



Recent Illicit Drugs Reporting System Results (IDRS) for the Northern Territory

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KEY FINDINGS

- Use of crystal methamphetamine by NT PWID has increased over recent years to where it is the main form of methamphetamine.
- Availability and price of crystal methamphetamine appears to have stabilised.
- Selected harms associated with crystal methamphetamine use have increased.
- Other aspects of the NT market are stable, with pharmaceutical opioids continuing as the main injected drug.

INTRODUCTION

Since 2010, Key Experts (KE) interviewed as a part of the Illicit Drug Reporting System (IDRS) in the Northern Territory (NT) have described the emergence of crystal methamphetamine (ice; crystal) in the NT illicit drug market. Over that time crystal methamphetamine has moved from being a drug that was rarely encountered by people who inject drugs (PWID) or KE, to one that is now in common use among PWID and which is consistently identified as the drug of most concern to KE.

This bulletin presents recent general NT IDRS results and descriptive data around the growth in the NT's crystal methamphetamine market and selected impacts.

RESULTS

Sample characteristics

IDRS participants over the previous five years have been aged around 40 years old (Table 1), mainly male and usually unemployed or receiving a pension or benefit. Between 20 percent and 33 percent of the sample have been Indigenous.

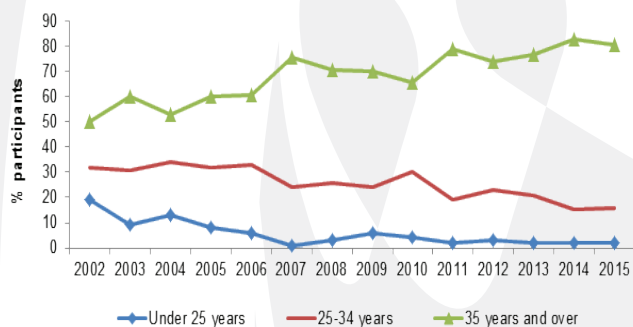
Table 1: Demographic characteristics of the participant sample, 2011-2015

	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99
Age – mean years (range)	42 (18-63)	42 (23-62)	40 (21-60)	44 (23-63)	43 (20-64)
Sex (% male)	70	71	65	71	64
Aboriginal and/or Torres Strait Islander (%)	28	28	21	20	33
Employment (%)					
Not employed/on a pension	87	94	79	77	84
Full time	8	3	7	14	8
Part time/casual	4	3	11	8	7
Other	0	0	2	0	0

Source: IDRS participant interviews

While the mean age of participants has been fairly stable, over a longer period participation by people aged 35 years and older has increased while younger age groups have declined, with very few under 25 year olds participating.

Figure 1: Age distribution of participants in the NT IDRS samples, 2002-2015



Source: IDRS participant interviews

DRUG USE PATTERNS

Daily injection has been the most commonly reported injecting frequency among the IDRS samples (Table 2), with around 60% injecting one or more times a day. Injecting more than three times a day shows an increase in 2015.

Table 2: Frequency of injection in the month before interview, 2011-2015

%	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99
Frequency of injecting in last month:					
Not injected in last month	0	3	2	0	1
Weekly or less	20	14	23	17	20
More than weekly, but less than daily	15	15	16	16	14
Once per day	26	40	28	34	21
2-3 times a day	37	29	30	31	37
>3 times a day	2	1	1	1	6

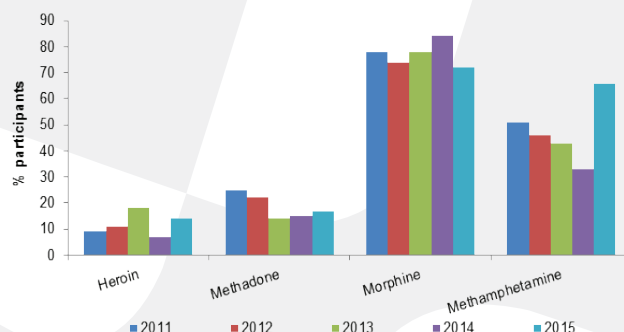
Source: IDRS participant interviews

Figure 2 demonstrates a key characteristic of illicit drug use in the NT, the predominate use and injection of pharmaceutical opioids, such as morphine and methadone, over heroin. Methamphetamines are the next most commonly injected illicit drug, showing a substantial increase into 2015.

Pharmaceutical morphine has been consistently the most reported recent use and recent injection drug, with around 80% (Table 3) of the IDRS samples reporting recent use in each of the last five years. Morphine has been rated as easy or very easy to obtain by at least 50% of the sample, with the price of 100mg of MS Contin, the most frequently purchased form,

being stable at \$80 a capsule. There is no obvious relationship between price and reported availability.

Figure 2: Recent injection of selected drugs, 2011 to 2015



Source: IDRS participant interviews

Table 3: Recent use of morphine, 2011-2015

%	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99
Used	81	77	80	85	73
Availability					
Very easy	25	22	34	20	31
Easy	54	52	20	49	54
Median price of 100 mg MS Contin	80	80	80	80	80

Source: IDRS participant interviews

Recent injection of oxycodone has been consistent at around one-fifth to one-quarter of the sample (Table 4), while recent injection of Physeptone has increased after a decline. Recent injection of Subutex and Suboxone has fluctuated, although recent Suboxone injection appears to be increasing.

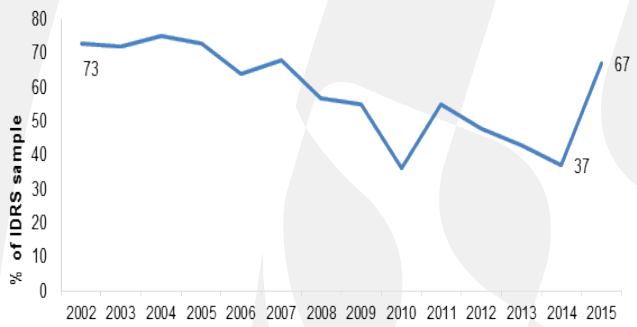
Table 4: Recent injection of other pharmaceutical opioids, 2010-2013

%	2011	2012	2013	2014	2015
Oxycodone	23	18	23	23	23
Physeptone	18	16	6	16	11
Methadone syrup	7	8	9	0	5
Subutex/buprenorphine	5	7	13	8	6
Suboxone	3	6	10	6	15

Source: IDRS participant interviews

Recent use, i.e. use within six months of interview, of any form of methamphetamine among the IDRS samples declined between 2002 and 2014, from 73% (Figure 3) of the sample to 37%. Most recently, in 2015, it increased to the levels seen in the mid-2000's.

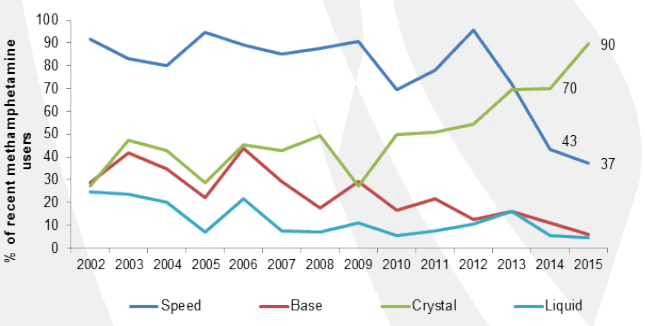
Figure 3: Recent use of any form of methamphetamine, 2002-2015



Source: IDRS participant interviews

Among those who had used any form of methamphetamine in the six months prior to interview, speed powder was the most commonly used form used until 2012, since decreasing steadily (Figure 4). The proportion of recent users of methamphetamine using crystal has steadily increased since 2009, passing the level of speed powder use in 2014 and remaining higher this year. Recent use of the base and liquid forms of methamphetamine have declined to low levels.

Figure 4: Methamphetamine use in the past six months among recent users, 2002-2015



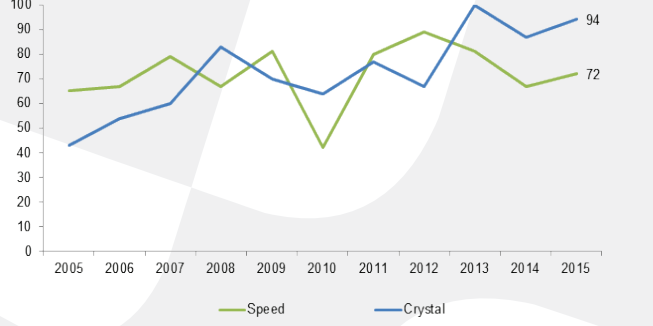
Source: IDRS participant interviews

While the reported availability of all forms of methamphetamine among PWID fluctuates from year to year, since 2005 more than half of each sample have rated it as easy or very easy to obtain. The proportions of PWID rating 'ice' as easy or very easy to obtain shows a consistent increase between 2005 and 2015, Figure 3, exceeding the rated availability of speed powder since 2013.

Between 2009 and 2012 the median price for a point of speed powder increased from \$50 to \$150, stabilising since then at \$100 a point. Over the same period, the price of one point of 'ice' increased to \$200, since declining to a stable price of \$150. Over the same timeframes, the number of IDRS participants able to

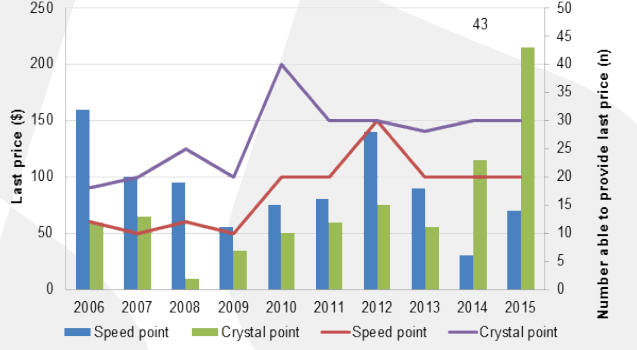
report a last purchase price has declined for speed while increasing steadily for crystal methamphetamine.

Figure 5: Availability of speed powder and crystal methamphetamine among PWID



Source: IDRS participant interviews

Figure 6: Median last price per point for speed and crystal methamphetamine, with number of purchasers, 2006 to 2015.

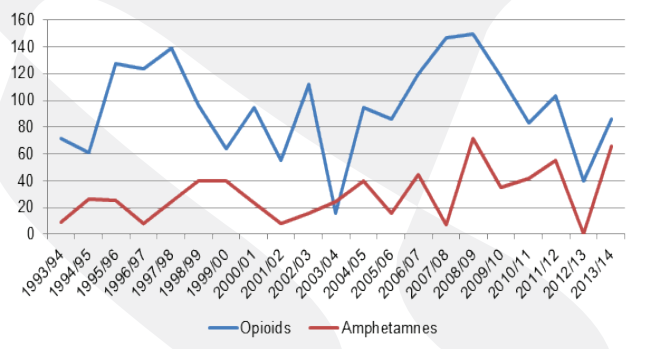


Source: IDRS participant interviews

Selected harms and risks

The rate of opioid- and amphetamine-related admissions to NT hospital per million persons over time are shown in Figure 7. Opioid-related admissions show periods of increase and decline with no overall pattern, while amphetamine-related admissions also fluctuate but with a small upward trend. Although not shown here, in each case the admission rates are lower than those at the national level.

Figure 7: Drug related hospital admissions, parts per million persons, 1993/94 TO 2013/14



Sources: AIHW, NT Health, Roxburgh and Breen (2016)

Consistent with the hospital admissions shown above, illicit drug use has relatively small impact on specialist alcohol and drug service delivery in the NT, alcohol being the principal drug of most concern, Table 5. Episodes where an Amphetamine Type Stimulants (ATS) is the principal drug of concern have increased from 4% of the total to 10%, with this increase accounted for by methamphetamine.

Table 5: Proportion of closed episodes of care in AODTS^A by principal drug of concern, 2010/11 to 2014/15.

%	2010/11	2011/12	2012/13	2013/14	2014/15
Alcohol	68	67	63	60	58
Nicotine	2	2	1	3	2
Cannabis	10	11	10	14	14
ATS:					
Other than methamphetamine	4	4	5	5	4
Methamphetamine	-	-	-	2	6
Opioids	8	8	6	4	4
Volatiles (inc. Petrol)	8	6	13	11	11
Other	1	2	2	2	2

Source: Alcohol and Other Drug services, NT
^AAlcohol and Other Drug Treatment Services.

In most years, difficulty injecting and scarring or bruising have been the most common injection-related problems reported by the IDRS samples (Table 6). Reports of abscess and infection appear to have declined since 2011.

Table 6: Proportion of participants reporting injection-related problems within one month prior to interview, by problem type, 2003-2012

%	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99
Overdose	3	19	3	0	0
Dirty hit	12	46	13	5	11
Abscess/infection	10	9	4	5	3
Scarring/bruising	45	42	32	39	37
Difficulty injecting	37	34	25	41	29
Thrombosis	7	1	4	4	5

Source: IDRS participant interviews

Small proportions of survey participants report lending or borrowing of needles, with those proportions declining since 2011 (Table 7). Larger proportions report reusing their own needles, although this has also declined slightly since 2011.

Table 7: Needle sharing and use, 2011-2015

%	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99
Lent a needle	8	3	3	3	4
Borrowed a needle	4	2	2	2	3
Reused own needle	28	26	22	22	24

Source: IDRS participant interviews

The proportion of IDRS participants reporting driving after taking an illicit drug shows a slow but steady decline since 2010.

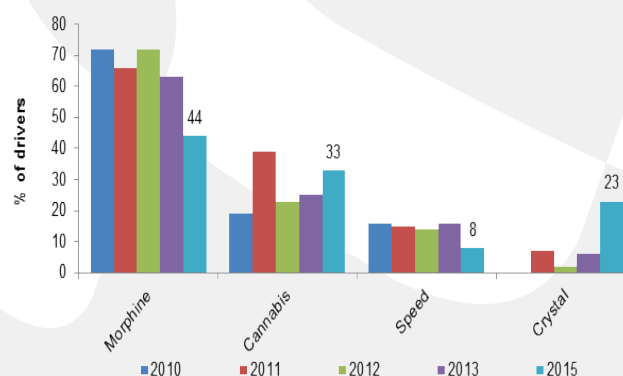
Table 8: Driving after taking an illicit drug, 2010-2013, 2015*

%	2010	2011	2012	2013	2015
Driven after taking illicit drug	83	76	72	69	66

Source: IDRS participant interviews
* data not collected in 2014.

Until 2012, around 70% (Figure 8) of those who had driven after taking an illicit drug reported that drug as morphine. That proportion declined in 2014 and 2015 to a low of 44%. The proportions driving after using cannabis have increased between 2010 and 2015, while those for speed powder have declined. The proportion of PWID driving after using crystal methamphetamine increased markedly in 2015.

Figure 8: Driving after taking an illicit drug by drug type, 2006-2013, 2015*



Source: IDRS participant interviews
* data not collected in 2014.

Self-reported criminal activities declined between 2008 and 2014 (Table 9), as did the arrests within 12 months of interview. In 2015, substantial increases are seen for dealing, to 25%, and arrests, to 24%.

Table 9: Self-reported criminal activity, 2011 to 2015

%	2011 N=98	2012 N=125	2013 N=91	2014 N=93	2015 N=99
Criminal activity in last month					
Dealing	20	11	10	13	25
Property crime	14	5	2	10	10
Fraud	2	1	3	0	2
Violent crime	3	1	0	1	3
Any crime	31	16	14	19	34
Arrested in last 12 months	25	17	14	14	24

Source: IDRS participant interviews

COMMENT BY KEY EXPERTS

All KE interviewed for the IDRS in recent years have discussed the methamphetamine market in Darwin, corroborating the findings of the injecting drug user survey. In 2015, KE reported that the emerging trends found in previous years had now stabilised, with crystal methamphetamine as the main form of methamphetamine available and in use.

Law enforcement KE have noted that crystal methamphetamine is associated with a range of crimes, particularly: dealing, theft and burglary, and more likely to be associated with violent crime than other illicit. In large part these crimes are a consequence of the financial costs of maintaining regular use of crystal methamphetamine, which can amount to up to \$2,000 per day. Police noted that regular users can accrue significant debt and that crimes committed around the collection of this debt can often involve violence. These comments corroborate the results reported above showing increases in self-reported property crime and dealing.

Over time health sector KE have noted the new and additional demands placed on, in particular, treatment services attributable to the behaviours associated with crystal methamphetamine use and the impacts on families. In 2015, all KE highlighted the stabilisation of the crystal methamphetamine supply and use in the NT, noting that providing services to clients who regularly use crystal methamphetamine had become a significant or majority part of their business. In particular, they noted the continuing involvement of family members in the referral of regular crystal methamphetamine users for services and the increasing need for provision of information and education to families.

Treatment KE felt that the involvement of families and ongoing community education had led to something of a decrease in the “stigma” attached to crystal methamphetamine use and an improved understanding that crystal methamphetamine use could be managed through appropriate treatment. Also, that the increased demand for treatment had led services to develop

their own understanding and knowledge of possible treatment approaches and provide additional support programs. Some KE mentioned the need for a reliable pharmacotherapy and for increased access to suitable assessment services.

All health KE noted that clients who regularly used crystal methamphetamine were more likely to be ‘in crisis’ when presenting than is the case for most other illicit drugs, meaning that they were experiencing issues around anger, depression, anxiety and employment or relationship difficulties.

CONCLUSION

The Northern Territory Illicit Drug market has been characterised for a number of years by the relatively high levels of use of morphine and other pharmaceutical opioids and the relative low levels of use and poor availability of heroin and cocaine.

More recently, a long-term decline in methamphetamine use among PWID has been reversed, attributable largely to a relatively rapid adoption of crystal methamphetamine as the most commonly used form. Crystal methamphetamine is now the main form of methamphetamine available and used by PWID, with both availability and price stabilising in recent years.

Key experts have noted increased impacts on treatment services attributable to the increase in crystal methamphetamine use and increases in certain types of crime, corroborating similar findings from the PWID survey.

REFERENCES

Roxburgh, A. & Breen, C. (2016) Drug-related hospital stays in Australia, 1993-2014. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

SUGGESTED CITATION

Moon, C. (2016). Recent Illicit Drugs Reporting System Results (IDRS) for the Northern Territory. IDRS Drug Trends Bulletin, April 2016. Sydney: National Drug and Alcohol Research Centre, University of New South Wales, Australia.