

**C. Moon**

**NT DRUG TRENDS 2006  
Findings from the  
Illicit Drug Reporting System (IDRS)**

**NDARC Technical Report No. 271**



**NT  
DRUG TRENDS  
2006**



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Illicit Drug Reporting System  
(IDRS)**

**Chris Moon**

Alcohol and Other Drugs Program  
Department of Health and Community Services

**NDARC Technical Report No. 271**

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## **ABBREVIATIONS**

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

## **EXECUTIVE SUMMARY**

This report presents the results of the 2006 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT). This is the seventh year that the IDRS has been conducted in the NT.

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

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

### **Demographic characteristics of injecting drug users**

As in previous years, the IDU sample was primarily male (70%), aged in the mid-to-late-thirties (mean=38 years), spoke English at home and was unemployed (76%). Sixteen percent of the sample identified as Indigenous, 52% had been in prison, and 13% were in treatment at the time of interview.

### **Patterns of drug use among IDU**

The five illicit drugs most commonly used by the IDU sample in the last six months remain unchanged from the previous year: morphine, cannabis, speed powder, benzodiazepines and some form of methadone. Morphine use and injection among the IDU remains stable compared to last year; diverted MS Contin is still the preferred form. Recent speed use and injection is declined slightly while recent use and injection of base, ice/crystal and liquid amphetamine have increased. Recent use and injection of heroin has fluctuated over the last three years with a decline this year. The proportions using and injecting all forms of methadone have decreased this year, although illicit physeptone remains the most commonly used form.

### **Heroin**

- A small number of IDU reported a heroin price of \$50 a cap.
- The proportion of IDU reporting recent heroin use has declined, as has the number able to comment on market characteristics.
- 'rock' has been the main form of heroin used among IDU for the last three years.

### **Methamphetamine**

- The point prices of base and ice/crystal have increased.
- Base and ice/crystal are reportedly more available and their use among the IDU has increased, as has the use of liquid amphetamines.
- Amphetamine-related harms – including law enforcement and hospital admissions - show increases into 2004/05 (the most recent period available) and are consistent with this year's key expert comment.

### **Cocaine**

- Cocaine continues to be difficult to obtain and is used by few people in the NT.

## **Cannabis**

- The prices of both hydroponic and bush cannabis have remained stable at \$30/\$25 per gram and \$300/\$200 per ounce; it remains easy or very easy to obtain.
- Cannabis use is also stable, being used by most of the IDU sample and by most regular drug users seen by key experts.
- Cannabis-related hospital admissions have increased on last year and show a longer term fluctuating increase.
- Some key experts report an increase in the use of bucket bonges among urban Indigenous and non-Indigenous cannabis users.

## **Use of other opioids**

- The price of illicit morphine is stable at \$60 for 100mg, with MS Contin still the most commonly used form.
- Both IDU and key experts report that illicit morphine has become more difficult to obtain although use patterns remain comparable to previous years.
- The use of illicit methadone has reduced this year, although the price – at \$1 per ml of methadone syrup and \$15 for 10mg of Physeptone - and most popular form (Physeptone) remain stable.

## **Use of other drugs**

- Illicit benzodiazepine is common among IDU and shows an increase over four years as the main form of benzodiazepine use (from 22% of the IDU sample in 2003 to 31% this year); increased use of benzodiazepines among the IDU sample is consistent with key expert reports of it's profile among the regular drug users they encounter.
- Key experts also raised concerns about the common use of both benzodiazepines and antidepressants among injecting drug users in order to manage the effects of their drug use, particularly anxiety and depression.
- Both key experts reports and the findings of the IDU survey are consistent with an increased presence and use of LSD in the NT.

## **Associated harms**

- The sharing of injection equipment other than needles had increased among the IDU sample.
- Benzodiazepine injection and morphine injection were the behaviours most closely associated with a range of injection-related problems, with the proportions reporting injection-related problems increasing for both drugs.
- Driving risk behaviours were similar to those found in 2005 with just on half the IDU sample driving within an hour of taking an illicit drug, most commonly morphine, cannabis, speed powder and ecstasy.
- About one third of the IDU sample reported becoming verbally aggressive while using or coming down from an illicit drug – most commonly morphine, alcohol, cannabis, benzodiazepines or an amphetamine – and about one in ten becoming physically aggressive.
- The proportion of IDU reporting criminal activity has declined over the past three years - dealing and fraud show longer term downward trends, while violence and property crime have been stable.

# 1 INTRODUCTION

This report presents the results of the 2006 Illicit Drug Reporting System (IDRS) for the Northern Territory (NT).

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

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

In the NT, a partial IDRS, not including the IDU survey, was conducted by the then Territory Health Services (now NT Department of Health and Community Services (DHCS)) in 1999. In 2000 and 2001 the full methodology was conducted through the then Northern Territory University (now Charles Darwin University). In 2002, 2003, 2004, 2005 and this year the full IDRS has been conducted by the NT DHCS. Reports of these studies are available to download from the NDARC website.

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

## 1.1 Study Aims

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

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

## **2 METHOD**

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

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

### **2.1 Survey of injecting drug users (IDU)**

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

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

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

In the NT, interviews were conducted in Darwin and Palmerston during June 2006 with 100 people meeting the criteria mentioned above. Participants were recruited through fliers posted at the Needle and Syringe Programs (NSP), at the sexual health clinic, and through word of mouth. The interviews were conducted by four trained interviewers, one of whom had conducted IDU interviews for the past three years. Interviews were conducted at the Darwin and Palmerston NSP.

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

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

Data analysis was conducted using Statistical Package for the Social Sciences (SPSS) for Windows Version 14.1 (SPSS Inc.).

### **2.2 Survey of key experts (KE)**

The second component of the IDRS involves semi-structured interviews with thirty or more key experts, selected because their work brings them into regular contact with illicit drug users.



Criteria for inclusion in this part of the study are at least weekly contact with illicit drug users in the past six months or contact with a minimum of 10 illicit drug users during the same period.

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

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

- 1 Researcher
- 1 Psychiatrist
- 11 Drug and Alcohol (D&A) counsellors/caseworkers
- 2 Needle Exchange Worker
- 1 Police Officer
- 1 Opiate Pharmacotherapy Program Medical Officer
- 1 Registered Nurse
- 1 Pharmacist
- 1 Court Diversion Therapist
- 1 Community Welfare Worker
- 1 Clinical Psychiatric Nurse
- 1 Youth Worker

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

### **2.3 Other indicators**

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

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

Indicator data derived from the following data sources and publications<sup>1</sup> have been included in this report:

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

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<sup>1</sup> Full publication details are provided in the references list

### 3 RESULTS

#### 3.1 Overview of the IDU sample

In 2006 the IDU sample was mainly male with an average age of 38 (Table 1). Three-quarters of the sample were unemployed or on a pension at the time of interview and almost 1 in 5 (16%) had part-time or casual employment. Sixteen percent identified as Aboriginal and/or Torres Strait Islander. Most identified as heterosexual (87%) and the balance as bisexual (6%), gay or lesbian (3%) or 'other' (4%). The sample had an average of 10 years of school education with most (58%) having no tertiary education. Thirteen percent were in some form of drug treatment at the time of interview and 52% had some form of prison history.

**Table 1: Demographic characteristics of the IDU sample, 2005-2006**

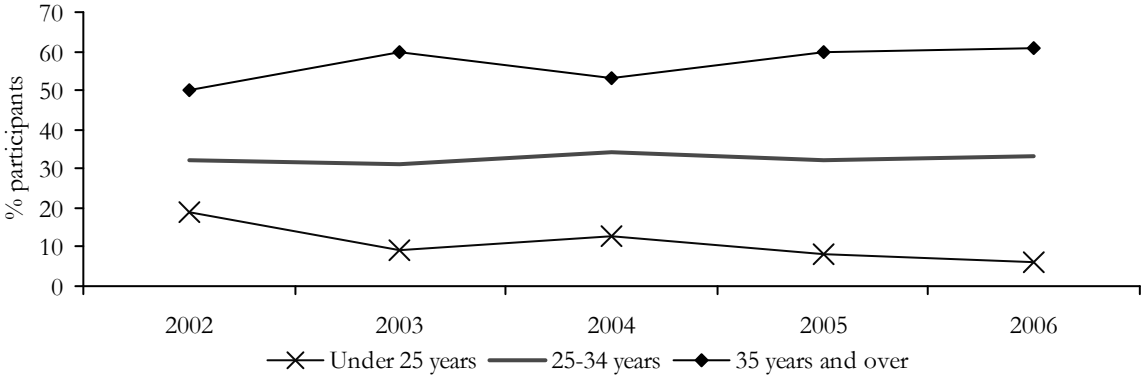
	2005 N=107	2006 N=100
Age (mean years, range)	38 (21-63)	38
Sex (% male)	71	70
Employment (%):		
Not employed / on a pension	81	76
Full time	5	5
Part time/casual	9	16
Home Duties	4	3
Student	1	0
Received income from sex work last month	5	0
Aboriginal and/or Torres Strait Islander (%)	15	16
Heterosexual (%)	89	87
Bisexual (%)	7	6
Gay or lesbian (%)	3	3
Other (%)	1	4
School education (mean no. years, range)	10	10 (6-12)
Tertiary education (%):		
None	46	58
Trade/technical	36	30
University/college	18	12
Currently in drug treatment <sup>^</sup> (%)	24	13
Prison history (%)	56	52

Source: IDRS IDU Interviews

<sup>^</sup> Refers to any form of drug treatment, including pharmacotherapies, counselling, detoxification, etc.

Compared to 2005 this year's sample was less likely to have some form of post-secondary education and less likely to be in drug treatment. This year's sample is also comparable to earlier IDU samples in respect of age (Figure 1) and gender (not shown).

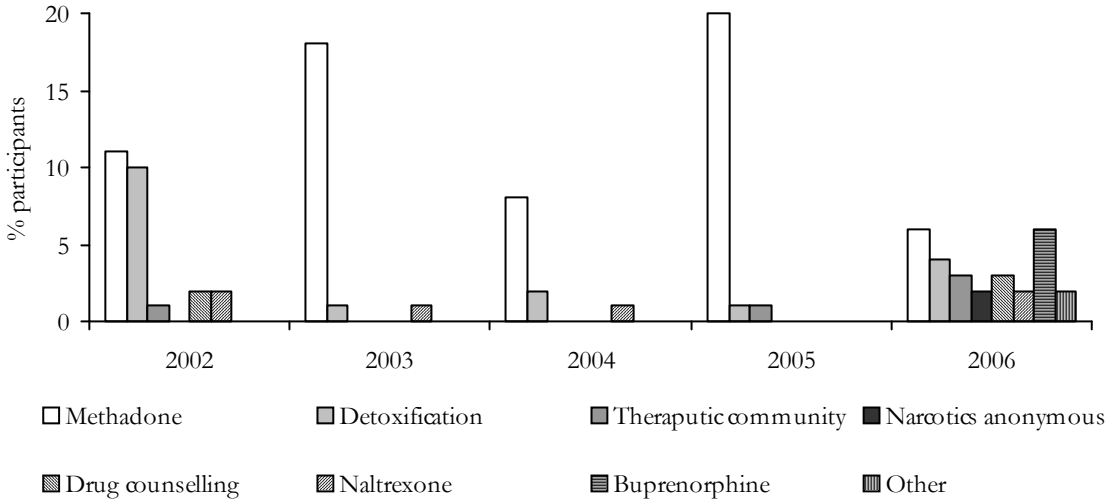
**Figure 1: Age distribution of IDU in the NT IDRS samples, 2002-2006**



Source: IDRS IDU interviews

Participants reported having had a greater range of recent treatment types than in previous years, with a notable decline in the number reporting recent methadone treatment and an increase in the proportion reporting buprenorphine treatment (Figure 2). This change is consistent with Key Expert comment that the NT DHCS Opiate Pharmacotherapy Program based in Darwin has encouraged clients to shift to buprenorphine after they have stabilised on methadone.

**Figure 2: Proportion of participants reporting treatment in the last six months, 2002-2006**



Source: IDRS IDU interviews  
 NB: Some participants may be counted twice

### 3.2 Drug use history

The mean age of first injection for the 2006 sample was 21 (Table 2) with most (58%) having first injected some form of amphetamine; 29% had first injected heroin. Heroin was the most popular drug amongst participants (31%) followed by speed powder (19%) and cannabis (9%).

Morphine was the drug most often injected in the month before interview (68%) and the last drug injected by the majority of IDU (72%); speed powder was the second most reported drug in each of these categories (20% and 13% respectively).

Sixty-one percent of the sample had injected at least once a day in the month before interview, with 4 out of 10 injecting two or more times a day. Seventeen percent injected one a week or less.

As with the demographic characteristics, this year's IDU sample is similar to previous years in respect of the above behaviours. However, participants nominated a greater range of drugs of choice, including methadone (2%), alcohol (1%) and ecstasy (1%), although the proportions were small. Participants were more likely to report morphine as the drug injected most often in the previous month, or as their last drug injected, than was the case in 2005 (60% and 59% respectively), although this year's proportions are similar to those seen in 2003 and 2004 (Figure 3).

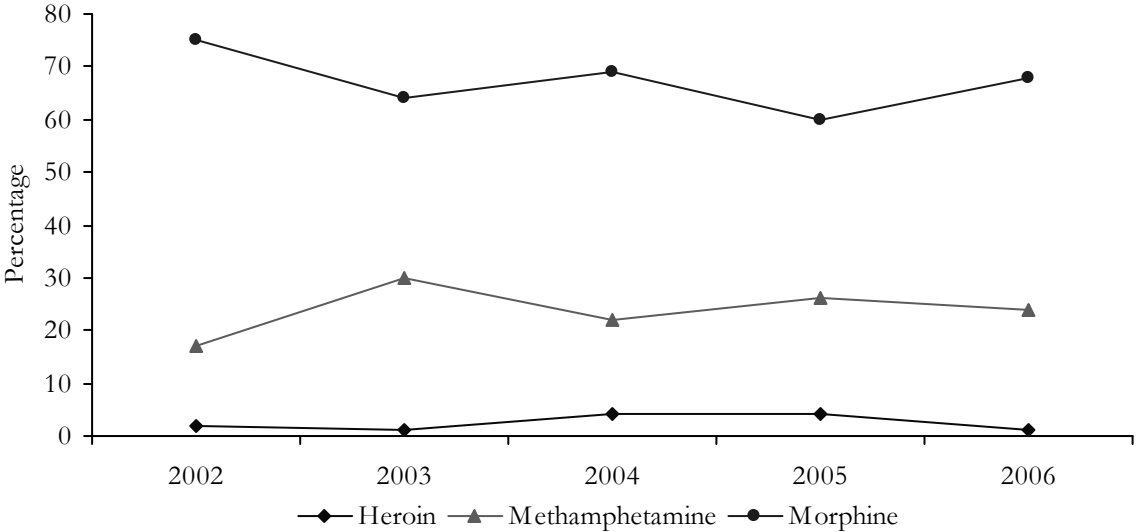
**Table 2: Injection history, drug preferences and polydrug use of IDU participants, 2005-2006**

	2005 N=107	2006 N=100
Age first injection (mean years, range)	21 (10-50)	21 (13-54)
First drug injected (%)		
Heroin	38	29
Amphetamines	49	58
Cocaine	3	2
Morphine	8	8
Drug of choice (%)		
Heroin	34	31
Cocaine	2	3
Methamphetamine (any form)	27	19
<i>Speed</i>	24	16
<i>Base</i>	1	1
<i>Crystal Methamphetamine (ice/crystal)</i>	2	2
Benzodiazepines	4	1
Cannabis	5	9
Drug injected most often in last month (%)		
Heroin	4	1
Cocaine	0	0
Methamphetamine (any form)	26	24
<i>Speed</i>	25	20
<i>Base</i>	0	2
<i>Crystal Methamphetamine (ice/crystal)</i>	1	2
Benzodiazepines	1	0
Morphine	60	68
<i>Not injected in last month</i>	10	1
Most recent drug injected (%)		
Heroin	3	3
Cocaine	0	0
Methamphetamine (any form)	27	18
<i>Speed</i>	26	13
<i>Base</i>	1	2
<i>Crystal (ice/crystal)</i>	0	3
Benzodiazepines	2	0
Morphine	59	72
Frequency of injecting in last month (%)		
<i>Not injected in last month</i>	0	1
Weekly or less	15	20
More than weekly, but less than daily	31	17
Once per day	15	21
2-3 times a day	39	38
>3 times a day	0	2

Source: IDRS IDU interviews

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

**Figure 3: Drug injected most last month, 2002-2006**



Source: IDRS IDU interviews

Polydrug use histories and routes of administration are shown in Table 3. As in previous years cannabis was the illicit drug used by the largest proportion of the sample, 84%, over the six months prior to interview. Illicit morphine was used and injected by 70% of the sample, followed by some form of methamphetamine (64%). Illicit physeptone was injected by 24% of the sample. Tobacco and alcohol were used by 95% and 65% respectively. Recent heroin use was reported by 34% of the IDU sample in 2004, 24% in 2005 and 12% this year. The use of speed powder is lower this year (57%) than seen in 2005 (69%), while the use of the base (26%) and crystal (29%) forms increased (16% and 21% respectively in 2005). Unlike previous years, this year no IDU reported recent use of an opioid other than those listed in Table 3.

**Table 3: Polydrug use history of the IDU sample, 2006**

Drug Class	Ever used %	Ever Injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever Smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever Swallowed %	Swallowed last 6 mths %	Used <sup>^</sup> last 6 mths %	Days in treatment* last 6 mths	Days used <sup>^</sup> in last 6 mths*
Heroin	76	74	12	13	36	2	19	1	11	2	12		13
Homebake heroin	23	22	5	24	2	0	1	0	2	0	5		24
Any heroin (inc. homebake)	78	76	17		36	2	19	1	11	2	17		
Methadone (prescribed)	24	15	3	10					24	6	6	180	140
Methadone (not prescribed)	34	29	13	4					19	9	16		5
Physeptone (prescribed)	12	9	1	150	0	0	0	0	10	2	3	0	155
Physeptone (not prescribed)	44	40	24	6	0	0	0	0	21	10	26		7
Any methadone (inc. Physeptone)	62	56	32	6					48	20	34		
Buprenorphine (prescribed)	26	12	7	3	1	1	0	0	24	15	16	60	13
Buprenorphine (not prescribed)	24	18	11	4	1	1	0	0	12	7	14		3
Buprenorphine-naloxone (prescribed)	1	0	0	0	0	0			1	1	1	0	1
Buprenorphine-naloxone (not prescribed)	0	0	0	0	0	0			0	0	0		0
Any Buprenorphine	40	25	17		1	1			32	20 <sup>+</sup>	26		
Morphine (prescribed)	44	42	31	180	1	0	1	0	25	13	31		180
Morphine (not prescribed)	77	76	70	90	0	0	0	0	25	14	70		90
Any Morphine	88	87	81	180	1	0	1	0	44	23	81		180
Oxycodone (prescribed)	8	6	3	180	0	0	0	0	6	3	5		180
Oxycodone (not prescribed)	19	16	6	2	0	0	0	0	4	1	7		2
Any Oxycodone	26	21	8	3	0	0	0	0	10	4	11		180
Other opioids (not elsewhere classified)	5	1	0	0	5	0	0	0	1	0	0		0

Source: IDRS IDU interviews

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

<sup>+</sup> Refers to/includes sublingual administration of buprenorphine

\* Among those who had used/injected



Table 3: Polydrug use history of the IDU sample, 2006 (continued)

Drug Class	Ever used %	Ever Injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever Smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever Swallowed %	Swallowed last 6 mths %	Used <sup>^</sup> last 6 mths %	Days in treatment* last 6 mths	Days used <sup>^</sup> in last 6 mths*
Speed powder	84	82	55	12	14	1	43	5	33	7	57		12
Base/point/wax	42	39	24	5	3	0	2	1	5	1	26		5
Ice/shabu/crystal	53	48	24	5	19	13	7	3	7	4	29		4
Amphetamine liquid	30	29	14	3					9	3	14		5
<i>Any form methamphetamine#</i>	88	87	63	15					39	11	64		19
Pharmaceutical stimulants (prescribed)	4	1	0		0	0	0	0	4	1	1		12
Pharmaceutical stimulants (not prescribed)	25	20	9		1	0	0	0	11	2	10		4
<i>Any form pharmaceutical stimulants</i>	28	21	9	3	1	0	0	0	14	3	11		5
Cocaine	48	28	4	2	9	0	29	6	6	1	8		3
Hallucinogens	74	15	5	1	4	0	1	0	72	12	14		3
Ecstasy	62	38	12	3	0	0	6	2	55	30	34		4
Benzodiazepines	69	29	19	7	0	0	1	1	64	44	51		15
Alcohol	92	5	0	0					93	65	65		48
Cannabis	97										84		103
Antidepressants	41	1	1	3					41	27	27		180
Inhalants	17										3		4
Tobacco	98										95		180

Source: IDRS IDU interviews

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

<sup>+</sup> Refers to/includes sublingual administration of buprenorphine

<sup>#</sup> Among those who had used/injected # Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulants

## 4 HEROIN

### 4.1 Price

Only a very small number of IDU had recently purchased of heroin and were able to report the price of that purchase (Table 4); three people paid a median of \$50 for a cap of heroin and one person paid \$600 for a gram.

The Australian Crime Commission reported that in 2002/2003 a cap of heroin in the NT was \$50 and in 2003/2004 it was reported that a gram of heroin cost \$450-\$480. More recent ACC data is not available for publication.

**Table 4: Price of most recent heroin purchases by IDU participants, 2005-2006**

Amount	Median price* \$	Range	Number of purchasers*
Cap	50 (80)	50-150	3 (7)
Quarter gram	- (100)	-	0 (1)
Half gram (Half weight)	- (250)	-	0 (3)
Gram	600 (500)	-	1 (8)

Source: IDRS IDU interviews

\* 2005 data are presented in brackets

Of the five people able to comment four reported that the price of heroin had been stable over the six months prior to interview (Table 5).

**Table 5: IDU reports of heroin price movements in the past 6 months, 2005-2006**

	2005 N=107	2006 N=100
Did not respond (%)	74	95
Did respond (%)	26	5
<i>Of those who responded</i>		
Don't know (%)	43 (11% of entire sample)	0
Increasing (%)	18 (5% of entire sample)	20 (1% of entire sample)
Stable (%)	32 (8% of entire sample)	80 (4% of entire sample)
Decreasing (%)	0	0
Fluctuating (%)	7 (2% of entire sample)	0

Source: IDRS IDU interviews

## 4.2 Availability

Of the five participants able to comment on heroin availability in 2006, three reported that at the time of interview it was easy to obtain (Table 6) and four that over the six months before interview the availability of heroin had been stable.

**Table 6: IDU reports of heroin availability in the past 6 months, 2005-2006**

	2005 (N=107)	2006 (N=100)
Did not respond* (%)	74	95
Did respond (%)	26	5
<i>Of those who responded:</i>		
<b>Current availability</b>		
Very Easy (%)	0	0
Easy (%)	14 (4% of entire sample)	60 (3% of entire sample)
Difficult (%)	50 (12% of entire sample)	20 (1% of entire sample)
Very Difficult (%)	21 (6% of entire sample)	20 (1% of entire sample)
Don't know^ (%)	14 (4% of entire sample)	0
<b>Change last six months</b>		
More difficult (%)	21 (6% of entire sample)	0
Stable (%)	46 (12% of entire sample)	80 (4% of entire sample)
Easier (%)	0	20 (1% of entire sample)
Fluctuates (%)	4 (1% of entire sample)	0
Don't know^ (%)	29 (8% of entire sample)	0

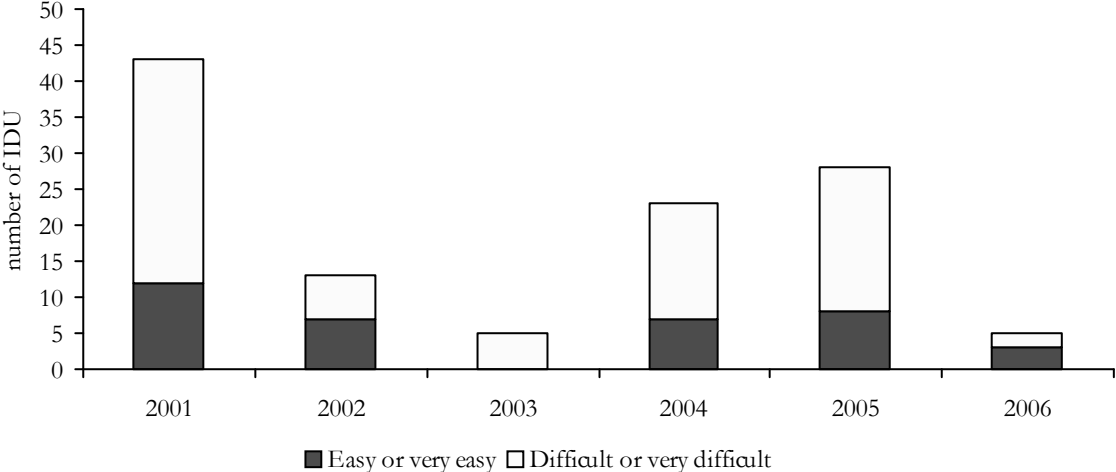
Source: IDRS IDU interviews

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

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

As can be seen in Figure 4, since 2001 IDU have generally reported that heroin is difficult to obtain in Darwin. It can also be seen that the number of IDU able to comment has fluctuated considerably.

**Figure 4: Participant reports of current heroin availability, 2001-2006**



Source: IDRS IDU interviews

In the six months before interview four out of the five people able to comment had usually obtained heroin from a friend and from either a friend’s place or an agreed public location (Table 7). Three IDU reported that heroin purity was currently low and that it had been decreasing (Table 8).

**Table 7: Usual source person and venue for purchases of heroin in the preceding six months, 2006**

	<b>2006 N=100</b>
Did not respond (%)	95
Did respond (%)	5
<i>Of those who responded:</i>	
<b>Source person*</b>	
Street dealer (%)	20
Friends (%)	40
Gift from friends (%)	0
Known dealer (%)	0
Workmates (%)	0
Acquaintances (%)	0
Unknown dealer (%)	20
Other (%)	20
<b>Source venue*</b>	
Home delivery (%)	20
Dealers home (%)	20
Friends home (%)	40
Acquaintances house (%)	0
Mobile dealer (%)	0
Street market (%)	0
Agreed public location (%)	40
Work (%)	0
Other (%)	0

**Source:** IDRS IDU interviews

\* multiple responses possible

**Table 8: Participants' perceptions of heroin purity in the past six months, 2005-2006**

	2005 (N=107)	2006 (N=100)
Did not respond* (%)	72	96
Did respond (%)	28	4
<i>Of those who responded:</i>		
<b>Current purity</b>		
High (%)	4 (1% of entire sample)	0
Medium (%)	18 (5% of entire sample)	25 (1% of entire sample)
Low (%)	54 (14% of entire sample)	75 (3% of entire sample)
Fluctuates (%)	4 (1% of entire sample)	0
Don't know^ (%)	21 (6% of entire sample)	0
<b>Change last six months</b>		
Increasing (%)	0	0
Stable (%)	29 (8% of entire sample)	0
Decreasing (%)	11 (3% of entire sample)	75 (3% of entire sample)
Fluctuating (%)	18 (5% of entire sample)	25 (1% of entire sample)
Don't know^ (%)	43 (11% of entire sample)	0

Source: IDRS IDU interviews

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

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

### 4.3 Use

Twelve percent of the IDU sample had used and injected heroin in the six months prior to interview (Table 9), this being a reduced proportion compared that found between 2003 and 2005. However, median days of use showed an increase to 13 when compared to the same period

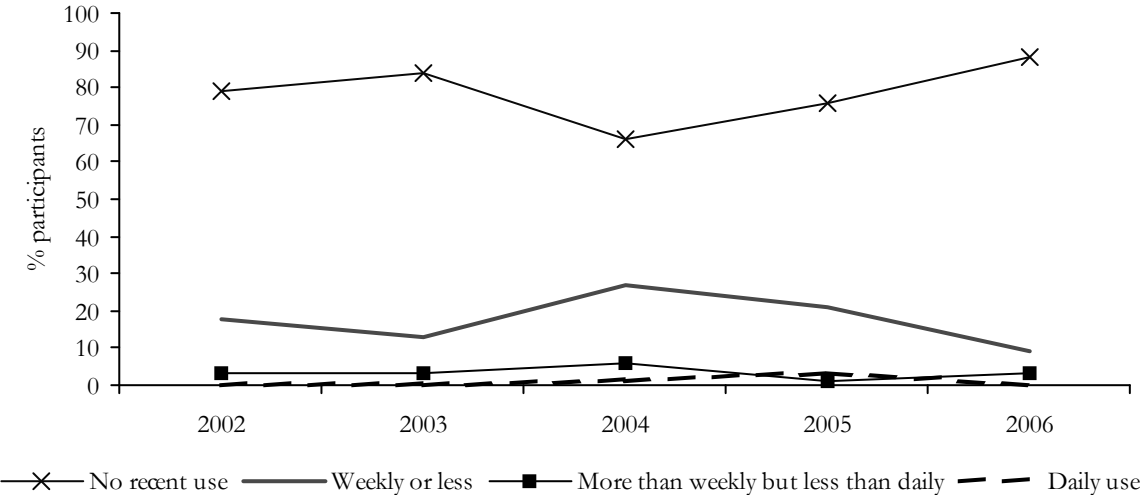
**Table 9: Selected trends in IDU heroin use, 2003-2006**

	2003 N=109	2004 N=111	2005 N=107	2006 N=100
Used last 6 months (%)	19	34	24	12
Injected last 6 months (%)	16	33	24	12
Days used last 6 months (median)	5	5	4	13
Days injected last 6 months (median)	5	5	3	13

Source: IDRS IDU interviews

It can be seen from Figure 5 that in all IDU samples since 2002 heroin use has been reported by generally small proportions and that even in 2004, when the proportion reporting recent use increased to approximately 30%, the frequency of use remained low.

**Figure 5: Patterns of heroin use by IDU participants, 2002-2006**



Source: IDRS IDU interviews

Although only a small number of IDU reported recent heroin use this year Table 10 may suggest a movement since 2003 away from heroin powder as the form most used by IDU and towards the ‘rock’ form.

**Table 10: Forms of heroin used previous six months by IDU (%), 2003-2006**

	2003 (N=109)		2004 (N=111)		2005 (N=107)		2006 (N=100)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	12	10	24	16	15	10	5	3
Rock	11	7	27	17	17	13	9	8
Homebake	3	1	6	2	3	2	5	5

Source: IDRS IDU interviews

**4.4 Heroin related harms**

**4.4.1 Law enforcement**

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

**4.4.2 Health**

*Overdose*

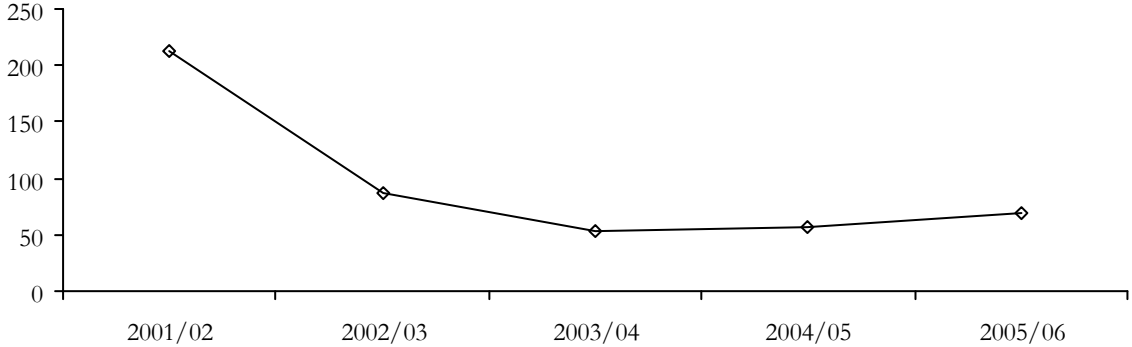
Thirty IDU reported having ever overdosed on heroin with an average of 4 overdoses in their life (range 1-14). Most heroin overdoses occurred over five years ago; however, four people

reported they had overdosed within the last two years. Twenty-two people had had Narcan administered to them and all but one said this was for the heroin overdose.

*Treatment*

The number of episodes commenced in NT AODTS (unpublished) rose somewhat from 2004/05 into 2005/06, but remains low compared to the levels seen in 2001/02 (Figure 6).

**Figure 6: Number of episodes commenced in NT AODTS where heroin was the principal or other drug of concern, 2001/02-2005/06**



Source: NT AODP

**4.5 KE reports**

One key expert commented on heroine use. She reported that the heroin IDU she encountered as a youth worker were mainly male (two thirds) aged between 21 and 35 and mostly caucasian. Most were unemployed, at least some were receiving methadone and depression and post-natal depression were the mental health issues she had encountered.

The KE reported that most would inject daily if they had funds available to purchase heroin and that tobacco and cannabis use were common in this group. She also felt that this group did not eat well. She reported that these characteristics had not changed in the past 12 months.

The KE reported that all the heroin users she encountered also used cannabis, alcohol, antidepressants and licitly obtained methadone and that she had observed “some bad bruising” from injecting among this group. This KE was unable to comment on price or purity, but did observe that amongst the group she worked with ‘there doesn’t seem to be any issues with scoring heroin’.

**4.6 Trends in heroin use**

The number of IDU able to report on the price, purity and availability of heroin in the NT decreased this year compared to recent IDU samples.

A small number of IDU reported paying \$50 for a cap of heroin and \$600 for a gram and that prices had been stable over the six months before interview. Heroin was rated as having low purity but easy to obtain, with ‘friends’ reported as the usual source by those IDU able to comment.



A smaller proportion of IDU reported using heroin than has been the case in recent years, declining from 34% in 2004 to 12% this year. At the same time the median days of use, at 13, is higher this year than has been seen since at least 2003.

#### **4.7 Summary of heroin trends**

- A small number of IDU reported a heroin price of \$50 a cap.
- The proportion of IDU reporting recent heroin use has declined, as has the number able to comment on market characteristics.
- ‘rock’ has been the main form of heroin used among IDU for the last three years.

## 5 METHAMPHETAMINE

### 5.1 Price

Table 11 displays the median prices of the various forms of methamphetamine reported by this year's IDU sample.

**Table 11: Price of most recent methamphetamine purchases by IDU participants, 2006**

Amount	Median price \$	Range	Number of purchasers
Speed powder			
Point (0.1 gram)	60	50-100	32
'Halfweight' (0.5 grams)	200	100-400	12
Gram	250	50-500	20
'Eightball' (3.5 grams)	900	500-1000	3
Base			
Point	60	50-100	11
'Halfweight' (0.5 grams)	200	150-200	3
Gram	250	100-500	9
'Eightball' (3.5 grams)	1250	-	1
Ice/crystal			
Point (0.1 gram)	90	50-120	12
'Halfweight' (0.5 grams)	200	150-350	3
Gram	800	300-1800	5
'Eightball' (3.5 grams)	800	-	1

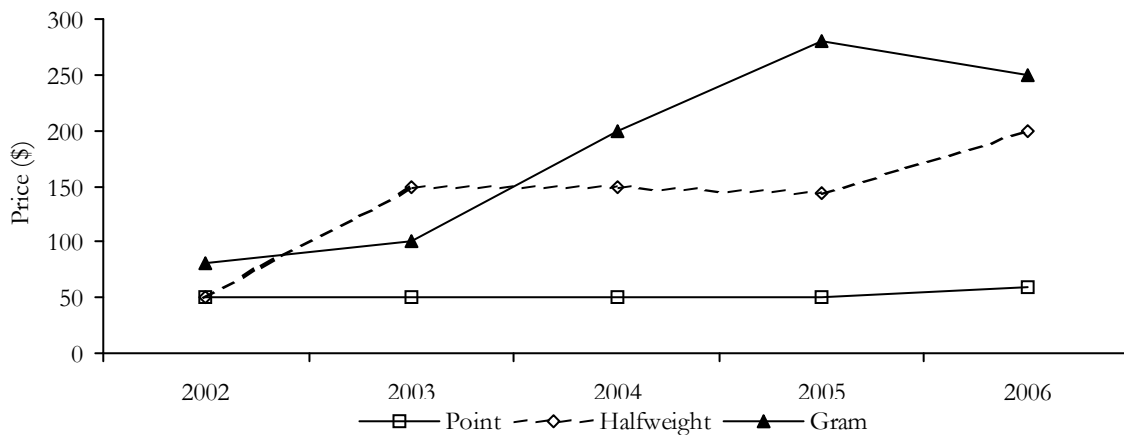
Source: IDRS IDU interviews

#### *Speed powder*

Speed powder was most commonly purchased in points and at \$60 a point shows an increase compared to previous years (Figure 7). Twenty participants reported a median price of \$250 for a gram of speed powder and 12 reported a median price of \$200 for a 'halfweight'. Figure 7 also shows that the median price of all reported amounts of speed powder (other than an 'eightball' which is an amount rarely purchased) have increased since 2002.

Just over half (55%, Table 12) of those IDU able to comment judged that recent speed powder prices had been stable while about one quarter (27%) thought that it had been increasing.

**Figure 7: Median prices of speed powder estimated from IDU purchases, 2002-2006**



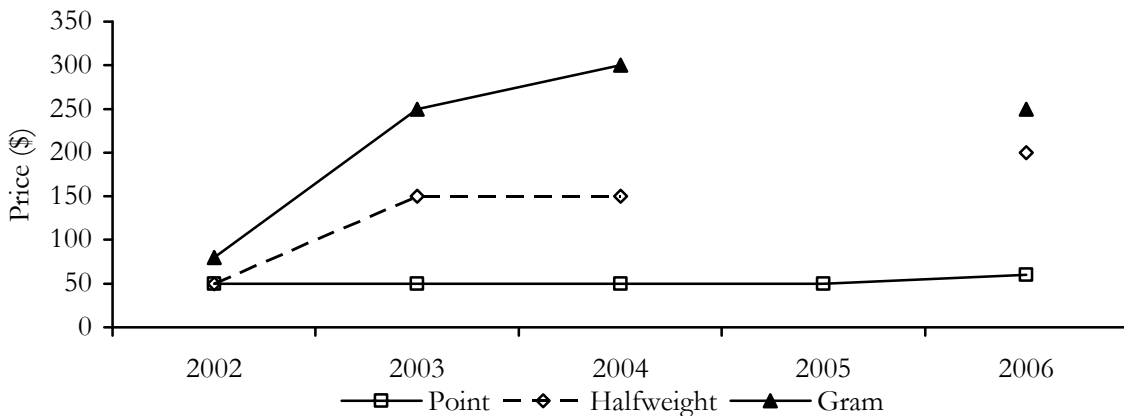
Source: IDRS IDU interviews

*Base*

Eleven IDU reported a median price of \$60 for a point of base methamphetamine and 9 reported a median price of \$250 for a gram. This point price is an increase on the \$50 reported from 2002 to 2005 (Figure 8) while the gram price is reduced from that reported last year.

A clear majority (72%) of those able to comment reported that recent base prices had been stable (Table 12).

**Figure 8: Median prices of base estimated from IDU purchases, 2002-2006**



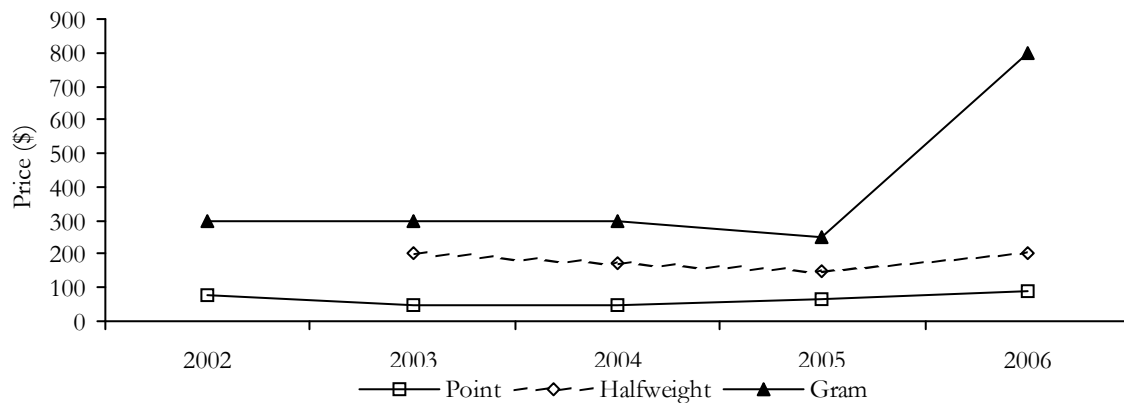
Source: IDRS IDU interviews

*Ice/crystal*

Twelve IDU reported that a point of ice/crystal methamphetamine had cost them a median of \$90 and five reported that a gram cost a median of \$800. The point price of ice/crystal has increased in both of the last two years from \$50 a point in 2004 (Figure 9) and the gram price has more than doubled compared to the \$300 reported in 2005.

Eighty percent of those able to comment reported recent ice/crystal prices as being stable (Table 12).

**Figure 9: Median prices of ice/crystal estimated from IDU purchases, 2002-2006**



Source: IDRS IDU interviews

**Table 12: Methamphetamine price movements in the last 6 months, IDU 2006**

	Speed	Base	Crystal
Did not respond (%)	45	82	85
Did respond (%)	55	18	15
<i>Of those who responded</i>			
Don't know (%)	7 (4% of entire sample)	11 (2% of entire sample)	-
Increasing (%)	27 (15% of entire sample)	17 (3% of entire sample)	20 (3% of entire sample)
Stable (%)	55 (30% of entire sample)	72 (13% of entire sample)	80 (12% of entire sample)
Decreasing (%)	2 (1% of entire sample)	-	-
Fluctuating (%)	9 (5% of entire sample)	-	-

Source: IDRS IDU interviews

## 5.2 Availability

Approximately seven out of ten (67%, Table 13) IDU able to comment rated the recent availability of speed powder as easy or very easy, with about one quarter (26%) rating it as difficult. Two-thirds (67%) of those able to comment reported that recent speed powder availability had been stable while 18% reported that it had become more difficult to obtain. These availability ratings are unchanged from 2005 (Table 13).

The same proportion (67%, Table 13) of those able to comment rated base as easy or very easy to obtain, an increase on the 57% found in 2005. The remaining third of these respondents rated base as difficult to obtain. Almost all respondents (94%) reported that recent base availability had been stable. These ratings of current and recent availability of base show somewhat less variation across the response categories than was the case in 2005 (Table 13).

Ice/crystal was rated as easy or very easy to obtain by 54% of those able to respond (Table 13), compared to 43% in 2005, while 46% rated ice/crystal availability as difficult or very difficult. Most (67%) reported recent ice/crystal availability as stable, although one quarter (27%) reported that it had become more difficult to obtain.

**Table 13: Participants' reports of methamphetamine availability in the past six months, 2005-2006**

	Powder		Base		Ice/crystal	
	2005 (N=107)	2006 (N=100)	2005 (N=107)	2006 (N=100)	2005 (N=107)	2006 (N=100)
Did not respond* (%)	35	47	85	82	80	85
Did respond (%)	65	53	15	18	20	15
<i>Of those who responded</i>						
<b>Current availability</b>						
Very Easy (%)	14 (9% of entire sample)	16 (9% of entire sample)	13 (2% of entire sample)	17 (3% of entire sample)	14 (3% of entire sample)	7 (1% of entire sample)
Easy (%)	51 (31% of entire sample)	51 (28% of entire sample)	44 (6% of entire sample)	50 (9% of entire sample)	29 (5% of entire sample)	47 (7% of entire sample)
Difficult (%)	24 (15% of entire sample)	26 (14% of entire sample)	19 (3% of entire sample)	33 (6% of entire sample)	29 (3% of entire sample)	33 (5% of entire sample)
Very Difficult (%)	6 (4% of entire sample)	4 (2% of entire sample)	6 (1% of entire sample)	0	19 (4% of entire sample)	13 (2% of entire sample)
Don't know^ (%)	4 (2% of entire sample)	4 (2% of entire sample)	19 (3% of entire sample)	0	10 (2% of entire sample)	0
<b>Change last six months</b>						
More difficult (%)	16 (10% of entire sample)	18 (10% of entire sample)	19 (3% of entire sample)	0	29 (5% of entire sample)	27 (4% of entire sample)
Stable (%)	61 (37% of entire sample)	67 (37% of entire sample)	38 (5% of entire sample)	94 (17% of entire sample)	52 (10% of entire sample)	67 (10% of entire sample)
Easier (%)	10 (6% of entire sample)	6 (3% of entire sample)	19 (3% of entire sample)	0	5 (1% of entire sample)	7 (1% of entire sample)
Fluctuates (%)	4 (2% of entire sample)	4 (2% of entire sample)	13 (2% of entire sample)	4 (1% of entire sample)	0	0
Don't know^ (%)	9 (6% of entire sample)	6 (% of entire sample)	13 (2 of entire sample)	0	14 (3% of entire sample)	0

**Source:** IDRS IDU interviews

\* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items ^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

Over the six months prior to interview speed powder was usually obtained from friends (49% of those able to comment, Table 14) or acquaintances (22%), a known dealer (31%) or a street dealer (22%). Thirty-three percent of those able to comment obtained speed at a friend's or dealer's home (Table 14), with smaller proportions obtaining it at an agreed public location (20%), a street market (18%) or via home delivery (15%).

Base was usually obtained from friends (67%, Table 14), a known dealer (44%) or a street dealer (22%) and was sourced from a variety of venues, mainly a friend's (56%) or a dealer's (33%) home.

Ice/crystal was usually obtained from friends (73%, Table 14) and known dealers (27%) in the friend's home (60%) or the dealer's home (33%). Twenty percent of those able to respond reported that they usually sourced ice/crystal via a home delivery.

**Table 14: Usual source person and source venue for purchases of methamphetamine in the preceding six months, 2006**

	Speed	Base	Crystal
Did not respond (%)	45	82	85
Did respond (%)	55	18	15
<i>Of those who responded</i>			
<b>Source person</b>			
Street dealer (%)	22	22	13
Friends (%)	49	67	73
Gift from friends (%)	11	0	13
Known dealer (%)	31	44	27
Workmates (%)	0	0	0
Acquaintances (%)	22	0	0
Unknown dealer (%)	7	6	7
Other (%)	0	0	7
<b>Source venue</b>			
Home delivery (%)	15	17	20
Dealer's home (%)	33	33	33
Friend's home (%)	33	56	60
Acquaintance's house (%)	9	6	0
Mobile dealer (%)	0	0	0
Street market (%)	18	17	7
Agreed public location (%)	20	17	7
Work (%)	0	0	0
Other (%)	1	0	0

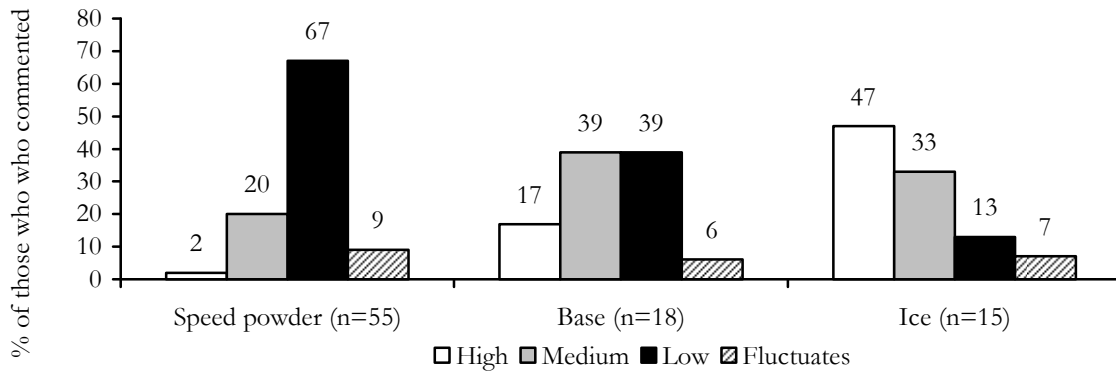
Source: IDRS IDU interviews

The survey questions relating to the usual source of methamphetamines were changed somewhat for 2006 and so are not directly comparable to previous years. However, the patterns reported in Table 14 are similar to those seen previously (not shown) with friends being the most frequently reported source person and dealers or dealers' homes being significant source people and venues. From 2003 to 2005 approximately one in ten of those able to respond to the availability questions against each form reported using mobile dealers; this source was not reported by any respondents this year.

### 5.3 Purity

IDU assessments of the purity of the methamphetamine forms generally agree with the accepted purity levels for these forms: speed powder is mostly rated as having low purity (67%, Figure 10), base as medium (39%) to low (39%) and ice/crystal as high (47%) to medium (33%).

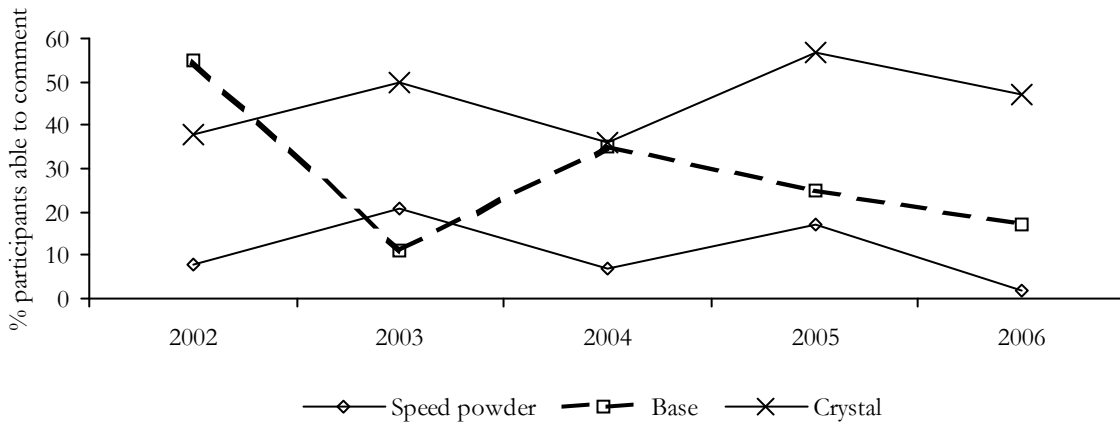
**Figure 10: Participant perceptions of methamphetamine purity (speed powder, base and ice/crystal), among those who commented, 2006**



Source: IDRS IDU interviews

The purity levels reported this year are comparable to those from previous years (not shown), although the proportions rating the purity of each form as high have fluctuated since 2002 (Figure 11) and have declined this year compared to 2005.

**Figure 11: Proportion of participants reporting speed powder, base and ice/crystal purity as 'high', among those who commented 2002-2006**



Source: IDRS IDU interviews

NB: Data on all three forms commenced in 2002.

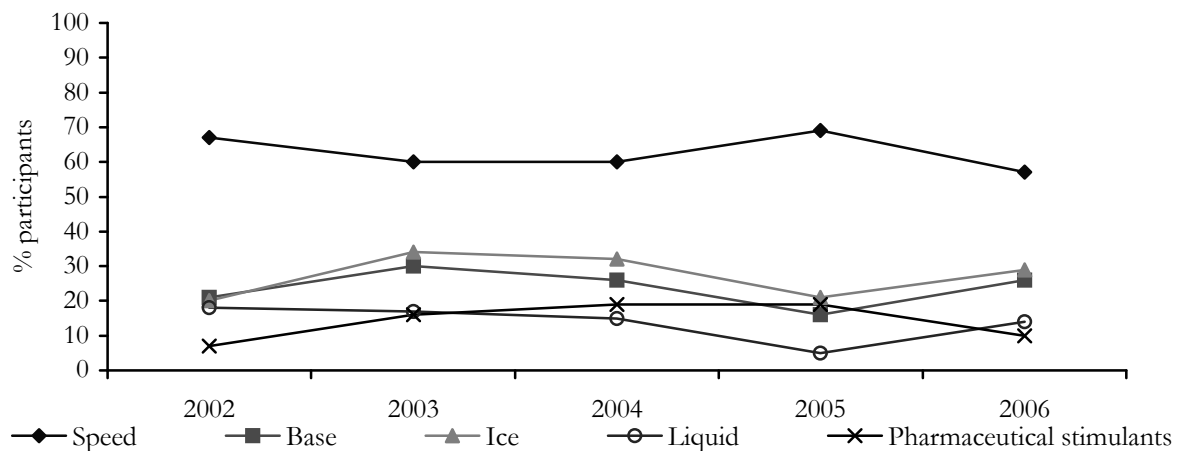
## 5.4 Use

Sixty-four percent of IDU used some form of methamphetamine on a median of nineteen days over the six months prior to interview (Table 3). This is a decline in the proportion of recent use from 73% in 2005 but an increase in the frequency of use, a median of 13 days in 2005. As in previous years injection was the principal route of administration, with 63% of the sample reporting recent injection compared to 73% in 2005.

Speed powder was used by 57% of the sample on a median of 12 days (Table 3) over the past six months and remains the most used form of methamphetamine. Base was used by 26% on a median of 5 days and ice/crystal by 29% on a median of 4 days. For each of these forms injection was the main route of administration (by 55%, 24% and 24% respectively). Thirteen percent of the sample reported recent smoking of ice/crystal (45% of recent ice/crystal users), an increase on the 8% found in 2005.

Figure 12 charts the relationship over time between the use of the various forms of amphetamine listed in the IDRS survey. It shows that increases or decreases in the use of speed powder are reflected by decreases and increases on the more refined forms. It also suggests that liquid amphetamine is involved in this relationship but that pharmaceutical stimulants are not.

**Figure 12: Proportion of IDU reporting methamphetamine and pharmaceutical stimulant use in the past six months, 2002-2006**



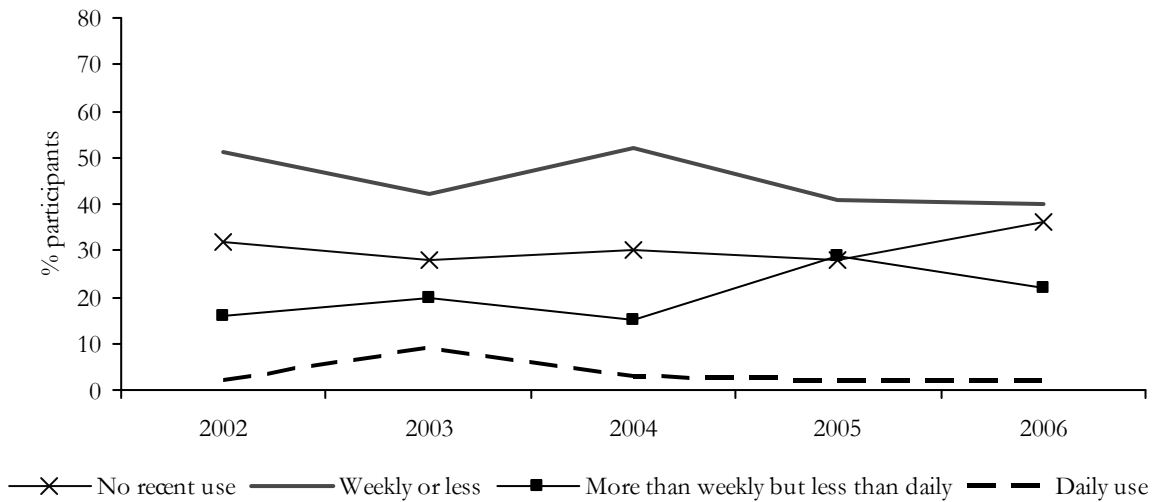
**Source:** IDRS IDU interviews

NB: Pharmaceutical stimulants includes licit use of prescription amphetamine.

The proportion of IDU reporting no recent use of methamphetamines has increased this year (i.e. the proportion reporting recent use has declined) after four years of stability (Figure 13). For the period shown (i.e. 2002 to 2006) use weekly or less has declined, more than weekly has increased and daily use has remained stable at a low proportion.



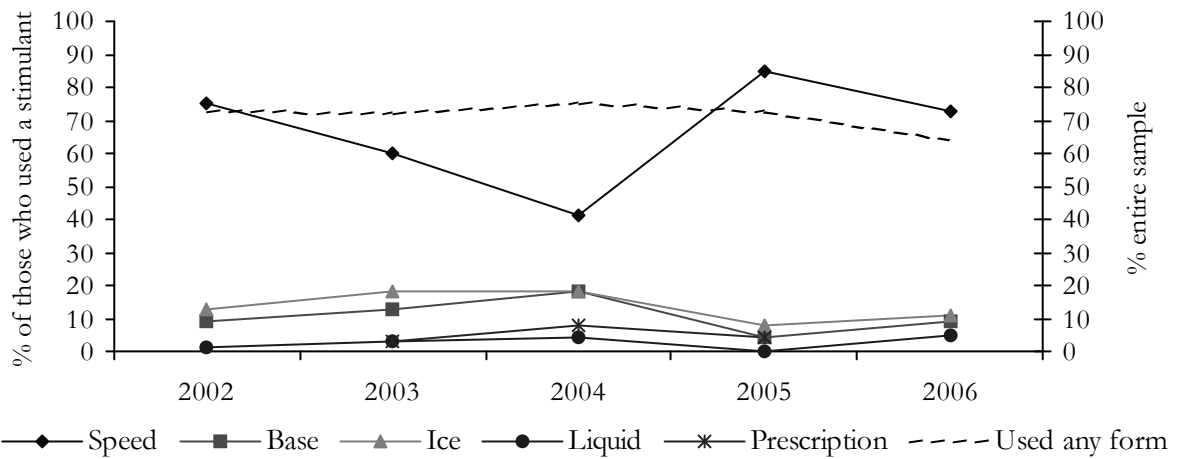
**Figure 13: Patterns of methamphetamine use (any form) by IDU participants, 2002-2006**



Source: IDRS IDU interviews  
 NB: data prior to 2005 also include prescription stimulants

IDU participants are asked what form of methamphetamine they used most in the preceding six months. Figure 14 shows the proportions of the IDU samples responding to these questions over time and suggests that the decline in overall methamphetamine use from 2005 to this year is accounted for primarily by a decline in speed powder use.

**Figure 14: Methamphetamine form most used in the preceding six months, among recent methamphetamine users, 2002-2006**



Source: IDRS IDU interviews

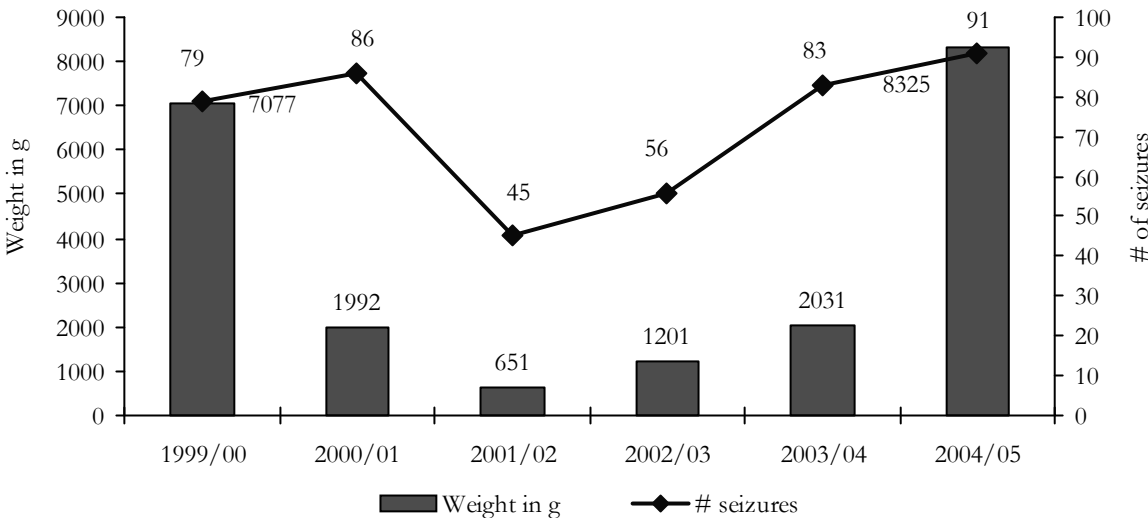
## 5.5 Methamphetamine-related harms

### 5.5.1 Law enforcement

Figure 15 shows the number of amphetamine-type stimulant seizures by AFP and NT police between 1999/00 and 2004/05, the most recent data available. The number of seizures decreased in the 2001/02 financial year but appears to have been on the increase ever since. The weights of the seizures remain low compared to the 7,077grams seized in 1999/00.

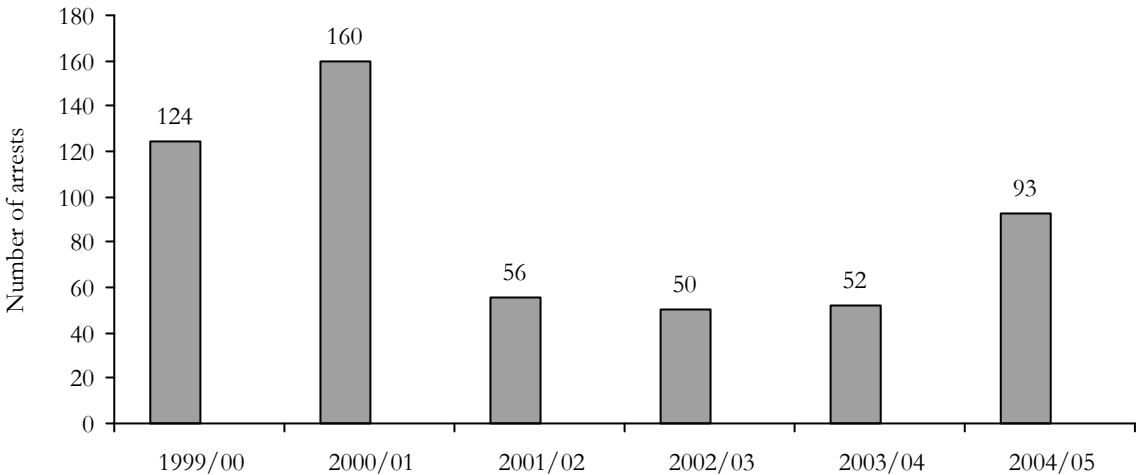
Figure 16 shows the total number of amphetamine-type stimulant consumer and provider arrests in the NT since 1999/00 including AFP data. Since 2001/02 the total number of arrests has remained consistent until a large increase in 2004/05.

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



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

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

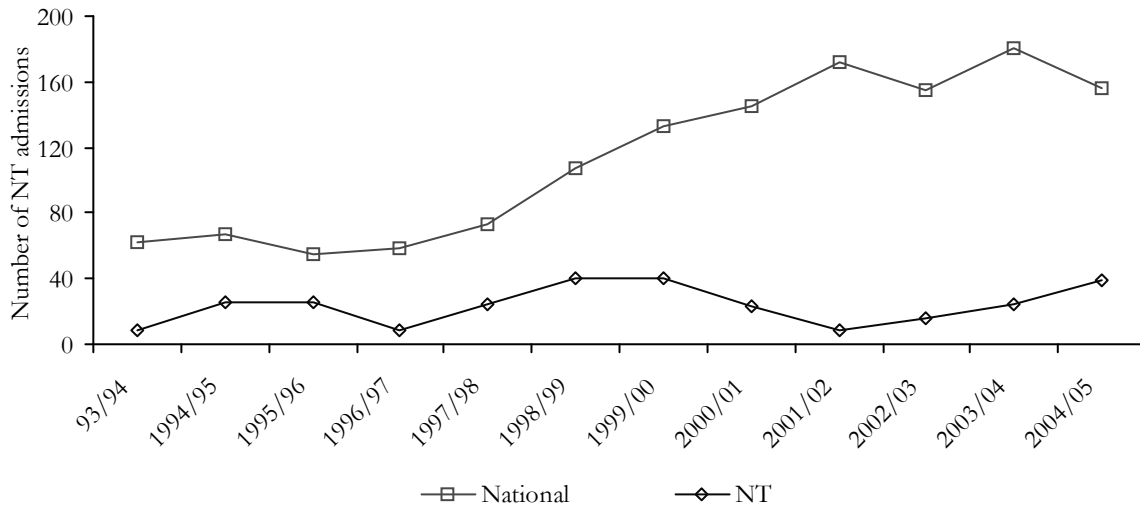


**Source:** Australian Crime Commission

### 5.5.2 Health

The rate per million of inpatient admissions to NT hospitals where methamphetamines are involved in the primary diagnosis fluctuates over time (Figure 17), although currently showing an overall increase since 1993/94 and steady trend upward since 2001/02. The trend increase seen in the national rate of admissions since 1995/96 is not reflected in the NT rate.

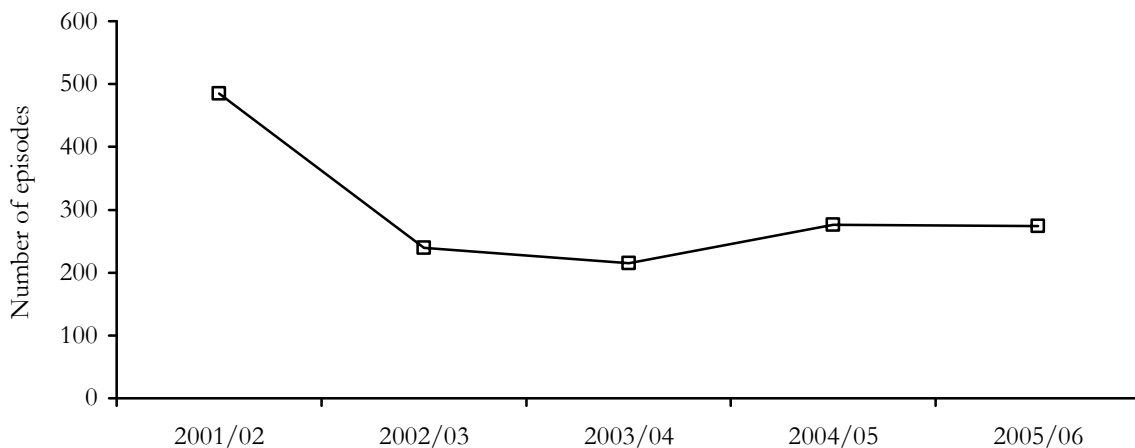
**Figure 17: Rate (per million) of inpatient hospital admissions where methamphetamines were the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2004/05**



Source: AIHW

The number of episodes commenced in NT AOD treatment services where an amphetamine was the principal or other drug of concern has been stable for the last two years, but remains low compared to the levels seen in 2001/02 (Figure 18).

**Figure 18: Number of episodes commenced in NT AODTS where an amphetamine was the principal or other drug of concern, 2001/02-2005/06**



Source: NT AODP

## 5.6 Key expert reports

Six key experts commented on regular amphetamine use: three Alcohol and Other Drug workers, one court diversion officer, one community welfare worker and one law enforcement officer.

Regular amphetamine users were described as mainly male (55% to 80%), aged between 20 and 50 with “most late 20’s to mid-30’s”. Two KE reported that regular amphetamine users are “mostly white” and “mainly Caucasian” with one estimating that 40% of users are Aboriginal. One KE estimated that 60% of regular amphetamine users are Aboriginal with another specifically mentioning “urban Aboriginal”. Three KE see mainly unemployed users, saying “mostly” and 70% are unemployed; one AOD worker thought that 60% of her clients are employed. Estimates of the proportion with a prison history ranged from 15% to 50%, with 10% to 30% currently in treatment. All KE reported that these characteristics have been unchanged over the past 6 to 12 months.

KE reported that regular amphetamine users use mainly speed powder, with some use of base and ice/crystal. Injecting was the main reported route of administration (50% to 90%), with snorting, swallowing and smoking mentioned. KE consistently reported that a typical use pattern is daily multiple injections using anywhere from 2-3 points a day to 3-4 grams, depending on purity.

KE mentioned a range of other drugs used by regular amphetamine users: all KE mentioned alcohol, cannabis and tobacco; here mentioned morphine; two mentioned ecstasy and two LSD. KE had experienced a range of differences between younger and older users:

*“younger...more likely to be polydrug users”*

*“older people use more...and frequently”*

*“younger ones more likely to use daily and manage a job”*

KE also noted a range of behaviours they felt were interesting:

*“crossover between speed and morphine users – used to be distinct groups but now many speed users will also use morphine and vice versa”*

*“often have a high level of responsibility or have high expectations as use amphetamine as a way to cope”*

*“massive amount of denial about the effect that drugs have on their life. All seem to know each other”*

One KE reported that “more (users) seem to be trying to get their hands on ice/crystal”, and another that there are “more indigenous people snorting and injecting speed...indigenous polydrug users”. Another KE described the differences she sees in her clients:

*“Men who work in physical labour tend to use...to overcome tiredness and give themselves more energy to work. Also lonely people who start using drugs for the company (get involved with other drug users). Women use E and speed to have more energy to deal with kids and help sex life.”*

All KE reported that no regular amphetamine users use heroin or cocaine. Cannabis was reported to be used by all of this group as “stress relief” and “to deal with the comedown”. Four KE thought that Ecstasy was used by between ‘a few’ and half the regular amphetamine users. One KE commented that this group “don’t talk about E much because they don’t consider it a drug” and another that they “use (ecstasy) when amphetamine not available...interchangeable”. Two KE reported that a few regular amphetamine users also use LSD. Benzodiazepines were reported by two KE to be used by most regular amphetamine users and alcohol was reported by all KE to be used by most or all of this group. Four KE stated that a few regular amphetamine users also use morphine, and two KE reported that about half of this group use licit antidepressants.

Key experts reported a range of health issues related to the amphetamine use they see, including: malnutrition, respiratory problems, ‘bad skin’, ‘bad teeth’ and hepatitis C; one KE commented that hepatitis C was an issue more for older users than younger. However, all KE reported that this is unchanged and that there have been no changes in the problems users present with within the last 6 to 12 months.

Key experts reported a range of price information: \$70-\$80 for a gram of base, \$150 for a point of locally produced powder to \$1,000 for 3 grams of ‘pure’. They stated that amphetamines are easy to very easy to obtain and that this availability had been stable. Purity was rated as low or fluctuating and as having been stable. Some key experts stated that their clients are reporting an increased presence of the ice/crystal and base forms.

In general key experts stated that there had been no recent changes in the patterns of crime committed by this group, nor any changes in Police activity towards this group.

The law enforcement key expert reported that in regards to the manufacture of amphetamines in the Northern Territory:

*“...we don’t have super labs – containers over 25 litres. 19-35 age range. 90% males with female assistants. Mostly Caucasian. Mostly employed – semi skilled. Addiction based labs – all are users. Anybody who is doing it for their own and friends use and to make small amounts of money. Most common.”*

He also reported that the number of people using amphetamines is “steady and slightly on the increase”.

The KE reported that crystal methamphetamine had been stable at \$50-\$80 a point, \$600 a gram and \$350 for an eightball. He rated purity as fluctuating around 6% to 15% and that it has been and remains easy to obtain.

This KE reported that there had been no changes in Police activity around regular amphetamine use but that there had been a “slight increase” in amphetamine-related property crime and violent crime. He also stated that there had been a decrease in the amount of manufacturing happening in the NT.

## **5.7 Trends in methamphetamine use**

The point price of all forms of methamphetamine has increased this year compared to 2005: from \$50-\$60 for speed powder and base, from \$80-\$90 for ice/crystal. The IDU ratings of availability for speed powder are stable compared to 2005, while more IDU rated both base

and ice/crystal as easy or very easy to obtain. These ratings are consistent with key expert comment to the effect that the purer forms of methamphetamine are now more available and that people seeking treatment are more likely to be using these forms.

Again consistent with the availability ratings of IDU and key experts, while the proportion of IDU reporting recent use of any form of methamphetamine has declined the use of the other forms has increased. The decline in overall recent use is accounted for by a decline in recent use of speed powder.

Available law enforcement data (to the 2004/05 financial year) shows increases over time since 2001/02 in amphetamine type stimulant seizures, both number and weight, and arrests. The rate of inpatient hospital admissions where an amphetamine is involved in the primary diagnosis have also increased each year in the NT between 2001/02 and 2004/05. This suggests, consistent with key expert opinion and the possible increased availability and use of base and ice/crystal, that amphetamine-related harms have increased.

## **5.8 Summary of methamphetamine trends**

- The point prices of base and ice/crystal have increased.
- Base and ice/crystal are reportedly more available and their use among the IDU has increased, as has the use of liquid amphetamines.
- Amphetamine-related harms show increases into 2004/05 (the most recent period available) and are consistent with this year's key expert comment.

## 6 COCAINE

As in previous years only very small numbers of IDU were able to report on cocaine use and market characteristics, so the following data must be treated with caution.

### 6.1 Price

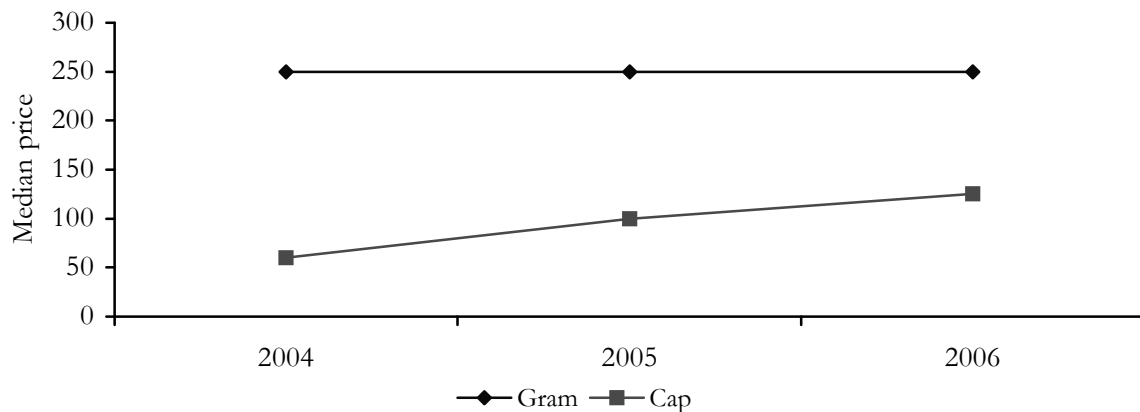
Two people reported a median price of \$125 for a cap of cocaine (Table 15) and 3 people reported a median price of \$250 for a gram. Figure 19 shows that median gram prices have been stable since 2004 while the point price has increased.

**Table 15: Price of most recent cocaine purchases by IDU participants, 2006**

Amount	Median price* \$	Range \$	Number of purchasers*
Cap	125 (100)	100-150	2 (3)
Quarter gram	-	-	0
'Halfweight' (0.5 grams)	-	-	0
Gram	250 (250)	100-350	3 (1)

\*2005 data are presented in brackets

**Figure 19: Median price of a gram and cap of cocaine estimated from IDU participant purchases, 2004-2006**



Source: IDRS IDU interviews

## 6.2 Availability

Those participants able to comment reported that cocaine was difficult (57%, Table 16) or very difficult (29%) to obtain and that this level of availability had been stable in the previous six months.

**Table 16: Participants' reports of cocaine availability in the past six months, 2005-2006**

	2005 (N=107)	2006 (N=100)
Did not respond* (%)	92	93
Did respond (%)	8	7
<i>Of those who responded</i>		
<b>Current availability</b>		
Very Easy (%)	11	0
Easy (%)	33	14
Difficult (%)	33	57
Very Difficult (%)	0	29
Don't know^ (%)	22	0
<b>Change last six months</b>		
More difficult (%)	22	14
Stable (%)	33	86
Easier (%)	0	0
Fluctuates (%)	0	0
Don't know^ (%)	44	0

Source: IDRS IDU interviews

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

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



Cocaine was obtained mainly from friends (43%, Table 17) at friends' homes (43%).

**Table 17: Locations where cocaine was scored in the preceding six months, 2005-2006**

	2005 (N=107)	2006 (N=100)
Did not respond (%)	93	93
Did respond (%)	7	7
<i>Of those who responded</i>		
<b>Source person*</b>		
Street dealer (%)	25	14
Friends (%)	25	43
Gift from friends (%)	0	14
Known dealer (%)	0	14
Acquaintances (%)	0	14
Unknown dealer (%)	0	0
Other (%)	0	0
<b>Source venue*</b>		
Home delivery (%)	0	29
Dealers home (%)	25	29
Friends home (%)	0	43
Acquaintance's house	0	0
Mobile dealer (%)	13	0
Street market (%)	0	14
Agreed public location (%)	0	0
Work (%)	0	0
Other (%)	0	0

**Source:** IDRS IDU interviews

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

\* multiple responses possible

### 6.3 Purity

Participants assessed cocaine purity as low (29%, Table 18) or fluctuating (43%) and that the level of purity had been stable (71%) in the six months prior to interview.

**Table 18: Participant perceptions of cocaine purity in the past six months, 2005-2006**

	2005 (N=107)	2006 (N=100)
Did not respond* (%)	84	93
Did respond (%)	16	7
<i>Of those who responded</i>		
<b>Current purity</b>		
High (%)	33	14
Medium (%)	44	14
Low (%)	0	29
Fluctuates (%)	0	43
Don't know^ (%)	22	0
<b>Change last six months</b>		
Increasing (%)	0	0
Stable (%)	33	71
Decreasing (%)	11	29
Fluctuating (%)	11	0
Don't know^ (%)	44	0

Source: IDRS IDU interviews

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

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

### 6.4 Use

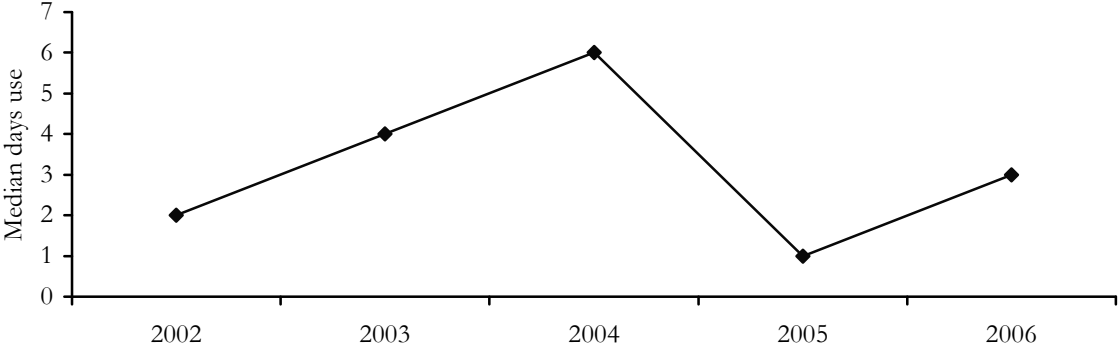
Eight percent of participants (Table 19) reported recent cocaine use this year, consistent with the low proportions of recent use reported in previous years. The median days of recent use has increased this year to 3 days from 1 in 2005, but over time shows no obvious trend (Figure 20).

**Table 19: Selected trends in IDU cocaine use, 2003-2006**

	2003 (N=109)	2004 (N=111)	2005 (N=107)	2006 (N=100)
Used last 6 months (%)	5	10	10	8
Injected last 6 months (%)	3	6	8	4
Days used last 6 months (median)	4	6	1	3
Days injected last 6 months (median)	1	14	2	2

Source: IDRS IDU interviews

**Figure 20: Median days cocaine use in the past six months, 2002-2006**



Source: IDRS IDU interviews

Table 20 shows the forms of cocaine most used by IDU in the six months before interview. The decline seen this year in recent use appears to have occurred in the use of the powder form with the crack form showing a small increase in popularity.

**Table 20: Forms of cocaine used previous six months, % IDU, 2003-2006**

	2003 (N=109)		2004 (N=111)		2005 (N=107)		2006 (N=100)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Powder	4	4	13	11	8	8	4	4
Crack	0	0	3	2	2	1	3	3

Source: IDRS IDU interviews

**6.5 Cocaine-related harms**

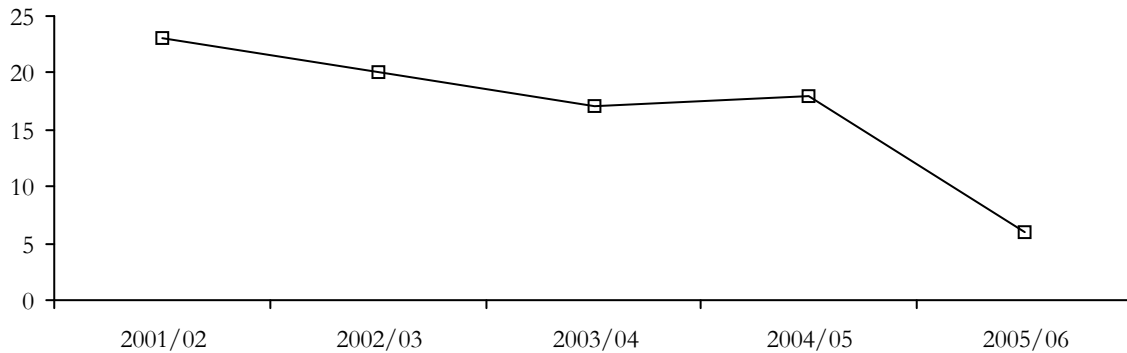
**6.5.1 Law enforcement**

In 2004/05 (most recent data available) there were five cocaine seizures in the NT by NT Police. The ACC data shows that there was a total of five consumer/provider arrests related to cocaine in the NT in 2004/05.

**6.5.2 Health**

There were six episodes of treatment in NT AOD treatment services in 2005/06 (Figure 21) where cocaine was the principal or other drug of concern. This is a marked drop from the 20 reported on 2004/05 and continues a decline in the number of treatment episodes seen since 2001/02.

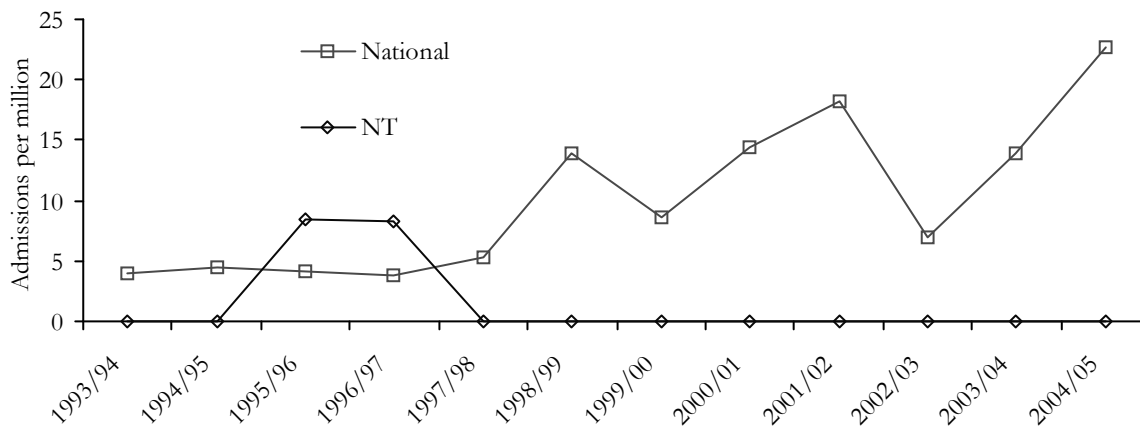
**Figure 21: Number of episodes commenced in NT AODTS where cocaine was the principal or other drug of concern, 2001/02-2005/06**



Source: NT AODP

There have been no admissions to NT hospitals where cocaine was involved in the primary diagnosis since 1996/97 (Figure 22). There is no apparent relation between this and the fluctuating increase seen in the national rate since 1997/98.

**Figure 22: Rate (per million) of inpatient hospital admissions where cocaine was the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2003/04**



Source: AIHW

## 6.6 Trends in cocaine use

As with heroin, the number of IDU able to report on cocaine market characteristics or use patterns is small and no key experts were able to provide detailed comment.

The available information suggests, however, that the cocaine market in the NT remains small. The cap price of cocaine may have increased, but availability continues to be rated as difficult. There is no indication that cocaine-related harms have increased with a decline in the number of completed episodes in AOD treatment agencies.

## 6.7 Summary of cocaine trends

- Cocaine continues to be difficult to obtain and is used by few people in the NT.

## 7 CANNABIS

### 7.1 Price

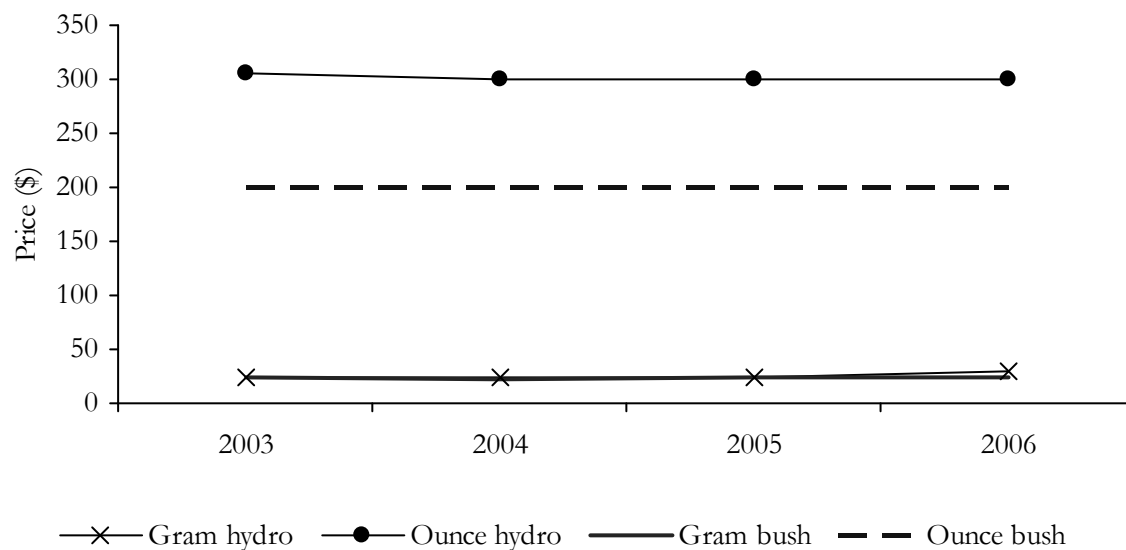
The most commonly purchased amount of hydroponic cannabis among the IDU was a gram (Table 21) for a median of \$30. Seventeen people recently purchased an ounce of hydro for a median of \$300. Smaller numbers of IDU recently purchased bush cannabis for a median of \$25 a gram or \$200 and ounce (Table 21). These prices have been stable since at least 2003 (Figure 23).

**Table 21: Price of most recent cannabis purchases by IDU participants, 2006**

	Median price \$	Range	Number of purchasers
Hydro			
Gram	30	20-50	27
Quarter Ounce	100	60-200	6
Half Ounce	150	150-200	5
Ounce	300	250-400	17
Bush			
Gram	25	10-30	8
Quarter Ounce	63	50-100	4
Half Ounce	150	-	1
Ounce	200	100-300	9

Source: IDRS IDU interviews

**Figure 23: Median prices of cannabis estimated from IDU participant purchases, 2003-2006**



Source: IDRS IDU interviews

The bulk of respondents who could comment judged that cannabis prices had been stable over recent months for both hydro (72%, Table 22) and bush (87%).

**Table 22: Price movements of cannabis in the past 6 months, 2006**

	Hydro	Bush
Did not respond (%)	28	69
Did respond (%)	72	31
<i>Of those who responded</i>		
Don't know (%)	1 (1% of entire sample)	7 (2% of entire sample)
Increasing (%)	22 (16% of entire sample)	7 (2% of entire sample)
Stable (%)	72 (52% of entire sample)	87 (27% of entire sample)
Decreasing (%)	1 (1% of entire sample)	0
Fluctuating (%)	3 (2% of entire sample)	0

Source: IDRS IDU interviews

## 7.2 Availability

Both hydro (60%, Table 23) and bush (68%) were judged by IDU able to comment as being easy to obtain. Twenty-nine percent rated hydro availability as very easy, compared to 13% for bush. Nineteen percent of IDU able to comment reported that bush cannabis was difficult to obtain. Equal proportions of IDU reported that the availability of hydro and bush had been stable over the six months before interview (81% in both cases, Table 23).

**Table 23: Participants' reports of cannabis availability in the past six months, 2005-2006**

	Hydro		Bush	
	2005 (N=107)	2006 (N=100)	2005 (N=107)	2006 (N=100)
Did not respond* (%)	22	27	23	69
Did respond (%)	78	73	77	31
<i>Of those who responded</i>				
<b>Current availability</b>				
Very Easy (%)	25	29	18	13
Easy (%)	61	60	37	68
Difficult (%)	5	8	5	19
Very Difficult (%)	0	0	0	0
Don't know^	8	3	40	0
<b>Availability change</b>				
More difficult (%)	12	10	6	10
Stable (%)	66	81	45	81
Easier (%)	7	3	5	7
Fluctuates (%)	5	3	4	3
Don't know^ (%)	10	4	40	3

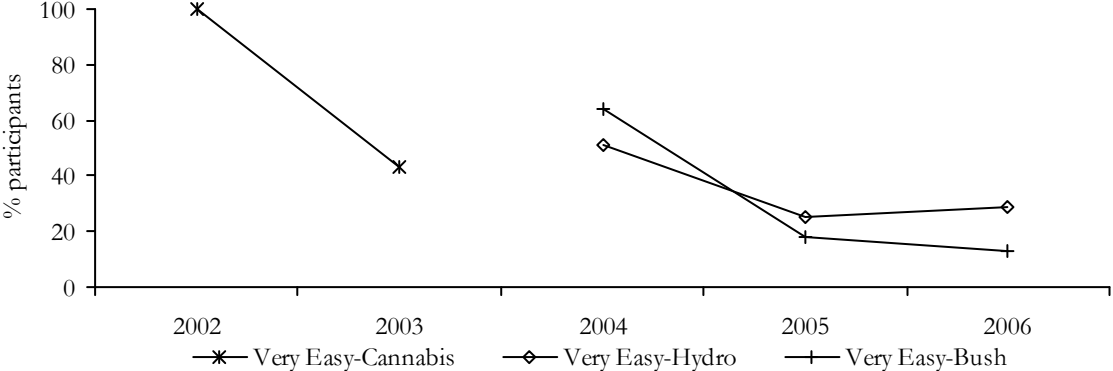
Source: IDRS IDU interviews

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

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

Although IDRS participants in previous years have tended to rate cannabis availability as stable (not shown), Figure 23 shows that the proportions reporting that cannabis is very easy to obtain have declined since 2002.

**Figure 24: Participant reports of current cannabis availability, 2002-2006**



**Source:** IDRS IDU interviews  
 NB: A distinction between hydroponic and bush cannabis was introduced in 2004. Prior to this time survey items referred to any form of cannabis

Both hydro and bush cannabis were usually obtained from a variety of source people (Table 24) with friends (45% and 52% respectively) or known dealers (32% and 23%) being the most common. Consistent with this, friend’s home (38% and 48%) and dealer’s home (29% and 23%) were the main source venues. These patterns are similar to those seen in previous years (not shown).

**Table 24: People from whom cannabis was purchased in the preceding six months, 2006**

	Hydro	Bush
Did not respond (%)	27	69
Did respond (%)	73	31
<i>Of those who responded:</i>		
<b>Source person</b>		
Street dealer (%)	18	10
Friends (%)	45	52
Gift from friends (%)	11	13
Known dealer (%)	32	23
Acquaintances (%)	16	7
Unknown dealer (%)	10	7
<b>Source venue</b>		
Home delivery (%)	16	10
Dealer's home (%)	29	23
Friend's home (%)	38	48
Acquaintance's house (%)	10	3
Mobile dealer (%)	4	3
Street market (%)	15	13
Agreed public location (%)	11	10

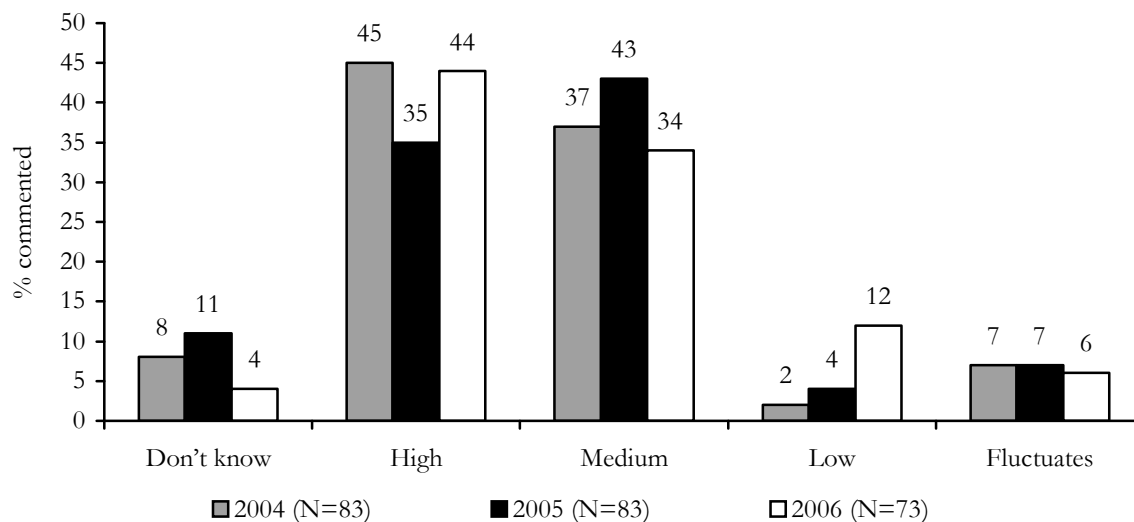
Source: IDRS IDU interviews



### 7.3 Potency

Forty-four percent of IDU able to comment rated the current potency of hydroponic cannabis as high (Figure 25) while 34% rated it as medium. These ratings are similar to those seen in 2004 but suggest an increase in potency compared to 2005.

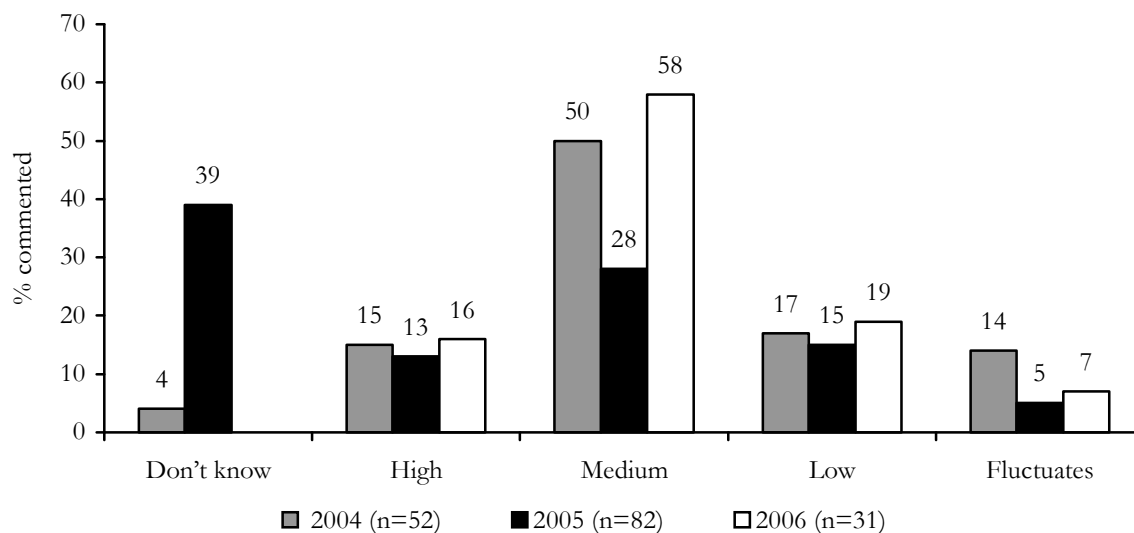
**Figure 25: Current potency of hydro, % able to comment 2004-2006**



Source: IDRS IDU interviews

The potency ratings of bush cannabis were more varied (Figure 26), with 58% of those able to comment rating it as medium, 16% as high and 19% as low.

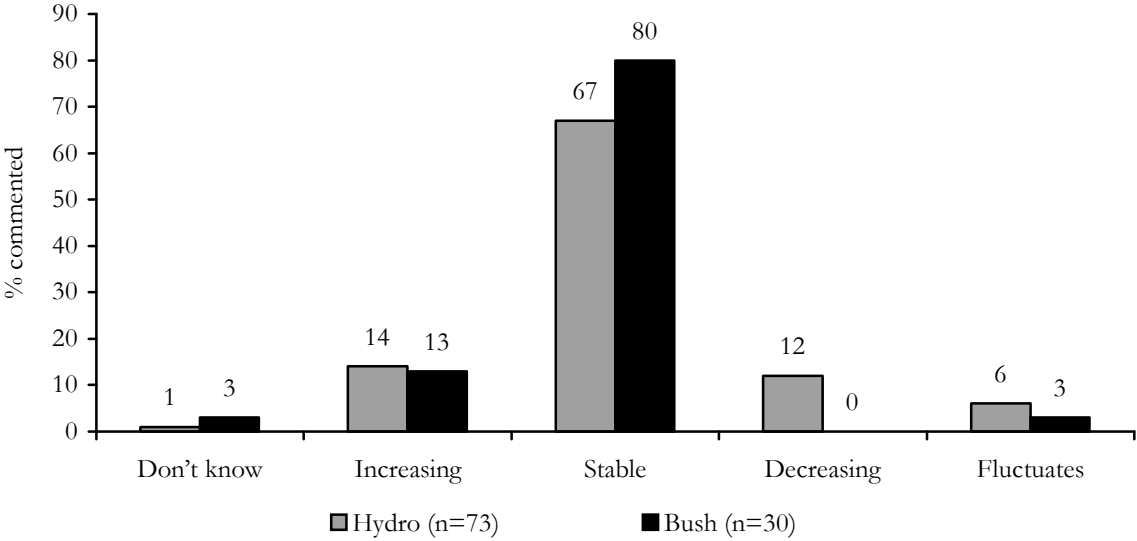
**Figure 26: Current potency of bush, % commented, 2004-2006**



Source: IDRS IDU interviews

The potency of both forms of cannabis was reported as being stable over recent months by 67% (Figure 27) of respondents for hydro and 80% of respondents for bush.

**Figure 27: Change in potency of cannabis in past 6 months, % able to comment, 2006**



Source: IDRS IDU interviews

**7.4 Use**

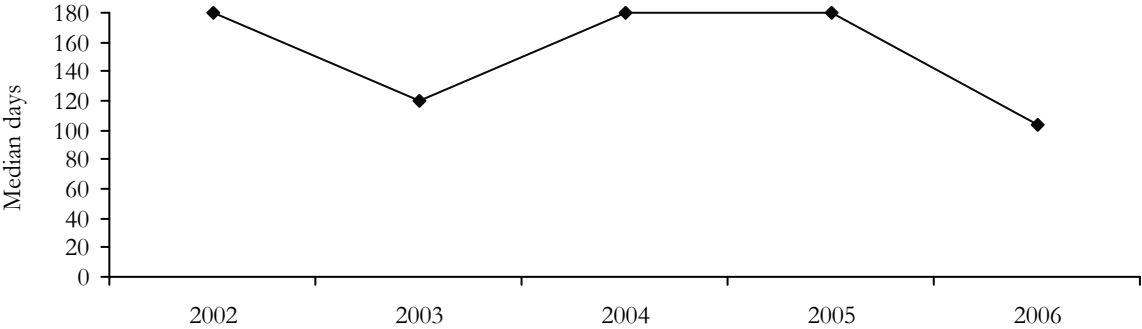
In the six months prior to interview cannabis was used by 84% of the IDU sample (Table 25) on a median of 103 days, this being a decline in frequency of use compared to 2005 (Figure 27).

**Table 25: Selected trends in IDU cannabis use, 2003-2006.**

	2003 (N=109)	2004 (N=111)	2005 (N=107)	2006 (N=100)
Used last 6 months (%)	83	75	79	84
Days used last 6 months (median)	120	180	180	103

Source: IDRS IDU interviews

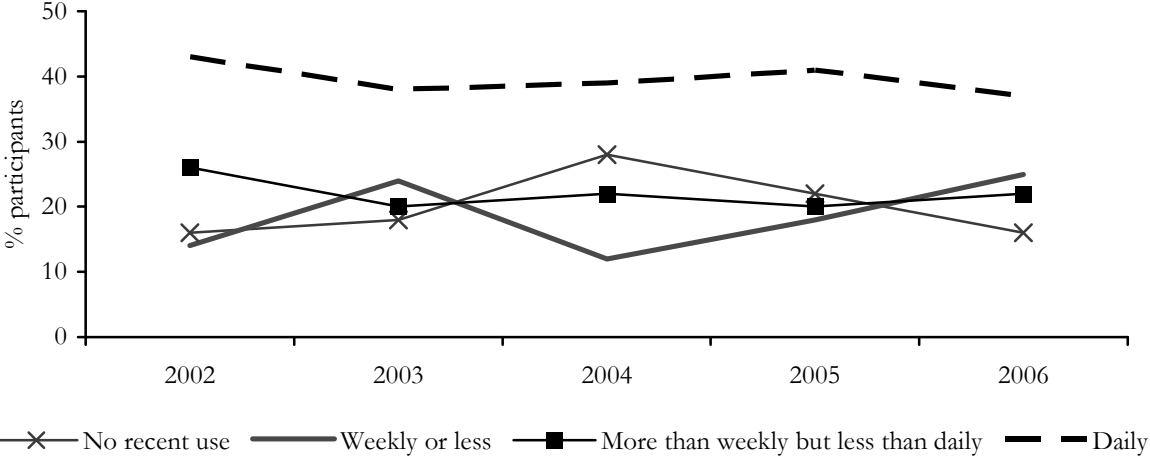
**Figure 28: Median number of days of cannabis use in the past six months, 2002-2006**



Source: IDRS IDU interviews

The decline in median days used can be seen to result from a decrease in the proportion of IDU using cannabis daily and an increase in the proportion using it weekly or less (Figure 29).

**Figure 29: Patterns of cannabis use by recent users, 2002-2006**



Source: IDRS IDU interviews

Hydroponic cannabis continues to dominate the market, being used by 68% (Table 26) of IDU, double the proportion who had recently used bush cannabis (34%), and with most IDU mostly using hydro (63%) and very few mostly using bush cannabis (8%).

**Table 26: Forms of cannabis used previous six months and main form, % IDU, 2003-2006**

	2003 (N=109)		2004 (N=111)		2005 (N=107)		2006 (N=100)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Hydroponic	83	77	80	69	75	68	68	63
Bush	63	6	70	12	61	10	34	8
Hash	17	0	19	1	19	0	8	0
Hash oil	5	0	5	0	10	0	3	0

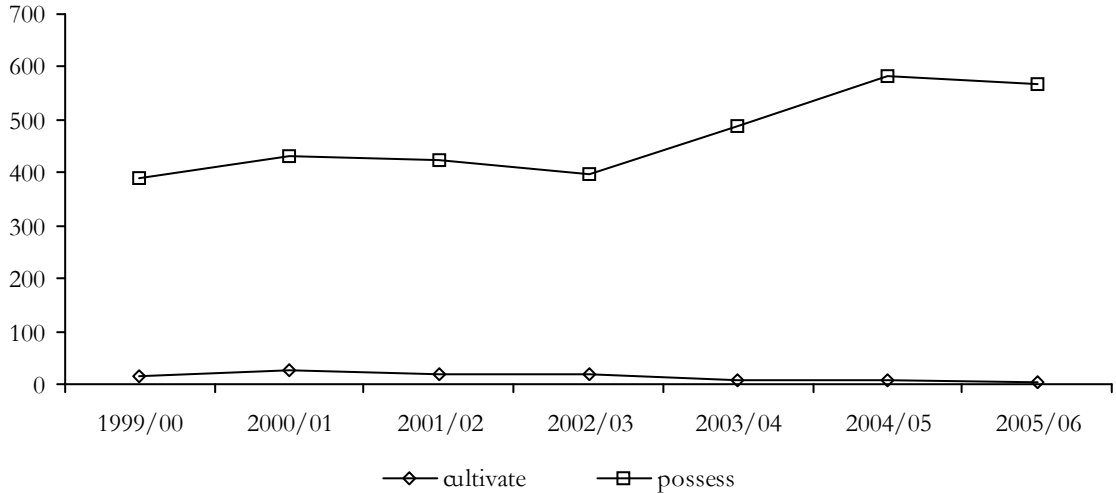
Source: IDRS IDU interviews

## 7.5 Cannabis-related harms

### 7.5.1 Law enforcement

In 2002/03 there were 257 cannabis consumer/provider arrests and this number rose to 315 in 2003/04 and to 429 in 2004/05 (ACC, most recent data available). In 2004/05 the ACC reported that there were 434 cannabis infringement notices issued. NT police recorded 575 seizures at 35,744 grams in 2002/03 and the Australian Federal Police (AFP) recorded six seizures at 149 grams. In 2003/04 the NT police recorded 790 seizures at 139,220 grams and the AFP recorded two seizures at seven grams. In 2004/05 the AFP made no cannabis seizures but the NT police made 877 totalling 56,736 grams (ACC). More recent data from the NT Office of Crime Prevention (Figure 30) shows a drop in the number of cannabis infringement notices served between 2004/05 and 2005/06, but a longer term increase in the number of infringement notices served for possession.

**Figure 30: The number of infringement notices served for cultivation or possession of cannabis 1999/00-2005/06**

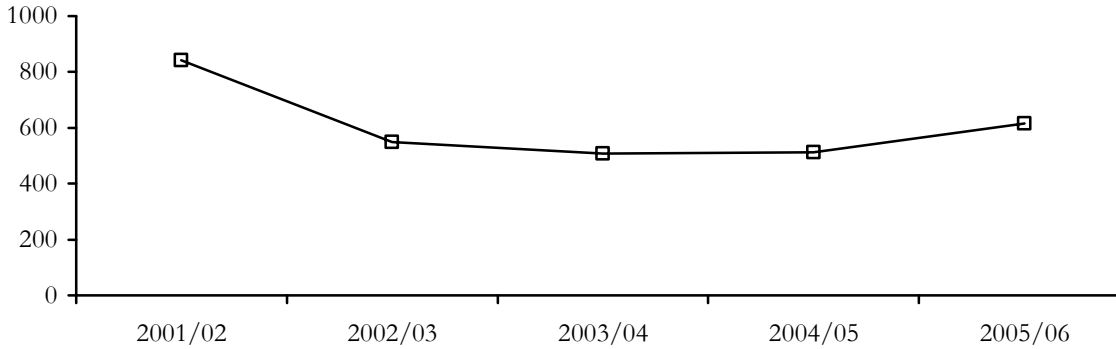


Source: NT Office of Crime Prevention

**7.5.2 Health**

The number of episodes commenced in NT AOD treatment services where cannabis was the principal or other drug of concern was stable between 2002/03 and 2004/05 (Figure 30) and increased somewhat into 2005/06.

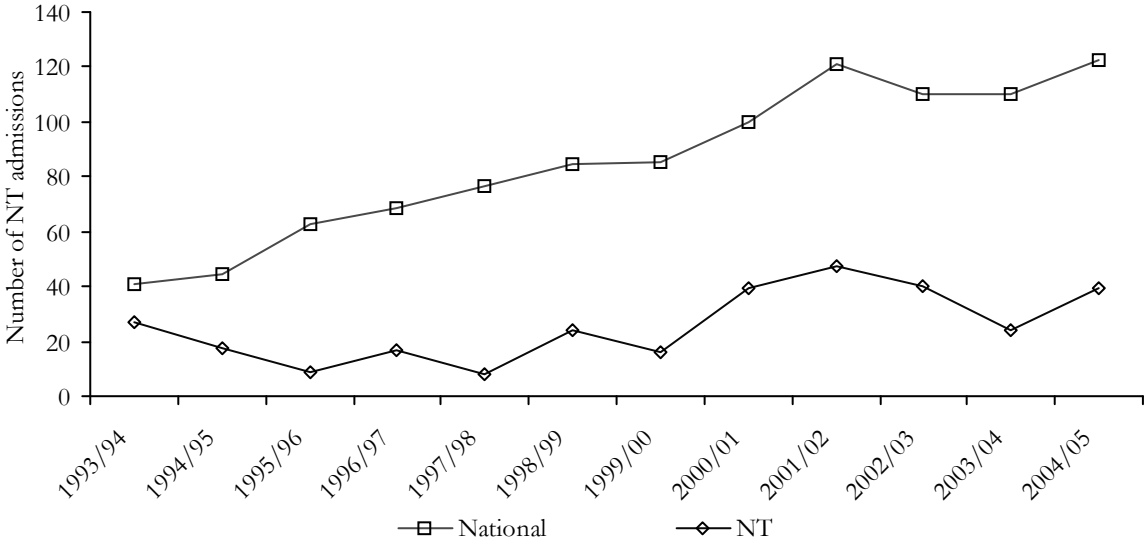
**Figure 31: Number of episodes commenced in NT AODTS where cannabis was the principal or other drug of concern, 2001/02-2005/06**



Source: NT AODP

The rate per million inpatient admissions to NT hospitals where cannabis is involved in the primary diagnosis increased from 2003/04 into 2004/05 (Figure 32) and shows a longer term upward trend since approximately 1997/98. The rate of increase since that time approximates the national increase although at a lower level.

**Figure 32: Rate (per million) of inpatient hospital admissions where cannabis was the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2004/05**



Source: AIHW

### 7.6 Key expert reports

Seven key experts commented on cannabis use: five AOD workers, one researcher and one psychiatric nurse.

The regular cannabis users encountered by the KE were described as mainly unemployed or students, anywhere from 10% to 90% with a prison history and/or engaged in drug treatment. KE mentioned schizophrenia, depression, anxiety and psychosis as the mental health issues faced by regular cannabis users, with estimates of the proportion having these problems ranging from 12% to 100%. All KE reported that these user characteristics had been unchanged over the previous 12 months.

One KE felt that there had been increased media reporting of cannabis issues and that this has led to “single drug-using cannabis users” seeking treatment. Another had been encountering younger users, a trend that she attributed to court-based diversions programs and increased referrals from schools.

All KE agreed that hydroponic cannabis is almost the exclusive form used and that all bar 1% of users smoke. One KE noted that indigenous users mainly smoke bucket-bongs where as non-indigenous users are more likely to smoke bongs or joints. KE described a range of quantity and frequency patterns, including daily use at ‘5-10 cones a day’, heavy daily use at ‘15-30 bongs per day’ and ‘occasional’ or ‘social’ use at 3-4 times a week. One KE reported that ‘long-term adult’ users would use one ounce a week and casual users about 1 gram a week. The same KE reported that ‘school kids’ used 1 to 3 grams a week. Two KE reported that among the cannabis users they encounter daily use is common while another reported that 20% of all users were daily users.

Five KE mentioned that tobacco was used regularly by cannabis users. Four KE reported regular alcohol use by this group with one describing it’s use as ‘binge drinking’ and another as ‘lots of alcohol’. When asked to distinguish between younger and older users, one KE

reported that younger users are more likely to smoke hydroponic cannabis while older users are more likely to be polydrug users.

Some KE noted characteristics that they found ‘interesting’, including:

*“some people use as pain medication and can’t find satisfactory alternatives”*

*“all seem to have some kind of support network...and this...reinforces behaviour”*

*“Lower socioeconomic group than ecstasy users. Usually overweight – they eat a lot of unhealthy food. Body image is different to ecstasy users, (they’re) not from wealthy background.”*

*“Younger ones consider cannabis better than alcohol, not a problem, no issues with dependency.”*

The only changes noted in regular cannabis use was an increased presence of hydroponic cannabis and that bucket bong are becoming “more popular”.

KE reported that ‘a few’ regular cannabis users also use amphetamines and that some ‘usually younger’ users also use ecstasy. Two KE reported that ‘most’ regular cannabis users also use benzodiazepines, three that ‘a few’ use benzodiazepines and one that ‘half’ do so. Two KE reported that ‘a few’ in this group use illicit methadone. All relevant KE found that most regular cannabis users use alcohol. Four KE reported that ‘a few’ regular cannabis users also use illicit morphine. The same number of KE reported that somewhere between half and most people in this group also used licit antidepressants.

One KE reported seeing increased admissions of regular cannabis users into a psychiatric ward, while another reported encountering “Sex for drugs...usually females, (indigenous), young and older, mostly for cannabis, seems fairly acceptable in their group”. One AOD worker reported that “major mental health issues seem more severe and complex”, and another reported “more self medication” for problems including “sexual assault, drug use, family breakdown...homelessness [and] domestic violence”.

Two KE reported that cannabis costs \$300 an ounce and that this price has been stable; they rated current potency as ‘medium’, that this had also been stable and that cannabis was ‘very easy’ to obtain. Other prices reported included \$50 a gram and \$30 for a 2 gram bag. KE mostly reported that cannabis availability had been stable with no other changes in the market.

The key experts commented on property crime among regular cannabis users: three KE stated that property crime was committed mainly by younger users, two saying that there had been an increase in this type of crime with one attributing this increase to an increase in polydrug use. KE generally felt that Police activity toward regular cannabis users was unchanged, although one AOD worker noted that she is getting more referrals from court and pre-court diversion programs. One KE reported that 50% of the users they see are also involved in dealing cannabis.

## **7.7 Trends in cannabis use**

The prices of both hydroponic and bush cannabis have remained stable at \$30/\$25 per gram and \$300/\$200 per ounce. Both IDU and key experts report that cannabis is easy or very easy to obtain.

Cannabis remains the illicit drug used by the greatest proportion of IDU, 84% reporting recent use this year, with daily use being the most common use pattern. The rate of cannabis related hospital inpatient admissions shows a fluctuating increase over time, with some indication from key experts that cannabis-related health and social problems have increased. Key experts also reported an increase in the use of bucket bonges - specifically, that while the use of bucket bonges has been common in remote Indigenous communities for some time, their use is growing among urban Indigenous and non-Indigenous users.

## **7.8 Summary of cannabis trends**

- The prices of both hydroponic and bush cannabis have remained stable at \$30/\$25 per gram and \$300/\$200 per ounce; it remains easy or very easy to obtain.
- Cannabis use is also stable, being used by most of the IDU sample and by most regular drug users seen by key experts.
- Cannabis-related hospital admissions have increased on last year and show a longer term fluctuating increase.
- Some key experts report an increase in the use of bucket bonges among urban Indigenous and non-Indigenous cannabis users.

## 8 OPIOIDS

### 8.1 Morphine

#### 8.1.1 Price

Sixty-seven IDU recently purchased 100mg of MS Contin for a median of \$60, a price which has been stable since 2003 (Table 27). The second most frequent purchase, by 48 IDU, was of 100mg Kapanol with a median price also of \$60. Sixty milligram MS Contin, 24 purchasers at \$30, and 50mg Kapanol, 19 purchasers at \$30, were also popular. The median prices of each of these doses have been stable for the period shown in Table 27. Consistent with this, 89% of those IDU who could comment reported that recent morphine prices had been stable (Table 28).

**Table 27: Median price (\$) of most recent illicit morphine purchase by IDU, 2003-2006**

	2003	2004	2005	2006
MS Contin				
5mg	- (0)	- (0)	- (0)	- (0)
10mg	10 (1)	50 (1)	- (0)	6 (10)
30mg	15 (7)	15 (6)	20 (3)	18 (4)
60mg	30 (34)	30 (42)	30 (35)	30 (24)
100mg	60 (68)	60 (81)	60 (68)	60 (67)
200mg	100 (2)	80 (2)	- (0)	- (0)
Kapanol				
20mg	15 (3)	10 (3)	10 (2)	12 (4)
50mg	25 (11)	25 (16)	30 (15)	30 (19)
100mg	50 (52)	50 (55)	60 (59)	60 (48)
Anamorph				
30mg	20 (30)	25 (35)	20 (44)	25 (23)

Source: IDRS IDU interviews

NB: Number of purchasers in brackets

**Table 28: Illicit morphine price movements, past 6 months, 2006**

	2006 (N=100)
Did not respond (%)	29
Did respond (%)	71
<i>Of those who responded</i>	
Don't know (%)	1
Increasing (%)	9
Stable (%)	89
Decreasing (%)	0
Fluctuating (%)	1

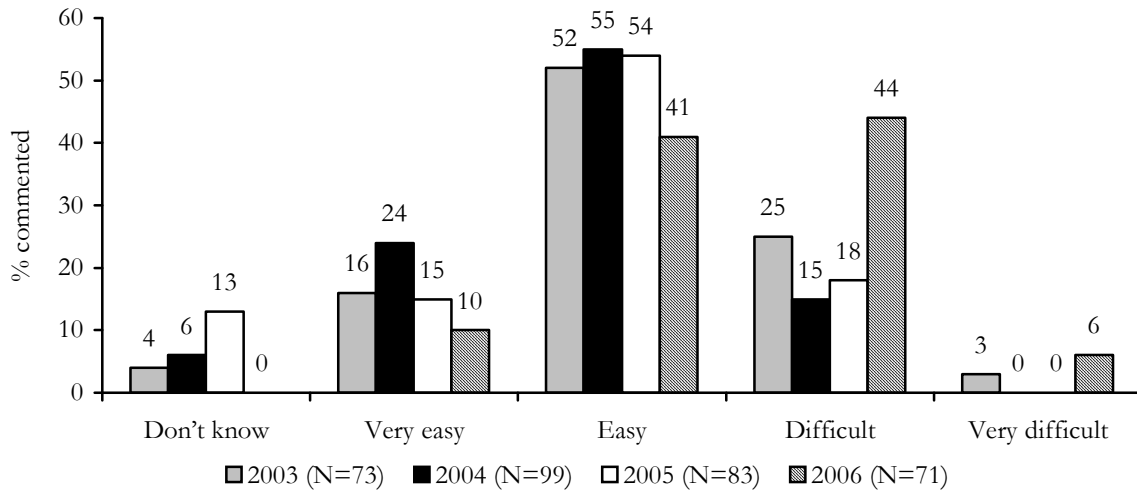
Source: IDRS IDU interviews



### 8.1.2 Availability

The proportion of IDU rating morphine as difficult to obtain, at 44% of those able to comment, is substantially larger than that found in 2005, 18%, and previous years (Figure 33). At 6% the proportion saying that morphine is currently very difficult to obtain is also higher than in previous years.

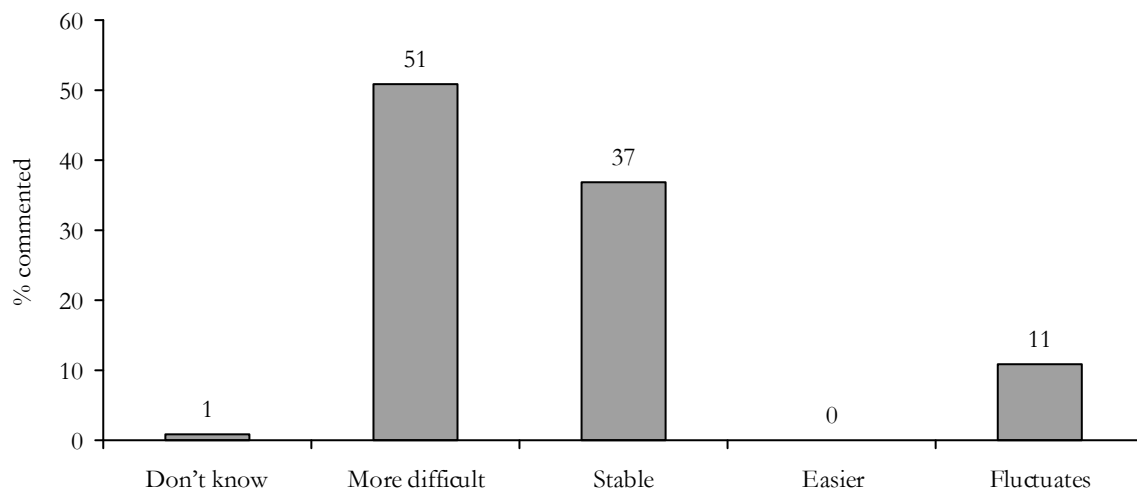
**Figure 33: Current availability of illicit morphine, % commented, 2003-2006**



Source: IDRS IDU interviews

Consistent with the current availability ratings, those IDU able to comment this year reported that morphine had become more difficult to obtain over the six months prior to interview (Figure 34).

**Figure 34: Change in availability of illicit morphine in the last 6 months, % commented, 2006 (N=71)**



Source: IDRS IDU interviews

Morphine was obtained from friends (45%, Table 29), a know dealer (32%), a street dealer (23%) or acquaintances (19%). The most common source venues were a dealer's home (36%), a friend's home (30%), a street market (25%) or an agreed public location (22%). These patterns are similar to those seen in previous years (not shown).

**Table 29: Usual source person and venue for purchases of morphine in the preceding six months, 2006**

	<b>2006 (N=100)</b>
Did not respond (%)	27
Did respond (%)	73
<i>Of those who responded:</i>	
<b>Source person</b>	
Street dealer (%)	23 (17% of entire sample)
Friends (%)	45 (33% of entire sample)
Gift from friends (%)	6 (4% of entire sample)
Known dealer (%)	32 (23% of entire sample)
Workmates (%)	4 (3% of entire sample)
Acquaintances (%)	19 (14% of entire sample)
Unknown dealer (%)	12 (9% of entire sample)
Other (%)	0
<b>Source venue</b>	
Home delivery (%)	19 (14% of entire sample)
Dealer's home (%)	36 (26% of entire sample)
Friend's home (%)	30 (22% of entire sample)
Acquaintance's house (%)	12 (9% of entire sample)
Mobile dealer (%)	6 (4% of entire sample)
Street market (%)	25 (18% of entire sample)
Agreed public location (%)	22 (16% of entire sample)
Work (%)	1 (1% of entire sample)
Other (%)	1 (1% of entire sample)

Source: IDRS IDU interviews

### 8.1.3 Use

Eighty-one percent of IDU had used and injected morphine in the six months before interview (Table 30) on a median of 180 days, ie daily use.

**Table 30: Selected trends in IDU morphine use, 2003-2006**

	<b>2003 (N=109)</b>	<b>2004 (N=111)</b>	<b>2005 (N=107)</b>	<b>2006 (N=100)</b>
Used last 6 months (%)	82	87	80	81
Injected last 6 months (%)	80	86	79	81
Days used last 6 months (median)	180	173	140	180
Days injected last 6 months (median)	180	180	120	180

Source: IDRS IDU interviews

Seventy percent of the IDU sample used illicit morphine (Table 31), and 57% had used this form most often, similar to the levels seen in previous years. Thirty-one percent of the sample nominated MS Contin as the main brand they had used recently, substantially more than the proportions nominating Kapanol (4%) or Anamorph (1%).

**Table 31: Forms and brands of morphine used previous six months, % IDU, 2003-2006**

	2003 (N=109)		2004 (N=111)		2005 (N=107)		2006 (N=100)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	35	28	29	23	30	26	31	24
Illicit	73	56	80	62	70	54	70	57
Brand								
MS Contin	72		70		62			31
Kapanol	5		8		13			4
Anamorph	3		3		3			1
Other/generic	4		5		1			0

Source: IDRS IDU interviews

For the first time this year IDU were asked to report their frequency of use of both licit and illicit morphine (Table 32). Overall, there was a reduction this year in the proportion of the sample who used morphine weekly or less, from 20% in 2005 to 12%, and an increase by a similar amount in the proportion who used daily, from 37% in 2005 to 45%. Twenty-seven percent of the sample had used illicit morphine daily, being 36% of those who had used illicit morphine at all. Most of that group (21% of the IDU sample, not shown) reported no recent licit morphine use. Eighteen percent of the sample used licit morphine daily, being 58% of those who had used recently use licit morphine at all. Some third of that group (6% of the sample, not shown) reported no illicit morphine use.

**Table 32: Frequency of morphine use in previous 6 months, % IDU, 2003-2006**

	2003	2004	2005	2006		
				Any	Illicit	Licit
No recent use	20	15	20	19	30	69
Weekly or less	13	16	20	12	18	5
More than weekly	22	28	23	24	25	8
Daily	45	41	37	45	27	18

Source: IDRS IDU interviews

## 8.1.4 Morphine-related harms

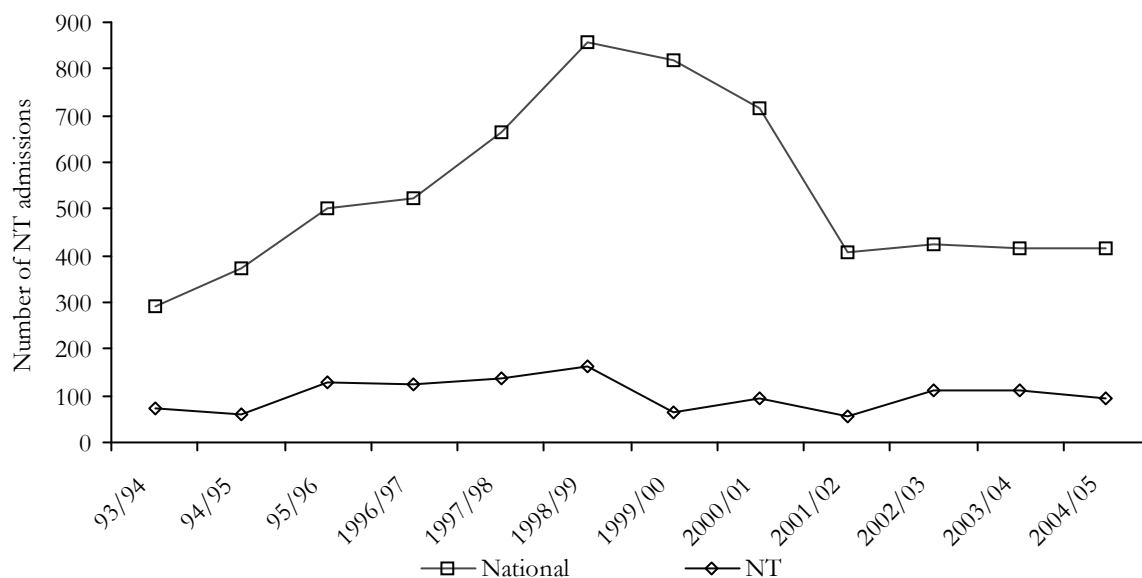
### *Overdose*

Nine IDU reported having ever overdosed on morphine with an average of 2 overdoses in their life (range 1-3). Five out of this 9 had overdosed on morphine within two years of interview.

### *Treatment*

The rate per million of inpatient admissions to NT hospitals where opioids are involved in the primary diagnosis declined slightly in 2004/05 compared to the previous two years and remains low compared to the national rate (Figure 35).

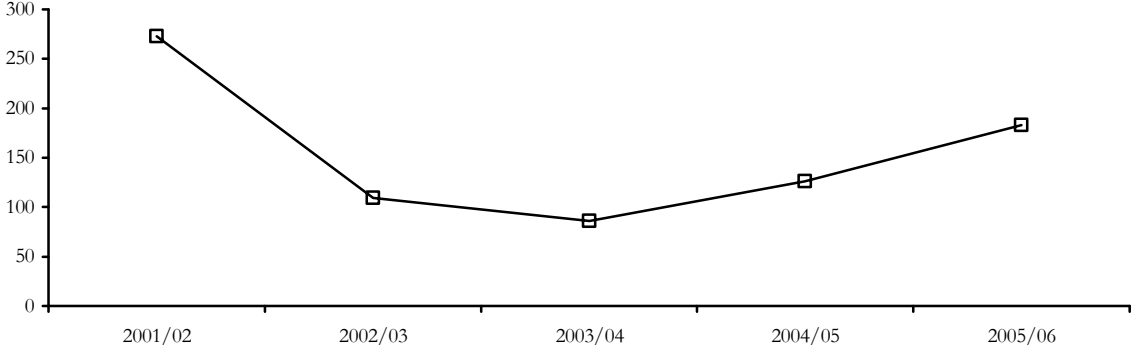
**Figure 35: Rate (per million) of inpatient hospital admissions where opioids were the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2004/05**



Source: AIHW

The number of episodes commencing in NT AOD treatment services where morphine was the principal or other drug of concern increased this year (Figure 36) for the second year in a row.

**Figure 36: Number of episodes commenced in NT AODTS where morphine was the principal or other drug of concern, 2001/02-2005/06**



Source: NT AODP

**8.1.5 Key expert reports**

Eight key experts commented on morphine use: 3 drug and alcohol workers, 2 needle exchange workers, one Doctor working in drug treatment, one registered nurse working in drug treatment and one pharmacist.

KE reported that morphine users were mainly male, around 70%, aged in their mid-30s and had completed some secondary education. Most reported that morphine users were generally caucasian and mainly from an English speaking background, with three KE estimating that 1% to 15% are Asian and about 5% Aboriginal.

Morphine users were described as ‘mostly unemployed’ although one KE listed labourer, doctor, nurse and statistician as among the occupations they had seen. Most KE estimated that more than half of all users had had contact with the criminal justice system and that all were in drug treatment. One NSP worker reported that only a small proportion, 15%-20%, had had contact with the criminal justice system and 10% were in treatment, and of the clients of one AOD worker only a small proportion were in treatment.

One KE reported that the proportion of morphine users coming from an Asian background was increasing. Another reported that more people were seeking treatment for their use due to a decrease in availability.

All KE, bar one who could not comment, reported that MS Contin, Kapanol and Anamorph were the main morphine brands in use. There was general agreement that injection is the main route of administration with one KE reporting that 20% of their clients administered morphine orally and that ‘some’ smoke. Seven of the eight KE reported that daily use of 100mg to 300mg administered two to three times a day was the common pattern of use.

Six KE reported that cannabis is used regularly by this group, two reported benzodiazepine use and two amphetamine use. Two KE also reported that alcohol was rarely used. One KE commented that older users sometimes stop injecting and continue to use orally, while

another commented that the general health of older users is better than younger users. The same KE observed that malnutrition is common among morphine users. One AOD worker reported that “younger use more” while one needle exchange worker said that “older people use more”.

One KE commented that high-risk users were ‘usually ex-heroin users’ and another that high-risk users “will share doses – but say they don’t share equipment”. One needle exchange worker reported that there was a lack of knowledge about preparation and vein care. The Doctor observed that:

*“Most have past traumatic life circumstances [a] history of abuse or neglect as children and a chaotic home life. Usually have something they are trying to block out or a mental health problem.”*

Depression, anxiety, bi-polar disorder and personality disorder were among the mental health conditions reported for this group by KE.

All KE felt that these patterns and characteristics of use had been stable over the past six to twelve months.

Most KE reported that a few regular morphine users also use heroin, although this was dependent on availability. One commented that Darwin-based morphine users will use heroin if they go to the southern states. Two KE reported that the use of cocaine by this group was similar, i.e. rare and usually occurring out of Darwin.

Four KE reported that ‘a few’ morphine users also use amphetamines and another four reported that up to half of the regular morphine users they encounter also use amphetamines. One commented that “those who continue to use amphetamines and morphine have a more chaotic life”, another that IDU will use amphetamines if morphine is not available. One KE reported that younger users were more likely to use both.

The use of hydroponic cannabis by this group was reportedly common and perceived as ‘normal behaviour’. Occasional ecstasy use by some regular morphine users in a social context was also reported by four KE, one commenting that this was among younger IDU.

All KE bar one reported that licit and illicit benzodiazepines – rohypnol, valium, serapax and tempazepam were mentioned – were used by ‘a few’ (4 KE), ‘half’ (2 KE) or ‘most’ (2 KE) of this group. Comments about benzodiazepine use included that IDU ‘don’t think it’s an issue’ and that it is a ‘noticeable problem’. KE also noted that licit and illicit methadone are used by between ‘a few’ and ‘most’ of this group. KE also reported that ‘most’ of this group use alcohol, with one reporting that “Only few use alcohol but are heavy users”. Licit antidepressant use was reported to be common.

KE reported no changes in the health-related issues encountered among regular morphine users, although one commented that they had encountered “fewer issues with needle risk-taking behaviours”. One needle exchange worker reported that a “shortage” of morphine was causing anxiety among regular users and leading to an increase in the “importation of heroin”.

Key experts consistently reported that 100mg of morphine, usually MS Contin or Kapanol, costs \$60, that this price had been stable and that morphine was easy or very easy to obtain. Two KE reported that morphine availability had been stable and one that it fluctuates. Two

KE reported that morphine had become more difficult to obtain, one commenting that “lots of older people are selling more” and the other that “heroin [is] now becoming more available”.

No KE reported that there had been any changes in the types of crime committed by regular morphine users or in Police activity around morphine use. One KE commented that these IDU are finding it harder to obtain morphine and are substituting or moving to the use of ice/crystal. Another KE had observed “some dosage reduction” among this group. One KE commented that they had “(n)oticed a few (heroin users) trickle up from down south...to get on morphine...(i.e.) get clean”.

**8.2 Oxycodone**

For the first time this year IDU participants were asked about the price, purity and availability of Oxycodone. It should be noted that only small numbers of participants were able to answer these questions.

**8.2.1 Price**

Two people paid a median price of \$23 for 40mg of oxycodone (Table 33), while 60% of those able to comment (N=3) reported that oxycodone prices had been stable in the six months prior to interview (Table 34).

**Table 33: Median price (\$) of most recent illicit oxycodone purchase by IDU, 2006**

	2006 (N=100)
20mg	15 (1)
40mg	23 (2)
80mg	60 (1)

Source: IDRS IDU interviews

**Table 34: Price movements of oxycodone in the past 6 months, 2006**

	2006 (N=100)
Did not respond (%)	95
Did respond (%)	5
<i>Of those who responded</i>	
Don't know (%)	20
Increasing (%)	20
Stable (%)	60
Decreasing (%)	-
Fluctuating (%)	-

Source: IDRS IDU interviews

**8.2.2 Availability**

Three IDU (60% of those able to comment, Table 35) reported that illicit oxycodone was easy to obtain, and availability had been stable (Table 36).

**Table 35: Participants' reports of oxycodone current availability, 2006**

	2006 (N=100)
Did not respond (%)	95
Did respond (%)	5
<i>Of those who responded</i>	
Don't know (%)	20
Very easy (%)	-
Easy (%)	60
Difficult (%)	20
Very Difficult (%)	-

Source: IDRS IDU interviews

**Table 36: Participants' reports of oxycodone availability change in the past six months, 2006**

	2006 (N=100)
Did not respond (%)	95
Did respond (%)	5
<i>Of those who responded (%)</i>	
Don't know (%)	20
More difficult (%)	-
Stable (%)	60
Easier (%)	-
Fluctuates (%)	20

Source: IDRS IDU interviews

Oxycodone was sourced from friends (N=3, Table 37), street dealer (N=1) and a known dealer (N=1), from a friend's homes (N=2), a dealers home, a street market and an agreed public location (each N=1).



**Table 37: People from whom oxycodone was purchased in the preceding six months, 2006**

	2006 (N=100)
Did not respond (%)	95
Did respond (%)	5
<i>Of those who responded</i>	
<b>Source person</b>	
Street dealer (%)	20
Friends (%)	60
Gift from friends (%)	0
Known dealer (%)	20
Workmates (%)	0
Acquaintance (%)	0
Unknown dealer (%)	0
<b>Source venue</b>	
Home delivery (%)	0
Dealer's home (%)	20
Friend's home (%)	40
Acquaintance's house (%)	0
Mobile dealer (%)	0
Street market (%)	20
Agreed public location (%)	20
Work (%)	0

Source: IDRS IDU interviews

### 8.2.3 Use

Eleven percent of the IDU sample used some form of oxycodone in the six months prior to interview (Table 38), 5% using licit oxycodone and 7% illicit. Licit oxycodone was used on a median of 180 days over the preceding six months and illicit oxycodone on median of 3 days.

**Table 38: Selected trends in IDU oxycodone use, 2005-2006.**

	2005 (N=107)			2006 N=100		
	licit	illicit	any	licit	illicit	any
Used last 6 months (%)	1	11	11	5	7	11
Injected last 6 months (%)	1	10	8	3	6	8
Days used last 6 months (median)	30	2	3	180	2	3
Days injected last 6 months (median)	30	2	3	180	2	3

Source: IDRS IDU interviews

IDU were more likely to mostly use illicit oxycodone (7%) than licit (4%) in the six months before interview (Table 39). Only one IDU nominated a main brand used, namely Oxycontin.

**Table 39: Forms of oxycodone used previous six months and main form, % IDU, 2003-2006**

	2005 (N=107)		2006 (N=100)	
	Used	Most often	Used	Most often
Licit	1	1	5	4
Illicit	11	10	7	7
Brand				
Generic	5			
Oxycontin	3		1	

Source: IDRS IDU interviews

### 8.3 Illicit methadone

#### 8.3.1 Price

Seven IDU recently purchased methadone syrup for a median price of \$1 a millilitre (Table 40), an increase on the \$0.65 per ml found in 2005 but consistent with earlier years. Physeptone 10mg tablets were more popular, with 14 IDU paying a median of \$15 per tablet for recent purchases.

**Table 40: Median price (\$) of most recent illicit methadone purchase by IDU, 2003-2006**

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

Source: IDRS IDU interviews

NB: Number of purchasers in brackets

Of the small number of IDU able to comment (N=7), 57% (Table 41) reported that illicit methadone prices had been stable in the six months prior to interview.

**Table 41: Illicit methadone price movements, past 6 months, 2005-2006**

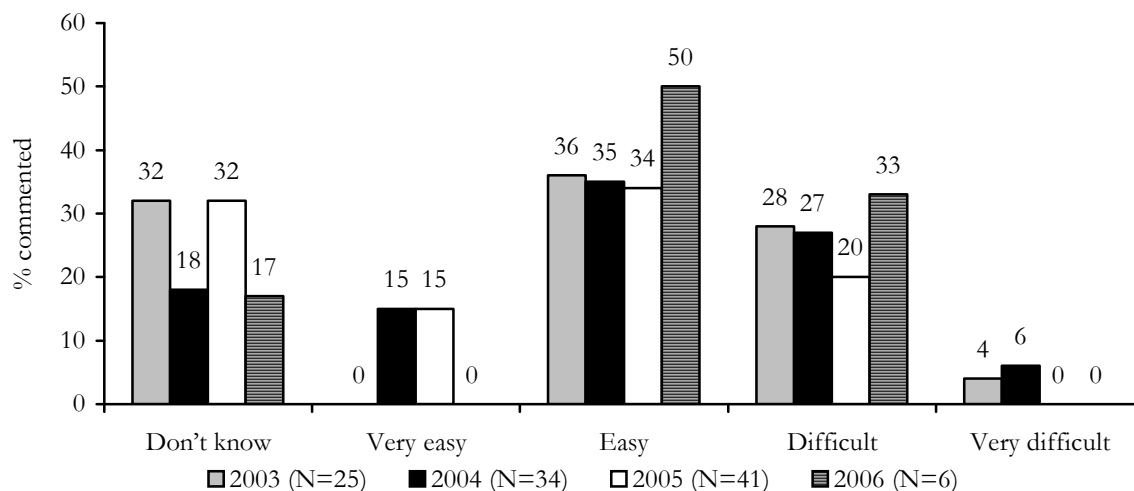
	2005 (N=107)	2006 (N=100)
Did not respond (%)	62	93
Did respond (%)	38	7
<i>Of those who responded</i>		
Don't know (%)	42 (16% of entire sample)	14 (1% of entire sample)
Increasing (%)	15 (6% of entire sample)	14 (1% of entire sample)
Stable (%)	37 (14% of entire sample)	57 (4% of entire sample)
Decreasing (%)	2 (1% of entire sample)	14 (1% of entire sample)
Fluctuating (%)	5 (2% of entire sample)	0

Source: IDRS IDU interviews

### 8.3.2 Availability

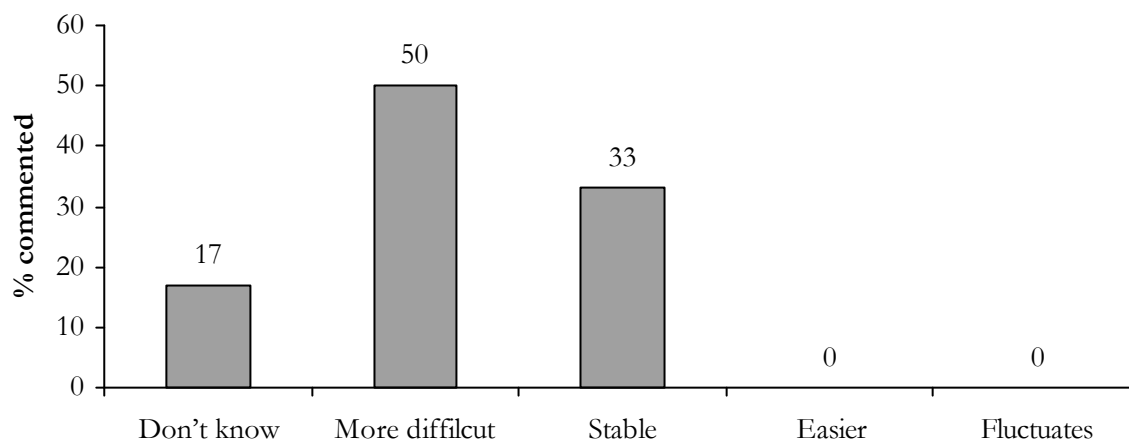
IDU able to comment were divided in their assessments of the availability of illicit methadone, with 50% (Figure 37, N=3) rating it as easy and 33% (N=2) rating it as difficult. Fifty percent of those able to comment also judged that illicit methadone had become more difficult to obtain over the six months before interview (Figure 38).

**Figure 37: Current availability of illicit methadone, % commented, 2003-2006**



Source: IDRS IDU interviews

**Figure 38: Change in availability of illicit methadone in the last 6 months, % commented, 2006**



Source: IDRS IDU interviews

Consistent with previous years, illicit methadone was most commonly purchased from a friend (50%, Table 42) from a friend's home (50%)

**Table 42: Usual source person and venue for purchases of illicit methadone in the preceding six months, 2006**

	2006
% who did not respond	94
% who did respond	6
<i>Of those who responded</i>	
<b>Source person</b>	
Street dealer (%)	17 (1% of entire sample)
Friends (%)	50 (3% of entire sample)
Gift from friends (%)	0
Known dealer (%)	0
Workmates (%)	0
Acquaintances (%)	17 (1% of entire sample)
Unknown dealer (%)	17 (1% of entire sample)
Other (%)	0
<b>Source venue</b>	
Home delivery (%)	0
Dealers home (%)	0
Friends home (%)	50 (3% of entire sample)
Acquaintances house (%)	0
Mobile dealer (%)	0
Street market (%)	33 (2% of entire sample)
Agreed public location (%)	17 (1% of entire sample)
Work (%)	0
Other (%)	0

Source: IDRS IDU interviews

Only one person was able to identify the original source of the illicit methadone they used, that being a take-away dose (Table 43).

**Table 43: Original source of illicit methadone, 2003-2006**

	2003 (N=109)	2004 (N=111)	2005 (N=107)	2006 (N=100)
Did not respond (%)	83	77	80	98
Did respond (%)	17	23	20	2
<i>Of those who responded</i>				
Take-away (%)	17	69	62	1
Daily dose (%)	0	0	5	0
Script (%)	0	8	0	0

Source: IDRS IDU interviews

### 8.3.3 Use

Sixteen percent of the IDU sample reported recent use of illicit methadone syrup (Table 44), on a median of 7 days (Table 3), this being a reduction of both the proportion who used and the days of use compared to 2005 and 2004. Illicit syrup was the main form of methadone used by 7% of the sample. No recent users of illicit methadone syrup reported daily use (Table 45); as in previous years weekly or less often was the main frequency of use.

**Table 44: Forms of methadone used previous six months and primary form, % IDU, 2003-2006**

	2003 (N=109)		2004 (N=111)		2005 (N=107)		2006 (N=100)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Methadone								
Licit	17	11	13	13	18	15	6	5
Illicit	13	1	23	11	21	14	16	7
Physeptone								
Licit	14	13	6	2	6	5	3	2
Illicit	38	23	23	15	32	16	26	18

Source: IDRS IDU interviews

Recent use of illicit physeptone tablets has fluctuated over the past four years, with 26% of the sample reporting recent use this year (Table 44), a reduction on the 32% found in 2005. With 18% of the sample reporting that it was the main form of methadone they had used over the six months prior to interview, it's popularity has been maintained, and has increased by small amounts in each of the last two years. As with illicit syrup and consistent with previous years, weekly or less often use was the most common frequency reported (Table 45).

**Table 45: Frequency of methadone use in previous 6 months, % of recent users, 2003-2006**

	2003 (N=109)	2004 (N=111)	2005 (N=107)	2006 (N=100)
Illicit methadone syrup				
No recent use	87	78	80	84
Weekly or less	9	20	17	13
More than weekly	3	2	4	3
Daily	1	1	0	0
Illicit physeptone				
No recent use	63	79	68	74
Weekly or less	32	18	23	22
More than weekly	4	1	8	3
Daily	1	2		1

Source: IDRS IDU interviews

## 8.4 Buprenorphine

Recent use of illicit buprenorphine among the IDU declined from 20% in 2005 to 14% this year (Table 46), although the proportion injecting remained stable at 11%. Median days of use was also similar to previous years. A pattern of weekly or less use remained the main

frequency reported (Table 47) by recent users, although the reduction in overall use was among this group. The proportions reporting more frequent use remained stable.

**Table 46: Selected trends in illicit buprenorphine use, 2003-2006**

	2003 (N=109)	2004 (N=111)	2005 (N=107)	2006 (N=100)
Used last 6 months (%)	11	15	20	14
Injected last 6 months (%)	5	6	10	11
Days used last 6 months (median)	1	3	2	3
Days injected last 6 months (median)	1	5	4	4

Source: IDRS IDU interviews

**Table 47: Frequency of illicit buprenorphine use in previous 6 months, % of recent users, 2003-2006**

	2003 (N=109)	2004 (N=111)	2005 (N=107)	2006 (N=100)
No recent use	87	86	80	86
Weekly or less	13	13	17	10
More than weekly	0	2	2	3
Daily	0	0	1	1

Source: IDRS IDU interviews

The recent use of licitly obtained buprenorphine increased this year to 16% of the IDU sample (Table 48) and for the first time since 2003 exceed the proportion using illicit buprenorphine, which decreased to 14% from the 20% found in 2005. The proportion reporting illicit buprenorphine as the form they mainly used also declined, to 13% and was matched by the proportion reporting licit buprenorphine as their main form.

**Table 48: Forms of buprenorphine used previous six months and primary form, % IDU, 2003-2006**

	2003 (N=109)		2004 (N=111)		2005 (N=107)		2006 (N=100)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	7	7	15	12	11	9	16	13
Illicit	15	12	17	14	20	18	14	13

Source: IDRS IDU interviews

#### **8.4.1 Illicit suboxone and other opioids**

IDU were asked about market characteristics and use of suboxone for the first time this year. One person reported recent use of licitly obtained suboxone. No IDU were able to provide any other information about a suboxone market or use.

No IDU reported the recent use of an opioid other than those described above.

### **8.5 Trends in opioid use**

The price of morphine is stable at \$60 for 100mg of MS Contin. However, while morphine continues to be the main injected drug in the NT (by 71% of this year's IDU sample) there are indications of change in this market. This year, less IDU rated morphine as easy or very easy to obtain and more rated it as difficult or very difficult. More IDU also reported that morphine had become more difficult to obtain over the six months prior to their interview. Key expert reports of availability were mixed but at least some reported that morphine is more difficult to obtain than was the case previously. At the same time, the proportion of IDU using morphine daily has increased this year compared to 2005 as has the median days of use. Key expert reports of regular use patterns – injection 2 or more times a day of 200mg-300mg – are similar to previous years. This suggests that decreased availability has had little impact on individual use patterns. There has, however, been an increase in the number of completed episodes in AOD Treatment Services where morphine is a drug of concern.

Only a small number of IDU had used or were able to comment on oxycodone. Overall use was stable among the IDU, although there appears to be an increase in the use of licit oxycodone. Illicit oxycodone was recently purchased for a median of \$60 for 80mg and was rated as easy to obtain.

The price of illicit methadone reported by the IDU sample is stable at \$1 per millilitre of methadone syrup and \$15 for 10mg of Physeptone. The proportion of IDU rating illicit methadone as easy to obtain increased this year but so did the proportion rating it as difficult to obtain, although IDU reported that illicit methadone availability had been either stable or more difficult. It is notable, however, that only a very small number of IDU were able to comment on methadone availability this year (N=6 compared to N=41 in 2005). Recent use of methadone among IDU declined from 50% to 34%, with this decline seen in all forms of methadone although the largest proportional decline is seen in the recent use of licit methadone syrup. Illicit physeptone continues to be the main form of methadone used, with weekly or less being the most common frequency.

Recent use of illicit buprenorphine declined among the IDU this year while licit use increased. No IDU reported the use of suboxone or any other opioid.

### **8.6 Summary of opioid trends**

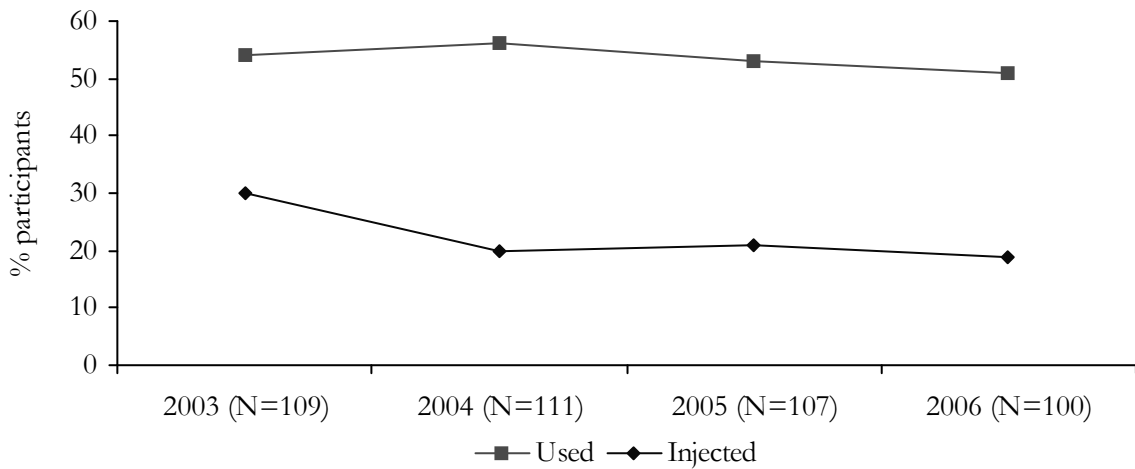
- The price of illicit morphine is stable at \$60 for 100mg.
- Both IDU and key experts report that illicit morphine has become more difficult to obtain although use patterns remain comparable to previous years.
- The use of illicit methadone has reduced this year, although the price – at \$1 per ml of methadone syrup and \$15 for 10mg of physeptone – and most popular form (physeptone) remain stable.

## 9 OTHER DRUGS

### 9.1 Benzodiazepines

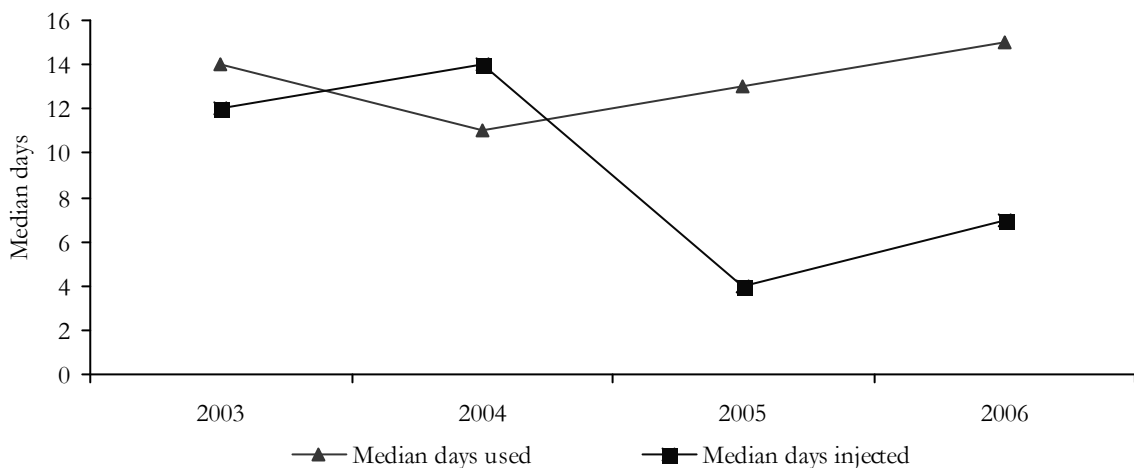
Fifty-one percent of the IDU sample reported recent benzodiazepine use this year (Figure 39), a level similar to that seen in previous years. At 19% the proportion reporting recent injecting is also stable. The median days of use and injection have increased this year compared to last year by small amounts (Figure 40).

**Figure 39: Proportion of IDU reporting benzodiazepine use and injection in the preceding six months, 2003-2006**



Source: IDRS IDU interviews

**Figure 40: Median days use and injection of benzodiazepines in the past six months, 2003-2006**



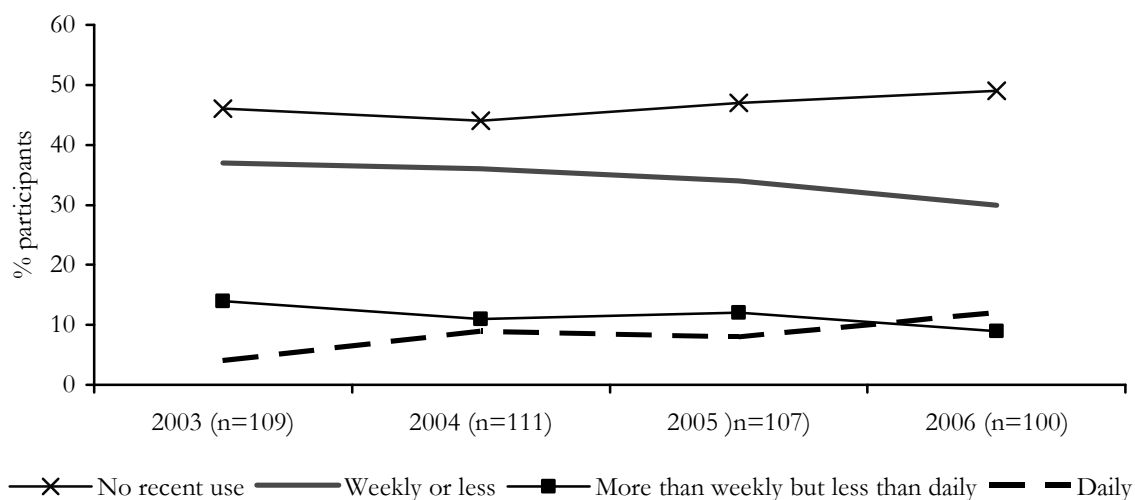
Source: IDRS IDU interviews

NB: Collection of data on the number of days injected commenced in 2003



This year recent benzodiazepine users amongst the IDU were more likely to use daily than in previous years (Figure 41). The proportion of IDU reporting daily use has increased over the period shown.

**Figure 41: Patterns of benzodiazepine use, 2003-2006**



Source: IDRS IDU interviews

Although the proportion of IDU using licit benzodiazepine has declined over the last two years to 21% (Table 49), the proportion mainly using illicit benzodiazepine in the six months before interview has increased steadily since 2003 from 22% to 31%. Valium remains the main brand used.

**Table 49: Forms of benzodiazepine most used and main brands (%), 2003-2006**

	2003 (N=109)		2004 (N=111)		2005 (N=107)		2006 (N=100)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	36	28	38	31	27	25	21	19
Illicit	33	22	41	24	34	26	34	31
Brand								
Xanax (alprazolam)	2		4		5		3	
Bromazepam (generic)	0		0				1	
Valium (diazepam)	23		39		27		26	
Hypnodorm (flunitrazepam)	2		5		4		2	
Murelax (oxazepam)	0		0		0		1	
Serepax (oxazepam)	0		4		5		2	
Normison (temazepam)	9		6		6		1	
Stilnox (zolpidem)	0		0		0		1	
Rohypnol	1		1		4		5	

Source: IDRS IDU interviews

### 9.1.1 Key expert reports

One key expert, a Drug Treatment Worker, was able to comment on the regular benzodiazepine users they saw.

This group was described as 70% male, mainly in their late-20s to mid-30s, mainly non-Aboriginal with most having completed secondary school. Most are unemployed, 10% have a prison or other criminal justice history, and the main mental health issues they present with are depression and anxiety. The KE reported that these characteristics had been unchanged over the previous 6 to 12 months, although he had noticed more people seeking treatment with benzodiazepines as their drug of concern rather than some other drug.

This KE has found that he sees people who mainly use diazepam, Serapax and Hypnodorm. Most swallow (90%) with the balance injecting; they have a daily pattern of use of between 60 to 120mg per day. Older clients tend to use more, with some also using morphine or cannabis. The key expert reported that regular benzodiazepine users “tend to get in trouble with the law because of disinhibition of benzo” and that he sees “high levels of anxiety...seems(s) to be the main reason to use benzos and anxiety is usually linked to trauma”. He has also noticed more intravenous use over the last 6 to 12 months.

The key expert reported that regular benzodiazepine users also use other illicit drugs, including: amphetamines (‘a few’), cannabis (‘half’), ecstasy (‘a few’) and morphine (‘a few’). In each case the benzodiazepines are used to manage the comedown from another drug (amphetamines, ecstasy) or to manage anxiety related to their other drug use. He also noted that ‘a few’ in this group use alcohol and licit antidepressants, buprenorphine or methadone.

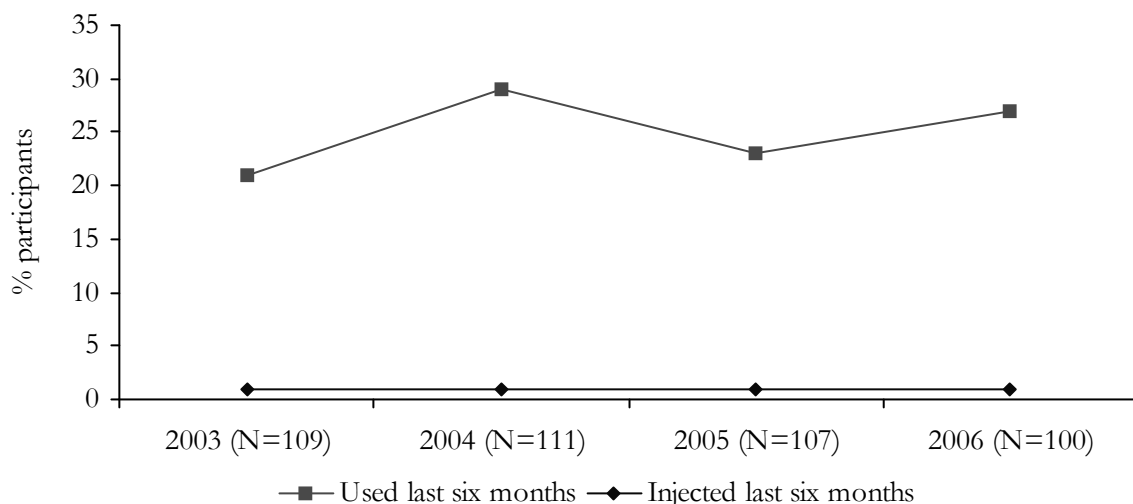
The key expert reported that illicit benzodiazepine costs \$55 for a 0.5mg tablet and that this price had increased in the last 6 to 12 months. He rated benzodiazepines as ‘easy’ to obtain and that this availability had been stable. The KE had noticed no recent changes in the types of crime committed by this group (‘mainly property crime’) nor in Police activity around this group.

The KE commented that in this group of regular benzodiazepine users he had been seeing “more polydrug use – weird combinations – will take anything – don’t even stick to uppers and downers”.

## 9.2 Antidepressants

Twenty-seven percent of the IDU sample had used antidepressants over the six months prior to interview (Figure 42) an increase on the proportion found in 2005 and an overall increase over the period shown in the figure. The median days of use and injection of antidepressants has been stable at 180 (ie daily use) since 2004 (Figure 43).

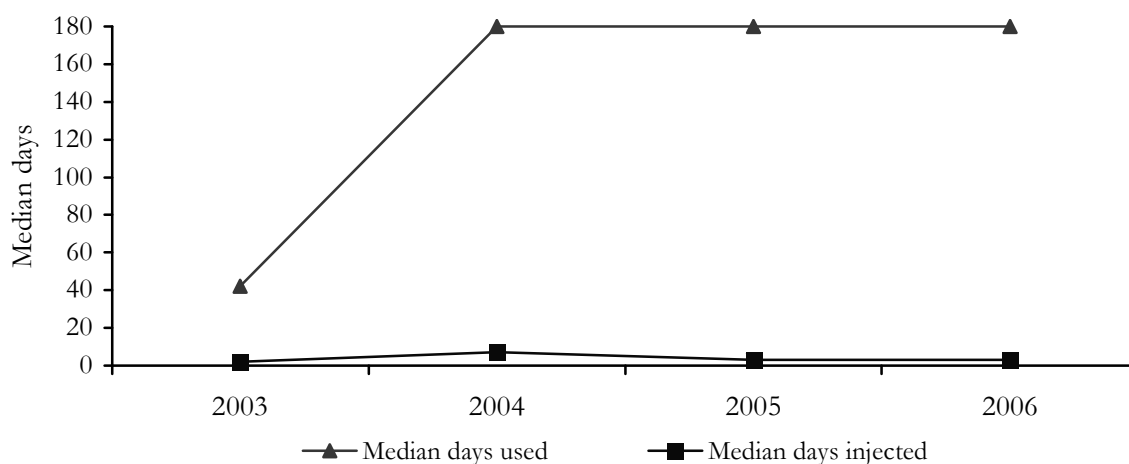
**Figure 42: Proportion of IDU reporting antidepressant use and injection in the preceding six months, 2003-2006**



Source: IDRS IDU interviews

NB: Survey items on antidepressant injection were first included in 2002

**Figure 43: Median days use and injection of antidepressants in the past six months, 2003-2006**

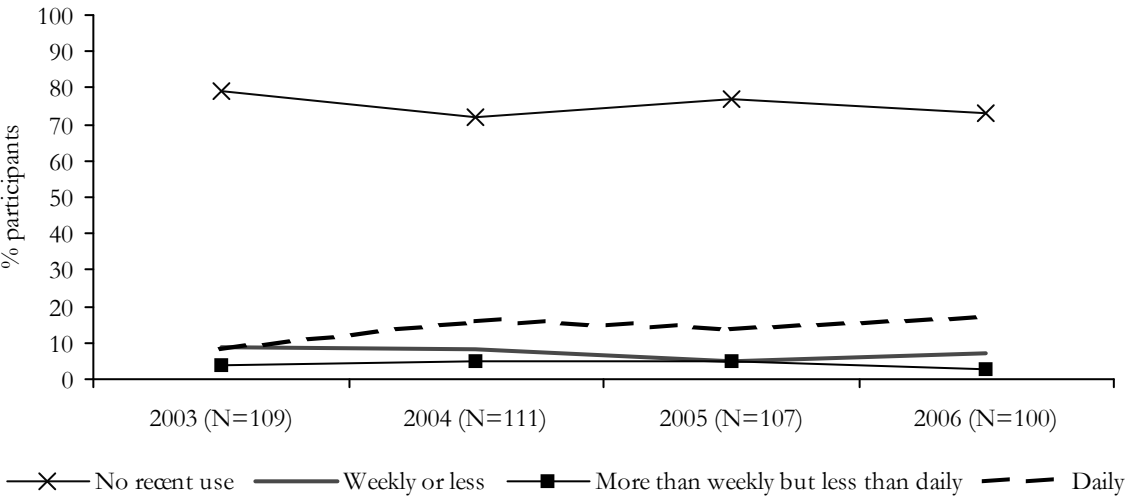


Source: IDRS IDU interviews

NB: Collection of data on the number of days injected commenced in 2003

The pattern of recent antidepressant use among the sample shows a slow increase over time in the proportion of IDU using daily (Figure 44) and the proportion using weekly or less.

**Figure 44: Patterns of antidepressant use, 2003-2006**



Source: IDRS IDU interviews

Antidepressant use among IDU was almost entirely licit with only 2% reporting recent illicit use (Table 50). IDU reported a range of antidepressants as the main brands used recently, with no specific brand being preferred.

**Table 50: Forms of antidepressant most used and main brands (%), 2003-2006**

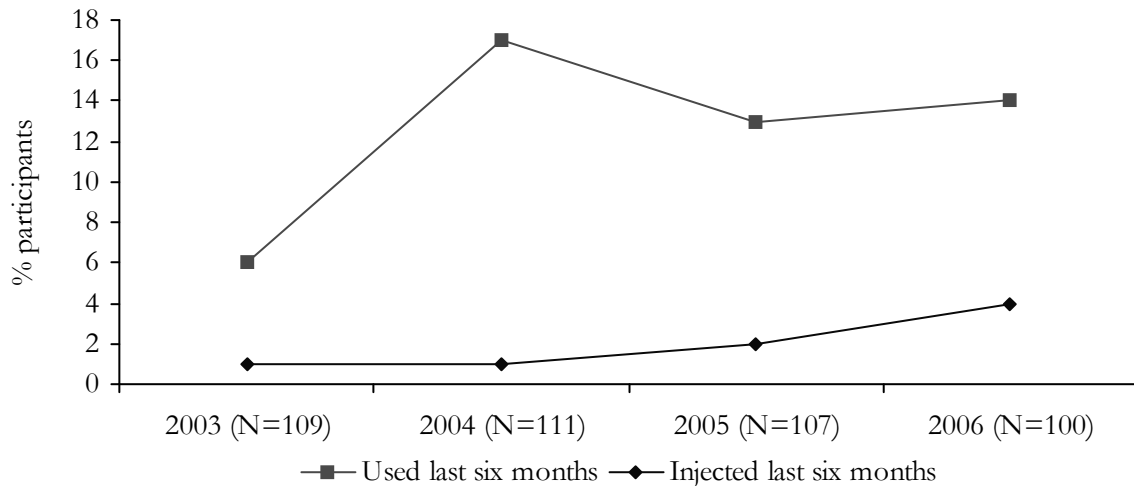
	2003 (N=109)		2004 (N=111)		2005 (N=107)		2006 (N=100)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
Licit	15	16	25	23	22	21	24	24
Illicit	2	1	2	1	3	3	2	2
Brand								
Endep (amitriptyline)	1		2		5		3	
Cipramil (citalopram)	1		2		1		1	
Talam (citalopram)	0		0		0		1	
Lexapro (escitalopram)	0		0		0		2	
Fluoxetine (generic)	0		0		0		1	
Avanza (mirtazapine)	0		3		6		1	
Mirtazapine (generic)	0		0		0		1	
Aropax (paroxetine)	0		0		0		1	
Zoloft (sertraline)	5		7		3		2	
Doxepin	0		0		1		0	
Efexor	3		2		3		0	

Source: IDRS IDU interviews

### 9.3 Hallucinogens

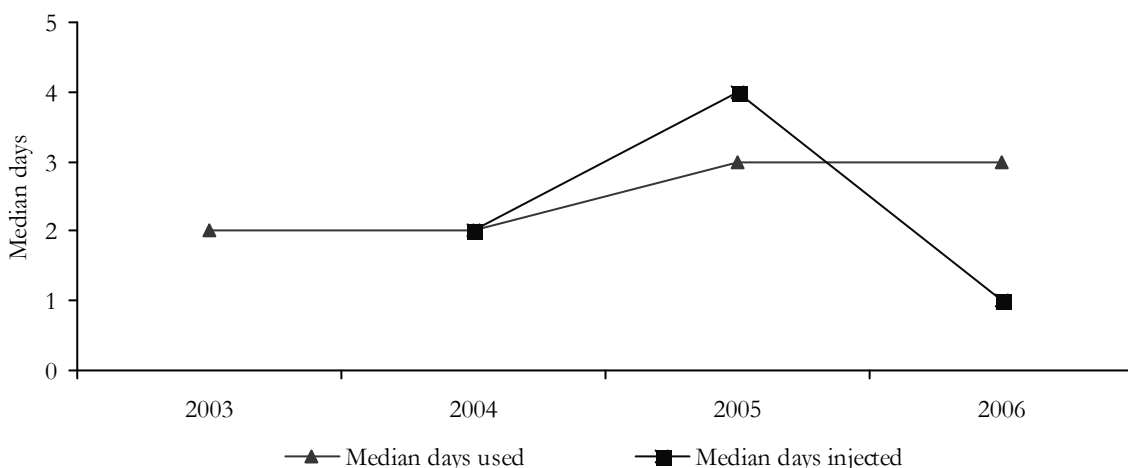
Fourteen percent of the IDU sample reported using hallucinogens in the six months before interview (Figure 45) a small increase on the 13% found in 2005. The proportion injecting has increased for the last two years from 1% in 2004 to 4% this year. Median days of recent use is stable this year compared to 2005, at 3 days in the last six months (Figure 46), while median days injecting has declined.

**Figure 45: Proportion of IDU reporting hallucinogen use and injection in the preceding six months, 2003-2006**



Source: IDRS IDU interviews

**Figure 46: Median days use and injection of hallucinogens in the past six months, 2003-2006**



Source: IDRS IDU interviews

NB: Collection of data on the number of days injected commenced in 2003

The pattern of use reported by IDU remains steady, with stable proportions of the IDU reporting a use frequency of weekly or less (Figure 47)

**Figure 47: Patterns of hallucinogen use, 2003-2006**



Source: IDRS IDU interviews

LSD was the only form of hallucinogen reported by the IDU sample (Table 51).

**Table 51: LSD forms most used, 2003-2006**

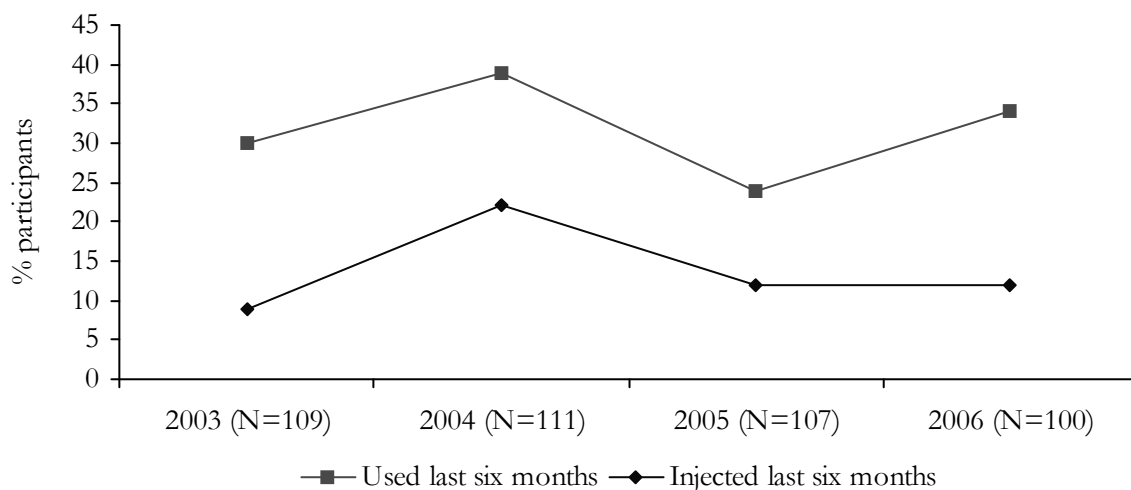
	2003 (N=109)		2004 (N=111)		2005 (N=107)		2006 (N=100)	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often
LSD	5	5	13	12	10	9	13	12
Mushrooms	1	0	8	4	1	1	0	0

Source: IDRS IDU interviews

## 9.4 Ecstasy

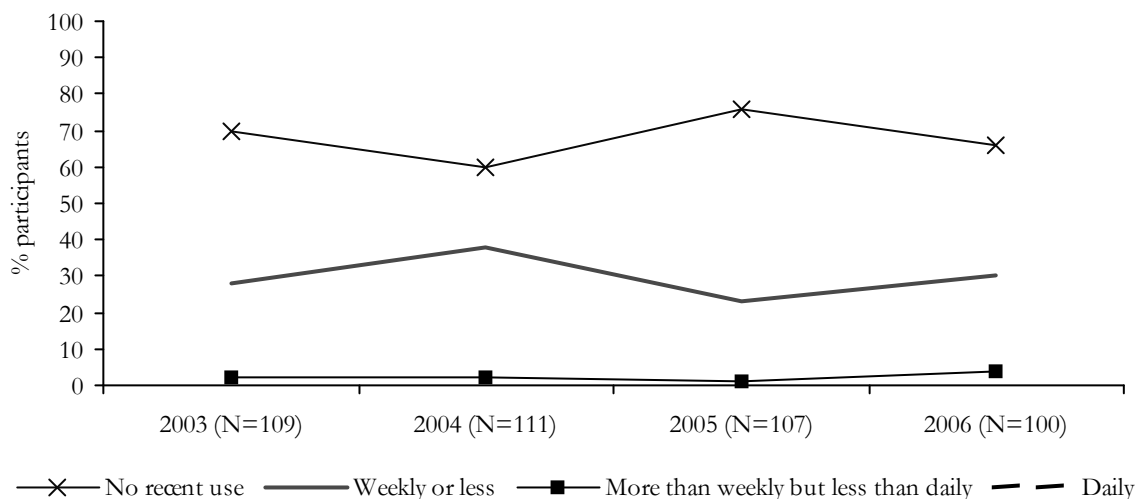
Thirty-four percent of the IDU sample reported recent ecstasy use (Figure 48) this year, and increase on the 24% found in 2005. Recent ecstasy use among the IDU has fluctuated around 30% since 2003. The proportion of IDU reporting recent injection is the same as that found in 2005, namely 12%. Ecstasy is most commonly used once a week or less (Figure 49).

**Figure 48: Proportion of IDU reporting ecstasy use and injection in the preceding six months, 2003-2006**



Source: IDRS IDU interviews

**Figure 49: Patterns of ecstasy use, 2003-2006**

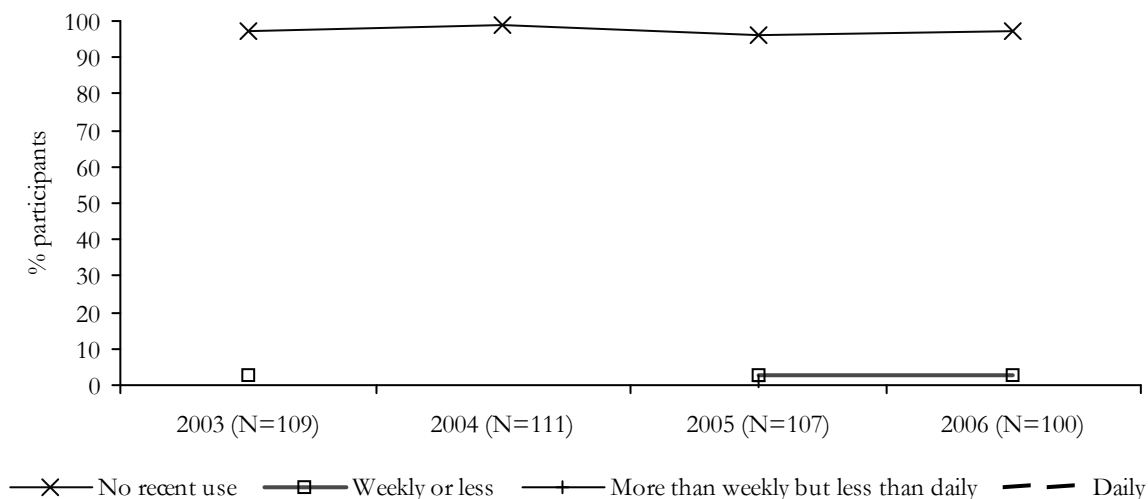


Source: IDRS IDU interviews

## 9.5 Inhalants

Recent inhalant use is rare among the IDU (Figure 49); this year, 3% reported using inhalants, all on a weekly or less often basis. Two people had used amyl nitrate and one had used spray paint.

**Figure 50: Patterns of inhalant use, 2003-2006**

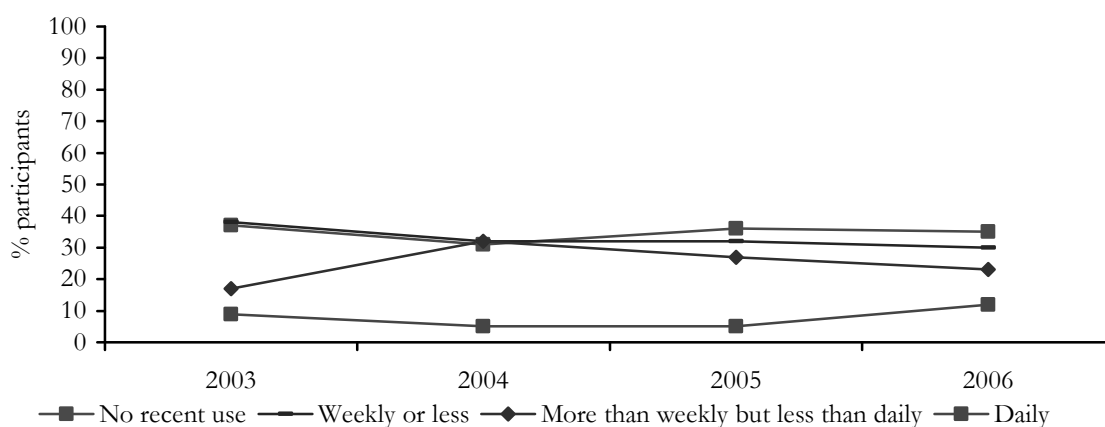


Source: IDRS IDU interviews

## 9.6 Alcohol and Tobacco

Recent alcohol use is common among the IDU sample, 65% this year (Figure 50), with weekly of less use the most reported pattern of use. Daily use is uncommon although increased from 2005 to 12% of the sample this year.

**Figure 51: Patterns of recent alcohol use, 2003-2006**

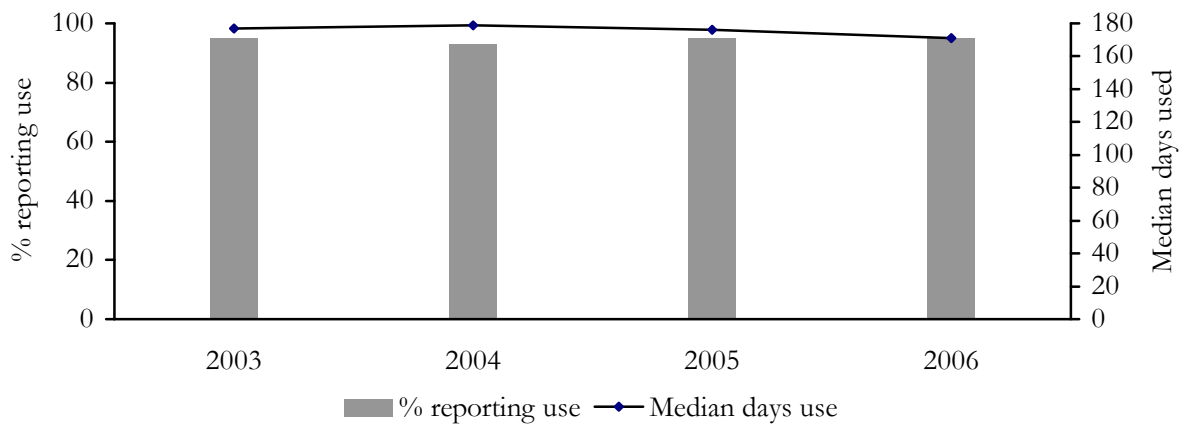


Source: IDRS IDU interviews

Daily tobacco use was reported by 95% of the IDU sample and this level is consistent with those seen in previous years (Figure 52).



**Figure 52: Participant reports of tobacco use in the last six months, 2003-2006**



Source: IDRS IDU interviews

### 9.7 Trends in other drug use

The proportion of the IDU sample reporting recent use of benzodiazepines has declined slightly this year from 2005. However, this decline is among those reporting licit use while recent illicit use has increased. In addition, the proportion reporting daily use has increased. Although only one key expert was able to comment specifically on a group of regular benzodiazepine users, those key experts commenting on both morphine and amphetamine use highlighted an increase in benzodiazepine use among the injecting drug users they see.

Similarly, key experts commonly report the licit use of antidepressants by IDU in order to manage the effects of their drug use. This is reflected in the IDU sample with most reported antidepressant use being licit and with an increase in the proportion using daily.

There was an increased recent use and injection of LSD among the IDU sample and some key experts noted more LSD use among that the injecting drug users they encounter. Ecstasy use among the IDU increased but is similar to levels found in 2004. The proportion of IDU using ecstasy on a more than weekly basis has increased slightly.

Both alcohol (65%) and tobacco (95%) use are common among IDU with daily alcohol use showing an increase this year.

### 9.8 Summary of other drug trends

- Illicit benzodiazepine use is common among IDU and shows an increase over four years as the main form of benzodiazepine use (from 22% of the IDU sample in 2003 to 31% this year); increased use of benzodiazepines among the IDU sample is consistent with key expert reports of its profile among the regular drug users they encounter.
- Key experts also raised concerns about the common use of both benzodiazepines and antidepressants among injecting drug users in order to manage the effects of their drug use, particularly anxiety and depression.
- Both key experts reports and the findings of the IDU survey are consistent with an increased presence and use of LSD in the NT.

## ASSOCIATED HARMS

### 9.9 Overdose

As mentioned above, 33% of the IDU sample reported having ever overdosed on heroin and 9% reported having ever overdosed on morphine. Seventeen percent reported having overdosed on other drugs, primarily benzodiazepines (5%), LSD (4%) and alcohol (4%) (Table 52).

**Table 52: Overdose on other drugs by IDU (%) 2006**

Drug	2006 (N=100)
LSD	4
Ecstasy	2
Benzodiazepines	5
Alcohol	4
Cannabis	1
Speed powder	2
Ice/crystal	1
Antidepressants	2
Pharmaceutical stimulants	1

Source: IDRS IDU interviews

### 9.10 Location of injections

As in previous years a large majority of the IDU sample, 96% (Table 53) recently injected in a private home. Four IDU reported an 'other' usual location for their recent injection: 'anywhere', 'long grass', 'no usual place – will inject wherever I am' and 'vacant block'. IDU were also asked where they last injected (not shown) reporting similar locations in similar proportions, the most common being 'private home' reported by 91%.

**Table 53: Proportion of IDU reporting usual location for injection in the month preceding interview 2000-2006**

	2002 (N=111)	2003 (N=109)	2004 (N=111)	2005 (N=107)	2006 (N=100)
Private home	95	92	93	95	96
Other public area	2	2	3	3	0
Car	1	4	1	1	0
Public toilet	2	2	2	1	0
Other	0	0	0	0	4

Source: IDRS IDU interviews

## 9.11 Sharing of injecting equipment among IDU

Small proportions of the IDU either lent (10%, Table 54) or borrowed (7%) used needles in the month prior to interview, with larger proportions sharing other injecting equipment. Of the 7 participants who had used a needle after someone else, 3 had done so after their regular sex partner and 4 after a close friend.

**Table 54: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 2000-2006**

	2000 (N=100)	2001 (N=135)	2002 (N=111)	2003 (N=109)	2004 (N=111)	2005 (N=107)	2006 (N=100)
Spoons/mixing containers	22	30	15	17	32	22	31
Filters	9	12	10	11	12	7	14
Tourniquets	12	17	16	17	15	9	16
Water	8	7	8	10	10	8	14
Someone use needle after you	11	10	9	10	13	15	10
You used needle after someone	11	11	6	6	5	7	7

Source: IDRS IDU interviews

## 9.12 Blood-borne viral testing and infections

Most IDU had had at least once been tested for hepatitis B (85%, Table 55), hepatitis C (94%) or HIV/AIDS (90%), with approximately a quarter of the sample being tested within three months of interview (21%, 26% and 24% respectively).

**Table 55: Blood-borne virus testing, % of IDU**

BBVI	Ever	Within 12 months	Within 3 months	Don't know
Hep B	85	30	21	1
Hep C	94	35	26	0
HIV/AIDS	90	31	24	0

Source: IDRS IDU interviews

Forty-six percent of those tested for hepatitis C had returned a positive result (Table 56), with smaller proportions of those tested for hepatitis B (8%) and HIV/AIDS (1%) returning a positive result.

**Table 56: Blood-borne virus testing results, % of those tested**

BBVI	Negative	Positive	Can't remember
Hep B	89	8	2
Hep C	53	46	1
HIV/AIDS	99	1	0

Source: IDRS IDU interviews

Four people reported having received anti-viral therapy for hepatitis B and five for hepatitis C. Forty-six percent of the sample had been vaccinated for HBV (Table 57) with 91% of that

group completing the course. Twenty percent of this group mainly had their HBV vaccination because they were at risk from their injecting drug use and 17% because of the nature of their work. Other reasons for being vaccinated included: being in prison (15%), being in drug treatment (7%) or perceiving themselves to be at risk of infection for some other reason (13%).

**Table 57: Main reason for being vaccinated against hepatitis B, 2006**

	2006 (N=100)
Did not respond (%)	54
Did respond (%)	46
<i>Of those who responded</i>	
At risk (injecting drug use) (%)	20
At risk (sexual) (%)	7
Vaccinated as a child (%)	7
Work (%)	17
Don't know/cant remember (%)	2
Other (%)	48

Source: IDRS IDU interviews

Sixty-four percent of the IDU sample (Table 58) listed the reasons why they had had their last BBVI test (HIV, hep B and/or hep C). The main reasons reported were: that they get tested as a matter of routine (23%), at the insistence of a health professional (22%) and that it seemed like a good idea (13%). Other reasons included that it was a requirement of their drug treatment (11%), that they had symptoms (3%) or perceiving themselves to be at risk of infection for other some reason (6%).

**Table 58: Reasons why IDU had last BBVI test, 2006**

	2006 (N=100)
Did not respond (%)	36
Did respond (%)	64
<i>Of those who responded</i>	
I get tested as a matter of routine (%)	23
Seemed a good / responsible thing to do (%)	13
Availability of free testing (%)	3
At insistence of health professional (%)	22
Had shared needles (%)	2
Had shared other injecting equipment (%)	2
Concerned had been exposed through injecting (%)	5
Tested on induction to prison (%)	9
Monitoring existing infection (%)	3
Other (%)	23

Source: IDRS IDU interviews

Forty-six percent of the sample reported their reason for not having had a BBV test within 12 months of interview (Table 59). Reasons that this group gave included: that they never share needles (30%) or other injecting equipment (24%), that they had never got around to it (30%) or had no desire nor interest in being tested (17%).

**Table 59: Reasons why IDU have not had BBVI test within 12 months, 2006**

	2006 (N=100)
Did not respond (%)	54
Did respond (%)	46
<i>Of those who responded</i>	
Never share needles (%)	30
Never share other injecting equipment (%)	24
Only ever share with very close friends (%)	2
Cost of testing (%)	2
Inconvenience of being tested (%)	13
Meant to but never got round to it (%)	30
No desire or interest in being tested (%)	17
Fear of being found positive (%)	2
Vaccinated for Hep B (%)	4
Other (%)	13

Source: IDRS IDU interviews

Notifications of new cases of hepatitis B to the National Notifiable Diseases Surveillance System (NNDSS) in 2005 for the fourth year in a row (Table 60) while total cases of hepatitis C remained stable compared to 2004. New cases of HIV notified in 2005 are reduced compared to previous years.

**Table 60: Total notification of HBV, HCV and HIV, 1999-2005**

	1999	2000	2001	2002	2003	2004	2005
Hepatitis B (incident) (n)	19	6	3	12	15	8	5
Hepatitis C (unspecified) (n)	187	191	212	201	219	261	257
HIV new cases (n)	5	3	3	8	4	8	2

Source: NNDSS & NCHECR

The finger prick survey carried out in the Darwin and Alice Springs NSPs, auspiced by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), found no one with HIV antibodies in the most recent sample (Table 61). HCV antibody presence was higher than that found in 2004 but remains low compared to previous years.

**Table 61: HIV and HCV antibody prevalence in NSP survey respondents, 1998-2005**

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

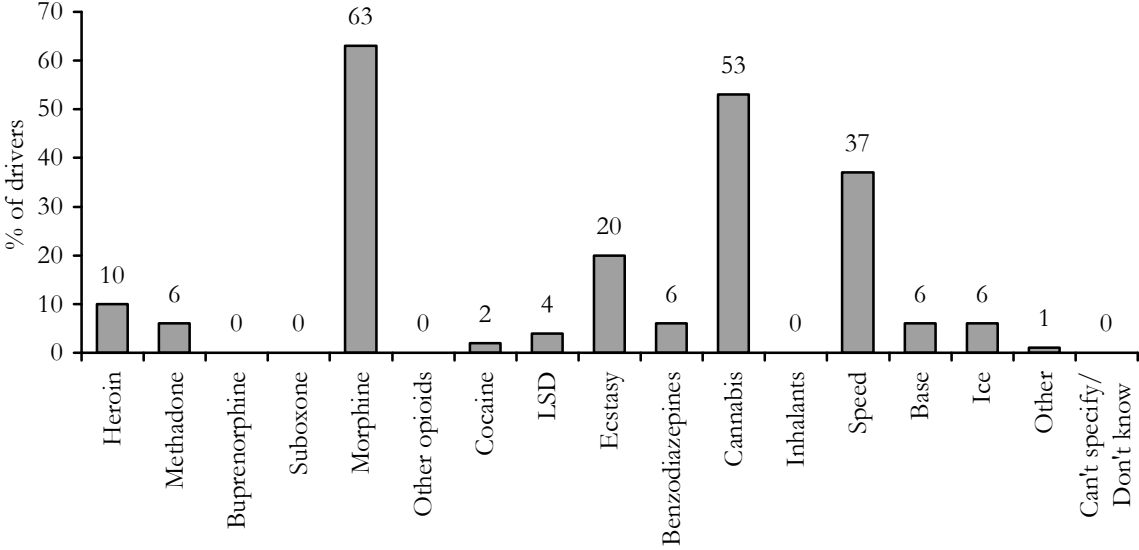
Source: NCHECR

### 9.13 Driving risk behaviours

Sixty-seven percent of the IDU sample had driven a car within six months of interview. Of this group 15% had driven under the influence of alcohol in that time on a median of 6 occasions. Twenty-five percent of drivers had been randomly breath tested and 2 had been found to be over the legal blood alcohol level.

Forty-nine percent of the sample reported that they had driven a car within a median of one hour after taking an illicit drug. Morphine (63%, Figure 53) and cannabis (53%) were the most common drugs reported by IDU drivers, followed by speed powder (37%) and ecstasy (20%).

**Figure 53: IDU driving after taking an illicit drug by drug type, 2006**

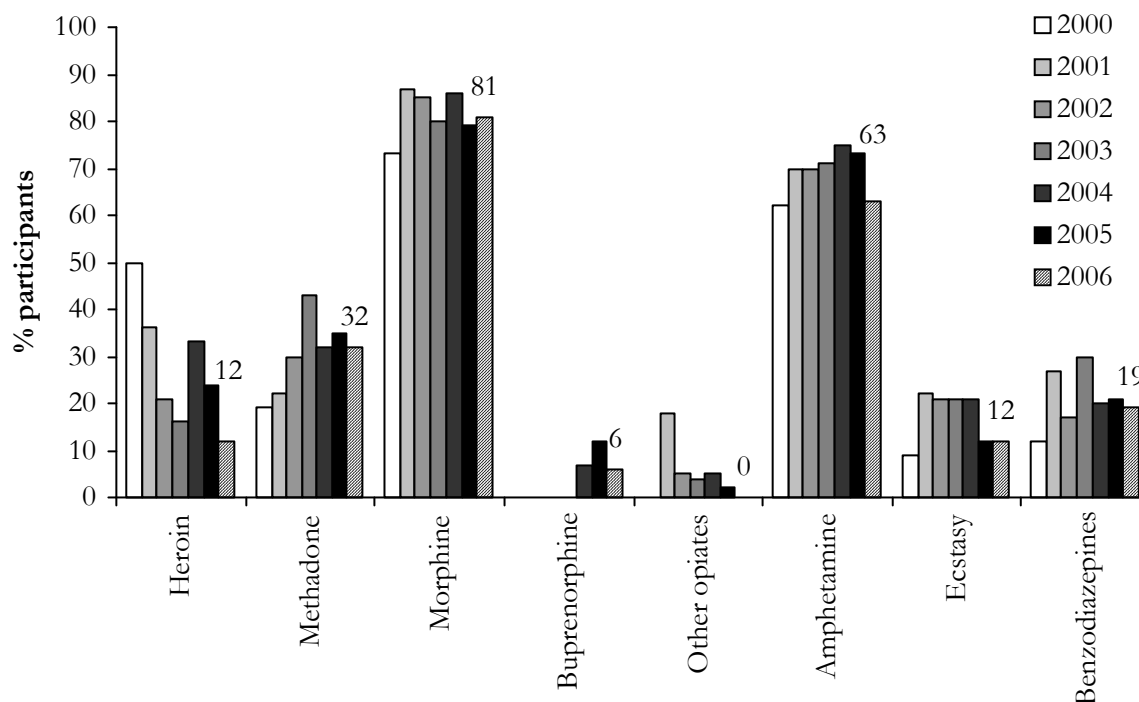


Source: IDRS IDU interviews

## 9.14 Injection and injection-related health problems

Morphine (81%, Figure 54) and some form of amphetamine (63%) have been consistently the main recently injected drugs in the IDU sample since 2000. Recent methadone injection is stable this year, at 32%, compared to 2004 and 2005, and recent heroin injection has declined after increases seen in the same years.

**Figure 54: Recent injection in the IDU sample, 2000-2006, % IDU**



Source: IDRS IDU interviews

The pattern of injection related problems in the IDU sample is similar to that seen in previous years (Table 62) with scarring/bruising and difficulty injecting being the most common problems (42% each) followed by a dirty hit (13%). At 9% the proportion of IDU experiencing an abscess or infection is stable compared to last year but showing a longer term decline, while the proportion reporting a thrombosis, 4% this year, fluctuating over the series.

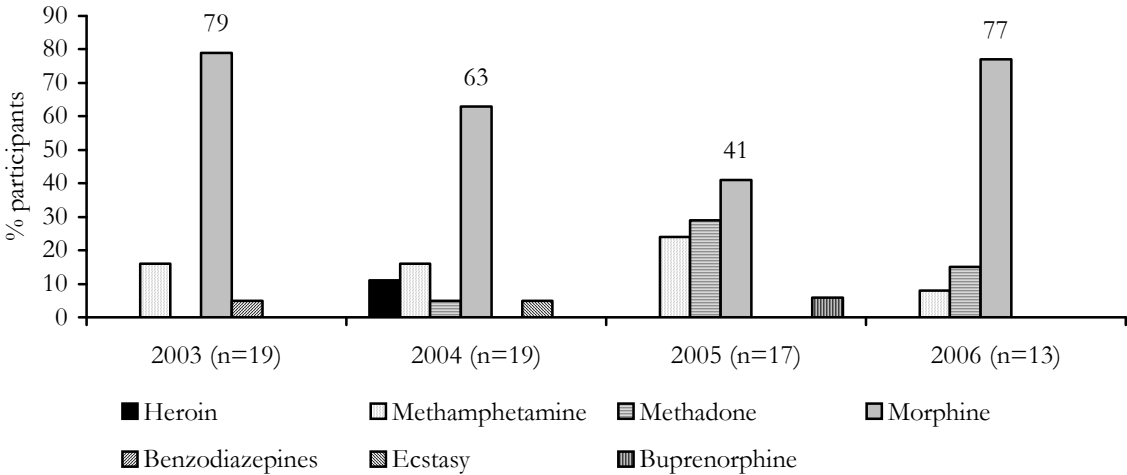
**Table 62: Proportion of IDU reporting injection-related problems month prior to interview, by problem type, 2000-2006**

	2000 (N=100)	2001 (N=135)	2002 (N=111)	2003 (N=109)	2004 (N=111)	2005 (N=107)	2006 (N=100)
Overdose	18	10	0	1	1	0	1
Dirty hit	38	40	18	17	17	17	13
Abscess or infection	16	13	12	10	12	8	9
Scarring or bruising	57	40	44	59	65	43	42
Difficulty injecting	49	41	31	51	48	40	42
Thrombosis	10	9	5	8	10	6	4

Source: IDRS IDU interviews

Morphine was the main drug causing a dirty hit in the month before interview (77% , Figure 54), as was the case in previous years.

**Figure 55: Main drug causing dirty hit in last month, 2003-2006**



Source: IDRS IDU interviews

IDU were asked whether they had injected selected drugs in the month prior to interview and, if so, whether they had experienced any problems as a result (Table 63). Morphine injection was linked to dependence (52%), scarring/bruising (48%) and difficulty finding a vein (45%). Methadone injection was linked to the same issues, although in different proportions (17%, 58% and 42% respectively). Methadone injectors were less likely to report most other problems than found in previous years.

Compared to the proportions of the entire sample reporting injection-related problems shown in Table 62, benzodiazepine injection within a month of interview was more likely to be related to difficulty finding veins (78%) and having abscesses or infections (33%). Benzodiazepine injection was also linked to swelling of limbs, skin ulcers and contact with services such as ambulance and police.



**Table 63: Proportion of IDU reporting injection-related problems by selected drugs, 2004-2006**

	Benzodiazepine			Methadone			Morphine			Buprenorphine		
	2004 (N=111)	2005 (N=107)	2006 (N=100)	2004 (N=111)	2005 (N=107)	2006 (N=100)	2004 (N=111)	2005 (N=107)	2006 (N=100)	2004 (N=111)	2005 (N=107)	2006 (N=100)
Injected in the last month (% IDU)	17	12	9	19	25	12	78	73	75	2	5	6
Problems (% injected last month)												
No problem	33	23	11	33	33	33	13	32	16	0	60	67
Overdose	0	0	0	0	0	0	0	0	0	0	0	0
Abscesses/infections	22	15	33	10	4	8	9	3	9	0	0	0
Dirty hit	0	8	0	10	11	8	12	5	15	50	0	17
Prominent scar/bruising	39	46	44	29	22	42	38	26	48	0	40	33
Thrombosis/blood clot	0	8	0	0	0	0	3	1	1	0	0	0
Swelling of arm	28	15	11	19	15	17	29	6	20	50	0	33
Swelling of leg	11	15	22	10	11	8	6	5	7	0	0	0
Swelling of hand	22	15	22	19	11	8	18	10	15	50	20	0
Swelling of feet	28	23	22	14	11	8	13	8	7	0	0	0
Hospitalisation	17	0	22	10	4	0	2	1	4	0	0	0
Contact with ambulance	11	0	11	5	4	0	1	1	1	0	0	0
Contact with police	6	0	11	5	0	0	0	1	4	0	0	0
Dependence	17	7	33	38	26	17	63	44	52	0	20	33
Difficulty finding veins to inject	44	62	78	48	48	58	47	32	45	0	40	17
Skin ulcers	11	15	22	5	4	8	1	3	11	0	0	0
Gangrene	6	8	0	10	0	0	1	0	0	0	0	0

Source: IDRS IDU interviews

## 9.15 Mental health problems

Twenty-nine percent of the IDU sample reported having experienced a mental health problem within six months of interview, with 83% of this group (24% of the entire sample) attending a health professional for that problem. The type of professionals consulted by IDU are shown in Table 64; GPs were the most frequently seen professional (46%) followed by counsellors (29%), psychiatrists and psychologists (21% each). This pattern is similar to that found in 2005, although this year IDU were less likely to have attended a hospital emergency department.

**Table 64: Health professionals consulted by IDU (%), 2005-2006**

	2005 N=25	2006 N=24
GP	48	46
Psychiatrist	28	21
Psychologist	24	21
Counsellor	12	29
Community health nurse	4	8
Mental health nurse	4	4
Hospital emergency dept.	16	0
Psychiatric ward	0	4
Social worker	8	8
Other	1	4

Source: IDRS IDU interviews

The pattern of mental health problems reported is almost identical to that found in previous years, with depression (22%, Table 65) and anxiety (10%) being the most common. Most of those reporting a problem had attended a professional in relation to the problem: 73% of those reporting depression, 80% of those reporting anxiety and 100% of the small numbers reporting manic depression, schizophrenia and drug induced psychosis.

**Table 65: Proportion of IDU self-reporting recent mental health problems and professional attendance, 2004-2006**

	Had this mental health problem			Attended professional for this problem		
	2004 (N=111)	2005 (N=107)	2006 (N=100)	2004 (N=111)	2005 (N=107)	2006 (N=100)
Depression	23	22	22	17	16	16
Manic depression	2	2	3	0	2	3
Anxiety	10	8	10	9	5	8
Panic	1	3	3	1	2	1
Paranoia	1	2	2	1	0	1
Personality Disorder	1	0	0	0	0	0
Schizophrenia	5	3	3	5	2	3
Drug-induced psychosis	1	2	2	0	1	2
Other psychosis (not drug-induced)	2	0	0	1	0	0

Source: IDRS IDU interviews

## 9.16 Substance-related aggression

Thirty-three percent of the IDU sample reported that they had become verbally aggressive – threatening, shouting or abusive – while under the influence of alcohol or some other drug (Table 66) and 12% reported becoming physically aggressive – shoving, hitting fighting. Similar proportions reported becoming verbally or physically aggressive whilst withdrawing or coming down from a drug (34% and 10% respectively).

Morphine, alcohol, cannabis, benzodiazepines and an amphetamine were the drugs most often reported to be associated with some form of aggression (Table 66), and in each case verbal aggression was more common than physical. IDU were more likely to exhibit aggression whilst under than influence of benzodiazepines and alcohol than whilst coming down from those drugs, while the reverse was true for morphine, cannabis, speed and methadone. These patterns of aggressive behaviour and drug use are similar to those found in 2005.

**Table 66: Proportion of IDU reporting aggression (verbal and physical) while under the influence of or following use of a drug, 2006**

	2006 (N=100)			
	Under the influence		Whilst coming down	
	Verbal	Physical	Verbal	Physical
Exhibited behaviour (%)	33	12	34	10
After this drug (%)				
Heroin	0	0	1	0
Methadone	1	1	3	1
Other opiates	0	0	0	0
Cocaine	0	0	0	0
LSD	0	0	0	0
Ecstasy	0	0	0	0
Benzodiazepines	8	4	3	2
Alcohol	12	5	6	0
Cannabis	7	1	8	3
Inhalants	0	0	0	0
Morphine	14	4	23	5
Speed	4	2	6	3
Base	1	1	0	0
Crystal	3	1	1	0
Can't specify	0	0	0	0

Source: IDRS IDU interviews

## 9.17 Expenditure on illicit drugs

On the day before interview 18% of the IDU sample spent between one and two hundred dollars on illicit drugs (Table 67). Compared to 2005 IDU this year were more likely to have spent either nothing or more than \$200 on illicit drugs.

**Table 67: Amount spent on drugs on the day before interview (%), 2002-2006**

	2002 (N=111)	2003 (N=109)	2004 (N=111)	2005 (N=107)	2006 (N=100)
\$0	44	44	32	42	47
Less than \$20	3	3	3	3	0
\$20-49	9	13	17	14	6
\$50-99	16	22	24	24	15
\$100-199	20	13	16	14	18
\$200 or more	8	6	8	3	8

Source: IDRS IDU interviews

## 9.18 Criminal and police activity

Twenty-six percent of the IDU sample (Table 68) reported having committed at least one crime in the month before interview (median=2, not shown). Dealing was the most frequently reported crime (16%) followed by property crime (9%). The proportion of IDU reporting criminal activity has declined over the past three years, with reductions in all the categories shown. Dealing and fraud show longer term downward trends (Figure 56), while violence and property crime have been stable. Twenty-eight percent of the sample had been arrested within 12 months of interview (Table 68), mainly for property (8%, not shown) or violent crime (5%).

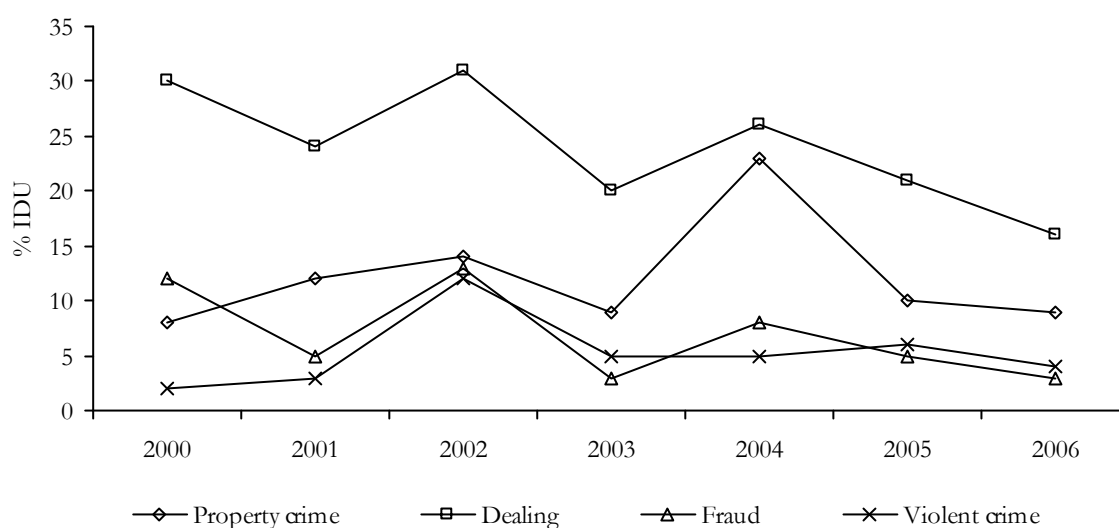
**Table 68: Criminal and police activity as reported by IDU (%) 2004-2006**

	2004 (N=111)	2005 (N=107)	2006 (N=100)
<b>Criminal activity in last month</b>			
Dealing	26	21	16
Property crime	23	10	9
Fraud	8	5	3
Violent crime	5	6	4
Any crime	39	31	26
Arrested in last 12 months	27	18	28
<b>Police activity in last 6 months</b>			
More activity	37	27	29
Stable	50	53	55
Less activity	2	1	3
Don't know	11	19	12
<b>More difficult to obtain drugs recently</b>			
Yes	14	22	18
No	86	78	81

Source: IDRS IDU interviews

Most IDU (55%) reported that Police activity around illicit drug use had been stable in six months prior to interview (Table 68). Eighty-one percent of IDU felt that Police activity had not made it more difficult to obtain drugs.

**Figure 56: Proportion of IDU reporting engagement in criminal activity in prior month, by offence type, 2000-2006**



Source: IDRS IDU interviews

NT Police reported an increase in the number of cleared offences for dealing or trafficking in commercial quantities of a drug (Table 69) in 2005/06 compared to 2004/05, although showing a decline over the longer term. There was also a reduction in cleared offences for the manufacture or cultivation of an illicit drug.

**Table 69: Number of cleared offences for selected illicit drug related crimes, 2000/01-2005/06**

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Deal/Traffic illicit drugs						
<i>commercial quantity</i>	122	86	96	53	27	33
<i>non-commercial quantity</i>	16	30	35	202	281	274
Manufacture or cultivate illicit drugs	43	72	40	50	62	52
Possess and or use illicit drug	266	208	176	268	358	304

Source: NTPFES

### 9.19 Trends in drug-related harms drug use

Less IDU this year reported that someone else had used a needle after them (10% compared to 15% in 2005), although the proportions sharing other injecting equipment, such as spoons and filters, were higher this year than those found in 2005. The proportion reporting that they had borrowed a needle after someone else had used it was stable compared to 2005.

Most IDU had been tested for one or more of hepatitis B, hepatitis C or HCV/AIDS, although only about one-third had been tested within the last 12 months. The main reasons why people were tested were that they get tested as a matter of routine (23%) or at the insistence of a health professional (22%). Conversely, of those not tested the main reasons were that they never share needles (30%) or other injecting equipment (24%) and that they had 'never got around to it' (30%). HCV presence amongst the NSPs finger-prick survey had increased by 33% on last years results but was still considerably lower than that found in previous years.

Sixty-seven percent of the IDU sample had driven a car within six months of interview. Of this group 15% had driven under the influence of alcohol in that time on a median of 6 occasions. Twenty-five percent of drivers had been randomly breath tested and 2 had been found to be over the legal blood alcohol level. Forty-nine percent of the sample reported that they had driven a car within a median of one hour after taking an illicit drug. Morphine (63%), and cannabis (53%) were the most common drugs reported by IDU drivers, followed by speed powder (37%) and ecstasy (20%).

Morphine (81%) and some form of amphetamine (63%) have been consistently the main recently injected drugs in the IDU samples since 2000. Recent methadone injection is stable this year, at 32%, compared to 2004 and 2005, and recent heroin injection has declined after increases seen in the same years.

As has been the case in previous years scarring/bruising and difficulty injecting were the most common problems (42% each) reported by IDU this year, followed by a dirty hit (13%). Morphine was the drug most commonly associated with a dirty hit. As was the case last year, injection-related problems within the last month were more common among benzodiazepine injectors than morphine, methadone or buprenorphine injector. Morphine injection was

linked to dependence (52%), scarring/bruising (48%) and difficulty finding a vein (45%). Methadone injection was linked to the same issues, although in different proportions (17%, 58% and 42% respectively). Compared to the proportions of the entire sample reporting injection-related problems shown in Table 62, benzodiazepine injection within a month of interview was more likely to be related to difficulty finding veins (78%) and having abscesses or infections (33%). Benzodiazepine injection was also linked to swelling of limbs, skin ulcers and contact with services such as ambulance and police.

Depression and anxiety continue to be the main mental health issues reported by IDU, with GP's being the main health professional consulted by those reporting a mental health issue.

Thirty-three percent of the IDU sample reported that they had become verbally aggressive while under the influence of alcohol or some other drug and 12% reported becoming physically aggressive. Similar proportions reported becoming verbally or physically aggressive whilst withdrawing or coming down from a drug (34% and 10% respectively). Morphine, alcohol, cannabis, benzodiazepines and an amphetamine were the drugs most often reported to be associated with some form of aggression and in each case verbal aggression was more common than physical. IDU were more likely to exhibit aggression whilst under the influence of benzodiazepines and alcohol than whilst coming down from those drugs, while the reverse was true for morphine, cannabis, speed and methadone. These patterns of aggressive behaviour and drug use are similar to those found in 2005.

Twenty-six percent of the IDU sample reported having committed a median of 2 crimes in the months before interview. Dealing was the most frequently reported crime (16%) followed by property crime (9%). The proportion of IDU reporting criminal activity has declined over the past three years; dealing and fraud show longer term downward trends, while violence and property crime have been stable. Cleared offences for dealing or trafficking a commercial quantity of drugs shows a fluctuating decline over the last six years.

## **9.20 Summary of drug-related harm trends**

- The sharing of injection equipment other than needles had increased among the IDU sample.
- Benzodiazepine injection and morphine injection were the behaviours most closely associated with a range of injection-related problems, with the proportions reporting injection-related problems increasing for both drugs.
- Driving risk behaviours were similar to those found in 2005 with just on half the IDU sample driving within an hour of taking an illicit drug, most commonly morphine, cannabis, speed powder and ecstasy.
- About one-third of the IDU sample reported becoming verbally aggressive while using or coming down from an illicit drug – most commonly morphine, alcohol, cannabis, benzodiazepines or an amphetamine – and about one in ten becoming physically aggressive.
- The proportion of IDU reporting criminal activity has declined over the past three years - dealing and fraud show longer term downward trends, while violence and property crime have been stable.

## **10 SUMMARY**

### **10.1 Heroin**

The number of IDU able to report on the price purity and availability of heroin in the NT decreased this year compared to recent IDU samples.

A small number of IDU reported paying \$50 for a cap of heroin and \$600 for a gram and that prices had been stable over the six months before interview. Heroin was rated as having low purity but easy to obtain, with 'friends' reported as the usual source by those IDU able to comment.

A smaller proportion of IDU reported using heroin than has been the case in recent years, declining from 34% in 2004 to 12% this year. At the same time the median days of use, at 13, is higher this year than has been seen since at least 2003.

As in previous years, more IDU nominated heroin as their drug of choice than any other drug. However, most IDU who prefer heroin had injected morphine most often in the previous month and attributed this to poor availability of heroin in the NT. Key expert comment and IDU responses suggest that - as has been the case in the NT for some time - heroin availability is low for most IDU but readily available to some.

### **10.2 Methamphetamine**

The point price of all forms of methamphetamine has increased this year compared to 2005: from \$50 to \$60 for speed powder and base, from \$80 to \$90 for ice/crystal. The IDU ratings of availability for speed powder are stable compared to 2005 while more IDU rated both base and ice/crystal as easy or very easy to obtain. These ratings are consistent with key expert comment to the effect that the purer forms of methamphetamine are now more available and that people seeking treatment are more likely to be using these forms.

Again consistent with the availability ratings of IDU and key experts, while the proportion of IDU reporting recent use of any form of methamphetamine has declined the use of other forms - base, ice/crystal and liquid - has increased. The decline in overall recent use is accounted for by a decline in recent use of speed powder.

Available law enforcement data (to the 2004/05 financial year) shows increases over time since 2001/02 in amphetamine type stimulant seizures, both number and weight, and arrests. The rate of in-patient hospital admissions where an amphetamine is involved in the primary diagnosis have also increased each year in the NT between 2001/02 and 2004/05. This suggests, consistent with key expert opinion and the possible increased availability and use of base and ice/crystal, that amphetamine-related harms have increased.

### **10.3 Cocaine**

As with heroin, the number of IDU able to report on cocaine market characteristics or use patterns is small and no key experts were able to provide detailed comment.

The available information suggests, however, that the cocaine market in the NT remains small. The cap price of cocaine may have increased - from \$60 a cap in 2004 to \$125 this year - but availability continues to be rated as difficult. There is no indication that cocaine-related harms



have increased with a decline in the number of completed episodes in AOD treatment agencies.

## 10.4 Cannabis

The prices of both hydroponic and bush cannabis have remained stable at \$30/\$25 per gram and \$300/\$200 per ounce. Both IDU and key experts report that cannabis is easy or very easy to obtain.

Cannabis remains the illicit drug used by the greatest proportion of IDU, 84% reporting recent use this year, with daily use being the most common use pattern. The rate of cannabis related hospital in-patient admissions shows a fluctuating increase over time, with some indication from key experts that cannabis-related health and social problems have increased. Key experts also reported an increase in the use of bucket bongos - specifically, that while the use of bucket bongos has been common in remote Indigenous communities for some time, their use is growing among urban Indigenous and non-Indigenous users.

## 10.5 Morphine

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

The median price of the most common dose of morphine used in the illicit market, MS Contin 100mg, remains unchanged since 2003 at \$60; 100mg tablets of Kapanol 100mg is stable compared to 2005 at \$60. Most IDU report prices over the six months prior to interview as stable.

The recent use of licit morphine, i.e. morphine prescribed in the user's name, has remained reasonably consistent over the last three years at about 30% of the IDU sample. Recent illicit use, however, continues to be more common in this sample. The median days used in the last six months was 180, with more than once a week (25%) and daily use (27%) the main patterns of use.

This year, less IDU rated morphine as easy or very easy to obtain and more rated it as difficult or very difficult. More IDU also reported that morphine had become more difficult to obtain over the six months prior to their interview. Key expert reports of availability were mixed but at least some reported that morphine is more difficult to obtain than was the case previously. At the same time, the proportion of IDU using morphine daily has increased this year compared to 2005 as has the median days of use. Key expert reports of regular use patterns – injection 2 or more times a day of 200mg-300mg – are similar to previous years. This suggests that decreased availability has had little impact on individual use patterns. There has, however, been an increase in the number of completed episodes in AOD Treatment Services where morphine is a drug of concern.

In 2004 one KE suggested that local prescribing may no longer be the primary source of illicit morphine, although at the time there was no corroboration of this view. In 2005 one KE who commented on morphine advised that there was less opportunity because fewer doctors were prescribing morphine, but noted that there were better organised 'criminal types' who brought morphine in from southern states. This year no key experts commented on the original sources of illicit morphine.

## 10.6 Methadone and buprenorphine

The price of illicit methadone reported by the IDU sample is stable at \$1 per millilitre of methadone syrup and \$15 for 10mg of Physeptone. The proportion of IDU rating illicit methadone as easy to obtain increased this year but so did the proportion rating it as difficult to obtain, although IDU reported that illicit methadone availability had been either stable or more difficult. It is notable, however, that only a very small number of IDU were able to comment on methadone availability this year (N=6 compared to N=41 in 2005).

Recent use of methadone among IDU declined from 50% to 34%, with this decline seen in all forms of methadone although the largest proportional decline is seen in the recent use of licit methadone syrup. Illicit physeptone continues to be the main form of methadone used, with weekly or less being the most common frequency.

The proportion of the IDU sample reporting recent licit buprenorphine use has increased – from 11% in 2005 to 16% this year – while that reporting recent illicit use has declined – from 20% to 14%.

Key expert comment from the Darwin-based Opiate Pharmacotherapy Program – the principal prescriber and dispenser of methadone syrup, buprenorphine and suboxone – suggests that stricter controls implemented in 2006 on the use of take-away doses and a shift towards offering Suboxone rather than Methadone may explain some of the changes in the illicit use and availability of methadone and buprenorphine.

## 10.7 Other drugs

The proportion of the IDU sample reporting recent use of benzodiazepines has declined slightly this year from 2005. However, this decline is among those reporting licit use while recent illicit use has increased. In addition, the proportion reporting daily use had increased. Although only one key expert was able to comment specifically on a group of regular benzodiazepine users, those key experts commenting on both morphine and amphetamine use highlighted an increase in benzodiazepine use among the injecting drug users they see.

Similarly, key experts commonly report the licit use of antidepressants by IDU in order to manage the effects of their drug use. This is reflected in the IDU sample with most reported antidepressant use being licit and with an increase in the proportion using daily.

There was an increased recent use and injection of LSD among the IDU sample and some key experts noted more LSD use among that the injecting drug users they encounter. Ecstasy use among the IDU increased but is similar to levels found in 2004. The proportion of IDU using ecstasy on a more than weekly basis has increased slightly.

Both alcohol (65%) and tobacco (95%) use are common among IDU with daily alcohol use showing an increase this year.

## 10.8 Associated harms

Less IDU this year reported that someone else had used a needle after them (10% compared to 15% in 2005), although the proportions sharing other injecting equipment, such as spoons and filters, were higher this year than those found in 2005. The proportion reporting that they had borrowed a needle after someone else had used it was stable compared to 2005.

Most IDU had been tested for one or more of hepatitis B, hepatitis C or HCV/AIDS, although only about one third had been tested within the last 12 months. The main reasons why people were tested were that they get tested as a matter of routine (23%) or at the insistence of a health professional (22%). Conversely, of those not tested the main reasons were that they never share needles (30%) or other injecting equipment (24%) and that they had 'never got around to it' (30%). HCV presence amongst the NSPs finger-prick survey had increased by 33% on last years results but was still considerably lower than that found in previous years.

Sixty-seven percent of the IDU sample had driven a car within six months of interview. Of this group 15% had driven under the influence of alcohol in that time on a median of 6 occasions. Twenty-five percent of drivers had been randomly breath tested and 2 had been found to be over the legal blood alcohol level. Forty-nine percent of the sample reported that they had driven a car within a median of one hour after taking an illicit drug. Morphine (63%), and cannabis (53%) were the most common drugs reported by IDU drivers, followed by speed powder (37%) and ecstasy (20%).

Morphine (81%) and some form of amphetamine (63%) have been consistently the main recently injected drugs in the IDU samples since 2000. Recent methadone injection is stable this year, at 32%, compared to 2004 and 2005, and recent heroin injection has declined after increases seen in the same years.

As has been the case in previous years scarring/bruising and difficulty injecting were the most common problems (42% each) reported by IDU this year, followed by a dirty hit (13%). Morphine was the drug most commonly associated with a dirty hit. As was the case last year, injection-related problems within the last month were more common among benzodiazepine injectors than morphine, methadone or buprenorphine injector. Morphine injection was linked to dependence (52%), scarring/bruising (48%) and difficulty finding a vein (45%). Methadone injection was linked to the same issues, although in different proportions (17%, 58% and 42 percent respectively). Compared to the proportions of the entire sample reporting injection-related problems, benzodiazepine injection within a month of interview was more likely to be related to difficulty finding veins (78%) and having abscesses or infections (33%). Benzodiazepine injection was also linked to swelling of limbs, skin ulcers and contact with services such as ambulance and police.

Depression and anxiety continue to be the main mental health issues reported by IDU, with GP's being the main health professional consulted by those reporting a mental health issue.

Thirty-three percent of the IDU sample reported that they had become verbally aggressive while under the influence of alcohol or some other drug and 12 percent reported becoming physically aggressive. Similar proportions reported becoming verbally or physically aggressive whilst withdrawing or coming down from a drug (34% and 10% respectively). Morphine, alcohol, cannabis, benzodiazepines and an amphetamine were the drugs most often reported to be associated with some form of aggression and in each case verbal aggression was more common than physical. IDU were more likely to exhibit aggression whilst under than influence of benzodiazepines and alcohol than whilst coming down from those drugs, while the reverse was true for morphine, cannabis, speed and methadone. These patterns of aggressive behaviour and drug use are similar to those found in 2005.

Twenty-six percent of the IDU sample reported having committed a median of 2 crimes in the months before interview. Dealing was the most frequently reported crime (16%) followed

by property crime (9%). The proportion of IDU reporting criminal activity has declined over the past three years; dealing and fraud show longer term downward trends, while violence and property crime have been stable. Cleared offences for dealing or trafficking a commercial quantity of drugs shows a fluctuating decline over the last six years.

## 11 IMPLICATIONS

The findings of the 2006 NT IDRS imply that:

- The use of diverted pharmaceuticals and related harms should be monitored with particular attention paid to the impact of changes in S8 prescribing practices on the illicit drug market.
- Research should be conducted to better understand the relation between prescribing practices, pharmaceutical diversion and the supply of pharmaceuticals to the illicit market.
- Given warnings from key experts, it may be appropriate to further monitor patterns and prevalence of benzodiazepine use and its impact among IDU.
- Given the IDU survey results and key expert comment around the increasing popularity of more refined forms of methamphetamine, it may be appropriate to further monitor patterns and prevalence of methamphetamine use and its impact among IDU.
- With the continuing increases in the sharing of injecting equipment, there needs to be an increased focus on the development and distribution of educational material regarding the dangers of sharing injecting equipment.
- Research should be conducted to better understand the determinants or predictors of unsafe injecting.
- The illicit drug market in the NT should continue to be monitored for changes in price, purity and availability trends, and evidence of increasing harms.

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