Northern Territory Drug Trends 2019: Key findings from the Illicit Drug Reporting System (IDRS) Interviews

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IDRS

NORTHERN TERRITORY DRUG TRENDS 2019

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

NORTHERN TERRITORY DRUG TRENDS 2019: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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

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Acknowledgements

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Research Team

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

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

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

Participants

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

Contributors

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

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

We would also like to thank the members of the Drug Trends Advisory Committee for their contribution to the project.

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

Abbreviations

ACT	Australian Capital Territory
AUDIT-C	Alcohol Use Disorders Identification Test-Consumption
CPR	Cardiopulmonary resuscitation
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
OTC	Over-the-counter
SD	Standard deviation
NT	Northern Territory

Executive Summary

Sample Characteristics

A total of 99 people who regularly inject drugs were interviewed for the 2019 NT IDRS. The sample was 67% male, 31% Aboriginal and had a mean age of 46 years. Three out of ten participants nominated crystal methamphetamine as their drug of choice, while the proportion nominating morphine declined significantly to 18%.

Heroin

Less than 5 percent of the sample had recently used heroin: a decline from the 9% found in 2018.

Methamphetamine

Nine out of ten participants reported recent methamphetamine use, increasing from 75% in 2018. Recent use of crystal methamphetamine has stabilised at 98% among methamphetamine consumers, while use of methamphetamine powder has continued to decline. Point prices of both powder and crystal were stable at $100, with availability of both forms rated as 'easy' to 'very easy' by large majorities of those able to comment.

Cannabis

Recent cannabis use remained high among the sample at 73% (60% in 2018), most commonly hydroponically grown. The price of a gram of hydroponic cannabis was stable at $30, as was the price of an ounce, at $450. Both forms of cannabis were rated as 'easy' to 'very easy' easy to obtain by large majorities of the sample.

Pharmaceutical Opioids

Morphine remained the most commonly used and injected opioid in the NT sample, with 50% of the sample reporting recent use, lower than the proportions seen in previous years, continuing a decline over time. Daily use of non-prescribed morphine was no longer the most common pattern, decreasing to 9% of the sample in 2019, although prices remained stable at $80 for 100mg MS Contin or 100mg Kapanol. Morphine was rated as 'easy' or 'very easy' to obtain by 66% of those able to comment.

Smaller proportions reported recent use of other non-prescribed pharmaceutical opioids: oxycodone (13%), methadone syrup (8%), Physeptone tablets (6%) and buprenorphine-naloxone (Suboxone) (10%).

Other Drugs

Twenty-nine percent of the sample reported recent benzodiazepine use, an increase from 24% in 2018 but consistent with recent years. Thirteen percent of respondents reported recent use of 'new' drugs that mimic the effects of cannabis.

While the overall use of codeine in the sample increased slightly from 24% to 27%, non-prescribed use declined from 15% to 10%.

Recent use of alcohol (58%) and tobacco (99%) remained high.

Recent use of fentanyl showed a significant increase from less than 5% of the sample in 2018 to 16% in 2019

Drug-Related Harms and Other Risks

Among those who reported recent consumption of alcohol, 62% recorded an AUDIT-C score indicating that further assessment was required.

As has been the case in previous years, five or fewer participants (value suppressed) reported having had a non-fatal overdose within 12 months of interview.

Thirty-one percent of the sample reported recent mental health issues, primarily depression (18%) and anxiety (11%).

Twenty-six percent of the sample had been arrested in the preceding 12 months and 32% of the sample reported engaging in some form of criminal activity in the previous month, most commonly dealing (19%) and property crime (15%).

Background

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

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

Methods

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 for their time and expenses incurred. There were 99 participants recruited from Darwin, NT who completed interviews in 2019 (N=99 in 2018).

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

Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances, nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in the Northern Territory.

Additional Outputs

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

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

1

Sample Characteristics

As in previous years, the sample was predominantly male (67%, Table 1), heterosexual (87%), unemployed (94%) and on a Government benefit (95%). The mean age was 46 years, the percentage of respondents who identified as Aboriginal and/or Torres Strait Islander was 31%. Year 10 was again the mean grade at school completed, while 43% reported a post-secondary trade or technical education and 14% university or college.

The mean age of first injection this year was 21 years (Table 2), similar to the age found in the previous four years. Sixty-six percent of the sample identified methamphetamines as the drug first injected, while 25% identified heroin and less than 5% morphine.

Crystal methamphetamine (30%) was the most frequently endorsed drug of choice, the first year that morphine (18%) was not nominated as the main drug of choice. The popularity of crystal methamphetamine increased for the fifth year in a row (44%, 31% in 2018, Figure 1), with significantly higher proportions in 2019 reporting it as the drug injected most often in the month (59%, 39% in 2018, $p<0.05$) and the most recent drug injected (58%, 41% in 2018, $p<0.05$).

The proportion reporting injecting more than weekly but less than daily (29%, Table 2) increased this year while the proportions injecting once or more daily declined.

Table 1: Demographic characteristics of the sample, NT, 2015-2019

	Northern Territory				
	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99
Mean age (years; SD)	43 (9.7)	46 (9.7)	45 (10.2)	46 (9.3)	**46 (9.6)**
% Male	64	67	62	65	**67**
% Aboriginal and/or Torres Strait Islander	33	31	26	28	**31**
% Sexual identity					
Heterosexual	91	90	91	88	**87**
Lesbian, gay or homosexual	≤5	≤5	≤5	≤5	**≤5**
Bisexual	6	7	6	10	**11**
Other	≤5	≤5	≤5	≤5	**≤5**
School Education					
Mean grade at school completed (SD)	10 (1.6)	10 (1.4)	10 (1.7)	10 (1.5)	10 (2)
% Completed trade/tech qualification	32	40	34	38	**43^**
% Completed university/college	16	12	20	14	**14^**
% Employment status					
Unemployed	84	91	83	81	**94**
Full-time work	8	≤5	7	8	**≤5**
Gov't pension, allowance or benefit main income source	81	93	89	79	**95**
Median income/week ($)	375	382	350	350	**375**
% Accommodation					
Own home *(inc. renting)~*	74	77	73	77	**79**
Parents'/family home	6	≤5	≤5	≤5	**6**
Boarding house/hostel	≤5	≤5	≤5	7	**≤5**
Shelter/refuge	≤5	≤5	≤5	≤5	**≤5**
No fixed address	≤5	14	13	6	**7**

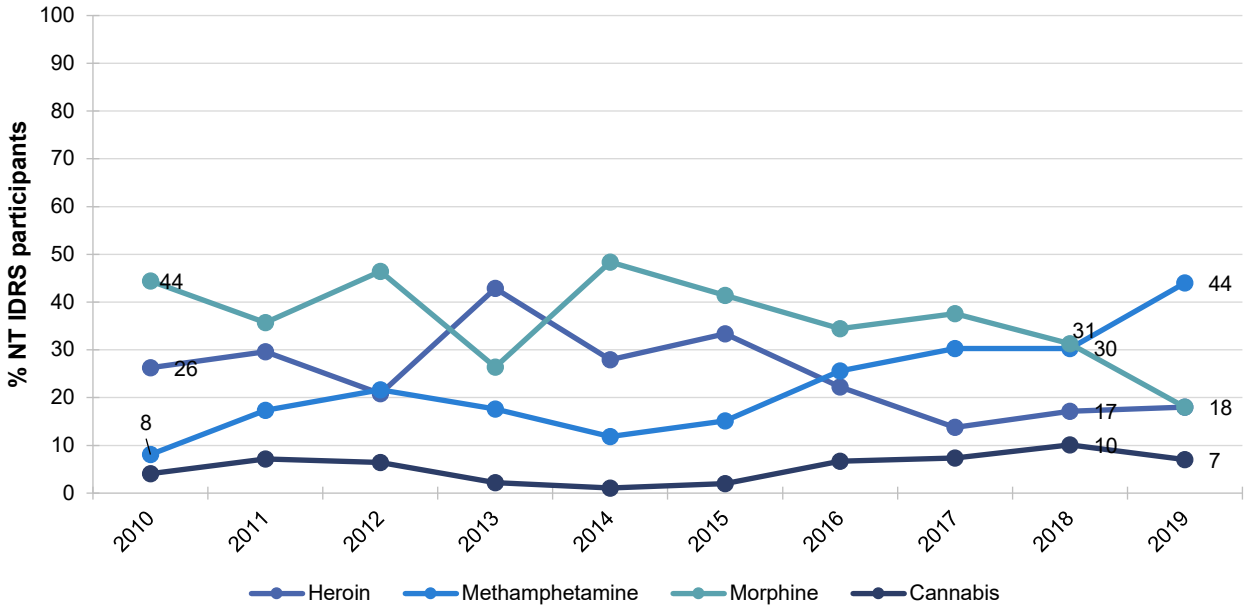
Note. ~ Includes private rental and public housing. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. ^2019 participants could choose both trade and university, whereas in previous years it was either/or. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 2: Injection history, drug preferences and polydrug use, NT, 2015-2019

	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99
Age first injection – mean years (SD)	22 (9.2)	23 (9.0)	23 (10.3)	19 (9.5)	**21 (7.9)**
First drug injected (%)					
Heroin	28	23	24	25	**25**
Methamphetamine	53	59	55	58	**66**
Cocaine	-	0	-	0	**0**
Morphine	11	12	18	9	**-**
Drug of choice (%)					
Heroin	33	22	14	17	**18**
Morphine	41	34	38	31	**18***
Cocaine	0	-	-	-	**-**
Methamphetamine (any form)	15	26	30	31	**44**
Powder	*9*	*9*	*12*	*11*	***14***
Base	*0*	*0*	*0*	*0*	***0***
Crystal methamphetamine	*6*	*17*	*18*	*20*	***30***
Cannabis	-	7	7	10	**7**
Drug injected most often in last month (%)					
Heroin	-	0	-	-	**0**
Cocaine	-	0	0	0	**-**
Methamphetamine (any form)	25	35	32	44	**63***
Powder	*7*	*-*	*9*	*-*	***-***
Base	*0*	*0*	*0*	*0*	***0***
Crystal methamphetamine	*18*	*31*	*23*	*39*	***59****
Morphine	58	59	56	50	**32***
Suboxone	8	0	0	0	**0**
Oxycodone	-	-	-	-	**0**
Most recent drug injected (%)					
Heroin	-	-	-	-	**0**
Cocaine	-	0	0	0	**0**
Methamphetamine (any form)	25	33	39	46	**61**
Powder	*7*	*-*	*12*	*-*	***-***
Base	*0*	0	*0*	*0*	***0***
Crystal methamphetamine	*18*	30	*27*	*41*	***58****
Morphine	60	58	52	43	**33**
Suboxone	7	0	0	-	**-**
Oxycodone	-	-	-	-	**0**
Frequency of injecting in last month (%)					
Not injected in last month	-	0	-	-	**-**
Weekly or less	20	19	25	26	**29**
More than weekly, but less than daily	14	14	15	13	**29**
Once per day	21	26	27	24	**18**
2-3 times a day	37	36	30	29	**17**
>3 times a day	6	-	-	-	**-**

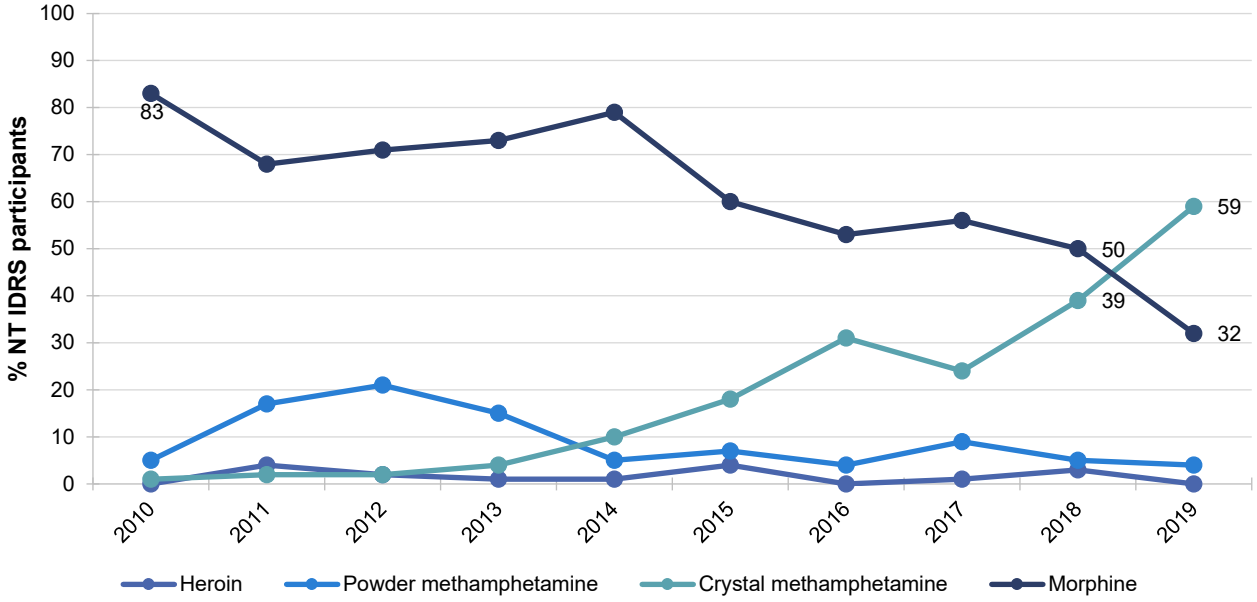
Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019

Figure 1: Drug of choice, NT, 2010-2019



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels for 2019 and 2019 have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 2: Drug injected most often in the past month, NT, 2010-2019



Note. Data labels for 2018 and 2019 have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

2

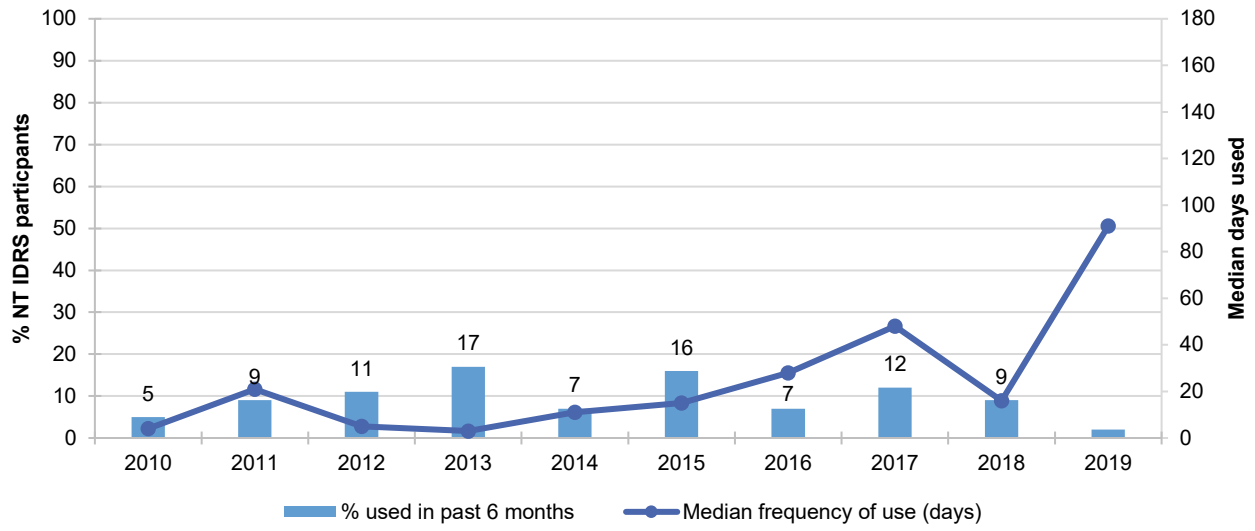
Heroin

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

Patterns of Consumption

Recent heroin use declined from 9% (Figure 3) in 2018 to ≤5 participants in 2019. Due to low numbers reporting recent use of heroin, further information on frequency of use, routes of administration and market trends (price, perceived purity and perceived availability) for 2019 are not reported. For further information refer to the National IDRS Report or contact the Drug Trends research team.

Figure 3: Past six month use and frequency of use of heroin, NT, 2010-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

3

Methamphetamine

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

Recent Use (any methamphetamine)

In 2019, 89% (Figure 4) of the sample reported recent use of any form of methamphetamine, significantly higher than the proportion found in 2018 (75%, $p<0.05$), which continued the increasing trend seen since 2014.

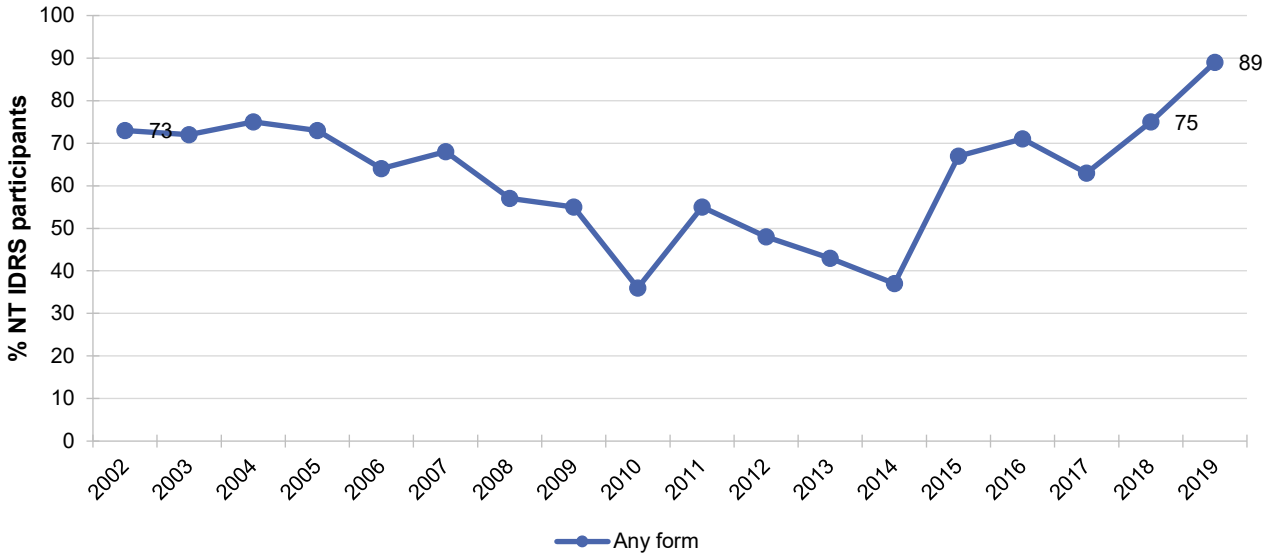
Frequency of Use

Of those who reported recent use in 2019, 13% reported daily use of any methamphetamine, a similar proportion to 2018 (12%, Figure 5).

Forms of Methamphetamine

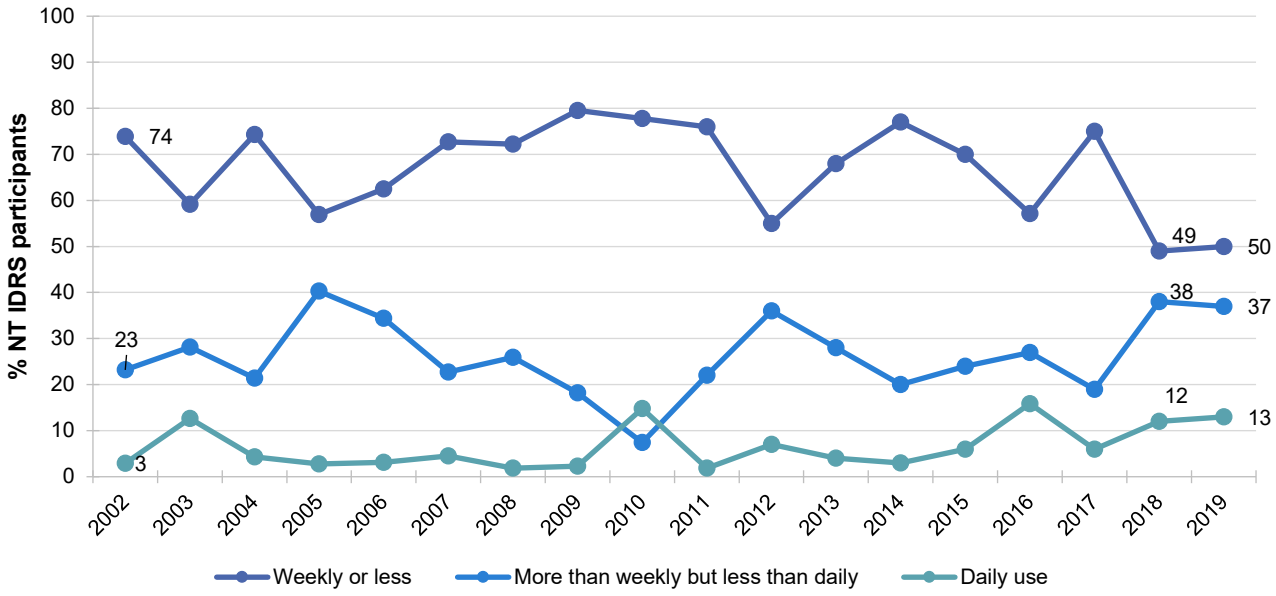
Among participants reporting recent use of any methamphetamine, almost all (98%, Figure 6) had used crystal methamphetamine, while 17% reported recent use of powder. These results reflect longer term trends: recent use of powder declined rapidly between 2013 and 2015 and has since continued a steady decline; recent use of crystal shows a more-or-less steady increase between 2009 and 2016, stabilising since.

Figure 4: Recent use of any form of methamphetamine, NT, 2002-2019



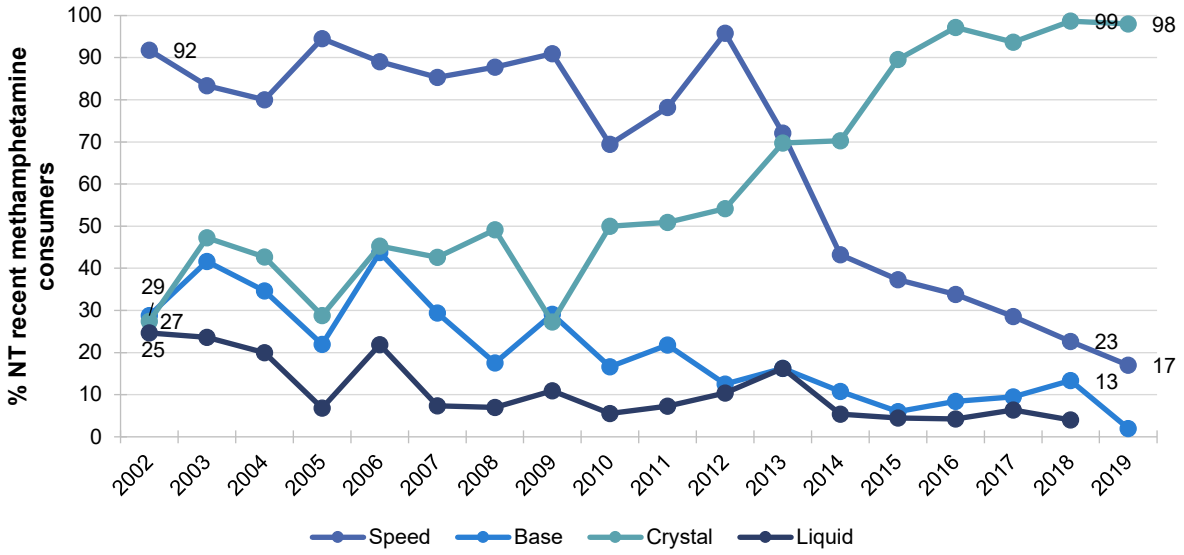
Note. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Participants were asked about liquid amphetamine until 2018. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 5: Frequency of recent methamphetamine use (any form), NT, 2002-2019



Note. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 6: Methamphetamine use among recent consumers, NT, 2002-2019



Note. 'Any methamphetamine' includes crystal, powder, base and methamphetamine combined. Participants were asked about liquid amphetamine until 2018. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Methamphetamine Powder

Recent Use (past 6 months): Fifteen percent of the sample reported recent use of powder methamphetamine, a similar per cent to 2018 (17%).

Frequency of Use: Median frequency of use was 6 days (approximately monthly; IQR=2-20) in 2019, the same as 2018 (6 days, IQR=2-27).

Routes of Administration: All recent consumers reported recent injection of powder (100% in 2018), while less than 5% reported smoking (0% in 2018).

Quantity: The median amount used on a typical day in the past six months was 2 points (IQR=1.0-2.3, n=13) (1.1 points in 2018; IQR=1.0-2.8; n=12).

Crystal Methamphetamine

Recent Use (past 6 months): Eighty-seven percent of the sample reported recent use of crystal methamphetamine, a significant increase compared to the 74% found in 2018 ($p<0.05$).

Frequency of Use: Median frequency of use was 24 days (IQR=6-72) in 2019 (27 days in 2018; IQR=8-96).

Routes of Administration: All recent consumers reported recent injection of crystal methamphetamine (95% in 2018), while 28% reported smoking (26% in 2018).

Quantity: The median amount used on a typical day in the past six months was 1 point (IQR=1-2, n=76) (1 points in 2018; IQR=1-2; n=63).

Base Methamphetamine

Low numbers reported recent use of base methamphetamine. Therefore, information on frequency of use, routes of administration and market trends are not reported. For further information refer to the National IDRS Report or contact the Drug Trends research team.

Market trends

Methamphetamine Powder

Price: The median price of a gram of speed powder in 2019 was $600 and has generally increased over time (Figure 7). The point price increased from a stable median around $50 before 2009 to a stable median of $100 since 2013.

Perceived Purity: Among those who were able to comment in 2019 (n=15), 33% (Figure 9) reported purity as low, an increase on the 21% found in 2018.

Perceived Availability: Among those who were able to comment in 2019 (n=14), most reported speed powder as either 'easy' (21%) or 'very easy' (57%) to obtain, reflecting the results from previous years.

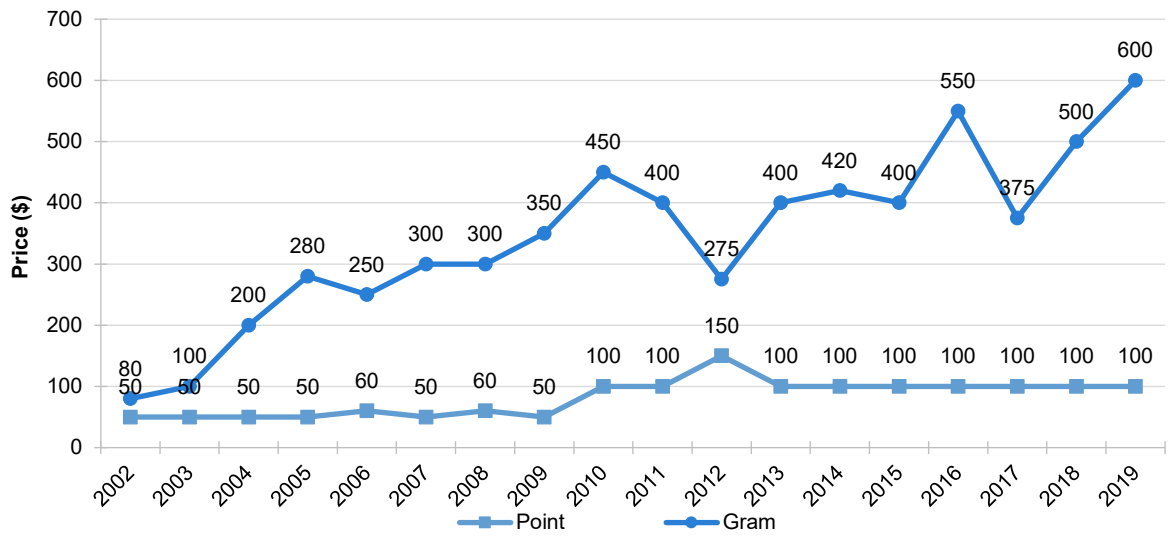
Methamphetamine Crystal

Price: The gram price of crystal methamphetamine shows considerable variation over time (Figure 8) with a fluctuating decline seen since 2010; in 2019 the median reported gram price was $500. The point price had been more stable at around $150 up to 2015, and $100 since.

Perceived Availability: Most of those able to respond (n=78) rated crystal methamphetamine as 'easy' (49%) or 'very easy' (37%) to obtain, consistent with previous years.

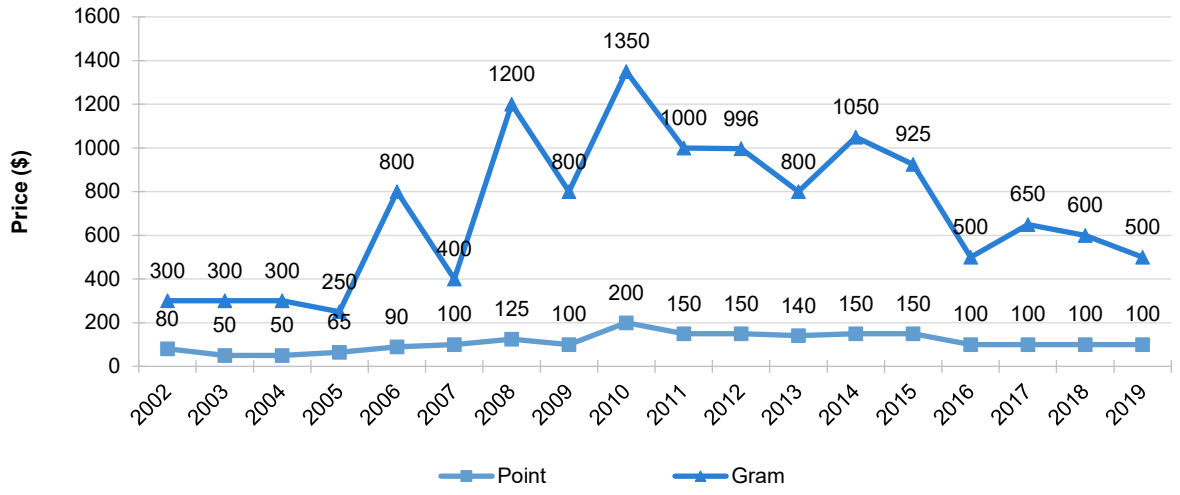
Perceived Purity: Purity of crystal methamphetamine was reported to be fluctuating by 35% (Figure 10, 38% in 2018) of those able to respond and high by 18% (35% in 2018, p<0.01).

Figure 7: Median price of powder methamphetamine per point and gram, NT, 2002-2019



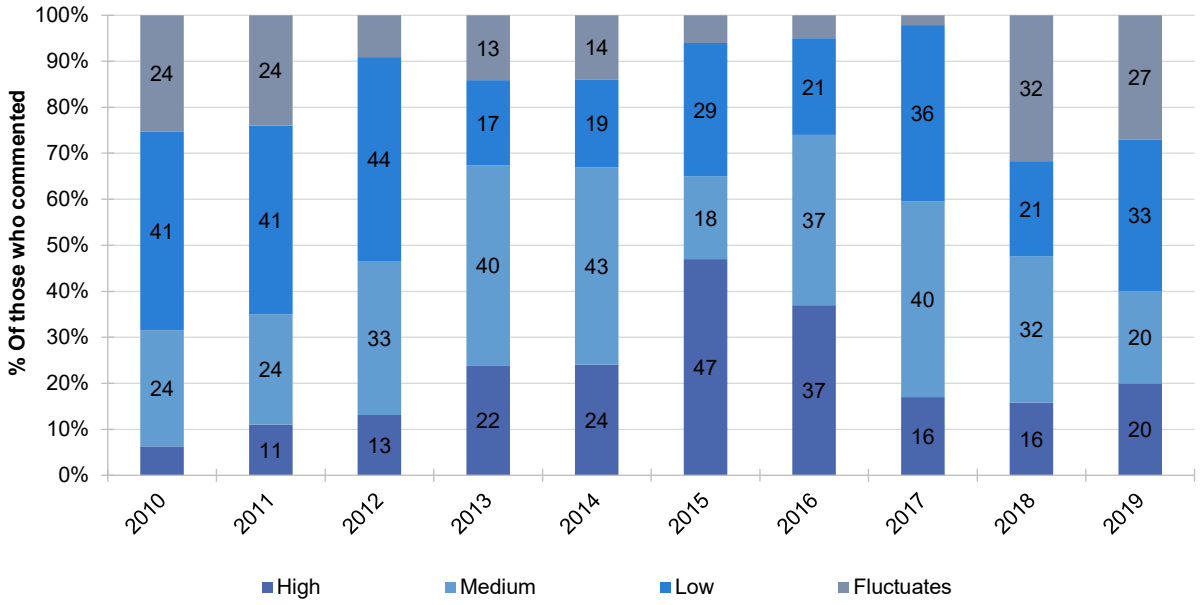
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 8: Median prices of crystal methamphetamine, NT, 2002-2019



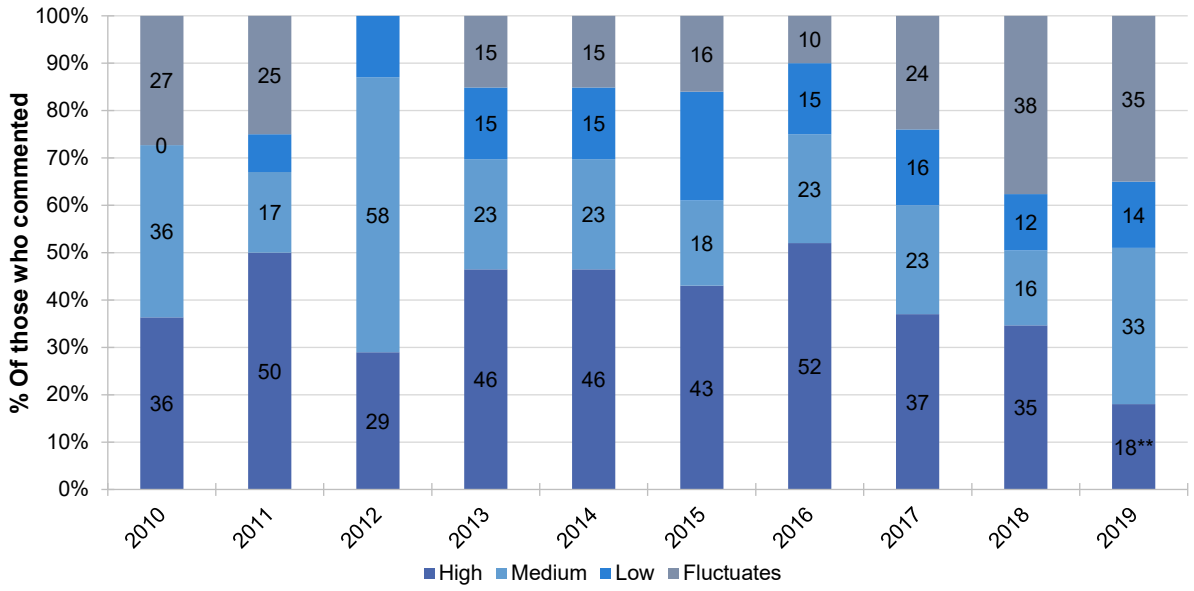
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 9: Current perceived purity of powder methamphetamine, NT, 2010-2019



Note. The response 'Don't know' was excluded from analysis. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 10: Current perceived purity of crystal methamphetamine, NT, 2010-2019



Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 3: Reports of recent methamphetamine availability, NT, 2017-2019 (%)

	Powder			Base			Crystal		
	2017 N=109	2018 N=99	**2019 N=99**	2017 N=109	2018 N=99	**2019 N=99**	2017 N=109	2018 N=99	**2019 N=99**
Able to respond (n)	24	19	**14**	6	-	**-**	57	60	**79**
Of those who responded									
Current availability (%)									
Very easy	46	26	**21**	17	-	-	52	50	**37**
Easy	42	58	**57**	33	-	**-**	40	43	**49**
Difficult	12	16	**14**	33	-	**-**	8	7	**14**
Very difficult	0	0	**7**	17	-	**-**	0	0	**0**

Note. Among those who commented. -Values have been suppressed with small cell size (i.e. n≤5, but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

4

Cocaine

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

Recent Use (past 6 months)

Recent use of cocaine remained low among the Northern Territory sample, with 9% of the total sample reporting use of cocaine in the six months prior to interview.

Frequency of Use

Those who had recently used cocaine reported doing so on a median of 1 day (IQR=1-136) in the past six months, consistent with cocaine use found in previous years.

Due to consistently low numbers reporting recent use of cocaine, information on routes of administration, quantity of use and market trends (price, perceived purity and perceived availability) are not reported historically. For further information please refer to the National IDRS Report, the National EDRS Report or the Northern Territory EDRS Report. Alternatively, please contact the Drug Trends research team.

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Cannabis

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

Recent Use (past 6 months)

Almost three-quarters of the sample reported recent use of cannabis (72%, Figure 11), a non-significant increase on the 60% found in 2018.

Frequency of Use

There was a non-significant increase in median frequency of use to 155 days (IQR=44-180) 100 days in 2018 (IQR=24-180) days to 155 days (IQR=44-180) in 2019.

Routes of Administration

All those reporting recent use of cannabis reported smoking, while less than 5% reported swallowing, as was the case in 2018.

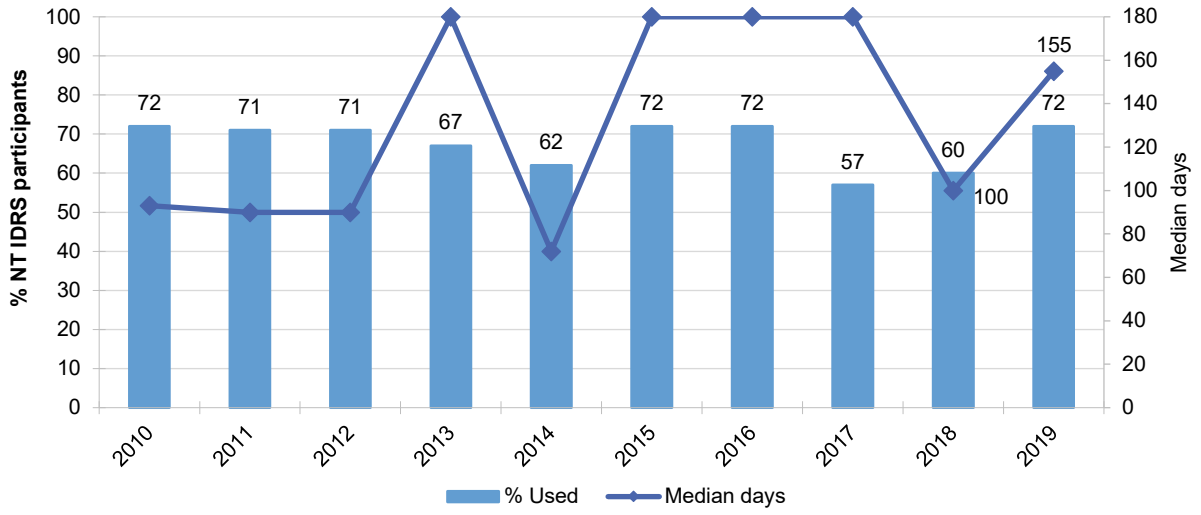
Quantity

The median intake per typical day of consumption was one grams (IQR=1-2, n=29; versus two grams in 2018, IQR=2-2, n=19) or three cones (IQR=2-7; n=32; less than 5 respondents reporting cone use in 2018).

Forms of Cannabis

Consistent with previous years, hydroponic cannabis was the most commonly used form, by 69% of the sample (Table 4). This proportion has fluctuated over time but is consistently higher than the use of bush cannabis.

Figure 11: Past six month use and frequency of use of cannabis, NT, 2010-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 4: Forms of cannabis used in the previous six months and main form, NT, 2014-2019

	2014 N=93		2015 N=99		2016 N=90		2017 N=109		2018 N=99		2019 N=99	
	Used	Most often	Used	Most often	Used	Most often	Used	Most often	Used	Most often	**Used**	**Most often**
Hydroponic	57	89	68	92	67	66	52	87	53	86	**69**	**66**
Bush	30	11	31	9	22	6	21	13	18	9	**16**	**-**
Hash	-	-	9	-	7	-	-	-	-	-	**7**	**-**
Hash oil	-	-	-	-	-	-	-	-	-	-	**-**	**-**

Note. -Value suppressed with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Market Trends

Hydroponic Cannabis

Price: Respondents reported a median price of $30 (n=28, IQR=30-30) for 1 gram of hydroponic cannabis, and a median price of $450 (n=14, IQR=438-450) for one ounce (Figure 12).

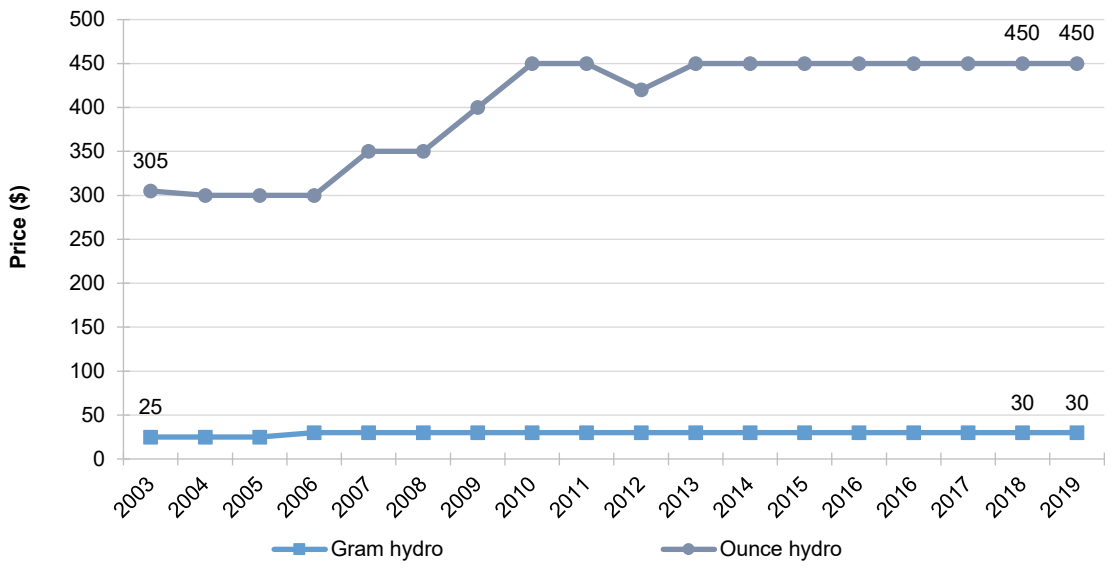
Perceived Potency: Participants able to comment (n=51) rated the potency of hydroponic cannabis as 'high' (47%, Figure 13) to medium (35%), similar to the proportions seen in previous years.

Perceived Availability: Among those who were able to comment in 2019 (n=52), 43% (Table 5) perceived current availability as 'very easy' and 49% as 'easy'.

Bush Cannabis

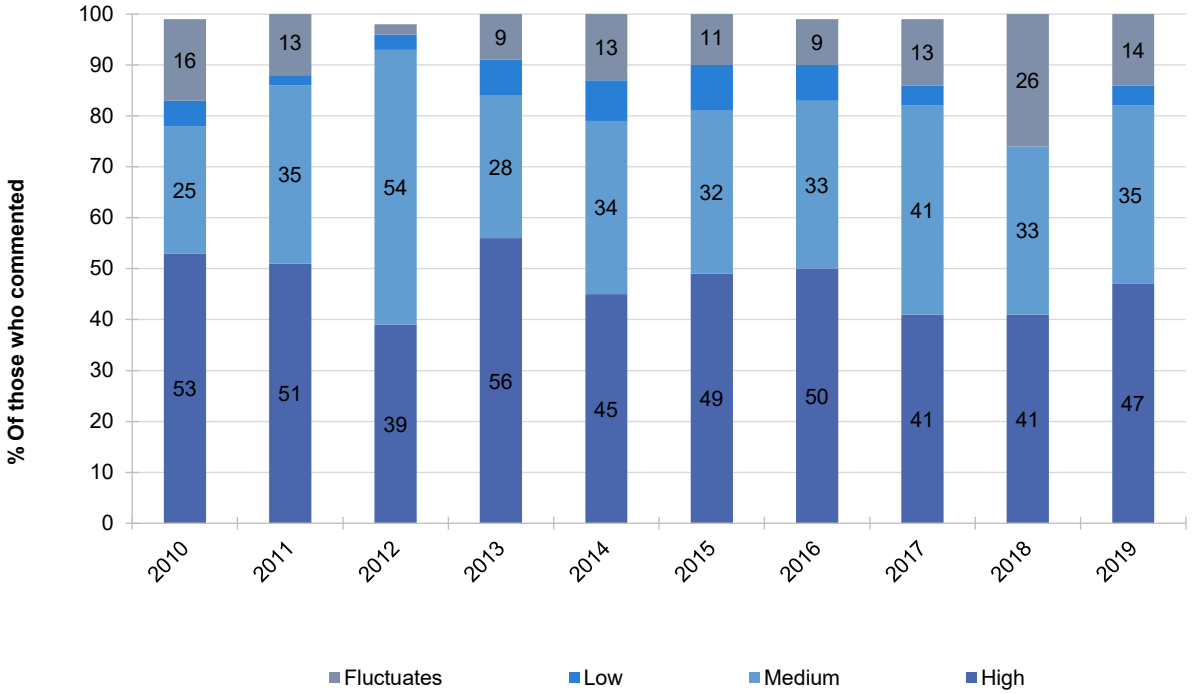
Low numbers reported recent us of bush cannabis. Therefore, information on market trends is not reported. For further information refer to the National IDRS Report or contact the Drug Trends research team.

Figure 12: Median prices of cannabis, NT, 2003-2019



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 13: Current perceived potency of hydroponic cannabis, % commented, NT, 2010-2019



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Table 5: Reports of recent perceived hydroponic cannabis availability, NT, 2015-2019

	Hydroponic cannabis				
	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99
Able to respond (n)	58	60	46	48	**52**
Of those who responded (%)					
Very easy	52	41	46	26	**43**
Easy	41	44	44	66	**49**
Difficult	7	13	10	9	**-**
Very difficult	-	-	-	-	**-**

Note. Values suppressed due to small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

6

Pharmaceutical Opioids

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

- **prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and
- **any use:** use of pharmaceutical opioids obtained through either of the above means.

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

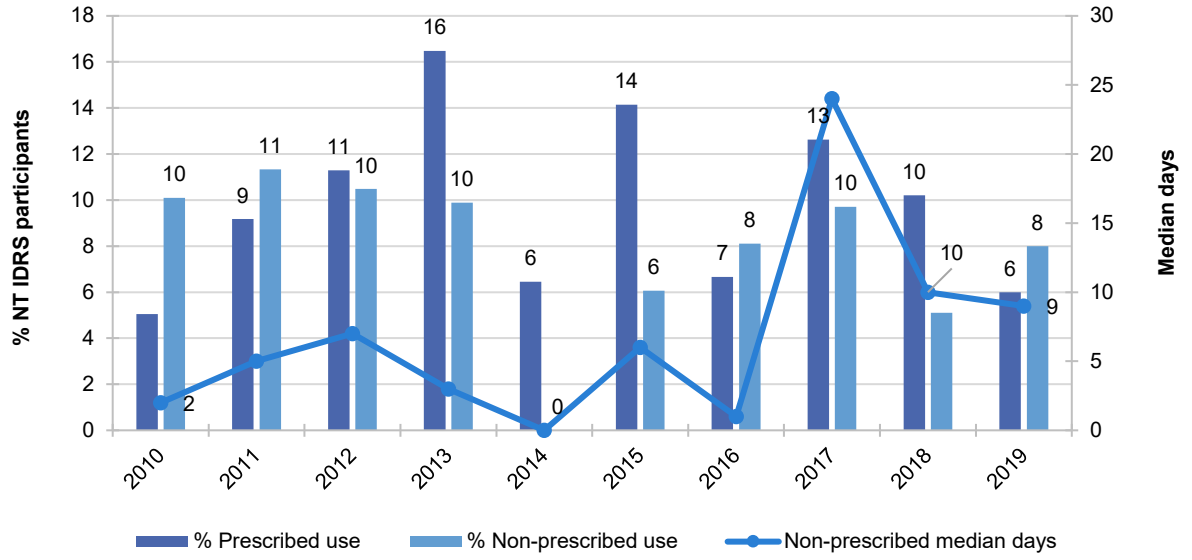
Methadone

Recent Use (past 6 months): Eight percent (Figure 14) of the sample reported recent use of non-prescribed methadone, an increase from ≤5 participants in 2018, but similar to previous years. Recent use of non-prescribed physeptone tablets was reported by 6% (Figure 15) of the sample, stable from 5% in 2018. Use of non-prescribed physeptone tablets has fluctuated over time, but overall has declined since 2010.

Frequency of Use: Those who had recently used non-prescribed methadone reported doing so on a median of 9 days (IQR=4-25; 10 days in 2018, IQR=2-24).

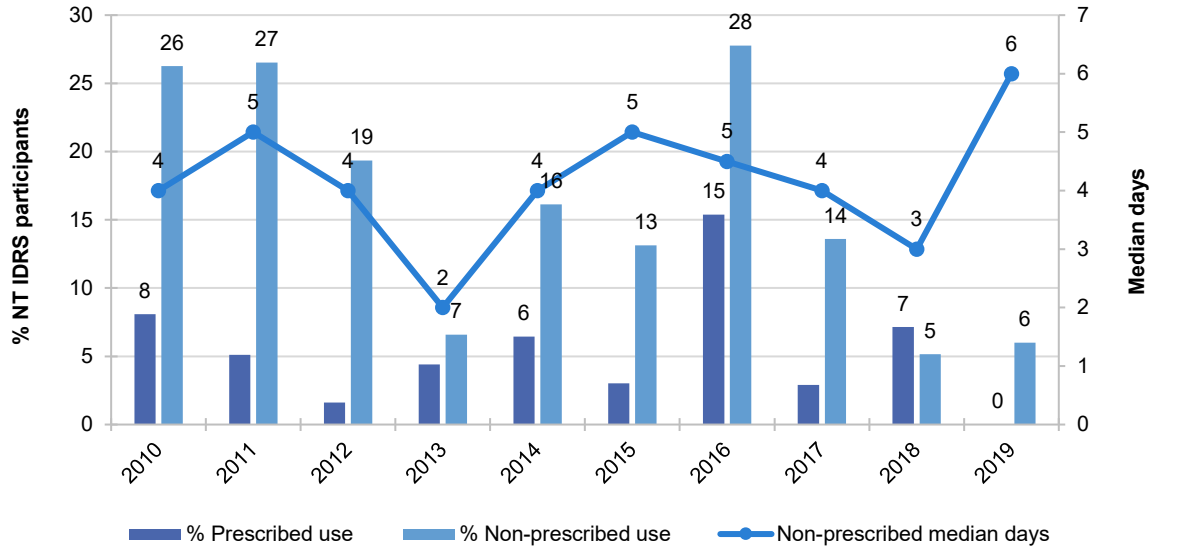
Routes of Administration: All those who had recently used non-prescribed methadone reported injecting it, while a small number (n≤5) reported swallowing.

Figure 14: Recent us and frequency of use of methadone syrup, NT, 2010-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 15: Recent and median days of use of physeptone, NT, 2010-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

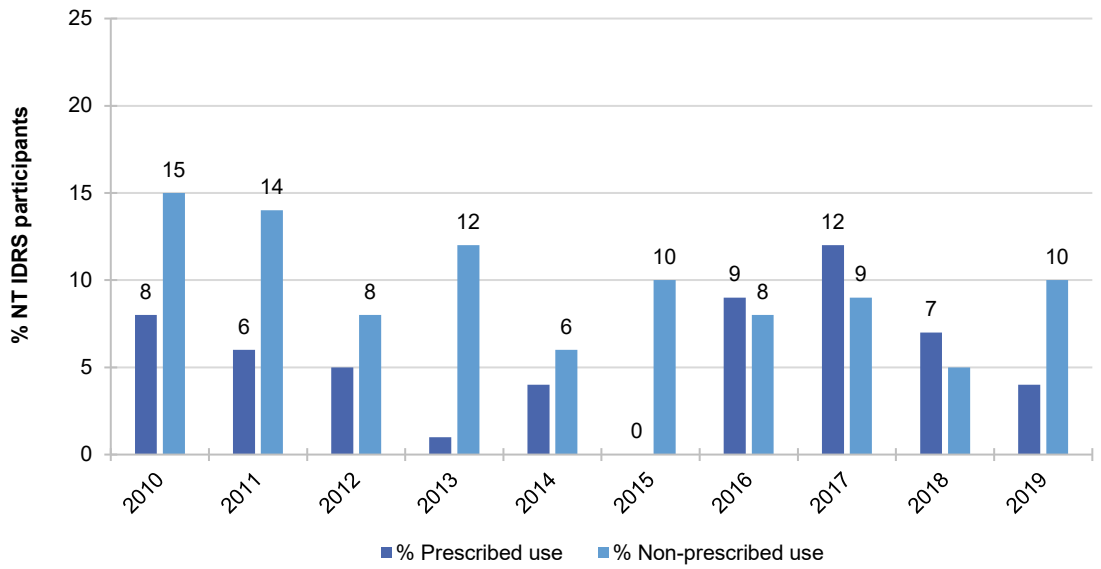
Buprenorphine-Naloxone (Suboxone)

Recent Use (past 6 months): Buprenorphine-Naloxone use in the NT has fluctuated since 2010 with no clear trend. In 2019, one in ten participants reported recent non-prescribed use, while low numbers (n≤5) reported recent prescribed use (Figure 16).

Frequency of Use: Those who had recently used any buprenorphine-naloxone reported using it on six days in the past six months (n=14, IQR=2-113). Participants who had recently used non-prescribed buprenorphine-naloxone reported doing so on a median of six days (i.e. one a month; n=10, IQR=2-81).

Routes of Administration: Of those who had recently used non-prescribed buprenorphine-naloxone, two-thirds reported injecting it. Low numbers reported routes of administration for prescribed buprenorphine-naloxone, so information about routes of administration are not reported. For further information refer to the National IDRS Report or contact the Drug Trends research team.

Figure 16: Recent use of buprenorphine-naloxone, NT, 2010-2019



Note. From 2010-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2019 participants were asked about the use of buprenorphine–naloxone film only. Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Morphine

Recent Use (past 6 months): Recent use and injection of any morphine both declined, each to 50% (Table 6) of the sample, compared to 59% and 58% respectively in 2018.

Non-prescribed morphine continued to be the form most often used over the six months before interview (70% of recent use, Table 7) with recent use of licit morphine declining slightly. MS Contin was again the brand most frequently used (84%) followed by Kapanol (10%).

Frequency of Use: Daily use of non-prescribed morphine in the previous six months declined to 10% (Table 8) of the sample, compared to 27% in 2018. Median days of use also declined from 180 (IQR=24-180) in 2018 to 72 (IQR=6-177) in 2019.

Routes of Administration: All those reporting recent use of non-prescribed morphine reported injecting, as was the case in 2018.

Table 6: Selected trends in participants' morphine use, NT, 2013-2019

	2013 N=91	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99
Used last 6 months (%)	80	85	73	76	68	59	**50**
Injected last 6 months (%)	78	84	72	76	68	58	**50**
Days used last 6 months (median)	105	180	180	180	180	180	**90**
Days injected last 6 months (median)	120	180	178	180	180	180	**90**

Source: IDRS participant interviews. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019

Table 7: Forms and brands of morphine used previous six months, NT, 2013-2019

	2014 N=93		2015 N=99		2016 N=90		2017 N=109		2018 N=99		2019 N=99	
	Used	Most often	Used	Most often	Most often	Most often	Used	Most often	Used	Most often	Used	Most often
Prescribed	23	18	24	31	22	31	26	27	26	30	**23**	**30**
Non-prescribed	77	60	69	67	71	68	59	73	54	70	**40**	**70**
Brand												
MS Contin	77		81		74		75		88		**84**	
Kapanol	22		11		15		18		12		**10**	
Anamorph	0		0		-		0		0		**0**	
Other/generic	-		-		-		-		0		**-**	

Note. – Values supressed due to small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 8: Frequency of morphine use in previous six months, NT, 2016-2019

	2016 N=90			2017 N=109			2018 N=99			2019 N=99		
	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit	Any	Illicit	Licit
No recent use	17	29	78	32	40	75	41	46	74	**50**	**60**	**77**
Weekly or less	6	9	0	13	13	4	12	14	4	**16**	**14**	**4**
More than weekly	25	18	6	13	20	5	9	10	2	**12**	**16**	**10**
Daily	52	34	16	42	27	16	35	27	18	**22**	**10**	**9**

Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Price: Prices of the various forms of non-prescribed morphine purchased remained stable, at $80 (Table 9) for 100mg MS Contin and 100mg Kapanol, and $50 for 50mg MS Contin. As in previous years, 100mg MS Contin was the most commonly purchased form, followed by 100mg Kapanol.

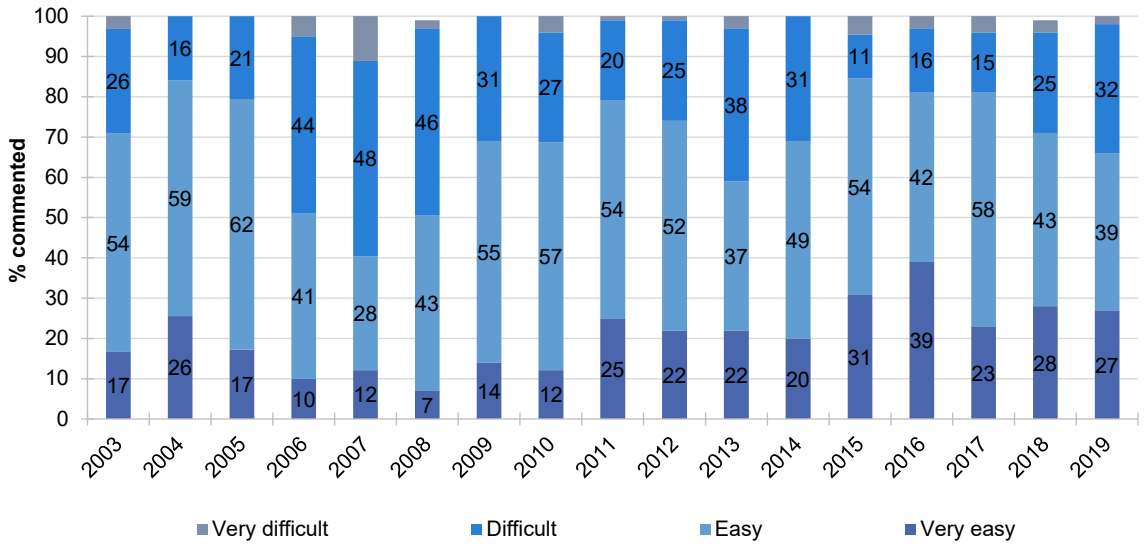
Perceived Availability: Over half of those able to comment reported that non-prescribed morphine was either 'easy' (39%; 43% in 2018; Figure 17) or 'very easy' (27%; 28% in 2018) to obtain. Thirty-four percent rated it as 'difficult' or 'very difficult' to obtain.

Table 9: Recent non-prescribed morphine price, NT, 2013-2019

	2013	2014	2015	2016	2017	2018	2019
MS Contin							
5mg	0	-	-	0	-	-	**-**
10mg	0	-	-	-	-	-	**0**
30mg	28 (8)	25 (6)	30 (21)	30 (9)	30 (8)	30 (9)	**-**
60mg	50 (18)	48 (18)	50 (36)	40 (25)	50 (27)	50 (26)	**50 (21)**
100mg	80 (61)	80 (70)	80 (63)	80 (51)	80 (56)	80 (58)	**80 (28)**
Kapanol							
20mg	20 (7)	20 (2)	20 (7)	-	-	28 (3)	**0**
50mg	40 (14)	40 (17)	40 (22)	40 (17)	40 (13)	40 (11)	**40 (7)**
100mg	80 (44)	80 (55)	80 (45)	80 (35)	80 (31)	80 (36)	**80 (10)**
Anamorph							
30mg	-	30 (6)	20 (19)	-	30 (13)	20 (8)	**-**

Note. Among those who commented. -Values suppressed due to small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 17: Current availability of non-prescribed morphine , NT, 2003-2019



Note. The response 'Don't know' was excluded from analysis**.** Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

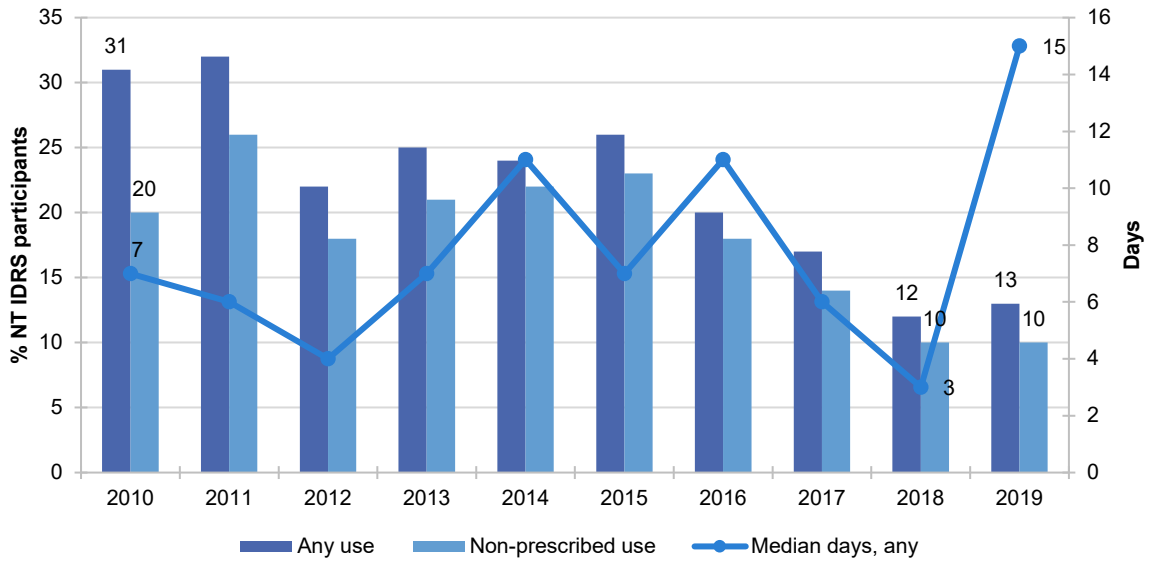
Oxycodone

Recent Use (past 6 months): Thirteen percent (Figure 18, 12% in 2018) of the sample reported recent use of oxycodone. Ten percent (11% in 2018) reported recent use of non-prescribed oxycodone.

Frequency of Use: The frequency of use of any oxycodone was reported as a median of 15 days (IQR=3-75, 3 days in 2018, IQR=1-15).

Routes of Administration: Almost all those who had recently used non-prescribed oxycodone reported injecting it (90%). In comparison, 7% reported injection of tamper proof OP oxycodone in 2018, with less than 5% reporting injection of other forms of oxycodone in that year.

Figure 18: Recent use and frequency of use of oxycodone, NT, 2010-2019



Note. Y axes reduced to improve visibility of trends.

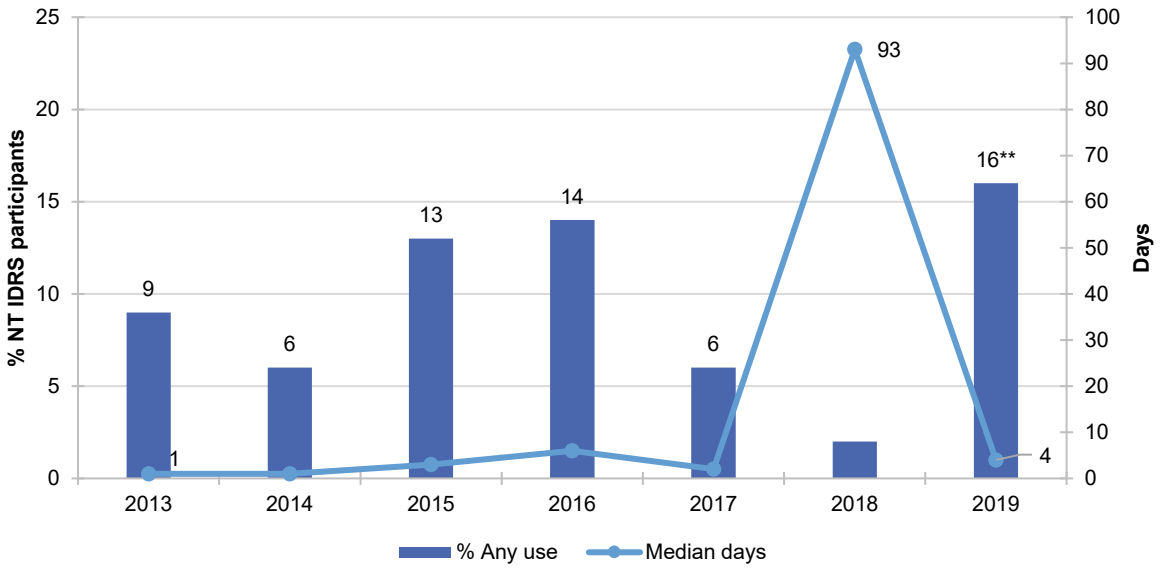
Fentanyl

Recent Use (past 6 months): Sixteen percent (Figure 19) of the sample reported recent use of any fentanyl, a significant (p<0.01) increase from ≤5 participants in 2018. Thirteen percent reported recent use of non-prescribed fentanyl (6% in 2018)

Frequency of Use: The median frequency of use of any fentanyl was low at 4 days (IQR=2-12) in the past 6 months. Likewise, median use of non-prescribed fentanyl was low at 3 days (IQR=2-7) in the past 6 months.

Routes of Administration: All recent use (13% of the sample) of non-prescribed fentanyl was by injection, as was the case in 2018.

Figure 19: Recent use and frequency of use of fentanyl, NT, 2013-2019



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

Codeine

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

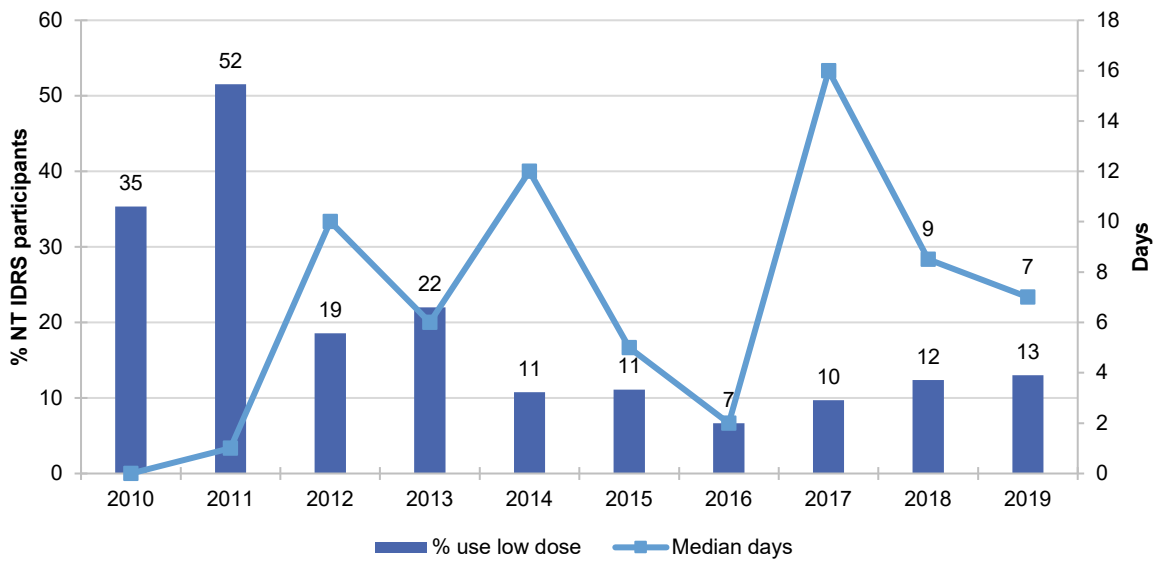
Recent Use (past 6 months): Thirteen percent (Figure 20, 12% in 2018) of the sample reported recent use of low dose codeine for non-pain purposes.

Twenty-two percent (Table 10) of the sample reported recent use of prescribed codeine in 2019, compared to 10% in 2018. The proportions reporting recent use of low and high dose codeine were unchanged.

Recent Use (past 6 months) for Non-Pain Purposes: Very low numbers (n≤5) reported use of low dose codeine for non-medical/pain purposes.

Frequency of Use: The median frequency of use was 7 days (IQR=2-42; 9 days in 2018, IDR=3-44).

Figure 20: Recent use and frequency of low-dose codeine, NT, 2010-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axes reduced to improve visibility of trends.. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 10: Recent use of codeine, NT, 2018-2019 (%)

		2018 N=99	2019 N=99
Low dose	**Prescribed**		10
	Not prescribed		4
	Total low dose	12	13
High dose	**Prescribed**	10	12
	Not prescribed	3	5
	Total high dose	13	14
Total prescribed		10	22
Total not prescribed		15	9
Any codeine		24	27

7

Other drugs

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months)

Thirteen percent (Table 11) of the sample reported recent use of at least one NPS, mostly NPS that mimic the effect of cannabis, on a median of 4 days. This pattern is unchanged compared to 2018 (12%).

Table 11: Past six month use of new psychoactive substances, NT, 2017-2019

	2017 N=109	2018 N=99	2019 N=99
'New' drugs that mimic the effects of opioids	1	1	**1**
'New' drugs that mimic the effects of ecstasy	0	0	**2**
'New' drugs that mimic the effects of amphetamine or cocaine	0	2	**0**
'New' drugs that mimic the effects of cannabis	0	11	**13**
'New' drugs that mimic the effects of psychedelic drugs	0	0	**0**
'New' drugs that mimic the effects of benzodiazepines	0	0	**0**
Any of the above	**1**	**12**	**13**

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. # In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Non-Prescribed Pharmaceutical Medicines

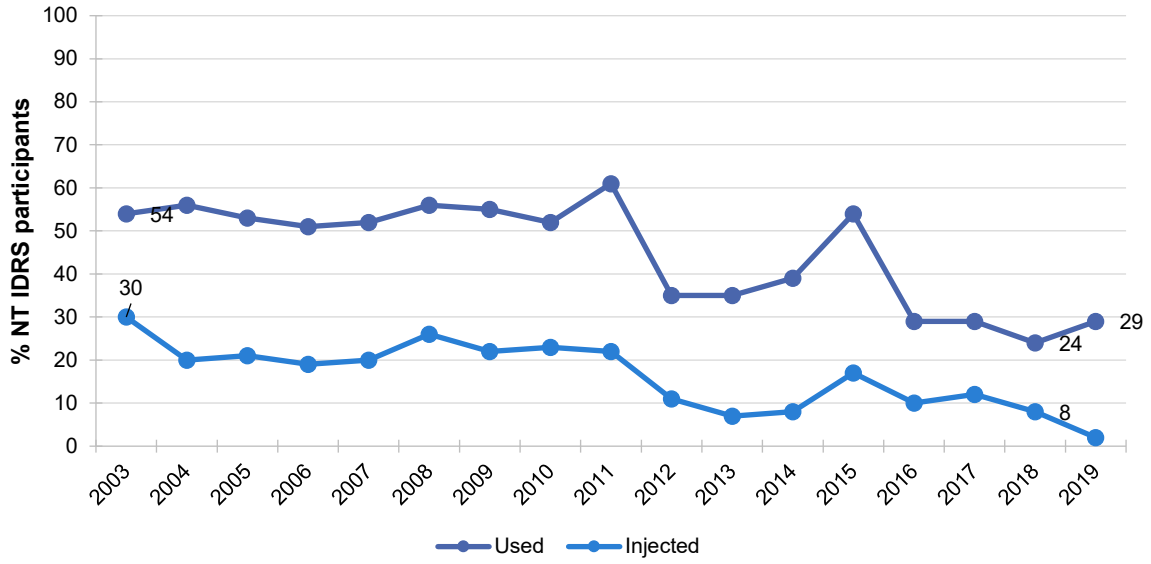
Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed alprazolam was stable at 8% (9% in 2018). Injection of non-prescribed Alprazolam declined from 6% in 2018 to ≤5 participants in 2019. Almost one-third (29%, Figure 21) of the sample reported recent use of any type of benzodiazepine (Alprazolam and 'other'), slightly higher than the twenty-four percent found in 2018. Recent injection of any benzodiazepine shows a decline over recent years.

Frequency of Use: Median days of use of non-prescribed Alprazolam increased from 3 days in 2018 to 17 days this year. Frequency of use of non-prescribed other benzodiazepines was 5 days (IQR=2-3, 2 days in 2018, IQR=2-12).

Routes of Administration: Of those who had recently used non-prescribed Alprazolam, most (88%) reported swallowing it (56% in 2018). In both 2018 and 2019 a small number of participants (n≤5) reported injecting it. Eight percent of the sample reported swallowing non-prescribed other benzodiazepines, with no other route of administration reported (10% swallowed in 2018 and less than 5% injected).

Figure 21: Recent benzodiazepine use and injection, NT, 2003-2019



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019

Pharmaceutical Stimulants

Very low numbers reported using pharmaceutical stimulants in the last six months, so no further reporting on patterns of use will be included. For further information please see the National IDRS Report or contact the Drug Trends research team.

Anti-Psychotics

Recent Use (past 6 months): Eleven percent of the sample (8% in 2018) reported recent use of non-prescribed anti-psychotics (such as Seroquel).

Frequency of Use: Frequency of use of non-prescribed anti-psychotics was 6 days (IQR=2-21; 7 days in 2018, IQR=2-60).

Routes of Administration: All those reporting recent use of anti-psychotics reported swallowing (100% in 2018) and less than 5% reported smoking (0% in 2018).

Licit and Other Drugs

Steroids

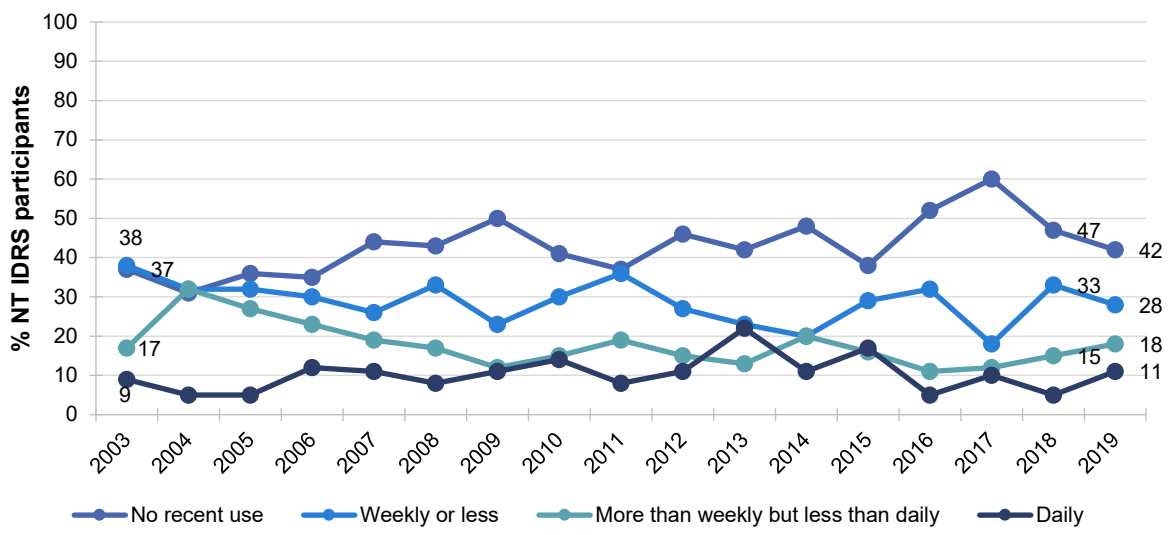
Very low numbers reported using steroids in the last six months, so no further reporting on patterns of use will be included. For further information please see the National IDRS Report or contact the Drug Trends research team.

Alcohol

Recent Use (past 6 months): Fifty-eight percent (Figure 22) of the sample reported having a drink containing alcohol in the past six months, an increase on the 53% found in 2018.

Frequency of Use: The more frequent categories of alcohol use - more than weekly (18%) and daily (11%) - increased compared to 2018 (15% and less than 5% respectively).

Figure 22: Patterns of recent alcohol use, NT, 2003-2019



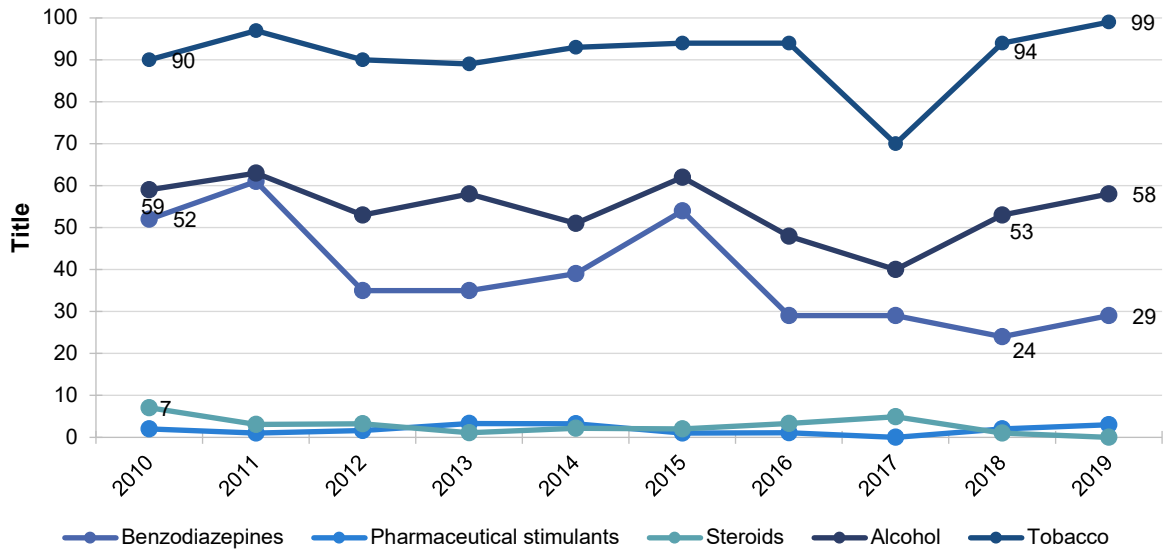
Note. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019

Tobacco

Recent Use (past 6 months): Consistent with previous years, a large majority of participants had used tobacco in the previous six months (99% in 2019; Figure 23), compared to 94% in 2018.

Frequency of Use: The median frequency of use of tobacco in 2018 and 2019 was 180 days (IQR=180-180).

Figure 23: Past six month use of other drugs, NT, 2010-2019



Note. Non-prescribed use is reported for pharmaceutical stimulants. Data labels have been removed from figures in years with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

E-Cigarettes

Recent Use (past 6 months): Approximately one-quarter (23%) of the sample reported recent use of e-cigarettes, of which 30% used it as a smoking cessation tool (17% and 53% respectively in 2018).

Frequency of Use: The frequency of use of e-cigarettes was low at 4 days (IQR=2-24; 5 days, IQR=1-23 in 2018).

8

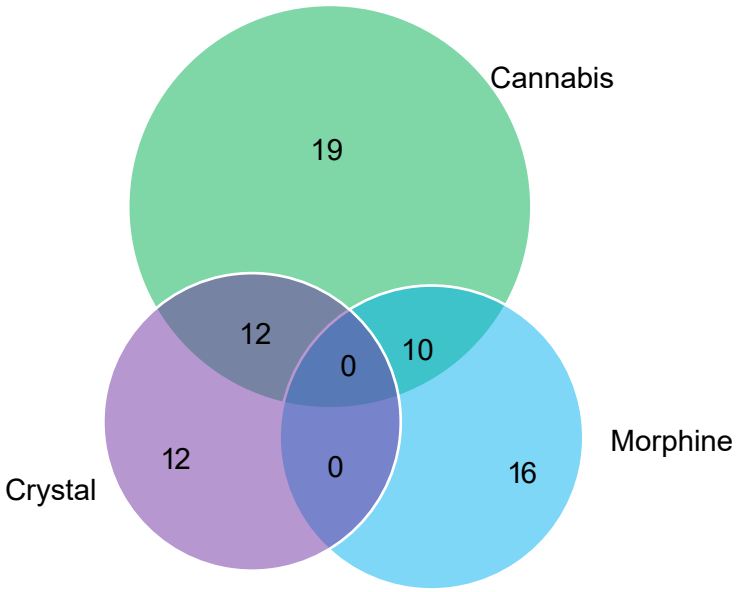
Drug-Related Harms and Other Risk Factors

Polysubstance Use

Ninety-six percent (Table 12) of the sample reported taking one or more drugs on the day before interview, seventy-nine percent when alcohol and tobacco are excluded. Tobacco (93%) was the most commonly reported drug, followed by cannabis (41%), alcohol (28%), morphine (26%) and crystal methamphetamine (24%)

Half (Figure 24) of those who used crystal methamphetamine on the day before interview also used cannabis, as did 40% of those who used any form of morphine.

Figure 24: Selected poly-drug use on the day preceding interview, NT, 2019.



Note. The figure is not to scale. Computed of total sample.

Table 12: Drugs taken on the day before interview, NT, 2019

Drug taken yesterday	2019 N=99
Tobacco	93
Alcohol	28
Cannabis	41
Methamphetamine crystal (ice)	24
Morphine	26
Any	96
Any excluding alcohol and tobacco	79

Note. Data labels have been removed from figures with small cell size (i.e. n≤5).

AUDIT-C

Participants of the IDRS were asked the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) as a measure of identifying hazardous drinking (Table 13).

In 2019, among NT IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 6.1 (SD=3.6, range 1-12), higher than the mean score of 4.6 found in 2018. Sixty percent of males (46% in 2018) and 65% of females (46% in 2018) reported a level of alcohol consumption requiring further assessment.

Table 13: AUDIT-C results, NT, 2012-2019

	2012 N=74	2013 N=62	2014 N=51	2015 N=75	2016 N=55	2017 N=48	2018 N=63	2019 N=57
Mean score (SD)	6.3 (3.3)	6.5 (4.0)	6.1 (3.4)	5.7 (3.8)	5.2 (3.5)	4.6 (3.5)	4.6 (2.6)	6.1 (3.6)
Score of 5 or more (%)								
All participants (n)	68 (74)	65 (62)	61 (51)	56 (75)	49 (55)	51 (55)	46 (63)	62 (57)
Males (n)	68 (57)	63 (46)	62 (39)	63 (49)	50 (40)	51 (35)	46 (41)	60 (40)
Females (n)	65 (17)	44 (16)	58 (12)	42 (26)	47 (15)	50 (20)	46 (22)	65 (17)

Note. ~Total possible score range is 0-12. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019

Overdose

Non-Fatal Overdose

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

Naloxone Program and Distribution

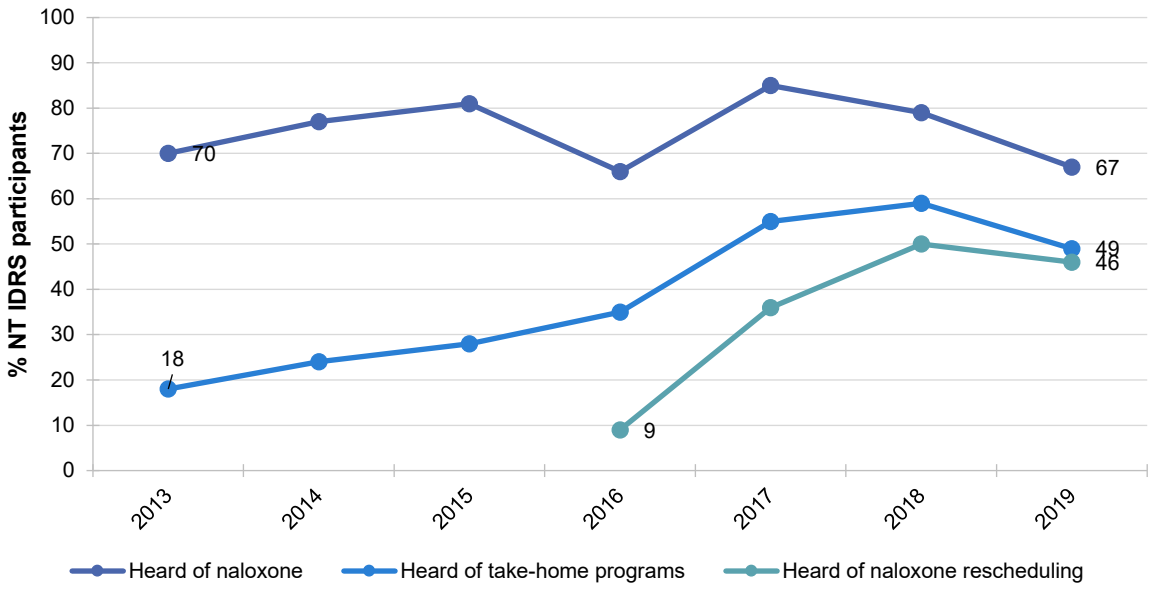
Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs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

Awareness of Naloxone: Most participants (67% in 2019; Figure 25) had heard of naloxone, 49% had heard of naloxone take-home programs and 48% were aware of naloxone rescheduling. In each case, these proportions were smaller than those found in 2018 (79%, 59% and 50% respectively). Despite the decline into this year, knowledge of naloxone programs and rescheduling has increased since 2013.

Participation in Training Programs: Eighteen percent of participants had participated in a naloxone administration training program and either obtained a prescription for naloxone or received a free supply.

Use of Naloxone to Reverse Overdose: Of those who had completed the take-home naloxone program and received a free supply or filled a prescription (n=16), 25% had used the naloxone to resuscitate someone who had overdosed. Thirteen percent of the sample reported that they had at some point been resuscitated by a peer who had completed a take-home naloxone program 2019.

Figure 25: Take-home naloxone program and distribution, NT, 2013-2019



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Injecting Risk Behaviours and Harms

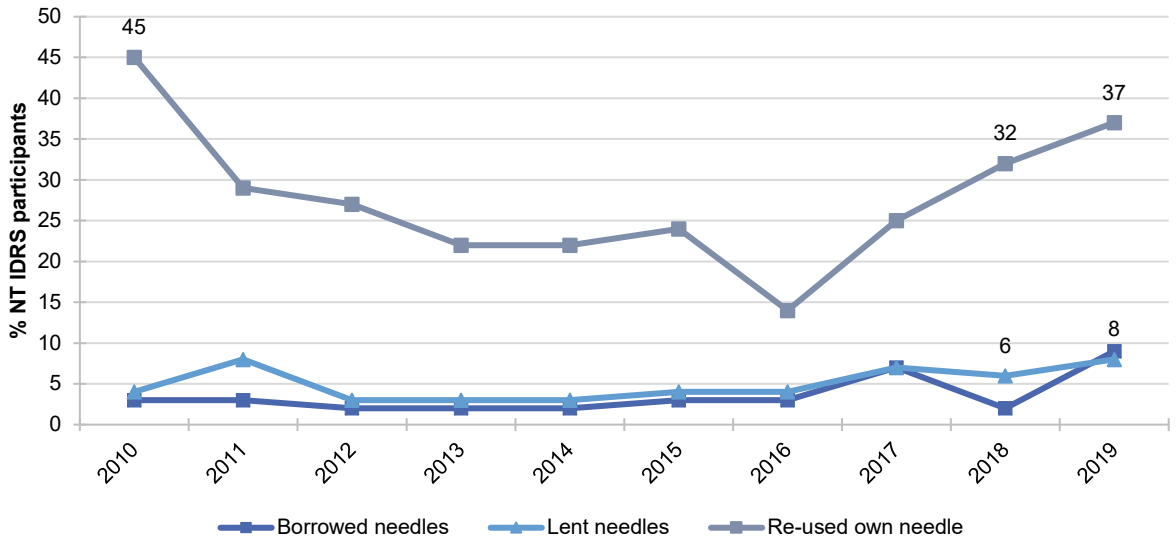
Injecting Risk Behaviours

Eight percent (Figure 26) of the sample reported either borrowing (6% in 2018) or lending (less than 5% in 2018) a needle in the month before interview, an increase on the proportions found in 2018. Thirty-seven percent had reused their own needle (32% in 2018, Table 14).

Thirty percent (Table 14) reported that they had injected someone else after injecting themselves, and 21% were injected by someone else who had previously injected in the past month.

As in previous years, most participants (86%, Table 14) had most recently injected in a private home (92% in 2018).

Figure 26: Borrowing and lending of needles and sharing of injecting equipment in the past month, NT, 2010-2019



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive sharing): used a needle after someone else. Lent (distributive sharing): somebody else used a needle after them. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Table 14: Sharing and re-using injecting equipment in the past month, NT, 2014-2019

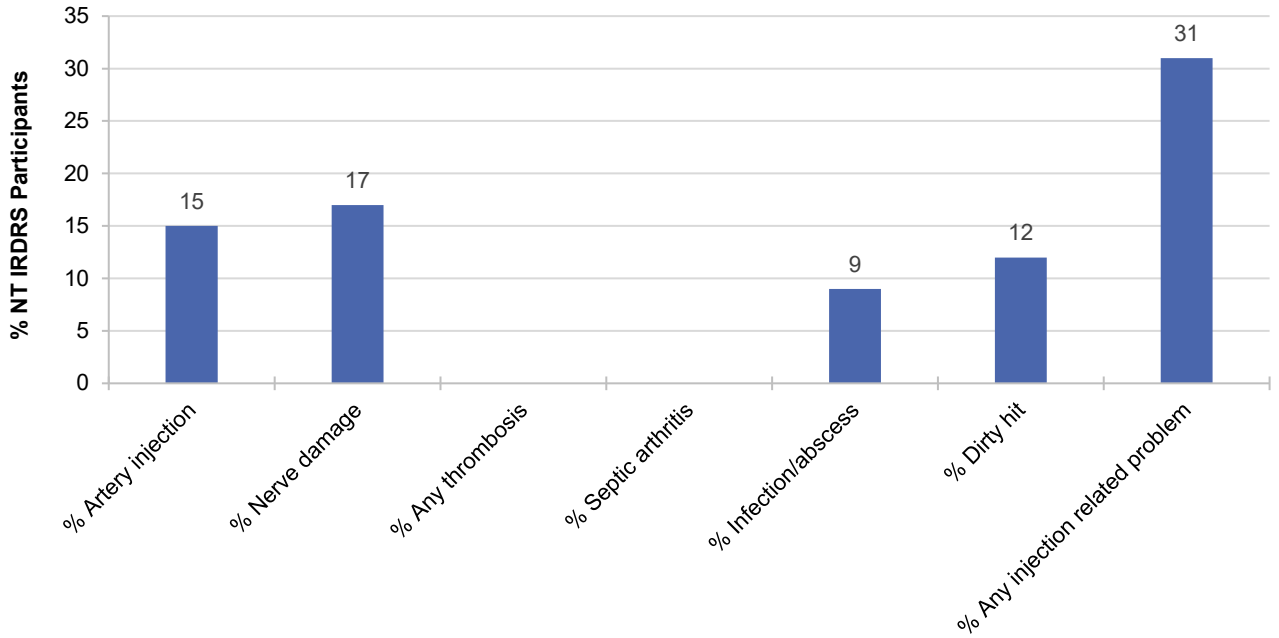
	2014 N=93	2015 N=99	2016 N=90	2017 N=109	2018 N=99	2019 N=99
% Borrowed a needle	**2**	**3**	**3**	**7**	**4**	**9**
% Lent a needle	**3**	**4**	**4**	**7**	**4**	**8**
% Shared any injecting equipment ^ (n)						
Shared spoon/mixing container #	**23**	**15**	**21**	**17**	**8**	**1**
Shared filter #	**2**	**0**	**1**	**7**	**1**	**0**
Shared tourniquet #	**13**	**8**	**6**	**14**	**9**	**0**
Shared water #	**3**	**1**	**4**	**7**	**2**	**2**
Shared swabs #	**3**	**0**	**1**	**6**	**1**	**0**
Shared wheel filter #	**1**	**0**	**0**	**6**	**1**	**0**
% Reused own needle	**22**	**24**	**14**	**25**	**32**	**37**
% Reused own injecting equipment ^	**77**	**71**	**70**	**60**	**51**	**35**
% Injected partner/friend after injecting self (with either a new or used needle)	**/**	/	26	41	34	**30**
% Somebody else injected them after injecting themselves (with either a new or used needle)	**/**	/	18	20	16	**21**
%Location of last injection						
Private home	**89**	**90**	**96**	**91**	**92**	**86**
Street/car park/beach	**2**	**2**	**1**	**4**	**1**	**1**
Car	**4**	**4**	**1**	**5**	**5**	**5**
Public toilet	**1**	**3**	**2**	**0**	**1**	**6**
Other	**3**	**1**	**0**	**0**	**0**	**2**

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. # amongst those who reported sharing any injecting equipment. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Self-Reported Injection-Related Health Problems

Thirty-one percent of the sample (Figure 27) reported an injection related problem in past month: 17% experienced nerve damage, 15% an artery injection either on purpose or accidentally, and 12% a dirty hit. Less than 5% reported experiencing thrombosis or septic arthritis.

Figure 27. Injection-related issues in the past month, NT, 2019



Note. Y axes reduced to improve visibility of trends.

Drug Treatment

Ten percent of participants reported that they were currently in treatment for their substance use in 2019, with less than 5% receiving methadone or buprenorphine-naloxone.

Seven percent of the total sample reported that they had recently tried but were unable to access drug treatment. The services that more than half of this group tried to access were GPs and rehabilitation, while just under half had tried and failed to access an AODT worker or counsellor.

Mental Health

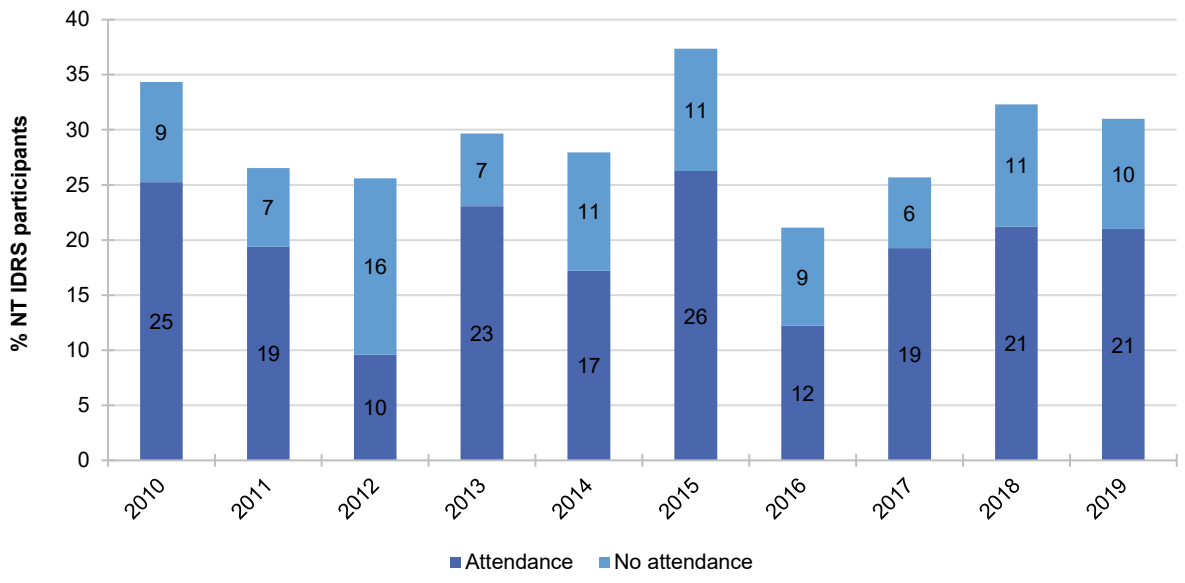
In 2019, 31% of the sample self-reported that they had experienced a mental health problem in the preceding six months (Figure 28).

Amongst this group, the most commonly reported problems were depression (18%) and anxiety (11%). Smaller proportions reported schizophrenia (8%), manic depression/bipolar disorder (4%) and post-traumatic stress disorder (4%).

Of those who reported a mental health issue within the previous six months, 68% (21% of the entire sample) had attended a mental health professional during the last six months, most commonly a GP (45%), psychiatrist (29%), psychologist (19%), and a counsellor (26%).

Forty-five percent of those who reported a mental health problem had been prescribed medication for their mental health problem in the preceding six months.

Figure 28: Self-reported mental health problems and treatment seeking in the past six months, NT 2010-2019



Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who have not. Data labels have been removed from figures with small cell size (i.e. n≤5). Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 15: Self-reporting recent mental health problems, NT, 2013-2019 (%)

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

Note. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019

Sexual Health Behaviours

In 2019, 55% of the sample reported having engaged in penetrative sex with one or more people in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.

Of those who reported penetrative sex with one or more people, 26% had penetrative sex without a barrier and did not know the HIV/STI status of their partner. Of those who reported having penetrative sex, 15% reported that alcohol and/or other drugs impaired their ability to negotiate their wishes during sexual intercourse.

62% of the sample reported having had a sexual health check in the last 12 months, and 4% of the total sample had been diagnosed with a sexually transmitted infection in the last 12 months.

Table 25: Sexual health behaviours, NT, 2019

	2019 N=99
% Any penetrative sex in the last 6 months (n)	55 (n=55)
Of those who responded:	**n=45**
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	26
Of those who responded:	**n=51**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	15
Of those who responded (past 12 months):	**n=55**
% Had a sexual health check	62
% Diagnosed with a sexually transmitted infection	-

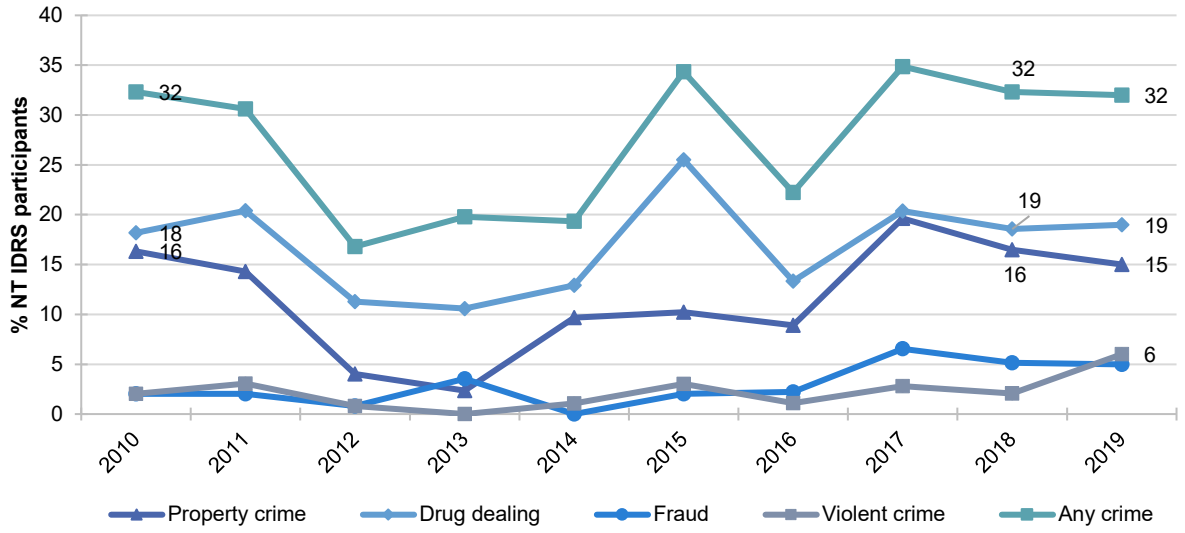
Note. - Numbers suppressed when n≤5 (but not 0).

Crime

Thirty-two percent of the NT IDRS sample reported having committed at least one crime in the month prior to interview. Dealing (19%, Figure 29) and property crime (15%) were the most commonly reported crimes. The pattern of types of crimes committed has remained stable over the years, with dealing and property crime most common and low reported rates of fraud and violent crime.

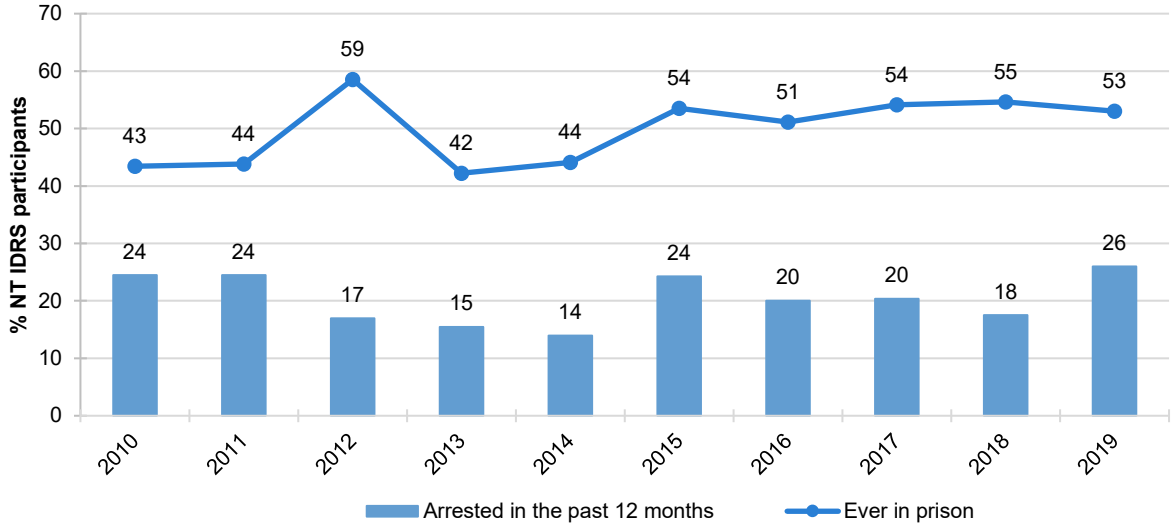
Twenty-six percent (Figure 30) of the sample had been arrested within 12 months of the interview, while 53% reported having ever been in prison.

Figure 29: Self-reported criminal activity in the past month, NT, 2010-2019



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures with small cell size (i.e. n≤5). Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 30: Self-reported arrests in the past 12 months and previous prison history, NT, 2010-2019



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). Y axes reduced to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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