

# Northern Territory Drug Trends 2018

Key findings from the  
Ecstasy and Related Drugs  
Reporting System  
(EDRS) Interviews





# **NORTHERN TERRITORY DRUG TRENDS 2018: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS**

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

Please contact the Drug Trends team with any queries regarding this publication:  
[drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au)

# Table of Contents

<u>LIST OF TABLES</u>	<u>iv</u>
<u>LIST OF FIGURES</u>	<u>iv</u>
<u>ACKNOWLEDGEMENTS</u>	<u>vi</u>
<u>ABBREVIATIONS</u>	<u>vii</u>
<u>EXECUTIVE SUMMARY</u>	<u>1</u>
<u>BACKGROUND AND METHODS</u>	<u>4</u>
<u>SAMPLE CHARACTERISTICS</u>	<u>7</u>
<u>ECSTASY</u>	<u>11</u>
<u>METHAMPHETAMINE</u>	<u>18</u>
<u>COCAINE</u>	<u>25</u>
<u>CANNABIS</u>	<u>29</u>
<u>KETAMINE AND LSD</u>	<u>35</u>
<u>NEW PSYCHOACTIVE SUBSTANCES</u>	<u>40</u>
<u>OTHER DRUGS</u>	<u>42</u>
<u>DRUG-RELATED HARMS AND OTHER RISK FACTORS</u>	<u>47</u>

## List of Tables

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE, NT, 2014-2018	8
TABLE 2: PERCEIVED PURITY OF ECSTASY PILLS, POWDER, CAPSULES AND CRYSTAL, NT, 2016-2018	17

## List of Figures

FIGURE 1: NUMBER OF PARTICIPANTS RECRUITED EACH YEAR, NT, 2003-2018	5
FIGURE 2: DRUG OF CHOICE, NT, 2003-2018	9
FIGURE 3: DRUG USED MOST OFTEN IN THE PAST MONTH, NT, 2013-2018	9
FIGURE 4: HIGH FREQUENCY SUBSTANCE USE IN THE PAST SIX MONTHS, NT, 2003-2018	10
FIGURE 5: PAST SIX MONTH USE OF ANY ECSTASY, PILLS, POWDER, CAPSULES, AND CRYSTAL, NT, 2003-2018	12
FIGURE 6: MEDIAN DAYS OF ANY ECSTASY, PILLS, POWDER, CAPSULES, AND CRYSTAL USE IN THE PAST SIX MONTHS, NT, 2003-2018	12
FIGURE 7: MEDIAN PRICE OF ECSTASY PILL, NT, 2003-2018	14
FIGURE 8: MEDIAN PRICE OF ECSTASY CAPSULE, NT, 2008-2018	15
FIGURE 9: MEDIAN PRICE OF ECSTASY POWDER PER POINT AND GRAM, NT, 2014-2018	15
FIGURE 10: MEDIAN PRICE OF ECSTASY CRYSTAL PER POINT AND GRAM, NT, 2014-2018	16
FIGURE 11: PAST SIX MONTH USE OF ANY METHAMPHETAMINE, POWDER AND CRYSTAL, NT, 2003-2018	19
FIGURE 12: MEDIAN DAYS OF ANY METHAMPHETAMINE, POWDER, AND CRYSTAL USE IN THE PAST SIX MONTHS, NT, 2003-2018	19
FIGURE 13: MEDIAN PRICE OF POWDER METHAMPHETAMINE PER POINT AND GRAM, NT, 2003-2018	20
FIGURE 14: CURRENT PERCEIVED PURITY OF POWDER METHAMPHETAMINE, NT, 2003-2018	21
FIGURE 15: CURRENT PERCEIVED AVAILABILITY OF POWDER METHAMPHETAMINE, NT, 2003-2018	21
FIGURE 16: MEDIAN PRICE OF CRYSTAL METHAMPHETAMINE PER POINT AND GRAM, NT, 2003-2018	23
FIGURE 17: CURRENT PERCEIVED PURITY OF CRYSTAL METHAMPHETAMINE, NT, 2003-2018	23
FIGURE 18: CURRENT PERCEIVED AVAILABILITY OF CRYSTAL METHAMPHETAMINE, NT, 2003-2018	24
FIGURE 19: PAST SIX MONTH USE AND FREQUENCY OF USE OF COCAINE, NT, 2003-2018	26
FIGURE 20: MEDIAN PRICE OF COCAINE PER GRAM, NT, 2013-2018	27
FIGURE 21: CURRENT PERCEIVED PURITY OF COCAINE, NT, 2003-2018	27
FIGURE 22: CURRENT PERCEIVED AVAILABILITY OF COCAINE, NT, 2003-2018	28
FIGURE 23: PAST SIX MONTH USE AND FREQUENCY OF USE OF CANNABIS, NT, 2003-2018	31
FIGURE 24: MEDIAN PRICE OF HYDROPONIC (A) AND BUSH (B) CANNABIS PER OUNCE AND GRAM, NT, 2006-2018	32
FIGURE 25: CURRENT POTENCY OF HYDROPONIC (A) AND BUSH (B) CANNABIS, NT, 2006-2018	33

FIGURE 26: CURRENT PERCEIVED AVAILABILITY OF HYDROPONIC (A) AND BUSH (B) CANNABIS, NT, 2006-2018 .....	34
FIGURE 27: PAST SIX MONTH USE AND FREQUENCY OF USE OF KETAMINE, NT, 2003-2018 _	36
FIGURE 28: PAST SIX MONTH USE AND FREQUENCY OF USE OF LSD, NT, 2003-2018.....	37
FIGURE 29: MEDIAN PRICE OF LSD PER TAB, NT, 2003-2018.....	38
FIGURE 30: CURRENT PERCEIVED PURITY OF LSD, NT, 2003-2018 .....	38
FIGURE 31: CURRENT PERCEIVED AVAILABILITY OF LSD, NT, 2003-2018 .....	39
FIGURE 32: PAST SIX MONTH USE OF 'ANY' NPS, SYNTHETIC CANNABINOIDS, DMT, 2C-B AND HERBAL HIGHS, NT, 2013-2018 .....	41
FIGURE 33: NON-PRESCRIBED USE OF PHARMACEUTICAL DRUGS IN THE PAST SIX MONTHS, NT, 2007-2018 .....	44
FIGURE 34: OTHER ILLICIT DRUGS USED IN THE PAST SIX MONTHS, NT, 2003-2018.....	45
FIGURE 35: LICIT DRUGS USED IN THE PAST SIX MONTHS, NT, 2003-2018 .....	46
FIGURE 36: POLY SUBSTANCE USE ON OCCASION OF LAST STIMULANT USE, NT, 2018 .....	48
FIGURE 37: LIFETIME AND PAST YEAR NON-FATAL STIMULANT OVERDOSE, NT, 2007-2018 _	50
FIGURE 38: LIFETIME AND PAST YEAR NON-FATAL DEPRESSANT OVERDOSE, NT, 2007-2018	50
FIGURE 39: LIFETIME AND PAST MONTH DRUG INJECTION, NT, 2004-2018 .....	51
FIGURE 40: CURRENT DRUG TREATMENT, NT, 2003-2018 .....	52
FIGURE 41: SEX WITH A CASUAL PARTNER IN THE LAST SIX MONTHS AND USE OF ANY PROTECTION/BARRIER ON THE LAST OCCASION, NT, 2013-2018 .....	53
FIGURE 42: SELF-REPORTED MENTAL HEALTH PROBLEMS AND TREATMENT SEEKING IN THE PAST SIX MONTHS, NT, 2008-2018 .....	54
FIGURE 43: SELF-REPORTED CRIMINAL ACTIVITY IN THE PAST MONTH, NT, 2003-2018 .....	55

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### Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2018:

- Dr Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Ellie Bucher and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
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- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, The University of Queensland.

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

### Participants

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

### Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Annemarie Kimmel, Deborah Rock, Grace Lee, Andrew Balfe and Jessica Hives for conducting the 2018 NT EDRS surveys.

## Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
AUDIT	Alcohol Use Disorders Identification Test
DMT	Dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	$\alpha$ -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
SD	Standard deviation
STI	Sexually transmitted infection
UNSW	University of New South Wales



# Executive summary

## Sample characteristics

The 2018 NT EDRS sample were predominantly young, with an equal mix of male and female participants (52% male), and with one in five (20%) identifying as Aboriginal or Torres Strait Islander. Cannabis and ecstasy continued to be the primary drugs of choice endorsed by participants (38% and 29%, respectively), whilst cannabis remained the drug used most often in the preceding month (45%).

## Ecstasy

Although pills remain the most commonly used form of ecstasy in the NT, there has been a shift over time to greater recent (i.e., past six month) use of capsules and crystal (90%, 74%, and 69%, respectively). These changes may be partially explained by differences in perceived purity, with ecstasy capsules and crystal perceived to be of higher purity than pills and powder. One-quarter (26%) of consumers reported weekly or more frequent use of ecstasy.

## Methamphetamine

Use of methamphetamine has been declining amongst the sample since the commencement of monitoring. Powder (speed) was the main form of methamphetamine used from 2003-2014, however was overtaken by crystal in 2015 (14% and 21%, respectively, in 2018). This may be explained by differences in price, perceived purity and availability, with the price of crystal methamphetamine declining in recent years, purity largely perceived as 'high' (77%) and availability mainly reported as 'very easy' (71%).

## Cocaine

Notwithstanding some fluctuations, recent cocaine use had generally been increasing from 2003-2017, before a significant decline was observed in 2018 (40%). Frequency of use, however, has remained low and stable over the years, and reports

of perceived purity and availability remain mixed.

## Cannabis

Despite fluctuations over time, the rate of past six-month cannabis use has generally remained high across the years (93% in 2018). Two-fifths of consumers (41%) reported daily use in 2018.

## Ketamine & LSD

Recent use of ketamine and LSD have fluctuated since monitoring commenced in 2003, although remained stable in 2018 relative to 2017. About one-tenth (11%) and half (52%) of the sample reported recent use in 2018, respectively.

## New psychoactive substances (NPS)

One-quarter of the sample (24%) reported recent use of at least one form of NPS. DMT, 2CB and synthetic cannabinoids were the most common recently used NPS in 2018 (12%, 5%, and 5%, respectively). Sixteen per cent reported recent use of capsules with unknown contents.

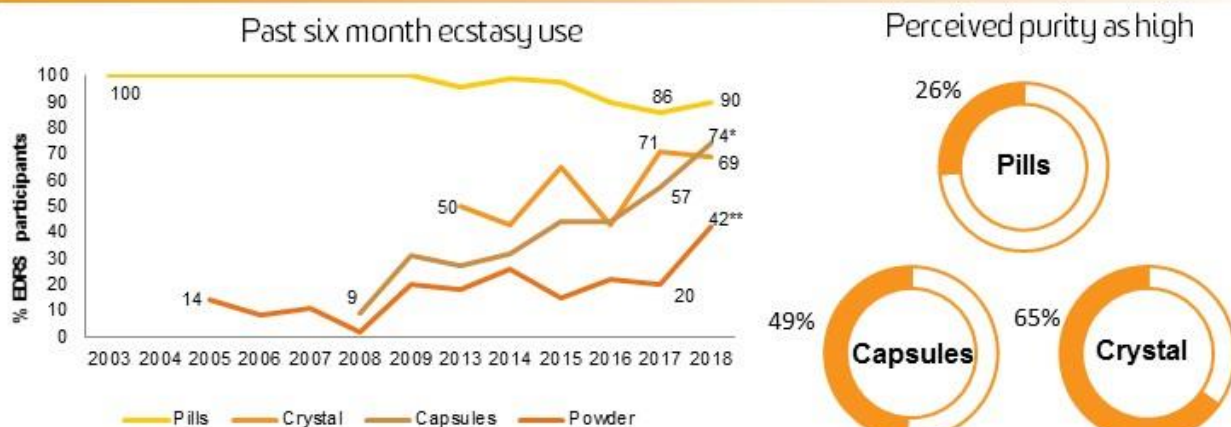
## Drug-related harms and other risks

Almost the entire NT sample (98%) reported using depressants, cannabis, and/or hallucinogens/dissociatives on their last occasion of stimulant use. One third (33%) reported a non-fatal stimulant overdose, and one-quarter (25%) reported a non-fatal depressant overdose (mostly attributed to alcohol) in the past year. The percentage reporting injecting drug use remained low. Treatment engagement also remained low (4% in the past year). One-third of the sample (34%) self-reported that they had experienced a mental health problem in the preceding six months, and three-fifths (61%) of this group had seen a mental health professional in the same period. One-third (34%) reported engaging in drug dealing and one-tenth (13%) reported engaging in property crime in the past month.

## Key findings from the NT Ecstasy and Related Drugs Reporting System interviews, 2018



Annual cross-sectional interviews from 2003 to 2018 with people who use ecstasy and other stimulants, recruited from Darwin

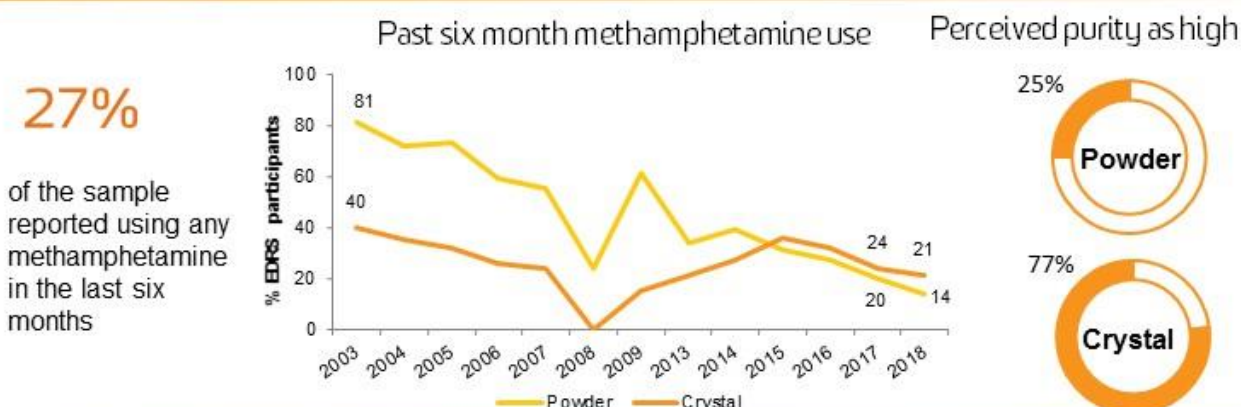
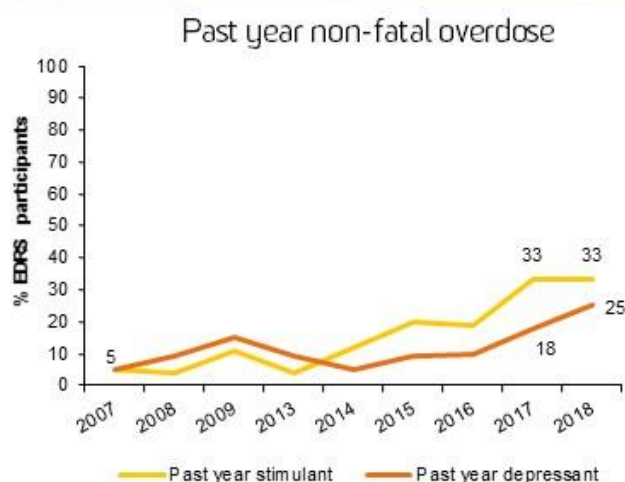


### Risks and Harms

**34%** of the sample self-reported experiencing a **mental health problem** in the past six months

**98%** reported using a combination of depressants, cannabis or hallucinogens/dissociatives on their last occasion of stimulant use

**16%** reported use of capsules with unknown contents in the six months preceding interview



Due to the small samples recruited in 2010-2012 (n=27, n=11, n=12, respectively), data from these years are not presented. For more information about the IDRS and EDRS, please contact [drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au)

To access the IDRS and EDRS reports, visit our website <https://ndarc.med.unsw.edu.au/program/drug-trends> and don't forget to subscribe to the Drug Trends email newsletter for latest news.

Drug Trends is funded by the Australian Government Department of Health under the Drug and Alcohol Program



# 1

## Background and methods

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The EDRS interviews are conducted annually with a sentinel group of people who regularly use ecstasy and other stimulants, recruited from all capital cities in Australia (N=788 in 2018). A total of 99 participants were recruited from Darwin and interviewed in 2018 for the Northern Territory EDRS. The results from the EDRS interviews are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but this is not the aim of these data, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Australia.

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## Background

The [Ecstasy and Related Drugs Reporting System \(EDRS\)](#) is an illicit drug monitoring system which has been conducted in all states and territories of Australia since 2003, and forms part of [Drug Trends](#). The purpose is to provide a coordinated approach to monitoring the use, market features, and harms of ecstasy and related drugs. This includes drugs that are routinely used in the context of entertainment venues and other recreational locations, including ecstasy, methamphetamine, cocaine, new psychoactive substances, LSD (*d*-lysergic acid), and ketamine.

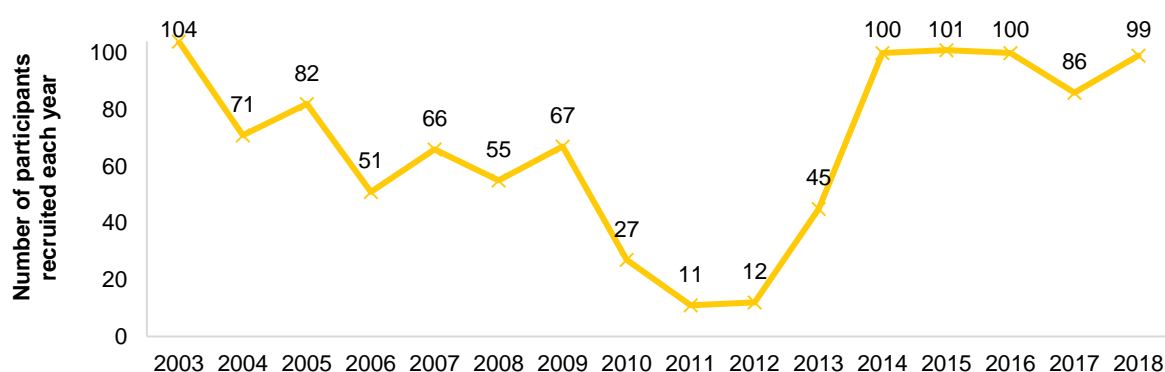
The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of EDRS.

## Methods

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 16 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, LSD, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of Darwin for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks). Following provision of informed consent and completion of a structured interview, participants were reimbursed \$40 for their time and expenses incurred.

A total of 99 participants were interviewed during April–July 2018 (86 participants in 2017), of which 21 reported having participated in the EDRS previously (2003–2017). Historically, there has been difficulty in achieving the target sample size ( $n=100$ ) in Darwin (see Figure 1). **Due to the particularly small samples recruited in 2010–2012, data from these years are not presented in this report; furthermore, data from 2006, 2008 and 2013 should be interpreted with caution.**

**Figure 1: Number of participants recruited each year, NT, 2003–2018**



For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness >  $\pm 1$  or kurtosis >  $\pm 3$ ), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2017 and 2018, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are  $\leq 5$  have been suppressed with corresponding notation (zero values are reported).

### Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

### Additional Outputs

The [National EDRS report](#) (including [infographics](#) and [key figures](#)) are available for download, as are infographics and figures for the [NT](#) (this includes a PowerPoint file containing all the figures included in this report, as well as an excel document which contains all of the raw data). There are a range of outputs from the EDRS which triangulate key findings from the annual interviews and other data sources, including other [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from [Illicit Drug Reporting System \(IDRS\)](#), which focuses more so on the use of illicit drugs such as heroin and other opioids, and injecting drug use.

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

# 2

## Sample characteristics

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In 2018, half the EDRS sample were male (52%) with a median age of 21 (IQR: 18-27). Two-fifths (42%) of the sample reported having received a post-school qualification(s), and one-tenth (9%) were current students. Participants typically reported that cannabis was their drug of choice, although there was a significant increase in LSD being nominated as drug of choice (15% versus 5% in 2017;  $p=0.019$ ). Cannabis remained the drug used most often in the month preceding interview.

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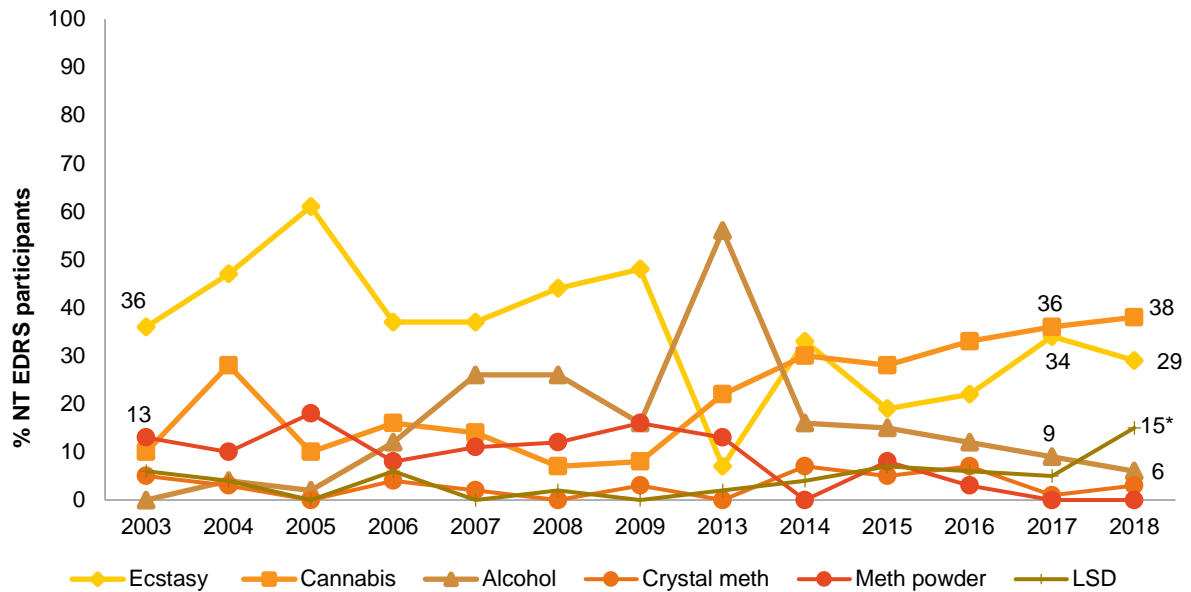
**Table 1: Demographic characteristics of the sample, NT, 2014-2018**

	2014	2015	2016	2017	2018
	N=100	N=101	N=100	N=86	N=99
<b>Median age (years; IQR)</b>	22 (19-25)	23 (20-25)	24 (21-28)	21 (18-26)	<b>21 (18-27)</b>
<b>% Male</b>	57	59	65	64	<b>52</b>
<b>% Aboriginal and/or Torres Strait Islander</b>	5	7	14	17	<b>20</b>
<b>% Sexual identity</b>					
Heterosexual	96	92	94	88	<b>90</b>
Gay male	-	-	-	0	<b>0</b>
Lesbian	0	-	0	-	-
Bisexual	-	-	-	11	<b>8</b>
Other	0	0	0	0	-
<b>Mean years of school education (SD)</b>	11 (0.9)	11 (1.0)	11 (1.2)	11 (0.9)	<b>11 (0.8)</b>
<b>% Post-school qualification(s)^</b>	56	67	68	49	<b>42</b>
<b>% Employment status</b>					
Employed full time	32	55	50	35	<b>36</b>
Students <sup>#</sup>	-	-	6	8	<b>9</b>
Unemployed	30	14	16	28	<b>17</b>
<b>Median weekly income \$ (IQR)</b>	(N=90) \$800 (400-1128)	(N=98) \$900 (600-1200)	(N=97) \$1000 (615-1365)	(n=83) \$750 (315-1100)	(N=98) <b>\$525</b> <b>(265-1000)</b>
<b>% Accommodation</b>					
Own house/flat	-	-	-	-	-
Rented house/flat	52	45	72	51	<b>50</b>
Parents'/family home	22	22	21	35	<b>43</b>
Boarding house/hostel	19	27	-	-	<b>0</b>
No fixed address	-	0	-	-	-
Other	-	-	-	-	-

Note. ^Includes trade/technical and university qualifications. <sup>#</sup> Includes full-time students, part-time students and participants who both work and study. - Percentage suppressed due to small cell size (n≤5 but not 0). \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

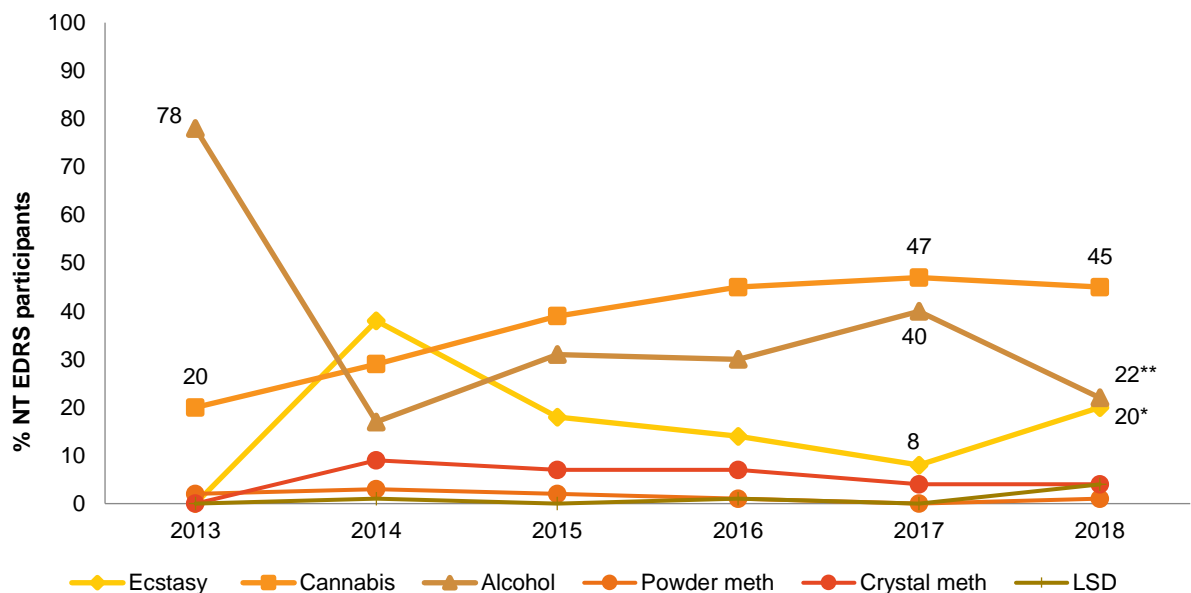


Figure 2: Drug of choice, NT, 2003-2018



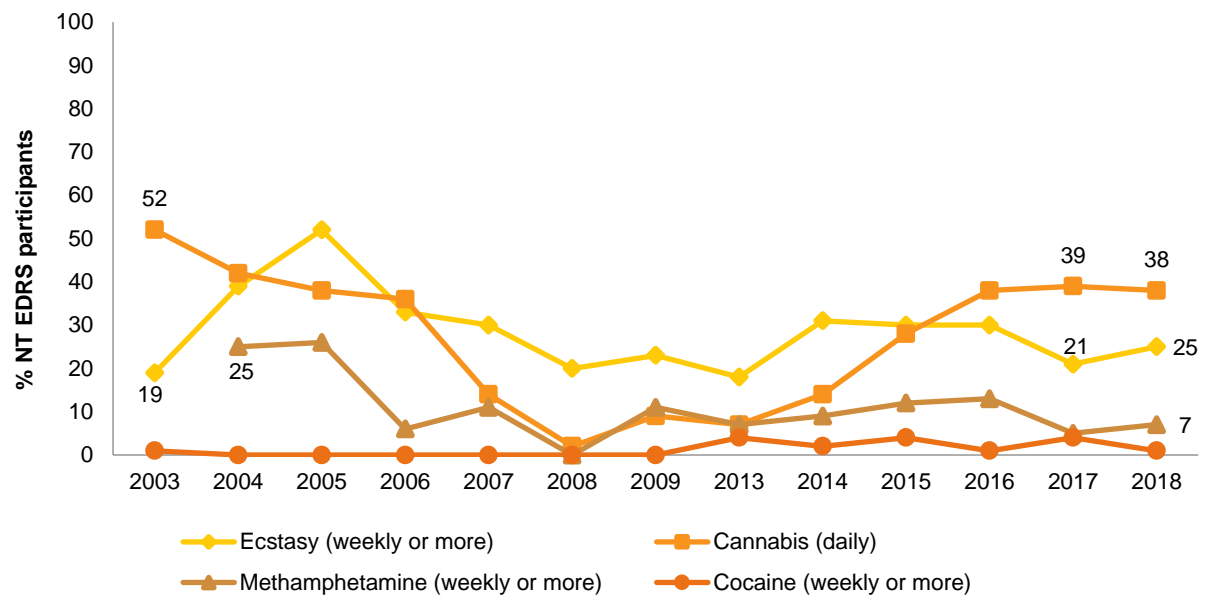
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels for 2017 and 2018 not presented where  $\leq 5$  people answered - interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

Figure 3: Drug used most often in the past month, NT, 2013-2018



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2013-2018 as this question was not asked in 2003-2010. Data labels for 2013, 2017 and 2018 not presented where  $\leq 5$  people answered - interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

Figure 4: High frequency substance use in the past six months, NT, 2003-2018



Note. Among the entire sample. Days used any methamphetamine not captured in 2003, hence unable to calculate weekly or more use for this year. Data labels for 2003, 2017 and 2018 not presented where  $\leq 5$  people answered - interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

# 3

## Ecstasy

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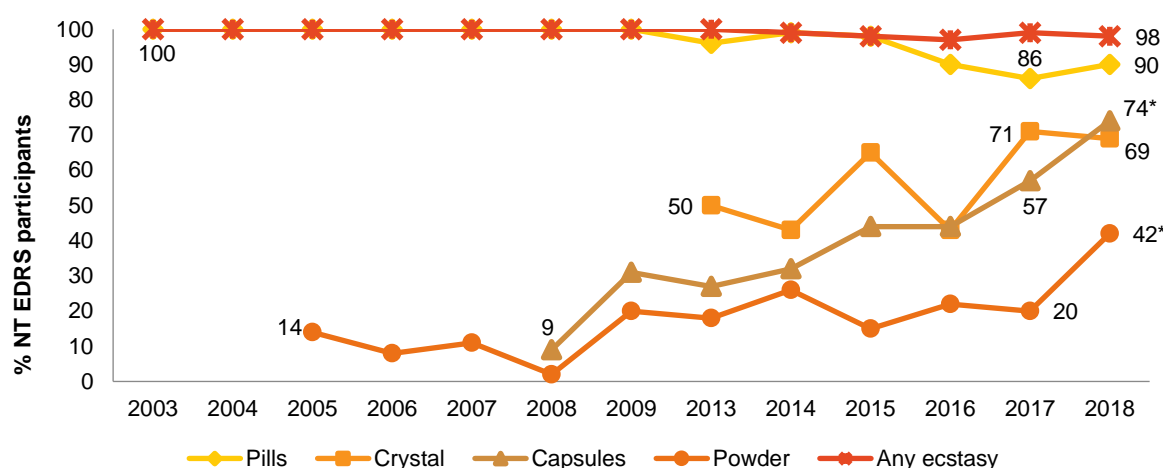
Participants were asked about their recent (past six month) use of various forms of ecstasy (3,4-methylenedoxymethamphetamine), including pills, powder, capsules, and crystal.

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## Ecstasy

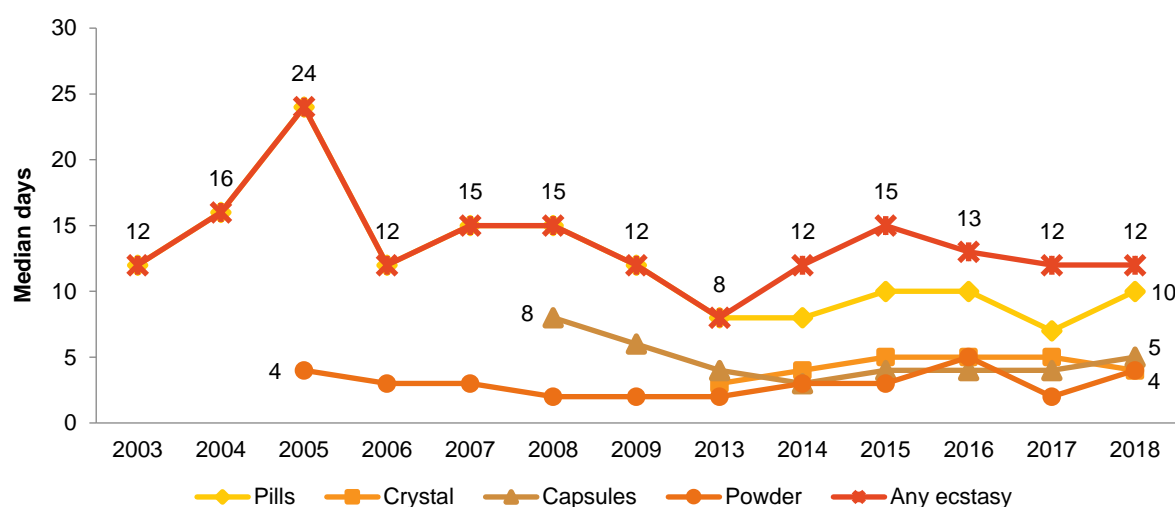
- Nearly all participants (98%) reported any ecstasy use in the past six months (Figure 5; a reflection of the interview eligibility criteria; see Methods).
- Median frequency of use remained stable at approximately fortnightly (median 12 days, IQR 10-24; median 12 days in 2017;  $p=0.084$ ; Figure 6), with one-quarter of consumers reporting weekly or more frequent use (26% in 2018 versus 21% in 2017;  $p=0.493$ ).

**Figure 5: Past six month use of any ecstasy, pills, powder, capsules, and crystal, NT, 2003-2018**



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

**Figure 6: Median days of any ecstasy, pills, powder, capsules, and crystal use in the past six months, NT, 2003-2018**



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 to improve visibility of trends. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

## Ecstasy pills

- Pills remain the main form of ecstasy used in the NT (90%) (Figure 5).
- Frequency of use remained stable at a median of 10 days (IQR 6-15; versus 7 days in 2017;  $p=0.60$ ; Figure 6), as did the typical quantity used per session (2018: median 2 pills, IQR 1-2).
- Swallowing remained the main route of administration (98% versus 100% in 2017;  $p=0.111$ ), followed by snorting (36% versus 38% in 2017;  $p=0.971$ ).
- The median price paid for a pill has declined over the years, however has remained stable at \$35 for the past few years (2018: IQR 30-36,  $n=82$ ; Figure 7).
- Among those able to comment in 2018 ( $n=89$ ), the largest proportion of participants reported pills to be of 'medium' purity which has remained consistent over the years (Table 2).
- Despite a decrease in the reported ease of accessing ecstasy pills over the last three years (Table 2), the majority (52%) of consumers reported that pills were 'easy' to obtain in 2018 ( $n=90$  who commented).

## Ecstasy powder

- Ecstasy powder has consistently been the least commonly endorsed form of ecstasy used (Figure 5), however in 2018 the percentage reporting recent use doubled (42% versus 20% in 2017;  $p=0.001$ ).
- Frequency of powder use remained stable (median 4 days, IQR 2-10; median 2 days in 2017;  $p=0.125$ ; Figure 6).
- The main route of administration among consumers has consistently been snorting (81% in 2018 versus 88% in 2017;  $p=0.500$ ), followed by swallowing (29% in 2017 and 2018;  $p=0.949$ ).
- In 2018, the median quantity used in a typical session was 0.5 grams (IQR 0.4-1.0).
- Prices per gram and point have remained relatively stable for the past few years, with a median price of \$250 (IQR 170-300,  $n=13$ ) and \$32.5 (IQR 20-58,  $n=6$ ), respectively, in 2018 (Figure 9).
- Reports of perceived purity ( $n=19$  who commented) remained relatively stable in 2018 relative to the previous two years (Table 2).
- In 2018, participants mostly reported that powder was 'easy' or 'very easy' to obtain (Table 2).

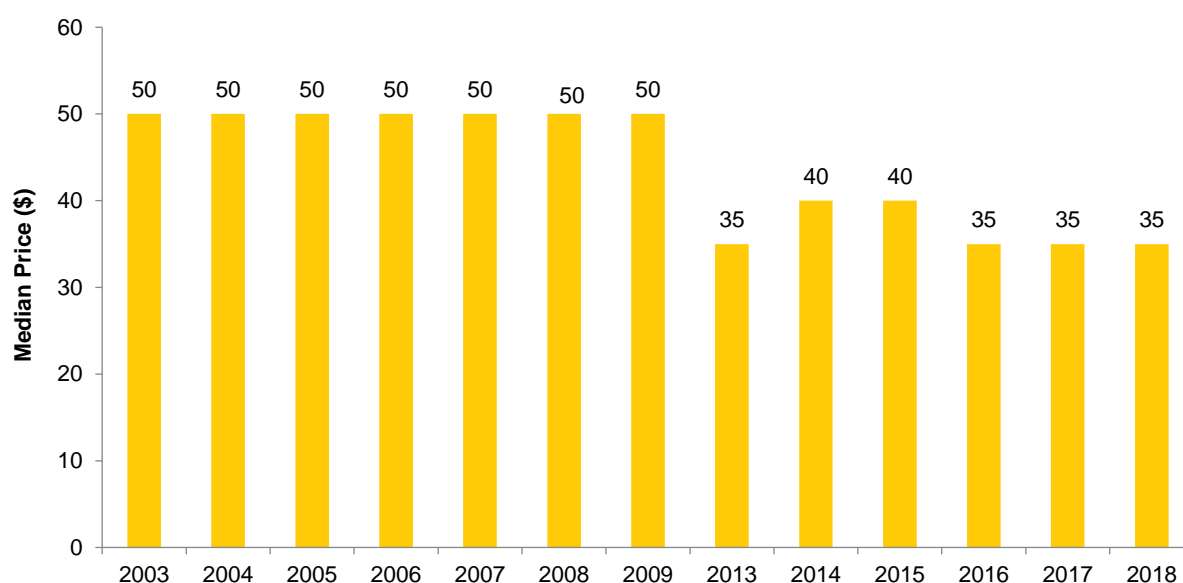
## Ecstasy capsules

- From 2008 onwards there has been a steady increase in the proportion of participants reporting capsule use, such that in 2018 capsules were the second most commonly used form of ecstasy among the NT sample (74% versus 57% in 2017;  $p=0.014$ ) (Figure 5).
- Frequency of capsule use has remained stable at a median of five days (IQR 2-7; 4 days in 2017;  $p=0.112$ ; Figure 6).
- The main route of administration has consistently been swallowing (96% versus 100% in 2017;  $p=0.159$ ), followed by snorting (23% versus 19% in 2017;  $p=0.591$ ).
- In 2018, the median quantity used in a typical session was two capsules (IQR 1-2).
- The median price per ecstasy capsule has fluctuated over the past decade, however has remained stable at \$35 for the past couple of years (2018: IQR 30-40,  $n=70$ ; Figure 8).
- Reports of perceived purity ( $n=75$  who commented) have remained relatively stable in 2018 relative to the previous two years (Table 2).

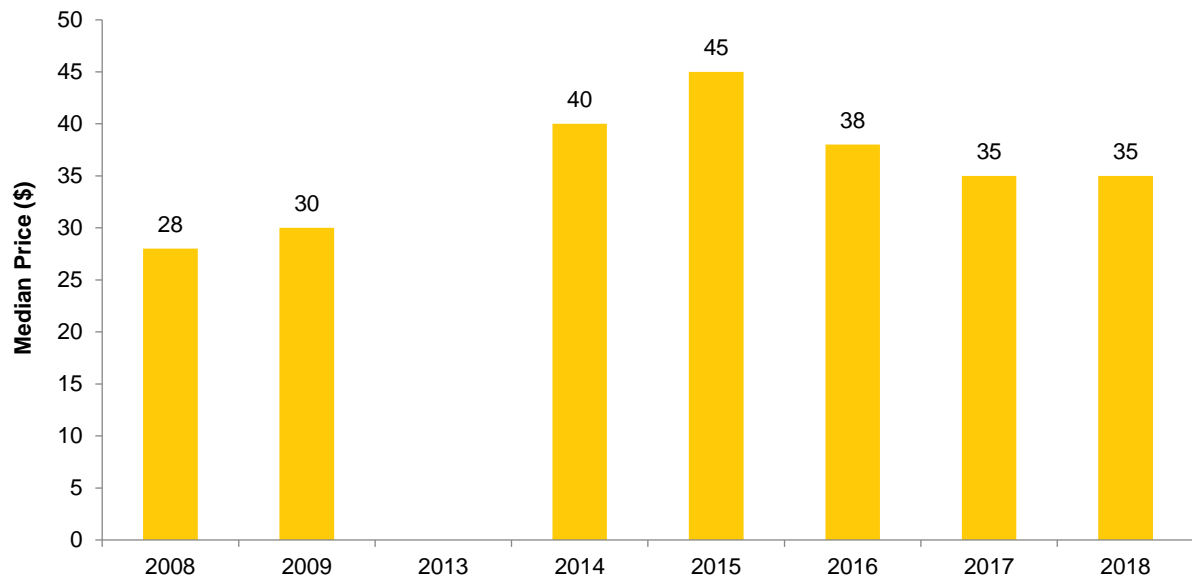
## Ecstasy crystal

- Use of ecstasy crystal has fluctuated since monitoring began (Figure 5), with over two-thirds (69%) reporting recent use in 2018 (71% in 2017;  $p=0.741$ ).
- Frequency of use has remained stable at a median of four days (i.e. less than monthly use; IQR 3-10 versus 5 days in 2017;  $p=0.775$ ; Figure 6).
- The main route of administration amongst consumers has consistently been swallowing (77% versus 85% in 2017;  $p=0.225$ ), with a decline in the percentage reporting snorting (38% versus 63% in 2017;  $p=0.005$ ).
- In 2018, the median quantity used in a typical session was two capsules (IQR 1-2;  $n=18$ ) or 0.5 grams (IQR 0.2-1.0;  $n=34$ ).
- Prices per gram and point have remained relatively stable for the past few years, recorded as \$300 (IQR 250-350,  $n=31$ ) and \$40 (IQR 31-50,  $n=16$ ) in 2018 (Figure 10).
- Perceived purity has always been highest for crystal ecstasy ( $n=62$  commenting in 2018), with around four in five consumers reporting purity as 'high' or 'medium' (and at least three-fifths of consumers consistently reporting 'high' purity) over 2016-2018 (Table 2).
- Despite a decrease in the reported ease of accessing ecstasy crystal over the last three years (Table 2), in 2018 the greatest proportion of consumers reported that crystal was 'easy' to obtain.

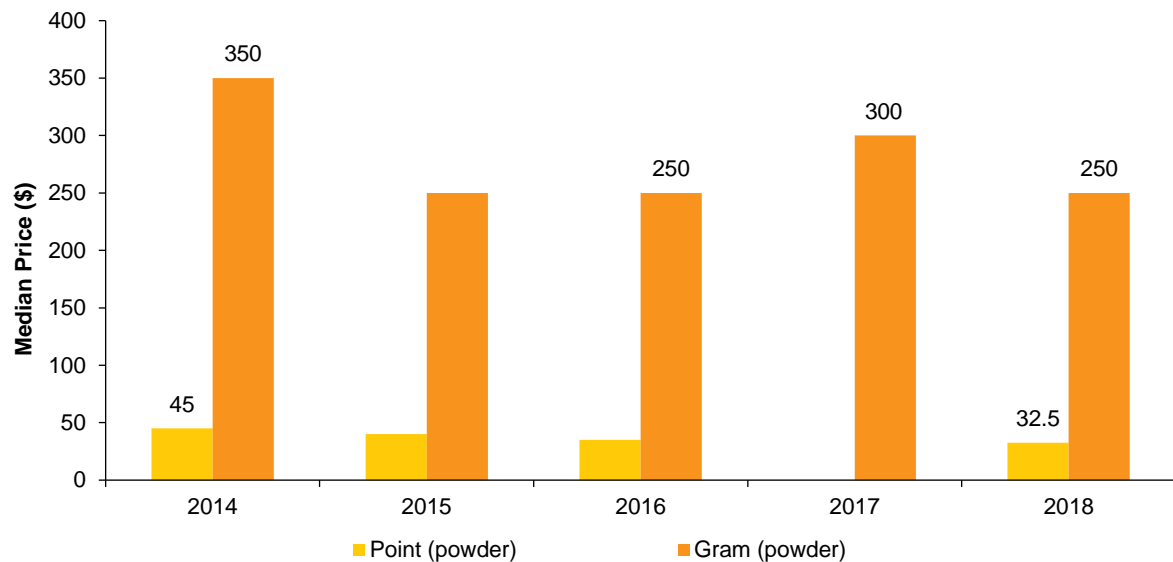
**Figure 7: Median price of ecstasy pill, NT, 2003-2018**



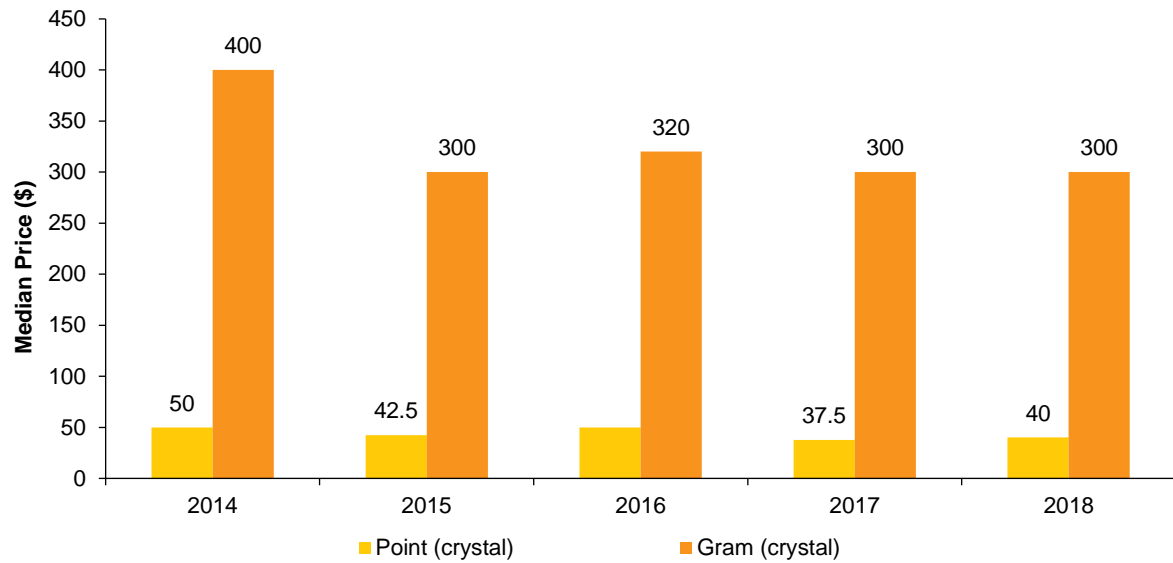
Note. Among those who commented. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

**Figure 8: Median price of ecstasy capsule, NT, 2008-2018**

Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. No participants reported on the price of capsules in 2013. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

**Figure 9: Median price of ecstasy powder per point and gram, NT, 2014-2018**

Note. Among those who commented. Data labels not presented where  $\leq 5$  people answered - interpret these data points with caution. In 2013, no participants reported on the price for ecstasy powder; in 2017 no participants reported on the price for a point of ecstasy powder. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

**Figure 10: Median price of ecstasy crystal per point and gram, NT, 2014-2018**

Note. Among those who commented. Data labels not presented where  $\leq 5$  people answered - interpret these data points with caution. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. In 2013, no participants reported on the price for ecstasy crystal. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.



**Table 2: Perceived purity of ecstasy pills, powder, capsules and crystal, NT, 2016-2018**

	2016	2017	2018
<b>Current Purity</b>			
<b>% Pills (n)</b>	(n=82)	(n=71)	(n=89)
Low	16	14	8
Medium	45	41	43
High	16	31	26
Fluctuates	23	14	24
<b>% Powder (n)</b>	(n=2)	(n=7)	(n=19)
Low	-	14	26
Medium	-	43	42
High	-	43	21
Fluctuates	-	0	11
<b>% Capsules (n)</b>	(n=11)	(n=54)	(n=75)
Low	27	9	8
Medium	18	41	32
High	46	43	49
Fluctuates	9	7	11
<b>% Crystal (n)</b>	(n=35)	(n=62)	(n=62)
Low	6	0	10*
Medium	14	36	23
High	69	61	65
Fluctuates	11	3	3
<b>Current Availability</b>			
<b>% Pills (n)</b>	(n=82)	(n=73)	(n=90)
Very easy	46	43	27*
Easy	38	40	52
Difficult	13	16	21
Very difficult	2	1	0
<b>% Powder (n)</b>	(n=2)	(n=7)	(n=19)
Very easy	-	43	16
Easy	-	14	47
Difficult	-	43	37
Very difficult	-	0	0
<b>% Capsules (n)</b>	(n=11)	(n=53)	(n=75)
Very easy	55	32	12**
Easy	46	51	59
Difficult	0	15	28
Very difficult	0	2	1
<b>% Crystal (n)</b>	(n=35)	(n=62)	(n=61)
Very easy	27	34	13**
Easy	44	39	48
Difficult	29	23	31
Very difficult	0	5	8

Note. The response option 'Don't know' was excluded from analysis. – Values not presented where n≤5 answered. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

# 4

## Methamphetamine

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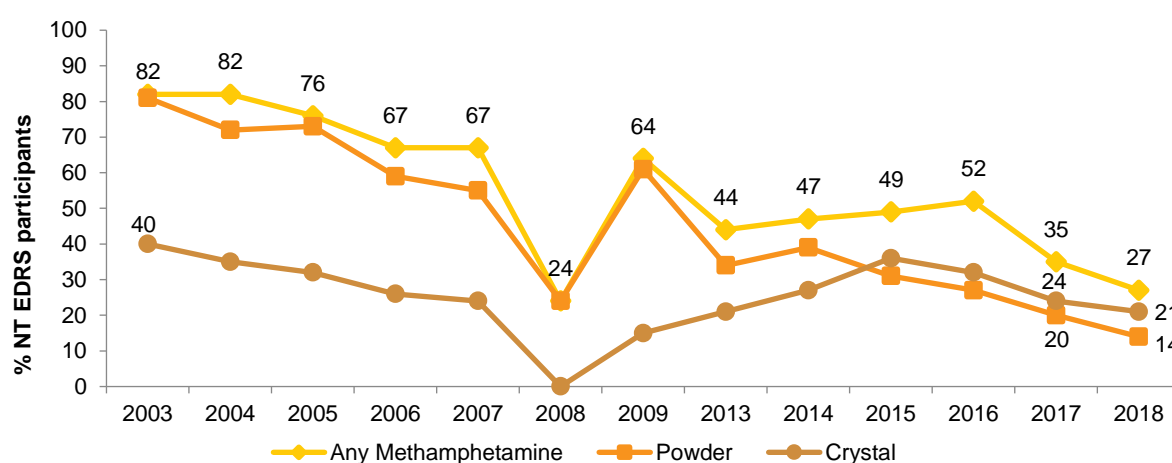
Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as 'speed'), base (wet, oily powder), and crystal (clear, ice-like crystals).

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## Methamphetamine

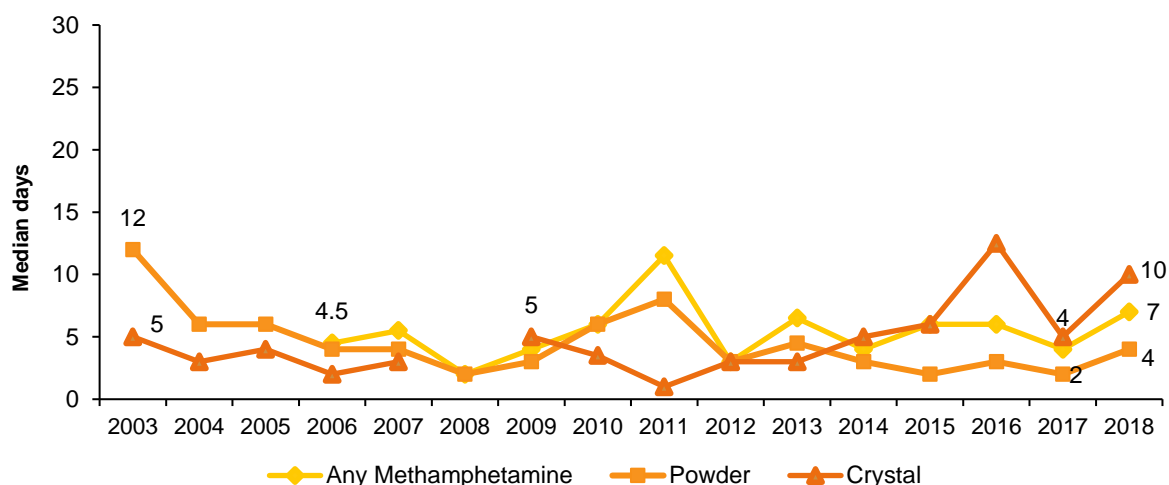
- With the exception of a sharp decrease in 2008 (and a subsequent recovery in 2009), recent use of methamphetamine has generally been declining from 2003 onwards (27% reporting any use in 2018; Figure 11).
- Frequency of 'any' methamphetamine use has remained relatively stable, with consumers reporting a median of seven days (IQR 2-28) of use in 2018 (Figure 12). One-quarter (27%) of recent consumers reported using methamphetamine weekly or more frequently in 2018 (14% in 2017;  $p=0.224$ ).

**Figure 11: Past six month use of any methamphetamine, powder and crystal, NT, 2003-2018**



Note. Figures for base methamphetamine not presented due to small numbers reporting use. In 2008, no participants reported use of crystal methamphetamine. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

**Figure 12: Median days of any methamphetamine, powder, and crystal use in the past six months, NT, 2003-2018**

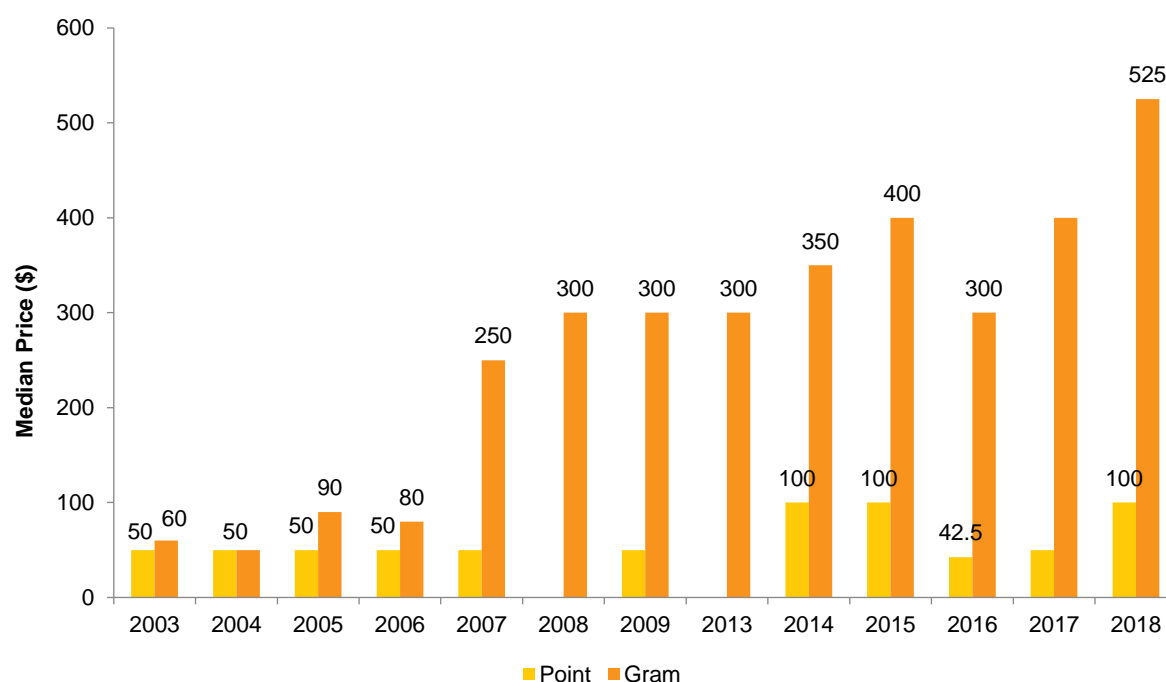


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 to improve visibility of trends. Figures for base methamphetamine not presented due to small numbers reporting use. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

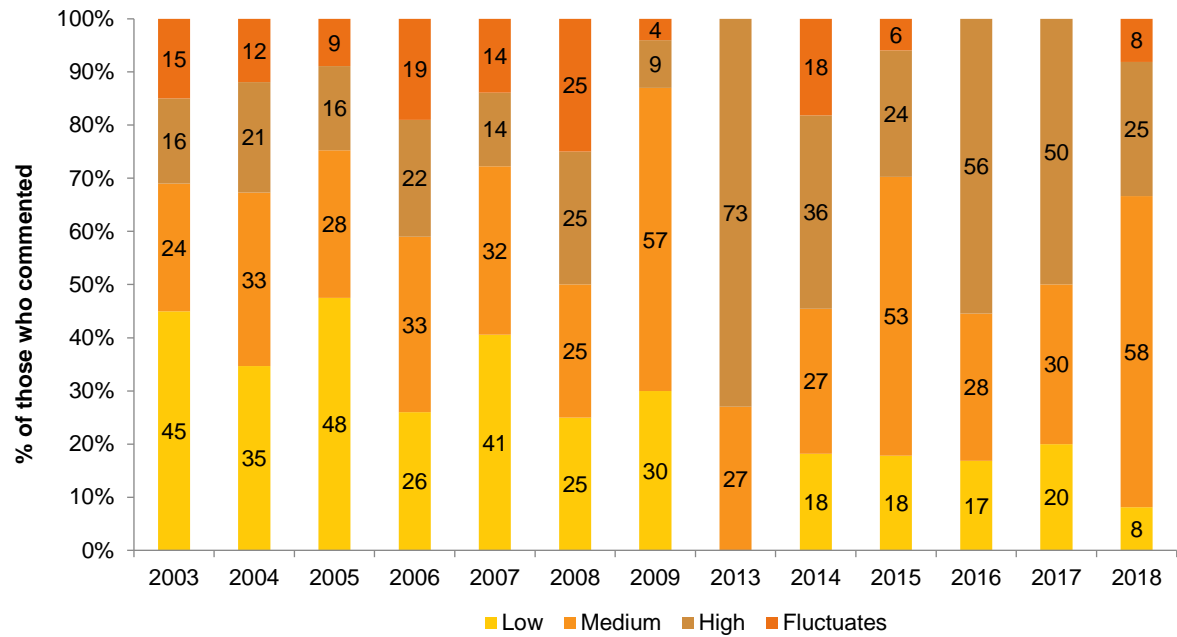
## Methamphetamine powder

- Powder was the main form of methamphetamine used from 2003-2014. Declining use of powder meant that crystal became the main form used subsequently, with 14% of the sample reporting recent powder use in 2018 (20% in 2017;  $p=0.258$ ; Figure 11).
- Frequency of use also declined over earlier years, stabilising from 2006 onwards (2018: median of four days; IQR 1-6; Figure 12).
- In 2018, the main route of administration among consumers was snorting (77% versus 50% in 2017;  $p=0.137$ ), followed by swallowing (39% versus 44% in 2017;  $p=0.774$ ) and smoking (15% versus 31% in 2017;  $p=0.321$ ).
- In 2018, the median intake in a typical session was 0.225 grams (IQR 0.1-0.6).
- Overall, the price of powder methamphetamine has been increasing over time, recorded as \$525 (IQR 245-850,  $n=6$ ) and \$100 (IQR 63-138,  $n=8$ ) per gram and point in 2018, respectively (Figure 13).
- Among those able to answer ( $n=12$ ), most participants perceived purity to be 'medium' in 2018, although there has been considerable fluctuation over the years (Figure 14).
- Nearly three-fifths of participants able to answer reported powder methamphetamine to be 'easy' or 'very easy' to obtain in 2018 (58%), although reports of perceived availability have fluctuated considerably over time (Figure 15).

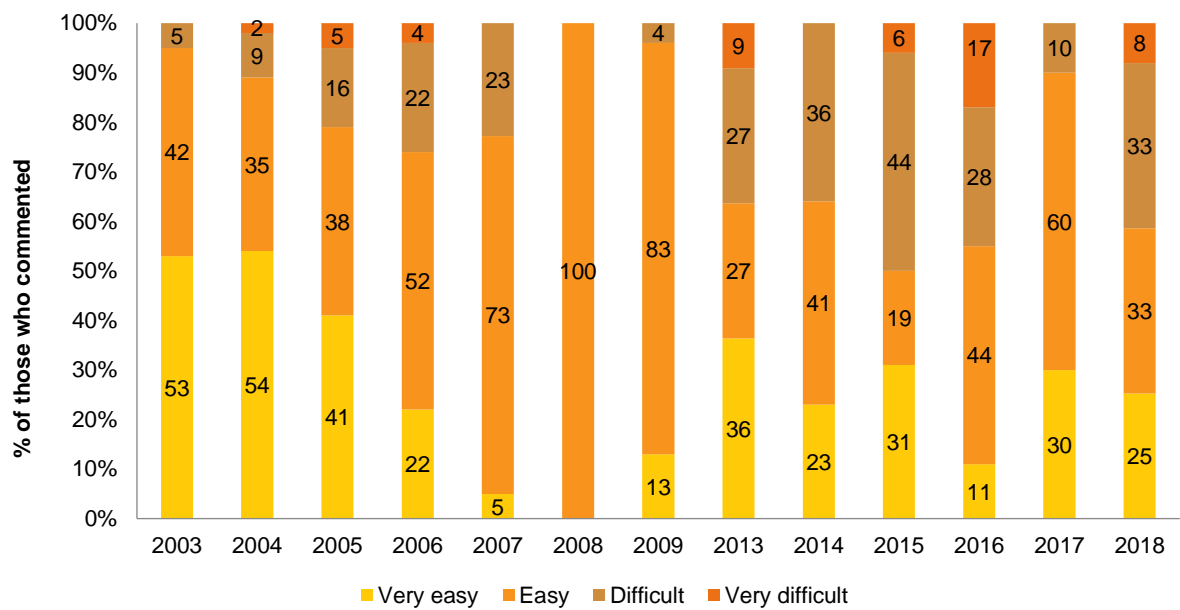
**Figure 13: Median price of powder methamphetamine per point and gram, NT, 2003-2018**



Note. Among those who commented. Data labels not presented where  $\leq 5$  people answered - interpret these data points with caution. In 2008 and 2013, no participants commented on the price for a point of powder methamphetamine. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

**Figure 14: Current perceived purity of powder methamphetamine, NT, 2003-2018**

Note. The response 'Don't know' was excluded from analysis. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

**Figure 15: Current perceived availability of powder methamphetamine, NT, 2003-2018**

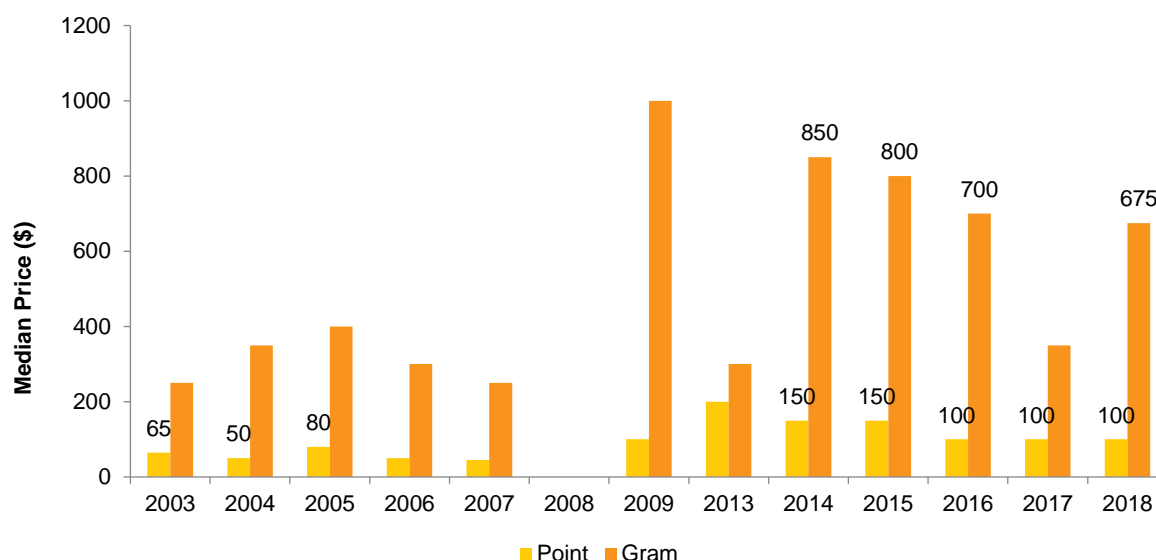
Note. The response 'Don't know' was excluded from analysis. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

### Methamphetamine base

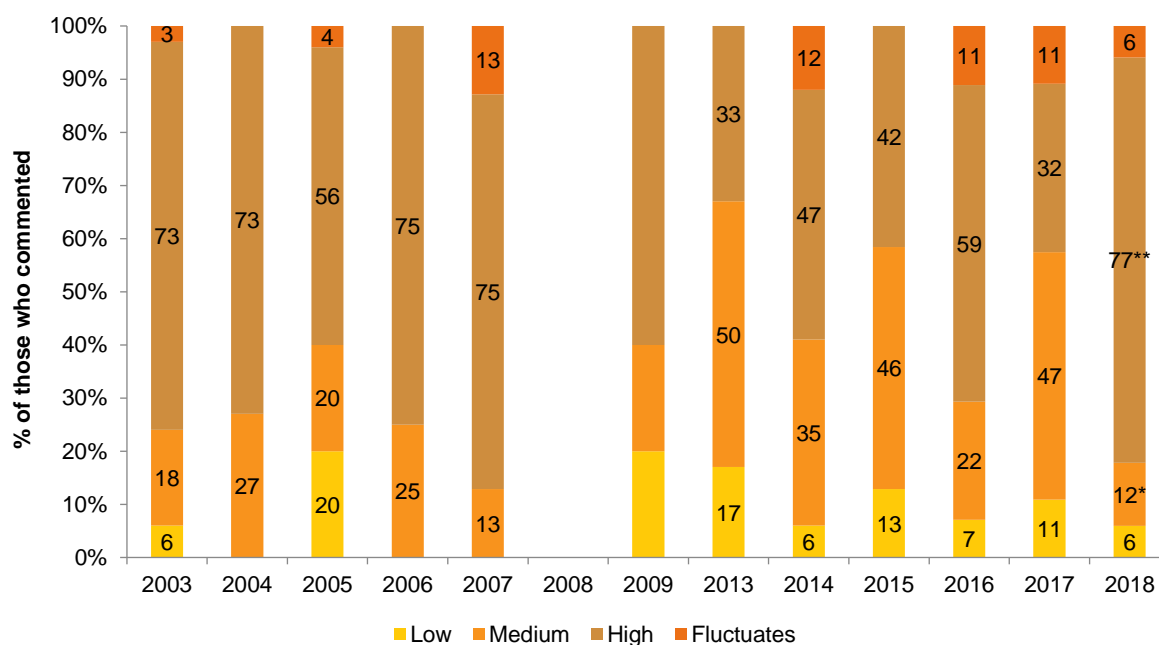
- Base has historically been the least commonly used form of methamphetamine in the NT EDRS sample, with few participants reporting use in 2018 ( $n \leq 5$ ). No further information is presented due to low use.

### Methamphetamine crystal

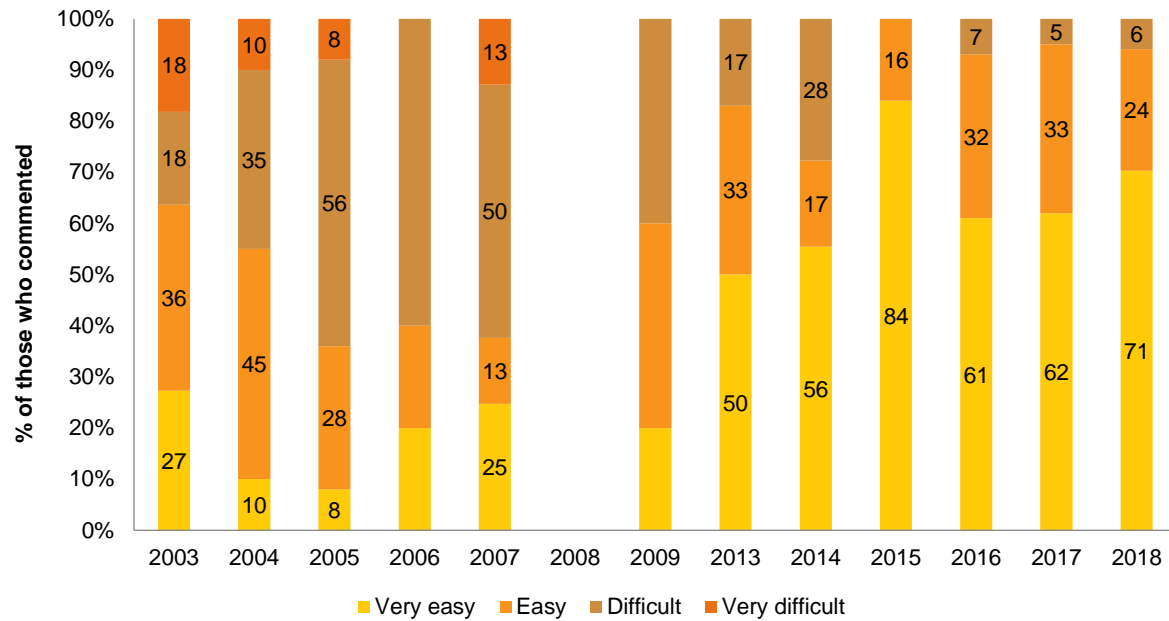
- Recent use of crystal decreased from 2003-2008, before increasing and stabilising from 2013 onwards (21% in 2018 versus 24% in 2017;  $p=0.663$ ). From 2015-2018, crystal has been the main form of methamphetamine used by participants (Figure 11).
- Frequency of use has fluctuated over time. In 2018, frequency of use was equivalent to approximately fortnightly use (median 10 days, IQR 1-29) (Figure 12).
- Smoking remained the main route of administration in 2018 (95% vs 100% in 2017;  $p=0.336$ ).
- In 2018, the median intake in a typical session was 0.25 grams (IQR 0.1-0.5).
- There has been considerable fluctuation over the years in the number of people able to answer on the price last paid for crystal methamphetamine. However, the median price of crystal methamphetamine has been decreasing from 2014 onwards, recorded as \$675 (IQR 375-1000,  $n=8$ ) and \$100 (IQR 100-100,  $n=15$ ) for a gram and point, respectively, in 2018 (Figure 16).
- Perceived purity has fluctuated over the years (in part, due to small numbers responding; Figure 17). In 2018 ( $n=17$  commenting), there was an increase in the percentage reporting crystal methamphetamine to be of 'high' purity (77% versus 32% in 2017;  $p=0.007$ ) and an inverse decrease in those reporting it to be of 'medium' purity (12% versus 47% in 2017;  $p=0.021$ ).
- The percentage reporting crystal as 'easy' or 'very easy' to obtain has remained relatively stable from 2011 onwards (95% in 2018; Figure 18).

**Figure 16: Median price of crystal methamphetamine per point and gram, NT, 2003-2018**

Note. Among those who commented. Data labels not presented where  $\leq 5$  people answered - interpret these data points with caution. In 2008, no participants commented on the price for a point or gram of crystal methamphetamine. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

**Figure 17: Current perceived purity of crystal methamphetamine, NT, 2003-2018**

Note. The response 'Don't know' was excluded from analysis. In 2008, no participants answered this question. Data labels not presented where  $\leq 5$  people answered (2009) - interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

**Figure 18: Current perceived availability of crystal methamphetamine, NT, 2003-2018**

Note. The response 'Don't know' was excluded from analysis. In 2008, no participants answered this question. Data labels not presented where  $\leq 5$  people answered (2006, 2009) - interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.



# 5

## Cocaine

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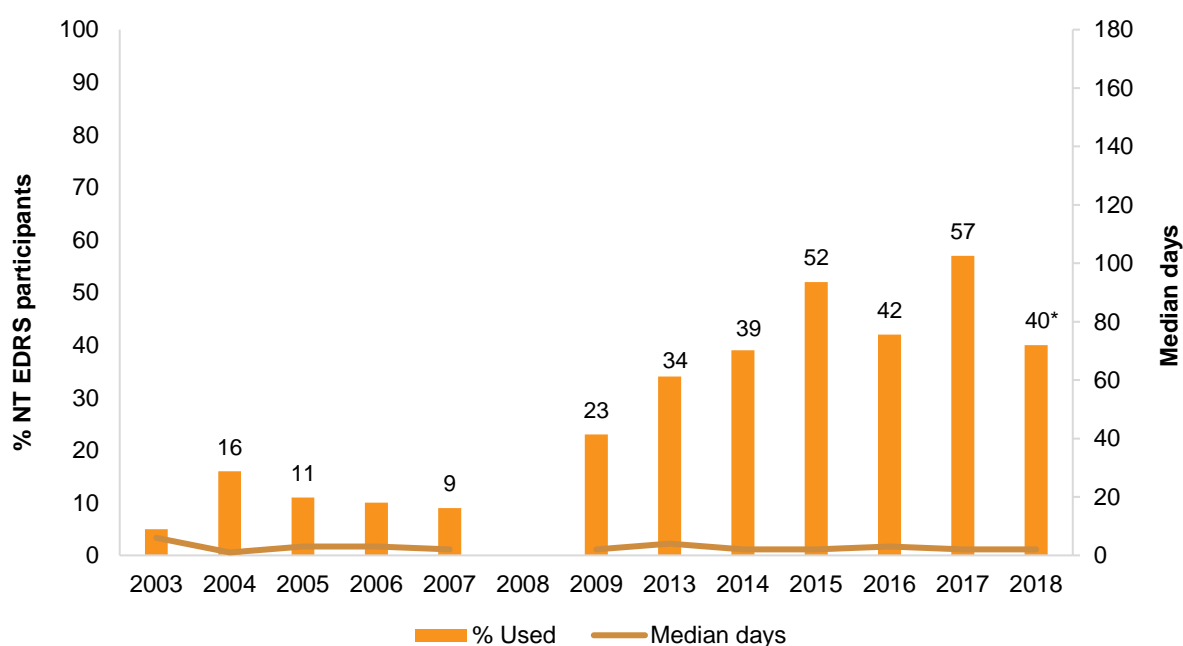
Participants were asked about their recent (past six month) use of various forms of cocaine. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia. 'Crack' cocaine is a form of freebase cocaine (hydrochloride removed), which is particularly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

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## Cocaine

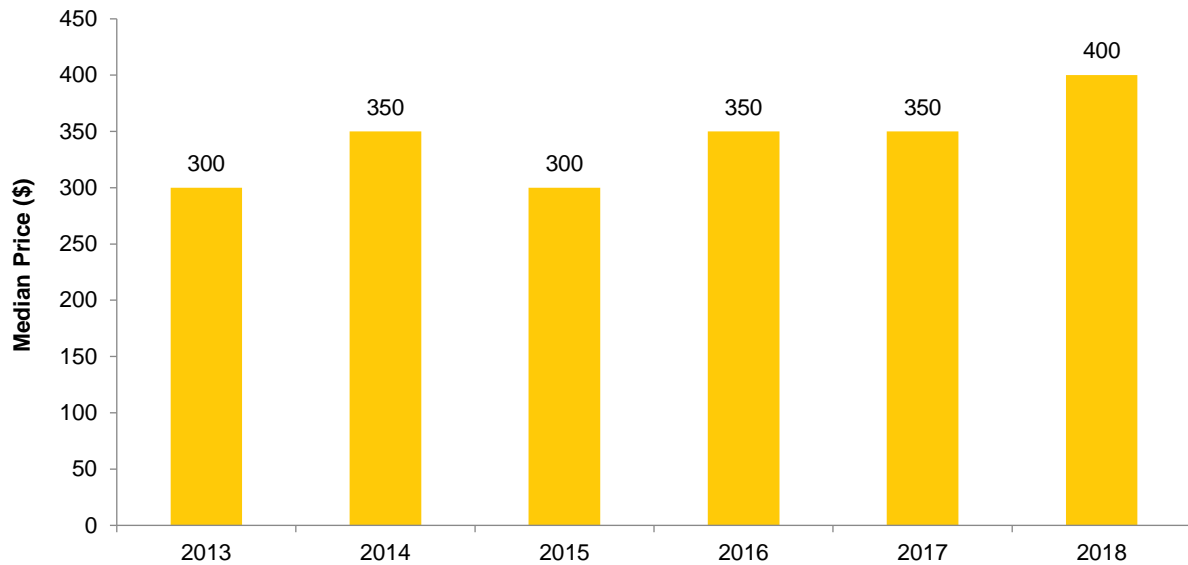
- After an overall increase from 2003-2017, recent cocaine use declined significantly in 2018 (40% versus 57% in 2017;  $p=0.024$ ) (Figure 19). This was in contrast to the national trend, where the highest rate of cocaine use since monitoring began was recorded in 2018 (71% versus 62% in 2017;  $p<0.001$ ; refer to the [national report](#) for further details).
- Frequency of use in the past six months has remained low and stable over the years (2018: median 2 days; IQR 1-4 versus 2 days in 2017;  $p=0.662$ ) (Figure 19), with very few participants ( $n\leq 5$ ) reporting weekly or more frequent cocaine use.
- Among recent consumers of cocaine ( $n=40$ ), the main route of administration was snorting (93% vs 96% in 2017;  $p=0.501$ ) and the median intake in a typical session was 0.3 grams (IQR 0.1-1.0).
- The median price per gram of cocaine was reported to be \$400 (IQR 338-413,  $n=18$ ) in 2018, stable from 2017 (\$350;  $p=0.058$ ; Figure 20).
- Among those able to comment ( $n=24$ ), reports of perceived purity were mixed, with almost equal proportions reporting it to be of 'low', 'medium' or 'high' purity in 2018 (25%, 38%, and 33%, respectively). Indeed, perceived purity of cocaine has fluctuated considerably over the years, with no observable pattern or trend (Figure 21).
- Similarly, reports of perceived availability of cocaine were mixed in 2018, with almost equal proportions reporting it as 'difficult' or 'easy' to obtain (40% and 36%, respectively), and with considerable fluctuation over the years (Figure 22).

**Figure 19: Past six month use and frequency of use of cocaine, NT, 2003-2018**



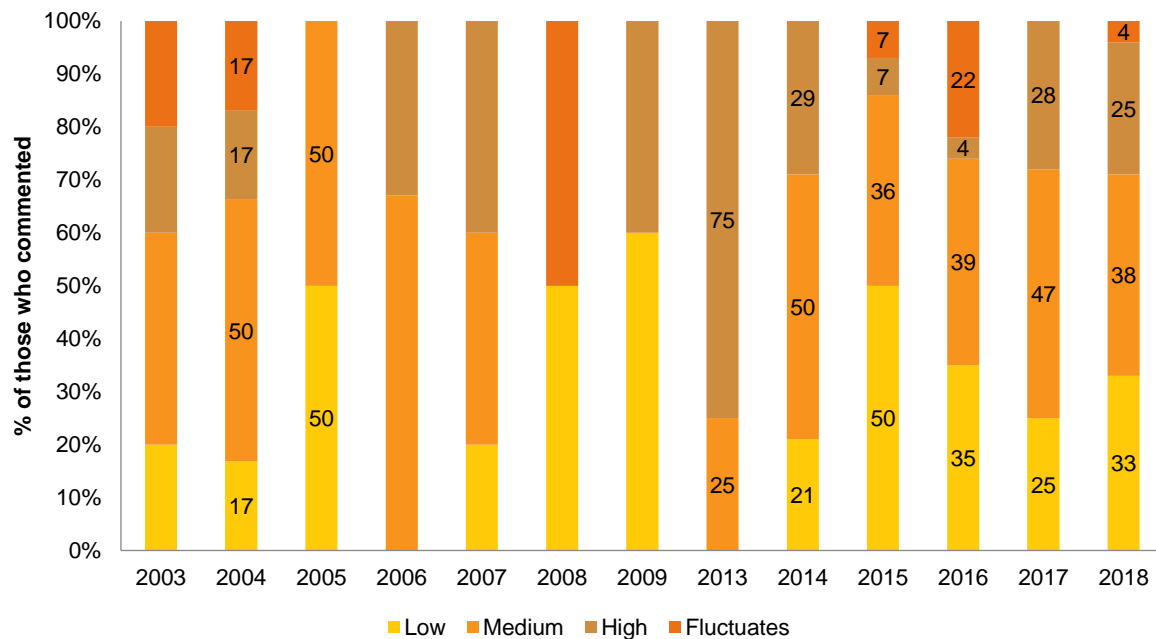
Note. Data labels not presented where  $\leq 5$  people answered (2006, 2009) - interpret these data points with caution. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

Figure 20: Median price of cocaine per gram, NT, 2013-2018

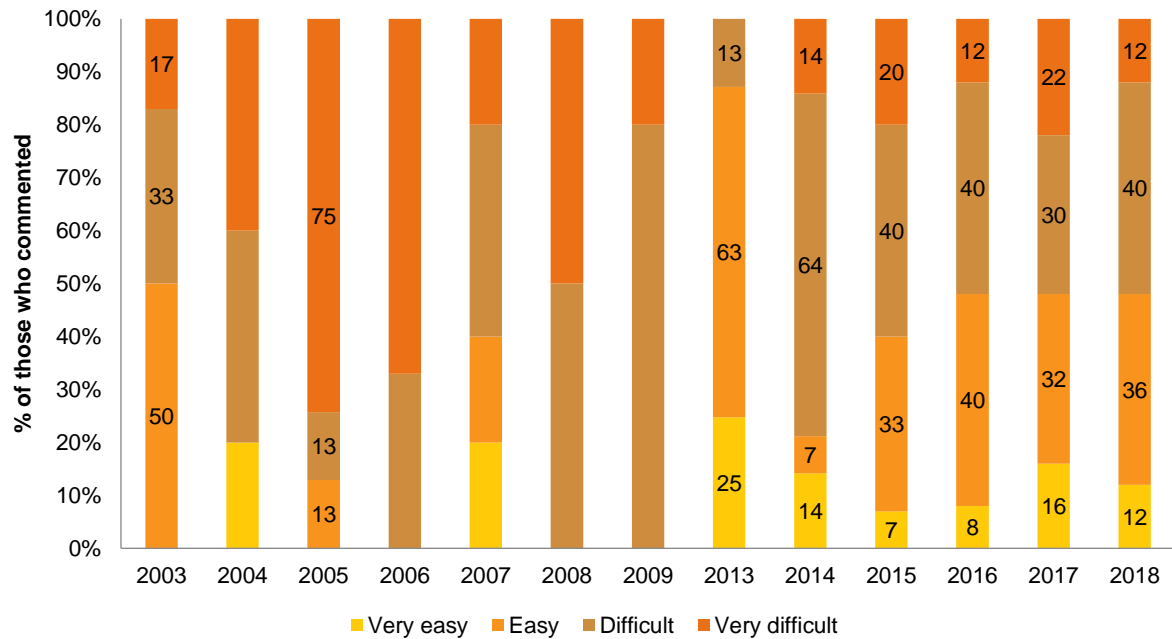


Note. Among those who commented. Prices not reported prior to 2013 due to small numbers commenting. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

Figure 21: Current perceived purity of cocaine, NT, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels not presented where  $\leq 5$  people answered (2003, 2006-2009) - interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

**Figure 22: Current perceived availability of cocaine, NT, 2003-2018**

Note. The response 'Don't know' was excluded from analysis. Data labels not presented where  $\leq 5$  people answered (2004, 2006-2009) - interpret these data points with caution. \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

# 6

## Cannabis

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

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## Cannabis

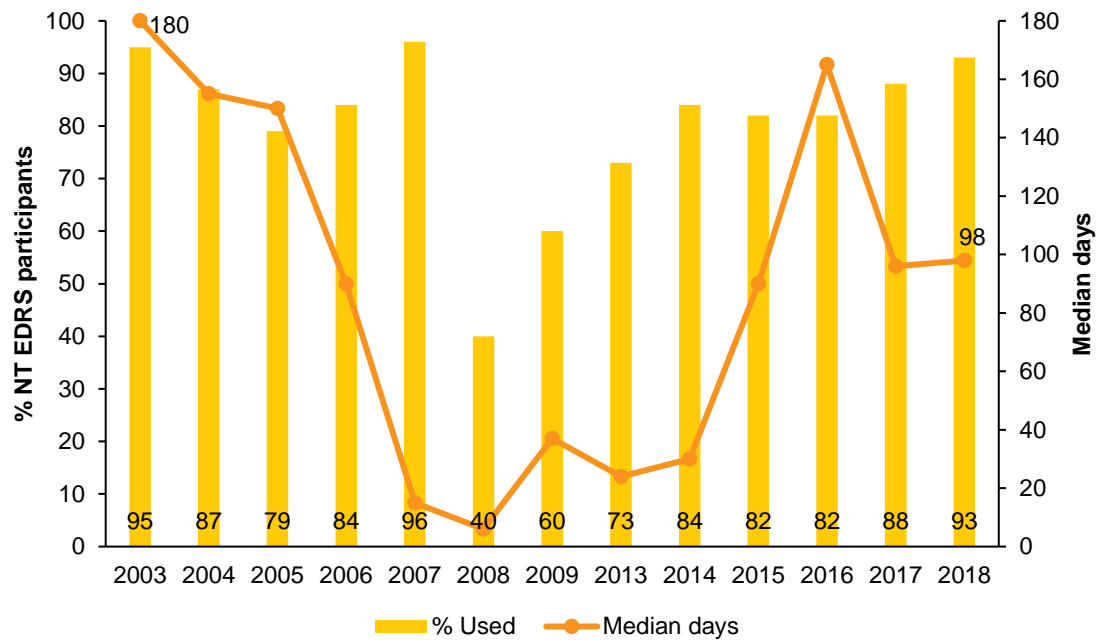
- Recent cannabis use has fluctuated over time, however in 2018 returned to levels observed in 2003 (93% versus 95%, respectively; Figure 23).
- Typical frequency of use has varied considerably over the course of monitoring, however remained stable in 2018 (median 98 days, IQR 24-180) relative to 2017 (median 96 days;  $p=0.928$ ; Figure 23). Over three-quarters (76%) of recent consumers reported using cannabis weekly or more frequently in 2018 (72% in 2017;  $p=0.548$ ), including two-fifths (41%) of consumers who reported using cannabis daily (44% in 2017;  $p=0.727$ ).
- Across all years, nearly almost all consumers (99% in 2018 and 2017, respectively;  $p=0.884$ ) reported smoking cannabis. In 2018, 9% reported swallowing (13% in 2017;  $p=0.336$ ) and 5% reported inhaling/vaporising cannabis (13% in 2017;  $p=0.076$ ).
- The median amount used by those who commented ( $n=91$ ) on their last occasion of use was three cones (IQR 2-7,  $n=33$ ) or 1.5 grams (IQR 1-2,  $n=41$ ).
- Almost equal proportions of consumers reported recent use of hydroponic cannabis (85%) and outdoor-grown 'bush' cannabis (82%), with smaller percentages reported having used hashish (24%) and hash oil (16%) in the preceding six months.
- Hydroponic cannabis remained the form most commonly used in the preceding six months (68%), followed by bush cannabis (32%).

## Hydroponic cannabis

- The median price per gram of hydroponic cannabis has consistently been \$30 for the past several years (2018:  $n=22$ ; IQR 30-30) and between \$400-\$450 for an ounce (\$420 in 2018;  $n=38$ ; IQR 400-450) (Figure 24).
- Consistent with previous years, the largest proportion (46%) of those able to comment ( $n=70$ ) perceived hydroponic cannabis to be of 'high' potency (Figure 25).
- From 2017 to 2018, reports of hydroponic cannabis as 'very easy' to obtain decreased ( $p<0.001$ ), whilst reports of availability being 'easy' ( $p<0.001$ ) or 'difficult' ( $p=0.007$ ) to obtain increased – but overall, three-quarters of consumers reported ease in accessing hydroponic cannabis (Figure 26).

## Bush cannabis

- Similar to hydroponic cannabis, the median price per gram of bush cannabis has consistently been \$30 for the past several years (2018:  $n=20$ ; IQR 25-30) and between \$350-\$400 for an ounce (\$400 in 2018;  $n=28$ ; IQR 275-400) (Figure 24).
- In contrast to hydroponic cannabis, the largest proportion of those able to comment ( $n=60$ ) considered bush cannabis to be of 'medium' potency (45%), with a decline in reports of bush cannabis being of 'low' potency (33% versus 57% in 2017,  $p=0.017$ ; Figure 25).
- Despite fluctuations over the years, bush cannabis is generally considered 'easy' or 'very easy' to obtain (43% and 31%, respectively, in 2018; Figure 26).

**Figure 23: Past six month use and frequency of use of cannabis, NT, 2003-2018**

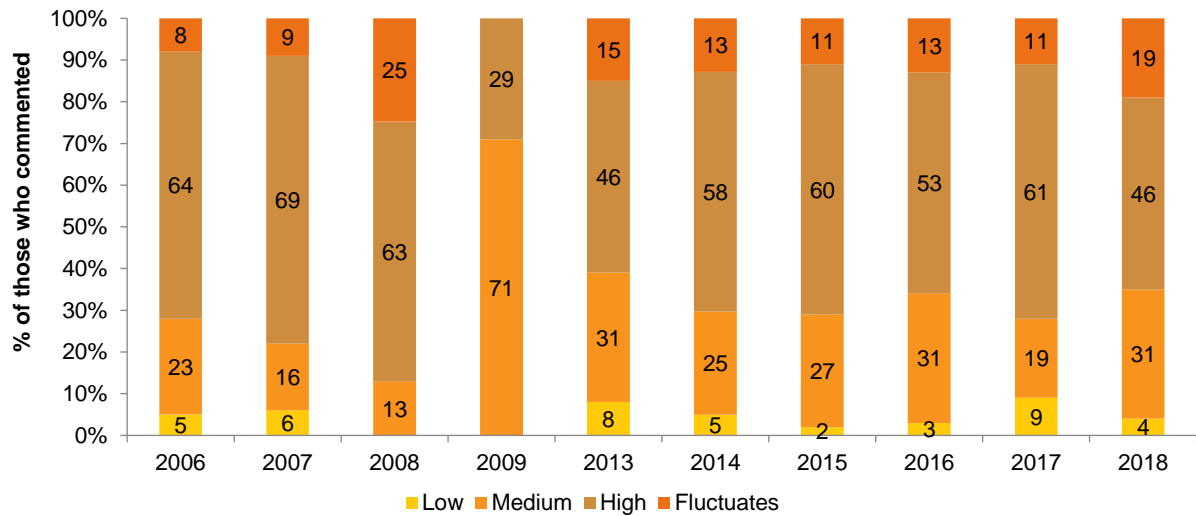
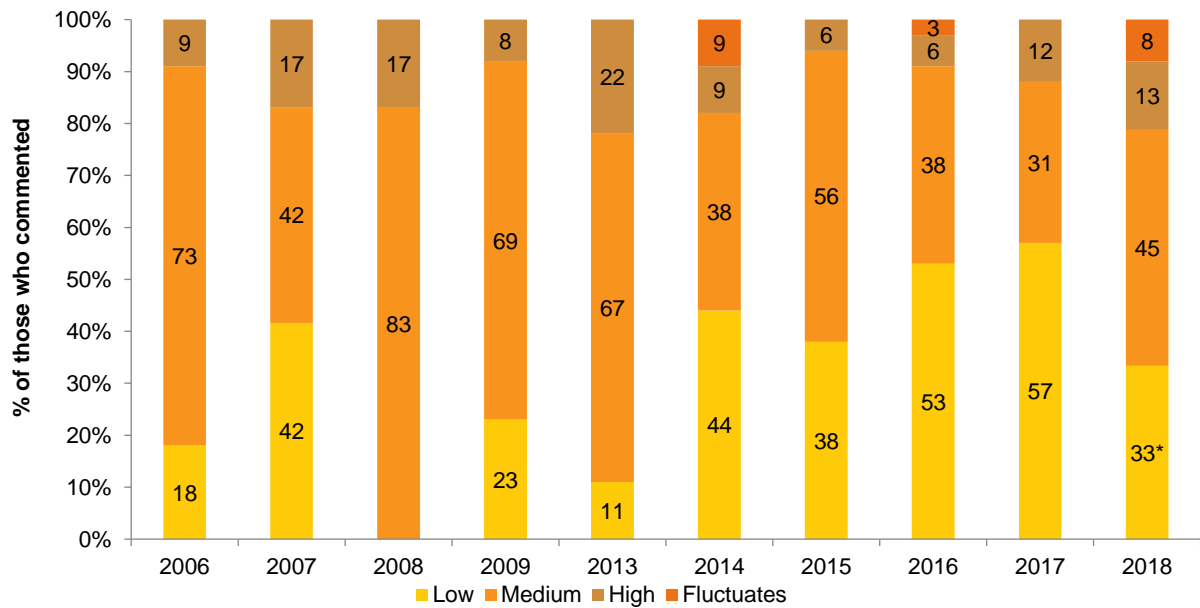
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

**Figure 24: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, NT, 2006-2018**



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels not presented where  $\leq 5$  people answered - interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

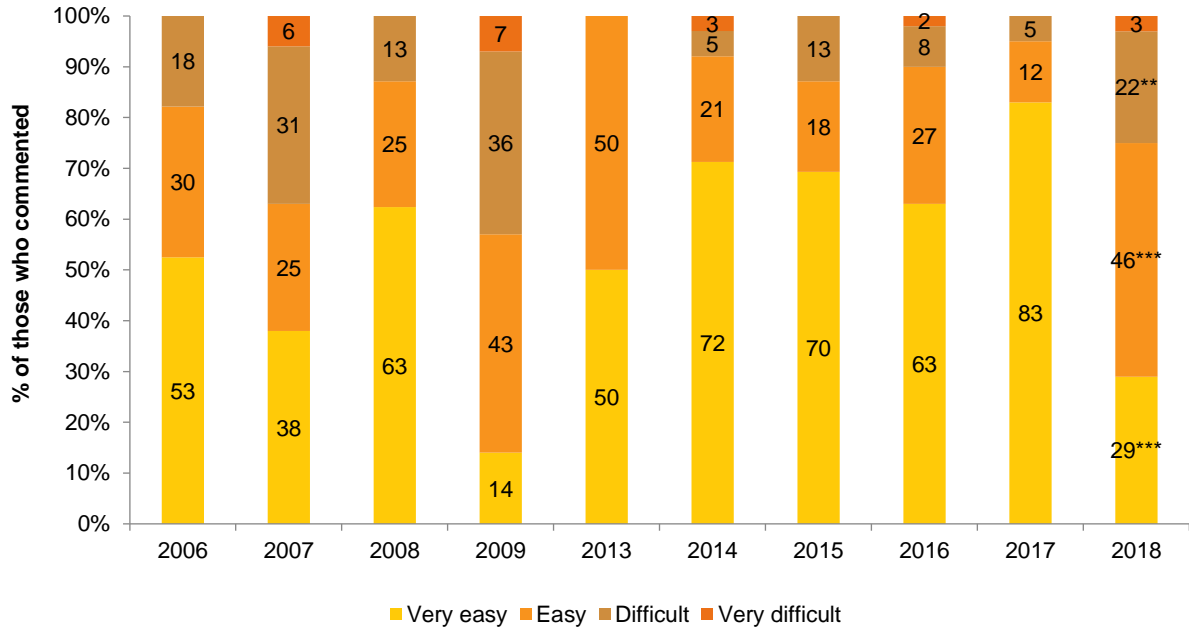


**Figure 25: Current potency of hydroponic (A) and bush (B) cannabis, NT, 2006-2018****(A) Hydroponic cannabis****(B) Bush cannabis**

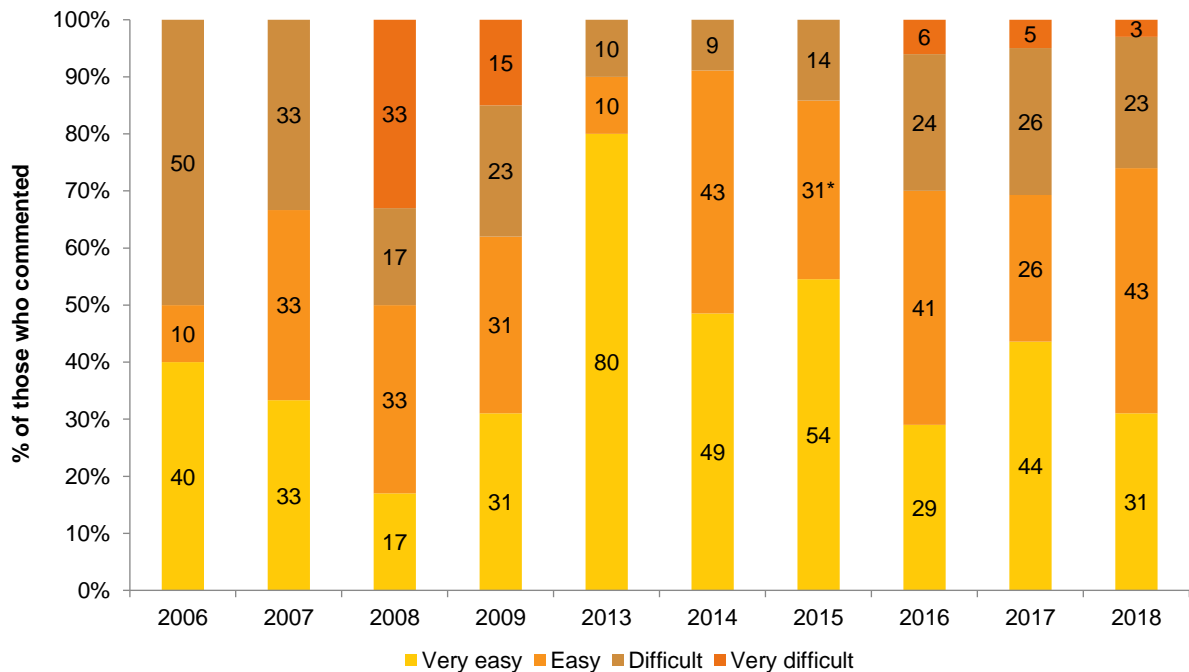
Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

**Figure 26: Current perceived availability of hydroponic (a) and bush (b) cannabis, NT, 2006-2018**

**(A) Hydroponic cannabis**



**(B) Bush cannabis**



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

# 7

## Ketamine and LSD

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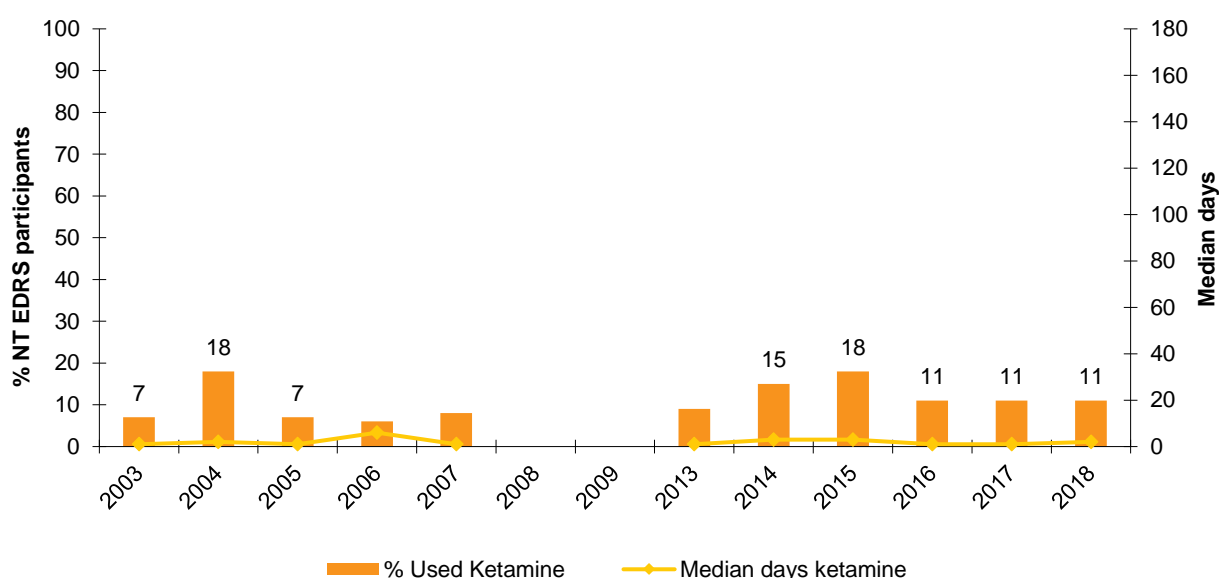
Participants were asked about their recent (past six month) use of various forms of ketamine and lysergic acid diethylamide (LSD).

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## Ketamine

- Ketamine use has fluctuated since monitoring began, however has remained stable for the past several years (11% in 2017 and 2018, respectively;  $p=0.891$ ; Figure 27).
- In accordance, frequency of use has also remained low and stable over time (2018: median 2 days, IQR 1-5 vs 1 day in 2017;  $p=0.331$ ; Figure 27), with no participants reporting weekly or more use in 2018.
- Among consumers, the most common route of administration was snorting (73% versus 78% in 2017;  $p=0.795$ ) followed by swallowing (27% versus 22% in 2017;  $p=0.795$ ).
- In 2018, the median quantity used in a typical session was 0.3 grams (IQR= 0.1-0.4;  $n=5$ ).
- Due to small numbers responding, data have not been published for the price, perceived purity and availability of ketamine. If further details are needed, please contact the Drug Trends team, or see the [national report](#) for national trends in use.

**Figure 27: Past six month use and frequency of use of ketamine, NT, 2003-2018**

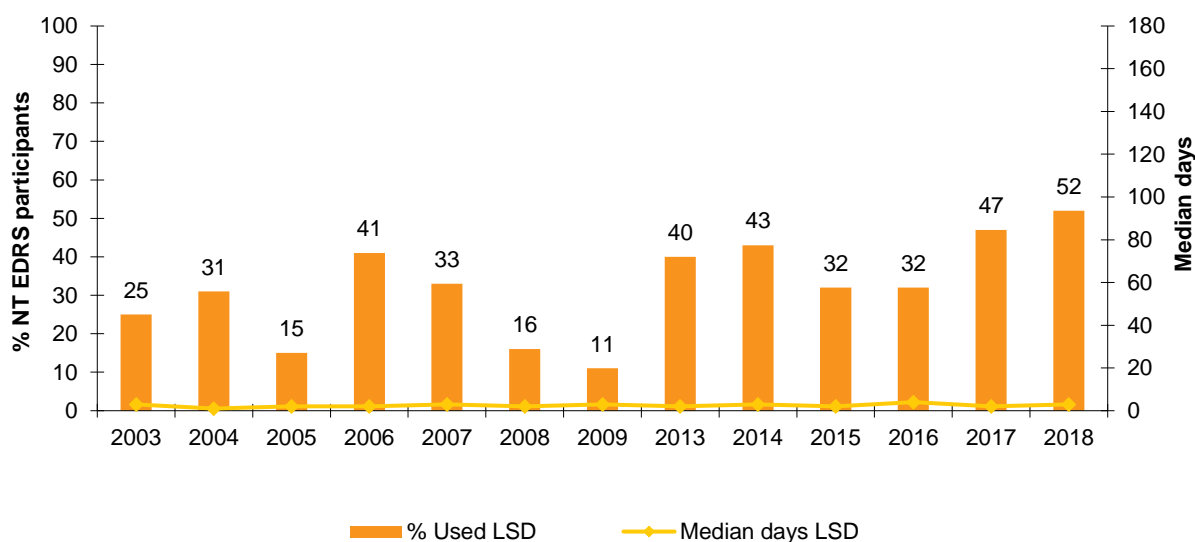


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels not presented where  $\leq 5$  people answered - interpret these data points with caution. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

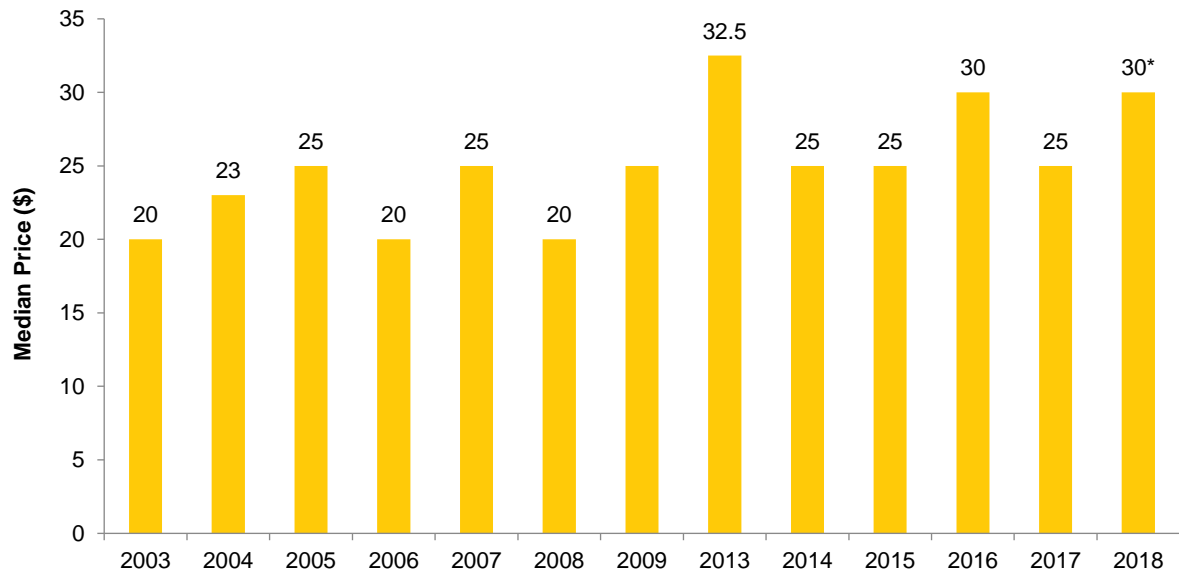
## LSD

- Although recent use of LSD has fluctuated over the years, overall, use has doubled from 25% in 2003 to half of the sample (52%,  $p<0.001$ ) in 2018 (Figure 28).
- However, use across the years has shown to be infrequent (2018: median 3 days, IQR: 2-6), with very few ( $n\leq 5$ ) participants reporting weekly or more frequent use in 2018.
- Among consumers, the most common route of administration was swallowing (100% in both 2018 and 2017), and the median quantity used in a typical session was one tab (IQR 1-2;  $n=34$ ) in 2018.
- The median price for a tab of LSD has fluctuated between \$20-\$30 since monitoring began (Figure 29). In 2018, the median price for one tab was reported as \$30 (IQR 30-35;  $n=43$ ), which was a significant increase from 2017 (\$25;  $p=0.018$ ).
- Of those who commented ( $n=50$ ), over two-thirds reported the perceived purity as 'high' (68%), followed by 18% reporting 'medium' purity (Figure 30).
- Consistent with previous years, 43% perceived LSD to be 'easy' to obtain, whilst 33% perceived it to be 'difficult' (Figure 31).

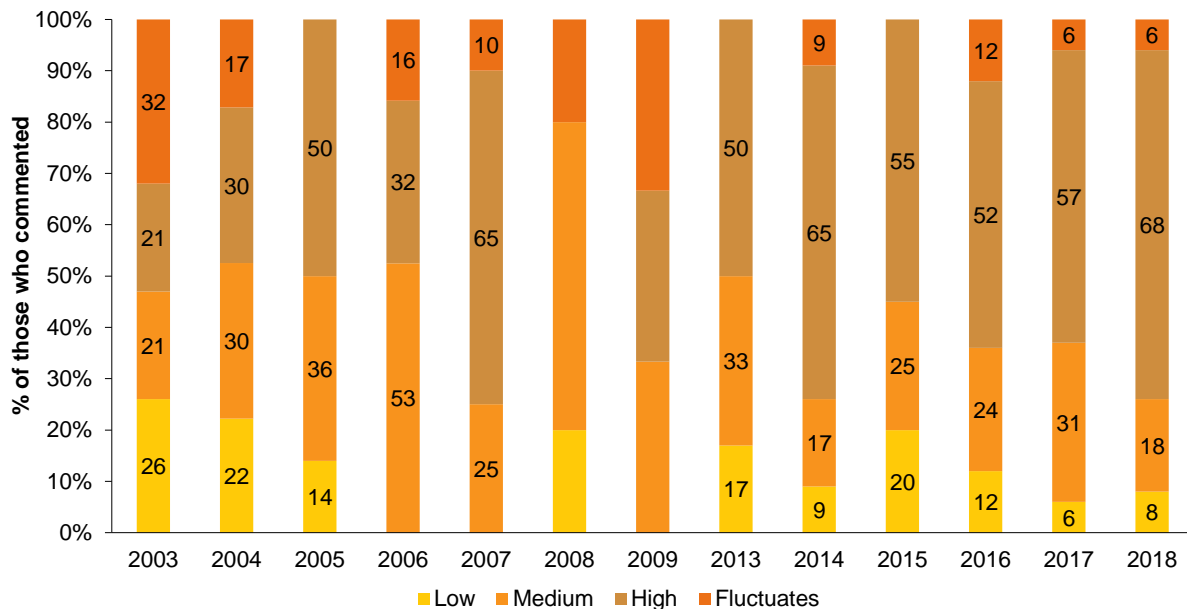
Figure 28: Past six month use and frequency of use of LSD, NT, 2003-2018



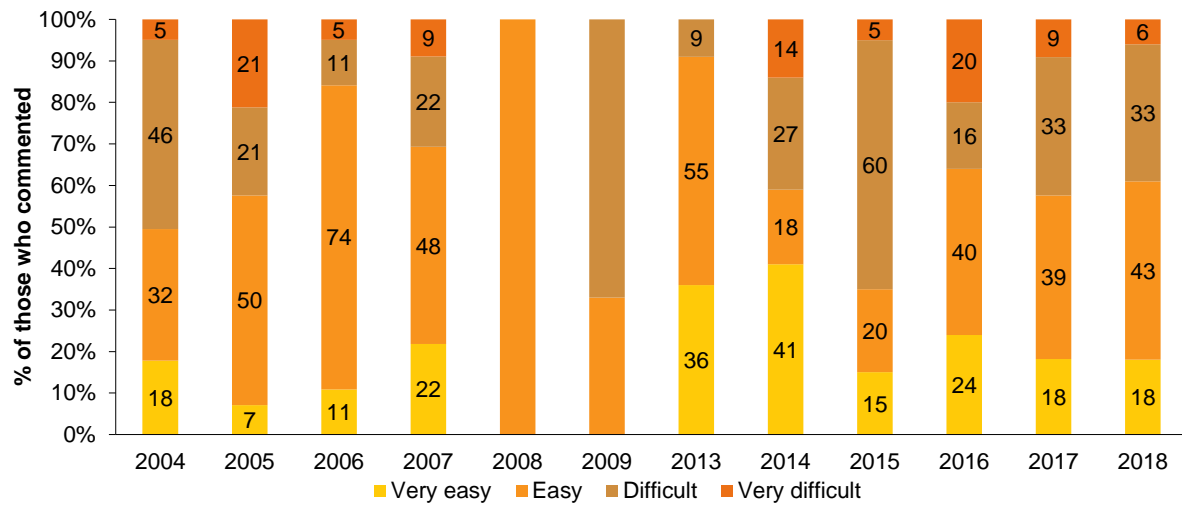
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

**Figure 29: Median price of LSD per tab, NT, 2003-2018**

Note. Among those who commented. Data labels not presented where  $\leq 5$  people answered (2009) - interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

**Figure 30: Current perceived purity of LSD, NT, 2003-2018**

Note. The response 'Don't know' was excluded from analysis. Data labels not presented where  $\leq 5$  people answered (2008, 2009) - interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

**Figure 31: Current perceived availability of LSD, NT, 2003-2018**

Note. The response 'Don't know' was excluded from analysis. Data labels not presented where  $\leq 5$  people answered (2008, 2009) - interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

# 8

## New psychoactive substances

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NPS are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets. Participants were asked about their recent (past six month) use of various NPS.

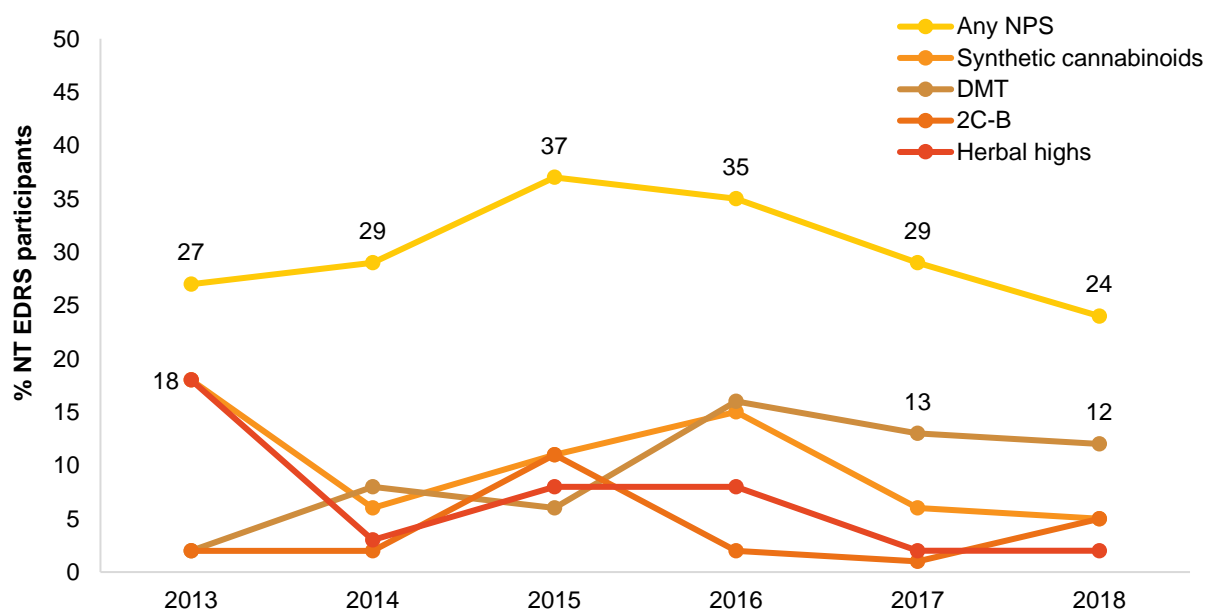
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## New Psychoactive Substances

- One-quarter (24%) of the NT sample reported recent use of 'any' NPS in 2018, the lowest level of use reported in the NT since monitoring of the NPS market began (Figure 32).
- DMT use has increased over time, such that from 2016 onwards, it was the most commonly endorsed NPS (12% of the sample; Figure 32).
- In 2018, the 2C class and synthetic cannabinoids were the next most commonly endorsed NPS ( $n \leq 5$ ), although use has declined in recent years (Figure 32).
- Frequency of NPS use has consistently been low. In 2018, participants reported DMT use on a median of two days in the past six months (IQR 1-2).
- Due to small numbers reporting use ( $n \leq 5$ ), rates of use for other NPS are not presented. If further details about use of other NPS by the NT EDRS sample are needed, please contact the Drug Trends team, or see the [national report](#) for national trends in use.

**Figure 32: Past six month use of 'any' NPS, synthetic cannabinoids, DMT, 2C-B and herbal highs, NT, 2013-2018**



Note. Axis reduced to 50% to improve visibility of trends. Use of all NPS not reported due to low number reporting use ( $n \leq 5$ ). Data labels for 2003, 2017 and 2018 not presented where  $n \leq 5$  – interpret these data points with caution. Use of synthetic cannabinoids were first asked about in 2011 and herbals highs in 2012. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

# 9

## Other drugs

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Participants were asked about their recent (past six month) use of various forms of other drugs, including non-prescribed use of pharmaceutical drugs (i.e., use of a prescribed drug obtained from a prescription in someone else's name) and use of licit substances (e.g., alcohol, tobacco, e-cigarettes).

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## Non-Prescribed Pharmaceutical Drugs

### Over-the-counter (OTC) codeine

- Before the 1<sup>st</sup> February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus®) over-the-counter (OTC), while high-dose codeine (≥30mg, e.g., Panadeine Forte®) required a prescription from a doctor. On the 1<sup>st</sup> February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access.
- In 2018, 17% of the NT sample reported any use of low-dose codeine (11% OTC: 4% prescribed and 4% non-prescribed<sup>1</sup>). This includes 5% who reported having used OTC low-dose codeine (<30mg codeine) for non-pain purposes in the six months preceding interview (noting that participants could only report use occurring prior to rescheduling in February 2018), a decline from 13% in 2017 ( $p=0.058$ ) (Figure 33).
- Twelve per cent of the sample reported recent high-dose codeine (≥30mg codeine) use (10% prescribed; 2% non-prescribed) on a median of six days (IQR 4-27) in the six months preceding interview.

### Pharmaceutical opioids

- The rate of past six month use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine) remained stable in 2018 (9% versus 7% in 2017;  $p=0.601$ ), noting that high-dose codeine was excluded from this classification for the first time in 2018 (Figure 33).

### Pharmaceutical stimulants

- After some fluctuations from 2007-2014, the proportion of the sample reporting recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has remained stable from 2014 onwards (Figure 33).
- In 2018, 15% of the sample reported non-prescribed pharmaceutical stimulant use (14% in 2017;  $p=0.929$ ) on a median of three days (IQR 1-4 versus 2 days in 2017;  $p=0.742$ ).

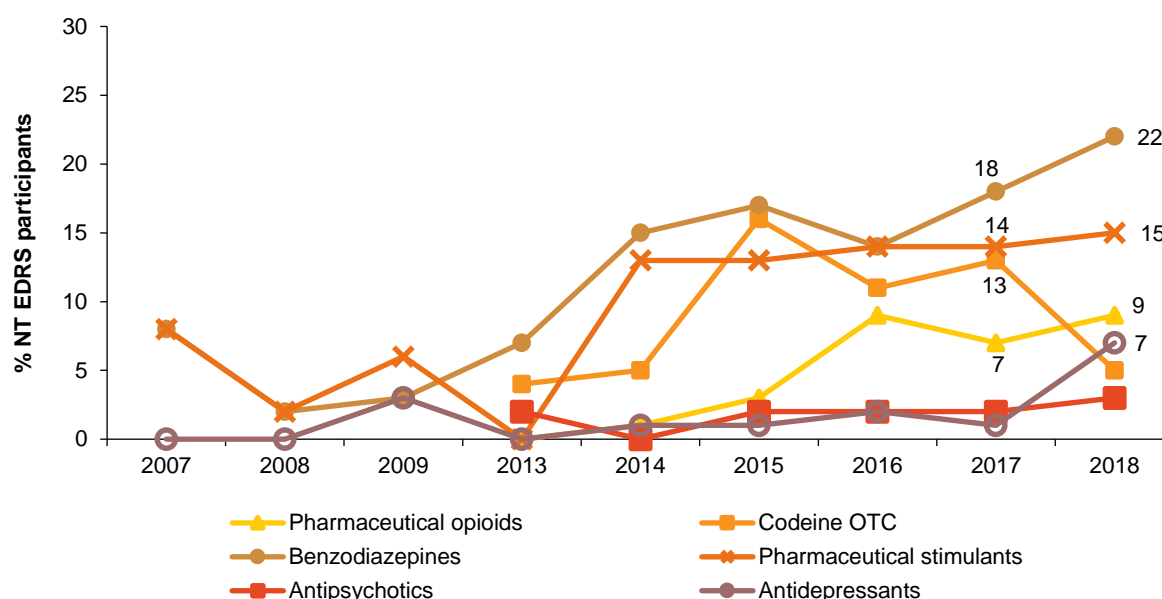
### Benzodiazepines

- Recent use of non-prescribed benzodiazepines has, for the most part, been increasing since monitoring began.
- In 2018, one-fifth (22%) of the sample reported use (Figure 33), stable from 2017 (18%;  $p=0.440$ ).
- Frequency of use was reported to be a median of five days (IQR 2-7 versus 4 days in 2017;  $p=0.383$ ).

### Antidepressants and antipsychotics

- With the exception of an increase in non-prescribed antidepressant use in 2018 (7%;  $p=0.051$  relative to 2017), recent use of non-prescribed antidepressants and non-prescribed antipsychotics has remained low and stable over time (Figure 33).

<sup>1</sup> OTC=use of codeine that had been purchased over the counter prior to 1 February 2018; prescribed=use of codeine that had been purchased with their own prescription from 1 February onwards; non-prescribed=use of codeine that was purchased with a prescription by a third party from 1 February onwards.

**Figure 33: Non-prescribed use of pharmaceutical drugs in the past six months, NT, 2007-2018**

Note. Monitoring of OTC codeine, antipsychotics and prescription opioids commenced in 2010 and 2013, respectively. Only non-prescribed use is reported; pharmaceutical opioid use includes methadone, buprenorphine and 'other' pharmaceutical opioids. In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. Note that estimates of codeine OTC use refer to use for non-pain purposes. Data labels for 2017 and 2018 not presented where  $n \leq 5$  – interpret these data points with caution. Y axis has been reduced to 30% to improve visibility of trends. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

## Other Illicit Drugs

### Hallucinogenic mushrooms

- Recent use of hallucinogenic mushrooms has varied across the years, with 17% reporting past six month use in 2018 (8% in 2017;  $p=0.073$ ) (Figure 34).
- Recent use has been typically infrequent and stable (median 1 day, IQR 1-2 in 2018 versus 2 days in 2017;  $p=0.455$ ).

### MDA

- MDA (3,4-methylenedioxyamphetamine) use has remained relatively stable over time (Figure 34).
- In 2018, 9% of the sample reported use of MDA in the six months preceding interview (6% in 2017;  $p=0.391$ ).
- MDA was used on a median of three days in 2018 (IQR 1-7 versus 1 day in 2017,  $p=0.222$ ), indicating very occasional use.

### Capsules with unknown contents

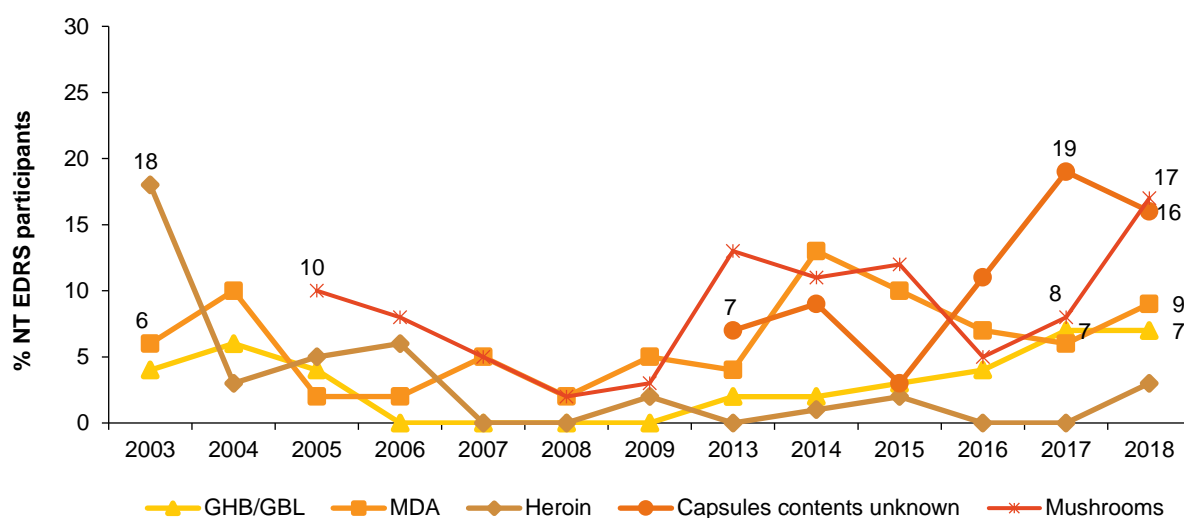
- Around one in ten participants reported recent use of capsules with unknown contents over the first four years of monitoring (2013-2016); since then, use has increased, with 19% reporting recent use in 2017 and 16% in 2018 ( $p=0.657$ ) (Figure 34).

- Capsules with unknown contents were used on a median of two days (IQR 1-5 versus one day in 2017;  $p=0.254$ ).

### Heroin and GHB/GBL

- Consistently small numbers have reported recent use of GHB/GBL and heroin (Figure 34).
- Those who report use of GHB/GBL typically do so infrequently (GHB/GBL: median 1 day, IQR 1-4).

**Figure 34: Other illicit drugs used in the past six months, NT, 2003-2018**



Note. Monitoring of mushrooms and capsules contents unknown commenced in 2005 and 2013, respectively. Data labels for 2003, 2017 and 2018 not presented where  $n \leq 5$  – interpret these data points with caution. Y axis has been reduced to 30% to improve visibility of trends. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

## Licit and Other Drugs

### Alcohol

- Nearly the entire sample reported recent alcohol use in 2018 (95%), consistent with rates observed for the past several years (Figure 35).
- Consumers reported a median of 24 days of use in the past six months (IQR 12-51 versus 44 days in 2017;  $p=0.089$ ), which equates to weekly use.
- Sixty per cent of consumers drank alcohol once a week or more (75% in 2017;  $p=0.036$ ), including 5% who reported daily use (versus 1% in 2017;  $p=0.124$ ).
- The mean score on the Alcohol Use Disorders Identification Test (AUDIT) was 11.6 (SD 5.8; possible score range 0-40). Seventy-seven per cent of the sample obtained a score of eight or more, indicative of hazardous use.

### Tobacco

- Despite some fluctuations, the overall trend for tobacco use has remained relatively stable over the years. In 2018, 88% of the sample reported past six-month tobacco use (86% in 2017;  $p=0.711$ ; Figure 35).
- Median frequency of use was 180 days (IQR 60-180 versus 180 days in 2017;  $p=0.383$ ), with 58% of recent consumers reporting daily use (51% in 2017;  $p=0.391$ ).

### E-cigarettes

- The percentage of the sample reporting recent e-cigarette use was stable from 2014-2017, with a slight (but non-significant) increase observed in 2018 (36% versus 26% in 2017;  $p=0.152$ ).
- Median days of use was reported at five days in 2018 (i.e. less than monthly; IQR 2-30), a significant increase compared to three days in 2017 ( $p=0.032$ ).

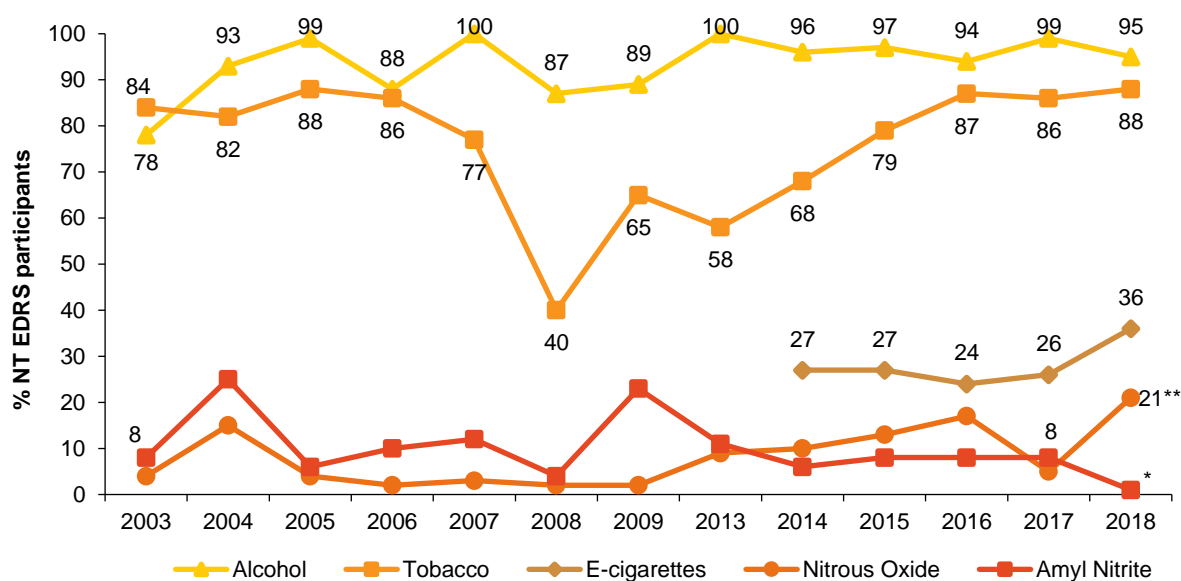
### Nitrous oxide

- The percentage of the sample reporting recent use of nitrous oxide has fluctuated over time, with a significant increase observed in 2018 relative to 2017 (21% versus 8%, respectively;  $p=0.001$ ; Figure 35).
- It should be noted, however, that rates of nitrous oxide use in the NT were lower than all other jurisdictions (highest in NSW at 75%).
- Frequency of use remained stable at a median of three days (i.e. less than monthly; IQR 1-10 versus 3 days in 2017;  $p=0.803$ ).

### Amyl nitrite

- Use of amyl nitrite has varied over the course of monitoring, ranging from 30% in 2010 to a negligible per cent in 2018 (a significant decrease relative to 2017;  $p=0.018$ ; Figure 35).
- Frequency of amyl nitrite use was generally low, with participants reporting a median of one day of use in the last six months (IQR 1-1; median four days in 2017;  $p=0.500$ ).

Figure 35: Licit drugs used in the past six months, NT, 2003-2018



Note. Monitoring of e-cigarettes commenced in 2014. Data labels for 2003, 2017 and 2018 not presented where  $n \leq 5$  – interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

# 10

## Drug-Related Harms and Other Risk Factors

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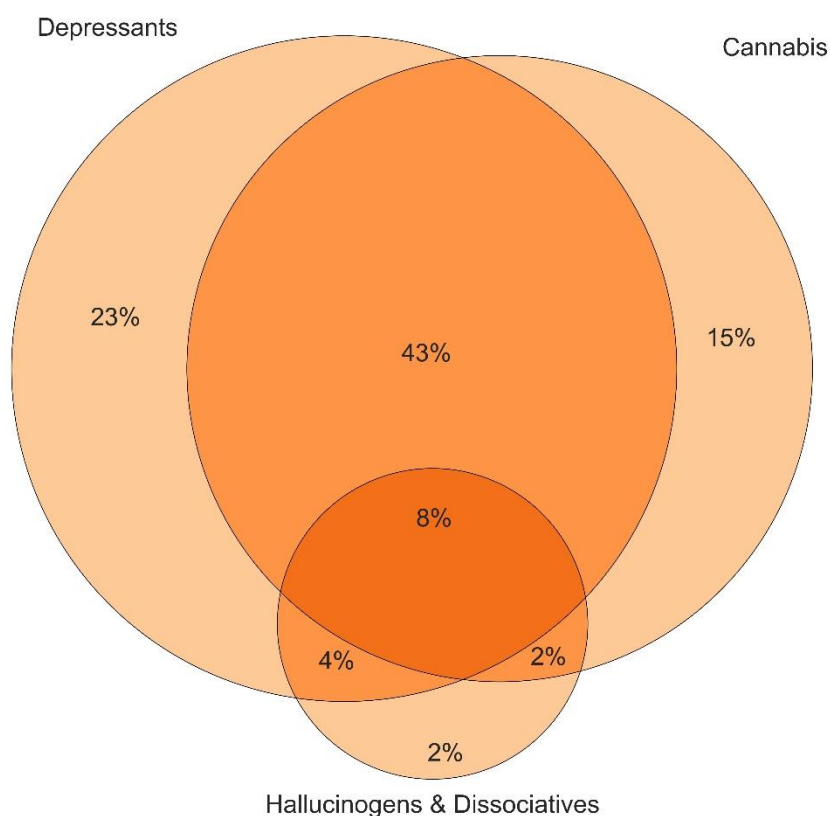
Participants were asked about various drug-related harms, including **stimulant overdose** (e.g., nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic) or symptoms consistent with a **depressant overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing, and being unable to be roused). Participants were also asked about: polysubstance use, injecting drug use, drug treatment, sexual risk-taking, mental health and crime. It should be noted that the following data refer to participants' understandings of these behaviours (i.e., do not necessarily represent medical diagnoses in the case of reporting on health conditions).

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## Polysubstance Use

- The entire NT sample (100%) reported simultaneous polysubstance use (i.e., use of two or more substances within the same session) on their last occasion of stimulant use.
- The most commonly used substances (in addition to stimulant(s)) were alcohol (78%), cannabis (69%), tobacco (58%) and LSD (16%).
- Ninety-eight per cent of the sample reported using depressants, cannabis or hallucinogens/dissociatives on their last occasion of stimulant use, with the most common combinations being stimulants, depressants and cannabis (43%), and stimulants and depressants (23%).
- Eight per cent of the sample reported using depressants, cannabis and hallucinogens/dissociatives on their last occasion of stimulant use (Figure 36).

**Figure 36: Poly substance use on occasion of last stimulant use, NT, 2018**



Note. Not to scale. This figure captures those who had simultaneously used hallucinogens/dissociatives (GHB, ketamine, LSD, and/or hallucinogenic mushrooms), depressants (alcohol and/or benzodiazepines) and/or cannabis on their last occasion of stimulant use (98% of the sample).



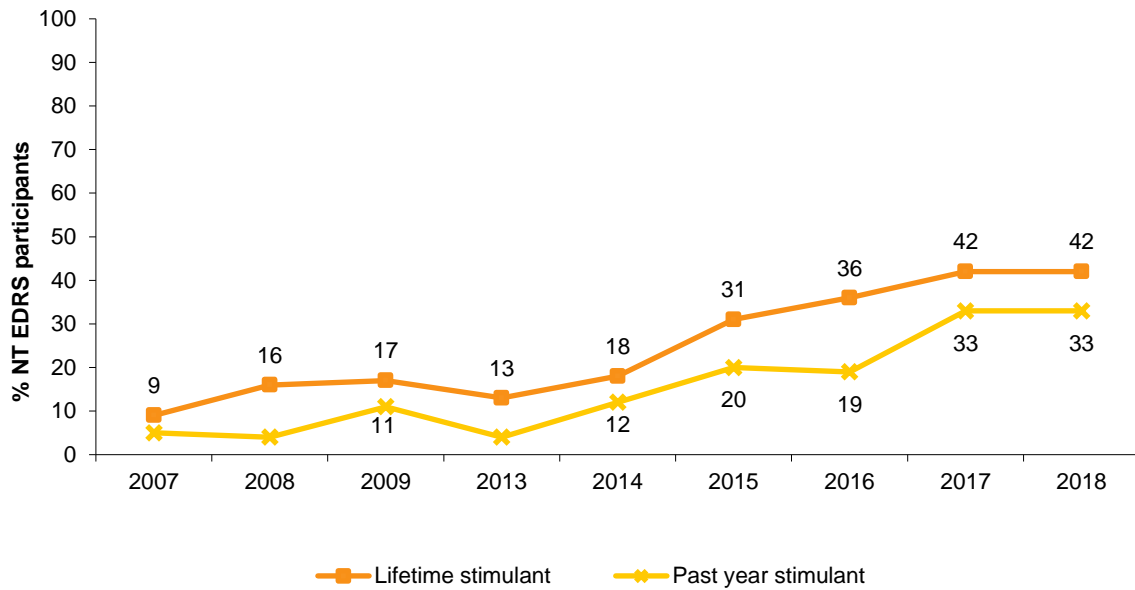
## Overdose

### Non-fatal stimulant overdose

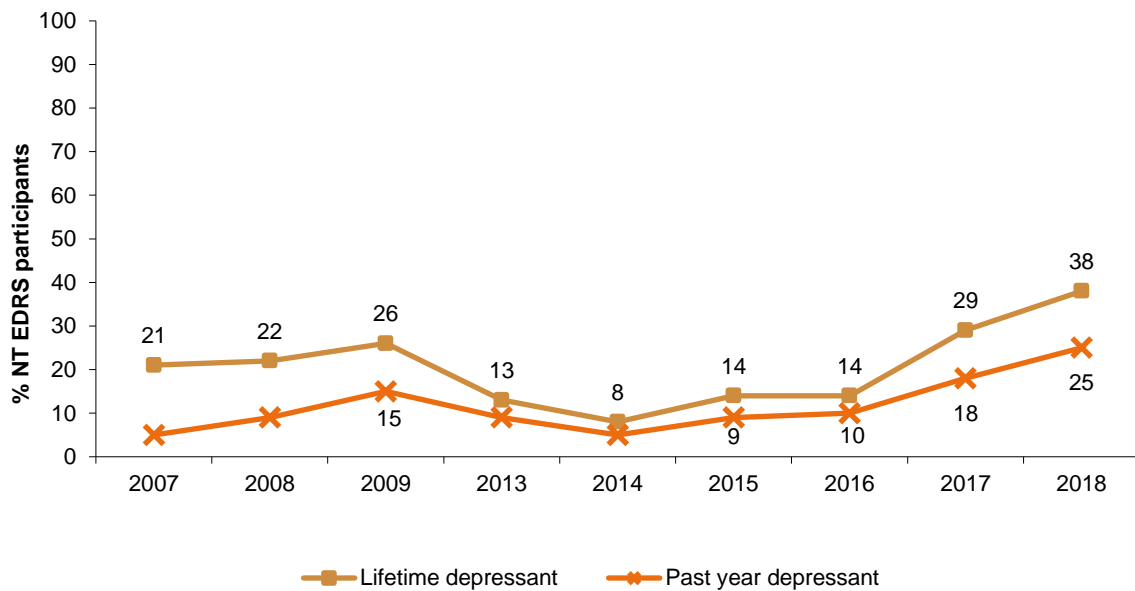
- Self-reported lifetime and past 12-month experience of non-fatal stimulant overdose have increased over time (Figure 37).
- In 2018, two-fifths of the sample (42%) reported having ever overdosed on a stimulant drug on a median of two occasions (IQR 1-4) and 33% reported overdosing in the past year.
- Most participants contributed their last overdose (that occurred in the past year) to ecstasy (67%), with smaller percentages nominating LSD (17%), pharmaceutical stimulants (8%), crystal methamphetamine (4%), and cocaine (4%).
- Most (88%) reported that they had also been under the influence of one or more additional drugs (stimulants or depressants).
- Among those who commented (n=25), the vast majority (96%; n=24) reported that they did not receive treatment or assistance on their last stimulant overdose occasion.

### Non-fatal depressant overdose

- After some early fluctuations, self-reported lifetime and past 12-month experience of non-fatal depressant overdose has generally been increasing from 2014 onwards (Figure 38).
- In 2018, over one-third of the sample (38%) reported having ever overdosed on a depressant drug on a median of four occasions (IQR: 1-10) and one-quarter (25%) reported such an experience in the past 12 months.
- Most participants contributed their last overdose (that occurred in the past year) to alcohol (94%).
- Of those who commented (n=16), polydrug use was common at the time of their last overdose (63%).
- Half (50%) of those who had overdosed in the past 12 months reported that there was a sober person who was able to assist on the last occasion, although only a small number (≤5) reported that they had received medical assistance on this occasion.

**Figure 37: Lifetime and past year non-fatal stimulant overdose, NT, 2007-2018**

Note. Data labels not presented where  $n \leq 5$  – interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

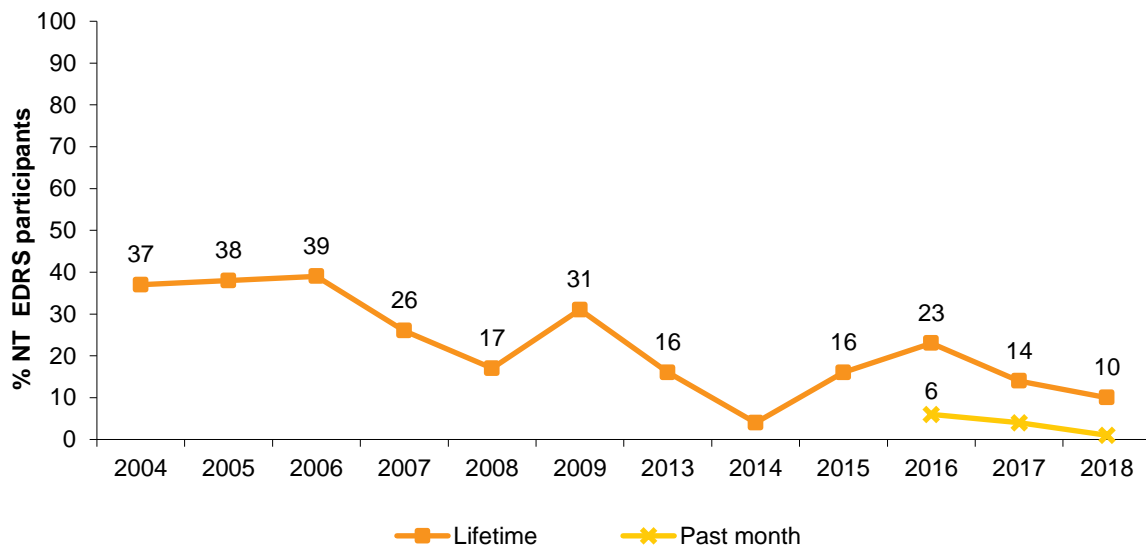
**Figure 38: Lifetime and past year non-fatal depressant overdose, NT, 2007-2018**

Note. Data labels not presented where  $n \leq 5$  – interpret these data points with caution.  $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

## Injecting Drug Use and Associated Risk Behaviours

- There has been a significant decrease in the percentage of participants who reported injecting in their lifetime over the years (10% in 2018 versus 37% in 2004;  $p<0.001$ ) (Figure 39).
- In 2018, the median age of first injection was 17.5 years (IQR 15-21).
- Very few participants ( $n\leq 5$ ) reported injecting in the month preceding interview.

**Figure 39: Lifetime and past month drug injection, NT, 2004-2018**

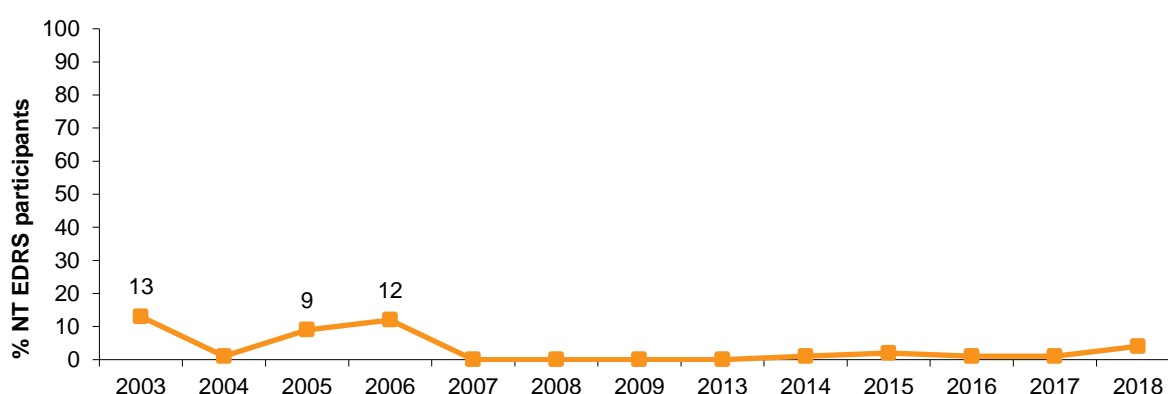


Note. Past six-month injection asked of participants prior to 2016. Data labels not presented where  $n\leq 5$  – interpret these data points with caution. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2017 versus 2018.

## Drug Treatment

- A nominal per cent reported currently receiving drug treatment (Figure 40); this is consistent with reporting in previous years.
- Typically, those reporting being in current drug treatment nominate drug counselling as their main form of treatment.

**Figure 40: Current drug treatment, NT, 2003-2018**

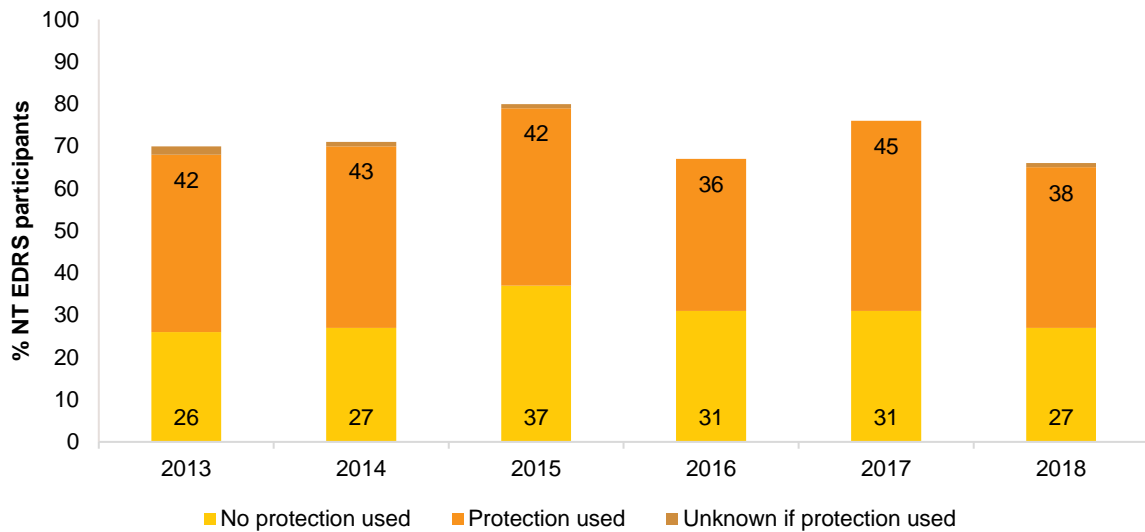


Note. Data labels not presented where  $n \leq 5$  – interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

## Sexual Risk Behaviours

- The percentage of the sample reporting having penetrative sex with at least one causal partner in the six months preceding interview has remained relatively stable over time (65% in 2018 versus 73% in 2011;  $p = 0.622$ ; Figure 41).
- Thirty-eight per cent of the total sample reported using a barrier method on the last occasion of penetrative sex with a causal partner (59% of those who reported having sex with a causal partner; Figure 41).
- The majority (84%) of those reporting recent penetrative sex with a casual partner ( $n = 64$ ) reported having sex while using drugs in the previous six months (100% in 2011;  $p = 0.228$ ).
- In 2018, the most commonly used drugs used by this group during sex were alcohol (78%), ecstasy (57%), and cannabis (56%).
- Sixteen percent of the entire sample (30% of those who reported recent causal sex) had not used a barrier (condom/glove/dental dam) on any occasion when having penetrative sex with a casual partner while using drugs in the six months preceding interview (21% in 2017;  $p = 0.404$ ).
- Three-fifths (60%) of the sample reported having had a sexual health check-up in the past year; 17% had done so more than one year ago; and 24% had never had a sexual health check-up.
- Amongst those who had ever had a check-up, the majority (70%) reported that they had not received a positive diagnosis for a sexually transmitted infection (STI); 8% had received a positive diagnosis in the past year; and 22% had received a positive diagnosis over a year ago.

**Figure 41: Sex with a casual partner in the last six months and use of any protection/barrier on the last occasion, NT, 2013-2018**

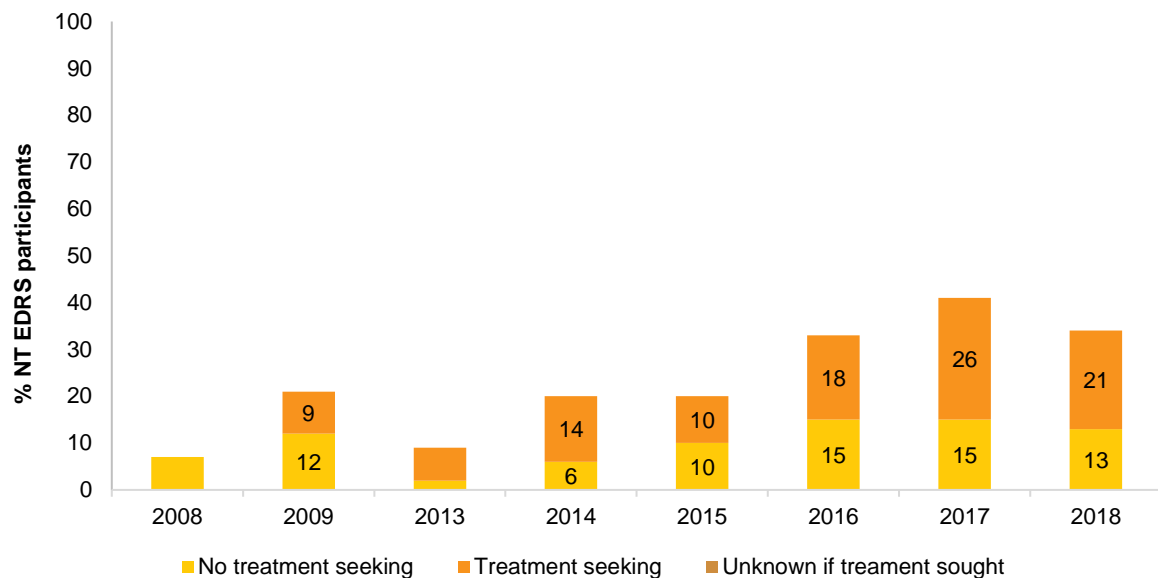


Note. The combination of the percentage who report protection used, no protection used and unknown if protection used is the percentage who reported penetrative sex with a casual partner in the past six months. Data labels not presented where  $n \leq 5$  – interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

## Mental Health

- One-third (34%) of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), a significant increase since 2008 (7%;  $p < 0.001$ ; Figure 42).
- Of those who commented ( $n=32$ ), the most common mental health problems were anxiety (78%) and depression (66%).
- Three-fifths (61%) of those with a self-reported mental health problem (21% of the entire sample; Figure 42) reported seeing a mental health professional during the past six months.
- Of these people ( $n=20$ ), 70% reported being prescribed medication for this problem in this period (0 in 2008;  $p=0.010$ ).

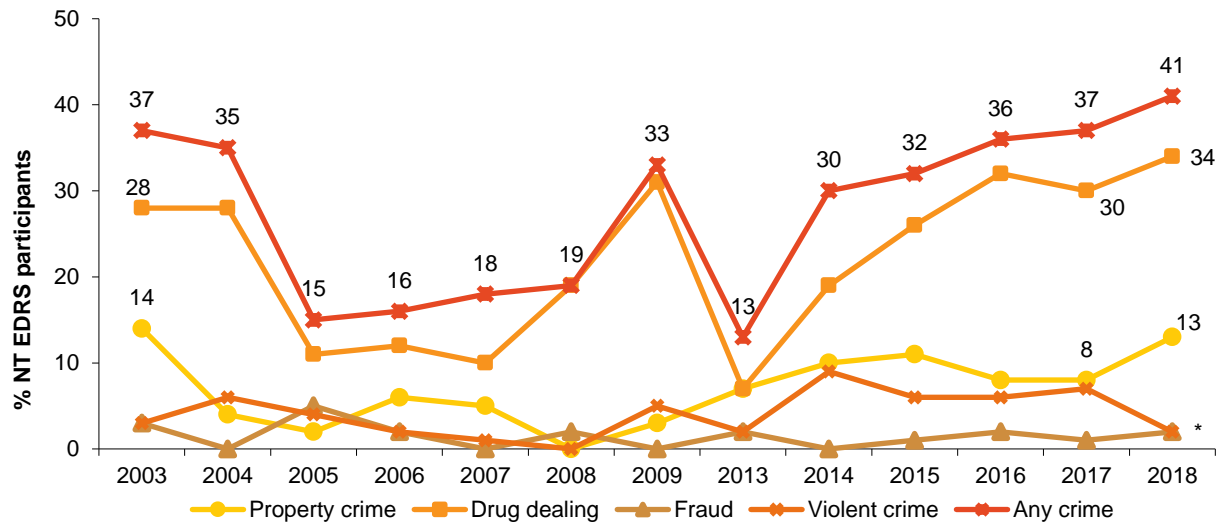
**Figure 42: Self-reported mental health problems and treatment seeking in the past six months, NT, 2008-2018**



Note. The combination of the percentage who reported seeking treatment, not seeking treatment and unknown if treatment sought is the percentage who reported experiencing a mental health problem in the past six months. Data labels not presented where  $n \leq 5$  – interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.

## Crime

- Rates of past month criminal activity have fluctuated over time, with drug dealing consistently the main form of criminal activity reported by participants (34% in 2018; Figure 43).
- Twelve per cent of the 2018 sample reported having been arrested in the 12 months preceding interview (13% in 2017;  $p = 0.843$ ), which represents a decline from 2003 (24%;  $p = 0.028$ ).
- In 2018, the main reasons for arrest were driving offences (58%), with negligible numbers ( $n \leq 5$ ) arrested for other offences such as drug use or possession.
- Few participants reported a lifetime prison history ( $n \leq 5$  in 2018 and 2017, respectively;  $p = 0.614$ ).

**Figure 43: Self-reported criminal activity in the past month, NT, 2003-2018**

Note. Y axis has been reduced to 50% to improve visibility of trends. Data labels for 2003, 2017 and 2018 not presented where  $n \leq 5$  – interpret these data points with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2017 versus 2018.