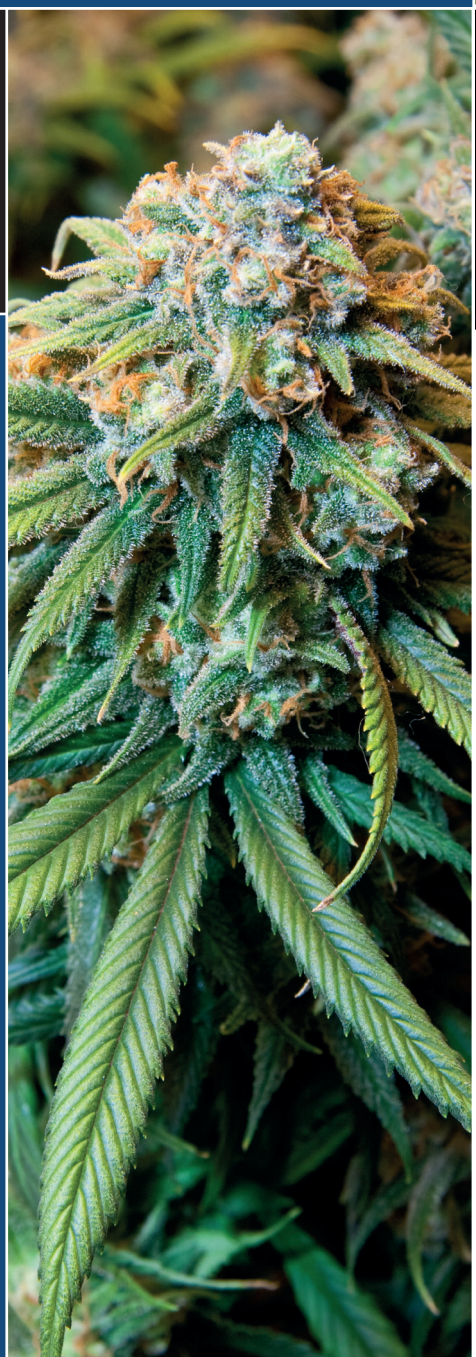
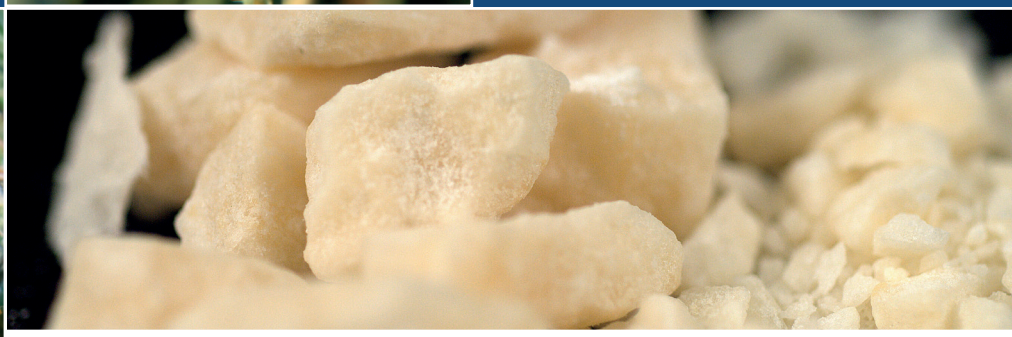
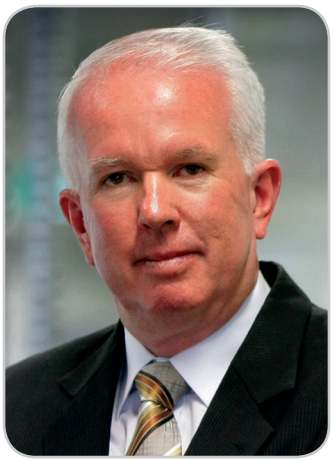




2011–12 ILLICIT DRUG DATA REPORT

ACC AUSTRALIAN CRIME COMMISSION 10 YEARS 2003–2013

AUSTRALIAN CRIME COMMISSION



FOREWORD

Over the last decade we have seen the illicit drug market evolve and diversify, presenting new and unique challenges for law enforcement, policy makers, and the community.

There have been changes in the availability and use of drugs—in part as a consequence of the increased availability of drug analogues and novel substances (DANS). There have been changes to drug supply routes and concealment methodologies employed in an attempt to avoid law enforcement detection. And technology continues to empower buyers and extend the reach of sellers.

One constant is the presence of organised crime. The illicit drug market remains the principle source of profit for organised crime and continues to be a key focus of our response. The Australian Crime Commission's (ACC) Illicit Drug Data Report (IDDR) informs our understanding of the threat, and focuses our collective efforts, by bringing together data from a wide range of sources into one unique report.

The IDDR is a statistical report that provides a national picture of the illicit drug market. Now in its tenth edition, the 2011–12 report highlights the continued vigilance and success of law enforcement in combating the illicit drug trade with over 76 000 seizures and more than 93 000 illicit drug related arrests this reporting period—both of which are the highest reported in the last decade.

A record 23.8 tonnes of illicit drugs were seized in 2011–12. Cannabis remains the dominant illicit drug in Australia in terms of use, arrests and the number of seizures. A single 11 tonne seizure of hypophosphorous acid—a precursor for the manufacture of methylamphetamine—resulted in other and unknown drugs accounting for over 50 per cent of the weight of drugs seized nationally this reporting period. This is only the second time on record that cannabis has not accounted for the greatest proportion of the weight of national seizures.

The detection and seizure of performance and image enhancing drugs (PIEDs) has continued to increase. The number of PIEDs detected at the Australian border has increased by more than 580 per cent over the last decade, with the number reported in 2011–12 the highest on record.

Just as drug markets change and evolve, so do the response strategies to address them. Recent initiatives include raising the awareness of young Australians of the harms associated with illicit drug use and the promotion of drug and alcohol treatment services for vulnerable populations across Australia.

The IDDR now includes a section within the *Other Drugs* chapter specifically dedicated to other and unknown drugs and substances. Other enhancements to the report include additional charts, forensic profiling data on DANS border seizures and information on health-related initiatives.

A decade on, the IDDR continues to provide governments, law enforcement agencies, policy makers, academia and interested stakeholders with a robust picture of the Australian illicit drug market. The report informs decision making and priority setting to assist in target hardening Australia against the threat, harm and destruction caused by illicit drugs.

The IDDR is a collective effort and I would like to take this opportunity to thank our government and non-government partners—including law enforcement, forensic services, health and academia—for their valued contributions over the last decade. Without their continued support and input, it would not be possible to understand the complex and evolving illicit drug market in Australia.

John Lawler AM APM
Chief Executive Officer
Australian Crime Commission

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EXECUTIVE SUMMARY

The Australian Crime Commission (ACC) *Illicit Drug Data Report 2011–12* provides a snapshot of the Australian illicit drug market. The report combines illicit drug data from a variety of sources including law enforcement, health and academia. The *Illicit Drug Data Report* is the only report of its type in Australia and provides an important evidence base to assist decision-makers in the development of strategies to combat the threat posed by illicit drugs.

Over the last decade, cannabis has remained the dominant illicit drug in the Australian market in terms of use, seizures and arrests. Other prominent drug types in the Australian market are amphetamine-type stimulants (ATS) and 'other and unknown'[1] drugs.

The number of illicit drugs seized nationally continues to increase, with 76 083 seizures in 2011–12, the highest reported in the last decade. Illicit drug related arrests are also the highest reported in the last decade, with 93 148 arrests in 2011–12.

In 2011–12, a record 23.8 tonnes of illicit drugs were seized nationally, a 154 per cent increase from the 9.3 tonnes seized in 2010–11. A single 11 tonne seizure of hypophosphorous acid[2] in New South Wales contributed to this significant increase in weight. As a direct consequence of this seizure, other and unknown drugs accounts for 56.8 per cent of the weight of national illicit drug seizures this reporting period.

Key findings from the *Illicit Drug Data Report 2011–12*:

- the number and weight of ATS (excluding MDMA) border detections increased and are the highest reported in the last decade
- the number and weight of national ATS seizures increased, with the number the highest reported in the last decade
- a record number of cannabis border detections, with seeds continuing to account for the majority of detections
- the number and weight of national cannabis seizures increased, with the number the highest reported in the last decade

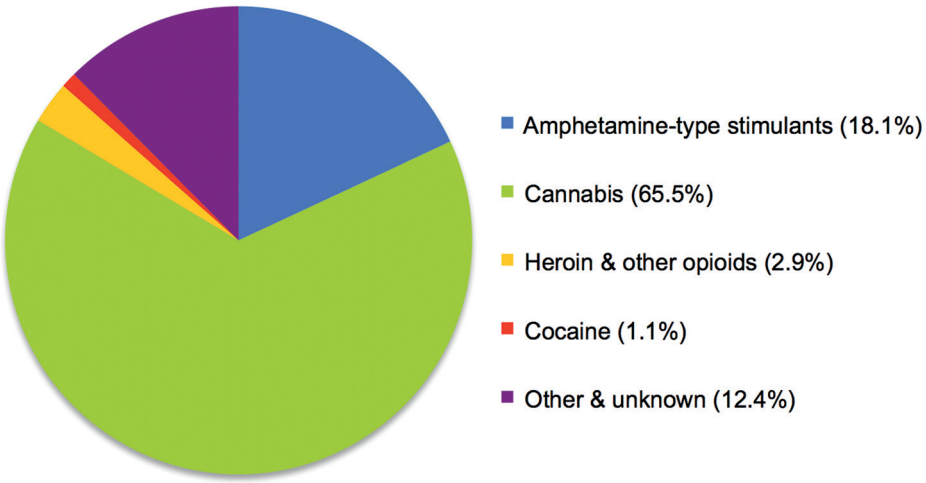
1 Other and unknown drugs include anabolic agents and selected hormones, tryptamines, anaesthetics, pharmaceuticals and drugs not elsewhere classified. In the *Executive Summary*, national seizure data for other and unknown drugs includes steroids, hallucinogens and 'other and unknown not elsewhere classified' recorded in Table 39 of the *Statistics* chapter.

2 Hypophosphorous acid is a reducing agent used in the manufacture of methylamphetamine. The hypophosphorous method of production is the predominant production method identified in Australian clandestine laboratories.

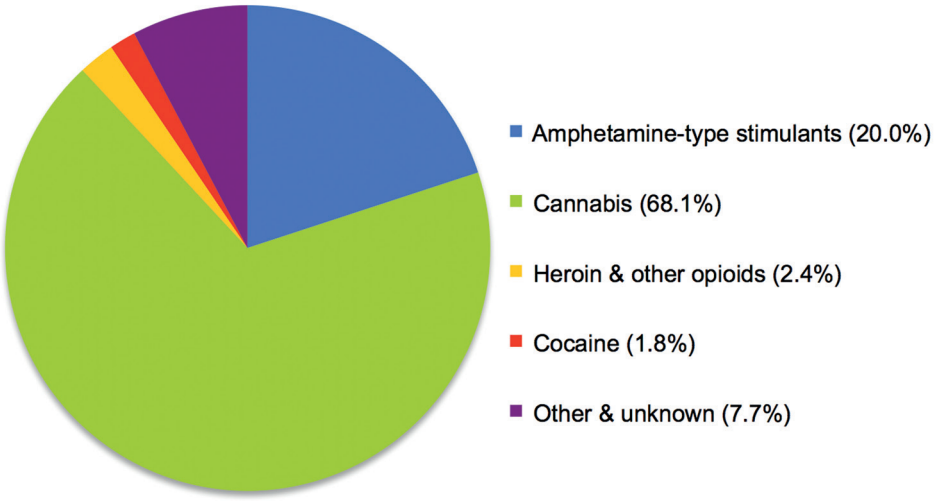
- the prominent source region for analysed heroin border seizures has fluctuated over the years between South-East Asia and South-West Asia
- the number and weight of national heroin seizures increased
- profiling of analysed border seizures indicates Colombia as the predominant source region for cocaine seized at the Australian border
- the number and weight of national cocaine seizures increased, with the weight the highest reported in the last decade
- the number of detections of performance and image enhancing drugs at the border increased and are the highest reported in the last decade
- the number and weight of national steroid seizures increased and are the highest reported in the last decade
- a record 809 clandestine laboratories were detected, the majority of which were producing ATS (excluding MDMA)
- in terms of size and production capacity, the majority of clandestine laboratories detected were small addict-based laboratories.

The following charts provide an overview of the Australian illicit drug market in 2011–12.

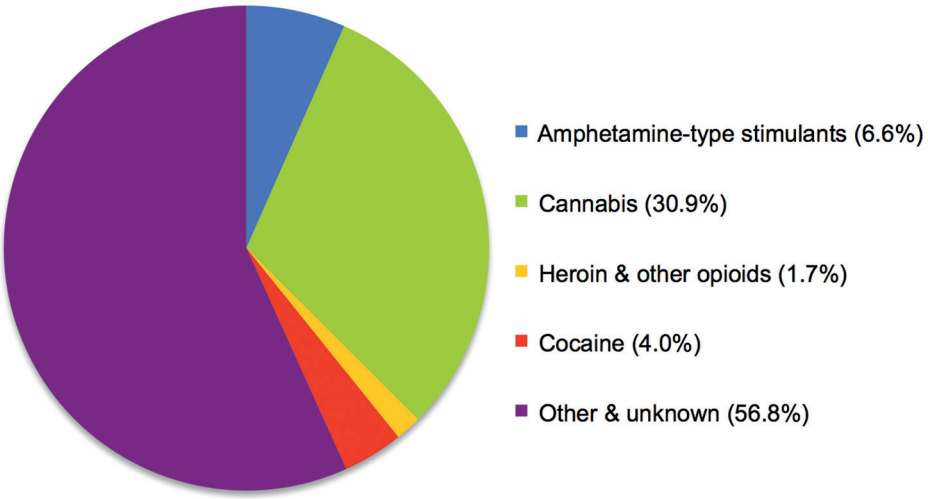
ARRESTS, 2011–12



SEIZURES BY NUMBER, 2011–12

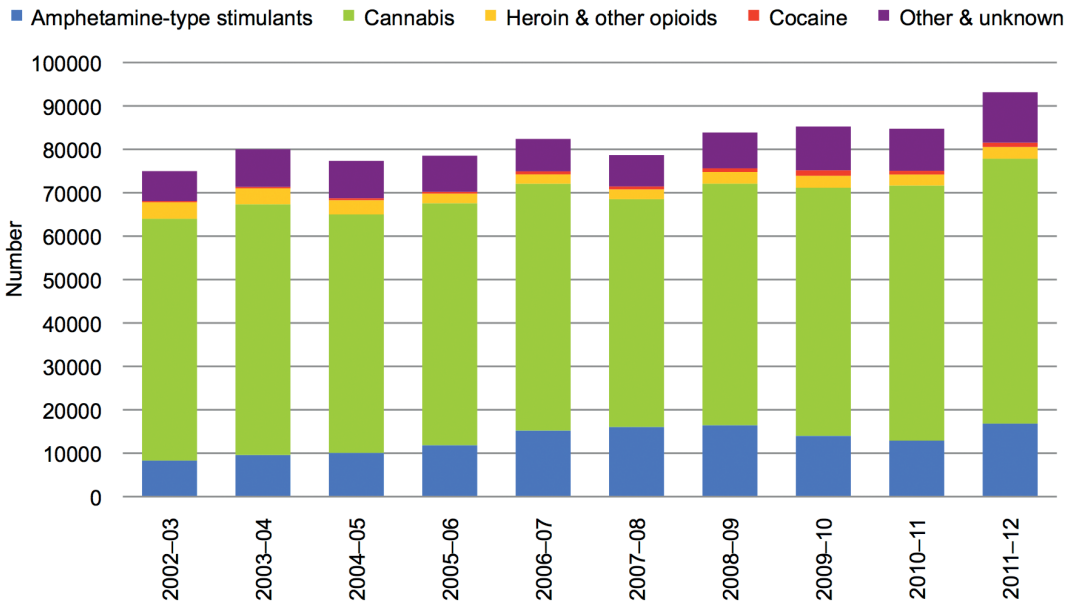


SEIZURES BY WEIGHT, 2011–12



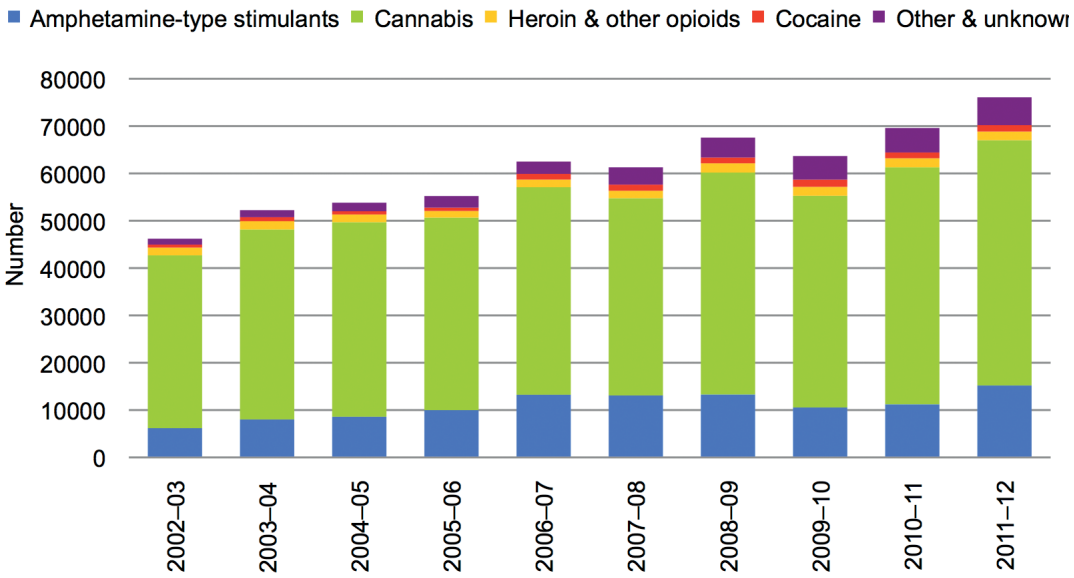
The following charts provide an overview of changes that have occurred in the illicit drug market in the last decade.

NATIONAL ILLICIT DRUG ARRESTS, 2002–03 TO 2011–12



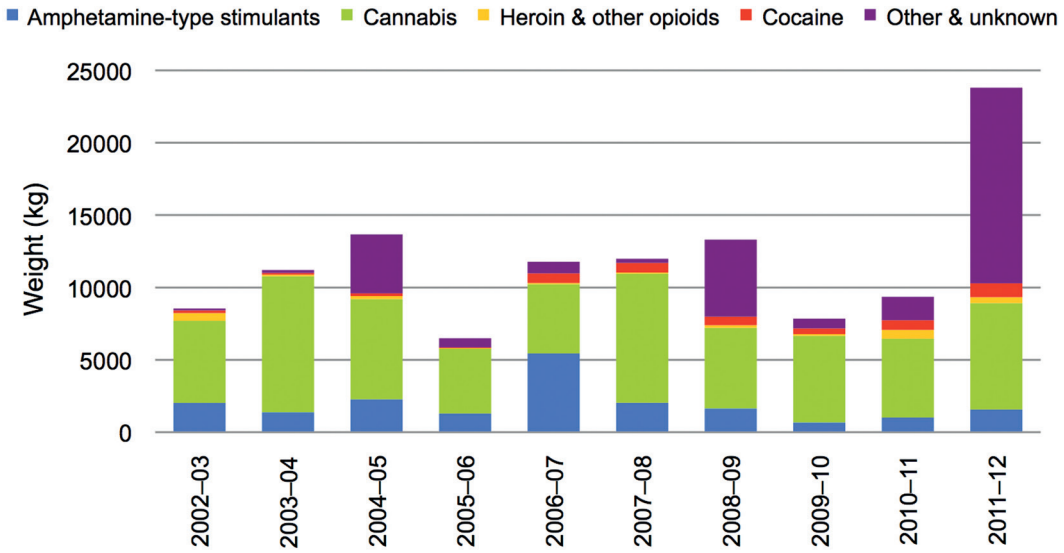
- The number of national illicit drug arrests in 2011–12 is the highest reported in the last decade.
- The number of ATS arrests increased in 2011–12, accounting for 18.1 per cent of all illicit drug related arrests.
- Cannabis has consistently accounted for around two-thirds of illicit drug arrests in Australia.
- Heroin and other opioid arrests accounted for 2.9 per cent of national illicit drug arrests in 2011–12, the lowest since 2007–08.
- Since 2008–09, cocaine has accounted for around 1 per cent of illicit drug related arrests.
- Other and unknown drug arrests have continued to increase over the last decade, accounting for 12.4 per cent of illicit drug related arrests in 2011–12.

NUMBER OF NATIONAL ILLICIT DRUG SEIZURES, 2002–03 TO 2011–12



- The number of national illicit drug seizures has increased 62 per cent over the last decade, from 46 830 in 2002–03 to 76 083 in 2011–12.
- Over the last decade, ATS seizure numbers have remained second only to cannabis, accounting for 20 per cent of national illicit drug seizures in 2011–12.
- Cannabis continues to account for over two-thirds of the number of national illicit drug seizures, with the 51 823 seizures this reporting period the highest reported in the last decade.
- Since 2002–03, the number of national heroin and other opioid seizures have accounted for less than 4 per cent of national illicit drug seizures.
- In 2011–12, national cocaine seizures accounted for 1.8 per cent of national illicit drug seizures by number.
- The proportion of national seizures attributed to other and unknown drugs has continued to increase over the last decade, from 2.7 per cent in 2002–03 to 7.7 per cent in 2011–12.

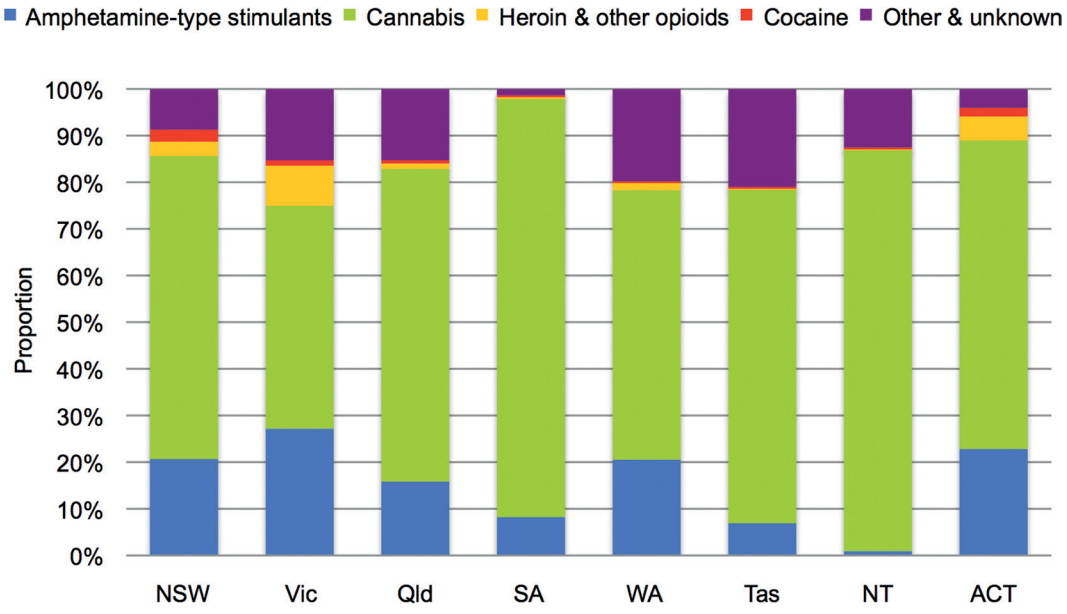
WEIGHT OF NATIONAL ILLICIT DRUG SEIZURES, 2002–03 TO 2011–12



- The weight of national illicit drug seizures has fluctuated over the last decade, ranging between 6.4 tonnes in 2005–06 to 23.8 tonnes in 2011–12.
- For the first time since 2006–07, cannabis did not account for the greatest proportion of the weight of national illicit drug seizures.
- The weight of national cocaine seizures is the highest reported in the last decade.
- While the weight of national heroin and other opioid seizures decreased in 2011–12, it is the third highest reported in the last decade.
- Due to a single 11 tonne seizure of hypophosphorous acid, the weight of national other and unknown drug seizures accounted for 56.8 per cent of national illicit drug seizures in 2011–12.

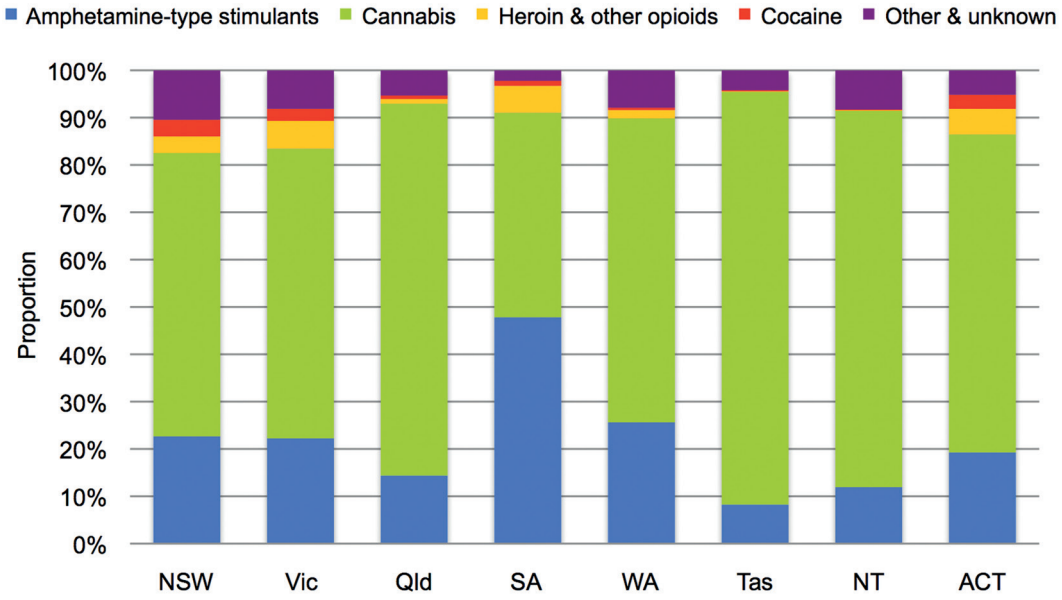
The following charts present national illicit drug arrests and seizures reported in 2011–12 by state and territory and drug type.

NUMBER OF ILLICIT DRUG ARRESTS, AS A PROPORTION OF TOTAL ARRESTS, BY STATE AND TERRITORY, 2011–12



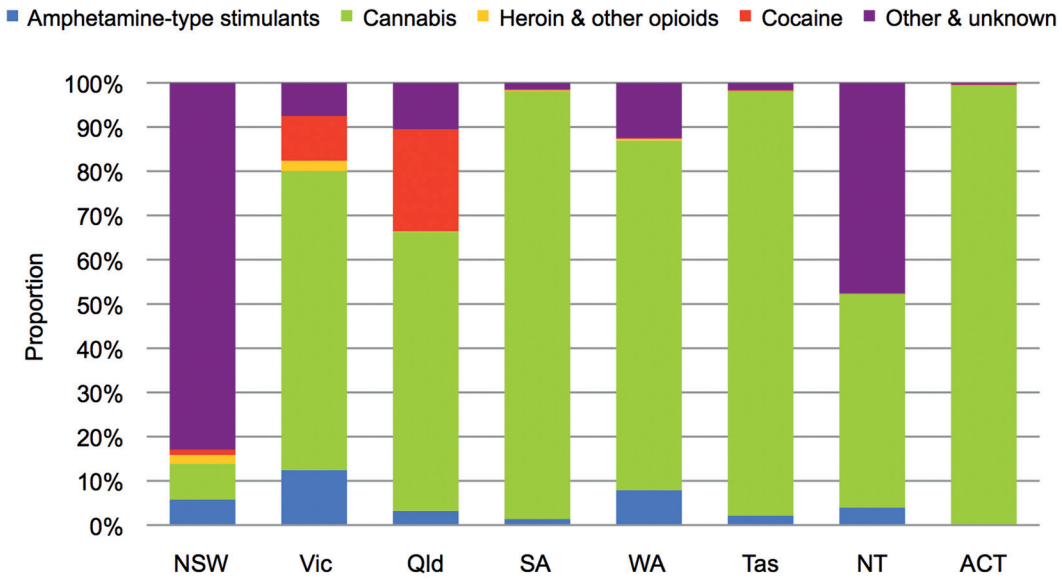
- With the exception of Victoria, over half of the illicit drug arrests in all states and territories were cannabis related.
- With the exception of Tasmania and the Northern Territory, ATS arrests were second only to cannabis in all states and territories.
- In New South Wales, 2.6 per cent of all illicit drug arrests were related to cocaine, the highest proportion reported by any state or territory in 2011–12.
- In Victoria, 8.6 per cent of all illicit drug arrests were related to heroin and other opioids, the highest proportion reported by any state or territory in 2011–12.
- In Tasmania, 21 per cent of all illicit drug arrests related to other and unknown drugs, the highest proportion reported by any state or territory in 2011–12.

NUMBER OF ILLICIT DRUG SEIZURES, AS A PROPORTION OF TOTAL SEIZURES, BY STATE AND TERRITORY, 2011–12



- With the exception of South Australia, cannabis accounted for the greatest proportion of illicit drug seizures in all states and territories.
- South Australia reported ATS as the most seized drug, while all other states and territories reported ATS as the second most seized drug.
- In New South Wales, 10.5 per cent of all illicit drug seizures related to other and unknown drugs, the highest proportion reported by any state or territory in 2011–12.
- In Victoria, 5.9 per cent of all illicit drug seizures were related to heroin and other opioids, the highest proportion reported by any state or territory in 2011–12.

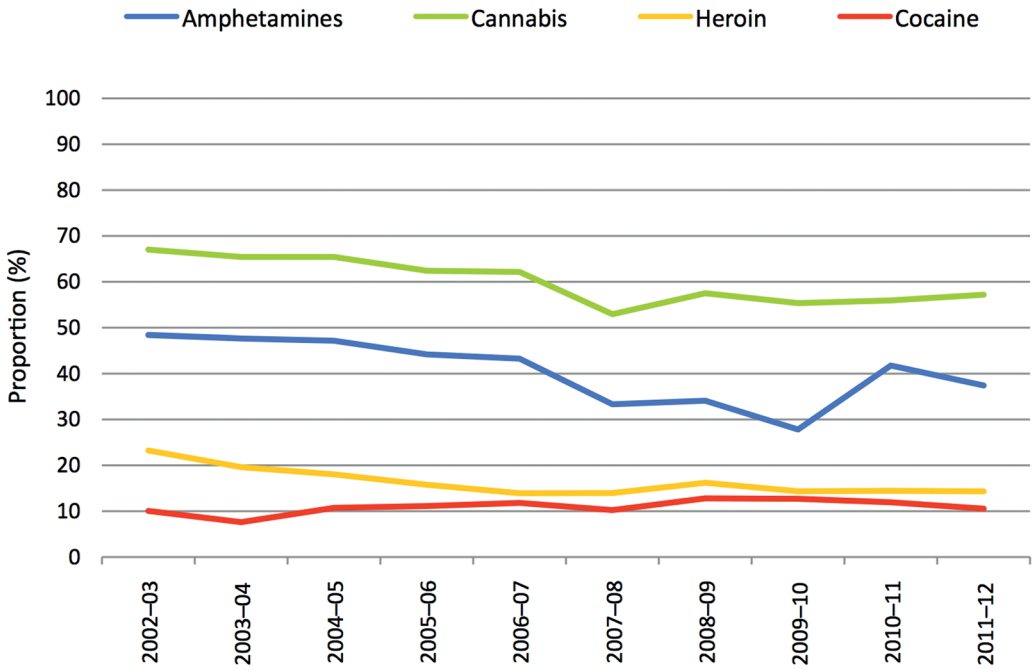
WEIGHT OF ILLICIT DRUG SEIZURES, AS A PROPORTION OF TOTAL WEIGHT, BY STATE AND TERRITORY, 2011–12



- With the exception of New South Wales, cannabis accounted for the greatest proportion of the weight of illicit drug seized in all states and territories.
- Cannabis accounted for over 90 per cent of the weight of illicit drugs seized in South Australia, Tasmania and the Australian Capital Territory.
- In Victoria, ATS accounted for 12 per cent of the weight of illicit drugs seized, the highest proportion reported by any state or territory in 2011–12.
- In Queensland, cocaine accounted for 23 per cent of the weight of illicit drugs seized, the highest proportion reported by any state or territory in 2011–12.
- In New South Wales, other and unknown drugs accounted for 83 per cent, the highest proportion reported by any state or territory in 2011–12. This is a direct consequence of the 11 tonne seizure of hypophosporous acid.

The following chart provides an overview of self-reported illicit drug use, in the 12 months preceding interview in an Australian detainee population, 2002–03 to 2011–12 (Source: Australian Institute of Criminology).

PROPORTION OF DETAINEES REPORTING ILLICIT DRUG USE IN THE 12 MONTHS PRECEDING INTERVIEW, 2002–03 TO 2011–12 (Source: Australian Institute of Criminology)



- Cannabis remained the most commonly reported illicit drug used by police detainees in the 12 months preceding interview. Following a noticeable decline in 2007–08, reported use has remained relatively stable since 2009–10.
- Amphetamines remained the second most commonly reported illicit drugs used by police detainees. Following an increase in reported use in 2010–11, the proportion decreased in 2011–12.
- Reported heroin use in the detainee population has declined over the last decade, decreasing from 23 per cent in 2002–03 to 14 per cent in 2011–12.
- Reported cocaine use has remained relatively stable over the last decade at around 11 per cent.

ACKNOWLEDGEMENTS

This report contains data and analysis provided by federal, state and territory police, as well as forensic laboratories and the Australian Customs and Border Protection Service. Police and forensic data managers contributed significantly to improving this report's data quality. Their expertise and experience, along with their continued support, has been invaluable to the Australian Crime Commission.

Key contributors are listed below:

- Australian Customs and Border Protection Service
- Australian Institute of Criminology, Drug Use Monitoring Program
- Australian Federal Police
- Australian Federal Police, Forensic and Data Centres
- Australian Federal Police, ACT Policing
- ChemCentre
- Department of Health and Ageing
- Forensic Science Service Tasmania
- Forensic Science South Australia
- New South Wales Health, Mental Health and Drug and Alcohol Office
- New South Wales Forensic and Analytical Science Service
- New South Wales Police Force
- Northern Territory Police
- Queensland Health Forensic and Scientific Services
- Queensland Police Service
- South Australia Police
- Tasmania Police
- Victoria Police
- Western Australia Police.

ABBREVIATIONS

AAS	Anabolic and Androgenic Steroids
ACC	Australian Crime Commission
ACT	Australian Capital Territory
ADS	Alcohol Drug Service
AFP	Australian Federal Police
AGD	Attorney-General's Department
AIC	Australian Institute of Criminology
AIDDC	Australian Illicit Drug Data Centre
AIDS	Acquired Immunodeficiency Syndrome
AIHW	Australian Institute of Health and Welfare
ANZPAA	Australia New Zealand Policing Advisory Agency
AOD	Alcohol and Other Drugs
APAAN	Alphaphenylacetoacetonitryl
ATS	Amphetamine-Type Stimulants
BINLEA	Bureau for International Narcotics and Law Enforcement Affairs
BZP	1-benzylpiperazine
CENs	Cannabis Expiation Notices
CIH	Cannabis Information and Helpline
CINs	Cannabis Infringement Notices
CIRs	Cannabis Intervention Requirements
CNS	Central Nervous System
COAG	Council of Australian Governments
CMD	Court Mandated Diversion
Customs and Border Protection	Australian Customs and Border Protection Service
DAC	Drug and Alcohol Coordination
DANS	Drug Analogues and Novel Substances
DEA	Drug Enforcement Administration
DET	Diethyltryptamine
DHEA	Dehydroepiandrosterone
DHHS	Department of Health and Human Services
DINs	Drug Infringement Notices
DMA	Dimethoxyamphetamine
DMAA	1,3-dimethylamylamine
DMMC	3,4-dimethylmethcathinone
DMR	Drugs Misuse Regulation 1987
DMT	Dimethyltryptamine
DMTA	*Drug Misuse and Trafficking Act 1985*

ABBREVIATIONS CONT.

DMTR	Drug Misuse and Trafficking Regulation
DOB	4-bromo-2,5-dimethoxyamphetamine
DoHA	Department of Health and Ageing
DOM	2,5-dimethoxy-4-methylamphetamine
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and Related Drug Reporting System
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EPO	Erythropoietin
EU	European Union
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
gms	Grams
hCG	Human Chorionic Gonadotrophin
HIV	Human Immunodeficiency Virus
hGH	Human Growth Hormone
IAWGD	Inter Agency Working Group on Drugs
IDDI	Illicit Drug Diversion Initiative
IDDR	Illicit Drug Data Report
IDRS	Illicit Drug Reporting System
IGCD	Intergovernmental Committee on Drugs
IGF	Insulin-like Growth Factors
INCB	International Narcotics Control Board
LH	Luteinising Hormone
LSD	Lysergic Acid Diethylamide
MBDB	N-methyl-1-(1,3-benzodioxol-5-yl)-2-butanamine
MDA	3,4-methylenedioxyamphetamine
MDEA	3,4-methylenedioxy-N-ethylamphetamine
MDMA	3,4-methylenedioxymethylamphetamine
MDMC	3,4-methylenedioxymethcathinone
MDP2P	3,4-methylenedioxyphenyl-2-propanone
MDPV	3,4-methylenedioxypyrovalerone
MSM	Methylsulfonylmethane
NCPIC	National Cannabis Prevention and Information Centre
NDARC	National Drug and Alcohol Research Centre
NDLEA	Nigerian National Drug Law Enforcement Agency
NDLERF	National Drug Law Enforcement Research Fund
NDRI	National Drug Research Institute

ABBREVIATIONS CONT.

NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
NEC	Not Elsewhere Classified
NGO	Non-Government Organisation
NGOTGP	Non-Government Organisation Treatment Grants Program
NIDIP	National Illicit Drug Indicators Project
NIDRF	National Illicit Drug Reporting Format
NMI	National Measurement Institute
NSW	New South Wales
NSWPF	New South Wales Police Force
NT	Northern Territory
P2P	Phenyl-2-propanone
PBS	Pharmaceutical Benefits Scheme
PCP	Phencyclidine
PIEDs	Performance and Image Enhancing Drugs
PMA	Paramethoxyamphetamine
PMK	Piperonylmethylketone
PMMA	Paramethoxymethylamphetamine
Poison Standard	Standard for the Uniform Scheduling of Poisons
PSE	Pseudoephedrine
PTGA	*Poisons and Therapeutic Goods Act 1966*
Qld	Queensland
QPS	Queensland Police Service
SA	South Australia
SCONs	Simple Cannabis Offence Notices
Tas	Tasmania
TFMPP	3-trifluoromethylphenylpiperazine
THC	Delta-9-tetrahydrocannabinol
UK	United Kingdom
UNODC	United Nations Office on Drugs and Crime
US	United States of America
Vic	Victoria
WA	Western Australia
WADA	World Anti-Doping Authority
1,4-BD	1,4-butanediol
4-MMC	4-methylmethcathinone
4-MTA	4-methylthioamphetamine

INTRODUCTION

The *Illicit Drug Data Report* is the only report of its type in Australia, providing governments, law enforcement agencies and interested stakeholders with a national picture of the illicit drug market. This report provides the data necessary to assess current and future illicit drug trends and offers a brief analysis of those trends.

The Australian Crime Commission (ACC) collects data annually from all state and territory police services, the Australian Federal Police (AFP), the Australian Customs and Border Protection Service (Customs and Border Protection), and state and territory forensic laboratories. The illicit drug data collected and presented in this report for the 2011–12 financial year includes:

- arrests
- seizures
- purity levels
- profiling data (heroin and cocaine)
- prices.

The purpose of this report is to provide statistics and analysis to assist decision makers in developing illicit drug supply and harm reduction strategies. The data also assists the Australian Government to meet national and international reporting obligations.

The ACC uses the National Illicit Drug Reporting Format (NIDRF) to standardise the data received from each law enforcement agency and other contributing organisations.

KEY POINTS 2011–12

AMPHETAMINE-TYPE STIMULANTS

- Both the number and weight of ATS (excluding MDMA) detections at the Australian border increased and are the highest reported in the last decade.
- While the weight of MDMA detected at the Australian border remains low, the number of detections increased by 761 per cent and is the highest reported in the last decade.
- The weight of national ATS seizures increased by 55.9 per cent.
- The number of national ATS arrests increased to 16 828 and is the highest reported in the last decade.

CANNABIS

- There was a record 2 660 cannabis detections at the Australian border, with cannabis seeds continuing to account for the majority of detections.
- The weight of cannabis detected at the Australian border decreased by 75.6 per cent.
- The number and weight of national cannabis seizures increased, with the number of seizures the highest reported in the last decade.
- The number of national cannabis arrests continued to increase and is the highest reported in the last decade.

HEROIN

- The weight of heroin detected at the Australian border decreased, but remains the third highest weight reported in the last decade.
- Profiling data from 2011 indicates the majority of analysed heroin seizures at the Australian border originated in South-West Asia.
- The number of national heroin seizures increased and is the highest reported in the last decade.
- While the number of national heroin and other opioid related arrests increased, they remain low compared to those reported earlier in the decade.

KEY POINTS 2011–12 CONT.

COCAINE

- Both the number and weight of cocaine detections at the Australian border increased and are the highest reported in the last decade.
- Profiling data from 2011 indicates an increase in the proportion of analysed cocaine border seizures with Peruvian leaf-origin.
- The weight of national cocaine seizures increased and is the highest reported in the last decade.
- The number of national cocaine arrests increased and is the second highest reported in the last decade.

OTHER DRUGS

- The number of performance and image enhancing drugs detected at the Australian border increased by 56.9 per cent and is the highest reported in the last decade.
- The number of hormones detected at the Australian border more than doubled and is the highest reported in the last decade.
- National steroid seizures and arrests increased and are the highest on record.
- The weight of national hallucinogen seizures increased over 50 per cent and is the highest on record.
- As a direct consequence of the 11 tonnes of hypophosphorous acid seized, the national seizure weight of other and unknown drugs is at a record high.

CLANDESTINE LABORATORIES AND PRECURSORS

- A record 809 clandestine laboratories were detected in Australia.
- The majority of clandestine laboratories detected were small addict-based laboratories.
- 70.6 per cent of clandestine laboratories were detected in residential areas.
- The weight of ATS (excluding MDMA) precursors detected at the border increased by 123.5 per cent.

AMPHETAMINE-TYPE STIMULANTS

KEY POINTS

Both the number and weight of ATS (excluding MDMA) detections at the Australian border increased and are the highest reported in the last decade.

While the weight of MDMA detected at the Australian border remains low, the number of detections increased by 761 per cent and is the highest reported in the last decade.

The weight of national ATS seizures increased by 55.9 per cent.

The number of national ATS arrests increased to 16 828 and is the highest reported in the last decade.

MAIN FORMS

Amphetamine-type stimulants (ATS) are a group of psycho-stimulant substances that are related to the parent compound amphetamines (Hart et al 2008). Drugs within the ATS group are stimulants and include amphetamine, methylamphetamine and phenethylamines. ATS increase dopamine levels in the brain. The rapid release of dopamine produces an intense euphoria, or 'rush'. The psychological effects of ATS are dependent on the dosage, characteristics of the user and method of administration (NIDA 2010a). A list of common ATS used in Australia are outlined in Table 1.

TABLE 1: ATS used in Australia

Drug type	Common names	Forms	Method of administration
Amphetamine	Speed, whiz, uppers, goey, louee, dexies, pep pills	White, yellow, pink or brown powder, paste	Oral, intranasal, injection, anal[a]
Dexamphetamine[b] (amphetamine dextro isomer in a pharmaceutical preparation)	Dexies, D-amp, dex	White, round tablets that can have the marking 'D5'	Oral, intranasal, injections, anal[a]
Methylamphetamine (general term, frequently 'cut' or diluted form of methylamphetamine hydrochloride salt)	Meth, speed, whiz, fast, uppers, goey, louee, Lou Reed[c], rabbit[c], tail[c], pep pills; in paste form can be referred to as base, pure or wax; in liquid form can be referred to as oxblood, leopard's blood, red speed or liquid red	White, yellow or brown powder, paste, tablets or a red liquid	Oral, intranasal, injection, anal[a]
Methylamphetamine hydrochloride (Crystalline form - 'uncut', undiluted)	Small crystal particle size known as 'crystal' – larger particle sizes known as 'ice'; other terms include, meth, d-meth, glass, crystal, batu, shabu (from the Philippines)	Crystal—resembles crushed ice, particle size variable	Smoking, intranasal, injection
3,4-methylenedioxymethamphetamine (MDMA)	XTC, X, Ecstasy, Adam, M&M, eccy, E, Go, Scooby Snacks, hug, beans	Tablet, powder, capsule, geltab (rare)	Oral, intranasal, smoking, injecting
3,4- methylenedioxyethylamphetamine (MDEA)	Eve	Tablet	Oral
3,4-methylenedioxyamphetamine (MDA)	Love bug, Crystal, P, Window Pane	Tablet	Oral
N-methyl-1-(1,3-benzodioxol-5-yl)-2-butanamine (MBDB)	Eden	Tablet	Oral
Paramethoxyamphetamine (PMA)[d]	Death, Dr Death, Mitsubishi Double	Tablet, powder	Oral, intranasal, injecting (rare)
Paramethoxymethylamphetamine (PMMA)	PMMA	Tablet	Oral

Drug type	Common names	Forms	Method of administration
4-bromo-2,5-dimethoxyphenethylamine	Nexus, 2-CB, bromo, TWOs	Tablet (Nexus), blotting paper, powder	Oral, intranasal
4-bromo-2,5-dimethoxyamphetamine (DOB)	DOB, 4-bromo-DMA, bromo	Tablet, blotting paper	Oral
2,5-dimethoxy-4-methylamphetamine (DOM)	DOM, STP	Tablet, blotting paper	Oral
4-methylthioamphetamine (4-MTA)	Flatliner, Golden Eagle	Tablet	Oral

a. In tablet form, the drug can be inserted into the anus or the vagina to avoid irritation to the user's stomach, which commonly occurs when taken orally (also known as 'shafting' or 'shelving').
b. Dexamphetamine (also known as dextroamphetamine sulphate) is sold in tablet form in Australia for Attention Deficit Hyperactivity Disorder (ADHD) and narcolepsy, in accordance with state and territory laws. It is also used illicitly.
c. Terminology noted in Queensland.
d. PMA has stimulant and hallucinogenic properties. It is an analogue of MDMA with broadly similar effects.

The most common forms of amphetamine are powder and tablets. Amphetamine can be swallowed, snorted and less commonly injected. Methylamphetamine has four common forms—tablet, crystal, base (also referred to as paste) and powder (also referred to as speed). Powder is the most common form used in Australia. Methylamphetamine can be swallowed, snorted, smoked or injected. Crystal methylamphetamine, often referred to as 'ice', is a highly purified form that is crystalline in appearance.[1] Ice is generally heated and the vapours inhaled. It can also be injected after being dissolved in water (Drabsch 2006; Pennay & Lee 2008).

Due to slight structural differences, methylamphetamine produces a stronger nervous system response than amphetamine. Short-term effects of amphetamine and methylamphetamine use include sweating, headaches, anxiety and paranoia. High doses can result in blurred vision, hallucinations, tremors and stroke. Long-term use can result in paranoia, depression, increased risk of heart failure and stroke (ADF 2012). Users may take other drugs to enhance the effects of amphetamine and methylamphetamine, or to counteract undesired side effects. This can place increased pressure on a user's body, including elevated heart rate and respiration (ADF 2008; EMCDDA 2011).

Phenethylamines are a group of ATS which include 3,4-methylenedioxymethamphetamine (MDMA), methylenedioxyamphetamine (MDA) and other similar substances. This report focuses on MDMA, which is a synthetic stimulant. MDMA has a chemical structure and effects similar to amphetamine and may also induce hallucinogenic effects. MDMA users may experience a sense of euphoria and wellbeing, closeness to others, greater sociability and sharpened sensory perception (CAMH 2012; EMCDDA 2011).

Short-term effects of MDMA use may include impairment of cognitive functions—such as perception and mental associations—dry mouth, headache, nausea, blurred vision and insomnia. Long-term use may lead to poor memory recall, flashbacks, panic attacks, psychosis and irreversible impairment to cognitive functions (Baker et al 2004; NHTSA 2012).

1 While the crystal form of methylamphetamine is typically of higher purity, appearance alone is not a reliable indicator of purity. Purity levels may be influenced by a number of factors, including the adulterants used. For example, by adding methylsulfonylmethane (MSM) a lower purity product may be attained while maintaining a crystalline appearance.

Tablets are the most common form of MDMA, which generally feature a characteristic impression or logo. Other forms include capsules, a white or off-white powder and crystals which are soluble in water. While MDMA is most commonly ingested, it can also be snorted, inhaled and injected (CAMH 2012; EMCDDA 2011).

MDMA is commonly referred to as 'ecstasy', although this term has now been generalised to cover a wide range of other substances. Ecstasy may contain substituted amphetamine derivatives such as paramethoxyamphetamine (PMA), 3,4-methylenedioxyamphetamine (MDA) and methylenedioxyethylamphetamine (MDEA) or may include a range of other drugs and substances such as ephedrine, ketamine and caffeine. The unknown content of ecstasy increases the risk to users, who are subject to unpredictable and varied side effects (CAMH 2012; EMCDDA 2011; NIDA 2010b).

INTERNATIONAL TRENDS

ATS are now the second most widely used illicit drug after cannabis, surpassing the use of both cocaine and heroin globally (UNODC 2012a).

ATS remain the primary illicit drug threat in East and South-East Asia, despite ongoing high levels of cannabis use and a strengthening regional heroin market. In 2011, half of the world's methylamphetamine seizures occurred in the region, which also accounts for half of all global users. According to the United Nations Office on Drugs and Crime (UNODC), East and South-East Asia's crystalline methylamphetamine market is rapidly expanding, with seizures during 2011 at record levels in several countries. During 2011, China, Malaysia, Indonesia, Singapore, Cambodia and Thailand seized a combined total of 8.1 tonnes of crystalline methylamphetamine. The largest seizures were recorded in China (4.5 tonnes), Malaysia (1.2 tonnes), Thailand (1.2 tonnes) and Indonesia (1.1 tonnes) (UNODC 2012b).

ATS use in Indonesia continues to grow and exceeds cannabis as the country's primary drug of concern. Indonesian authorities have observed that ATS use, once largely confined to major urban centres such as Jakarta, is spreading throughout the Indonesian archipelago, both geographically and demographically (NNB 2012). According to media reporting in May 2012, Indonesian law enforcement disrupted a Malaysian syndicate attempting to traffic a large quantity of methylamphetamine from China to Indonesia via Malaysia. Authorities reportedly seized 351 kilograms of methylamphetamine and 2 kilograms of ephedrine during the operation (Antara 2012).

International traffickers are continuing to adapt to law enforcement targeting, utilising a range of importation methodologies in an effort to avoid detection and ensure the ATS reaches the target market. In November 2011, Malaysian authorities detected two shipments of high purity methylamphetamine totalling 125 kilograms, hidden in shipping containers. Malaysian authorities observed that the shift to sea cargo importations may have resulted from heightened surveillance at Kuala Lumpur International Airport (UNODC 2012a).

Traffickers continue to move precursors sourced from a variety of countries (including Bangladesh, China, India and Thailand) into clandestine laboratories located in Myanmar's Shan State. Criminal groups, including armed militia groups, are then producing substantial quantities of ATS which are subsequently trafficked to several regional countries (BINLEA 2012).

According to open source reporting, economic development in South-West China is facilitating the movement of illicit drugs from Myanmar into China. Increased vehicle traffic due to improved highways is enabling traffickers to conceal shipments within road transport, bypassing isolated mountain and river transport routes (Mizzima News 2012).

ATS production in Iran remains strong, with their authorities seizing 3 tonnes of methylamphetamine between March 2011 and January 2012. Methylamphetamine produced in Iran is intended for broader markets, with Iranian drug syndicates increasing their involvement in the South-East Asian methylamphetamine trade. In January 2012, Indonesian authorities disrupted an international drug trafficking syndicate, seizing 50 kilograms of crystalline methylamphetamine at Soekarno-Hatta International Airport, believed to have originated from Iran. In February 2012, Malaysian police raided a methylamphetamine laboratory in Kuala Lumpur, arresting four Iranian and three Malaysian nationals in addition to seizing 7 kilograms of crystal methylamphetamine and 25 kilograms of ephedrine (UNODC 2012a).

Mexico remains a major global producer of ATS, as highlighted by several large-scale clandestine laboratory detections during 2011 and 2012. In February 2012, Mexican authorities recorded their single largest seizure of ATS, dismantling a laboratory in Western Mexico and seizing 15 tonnes of methylamphetamine worth an estimated US$4 billion. In July 2011, Mexican authorities raided a large industrial warehouse in Queretaro, seizing 787 tonnes of phenylacetamine, a pre-precursor used in the manufacture of methylamphetamine. During 2011, seizures of precursor chemicals by the Government of Mexico totalled over 527 tonnes (BINLEA 2012; UNODC 2012a).

In December 2011, Mexican authorities made seven separate seizures of ATS precursor chemicals, totalling 741 tonnes. Six consignments of the unregulated chemical monomethylamine were destined for Guatemala. Authorities also dismantled an ATS laboratory in Guatemala, seizing 500 kilograms of methylamphetamine. In January 2012, Mexican authorities detected a further 12 sea cargo containers of monomethylamine, shipped from China, of which 10 containers were destined for Guatemala. The remaining 2 containers were to be transported to Nicaragua. This is considered to be the first report of Mexican syndicates attempting to traffic ATS precursors to Nicaragua. This may point to increased manufacturing activity in Central America and the rising influence of Mexican cartels in the synthetic drugs market within the region (UNODC 2012a).

North America continues to be a substantial market for ATS, as evidenced by a joint operation between the United States Drug Enforcement Administration (DEA) and Phoenix police. The 15-month investigation, titled ‘Operation Crank Call’, targeted a trafficking cell associated with the Mexican Sinaloa Cartel. In addition to substantial quantities of cannabis and cocaine, authorities also seized 198 kilograms of methylamphetamine (DEA 2011). Despite joint efforts between the United States of America (US) and Canada to target precursor chemicals and to identify and dismantle clandestine laboratories, the production of methylamphetamine and MDMA in Canada continues to increase (BINLEA 2012).

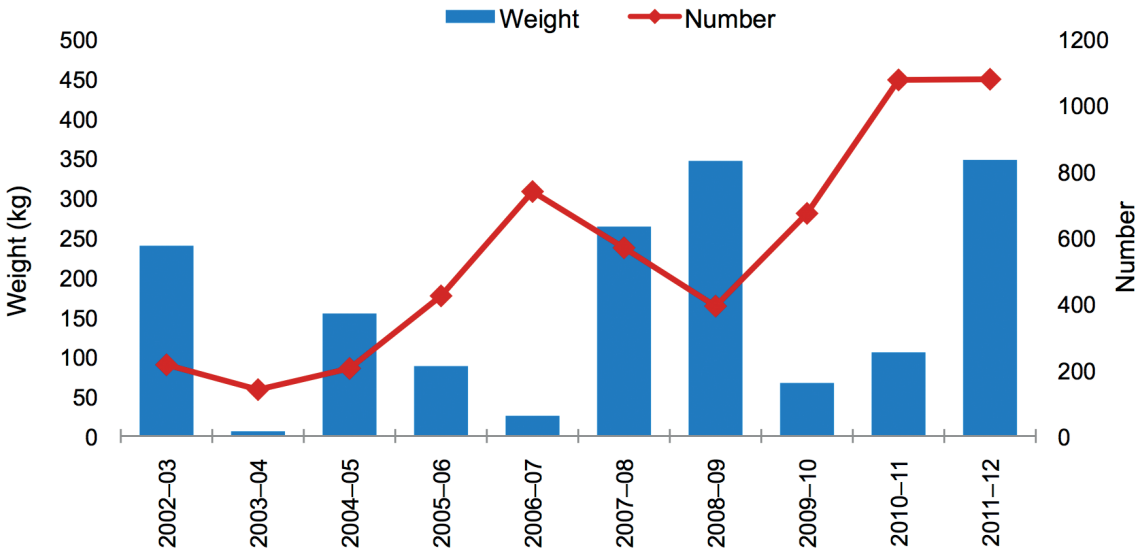
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The Australian Customs and Border Protection Service continue to detect amphetamine, methylamphetamine and crystal methylamphetamine at the border.

In 2011–12, both the number and weight of ATS (excluding MDMA) detections at the Australian border increased, and are the highest reported in the last decade (see Figure 1). The number of ATS (excluding MDMA) detections increased marginally, from 1 075 in 2010–11 to 1 077 in 2011–12. The weight detected increased by 230.1 per cent, from 105.2 kilograms in 2010–11 to 347.3 kilograms in 2011–12.

FIGURE 1: Number and weight of ATS (excluding MDMA) detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)

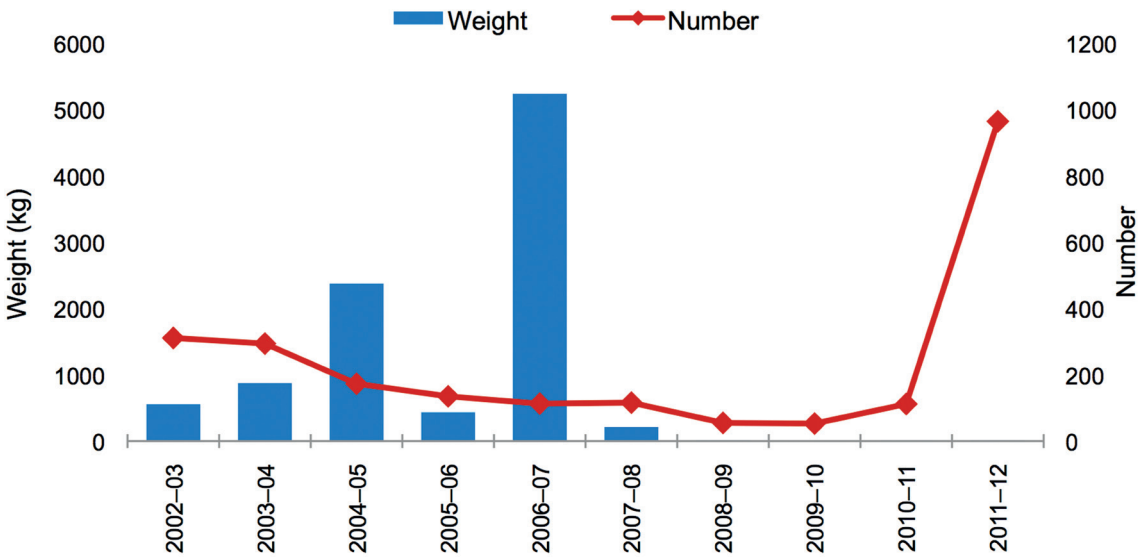


Detections of amphetamine were predominantly in tablet, powder and capsule form. Methylamphetamine detections were predominantly in powder and crystal form. Of the 1 077 ATS (excluding MDMA) detections in 2011–12, only 3.7 per cent were over 1 kilogram. These were predominantly in the form of amphetamine powder and methylamphetamine crystals.

In 2011–12, the number of MDMA detections at the Australian border increased by 760.7 per cent, from 112 in 2010–11 to 964 in 2011–12. This is the highest number of MDMA detections reported in the last decade. The weight of MDMA detections increased by 36.4 per cent, from 8.8 kilograms in 2010–11 to 12 kilograms in 2011–12. However, detection weights remain low compared to detections prior to 2008–09 (see Figure 2).

During 2011–12, 99.7 per cent of MDMA detections weighed less than 1 kilogram and accounted for 65 per cent of the total weight detected.

FIGURE 2: Number and weight of MDMA detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)



SIGNIFICANT BORDER DETECTIONS

Significant border detections of ATS (excluding MDMA) in 2011–12 included:

- 129.7 kilograms of liquid methylamphetamine detected on 14 October 2011, suspended in liquid, via sea cargo from Mexico to Melbourne
- 27 kilograms of crystal methylamphetamine detected on 29 October 2011, via air cargo from Canada to Sydney
- 26 kilograms of crystal methylamphetamine detected on 20 March 2012, declared as plastic toys, glass beads and stone, via air cargo from Hong Kong to Melbourne
- 25 kilograms of crystal methylamphetamine detected on 13 December 2011, declared as used household goods and furniture, via sea cargo from Hong Kong to Sydney
- 15 kilograms of crystal methylamphetamine detected on 18 January 2012, declared as heavy machinery part, via air cargo from South Africa to Sydney.

These five detections had a combined weight of 222.7 kilograms, which accounted for 64 per cent of the total weight of ATS (excluding MDMA) detected at the Australian border in 2011–12.

Significant border detections of MDMA in 2011–12 included:

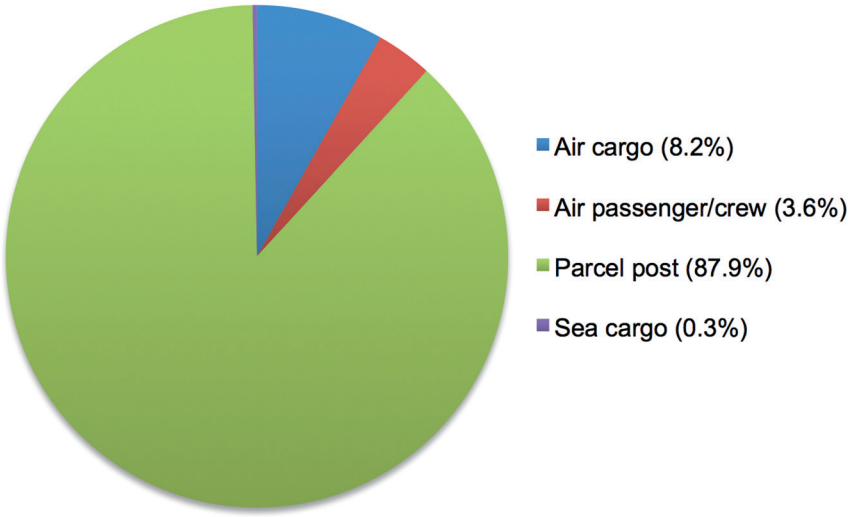
- 2 kilograms of MDMA powder detected on 18 April 2012, concealed in the lifting arm of a skid steer, via sea cargo from New Zealand to Sydney
- 1.2 kilograms of MDMA crystals detected on 15 August 2011, concealed in denim jeans, via air cargo from Canada to Sydney
- 1 kilogram of MDMA powder detected on 30 December 2011, via the postal stream from The Netherlands to Sydney
- 0.68 kilograms of MDMA powder detected in two packages on 27 January 2012, concealed in bath salts, via the postal stream from Canada to Sydney.

These four detections had a combined weight of 4.88 kilograms, which accounted for 41 per cent of the total weight of MDMA detected at the Australian border in 2011–12.

IMPORTATION METHODS

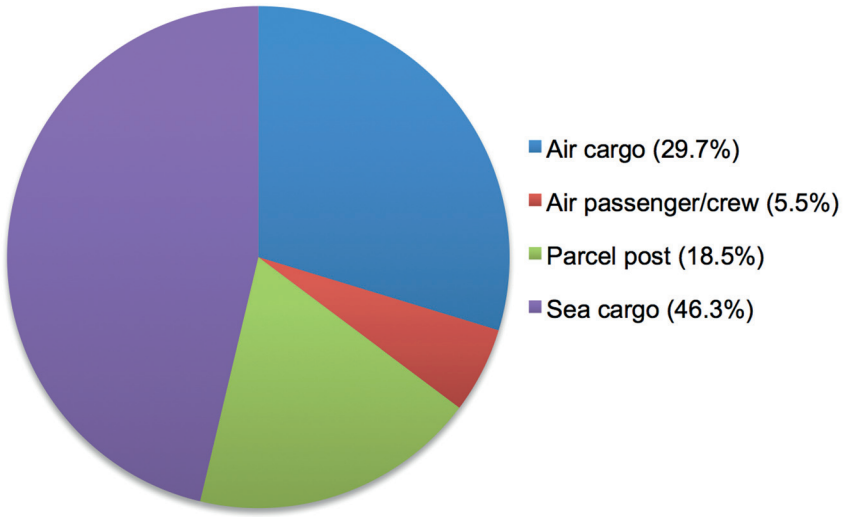
The parcel post stream continues to account for the majority of ATS (excluding MDMA) detections by number, accounting for 87.9 per cent of detections in 2011–12 (see Figure 3).

FIGURE 3: Number of ATS (excluding MDMA) detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



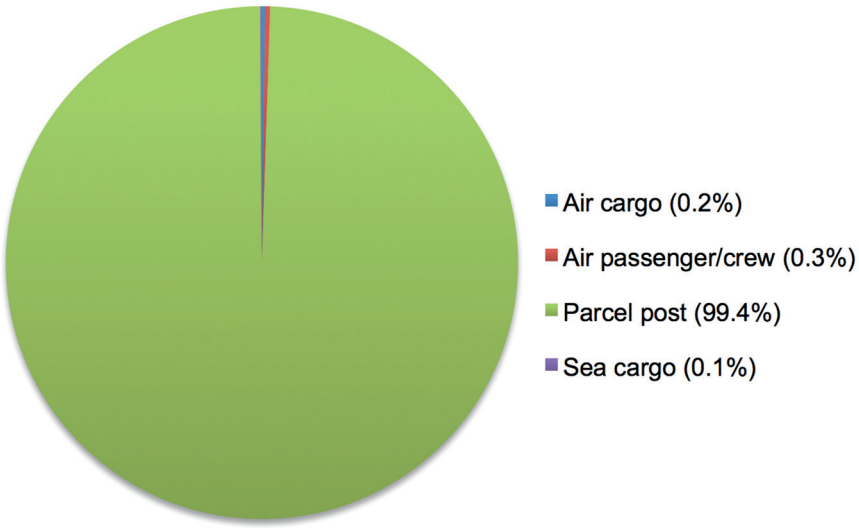
In 2011–12, three sea cargo detections accounted for 46.3 per cent of ATS (excluding MDMA) border detections by weight, while air cargo accounted for 29.7 per cent. Despite being the predominant method of importation by number, the weight of parcel post detections remains low, accounting for 18.5 per cent in 2011–12 (see Figure 4).

FIGURE 4: Weight of ATS (excluding MDMA) detections at the Australian border, as a proportion of total weight, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



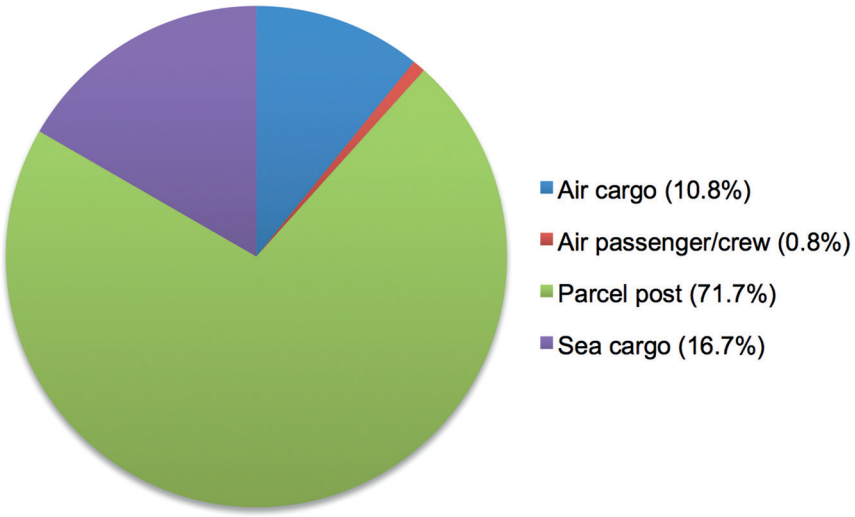
By number, parcel post has accounted for over 80 per cent of MDMA border detections over the last decade. In 2011–12, parcel post accounted for 99.4 per cent of MDMA detections, the highest percentage reported in the last decade (see Figure 5).

FIGURE 5: Number of MDMA detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



Despite MDMA parcel post detections weighing an average of 8.9 grams, the high number of importations through this stream accounted for 71.7 per cent of the weight of detections at the border in 2011–12 (see Figure 6). A single sea cargo detection accounted for 16.7 per cent of the total weight of MDMA detected at the border this reporting period.

FIGURE 6: Weight of MDMA detections at the Australian border, as a proportion of total weight, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



EMBARKATION POINTS

In 2011–12, the prominent embarkation points for ATS (excluding MDMA), by number, were India, Hong Kong and China, accounting for over 24 per cent of detections. Due to a single large detection of 129.7 kilograms in the sea cargo stream, Mexico was the prominent point of embarkation by weight, followed by Hong Kong and Canada.

In 2011–12, The Netherlands was the prominent embarkation point for MDMA detections at the Australian border both in terms of number and weight. Of the 13 countries identified as embarkation points, only The Netherlands, Canada and New Zealand reported a total detection weight of more than one kilogram. These three embarkation points accounted for 88.1 per cent of the number and 89.2 per cent of the weight of MDMA border detections this reporting period.

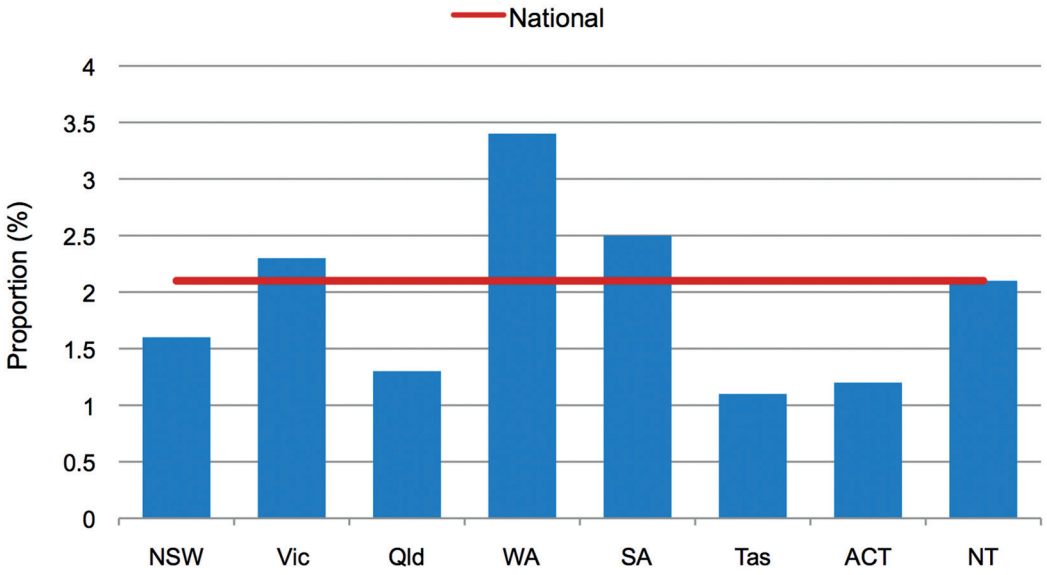
DOMESTIC MARKET INDICATORS

Of the record 809 clandestine laboratories detected in 2011–12, the majority were identified as producing ATS (excluding MDMA). The number of MDMA laboratories detected this reporting period decreased considerably from 16 in 2010–11 to 2 in 2011–12 (see *Clandestine laboratories and precursors* chapter).

According to the 2010 National Drug Strategy Household Survey (NDSHS), 7 per cent of the Australian population aged 14 years or older reported using amphetamines at least once in their lifetime.[2] While this is an increase from the 6.3 per cent reported in 2007, it is the second lowest figure reported since 1998. The proportion of the population reporting amphetamines use in the 12 months preceding interview has continued to decrease from the peak 3.7 per cent reported in 1998 to 2.1 per cent in 2010.

In the same 2010 survey, the proportion of the population reporting amphetamines use in the 12 months preceding interview across Australian states and territories ranged from 1.1 per cent in Tasmania to 3.4 per cent in Western Australia. Victoria, Western Australia and South Australia all reported a higher proportion of amphetamines use than the national average (see Figure 7) (AIHW 2011).

FIGURE 7: National and state and territory proportion of amphetamines use in the preceding 12 months, people aged 14 years or older, 2010 (Source: Australian Institute of Health and Welfare)

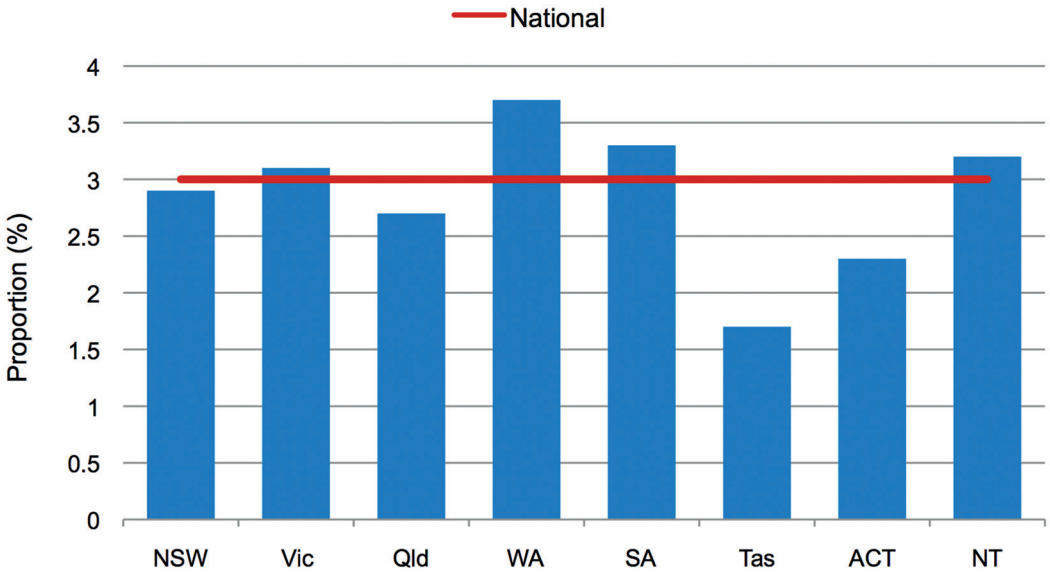


In 2010, 10.3 per cent of the Australian population aged 14 years or older reported using ecstasy at least once in their lifetime. This is an increase from the 8.9 per cent reported in 2007 and is the highest proportion on record. In the same survey, 3 per cent of the population reported using ecstasy in the 12 months preceding interview, a decrease from 3.5 per cent in 2007. Nationally, the proportion of the population reporting ecstasy use in the preceding 12 months ranged from 1.7 per cent in Tasmania to 3.7 per cent in Western Australia. Victoria, Western Australia, South Australia and the Northern Territory all reported higher ecstasy use than the national average (see Figure 8) (AIHW 2011).[3]

2 Respondents to the NDSHS are questioned on their amphetamine/methylamphetamine use. This is reported as amphetamines in the Illicit Drug Data Report.

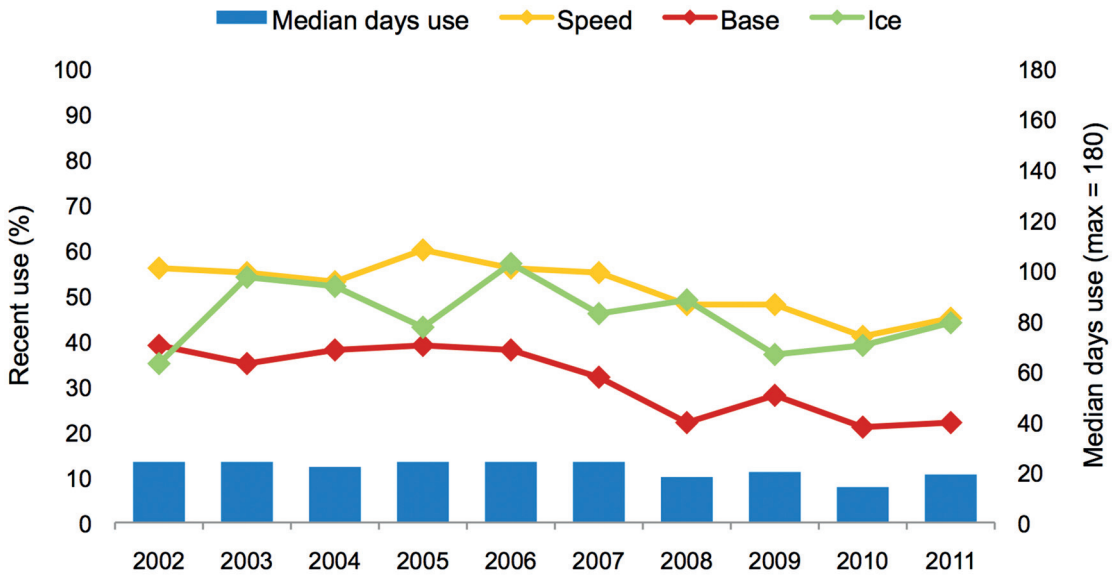
3 New South Wales, Victoria and Western Australia estimates have a relative standard error of 25 per cent to 50 per cent and should be used with caution. Tasmania, the Australian Capital Territory and Northern Territory estimates have a relative standard error greater than 50 per cent and are considered too unreliable for general use.

FIGURE 8: National and state and territory proportion of ecstasy use in the preceding 12 months, people aged 14 years or older, 2010 (Source: Australian Institute of Health and Welfare)



In a 2011 national study of regular injecting drug users, 66 per cent of respondents reported recent use[4] of one or more forms of methylamphetamine, an increase from 60 per cent in 2010. The recent use of all forms of methylamphetamine increased in 2011 and the median number of days users reported administering methylamphetamine in the 6 months preceding interview increased from 14 days in 2010 to 19 days in 2011 (see Figure 9). Early findings from the 2012 regular injecting drug user study indicates the proportion of recent users of one or more forms of methylamphetamine increased to 68 per cent (NDARC 2012; Stafford & Burns 2012).

FIGURE 9: Proportion of a regular injecting drug user population reporting recent use of speed, base and crystal/ice compared to median days use of any form of methylamphetamine, 2002 to 2011 (Source: National Drug and Alcohol Research Centre)



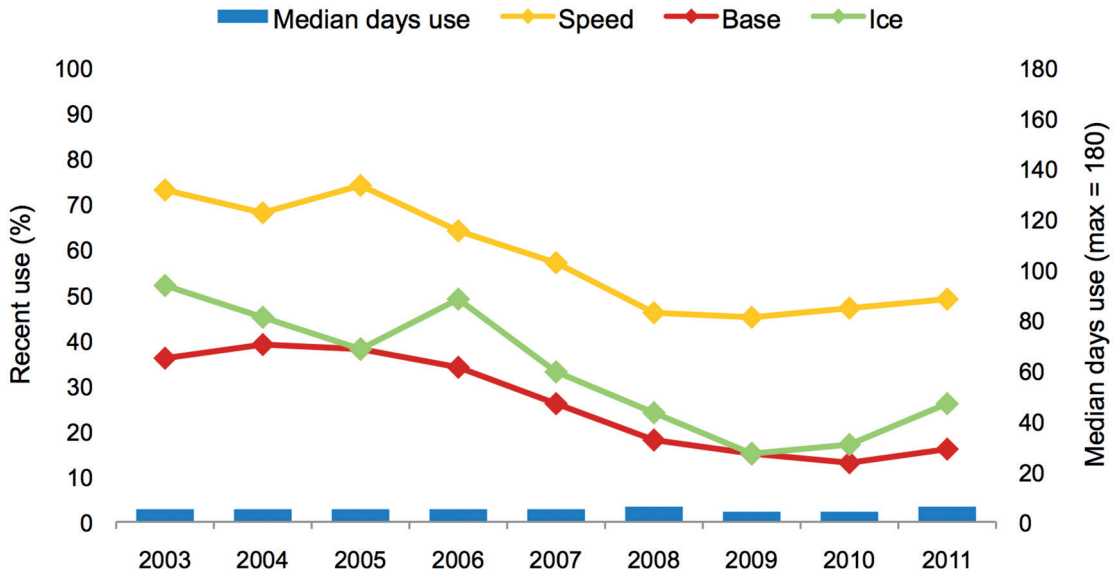
4 The term 'recent use' in the regular injecting drug user and regular ecstasy user studies refers to reported use in the 6 months preceding interview.

In the same 2011 study, 20 per cent of respondents reported any form of methylamphetamine as the drug of choice, compared to 16 per cent in 2010. For any form, injection (65 per cent) was the most common method of administration, followed by swallowing (41 per cent) and smoking (16 per cent). For powder, the most common method of administration was snorting, base was swallowing and crystal methylamphetamine was smoking (Stafford & Burns 2012).

Prevalence of ecstasy use in the regular injecting drug user population remains low, with 14 per cent reporting recent use in 2010 and 2011. Swallowing was the most common method of administration (Stafford & Burns 2012).[5]

In a 2011 national study of regular ecstasy users, 60 per cent of respondents reported the recent use of one or more forms of methylamphetamine. This is an increase from 56 per cent in 2010 and is the highest percentage reported since 2007. Powder (speed) remains the most common form of methylamphetamine used, followed by crystal and base. Over the last decade, the median days of recent use of any form of methylamphetamine has remained low. In 2011, there was a slight increase from 4 days in 2010 to 6 days in 2011 (see Figure 10)[6] (Sindicich & Burns 2012).

FIGURE 10: Proportion of a regular ecstasy user population reporting the recent use of speed, base and crystal/ice compared to median days use of any form of methylamphetamine, 2003 to 2011 (Source: National Drug and Alcohol Research Centre)



In the regular ecstasy user population, methylamphetamine powder was the drug of choice for 5 per cent of respondents in 2011, an increase from 2 per cent in 2010. This was followed by crystal methylamphetamine (3 per cent) and base (<1 per cent) (Sindicich & Burns 2012).

5 The IDRS is not designed to monitor trends in ecstasy and related drug use as the frequency and prevalence of use in people who inject drugs is low.

6 Data from the Ecstasy and Related Drugs Reporting System is only available from 2003.

In the same 2011 study, the proportion of respondents who reported ecstasy as their drug of choice decreased from 38 per cent in 2010 to 27 per cent in 2011. This figure has continued to decline from a high of 52 per cent in 2003. However, early findings from the 2012 study[7] indicate an increase in the proportion of respondents who reported ecstasy as their drug of choice, increasing to 32 per cent in 2012. Despite this increase, this 2012 figure is the second lowest percentage in the last decade (NDARC 2012; Sindicich & Burns 2012).

Tablets have historically been the most common form used by the regular ecstasy user population in Australia. In 2011, tablets were the most common form of ecstasy used in the 6 months preceding interview (97 per cent). The proportion of respondents reporting the use of ecstasy powder has incrementally increased since the less than 1 per cent reported in 2007 to 26 per cent in 2011. The reported use of ecstasy capsules has steadily increased from the 19 per cent reported in 2008 to 53 per cent in 2011 (Dunn et al 2007; Black et al. 2008; Sindicich et al 2009; Sindicich & Burns 2010, 2011, 2012).

Research on drug use among police detainees in Australia incorporates a self-report survey and voluntary urinalysis. The self-report survey is based on the combined reporting of amphetamine and methylamphetamine (amphetamines) use in the 12 months preceding interview. In 2011–12, the proportion of detainees testing positive for amphetamines is the highest reported since 2006–07. The proportion of detainees testing positive[8] for amphetamine increased from 19.6 per cent in 2010–11 to 24.9 per cent in 2011–12. The proportion of detainees testing positive for methylamphetamine also increased, from 18.6 per cent in 2010–11 to 23.4 per cent in 2011–12. It should be noted that following administration, methylamphetamine is metabolised into amphetamine, which could account for the high proportion of positive amphetamine results in urine testing.[9]

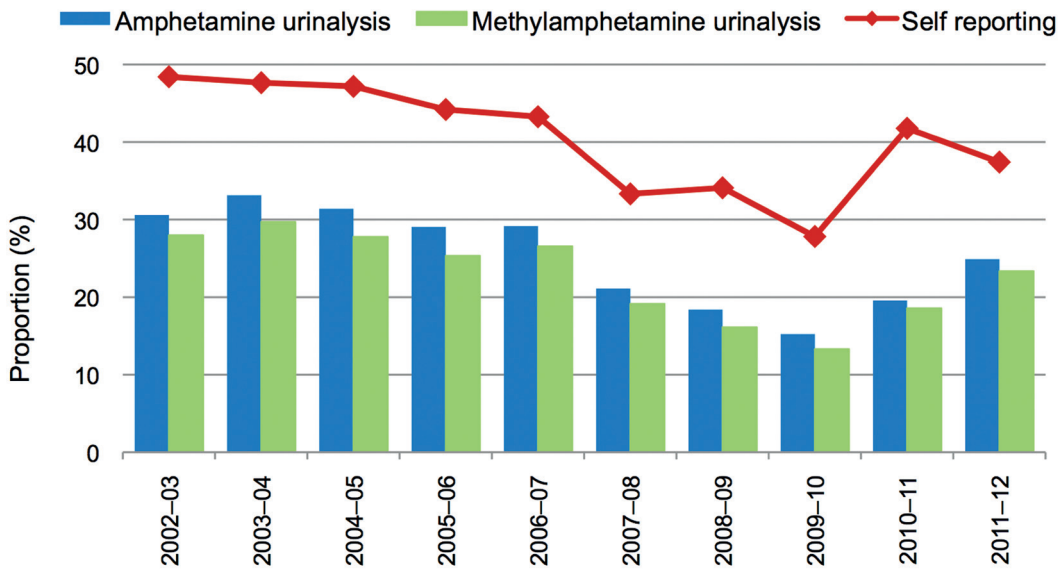
Following a spike in 2010–11, the self-reported use of amphetamines decreased from 41.8 per cent in 2010–11 to 37.4 per cent in 2011–12 (see Figure 11).

7 In response to the difficulties experienced by smaller states and territories in recruiting regular ecstasy users, the recruitment criteria was broadened in 2012 to include recent use of any psychostimulants. As such, caution should be exercised when comparing to previous reporting periods.

8 Amphetamines and their metabolites can be detected in urine on average 2 to 14 days after use (Makkai 2000).

9 While DUMA statistics indicate a high proportion of detainees testing positive for amphetamine use over the past decade, seizure and arrest data, as well as other drug user surveys, indicate amphetamine use and availability remains limited within Australia.

FIGURE 11: National proportion of detainees testing positive for amphetamine/methylamphetamine compared with self-reported use, 2002–03 to 2011–12 (Source: Australian Institute of Criminology)



PRICE

Nationally, the price of a gram of amphetamine in 2011–12 ranged between $150 and $800, compared with $150 to $400 in 2010–11. The Northern Territory reported the highest price for a gram of amphetamine this reporting period, with a price range of $400 to $800.

In Australia, the price for non-crystal methylamphetamine is generally lower than crystal methylamphetamine. Nationally, the price range for a gram of crystal methylamphetamine increased from between $300 and $1 000 in 2010–11 to between $300 and $2 000 in 2011–12. The Northern Territory reported the highest price for a gram of crystal methylamphetamine this reporting period, with a price range between $1 000 and $2 000. Nationally, the price for a gram of non-crystal methylamphetamine in 2011–12 ranged between $100 and $900, a decrease from the $100 to $1 000 price range in 2010–11.

Nationally, the price for one kilogram of crystal methylamphetamine ranged between $200 000 and $330 000 in 2011–12, compared with $120 000 to $350 000 in 2010–11. In 2011–12, New South Wales and Victoria reported no change in the price of a kilogram of amphetamine or non-crystal methylamphetamine compared to 2010–11.

Nationally, the price for a single tablet of MDMA has remained relatively stable. In 2011–12, the national price for a single tablet of MDMA ranged between $20 and $60. Queensland and the Northern Territory reported the greatest price range for a single tablet, with price ranges of $20 to $50 and $30 to $60 respectively.

PURITY

Figure 12 illustrates the annual median purity of analysed amphetamine[10] samples since 2002–03. Over the last decade, the median purity of amphetamine has fluctuated greatly, ranging between 0.1 per cent to 71.4 per cent. The Australian Capital Territory reported the highest annual median purity in the last decade, increasing from 23.8 per cent in 2010–11 to 71.4 per cent in 2011–12. Western Australia reported a substantial decrease in annual median purity this reporting period, from 25 per cent in 2010–11 to 1 per cent in 2011–12.

FIGURE 12: Annual median purity of amphetamine samples, 2002–03 to 2011–12

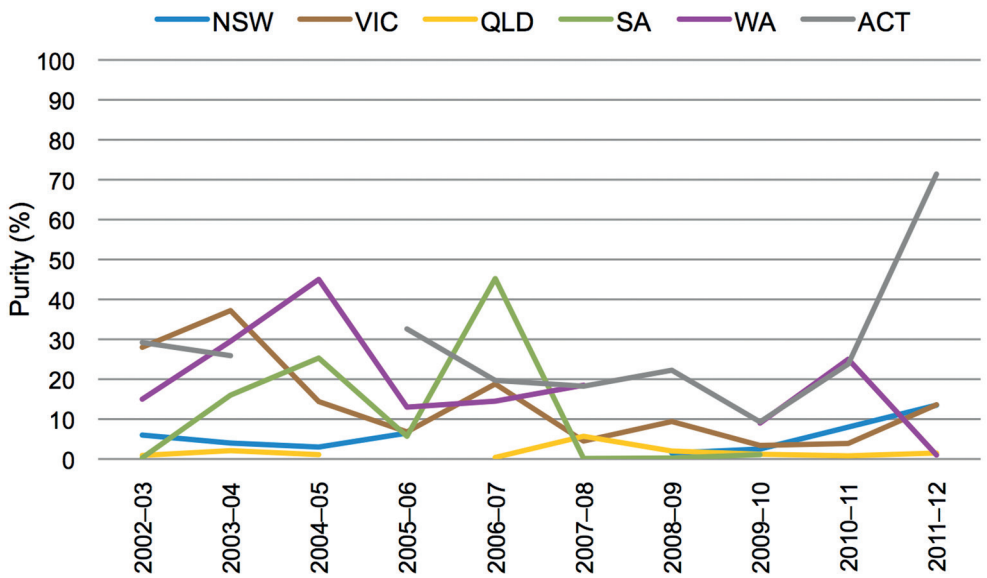


Figure 13 illustrates the median purity of analysed amphetamine samples on a quarterly basis during 2011–12. This reporting period, the median purity of amphetamine ranged from 0.1 per cent in Western Australia to 77 per cent in the Australian Capital Territory.

10 Amphetamine is a manufacturing by-product of some commonly used methods of methylamphetamine production. This can result in two separate purity figures for a single drug sample—one as methylamphetamine with considerable purity and another as amphetamine of low purity.

FIGURE 13: Quarterly median purity of amphetamine samples, 2011–12

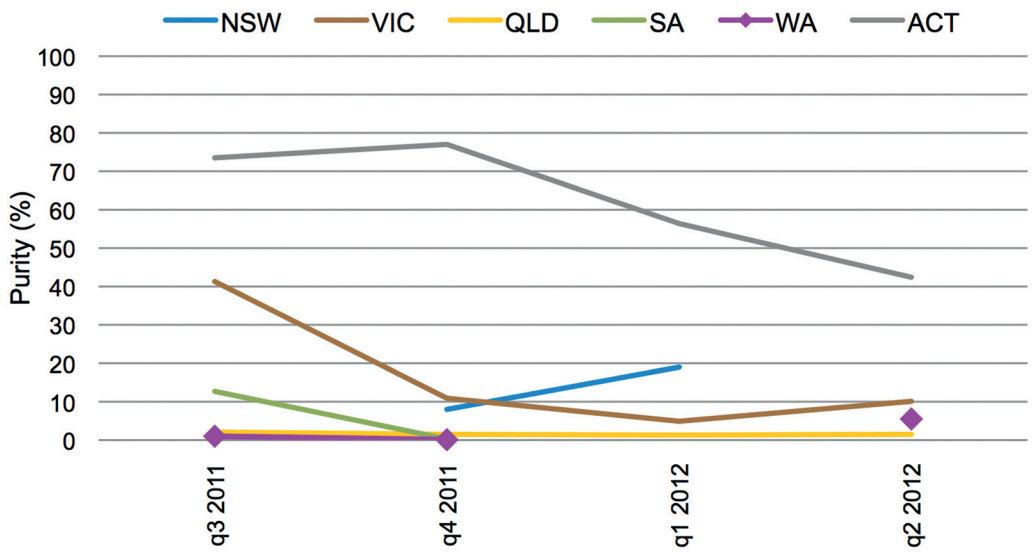
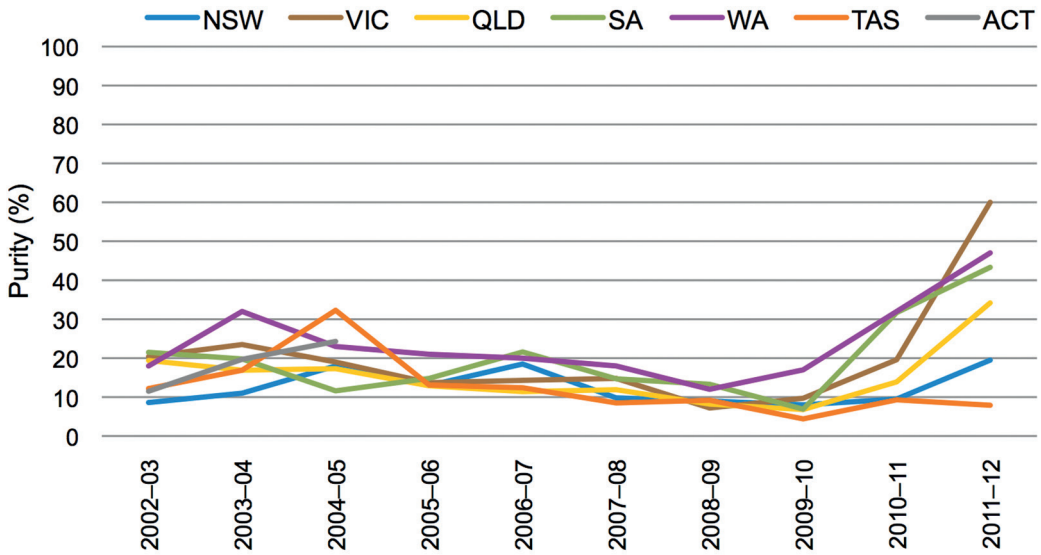


Figure 14[11] illustrates the annual median purity of analysed methylamphetamine samples since 2002–03. Over the last decade, the median purity of methylamphetamine has ranged from 4.4 per cent to 60 per cent. With the exception of Tasmania, all jurisdictions reported an increase in the purity of methylamphetamine samples analysed in 2011–12. Victoria reported the highest annual median purity in the last decade, increasing from 19.6 per cent in 2010–11 to 60 per cent in 2011–12.

FIGURE 14: Annual median purity of methylamphetamine samples, 2002–03 to 2011–12



11 In South Australia, many seizures that screened positively for methylamphetamine proved to contain extremely low levels of the drug. It is suspected that many of these analysed samples represent diluent (mainly dimethyl sulphone) that had been contaminated with methylamphetamine through poor housekeeping practices prior to seizure by police.

Figure 15 illustrates the median purity of analysed methylamphetamine samples on a quarterly basis in 2011–12. During this reporting period, the median purity of methylamphetamine samples ranged from 6.3 per cent in Tasmania to 77.6 per cent in Victoria. The greatest fluctuation in quarterly median purity was in Victoria, ranging from a low of 47 per cent in the fourth quarter of 2011 to a high of 77.6 per cent in the second quarter of 2012.

FIGURE 15: Quarterly median purity of methylamphetamine samples, 2011–12

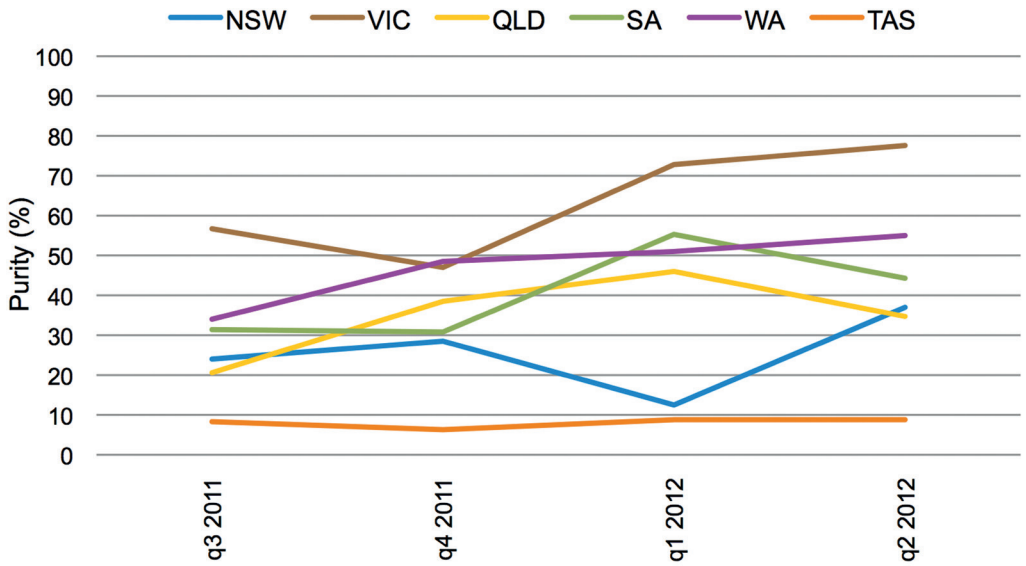


Figure 16 illustrates the annual median purity of analysed phenethylamine samples since 2002–03, the majority of which relate to MDMA. During the last decade, the annual median purity of phenethylamines ranged from 6.8 per cent to 37.4 per cent. In 2011–12, the annual median purity of phenethylamines ranged from 14.9 per cent in the Australian Capital Territory to 18.1 per cent in Victoria. Queensland was the only jurisdiction to report a decrease (though minimal) in the purity of analysed phenethylamine samples in 2011–12.

FIGURE 16: Annual median purity of phenethylamine samples, 2002–03 to 2011–12

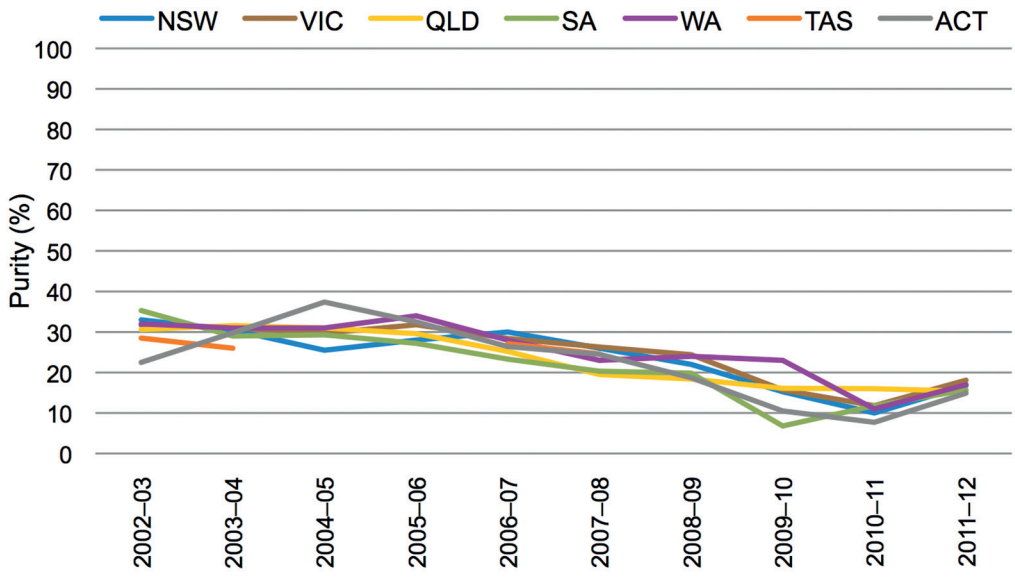
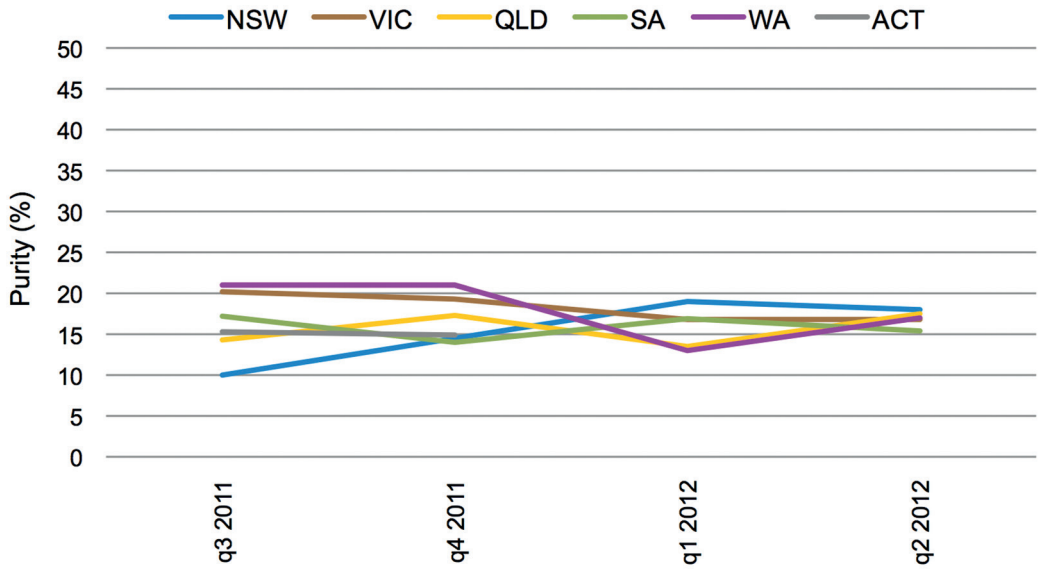


Figure 17 illustrates the median purity of analysed phenethylamine samples on a quarterly basis during 2011–12, the majority of which relate to MDMA. During this reporting period, the median purity of phenethylamines ranged from 10 per cent in New South Wales to 21 per cent in Western Australia.

FIGURE 17: Quarterly median purity of phenethylamine samples, 2011–12



AVAILABILITY

In a 2011 national study of regular injecting drug users, the proportion of respondents describing methylamphetamine powder (speed) as easy or very easy to obtain remained relatively stable at 80 per cent, compared to 79 per cent in 2010. By comparison, the proportion of respondents reporting base as easy or very easy to obtain decreased from 81 per cent in 2010 to 74 per cent in 2011, while ice increased from 75 per cent in 2010 to 83 per cent in 2011 (Stafford & Burns 2012).

In a 2011 national study of regular ecstasy users, the proportion of respondents who reported methylamphetamine powder, base and ice as easy or very easy to obtain was 87 per cent, 61 per cent and 86 per cent respectively, compared with 80 per cent, 82 per cent and 78 per cent in 2010 (Sindicich & Burns 2012).

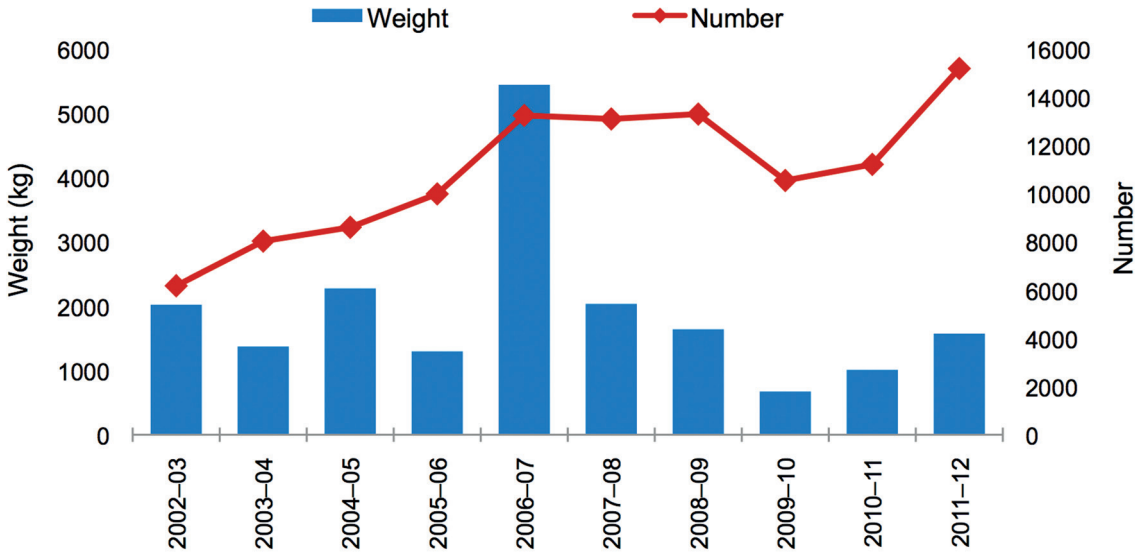
In the same 2011 study, 78 per cent of respondents considered ecstasy as easy or very easy to obtain, an increase from 74 per cent in 2010 (Sindicich & Burns 2012). Early findings from the 2012 study indicate a further increase in availability, with 89 per cent of respondents reporting ecstasy as easy or very easy to obtain (NDARC 2012).[12]

12 In response to the difficulties experienced by smaller states and territories in recruiting regular ecstasy users, the recruitment criteria was broadened in 2012 to include recent use of any psychostimulants. As such, caution should be exercised when comparing to previous reporting periods.

SEIZURES AND ARRESTS

The number and weight of national ATS seizures increased in 2011–12. Since 2009–10, both the number and weight of ATS seizures have continued to increase, with the number of seizures this reporting period the highest reported in the last decade (see Figure 18).

FIGURE 18: National ATS seizures, by weight and number, 2002–03 to 2011–12



The number of ATS seizures increased by 35.5 per cent, from 11 212 in 2010–11 to 15 191 in 2011–12. The weight of ATS seizures increased by 55.9 per cent, from 1 008.7 kilograms in 2010–11 to 1 572.6 kilograms in 2011–12. In 2011–12, New South Wales accounted for the greatest proportion of the weight of national ATS seizures (56 per cent) while Victoria reported the greatest percentage increase in the weight of national ATS seizures in 2011–12 (see Table 2).

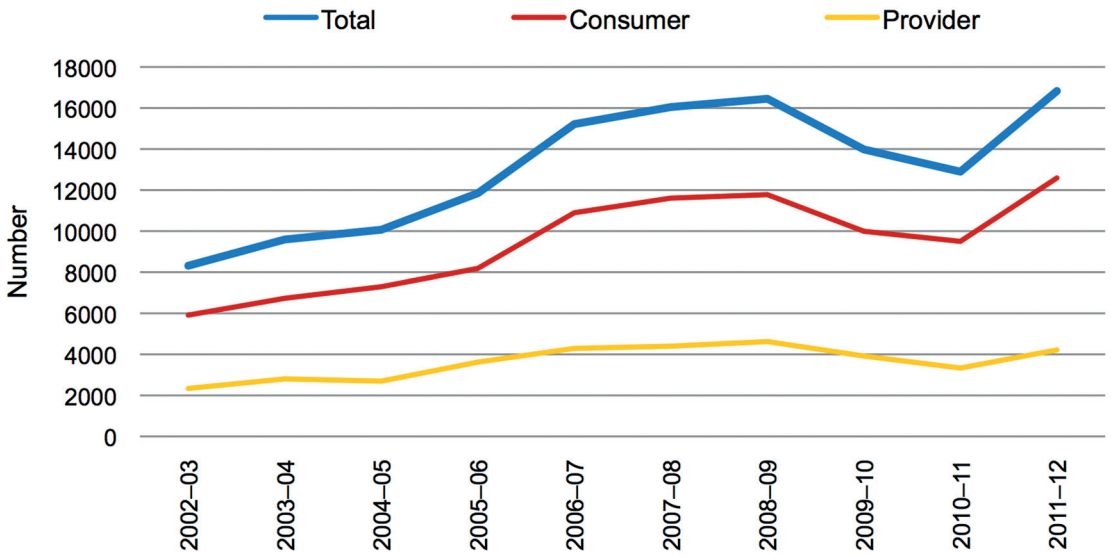
TABLE 2: Number, weight and percentage change of national ATS seizures, 2010–11 and 2011–12

	Number			Weight (grams)		
State/Territory[ab]	2010–11	2011–12	% change	2010–11	2011–12	% change
New South Wales	5 094	5 772	13.3	843 081	882 916	4.7
Victoria	868	1 394	60.6	42 046	580 063	1 279.6
Queensland	2 596	3 350	29.0	31 528	41 266	30.9
South Australia	255	539	111.4	48 539	14 155	-70.8
Western Australia	2 019	3 401	68.4	29 533	29 578	0.2
Tasmania	157	258	64.3	6 036	4 683	-22.4
Northern Territory	71	328	362.0	7 048	19 450	176.0
Australian Capital Territory	152	149	-2.0	905	517	-42.9
Total	**11 212**	**15 191**	**35.5**	**1 008 716**	**1 572 628**	**55.9**

a. The term amphetamine-type stimulants (ATS) encompasses drugs included under both the amphetamines and phenethylamines groupings. For further details see the *Statistics* chapter.
b. Includes seizures by state/territory police and the AFP for which a valid seizure weight was recorded.

In 2011–12, the number of national ATS arrests increased for the first time since 2008–09 and is the highest reported in the last decade. Consumer offences accounted for 75 per cent of national ATS arrests in 2011–12 (see Figure 19).

FIGURE 19: Number of national ATS arrests, 2002–03 to 2011–12



The number of national ATS arrests increased by 30.5 per cent, from 12 897 in 2010–11 to 16 828 in 2011–12. The Northern Territory was the only jurisdiction to report a decrease in ATS arrests, while the Australian Capital Territory reported the greatest percentage increase. Victoria accounted for the greatest number of national ATS arrests, closely followed by New South Wales and Queensland (see Table 3).

TABLE 3: Number and percentage change of national ATS arrests, 2010–11 and 2011–12

State/Territory[ab]	Arrests		
	2010–11	2011–12	% change
New South Wales	3 693	4 451	20.5
Victoria	3 111	4 494	44.5
Queensland	3 320	4 188	26.1
South Australia	962	1 049	9.0
Western Australia	1 587	2 347	47.9
Tasmania	104	161	54.8
Northern Territory	60	14	-76.7
Australian Capital Territory	60	124	106.7
Total	**12 897**	**16 828**	**30.5**

a. The term amphetamine-type stimulants (ATS) encompasses drugs included under both the amphetamines and phenethylamines groupings. For further details see the *Statistics* chapter.
b. The arrest data for each state and territory includes Australian Federal Police data.

NATIONAL IMPACT

The Australian ATS (excluding MDMA) market appears to be predominantly supplied by domestic production. This conclusion is supported by continued large-scale precursor detections and seizures and the record 809 clandestine laboratories detected in Australia this reporting period, the majority of which were identified as producing ATS (excluding MDMA).

Nationally, 552 clandestine laboratories detected in 2011–12 were identified as producing ATS (excluding MDMA), a slight decrease from the 556 detected in 2010–11. Only 2 laboratories were identified as producing MDMA in 2011–12, a considerable decrease from the 16 detected in 2010–11.

In 2011–12, the number and weight of ATS (excluding MDMA) precursors detected at the Australian border continued to increase. Ephedrine and pseudoephedrine accounted for the overwhelming majority of ATS (excluding MDMA) precursor detections, by both number and weight. In addition to the record 11 tonne seizure of hypophosphorous acid, there were a number of other significant national ATS precursor seizures this reporting period (see *Clandestine laboratories and precursors* chapter).

In 2011–12, both the number and weight of ATS (excluding MDMA) detections at the Australian border increased and are the highest reported in the last decade. While the number of ATS (excluding MDMA) detections increased marginally from the previous reporting period, the weight of detections increased by 230.1 per cent. The postal stream continued to be the most commonly detected method of importation. In 2011–12, India was the prominent embarkation point for ATS (excluding MDMA) detections by number, while Mexico was the prominent embarkation point by weight.

The number of MDMA detections at the Australian border is the highest reported in the last decade, increasing 760.7 per cent from the previous reporting period. While the weight of MDMA border detections also increased this reporting period, it remains low compared to weights detected earlier in the decade. The majority of MDMA detections continue to be detected in the postal stream. In 2011–12, The Netherlands was the prominent point of embarkation by number and weight for MDMA detections at the Australian border.

Both the number and weight of national ATS seizures increased in 2011–12, with the number the highest reported in the last decade. The number of ATS arrests also increased in 2011–12, and is the highest reported in the last decade.

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CANNABIS

KEY POINTS

There was a record 2 660 cannabis detections at the Australian border, with cannabis seeds continuing to account for the majority of detections.

The weight of cannabis detected at the Australian border decreased by 75.6 per cent.

The number and weight of national cannabis seizures increased, with the number of seizures the highest reported in the last decade.

The number of national cannabis arrests continued to increase and is the highest reported in the last decade.

MAIN FORMS

Cannabis plants (*Cannabis sativa*) can be grouped into two categories: hemp and marijuana. Hemp is fibrous and low in psychoactive components, with roots, stalks and stems providing raw materials for clothing, paper and skin care products. Marijuana, commonly referred to as cannabis, is high in psychoactive components and is an illicit drug.

Cannabis plants can produce over 70 unique substances, referred to as cannabinoids, some of which produce a psychoactive effect (McLaren et al. 2008). Cannabinoids constitute a large portion of resin and by weight, can make up as much as 30 per cent of dried flowering heads (Clark & Watson 2007). The main psychoactive component of the cannabis plant is delta-9-tetrahydrocannabinol (THC), which is responsible for most of the health and psychological effects associated with cannabis use (Hall & Swift 2000).

The three main forms of cannabis are herb, resin and oil. Cannabis herb refers to the flowering heads, which contain the highest concentration of THC, and the leaves of the plant. Cannabis resin (hashish) is produced from the compressed resin glands of the cannabis plant. The most potent form of cannabis is cannabis oil, which is extracted from cannabis resin (NCPIC 2009; UNODC 2006, 2012).

The main forms of cannabis and methods of administration are outlined in Table 4.

TABLE 4: Main forms of cannabis

Form	Description	Properties	Method of administration
Herbal cannabis	The leaves and flowering heads	Low levels of THC	Smoked as a rolled cigarette or inhaled through a water pipe or 'bong'
Cannabis resin (hashish)	Made from the resinous material of the cannabis plant, dried and compressed into balls, blocks or sheets; colour ranges from light brown to dark green to black	Medium levels of THC	Crumbled and smoked in a pipe or bong, rolled into a cigarette with cannabis leaf or tobacco, or cooked with food and eaten, most notably as 'hash cookies'
Cannabis oil	Viscous oil extracted using a solvent such as acetone, isopropanol or methanol; colour ranges from amber to dark brown	High levels of THC	Small amounts applied to cannabis or tobacco cigarettes; can also be heated and the vapour inhaled

The potency of cannabis varies depending on the plant variety, method of cultivation, preparation and storage. Due to the range of effects cannabis can produce, it can be categorised as a stimulant, depressant or hallucinogen (CESAR 2012; UNODC 2012).

Medical studies have found strong associations between cannabis use and mental health symptoms. Evidence suggests that cannabis use, particularly frequent or heavy use, can predict depression later in life, with young women considered to be more at risk. Cannabis use can also lead to symptoms of anxiety. A 2011 study found that higher THC potency harms memory and psychological well-being, while cannabidiol, a potential antipsychotic,[1] may reduce the psychotic-like effects of cannabis in regular users (Henquet & Kuepper 2011; Morgan et al 2012; NCPIC 2012).

1 Antipsychotics stabilise mood and reduce anxiety, tension and hyperactivity. They are also effective in controlling agitation and aggressiveness.

Short-term effects of cannabis use may include dizziness, impaired balance and coordination, euphoria and reduced inhibitions. Acute and long-term use may impair cognitive function, including basic motor coordination, problem solving, decision making and the ability to control emotions and behaviour. It is now well recognised that long-term use can lead to cannabis dependence. Findings from a longitudinal study conducted in New Zealand suggest that long-term, heavy cannabis users show neuropsychological decline from childhood to midlife (Crean et al 2011; McGregor 2012; Meier et al 2012).

Drug analogues and novel substances that are categorised as synthetic cannabinoids are discussed in the '*Other Drugs*' chapter.

INTERNATIONAL TRENDS

Cannabis continues to be the most widely cultivated and used illicit drug globally, with high levels of use reported across several continents. It is estimated that there are between 119 million and 224 million cannabis users worldwide (UNODC 2012).

Morocco remains a major source of cannabis resin used in Western Europe, with shipments often transhipped via Spain (INCB 2012). In 2011–12, Spanish authorities recorded several large seizures of hashish, including the detection of a 410 kilograms consignment during a joint operation with French and Moroccan Police in October 2011. However, the market share of cannabis herb, as opposed to cannabis resin, is increasing across Europe. Cannabis cultivation is now occurring across virtually all European Union countries, with media reports indicating cultivation in Sweden is nearly sufficient to meet domestic demand (EMCDDA 2012; The Local 2012). Media also reported that Greek authorities had dismantled an international syndicate which planned to import 22 tonnes of cannabis into Britain ahead of the London Olympics (eKathimerini 2012).

Afghanistan remains the world's largest producer of cannabis resin, with its 2011 crop estimated at between 1 200 and 3 700 tonnes. Although the estimated farm-gate value of Afghanistan's cannabis resin crop (US$85–$263 million) is far less than that of opium (US$1.4 billion), reduced labour and production costs mean cannabis resin returns a greater net income per hectare than opium (BINLEA 2012).

In Africa, cannabis remains the most widely cultivated, trafficked and used illicit drug. Cannabis herb cultivation is occurring in several African countries while cannabis resin production is predominately restricted to Morocco. In 2011–12, Algeria, Ghana, Nigeria and Rwanda recorded seizures of cannabis in excess of 100 kilograms. Most notable was the detection of 8.5 tonnes by Algerian police in June 2012 (INCB 2012).

The market for cannabis in North America remains strong. In addition to amphetamine-type stimulants and heroin, Mexican cartels continue to produce substantial quantities of cannabis for domestic use and for markets in the United States of America (US) and Canada. In July 2011, media reported the discovery of Mexico's largest ever cannabis plantation. The area under cultivation spanned 120 hectares and had the potential to produce 120 tonnes of cannabis. Further media reporting in June 2012 indicated Mexican authorities at a military checkpoint seized a 22.5-tonne consignment of cannabis being transported in a tractor trailer travelling from Culiacán, Sinaloa to Tijuana (Daily Mail 2011; Mexico Perspective 2012).

Substantial cannabis cultivation is also occurring in South America, where authorities continue to seize large quantities of cannabis. In June 2012, media reported the seizure of 3.2 tonnes of cannabis by Brazilian Federal Police, near Brazil's border with Paraguay (Americas Post 2012).

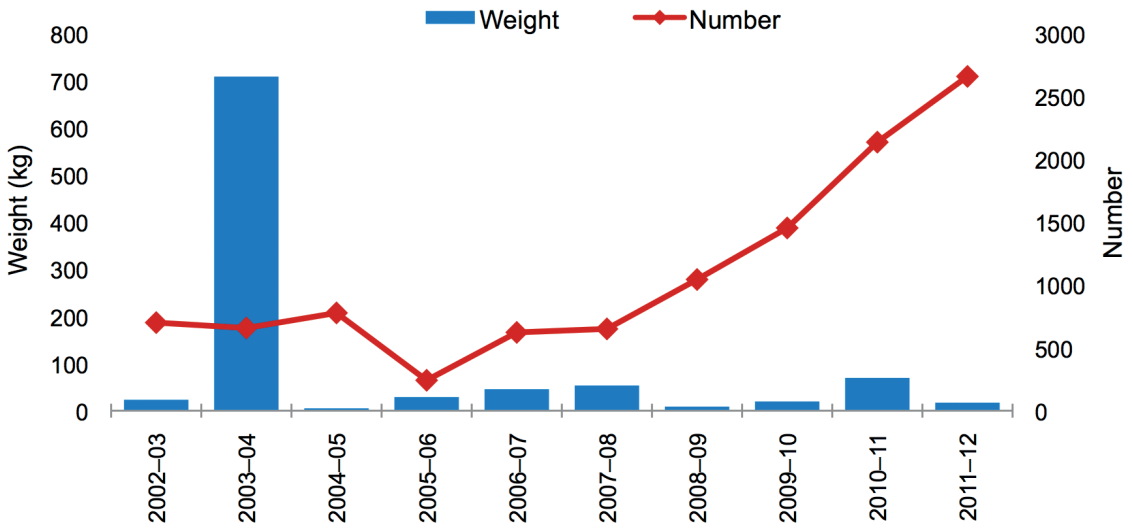
During 2011–12, Albania, Algeria, Brazil and Thailand were among several countries recording seizures of cannabis (herb or resin) in excess of 1 tonne. According to media reporting, notable seizures included the detection of 3.45 tonnes of cannabis by Thai authorities in April 2012 (Malaikarn & Thamnukasetchai 2012).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

In 2011–12, the number of cannabis detections at the Australian border increased by 24.5 per cent, from 2 137 in 2010–11 to 2 660 in 2011–12, and is the highest on record. The weight of cannabis border detections has fluctuated over the last decade, from less than 5 kilograms to 709 kilograms. In 2011–12, the weight of cannabis detections decreased by 75.6 per cent, from 69.6 kilograms in 2010–11 to 17 kilograms in 2011–12 (see Figure 20).

FIGURE 20: Number and weight of cannabis detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)



Cannabis seeds continue to be the most common form of cannabis detected at the Australian border, accounting for 89 per cent of the number of cannabis detections in 2011–12.

In this reporting period, only 4 cannabis detections were over 1 kilogram. These 4 detections had a combined weight of 8.9 kilograms and accounted for 52 per cent of the total weight detected in 2011–12.

SIGNIFICANT BORDER DETECTIONS

Significant border detections of cannabis in 2011–12 included:

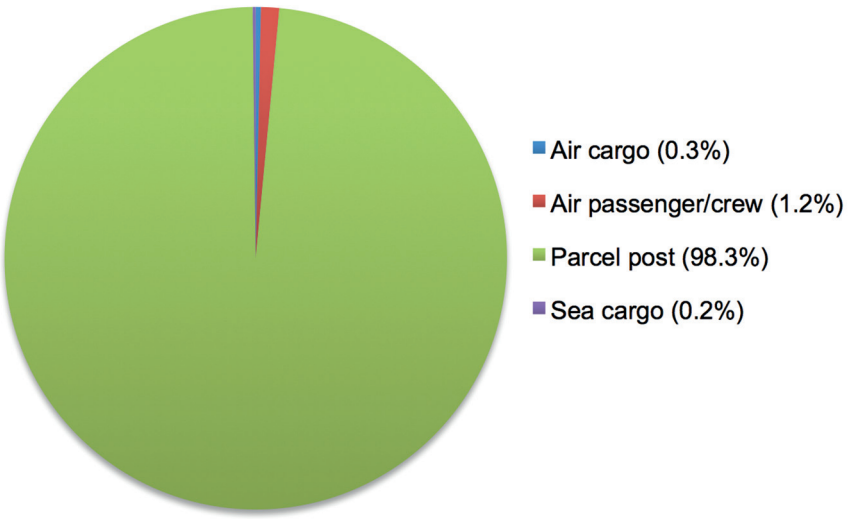
- 2.5 kilograms of cannabis seed detected on 4 May 2012 in boxes, via sea cargo from India to Sydney
- 2.4 kilograms of cannabis seed detected on 4 May 2012 in boxes, via sea cargo from India to Sydney
- 1.6 kilograms of cannabis seed detected on 23 March 2012, via parcel post from the US to Victoria
- 0.85 kilograms of cannabis seed detected on 4 May 2012 concealed in a heat bag, via air passengers travelling from Hong Kong to Queensland
- 0.74 kilograms of cannabis seed detected on 14 December 2012, mixed with sand and soil, via parcel post from The Netherlands to Sydney.

These five detections had a combined weight of 8.09 kilograms, which account for 48 per cent of the total weight of cannabis detected at the Australian border in 2011–12.

IMPORTATION METHODS

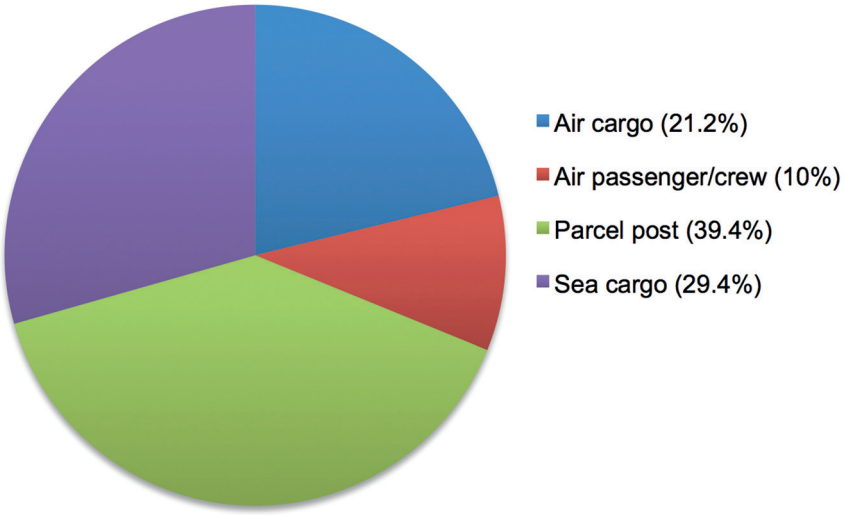
Since 2008–09, the postal stream has accounted for over 90 per cent of cannabis border detections by number. In 2011–12, the postal stream accounted for 98.3 per cent of detections (see Figure 21).

FIGURE 21: Number of cannabis detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



In this reporting period, parcel post accounted for 39.4 per cent of the weight of cannabis detected at the border, followed by sea cargo at 29.4 per cent (see Figure 22).

FIGURE 22: Weight of cannabis detections at the Australian border, as a proportion of total weight, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



EMBARKATION POINTS

In 2011–12, 32 countries were identified as embarkation points for cannabis detections at the Australian border. Consistent with findings since 2007–08, The Netherlands remains the prominent embarkation point for cannabis detections by number. The total number of detections from The Netherlands, the US, India and the United Kingdom (UK) accounted for 78.3 per cent of cannabis detections in 2011–12.

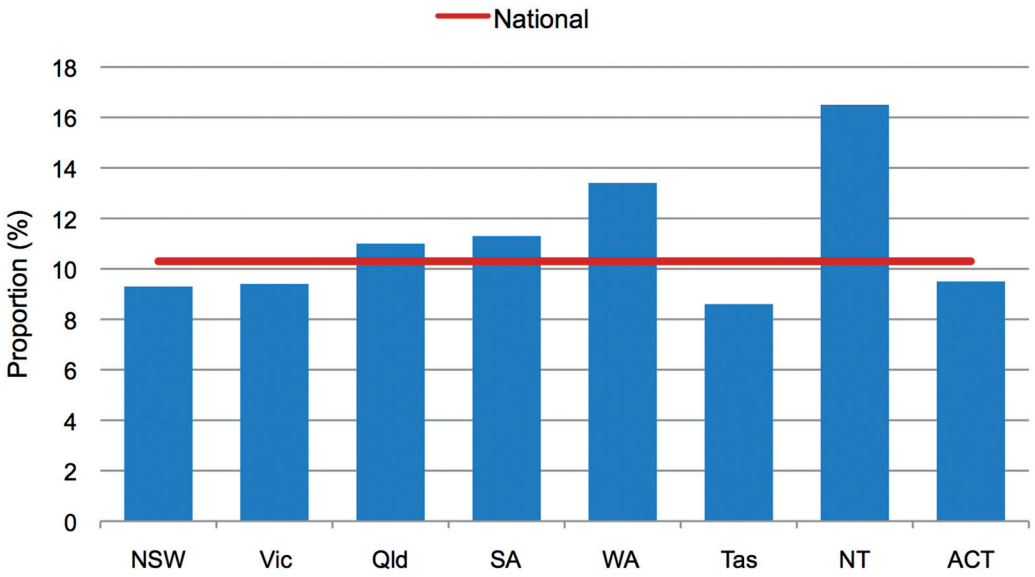
In terms of weight, the prominent embarkation points for cannabis detections at the Australian border this reporting period were India, the US, the UK and The Netherlands. India and the US combined accounted for 57.6 per cent of the total weight of cannabis border detections in 2011–12.

DOMESTIC MARKET INDICATORS

According to the 2010 National Drug Strategy Household Survey (NDSHS), 35.4 per cent of the Australian population aged 14 years or older reported using cannabis at least once in their lifetime.

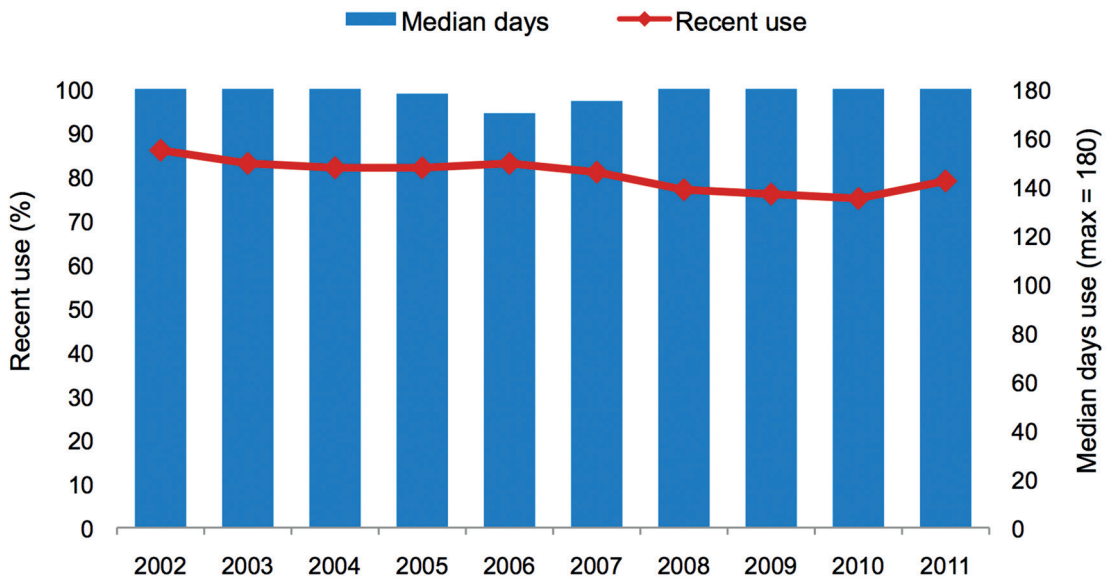
In the same 2010 survey, 10.3 per cent reported cannabis use in the 12 months preceding interview, the first increase reported since 1998. In 2010, the proportion of the population reporting use in the preceding 12 months ranged from 8.6 per cent in Tasmania to 16.5 per cent in the Northern Territory. The Northern Territory has accounted for the highest proportion of users since 1998 (AIHW 2011) (see Figure 23).

FIGURE 23: National and state and territory proportion of cannabis use in the preceding 12 months, people aged 14 years or older, 2010 (Source: Australian Institute of Health and Welfare)



In a 2011 national study of regular injecting drug users, the proportion of respondents reporting recent cannabis use[2] increased from 75 per cent in 2010 to 79 per cent in 2011. Recent cannabis users within this regular injecting drug user population reported using cannabis every day in the 6 months preceding interview, a trend that has continued since 2008 (see Figure 24). Early findings from the 2012 study indicate the proportion of recent users has decreased to 76 per cent (NDARC 2012; Stafford & Burns 2012).

FIGURE 24: Proportion of regular injecting drug user population reporting recent cannabis use and median days of use, 2002–11 (Source: National Drug and Alcohol Research Centre)



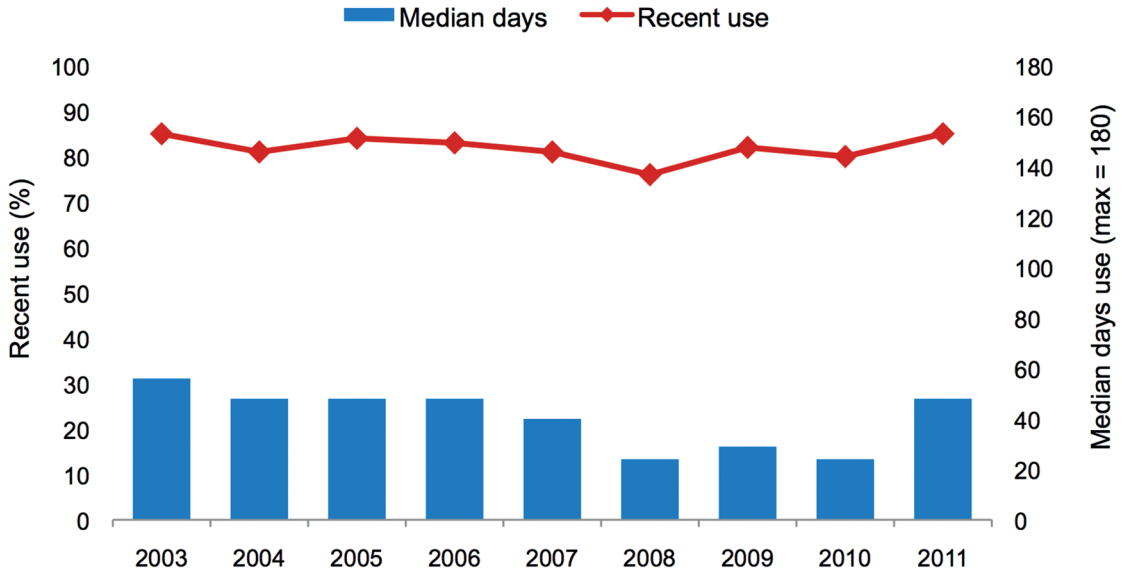
2 The term 'recent use' in the regular injecting drug user and regular ecstasy user studies refers to reported use in the 6 months preceding interview.

In the same 2011 study, cannabis herb was the most common form of cannabis used by recent users (hydroponic 70 per cent, bush 43 per cent[3]), with only 9 per cent reporting 'hashish' (cannabis resin) and 5 per cent using cannabis oil (Stafford & Burns 2012).

In a 2011 national study of regular ecstasy users, 85 per cent of respondents reported recent cannabis use, an increase from 80 per cent in 2010. Early findings from the 2012 study indicate reported recent cannabis use has decreased to 82 per cent (NDARC 2012; Sindicich & Burns 2012).[4]

The 2011 study also found median days of cannabis use in the 6 months preceding interview increased from 24 in 2010 to 48 in 2011, which is the highest reported figure since 2006 (see Figure 25).[5] Of note, the median days of cannabis use reported by regular ecstasy users has remained substantially lower than that reported by regular injecting drug users (Sindicich & Burns 2012).

FIGURE 25: Proportion of a regular ecstasy user population reporting recent cannabis use and median days of use, 2003 to 2011 (Source: National Drug and Alcohol Research Centre)



Research on drug use among police detainees in Australia incorporates a self-report survey and voluntary urinalysis. The self-report survey indicates drug use in the 12 months preceding interview. Over the last decade, the proportion of detainees testing positive for cannabis has decreased, from 56.6 per cent in 2002–03 to 47.9 per cent in 2011–12. Self-reported use of cannabis has also decreased, from 67 per cent in 2002–03 to 57.2 per cent in 2011–12.

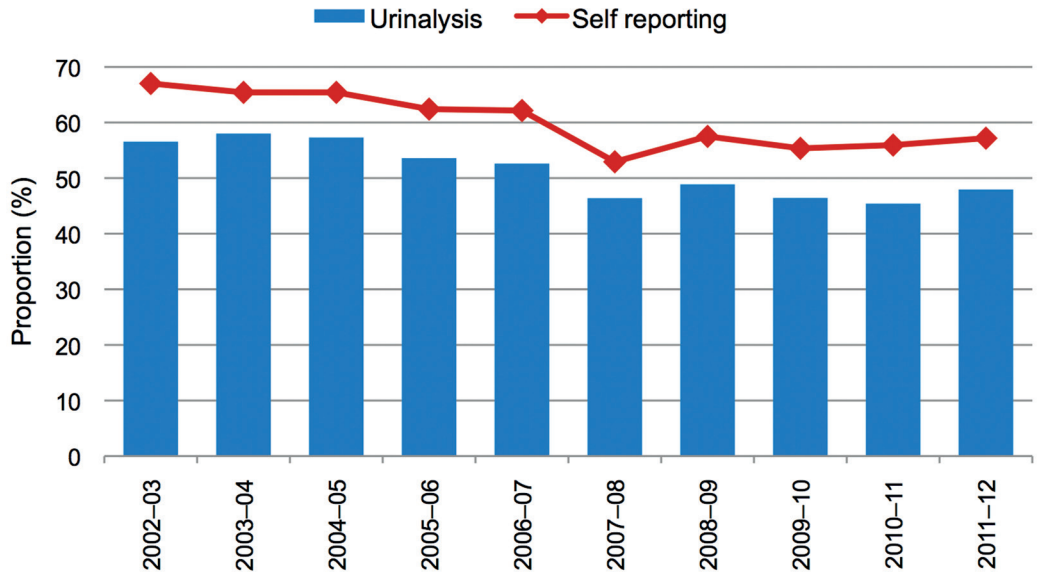
3 The distinction between hydroponic and bush cannabis was based on the respondents' views and was not supported by any scientific analysis.

4 In response to the difficulties experienced by smaller states and territories in recruiting regular ecstasy users, the recruitment criteria was broadened in 2012 to include recent use of any psychostimulants. As such, caution should be exercised when comparing to previous reporting periods.

5 Data from the Ecstasy and Related Drugs Reporting System is only available from 2003.

More recently, the proportion of detainees testing positive for cannabis use increased from 45.4 per cent in 2010–11 to 47.9 per cent in 2011–12,[6] while self-reported use of cannabis increased from 55.9 per cent in 2010–11 to 57.2 per cent in 2011–12 (see Figure 26).

FIGURE 26: Proportion of detainees testing positive for cannabis compared with self-reported use, 2002–03 to 2011–12 (Source: Australian Institute of Criminology)



The number of cannabis oil extraction laboratories detected in Australia remains low. Between 2007–08 and 2011–12, there were 3 detections in each reporting period. In 2011–12, there were 2 cannabis oil extraction laboratories detected in Victoria and 1 detected in Tasmania (see *Clandestine laboratories and precursors* chapter).

PRICE

Nationally, the price of a gram of hydroponic cannabis head in 2011–12 ranged between $20 and $100. The price of an ounce[7] of hydroponic cannabis head ranged between $200 and $700 in 2011–12. Regional areas, particularly the Northern Territory, continue to report higher prices.

AVAILABILITY

In a 2011 study of regular injecting drug users, 63 per cent of respondents were able to comment on the availability of hydroponic cannabis.[8] Of these respondents, 94 per cent reported hydroponic cannabis as being easy or very easy to obtain. This represents a slight increase from the 92 per cent reported in 2009 and 2010. Early findings from the 2012 study indicate a slight decrease, to 92 per cent (Stafford & Burns 2011, 2012; NDARC 2012).

6 The ability of urine testing to detect cannabis up to 30 days after use as compared to less than 4 days for the other illicit drugs should be considered when analysing the results. However, the dominance of cannabis is supported by other population surveys in Australia (Makkai 2000).

7 An ounce equates to approximately 28 grams.

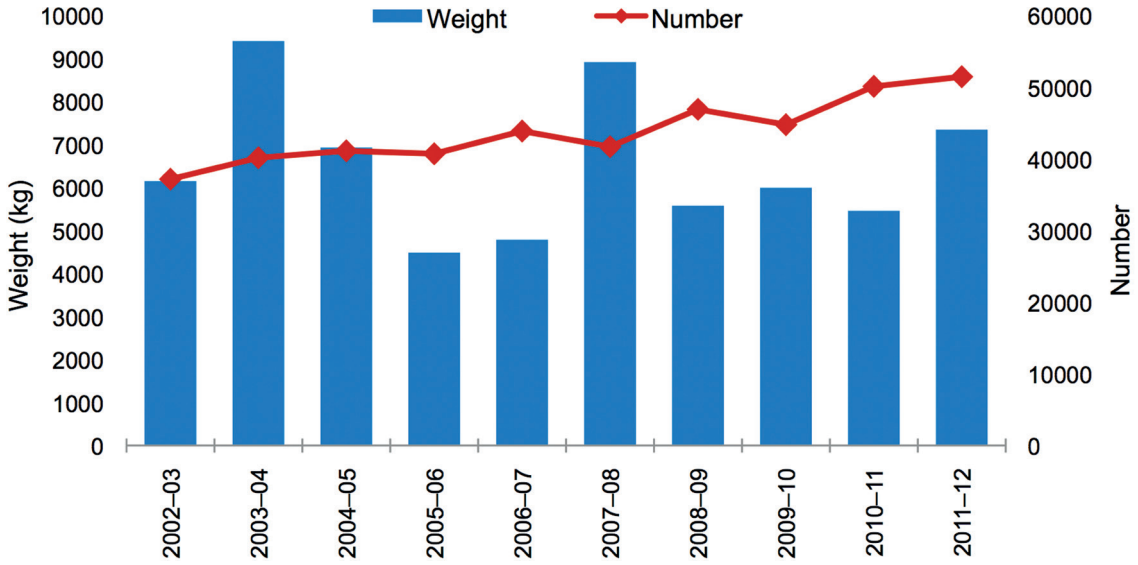
8 The distinction between hydroponic and bush cannabis was based on the respondents' views and was not supported by any scientific analysis.

According to a 2011 study of regular ecstasy users, 54 per cent of respondents were able to comment on the availability of hydroponic cannabis. Of these respondents, 93 per cent reported hydroponic cannabis as being easy or very easy to obtain. This represents an increase from the 82 per cent reported in 2009 and 87 per cent reported in 2010. Early findings from the 2012 study indicate a slight increase to 95 per cent (Sindicich & Burns 2011, 2012; NDARC 2012).

SEIZURES AND ARRESTS

The number of national cannabis seizures has continued to increase over the last decade. In 2011–12, the number of national cannabis seizures increased by 3.5 per cent, from 50 073 in 2010–11 to 51 823 in 2011–12. By comparison, the weight of national cannabis seizures has fluctuated over the last decade. In 2011–12, the weight of cannabis seizures increased by 34.8 per cent, from 5 452.4 kilograms in 2010–11 to 7 349.2 kilograms in 2011–12. This is the third highest weight reported in the last decade (see Figure 27).

FIGURE 27: National cannabis seizures, by number and weight, 2002–03 to 2011–12



Queensland continues to report the highest number of national cannabis seizures, followed by New South Wales. Victoria has accounted for the highest proportion of national cannabis seizures by weight since 2007–08. In 2011–12, the Northern Territory reported the largest percentage increase in seizure weight. Although South Australia accounts for a small proportion of cannabis seizure numbers, it continues to account for a high proportion of the weight of national seizures (see Table 5).

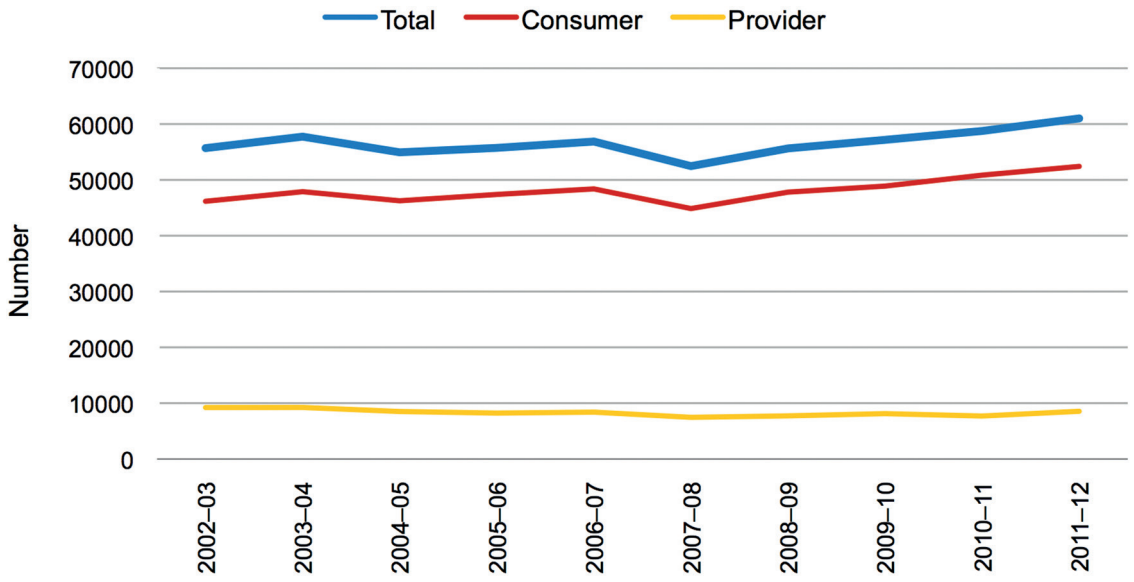
TABLE 5: Number, weight and percentage change of national cannabis seizures, 2010–11 and 2011–12

	Number			Weight (grams)		
State/Territory[a]	2010–11	2011–12	% change	2010–11	2011–12	% change
New South Wales	16 269	15 247	-6.3	1 204 337	1 247 137	3.6
Victoria	3 467	3 836	10.6	1 659 652	3 142 626	89.4
Queensland	17 078	18 286	7.1	618 737	808 353	30.6
South Australia	404	487	20.5	782 509	1 001 215	27.9
Western Australia	8 324	8 526	2.4	419 072	295 008	-29.6
Tasmania	2 878	2 736	-4.9	319 731	205 103	-35.9
Northern Territory	1 010	2 185	116.3	27 243	238 224	774.4
Australian Capital Territory	643	520	-19.1	421 180	411 587	-2.3
Total	**50 073**	**51 823**	**3.5**	**5 452 461**	**7 349 253**	**34.8**

a. Includes seizures by state/territory police and AFP for which a valid seizure weight was recorded.

Cannabis continues to account for the greatest proportion of illicit drug arrests in Australia. The number of national cannabis related arrests increased by 3.8 per cent, from 58 760 in 2010–11 to 61 011 in 2011–12, and is the highest reported in the last decade. Consumer arrests have accounted for over 80 per cent of all cannabis related arrests in the last decade, accounting for 86 per cent in 2011–12 (see Figure 28).

FIGURE 28: Number of national cannabis arrests, 2002–03 to 2011–12



In the last decade, Queensland has continued to account for the greatest proportion of national cannabis arrests. In 2011–12, the Northern Territory reported the greatest percentage increase in cannabis related arrests. Although minimal, New South Wales reported its first decrease since 2004–05 (see Table 6).

TABLE 6: Number and percentage change of national cannabis arrests, 2010–11 and 2011–12

	Arrests		
State/Territory[a]	2010–11	2011–12	% change
New South Wales	14 137	14 004	-0.9
Victoria	7 144	7 916	10.8
Queensland	16 277	17 733	8.9
South Australia	2 769	2 544	-8.1
South Australia (CENs)[b]	9 055	8 878	-2.0
Western Australia	5 047	5 421	7.4
Western Australia (CINs/CIRs)[cf]	1 331	1 177[f]	-11.6
Tasmania	1 767	1 659	-6.1
Northern Territory	460	617	34.1
Northern Territory (DINs)[d]	442	703	59.0
Australian Capital Territory	237	265	11.8
Australian Capital Territory (SCONs)[e]	94	94	0.0
Total	**58 760**	**61 011**	**3.8**

a. The arrest data for each state and territory includes AFP data.
b. Cannabis Expiation Notices.
c. Cannabis Infringement Notices and Cannabis Intervention Requirements.
d. Drug Infringement Notices.
e. Simple Cannabis Offence Notices.
f. Due to legislative changes effective in Western Australia as of 1 August 2011, CINs were replaced by CIRs. The data contained in Table 6 combines figures for CINs and CIRs for 2011–12. Please see 'Jurisdictional Issues' in the *Statistics* chapter for further information.

NATIONAL IMPACT

Cannabis remains the dominant illicit drug in Australia in terms of arrests, seizures and use. With the exception of cannabis resin, oil and seeds, widespread domestic cultivation generally makes the trafficking of cannabis to Australia unnecessary or unprofitable. This is supported by border detection data where cannabis seeds continue to account for the majority of detections, accounting for 89 per cent of detections by number in 2011–12.

In 2011–12, the number of cannabis detections increased and is the highest on record. In contrast, the weight of cannabis detections decreased in 2011–12. The Netherlands continues to be the prominent point of embarkation for cannabis detections, by number, at the Australian border.

Consistent with detections since 2007–08, there were 3 cannabis oil extraction laboratories detected in Australia in 2011–12; 2 in Victoria and 1 in Tasmania.

Surveys of recent cannabis drug use in the Australian general population and in the regular injecting drug user and regular ecstasy populations indicate the recent use of cannabis has increased. In 2011–12, the number of national cannabis seizures increased and is the highest reported in the last decade. The weight of national cannabis seizures also increased in 2011–12 and is the third highest reported in the last decade. Cannabis related arrests account for the greatest number of national illicit drug arrests. Increasing since 2007–08, they are currently the highest reported in the last decade.

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HEROIN

KEY POINTS

The weight of heroin detected at the Australian border decreased, but remains the third highest weight reported in the last decade.

Profiling data from 2011 indicates the majority of analysed heroin seizures at the Australian border originated in South-West Asia.

The number of national heroin seizures increased and is the highest reported in the last decade.

While the number of national heroin and other opioid related arrests increased, they remain low compared to those reported earlier in the decade.

MAIN FORMS

Heroin (diacetylmorphine) belongs to the opioid class and is synthesised from morphine—a naturally occurring substance extracted from the seed pod of opium poppy plants (Papaver somniferum). The three primary regions of opium poppy cultivation include South-West Asia (primarily Afghanistan), South-East Asia (the Golden Triangle[1]), and the Americas (primarily Mexico) (UNODC 2011c, 2012b).

Morphine extraction begins with scraping or scoring of the unripened poppy seed pod to produce a thick liquid sap. The sap, which hardens on standing, is then referred to as opium, from which the drug morphine is extracted. Morphine is manufactured into heroin base through a chemical process involving the precursor acetic anhydride. The heroin base is then treated with hydrochloric acid, resulting in the water soluble salt form of the drug—heroin hydrochloride (HCl) (UNODC 2007; Gahlinger 2004).

The two most common forms of heroin found in Australia are powder and rock, which are usually white or off-white in colour.[2] Unrefined heroin base is rarely found in Australia (Dunn 2011; Stafford & Burns 2011). Heroin is most commonly dissolved and injected. Alternate methods of administration include smoking, swallowing or snorting, heating and inhaling fumes[3] or adding heroin to cannabis or tobacco cigarettes (Better Health 2012). Administration by injection exposes users to further health risks, including blood-borne viruses such as human immunodeficiency virus and hepatitis B and C, as well as bacterial and fungal infections, collapsed veins and abscesses (ADF 2011; Dunn 2011).

Heroin is a depressant which initially suppresses pain-signalling nerves and brain centres that control the respiratory system. Following initial administration, users report a surge of euphoria, referred to as 'the rush'. This is usually accompanied by a warm flushing of the skin, dry mouth and a heavy feeling in the extremities (NIDA 2012a). Additional effects of use include the slowing of mental processes, irregular heart rate, respiratory depression, unconsciousness and, in some instances, death (WHO 2004).

One of the most detrimental long-term effects of heroin use is addiction—a chronic, relapsing disease characterised by compulsive drug-seeking and use. It also leads to permanent neurochemical and molecular changes in the brain. Other long-term effects of use include weight loss, infection of heart lining and valves, arthritis and other rheumatologic problems (NIDA 2012b). Regular users may also experience a range of social, legal, financial and emotional problems (DASSA 2011). Abrupt cessation or reduced use may lead to severe symptoms of withdrawal including restlessness, muscle and bone pain, insomnia, diarrhoea and vomiting (NIDA 2012a, 2012b).

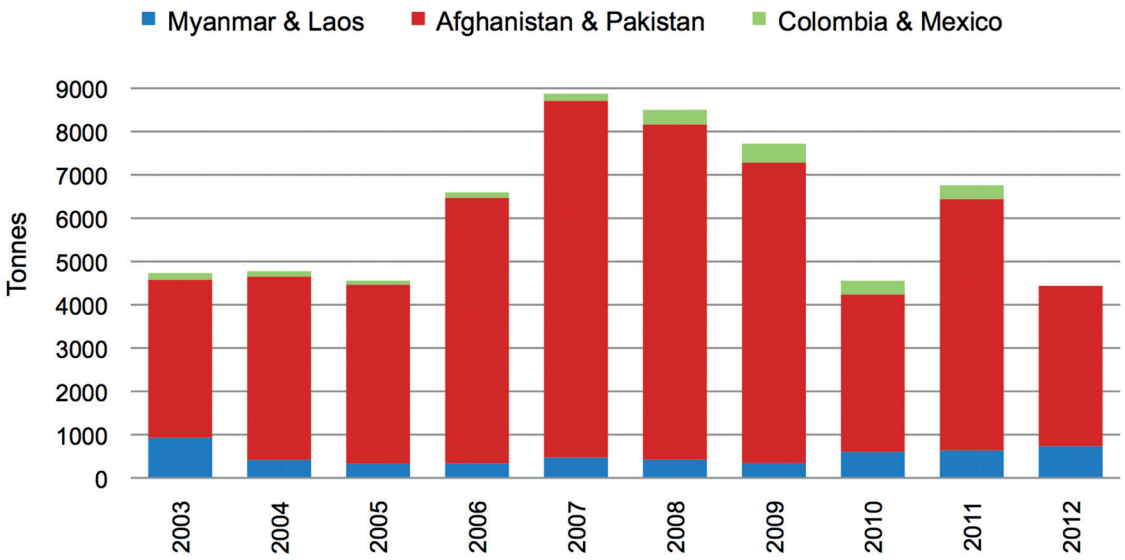
1 The 'Golden Triangle' encompasses of the border regions of Myanmar, Vietnam, Laos and Thailand.
2 Although heroin is sometimes graded according to its colour, this is not a definitive or reliable method of assessing the origin or purity of the drug.
3 Also called 'chasing the dragon'.

INTERNATIONAL TRENDS

Opium cultivation continues to increase in South-East Asia, primarily driven by increased cultivation in Myanmar. Following four years of small increases, opium cultivation in South-East Asia increased by 16 per cent in 2011, with an estimated 43 600 hectares under cultivation. Although small compared to production in Afghanistan, the potential production of opium in South-East Asia was estimated at 638 tonnes[4] in 2011 and 734 tonnes in 2012. As in previous years, most opium related increases in South-East Asia are attributable to Myanmar, where food insecurity, ongoing poverty and high prices for opium make cultivation attractive to farmers (UNODC 2012a, 2011b).

Afghanistan remains the world's largest opium and heroin producer. Afghanistan's potential opium production was estimated at 3 700 tonnes in 2012, a 36 per cent decrease from the estimated 5 800 tonnes in 2011 (see Figure 29) (UNODC 2011b, 2012c).

FIGURE 29: Potential production of opium, 2003 to 2012[a] (Source: United Nations Office on Drugs and Crime)



a. In the absence of 2012 UNODC data for Colombia and Mexico, the above figure does not contain data for these two countries.

Heroin produced in the Golden Triangle continues to supply a number of regional markets where demand remains high. Large quantities of opium and heroin, primarily produced in Myanmar, are transported to China for use by 1.19 million registered heroin addicts. Open source reporting indicates Chinese authorities seized 5.1 tonnes of heroin produced in the Golden Triangle in 2011, accounting for 72 per cent of all heroin seizures in China. Other notable detections include the seizure of 34 kilograms of heroin in March 2012 from a man attempting to traffic the drug across China's south-western border with Myanmar (Xinhau 2012a, 2012b, 2012c).

4 Myanmar accounts for 610 tonnes, Laos 25 tonnes and Thailand 3 tonnes.

Afghanistan continues to supply opiates (opium and heroin) through well-established trafficking routes to the country's north, south and west. The weight and value of opiates moving along each route are difficult to accurately estimate; however, the size of regional seizures provides some indication. For example, media reports that authorities in an Iranian province bordering western Afghanistan seized 1.1 tonnes of opium and 40 kilograms of heroin in June 2012 (Xinhau 2012d).

East Africa—particularly Kenya and Tanzania—remains a key node for heroin destined for illicit markets in West and South Africa, Europe and North America. Traffickers are using a variety of methods, including air and sea routes, to move heroin through the region. The International Narcotics Control Board (INCB) has noted instances of traffickers using mother ships to import large quantities of heroin close to coastal areas. Traffickers then use speedboats to collect smaller consignments before moving them into land-based distribution chains (INCB 2011). In 2011, Kenya and Tanzania made record seizures of heroin, including media reporting of 97 kilograms of heroin seized by Tanzanian law enforcement in September 2011 (Mwakyusa 2011).

Traffickers are also exploiting Nigeria as a distribution hub for heroin in West Africa. In May 2012, media reported that Nigerian authorities had detected 113 kilograms of heroin concealed inside three moulding machines imported via sea container from Pakistan (Adekola 2012). Traffickers also regularly attempt to traffic heroin into Nigeria via the air stream. Open source reporting indicates Nigerian National Drug Law Enforcement Agency (NDLEA) officers at Murtala Muhammed International Airport detected a Pakistani national attempting to import 13 kilograms of heroin concealed within hand luggage in March 2012. Separately in April 2012, NDLEA officers detected 16 kilograms of heroin concealed inside metal pipes consigned via air cargo from Iran (Eteghe 2012).

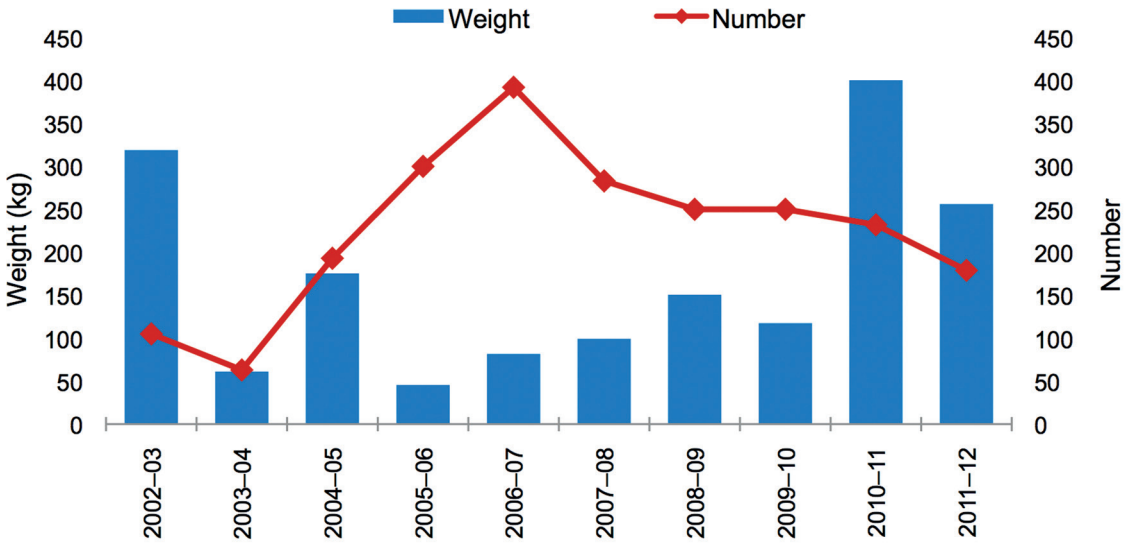
DOMESTIC TRENDS

AUSTRALIAN BORDER DETECTIONS

The number of heroin detections at the Australian border has continued to decline since 2006–07. In 2011–12, the number of detections decreased by 22.8 per cent, from 232 in 2010–11 to 179 in 2011–12, the third lowest number reported in the last decade.

Following 400.2 kilograms detected in 2010–11, the weight of heroin detected in 2011–12 decreased by 35.9 per cent to 256.2 kilograms. Despite this decrease, it is the third highest weight reported in the last decade (see Figure 30).

FIGURE 30: Number and weight of heroin detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)



In the last two reporting periods, only 16 per cent of heroin detections weighed more than 1 kilogram. In 2011–12, these detections accounted for 87.9 per cent of the total weight of heroin detected at the Australian border.

SIGNIFICANT BORDER DETECTIONS

Significant border detections of heroin in 2011–12 included:

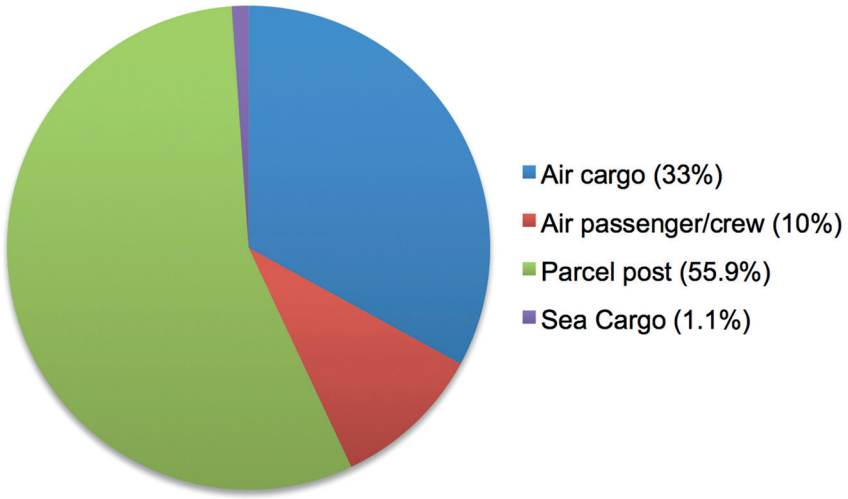
- 97.7 kilograms of heroin detected on 7 November 2011, concealed in food items, via sea cargo from Afghanistan to Sydney
- 20 kilograms of heroin detected on 29 May 2012, concealed in sports bags, via sea cargo from Thailand to Queensland
- 14.8 kilograms of heroin detected on 7 April 2012, followed by 14.6 kilograms and 14.5 kilograms detected on 8 April 2012, concealed in foil sachets, via parcel post from Cambodia to Sydney.

These five detections had a combined weight of 161.6 kilograms, which accounted for 63 per cent of the total weight of heroin detected at the Australian border in 2011–12.

IMPORTATION METHODS

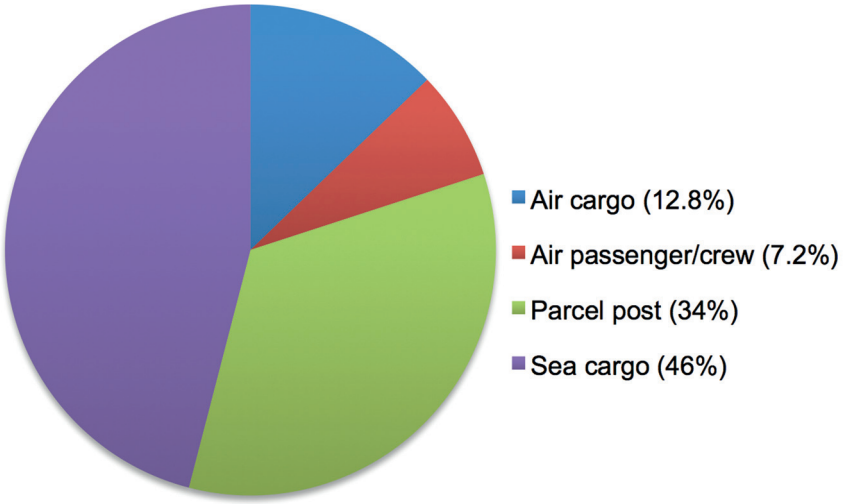
In 2011–12, parcel post was the most commonly detected method of importation by number, accounting for 55.9 per cent of heroin detections. This was followed by air cargo which accounted for 33 per cent (see Figure 31).

FIGURE 31: Number of heroin detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



While only two detections of heroin were in the sea cargo stream in 2011–12, they accounted for 46 per cent of the total weight of heroin detected at the Australian border. In 2011–12, the parcel post stream accounted for 34 per cent of heroin detections by weight, due in part to three significant detections that exceeded 14 kilograms each (see Figure 32).

FIGURE 32: Weight of heroin detections at the Australian border, as a proportion of total weight, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)

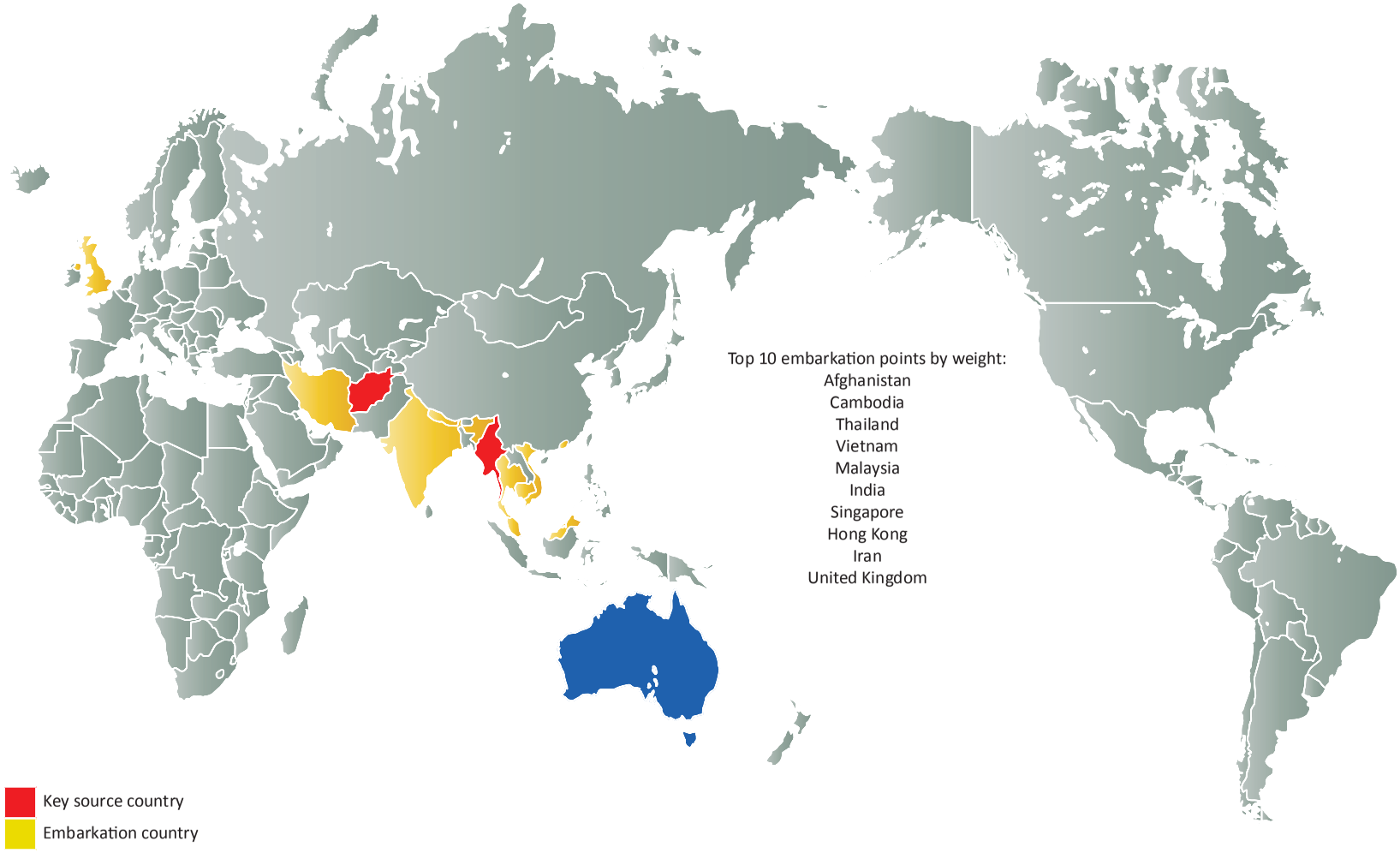


EMBARKATION POINTS

In 2011–12, 19 countries were identified as embarkation points for heroin detected at the Australian border, compared with 20 in 2010–11. By number, India, Singapore and Thailand were the primary embarkation points this reporting period. In terms of weight, the primary embarkation points were Afghanistan, Cambodia, Thailand and Vietnam. Of the 19 embarkation points, 12 had a total heroin detection weight over one kilogram.

Figure 33 illustrates the key source countries and embarkation points for heroin detections by weight at the Australian border in 2011–12.

FIGURE 33: Key source countries and embarkation points for heroin detections, by weight, at the Australian border, 2011–12



DRUG PROFILING

The Australian Federal Police Australian Illicit Drug Data Centre (AIDDC) manages a forensic drug profiling program used to identify regions of origin and manufacturing trends for samples submitted from seizures made at the Australian border. The program also allows for comparisons within and between seizures to identify distinct batches of drugs or potentially demonstrate links between groups involved in illicit drug manufacture or trafficking. However, only certain drug types are examined and not every seizure of drugs at the Australian border is analysed or profiled.[5]

Of note, analysed seizures in 2010 and 2011 were influenced by single large seizures from South-East Asia and South-West Asia respectively. In 2010, analysed seizures included a 161 kilogram seizure originating from South-East Asia, while seizures analysed in 2011 included a 98.1 kilogram seizure originating from South-West Asia. The significant influence of these two seizures on the profiling data demonstrates that strategic assessments of the market must be made with caution.

During 2011, 295 samples from 55 heroin seizures representing a total bulk weight of 228.9 kilograms were submitted for chemical analysis and profiling. Heroin seized at the Australian border originated from both South-East Asia and South-West Asia, with 2011 figures indicating an increase in the proportion of South-West Asian heroin.

Profiling of heroin border seizures in 2011 indicates an increase in the proportion of analysed seizures by number originating from South-West Asia (see Table 7). The proportion of South-West Asian heroin increased from 27.5 per cent in 2010 to 51 per cent in 2011; while the proportion of seizures of South-East Asian origin decreased from 63.8 per cent in 2010 to 49 per cent in 2011.

5 In examining AIDDC figures, it should be noted they present the results of drug profiling performed on samples seized by the Australian Federal Police between 2005 to June 2012 and submitted to the National Measurement Institute for routine analysis and profiling. Improvements in information technology have brought about changes to how the data is collated and presented that have not been possible in previous years. For this reason, care should be taken in comparing figures from 2010 onwards with figures reported prior to 2010.

For all reporting years, the data represents a snapshot across the reporting period. These figures cannot reflect seizures that have not been submitted for forensic examination due to prioritisation of law enforcement resources or those that have passed through the border undetected. Certain seizures/samples, such as those containing swabs or trace material, have been omitted from the analysis as they are not amenable to chemical profiling. It is difficult to extrapolate the impact of any observed trends on drugs reaching consumers i.e. street level seizures in Australia. The AFP has begun collecting samples from selected state and territory jurisdictions for chemical profiling as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project.

TABLE 7: Geographical origin of heroin samples as a proportion of analysed AFP seizures, 2008–June 2012

Year	South-East Asia %	South-West Asia %	Unclassified %	South-East Asia & Unclassified %	South-West Asia & Unclassified %
Jan–Jun 2012	52.0	48.0	–	–	–
2011	49.0	51.0	–	–	–
2010	63.8	27.5	5.8	–	2.9
2009	53.9	42.6	3.4	–	–
2008	44.1	44.1	11.8	–	–

Source: Australian Federal Police, Australian Illicit Drug Data Centre, 2012.

The shift in prominent source region for analysed heroin seizures is also reflected in the proportion of analysed seizures by total bulk weight (see Table 8). The proportion of analysed heroin seizures originating from South-West Asia increased from 5.8 per cent in 2010 to 60.6 per cent in 2011. These fluctuations in prominent source regions have been observed over the past few years.

TABLE 8: Geographical origin of heroin samples as a proportion of total bulk weight of analysed AFP seizures, 2005–June 2012

Year	South-East Asia %	South-West Asia %	Unclassified %
Jan–Jun 2012	87.8	12.2	–
2011	39.4	60.6	–
2010	93.3	5.8	0.9
2009	48.2	40.9	10.9
2008	26.0	66.3	7.7
2007	47.9	50.6	1.5
2006	70.1	27.4	2.7
2005	78.9	18.0	3.1

Source: Australian Federal Police, Australian Illicit Drug Data Centre, 2012.

Figures for the first 6 months of 2012 are based on the chemical analysis and profiling of 25 seizures[6] totalling 21.1 kilograms. By number, the January–June 2012 period indicates the proportions have remained relatively stable. By comparison, preliminary analysis by total bulk weight indicates an increase in the proportion of heroin seizures originating from South-East Asia compared to those originating in South-West Asia.

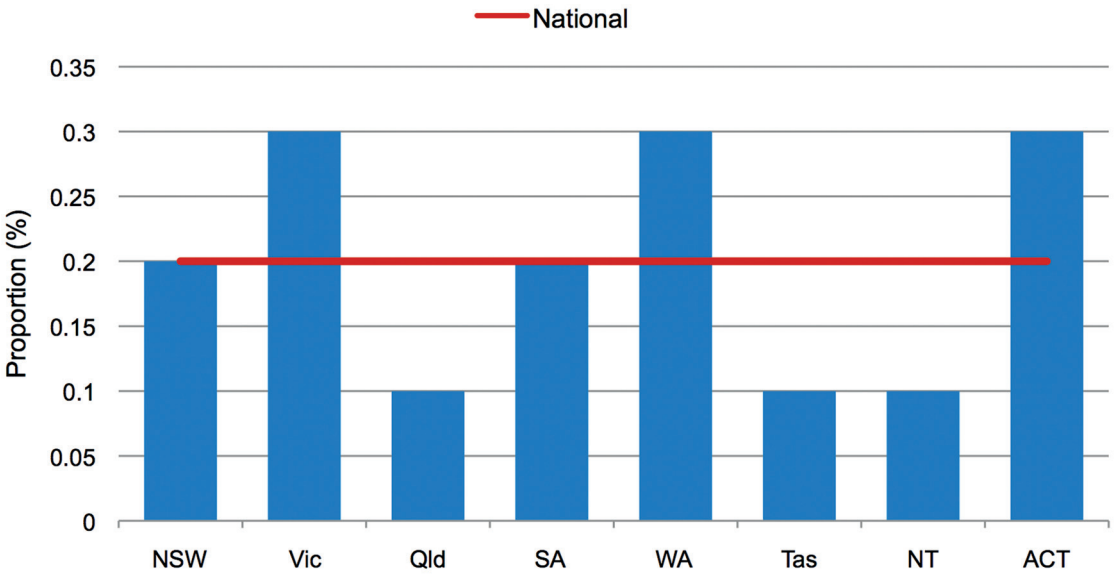
6 In the first 6 months of 2012, 224 samples of heroin were submitted for chemical analysis and profiling from 47 seizures representing a total bulk weight of 133.0 kilograms. At the time of writing, 22 of these seizures (with a total bulk weight of 111.95 kilograms) were still either undergoing chemical profiling (18 seizures, 35.3 kilograms) or consisted of heroin that was not amenable to chemical profiling (4 seizures, 76.6 kilograms).

DOMESTIC MARKET INDICATORS

According to the 2010 National Drug Strategy Household Survey (NDSHS), 1.4 per cent of the Australian population aged 14 years or older reported using heroin at least once in their lifetime. This is a slight decrease from the 1.6 per cent reported in 2007 and remains less than the 2.2 per cent reported in 1998 (AIHW 2011).

In the same 2010 survey, 0.2 per cent reported heroin use in the 12 months preceding interview. The proportion of the population reporting use in the preceding 12 months varied across Australian states and territories,[7] ranging from 0.1 per cent to 0.3 per cent in 2010 (see Figure 34) (AIHW 2011).

FIGURE 34: National and state and territory proportion of heroin use in the preceding 12 months, people aged 14 years or older, 2010 (Source: Australian Institute of Health and Welfare)



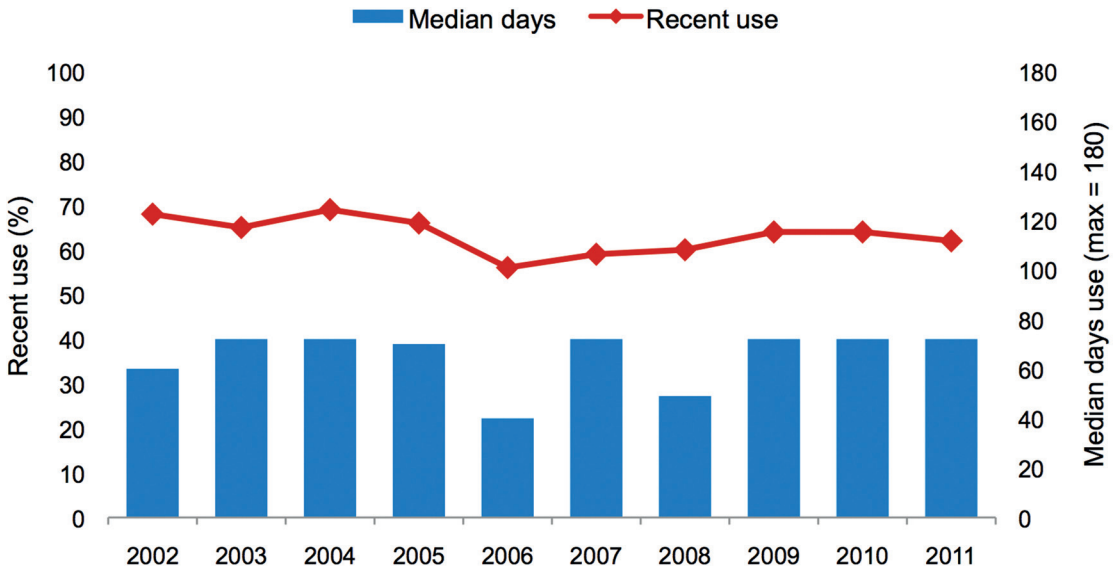
In a 2011 national study of regular injecting drug users, 53 per cent of respondents reported heroin as their drug of choice compared to 54 per cent in 2010. Nationally, 62 per cent of respondents reported recent[8] heroin use, a small decline from the 64 per cent reported in 2010. Forms of heroin used were white/off-white powder or rock (88 per cent) and brown powder or rock (42 per cent). There continues to be minimal reporting of home-bake heroin use, with injection the most commonly reported method of administration (Stafford & Burns 2012).

7 New South Wales, Victorian and Western Australian estimates have a relative standard error of 25 per cent to 50 per cent and should be used with caution. Estimates for Tasmania, the Australian Capital Territory and the Northern Territory have a relative standard error greater than 50 per cent and are considered too unreliable for general use.

8 The term 'recent use' in the regular injecting drug user and regular ecstasy user studies refers to reported use in the 6 months preceding interview.

In the same 2011 study, the proportion of respondents reporting recent heroin use in the Northern Territory remains limited, while Tasmania saw the proportion more than double, from 8 per cent in 2010 to 19 per cent in 2011. Since 2009, the median days of heroin use in the previous 6 months has remained stable at 72 days (see Figure 35). Early findings from the 2012 study indicate a slight decrease in recent use (60 per cent) (NDARC 2012; Stafford & Burns 2012).

FIGURE 35: **Proportion of a regular injecting drug user population reporting recent heroin use and median days of use, 2002 to 2011 (Source: National Drug and Alcohol Research Centre)**



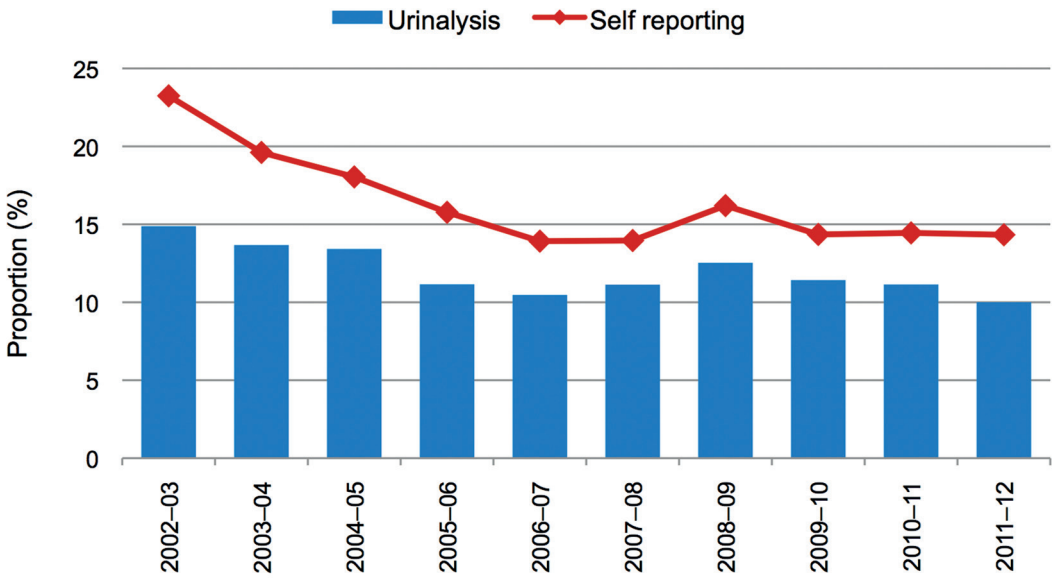
In a 2011 national study of regular ecstasy users, 7 per cent of respondents reported recent heroin use, an increase from 4 per cent in 2010. This is the second highest proportion reported since reporting began in 2003. Recent users reported using heroin on a median of 12 days in the previous 6 months. Injection (79 per cent) was the most commonly reported method of administration, followed by smoking (24 per cent), snorting (19 per cent) and swallowing (2 per cent) (Breen et al 2004; Sindicich & Burns 2011, 2012).

Research on drug use among police detainees in Australia incorporates a self-report survey and voluntary urinalysis. The self-report survey indicates drug use in the 12 months preceding interview. The proportion of detainees testing positive for heroin[9] has decreased from 14.9 per cent in 2002–03 to 10 per cent in 2011–12 (see Figure 36). Self-reported use of heroin decreased from 23.2 per cent in 2002–03 to 14.3 per cent in 2011–12.

More recently, the proportion of detainees testing positive for heroin use decreased from 11.1 per cent in 2010–11 to 10 per cent in 2011–12. The self-reported use of heroin remained relatively stable at 14.5 per cent in 2010–11 and 14.3 per cent in 2011–12.

9 Heroin and its metabolite can be detected in urine samples on average up to 6 hours after administration, while the morphine metabolite can be detected up to 2–3 days after administration (Makkai 2000).

FIGURE 36: Proportion of detainees testing positive for heroin compared with self-reported use, 2002–03 to 2011–12 (Source: Australian Institute of Criminology)



PRICE

Nationally, the price for a gram of heroin in 2011–12 ranged between $200 and $1 000, an increase from the $200 to $700 price range reported in 2010–11. This can be attributed to an increase in the price for a gram of heroin in Western Australia, which ranged between $500 and $1 000 in 2011–12.

The price for an ounce of heroin remained relatively stable across jurisdictions, with the exception of South Australia, which reported a per ounce price of $8 000 in 2011–12, compared to between $8 000 and $12 000 in 2010–11.

PURITY

Figure 37 illustrates the annual median purity of heroin in Australia since 2002–03. During the last decade, the median purity of analysed heroin samples ranged between 12.2 per cent and 70.4 per cent. Since 2009–10, Western Australia has continued to report the highest annual median purity for heroin. Western Australia and the Australian Capital Territory were the only jurisdictions to record a decrease in annual median purity in 2011–12.

FIGURE 37: Annual median purity of heroin samples, 2002–03 to 2011–12

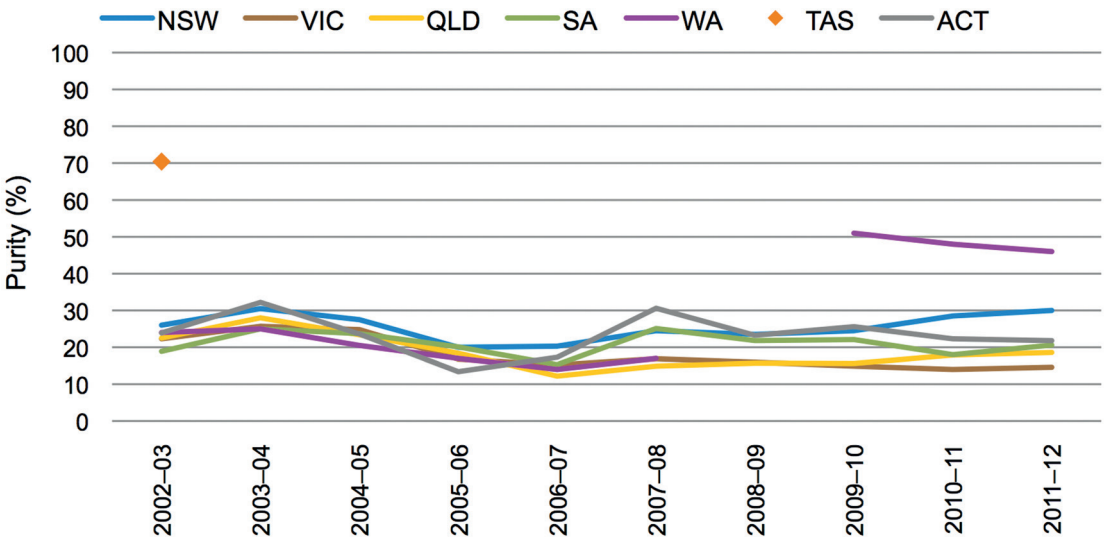
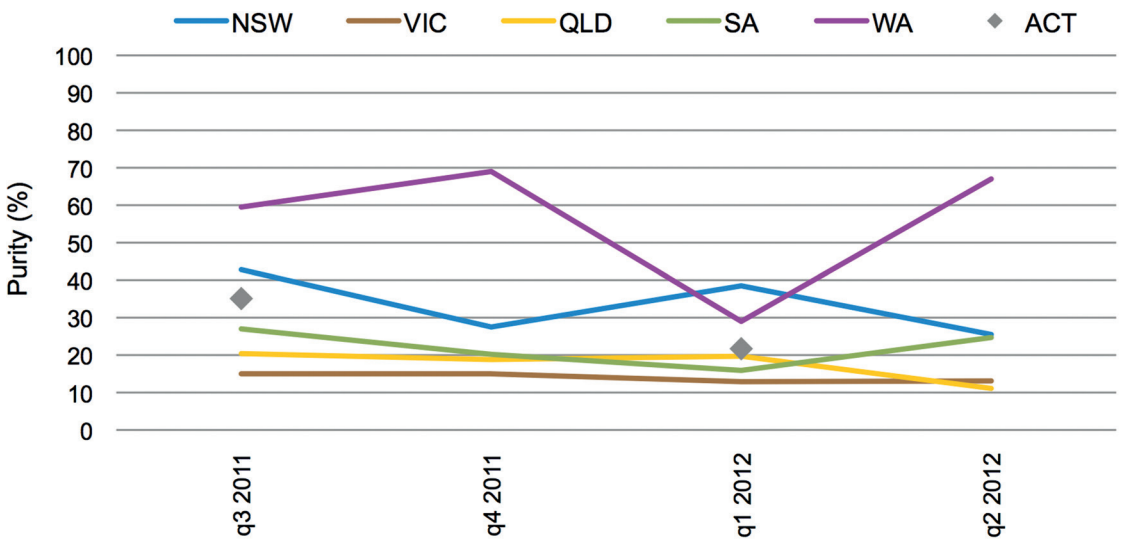


Figure 38 illustrates the median purity of analysed heroin samples on a quarterly basis in 2011–12. The quarterly median purity of heroin ranged from 11.1 per cent in Queensland to 69 per cent in Western Australia. Of note, Western Australia reported a median quarterly purity above 55 per cent for the third and fourth quarters in 2011 and second quarter in 2012.

FIGURE 38: Quarterly median purity of heroin samples, 2011–12



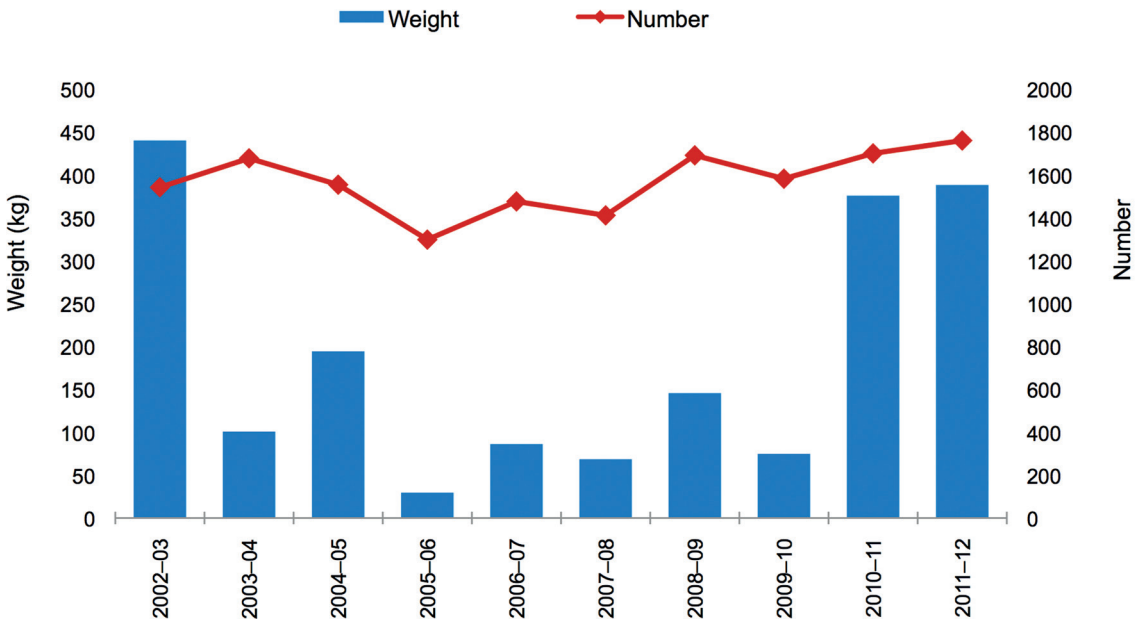
AVAILABILITY

According to a 2011 study of regular injecting drug users, the proportion of respondents reporting heroin as easy or very easy to obtain has remained stable at 86 per cent. Early findings from the 2012 study indicate this trend has continued, with 87 per cent of respondents reporting heroin as easy or very easy to obtain (NDARC 2012; Stafford & Burns 2011, 2012).

SEIZURES AND ARRESTS

Both the number and weight of national heroin seizures increased in 2011–12. The number of national heroin seizures increased 3.4 per cent from 1 700 in 2010–11 to 1 758 in 2011–12, and is the highest reported in the last decade. The weight of national heroin seizures also increased 3.4 per cent, from 375.7 kilograms to 388.3 kilograms in 2011–12 and is the second highest weight reported in the last decade (see Figure 39).

FIGURE 39: National heroin seizures, by number and weight, 2002–03 to 2011–12



Although New South Wales reported a decrease in both the number and weight of seizures in 2011–12, it continues to account for the greatest proportion of national heroin seizures (see Table 9). Victoria has accounted for the second highest proportion of national seizures by number since 2007–08 and weight since 2006–07.

TABLE 9: Number, weight and percentage change of national heroin seizures, 2010–11 and 2011–12

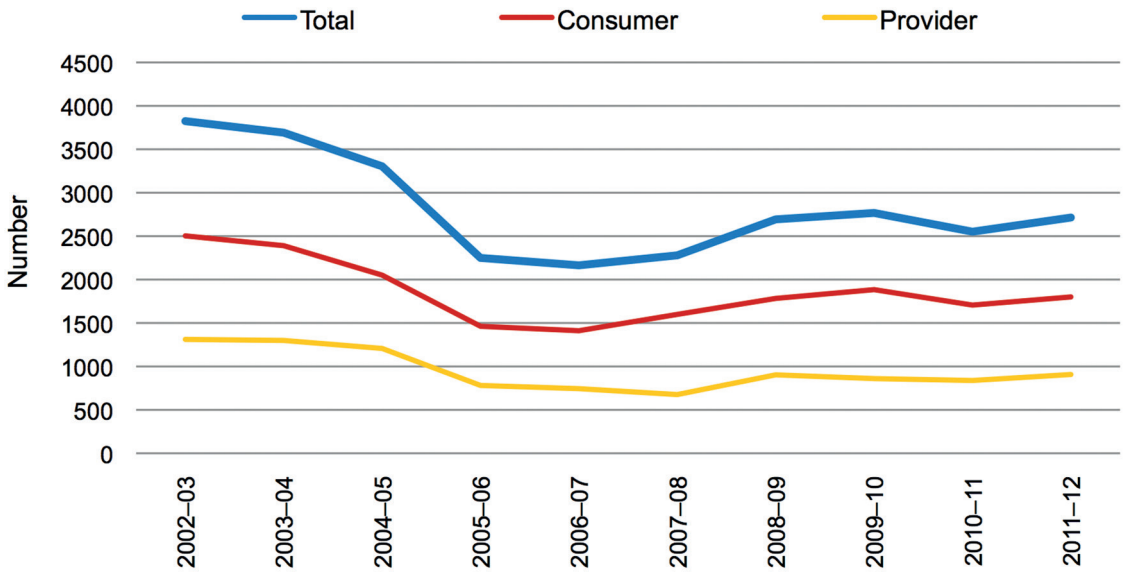
	Number			Weight (grams)		
State/Territory[a]	2010–11	2011–12	% change	2010–11	2011–12	% change
New South Wales	940	849	-9.7	339 181	283 653	-16.4
Victoria	331	358	8.2	25 054	100 662	301.8
Queensland	193	227	17.6	3 877	989	-74.5
South Australia	37	58	56.8	4 579	1 489	-67.5
Western Australia	161	230	42.9	2 653	1 548	-41.7
Tasmania	0	2	0.0	0	1	–
Northern Territory	2	3	50.0	126	8	-93.7
Australian Capital Territory	36	31	-13.9	242	46	-81.0
Total	**1 700**	**1 758**	**3.4**	**375 712**	**388 396**	**3.4**

a. Includes seizures by state/territory police and the AFP for which a valid seizure weight was recorded.

South Australia reported the greatest percentage increase in the number of heroin seizures, increasing from 37 in 2010–11 to 58 in 2011–12. Victoria reported the greatest percentage increase in weight, increasing 301.8 per cent, from 25 kilograms in 2010–11 to 100.6 kilograms in 2011–12. In 2011–12, Tasmania reported the first heroin seizure in that jurisdiction since 2005–06.

Over the last decade, the number of heroin and other opioid arrests has decreased from 3 824 in 2002–03 to 2 714 in 2011–12. While the number of heroin and other opioid arrests increased in 2011–12, it remains low compared to figures reported prior to 2004–05. Both consumer and provider arrests increased marginally, with consumer arrests accounting for 66 per cent of national heroin and other opioid arrests this reporting period (see Figure 40).

FIGURE 40: Number of national heroin and other opioid arrests, 2002–03 to 2011–12



The number of national heroin and other opioid arrests increased 6.4 per cent this reporting period, from 2 551 in 2010–11 to 2 714 in 2011–12. Victoria has accounted for the highest proportion of national heroin and other opioid arrests over the last decade, accounting for 52.5 per cent of arrests in 2011–12. Western Australia reported the greatest percentage increase in 2011–12 and reported the highest number of heroin and other opioid arrests for that jurisdiction since 2002–03 (see Table 10).

TABLE 10: Number and percentage change of national heroin and other opioid arrests, 2010–11 and 2011–12

State/Territory[a]	Arrests		
	2010–11	2011–12	% change
New South Wales	681	668	-1.9
Victoria	1 345	1 425	5.9
Queensland	278	314	12.9
South Australia	73	85	16.4
Western Australia	121	180	48.8
Tasmania	18	13	-27.8
Northern Territory	2	1	-50.0
Australian Capital Territory	33	28	-15.2
Total	**2 551**	**2 714**	**6.4**

a. The arrest data for each state and territory includes AFP data.

NATIONAL IMPACT

In 2012, estimated global illicit opium production decreased. This can be attributed to a decrease in production in Afghanistan, which was not offset by increased production in South-East Asia. Afghanistan remains the largest producer of illicit opium in the world, representing approximately 82 per cent of global illicit production in 2011.

South-East Asia and South-West Asia remain the key source regions for heroin seized at the Australian border. Since 2008, the prominent source region of analysed heroin border seizures has fluctuated and this trend is expected to continue. In 2011, heroin profiling indicates an increase in the proportion of analysed border seizures of South-West Asian origin, increasing in both number and total bulk weight.

In 2011–12, both the number and weight of heroin detections at the Australian border decreased. The number of heroin border detections peaked in 2006–07, and has continued to decrease. Following a period of low detection weights between 2005–06 and 2009–10, the last two reporting periods have reported the highest and third highest detection weights respectively in the last decade.

The postal stream has accounted for highest proportion of heroin detections by number since 2004–05. For those reporting periods with higher detection weights, the sea cargo stream has been the prominent method of importation. For the last two reporting periods, approximately 84 per cent of heroin detections have weighed less than 1 kilogram.

Surveys of drug use in the Australian general population and in the regular injecting drug user and police detainee populations indicate that the proportion of recent heroin users and the availability of heroin have remained relatively stable.

In 2011–12, the number of national heroin seizures increased and is the highest reported in the last decade. The weight of seizures also increased and is the second highest reported in the last decade. Although heroin and other opioid arrests increased in 2011–12, they remain significantly lower than those reported prior to 2005–06.

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COCAINE

KEY POINTS

Both the number and weight of cocaine detections at the Australian border increased and are the highest reported in the last decade.

Profiling data from 2011 indicates an increase in the proportion of analysed cocaine border seizures with Peruvian leaf-origin.

The weight of national cocaine seizures increased and is the highest reported in the last decade.

The number of national cocaine arrests increased and is the second highest reported in the last decade.

MAIN FORMS

Cocaine is a central nervous system stimulant and naturally occurring chemical compound found in the leaves of the coca plant. The coca plant is a member of the genus *Erythroxylum*, which has over 200 known species and grows predominately along the Andean Ridge in South America. The two main species cultivated for the production of cocaine are *Erythroxylum Coca* (*E. Coca*) and *Erythroxylum Novogranatense* (*E. Novagranatense*) (Johnson et al 2003).

The process of extraction and synthesis of cocaine hydrochloride from coca leaves is a chemical process that occurs in three stages—the extraction of crude coca paste from the coca leaf, purification of coca paste to cocaine base and the conversion of cocaine base to cocaine hydrochloride (Casale & Klein 1993). The production from coca paste to cocaine hydrochloride requires sulphuric acid, potassium permanganate, acetone (or other solvents) and hydrochloric acid (EMCDDA & Europol 2010).

Cocaine is commonly found in two forms: hydrochloride salt and cocaine base. The most common form of cocaine available in Australia is powdered hydrochloride salt, which can be snorted, rubbed into the gums or dissolved in water and injected. Cocaine base, usually referred to as 'crack', is not commonly encountered in Australia. Crack is produced by treating cocaine hydrochloride with a mild base (generally either sodium bicarbonate or ammonia solution), is usually rock crystal in appearance and white or off-white in colour. Crack cocaine is readily converted to vapour with heat, making it suitable for administration via inhalation (AIC 2012; EMCDDA 2012; NDARC 2012a).

Three administration routes commonly used for cocaine are snorting, injecting and smoking. Snorting allows the cocaine powder to be absorbed into the bloodstream through the nasal tissues, while smoking involves inhaling cocaine vapour or smoke. Smoking and injection of cocaine result in similar rates of absorption into the bloodstream. All three methods of cocaine administration can lead to addiction and other severe health problems. Injection comes with the added risk of contracting human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS) and other infectious diseases (NIDA 2012).

When cocaine enters the body, it stimulates the central nervous system to release increased levels of dopamine. Dopamine is associated with functions responsible for reward, motivation and the experience of pleasure. It is this excess dopamine that is responsible for cocaine's euphoric effects, commonly described as feeling 'high', including increased energy, alertness and reduced fatigue. The intensity and duration of effects depend on the route of administration. The high is intensified the faster the cocaine is absorbed into the bloodstream and delivered to the brain. However, faster absorption usually indicates shorter duration of effect. In order to sustain the high, a user has to continue to administer the drug, which sometimes leads to bingeing—taking the drug repeatedly within a relatively short period of time, at increasingly higher doses.

Short-term effects of cocaine use may include an irregular heartbeat, chest pain, hyperthermia or seizures. Long-term effects of cocaine use may include kidney failure, increased risk of experiencing a stroke and ongoing respiratory problems (DoHA 2012). With repeated use, cocaine can cause long-term changes in brain function, particularly those related to reward.

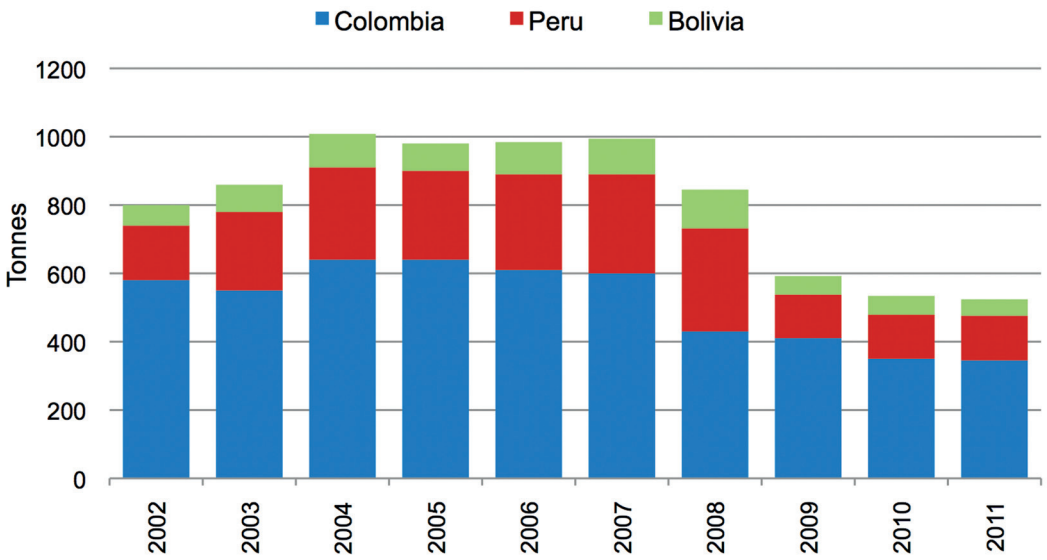
When cocaine is used in conjunction with alcohol, the liver converts the combination into a third substance known as cocaethylene, which may increase the risk of death (House of Commons 2010; NIDA 2012).

INTERNATIONAL TRENDS

In 2011, the global area under coca cultivation increased, from an estimated 149 000 hectares in 2010 to 153 700 hectares in 2011.[1] Colombian coca cultivation has remained relatively stable at 64 000 hectares and is estimated to account for 42 per cent of global coca cultivation in 2011. Peruvian cultivation increased by 5.2 per cent to 62 500 hectares in 2011 and accounts for 41 per cent of global coca cultivation. Coca cultivation in Bolivia decreased by 12 per cent, from 31 000 hectares in 2010 to 27 200 hectares in 2011 (UNODC 2012a, 2012b, 2012c).

In 2011, Colombia continued to account for the greatest proportion of potential cocaine production, producing an estimated 345 tonnes and accounting for 66 per cent of global production. This was followed by Peru (25 per cent) and Bolivia (9 per cent) (see Figure 41) (UNODC 2012a, 2012b, 2012c).

FIGURE 41: Potential production of cocaine, 2002 to 2011[a] (Source: United Nations Office on Drugs and Crime)



a. Potential cocaine production figures for Peru and Bolivia in 2009, 2010 and 2011 were taken from the United Nations Office on Drugs and Crime (UNODC) crop monitoring surveys.

1 Regions included in global estimate include Colombia, Peru and Bolivia. Estimates are based on UNODC coca crop monitoring surveys.

Criminal syndicates continue to use numerous routes and concealment methods to move cocaine to markets in the United States of America (US) and Canada. Along with sea vessels and sea cargo, traffickers continue to exploit self-propelled semi-submersibles to transport large quantities of cocaine from South America northwards along sea routes. During 2011–12, Colombia, Ecuador, Honduras and the US all detected semi-submersibles attempting to traffic multi-tonne cocaine consignments (BINLEA 2012). Of particular note was the detection in September 2011 by Colombian authorities of a submarine with the capacity to move 10 tonnes of cocaine. The vessel, reported to belong to the Revolutionary Armed Forces of Colombia, was equipped with an electric motor and global positioning system. Authorities estimate the vessel could have reached several ports in Central America and possibly Mexico (Herald Tribune 2012).

Although many consignments trafficked from South America continue to go undetected, law enforcement efforts targeting supply routes are having some success. In a number of South American countries the Global Program for Containers Control is yielding results, with Costa Rica, Guatemala and Panama reporting a ten-fold increase in container drug seizures since the program's inception. This project aims to boost the inspection of sea cargo containers and is currently present in 28 operational ports across 14 countries (UNODC 2012d).

European demand for cocaine remains strong, with criminal syndicates continuing to exploit the maritime stream as an effective method of moving medium to large-scale cocaine shipments to European markets. Many consignments are concealed within sea cargo transported between South America and Europe. For example, according to media reports, Dutch police seized 575 kilograms of cocaine at the port of Antwerp in April 2012, concealed within a shipping container from Ecuador (Expatica 2012). However, traffickers are also using private boats to move large-scale consignments.

In January 2012, the French Navy intercepted two boats sailing under British and Spanish flags off the coast of Martinique. Concealed within one vessel was 1.2 tonnes of cocaine destined for Europe. In addition to sea routes, criminal syndicates are also using the air stream to move small, medium and large-scale consignments to Europe. In December 2011, officials in the Dominican Republic intercepted a one tonne-consignment of cocaine which was due to be flown to Antwerp (Europol 2012).

Traffickers are also exploiting West Africa as a transit route for cocaine transhipped to markets in Europe and Asia. Although the precise quantities of cocaine trafficked through West Africa are unknown, recent detections provide some indication of the scale. In 2011, authorities in Africa and South America made seven seizures of cocaine totalling 1.4 tonnes. All consignments were destined for Benin.[2] In October 2011, authorities in Cape Verde seized 1.5 tonnes of cocaine. In the same month, authorities in Brazil seized 480 kilograms of cocaine destined for Nigeria (INCB 2012).

2 Benin is situated on the western border of Nigeria and its southern border forms part of the Gulf of Guinea.

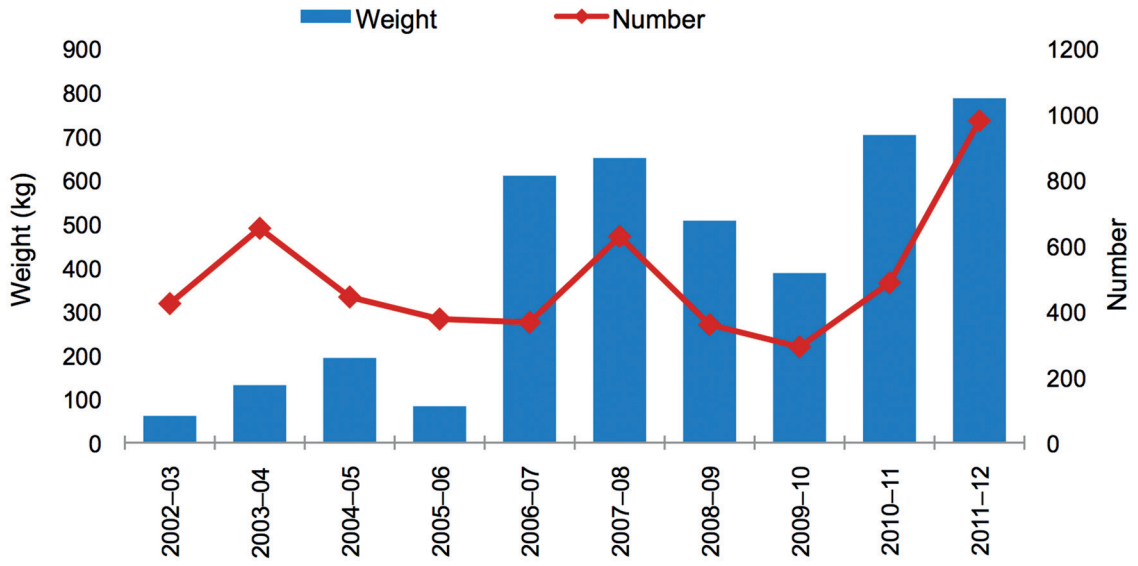
According to UNODC estimates, cocaine trafficking in West Africa is generating approximately US$900 million for criminal networks (Fedotov 2012). Criminal networks are exploiting weak judicial systems, poor regulatory systems, under-resourced and at times non-existent law enforcement, porous borders and susceptibility to corruption (Brownfield 2012). The International Narcotics Control Board (INCB) notes that in response to targeting by law enforcement, traffickers have simply modified their modus operandi and have found new methods for concealing cocaine trafficked through West Africa (INCB 2012). For example, according to media reporting, 1.5 tonnes of cocaine was detected in October 2011 concealed in ten steel 'parasite' tubes soldered to the hull of a ship in Cape Verde (Harrigan 2012).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number and weight of detections of cocaine at the Australian border has continued to increase since 2009–10. In 2011–12, both the number and weight of border detections increased and are the highest reported in the last decade (see Figure 42). The number of cocaine detections increased by 101.4 per cent, from 486 in 2010–11 to 979 in 2011–12. The weight of detections increased by 11.9 per cent, from 701.8 kilograms in 2010–11 to 785.7 kilograms in 2011–12. Of note, 96 per cent of cocaine detections this reporting period weighed less than one kilogram.

FIGURE 42: Number and weight of cocaine detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)



SIGNIFICANT BORDER DETECTIONS

Significant border detections of cocaine in 2011–12 included:

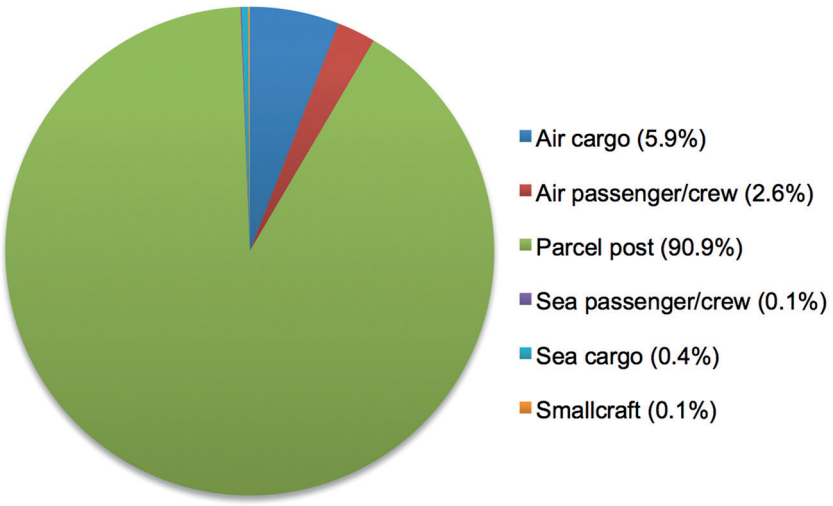
- 276.4 kilograms of cocaine detected on 20 October 2011, via small craft embarking from Vanuatu to Queensland
- 271 kilograms of cocaine detected on 19 August 2011, concealed in ride on mowers, via sea cargo from Brazil to Victoria
- 30 kilograms of cocaine detected on 17 February 2012, via a sea passenger travelling from the United Kingdom (UK) to Sydney
- 24 kilograms of cocaine detected on 29 October 2011, concealed inside a metal 'grapple', via air cargo from Canada to Sydney
- 23.5 kilograms of cocaine detected on 8 September 2011, concealed in commercially packaged goods, via air cargo from Argentina to Victoria.

These five detections had a combined weight of 624.9 kilograms, which accounted for 80 per cent of the total weight of cocaine detected at the Australian border in 2011–12.

IMPORTATION METHODS

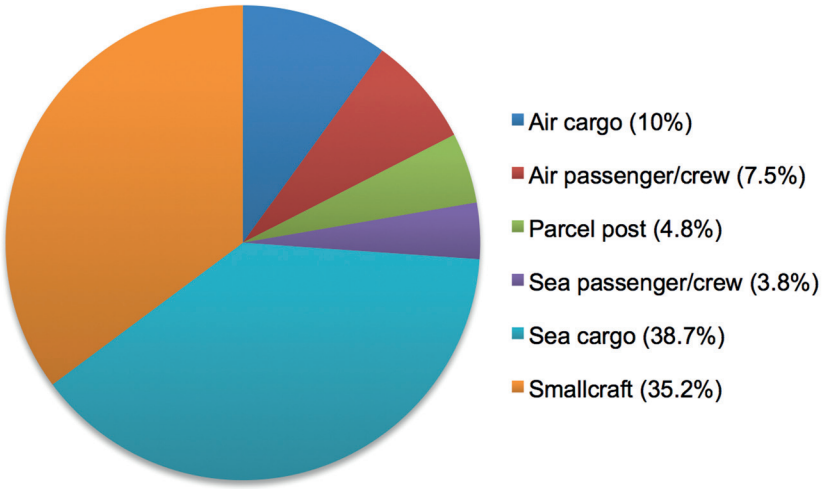
Since 2000–01, the postal stream has accounted for over 70 per cent of the number of cocaine detections at the Australian border. In 2011–12, parcel post accounted for 90.9 per cent of detections by number (see Figure 43).

FIGURE 43: Number of cocaine detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



Despite the prominence of parcel post in the number of cocaine detections, of the 890 detections in the postal stream in 2011–12, only 7 exceeded 1 kilogram. In 2011–12, 4 sea cargo detections, with a combined weight of 304.2 kilograms, accounted for 38.7 per cent of the total weight of cocaine detected at the Australian border. A single small craft detection, weighing 276.4 kilograms, accounted for 35.2 per cent of the total weight of cocaine detected in 2011–12 (see Figure 44).

FIGURE 44: Weight of cocaine detections at the Australian border, as a proportion of total weight, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



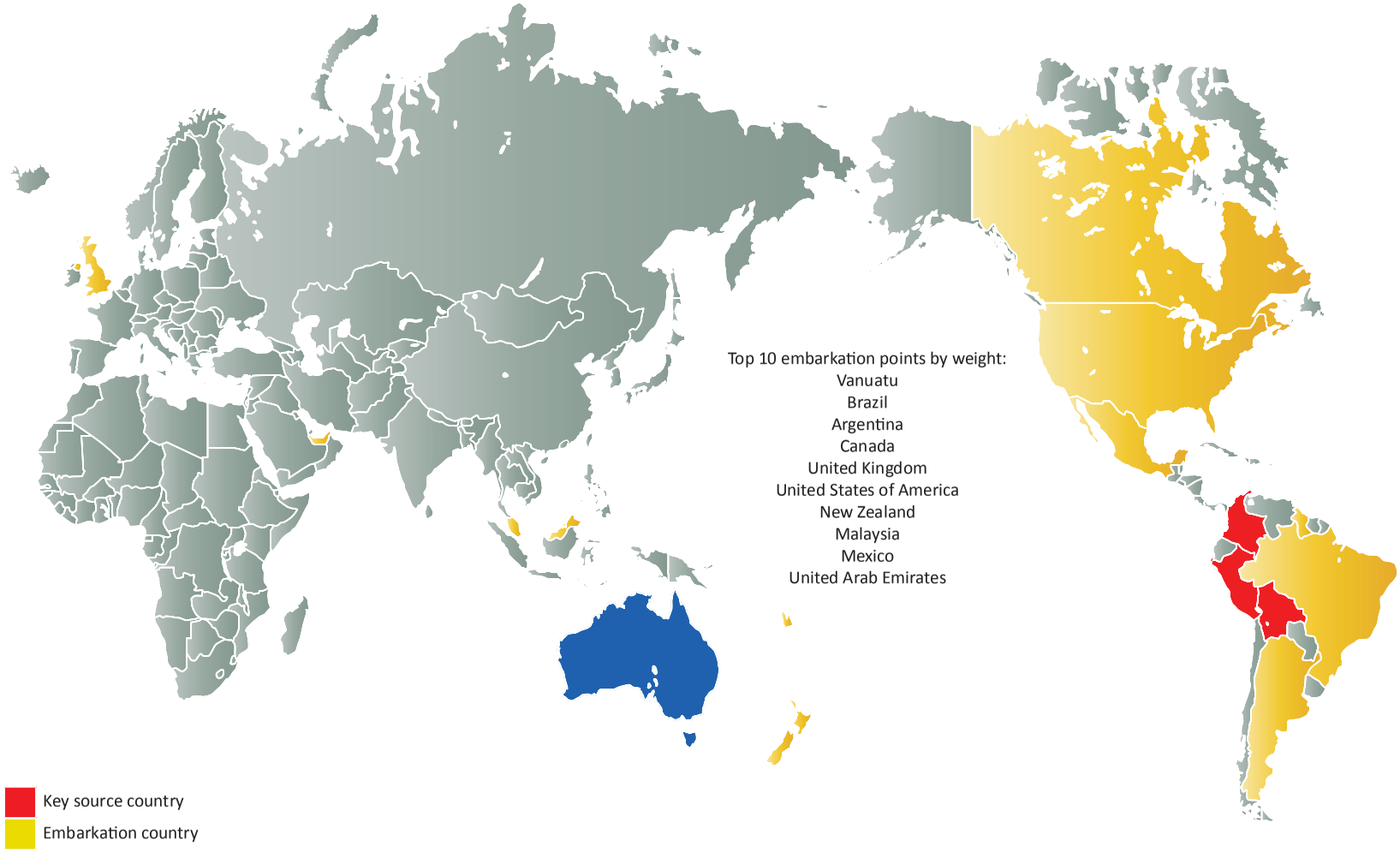
EMBARKATION POINTS

The number of embarkation points identified for cocaine importations has continued to increase over the last decade, from 36 in 2010–11 to 39 in 2011–12.

In 2011–12, Panama was the prominent embarkation point for cocaine border detections, by number, followed by The Netherlands and Canada. In terms of weight, the prominent embarkation points were Vanuatu,[3] Brazil, Argentina, Canada and the UK. Cocaine source countries from Table 11 and 12, as well as 2011–12 top 10 points of embarkation by weight are illustrated in Figure 45.

3 The prominence of Vanuatu as a point of embarkation by weight can be attributed to a single large detection, weighing 276.4 kilograms, in small craft travelling from Vanuatu to Queensland.

FIGURE 45: Key source countries and embarkation points for cocaine detections, by weight, at the Australian border, 2011–12



DRUG PROFILING

The Australian Federal Police (AFP) Australian Illicit Drug Data Centre (AIDDC) manages a forensic drug profiling program used to identify regions of origin and manufacturing trends for samples submitted from seizures made at the Australian border. The program also allows for comparisons within and between seizures to identify distinct batches of drugs or potentially demonstrate links between groups involved in illicit drug manufacture or trafficking. However, only certain drug types are examined and not every seizure of drugs at the Australian border is analysed or profiled.[4]

The figures in Table 11 and Table 12 represent recent cocaine profiling results, identifying the geographic origin of the coca-leaf used in the production of the drug. It should be noted that 'unclassified' figures include samples that are currently undergoing profiling, as well as samples for which a geographic origin could not be determined through existing profiling techniques. The presence of 'mixed' seizures highlights the existence of shipments where more than one type of cocaine was present (for example, cocaine with 'Colombian' and 'Peruvian' origin within a single shipment).

During 2011, 402 samples of cocaine from 84 seizures representing a total bulk weight of 685 kilograms were submitted for chemical analysis and profiling.[5] The number of analysed seizures with Colombian leaf-origin remained stable between 2010 and 2011, while seizures of Peruvian leaf-origin increased slightly from 30.2 per cent in 2010 to 35.3 per cent in 2011 (see Table 11).

TABLE 11: Geographical origin of coca leaf used to produce cocaine as a proportion of analysed AFP seizures, 2007–June 2012

Year	Colombian %	Peruvian %	Bolivian %	Mixed %	Unclassified %
Jan–Jun 2012	53.3	37.8	–	6.7	2.2
2011	55.9	35.3	–	5.9	2.9
2010	55.2	30.2	1.0	6.3	7.3
2009	44.9	32.7	2.0	10.2	10.2
2008	67.3	28.6	–	–	4.1
2007	61.7	23.3	1.7	9.9	3.4

Source: Australian Federal Police, Australian Illicit Drug Data Centre, 2012.

4 In examining AIDDC figures, note that they represent the results of drug profiling performed on samples seized by the AFP and submitted to the National Measurement Institute for routine analysis and profiling. In 2010, improvements in information technology brought about changes to how the data is collated and presented that had not been possible in previous years. For this reason, care should be taken in comparing figures from 2010 onwards with figures reported prior to 2010. For all reporting years, the data represents a snapshot based on seizures that were analysed and profiled, excluding certain seizure/sample types, such as those containing swabs or trace material or certain drug forms not amenable to chemical profiling. It is difficult to extrapolate the impact of observed border trends on cocaine reaching consumers.

5 During 2011, a further 70 samples of cocaine, from 16 seizures representing a total bulk weight of 445.02 kilograms, were submitted. However, they were not amenable to profiling.

The data in Table 12 is based on the same analytical samples used as the basis for Table 11, but is organised in terms of the total bulk weight of seizures rather than number. In 2011, the proportion of analysed seizures by weight with Peruvian leaf-origin increased, from 3.2 per cent in 2010 to 44.2 per cent in 2011 (see Table 12). Of note, analysed seizures in 2011 were influenced by a single 271.1 kilogram seizure originating from Peru. This single seizure accounted for 39.6 per cent of the total bulk weight seized and profiled in that period. The significant influence of this single large seizure on the profiling data demonstrates that strategic assessments of the market must be made with caution.

TABLE 12: Geographical origin of coca leaf used to produce cocaine as a proportion of the total bulk weight of analysed AFP seizures, 2007–June 2012

Year	Colombian %	Peruvian %	Bolivian %	Mixed %	Unclassified %
Jan–Jun 2012	72.1	19.3	–	7.7	0.9
2011	51.3	44.2	–	4.4	0.1
2010	96.3	3.2	<0.1	–	0.4
2009	91.3	6.8	<0.1	–	1.9
2008	95.1	4.7	–	–	0.2
2007	86.3	10.6	0.4	–	2.7

Source: Australian Federal Police, Australian Illicit Drug Data Centre, 2012.

In the first 6 months of 2012, 220 samples of cocaine from 53 seizures, representing a total bulk weight of 115.35 kilograms, were submitted for chemical analysis and profiling. At the time of writing, 45 seizures totalling 108.53 kilograms[6] had been profiled and these results are presented in Tables 11 and 12. The tentative figures suggest that the proportion of seizures involving Peruvian cocaine has remained relatively stable (see Table 11). In terms of total bulk weight, the proportion of seizures of Peruvian leaf-origin remains historically high, despite a decrease from 2011 figures (see Table 12).

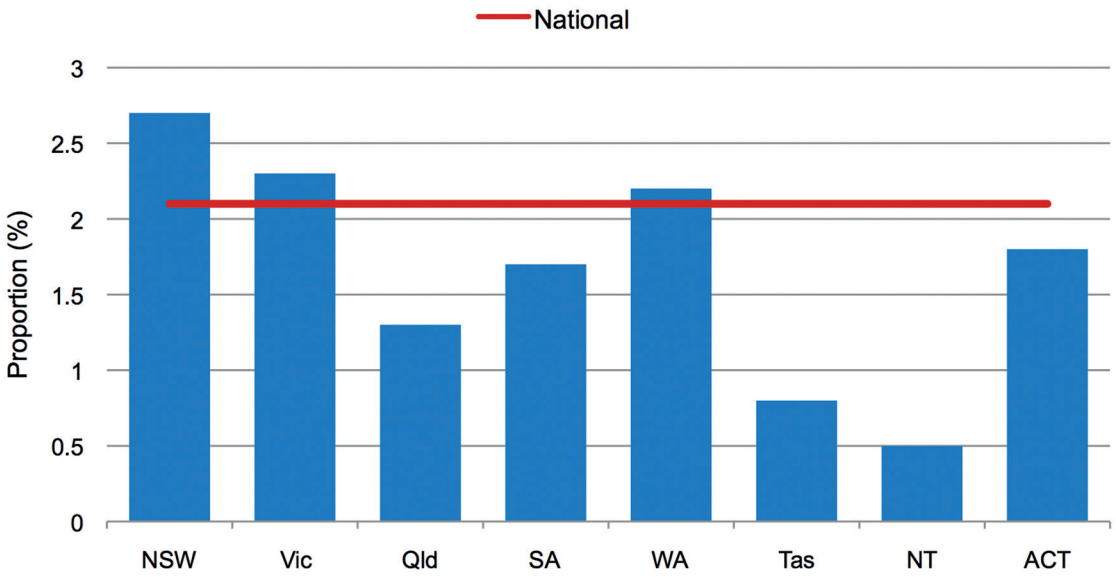
DOMESTIC MARKET INDICATORS

According to the 2010 National Drug Strategy Household Survey (NDSHS), 7.3 per cent of the Australian population aged 14 years or older reported using cocaine at least once in their lifetime, an increase from the 5.9 per cent reported in 2007. This is the highest proportion of lifetime use reported since 1993.

The proportion of the Australian population aged 14 years or older reporting cocaine use in the 12 months preceding interview has also continued to increase, from 1 per cent in 2004 to 2.1 per cent in 2010. In 2010, the proportion of the population reporting use in the preceding 12 months varied across states and territories, ranging from 0.5 per cent in the Northern Territory to 2.7 per cent in New South Wales (see Figure 46). The prominence of a cocaine user population within New South Wales is also supported by findings in the regular injecting drug user and regular ecstasy user surveys (AIHW 2011).

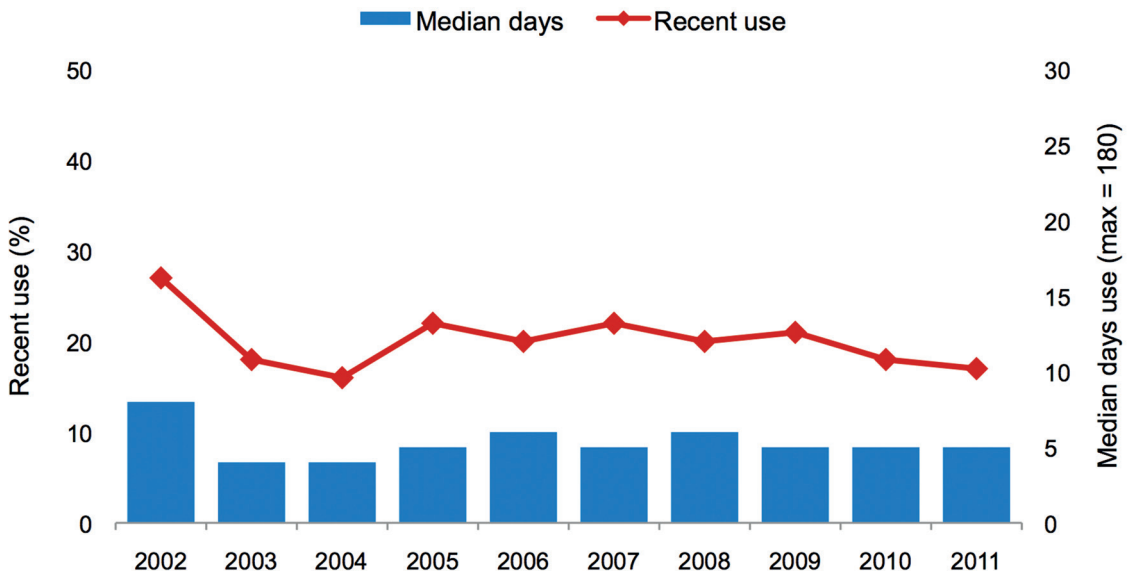
6 At the time of writing, 8 of the 53 seizures (with a total bulk weight of 6.82 kilograms) were either still undergoing or are not amenable to chemical profiling.

FIGURE 46: National and state and territory proportion of cocaine use in the preceding 12 months, people aged 14 years or older, 2010 (Source: Australian Institute of Health and Welfare)



In a 2011 study of regular injecting drug users, 17 per cent of respondents reported recent[7] cocaine use, the second lowest percentage reported in the last decade. The median days of cocaine use in the previous 6 months has remained stable since 2009 at 5 days (see Figure 47). The recent use of cocaine remained most common among participants in New South Wales (47 per cent), with the proportion of recent users in other states and territories remaining below the national figure of 17 per cent. Early findings from the 2012 study indicate a continued decline in recent use, with 15 per cent of respondents reporting recent cocaine use. This is the lowest proportion reported in the last decade (Stafford & Burns 2012; NDARC 2012b).

FIGURE 47: Proportion of a regular injecting drug user population reporting recent cocaine use and median days of use, 2002 to 2011 (Source: National Drug and Alcohol Research Centre)

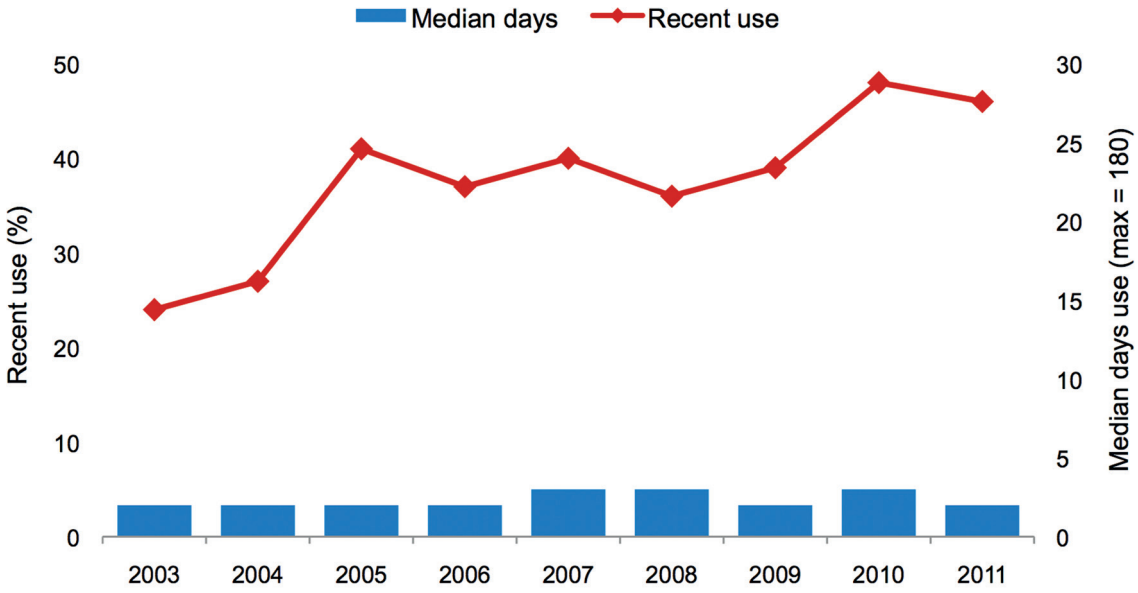


7 The term 'recent use' in the regular injecting drug user and regular ecstasy user studies refers to reported use in the 6 months preceding interview.

In the same 2011 study, 2 per cent of respondents reported cocaine as their drug of choice. Powder remains the most commonly used form of cocaine (84 per cent) among recent users, with only minimal reporting of crack cocaine use. The most common method of administration was injection (14 per cent) followed by snorting (6 per cent) (Stafford & Burns 2012).

In a 2011 study of regular ecstasy users, 46 per cent of respondents reported recent cocaine use, a slight decrease from 48 per cent in 2010 (see Figure 48). Despite this decrease, it is the second highest percentage reported in the last decade. Early findings from the 2012 study indicate a further decrease in reported recent use to 40 per cent (NDARC 2012b; Sindicich & Burns 2012).[8]

FIGURE 48: Proportion of a regular ecstasy user population reporting recent cocaine use and median days of use, 2003 to 2011 (Source: National Drug and Alcohol Research Centre)



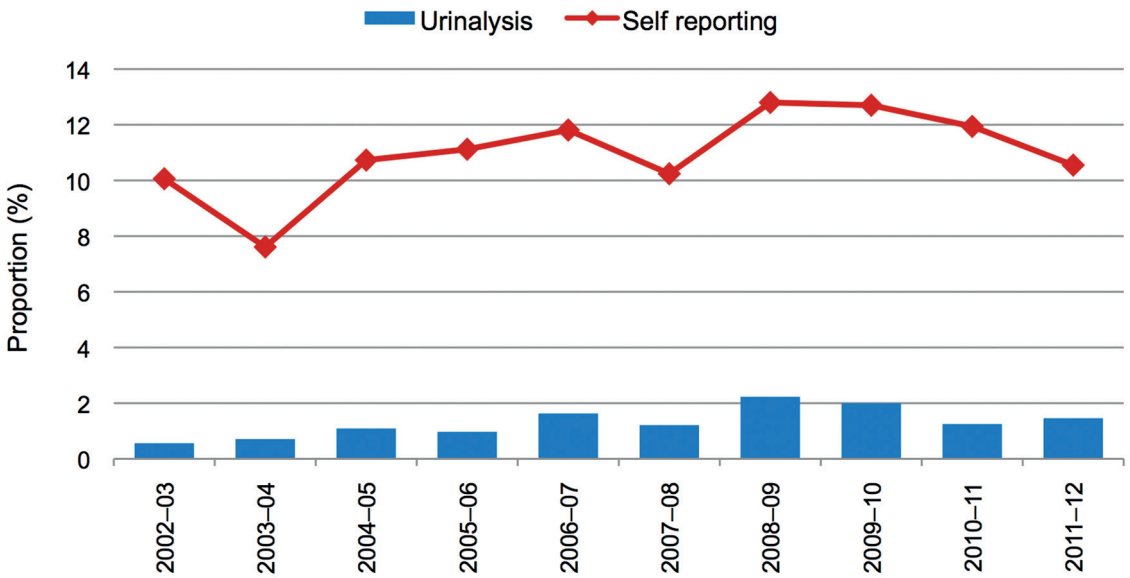
In the same 2011 study, the median number of days of cocaine use in the last 6 months has remained relatively stable, ranging between 2 to 3 days for the last decade. New South Wales and Queensland reported the highest proportion of recent cocaine users. The proportion of respondents reporting cocaine as their drug of choice remained relatively stable in 2011 at 14 per cent. The most common form of administration was snorting (97 per cent) followed by swallowing (28 per cent) (Sindicich & Burns 2012).

Research on drug use among police detainees in Australia incorporates a self-report survey and voluntary urinalysis. The self-report survey indicates drug use in the 12 months preceding interview. In 2011–12, the proportion of detainees testing positive for cocaine[9] use increased from 1.3 per cent in 2010–11 to 1.5 per cent in 2011–12. In contrast, the self-reported use of cocaine decreased from 11.9 per cent in 2010–11 to 10.6 per cent in 2011–12 (see Figure 49).

8 In response to the difficulties experienced by smaller states and territories in recruiting regular ecstasy users, the recruitment criteria was broadened in 2012 to include recent use of any psychostimulants. As such, caution should be exercised when comparing to previous reporting periods.

9 Cocaine and its metabolite can be detected in urine samples on average 24 to 36 hours after administration (Makkai 2000).

FIGURE 49: Proportion of detainees testing positive for cocaine compared with self-reported use, 2002–03 to 2011–12 (Source: Australian Institute of Criminology)



PRICE

Nationally, the price of a gram of cocaine in 2011–12 ranged between $250 and $500. The price of a gram of cocaine has remained stable in New South Wales since 2009–10 at between $250 and $400. The price per gram in Queensland ranged between $300 and $400 in 2011–12, compared to between $450 and $500 in 2010–11.

Nationally, the price of a kilogram of cocaine remained relatively stable, ranging between $190 000 and $300 000 in 2011–12.

PURITY

Figure 50 illustrates the ongoing fluctuations in annual median purity of cocaine over the last decade. Since 2002–03, the annual median purity has ranged between 3 per cent and 64.3 per cent. In 2011–12, annual median purity ranged from 18.7 per cent in Queensland to 52.5 per cent in New South Wales. Queensland was the only jurisdiction to record a decrease in annual median purity this reporting period (while only marginal), from 19.8 per cent in 2010–11 to 18.7 per cent in 2011–12. The Australian Capital Territory reported the greatest increase in annual median purity, increasing from 9.5 per cent in 2010–11 to 46.4 per cent in 2011–12.

FIGURE 50: Annual median purity of cocaine samples, 2002–03 to 2011–12

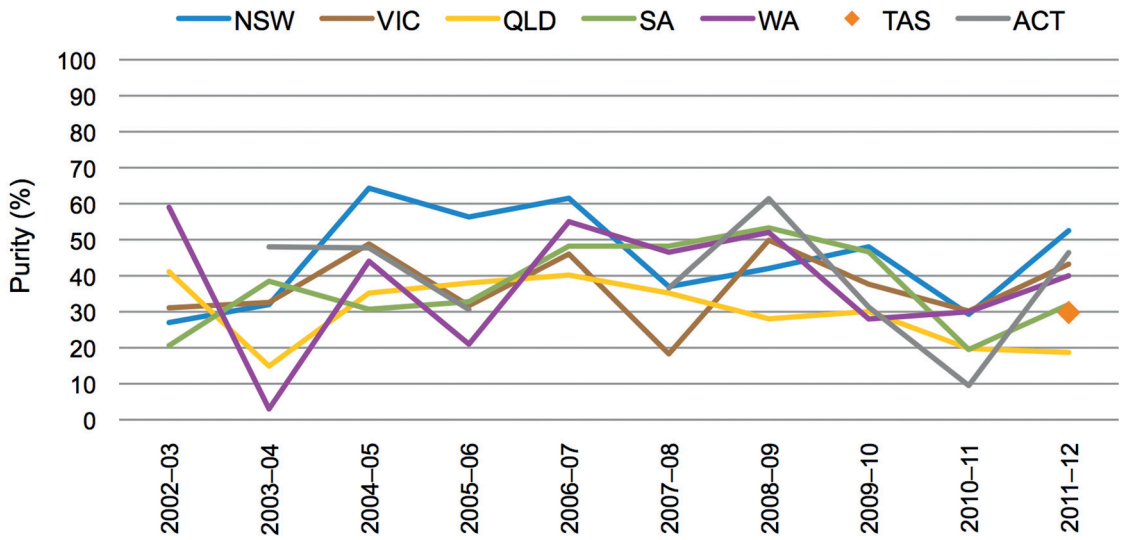
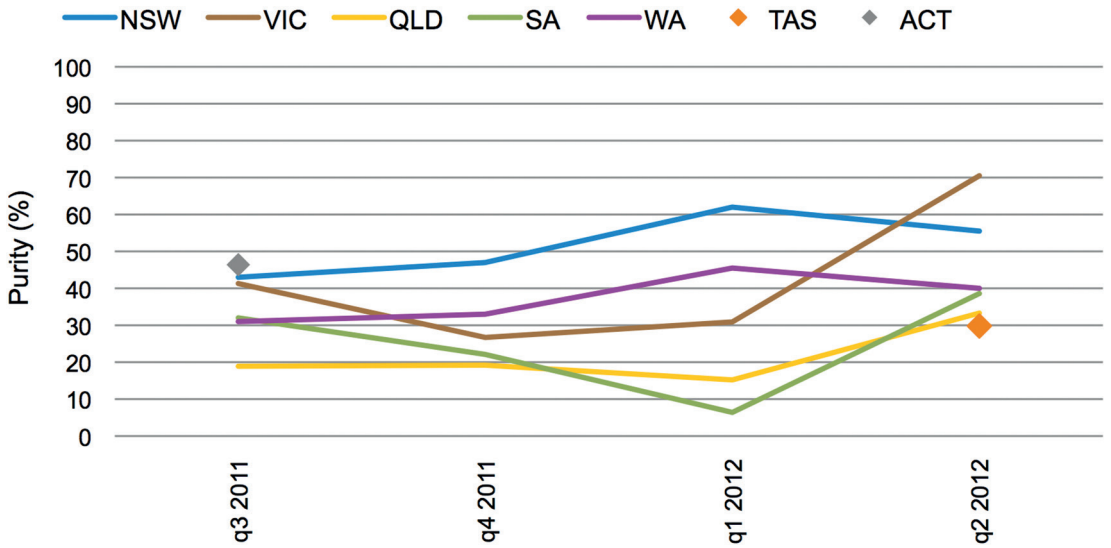


Figure 51 illustrates the median purity of analysed cocaine samples on a quarterly basis for 2011–12. During the reporting period, the median purity of cocaine ranged from 6.4 per cent in South Australia to 70.5 per cent in Victoria. Victoria reported the greatest fluctuation in median cocaine purity, ranging from 26.7 per cent in the fourth quarter of 2011 to 70.5 per cent in the second quarter of 2012. Of note, Victoria reported analysed cocaine samples of 100 per cent purity in the second and third quarters of 2011.

FIGURE 51: Quarterly median purity of cocaine samples, 2011–12



AVAILABILITY

In a 2011 study of regular injecting drug users, only 9 per cent of respondents reported on the availability of cocaine, therefore any assessment should be made with caution. Of these, 68 per cent reported cocaine as easy or very easy to obtain, an increase from the 63 per cent reported in 2010. Of note, 65 per cent of these respondents were located in New South Wales. Early findings from the 2012 study indicate a slight decrease in availability, with 65 per cent of respondents reporting cocaine as easy or very easy to obtain (NDARC 2012b; Stafford & Burns 2012).

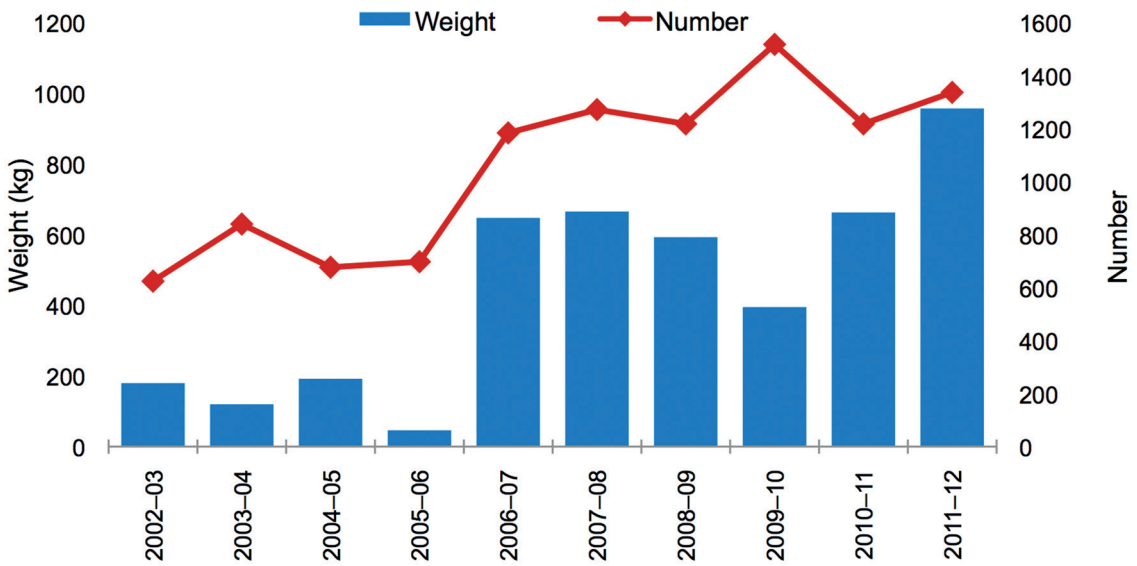
In a 2011 study of regular ecstasy users, 32 per cent of respondents reported on the availability of cocaine. Of these, 49 per cent reported cocaine as being easy or very easy to obtain, a decrease from the 60 per cent reported in 2010. Early findings from the 2012 study indicate availability has remained stable (NDARC 2012b; Sindicich & Burns 2012).

SEIZURES AND ARRESTS

The number of national cocaine seizures has increased by 114 per cent in the last decade, from 624 in 2002–03 to 1 336 in 2011–12. The 1 336 seizures in 2011–12 is the second highest reported this decade.

The weight of national cocaine seizures has continued to increase since 2009–10, with the 956.3 kilograms seized in 2011–12 the highest weight reported in the last decade (see Figure 52).

FIGURE 52: National cocaine seizures, by number and weight, 2002–03 to 2011–12



In 2011–12, the number of national cocaine seizures increased by 9.8 per cent, from 1 217 in 2010–11 to 1 336 in 2011–12. New South Wales has accounted for the highest proportion of national cocaine seizures by number over the last decade. Despite an 11.9 per cent decrease, Queensland continues to account for the second highest proportion of cocaine detections by number. Victoria reported the highest number of cocaine seizures for that jurisdiction in the last decade (see Table 13).

The weight of cocaine seized nationally increased by 44.5 per cent, from 662 kilograms in 2010–11 to 956.3 kilograms in 2011–12. In 2011–12, Victoria accounted for the greatest proportion of the weight of national cocaine seizures, followed by Queensland. Western Australia reported a considerable decrease, from 9.4 kilograms in 2010–11 to 0.3 kilograms in 2011–12. Queensland and New South Wales also reported decreases in the weight of cocaine seized in 2011–12 (see Table 13).

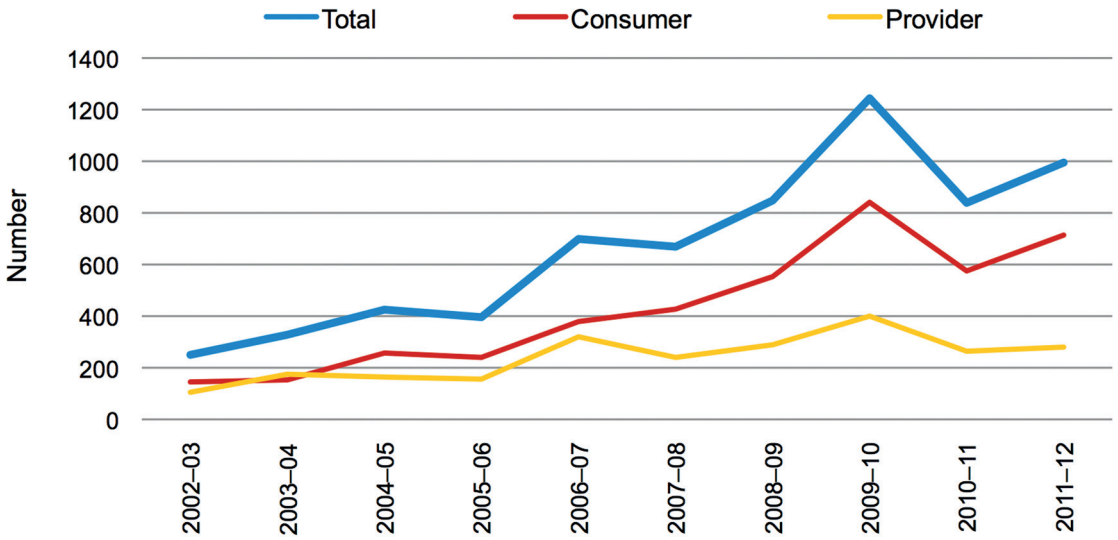
TABLE 13: Number, weight and percentage change of national cocaine seizures, 2010–11 and 2011–12

	Number			Weight (grams)		
State/Territory[a]	2010–11	2011–12	% change	2010–11	2011–12	% change
New South Wales	806	896	11.2	239 135	189 974	-20.6
Victoria	99	160	61.6	10 585	470 157	4 341.7
Queensland	194	171	-11.9	401 985	294 763	-26.7
South Australia	11	12	9.1	722	837	15.9
Western Australia	85	63	-25.9	9 448	325	-96.6
Tasmania	3	7	133.3	28	64	128.6
Northern Territory	0	4	–	0	2	–
Australian Capital Territory	19	23	21.1	106	216	103.8
Total	**1 217**	**1 336**	**9.8**	**662 009**	**956 338**	**44.5**

a. Includes seizures by state/territory police and AFP for which a valid seizure weight was recorded.

Figure 53 illustrates the number of national cocaine arrests since 2002–03. Over the last decade, cocaine arrests have increased by 297 per cent, from 250 in 2002–03 to 995 in 2011–12, the second highest number of arrests in the last decade. Since 2006–07, the disparity between consumer and provider arrests has continued to increase, with consumer arrests accounting for 72 per cent of national cocaine arrests in 2011–12.

FIGURE 53: Number of national cocaine arrests, 2002–03 to 2011–12



In 2011–12, the number of national cocaine arrests increased by 18.6 per cent, from 839 in 2010–11 to 995 in 2011–12. New South Wales continues to account for the greatest proportion of national cocaine arrests, followed by Victoria and Queensland (see Table 14). Of note, for the second consecutive reporting period, South Australia reported more cocaine provider than consumer arrests.

TABLE 14: Number and percentage change of national cocaine arrests, 2010–11 and 2011–12

State/Territory[a]	Arrests		
	2010–11	2011–12	% change
New South Wales	479	554	15.7
Victoria	116	187	61.2
Queensland	145	182	25.5
South Australia	18	15	-16.7
Western Australia	62	42	-32.3
Tasmania	1	2	100.0
Northern Territory	0	3	–
Australian Capital Territory	18	10	-44.4
Total	**839**	**995**	**18.6**

a. The arrest data for each state and territory includes AFP data.

NATIONAL IMPACT

Increases in reported cocaine use, combined with increases in detections, seizures and arrests indicate an expansion of the domestic cocaine market.

Despite reports of decreased coca cultivation in Colombia and increased cultivation in Peru, Colombia continues to account for the greatest proportion of estimated cocaine production. Profiling data indicates that while the proportion of seizures of Peruvian leaf-origin have increased, Colombia remains the prominent source country for cocaine seized at the Australian border.

Both the number and weight of cocaine border detections increased in 2011–12, and are the highest reported in the last decade.

Surveys of drug use in the Australian general population and regular ecstasy user population indicate lifetime and recent cocaine use remains historically high. New South Wales continues to record the highest proportion of recent cocaine users across all population surveys.

The number and weight of national cocaine seizures increased in 2011–12, with the number of seizures the second highest reported in the last decade and the weight of seizures the highest reported in the last decade. The combined seizure weight reported in Victoria, Queensland and New South Wales accounted for 99.8 per cent of national cocaine seizures in 2011–12.

New South Wales continues to account for the greatest number of cocaine arrests. In 2011–12, the number of national cocaine arrests increased in 2011–12 and is the second highest reported in the last decade.

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OTHER DRUGS

KEY POINTS

The number of performance and image enhancing drugs detected at the Australian border increased by 56.9 per cent and is the highest reported in the last decade.

The number of hormones detected at the Australian border more than doubled and is the highest reported in the last decade.

National steroid seizures and arrests increased and are the highest on record.

The weight of national hallucinogen seizures increased over 50 per cent and is the highest on record.

As a direct consequence of the 11 tonnes of hypophosphorous acid seized, the national seizure weight of other and unknown drugs is at a record high.

'Other drugs'—including anabolic agents and other selected hormones, tryptamines, anaesthetics, pharmaceuticals, drug analogues and novel substances—are being increasingly recognised as part of Australia's illicit drug market. This chapter focuses on the main drugs and substances in this category.

ANABOLIC AGENTS AND SELECTED HORMONES

MAIN FORMS

Anabolic agents and selected hormones are distinguished into the following four categories by the *Australian Standard Classification of Drugs of Concern*:

- anabolic-androgenic steroids (AAS)
- beta-2-agonists
- other anabolic agents and selected hormones
- peptide hormones, mimetics and analogues (ABS 2012).

Anabolic agents and selected hormones are also referred to as Performance and Image Enhancing Drugs (PIEDs).

ANABOLIC-ANDROGENIC STEROIDS (AAS), BETA-2-AGONISTS AND OTHER ANABOLIC AGENTS

Anabolic-androgenic steroids (AAS), also referred to as steroids, are synthetically produced variants of the naturally occurring male sex hormone testosterone. 'Anabolic' refers to steroids' muscle-building effect, while 'androgenic' refers to their role in promoting the development of male characteristics. These drugs are legally prescribed to treat medical conditions resulting from hormone deficiency such as delayed puberty, as well as diseases that result in loss of lean muscle mass such as cancer and acquired immunodeficiency syndrome (AIDS) (NIDA 2012a).

Both athletes and non-athletes are known to use steroids to enhance performance and/or improve physical appearance. Steroids can be administered orally, injected intramuscularly or absorbed via skin patches, creams, suppositories and nasal sprays. Steroids are typically used in cycles, involving administration for a period of weeks or months, followed by a break before a new cycle commences. In addition, users often combine several different types of steroids in an attempt to maximise their effectiveness, a practice referred to as 'stacking' (NIDA 2012a).

Steroid misuse can lead to serious and irreversible health problems, which include liver damage, jaundice, fluid retention, high blood pressure, increases in LDL ('bad' cholesterol) and decreases in HDL ('good' cholesterol). Other reported effects include renal failure, severe acne and trembling (NIDA 2012a).

There is also an illicit market for beta-2-agonists, which induce both anabolic (muscle building) and catabolic (body fat reduction) effects. A common beta-2-agonist misused in Australia is clenbuterol, which is used in the treatment of asthma. Clenbuterol is known among users as the 'size zero pill' and is promoted as a weight loss product, with bodybuilders and athletes using the drug to burn fat and define muscles (NDS 2006a).

Side effects associated with the use of beta-2-agonists include increases in body temperature, nausea, headaches and insomnia. Side effects of excessive clenbuterol use (high milligram doses) include muscle tremors, palpitations, muscle cramps, headache and peripheral vasodilatation.[1] The misuse of clenbuterol can exacerbate pre-existing heart conditions or hypertension, and there is a risk of overdose and stroke when used at high doses (NDS 2006a).

AAS and other anabolic agents commonly used in Australia are outlined in Table 15.

TABLE 15: AAS and other anabolic agents commonly used in Australia

Drug name	Potential effects	Brand name	Forms
AAS – Anabolic	Used to increase muscle mass through increased retention of protein	Deca-durabolin, Anadrol-50, Oxandrin	Ampoule, vial, pre-packed syringe, tablet
AAS – Androgenic	Used to increase muscle mass by increasing male sex hormone levels	Depo-testosterone, Sustanon, Androil Testocaps	Vial, ampoules, pre-packed syringe, capsules
Beta-2-agonists (including clenbuterol)	Commonly used to treat asthma, however when taken into the blood-stream increase muscle mass by mimicking the effects of adrenaline and non-adrenaline	Bricanyl, Ventolin, Spiropent (clenbuterol) and Ventipulmin (clenbuterol)	Ampoules, rotacaps, inhaler, nebuliser, tablet

PEPTIDE HORMONES, MIMETICS AND ANALOGUES

While anabolic steroids remain widely used, the PIEDs market has evolved to include an ever-expanding range of substances which manipulate the body's hormonal system. These substances provide similar effects to anabolic steroids and are considered by users to be new generation PIEDs.

Peptide hormones, mimetics and analogues commonly used in Australia are listed in Table 16.

1 Dilation of blood vessels.

TABLE 16: Peptide hormones, mimetics and analogues commonly used in Australia

Drug name	Potential effects	Brand name	Forms
Erythropoietin (EPO)	Increases endurance and recovery from anaerobic exercise	Eprex, Aranesp	Ampoules, pre packed syringe
Human chorionic gonadotrophin (hCG)	Used to manage the side effects of AAS use such as gynaecomastia[a] and shrinking testicles	APL, Pregnyl, Profasi, Novarel, Repronex	Vial, ampoules
Human growth hormone (hGH)	Used to increase muscle size and strength	Norditropin, Norditropin SimpleXx, Genotropin, Humatrope, Saizen, Scitropi	Penset, vial, auto injector cartridge
Insulin	Used because of the perception that it contributes to increased muscle bulk[b]	NovoRapid, Apidra, Humalog, Hypurin Neutral, Actrapid, Humulin R, Protaphane, NovoMix 30	Vial, penset, pre packed syringe
Pituitary and synthetic gonadotrophins	Used to overcome the side effects of AAS use or as a masking agent	Clomid, Bravelle	Ampoules, tablet
Insulin-like growth factor	Used to increase muscle bulk and reduce body fat	Increlex	Vial
Corticotrophins	Used because of its anti-inflammatory properties and for mood elevating effects	Synacthen Depot	Ampoules
Anti-oesterones	Used to manage the side effects of AAS use such as gynaecomastia[a]	Nolvadex	Tablet

a. The development of breast-like tissue in males.
b. There is no scientific evidence of this.

Peptide hormones regulate most physiological processes, with insulin the first peptide to be isolated and administered therapeutically. Peptide hormones which have potential performance-enhancing properties are listed in World Anti Doping Agency's (WADA) *List of Prohibited Substances*. These include erythropoietin (EPO); human growth hormone (hGH); insulin-like growth factors (IGF); gonadotrophins (e.g. luteinising hormone [LH] and human chorionic gonadotrophin [hCG]); insulins; and corticotrophins (Barroso et al 2008).

Given the ability of these substances to naturally stimulate hGH production and address the normally low levels of hGH in older individuals, peptide hormones have also become increasingly popular as an anti-ageing product.

Melanotan and Melanotan II are peptide hormones that increase the production of the natural pigment melanin, creating sunless tanning, as well as an increased rate of tanning when exposed to ultraviolet radiation (Halton Borough Council 2012). Melanotan products can also be used for their sexual stimulant and appetite suppressant properties. The slimming and tanning effects of these substances make them attractive to bodybuilders. Melanotan products can be administered via injection or nasal spray. Reported side effects of use include a change in size and pigmentation of pre-existing moles, loss of appetite, high blood pressure, facial flushing and nausea (Jones 2009; TGA 2011).

hCG can be used as part of a post-cycle recovery, to 'kick start' natural testosterone production following a long cycle of steroid use (NDS 2006b). hCG is also sold as a weight-loss drug. Side effects include gynaecomastia, headaches, irritability, depression and fatigue (NSW Health 2002).

Increased EPO levels within the body—either through altitude training or injection—increases oxygen absorption, reduces fatigue and improves endurance. It also increases metabolism and muscular healing as a consequence of extra red blood cells carrying more oxygen and nutrients. A side effect of increased EPO in the body includes thickening of red blood cells, increasing the risk of thrombosis in cardio arteries, lungs and/or brain, which can lead to sudden death (Harty 2010; NDARC 2011).

hGH is a naturally occurring hormone produced by the pituitary gland and is one of the most important hormones influencing growth and development in humans. While hGH appears to decrease body fat and increase fat-free mass, there is limited evidence to suggest that these effects translate to increased strength, endurance and sporting performance (NDS 2006c). Side effects of use can include gigantism, or acromegaly, where the jaw and chin increase in size, while excessive growth is seen in the fingers, hands, toes, feet, nose and cheekbone. Internal organs such as the heart, liver and intestines increase in size as well (NADA 2012).

INTERNATIONAL TRENDS

The worldwide trafficking and use of PIEDs is a complex, large and highly profitable market. In the aftermath of the United States Anti-Doping Agency investigation into Lance Armstrong, it is clear that systemic doping remains a constant threat to professional sport both from a 'fair play' perspective and as a broader integrity issue. While some elite athletes, high performance coaches, doctors and sports industry insiders are involved in sophisticated doping programs, it is also clear that a complex supply and distribution network exists to satisfy the strong demand for anabolic steroids, peptides and hormones by sub-elite and recreational athletes, bodybuilders and, increasingly, the ageing population.

There are concerns regarding the sports supplement industry, whose products are targeted towards users seeking improvements in athletic endurance, fat loss, muscle development, hydration, and recovery from strenuous training sessions. In professional sporting teams, supplementation programs are developed by sports scientists, strength and conditioning coaches, team doctors and nutritionists. While there are a large number of sport supplements companies that sell only legitimate (non-banned sports supplements), an equal number of retail and online sports supplement stores also sell substances which are banned by WADA.

International population surveys continue to indicate that only a small proportion of people use anabolic steroids, with reported use among youth remaining higher than that of the general population. However, with the user population of these substances expanding to include non-elite sports persons, the use of AAS is increasingly perceived to be a bigger societal problem (Leifman et al 2011).

Controls regarding AAS use and distribution vary internationally. In countries where legislation exists to control AAS, users may obtain the substances from the black market, or via online global distributers located in countries where the sale and distribution of AAS is not controlled. The global nature of this market is illustrated in Europe, where AAS are not only sourced from countries within the European Union and Russia, but also from South-West Asia and Thailand. In the United States of America (US), significant quantities of AAS originate from Mexico, as well as Eastern Europe (Graham et al 2009).

Enterprises based in Thailand continue to market steroids and hGH for worldwide distribution. The Drug Enforcement Administration (DEA) has worked closely with Thai law enforcement in joint investigations, resulting in the successful disruption of several international drug trafficking organisations. In 2011, an investigation resulted in a Thai company ceasing production and destroying all stockpiles of AAS and precursor chemicals, effectively removing 26 million steroid tablets from the illicit market (INCB 2012b).

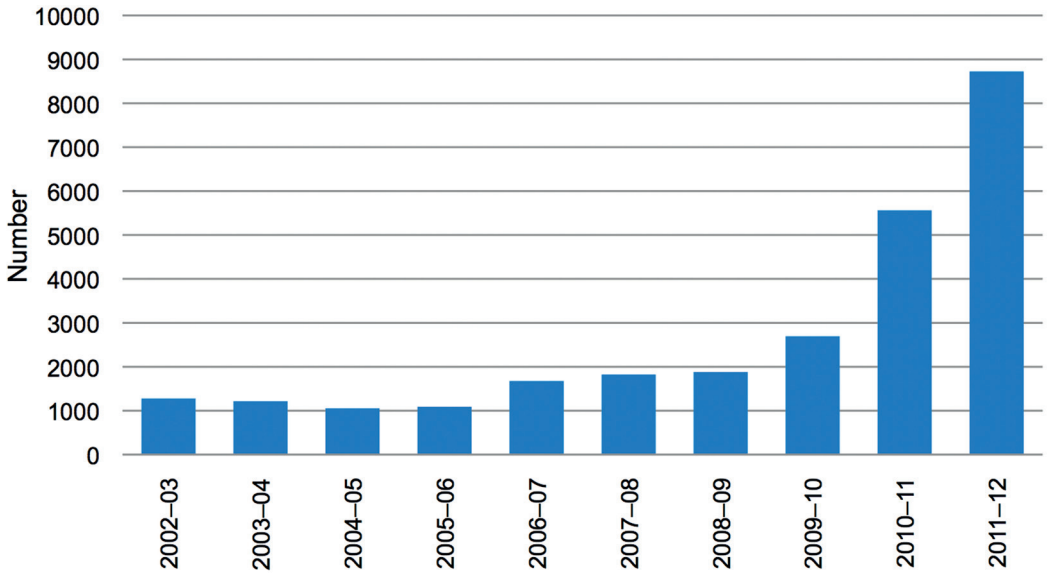
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The Australian Customs and Border Protection Service continue to disrupt the movement of PIEDs[2] into Australia.

The number of PIEDs detected at the Australian border has continued to increase since 2004–05. In 2011–12, the number of detections increased by 56.9 per cent, from 5 561 in 2010–11 to 8 726 in 2011–12. This is the highest number reported in the last decade (see Figure 54).

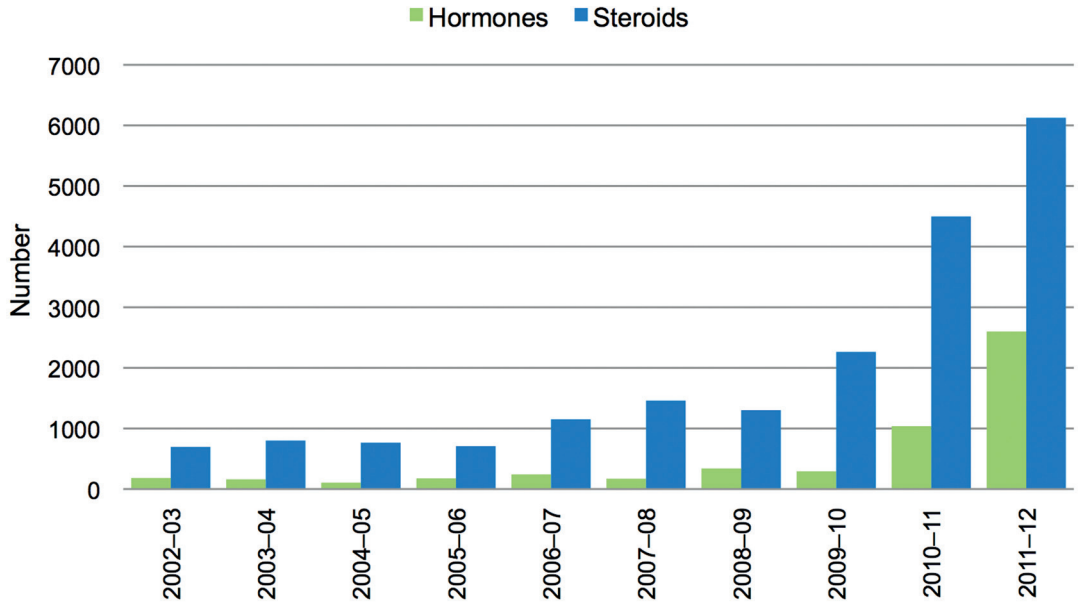
FIGURE 54: Number of performance and image enhancing drug detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)



2 PIEDs detected by Australian Customs and Border Protection Service include the following: anabol, dianabol, androstenedione, norandrostenedione, chronic gonadotrophins, clomiphenes, dehydroepiandrosterone (DHEA), prasterone, erythropoietin, GH releasing hormones, somatorelines, methandienone, methandrostenelone, nandrolone, oxymetholone, stanozolol, hGH, somatropin/s and testosterone.

In 2011–12, there were 6 126 steroid[3] detections, a 35.4 per cent increase from the 4 523 detections in 2010–11 (see Figure 55). This is the highest number of steroid detections reported in the last decade. Hormone detections more than doubled in 2011–12, increasing from 1 038 in 2010–11 to 2 600 in 2011–12, the highest number reported in the last decade.

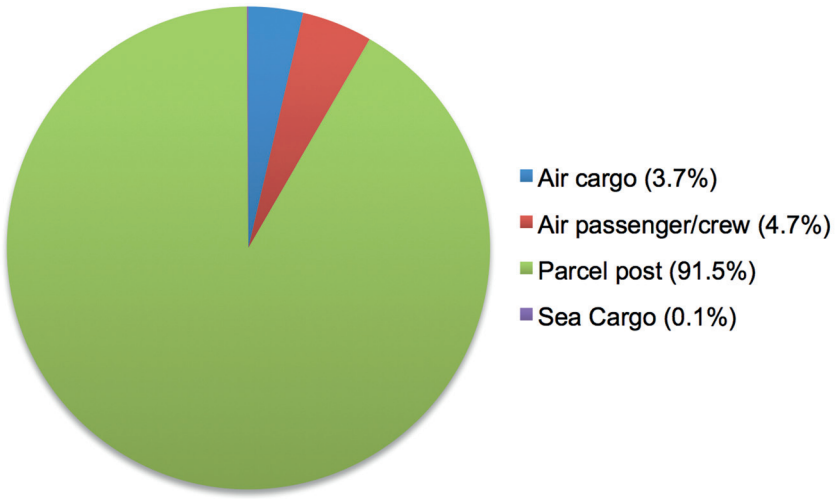
FIGURE 55: Number of performance and image enhancing drug detections, by category, at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)



IMPORTATION METHODS

In 2011–12, consistent with reporting in 2010–11, the postal stream accounted for 91.5 per cent PIED detections by number (see Figure 56).

FIGURE 56: Number of performance and image enhancing drug detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



3 From 2011–12, DHEA detections will be incorporated into steroid detection numbers. All the data contained in Figure 55 has been updated to reflect this change and to enable direct comparison across the decade.

EMBARKATION POINTS

The US continues to be the major embarkation point for PIEDs detected at the Australian border. Other prominent embarkation points in 2011–12 include Thailand, Hong Kong, China and the United Kingdom (UK).

DOMESTIC MARKET INDICATORS

According to the 2010 National Drug Strategy Household Survey (NDSHS), only 0.1 per cent of the Australian population aged 14 years or older reported the non-medical use of steroids in the 12 months preceding interview (AIHW 2011). The Australian Needle and Syringe Program Survey indicates that while a relatively small proportion of respondents reported last injecting PIEDs, the prevalence has increased from 1 per cent in 2007 to 5 per cent in 2011. Of note, 53 per cent of male respondents who initiated injecting drug use in 2011 reported PIEDs as the last drug injected (Iverson & Maher 2012).

In a 2011 study of regular injecting drug users, 8 per cent of respondents reported having used steroids at some stage in their lifetime and 2 per cent reported recent use[4] of steroids. In a 2011 study of regular ecstasy users, 4 per cent of respondents reported using steroids at some stage in their lifetime, compared with 2 per cent in 2010. Recent use of steroids was reported by 2 per cent of respondents in 2011 (Sindicich & Burns 2012; Stafford & Burns 2012).

PRICE

While national law enforcement data on the price of PIEDs is limited, Queensland reported the following prices.

In 2011–12, the price for a single 10 millilitre vial of testosterone ranged between $180 and $230, with a per vial price of between $140 and $190 for 10 vials. Per vial prices for larger quantities ranged between $130 and $180 for 20 vials and $110 to $160 for 50 vials.

The price for a 10 millilitre vial of anabolic steroids in 2011–12 ranged between $200 and $230 and for larger quantities $140 per vial for 10 vials and $160 for 50 vials. The price for 30 millilitres of clenbuterol (liquid form) ranged between $130 and $160.

AVAILABILITY

Online sales provide users direct and unlimited access to the full range of products available in the PIEDs market. Due to the nature of the PIEDs user population, the proportion of users is likely to be under-reported, as many users fall outside elite athlete groups who are regularly tested. Online availability provides the Australian population access to a diverse range of PIEDs products.

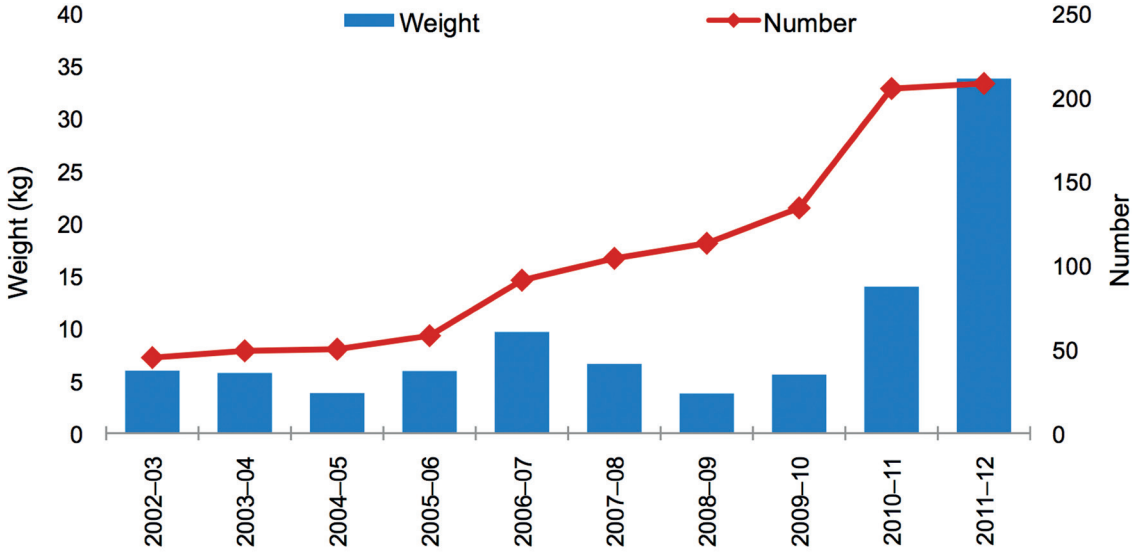
According to the 2010 NDSHS, 1 per cent of the Australian population aged 14 years or older reported they had recently been offered or had the opportunity to use steroids in the 12 months preceding interview, compared to 1.3 per cent in 2007. The 20–29 year old age group reported the highest proportion at 2 per cent (AIHW 2011).

4 The term ‘recent use’ in the regular injecting drug user and regular ecstasy user studies refers to reported use in the 6 months preceding interview.

SEIZURES AND ARRESTS

Both the number and weight of national steroid seizures increased in 2011–12 and are the highest reported in the last decade. The number of seizures increased marginally, from 205 in 2010–11 to 208 in 2011–12. The weight of seizures increased by 141.9 per cent, from 13.9 kilograms in 2010–11 to 33.7 kilograms in 2011–12 (see Figure 57).

FIGURE 57: National steroid seizures, by number and weight 2002–03 to 2011–12



In 2011–12, New South Wales accounted for the greatest proportion of national steroid seizures by number and weight (see Table 17). Despite recording a small number of seizures, Victoria reported the highest percentage change in both number and weight and accounted for nearly 18 per cent of the weight of national steroid seizures in 2011–12.

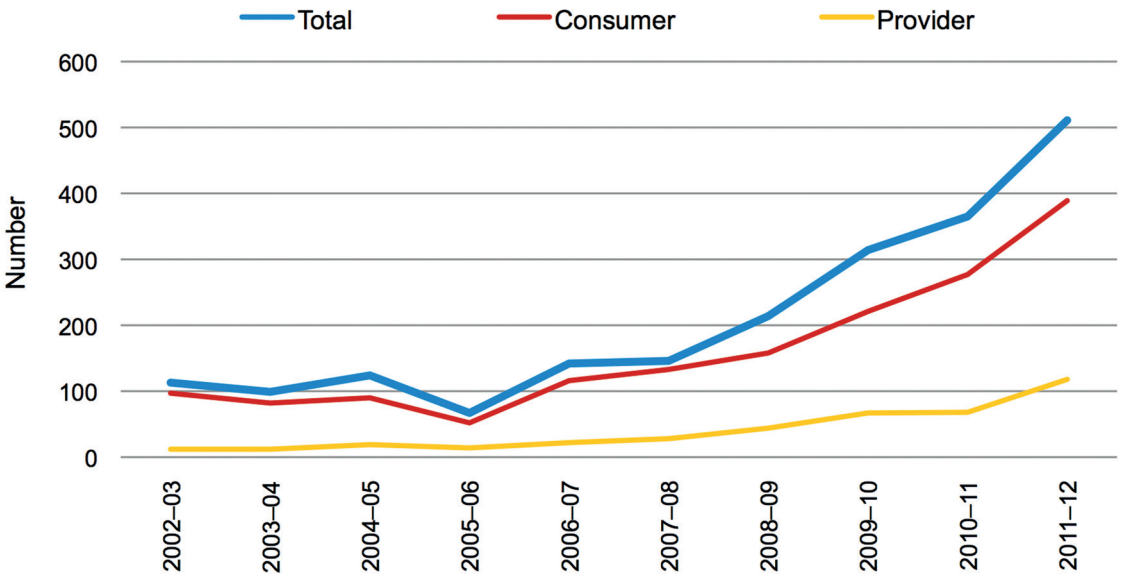
TABLE 17: Number, weight and percentage change of national steroid seizures, 2010–11 to 2011–12

	Number			Weight (grams)		
State/Territory[a]	2010–11	2011–12	% change	2010–11	2011–12	% change
New South Wales	167	144	-13.8	11 178	26 898	140.6
Victoria	1	8	700.0	173	5 985	3 359.5
Queensland	16	28	75.0	1 483	216	-85.4
South Australia	0	1	–	0	31	–
Western Australia	7	5	-28.6	872	236	-72.9
Tasmania	1	0	-100.0	25	0	-100.0
Northern Territory	4	12	200.0	74	315	325.7
Australian Capital Territory	9	10	11.1	146	60	-58.9
Total	**205**	**208**	**1.5**	**13 951**	**33 741**	**141.9**

a. Includes seizures by state/territory police and AFP for which a valid seizure weight was recorded.

National steroid arrests have been increasing since 2005–06. National steroid arrests increased by 39.5 per cent in 2011–12, from 365 in 2010–11 to 511 in 2011–12. The number of national steroid arrests reported in 2011–12 is the highest on record (see Figure 58).

FIGURE 58: Number of national steroid arrests, 2002–03 to 2011–12



In 2011–12, South Australia was the only jurisdiction to report a decrease in national steroid arrests, from 22 in 2010–11 to 10 in 2011–12 (see Table 18). In the last decade, Queensland has continued to account for the highest proportion of steroid arrests, accounting for 58 per cent of national steroid arrests in 2011–12. The Australian Capital Territory reported the highest percentage increase this reporting period, however, the number of arrests remains low.

TABLE 18: Number and percentage change of national steroid arrests, 2010–11 and 2011–12

State/Territory[a]	Arrests		
	2010–11	2011–12	% change
New South Wales	36	41	13.8
Victoria	30	62	106.7
Queensland	231	296	28.1
South Australia	22	10	-54.5
Western Australia	36	65	80.6
Tasmania	5	8	60.0
Northern Territory	3	11	266.7
Australian Capital Territory	2	18	800.0
Total	**365**	**511**	**39.5**

a. The arrest data for each state and territory includes AFP data.

TRYPTAMINES

MAIN FORMS

The tryptamine group of compounds are psychoactive drugs included in the broader class of psychedelic hallucinogens. Psychedelics are thought to alter the brain's ability to prevent, select or filter certain perceptions, emotions, memories and thoughts from reaching the conscious mind. Tryptamines are naturally occurring alkaloids found in a variety of plants and life forms around the world. More than 1 500 natural varieties exist including psilocybin, psilocin and dimethyltryptamine (DMT). Tryptamines also form the backbone for more complex semi-synthetic compounds such as lysergic acid diethylamide (LSD) and diethyltryptamine (DET) (NDARC 2012a).

Short-term effects of hallucinogen use include vivid perceptual distortions, a distorted sense of time and place, poor coordination and increased body temperature. Flashbacks are the most frequently reported long-term effect of hallucinogen use, where the user experiences a spontaneous recurrence of hallucinations long after using the drug. Other long-term effects include decreased memory function, prolonged depression and anxiety (NDARC 2012a).

The following section covers the two most common tryptamines used in Australia: LSD and psilocybin-containing mushrooms.

LYSERGIC ACID DIETHYLAMIDE (LSD)

Synthesised from lysergic acid, LSD is one of the most potent mood and perception altering drugs. In pure form, it is a clear or white crystalline substance soluble in water (DoHA 2012). LSD is available in liquid form, soaked in sugar cubes or more commonly on small pieces of blotting paper known as tabs. These tabs are taken orally, often held under the tongue until the paper dissolves. Other methods of LSD administration include snorting, injecting, smoking and shelving[5] (Sindicich & Burns 2012).

LSD produces unpredictable psychological effects. The duration and intensity of effects are dose dependant and may produce changes in mood, perception, consciousness and thought (EMCDDA 2012a; NDARC 2012a). Users experience delusions and hallucinations, with accompanying physical effects including increased body temperature, heart rate and blood pressure, sleeplessness and loss of appetite. Users may also experience recurrences of certain aspects of the drug experience, referred to as 'flashbacks'. Flashbacks can persist in some users and lead to a condition known as hallucinogen-induced persisting perceptual disorder. Chronic use of LSD can also result in psychiatric disturbances, such as prolonged psychosis and depression (NDARC 2012a; NIDA 2012d).

5 Also known as 'shafting', the drug is inserted into the anus or the vagina to avoid irritation to the user's stomach.

PSILOCYBIN-CONTAINING MUSHROOMS

Psilocybin is a hallucinogenic chemical found in some varieties of mushrooms. Belonging to the same chemical family as LSD, it produces similar effects, including distorted perceptions of touch, sight, sound and taste. Other effects include nervousness and paranoia. While several species of psilocybin mushroom grow wild in Australia, it is difficult to distinguish psilocybin mushrooms from poisonous varieties, making it dangerous to consume wild mushrooms of any kind. Poisonous mushrooms can cause stomach pains, vomiting and diarrhoea, while some can lead to permanent liver damage, respiratory failure, unconsciousness and even death (NDARC 2012a).

INTERNATIONAL TRENDS

LSD and other hallucinogenic substances were broadly popular in the 1960s and part of a much wider psychedelic culture. While the use of hallucinogenic substances still occurs, it is now far less widespread (UNODC 2012c).

In North America, the proportion of the population reporting use of hallucinogens remains low. In a Canadian survey conducted in 2011, 0.6 per cent of respondents aged 15 years or older reported using hallucinogens in the 12 months preceding interview. In the US, the proportion of the population aged 12 years or older reporting hallucinogen use in the month preceding interview decreased from 0.5 per cent in 2010 to 0.4 per cent in 2011 (CADUMS 2012; SAHMSA 2012).

In Europe, the use and trafficking of LSD is considered marginal. The number of LSD seizures increased between 2005 and 2010, with seizures fluctuating between 50 000 units and 150 000 units, after an all-time peak of 1.8 million units in 2005. Over the same period, the retail price of LSD decreased or remained stable in most reporting countries. In 2010, the mean price was between EUR 6 and EUR 14 per unit for the majority of the 14 reporting countries (EMCDDA 2012c).

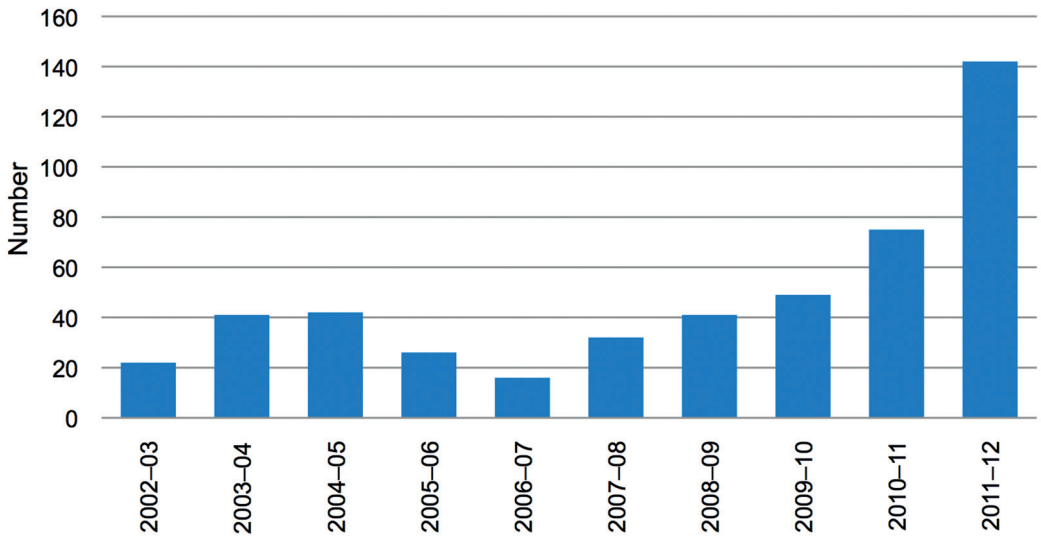
In the US, the annual prevalence of LSD use amongst students in grades 8, 10 and 12 combined was 1.8 per cent in both 2010 and 2011. Furthermore, 3.1 per cent of students in grades 8, 10 and 12 combined reported hallucinogens use—other than LSD—in the 12 months preceding interview, which includes phencyclidine (PCP), peyote, mescaline and psilocybin mushrooms. This is a slight decrease from the 3.3 per cent reported in 2010. Use of LSD in the month preceding interview of students in grades 8, 10 and 12 combined was 0.7 per cent in both 2010 and 2011. Reported hallucinogens use—other than LSD—was slightly higher at 1 per cent in 2011, but a decrease from the 1.2 per cent reported in 2010 (Johnston et al 2012).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

LSD and psilocybin-containing mushrooms are the most common tryptamines detected at the Australian border. In 2011–12, the total number of tryptamine detections at the Australian border increased by 89 per cent, from 75 in 2010–11 to 142 in 2011–12, the highest number reported in the last decade. This included 27 LSD detections, an increase from 2 in 2010–11, and 115 psilocybin mushroom detections, an increase from 73 in 2010–11 (see Figure 59).

FIGURE 59: Number of tryptamine detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)



IMPORTATION METHOD

Consistent with reported detections in 2010–11, all tryptamine detections at the Australian border in 2011–12 were in the postal stream.

EMBARKATION POINTS

In 2011–12, there were 8 countries identified as embarkation points for tryptamine detections at the Australian border. The Netherlands was the major embarkation point in 2011–12, accounting for 73.9 per cent of all detections. Other prominent embarkation points include Canada, Spain, Austria and the US.

DOMESTIC MARKET INDICATORS

According to the NDSHS, 8.8 per cent of the Australian population aged 14 years or older reported the use of hallucinogens at least once in their lifetime. This is an increase from the 6.7 per cent reported in 2007 and the third highest illicit drug category (excluding pharmaceuticals) following cannabis and ecstasy. In the same survey, use of hallucinogens in the 12 months preceding interview also increased, from 0.6 per cent in 2007 to 1.4 per cent in 2010 (AIHW 2011).

In a 2011 study of regular injecting drug users, 65 per cent of respondents reported using hallucinogens in their lifetime. However, only 8 per cent reported recent use of hallucinogens. LSD and mushrooms were the most common hallucinogens used (Stafford & Burns 2012).

In a 2011 study of regular ecstasy users, the percentage of respondents who reported use of mushrooms in their lifetime increased from 57 per cent in 2010 to 70 per cent in 2011. In the same study, 46 per cent of respondents reported recent LSD use. This percentage has steadily increased from 28 per cent in 2003. The proportion of respondents reporting recent use of mushrooms increased from 18 per cent in 2010 to 29 per cent in 2011 (Sindicich & Burns 2012).

Early findings from the 2012 study indicate 34 per cent of respondents reported recent LSD use. This is the lowest percentage reported since 2009. Additionally, 27 per cent of respondents reported recent mushroom use, a decrease from 29 per cent reported in 2011 (NDARC 2012b).[6]

PRICE

In 2011–12, law enforcement data on the price of psilocybin-containing mushrooms was unavailable, while the price per tab of LSD ranged between $20 and $50.

In a 2011 study of regular ecstasy users, respondents reported the median price per tab of LSD ranged between $15 and $27.50. Early findings from the 2012 study indicate a price range of between $15 and $22.50 (NDARC 2012b; Sindicich & Burns 2012).

AVAILABILITY

In a 2011 study of regular ecstasy users, 41 per cent of respondents commented on the recent availability of LSD in Australia. Of these respondents, 73 per cent reported that LSD was easy or very easy to obtain, with 65 per cent indicating recent availability had remained stable. There are no figures on the availability of psilocybin-containing mushrooms (Sindicich & Burns 2012).

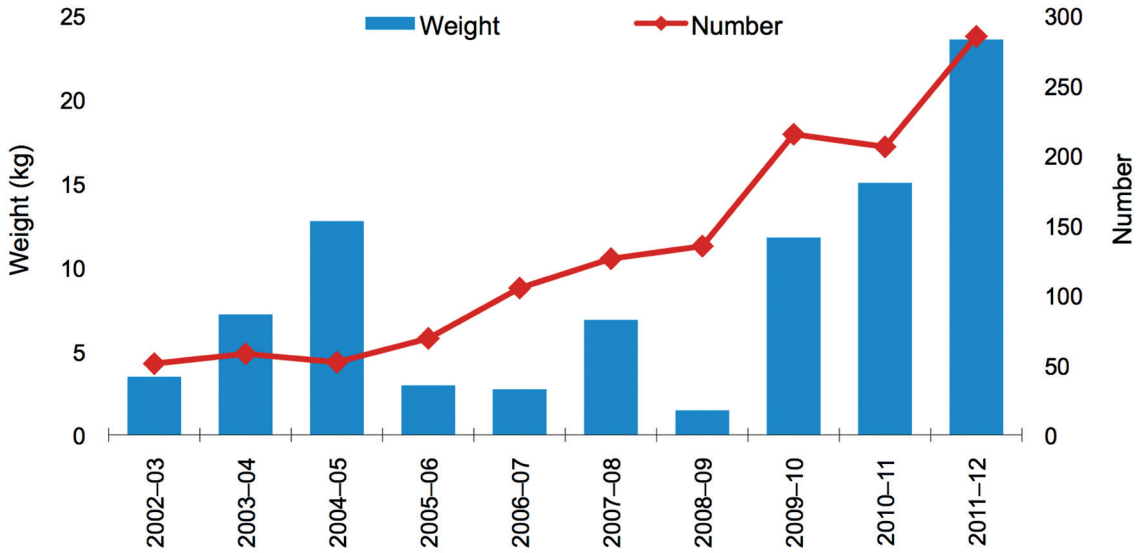
According to the 2010 NDSHS, 3.7 per cent of the population had been offered or given the opportunity to use hallucinogens in the 12 months preceding interview. The proportion was higher in the 18–19 years (11.7 per cent) and 20–29 years age groups (11 per cent) (AIHW 2011).

SEIZURES AND ARRESTS

In 2011–12, the number of national hallucinogen seizures increased by 38 per cent and is the highest reported in the last decade. The weight of national hallucinogen seizures increased 56.9 per cent from 15 kilograms in 2010–11 to 23.5 kilograms in 2011–12 and is the highest reported in the last decade (see Figure 60).

6 In response to the difficulties experienced by smaller states and territories in recruiting regular ecstasy users, the recruitment criteria was broadened in 2012 to include recent use of any psychostimulant. As such, caution should be exercised when comparing to previous reporting periods.

FIGURE 60: National hallucinogen seizures, by weight and number, 2002–03 to 2011–12



Since 2005–06, New South Wales has accounted for the greatest proportion of national hallucinogen seizures by number. In 2011–12, Western Australia reported an increase in seizure weight, from 0.7 kilograms in 2010–11 to 10.1 kilograms in 2011–12, accounting for the greatest proportion of national hallucinogen seizures by weight (see Table 19).

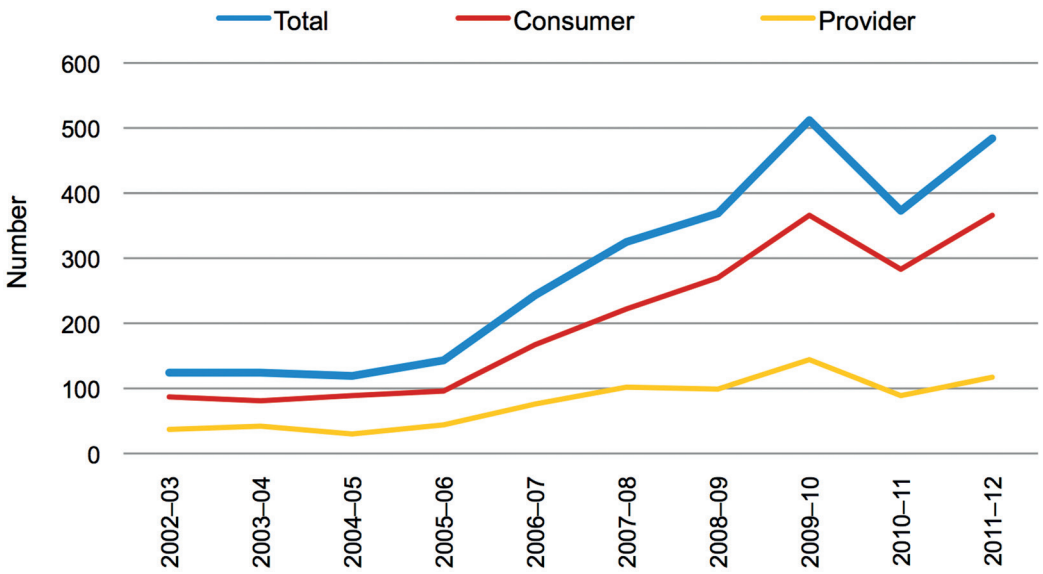
TABLE 19: Number, weight and percentage change of national hallucinogen seizures, 2010–11 to 2011–12

	Number			Weight (grams)		
State/Territory[a]	2010–11	2011–12	% change	2010–11	2011–12	% change
New South Wales	140	163	16.4	6 382	7 492	17.4
Victoria	27	41	51.9	4 717	5 338	13.2
Queensland	7	21	200.0	3 032	224	-92.6
South Australia	0	3	–	0	365	–
Western Australia	23	50	117.4	748	10 137	1 255.2
Tasmania	3	0	-100.0	102	0	-100.0
Northern Territory	5	7	40.0	27	2	-92.6
Australian Capital Territory	1	0	-100.0	10	0	-100.0
Total	**206**	**285**	**38.3**	**15 018**	**23 558**	**56.9**

a. Includes seizures by state/territory police and AFP for which a valid seizure weight was recorded.

Following a relatively stable period before 2006–07, the number of national hallucinogen arrests has increased considerably. In 2011–12, the number of hallucinogen arrests increased by 29.8 per cent, from 373 in 2010–11 to 484 in 2011–12 (see Figure 61). The 484 national hallucinogen arrests reported in 2011–12 is the second highest in the last decade.

FIGURE 61: Number of national hallucinogen arrests, 2002–03 to 2011–12



Queensland continues to constitute the greatest proportion of national hallucinogen arrests, accounting for 40 per cent of the national total in 2011–12 (see Table 20).

TABLE 20: Number and percentage change of national hallucinogen arrests, 2010–11 and 2011–12

State/Territory[a]	Arrests		
	2010–11	2011–12	% change
New South Wales	90	127	41.1
Victoria	63	56	-11.1
Queensland	145	192	32.4
South Australia	12	11	-8.3
Western Australia	49	91	85.7
Tasmania	8	3	-62.5
Northern Territory	6	3	-50.0
Australian Capital Territory	0	1	–
Total	**373**	**484**	**29.8**

a. The arrest data for each state and territory includes AFP data.

ANAESTHETICS

MAIN FORMS

Several types of anaesthetics that were originally developed for medicinal use are known to be diverted for illicit use. This section covers ketamine hydrochloride (ketamine) and gamma-hydroxybutyrate (GHB), two of the more prevalent anaesthetics used illicitly.

KETAMINE

Ketamine hydrochloride[7] is a water soluble white crystalline powder which is structurally and pharmacologically similar to the tryptamines PCP (DEA 2012a). Ketamine is classed as a dissociative anaesthetic, with use resulting in emotional detachment and 'out of body' experiences. These effects may be accompanied by poor memory of specific events (Medicine Net 2012). Ketamine can be pressed into tablets or dissolved in liquid and is administered by swallowing, snorting or injection. Ketamine can also be smoked, usually in combination with other substances such as cannabis and tobacco (NSW Health 2012).

Low to moderate doses of ketamine can induce feelings of euphoria and relaxation, as well as hallucinations and distorted perception. Short-term effects of ketamine use can include anxiety, panic, drowsiness, temporary paralysis, amnesia and convulsions (ADF 2012a). Long-term use of ketamine has been linked to personality and mood changes, including paranoia and egocentrism, reduced ability to concentrate and depression (NSW Health 2012).

GAMMA-HYDROXYBUTYRATE (GHB) AND RELATED SUBSTANCES

GHB, also known as 4-hydroxybutanoic acid and sodium oxybate, is a naturally occurring substance found in the central nervous system (CNS). It acts by binding to GHB-specific receptors and $GABA_B$ receptors and at pharmacological doses acts as a CNS depressant (WHO 2012).

Developed as an anaesthetic in the 1960s, GHB was withdrawn from use as a general anaesthetic in most countries—including Australia—due to its undesirable side effects. In recent times, GHB has been used in the treatment of narcolepsy and to a lesser extent alcoholism. Some reports also suggest GHB may have antidepressant effects. GHB has anabolic effects and has been used by bodybuilders to aid in fat reduction and muscle building (ADF 2012b; WHO 2012).

GHB is commonly consumed as a water soluble salt and appears in water solutions as a colourless, odourless and bitter or salty tasting liquid. It is usually sold in small bottles or vials and, on occasion, is also sold as a bright blue liquid (sometimes called 'blue nitro') (ADF 2012b).

7 2-(2-chlorophenyl)-2-(methylamino)-cyclohexanone hydrochloride.

In June 2012, the World Health Organisation Expert Committee on Drug Dependence reported increasing concerns regarding the direct consumption of GHB precursor chemicals,[8] specifically gamma-butyrolactone (GBL)[9] and 1,4-butanediol (1,4-BD). These precursors are widely used in the chemical industry and are commercially available. GBL and 1,4-BD can be used to manufacture GHB or are rapidly converted to GHB when ingested. Commercially available domestic or industrial products containing these precursors are not meant for human consumption and invariably contain other potentially toxic substances, including heavy metals and other organic solvents, such as acetone or toluene (WHO 2012).

Effects of GHB use include decreased body temperature, hallucinations, vomiting and respiratory depression. High doses of GHB can result in unconsciousness, seizures, coma and death. Poly drug use with other depressant or psychoactive compounds may exacerbate toxic effects. Studies indicate that GHB toxicity is dose-dependent, with a narrow 'therapeutic' window, creating a high risk of accidental overdose. Internationally, there have been numerous reported instances of GHB intoxication and related deaths (WHO 2012).

GHB has abuse potential and chronic regular use can lead to dependence. If the drug is abruptly discontinued, withdrawal syndromes ensue. These symptoms include insomnia, anxiety, tremors, increased heart rate and blood pressure. Withdrawal symptoms can be serious and life threatening (DEA 2012b; WHO 2012).

INTERNATIONAL TRENDS

Ketamine is not subject to international controls and widespread illicit use continues in several countries. In 2011, countries in East and South-East Asia seized 5.6 tonnes of ketamine (UNODC 2012b). Other significant seizures in the region include 171 kilograms of ketamine detected on a fishing boat in January 2012 and 9.3 kilograms of ketamine intercepted by Malaysian Customs at Kuala Lumpur International Airport concealed inside fake cashew nuts (Focus Taiwan 2012; New Strait Times 2012). India remains a major source country for ketamine, with reports indicating substantial quantities of ketamine continue to be trafficked from India to destinations in East Asia and North America (UNODC 2012a).

Since the mid-1990s, ketamine and GHB use has been reported among subgroups of drug users in Europe. Drug monitoring in Europe indicates the use of GHB and related products are far reaching, with use reported in France, Denmark, Germany, Belgium, Finland, The Netherlands, Spain, Sweden, Norway and the UK. Seizures of GHB, including its precursors GBL and 1,4-BD, have been reported by Belgium, the Czech Republic, Denmark, Estonia, France, The Netherlands, Sweden, Finland, the UK and Norway (WHO 2012).

In Europe, health services are beginning to target users of these drugs following growing recognition of the health problems related to these substances, particularly bladder disease associated with long-term ketamine use. In 2010, GBL continued to be intercepted in the European Union (EU), with 139 seizures totalling 253 litres (EMCDDA 2012c).

8 These precursors are available legally as industrial solvents, used in the production of polyurethane and pharmaceuticals and as a coating on metal, plastics and other products.

9 GBL is a solvent found in floor cleaning products, nail polish, and superglue removers.

Recent studies from the Czech Republic and The Netherlands, as well as an internet survey conducted in the UK, report estimates for GHB use in lifetime ranging from 4 per cent to 11 per cent, and estimates for ketamine use in lifetime ranging from 8 per cent to 48 per cent. The British Crime Survey, one of the few national surveys that has monitored ketamine for an extended period of time, noted an increase in recent use of ketamine among 16–24 year olds, from 0.8 per cent in 2006–07 to 2.1 per cent in 2010–11. Among UK respondents to an internet survey, who were identified as regular clubbers, 40 per cent reported ketamine use and 2 per cent GHB use in the 12 months preceding interview (EMCDDA 2012c).

Due to its many properties, GHB has the potential for misuse in the broad population. In the US, GHB is now increasingly part of the dance music culture, which for many years has been a population of stimulant substance users, including amphetamine and 3,4-methylenedioxymethamphetamine (MDMA). In response to this threat, the US amended its regulations to require additional record keeping and reporting requirements for products that contain GHB, protecting against diversion of GHB for illicit purposes. Recent indicators in the US demonstrate that misuse has stabilised, with GHB generally sourced through clandestine manufacture and not as a consequence of pharmaceutical diversion (WHO 2012).

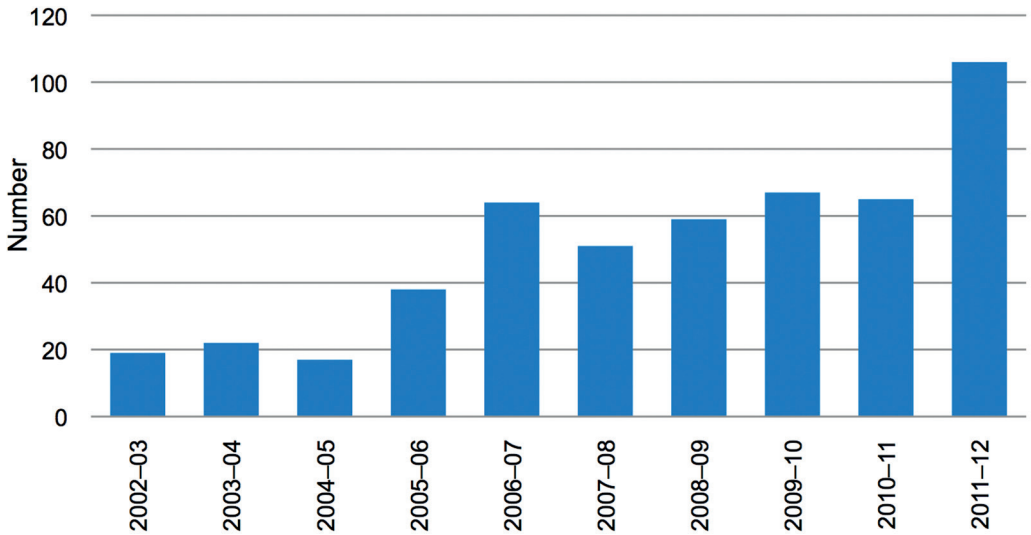
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

Anaesthetic detections at the Australian border include only GBL and ketamine detections.

In 2011–12, the number of anaesthetics detected at the Australian border increased by 63 per cent, from 65 in 2010–11 to 106 in 2011–12. This included 47 GBL detections, an increase from 41 in 2010–11, and 59 ketamine detections, an increase from 23 in 2010–11 (see Figure 62).

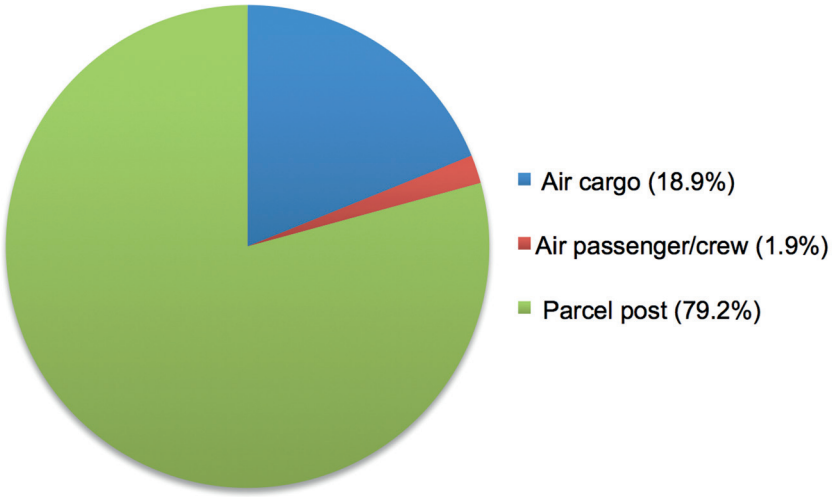
FIGURE 62: Number of anaesthetic detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)



IMPORTATION METHODS

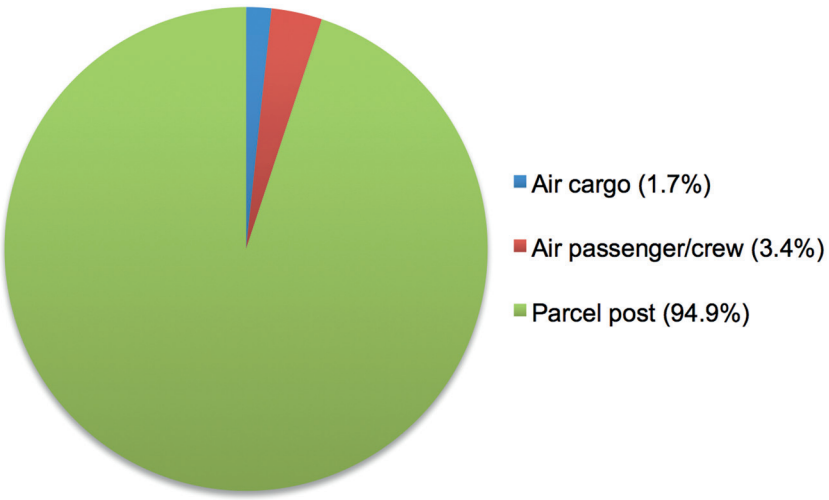
In 2011–12, 79.2 per cent of all anaesthetic detections at the Australian border were through the postal stream, followed by air cargo with 18.9 per cent (see Figure 63).

FIGURE 63: Number of anaesthetics detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



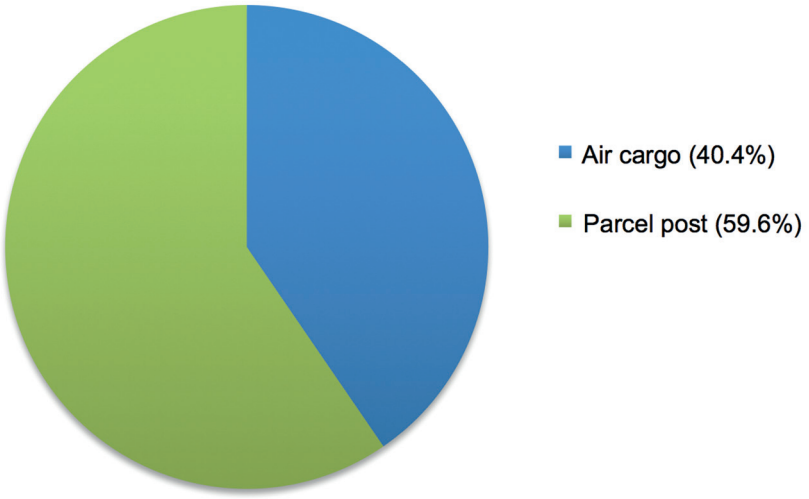
In 2011–12, 94.9 per cent of ketamine detections at the Australian border were through the postal stream (see Figure 64).

FIGURE 64: Number of ketamine detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



In 2011–12, GBL was only detected in two importation streams, with parcel post accounting for 59.6 per cent of the number of GBL border detections, followed by air cargo with 40.4 per cent (see Figure 65).

FIGURE 65: **Number of GBL detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)**



EMBARKATION POINTS

The Netherlands was the major embarkation point for anaesthetic detections at the Australian border in 2011–12. Other prominent embarkation points include Poland, Hong Kong, Singapore and Spain.

There were 13 embarkation points identified for ketamine detections at the Australian border in 2011–12. The most prominent embarkation point was The Netherlands, accounting for 35.6 per cent of all ketamine detections. In 2011–12, there were eight embarkation points, including China, Germany and Hong Kong, identified for GBL detections at the Australian border.

DOMESTIC MARKET INDICATORS

According to the 2010 NDSHS, 1.4 per cent of the Australian population aged 14 years or older reported ketamine use in their lifetime, an increase from 1.1 per cent reported in 2007. The percentage of the population reporting GHB use in their lifetime increased from 0.5 per cent in 2007 to 0.8 per cent in 2010. In 2010, the proportion of the population reporting use of ketamine and GHB in the previous 12 months remained consistent with 2007 figures at 0.2 per cent and 0.1 per cent respectively (AIHW 2011).

According to a 2011 study of regular ecstasy users, 42 per cent of respondents reported use of ketamine in their lifetime, an increase from 36 per cent in 2010. The proportion of recent ketamine users has been increasing, from 12 per cent in 2010 to 16 per cent in 2011. The majority of recent users are located in New South Wales, Victoria and the Australian Capital Territory (Sindicich & Burns 2012). Early findings from the 2012 study indicate a slight decrease, with 14 per cent of respondents reporting recent ketamine use (NDARC 2012b).

In the same 2011 study, the proportion of respondents reporting GHB use in their lifetime was 22 per cent, an increase from 18 per cent in 2010. In 2011, reported recent GHB use remained low at 7 per cent (Sindicich & Burns 2012). Early findings from the 2012 study indicate a continuation of this trend, with 7 per cent of respondents reporting recent use of GHB (NDARC 2012b).

PRICE

Law enforcement price data for ketamine and GHB/GBL is limited. Consistent with prices reported in 2010–11, the price per gram of ketamine in New South Wales ranged from $50 to $180 in 2011–12. In Queensland, the reported price per gram this reporting period ranged between $150 and $200. Prices for GHB/GBL ranged from $3 to $8 per 1-1.5 millilitres, unchanged from prices reported in 2010–11. The price per litre of GHB/GBL ranged from $2 000 to $5 000, the equivalent of $2 to $5 per millilitre.

PURITY

According to a study of regular ecstasy users, the perceived purity of ketamine has been increasing over the last three years. In 2011, 8 per cent of respondents were able to comment on the perceived purity of ketamine, of which 63 per cent reported ketamine purity as high, compared to 52 per cent in 2010 (Sindicich & Burns 2012).

AVAILABILITY

According to the 2010 NDSHS, 1.1 per cent of the population had been offered or given the opportunity to use ketamine and 1 per cent GHB in the 12 months preceding interview. These figures are consistent with those reported in the 2007 survey (AIHW 2011).

In a 2011 study of regular ecstasy users, only 8 per cent of respondents were able to comment on the availability of ketamine. Of these, 52 per cent reported ketamine as easy or very easy to obtain, compared to 33 per cent in 2010. Early findings from the 2012 study indicate a decrease in the availability of ketamine, with 45 per cent of respondents able to comment reporting ketamine as easy or very easy to obtain. However, the number of respondents able to comment remains low and findings should be considered with caution (NDARC 2012b; Sindicich & Burns 2012).

In the same 2011 study, 23 per cent of respondents were able to comment on the availability of GHB. Of these, 47 per cent reported GHB as easy or very easy to obtain, compared to 69 per cent in 2010 (Sindicich & Burns 2012).

PHARMACEUTICALS

MAIN FORMS

In Australia, the importation, manufacture, distribution and supply of pharmaceuticals is controlled, particularly those pharmaceutical drugs with addiction potential. However, despite these controls, the non-medical use of pharmaceuticals still occurs.

Illicit drug users often use pharmaceutical drugs to supplement other illicit drug use. Other reasons for the misuse of pharmaceuticals include dependence, self-medication, withdrawal from other drugs, enhancement of other drug use, enhanced performance or cosmetic purposes. Pharmaceutical drugs used for non-medical purposes can have potentially dangerous side effects and their use can lead to addiction.

Pharmaceutical drugs can be illicitly obtained through a range of means, including:

- family and friends with legitimate access
- stolen, altered or forged prescriptions
- feigning symptoms
- theft from surgeries or pharmacies
- doctor-shopping[10]
- threatening GPs
- purchases over the internet
- poor prescription practices, such as prescribing larger than required quantities
- health practitioners self-prescribing or otherwise misappropriating through their work (DCPC 2007).

Key factors in the expansion of the illicit pharmaceutical market in Australia include increased levels of prescribing by medical professionals, the emergence of multiple formulations and the number of prescription opioid compounds available on the Pharmaceutical Benefits Scheme (PBS).[11]

The principal classes of prescription drugs that are misused in Australia are opioid analgesics and benzodiazepines. Though a range of antidepressants and antipsychotics are also misused, these are not yet considered a major problem in Australia. The majority of prescribing of pharmaceutical opioids appears to be for the legitimate treatment of pain among older Australians, but increased availability is linked to increased misuse, medical emergencies and poisoning deaths (Roxburgh et al 2011).

This section will focus on the pharmaceutical drugs most commonly used for non-medical purposes in Australia: benzodiazepines and opioids.

BENZODIAZEPINES

Benzodiazepines depress the CNS and are primarily used in the treatment of anxiety, insomnia and withdrawal from alcohol and drugs. Among the most prescribed drugs in Australia, the legitimate use and misuse of benzodiazepines is extremely common (Nielsen & Thompson 2008). Benzodiazepines are most commonly found in tablet or capsule form and in a range of colours and designs stamped with their proprietary name (ADF 2012c).

Benzodiazepines are misused for a number of reasons, including enhancing the effects of other depressant drugs; in an effort to avoid withdrawal symptoms; as a substitute for drugs of choice and to moderate side effects from stimulant use (ADF 2012c). Combining benzodiazepine and stimulant use can cause the body distress as it tries to process the competing effects, which in turn can lead to unpredictable results. There are further issues with using benzodiazepines to 'come down' after stimulant use, a drug use behaviour that can lead to a cycle of dependence of both drug types (ADF 2012c).

10 'Doctor-shopping' refers to presenting to numerous doctors for the purpose of obtaining multiple prescriptions to deal with non-existent or exaggerated symptoms.

11 The PBS is a federally funded government program which subsidises the cost of a broad range of medicine for most medical conditions and was established to ensure Australians have affordable access to pharmaceutical medicines.

Following administration of benzodiazepines, users feel calm, lethargic and relaxed. However, even when used at therapeutic levels, benzodiazepines can cause a range of harms to the user, such as dependence, depression and cognitive impairment (Nielsen & Thompson 2008).

Short-term effects of benzodiazepine use include drowsiness, confusion, nausea and seizures. Long-term use can result in depression, memory loss, lethargy and a lack of motivation, although some users become anxious and aggressive. Tolerance develops very quickly and withdrawal from dependent use can lead to panic attacks, vomiting, depression and paranoia. The chances of an overdose increase when benzodiazepines are taken in combination with other depressant drugs, such as alcohol or opiates (ADF 2012c).

The main forms of benzodiazepine pharmaceuticals are listed in Table 21.

TABLE 21: Main forms of commonly used benzodiazepine pharmaceuticals

Pharmaceutical type	Trade name	User names
Alprazolam	Zanax, Alprazolam, Tafil, Farmapram, Asolan, Traxil, Niravam	Zanies, Zans, Blues, Quad bars, Totem poles, Z bars
Bromazepam	Lexotan	
Clonazepam	Rivotril	
Diazepam	Valium, Ducene, Antenex, Propam	
Flunitrazepam	Rohypnol, Hypnodorm	Rohies, roofies
Nitrazepam	Mogadon, Alodorm, Dormican, Nitepam	Moggies
Oxazepam	Serepax, Murelax, Alepam, Benzotran	Sarahs
Temazepam	Normison, Temaze, Euhypnos	Footballs, Normies

OPIOIDS

Opioids can be classified according to their mode of synthesis—alkaloids, semi-synthetic and synthetic compounds. Opioids act on three opiate receptors within the brain, which are responsible for both desirable and undesirable effects including profound analgesia, mood changes, physical dependence, tolerance and a hedonic ('rewarding') effect which may lead to compulsive drug use (Chahl 1996).

There is clear evidence of the harms related to the non-medical use of prescription opioids, including overdose, injection related harms and dependence. Therapeutic doses can cause nausea, vomiting, respiratory depression, constipation, drowsiness and confusion. High doses can lead to respiratory depression and circulatory failure (Degenhardt et al 2007; Roxburgh et al 2011).

While adverse side effects can occur even when used in accordance with medical directions, when pharmaceutical opioids are used outside the guidelines for safe and effective use adverse effects are more likely, particularly overdoses. Administration via injection exposes users to further health risks, including blood-borne viruses such as human immunodeficiency virus (HIV) and hepatitis B and C, as well as bacterial and fungal infections, collapsed veins and abscesses (ADF 2012e; Degenhardt et al 2007).

Common opioid pharmaceuticals are listed in Table 22.

TABLE 22: Main forms and effects of commonly used opioid pharmaceuticals

Pharmaceutical type	Trade name	User names	Comments
Morphine	MS Contin, Anamorph, Kapanol, Morphalgin	M, Monkey, Morph, Miss Emma, Dreamer, Hard Stuff, Greys	Main component of opium; powerful narcotic analgesic
Codeine	Panadine Forte, Codral Forte, Dymadon Forte, Codalgin Forte, Mersyndol Forte		An extract of opium which is not as strong as morphine
Oxycodone	Oxycontin, Endone, Wxynorm, Percocet, Roxidcodone, Tylox, Percodan	Oxy, Oxies, O.Cs, Oxycottons, Oxy 80s, Hillbilly Heroin, Roxies, Percs	A semi-synthetic opioid analgesic similar to morphine
Fentanyl	Durogesic, Actiq (lozenge), Fenpatch, Denpax		An opioid analgesic more potent than morphine, with a rapid onset and short duration
Pethidine		Peth	Synthetic narcotic analgesic, similar to morphine but shorter lasting
Methadone (or Physeptone—tablet form)		Meth, done, metho	Synthetic narcotic analgesic used in the treatment of opioid dependence; predominantly provided in syrup form to patients
Buprenorphine	Subutex, Temgesic	Beup, Mud	Used to treat withdrawal from heroin and employed in maintenance treatment to block the effects of other opioids

INTERNATIONAL TRENDS

While many prescription drugs may be misused, the most commonly misused drugs belong to one of the following three categories (listed in order of magnitude): opioids, CNS depressants and stimulants. According to the International Narcotics Control Board (INCB), the diversion of prescription drugs remains a substantial issue, with the misuse of pharmaceuticals second only to cannabis use in many countries. The illicit manufacture of counterfeit pharmaceuticals also continues to occur in several countries (INCB 2012a; UNODC 2012c).

In Asia and Europe, opioids continue to be the dominant drug type accounting for treatment demand and also contribute considerably to treatment demand in Africa, North America and Oceania (UNODC 2012). In the US, non-medical use of pharmaceutical opioids is especially problematic, with overdose deaths quadrupling since 1999. Reports from European countries, such as Estonia and Finland, suggest that the use of synthetic opioids—particularly fentanyl and buprenorphine—may have displaced heroin use (UNODC 2012c).

Benzodiazepines are misused in many countries and have a high representation rate in drug related deaths (second only to opioids). Countries reporting the highest per capita use of benzodiazepines are Belgium, Uruguay, Portugal and Serbia (UNODC 2012c).

In Canada, the most problematic prescription drugs in terms of risk of misuse are opioids, stimulants and benzodiazepines. Canadians are among the largest users of pharmaceutical opiates globally and, according to a domestic student survey, opiates have become the third most common substance of misuse among youth. The most commonly trafficked pharmaceuticals in Canada are Valium, Klonopin, Ativan, Ritalin, Talwin, OxyContin and steroids (CISCA 2012; INCB 2012b).

In the UK, the adulteration of heroin with substances such as benzodiazepines and barbiturates has resulted in a number of drug related deaths in England and Wales. The use of synthetic opioids or benzodiazepines in their own right is reported by heroin users in the UK when heroin shortages are evident (UNODC 2012c).

The last decade has seen a substantial increase in the misuse of pharmaceutical drugs in South Asia. The availability, affordability and high purity of pharmaceuticals make them attractive substitutes for illicit drugs, for both current and former users. The health potential consequences are severe, particularly as more people appear to be switching to injection which carries serious risk of HIV and hepatitis C infection—diseases that are already priority public health issues (UNODC 2011b). Law enforcement agencies in East and South-East Asia have seized substantial quantities of pharmaceuticals. In September 2011, authorities in Taipei seized more than 2 million tablets of the benzodiazepine derivate nimetazepam, weighing an estimated 410 kilograms (UNODC 2011a).

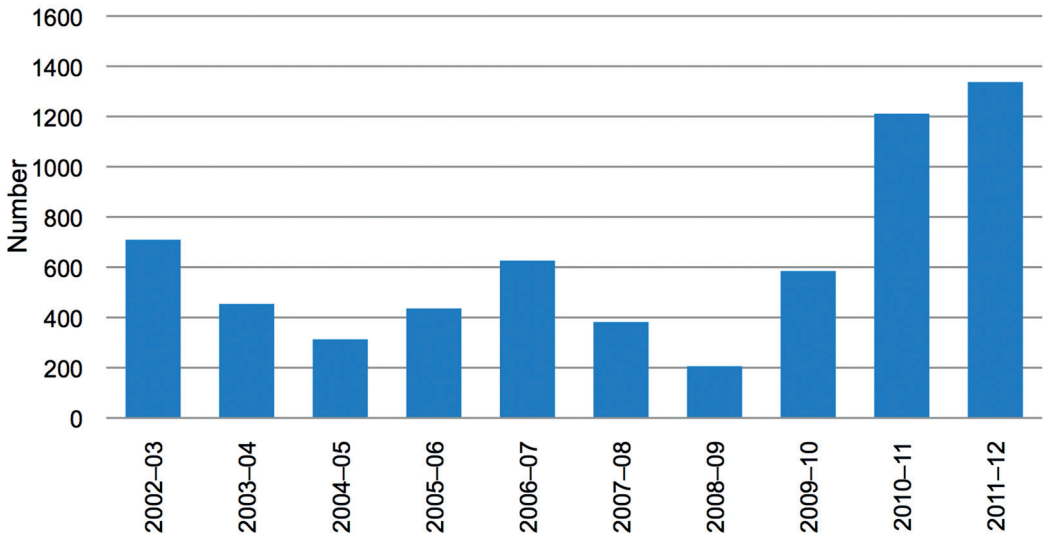
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

Prescription pharmaceuticals are primarily imported by individuals without criminal intent. Pharmaceuticals continue to be purchased over the internet due to the anonymity afforded, and low cost. Pharmaceutical border detections in 2011–12 include only benzodiazepines and pharmaceutical opioids.

In 2011–12, the total number of pharmaceuticals detected at the Australian border increased by 10 per cent, from 1 211 in 2010–11 to 1 337 in 2011–12, the highest reported in the last decade. The majority of these detections were benzodiazepines, which increased from 1 173 in 2010–11 to 1 298 in 2011–12. The total number of pharmaceutical opioids detections increased marginally this reporting period, from 38 in 2010–11 to 39 in 2011–12. Oxycodone was the most common pharmaceutical opioid detected at the Australian border in 2011–12, accounting for 53.8 per cent of detections. Other pharmaceutical opioids detected were morphine, buprenorphine and methadone (see Figure 66).

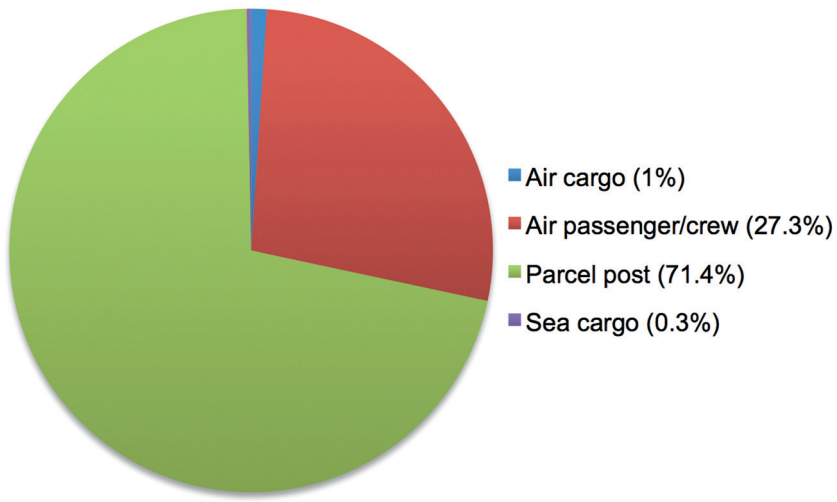
FIGURE 66: Number of pharmaceutical detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)



IMPORTATION METHODS

In 2011–12, 71.4 per cent of pharmaceutical detections at the Australian border were through the postal stream, followed by air passenger/crew with 27.3 per cent (see Figure 67).

FIGURE 67: Number of pharmaceutical detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)



EMBARKATION POINTS

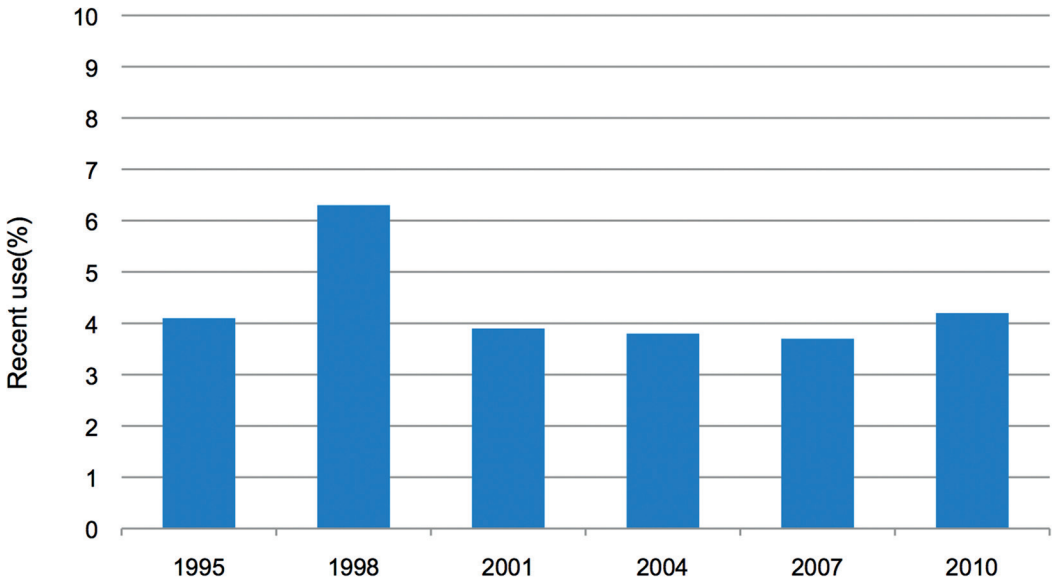
In 2011–12, there were 55 embarkation points identified for pharmaceutical detections at the Australian border. The prominent embarkation point this reporting period was India, followed by Thailand, Romania, the UK and Malaysia.

India was the prominent point of embarkation for benzodiazepine detections in 2011–12, accounting for 32 per cent of detections by number. For pharmaceutical opioid detections, The Netherlands was the prominent embarkation point, accounting for 29 per cent of detections.

DOMESTIC MARKET INDICATORS

According to the NDSHS, the proportion of the Australian population aged 14 years or older reporting the non-medical[12] use of pharmaceuticals[13] in their lifetime has been decreasing incrementally from 8.8 per cent in 2001 to 7.4 per cent in 2010. In contrast, the proportion reporting the non-medical use of pharmaceuticals in the 12 months preceding interview increased from 3.7 per cent in 2007 to 4.2 per cent in 2010 (see Figure 68). This is second only to reported cannabis use and equal to reported ecstasy use (AIHW 2011).

FIGURE 68: Use of pharmaceuticals for non-medical purposes in the preceding 12 months, people aged 14 years or over, 1995 to 2010 (Source: Australian Institute of Health and Welfare)

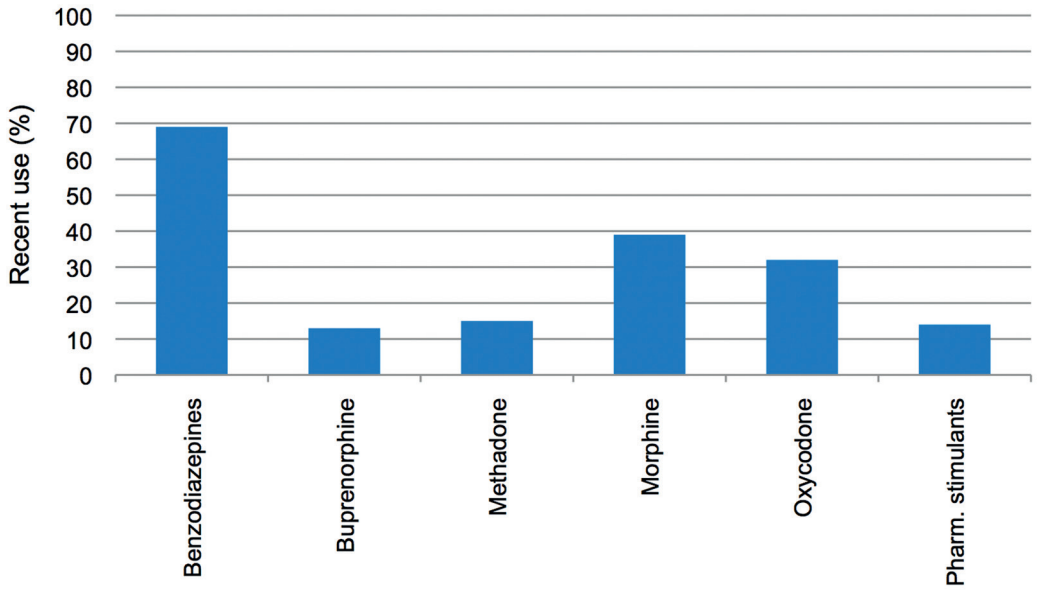


In a 2011 study of regular injecting drug users, 69 per cent of respondents reported recent use[14] of any form of benzodiazepine, with two-thirds of these reporting swallowing as the main route of administration. Recent illicit morphine use was reported by 39 per cent of respondents and remained the most commonly injected pharmaceutical opioid (NDARC 2012).

The same 2011 study showed state and territory variations, with the illicit use of morphine remaining highest in Tasmania and the Northern Territory where heroin is traditionally reported as being difficult to obtain. In 2011, the proportion of respondents reporting recent illicit use of oxycodone was 32 per cent, compared with 28 per cent in 2010. Figure 69 shows the recent misuse of various pharmaceutical drugs in 2011 (Stafford & Burns 2012).

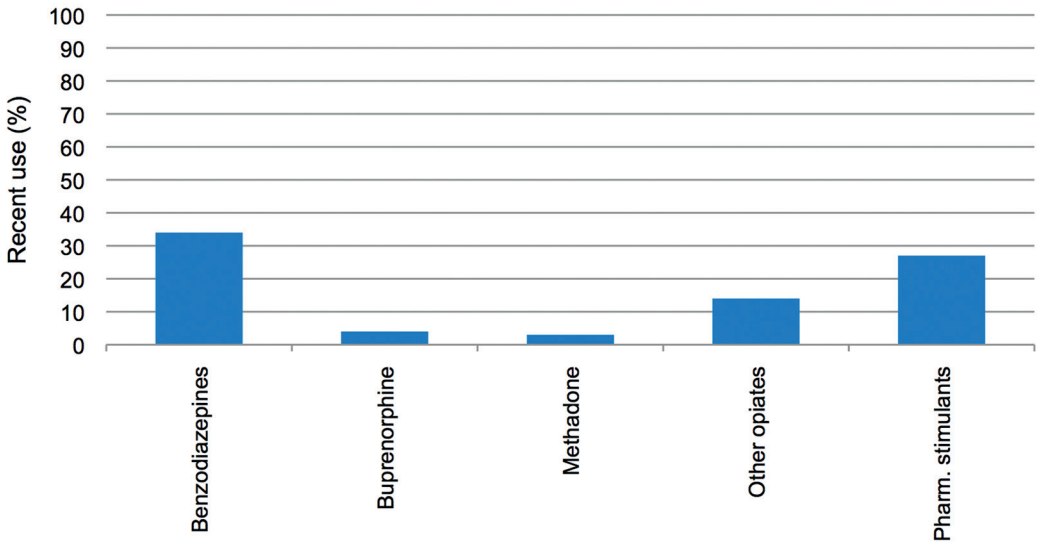
12 The NDSHS relates use for non-medical purposes to 'ways that induced or enhanced a drug experience, enhanced performance or were for cosmetic purposes'.
13 According to the NDSHS, pharmaceuticals include: pain-killers/analgesics, tranquillisers, steroids, methadone or buprenorphine and/or other opioids.
14 The term 'recent use' in the regular injecting drug user and regular ecstasy user studies refers to reported use in the 6 months preceding interview.

FIGURE 69: **Proportion of a regular injecting drug user population reporting recent use of illicit pharmaceuticals, by type of pharmaceutical, 2011 (Source: National Drug and Alcohol Research Centre)**



In a 2011 national study of regular ecstasy users, 34 per cent of respondents reported recent illicit use of benzodiazepines and 14 per cent recent illicit opioid use, compared to 26 per cent and 6 per cent respectively in 2010. Figure 70 shows the recent illicit use of various pharmaceuticals in 2011 (Sindicich & Burns 2012).

FIGURE 70: **Proportion of a regular ecstasy drug user population reporting recent use of illicit pharmaceuticals, by type of pharmaceutical, 2011 (Source: National Drug and Alcohol Research Centre)**

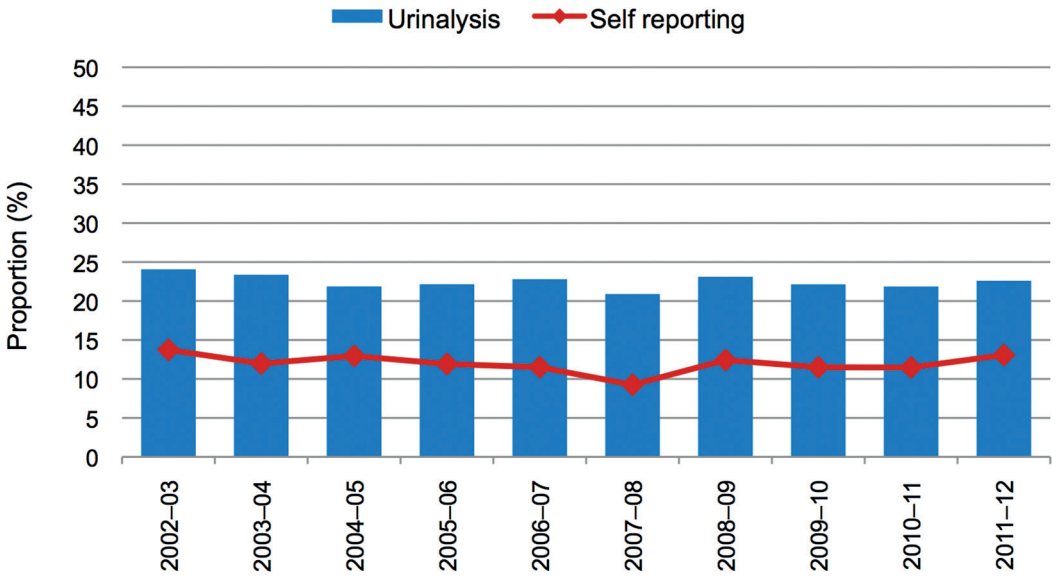


Recognising growing concerns in relation to the illicit use of pharmaceuticals, research on drug use among police detainees in Australia incorporated a set of new questions to the self-report survey in 2011. The five pharmaceutical drug types included in the survey were buprenorphine, methadone, benzodiazepine, morphine and dexamphetamine. Based on how users sourced these drugs—prescription or no prescription—there were three categories of use identified: licit use; illicit use; and a combination of both. In the 12 months preceding interview, 23 per cent of respondents had obtained pharmaceuticals without a prescription. Sixteen per cent of benzodiazepine users sourced the drug illicitly, compared to morphine (9 per cent), buprenorphine (5 per cent), methadone and dexamphetamine (3 per cent respectively) (Ng & Macgregor 2012).

Research on drug use among police detainees in Australia incorporates a self-report survey and voluntary urinalysis. The self-report survey indicates drug use in the 12 months preceding interview. In contrast to other illicit drugs, the proportion of detainees testing positive for opiates or benzodiazepine use exceeds the proportion reporting use.

In 2011–12, the proportion of detainees testing positive[15] for benzodiazepine use increased from 21.9 per cent in 2010–11 to 22.6 per cent in 2011–12. The self-reported use of benzodiazepines increased from 11.5 per cent in 2010–11 to 13.1 per cent in 2011–12, representing the highest reported percentage since 2002–03 (see Figure 71).

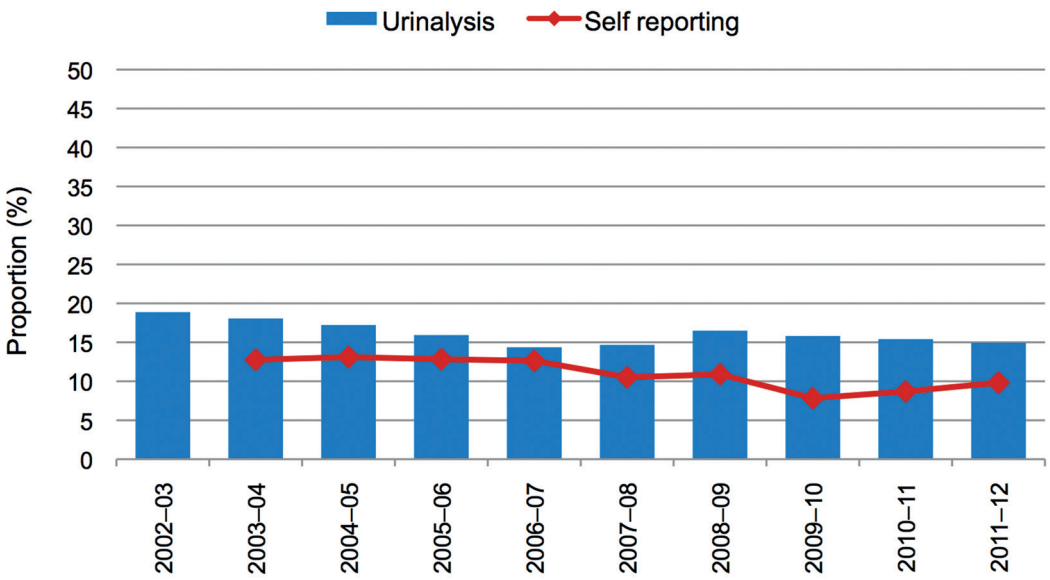
FIGURE 71: Proportion of detainees testing positive for benzodiazepines compared with self-reported use, 2002–03 to 2011–12 (Source: Australian Institute of Criminology)



In 2011–12, the proportion of detainees testing positive[16] for opiate use decreased marginally from 15.4 per cent in 2010–11 to 15 per cent in 2011–12. The self-reported use of methadone, in the 12 months preceding interview, increased from 8.7 per cent in 2010–11 to 9.8 per cent in 2011–12 (see Figure 72).[17]

15 Benzodiazepines and their metabolites can be detected in urine on average 2 to 14 days after administration (Makkai 2000).
16 Opiates and their metabolites can be detected in urine on average 2 to 3 days after administration (Makkai 2000).
17 The self-reported recent use of illegal morphine, street methadone, homebake or other illegal opiates was unavailable in 2002–03.

FIGURE 72: **Proportion of detainees testing positive for opiates compared with self-reported use of methadone, 2002–03 to 2011–12 (Source: Australian Institute of Criminology)**



PRICE

According to a 2011 study of regular injecting drug users, the median price for 40 milligrams of oxycodone ranged between $20 (in Victoria and South Australia) and $40 (in Tasmania and the Northern Territory) (Stafford & Burns 2012).

AVAILABILITY

In the 2010 NDSHS, 18.2 per cent of respondents reported being offered or having the opportunity to use pain-killers/analgesics in the 12 months preceding interview. This is an increase from the 15.4 per cent reported in 2007 (AIHW 2011).

According to a 2011 study of regular injecting drug users, respondents able to comment on illicit methadone, illicit morphine and illicit oxycodone availability reported it as stable (Stafford & Burns 2012).

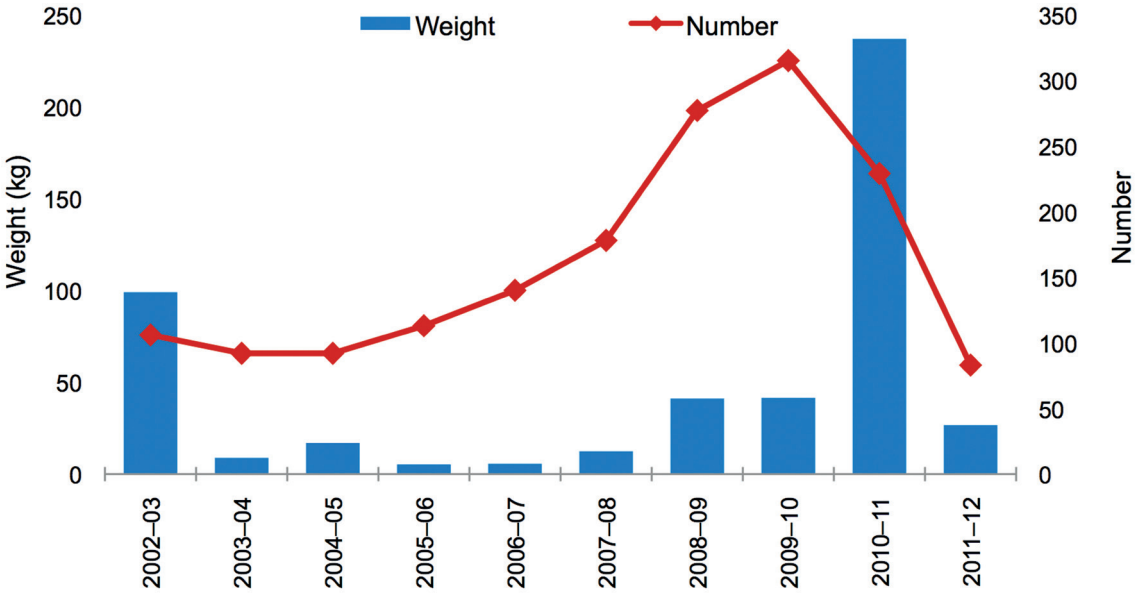
SEIZURES

Following continuous increases in the number of national other opioid seizures between 2004–05 and 2009–10, the last two reporting periods have reported decreases. In 2011–12, the number of seizures decreased by 63.8 per cent, from 229 in 2010–11 to 83 in 2011–12, the lowest number reported in the last decade (see Figure 73).

Following a spike in the weight of national other opioid seizures in 2010–11,[18] the weight seized decreased by 88.8 per cent, from 236.8 kilograms in 2010–11 to 26.6 kilograms in 2011–12.

18 In 2010–11, a single large border seizure of opium resin accounted for over 70 per cent of the national other opioid seizures for that reporting period.

FIGURE 73: National other opioid seizures, by number and weight, 2002–03 to 2011–12



Despite reporting decreases in 2011–12, New South Wales continues to account for the majority of national other opioid seizures by number and weight in 2011–12 (see Table 23).

TABLE 23: Number, weight and percentage change of national other opioid seizures, 2010–11 and 2011–12

	Number			Weight (grams)		
State/Territory[a]	2010–11	2011–12	% change	2010–11	2011–12	% change
New South Wales	182	42	-76.9	236 170	18 004	-92.4
Victoria	10	10	0.0	242	7 809	3 126.9
Queensland	3	6	100.0	11	5	-54.5
South Australia	1	6	500.0	20	772	3 760.0
Western Australia	9	7	-22.2	289	19	-93.4
Tasmania	6	1	-83.3	18	0	-100.0
Northern Territory	0	0	–	0	0	–
Australian Capital Territory	18	11	-38.9	111	8	-92.8
Total	**229**	**83**	**-63.8**	**236 861**	**26 617**	**-88.8**

a. Includes seizures by state/territory police and AFP for which a valid seizure weight was recorded.

DRUG ANALOGUES AND NOVEL SUBSTANCES

MAIN FORMS

Often marketed as 'legal highs',[19] many drug analogues and novel substances (DANS) originally entered the illicit drug market as substitutes for illicit drugs such as methylamphetamine and MDMA. The addition of these substances to the traditional illicit drug market, which includes ATS, cannabis, heroin and cocaine, has changed the global illicit drug market, with an increasing number of users reporting DANS as their drug of choice (Dargan 2012; UNODC 2012a).

DANS have been present in notable quantities in Australia and overseas since at least the mid-2000s. Analogue substances are variants of a parent compound which is a prohibited or scheduled drug. Novel substances are developed to mimic the pharmacological effects of prohibited drugs while attempting to avoid existing drug control measures (Customs and Border Protection 2010).

The availability and popularity of DANS has increased, as evidenced by user surveys, poison centre calls, hospital attendances, drug forum discussions and mortality data (Hill & Thomas 2011). The role of the internet in facilitating the sale of DANS, as well as providing a platform for users to discuss these substances, is well known. An understanding of the internet's broader role in providing a platform for marketing and promotion of these substances is a key to harm minimisation strategies internationally (Deluca 2012).

The most widely known DANS are synthetic cannabinoids and cathinone-type substances, in particular 4-methylmethcathinone (4-MMC).

SYNTHETIC CANNABINOIDS

Synthetic cannabinoids are a group of substances originally developed as potential pharmaceutical products (Hazekamp 2010).

In recent years, a wide variety of synthetic cannabinoids have been made available as smoking mixtures that are sold on the internet and in various specialised shops. These products are usually sold in foil sachets, typically containing 1–3 grams of dried plant matter to which one or more of the synthetic cannabinoids have been added. A number of plant-based ingredients are often listed on the packaging, but forensic analysis has found that many of these are not actually present (NCPIC 2012).

Synthetic cannabinoids are best known by brand names such as 'Kronic', 'Northern Lights', 'Spice', 'Kaos', 'Voodoo', 'Godfather', 'Diablo', 'Zero Gravity' and 'Mango'. Labelled 'not for human consumption'—these products contain dried, shredded plant material and chemical additives that are responsible for the psychoactive (mind-altering) effects. Forensic analysis of the contents of a range of brands has indicated that the active ingredient varies within and between brands (ACT Health 2011; NIDA 2012c; NSW Health 2011).

19 Use of the term 'legal high' may not reflect the true legal status of these substances under Australian legislation.

Although there is an increasing number of synthetic cannabinoids entering the illicit drug market, and a greater number of people are using these drugs, relatively little is known about their toxicity. From clinical reports of intoxication cases, it is known that these drugs have effects similar to cannabis in some aspects, but are markedly different in others (Auwärter 2012).

As synthetic cannabinoids are manufactured substances, there can be considerable variety and quantity of substance present, resulting in unpredictability in the effects of use. Even in small doses, synthetic cannabinoids can cause memory and thought impairment (NSW Health 2011). Short-term effects of synthetic cannabinoid use can include fatigue, headaches, disorientation, hallucinations, high blood pressure, tachycardia, paranoia, agitation, restlessness, panic attacks, anxiety and depression (WADAA 2012). Heavy and regular use may cause hallucinations, confusion, anxiety, depression, paranoia, psychosis and heart palpitations (ACT Health 2011).

Each state and territory is bound by different legislation in regards to the possession, sale and/or supply of illegal substances. From 1 May 2012, nine 'groups' of synthetic cannabinoids were included within Schedule 9 of the Prohibited Substances in the Standard for the Uniform Scheduling of Medicines and Poisons (Poison Standard). This has resulted in a large number of these compounds falling under jurisdictional legislation that references the Poison Standard (AG 2012).

As packaging of synthetic cannabinoids rarely identifies the ingredients from which the substance is formulated (in particular the synthetic cannabinoid component), people dealing in synthetic cannabinoid preparations may be hindered in their ability to determine the legal status of the product. This potentially causes legal issues for importers, distributors, retailers and consumers (TGA 2011).

4-MMC (4-METHYLMETHCATHINONE)

4-MMC (also known as mephedrone) is one of the most common novel cathinone-type substances available globally. As an analogue of the drug methcathinone, 4-MMC is classified as a CNS stimulant. Common street names for 4-MMC include meph, meow, miaow-miaow, m-cat, plant food, drone, bubbles and kitty cat.

The hydrochloride salt form of 4-MMC is a water soluble white crystalline powder, while its free base is a yellowish liquid at ambient temperature. The most common form of 4-MMC is the hydrochloride salt powder, which can be snorted, swallowed in bombs (wraps of paper) or dissolved for oral/rectal use or injection. The hydrochloride salt can also be sold in tablet or capsule form (ADF 2012d; EMCDDA 2011a; Sindicich & Burns 2012).

The effects of 4-MMC are comparable to other stimulant drugs, in particular ecstasy (MDMA). However, its relatively short duration of action, which leads to repeated dosing, is more comparable to cocaine. As 4-MMC is primarily used in combination with alcohol and other stimulants, its specific effects are difficult to assess (EMCDDA 2011a).

Users report feelings of euphoria, increased energy and alertness on administration, with other reported short-term effects including loss of appetite, dilated pupils, tremors or convulsions, insomnia, anxiety and paranoia. The 'come down' effects of 4-MMC include fatigue, dizziness and memory loss which are consistent with effects usually associated with stimulant use (ADF 2012d).

INTERNATIONAL TRENDS

The international market for DANS continues to grow, with several countries reporting increased prevalence in their domestic markets. According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) new drugs were detected at the rate of approximately one per week during 2011, with synthetic cannabinoids and synthetic cathinones accounting for up two-thirds of all new compounds detected. The speed at which these new substances are appearing and being distributed is challenging established legislative procedures to control substances in European countries (EMCDDA 2011b, 2012b).

The online sale of new psychoactive substances appears to be expanding, with most novel substances sold as 'research chemicals', 'legal alternatives' or 'legal highs'. A wide range of synthetic and plant-derived substances and products are available, many of which may be specifically designed to circumvent existing drug controls (Farré et al 2012).

Europol reports that the production of new psychoactive substances is taking place predominantly in China and to a lesser degree India, while niche businesses specialising in importing, mixing and packaging new substances have emerged in Belgium, Ireland and The Netherlands (Europol 2011).

Research is now being conducted in Europe to determine how online marketing can contribute to addiction. In particular, the research is focusing on online marketing strategies that encourage initiation, increased use, discourage reductions in use or quitting and provide advice on avoiding legislative controls (Deluca 2012).

In Europe, there has been a notable shift away from DANS being misrepresented as amphetamines or MDMA, as occurred in 2009. In Germany, an online survey of users found most use these products in addition to, rather than as a substitute for, other illicit drugs. Reasons for use included (temporary) limited availability of illicit drugs, fear of legal consequences, and desire to experience a variety of drug effects (Werse 2012).

In Japan, cathinone derivatives have been widely distributed since 2007, as well as different phenethylamines and piperazines. Since 2008, herbal products containing various synthetic cannabinoids also became widely available. In November 2011, 69 new substances became controlled drugs in Japan. However, authorities have noted that new DANS quickly appear in the market, with emergency hospitalisation caused by synthetic cannabinoids increasing considerably in 2011 (Kikura-Hanajiri et al 2012).

In the UK, following the increased prevalence of substituted phenylethylamines and tryptamines, psychoactive drug chemistry has led to alternative groups, such as piperazines and cathinones, being used as a basis for the next generation of DANS. Following the initial popularity of 4-MMC and subsequent control, new variants have become available.

DOMESTIC TRENDS

AUSTRALIAN BORDER SEIZURES

Although the breadth of new substances appearing on the market is very large, and some appearing only sporadically, the Australian Federal Police (AFP) Australian Illicit Drug Data Centre (AIDDC), in consultation with the National Measurement Institute (NMI), has identified

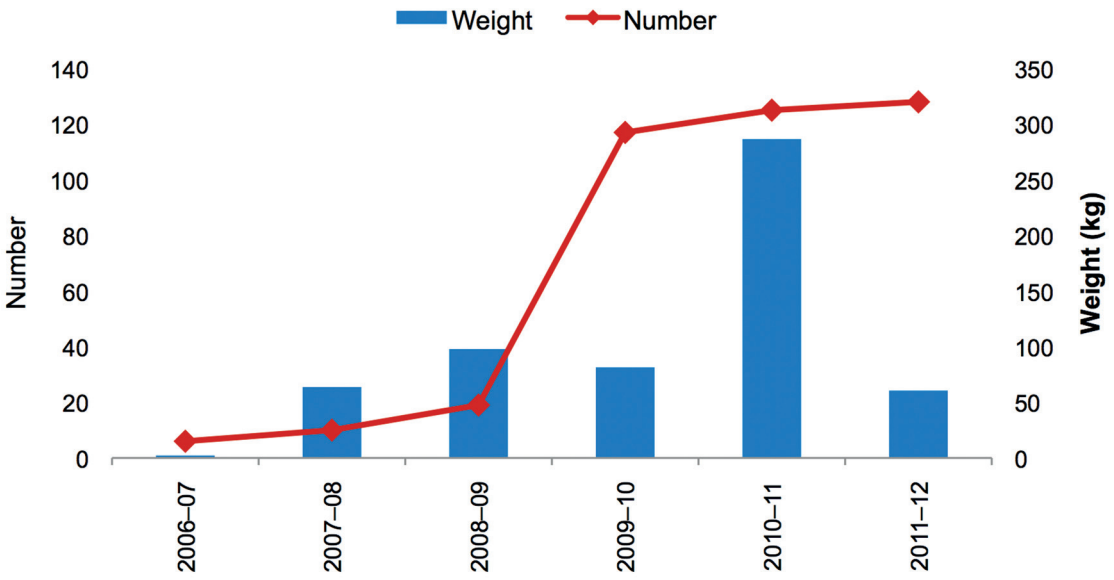
the following categories of novel substances and analogues:

- amphetamine-type substances
- cathinone-type substances
- synthetic cannabinoids
- tryptamine-type substances
- other.

Among the many different compounds detected and reported since 2006–07, some have been more common than others in terms of the weight of material in which they were detected, and/or the overall number of detections. These have included 4-MMC, N,N-dimethylamphetamine (DMA), 1-benzylpiperazine (BZP) and 3-trifluoromethylphenylpiperazine (TFMPP).

Analysis of border seizures containing DANS indicates that while the number of seizures has continued to increase since 2006–07, the weight of seizures containing these has fluctuated (see Figure 74).[20] Over the reporting periods the prominent DANS have been cathinone-type substances, amphetamine-type substances and synthetic cannabinoids.

FIGURE 74: Number and weight of seizures selected for further analysis and found to containing novel substances and drug analogues, 2006–07 to 2011–12 (Source: Australian Illicit Drug Data Centre, Australian Federal Police)



Since 2008–09, novel cathinone-type substances have accounted for the highest proportion, by number, of seizures in this subset. In 2011–12, novel cathinone-type substances accounted for approximately 47 per cent of analysed seizures containing novel substances, followed by novel amphetamine-type substances (approximately 20 per cent) and synthetic cannabinoids (approximately 6 per cent).

20 The data in Figure 74 refers only to seizures made by the AFP, examined by AFP crime scene teams, sampled and subsequently confirmed to contain a novel substance by the NMI. Seizure data does not represent all AFP seizures of DANS during these time periods.

In 2010–11, the weight of DANS spiked following three large seizures containing novel amphetamine-type substances, which accounted for approximately 82 per cent of the weight of novel substance seizures in that reporting period. In 2011–12, the weight of analysed seizures decreased notably and 'other' novel substances accounted for approximately 49 per cent, followed by cathinone-type substances (approximately 33 per cent). The 'other' substances were primarily piperazine-based.

The most abundant cathinone-type substances encountered (in terms of raw weight) were 3,4-methylenedioxymethcathinone (MDMC), 3,4-methylenedioxypyrovalerone (MDPV) and 3,4-dimethylmethcathinone (DMMC). In contrast to earlier reporting periods, where 4-MMC was the most common cathinone analogue encountered (in terms of raw weight), no significant quantities of 4-MMC were analysed from border seizures in 2011–12.

DOMESTIC MARKET INDICATORS

According to a 2011 study of regular ecstasy users, 13 per cent of respondents reported recent use of 4-MMC, a decrease from 16 per cent in 2010. Recent 4-MMC use was reported primarily in Tasmania, Victoria and Western Australia. Snorting (66 per cent), followed by swallowing (57 per cent), was the most common method of administration, with minimal reporting of smoking and injecting. Early findings from the 2012 study indicate a considerable decrease in the recent use of 4-MMC, from 13 per cent in 2011 to 5 per cent in 2012 (NDARC 2012b; Sindicich & Burns 2012).

In the same 2011 study, 6 per cent of respondents reported recent use of synthetic cannabinoids. Early findings from the 2012 study indicate recent use has increased to 15 per cent (NDARC 2012b; Sindicich & Burns 2012).

PRICE

While national law enforcement price data for DANS, including 4-MMC and synthetic cannabinoids, remains limited, Queensland reported the following prices.

In 2011–12, the price of a tablet/capsule of 4-MMC in Queensland ranged between $15 and $40. Prices for synthetic cannabinoids ranged between $30 and $50 for 1.5 grams and $450 for an ounce.

DOMESTIC SEIZURES

Technical challenges exist for law enforcement agencies in identifying DANS. Due to the dynamic nature of this market, data systems have limited capacity to accurately record and readily extract seizure and arrest data, with many of these drugs reported as 'other drugs'. As a result, monitoring and reporting on national trends of these drugs is limited.

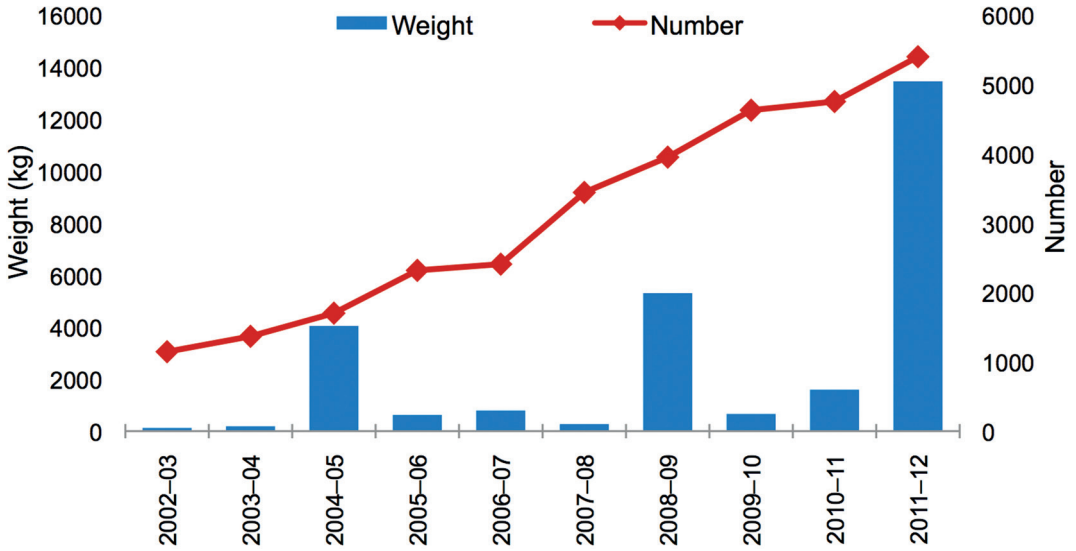
Since 2007–08, jurisdictions have indicated an increase in the number and weight of DANS seizures. Key categories of seized substances include cathinone-type substances, amphetamine-type substances and synthetic cannabinoids. While there have been seizures of tryptamine-type substances, the weight of these seizures is minimal.

OTHER AND UNKNOWN—NOT ELSEWHERE CLASSIFIED (NEC)

National 'other and unknown NEC' drug arrests and seizures capture drugs and substances outside the other drug categories contained in the Illicit Drug Data Report. The category other and unknown NEC covers a range of substances, including precursors, anaesthetics, DANS and pharmaceuticals not elsewhere classified. Substances reported in this category are likely to change between reporting periods. Data limitations are further discussed in the *Statistics* chapter.

Over the last decade, the number of national other and unknown NEC seizures has continued to increase, from 1 145 in 2002–03 to 5 399 in 2011–12. By comparison, the weight of seizures has fluctuated. In 2011–12, a single 11 tonne-seizure of hypophosphorous acid, a precursor chemical used in the manufacture of methylamphetamine, accounted for 82 per cent of national other and unknown NEC seizures by weight (see Figure 75).

FIGURE 75: National other and unknown NEC seizures, by number and weight, 2002–03 to 2011–12



In 2011–12, New South Wales accounted for the greatest proportion of both the number and weight of national other and unknown NEC seizures. All jurisdictions reported notable increases in the weight of seizures during 2011–12, particularly New South Wales, Victoria and the Northern Territory, whose combined seizure weights accounted for 98.6 per cent of the national weight of other and unknown NEC seizures in 2011–12 (see Table 24).

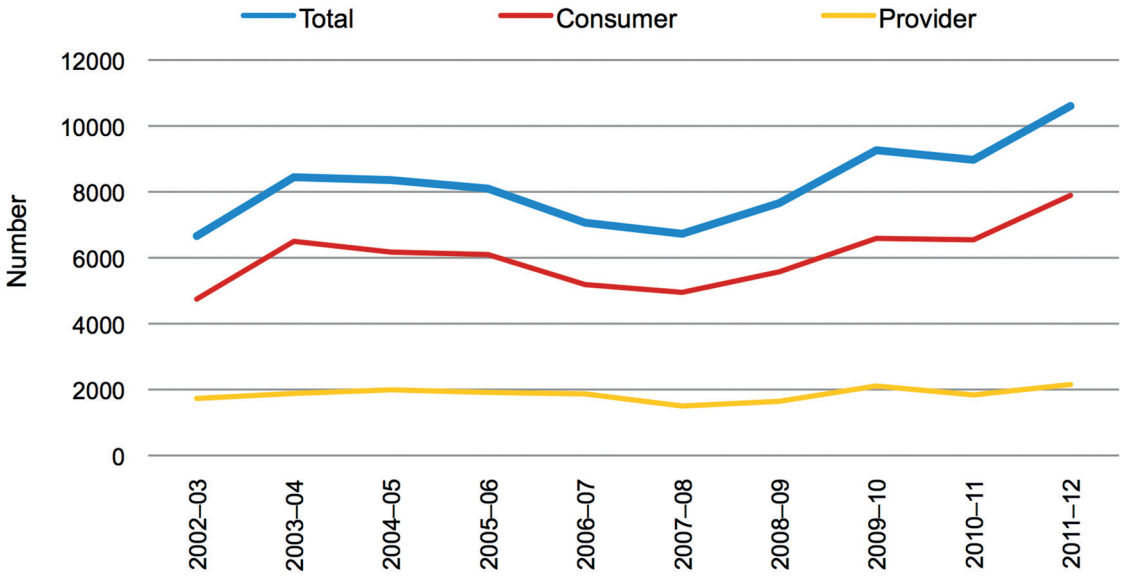
TABLE 24: Number, weight and percentage change of national other and unknown NEC seizures, 2010–11 and 2011–12

	Number			Weight (grams)		
State/Territory[a]	2010–11	2011–12	% change	2010–11	2011–12	% change
New South Wales	2 881	2 358	-18.2	1 410 954	12 687 524	799.2
Victoria	263	461	75.3	23 232	338 274	1 356.1
Queensland	630	1 192	89.2	80 722	135 277	67.6
South Australia	7	21	200.0	1 240	15 532	1 152.6
Western Australia	695	996	43.3	26 634	36 484	37.0
Tasmania	199	132	-33.7	3 007	3 651	21.4
Northern Territory	38	209	450.00	47 087	233 264	395.4
Australian Capital Territory	40	30	-25.0	653	1 585	142.7
Total	**4 753**	**5 399**	**13.6**	**1 593 529**	**13 451 591**	**744.1**

a. Includes seizures by state/territory police and AFP for which a valid seizure weight was recorded.

Over the last decade, the number of national other and unknown NEC arrests has increased from 6 660 in 2002–03 to 10 605 in 2011–12 (see Figure 76). Since 2002–03, consumer arrests have accounted for over 70 per cent of national other and unknown NEC arrests.

FIGURE 76: Number of national other and unknown NEC arrests, 2002–03 to 2011–12



In 2011–12, Queensland continued to account for the greatest proportion of national other and unknown NEC arrests. For the first time since 2005–06, the Northern Territory reported other and unknown NEC arrests (see Table 25).

TABLE 25: Number and percentage change of national other and unknown NEC arrests, 2010–11 and 2011–12

State/Territory[a]	Arrests		
	2010–11	2011–12	% change
New South Wales	1 496	1 714	14.6
Victoria	1 824	2 417	32.5
Queensland	3 166	3 558	12.4
South Australia	186	154	-17.2
Western Australia	1 764	2 103	19.2
Tasmania	536	477	-11.0
Northern Territory	0	178	–
Australian Capital Territory	0	3	–
Total	**8 972**	**10 605**	**18.2**

a. The arrest data for each state and territory includes AFP data.

NATIONAL IMPACT

The 'other and unknown' category includes all drug types discussed in this chapter (anabolic agents and other selected hormones; tryptamines; anaesthetics; pharmaceuticals and DANS), as well as other and unknown NEC.

In 2011–12, the number of detections of other and unknown drugs at the Australian border continued to increase, with the number of performance and image enhancing drugs, tryptamines, anaesthetics and pharmaceuticals detections the highest reported in the last decade.

Nationally, the number of seizures of drugs categorised as other and unknown NEC increased by 13.6 per cent, from 4 753 in 2010–11 to 5 399 in 2011–12. The weight of seizures increased 744 per cent, from 1 593 kilograms in 2010–11 to 13 451 kilograms in 2011–12. This significant increase in weight can be attributed to a single 11 tonne seizure of hypophosphorus acid.

The number and weight of national steroid, hallucinogen and other and unknown NEC seizures increased in 2011–12 and are the highest reported in the last decade. By comparison, the number and weight of national other opioid seizures decreased, with the number the lowest reported in the last decade.

There is a wide range of drug analogues and novel substances available in the Australian illicit drug market. Over recent reporting periods, these substances have been primarily cathinone-type substances, novel amphetamine-type substances and synthetic cannabinoids. In 2011–12, by number, cathinone-type substances accounted for the majority of analysed border seizures and were second only to other novel substances by weight. In regards to use, in a national study of regular ecstasy users, recent use of 4-MMC has decreased, while synthetic cannabinoids use is increasing.

In 2011–12, the number of national other and unknown arrests increased by 19.5 per cent, from 9 710 arrests in 2010–11 to 11 600 arrests in 2011–12. The majority of these (91.4 per cent) were other and unknown NEC related arrests.

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CLANDESTINE LABORATORIES AND PRECURSORS

KEY POINTS

A record 809 clandestine laboratories were detected in Australia.

The majority of clandestine laboratories detected were small addict-based laboratories.

70 per cent of clandestine laboratories were detected in residential areas.

The weight of ATS (excluding MDMA) precursors detected at the border increased by 123.5 per cent.

MAIN FORMS

Clandestine laboratories, commonly referred to as 'clan labs', covertly manufacture illicit drugs and/or their precursors and can range from crude, makeshift operations using simple processes, to highly sophisticated operations using technically advanced equipment and facilities (AFP 2012).

Drug manufacture carried out in clandestine laboratories may involve any or all of the following processes:

- Extraction—Raw materials are extracted using chemical solvents to produce a finished illicit drug. Examples of extraction include precursor chemicals being extracted from pharmaceutical preparations,[1] cannabis oil being extracted from cannabis or morphine being extracted from opium.
- Conversion—Raw or unrefined drug products are altered into a more sought after product by altering the chemical form. Examples include converting cocaine base into cocaine hydrochloride or methylamphetamine base into crystalline methylamphetamine hydrochloride.
- Synthesis—Raw materials are combined, which react under specific conditions to create the finished product through various chemical processes. Examples include methylamphetamine, 3,4-methylenedioxymethamphetamine (MDMA, commonly known as 'ecstasy') and lysergic acid diethylamide (LSD).
- Tableting—Final products are converted into dosage units. An example is pressing MDMA powder into tablet form.

There are three types of substances used in illicit drug manufacture:

- Precursors—Considered the starting materials for illicit drug manufacture. Through chemical reactions the precursor's molecular structure is modified to produce a specific illicit drug. For example, ephedrine and pseudoephedrine are precursors that can be converted into methylamphetamine.
- Reagents—Substances used to cause a chemical reaction that modifies the precursor's molecular structure. For example, when hydriodic acid and red phosphorous are mixed with the precursors ephedrine or pseudoephedrine, the resulting compound is methylamphetamine.
- Solvents—Added to the chemical mixture to ensure effective mixing by dissolving precursors and reagents, diluting the reaction mixtures, and separating and purifying other chemicals (APAIC 2012).

As many of these substances have legitimate application within various branches of industry, international precursor controls must balance legitimate access with efforts to reduce diversion to the illicit market. The emergence of production methodologies using pre-precursors, solvents and reagents that fall outside existing controls will remain an ongoing challenge (Remberg 2011).

1 Such as pseudoephedrine from cold and flu products.

In Australia and internationally, amphetamine-type stimulants (ATS) are reported as the dominant illicit drug manufactured in clandestine laboratories. The most common precursors used in the manufacture of methylamphetamine are pseudoephedrine and ephedrine. The four principal precursors which can be used in the manufacture of MDMA and related drugs are safrole, isosafrole, piperonal and 3,4-methylenedioxyphenyl-2-propanone (MDP2P)[2] (EMCDDA 2011a).

In 2007, the Australian Government funded the national roll out of Project STOP, an initiative aimed at reducing the diversion of pharmaceutical products containing pseudoephedrine to the illicit drug manufacturing market. As of 30 June 2012, 79.2 per cent of approved community pharmacies were registered with Project STOP, compared to 79 per cent at 30 June 2011.

INTERNATIONAL TRENDS

International control efforts targeting precursor chemical supply are having some effect. The sharing of data on chemical shipments between governments via the International Narcotics Control Board (INCB) has reportedly contributed to increased tracing and monitoring of bulk ATS precursor shipments. However, ATS manufacturers are adapting their production methods as part of ongoing efforts to circumvent global precursor control regimes (BINLEA 2012).

Instances of manufacturers replacing traditional precursors (such as pseudoephedrine) with alternate or modified precursors not under international control have been reported. An example is the use of alphaphenylacetoacetonitryl (APAAN), a non-controlled substance which can easily be converted into 1-phenyl-2-propanone (P2P[3]). Traffickers have also used substances such as bisulfite adducts or glycidates to chemically conceal the structure of selected precursors as part of efforts to evade law enforcement detection (UNODC 2012a).

Illicit drug manufacture in Europe is growing in scale and sophistication. The use of custom made industrial equipment has resulted in increased production capacity, raising yields from 5 to 8 kilograms to between 30 and 40 kilograms per manufacturing cycle (EMCDDA 2011b; UNODC 2012a). In January 2012, European law enforcement authorities reported the disruption of an international organised crime network responsible for large-scale production and trafficking of ATS. The operation dismantled 3 clandestine laboratories in Bulgaria, seizing over 100 kilograms of amphetamine and significant quantities of precursor chemicals from locations in Sweden, The Netherlands and Bulgaria (EUROPOL 2012).

Precursor seizures and clandestine laboratory detections highlight the ongoing production of ATS in Africa, particularly West Africa. According to media reporting, Nigerian authorities detected a clandestine laboratory operating in Lagos in February 2012, seizing 4.8 kilograms of methylamphetamine, 41 kilograms of ephedrine and laboratory equipment (Giade 2012). African countries continue to be targeted by criminal networks seeking to access precursor chemicals for ATS, heroin and cocaine production. However, estimating the scale of precursor flows and diversion through Africa is difficult due to inadequate reporting regimes and limited law enforcement capacity among several African nations (INCB 2012).

2 Also known as PMK.
3 P2P is a primary precursor for methylamphetamine production.

Myanmar and Malaysia continue to feature as prominent producers of ATS in South-East Asia. In December 2011, Malaysian authorities seized 5 million pseudoephedrine tablets weighing 903 kilograms (UNODC 2012a). Media sources report that Malaysian authorities dismantled several clandestine laboratories, including one in April 2012, which was believed to be supplying methylamphetamine to the local market. During the operation, 8 litres of methylamphetamine oil and 2.2 kilograms of methylamphetamine were seized by authorities (The Star Online 2012). In 2011, Myanmar authorities seized 1 680 kilograms of tablets containing pseudoephedrine. Laos is recognised as an important transit point for ATS and precursor chemicals trafficked to other countries in the region (BINLEA 2012; UNODC 2012b).

In 2005, global seizures of MDP2P began to decline sharply, particularly in Europe, with minimal seizures reported in 2009. Increased controls and legal provisions in China reduced the production of MDP2P which, along with successful law enforcement interventions, decreased the availability of the precursor. The shortage of MDP2P has been linked to a decline in the availability of ecstasy tablets containing MDMA. However, manufacturers are now finding alternative chemicals as their starting material for MDMA. While the contents of tablets sold as 'ecstasy' remain diverse, there are indications in Europe that powders and tablets containing high doses of MDMA are becoming more common (EMCDDA 2012; UNODC 2012a).

DOMESTIC TRENDS

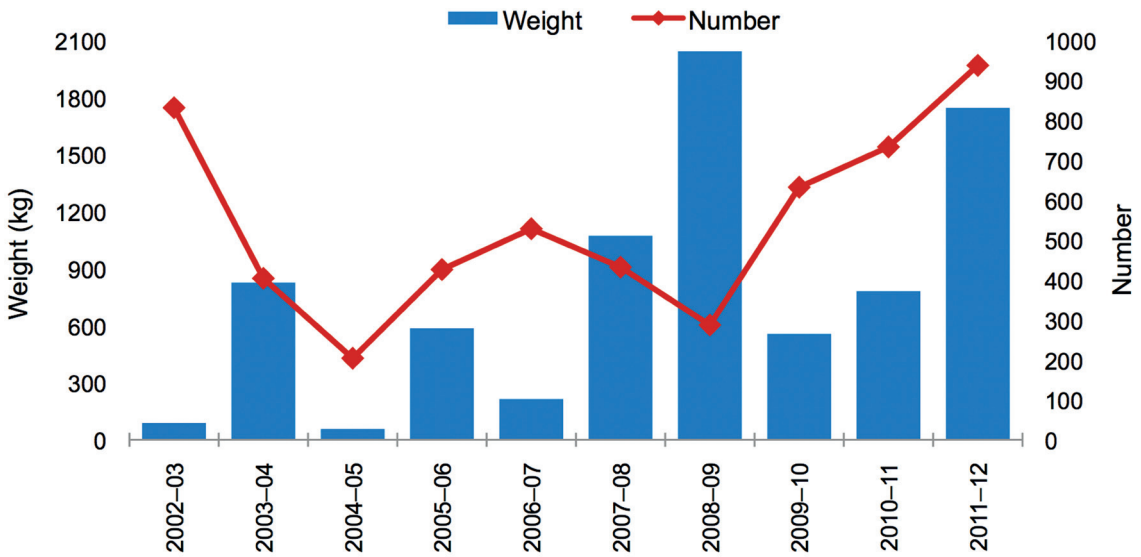
AUSTRALIAN BORDER SITUATION

In recognition of ATS as the dominant illicit drug manufactured in Australian clandestine laboratories, border detection data will focus on ATS (excluding MDMA) precursor and MDMA precursor detections. In 2011–12, ATS (excluding MDMA) precursor border detection data included ephedrine, pseudoephedrine and phenyl-2-propane (P2P). MDMA precursor border detections included safrole, piperonal, isosafrole and MDP2P.

In the last decade, both the number and weight of ATS (excluding MDMA) precursor border detections have fluctuated. In 2011–12, the number of detections increased by 27.8 per cent, from 733 in 2010–11 to 937 in 2011–12. The total weight of ATS (excluding MDMA) precursor detections increased by 123.5 per cent, from 780.7 kilograms in 2010–11 to 1 744.6 kilograms in 2011–12. This is the second highest detection weight in the last decade, following a high of 2 041 kilograms[4] reported in 2008–09 (see Figure 77).

4 In 2008–09, the 2 041 kilograms of ATS precursors detected at the Australian border was ephedrine and pseudoephedrine.

FIGURE 77: Number and weight of ATS (excluding MDMA) precursor detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)

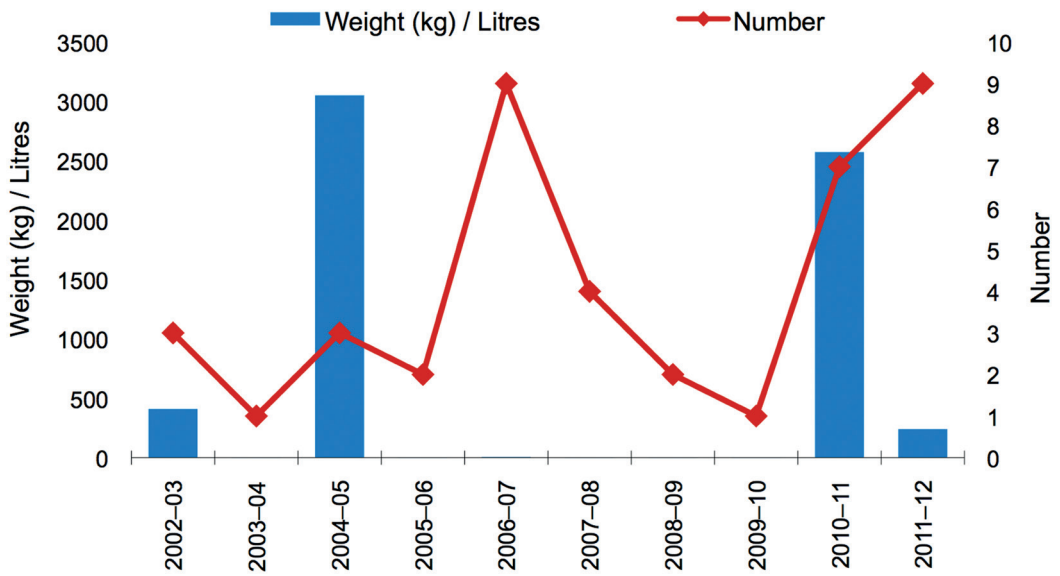


During this reporting period, ephedrine and pseudoephedrine accounted for the overwhelming majority of ATS (excluding MDMA) precursor detections, by both number and weight. P2P accounted for just 0.3 per cent of the total number and 0.03 per cent of the total weight of detections. Approximately one-third of the ATS (excluding MDMA) precursor detections weighed over a kilogram, and accounted for 96 per cent of the total weight of ATS precursor detections.

Since 2002–03, the number of MDMA precursor detections at the Australian border has remained low. The number of detections increased from 7 in 2010–11 to 9 in 2011–12. This is equal to detection numbers reported in 2006–07. In the last decade, the quantity of MDMA precursor detections has fluctuated, with the total weight of detections exceeding 1 kilogram in only five reporting periods.[5] In 2011–12, 240 litres of MDMA precursors were detected at the border, compared to 2 570 litres of MDMA precursors in 2010–11 (see Figure 78).

5 The highest detection weight was recorded in 2004–05, when 3 050 kilograms of MDP2P—a pre-precursor used to manufacture MDMA—was detected in two sea cargo consignments from China in December 2004 and February 2005.

FIGURE 78: Number and weight/litres[a] of MDMA precursor detections at the Australian border, 2002–03 to 2011–12 (Source: Australian Customs and Border Protection Service)



a. Significant detections of MDMA precursors occur in both litres and kilograms. As this figure reflects two units of measurement, it is necessary to refer to comment on 'Significant Border Detections' for individual reporting periods to determine the related unit of measurement.

SIGNIFICANT BORDER DETECTIONS

Significant border detections of ATS (excluding MDMA) precursors in 2011–12 included:

- 118.4 kilograms of pseudoephedrine detected on 7 November 2011, in boxes of raisins, via sea cargo from Afghanistan to Sydney
- 73 kilograms of pseudoephedrine detected on 23 May 2012, inside drums of olive oil, via sea cargo from Lebanon to Sydney
- 41 kilograms of pseudoephedrine detected on 5 September 2011, in boxes of tea, via sea cargo from China to Sydney
- 18 kilograms of pseudoephedrine detected on 1 September 2011, in food satchels, via parcel post from Vietnam to Sydney
- 15.5 kilograms of pseudoephedrine detected on 29 November 2011, in various food items in the baggage of an air passenger travelling from Vietnam to Sydney.

These five detections had a combined weight of 265.9 kilograms, which accounts for 15 per cent of the total weight of ATS (excluding MDMA) precursors detected at the Australian border in 2011–12.

Significant border detections of MDMA precursors in 2011–12 included:

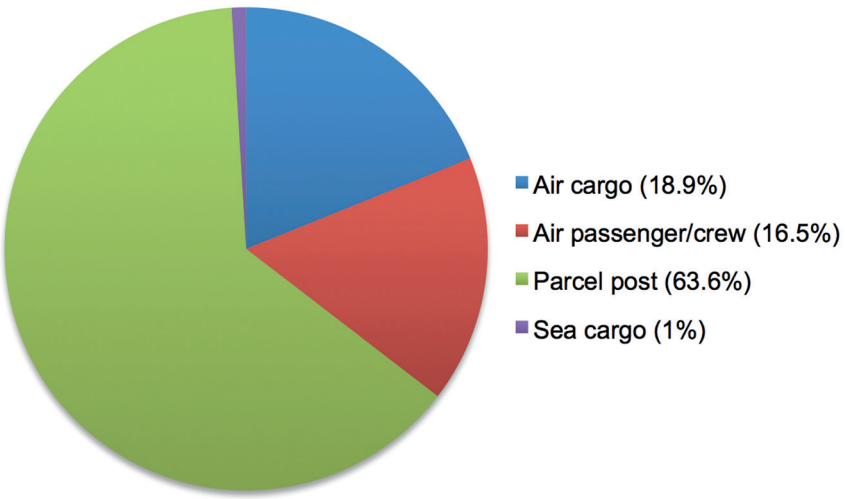
- 240 litres of safrole detected on 26 August 2011, via sea cargo from China to Sydney
- 145.3 grams of isosafrole detected on 13 October 2011, via parcel post from the United Kingdom to Sydney
- 11.6 grams of MDP2P detected on 5 February 2012, via parcel post from Thailand to Sydney
- 8.7 grams of isosafrole detected on 31 January 2012, via parcel post from Thailand to Sydney
- 8.7 grams of piperonal detected on 6 November 2011, in the luggage of an air passenger travelling from Vietnam to Sydney.

These five detections accounted for 99.9 per cent of the total quantity of MDMA precursors detected at the Australian border in 2011–12.

IMPORTATION METHODS

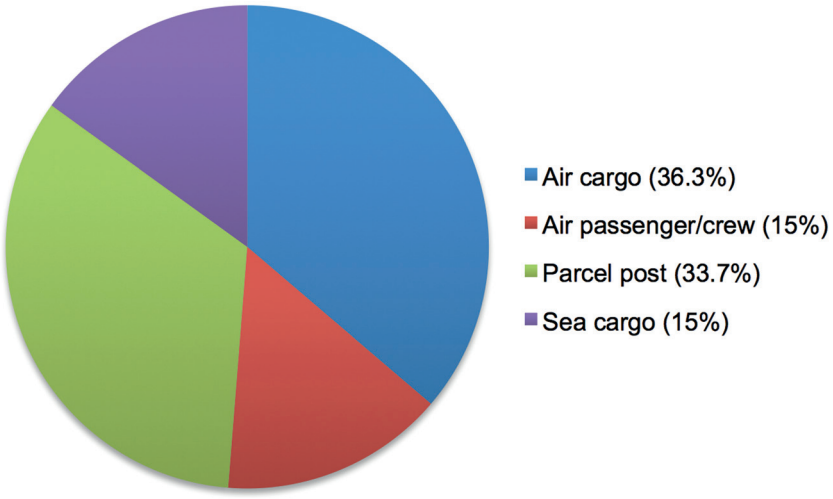
In 2011–12, parcel post accounted for 63.6 per cent of ATS (excluding MDMA) precursor detections by number. This was followed by air cargo, which accounted for 18.9 per cent (see Figure 79).

FIGURE 79: **Number of ATS (excluding MDMA) precursor detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)**



In terms of weight, the air cargo stream accounted for 36.3 per cent of the total weight of ATS (excluding MDMA) precursor detections during 2011–12, while parcel post accounted for 33.7 per cent (see Figure 80).

FIGURE 80: **Weight of ATS (excluding MDMA) precursor detections at the Australian border, as a proportion of total weight, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)**



In 2011–12, 6 detections in the parcel post stream accounted for 66.7 per cent of MDMA precursor detections at the Australian border. A single 240 litre sea cargo detection accounted for 99.9 per cent of the total quantity of MDMA precursor detections in 2011–12 (see Figures 81 and 82).

FIGURE 81: **Number of MDMA precursor detections at the Australian border, as a proportion of total detections, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)**

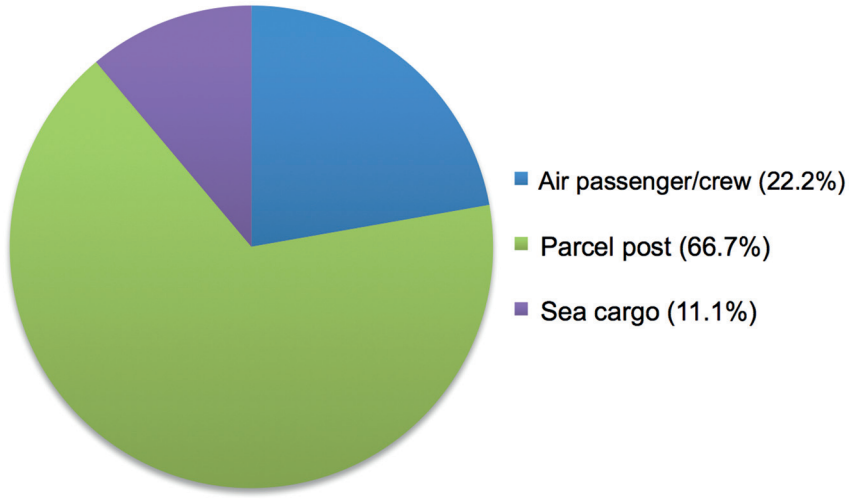
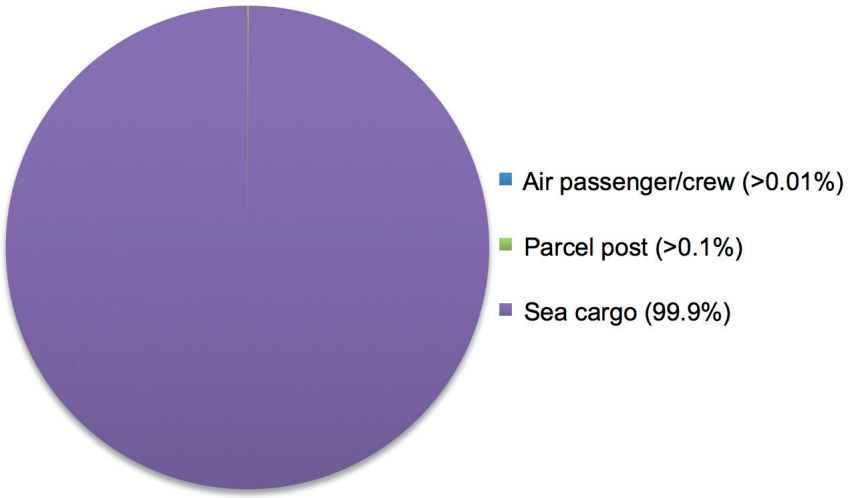


FIGURE 82: **Weight/litres of MDMA precursor detections at the Australian border, as a proportion of total weight, by method of importation, 2011–12 (Source: Australian Customs and Border Protection Service)**



EMBARKATION POINTS

In 2011–12, 36 embarkation points were identified for ATS (excluding MDMA) precursor detections at the Australian border. China was the prominent embarkation point, accounting for 15.8 per cent of the total number and 25.6 per cent of the total weight of detections.

In 2011–12, Thailand was the prominent embarkation point for MDMA precursor border detections by number, while China was the prominent embarkation point by quantity.

TABLET PRESS DETECTIONS

On 1 March 2010, tablet presses became a prohibited import in accordance with the *Customs (Prohibited Imports) Regulations 1956* (AGD 2010, AG 2012). In 2011–12, there were 20 detections at the Australian border, of which 14 were tablet press parts and 6 were whole machines. The majority of detections occurred in the air cargo stream, with only 1 detection in the sea cargo stream.

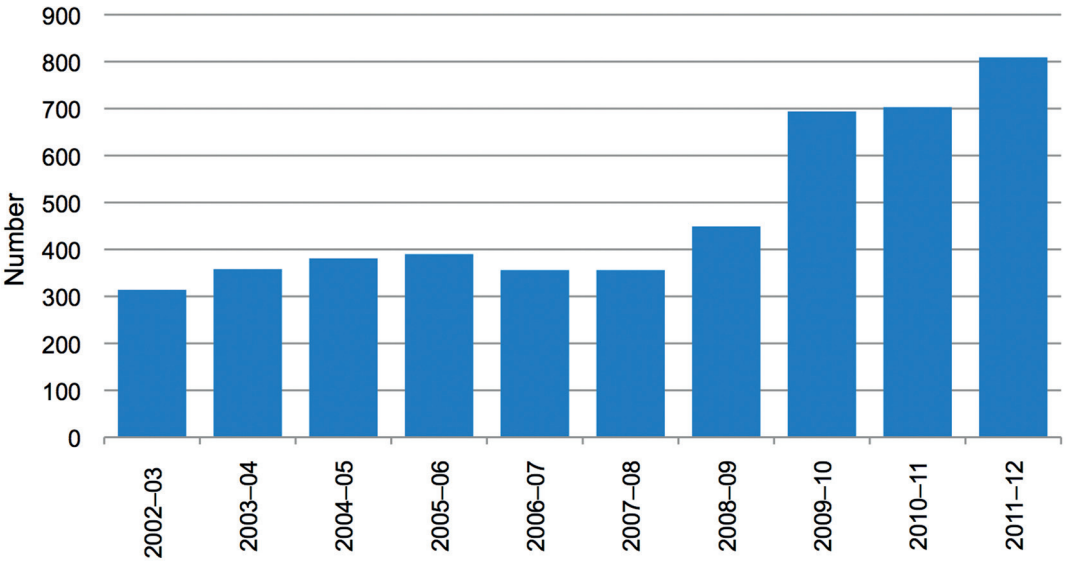
DOMESTIC MARKET INDICATORS

The number of clandestine laboratory detections is not indicative of production output, which is calculated using a number of variables including size of reaction vessels, amount and type of precursor chemicals used, the skill of people involved and the method of manufacture. However, regardless of their size, the residual contamination arising from illicit drug manufacture presents a serious risk to human and environmental health. In 2011, the Australian Government launched the *Clandestine Drug Laboratory Remediation Guidelines* in recognition of the hazardous nature of clandestine laboratories (AGD 2011).

CLANDESTINE LABORATORY DETECTIONS

Following a relatively stable period between 2003–04 and 2007–08, the number of clandestine laboratories detected nationally has increased. In 2011–12, the number of clandestine laboratories detected in Australia increased by 15 per cent, from 703 in 2010–11 to 809 in 2011–12 and is now the highest on record (see Figure 83). This figure represents a 157.6 per cent increase from the 314 detected in 2002–03.

FIGURE 83: National clandestine laboratory detections, 2002–03 to 2011–12



South Australia and Western Australia were the only jurisdictions to report a decrease in clandestine laboratory detections in 2011–12 (see Table 26). Queensland continues to account for the highest proportion of national clandestine laboratory detections. The number of clandestine laboratories detected in Queensland increased 29.3 per cent this reporting period, from 293 in 2010–11 to 379 in 2011–12.

In 2011–12, Victoria reported the greatest percentage increase in clandestine laboratory detections and the second highest number of detections for that jurisdiction in the last decade. Clandestine laboratory detections in Tasmania increased from 11 in 2010–11 to 15 in 2011–12, the highest number of detections on record for that jurisdiction. South Australia reported the greatest percentage decrease (22.6 per cent) and the lowest number of detections for that jurisdiction since 2006–07.

TABLE 26: Number of clandestine laboratory detections, by state and territory, 2002–03 to 2011–12

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
2002–03	47	19	171	34	36	2	3	2	**314**
2003–04	61	20	189	48	33	1	6	0	**358**
2004–05	45	31	209	25	44	3	21	3	**381**
2005–06	55	47	161	50	58	5	12	2	**390**
2006–07	49	72	132	51	37	9	1	5	**356**
2007–08	51	76	121	69	30	2	1	6	**356**
2008–09	67	84	148	65	78	0	7	0	**449**
2009–10	82	113	297	71	118	1	12	0	**694**
2010–11	87	63	293	75	171	11	2	1	**703**
2011–12	90	99	379	58	160	15	7	1	**809**

SIZE AND PRODUCTION CAPACITY

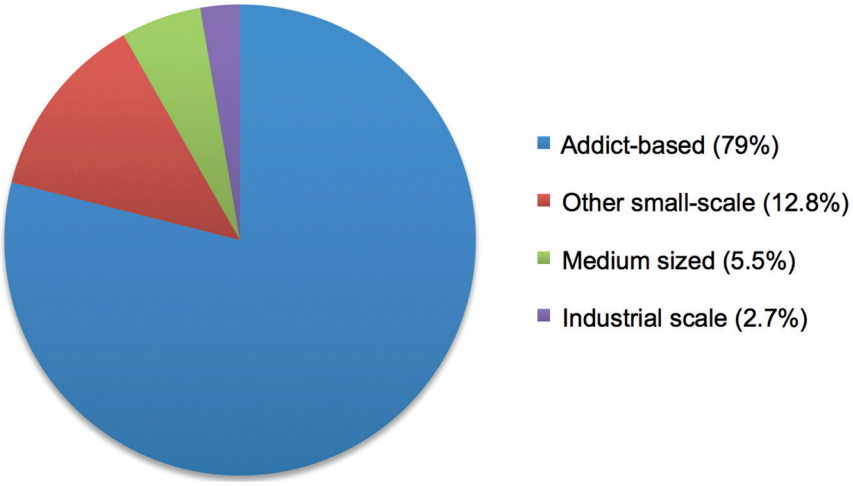
There is currently no recognised standard, either in Australia or internationally, for measuring the size or production capacity of clandestine laboratories. In 2011–12, state and territory police services were asked to provide an indication of size and production capacity of detected laboratories using categories provided by the United Nations Office of Drugs and Crime in their data collection for the World Drug Report. Full definitions for the four categories—addict-based, other small-scale, medium-scale and industrial-scale—can be found within the *Statistics* chapter. Approximately 90 per cent of clandestine laboratories detected in 2011–12 were able to be categorised using these definitions.

In 2011–12, clandestine laboratories detected in Australia ranged from addict-based labs, which typically use only basic equipment and simple procedures to manufacture less than 50 grams per production cycle, through to industrial-scale laboratories, using oversized equipment and typically manufacture 50 kilograms or more per production cycle.

During this reporting period, for those able to be categorised, the majority of detected clandestine laboratories were addict-based laboratories (see Figure 84).[6] In Queensland and Western Australia, approximately 90 per cent of laboratories detected were addict-based. By comparison, approximately 50 per cent of laboratories detected in New South Wales were categorised as medium to industrial scale laboratories.

6 This is the first time jurisdictions have provided an indication of the size and production capacity of detected laboratories. Figures were not available for all clandestine laboratories detected.

FIGURE 84: Category of detected clandestine laboratory, by size and production capacity, 2011–12



DRUG TYPES AND METHODS OF PRODUCTION

Clandestine laboratories manufacturing ATS (excluding MDMA) continue to represent the majority (66 per cent) of detections by drug production type in Australia. In 2011–12, methylamphetamine was the main drug produced in detected laboratories, with minimal amphetamine production reported (see Table 27).

TABLE 27: Number of clandestine laboratory detections, by drug production type and state and territory, 2011–12

State/ Territory	ATS (excluding MDMA)	MDMA	Homebake Heroin	Cannabis oil extraction	PSE [a] extraction	GHB/ GBL	Chemicals/ Glassware/ Equipment Only[b]	Other[c]	Unknown[d]	Total[e]
NSW	75	2	1	0	0	1	8	1	2	**90**
Vic	71	0	1	2	7	1	0	1	15	**98**
Qld	187	0	1	0	3	2	0	2	186	**381**
SA	47	0	0	0	3	1	0	0	10	**61**
WA	156	0	0	0	0	1	2	4	0	**163**
Tas	14	0	0	1	1	0	11	0	0	**27**
NT	2	0	0	0	2	0	7	0	0	**11**
ACT	0	0	0	0	1	0	0	0	0	**1**
Total	**552**	**2**	**3**	**3**	**17**	**6**	**28**	**8**	**213**	**832**

a. Pseudoephedrine.
b. The seizure of glassware or equipment only is not categorised as a laboratory detection in some jurisdictions.
c. 'Other' refers to the detection of other illicit drug manufacture.
d. 'Unknown' includes seized substances which were unable to be identified or are awaiting analysis.
e. Total may exceed the number of clandestine laboratory detections due to multiple drug production types being identified at single laboratories.

The number of ATS (excluding MDMA) laboratory detections decreased this reporting period from 556 in 2010–11 to 552 in 2011–12. Since 2000–01, Queensland has accounted for the greatest proportion of ATS (excluding MDMA) clandestine laboratory detections. Western Australia has accounted for the second highest proportion since 2008–09.

Detections of clandestine laboratories manufacturing MDMA remain low, decreasing from 16 in 2010–11 to 2 in 2011–12. New South Wales has accounted for the highest proportion of MDMA clandestine laboratory detections since 2004–05. In 2011–12, New South Wales reported both of the MDMA detections, which were tableting laboratories only.

In 2011–12, there was a 50 per cent decrease in the number of detected laboratories where pseudo/ephedrine extraction was occurring, from 34 in 2010–11 to 17 in 2011–12.

The number of homebake heroin detections decreased from 4 in 2010–11 to 3 in 2011–12, with New South Wales, Victoria and Queensland recording one detection each. In 2011–12, 6 clandestine laboratories manufacturing GHB/GBL were detected across five jurisdictions.

While cannabis oil extraction laboratories continue to be detected in Australia, numbers remain low. There have been 3 detections reported in each reporting period since 2007–08. In 2011–12, there were 2 cannabis oil extraction laboratories detected in Victoria and 1 in Tasmania.

Clandestine laboratories detected in Australia are also manufacturing a range of precursors and pre-precursors. In 2011–12, these included ephedrine, P2P, liquid ammonia and nitroethane.

The hypophosphorous and Nazi/Birch methods of ATS (excluding MDMA) manufacture remain the dominant production methods identified in detected clandestine laboratories (see Table 28).

TABLE 28: Method of ATS (excluding MDMA) production in clandestine laboratory detections, by state and territory, 2011–12

State/ Territory	Hypophosphorous (Iodine)	Red-phosphorus (Hydriotic)	Nazi/Birch (Lithium/ Ammonia)	Phenyl-2-Propanone (P2P)	Other[a]	Total[b]
NSW	62	0	2	2	9	**75**
Vic	39	7	2	9	1	**58**
Qld	201	38	0	2	0	**241**
SA	39	6	0	2	2	**49**
WA	0	6	149	0	1	**156**
Tas	6	0	4	1	0	**11**
NT	7	0	0	0	0	**7**
ACT	0	0	0	0	0	**0**
Total	**354**	**57**	**157**	**16**	**13**	**597**

a. 'Other' includes the detection of other ATS (excluding MDMA) production methodologies.
b. Total may exceed the number of ATS (excluding MDMA) clandestine laboratory detections due to multiple methods of production being identified at a single laboratory.

In 2011–12, the number of laboratories identified using the hypophosphorous method of manufacture increased 25.5 per cent, from 282 in 2010–11 to 354 in 2011–12, and continues to account for the greatest proportion of ATS (excluding MDMA) laboratory detections. Queensland continues to account for the greatest proportion of detected hypophosphorous clandestine laboratories, followed by New South Wales, Victoria and South Australia.

The proportion of clandestine laboratories using the Nazi/Birch method decreased by 14.2 per cent, from 183 in 2010–11 to 157 in 2011–12. These laboratories continue to be predominantly detected in Western Australia. Following the first detection of Nazi/Birch laboratories in Tasmania in 2010–11, 4 laboratories using this method of production were detected in Tasmania in 2011–12.

Detections of the red phosphorous production method increased from 37 in 2010–11 to 57 in 2011–12. Queensland continues to account for the greatest proportion of detected red phosphorous laboratories, increasing from 29 in 2010–11 to 38 in 2011–12.

The number of clandestine laboratories identified as using the P2P method of production has fluctuated over recent reporting periods. In 2011–12, this method was identified in 16 laboratories compared to 17 in 2010–11. In Victoria, 9 laboratories were detected in 2011–12 using this method of production, compared to 2 in 2010–11.

SIGNIFICANT PRECURSOR SEIZURES

While the majority of detected clandestine laboratories in Australia were categorised as addict-based, illicit drug manufacture in Australia does include medium to industrial scale clandestine laboratories. This is evidenced by the 11 tonnes hypophosphorous acid seizure in 2011–12. In addition to this single large seizure, the following provides a snapshot of other significant national precursor seizures that occurred in 2011–12:

- 542 kilograms of pseudoephedrine (ContacNT) concealed in multiple shipping containers in New South Wales
- 159 litres of benzaldehyde seized in Victoria
- 100 litres of hypophosphorous acid imported in two consignments from China to Queensland
- 75 litres of hypophosphorous acid in three separate 25 litre seizures in South Australia
- 50 litres of hypophosphorous acid located at a clandestine laboratory in Victoria
- 28 kilograms of manganese (II) acetate seized in Queensland[7]
- 25 kilograms of iodine seized in Victoria
- 20 litres of safrole located at a clandestine laboratory in Victoria
- 10 litres of hypophosphorous acid seized in Queensland.

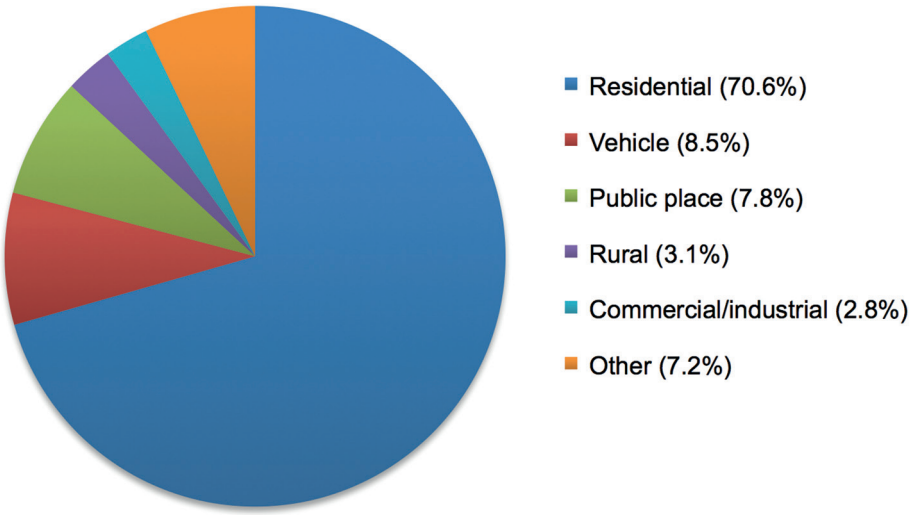
It is estimated that the nine precursor seizures listed above had the potential to produce nearly 600 kilograms of high purity ATS.

LOCATION AND CATEGORY

Residential areas remain the prominent location of clandestine laboratory detections in Australia. In 2011–12, 70.6 per cent of detected clandestine laboratories were located in residential areas, followed by vehicles (8.5 per cent) and public places (7.8 per cent) (see Figure 85).

7 Manganese (II) acetate is a pre-precursor used in the manufacture of P2P, which is a precursor used in the production of methylamphetamine.

FIGURE 85: Location of clandestine laboratory detections, 2011–12

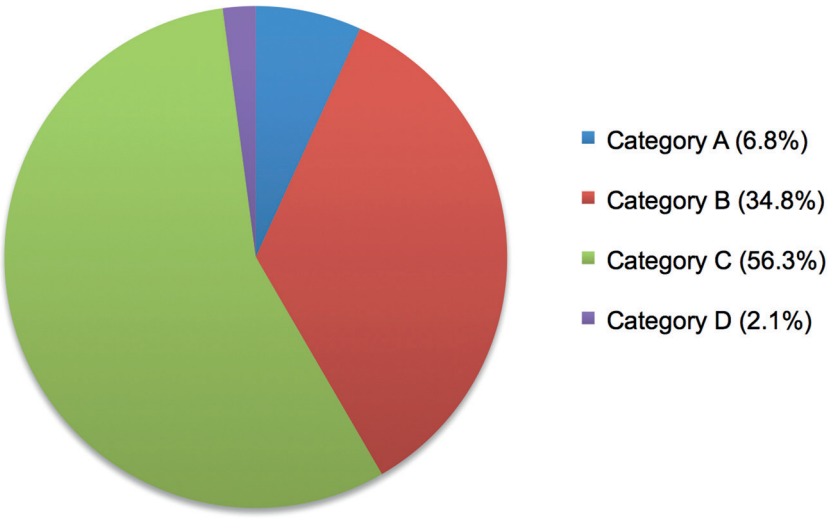


There are four distinct categories of clandestine laboratories:

- Category A—active (chemicals and equipment in use)
- Category B—stored/used (equipment or chemicals)[8]
- Category C—stored/unused (equipment or chemicals)
- Category D—historical site.

Category C (stored/unused) remained the most common category for clandestine laboratories detected in Australia, accounting for 56.3 per cent of detections in 2011–12. This is an increase from 50.2 per cent in 2010–11. This was followed by Category B (stored/used), accounting for 34.8 per cent of detected laboratories. The proportion of Category A (active sites) remains low, accounting for 6.8 per cent in 2010–11 and 2011–12 (see Figure 86).

FIGURE 86: Category of clandestine laboratory detections, 2011–12



8 Laboratories which are fully assembled, but not active at the time of detection.

NATIONAL TABLET PRESS SEIZURES

In 2011–12, there were 17 tablet presses[9] seized nationally, compared to 60 seizures in 2010–11. The majority of 2011–12 seizures occurred in New South Wales.

Nationally, detections of illicit drugs in capsule form have increased. A 2011 study of regular ecstasy users reported a significant increase in those using capsules of ecstasy, from 47 per cent in 2010 to 53 per cent in 2011 (Sindicich & Burns 2012). Jurisdictions have reported an increase in the number of encapsulators located at detected clandestine laboratories over recent reporting periods, which increased over 100 per cent this reporting period, from 6 in 2010–11 to 13 in 2011–12.

NATIONAL IMPACT

In 2011–12, the number of ATS (excluding MDMA) precursor border detections increased and is now the highest reported in the last decade. The total weight of detections also increased and is the second highest weight reported in the last decade. The number of MDMA precursor border detections remains low, with a single sea cargo detection accounting for 99.9 per cent of the total quantity of detections during 2011–12. In addition to the record hypophosphorous seizure, there were a number of national significant precursor seizures in 2011–12, which had the potential to produce nearly 600 kilograms of high purity ATS.

A record 809 clandestine laboratories were detected in Australia in 2011–12. The majority of these laboratories were manufacturing ATS (excluding MDMA), using the hypophosphorous method of production. In 2011–12, the number of detected laboratories manufacturing MDMA decreased considerably, from 16 in 2010–11 to 2 in 2011–12. Residential areas remain the most common location for clandestine laboratory detections.

In 2011–12, clandestine laboratories detected in Australia ranged from addict-based through to industrial scale laboratories. Of those laboratories able to be categorised, 79 per cent were addict-based laboratories, using basic equipment, simple procedures and typically manufacturing less than 50 grams of ATS (excluding MDMA) per cycle. In Queensland and Western Australian, approximately 90 per cent of detected laboratories were categorised as addict-based in 2011–12.

9 Simple and rotary presses.

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INITIATIVES

KEY POINTS

The Australian Government Health portfolio continues to work in close partnership with Commonwealth, state and territory health and law enforcement agencies to address illicit drug issues.

Recent initiatives include raising awareness of young Australians of the harms associated with illicit drug use, and supporting and promoting drug and alcohol treatment services for vulnerable populations across Australia.

INTRODUCTION

Illicit drug initiatives have been developed by law enforcement, health authorities and other government and non-government agencies in the pursuit of effective outcomes. This chapter outlines a variety of initiatives reported by the Commonwealth Department of Health and Ageing (DoHA).

NATIONAL

Since 1985, DoHA has worked in close partnership with Commonwealth, state and territory health and law enforcement agencies to address illicit drug issues under the National Drug Strategy (NDS). DoHA supports the balanced, evidence-based approach to drug issues set out in the NDS—which encompasses the three pillars of supply, demand and harm reduction. Under the current *NDS 2010–2015* framework, DoHA continues to deliver a range of initiatives aimed at preventing illicit drug use and reducing the related harms caused to individuals, families and the community.

The National Illicit Drug Diversion Initiative (IDDI) is a key example of successful partnerships. The IDDI provided funding to state and territory police services in partnership with their respective health departments to legislate diversion programmes. This enabled law enforcement, where appropriate, to divert persons apprehended for minor drug offences away from the criminal justice system and into assessment and treatment programmes. The initiative was based on the premise that intervention would break the cycle of offending. The success of this initiative has seen early intervention and diversion programs become an established and successful part of the harm minimisation approach.

NON-GOVERNMENT ORGANISATION TREATMENT GRANTS PROGRAM (NGOTGP)

This program provides funding to non-government organisations (NGOs) to operate a range of drug and alcohol treatment services. Funding provided under this program aims to strengthen the capacity of NGOs to achieve improved service outcomes and to increase the number of treatment places available.

Activities funded under NGOTGP provide treatment services that include, but are not limited to, outpatient counselling, outreach support, peer support, home detoxification, therapeutic communities and rehabilitation.

Approximately $239 million has been provided to the NGO sector since 1997 to the end of 2011–12. A further $125.5 million in funding will be made available for the program for the period 2012–13 to 2014–15.

IMPROVED SERVICES FOR PEOPLE WITH DRUG AND ALCOHOL PROBLEMS AND MENTAL ILLNESS INITIATIVE (IMPROVED SERVICES INITIATIVE)

This initiative is part of the Commonwealth's component of the Commonwealth Council of Australian Governments (COAG) National Action Plan on Mental Health 2006–2011. The aim of the initiative is to build the capacity of non-government drug and alcohol treatment services to effectively address and treat coinciding mental illness and substance use and misuse. Through this initiative, drug and alcohol workers are provided access to specialist training and resources to assist them in recognising mental illness in those engaged in drug use.

Key components of the initiative in 2011–12 are:

- individual treatment service grants to build capacity to respond to clients with co-existing drug and mental health conditions
- funding to peak drug and alcohol bodies in each state and territory to enhance cross-sectoral support and strategic partnerships between the alcohol and other drugs, mental health, primary care and community support sectors.

THE NATIONAL DRUGS CAMPAIGN

The National Drugs Campaign (the Campaign) is a key prevention element of the Australian Government's contribution to the NDS 2010–2015. The Campaign provides a package of activities aimed at reducing the demand for illicit drugs by educating and informing young people and their parents of the negative consequences of illicit drug use. The campaign has been running since 2001 and has provided an avenue for providing timely and accurate advice on new and emerging drugs of concern.

From December 2011 to June 2012, the campaign focused on reducing the uptake of ecstasy and other illicit drugs among young Australians by raising awareness of the harms associated with drug use and encouraging and supporting decisions not to use. The campaign featured radio, print and outdoor advertising, cinema advertising, festival sponsorship and a campaign website.

NATIONAL CANNABIS PREVENTION AND INFORMATION CENTRE

The National Cannabis Prevention and Information Centre (NCPIC) was established by the Australian Government in 2007 in response to community concerns about cannabis use. NCPIC, located at the University of New South Wales, is operated by a national consortium led by the National Drug and Alcohol Research Centre, and includes the National Drug Research Institute, Australian Institute of Criminology, Lifeline, Orygen Research Centre, Ted Noffs Foundation and the National Centre for Education and Training on Addiction.

NCPIC aims to reduce cannabis uptake and the harms associated with its use in the community by providing high-quality and evidence-based information on cannabis use and related harms, as well as evidence-based interventions and support services to respond to people experiencing cannabis related problems. Young Australians and Aboriginal and Torres Strait Islanders have been identified as a particular target audience for NCPIC activities.

NCPIC continues to provide:

- the national Cannabis Information and Helpline (CIH), which provides callers with evidence-based information on cannabis, as well as targeted advice and brief interventions for cannabis users, their families and concerned others
- training in every state and territory to a range of groups, including specialist drug and alcohol workers in both government and non-government organisations and Divisions of General Practice, on the delivery of motivational and brief interventions for cannabis related problems
- social marketing resources, including factsheets, research briefs, posters and pamphlets on cannabis and its related harms
- clinical tools and approaches to reducing individual cannabis use, including a postal intervention, web-based intervention, telephone intervention via the CIH, cannabis withdrawal scale and a youth-focused assessment for mental health setting.

The Australian Government has committed funding of $12.9 million for 2010–2014 in continued support of NCPIC.

NATIONAL RESEARCH CENTRES OF EXCELLENCE

DoHA supports strategic research in the alcohol and other drugs (AOD) sector by funding three National Research Centres of Excellence. Each Centre has a distinct role in terms of research and advice provided to Government.

National Drug and Alcohol Research Centre (NDARC): situated at the University of New South Wales, focuses on research and data collection that underpins Australia's understanding of the nature and extent of drug use and harms, evidence about new and emerging treatment options and analysis of effectiveness and outcomes of drug and alcohol interventions. NDARC is supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvements Grants Fund.

National Drug Research Institute (NDRI): situated at Curtin University in Western Australia, was formed in 1986 and plays a key role in national harm prevention strategies through research designed to establish the preventive potential of legislative, economic, regulatory and educational interventions.

National Centre on Education and Training on Addiction (NCETA): located within the School of Medicine at Flinders University in South Australia, is a collaborative venture between Flinders University, DoHA and the South Australian Department of Health. NCETA is focused on workforce strategies and drug and alcohol issues in the workplace, advancing the capacity of health and human services organisations and workers to respond to alcohol and drug related problems.

DRUG TRENDS PROGRAM

The Drug Trends Program at the National Drug and Alcohol Research Centre incorporates the Illicit Drug Reporting System (IDRS), the Ecstasy and Related Drugs Reporting System (EDRS) and the National Illicit Drug Indicators Project (NIDIP).

This program improves Australia's capacity to monitor changing drug patterns in a timely manner and to effectively disseminate this information to government and other stakeholders.

The IDRS is a strategic early warning system which monitors new and emerging patterns of injecting drug use and the EDRS monitors a sentinel group of regular ecstasy users to identify new and emerging amphetamine-type stimulants. NIDIP provides a broader context for interpretation of IDRS and EDRS findings through analyses of the epidemiological data on trends in harms related to alcohol and other drugs.

2010 NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY REPORT

DoHA commissioned the 2010 National Drug Strategy Household Survey Report (NDSHS), which was released on 27 July 2011. The NDSHS is a comprehensive population-based survey of approximately 26 000 people in Australia aged 12 years or older on substance use and related issues. It is the principal data collection used to monitor drug trends and evaluate prevalence of use in Australia under the National Drug Strategy.

SUBSTANCE MISUSE GRANTS—NEW FUNDING ARRANGEMENTS

In May 2011, the Government reaffirmed its commitment to address illicit drug use through its announcement to establish the substance misuse service delivery and the substance misuse prevention and service improvement grants funds from 1 July 2012. These funds were established as a result of a strategic review of the administrative arrangements in the Health and Ageing portfolio, commissioned by the Government in 2010, and will improve the management of existing programs by consolidating them into larger, flexible funds while cutting red tape.

SUBSTANCE MISUSE SERVICE DELIVERY GRANTS FUND

In the 2011 budget, the Australian Government allocated $559.4 million for the period 2011–12 to 2014–15 to the Substance Misuse Service Delivery Grants Fund. It will support those services targeting Aboriginal and Torres Strait Islander people and vulnerable groups, including people from rural and remote locations and those experiencing homelessness.

The service delivery fund's primary objective is to better promote and support drug and alcohol treatment services across Australia, to build capacity and to effectively identify and treat coinciding mental illness and substance use. The fund will aim to improve the health and social outcomes of those Australians with substance use issues, including aiding recovery and reducing homelessness or the risk of homelessness.

SUBSTANCE MISUSE PREVENTION AND SERVICE IMPROVEMENT GRANTS FUND

In the 2011 Budget, the Australian Government allocated $86 million for the period 2011–12 to 2014–15 to the Substance Misuse Prevention and Service Improvement Grants Fund. The Fund's primary objective is to support prevention of substance use and to promote service improvement within the drug and alcohol and related sectors.

STATE AND TERRITORY LEGISLATION AMENDMENTS AND INITIATIVES

INTRODUCTION

This chapter provides an overview of recently proposed or implemented legislative and regulatory changes and law enforcement initiatives related to illicit drugs in Australian states and territories. Contributions to this chapter were provided by each state and territory police service. Information contained in this chapter should be used as a guide only. Please refer to the nominated Act or Regulation for further detail.

LEGISLATIVE AND REGULATORY AMENDMENTS

NEW SOUTH WALES (NSW)

TITLE OF ACT/REGULATION

Drug Misuse and Trafficking Act 1985

Date assented: 8 July 2011

PURPOSE

Addition of seven synthetic cannabinoids to Schedule 1 of the *Drug Misuse and Trafficking Act 1985 (DMTA).*

OBJECTIVES

The seven compounds are types of 'synthetic cannabinoid substances', marketed commercially under a number of different names. There are over 200 known synthetic cannabinoid substances. At present, only the seven compounds are prohibited drugs under the DMTA.

TITLE OF ACT/REGULATION

Drug Misuse and Trafficking Act 1985

Date assented: Not yet assented

PURPOSE

Addition of all of the synthetic cannabinoid classes listed in Schedule 9 of the Standard for Uniform Scheduling of Medicines and Poisons (Poison Standard) within NSW legislation.

OBJECTIVES

The addition of these substances will provide consistency between Commonwealth and NSW legislation. On 1 May 2012, a number of synthetic cannabinoids were listed in Schedule 9 of the Commonwealth's Poisons Standard. These cannabinoids are listed in family groups and also include a 'catch-all' of synthetic cannibinomimetics. Whilst the Poison Standard is not law, it is a good platform for NSW to adopt into their legislation.

NEW SOUTH WALES (NSW) CONT.

TITLE OF ACT/REGULATION

NSW Poisons List

Date assented: 8 August 2012

PURPOSE

The addition of 1,3-dimethylamylamine (DMAA) into NSW Poisons List, making it a prohibited substance to supply by retail.

OBJECTIVES

In NSW, DMAA is now included in Schedule 7 of the NSW Poisons List and is a 'highly dangerous substance' as defined in Clause 20 of the Poisons and Therapeutic Goods Regulation 2008. It will be illegal to supply by retail (including offering to supply) 'party pills', body-building supplements or any other product containing DMAA. Provisions have been made for its licit use in specific scientific research.

TITLE OF ACT/REGULATION

NSW Drug Misuse and Trafficking Regulation schedules

Date assented: Not yet assented

PURPOSE

To provide consistency between Commonwealth and NSW legislation, New South Wales Police Force (NSWPF) have submitted a request for a number of chemicals included in the Commonwealth Model Precursor Schedule to be added to Schedule 2 of the NSW Drug Misuse and Trafficking Regulation schedules.

OBJECTIVES

These substances have already been recognised by industry to warrant voluntary controls via the Code of Practice to prevent supply diversion into illicit drug manufacture in Australia. A submission has been made by the NSWPF Drug Squad for these chemicals to be included on Schedule 2 for national consistency.

NEW SOUTH WALES (NSW) CONT.

TITLE OF ACT/REGULATION

Drug Misuse and Trafficking Regulation 2011

Date assented: Not yet assented

PURPOSE

The inclusion of tablet press, encapsulators and parts thereof in the list of 'drug manufacture apparatus' in schedule 3 of the NSW Drug Misuse and Trafficking Regulation.

OBJECTIVES

There is currently no prohibition on possession of encapsulators in NSW, and no prohibition on their import under Commonwealth legislation. They are capable of producing the same large quantities of illicit drugs as tablet presses. There are legitimate concerns that encapsulators are not covered by legislation regulating drug manufacture apparatus and that criminals could use these machines instead of tablet presses to defeat provisions prohibiting import and possession of tablet presses.

After a NSWPF Drug Squad submission regarding encapsulators and tablet press parts, a regulatory impact statement was circulated for comment from interested parties in relation to amendments to the Drug Misuse and Trafficking Regulation 2011. The NSWPF is awaiting the outcome of this process.

NEW SOUTH WALES (NSW) CONT.

TITLE OF ACT/REGULATION

Drug Misuse and Trafficking Regulation 2011

Date assented: Not yet assented

PURPOSE

Expansion of drug manufacturing apparatus listed within schedule 3 of the Drug Misuse and Trafficking Regulation to cover commonly used equipment in a clandestine laboratory.

OBJECTIVES

The NSW Police Force Drug Squad has proposed the following changes to Schedule 3 Drug manufacture or production apparatus—section 24A and clause 7 of the NSW regulations.

(a) change:

'Round bottom reaction flask (capacity 500ml or greater)'

to

'Reaction flask (round / flat - capacity 500ml or greater)'

(b) include: 'Separating funnel (capacity 500ml or greater).

Presently, a flat bottom reaction flask (capacity 500ml or greater) and a separating funnel (capacity 500ml or greater) are not included. This loophole in the current regulations means that some glassware can be easily obtained by criminals without the knowledge of authorities, and without the need to keep auditable records. This equipment directly facilitates the manufacture of illicit drugs and should be included on Schedule 3. The Attorney Generals have taken on board the suggested regulatory amendments but these have not yet been gazetted.

TITLE OF ACT/REGULATION

Drug Misuse and Trafficking Act 1985

Date assented: Not yet assented

PURPOSE

Proposed amendments to the analogue clause of Schedule 1 of the *Drug Misuse and Trafficking Act 1985*.

OBJECTIVES

A submission has been made that the definition of 'analogue' be amended to remove the phrase 'psychotropic properties', as this particular facet of the definition is very difficult to prove. The submission also includes the use of mimics, which is defined as a substance that has, intends to have, or purports to have an effect similar to that of a prohibited drug.

NEW SOUTH WALES (NSW) CONT.

TITLE OF ACT/REGULATION

Drug Misuse and Trafficking Act 1985

Date assented: Not yet assented

PURPOSE

Amendments to Commonwealth or NSW legislation to increase penalties regarding the supply of anabolic or androgenic steroidal (AAS) agents.

OBJECTIVES

In January 2012, a request was received from the Ministry for Police and Emergency Services for advice regarding amendment to the *Drug Misuse and Trafficking Act 1985* (DMTA) concerning the illicit supply of steroids.

It is currently an offence under the *Poisons and Therapeutic Goods Act 1966* (PTGA) to supply prescribed restricted substances, which includes steroids, without authorisation. The NSWPF response was that, while there is in-principle support for an increase to penalties for anabolic or androgenic steroidal (AAS) agents, it appears that any amendment to Schedule 1 of the DMTA to include steroid supply offences would require an amendment to the PTGA to either remove the offence for steroid supply, or remove penalties for steroid supply. The DMTA would then become the reference point for penalties. The submission suggests the simpler solution may be to increase the penalties under the PTGA. The PTGA already treats AAS agents differently to other restricted prescribed substances with harsher penalties. The DMTA does not have any minimum threshold for the various levels of supply. This means there would only need to be a maximum penalty set for incidents involving large commercial supply.

NORTHERN TERRITORY (NT)

TITLE OF ACT/REGULATION

Misuse of Drugs Amendment (Synthetic Cannabinoids) Regulations No. 2 2011 (SL No.33. 2011)

Date assented: 12 August 2011

PURPOSE

To amend schedule 2 of the *Misuse of Drugs Act* to include Synthetic Cannabinoid Substances.

OBJECTIVES

The Misuse of Drugs Amendment (Synthetic Cannabinoids) Regulations No. 2 2011 (SL No.33. 2011) amended schedule 2 of the *Drug Misuse Act* to list locally available synthetic cannabinoid substances as illicit substances.

- 1-Cyclohexylethyl-3-(2-methoxyphenylacetyl)indole *(RCS-8)
- 1-(5-Fluoropentyl)-3-(2-iodobenzoyl)indole *(AM-694)
- 1-(5-Fluoropentyl)-3-(1-naphthoyl)indole *(AM-2201)
- 1-Hexyl-3-(1-naphthoyl)indole *(JWH-019)
- 2-[(1R,3S)-3-Hydroxycyclohexyl]-5-(2-methylnonan-2-yl)phenol *(Cannabicyclohexanol or CP 47,497 C8 homologue)
- 2-[(1R,3S)-3-Hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol *(CP 47,497)
- 9-(Hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)-6A,7,10,10A-tetrahydrobenzo[c]chromen-1-ol *(HU-210)
- 4-Methoxyphenyl(1butyl-1h-indol-3-yl)-methanone *(RCS-4 (C4))
- 2-(2-Methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone *(JWH-250)
- (1-(2-Morpholin-4-ylethyl)indol-3-yl)-naphthalen-1-ylmethanone *(JWH-200)
- Naphthalen-1-yl-(1-butylindol-3-yl)methanone *(JWH-073)
- 1-Pentyl-3-(4-chloro-1-naphthoyl)indole (JWH-398)
- 1-Pentyl-1h-indol-3-yl-(1-naphthoyl)menthane (JWH-175)
- 1-Pentyl-3-[(4-methoxy)-benzoyl]indole (RCS-4)
- 1-Pentyl-3-(4-methoxynaphthoyl)indole (JWH-081)
- 1-Pentyl-3-(4-methyl-1-naphthoyl)indole (JWH-122)
- 1-Pentyl-3-(1-naphthoyl)indole (JWH-018)
- Pravadoline (WIN 48098).

NORTHERN TERRITORY (NT) CONT.

TITLE OF ACT/REGULATION

Misuse of Drugs Amendment (Synthetic Cannabinoids) Regulations No. 2 2011 (SL No.42. 2011)

Date assented: 12 August 2011

PURPOSE

To amend schedule 2 of the *Misuse of Drugs Act* to include Synthetic Cannabinoid Substances.

OBJECTIVES

Misuse of Drugs Amendment (Synthetic Cannabinoids) Regulations No. 2 2011 (SL No.42. 2011) amended schedule 2 of the *Misuse of Drugs Act* to list locally available synthetic cannabinoid substances as illicit substances:

- (4-Methoxyphenyl)-1-(1-pentyl-1h-indol-3-yl)-ethanone *(JWH-201)
- 2-(3-Methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone *(JWH-302)
- 1-Pentyl-3-(2-chlorophenylacetyl)indole *(JWH-203)
- 1-Pentyl-3-(4-ethyl-1-naphthoyl)indole *(JWH-210)
- 1-Propyl-2-methyl-3-(1-naphthoyl)indole *(JWH-015).

QUEENSLAND (QLD)

TITLE OF ACT/REGULATION

Drugs Misuse Amendment Regulation (No. 1) 2011

Date assented: 9 September 2011

PURPOSE

Amend schedule 2 (dangerous drugs) of the Drugs Misuse Regulation 1987 (DMR) to include 15 new drug analogues and novel substances into schedule 2 (dangerous drugs).

OBJECTIVES

(a) The primary objective of the Drugs Misuse Amendment Regulation (No. 1) 2011 is to add the following 15 new substances to schedule 2 of the Drugs Misuse Regulation 1987 in order to prohibit the unlawful possession, supply, production and trafficking of those substances.

- 1-(8-bromobenzo[1,2-b;4,5-b']difuran-4-yl)-2-aminopropane (Bromo-Dragonfly)
- 2,5-Dimethoxy-4-iodoamphetamine (DOI)
- 1,1-Dimethylheptyl-11-hydroxytetrahydrocannabinol (HU-210)
- Ethylcathinone (2-ethylamino-1-phenyl-propan-1-one)
- 4-Fluoroamphetamine
- 4-Fluoromethamphetamine
- 2-Fluoromethcathinone
- 3-Fluoromethcathinone
- 4-Fluoromethcathinone
- 5-Methoxy dimethyltryptamine
- 1-(3,4-Methylenedioxy)methcathinone (methylone)
- 4-Methylmethcathinone
- 1-Pentyl-3-(1-naphthoyl)indole (JWH-018)
- Phthalimidopropiophenone
- 2-[(1R,3S)-3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol (CP 47,497).

QUEENSLAND (QLD) CONT.

TITLE OF ACT/REGULATION

Drugs Misuse Amendment Regulation (No.2) 2011 SL No.222

Date assented: 11 November 2011

PURPOSE

Amend regulation to include 19 synthetic cannabinoidomimetic substances into schedule 2 (dangerous drugs) of the DMR.

OBJECTIVES

Drugs Misuse Amendment Regulation (No.2) 2011 SL No.222 amended schedule 2 of the Drugs Misuse Regulation 1987 to include the following substances:

- 1-Butyl-3-(1-naphthoyl)indole (JWH-073)
- 1-Cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (RCS-8)
- 5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (cannabicyclohexanol or CP 47, 497 C8 homologue)
- 1-(5-Fluoropentyl)-3-(2-iodobenzoyl)indole (AM-694)
- 1-(5-Fluoropentyl)-3-(1-naphthoyl)indole (AM-2201)
- 1-Hexyl-3-(1-naphthoyl)indole (JWH-019)
- 2-(4-Methoxyphenyl)-1-(1-pentyl-1H-indol-3-yl)-ethanone (JWH-201)
- 4-Methoxyphenyl-(1-butyl-1H-indol-3-yl)-methanone (RCS-4 (C4)
- 2-(2-Methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (JWH-250)
- 2-(3-Methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (JWH-302)
- 1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH-200)
- 1-Pentyl-3-(4-chloro-1-naphthoyl)indole (JWH-398)
- 1-Pentyl-3-(2-chlorophenylacetyl)indole (JWH-203)
- 1-Pentyl-3-(4-ethyl-1-naphthoyl)indole (JWH-210)
- 1-Pentyl-3-[(4-methoxy)-benzoyl]indole (RCS-4)
- 1-Pentyl-3-(4-methoxy-1-naphthoyl)indole (JWH-081)
- 1-Pentyl-3-(4-methyl-1-naphthoyl)indole (JWH-122)
- Pravadoline (WIN 48098)
- 1-Propyl-2-methyl-3-(1-naphthoyl)indole (JWH-015).

SOUTH AUSTRALIA (SA)

TITLE OF ACT/REGULATION

Controlled Substances (Offences Relating to Instructions) Amendment Act 2011

Date assented: 18 August 2011

PURPOSE

To provide amendments to the *Controlled Substances Act 1984* (Act No. 52 of 1984) to address possession with intention to sell precursors or equipment; and sale, possession or supply of instruction documents relating to drug manufacture or cultivation.

OBJECTIVES

a. To prohibit sale, or possession with intention to sell, of documents containing instructions relating to drug manufacture or cultivation.

b. To prohibit sale, or possession with intention to sell, to a child of documents containing instructions relating to drug manufacture or cultivation.

c. To prohibit the possession of controlled precursors or prescribed equipment with intention to sell them.

TITLE OF ACT/REGULATION

Statutes Amendment (Serious and Organised Crime) Act 2012

Date assented: 14 June 2012

PURPOSE

To provide amendments to the *Controlled Substances Act 1984* (Act No. 52 of 1984) describing aggravated offences having increased penalties compared to basic offences.

OBJECTIVES

a. To provide increased penalties for offences committed for the benefit of a criminal organisation or its members; or at the direction or in association with a criminal organisation.

b. To provide increased penalties if, in the course of or in connection with committing an offence, the person identifies in some way as belonging to or being associated with a criminal organisation.

SOUTH AUSTRALIA (SA) CONT.

TITLE OF ACT/REGULATION

Hydroponics Industry Control (Fees) Variation Regulations 2012

Date assented: 31 May 2012

PURPOSE

To amend fees set out in Schedule 1 of the Hydroponics Industry Control Regulations 2010.

OBJECTIVES

To replace Schedule 1 – Fees effective from 1 July 2012.

TITLE OF ACT/REGULATION

Controlled Substances (Controlled Drugs, Precursors and Plants) Regulations 2000

Date assented: 19 July 2012

PURPOSE

To provide amendments to these regulations consistent with changes to the national scheduling of synthetic cannabinoids.

OBJECTIVES

a. to include chemical class entries for synthetic cannabinoids.

b. to include a pharmacological class entry (synthetic cannabinomimetics).

c. to prohibit sale and possession of the synthetic cannabinoids JWH-210, JWH-201, JWH-302, AM-2233, JWH-015, JWH-203, JWH-175.

TASMANIA (TAS)

TITLE OF ACT/REGULATION

Misuse of Drugs Order 2011

Date assented: 3 August 2011

PURPOSE

The Order increased the number of drugs listed on the Controlled Drug and the Controlled Precursor lists, and amended the interpretation, under the Act.

OBJECTIVES

a. To increase the number of controlled drugs, in line with the *Tasmanian Poisons Act 1977*, and current and emerging drugs noted at a jurisdictional, national and international level.

b. To increase the number of controlled precursors and to better align with current legislation in other Australian states and territories.

c. To amend the interpretation under the *Misuse of Drugs Act 2001*, in line with the *Poisons Act 1977* to increase the utility of the Act in dealing with analogue/derivative drugs.

VICTORIA (VIC)

TITLE OF ACT/REGULATION

Drugs, Poisons and Controlled Substances Amendment (Prohibition of Display and Sale of Cannabis Water Pipes) Act 2011

Date assented: 18 October 2011

PURPOSE

To amend the *Drugs, Poisons and Controlled Substances Act 1981* to provide for the prohibition of display, sale and supply of cannabis water pipes and components and the restriction of display for sale of hookahs and for other purposes.

OBJECTIVES

Provides for:

a. The prohibition of display, sale and supply of cannabis water pipes and components.

b. The restriction of display for sale of hookahs.

TITLE OF ACT/REGULATION

Drugs, Poisons and Controlled Substances Amendment (Drugs of Dependence) Act 2011

Date assented: 6 September 2011

PURPOSE

To amend the *Drugs, Poisons and Controlled Substances Act 1981* to provide for the inclusion of substances as drugs of dependence and for other purposes.

OBJECTIVES

Provides the authority that Governor in Council may make regulations for or with respect to:

a. Prescribing a substance as a drug of dependence.

b. Specifying whether that prescribed drug of dependence is included in Part 1, Part 2 or Part 3 of Schedule Eleven.

c. Specifying quantities in relation to that prescribed drug of dependence for the purposes of Schedule Eleven.

VICTORIA (VIC) CONT.

TITLE OF ACT/REGULATION

Drugs, Poisons and Controlled Substances (Drugs of Dependence—Synthetic Cannabinoids) Regulations 2011

Date assented: Operational from 9 November 2011 for 12 months

PURPOSE

To prescribe synthetic cannabinoids as drugs of dependence for the purposes of the *Drugs, Poisons and Controlled Substances Act 1981*.

OBJECTIVES

Add the eight controlled substances contained in the Commonwealth Poison Standard to our Act.

TITLE OF ACT/REGULATION

Drugs, Poisons and Controlled Substances Amendment Bill 2012

Date assented: 16 October 2012

PURPOSE

To amend the *Drugs, Poisons and Controlled Substances Act 1981*:

a. To include certain substances as drugs of dependence.

b. To amend an outdated reference to the *Pounds Act 1958*.

OBJECTIVES

To introduce 8 classes of synthetic cannabinoids as per Commonwealth Poison Standard as well as 8 individual synthetic cannabinoids as per the Regulations above. Further to include in Schedule 11:

a. 1-Benzylpiperazine (BZP).

b. 1,4-Butanediol (1,4-BD).

c. 3,4-methylenedioxypyrovalerone (MDPV).

d. Gamma butyrolactone (GBL).

e. 4-Methylmethcathinone (Mephedrone) (4-MMC).

WESTERN AUSTRALIA (WA)

TITLE OF ACT/REGULATION

Misuse of Drugs Amendment Act 2011

Date assented: Part Proclamation on 23 March 2012

PURPOSE

To restrict the sentencing options available to the judiciary for certain illicit drug offences.

OBJECTIVES

a. To protect children from endangerment by restricting the sentencing options available to the judiciary when sentencing offenders:

For exposing children to harm or the danger of serious harm as a result of the manufacturing of prohibited drugs and/or the cultivation of prohibited plants.

For selling or supplying illicit drugs to children.

b. Prohibit the sale of all illicit drug paraphernalia in WA.

Note: the amendment in relation to the sale of paraphernalia is yet to be assented.

TITLE OF ACT/REGULATION

Amendment to the Schedules of the *Misuse of Drugs Act 1981*

Date assented: 5 August 2011

PURPOSE

Specification of the amount of certain synthetic cannabinoids determining court of trial, sell and supply and trafficking.

OBJECTIVES

An additional 15 synthetic cannabinoids were added to Schedules III, V and VII in the *Misuse of Drugs Act 1981*.

STATE AND TERRITORY INITIATIVES

AUSTRALIAN CAPITAL TERRITORY (ACT)

INITIATIVE

Early Intervention and Diversion Program (Alcohol Diversion for Young People) and the Illicit Drug Diversion Program

DURATION

2010–2012

MAIN OBJECTIVES AND/OR OUTCOMES

The ACT Policing Early Intervention and Diversion program is designed to provide early incentives for drug offenders to deal with their drug problems. The main people who can benefit from this program are young offenders who have no prior involvement with the courts.

Young drug offenders who qualify for the program have the opportunity of being referred to a variety of education and treatment options.

It is a partnership approach between health, police and non-government agencies adhering to the principles of the *National Drug Strategy 2010–2015*.

NEW SOUTH WALES (NSW)

INITIATIVE

Electronic End User Declarations

DURATION

2010–2013

MAIN OBJECTIVES AND/OR OUTCOMES

An electronic system should be developed in order to facilitate the input and retrieval of this data. NSWPF Drug Squad has made a submission to create such a system and there is currently a study funded by the National Drug Law Enforcement Research Fund looking at the feasibility of such a system. PricewaterhouseCoopers have finished their scoping study and have presented their results. NDLERF has accepted and endorsed the scoping study. The study has been adopted by the Australia New Zealand Policing Advisory Agency (ANZPAA) Crime Forum and has now been forwarded to the Strategic Issues Group (CrimTrac) and Senior Officers Group on Organised Crime, to be endorsed.

INITIATIVE

Pharmaceutical misuse

DURATION

2010–2013

MAIN OBJECTIVES AND/OR OUTCOMES

NSWPF are currently involved in a range of external committees that are looking at pharmaceutical misuse including the Intergovernmental Committee on Drugs (IGCD), NSW Expert Advisory Group on Drugs and the NSW Illicit Drug and Alcohol Monitoring Group.

The IGCD commenced the National Pharmaceutical Drugs Misuse Strategy in 2010. The aim of strategy is to reduce the diversion and misuse of pharmaceuticals and associated harms. NSWPF have contributed to the consultation process for the Strategy through participation in the NSW consultation forum and through the provision of research into the illicit pharmaceuticals market conducted by Drug and Alcohol Coordination (DAC).

Some of the key issues for law enforcement agencies include:

- accurate police data collection
- information sharing between state and federal police and health bodies
- sharing and development of best practice strategies in relation to prosecutions and health initiatives
- a review of relevant jurisdictional laws and regulations
- clear delineation of regulator roles, responsibility and liaison channels
- a real-time national online prescription system and education programs and resources for all stakeholders.

NSWPF is committed to pursuing operational and policy responses to these issues through an internal working party consisting of DAC, the Drug Squad and Local Area Command members. This working party will facilitate change within the NSWPF and through membership to external bodies including the IGCD.

QUEENSLAND (QLD)

INITIATIVE

'Weed It Out' project—Indigenous community action to reduce harms associated with heavy cannabis use in remote communities in the Cape York

DURATION

October 2007–2013

MAIN OBJECTIVES AND/OR OUTCOMES

Weed it Out, is a crime prevention initiative run by the Queensland Police Service (QPS) focusing on reducing harms associated with cannabis misuse and associated problems in Indigenous communities across Cape York/Torres Straits regions. The project raises awareness and builds capacity to challenge and change attitudes towards cannabis use and supply. The QPS has partnered with James Cook University for this project to identify the full extent of cannabis use and the impact of that use on these communities.

The Weed It Out project commenced in 2009 and was initially funded till 30 June 2012 by the Department of Health and Ageing. Funding has currently been extended till 2013.

Key aims of the project:

a. Embed crime prevention, supply reduction, and demand reduction strategies in selected communities.

b. Reduce cannabis use and the associated harms to a level that can be managed in the core business of multi-agency stakeholders.

c. Manage the prospect of amphetamine type stimulants being introduced into these communities.

SOUTH AUSTRALIA (SA)

INITIATIVE

Illicit Drug Theme Performance Outcome Review

DURATION

2011

MAIN OBJECTIVES AND/OR OUTCOMES

In September 2011, a 'theme' Performance Outcome Review examined illicit drug use and related harm issues, providing context to offending, trends and issues and the South Australia Police Response. This was the first time that the theme of illicit drugs had been featured in such a review. The Review included showcases presented from different areas of South Australia Police. These addressed outcomes from a significant vehicle stop in the Adelaide central business district; a complex cannabis investigation; and investigation of the largest clandestine drug laboratory located in South Australia.

SOUTH AUSTRALIA (SA) CONT.

INITIATIVE

South Australia Police Illicit Drug Strategy 2008–2011

DURATION

2012–15

MAIN OBJECTIVES AND/OR OUTCOMES

During the September 2011 Illicit Drug Theme Performance Outcome Review, Assistant Commissioner Crime announced development would be undertaken of a replacement strategy relating to illicit drug use and associated crime to apply for the years 2012–2015.

INITIATIVE

South Australian Alcohol and Other Drug Strategy 2011–2016

DURATION

2011–16

MAIN OBJECTIVES AND/OR OUTCOMES

Launched in November 2011 jointly by the Minister for Mental Health and Substance Abuse and the Minister for Police, the South Australian Alcohol and Other Drug Strategy 2011–2016 reaffirms the Government's commitment to reducing harm from drugs and alcohol through a variety of strategies, including an innovative way to measure population-wide drug use through wastewater sampling. A primary objective is to reduce illicit drug use and its associated harms and progress will be monitored during the term of this whole of government strategy using a suite of indicators.

TASMANIA (TAS)

INITIATIVE

Illicit Drug Diversion Initiative (IDDI)

DURATION

2000–ongoing

In 2011, IDDI became a program for adults only

MAIN OBJECTIVES AND/OR OUTCOMES

IDDI is an early intervention program for minor drug offenders, where cannabis and other illicit drugs are involved, including the illicit use of pharmaceuticals. IDDI operates under an agreement between the Department of Police and Emergency Management and the Department of Health and Human Services (DHHS).

IDDI seeks to divert minor drug offenders away from the criminal justice system. An offender may be issued with a caution or a diversion notice. A diversion notice requires that the individual make contact with the Alcohol Drug Service (ADS), DHHS. The ADS provides assessment, counselling and treatment to assist minor drug offenders to address their drug use issues.

INITIATIVE

Tasmanian Psychostimulants Action Plan 2007–2013

DURATION

2007–2013

MAIN OBJECTIVES AND/OR OUTCOMES

The Plan was developed by the Inter Agency Working Group on Drugs (IAWGD) and was launched in 2007. IAWGD is a group that has representation from a range of government departments and non-government organisations. IAWGD is also responsible for implementation, monitoring and reporting against the Plan.

The objectives of the Tasmanian Psychostimulants Action Plan 2007–2013 are to:

a. Reduce the supply and availability of illicit drugs and precursors.

b. Work with the dance party industry to develop guidelines for safer environments.

c. Build resilience in young people.

d. Develop information resources for young people, the community, police and health professionals.

e. Provide timely and appropriate intervention and linking of people to health services.

The Plan supports the objectives of the Tasmanian Drug Strategy 2005–2012.

TASMANIA (TAS) CONT.

INITIATIVE

Court Mandated Diversion (CMD)

DURATION

The program is ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

CMD provides Magistrates with an option to divert eligible offenders into treatment for their drug use through either the bail or sentencing process. CMD is administered by the Department of Justice.

The primary goal of the CMD program is to break the drug-crime cycle by involving offenders in treatment and rehabilitation programs. It increases offender access to drug, alcohol, and other welfare services, in order to break their cycle of contact with the criminal justice system.

Other principal goals of the CMD project are to:

a. Provide offenders with an opportunity to acknowledge and address offending behaviour caused by drug abuse, thereby improving physical and psychological well being.
b. Help eligible offenders to reduce and abstain from illicit drug use.
c. Reduce drug related offending behaviour.
d. Improve offenders' relationships with family and friends.
e. Improve offenders' possibility of gaining or retaining employment.
f. Provide offenders with the tools to recognise and prevent relapse into substance abuse and criminal behaviour.
g. Develop a shared approach to and a commitment to a 'joined up' service delivery system between Government and the non-government sector.

VICTORIA (VIC)

INITIATIVE

Illicit Drug Diversion Initiative (IDDI)

DURATION

Ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

The Drug Diversion and Cannabis Cautioning programs enable police to refer illicit drug users to timely health interventions.

The Cannabis Cautioning program involves providing a cautioning notice for simple use/possess cannabis offences to offenders who meet the police criteria. An optional education session for offenders will be offered in conjunction with the caution.

The Drug Diversion program involves offering a diversion to a person detained for use or possession of an illicit drug other than cannabis on the condition that they undertake a clinical drug assessment and enter any prescribed drug treatment. The offender must meet police criteria and agree to the diversion and will be provided with a drug assessment appointment time.

WESTERN AUSTRALIA (WA)

INITIATIVE

Illicit Drug Support Plan – forms part of the Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015

DURATION

2011–2015

MAIN OBJECTIVES AND/OR OUTCOMES

The Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015 is consistent with the National Drug Strategy and provides a guide for government sector strategy, development and implementation of alcohol and other drug policy and services in Western Australia.

The framework includes the five strategic areas of:

a. Focusing on prevention

b. Intervening before problems become entrenched

c. Effective law enforcement approaches

d. Effective treatment and support services; and

e. Strategic coordination and capacity building.

STATISTICS

INTRODUCTION

The Australian Crime Commission (ACC) uses the National Illicit Drug Reporting Format (NIDRF) system to process seizure, arrest and purity data for the Illicit Drug Data Report (IDDR). This allows for more accurate analysis of law enforcement data and assists in moving towards nationally standardised data holdings. The ACC acknowledges the assistance of police statisticians and information managers in this process.

COUNTING METHODOLOGY

The following methodology was used to develop a count of arrests by drug type:

- where a person has been charged with multiple consumer or provider offences for a particular type of drug, that person is counted once only as a consumer or provider of that drug
- where consumer and provider charges for a particular drug type have been laid, the provider charge takes precedence and the person is counted only as a provider of that drug
- a person who has been charged in relation to multiple drug types is counted as a consumer or provider for each drug type
- a person is counted on each separate occasion that they are charged.

DATA SOURCES

BORDER DETECTION DATA

The following agency provided border detection data:

- Australian Customs and Border Protection Service

ARREST AND SEIZURE DATA

The following agencies provided arrest and seizure data:

- Australian Federal Police
- Australian Federal Police, ACT Policing
- New South Wales Police Force
- Northern Territory Police
- Queensland Police Service
- South Australia Police
- Tasmania Police
- Victoria Police
- Western Australia Police.

DRUG PURITY DATA

The following agencies and organisations provided drug purity data:

- Australian Federal Police
- Australian Federal Police, ACT Policing
- ChemCentre
- Forensic Science South Australia

- Forensic Science Service Tasmania
- New South Wales Health, Mental Health and Drug and Alcohol Office
- New South Wales Forensic and Analytical Science Service
- Queensland Health Forensic and Scientific Services
- Victoria Police.

The purity tables only represent purity figures for seizures of that drug type that have been analysed at a forensic laboratory. The number of 'cases' in the purity level tables reflects the number of individual samples analysed (items), as distinct from the number of seizures/cases (which may have multiple items).

Drug purity figures for Victoria, Queensland, and the Australian Capital Territory represent the purity level of drugs seized by police during the relevant quarter. Figures for South Australia, Western Australia and Tasmania represent the purity level of drugs received at the laboratory during the relevant quarter. Specifically, the ChemCentre in Western Australia and Forensic Science South Australia do not analyse all seizures less than 2 grams. As a result, the purity table will underestimate the number of samples that are tested.

The time between the date of seizure by police and the date of receipt at the laboratories can vary from a few days to several months and, in isolated cases, years. The purity table represents those seizures analysed during the financial year 2011–12, not necessarily all seizures made during that period.

The New South Wales Drugs Laboratory tests for purity levels on cases larger than the traffickable level: being 3 grams for amphetamine, methylamphetamine, heroin, cocaine, 0.75 grams for phenethylamines and 15 discrete dosage units (ddu) for lysergic acid diethylamide (LSD). For each case, purity testing is carried out on each drug type over the traffickable quantity. Additionally, the laboratory will only test a limited number of samples per case. The laboratory also tests purity levels on controlled operations for the New South Wales Police Force, including undercover units, which are greater than 100 milligrams.

As drug seizures are not routinely tested in the Northern Territory, the Northern Territory Forensic Laboratory was unable to provide purity data for this report.

ACT Policing only tests for purity on seizures that are larger than the traffickable amount. All samples lodged by ACT Policing with the ACT Government Analytical Laboratory are tested, but not all are tested for purity.

DRUG PRICE DATA

Data on prices for illicit drugs were collected from each of the police jurisdictions and are based on information supplied by covert police units and police informants. Unless otherwise stated, police price information has been used.

LIMITATIONS OF THE DATA

OVERVIEW

Despite limitations in the current data set, the ACC's IDDR provides the best collection of arrest and seizure statistics available in Australia. The NIDRF data processing system has enabled the ACC to improve statistical quality and reliability.

DATASETS

Since the development and implementation of the NIDRF processing system, limitations with the administrative datasets used to compile the statistics have decreased. However, the following factors should be considered when using the data to develop assessments or conclusions:

- a lack of uniformity across all states and territories in the recording and storing of data on illicit drug arrests and seizures
- ongoing problems with quality control, resulting in the absence of essential information from some records
- differences in applying a uniform counting and data extraction methodology across all jurisdictions
- differences in definitions of consumer and provider offences across and within jurisdictions over time
- differences in the way drugs and offences may be coded
- insufficient drug identification
- an inability to identify seizures resulting from joint operations, for example, those involving the AFP and a state or territory agency.

DRUG IDENTIFICATION AND CODING

Not all illicit drugs seized by law enforcement are scientifically analysed to establish the precise nature of the drug. In some cases, only seizures of a predetermined weight or those that are the subject of a 'not guilty' plea are analysed. In some instances, an initial field test may be carried out to provide an indication as to the seized drug, but all other seizures are recorded at the discretion of the investigating officer and without further qualification.

A number of jurisdictional data systems do not differentiate between amphetamine-type stimulants (ATS) and 3,4-methylenedioxymethamphetamine (MDMA). This restricts the ACC's ability to monitor and report on national trends in MDMA seizures and arrests. Similar problems exist with a range of other drugs, including ketamine and gamma-butyrolactone (GBL), and in some jurisdictions seizures of these drugs are recorded as 'other drugs'. Monitoring and reporting on national trends of these drugs is therefore limited.

RECORDING AND STORAGE METHODS

The lack of consistency between law enforcement agencies in recording illicit drug arrests and seizures presents difficulties when data is aggregated and compared. Disparities exist in the level of detail recorded for each offence, the methods used to quantify the seizures, the way offence and seizure data is extracted, and the way counting rules and extraction programs are applied.

QUALITY CONTROL

Missing, incomplete and non-specific information relating to drug seizures makes it impossible to calculate precisely the total quantity of each drug type seized. As a result it is difficult to analyse trends on a comparative basis across a number of years. This has been a particularly pertinent issue since the 2001–02 report, as the NIDRF system allows for increased scrutiny of large seizures that may not have been queried in the past.

CONSUMERS AND PROVIDERS

Offenders are classified as consumers or providers in order to differentiate between people who have been apprehended for trading in, as opposed to using, illicit drugs. Those charged with supply-type offences (importation, trafficking, selling, cultivation and manufacture) are classified as providers. Those charged with user-type offences (possessing or administering drugs for their own use) are classified as consumers.

In some cases the jurisdictions allocate consumer and provider codes, and in others the ACC applies the codes based on the information on the type of offence committed. Further, there are some differences in the methodologies jurisdictions use for applying consumer and provider codes. In some states and territories, the quantity of the drug involved determines whether an offence is regarded as a consumer or a provider offence. Additionally, the threshold quantity that determines whether a person is to be charged as a provider varies over time, both within and between states and territories. Offender data supplied may exclude law enforcement actions that are the subject of ongoing investigations.

DETECTION DATA

Border detection data supplied may exclude detections that are the subject of ongoing investigations.

SEIZURE DATA

The seizure data presented in Table 39 includes only those seizures for which a valid drug weight was recorded. Consequently, it undercounts both the number of seizures and the amount of drug seized for all drug types. Seizure data for ATS and cannabis are most likely to be affected by the variety of measurement methods and these figures should be treated with caution when making comparisons between jurisdictions or over time. This table includes seizures by the Australian Federal Police and state and territory police jurisdictions. Seizure data supplied may exclude seizures that are the subject of ongoing investigations.

DRUG USE MONITORING IN AUSTRALIA (DUMA) PROGRAM

The DUMA program is an ongoing data collection system capturing information on approximately 4 000 police detainees per year across nine locations throughout Australia. There are two core components: a self-report survey and voluntary urinalysis. The self-report survey details a range of criminal justice, demographic, drug use and drug market participation information, while the voluntary urinalysis serves as an important objective method for corroborating self-reported drug use. Not all detainees who respond to the self-report survey agree to urinalysis testing, although the response rate is high.

JURISDICTIONAL ISSUES

The comparability of law enforcement data across states and territories is problematic. For the information of agencies and individuals wishing to interpret the data, specific issues regarding jurisdictional data have been identified by the ACC and the relevant jurisdiction. These issues have been summarised and are represented below.

NEW SOUTH WALES

The New South Wales Police Force provided the ACC with offender and seizure data. The New South Wales Health, Mental Health and Drug and Alcohol Office, provided the drug purity data.

Prior to 2005–06, New South Wales Police Force data was extracted directly from the mainframe recording system (COPS). Since 2005–06, data has been extracted from COPS using a data warehousing application 'Enterprise Data Warehouse'. Tests to verify the process of data extraction have been undertaken and the New South Wales Police Force is confident that the retrieval process is comparable with previous extracts from COPS.

VICTORIA

Victoria Police provided the ACC with offender, seizure and drug purity data.

Drug quantities and weights reported are estimates only and are not validated by forensic analysis. In 2004–05, Victoria Police rewrote its data extraction program and improved the data quality checks. Further data quality processes have been implemented to improve the data.

The Victorian clandestine laboratory detections figure was taken from the record of attendances by forensic analysts at suspected laboratories and validated by the Clandestine Laboratory Squad.

QUEENSLAND

The Queensland Police Service provided the ACC with offender and seizure data. Queensland Health Forensic and Scientific Services provided purity data.

During the 2006–07 reporting period, the Queensland Police Service changed administrative systems. As a result, caution should be exercised in comparing data.

SOUTH AUSTRALIA

South Australia Police provided the ACC with offender and seizure data, but did not include data for offenders participating in its Drug Diversion Program. Forensic Science South Australia provided the purity data.

WESTERN AUSTRALIA

Legislation changes for cannabis offences in Western Australia took effect from 1 August 2011 following amendments to the *Misuse of Drugs Act*. The Cannabis Infringement Notice (CIN) was replaced by a Cannabis Intervention Requirement (CIR) which changes the way police should respond when dealing with a person in possession of cannabis. From 1 August, any person who does not have a criminal history and is found to have 10 grams or less of cannabis, will be offered 28 days to complete a Cannabis Intervention Session after which no charges will follow. People with previous cannabis related convictions are ineligible for this option. Participation in a Cannabis Intervention Session is offered once to adult offenders, but twice to juveniles aged between 14 and 17 years, so that subsequent offending would result in charges being brought directly.

Western Australia Police provided the ACC with seizure and offender data. ChemCentre provided the purity data.

Western Australia Police introduced a new incident recording system in 2002–03, which changed the method for recording drug seizures. For this reason, care should be exercised when comparing data across years.

TASMANIA

Tasmania Police provided the ACC with offender and seizure data. Forensic Science Service Tasmania provided the purity data.

Figures reported may differ from those reported in the *Tasmania Police Annual Report 2011–12* or other publications. Totals may differ due to the different counting rules. The information supplied to the ACC is an accurate representation of illicit drug statistics.

NORTHERN TERRITORY

Northern Territory Police provided the ACC with seizure and offender data. Northern Territory Forensic Laboratory was unable to provide purity data for this report.

Data collection methods in the Northern Territory have been audited since the 2010–11 report. The change in data collection methodology has resulted in the provision of more detailed and accurate data for 2011–12.

Seizure data for the Northern Territory relates to suspected drug type only. The number of Drug Infringement Notices (DINs) may differ to those extracted from the Integrated Justice Information System.

In the Northern Territory, it is often difficult to obtain accurate date of birth and address details from offenders; however, this lack of detail does not invalidate the data.

AUSTRALIAN CAPITAL TERRITORY

ACT Policing provided seizure and offender data. ACT Policing provided the purity data for inclusion in this report from analysis results provided by the ACT Government Analytical Laboratory.

Data is comparable with figures in the IDDR from 2002–03 onwards.

As reported by ACT Policing, Simple Cannabis Offence Notices (SCONs) data may not be a true representation of the number of SCONs issued for the period as offenders may be subsequently summonsed for non-payment and will therefore be included in consumer and provider arrests data.

AUSTRALIAN CUSTOMS AND BORDER PROTECTION SERVICE (CUSTOMS AND BORDER PROTECTION)

Detections of illicit drugs by Customs and Border Protection are handed to the Australian Federal Police (AFP) for investigation purposes, safe storage and destruction. Border detections are recorded on 'Druglan', which is updated with confirmed seizure weight data from the AFP. At present there is no provision for an automatic update of accurate weights to Druglan. Data relating to the same border detections held by the AFP and Druglan will differ slightly. This is because only unconfirmed seizure weights are initially recorded. Customs and Border Protection detection figures are subject to change and reflect available data at time of extraction. As such, figures published in the IDDR may differ from those published in other reports, including Customs and Border Protection Annual Reports.

For operational reasons, the format of data presented in the IDDR may vary from year to year. From 2010–11, Customs and Border Protection was unable to provide importation data to populate country of embarkation charts for inclusion in the report. From 2011–12, dehydroepiandrosterone (DHEA) and steroid border detection data will be reported as a combined figure.

AUSTRALIAN FEDERAL POLICE (AFP)

The AFP provided national offender, seizure and purity data. This data was compiled in conjunction with the AFP's Australian Illicit Drug Data Centre. Seizures resulting from joint operations with Customs and Border Protection are represented within AFP figures in Tables 29–44. Totals may differ from those published earlier in the AFP Annual Report 2011–12 due to the data extraction being based on more recent data and on the AFP using different drug grouping categories to the ACC.

EXPLANATORY NOTES

The following explanatory notes relate to terms used in this report.

AMPHETAMINE-TYPE STIMULANTS (ATS)

Unless otherwise specified, 'amphetamine-type stimulants' (ATS) include amphetamine, methylamphetamine and phenethylamines.

ARREST

'Arrest' incorporates recorded law enforcement action against a person for suspected unlawful involvement in illicit drugs. It incorporates enforcement action by way of arrest, summons, diversion program, 'notice to appear' (Queensland), cannabis expiation notice (South Australia), cannabis infringement notice, cannabis intervention requirement (Western Australia), drug infringement notice (Northern Territory), and simple cannabis offence notice (Australian Capital Territory). Some charges may have been subsequently dropped or the defendant may have been found not guilty.

CANNABIS

'Cannabis' includes cannabis plant, leaf, resin, oil, seed and all other forms.

CATEGORIES FOR CLANDESTINE LABORATORIES

In 2011–12, jurisdictions were asked to distinguish detected clandestine laboratories into the following four categories, taken from the United Nations Office on Drugs and Crime Annual Report Questionnaire that is used to inform the World Drug Report.

Addict-based labs (kitchen labs). Only basic equipment and simple procedures are used. Typically, those operating in such laboratories have a limited or non-existent knowledge of chemistry and simply follow instructions. Usually, there are no significant stores of precursors and the amount of drugs or other substances manufactured is for personal use. A typical manufacture cycle for amphetamine-type stimulants would yield less than 50 grams of the substance.

Other small-scale labs. People operating in these laboratories have advanced chemical knowledge; more complex amphetamine-type stimulants may be manufactured. Laboratories may be of similar size to 'addict-based labs' but frequently employ non-improvised equipment. They may also include experimental laboratories. The amount manufactured is typically for personal use or for a limited number of close associates. Typical manufacture cycle for ATS would yield less than 500 grams of the substance.

Medium sized labs. Use commercially available standard equipment and glassware (in some cases, custom-made equipment). They are not very mobile, making it possible to recover precursor chemicals and equipment in many cases (production estimates are the most viable and reliable). The amount manufactured at such sites is primarily for illicit economic gain. A typical manufacture cycle for ATS would yield between 0.5 to 50 kilograms.

Industrial scale labs. Laboratories use oversized equipment and glassware that is either custom-made or purchased from industrial processing sources. Such industrial operations produce significant amounts of ATS in very short periods of time, only limited by access to precursors, reagents and consumables in adequate quantities and the logistics and manpower to handle large amounts of drugs or chemicals and process them into the next step. A typical manufacture cycle for ATS would yield 50 kilograms or more.

COCAINE

'Cocaine' includes cocaine, coca leaf and coca paste.

DETECTION

In the context of the border environment, the term 'detection' refers to the identification of illicit drugs by the Customs and Border Protection.

EMBARKATION POINT

'Embarkation point' describes the origin of the transport stage of importations. Embarkation is affected by air and sea transport connection patterns and the location of transport hubs, and may not necessarily reflect the true origin of drugs.

Australia may appear as an embarkation country due to an export detection. In some instances, it may relate to detections on air passengers travelling domestically on an international flight.

HALLUCINOGENS

'Hallucinogens' includes tryptamines such as lysergic acid diethylamide (LSD) and psilocybin-containing mushrooms.

HEROIN AND OTHER OPIOIDS

'Heroin and other opioids' include opioid analgesics such as heroin, methadone and pethidine and opiate analgesics including codeine, morphine and opium.

OTHER DRUGS

'Other drugs' include anabolic agents and selected hormones, tryptamines, anaesthetics, pharmaceuticals and drugs not elsewhere classified. Current reporting processes do not enable detailed identification of these drugs.

PHENETHYLAMINES

Phenethylamines include 3,4-methylenedioxymethamphetamine (MDMA, commonly known as 'ecstasy'), 3,4-methylenedioxyethylamphetamine (MDEA), 3,4-methylenedioxyamphetamine (MDA), dimethoxyamphetamine (DMA) and paramethoxyamphetamine (PMA).

SEIZURE

'Seizure' is the confiscation by a law enforcement agency of a quantity of an illicit drug or a regulated drug being used or possessed unlawfully, whether or not an arrest is made in conjunction with that confiscation.

The amount of drug seized may be recorded by weight, volume or as a unit count—for example, number of tablets, plants or bags. The method of estimating the amount of drug seized varies between and within jurisdictions. For example, seizures of amphetamine in tablet form may be weighed or counted. Similarly, seizures of cannabis plants may be weighed, counted or measured.

STEROIDS

'Steroids' include anabolic and androgenic steroids such as testosterone, nandrolone and stanazolol.

SYMBOLS AND ABBREVIATIONS

The following symbols and abbreviations are used in the tables:

na	not available
nec	not elsewhere classified
no.	number
r	revised figure
%	per cent
–	zero, or rounded to zero.

Figures that have been rounded may not add to totals.

ARREST TABLES

TABLE 29: All drugs: consumer and provider arrests, by state and territory and gender, 2011–12

	Consumer				Provider				Total[a]			
State/territory	**Male**	**Female**	**Not known**	**Total**	**Male**	**Female**	**Not known**	**Total**	**Male**	**Female**	**Not known**	**Total**
NSW	14 660	2 762	10	17 432	2 972	538	4	3 514	18 146	3 399	14	21 559
Vic	10 532	2 178	26	12 736	3 209	599	11	3 819	13 743	2 777	37	16 557
Qld	17 946	5 111	8	23 065	2 688	710	0	3 398	20 634	5 821	8	26 463
SA	1 374	344	0	1 718	1 719	403	0	2 122	3 118	750	0	3 868
SA CENs[b]	7 350	1 492	36	8 878	0	0	0	0	7 350	1 492	36	8 878
WA	5 794	1 802	33	7 629	1 978	626	17	2 621	7 772	2 428	50	10 250
WA CINs/CIRs[c]	879	285	13	1 177	0	0	0	0	879	265	13	1 177
Tas	1 495	418	0	1 913	340	70	1	411	1 834	488	1	2 323
NT	372	89	0	461	260	104	2	366	632	193	2	827
NT DINs[d]	518	184	1	703	0	0	0	0	518	184	1	703
ACT	303	57	0	360	78	11	0	89	381	68	0	449
ACT SCONs[e]	81	13	0	94	0	0	0	0	81	13	0	94
Total	**61 304**	**14 735**	**126**	**76 165**	**13 244**	**3 061**	**32**	**16 337**	**75 089**	**17 898**	**158**	**93 148**

a. Includes those offenders for whom consumer/provider status and gender was not stated. Total may exceed the sum of the table components.
b. Cannabis expiation notices.
c. Cannabis infringement notices and Cannabis Intervention Requirements.
d. Drug infringement notices.
e. Simple cannabis offence notices.
Note: The arrest data for each state and territory include Australian Federal Police data.

TABLE 30: Amphetamine-type stimulants (ATS): consumer and provider arrests, by state and territory and gender, 2011–12

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	2 653	599	0	3 252	1 011	174	0	1 185	3 676	775	0	4 451
Vic	2 759	571	9	3 339	1 003	151	1	1 155	3 762	722	10	4 494
Qld	2 864	806	1	3 671	414	103	0	517	3 278	909	1	4 188
SA	349	152	0	501	412	128	0	540	769	280	0	1 049
WA	1 175	435	6	1 616	567	160	4	731	1 742	595	10	2 347
Tas	77	23	0	100	53	8	0	61	130	31	0	161
NT	7	2	0	9	4	1	0	5	11	3	0	14
ACT	88	14	0	102	16	6	0	22	104	20	0	124
Total	**9 972**	**2 602**	**16**	**12 590**	**3 480**	**731**	**5**	**4 216**	**13 472**	**3 335**	**21**	**16 828**

a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.
Note: The arrest data for each state and territory include Australian Federal Police data.

TABLE 31: Cannabis: consumer and provider arrests, by state and territory and gender, 2011–12

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	10 550	1 833	9	12 392	1 338	235	0	1 573	11 920	2 075	9	14 004
Vic	5 305	1 022	15	6 342	1 314	255	5	1 574	6 619	1 277	20	7 916
Qld	12 262	3 421	7	15 690	1 635	408	0	2 043	13 897	3 829	7	17 733
SA	912	158	0	1 070	1 217	247	0	1 464	2 138	406	0	2 544
SA CENs[b]	7 350	1 492	36	8 878	0	0	0	0	7 350	1 492	36	8 878
WA	3 218	884	15	4 117	970	325	9	1 304	4 188	1 209	24	5 421
WA CINs/CIRs[c]	879	285	13	1 177	0	0	0	0	879	285	13	1 177
Tas	1 104	287	0	1 391	217	51	0	268	1 321	338	0	1 659
NT	261	74	0	335	188	92	2	282	449	166	2	617
NT DINs[d]	518	184	1	703	0	0	0	0	518	184	1	703
ACT	193	32	0	225	37	3	0	40	230	35	0	265
ACT SCONs[e]	81	13	0	94	0	0	0	0	81	13	0	94
Total	**42 633**	**9 685**	**95**	**52 413**	**6 916**	**1 616**	**14**	**8 546**	**49 590**	**11 309**	**109**	**61 011**

a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.
b. Cannabis expiation notices.
c. Cannabis infringement notices and Cannabis Intervention Requirements.
d. Drug infringement notices.
e. Simple cannabis offence notices.
Note: The arrest data for each state and territory include Australian Federal Police data.

TABLE 32: Heroin and other opioids: consumer and provider arrests, by state and territory and gender, 2011–12

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	322	74	0	396	195	67	3	265	521	144	3	668
Vic	813	186	0	999	338	88	0	426	1 151	274	0	1 425
Qld	188	60	0	248	42	24	0	66	230	84	0	314
SA	1	10	0	21	48	16	0	64	59	26	0	85
WA	71	35	1	107	48	24	1	73	119	59	2	180
Tas	6	3	0	9	3	1	0	4	9	4	0	13
NT	0	0	0	0	0	1	0	1	0	1	0	1
ACT	9	11	0	20	6	2	0	8	15	13	0	28
Total	**1 420**	**379**	**1**	**1 800**	**680**	**223**	**4**	**907**	**2 104**	**605**	**5**	**2 714**

a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.
Note: The arrest data for each state and territory include Australian Federal Police data.

TABLE 33: Cocaine: consumer and provider arrests, by state and territory and gender, 2011–12

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	317	56	0	373	162	17	1	180	479	74	1	554
Vic	122	18	0	140	43	4	0	47	165	22	0	187
Qld	146	17	0	163	18	1	0	19	164	18	0	182
SA	2	0	0	2	11	2	0	13	13	2	0	15
WA	18	4	1	23	14	5	0	19	32	9	1	42
Tas	1	0	0	1	1	0	0	1	2	0	0	2
NT	3	0	0	3	0	0	0	0	3	0	0	3
ACT	9	0	0	9	1	0	0	1	10	0	0	10
Total	**618**	**95**	**1**	**714**	**250**	**29**	**1**	**280**	**868**	**125**	**2**	**995**

a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.
Note: The arrest data for each state and territory include Australian Federal Police data.

TABLE 34: Steroids: consumer and provider arrests, by state and territory and gender, 2011–12

State/territory	Consumer				Provider				Total[a]			
	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	28	1	0	29	11	0	0	11	40	1	0	41
Vic	56	3	0	59	3	0	0	3	59	3	0	62
Qld	209	27	0	236	48	12	0	60	257	39	0	296
SA	6	1	0	7	0	0	0	0	9	1	0	10
WA	41	1	2	44	18	3	0	21	59	4	2	65
Tas	6	0	0	6	2	0	0	2	8	0	0	8
NT	6	0	0	6	5	0	0	5	11	0	0	11
ACT	2	0	0	2	16	0	0	16	18	0	0	18
Total	**354**	**33**	**2**	**389**	**103**	**15**	**0**	**118**	**461**	**48**	**2**	**511**

a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.
Note: The arrest data for each state and territory include Australian Federal Police data.

TABLE 35: Hallucinogens: consumer and provider arrests, by state and territory and gender, 2011–12

State/territory	Consumer				Provider				Total[a]			
	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	84	13	0	97	24	5	0	29	109	18	0	127
Vic	41	7	0	48	7	1	0	8	48	8	0	56
Qld	123	33	0	156	31	5	0	36	154	38	0	192
SA	2	2	0	4	7	0	0	7	9	2	0	11
WA	42	16	0	58	27	6	0	33	69	22	0	91
Tas	1	0	0	1	2	0	0	2	3	0	0	3
NT	2	0	0	2	1	0	0	1	3	0	0	3
ACT	0	0	0	0	1	0	0	1	1	0	0	1
Total	**295**	**71**	**0**	**366**	**100**	**17**	**0**	**117**	**396**	**88**	**0**	**484**

a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.
Note: The arrest data for each state and territory include Australian Federal Police data.

TABLE 36: Other and unknown—not elsewhere classified: consumer and provider arrests, by state and territory and gender, 2011–12

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	706	186	1	893	231	40	0	271	1 401	312	1	1 714
Vic	1 436	371	2	1 809	501	100	5	606	1 939	471	7	2 417
Qld	2 154	747	0	2 901	500	157	0	657	2 654	904	0	3 558
SA	92	21	0	113	24	10	0	34	121	33	0	154
WA	1 229	427	8	1 664	334	103	3	440	1 563	530	11	2 104
Tas	300	105	0	405	61	10	1	72	361	115	1	477
NT	93	13	0	106	62	10	0	72	155	23	0	178
ACT	2	0	0	2	1	0	0	1	3	0	0	3
Total	**5 712**	**1 765**	**11**	**7 893**	**1 653**	**420**	**8**	**2 153**	**7 836**	**2 273**	**19**	**10 605**

a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.
Note: The arrest data for each state and territory include Australian Federal Police data.

TABLE 37: All arrests: consumer and provider arrests, by drug type, 2007–08 to 2011–12

Drug type	Consumer					Provider				
	2007–08	2008–09	2009–10	2010–11	2011–12	2007–08	2008–09	2009–10	2010–11	2011–12
Amphetamine-type stimulants	11 608	11 778	9 993	9 501	12 590	4 399	4 629	3 921	3 334	4 216
Cannabis	44 860	47 804	48 883	50 845	52 413	7 460	7 722	8 123	7 694	8 548
Heroin and other opioids	1 599	1 783	1 884	1 706	1 800	676	903	860	838	907
Cocaine	427	553	841	575	714	240	289	400	264	280
Steroids	133	158	221	277	389	28	44	67	68	118
Hallucinogens	222	270	366	283	366	102	99	144	89	117
Other and unknown nec	4 950	5 574	6 588	6 544	7 893	1 502	1 644	2 109	1 838	2 153
Total	**63 799**	**67 920**	**68 776**	**69 731**	**76 166**	**14 407**	**15 330**	**15 624**	**14 125**	**16 339**

Note: Excludes arrests where consumer/provider information was not recorded.

TABLE 38: All arrests: number and proportion, by drug type, 2007–08 to 2011–12

Drug Type	2007–08		2008–09		2009–10		2010–11		2011–12	
	No.	%	No.	%	No.	%	No.	%	No.	%
Amphetamine-type stimulants	16 047	20.4	16 452	19.6	13 982	16.4	12 897	15.2	16 828	18.1
Cannabis	52 465	66.7	55 638	66.3	57 170	67.1	58 760	69.3	61 011	65.5
Heroin and other opioids	2 279	2.9	2 693	3.2	2 767	3.2	2 551	3.0	2 714	2.9
Cocaine	669	0.9	848	1.0	1 244	1.5	839	1.0	995	1.1
Steroids	163	0.2	214	0.3	314	0.4	365	0.4	511	0.5
Hallucinogens	325	0.4	369	0.4	512	0.6	373	0.4	484	0.5
Other and unknown nec	6 727	8.6	7 659	9.1	9 263	10.9	8 972	10.6	10 605	11.4
Total	**78 675**	**100**	**83 873**	**100**	**85 252**	**100**	**84 757**	**100**	**93 148**	**100**

Note: Includes arrests where consumer/provider information was not recorded.

SEIZURE TABLES

TABLE 39: Seizures: drug type, by state and territory, 2011–12

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Amphetamine-type stimulants									
State police									
Seizures (no.)	5 432	1 144	3 307	538	3 305	258	326	136	14 446
Weight (gms)	376 218	19 774	25 217	13 190	20 367	4 683	4 092	499	464 040
AFP									
Seizures (no.)	340	250	43	1	96	0	2	13	745
Weight (gms)	506 698	560 289	16 049	965	9 211	0	15 358	18	1 108 588
Cannabis									
State police									
Seizures (no.)	14 721	3 649	18 205	486	8 356	2 736	2 156	469	50 778
Weight (gms)	1 245 217	3 140 683	802 618	1 000 658	294 719	205 103	237 610	405 169	7 331 777
AFP									
Seizures (no.)	526	187	81	1	170	0	29	51	1 045
Weight (gms)	1 920	1 943	5 735	557	289	0	614	6 418	17 476
Heroin									
State police									
Seizures (no.)	748	318	223	58	225	2	3	27	1 604
Weight (gms)	85 224	21 557	927	1 489	1 270	1	8	41	110 517
AFP									
Seizures (no.)	101	40	4	0	5	0	0	4	154
Weight (gms)	198 429	79 105	62	0	278	0	0	5	277 879
Other opioids									
State police									
Seizures (no.)	33	6	6	1	7	1	0	11	65
Weight (gms)	2 463	106	5	0	19	0	0	8	2 601
AFP									
Seizures (no.)	9	4	0	5	0	0	0	0	18
Weight (gms)	15 541	7 703	0	772	0	0	0	0	24 016

Note: Includes only those seizures for which a drug weight was recorded. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police. Totals may differ from those reported in jurisdictional annual reports due to the different counting rules applied.

TABLE 39 (continued): Seizures: drug type, by state and territory, 2011–12

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Cocaine									
State police									
Seizures (no.)	717	67	154	12	52	7	4	22	1 035
Weight (gms)	57 340	1 026	8 442	837	188	64	2	215	68 114
AFP									
Seizures (no.)	179	93	17	0	11	0	0	1	301
Weight (gms)	132 634	469 131	286 321	0	137	0	0	1	888 224
Steroids									
State police									
Seizures (no.)	122	0	26	1	5	0	12	10	176
Weight (gms)	13 439	0	65	31	236	0	315	60	14 146
AFP									
Seizures (no.)	22	8	2	0	0	0	0	0	32
Weight (gms)	13 459	5 985	151	0	0	0	0	0	19 595
Hallucinogens									
State police									
Seizures (no.)	146	13	16	3	45	0	7	0	230
Weight (gms)	3 996	235	179	365	9 873	0	2	0	14 650
AFP									
Seizures (no.)	17	28	5	0	5	0	0	0	55
Weight (gms)	3 496	5 103	45	0	264	0	0	0	8 908
Other and unknown drugs nec									
State police									
Seizures (no.)	2 232	259	1 158	17	971	131	207	27	5 002
Weight (gms)	1 292 138	9 709	105 296	9 501	16 537	3 551	214 122	1 507	1 652 361
AFP									
Seizures (no.)	126	202	34	4	25	1	2	3	397
Weight (gms)	11 395 386	328 565	29 981	6 031	19 947	100	19 142	78	11 799 230

Note: Includes only those seizures for which a drug weight was recorded. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police. Totals may differ from those reported in jurisdictional annual reports due to the different counting rules applied.

PURITY TABLES

TABLE 40: Amphetamine purity levels: state and territory, by quarter, 2011–12

State/territory	July–September 2011				October–December 2011				January–March 2012				April–June 2012				Total July 2011–June 2012			
		Purity				Purity				Purity				Purity				Purity		
	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Media (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	1	8.0	8.0	8.0	1	19.0	19.0	19.0	–	–	–	–	2	13.5	8.0	19.0
Total	–	–	–	–	1	8.0	8.0	8.0	1	19.0	19.0	19.0	–	–	–	–	2	13.5	8.0	19.0
AFP																				
<=2 gms	–	–	–	–	1	16.7	16.7	16.7	–	–	–	–	–	–	–	–	1	16.7	16.7	16.7
>2 gms	2	53.7	26.7	80.7	1	13.0	13.0	13.0	2	50.2	17.3	83.0	2	46.6	39.2	54.0	7	39.2	13.0	83.0
Total	2	53.7	26.7	80.7	2	14.9	13.0	16.7	2	50.2	17.3	83.0	2	46.6	39.2	54.0	8	33.0	13.0	83.0
Vic																				
State police																				
<=2 gms	9	10.5	4.9	79.8	–	–	–	–	3	2.5	0.4	6.8	3	4.8	4.8	18.9	15	6.8	0.4	79.8
>2 gms	13	56.0	0.6	94.1	3	10.9	3.2	57.6	6	42.6	1.0	85.5	8	10.5	0.2	72.8	30	35.9	0.2	94.1
Total	22	41.3	0.6	94.1	3	10.9	3.2	57.6	9	4.9	0.4	85.5	11	10.1	0.2	72.8	45	13.6	0.2	94.1
AFP																				
<=2 gms	1	16.7	16.7	16.7	–	–	–	–	–	–	–	–	–	–	–	–	1	16.7	16.7	16.7
>2 gms	6	63.8	0.1	81.5	1	80.6	80.6	80.6	1	79.6	79.6	79.6	1	74.4	74.4	74.4	9	74.4	0.1	81.5
Total	7	60.0	0.1	81.5	1	80.6	80.6	80.6	1	79.6	79.6	79.6	1	74.4	74.4	74.4	10	71.0	0.1	81.5
Qld																				
State police																				
<=2 gms	1	38.5	38.5	38.5	–	–	–	–	2	0.9	0.4	1.4	1	1.5	1.5	1.5	4	1.5	0.4	38.5
>2 gms	3	0.8	0.2	3.3	6	1.5	0.9	4.2	1	1.3	1.3	1.3	–	–	–	–	10	1.4	0.2	4.2
Total	4	2.1	0.2	38.5	6	1.5	0.9	4.2	3	1.3	0.4	1.4	1	1.5	1.5	1.5	14	1.5	0.2	38.5
AFP																				
<=2 gms	–	–	–	–	2	74.9	69.1	80.7	–	–	–	–	4	66.8	58.0	70.6	6	69.0	58.0	80.7
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	3	76.0	2.9	83.5	3	76.0	2.9	83.5
Total	–	–	–	–	2	74.9	69.1	80.7	–	–	–	–	7	68.8	2.9	83.5	9	69.1	2.9	83.5
SA																				
State police																				
<=2 gms	6	11.8	1.0	32.8	1	0.5	0.5	0.5	–	–	–	–	–	–	–	–	7	11.7	0.5	32.8
>2 gms	6	13.1	–	28.0	2	0.3	0.2	0.3	–	–	–	–	–	–	–	–	8	12.7	–	28.0
Total	12	12.7	–	32.8	3	0.3	0.2	0.5	–	–	–	–	–	–	–	–	15	11.9	–	32.8
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all amphetamine seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of amphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of amphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 40 (continued): Amphetamine purity levels: state and territory, by quarter, 2011–12

State/territory	July–September 2011				October–December 2011				January–March 2012				April–June 2012				Total July 2011–June 2012			
		Purity				Purity				Purity				Purity				Purity		
	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	3	1.0	1.0	1.0	–	–	–	–	–	–	–	–	–	–	–	–	3	1.0	1.0	1.0
>2 gms	–	–	–	–	1	0.1	0.1	0.1	–	–	–	–	2	5.5	5.0	6.0	3	5.0	0.1	6.0
Total	3	1.0	1.0	1.0	1	0.1	0.1	0.1	–	–	–	–	2	5.5	5.0	6.0	6	1.0	0.1	6.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	88.0	88.0	88.0	–	–	–	–	–	–	–	–	–	–	–	–	1	88.0	88.0	88.0
Total	1	88.0	88.0	88.0	–	–	–	–	–	–	–	–	–	–	–	–	1	88.0	88.0	88.0
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	7	73.5	46.8	79.3	1	77.0	77.0	77.0	4	40.3	2.8	75.6	1	73.8	73.8	73.8	13	73.5	2.8	79.3
>2 gms	6	63.7	1.2	78.9	2	54.9	29.6	80.1	1	56.4	56.4	56.4	1	10.9	10.9	10.9	10	54.3	1.2	80.1
Total	13	73.5	1.2	79.3	3	77.0	29.6	80.1	5	56.4	2.8	75.6	2	42.4	10.9	73.8	23	71.4	1.2	80.1
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all amphetamine seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of amphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of amphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 41: Methylamphetamine purity levels: state and territory, by quarter, 2011–12

	July–September 2011				October–December 2011				January–March 2012				April–June 2012				Total July 2011–June 2012			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	93	34.0	2.0	87.0	53	76.0	2.0	84.5	36	29.3	1.5	83.0	36	57.0	1.0	85.0	218	51.0	1.0	87.0
>2 gms	84	11.5	1.0	84.0	138	12.5	1.0	90.0	117	12.0	1.0	88.5	62	29.8	1.0	82.5	401	12.5	1.0	90.0
Total	177	24.0	1.0	87.0	191	28.5	1.0	90.0	153	12.5	1.0	88.5	98	37.0	1.0	85.0	619	19.5	1.0	90.0
AFP																				
<=2 gms	5	78.5	1.2	79.9	1	77.8	77.8	77.8	–	–	–	–	2	52.8	25.2	80.3	8	78.2	1.2	80.3
>2 gms	11	78.0	2.9	81.0	16	76.9	34.4	80.3	7	76.2	4.9	80.3	12	79.6	46.3	80.3	46	77.6	2.9	81.0
Total	16	78.2	1.2	81.0	17	77.0	34.4	80.3	7	76.2	4.9	80.3	14	79.6	25.2	80.3	54	77.7	1.2	81.0
Vic																				
State police																				
<=2 gms	361	54.5	0.2	99.3	254	47.7	0.5	100.0	133	66.8	0.5	100.0	63	81.9	1.4	96.3	811	55.6	0.2	100.0
>2 gms	143	62.7	0.4	96.4	75	30.0	0.5	96.2	54	80.5	0.4	96.2	59	70.2	0.5	93.9	331	66.7	0.4	96.4
Total	504	56.7	0.2	99.3	329	47.0	0.5	100.0	187	72.8	0.4	100.0	122	77.6	0.5	96.3	1142	60.0	0.2	100.0
AFP																				
<=2 gms	1	100.0	100.0	100.0	–	–	–	–	1	79.9	79.9	79.9	3	66.7	12.6	80.0	5	79.9	12.6	100.0
>2 gms	6	79.0	63.9	80.3	8	58.7	9.0	80.0	5	80.0	31.0	80.2	2	74.6	74.4	74.7	21	76.8	9.0	80.3
Total	7	79.6	63.9	100.0	8	58.7	9.0	80.0	6	80.0	31.0	80.2	5	74.4	12.6	80.0	26	77.2	9.0	100.0
Qld																				
State police																				
<=2 gms	433	23.5	0.1	79.3	379	45.2	0.1	77.5	388	47.4	0.1	77.3	115	30.3	0.3	78.1	1315	36.1	0.1	79.3
>2 gms	100	12.9	0.1	76.2	136	18.7	0.1	75.5	107	37.6	0.1	75.2	36	46.1	0.2	77.2	379	25.3	0.1	77.2
Total	533	20.6	0.1	79.3	515	38.5	0.1	77.5	495	46.0	0.1	77.3	151	34.7	0.2	78.1	1694	34.2	0.1	79.3
AFP																				
<=2 gms	1	52.5	52.5	52.5	–	–	–	–	1	80.3	80.3	80.3	–	–	–	–	2	66.4	52.5	80.3
>2 gms	2	43.0	6.3	79.7	–	–	–	–	3	76.2	25.2	80.3	–	–	–	–	5	76.2	6.3	80.3
Total	3	52.5	6.3	79.7	–	–	–	–	4	78.3	25.2	80.3	–	–	–	–	7	76.2	6.3	80.3
SA																				
State police																				
<=2 gms	62	57.9	0.1	80.2	43	33.8	–	80.3	64	65.4	0.1	82.2	30	46.2	–	80.0	199	55.5	–	82.2
>2 gms	106	21.2	–	80.1	90	30.1	–	80.7	99	50.5	–	86.2	71	44.3	–	78.0	366	39.1	–	86.2
Total	168	31.4	–	80.2	133	30.8	–	80.7	163	55.3	–	86.2	101	44.3	–	80.0	565	43.3	–	86.2
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	40.8	40.8	40.8	–	–	–	–	–	–	–	–	–	–	–	–	1	40.8	40.8	40.8
Total	1	40.8	40.8	40.8	–	–	–	–	–	–	–	–	–	–	–	–	1	40.8	40.8	40.8

Note: Figures do not represent the purity levels of all methylamphetamine seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of methylamphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 41 (continued): Methylamphetamine purity levels: state and territory, by quarter, 2011–12

	July–September 2011				October–December 2011				January–March 2012				April–June 2012				Total July 2011–June 2012			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	88	24.0	3.5	63.0	34	46.5	0.5	80.0	63	15.0	0.3	86.0	70	47.0	0.2	88.0	255	33.0	0.2	88.0
>2 gms	149	41.0	0.2	85.0	126	49.0	0.1	92.0	183	60.0	0.1	88.0	180	56.0	0.1	86.0	638	53.5	0.1	92.0
Total	237	34.0	0.2	85.0	160	48.5	0.1	92.0	246	51.0	0.1	88.0	250	55.0	0.1	88.0	893	47.0	0.1	92.0
AFP																				
<=2 gms	1	78.2	78.2	78.2	–	–	–	–	2	32.9	9.9	55.9	–	–	–	–	3	55.9	9.9	78.2
>2 gms	4	77.4	73.1	78.6	5	76.3	73.8	78.6	4	79.1	47.3	80.3	8	35.7	6.1	79.2	21	76.2	6.1	80.3
Total	5	78.2	73.1	78.6	5	76.3	73.8	78.6	6	66.9	9.9	80.3	8	35.7	6.1	79.2	24	75.0	6.1	80.3
Tas																				
State police																				
<=2 gms	1	8.7	8.7	8.7	1	1.7	1.7	1.7	–	–	–	–	–	–	–	–	2	5.2	1.7	8.7
>2 gms	3	7.9	6.9	17.0	4	6.7	6.1	70.8	9	8.8	–	59.3	5	8.8	2.9	71.9	21	7.9	–	71.9
Total	4	8.3	6.9	17.0	5	6.3	1.7	70.8	9	8.8	–	59.3	5	8.8	2.9	71.9	23	7.9	–	71.9
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all methylamphetamine seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of methylamphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 42: Phenethylamines purity levels: state and territory, by quarter, 2011–12

	July–September 2011				October–December 2011				January–March 2012				April–June 2012				Total July 2011–June 2012			
		Purity				Purity				Purity				Purity				Purity		
	Cases	Median	Min	Max	Cases	Median	Min	Max	Cases	Median	Min	Max	Cases	Median	Min	Max	Cases	Median	Min	Max
State/territory	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)
NSW																				
State police																				
<=2 gms	20	11.3	2.0	60.0	23	17.0	2.0	81.5	28	20.3	1.5	84.5	21	20.5	1.5	83.0	92	20.0	1.5	84.5
>2 gms	26	9.5	1.0	82.0	52	10.0	1.0	86.5	53	16.5	1.5	86.0	31	17.5	1.0	87.0	162	14.5	1.0	87.0
Total	46	10.0	1.0	82.0	75	14.5	1.0	86.5	81	19.0	1.5	86.0	52	18.0	1.0	87.0	254	16.8	1.0	87.0
AFP																				
<=2 gms	1	17.0	17.0	17.0	2	8.8	5.5	12.1	1	45.9	45.9	45.9	2	50.6	23.7	77.5	6	20.4	5.5	77.5
>2 gms	2	49.2	38.0	60.3	2	10.7	2.4	18.9	4	67.0	40.3	82.1	3	54.5	23.1	71.4	11	53.9	2.4	82.1
Total	3	38.0	17.0	60.3	4	8.8	2.4	18.9	5	53.9	40.3	82.1	5	54.5	23.1	77.5	17	40.3	2.4	82.1
Vic																				
State police																				
<=2 gms	26	24.5	6.1	85.4	42	19.2	1.9	90.7	32	16.8	5.3	82.2	17	16.6	5.6	83.2	117	17.9	1.9	90.7
>2 gms	8	9.7	0.2	26.2	6	19.8	15.7	32.6	8	17.3	2.1	83.8	5	39.1	16.0	86.7	27	18.1	0.2	86.7
Total	34	20.2	0.2	85.4	48	19.3	1.9	90.7	40	16.8	2.1	83.8	22	16.8	5.6	86.7	144	18.1	0.2	90.7
AFP																				
<=2 gms	1	40.0	40.0	40.0	–	–	–	–	–	–	–	–	–	–	–	–	1	40.0	40.0	40.0
>2 gms	–	–	–	–	4	19.4	18.1	20.2	–	–	–	–	2	49.2	42.5	55.8	6	19.9	18.1	55.8
Total	1	40.0	40.0	40.0	4	19.4	18.1	20.2	–	–	–	–	2	49.2	42.5	55.8	7	20.2	18.1	55.8
Qld																				
State police																				
<=2 gms	31	16.7	0.2	70.9	40	23.4	0.2	73.4	35	14.4	1.3	72.5	24	17.6	1.0	70.2	130	16.5	0.2	73.4
>2 gms	23	4.0	0.2	25.6	16	12.8	1.3	70.8	18	10.1	1.3	71.3	17	15.7	8.4	69.5	74	13.5	0.2	71.3
Total	54	14.3	0.2	70.9	56	17.3	0.2	73.4	53	13.5	1.3	72.5	41	17.5	1.0	70.2	204	15.4	0.2	73.4
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	1	77.1	77.1	77.1	1	77.1	77.1	77.1
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	1	77.1	77.1	77.1	1	77.1	77.1	77.1
SA																				
State police																				
<=2 gms	–	–	–	–	3	45.0	44.8	45.7	7	16.5	2.0	38.5	6	14.3	0.4	18.0	16	16.4	0.4	45.7
>2 gms	1	17.2	17.2	17.2	13	13.9	11.7	17.3	19	17.5	12.8	79.2	37	15.5	12.9	24.3	70	15.6	11.7	79.2
Total	1	17.2	17.2	17.2	16	14.0	11.7	45.7	26	16.9	2.0	79.2	43	15.4	0.4	24.3	86	15.7	0.4	79.2
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Phenethylamines include MDA, MDEA, MDMA, Mescaline, PMA, DMA and Phenethylamines not elsewhere classified (n.e.c). Figures do not represent the purity levels of all phenethylamines seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of phenethylamines received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of phenethylamines seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 42 (continued): Phenethylamines purity levels: state and territory, by quarter, 2011–12

State/territory	July–September 2011 Cases (no.)	July–September 2011 Purity Median (%)	July–September 2011 Purity Min (%)	July–September 2011 Purity Max (%)	October–December 2011 Cases (no.)	October–December 2011 Purity Median (%)	October–December 2011 Purity Min (%)	October–December 2011 Purity Max (%)	January–March 2012 Cases (no.)	January–March 2012 Purity Median (%)	January–March 2012 Purity Min (%)	January–March 2012 Purity Max (%)	April–June 2012 Cases (no.)	April–June 2012 Purity Median (%)	April–June 2012 Purity Min (%)	April–June 2012 Purity Max (%)	Total July 2011–June 2012 Cases (no.)	Total July 2011–June 2012 Purity Median (%)	Total July 2011–June 2012 Purity Min (%)	Total July 2011–June 2012 Purity Max (%)
WA																				
State police																				
<=2 gms	–	–	–	–	1	21.0	21.0	21.0	8	14.0	11.0	22.0	11	14.0	5.0	24.0	20	14.5	5.0	24.0
>2 gms	7	21.0	8.0	28.0	2	33.0	18.0	48.0	4	11.5	2.0	15.0	28	17.0	5.0	83.0	41	18.0	2.0	83.0
Total	7	21.0	8.0	28.0	3	21.0	18.0	48.0	12	13.0	2.0	22.0	39	17.0	5.0	83.0	61	17.0	2.0	83.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	1	22.7	22.7	22.7	1	22.7	22.7	22.7
Total	–	–	–	–	–	–	–	–	–	–	–	–	1	22.7	22.7	22.7	1	22.7	22.7	22.7
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	1	15.8	15.8	15.8	–	–	–	–	–	–	–	–	–	–	–	–	1	15.8	15.8	15.8
>2 gms	1	14.8	14.8	14.8	1	14.9	14.9	14.9	–	–	–	–	–	–	–	–	2	14.9	14.8	14.9
Total	2	15.3	14.8	15.8	1	14.9	14.9	14.9	–	–	–	–	–	–	–	–	3	14.9	14.8	15.8
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Phenethylamines include MDA, MDEA, MDMA, Mescaline, PMA, DMA and Phenethylamines not elsewhere classified (n.e.c). Figures do not represent the purity levels of all phenethylamines seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of phenethylamines received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of phenethylamines seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 43: Heroin purity levels: state and territory, by quarter, 2011–12

	July–September 2011				October–December 2011				January–March 2012				April–June 2012				Total July 2011–June 2012			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	33	51.5	3.0	84.5	21	31.0	2.0	72.5	11	36.0	23.0	67.0	20	24.0	11.5	75.0	85	30.0	2.0	84.5
>2 gms	19	41.0	10.5	75.0	19	24.0	8.5	72.0	15	40.5	23.5	65.5	11	27.0	6.5	44.0	64	29.0	6.5	75.0
Total	52	42.8	3.0	84.5	40	27.5	2.0	72.5	26	38.5	23.0	67.0	31	25.5	6.5	75.0	149	30.0	2.0	84.5
AFP																				
<=2 gms	1	63.6	63.6	63.6	–	–	–	–	–	–	–	–	1	46.2	46.2	46.2	2	54.9	46.2	63.6
>2 gms	12	42.4	25.3	75.8	7	42.2	36.0	53.4	14	44.3	14.1	75.0	17	56.2	16.8	75.7	50	43.2	14.1	75.8
Total	13	43.0	25.3	75.8	7	42.2	36.0	53.4	14	44.3	14.1	75.0	18	52.8	16.8	75.7	52	43.4	14.1	75.8
Vic																				
State police																				
<=2 gms	168	14.7	8.0	77.2	129	15.0	6.8	78.4	104	12.9	6.7	80.9	13	12.7	8.0	16.0	414	14.4	6.7	80.9
>2 gms	69	15.6	12.2	85.8	14	16.7	10.7	65.3	13	11.9	7.8	32.1	1	17.0	17.0	17.0	97	15.4	7.8	85.8
Total	237	15.0	8.0	85.8	143	15.0	6.8	78.4	117	12.9	6.7	80.9	14	13.1	8.0	17.0	511	14.6	6.7	85.8
AFP																				
<=2 gms	2	66.9	56.8	76.9	–	–	–	–	2	25.0	–	50.0	1	39.3	39.3	39.3	5	50.0	–	76.9
>2 gms	2	74.7	73.1	76.2	1	47.6	47.6	47.6	1	40.1	40.1	40.1	10	68.7	17.1	72.3	14	68.7	17.1	76.2
Total	4	74.7	56.8	76.9	1	47.6	47.6	47.6	3	40.1	–	50.0	11	68.6	17.1	72.3	19	56.8	–	76.9
Qld																				
State police																				
<=2 gms	25	17.6	1.7	37.7	43	18.7	5.1	71.7	79	19.7	0.2	33.0	34	10.7	2.9	58.1	181	18.1	0.2	71.7
>2 gms	11	24.3	8.0	68.3	8	19.0	7.4	25.1	11	18.1	1.0	25.6	8	13.4	10.3	38.3	38	19.5	1.0	68.3
Total	36	20.4	1.7	68.3	51	18.8	5.1	71.7	90	19.7	0.2	33.0	42	11.1	2.9	58.1	219	18.6	0.2	71.7
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	44.2	44.2	44.2	–	–	–	–	–	–	–	–	–	–	–	–	1	44.2	44.2	44.2
Total	1	44.2	44.2	44.2	–	–	–	–	–	–	–	–	–	–	–	–	1	44.2	44.2	44.2
SA																				
State police																				
<=2 gms	14	28.3	17.5	73.1	30	21.8	13.5	74.2	8	15.6	14.9	16.0	24	26.0	13.7	38.3	76	22.6	13.5	74.2
>2 gms	13	23.6	12.6	73.1	12	17.4	13.0	27.7	7	17.2	14.7	26.4	11	16.9	0.1	51.2	43	19.2	0.1	73.1
Total	27	27.0	12.6	73.1	42	20.2	13.0	74.2	15	15.9	14.7	26.4	35	24.7	0.1	51.2	119	20.6	0.1	74.2
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Figures do not represent the purity levels of all heroin seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of heroin received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of heroin seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 43 (continued): Heroin purity levels: state and territory, by quarter, 2011–12

State/territory	July–September 2011				October–December 2011				January–March 2012				April–June 2012				Total July 2011–June 2012			
		Purity				Purity				Purity				Purity				Purity		
	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	5	69.0	46.0	78.0	4	32.0	4.0	69.0	18	21.5	18.0	30.0	–	–	–	–	27	22.0	4.0	78.0
>2 gms	19	59.0	19.0	71.0	13	71.0	21.0	85.0	56	45.0	11.0	77.0	1	67.0	67.0	67.0	89	56.0	11.0	85.0
Total	24	59.5	19.0	78.0	17	69.0	4.0	85.0	74	29.0	11.0	77.0	1	67.0	67.0	67.0	116	46.0	4.0	85.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	1	35.7	35.7	35.7	1	35.7	35.7	35.7
Total	–	–	–	–	–	–	–	–	–	–	–	–	1	35.7	35.7	35.7	1	35.7	35.7	35.7
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	1	18.0	18.0	18.0	–	–	–	–	7	21.7	16.1	22.3	–	–	–	–	8	21.7	16.1	22.3
>2 gms	4	35.2	17.4	68.7	–	–	–	–	–	–	–	–	–	–	–	–	4	35.2	17.4	68.7
Total	5	35.1	17.4	68.7	–	–	–	–	7	21.7	16.1	22.3	–	–	–	–	12	21.8	16.1	68.7
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Figures do not represent the purity levels of all heroin seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of heroin received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of heroin seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 44: Cocaine purity levels: state and territory, by quarter, 2011–12

	July–September 2011				October–December 2011				January–March 2012				April–June 2012				Total July 2011–June 2012			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Media (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Media (%)	Min (%)	Max (%)	Case (no.)	Media (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	14	38.0	4.5	78.5	7	62.0	14.0	77.0	5	58.5	14.5	62.5	4	58.5	18.0	72.0	30	48.0	4.5	78.5
>2 gms	20	47.0	30.5	93.5	31	43.0	10.5	80.5	28	63.0	34.5	83.5	20	55.5	15.5	72.5	99	53.0	10.5	93.5
Total	34	43.0	4.5	93.5	38	47.0	10.5	80.5	33	62.0	14.5	83.5	24	55.5	15.5	72.5	129	52.5	4.5	93.5
AFP																				
<=2 gms	2	68.9	57.1	80.6	1	50.0	50.0	50.0	–	–	–	–	1	59.3	59.3	59.3	4	58.2	50.0	80.6
>2 gms	15	67.7	18.3	85.8	24	75.3	25.8	89.3	23	64.1	46.1	85.3	10	66.2	15.1	80.7	72	67.1	15.1	89.3
Total	17	67.7	18.3	85.8	25	74.9	25.8	89.3	23	64.1	46.1	85.3	11	66.0	15.1	80.7	76	66.7	15.1	89.3
Vic																				
State police																				
<=2 gms	32	40.2	2.7	100.0	19	26.3	9.4	67.4	7	20.3	12.8	43.1	7	80.7	51.4	82.6	65	37.3	2.7	100.0
>2 gms	11	60.6	7.7	80.6	3	39	23.0	41	3	44.4	31.6	63.7	15	68.3	22.0	85.5	32	61.0	7.7	85.5
Total	43	41.3	2.7	100.0	22	26.7	9.4	67.4	10	30.9	12.8	63.7	22	70.5	22.0	85.5	97	43.2	2.7	100.0
AFP																				
<=2 gms	3	69.0	32.2	100.0	1	75.5	75.5	75.5	–	–	–	–	–	–	–	–	4	72.3	32.2	100.0
>2 gms	6	3.0	0.1	76.6	3	19.8	2.2	50.5	9	71.8	19.3	85.9	8	62.8	47.3	79.7	26	53.3	0.1	85.9
Total	9	11.7	0.1	100.0	4	35.2	2.2	75.5	9	71.8	19.3	85.9	8	62.8	47.3	79.7	30	57.0	0.1	100.0
Qld																				
State police																				
<=2 gms	14	16.7	7.9	68.7	35	19.8	0.7	83.3	34	14.9	6.0	80.9	7	33.3	21.4	51.8	90	16.5	0.7	83.3
>2 gms	18	20.6	4.4	76.7	11	19.0	6.0	82.6	5	47.4	14.6	79.4	1	20.9	20.9	20.9	35	19.4	4.4	82.6
Total	32	18.9	4.4	76.7	46	19.2	0.7	83.3	39	15.2	6.0	80.9	8	33.3	20.9	51.8	125	18.7	0.7	83.3
AFP																				
<=2 gms	1	28.0	28.0	28.0	–	–	–	–	–	–	–	–	–	–	–	–	1	28.0	28.0	28.0
>2 gms	1	77.6	77.6	77.6	–	–	–	–	5	66.0	26.2	82.3	2	66.7	60.6	72.7	8	69.4	26.2	82.3
Total	2	52.8	28.0	77.6	–	–	–	–	5	66.0	26.2	82.3	2	66.7	60.6	72.7	9	66.0	26.2	82.3
SA																				
State police																				
<=2 gms	7	47.8	5.9	86.6	3	73.7	69.7	74.7	–	–	–	–	1	38.4	38.4	38.4	11	54.8	5.9	86.6
>2 gms	9	32.0	6.0	52	7	16.6	0.3	40.8	1	6.4	6.4	6.4	2	39.9	38.6	41.2	19	27.5	0.3	51.9
Total	16	32.0	5.9	86.6	10	22.1	0.3	74.7	1	6.4	6.4	6.4	3	38.6	38.4	41.2	30	32.0	0.3	86.6
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Figures do not represent the purity levels of all cocaine seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of cocaine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 44 (continued): Cocaine purity levels: state and territory, by quarter, 2011–12

	July–September 2011				October–December 2011				January–March 2012				April–June 2012				Total July 2011–June 2012			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	5	31.0	17.0	80.0	1	62.0	–	62.0	6	–	–	30.0	6	–	–	40.0	28	–	–	80.0
>2 gms	6	37.5	2.0	92.0	2	27.0	–	33.0	5	46.0	33.0	55.0	4	48.5	30.0	64.0	18	42.0	–	92.0
Total	11	31.0	2.0	92.0	3	33.0	–	62.0	11	30.0	–	55.0	10	15.0	–	64.0	46	19.0	–	92.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	2	67.9	64.8	70.9	–	–	–	–	–	–	–	–	1	16.7	16.7	16.7	3	64.8	16.7	70.9
Total	2	67.9	64.8	70.9	–	–	–	–	–	–	–	–	1	16.7	16.7	16.7	3	64.8	16.7	70.9
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	1	29.8	29.8	29.8	1	29.8	29.8	29.8
Total	–	–	–	–	–	–	–	–	–	–	–	–	1	29.8	29.8	29.8	1	29.8	29.8	29.8
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	1	56.8	56.8	56.8	–	–	–	–	–	–	–	–	–	–	–	–	1	56.8	56.8	56.8
>2 gms	4	40.6	30.0	56.5	–	–	–	–	–	–	–	–	–	–	–	–	4	40.6	30.0	56.5
Total	5	46.4	30.0	56.8	–	–	–	–	–	–	–	–	–	–	–	–	5	46.4	30.0	56.8
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Figures do not represent the purity levels of all cocaine seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of cocaine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

PRICE TABLES

TABLE 45: Amphetamine prices by state and territory, 2011–12 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT[a]
1 street deal (0.1 gram)	na	30–40	50–150	na	na	50–70	50–150	30–50
0.7 gram	na	na	na	na	na	na	na	na
1 weight gram	na	150–400	180–500	na	na	300	400–800	250–650
2 grams	na	na	na	na	na	na	na	na
3 grams	na	na	na	na	na	na	na	na
8 ball (3.5 grams; i.e. 1/8 ounce)	na	600–800	600–1 100	na	na	800–900	1 000–1 500	700–1 100
1/4 ounce	na	1 000	na	na	na	na	na	na
1 vial (1/2 ounce)	na	2 000	na	na	na	na	na	na
1 ounce (street deal)	na	3 000–4 000	na	na	na	na	10 000–12 000	na
1 ounce	na	3 500–5 000	na	na	na	4 000–5 000	na	5 000–8 500
1 pound	na	40 000–60 000	na	na	na	na	na	na
1 kilogram	na	100 000–120 000	na	na	na	na	na	na

TABLE 46: MDMA prices by state and territory, 2011–12 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT[b]
1 tablet/capsule	20–40	30–40	20–50	20–30	35	na	30–60	20–40
2–24 tablets/capsules (per tab)	na	25–35	20–35	na	na	na	na	15–20
25–99 tablets/capsules (per tab)	18–25	20–30	15–25	na	na	na	na	14–16
100–999 tablets/capsules (per tab)	12–20	15–25	8–20	11–15	na	na	na	8–10
1000+ tablets/capsules (per tab)	8–13	10–20	7–18	na	17	na	na	7–8

a. Prices are reflective of the current market during April 2012.
b. Ibid.

TABLE 47: Methylamphetamine prices by state and territory, 2011–12 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT[a]
Crystal form ('ice')								
1 street deal (0.1 gram)	50–100	na	50–150	100	100–200	80–100	100–200	50–80
0.7 gram	na	na	na	na	na	na	na	300
1 weight gram	400–800	500–1 000	300–500	na	700–800	na	1 000–2 000	350–650
2 grams	na	na	na	na	na	na	na	na
3 grams	na	na	na	na	na	na	na	na
8 ball (3.5 gram; i.e. 1/8 ounce)	1 000–2 000	1 000–2 000	750–1 700	2 400–2 500	1 900–2 700	na	3 000–4 000	1 400–2 000
1/4 ounce	na	5 000–7 000	na	na	na	na	na	3 750
1 vial (1/2 ounce)	na	na	na	na	6 500–8 000	3 000	na	na
1 ounce (street deal)	na	na	3 300–8 000	na	na	na	12 000–18 000	na
1 ounce	7 000–12 000	13 000–21 000	13 000–15 000	na	16 000–17 000	na	na	9 000–12 500
1 pound	95 000–120 000	na	70 000–120 000	na	na	na	na	na
1 kilogram	200 000–250 000	280 000–330 000	na	na	na	na	na	na
Non-crystal form								
Powder/paste/base								
1 street deal (0.1 gram)	40–60	30–40	50–150	50	na	50–70	na	na
0.7 gram	na	na	na	na	na	na	na	na
1 weight gram	100–250	150–400	180–500	700–900	na	300	na	na
2 grams	na	na	na	na	na	na	na	na
3 grams	na	na	na	na	na	na	na	na
8 ball (3.5 gram; i.e. 1/8 ounce)	200–550	600–800	600–1 100	1 800–2 200	na	800–900	na	na
1/4 ounce	na	1 000	na	na	na	na	na	na
1 vial (1/2 ounce)	na	2 000	na	na	na	na	na	na
1 ounce (street deal)	na	3 000–4 000	4 000	na	na	na	na	na
1 ounce	2 000–4 000	3 500–5 000	na	8 000–11 000	na	4 000–5 000	na	na
1 pound	25 000–40 000	40 000–60 000	45 000–90 000	na	na	na	na	na
1 kilogram	70 000–110 000	100 000–120 000	na	250 000	na	na	na	na

a. Prices are reflective of the current market during April 2012.

TABLE 48: Cannabis prices by state and territory, 2011–12 ($)

Weight	NSW	Vic	Qld	SA[a]	WA	Tas	NT	ACT[b]
Bush								
Leaf								
Deal (1 gram approx.)	na	20–30	15–25	na	na	na	na	na
1/2 bag (14 grams)	na	200	na	na	na	na	na	na
Ounce bag (28 grams)	na	350–450	na	na	na	na	na	na
1 pound	na	2 500–4 000	na	na	na	na	na	na
1 kilogram	na	5 000–8 000	na	na	na	na	na	na
Head								
Deal (1 gram approx.)	20–30	25–30	15–25	na	na	25	na	na
1/4 bag (7 grams)	na	150	50–120	na	na	80	na	na
1/2 bag (14 grams)	na	250	na	na	na	150	na	na
Ounce bag (28 grams)	250–400	450	200–350	na	na	200–300	na	na
1 pound	2 500–4 000	4 000	2 800–4 000	na	na	3 500	na	na
1 kilogram	na	8 000	na	na	na	7 000	na	na
1 mature plant	2 000	3 000	3 000	na	na	na	na	na
Hydroponic								
Leaf								
Deal (1 gram approx.)	na	20–30	15–25	na	na	na	na	na
1/2 bag (14 grams)	na	200	na	na	na	na	na	na
Ounce bag (28 grams)	na	350–450	na	na	na	na	na	na
1 pound	na	2 500–4 000	na	na	na	na	na	na
1 kilogram	na	5 000–8 000	na	na	na	na	na	na
Head								
Deal (1 gram approx.)	20–30	25–30	25–50	25[c]	30	25	30–100	20
1/2 bag (14 grams)	na	250	50–120	na	na	150	na	160–170
Ounce bag (28 grams)	300–400	450	300–450	200–250	300–700	300	350–500	250–350
1 pound	3 500–5 000	4 000	3 800–5 000	2 500–3 100	4 400	4 500	3 800–6 000	3 200–4 000
1 kilogram	na	8 000	na	na	na	8 500–9 000	na	na
1 mature plant	5 000	3 000	3 200–5 000	na	na	na	na	2 000–5 000
Resin								
Deal (1 gram approx.)	40–50	na	25–50	na	na	na	50–100	na
Cap/vial	na	na	50	na	na	na	na	na

a. South Australia Police has not provided prices for cannabis 'leaf' as this is believed to no longer have a market in South Australia—only 'head' is sold.
b. Prices are reflective of the current market during April 2012.
c. In South Australia, a deal bag (J-bag) contains 2-3 grams of cannabis.

TABLE 49: Heroin prices by state and territory, 2011–12 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT[a]
Half point (0.05 gram)	na	na	na	na	na	na	na	na
1 taste/cap (0.1–0.3 gram)	40–70	50	50	50–100	100–150	na	na	50–80
1/4 gram	na	na	100	na	na	na	na	70–100
1/2 weight (0.4–0.6 gram)	150–250	200	200	200	na	na	na	150–180
1 street weight (0.6–0.8 gram)	na	na	400	na	na	na	na	na
1 gram	200–450	300		550–600	500–1 000	na	na	300–360
8 ball (3.5 grams; i.e. 1/8 ounce)	800–1 400	1 700[b]	800–1 200	1 200–1 250	1 500–3 300	na	na	800–1 200
10 gram bag	na	5 000	na	na	na	na	na	na
1/2 ounce	na	3 500	na	na	na	na	na	na
1 ounce	7 000–15 000	8 500–16 000	7 000–8 000	8 000	na	na	na	6 400–9 600
1/2 Asian catti (350 grams)	90 000–120 000	na	90 000–120 000	na	na	na	na	na
12.5 ounce block	na	95 000–180 000	na	na	na	na	na	na
1 pound	na	na	na	na	na	na	na	na
Asian catti (700 grams)	160 000–210 000	na	na	na	na	na	na	na
1 kilogram	280 000	na	na	na	na	na	na	na

TABLE 50: Cocaine prices by state and territory, 2011–12 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT[c]
1 cap	50–70	na	50	100	na	na	na	na
1 gram	250–400	450	300–400	na	na	350	500	300–500
1/4 ounce (7 grams)	na	3 000–4 000	na	na	na	na	na	na
1 ounce (28 grams)	5 500–9 500	10 000–14 000	6 000–7 500	7 000–9 000	11 000	7 000–10 000	na	5 000–12 000
1 pound (0.45 kilograms)	na	na	na	na	na	na	na	na
1 kilogram	190 000–250 000	200 000–240 000	250 000	220 000	na	na	na	300 000

a. Prices are reflective of the current market during April 2012.
b. This is believed to be of a higher purity.
c. Prices are reflective of the current market during April 2012.

TABLE 51: Other drugs prices by state and territory, 2011–12 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT	ACT[a]
LSD								
1–9 tabs (ddu[b])	na	na	20–50	na	na	20	25–30	na
10–100 tabs (ddu)	15–25	na	800	na	na	na	na	na
101–999 tabs (ddu)	4–10	2 400[c]	na	na	na	na	na	na
1000+ tabs (ddu)	3–6	na	na	na	na	na	na	na
1 x 20 millilitre vial	na	na	800	na	na	na	na	na
Ketamine								
Tablet	na	na	na	na	na	na	50	na
Powder (1 gram)	50–180	na	150–200	na	na	na	na	na
Vial (5–10 millilitres)	100–200	na	na	na	na	na	na	na
GHB/GBL								
1–1.5 millilitres	3–8	na	4–8	7–8	na	na	na	na
4–5 millilitres (fish)	15–25	na	15	na	na	na	na	na
10–15 millilitres	50–80	na	na	na	na	na	na	na
50 millilitres	na	na	250	na	na	na	na	na
100 millilitres	na	100–200	na	na	na	na	na	na
Bulk	na	na	na	na	1 000	na	na	na
1 litre	2 200–4 000	na	2 000–3 000	5 000	na	na	na	na
25 litres	15 000–17 000	na	na	na	na	na	na	na
GHB								
Serve/4 milligrams	na	20	20	na	na	na	na	na
vial	na	na	na	na	na	na	na	na
8 serves/32 milligrams	na	na	na	na	na	na	na	na
Opioid pharmaceuticals								
Per milligram	na	na	na	na	na	1[d]	na	na
Per tablet	na	na	10–12	na	na	na	80–100	na
Oxycontin (per tablet)	30–100	na	na	5–20	na	na	na	20
Oxycontin (60 milligram tablet)	na	na	20–30	na	na	na	na	na
Oxycontin (100 milligram tablet)	na	na	20–80	na	na	na	na	na
Oxycontin (1 box)	na	na	2 800	na	na	na	na	na
MS Contin								
1 milligram	na	na	na	na	na	1	na	na
per tablet	30–100	na	30	na	na	na	na	na
60 milligram tablet	na	na	30–40	na	na	na	na	na
100 milligram tablet	na	na	60–100	na	na	na	na	na
Kapanol (per tablet)	na	na	na	na	na	na	na	na
Buprenorphine (2 milligram tablet))	na	na	10–20	20	na	na	na	na
Buprenorphine (8 milligram tablet))	na	na	20–50	na	na	na	na	na
Fentanyl (1 microgram tablet)	na	na	4	na	na	na	na	na
Fentanyl (1 x 100 microgram patch)	na	na	400	na	na	na	na	na
Morphine (per tablet)	na	na	40–100	na		na	na	na

a. Prices are reflective of the current market during April 2012.
b. Discrete dosage units (ddu).
c. This price is for approximately 200 drops (approximately 9 grams) of LSD.
d. Tasmania records the price of MS Contin and Kapanol as $1/milligram.

TABLE 51 (continued): Other drugs prices by state and territory, 2011–12 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Benzodiazepine pharmaceuticals								
Per milligram	na	na	1	na	na	na	na	na
Per tablet	na	na	25	5–10	na	5–10	na	5
Bromazepam (per tablet)	na	na	25	na	na	na	na	na
Clonazepam (per tablet)	na	na	25	na	na	na	na	na
Flunitrazepam (per tablet)	na	na	25	na	na	na	na	na
Nitrazepan (per tablet)	na	na	25	na	na	na	na	na
Diazepam (per tablet)	na	na	25	na	na	na	na	na
Oxazepam (per tablet)	na	na	25	na	na	na	na	na
Temazepam (per tablet)	na	na	25	na	na	na	na	na
Xanax (bottle 50 tablets)	na	na	1 250	na	na	na	na	na
Precursors								
Ephedrine								
1 kilogram	na	na	90 000	na	na	na	na	na
Pseudoephedrine								
Box	100	100	50–250	na	60–100	na	na	na
Per milligram	na	na	na	na	na	30	na	na
100 x boxes	na	na	na	na	na	na	na	na
Ounce	na	na	na	na	na	na	na	na
1 kilogram (pure)	100 000	na	35 000–40 000	na	na	na	na	na
Hypophosphorous Acid								
50 millilitres	na	na	na	750	na	na	na	na
1 litre	1 500–2 000	1 000	1 200–3 000	6 000–10 000	na	na	na	na
Iodine								
1 gram	na	na	0.4–1	na	na	na	na	na
100 grams	na	na	40–100	na	na	na	na	na
1 kilogram	220–400	300–700	400	na	na	na	na	na
Analogues								
4MMC per tablet/capsule	na	na	15–40	na	na	35	na	na
4MMC (1 milligram)	na	na	100–260	na	na	na	na	na
MDPV								
1 tablet/capsule	na	na	20–50	na	na	na	na	na
2–24 tablets/capsules (per tablet)	na	na	20–35	na	na	na	na	na
25–99 tablets/capsules (per tablet)	na	na	15–25	na	na	na	na	na
100–999 tablets/capsules (per tablet)	na	na	8–20	na	na	na	na	na
1000+ tablets/capsules (per tablet)	na	na	7–18	na	na	na	na	na
Point	na	na	na	100	na	na	na	na
Milligram	na	na	na	500–600	na	na	na	na
Ounce	na	na	800	4 000–5 000	na	na	na	na
N-Benzylpiperazine (BZP)	na	na	na	na	na	na	na	na
1 tablet	na	na	20–50	na	na	na	na	na

TABLE 51 (continued): Other drugs prices by state and territory, 2011–12 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Synthetic cannabinoids								
1.5 grams	na	na	30–50	na	na	na	na	na
3 grams	na	na	50–95	na	na	na	na	na
7 grams	na	na	120–140	na	na	na	na	na
14 grams	na	na	150–240	na	na	na	na	na
Ounce	na	na	450	na	na	na	na	na
Other								
Methadone 30 millilitres	na	na	na	na	na	na	na	30
Sildenafil (per tablet)	na	na	15	na	na	25	na	na
Dimethyltripamine (DMT) per milligram	na	na	na	na	na	175	na	na
Performance and Image Enhancing Drugs								
Testosterone enanthate 200 milligrams								
1 x 10 millilitre vial	na	na	230	na	na	100	na	na
10 x 10 millilitre vial	na	na	1 900	na	na	na	na	na
20 x 10 millilitre vial	na	na	3 600	na	na	na	na	na
50 x 10 millilitre vial	na	na	8 000	na	na	na	na	na
Deca-durabolin 200 milligrams								
1 x 10 millilitre vial	na	na	230	na	na	na	na	na
Stanozolol 25 milligram/millilitre								
40 millilitre vial	na	na	180	na	na	na	na	na
Sustanon 250 (blend of 4 testosterone								
1 x 10 millilitre vial	na	na	200	na	na	na	na	na
10 x 10 millilitre vial	na	na	1 800	na	na	na	na	na
Testosterone propionate 100mg								
1 x 10 millilitre vial	na	na	180	na	na	na	na	na
10 x 10 millilitre vial	na	na	1 400	na	na	na	na	na
20 x 10 millilitre vial	na	na	2 600	na	na	na	na	na
50 x 10 millilitre vial	na	na	5 500	na	na	na	na	na
Primoteston 300 milligrams/millilitres								
1 x 10 millilitres	na	na	na	na	na	na	na	na
Trenbolone Acetate 100mg								
1 x 10 millilitre vial	na	na	200	na	na	na	na	na
10 x 10 millilitre vial	na	na	1 400	na	na	na	na	na
20 x 10 millilitre vial	na	na	3 600	na	na	na	na	na
50 x 10 millilitre vial	na	na	8 000	na	na	na	na	na
Clenbuterol								
0.04 milligram tablet	na	na	3	na	na	na	na	na
30 millilitres	na	na	160	na	na	na	na	na