests and seizures since 2003/04 (Table 69).

Table 69: Heroin arrest and seizure characteristics, 2003/04-2007/08

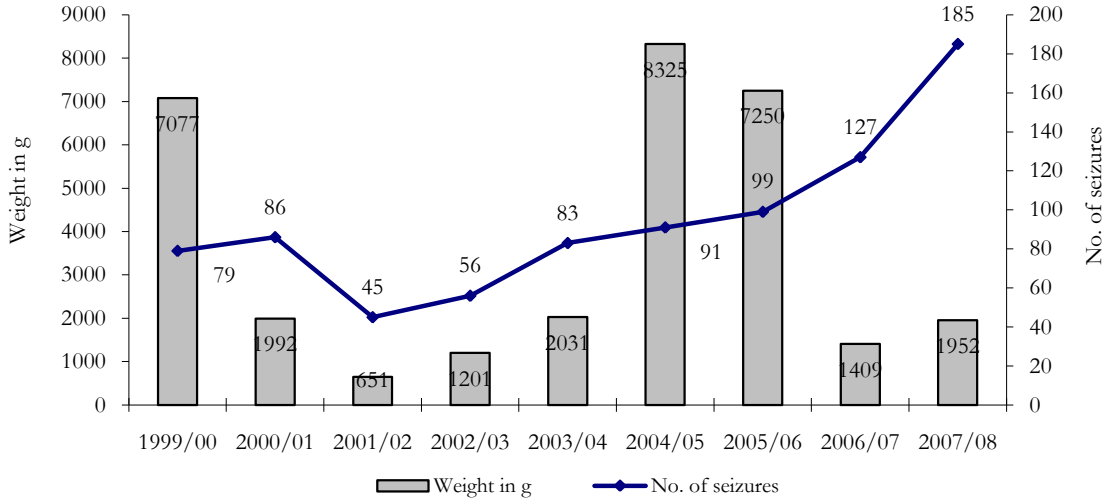
	2003/04	2004/05	2005/06	2006/07	2007/08
Consumer arrests	0	1	0	1	1
Provider arrests	0	0	0	0	0
Total arrests*	1	2	0	1	1
Seizure number	2	3	1	2	1
Seizure weight (g)	0	20	2	1	2

Source: Australian Crime Commission (ACC)
* Includes arrests where consumer/provider status is not provided and so may be greater than the sum of the rows above
NA Not Available

Methamphetamine

Figure 55 shows the number of ATS seizures by AFP and NT police between 1999/00 and 2007/08, the most recent data available. The number of seizures has increased steadily since 2001/02 to 185 in the most recent year recorded. The weight of seizures jumped dramatically from 2,031g in 2003/04 to a maximum for the period shown of 8,325g in 2004/05, dropping to 1,952 in the current year.

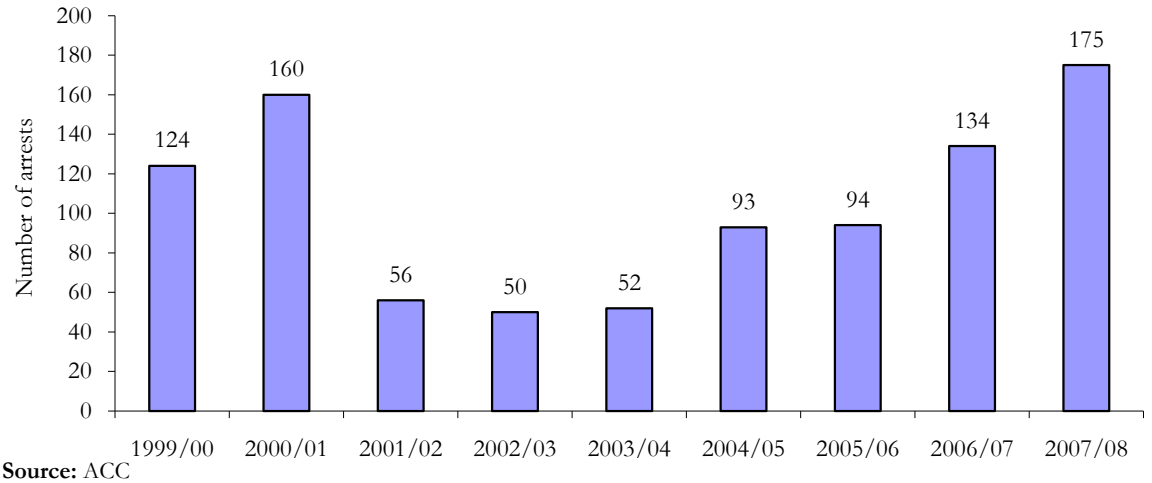
Figure 55: Number of ATS seizures in NT, 1999/00-2006/07



Source: Australian Bureau of Criminal Intelligence (ABCI) and ACC
Note: Excludes the over 25 litres of liquid amphetamines seized in two clandestine laboratories by NT Police in 2003/04

The total number of ATS consumer and provider arrests made in the NT in 2007/08 increased to 175 (Figure 56), increasing for the second year running.

Figure 56: Number of ATS total consumer and provider arrests in the NT, 1999/00-2006/07



Source: ACC

Cocaine

As is the case with heroin arrests, the NT has recorded only small numbers of cocaine arrests and seizures since 2003/04 (Table 70), recording no arrests and no seizures in 2007/08.

Table 70: Cocaine arrest and seizure characteristics, 2003/04-2006/07

	2003/04	2004/05	2005/06	2006/07	2007/08
Consumer arrests	**0**	**5**	**1**	**1**	**0**
Provider arrests	**0**	**0**	**1**	**0**	**0**
Total arrests*	**0**	**5**	**1**	**1**	**0**
Seizure number	**0**	**4**	**3**	**3**	**0**
Seizure weight (g)	**0**	**8**	**5**	**26**	**0**

Source: ACC

*** Includes arrests where consumer/provider status is not provided and so may be greater than the sum of the rows above**

Cannabis

Consumer and provider arrests related to cannabis declined in 2007/08, after three years of increase, to a total of 552 (Table 71). The number and weight of seizures both increased into 2007/08.

Table 71: Cannabis arrest and seizure characteristics, 2003/04-2006/07

	2003/04	2004/05	2005/06	2006/07	2007/08
Consumer arrests	1	289	368	409	386
Provider arrests	0	99	113	137	91
Total arrests*	315	429	526	588	552
Seizure number	790	877	1144	986	1,077
Seizure weight (g)	139,220	56,736	55,662	55,202	83,179

Source: ACC

* Includes arrests where consumer/provider status is not provided and so may be greater than the sum of the rows above

The number of cannabis infringement notices issued as recorded by the ACC increased between 2003/04 and 2005/06 (Table 72) but declined into 2006/07 and 2007/08.

Table 72: Cannabis infringement notices, 2003/04-2006/07

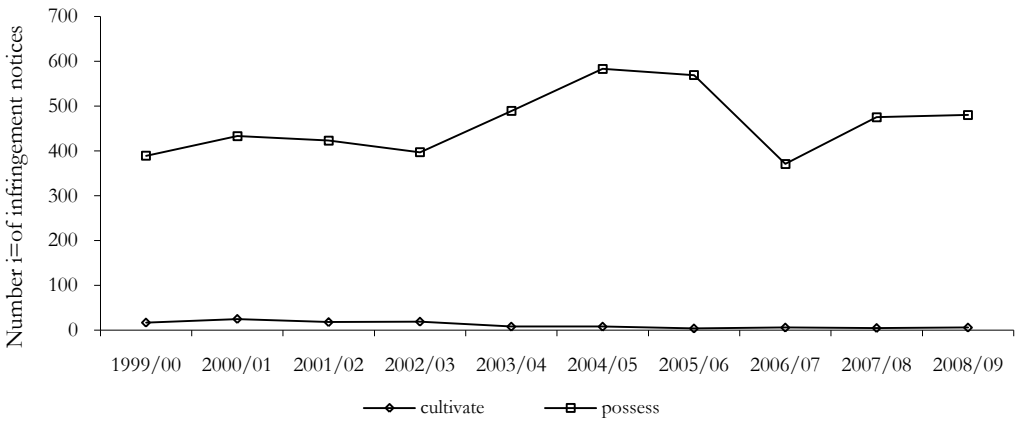
	2003/04	2004/05	2005/06	2006/07	2007/08
Consumer arrests	0	409	481	399	378
Provider arrests	0	2	0	0	0
Total arrests*	300	434	481	399	378

Source: ACC

* Includes arrests where consumer/provider status is not provided and so may be greater than the sum of the rows above

More recent data from the NT Police suggests that the number of infringement notices served has been stable into 2008/09 (Figure 57).

Figure 57: Number of infringement notices served for cultivation or possession of cannabis 1999/00-2007/08

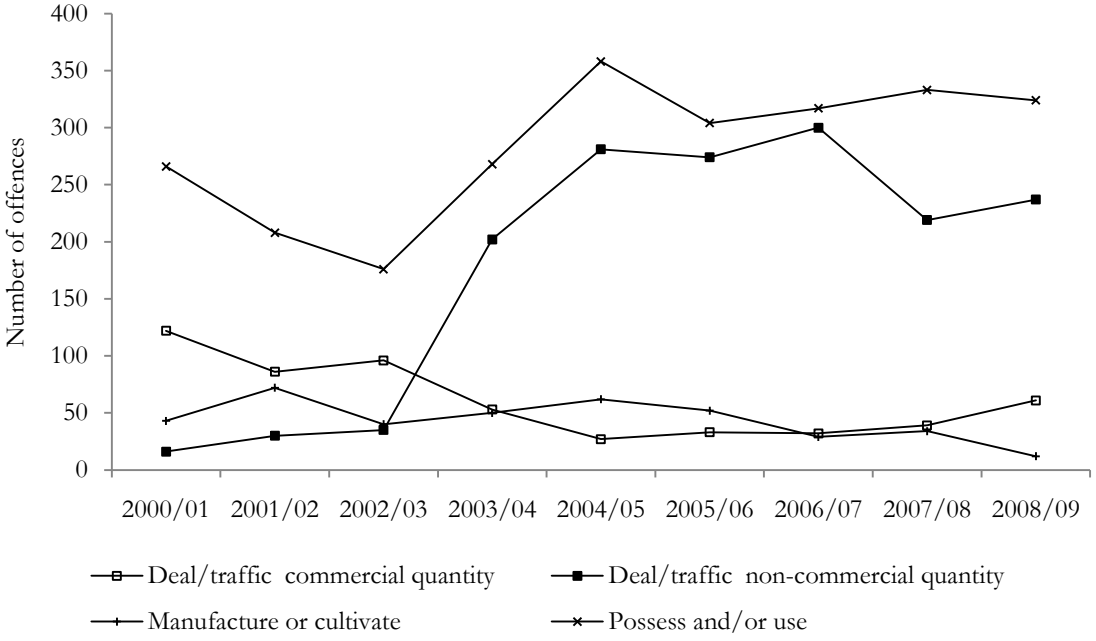


Source: NT Office of Crime Prevention

11.2.2 Finalized drug offences

Over the period shown in Figure 58, finalised offences by the NT Police for dealing or trafficking a commercial quantity of illicit drugs has declined overall, although increasing slowly since 2004/05. Dealing or trafficking in non-commercial quantities has increased this year, fluctuating around a higher level since 2003/04 than was the case before that year. Finalised offences for possession or use of illicit drugs shows a similar pattern.

Figure 58 : Finalised offences for illicit drug related crimes 2000/01 - 2008/09



Source: NT Office of Crime Prevention

11.3 Expenditure on illicit drugs

On the day before interview, 37% of the participant sample had spent at least some money on illicit drugs (Table 73), the most common amounts being $50-$99 and greater.

Table 73: Amount spent on drugs on the day before interview, 2002-2009

	2002 n=111	**2003** n=109	**2004** n=111	**2005** n=107	**2006** n=100	**2007** n=106	**2008** n=103	**2009** n=99
$0 (%)	44	44	32	42	47	30	42	63
Less than $20 (%)	3	3	3	3	0	4	1	2
$20-$49 (%)	9	13	17	14	6	22	11	8
$50-$99 (%)	16	22	24	24	15	19	21	10
$100-$199 (%)	20	13	16	14	18	15	15	10
$200 or more (%)	8	6	8	3	8	11	8	6

Source: IDRS participant interviews

11.4 Law enforcement-related trends

Twenty-six percent of the participant sample reported having committed at least one crime in the month prior to interview (median=1, not shown). Property crime was the most frequently reported crime (16%) followed by dealing (14%). This pattern of crime is consistent with that found in previous years, although reporting of property crime shows a decline over time

Twenty percent of the sample had been arrested within the 12 months prior to interview. Of this group, 15% (not shown) had been arrested for property crime or violent crime and 30% for a driving offence.

The NT has recorded only small numbers of heroin and other opioid arrests and seizures since 2003/04. The total number of ATS consumer and provider arrests made in the NT in 2006/07 increased to 175, the highest number recorded since 2000/01. The number of seizures has increased steadily since 2001/02 to 185 in the most recent year, with the weight of seizures showing an increase from 1,409g in 2008 to 1,952g this year.

Consumer and provider arrests related to cannabis declined to a total of 552, although consistent with previous years. Both the number and weight of seizures increased. The number of cannabis infringement notices issued as recorded by the ACC increased between 2003/04 and 2005/06 but declined in 2006/07 and 2007/08. More recent data from the NT Police suggests that the number of infringement notices served has been stable 2007/08 and 2008/09.

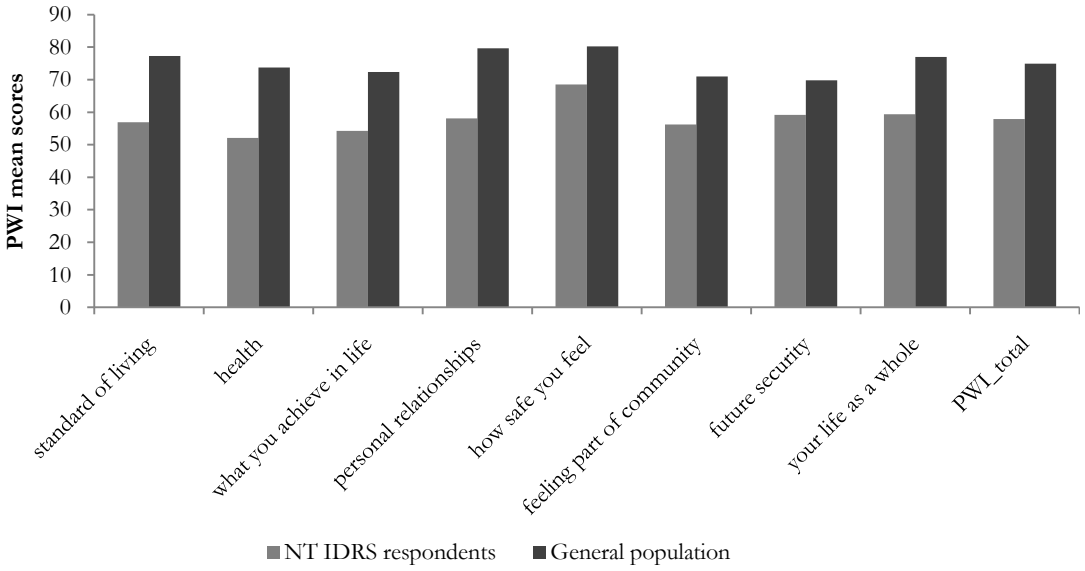
12 SPECIAL TOPICS OF INTEREST

12.1 Personal well being

This year IDRS participants were asked questions comprising the Personal Wellbeing Index (PWI). The PWI asks questions about how satisfied they are with a range of aspects of their life, including: standard of living, health, relationships, achievements, safety, community, future security and their life as a whole. Participants answer on a scale of 0 (very unsatisfied) to 10 (very satisfied) on each domain. Domain responses are combined to produce an index score between with a range of 0-100. At typical levels of wellbeing where people feel good about themselves and have a sense of optimism, they return average scores between 70-80; individuals with average scores below 50 are at a higher risk of depression (Cummins, et al, 2007).

NT IDRS participants scored below the general Australian population in all domains in the PWI (Figure 59) and below the expected range of scores (60-90) on all domains except personal safety.

Figure 59: Personal Wellbeing Index, NT IDRS participants and the general Australian population mean scores, 2009



12.2 Chronic Physical health

Substantial proportions of the IDRS participants have been diagnosed with asthma (32%, Table 74), heart or circulatory conditions other than stroke (25%) and gout, rheumatism or arthritis (23%). Asthma was diagnosed at an early median age of 8 years, while other chronic conditions were diagnosed at a median age of 24 years or over. With the exception of stroke, four out of ten or more had received treatment for their condition within 12 months of interview.

Table 74: Lifetime diagnosed, age and treatment for chronic conditions, 2009

	Ever diagnosed (% participants)	Age first diagnosed (median)	Received treatment in last 12 months (% diagnosed)
Asthma	31	8	42
Cancer	8	31	50
A stroke (or effects a stroke)	5	24	0
Any (other) heart or circulatory condition	24	35	46
Gout, rheumatism or arthritis	22	29	64
Diabetes or high blood sugar levels	4	32	50

Source: IDRS participants

Eighty-three percent of participants reported being ever diagnosed with other conditions (Table 75), including: back or neck pain or problems (47%), vision problems (30%), joint/muscular/skeletal problems (26%) and migraine (32%).

Table 75: Lifetime diagnosis, age and treatment of other chronic conditions, % who responded, 2009

	Ever diagnosed (% participants)	Age first diagnosed (median)	Received treatment in last 12 months (% diagnosed)
Epilepsy	4	19	0
Skin problems	13	19	67
Vision problems	30	40	44
Hearing problems	13	25	9
Diabetes	2	42	100
High blood pressure	10	38	56
Liver disease	13	36	39
Respiratory disease	7	44	57
Joint/muscular/skeletal	26	32	65
Human papilloma virus	1	20	100
Septacemia	4	39	25
Cellulitis	7	37	100
Hay fever	14	13	21
Sinus or sinus allergy	5	12	25
Emphysema	8	43	60
Bronchitis	17	13	40
Anaemia	7	20	29
Fluid problems/fluid retention/oedema	7	41	17
Hernias	6	31	17
Kidney problems	3	32	33
Psoriasis	4	28	25
Stomach ulcer or other gastrointestinal ulcer	13	32	42
Thyroid trouble/goiter	3	50	0
Tuberculosis	4	40	50
Back or neck pain or back or neck probs	47	26	64
Migraine	32	18	27

12.3 Dental Health

Eighty-four percent of IDRS participants reported their reasons for their last appointment with a dentist (Table 76). Almost half (49%) of this group last attended the dentist for an extraction and 20% for a check-up. One in five (20%) paid for this visit.

Participants had lost a median of four (range of 0-28) teeth in their lives. Over the 12 months before interview, sixty-five percent of participants had not visited the dentist when needed, and reported a median number of visits of 0.

Table 76: Dental health characteristics, NT IDRS paricipants, 2009.

	2009
Reason for last dental visit (%)	(n=84)
Check-up	20
Relief of pain	6
Fillings	13
Extraction	49
Other procedures	22
Paid for last visit (%)	19
	(n=99)
Median number of teeth lost (range)	4 (0-28)
Did not attend dentist when required last 12 months (%)	65
Median number of visits to dentist in last 12 months (range)	0 (0-24)

12.4 Gambling

Thirty percent of IDRS participants had gambled within the 30 days before interview (Table 77) on a median of 4 days (range 1 to 18). Seventy percent of this group had used poker machines and 30% had attended a Casino on the last occasion they had gambled, with similar proportions reporting these as their usual forms of gambling. Recent gamblers spent a median of $40 (range $20 to $400) on their last occasion gambling.

Table 77: Self reported gambling among those who commented, 2009.

	2009 n=99
Gambled in the last 30 days	30
Usual form of gambling	n=30
Poker machines (%)	70
Horse/dog racing (%)	17
Casino (%)	30
Other (%)	17
Last form of gambling	n=30
Poker machines (%)	63
Horse/dog racing (%)	10
Casino (%)	13
Other (%)	13
Median days gambled in the last 30 days (%)	4
Under the influence of alcohol when last gambled (%)	48
Under the influence of illicit drugs when last gambled (%)	70
Median amount spent on gambling the last time ($)	40

Forty-eight percent (Table 78) of recent gamblers had been under the influence of alcohol when they last gambled and 70% reported having been under the influence of illicit drugs, primarily morphine (57%, Table 79).

Table 78: Under the influence of alcohol or illicit drugs when last gambled, 2009

	2009 n=30
Ecstasy	0
Methamphetamine	
Powder	10
Base	0
Crystal	1
Cocaine	10
Ketamine	5
Cannabis	19
Morphine	57
Other	5

The sixteen recent gamblers had gambled on four or more days in the 30 days before interview were administered the Problem Gambling severity Index (PGSI). The PGSI comprises nine items each scored on a 5 point Likert scale (1=never to 5 =always). The total PSGI score is categorised into: recreational gambling, low risk, moderate risk and problem gambling. Of those who responded, the proportions scoring in each category were: 19% in recreational gambling, 25% in low risk, 25% in moderate risk and 31% in problem gambling.

13 IMPLICATIONS

The findings of the 2009 NT IDRS imply that:

- The illicit drug market in the NT should continue to be monitored for changes in price, purity and availability trends, and evidence of related harms.
- The use of diverted pharmaceuticals and related harms should be monitored with particular attention paid to the impact of changes in S8 prescribing practices on the illicit drug market.
- The use of over-the-counter pain medications among injecting drug users should be investigated further.
- Patterns and prevalence of illicit benzodiazepine use and consequent injection related health problems should be monitored.
- Given KE questions about the level of crystal methamphetamine use in the NT it would be appropriate to investigate this issue further.

REFERENCES

Andrews, G. & Slade, T. (2001). Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health*, 25, 494-497.

Australian Bureau of Criminal Intelligence. (2001). *Australian Illicit Drug Report 1999-2000*. Canberra: ABCI.

Australian Bureau of Criminal Intelligence. (2002). *Australian Illicit Drug Report 2000-2001*. Canberra: ABCI.

Australian Crime Commission. (2003). *Australian Illicit Drug Report 2001-2002*. Canberra: Commonwealth of Australia.

Australian Crime Commission. (2004). *Australian Illicit Drug Report 2002-2003*. Canberra: Commonwealth of Australia.

Australian Crime Commission. (2005). *Australian Illicit Drug Report 2003-2004*. Canberra: Commonwealth of Australia.

Australian Crime Commission. (2006). *Illicit Drug Data Report 2004-2005*. Canberra: Commonwealth of Australia.

Australian Crime Commission. (2007). *Illicit Drug Data Report 2005-2006*. Canberra: Commonwealth of Australia.

Australian Crime Commission. (2008). *Illicit Drug Data Report 2006-2007*. Canberra: Commonwealth of Australia.

Australian Institute of Health and Welfare. (2002a). *2001 National Drug Strategy Household Survey: Detailed findings*. Canberra: AIHW.

Australian Institute of Health and Welfare. (2002b). *2001 National Drug Strategy Household Survey: State and Territory supplement*. Canberra: AIHW.

Australian Institute of Health and Welfare. (2005). *2004 National Drug Strategy Household Survey*: *First results*. Canberra: AIHW.

Australian Institute of Health and Welfare. (2008). *2007 National Drug Strategy Household Survey*: *Detailed Findings*. *Drug Statistics Series no.22*. Canberra: AIHW.

Breen, C., Topp, L. and Longo, M. (2002). *Adapting the IDRS methodology to monitor trends in party drug markets: Findings of a two-year feasibility trial.* Sydney: NDARC.

Communicable Diseases Network Australia. (2003). *Australia's notifiable diseases status, 2001*. Annual report of the National Notifiable Diseases Surveillance System. Communicable Diseases Network Australia, Communicable Diseases and Health Protection Branch, Commonwealth Department of Health and Ageing.

Cummins, R. A., Woerner, J., Gibson, A., Lai, L., Weinberg, M. & Collard, J. (2007). *Australian Unity Wellbeing Index Survey 20 report 20.0 October 2008. Part A: The Report. The Wellbeing of Australians – Money, debt and loneliness.* Melbourne: The School of Psychology, Deakin University, Australian Centre on Quality of Life.

Darke, S., Hall, W., Wodak, A., Heather, N. And Ward, J. (1992). Development and validation of a multi-dimensional instrument for assessing outcomes of treatment among opiate users: The Opiate Treatment Index. *British Journal of Addiction*, 87, 733-742.

Degenhardt, L. & Barker, B. (2003). *2002 Australian Bureau of Statistics data on accidental opioid induced deaths*. Sydney: NDARC.

Degenhardt, L., Roxburgh, A., & Black, E. (2004). *2003 Australian Bureau of Statistics data on accidental opioid induced deaths*. Sydney: NDARC.

Kessler, R. C., Andrews, G., Colpe, L.J., Hiripi, E., Mroczek, D.K., Normand, S-L.T., Walters, E.E. & Zaslavsky, A.M. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.

Moon, C. (2007). *Northern Territory Drug Trends 2006. Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 271. Sydney: NDARC.

Hando, J., O'Brien, S., Darke, S., Maher, L., & Hall, W. (1997). *The Illicit Drug Reporting System (IDRS) Trial: Final Report*. NDARC Monograph No. 31. Sydney: NDARC.

Holtgraves, T. (2009). Evaluating the Problem Gambling Severity Index. *Journal of Gambling Studies*, 25, 105-120.

National Centre in HIV Epidemiology and Clinical Research. (2005). *Australian NSP Survey National Data Report 2000-2004*. Sydney: National Centre in HIV Epidemiology and Clinical Research.

National Centre in HIV Epidemiology and Clinical Research. (2007). *Australian NSP Survey National Data Report 2002-2006*. Sydney: National Centre in HIV Epidemiology and Clinical Research.

National Centre in HIV Epidemiology and Clinical Research. (2007). *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2007*. Sydney: National Centre in HIV Epidemiology and Clinical Research.

National Centre in HIV Epidemiology and Clinical Research (2009). *Australian NSP Survey National Data Report 2004-2008*. Sydney: National Centre in HIV Epidemiology and Clinical Research.

O'Reilly, B. & Rysavy, P. (2001). *Northern Territory Drug Trends 2000. Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 104. Sydney: NDARC.

O'Reilly, B. (2002). *Northern Territory Drug Trends 2001. Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 137. Sydney: NDARC.

Roxburgh, A., Degenhardt, L., Breen, C., & Barker, B. (2003). *NSW Drug Trends 2002. Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 144. Sydney: NDARC.

SPSS INC (2008) SPSS for Windows version 16.0.2. 16.0.2 ed. Chicago, SPSS Inc.

Stafford, J., Sindich, N., Burns, L., Cassar, J., Cogger, S., De Graff, B., George, J., Moon, C., Phillips, B., Quinn, B. & White, N. (2009). Australian Drug Trends 2008: Findings from the Illicit Drug reporting System (IDRS). *Australian Drug Trends Series*. Sydney: NDARC, UNSW.