



FHMRI
FLINDERS HEALTH & MEDICAL
RESEARCH INSTITUTE



NCETA

*Australia's National Research Centre
on AOD Workforce Development*

Illicit Drug Use and Harms in the Northern Territory: Analysis of Quantitative Datasets

28th April 2023

Alice McEntee

Ashlea Bartram

Roger Nicholas

Jacqueline Bowden

Madeleine Bower

Bryce Brickley

Sam Moore

James Smith



**Flinders
University**

**Rural & Remote
Health NT**

Suggested citation

McEntee, A., Bartram, A., Nicholas, R., Bowden, J., Bower, M., Brickley, B., Moore, S. & Smith, J. 2023. Illicit Drug Use and Harms in the Northern Territory: Analysis of Quantitative Datasets. National Centre for Education and Training on Addiction (NCETA) and Rural and Remote Health NT, Flinders University, South Australia.

Acknowledgement of Country

NCETA and Rural and Remote Health NT respectfully acknowledge the Traditional Owners and Custodians of the lands on which campuses are located, these are the Traditional lands of the Arrernte, Dagoman, First Nations of the South East, First Peoples of the River Murray and Mallee region, Jawoyn, Kurna, Larrakia, Ngadjuri, Ngarrindjeri, Ramindjeri, Warumungu, Wardaman and Yolngu people. We honour their Elders past, present and emerging.

Acknowledgements

The following organisations and people are thanked for access to their datasets:

- The Australian Bureau of Statistics for the online provision of reports and data tables associated with:
 - Prisoners in Australia
 - Criminal Courts, Australia
 - Recorded Crime – Offenders.
- The Australian Criminal Intelligence Commission for the online availability of the
 - Illicit Drug Data Report
 - National Wastewater Drug Monitoring Program Report.
- The Australian Institute of Health and Welfare for:
 - Access to the National Drug Strategy Household Survey (NDSHS) dataset via the Australian Data Archive. ([doi:10.26193/WRHDUL](https://doi.org/10.26193/WRHDUL))
 - The online provision of the Alcohol and Other Drugs Treatment Services National Minimum Dataset (AODTS-NMDS) report and associated data tables, including the AODTS-NMDS datacube.
- The National Drug and Alcohol Research Centre are thanked as the custodians of the Illicit Drug Reporting System (IDRS) and Ecstasy and related Drugs Reporting System (EDRS) datasets. The authors of the national and Northern Territory 2022 IDRS and 2021 EDRS reports are thanked for the online provision of these reports and their associated data tables referred to in this report.

We would also like to extend appreciation to:

- Associate Professor Caitlin Hughes and Dr Cassandra Wright for being expert advisors on the project
- Mr Armin Muminovic is thanked for confirming the accuracy of the data extracted for this report.

About NCETA

NCETA is based at Flinders University in South Australia and is a collaboration between the University and the Australian Government Department of Health and Aged Care. It is Australia's national research centre on alcohol and other drugs (AOD) workforce development with an international reputation as a catalyst for change in the AOD field. NCETA's areas of expertise includes developing strategic resources and programs, and the provision of training and other workforce development approaches to cater for the needs of: specialist AOD workers; frontline health and welfare workers; Aboriginal and Torres Strait Islander workers; community groups; mental health workers; police officers; and employer and employee groups.

The Centre focuses on supporting evidence-based change and specialises in change management processes and making complex and disparate information readily accessible to workers and organisations. We aim to advance the capacity of organisations and workers to respond to AOD-related problems. Our core business is the promotion of workforce development (WFD) principles, research and evaluation of effective practices; investigating prevalence, and effects of alcohol and other drug use in society; and the development and evaluation of prevention and intervention programs, policy and resources for workplaces and other organisations.

About Flinders Rural and Remote Health NT

Flinders Rural and Remote Health NT is a hub for innovative health research, education, and workforce development in the Northern Territory. It has served the NT community in this way for the past 25 years, and has campuses based in Nhulunbuy, Darwin, Katherine, Tennant Creek and Alice Springs. All activities are driven by our values which focus on long-term and short-term needs of the NT community. Flinders in the NT delivers the Northern Territory Medical Program (NTMP), provides student placement and workforce capacity support through the University Department of Rural Health, including the Flinders NT Regional Training Hub, who in collaboration with stakeholders, is tasked to further develop capacity for NT medical specialist and rural generalist training thereby addressing workforce need. Flinders in the NT also provides workforce development through postgraduate education (Remote Health Practice program), cultural awareness and other training. Our research in the NT sits at the nexus of rural and remote health, and Aboriginal and Torres Strait Islander health, with a rapidly growing Aboriginal and Torres Strait Islander research workforce.

Funding

This research was commissioned by the Alcohol and Drug Foundation (ADF) supported by funding from the Northern Territory Primary Health Network (PHN) through the Australian Government's PHN Program.

Contact us



National Centre for Education and Training on Addiction (NCETA)

+61 8 8201 7535

nceta.flinders.edu.au

nceta@flinders.edu.au

[@NCETAFlinders](https://twitter.com/NCETAFlinders)

GPO Box 2100
Adelaide SA 5001

Contents

List of Tables	3
List of Figures	5
Abbreviation and Symbols	6
Executive summary	7
Introduction	7
Prevalence of illicit drug use in the NT	7
Prevalence of illicit drug use in the NT by select demographics	7
Harms associated with illicit drug use in the NT, and groups identified as at the greatest risk of harms.....	8
Overview of harms	9
Gaps and limitations in the existing data	9
Key findings	10
Introduction	11
Background.....	11
The Northern Territory.....	11
Illicit drug use	12
Methods	13
National Drug Strategy Household Survey Data (NDSHS).....	13
National Wastewater Drug Monitoring Program	13
Illicit Drug Reporting System (IDRS)	14
Ecstasy and related Drugs Reporting System (EDRS).....	14
National Hospital Morbidity Database (NHMD).....	15
Alcohol and Other Drugs Treatment Services National Minimum Dataset (AODTS-NMDS)	15
Illicit Drug Data Report (IDDR)	16
Prisoners in Australia	16
Criminal Courts	16
Recorded Crime – Offenders	16
Results	17

Illicit drug use patterns in the NT	17
Harms associated with illicit drug use in the NT	32
Drug treatment in the NT	50
Discussion.....	58
Prevalence of illicit drug use in the NT	58
Prevalence of illicit drug use in the NT by select demographics	58
Harms associated with illicit drug use in the NT, and groups at the greatest risk of harms ..	59
Overview of harms	61
Gaps and limitations in the existing data	62
References	64

List of Tables

Table 1. Prevalence of recent illicit drug use, NT and Australia, 2019	17
Table 2. Drug use among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021	18
Table 3. Use of select illicit and licit drugs among people who inject drugs, Darwin NT (n=70) and Australia (n=879), 2022.....	19
Table 4. Prevalence of recent cannabis and any illicit drug use by demographics, NT and Australia, 2019.....	26
Table 5. Demographic characteristics of people who inject drugs, Darwin NT (n=70) and Australia (n=879), 2022.....	27
Table 6. Demographic profile of people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021.....	28
Table 7. Perceived availability of select drugs among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021	29
Table 8. Purchasing approaches, means and sources of select illicit drugs, Darwin NT (n=100) and Australia (n=774), 2021.....	31
Table 9. Number and weight (grams) of drug seizures by drug type, NT and Australia, 2020-21.....	32
Table 10. Prevalence of recent cannabis and any illicit drug use by psychological distress and mental health diagnoses, NT and Australia, 2019	33
Table 11. Self-reported mental health problems among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022.....	33
Table 12. Recent poly-drug use, NT and Australia, 2019	34
Table 13. Prevalence of recent poly drug use by demographics, NT and Australia, 2019 ...	35
Table 14. Prevalence of recent poly drug use by psychological distress and mental health diagnoses, NT and Australia, 2019	36
Table 15. Poly drug use among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022.....	36
Table 16. Poly drug use among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021.....	37
Table 17. Risk behaviours among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022.....	38
Table 18. Risk behaviours among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021.....	39
Table 19. Number and age standardised rate per 100,000 people of drug-related hospitalisations by gender, age and remoteness 2020-21, NT and Australia.	40
Table 20. Age standardised rate per 100,000 people of drug-related hospitalisations in 2020-21 by drug type identified in the principal diagnosis, NT and Australia.	41

Table 21. Age standardised rate per 100,000 people of drug-related hospitalisations in 2020-21 by external cause, NT and Australia.....	41
Table 22. Overdose and naloxone familiarity among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022	42
Table 23. Overdose among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021	42
Table 24. Hepatitis C testing and treatment among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022	43
Table 25. HIV and sexually transmitted infections in the past six months among people who use ecstasy and related drugs, Darwin NT (n=98) ¹ and Australia (n=759) ¹ , 2021	43
Table 26. Mean days absent from work, school, TAFE or university per year by illicit drug use, NT and Australia, 2019.....	44
Table 27. Mean days absent per year by poly illicit drug use, NT and Australia, 2019	44
Table 28. Experience of abuse by someone under the influence of illicit drugs, NT and Australia, 2019.....	44
Table 29. Self-reported criminal activity among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022	45
Table 30. Self-reported criminal activity among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021	45
Table 31. Number of drug arrests by arrest type and gender, NT and Australia, 2020-21 ...	46
Table 32. Number of arrests by drug type and gender, NT and Australia, 2020-21	47
Table 33. Defendants finalised (excluding transfers to other court levels) and with a guilty outcome, summary outcomes for illicit drug offences, NT and Australia, 2021-22	48
Table 34. Number and rate of offenders whose principal offence was an illicit drug offence, NT and Australia, 2021-22	49
Table 35. Prisoners (number) whose most serious offence were illicit drug offences, by select variables, NT and Australia, 30 June 2022.....	50
Table 36. Number and rate of clients and episodes by client type, NT and Australia, 2020-21	51
Table 37. Main treatment type for closed treatment episodes by client type, NT, 2020-21 ..	52
Table 38. Referral source and treatment delivery setting for closed treatment episodes by client type, NT, 2020-21	52
Table 39. Clients seeking treatment for their own drug use by principal drug of concern, NT and Australia, 2020-21	53
Table 40. Clients seeking treatment by client type and select demographics (gender, age, Indigeneity), NT and Australia, 2020-21	54
Table 41. Clients seeking treatment for their own drug use by principal drug of concern and gender, NT and Australia, 2020-21	55
Table 42. Clients seeking treatment for their own drug use by principal drug of concern and age, NT and Australia, 2020-21	56
Table 43. Clients seeking treatment for their own drug use by principal drug of concern and Indigenous identity, NT and Australia, 2020-21	57
Table 44. Cohorts identified as at risk of illicit drug use and harms in the NT	61

List of Figures

Figure 1. Location of Northern Territory and population profile, 2021	12
Figure 2. Main drug of choice ¹ among people who inject drugs, Darwin NT (n=70) and Australia (n=879), 2022.....	20
Figure 3. Drug injected most often in the past month ¹ , Darwin NT (n=70) and Australia (n=879), 2022	20
Figure 4. Estimated cannabis consumption for August 2022 in mass consumed per day (left axis).....	22
Figure 5. Trends in cannabis use in Darwin and regional NT August 2018 to October 2022.	22
Figure 6. Profile of average illicit drug consumption in the Northern Territory, August 2020 to October 2022 for capital sites and to August 2022 for regional sites.	23
Figure 7. Trends in fentanyl use in Darwin and regional NT August 2016 to October 2022.	23
Figure 8. Trends in ketamine use in Darwin and regional NT December 2020 to October 2022.....	24
Figure 9. Trends in MDA use in Darwin and regional NT December 2016 to October 2022.	24
Figure 10. Clients accessing Alcohol and Other Drug Treatment Services by client type, NT and Australia, 2020-21	51

Abbreviation and Symbols

ABS – Australian Bureau of Statistics

ADF – Alcohol and Drug Foundation

AIHW – Australian Institute of Health and Welfare

AOD – Alcohol and other drugs

AODTS-NMDS – Alcohol and Other Drug Treatment Services – National Minimum Dataset

ATOD – Alcohol, tobacco and other drugs

DIN – Drug Infringement Notice

EDRS – Ecstasy and related Drugs Reporting System

IDDR – Illicit Drug Data Report

IDRS – Illicit Drug Reporting System

NCETA – National Centre for Education and Training on Addiction

NDSHS – National Drug Strategy Household Survey

NPS – New Psychoactive substances

NT – Northern Territory

* Estimate has a relative standard error between 25-50% and should be interpreted with caution.

** Estimate has a relative standard error above 50% and is considered too unreliable for general use.

Executive summary

Introduction

NCETA and Rural and Remote Health NT were commissioned by the Alcohol and Drug Foundation (ADF) to locate and analyse existing data sources to measure illicit drug use and associated harms in the Northern Territory (NT). By better understanding the prevalence and profile of illicit drug use in the Northern Territory, cohorts at risk can be identified and strategies and services implemented to reduce its impact.

Prevalence of illicit drug use in the NT

In 2019, one in five (20%) NT residents used an illicit drug in the past year compared with 16% nationally. Concerted efforts are required to address illicit drug use among NT residents. Cannabis use was also higher than national prevalence (NT: 16%, Australia: 12%) and thus could be specifically targeted to help reduce overall illicit drug use. Prevalence of other illicit drugs (e.g., cocaine: 3%, ecstasy 3%*, pharmaceutical drugs: 3%, hallucinogens: 2%*, methamphetamine: 2%*, inhalants: 1%*) used in the NT did not differ from the national prevalence.¹

Prevalence of illicit drug use in the NT by select demographics

The prevalence of illicit drug use in the NT varied considerably by age, gender, identification as an Aboriginal and/or Torres Strait Islander person, remoteness area and employment status. However, prevalence was higher amongst particular NT populations, in comparison to the Australian general population. Initiatives should in particular be focused upon:

- Males (illicit drugs: 23%, cannabis: 19%)
- Young people aged 14-24 years (illicit drugs: 28%, cannabis: 25%)
- Aboriginal and Torres Strait Islander peoples (illicit drugs: 29%, cannabis: 25%)
- People living outside of Darwin (illicit drugs: 23%, cannabis: 20%)
- Australian born (illicit drugs: 22%, cannabis: 19%)
- People identifying as homosexual or bisexual (illicit drugs: 44%*, cannabis: 39%*).^{1,2}

¹ * Estimate has a relative standard error between 25-50% and should be interpreted with caution.

² This is the terminology used in the 2019 National Drug Strategy Household Survey.

Harms associated with illicit drug use in the NT, and groups identified as at the greatest risk of harms

There are numerous harms associated with illicit drug use which may be experienced more profoundly in particular populations. These harms may be a consequence of illicit drug use and/or a factor that may contribute to higher rates of illicit drug use. For instance, the relationship between mental health and illicit drug use is complex. People with a mental health condition may be more likely to use illicit drugs and illicit drug use can contribute to the development of a mental health condition. With this caveat in mind, the following harms were identified among those who used illicit drugs:

- High rates of drug-related hospitalisations
- Increased injury and illness as reflected in rates of absenteeism
- High prevalence of mental health conditions
- High engagement in crime (any offence type)
- Illicit drug related arrests
- Illicit drug related offences
- Illicit drug related criminal convictions, custodial sentences, and fines.

Additional harms among those who use illicit drugs may also be experienced when undertaking the following risky behaviours:

- Reusing own needles (among those who inject drugs)
- Poly-drug (NDSHS) and concurrent drug use
- Drug driving.

Due to data limitations, subgroup breakdowns were not publicly available for most harms. When provided, it was generally limited to gender, age, Indigeneity and/or remoteness area. In this respect, groups commonly overrepresented in drug related harms were:

- Male
- Young people
- Aboriginal and Torres Strait Islander peoples
- Rural and remote residents.

Qualitative interviews with stakeholders (that will be undertaken as part of the wider project) may help elucidate the nature and context in which harm may be experienced within these groups.

Treatment (AODTS-NMDS) and hospitalisations data (NHMD) can be used to illustrate drugs of concern in the NT of which prevalence data may not illustrate effectively the harms associated with use. In this respect, NT residents who used:

- cannabis,
- amphetamines,

- volatile solvents, and
- non-opioid analgesic

may experience more harms associated with their use due to their high prevalence among treatment episodes or high rate of hospitalisation.

Overview of harms

The table below provides a snapshot overview of the cohorts identified as at risk of illicit drug use and harms in the NT.

	Male	Young people ^{1,2}	Aboriginal and Torres Strait Islander	Australian born	Rural / remote	Homosexual / bisexual
Population size	117,526	1,2	61,115	161,568	92,703	(4,813) ³
Illicit drug prevalence (%)	23.3	23.9-28.0	29.0	21.8	22.6	43.5*
Injecting drug use	✓	?	✓	?	^	✓
Ecstasy and related drugs use	✓	?	–	?	^	✓
Harms associated with use						
Drug-related hospitalisations	✓	✓	?	?	✓	?
Treatment for own drug use	✓	✓	✓	?	✓	?
Drug arrests	✓	?	?	?	?	?
Prisoners (illicit drug offence)	?	?	–	?	?	?
Defendants (illicit drug offence)	?	?	?	?	?	?
Offenders (illicit drugs)	✓	?	–	?	?	?

* Estimate has a relative standard error between 25-50% and should be interpreted with caution.

¹ Age group break downs differed by data set: NDSHS: 14-24 (~ 29,974 people) and 25-29 (20,936); Hospitalisations and AODTS-NMDS: 20-29 (36,727).

² Data reported for 14-24 year olds. The Census provides age group data for every 5 years so an exact age match is not possible.

³ Weighted count from the 2019 NDSHS.

^ The IDRS and EDRS only recruits NT participants from Darwin.

? Unknown whether data is collected on this variable from data custodians.



Overrepresented compared to NT profile.



Data available but not reported.



Not overrepresentation compared to NT profile (same or lower).

Gaps and limitations in the existing data

A number of gaps and limitations have been identified in the existing data which need to be considered when interpreting the above findings.

- The NT comprises a small proportion of Australia's population (less than 1%). Although national surveys boost the sample size of NT, analyses requiring multiple

breakdowns of the data (e.g., specific drug use by harm and gender), may result in unreliable estimates.

- Data from the IDRS and EDRS are not considered representative of all people who use drugs in the NT. Nevertheless, when these data are considered in addition to findings from other datasets, the profile of illicit drug use in the NT and resulted harms may be better illustrated [1, 2].
- Prisoners in Australia data is available only for the most serious offences, thus the dataset may underreport prisoners in the NT who have committed illicit drug offences.
- Publicly available datasets and data reports related to illicit drug use do not always provide breakdowns of results by demographic groups. Consequently, recommendations regarding cohorts who may be at risk are limited.
- In 2022, the EDRS recruited far fewer respondents than in previous years. Hence no jurisdiction report was developed. EDRS findings for the prior reporting year (2021) are considered.

Key findings

Key finding 1: NT has high prevalence of illicit drug use and cannabis use specifically with use higher than the national average.

Key finding 2: People most commonly using illicit drugs in the NT are:

- Male
- Persons aged 14-29 years
- Aboriginal and/or Torres Strait Islander peoples
- Rural and remote residents
- Australian both
- People who identify as homosexual or bisexual.

Key finding 3: People most commonly using illicit drugs in the NT, and who also experience a higher prevalence of illicit drug related harm are:

- Male
- Younger residents
- Aboriginal and/or Torres Strait Islander peoples
- Rural and remote residents.

Key finding 1: Key finding 2: People most commonly using illicit drugs in the NT are:

- Male
- Persons aged 14-29 years
- Aboriginal and/or Torres Strait Islander peoples
- Rural and remote residents

-
- Australian born

People who identify as homosexual or bisexual. **Key finding 3:** People most commonly using illicit drugs in the NT, and who also experience a higher prevalence of illicit drug related harm are:

- Male
- Younger residents (aged under 30 years)
- Aboriginal and/or Torres Strait Islander peoples

Error! Reference source not found. Error! Reference source not found.

Introduction

Background

NCETA and Rural and Remote Health NT were commissioned by the Alcohol and Drug Foundation (ADF) to identify, analyse and interpret existing data to measure illicit drug use and associated harms in the Northern Territory (NT). Results of the analysis will lead to the development of recommendations on key areas of need in reducing illicit drug use and associated harms. The project aimed to address the following research questions:

1. What is the prevalence of illicit drug use in the NT?
2. What is the prevalence of illicit drug use in the NT by select demographics (age, gender, indigeneity, remoteness area, employment status)?
3. What are the harms associated with illicit drug use in the NT, and groups at the greatest risk of harms?
4. What are the gaps and limitations in the existing data?

This is the first report in a program of work. Concurrent and subsequent work includes:

- A qualitative report on interviews with key stakeholders in the NT regarding their experiences in witnessing and addressing illicit drug use and associated harm
- A literature review to identify effective harm reduction approaches and messages for reducing illicit drug harms in the NT among cohorts at greatest risk (as identified from the quantitative and qualitative reports).

The Northern Territory

The NT is located in the central and central northern regions of Australia (Figure 1). It is the third largest jurisdiction of Australia, covering 1.3 million square kilometres, but is sparsely populated [3]. According to the 2021 Australian Census, less than 1% of Australia's population live in the NT (NT: 232,605; Australia: 25,422,788). Sixty percent of NT's population lives in Darwin [4] (Figure 1).

In 2021, 61,115 people living in the NT identified as Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander peoples comprise at least 26% of the NT population (Figure 1) (8.1% of NT respondents did not state their Indigenous status) [4] compared to 3.2% nationally [5]. The NT is home to 7.5% of Australia's Aboriginal and Torres Strait Islander population (among those who identified as Aboriginal and Torres Strait Islander) [4, 5].

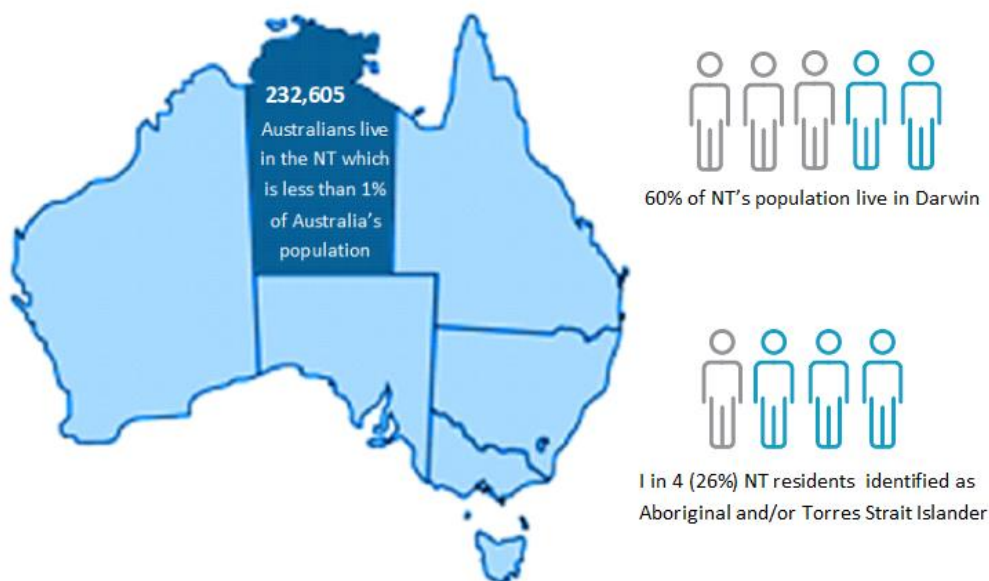


Figure 1. Location of Northern Territory and population profile, 2021

Source: Australian Bureau of Statistics [4].

Illicit drug use

Illicit drug use contributes to Australia's burden of illness and disease and represents a risk factor that can be prevented to a large extent and harms minimised through evidence-based strategies. By better understanding the profile and prevalence of illicit drug use in the NT, cohorts at risk can be identified and strategies and services implemented to reduce its impact. There are well established harms related to drug use with different illicit drugs carrying different risks and harms (e.g., specific harms relating to injecting illicit drugs). There are also socio-determinants of health which are associated with increased risk of illicit drug use and illicit-drug related harm.

Methods

Existing datasets were used to report on the prevalence and profile of illicit drug use and associated harms in the NT. National level data have also been extracted for context and provided in all tables. Secondary data analysis was undertaken on the 2019 National Drug Strategy Household Survey (NDSHS). Data were extracted from 10 existing reports and online data repositories, each with their own strengths and weaknesses. Information about each dataset and the analysis or data extraction performed are described below.

National Drug Strategy Household Survey Data (NDSHS)

The NDSHS is Australia's largest AOD survey. The NDSHS collects information from Australians aged 14+ years regarding their use of licit and illicit substances. The survey is conducted every 3 years with 2019 being the latest data available. The NDSHS was used to provide data regarding subgroups most at risk of illicit drug use and select harms.

Secondary analysis of the data set was undertaken to estimate the prevalence of use for cannabis, ecstasy, methamphetamine, cocaine, hallucinogens, inhalants, and any illicit drug. Where data allowed, illicit drug use by select demographic groups was provided (age, gender, Indigenous status, country of birth, sexuality, remoteness area, employment status). The following harms were also considered by drug type: psychological distress, mental health condition (any, depression, anxiety), injury/illness absenteeism, experience of abuse (verbal abuse, put in fear) by person under the influence of or affected by illicit drugs, and poly drug use. Where data allowed, the aforementioned harms were broken down by the above demographic groups.

To provide context for groups which reported high prevalence of use, confidence intervals (CI) calculated for individual NT demographic groups was used as a proxy measure of difference to the national estimate. When the Australian estimate (e.g., for illicit drug use) was below the lower CI value, the demographic group was considered to have higher prevalence than the general Australian population. A proxy measure of significant difference was used as statistical analyses could not be performed as the groups are not mutually exclusive (i.e., the NT subgroup is a subset of the national sample).

National Wastewater Drug Monitoring Program

The National Wastewater Drug Monitoring Program provides a national profile of licit and illicit drug use. The program, funded by the Australian Criminal Intelligence Commission, measures the quantity of drug metabolites in wastewater to provide trends in drug use across Australia. Wastewater data are expressed in terms of the weight, or volume of the

respective substances consumed per 1,000 people per day. This facilitates intra-site comparisons between substances, and substance consumption patterns across and within sites over time.

National wastewater monitoring commenced in August 2016 and provides data every four months enabling drug trends to be depicted and understanding of new threats as they emerge. Jurisdiction data has been available since October 2020 (Report 11) [2]. In the NT, wastewater drug testing occurs at two sites, Darwin and an undisclosed regional area. Approximately 25 per cent of the Northern Territory's population is covered by these two sites.

The program provides NT use data regarding alcohol, cannabis, cocaine, fentanyl, heroin, ketamine, 3,4-methylenedioxyamphetamine (MDA), 3,4-methylenedioxymethylamphetamine (MDMA), methylamphetamine, nicotine and oxycodone [2]. This report considers use of cannabis, cocaine, fentanyl, heroin, ketamine, MDA, MDMA, methylamphetamine, and oxycodone, which are drugs that may have the potential to be used illicitly or for non-medical purposes. It is important to note that wastewater may include substances which have been used for medical purposes (e.g., cannabis, fentanyl and oxycodone) as well as illicit substances which may have been flushed down the toilet and not consumed.

Illicit Drug Reporting System (IDRS)

The IDRS is a national illicit drug monitoring system coordinated by the National Drug and Alcohol Research Centre. It is intended to identify emerging trends in illicit drug markets at a local and national level. The IDRS undertakes interviews annually with people aged 18 years or older who have regularly inject drugs in the past six months (at least once a month). The NT sample of the IDRS draws participants from Darwin only.

The IDRS provides information regarding patterns of use, price, purity and availability of heroin, methamphetamine, cocaine, cannabis (or similar), and pharmaceutical opioids. Illicit drug use by demographics (age, gender, Indigenous status, sexuality, employment status, and accommodation status) and harms (poly-drug use, non-fatal overdose, re-using needles (own, others), injection-related health issue, drug treatment, mental health, drug driving, criminal activity, engagement with the criminal justice system) were extracted where available. Due to small sample size, it was not possible to provide breakdowns of harms by demographic groups in our analyses.

Ecstasy and related Drugs Reporting System (EDRS)

The EDRS is a national monitoring system for ecstasy and related drugs undertaken by the National Drug and Alcohol Research Centre. It is intended to identify emerging trends in ecstasy and related drug markets at a local and national level. The EDRS annually interviews people who regularly use ecstasy and related drugs (at least once a month for the past six months). Although the EDRS was undertaken in 2022, the sample size for the NT

was very small (n=22) [6]. A bulletin will be released (date unknown) however it will be less comprehensive than the usual NT report (personal correspondence). Consequently, the 2021 EDRS report was used.

Data were therefore extracted from the 2021 EDRS on the use of ecstasy, cannabis, methamphetamine, cocaine, ketamine/LSD/DMT, new Psychoactive substances, and other drugs. Illicit drug use by demographics (age, gender, Indigenous status, sexuality, employment status, and accommodation status) and harms (poly drug use, non-fatal overdose, drug treatment, mental health, drug driving, and criminal activity) are reported where available. Due to small sample sizes, it was not possible to provide breakdowns of harms by demographic groups.

National Hospital Morbidity Database (NHMD)

The NHMD is an annual collection of data provided by state and territory health authorities. It provides summary records for hospital separations (an episode of care) in public and private hospitals in Australia. The latest data is available from the financial year 2020-21.

Jurisdictional data on drug hospitalisations is currently collected and reported on by the National Drug and Alcohol Research Centre as part of the National Illicit Drug Indicators Project. The most recent data available for the NT is for the period to 2020-21. Data is provided on hospitalisations where any of the following drugs was the primary cause:

- Cannabinoids
- Amphetamine-type stimulants
- Non-opioid analgesics
- Antiepileptic, sedative-hypnotic and antiparkinsonian drugs
- Opioids
- Antidepressants
- Antipsychotics and neuroleptics.

Drug hospitalisation data is reported on by gender and remoteness area [7].

Alcohol and Other Drugs Treatment Services National Minimum Dataset (AODTS-NMDS)

The AODTS-NMDS is an annual collection of data regarding clients who use publicly funded alcohol and other drug treatment services. It provides summary records for closed treatment episodes. The latest data is available from the financial year 2020-21. Data is provided for treatment episodes where the principal drug of concern is heroin, pharmaceuticals, cannabis, cocaine, amphetamines, ecstasy, volatile solvents, and other drugs. Treatment episode data was also extracted by treatment type and location of treatment agency. Clients receiving treatment for their own drug use by drug type and by age, sex, and Indigenous status was also extracted where available.

Illicit Drug Data Report (IDDR)

The IDDR is an annual report that provides a national picture of the illicit drug market. The IDDR presents data from a variety of sources to assess current and future illicit drug trends. Data is provided from all state and territory police services, the Australian Federal Police, the Department of Home Affairs, state and territory forensic laboratories and research centres. The latest available report is from the 2019-20 financial year.

Data were extracted from the report regarding seizures, arrests (by arrest type and by gender) for cannabis, heroin and other opioids, cocaine, steroids, hallucinogens and other drugs. Data concerning the number of clandestine laboratories for amphetamine-type stimulants, were also extracted.

Prisoners in Australia

Prisoners in Australia provides a snapshot of prisoners in custody as of 30 June each year. Data is available on most serious offence of which illicit drug offences is one of 15 offence types listed. In 2022, illicit drug offences were available by mean sentence (years) and Indigenous status.

Criminal Courts

Criminal Courts, Australia, provides national statistics about defendants dealt with by criminal courts. Data is available on most serious offence of which illicit drug offences is one of 15 offence types listed. In 2021-22 data of illicit drug offences is provided by guilty outcomes and principal sentence.

Recorded Crime – Offenders

Recorded Crime – Offenders provides national statistics about offenders proceeded against by police. Data is available on most serious offence of which illicit drug offences is one of 15 offence types listed. 2020-21 data is reported on illicit drug offences by type, gender and Indigenous status.

Results

Illicit drug use patterns in the NT

Prevalence of illicit drug use in the NT

Approximately one in five (20%) NT respondents to the NDSHS recently used (i.e., past year) an illicit drug, which was higher than the national prevalence (16%). Cannabis was the illicit drug most commonly used in the NT (16%), with prevalence higher than among the general Australian population (12%). After cannabis, cocaine (3%), ecstasy (3%*) and pharmaceutical drugs (3%) were the next most commonly used drugs in the NT (Table 1).

Table 1. Prevalence of recent illicit drug use, NT and Australia, 2019

Recent use (past year)	NT % (95% CI)	Australia % (95% CI)
Any illicit drug	19.6 (16.1-23.7)	16.3 (15.6-17.0)
Cannabis	15.9 (13.0-19.4)	11.6 (11.0-12.2)
Cocaine	3.1 (2.1-4.6)	4.2 (3.8-4.6)
Ecstasy	3.0* (1.7-5.0)	2.9 (2.6-3.3)
Pharmaceutical drugs ¹	2.7 (1.8-4.2)	4.2 (3.8-4.5)
Hallucinogens	2.1* (1.2-3.5)	1.5 (1.3-1.8)
Methamphetamine	1.5* (0.8-2.9)	1.3 (1.1-1.5)
Inhalants	1.3* (0.6-3.2)	1.4 (1.2-1.6)

Source: Australian Institute of Health and Welfare (2022). 2019 National Drug Strategy Household Survey: Confidentialised unit record file. NCETA secondary analysis, 2023.

¹ Pharmaceutical drugs include analgesics, tranquilisers, steroids, methadone and opiates.

* Estimate has a relative standard error between 25-50% and should be interpreted with caution.

Cannabis use was also prevalent among users of other drugs, as captured in the EDRS (ecstasy and related drug users) and IDRS (people who inject drugs). These data sets also provide information on frequency of use.

Among residents from Darwin who participated in the 2021 EDRS, ecstasy (99%), cannabis (83%), and cocaine (71%) were the three most common illicit drugs used in the past six months with alcohol (98%) and tobacco (80%) use also high during this time frame. Of illicit and licit drugs, cannabis was reported as the main drug of choice (27%) and the drug used most often in the past month (40%). Cannabis was reported to have been used a median of 90 times in the past six months which equates to use every second day (median of 48 days in the national sample, or about twice weekly) (Table 2).

Table 2. Drug use among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021

	Darwin NT (N=100)	National (N=774)
Drug used in the past six months	%	%
Ecstasy	99	95
Cannabis	83	84
Cocaine	71	80
LSD	59	53
Ketamine	55	52
Hallucinogenic mushrooms	26	45
Benzodiazepines ¹	25	35
Pharmaceutical stimulants ¹	20	46
NPS (including plant-based)	20	16
NPS (excluding plant-based)	14	14
Methamphetamine	14	26
DMT	13	18
Pharmaceutical opioids ¹	10	10
Antipsychotics ¹	9	7
Codeine ¹	7	8
MDA	6	5
Heroin	0	3
Capsules - content unknown	9	6
Alcohol	98	96
Tobacco	80	73
E-cigarettes	46	58
Nitrous oxide	43	49
Amyl nitrate	22	40
Days of use in the past 6 months	Median	Median
Cannabis	90	48
Ecstasy	9	7
LSD	4	3
Cocaine	3	5
Ketamine	3	3
Methamphetamine	2	5
DMT	1	2
Alcohol	48	48
Tobacco	177	90
Drug of choice	%	%
Ecstasy	24	24
Cannabis	27	23
Alcohol	17	11
Cocaine	7	14

Drug used most often in the past month	%	%
Ecstasy	17	11
Cannabis	40	36
Alcohol	32	31
Cocaine	-	7

Sources: Sutherland et al. (2021). Australian Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews. Price et al. (2021). Northern Territory Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews

¹ Non-prescribed use.

- Per cent suppressed due to small cell size ($n \leq 5$ but not 0). NPS = New Psychoactive substances.

Among IDRS 2022 participants residing in Darwin, illicit drugs most commonly used were methamphetamine (80%) and cannabis (70%). Licit drugs, namely tobacco (90%) and alcohol (47%), were also commonly used (Table 3). Over half (54%) of the Darwin IDRS sample reported methamphetamine as their principal drug of choice (any route of administration, e.g., inject, ingest, etc) (Figure 2). Methamphetamine was the drug most often injected in the past month (73%), followed by morphine (23%). No respondent residing in Darwin reported injecting heroin in the past month (compared to 39% of Australian respondents) (Figure 3).

Table 3. Use of select illicit and licit drugs among people who inject drugs, Darwin NT (n=70) and Australia (n=879), 2022

Drug used	Darwin NT %	Australia %
Methamphetamine	80	81
Cannabis	70	72
Heroin	-	53
Cocaine	12	15
Non-prescribed methadone	-	10
Non-prescribed morphine	27	14
Non-prescribed fentanyl	-	5
Non-prescribed oxycodone	-	5
Non-prescribed pregabalin	11	13
GHB/GBL/1,4-BD	0	7
Alcohol	47	58
Tobacco	90	90

Sources: Sutherland et al. (2022). Australian Drug Trends 2022. Key findings from the National Illicit Drug Reporting System (IDRS) interviews. King et al. (2022). Northern Territory Drug Trends 2022: Key findings from the Illicit Drug Reporting System (IDRS) interviews.

- Values suppressed due to small cell size ($n \leq 5$ but not 0).

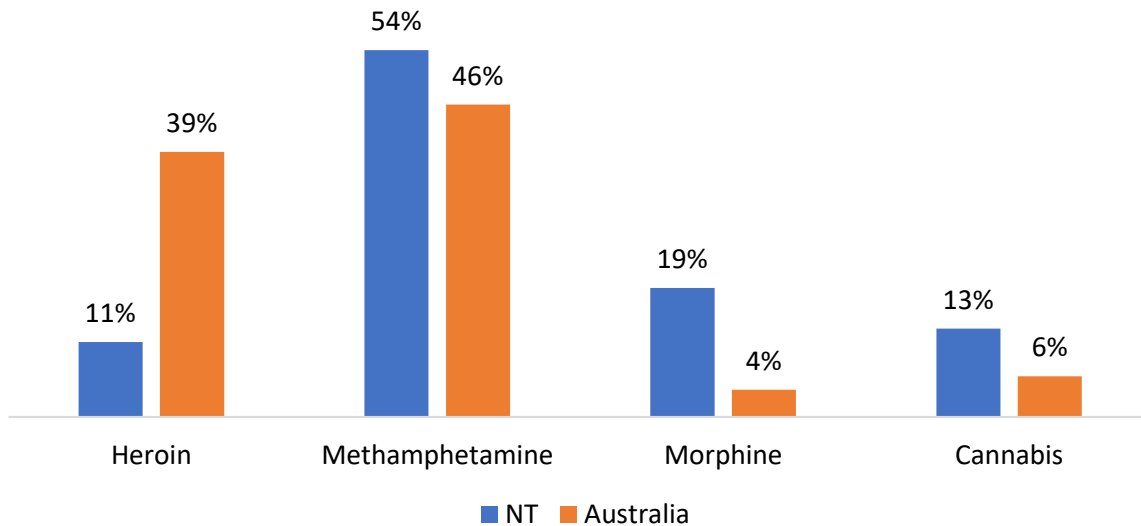


Figure 2. Main drug of choice¹ among people who inject drugs, Darwin NT (n=70) and Australia (n=879), 2022

Sources: Sutherland et al. (2022). Australian Drug Trends 2022. Key findings from the National Illicit Drug Reporting System (IDRS) interviews. King et al. (2022). Northern Territory Drug Trends 2022: Key findings from the Illicit Drug Reporting System (IDRS) interviews.

¹ Participants could only endorse one substance. The response option 'Don't know' was excluded from analysis.

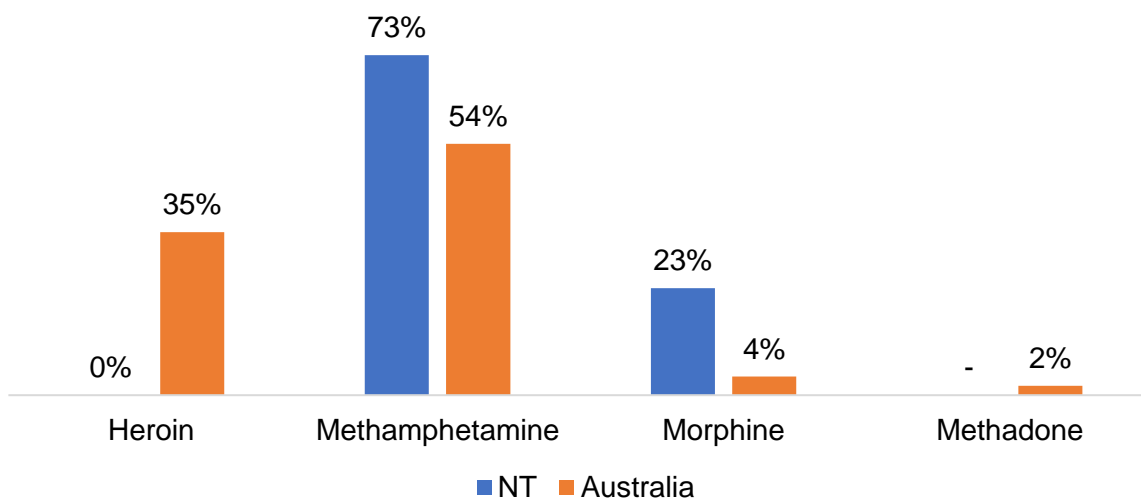


Figure 3. Drug injected most often in the past month¹, Darwin NT (n=70) and Australia (n=879), 2022

Sources: Sutherland et al. (2022). Australian Drug Trends 2022. Key findings from the National Illicit Drug Reporting System (IDRS) interviews. King et al. (2022). Northern Territory Drug Trends 2022: Key findings from the Illicit Drug Reporting System (IDRS) interviews.

¹ Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances.

- Values suppressed due to small cell size (n ≤ 5 but not 0). The response option 'Don't know' was excluded from analysis.

Another approach to monitoring use of illicit drugs is via the National Wastewater Drug Monitoring Program. Figure 4 shows the estimated cannabis consumption for August 2022 in mass consumed per day by Australian jurisdiction. Consistent with the survey data, it demonstrates that cannabis consumption in Darwin was above the national average capital and all site consumption levels (although not significantly higher based on the confidence intervals). The regional NT site was significantly above the all site and regional averages. Cannabis consumption in Darwin has declined since June 2021, with no such decline evident in regional NT (Figure 5).

Between August 2020 to October 2022, NT was generally below the national averages for per-capita usage of methamphetamine, cocaine, oxycodone (in regional NT), fentanyl and heroin; and at or above the national averages for MDMA and oxycodone (in NTs capital) (Figure 6). Compared to other jurisdictions:

- Regional NT had the lowest levels of methamphetamine consumption nationally along with regional sites in New South Wales
- Cocaine consumption in the NT was the lowest in the nation and was particularly low in regional NT
- Darwin and Hobart have historically had the highest MDMA consumption in the nation, but consumption in 2022 was more evenly spread across the country [2].

In 2021-22, declines were found in the estimated yearly consumption of methylamphetamine (50.1kg vs 84.8 in 2018-19), MDMA (13.7kg vs 46.4kg in 2019-20), cocaine (7.6kg vs 27.4kg in 2021-22) and heroin (1.1kg vs 1.6kg in 2020-21) [2].

Fentanyl use in Darwin and regional NT has generally declined since August 2016. Darwin and regional fentanyl use is well below their respective national averages. It is important to note that there is no reason to believe that this use of fentanyl is illegal (Figure 7).

Since December 2020, ketamine use in the NT has been highly variable in Darwin and consistently low in regional NT (Figure 8).

The use of MDA has been declining in Darwin since December 2016, and consistently low, but somewhat variable, in regional NT (Figure 9).

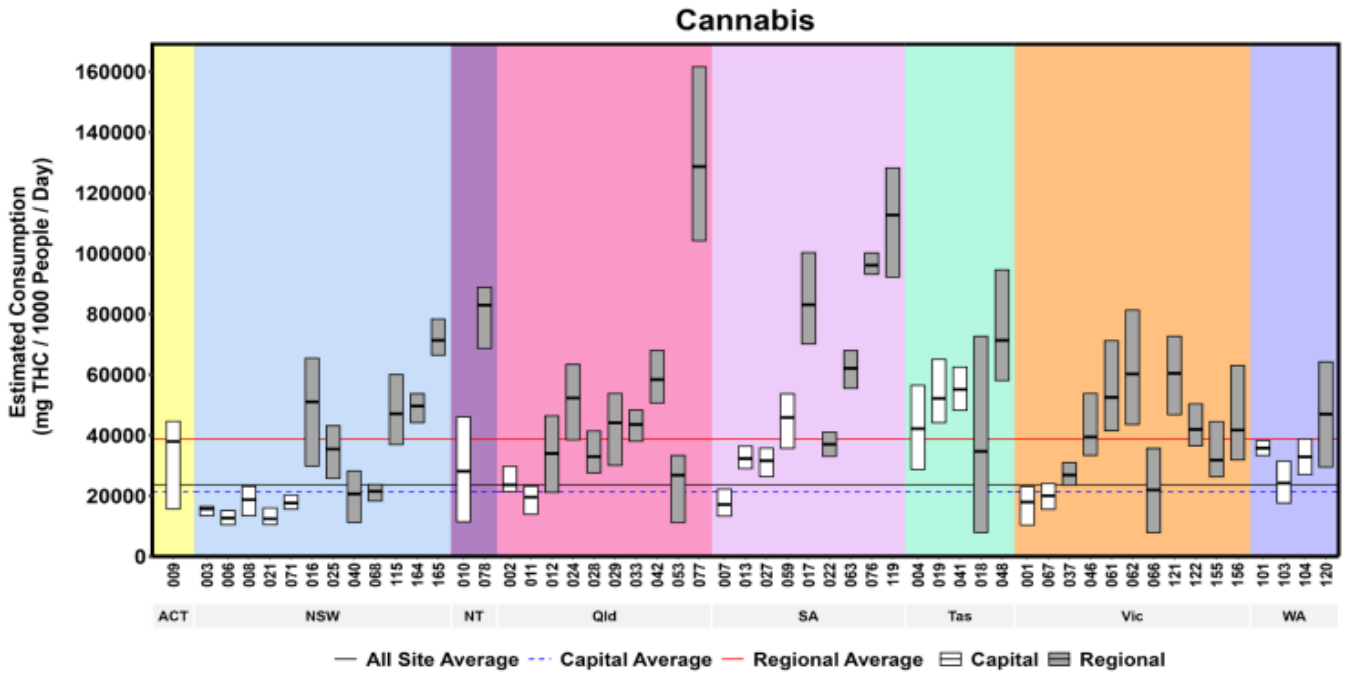


Figure 4. Estimated cannabis consumption for August 2022 in mass consumed per day (left axis).
 Source: Australian Criminal Intelligence Commission. (2023). National Wastewater Drug Monitoring Program Report 18.
 Note: The number of collection days varied from 5 to 7.

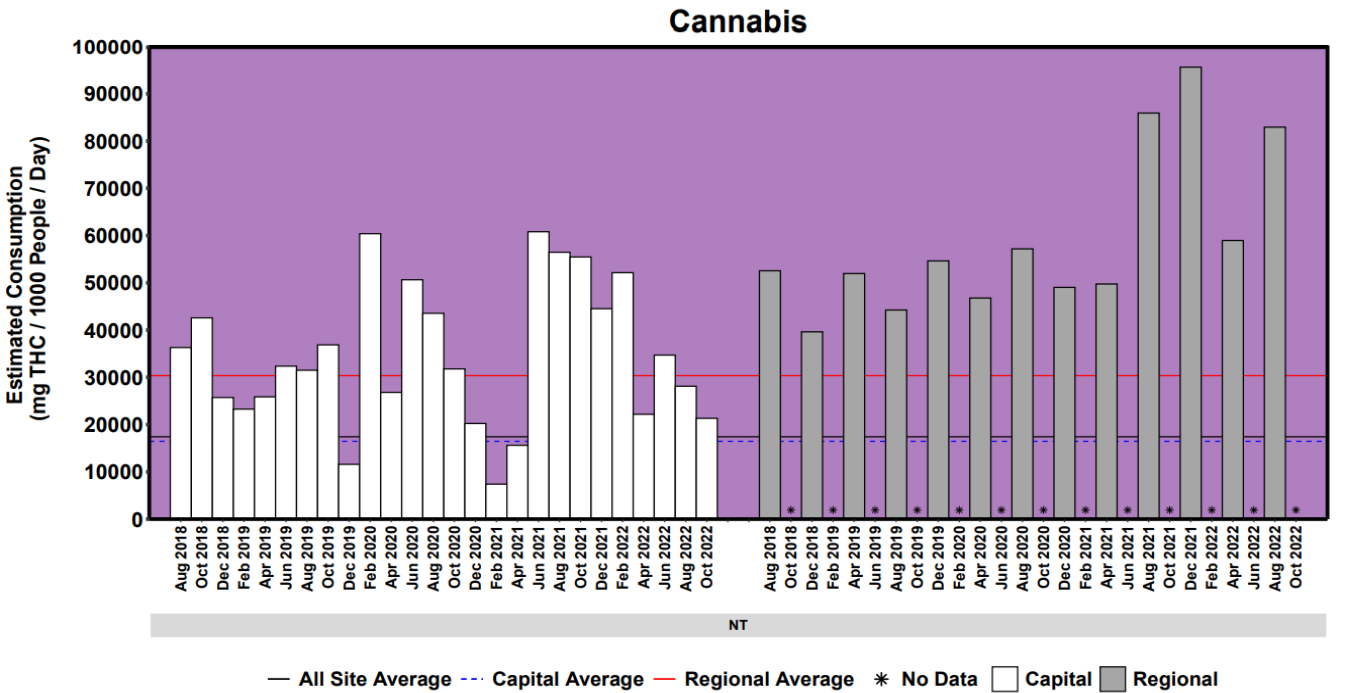


Figure 5. Trends in cannabis use in Darwin and regional NT August 2018 to October 2022.
 Source: Australian Criminal Intelligence Commission. (2023). National Wastewater Drug Monitoring Program Report 18.

Northern Territory (NT)

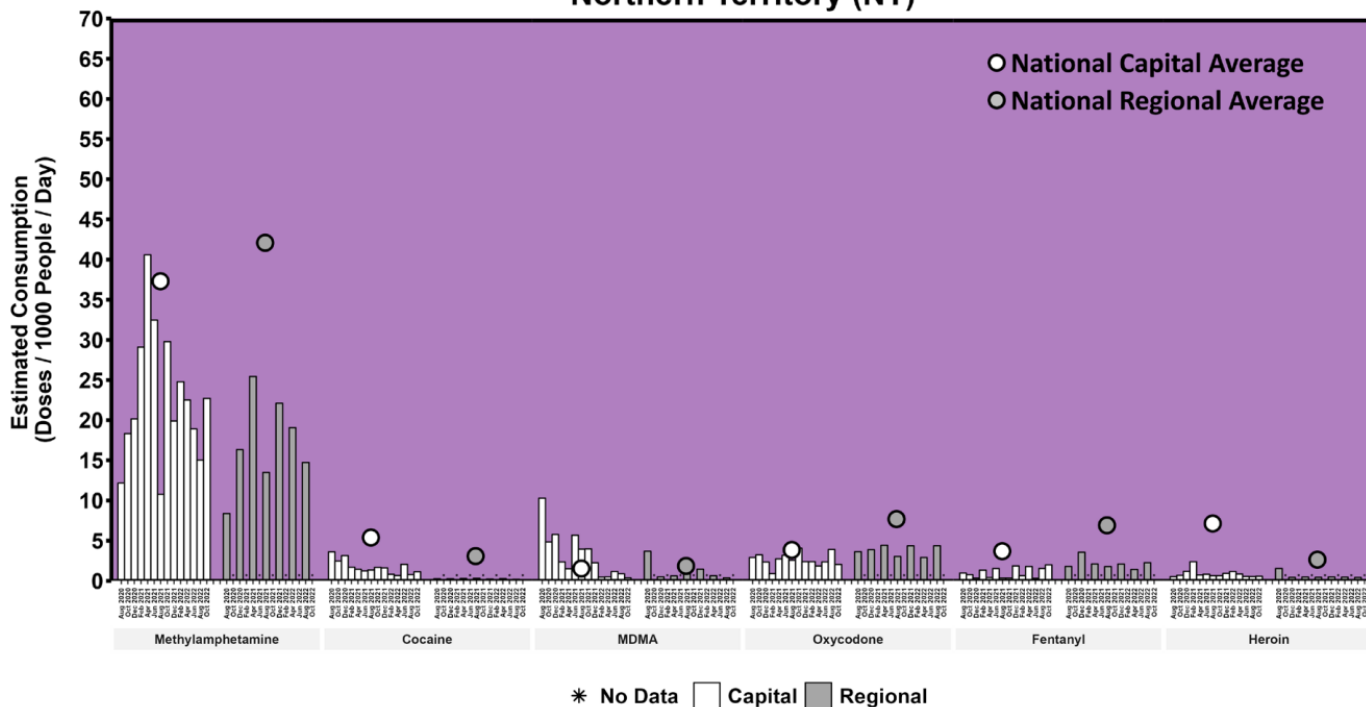


Figure 6. Profile of average illicit drug consumption in the Northern Territory, August 2020 to October 2022 for capital sites and to August 2022 for regional sites.

Source: Australian Criminal Intelligence Commission. (2023). National Wastewater Drug Monitoring Program Report 18.

Fentanyl

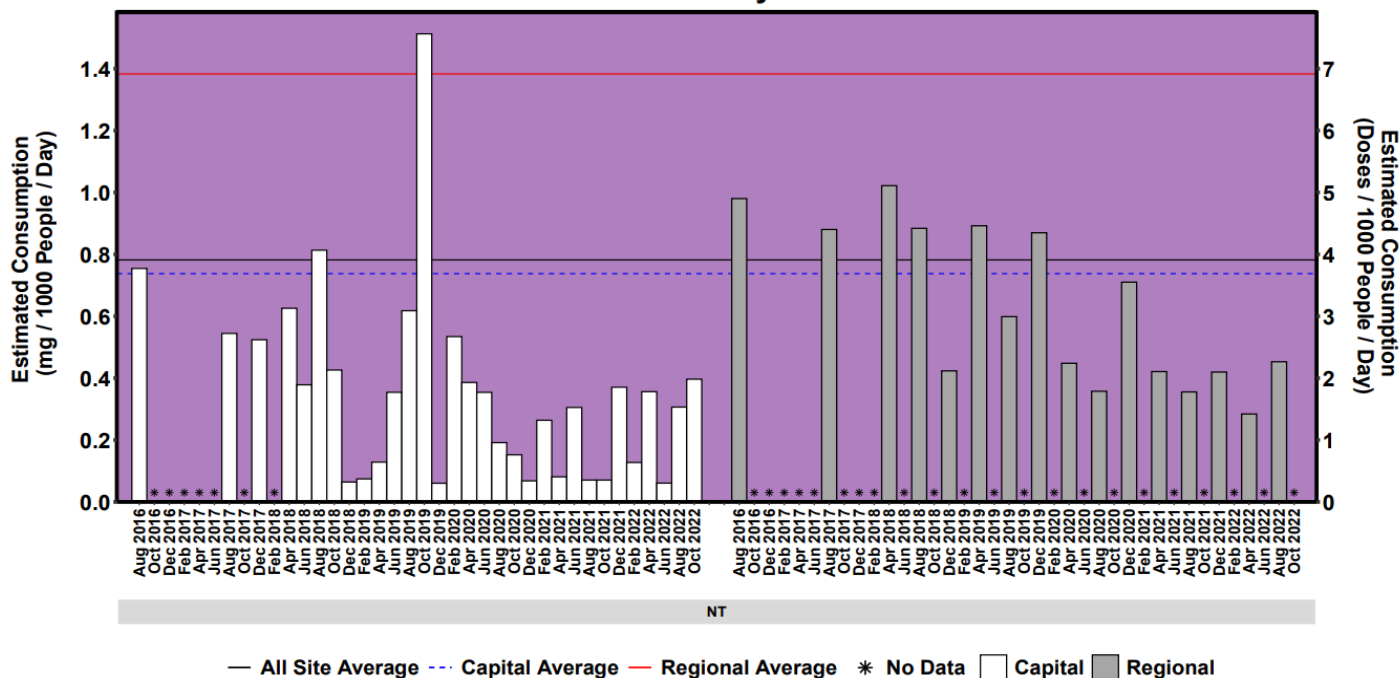


Figure 7. Trends in fentanyl use in Darwin and regional NT August 2016 to October 2022.

Source: Australian Criminal Intelligence Commission. (2023). National Wastewater Drug Monitoring Program Report 18.

Ketamine

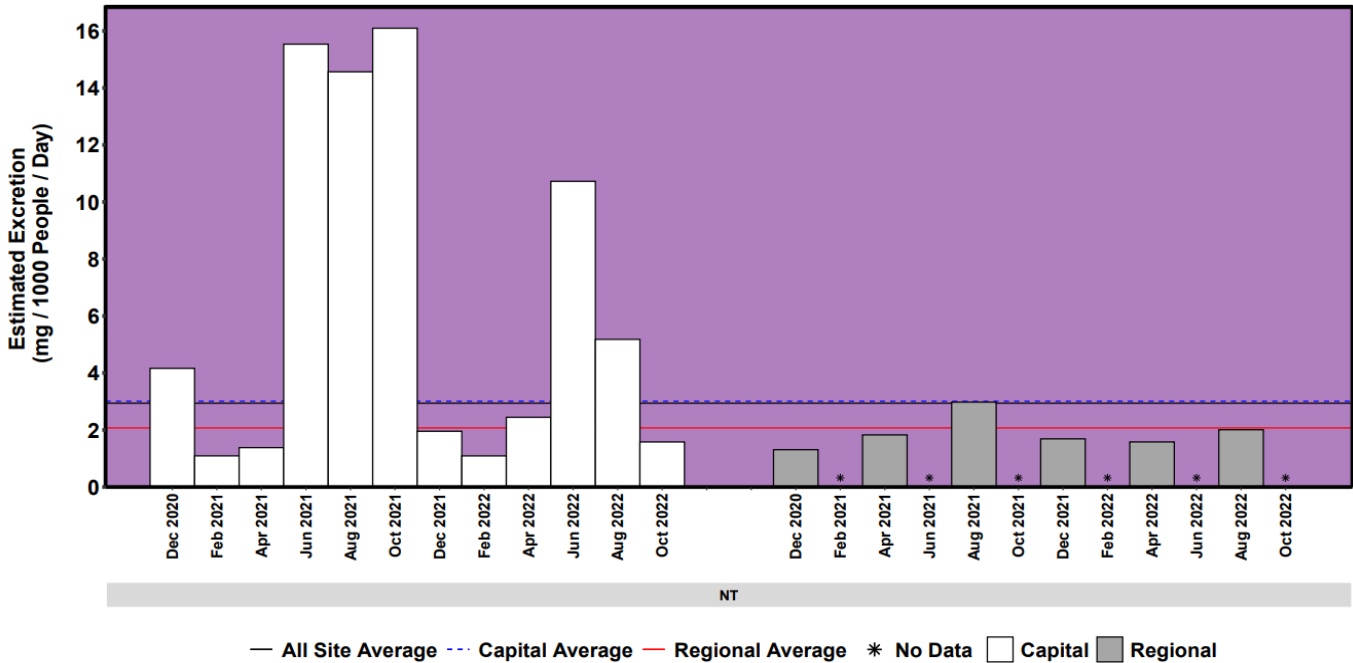


Figure 8. Trends in ketamine use in Darwin and regional NT December 2020 to October 2022.

Source: Australian Criminal Intelligence Commission. (2023). National Wastewater Drug Monitoring Program Report 18.

MDA

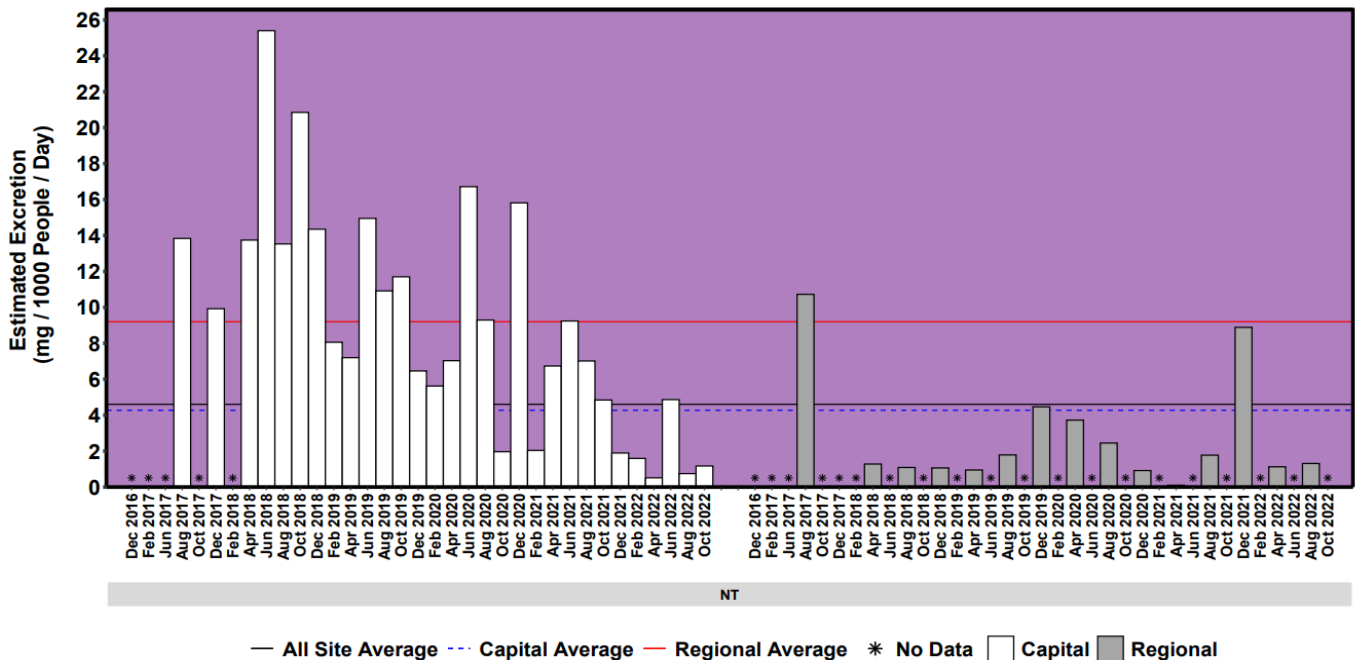


Figure 9. Trends in MDA use in Darwin and regional NT December 2016 to October 2022.

Source: Australian Criminal Intelligence Commission. (2023). National Wastewater Drug Monitoring Program Report 18.

Cohorts most likely to have used illicit drugs in the NT

To identify which groups of people are most likely to have used illicit drugs in the NT, we examined demographic characteristics in the NDSHS, IDRS and EDRS. Although the IDRS and EDRS are not representative, they provide useful additional context on the demographic profiles of the people who use illicit drugs.

In the NDSHS, prevalence of any illicit drug use and cannabis use specifically was consistently higher among NT residents (compared to the national estimate) who were:

- Male (illicit drugs: 23%, cannabis: 19%)
- Aged 14-24 years (illicit drugs: 28%, cannabis: 25%)
- Aboriginal and/or Torres Strait Islander peoples (illicit drugs: 29%, cannabis: 25%)
- Living outside of Darwin (illicit drugs: 23%, cannabis: 20%)
- Born in Australia (illicit drugs: 22%, cannabis: 19%)
- Identified as homosexual or bisexual (illicit drugs: 44%*, cannabis: 39%³) (Table 4).

Among male NT residents, 19% used cannabis in the past year and 23% used any illicit drug. This was higher than the prevalence of cannabis and any illicit drug use reported by female NT residents (13% and 16%, respectively). However, cannabis use by both male and female NT residents was higher than their Australian counterparts (Table 4).

In the IDRS, among respondents residing in Darwin in 2022 who injected drugs in the past six months, the mean age was 47 years (SD 10 years), 61% were male, 36% identified as Aboriginal and/or Torres Strait Islander, 83% were heterosexual, 81% lived in a home (rental or own), 86% were unemployed and 96% had received a government pension, allowance or benefit in the past month (Table 5).

In the EDRS, among respondents residing in Darwin in 2022 who regularly used ecstasy and other illicit stimulants, most were male (65%), 10% identified as Aboriginal or Torres Strait Islander, 11% were bisexual, 22% were current students, 42% were employed full time and a further 34% worked part time or on a casual basis. The median weekly income was \$1,000 (SD \$700-1361). This was higher than the national sample (\$600), perhaps due to a larger proportion of respondents being employed full time (Darwin: 42%, National: 27%) (Table 6).

³ * Estimate has a relative standard error between 25-50% and should be interpreted with caution.

Table 4. Prevalence of recent cannabis and any illicit drug use by demographics, NT and Australia, 2019

Demographic	NT % (95% CI)		Australia % (95% CI)	
	Cannabis	Any illicit	Cannabis	Any illicit
Gender				
Male	19.1 (14.8-24.5)	23.3 (18.0-29.7)	14.6 (13.7-15.6)	19.6 (18.5-20.7)
Female	12.6 (9.5-16.6)	15.8 (12.3-20.1)	8.6 (7.9-9.3)	13.2 (12.4-14.0)
Age				
14-24	25.2 (15.3-38.6)	28.0 (17.5-41.5)	19.7 (17.8-21.8)	24.1 (22.0-26.3)
25-29	19.7 (12.3-29.9)	23.9 (15.9-34.3)	21.2 (18.7-24.1)	28.7 (25.8-31.8)
30-39	16.4 (12.1-21.9)	21.6 (16.8-27.2)	13.5 (12.2-14.9)	18.9 (17.4-20.6)
40-49	15.5 (10.1-23.2)	19.3 (13.3-27.1)	11.4 (10.2-12.8)	15.8 (14.4-17.4)
50-59	13.3 (9.1-19.0)	15.8 (11.1-22.1)	9.1 (8.0-10.3)	13.1 (11.7-14.5)
60+	6.2* (3.6-10.4)	9.4 (5.8-14.7)	2.9 (2.5-3.5)	7.2 (6.5-7.9)
Indigeneity				
Aboriginal and Torres Strait Islander	24.7 (14.5-38.8)	29.0 (17.4-44.1)	16.1 (12.4-20.8)	23.1 (18.3-28.8)
Non-Indigenous	15.1 (12.2-18.5)	18.7 (15.4-22.6)	11.5 (10.9-12.1)	16.2 (15.5-16.9)
Remoteness				
State capital(s)	13.4 (10.4-17.1)	17.6 (13.5-22.4)	11.3 (10.6-12.0)	16.2 (15.3-17.1)
Rest of state / Australia	19.6 (14.2-26.5)	22.6 (16.7-29.9)	12.2 (11.1-13.3)	16.6 (15.4-17.9)
Country of Birth				
Australia	19.0 (15.2-23.4)	21.8 (17.5-26.8)	13.5 (12.7-14.3)	18.5 (17.6-19.4)
Elsewhere	11.0 (6.4-18.3)	15.6 (10.0-23.5)	7.4 (6.5-8.5)	11.4 (10.3-12.7)
Sexuality				
Heterosexual	15.9 (12.6-19.8)	18.9 (15.2-23.3)	10.9 (10.3-11.5)	15.4 (14.7-16.1)
Homosexual / Bisexual	38.7* (19.9-61.5)	43.5* (23.3-66.2)	30.5 (26.5-34.8)	39.9 (35.6-44.4)
Other / Not sure	6.1** (1.4-22.1)	12.0 ** (4.1-30.6)	10.6 (7.8-14.2)	14.6 (11.3-18.7)
Employment status				
Employed	16.3 (13.0-20.3)	19.7 (15.9-24.0)	13.5 (12.6-14.3)	18.8 (17.8-19.8)
Unemployed / not in the labour force	15.2 (9.4-23.6)	18.1 (12.0-26.5)	9.0 (8.1-9.8)	12.8 (11.8-13.7)

Source: Australian Institute of Health and Welfare (2022). 2019 National Drug Strategy Household Survey: Confidentialised unit record file. NCETA secondary analysis, 2023.

* Estimate has a relative standard error between 25-50% and should be interpreted with caution.

** Estimate has a relative standard error above 50% and is considered too unreliable for general use.

Table 5. Demographic characteristics of people who inject drugs, Darwin NT (n=70) and Australia (n=879), 2022

Demographic characteristic	Darwin NT % (n=70)	Australia % (n=879)
Mean age (years; SD)	47 (10)	46 (10)
Gender		
Male	61	66
Female	39	33
Non-binary	0	1
Aboriginal and/or Torres Strait Islander	36	27
Sexual identity		
Heterosexual	83	83
Homosexual	-	4
Bisexual	14	11
Queer	0	1
Other	-	1
Mean years of school education (range)	10 (2-12)	10 (0-12)
Post-school qualification(s)^	54	63
Current accommodation		
Own home (inc. renting)	81	68
Parents'/family home	-	5
Boarding house/hostel	7	8
Shelter/refuge	-	2
No fixed address	-	16
Other	0	2
Current employment status		
Unemployed	86	87
Past month gov't pension, allowance or benefit	96	92
Current median income/week (\$; IQR)	425 (350-500)	385 (300-490)

Sources: Sutherland et al. (2022). Australian Drug Trends 2022. Key findings from the National Illicit Drug Reporting System (IDRS) interviews. King et al. (2022). Northern Territory Drug Trends 2022: Key findings from the Illicit Drug Reporting System (IDRS) interviews.

^Includes trade/technical and university qualifications.

- Values suppressed due to small cell size (n≤5 but not 0).

Table 6. Demographic profile of people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021

	Darwin NT % (N=100)	National % (N=774)
Mean age (years; SD)	25 (23-28)	24 (21-29)
Gender		
Male	65	63
Female	34	34
Non-binary	-	3
Aboriginal and/or Torres Strait Islander	10	6
Sexual identity		
Heterosexual	84	73
Homosexual	-	4
Bisexual	11	14
Queer	-	6
Other	-	2
Mean years of school education (range)	11 (0.9)	12 (1.0)
Post-school qualification(s) [^]	70	60
Current students	22	45
Current employment status		
Employed full time	42	27
Part time/casual	34	45
Self-employed	-	6
Unemployed	21	22
Current median income/week (\$; IQR)	(N=94) \$1000 (700-1361)	(N=758) \$600 (375-1000)
Accommodation		
Own house/flat	-	6
Rented house/flat	58	60
Parents'/family home	13	26
Boarding house/hostel	21	4
Public housing	-	2
No fixed address	-	2
Other	-	-

Sources: Sutherland et al. (2021). Australian Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews. Price et al. (2021). Northern Territory Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews

[^] Includes trade/technical and university qualifications.

- Per cent suppressed due to small cell size (n ≤ 5 but not 0).

Availability of illicit drugs in the NT

EDRS respondents were asked about the perceived availability of select drugs. Ecstasy (excluding pills), methamphetamine, cannabis, ketamine, and LSD were generally perceived as easy or very easy to obtain by Darwin respondents. Cocaine and ecstasy pills were

perceived as being more difficult (including very difficult) to obtain than other drugs (cocaine: 57%, ecstasy pills 50% vs n=5 – 40% for other reported illicit drugs) (Table 7). Face-to-face was the most common purchasing approach (86%) and the most common means of obtaining illicit drugs (97%) in the last 12 months. The most common source of drugs was a friend, relative, partner or colleague (85%) (

Table 8).

Drug seizures provide another indication to inform our understanding of illicit drug market trends. In 2019-20 , there were 121,274 drug seizures in Australia [8]. Of these, 2% (n=2,592) occurred in the NT. National seizures accounted for a total weight of 38.6 tonnes (38,588,142 grams) of drugs, of which the NT seized 0.3% of this weight (113,535 grams). Of the drugs seized in the NT, cannabis accounted for the highest number of seizures (2,036) and weight (90,742 grams). Amphetamine type stimulants accounted for the next highest number of seizures (335) whilst other drugs and drugs not elsewhere classified accounted for the next highest weight of drug seized (19,620 grams) (

Table 9). According to the 2019-20 IDDR “Kava seizures in the Northern Territory may constitute a significant proportion of the number and weight of other and unknown NEC [not elsewhere classified] seizures within a given reporting period.” (p.163).

There were 312 clandestine laboratories detected nationally in 2019-20. Of these, one clandestine laboratory was detected in the NT (0.3%) [8].

Table 7. Perceived availability of select drugs among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021

Current Perceived Availability	Darwin NT %	Australia %
Ecstasy: Pills	(n=58)	(n=332)
Very easy	19	24
Easy	31	37
Difficult	34	29
Very difficult	16	10
Ecstasy: Capsules	(n=80)	(n=532)
Very easy	29	28
Easy	44	47
Difficult	21	22
Very difficult	-	4
Ecstasy: Crystal	(n=43)	(n=391)
Very easy	-	23
Easy	40	43
Difficult	40	27
Very difficult	-	6

Current Perceived Availability	Darwin NT %	Australia %
Ecstasy: Powder	(n=20)	(n=146)
Very easy	-	27
Easy	50	41
Difficult	-	27
Very difficult	-	5
Methamphetamine: Crystal	(n=16)	(n=114)
Very easy	-	44
Easy	63	38
Difficult	-	16
Very difficult	0	3
Cocaine	(n=51)	(n=482)
Very easy	18	33
Easy	25	44
Difficult	43	21
Very difficult	14	3
Cannabis: Hydroponic	(n=52)	(n=327)
Very easy	52	56
Easy	33	33
Difficult	12	9
Very difficult	-	-
Cannabis: Bush	(n=38)	(n=276)
Very easy	39	53
Easy	24	26
Difficult	24	16
Very difficult	-	5
Ketamine	(n=39)	(n=276)
Very easy	31	24
Easy	41	34
Difficult	18	31
Very difficult	-	11
LSD	(n=58)	(n=364)
Very easy	26	25
Easy	57	44
Difficult	14	27
Very difficult	-	4

Sources: Sutherland et al. (2021). Australian Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews. Price et al. (2021). Northern Territory Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews

- Per cent suppressed due to small cell size (n ≤ 5 but not 0).

Table 8. Purchasing approaches, means and sources of select illicit drugs, Darwin NT (n=100) and Australia (n=774), 2021

	Darwin NT %	Australia %
Purchasing approaches in the last 12 months [^]	(n=99)	(n=764)
Face-to-face	86	72
Surface web	-	4
Darknet market	-	7
Social networking applications	66	71
Text messaging	55	39
Phone call	40	28
Grew/made my own	-	4
Other	0	0
Means of obtaining drugs in the last 12 months ^{^~}	(n=100)	(n=761)
Face-to-face	97	98
Collection point	10	10
Post	-	8
Source of drugs in the last 12 months [^]	(n=100)	(n=763)
Friend/relative/partner/colleague	85	83
Known dealer/vendor	51	66
Unknown dealer/vendor	34	30

Sources: Sutherland et al. (2021). Australian Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews. Price et al. (2021). Northern Territory Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews

- Per cent suppressed due to small cell size ($n \leq 5$ but not 0).

Table 9. Number and weight (grams) of drug seizures by drug type, NT and Australia, 2020-21

Drug Seizures	NT	Australia
Amphetamine type stimulants		
Number	335	39,204
Weight (grams)	2,482	12,864,506
Cannabis		
Number	2,036	62,454
Weight (grams)	90,742	10,662,687
Heroin		
Number	6	2,230
Weight (grams)	35	210,725
Cocaine		
Number	27	5,750
Weight (grams)	262	1,573,853
Steroids		
Number	12	369
Weight (grams)	191	21,977
Hallucinogens		
Number	10	652
Weight (grams)	3	51,892
Other opioid		
Number	1	355
Weight (grams)	200	214,787
Other and unknown not elsewhere classified		
Number	165	10,260
Weight (grams)	19,620	12,987,715
Total		
Number	2,592	121,274
Weight (grams)	113,535	38,588,142

Source: Australian Criminal Intelligence Commission. (2021). Illicit Drug Data Report 2019-20.

Harms associated with illicit drug use in the NT

Factors that put people more at risk of harms from illicit drug use

Psychological distress and mental health conditions

The experience of psychological distress or mental health conditions can co-occur with illicit drug use (precede or antecedent). Among NT respondents to the 2019 NDSHS who experienced high or very high psychological distress more than a third (40%) used an illicit drug. NT respondents with high or very high psychological distress were more likely to use illicit drugs than NT respondents with medium or low levels of psychological distress. Similarly, NT respondents with a mental health condition were more likely to report illicit drug use (33%) than their counterparts without a mental health condition (19%) (**Error! Not a valid bookmark self-reference.**).

Table 10. Prevalence of recent cannabis and any illicit drug use by psychological distress and mental health diagnoses, NT and Australia, 2019

	NT % (95% CI)		Australia % (95% CI)	
	Cannabis	Any illicit	Cannabis	Any illicit
Psychological distress				
Low	12.9 (9.8-16.9)	15.4 (12.2-19.3)	8.3 (7.7-8.9)	12.2 (11.5-13.0)
Medium	17.2 (12.0-24.1)	20.9 (14.9-28.5)	13.9 (12.6-15.4)	19.8 (18.2-21.4)
High/very high	30.3 (19.1-44.5)	39.7 (28.2-52.4)	22.7 (20.8-24.7)	29.3 (27.2-31.4)
Mental health condition				
Depression				
Yes	28.4 (18.3-41.3)	36.4 (24.8-49.9)	21.0 (19.0-23.1)	27.5 (25.3-29.7)
No	15.1 (12.2-18.4)	17.7 (14.6-21.4)	10.5 (9.9-11.2)	14.9 (14.2-15.7)
Anxiety				
Yes	28.0 (17.3-41.8)	37.5 (25.5-51.3)	21.2 (19.1-23.6)	27.8 (25.4-30.3)
No	15.2 (12.3-18.6)	17.9 (14.6-21.7)	10.6 (10.0-11.3)	15.0 (14.3-15.8)
Other				
Yes	32.0** (8.1-71.5)	32.0** (8.1-71.5)	26.0 (21.3-31.3)	34.1 (29.0-39.6)
No	15.6 (12.8-18.9)	18.6 (15.5-22.1)	11.5 (10.9-12.1)	16.0 (15.2-16.7)
Any				
Yes	25.5 (17.2-36.0)	33.0 (23.2-44.4)	19.3 (17.6-21.1)	25.8 (24.0-27.7)
No	15.1 (12.1-18.6)	17.7 (14.4-21.6)	10.4 (9.7-11.0)	14.6 (13.9-15.4)

Source: Australian Institute of Health and Welfare (2022). 2019 National Drug Strategy Household Survey: Confidentialised unit record file. NCETA secondary analysis, 2023.

* Estimate has a relative standard error between 25-50% and should be interpreted with caution.

** Estimate has a relative standard error above 50% and is considered too unreliable for general use.

Mental health conditions were self-reported by 22% of Darwin IDRS respondents, lower than that reported by the Australian sample (47%). Anxiety (47%) and depression (47%) were the most common self-reported mental health conditions experienced by Darwin residents (Table 11).

Table 11. Self-reported mental health problems among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022

	Darwin NT %	Australia %
Self-reported mental health problem (past 6 months)	22	47
Anxiety ¹	47	55
Depression ¹	47	64

Sources: Sutherland et al. (2022). Australian Drug Trends 2022. Key findings from the National Illicit Drug Reporting System (IDRS) interviews. King et al. (2022). Northern Territory Drug Trends 2022: Key findings from the Illicit Drug Reporting System (IDRS) interviews.

¹ Among those who self-reported a mental health problem.

Poly-drug use

In 2019, 14% of NT respondents to the NDSHS reported using one illicit drug, 2% reported use of two illicit drugs and 4% reported use of 3 or more illicit drugs (Table 12). Male respondents were more likely to use two or more illicit drugs (7%) than females (4%). Due to the small sample size of respondents reporting use of two or more illicit drugs, no other reliable demographic group differences emerged (

Table 13).

Poly-drug use was particularly common among people experiencing psychological distress or mental health conditions. Among the NT population who experienced high or very high psychological distress over a quarter (28%) used one illicit drug and a further 12% used two illicit drugs. Similarly, NT respondents with a mental health condition were more likely to report use of one (23%), or two or more (10%*) illicit substances than their counterparts without a mental health condition (12% and 5% respectively) (Table 14).

Polydrug use was commonly reported among existing drug users surveyed in the IDRS and EDRS. Among the 2022 IDRS respondents residing in Darwin, half (49%) reported using at least two drugs in the day prior to the interview. Concurrent use of cannabis and stimulant (20%), and cannabis and opioid (13%) use were most common (Table 15). Nearly all (94%) of Darwin respondents to the EDRS reported poly drug use (

Table 16).

Table 12. Recent poly-drug use, NT and Australia, 2019

Recent use (past year)	NT % (95% CI)	Australia % (95% CI)
Poly drug use		
No	80.6 (76.5-84.1)	83.9 (83.2-84.6)
1 drug	13.7 (10.6-17.4)	10.3 (9.8-10.8)
2 drugs	2.2 (1.4-3.5)	2.6 (2.3-2.9)
3 drugs	1.7* (0.8-3.9)	1.4 (1.2-1.6)
4+ drugs	1.8* (1.0-3.2)	1.8 (1.6-2.1)

Source: Australian Institute of Health and Welfare (2022). 2019 National Drug Strategy

Household Survey: Confidentialised unit record file. NCETA secondary analysis, 2023.

* Estimate has a relative standard error between 25-50% and should be interpreted with caution.

Table 13. Prevalence of recent poly drug use by demographics, NT and Australia, 2019

Demographic	NT % (95% CI)		Australia % (95% CI)	
	1 illicit drug	2+ illicit drugs	1 illicit drug	2+ illicit drugs
Gender				
Male	15.8 (11.6-21.1)	7.3 (4.7-11.3)	11.7 (10.9-12.5)	7.6 (6.9-8.4)
Female	11.5 (8.2-15.8)	4.1 (2.6-6.4)	8.9 (8.3-9.6)	4.1 (3.6-4.6)
Age				
14-24	21.1* (12.0-34.5)	6.8 (3.2-14.0)	13.1 (11.5-14.9)	10.6 (9.1-12.3)
25-29	10.7* (5.4-20.2)	13.2* (7.1-23.1)	13.9 (11.9-16.2)	14.4 (12.2-16.9)
30-39	17.1 (12.8-22.4)	4.2* (2.2-7.9)	11.4 (10.3-12.7)	7.4 (6.4-8.5)
40-49	9.4* (5.1-16.6)	9.9* (5.9-16.2)	10.2 (9.0-11.4)	5.5 (4.7-6.5)
50-59	13.7 (9.3-19.7)	1.6** (0.6-4.3)	10.8 (9.7-12.2)	2.0 (1.6-2.7)
60+	8.6 (5.3-13.7)	0.3** (0.0-2.1)	6.1 (5.4-6.8)	0.8 (0.5-1.1)
Indigeneity				
Aboriginal and Torres Strait Islander	25.0* (13.7-41.2)	3.9** (0.9-14.6)	15.0 (10.9-20.3)	7.7 (5.2-11.3)
Non-Indigenous	12.6 (10.0-15.8)	5.9 (4.2-8.3)	10.2 (9.7-10.7)	5.7 (5.3-6.2)
Remoteness				
State capital(s)	10.8 (7.6-15.1)	6.6 (4.6-9.3)	9.9 (9.3-10.5)	6.0 (5.5-6.6)
Rest of state / Australia	17.9 (12.5-24.8)	4.5* (2.2-9.0)	11.1 (10.2-12.1)	5.3 (4.5-6.2)
Country of Birth				
Australia	15.0 (11.5-19.2)	6.8 (4.5-10.3)	11.4 (10.8-12.1)	7.0 (6.4-7.6)
Elsewhere	11.0 (6.7-17.7)	4.6* (2.3-8.9)	7.9 (7.0-8.9)	3.5 (2.8-4.2)
Sexuality				
Heterosexual	13.3 (10.3-17.0)	5.6 (3.8-8.1)	9.9 (9.4-10.5)	5.3 (4.9-5.8)
Homosexual / Bisexual	25.9* (12.0-47.2)	17.7* (5.4-44.5)	20.4 (17.1-24.1)	19.3 (15.7-23.5)
Other / Not sure	7.4** (1.9-24.5)	5.1** (0.9-23.0)	9.3 (6.8-12.7)	5.3 (3.4-8.1)
Employment status				
Employed	13.3 (10.2-17.2)	6.4 (4.4-9.2)	11.2 (10.5-11.9)	7.4 (6.8-8.2)
Unemployed / not in the labour force	13.1 (7.9-21.0)	4.8* (2.4-9.2)	8.9 (8.2-9.7)	3.7 (3.2-4.2)

Source: Australian Institute of Health and Welfare (2022). 2019 National Drug Strategy Household Survey: Confidentialised unit record file. NCETA secondary analysis, 2023.

* Estimate has a relative standard error between 25-50% and should be interpreted with caution.

** Estimate has a relative standard error above 50% and is considered too unreliable for general use.

Table 14. Prevalence of recent poly drug use by psychological distress and mental health diagnoses, NT and Australia, 2019

	NT % (95% CI)		Australia % (95% CI)	
	1 illicit drug	2+ illicit drugs	1 illicit drug	2+ illicit drugs
Psychological distress				
Low	10.6 (8.1-13.7)	4.7* (2.8-7.7)	8.4 (7.8-9.0)	3.7 (3.2-4.1)
Medium	15.1 (10.0-22.2)	5.6* (2.9-10.5)	12.0 (10.9-13.2)	7.6 (6.5-8.8)
High/very high	27.5* (15.9-43.2)	11.8 (7.1-18.9)	16.1 (14.5-17.8)	12.6 (11.1-14.4)
Mental health condition				
Depression				
Yes	25.5 (15.2-39.7)	11.1* (5.7-20.5)	16.4 (14.6-18.3)	10.6 (9.1-12.1)
No	12.3 (9.6-15.7)	5.3 (3.6-7.8)	9.4 (8.9-10.0)	5.3 (4.8-5.8)
Anxiety				
Yes	21.7* (11.9-36.4)	15.8 (8.7-27.0)	16.4 (14.5-18.6)	10.9 (9.4-12.8)
No	12.7 (9.9-16.1)	5.1 (3.4-7.5)	9.5 (9.0-10.1)	5.3 (4.8-5.8)
Other				
Yes	32.0** (8.1-71.5)	0	17.7 (14.0-22.1)	16.2 (12.3-21.0)
No	12.8 (10.2-16.1)	5.6 (4.0-8.0)	10.1 (9.6-10.6)	5.7 (5.2-6.2)
Any				
Yes	22.9 (14.1-35.0)	10.2* (5.5-18.0)	15.3 (13.8-16.9)	10.1 (8.9-11.5)
No	12.3 (9.5-15.8)	5.3 (3.6-7.8)	9.3 (8.8-9.9)	5.2 (4.7-5.7)

Source: Australian Institute of Health and Welfare (2022). 2019 National Drug Strategy Household Survey: Confidentialised unit record file. NCETA secondary analysis, 2023.

* Estimate has a relative standard error between 25-50% and should be interpreted with caution.

Table 15. Poly drug use among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022

	Darwin NT %	Australia %
Poly drug use (2 or more) (previous day)	49	55
Cannabis and stimulants	20	12
Cannabis and opioids	13	13

Sources: Sutherland et al. (2022). Australian Drug Trends 2022. Key findings from the National Illicit Drug Reporting System (IDRS) interviews. King et al. (2022). Northern Territory Drug Trends 2022: Key findings from the Illicit Drug Reporting System (IDRS) interviews.

Table 16. Poly drug use among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021

	Darwin NT	Australia
	%	%
Poly drug use	94	88
Stimulants and depressants	27	NR

Sources: Sutherland et al. (2021). Australian Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews. Price et al. (2021). Northern Territory Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews

NR: Not reported for the Australian sample.

Other risk behaviours

Other behaviours that can put people at greater risk of harms when using illicit drugs include reusing, and or sharing injecting equipment, drug driving, and engaging in sexual activity. Few Darwin-based IDRS respondents (≤ 5) reported borrowing or lending a needle, whilst 10% reported sharing other injecting equipment. One-fifth of respondents reported re-using their own needle (20%) and 16% reported experiencing an injection-related problem. The most common location of their last illicit drug injection was a private home (88%). Drug driving (i.e., within three hours of illicit drug use) was high among those who drove a car in the past 6 months (72%) (Table 17).

Among EDRS respondents residing in Darwin, 36% reported driving within three hours of consuming an illicit drug in the past six months. Of those who had engaged in sexual activity in the past four weeks, 89% reported having used alcohol or drugs during their engagement in sexual activity and 15% believed their use impaired their ability to negotiate their wishes to their intimate partner. No EDRS Darwin-based respondents reported drug injection in the past month, although 14% had injected drugs in their lifetime (Table 18).

Table 17. Risk behaviours among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022

Risk behaviours and harms experienced in past month¹	Darwin NT %	Australia %
Borrowed a needle	-	4
Lent a needle	-	8
Reused own needle	20	35
Injected partner/friend after injecting self ²	23	27
Someone else injected them after injecting themselves ²	13	15
Shared equipment other than needles	10	20
Experienced an injection-related problem	16	26
Location of last injection		
Private home	88	78
Street/car park/beach	-	6
Car	-	5
Public toilet	-	5
Medically supervised injecting centre/room	0	2
Other	0	1
Current drug treatment	10	38
Drug driving ⁴ (past six months)	72	76

Sources: Sutherland et al. (2022). Australian Drug Trends 2022. Key findings from the National Illicit Drug Reporting System (IDRS) interviews. King et al. (2022). Northern Territory Drug Trends 2022: Key findings from the Illicit Drug Reporting System (IDRS) interviews.

¹ Reference period is the last 6 months unless specified otherwise

² Injected via a new or used needle

³ Among those who self-reported a mental health problem

⁴ Among those who drive; driven within 3 hours of consuming an illicit drug

- Values suppressed due to small cell size (n ≤ 5 but not 0).

HCV = Hepatitis C virus.

Table 18. Risk behaviours among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021

Risk behaviours	Darwin NT %	Australia %
Drug injection		
Life time	14	11
Past month	0	2
Sexual health	n=98	n=749
Any sexual activity in the past four weeks	90 (n=88)	82 (n=615)
Of those who responded#:	n=88	n=612
Drugs and/or alcohol used prior to or while engaging in sexual activity	89	86
Of those who responded#:	n=87	n=608
Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	15	11
Of those who responded#	n=85	n=608
Had penetrative sex without a condom and did not know HIV status of partner	42	22
Drink/drug driving behaviour in the last six months	(n=100)	(n=774)
Driven	87	84
Driven over the legal alcohol limit	31	25
Driven within three hours of consuming illicit drug(s)	36	39
Tested for drug driving by police roadside	7	10
Breath tested for alcohol by police roadside testing	25	31

Sources: Sutherland et al. (2021). Australian Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews. Price et al. (2021). Northern Territory Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews

NR: Not reported for the Australian sample.

- Per cent suppressed due to small cell size ($n \leq 5$ but not 0). #Due to the sensitive nature of these items there is missing data for some participants who chose not to respond.

Frequency of harms experienced by people who use illicit drugs in the NT

Drug-related hospitalisations

In the NT in 2020-21 there were 828 hospitalisations for which the principal diagnoses was related to drug use, equivalent to 317 hospitalisations per 100,000 people (Australia: 255 per 100,000 people) [7]. Males in the NT were hospitalised at a higher rate (348 per 100,000) than females (276 per 100,000). This was different to the national trend where males and females were equally likely to be hospitalised with a principal diagnosis related to drugs (Australia - males: 254 per 100,000; females: 256 per 100,000) (Table 19).

The age standardised rate of drug-related hospitalisation was higher among NT residents aged 20-29 years (701 per 100,000), followed by those aged 10-19 years (565 per 100,000) (Table 19). In 2020-21, the age standardised rate per 100,000 people of drug-related

hospitalisations was higher in remote and very remote parts of the NT (360 per 100,000) than in the outer regional areas (287 per 100,000). This was higher than the rates of these areas throughout Australia (Table 19). It is important to note that outer regional areas include Darwin and there are no major city areas and inner regional areas in the NT.

Table 19. Number and age standardised rate per 100,000 people of drug-related hospitalisations by gender, age and remoteness 2020-21, NT and Australia.

Drug related hospitalisations	NT	Australia
Number	n=828	n=62,486
Rate per 100,000	317 (296, 340)	255 (253, 257)
Gender		
Males	348 (317, 381)	254 (251, 257)
Females	276 (247, 306)	256 (253, 259)
Age		
10-19	565 (486, 653)	302 (296, 308)
20-29	701 (621, 788)	503 (496, 511)
30-39	422 (364, 487)	395 (389, 401)
40-49	308 (251, 373)	316 (310, 322)
50-59	159 (117, 211)	173 (168, 178)
60-69	54 (27, 96)	81 (78, 85)
70+	62 (27, 123)	69 (66, 72)
Remoteness area		
Major cities	na	250 (248, 252)
Inner regional	na	223 (218, 227)
Outer regional	287 (261, 317)	271 (263, 278)
Remote/very remote	360 (325, 398)	275 (260, 290)

Source: Chrzanowska et al. (2022). Trends in drug-related hospitalisations in Australia, 1999-2021. na: NT does not contain any remoteness areas of this classification. NTs capital, Darwin, is considered 'outer regional'.

Cannabinoids were the most common principal drug associated with drug-related hospitalisations in the NT in 2020-21. The rate of cannabinoid-related hospitalisation was much higher in the NT (103 per 100,000) than Australia overall (30 per 100,000). The rate of non-opioid analgesic-related hospitalisations (53 per 100,000) and volatile solvent-related hospitalisations were also higher in the NT (13 per 100,000) than for Australia overall (34 per 100,000 and 3 per 100,000, respectively) (Table 20).

Table 20. Age standardised rate per 100,000 people of drug-related hospitalisations in 2020-21 by drug type identified in the principal diagnosis, NT and Australia.

	NT	Australia
Cannabinoids	103 (91, 116)	30 (29, 31)
Amphetamine-type stimulants	59 (50-69)	60 (59, 61)
Non-opioid analgesics	53 (45, 63)	34 (33, 35)
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	24 (19, 31)	40 (40, 41)
Opioids	20 (15, 26)	26 (25, 26)
Antidepressants	18 (13, 24)	17 (16, 17)
Antipsychotics and neuroleptics	13 (9, 18)	16 (16, 17)
Volatile solvents	13 (9, 18)	3 (3, 3)
Multiple drug use	9 (6, 14)	20 (19, 20)
Cocaine	np	7 (7, 7)
Hallucinogens	np	2 (2, 2)

Source: Chrzanowska et al. (2022). Trends in drug-related hospitalisations in Australia, 1999-2021. np = data not publishable due to small numbers.

Intentional poisoning was the major external cause of poisoning among drug-related hospitalisations in 2020-21 in the NT (95 per 100,000 people). Psychotic disorders were the leading diagnosis among hospitalisations related to mental and behavioural disorder due to drug use in the NT in 2020-21 (104 per 100,000) and was more than double the rate for Australia (46 per 100,000) (Table 21).

Table 21. Age standardised rate per 100,000 people of drug-related hospitalisations in 2020-21 by external cause, NT and Australia.

External cause of drug-related hospitalisation	NT	Australia
Poisoning		
Intentional	95 (84, 108)	86 (85, 87)
Unintentional	22 (16, 29)	24 (23, 24)
Undetermined	7 (4, 11)	8 (8,9)
Other cause	-	2 (2, 2)
Mental and behavioural		
Acute intoxication	15 (10, 20)	15 (14, 15)
Dependence	7 (4, 10)	45 (44, 46)
Harmful use	30 (24, 38)	18 (18, 19)
Psychotic disorder	104 (92, 117)	46 (45, 47)
Withdrawal	36 (29, 45)	9 (9, 10)
Other	-	2 (2, 2)

Source: Chrzanowska et al. (2022). Trends in drug-related hospitalisations in Australia, 1999-2021. - No data reported in 2020-21

Non-fatal overdose

No IDRS respondent residing in Darwin reported a non-fatal overdose in the past year, compared to 17% nationally (Table 22). This may be due to lower heroin use in the NT (11%), compared to the Australian sample (39%, **Error! Reference source not found.**) and

heroin not being commonly injected in the past month by Darwin respondents (0% vs 35% of the Australian sample (Figure 3).

Having heard of naloxone (Darwin: 54%, Australia: 84%), heard of the take-home naloxone program (Darwin: 34%, Australia: 66%), and being trained in naloxone administration (Darwin: -% (≤ 5 respondents), Australia: 38%) were low compared to the national sample. Given the low non-fatal overdose statistic, this may be less of a concern for the NT unless heroin use increases and/or overdoses (fatal and non-fatal) increase.

Table 22. Overdose and naloxone familiarity among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022

	Darwin NT %	Australia %
Non-fatal overdose (past year)	0	17
Heard of naloxone	54	84
Heard of take-home naloxone program	34	66
Trained in naloxone administration	-	38

Sources: Sutherland et al. (2022). Australian Drug Trends 2022. Key findings from the National Illicit Drug Reporting System (IDRS) interviews. King et al. (2022). Northern Territory Drug Trends 2022: Key findings from the Illicit Drug Reporting System (IDRS) interviews.
- Values suppressed due to small cell size ($n \leq 5$ but not 0).

Approximately one in eight (13%) Darwin-based EDRS respondents had experienced a non-fatal depressant-related overdose in the past year (including alcohol) and one in nine (11%) had experienced a stimulant-related non-fatal overdose in the past year (Table 23).

Table 23. Overdose among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021

	Darwin NT %	Australia %
Non-fatal drug overdose (past 12 months):		
Stimulant-related	11	16
Depressant-related (including alcohol)	13	19

Sources: Sutherland et al. (2021). Australian Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews. Price et al. (2021). Northern Territory Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews.

Blood-borne viruses and sexually transmitted infections

Among Darwin-based respondents to the IRDS, fewer than 5 respondents reported a current Hepatitis C infection, but 9% reported receiving treatment for Hepatitis C in the past year, and about two-fifths had received a test for Hepatitis C (HCV antibody test (40%) and/or RNA test (38%) (Table 24).

Table 24. Hepatitis C testing and treatment among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022

	Darwin NT %	Australia %
Received HCV antibody test (past year)	40	43
Received RNA test (past year)	38	37
Current HCV infection	-	7
Past year treatment for HCV	9	10

Sources: Sutherland et al. (2022). Australian Drug Trends 2022. Key findings from the National Illicit Drug Reporting System (IDRS) interviews. King et al. (2022). Northern Territory Drug Trends 2022: Key findings from the Illicit Drug Reporting System (IDRS) interviews.

- Values suppressed due to small cell size (n≤5 but not 0).

HCV = Hepatitis C virus.

Among Darwin-based EDRS respondents, there were no recent HIV positive diagnosis and fewer than five had been diagnosed with a sexually transmitted infection in the past six months, while 30% had a HIV test and 45% had a sexual health check (Table 25).

Table 25. HIV and sexually transmitted infections in the past six months among people who use ecstasy and related drugs, Darwin NT (n=98)¹ and Australia (n=759)¹, 2021

	Darwin NT %	Australia %
Had a HIV test	30	24
Diagnosed with HIV	0	-
Had a sexual health check	45	36
Diagnosed with a sexually transmitted infection	-	3

Sources: Sutherland et al. (2021). Australian Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews. Price et al. (2021). Northern Territory Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews

Due to the sensitive nature of these items there is missing data for some participants who chose not to respond.

- Per cent suppressed due to small cell size (n≤5 but not 0).

Absenteeism

Absences from work or study can provide an indication of injuries and illnesses sustained whilst under the influence of drugs. Among NT respondents who attended work, school, TAFE or university, those who had used an illicit drug in the past year reported significantly higher mean annual absenteeism due to injury or illness than those who abstained from drugs in the past year (15 days absenteeism vs 8 days absenteeism, p<.001) (

Table 26).

Table 26. Mean days absent from work, school, TAFE or university per year by illicit drug use, NT and Australia, 2019

Annual absenteeism	Mean days absence	
	NT	Australia
Injury/illness-related absence		
Cannabis use	14.5	12.4
No cannabis use	7.5	7.4
Any illicit use	14.0	12.4
No drug use	7.5	7.4

Source: Australian Institute of Health and Welfare (2022). 2019 National Drug Strategy Household Survey: Confidentialised unit record file. NCETA secondary analysis, 2023.

In the NT, annual absenteeism due to injury or illness was higher among those who reported past year use of 2 or more illicit drugs (17 days absenteeism), followed by use of one illicit drug in the past year (12 days absenteeism), then no drug use in the past year (8 days absenteeism) (Table 27).

Table 27. Mean days absent per year by poly illicit drug use, NT and Australia, 2019

Annual absenteeism	Mean days absence	
	NT	Australia
Injury/illness-related absence		
No drug use	7.5	7.4
1 illicit drug	12.3	12.7
2 or more illicit drugs	16.8	11.8

Source: Australian Institute of Health and Welfare (2022). 2019 National Drug Strategy Household Survey: Confidentialised unit record file. NCETA secondary analysis, 2023.

Harms from others' drug use

According to the 2019 NDSHS, 9% of the NT population had experienced verbal abuse by someone under the influence of illicit drugs and 8% had been put in fear. Of those who had experienced abuse or fear by a person under the influence of illicit drugs, over a quarter had reported the most serious incident to the police (Table 28).

Table 28. Experience of abuse by someone under the influence of illicit drugs, NT and Australia, 2019

Drug-related abuse	NT % (95% CI)	Australia % (95% CI)
Verbal abuse: Yes	8.6 (6.8-10.7)	7.9 (7.4-8.4)
Put in fear: Yes	7.5 (6.0-9.4)	6.8 (6.4-7.3)
Reported to police: ¹ Yes	26.7 (17.5-38.6)	19.9 (17.8-22.3)

Source: Australian Institute of Health and Welfare (2022). 2019 National Drug Strategy Household Survey: Confidentialised unit record file. NCETA secondary analysis, 2023.

¹ Among those who had experienced verbal abuse or been put in fear.

Criminal activity and justice system involvement

Among Darwin-based users of illicit drugs, 30% of IDRS respondents and 27% of EDRS respondents self-reported that they had engaged in any crime in the past month (Table 29 and Table 30).

Table 29. Self-reported criminal activity among people who injected illicit drugs in the past six months, Darwin NT (n=70) and Australia (n=879), 2022

Self-reported criminal activity in the past month:	Darwin NT %	Australia %
Engaged in 'any' crime	30	39
Engage in property crime	17	23
Engaged in drug dealing	16	23

Sources: Sutherland et al. (2022). Australian Drug Trends 2022. Key findings from the National Illicit Drug Reporting System (IDRS) interviews. King et al. (2022). Northern Territory Drug Trends 2022: Key findings from the Illicit Drug Reporting System (IDRS) interviews.

Table 30. Self-reported criminal activity among people who use ecstasy and related drugs, Darwin NT (n=100) and Australia (n=774), 2021

Self-reported criminal activity in the past month:	Darwin NT %	Australia %
Property crime	10	18
Drug dealing	22	23
Fraud	-	2
Violent crime	-	3
Any crime	27	36

Sources: Sutherland et al. (2021). Australian Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews. Price et al. (2021). Northern Territory Drug Trends 2021: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) interviews

- Per cent suppressed due to small cell size (n≤5 but not 0).

In 2019-20 in the NT there were 220 provider arrests (i.e., apprehended for importing, trafficking, selling, cultivating and/or manufacturing an illicit drug) and 364 consumer arrests (i.e., apprehended for possessing or administering drugs for personal use). A further 691 drug infringement notices were also issued. Men accounted for 79% of consumer arrests, 65% of drug infringements notices, and 73% of provider arrests (

Table 31).

Table 31. Number of drug arrests by arrest type and gender, NT and Australia, 2020-21

Arrest type	NT	Australia
Consumer arrests		
Male	287	109,467
Female	77	36,880
Total	364	146,476 ¹
Consumer arrests: DIN		
Male	446	np
Female	245	np
Total	691	np
Provider arrests		
Male	160	13,651
Female	60	3,839
Total	220	17,507 ¹
Total arrests (including DINs)		
Male	893	124,834
Female	382	41,341
Total	1,275	166,321 ¹

Source: Australian Criminal Intelligence Commission. (2021). Illicit Drug Data Report 2019-20.

Consumer arrests: Apprehended for possessing or administering drugs for personal use.

Provider arrests: Apprehended for importing, trafficking, selling, cultivating and/or manufacturing an illicit drug.

DINs: Drug Infringement Notices.

np: DIN breakdown at the national level was not provided and instead incorporated into the consumer arrests category.

¹ Total includes those whose gender was not known.

Cannabis accounted for the majority of arrests (412 arrests; 71%) and all 691 drug infringement notices. Amphetamine type stimulants resulted in the next highest number of drug-related arrests (n=108, 18%). Males were more likely to be arrested for drugs than females (the exception is for heroin where the one person arrested was female) (Table 32).

Table 32. Number of arrests by drug type and gender, NT and Australia, 2020-21

Drug Arrests	NT	Australia
Amphetamine type stimulants	108	49,638 ¹
Male	81	36,359
Female	27	13,260
Cannabis	412	76,669 ¹
Male	314	58,621
Female	98	17,949
Cannabis DINs	691	np
Male	446	np
Female	245	np
Heroin (and other opioid)	1	3,514 ¹
Male	0	2,646
Female	1	866
Cocaine	5	5,393 ¹
Male	5	4,588
Female	0	802
Steroids	5	1,160 ¹
Male	4	988
Female	1	171
Hallucinogens	4	1,135 ¹
Male	4	892
Female	0	242
Other and unknown not elsewhere classified	49	28,812 ¹
Male	39	20,740
Female	10	8,051

Source: Australian Criminal Intelligence Commission. (2021). Illicit Drug Data Report 2019-20.

DINs: Drug Infringement Notices.

np: DIN breakdown at the national level was not provided and instead incorporated into the consumer arrests category.

¹ Total includes those whose gender was not known.

Regarding drug-related criminal proceedings, in 2021-22, there were 8,300 defendants in the NT [9] (2% of defendants nationally) with 295 defendants having allegedly committed an illicit drug offence (4% of illicit drug offence defendants). Most defendants of illicit drug offences were found guilty (88%, n=259). Of those who were found guilty of an illicit drug offence in the NT, 153 (59%) received custodial orders such as remanded in a correctional institute (n=108), and 104 received non-custodial orders (Table 33).

The rate of defendants finalised (defined as when all charges against a defendant have been processed to completion within a court level) for illicit drug offences in the NT was 137.9 (Australia: 192.9) (Table 33).

Table 33. Defendants finalised (excluding transfers to other court levels) and with a guilty outcome, summary outcomes for illicit drug offences, NT and Australia, 2021-22

Summary outcomes	NT	Australia
Method of finalisation		
Adjudicated outcomes	273	40,549
<i>Acquitted</i>	10	408
<i>Guilty outcome</i>	259	40,141
Withdrawn by prosecution	20	3,011
Total finalised	295	43,667
Rate of defendants finalised	137.9	192.9
Principal sentence		
Custodial orders		
Custody in a correctional institution	108	3,885
Custody in the community	3	845
Fully suspended sentence	45	1,206
Total	153	5,931
Non-custodial orders		
Community supervision/work orders	0	3,153
Fines	63	22,333
Other non-custodial orders	39	8,706
Total	104	34,201
Total guilty outcome	259	40,142

Source: Australian Bureau of Statistics. (2023). 2021-22 Criminal Courts Australia.

Note: These numbers are reported by the ABS. Some cell numbers do not sum to the total. The ABS does not provide details for these discrepancies.

In 2021-22, 8,690 offenders were proceeded against by police [10] in the NT with 775 (8.9%) being illicit drug offenders. The illicit drug offender rate was 362 per 100,000 persons in the Northern Territory (aged 10+ years) (all offenders: 4,062 per 100,000 persons in the NT, [10]). Most illicit drug offences were due to possession or use (n=496), following by dealing or trafficking (n=250). Few offences were due to the manufacturing or cultivating of the drugs (n=11) (Table 34).

Since the 2020-21 reporting period, 388 fewer offenders (33% reduction) were proceeded against for an illicit drug offence. Nationally, illicit drug offences decreased 19% (11,778 fewer offenders) over the same reporting period [10]. Two-thirds of the illicit drug offenders proceeded against by police were male. The NT male offender rate for illicit drugs was two times higher than for NT females. The NT female illicit drug offender rate was two times higher than the Australian female illicit drug offender rate (Table 34). The NT Aboriginal and Torres Strait Islander illicit drug offender rate was 2.5 times higher than their non-Indigenous counterparts.

Table 34. Number and rate of offenders whose principal offence was an illicit drug offence, NT and Australia, 2021-22

Offence type and Demographics	NT		Australia	
	n	Offender rate ¹	n	Offender rate ¹
Total ²	775	362.2	50,920	224.9
Offence type				
Deal or traffic in illicit drugs	250	116.8	7,203	31.8
Manufacture or cultivate illicit drugs	11	5.1	4,306	19.0
Possess and/or use illicit drugs	496	231.8	33,730	149.3
Demographics				
Gender				
Males	515	475.0	37,723	337.4
Females	255	241.6	13,164	114.9
Indigenous status ³				
Aboriginal and Torres Strait Islander	171	265.3	NA	NA
Non-Indigenous	176	117.7	NA	NA

Source: Australian Bureau of Statistics. (2023). 2021-22 Recorded Crime – Offenders.

¹ Rate per 100,000 persons aged 10 years and over.

² Sums of the subgroups may not add to the total due to missing variable data.

³ Data only available for selected offenders. Excludes offenders with a penalty notice as their principal method of proceeding.

The NT had 1,934 prisoners in custody on 30 June 2022 (Australia: 40,591) of which 105 prisoners (Australia: 5,515) were there due to their most serious offence being an illicit drug offence [11]. Of these illicit drug offence prisoners, 24 identified as Aboriginal and Torres Strait Islander (23%). In the NT, all illicit drug offences were under the category “deal or traffic in illicit drugs”. Of those who had been sentenced, the mean sentence was 5.0 years with the expectation to serve 3.1 years. Nationally, the mean sentence was higher at 6.9 years (expect to serve 4.4 years) most likely due to the national sample capturing other illicit drug offence types that may incur a longer sentence (e.g., importing/exporting illicit drugs) (Table 35).

Table 35. Prisoners (number) whose most serious offence were illicit drug offences, by select variables, NT and Australia, 30 June 2022

Prison type by variable	NT	Australia
Prisoners	105	5,515
Indigenous status		
Aboriginal and Torres Strait Islander	24	440
Non-Indigenous	81	5,045
Sentenced prisoners	52	3,604
Illicit drug offence type		
Import or export illicit drugs	0	481
Deal or traffic in illicit drugs	52	2560
Manufacture or cultivate illicit drugs	0	223
Possess and/or use illicit drugs	0	342
Aggregate sentence length		
Mean years	5.0	6.9
Median years	4.8	6.0
Expected time to serve		
Mean years	3.1	4.4
Median years	3.2	3.3
Unsentenced prisoners	55	1,905
Import or export illicit drugs	0	226
Deal or traffic in illicit drugs	53	1,445
Manufacture or cultivate illicit drugs	0	196
Possess and/or use illicit drugs	0	39
Other illicit drug offences	0	3

Source: Australian Bureau of Statistics. (2023). 2022 Prisoners in Australia.

Note: These numbers are reported by the ABS. Some cell numbers do not sum to the total. The ABS does not provide details for these discrepancies.

Drug treatment in the NT

Data regarding drug treatment is sourced primarily from the AODTS-NMDS. In addition to illustrating the provision of treatment in the NT, drug treatment can be conceptualised as a response to harm, and thus data regarding drug treatment can provide an indication of which drugs and which groups of people are experiencing their drug use as harmful.

Drug treatment episodes in the NT

In 2020-21, the Northern Territory provided 7,987 treatment episodes to 3,722 clients (average 2.1 episodes per client). This reflected 3,788 treatment episodes and 1,765 clients per 100,000 across the NT population. This was considerably higher than the rate of treatment episodes and clients in Australia overall (In 2020-21 there were 25 AOD treatment agencies in the NT providing data to the AODTS-NMDS. Most treatment agencies were non-government (n=20, 80%; Australia: n=869, 68%) whilst five were government (Australia: n=410, 32%).

Table 36); and approximately double the next highest jurisdiction (ACT: rate of episodes: 1,628; rate of clients: 966) [12].

In 2020-21 there were 25 AOD treatment agencies in the NT providing data to the AODTS-NMDS. Most treatment agencies were non-government (n=20, 80%; Australia: n=869, 68%) whilst five were government (Australia: n=410, 32%).

Table 36. Number and rate of clients and episodes by client type, NT and Australia, 2020-21

	NT	Australia
Total		
Treatment episodes	7,987	242,980
Clients	3,722	139,271
Average episodes per client	2.1	1.7
Rate of episodes ¹	3,788	1,079
Rate of clients ¹	1,765	618
Own drug use		
Treatment episodes	7,722	224,135
Clients	3,566	131,173
Average episodes per client	2.2	1.7
Rate of episodes ¹	3,662	995
Rate of clients ¹	1,691	582
Other's drug use		
Treatment episodes	265	18,845
Clients	174	13,972
Average episodes per client	1.5	1.3
Rate of episodes ¹	126	84
Rate of clients ¹	83	62

Source: Australian Institute of Health and Welfare. (2022). Alcohol and Other Drug Treatment Services National Minimum Dataset.

¹ Rate per 100,000 people.

Most clients reported accessing AOD treatment services in the NT to address their own drug use (96%) whilst 4% were concerned about other's drug use (Figure 10).

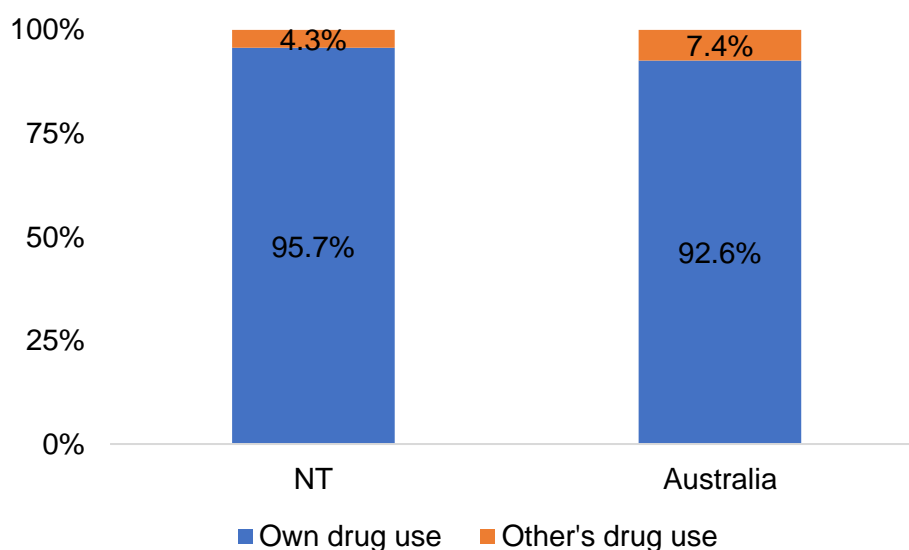


Figure 10. Clients accessing Alcohol and Other Drug Treatment Services by client type, NT and Australia, 2020-21

Source: Source: Australian Institute of Health and Welfare. (2022). Alcohol and Other Drug Treatment Services National Minimum Dataset.

Among those who sought treatment for their own drug use, the most common treatment received was assessment (n=3,478, 45%), followed by information and education (n=1,638, 21%). Among those who sought treatment for another person's drug use, most received counselling (n=154, 58%) followed by assessment only (n=91, 34%) (Table 37).

Table 37. Main treatment type for closed treatment episodes by client type, NT, 2020-21

	NT		Total
	Own drug use	Other's drug use	
Counselling	950	154	1104
Withdrawal management	255	0	255
Assessment only	3478	91	3569
Support and case management	277	3	280
Rehabilitation	967	0	967
Pharmacotherapy	35	0	35
Information and education	1638	10	1648
Other	122	7	129
Total	7722	265	7987

Source: Australian Institute of Health and Welfare. (2022). Alcohol and Other Drug Treatment Services National Minimum Dataset.

The three most common referral sources for clients receiving treatment for their own drug use were self/family (n=3026, 39%), health services (n=2084, 27%) and corrections (n=1479, 19%). Self/family was also the most common referral source for clients receiving treatment for another's drug use (n=163, 62%) (Table 38).

Table 38. Referral source and treatment delivery setting for closed treatment episodes by client type, NT, 2020-21

	NT		Total
	Own drug use	Other's drug use	
Referral source			
Self/family	3026	163	3189
Health service	2084	29	2113
Corrections	1479	4	1483
Diversion	93	4	97
Other	1040	65	1105
Total	7722	265	7987
Treatment delivery setting			
Non-residential treatment setting	1877	160	2037
Residential treatment setting	2358	12	2370
Home	150	0	150

Outreach setting	2126	81	2207
Other	1211	12	1223
Total	7722	265	7987

Source: Australian Institute of Health and Welfare. (2022). Alcohol and Other Drug Treatment Services National Minimum Dataset.

Drug most of concern among treatment seekers in the NT

Among those seeking treatment for their own drug use, two in three clients in the NT reported alcohol as their principal drug of concern (65%). This was much higher than the proportion of alcohol-related treatment seeking clients in Australia (36%). As a result, the proportion of clients receiving treatment for other drugs of concern were generally lower than the national sample. The exception was volatile solvents (e.g., inhalants such as petrol or glue) (NT: 6%, Australia: <1%) (Table 39).

Table 39. Clients seeking treatment for their own drug use by principal drug of concern, NT and Australia, 2020-21

Principal drug of concern	NT %	Australia %
Codeine	0.0	0.3
Morphine	0.8	0.3
Buprenorphine	0.0	0.6
Heroin	0.3	4.2
Methadone	0.1	0.5
Oxycodone	0.1	-
Other opioids	0.0	0.9
Other analgesics	0.9	0.6
Alcohol	65.3	35.6
Benzodiazepines	0.7	1.3
Other sedatives and hypnotics	0.0	0.5
Amphetamines	10.7	23.4
Ecstasy (MDMA)	0.2	0.4
Cocaine	0.3	1.4
Nicotine	0.7	1.5
Other stimulants and hallucinogens	0.1	0.2
Volatile solvents	5.6	0.3
Cannabis	13.5	22.1
Other	0.8	4.9
Not stated	0.0	1.2
Total	100.0	100.0

Source: Australian Institute of Health and Welfare. (2022). Alcohol and Other Drug Treatment Services National Minimum Dataset.

Cohorts accessing drug treatment in the NT

Overall, clients accessing treatment services in NT were predominantly male (71%), aged 20-39 years (54%), and identified as an Aboriginal and Torres Strait Islander (71%). Although the Australian profile of treatment seeking clients was also more likely to be male

and aged 20-39, Aboriginal and Torres Strait Islander clients formed the minority group nationally (17%), whilst they dominated the NT sample (71%) (Table 40).

Among NT residents seeking treatment for their own drug use, the profile of clients was similar to the overall NT profile, whilst the profile of those seeking assistance for other's drug use were more likely to be female (61%), aged under 20 (46%) and non-Indigenous (64%). The proportion of NT clients under 20 years who were seeking treatment for other's drug use (46%) was much larger than occurred in the national sample (8%) (Table 40).

Half of the NT clients seeking treatment for their own drug use attended treatment agencies based in outer regional NT, 25% did so at treatment agencies located in remote locations and a further 25% in very remote locations. Among those seeking treatment for other's drug use, few did so at very remotely located agencies whilst most sought advice from remotely located treatment agencies (66%) (Table 40).

Table 40. Clients seeking treatment by client type and select demographics (gender, age, Indigeneity), NT and Australia, 2020-21

	NT %			Australia %		
	Own drug use	Other's drug use	Total	Own drug use	Other's drug use	Total
Gender						
Male	72.4	38.8	71.0	63.8	36.9	61.8
Female	27.4	61.3	28.8	35.6	46.5	36.4
Other/not stated	0.2	0	0.2	0.7	16.6	1.9
Age						
10–19	11.6	45.6	13.1	11.1	8.3	10.9
20–29	26.9	13.8	26.3	26.0	18.6	25.4
30–39	28.3	18.8	27.9	27.1	25.3	27.0
40–49	20.6	8.1	20.1	20.5	21.3	20.6
50–59	9.4	10.0	9.4	10.5	16.2	10.9
60+	3.2	3.8	3.2	4.7	10.3	5.12
Indigeneity						
Aboriginal and Torres Strait Islander	72.2	36.3	70.7	17.6	8.5	16.9
Non-Indigenous	27.7	63.8	29.2	78.1	72.1	77.6
Not stated	0.1	0	0.1	4.3	19.4	5.5
Remoteness area						
Outer regional	50.4	30.6	49.7	NR	NR	NR
Remote	24.9	65.7	26.2	NR	NR	NR
Very remote	24.8	3.8	24.1	NR	NR	NR

Source: Australian Institute of Health and Welfare. (2022). Alcohol and Other Drug Treatment Services National Minimum Dataset.

NR: Not reported.

Clients seeking treatment for their own drug use in the NT were typically male (72%, Australia: 64%). When drug types are considered, a higher proportion of men generally received treatment with the exception being an equal proportion of men and women seeking

treatment for methadone and other opioids in the NT. In 2020-21, no women in the NT were seeking treatment for buprenorphine or ecstasy use (

Table 41).

Table 41. Clients seeking treatment for their own drug use by principal drug of concern and gender, NT and Australia, 2020-21

Principal illicit drug of concern	NT %			Australia %		
	Male	Female	Other/not stated	Male	Female	Other/not stated
Codeine	-	-	-	48.5	51.5	0.0
Morphine	77.8	22.2	0.0	66.7	33.3	0.0
Buprenorphine	100.0	0.0	0.0	71.6	28.2	0.1
Heroin	83.3	16.7	0.0	69.0	30.7	0.3
Methadone	50.0	50.0	0.0	62.7	36.9	0.3
Other opioids	50.0	50.0	0.0	62.6	37.1	0.3
Other analgesics	70.0	30.0	0.0	60.8	39.2	0.0
Alcohol	72.2	27.6	0.2	63.5	36.0	0.5
Benzodiazepines	60.0	36.0	4.0	63.2	36.4	0.4
Other sedatives and hypnotics	-	-	-	50.6	48.7	0.8
Amphetamines	69.0	30.8	0.3	63.8	35.5	0.6
Ecstasy (MDMA)	100.0	0.0	0.0	65.6	34.1	0.4
Cocaine	90.9	9.1	0.0	84.5	15.3	0.2
Nicotine	72.0	28.0	0.0	54.9	44.8	0.3
Other stimulants and hallucinogens	75.0	25.0	0.0	72.8	26.5	0.7
Cannabis	73.6	26.4	0.0	63.5	36.1	0.4
Volatile solvents	78.7	21.3	0.0	67.7	32.3	0.0
Other	70.4	29.6	0.0	58.7	37.2	4.1
Not stated	-	-	-	68.9	28.1	3.0
Total	72.4	27.4	0.2	63.8	35.6	0.7

Source: Australian Institute of Health and Welfare. (2022). Alcohol and Other Drug Treatment Services National Minimum Dataset.

Among NT residents seeking treatment for their own drug use, 28% were aged 30-39 years and 27% were aged 20-29 years. When the age of clients seeking treatment for select principal drugs of concern is considered, compared to other age groups, NT residents aged:

- 10-19 years were more likely to be seeking treatment for volatile solvents (88%, other age groups: 0-8%) and other stimulants and hallucinogens (75%, other age groups: 0-25%)
- 20-29 years were more likely to be seeking treatment for benzodiazepines (52%; other age groups 0-24%) and ecstasy (57%, other age groups: 0-28%);
- 30-39 years were more likely to be seeking treatment for cocaine (46%, other age groups: 0-36%) and cannabis (35%, other age groups: 1-22%)
- 40-49 years were more likely to be seeking treatment for methadone (50%, other age groups: 0-25%), heroin (42%, other age groups: 8-25%), morphine (41%, other age groups: 0-22%), and other analgesics (40%, other age groups: 3-23%)
- 50-69 years were more likely to be seeking treatment for buprenorphine (100%) (Table 42).

Table 42. Clients seeking treatment for their own drug use by principal drug of concern and age, NT and Australia, 2020-21

Principal illicit drug of concern	NT %					
	10-19	20-29	30-39	40-49	50-59	60+
Codeine	-	-	-	-	-	-
Morphine	0.0	7.4	22.2	40.7	11.1	18.5
Buprenorphine	0.0	0.0	0.0	0.0	100.0	0.0
Heroin	8.3	8.3	25.0	41.7	8.3	8.3
Methadone	0.0	0.0	25.0	50.0	0.0	25.0
Other opioids	0.0	25.0	0.0	25.0	25.0	25.0
Other analgesics	3.3	10.0	23.3	40.0	13.3	10.0
Alcohol	4.2	26.3	31.3	23.3	11.2	3.8
Benzodiazepines	0.0	52.0	24.0	16.0	4.0	4.0
Other sedatives and hypnotics	-	-	-	-	-	-
Amphetamines	4.5	32.9	35.0	21.3	5.3	1.1
Ecstasy (MDMA)	14.3	57.1	28.6	0.0	0.0	0.0
Cocaine	9.1	36.4	45.5	9.1	0.0	0.0
Nicotine	8.0	12.0	20.0	20.0	28.0	12.0
Other stimulants and hallucinogens	75.0	25.0	0.0	0.0	0.0	0.0
Cannabis	22.8	35.2	21.1	13.6	6.1	1.3
Volatile solvents	87.8	7.6	3.6	1.0	0.0	0.0
Other	25.9	22.2	18.5	11.1	18.5	3.7
Not stated	-	-	-	-	-	-
Total	11.6	26.9	28.3	20.6	9.4	3.2
Principal illicit drug of concern	Australia					
	10-19	20-29	30-39	40-49	50-59	60+
Codeine	4.1	20.6	31.0	26.9	11.8	5.8
Morphine	0.3	14.4	27.7	27.4	19.5	10.7
Buprenorphine	1.0	26.7	39.4	22.7	7.1	3.3
Heroin	0.9	15.8	34.8	33.8	11.9	2.8
Methadone	0.4	10.3	30.3	35.7	15.9	7.5
Other opioids	2.6	19.6	29.8	24.6	15.9	7.5
Other analgesics	2.3	18.8	32.2	24.5	14.9	7.3
Alcohol	4.6	17.1	25.1	26.0	17.5	9.7
Benzodiazepines	21.9	34.8	16.3	13.3	8.0	5.8
Other sedatives and hypnotics	5.4	43.0	37.0	10.7	2.5	1.4
Amphetamines	3.5	30.0	39.1	21.3	5.5	0.6
Ecstasy (MDMA)	39.7	44.9	10.4	3.7	1.1	0.2
Cocaine	8.7	50.1	27.8	10.3	2.6	0.5
Nicotine	35.3	17.1	13.7	13.5	11.1	9.3
Other stimulants and hallucinogens	35.0	37.1	14.5	7.1	4.6	1.8
Cannabis	30.2	36.9	17.6	9.7	4.4	1.2
Volatile solvents	80.3	12.3	5.7	1.1	0.6	0.0
Other	6.9	23.3	28.1	22.1	13.8	5.8
Not stated	12.4	35.0	26.7	18.7	6.4	0.8
Total	11.1	26.0	27.1	20.5	10.5	4.7

Source: Australian Institute of Health and Welfare. (2022). Alcohol and Other Drug Treatment Services National Minimum Dataset.

Among NT residents seeking treatment for their own drug use, 72% identified as Aboriginal and Torres Strait Islander. When the Indigenous identity of clients seeking treatment for select principal drugs of concern is considered, NT residents who identified as:

- Aboriginal and Torres Strait Islander were more likely to be seeking treatment for other stimulants and hallucinogens (100%), volatile solvents (100%), alcohol (78%), and cannabis (66%).
- Non-Indigenous were more likely to be seeking treatment for methadone (100%), cocaine (91%), other analgesics (90%), heroin (75%), other opioids (75%), morphine (74%), benzodiazepines (68%), ecstasy (57%) and nicotine (56%) (Table 43).

Table 43. Clients seeking treatment for their own drug use by principal drug of concern and Indigenous identity, NT and Australia, 2020-21

Principal illicit drug of concern	NT %			Australia %		
	Aboriginal and Torres Strait Islander	Non-Indigenous	Not stated	Aboriginal and Torres Strait Islander	Non-Indigenous	Not stated
Codeine	-	-	-	11.0	84.4	4.7
Morphine	25.9	74.1	0.0	16.1	78.8	5.1
Buprenorphine	0.0	100.0	0.0	23.9	73.0	3.1
Heroin	25.0	75.0	0.0	18.6	77.1	4.3
Methadone	0.0	100.0	0.0	17.1	76.7	6.3
Other opioids	25.0	75.0	0.0	15.1	80.9	4.0
Other analgesics	10.0	90.0	0.0	16.4	79.1	4.5
Alcohol	77.6	22.2	0.2	17.0	78.5	4.5
Benzodiazepines	32.0	68.0	0.0	8.6	86.6	4.8
Other sedatives and hypnotics	-	-	-	7.0	88.3	4.7
Amphetamines	51.8	48.2	0.0	19.0	76.4	4.6
Ecstasy (MDMA)	42.9	57.1	0.0	8.1	87.7	4.2
Cocaine	9.1	90.9	0.0	5.4	90.7	3.9
Nicotine	44.0	56.0	0.0	26.4	71.1	2.6
Other stimulants and hallucinogens	100.0	0.0	0.0	13.4	82.3	4.2
Cannabis	66.1	33.9	0.0	19.4	77.0	3.6
Volatile solvents	100.0	0.0	0.0	74.3	23.7	2.0
Other	55.6	44.4	0.0	10.2	84.1	5.7
Not stated	-	-	-	10.1	82.9	7.0
Total	72.2	27.7	0.1	17.6	78.1	4.3

Source: Australian Institute of Health and Welfare. (2022). Alcohol and Other Drug Treatment Services National Minimum Dataset.

Discussion

Prevalence of illicit drug use in the NT

In 2019, one in five (20%) NT residents used an illicit drug in the past year compared to 16% nationally. Cannabis was used by 16% of NT residents and as such could be specifically targeted to reduce overall illicit drug use. Prevalence of other illicit drugs (cocaine: 3%, ecstasy 3%*, pharmaceutical drugs: 3%, hallucinogens: 2%*, methamphetamine: 2%*, inhalants: 1%*) used in the NT did not differ from the national rate of use.⁴

Key finding 1: NT has a high prevalence of illicit drug use and cannabis use specifically and prevalence are higher than the comparable national average.

Prevalence of illicit drug use in the NT by select demographics

The prevalence of illicit drug use in the NT varied considerably by age, gender, indigeneity, remoteness area and employment. When considering the national prevalence figure of illicit drug use (16%), the following demographic subgroups in the NT reported higher illicit drug prevalence:

- Males (23%)
- Young people aged 14-24 years (28%)
- Aboriginal and Torres Strait Islanders peoples (29%)
- People living outside of Darwin (23%)
- Australian born (22%)
- People identifying as homosexual or bisexual (44%*⁴).

Wastewater data also confirmed higher use of cannabis in regional NT.

When the national prevalence of cannabis use is considered (12%), the following demographic groups in the NT reported higher cannabis use:

- Males (19%)
- People aged 14-24 years (25%)
- People aged 25-29 years (20%)
- People aged 30-39 years (16%)
- Aboriginal and Torres Strait Islander peoples (25%) and non-Indigenous peoples (15%)
- People living outside of Darwin (20%)

⁴ * Estimate has a relative standard error between 25-50% and should be interpreted with caution.

-
- Australian born (19%)
 - People identifying as heterosexual (16%) or homosexual/bisexual (39%*)⁵
 - Employed (16%).

In order to address the NT's high prevalence of illicit drug use (and cannabis use specifically), targeted strategies are required to reduce use among those considered more susceptible to use: men, younger people (particularly those aged 14-24 years), Aboriginal and Torres Strait Islander peoples, rural/remote residents, people identifying as homosexual or bisexual, and Australian-born. An understanding of which of these groups are also experiencing disproportionate harm would help finetune targeted strategies. The qualitative component associated with this project may help in this respect.

Among those who report injecting drugs or using ecstasy and related drugs in Darwin, findings confirm the overrepresentation of men and Aboriginal and Torres Strait Islander people.

Among those seeking treatment for the illicit drugs, cannabis, amphetamines and volatile solvents, men, Aboriginal and Torres Strait Islander and younger residents (10-29 years) were generally overrepresented.

Key finding 2: People most commonly using illicit drugs in the NT are:

- Male
- Persons aged 14-29 years
- Aboriginal and/or Torres Strait Islander peoples
- Rural and remote residents
- Australian born
- People who identify as homosexual or bisexual.

Harms associated with illicit drug use in the NT, and groups at the greatest risk of harms

There are numerous harms associated with illicit drug use in the NT which may be experienced more profoundly in particular populations. These harms may be a consequence of illicit drug use and/or a factor that may contribute to higher rates of illicit drug use, or a combination. For instance, the relationship between mental health and illicit drug use is complex. People with a mental health illness may be more likely to use illicit drugs and illicit drug use can contribute to the development of a mental health condition. With this caveat in mind, the following harms were identified among those who used illicit drugs:

- High rates of drug-related hospitalisations
- Increased injury and illness as reflected in rates of absenteeism

⁵ * Estimate has a relative standard error between 25-50% and should be interpreted with caution.

-
- High prevalence of mental health conditions
 - High engagement in crime (any offence type)
 - Illicit drug related arrests
 - Illicit drug related offences
 - Illicit drug related criminal convictions, custodial sentences, and fines

Additional (or increasing) harms among those who use illicit drug may also be experienced when undertaking the following risk behaviours:

- Reusing own needles (among those who inject drugs)
- Poly-drug and concurrent drug use
- Drug driving

Due to data limitations, subgroup breakdowns were not publicly available for most harms and risk behaviours. When provided, it was generally limited to gender, age, Indigeneity and/or remoteness area. In this respect,

- men and Aboriginal and Torres Strait Islander people were commonly overrepresented in drug related harms. For instance:
 - the illicit drug offender rate for
 - male NT residents was 475.0 per 100,000 people compared to 241.6 per 100,000 people for female NT residents.
 - Aboriginal and Torres Strait Islander NT residents was 265.3 per 100,000 people compared to 117.7 per 100,000 people for non-Indigenous NT residents.
- higher rates of drug-related hospitalisation were experienced by NT residents who were:
 - male
 - aged under 30 years
 - living in rural and remote locations.

Key finding 3: People most commonly using illicit drugs in the NT, and who also experience a higher prevalence of illicit drug related harm are:

- Male
- Younger residents (aged under 30 years)
- Aboriginal and/or Torres Strait Islander peoples
- Rural and remote residents.

The qualitative interviews with stakeholders (that will be undertaken as part of the wider project) may help elucidate additional subgroups that experience illicit drug related harm.

Treatment data (AODTS-NMDS) can be used to illustrate drugs of concern in the NT of which prevalence data may not illustrate effectively the harms associated with use.

Cannabis was the most common illicit drug NT residents sought treatment for (14%). The principal illicit drugs of concern that comprised the next two highest proportion of treatment episodes were amphetamines (11%) and volatile solvents (6%). This reflects a much higher proportion of harm than their prevalence of use suggests (methamphetamine: 1.5%*; inhalants: 1.3%* (NDSHS)).

Cannabinoids and volatile solvents were also reflected in higher rates of hospitalisations in the NT than nationally (cannabinoids: NT 103 per 100,000, Australia 30 per 100,000; volatile solvents: NT 13 per 100,000, Australia 3 per 100,000). The rate of non-opioid analgesic-related hospitalisations was also higher in the NT (53 per 100,000) than nationally (34 per 100,000).

Overview of harms

Table 44 provides a snapshot overview of the cohorts identified as at risk of illicit drug use and harms in the NT.

Table 44. Cohorts identified as at risk of illicit drug use and harms in the NT

	Male	Young people ^{1,2}	Aboriginal and Torres Strait Islander	Australian born	Rural / remote	Homosexual / bisexual
Population size	117,526	^{1,2}	61,115	161,568	92,703	(4,813) ³
Illicit drug prevalence (%)	23.3	23.9-28.0	29.0	21.8	22.6	43.5*
Injecting drug use	✓	?	✓	?	^	✓
Ecstasy and related drugs use	✓	?	–	?	^	✓
Harms associated with use						
Drug-related hospitalisations	✓	✓	?	?	✓	?
Treatment for own drug use	✓	✓	✓	?	✓	?
Drug arrests	✓	?	?	?	?	?
Prisoners (illicit drug offence)	?	?	–	?	?	?
Defendants (illicit drug offence)	?	?	?	?	?	?
Offenders (illicit drugs)	✓	?	–	?	?	?

* Estimate has a relative standard error between 25-50% and should be interpreted with caution.

¹ Age group break downs differed by data set: NDSHS: 14-24 (~ 29,974 people) and 25-29 (20,936); Hospitalisations and AODTS-NMDS: 20-29 (36,727).

² Data reported for 14-24 year olds. The Census provides age group data for every 5 years so an exact age match is not possible.

³ Weighted count from the 2019 NDSHS.

^ The IDRS and EDRS only recruits NT participants from Darwin.

? Unknown whether data is collected on this variable from data custodians.

✓ Overrepresented compared to NT profile.

? Data available but not reported.

– Not overrepresentation compared to NT profile (same or lower).

Gaps and limitations in the existing data

A number of gaps and limitations have been identified in the existing data which need to be considered when interpreting the above findings.

The NT comprises a small proportion of Australia's population (less than 1%). Consequently, national surveys such as the NDSHS boost the sample size of NT respondents to ensure a minimum of 1,000 completed questionnaires are achieved (4% of the sample). This is required to increase the reliability of prevalence estimates. Unfortunately, when analyses require multiple breakdowns of the data (e.g., specific drug use by harm and gender), the resultant estimates may be unreliable. Less commonly used drugs at the national level were often unreliable at the jurisdiction level which prevented additional analyses being undertaken.

Although the National Wastewater Drug Monitoring Program provides a valuable insight into drug use at the population level, its results should be interpreted in the context of the approach's limitations. Wastewater drug testing does not provide insight into the demographic characteristics of those who are using these substances, the form of the drugs used, method of use, the prevalence of the substance, drug quantity used by individuals, whether drugs that have the potential for misuse (e.g., fentanyl) were used as prescribed on non-medically, or whether the substance was used or disposed of via the wastewater system [2]. NT wastewater drug testing occurs in Darwin and an undisclosed regional area. The extent to which the NT regional site is representative of all regional NT is unclear [2].

Some reported data such as from the IDRS and EDRS are not considered representative of all people who use drugs in the NT and therefore may not provide a complete profile of illicit drug use in the jurisdiction. Actions resulting solely from results of the IDRS and EDRS must therefore be cognisant of this. However, when this data is considered in addition to findings from other datasets, the profile of illicit drug use in the NT and resulted harms may be better illustrated [1].

Prisoners in Australia data is only reported for the most serious offence. If a person commits multiple crimes, only those where the illicit drug offence is considered most serious will be reported. Thus, this dataset may underreport prisoners in the NT who have committed illicit drug offences.

Illicit drug use reflects a complex health and social policy concern. Illicit drug use is influenced by broader social and cultural determinants of health and understanding its complexity requires collaboration and integration of services across portfolios, not just the health sector. Publicly available datasets and data reports (that cross these sectors) and relate to illicit drug use do not always provide breakdowns by demographic groups. Consequently, data regarding cohorts at risk are limited. Future research may consider use of data linkage to combine prevalence of use and associated harms together and across sectors other than health (e.g., hospitalisation data, criminal data, treatment data, NDSHS data, etc).

The 2022 EDRS were unable to recruit sufficient numbers of respondents from the NT and thus no jurisdiction report was developed. This sampling issue in the NT may reflect a decline in ecstasy and related drug use in Darwin, or more difficulty recruiting from this cohort and in this location than previously. As a result, findings were reported from the prior reporting year (2021).

The relationship between illicit drug use and harms can be complex. For some harms, the causal association between illicit drug use and harms is clear. For instance, when illicit drug use results in an overdose. For others, whether drug use is the cause or the effect is unclear. For instance, people may enter the criminal system due to their drug use or be exposed to drugs whilst within the system. Caution is therefore required in the interpretation of findings.

References

- [1] Sutherland R, Uporova J, King C, et al. Australian Drug Trends 2022: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW; 2022.
- [2] Australian Criminal Intelligence Commission. National Wastewater Drug Monitoring Program Report 18. Canberra: Australian Criminal Intelligence Commission; 2023.
- [3] Wikimedia Foundation. Northern Territory: Wikipedia; 2023 [updated 1 March 2023]. Available from: https://en.wikipedia.org/wiki/Northern_Territory.
- [4] Australian Bureau of Statistics. Snapshot of Northern Territory. In: Australian Bureau of Statistics, editor. 2022.
- [5] Australian Bureau of Statistics. Aboriginal and Torres Strait Islander people: Census. In: Australian Bureau of Statistics, editor. 2022.
- [6] Sutherland R, Karlsson A, King C, et al. Australian Drug Trends 2022: Key Findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews. . Sydney: National Drug and Alcohol Research Centre, UNSW; 2022.
- [7] Chrzanowska A, Man N, Akhurst J, et al. Trends in drug-related hospitalisations in Australia, 1999-2021. . Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2022.
- [8] Australian Criminal Intelligence Commission. Illicit Drug Data Report 2019-20. Canberra: Australian Criminal Intelligence Commission; 2021.
- [9] Australian Bureau of Statistics. 2021-22 Criminal Courts Australia Canberra, Australia: ABS; 2023 [Available from: <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release>].
- [10] Australian Bureau of Statistics. 2021-22 Recorded Crime - Offenders Canberra, Australia: ABS; 2023 [Available from: <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-offenders/latest-release>].
- [11] Australian Bureau of Statistics. 2022 Prisoners in Australia Canberra, Australia: ABS; 2023 [Available from: <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release>].
- [12] Australian Institute of Health and Welfare. Alcohol and other drug treatment services in Australia annual report. In: AIHW AG, editor. 2022.