

The Illicit Drug Reporting System (IDRS) 1999: Northern Territory drug patterns and trends

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Abstract

The national Illicit Drug Reporting System acts as an early warning system to detect and track amphetamine, heroin, cannabis, and cocaine use patterns and emerging trends. In the Northern Territory, structured interviews of 28 key informants and analysis of other drug indicator data, demonstrated that there were diverse groups of amphetamine, opiate, and cannabis users in Darwin. There were reports of increasing use by Aborigines and youth. Amphetamines and morphine were usually injected and there had been a 338% increase in needle and syringe distribution in the 4 years to 1998/99. MS Contin 100mg was the usual opiate used, and the consumption of this Schedule 8 morphine narcotic had increased 1,100% from 1996 to 1998. Opiate overdoses were rare. The purity of amphetamines was low, but cannabis potency was high. All three drugs were considered to be easy to obtain. The policy and research implications of the results are discussed.

The national Illicit Drug Reporting System (IDRS) (Hando, Darke, Degenhardt, Cormack & Rumbold, 1998; McKetin, Darke, Hayes, & Rumbold, 1999) acts as an early warning system, and indicates any significant changes or emerging trends in

opiate, amphetamine, cannabis, and cocaine use patterns, within jurisdictions and nationally. The primary audience for the national project is federal and state/territory bodies, including the Ministerial Council on Drug Strategy and the National Drug Strategy Committee. They require a drug monitoring system that allows them to identify and prioritise more in-depth research needs of national significance, and to assist with other policy decisions within a harm reduction framework, a particular focus of which is minimising negative health consequences associated with illicit drug use.

The national IDRS consists of the triangulation of key informant interviews, injecting drug user field surveys, and analysis of drug-related harm indicator data. In 1997, the first national IDRS trial was implemented in three states in Australia: New South Wales; Victoria; and South Australia (Hando, O'Brien, Darke, Maher, & Hall, 1996). This was followed by a full study in these three states in 1998, and the development of a standard procedures manual (Hando & Darke, 1998; Mc Ketin et al, 1999).

In 1999, the national IDRS was expanded such that the key informant interviews and drug indicator data analysis occurred simultaneously in all Australian capital cities. It was expected that trends of national importance would be more reliably detected in capital cities, as these are places where drug users are likely to congregate. The Northern Territory's participation in the IDRS aimed to provide an accurate description of current illicit drug use trends in Darwin, and to contribute to both local and national perspectives which would serve to identify intervention priorities, and guide further research. Professionals and territory bodies are also assisted in developing and

informing policy. It is anticipated that these trials in all capital cities will result in the establishment of an ongoing national monitoring system, incorporating the three methods of data collection.

Method

This study employed two methods: A qualitative study of key informants working in the drug field; and analysis of existing drug-related harm indicators. These methods were recommended following a 12-month pilot study, conducted in Sydney, during 1995-96 (Hando, 1996; Hando et al 1996; O'Brien, Darke, & Hando, 1996). The procedures manual for key informant studies (Hando & Flaherty, 1993) identified 30-40 key informants per site as a large enough to monitor drug patterns, and identify some robust trends. A previous study (Hando et al, 1967), noted that telephone interviews were more effective as a rapid data collection tool among key informants, compared to focus groups. A number of researchers have argued that the use of multiple methods to measure drug trends is preferable, allowing a more complete assessment of the situation (Hartnoll, 1985, National Institute on Drug Abuse, 1995). This study employed the IDRS standard procedures manual (Hando & Darke, 1998).

Drug-related harm indicators

Measures. To complement and validate the key informant study, a range of secondary data sources were accessed. The pilot study for the IDRS (Hando et al, 1996) recommended that databases accessed for secondary indicator data should meet at least four of the following criteria:

1. Include 50 or more cases
2. Available at least annually

3. Provide brief details of illicit drug use
4. Collected in the main study site
5. Include details on the four main illicit drugs under investigation

The following databases meet at least four of the above criteria and were accessed:

1. Alcohol and Other Drugs Client Database (Territory Health Services)
2. Coronial database (Australian Bureau of Statistics)
3. Needle exchange data (Northern Territory AIDS Council)
4. National Drug Strategy National Household Survey: 1998 Northern Territory Results (Northern Territory Government Living With Alcohol program)
5. Consumption of Schedule 8 narcotics (Territory Health Services)
6. Drug seizures (Australian Bureau of Criminal Intelligence)

Key Informant Study

Key Informants. The criteria for inclusion in the study was a minimum of weekly contact with illicit drug users in the six months preceding the study or contact with at least 10 illicit drug users in the previous six months. A screening instrument determined eligibility for inclusion. Given that the aim of the study was to monitor trends in illicit drug use, no demographic quotas were stipulated. A variety of participants were recruited to represent patterns of illicit drug use in Darwin.

Structured Interview Schedule. The interview schedule was based on previous research (Hando & Darke, 1998; Hando & Flaherty, 1993; McKetin et al, 1999). The schedule included questions on drug use patterns, availability, price, purity, forms of administration, criminal behaviour, and health issues.

Procedure

Key informants were recruited from drug treatment agencies, other health services, non-Government organisations, the police, Correctional Services, Customs, and needle exchanges. The informants were known professionals or referred by peers. Potential informants were provided with a study information sheet, and a consent form. Those interested in participating provided contact details, a completed consent form, and a time to conduct the screening and interview. The interviewer contacted each informant at the pre-arranged time, screened each informant for inclusion into the study (using the standard screening instrument to assess if the criteria listed above were met), and either conducted the interview immediately, or arranged a mutually convenient time to conduct the phone interview. The key informant interview schedule usually took between 30 to 45 minutes to administer. The responses to open-ended questions were transcribed shortly after the completion of the interview, in order to record as much detail as possible. Quantitative questions were analysed with the Statistical Package for Social Sciences 9 (SPSS9), and open-ended questions were analysed for themes with a word processor.

Results

Drug-related harm indicators study

Overdose deaths. The Australian Bureau of Statistics (ABS) maintains a database on the number of opiate-related deaths by each jurisdiction, and these data are presented in Table 1. The NT has

relatively low numbers of opiate overdoses each year, especially when compared to New South Wales, Victoria, and South Australia.

Characteristics of needle exchange users. A 1998 snapshot survey of 121 clients of the Northern Territory AIDS Council (NTAC) needle exchange (Roberts, 1998), indicated that 80.2% of clients had been injecting for over three years, and that morphine was most likely to be the last drug injected (see Table 2). Two thirds of these users had been tested for HIV and, of those, 8.5% had tested positive. A greater proportion (87.6%) had undergone HCV testing, and just over a third tested positive. In the month before the survey, three quarters of users stated they had used a clean needle and syringe each time they injected. None of the respondents had used a needle after someone else.

Needle exchange figures. Data on the number of needles and syringes distributed by NTAC indicated a steady rise in the distribution figures, from 89,475 in 1994/95 to 436,527 in 1998/99, a 388 percent increase over the last four years.

Schedule 8 narcotics. Information on Schedule 8 drugs (Table 3), indicated that consumption of all Schedule 8 morphine narcotics had increased from 1996 to 1998, and that the NT had a 1,100% increase in

Table 1
Number of opiate deaths among those aged 14-44 years by jurisdiction, 1988-97

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUST
1988	201	99	15	12	18	0	0	2	347
1989	154	98	19	8	18	1	2	2	302
1990	193	78	8	18	14	5	0	0	316
1991	142	63	9	12	12	3	0	2	243
1992	178	77	18	28	21	0	1	4	327
1993	177	84	22	40	23	4	2	5	357
1994	201	91	34	32	38	4	5	1	406
1995	251	136	42	34	68	6	0	13	550
1996	244	142	27	30	61	5	2	15	526
1997	292	168	26	36	70	1	1	6	600
1998	358	210	38	45	59	7	10	10	737

Table 2
Characteristics of injecting drug users October/November 1998

	Males	Females	Total
Years injecting			
< 4 years	13.6%	36.4%	19.8%
4-10	36.4%	33.3%	35.6%
>10 years	50.0%	30.3%	44.6%
Had HIV test (n=79)			
<25 years old	24.0%	66.7%	35.8%
25-35	38.0%	16.7%	32.1%
>35 years old	38.0%	16.7%	32.1%
Tested HIV positive	11.4%	0.0%	8.5%
Had HCV test (n=106)			
<25 years old	24.0%	64.5%	35.8%
25-35	36.0%	16.1%	30.2%
>35 years old	40.0%	19.4%	34.0%
Tested HCV positive	36.0%	38.7%	36.8%
Last drug used			
heroin	4.5%	9.1%	5.9%
speed	13.6%	33.3%	19.0%
methadone	1.2%	0.0%	0.8%
morphine	78.4%	57.6%	72.7%
anabolic steroids	2.3%	0.0%	1.6%
Use of new needle & syringe			
all injections	80.7%	75.7%	79.3%
most of time	12.5%	9.1%	11.6%
half the time	4.5%	6.1%	5.0%
did not inject last month	2.3%	9.1%	4.1%
Total Cases	88	33	121

Source: Roberts, C. 1998 *Snapshot III: The 1998 Wet*. HINT, NT AIDS Council

MS Contin 100 mg tablets, compared to a 35% increase in Australia. The NT also had higher increases for Kapanol 20mg tablet (100% : 70%), Kapanol 50mg (180% : 80%), and Kapanol 100mg (180% : 80%). The usage of all morphine in the NT was calculated including all morphine injections, tablets, capsules, and mixtures, in both hospital and community use, and the total NT morphine consumption was 3.8% of the total Australian consumption. The NT population, in June 1998, was one percent of the Australian population. Consumption of MS Contin 100mg was 11.3% of the total Australian consumption.

Admissions to drug treatment. Client admission data from drug treatment agencies from 1996/97 to 1998/99 (Table 4) indicated an increase in admissions for opiate or amphetamine use. Admissions of cannabis users increased in 1997/98, but dropped to below 1996/97 levels in 1998/99. Admissions for cocaine were consistently very low.

National Drug Strategy Household Surveys, 1995 and 1998. Some key results from the 1995 and 1998 surveys are presented in Table 5. In the NT, recent use of any illicit drug had increased 13 percentage points from 1995 to 1998, to 37.6%, and this was higher than the Australian figure of 21.7% (O'Reilly, 1999). The NT had double the proportion of both cannabis (35.1% : 17.7%) and amphetamine users (6.2% : 3.6%). Less than 10% of Territorians had recently used heroin or injected drugs (for non-medical reasons), and this had not changed from 1995 to 1998. Of those people who had recently injected drugs, four in five had injected amphetamines, and two in five had used ecstasy. Amphetamines were more likely to be the first illicit drug

injected in both the NT (44.9%), and in the rest of Australia (51.1%).

Forms and associated cost of illicit drugs. Data from the Australian Bureau of Criminal Intelligence, on the cost of various forms and quantities of cannabis and amphetamines, indicated that prices for those drugs were not dissimilar to those reported in this study (Table 6).

Key Informant Study

A total of 28 informants were interviewed in August 1999 (14 males and 14 females). These informants consisted of 2 general practitioners, 9 drug treatment professionals, 3 detoxification workers, 3 youth workers, one drug squad officer, one customs officer, 2 correctional services employees, 2 health workers, 2 HIV/needle exchange workers, one community service worker, one lawyer, and one mental health professional.

The informants identified the main illicit drug used by those with whom they had the most contact in the six months preceding the study (approximately the first half of 1999). Six (21.5%) identified amphetamines, 14 cannabis (50%), 7 morphine (25%), and only one (3.5%) identified heroin. No informants nominated cocaine. The large majority of informants (89%) stated that their work brought them into contact with drug users.

Current illicit drug use patterns and trends are presented from the perspective of the 28 informants, and results are summarised according to the major illicit drug groups. A full description of all the results are available in Rysavy, O'Reilly, and Moon (1999).

Table 3
Consumption of Schedule 8 morphine narcotics from 1994 to 1998

Drug name	1994	1995	1996	1997	1998*	% increase
MS Contin 10mg tabs	19,680	17,000	33,160	36,140	32,390	65%
MS Contin 30mg tabs	18,880	20,380	31,580	34,100	32,210	71%
MS Contin 60mg tabs	26,840	20,800	44,940	86,620	132,900	395%
MS Contin 100mg tabs	18,540	17,440	19,820	74,400	250,900	1,253%
Kapanol 20mg tabs	220	6,200	12,080	14,980	24,900	11,281%
Kapanol 50mg tabs	160	3,580	8,240	15,080	23,200	14,400%
Kapanol 100mg tabs	220	4,340	13,060	24,240	37,000	16,718%
Anamorph 30mg tabs	54,120	48,840	59,020	62,140	62,000	15%

Source: Poisons and Pharmacy Branch, Territory Health Services

*Calculated pro-rata on figures to 30/11/98

Table 4
Drug admissions to treatment agencies 1996/7-1998/9

Substance	1996/97	1997/98	1998/99
Opiates	97 1.5%	161 27.1%	315 44.2%
Amphetamines	15 3.3%	32 5.4%	67 9.4%
Cannabis	88 19.5%	135 22.7%	116 16.3%
Cocaine	2 0.4%	1 0.7%	1 0.1%
Polydrug	83 18.4%	134 22.6%	144 20.2%
Total	285	463	643
Total all drug	451	594	713
% of all drug	63.2%	77.9%	90.2%
% of all admissions	15.4%	19.6%	22.8%

Source: Alcohol and Other Drugs Client Database, Territory Health Services

Table 5
Recent use of selected drugs in the NT and rest of Australia *, 1995 and 1998

DRUG	1995		1998	
	Aus	NT	NT	Aus
Cannabis	13.2	21.8	35.1	17.7
Heroin	0.4	0.5	0.5	0.7
Amphetamines	2.1	4.0	6.2	3.6
Cocaine	1.0	0.2	1.2	1.4
Injected illegal drugs	0.6	0.9	0.9	0.7

Recent use = in last 12 months; *Aged 14 years or more

Table 6
Price of various forms and quantities of cannabis and amphetamines, 1999

DRUG	April - June
Cannabis	
Leaf a deal (1gm approx)	25
Head a deal (1gm approx)	30
Hydro a deal (1gm approx)	30
Skunk a deal (1gm approx)	30
Hash/resin a deal (1gm approx)	60-100
Oil a deal (1gm approx)	60-100
Leaf Ounce bag (28gms)	300
Head Ounce bag (28gms)	300
Hydro Ounce bag (28gms)	300
Skunk Ounce bag (28gms)	300
1 Plant* Mature plant* potential value	1000
Amphetamines	
1 street deal	80-100
1 weight (gm)	100
1 ounce	1000

Amphetamine, opiates and cannabis use patterns, price, purity, and availability. Key informants described the types of people using amphetamines ($n = 6$), opiates ($n = 8$) and cannabis ($n = 14$), the way they used the drugs, and changes over the last 6 months. The following section focuses primarily on morphine use, as all informants reported that heroin use was rare. The wide disparity of informant views strongly suggests that there were several subsets of users in Darwin. The information provided by key informants on drug use, price trends, purity, and availability, are summarised in Table 7. This table also contains the entire key findings, and congruence of the data from the two sources is indicated.

Current amphetamine use. Key informants reported that the heaviest users were in their 20s, but the age of users varied widely, with increasing numbers in their early teens. Among teenagers, amphetamines were often the first illicit drugs used. The gender of users was evenly distributed, but suppliers were thought to be predominantly male. Three informants identified a recent trend of teenage girls and young women exchanging sex for drugs. Most of the user group were Caucasian, but there were reports of increasing use among the younger Aborigines. Informants estimated that Non English Speaking Background (NESB) users comprised less than five percent of the using population.

Education levels varied widely, but it appeared that the majority of users had some high school, or completed high school education, histories, and a significant proportion were tradespeople or tertiary educated. Employment status also varied widely, but a large proportion was unemployed, with many others working in unskilled or manual labour positions.

There were reports of increasing numbers of users entering treatment. Women were more likely to access treatment in a voluntary capacity, whereas referrals from the Criminal Justice System were primarily younger males. Two informants emphasised that there was a very large group of hidden users who were not dependent, who used on a recreational or bingeing basis, who did not access treatment, and who were not involved in criminal activities. Only a small proportion of users were reported to be currently in prison, and a slightly higher proportion had a prison history. Most informants believed that between 25% to 50% of users had some past criminal convictions.

Amphetamines usually came in powder form, although dexamphetamine in tablet form was an exception. Injection was the most common form of administration, and reasons cited were the "rush," and the immediacy of effect. Injecting of amphetamines was reported to be increasing. New users started by snorting, but increasing use generally led to injecting. Snorting and, less often, swallowing were common ways of using among the large non-dependent, recreational use population. Younger users had some knowledge of safe injecting techniques, and a good awareness of the risks of contracting Hepatitis C or HIV.

Informants observed that users who came to the attention of treatment agencies and police tended to be daily users. These users injected at least 3 times per day and, depending upon quality, might inject up to 8 times per day. Newer users tended to

Table 7

Drug use & related issues - key informant survey (KIS) & other indicator data (Other)

Issue	Summary of Major Findings	KIS	Other
Amphetamines	➤ A diverse population of users with differing patterns of use	X	
	➤ Increasing numbers of younger and Aboriginal users	X	
	➤ Intravenous use was becoming more common	X	X
	➤ More people, including younger people, supplying	X	
	➤ More users were accessing treatment	X	X
	➤ Polydrug use was common	X	X
	➤ Purity was generally low, averaging 5%	X	X
	➤ Cost per gram averaged \$70	X	
	➤ Amphetamines were easy to obtain	X	X
Opiates	➤ Morphine, not heroin, was most commonly used	X	X
	➤ Mainly Caucasian males, but Aboriginal an emerging group	X	
	➤ Age of users varied widely, with some teenage use reported	X	X
	➤ Most users did not access treatment	X	X
	➤ Polydrug use was common	X	X
	➤ Diversion of legal prescriptions was common	X	X
	➤ MS Contin 100mg tablets most common form of morphine	X	X
	➤ Intravenous use was the most common route of administration	X	X
	➤ Cost per 100mg MS Contin tablet averaged \$40	X	
➤ Morphine was very easy to obtain	X	X	
Cannabis	➤ The number of cannabis users increasing and getting younger	X	X
	➤ Cannabis use of concern in some Aboriginal communities and more young people and women were using it	X	X
	➤ More cannabis users were presenting at treatment services	X	X
	➤ Polydrug use was common, particularly among young people	X	X
	➤ More young users were beginning to sell cannabis	X	
	➤ The price was usually \$25 for 1 gram and stable	X	X
	➤ Potency high and becoming higher, due to more hydroponic	X	
➤ Cannabis was very easy to obtain	X		
Other drugs	➤ Alcohol use common and often associated with cannabis users	X	X
	➤ Benzodiazepines most often used by morphine users, especially when morphine was unavailable	X	
	➤ Oxazepam, diazepam and temazepam were the benzodiazepines commonly used by morphine users	X	
	➤ Ecstasy often used as a "party" drug and more popular with cannabis and amphetamine users	X	X
	➤ LSD was available and more popular with cannabis and amphetamine users	X	X
	➤ Inhalants sometimes used by people without money to obtain other drugs, and petrol sniffing was common on some Aboriginal communities	X	X
	➤ Heroin available but was more difficult to obtain than morphine	X	X
	➤ Cocaine use was rare	X	X

inject less, perhaps a quarter gram per injection, whereas dedicated users generally injected a gram or more per injection. Due to the largely hidden nature of the recreational users, informants were unable to comment upon their patterns of use.

Polydrug use appeared to be the norm, with most informants identifying tobacco, cannabis, and then alcohol, as the most commonly used drugs. Ecstasy was identified as a "party drug" sometimes used, and LSD use was less common. Benzodiazepines were often used to assist in "coming down," and some users injected opiates to assist in the withdrawal process.

Amphetamine price, purity, and availability. Powder amphetamines were identified as the most readily available, and this was usually methamphetamine. Grams generally sold for between \$50 to \$100, with \$70 per gram being the modal price. Ephedrine-based amphetamines availability appeared to be sporadic. Purity was generally low, around five percent. The majority of informants rated amphetamines as "easy" to purchase.

Current opiate use. Heroin use was rare compared to morphine use, but most morphine users would prefer heroin. One informant estimated the total number of opiate users in Darwin at approximately 2000. The age of users ranged from 16 years to over 60 years. Some informants said the majority of users were in their 20s, while others believed they were in their 30s. Individuals were beginning their using careers at a younger age, and there was more "street use." Half of the informants reported that 75% to 80% of users were male. The majority of morphine users were Caucasian, and estimates of the prevalence of Aboriginal

use varied from 2% to 40%, with 15% as the mean estimate. They were identified as an emerging group. Asian users were estimated to be 10% of the using population.

Education levels were viewed as at the lower end of the scale (some high school), but there were some tradespersons and tertiary educated users. Half of the users were considered to be unemployed or receiving disability benefits, and those who were working were employed in casual, unskilled, or manual positions.

Opiate users in treatment represented a small minority of the user population. Informants estimated that less than 20% of users ever utilised the detoxification service. Most users had prior criminal convictions, but informants were less certain about how many users were currently incarcerated.

Polydrug use, especially alcohol and benzodiazepines, was reported as common particularly when morphine was unavailable. Some morphine users were heavy drinkers when withdrawing from opiates. Two informants mentioned the popularity of flunitrazepam (Rohypnol), and both Oxazepam (Serepax) and diazepam (Valium) were also mentioned. The latter was an aid to opiate withdrawal, and both were substances commonly used when morphine was unavailable. Temazepam (Normison) was another popular benzodiazepine commonly used.

Opiate price, purity and availability. Morphine Sulphate (MS Contin), in 100mg tablets, was identified as the most common form of morphine available and currently used, but Anamorph and Kapanol tablets were also available. The vast majority of users injected, with the exception of older palliative care patients.

Amounts used appeared to depend upon supply and finances, with some informants reporting use of more than 800mg per day, with 300mg per day (usually three 100mg injections per day) being the average estimate.

One informant stated that costs had decreased, three said costs were stable, and four reported an increase. The price of a 100mg-morphine tablet ranged from \$30 to \$80, with \$40 being the most frequently quoted. The amount paid was often dependent upon the user's relationship with the supplier. Morphine was rated as currently "very easy" to obtain. Some informants believed that availability over the past six months was stable, but others suggested that it was gradually becoming more difficult to obtain. There was a belief that medical practitioners were becoming reluctant to prescribe morphine.

Current cannabis use. Informants indicated that cannabis use was widespread across all geographic locations in the NT, with a higher usage in the Top End, particularly Darwin. The age range was generally 16 to 45 years, with a modal age being in the 20s. Most informants indicated that users were generally male, but three reported that there were more female users, particularly among teenagers. Users were mostly non-Aboriginal, and between 10-25% were considered to be Aboriginal. Aborigines living on remote communities were reported to have higher use than their urban counterparts, and it was popular among young Aborigines. Cannabis use was thought to be concentrated in particular Aboriginal communities. More women in Aboriginal communities were reported to be using cannabis. NESB users were estimated to comprise less than five percent of all cannabis users.

Education levels ranged from primary through to tertiary, and users usually had some high school education, with many still in the education system. Older users were described as unemployed, under-employed, or on pensions. Some cannabis users were entering treatment, but there were limited or no services for cannabis users. Some cannabis users were in prison, and the majority estimated that 40% or less had a history with the criminal justice system.

Informants' estimates of the number of cannabis users who smoked on a daily basis ranged from 10-80%, and some of these would smoke a number of times each day. Most users were thought to smoke a few times a week. Quantity estimates for users varied from 1-2 cones per week, a 1-gram bag every few days to 1-2 grams (1-2 bags) per day. Money and availability were limiting factors in the quantity used. Bud and leaf were the common forms smoked, and a variety of implements were used (bongs, cones/pipes, bucket bongs, joints). Younger users tended to prefer bongs and buckets, and some were smoking "snow cones" (cannabis and amphetamine).

Polydrug use was common among cannabis users, and it was estimated that 50-90% also drank alcohol. Up to 25% also used morphine. Amphetamines were used by close to 20% of cannabis users, and heroin by 1-3%. Ecstasy was identified as a popular party or weekend drug, and more often taken by younger people. LSD was considered to be popular, available, and cheap, at between \$30 to \$70.

There had been an increase in cannabis use, and this was most evident in younger people. It was emphasised that there was a rise in polydrug use, particularly among

youth. Cannabis use was also considered to be increasing among young Aborigines in Aboriginal communities. Older cannabis users were less likely to be polydrug users. Morphine was reported as becoming more common among some cannabis users. More young people were also selling cannabis.

Cannabis price, potency, and availability.

There was more locally grown cannabis available, especially hydroponic, and this was considered to be better than that brought in from the southern states. The price quoted for a 1-gram bag varied from \$15 to \$25, but the usual price was \$25. One-ounce bags sold for \$250-\$300, and a foil or stick cost between \$20 and \$25. Most informants considered that the price was stable. Of those informants who could comment on potency, all stated that it was high, and that hydroponic cannabis had a higher potency. Most thought that potency had increased in the previous six months. Cannabis was readily available, and availability was stable.

Discussion and implications

Policy and research

The findings from this study suggest there are key areas for further investigation. All informants noted that amphetamine users were experiencing some forms of drug-related harm. Client admission data indicate that Territory alcohol and drug treatment agencies admit small numbers of drug users, and the low proportions may reflect the lack of appropriate interventions, treatments, and services. Amphetamines are likely to be the first drug injected by Territorians (O'Reilly, 1999), and the reports of increasing number of people using amphetamines, particularly young people (O'Reilly & Townsend, 1999), indicate that the

development of interventions for those experiencing harm associated with amphetamine use is of high priority.

Both the key informant survey and other data sources (Bertram & O'Reilly, 1998; O'Reilly, 1999; O'Reilly & Townsend, 1999) indicate that an increase in the proportion of cannabis users and polydrug use was the norm among these users. Despite the increasing numbers of younger users, it was reported that there was a lack of appropriate services, or no services available for them. Informants also identified cannabis use as a correlate of mental health and behavioural disorders. The increasing availability and potency of cannabis, combined with polydrug use, suggests an immediate need to identify at-risk individuals, and early intervention strategies, in order to reduce the risks associated with drug use. The prevalence of polydrug use among all drug users, and the increase in such use, also indicates a need to ensure that users are informed of strategies to reduce the harm associated with drug use.

Informants who had some contact with Aboriginal communities stated that drug use was of concern in those communities, particularly an apparent increase in the use of cannabis and amphetamines. Inhalant use was also an issue in some locations. Other informants also commented that more Aborigines were using opiates. There is a need for research into patterns of, and trends in, licit and illicit drug use and availability amongst Aboriginal and Torres Strait Islander communities in the Northern Territory.

Some informants and users were of the belief that morphine was becoming less readily available, and there was also a growing reluctance, by medical practitioners, to prescribe morphine. This

suggests that continued monitoring of changes in the availability of morphine and heroin in the NT, through the IDRS, is a priority to effectively plan for changes in opiate availability and usage patterns. The 2000 IDRS in the NT will allow the determination of any significant changes or emergent trends in drug use patterns in the past year, and thus assist government and professionals to plan for, and respond strategically to, these issues.

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