

NORTHERN TERRITORY POLICE



REPORT ON DRUG & ALCOHOL ISSUES

TO

**HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON LEGAL
AND CONSTITUTIONAL AFFAIRS.**

**CRIME IN THE COMMUNITY:
VICTIMS, OFFENDERS AND FEAR
OF CRIME.**

JUNE 2003

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INTRODUCTION

This report has been written taking into account the terms of references points as detailed in the Inquiry Information Brief:

Terms of reference for Inquiry and Report.

The committee shall inquire into the extend and impact of crime and fear of crime within the Australian Community and effective measures for the Commonwealth in countering and preventing crime. The committee inquiry shall consider but not be limited to:

- a) The types of crime committed against Australians;
- b) Perpetrators of crime;
- c) Fear of crime in the community;
- d) The impact of being a victim of crime and fear of crime;
- e) Strategies to support victims and reduce crime;
- f) Apprehension rates;
- g) Effectiveness of sentencing; and community safety and policing.

This report forms only part of the NT Police Force submission and attempts to outline the environment in which the agency operates. Essentially, it outlines the following areas all of which impact on the seven points of reference for the inquiry. The following information addresses:

1. *current trends in the use and abuse of licit and illicit substances in the Northern Territory and, as far as possible, taking into account regional, age, gender, other demographic characteristics and ethnic factors;*
2. *the social and economic consequences of current patterns of substance abuse with special reference to the well-being of individuals and communities and to the demands placed upon government and non-government services;*
3. *the services currently available within the Northern Territory by both government and non-government agencies to deal with issues directly or indirectly related to substance abuse;*
4. *factors which directly affect the level and nature of substance abuse in the Northern Territory community or parts of that community, including, without limiting the generality of the foregoing:*
 - *the accessibility/availability of licit and illicit substances within communities;*
 - *the demographic and ethnic structure of the Northern Territory; and*
 - *the correlation between socio-economic conditions and substance abuse;*
and

5. *appropriate policies and services for the prevention and treatment of substance abuse in the Northern Territory.*

This report encompasses the Terms of Reference as an overlaying matrix and has been drawn together from numerous sources, both internal and external. In addition, previous NT Police Drug Use Assessments supplied each year to the Australian Bureau of Criminal Intelligence to inform the Australian Illicit Drug Report, have been when compared against available data, been remarkably accurate and have been used extensively to arrive at the conclusions drawn in this overview.

This report combines recent views and analysis to provide an insight into current existing drug issues. It attempts to highlight the relationship between drugs and crime, the impact of substances use on the community and also outlines existing policies, strategies and programs designed to counter the effects of drugs on the community.

The Northern Territory Police Force has a direct responsibility for drug law enforcement under the Misuse of Drugs Act and obviously has other responsibilities under law which are directly related to the use and abuse of both Licit and Illicit substances within and by the community.

The Northern Territory Police, Fire and Emergency Services Strategic Plan 2001-2005 outlines as part of its Strategic Priority area the following priority.

"Identify and target those who produce, finance, traffic and deal in drugs"

This strategic priority, written in the way it is, also alludes to the NT Government and thereby the Police partnership in the National Drug Strategy and its underlying principle of harm minimisation.

Other areas of the Strategic Plan indicate this force's commitment to addressing drug issues and the effects of substance use on and within the community.

Whilst the report is primarily aimed at Illicit drugs, other substance use which is either licit or is not covered by a legislative framework, must also be addressed to provide a balanced assessment of the current "drug" use pattern in the Northern Territory. In particular, Alcohol, Inhalant use and to some extent Kava, all combine to present NT Police with many intertwined issues, especially when the illicit substance use is added to the overall scenario.

EXECUTIVE SUMMARY

It is clear that illicit drug use in the Northern Territory is a matter that should be of some concern. The NT overall has either the highest or very near the highest rate of both licit and illicit substance use of all Australian jurisdictions.

Whilst it can be argued that the NT has a significant lower mean average age and that in the main, many of this age group are in the "risk taking" bracket, the NT overall drug use pattern is still one for grave concern. The NT has a considerably higher number of indigenous people per head of population than other jurisdictions and within this sector (particularly remote and rural communities) there are emerging and concerning drug patterns.

There have been three (3) recent police internal strategic assessments (1996, 1998 and 1999) of illicit drugs in the NT. All three reports essentially indicate that illicit drug use in the Northern Territory now permeates every strata of society. The use of illicit drugs by individuals ranges from the occasional cannabis user to addictive users of drugs such as heroin.

Previous internal assessments also indicate that there are a significant number of criminals who profit from the exploitation of the users of illicit drugs. There are also many people in the Northern Territory community who are generally law-abiding citizens, and whose only transgression against the criminal law is the purchase of illegal substances for personal own use as opposed to economic gain.

Apart from alcohol, cannabis is the most popular 'drug of choice'. Current trends suggest this is unlikely to change. Injecting drug users whilst still using cannabis, have very different 'drugs of choice'. In the past this has included pharmaceutical drugs such as 'MS Contin'. The diversion of such pharmaceutical drugs into the illicit drug market peaked in 1999. Since then it has been addressed cooperatively by government agencies, with good results. Drug trends such as pharmaceutical drug diversion into illicit use still requires close monitoring and needs research.

Other illicit substances, such as heroin and amphetamine are still regarded by the vast majority of the community as being harmful and against the community's collective well being.

Links to crime have also been identified throughout this report. The links relate both to illicit drugs and licit drugs, including alcohol. This should be considered against information from national data which strongly suggests that most illicit drug users use alcohol in conjunction with their illicit drug of choice

Whilst not in themselves illicit, the semi illicit use of some substances, such as inhalants, particularly "petrol sniffing", creates issues for law enforcement, in particular the emerging problems with inhalant abuse. These tend to demonstrate that serious offences such as murder are not limited to links with just illicit drug use, but also occur across inhalant and alcohol use.

The media almost invariably sensationalises and distorts any "drug news" related to youth. For example a recent newspaper headline reported that "Survey finds 50%

students use dope" (NT News 19 Mar 2002). This article reported a figure of 50%, which is in fact 29% of secondary students who have used cannabis at some stage in their lives, which is a significant difference. Certainly youth drug use is a significant area of concern and appropriate bodies need to examine the issues, but until specific NT data is available care needs to be taken in interpreting some data against the NT context.

Remote and rural indigenous community, as distinct from urban indigenous peoples drug use is an increasing area of concern. In the past indigenous communities have been relatively protected from most of the illicit drug issues. Much of the evidence about increases of use of illicit drugs, particularly cannabis, has been anecdotal evidence from Police officers stationed in these communities. To date the absence of hard data on this subset of the community has resulted in a paucity of formal research on the issue. However, the emergence of recent data, previously lacking, has confirmed anecdotal evidence that cannabis is a growing problem that needs to be addressed in the immediate future. The NT Police have already commenced work to identify the best course of action via the National Drug Law Enforcement Research Fund.

In regard to confirming information, the completion of a series of regional and a final Territory wide consultations in a joint NT Police and Commonwealth Attorney Generals Crime Prevention Unit project examining Night Patrols has clearly confirmed previous evidence about indigenous drug concerns. Principally, that the three principle drugs, in order of concern, impacting on indigenous communities, as well as the regional centres, are alcohol, cannabis and petrol sniffing.

CURRENT ILLICIT DRUG SNAPSHOT OF NT

The NT Police Drug Enforcement Unit (DEU) provides the Australian Bureau of Criminal Intelligence (ABCI) with an detailed report for the annual Australian Illicit Drug Report. Using the most recent NT contribution to this report, which has been updated to present day, provides an accurate picture of the overall illicit drug situation in the NT. This information, coupled with the other statistical data such as the 1998 and 2001 Household Surveys and recent Menzies School of Health data on Indigenous Top End communities, confirms that this picture is accurate from a police perspective.

Each illicit drug is addressed separately and includes analysis and relevant issues associated with each drug.

CANNABIS

Market

Cannabis remains the most widely used illicit drug in the Northern Territory and is generally available in most centres on a constant basis. The use of cannabis is not limited to any specific section of the community with evidence of consumption ranging from young teenagers to senior citizens. Cannabis is usually available in street quantities of between 0.8gm and 1.5gm cipseal bags with larger quantities of 1oz bags also commonly available.

The prevalence of cannabis in Aboriginal communities has continued to increase and there is now significant indicators that cannabis use is widespread among Aboriginal communities particularly those of the northern coastal fringes of the NT.

Cultivation

Indoor (Hydroponic) cannabis

Hydroponic cannabis cultivation remains the most preferred method of growing with most offenders choosing to isolate particular rooms in their residences or convert shipping containers to growing rooms on larger rural blocks.

The degree of sophistication in the process is varied with some crops being of a simple nature whilst others involve detailed climate modification equipment. Seizures of up to 14 kilograms of cannabis leaf were located at hydroponic locations during the reporting period.

The common method of cultivation is via cannabis clones, which are generally available for around \$100 per plant. Growers often limit cultivation via this method to two plants in order to limit any penalty if apprehended to an expiation notice.

Outdoor

The trend away from outdoor growing on a commercial basis has continued with the largest rural cultivation uncovered by police during the year being 1568 plants.

The steady supply of good quality hydroponic cannabis is considered to be the primary reason for this continuing decline.

Importation

The movement of cannabis into the Northern Territory from other states remains common. The principal method is considered to be via road transport, which varies from personal vehicles to courier freight and heavy haulage trucks. A controlled purchase made from the driver of a heavy vehicle during the year resulted in the seizure of 3 kilograms of high grade cannabis.

Distribution

There is wide diversity among distribution networks in the NT. Intelligence suggests that only some syndicates have links with established criminal groups and many more operate independently. Distribution has increased throughout many remote aboriginal communities and reliable reports indicate that a substantial amount of money is being diverted from these communities through cannabis purchases.

Availability

Cannabis is readily available in most areas of the NT and is generally sold as 'head' in clip seal bags ranging in size from one gram to one ounce. Larger quantities of 500 grams sealed in cryovac packaging have also been seized during the reporting period.

Initiatives

Legislation commenced in August 2002 enabling police to identify particular premises as 'Drug Premises' and subsequently invoke special powers to deal with the supply of illicit drugs from such places. An extension of these provisions will also apply to licensed premises where illicit drugs are also sold.

Prices

The past year has seen a decline in the price of larger amounts of Cannabis with the following prices now indicative of the cannabis market;

- Street deal (average 0.8-1.5grams) \$25
- Ounce \$250-\$300
- Pound \$3000-\$3,500

Prices for cannabis in rural and outlying communities are commonly three times the amount that the same quantity sells for in the major centres.

Conclusion

Cannabis use is widespread in the NT and current trends indicate there is strong demand for good quality hydroponic cannabis. Cannabis abuse in Aboriginal communities continues to gain momentum and episodes of severe cannabis induced psychosis have been increasing in such areas.

Amphetamine Type Substances

Market

Amphetamine use within the Northern Territory is remains popular. It is predominantly used in the nightclub scene but is by no means restricted to this area. The use of amphetamine has now crossed the racial divide and is now readily available to aboriginal and mixed aboriginal persons. Availability of the drug is still restricted to major urban centres.

Prominent distribution networks appear to include local and intrastate OMCG's, as well as stand alone networks which are now working outside the auspices of the OMCG's.

Amphetamine is produced both locally and sourced from interstate. Detected importations into the Northern Territory during the past 12 months have been minor.

Manufacture / Distribution

Current intelligence indicates that there is no one person or group which is able to claim ownership over the manufacture, trafficking and distribution of amphetamine within the Northern Territory.

It appears the case that currently, the manufacture of the drug is being undertaken by a group of individuals, of which some are under control of OMCG's, and some are not. Those under control of the OMCG's are able to utilise their distribution systems, as well as sourcing precursors through interstate contacts.

Those persons manufacturing the drug outside the control of the OMCG's are distributing the drug outside the OMCG's. This is resulting in the discovery of previously unknown distribution syndicates. Depending on the sophistication and size of the syndicates, precursors are either sourced locally or interstate.

Detection of illicit laboratories with in the Northern Territory remains constant. Intelligence indicates the use of small mobile laboratories being utilised at regular intervals at different locations. These locations can range from urban to remote localities. The amount of resources required to detect this system of manufacture is steadily increasing.

Purity levels

The average purity of amphetamine seized in the NT is between 3-5%

Prices

1 gram (street deal) - \$50.00
1 gram (weight) - \$80.00
8 ball (approx 3.5gms) - \$250.00
Ounce - \$1,100-\$1,500
Ecstasy tablet – between \$50.00 - \$80.00

Initiatives

Amendments to the Misuse of Drugs Act took place from August 2002 making the supply and possession of precursors unlawful, if it is intended to be used to manufacture a dangerous drug. These amendments also make it unlawful to possess instructions on how to manufacture or produce a dangerous drug if equipment or implements used in the manufacturing process are also located. Further amendments have also been ratified in relation to admixture. Previously NT legislation only took into account the weight of the actual drug when charging an offender. The legislation has been amended to take into account the total weight of the admixture for the purpose of charging a person with possess, supply or manufacture.

MDMA

MDMA or 'ecstasy' is still the recreational drug of choice for the nightclub scene in the NT. Significant seizures include 246 tablets that were brought up from Adelaide in a vehicle for distribution, 145 tablets that were seized from local dealers and 98 tablets that were intercepted at the Darwin Airport after being sent from Brisbane. There is anecdotal evidence to suggest that small quantities are readily available from patrons in and about the local nightclubs. Street price averages between \$50-80 per tablet.

Crystal Methylamphetamine Hydrochloride (ice)

Intelligence holdings continue to suggest there is a small market for this drug within the NT however there have been no seizures within the last 12 months.

Conclusion

Amphetamine based drugs continue to gain popularity in the NT. Target markets range from the nightclub crowd to members and associates of OMCG's.

Morphine based drugs

The diversion of pharmaceutical morphine products continues to cause concern in the NT. Several instances of armed robbery on supply outlets were reported during the year and there remains solid market support for the sale of prescribed medication.

The over prescribing of morphine medication has been in decline and intervention by health regulators on over prescribing doctors is continuing. Anecdotal information suggests some suppliers may be sourcing supplies from interstate.

MS Contin 100mg remains popular with users and the street price averages \$50-\$80 per tablet.

Heroin

Heroin is generally in limited supply in the NT and subsequently most users are restricted to prescribed morphine products. Seizures of heroin remain unusual and intelligence indicates that supplies when available are consumed quite quickly. Heroin

is thought to be supplied from the eastern states however little is known of the distribution networks.

Intelligence indicates that the current price for a weight gram of heroin is \$600.

LSD

LSD is available in some of the Territory's major centres but it's use remains restricted to select groups of younger persons involved in the nightclub scene. Little is known of the distribution networks. Street price per tab is approximately \$25.

Cocaine

Intelligence indicates that cocaine is available infrequently in Darwin and is popular with some sections of the gay community. Distribution is thought to be through the nightclub scene. Current price is believed to be approximately \$200 per gram.

Ketamine

The popularity of Ketamine in the NT is on the increase. This year saw the largest seizure of this drug in the NT to date with 645 tablets being seized during a single operation. This Ketamine was being marketed as MDMA and investigators are of the opinion that in all probability, the supplier in this matter also believed it was MDMA. It took forensic analysis to reveal it was Ketamine. Ketamine tablets are marked similarly to MDMA and sell for prices similar to MDMA tablets between \$50.00 - \$80.00 each.

GHB (Fantasy)

GHB is suspected of being involved in several instances of drink spiking in the NT during the reporting period. Whilst there have been no seizures during the year intelligence indicates it is available in the nightclub scene.

STATISTICAL COMPARISONS ON ILLICIT DRUGS

In order to validate the police internal assessments of the illicit drug situation in the NT statistical comparisons have been made. By using data from the 1998 and 2001 National Drug Strategy Household Surveys, State and Territory results, the Australian Institute of Health and Welfare Statistics on drug use in Australia 2000 and 2002, and NT Police intelligence, it is suggested that the following data can be used to "compare" NT illicit drug use against other jurisdictions and more importantly used to validate the position as stated from internal assessments.

In terms of lifetime use of the selected drugs, the proportions of people in the NT that had ever used cannabis, and amphetamines are higher than in any other jurisdiction and the Australian proportion. The NT also has higher proportions that had ever used any illicit drug and that had injected illicit drugs.

The 2001 National Household recent use of illicit drug survey indicates that the Northern Territory recorded the highest prevalence of recent drug use for cannabis, amphetamines, other opiates, and injected drugs. The same survey shows that the NT still had the highest proportion of people who had recently used illicit drugs (29.2%), compared to the next highest of 22.0%

In examining the total proportions of the population who use drugs, the NT exceeds the national figures in every category with only one exception, which is the 40+ category in total persons. Similarly, in looking at comparing NT figures to that of other States and Territories, again apart from two exceptions (those in male 14 to 19 and the 40+ areas), the NT's percentage is higher than any other jurisdiction.

Table 1: Proportions of the population aged 14 years and over, by age group and sex, States and Territories, Australia, June 1998

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
(per cent)									
Males									
14-19	10.7	10.6	11.4	11.3	10.3	11.5	12.4	11.9	10.9
20-29	18.7	19.4	19.5	19.9	18.0	17.1	22.4	25.6	19.2
30-39	19.5	19.5	19.2	19.9	18.9	18.4	19.8	23.9	19.5
40+	51.1	50.5	50.0	48.9	52.7	53.0	45.5	38.6	50.5
Total 14+	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Females									
14-19	9.8	9.7	10.7	10.7	9.5	10.6	11.1	12.5	10.1
20-29	18.0	18.4	18.9	19.0	16.7	16.3	21.3	26.1	18.3
30-39	19.0	19.0	19.2	19.7	18.2	18.4	20.1	24.5	19.1
40+	53.2	52.8	51.3	50.6	55.6	54.7	47.5	36.9	52.5
Total 14+	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Persons									
14-19	10.2	10.2	11.0	11.0	9.9	11.0	11.7	12.2	10.5
20-29	18.4	18.9	19.2	19.4	17.3	16.7	21.8	25.8	18.8
30-39	19.2	19.2	19.2	19.8	18.6	18.4	19.9	24.2	19.3
40+	52.2	51.7	50.6	49.8	54.2	53.8	46.5	37.8	51.5
Total 14+	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: ABS. Australian Demographic Statistics. Catalogue No. 3101.0.

A summary of lifetime use statistics of substance use confirms that the NT has either the highest or close to the percentage figures on both national and state and territory comparisons.

Table 2: Summary of lifetime drug use: proportion of the population aged 14 years and over, States and Territories, Australia, 1998

Substance/behaviour	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus
	(per cent)								
Tobacco	62.2	66.9	68.0	69.0	72.1	69.6	69.0	68.7	66.2
Alcohol	87.6	91.1	92.4	92.8	93.3	91.6	95.4	93.9	90.6
Marijuana/cannabis	38.9	35.3	40.2	44.8	39.3	37.6	46.1	59.1	39.1
Painkillers/analgesics ^(a)	10.7	12.2	11.2	11.0	14.7	12.8	10.0	10.1	11.5
Tranquillisers/sleeping pills ^(a)	5.1	7.4	6.5	5.0	6.6	8.0	7.5	10.8	6.2
Steroids ^(a)	0.8	0.9	0.6	0.7*	0.8*	0.7*	1.0	1.0*	0.8
Barbiturates ^(a)	1.4	1.5	1.6	2.2	1.2	2.6	2.1	4.5	1.6
Glue/petrol/solvents/rush	3.9	3.5	4.2	4.4	4.2	3.3	4.1	5.8	3.9
Heroin	2.0	2.2	2.3	3.2	1.8	1.8	1.8	4.5	2.2
Methadone ^(b)	0.5*	0.3*	0.7	0.8*	0.1*	0.7*	0.9	0.6*	0.5
Amphetamines (speed/uppers) ^(a)	8.8	8.7	8.0	10.6	8.2	6.5	8.9	17.6	8.8
Cocaine/crack	5.8	3.6	3.5	4.1	2.3	2.4	5.0	5.6	4.3
LSD/synthetic hallucinogens	9.8	8.8	10.4	12.3	9.0	7.9	11.3	21.8	9.9
Ecstasy/designer drugs	5.3	4.8	3.8	6.9	2.8	2.4	5.6	5.9	4.8
Injected illegal drugs	1.4	2.2	3.0	3.1	1.7	1.6	1.4	4.3	2.1
Ever used any illicit drug	45.1	43.5	47.6	52.0	48.5	46.2	51.5	62.0	46.4
None of the above	9.3	6.3	5.6	4.3	6.0	5.7	3.3	3.2	6.9

(a) For non-medical purposes.

(b) Non-maintenance.

* Result unreliable as relative standard error greater than 50%.

The recent use statistics below also support both Tables 1 and 2.

Table 3: Summary of recent drug use (previous 12 months): proportion of the population aged 14 years and over, States and Territories, Australia, 1998

Substance/behaviour	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus
	(per cent)								
Tobacco	25.4	27.3	28.8	27.5	22.2	28.3	26.5	35.8	26.6
Alcohol	78.3	80.1	79.9	85.9	84.6	80.2	89.6	83.0	80.6
Marijuana/cannabis	16.7	17.8	17.5	22.3	17.6	15.9	20.3	36.5	17.9
Painkillers/analgesics ^(a)	4.2	6.1	5.2	4.4	6.8	6.7	5.0	5.5	5.2
Tranquillisers/sleeping pills ^(a)	2.1	4.0	2.7	3.1	3.7	2.9	2.5	4.7	3.0
Steroids ^(a)	0.4*	0.2*	0.2*	0.1*	0.2*	—	—	0.1*	0.2
Barbiturates ^(a)	0.2*	0.3*	0.2*	0.3	0.3*	0.5*	0.3*	0.3*	0.3
Glue/petrol/solvents/rush	0.9	0.8	0.8	1.3	0.7*	0.7*	0.9	1.1*	0.9
Heroin	0.6	1.0	0.6	1.5	0.5*	0.5*	0.4*	0.5*	0.8
Methadone ^(b)	—	0.2*	0.4	0.2*	—	0.6*	0.1*	0.2*	0.2
Amphetamines (speed/uppers)	3.8	3.4	3.0	6.0	3.5	1.6	3.1	7.2	3.7
Cocaine/crack	2.1	1.3	0.7	1.3	0.6*	0.1*	1.2	1.6*	1.4
LSD/synthetic hallucinogens	2.6	3.6	2.5	3.9	3.1	2.0	2.8	5.8	3.0
Ecstasy/designer drugs	2.1	3.1	1.4	5.1	1.0	0.7*	2.8	3.1	2.4
Injected illegal drugs	0.3*	0.9	1.0	1.8	0.4*	0.6*	0.2*	0.9*	0.8
Recent use of any illicit drug	20.5	23.5	22.5	26.9	23.9	22.6	24.7	39.9	22.8
None of the above	17.4	15.4	15.7	10.0	11.6	13.7	6.8	8.9	15.1

(a) For non-medical purposes.

(b) Non-maintenance

Notes

1. Tobacco reflects the sum of daily and occasional smoking behaviour.

2. Alcohol reflects the sum of regular and occasional drinkers.

* Result unreliable as relative standard error greater than 50%.

If we now look at the 2001 data and compare it to the previous table we see again that the NT has the highest level of any illicit drug use.

Table 3.1: Recent^(a) illicit drug use summary: proportion of the population aged 14 years and over, Australian States and Territories, 2001

Drug	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
	(per cent)								
Marijuana/cannabis	11.9	11.8	12.7	17.5	14.2	11.9	14.4	24.4	12.9
Amphetamines ^(b)	3.4	2.4	2.9	5.8	4.3	2.1	4.5	6.3	3.4
Pain-killers/analgesics ^(b)	2.5	3.2	3.4	3.9	3.1	2.2	3.3	3.8	3.1
Ecstasy/designer drugs	3.4	3.0	1.7	4.0	2.0	0.8	4.8	2.8	2.9
Cocaine	1.8	1.3	0.7	1.5	0.7	*0.2	1.5	*0.5	1.3
Tranquillisers/sleeping pills ^(b)	0.9	1.1	1.2	1.7	1.4	1.0	1.4	1.1	1.1
Hallucinogens	0.9	0.9	0.8	2.0	1.9	1.0	1.8	1.7	1.1
Injected drugs	0.3	0.4	0.6	1.3	0.8	1.0	*0.3	1.9	0.6
Inhalants	0.5	0.3	0.3	0.6	0.7	*0.2	0.5	*0.5	0.4
Other opiates ^(c)	0.2	0.4	0.3	0.6	*0.3	0.7	0.6	0.8	0.3
Heroin	0.2	0.3	*0.2	0.3	*0.1	*0.3	*0.4	*0.1	0.2
Barbiturates ^(b)	*0.1	0.2	*0.2	0.2	*0.3	*0.1	*0.2	*0.1	0.2
Steroids ^(b)	*0.1	0.3	*0.1	*0.1	*0.3	*0.1	*0.1	*0.1	0.2
Methadone ^(c)	*0.1	*0.1	—	*0.1	*0.1	*0.1	—	*0.3	0.1
Any illicit	15.8	16.0	16.5	22.0	17.8	14.3	18.1	29.2	16.9

(a) Used in past 12 months.

(b) For non-medical purposes.

(c) For non-maintenance purposes.

* Relative standard error greater than 50%.

By way of comparing the data between the National Household Survey and other data, it is interesting to note that the Northern Territory Drug Trends 2000 - Findings of the Illicit Drug Reporting System (IDRS) which was conducted by the School of Humanities & Social Sciences, NT University and Alcohol and Other Drugs Program, Department of Health and Community Services, also shows that in the following Table 4 on recent use, the NT rates are either the highest or very high, except heroin.

Table 4: Recent use of selected drugs in the NT, other jurisdictions and Australia, 1998

DRUG	NT	NSW	VIC	QLD	WA	SA	TAS	ACT	AUS
Cannabis	36.5	16.7	17.8	17.5	22.3	17.6	15.9	20.3	17.9
Heroin	0.5*	0.6	1.0	0.6	1.5	0.5*	0.5*	0.4*	0.8
Amphetamines	7.2	3.8	3.4	3.0	6.0	3.5	1.6	3.1	3.7
Cocaine/crack	1.6*	2.1	1.3	0.7	1.3	0.6*	0.1*	1.2	1.4
Ecstasy/designer drug	3.1	2.1	3.1	1.4	5.1	1.0	0.7*	2.8	2.4
LSD/hallucinogens	5.8	2.6	3.6	2.5	3.9	3.1	2.0	2.8	3.0
Recent use any illicit	39.9	20.5	23.5	22.5	26.9	23.9	22.6	24.7	22.8
Injected illegal drugs	0.9*	0.3*	0.9	1.0	1.8	0.4*	0.6*	0.2*	0.8

1. Source: Fitzsimmons, G. & Cooper-Stanbury, M. 2000

Recent use = used in last 12 months * Result not reliable as relative standard error greater than 50%

To add to the comparisons, the following tables in the National Household Survey also shows that in relation to lifetime use and recent use tables, the NT (yellow) has the highest use rate in majority of the age groups and in both sexes, particularly in cannabis and amphetamine use.

Table 5: Lifetime use of illicit drugs: proportion of the population aged 14 years and over, by age group and sex, State and Territory, Australia, 1998

Illicit drug type	Age group/sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus
		(per cent)								
Heroin	14-19	1.9*	1.8*	1.4*	2.6*	0.5*	0.2*	1.8*	0.8*	1.7
	20-29	5.0	4.1	5.7	7.1	2.2*	4.9	2.4	4.8*	4.9
	30-39	3.1	4.1	2.3	3.5	2.4*	1.2*	2.2*	5.9*	3.2
	40+	0.5*	0.9*	1.1	1.5*	1.6*	1.3*	1.4*	4.6*	0.9
	Males	2.7	3.2	2.9	5.2	1.5*	3.3	2.6	5.9	3.0
	Females	1.3	1.3	1.7	1.2*	2.1	0.3*	1.0*	3.0*	1.4
Marijuana/cannabis	14-19	44.1	46.9	42.6	42.9	54.5	43.4	45.1	45.0	45.2
	20-29	60.0	60.7	67.5	72.7	66.9	71.8	64.7	69.8	63.9
	30-39	58.4	51.1	59.0	61.0	53.1	53.1	63.4	80.6	56.8
	40+	22.6	17.2	21.4	26.2	21.6	19.6	29.5	41.3	21.4
	Males	43.5	41.2	44.2	47.5	42.5	44.1	51.6	66.5	43.8
	Females	34.4	29.7	36.2	42.2	36.2	31.2	40.6	50.9	34.6
Injecting drugs	14-19	1.3*	0.7*	3.1	2.7*	2.0*	0.4*	0.6*	0.8*	1.6
	20-29	2.2*	4.7	8.1	7.9	3.3*	5.6	4.0	9.4	4.8
	30-39	2.5	3.6	2.1	4.4	3.3*	3.1*	1.7*	4.5*	3.0
	40+	0.7*	0.9*	1.3	0.4*	0.5*		0.2*	1.5*	0.8
	Males	1.9	3.4	3.4	4.4	2.6	2.8	1.6	6.8	2.9
	Females	0.9*	1.0*	2.5	1.8	0.8*	0.5*	1.3	1.6*	1.3
Amphetamines	14-19	11.9	3.0	6.9	6.9	10.6	2.1*	5.7	3.7*	7.7
	20-29	19.5	22.0	17.5	29.7	22.1	13.4	16.6	31.0	20.9
	30-39	12.0	14.4	10.2	11.7	10.1	12.2	14.7	17.7	12.2
	40+	3.0	2.6	3.6	2.8*	2.2	3.0*	3.4	12.3	3.0
	Males	10.5	10.6	9.3	15.9	9.7	8.5	11.5	25.7	10.9
	Females	7.1	7.0	6.7	5.4	6.7	4.4	6.4	8.6	6.7
Ecstasy	14-19	7.4	3.3	3.3	3.7	1.3*	0.7*	4.5	2.0*	4.5
	20-29	13.8	14.0	11.8	22.0	10.0	7.4	14.6	13.1	13.9
	30-39	6.0	6.1	3.7	6.7	3.1*	2.0*	8.1	5.4*	5.4
	40+	1.5*	1.2*	0.7	1.1*	0.5*	1.2*	0.5*	2.0*	1.1
	Males	6.7	6.2	3.8	10.5	3.0	3.6	7.9	7.5	6.1
	Females	3.9	3.5	3.7	3.2	2.6	1.2*	3.4	4.1	3.6

● Result unreliable as relative standard error greater than 50%.

Table 6: Recent (last 12 months) use of illicit drugs: proportion of the population aged 14 years and over, by age group and sex, States and Territories, Australia, 1998

Illicit drug type	Age group/sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus
		(per cent)								
Heroin	14-19	1.0*	0.7*	1.1*	1.9*	—	0.2*	1.6*	0.4*	0.9
	20-29	2.3*	2.7	0.8*	4.7	1.3*	2.8*	0.4*	1.5*	2.2
	30-39	—	1.4*	0.5*	1.5*	—	—	0.5*	0.3*	0.6
	40+	0.2*	0.2*	0.6*	—	0.5*	—	—	—	0.3
	Males	0.9*	1.4	0.7	2.3	0.1*	0.9*	0.6*	1.0*	1.1
	Females	0.3*	0.6*	0.6	0.7*	0.8*	0.1*	0.1*	—	0.5
Marijuana/cannabis	14-19	35.5	36.7	29.3	34.1	45.9	30.6	32.1	38.4	35.1
	20-29	31.9	36.4	38.3	50.2	37.5	40.6	36.1	47.4	36.9
	30-39	20.3	21.4	16.7	20.3	20.1	16.6	24.8	53.5	20.3
	40+	6.0	5.5	7.1	6.6	4.3	4.6	7.5	16.6	6.2
	Males	19.3	22.2	20.6	27.3	20.1	19.0	23.0	47.5	21.4
	Females	14.2	13.5	14.5	17.2	15.1	12.9	17.6	24.6	14.5
Injecting drugs	14-19	0.3*	0.3*	2.0	1.3*	0.5*	0.4*	—	0.4*	0.7
	20-29	1.0*	2.2*	2.0	7.1	1.5*	2.7*	0.4*	3.0*	2.2
	30-39	—	1.5*	0.7*	1.1*	0.5*	0.5*	0.5*	0.3*	0.7
	40+	0.2*	0.2*	0.6*	—	—	—	—	—	0.2
	Males	0.5*	1.5	1.1	3.0	0.6*	0.9*	0.3*	1.5*	1.1
	Females	0.2*	0.2*	1.0	0.7*	0.3*	0.3*	0.1*	0.4*	0.4
Amphetamines	14-19	9.2	2.1*	5.1	6.2	8.8	1.9*	3.0	2.6*	5.9
	20-29	11.9	10.9	9.7	21.4	11.2	4.2	9.9	18.1	12.0
	30-39	2.2*	4.1	2.0	1.8*	2.8*	0.8*	1.6*	5.0	2.6
	40+	0.4*	0.5*	0.4*	1.1*	—	1.0*	0.4*	2.0*	0.5
	Males	5.5	4.0	3.3	10.1	4.0	2.4	4.8	10.3	5.0
	Females	2.2	2.7	2.8	2.0	2.9	0.8*	1.3	3.8*	2.5
Ecstasy	14-19	4.2	2.9	2.6	3.7	0.9*	—	4.0	1.6*	3.1
	20-29	7.0	10.3	5.2	18.9	3.2*	2.1*	9.7	10.0	8.4
	30-39	1.6*	1.6*	0.5*	1.4*	1.5*	0.6*	0.9*	0.9*	1.3
	40+	0.1*	1.0*	—	1.1*	—	0.5*	—	—	0.4
	Males	2.6	4.1	1.6	8.3	1.5*	0.9*	4.4	3.7	3.3
	Females	1.7	2.2	1.2	2.0	0.5*	0.5*	1.3	2.5*	1.6

* Result unreliable as relative standard error greater than 50%.

All of the previous tables are further supported by a survey of the last drug injected in the NT which collated survey information on the prevalence of the last drug injected in the NT. Data from 1995 to 1999 are contained in the Tables 7, 8 and 9. As the tables show, the number of IDUs who had last injected morphine increased markedly from 1995 to 1998 (33% to 70%), but dropped to 60% in 1999.

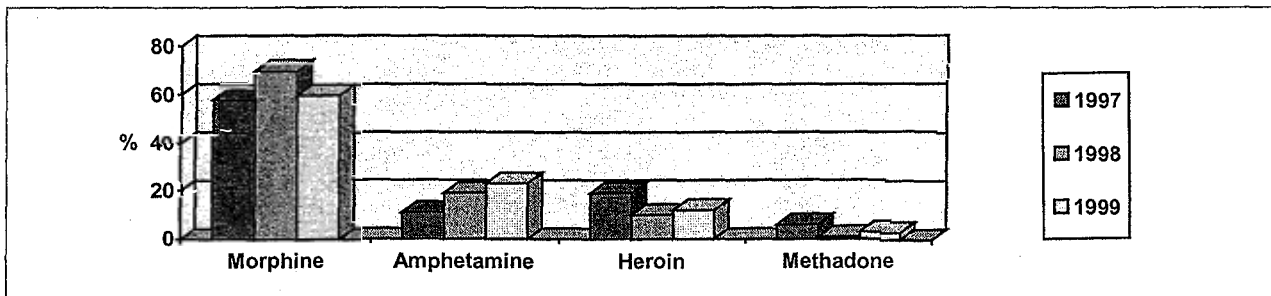
This has been accompanied by a steady increase in the proportion of IDUs last injecting amphetamine and, in 1999, 23% last injected it. At the same time, the proportion that last injected heroin decreased from 20% in 1995 to 12% in 1999.

Table 7: Prevalence of last drug injected, 1995 to 1999

DRUG	1995		1996		1997		1998		1999	
	No	%	No	%	No	%	No	%	No	%
Cocaine	0	0	0	0	0	0	0	0	1	1
Heroin	6	20	7	37	19	19	10	10	11	12
Methadone	4	13	3	16	6	6	1	1	3	3
Morphine	10	33	3	16	59	58	71	70	56	60
Other	1	3	2	11	4	4	1	1	1	2
Amphetamine	6	20	4	21	11	11	19	19	21	23
One drug	3	10	0	0	3	3	0	0	0	0
Not reported	0	0	0	0	0	0	0	0	0	0
Total	30		19		102		102		93	

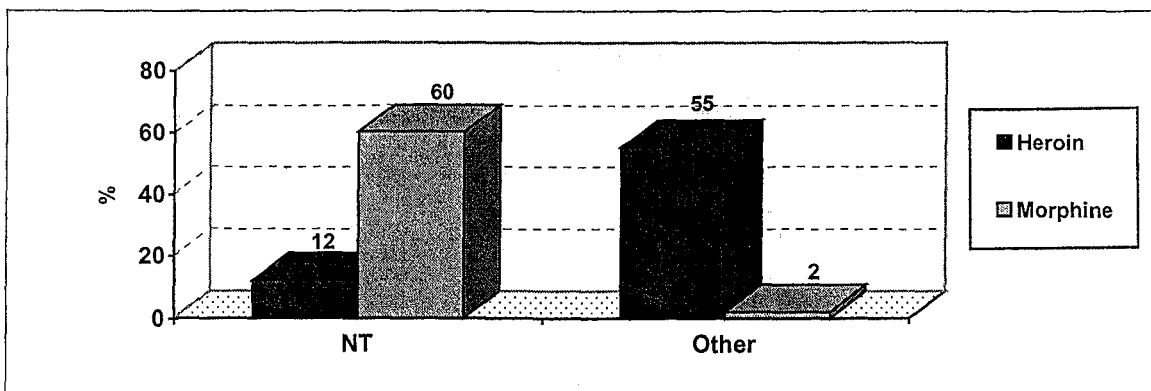
Cite : National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs. In some years, the sample size is too small to make meaningful comparisons.

Table 8: Prevalence of last drug injected among IDU in the NT, 1999



The ANSP survey data highlights a unique pattern of opiate injection in the NT, where morphine was the most frequently injected drug among the IDU. In 1999, 60% of IDU in the NT last injected morphine, in contrast to a low 2% in other jurisdictions (range 0% to 6%). Only 12% of IDU in the NT reported injecting heroin, compared to 55% in the rest of Australia.

Table 9: Prevalence of morphine and heroin injection in the NT and other jurisdictions, 1999



* Aged 14 years or more

To double check the previous statistical information, the graphs on NT drug admissions to alcohol and drug services (Table 10) and consumption of MS Contin (Table 11) also support that the NT has a illicit drug use pattern which is the highest in the country.

These figures show the number of admissions for the four drug groups at Darwin alcohol and drug services from 1996/97 to 1999/00. The proportion of admissions for drug use have doubled over the four years (15.4% : 34.7%). Admissions for opiate use increased from 1996/97 to 1998/99, but dropped in 1999/00. Cannabis admissions increased slightly during the four-year period. However, the proportion of people admitted because of another's cannabis use increased from 1996/97 to 1998/99 and then dropped in 1999/00. Amphetamine admissions increased over the four-year period. The proportion of people seeking admission because of another's amphetamine use increased marginally from 1996/7 to 1997/98, then doubled in both 1998/99 and 1999/00. Overall, non-users seeking assistance in relation to amphetamine use displayed a 383% rise over the four year period.

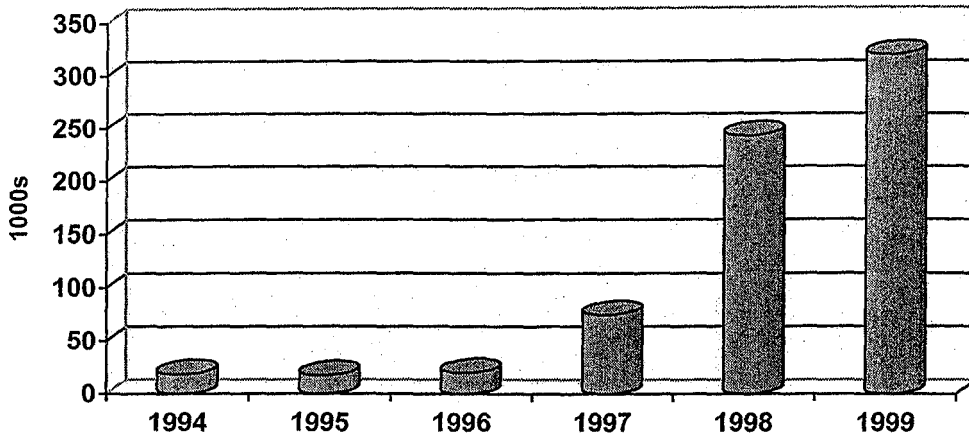
Table 10: Drug admissions to alcohol and drug services, 1996/97 to 1999/00

Substance	1996/97		1997/98		1998/99		1999/00	
	Users	Non-users	Users	Non-users	Users	Non-users	Users	Non-users
Opiates	97 21.5%	20 10.2%	161 27.1%	23 7.4%	315 44.2%	18 7.8%	207 38.7%	10 8.7%
Amphetamine	15 3.3%	7 3.6%	32 5.4%	13 4.2%	67 9.4%	20 8.7%	73 13.6%	20 17.4%
Cannabis	88 19.5%	20 10.2%	135 22.7%	69 22.2%	116 16.3%	50 21.7%	119 22.2%	20 17.4%
Cocaine	2 0.4%	0 0.0%	1 0.7%	0 0.0%	1 0.1%	2 0.9%	1 0.2%	0 0%
Polydrug	83 18.4%	19 9.7%	134 22.6%	23 7.4%	144 20.2%	41 17.8%	97 18.1%	7 6.1%
Total	285	66	463	128	643	131	497	57
Total all drug	451	196	594	310	713	230	535	115
% of all drug	63.2%	33.7%	77.9%	41.3%	90.2%	57.0%	92.9%	49.5%
% all admission	15.4%	10.6%	19.6%	5.4%	22.8%	4.6%	34.7%	3.7%

Source: Banyan House (therapeutic community)

Other data also indicates that rapid rise into pharmaceutical drugs such as MS Contin as heroin declined. The MS Contin table shows the very rapid increase over recent years.

Table 11: Consumption of MS Contin® 100mg tablets, 1994-1999



Previously under the heading of Morphine (MS Contin, Anamorph, Kapinol), the fact that the consumption of MS Contin had started to rapidly decline was raised.

Since the peak in 1999 there has been a combined effort by Police and Health officials to address 'doctor shopping' for MS Contin.

The strategies implemented by Department of Health and Community Services (DHCS) together with initiatives by the Health Insurance Commission [HIC] have brought about a reduction in prescriptions written for MS Contin 100mg since the 2nd quarter 1999 [the peak prescribing period] and a corresponding reduction in the number of tablets of MS Contin 100mg dispensed in the same period.

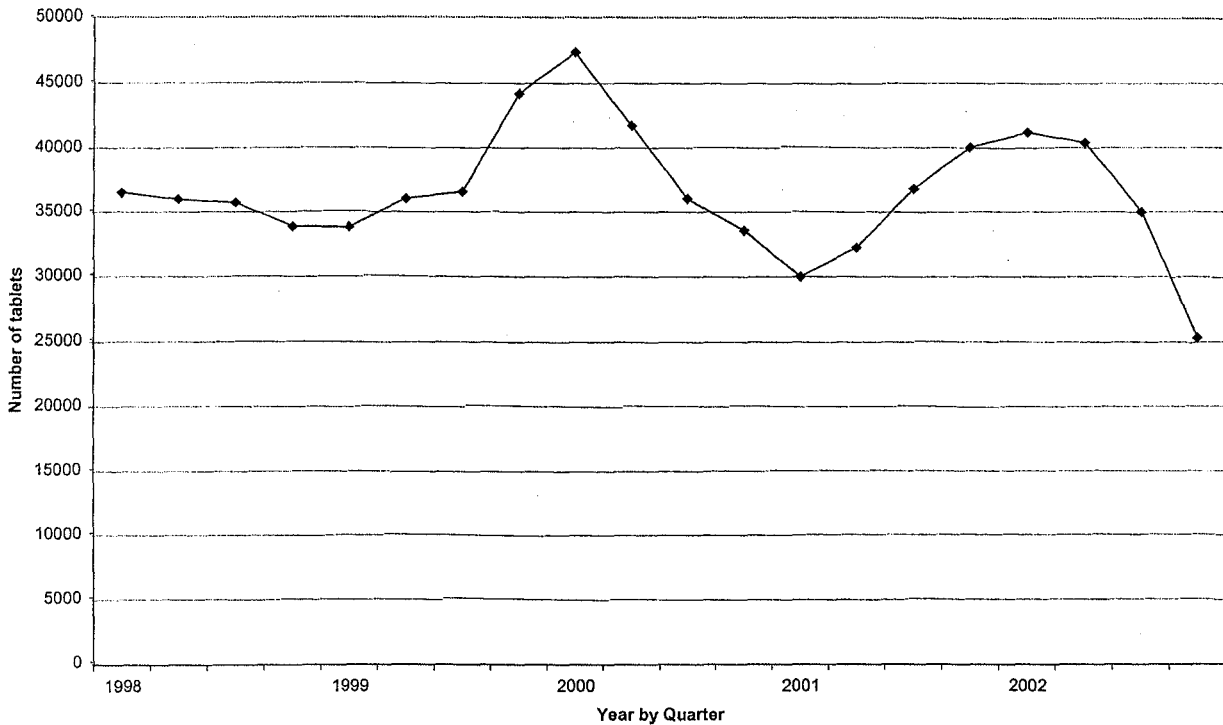
The following figures from the HIC clearly shows the rapid reduction in Scripts issued for MS Contin in the NT

1999	10,393
2000	4,884
2001	2,887

This is in direct contrast of the Australian wide use, which indicates a 20% increase in the number of MS Contin 100mg tablets dispensed, for a similar period. This reduction has occurred without any dramatic corresponding shift to alternative opiate medications, therefore it would appear to present an accurate indication of a reduced amount of Schedule 8 in total being prescribed.

The following table clearly shows the number of 10mg physeptone tablets prescribed between 1998 to 2002. It indicates an increase in the number of tablets prescribed during 1999, with a subsequent decrease. The more recent peak in early 2002 coincides with the period relevant to the 2002 IDU responses, which reported increased levels of diverted physeptone.

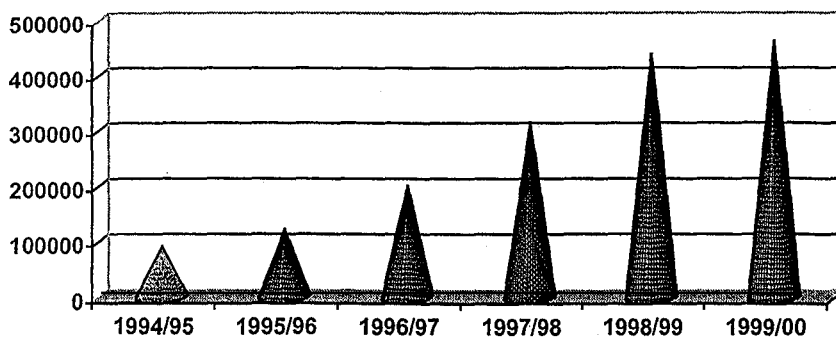
Figure 11.1: Number of tablets of methadone 10mg NT, 1998 - 2002



Source: Poisons Control Branch, NT Department of Health and Community Services: Note: Data for last 2 quarters of 2002 is incomplete

As a final confirmation the Needle and Syringe program (NSP) collect data Territory wide, on the needle and syringe distribution numbers. Whilst, the numbers do not indicate illicit or licit injecting drug use, liaison between the Drug and Alcohol Policy Unit and the NT Aids Council who administer the NSP in Darwin, accept that the vast majority is for illicit drug use. Given that there has been an increase from under 100,000 units to just short of 500,000 units over recent years, it is obvious that there is a direct correlation between drug use numbers and needle distribution. Table 12 shows the increasing trend of needle and syringe distribution from 1994 through to 2000 throughout the Territory.

Table 12: Number of needles and syringes distributed, 1994/95 to 1999/00



The clear steep upward trend shown in the whole of the NT (Table 12) above is continued as Table 13 indicates the latest 2000/01 needle syringe program figures for Darwin and its environs. Although there was a slight decrease between 1999 and 2000,

these are only the Darwin and environs figures as whole of Territory figures are not yet available.

The figures recently obtained from the NT Aids Council, also indicate the average number of syringes per client attending the service. Given that the average number of needles per client is between 221 and 331, a rough estimate the number of injecting drug users can be calculated. Care should be taken in using this figure, however, as this is an estimate only, as a client may visit only once or in fact many times, which distorts the figures.

In 1999/00, using the average number of syringes against the clients, it would indicate that there were about 1389 injecting drug users. Again in 2000/01 using the same method, there were approximately 1797 injecting drug users.

Although there is a decrease in the number of needles there would appear to be an increase in users.

Table 13: Needle Syringe Distribution - Darwin and its environs

	1998 / 99	1999 / 00	%	2000 / 01	%
Number of actual clients		1389	10	1796	10
Darwin		804	58	1226	67
Palmerston		213	15	226	13
Rural		280	20	334	19
Unknown		92	7	10	1
No of visits made in each year		8914		6861	
No of syringes given out	360,000	460,000		397,286	
Average No of syringes per client		331		221	

The following information obtained from the 2000/01 NT Aids Council data contained in Tables 14, 15 and 16 confirms the age and use demographics seen in previous statistics which, when combined, clearly show that overall the picture is reasonably accurate.

Table 14: Age groups of clients - Palmerston and rural clients only

AGE RANGE	% OF TOTAL AGE RANGE
UNDER 18 YEARS	0.8%
18 TO 20 YEARS	4.7%
21 TO 25 YEARS	12.3%
26 TO 30 YEARS	22.7%
31 TO 35 YEARS	15.4%
OVER 36 YEARS OF AGE	44.2%

Table 15: Types of drugs injected by % for Palmerston and rural clients only

DRUG TYPE	% OF IDU'S
MORPHINE	51%
AMPHETAMINES	33 %
HEROIN	2.4%
METHADONE	2.2%
STEROIDS	1.4%
COCAINE	0.1%
NOT REVEALED	10%

Note that in the above table the data is self reporting information.

Table 16: Sex of Palmerston and rural clients only

TYPE	%
MALE	78%
FEMALE	22 %

2002 INFORMATION.

The most recent data available is from the 2002 IDRS (NT) and shows that while there have been some minor changes to trends in the years 2000, 2001 and 2002 there have been no significant changes for the better. It is perhaps worth noting that there has been a 20% increase in injecting rates. Most importantly it also indicates that there would appear to be a definite correlation to crime when imprisonment and hence an obvious link to the terms of reference for this inquiry. Of note was the inclusion of more indigenous people.

The following information has been taken directly from the IDRS 2002 Trends report, compiled by the NT Department of Health and Community Services.

Overview of the 2002 report IDU sample

The demographics of the 111 IDU who were interviewed are presented below in Table 16.1. Their mean age was 34.4 (SD 9.4, range 16-55). The mean age for females was lower than for males (mean age males = 36.1; females = 31.3).

Thirty-six per cent of the IDU interviewed were female. Twenty percent of the sample were Indigenous and only one person was from a non-English speaking background. The demographics of the Indigenous people in the sample were almost identical to those of the non-Indigenous people.

Nineteen percent of the sample were aged under 25 and amongst this younger age group the gender ratio was reversed, 67% being female.

The majority of the sample were currently not employed. The mean years of schooling for the sample was 10 and about half the sample had tertiary education. Forty-six percent of the sample had a prison history. Men were twice as likely to have been in prison than women (males 56%, females 27%).

Only 14% of the sample were currently in treatment. Of those in treatment 6% (n=7) were receiving methadone withdrawal treatment, 1% (n=1) was in detoxification treatment, 2% (n=2) receiving counselling, and 5% (n=5) receiving morphine reduction treatment. A higher percentage of females were currently in treatment than males (17% female, 10% male). Only 5% of those under 25 were in treatment compared with 17% of those over 25.

Table 16.1: Demographic characteristics of IDU samples, 2000-2002

Characteristic	2000 (n=100)	2001 (n=135)	2002 (n=111)
Mean age (years)	31.5 (range 16-64)	34.3 (range 16-53)	34.4 (range 16-55)
Age ranges (%)			
20 years or less	9		
21-30	45	9	5
31-40	30	27	34
41-50	13	38	37
51 or older	3	23	17
		3	7
Sex (% male)	78	77	64
Ethnicity (%)			
English speaking background	99	99	99
Indigenous	11	10	20
Employment (%)			
Not employed	81	71	78
Full time	6	10	1
Part time/casual	8	13	8
Home duties	not available	not available	10
Sex worker	not available	not available	2
School education (yrs) mean	10	10	10
Tertiary education (%)			
None	63	45	48
Trade/technical	25	40	31
University/college	12	15	22
Prison history (%)	46	51	46
Currently in treatment (%)	34	24	14

Source for 2001 and 2000 data: O'Reilly, B. 2002 and O'Reilly, B & Rysavy, P. 2001.

Twenty-eight percent of IDU had participated in the IDRS survey in 2001, 12% in 2000 and 34% in one or both of the previous years.

The demographics of this year's sample were broadly similar to those in previous years but this year's sample included more women and more Indigenous people. Interviewers believed this to be due to a higher proportion of interviews conducted in private homes; women and Indigenous people being less likely to attend the NSP.

The other main difference was the lower proportion of IDU currently in treatment. This may reflect changes in treatment opportunities in the months prior to the interviews being conducted, and the anticipated introduction to the NT of maintenance pharmacotherapies for opioid dependence.

Key informants typically described the population structure of injecting drug users in and around Darwin as about 75% male, though among the younger age groups the gender mix was said to be more equal. Indigenous people were generally said to comprise about 15% of the IDU population. Key informants other than those working in a treatment setting generally reported small proportions of IDU currently in treatment.

Drug Use History and Current Drug Use

The mean age of first injection for IDU in this year's sample was 19.5 (18.5 for females, 20.0 for men). Younger people (aged under 25) began injecting on average four years earlier than those aged 25 and over (mean age of first injection under 25 = 16.1; 25 and over = 20.1).

As seen in Table 16.2, methamphetamine was the first drug injected by almost half the sample (48%), followed by heroin, injected first by just over a third of the sample. Ten percent first injected morphine.

Almost half the IDU (46%) nominated heroin as their drug of choice, 20% morphine, 1% methadone, and 2% other opiates, comprising a total of 69% whose preferred drug is an opioid. Eighteen percent of IDU named amphetamine as their drug of choice, and small numbers nominated other drugs.

While 46% of the IDU sample nominated heroin as their preferred drug only 2% named heroin as the drug injected most frequently in the past month. Conversely, 74% of IDU had injected morphine most frequently in the past month, although only 20% reported it as their drug of choice. Three percent named cocaine as their preferred drug but it was not the drug most frequently or most recently injected for anyone.

A notable difference is seen between IDU under 25, and those 25 and over in their choice of opioids. Similar proportions of respondents in the younger and older age groups identified an opioid as their drug of choice (71% of those under 25; 68% of those 25 and over), and similar proportions in the two age groups preferred methamphetamine (14% of the younger IDU; 19% of the older IDU). An age difference was apparent however, in the choice of opioid. Amongst the younger IDU only 14% preferred heroin while 57% named morphine as their drug of choice. Conversely, among the older age group 53% named heroin as their drug of choice and only 11% nominated morphine. This was reflected in the mean age of those who nominated heroin as their preferred drug (mean age = 37.2) and those who nominated morphine (mean age=27.0). The mean age of those whose preferred drug was methamphetamine was 33.1.

Amongst those for whom there was a difference between drug of choice and drug most used (n = 69) the main reason given for the discrepancy was lack of availability (73% of those for whom this was a relevant question). Twelve percent named concerns about health effects to explain the difference. The remaining responses covered a range of individual reasons including price, purity, peer influence and pain relief.

Table 16.2: Drug of initiation into injecting, drug of choice and current injection patterns, IDU sample, 2002 (n=111)

Drug class	First drug injected (%)	Drug of choice (%)	Last drug injected (%)	Drug most often injected last month (%)
Heroin	37	46	2	2
Morphine	10	20	69	74
Methadone	0	1	5	4
Other opiates	3	2	0	0
Methamphetamine	48	18	22	19
Cocaine	2	3	0	0
Ecstasy	0	1	1	0
Benzodiazepine	0	1	2	0
Other	0	8	0	1

Data provided by the NT AIDS Council (NTAC) reporting last drug injected by clients of the Darwin Needle and Syringe Program (NSP) during July to September 2002 also identify morphine and methamphetamine (categorised as speed by the NSP) as the drugs most used. The NSP data differs from that provided by the IDU by indicating almost equal proportions of IDU last injecting morphine and speed (49% and 40% respectively). The NSP data highlights the nature of the IDU sample, with its emphasis on drug users who regularly inject illicit drugs.

Table 16.3: Drug last injected by users of Darwin Needle and Syringe Program, July to Sept 2002

Drug class	NSP users (n=1544) %
Morphine	49
Speed	40
Benzodiazepines	1
Heroin	3
Methadone	3
Steroids	2
Cocaine	1
Ecstasy	<1

Source: NT AIDS Council

The great majority of the IDU sample (80%) had injected at least once a day during the month prior to interview. The most common frequency was 2 to 3 times a day (48%) followed by once a day (23%). Figures are presented in Table 16.4 below.

Table 16.4: Frequency of injection during month prior, IDU sample, 2002 (n=111)

Frequency of injection	% IDU
Not in last month	1
Weekly or less	9
More than weekly, not daily	11
Once a day	24
Two to three times a day	48
More than three times a day	8

IDU who reported morphine as the drug most frequently injected in the preceding month reported a far higher frequency of injection than those who injected methamphetamine most frequently. Ninety-one percent of those who most frequently injected morphine (n=82) reported injecting daily or more in the past month (modal value 2-3 times/day), compared with 48% of those who most frequently injected methamphetamine (n=21) (modal value more than daily but not weekly, or daily).

Respondents had used a median number of 10 categories of drugs in their lifetime and 6 in the last 6 months (range 2-13). The median number of categories of drug injected in the last 6 months was 2 (range 1-7).

When asked to report drugs used on the day prior to interview, responses indicated extensive poly-drug use (see Table 16.5 below). Patterns of poly-drug use relating to specific drugs are reported later in the report.

Table 16.5: Drugs taken on the day prior to interview, IDU sample, 2002 (n=111)

Drug	% IDU
Tobacco	95
Morphine	74
Cannabis	62
Alcohol	23
Speed powder	21
Benzodiazepines	16
Methadone	5
Heroin	2
Other opiates	2
None	1

Note: More than one response could be given.

Table 16.6 compares the drug use history and current patterns of this year's IDU sample with those of previous years. In the three samples age of first injection and drugs first injected show broadly similar patterns.

No clear trends emerge in drug of choice over the 3 IDU samples, but trends are evident in drug of use. There has been a steady decline in the proportion most frequently injecting heroin and a corresponding and greater increase in those most frequently injecting morphine. The proportion most frequently and most recently injecting methamphetamine is smaller this year than previous years.

This year's IDU sample indicated a higher frequency of injection than in previous samples. Eighty percent of 2002 IDU injected daily or more compared with 60% in 2001 and 68% in 2000. This may be related to the higher proportion of respondents in the 2002 sample who most frequently inject morphine, these users having a higher rate of injection.

Table 16.6: Drug use history and current drug use, IDU samples, 2000-2002

Characteristic	2000 (n=100)	2001 (n=135)	2002 (n=111)
Age first injection (mean)	19.0	20.1	19.5
First drug injected (%)			
Heroin	33	36	37
Morphine	0	11	10
Other opiates	7	0	3
Methamphetamine	59	50	48
Cocaine	0	1	2
Drug of choice (%)			
Heroin	44	39	46
Morphine	18	22	20
Methadone	1	1	1
Other opiates	1	0	2
Amphetamines	21	26	18
Cocaine	2	2	3
Ecstasy	4	1	1
LSD	3	0	2
Benzodiazepines	0	0	1
Cannabis	6	4	5
Alcohol	0	3	2
Drugs injected most often in previous month (%)			
Heroin	14	5	2
Morphine	53	65	74
Methadone	3	2	4
Methamphetamine	28	27	19
Other	1	1	1
Most recent drug injected (%)			
Heroin	9	7	2
Morphine	56	57	69
Methadone	4	3	5
Methamphetamine	30	31	22
Cocaine	0	0	0
Benzodiazepines	0	0	2
Ecstasy	0	0	1
Frequency of injecting in previous month (%)			
Not in last month	4	4	1
Less than daily	28	38	20
Once a day	23	12	24
2-3 times daily	31	41	48
>3 times a day	14	7	8
Poly-drug use			
Median no. drug classes ever tried	8	9	10
Median no. drug classes used prior 6 months	6	6	6

Source for 2001 and 2000 data: O'Reilly, B. 2002, O'Reilly, B & Rysavy, P. 2001, Topp, L. et al. 2002 and Topp, L et al 2001

ILLICIT DRUG USE AND LINKS TO CRIME

The relative impact of various substance use and abuse upon the Northern Territory and its community, from a law enforcement perspective is best described in terms of illicit drug use and its links to crime. Whilst there are numerous health issues which coexist with drug use and crime issues there are also many aspects of drug law enforcement that are directly interrelated and jointly addressed. However, as a law enforcement agency NT Police believe that the specific health issues are best addressed by the Department of Health and Community Services and other health related agencies.

The links to crime through illicit drug use is complex. Apart from committing offences in obtaining, manufacturing, dealing and using which can be quantified. It is more difficult to ascertain the actual levels of crime associated with illicit drug use. The single most important difficulty is the fact that in collecting data about drug use most users are prepared to indicate what type and at what level of drug use they are involved with. However, when questioned about what crime is committed to obtain the money to buy drugs, users are often very reticent.

Statistical evidence shows, for example, that in the United States since the early 1960s, there has been an alarming increase in drug use. In 1962, four million Americans had tried an illegal drug. By 1999, that number had risen to a staggering 87.7 million, according to the *1999 US National Household Survey on Drug Abuse*. The study also found that the number of illicit drug users who were above the age of 12 and had used drugs in the past month reached a high of 25.4 million in 1979, decreased through the late 1980s to a low of 12 million in 1992, and has since increased to 14.8 million in 1999.

These figures, whilst obviously higher than Australia's in overall terms, are paralleled in Australia.

The US *Office of National Drug Control Policy (ONDCP)* estimates that the monetary cost of illegal drug use to society is \$110 billion a year in the United States (*compared to a 1996 estimate that the economic costs associated with harmful drug use in Australia was \$18 Billion*) and that in the US version of *Drug Abuse Monitoring Program (DUMA)* the *1999 Arrestee Drug Abuse Monitoring Program*, 75% of the male adults arrested in New York City for committing a violent crime tested positive for drug use. The report also showed that in smaller cities like Albuquerque, New Mexico, and Ft. Lauderdale, Florida, these figures ranged as high as 64%.

Within Australia, the Drug Use Monitoring in Australia (DUMA) program has been operating in three States and the data indicates similar levels of crime and drug use.

DUMA is a project which seeks to measure drug use among those people who have been recently apprehended by police. Data from DUMA is used to examine issues such as the relationship between drugs and property and violent crime, monitor patterns of drug use across time, and help assess the need for drug treatment amongst the offender population.

The Drug Use Monitoring in Australia 2000 Annual Report on Drug Use Among Police Detainees covers all the four sites which are at the Southport watchhouse (on the Gold Coast, Queensland), the East Perth lockup (in Perth, Western Australia) and Bankstown and Parramatta police stations (in Sydney, New South Wales).

This annual report provides illicit drug use information on people detained and brought to a police station. DUMA provides a reasonable and independent indicator of drug-related crime within a specific area. The 2000 report expands on the 1999 report with the inclusion of additional information on self-reported heavy use of alcohol.

Tables 17, 18 and 19 from the DUMA 2000 data clearly indicate the link between crime and drug use. Perhaps the most significant is the third table which indicates that level of activity but also that illegal activity also raises the most amount of money.

Table 17: Sources of income in the past 30 days

Income Source		%
Welfare or government benefits	(n=558)	71.7
Full-time work	(n=555)	19.3
Part-time Work	(n=553)	18.1

Source: Australian Institute of Criminology, DUMA Collection 2000 [computer file]

**Table 18: Sources of illegal income in the past 30 days
Among those who obtained income illegally (n=191)**

	% respondents	% responses
Other illegal activities	74.9	60.9
Drug dealing	35.6	28.9
Prostitution	12.6	10.2

Source: Australian Institute of Criminology, DUMA Collection 2000 [computer file]

Table 19: Earnings from legal and illegal sources of income in the past 30 days

Income Source		Median \$	Most common value \$	Range %
Legal source	(n=499)	720	600	120 - 80 000
Family and friends	(n=554)	0	0	0 - 50 000
Illegal sources	(n=181)	2 000	1 000	0 - 150 000

Source: Australian Institute of Criminology, DUMA Collection 2000 [computer file]

Similarly, the NT Findings of the IDRS 2000 also indicate that there is a direct correlation between drug use and crime and probably the reverse is also true.

For example, the following information and Table 20 from the NT IDRS show the level of criminal activity, it also indicates that some people refuse to answer questions about criminal activity as previously stated in the report.

- Almost half of the IDU sample (46%) had been in prison at some stage and 28% were arrested in the previous year.
- A third of these arrests were for property crime,
- 14% for dealing/trafficking,
- 10% for use/possession and
- 31% for other offences, principally drink driving.

When asked what crimes had been committed in the previous month, one in three had been dealing drugs and 12% had engaged in fraud. One in ten stated that they engaged in dealing on a daily basis. Very few IDUs reported committing violent crime in the previous month.

Table 20: IDU criminal activity in the previous month (n=96)

Type of crime	%
Property crime	8
Dealing	30
Fraud	12
Violent crime	2

It is worth noting that these results may be under-estimates as some IDUs refused to answer questions relating to crime and others were hesitant in their responses.

Although there were only 96 informants interviewed, which is only a very small number and they were restricted to the greater Darwin area, this study is repeated in all other jurisdictions which adds to the reliability of the study and figures can be crossed checked.

In regard to other information, the NT IDRS 2000 reports criminal activity against several different types of drug. The comments made by informants indicate that different drugs have different criminal activity associated with them.

AMPHETAMINE USER INFORMANTS COMMENTS

Many informants did not comment on criminal activity by amphetamine users. However, most informants were able to comment upon trends in supply.

Two informants identified OMCG as continuing to be a major source of supply, which helps confirm the intelligence gained and reported on by NT Police.

One of these informants stated these gangs recruit dealers to distribute amphetamines and the other commented that OMCGs control of supply was decreasing and a new group of non-using profit motivated manufacturers and dealers were establishing themselves in Darwin.

The report states that three informants stated they had observed no changes in rates or types of property crime whereas two informants noted an overall increase in property crimes by amphetamine users, including shoplifting, thefts, break and enters and car thefts.

Another informant commented that most recreational users were employed and were not involved in crime.

Three informants stated there had been no change in fraud crimes but another two stated card fraud was becoming common, with young users acquiring cards through theft or using parents' credit cards.

Only three informants commented on violent crime and two thought it had increased among amphetamine users, often against family members. The third informant mentioned amphetamine psychosis and the resulting aggression and violence in a variety of contexts.

The majority of informants commented on changes in manufacture and importation, reporting an increase in local manufacture. Two informants stated this had been rare in the past. One informant noted most amphetamine continued to be imported from southern Australia.

OPIATES USER INFORMANTS COMMENTS

Many informants had little or no information regarding user criminal behaviour.

Most were not aware of any changes in types of crimes committed. However, four informants noted that property crime, particularly shoplifting, was common.

Only two informants suggested fraud was common, whereas three informants identified an increase in violent crimes, including assault using knives, sexual assault and armed robbery.

Most informants did not know of any changes in drug supply trends.

Two informants stated there was no change in supply sources.

CANNABIS USER INFORMANTS COMMENTS

Comments on drug dealing activities varied, with three informants noting no change in trends and another three stating there were more dealers.

There was reportedly a significant increase in young dealers, including students selling within schools.

Three other informants identified an increasing trend toward dealers exchanging cannabis for stolen goods.

Four informants stated there was more local cultivation of cannabis, including hydroponic varieties, and another believed that more cannabis was grown on ATSI communities.

Informants identified property crime as the main offence committed by cannabis users. Four informants identified an increase in property crime, with one suggesting that difficulties in obtaining Youth Allowance contributed to this trend. Another two informants stated property crimes were committed in order to obtain goods to exchange for cannabis. One informant identified increased property crime rates specifically by younger users and another stated OMCs recruited young users to both supply and to commit property offences.

Fraud was not common. One informant identified an increase in the number of youth misusing their parents' credit cards and another informant believed most credit card fraud was of an opportunistic rather than planned nature.

Four informants believed violent crime was rare among cannabis users. However, another two stated violent crimes were becoming more common, with one informant identifying an increase in violent crimes by males and teenage girls.

ANALYSIS OF COMMENTS MADE BY NT INFORMANTS.

In relation to drawing a conclusion from all of the comments made by informants in the 2000 IDRS study, care needs to be taken in drawing NT wide conclusions. This study is only done in Darwin, all informants are injecting drug users with 46% having been incarcerated at some stage, and that many are active in criminal activity. Similarly, many would not answer any questions about criminal activity, so the conclusions drawn are likely to be less than the real situation.

An examination of the data from the national and local IDRS, the DUMA Project, income data, previous internal assessments of drug use and overseas data, indicated that the similarities are too many to ignore. The NT police contribution to the annual ABCI Australian Illicit Drug Report, the comments made by informants for the NT IDRS again, and add the Needle Syringe information, the similarities and parallels are very close. This means, firstly, that police intelligence is reasonably good and, secondly, and most importantly in regard to this report, it also means that it confirms the overall picture that drug use is occurring across a wide cross section of the community and at high levels, with corresponding criminal activity.

CONFIRMING THE LINKS TO CRIME

An examination of a study of Pharmacotherapies For Opioid Dependiant Drug Users clearly establishes the links between drug use and crime. The National Drug and Alcohol Research Centre, University of NSW (NDARC) recently completed National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD): for the Ministerial Council on Drug Strategy (MCDS).

The report entitled "National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD): Report of Results and Recommendations" primarily covers treatment modalities and outcomes, it also provides some clear evidence surrounding the issue of criminal behaviour and expenditure on illicit drugs.

Although the final report does indicate that the change in rates of expenditure was not significant with other drugs, it was substantial in Heroin Users, when compared to Methadone Patients. The following table 21, indicates the monthly expenditure on illicit drugs.

Table 21: Monthly expenditure on illicit drugs (\$)

	Heroin Use		Methadone Patients	
	Baseline (n = 471) (\$)	3 months (n = 399) (\$)	Baseline (n = 233) (\$)	3 months (n = 137) (\$)
Heroin	2,611	572	435	280
Other illicit drugs				
Other opiates	8	1	1	1
Cannabis	97	93	170	170
Amphetamine	6	16	9	23
Cocaine	15	8	1	12
Hallucinogens	3	6	2	9
Total	129	124	183	215
Total average cost per month	\$2,740	\$696	\$618	\$495

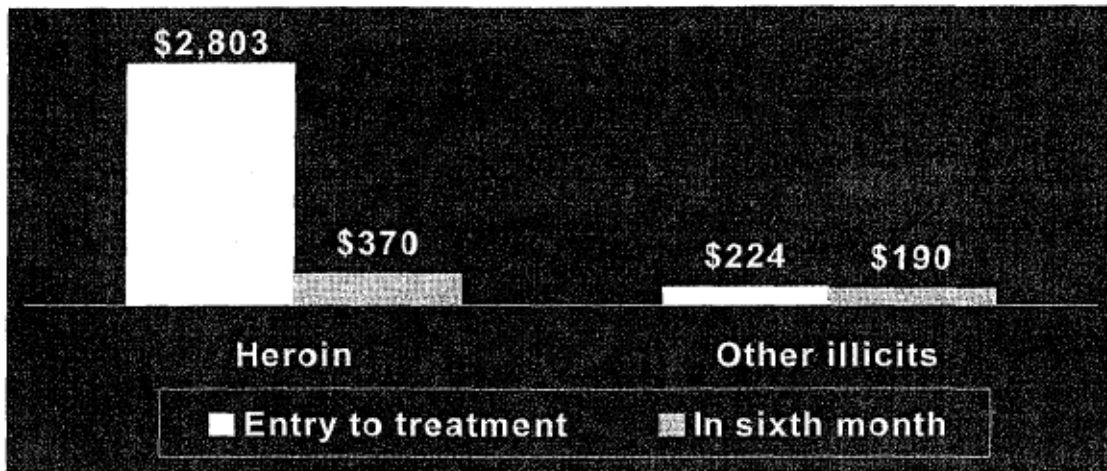
Notes. Data from some trials could not be included in this analysis

As shown in Table 21, the average monthly expenditure on heroin was much higher for Heroin Users (\$2,611), compared with Methadone Patients (\$435), a difference that persisted at the three month follow-up (\$572 vs. \$280 respectively). This decrease in expenditure on heroin is consistent with the self-reported decrease in heroin use days reported by the *Heroin Users*.

As would be expected, and similar to the self-report data on the number of days 'used heroin in the previous month', the reduction in expenditure on heroin was much larger for Heroin Users (\$2,039) than for Methadone Patients (\$155).

Even more striking is the actual amount of money spent on heroin and other illicit drugs. Associate Professor Richard P. Mattick, in a presentation to the Intergovernmental Committee on Drugs in April 2001, presented some interesting tables to highlight the significant factors of his report. The following Table 22, shows that at the entry point to treatment and six months later, the amount spent by illicit drug users in the study.

Table 22: Spending by heroin users and other drugs in past 28 days.



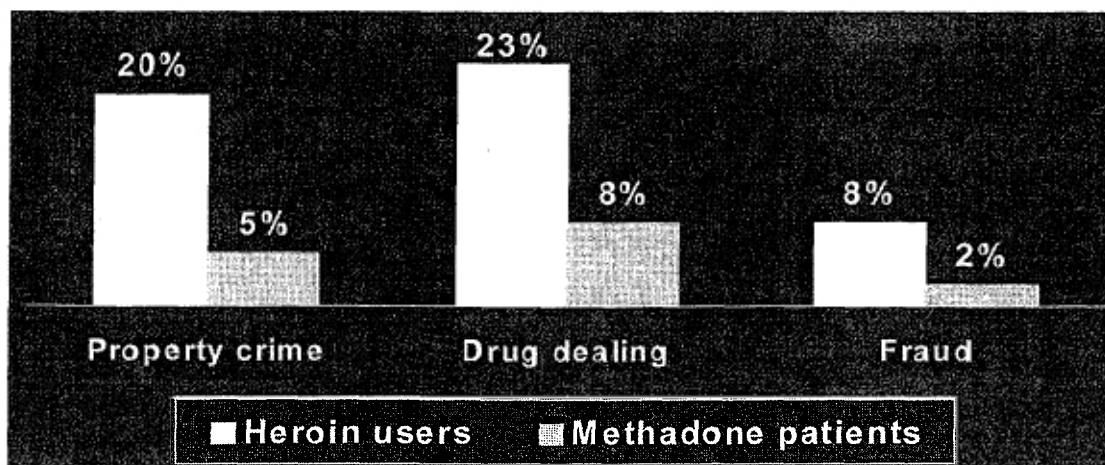
In the past many studies have drawn conclusions, often without supporting data, about the links between illicit drug use and crime. This particular study has a very high 'believability factor'. Its sound methodology highlights the reliability of the information and included:

- carried out of 3 years;
- covered 6 jurisdictions;
- 13 treatment trials;
- 1,425 patients; and
- more than 250 clinical and research staff.

Although self reporting data in relation to criminal activity has been questioned in the past, as in the IDRS information, the reliability of this study, confirms the links between illicit drug use and criminal activity, particularly in relation to heroin use.

For example, looking at Table 23, shows that when comparing criminal activity of heroin users and methadone patients, bearing in mind that methadone patients are obtaining their 'drug' legally, there is a substantial difference between the two types of users.

Table 23: Crime before entering trials



The reported criminal activity included break and enter, receive stolen goods, car theft, shoplifting, robbery and prescription pad theft, selling heroin, cannabis, cocaine, amphetamines, hallucinogens, barbiturates and tranquillisers, forging cheques, credit card fraud, forging prescriptions and social security fraud, violence in a robbery, armed robbery, assault and rape.

The study made the following statement:

Heroin Users who remained in treatment reduced their involvement in criminal activity, halving their reported rate of property crime, drug dealing, fraud and violent crime.

Methadone Patients (already in methadone at the start of the trials) had significantly lower rates of criminal involvement than Heroin Users at baseline, three months and six months.

Given that the data presented in this the report are based on the self-reporting of the trial participants, it is suggested by the authors that it is likely that the data may underestimate criminal behaviour, and that;

A recent review concluded that the reliability and validity of self-reported illicit behaviours is sufficient to provide descriptions of drug related problems, including crime (Darke, 1998). In addition, there has been some previous corroboration of self-reported crime data by way of analysis of official records (Bell, Mattick, Hay, Chan, & Hall, 1997).

2002 INFORMATION.

The 2002 IDRS report which is the latest report available on NT crime and drug related issues also confirms that this area of criminal activity is one which creates concern amongst the general community. Whilst the increases are not large, there would appear to be an overall general increase in dealing, property crime, fraud and violent offences. If you exclude dealing the remaining three categories are and do cause "fear of crime" in the Community. Again the links are obvious, to afford the frequent use of illicit drugs, users must by necessity commit offences, Particularly when unemployment is a factor.

The following information has again been taken direct from the NT 2002 IDRS report.

Expenditure on Illicit Drugs

Respondents were asked how much money they had spent on illicit drugs during the day prior to interview. As shown in Table 23.1, amounts ranged from nothing to \$440. The median amount of money spent was \$25 and the mean was \$58 (SD \$80). This was lower than for the 2001 IDU sample (mean of \$97).

Table 23.1: Amount spent on illicit drugs on day prior to interview, 2002 IDU sample (n=111)

Amount spent (\$)	%
Nothing	44
Less than \$20	3
\$20-49	9
\$50-99	16
\$100-199	20
\$200-399	7
\$400 or more	1

Criminal and Police Activity

Fifty-eight percent of the 2002 IDU sample reported that they had not been involved in any crime during the past month. Of the 42% who had been involved in any crime, the median number of criminal acts was 3.

The most frequent criminal activity in the past month was drug dealing, and of the 31% (n=35) of the sample who were involved in dealing, most had done so on average once a week or less (n=22), though 4% (n=4) had dealt daily. Fourteen percent (n=16) had been involved in property crime in the preceding month. Seven percent (n=7) had conducted property crime once a week or less in the past month, while 5% (n=6) had done so daily. Fraud had been engaged in by 13% (n=14) of the IDU, less than once a week by most (n=12) and violent crime had been conducted by 12% (n=13), less than once a week by most (n=10).

Numbers are too small to make confident comparisons with previous years (see table 20 below), but the higher numbers involved in violent crime do correspond with reports from key informants.

High numbers of key informants reported increased involvement by IDU in property crime, and in violent crime. Many mentioned violence among users, with more assaults and more standovers, as drugs became (even temporarily) more difficult to access, resulting in mounting unpaid credit and stealing between users. Smaller numbers of KI spoke of increased involvement in fraud, and steady numbers of users dealing drugs to maintain their own supply.

The overall proportion of the 2002 IDU sample who had been arrested in the previous 12 months was lower, at 22% (n=24) than in previous years, as reported in Table 23.2 below. The proportion arrested for property crimes had decreased, despite constant figures of self-reported engagement in this type of crime, and rates of arrest for violent crime remained similar to the previous year, despite higher rates of self-reported activity. Arrests for dealing remained low, confirming reports from police key informants that their main focus of activity is those engaged in commercial dealing operations.

Table 23.2: Self-reported criminal activity and arrests IDU sample, 2000-2002

Type of activity	2000 (n=100) %	2001 (n=135) %	2002 (n=111) %
Dealing	30	24	31
Property crime	8	12	14
Fraud	12	5	13
Violent crime	2	3	12
Arrested in last 12 months	28	32	22
Arrested for property crime	11	11	5
Arrested for use/possession	3	2	5
Arrested for violent crime	not available	4	5
Arrested for fraud	not available	0	1
Arrested for dealing/trafficking	4	2	1

Source for 2001 and 2000 data: O'Reilly, B. 2002, O'Reilly, B & Rysavy, P. 2001, Topp, L. et al. 2002 and Topp, L et al 2001

When asked to comment about police activity in the preceding 6 months the views of IDU were almost equally divided between those who believed it to be stable (39%) and those who thought it had increased (37%). Twenty-three percent did not know. The great majority did not think police activity had made it more difficult for them to access drugs. This was confirmed by the earlier reported comments from IDU whose drug of choice differed from their drug most used (Section 3.2): only one IDU mentioned police activity as a reason for this difference.

Among key informants who commented on police activity there was a general concern about the perceived focus on cannabis and raids on drug-houses. Several key informants expressed concern that users were being harassed, resulting in them being driven underground, with a negative impact on opportunities for harm minimisation.

NT Police data collected under the Integrated Justice Information System report the number of people issued drug infringement notices for cultivating cannabis for personal use (2 plants or less) and for possession of cannabis for personal use (less than 50 grams) from 1997/8 to 2001/2. These data suggest that there has been little change in the number of infringements related to the cultivation or possession of cannabis for personal use in recent years.

Table 23.3: Number of offences dealt with by drug infringement notice NT, 1997-2002

	1997/8	1998/9	1999/00	2000/01	2001/02
Cultivated cannabis for personal use	44	26	17	25	18
Possessed cannabis for personal use	375	331	389	431	407

Source: NT Integrated Justice Information System

The Integrated Justice Information System also reports the number of people apprehended for more serious illicit drug offences. These figures (reported in table 23.4 below) include the total number of people arrested and summonsed for possession of illicit drugs, dealing in commercial and non commercial quantities of illicit drugs, and manufacturing or cultivating illicit drugs. This data suggest that the numbers of people

being arrested in the NT for the more serious illicit drug offences has been maintained in 2002.

While the highest category of apprehensions is for possession of illicit drugs, key informants from the police commented that in fact, their major focus of activity is those engaged in dealing and trafficking. The police report that dealers, to avoid apprehension for commercial trafficking, store or carry only small quantities of illicit drugs in any one place, and hence, are often only able to be charged with possession.

Table 23.4: Number of people apprehended by NT Police for illicit drug offences NT, 2000/01-2001/02

Offence	2000/01	2001/02
Possession of illicit drugs	222	194
Dealing or trafficking in commercial quantities of illicit drugs	122	88
Dealing or trafficking in non commercial quantities of illicit drugs	16	25
Manufacturing or cultivating illicit drugs	43	62

Source: NT Integrated Justice Information System

More detailed data from the Australian Crime Commission (ACC) for 2001/02 report consumer and provider arrests by territory and federal police for individual drug categories. These figures are reported in table 23.5 below, and, consistent with the ACC seizure data reported earlier in the report, indicate low levels of heroin and cocaine detected by the police in the NT. Drug-related police activity remains heavily focussed on cannabis, and amphetamine-type stimulants.

Table 23.5: Number of consumer and provider arrests for individual drug categories NT, 2001/02

Drug category	Consumer and provider arrests
Cannabis	397
Amphetamine-type stimulants	56
Heroin	2
Cocaine	2
Hallucinogens	3

Source: Australian Crime Commission

Summary of NT 2002 IDRS Report Crime and police activity

- Among IDU who reported involvement in crime, drug dealing remained the most commonly committed crime. Property crime, fraud and violent crime were also committed, with reported rates of the latter showing an increase from previous years.
- Approximately one in five of the 2002 IDU sample reported having been arrested in the previous year, a smaller proportion than in previous years. The most frequent reasons for arrest were property crime, use/possession of drugs, and violent crime.

OVERALL CONCLUSION IN RELATION TO DRUGS AND CRIME.

It is suggested that, given the latest information and all the other confirming data, there is clear and convincing information of an unambiguous direct link between illicit drug use and criminal behaviour and therefore a direct impact on the Northern Territory and the community in general.

The examination of the Pharmacotherapies for Opioid Dependant Drug Users study does indicate that the some types of medical treatment is successful in reducing this criminal activity.

What does this mean for law enforcement?

Quite clearly the "drug diversion" processes being put in place by police and health (including the Northern Territory) around the country now takes on a new significance. Rather than viewing diversion as a soft option it is increasingly obvious that police must properly educate their officers. If police ensure that such education clearly informs them that when they apprehend and decide to divert illicit drug users into treatment options, rather than placing them into the court system they are in fact, directly addressing the amount of criminal activity which surrounds illicit drug use.

Perhaps more importantly, some responsibility also rests with law enforcement agencies to ensure that this information is passed onto to the general population so that it is not seen as a "soft option" on drug users by police, but rather a appropriate response which has a direct impact on levels of criminal activity caused by illicit drug use.

POLICE ACTIVITY AND ALCOHOL

Alcohol consumption in the Northern Territory has been for many years higher per head of population than any other Australian jurisdiction. The 1998 Household Survey clearly indicates that the NT remains amongst the foremost of the States and Territories.

The survey reports the following:

Alcohol is second only to tobacco as a major cause of drug-related mortality in Australia. During 1997, the Institute estimates that there were approximately 3,700 deaths (16% of all drug-related deaths) attributed to alcohol and 96,000 hospital episodes in 1996-97 (AIHW: Higgins et al. 2000).

The Australian Burden of Disease study estimated that the harm associated with alcohol consumption accounted for 4.9% of the total burden of disease in Australia during 1996. However, low to moderate alcohol consumption can protect against certain diseases, such as hypertension, ischaemic heart disease, stroke and gallstones. The net harm associated with alcohol consumption, after taking into account these benefits, was around 2.2% of the total burden of disease (AIHW: Mathers et al. 1999). More people report that they have tried (91%) and were recent drinkers (81%) of alcohol, than any other drug.

DRINKING STATUS

Alcohol drinking status results from the 1998 National Drug Strategy Household Survey are reported in Table 24 below, which shows the regular drinkers as accounting for around 49% of the population. The prevalence of regular drinking was highest in the Australian Capital Territory (57%) and lowest in Tasmania (46%).

Occasional drinkers amounted to about 32% of the population with little difference in proportions across the States and Territories, except for South Australia at 37%.

The proportion of ex-drinkers among surveyed Australians was 10% with the States and Territories ranging from 6% in the Australian Capital Territory to 12% in Tasmania. A wide range was reported in the 'Never a full glass of alcohol' category across the States and Territories from 5% in the Australian Capital Territory to 12% in New South Wales.

Table 24: Alcohol drinking status summary: proportion of the population aged 14 years and over, State and Territory, Australia, 1998

Drinking status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus
	(per cent)								
Regular ^(a)	47.8	48.9	47.4	52.9	47.9	46.1	57.0	49.6	48.6
Occasional ^(b)	30.5	31.2	32.5	33.0	36.8	34.1	32.6	33.4	31.9
Ex-drinker	9.3	11.0	12.5	6.9	8.6	11.5	5.8	11.0	10.0
Never a full glass of alcohol	12.4	8.9	7.6	7.2	6.7	8.4	4.6	6.1	9.4

(a) Regular: drinks alcohol on at least one day per week.

(b) Occasional: drinks alcohol less often than one day per week.

However, when it comes to hazardous/harmful use of alcohol the survey reports that the Northern Territory showed the highest proportions of its population drinking at hazardous or harmful levels for males (15%) and females (6%). The Northern Territory also had the highest proportions in each age group except 20–29 years, for which the highest proportion was from Western Australia (14%).

Table 25: Hazardous/harmful consumption of alcohol (conservative versus non-conservative)^(a): proportion of the population aged 14 years and over, States and Territories, Australia, 1998

Method/age group/sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus
Hazardous or harmful alcohol use (conservative) ^(a)									
	(per cent)								
14–19	5.6	3.5	5.4	3.2	5.4	2.8*	6.0	10.6	4.8
20–29	7.8	7.7	8.6	14.4	5.9	8.0	3.3	11.1	8.4
30–39	5.4	3.1	6.0	1.6*	4.5	4.6	7.1	8.9	4.6
40+	3.9	5.3	6.6	5.8	6.2	4.5	5.9	11.8	5.2
Males	6.5	5.5	8.4	9.4	6.8	5.6	6.4	14.6	7.0
Females	3.7	4.8	5.2	3.3	4.8	4.3	4.8	6.4	4.3
Persons	5.1	5.1	6.8	6.3	5.8	4.9	5.6	10.8	5.6
Hazardous or harmful alcohol use (non-conservative) ^(a)									
14–19	5.9	5.3	6.4	4.9	7.2	3.2*	6.5	11.2	5.9
20–29	13.1	11.7	13.1	18.8	9.7	10.1	5.9	14.9	12.9
30–39	10.5	8.1	10.1	7.6	9.6	6.3	10.5	14.0	9.4
40+	8.9	12.0	13.2	10.3	13.4	7.4	11.0	17.5	11.0
Males	12.7	13.0	15.5	15.2	13.8	8.8	11.0	20.7	13.6
Females	6.7	8.2	8.2	6.5	9.2	5.7	7.5	9.0	7.5
Persons	9.6	10.5	11.8	10.9	11.5	7.2	9.3	15.2	10.5

(a) This table attempts to relate reported drinking patterns with the NHMRC guidelines. The analysis is based on the product of responses to two questions from the survey, one that sought detail on drinking frequency and the other sought detail on the usual consumption (quantity) of standard drinks. Both questions included response ranges like 2–3 days a week or 3–4 drinks per day. The conservative estimate used the lower range of both questions to estimate number of drinks per week. The non-conservative method used the upper range of both questions.

* Result unreliable as relative standard error greater than 50%.

Although not included in this report the tables from the 2001 National House survey are very similar with little differences.

The Drug and Alcohol Policy Unit of the NT Police has been analysing 2000 and 2002 'Back to Basics' internal statistics. These statistics show the percentages of alcohol related, non-alcohol related, and unknown, incidences requiring police attention.

If there is an indicator which tells us of the impact of alcohol on the community in general, these figures clearly tell us that alcohol is perhaps the most significant drug in the Territory which causes the most harm and creates the most police activity.

The overall NT figures for 2000 are shown in Tables 26 and 27.

Table 26: Overall NT Police Activity Alcohol Related Incidences 2000

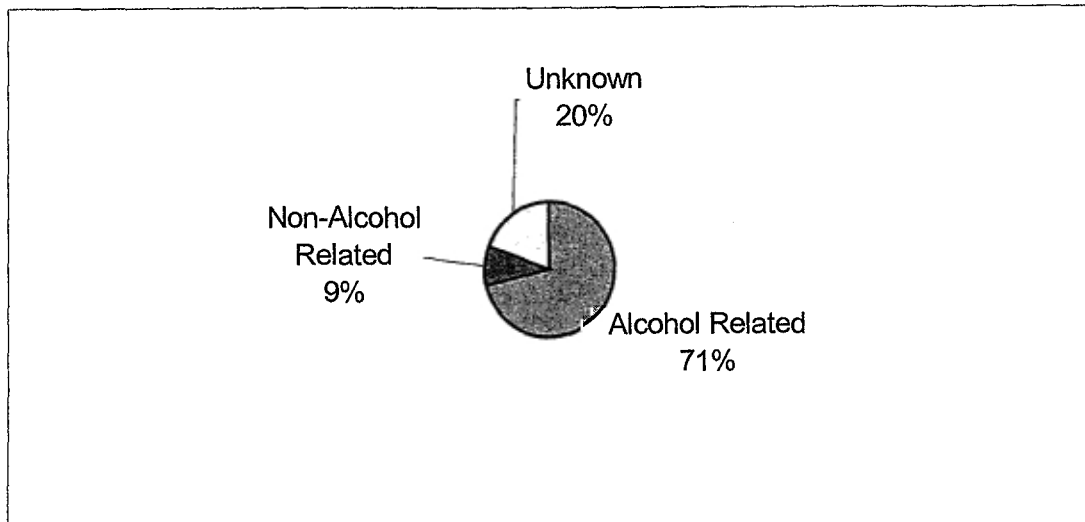
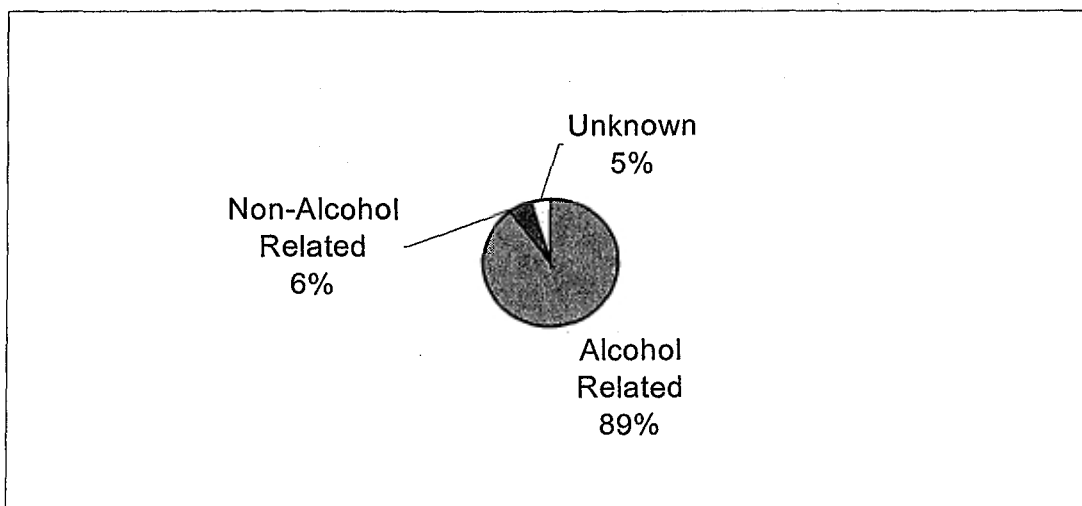


Table 27: NT Police Activity (excluding Darwin Region) Alcohol Incidences 2000



Looking in more detail at the 2001 statistics for Police Alcohol Related Activity, the analysis found that there was the following totals numbers. Note that there was a total of 189,315 incidents and yet the population total for the regions only totals 156,591. Whilst many incidents will obviously have more than one individual, the number of incidents in comparison is very high when compared to population figures.

Table 28: Overall total of all regions for 2001

Alcohol Related	127383
Non-Alcohol related	11673
Unknown	50259
Total	189315

Table 29: Population per region (as at 30/6/99)

Darwin	Katherine	Nhulunbuy	Tennant Creek	Alice Springs	Total
103536	9933	3652	3913	25557	156591

In relation to each of the individual regions it was found that the incidents of alcohol related police activity comprises almost all police activity, outside of Darwin as shown in Tables 31 - 34.

Table 30: Darwin Region Police Activity Alcohol Related Incidences 2001

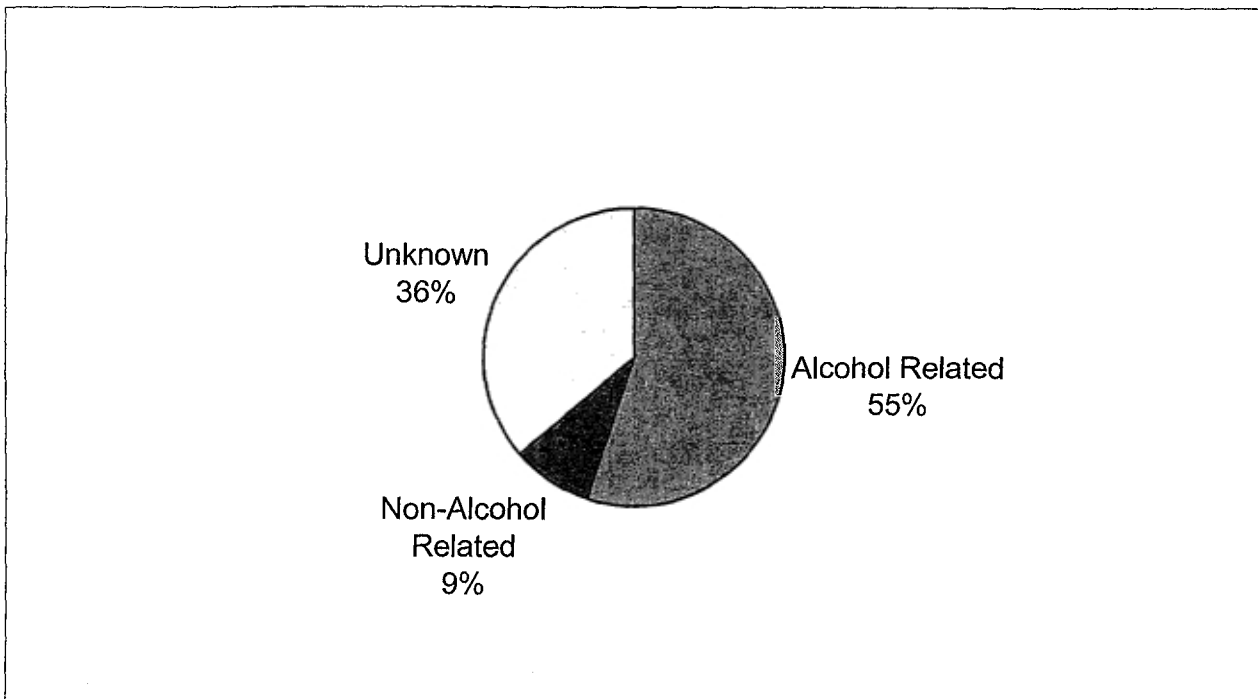


Table 31: Katherine Region Police Activity Alcohol Related Incidences 2001

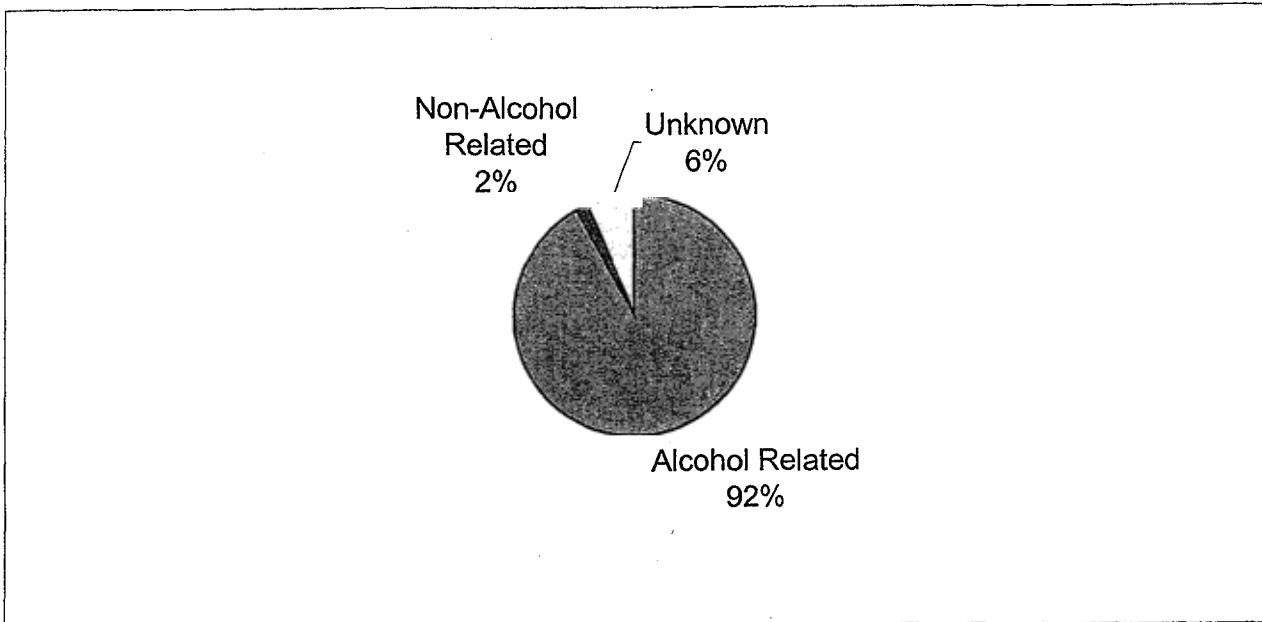


Table 32: Nhulunbuy Region Police Activity Alcohol Related Incidences 2001

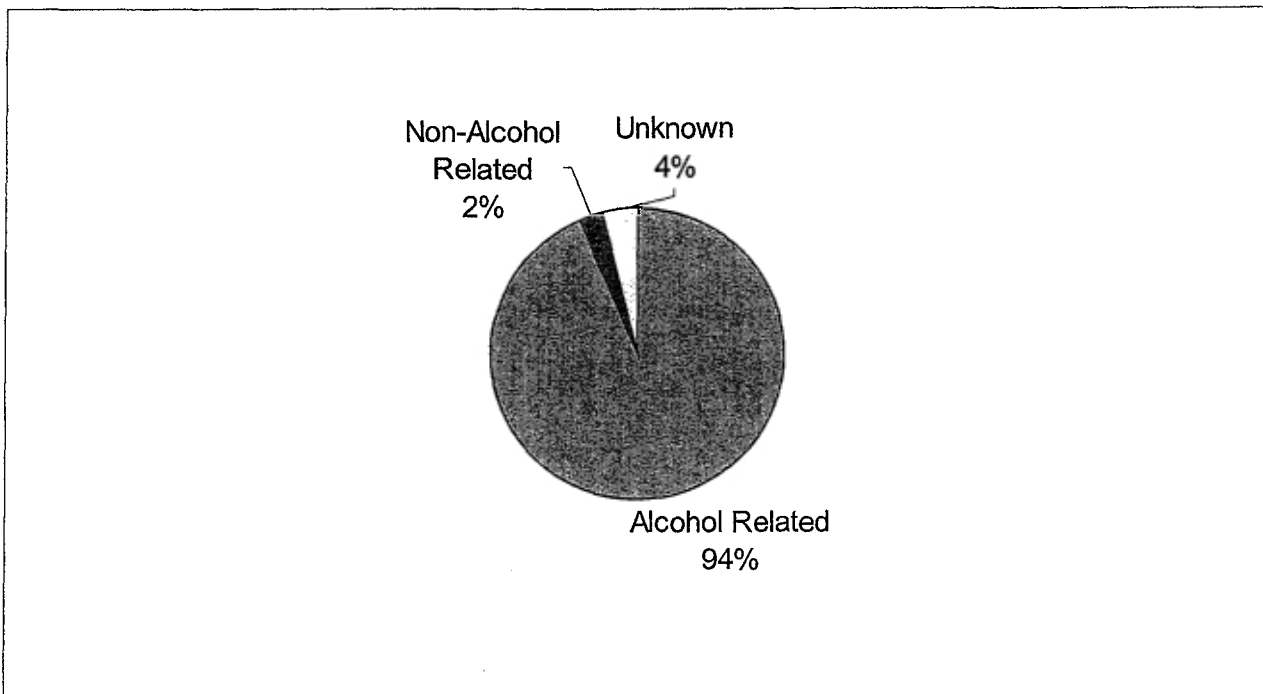


Table 33: Tennant Creek Region Police Activity Alcohol Related Incidences 2001

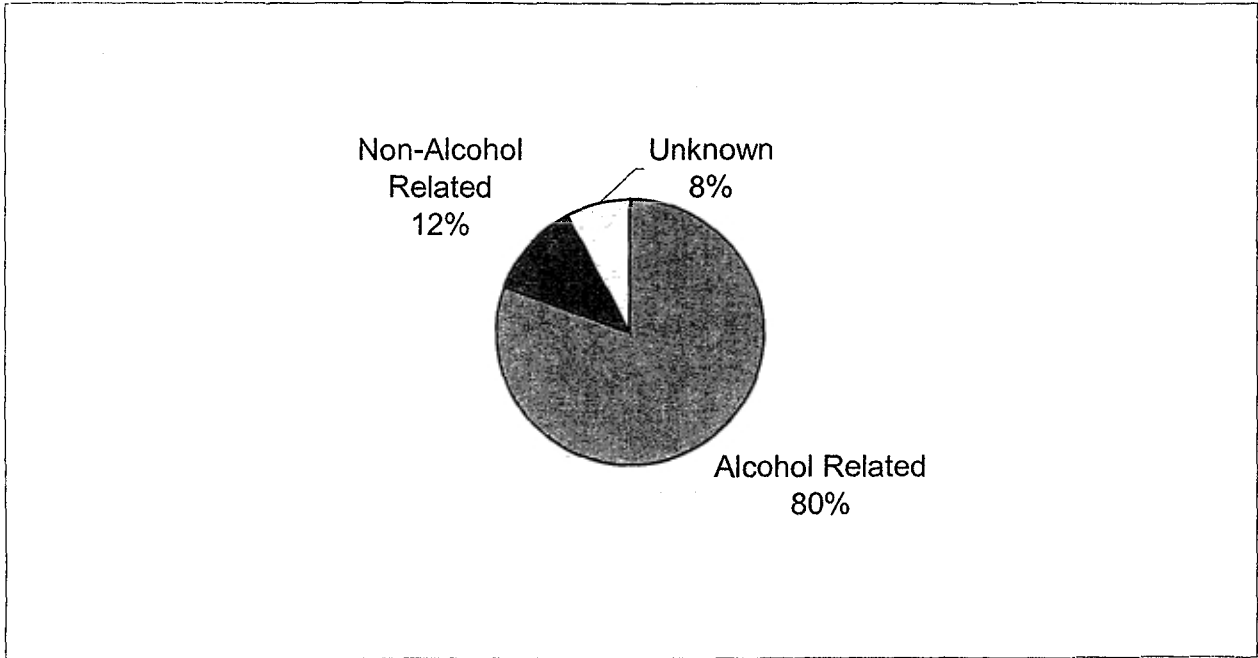


Table 34: Alice Springs Region Police Activity Alcohol Related Incidences 2001

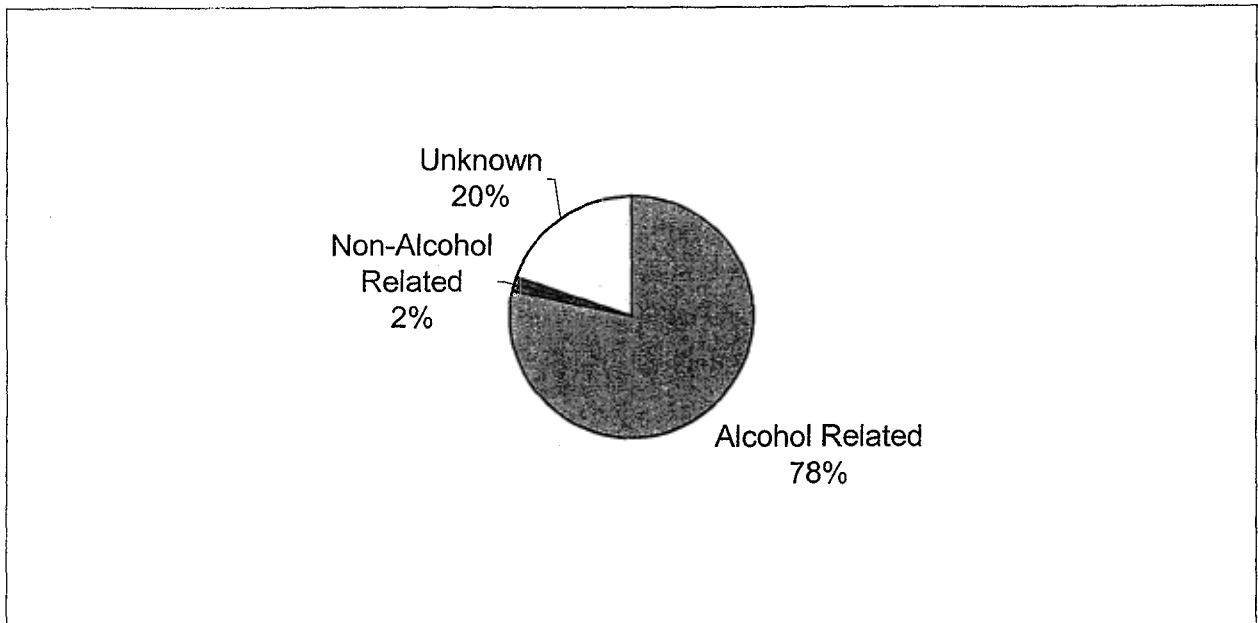


Table 35: All Territory Regions (excluding Darwin) Police Activity Alcohol Incidences 2001

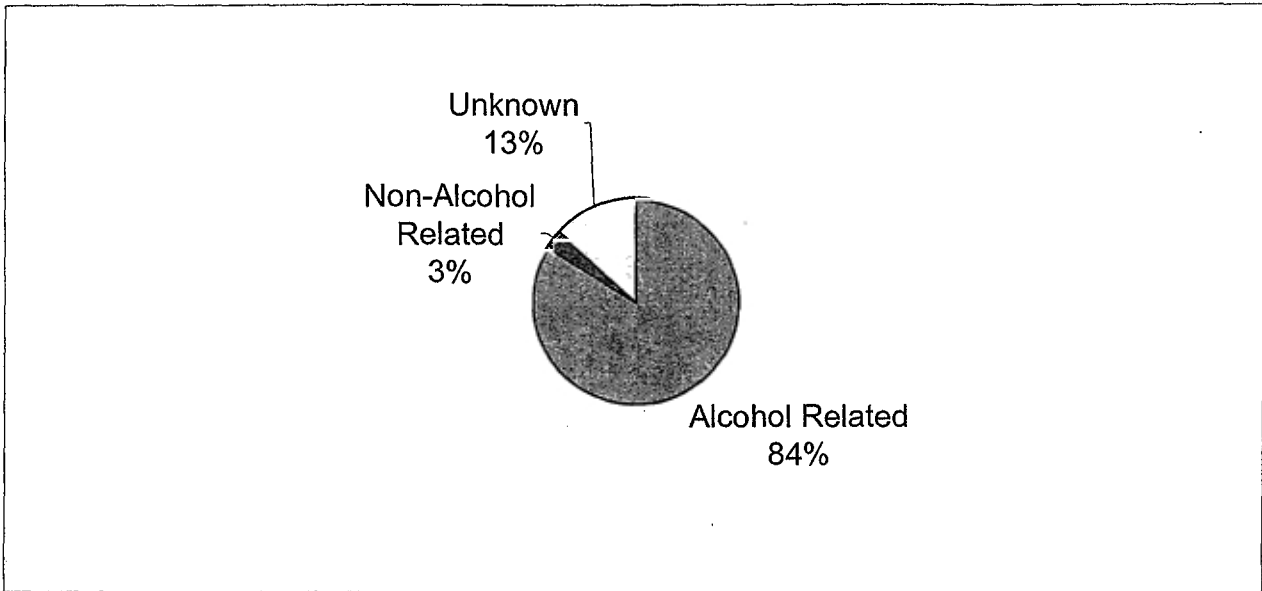
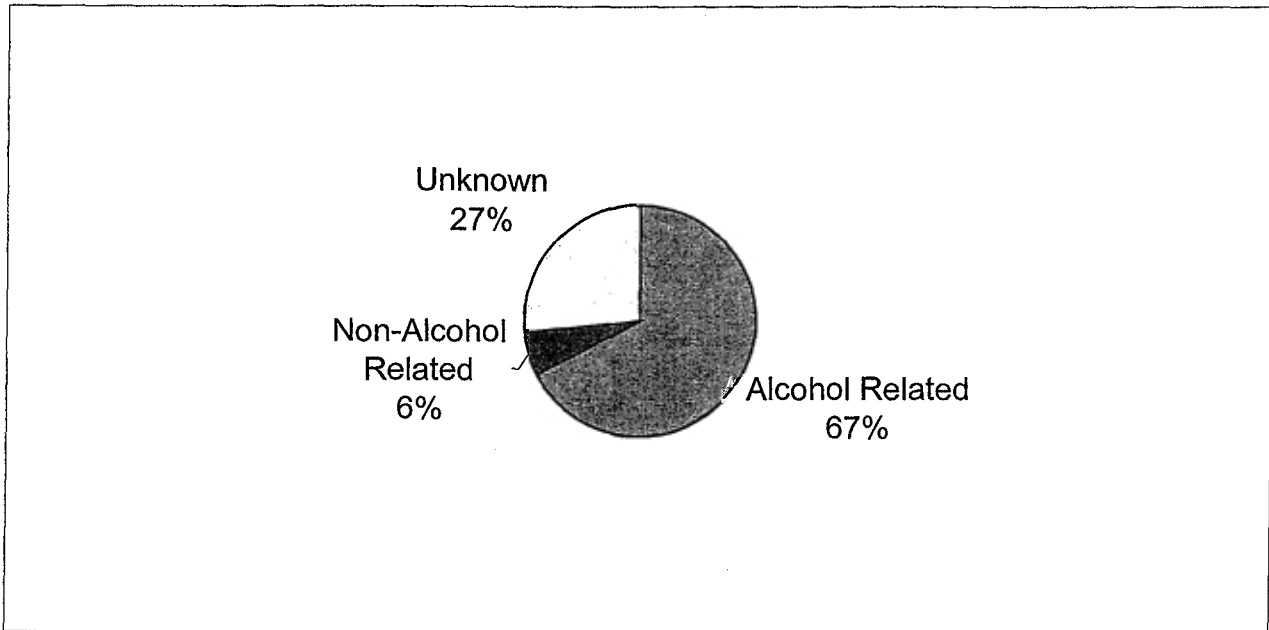


Table 36: Overall Territory Police Activity Alcohol Related Incidences for 2001



Looking at the 2000 statistics it was found that overall 71% of all police activity was alcohol related and although there was a slight decrease in 2001 to 67%. The decrease is small, but it is repeated when Darwin is excluded and combine the regional statistics that in 2000, 89% of incidents were alcohol related and in 2001 the figure was reduced to 84%.

These figures combined with the evidence from the NT 2000 IDRS report which states:

Twenty seven informants commented upon alcohol use. Cannabis users were viewed as the most frequent drinkers, with seven of the eleven cannabis informants stating the majority of cannabis users were regular drinkers. Three cannabis informants mentioned binge drinking and a fourth highlighted youth binge drinking. Amphetamine users did not drink as heavily as cannabis users, and half the informants noted this group drank mainly in social or recreational circumstances. Ten informants discussed the alcohol consumption of opiate users, but only two identified high rates of alcohol use. The remainder viewed alcohol use as either minimal or moderate, with one suggesting alcohol was used to assist with opiate withdrawal and another suggesting heavy drinking sometimes followed cessation of morphine use.

ALCOHOL AND CRIME.

Ignoring the health statistics and implications, which are negative enough in themselves, and just look at the relationship to crime, the NT Policy Activity reports are a clear indication that alcohol and crime is a major issue.

The Australian Institute of Criminology in its Trends and Issues papers, supports this conclusion when it reports in paper No 18 on Alcohol and Crime the following:

Both Australian and overseas research support the hypothesis that there is, at the very least, a relationship between alcohol and the commission of criminal offences. In 1968 Bartholomew found that 59 per cent of Victorian prisoners had consumed alcohol before committing the offence for which they were charged. Bartholomew repeated this research in 1983 and found that the rate had increased to 81 per cent (Bartholomew 1985). He also found that prisoners who had committed offences against the person were much more likely to have drinking problems or to have been drinking at the time of the offence than had property offenders.

Prison surveys in both Tasmania (White & Boyer 1985) and Western Australia have reported similar results (Taylor 1988). Clearly prisoner surveys such as these have limitations, not the least of which is the fact that they exclude persons who have already been diverted from the criminal justice system. An American review of twenty such prison studies found that the percentage of offenders who reported having been drinking at the time of the offence ranged from 8 to 100 per cent (Smith 1983a).

Welte (1987) notes that alcohol depresses the body's central nervous system and has a disinhibiting effect on behaviour. Disinhibition theory asserts that as property offences tend to be utilitarian and crimes of violence stem more from a loss of self-control, alcohol will play a greater role in violent than in property crime. Research undertaken in this area does suggest a strong association between crimes of violence and alcohol consumption. For example, the 1977 Senate Standing Committee on Social Welfare reported that, in a study of 644 violent assaults, 73 per cent of offenders had consumed alcohol before committing the offence.

Homicide

The New South Wales Bureau of Crime Statistics and Research (1986) has found alcohol to be prevalent in 42.3 per cent of homicide incidents, while in 46 per cent of spouse killings alcohol had been consumed by one or both parties prior to the offence. Alcohol is considered to be a more common factor in killings which take place between friends, strangers and neighbours than in homicides involving family members or sexual partners. Studies are remarkably consistent in indicating that alcohol is present in approximately 50 per cent of homicides.

Rape

Forty-nine per cent of convicted rapists in Victoria described themselves as heavy drinkers or alcoholics: 67 per cent reported that they had been drinking moderately prior to committing the offence; 10 per cent claimed to have been 'drinking heavily' and 10 per cent said they were drunk (Hodgens et al. 1972). The results of similar research by Cordner et al, (1979) support these findings.

Domestic Violence

The West Australian Task Force on Domestic Violence found that 42 per cent of domestic violence incidents involved alcohol and victims of domestic violence have suggested that they are more likely to be the subject of a violent attack when their husband or partner is drunk.

Assault

Serious assault in New South Wales is particularly common on Fridays and Saturdays, and between 10 p.m. and 2 a.m. -hours that correlate with hotel and club closing times (New South Wales Bureau of Crime Statistics and Research 1988). Of the assaults studied, 19 per cent occurred in a venue serving alcohol and 27 per cent occurred in the street, with many street assaults spilling over from the drinking venues. Other research has found varying results, and the estimates of offenders with positive alcohol readings in assault cases range from 24 per cent in some sample populations through to 72 per cent in others (Smith 1983a). Generalisations are difficult as assault covers a wide range of offences, all of which vary in relation to their severity.

Property Offences

The extent to which alcohol consumption is involved in the commission of property offences is by no means certain; studies into alcohol and robbery have found differing and inconclusive results. Worth noting however, is one study which found that 46 per cent of men imprisoned for motor vehicle theft had been drinking prior to committing the crime - with 31 per cent claiming to have been drinking heavily (Roizen & Schneberk 1978).

Another paper on Alcohol Related Assault by the AIC also clearly establishes the links between alcohol consumption, assaults and associated violence.

It is the most recent data which contains some of the most concerning trends for the Northern Territory in linking alcohol and crime, particularly violent crime such as murder. In the Australian Institute of Criminology the 2000-2001 National Homicide Monitoring Program Annual Report statistical evidence clearly highlights the impact and influence of alcohol in not just offenders but in victims as well. Whilst the 1986 NSW Bureau of Crime Statistics and Research study (mentioned under the heading Homicide previous

page) found alcohol to be prevalent in 42.3 per cent of homicide incidents this 2000-01 report informs us that alcohol presents in both victims and offenders. For example:

- 63.6% of males victims and 83.3% of female victims had alcohol in their system at the time of death.
- 82.6% of males offenders and 100% of female offenders were alcohol affected.

By adding the above to victim and offender characteristics for illicit and prescription drugs use the situation only gets worse. Looking at no alcohol and drug use of any kind at the time of the homicide it is found that only:

- 9.1% of male victims and 16.7% of females victims had no alcohol in their system at the time of death.
- Compared to a national average of 51.6% for males and 61.6% of female victims.
- In regard to offenders only 17.4% of male offenders and 0% of females offenders reported no alcohol or drugs influence at the time of the homicide.

Whilst 87% of male and 100% of offenders were of indigenous appearance this only highlights the increased harms to indigenous people caused by alcohol and drug abuse.

A further compounding issue in regard to alcohol and drug influences on the homicide rate can be, seen in examining the percentage of victims by the category of "alleged motive" for the homicide. Whilst there were no reported money or drug incidents some 63.6% of male victims and 33.3% of female victims are recorded as a result of alcohol related argument.

The above statistics and information from various sources cannot be ignored and, when coupled with the 1998 Household Survey, it is clearly evident from a police perspective, that alcohol is the most harmful in regard to community harm of all drugs used in the NT.

INDIGENOUS SUBSTANCE USE

Given that there are emerging patterns of drug use in traditional Indigenous remote and rural communities, this section has been done separately to highlight some of these issues. Although, within this section there is reference made to licit substances such as alcohol, kava and inhalant use, it should be noted that often the illicit consumption of alcohol in dry communities compounds the issues for Indigenous people.

Information that deals specifically with Indigenous substance use is not readily available and is often added as a footnote in many researchers work. There are constant references in many studies that clearly indicate that Indigenous substance use is increasing and with it the levels of harm to Indigenous people.

The NT is one jurisdiction with particularly concerning trends, given that 27% of the Territory population is Indigenous, compared to the rest of the jurisdictions having less than 2% Indigenous people per jurisdiction. The NT has, coupled with the geographical locations of most of the Indigenous communities, additional problems which are not seen in some other jurisdictions, such as petrol sniffing and kava use.

In particular the major substances used and abused by Aboriginal people in the NT are:

- Alcohol
- Cannabis
- Kava and
- Petrol.

Whilst much has been written about petrol sniffing over the years and research into alcohol use is available, it is difficult to get NT specific information.

Menzies School of Health has, however, been conducting research into substance use in the East Arnhem region. Senior Research Officer, Alan Clough, has kindly released the following information in this as yet unpublished data.

This recent research is perhaps the most informative to be done in remote and rural Indigenous communities and it is suggested it clearly confirms much of the anecdotal evidence that police have. The studies on the East Arnhem region looked at some 4217 people over a 15 year period and was able to collate very good data comparing 1994 through to 2000 comparisons. Whilst tobacco, alcohol and kava results stay reasonably similar, cannabis use has increased significantly.

Overall the results can only be described as concerning, particularly the increase in cannabis use. The major points from the studies are:

- Service providers in remote communities continue to deal with dynamic and peculiarly-local combinations of substance use issues surrounding alcohol, petrol sniffing, kava and, more recently, cannabis;
- Epidemiological data reflects their impacts, eg drug and alcohol psychosis hospital admission rates of Aboriginal males between 1993 and 1997 in the NT nearly four times higher than non-Aboriginal males;

- 1994-97 study indicates there was considerably greater use amongst males for each substance except for tobacco, the most widely used. Prevalence of tobacco use in the region was 68% (69% males, 67% females); kava 37% (50% males and 21% females); alcohol 34% (58% males, 12% females); and cannabis 19% (32% males and 8% females). Eighty-three people (12%) had no history of substance use. Less than 5% sniffed petrol.
- When the 2000 study was done the cannabis use had risen from 19% to 43%, whilst other substance usage rates had stayed similar.

Clough also indicates what some of the recent changes are and, in doing so, also raises other concerning drug issues, for example:

- Males mostly commenced drug use earlier in life than females;
- 12 years of age was the starting point for alcohol;
- 14 years of age for kava;
- Duration of use was also longer for males; and
- Kava arrived in eastern Arnhem Land communities in 1982 and some have used it since then; 60% (73% males and 28% females) surveyed in 2000 (sample 2) reported having a history of kava use.

Kava is not used throughout the region as are the other substances; one quarter of the region's population live in four communities that have never regularly used kava. The crude prevalence in the six kava using communities only in 1994-97 was 53% (67% males and 35% females). This is similar to the 60% (73% males and 28% females) in sample 2, who reported having a history of kava use. So our results reflect those from other kava using communities. In 2000, a number of people (n=27) reported having recently ceased kava and, of these, a majority (78%, n=21) said they did so in 1998 or shortly afterwards, reflecting the impact of recent government regulation.

These studies also indicate that median duration of cannabis use (four years) and the older age at first use, suggests a comparatively new practice in this population and that it has been taken up by age groups other than the younger ones. However, around 38% of current cannabis users in 2000 stated that they had knowledge and experience of the drug outside of the community prior to 1996. An apparent decline in the prevalence of kava use is probably not directly related to the uptake of cannabis. The same individuals giving up kava were not, on the whole, taking up cannabis from 1998 onwards.

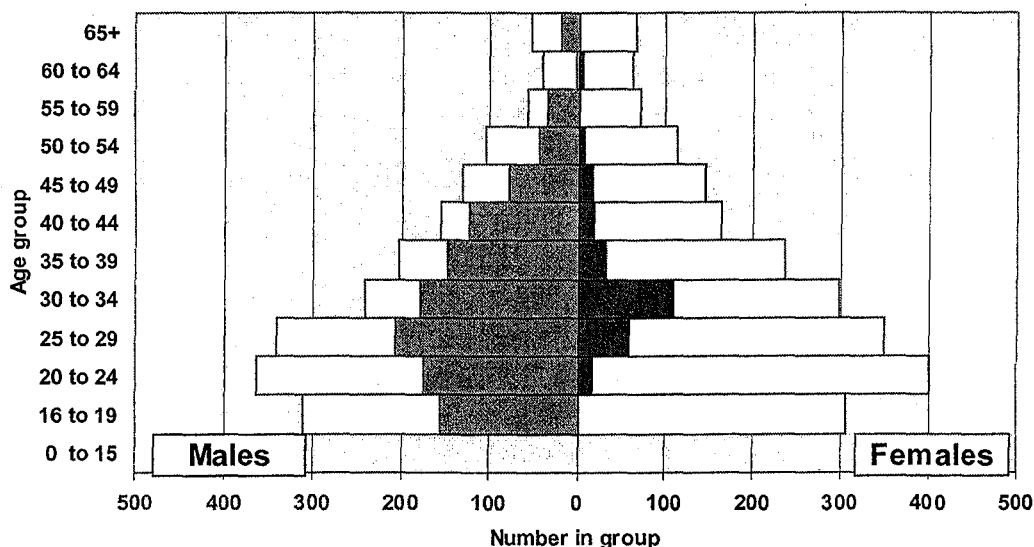
ALCOHOL

The papers also provide an excellent discussion which does indicate that alcohol consumption is, in fact, less than that of other indigenous communities, but other substance use would appear to have an adverse negative impact.

Looking at alcohol specifically, Clough reports that there is a prevalence of alcohol use (between 33% and 34%), which is lower than reported in other indigenous populations.

Consumption in a month in one community was around 318g (400ml) of pure alcohol per user. Alcohol purchased annually in the East Arnhem region, as a whole, is around 9.6L per capita, the lowest level for NT regions, equivalent to 800ml in a month. Annual per capita consumption of 18.5L by Aboriginal people (older than 14 years) in the 'Top End' is equivalent to 1500ml in a month, almost four times the amounts found.

Table 37: ALCOHOL CONSUMPTION AND AGES



KAVA

Earlier studies (1986-87) on kava reported a prevalence of kava use of 42% and, more recently 56% and 66%, with a greater proportion of males (from 53% to 71%) than females (from 6% to 51%).

The changes in kava use appear to have occurred since 1998 paralleling the drop in the estimated size of the informal kava trade in Arnhem Land from \$6-\$8 million in 1997-98 to \$5 million in 1999, and to \$3.8 million in 2000.

The economic impact of kava use in remote communities, seldom quantified, has long been recognised as one of the important harms resulting from its abuse. Expenditure estimates require more precise determination, but it appears that in 2000, it cost an individual more to be a kava user than any other substance. Since kava, alcohol and

tobacco use was a popular combination amongst current users, the economic burden for a polydrug user is likely to be considerable.

Impacts on the wider community, however, need to be considered in light of the nature of the local kava trade. Local retailers purchase kava from agents in nearby regional centres at profit rates of perhaps 100% between agent and local retailer. With this pricing structure, the local retail price of kava to consumers (\$269/kg) was some eight times greater than Sydney wholesale prices.

By contrast, the retail price of cannabis, also sold by local retailers, was two to three times known prices from middlemen in larger centres in the NT. Cash from kava or cannabis is different from alcohol and tobacco in that it is partially redistributed into the hands of local sellers. There is no such involvement in the trade in tobacco and alcohol. Both are an immediate drain on cash resources with no local on-selling or accumulation of cash. In other words, the \$21,000 a month expended on alcohol and tobacco leaves the local community economy immediately. But a proportion, perhaps as much as half of the \$21,000 is likely redistributed or redirected for local community or family purposes, from the trade in kava and cannabis.

DEU information does slightly contradict the above as informants report that residents of Ramingining have paid up to \$800 for a cask of wine when desperate and that most of the money leaves the community because dealers/suppliers fly in from Darwin.

Tables 38 - 41 also assist us to clearly see the patterns emerging from the Menzies work, particularly when it shows to the links between 'fitting episodes' and the kava trade.

Table 38: KAVA USE AND AGE

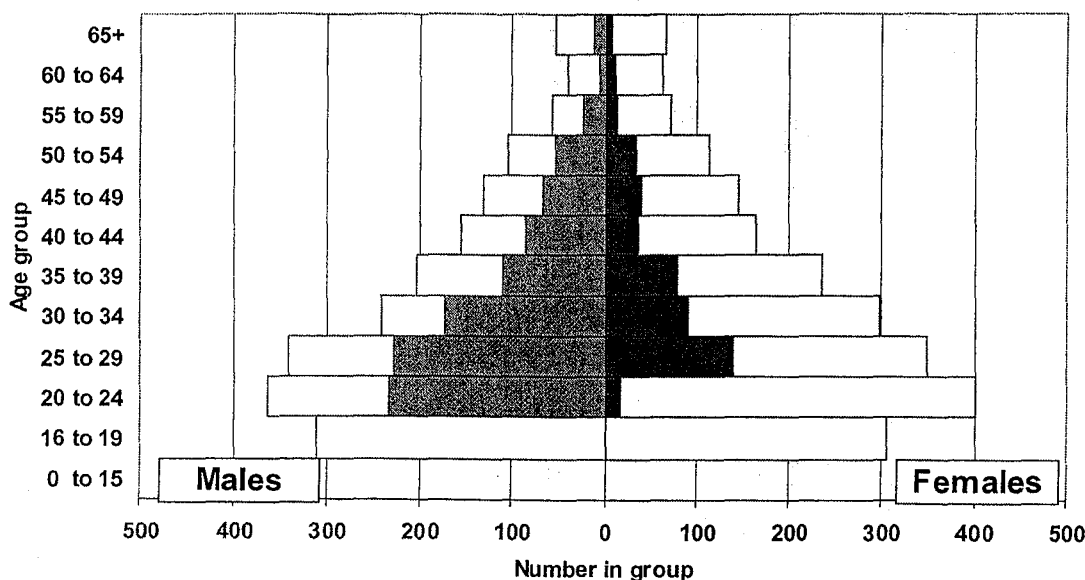


Table 39: Estimated size of kava trade in Arnhem Land and numbers of seizure episodes in the Miwatj Region

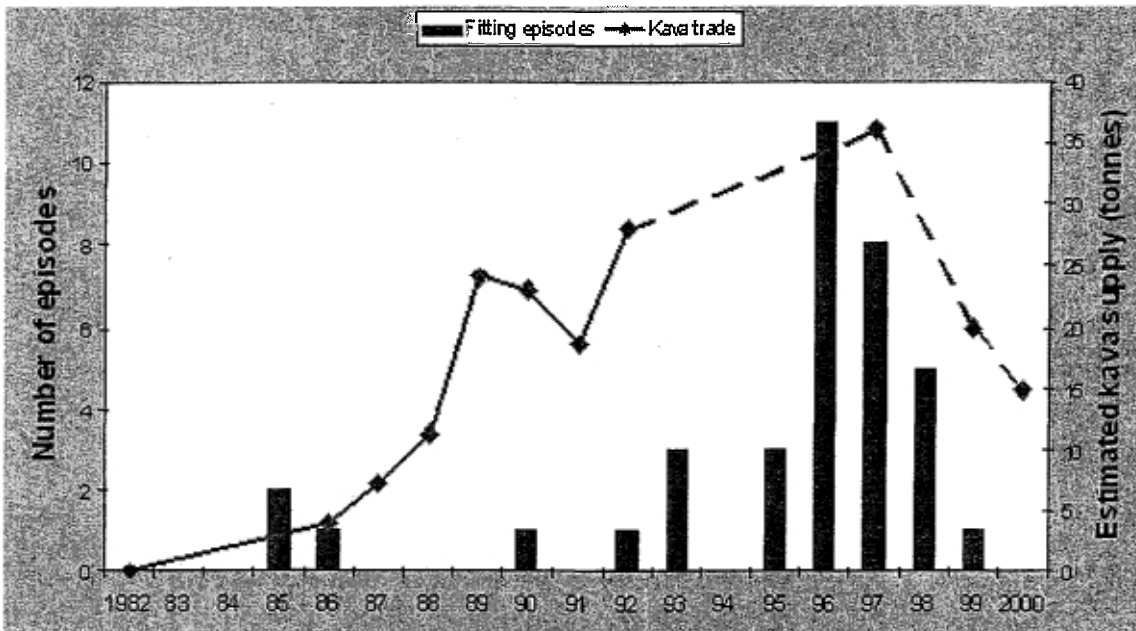


TABLE 40: ESTIMATED KAVA CONSUMPTION IN ONE COMMUNITY

	1989-90	1990-91
Calculation of weekly consumption		
Kava arriving per week (g of powder)	4900	28500
Number of drinkers (n)	34	83
Person-hours spent drinking kava per week	128	803
Method 1 - based on community supply and numbers of drinkers		
1 Weekly per capita consumption (g of powder)	144	343
2 Adjusted for 5% kava liquid discarded	137	326
3 Adjusted for 9 in 78 weeks (1989-90) and 9 in 57 weeks (1990-91) when no kava arrived	163	408
4 Adjusted for both	155	387
Method 2 - based on participant observation		
5 Weekly per capita consumption (g of powder)	128	377
Weekly per capita consumption (hrs spent drinking)	4	10
Weekly per capita consumption (ml of liquid)	2383	6917
Average of five values from Method 1 and Method 2	145	368

TABLE 41: SUMMARY OF ESTIMATED CONSUMPTION LEVELS

Source and date	Locality	Nature of the primary information	Consumption per week				
			Time (hrs)	Volume of liquid consumed (ml)	Kava powder consumed (g)	Kava lactone content (mg)	Kava lactones consumed (mg)
Alexander et al 1985	Communities in Arnhem Land	Kava delivered to communities January to May 1985 with all adults 15+ (1970?) presumed to be drinkers	a=b/670 1	b=c/37*670 700	c <u>39</u>	d=0.125*c 5000	e=0.82*d 4100
		Seven communities with from 2 to 44 g/day usage calculated (median = 25g/day per person)	5	3200	<u>175</u>	21900	18000
Alexander et al 1987	Communities in Arnhem Land 1985-1987	Seven communities with from 3 to 22 g/day usage calculated (median = 7.5 g/day per person)	1	1000	<u>53</u>	6600	5400
		14g/day per person to	3	1800	<u>98</u>	12200	10000
		53 g/day per person	10	6700	<u>371</u>	46400	38000
Mathews et al 1988	Milingimbi 1987	Occasional users 100g/week	3	1800	<u>100</u>	12500	10200
		heavy users 310g/week	8	5600	<u>310</u>	38800	31800
		and very heavy users 440g/week	12	8000	<u>440</u>	55000	45100
		extreme users	24	16300	<u>900</u>	113000	92700
Miwatj Health Aboriginal Corporation 1992-94	Two areas in east Arnhem 1992 and 94	Individuals screened for a community controlled health service asked about the frequency of kava use and the number of cups taken on average. In 1992 the mean consumption of 143 kava drinkers was 2.5l/week with a maximum of 9.6l/week.	4	<u>2500</u>	138	17200	14100
		In 1994 107 users drank 2.8l/week with a maximum of 7.2l/week	4	<u>2800</u>	154	19200	15700
Estimates in this paper 1999	One Arnhem Land community 1989- to 91	Average of estimates 1989-90 (150g/week)	4	2400	<u>145</u>	18000	14800
		and 1990-91 (366g/week)	10	6900	<u>368</u>	46000	37700
		heaviest users	16	11000	<u>610</u>	76000	62300
Alexander et al 1988	The same Arnhem Land Community 1985	Based on kava delivered and her estimates of the total population aged 15+	6	3700	<u>206</u>	25800	21200

CANNABIS

Cannabis use was rarely reported in remote communities before 1991 although its use by Aboriginal people in urban areas and rural towns was well known.

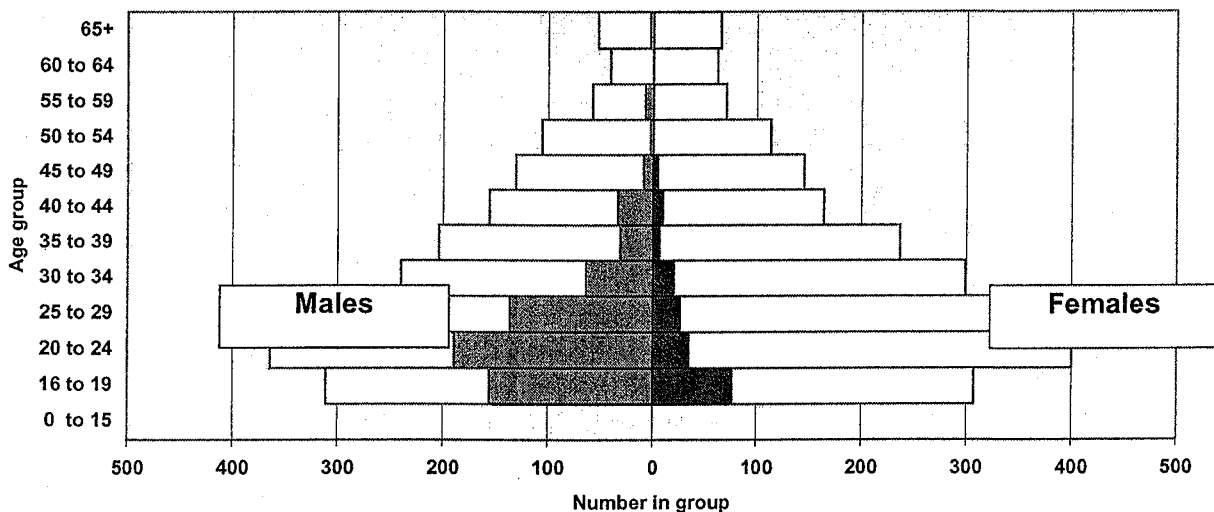
In 1994, 22% of urban Aboriginal people were current users, a prevalence comparable to that for 1994-97 in our data.

Health workers in all clinics visited in eastern Arnhem Land reported that in the last three to five years, cannabis became available for sale in their communities and that this had seldom been the case previously.

This new feature is recognised by key informants in the Illicit Drug Reporting System in the NT and is a matter of some concern in communities.

Cannabis has been used at some time by 44% of males and 35% of females in Australia, and in the NT, 36.5% used cannabis within the previous 12 months and there exists a wider trend for lifetime use amongst increasingly younger cohorts. These patterns echo those found in this study. But a comparatively broad prevalence appears to have been achieved quickly by local trafficking in eastern Arnhem Land communities.

Table 42: Cannabis use by sex and age



PETROL SNIFFING

The practice of petrol sniffing, while curtailed at the time of the survey in 2000, in the east Arnhem region, remained amongst a small resilient cohort in the community. A prevalence of a history of petrol sniffing of around 54% amongst males has been found in other Arnhem Land communities. There occurred a resurgence of the practice in 2001 while Clough was researching his paper.

In specifically examining the issue of petrol sniffing alone and, in particular, its practice in indigenous communities, the following outlines the impact and extent of petrol sniffing alone in rural and remote indigenous communities. Aborigines have traditionally used a variety of naturally occurring substances to induce stimulation or tranquillisation, and interaction with Europeans has introduced them to other substances including alcohol and petrol.

Brady (1985) outlines the origins of petrol sniffing in the indigenous community as a means of achieving an euphoric state. It is thought to have been introduced to Australia during World War II by US servicemen who were stationed in coastal airfield outposts in the NT. Since that time, sniffing has emerged sporadically in some instances, more chronically in others, as a popular group activity among young Aborigines.

In significant areas of Western Australia, South Australia, Northern Territory, North Queensland and western New South Wales, the abuse of petrol in indigenous communities is considered by many to be out of control. Anecdotal evidence indicates that petrol sniffing occurs in many indigenous communities, if not all the time, certainly most have recurring outbreaks of sniffing with children aged 11 or 12, while others as young as five and six have been reported regularly abusing petrol. Many of these incidents result in some form of interaction with police, night patrol or warden staff.

The long term effects of petrol abuse often result in the early death of sniffers, or brain damage to a degree where they are maintained in a vegetative state. This constant care per year is very costly, conservative estimates indicating an investment in the vicinity of \$150,000 per case per year. There are currently 15 such persons being cared for in central Australia, and it is suggested that this could escalate to 60 or more in the foreseeable future (with 10 years), at a cost in excess of \$9 million per year.

Aside from the cost of treating and supporting sniffers, hundreds of thousands of dollars damage is caused by petrol sniffers to property and facilities every year. There are also a huge number of personal injuries caused by petrol sniffers to both police and community persons. The social costs of family degradation, loss of facilities and services, and the apprehension and court costs are of astounding magnitude.

An NT Department of Health and Community Services fact sheet on petrol sniffing reports that:

Petrol sniffing and other inhalant substance abuse (ISA) is known to effect up to 30 remote communities in the Northern Territory. Inhalant substance abuse is most entrenched in the Central Australian region and the Tri State border region of the Northern Territory, South Australia and Western Australia.

In remote Central communities it is estimated that there are up to 350 'sniffers'. Sniffing is an endemic practice in at least six remote Central Australian Communities.

While the numbers of sniffers appears small in comparison with other problems in the community they have an effect on community life far beyond their numbers. This effect is partly due to the number of offences committed by sniffers and partly from the sense of despair and shame experienced by families.

CONCLUSIONS ABOUT SUBSTANCE USE ON INDIGENOUS COMMUNITIES

What are the conclusions that can be drawn from the current information and anecdotal evidence from a police perspective. It is known from other studies that petrol sniffing declined over recent years in some localities, and increased in others. In general, however, the practice of inhalant use is increasing with sniffers using well into adulthood. Of more concern is the fact that sniffers in the NT have been committed to life imprisonment for several murder offences; this is indicative of increasing violence.

The National Drug Strategy 1994 Household Survey found that a higher prevalence of lifetime use and past year use among urban indigenous people when compared to the general population. Certainly the work done by Clough and others would indicate that this is also very much the case in remote and rural communities as well.

Clough suggests that early enthusiasm that Aboriginal peoples' behavioural responses to kava were desirable alternatives to their responses to alcohol has persisted in some quarters. However, by the late 1980s, the optimism that kava would alleviate problems of alcohol abuse had waned in the literature even amongst those who had initially lauded kava's use. Very quickly it was declared that Aboriginal people consumed 'vast dosages' of kava, up to 'a hundred times' more than in the Pacific.

In addition, the Drug and Alcohol Policy Officer in discussing Clough's research with him noted that during the discussion Clough made the following points:

1. People knew about cannabis since the 1980s when they went away from their communities, but it has only been in the past five years that a market has developed in the communities themselves whereas this was not the case beforehand.
2. That the nurses and clinicians in the communities tell us that those who are most difficult to discourage from hurting themselves and others, are those who smoke cannabis and have a background of petrol sniffing-related neurological damage.
3. There is some speed out there (oral) and possibly some experimentation with other drugs, but there is no solid data on that other than second hand reports.
4. One of the main harms that is mentioned by community people is the unusual and extreme behaviours, self-harm and threatening self-harm, along with domestic violence.
5. Men will pressure their female relatives for money or cannabis and when it is not forthcoming violence happens.
6. There is general concern about the money involved in this kind of trade.
7. Clough ranks the dollar value of the cannabis trade in eastern Arnhem Land second to kava and tobacco, but greater than alcohol.

Overall the picture is that, at best, apart from cannabis, the situation is no worse than pre-1994-97 studies and it is suggested that apart from Clough's studies, others indicate an upward trend of use by indigenous people. This study clearly indicates a sharp trend upwards in cannabis use, confirming police information and that overall petrol sniffing and the seemingly associated emerging patterns of increasing violence, changing inhalant substances patterns and longer timeframes of use would all appear to paint a bleak outlook unless action is taken.

SPECIFIC PROGRAMS WHICH ADDRESS ASPECTS OF DRUG USE

Follow is a list of police activities and programs which will have or are already directly addressing drug issues.

LIST OF POLICE PROGRAMS WITH ILLICIT DRUG LINKS.

Name of Initiative	Description	Links to Drug issues
<p>Burglary Reduction Program (New initiative)</p>	<p>The Burglary Reduction Program is a new initiative by the Crime and Support Command, developed in consultation with Crime Stoppers.</p> <p>This initiative centers around an educational pamphlet which provides householders with security tips as well as contact details for Crime Stoppers and Police Headquarters. The pamphlets are delivered to homes in the area where previous offences have taken place at the time investigating officers conduct door knocks seeking information on the original offence. They are also available and handed out to complainants on their attendance at local police stations, and form part of the Police response to victims of crime</p>	<p><i>Property crime links to drug use is clearly established.</i></p>
<p>Double Drug Squad (Election Commitment)</p>	<p>A commitment by Government to double the size of the Drug Squad (from 20 at present to 40) during the 4-year term.</p>	<p><i>Directly address drug law enforcement</i></p>
<p>50 extra police (Election Commitment)</p>	<p>Recruitment of 50 extra police over the 4-year term of Government.</p>	<p><i>Directly influences Police ability to address drug enforcement issues as above</i></p>
<p>Street Patrols & Home Invasion Squad (Election Commitment)</p>	<p>In line with legislative changes introducing the offence of 'home invasion', Government has undertaken to develop an NT Police 'Home Invasion Squad', as well as dedicated patrols to combat this type of offence.</p> <p>The responsibility of the Police Special Crime Units in both Darwin and Alice Springs includes the investigation of property related offences, particularly the unlawful entry of homes and businesses. These units are now also focussed on the related 'home invasion' offences. The units, in conjunction with General Duties Investigative Teams and elements of the Territory Response Group, have initiated a number of special operations targeting areas affected and persons known to be involved in these types of offences with some success.</p>	<p><i>Property crime links to drug use clearly established.</i></p>
<p>Sexual Crimes Unit (New initiative)</p>	<p>Following the Drug Facilitated Sexual Assault Workshop in December 2001, the Sexual Crimes Unit has been developing a proposal to produce preventative and educational posters targeting community awareness on 'Drink Spiking'.</p>	<p><i>Drink spiking in nightclubs and similar venues is becoming increasingly problematic. The use of licit drugs being used illicitly in this instance of difficult to police and necessitates a education approach.</i></p>

Name of Initiative	Description	Links to Drug issues
Drug Abuse Resistance Education (DARE) NT Program (Ongoing initiative)	<p>Delivery of a life skills program with a drug focus to primary school aged children throughout the Territory.</p> <p><i><u>This is still currently being carried out but a review has recommended that the focus move from police back into the education department</u></i></p>	<p><i>This program has been the leading education program in the Northern Territory for some years, reaching some 81% of all primary school aged children.</i></p>
School Based Policing Scheme (Ongoing initiative)	<p>Police Constables based in High Schools throughout the NT providing a policing resource to the school communities.</p> <p><i><u>Currently under review.</u></i></p>	<p><i>The school based policing program provides the mechanism for delivering the DARE program.</i></p> <p><i>It also has extensive developmental and prevention links.</i></p>
Community Youth Support Programs - Wadey & Groote Eylandt (New initiative)	<p>Development of program aimed at reducing the number of juveniles becoming involved in the judicial system (including initiatives such as Auskick).</p>	<p><i>With the establishment of the Drug Diversion program links between the Juvenile Diversion Unit will facilitate assessment and treatment for early drug users which will benefit both programs.</i></p>
Junior Police Ranger scheme (Ongoing initiative)	<p>Provides leadership and development skills to 75 young Territorians over a 3-year period.</p>	<p><i>The role modeling by JPR's amongst peers and the wider community assists in the uptake of drugs at an earlier age.</i></p>
Neighbourhood Watch program (Ongoing initiative)	<p>The NHW program is supported by NT Police coordinators, who work with the community to protect property and personal safety in the neighborhood.</p>	<p><i>The involvement of the community in addressing drug issues is crucial given the clandestine nature of illicit drug use, particularly manufacturing. Programs such as NHW encourage community responsibility and participation in addressing drug issues.</i></p>
Neighbourhood Watch CPTED program (Ongoing initiative)	<p>NT Police develop and deliver Crime Prevention Through Environmental Design (CPTED) training to Police, Government, business and community groups.</p>	<p><i>Crime Prevention Through Environmental Design can play an important role in preventing locations where illicit drug use might become problematic. In addition to assisting in drug related property crime.</i></p>

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Name of Initiative	Description	Links to Drug issues
Crime Stoppers (Ongoing initiative)	Provides the community with an opportunity to provide confidential anonymous information to police about crime.	<i>Provides a mechanism for community members to report drug related crime, or other drug issues anonymously if required.</i>
Police Ethnic Advisory Group (PEAG) (Ongoing initiative)	The Police Ethnic Advisory Group provides information to the Police Commissioner about crime issues of concern with the wider ethnic communities of the NT.	<i>Often community attitudes about the involvement of other "nationalities" in drug trafficking and the reluctance of some cultures to openly communicate with Police about drug related issues raises communication barriers. PEAG members have shown a willingness to tackle and address such issues in the NT.</i>
PEAG Youth Advisory and Action Group (Ongoing initiative)	Mirrors the PEAG, but brings forward crime issues of concern for ethnic youth.	<i>As above</i>
Aboriginal Remote area road safety program (Ongoing initiative)	Provide education and enforcement programs for road safety within Aboriginal Communities	<i>Will eventually assist in drug driving issues which are becoming recognised as a key problem area within the road safety and police arena. Particularly given the increasing participation by Aboriginal people in the illicit drug use patterns.</i>
Maranboy Project (Ongoing initiative)	For some years, NT Police have been working with the Maranboy community on increasing the level of Aboriginal involvement in delivering policing services in the community.	<i>Again, given the increasing involvement of Indigenous people in illicit drug use projects such as these assist identifying the issues and training requirements required to properly address drug related issues at both a Territory and local level.</i>

Name of Initiative	Description	Links to Drug issues
Territory-wide standardising of Warden and Night Patrol Schemes, and establishment and support for schemes in Aboriginal Communities. (New initiative)	NT Police are providing training and advice on standardizing operating procedures for community warden and Night Patrol schemes. The overall aim is to increase the effectiveness of Aboriginal community-based responses to anti-social behaviour and minimise alcohol and other substance related injury and violence.	<i>Whilst nightpatrols have traditionally dealt with Alcohol and petrol sniffing, anti-social behaviour, cannabis use and drug related psychotic instances appear to be of increasing concern. This special project is</i>
Blue Light Discos (Ongoing initiative)	Provides an alternative to young Territorians throughout the Territory to socialise in a safe environment supervised by Police.	<i>Off Duty Police Officers Running and assisting to provide a drug free environment for youth.</i>
Police & Citizen's Youth Club (PCYC) (Ongoing initiative)	Provides a safe supervised environment for youth to undertake sporting and recreation activities.	<i>Provides a safe supervised drug free environment for youth to undertake sporting and recreation activities.</i>
CBD Strategy 'City Safe' (New initiative)	High profile policing strategy aimed at reducing crime and disorder in the CBD. Operation 'City Safe' aims to reduce crime and disorder in the CBD and to reassure the public through a highly visible police presence.	<i>A highly visible police presence assists in reducing street or curb side drug dealing and deters visible public use of drugs.</i>
Hospital Liaison Officer (New initiative)	Liaises with victims of crime to provide advice and guidance. The Hospital Based Police Officer assists with development of policy and protocols between Health and Police to maximise service delivery.	<i>This program has already evolved to incorporate drug and alcohol issues and assists a variety health units on drug use issues.</i>
Drug awareness initiatives in Aboriginal Communities (New initiative)	Development of posters (Crime Stoppers) and information booklets on Marijuana effects.	<i>Local Police, School Based Police and Aboriginal Community Police Officers all contribute to local community Education programs. The ACPO'S have had developed a specially designed poster set to assist them in this task.</i>
Kava Control Measures (Ongoing initiative)	Cooperative approach with DBIRD Licensing Commission, monitoring licensing sales and consumption.	<i>Police are actively involved in the management of, and detection of offences in relation to Kava.</i>

Name of Initiative	Description	Links to Drug issues
Integrated Patrol Initiative – Southern Region (New initiative)	Broad-based strategic crime prevention initiative aimed at targeting restricted area liquor offences and reducing the availability of alcohol in dry communities. Aimed at reducing violence, disorder and traffic incidents. Involves a departure from traditional policing boundaries to a more fluid multi-station patrol approach, maximising the service delivery in specific areas as required.	<i>A highly visible police presence carrying out targeted patrols as described will also impact on possible illicit (cannabis) trafficking into remote communities.</i>
Todd Mall/River Patrol Strategy – Alice Springs (Ongoing initiative)	Broad based disorder and crime prevention initiative aimed at improving police effectiveness in the area. To date, a constant police presence with car patrols, foot patrols and trail-bike patrols aimed at moving drunks on and tipping out alcohol in the area is decreasing disorder and crime in the area. Liaison and interaction with shopkeepers and providing a highly visible police presence in the Mall and environs is having a positive effect.	<i>A highly visible police presence assists in reducing street or curb side drug dealing and deters visible public use of drugs.</i>
Crime Prevention & Aboriginal and Ethnic Services Unit (Ongoing initiative)	Coordinated Territory wide approach to crime prevention for all Territorians. Focuses on fostering networks and increased partnerships with all sectors of the Government, private and community organisations.	<i>Links to Drug awareness initiatives in Aboriginal Communities.</i>
Drug & Alcohol Policy Unit (Ongoing initiative)	The Drug and Alcohol Policy Unit is responsible for the design, development and coordination of alcohol and drugs policy and programs within the NTPFES. The primary focus is alcohol-related harm and its costs to the community. The other priority is illicit drug use.	<i>Primary Unit within NT Police which coordinates, analyses drug trends and issues and provides advice on Drug and Alcohol Policy Issues.</i>
Drink Driving Compliance Program (Ongoing initiative)	Specialised program utilising actual accident data ensuring that enforcement duties are closely correlated to the days, times and locations most needed. Provides a combination of crime prevention, detection and deterrence through Random Breath Testing (RBT) campaigns and other road safety initiatives.	<i>Current work indicates that Drug Driving is becoming an increasing issue for Police Australia wide. Strategies and practices and</i>

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