IDRS

NORTHERN TERRITORY DRUG TRENDS 2020

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

NORTHERN TERRITORY DRUG TRENDS 2020: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2020:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Roanna Chan, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
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- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health, Northern Territory; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. We would also like to thank:

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

We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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

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Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
EDRS	Ecstasy and Related Drugs Reporting System
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
N (or n)	Number of participants
NT	Northern Territory
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
OAT	Opioid Agonist Treatment
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
SA	South Australia
SD	Standard deviation
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

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Executive Summary

The Northern Territory (NT) IDRS sample comprises a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in greater Darwin. Participants were recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 between June 2nd and September 4th, after COVID-19 restrictions on travel and gatherings in Australia. Interviews were delivered via phone and face-to-face. This should be factored into all comparisons of data from the 2020 sample, relative to previous years.**

Sample Characteristics

A total of 78 people who regularly inject drugs were interviewed for the 2020 NT IDRS. The sample was 63% male (67% in 2019), 38% Aboriginal and Torres Strait Islander (31% in 2019) and had a mean age of 44 years 46 years in 2019). Seven out of ten participants (67%, 44% in 2019, p=.005) nominated crystal methamphetamine as their drug of choice, while the proportion nominating morphine was stable at 17%.

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting.

Fourteen per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, most participants (81%) had practiced social distancing and 36% had undergone home isolation. Almost two-thirds (63%) of participants reported injecting drugs at a different frequency in the past month as compared to February 2020; of these participants, 86% reported reduced frequency of injection. Most of those commenting on methamphetamine reported that they had 'used less' since March, although methamphetamine was reported by 69% of participants as the drug most injected in February 2020 (before COVID-19 restrictions), and by 72% in the month prior to interview. Thirty-four per cent reporting using more alcohol since March. The primary reasons cited for the decreased use of methamphetamine were 'decreased availability' (86%) and 'drug is more expensive' (77%). The main reasons given for increased use of alcohol were 'because I'm having difficulty accessing other drugs' (67%) and 'to cope with anxiety/stress of day-to-day activities' (33%). Most participants reported that crystal methamphetamine and morphine had increased in price since the beginning of March 2020 (94% and 96%, respectively). Large majorities also said that it had become 'more difficult' to obtain crystal and morphine (97% and 96%, respectively). Seven per cent of participants rated their mental health in the past four weeks as 'being worse' compared to February, and 71% reported 'similar'. The majority of participants reported 'no change' in their injecting practices since March 2020 (since COVID-19 restrictions) with regards to borrowing, lending or re-using needles. Thirteen per cent reported a decrease in 'injecting alone'. Over one-quarter (27%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. Forty-two per cent of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs. Just over half (53%) of participants reported having 'more money' in the four week prior to interview compared to February, while almost half (49%) reported experiencing some financial difficulty in the past month.

Heroin

As in 2019, 5 or less per cent of the sample had recently used heroin.

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Methamphetamine

Eight out of ten participants reported recent methamphetamine use (83%), slightly lower than in 2019 (89%), but with all that group reporting recent crystal methamphetamine use. Recent use of methamphetamine powder has continued to decline, from 15% in 2019 to 5% or less in 2020. The price of a point of the crystal form of methamphetamine increased significantly from $100 in 2019 to $200 in 2020, with availability rated as 'difficult' to 'very difficult' by nearly all of those able to comment.

Cocaine

Recent use of cocaine remained low among the Northern Territory sample, with 6% (9% in 2019, *p*=0.693) of the total sample reporting use of cocaine in the six months prior to interview.

Cannabis

Sixty per cent of the sample reported recent cannabis use (72% in 2018), most commonly hydroponically grown. The price of a gram of hydroponic cannabis was stable at $30, as was the price of an ounce, at $450. Hydroponic cannabis was rated as 'easy' to 'very easy' to obtain by the majority of the sample.

Pharmaceutical Opioids

Morphine remained the most commonly used opioid in the NT sample, with 32% (40% in 2019, p=.323reporting non-prescribed use past 6 months in 2020, continuing a decline seen over the last five years. The median days of use was relatively stable at 75 days in the past six months. The price of 100mg morphine increased from $80 in 2019 to $150 in 2020, and availability was rated as 'difficult' to 'very difficult' by 96% of those who commented (34% in 2019).

Smaller proportions reported recent use of other non-prescribed pharmaceutical opioids: oxycodone (10%), methadone syrup (n≤5), Physeptone tablets (n≤5) and buprenorphine-naloxone (n≤5).

Other Drugs

Recent use of non-prescribed alprazolam declined slightly to ≤5% (8% in 2019, *p*=0.662) of the sample, while recent use of non-prescribed 'other benzodiazepines' was stable at 8%. Small numbers reported recent use of 'new' drugs that mimic the effects of cannabis (n≤5).

Prescribed use of codeine in the sample decreased significantly from 25% to ≤5% (p=<.001), non-prescribed use declined from 10% to≤5%.

Recent use of alcohol increased from 60% to 56% while recent use of tobacco was reported by 91% in 2020 (99% in 2019).

Drug-Related Harms and Other Associated Behaviours

Small numbers reported having an injection-related health problem in the month before interview (n≤5), down from 34% in 2019. The sharing of needles was stable at around 10% of the sample, although the sharing of some other injection-related equipment increased, such as tourniquets to 22% (0 in 2019, p<.001) and spoons to 8% (≤5 in 2019).

Thirty-two per cent of the sample reported recent mental health issues, primarily depression (21%, 18% in 2019) and anxiety (22%), the latter increasing from 11% (p=.042) in 2019.

Twenty-one per cent of the sample had been arrested in the preceding 12 months, although all categories of self-reported crime in the month before interview declined, with the 10% reporting any crime, a decrease from 32% in 2019.

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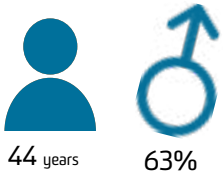
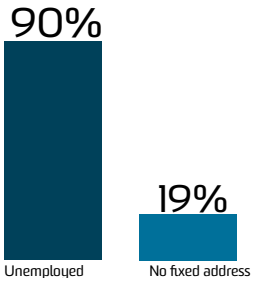
IDRS Illicit Drug Reporting System

2020 SAMPLE CHARACTERISTICS

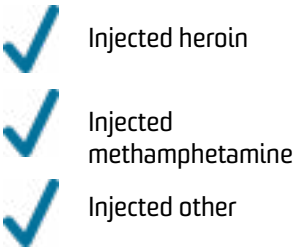
In 2020, 78 people from Darwin, NT participated in IDRS interviews.



The mean age in 2020 was 44, and 63% identified as male.

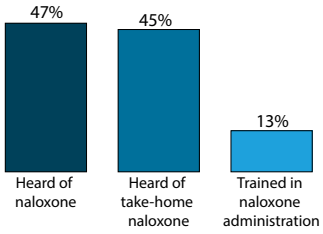


In the 2020 sample, 90% were unemployed and 19% had no fixed address.

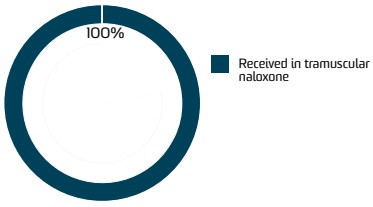


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

NALOXONE



IDRS participants' knowledge of the take home naloxone program, nationally.

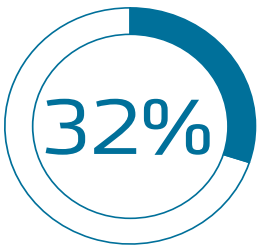


Of those who reported ever accessing naloxone, 100% received intramuscular naloxone and 0% intranasal naloxone.

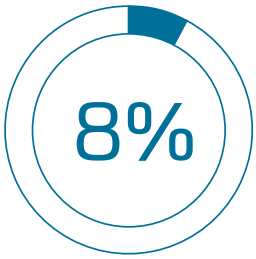
Of those who reported having heard of naloxone, 6% had used naloxone to resuscitate someone who had overdosed.

In the sample, no participants reported that they had been resuscitated with naloxone by a peer.

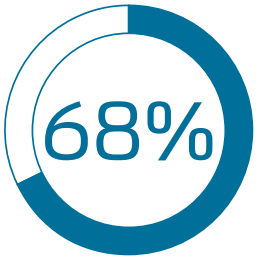
DRUG TREATMENT AND MENTAL HEALTH



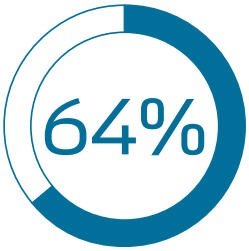
In the sample, 32% self reported a mental health problem in the six months prior to interview.



In the 2020 sample, 8% were in drug treatment at the time of interview.

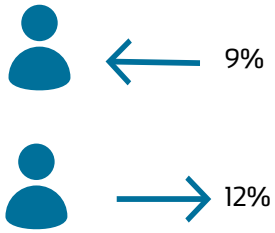


Of those who reported a mental health issue, 68% reported being diagnosed with anxiety.

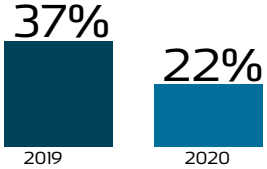


Of those who reported a mental health issue, 64% reported being diagnosed with depression.

INJECTING RELATED RISKS AND HARMS



In 2020, 9% of the sample reported receptive needle sharing, and 12% reported distributive needle sharing.



The number of people who re-used their own needles was reduced from 37% in 2019 to 22% in 2020.

In 2020, <5% of the sample reported having an injection-related health issue in the month preceding interview.

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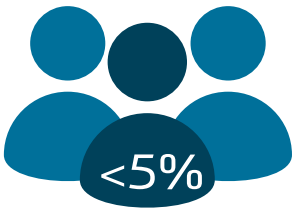
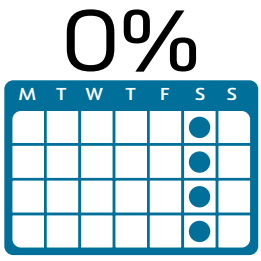
HEROIN

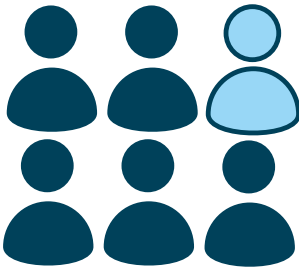


Past 6 month use of heroin was <5% in the 2020 sample (<5% in 2019).

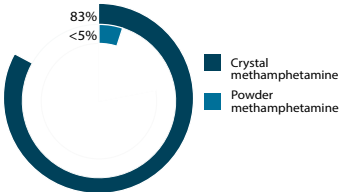


Of those who had recently consumed heroin, none reported using it weekly or more often.

METHAMPHETAMINE

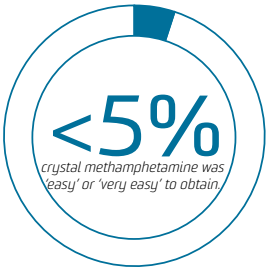


Past 6 month use of any methamphetamine was 83% in 2020 (89% in 2019).



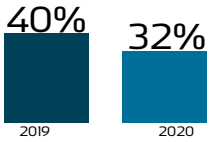
Of the entire sample, <5% had recently consumed powder, and 83% crystal methamphetamine.

Injection was the main route of administration for crystal (100%) among those who had consumed each form.

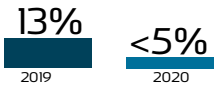


Of those who could comment <5% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2020.

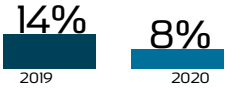
PHARMACEUTICAL MEDICINES



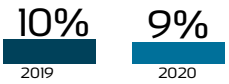
Past 6 month use of non-prescribed morphine was stable at 40% in the 2019 IDRS sample and 32% in 2020.



Past 6 month use of non-prescribed fentanyl decreased from 13% in the 2019 IDRS sample to <5% in 2020.

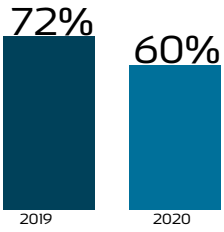


Past 6 month use of non-prescribed pregabalin reduced from 14% in the 2019 IDRS sample to 8% in 2020.

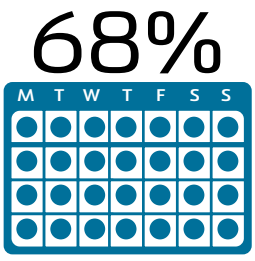


Past 6 month use of non-prescribed oxycodone was stable at 10% in the 2019 IDRS sample and 9% in 2020.

CANNABIS

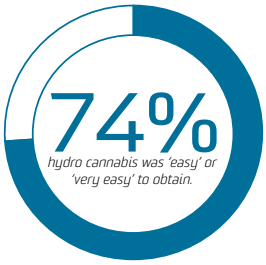


Past 6 month use of any cannabis decreased from 72% in the 2019 IDRS sample to 60% in 2020.



Of those who had consumed cannabis recently, 68% reported daily or more frequent use.

Of people who had consumed cannabis in the last 6 months, 100% had smoked it.



Of those who could comment 74% perceived hydro to be 'easy' or 'very easy' to obtain.

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Background

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

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs. This report focuses on the key results from the annual interview component of IDRS.

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed, i.e. Darwin. Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 for their time and expenses incurred. In 2019, a total of 902 participants were recruited across capital cities nationally (May-July 2019), with 99 participants interviewed in Darwin, NT, from June to July.

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

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

1. Means of data collection: Interviews were conducted via telephone and face-to-face in the NT and TAS; (in other jurisdictions all interviews were conducted by telephone only);
2. Means of consenting participants: Participants consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants' were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the burden on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 884 participants were recruited across capital cities nationally (June-September 2020), with 78 participants interviewed in Darwin, NT during June-September, 2020. In 2020, 78% of NT participants were recruited via NSPs (28% in 2019) and 22% from word-of-mouth (67% in 2019), respectively. Forty-six per cent of the 2020 NT sample completed the interview in 2019, and 48% of participants in 2019 reported taking part in the 2018 interview .

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Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2019 and 2020. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

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

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

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 2.

Outcomes relating to the previous 12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous six months or past month may reflect behaviours during or subsequent to stringent restrictions depending on the jurisdiction and timeframe. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier bulletins released base on IDRS 2020 findings.

Additional Outputs

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

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

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1

Sample Characteristics

As in previous years, the sample was predominantly male (63%, Table 1; 67% in 2019, *p*=0.317), heterosexual (93%, 87% in 2019, *p*=0.245), unemployed (90%, 94% in 2019, *p*=0.455) and on a government benefit (96%, 97% in 2019). The mean age was 44 years (46 years in 2019, *p*=0.317), the percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was 38% (31% in 2019, *p*=0.377). Year 10 was again the mean grade at school completed, while 46% reported a post-secondary trade/technical education or university/college.

Methamphetamine (67%, 44% in 2019, *p*=0.005, Figure 1) was the most frequently endorsed drug of choice, followed by morphine (17%). The popularity of methamphetamine increased for the sixth year in a row, with higher proportions in 2020 reporting it as the drug injected most often in the last month (72%, 63% in 2019, *p*=0.261).

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Table 1: Demographic characteristics of the sample, NT, 2016-2020 and nationally (2020)

	Northern Territory					National
	2016	2017	2018	2019	2020	2020
	(N=90)	(N=109)	(N=99)	(N=99)	(N=78)	(N=884)
Mean age (years; SD)	46 (9.7)	45 (10.2)	46 (9.3)	46 (9.6)	44 (11)	44 (9)
% Male	67	62	65	67	63	59
% Aboriginal and/or Torres Strait Islander	31	26	28	31	38	18
% Sexual identity						
Heterosexual	90	91	88	87	93	86
Homosexual	0	0	0	0	0	4
Bisexual	7	6	10	11	7	8
Other	0	0	0	0	0	-
Education						
Mean years of school education (SD)	10 (1.4)	10 (1.7)	10 (1.5)	10 (2.0)	10 (1.3)	10 (1.5)
% Post-school qualification(s)^	52	50	53	55	46	62
% Current accommodation						
Own home *(inc. renting)*~	77	73	77	79	68	69
Parents'/family home	-	-	-	6	-	6
Boarding house/hostel	-	-	7	-	-	9
Shelter/refuge	-	-	-	-	0	-
No fixed address	14	13	6	7	**19***	12
% Current employment status						
Unemployed	91	83	81	94	**90**	88
Full-time work	-	7	8	-	**-**	-
% Past month gov't pension, allowance or benefit	93	89	79	95	**96**	94
Current Median income/week ($; IQR)	382 (273-450)	350 (300-450)	350 (290-500)	375 (259-450)	**500*** (400-575)**	500 (421-555)

Note. ~ Includes private rental and public housing. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. 'No fixed address' includes rough sleeping or squatting and couch surfing. ^From 2019 participants could choose both trade and university, whereas in previous years it was either/or, includes trade/technical and university qualifications.. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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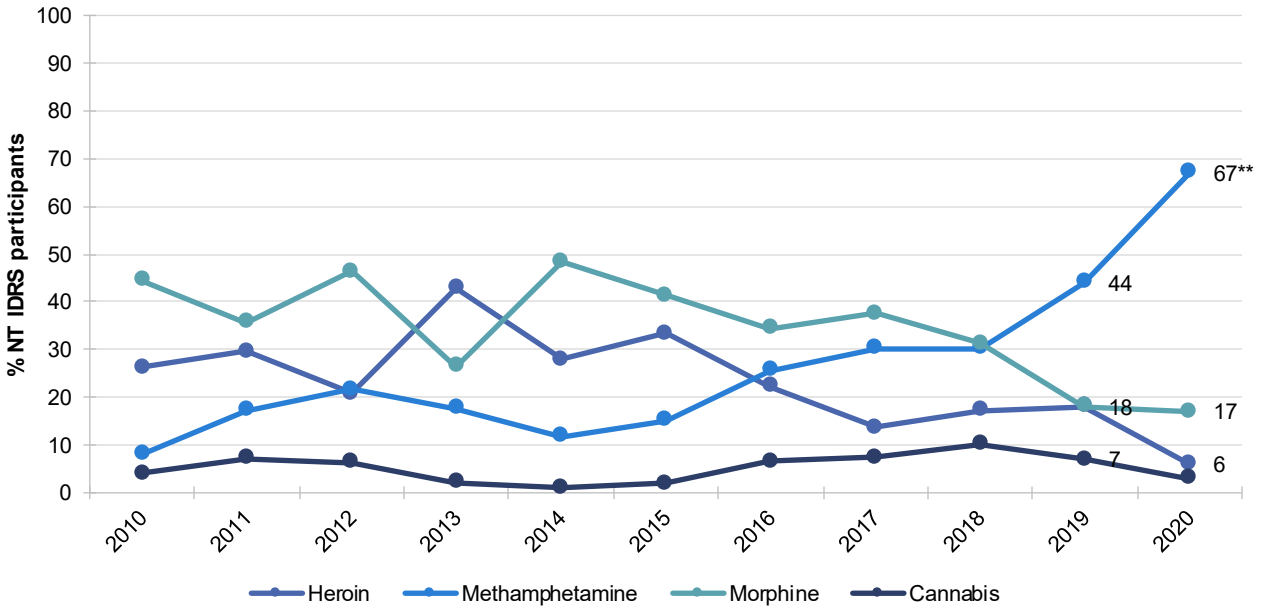
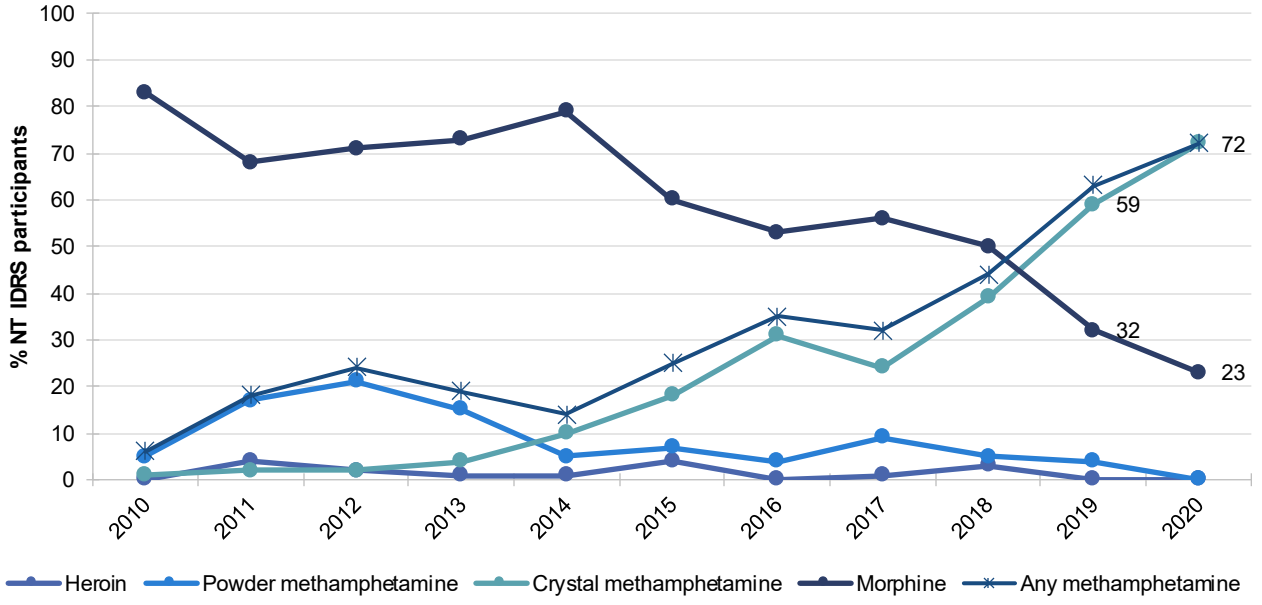
Figure 1: Drug of choice, NT, 2010-2020



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels for 2019 and 2020 have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 2: Drug injected most often in the past month, NT, 2010-2020



Note. Data labels for 2019 and 2020 have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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2

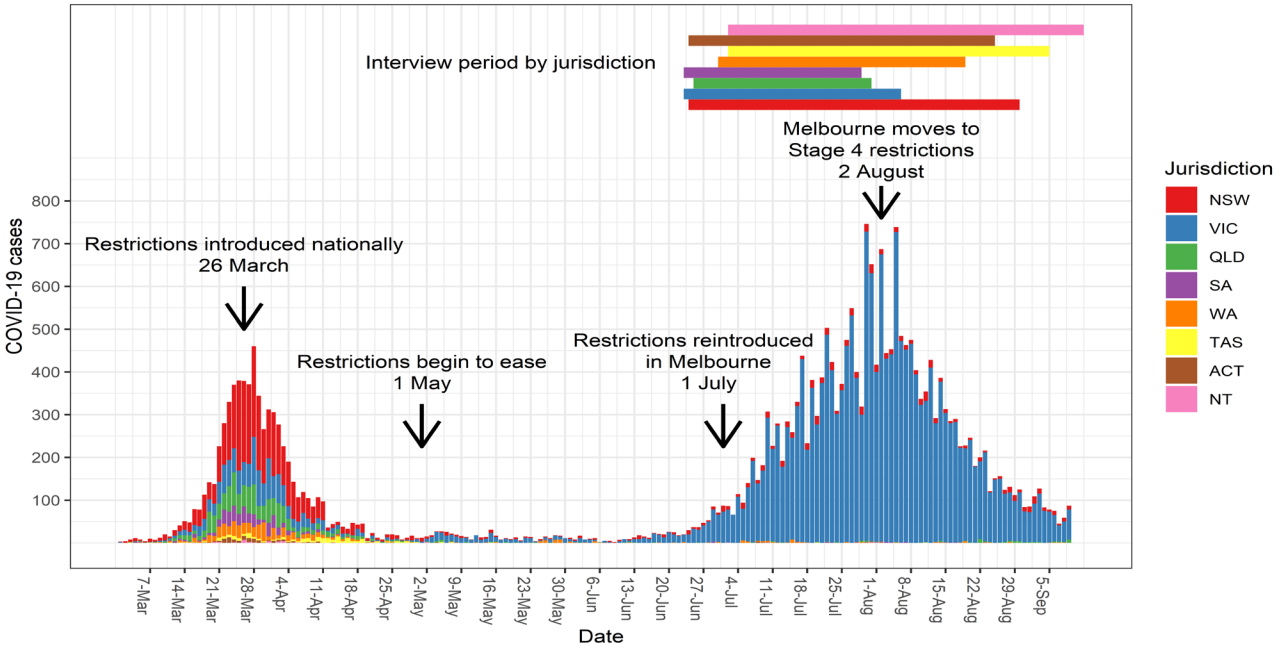
COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28/3/2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (Figure 3). As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions. Notably, significant restrictions were enforced again in Victoria (from July), whereby Stage 4 restrictions were implemented in early August 2020.

The first confirmed COVID-19 case was announced on 4 March 2020 and the NT has had 105 confirmed cases between then and 22 February 2021; as of that date, the Northern Territory has zero active locally acquired cases and 3 cases acquired overseas. The Northern Territory closed its borders to the rest of Australia on 24 March 2020 and introduced various measures related to minimising the spread of COVID-19, including limitations on movement, mask wearing, gathering sizes and COVID-safe plans for businesses. Easing of restrictions commenced on 1 May and from 17 July only arrivals from declared virus hotspots need self-quarantine.

Figure 3: Timeline of COVID-19 in Australia and IDRS data collection period, 2020



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Note. Data obtained from https://www.covid19data.com.au/.

Methods

IDRS interviews in the Northern Territory commenced on 2 June and concluded on 4 September 2020 (Figure 3).

In 2020, the IDRS interview was condensed to alleviate the burden on participants completing the survey via telephone, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions pertaining to the impacts of COVID-19 on lifestyle such as housing situation and changes in employment, amongst others, were examined, as well as COVID-19 specific questions such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, so as to ensure more complete capture of changes brought about by COVID-19, questions were posed throughout the interview to explore demographic characteristics, drug consumption, injecting practices and harm reduction behaviours which occurred in February 2020 as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the methods section of this document.

COVID-19 Testing and Diagnosis

Fourteen per cent of the Northern Territory sample had been tested for SARS-COV-2 by the time of interview, and no participants had been diagnosed with the virus. More than half (58%) the participants reported concern about contracting COVID-19; over one-fifth (22%) reported being 'slightly' worried and seventeen per cent reported being 'moderately' worried. Small numbers (n≤5) reported being 'very' to 'extremely' worried.

Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March, 2020, the majority (81%) of participants had practiced social distancing (i.e., avoiding public transport and social gatherings) and 36% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or collect groceries. Few participants (n≤5) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19.

Participants were asked about various health precautions they had engaged in in the four weeks prior to interview (Figure 4). Most commonly, participants reported 'using hand sanitiser/washing hands more frequently' (69%), 'keeping distance from people' (67%), 'avoiding public transport' (55%) and 'avoiding public spaces/events' (50%).

Participants reported a number of concerns related to the COVID-19 pandemic. Common concerns related to drug use included: 'limited availability of drugs' (74%, Figure 5), 'increased cost of drugs' (69%) and 'drug withdrawal due to limited supply or availability' (42%). The main health concerns were: 'family/loved ones getting sick or dying' (55%) and themselves 'getting sick or dying' (50%).

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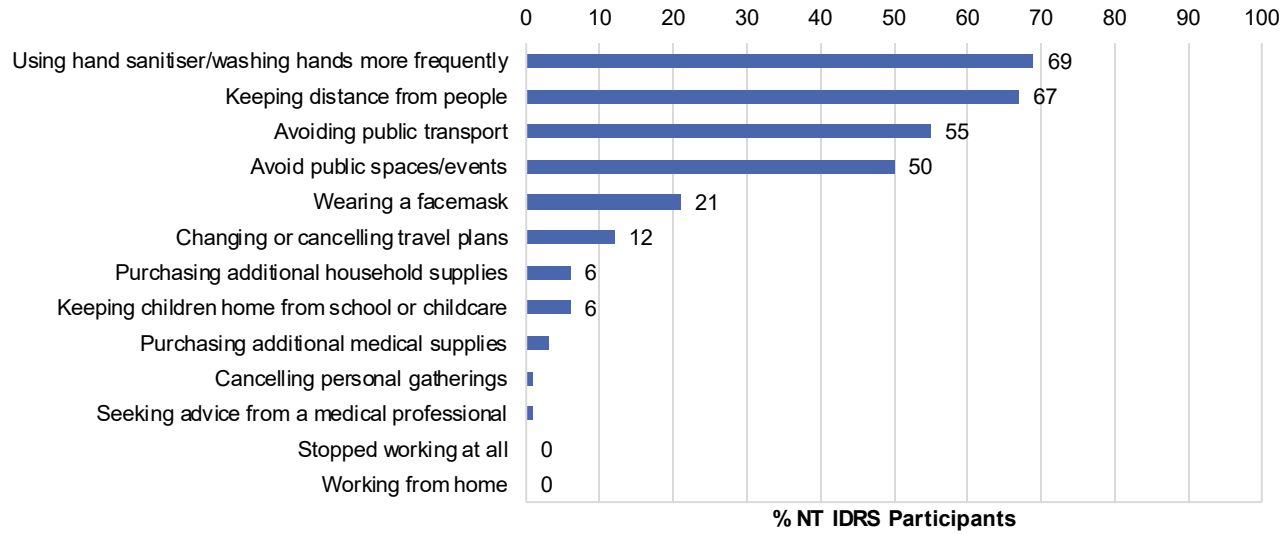
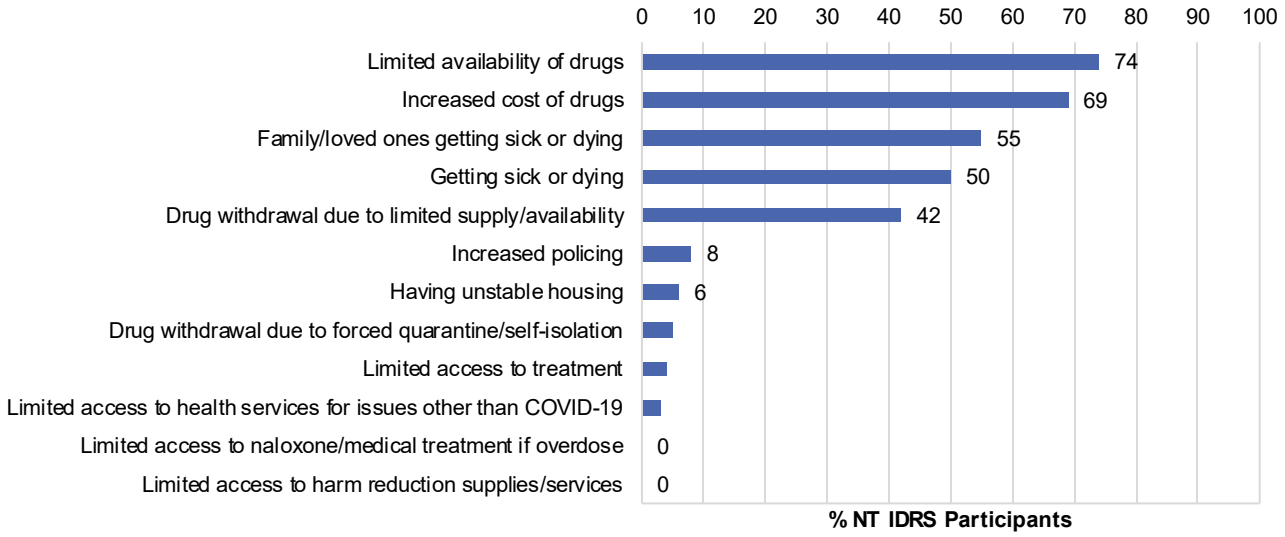
Figure 4: Health precautions related to COVID-19 in the past four weeks, NT, 2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Figure 5: Participant concerns relating to the COVID-19 pandemic, NT, 2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Housing. A small number of participants (n≤5) reported that their accommodation type had changed since the beginning of March, in most cases being released from prison. Fourteen per cent of the sample reported experiencing one or more changes to their accommodation, most commonly a 'rent increase' (8%).

Employment and income. When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 53% of participants reported that they were receiving more income, less than 5 reported less income, and 44% reported a similar amount of income (Table 2).

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Almost half (49%, Table 2) of the participants reported experiencing 'any financial difficulties' during the past month, the most common being: 'Asked for help from welfare/community organisations' (34%) and 'Unable to buy food or went without meals' (18%). In addition, twelve per cent reported 'Could not pay household or phone bills on time' and seven per cent 'asked for financial help from friends or family'. Note that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

Table 2: Social and financial impacts of COVID-19 restrictions, NT, 2020

	Northern Territory 2020
	N=78
% Change in total income in the past month compared to February	
More money	53
Less money	-
About the same	44
% Financial difficulties in the past month#	**n=78**
Any financial difficulties	49
Asked for help from welfare/community organisations	34
Unable to buy food or went without meals	18
Could not pay household or phone bills on time	12
Asked for financial help from friends or family	7
Unable to heat/air-condition house	-
Difficulty paying for medications	-
Difficulty paying for medical treatment	-
Could not pay the mortgage or rent on time	0
Requested deferred payment of mortgage/rent/loan	0

Note. The response 'Don't know' was excluded from analysis. # participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

Drug Use

Main drug injected. Just over one-tenth (12%,Table 3) of participants reported that the drug injected most often in the past month was not the same as the drug injected most often in February 2020.

Frequency of drug injection. Almost two-thirds (63%) of participants reported injecting drugs at a different frequency in the past month as compared to February 2020. Eighty-six per cent of this group (54% of the sample, Table 3) reported a decrease in injecting frequency and fourteen per cent (9% of the sample) reported an increase in injecting frequency.

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Table 3: Drug injected most often pre- and post-COVID-19 restrictions, NT, 2020

	Northern Territory 2020	
	February	Past month
% Drug injected most often in that month	**N=78**	**N=78**
Heroin	0	0
Morphine	24	23
Methamphetamine	69	72
Oxycodone	0	0
Methadone	0	0
Buprenorphine-naloxone	0	-
*% reporting change in drug injected most often from February to past month^*	Overall:12%	
% Frequency of drug injection in that month	**N=78**	**N=78**
Not in the month	-	-
Weekly or less	15	59
More than weekly, not daily	42	19
Once a day	27	14
2-3 times a day	8	-
More than 3 times a day	-	0
% reporting decrease in frequency	Overall: 54%	
% reporting increase in frequency	Overall: 9%	
% reporting stable frequency	Overall: 37%	

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

Perceived changes in drug use. In the 2020 interviews, additional questions were asked of participants who reported past six-month use of various drugs about changes in their use of that drug since the beginning of March 2020 (since COVID-19 restrictions) as compared to before (Figure 6). Further detail on trends in drug use and consumption patterns can be found in subsequent chapters.

Except for methamphetamine, where a majority (64%) reported that they had 'used less' since March, 50% or more of participants reported that there had been no change in their use of each of the drugs listed in Figure 6. Thirty-four per cent reported that for alcohol they had 'used more'.

Among those who reported decreased use of methamphetamine (n=43), the main reasons cited were 'decreased availability' (86%) and 'drug is more expensive' (77%). The main reasons given by those reporting increased use of alcohol (n=15) was 'because I'm having difficulty accessing other drugs' (67%).

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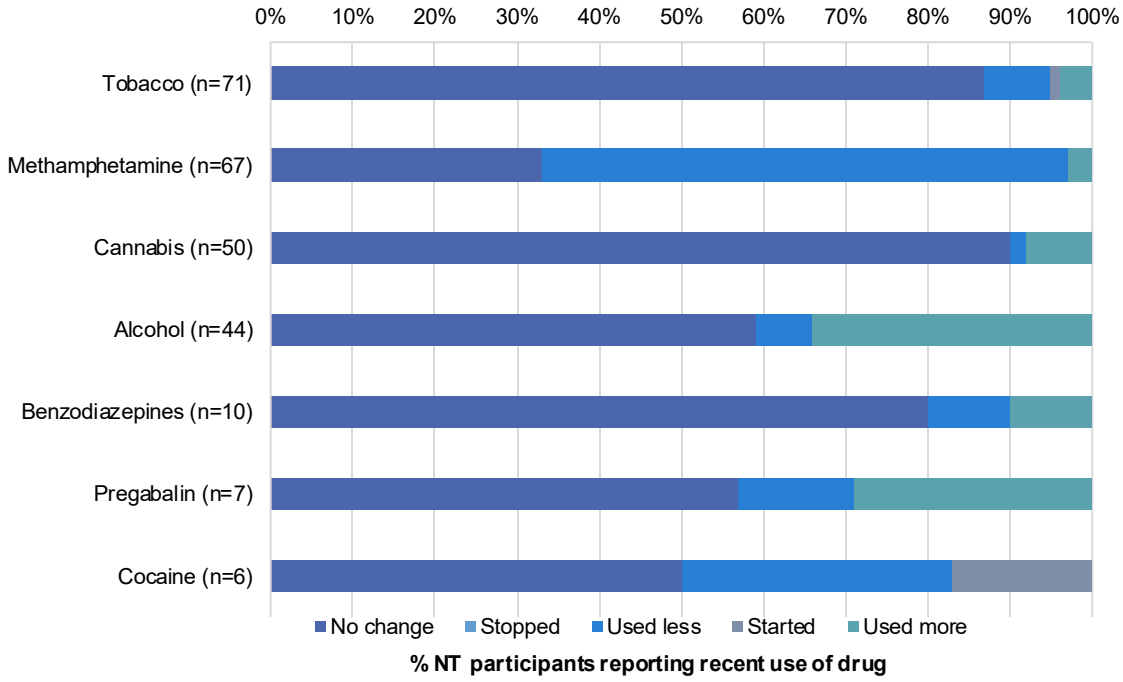
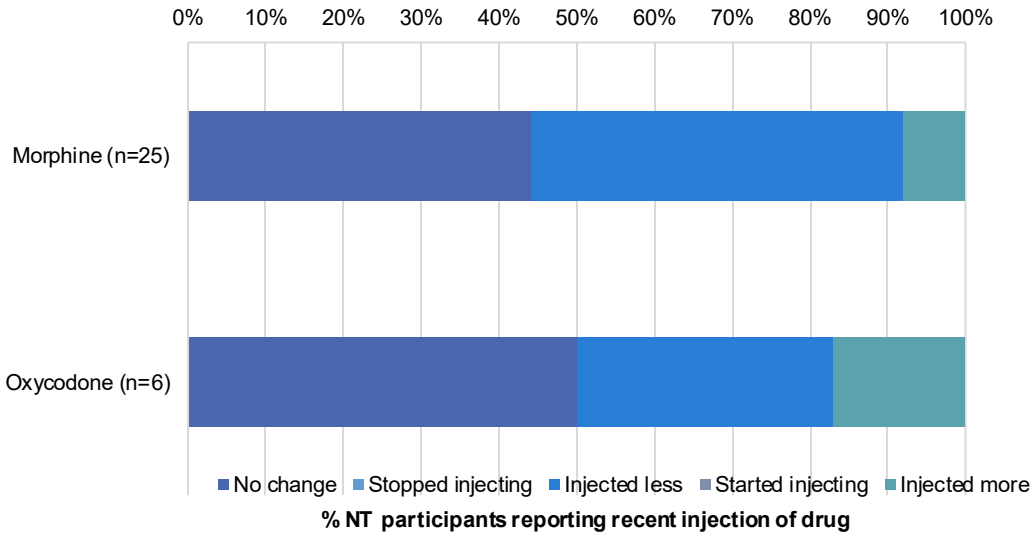
Figure 6: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, NT, 2020



Note. Change in use items were asked of participants who reported use in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

Perceived changes in frequency of drug injection. Participants who reported past six-month injection of pharmaceutical opioids were asked about changes in frequency of injection since the beginning of March 2020, as compared to before (Figure 7). Almost half (48%), of those commenting (n=25) on morphine reported that they 'injected less'.

Figure 7: Perceived change in injecting frequency of pharmaceutical opioids since March 2020 (since COVID-19 restrictions) as compared to before, NT, 2020



Note. These items were asked of participants who reported injecting the drug in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports of any (prescribed and/or non-prescribed) injection for pharmaceutical opioids.

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Price, Perceived Purity and Availability

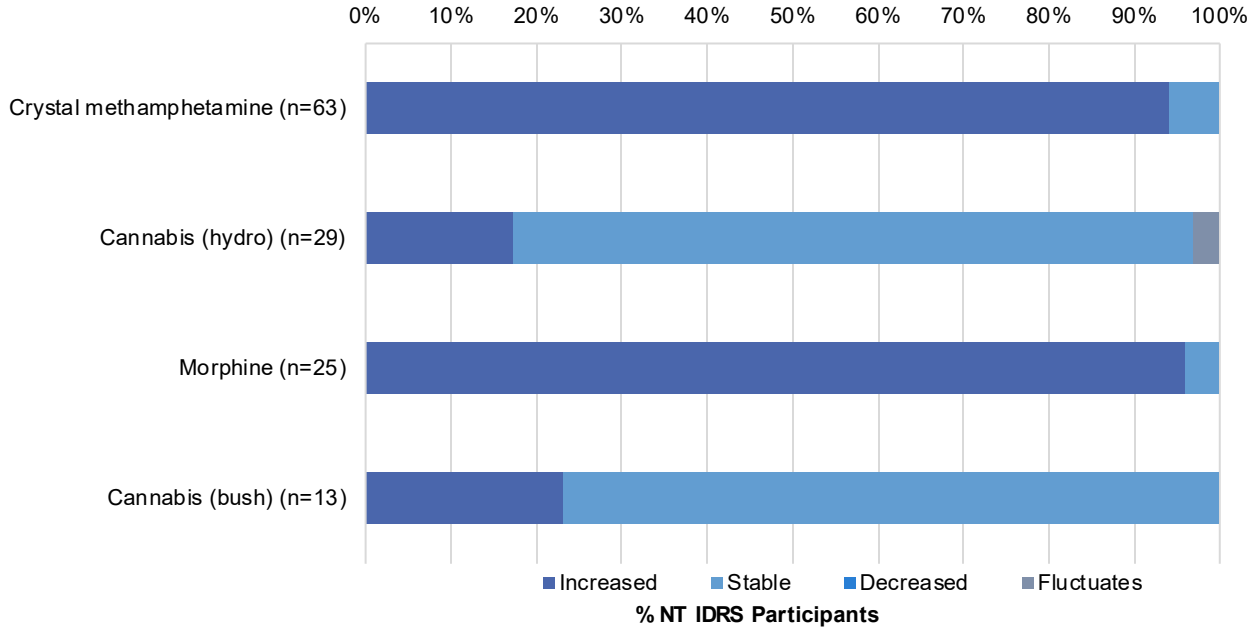
Participants were asked to answer a number of questions regarding the price, perceived purity and availability of various drugs, providing they were confident in their knowledge of the drug in question. Further details on trends over time in these indicators can be found in the subsequent chapters.

Additional questions were included in the 2020 interview for each of the main substances specifically assessing perceived change in price, perceived purity and availability since March 2020 (since COVID-19 restrictions) as compared to before.

The prices of crystal methamphetamine (94%, Figure 9) and morphine (96%) were reported to have increased by almost all of those who commented. The prices of both hydroponic cannabis (79%) and bush cannabis (77%) were most commonly reported to have been stable.

The purity of crystal methamphetamine was mainly reported to have decreased since March (80%, n=60).

Figure 8: Change in price of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, NT, 2020

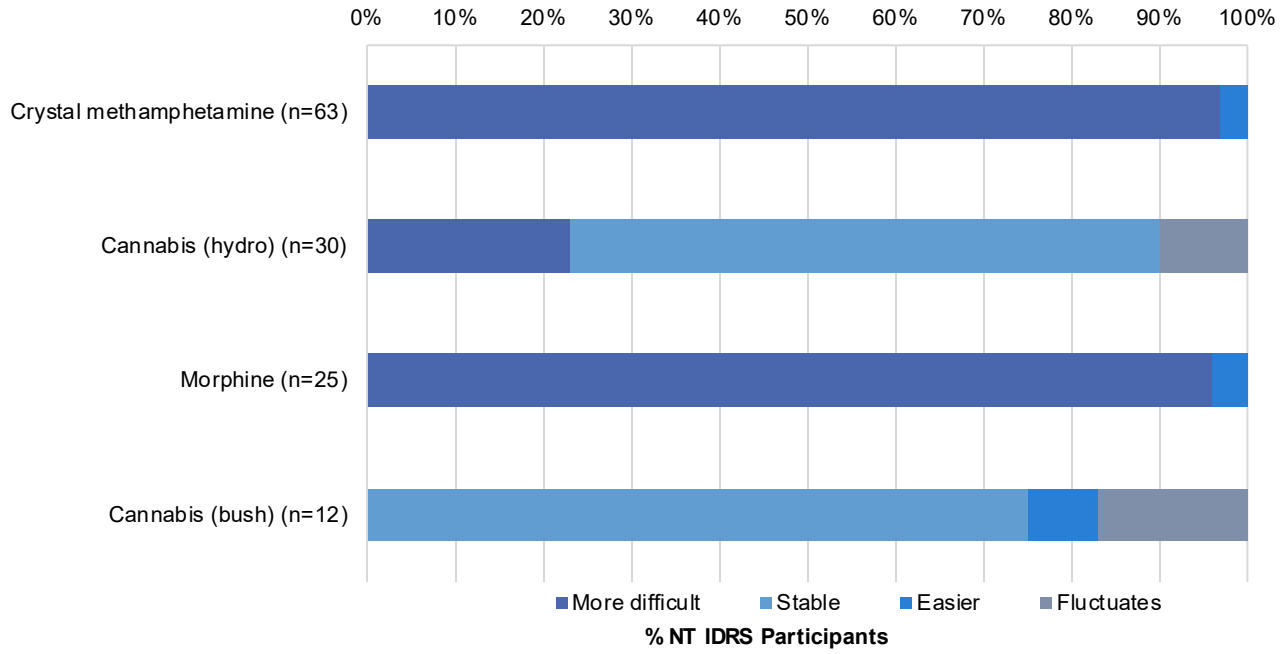


Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Crystal methamphetamine was reported to have become more 'difficult' to obtain since March by almost all (97%, Figure 9) those who commented (n=63); this was also the case for morphine (96%). Cannabis availability was mostly reported to be stable for both hydroponic (67%, of n=30 who commented) and bush (75%, of n=12 who commented).

http://doi.org/10.26190/13n8-4f41

Figure 9: Change in perceived availability of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, NT, 2020

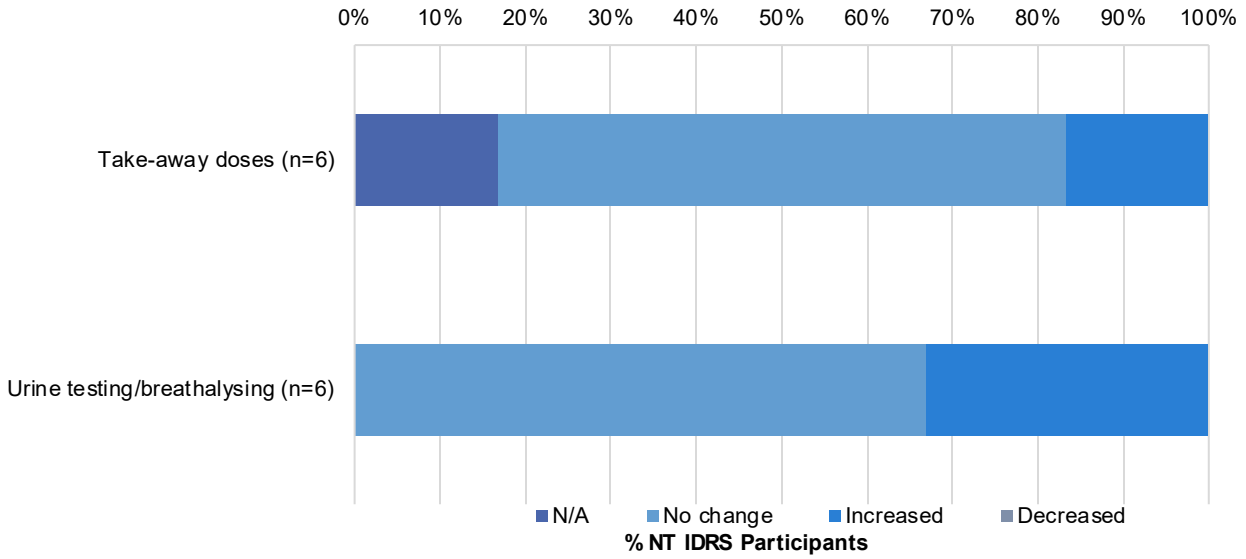


Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Risk and Protective Behaviours

Drug Treatment. A small number of participants were in treatment at the time of interview and able to comment on changes since March (n=6), with responses shown in Figure 10. 'No change' was the most commonly reported response to the types of changes shown.

Figure 10: Changes in aspects of drug treatment since March 2020, as compared to before amongst participants reporting recent Opioid Agonist Treatment, NT, 2020



Note. Among those who had received OAT since March and who commented. The response 'Don't know' was excluded from analysis.

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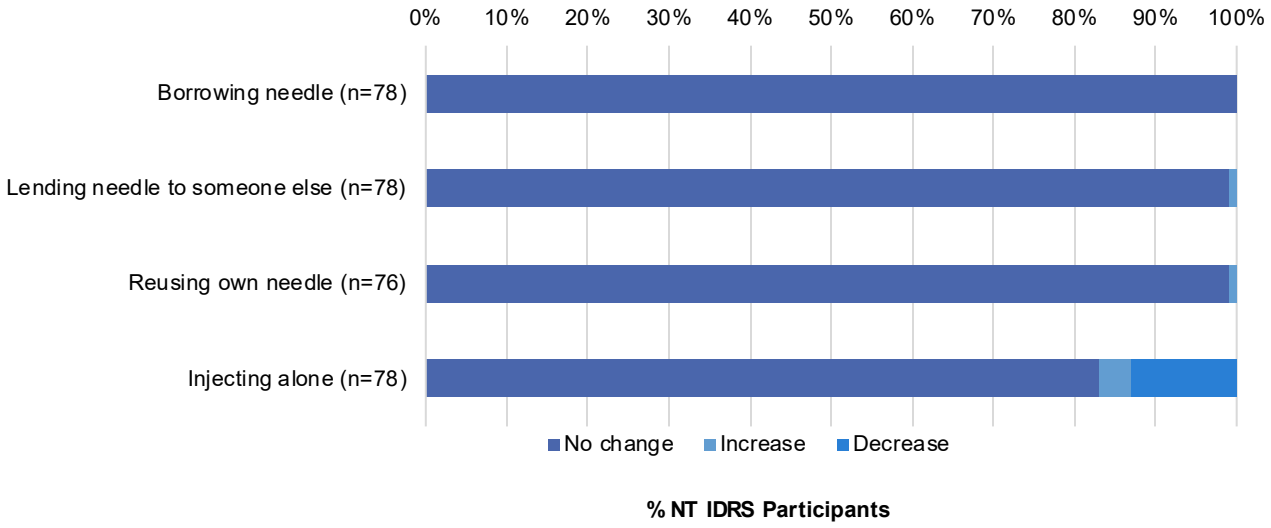
Injecting equipment access and disposal. Less than five participants reported any difficulties in accessing new sterile needles and syringes or in disposing of used equipment. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

Injecting practices. The majority of participants reported 'no change' when reporting changes in their injecting practices since March 2020 (Figure 11) (since COVID-19 restrictions) with regards to borrowing, lending or re-using needles. Thirteen per cent reported a decrease in 'injecting alone'.

Figure 11: Change in frequency of injecting practices, pre- and post COVID-19 restrictions 2020, NT, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions; n=42), 71% rated their mental health as 'similar' and 21% reported their mental health was 'better'.

Physical health. When asked to rate their physical health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 68% said 'similar', 22% said 'worse' and 10% said 'better'.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Forty-two per cent of participants reported at least some behaviours to reduce the risk of infection with COVID-19. Around one-quarter of participants reported that they: 'avoided sharing needles/syringes with other people' (27%, Table 4), 'washed hands with soap/sanitiser before handling drugs/money' (26%) or 'prepared your drugs yourself' (23%).

Twenty-seven per cent of the sample reported seeking information on how to reduce the risks of getting COVID-19, with 'social media' (14%) and a 'harm reduction service' (8%) being the most common. Other sources, such as 'GP', 'online fact sheets/websites' and 'drug treatment services' were reported by small numbers of participants.

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Table 4: Harm reduction behaviours to related to COVID-19 risk, transmission and restrictions, NT, 2020

	Northern Territory 2020
	N=78
Avoided sharing needles/syringes with other people	27
Washed hands with soap/sanitiser before handling drugs or money	26
Prepared your drugs yourself	23
Avoided sharing other drug use equipment (e.g. pipes, bongs) with other people	15
Stocked up on sterile needle/syringes	15
Wiped down drug packages/wraps with soap/sanitiser	13
Avoided smoking/vaping drugs	-
Stocked up on other sterile drug use equipment	-
Stocked up on prescription medicines prescribed to you	-
Stocked up on illicit/non-prescribed drugs	-
Obtained take-home naloxone/Narcan	-

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). Participants could endorse multiple responses.

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3

Heroin

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

Patterns of Consumption

Less than five per cent of the samples in 2019 and 2020 reported recent heroin use (Figure 12).

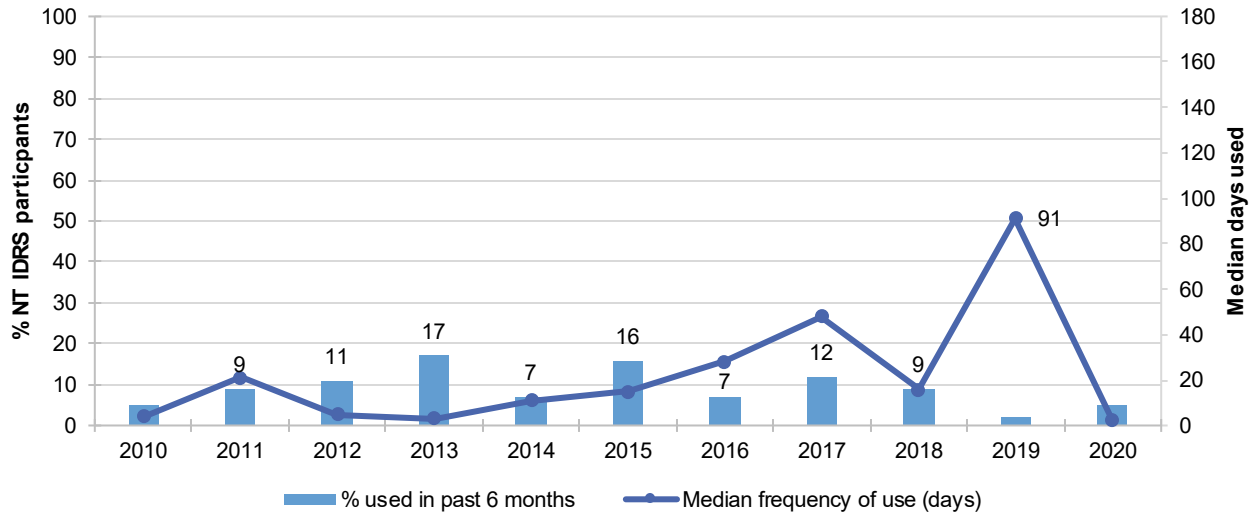
Routes of Administration

Due to consistently low numbers reporting recent use of heroin, information on routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported. For further information, please refer to the 2020 IDRS National Report.

Quantity

Due to consistently low numbers reporting recent use of heroin, information on routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported. For further information, please refer to the 2020 IDRS National Report.

Figure 12: Past six month use and frequency of use of heroin, NT, 2010-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/13n8-4f41

4

Methamphetamine

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

Recent Use (any methamphetamine)

In 2020, 83% (Figure 13) of the sample reported recent use of any form of methamphetamine, lower than the 89% in 2019 (p=0.395) but consistent with the increase seen since 2014.

Frequency of Use

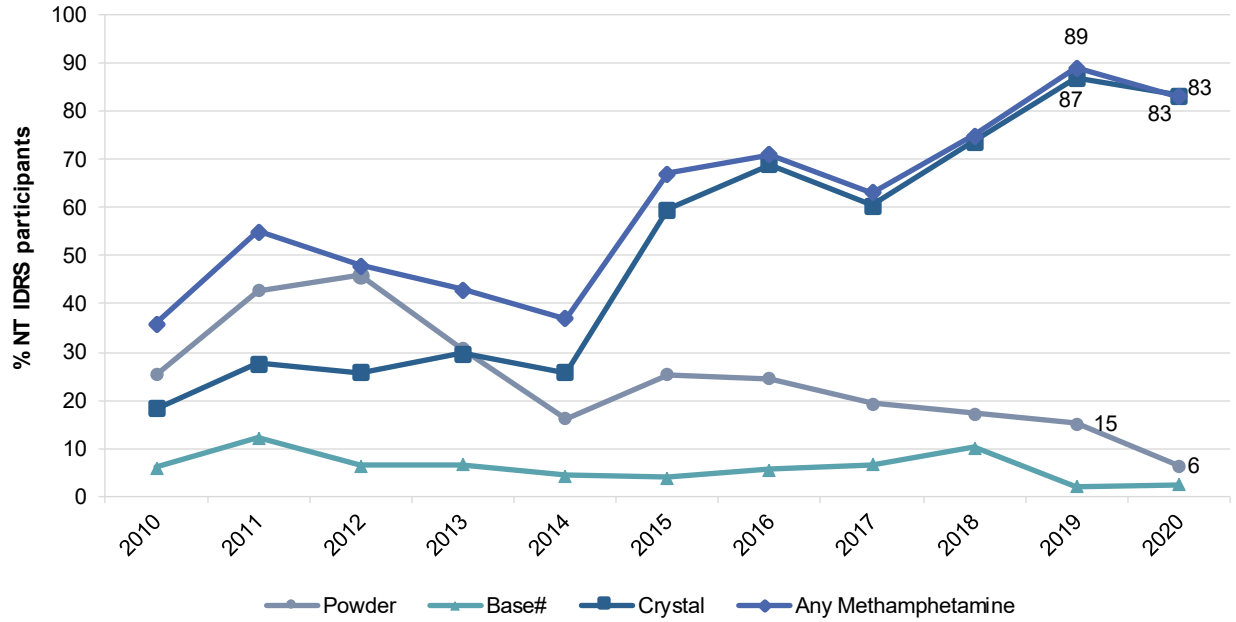
The median days of use of any methamphetamine increased non-significantly to 45 days (IQR=21-72; 25 days in 2019, IQR=6-72, p=0.209, Figure 14), reflecting a non-significant increase in the proportion of the sample reporting weekly use (63%, 45% in 2019, p=0.067, Figure 15).

Forms of Methamphetamine

All participants reporting recent use of any methamphetamine had used crystal methamphetamine (Figure 13), while 8% reported recent use of powder. These results reflect longer term trends: recent use of powder declined rapidly between 2013 and 2015 and has since continued a steady decline; recent use of crystal shows an increase since 2014.

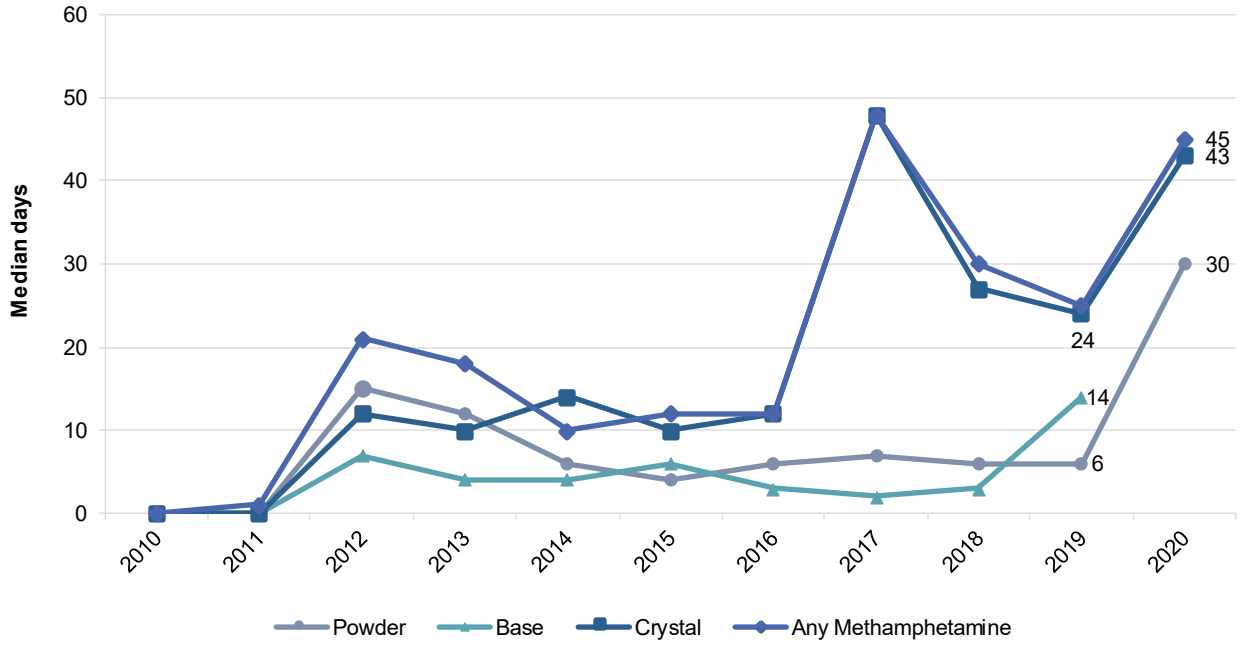
http://doi.org/10.26190/13n8-4f41

Figure 13: Past six month use of any methamphetamine, powder, base, and crystal, NT, 2010-2020



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

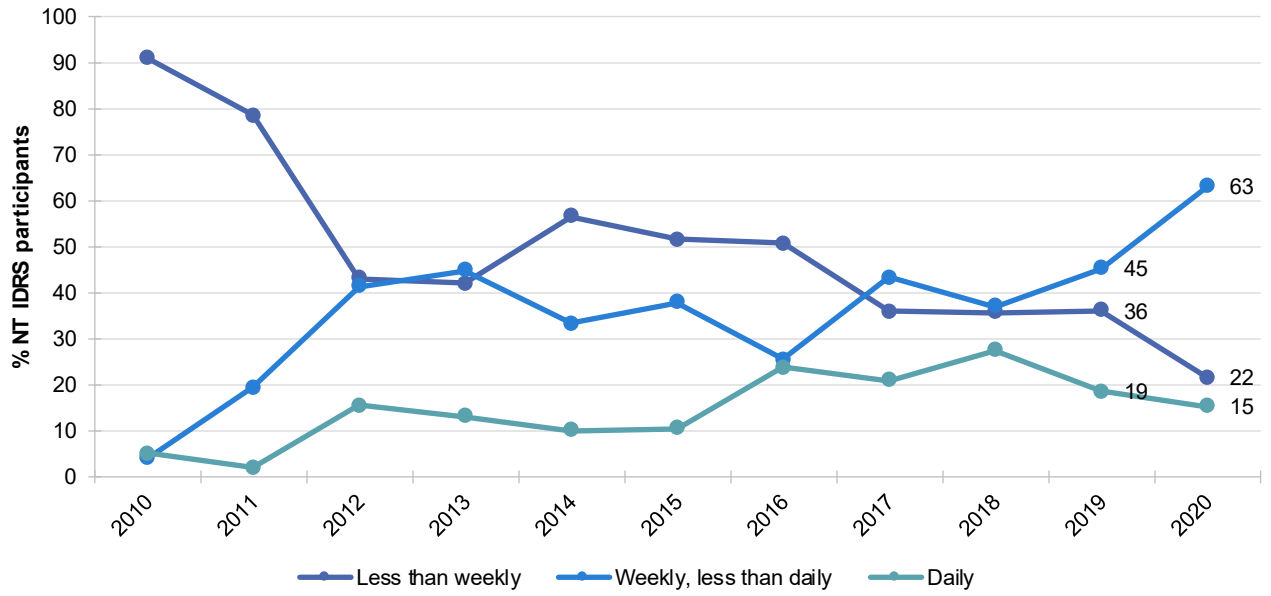
Figure 14: Frequency of use of any methamphetamine, powder, base, and crystal, NT, 2010-2020



Note. Frequency of use data was not collected in 2020 for methamphetamine base. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/13n8-4f41

Figure 15: Frequency of recent any methamphetamine use (among those who have used), NT, 2010-2020



Note. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Patterns of Consumption

Methamphetamine Powder

Due to low numbers reporting recent use of powder methamphetamine, information on routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported. For further information refer to the IDRS National Report or contact the researchers.

Crystal Methamphetamine

Recent Use (past 6 months): Eighty-three per cent (87% in 2019, p=0.656, Figure 13) of the sample reported recent use of crystal methamphetamine.

Frequency of Use: Median frequency of use was 23 days (IQR=21-63) in 2020 (24 days, IQR=6-72 in 2019, p=0.142).

Routes of Administration: All recent consumers reported recent injection of crystal methamphetamine (100% in 2019), while 9% reported smoking (28% in 2019, p=0.008).

Quantity: The median amount used on a typical day in the past six months was 1 point (IQR=1-2; n=68), comparable to a median of 1 point in 2019 (IQR=1-3; n=83; p=0.159).

Base Methamphetamine

Due to consistently low numbers reporting recent use of base methamphetamine, information on routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported. For further information refer to the IDRS National Report or contact the researchers.

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Price, Perceived Purity and Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and availability of methamphetamine powder were not asked of participants in 2020. For further information, please refer to the 2019 IDRS National Report.

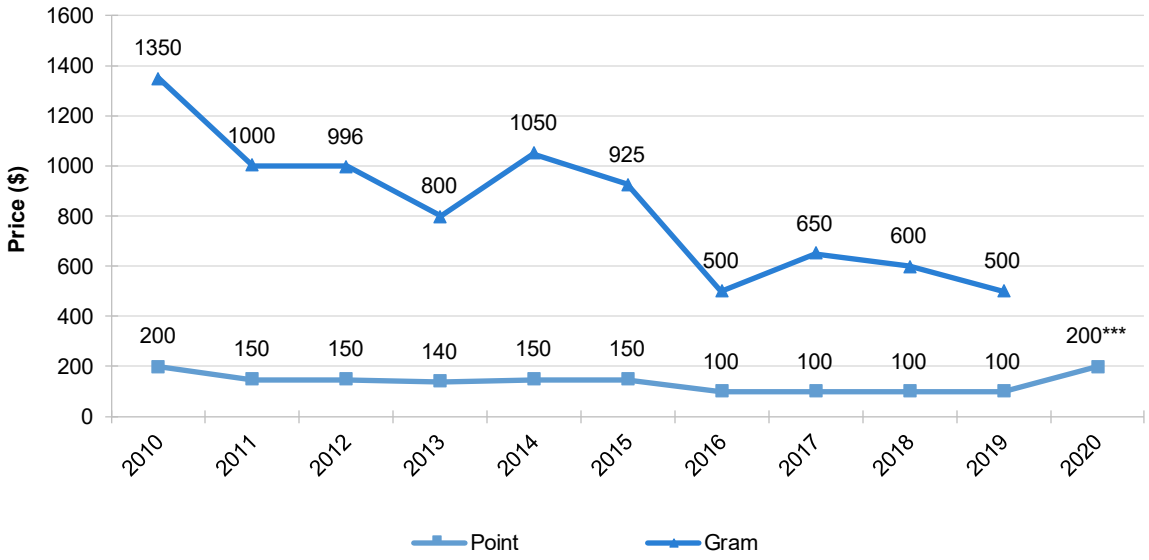
Methamphetamine Crystal

Price: Methamphetamine crystal cost a median of $200 (IQR=15-250, Figure 16) per point in 2020, compared to $100 in 2019 ($p$<0.001), the first significant increase in a number of years. Less than 5 participants reported buying a gram of crystal and so the price is not reported.

Perceived Availability: Most of those able to respond (n=63) rated crystal methamphetamine as 'difficult (29%, 14% in 2019, p=0.057) or 'very difficult (70%, 0% in 2019) to obtain.

Perceived Purity: Purity of crystal methamphetamine was reported to be low (48%, 14% in 2019, p<0.001, Figure 18) or medium (34%, 33% in 2019).

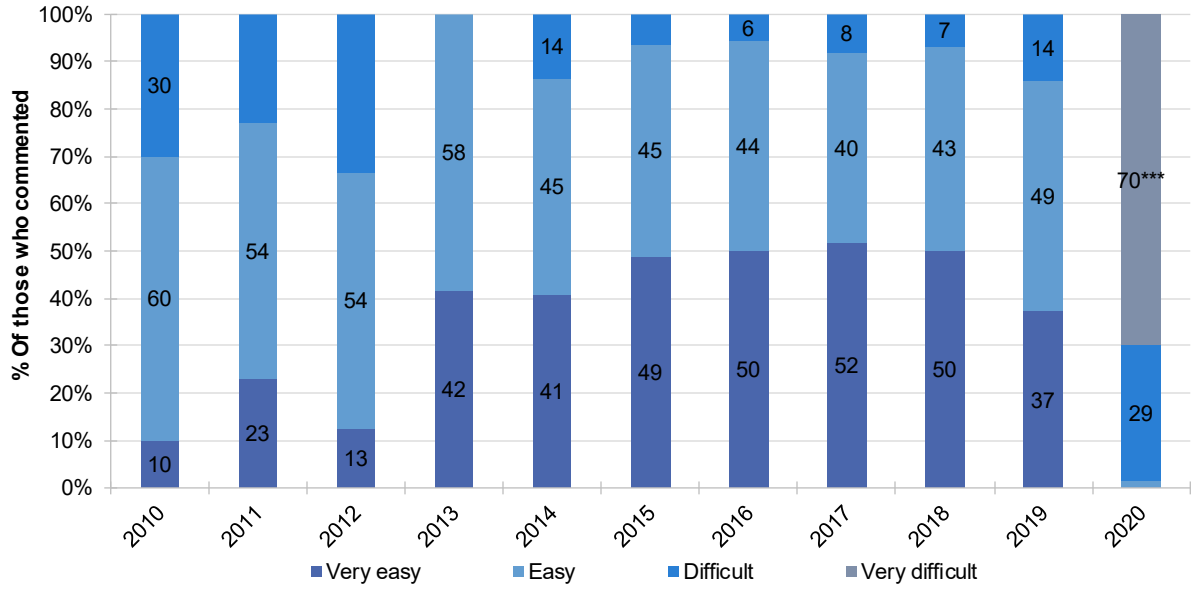
Figure 16: Median price of crystal methamphetamine, NT, 2010-2020



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). Less than 5 participants reported buying a gram of crystal and so the price is not reported. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

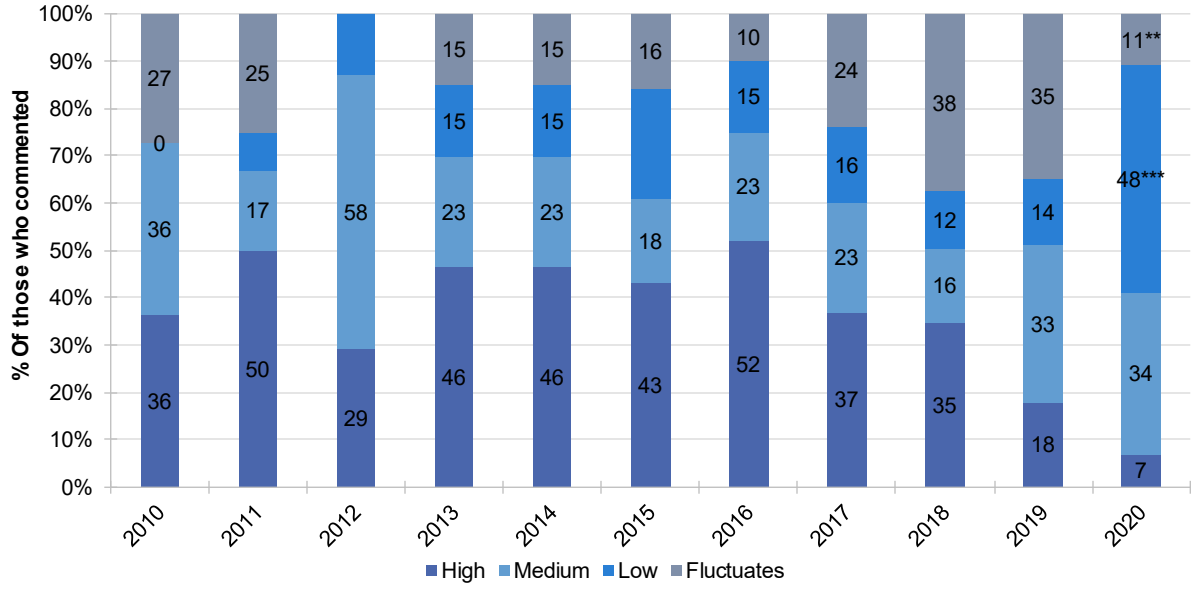
http://doi.org/10.26190/13n8-4f41

Figure 17: Current perceived availability of crystal methamphetamine, NT, 2010-2020



Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 18: Current perceived purity of crystal methamphetamine, NT, 2010-2020



Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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5

Cocaine

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

Recent Use (past 6 months)

Recent use of cocaine remained low among the Northern Territory sample, with 6% (9% in 2019, p=0.693) of the total sample reporting use of cocaine in the six months prior to interview.

Frequency of Use

Due to low numbers reporting recent use of cocaine, information on routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported.

Routes of Administration

Due to low numbers reporting recent use of cocaine, information on routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported.

Quantity

Due to low numbers reporting recent use of cocaine, information on routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported.

Price, Perceived Purity and Availability

Low numbers reported recent use of cocaine and therefore information on the price, purity and availability is not reported historically. For further information please refer to the IDRS National Report, the EDRS National Report or the EDRS NT Report. Alternatively, contact the researchers.

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6

Cannabis

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

Recent Use (past 6 months)

Sixty per cent (72% in 2019, *p*=0.148, Figure 19) of the sample reported recent use of cannabis; 56% (69% in 2019, *p*=0.064) reporting recent use of hydroponic and 9% (16% in 2019, *p*=0.117) of bush cannabis.

Frequency of Use

There was a significant increase in median frequency of use from 155 days (IQR=48-180) in 2019 to 180 days (IQR=111-180, *p*=0.008) in the past six months in 2020.

Routes of Administration

All those reporting recent use of cannabis reported smoking (100%), with no reports of other routes of administration. In 2019 a small number (≤5) reported also swallowing cannabis.

Quantity

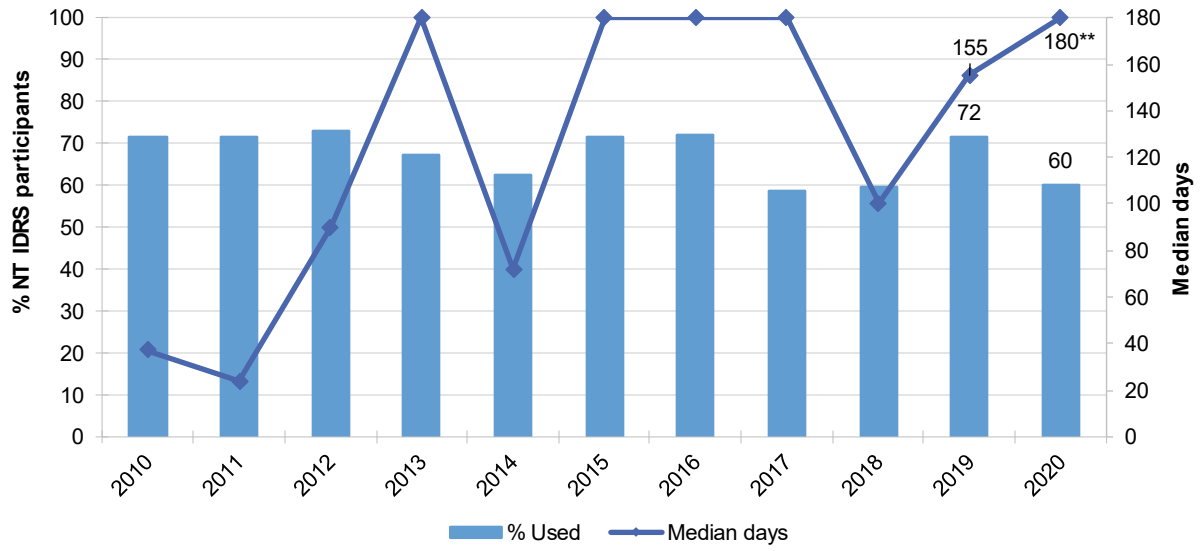
The median intake on the last occasion of use was reported as: 1 gram (IQR=1-2; n=35, 1 gram in 2019, IQR, 1-2, *p*=0.917).

Forms Used

Most consumers (94%; 100% in 2019; *p*=0.130) reported recent use of hydroponic cannabis, and 15% (24% in 2019; *p*=0.368) reported use of outdoor-grown 'bush' cannabis. No respondents reported recent use of hashish (10% in 2019, *p*=0.061) or oil (≤5 in 2019).

http://doi.org/10.26190/13n8-4f41

Figure 19: Recent use and median days of use of cannabis, NT, 2010-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: Respondents reported a median price of $30 (IQR=30-30; n=16 p=0.550) for 1 gram of hydroponic cannabis, and a median price of $450 (IQR=450-450, n=7, p=0.425) for one ounce in 2020 (Figure 20).

Perceived Potency: Participants able to comment (n=29) rated the potency of hydroponic cannabis as 'high' (55%, 47% in 2019, p=0.642, Figure 21) to medium (41%, 35% in 2019, p=0.764).

Perceived Availability: Among those who were able to comment in 2020 (n=30), 37% (43% in 2019, p=0.735, Figure 22) perceived current availability as 'very easy' and 37% (49% in 2019, p=0.396) as 'easy'.

Bush Cannabis

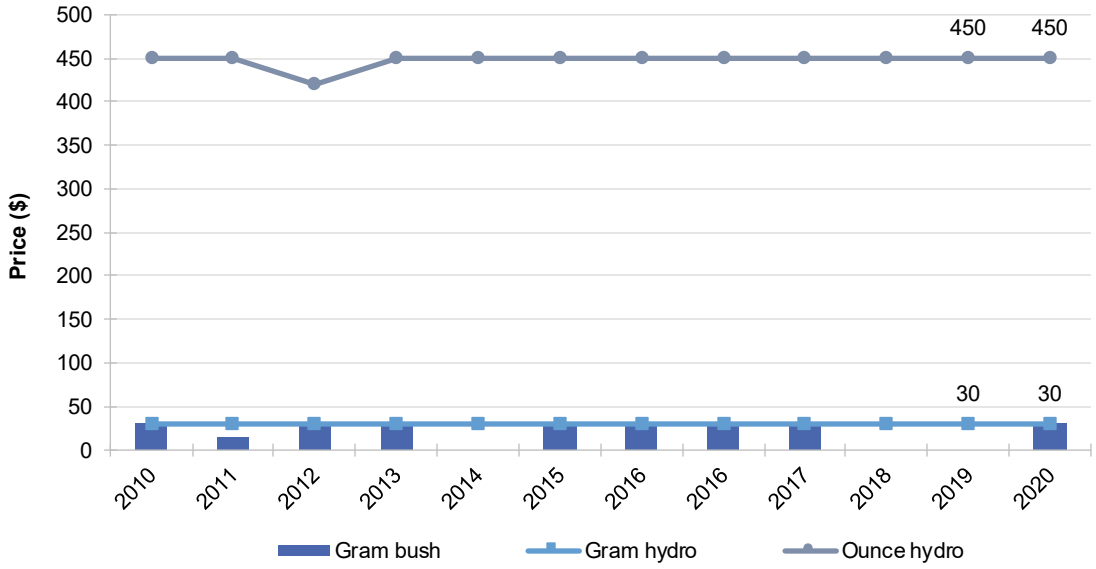
Price: Respondents reported a median price of $30 (IQR=20-30, Figure 20) for 1 gram of hydroponic cannabis; there were no reports of ounce prices.

Perceived Potency: The majority of participants able to comment (n=13) rated the potency of hydroponic cannabis as 'medium' (85%, 27% in 2019, Figure 23, p=0.015).

Perceived Availability: Among those who were able to comment in 2020 (n=13), 54% perceived current availability as 'very easy' (18% in 2019, Figure 24, p=0.169).

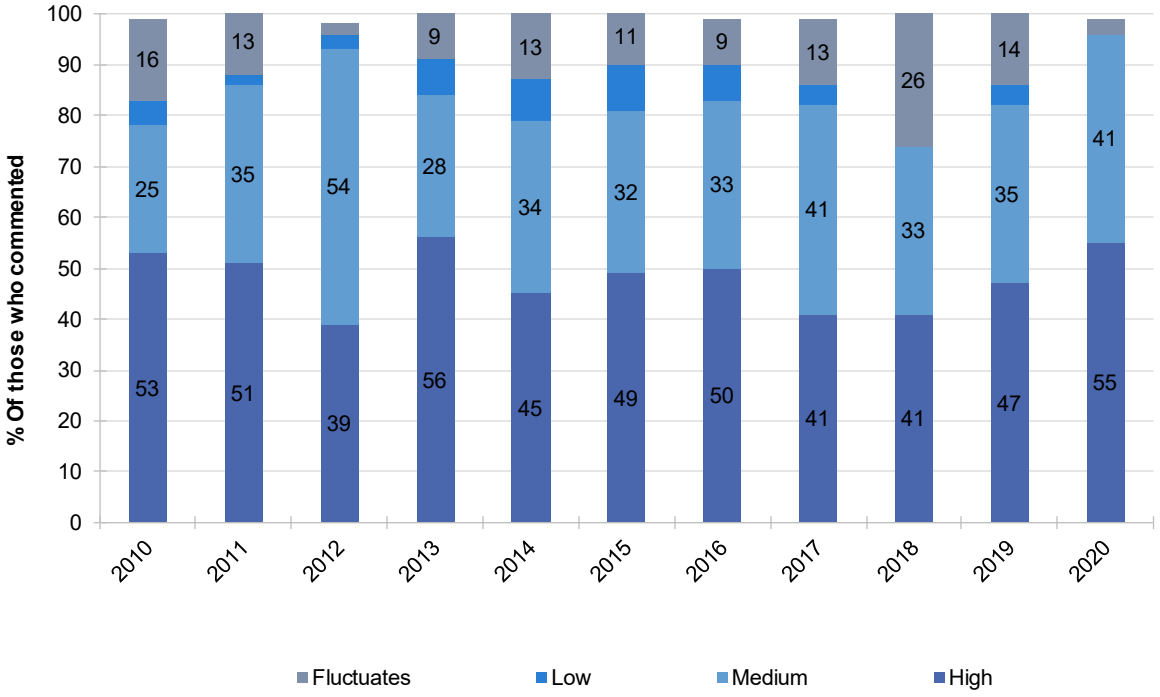
http://doi.org/10.26190/13n8-4f41

Figure 20: Median prices of hydroponic and bush cannabis, NT, 2010-2020



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

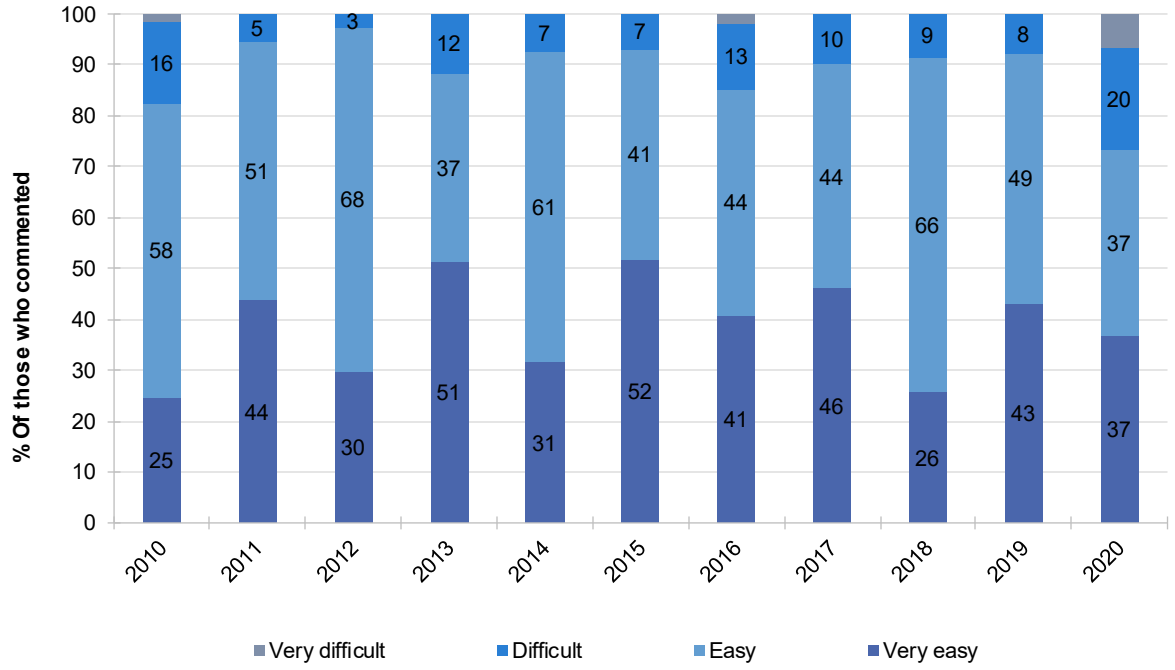
Figure 21: Current perceived potency of hydroponic cannabis, NT, 2010-2020



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

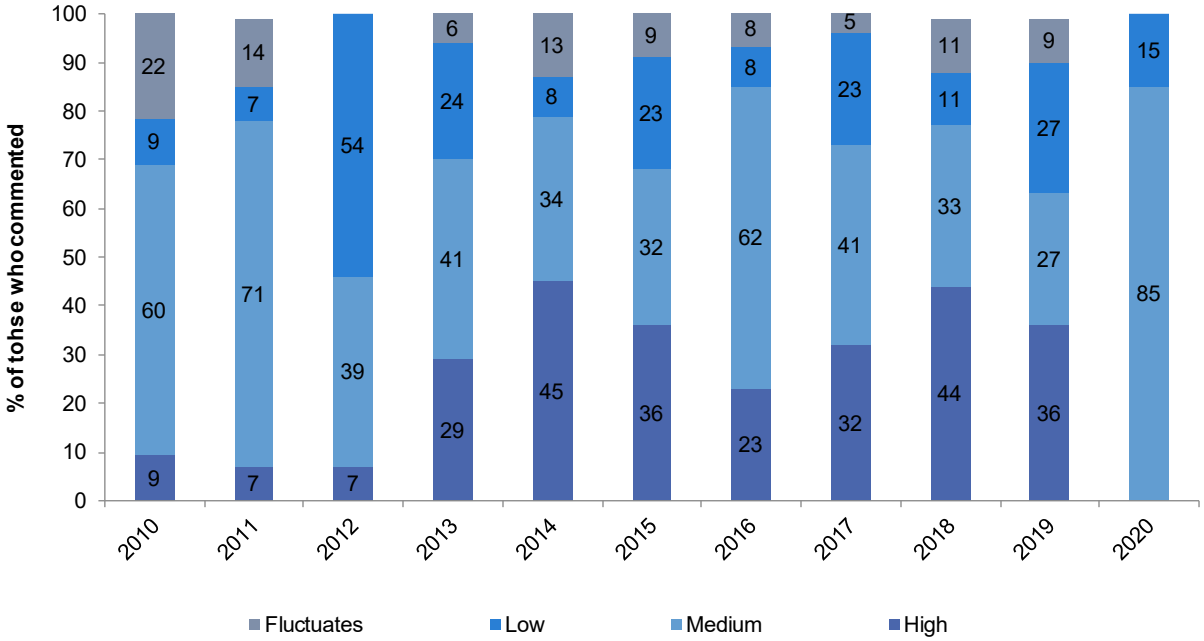
http://doi.org/10.26190/13n8-4f41

Figure 22: Current perceived availability of hydroponic cannabis, NT, 2010-2020



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

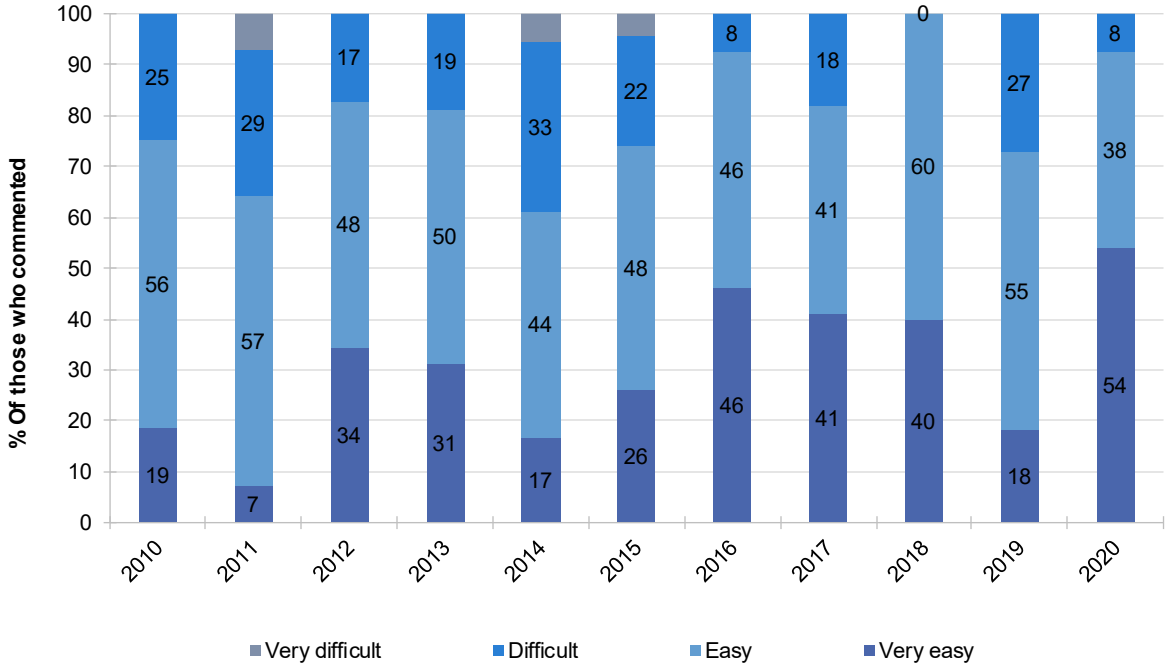
Figure 23: Current perceived potency of bush, NT, 2010-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/13n8-4f41

Figure 24: Current perceived availability of bush cannabis, NT, 2010-2020



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/13n8-4f41

7

Pharmaceutical Opioids

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

- **Prescribed Use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-Prescribed Use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and
- **Any Use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

Methadone

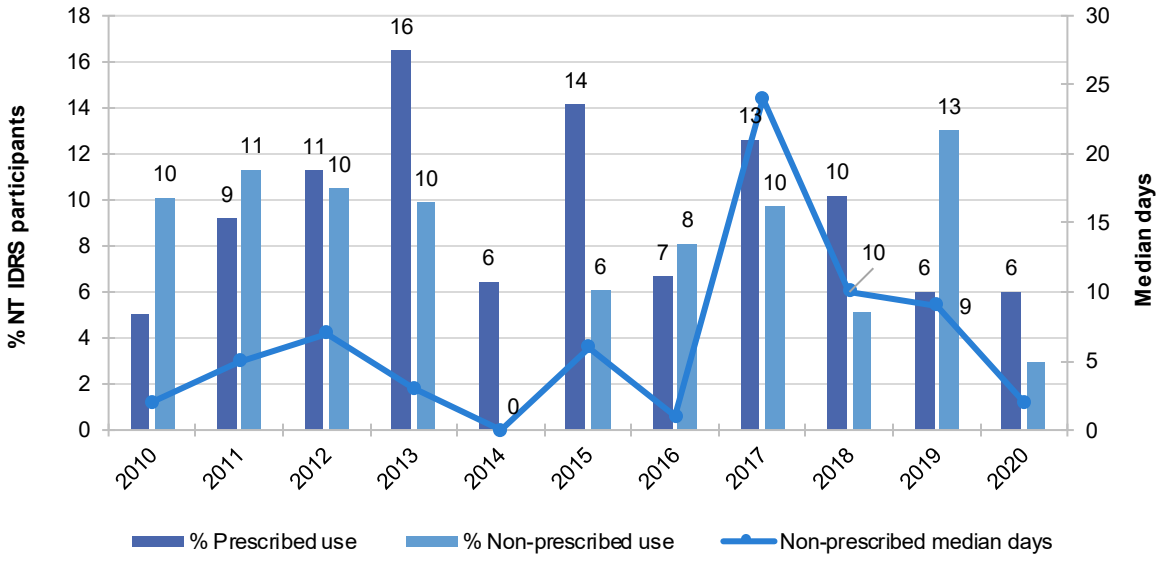
Recent Use (past 6 months): Five or less per cent (13% in 2019, p=0.024, Figure 25) of the sample reported recent use of non-prescribed methadone syrup, as was also the case for physeptone (Figure 26).

Frequency of Use: Due to low numbers reporting recent use of methadone, information on routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported.

Recent injection: Due to low numbers reporting recent use of methadone, information on routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported.

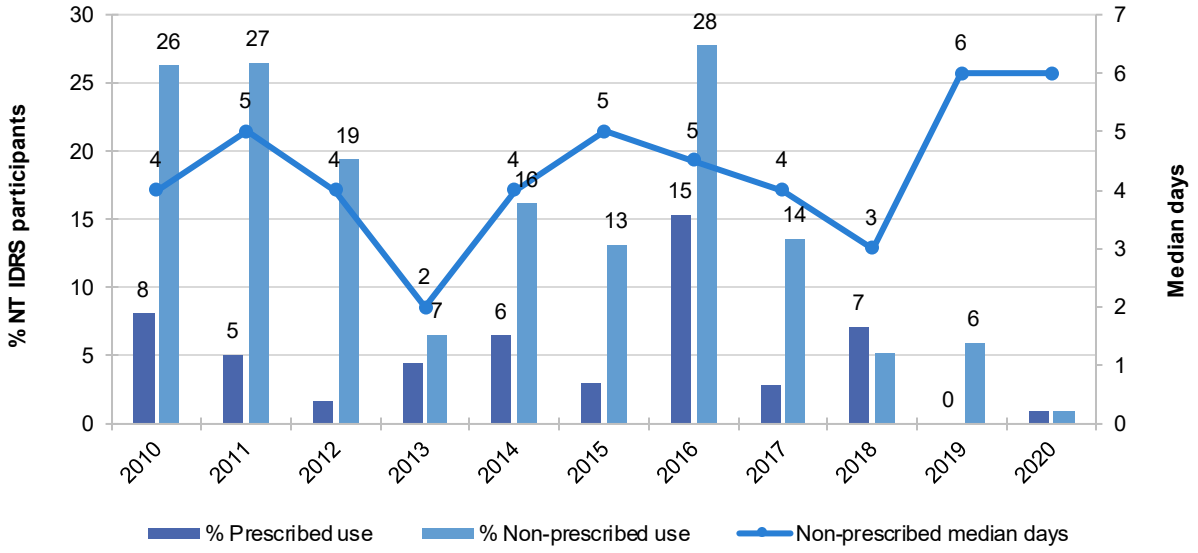
http://doi.org/10.26190/13n8-4f41

Figure 25: Recent use and frequency of use of methadone syrup, NT, 2010-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axes reduced to 18% and 30 median days improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 26: Recent and median days of use of physeptone, NT, 2010-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Buprenorphine

Due to low numbers reporting recent use of buprenorphine, information on use, routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported.

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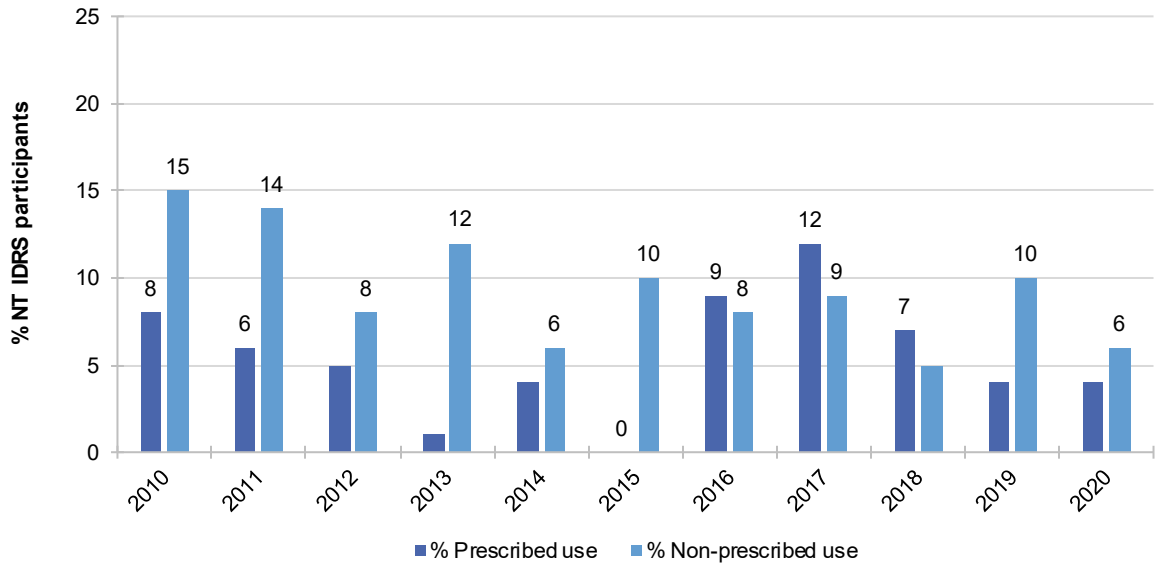
Buprenorphine-Naloxone

Recent Use (past 6 months): Buprenorphine-naloxone use in the NT sample has fluctuated since 2010 with no clear trends. In 2020, 6% of participants reported recent non-prescribed use (10% in 2019; *p*=0.546), while low numbers (n≤5) reported recent prescribed use (Figure 27).

Frequency of Use: Low numbers reported frequency of use for buprenorphine-naloxone, so information about routes of administrations are not reported.

Routes of Administration: Low numbers reported routes of administration for buprenorphine-naloxone, so information about routes of administrations are not reported.

Figure 27: Past six month use (prescribed and non-prescribed) of buprenorphine-naloxone, NT, 2010-2020



Note. From 2010-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2019 participants were asked about the use of buprenorphine–naloxone film only. Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Morphine

Recent Use (past 6 months): Recent use of any morphine declined from 49% of the sample in 2019 to 32% (p=0.029) this year.

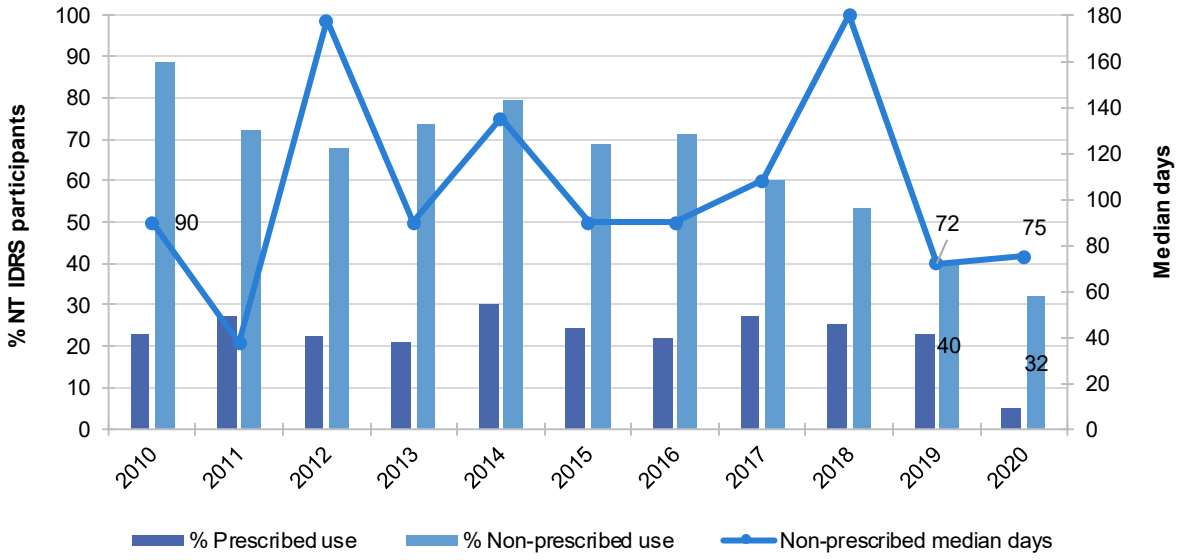
Non-prescribed morphine continued to be the form most often used over the six months before interview, reported by 32% (40% in 2019; p=0.323; Figure 28) of the sample, while recent use of prescribed morphine was reported by 5 or less participants.

Frequency of Use: Median days of non-prescribed morphine use was stable at 72 days (IQR=7-170, Figure 28) in 2019 and 75 days (IQR=6-177, p=0.596) in 2020. Median days of injection of non-prescribed morphine declined from 72 days (IQR=7-180) in 2019 to 66 days (IQR=23-180, p=0.776) this year.

http://doi.org/10.26190/13n8-4f41

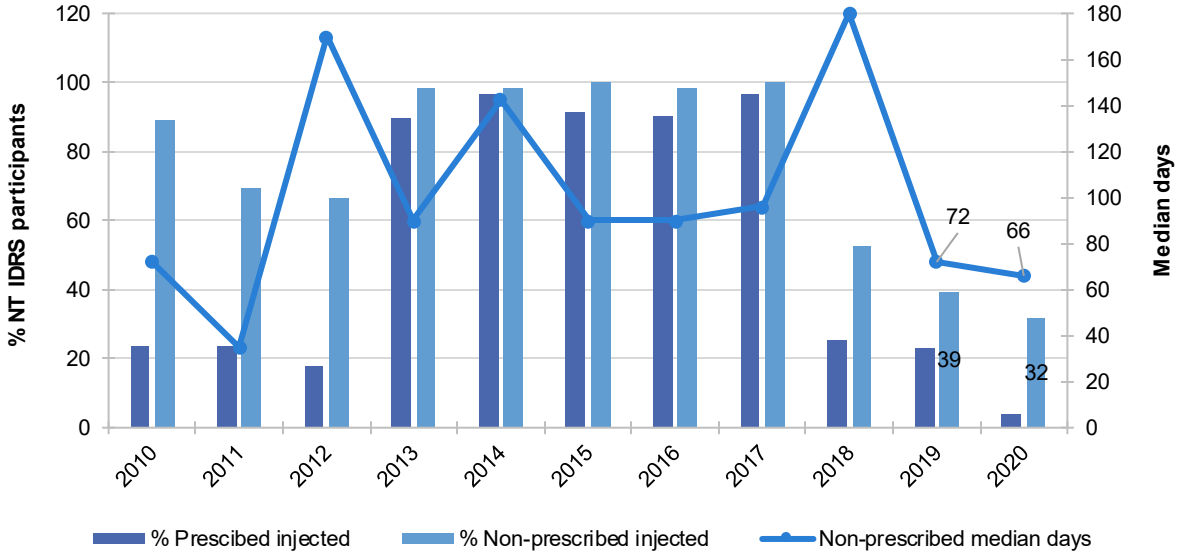
Recent injection: All those reporting recent use of non-prescribed morphine reported injecting, as was the case in 2019.

Figure 28: Recent use and frequency of non-prescribed use of morphine, NT, 2010-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 29: Recent injection and frequency of non-prescribed injection of morphine, NT, 2010-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price: Prices of the various doses of non-prescribed morphine purchased increased. As in previous years, 100mg MS Contin was the most commonly purchased form with a median price of $150 (IQR=120-180; median price in 2019 $80, IQR=80-80, p=0.001).

http://doi.org/10.26190/13n8-4f41

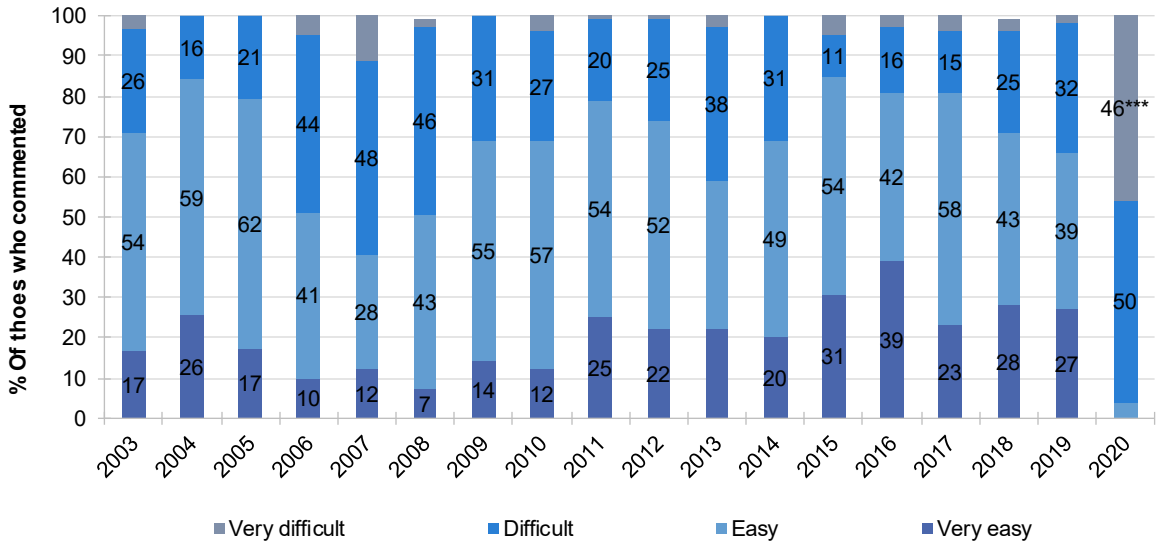
Perceived Availability: Over half of those able to comment reported that non-prescribed morphine was either 'difficult' (50%; 32% in 2019, *p*=0.112) or 'very difficult' (46%; 2% in 2019, *p*<0.001) to obtain.

Table 5: Recent non-prescribed morphine price, NT, 2013-2020

	2013	2014	2015	2016	2017	2018	2019	2020
MS Contin								
60mg $ (n)	50 (18)	48 (18)	50 (36)	40 (25)	50 (27)	50 (26)	50 (21)	**80 (4)**
100mg $ (n)	80 (61)	80 (70)	80 (63)	80 (51)	80 (56)	80 (58)	80 (28)	**150*** (21)**

Note. Among those who commented. -Values suppressed due to small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 30: Current perceived availability of non-prescribed morphine, NT, 2010-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Oxycodone

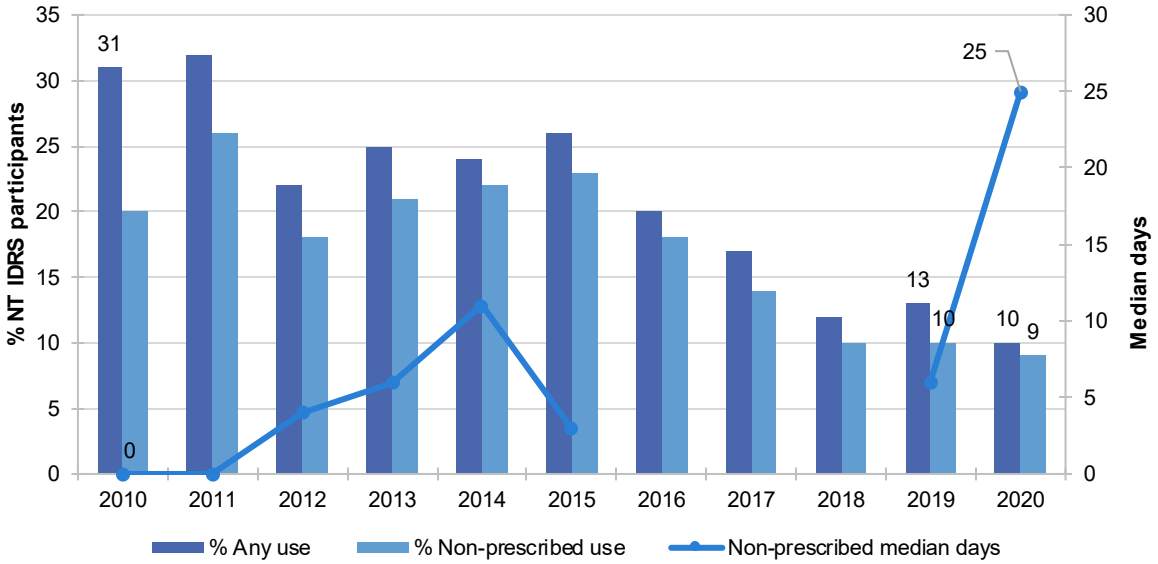
Recent Use (past 6 months): Ten per cent of the sample reported recent use of any oxycodone in 2020. Five or fewer respondents reported recent use of prescribed oxycodone, while 9% (10% in 2019, *p*=0.651, Figure 31) reported recent use of non-prescribed oxycodone.

Frequency of Use: The median days of use of non-prescribed oxycodone was 6 days (IQR=3-45) in 2019 and 25 days (IQR=14-49, *p*=0.555) in 2020.

Recent injection: Most (75%, 77% in 2019, *p*=0.334) of those who had recently used non-prescribed oxycodone reported injecting it.

http://doi.org/10.26190/13n8-4f41

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, NT, 2010-2020



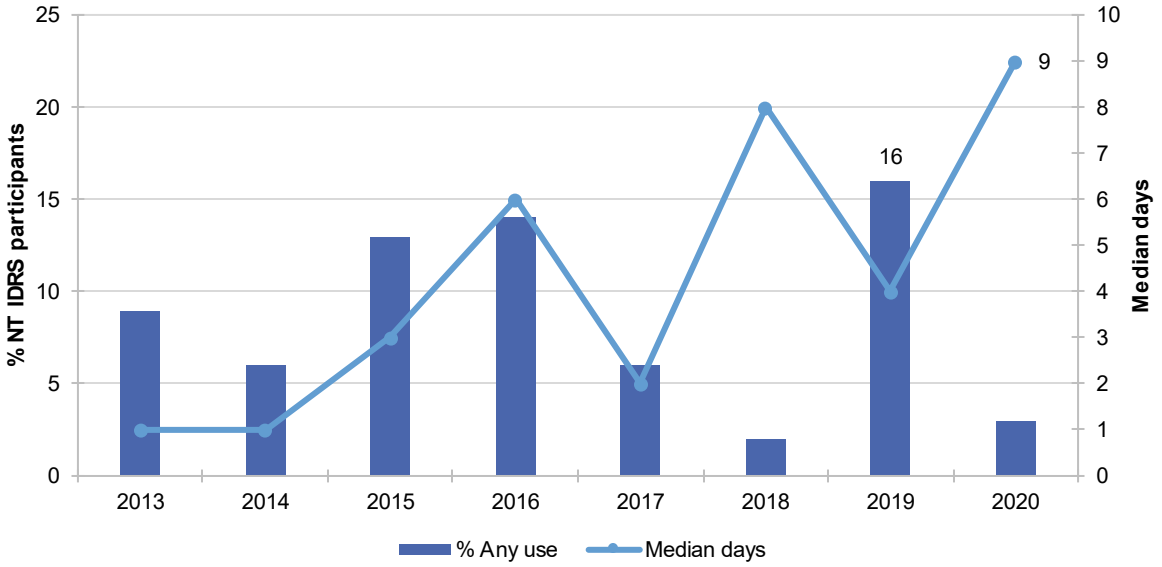
Note. Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Fentanyl

Small numbers (n≤5) reported recently using any form of fentanyl (numbers supressed) including recent use of any form non-prescribed fentanyl (13% in 2019; p=0.027). Hence no further information on frequency of use or routes of administration is provided. For further information, please refer to the 2020 IDRS National Report.

http://doi.org/10.26190/13n8-4f41

Figure 32: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, NT, 2013-2020



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axes reduced to improve visibility of trends. Data labels have been removed from figures in years with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2020 (Table 6). In 2020, less than 5% of respondents reported recent use or injection of codeine, tramadol or tapentadol. For further information, please refer to the 2020 IDRS National Report.

Table 6: Past six month use of other opioids, NT, 2019-2020

% Recent Use (past 6 months)	2019 (N=99)	2020 (N=78)
Codeine		
Any prescribed use	25	-***
Any non-prescribed use	10	-
Any injection (prescribed and/or non-prescribed)	-	**0**
Tramadol		
Any prescribed use	16	-**
Any non-prescribed use	8	-**
Any injection (prescribed and/or non-prescribed)	0	-
Tapentadol		
Any prescribed use	0	-
Any non-prescribed use	0	-
Any injection (prescribed and/or non-prescribed)	0	-

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/13n8-4f41

8

Other Drugs

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months): In 2020, very few (5 or less) participants reports the recent use of any NPS. In 2019 13% (p=0.124, Table 7) reported recent use of NPS that mimic the effect of cannabis.

Table 7: Past six month use of new psychoactive substances, NT, 2017-2020

	2017 N=109	2018 N=99	2019 N=99	2020 N=78
'New' drugs that mimic the effects of opioids	-	-	-	**0**
'New' drugs that mimic the effects of ecstasy	0	0	-	**0**
'New' drugs that mimic the effects of amphetamine or cocaine	0	-	0	**0**
'New' drugs that mimic the effects of cannabis	0	11	13	**-**
'New' drugs that mimic the effects of psychedelic drugs	0	0	0	**0**
'New' drugs that mimic the effects of benzodiazepines	0	0	0	**0**
Any of the above	**-**	12	13	**-**

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. # In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/13n8-4f41

Non-Prescribed Pharmaceutical Drugs

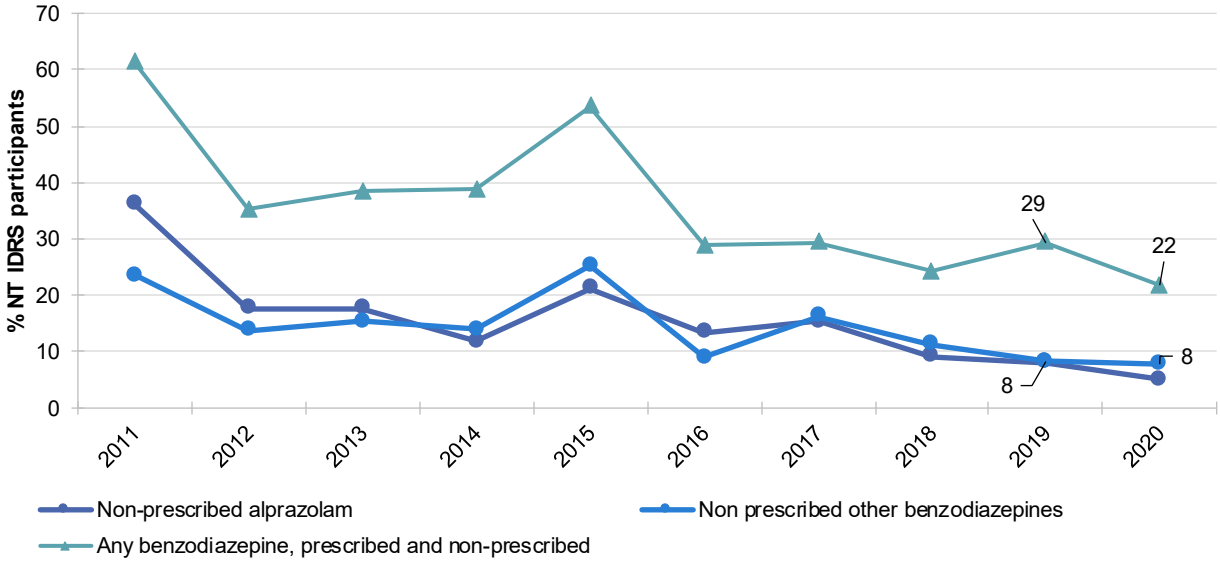
Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed alprazolam declined slightly to ≤5% (8% in 2019, *p*=0.662 Figure 33) of the sample, while recent use of non-prescribed 'other benzodiazepines' was stable at 8%. Recent use of any benzodiazepine (prescribed and non-prescribed alprazolam and 'other') was reported by 22% (29% in 2019, *p*=0.169) of the sample.

Frequency of Use: Median days of use of non-prescribed alprazolam increased from 3 days (IQR=2-12) in 2019 to 10 days (IQR=10-14, *p*=0.605) this year. Frequency of use of non-prescribed other benzodiazepines was 10 days (IQR=9-15, 5 days in 2019, IQR=2-26).

Recent injection: As was the case in 2019, recent injection of any non-prescribed benzodiazepines was reported by five or fewer participants.

Figure 33: Recent benzodiazepine use, NT, 2011-2020



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). Y axis reduced to 70% to improve visibility of trends.
*p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/13n8-4f41

Pharmaceutical Stimulants

Recent Use (past 6 months): Ten per cent (15% in 2019, *p*=0.461) of the sample reported recent use of non-prescribed pharmaceutical stimulants.

Frequency of Use: Non-prescribed pharmaceutical stimulants were used on a median of 2 days (IQR=1-3), compared to 4 days (IQR=2-9, *p*=0.023) in 2019.

Recent injection: Eight per cent (13% in 2019, *p*=0.180) of the sample reported recent injection of pharmaceutical stimulants on a median of 1 days (IQR=1-2, 4 days in 2019, IQR=2-11, *p*=0.005).

Antipsychotics

There was no reported recent use of antipsychotics in 2020, so no further reporting on patterns of use will be included. For further information please see the National IDRS Report or contact the Drug Trends research team.

Pregabalin

Recent Use (past 6 months): Eight per cent of the sample (14% in 2019, *p*=0.269) reported recent use of non-prescribed pregabalin; while 6% reported recent of prescribed pregabalin (6% in 2019).

Frequency of Use: Frequency of use of pregabalin was on a median of 4 days (IQR=4-72; 3 days in 2019, IQR=2-5, *p*=0.146).

Recent injection: Five or fewer respondents reported recent injection of pregabalin, as was the case in 2019.

Licit and Other Drugs

Steroids

There was no reported recent use of steroids in the sample, so no further reporting on patterns of use will be included. For further information please see the National IDRS Report or contact the Drug Trends research team.

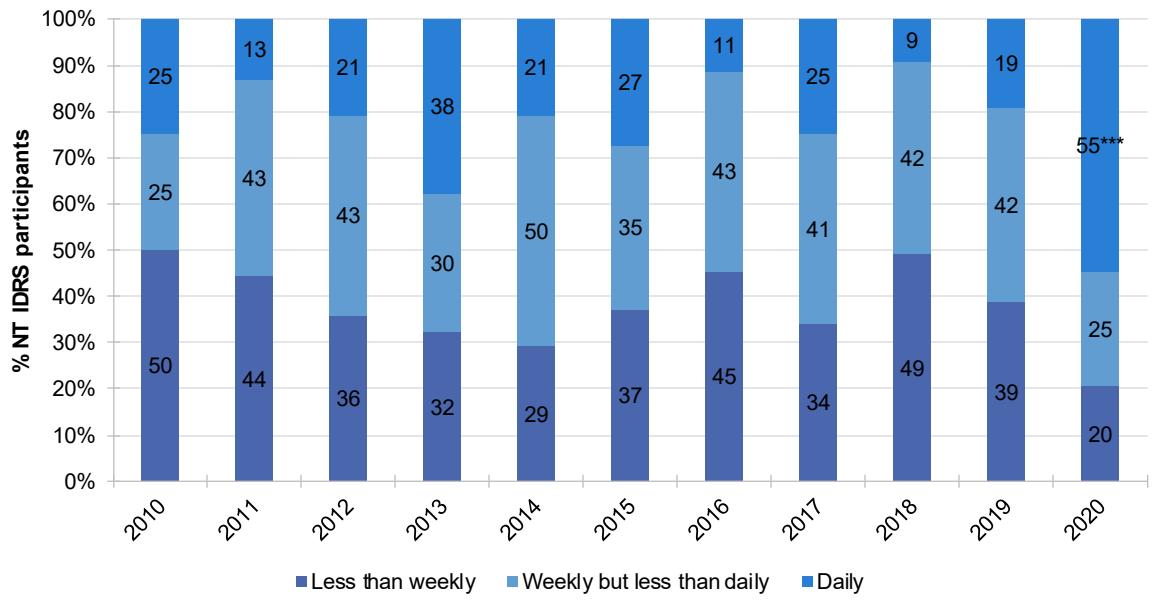
Alcohol

Recent Use (past 6 months): Fifty-six per cent (Figure 35) of the sample reported having a drink containing alcohol in the past six months in 2020, a decrease on the 60% found in 2019 (*p*=0.785).

Frequency of Use: Fifty-five per cent (11% in 2019, *p*=0.001, Figure 34) of those reporting recent use of alcohol reported daily consumption. The median days of use increased from 48 days in 2019 (IQR=6-90) to 180 days (IQR=26-180, *p*=0.001) in 2020.

http://doi.org/10.26190/13n8-4f41

Figure 34: Patterns of recent alcohol use, NT, 2010-2020



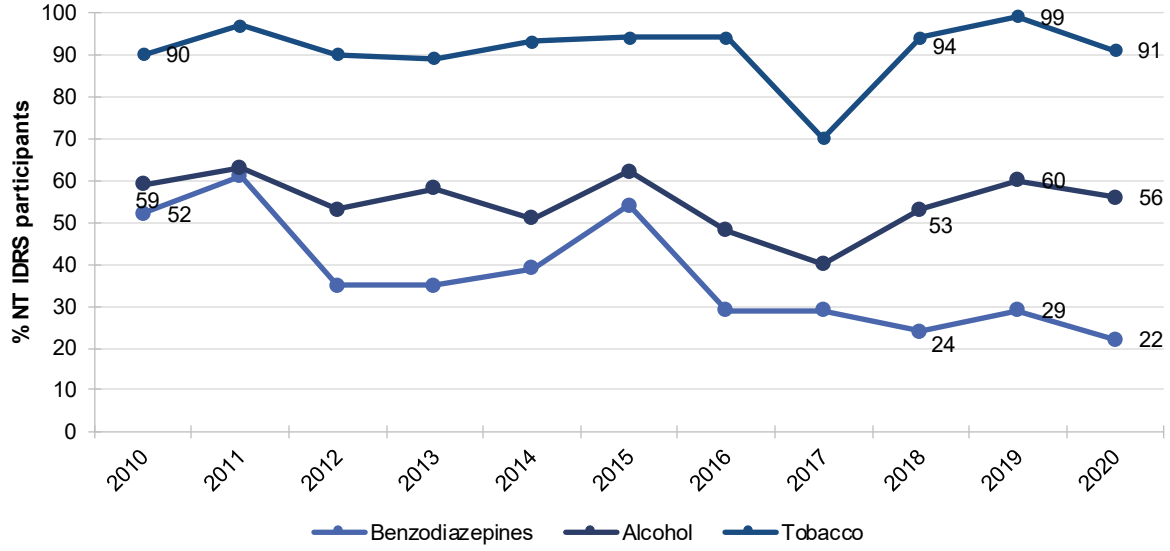
Note. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Tobacco

Recent Use (past 6 months): Consistent with previous years, a large majority (91%, Figure 35) of participants had used tobacco in the previous six months (99% in 2019, p=0.030).

Frequency of Use: The median frequency of use of tobacco in 2020 and 2019 was 180 days (IQR=180-180, p=0.450).

Figure 35: Past six month use of other drugs, NT, 2010-2020



Note. Non-prescribed use is reported for pharmaceutical stimulants. Data labels have been removed from figures in years with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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E-Cigarettes

Recent Use (past 6 months): Approximately one-quarter (23%) of the sample reported recent use of e-cigarettes in 2019, declining to five or fewer participants in 2020 (p=0.001).

Frequency of Use: Small numbers reported frequency of use for e-cigarettes in 2020 (n≤5), therefore no further reporting will be included. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

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9

Drug-Related Harms and Other Associated Behaviours

Overdose Events

Non-Fatal Overdose

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

In 2020, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g. nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following data coding:
  - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g. MDPV, Alpha PVP); and
  - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

As in previous years, low numbers (n≤5) of participants reported non-fatal overdose in the previous 12 months. Accordingly, information about overdose are not reported. For further information refer to the National IDRS Report or contact the Drug Trends research team.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

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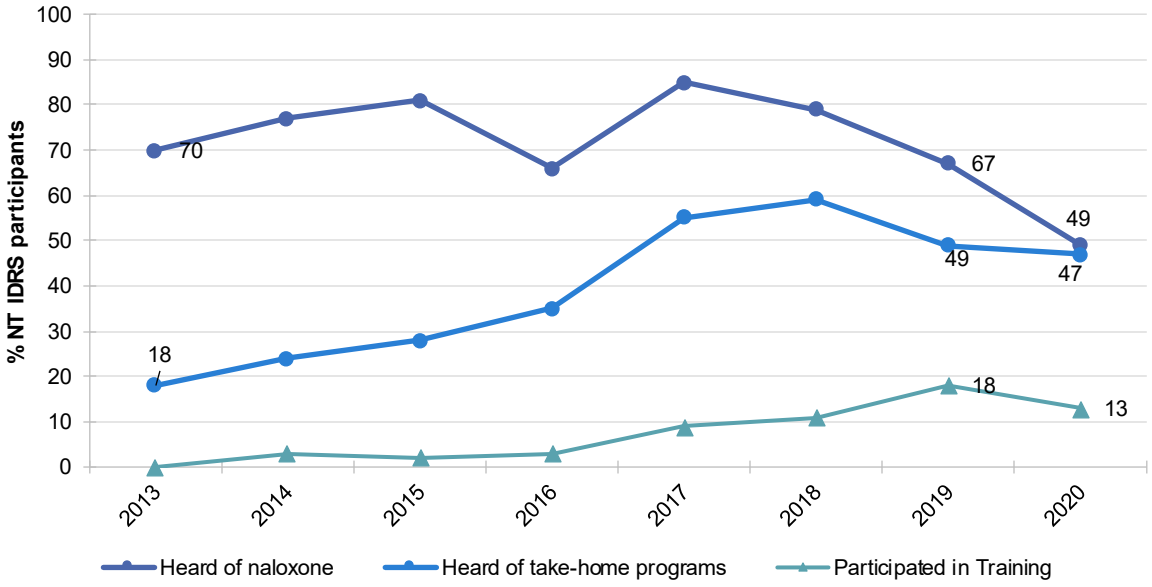
Awareness of Naloxone: Almost half the participants (49%, 67% in 2019, *p*=0.030; Figure 36) had heard of naloxone and 45% (50% in 2019, *p*=0.646) had heard of naloxone take-home programs. Despite the decline into this year, knowledge of naloxone and related programs has increased since 2013.

Participation in Training Programs: Thirteen per cent (18% in 2019, *p*=0.408) of participants had participated in a naloxone administration training program in the last 12 months.

Use of Naloxone to Reverse Overdose: No one reported having resuscitated someone who has overdosed within the last 12 months, although six per cent of the sample had done so more than a year ago. Thirteen percent of the sample reported that they had ever accessed naloxone, five or less percent within 12 months of the interview.

Figure 36: Take-home naloxone program and distribution, NT, 2013-2020



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

Injecting Risk Behaviours and Harms

Nine per cent (9% in 2019, Figure 37) of the sample reported borrowing and 12% (8% in 2019, *p*=0.668, Table 8) lending a needle in the month before interview. Twenty-two per cent (37% in 2019, *p*=0.034) had reused their own needle.

Twenty-eight per cent (30% in 2019, *p*=0.890, Table 8) reported that they had injected someone else after injecting themselves, and 18% were injected by someone else who had previously injected in the past month (21% in 2019, *p*=0.725).

Sharing of other injecting equipment increased to 27% of the sample (n≤5 in 2019, *p*<0.001), accounted for mainly by sharing of tourniquets (26%, 0% in 2019, *p*<0.001,Table 8).

As in previous years, most participants (85%, Table 8) had most recently injected in a private home (86% in 2019). Significantly more respondents, 13% (n≤5 in 2019, *p*=0.004) last injected in a street, park or bench.

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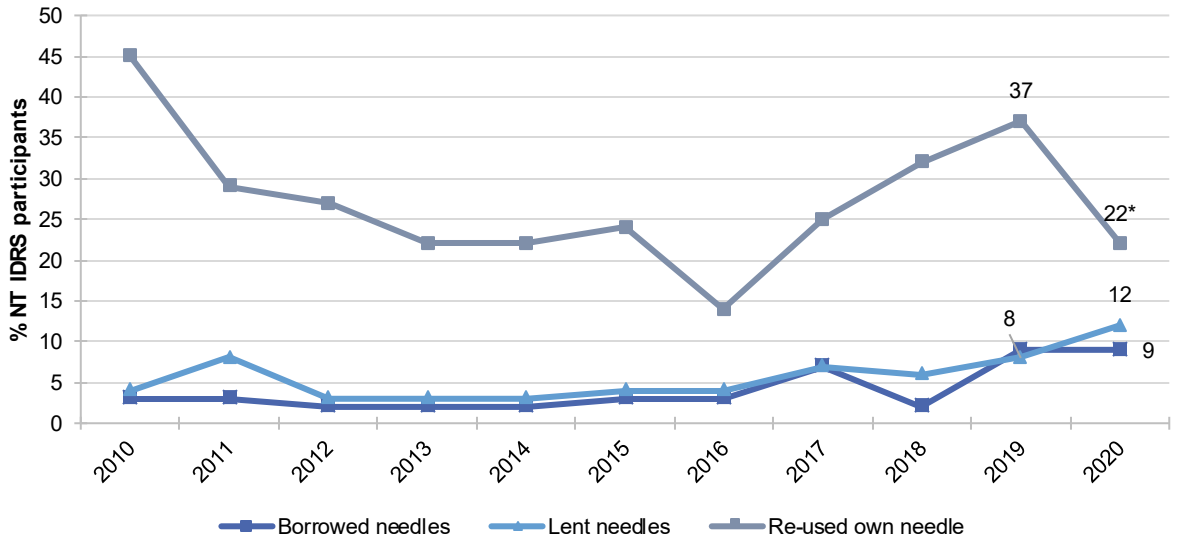
Figure 37: Sharing and reuse of needles in the past month, NT, 2010-2020



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive sharing): used a needle after someone else. Lent (distributive sharing): somebody else used a needle after them. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Table 8: Sharing and re-using injecting equipment in the past month, NT, 2014-2020

	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99	2020 N=78
% Borrowed a needle	-	-	-	7	-	9	**9**
% Lent a needle	-	-	-	7	-	8	**12**
% Shared any injecting equipment ^							
Shared spoon/mixing container #	23	15	21	17	8	-	**8**
Shared filter #	-	0	-	7	-	0	**6**
Shared tourniquet #	13	8	6	14	9	0	**26*** **
Shared water #	-	-	-	7	-	-	**8**
Shared swabs #	-	0	-	6	-	0	**-**
Shared wheel filter #	-	0	0	6	-	0	**0**
% Reused own needle	22	24	14	25	32	37	**22***
% Injected partner/friend after injecting self (with either a new or used needle)	/	/	26	41	34	30	**28**
% Somebody else injected them after injecting themselves (with either a new or used needle)	/	/	18	20	16	21	**18**
% Location of last injection							
Private home	89	90	96	91	92	86	**85**
Street/car park/beach	-	-	-	-	-	-	**13****
Car	-	-	-	-	-	-	**-**
Public toilet	-	-	-	0	-	6	**-**
Other	-	-	0	0	0	-	**0**

Note. ^ excludes needles/syringes. # amongst entire sample. ˜ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Not asked. Participants first asked about injecting other and being injected by others in 2016. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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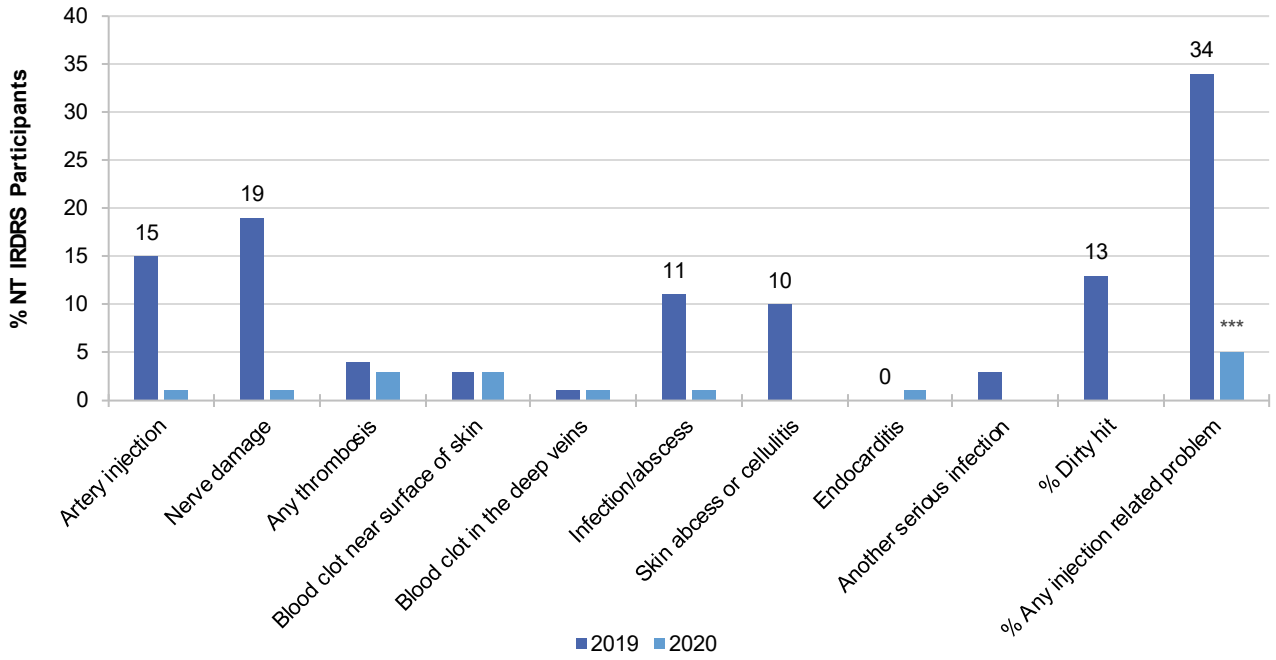
Self-Reported Injection-Related Health Problems

Five per cent or less (34% in 2019, $p<0.001$, Figure 38) of the sample reported an injection-related health problem in the past month. All the categories of problems were reported by five or fewer respondents.

Figure 38. Injection-related issues in the past month, NT, 2019-2020



Note. Y axes reduced to 40% improve visibility of trends. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2019 versus 2020.

Drug Treatment

Eight per cent (11% in 2019, $p=0.610$) of participants reported that they were currently in any drug treatment for their substance use, with methadone and counselling the most reported, although both reported by five or fewer participants.

Mental Health

In 2020, 32% of the sample self-reported that they had experienced a mental health problem in the preceding six months (31% in 2019, Figure 39).

Out of the whole sample, the most reported problems were anxiety (22%, Table 9), depression (21%) and PTSD (9%)

Of those who reported a mental health issue within the previous six months, 60% (22% of the entire sample) had attended a mental health professional during the last six months. In 2019, 68% ($p=0.749$) of those who reported a mental health issue within the previous six months had attended a mental health professional during the last six months.

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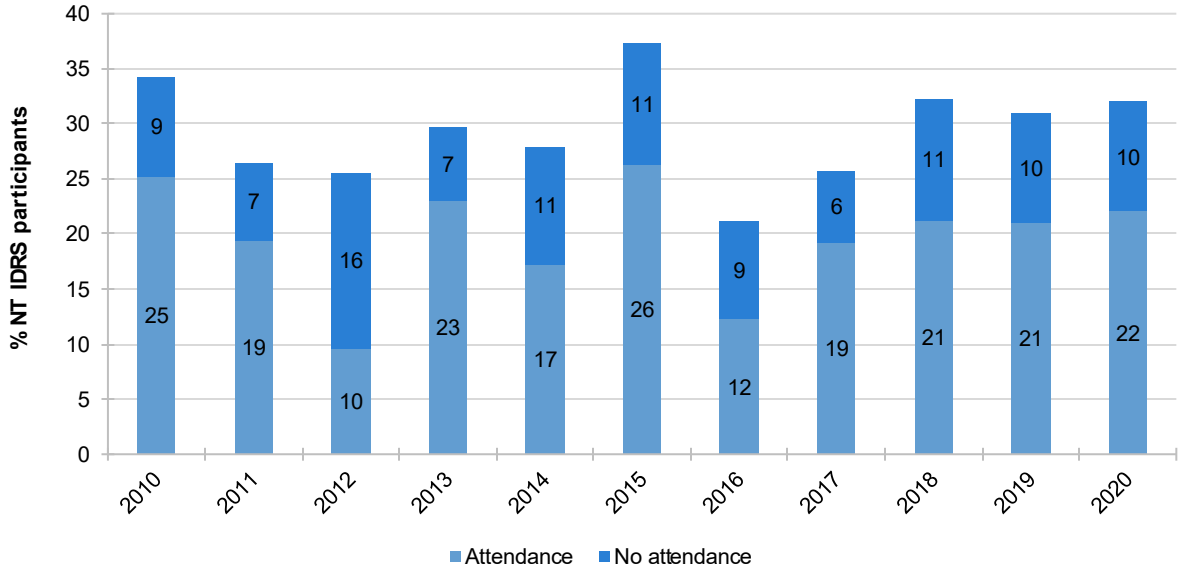
Seventy-six per cent (70% in 2019, *p*=0.944) of those who reported attending a mental health professional had been prescribed medication for their mental health problem in the preceding six months.

Figure 39: Recent self-reported mental health problems and treatment seeking, NT, 2010-2020



Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who have not. Data labels have been removed from figures with small cell size (i.e. n≤5). Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Table 9: Self-reported recent mental health problems, NT, 2013-2020

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99	2020 N=78
Depression	20	12	25	17	20	24	18	**21**
Manic depression	-	-	6	-	6	-	-	**-**
Anxiety	15	9	15	10	17	19	11	**22***
Panic	-	0	-	-	6	-	-	**-**
Paranoia	0	-	-	-	-	-	-	**0**
Personality disorder	0	0	-	0	-	-	0	**0**
Schizophrenia	7	-	7	-	5	-	8	**-**
Drug-induced psychosis	0	-	-	-	-	0	0	**-**
Post-traumatic stress disorder	-	-	-	-	-	-	-	**9**

Note. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020

Crime

Ten per cent (Figure 40) of the NT IDRS sample reported having committed at least one crime in the month prior to interview, significantly lower (p=0.024) than the 32% found in 2019. All categories of self-reported crime were lower than 2019, while dealing (6%, 19% in 2019, p=0.025) and property crime (n≤5, 16% in 2019, p=0.024) remined the most reported. Five or fewer respondents (16% in 2019) reported being a victim of a violent crime in the month before interview.

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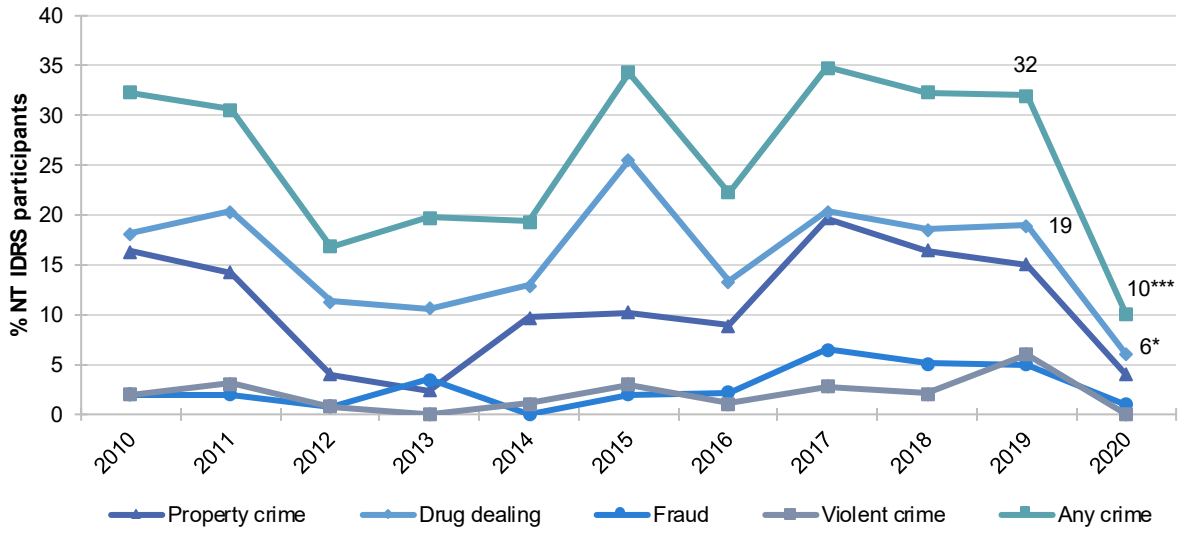
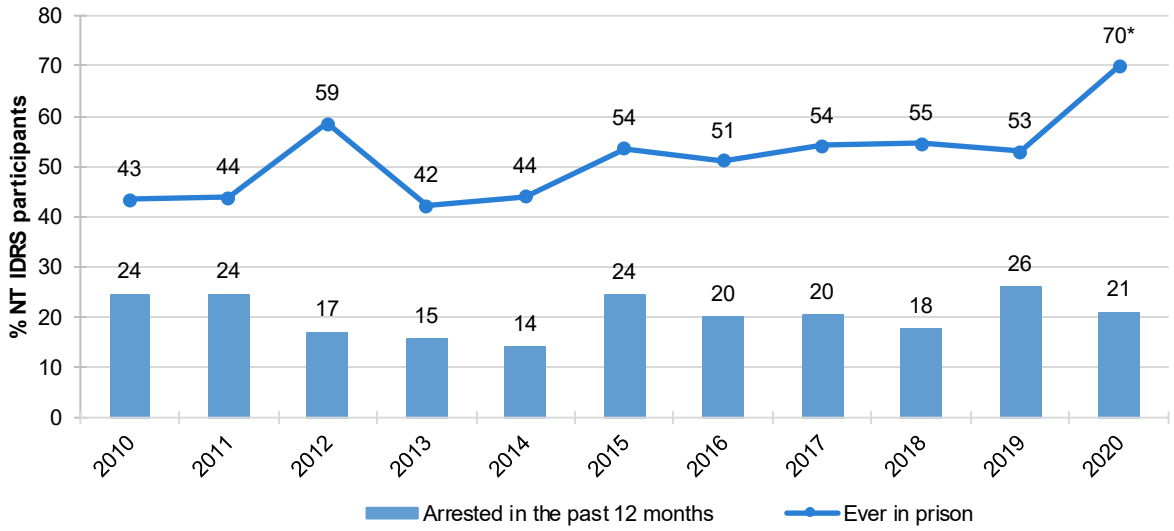
Twenty-one per cent (Figure 41) of the sample had been arrested within 12 months of the interview (27% in 2019, *p*=0.480), while 70% (53% in 2019, *p*=0.039) reported having ever been in prison.

Figure 40: Self-reported criminal activity in the past month, NT, 2010-2020



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures with small cell size (i.e. n≤5). Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 41: Self-reported arrests in the past 12 months and prison history, NT, 2010-2020



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/13n8-4f41