





ILLICIT DRUG DATA REPORT 2014–15



CEO Foreword Chris Dawson APM



The Australian Criminal Intelligence Commission was established on 1 July 2016 following the merge of the Australian Crime Commission (ACC) and CrimTrac. The Australian Criminal Intelligence Commission's vision is a safer Australia that is better connected, informed and capable of responding to crime and criminal justice issues.

The annual *Illicit Drug Data Report* is a flagship product for the Australian Criminal Intelligence Commission, as was the case for the ACC. The report informs Australia's understanding of the illicit drug threat and focuses our collective efforts by bringing together data from a wide range of sources into the one unique report.

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. The illicit drug market remains the principal source of profit for organised crime and continues to be a key focus for law enforcement in Australia.

This is the 13th edition of the *Illicit Drug Data Report* and the data it contains demonstrates that there continues to be a steady increase in the number of illicit drug seizures made by Australian law enforcement since the report was first published.

In 2014–15, new records were set for the greatest number of national illicit drug seizures and national illicit drug arrests.

While the total weight of illicit drugs seized nationally this reporting period was the thirdhighest weight recorded by the *Illicit Drug Data Report* to date, of interest is the fact that there was no single significant seizure that contributed to this total weight.

Over the last decade:

- the number of national illicit drug seizures has increased 91.7 per cent
- the weight of national illicit drugs seized has increased 263.1 per cent
- the number of national illicit drug arrests has increased 70.5 per cent.

These upwards trends not only highlight the continued vigilance of law enforcement in combating the supply of illicit drugs, they also highlight why illicit drugs continue to be a concern for law enforcement and the wider community.

The Australian Criminal Intelligence Commission and its partners will continue to pursue serious and organised criminals seeking to bring these dangerous drugs to Australia or manufacture them domestically. This is an issue that cannot be beaten by law enforcement alone—a multi-faceted approach is required.

In March 2015, we released the first unclassified report on the Australian methylamphetamine market. Following the release of this report, a National Ice Taskforce was established in April 2015 to provide advice on the development of a National Ice Action Strategy. The Taskforce found Australian families, communities and frontline service workers are struggling with the fallout from a growing number of dependent and non-dependent ice users. The report found that we need to be smarter, more coordinated and more targeted in efforts to reduce the demand and supply of ice. It acknowledges the critical role of law enforcement efforts, but makes the case that tackling this issue must also include education, training and better access to treatment and services. The Taskforce made more than 30 recommendations to address the ice problem.

Following consideration of the Taskforce recommendations, the National Ice Action Strategy was agreed by the Council of Australian Governments in December 2015 and includes funding to support a package of actions to tackle this problem head on. The National Ice Action Strategy includes achievable actions across five key areas including support for families and communities, targeting prevention, investment in treatment and the workforce, focussed law enforcement actions and better research and data.

In order to respond to the challenge illicit drugs pose, a detailed understanding of the marketplace is essential. One of the recommendations from the National Ice Taskforce Final Report was to expand and improve the data sources available for the central analysis of illicit drug trends.

The *Illicit Drug Data Report* contributes to Australia's collective response efforts by proving an authoritative picture of the illicit drug environment in Australia.

For the first time this year, the Illicit Drug Data Report includes results from wastewater analysis to present a more rounded and accurate picture of illicit drug use in Australia. Wastewater analysis provides a measure, rather than an estimate, of the use of a number of illicit drugs, as well as licit drugs including nicotine, alcohol and some pharmaceuticals.

Wastewater analysis is an innovative approach, used both domestically and internationally, to monitor illicit drug use. It overcomes some of the limitations of surveys based on selfreporting. Levels of drugs and their metabolites detected in wastewater are analysed to measure the total amounts of specific drugs consumed by persons who fall within the catchment population.

Wastewater analysis is a proven technology, with considerable research supporting its validity. It is valuable in detecting changes in per capita consumption of drugs and the level of drug use in the community, and in providing timely data on illicit drug use in both urban and regional areas.

Wastewater analysis can also inform and measure the effectiveness of various law enforcement, health, treatment and education programs. Because it measures the quantity of drugs consumed by the catchment population, as opposed to estimating the number of users, wastewater analysis can be used directly to measure the demand for illicit drugs and other drugs which are subject to abuse.

Following funding provided by the Commonwealth through the Confiscated Assets Account under the *Proceeds of Crime Act 2002,* the Australian Criminal Intelligence Commission will continue to expand and improve data sources for illicit drug trends analysis through the implementation of a national pilot waste water analysis program. This program will provide leading-edge, coordinated national research and intelligence on illicit drugs.

Information and data to inform the *Illicit Drug Data Report 2014–15* was provided by all Australian state and territory police agencies, the Australian Federal Police, the Department of Immigration and Border Protection, Australian Border Force, the Australian Institute of Criminology, forensic laboratories and the Attorney-General's Department.

I would like to acknowledge and thank all those who contributed to this report. Without a combined collection and contribution of data from Commonwealth, state and territory institutions, it would not be possible to understand the complex and evolving illicit drug market in Australia.

Chris Dawson APM Chief Executive Officer Australian Criminal Intelligence Commission

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EXECUTIVE SUMMARY

The Australian Criminal Intelligence Commission (ACIC) *Illicit Drug Data Report 2014–15* provides a snapshot of the Australian illicit drug market. The report presents illicit drug data from a variety of sources including law enforcement, health and academia. The *Illicit Drug Data Report* (IDDR) 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.

There were numerous instances of record detections at the Australian border in 2014–15. The number of amphetamine-type stimulants (ATS, excluding MDMA), cannabis, LSD, psilocybin, GHB, GBL, ketamine, benzodiazepines and opioid detections are the highest on record. The weight of ATS (excluding MDMA) detected this reporting period is also at a record high.

The number of national illicit drug seizures has increased 91.7 per cent over the last decade, from 55 219 in 2005–06 to a record 105 862 in 2014–15. The weight of illicit drugs seized nationally has increased 263.1 per cent over the last decade, with 23.5 tonnes of illicit drugs seized nationally in 2014–15, the third highest weight on record. Of the three highest annual weights on record, this is the first reporting period where no single notable seizure contributed to the significant weight seized; in 2013–14 the weight of illicit drugs seized nationally included a single 10 tonne seizure of benzaldehyde,¹ while in 2011–12 it included a single 11 tonne seizure of hypophosphorous acid.

The number of national illicit drug arrests has increased 70.5 per cent over the last decade, from 78 533 in 2005–06 to a record 133 926 in 2014–15. This reporting period cannabis continued to account for the greatest proportion of national illicit drug arrests, followed by ATS, other and unknown drugs, heroin and other opioids and cocaine.

The number of clandestine laboratories detected nationally continued to decrease this reporting period, from 744 in 2013–14 to 667 in 2014–15. The majority of clandestine laboratories continue to be addict-based and detected in residential areas, with increased detections in public places, rural and commercial/industrial locations this reporting period.

¹ Benzaldehyde is a precursor chemical used in the phenyl-2-propanone (P2P) method of methylamphetamine production.

KEY FINDINGS FOR 2014–15

The number of national illicit drug seizures increased 13.7 per cent, from 93 086 in 2013–14 to a record 105 862 in 2014–15. The weight of illicit drugs seized nationally decreased 13.9 per cent, from 27.3 tonnes in 2013–14 to 23.5 tonnes in 2014–15. The number of national illicit drug arrests increased 19.5 per cent, from 112 049 in 2013–14 to a record 133 926 in 2014–15.

- With the exception of other and unknown, not elsewhere classified drugs, the number of national illicit drug seizures increased across all illicit drug categories.
- For a second time in the last decade, ATS accounted for the greatest proportion of the weight of illicit drugs seized nationally in 2014–15.
- The number of national illicit drug arrests increased across all illicit drug categories in 2014–15.
- The threat posed by ATS remains high, with national seizures and arrests associated with these drugs the highest on record.
- Cannabis and other and unknown, not elsewhere classified drugs were the only two illicit drug categories to report a decrease in the weight of drugs seized nationally in 2014–15, decreasing 15.1 per cent and 81.8 per cent² respectively.
- For the first time the IDDR contains wastewater data on methylamphetamine, MDMA and cocaine, with reporting indicating that methylamphetamine use in the community has been increasing since 2009–10.
- Although the proportion of national arrests related to cannabis has decreased in recent years, cannabis continues to account for the greatest proportion of national illicit drug arrests.
- Despite Afghanistan remaining the world's largest producer of illicit opium, profiling of heroin seizures made at the Australian border and national heroin samples analysed as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project identify South-East Asia as the predominant source of heroin entering Australia.
- For the first time, ENIPID project data for cocaine is reported in the IDDR, with profiling data indicating the prominence of Colombia as a source country for cocaine in Australia.
- In 2014–15, the weight of national other opioid seizures increased 2 417.1 per cent, with a record 740 kilograms seized.³
- The 667 clandestine laboratories detected nationally in 2014–15 is the lowest number reported since 2008–09.

² The considerable decrease in the weight of drugs seized within this category is largely due to a single 10 tonne seizure of benzaldehyde in 2013–14.

³ A large proportion of this weight (490 kilograms) relates to a single seizure of poppy seeds in September 2014 in Victoria (Melbourne) in sea cargo.

The following charts provide an overview of the Australian illicit drug market in 2014–15.



SEIZURES BY NUMBER, 2014–15



SEIZURES BY WEIGHT, 2014–15



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



NATIONAL ILLICIT DRUG ARRESTS, 2005-06 TO 2014-154

- The number of national illicit drug arrests has increased 70.5 per cent over the last decade, from 78 533 in 2005–06 to a record 133 926 in 2014–15.
- In the last decade, ATS-related arrests have remained second only to cannabis, accounting for 26.5 per cent of national illicit drug arrests in 2014–15.
- Cannabis arrests continue to account for the greatest proportion of national illicit drug arrests, accounting for 56.1 per cent this reporting period.
- Heroin and other opioid arrests accounted for 2.4 per cent of national illicit drug arrests in 2014–15, the same proportion reported in 2012–13 and the smallest proportion reported in the last decade.
- While the 1.6 per cent of national illicit drug arrests related to cocaine in 2014–15 is the highest proportion reported in the last decade, it remains low compared with other drug types.
- Other and unknown drug arrests have more than doubled over the last decade, accounting for 13.5 per cent of national illicit drug arrests in 2014–15.

⁴ Totals include Cannabis Explation Notices, Cannabis Intervention Requirements, Drug Infringement Notices and Simple Cannabis Offence Notices.



NUMBER OF NATIONAL ILLICIT DRUG SEIZURES, 2005-06 TO 2014-15

- The number of national illicit drug seizures has increased 91.7 per cent over the last decade, from 55 219 in 2005–06 to a record 105 862 in 2014–15.
- Over the last decade, ATS seizure numbers have remained second only to cannabis, accounting for 31.0 per cent of the number of national illicit drug seizures this reporting period.
- Cannabis continues to account for the greatest proportion of the number of national illicit drug seizures, accounting for 56.0 per cent in 2014–15.
- The number of national heroin and other opioid seizures continues to increase, accounting for
 3.2 per cent of national seizures in 2014–15, the highest proportion reported in the last decade.
- The number of national cocaine seizures this reporting period is at a record high, accounting for 3.1 per cent of the number of national illicit drug seizures in 2014–15.
- The proportion of national illicit drug seizures related to other and unknown drugs has increased over the last decade, from 4.4 per cent in 2005–06 to 6.8 per cent in 2014–15.



WEIGHT OF NATIONAL ILLICIT DRUG SEIZURES, 2005–06 TO 2014–15

- The weight of illicit drugs seized nationally has fluctuated over the last decade, from a low of 6.4 tonnes in 2005–06 to a record 27.3 tonnes in 2013–14.
- In 2014–15, there was a record 12.6 tonnes of ATS seized, accounting for 53.6 per cent of the weight of illicit drugs seized nationally this reporting period.
- For the fourth time in the last decade, cannabis did not account for the greatest proportion of the weight of illicit drugs seized nationally.
- For the first time in the last decade, the weight of heroin and other opioids seized nationally in 2014–15 exceeded that of cocaine.
- While the weight of cocaine seized nationally increased this reporting period, it is the fourth lowest weight seized in the last decade.
- The weight of other and unknown drugs seized nationally decreased considerably this reporting period, in part due to a single 10 tonne seizure of benzaldehyde in 2013–14.

NUMBER OF ILLICIT DRUG ARRESTS AS A PROPORTION OF TOTAL ARRESTS, BY STATE AND TERRITORY, 2014–15⁵



- Cannabis accounted for the greatest proportion of illicit drug arrests across all states and territories.
- ATS arrests were second only to cannabis in all states and territories.
- In Victoria, 37.3 per cent of illicit drug arrests were related to ATS, the highest proportion reported by any state or territory in 2014–15.
- In South Australia, 85.4 per cent of illicit drug arrests were related to cannabis, the highest proportion reported by any state or territory in 2014–15.⁶
- In Victoria, 4.8 per cent of illicit drug arrests were related to heroin and other opioids, the highest proportion reported by any state or territory in 2014–15.
- In New South Wales, 3.8 per cent of illicit drug arrests were related to cocaine, the highest proportion reported by any state or territory in 2014–15.
- In Western Australia, 23.7 per cent of illicit drug arrests were related to other and unknown drugs, the highest proportion reported by any state or territory in 2014–15.

⁵ Totals include Cannabis Explation Notices, Cannabis Intervention Requirements, Drug Infringement Notices, Simple Cannabis Offence Notices.

⁶ In 2014–15, Cannabis Explation Notices (CENs) accounted for 80.9 per cent of cannabis arrests in South Australia. Excluding CENs, cannabis accounted for 52.8 per cent and ATS for 38.2 per cent of illicit drug arrests in South Australia this reporting period.



NUMBER OF ILLICIT DRUG SEIZURES AS A PROPORTION OF TOTAL SEIZURES, BY STATE AND TERRITORY, 2014–15

- With the exception of South Australia, cannabis accounted for the greatest proportion of the number 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 South Australia, 51.9 per cent of illicit drug seizures related to ATS, the highest proportion reported by any state or territory in 2014–15.
- In the Northern Territory, 73.3 per cent of illicit drug seizures related to cannabis, the highest proportion reported by any state or territory in 2014–15.
- In New South Wales, 6.4 per cent of illicit drug seizures related to heroin and other opioids, the highest proportion reported by any state or territory in 2014–15.
- In New South Wales, 5.5 per cent of illicit drug seizures related to cocaine, the highest proportion reported by any state or territory in 2014–15.
- In the Australian Capital Territory, 10.8 per cent of illicit drug seizures related to other and unknown drugs, the highest proportion reported by any state or territory in 2014–15.

WEIGHT OF ILLICIT DRUG SEIZURES AS A PROPORTION OF TOTAL WEIGHT, BY STATE AND TERRITORY, 2014–15



- In New South Wales, ATS accounted for 72.8 per cent of the weight of illicit drugs seized, the highest proportion reported by any state or territory in 2014–15.
- Cannabis accounted for over 50.0 per cent of the weight of illicit drugs seized in Queensland, South Australia, Tasmania, the Northern Territory and Australian Capital Territory.
- In Tasmania, cannabis accounted for 95.0 per cent of the weight of illicit drugs seized, the highest proportion reported by any state or territory in 2014–15.
- In Victoria, heroin and other opioids accounted for 21.7 per cent of the weight of illicit drugs seized, the highest proportion reported by any state or territory in 2014–15.
- In Queensland, cocaine accounted for 4.1 per cent of the weight of illicit drugs seized, the highest proportion reported by any state or territory in 2014–15.
- In the Northern Territory, other and unknown drugs accounted for 30.0 per cent of the weight of illicit drugs seized, the highest proportion reported by any state or territory in 2014–15.⁷

⁷ In the Northern Territory, illicit kava is trafficked in kilogram amounts and accounts for a considerable portion of the weight of other and unknown drug seizures.

The following chart provides an overview of self-reported use of illicit drugs in the 12 months preceding interview, in an Australian detainee population, 2005–06 to 2014–15.

PROPORTION OF DETAINEES WHO SELF-REPORTED ILLICIT DRUG USE IN THE 12 MONTHS PRECEDING INTERVIEW, 2005–06 TO 2014–15⁸ (SOURCE: AUSTRALIAN INSTITUTE OF CRIMINOLOGY)



- Cannabis remains the most commonly reported illicit drug used by police detainees in the 12 months preceding interview. Following a decline in 2007–08, self-reported cannabis use has remained relatively stable.
- Amphetamines remain the second most commonly reported illicit drug used by police detainees. In 2014–15, 50.4 per cent of detainees self-reported recent methylamphetamine use.
- The self-reported use of heroin by police detainees continued to decrease this reporting period, 11.1 per cent of police detainees in 2014–15 reported recent use, the lowest proportion reported in the last decade.
- The self-reported use of cocaine by police detainees increased, from 13.5 per cent in 2013–14 to 14.2 per cent in 2014–15, with the reported use of cocaine exceeding that of heroin for the second consecutive reporting period.

⁸ From 2013–14, the self-report question changed from including 'amphetamine/speed/methylamphetamine' to 'methylamphetamine/speed/ice'.

ACKNOWLEDGEMENTS

This report contains data and analysis provided by federal, state and territory police, as well as forensic laboratories and the Department of Immigration and Border Protection.⁹ Police and forensic data managers contributed significantly to improving this report's data quality. Their expertise and experience, along with their continued support, have been invaluable to the Australian Criminal Intelligence Commission.

Key contributors are listed below:

- Attorney-General's Department
- Australian Institute of Criminology, Drug Use Monitoring in Australia Program
- Australian Federal Police
- Australian Federal Police, Forensic Drug Intelligence
- Australian Federal Police, ACT Policing
- ChemCentre
- Department of Immigration and Border Protection
- Forensic Science Service Tasmania
- Forensic Science South Australia
- National Research Centre for Environmental Toxicology
- New South Wales Forensic and Analytical Science Service
- New South Wales Ministry of Health, Health System Information and Performance Reporting
- 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.

⁹ Further information about the data, jurisdictional issues and explanatory notes is contained in the Statistics chapter.

ABBREVIATIONS

AAS	Anabolic-androgenic steroids
ACIC	Australian Criminal Intelligence Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AGD	Attorney-General's Department
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
ATS	Amphetamine-Type Stimulants
BINLEA	Bureau of International Narcotics and Law Enforcement Affairs
CBD	Cannabidiol
CEN	Cannabis Expiation Notice
CIN	Cannabis Infringement Notice
CIR	Cannabis Intervention Requirement
DEA	Drug Enforcement Administration of the United States
DHEA	Dehydroepiandrosterone
DIBP	Department of Immigration and Border Protection
DIN	Drug Infringement Notice
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and Related Drugs Reporting System
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENIPID	Enhanced National Intelligence Picture on Illicit Drugs
Eph	Ephedrine
ENTOX	National Research Centre for Environmental Toxicology
EPO	Erythropoietin
EUD	End User Declaration
FDI	Forensic Drug Intelligence
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
hCG	Human Chorionic Gonadotropin
hGH	Human Growth Hormone
IDDR	Illicit Drug Data Report

ABBREVIATIONS (continued)

	_
IDRS	Illicit Drug Reporting System
IGCD	Intergovernmental Committee on Drugs
LSD	Lysergic Acid Diethylamide
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
NEC	Not Elsewhere Classified
NIDRF	National Illicit Drug Reporting Format
NMI	National Measurement Institute
NPS	New Psychoactive Substances
NSW	New South Wales
NT	Northern Territory
P2P	Phenyl-2-propanone
PBS	Pharmaceutical Benefits Scheme
PIED	Performance and Image Enhancing Drugs
PSE	Pseudoephedrine
Qld	Queensland
SA	South Australia
SCON	Simple Cannabis Offence Notice
Tas	Tasmania
UNODC	United Nations Office on Drugs and Crime
Vic	Victoria
WA	Western Australia

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 Criminal Intelligence Commission collects data annually from all state and territory police services, the Australian Federal Police, the Department of Immigration and Border Protection, state and territory forensic laboratories and research centres. The illicit drug data collected and presented in this report for the 2014–15 financial year include:

- arrest
- detection
- seizure
- purity
- profiling
- price.

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 Australian Criminal Intelligence Commission applies the National Illicit Drug Reporting Format (NIDRF) to standardise the arrest, seizure and purity data received from each law enforcement agency and other contributing organisations. The ACIC has recently undertaken an enhancement of the NIDRF system to further develop its capability, with the enhanced NIDRF system used to process data for the 2014–15 report.

KEY POINTS 2014–15

EXECUTIVE SUMMARY

- The number of national illicit drug seizures has increased 91.7 per cent over the last decade, from 55 219 in 2005–06 to a record 105 862 in 2014–15. The number of national illicit drug seizures increased 13.7 per cent, from 93 086 in 2013–14 to a record 105 862 in 2014–15.
- The weight of illicit drugs seized nationally has increased 263.1 per cent over the last decade, with 23.5 tonnes of illicit drugs seized nationally in 2014–15, the third highest weight on record. The weight of illicit drugs seized nationally decreased 13.9 per cent, from 27.3 tonnes in 2013–14 to 23.5 tonnes in 2014–15.
- The number of national illicit drug arrests has increased 70.5 per cent over the last decade, from 78 533 in 2005–06 to a record 133 926 in 2014–15. The number of national illicit drug arrests increased 19.5 per cent, from 112 049 in 2013–14 to a record 133 926 in 2014–15.

AMPHETAMINE-TYPE STIMULANTS

- The number and weight of ATS (excluding MDMA) detections at the Australian border increased in 2014–15 and are the highest on record.
- The number and weight of MDMA detections at the Australian border increased in 2014–15 and are the second highest reported in the last decade.
- Drug profiling data indicates the majority of analysed methylamphetamine seizures are primarily manufactured from ephedrine and pseudoephedrine, with a decreasing proportion manufactured from phenyl-2-propanone.
- The number and weight of national ATS seizures increased in 2014–15 and are the highest on record.
- There was a record 35 468 national ATS arrests in 2014–15.

CANNABIS

- Cannabis continues to account for the greatest proportion of illicit drug use in Australia.
- Despite a 61.9 per cent decrease in the weight of cannabis detected at the Australian border in 2014–15, there was a record 4 949 detections this reporting period.
- Cannabis seeds continue to account for the greatest proportion of cannabis detections at the Australian border.
- There was a record 59 271 national cannabis seizures in 2014–15.
- National cannabis arrests increased 9.7 per cent this reporting period, with a record 75 105 arrests in 2014–15.

HEROIN

- In 2014–15, the number and weight of heroin detections at the Australian border increased, by 61.7 per cent and 168.0 per cent respectively.
- Drug profiling data indicates the majority of analysed heroin seizures in Australia originate from South-East Asia.
- The number and weight of national heroin seizures increased this reporting period, with the 1 914 seizures the highest reported in the last decade and the 477 kilograms seized the second highest reported in the last decade.
- The number of national heroin and other opioid arrests increased, with the 3 227 arrests in 2014–15 the highest reported in the last decade.

COCAINE

- Both the number and weight of cocaine detections at the Australian border increased in 2014–15.
- Drug profiling data indicates the continued prominence of Colombia as a source country for cocaine in Australia.
- There was a record 3 236 national cocaine seizures this reporting period, with over half a tonne of cocaine seized nationally in 2014–15.
- There was a record 2 092 national cocaine arrests in 2014–15.

OTHER DRUGS

- There were a record number of LSD and psilocybin detections at the Australian border in 2014–15.
- There were a record number of GHB, GBL and ketamine detections at the Australian border in 2014–15.
- The number of detections of benzodiazepines and opioids at the Australian border continued to increase this reporting period and are the highest on record.
- The number of national hallucinogen seizures in 2014–15 is the highest reported in the last decade, with the weight seized the second highest on record.
- The number and weight of national opioid and steroid seizures in 2014–15 are the highest on record.
- There was a record number of new psychoactive substances seized at the Australian border and selected for further analysis in 2014–15, the majority of which were cathinone analogues.

KEY POINTS 2014–15 (continued)

CLANDESTINE LABORATORIES AND PRECURSORS

- The number of clandestine laboratories detected nationally has continued to decrease since 2011–12, with 667 detections in 2014–15.
- The majority of clandestine laboratories continue to be detected in residential areas, with increased detections in public places, rural and commercial/industrial locations in 2014–15.
- The proportion of addict-based clandestine laboratories detected in 2014–15 increased to 60.9 per cent.
- While the number and weight of ATS (excluding MDMA) precursor detections at the Australian border decreased in 2014–15, the number and weight of MDMA precursor detections increased.
- The number of tablet presses detected at the Australian border increased in 2014–15, while the number of tablet presses seized nationally decreased.

INITIATIVES

- The Australian Government's response to illicit drugs is underpinned by the National Drug Strategy, with the 2016–25 Strategy currently in development.
- Recent Commonwealth initiatives include the establishment of a National Ice Taskforce and National Ice Action Strategy to respond to the growing use of ice; strengthening legal frameworks to address the importation of new psychoactive substances and steps to pursue greater consistency around the regulation of precursor chemicals and equipment across Australia.

AMPHETAMINE-TYPE STIMULANTS



AMPHETAMINE-TYPE STIMULANTS (ATS)

KEY POINTS

- The number and weight of ATS (excluding MDMA) detections at the Australian border increased in 2014–15 and are the highest on record.
- The number and weight of MDMA detections at the Australian border increased in 2014–15 and are the second highest reported in the last decade.
- Drug profiling data indicates the majority of analysed methylamphetamine seizures are primarily manufactured from ephedrine and pseudoephedrine, with a decreasing proportion manufactured from phenyl-2-propanone.
- The number and weight of national ATS seizures increased in 2014–15 and are the highest on record.
- There was a record 35 468 national ATS arrests in 2014–15.



MAIN FORMS

Amphetamine-type stimulants (ATS) are a group of synthetically derived psycho-stimulant substances that include amphetamine, methylamphetamine and phenethylamines (CEIDA 2013; Directions ACT 2015). ATS are produced in illegal clandestine laboratories using a variety of precursor chemicals, reagents and solvents. ATS affect the central nervous system by increasing levels of dopamine, serotonin and noradrenaline in the brain, producing an intense euphoria or 'rush' (Directions ACT 2015; NIDA 2014). Table 1 outlines common ATS identified in Australia.

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	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 ox blood, leopard's blood, red speed or liquid red	White, yellow or brown powder, paste, tablets or a red liquid	Oral, intranasal, injection, anal ^a
Crystal methylamphetamine	Ice, dmeth, glass, crystal, batu, shabu (in South-East Asia)	Crystalline— 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), crystal	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

TABLE 1: ATS used in Australia (continued)

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 (also known as 'shafting' or 'shelving') to avoid irritation to the user's stomach, as commonly occurs when taken orally.

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.

The most common forms of amphetamine are a water-soluble white or off-white powder and tablets. Amphetamine can be swallowed, snorted or injected. Methylamphetamine has four common forms—tablet, crystal (also referred to as 'ice'), base (also referred to as 'paste') and powder (also referred to as 'speed'). Crystal methylamphetamine has been reported as being the most prevalent form of methylamphetamine used in Australia, overtaking powder methylamphetamine. Methylamphetamine can be swallowed, snorted, smoked or injected (CEIDA 2013; NIDA 2014).

Though the effects of amphetamine and methylamphetamine are very similar, methylamphetamine is more potent than amphetamine due to differences in its chemical structure. Short-term effects of amphetamine and methylamphetamine use may include anxiety, fatigue, irritability, hallucinations, suppressed appetite and insomnia. Long-term effects of use can cause memory and decision-making impairment, drug dependence, seizures and strokes (EMCDDA 2015).

The drug, 3,4-methylenedioxymethamphetamine (MDMA), also known as 'ecstasy', belongs to the phenethylamine group of synthetic drugs. MDMA is most commonly sold in tablet form, which generally features a characteristic impression or logo. Less common forms include capsules, powder or crystal. Tablets sold as MDMA often contain other drugs or substances and may not contain any MDMA. As a consequence, the effects and health risks associated with its use are unpredictable (EMCDDA 2015; NIDA 2013).

MDMA is most commonly ingested, although it can also be snorted, inhaled or, less commonly, injected. When used, MDMA may produce euphoria, increased sensory awareness, hallucinations and mild central nervous system stimulation. Numerous adverse physical and psychological effects have been associated with MDMA use. Short-term effects of use may include impairment of cognitive functions—such as perception and mental associations—dry mouth, headache, nausea, blurred vision and insomnia. Long-term effects may include irreversible impairment to cognitive functions. In high doses MDMA can interfere with the body's ability to regulate temperature and can lead to hyperthermia, which can result in liver, kidney or cardiovascular failure and death (EMCDDA 2015; NIDA 2013).

INTERNATIONAL TRENDS

Globally, ATS constituted the second most commonly used group of illicit substances after cannabis in 2014, with shifts in user preferences toward crystal methylamphetamine occurring in key North American and European drug markets (UNODC 2015).

ATS continue to account for the largest share of the global synthetic drug market, with methylamphetamine the primary drug of concern. An increase in global ATS demand has resulted in an expansion in the number and size of ATS manufacturing regions and trafficking routes. Between 2009 and 2013, global methylamphetamine seizures increased, from 34 tonnes to 88 tonnes. Over the five year period, annual seizures of amphetamine ranged between 20 and 33 tonnes. Global ecstasy seizures are low compared with methylamphetamine and amphetamine seizures, with less than 5 tonnes seized annually (UNODC 2015; UNODC 2014).

Over the past five years there have been growing indications of new supply routes linking the major methylamphetamine markets in North America and East and South-East Asia. For instance, West Africa now appears to be an established methylamphetamine source to East and South-East Asia, via South Africa or Europe. There have also been recent reports of methylamphetamine trafficking from Western and Central Europe to North America, South America, East Asia and South-East Asia (UNODC 2015).

Three quarters of global MDMA seizures occur in East Asia, South-East Asia and Europe. Thailand remains a transit hub, with MDMA arriving from a variety of sources and routes including overland from Cambodia, Malaysia and Myanmar, and via commercial flights from Europe and Canada (BINLEA 2015).

Australia's neighbouring regions are considered some of the highest consumers and producers of ATS globally. China and South-East Asia are collectively considered the world's largest ATS markets, with China reported as a significant producer and exporter of methylamphetamine. Growing demand for ATS in China and South-East Asia is almost certainly driving increases in global methylamphetamine production (ABC 2014; BINLEA 2015).

The Chinese ATS market is supplied by large scale domestic and regional production, including the bordering nation Myanmar, as well as the Philippines and Malaysia. Ethnic Chinese traffickers have been identified as establishing large-scale methylamphetamine clandestine laboratories (clan labs) in the Philippines and Malaysia. Methylamphetamine available in South-East Asia is produced in Iran, China, Myanmar, India and Nigeria. Large-scale methylamphetamine manufacture continues to be reported in Mexico, largely supplying the United States (US) and Canada (BINLEA 2015; UNODC 2014).

The majority of the world's MDMA is produced in the Netherlands and Belgium. Since 2013, several large MDMA clandestine laboratories have been dismantled in Belgium and the Netherlands. It is likely the ongoing large-scale manufacture of MDMA in these countries is contributing to the global resurgence of MDMA availability (BINLEA 2015).

In May 2014, a major multinational law enforcement operation commenced after information received indicated a large importation of border controlled drugs. In December 2014, Australian authorities seized a consignment of 20 000 bottles labelled as flavoured water, which were later identified as 230.0 kilograms of liquid methylamphetamine with an estimated street value of \$156 million. As a result, in March 2015 six men were charged as part of an international organised crime syndicate (AFP 2015).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The Department of Immigration and Border Protection continues to detect large quantities of ATS, particularly methylamphetamine, including crystal methylamphetamine, at the Australian border. The number of ATS (excluding MDMA) detections increased 47.0 per cent this reporting period, from 2 367 in 2013–14 to 3 479 in 2014–15. The weight of ATS (excluding MDMA) detected almost doubled, increasing from 1 812.4 kilograms in 2013–14 to 3 422.8 kilograms in 2014–15 (see Figure 1).

Detections of ATS (excluding MDMA) this reporting period were in liquid, crystal, powder and tablet form. Of the 3 479 detections, 611 (17.6 per cent) weighed one kilogram or more. These detections were predominantly crystal methylamphetamine, methylamphetamine powder and liquid, with crystal methylamphetamine accounting for 76.4 per cent of the weight of ATS detected in 2014–15.





In 2014–15, the number of MDMA detections at the Australian border increased 10.2 per cent, from 3 247 in 2013–14 to 3 578 in 2014–15. The weight of MDMA detected this reporting period increased significantly, from 94.8 kilograms in 2013–14 to 2 002.4 kilograms. A single detection weighing 1 918.4 kilograms accounted for 95.8 per cent of the weight of MDMA detected in 2014–15 (see Figure 2). Excluding this single detection, the average weight of MDMA detections continues to remain low, averaging 20 grams.

MDMA seized at the Australian border in 2014–15 was in crystal, liquid, powder, tablet and paste form. This reporting period 12 MDMA detections weighed one kilogram or more. These 12 detections accounted for 96.9 per cent of the total weight of MDMA detected in 2014–15.





SIGNIFICANT BORDER DETECTIONS

Significant border detections of ATS (excluding MDMA) in 2014–15 include:

- 878.9 kilograms of crystal methylamphetamine detected on 21 November 2014, hidden at the back of a container behind a cover-load of household effects, via sea cargo from Germany to Sydney
- 232.3 kilograms of liquid methylamphetamine detected on 21 December 2014, concealed in bottles of flavoured water, via sea cargo from Canada to Sydney
- 116.9 kilograms of crystal methylamphetamine detected on 29 April 2015, located inside drums of chemicals, via sea cargo from China to Sydney
- 96.0 kilograms of crystal methylamphetamine detected on 7 February 2015, built into the floor of a shipping container, via sea cargo from China to Sydney
- 60.0 kilograms of methylamphetamine detected on 18 March 2015, concealed in plastic tubs, via air cargo from China to Sydney.

These 5 detections have a combined weight of 1 384.1 kilograms and account for 40.4 per cent of the total weight of ATS (excluding MDMA) detected at the Australian border in 2014–15.

Significant border detections of MDMA in 2014–15 include:

- 1 918.4 kilograms of MDMA detected on 21 November 2014, hidden at the back of a container behind a cover-load of household effects, via sea cargo from Germany to Sydney
- 5.0 kilograms of MDMA detected on 11 November 2014, concealed in fibreglass floor tiles, via air cargo from Canada to Sydney
- 4.6 kilograms of MDMA tablets detected on 12 June 2015, concealed in kettle and lamb boxes, via international mail from Germany to Sydney
- 2.8 kilograms of liquid MDMA detected¹ on 9 May 2015, inside two bottles, via air cargo from China to Melbourne
- 2.0 kilograms of crystal MDMA detected on 7 December 2014, concealed in the neck pillow of an air passenger travelling from the United Kingdom to Sydney.

These 5 detections have a combined weight of 1 932.8 kilograms and account for 96.5 per cent of the total weight of MDMA detected at the Australian border in 2014–15.

IMPORTATION METHODS

While detections occurred across all import streams, this reporting period the majority occurred within the international mail and air cargo streams in amounts ranging from 60.0 kilograms to less than one gram.

In 2014–15, 77.0 per cent of ATS (excluding MDMA) detections occurred in international mail, however these detections only accounted for 18.7 per cent of the weight of ATS (excluding MDMA) detected this reporting period (see Figures 3 and 4). The 55 sea cargo detections in 2014–15 have a combined weight of 1 837.8 kilograms and account for 53.7 per cent of the weight of ATS (excluding MDMA) detected this reporting period. The largest single sea cargo detection in 2014–15 weighed 878.9 kilograms.

FIGURE 3: Number of ATS (excluding MDMA) detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



¹ The weight of the liquid MDMA is in kilograms as it represents the drug's final weight after being extracted from the suspension liquid and dried.

FIGURE 4: Weight of ATS (excluding MDMA) detections at the Australian border, as a proportion of total weight, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



In 2014–15, 99.4 per cent of MDMA detections at the Australian border occurred in the international mail stream. However, detections in the international mail stream only accounted for 3.6 per cent of the weight of MDMA detected this reporting period (see Figures 5 and 6). A single detection of MDMA in sea cargo weighing 1 918.4 kilograms accounted for 95.8 per cent of the weight of MDMA detected in 2014–15.

FIGURE 5: Number of MDMA detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



FIGURE 6: Weight of MDMA detections at the Australian border, as a proportion of total weight, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

In 2014–15, 48 countries were identified as embarkation points for ATS (excluding MDMA) detections at the Australian border, compared with 54 countries in 2013–14. China (including Hong Kong) was the most significant embarkation point for ATS (excluding MDMA) this reporting period, with 818 detections weighing a total of 1 732.7 kilograms. Other key embarkation points this reporting period include Germany (346 detections weighing 888.7 kilograms), Canada (245 detections weighing 309.4 kilograms) and Malaysia (64 detections weighing 41.4 kilograms). Combined, these 4 embarkation points account for 42.3 per cent of the number and 86.8 per cent of the weight of ATS (excluding MDMA) detected at the Australian border in 2014–15 (see Figure 7).

In 2014–15, the number of countries identified as embarkation points for MDMA detections at the Australian border remained stable at 30. Germany was the most significant embarkation point for MDMA this reporting period, with 936 detections weighing a total of 1 940.3 kilograms. In addition to Germany, only 4 embarkation points in 2014–15 reported a total detection weight of 1 kilogram or more—the Netherlands, the United Arab Emirates, US and Singapore. Combined, these 5 embarkation points account for 53.7 per cent of the number and 98.3 per cent of the weight of MDMA detected at the Australian border in 2014–15 (see Figure 8).



FIGURE 7: Key embarkation points for ATS (excluding MDMA) detections, by weight, at the Australian border, 2014–15

Top 10 embarkation points by weight:

China (including Hong Kong), Germany, Canada, Malaysia, Thailand, India, US, Mexico, Iran and United Arab Emirates.





Top 10 embarkation points by weight: Germany, Netherlands, UK, Canada, Ireland, China (including Hong Kong), Belgium, Italy, US and Denmark.

DRUG PROFILING

The AFP Forensic Drug Intelligence (FDI) team operates a forensic drug profiling capability through the National Measurement Institute (NMI), which enables the identification of the synthetic route of synthesis for samples of methylamphetamine and MDMA submitted from seizures made at the Australian border. The capability also allows for comparisons within and between seizures to identify distinct batches of drugs, origin of drugs, or to demonstrate links between groups involved in illicit drug manufacture or trafficking. The following data relate to seizures investigated by the AFP between 2010 and June 2015 from which samples were submitted to the NMI for routine analysis and profiling.²

Consistent with previous years, ephedrine/pseudoephedrine (Eph/PSE) remain the dominant precursors used to produce methylamphetamine seized at the border (see Tables 2 and 3). During 2014, 1 176 samples from 310 seizures were sent to NMI for analysis, representing a total weight of 2 738.9 kilograms. This is an increase from 2013, when 1 055 methylamphetamine samples from 205 seizures were submitted for analysis, representing a bulk weight of 2 293.9 kilograms.

A single seizure in 2014, related to Operation KOI, consisted of 878.9 kilograms of methylamphetamine.³ The shipment—declared as household goods/personal effects—originated from Hamburg and also contained 1 918.4 kilograms of MDMA. The total weight of the seizure was 2 797.3 kilograms. The chemical profiling of the methylamphetamine identified that it was likely to have come from at least four different batches, using different precursors and methods of manufacture.

There has been a decrease in seizure numbers in the first six months of 2015 compared with the same period in 2014 (135 and 152 respectively). However, the total bulk weight has increased by approximately 70.0 kilograms to 800.3 kilograms.

² In examining profiling data, it should be noted that they relate to seizures investigated by the Australian Federal Police between 2010 to June 2015, and from which samples were submitted to the National Measurement Institute for routine analysis and profiling. For all reporting years, the data represents a snapshot across the applicable 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 border trends on drugs reaching consumers i.e. street level seizures in Australia but samples from selected state and territory jurisdictions are submitted for chemical profiling as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project.

³ The methylamphetamine seized in Operation KOI accounts for around one third of the bulk weight seized in 2014 and is classified in the Mixed/Unclassified category. The chemical profiling results from this seizure have a large weighting on the 2014 figures in Table 3 and interpretations drawn from the findings must be treated with care and/or appropriately caveated.

TABLE 2: Synthetic route of manufacture of methylamphetamine samples as a proportion of analysed AFP border seizures classified by precursor, 2010–June 2015⁴ (Source: Australian Federal Police, Forensic Drug Intelligence)

Voor		Synthetic Route	
Tear	Eph/PSE %	P2P %	Mixed/Unclassified %
Jan–Jun 2015	82.5	13.1	4.4
2014	77.9	13.8	8.3
2013ª	66.9	23.2	9.9
2012	71.8	19.1	9.1
2011	56.8	13.6	29.6
2010	80.4	5.9	13.7

a. Figures for 2013 have been amended.

TABLE 3: Synthetic route of manufacture of methylamphetamine samples as a proportion of total bulk weight of analysed AFP border seizures classified by precursor, 2010–June 2015⁵ (Source: Australian Federal Police, Forensic Drug Intelligence)

Voor		Synthetic Route	
fear	Eph/PSE %	P2P %	Mixed/Unclassified %
Jan–Jun 2015	95.5	3.3	1.2
2014	48.0	5.5	46.5
2013	76.4	14.7	8.9
2012	72.2	27.8	-
2011	35.6	62.8	1.6
2010	48.5	1.8	49.7

The Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project extends this profiling to include state and territory seizures involving heroin, methylamphetamine, MDMA and more recently, cocaine. This enables detection of similarities between supply routes into different jurisdictions; links between different criminal groups; as well as comparison of trends between jurisdictions.

Both Western Australia Police and the New South Wales Police Force continue to be the largest contributors to the ENIPID project. Combined, they account for 86.8 per cent of methylamphetamine samples submitted in 2014 and 84.9 per cent submitted in the first half of 2015.

Mirroring the border data, methylamphetamine manufactured from Eph/PSE continued to account for the greatest proportion of analysed ENIPID cases and samples in 2014. In the first six months of 2015, methylamphetamine synthesised from P2P accounted for only 4.6 per cent of analysed samples. The proportion of cases identified as using P2P decreased from 12.1 per cent in 2013 to 10.5 per cent in 2014. This proportion further decreased in the first six months of 2015 to 5.4 per cent (see Tables 4 and 5).

⁴ This data may also include seizures destined for Australia which occurred offshore.

⁵ This data may also include seizures destined for Australia which occurred offshore.

TABLE 4: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional samples, classified by precursor, 2011–June 2015 (Source: Australian Federal Police, Forensic Drug Intelligence)

	Synthetic Route					
Year	Jurisdiction	Eph/PSE %	P2P %	Mixed/ Unclassified %	Total %	
Jan–Jun 2015	ACT	2.2	-	0.5	2.7	
	NSW	51.1	3.7	6.4	61.2	
	NT	2.3	-	-	2.3	
	SA	3.2	-	-	3.2	
	VIC	6.9	-	-	6.9	
	WA	20.6	0.9	2.2	23.7	
Total		86.3	4.6	9.1	100	
2014	NSW	31.4	3.9	3.1	38.4	
	NT	3.7	0.9	0.4	5.0	
	QLD	-	-	0.1	0.1	
	SA	2.4	1.6	1.2	5.2	
	VIC	1.2	-	0.3	1.5	
	WA	38.9	4.8	4.8	48.5	
Total		78.4	11.2	10.4	100	
2013	NSW	28.4	4.5	0.9	33.8	
	NT	3.3	0.2	0.9	4.5	
	TAS	2.4	0.2	-	2.6	
	VIC	-	0.2	-	0.2	
	WA	40.7	10.9	7.3	58.9	
Total		74.7	16.1	9.2	100	
2012	ACT	4.7	-	-	4.7	
	NSW	38.2	0.6	6.2	45.0	
	NT	7.9	_	0.3	8.2	
	TAS	0.6	-	-	0.6	
	WA	34.4	4.4	2.7	41.5	
Total		85.8	5.0	9.2	100	
2011	NSW	13.7	0.9	2.4	17.0	
	NT	5.7	0.5	-	6.2	
	TAS	2.4	-	_	2.4	
	WA	46.0	1.9	26.5	74.4	
Total		67.8	3.3	28.9	100	

Note: Due to a lack of available data, some samples were classified based on the sample collection date in place of the sample seizure date.
TABLE 5: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional cases, classified by precursor, 2011–June 2015 (Source: Australian Federal Police, Forensic Drug Intelligence)

			Synthetic Route		
Year	Jurisdiction	Eph/PSE %	P2P %	Mixed/ Unclassified %	Total %
	ACT	1.6	-	0.8	2.4
	NSW	52.7	4.6	7.8	65.1
Jan–Jun	NT	3.1	-	-	3.1
2015	SA	4.6	-	-	4.6
	VIC	6.2	-	-	6.2
	WA	14.7	0.8	3.1	18.6
Total		82.9	5.4	11.7	100
	NSW	31.0	3.6	4.6	39.2
	NT	4.6	0.6	0.8	6.1
	QLD	-	-	0.2	0.2
2014	SA	2.3	1.9	1.7	5.9
	TAS	1.3	-	0.6	1.9
	VIC	1.9	-	0.4	2.3
	WA	35.9	4.4	4.2	44.5
Total		77.0	10.5	12.5	100
	NSW	33.9	4.6	1.7	40.2
	NT	4.6	0.4	1.7	6.7
2013	TAS	2.9	-	0.4	3.3
	VIC	-	0.4	-	0.4
	WA	33.5	6.7	9.2	49.4
Total		74.9	12.1	13.0	100
	ACT	3.5	-	-	3.5
	NSW	41.3	0.5	5.5	47.3
2012	NT	11.4	-	0.5	11.9
	TAS	1.0	-	-	1.0
	WA	26.8	5.0	4.5	36.3
Total		84.0	5.5	10.5	100
	NSW	13.5	1.8	4.5	19.8
2011	NT	8.1	1.0	-	9.1
2011	TAS	4.5	-	-	4.5
	WA	32.4	2.7	31.5	66.6
Total		58.5	5.5	36.0	100

Note: Due to a lack of available data, some samples were classified based on the sample collection date in place of the sample seizure date.

Over three quarters of MDMA seizures profiled in 2014 involved reductive amination via platinum hydrogenation, demonstrating the ongoing dominance of this method of production. In 2014, the majority of the bulk weight of MDMA involved manufacture using reductive amination via platinum hydrogenation. This is largely owing to a single 1 918.4 kilogram seizure of MDMA originating from Germany, which was identified as having been manufactured using this method. From the samples analysed it can be concluded that the manufacture of MDMA in Europe predominantly utilises the reductive amination via platinum hydrogenation method. The data for analysed seizures for the period January to June 2015 continue to support this trend (see Table 6). Data for analysed bulk weight for the period January to June 2015 show mixed seizures of MDMA dominated, however it should be noted that the data only relates to seven seizures (see Table 7).

TABLE 6: Synthetic route of manufacture of MDMA samples as a proportion of analysed AFP border seizures, 2010–June 2015⁶ (Source: Australian Federal Police, Forensic Drug Intelligence)

	Reductive Amination						
Year	Unclassified %	Borohydride %	Platinum Hydrogenation %	Palladium Hydrogenation %	Aluminium Amalgam %	Mixed/ Unclassified %	
Jan–Jun 2015	-	-	71.4	-	-	28.6	
2014	2.3	9.3	79.1	2.3	-	7.0	
2013	7.8	14.1	71.9	-	-	6.2	
2012	14.0	8.0	70.0	-	-	8.0	
2011	-	58.3	16.7	-	8.3	16.6	
2010	-	66.7	22.2	-	-	11.1	

TABLE 7: Synthetic route of manufacture of MDMA samples as a proportion of total bulk weight of analysed AFP border seizures, 2010–June 2015⁷ (Source: Australian Federal Police, Forensic Drug Intelligence)

	Reductive Amination						
Year	Unclassified %	Borohydride %	Platinum Hydrogenation %	Palladium Hydrogenation %	Aluminium Amalgam %	Mixed/ Unclassified %	
Jan–Jun 2015	-	-	21.8	-	-	78.2	
2014	<0.1	1.3	98	<0.1	-	<0.1	
2013	94.7	3.3	1.7	-	-	0.3	
2012	0.9	96.7	2.4	-	-	-	
2011	-	70.6	26.6	-	2.0	0.8	
2010	-	99.9	0.1	-	-	<0.1	

⁶ This data may also include seizures destined for Australia which occurred offshore.

⁷ This data may also include seizures destined for Australia which occurred offshore.

Reductive amination via platinum hydrogenation remains the most commonly MDMA manufacture method for ENIPID samples in all states and territories this reporting period. In comparison to previous years, there was a decrease in the proportion of ENIPID samples manufactured using reductive amination via borohydride in 2014 and January to June 2015 (see Table 8).

			Aluminium		Palladium	Platinum	Mixed/	
Year	Jurisdiction	Unclassified %	Amalgam %	Borohydride %	Hydrogenation %	Hydrogenation %	Unclass %	Total %
	ACT	_	-	_	_	6.0	_	6.0
Jan–Jun 2015	NSW	6.0	6.0	-	-	32.6	_	44.6
	NT	_	_	_	_	2.4	_	2.4
	SA	-	-	-	-	4.8	-	4.8
	VIC	4.8	-	-	6.0	8.5	-	19.3
	WA	-	1.2	2.4	-	18.1	1.2	22.9
Total		10.8	7.2	2.4	6.0	72.2	1.2	100
	ACT	-	0.9	-	-	-	-	0.9
	NSW	1.8	5.0	2.3	-	13.2	1.4	23.7
	NT	-	-	-	-	3.6	-	3.6
2014	QLD	-	-	-	-	3.6	-	3.6
2014	SA	2.3	-	-	-	11.3	-	13.6
	TAS	-	-	-	-	0.9	-	0.9
	VIC	0.9	-	2.7	-	6.8	0.5	10.9
	WA	-	-	0.5	-	42.3	-	42.8
Total		5.0	5.9	5.5	-	81.7	1.9	100
	NSW	8.0	6.7	-	1.3	21.3	-	37.3
	NT	1.3	-	-	-	-	-	1.3
2013	QLD	-	-	-	-	8.0	-	8.0
	VIC	1.3	-	1.3	-	16.0	-	18.6
	WA	4.0	-	17.3	-	10.7	2.8	34.8
Total		14.6	6.7	18.6	1.3	56.0	2.8	100
	ACT	-	2.7	1.3	-	1.3	-	5.3
2012	NSW	10.7	14.7	16.0	-	24.0	-	65.4
2012	NT	-	-	1.3	-	1.3	-	2.6
	WA	5.4	-	9.3	-	12.0	-	26.7
Total		16.1	17.4	27.9	-	38.6	-	100
	NSW	15.4	-	-	-	15.4	-	30.8
2011	NT	15.4	-	-	-	15.4	-	30.8
	WA	-	30.8	7.6	-	-	-	38.4
Total		30.8	30.8	7.6	-	30.8	-	100

TABLE 8: Synthetic route of manufacture of MDMA ENIPID samples as a proportion of analysed jurisdictional samples, 2011–June 2015 (Source: Australian Federal Police, Forensic Drug Intelligence)

Note: Due to a lack of available data, some samples were classified based on the sample collection date in place of the sample seizure date.

Consistent with 2013, reductive amination via platinum hydrogenation was the most common MDMA manufacture method for ENIPID cases in 2014 and the first half of 2015, with decreases reported in the proportion of cases where reductive amination via borohydride was the route of manufacture. In the January to June 2015 period, the incidence of reductive amination via aluminium amalgam increased compared with the 2013 and 2014 reporting periods (see Table 9).

TABLE 9: Synthetic route of manufacture of MDMA ENIPID samples as a proportion of analysed jurisdictional cases, 2011–June 2015 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Reductive Amination						
Year	Jurisdiction	Unclassified %	Aluminium Amalgam %	Borohydride %	Palladium Hydrogenation %	Platinum Hydrogenation %	Mixed/ Unclass %	Total %
	ACT	-	-	-	-	6.3	-	6.3
	NSW	10.4	8.3	-	-	37.5	-	56.2
Jan–Jun	NT	-	-	-	-	4.1	-	4.1
2015	SA	-	-	-	-	4.1	-	4.1
	VIC	2.1	-	-	2.1	6.3	-	10.5
	WA	-	-	2.1	-	14.6	2.1	18.8
Total		12.5	8.3	2.1	2.1	72.9	2.1	100
	ACT	-	0.7	-	-	-	-	0.7
	NSW	2.6	3.3	0.7	-	17.8	2.0	26.4
	NT	-	-	-	-	3.9	-	3.9
2014	QLD	-	-	-	-	5.3	-	5.3
2014	SA	3.3	-	-	-	15.8	-	19.1
	TAS	-	-	-	-	0.7	-	0.7
	VIC	1.3	-	3.3	-	7.2	1.3	13.1
	WA	-	-	-	-	30.2	0.6	30.8
Total		7.2	4.0	4.0	-	80.9	3.9	100
	NSW	7.9	6.3	-	1.6	20.7	1.6	38.1
	NT	1.6	-	-	-	-	-	1.6
2013	QLD	-	-	-	-	9.5	-	9.5
	VIC	1.6	-	1.6	-	19.0	-	22.2
	WA	3.2	-	9.5	-	11.1	4.8	28.6
Total		14.3	6.3	11.1	1.6	60.3	6.4	100
	ACT	-	1.9	-	-	-	1.9	3.8
2012	NSW	9.6	13.5	15.4	-	21.2	9.6	69.3
2012	NT	-	-	1.9	-	1.9	-	3.8
	WA	1.9	-	9.6	-	11.6	-	23.1
Total		11.5	15.4	26.9	-	34.7	11.5	100
	NSW	25.0	-	-	-	25.0	-	50.0
2011	NT	-	-	-	-	12.5	12.5	25.0
	WA	-	12.5	12.5	-	_	-	25.0
Total		25.0	12.5	12.5	-	37.5	12.5	100

Note: Due to a lack of available data, some samples were classified based on the sample collection date in place of the sample seizure date.

DOMESTIC MARKET INDICATORS

The number of clandestine laboratories detected nationally decreased this reporting period, from 744 in 2013–14 to 667 in 2014–15. Of the 667 clandestine laboratories detected in 2014–15, the majority were producing ATS (excluding MDMA). The number of detected laboratories manufacturing MDMA in 2014–15 increased considerably, from 3 in 2013–14 to 18 in 2014–15 (see *Clandestine laboratories and precursors* chapter).

According to the 2013 National Drug Strategy Household Survey (NDSHS), 7.0 per cent of the Australian population aged 14 years or older reported using meth/amphetamine at least once in their lifetime. In the same survey, 2.1 per cent reported recent⁸ meth/amphetamine use. The 20–29 year age group account for the largest proportion of recent meth/amphetamine users, however the proportion of recent users in this age group has been steadily decreasing since 1998. In the same 2013 survey, the proportion of the population reporting recent meth/amphetamine use across Australian states and territories ranged from 1.4 per cent in New South Wales to 3.8 per cent in Western Australia. With the exception of New South Wales and Victoria, all states and territories reported a higher proportion of meth/amphetamine use than the national average (see Figure 9; AIHW 2014).

Figure 9: National and state and territory proportion of reported meth/amphetamine use in the preceding 12 months, people aged 14 years or older, 2013 (Source: Australian Institute of Health and Welfare)



According to the 2013 NDSHS, 10.9 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 10.3 per cent reported in 2010 and is the highest proportion on record. In the 2013 survey, 2.5 per cent reported recent ecstasy use, a decrease from 3.0 per cent in 2010. Nationally, the proportion of the population reporting recent ecstasy use ranged from 2.4 per cent in New South Wales, Victoria and Queensland to 3.7 per cent in the Northern Territory. Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory all reported a higher proportion of ecstasy use than the national average⁹ (see Figure 10; AIHW 2014).

⁸ In the NDSHS, recent use refers to reported use in the 12 months preceding interview.

⁹ Tasmania's estimate has a relative standard error of 25 per cent to 50 per cent and should be used with caution.





According to a 2014 national study of regular injecting drug users, 70.0 per cent of respondents reported recent use¹⁰ of any form of methylamphetamine, an increase from 66.0 per cent in 2013. Early findings from the 2015 study indicate this proportion has increased to 72.0 per cent (Stafford & Burns 2015; Stafford & Burns 2015a).

In the same study, the proportion of respondents reporting recent use of crystal methylamphetamine increased, from 55.0 per cent in 2013 to 61.0 per cent in 2014. Early findings from the 2015 study indicate this proportion has increased to 67.0 per cent. The proportion of respondents reporting recent use of speed decreased, from 34.0 per cent in 2013 to 30.0 per cent in 2014. Early findings from the 2015 study indicate this proportion has continued to decrease to 25.0 per cent. The proportion of respondents reporting the recent use of methylamphetamine base decreased from 13.0 per cent in 2013 to 12.0 per cent in 2014. Early findings from the 2015 study indicate this proportion has continued to decrease to 10.0 per cent. Consistent with 2013, recent users of any form of methylamphetamine within this drug user population in 2014 reported using methylamphetamine a median of 24 days in the six months preceding interview. Early findings from the 2015 study indicate this figure has remained stable (see Figure 11; Stafford & Burns 2015; Stafford & Burns 2015a).

¹⁰ In both the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to use within the last six months.





a. Reported figures for 2015 are preliminary.

According to a 2014 national study of regular ecstasy users, 36.0 per cent of respondents reported ecstasy as their drug of choice, an increase from 33.0 per cent reported in 2013. Early findings from the 2015 study indicate this proportion has decreased to 30.0 per cent. In the same 2015 study, 85.0 per cent of respondents reported using ecstasy in tablet form, a decrease from 92.0 per cent reported in 2014. There has been an increasing trend towards the use of crystallised MDMA in Australia. Respondents in the 2014 study considered ecstasy in crystal form to be a more potent form of the drug, with 58.0 per cent of ecstasy users reporting it to be of 'high' purity, compared to 19.0 per cent of those reporting the purity of tablets, powder and capsule form as high. The reported use of ecstasy in crystal form increased, from 49.0 per cent in 2014 to 52.0 per cent in 2015, as did the reported use of ecstasy capsules, increasing from 53.0 per cent in 2014 to 60.0 per cent in 2015. (Sindicich & Burns 2015; Sindicich & Burns 2015a).

Early findings from the 2015 national study of regular ecstasy users indicate that the proportion of respondents reporting recent methylamphetamine use decreased, from 47.0 per cent in 2014 to 38 per cent in 2015. The proportion of respondents reporting recent crystal methylamphetamine use decreased, from 23.0 per cent in 2013 to 20.0 per cent in 2014. Early findings from the 2015 study indicate this proportion has decreased to 19.0 per cent. Respondents reporting recent use of speed decreased, from 37.0 per cent in 2013 to 36.0 per cent in 2014. Early findings from the 2015 study indicate this has continued to decrease to 25.0 per cent. The proportion of respondents reporting the recent use of base increased from 6.0 per cent in 2013 to 8.0 per cent in 2014. Early findings from the 2015 study indicate this has decreased to 3.0 per cent. In 2014, the median frequency of methylamphetamine use among regular ecstasy users was 4 days in the six months preceding interview. Early findings of the 2015 study indicate that the number of median days has decreased to 3 days (see Figure 12; Sindicich & Burns 2015; Sindicich & Burns 2015).





a. Reported figures for 2015 are preliminary.

The Drug Use Monitoring in Australia (DUMA) program, which examines drug use and offending patterns among police detainees, comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.¹¹ The proportion of detainees testing positive¹² via urinalysis for amphetamines¹³ increased from 35.8 per cent in 2013–14 to 40.9 per cent in 2014–15, the highest percentage reported in the last decade.¹⁴ This increase in amphetamines use is largely due to an increase in the proportion of detainees testing positive for 33.0 per cent in 2013–14 to 38.7 per cent in 2014–15 (see Figure 13). The proportion of detainees testing positive for methylamphetamine, from 33.0 per cent in 2013–14 to 38.7 per cent in 2014–15 (see Figure 13). The proportion testing positive for MDMA, heroin, cocaine, benzodiazepines and opiates (excluding heroin), but lower than the proportion testing positive for cannabis. In 2014–15, 50.4 per cent of detainees self-reported recent¹⁵ methylamphetamine use, an increase from the 48.9 per cent reported in 2013–14.

¹¹ Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.

¹² Amphetamines and their metabolites can be detected in urine for 2 to 4 days after administration.

¹³ Amphetamines in the DUMA program include results for methylamphetamine, MDMA and other amphetamines.

¹⁴ 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.

^{15 &#}x27;Recent use' in the DUMA program refers to self-reported use in the 12 months prior to arrest.



FIGURE 13: National proportion of detainees testing positive for methylamphetamine/ amphetamines compared with self-reported recent use^a, 2005–06 to 2014–15 (Source: Australian Institute of Criminology)

a. From 2013–14, the self-report question changed from including 'amphetamine/speed/methylamphetamine' to 'methylamphetamine/speed/ice'.

b. Urine was collected in the third and fourth quarters of 2013 and the first quarter of 2014.

c. Urine was collected in the third quarter of 2014 and the first and second quarters of 2015.

With regards to MDMA, the proportion of detainees testing positive via urinalysis remained relatively constant, at 1.2 per cent in 2013–14 and 1.3 per cent in 2014–15. Over the last decade the proportion of detainees testing positive to MDMA has remained low (under 2.9 per cent). Self-reported recent use of MDMA¹⁶ increased from 12.1 per cent in 2013–14 to 14.7 per cent in 2014–15. This is the highest level of self-reported recent use recorded since 2009–10 (see Figure 14).



FIGURE 14: National proportion of detainees testing positive for MDMA compared with self-reported recent use, 2005–06 to 2014–15 (Source: Australian Institute of Criminology)

a. Urine was collected in the third and fourth quarters of 2013 and the first quarter of 2014.b. Urine was collected in the third quarter of 2014 and the first and second quarters of 2015.

¹⁶ The self-report question includes use of 'ecstasy/MDMA' in the 12 months prior to arrest.

Reporting from wastewater analysis (WWA) indicates that methylamphetamine use in the community has been increasing linearly since 2009–10 and is much higher than suggested by estimates drawn from the NDSHS (Lai et al. 2016a; DASSA 2015). WWA showed an almost fivefold increase in the per capita methylamphetamine consumption in a coastal urban area of Queensland and a more than threefold increase in a major regional city of southern Queensland over the period 2009 to 2015 (Lai et al. 2016a). WWA has also established that methylamphetamine use in large catchment areas in South Australia and Queensland has significantly exceeded the use of MDMA and cocaine since 2010 (Tscharke BJ et al. 2015). The substantial discrepancy between the use of methylamphetamine and other illicit stimulants in South Australia is illustrated in Figure 15.

FIGURE 15: Weekly consumption (dose/week/1 000 people) of cocaine (100 mg dose), MDMA (100 mg dose) and methylamphetamine (30 mg dose) from April–October 2009 to October 2015 (Source: Drug and Alcohol Services South Australia)



WWA also indicates that there has been a steady year-on-year increase in the use of methylamphetamine at a site covering a large coastal urban population in Queensland since 2009 and at another site covering a regional city in southern Queensland (see Figures 16 and 17).



FIGURE 16: Estimated methylamphetamine consumption in a coastal urban area from 2009 to 2015^a (Source: National Research Centre for Environmental Toxicology)

a. Data is presented in the box-and-whisker plot, with the linear trend (red dotted line).

FIGURE 17: Estimated methylamphetamine consumption in an inland regional city from 2010 to 2015^a (Source: National Research Centre for Environmental Toxicology)



a. Data is presented in the box-and-whisker plot, with the linear trend (red dotted line).

The National Research Centre for Environmental Toxicology (Entox)—a collaboration between the University of Queensland and the Queensland Department of Health—concluded that the scale of the increases at both sites makes it unlikely they could be wholly explained by increased use among existing methylamphetamine users; rather they reflect a level of new users in the market.

During the first and second quarters of 2015, Entox analysed wastewater samples drawn from 14 sites with a combined catchment equivalent to 39.0 per cent of the Australian population (see Figure 18). A number of the sites were also sampled during 2014. A comparison between sites in Victoria, Queensland and the Australian Capital Territory that were sampled in both 2014 and 2015 indicated that methylamphetamine use increased in the catchment populations at all sites between 2014 and 2015 (Lai et al. 2016b).

FIGURE 18: Comparative median level of use of methylamphetamine in a number of sites across Australia in 2015^a (Source: National Research Centre for Environmental Toxicology)



a. Data is ranked according to the median and figured in box-and-whisker plots, with the cross representing the average.

WWA conducted by Entox also measured the level of MDMA use in a coastal urban city in Queensland between 2009 and 2015 (see Figure 19). The results show MDMA use within this catchment population has not changed considerably over the six year period and remains significantly less than that of methylamphetamine use (Lai et al. 2016a; Lai et al. 2016b) (see Figure 16).

FIGURE 19: Estimated MDMA consumption in a coastal urban area from 2009 to 2015^a (Source: National Research Centre for Environmental Toxicology)



a. Data is presented in the box-and-whisker plot, with the linear trend (red dotted line).

Entox compared MDMA use levels in catchment populations tested in 2014 and 2015, which showed declining median levels of MDMA use between those populations over the relevant period (see Figure 20).





a. Data is ranked according to the median and figured in box-and-whisker plots, with the cross representing the average.

PRICE

Nationally, the price of 1 gram of amphetamine decreased this reporting period, from between \$300 and \$900 in 2013–14 to between \$180 and \$800 in 2014–15. The national price of an 8-ball¹⁷ of amphetamine this reporting period ranged between \$600 and \$1 400.

Nationally, the price range for 1 gram of non-crystal methylamphetamine decreased this reporting period, from between \$70 and \$700 in 2013–14 to between \$100 and \$500 in 2014–15. New South Wales was the only state to report the price for 1 kilogram of non-crystal methylamphetamine in 2014–15, with the \$70 000 to \$110 000 price range consistent with 2013–14.

Nationally, the price range for 1 gram of crystal methylamphetamine decreased this reporting period, from between \$300 and \$1 600 in 2013–14 to between \$250 and \$1 200 in 2014–15. Although the price range decreased, similar to 2013–14, the Northern Territory reported the highest price per gram this reporting period, ranging between \$900 and \$1 200. Nationally, the price for 1 kilogram of crystal methylamphetamine ranged between \$120 000 and \$280 000 in 2014–15. The price for 1 kilogram of crystal methylamphetamine in New South Wales decreased this reporting period, from between \$160 000 and \$265 000 in 2013–14 to between \$120 000 and \$200 and \$200 000 in 2014–15. The price range reported in Queensland increased this reporting period, from between \$120 000 and \$250 000 in 2013–14 to between \$150 000 and \$280 000 in 2014–15, with the price reported in Victoria increasing from between \$200 000 and \$220 000 in 2013–14 to \$250 000 in 2014–15.

¹⁷ An 8-ball equates to 3.5 grams.

Overall, MDMA prices have remained relatively stable between 2013–14 and 2014–15. Nationally, the price of a single MDMA tablet/capsule ranged between \$10 and \$50, consistent with prices reported in 2013–14.

PURITY

Figure 21 illustrates the annual median purity of analysed amphetamine¹⁸ samples over the last decade. Since 2005–06, the median purity of amphetamine has fluctuated, ranging between 0.1 per cent and 77.7 per cent. In 2014–15, the annual median purity ranged between 1.9 per cent in Queensland and 77.7 per cent in the Australian Capital Territory. The Australian Capital Territory, New South Wales and Western Australia all reported increases in the annual median purity of amphetamine this reporting period, while Queensland and Victoria both reported decreases.

FIGURE 21: Annual median purity of amphetamine samples, 2005–06 to 2014–15



Figure 22 illustrates the median purity of analysed amphetamine samples on a quarterly basis in 2014–15. This reporting period the quarterly median purity of amphetamine ranged from 0.8 per cent in Western Australia in the second quarter of 2015 to 79.6 per cent in the Australian Capital Territory in the first quarter of 2015.

¹⁸ 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 is amphetamine of low purity.



FIGURE 22: Quarterly median purity of amphetamine samples, 2014–15

Figure 23 illustrates the annual median purity of analysed methylamphetamine samples over the last decade. Since 2005–06, the median purity of methylamphetamine has ranged from 4.4 per cent in Tasmania to 82.1 per cent in Victoria. This reporting period every state reported an increase in the annual median purity of methylamphetamine, with all median purities reported in 2014–15 the highest on record. This reporting period, Victoria reported the highest annual median purity of methylamphetamine on record at 82.1 per cent.



FIGURE 23: Annual median purity of methylamphetamine samples, 2005–06 to 2014–15

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Figure 24 illustrates the median purity of analysed methylamphetamine samples on a quarterly basis during 2014–15. During this reporting period, the quarterly median purity ranged from 50.8 per cent in Tasmania in the second quarter of 2015 to 82.7 per cent in Victoria in the first quarter of 2015. The median purity of analysed samples remained relatively stable during the reporting period. Tasmania reported the greatest fluctuation in quarterly median purity in 2014–15, ranging from 77.8 per cent in the third quarter of 2014 to 50.8 per cent in the second quarter of 2015.



FIGURE 24: Quarterly median purity of methylamphetamine samples, 2014–15

Figure 25 illustrates the annual median purity of analysed phenethylamine samples over the last decade, the majority of which relate to MDMA. Since 2005–06, the annual median purity of phenethylamines has ranged from 6.8 per cent (reported in South Australia in 2009–10) to 82.7 per cent (reported in the Australian Capital Territory in 2012–13). In 2014–15, the annual median purity ranged from 11.4 per cent in South Australia to 23.6 per cent in the Australian Capital Territory. Despite recording the highest annual median purity of phenethylamine samples in 2014–15, the median purity of analysed samples in the Australian Capital Territory decreased considerably this reporting period.

FIGURE 25: Annual median purity of phenethylamine samples, 2005–06 to 2014–15



Figure 26 illustrates the median purity of analysed phenethylamine samples on a quarterly basis during 2014–15, the majority of which relate to MDMA. This reporting period the quarterly median purity of phenethylamine samples ranged from 10.8 per cent in South Australia in the first quarter of 2015 to 28.0 per cent in New South Wales for the same quarter.



FIGURE 26: Quarterly median purity of phenethylamine samples, 2014–15

AVAILABILITY

In a 2014 study of regular injecting drug users, the proportion of respondents reporting ice as easy or very easy to obtain increased, from 88.0 per cent in 2013 to 91.0 per cent in 2014. Early findings from the 2015 study indicate this has further increased to 95.0 per cent. Of the respondents who were able to comment on the availability of speed, 85.0 per cent reported speed as very easy or easy to obtain, an increase from 84.0 per cent in 2013. Early findings from the 2015 study indicate this has decreased to 77.0 per cent. The proportion of respondents reporting base as easy or very easy to obtain increased, from 80.0 per cent in 2013 to 83.0 per cent in 2014. Early findings from the 2015 study indicate this proportion has decreased to 62.0 per cent (Stafford & Burns 2015; Stafford & Burns 2015a).

In a 2014 study of regular ecstasy users, the proportion of respondents reporting ice as easy or very easy to obtain decreased, from 88.0 per cent in 2013 to 86.0 per cent in 2014. Early findings from the 2015 study indicate this has increased to 97.0 per cent. In the same study, the proportion of respondents who reported speed as easy or very easy to obtain was 73.0 per cent, a decrease from 78.0 per cent in 2013. Early findings from the 2015 study indicate this has further decreased to 59.0 per cent. The proportion of respondents who reported base as easy or very easy to obtain decreased, from 95.0 per cent in 2013 to 72.0 per cent in 2014. Early findings from the 2015 study indicate this has further decreased to 53.0 per cent in 2014. Early findings from the 2015 study indicate this has further decreased to 53.0 per cent (Sindicich & Burns 2015; Sindicich & Burns 2015a).

SEIZURES AND ARRESTS

The number of national ATS seizures continue to increase, with the 32 768 seizures reported in 2014–15 the highest on record. The weight of ATS seized nationally also increased this reporting period to a record 12 631.5 kilograms (see Figure 27).



FIGURE 27: National ATS seizures, by number and weight 2005–06 to 2014–15

The number of national ATS seizures increased by 22.2 per cent this reporting period, from 26 805 in 2013–14 to 32 768 in 2014–15. The weight of ATS seized nationally increased by 209.9 per cent this reporting period, from 4 076.3 kilograms in 2013–14 to 12 631.5 kilograms in 2014–15. All states and territories reported increases in the number of ATS seizures this reporting period. New South Wales continues to account for the greatest proportion of the number and weight of national ATS seizures, accounting for 36.6 per cent and 86.9 per cent respectively in 2014–15. Tasmania reported the greatest percentage increase in the number of ATS seizures this reporting period, while South Australia reported the greatest percentage increase in the weight of ATS seizures to account for the greatest percentage increase in the weight of ATS seizures this reporting period, while South Australia reported the greatest percentage increase in the weight of ATS seized (see Table 10).

	Nu	mber		Weight (grams)			
State/Territory ^b	2013–14	2014–15	% change	2013–14	2014–15	% change	
New South Wales	11 668	11 999	2.8	2 091 441	10 974 399	424.7	
Victoria	2 848	3 696	29.8	1 482 843	986 968	-33.4	
Queensland	5 077	6 727	32.5	309 720	191 851	-38.1	
South Australia	452	755	67.0	25 074	144 919	478.0	
Western Australia	5 942	7 874	32.5	122 747	276 248	125.1	
Tasmania	175	895	411.4	9 890	7 231	-26.9	
Northern Territory	447	494	10.5	18 537	16 933	-8.7	
Australian Capital Territory	196	328	67.3	16 132	32 997	104.5	
Total	26 805	32 768	22.2	4 076 384	12 631 546	209.9	

TABLE 10: Number, weight and percentage change of national ATS^a seizures, 2013–14 and 2014–15

a. The term ATS encompasses drugs included under both the amphetamines and phenethylamines groupings. For further details see the *Statistics* chapter.

b. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.

Figure 28 illustrates national ATS seizures over the last decade by drug type¹⁹ (amphetamines,²⁰ MDMA and other), number and weight. National amphetamines seizures have accounted for the greatest proportion of the number of national ATS seizures over the last decade, with the number of amphetamines seizures continuing to increase since 2009–10. The weight of ATS seized nationally has fluctuated across reporting periods and ATS drug type, with amphetamines accounting for the greatest proportion of the weight of ATS seized nationally since 2009–10.



FIGURE 28: National ATS seizures, by ATS drug type, number and weight, 2005–06 to 2014–15

The number of national amphetamines seizures has increased 216.7 per cent over the last decade, from 8 494 in 2005–06 to 26 901 in 2014–15, with the weight of amphetamines seized increasing 2 793.6 per cent, from 213.8 kilograms in 2005–06 to 6 186.5 kilograms in 2014–15. The number of national MDMA seizures has increased 287.0 per cent over the last decade, from 1 400 in 2005–06 to 5 418 in 2014–15, with the weight of MDMA seized increasing 959.0 per cent, from 576.5 kilograms in 2005–06 to 6 105.6 kilograms in 2014–15. The considerable weight of MDMA seized nationally in 2014–15 is a direct consequence of several significant MDMA seizures this reporting period. The number of national other ATS seizures has increased 382.8 per cent over the last decade, from 93 in 2005–06 to 449 in 2014–15, while the weight of other ATS seized has decreased 33.0 per cent, from 506.2 kilograms in 2005–06 to 339.3 kilograms in 2014–15.

Amphetamines accounted for 82.1 per cent of the number of national ATS seizures in 2014–15, followed by MDMA (16.5 per cent) and other ATS (1.4 per cent). Amphetamines accounted for 49.0 per cent of the weight of ATS seized nationally in 2014–15, followed by MDMA (48.3 per cent) and other ATS (2.7 per cent).

Figure 29 illustrates the form (crystalline, powder, tablet and other²¹) of national ATS seizures over the last decade, by number and weight. The predominant drug form, by both number and weight, has varied across the decade.

¹⁹ Granularity within drugs categorised as ATS is determined by available data. At this time, it is not possible at a national level to provide a further breakdown of drugs within the amphetamines category.

²⁰ Amphetamines include amphetamine, methylamphetamine, dexamphetamine and amphetamines not elsewhere classified.

²¹ In relation to ATS drug form, the category of 'other' reflects drug forms other than crystalline, powder or tablet and includes seizures for which the drug form was not known or was inadequately described.



FIGURE 29: National ATS seizures, by drug form, 2005–06 to 2014–15

The number of national ATS seizures in crystalline form has increased 1 066.1 per cent over the last decade, from 1 628 in 2005–06 to 18 985 in 2014–15. The number of national ATS seizures in powder form has decreased 17.5 per cent, from 4 657 in 2005–06 to 3 844 in 2014–15. The number of national ATS seizures in tablet form has increased 48.2 per cent, from 1 630 in 2005–06 to 2 416 in 2014–15. The number of national ATS seizures has increased 263.1 per cent, from 2 072 in 2005–06 to 7 523 in 2014–15.

The weight of ATS seized nationally in crystalline form has increased 5 398.4 per cent over the last decade, from 57.7 kilograms in 2005–06 to 3 172.6 kilograms in 2014–15. The weight of ATS seized nationally in powder form has increased 5 991.1 per cent, from 69.7 kilograms in 2005–06 to 4 245.5 kilograms in 2014–15. The weight of ATS seized nationally in tablet form has decreased 87.1 per cent, from 1 030.6 kilograms in 2005–06 to 132.5 kilograms in 2014–15. The weight of ATS seized nationally in other drug forms has increased 3 568.4 per cent, from 138.5 kilograms in 2005–06 to 5 080.7 kilograms in 2014–15.

ATS seizures in crystalline form accounted for 57.9 per cent of the number of national ATS seizures in 2014–15, followed by other (23.0 per cent), powder (11.7 per cent) and tablet (7.4 per cent). Other drug forms accounted for 40.2 per cent of the weight of ATS seized nationally in 2014–15, followed by powder (33.6 per cent), crystalline (25.1 per cent) and tablet (1.0 per cent).

The number of national ATS arrests increased 35.0 per cent this reporting period, from 26 269 in 2013–14 to a record 35 468 in 2014–15. Consumer arrests continue to account for the greatest proportion of arrests, comprising 77.5 per cent of national ATS arrests in 2014–15 (see Figure 30).



FIGURE 30: Number of national ATS arrests, 2005–06 to 2014–15

With the exception of the Australian Capital Territory, all states and the Northern Territory reported increases in ATS arrests this reporting period. Tasmania reported the greatest percentage increase in ATS arrests in 2014–15. Victoria accounted for the greatest proportion of national ATS arrests this reporting period (27.4 per cent), followed by Queensland (26.9 per cent) and New South Wales (24.0 per cent). Combined, these three states account for 78.3 per cent of national ATS arrests in 2014–15 (see Table 11).

		Arrests	
State/Territory ^b	2013–14	2014–15	% change
New South Wales	6 385	8 495	33.0
Victoria	7 555	9 734	28.8
Queensland	6 772	9 533	40.8
South Australia	1 434	1 573	9.7
Western Australia	3 756	5 287	40.8
Tasmania	72	430	497.2
Northern Territory	138	282	104.3
Australian Capital Territory	157	134	-14.6
Total	26 269	35 468	35.0

TABLE 11: Number and percentage change of national ATS^a arrests, 2013–14 and 2014–15

a. The term amphetamine-type stimulant 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 include Australian Federal Police data.

Figure 31 illustrates the number of national ATS arrests by drug type (amphetamines, MDMA and other ATS) over the last decade. Amphetamines have accounted for the greatest proportion of national ATS arrests over the last decade. The number of national amphetamines arrests has continued to increase since 2009–10, with the 30 230 related arrests in 2014–15 almost triple the 10 160 arrests reported in 2009–10. Amphetamines accounted for 85.2 per cent of national ATS arrests in 2014–15, followed by MDMA (14.2 per cent) and other ATS (0.5 per cent).



FIGURE 31: Number of national ATS arrests, by drug type, 2005–06 to 2014–15

The number of national amphetamines arrests has increased 199.8 per cent over the last decade, from 10 082 in 2005–06 to 30 230 in 2014–15. The number of national MDMA arrests has increased 186.5 per cent, from 1 764 in 2005–06 to 5 053 in 2014–15. While the number of national other ATS arrests has also increased over the decade, it remains low, increasing from 2 in 2005–06 to 185 in 2014–15.

NATIONAL IMPACT

Wastewater analysis and Australian surveys of regular drug user and police detainee populations indicate a continued increase in methylamphetamine use. According to a national study of police detainees, the proportion of respondents who tested positive to methylamphetamine increased from 33.0 per cent in 2013–14 to 38.7 per cent in 2014–15. Likewise, a 2014 national study of regular injecting drug users found that 70.0 per cent of respondents reported recent use of methylamphetamine, an increase from 66.0 per cent in 2013. Early findings from the 2015 study indicate that crystal methylamphetamine continues to be the preferred form of methylamphetamine, with 67.0 per cent of respondents reporting recent use of crystal, compared with 25.0 per cent for speed and 10.0 per cent for base.

The number of ATS (excluding MDMA) detections at the Australian border continued to increase this reporting period, from 2 367 in 2013–14 to 3 479 in 2014–15. This is the highest reported number of ATS (excluding MDMA) detections on record and reflects an ongoing trend over the last six years. The weight of ATS (excluding MDMA) border detections almost doubled this reporting period, from 1 812.4 kilograms in 2013–14 to a record 3 422.8 kilograms in 2014–15. While the number of MDMA detections increased marginally from the previous reporting period, the weight of detections increased considerably, from 94.8 kilograms in 2013–14 to 2 002.4 kilograms in 2014–15. The substantial increase in the weight of MDMA detected this reporting period was due to a single detection, which weighed 1 918.4 kilograms. Both the number and weight of MDMA detections this reporting period are the second highest on record. The international mail stream accounted for the greatest proportion of the number of both ATS (excluding MDMA) and

MDMA detections this reporting period, whereas the sea cargo stream accounted for the greatest proportion of detections by weight.

The number of embarkation points identified for ATS (excluding MDMA) decreased this reporting period, from 54 in 2013–14 to 48 in 2014–15. China (including Hong Kong) remains the most significant embarkation point for ATS (excluding MDMA). The number of embarkation points identified for MDMA detections at the Australian border in 2014–15 remained stable at 30. Germany was the most significant embarkation point for MDMA detections at the Australian border this reporting period.

The majority of analysed samples of methylamphetamine seized at the Australian border and as part of the ENIPID project continue to be predominately manufactured from Eph/PSE, with the proportion of samples identified as being manufactured using P2P decreasing this reporting period. The majority of analysed samples of MDMA seized at the Australian border and as part of the ENIPID project continue to be predominately manufactured through reductive amination via platinum hydrogenation.

Both the number and weight of national ATS seizures increased to record levels in 2014–15. Compared to 2013–14, the number of national ATS seizures this reporting period increased 22.2 per cent, while the weight seized tripled to over 12.0 tonnes and accounts for the greatest proportion of the weight of illicit drugs seized nationally in 2014–15. New South Wales continues to account for the greatest proportion of national ATS seizures, accounting for 36.6 per cent of the number and 86.9 per cent of the weight seized in 2014–15. While amphetamines continue to account for the greatest proportion of the number of national ATS seizures, the predominant ATS drug type, by weight, has fluctuated over the last decade. In 2014–15, amphetamines accounted for 82.1 per cent of the number of national ATS seizures. By weight, amphetamines accounted for 49.0 per cent of the weight of ATS seized, closely followed by MDMA (48.3 per cent).

There was a record 35 468 national ATS arrests in 2014–15. Victoria, Queensland and New South Wales continue to account for the greatest proportion of national ATS arrests, accounting for 78.3 per cent in 2014–15. Over the last decade amphetamines have continued to account for the greatest proportion of national ATS arrests.

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CANNABIS

KEY POINTS

- Cannabis continues to account for the greatest proportion of illicit drug use in Australia.
- Despite a 61.9 per cent decrease in the weight of cannabis detected at the Australian border in 2014–15, there was a record 4 949 detections this reporting period.
- Cannabis seeds continue to account for the greatest proportion of cannabis detections at the Australian border.
- There was a record 59 271 national cannabis seizures in 2014–15.
- National cannabis arrests increased 9.7 per cent this reporting period, with a record 75 105 arrests in 2014–15.



MAIN FORMS

Cannabis is the world's most widely cultivated and consumed illicit drug. Cannabis plants can be grouped into two categories—hemp and marijuana. Hemp is fibrous, has a low psychoactive component and can be cultivated for fibre, food and fuel. In contrast, marijuana—commonly referred to as cannabis—is high in psychoactive components and its flowering heads, leaves, resin and oil are commonly used as an illicit drug. Two common subspecies within the cannabis genus from which cannabis is harvested are *Cannabis indica* and *Cannabis sativa* (NIDA 2015; Agri-Food Canada 2013; CAMH 2012).

The set of naturally occurring compounds within cannabis are known collectively as cannabinoids. The most recognised cannabinoid compound is delta-9-tetrahydrocannabinol (THC), which is the main psychoactive component of the cannabis plant. THC is generally concentrated in the flowering heads of the cannabis plant, with lower levels found in the stems and leaves. Also present in cannabis is cannabidiol (CBD), an antipsychotic believed to have a balancing effect with THC, reducing symptomatic effects like paranoia and anxiety (EMCDDA 2015; Bhattacharyya et al. 2009).

The potency of cannabis varies depending on the plant variety and the method of cultivation, preparation and storage. Cannabis comes in three main forms: herb, resin and oil. Herbal cannabis, the most common and least potent form, consists of dried plant leaves and flowers and is usually smoked. Cannabis resin is the pressed secretions of the plant, commonly known as hashish, and can be smoked or added to food and eaten. Cannabis oil, the most potent form, is a thick oil extracted from resin which can be smoked (Better Health 2013). The main forms of cannabis and methods of administration are outlined in Table 12.

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

TABLE 12: Main forms of cannabis

Cannabis is a depressant drug which slows activity in the central nervous system. Immediate effects of cannabis may include anxiety, distorted perceptions of time, space and distance, loss of inhibition and reduced coordination. Short-term effects of cannabis use may include feelings of relaxation and wellbeing, drowsiness, increased heart rate and talkativeness. Long-term effects of cannabis use may include paranoia and impaired cognitive function and basic motor coordination (ADF 2015; ADAI 2013; Better Health 2013).

Research indicates that cannabis use can exacerbate existing psychotic symptoms or induce psychotic symptoms in users who are predisposed to psychosis. Long-term use can cause a condition known as drug-induced psychosis, of which disorientation, poor memory and hallucinations are the most common symptoms. Australian research has revealed that younger, frequent users of cannabis may be more at risk of reduced cognitive control. Furthermore, research has also indicated that cannabis use during adolescence increases the likelihood of experiencing symptoms of schizophrenia in adulthood (Albertella, Le Pelley & Copeland 2015; ADF 2014; Better Health 2013; Parakh & Basu 2013).

INTERNATIONAL TRENDS

Cannabis continues to be the most readily produced, available and widely used illicit drug globally. Cannabis use continues to increase and consumption is high in West and Central Africa, Western and Central Europe and Oceania. Cannabis accounts for 80.0 per cent of drug seizures in Europe, which remains one of the world's largest markets for cannabis resin, although its use is concentrated in a few countries, including Spain. The use of herbal cannabis is more evenly spread across Europe, with a shift in the market from cannabis resin to cannabis herb in Western and Central Europe. Recent data also indicate an increase in the use of cannabis in the United States (US; UNODC 2015).

Cannabis consumption in Asia continues to be below global levels, although reliable estimates of prevalence of use in these countries are limited. Cannabis remains the most widely used drug in Indonesia (BINLEA 2015).

A small number of countries are key embarkation points on major cannabis trafficking routes. Spain, as a major point of entry to Europe for cannabis produced in Morocco, accounted for more than two thirds of the total weight of cannabis resin seized in Europe in 2013. Recent large increases of herbal cannabis have been reported in Greece, Spain and Italy. Turkey has also seized larger quantities of herbal cannabis than any other European country, with the 180 tonnes seized in 2013 equal to more than all the European Union Member States combined (EMCDDA 2015a).

Cannabis herb is produced in most countries around the world, making it difficult to estimate global levels of cannabis cultivation and production. The production of cannabis resin continues to be confined to a few countries in North Africa, the Middle East and South-West Asia. Afghanistan and Morocco are the two major cultivators and producers of cannabis resin. Countries in the Middle East and South-West Asia reported an increase in cannabis resin seizures originating in Afghanistan, although South Asia continued to account for the majority of cannabis resin intercepted in the subregion. Pakistan cited Afghanistan as the source country for the 314 tonnes of cannabis resin seized in 2013, an increase from the 166 tonnes seized in 2012 (BINLEA 2015; UNODC 2015).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

In 2014–15, the number of cannabis detections at the Australian border increased 74.3 per cent, from 2 840 in 2013–14 to a record 4 949 in 2014–15. The total weight of cannabis detected this reporting period decreased 61.9 per cent, from 158.1 kilograms in 2013–14 to 60.2 kilograms in 2014–15 (see Figure 32).

FIGURE 32: Number and weight of cannabis¹ detections at the Australian border, 2005–06 to 2014–15 (Source: Department of Immigration and Border Protection)



In 2014–15, 88.0 per cent of cannabis detections at the Australian border were of cannabis seeds. In this reporting period there were 14 cannabis detections weighing over one kilogram. These 14 detections have a combined weight of 34.0 kilograms and account for 56.5 per cent of the weight of cannabis detected in 2014–15. The largest single detection of cannabis this reporting period was 10.2 kilograms, detected in air cargo from the US.

SIGNIFICANT BORDER DETECTIONS

Significant border detections of cannabis in 2014–15 include:

- 10.2 kilograms of cannabis detected on 6 January 2015, concealed in 12 boxes, via air cargo from the US to Sydney
- 4.1 kilograms of Nutiva organic hemp protein detected on 10 July 2014, via air cargo from the US to Melbourne
- 2.5 kilograms of Hemp Force powder detected on 25 September 2014, via air cargo from the US to Sydney

¹ Cannabis statistics for 2014–15 have been skewed by a number of food products containing hemp, such as Hemp Force powder. Food products containing hemp have low traces of THC, but due to the wording of current Australian standards, foods derived from hemp are still not permitted to be sold in Australia. Standard 1.4.4 (Prohibited and Restricted Plants and Fungi) of the Australia New Zealand Food Standards Code (the Code) prohibits the sale of any cannabis species (including hemp), or derivatives thereof, from being sold as food.

- 2.5 kilograms of Hemp Force powder detected on 8 August 2014, via air cargo from the US to Sydney
- 2.4 kilograms of organic hemp seed oil detected on 18 December 2015, via air cargo from the US to Sydney.

These 5 detections have a combined weight of 21.7 kilograms and account for 36.0 per cent of the total weight of cannabis detected at the Australian border in 2014–15.

IMPORTATION METHODS

In 2014–15, international mail accounted for 98.3 per cent of the number of cannabis detections, with air cargo accounting for 61.6 per cent of the weight of cannabis detected (see Figures 33 and 34).

FIGURE 33: Number of cannabis detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



FIGURE 34: Weight of cannabis detections at the Australian border, as a proportion of total weight, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

In 2014–15, a total of 41 countries were identified as embarkation points for cannabis detected at the Australian border, compared with 36 countries in 2013–14.

The most significant embarkation points for cannabis detections by number in 2014–15 were the Netherlands (with 2 380 detections), followed by the United Kingdom (with 1 422 detections). Combined, these 2 embarkation points account for 76.8 per cent of the number of cannabis detections at the Australian border in 2014–15.

By weight, the US was the most significant embarkation point for cannabis detections at the Australian border this reporting period, accounting for 39.7 kilograms and 66.0 per cent of the weight of cannabis detected at the Australian border in 2014–15 (see Figure 35).

Figure 35: Key embarkation points for cannabis detections, by weight, at the Australian border, 2014–15



Top 10 embarkation points by weight: US, Canada, Thailand, Netherlands, UK, Iran, Lithuania, South Africa, Latvia and Fiji.

DOMESTIC MARKET INDICATORS

According to the 2013 National Drug Strategy Household Survey (NDSHS), 34.8 per cent of the Australian population aged 14 years and older reported using cannabis at least once in their lifetime, a decrease from 35.4 per cent in 2010. In the same 2013 survey, 10.2 per cent reported recent² cannabis use, compared with 10.3 per cent in 2010. In 2013, the 20–29 year age group continued to account for the largest proportion of recent users, at 20.8 per cent. Reported recent use varied across states and territories, ranging from 9.1 per cent in Victoria to 17.1 per cent in the Northern Territory (see Figure 36). The Northern Territory has accounted for the highest proportion of recent cannabis users since 1998 (AIHW 2014).

² In the NDSHS, recent use refers to reported use in the 12 months preceding interview.





According to a 2014 national study of regular injecting drug users, the proportion of respondents reporting recent use³ of cannabis increased, from 72.0 per cent in 2013 to 73.0 per cent in 2014. Early findings from the 2015 study indicate reported recent cannabis use remains stable. Findings from the same study indicate that recent cannabis users within this drug user population reported using cannabis a median of 120 days in the six months preceding interview, an increase from 96 days in 2014 (see Figure 37; Stafford & Burns 2015; Stafford & Burns 2015a).



FIGURE 37: Proportion of a regular injecting drug user population reporting recent cannabis use and median days of use, 2006 to 2015 (Source: National Drug and Alcohol Research Centre)

a. Reported figures for 2015 are preliminary.

³ In both the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to use within the last six months.

In the same 2014 study, cannabis herb was the most common form of cannabis used by recent users (hydroponic 65.0 per cent, bush 39.0 per cent), with 7.0 per cent using hashish (cannabis resin) and 4.0 per cent using cannabis oil (Stafford & Burns 2015; Stafford & Burns 2015a).

In a 2014 national study of regular ecstasy users, the proportion of respondents reporting recent cannabis use decreased from 85.0 per cent in 2013 to 83.0 per cent in 2014. Early findings from the 2015 study indicate this has increased to 87.0 per cent. Findings from the same study indicate that recent cannabis users within this drug user population reported using cannabis a median of 50 days in the six months preceding interview, an increase from 32 days in 2014 (Sindicich & Burns 2015; Sindicich & Burn

FIGURE 38: Proportion of a regular ecstasy user population reporting recent cannabis use and median days of use, 2006 to 2015 (Source: National Drug and Alcohol Research Centre)



a. Reported figures for 2015 are preliminary.

The Drug Use Monitoring in Australia (DUMA) program, which examines drug use and offending patterns among police detainees in Australia, comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.⁴ Cannabis remained the most commonly used drug among detainees.⁵ Over the last decade, the proportion of detainees testing positive via urinalysis for cannabis has gradually declined, from 53.6 per cent in 2005–06 to 43.1 per cent in 2014–15. Self-reported recent use⁶ of cannabis has also decreased, from 62.4 per cent in 2005–06 to 56.2 per cent in 2014–15. More recently the proportion of detainees testing positive for cannabis decreased, from 46.1 per cent in 2013–14 to 43.1 per cent in 2014–15. Self-reported recent use of cannabis remained relatively stable at 56.2 per cent in 2014–15, compared with 56.3 per cent in 2013–14 (see Figure 39).

⁴ Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.

⁵ The ability to detect cannabis in urine up to 30 days after use, should be considered when interpreting the results.

⁶ Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.



Figure 39: National proportion of detainees testing positive for cannabis compared with self-reported recent use, 2005–06 to 2014–15 (Source: Australian Institute of Criminology)

a. Urine was collected in the third and fourth quarters of 2013 and the first quarter of 2014.

b. Urine was collected in the third quarter of 2014 and the first and second quarters of 2015.

The number of cannabis oil extraction laboratories detected in Australia increased this reporting period, from 7 in 2013–14 to 10 in 2014–15. South Australia and Western Australia each reported 4 detections, with 2 reported in Victoria. The 10 laboratories detected in 2014–15 is the highest number reported since related reporting began in 2007–08 (see *Clandestine laboratories and precursors* chapter).

PRICE

Nationally, cannabis prices remained stable in 2014–15. The price of 1 gram of hydroponic cannabis head this reporting period ranged between \$12 and \$50. The price of 1 ounce⁷ of hydroponic cannabis head ranged between \$200 and \$450, while the price for a single mature hydroponic cannabis plant ranged between \$2 000 and \$5 000.

AVAILABILITY

In a 2014 study of regular injecting drug users, of the respondents able to comment on the availability of hydroponic cannabis, 91.0 per cent reported hydroponic cannabis as being easy or very easy to obtain, a decrease from 93.0 per cent in 2013. Early findings from the 2015 study indicate this has increased to 92.0 per cent (Stafford & Burns 2015; Stafford & Burns 2015a).

According to a 2014 study of regular ecstasy users, of the respondents able to comment on the availability of hydroponic cannabis, 92.0 per cent reported hydroponic cannabis as being easy or very easy to obtain, an increase from 90.0 per cent in 2013. Early findings from the 2015 study indicate this has decreased to 91.0 per cent (Sindicich & Burns 2015; Sindicich & Burns 2015a).

⁷ An ounce equates to approximately 28 grams.

SEIZURES AND ARRESTS

Despite a record number of national cannabis seizures in 2014–15, the weight of cannabis seized nationally decreased for the second consecutive reporting period. The number of national cannabis seizures increased by 11.0 per cent this reporting period, from 53 404 in 2013–14 to 59 271 in 2014–15. The weight of cannabis seized nationally decreased by 15.1 per cent, from 7 074.0 kilograms in 2013–14 to 6 004.7 kilograms in 2014–15 (see Figure 40).



Figure 40: National cannabis seizures, by number and weight, 2005–06 to 2014–15

In 2014–15, all states and territories reported increases in the number of cannabis seizures. This reporting period New South Wales accounted for the greatest proportion of the number of national cannabis seizures (30.4 per cent), followed by Queensland (29.6 per cent) and Western Australia (21.9 per cent). Combined, these three states account for 81.9 per cent of national cannabis seizures in 2014–15.

Despite reporting a decrease in seizure weight this reporting period, New South Wales accounted for the greatest proportion of the weight of cannabis seized nationally (24.2 per cent). Decreases in the weight of cannabis seized in 2014–15 were also reported in Victoria and Queensland. The Australian Capital Territory reported the greatest percentage increase in the weight of cannabis seized this reporting period (189.6 per cent; see Table 13).

	Number			Weig		
State/Territory ^a	2013–14	2014–15	% change	2013–14	2014–15	% change
New South Wales	17 323	18 015	4.0	1 663 115	1 451 608	-12.7
Victoria	3 991	4 668	17.0	2 860 916	558 814	-80.5
Queensland	15 815	17 532	10.9	914 672	832 619	-9.0
South Australia	410	537	31.0	756 673	1 307 241	72.8
Western Australia	11 626	12 993	11.8	230 759	269 642	16.9
Tasmania	1 825	2 823	54.7	113 097	170 338	50.6
Northern Territory	1 755	1 995	13.7	161 084	332 264	106.3
Australian Capital Territory	659	708	7.4	373 685	1 082 230	189.6
Total	53 404	59 271	11.0	7 074 001	6 004 756	-15.1

TABLE 13: Number, weight and percentage change of national cannabis seizures, 2013–14 and 2014–15

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

3

Cannabis continues to account for the greatest proportion of illicit drug arrests in Australia. This reporting period the number of national cannabis arrests increased by 9.7 per cent, from 68 477 in 2013–14 to a record 75 105 in 2014–15. Cannabis consumer offences continue to account for the greatest proportion of arrests, with the proportion of cannabis provider arrests remaining relatively stable over the decade (see Figure 41).



Figure 41: Number of national cannabis arrests, 2005–06 to 2014–15

Over the past decade, Queensland has accounted for the greatest proportion of national cannabis arrests. In 2014–15, Queensland accounted for 31.8 per cent of national cannabis arrests, followed by New South Wales (22.4 per cent) and Victoria (13.7 per cent). Tasmania reported the greatest percentage increase in cannabis arrests in 2014–15 (see Table 14).

Table 14: Number a	nd percentage	change of national	cannabis arrests,	2013–14 and 2014–15
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		Arrests	
State/Territory ^a	2013–14	2014–15	% change
New South Wales	15 756	16 795	6.6
Victoria	8 558	10 292	20.3
Queensland	20 219	23 850	18.0
South Australia	2 305	2 173	-5.7
South Australia (CENs) ^b	9 204	9 191	-0.1
Western Australia	8 286	7 942	-4.2
Western Australia (CIRs) ^c	1 793r	1 877	4.7
Tasmania	930	1 446	55.5
Northern Territory	464	464	0.0
Northern Territory (DINs) ^d	565	644	14.0
Australian Capital Territory	266	334	25.6
Australian Capital Territory (SCONs) ^e	131	97	-26.0
Total	68 477r	75 105	9.7

a. The arrests data for each state and territory include Australian Federal Police data.

b. Cannabis Expiation Notices.

c. Cannabis Intervention Requirements. Note: CIR figures for 2013–14 were not available for release in the published 2013–14 Illicit Drug Data Report.

d. Drug Infringement Notices.

e. Simple Cannabis Offence Notices.
NATIONAL IMPACT

Surveys of recent cannabis use in the general population, regular drug user populations and the police detainee population indicate that cannabis continues to account for the greatest proportion of illicit drug use in Australia.

With the exception of cannabis seed, resin and oil, 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 88.0 per cent of the number of cannabis detections in 2014–15. The number of cannabis detections at the Australian border increased to a record 4 949 in 2014–15. Despite this increase, the weight of cannabis detected decreased by 61.9 per cent, from 158.1 kilograms in 2013–14 to 60.2 kilograms in 2014–15.

The international mail stream remained the primary importation method by number for detections of cannabis at the Australian border in 2014–15, while air cargo was the primary importation method by weight. This reporting period the Netherlands was the primary embarkation point for cannabis detections by number, while the US was the primary embarkation point by weight.

The number of cannabis oil extraction laboratories detected in Australia increased to 10 this reporting period, the highest number on record since related reporting began in 2007–08. While there was a record number of national cannabis seizures in 2014–15, the weight of cannabis seized nationally decreased. National cannabis arrests continued to increase this reporting period, with a record 75 105 arrests in 2014–15.

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HEROIN

KEY POINTS

- In 2014–15, the number and weight of heroin detections at the Australian border increased, by 61.7 per cent and 168.0 per cent respectively.
- Drug profiling data indicates the majority of analysed heroin seizures in Australia originate from South-East Asia.
- The number and weight of national heroin seizures increased this reporting period, with the 1 914 seizures the highest reported in the last decade and the 477 kilograms seized the second highest reported in the last decade.
- The number of national heroin and other opioid arrests increased, with the 3 227 arrests in 2014–15 the highest reported in the last decade.



MAIN FORMS

Heroin (diacetylmorphine or diamorphine) is a derivative of morphine—a naturally occurring substance derived from opium poppies. Raw opium is the milky sap (latex) extracted from the seed pods of opium poppy plants (*Papaver somniferum*). Illicit cultivation of the opium poppy occurs on a large scale in at least three geographically distinct areas—South-West Asia ('Golden Crescent')¹, South-East Asia ('Golden Triangle')² and Latin America (primarily Mexico and Colombia; UNODC 2015).

Opium is converted to heroin by a filtration process to extract the morphine, which is processed into heroin base by a chemical process using acetic anhydride. The resulting substance is then further treated to produce heroin hydrochloride. The colour and appearance of heroin is not a definitive or reliable indicator of origin or purity. There are four main grades of heroin, which have different utility and desirability in the Australian market. Grades 1 and 2 refer to heroin base and are essentially unprocessed heroin not commonly encountered in Australia. Number 3 grade heroin is more refined and less granular in appearance. Considered unsuitable for injection, it is most commonly heated and the vapours inhaled. Number 4 grade is the purest form of heroin. Easily dissolved and usually injected, it is the most common grade used in developed countries. Black tar heroin—which is created through the incomplete acetylation of morphine—can appear as a dark brown, tar-like substance or a light-brown powder when refined. 'Homebake' heroin is a crude form of heroin made from codeine extracted from pharmaceutical products (AIC 2015; INCB 2013; Stevens 2013).

Heroin is most commonly injected; however it can also be smoked, snorted or added to cannabis or tobacco. In Australia, the most common method of administration is injection, followed by heating and inhaling the fumes, a practice known as 'chasing the dragon' (ADF 2015; Stevens 2013).

Heroin is a depressant drug. Users experience an initial rush, which is generally followed by feelings of warmth, pleasure and sedation. Use may result in slowed brain function, in particular functions related to respiration, blood pressure and body temperature. Short-term effects of heroin use may include slurred speech, dry mouth, confusion, and dilated pupils. Long-term effects of heroin use may include skin abscesses, heart and lung problems, loss of appetite and pneumonia (ADF 2015; UNODC 2014; NSW Health 2013).

Heroin overdose can occur even when small amounts are taken and is often the result of suppressed respiration. Signs of overdose may include muscle twitching, slow or irregular heart rate and breathing, vomiting and low body temperature. In some instances, overdose may result in death. Intravenous administration of heroin can expose users to further health risks, such as bloodborne viruses including human immunodeficiency virus (HIV) and hepatitis B and C, as well as bacterial and fungal infection, collapsed veins and abscesses (ADF 2015; NSW Health 2013).

¹ The 'Golden Crescent' encompasses large areas of Afghanistan and parts of Pakistan.

² The 'Golden Triangle' encompasses the border regions of Myanmar, Thailand and Laos.

INTERNATIONAL TRENDS

The majority of the word's illicit opium production occurs in South-West Asia (primarily Afghanistan) and South-East Asia (primarily Myanmar). It is also reported that Guatemala, Mexico, and India are involved in illicit opium cultivation, although to a much lesser degree. Afghanistan remains the world's largest cultivator and producer of opium, accounting for 80 per cent of global opium production. In 2014, the area under cultivation increased 7 per cent to 224 000 hectares— its highest level—before decreasing to 183 000 hectares in 2015. In 2015, total opium production in Afghanistan was estimated at 3 300 tonnes, a 48.4 per cent decrease from 6 400 tonnes in 2014 (see Figure 42). This decrease is largely due to a reduction in opium yield per hectare (BINLEA 2015; INCB 2014; UNODC 2014a; UNODC 2015; UNODC 2015a).

FIGURE 42: Potential production of opium, 2006 to 2015 (Source: United Nations Office on Drugs and Crime)



a. Figures reported in 2015 for Myanmar & Laos only reflect potential production in Myanmar as available figures for Laos in 2015 are not comparable (UNODC 2015b). Figures reported in 2015 for Afghanistan & Pakistan only reflect potential opium production in Afghanistan. Figures for Colombia & Mexico in 2015 were not published at time of this report.

The Golden Triangle is a major source of opium and heroin, particularly for South-East Asia and Oceania. The area under cultivation in Myanmar decreased from 57 600 hectares in 2014 to 55 500 hectares in 2015. In Laos, the area under cultivation also decreased, from 6 200 hectares in 2014 to 5 700 hectares in 2015 (UNODC 2015).

Pakistan and Iran remain major transit countries for Afghan heroin, with increasing domestic heroin user markets. It is estimated that 40 per cent of the world's supply of heroin transits through Pakistan, en route to major markets in China, Africa, Europe and North America. Heroin trafficked into Iran is destined for the large domestic market, as well as transiting to international markets. It is estimated that 35 per cent of Afghan heroin transits Iran, Syria and Turkey. In 2012, East Africa emerged as a prominent transit region for heroin destined for European markets. Ongoing largescale seizures indicate this region remains a key transit hub (BINLEA 2015; UNODC 2014). The 2015 *World Drug Report* reported that globally, heroin seizures increased by 8 per cent from 2012 to 2013, whereas illicit morphine seizures decreased by 26 per cent. Since 2002, Afghanistan, Iran and Pakistan have accounted for more than 90 per cent of the global quantity of opium seized each year. With a 13 per cent increase from the previous year, Iran remained the country with the largest quantity of opium seized in 2013 (436 tonnes; UNODC 2015).

Over the past few years, North American markets have noted a large increase in the use of heroin. This has been driven in part by the large United States (US) prescription pharmaceuticals market, with some users turning to heroin as a cheaper and more easily acquired alternative to prescription opioids. In 2012, US survey results indicate nearly 700 000 Americans had used heroin, compared to 373 000 in 2007, with the number of heroin-related deaths in the US increasing from 5 925 in 2012 to 8 257 in 2013 (CDC 2015; UNODC 2015).

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) estimates that opioids are present in about three quarters of drug overdose cases and account for 3.5 per cent of all deaths among Europeans aged 15–39 (EMCDDA 2014).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

In 2014–15, both the number and weight of heroin detections at the Australian border increased. The number increased by 61.7 per cent, from 180 in 2013–14 to 291 in 2014–15. The weight of heroin detected this reporting period more than doubled, from 118.9 kilograms in 2013–14 to 318.7 kilograms in 2014–15 (see Figure 43).

In 2014–15, 15.5 per cent of heroin detections weighed 1 kilogram or more. However, these detections accounted for 87.3 per cent of the total weight of heroin detected at the Australian border this reporting period.





SIGNIFICANT BORDER DETECTIONS

Significant border detections of heroin in 2014–15 include:

- 88.0 kilograms of heroin detected on 8 September 2014, suspended in liquid within freezer bags in boxes containing barramundi, via air cargo from Malaysia to Sydney
- 60.9 kilograms of heroin detected on 23 December 2014, concealed within wooden statues and stands, via sea cargo from Thailand to Sydney
- 14.0 kilograms of heroin detected on 24 June 2015, concealed within the chamber of an air compressor, via air cargo from Malaysia to Sydney
- 7.4 kilograms of heroin detected on 25 August 2014, within an unaccompanied sports bag from Malaysia to Sydney
- 7.0 kilograms of heroin detected on 14 April 2015, concealed in two model boats, via international mail from Laos to Sydney.

The 5 detections listed above have a combined weight of 177.3 kilograms and account for 55.6 per cent of the total weight of heroin detected at the Australian border in 2014–15.

IMPORTATION METHODS

Consistent with 2013–14, the international mail stream accounted for over 70 per cent of the number of heroin detections at the Australian border this reporting period. In 2014–15, international mail accounted for 77.3 per cent of detections by number, followed by air cargo at 18.2 per cent (see Figure 44).

FIGURE 44: Number of heroin detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



While 18.2 per cent of heroin detections were in the air cargo stream, they accounted for 43.3 per cent of the total weight of heroin detected at the Australian border. This was followed by the international mail stream (31.0 per cent). A single detection of heroin in sea cargo weighing 60.9 kilograms accounted for 19.1 per cent of the weight of heroin detected in 2014–15 (see Figure 45).

FIGURE 45: Weight of heroin detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

In 2014–15, a total of 27 countries were identified as embarkation points for heroin detections at the Australian border, an increase from 24 in 2013–14.

By number, India (55 detections), the Netherlands (36 detections), Singapore (34 detections), Thailand (29 detections), and Vietnam (26 detections) were the primary embarkation points. Combined, these 5 embarkation points account for 61.9 per cent of the number of heroin detections at the Australian border in 2014–15.

By weight, the primary embarkation points this reporting period were Malaysia (116.0 kilograms), Thailand (85.0 kilograms), Laos (50.3 kilograms), Singapore (26.9 kilograms) and India (20.4 kilograms). Combined, these 5 embarkation points account for 93.7 per cent of the weight of heroin detected at the Australian border in 2014–15 (see Figure 46).



FIGURE 46: Key source countries and embarkation points for heroin detections, by weight, at the Australian border, 2014–15

Embarkation countryTop 10 embarkation points by weight:Source countryMalaysia, Thailand, Laos, Singapore, India, Vietnam, Iran, Hong Kong, Colombia,Embarkation and source countryand Kenya.

DRUG PROFILING

The Australian Federal Police Forensic Drug Intelligence (FDI) team operates a forensic drug profiling capability through the National Measurement Institute (NMI), which enables the identification of the regions of origin and manufacturing trends for samples of heroin submitted from seizures made at the Australian border. The capability also allows for comparisons within and between seizures to identify distinct batches of drugs, or to demonstrate links between groups involved in illicit drug manufacture or trafficking. The following data relate to seizures investigated by the AFP between 2005 and June 2015, and from which samples were submitted to the NMI for routine analysis and profiling.³

The figures presented in Tables 15 and 16 reflect seizures made by law enforcement and which are amenable to chemical profiling. Heroin originating from South-East Asia continues to account for the greatest proportion of analysed AFP heroin border seizures. The proportion of analysed heroin border seizures, by number, originating from South-East Asia decreased, from 74.6 per cent in 2013 to 52.2 per cent in 2014. This has increased to 71.4 per cent in the first six months of 2015 (see Table 15).

TABLE 15: Geographical origin of heroin samples as a proportion of analysed AFP border seizures, 2008–June 2015⁴ (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	South- East Asia %	South- West Asia %	South America %	Unclassified %	South-East Asia & Unclassified %	South-West Asia & Unclassified %
Jan-Jun 2015	71.4	28.6	-	-	-	-
2014	52.2	37.0	-	2.2	4.3	-
2013	74.6	18.2	5.5	-	1.8	-
2012	70.7	25.9	-	3.4	-	-
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	-	-

In examining profiling data, it should be noted that they relate to seizures investigated by the AFP between 2005 to June 2015, and from which samples were submitted to the National Measurement Institute (NMI) for routine analysis and profiling. Improvements in information technology have brought about changes to how the data is collated and presented, and for this reason, care should be taken in comparing figures before 2010 to more recent data. For all reporting years, the data represent a snapshot across the applicable 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 border trends on drugs reaching consumers i.e. street level seizures in Australia but samples from selected state and territory jurisdictions are submitted for chemical profiling as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project.

⁴ This data may also include seizures destined for Australia which occurred offshore.

The proportion of analysed heroin border seizures, by total bulk weight, originating from South-East Asia increased from 84.3 per cent in 2013 to 89.9 per cent in 2014.⁵ This further increased to 98.1 per cent in the first six months of 2015 (see Table 16).

Year	South-East Asia %	South-West Asia %	South American %	Unclassified %	South-East Asia Unclassified %
Jan–Jun 2015	98.1	1.9	-	-	-
2014	89.9	7.8	-	<0.01	0.2
2013	84.3	8.9	4.3	-	2.5
2012	98.4	1.3	-	0.3	-
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	-

 TABLE 16: Geographical origin of heroin samples as a proportion of total bulk weight of analysed

 AFP border seizures, 2005–June 2015⁶ (Source: Australian Federal Police, Forensic Drug Intelligence)

The Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project extends illicit drug profiling to include state and territory seizures involving heroin, methylamphetamine, MDMA and more recently, cocaine. This enables detection of similarities between supply routes into different jurisdictions; links between different criminal groups; as well as comparison of trends between jurisdictions.

According to ENIPID profiling data obtained between 2011 and the first six months of 2015, analysed heroin samples predominately originate from South-East Asia. While exact proportions vary from year to year and are subject to a range of variables, this trend is observed in both analysed samples and cases. As with border figures, the Australian heroin market appears to be supplied by South-East Asia and South-West Asia, with no confirmed detections of South American heroin among profiled samples in 2014 or the first six months of 2015 (see Tables 17 and 18).

⁵ Two large seizures contributed approximately 69 per cent of the total bulk weight (158.8 kilograms) of analysed heroin seizures in 2014, which were chemically profiled to be of South-East Asian origin.

⁶ This data may also include seizures destined for Australia which occurred offshore.

			Geographical Origin		
Year	Jurisdiction	South-East Asia %	South-West Asia %	Mixed/ Unclassified %	Total %
	ACT	8.0	-	-	8.0
Jan–Jun 2015	NSW	80.0	4.0	4.0	88.0
2015	TAS	4.0	-	-	4.0
Total		92.0	4.0	4.0	100
	NSW	47.6	7.2	-	54.8
2014	SA	-	2.4	-	2.4
2014	VIC	-	7.1	-	7.1
	WA	35.7	-	-	35.7
Total		83.3	16.7		100
2012	NSW	45.7	-	2.9	48.6
2013	WA	34.3	17.1	-	51.4
Total		80.0	17.1	2.9	100
	ACT	8.5	-	-	8.5
2012	NSW	55.3	12.8	12.8	80.9
	WA	2.1	8.5	-	10.6
Total		65.9	21.3	12.8	100
2011	NSW	9.8	2.0	3.9	15.7
2011	WA	82.3	-	2.0	84.3
Total		92.1	2.0	5.9	100

TABLE 17: Geographical origin of heroin ENIPID samples as a proportion of analysed jurisdictional samples, 2011–June 2015 (Source: Australian Federal Police, Forensic Drug Intelligence)

Note: Due to a lack of available data, some samples were classified based on sample collection date in place of sample seizure date.

			Geographical Origin		
Year	Jurisdiction	South-East Asia %	South-West Asia %	Mixed/ Unclassified %	Total %
	ACT	7.7	-	-	7.7
Jan–Jun 2015	NSW	69.2	7.7	7.7	84.6
2015	TAS	7.7	-	-	7.7
Total		84.6	7.7	7.7	100
	NSW	51.7	10.3	-	62.0
2014	SA	-	3.5	-	3.5
2014	VIC	-	3.5	-	3.5
	WA	31.0	-	-	31.0
Total		80.0	20.0	0.0	100
2012	NSW	50.0	0.0	5.6	55.6
2015	WA	33.3	11.1	0.0	44.4
Total		83.3	11.1	5.6	100
	ACT	9.4	-	-	9.4
2012	NSW	46.9	12.5	18.7	78.1
	WA	3.1	9.4	-	12.5
Total		59.4	21.9	18.7	100
2011	NSW	18.8	6.2	12.5	37.5
2011	WA	56.3	-	6.2	62.5
Total		75.1	6.2	18.7	100

TABLE 18: Geographical origin of heroin ENIPID samples as a proportion of analysed jurisdictional cases, 2011–June 2015 (Source: Australian Federal Police, Forensic Drug Intelligence)

Note: Due to a lack of available data, some samples were classified based on sample collection date in place of sample seizure date.

DOMESTIC MARKET INDICATORS

According to the 2013 National Drug Strategy Household Survey (NDSHS), the proportion of the Australian population aged 14 years or older who reported having used heroin at least once in their lifetime decreased, from 1.4 per cent in 2010 to 1.2 per cent in 2013. In the same survey, the proportion of the Australian population reporting recent heroin use⁷ decreased, from 0.2 per cent in 2010 to 0.1 per cent in 2013. Due to the small sample sizes in regards to the proportion of the population reporting recent heroin use across Australia by state and territory, no breakdown beyond national reported figures is available for 2013⁸ (AIHW 2014).

⁷ In the NDSHS, recent use refers to reported use in the 12 months preceding interview.

⁸ Only estimates with relative standard errors (RSEs) of less than 25 per cent are considered sufficiently reliable for most purposes. Recent heroin use in all Australian states and territories had estimates with RSEs of more than 25 per cent and consequently are not considered sufficiently reliable (AIHW 2014).

According to a 2014 national study of regular injecting drug users, 50.0 per cent of respondents reported heroin as their drug of choice, a decrease from 53.0 per cent in 2013. Early findings from the 2015 study indicate this has increased to 52.0 per cent. In 2014, 53.0 per cent respondents reported recent⁹ use of white/off-white powder, an increase from 50.0 per cent in 2013, followed by the use of brown heroin at 32.0 per cent, an increase from 30.0 per cent in 2013. The proportion of respondents reporting recent heroin use remained stable at 60.0 per cent in 2012, 2013 and 2014. Early findings from the 2015 study indicate this has decreased to 58.0 per cent. In 2014, recent heroin users within this drug user population reported using heroin a median of 72 days in the six months preceding interview, an increase from 60 days in 2013. Early findings of the 2015 study indicate this has increased to 90 days (see Figure 47; Stafford & Burns 2015; Stafford & Burns 2015a).

FIGURE 47: Proportion of a regular injecting drug user population reporting recent heroin use and median days of use, 2006 to 2015 (Source: National Drug and Alcohol Research Centre)



a. Reported figures for 2015 are preliminary.

According to a 2014 national study of regular ecstasy users, 2.0 per cent of respondents reported recent heroin use, a decrease from 4.0 per cent in 2013. Early findings of the 2015 study indicate that recent heroin use remained stable at 2.0 per cent. In 2014, recent heroin users within this user population reported using heroin a median of 2 days in the 6 months preceding interview, a decrease from 5.5 days reported in 2013. Median days of use figures for 2015 are not currently available (see Figure 48; Sindicich & Burns 2015; Sindicich & Burns 2015a).

⁹ In both the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to use within the last six months.



FIGURE 48: Proportion of a regular ecstasy user population reporting recent heroin use and median days of use, 2006 to 2015 (Source: National Drug and Alcohol Research Centre)

a. Reported recent use figures for 2015 are preliminary.

b. Data relating to median days of heroin use was not available for 2015.

The Drug Use Monitoring in Australia (DUMA) program, which examines drug use and offending patterns among police detainees in Australia, comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.¹⁰ The proportion of detainees testing positive¹¹ via urinalysis for heroin decreased, from 8.3 per cent in 2013–14 to 5.8 per cent in 2014–15, the lowest percentage reported in the last decade. Self-reported recent use¹² of heroin was the lowest reported in the last decade, decreasing from 12.4 per cent in 2013–14 to 11.1 per cent in 2014–15 (see Figure 49). Since the 2000–01 heroin shortage, heroin use among this population has remained relatively low (Coghlan et al. 2015).



FIGURE 49: National proportion of detainees testing positive for heroin compared with self-reported recent use, 2005–06 to 2014–15 (Source: Australian Institute of Criminology)

a. Urine was collected in the third and fourth quarters of 2013 and the first quarter of 2014.

b. Urine was collected in the third quarter of 2014 and the first and second quarters of 2015.

¹⁰ Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.

¹¹ Heroin and its metabolite can be detected in urine up to 6 hours after administration.

¹² Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

PRICE

Nationally, the price range for 1 gram of heroin increased, from between \$150 and \$700 in 2013–14 to between \$300 and \$800 in 2014–15. South Australia reported the highest price range for a gram of heroin (\$400–\$800) this reporting period. Nationally, the price for an 8-ball¹³ of heroin decreased, from between \$950 and \$2 000 in 2013–14 to between \$800 and \$1 800 in 2014–15. New South Wales was the only state or territory to report a price for 1 kilogram of heroin in 2014–15, with the price range remaining stable between \$280 000 and \$295 000.

PURITY

Figure 50 illustrates the annual median purity of analysed heroin samples in Australia over the last decade. Since 2005–06, the annual median purity of heroin has ranged between 12.2 per cent (in Queensland) and 68.0 per cent (in Western Australia). In 2014–15, the annual median purity of heroin ranged between 13.9 per cent in Queensland and 51.0 per cent in Western Australia.

FIGURE 50: Annual median purity of heroin samples, 2005–06 to 2014–15



Figure 51 illustrates the median purity of analysed heroin samples on a quarterly basis in 2014–15. The quarterly median purity of heroin ranged from 6.4 per cent in South Australia in the fourth quarter of 2014 to 100.0 per cent in Victoria in the first quarter of 2015. Victoria also reported the greatest fluctuation in the quarterly median purity of analysed heroin samples this reporting period, ranging from 13.6 per cent in the third quarter of 2014 to 100.0 per cent in the first quarter of 2014 to 100.1 per cent in the third quarter of 2014 to 100.0 per cent in the first quarter of 2015. While Victoria reported the highest quarterly median purity in 2014–15, in the fourth quarter of 2014, both New South Wales and Western Australia reported their highest quarterly median purity figures on record (70.5 per cent and 81.0 per cent respectively).

¹³ An 8-ball equates to 3.5 grams.



FIGURE 51: Quarterly median purity of heroin samples, 2014–15

AVAILABILITY

In a 2014 national study of regular injecting drug users, of the respondents able to comment on the availability of heroin, 89.0 per cent reported heroin as being easy or very easy to obtain, an increase from 85.0 per cent in 2013. Early findings from the 2015 study indicate that availability has remained stable (Stafford & Burns 2015; Stafford & Burns 2015a).

SEIZURES AND ARRESTS

The number of national heroin seizures increased this reporting period, from 1 598 in 2013–14 to 1 914 in 2014–15, the highest number reported in the last decade. The weight of heroin seized nationally increased by 202.4 per cent this reporting period, from 158.0 kilograms in 2013–14 to 477.9 kilograms in 2014–15, the second highest weight reported in the last decade (see Figure 52).



FIGURE 52: National heroin seizures, by number and weight, 2005–06 to 2014–15

New South Wales continues to account for the greatest proportion of national heroin seizures by number (50.9 per cent) and weight (84.3 per cent). Victoria reported the largest percentage increase in the number of seizures this reporting period. All states reported an increase in the number of heroin seizures in 2014–15, with the Northern Territory remaining unchanged and the Australian Capital Territory reporting the only decrease. The Northern Territory reported the greatest percentage increase in weight seized in 2014–15, while Victoria, Queensland, South Australia and the Australian Capital Territory all reported decreases (see Table 19).

	Nun	nber		Weight (grams)			
State/Territory ^a	2013–14	2014–15	% change	2013–14	2014–15	% change	
New South Wales	814	975	19.8	69 089	402 833	483.1	
Victoria	302	396	31.1	67 261	59 474	-11.6	
Queensland	197	220	11.7	6 218	5 778	-7.1	
South Australia	28	36	28.6	2 558	295	-88.5	
Western Australia	219	249	13.7	8 401	9 052	7.8	
Tasmania	0	2	-	0	1	-	
Northern Territory	3	3	0.0	5	329	6 480.0	
Australian Capital Territory	35	33	-5.7	4 528	202	-95.5	
Total	1 598	1 914	19.8	158 060	477 964	202.4	

TABLE 19: Number, weight and percentage change of national heroin seizures, 2013–14 and 2014–15

a. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.

The number of national heroin and other opioid arrests increased by 16.5 per cent this reporting period, from 2 771 in 2013–14 to 3 227 in 2014–15, the highest number reported in the last decade (see Figure 53). Consumer arrests continue to account for the greatest proportion of national heroin and other opioid arrests. However, South Australia reported more heroin and other opioid provider arrests than consumer arrests this reporting period.





New South Wales and Victoria accounted for the greatest proportion of national heroin and other opioid arrests this reporting period. Combined, these two states account for 80.0 per cent of national heroin and other opioid arrests in 2014–15, with both states reporting increases in the number of arrests this reporting period. Western Australia, Tasmania and the Australian Capital Territory also reported increases in the number of national heroin and other opioid arrests in 2014–15, with Tasmania reporting the greatest percentage increase in arrests this reporting period (see Table 20).

	Arrests				
State/Territory ^a	2013–14	2014–15	% change		
New South Wales	1 113	1 315	18.1		
Victoria	1 106	1 265	14.4		
Queensland	318	313	-1.6		
South Australia	64	47	-26.6		
Western Australia	138	226	63.8		
Tasmania	13	34	161.5		
Northern Territory	2	0	-100.0		
Australian Capital Territory	17	27	58.8		
Total	2 771	3 227	16.5		

TABLE 20: Number and percentage change of national heroin and other opioid arrests,2013–14 and 2014–15

a. The arrest data for each state and territory include Australian Federal Police data.

NATIONAL IMPACT

Afghanistan remains the world's largest cultivator of opium poppies, with the area under cultivation increasing in 2014 to its highest level. Afghanistan remains the largest producer of opium in the world, accounting for 80.0 per cent of global production in 2014. South-East Asia and South-West Asia remain the key source regions for heroin in Australia. Despite the global predominance of Afghanistan, South-East Asia is the predominant source for analysed heroin in Australia, reflected in both heroin samples profiled at Australian border and those profiled as part of the ENIPID project.

In 2014–15, both the number and weight of heroin detections at the Australian border increased. The number of heroin detections increased by 61.7 per cent, from 180 in 2013–14 to 291 in 2014–15, while the weight of heroin detected more than doubled, from 118.9 kilograms in 2013–14 to 318.7 kilograms in 2014–15. The international mail stream continued to account for the majority of heroin border detections by number this reporting period, while air cargo accounted for the largest proportion of the weight detected in 2014–15. The number of embarkation points for heroin detections increased this reporting period, from 24 in 2013–14 to 27 in 2014–15. India was the primary embarkation point for detections by number in 2014–15, while Malaysia was the primary embarkation point in terms of weight.

Both the number and weight of national heroin seizures increased this reporting period, with the number the highest reported in the last decade and the weight seized the second highest reported in the last decade. National heroin and other opioid arrests also increased this reporting period, with the 3 227 arrests in 2014–15 the highest reported in the last decade. Consumer arrests continue to account for the greatest proportion of national heroin and other opioid arrests. However, South Australia reported more provider than consumer arrests in 2014–15.

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COCAINE

KEY POINTS

- Both the number and weight of cocaine detections at the Australian border increased in 2014–15.
- Drug profiling data indicates the continued prominence of Colombia as a source country for cocaine in Australia.
- There was a record 3 236 national cocaine seizures this reporting period, with over half a tonne of cocaine seized nationally in 2014–15.
- There was a record 2 092 national cocaine arrests in 2014–15.



MAIN FORMS

Cocaine is a strong central nervous system stimulant produced from a chemical compound found in the leaves of the coca plant. The coca plant is a member of the genus *Erythroxylum*, of which the most cultivated species are *Erythroxylum Coca* (*E.Coca*) and *Erythroxylum Novogranatense* (*E. Novogranatense*). *E.Coca* is cultivated along the eastern slopes of Bolivia and Peru, with *E. Novogranatense* cultivated in Colombia and countries in South America (Freye & Levy 2009; Mayo Clinic 2013).

The process of extraction and production of cocaine hydrochloride from coca leaves is a chemical process that occurs in three stages. Cocaine is synthesized from dried coca leaves which are processed using a solvent or acid extraction process to produce cocaine paste. The cocaine paste is further refined and purified using various solvents and acids, filtered and treated to precipitate the freebase, which is then converted to cocaine hydrochloride. Chemicals commonly used during this process include sulphuric acid, potassium permanganate, acetone (or other solvents) and hydrochloric acid (EMCDDA 2015).

Cocaine is commonly found in two forms known as freebase, which is a hydrochloride salt, and 'crack', the name used to describe cocaine base which produces a crackling sound when heated. In its powdered hydrochloride salt form, cocaine can be snorted, rubbed into the gums or dissolved in water and injected. Crack cocaine—which is rarely encountered in Australia—is usually in the form of irregular solid semi-translucent rock crystals. Crack cocaine is typically smoked by heating the crystals in a glass pipe to produce vapours, which are inhaled (NIDA 2013; CESAR 2013).

When cocaine is absorbed into the bloodstream, it stimulates the central nervous system to release increased levels of dopamine, a neurotransmitter regulating reward, motivation and pleasure. Due to the alteration of the brain's chemical reward system, users may rapidly develop an intense craving for cocaine. The intensity and duration of effects depend on the route of administration. Smoking and injecting cocaine delivers the drug rapidly into the bloodstream, but the euphoric effects are shorter in duration compared to when the cocaine is snorted. In an effort to sustain the euphoric effects, users will often use cocaine repeatedly within a relatively short period of time to sustain the euphoric effects, known as a binge pattern (CESAR 2013; NIDA 2013).

Short-term effects of cocaine use may include anxiety and paranoia, increased blood pressure and heart rate, hyperthermia and reduced appetite. Long-term effects of cocaine use may include extreme agitation, depression, kidney failure, seizures, coma and death. When cocaine is used together with alcohol, the liver converts the combination into cocaethylene which decreases the rate at which the liver processes both cocaine and alcohol and may result in liver and heart failure (ADF 2014; Elements Behavioral Health 2013).

INTERNATIONAL TRENDS

Global cocaine use remains concentrated in the Americas, Europe and Oceania, with indications that pockets of cocaine use are emerging in Africa and Asia, likely driven by increased cocaine trafficking through these regions. The United States (US) continues to report a sustained decrease in availability and use (UNODC 2014).

In Europe, cocaine use remains generally high in the main Western and Central European markets—estimated at 1.0 per cent of the population aged 15–64 years. Cocaine continues to be the third most trafficked drug in Europe after herbal cannabis and cannabis resin. Eastern Europe has reported an increase in cocaine seizures—although in small quantities—suggesting the European cocaine market is expanding east (UNODC 2015).

Presently, most South American cocaine destined for North American markets is transported from Colombia to Mexico or Central America by sea and then trafficked north by land. However, traffickers are increasing their efforts to ship cocaine directly from South America to Canada via air, international mail and sea cargo (BINLEA 2015; UNODC 2014).

Cocaine produced in Colombia is mainly destined for consumption in overseas markets. A significant proportion of the United Kingdom's (UK) identified cocaine supply is produced in Colombia or the border areas of neighbouring Venezuela and Ecuador. Most Bolivian cocaine flows to other South American countries, such as Brazil, for domestic consumption or onward transit to West Africa and Europe. In January 2015, law enforcement authorities in Bogota, Colombia seized 243 kilograms of cocaine destined for the European market, which was linked to an international organised crime syndicate. The cocaine was concealed within cardboard boxes containing flowers. In February 2015, Colombian National Police seized 10 kilograms of cocaine consigned to Sydney concealed in fresh flowers (BINLEA 2015; NCA 2015; AFP 2015).

The majority of cocaine produced in Peru is transported to South American countries for domestic consumption or onward shipment to Europe, East Asia and Mexico via private and commercial aircraft and land and sea conveyances. Small aircraft carrying shipments of cocaine from Peru to Bolivia constitute the primary method of transporting cocaine (BINLEA 2015).

South America continues to account for practically all global cultivation of coca bush. Global cocaine production is limited to Peru, Colombia and Bolivia, with cultivation unlikely to expand to other regions. This is due to these countries' unique environmental conditions which are needed for coca plants to produce a high cocaine yield. Coca cultivation in Peru, Colombia and Bolivia will almost certainly fluctuate as government coca eradication policies shift or illicit cultivation hardens itself to crop eradication efforts (BINLEA 2015; DEA 1993; Kozak 2014; UNODC 2015).

A growing trend reported by overseas law enforcement officials is the recycling of chemicals used in cocaine production, with clandestine laboratories reusing chemicals up to four times before they are replaced (BINLEA 2015).

Coca cultivation surveys conducted by the United Nations Office on Drugs and Crime (UNODC) in 2014 indicate that with the exception of Colombia, the total area under coca cultivation in South America has declined. In 2014, the area under cultivation in Peru decreased by 13.9 per cent (from 49 800 hectares in 2013 to 42 900 hectares in 2014), with cultivation in Bolivia decreasing by 11.3 per cent (from 23 000 hectares in 2013 to 20 400 hectares in 2014). In contrast, coca cultivation in Colombia increased by 43.8 per cent from 48 000 hectares in 2013 to 69 000 hectares in 2014 (UNODC 2015a; UNODC 2015b; UNODC 2015c).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of cocaine detections at the Australian border increased 17.8 per cent this reporting period, from 1 512 in 2013–14 to 1 781 in 2014–15. The weight of cocaine detected increased 50.2 per cent, from 245.6 kilograms in 2013–14 to 368.9 kilograms in 2014–15 (see Figure 54).

The vast majority of cocaine detections (94.9 per cent) this reporting period weighed less than 1 kilogram. In 2014–15, 91 detections of cocaine weighed 1 kilogram or more. The combined weight of these 91 detections is 306.1 kilograms and accounts for 83.0 per cent of the total weight of cocaine detected this reporting period.





SIGNIFICANT BORDER DETECTIONS

Significant border detections of cocaine in 2014–15 include:

- 20.6 kilograms of cocaine in crystal form detected on 16 December 2014, concealed within multi-layered plastic bags, via air cargo from Colombia to Melbourne
- 20.0 kilograms of cocaine detected on 4 March 2015, concealed inside a log splitter, via air cargo from the US to Sydney
- 20.0 kilograms of cocaine detected on 19 April 2015, via an air passenger's bag from Chile to Sydney
- 17.5 kilograms of cocaine detected on 12 October 2014, concealed in the rollers of a pastry machine via sea cargo from Hong Kong to Sydney
- 16.9 kilograms of cocaine detected on 25 June 2015, concealed inside an air compression unit, via air cargo from the US to Sydney.

The 5 detections listed above have a combined weight of 95.0 kilograms and account for 25.8 per cent of the total weight of cocaine detected at the Australian border in 2014–15.

IMPORTATION METHODS

In 2014–15, 91.5 per cent of cocaine detections occurred in the international mail stream. However, international mail detections only accounted for 21.8 per cent of the weight of cocaine detected this reporting period, with detections in the air cargo stream accounting for 56.8 per cent of the weight of cocaine seized at the Australian border in 2014–15 (see Figures 55 and 56).

FIGURE 55: Number of cocaine detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



FIGURE 56: Weight of cocaine detections at the Australian border, as a proportion of total weight, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

The number of countries identified as embarkation points for cocaine detected at the Australian border decreased from 50 in 2013-14 to 47 in 2014-15.

By number, the UK was the primary embarkation point for cocaine detections in 2014–15, with 301 detections. Other key embarkation points this reporting period include the US, the Netherlands, Canada, Germany, Brazil and Ireland. The combined number of detections from these 7 embarkation points accounts for 78.7 per cent of cocaine detections at the Australian border in 2014–15.

By weight, the US (193.4 kilograms), Chile (34.4 kilograms) and Brazil (25.3 kilograms) were the most significant embarkation points for cocaine detected at the Australian border this reporting period (see Figure 57). Combined, these 3 embarkation points account for 68.6 per cent of the weight of cocaine detected at the Australian border in 2014–15.

FIGURE 57: Key source countries and embarkation points for cocaine detections, by weight, at the Australian border, 2014–15



Source country Embarkation and source country Top 10 embarkation points by weight: US, Chile, Brazil, Hong Kong, Malaysia, UAE, Trinidad, France, India and Thailand.

DRUG PROFILING

The Australian Federal Police (AFP) Forensic Drug Intelligence (FDI) team operates a forensic drug profiling capability through the National Measurement Institute (NMI) which is used to identify regions of origin and manufacturing trends for samples submitted from seizures made at the Australian border. The capability also allows for comparisons within and between seizures to identify distinct batches of drugs, the origin of drugs, or to demonstrate links between groups involved in illicit drug manufacture or trafficking. Only certain drug types are examined and not every seizure of drugs is analysed or profiled. The following data relate to seizures investigated by the AFP between 2007 and June 2015, and from which samples were submitted to the NMI for routine analysis and profiling.¹

The figures in Tables 21 and 22 represent cocaine profiling results for analysed border seizures, identifying the geographic origin of the coca leaf used in the production of the drug. It should be noted that the '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 of Colombian or Peruvian origin within a single shipment).

While the proportion of analysed cocaine border seizures with Colombian leaf-origin decreased in 2014 and the first half of 2015, it remains the prominent source country for analysed cocaine samples this reporting period (see Table 21).

Year	Colombian %	Peruvian %	Bolivian %	Mixed %	Unclassified %
Jan–Jun 2015	44.1	23.5	-	-	32.4
2014	47.9	43.8	1.4	6.9	-
2013	64.1	28.2	-	5.1	2.6
2012	55.3	29.1	-	5.9	9.7
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

TABLE 21: Geographical origin of coca leaf used to produce cocaine as a proportion of analysed AFP border seizures, 2007–June 2015² (Source: Australian Federal Police, Forensic Drug Intelligence)

This data may also include seizures destined for Australia which occurred offshore.

In examining profiling data, it should be noted that they relate to seizures investigated by the AFP between 2007 to June 2015, and from which samples were submitted to the NMI for routine analysis and profiling. Improvements in information technology have brought about changes to how the data is collated and presented, and for this reason, care should be taken in comparing figures before 2010 to more recent data. For all reporting years, the data represents a snapshot across the applicable 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 border trends on drugs reaching consumers i.e. street level seizures in Australia but samples from selected state and territory jurisdictions are submitted for chemical profiling as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project.

In terms of total bulk weight, the proportion of analysed cocaine border seizures of Colombian leaf-origin increased, from 9.9 per cent in 2013³ to 67.2 per cent in 2014. This further increased to 69.4 per cent in the first half of 2015 (see Table 22).

Year	Colombian %	Peruvian %	Bolivian %	Mixed %	Unclassified %
Jan–Jun 2015	69.4	21.1	-	-	9.6
2014	67.2	31.8	0.9	0.1	-
2013	9.9	90.0	-	-	0.1
2012	23.7	74.3	-	1.3	0.7
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

TABLE 22: Geographical origin of coca leaf used to produce cocaine as a proportion of total bulk weight of analysed AFP border seizures, 2007–June 2015⁴ (Source: Australian Federal Police, Forensic Drug Intelligence)

The Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project extends illicit drug profiling to include state and territory seizures involving heroin, methylamphetamine, MDMA and, more recently, cocaine. This enables detection of similarities between supply routes into different jurisdictions; links between different criminal groups; as well as comparison of trends between jurisdictions.

According to ENIPID profiling data obtained in 2014 and the first six months of 2015, analysed cocaine samples predominantly originate from Colombia. While exact proportions may vary from year to year and are subject to a range of variables, this trend is observed in both samples and cases (see Tables 23 and 24).

	Geographical Origin								
Year	Jurisdiction	Colombia %	Peru %	Bolivia %	Mixed/ Unclassified %	Total %			
	ACT	3.0	6.0	-	1.5	10.4			
lan lun 2015	NSW	40.3	34.3	_	3.0	77.6			
Jan-Jun 2015	VIC	4.5	-	_	-	4.5			
	WA	1.5	-	-	6.0	7.5			
Total		49.3	40.3	0	10.4	100.0			
	NSW	10.0	26.7	-	3.3	40.0			
	NT	1.7	1.7	-	-	3.3			
2014	QLD	1.7	3.3	_	-	5.0			
	VIC	10.0	-	_	-	10.0			
	WA	30.0	6.7	_	5.0	41.7			
Total		53.3	38.3	0	8.3	100.0			

TABLE 23: Geographical origin of cocaine ENIPID samples as a proportion of analysed jurisdictional samples, 2014–June 2015 (Source: Australian Federal Police, Forensic Drug Intelligence)

3 It should be noted that the proportion of analysed border seizures of Peruvian leaf-origin (90.0 per cent) in 2013 was due to a single large seizure.

4 This data may also include seizures destined for Australia which occurred offshore.

Geographical Origin								
Year	Jurisdiction	Colombia %	Peru %	Bolivia %	Mixed/ Unclassified %	Total %		
	ACT	2.4	2.4	_	2.4	7.3		
lan lun 2015	NSW	36.6	26.8	-	9.8	73.2		
Jan–Jun 2015	VIC	7.3	-	-	-	7.3		
	WA	2.4	-	-	9.8	12.2		
Total		48.8	29.3	0	22.0	100.0		
	NSW	13.5	13.5	-	5.4	32.4		
	NT	2.7	2.7	-	-	5.4		
2014	QLD	2.7	5.4	-	-	8.1		
	VIC	16.2	-	-	-	16.2		
	WA	24.3	2.7	-	10.8	37.8		
Total		59.5	24.3	0	16.2	100.0		

TABLE 24: Geographical origin of cocaine ENIPID samples as a proportion of analysed jurisdictional cases, 2014–June 2015 (Source: Australian Federal Police, Forensic Drug Intelligence)

DOMESTIC MARKET INDICATORS

According to the 2013 National Drug Strategy Household Survey (NDSHS), the proportion of the Australian population aged 14 years and older who reported having used cocaine at least once in their lifetime increased, from 7.3 per cent in 2010 to 8.1 per cent in 2013. In the same survey, the proportion reporting recent⁵ cocaine use remained stable at 2.1 per cent, with the 20–29 year age group accounting for the largest proportion of recent users. In 2013, the proportion reporting recent use varied across states and territories, ranging from 1.2 per cent in South Australia and Tasmania to 2.8 per cent in the Australian Capital Territory (see Figure 58; AIHW 2014).





National

5 In the NDSHS, recent use refers to use in the 12 months preceding interview.

In a 2014 national study of regular injecting drug users, 12.0 per cent of respondents reported recent⁶ cocaine use, a decrease from 16.0 per cent in 2013 and the lowest percentage reported since 2000. According to the 2014 study, powder was the mostly commonly used form of cocaine. Early findings from the 2015 study indicate recent use has increased to 13.0 per cent. Within this drug user population, the reported median days of cocaine use in the six months preceding interview decreased from 3 days in 2013 to 2 days in 2014. Early findings from the 2015 study indicate this has increased to 4 days (see Figure 59; Stafford & Burns 2015; Stafford & Burns 2015a).



FIGURE 59: Proportion of a regular injecting drug user population reporting recent cocaine use and median days of use, 2006 to 2015 (Source: National Drug and Alcohol Research Centre)

a. Reported figures for 2015 are preliminary.

According to a 2014 national study of regular ecstasy users, the proportion of respondents reporting cocaine as their drug of choice increased, from 6.0 per cent in 2013 to 8.0 per cent in 2014. In the same study, 44.0 per cent of respondents reported recent cocaine use, an increase from 36.0 per cent in 2013. According to early findings from the 2015 study, this has decreased to 42.0 per cent. The most common form of administration was snorting (95.0 per cent), followed by swallowing (16.0 per cent). In the same 2014 study, the reported median number of days of cocaine use in the last six months within this user population remained relatively stable at 2 days. Early findings from the 2015 study indicate this has increased to a median of 3 days (see Figure 60; Sindicich & Burns 2015; Sindicich & Burns 2015a).

⁶ In both the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to use within the last six months.



FIGURE 60: Proportion of a regular ecstasy user population reporting recent cocaine use and median days of use, 2006 to 2015 (Source: National Drug and Alcohol Research Centre)

a. Reported figures for 2015 are preliminary.

The Drug Use Monitoring in Australia (DUMA) program, which examines drug use and offending patterns among police detainees in Australia, comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.⁷ Cocaine continues to be one of the least commonly detected drugs among detainees. The proportion of detainees testing positive⁸ via urinalysis for cocaine decreased, from 2.2 per cent in 2013–14 to 0.8 per cent in 2014–15. Self-reported recent use⁹ of cocaine increased from 13.5 per cent in 2013–14 to 14.2 per cent in 2014–15 (see Figure 61).



Figure 61: National proportion of detainees testing positive to cocaine compared with self-reported recent use, 2005–06 to 2014–15 (Source: Australian Institute of Criminology)

a. Urine was collected in the third and fourth quarters of 2013 and the first quarter of 2014.b. Urine was collected in the third quarter of 2014 and the first and second quarters of 2015.

⁷ Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.

⁸ Cocaine and its metabolite can be detected in urine for 24 to 36 hours after administration.

⁹ Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

Wastewater analysis (WWA) conducted by the National Research Centre for Environmental Toxicology (Entox)—a collaboration between the University of Queensland and the Queensland Department of Health—measured the level of cocaine use in a coastal urban city in Queensland between 2009 and 2015 (see Figure 62). The results show cocaine use within this catchment population has not changed considerably over the 6 year period and, with the exception of 2009, use remains significantly less than that of methylamphetamine use (Lai et al. 2016a).



Figure 62: Estimated cocaine consumption in a coastal urban area from 2009 to 2015^a (Source: National Research Centre for Environmental Toxicology)

a. Data is presented in the box-and-whisker plot, with the linear trend (red dotted line).

Entox compared cocaine use levels in catchment populations tested in 2014 and 2015. This comparison showed a variety of results, including a small decrease in median levels of cocaine use between one population in Victoria and another in the Australian Capital Territory over the relevant period, with an increase in median levels of cocaine use between populations in Queensland and another Victorian population over the period (see Figure 63; Lai et al. 2016b).





a. Data is ranked according to the median and figured in box-and-whisker plots, with the cross representing the average.

PRICE

Nationally, the price of 1 gram of cocaine ranged between \$250 and \$900 in 2014–15. The Northern Territory reported the highest price per gram this reporting period, which ranged between \$600 and \$900 in 2014–15, a decrease from \$1 000 in 2013–14.

Nationally, the price range of 1 kilogram of cocaine decreased this reporting period, from between \$180 000 and \$250 000 in 2013–14 to between \$185 000 and \$240 000 in 2014–15. Three states reported the price for 1 kilogram of cocaine this reporting period. In 2014–15, the price in New South Wales ranged between \$185 000 and \$220 000; in Queensland it ranged between \$200 000 and \$240 000 and in Victoria it was \$240 000.

PURITY

Figure 64 illustrates ongoing fluctuations in the annual median purity of analysed cocaine samples over the last decade. Since 2005–06, the annual median purity of cocaine has ranged between 9.5 per cent (in the Australian Capital Territory) and 64.5 per cent (in Western Australia). In 2014–15, the highest annual median purity was reported in Western Australia at 60.0 per cent, a decrease from 64.5 per cent in 2013–14. Queensland reported the lowest annual median purity this reporting period at 29.7 per cent, a decrease from 33.8 per cent in 2013–14.





Figure 65 illustrates the median purity of analysed cocaine samples on a quarterly basis in 2014–15. The lowest median purity this reporting period was 18.0 per cent, reported in Western Australia during the first quarter of 2015. The highest median purity of 66.5 per cent, also in the first quarter of 2015, was reported in New South Wales.



FIGURE 65: Quarterly median purity of cocaine samples, 2014–15

AVAILABILITY

In a 2014 national study of regular injecting drug users, of the respondents able to comment on the availability of cocaine,¹⁰ 72.0 per cent reported cocaine as easy or very easy to obtain, an increase from 70.0 per cent in 2013. Early findings from the 2015 study indicate this has increased to 74.0 per cent (Stafford & Burns 2015; Stafford & Burns 2015a).

In a 2014 national study of regular ecstasy users, of the respondents able to comment on the availability of cocaine, 57.0 per cent reported cocaine as easy or very easy to obtain, a decrease from 58.0 per cent in 2013. Early findings from the 2015 study indicate this has increased to 61.0 per cent (Sindicich & Burns 2015; Sindicich & Burns 2015a).

SEIZURES AND ARRESTS

The number of national cocaine seizures continued to increase this reporting period, from 3 121 in 2013–14 to a record 3 236 in 2014–15. The weight of cocaine seized nationally increased 62.0 per cent this reporting period, from 317.4 kilograms in 2013–14 to 514.4 kilograms in 2014–15 (see Figure 66).

¹⁰ A significant number of these respondents were from New South Wales. As such, national comparisons of this data should be treated with caution.



FIGURE 66: National cocaine seizures, by number and weight, 2005–06 to 2014–15

New South Wales continues to account for the greatest proportion of national cocaine seizures, accounting for 62.3 per cent of the number and 81.1 per cent of the weight of cocaine seized in 2014–15. This reporting period Tasmania reported the greatest percentage change in both the number and weight of cocaine seizures (see Table 25).

	Number			Weigh		
State/Territory ^a	2013–14	2014–15	% change	2013–14	2014–15	% change
New South Wales	2 211	2 017	-8.8	218 597	417 207	90.9
Victoria	340	434	27.6	59 896	15 627	-73.9
Queensland	236	415	75.8	13 801	60 400	337.6
South Australia	22	52	136.4	3 347	1 717	-48.7
Western Australia	273	260	-4.8	4 476	18 754	319.0
Tasmania	2	29	1 350.0	25	281	1 024.0
Northern Territory	8	18	125.0	180	303	68.3
Australian Capital Territory	29	11	-62.1	17 139	113	-99.3
Total	3 121	3 236	3.7	317 461	514 402	62.0

TABLE 25: Number, weight, and percentage changes of national cocaine seizures, 2013–14 and 2014–15

a. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.

The number of national cocaine arrests continued to increase this reporting period, from 1 466 in 2013–14 to a record 2 092 in 2014–15 (see Figure 67). Consumer arrests continue to account for the majority of national cocaine arrests. However, Tasmania reported more cocaine provider arrests than consumer arrests in 2014–15.


FIGURE 67: Number of national cocaine arrests, 2005–06 to 2014–15

With the exception of the Northern Territory and Australian Capital Territory, all states reported increases in cocaine arrests in 2014–15. New South Wales accounts for the greatest proportion of national cocaine arrests this reporting period, accounting for 53.7 per cent in 2014–15 (see Table 26).

TABLE 26: Number and percentage change of national cocaine arrests, 2013–14 and 2014–15

	Arrests			
State/Territory ^a	2013–14	2014–15	% change	
New South Wales	831	1 123	35.1	
Victoria	240	375	56.3	
Queensland	231	393	70.1	
South Australia	27	32	18.5	
Western Australia	108	142	31.5	
Tasmania	1	6	500.0	
Northern Territory	4	2	-50.0	
Australian Capital Territory	24	19	-20.8	
Total	1 466	2 092	42.7	

a. The arrest data for each state and territory include Australian Federal Police data.

NATIONAL IMPACT

Colombia continues to account for the greatest proportion of global cocaine production. The predominance of cocaine originating in Colombia is also reflected in profiling data of both cocaine seized at the Australian border and cocaine analysed as part of the ENIPID project in 2014 and the first six months of 2015.

In 2014–15, both the number and weight of cocaine detections at the Australian border increased. The international mail stream continues to account for the greatest proportion of cocaine border detections, while air cargo accounted for the greatest proportion of detections by weight. The number of countries identified as embarkation points for cocaine detected at the Australian border decreased this reporting period from 50 in 2013–14 to 47 in 2014–15. By number, the UK was the most significant embarkation point for cocaine detections at the Australian border in 2014–15, while the US was the most significant embarkation point by weight.

Both the number and weight of national cocaine seizures increased this reporting period, with a record 3 236 seizures weighing more than half a tonne reported in 2014–15. There was a record 2 092 national cocaine arrests in 2014–15. While consumer arrests continue to account for the greatest proportion of national cocaine arrests, in 2014–15 Tasmania reported more cocaine provider arrests than consumer arrests.

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OTHER DRUGS

KEY POINTS

- There were a record number of LSD and psilocybin detections at the Australian border in 2014–15.
- There were a record number of GHB, GBL and ketamine detections at the Australian border in 2014–15.
- There were a record number of benzodiazepine and opioid detections at the Australian border in 2014–15.
- The number of national hallucinogen seizures in 2014–15 is the highest reported in the last decade, with the weight seized the second highest on record.
- The number and weight of national opioid and steroid seizures in 2014–15 are the highest on record.
- There was a record number of new psychoactive substances seized at the Australian border and selected for further analysis in 2014–15, the majority of which were cathinone analogues.



OTHER DRUGS

Australia's illicit drug market includes other drugs and new psychoactive substances, collectively referred to in this report as 'other drugs'. This chapter focuses on the main drugs and substances in this category:

- anabolic agents and selected hormones
- tryptamines
- anaesthetics
- pharmaceuticals
- new psychoactive substances (NPS)¹
- other drugs not elsewhere classified (NEC).

ANABOLIC AGENTS AND OTHER SELECTED HORMONES

MAIN FORMS

The Australian Standard Classification of Drugs of Concern (ABS 2011) distinguishes four classes of substances as anabolic agents and selected hormones. These are:

- anabolic-androgenic steroids
- beta-2-agonists
- other anabolic agents and selected hormones
- peptide hormones, mimetics and analogues.

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

AAS, commonly referred to as steroids, are a group of drugs that include the male sex hormone testosterone and various synthetically produced derivatives of testosterone. 'Anabolic' refers to the muscle-building effects of the drug, while 'androgenic' refers to their masculinising effects. AAS may be derived from natural sources, but can also be synthetically manufactured for therapeutic use in human and veterinary treatment. AAS are used in the treatment of diseases that reduce lean muscle mass, including cancer and acquired immunodeficiency syndrome (AIDS) and conditions of steroid deficiency, such as delayed puberty (NIDA 2012).

In addition to use in treatment, AAS are also used to enhance image and sports performance. Despite it being illegal in Australia to take AAS without a prescription, bodybuilders, athletes and fitness enthusiasts may use these substances to improve their physical appearance and/or enhance their sporting performance, recover from injury, reduce fat and increase strength (ADF 2015).

¹ NPS were referred to as drug analogues and new psychoactive substances (DANPS) in previous Illicit Drug Data Reports.

AAS may be administered orally, injected intramuscularly, or absorbed via skin patches, creams, suppositories or nasal sprays. Short-term effects of AAS use may include liver problems, high blood pressure and high cholesterol. In the long term, men may develop infertility, prostate problems and prominent breasts. Females may experience increased body and facial hair, shrinking breasts and menstrual irregularities. Other side effects of AAS use may include aggression, irritability, paranoia and depression. An Australian study of deaths involving the misuse of steroids—which comprised a sample of men aged 22–48 years, with an average age of 32 years—reported an increased risk of heart disease (AIC 2015; NDARC 2014).

Beta-2-agonists in aerosol form are commonly used in the treatment of asthma to relax muscles in the airway. Beta-2-agonists, such as clenbuterol, may be used either alone or in conjunction with other substances to promote muscle definition and growth (anabolic effect) and decrease body fat (catabolic effect). The most frequently reported side effects associated with the use of beta-2-agonists include increased body temperature, nausea, headaches, insomnia, tremors and cardiovascular conditions. The misuse of beta-2-agonists may also lead to muscle cramps, palpitations and nervousness (NDARC 2005; NDARC 2006; USADA 2013).

AAS and other anabolic agents commonly used in Australia are outlined in Table 27.

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, ampoule, pre-packed syringe, capsule
Beta2-agonists (including clenbuterol)	Commonly used to treat asthma, however when taken into the blood- stream increase muscle mass	Bricanyl, Ventolin, Spiropent (clenbuterol) and Ventipulmin (clenbuterol)	Ampoule, rotacap, inhaler, nebuliser, tablet

TABLE 27: AAS and othe	r anabolic agents	commonly us	ed in Australia
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PEPTIDE HORMONES, MIMETICS² AND ANALOGUES

Other than AAS, the PIED market includes a range of substances such as peptides (which stimulate the release of human growth hormone), artificial hormones and other hormone-stimulating drugs such as growth hormones, selective androgen receptor modules, insulin-like growth factors (IGF-1) and mechano-growth factors (ADF 2015a).

Peptide hormones can include gastrointestinal hormones and thyroid hormones, but their actions are not limited to individual cells and they can act systemically (Nature 2015). Erythropoietin (EPO) is a synthetic hormone which stimulates bone marrow to produce more red blood cells, thereby increasing oxygen absorption, endurance and physical fitness. Misuse of EPO can result in high blood pressure, blood cancer and pulmonary embolism (USADA 2015).

² Mimetics are substances that are chemically different from, but produce similar pharmacological effects to, another substance.

Human chorionic gonadotrophin (hCG) and luteinising hormone (LH) enhance the production of natural testosterone. Side effects of hCG use may include breast enlargement in men, fluid retention and skin rash (NSW Health 2013).

The misuse of the human growth hormone (hGH) and insulin-like growth factors as performance and image enhancing drugs may result in physical and psychological side effects. Long-term side effects may include liver tumors, abnormal enlargement of the heart muscles, aggressive behavior and hair loss. The presence of an abnormal concentration of hGH is also reported to lead to loss of vision, acromegaly (protruding or enlarged jaw, brow, skull, hands and feet) and diabetes (CCC 2012; USADA 2015).

Peptide hormones, mimetics and analogues commonly used in Australia are listed in Table 28.

Drug name	Potential effects	Brand name	Forms
Erythropoietin (EPO)	Increases endurance and recovery from anaerobic exercise	Eprex, Aranesp	Ampoule, 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, ampoule
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	Ampoule, 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	Ampoule
Anti-oesterones	Used to manage the side effects of AAS use such as gynaecomastia ^a	Nolvadex	Tablet

TABLE 28: Peptide hormones, mimetics and analogues commonly used in Australia

a. The development of breast-like tissue in males.

b. There is no scientific evidence of this.

INTERNATIONAL TRENDS

PIEDs are primarily marketed to young males and athletes for consumption, with the World Anti-Doping Agency (WADA) reporting that steroid abuse is increasing among young athletes aged between 14 to 18 years (WADA 2014).

China is a major source for PIEDs, which are either diverted from legitimate sources or manufactured illicitly in clandestine laboratories. PIEDs are most commonly obtained via the internet. In 2014, INTERPOL reported that organised crime groups were increasingly involved in counterfeit PIEDs. In June 2015, INTERPOL commenced a global operation targeting criminal online networks of fake pharmaceuticals, which included 115 countries and 236 agencies (from police, customs and health agencies). A record 20.7 million illicit and counterfeit pharmaceuticals were seized, which is more than twice the amount confiscated during a 2013 global operation. A total of 156 individuals were arrested, with the seizures estimated to be worth US\$81 million. The operation resulted in the suspension of 550 online advertisements for illicit pharmaceuticals, with 2 414 websites taken offline (Interpol 2015).

In 2015, the United States (US) Drug Enforcement Administration (DEA) led an operation in 20 states targeting the global underground trade of PIEDs, which resulted in the identification of 16 clandestine steroid laboratories and seizure of 134 000 steroid dosage units, 636 kilograms of raw steroid powder, 8 200 litres of raw steroid injectable liquid and US\$2 million in currency and assets. Over 90 individuals were arrested during the operation (WADA 2014).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The Department of Immigration and Border Protection continue to disrupt the movement of PIEDs into Australia. The number of AAS/PIED detections at the Australian border increased 7.2 per cent this reporting period, from 6 885 in 2013–14 to 7 381 in 2014–15 (see Figure 68).³

FIGURE 68: Number of performance and image enhancing drug detections at the Australian border, 2005–06 to 2014–15 (Source: Department of Immigration and Border Protection)



³ The Department of Immigration and Border Protection is unable to provide statistical data on the weight of drugs in this category due to differences in drug form, including liquid, vials and tablets.

Of the 7 381 PIED detections in 2014–15, 76.6 per cent were steroids and 23.4 per cent were hormones. The number of steroid detections increased 6.2 per cent this reporting period, from 5 327 in 2013–14 to 5 657 in 2014–15. The number of hormones detected increased 10.7 per cent, from 1 558 in 2013–14 to 1 724 in 2014–15 (see Figure 69).





SIGNIFICANT BORDER DETECTIONS

The largest single PIED detection in 2014–15 was 120.0 kilograms of testosterone concealed in mattresses, via sea cargo from China to Sydney. The second largest detection this reporting period was 50.0 kilograms of testosterone concealed within cardboard drums, via sea cargo from Hong Kong, China.

IMPORTATION METHODS

PIED importations were identified in the four major streams in 2014–15, with international mail accounting for 86.9 per cent of detections this reporting period (see Figure 70). There were 669 detections of clenbuterol⁵ in 2014–15, 639 of which occurred in the international mail stream, 26 in the air passenger stream and 4 in air cargo. The primary embarkation points for clenbuterol detections in 2014–15 were the US (386 detections) and Thailand (74 detections).

5 Clenbuterol is a beta-2-agonist commonly misused in Australia. Clenbuterol may be used either alone or in conjunction with other substances to promote muscle definition and growth and decrease body fat.

⁴ From 2011–12, Dehydroepiandrosterone (DHEA) detections have been incorporated into steroid detection numbers. The data contained in Figure 69 has been updated to reflect this change and enable direct comparison across the decade.

FIGURE 70: Number of performance and image enhancing drug detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

In 2014–15, 58 countries were identified as embarkation points for steroid detections at the Australian border, compared with 61 countries in 2013–14. Key embarkation points for steroid detections this reporting period include China (including Hong Kong), Thailand, the US, the UK and the Solomon Islands.

In 2014–15, 37 countries were identified as embarkation points for hormone detections at the Australian border, compared with 31 countries in 2013–14. Key embarkation points for hormone detections this reporting period include the US, China (including Hong Kong), the United Kingdom (UK), India, Thailand and Canada.

DOMESTIC MARKET INDICATORS

According to a 2014 national study of regular injecting drug users, the proportion of respondents who reported having used steroids at some stage in their lifetime remained stable at 6 per cent. In the same study, the proportion of respondents reporting recent steroid use⁶ remained stable at 1 per cent. According to a 2014 national study of regular ecstasy users, the proportion of respondents reporting steroid use at some stage in their lifetime increased, from 2 per cent in 2013 to 4 per cent in 2014. In the same study, the proportion of respondents reporting recent steroid use also increased, from less than 1 per cent in 2013 to 2 per cent in 2014. Early findings from the 2015 study indicate the proportion of respondents reporting recent steroid use has decreased to 1 per cent (Sindicich & Burns 2015; Sindicich & Burns 2015; Sindicich & Burns 2015).

⁶ In both the Illicit Drugs Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to use within the last six months.

PRICE

National law enforcement data on the price of PIEDs is limited.

In 2014–15, the national price for a single 10 millilitre vial of Testosterone enanthate 200 milligrams remained stable, ranging between \$150 and \$250. This reporting period the price of a single 10 millilitre vial of Sustanon 250 (a blend of four testosterone compounds) was \$200 in Queensland and South Australia, and ranged between \$150 and \$250 in Tasmania. Consistent with reporting in 2013–14, the price for a single Testosterone propionate 100 milligrams ranged between \$150 and \$250 per 10 millilitre vial. Nationally, the price range of a single 10 millilitre vial of Deca-durabolin in 2014–15 remained stable between \$150 and \$250. The reported price of a single 40 millilitre vial of Stanozolol in Queensland this reporting period remained stable at \$180.

AVAILABILITY

According to the 2013 National Drug Strategy Household Survey (NDSHS), recent⁷ steroid use for non-medical purposes reported by the Australian population aged 14 years or older remained stable at 0.1 per cent.⁸ According to the Australian Needle and Syringe Program Survey, the prevalence of respondents reporting PIEDs as the drug last injected increased, from 2 per cent in 2010 to 7 per cent in 2014. Among new initiates in 2014, 38 per cent reported last injecting PIEDs (AIHW 2014; Iversen & Maher 2015).

SEIZURES AND ARRESTS

The number of national steroid seizures increased by 48.2 per cent this reporting period, from 357 in 2013–14 to a record 529 in 2014–15. The weight of steroids seized increased by 1756.2 per cent this reporting period, from 17.2 kilograms in 2013–14 to a record 320.4 kilograms in 2014–15 (see Figure 71).





6

⁷ In the NDSHS, recent use refers to reported use in the 12 months preceding interview.

^{8 2013} data is an estimate and has a relative standard error of 25 per cent to 50 per cent and should be used with caution.

New South Wales continues to account for the greatest proportion of national steroid seizures, accounting for 45.0 per cent of the number and 86.6 per cent of the weight seized in 2014–15. South Australia and Victoria reported the greatest percentage increase in the weight of steroids seized this reporting period (see Table 29).

	Number			Weig	ht (grams)	
State/Territory ^a	2013–14	2014–15	% change	2013–14	2014–15	% change
New South Wales	177	238	34.5	13 743	277 412	1 918.6
Victoria	6	31	416.7	552	23 966	4 241.7
Queensland	102	136	33.3	1 883	16 301	765.7
South Australia	1	7	600.0	2	111	5 450.0
Western Australia	22	35	59.1	182	1 605	781.9
Tasmania	0	1	0.0	0	0	0.0
Northern Territory	6	17	183.3	84	481	472.6
Australian Capital Territory	43	64	48.8	820	607	-26.0
Total	357	529	48.2	17 266	320 483	1 756.2

TABLE 29: Number, weight and percentage change of national steroid seizures, 2013–14 and 2014–15

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

The number of national steroid arrests continued to increase this reporting period, from 936 in 2013–14 to a record 1 210 in 2014–15. Consumer arrests continue to account for the greatest proportion of national steroid arrests (see Figure 72). However the Australian Capital Territory reported more steroid provider arrests than consumer arrests in 2014–15.

FIGURE 72: Number of national steroid arrests, 2005–06 to 2014–15



In 2014–15, New South Wales, Victoria, Queensland, Western Australia, Tasmania and the Australian Capital Territory all reported increases in steroid arrests. Queensland continues to account for the greatest proportion of national steroid arrests, accounting for 58.0 per cent in 2014–15 (see Table 30).

	Arrests			
State/Territory ^a	2013–14	2014–15	% change	
New South Wales	85	147	72.9	
Victoria	103	115	11.7	
Queensland	541	702	29.8	
South Australia	7	5	-28.6	
Western Australia	177	204	15.3	
Tasmania	3	9	200.0	
Northern Territory	7	7	0.0	
Australian Capital Territory	13	21	61.5	
Total	936	1 210	29.3	

TABLE 30: Number and percentage changes of national steroid arrests, 2013–14 and 2014–15

a. The arrest data for each state and territory includes Australian Federal Police data.

TRYPTAMINES

MAIN FORMS

As a broad class of hallucinogens, tryptamines are psychoactive substances with naturallyoccurring compounds. They include serotonin and melatonin, as well as other compounds known for their hallucinogenic properties, such as psilocybin in 'magic mushrooms' and dimethyltryptamine (DMT). Tryptamines can produce profound changes in sensory perception, mood and cognition (Araújo et al. 2015; Tittarelli et al. 2015).

Reported effects related to the use of tryptamines range from agitation and gastrointestinal distress, to muscle tension. Tryptamines involve higher risk of fatal overdose than other illicit drugs as a consequence of incorrect dosages, or repeated administrations as the onset of desired effects can occur several hours from initial consumption (NDARC 2015; UNODC 2014).

The two most common types of tryptamines used in Australia are lysergic acid diethylamide (LSD) and psilocybin, a substance found in various species of mushrooms.

LYSERGIC ACID DIETHYLAMIDE (LSD)

LSD is a potent hallucinogen, which is a white, odourless and water soluble powder in its pure form. Due to its potency, only very small doses are required to produce a hallucinogenic effect. Users of LSD may experience changes in perception, mood, consciousness and thoughts. LSD may be prepared as a liquid or soaked in sugar cubes or sold on small pieces of blotting paper known as tabs. LSD can also be sniffed, injected or smoked (ADF 2015b; NDARC 2015). Effects of LSD use may include disorientation, sweating, dilated pupils and erratic behaviour. It can also trigger depression, bipolar disorder and schizophrenia. LSD carries with it several risks relating to visual hallucinations or mood swings triggering anxiety, psychosis or spiking heart rate and blood pressure. Short-term effects of use may include hallucinations and confusion, irregular heart beat and numbness. In addition to flashbacks⁹, long-term effects may range from psychological dependence to severe depression (ADF 2015b; LSD Abuse Help 2015; LSD Abuse Help 2015a; LSD Abuse Help 2015b).

PSILOCYBIN-CONTAINING MUSHROOMS

Another type of hallucinogen is the psilocybin-containing mushroom, or magic mushroom. Native to Mexico, several species of psilocybin-containing mushrooms grow in Australia. Psilocybin-containing mushrooms are usually sold dried and can be eaten raw or brewed as tea or combined with other food or drugs (State Library of New South Wales 2014).

Belonging to the same chemical family, psilocybin-containing mushrooms have similar hallucinogenic effects to LSD. Short-term effects of psilocybin-containing mushroom use may include vomiting and diarrhoea, potentially leading to liver damage. Other reported associated harms include disordered thought and delusions, which can lead to violence. Long-term effects may include impaired memory and prolonged depression and anxiety (DoH 2014; NDARC 2015).

INTERNATIONAL TRENDS

Globally, LSD use remains low. In the majority of countries, less than 1 per cent of the general population report LSD use, with higher use confined to niche groups. Similar to LSD and other hallucinogens, reporting on the use of psilocybin-containing mushrooms remains limited and is largely confined to niche groups (UNODC 2014).

Of the approximate one million seizures of illicit drugs reported in Europe in 2013, LSD accounted for 0.1 per cent of seizures. In 2014, there was a slight decrease in the number of reports for tryptamines to the United Nations Office on Drugs and Crime (UNODC). Some tryptamines are found to be transient. For example, there have been no reports of the tryptamine 5-MeO-DPT to the UNODC early warning system since 2012, but it was reported by eight countries between 2009 and 2012. Of the new psychoactive substances reported to the UNODC early warning advisory programme in 2014, 69 were reported for the first time, including two tryptamines (EMCDDA 2015; UNODC 2015).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of tryptamines detected¹⁰ at the Australian border increased 92.9 per cent this reporting period, from 407 in 2013–14 to a record 785 in 2014–15 (see Figure 73). Of the 785 detections in 2014–15, 535 were LSD, a 78.9 per cent increase from the 299 detections reported in 2013–14. There were 184 detections of psilocybin this reporting period, a 155.6 per cent increase from the 72 detections reported in 2013–14. The remaining 66 tryptamine detections this reporting period were reported as 'other'. All tryptamine detections in 2014–15 weighed less than 2.0 kilograms.

⁹ Flashbacks can persist and lead to a condition known as hallucinogen persisting perceptual disorder.

¹⁰ Prominent tryptamines detected at the Australian border include psilocybin, psilocin, LSD and DMT.



FIGURE 73: Number of tryptamine detections at the Australian border, 2005–06 to 2014–15 (Source: Department of Immigration and Border Protection)

IMPORTATION METHODS

International mail accounted for 99.2 per cent of the number of tryptamine detections at the Australian border in 2014–15, with air cargo accounting for the remaining 0.8 per cent (see Figure 74). The majority of LSD and psilocybin detections this reporting period were detected in the international mail stream, accounting for 99.1 per cent and 99.5 per cent respectively.





EMBARKATION POINTS

Canada was identified as the primary embarkation point for tryptamine detections at the Australian border in 2014–15, followed by the Netherlands and the US. Canada was the primary embarkation point for LSD, accounting for 37.9 per cent of LSD detections this reporting period, followed by Spain (13.1 per cent) and the Netherlands (10.3 per cent). Combined, these three countries account for 61.3 per cent of the number of LSD detections in 2014–15. The largest single LSD detection this reporting period weighed 44.2 grams and was from the Czech Republic. Embarkation points for psilocybin detections this reporting period included Canada, the Netherlands, the US, Germany and the UK.

DOMESTIC MARKET INDICATORS

According to the 2013 NDSHS, 9.4 per cent of the Australian population aged 14 years or older reported using hallucinogens at least once in their lifetime, an increase from 8.8 per cent in 2010. In the same survey, the reported recent use of hallucinogens decreased, from 1.4 per cent in 2010 to 1.3 per cent in 2013. Western Australia reported the highest rate of recent hallucinogen use in 2013 at 1.9 per cent, followed by the Northern Territory at 1.8 per cent¹¹ (AIHW 2014).

According to a 2014 national study of regular injecting drug users, 61.0 per cent of respondents reported using hallucinogens at some stage in their lifetime, an increase from 59.0 per cent in 2013. However, in the same study only 6.0 per cent of respondents reported the recent use of hallucinogens, a decrease from 7.0 per cent in 2013. LSD and psilocybin-containing mushrooms were the most common hallucinogens used (Stafford & Burns 2015).

According to a 2014 national study of regular ecstasy users, the proportion of respondents reporting use of LSD in their lifetime decreased, from 70.0 per cent in 2013 to 66.0 per cent in 2014.¹² In the same study, recent LSD use also decreased, from 43.0 per cent in 2013 to 41.0 per cent in 2014. Early findings from the 2015 study indicate this has further decreased to 40.0 per cent (Sindicich & Burns 2015; Sindicich & Burns 2015a).

According to a 2014 national study of regular ecstasy users, the proportion of respondents reporting use of psilocybin-containing mushrooms in their lifetime decreased, from 60.0 per cent in 2013 to 59.0 per cent in 2014.¹³ In the same study recent use also decreased, from 27.0 per cent in 2013 to 21.0 per cent in 2014. Early findings from the 2015 study indicate this has increased to 24.0 per cent (Sindicich & Burns 2015; Sindicich & Burns 2015a).

PRICE

Nationally, the price per tab of LSD in 2014–15 ranged between \$10 and \$40, compared with between \$10 and \$50 in 2013–14. In Queensland, the cost of a 20 millilitre vial of LSD remained stable this reporting period at \$800.

Law enforcement price data for psilocybin was unavailable in 2014–15.

AVAILABILITY

According to a 2014 study of regular ecstasy users, 66.0 per cent of respondents able to comment on LSD availability indicated that it was easy or very easy to obtain. Early findings from the 2015 study indicate this has decreased to 57.0 per cent (Sindicich & Burns 2015a).

SEIZURES AND ARRESTS

The number of national hallucinogen seizures increased by 124.3 per cent this reporting period, from 230 in 2013–14 to 516 in 2014–15, the highest number reported in the last decade. In 2014–15, the weight of hallucinogens seized nationally increased 245.5 per cent, from 4.9 kilograms in 2013–14 to 17.0 kilograms in 2014–15, the second highest weight on record (see Figure 75).

¹¹ Estimate has a relative standard error of 25 per cent to 50 per cent and should be used with caution.

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

¹³ In response to difficulties experienced by smaller states and territories in recruiting regular ecstasy users, the recruitment criteria was expanded in 2012 to include recent use of any psychostimulants. As such, caution should be exercised when comparing to reporting periods prior to 2012.



FIGURE 75: National hallucinogen seizures, by number and weight, 2005–06 to 2014–15

New South Wales accounted for 57.9 per cent of the number of national hallucinogen seizures and 45.9 per cent of the weight seized this reporting period. Victoria, which reported the greatest percentage increase in the weight of hallucinogens seized in 2014–15, accounted for 28.7 per cent of the weight seized nationally this reporting period (see Table 31).

	Number			Weight	(grams)	
State/Territory ^a	2013–14	2014–15	% change	2013–14	2014–15	% change
New South Wales	120	299	149.2	1 158	7 801	573.7
Victoria	16	71	343.8	491	4 875	892.9
Queensland	38	60	57.9	2 063	1 346	-34.8
South Australia	1	8	700.0	100	34	-66.0
Western Australia	40	52	30.0	1 066	2 882	170.4
Tasmania	3	9	200.0	32	51	59.4
Northern Territory	12	10	-16.7	11	10	-9.1
Australian Capital Territory	0	7	0.0	0	3	0.0
Total	230	516	124.3	4 921	17 002	245.5

TABLE 31: Number, weight and percentage changes of national hallucinogen seizures, 2013–14 and 2014–15

a. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.

The number of national hallucinogen arrests increased by 4.3 per cent this reporting period, from 704 in 2013–14 to a record 734 in 2014–15 (see Figure 76). Consumer arrests continue to account for the majority of national hallucinogen arrests. However, South Australia reported more hallucinogen provider arrests than consumer arrests in 2014–15.



FIGURE 76: Number of national hallucinogen arrests, 2005–06 to 2014–15

Queensland (36.1 per cent) continued to account for the greatest proportion of national hallucinogen arrests this reporting period, while Tasmania reported the greatest percentage increase in arrests in 2014–15 (see Table 32).

TABLE 32: Number and percentage changes of national hallucinogen arrests, 2013–14 and 2014–15

	Arrests				
State/Territory ^a	2013–14	2014–15	% change		
New South Wales	143	174	21.7		
Victoria	118	125	5.9		
Queensland	242	265	9.5		
South Australia	10	19	90.0		
Western Australia	180	137	-23.9		
Tasmania	4	10	150.0		
Northern Territory	3	1	-66.7		
Australian Capital Territory	4	3	-25.0		
Total	704	734	4.3		

a. The arrest data for each state and territory includes Australian Federal Police data.

ANAESTHETICS

MAIN FORMS

Having legitimate uses in the medical and veterinary sectors, anaesthetics are known to have been diverted from these sectors and used as adulterants or illicit drugs. The following section will focus on ketamine and gamma-hydroxybutyrate (GHB), the two most prevalent anaesthetics used illicitly in Australia.

KETAMINE

Ketamine hydrochloride (ketamine) produces feelings of disassociation from the user's environment and self. Ketamine appears as a white crystalline powder and also comes in tablet and liquid form. The misuse of ketamine has been reported to cause physical and mental dysfunction, such as altered perception, disorientation, numbness and vomiting. Ketamine misuse can lead to kidney, liver and urinary tract damage called ketamine-bladder syndrome (ADF 2014; DOH 2014a; Wang 2014).

Due to its dissociative anaesthetic and hallucinogenic effects, ketamine can affect the central nervous system, respiratory and cardiovascular systems. Short-term effects of use may include an inability to move, increased heart rate and convulsions. Long-term effects of use may include flashbacks, depression and dependence. Taking ketamine with medications, alcohol, or other illicit drugs may slow breathing, increase heart rate and result in coma and/or death (ADF 2014).

GAMMA-HYDROXYBUTYRATE (GHB) AND RELATED SUBSTANCES

GHB is a depressant drug that slows messages travelling between the brain and the body. GHB is typically a colourless, bitter or salty liquid, often sold in small bottles or vials (ADF 2015c).

Precursors to GHB include gammabutyrolactone (GBL) and 1,4 butanediol (1,4-BD), which are converted to GHB in the human body. The chemical composition of GHB is variable, which increases the risk of overdose. GBL and 1,4-BD have not been approved for human consumption due to their chemical properties and are used in cleaning and manufacturing (CESAR 2013).

Effects of GHB use may include coma, seizure or death, particularly in high doses. When GHB is misused repeatedly, the user may experience withdrawal effects such as insomnia, anxiety, tremors and sweating. The combination of GHB and alcohol may lead to nausea and breathing difficulties (NIDA 2014).

Consumption of GHB and GBL, in conjunction with alcohol, benzodiazepines, opiates, stimulants and ketamine increases the toxic effects and may lead to death. A UK-based study has reported the non-medical use of GHB and GHL has been implicated in an increasing number of deaths since the early 1990s (Corkery et al. 2015).

INTERNATIONAL TRENDS

East Asia and South-East Asia continue to report the highest proportion of ketamine users and account for the majority of global ketamine seizures. According to the National Narcotics Control Commission 2014 Annual Report on Drug Control in China, synthetic drugs including ketamine, methylamphetamine, and other amphetamine-type stimulants (ATS) are the second most abused drugs in China after heroin (BINLEA 2015).

In Europe, GHB and ketamine use remains low. In 2014, the UK reported ketamine use at 1.8 per cent among 16 to 24 years olds, while Denmark and Spain reported ketamine use at 0.3 per cent among 15 to 34 years olds, a stable trend since 2008 (EMCDDA 2015).

Ketamine seizures in East and South-East Asia and Oceania increased 85 per cent from 2012 to 2013, with almost 10 tonnes seized in 2013. Ketamine seizure information also indicates extensive inter- and intra-regional trafficking, with ketamine from East and South-East Asia being mostly trafficked to Western Europe and North America (UNODC 2015).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

Detections of anaesthetics by the Department of Immigration and Border Protection most commonly include GHB, GBL and ketamine. The number of anaesthetic detections at the Australian border increased 48.9 per cent this reporting period, from 274 in 2013–14 to a record 408 in 2014–15 (see Figure 77). This reporting period the number of GHB detections increased 120.0 per cent, from 15 in 2013–14 to a record 33 in 2014–15. The number of GBL detections increased 51.0 per cent, from 104 in 2013–14 to a record 157 in 2014–15, and the number of ketamine detections increased 40.6 per cent, from 155 in 2013–14 to a record 218 in 2014–15.

FIGURE 77: Number of anaesthetic detections at the Australian border, 2005–06 to 2014–15 (Source: Department of Immigration and Border Protection)



IMPORTATION METHODS

Detections of anaesthetics at the Australian border this reporting period occurred in the air cargo, air passenger/crew and international mail streams. International mail accounted for 85.5 per cent of the number of anaesthetic detections in 2014–15, followed by air cargo (13.0 per cent; see Figure 78).

FIGURE 78: Number of anaesthetic detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



In 2014–15, international mail accounted for 72.1 per cent of the combined number of GHB and GBL detections (see Figure 79). GHB was detected in the air cargo and international mail streams this reporting period, while GBL was detected in the air cargo, air passenger/crew and international mail streams.

FIGURE 79: Number of GBL and GHB detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



The international mail stream accounted for 97.2 per cent of ketamine detections at the Australian border in 2014–15 (see Figure 80).

FIGURE 80: Number of ketamine detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

Key embarkation points for anaesthetic detections at the Australian border in 2014–15 were China (including Hong Kong; 102 detections), the UK (89 detections), the Netherlands (48 detections), South Korea (36 detections) and Germany (21 detections). Combined, these 5 embarkation points account for 72.5 per cent of the number of anaesthetic detections at the Australian border in 2014–15.

The predominant embarkation points for GHB and GBL detections this reporting period were China (including Hong Kong; 82 detections) and South Korea (36 detections). Combined, these 2 embarkation points account for 62.1 per cent of the number of GHB and GBL detections at the Australian border in 2014–15.

In 2014–15, 15 countries were identified as embarkation points for ketamine detections at the Australian border. The predominant embarkation point was the UK (89 detections), which accounted for 40.8 per cent of the number of ketamine detections this reporting period.

DOMESTIC MARKET INDICATORS

According to the 2013 National Drug Strategy Household Survey (NDSHS), 1.7 per cent of the Australian population aged 14 years or older reported using ketamine at least once in their lifetime, an increase from 1.4 per cent in 2010. In the same survey, the percentage of the population reporting GHB use at least once in their lifetime also increased, from 0.8 per cent in 2010 to 0.9 per cent in 2013. While the reported recent use of ketamine increased, from 0.2 per cent in 2010 to 0.3 per cent in 2013, the reported recent use of GHB decreased, from 0.1 per cent in 2010 to less than 0.1 per cent in 2013¹⁴ (AIHW 2014).

In a 2014 national study of regular ecstasy users, the proportion of respondents reporting ketamine use in their lifetime remained stable at 36.0 per cent. The proportion of respondents reporting recent ketamine use decreased, from 19.0 per cent in 2013 to 18.0 per cent in 2014. Early findings from the 2015 study indicate this has further decreased to 15.0 per cent. In the same study, the proportion of respondents reporting GHB¹⁵ use in their lifetime remained stable at 14.0 per cent in 2014. Recent reported GHB use also decreased, from 6.0 per cent in 2013 to 5.0 per cent in 2014. Early findings from the 2015 study indicate this has remained stable (Sindicich & Burns 2015; Sindicich & Burns 2015a).

PRICE

National law enforcement price data for ketamine is limited.

In 2014–15, the price of 1 gram of ketamine powder ranged between \$150 and \$200 in Victoria and Queensland, and between \$100 and \$180 in New South Wales. This is consistent with prices reported since 2012–13. Only Queensland reported the price for a single ketamine tablet in 2014–15, which ranged between \$25 and \$50.

Nationally, the price of 1–1.5 millilitres of GHB/GBL in 2014–15 ranged between \$4 and \$20. The price for a litre of GHB/GBL varied this reporting period, ranging between \$2 000 and \$3 000 in Queensland; \$2 200 and \$5 000 in New South Wales and \$11 000 in Victoria.

PURITY

In a 2014 national study of regular ecstasy users, the purity of ketamine was reported as high by 58.0 per cent of respondents, with early findings of the 2015 study indicating this has increased to 65 per cent.¹⁶ In the same 2014 survey, 72.0 per cent reported the purity of GHB as high. Early findings from the 2015 study indicate this has decreased to 36.0 per cent (Sindicich & Burns 2015; Sindicich & Burns 2015a).¹⁷

¹⁴ Estimate has a relative standard error of 25 per cent to 50 per cent and should be used with caution.

¹⁵ Includes GHB, GBL and 1,4B.

¹⁶ As small numbers (n<10) of the national sample commented on characteristics of the ketamine market, results should be interpreted with caution.

¹⁷ As small numbers (n<10) of the national sample commented on characteristics of the GHB market, results should be interpreted with caution.

AVAILABILITY

According to a 2014 national survey of regular ecstasy users, 48.0 per cent reported ketamine as easy or very easy to obtain, a decrease from 69.0 per cent in 2013. Early findings from the 2015 study indicate this figure has decreased to 47.0 per cent. In the same survey, 45.0 per cent of respondents reported GHB as easy or very easy to obtain, a decrease from the 75.0 per cent reported in 2013. Early findings from the 2014 study indicate this figure has increased to 60.0 per cent (Sindicich & Burns 2015; Sindicich & Burns 2015a).

PHARMACEUTICALS

MAIN FORMS

Australian legislation and regulations strictly control the manufacture, import and supply of pharmaceuticals. Only a medical practitioner or a dentist is authorised to supply pharmaceuticals on prescription. Under the National Medicines Policy, the Australian government-funded Pharmaceuticals Benefits Scheme (PBS)¹⁸ subsidises a wide range of medicines to meet medication and related service needs (DoH 2015). However, illicit drug users are often able to divert or access pharmaceuticals for non-medical use.

Self-medication, treatment for an underlying drug dependency problem, withdrawal from illicit drugs and enhancement of illicit drug effects are some of the reasons pharmaceuticals are used for non-medical purposes. The availability of other drugs, especially heroin, may also influence the demand for certain pharmaceuticals. Opioid analgesics and benzodiazepines are the most commonly misused pharmaceuticals in Australia. The misuse of these pharmaceuticals can lead to overdose and/or dependence (AIC 2015a).

Pharmaceutical drugs are obtained for non-medical purposes through a range of means, including:

- family and friends with legitimate prescriptions
- stolen, altered or forged prescriptions
- feigning symptoms
- theft from surgeries or pharmacies
- doctor-shopping¹⁹
- threatening general practitioners
- purchases over the internet
- poor prescription practices, such as prescribing larger than required quantities
- health practitioners self-prescribing or otherwise misappropriating through their work (ADF 2013; Vrecko 2015).

This section focuses on the pharmaceutical drugs most commonly misused in Australia: benzodiazepines and opioids (AIC 2015a).

¹⁸ The Pharmaceuticals Benefit Scheme is a federally funded government program which subsidises the cost of a broad range of medicines and was established to ensure Australians have affordable access to pharmaceutical medicines.

¹⁹ Doctor-shopping refers to presenting to numerous doctors for the purpose of obtaining multiple prescriptions to deal with non-existent or exaggerated symptoms.

BENZODIAZEPINES

Usually swallowed or injected, benzodiazepines are medically prescribed to treat conditions such as insomnia, anxiety and epilepsy. The misuse of benzodiazepines has been reported to assist people with the comedown effects of stimulants such as ATS or cocaine. Benzodiazepines can be grouped according to the length of effect they have on the body: long, intermediate and shortacting. Short-acting benzodiazepines have stronger withdrawal or comedown effects and can be more addictive than long-acting ones (ADF 2015d).

Even when used at a therapeutic level, effects of use may include depression, cognitive impairment and dependence.²⁰ Short-term effects of benzodiazepine use vary, but may include impaired thinking, slurred speech and dizziness. Regular use of benzodiazepines may cause personality change, skin rashes and addiction. The combined use of benzodiazepines and alcohol or opiates, such as heroin, increases risk and may result in breathing difficulties and an increased risk of overdose and death (ADF 2015d).

The main forms of benzodiazepine pharmaceuticals are listed in Table 33.

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

TABLE 33: Main forms of commonly used benzodiazepine pharmaceuticals

OPIOIDS

Opiates are derived from the opium poppy and include opium, morphine, codeine and methadone. The term opioid includes both opiates (based on naturally occurring compounds) and synthetic compounds (that act on opiate receptors) used for their pain relieving and euphoric effects. Opiate-based drugs are depressants, which slow activity of the central nervous system. Opioid pharmaceuticals are commonly prescribed for pain management and the treatment of heroin and other opioid addiction and are available in tablet, capsule or liquid form (AIC 2015a).

The non-medical use of pharmaceutical opioids has been reported to be associated with diverse harmful health effects, including dependence and overdose. Short-term effects of opioid use may include shallow breathing, low blood pressure and confusion. Combining opioids with illicit drugs can lead to respiratory arrest or death. If taken regularly, opioids are addictive and associated withdrawal symptoms may include anxiety and panic attacks (Dertadian & Maher 2014; DoH 2015a).

²⁰ Drug dependence is defined by the International Classification of Diseases 10th Revision (ICD-10) as the presence of three or more indicators of dependence for at least a month within the previous year (Degenhardt et al. 2013).

Commonly misused opioid pharmaceuticals are listed in Table 34.

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	Panadeine 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		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

TABLE 34: Main forms and effects of commonly used opioid pharmaceuticals

INTERNATIONAL TRENDS

The misuse of prescription opioids has been increasing globally, with the availability and price of heroin appearing to influence the prescription opioid market. The most common pharmaceutical drugs diverted for illicit personal use are benzodiazepines and opiate-based drugs. Overdose is the primary cause of drug-related deaths worldwide and opioids, including prescription opioids, are the primary drug type implicated in these deaths (UNODC 2015; UNODC 2014).

Compared to the global average, opioid use remains high in North America at 3.8 per cent, and there is growing evidence that opioid users are moving to heroin. This is due to both increased heroin availability and price decreases in many parts of the country, as well as changes in the formulation of one of the major prescription opioids which has made it more difficult to misuse. Conversely, opioid users in the Russian Federation and Estonia are shifting from heroin to prescription opioids, which are cheaper and more readily available (UNODC 2015; UNODC 2014).

Diversion from the licit to the illicit market has been observed at various stages of the supply chain in the US, Europe, Asia and Oceania. The non-medical use of prescription opioids has continued to increase in many regions. South-West Asia (Afghanistan) predominantly supplies the markets for opiates in Africa, parts of East Asia, the Middle East, Europe, Oceania and Canada; whereas South America (Columbia and Mexico) predominantly supplies the Americas. South-East Asia (Laos and Burma) supply markets in South-East Asia and Oceania. Since 2005, the European Union Early Warning System has received reports of 14 new synthetic opioids, among which are several highly potent uncontrolled fentanyl drugs (EMCDDA 2015; UNODC 2015).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The importation of prescription pharmaceuticals, when imported by individuals, is primarily done for personal use and without serious criminal intent. Pharmaceuticals continue to be purchased over the internet due to the anonymity afforded to purchasers, the ability to purchase without a prescription and the lower cost.

Pharmaceutical detections reported by the Department of Immigration and Border Protection include benzodiazepines and opioids. In 2014–15, detections of benzodiazepines²¹ at the Australian border increased 80.2 per cent, from 1 538 in 2013–14 to 2 772 in 2014–15. Opioid detections increased 33.3 per cent this reporting period, from 96 in 2013–14 to 128 in 2014–15. Oxycodone (45 detections) and codeine (31 detections) were the most common opiate pharmaceuticals detected this reporting period. Combined, they account for 59.4 per cent of the number of opioid detections in 2014–15. Other opioid pharmaceuticals detected this reporting period pharmaceuticals detected this reporting period. Set per cent of the number of opioid detections in 2014–15. Other opioid pharmaceuticals detected this reporting period pharmaceuticals detected this 7014–15. Other opioid pharmaceuticals detected this 7014–



FIGURE 81: Number of pharmaceutical detections at the Australian border, 2005–06 to 2014–15²² (Source: Department of Immigration and Border Protection)

21 Drugs detected in the benzodiazepine class at the Australian border in 2014–15 include diazepam, benzodiazepine, lorazepam, midazolam and nitrazepam.

22 The Department of Immigration and Border Protection cannot provide accurate data for the total number of pharmaceuticals detected at the Australian border. The data supplied since 2012–13 includes only benzodiazepine and opioid statistics, which only represent a component of the larger pharmaceutical category. As such, caution must be used in comparing data.

IMPORTATION METHODS

The international mail stream accounted for 81.1 per cent of the number of benzodiazepine detections at the Australian border in 2014–15, followed by air passenger/crew (15.5 per cent; see Figure 82).

FIGURE 82: Number of benzodiazepines detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



The international mail stream accounted for 73.4 per cent of the number of opioid detections at the Australian border in 2014–15, followed by air passenger/crew (16.4 per cent; see Figure 83).

FIGURE 83: Number of opioid detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

India was identified as the predominant embarkation point for both benzodiazepine and opioid detections at the Australian border in 2014–15.

DOMESTIC MARKET INDICATORS

According to the 2013 NDSHS, the proportion of the Australian population aged 14 years or older reporting the non-medical²³ use of pharmaceuticals²⁴ at least once in their lifetime increased, from 7.4 per cent in 2010 to 11.4 per cent in 2013. The proportion reporting recent use also increased, from 4.2 per cent in 2010 to 4.7 per cent in 2013 (AIHW 2014).

According to a 2014 national study of regular injecting drug users, 63.0 per cent of respondents reported the recent use of any form (licit or illicit) of benzodiazepine, a decrease from 64.0 per cent in 2013.²⁵ Swallowing (62.0 per cent) was reported as the main route of administration. In the same survey, 4.0 per cent of respondents in 2014 reported recently injecting illicit benzodiazepines in any form, a decrease from 6.0 per cent in 2013. Early findings from the 2015 study indicate this has increased to 6.0 per cent.

In the same 2014 study, reported recent use of illicit morphine remained stable at 35.0 per cent. Early findings from the 2015 study indicate this has decreased to 28.0 per cent. The proportion of respondents reporting the recent illicit use of oxycodone decreased, from 32.0 per cent in 2013 to 29.0 per cent in 2014. Early findings from the 2015 study indicate this has decreased to 21.0 per cent (Stafford & Burns 2015; Stafford & Burns 2015a).

Figure 84 illustrates the recent use of various pharmaceutical drugs in 2014, as reported by a regular injecting drug user population (Stafford & Burns 2015).



FIGURE 84: Proportion of a regular injecting drug user population reporting recent use of illicit and licit pharmaceuticals, by pharmaceutical type, 2014 (Source: National Drug and Alcohol Research Centre)

In a 2014 national study of regular ecstasy users, 29.0 per cent of respondents reported recent illicit benzodiazepine use, an increase from 27.0 per cent in 2013, while the reported recent illicit use of opioids remained stable at 10.0 per cent. Early findings from the 2015 study indicate the reported recent use of licit and illicit use of benzodiazepines remained stable at 32.0 per cent.

Methadone

forphine

Oxycodone

Buprenorphine

^{pharm.} stimulants

Benzodiazepines

²³ The NDSHS relates use for non-medical purposes to 'ways that induced or enhanced a drug experience, enhanced performance or were for cosmetic purposes'.

²⁴ The NDSHS defines pharmaceuticals as painkillers/analgesics, tranquilisers/sleeping pills, steroids, methadone/ buprenorphine and other opiates/opioids.

²⁵ Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone).

Figure 85 shows the recent use of various pharmaceuticals in 2014, as reported by a regular ecstasy drug user population (Sindicich & Burns 2015; Sindicich & Burns 2015a).



FIGURE 85: Proportion of a regular ecstasy user population reporting recent use of illicit and licit pharmaceuticals, by pharmaceutical type, 2014 (Source: National Drug and Alcohol Research Centre)

The Drug Use Monitoring in Australia (DUMA) program, which examines drug use and offending patterns among police detainees in Australia, comprises an interviewer-assisted self-report survey²⁶ and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.²⁷ Over the last decade, the proportion of detainees testing positive²⁸ for benzodiazepines has remained relatively stable, ranging between 22.2 per cent and 23.6 per cent. In 2014–15, 23.5 per cent of detainees tested positive for benzodiazepines, compared with 23.6 per cent in 2013–14 (see Figure 86).



FIGURE 86: National proportion of detainees testing positive for benzodiazepines, 2005–06 to 2014–15 (Source: Australian Institute of Criminology)

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a. Urine was collected in the third and fourth quarters of 2013 and the first quarter of 2014.b. Urine was collected in the third quarter of 2014 and the first and second quarters of 2015.

²⁶ The self-report survey provides a measure of drug use in the 12 months prior to arrest.

²⁷ Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.

²⁸ Benzodiazepines and their metabolites can be detected in urine for 2 to 14 days after administration.

The proportion of detainees testing positive²⁹ for opiates³⁰ decreased this reporting period, from 13.5 per cent in 2013–14 to 11.0 per cent in 2014–15. This is the lowest percentage reported in the last decade (see Figure 87).





a. Urine was collected in the third and fourth quarters of 2013 and the first quarter of 2014.

b. Urine was collected in the third quarter of 2014 and the first and second quarters of 2015.

PRICE

Law enforcement price data for pharmaceuticals obtained for non-medical use is limited. In 2014–15, the price for a single 60 milligram Oxycontin tablet remained stable at \$60.

According to a 2014 national study of regular injecting drug users, of the respondents able to comment, the reported median price for a 40 milligram 'illicit' Oxycontin (old formulation) tablet ranged between \$15 in South Australia and \$40 in Tasmania and Western Australia.³¹ The same study reported the median price of illicit benzodiazepines ranged between \$1 and \$12.50³² (Stafford & Burns 2015).

AVAILABILITY

According to a 2014 national study of regular injecting drug users, of the respondents able to comment, 43.0 per cent reported illicit oxycodone as easy or very easy to obtain, a decrease from 70.0 per cent in 2013. In 2014, 44.0 per cent of respondents reported availability in the preceding six months as stable, a decrease from 70.0 per cent in 2013. In the same study, 67.0 per cent of respondents reported benzodiazepines as easy or very easy to obtain, with 72.0 per cent of respondents indicating that availability in the preceding six months was stable (Stafford & Burns 2015).

²⁹ Opiates and their metabolites can be detected in urine for 2 to 3 days after administration.

³⁰ Results for all opiate types including heroin, buprenorphine and methadone.

³¹ Oxycontin 40 mgs 'OC' old formulation.

³² Due to low response numbers, figures should be interpreted with caution.

SEIZURES

The number of national opioid seizures increased 33.8 per cent this reporting period, from 1 137 in 2013–14 to a record 1 521 in 2014–15. The weight of seizures increased 2 417.1 per cent this reporting period, from 29.4 kilograms in 2013–14 to a record 740.6 kilograms in 2014–15³³ (see Figure 88).



FIGURE 88: National other opioid seizures, by number and weight, 2005–06 to 2014–15

Victoria reported the greatest percentage increase in both the number and weight of other opioids seizures in 2014–15. The number of other opioids seizures in New South Wales account for 89.5 per cent of national other opioid seizures this reporting period, while Victoria accounted for 79.6 per cent of the weight of other opioids seized nationally in 2014–15 (see Table 35).

TABLE 35: Number, weight and percentage change of national other opioid seizures,	
2013–14 to 2014–15	

	Num	ber		Weight (grams)		
State/Territory ^a	2013–14	2014–15	% change	2013–14	2014–15	% change
New South Wales	1 088	1 361	25.1	26 342	144 428	448.3
Victoria	5	53	960.0	1 648	589 846	35 691.6
Queensland	8	12	50.0	218	5 152	2 263.3
South Australia	2	3	50.0	5	135	2 600.0
Western Australia	9	17	88.9	26	310	1 092.3
Tasmania	14	52	271.4	337	371	10.1
Northern Territory	0	0	0.0	0	0	0.0
Australian Capital Territory	11	23	109.1	848	381	-55.1
Total	1 137	1 521	33.8	29 424	740 623	2 417.1

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

³³ A large proportion of this weight (490 kilograms) relates to a single seizure of poppy seeds in September 2014 in Victoria (Melbourne) in sea cargo.

NEW PSYCHOACTIVE SUBSTANCES

MAIN FORMS

New³⁴ psychoactive substances (NPS)³⁵—also referred to by generic terms such as 'synthetic drugs'—are often marketed as 'legal highs'.³⁶ NPS have been reported in Australia and overseas since at least the mid-2000s (CCC 2013).

NPS mimic established illicit drugs, such as cannabis, cocaine, MDMA and LSD. Producers of NPS attempt to bypass illicit drug legislation by slightly changing chemical structures in NPS to ones not covered by existing legislation. The most common NPS include synthetic cannabis (cannabimimetics), stimulants, hallucinogens and anaesthetics. NPS forms vary and include tablets, capsules, powder, sprays and smoking material. The number of NPS reported by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) nearly doubled, with more than 450 reported between 2012 and 2015 and 101 NPS reported in 2014 (ADF 2015e; CCC 2013; EMCDDA 2015).

NPS may serve as substitutes for other illicit drugs due to their perceived legal status and the low availability or poor quality of established illicit drugs. It has been reported that the availability of high-quality synthetic cannabis and cathinones may be in direct competition to low-quality, and relatively more expensive, established illicit drugs (EMCDDA 2015a).

No NPS are safe to use as they are not tested for human consumption. As NPS are unregulated and untested with respect to their chemical components, any recommendation on their dosage level is misleading, with NPS associated with fatalities in Australia and other countries (ADF 2015e).

European studies have reported NPS use occurs among various groups, including school students, partygoers, persons experimenting with illicit drugs, prisoners and injecting drug users. In a 2014 survey of 800 ecstasy users, the reported use of NPS remained relatively stable, with 33 per cent reporting use in 2012, 37 per cent in 2013 and 36 per cent in 2014. The most common NPS used was synthetic cannabinoids, which decreased from 16 per cent in 2013 to 7 per cent in 2014 (EMCDDA 2015a; Sindicich & Burns 2015).

This section will cover three groups of NPS in more detail: synthetic cannabinoids, cathinones, in particular 4-methylmethcathinone (4-MMC) and NBOMe compounds.

SYNTHETIC CANNABINOIDS

Synthetic cannabinoids³⁷ are manufactured chemicals with similar effects to delta-9-tetrahydrocannabinol (THC), the active ingredient in cannabis. Although some synthetic cannabinoids may share a chemical structure similar to THC, the majority of synthetic cannabinoids have no structural relationship to THC. In the uncontrolled manufacturing process, the powdered chemicals—which vary from batch to batch—are mixed with solvents, then added to plant material. When packaged, the contents may be described as 'herbal'; however, the psychoactive material is synthetic (ADF 2015f; EMCDDA 2014).

³⁴ The term 'new' does not necessarily refer to a new invention, as many NPS may have been synthesised years or decades ago—rather, that they have recently emerged on the market.

³⁵ NPS were referred to as drug analogues and new psychoactive substances (DANPS) in previous Illicit Drug Data Reports.

³⁶ Use of the term 'legal high' may not reflect the true legal status of these substances under Australian legislation.

³⁷ Scientifically, synthetic cannabinoids are known as cannabimimetics. The commonly used term, 'synthetic cannabinoids', has been used to avoid confusion and remains consistent with existing public terminology.

No matter how synthetic cannabinoids are marketed, they contain an unspecified amount of psychoactive substances, resulting in unpredictable effects experienced by users. Reported short-term effects of synthetic cannabinoid use include irregular heartbeat, breathing difficulties, acute kidney injury and violent behaviour. Long-term effects may include tolerance, dependence and death—particularly when taken in combination with alcohol and/or illicit drugs, or by an individual with an existing heart problem (ADF 2015f).

Cannabinoids are prohibited imports under Schedule 4 of the Customs (Prohibited Imports) Regulations 1956 and are border controlled drugs under Schedule 4 of the Criminal Code Regulations 2002.

4-MMC (4-METHYLMETHCATHINONE)

4-MMC, also known as mephedrone, is a synthetic stimulant. 4-MMC can be sniffed or snorted, swallowed, injected, mixed with liquid or wrapped in a cigarette paper (known as 'bombing'; ADF 2015g).

4-MMC is available as a white powder or in crystal, capsule or tablet form. Depending on the dose and ingredients, reported effects appear to be similar to those of cocaine, amphetamine or MDMA. There have also been reports of 4-MMC mixed with other drugs such as ketamine, cocaine, paracetamol or piperazine derivatives. The short-term effects of 4-MMC use are unpredictable and may include anxiety, distorted sense of time, memory loss and blurred vision. 4-MMC has been linked to the narrowing of blood vessels and deaths due to respiratory failure (ADF 2015g; EMCDDA 2015a).

4-MMC is a prohibited import under Schedule 4 of the Customs (Prohibited Imports) Regulations 1956 and is a border controlled drug under Schedule 4 of the Criminal Code Regulations 2002. There are no current known legal uses for 4-MMC.

NBOMe COMPOUNDS

NBOMe compounds cover a series of NPS with hallucinogenic effects. Also known as 'psychedelics', NBOMe compounds change a user's senses, altering thinking processes, sense of time and emotions (ADF 2015h).

NBOMe compounds are also known as N-Bomb, Bom-25, 2C-I-NBOMe, 25-I-NBOMe, 25I, Pandora, Solaris, Wizard, Divination and Smiley Paper. NBOMe compounds have a distinctively bitter taste and can be found in the form of blotting paper (similar to LSD), clear liquid, white powder or tablets. The most common methods of administering NBOMe compounds are under the tongue, held in the cheek or snorted (ADF 2015h; EMCDDA 2014).

Reported short-term effects of the use of NBOMe compounds—depending on the amount or the batch taken—may include memory lapses, hallucinations, paranoia, overheating and seizures. Due to the high risk of overdose, NBOMe usage has been linked to suicide, drowning and car accidents (ADF 2015h).

NBOMe compounds are prohibited imports under Schedule 4 of the Customs (Prohibited Imports) Regulations 1956 and are border-controlled drugs under Schedule 4 of the Criminal Code Regulations 2002.

INTERNATIONAL TRENDS

Worldwide data on the consumption of NPS is limited due to the large number of available NPS, which are often sold under street names that imply a variety of different substances. According to the *2015 World Drug Report*, synthetic cannabinoids continued to account for the majority of NPS reported in 2014 (39 per cent) , followed by phenethylamines (18 per cent) and synthetic cathinones (15 per cent; UNODC 2015).

The scope and availability of NPS have expanded rapidly in East Asia, South-East Asia and Oceania and they have become increasingly diversified. The number of NPS in the region has increased, from 34 substances in 2009 to 137 substances by November 2014. Between 2008 and 2014, the largest number of NPS in the region were reported by Australia (73 substances), followed by New Zealand (49 substances), Singapore (37 substances), Japan (31 substances) and Indonesia (29 substances). The high numbers reported in Oceania are, in part, due to more stringent data collection and reporting systems (UNODC 2015a).

The expansion of the NPS market will continue to challenge regulatory control. China is a major producer and exporter of NPS including synthetic cannabinoids and synthetic cathinones. The number of identified NPS reported to the UNODC Early Warning Advisory program has increased globally, from 430 in 2013 to 450 in December 2014, with 69 of the 450 substances in 2014 reported to the advisory program for the first time (BINLEA 2015; UNODC 2015).

There are a number of NPS that have been reported by many countries over several years and have a large presence in the illicit market. These include mephedrone (46 countries) and JWH-018 (44 countries). More synthetic cannabinoids and, to a lesser extent, synthetic cathinones, were reported in 2014 than in 2013, with the majority of the other NPS substance groups remaining stable (UNODC 2015).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

There is a large and diverse range of NPS available, including synthetic cannabinoids, substituted cathinones, analogues of amphetamine-type stimulants, as well as novel and obscure research chemicals.

The *Crimes Legislation Amendment (Psychoactive Substances and Other Measures) Act 2015* inserted two new offences relating to NPS into the Criminal Code. Under section 320.2 of the Code, a person will commit an offence if he or she imports a psychoactive substance. Under section 320.3 of the Code, a person will commit an offence if he or she imports a substance whose presentation represents it to be an alternative to a serious drug (serious drug alternative).³⁸

NPS are increasingly detected at the Australian border, mainly in air cargo parcels and international mail. Shipments encountered at the Australian border are either personal use quantities that are purchased online and delivered by mail, or larger shipments clearly intended for resale. Shipments intended for resale comprise either large numbers of retail doses, mostly of synthetic cannabinoids packaged as ready-to-use smoking mixtures, or bulk active agents in kilogram quantities mainly from China.

³⁸ Subsections 320.2(2) and 320.3(3) of the Code exempt classes of psychoactive substances and serious drug alternatives from the new offences. These exceptions include food, therapeutic goods and serious drugs listed in the Code or Prohibited Imports Regulations.
DRUG PROFILING

Although the breadth of new substances appearing on the market is very large, and some only appear sporadically, the Australian Federal Police Forensic Drug Intelligence (FDI) Team, in consultation with the National Measurement Institute (NMI) has identified the following categories of NPS:

- amphetamine-type substances
- cathinone-type substances
- synthetic cannabinoids
- tryptamine-type substances
- other.³⁹

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

The number of NPS seizures at the Australian border and selected for further analysis increased this reporting period, from 92 in 2013–14 to a record 551 seizures in 2014–15. While the number of NPS seizures increased, there has been a considerable decrease in the total weight of NPS seized, from 543.0 kilograms in 2013–14 to 52.7 kilograms in 2014–15, the second lowest weight on record (see Figure 89).⁴⁰

FIGURE 89: Number and weight of seizures selected for further analysis and found to contain novel substances and drug analogues, 2006–07 to 2014–15 (Source: Australian Federal Police, Forensic Drug Intelligence)



40 The data in Figure 89 refers only to seizures made by the AFP, examined by the AFP crime scene teams, sampled and subsequently confirmed to contain a novel substance by NMI. Seizure data do not represent all AFP seizures of NPS during these periods.

³⁹ Other drug analogues and NPS include 2C-group substances and ketamine analogues.

In terms of number, cathinone analogues (40.8 per cent) accounted for the highest proportion of NPS seizures this reporting period, followed by other (25.2 per cent). In terms of weight, cathinone analogues accounted for 71.1 per cent of the weight of NPS seized in 2014–15, followed by synthetic cannabinoids (22.8 per cent).

DOMESTIC MARKET INDICATORS

The NDSHS included questions on the use of NPS for the first time in 2013. According to the survey, 1.3 per cent of the Australian population aged 14 years or older reported using synthetic cannabinoids at least once in their lifetime, with 0.4 per cent reporting the use of other NPS. In the same study, 1.2 per cent reported recent synthetic cannabinoid use, with 0.4 per cent reporting recent use of another NPS. Reported synthetic cannabinoid use was greatest in the 14–19 year age group (2.8 per cent), followed by those aged 20–29 years (2.5 per cent; AIHW 2014).

According to a 2014 national study of regular ecstasy users, 36.0 per cent of respondents reported recent NPS use, a decrease from 37.0 per cent in 2013. Early findings of the 2015 study indicate this figure has decreased to 35.0 per cent. In the same study, 5.0 per cent reported recent use of mephedrone (4-MMC), compared to 6.0 per cent in 2013. Early findings from the 2015 study indicate this has decreased to 3.0 per cent (Sindicich & Burns 2015; Sindicich & Burns 2015a).

In the same 2014 study, the proportion of respondents reporting recent use of synthetic cannabinoids decreased, from 16.0 per cent in 2013 to 7.0 per cent in 2014. Early findings from the 2015 study indicate this has decreased to 6.0 per cent. The proportion of respondents reporting recent use of NBOMe compounds was 9.0 per cent in 2014.⁴¹ Early findings of the 2015 study indicate this has decreased to 7.0 per cent (Sindicich & Burns 2015; Sindicich & Burns 2015a).

PRICE

National law enforcement price data for NPS is limited.

In 2014–15, the price of a single 4MMC tablet/capsule remained stable, ranging between \$20 and \$50 in Queensland and between \$30 and \$40 in Tasmania. The price of 1.5 grams of synthetic cannabinoids increased in 2014–15 and was reported at \$52 in Victoria and between \$20 and \$35 in Queensland, with 3 grams reported to cost \$70 in Victoria; \$65 in Tasmania; between \$50 and \$95 in Queensland, and between \$50 and \$70 in the Australian Capital Territory. The price of 7 grams of synthetic cannabinoids ranged between \$100 and \$140 this reporting period; while 14 grams ranged between \$150 and \$240 in Queensland and \$170 and \$200 in Victoria.

⁴¹ Prior to 2014, a national study of regular ecstasy users did not capture data relating to NBOMe compounds use.

OTHER & UNKNOWN NOT ELSEWHERE CLASSIFIED DRUGS

Data for national other and unknown not elsewhere classified (NEC) drug seizures and arrests capture those drugs and substances outside the specific drug categories contained in the *Illicit Drug Data Report*. This category covers a range of substances including precursors, anaesthetics, NPS, pharmaceuticals and drugs not elsewhere classified. Substances in this category are likely to change between reporting periods. Data limitations are further discussed in the *Statistics* chapter of this report.

SEIZURES

The number of national other and unknown NEC drug seizures decreased by 5.1 per cent this reporting period, from 6 434 in 2013–14 to 6 107 in 2014–15, the third highest number reported in the last decade. The weight of other and unknown NEC drugs seized nationally decreased considerably, from 15 685.9 kilograms⁴² in 2013–14 to 2 861.9 kilograms (see Figure 90).



FIGURE 90: National other and unknown not elsewhere classified drug seizures, by number and weight, 2005–06 to 2014–15

Western Australia (32.2 per cent) accounted for the greatest proportion of the number of national other and unknown NEC seizures in 2014–15, while New South Wales (48.8 per cent) accounted for the greatest proportion of the weight. South Australia reported the greatest percentage increase in seizure numbers this reporting period, while the Australian Capital Territory reported the greatest percentage increase in the weight of other and unknown NEC seizures in 2014–15 (see Table 36).

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⁴² This is largely due to a single 10 tonne seizure of benzaldehyde in Victoria in 2013–14.

	Num	ber	Weight (grams)			
State/Territory ^a	2013–14	2014–15	% change	2013–14	2014–15	% change
New South Wales	2 588	1 755	-32.2	893 530	1 397 496	56.4
Victoria	713	882	23.7	11 814 007	748 548	-93.7
Queensland	926	1 139	23.0	2 293 141	358 547	-84.4
South Australia	17	56	229.4	17 737	20 978	18.3
Western Australia	1 720	1 967	14.4	74 521	154 487	107.3
Tasmania	204	59	-71.1	2 454	998	-59.3
Northern Territory	203	186	-8.4	590 175	149 428	-74.7
Australian Capital Territory	63	63	0.0	371	31 471	8 382.7
Total	6 434	6 107	-5.1	15 685 936	2 861 953	-81.8

TABLE 36: Number, weight and percentage change of national other and unknown not elsewhere classified drug seizures, 2013–14 and 2014–15

a. Includes seizures by state and territory police and Australian Federal Police for which a valid weight was recorded.

ARRESTS

The number of national other and unknown NEC drug arrests increased by 21.7 per cent this reporting period, from 13 219 in 2013–14 to a record 16 090 in 2014–15. Consumer arrests continue to account for the majority of other and unknown NEC arrests (see Figure 91). However, the Australian Capital Territory reported more other and unknown NEC provider arrests than consumer arrests in 2014–15.





With the exception of the Northern Territory, all states and territories reported increases in other and unknown NEC arrests in 2014–15. Queensland (33.2 per cent) continues to account for the greatest proportion of national arrests (see Table 37).

	Arrests				
State/Territory ^a	2013–14	2014–15	% change		
New South Wales	1 425	1 460	2.5		
Victoria	3 526	4 207	19.3		
Queensland	4 068	5 348	31.5		
South Australia	265	269	1.5		
Western Australia	3 657	4 465	22.1		
Tasmania	237	307	29.5		
Northern Territory	41	20	-51.2		
Australian Capital Territory	0	14	-		
Total	13 219	16 090	21.7		

Table 37: Number and percentage change of national other and unknown arrests not elsewhere classified drug arrests, 2013–14 and 2014–15

a. The arrest data for each State and Territory includes Australian Federal Police data.

NATIONAL IMPACT

In 2014–15, tryptamines identified by the Department of Immigration and Border Protection included both LSD and psilocybin. There was a record 785 tryptamine detections at the Australian border this reporting period, the majority of which relate to LSD detections. Canada was the prominent embarkation point for LSD detections in 2014–15, while key embarkation points for psilocybin detections this reporting period included Canada, the Netherlands, the US, Germany and the UK. The international mail stream continues to account for nearly all LSD and psilocybin detections.

Anesthetics identified at the Australian border this reporting period included GHB, GBL and ketamine. The numbers of GHB, GBL and ketamine detections in 2014–15 are at record highs. China (including Hong Kong) was the prominent embarkation point for the number of GHB and GBL detections in 2014–15, whereas the UK was identified as the prominent embarkation point for ketamine detections. Consistent with 2013–14, the international mail stream was the principal method of importation for anesthetics this reporting period, followed by air cargo.

In 2014–15, pharmaceutical detections identified at the Australian border included both benzodiazepines and opioids, with the number of detections increasing this reporting period to record highs. India was the prominent embarkation point for both benzodiazepine and opioid detections at the Australian border in 2014–15. The international mail stream continues to account for the greatest proportion of benzodiazepine and opioid detections, at 81.1 per cent and 73.4 per cent respectively.

The number and weight of national steroid seizures increased in 2014–15 to record highs. New South Wales accounted for the greatest proportion of national steroid seizures, by number and weight, this reporting period. The number of national steroid arrests continued to increase this reporting period, with a record 1 210 arrests in 2014–15. Consumer arrests continue to account for the greatest proportion of national steroid arrests, however, the Australian Capital Territory reported more steroid provider than consumer arrests in 2014–15.

Both the number and the weight of national hallucinogens seizures increased in 2014–15, with the number of seizures the highest on record and the weight seized the second highest on record. New South Wales accounted for the greatest proportion of national hallucinogen seizures, by number and weight, in 2014–15. There was a record 734 national hallucinogen arrests this reporting period. Consumer arrests continue to account for the greatest proportion of national hallucinogen arrests, however South Australia reported more hallucinogen provider than consumer arrests in 2014–15.

Common NPS available in the Australian illicit drug market in 2014–15 included amphetaminetype substances, cathinone-type substances, synthetic cannabinoids and tryptamine-type substances. Despite a considerable decrease in the weight of analysed border seizures containing NPS in 2014–15, the number of analysed NPS border seizures increased fivefold this reporting period, with the 551 seizures in 2014–15 the highest number recorded since reporting began in 2006–07. Since 2008–09, cathinone-type substances have accounted for the greatest proportion of the number of seizures within this subset. In 2014–15, cathinone-type substances also accounted for the greatest proportion of the weight seized.

Both the number and weight of national opioid seizures increased in 2014–15 to record highs. This reporting period New South Wales accounted for the greatest proportion of the number of national other opioid seizures and Victoria accounted for the greatest proportion of weight.

While the number of other and unknown NEC seizures decreased this reporting period, it is the third highest number on record. The total weight of other and unknown NEC drugs seized nationally decreased by 81.8 per cent in 2014–15. This reporting period Western Australia accounted for the greatest proportion of the number of national seizures, while New South Wales accounted for the greatest proportion of the weight. The number of other and unknown NEC drug arrests increased this reporting period, with a record 16 090 national arrests in 2014–15. This reporting period Western Australia accounted for the greatest proportion of the greatest proportion of national arrests in 2014–15. This reporting period Western Australia accounted for the greatest proportion of national other and unknown NEC drug arrests, followed by Victoria. Consumer arrests continue to account for the greatest proportion of related national arrests.

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CLANDESTINE LABORATORIES AND PRECURSORS



CLANDESTINE LABORATORIES AND PRECURSORS

KEY POINTS

- The number of clandestine laboratories detected nationally has continued to decrease since 2011–12, with 667 detections in 2014–15.
- The majority of clandestine laboratories continue to be detected in residential areas, with increased detections in public places, rural and commercial/industrial locations in 2014–15.
- The proportion of addict-based clandestine laboratories detected in 2014–15 increased to 60.9 per cent.
- While the number and weight of ATS (excluding MDMA) precursor detections at the Australian border decreased in 2014–15, the number and weight of MDMA precursor detections increased.
- The number of tablet presses detected at the Australian border increased in 2014–15, while the number of tablet presses seized nationally decreased.



MAIN FORMS

Clandestine laboratories, commonly known as 'clan labs', covertly manufacture illicit drugs and/or their precursors. These laboratories range in scale and capability from crude, makeshift operations using simple processes to highly sophisticated operations using advanced equipment and complex chemical techniques. Regardless of their size or level of sophistication, the corrosive and hazardous nature of chemicals used in clandestine laboratories pose significant risks to those operating the laboratories, properties in the vicinity and the wider community. Many of the chemicals used are extremely volatile and residual contaminants may remain on surfaces and in the air, soil or water supply for long periods of time (AFP 2012; AGD 2011).

Drug manufacturing carried out in clandestine laboratories may involve any or all of the following processes.

- Extraction—the active chemical ingredients are extracted from a chemical preparation or plant, using a chemical solvent to produce a finished drug or a precursor chemical. Examples of extraction include the extraction of precursor chemicals from pharmaceutical preparations,¹ or the extraction of morphine from opium.
- Conversion—a raw or unrefined drug product is changed 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 and reacted under specific conditions to create the finished product through chemical reactions. Synthetic drugs such as methylamphetamine, 3,4-methylenedioxymethylamphetamine (MDMA) and lysergic acid diethylamide (LSD) are created through this process.
- Tableting—the final product is converted into dosage units. An example is pressing MDMA powder into tablets.

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, precursors such as ephedrine (Eph) and pseudoephedrine (PSE) are converted to methylamphetamine.
- Reagents—substances used to cause a chemical reaction that modify the precursor's molecular structure. For example, when hydriodic acid and red phosphorous are mixed with the precursors Eph or PSE, 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. For example, acetone and hydrochloric acid are used in LSD production (INCB 2014).

¹ Such as pseudoephedrine from cold and flu products.

Globally, amphetamine-type stimulants (ATS) are the most common illicit drugs manufactured in clandestine laboratories. In Australia, ephedrine and pseudoephedrine are the most common precursors used in the manufacture of methylamphetamine, with safrole, isosafrole and piperonal the principal precursors used in the manufacture of MDMA. However, new methods using a wide range of precursors and pre-precursors are constantly being developed in response to law enforcement attention and the reduced availability of required chemicals. As many chemicals have legitimate industrial application, an ongoing challenge for government and law enforcement exists in preventing the diversion of precursor chemicals to the illicit market, whilst maintaining access to these chemicals by legitimate industry (UNODC 2014).

In 2007, the Australian Government funded the national rollout 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 2015, 75.4 per cent of approved community pharmacies were registered with Project STOP, a decrease from 79.3 per cent at 30 June 2014.

INTERNATIONAL TRENDS

The 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988 Convention)² aims to prevent the diversion of chemicals from licit market for use in the manufacture of illicit drugs. The International Narcotics Control Board (INCB) established the Precursors Incident Communication System (PICS) in 2012 to monitor non-scheduled chemicals and to prevent the diversion of those substances into the illicit drug market. As a real-time online communication tool, PICS shares intelligence and facilitates direct contact between national authorities to launch bilateral and regional investigations into chemical trafficking. The system includes non-scheduled chemicals such as pre-precursors, products containing the controlled precursors, derivatives and the illicit manufacture of new drugs (BINLEA 2015; INCB 2015).

While many countries manufacture and trade in chemicals, the scale and range of chemicals vary. China and India remain significant global licit producers and exporters of precursor chemicals. There are approximately 400 000 precursor chemical suppliers and distributors in China, with locally produced precursor chemicals exported for industrial production and diverted for the illicit production of drugs in other countries. In Mexico and Central America, most of the precursor chemicals seized related to the production of methylamphetamine was sourced from China. In 2013, India was the largest global exporter of pseudoephedrine and the second largest exporter of ephedrine (BINLEA 2015).

Methylamphetamine production continues to increase worldwide. Precursor chemicals used in methylamphetamine production include pseudoephedrine, ephedrine and P2P. As these precursors become more difficult to obtain, the use of non-controlled pre-precursor chemicals—such as alphaphenylacetoacetonitrile (APAAN)—has increased. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reported that more than 48 000 kilograms of APAAN was seized in 2013 under national legislation, which had the potential to produce over 22 tonnes of amphetamine or methylamphetamine (BINLEA 2015; EMCDDA 2015).

² The 1988 Convention sets out specific measures for the manufacture, distribution and international trade of a number of chemicals frequently used in the manufacture of illicit drugs. These are listed under two categories: Table I lists the more strictly controlled substances and Table II lists the relatively less controlled substances.

Major seizures of MDMA precursors indicate the return of large-scale ecstasy production in the European Union. In 2013, 5 061 kilograms of PMK (3,4-methylenedioxyphenyl-2-propanone) and 13 837 litres of safrole were seized, which together would be capable of producing an estimated 170 million MDMA tablets. In 2015, the United Nations Office on Drugs and Crime (UNODC) reported recent large seizures of MDMA chemical precursors in East and South-East Asia and Oceania (BINLEA 2015; UNODC 2015).

The INCB has estimated that diversion of less than one percent of worldwide licit commercial use of potassium permanganate and acetic anhydride is required to produce the world's supply of cocaine and heroin. Argentinean-produced precursors are reported to have been diverted for the processing of coca leaf and cocaine from Argentina's chemical industry. In 2013, Colombian authorities destroyed 2 128 laboratories used to extract coca paste or cocaine base, as well as 208 cocaine hydrochloride laboratories (BINLEA 2015).³

According to the 2015 World Drug Report, 58 countries and territories reported the emergence of hundreds of products containing different synthetic cannabinoids to the UNODC advisory. Their clandestine manufacture and the serious risk they pose to public health and society challenge drug controls of the international community (UNODC 2015).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

In 2014–15, the number of ATS (excluding MDMA) precursor detections at the Australian border decreased 40.1 per cent, from 1 035 in 2013–14 to 620 in 2014–15. The weight of precursors detected decreased 66.7 per cent, from 1 505.2 kilograms in 2013–14 to 500.8 kilograms in 2014–15 (see Figure 92). In this reporting period, 99 detections weighed more than 1 kilogram. Combined, these 99 detections account for 92.9 per cent of the weight of ATS (excluding MDMA) precursor chemicals detected in 2014–15.



FIGURE 92: Number and weight of ATS (excluding MDMA) precursor detections at the Australian border, 2005–06 to 2014–15 (Source: Department of Immigration and Border Protection)

³ Chemicals used to refine and process plant-based drugs are referred to as 'essential' or 'precursor' chemicals and can be readily replaced by other chemicals with similar properties (BINLEA 2015).

In 2014–15, the number of MDMA precursor detections at the Australian border increased 325.0 per cent, from 4 in 2013–14 to a record 17 in 2014–15. The weight of precursors detected increased significantly, from 1.24 kilograms in 2013–14 to 288.0 kilograms in 2014–15 (see Figure 93).

FIGURE 93: Number and weight/litres^a of MDMA precursor detections at the Australian border, 2005–06 to 2014–15 (Source: Department of Immigration and Border Protection)



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 '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 2014–15 include:

- 50.0 kilograms of pseudoephedrine detected on 18 August 2014, concealed among cartons, via sea cargo from Thailand to Sydney
- 20.5 kilograms of pseudoephedrine detected on 10 August 2014, impregnated within tea, via air cargo from Iran to Sydney
- 20.0 kilograms of ephedrine detected on 10 October 2014, concealed in power adaptors, via air cargo from Hong Kong to Sydney
- 12.0 kilograms of ephedrine detected on 18 February 2015, built into packaging for goods, via air cargo from China to Sydney
- 10.8 kilograms of ephedrine detected on 28 April 2015, concealed within foam inserts, via air cargo from Singapore to Sydney.

These 5 detections have a combined weight of 113.3 kilograms and account for 22.6 per cent of the total weight of ATS (excluding MDMA) precursors detected at the Australian border in 2014–15.

Significant border detections of MDMA precursors in 2014–15 include:

- 150.0 kilograms of safrole detected on 22 August 2015, concealed within essential oil, via air cargo from China to Sydney
- 60.0 kilograms of MDP2P detected on 4 May 2015, via air cargo from China to Sydney
- 50.0 kilograms of safrole detected on 21 September 2014, concealed within a metal drum, via air cargo from China to Sydney
- 8.0 kilograms of MDP2P detected on 12 September 2014, concealed within a plastic bottle, via air cargo from China to Sydney
- 7.0 kilograms of MDP2P detected on 11 December 2014, concealed within plastic bottles, via air cargo from an unknown country of embarkation to Sydney.

These 5 detections have a combined weight of 275.0 kilograms and account for 95.5 per cent of the total weight of MDMA precursors detected at the Australian border in 2014–15.

IMPORTATION METHODS

In 2014–15, international mail (49.8 per cent) was the prominent importation stream, by number, for ATS (excluding MDMA) precursor importations detected at the Australian border, followed by air passenger/crew (23.7 per cent). In terms of weight, air cargo was the prominent importation stream (62.0 per cent) in 2014–15, followed by international mail (17.1 per cent; see Figures 94 and 95).

FIGURE 94: Number of ATS (excluding MDMA) precursor detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



FIGURE 95: Weight of ATS (excluding MDMA) precursor detections at the Australian border, as a proportion of total weight, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



In 2014–15, air cargo accounted for 58.8 per cent of the number of MDMA precursor detections at the Australian border, followed by air passenger/crew (35.3 per cent). By weight, air cargo was the predominant importation stream for MDMA precursor detections at the Australian border this reporting period (see Figures 96 and 97).

FIGURE 96: Number of MDMA precursor detections at the Australian border, as a proportion of total detections, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



FIGURE 97: Weight of MDMA precursor detections at the Australian border, as a proportion of total weight, by method of importation, 2014–15 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

A total of 47 embarkation points for ATS (excluding MDMA) precursor detections at the Australian border were identified in 2014–15, an increase from 43 in 2013–14. The prominent embarkation point this reporting period was China (including Hong Kong), which accounted for 12.4 per cent of the number and 40.6 per cent of the weight of ATS (excluding MDMA) precursors detected.

China (including Hong Kong) was the prominent embarkation point for MDMA precursors detected at the Australian border in 2014–15. Other key embarkation points this reporting period include Indonesia, Argentina and Singapore.

TABLET PRESS DETECTIONS

The number of tablet press detections at the Australian border increased 70.0 per cent this reporting period, from 20 in 2013–14 to 34 in 2014–15. Air cargo and sea cargo accounted for 14 detections each, with 6 detections occurring in the international mail stream (see Figure 98). Embarkation points for tablet press detections in 2014–15 include China, the United States, Malaysia, Canada and the United Kingdom.

FIGURE 98: Number of tablet press detections at the Australian border, 2014–15 (Source: Department of Immigration and Border Protection)



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. Regardless of their size, the residual contamination arising from illicit drug manufacture presents a serious risk to humans and the environment. 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 increases in the number of clandestine laboratories detected nationally between 2007–08 and 2011–12, the number detected nationally has continued to decrease, from 744 in 2013–14 to 667 in 2014–15, the lowest number reported since 2008–09 (see Figure 99).





Queensland continues to account for the highest proportion of national clandestine laboratory detections, accounting for 35.4 per cent in 2014–15. Queensland, South Australia, Western Australia and the Northern Territory reported decreases in the number of clandestine laboratory detections this reporting period, with the number of detections in Tasmania remaining stable. New South Wales, Victoria and the Australian Capital Territory reported increases in the number of clandestine laboratory detections in Victoria in 2014–15 is the highest number reported for the state in the last decade, with the 99 detections reported in New South Wales in 2014–15 the second highest number of detections reported for the state in the last decade (see Table 38).

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
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
2012–13	105	113	330	56	136	9	8	0	757
2013–14	98	114	340	80	96	5	11	0	744
2014–15	99	161	236	71	84	5	10	1	667

TABLE 38: Number of clandestine laboratory detections, by state and territory, 2005–06 to 2014–15

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. State and territory police services were asked to provide an indication of size and production capacity of detected laboratories, using categories provided by the UNODC. Full definitions for the four categories—addict-based, other small-scale, medium sized and industrial scale—are provided in the *Statistics* chapter of this report.⁴

In 2014–15, clandestine laboratories detected in Australia ranged from addict-based laboratories using basic equipment and simple procedures, manufacturing less than 50 grams per production cycle, through to industrial scale laboratories, equipped with purchased or custom-made industrial tools and which 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, the proportion of which increased from 51.6 per cent in 2013–14 to 60.9 per cent in 2014–15. The proportion of medium sized laboratories remained relatively stable at 12.9 per cent and the proportion of laboratories attributed to other small-scale and industrial scale laboratories decreased (from 26.0 and 10.1 per cent respectively; see Figure 100).



FIGURE 100: Category of detected clandestine laboratories, by size and production capacity, 2014–15

⁴ This is the fourth time jurisdictions have provided an indication of the size and production capacity of detected laboratories. Figures were not available for all clandestine laboratories detected.

DRUG TYPES AND METHODS OF PRODUCTION

Of those able to be identified, clandestine laboratories manufacturing ATS (excluding MDMA) continue to represent the majority of detections by drug production type in Australia, although the proportion decreased from 78.9 per cent in 2013–14 to 57.1 per cent in 2014–15 (see Table 39). Methylamphetamine remains the main drug produced in laboratories detected nationally.

State/	ATS (excluding	I	Homebake	Cannabis oil	PSE ^a	GHB/			
Territory	MDMA)	MDMA	heroin	extraction	extraction	GBL	Other ^b	Unknown ^c	Totald
NSW	75	10	0	0	0	1	11	1	98
Vic	92	4	1	2	0	5	5	49	158
Qld	103	2	1	0	0	3	17	112	238
SA	37	0	1	4	1	3	7	24	77
WA	66	0	11	4	0	0	6	2	89
Tas	5	0	0	0	0	0	0	0	5
NT	8	1	0	0	0	0	0	1	10
ACT	0	1	0	0	0	0	0	0	1
Total	386	18	14	10	1	12	46	189	676

TABLE 39: Number of clandestine laboratory	, detections, by	drug production	type and s	state and
territory, 2014–15				

a. Pseudoephedrine.

b. 'Other' refers to the detection of other illicit manufacture.

c. 'Unknown' includes seized substances which were unable to be identified or are awaiting analysis.

d. Total may exceed the number of clandestine laboratory detections due to multiple drug production types being identified in a single laboratory.

The number of national ATS (excluding MDMA) laboratory detections decreased by 36.5 per cent this reporting period, from 608 in 2013–14 to 386 in 2014–15. Since 2000–01, Queensland has accounted for the greatest proportion of national ATS (excluding MDMA) clandestine laboratory detections, accounting for 26.7 per cent in 2014–15, a decrease from 44.4 per cent in 2013–14.

Although the number of MDMA laboratories detected nationally remains low, there was a sixfold increase in detections this reporting period, from 3 in 2013–14 to 18 in 2014–15. These laboratories were detected in New South Wales (10), Victoria (4), Queensland (2), the Northern Territory (1) and the Australian Capital Territory (1).

The number of national homebake heroin laboratory detections almost tripled this reporting period, from 5 in 2013–14 to 14 in 2014–15. This reporting period there were detections in Western Australia (11), Victoria (1), Queensland (1) and South Australia (1).

While cannabis oil extraction laboratories continue to be detected in Australia, numbers remain low. The number of cannabis oil extraction laboratories detected in Australia increased this reporting period, from 7 in 2013–14 to 10 in 2014–15. South Australia and Western Australia each reported 4 detections, with 2 reported in Victoria. The 10 laboratories detected in 2014–15 is the highest number on record since related reporting began in 2007–08.

During this reporting period, 12 clandestine laboratories manufacturing gamma-hydroxybutyrate/ gamma-butyrolactone (GHB/GBL) were detected nationally, an increase from 11 laboratories in 2013–14. This reporting period laboratories were detected in Victoria (5), Queensland (3), South Australia (3) and New South Wales (1). The number of clandestine laboratories detected nationally extracting pseudoephedrine continued to decrease this reporting period, from 6 in 2013–14 to 1 in 2014–15.

Clandestine laboratories detected in Australia also manufacture a range of 'other' illicit drugs, precursors and pre-precursors. In 2014–15, these included dimethyltryptamine (DMT), paramethoxyamphetamine (PMA), methcathinone, P2P and MDP2P.

Despite a decrease this reporting period in the number of ATS (excluding MDMA) laboratories identified nationally using the hypophosphorous method of production—from 284 in 2013–14 to 225 in 2014–15—it remains the predominant method of production. This is followed by the Nazi/Birch method, with the number of related laboratories also decreasing this reporting period, from 95 in 2013–14 to 68 in 2014–15. Consistent with the previous reporting period, Queensland (31.6 per cent) accounted for the greatest proportion of national hypophosphorous laboratories, while Western Australia accounted for the greatest proportion of Nazi/Birch (85.3 per cent). National detections of laboratories using red phosphorous decreased this reporting period, from 32 in 2013–14 to 29 in 2014–15. The number of clandestine laboratories identified nationally using the P2P method of production also decreased, from 20 in 2013–14 to 12 in 2014–15 (see Table 40).

State/ Territory	Hypophosphorous	Red- phosphorus	Nazi/Birch	Phenyl-2- Propanone (P2P)	Other ^a	Total⁵
NSW	65	3	1	4	1	74
Vic	56	7	3	5	3	74
Qld	71	6	0	3	0	80
SA	25	3	2	0	1	31
WA	5	4	58	0	0	67
Tas	3	1	1	0	0	5
NT	0	5	3	0	1	9
ACT	0	0	0	0	0	0
Total	225	29	68	12	6	340

TABLE 40: Method of ATS (excluding MDMA) production in clandestine laboratory detections, by state and territory, 2014–15

a. 'Other' includes the detection of other ATS (excluding MDMA) production methodologies.b. Total may not equal the number of ATS (excluding MDMA) clandestine laboratory detections as the method of production may not

be identified or the detection is awaiting analysis.

SIGNIFICANT PRECURSOR SEIZURES

The following provides a national snapshot of the identification and/or seizure of some significant quantities of precursors/reagents this reporting period:

- 160 kilograms of pseudoephedrine in New South Wales
- 81 kilograms of pseudoephedrine in New South Wales
- 40 kilograms of iodine in New South Wales
- 38 litres of 1,4 Butanediol in Western Australia
- 20 litres of hypophosphorous acid in New South Wales
- 19 litres of helional in the Northern Territory
- 10 kilograms of ephedrine in New South Wales
- 2.25 litres of anethole in South Australia.

LOCATION AND CATEGORY

While residential areas remain the primary location for clandestine laboratory detections in Australia, detections in public places, rural and commercial/industrial locations increased this reporting period. The proportion of clandestine laboratory detections in residential areas remained relatively stable at 68.4 per cent in 2014–15. This was followed by detections in vehicles (9.9 per cent, a decrease from 12.2 per cent in 2013–14), public places (6.8 per cent, an increase from 3.9 per cent in 2013–14), rural areas (6.0 per cent, an increase from 3.5 per cent in 2013–14), commercial/industrial areas (4.2 per cent, an increase from 3.0 per cent in 2013–14 and other (4.7 per cent, a decrease from 9.6 per cent; see Figure 101).

FIGURE 101: Location of clandestine laboratory detections, 2014–15



Residential (68.4%)

- Public place (6.8%)
- Commercial/industrial (4.2%)

There are four distinct categories of clandestine laboratories:

- Category A—active (chemicals and equipment in use)
- Category B—stored/used (equipment or chemicals)⁵
- Category C—stored/unused (equipment or chemicals)
- Category D—historical site.

Consistent with previous reporting periods, Category C (stored/unused) remains the most common category for clandestine laboratories detected nationally, accounting for 51.6 per cent of detected laboratories in 2014–15, a decrease from 55.6 per cent in 2013–14. This was followed by Category B (stored/used), accounting for 25.7 per cent of detected laboratories. The proportion of Category A (active sites) increased from 8.3 per cent in 2013–14 to 11.5 per cent in 2014–15. The proportion of Category D (historical sites) remained relatively stable at 11.2 per cent in 2014–15 (see Figure 102).



FIGURE 102: Category of detected clandestine laboratories, 2014–15

NATIONAL TABLET PRESS SEIZURES

There were 3 tablet presses⁶ seized nationally in 2014–15, compared with 7 in 2013–14 and 19 in 2012–13. The 3 seizures in 2014–15 is the lowest number reported since 2008–09. Seizures this reporting period occurred in the Northern Territory (2) and South Australia (1). In addition to tablet press seizures, South Australia reported the seizure of 2 encapsulators in 2014–15.

NATIONAL IMPACT

In 2014–15, the number and weight of ATS (excluding MDMA) precursors detected at the Australian border decreased, while the number and weight of MDMA precursor detections increased. The number of tablet press detections at the Australian border increased this reporting period, while the number of tablet presses seized nationally further decreased.

⁵ Laboratories which are fully assembled but not active at the time of detection.

⁶ Simple presses only.

The number of clandestine laboratories detected nationally this reporting period continued to decrease, with the 667 laboratory detections in 2014–15 the lowest number reported since 2008–09. The number of clandestine laboratories detected nationally producing MDMA, homebake heroin, GHB/GBL and undertaking cannabis oil extraction increased this reporting period, while those producing ATS (excluding MDMA) decreased. Despite a decrease in the number of hypophosphorous laboratories detected this reporting period, it remains the primary production method identified in detected laboratories in 2014–15. While Nazi/Birch continues to be the second most common method of production, the proportion of laboratories using this method also decreased in 2014–15.

In 2014–15, clandestine laboratories detected in Australia ranged from addict-based through to industrial scale laboratories. The proportion of small-scale and industrial scale laboratories decreased this reporting period, while the proportion of medium sized laboratories remained relatively stable. Of the laboratories able to be categorised, 60.9 per cent were addict-based, utilising basic equipment, simple procedures and manufacturing less than 50 grams of ATS (excluding MDMA) per cycle. The proportion of clandestine laboratories detected in residential areas remained relatively stable and continued to account for the greatest proportion of clandestine laboratories located in vehicles decreased this reporting period, those detected in public places, rural and commercial/ industrial locations increased.

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INITIATIVES

NATIONAL DRUG STRATEGY 2010–2015

INITIATIVES

KEY POINTS

- The Australian Government's response to illicit drugs is underpinned by the National Drug Strategy, with the 2016–25 Strategy currently in development.
- Recent Commonwealth initiatives include the establishment of a National Ice Taskforce and development of a National Ice Action Strategy to respond to the growing use of ice; strengthening legal frameworks to address the importation of new psychoactive substances and steps to pursue greater consistency around the regulation of precursor chemicals and equipment across Australia.



INTRODUCTION

This chapter outlines a number of law and law enforcement initiatives that the Australian Government is undertaking to combat the illicit drug trade. These measures aim to remedy identified gaps and inconsistencies in regulatory controls and better enable Commonwealth criminal laws to deal with contemporary methodologies for trafficking illicit drugs and precursors.

The contribution to this chapter was provided primarily by the Attorney-General's Department, as the central policy and coordinating element of the Attorney-General's portfolio. The Attorney-General's Department works with Commonwealth, state and territory agencies to strengthen Commonwealth legislative frameworks and coordinate law enforcement efforts to address the supply of illicit drugs, particularly in light of its link to serious and organised crime.

NATIONAL ICE TASKFORCE AND NATIONAL ICE ACTION STRATEGY

Combating 'ice'¹ is a priority for the Australian Government and all states and territories. In April 2015, the then Prime Minister established a National Ice Taskforce to develop a more coordinated and comprehensive response to the ice problem, building on work being done in all jurisdictions. The Taskforce delivered its final report in December 2015.

The Australian Government worked closely with jurisdictions to develop a National Ice Action Strategy, based on the Taskforce's recommendations. The Council of Australian Governments approved the Strategy in December 2015.

The National Ice Action Strategy delivers significant additional funding to the health sector to reduce the demand for ice and provide effective support to help current users quit. This will be supported by strong, ongoing law enforcement efforts to target major players in the ice trade.

Through the National Ice Action Strategy, the Attorney-General's Department and its portfolio agencies, including the Australian Federal Police (AFP) and the Australian Criminal Intelligence Commission, will progress a number of law and law enforcement initiatives. These include:

- ongoing work through the Law Crime and Community Safety Council (LCCSC) to achieve greater national consistency of controls on precursor chemicals and equipment, including through the development of an electronic end user declaration system
- establishing a Commonwealth interagency working group (led by the AFP) to strengthen international engagement and disrupt the supply of ice from major source and transit countries
- progressing arrangements for a national cooperative scheme on unexplained wealth to reduce the financial incentives associated with the ice trade
- hardening Australia's aviation and maritime environments against organised crime by strengthening the eligibility criteria for Aviation Security Identification Cards and Maritime Security Identification Cards.

Crystal methylamphetamine is often referred to as ice.

NATIONAL DRUG STRATEGY

The Australian Government's response to illicit drugs is underpinned by the National Drug Strategy (NDS) 2010–15.

The NDS is a cooperative venture between the Commonwealth, state and territory governments and the non-government sector. It is aimed at improving health, social and economic outcomes for Australians by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in our society. It encompasses the three pillars of supply reduction, demand reduction and harm reduction.

The Intergovernmental Committee on Drugs (IGCD), which comprises representatives from health and law enforcement agencies across all jurisdictions, is responsible for implementing the NDS. The IGCD includes specialist working groups and committees, which provide ongoing expertise and advice to ministers on drug issues of national significance.

The IGCD is currently developing a new National Drug Strategy for 2016–25.

NEW PSYCHOACTIVE SUBSTANCES

New psychoactive substances (NPS) are designed to mimic the psychoactive effects of illicit drugs. These substances are often ordered over the internet and brought in through the international mail system.

The Australian Government recently enacted the *Crimes Legislation Amendment (Psychoactive Substances and Other Measures) Act 2015*, which commenced on 5 September 2015. The Act introduced new offences into the *Criminal Code* to ban the importation of NPS on the basis of their effect, rather than their chemical structure. These laws ensure that untested and potentially dangerous substances cannot be imported for use as an alternative to other illicit drugs. The ban does not affect the importation of substances with a legitimate use, such as foods, therapeutic goods and industrial chemicals.

Under the ban, Australian Border Force officers are able to search for, detain, seize and destroy substances that they reasonably suspect are NPS. In order for seized substances to be returned, it is up to the importer to demonstrate that they either do not have a psychoactive effect or that they have a legitimate use.

PRECURSOR INITIATIVES

A significant amount of illicit drugs are produced in Australia using legally available precursor chemicals and equipment.

All states and territories have controls to restrict the possession and sale of these chemicals and equipment to businesses that legitimately need to use them. However, the controls vary from jurisdiction to jurisdiction. This is a vulnerability that organised crime groups may look to exploit.

A key aspect of controls is recording the sales of precursor chemicals and equipment through end user declarations (EUDs). EUDs are documents which contain details of the supplier, purchaser and the purpose for which precursor chemicals or equipment is required. While most jurisdictions mandate the completion of EUDs, record keeping systems are largely paper-based and suppliers are not always required to actively submit EUD information to police.

The Attorney-General's Department is currently preparing a Regulation Impact Statement on the costs and benefits of proposals to improve and harmonise precursor controls across Australian jurisdictions, including through the development of a national electronic EUD (eEUD) system. A national electronic EUD system would provide law enforcement agencies with immediate access to information about precursor sales through an online searchable database.

The Attorney-General's Department will look to provide recommendations to law and justice Ministers in mid-2016 about the most appropriate way to reduce the diversion of precursors into illicit drug manufacture.

AMENDMENTS TO SERIOUS DRUG AND PRECURSOR OFFENCES

The Australian Government recently passed the *Crimes Legislation Amendment (Powers, Offences and Other Measures) Act 2015*, which commenced on 27 November 2015. The Act contains amendments to address a number of problems that the AFP and Commonwealth Director of Public Prosecutions have identified in prosecuting people for serious drug and precursor offences in the Criminal Code.

These amendments target individuals who are part of a larger drug enterprise, but who deliberately ignore how their actions fit into the broader criminal operation. The new laws will also make it easier to prosecute people involved in importing the precursor chemicals used to make illicit drugs.

NATIONAL ORGANISED CRIME RESPONSE PLAN

In May 2015, the LCCSC endorsed the National Organised Crime Response Plan (Response Plan) 2015–18, which sets out operational, legislative and policy priorities to combat key organised crime threats in Australia.

The Response Plan identifies that tackling the increasing prevalence of methylamphetamine is one of six key initiatives that Commonwealth, state and territory governments will address over the next three years. The Response Plan also outlines a number of activities that jurisdictions will pursue, including the development of a National Criminal Intelligence System, broader use of wastewater analysis to inform law enforcement strategies and the introduction of an eEUD system for the sale of precursor chemicals.

STATE AND TERRITORY LEGISLATION AMENDMENTS AND INITIATIVES



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.



STATE & TERRITORY LEGISLATIVE & REGULATORY AMENDMENTS

AUSTRALIAN CAPITAL TERRITORY

TITLE OF ACT/REGULATION Criminal Code 2002

Date assented: 2 June 2015

PURPOSE

To amend the Criminal Code 2002 to make it an offence for an occupier of a wholesale or retail outlet to display to customers at the outlet a drug pipe within or, adjacent to, the outlet.

OBJECTIVES

To prohibit the display of drug pipes and components that make a device used for the purpose of smoking or inhaling a controlled drug.

NEW SOUTH WALES

TITLE OF ACT/REGULATION

Medicines, Poisons and Therapeutic Goods Bill 2015

PURPOSE

To replace the Poisons and Therapeutic Goods Act 1966 with a modern statute.

OBJECTIVES

The objectives of the new Act will be to:

- allow for automatic adoption of the national standard for uniform scheduling of medicines and poisons
- apply the Commonwealth therapeutic goods laws as a law of the State
- modernise the legislative framework for the manufacture, supply and use of scheduled substances and therapeutic goods.

TITLE OF ACT/REGULATION

Crimes Legislation Amendment Act 2014 **Date assented:** 24 October 2014

PURPOSE

To make numerous and disparate amendments to several pieces of New South Wales legislation. One amendment only related to amending the *Drug Misuse and Trafficking Act 1985*.

OBJECTIVES

Offences relating to the manufacture, production, possession and supply of certain Schedule 9 substances retrospectively became summary offences, having previously been indictable offences. The offences were moved from section 25B to 18B of the *Drug Misuse and Trafficking Act 1985*. Making these offences summary reflects the relatively small penalties that are applicable.

NORTHERN TERRITORY

TITLE OF ACT/REGULATION

Medicines, Poisons and Therapeutic Goods Amendment Act 2014 (MPTGA) **Date assented**: 16 April 2014

PURPOSE

To amend the MPTGA Act to enable additional worker groups to be declared as authorised practitioners.

OBJECTIVES

Amendments include:

- to enable Aboriginal and Torres Strait Islander health practitioners, approved ambulance officers and qualified pharmacist(s) to be lawful suppliers for the purpose of distributing schedule 4, 6 and 8 drugs.
- to provide for offence provisions where the administration is not in accordance with recording and reporting requirements.

TITLE OF ACT/REGULATION

Poppy Regulation Act Date assented: 29 May 2014

PURPOSE

To provide for the lawful and regulated industry of poppy cultivation, possession, transportation and processing of poppy material.

OBJECTIVES

Objectives of the Act include:

- to provide for regulation of activities in relation to poppies and things derived from or associated with poppies
- to reduce the risk to the safety and security of persons in the Territory resulting from those activities, by providing for licensing of those activities.
QUEENSLAND

TITLE OF ACT/REGULATION

Drugs Misuse Regulation 1987 Date assented: 7 November 2014

PURPOSE

To amend the Drugs Misuse Regulation 1987 to move steroid-type substances from Schedule 2 to Schedule 1 Part 2 to allow for an increase in penalty and addition to Schedule 3 – Specified quantity.

OBJECTIVES

The move of steroid-type substances from Schedule 2 to Schedule 1 Part 2 provides for an increase in penalty for criminal prosecution of steroid-related offences.

Androisoxazole Androstenediol Atamestane Bolandiol **Bolasterone** Bolazine Boldenone (dehydrotestosterone) **Bolenol Bolmantalate** Calusterone Chlorandrostenolone 4-Chloromethandienone Chloroxydienone Chloroxymesterone (dehydrochloromethyltestosterone) Clostebol (4-chlorotestosterone) Danazol Dehydroepiandrosterone (DHEA) Dihydrolone Dimethandrostanolone Drostanolone Enestebol **Epitiostanol** Ethyldienolone Ethylestrenol Fluoxymesterone Formebolone (formyldienolone) Furazabol 4-Hydroxy-19-nortestosterone Hydroxystenozol Mebolazine Mepitiostane Mesabolone Mestanolone (androstalone) Mesterolone Methandienone

Methandriol Methenolone Methylclostebol Methyltestosterone Methyltrienolone Metribolone Mibolerone Nandrolone Norandrostenolone Norbolethone Norclostebol Norethandrolone Normethandrone Ovandrotone Oxabolone Oxandrolone Oxymesterone Oxymetholone Prasterone Propetandrol Quinbolone Silandrone Stanolone Stanozolol Stenbolone Testosterone, other than in implant preparations for growth promotion in animals Hiomesterone (tiomesterone) Tibolone Trenbolone (trienbolone, trienolone), other than in implant preparations for use in animals Trestolone and any other anabolic and androgenic steroidal agent.

QUEENSLAND CONT.

TITLE OF ACT/REGULATION

Drugs Misuse Regulation 1987 Date assented: 5 September 2014

PURPOSE

To add specified quantities for steroid type drugs in Schedule 3 Part 2.

OBJECTIVES

To schedule the whole weight of a dangerous drug mentioned in Schedule 1, Part 2 (50.0g).

VICTORIA

TITLE OF ACT/REGULATION

Sentencing Amendment (Baseline Sentences) Act 2014 Date assented: 12 August 2014

PURPOSE

To amend the *Drugs, Poisons and Controlled Substances Act 1981* to fix a baseline sentence for trafficking in a large commercial quantity of a drug or drugs of dependence.

OBJECTIVES

To provide a baseline sentence for an offence under subsection 71(1), Trafficking in a drug or drugs of dependence—large commercial quantity.

TITLE OF ACT/REGULATION

Criminal Organisations Control and Other Acts Amendment Act 2014 **Date assented:** 26 August 2014

PURPOSE

Introduce a regime for the automatic forfeiture of all property owned or controlled by a person convicted of a serious drug offence.

OBJECTIVES

In relation to s71 Traffick large commercial quantity, s72 Cultivate large commercial quantity, s79(1) Conspire to commit s71 or 72, and s80(1)&(3) Aid and Abet s71 or 72, inserted footnotes similar to: "An offence against this section is a serious drug offence for the purposes of the *Confiscation Act 1997.* On the conviction of a person for a serious drug offence, the court must make an order under section 89DI of the *Sentencing Act 1991* declaring the person to be a serious drug offender."

VICTORIA CONT.

TITLE OF ACT/REGULATION

Crimes Amendment (Abolition of Defensive Homicide) Act 2014 **Date assented:** 9 September 2014

PURPOSE

To amend the *Drugs, Poisons and Controlled Substances Act 1981* to make consequential and other amendments.

OBJECTIVES

Inserted the following heading to section 80 of the *Drugs, Poisons and Controlled Substances Act* 1981—"Inciting etc."

In section 80(1) and (2) of the *Drugs, Poisons and Controlled Substances Act 1981* omitted "aids, abets, counsels, procures, solicits or".

At the foot of section 80(2) of the *Drugs, Poisons and Controlled Substances Act 1981* inserted— "Note Subdivision (1) of Division 1 of Part II of the *Crimes Act 1958* deals with complicity in commission of offences."

In section 80(5) of the *Drugs, Poisons and Controlled Substances Act 1981*, after "section" inserted "or of being involved in the commission of an offence against any provision referred to in this section".

TITLE OF ACT/REGULATION

Drugs, Poisons and Controlled Substances Further Amendment Act 2014 **Date assented:** 21 October 2014

PURPOSE

To amend the Drugs, Poisons and Controlled Substances Act 1981 to:

- provide for a licence to be issued under Division 4 of Part II in respect of a mobile facility in certain circumstances; and
- further provide for the terms and conditions that apply to licences, permits or warrants issued under Division 4 of Part II; and
- replace the definition of Commonwealth standard with the new definition of Poisons Standard; and
- make other minor and consequential amendments.

OBJECTIVES

As per purpose.

TITLE OF ACT/REGULATION

Justice Legislation Amendment (Confiscation and Other Matters) Act 2014 **Date assented:** 21 October 2014

PURPOSE

To amend the Drugs, Poisons and Controlled Substances Act 1981 - serious drug offences.

OBJECTIVES

The objectives of the new Act will be to:

- omit "aided, abetted, counselled, procured, solicited or" in the note at the foot of section 80(1) of the *Drugs, Poisons and Controlled Substances Act 1981*
- substitute "counselled or procured" for "counselled, procured, solicited or incited" in the note at the foot of section 80(3) of the Drugs, Poisons and Controlled Substances Act 1981.

WESTERN AUSTRALIA

TITLE OF ACT/REGULATION

Misuse of Drugs Amendment (Psychoactive Substances) Act 2015 **Date assented:** 21 October 2015

PURPOSE

To amend the *Misuse of Drugs Act 1981* to insert provisions to deal with the manufacture, sale, supply and promotion of new psychoactive substances.

OBJECTIVES

To create offences for:

- representing a substance as psychoactive
- manufacturing, selling or supplying a psychoactive substance
- promoting a psychoactive substance.

STATE AND TERRITORY INITIATIVES

NEW SOUTH WALES

INITIATIVE

End User Declarations (EUDs)

DURATION 2010–2015

MAIN OBJECTIVES AND/OR OUTCOMES

The New South Wales Police Force leads a national working group under the Senior Officers Group on Organised Crime (SOGOC) taking forward a business case proposing the introduction of a national web-based system for the management of End User Declarations. The final report was provided to the SOGOC in May 2015. The final report of the working group comprehensively deals with each of these proposals:

- development and implementation of a national real time web based system for the submission of end user declarations
- States and territories agree to implement legislation/regulation mandating the use of end user declarations and submission of them by way of the system described above
- States and territories agree to harmonise schedules dealing with precursor chemicals and equipment
- consideration to be given to align Commonwealth border controls with state and territory legislation/regulation dealing with precursor chemicals and equipment.

INITIATIVE

Pharmaceutical Drug Misuse

DURATION

Ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

The New South Wales Police Force is currently involved in a range of external committees that are looking at pharmaceutical misuse, including the Intergovernmental Committee on Drugs (IGCD) and the New South Wales Pharmaceutical Drug Misuse Steering Committee.

The IGCD commenced the National Pharmaceutical Drugs Misuse Strategy in 2010. The aim of the strategy is to reduce the diversion and misuse of pharmaceuticals and associated harms. The New South Wales Police Force has contributed to the strategy through participation in the consultation process for the Framework for Action and through membership of the New South Wales Pharmaceutical Drug Misuse Steering Committee. This strategy is due to conclude at the end of 2015.

To continue the work within New South Wales beyond the life of that strategy, the New South Wales Pharmaceutical Drug Misuse Steering Committee will continue to meet and is in the process of developing ongoing terms of reference and key priorities for New South Wales.

NEW SOUTH WALES CONT.

INITIATIVE

Terminal Illness Cannabis Scheme

DURATION Commenced 21 December 2014

MAIN OBJECTIVES AND/OR OUTCOMES

The Terminal Illness Cannabis Scheme aims to extend compassion to adults with a terminal illness.

The Scheme is not legislatively based. It is a policy response that enables New South Wales police officers to use their discretion not to charge adults with terminal illness who use cannabis to alleviate their symptoms provided they adhere to the Scheme's guidelines. Eligible terminally ill people and up to three carers can register for the Scheme through the Department of Justice after completing a certification process with their doctor. The maximum quantity of cannabis that an eligible person may be in possession of is 15 grams of leaf, 1 gram of oil or 2.5 grams of resin.

SOUTH AUSTRALIA

INITIATIVE

Police Drug Diversion Initiative (PDDI)

DURATION 2001 to present

MAIN OBJECTIVES AND/OR OUTCOMES

The PDDI is a nationally-funded initiative which aims to provide people with the opportunity to address their drug use problems and to subsequently bring about a reduction in the number of illicit drug users in South Australia, and the criminal and social harms associated with drug use.

The PDDI commenced in September 2001, as a South Australian implementation under the Council of Australian Government Illicit Drug Diversion Initiative. The primary focus of the Initiative is the diversion of illicit drug users into assessment and treatment, based on the premise that the intervention will break the cycle of their offending, resulting in a reduction in crime within the community.

INITIATIVE

Cannabis Expiation Notice (CEN)

DURATION 1987 to present

MAIN OBJECTIVES AND/OR OUTCOMES

Under the CEN scheme, adults coming to the attention of South Australia Police for simple cannabis offences can be issued with an explation notice. By paying the prescribed penalty, the offender is able to avoid court proceedings and a criminal conviction for this offence.

SOUTH AUSTRALIA CONT.

Underlying this scheme is the rationale that a clear distinction should be made between private users of cannabis and those who are involved in the dealing, production or trafficking of cannabis.

This distinction was emphasised at the introduction of the CEN scheme by simultaneous introduction of more severe penalties for offences relating to the manufacture, production, sale or supply of all drugs of dependence and prohibited substances, including offences relating to large quantities of cannabis.

INITIATIVE Operation ATLAS

DURATION August 2014

MAIN OBJECTIVES AND/OR OUTCOMES

Operation Atlas is a whole of South Australia Police approach to reduce the demand, supply and contribute towards the harm reduction of amphetamine-type stimulants (ATS).

The objectives are the effective and consistent investigation to detect and seize ATS, effective engagement with the community and stakeholders in education mechanisms and information exchange, shared knowledge and contemporary education and training, actioning of intelligence products and implementation of evidence-based strategies and policies.

TASMANIA

INITIATIVE Tasmanian Drug Strategy 2013–18

DURATION 2013–18

MAIN OBJECTIVES AND/OR OUTCOMES

The Tasmanian Drug Strategy 2013–18 is principled on harm minimisation, with a focus on: reducing the supply of alcohol, tobacco and other drugs, reducing demand through prevention, early intervention and treatment, and reducing the harms associated with the use of alcohol, tobacco and other drugs.

INITIATIVE

Everybody's Business: Strategic Framework (March 2013), Implementation Plan (June 2015)

DURATION 2013–ongoing

TASMANIA CONT.

MAIN OBJECTIVES AND/OR OUTCOMES

The Strategic Framework seeks to address the complex underlying causes of substance use by broadening the focus on alcohol, tobacco and other drugs (ATODs) beyond traditional health and law enforcement/justice responses and education initiatives. It seeks to guide the formulation of prevention and early intervention activities in Tasmania, advocating strategies and approaches that cut across multiple sectors.

The Implementation Plan expands on the priorities identified in the Strategic Framework and highlights specific goals and activities that will build on existing strengths and innovations in the ATOD sector.

INITIATIVE

Illicit Drug Diversion Initiative (IDDI)

DURATION 2000–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

IDDI is a health-based early intervention program for adult minor drug offenders. A drug caution/ diversion can be issued at the discretion of the police officer for low level and/or first time users of cannabis and other illicit drugs. Licit drugs used illicitly are also covered under the program.

IDDI seeks to divert minor drug offenders away from the criminal justice system. A diversion requires that the individual make contact with the Alcohol Drug Service (ADS), Department of Health and Human Services (DHHS), which provides assessment, counselling and treatment.

IDDI operates under an agreement between the Department of Police and Emergency Management (DPEM) and DHHS.

Young minor drug offenders are dealt with under the *Youth Justice Act 1997*, and are referred to ADS through a formal cautioning process.

INITIATIVE

Court Mandated Diversion (CMD)

DURATION 2007–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.

TASMANIA CONT.

Other principal goals of the CMD project are to:

- provide offenders with an opportunity to acknowledge and address offending behaviour caused by drug abuse, thereby improving physical and psychological well-being
- help eligible offenders to reduce and abstain from illicit drug use
- reduce drug-related offending behaviour
- improve offenders relationships with family and friends
- improve offenders possibility of gaining or retaining employment
- provide offenders with the tools to recognise and prevent relapse into substance abuse and criminal behaviour
- develop a shared approach and a commitment to a 'joined-up' service delivery system between government and the non-governmental organisation sector.

VICTORIA

INITIATIVE

Premier's Ice Action Taskforce and Ice Action Plan

DURATION 2015

MAIN OBJECTIVES AND/OR OUTCOMES

In early 2015, the Victorian Government established a Premier's Ice Action Taskforce to develop whole of government action to tackle crystal methamphetamine in Victoria. The high level Taskforce comprised ministers and leading drug experts. Victoria Police was represented at the Deputy Commissioner level.

Victoria's Ice Action Plan was developed on the advice of the Premier's Ice Action Taskforce and released on 5 March 2015. Victoria Police was successful in receiving funding to enhance the Forensic Services Department's response to methylamphetamine and clandestine laboratory investigations.

The 2015–16 state budget provided \$4.5 million in funding to help police locate and shut down clandestine drug laboratories more quickly by expanding and introducing drug intelligence services to support the reduction in supply of methylamphetamine ('ice') on Victorian streets. Additional forensic analysts will aid proactive and timely forensic drug intelligence to assist law enforcement in determining any nexus between seizures, identifying distribution pathways and implementing improved effective intervention and supply reduction strategies.

VICTORIA CONT.

INITIATIVE

New Drug and Booze Buses

DURATION 2015 to 30 June 2017

MAIN OBJECTIVES AND/OR OUTCOMES

The Victorian Government committed \$17.7 million in 2015–16 for new drug and booze buses and to maintain the current level of random roadside drug tests for the next two years. This will see Victoria Police replace its current fleet with ten purpose designed vehicles and maintain its current level of roadside drugs tests of 100,000 per year until 30 June 2017. These initiatives will help Victoria Police improve road safety for the community by taking drug and alcohol affected motorists off our roads.

STATISTICS

8.5 77.5 1.0 290 78.0 1.0 80.3 1 80.7 80.7 24.2 81.3 7.6 11 76.3 1.0 12 20.1 81.3 77.0 7.6 78.5 _1 392 81.7 0.3 98.2 178 83.0 0.6 . J 100.0 93.9 102 83.4 79 84.7 0.2 4.1 ... 100.0 494 0.2 81.9 0.2 98.2 257 82.7 0.5 - **L**.U 76.0 75.9 76.1 4 77.9 22.8 80.3 _ _ _ 79.4 40.3 31.7 45.0 80.3 12 79.3 80.7 13 79.3 79.1 80.3 22.8 13 31.7 45.0 16 78.9 80.7 79.3 0.2 80.3 398 372 69.9 0.1 80.3 72.5 0.1 78.1 77.6 246 69.4 0.1 237 71.8 0.1 618 69.6 635 72.2 0.1 0.1 80.3 65.8 65.8 65.8 _ _ — 22.6 80.5 42.4 11 79.4 80.5 11 42.4 79.4 79.1 37 0.4 75.2 0.3 0.3

STATISTICS

STATISTICS

INTRODUCTION

The Australian Criminal Intelligence Commission (ACIC) 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 ACIC acknowledges the assistance of police statisticians and information managers in this process. The ACIC has recently undertaken an enhancement of the NIDRF system to further develop its capability, with the enhanced NIDRF system used to process data for the 2014–15 report.

								١.0	84.5
							78.0	1.0	84.5
					50.3	1	80.7	80.7	80.7
				24.2	81.3	11	76.3	7.6	80.6
		21	78.5	20.1	81.3	12	77.0	7.6	80.7
	98.5	392	81.7	0.3	98.2	178	83.0	0.6	97.2
 0.2	100.0	102	83.4	0.2	93.9	79	84.7	4.1	95.9
02	100.0	494	81.9	0.2	98.2	257	82.7	0.5	94.2
		4	77.9	22.8	80.3	_	_	-	-
			79.3	40.3	80.7	13	79.3	31.7	80.3
				20 R	80.7	13	79.3	31.7	80.3
						398	72.5	0.1	78.6
							71.8	0.1	77.9
								21	78.6

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

ARREST AND SEIZURE DATA

The following agencies provided arrest and seizure data:

- Australian Federal Police (AFP)
- 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 Western Australia
- Forensic Science South Australia
- Forensic Science Service Tasmania
- Health System Information and Performance Reporting, New South Wales Ministry of Health Sample analysis conducted by New South Wales Forensic and Analytical Science Service
- Queensland Department of Health
- 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 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 tested.

The time between the date of seizure by police and the date of receipt at laboratories can vary from a few days to several months and, in isolated cases, years. The purity table represents those seizures analysed during 2014–15, not necessarily all seizures made during that period.

The New South Wales Forensic and Analytical Science Service tests for purity levels on cases larger than the traffickable level: being 3 grams for amphetamine, methylamphetamine, heroin, cocaine, 0.75 grams for phenethylamine 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.

In South Australia, when the total weight of drug–containing material within a case is >2 grams, all samples with total weight >1 gram will be sent for quantitation (if none are >1 gram then the largest sample will be sent for quantitation). When the total weight of drug–containing material within a case is >100 grams, all samples regardless of their total weight will be sent for quantitation.

Tasmania Police do not conduct purity determinations on exhibits unless it is specifically requested by the investigator and he/she has a good reason for doing so. Tasmania Police also do not conduct purity determinations on less than 0.5 grams. Legislation in Tasmania does not take into account the purity of the exhibit, so there are very few instances where purity determinations are of great value and hence not worth the significant effort required to determine the purity.

Drug seizures are not routinely tested for purity in the Northern Territory, unless specifically requested. The *Misuse of Drugs Act* (NT) provides for all of the preparation or mixture to be deemed as if all of the substance (preparation or mixture) is comprised of the dangerous drug found, irrespective of purity.

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. A legislative change in the ACT in 2014 to introduce 'mixed weight' provisions has limited the number of seizures which have purity data attached.

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 ACIC's IDDR provides the best collection of arrest and seizure statistics available in Australia. The NIDRF data processing system has enabled the ACIC 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. Historically, a number of jurisdictional data systems did not differentiate between amphetaminetype stimulants (ATS) and 3,4-methylenedioxymethamphetamine (MDMA). This has restricted the ACIC's ability to monitor and report on national trends in regards to seizures and arrests of specific ATS drug types. Similar problems continue to exist with the range of drugs 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 are 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 are 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 precisely calculate 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 ACIC 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 51 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, cannabis and other drugs 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 illicit drug use monitoring program that captures information on approximately 2 500 police detainees per year, across five locations throughout Australia. There are two core components: a self-report survey and voluntary provision of a urine sample which is subjected to urinalysis at an independent laboratory to detect the presence of licit and illicit drugs. The self-report survey captures a range of criminal justice, demographic, drug use, drug market participation and offending information. 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 provide a urine sample when requested, although the urine compliance rate is high. During 2014–15, data on approximately 2 250 police detainees were collected. Figures reported for 2014–15 reflect data collected in the third and fourth quarters of 2014 and the first and second quarters. For the 2014–15 data collection period, urine samples were collected in the third quarter of 2014 and the first and second quarters of 2015.

JURISDICTIONAL ISSUES

The comparability of law enforcement data across states and territories is problematic. Figures reported in the IDDR may differ from those reported in other publications. Reasons for this include the date of extraction and the counting rules applied. For the information of agencies and individuals wishing to interpret the data, specific issues regarding jurisdictional data have been identified by the ACIC and the relevant jurisdiction. These issues have been summarised and are represented below.

NEW SOUTH WALES

The New South Wales Police Force provided the ACIC with offender and seizure data. The New South Wales Ministry of Health, Health System Information and Performance Reporting section provided the drug purity data, with the sample analysis conducted by New South Wales Forensic and Analytical Science Service.

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 ACIC with offender, seizure and drug quantities data from the Law Enforcement Assistance Program (LEAP).

Drug purity data was provided by Victoria Police Forensics Department.

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 ACIC 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 ACIC 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

Western Australia Police provided the ACIC 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.

Data is subject to change and reflects the available data at time of extraction. Totals reported in the IDDR may differ from those published in other reports, including the Western Australia Police Annual Report and other publications.

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 2011, 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.

Cannabis Intervention Requirement data was not available in 2013–14. The related data was provided in 2014–15, with the figures for 2013–14 revised accordingly.

TASMANIA

Tasmania Police provided the ACIC with offender and seizure data. Forensic Science Service Tasmania provided the purity data.

It is important to note that the reported figures may differ from those reported in the Tasmania Police Annual Report and other publications due to the differing counting rules applied.

NORTHERN TERRITORY

Northern Territory Police provided the ACIC with seizure and offender data. The 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 2014–15.

Seizure data for the Northern Territory relate to suspected drug type only. The number of Drug Infringement Notices (DINs) may differ to those extracted from the Integrated Justice Information System.

Kava seizures in the Northern Territory may constitute a significant proportion of the number and weight of other and unknown NEC seizures within a given reporting period.

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 the ACIC with 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.

Legislative changes in the ACT in 2014 have changed the trafficable quantites of heroin, methylamphetamine, cocaine and MDMA (ecstasy) and their associated substances to better target providers rather than consumers. These changes have also impacted purity analysis, with the introduction of 'mixed weight' provisions. This has limited the number of seizures which have purity data attached.

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.

DEPARTMENT OF IMMIGRATION AND BORDER PROTECTION (DIBP)

Detections of illicit drugs by DIBP (which now undertakes the functions of the former Australian Customs and Border Protection Service) are handed to the 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. DIBP 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 DIBP Annual Reports.

For operational reasons, the format of data presented in the IDDR may vary from year to year. From 2010–11, DIBP 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 are reported as a combined figure.

DIBP advised that statistics relating to cannabis in 2014–15 have been impacted by a number of food products containing hemp and cannabis seeds, such as Hemp Force powder and tea. Food products containing hemp have no traces of tetrahydrocannabinol (THC), but due to the wording of current legislation, any product containing hemp that can be ingested is prohibited because it comes from the cannabis plant. This issue is currently under review by Food Standards Australia New Zealand (FSANZ).

DIBP advised for the current reporting period, 2013–14 and 2012–13, the total number of pharmaceuticals seized at the border included benzodiazepine and opiate statistics which only represent a component of the larger pharmaceuticals category.

AUSTRALIAN FEDERAL POLICE

The AFP provided national offender, seizure and purity data. This data was compiled in conjunction with the AFP's Forensic Drug Intelligence team. Seizures resulting from joint operations with DIBP are represented within AFP figures in Table 51. Totals may differ from those published earlier in the AFP Annual Report 2014–15 due to the data extraction being based on more recent data and on the AFP using different drug-grouping categories to the ACIC.

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, Cannabis Expiation Notice (South Australia), Simple Cannabis Offence Notice (Australian Capital Territory), Drug Infringement Notice (Northern Territory), and 'notice to appear' (Queensland) and Cannabis Intervention Requirement (Western Australia). 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

Since 2012–13, jurisdictions have been 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 ATS 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 custommade 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 DIBP.

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 psilocybincontaining 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.

PHENETHYLAMINE

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 ATS 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.

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		Cons	umer			Prov	ider			Tot	"IE	
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSN	20 020	4 359	14	24 393	3 579	202	0	4 285	24 258	5 237	14	29 509
Vic	16 208	4 382	32	20 622	4 429	1 051	1	5 491	20 637	5 433	43	26 113
QId	26 858	8 874	20	35 752	3 673	619	0	4 652	30 531	9 853	20	40 404
SA	1 751	458	-	2 210	1 540	368	0	1 908	3 291	826	~	4 118
SA CENS ^b	7 372	1 819	0	9 191	0	0	0	0	7 372	1 819	0	9 191
WA	11 333	3 587	45	14 965	2 587	845	9	3 438	13 920	4 432	51	18 403
WA $CIRs^{\circ}$	1411	458	8	1 877	0	0	0	0	1 411	458	8	1 877
Tas	1 484	336	0	1 820	351	71	0	422	1 835	407	0	2 242
NT	321	63	0	384	298	94	0	392	619	157	0	776
NT DINS ^d	492	152	0	644	0	0	0	0	492	152	0	644
ACT	325	60	0	385	146	21	0	167	471	81	0	552
ACT SCONs [®]	62	18	0	97	0	0	0	0	62	18	0	97
Total	87 654	24 566	120	112 340	16 603	4 135	17	20 755	97 544	27 054	137	133 926
a Includes those offeno	ters for whom	consumer/pro	vider status and	d aender was	not stated. Total	mav exceed th	e sum of the tab	le components				

TABLE 41: All drugs: consumer and provider arrests, by state and territory and gender, 2014–15

a. Includes those offenders for whom consumer/provider status and gender was not statt b. Cannabis Explainton Notices.
 c. Cannabis Infringement Notices.
 d. Drug Infringement Notices.
 e. Simple Cannabis Offence Notices.
 Note: The arrest data for each state and territory include Australian Federal Police data.

		Cons	umer			Prov	ider			Tot	al ^a	
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
MSM	5 080	1 371	1	6 452	1 601	338	0	1 939	6 760	1 734	1	8 495
Vic	5 702	1 590	9	7 298	1 945	487	4	2 436	7 647	2 077	10	9 734
QId	6 282	2 178	2	8 462	836	235	0	1 071	7 118	2 413	2	9 533
SA	585	225	-	811	596	166	0	762	1 181	391	Ţ	1 573
WA	2 902	1 032	8	3 942	1 019	325	~	1 345	3 921	1 357	6	5 287
Tas	225	67	0	292	116	22	0	138	341	89	0	430
NT	121	27	0	148	109	25	0	134	230	52	0	282
ACT	82	15	0	97	32	5	0	37	114	20	0	134
Total	20 979	6 505	18	27 502	6 254	1 603	ŝ	7 862	27 312	8 133	23	35 468
a. Includes those offende Note: The arrest data for	ers for whom c	consumer/pro	vider status or g	ender was no	ot stated. Total ma	y exceed the s	sum of the table	components.				

Note: The arrest data for each state and territory include Australian Federal Police data.

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TABLE 43: Cannabi	s: consume	r and provic	der arrests, by	y state and	territory and ge	ender, 2014-	-15					
		Cons	umer			Prov	ider			Tot	tal ^a	
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	12 636	2 471	13	15 120	1 357	238	0	1 595	14 055	2 727	13	16 795
Vic	6 898	1 593	20	8 511	1 500	276	ณ	1 781	8 398	1 869	25	10 292
QId	16 134	5 062	15	21 211	2 086	553	0	2 639	18 220	5 615	15	23 850
SA	982	177	0	1 159	839	175	0	1 014	1 821	352	0	2 173
SA CENs ^b	7 372	1 819	0	9 191	0	0	0	0	7 372	1 819	0	9 191
WA	5 305	1 496	23	6 824	834	281	ę	1 118	6 139	1 777	26	7 942
WA CIRs ^c	1411	458	80	1 877	0	0	0	0	1 411	458	8	1 877
Tas	1 000	206	0	1 206	199	41	0	240	1 199	247	0	1 446
NT	186	31	0	217	179	68	0	247	365	66	0	464
NT DINS ^d	492	152	0	644	0	0	0	0	492	152	0	644
ACT	210	42	0	252	67	15	0	82	277	57	0	334
ACT SCONs ^e	79	18	0	67	0	0	0	0	62	18	0	67
Total	52 705	13 525	79	66 309	7 061	1 647	80	8 716	59 828	15 190	87	75 105
a. Includes those offende	rs for whom cc	nsumer/provid€	er status or gende	er was not stat	ed. Total may exce	ed the sum of t	ne table compone	ints.				

b. Cannabis Explation Notices.
c. Cannabis Intervention Requirements.
c. 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.

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		Const	umer			Prov	ider			Toti	al ^a
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not kr
NSN	2770	260	0	1 030	195	64	0	259	986	329	
Vic	677	214	2	893	256	116	0	372	933	330	
QId	215	69	0	284	23	9	0	29	238	75	
SA	თ	6	0	18	19	10	0	29	28	19	
WA	115	49	0	164	38	24	0	62	153	73	
Tas	17	9	0	23	Ø	ю	0	5	25	6	
NT	0	0	0	0	0	0	0	0	0	0	

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. 2 427 1 816 Total

TABLE 45: Cocaine: consumer and provider arrests, by state and territory and gender, 2014–15

					`						
Consumer	umer				Pro	vider			Tot	al ^a	
Female Not	Not	known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
81		0	866	225	26	0	251	1 015	108	0	1 123
45		~	256	102	16	~	119	312	61	2	375
59		0	317	69	7	0	76	327	66	0	393
0		0	4	24	4	0	28	28	4	0	32
16		-	83	48	10	-	59	114	26	2	142
0		0	2	4	0	0	4	9	0	0	9
0		0	2	0	0	0	0	N	0	0	2
-		0	12	9	-	0	7	17	2	0	19
202		7	1 542	478	64	2	544	1 821	267	4	2 092

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.

1 315 1 265

0 0 0 0

Total

own

34 0

3 227

2 388

ACT

N

TABLE 46: Steroiv	ds: consume	ir and provi	der arrests, by	' state and to	erritory and gen	ider, 2014–	15					
		Cons	sumer			Prov	ider			Tot	al ^a	
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	111	7	0	118	26	2	0	28	138	6	0	147
Vic	102	e	0	105	10	0	0	10	112	e	0	115
QId	496	77	0	573	101	28	0	129	597	105	0	702
SA	4	0	0	4	-	0	0	~	5	0	0	5
WA	134	15	~	150	46	7	-	54	180	22	N	204
Tas	9	0	0	9	-	2	0	ю	7	2	0	6
NT	4	0	0	4	Υ	0	0	З	7	0	0	7
ACT	7	0	0	7	14	0	0	14	21	0	0	21
Total	864	102	-	967	202	39	-	242	1 067	141	2	1 210
a. Includes those offe	inders for whor	n consumer/pr	rovider status or (gender was no	t stated. Total may	exceed the s	um of the table c	components.				

Note: The arrest data for each state and territory include Australian Federal Police data.

TABLE 47: Hallucinogens: consumer and provider arrests, by state and territory and gender, 2014–15

		Cons	sumer			Prov	vider			Tot	al ^a	
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSN	114	29	0	143	23	4	0	27	141	33	0	174
Vic	78	26	0	104	15	9	0	21	93	32	0	125
QId	172	43	0	215	39	11	0	50	211	54	0	265
SA	£	2	0	£	12	2	0	14	15	4	0	19
WA	68	20	N	06	36	11	0	47	104	31	N	137
Tas	4	2	0	9	4	0	0	4	ω	2	0	10
NT	~	0	0	-	0	0	0	0	£	0	0	-
ACT	2	0	0	2	-	0	0	-	က	0	0	с
Total	442	122	7	566	130	34	0	164	576	156	0	734
a Includes those offe	nders for whon	n consumer/pr	rovider status or o	ender was not	t stated. Total ma	v exceed the s	num of the table of	som ponents				

ŝ a. Incluces those offenders for whom consumer/provider status of gender was not state. Note: The arrest data for each state and territory include Australian Federal Police data.

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TABLE 48: Other ar	nd unknown	n-not elsew	vhere classifi	ed (nec): co	insumer and p	rovider arre	sts, by state a	and territory	and gender,	2014-15		
		Cons	umer			Prov	ider			Tot	tal ^a	
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	524	140	0	664	152	34	0	186	1 163	297	0	1 460
Vic	2 541	911	ę	3 455	601	150	~	752	3 142	1 061	4	4 207
QId	3 301	1 386	ę	4 690	519	139	0	658	3 820	1 525	c	5 348
SA	164	45	0	209	49	1	0	60	213	56	0	269
WA	2 743	959	10	3 712	566	187	0	753	3 309	1 146	10	4 465
Tas	230	55	0	285	19	ε	0	22	249	58	0	307
NT	7	5	0	12	7	-	0	80	14	9	0	20
ACT	0	0	0	0	14	0	0	14	14	0	0	14
Total	9 510	3 501	16	13 027	1 927	525	£	2 453	11 924	4 149	17	16 090

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 49: All arrests: consumer and provider arrests, by drug type, 2010–11 to 2014–15

			Consumer					Provider		
adh Bula	2010–11	2011-12	2012-13	2013–14 _a	2014-15	2010-11	2011-12	2012-13	2013-14	2014-15
Amphetamine-type stimulants	9 501	12 590	16 595	19 945	27 502	3 334	4 216	5 462	6 265	7 862
Cannabis	50 845	52 413	53 829	59 994r	66 309	7 694	8 548	8 013	8 460	8 716
Heroin and other opioids	1 706	1 800	1 678	2 067	2 427	838	907	776	669	774
Cocaine	575	714	899	1 005	1 542	264	280	380	461	544
Steroids	277	389	509	756	967	68	118	148	179	242
Hallucinogens	283	366	442	543	566	89	117	120	161	164
Other and unknown nec	6 544	7 893	060 6	10 359	13 027	1 838	2 153	2 209	2 288	2 453
Total	69 731	76 165	83 042	94 669r	112 340	14 125	16 339	17 108	18 513	20 755

Note: Excludes arrests where consumer/provider information was not recorded.

a. Cannabis Intervention Requirement data was not available in 2013–14. The related data was provided in 2014–15, with the cannabis figures for 2013–14 revised accordingly.

TABLE 50: All arrests: number and prol	portion, by dr	ug type, 201	0-11 to 2014-	-15						
Davie Timo	2010-1	-	2011-1	12	2012-1	13	2013-	14a	2014-	-15
	No.	%	No.	%	No.	%	No.	%	No.	%
Amphetamine-type stimulants	12 897	15.2	16 828	18.1	22 189	21.8	26 269	23.4	35 468	26.5
Cannabis	58 760	69.3	61 011	65.5	62 120	61.1	68 477r	59.5	75 105	56.1
Heroin and other opioids	2 551	3.0	2 714	2.9	2 463	2.4	2 771	2.5	3 227	2.4
Cocaine	839	1.0	995	1.1	1 282	1.3	1 466	1.3	2 092	1.6
Steroids	365	0.4	511	0.5	661	0.6	936	0.8	1 210	0.9
Hallucinogens	373	0.4	484	0.5	565	0.6	704	0.6	734	0.5
Other and unknown nec	8 972	10.6	10 605	11.4	12 469	12.3	13 219	11.8	16 090	12.0
Total	84 757	100	93 148	100	101 749	100	113 842r	100	133 926	100
	:									

Note: Includes arrests where consumer/provider information was not recorded. a. Cannabis Intervention Requirement data was not available in 2013–14. The related data was provided in 2014–15, with the cannabis figures for 2013–14 revised accordingly.

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	NSN	Vic	QId	SA	WA	Tas	NT	ACT	Total
Amphetamine-type stimulants									
State police									
Seizures (no.)	9 881	2 142	6 268	635	7 478	859	461	267	27 991
Weight (gms)	5 974 668	36 502	45 545	127 197	99 550	7 014	7 708	32 559	6 330 743
AFP									
Seizures (no.)	2 118	1 554	459	120	396	36	33	61	4 777
Weight (gms)	4 999 731	950 466	146 306	17 722	176 698	217	9 225	438	6 300 803
Cannabis									
State police									
Seizures (no.)	17 492	4 539	17 305	523	12 825	2 815	1 976	697	58 172
Weight (gms)	1 377 929	540 143	818 119	1 305 973	267 444	170 249	331 000	1 074 636	5 885 493
AFP									
Seizures (no.)	523	129	227	14	168	ω	19	1	1 099
Weight (gms)	73 679	18 671	14 500	1 268	2 198	89	1 264	7 594	119 263
Heroin									
State police									
Seizures (no.)	780	334	209	34	235	0	0	33	1 625
Weight (gms)	106 388	17 666	1 226	281	334	0	0	202	126 097
AFP									
Seizures (no.)	195	62	11	7	14	7	ю	0	289
Weight (gms)	296 445	41 808	4 552	14	8 718	~	329	0	351 867
Other opioids									
State police									
Seizures (no.)	1 164	ю	ю	0	ю	51	0	22	1 246
Weight (gms)	18 710	426	0	0	-	370	0	376	19 883
AFP									
Seizures (no.)	197	50	6	ς	14	-	0	-	275
Weight (gms)	125 718	589 420	5 152	135	309	-	0	5	720 740
Note: Includes only those seizures for state/territory police. Totals may differ t	which a drug weight from those reported	was recorded. No in jurisdictional an	adjustment has bei nual reports due to	en made to accour the different count	It for double count ing rules applied.	ing data from joint c	perations between	the Australian Fede	ral Police and

Australian Criminal Intelligence Commission Illicit Drug Data Report 2014–15

TABLE 51 (continued): Seizures	:: drug type, by s	tate and territo	ory, 2014–15						
	NSN	Vic	QId	SA	MA	Tas	NT	ACT	Total
Cocaine									
State police									
Seizures (no.)	1 471	110	251	18	176	25	5	0	2 062
Weight (gms)	98 154	2 647	3 659	208	10 666	273	55	0	115 662
AFP									
Seizures (no.)	546	324	164	34	84	4	7	11	1 174
Weight (gms)	319 053	12 980	56 741	1 509	8 088	8	248	113	398 740
Steroids									
State police									
Seizures (no.)	173	0	124	0	12	-	17	61	388
Weight (gms)	11 599	0	5 733	0	1 135	0	481	552	19 500
AFP									
Seizures (no.)	65	31	12	7	23	0	0	ო	141
Weight (gms)	265 813	23 966	10 568	111	470	0	0	55	300 983
Hallucinogens									
State police									
Seizures (no.)	133	14	29	2	36	9	10	7	232
Weight (gms)	303	331	604	33	1 277	49	10	0	2 607
AFP									
Seizures (no.)	166	57	31	9	16	ю	0	5	284
Weight (gms)	7 498	4 544	742	~	1 605	2	0	Э	14 395
Other and unknown drugs nec									
State police									
Seizures (no.)	1 110	420	870	27	1 832	50	161	47	4 517
Weight (gms)	593 526	43 666	281 831	14 472	145 788	906	126 400	507	1 207 096
AFP									
Seizures (no.)	645	462	269	29	135	6	25	16	1 590
Weight (gms)	803 970	704 882	76 716	6 506	8 699	92	23 028	30 964	1 654 857
Note: Includes only those seizures for state/territory police. Totals may differ t	which a drug weigh from those reported	t was recorded. N in jurisdictional a	o adjustment has b nnual reports due t	een made to accou o the different cour	nt for double countir ting rules applied.	ng data from joint c	pperations betweer	the Australian Fe	ederal Police and

TABLE 52: Amphe	stamine	purity lev	vels: s	tate and	territory, I	oy quarte	er, 201	4-15								1	1			
	٦u	y-Septem	ber 201	4	Octo	ber-Decer	nber 20	14	Jar	nuary-Marc	:h 2015			April–June	2015		Tota	l July 2014	-June 2	015
		Purity	+			Purity				Purity				Purity				Purit	y	
	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Max	Cases	Median	Min	Мах
State/territory NSW State police	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(ioo.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)
<=2 gms	2	6.8	3.0	10.5	~	4.5	4.5	4.5	I	I	I	I	I	I	I	I	ę	4.5	3.0	10.5
>2 gms	21	8.5	1.0	14.0	13	8.5	2.5	13.5	5	9.0	1.5	13.5	ę	2.5	1.5	3.0	42	8.5	1.0	14.0
Total	23	8.5	1.0	14.0	14	8.5	2.5	13.5	5	9.0	1.5	13.5	с С	2.5	1.5	3.0	45	8.5	1.0	14.0
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	2	63.4	45.2	81.7	-	49.8	49.8	49.8	I	T	I	I	I	I	T	I	с	49.8	45.2	81.7
Total	2	63.4	45.2	81.7	-	49.8	49.8	49.8	I	I	I	I	I	I	I	I	e	49.8	45.2	81.7
Vic State police																				
<=2 gms	24	15.9	1.0	78.9	10	10.8	5.7	26.0	I	1	I	I	I	I	I	I	37	11.9	1.0	78.9
>2 gms	e	6.8	3.4	17.5	7	50.4	7.8	93.0	ო	7.2	1.3	21.0	I	I	I	I	5	7.8	3.4	93.0
Total	27	15.6	1.0	78.9	12	10.8	5.7	93.0	ო	7.2	1.3	21.0	I	I	Т	I	42	11.5	1.0	93.0
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	I	I	I	-	1.9	1.9	1.9	I	T	I	I	I	I	T	I	-	1.9	1.9	1.9
Total	I	I	I	I	-	1.9	1.9	1.9	I	I	I	I	I	I	I	I	-	1.9	1.9	1.9
Qid State nolice																				
<=2 rms	~	ч т	0	10	Ţ	c +	, v	1 0									Ľ	1 0	с с С	с т
>2 ams	r é	0.0	0.5		- ~	 i rc	10	- (10.4	10.4	10.4		35	32	35	с Т	4 <u>-</u> 00	0.5	
Total	17	2.0	0.2	64.5	က	1.2	1.2	1.8	-	10.4	10.4	10.4	-	3.5	3.5	3.5	22	1.9	0.2	64.5
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	7	20.4	20.0	20.7	7	28.4	28.3	28.5	I	I	I	I	I	I	I	I	4	24.5	20.0	28.5
Total	2	20.4	20.0	20.7	2	28.4	28.3	28.5	I	I	I	I	I	I	I	I	4	24.5	20.0	28.5
SA State police																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Total	I	I	Ι	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
AFP																				
<=2 gms	I	I	I	1	I	I	I	T	I	I	I	1	I	I	T	I	I	I	T	T
>2 gms	I	1	I	I	I	I	I	I	I	1	I	I	I	I	I	I	I	I	I	I
Total	I	T	T	T	I	T	T	T	I	T	T	T	I	T	T	I	I	I	I	I
Note: Figures do not purity levels of amphe the date of seizure by	represent ∋tamine r∈ police ar	the purity leceived at 1 d the date	levels c the labc of rece	of all amph oratory in tl iipt at the li	etamine seiz ne relevant o aboratory ca	:ures—onl quarter. Fiç in vary gre	y those jures fo atly. No	that have r all other adjustme	been analys jurisdictions ent has been	ed at a fore represent t made to ac	ensic lat the purit count fo	ooratory. I y levels o or double	Figures for S of amphetam counting da	south Austi ine seized ta from joir	alia, We by polic nt opera	estern Aus e in the re tions betw	stralia and T elevant quai veen the Au	asmania r rter. The p stralian Fe	epresent eriod bet deral Po	: the ween lice
and state/territory pol.	ice.																			

PURITY TABLES

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	nr Ju	ly-Septemi	ber 2014	1	Oct	ober-Dece	nber 20	14	Ja	inuary-Mar	ch 2015			April-June	2015		Tota	il July 2014	-June 2	015
		Purity				Purit				Purity				Purity				Purit	>	
	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах
State/territory WA	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)
State police																				
<=2 gms	I	Ι	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	5	9.0	7.0	17.0	7	52.0	51.0	53.0	I	I	I	I	-	0.8	0.8	0.8	8	12.5	0.8	53.0
Total	S	9.0	7.0	17.0	2	52.0	51.0	53.0	I	I	I	I	-	0.8	0.8	0.8	8	12.5	0.8	53.0
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	1	I	I	Т	-1	I	Т	I	I	1	Т	I
>2 gms	I	1	I	I	I	I	I	I	1	I	I	I	I	I	I	I	I	1	T	I
Total	1	I	I	I	I	I	I	I	I	I	I	I	1	I	I	I	I	I	I	I
Tas																				
State police																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	Т	I
>2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Total	I	I	I	I	1	I	I	I	1	I	I	I	I	I	I	I	I	I	I	I
AFP																				
<=2 gms	I	I	I	1	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	I	I	I	-	59.7	59.7	59.7	I	I	I	I	I	I	I	I	~	59.7	59.7	59.7
Total	1	I	I	I	-	59.7	59.7	59.7	I	I	I	I	1	I	I	I	-	59.7	59.7	59.7
T																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	па	na	па	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	I	I	I	I	I	Ι	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	I	I	I	7	47.6	47.0	48.1	I	I	I	I	I	I	I	I	2	47.6	47.0	48.1
Total	I	I	I	I	2	47.6	47.0	48.1	I	I	I	I	I	I	I	I	2	47.6	47.0	48.1
ACT																				
state police																				
<=z gms	I	I	I	I	4	78.3	75.3	80.1	I	I	I	I	I	I	I	I	4	78.3	75.3	80.1
>2 gms	2	77.1	76.0	78.1	6	77.6	0.2	78.9	e	79.6	71.1	80.0	I	I	I	I	14	7.77	0.2	80.0
Total	7	77.1	76.0	78.1	13	77.6	0.2	80.1	°	79.6	71.1	80.0	I	I	Т	I	18	77.7	0.2	80.1
AFF																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	I	T	1	I	1	I	I	1	I	I	I	I	I	1	I	I	T	I	I
Total	I	I	I	I	I	Ι	I	I	Ι	I	I	I	I	I	I	I	I	I	I	I
Note: Figures do n	ot represen	the purity	levels o	f all amph	etamine sei:	zures—onl	those t	hat have	been analys	sed at a fore	ensic lab	oratory. F	igures for	South Austr	alia, We	estern Aus	stralia and T	asmania re	bresent	the purit
levels of amphetar seizure by police a	nine receive nd the date	d at the lat of receipt a	oratory at the lat	in the rel∉ ooratory c	evant quarte an vary grea	r. Figures i itly. No adj	or all oth stment	her jurisdi. has been	ctions repre n made to ac	sent the pu count for d	rity level. ouble co	s of ampl unting da	netamine su ta from joir	eized by pol it operation	lice in th s betwe	ie relevan en the Au	t quarter. T stralian Fec	he period b deral Police	etween and sta	the date te/territo

Purty Purty <th< th=""><th></th><th></th><th>July-Septe</th><th>mber 201</th><th>4</th><th>CCI</th><th>oper-nec</th><th>ember 2</th><th>014</th><th>ŗ</th><th>anuary-m.</th><th>arch 201</th><th>5</th><th></th><th>April-June</th><th>GLUZ 6</th><th></th><th>lota</th><th>al July 201</th><th>-June</th><th>2015</th></th<>			July-Septe	mber 201	4	CCI	oper-nec	ember 2	014	ŗ	anuary-m.	arch 201	5		April-June	GLUZ 6		lota	al July 201	-June	2015
Case in the interval inte			Pur	rity			Pur	ity			Puri	ťy			Purity				Puri	ty	
Subserviction (ro)		Cases	Median	Min	Max	Cases	Median	Min	Max	Cases	Median	Min	Max	Cases	Median	Min	Мах	Cases	Median	Min	Ма
The plote in the contract of t	State/territory NSW	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	%)
4445456666666666677677677 <th7< td=""><td>State police</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th7<>	State police																				
2 gms2 if7 if0 i8 if1 if8 if0 i8 if0 i8 if0 i8 if0 i8 if0 i8 if0 i8 if0 i0 if8 if0 i0 if8 if0 i0 if0 if <t< td=""><td><=2 gms</td><td>77</td><td>78.5</td><td>4.5</td><td>83.5</td><td>63</td><td>78.5</td><td>8.0</td><td>82.0</td><td>67</td><td>78.5</td><td>8.5</td><td>81.5</td><td>15</td><td>79.0</td><td>1.0</td><td>83.0</td><td>222</td><td>78.5</td><td>1.0</td><td>83.</td></t<>	<=2 gms	77	78.5	4.5	83.5	63	78.5	8.0	82.0	67	78.5	8.5	81.5	15	79.0	1.0	83.0	222	78.5	1.0	83.
Tolaria 28 780 01 813 22 780 01 813 22 780 11 813 29 780 780 780 780 780 780 780 780 780 780	>2 gms	216	77.5	0.1	83.5	199	77.5	0.1	83.5	223	77.5	1.0	84.5	170	79.0	0.9	82.0	808	78.0	0.1	84.
AFP AFP <td>Total</td> <td>293</td> <td>78.0</td> <td>0.1</td> <td>83.5</td> <td>262</td> <td>78.0</td> <td>0.1</td> <td>83.5</td> <td>290</td> <td>78.0</td> <td>1.0</td> <td>84.5</td> <td>185</td> <td>79.0</td> <td>0.9</td> <td>83.0</td> <td>1 030</td> <td>78.0</td> <td>0.1</td> <td>84.</td>	Total	293	78.0	0.1	83.5	262	78.0	0.1	83.5	290	78.0	1.0	84.5	185	79.0	0.9	83.0	1 030	78.0	0.1	84.
«2.gms17.37	AFP																				
72 grate257364778032373681311753806780073980273980310 list2873803277368037373680373739803737398037373980373Nice810810810813 <th< td=""><td><=2 gms</td><td>-</td><td>57.3</td><td>57.3</td><td>57.3</td><td>4</td><td>78.1</td><td>20.1</td><td>80.3</td><td>-</td><td>80.7</td><td>80.7</td><td>80.7</td><td>I</td><td>I</td><td>I</td><td>I</td><td>9</td><td>78.1</td><td>20.1</td><td>80.</td></th<>	<=2 gms	-	57.3	57.3	57.3	4	78.1	20.1	80.3	-	80.7	80.7	80.7	I	I	I	I	9	78.1	20.1	80.
Total 26 796 477 033 27 710 716 807 77 800 789 802 72 731 State pole 77.1 7.1	>2 gms	25	79.6	47.7	80.3	23	78.5	24.2	81.3	11	76.3	7.6	80.6	7	80.0	78.9	80.2	99	79.1	7.6	81.
NGNGSigne blocke2gms67182002885932817038829739474195961819618114738272 gms232820200049481002893028170591791817758272 gms232820312923813028239238179178114738212 gms22750733737337337337337337337337337337337332 gms237337337337337337337337337447437437477332 gms23737337337337337337337337437437437437437432 gms237337337337337337337447437437437732 gms237337337337337337337447437437337332 gms2 gms7447437437437437437437437437432 ms7447437437437437437437437437432 ms744743743743743743744743743<	Total	26	79.6	47.7	80.3	27	78.5	20.1	81.3	12	77.0	7.6	80.7	7	80.0	78.9	80.2	72	79.1	7.6	81.
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Image: sector	1 OTAI	903	82.0	0.2	100.0	494	81.9	0.2	98.2	257	82.7	0.5	94.2	121	81.6	14.1	93.1	1 775	82.1	0.2	100.
22gms 9 794 450 803 12 793 807 13 793 317 803 14 801 474 803 48 736 Qiat 11 791 450 803 16 789 22.8 807 13 793 317 803 14 80.1 474 80.3 54 736 Alterolice 234 67.0 0.1 781 237 718 0.1 779 24 813 26 716 273 716 716 726 717 716 717 716 716 717 716 716 717 716 716 717 716	<=2 gms	2	76.0	75.9	76.1	4	77.9	22.8	80.3	I	I	I	I	I	I	I	I	9	76.7	22.8	80.
Total 11 79.1 45.0 80.3 16 78.9 28.8 80.7 13 73.3 13 73.3 13.7 80.3 14.4 80.3 73.4 73.4 Cal State police 2.2 0.1 78.4 78.1 0.1 78.4 0.3 58.4 73.7 73.4 </td <td>>2 gms</td> <td>6</td> <td>79.4</td> <td>45.0</td> <td>80.3</td> <td>12</td> <td>79.3</td> <td>40.3</td> <td>80.7</td> <td>13</td> <td>79.3</td> <td>31.7</td> <td>80.3</td> <td>14</td> <td>80.1</td> <td>47.4</td> <td>80.3</td> <td>48</td> <td>79.6</td> <td>31.7</td> <td>80.</td>	>2 gms	6	79.4	45.0	80.3	12	79.3	40.3	80.7	13	79.3	31.7	80.3	14	80.1	47.4	80.3	48	79.6	31.7	80.
Qia Qia State police State police State police 334 72 02 803 37 718 01 736 01 769 728 State police 334 72 02 803 372 639 01 776 260 736 01 769 773 03 773 03 773 03 773 03 773 03 773 03 773 03 773 03 773 03 773 03 773 03 773 03 773 03 773 03 773 03 773 03 773	Total	5	79.1	45.0	80.3	16	78.9	22.8	80.7	13	79.3	31.7	80.3	4	80.1	47.4	80.3	54	79.4	22.8	80.
State police<=2 gms	QId																				
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Total 628 70.4 0.1 80.3 618 69.6 0.1 80.3 635 72.2 0.1 78.6 78.6 25.89 72.1 AFP	>2 gms	234	67.0	0.1	78.1	246	69.4	0.1	77.6	237	71.8	0.1	6.77	260	73.6	0.1	76.9	977	70.9	0.1	78.
AFP	Total	628	70.4	0.1	80.3	618	69.6	0.1	80.3	635	72.2	0.1	78.6	708	74.1	0.1	79.5	2 589	72.1	0.1	80.
~=2gms - 1 658 >2gms 14 79.1 339 80.3 21 789 226 80.5 11 794 424 81.3 5 796 80.4 51 791 791 Total 14 79.1 339 80.3 22 80.5 11 794 424 81.3 5 796 80.4 57 791 791 791 Total 14 791 339 80.3 22 80.4 76.7 80.4 80.4 57 791 791 791 State police 71.2 0.3 814 77.8 70.4 80.5 77.1 65.4 80.4 67.5 781 771 67.4 80.4 757 65.4 80.4 757 731 731 731 731	AFP																				
$\sim 2 \mathrm{gms}$ 14 79.1 33.9 80.3 21 78.9 22.6 80.5 11 79.4 42.4 81.3 5 79.6 80.4 51 79.1 79.1 Total 14 79.1 33.9 80.3 22 78.7 22.6 80.5 11 79.4 42.4 81.3 5 79.6 80.4 51 79.1 State 5 79.1 79.4 42.4 81.3 5 79.6 80.4 80.4 57 79.1 79.1 79.1 State 10 71.2 0.2 80.8 47 79.6 80.5 77.0 0.4 80.6 77.1 78.7 78.1 77.1 78.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1 78.1 77.1	<=2 gms	I	I	I	I	-	65.8	65.8	65.8	I	I	I	I	I	I	I	I	-	65.8	65.8	65.
Total 14 79.1 33.9 80.3 22 78.7 22.6 80.5 11 79.4 42.4 81.3 5 79.6 80.4 52 79.1 State police c=2 gms 61 71.2 0.2 80.8 47 79.5 80.5 79.1 78.6 78.6 78.7 57.7 57.8 78.1 78.1 c=2 gms 150 72.5 0.3 80.7 75.7 65.4 80.4 347 74.3 c=2 gms 150 72.5 0.3 80.7 15.7 75.7 65.4 80.4 347 74.3 c=2 gms 211 72.5 0.3 80.7 15.7 75.7 65.4 80.4 75.7 74.3 colar 21 72.5 0.3 80.7 75.7 65.4 80.4 75.7 74.3 74.3 colar 21 72.5 0.3 80.7 77.1 65.4 80.6	>2 gms	14	79.1	33.9	80.3	21	78.9	22.6	80.5	1	79.4	42.4	81.3	5	79.6	30.4	80.4	51	79.1	22.6	81.
Sate police State police -=2 gms 61 712 0.2 80.8 47 79.5 20.1 80.6 37 79.1 0.4 80.5 7 78.6 74.6 80.6 152 78.1 -2 gms 150 72.5 0.3 81.4 84 75.8 0.1 80.5 98 75.2 0.3 80.7 15 75.7 65.4 80.4 347 74.3 Total 211 72.5 0.2 81.4 131 78.0 0.1 80.6 135 77.0 0.3 80.7 15 77.1 65.4 80.6 499 75.7 -2 gms 2 1 72.5 0.2 81.4 131 78.0 0.1 80.6 135 77.0 0.3 80.7 15 77.1 65.4 80.6 499 75.7 -2 gms 3 80.2 1 80.3 80.3 80.3 80.3 80.3 80.3 1 792 792 71 80.4 80.4 80.4 80.4 80.4 7 80.3 -2 gms 3 80.2 7 7 8 80.3 7 80.3 80.3 80.3 80.3 1 792 792 792 71 80.4 80.4 80.4 80.4 7 80.3 -2 gms 3 80.2 7 7 8 80.3 7 80.3 80.3 80.3 80.3 80.3 80.3 1 792 792 792 792 792 792 792 792 792 792	Total	14	79.1	33.9	80.3	22	78.7	22.6	80.5	1	79.4	42.4	81.3	2 2	79.6	30.4	80.4	52	79.1	22.6	81.
State police -2 gms 61 71 78.6 78.6 78.1 78.1 <2 gms 61 71.2 0.2 81.4 81.4 81.4 81.4 81.4 81.4 81.4 71.0 75.7 65.4 80.7 71.1 71.7	SA																				
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$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	<=2 gms	61	71.2	0.2	80.8	47	79.5	20.1	80.6	37	79.1	0.4	80.5	7	78.6	74.6	80.6	152	78.1	0.2	80.
Total 211 72.5 0.2 81.4 131 78.0 0.1 80.6 135 77.0 0.3 80.7 22 77.1 65.4 80.6 499 75.7 AFP	>2 gms	150	72.5	0.3	81.4	8	75.8	0.1	80.5	98	75.2	0.3	80.7	15	75.7	65.4	80.4	347	74.3	0.1	81.
AFP <=2 gms	Total	211	72.5	0.2	81.4	131	78.0	0.1	80.6	135	77.0	0.3	80.7	22	77.1	65.4	80.6	499	75.7	0.1	81.
<=2 gms <=2 gms <= 2	AFP																				
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Total 3 An 2 72 80.3 2 80.3 80.3 1 792 792 792 1 80.4 80.4 7 80.3	>2 gms	S	80.2	72.8	80.3	2	80.3	80.3	80.3	~	79.2	79.2	79.2	-	80.4	80.4	80.4	7	80.3	72.8	80.
	Total	ę	80.2	72.8	80.3	2	80.3	80.3	80.3	-	79.2	79.2	79.2	-	80.4	80.4	80.4	7	80.3	72.8	80.

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AFP AFP <td>76.0 0.</td> <td>2 91.0</td> <td>1 082</td> <td>71.0 0.0</td> <td>91.0</td>	76.0 0.	2 91.0	1 082	71.0 0.0	91.0
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>2 gms 11 777 46.9 79.8 2 55.2 40.9 63.5 2 57.8 37.8 77.7 5 50.8 31.5 7 A P -	1	1	с	78.0 77.9	78.0
Total 14 77.8 46.9 78.8 77.7 5 50.8 31.5 71.7 AFP -	50.8 31.	5 75.0	20	67.2 31.5	79.8
AFP See 1 C </td <td>50.8 31.</td> <td>5 75.0</td> <td>23</td> <td>73.1 31.5</td> <td>79.8</td>	50.8 31.	5 75.0	23	73.1 31.5	79.8
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Total	1	1	I	1	I

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IABLE 54: Pher	<u>lethylamir Julv</u>	-Septemb	evels er 2014	: state ar	Id territory	/, by qua	ter, 20 ber 201	4-15	Janu	arv-March	2015		◄	pril-June	2015		Total	Julv 2014-	June 20	15
		Purity				Purity				Purity				Purity				Purity		
	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах
State/territory NSW	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)
<=2 gms	43	24.0	50	77.5	64	64.8	4.5	83.5	56	54.5	1 0	83.5	53	410	000	78.5	216	45.0	10	83.5
>2 gms	102	19.3	0.1	78.5	105	21.0	1.5	79.0	97	23.0	9.0	80.0	64	20.5	6.0	78.0	368	21.0	0.1	80.0
Total	145	20.0	0.1	78.5	169	26.5	1.5	83.5	153	28.0	1.0	83.5	117	22.0	2.0	78.5	584	23.0	0.1	83.5
AFP																				
<=2 gms	2	33.7	1.7	65.8	-	19.5	19.5	19.5	I	I	I	I	I	1	I	I	ę	19.5	1.7	65.8
>2 gms	-	37.0	37.0	37.0	7	69.0	20.0	77.8	4	44.8	12.0	77.7	I	I	I	I	12	53.9	12.0	77.8
Total	ო	37.0	1.7	65.8	8	53.9	19.5	77.8	4	44.8	12.0	77.7	I	I	I	I	15	38.7	1.7	77.8
Vic State police																				
<=2 gms	156	20.2		86.5	138	21.0	2.8	84.6	30	22.1	0.7	90.4	;	19.0	11.1	84.3	335	20.7	0.7	90.4
>2 ams	50	20.1	4	82.1	5 25	15.8	7.5	74.0	18	13.1	2.1	87.3	2	19.4	11.9	88.4	109	19.0	4	88.4
Total	206	20.2	4	86.5	172	20.5	28	84.6	48	19.2	20	90.4	18	19.2	111	88.4	444	202	0 7	90.4
AFP				200		2	ì		2	1	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		2						5	-
<=2 gms	1	I	I	-1	1	I	I	I	I	1	I	I	I	-1	I	I	I	-1	I	I
>2 gms	-	50.9	50.9	50.9	-	25.3	25.3	25.3	I	1	I	ı	-	38.1	38.1	38.1	ę	38.1	25.3	50.9
Total	-	50.9	50.9	50.9	-	25.3	25.3	25.3	1	I	I	I	-	38.1	38.1	38.1	ę	38.1	25.3	50.9
QId State action																				
orare police																				
<=2 gms	56	21.9	0.2	73.5	51	19.4	0.1	71.4	60	17.3	0.2	70.6	108	18.3	0.2	72.3	275	18.5	0.1	73.5
>2 gms	67	15.9	0.1	72.9	68	19.1	0.3	76.2	80	17.4	0.2	69.4	107	16.5	0.3	71.7	322	16.6	0.1	76.2
Total	123	16.4	0.1	73.5	119	19.4	0.1	76.2	140	17.3	0.2	70.6	215	16.9	0.2	72.3	597	17.5	0.1	76.2
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	I	I	I	2	20.9	11.0	30.7	-	33.6	33.6	33.6	I	I	I	I	з	30.7	11.0	33.6
Total	I	I	I	I	2	20.9	11.0	30.7	-	33.6	33.6	33.6	I	I	I	I	ę	30.7	11.0	33.6
SA State police																				
<=2 gms	6	12.2	2.6	83.8	4	9.2	7.2	82.9	2	10.4	10.2	10.7	I	I	I	1	16	11.5	2.6	83.8
>2 gms	124	11.4	0.5	82.5	97	11.6	6.5	68.6	36	10.8	5.9	83.1	I	T	I	I	257	11.4	0.5	83.1
Total	134	11.5	0.5	83.8	101	11.5	6.5	82.9	38	10.8	5.9	83.1	I	I	I	I	273	11.4	0.5	83.8
AFP																				
<=2 gms	1	I	I	I	-	75.4	75.4	75.4	I	I	I	I	I	T	I	1	-	75.4	75.4	75.4
>2 gms	I	I	T	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Total	I	I	I	I	-	75.4	75.4	75.4	I	I	I	I	I	I	I	I	-	75.4	75.4	75.4
Note: Phenethylam	ines include	MDA, MD	EA, MI	DMA, Meso	aline, PMA,	DMA and	Phenet	ylamine r	not elsewher	e classifie	d (n.e.c). Figures	do not repre	sent the p	urity lev	els of all p	henethylam	ine seizur	ino-se	those that
have been analyse	d at a forens	sic laborato	rry. Fig.	ures for Sc	uth Australia	a, Western	Austral	ia and Tas	smania repre	sent the p	urity lev	els of phe	enethylamine	e received	at the l	aboratory i	n the releva	nt quarter.	Figures	for all oth
jurisdictions repres	ent the purit	<pre>/ levels of</pre>	phenet	hylamine s	eized by pol	ice in the I	elevant	quarter. T	he period be	tween the	date o	seizure b	y police and	the date of	of receil	ot at the la	boratory car	n vary grea	tly. No	adjustmen
has been made to	account for (Jouble cou	nting d	ata from jo	int operatior	is betweer	the Au:	stralian Fe	ederal Police	and state/	territor	r police.								
IABLE 54 (CONTI	Jul	enernyıa /-Septemt	er 2014	purity le	vels: state Octo	ber-Decem	<u>ber 201</u>	y quart	er, zu 14-1: Jar	uarv-Mar	ch 2015			April-June	2015	ı	Total	Julv 2014–	June 20	15
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		Purity				Purity				Purity				Purity				Purity		
	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах
State/territory WA State police	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)
<=2 gms	15	20.0	4.0	30.0	13	22.0	8.0	77.0	39	22.0	6.0	35.0	24	21.0	11.0	25.0	91	21.0	4.0	77.0
>2 gms	57	23.0	0.6	85.0	42	20.5	0.6	74.0	81	20.0	5.0	87.0	38	21.5	6.0	81.0	218	21.0	0.6	87.0
Total	72	21.0	0.6	85.0	55	21.0	0.6	77.0	120	21.0	5.0	87.0	62	21.0	6.0	81.0	309	21.0	0.6	87.0
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	Ι	I	I
>2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Total	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Tas																				
State police																				
<=2 gms	I	I	I	1	I	I	I	I	I	I	I	I	I	1	I	I	I	I	I	I
>2 gms	1	I	I	I	I	1	I	I	I	I	I	I	I	1	I	I	I	I	I	I
Total	I	I	I	I	I	I	I	I	1	1	I	I	1	1	1	1	1	1	I	I
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	1	I	I	I	1	I	I	I	1	I	I	I	1	I	I	I	I	I	I
Total	I	I	I	1	I	I	I	I	I	I	I	I	I	1	I	1	I	I	I	I
μ																				
State police																				
<=2 gms	na	na	na	na	па	na	na	na	na	na	па	na	na	na	па	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	па	na	na	na	na	na	na	na	na	па	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Total	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
ACT State police																				
<=2 gms	-	24.9	24.9	24.9	1	I	I	I	I	I	I	I	I	I	I	I	-	24.9	24.9	24.9
>2 gms	80	23.6	17.7	26.3	-	18.6	18.6	18.6	I	1	I	I	I	1	I	I	0	23.3	17.7	26.3
Total	6	23.8	17.7	26.3	-	18.6	18.6	18.6	I	I	I	I	I	I	I	1	10	23.6	17.7	26.3
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	I	I	I	I	I	I	I	I	I	I	ı	I	I	I	I	I	I	I	I
Total	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Note: Dhenethylami	A abulation			Macro	T DMA	DMA and P	hanath	/amine	ot alcowhare	classified	(u e u)	Finires	do not renres	ant the n	Irity Iave	als of all n	henethylami	ne seizure	vino	those that
have been analysed jurisdictions represe	at a forens nt the purity	ic laborato	ry. Figu	ures for So	outh Australi eized by pol	a, Western ice in the r	Austral	ia and Ta quarter.	smania repri	sent the patween the	ourity le	vels of ph	enethylamine by police and	e received	at the I of recei	aboratory pt at the la	in the releva	ant quarter.	Figures	for all oth adjustmen
has been made to a	scount for c	fouble cou	nting d	ata from jc	vint operation	is between	the Aut	stralian F	ederal Police	and state	/territor	v police.								

Statefortricty(no.)(%)(%)(%)(%)(%)(%)(%)(%)(%)(%)State police $CasesMedianMinMaxCasesMedian(%)State police<$	Purity Median 1 (%) (%) 64.8 71.0 71.0 70.5														>
Cases Median Min Max Cases Median State/territory (no.) (%) <th>Median (%) (%) 64.8 71.0 71.0 70.5</th> <th></th> <th></th> <th></th> <th>Purity</th> <th></th> <th></th> <th></th> <th>Purity</th> <th></th> <th></th> <th></th> <th>Puriț</th> <th></th> <th></th>	Median (%) (%) 64.8 71.0 71.0 70.5				Purity				Purity				Puriț		
Stateflerritory (no) (%) (%) (mo) (%) State police < 25.5 14.0 54.5 12 64.8 $< = 2$ gms 9 25.5 14.0 54.5 29 64.8 $< < = 2$ gms 20 30.5 10.0 74.5 29 64.8 $< < = 2$ gms 20 30.5 10.0 74.5 29 71.0 $< < = 2$ gms 2 2 30.5 10.0 74.5 29 71.0 $< < = 2$ gms 6 67.9 29.5 75.3 7 69.8 $< < < < < < < < < < < < < < < < < < < $	(%) 64.8 71.0 70.5 1	Min	lax	Cases	Median	Min	Мах	Cases	Median	Min	Мах	Cases	Median	Min	Мах
State police	64.8 1 71.0 1 70.5 1	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)
~=2 gms 9 25.5 14.0 54.5 72 64.8 >2 gms 20 30.5 10.0 74.5 29 71.0 Total 29 30.5 10.0 74.5 29 71.0 AFP 2 2 20.5 70.5 29.7 70.5 AFP 2 2 2 2 7 29.8 71.0 < 6 67.9 29.5 75.3 7 69.8 2 gms 6 67.9 29.5 75.3 7 69.8 Vic 67.9 29.5 75.3 7 69.8 Vic 67.9 29.5 75.3 7 69.8 Vic 7 66.7 29.5 7 69.8 Vic 7 66.7 7 69.8 7 Vic 7 66.7 7 69.8 7 Vic 7 66.7 7 69.8 7	64.8 1 71.0 1 70.5 1														
$\sim 2 \mathrm{gms}$ 20 30.5 10.0 74.5 29 7.0 AFP \sim </th <th>71.0 1 70.5 1</th> <th>6.5 7</th> <th>4.5</th> <th>80</th> <th>35.0</th> <th>18.0</th> <th>70.0</th> <th>7</th> <th>36.0</th> <th>27.0</th> <th>73.0</th> <th>36</th> <th>36.0</th> <th>14.0</th> <th>74.5</th>	71.0 1 70.5 1	6.5 7	4.5	80	35.0	18.0	70.0	7	36.0	27.0	73.0	36	36.0	14.0	74.5
Total 29.0 10.0 74.5 4.1 70.5 $< = 2$ gms $ < = 2$ gms $ < 2$ gms $ -$ </td <td>70.5 1</td> <td>4.0 7</td> <td>8.0</td> <td>20</td> <td>46.0</td> <td>31.5</td> <td>75.5</td> <td>10</td> <td>50.5</td> <td>28.5</td> <td>73.0</td> <td>79</td> <td>52.5</td> <td>10.0</td> <td>78.0</td>	70.5 1	4.0 7	8.0	20	46.0	31.5	75.5	10	50.5	28.5	73.0	79	52.5	10.0	78.0
AFP $ -$ <td></td> <td>4.0 7</td> <td>8.0</td> <td>28</td> <td>40.3</td> <td>18.0</td> <td>75.5</td> <td>17</td> <td>36.0</td> <td>27.0</td> <td>73.0</td> <td>115</td> <td>45.5</td> <td>10.0</td> <td>78.0</td>		4.0 7	8.0	28	40.3	18.0	75.5	17	36.0	27.0	73.0	115	45.5	10.0	78.0
< =2 gms $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ <td></td>															
> 2 gms 6 67.9 29.5 75.3 7 60.8 Total 6 67.9 29.5 75.3 7 60.8 Vic 5 67.9 29.5 75.3 7 60.8 State police	I	I	1	I	I	I	I	I	I	I	I	I	I	I	1
Total 67.9 67.9 29.5 75.3 7 60.8 Vic 126 13.6 13.6 13.6 13.6 13.6 14.0 22 gms 75 13.6 13.6 13.7 76.6 30 17.0 22 gms 75 13.6 13.7 76.6 30 17.0 22 gms 75 13.6 13.7 76.6 30 17.0 72 gms 75 13.6 13.7 76.6 30 17.0 22 gms 7 61.2 61.2 61.2 61.2 74.2 22 gms 10 61.2 61.2 61.2 74.2 74.2 22 gms 60 13.4 0.3 64.1 20.2 13.4 610 61.2 61.2 61.2 61.2 22.2 22.2 610 61.2 61.2 61.2 61.2 22.2	69.8	7.4 7	2.6	e	70.7	47.1	73.7	I	1	I	I	16	70.1	29.5	75.3
Vic State police 74 14.0 <=2 gms	69.8	7.4 7	2.6	e	70.7	47.1	73.7	I	I	I	I	16	70.1	29.5	75.3
State police <=2 gms															
< = 2 gms 105 13.6 1.7 76.6 30 1.1 1.0 $> 2 gms$ 75 13.6 1.7 76.6 30 17.0 $Tepla$ 13.6 1.7 76.6 30 17.0 $Tepla$ 13.6 1.0 89.3 104 14.3 $Tepla$ 1 61.2 61.2 61.2 74.2 14.3 $< < 2 gms$ 1 61.2 61.2 61.2 74.2 74.2 $< < 2 gms$ 1 61.2 61.2 61.2 74.2 74.2 $< < 2 gms$ 1 61.2 61.2 61.2 74.2 74.2 $< < < < < < < < < < < < < < < < < < <$															
> 2 gms 75 13.6 1.7 76.6 30 17.0 Total 180 13.6 1.0 89.3 104 14.3 AFP 1.0 89.3 1.0 89.3 104 14.3 AFP 1.6 61.2 61.2 61.2 61.2 74.2 < 22 gms $ > 2$ gms $ 61.2$ 61.2 61.2 61.2 74.2 < 22 gms 61.2 61.2 61.2 61.2 74.2 < 22 gms 10.3 64.1 61.2 74.2 74.2 < 22 gms 13.4 0.3 64.1 64.1 32.8 < 72 gms 13.4 0.3 64.1 64.1 67.5 < 47 gms 74.2 74.2 74.2 74.2 74.2 < 72 gms 74.1 64.1 60.1	14.0	4.6 7	6.4	23	18.9	0.7	83.9	13	29.0	6.1	75.1	215	14.1	0.7	89.3
	17.0	4.7 6	8.0	25	15.0	4.0	89.9	22	23.2	10.1	85.8	152	14.8	1.7	89.9
AFP $< = 2$ model $< = 1$ model $< = 1$ model $< = 2$ model $< = 1$ model	14.3	4.6 7	6.4	48	100.0	0.7	89.9	35	29.0	6.1	85.8	367	14.3	0.7	89.9
< 2 gms 1 61.2 61.2 61.2 61.2 61.2 61.2 61.2 61.2 74.2 $>$ 2 gms $ 2$ 74.2 I total 1 61.2 61.2 61.2 61.2 74.2 74.2 Qtd 1 61.2 61.2 61.2 61.2 61.2 74.2 74.2 State police 60 13.4 0.3 64.1 20 13.5 $< < < 2$ gms 60 13.4 0.3 64.1 64.1 20 13.5 < 2 gms 22 gms 0.1 64.1 64.1 20 13.5 < 2 gms 64.1 60.1 64.1 60.1 67.5 < 2 gms 64.1 50.0 76.5 14 67.5 < 2 gms 64.1 50.0 76.5 14 67.5 < 2 gms 14.4															
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	I	I	I	I	I	I	I	I	I	I	I	-	61.2	61.2	61.2
Total 1 61.2 61.2 61.2 61.2 74.2 Qid 2 74.2 2 74.2 2 74.2 State police 60 13.4 0.3 64.1 2 74.3 < =2 gms 60 13.4 0.3 64.1 60 13.5 >2 gms 26 11.5 0.1 62.2 14 32.8 Potal 86 13.3 0.1 64.1 34 15.1 AFP .	74.2 7	2.2 7	6.1	~	1.3	1.3	1.3	-	71.7	71.7	71.7	4	72.0	1.3	76.1
QId 201 <td>74.2 7</td> <td>2.2 7</td> <td>6.1</td> <td>-</td> <td>1.3</td> <td>1.3</td> <td>1.3</td> <td>-</td> <td>71.7</td> <td>71.7</td> <td>71.7</td> <td>5</td> <td>71.7</td> <td>1.3</td> <td>76.1</td>	74.2 7	2.2 7	6.1	-	1.3	1.3	1.3	-	71.7	71.7	71.7	5	71.7	1.3	76.1
State police ~=2 gms colore ~=2 gms colore ~=2 gms colore ~=2 gms colore Total 26 11.5 0.1 62.2 14 32.8 Total 26 11.5 0.1 64.1 34 15.1 ~=2 gms colore ~=2 gms colore															
< = 2 gms 60 13.4 0.3 64.1 20 13.5 $> 2 gms$ 26 11.5 0.1 62.2 14 32.8 $7 obs$ 26 11.5 0.1 62.2 14 32.8 $7 obs$ 86 13.3 0.1 64.1 34 15.1 $A FP$ $ -$															
>2 gms 26 11.5 0.1 6.2.2 14 32.8 Total 86 13.3 0.1 64.1 34 15.1 AFP - 86 13.3 0.1 64.1 34 15.1 AFP -	13.5	0.2 1	8.3	48	18.6	0.1	26.2	7	17.5	0.8	18.8	135	13.8	0.1	64.1
Total 86 13.3 0.1 64.1 34 15.1 AFP -	32.8	1.2 6	2.9	22	13.6	0.1	63.8	15	15.9	13.6	50.8	77	14.0	0.1	63.8
AFP	15.1	0.2 6	2.9	70	18.4	0.1	63.8	22	16.0	0.8	50.8	212	13.9	0.1	64.1
<=2 gms															
>2 gms 5 64.1 50.0 76.5 1 67.5 Total 5 64.1 50.0 76.5 1 67.5 SA State police 18, 19.4 14.4 20.6	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Total 5 64.1 50.0 76.5 1 67.5 SA State police 1 14.4 20.6 76.5 1 67.5 State police 18 19.4 14.4 20.6 - - - >2 dms 9 18.5 0.8 19.6 2 64.4	67.5 6	1.5 6	7.5	-	58.6	58.6	58.6	I	I	I	I	7	64.1	50.0	76.5
SA State police <=2 gms 18 19.4 14.4 20.6 – – >2 dms 9 18.5 0.8 19.6 2 6.4	67.5 6	17.5 6	7.5	-	58.6	58.6	58.6	I	I	I	I	7	64.1	50.0	76.5
State police <=2 gms 18 19.4 14.4 20.6 – – >2 dms 9 18.5 0.8 19.6 2 6.4															
<=2 gms 18 19.4 14.4 20.6<															
>2 ams 9 18.5 0.8 19.6 2 6.4	I	I	I	9	14.1	14.0	68.1	I	I	I	I	24	19.2	14.0	68.1
	6.4	0.4 1	2.5	9	67.5	18.1	70.0	I	I	I	I	17	18.9	0.4	70.0
Total 27 19.2 0.8 20.6 2 6.4	6.4	0.4 1	2.5	12	19.8	14.0	70.0	I	I	I	I	41	19.2	0.4	70.0
AFP															
<pre><=2 gms</pre>	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	I	I	I	T	I	I	I	I	I	I	I	I	I	I
Total	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I

Furty Furty </th <th>Max Max (%) (mo.) (no.)(</th> <th>Purity dian Min (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)</th> <th>Max (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)</th> <th>Cases (10.)</th> <th>Purity Median (%) (%</th> <th>Min I (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)</th> <th>Max Max 52.0 32.0 32.0 73.1 73.1</th> <th>Cases A (no.) 12 22 22 22 22 22 12 12 12 12 12 12 12</th> <th>Purity Median (%) 51.0 51.0 68.9 68.9 68.9</th> <th>Min 1 (%) 12.0 8 12.0 8 57.3 1 57.3 1</th> <th>//ax (%) (%) 8.0 8.0 3.1 3.1 3.1</th>	Max Max (%) (mo.) (no.)(Purity dian Min (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	Max (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	Cases (10.)	Purity Median (%) (%	Min I (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	Max Max 52.0 32.0 32.0 73.1 73.1	Cases A (no.) 12 22 22 22 22 22 12 12 12 12 12 12 12	Purity Median (%) 51.0 51.0 68.9 68.9 68.9	Min 1 (%) 12.0 8 12.0 8 57.3 1 57.3 1	//ax (%) (%) 8.0 8.0 3.1 3.1 3.1
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ACT State police =	1	1	1	I	I	I	I	-	29.9	29.9	9.9
State police =											
	1	1	1	I	I	I	I	-	24.7	24.7	4.7
>2 gms 2 21.6 18.3 24.9 4 10.6 0.2 24.2 1 22.0 22.0	24.2 1	22.0 22.0	22.0	I	I	I	I	7	21.1	0.2	4.9
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Signe ploteSigne plot	State/territory NSW	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)												
4260051613<	State police																																
2 20m2 46461776777677<	<=2 gms	16	47.5	36.0	82.5	13	49.0	14.5	85.5	7	63.5	43.5	68.5	9	39.5	15.0	64.0	42	47.8	14.5	85.5												
Top column400.1475601475530415615615610625717755755701column7760814-1-1-1-1-1-1271755550560560550 <td>>2 gms</td> <td>5</td> <td>54.3</td> <td>0.1</td> <td>87.5</td> <td>62</td> <td>53.8</td> <td>24.5</td> <td>91.5</td> <td>69</td> <td>67.0</td> <td>12.0</td> <td>89.0</td> <td>35</td> <td>63.0</td> <td>15.5</td> <td>89.0</td> <td>220</td> <td>58.5</td> <td>0.1</td> <td>91.5</td>	>2 gms	5	54.3	0.1	87.5	62	53.8	24.5	91.5	69	67.0	12.0	89.0	35	63.0	15.5	89.0	220	58.5	0.1	91.5												
The field of	Total	20	49.5	0.1	87.5	75	53.0	14.5	91.5	76	66.5	12.0	89.0	41	58.5	15.0	89.0	262	57.5	0.1	91.5												
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72 gms766053.064.21483.51483.51483.51483.51483.51417.53263.67177.53263.67177.53263.67177.53263.67177.53263.67177.53263.67177.53263.67177.53263.67177.5	<=2 gms	7	70.5	59.6	81.4	I	I	I	I	2	69.8	52.4	87.2	-	55.0	55.0	55.0	2	59.6	52.4	87.2												
Total and the condition	>2 gms	7	65.0	53.0	84.2	8	64.9	11.4	83.5	80	74.9	40.0	84.3	6	63.6	7.1	77.5	32	6.99	7.1	84.3												
Via Via <th <="" colspan="12" td=""><td>Total</td><td>6</td><td>65.0</td><td>53.0</td><td>84.2</td><td>œ</td><td>64.9</td><td>11.4</td><td>83.5</td><td>10</td><td>74.9</td><td>40.0</td><td>87.2</td><td>10</td><td>60.8</td><td>7.1</td><td>77.5</td><td>37</td><td>65.9</td><td>7.1</td><td>87.2</td></th>	<td>Total</td> <td>6</td> <td>65.0</td> <td>53.0</td> <td>84.2</td> <td>œ</td> <td>64.9</td> <td>11.4</td> <td>83.5</td> <td>10</td> <td>74.9</td> <td>40.0</td> <td>87.2</td> <td>10</td> <td>60.8</td> <td>7.1</td> <td>77.5</td> <td>37</td> <td>65.9</td> <td>7.1</td> <td>87.2</td>												Total	6	65.0	53.0	84.2	œ	64.9	11.4	83.5	10	74.9	40.0	87.2	10	60.8	7.1	77.5	37	65.9	7.1	87.2
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< </td <td>State police</td> <td></td>	State police																																
ZqmsZ16654108761344820277631433433431437<	<=2 gms	39	48.1	10.9	89.3	18	51.9	16.3	85.6	20	55.5	19.1	89.6	7	45.4	20.7	71.8	84	49.8	10.9	89.6												
Totaliar constraints and series and se	>2 gms	21	65.5	4.0	87.6	13	44.8	20.2	77.6	17	38.9	17.8	53.1	11	53.1	22.3	77.8	62	43.2	4.0	87.6												
AFP -2 gms 1 3 13 13 13 13 13 13 13 13 13 13 14 13 14 15 14 15 14 15 15 14 15 15 15 14 15 15 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Total	09	54.5	4.0	89.3	31	48.4	16.3	85.6	37	41.2	17.8	89.6	18	49.3	20.7	77.8	146	47.3	4.0	89.6												
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>2gms23405.06.2047.116.747.517.57.687.687.687.687.687.687.636.786.786.786.786.737.737.237.248.876.736.737.248.876.736.737.248.876.737.248.877.237.248.137.237.248.137.237.248.110.01<	<=2 gms	-	43.7	43.7	43.7	I	I	I	I	-	41.8	41.8	41.8	2	36.3	4.6	68.0	4	42.8	4.6	68.0												
Total 3 437 59 620 4 711 511 511 51 51 51 51 51 51 51 7 1 1 1 1	>2 gms	2	34.0	5.9	62.0	4	71.1	67.4	75.1	-	76.8	76.8	76.8	-	67.8	67.8	67.8	8	68.7	5.9	76.8												
Old All and All an	Total	ę	43.7	5.9	62.0	4	71.1	67.4	75.1	2	59.3	41.8	76.8	e	67.8	4.6	68.0	12	67.6	4.6	76.8												
State police<=2gms	Qld																																
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Total 58 281 1.5 678 74 30.5 678 73 65. 79.0 77 30.0 1.6 76.7 96 29.7 0.1 772 305 29.7 0.1 772 75 75. 75. 75. 75. 75. 75. 75. 75. 75.	>2 gms	29	37.3	7.9	67.8	25	29.2	6.5	79.0	31	51.1	5.5	76.7	39	32.6	0.1	74.3	124	38.1	0.1	79.0												
AFP AFP 	Total	58	28.1	1.5	67.8	74	30.5	6.5	79.0	77	30.0	1.6	76.7	96	29.7	0.1	77.2	305	29.7	0.1	79.0												
< = 2 gms < 1 0.2 0.2 0.2 0.2 $< < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < -$ </td <td>AFP</td> <td></td>	AFP																																
$ \ \ \ \ \ \ \ \ \ \ \ \ \ $	<=2 gms	-	0.2	0.2	0.2	I	I	I	I	I	I	I	I	I	1	I	I	-	0.2	0.2	0.2												
	>2 gms	-	56.4	56.4	56.4	5	69.4	53.0	71.7	4	74.3	64.5	84.3	2	71.7	62.2	81.2	12	67.1	53.0	84.3												
SA State police -= 2 gms 10 67.0 7.5 81.9 10 31.7 26.5 58.0 20 43.6 7.5 -2 gms 15 51.0 0.2 83.4 12 62.9 38.6 86.8 4 52.0 42.9 64.5 2 7 7 0.2 7 0	Total	2	28.3	0.2	56.4	5	69.4	53.0	71.7	4	74.3	64.5	84.3	2	71.7	62.2	81.2	13	64.7	0.2	84.3												
State police <=2 gms	SA																																
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	State police																																
$ \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	<=2 gms	10	67.0	7.5	81.9	I	I	I	I	10	31.7	26.5	58.0	I	I	I	I	20	43.6	7.5	81.9												
	>2 gms	15	51.0	0.2	83.4	12	62.9	38.6	86.8	4	52.0	42.9	64.5	I	I	I	I	31	60.7	0.2	86.8												
AFP <=2 gms 1 2 gms 1 1	Total	25	61.5	0.2	83.4	12	62.9	38.6	86.8	14	38.5	26.5	64.5	I	I	I	I	51	55.4	0.2	86.8												
<=2 gms <=2 gms Indal <	AFP																																
>2 gms 58.5 58.5 58.5 58.5 58.	<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I												
Total 1 58.5 58.5 1 58.5 58.5 58.5	>2 gms	I	I	I	I	I	I	I	I	I	I	I	1	-	58.5	58.5	58.5	-	58.5	58.5	58.5												
	Total	I	I	I	I	I	I	I	I	I	I	I	I	-	58.5	58.5	58.5	-	58.5	58.5	58.5												

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		Purity				Purit	۲			Purit				Purity	-			Purity		
	Cases	Median	Min	Max	Cases	Median	Min	Мах	Cases	Median	Min	Max	Cases	Median	Min	Max	Cases	Median	Min	Max
State/territory WA	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)
State police																				
<=2 gms	-	12.0	12.0	12.0	8	18.5	14.0	83.0	I	I	I	I	I	I	I	I	6	18.0	12.0	83.0
>2 gms	11	40.0	0.6	74.0	5	35.0	26.0	80.0	8	18.0	5.0	70.0	30	65.0	1.0	89.0	54	62.0	0.6	89.0
Total	12	33.0	0.6	74.0	13	23.0	14.0	83.0	80	18.0	5.0	70.0	30	65.0	1.0	89.0	63	60.0	0.6	89.0
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	2	76.9	69.6	84.2	e	66.1	64.0	66.6	4	73.6	64.5	78.2	I	T	T	T	6	69.6	64.0	84.2
Total	N	76.9	69.6	84.2	e	66.1	64.0	66.6	4	73.6	64.5	78.2	I	I	I	I	6	69.6	64.0	84.2
Tas																				
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<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	T
>2 gms	I	I	I	I	I	I	I	I	I	1	I	I	I	I	I	I	I	I	I	I
Total	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	I	I	I	I	I	I	I	I	T	I	I	I	I	I	I	I	I	I	I
Total	I	I	I	I	I	I	I	I	I	I	I	I	Ι	I	I	I	I	I	I	I
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	па	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	па	па	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	1	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	T
>2 gms	-	65.6	65.6	65.6	I	I	I	I	I	T	I	I	I	I	I	I	~	65.6	65.6	65.6
Total	-	65.6	65.6	65.6	I	I	I	I	I	I	I	I	I	I	I	I	-	65.6	65.6	65.6
ACT State police																				
<=2 gms	1	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
>2 gms	I	1	I	I	4	47.0	25.7	63.8	2	24.7	12.8	36.7	5	33.1	20.2	82.7	1	33.1	12.8	82.7
Total	1	I	I	I	4	47.0	25.7	63.8	N	24.7	12.8	36.7	2	33.1	20.2	82.7	11	33.1	12.8	82.7
AFP																				
<=2 gms	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	T
>2 gms	1	I	Т	I	I	I	I	I	I	T	I	1	I	I	I	I	I	T	I	T
Total	I	I	I	I	Ι	I	I	I	Ι	I	I	I	Ι	I	I	I	I	1	I	I

PRICE TABLES

TABLE 57: Amphetamine prices by state and t	erritory,	2014–15 (\$)						
Weight	ISW	Vic	Qld	SA	WA	Tas	NT	ACT
1 street deal (0.1 gram)	na	50-100	50-150	na	100	50	100	na
0.5 gram	na	na	ц	na	na	na	na	na
1 weight gram	na	500-600	180–500	na	na	300	600-800	na
2 grams	na	па	Па	na	na	па	па	na
3 grams	na	na	ц	na	na	na	na	na
8 ball (3.5 grams; i.e. 1/8 ounce)	na	1 200–1 300	600-1 100	na	1 400	600900	na	na
1/4 ounce	na	2 500-3 000	Па	па	na	na	na	na
1 vial (1/2 ounce)	na	ла	Ц	na	na	па	па	na
1 ounce (street deal)	na	na	ц	na	na	4 000-5 000	na	na
1 ounce	na	8 000-10 000	ц	na	10 000-12 000	na	na	na
1 pound	na	120 000	па	na	na	na	na	na
1 kilogram	na	na	na	na	na	na	na	na

TABLE 58: MDMA prices by state and ter	ritory, 2014–15 (\$)						
Weight	NSM	Vic	QId	SA	WA	Tas	NT	ACT
1 tablet/capsule	2550	14–25	20–50	1030	25	4050	3050	na
2-24 tablets/capsules (per tab)	25-40	14–25	20–35	15	na	30-40	20-40	па
25-99 tablets/capsules (per tab)	20–35	12–20	15–25	15	na	25–30	na	25-30
100-999 tablets/capsules (per tab)	12–35	8-14	8–20	9–15	na	20–25	na	па
1 000+ tablets/capsules (per tab)	8-12	6-10	7–18	na	11	15-20	na	na

TABLE 59: Methylamphetam	ine prices by state a	ind territory, 2014	-15 (\$)					
Weight	MSN	Vic	QId	SA	MA	Tas	NT	ACT
Crystal form ('ice')								
1 street deal (0.1 gram)	50-150	50-100	50-150	100	100	100	120–150	80–100
0.7 gram	250–500	na	na	na	na	na	na	na
1 weight gram	250–600	500-600	500-1 000	500-800	na	500	900–1 200	na
2 grams	па	па	п	na	na	na	na	na
3 grams	na	na	па	na	na	na	na	na
8 ball (3.5 gram; i.e. 1/8 ounce)	700-1 800	1 200-1 300	750-1 700	1 200–1 800	1 400	1 800–2 000	2 400	1 200–1 600
1/4 ounce	2 000–3 000	2 500–3 000	na	2 500	3 750	na	па	na
1 vial (1/2 ounce)	ца	па	ц	na	na	na	na	na
1 ounce (street deal)	na	па	5 800-8 000	na	na	na	10 000	na
1 ounce	4 000-11 000	7 000-10 000	7 000–15 000	5 000-9 000	10 000-12 000	10 000-14 000	па	6 500-8 000
1 pound	80 000–100 000	120 000	70 000–120 000	na	na	na	па	na
1 kilogram	120 000-200 000	250 000	150 000-280 000	130 000-190 000	na	na	na	na
Non-crystal form								
Powder/paste/base								
1 street deal (0.1 gram)	20–100	na	50-150	na	na	50	па	na
0.7 gram	120–200	na	па	na	na	na	па	na
1 weight gram	100–300	na	180–500	na	na	300	na	na
2 grams	250-400	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)	250-600	na	600-1 100	na	na	600–900	na	na
1/4 ounce	na	na	na	na	na	na	na	na
1 vial (1/2 ounce)	na	na	na	na	na	na	na	na
1 ounce (street deal)	na	na	na	na	na	4 000–5 000	na	na
1 ounce	1 500–3 000	п	па	na	na	na	na	na
1 pound	18 000–28 000	na	45 000–90 000	na	na	na	na	na
1 kilogram	70 000–110 000	па	na	na	na	na	na	na

TABLE 60: Cannabis prices by stat	te and territory,	2014–15 (\$)				1	4 !	
Weight	NSN	Vic	QIG	SA	MA	Tas	2LN	ACT
Bush								
Leaf								
Deal (1 gram approx.)	na	20-30	15-25	na	na	na	па	na
1/2 bag (14 grams)	na	100-200	па	na	na	па	па	na
Ounce bag (28 grams)	na	300-400	200	na	na	па	па	na
1 pound	na	na	na	na	na	na	na	na
1 kilogram	na	5 000-8 000	na	na	na	na	na	na
Head								
Deal (1 gram approx.)	12–30	па	15–25	na	па	25	па	na
1/4 bag (7 grams)	na	па	50-90	na	na	80	па	na
1/2 bag (14 grams)	na	na	па	na	na	150	па	na
Ounce bag (28 grams)	200-400	па	130–280	na	350-400	250	па	na
1 pound	3 0004 200	na	2 200-4 000	na	na	2 500–3 000	па	na
1 kilogram	na	na	na	na	na	na	na	na
1 mature plant	1 000-2 000	na	2 500	na	na	na	na	na
Hydroponic								
Leaf								
Deal (1 gram approx.)	na	па	15-25	na	па	па	па	20
1/2 bag (14 grams)	na	na	па	na	na	па	па	na
Ounce bag (28 grams)	na	na	па	na	na	na	na	280
1 pound	na	na	ца	na	na	па	па	3 200-3 400
1 kilogram	na	na	na	na	na	na	na	na
Head								
Deal (1 gram approx.)	12–30	20-25	25-50	25	na	25	3050	na
1/2 bag (14 grams)	na	250	па	na	na	150	па	na
Ounce bag (28 grams)	200-400	450	300-450	200–280	na	300	450	na
1 pound	3 0004 200	2 600–2 700	2 800-5 000	2 400–3 000	na	3 000-4 000	5 000-6 500	na
1 kilogram	na	5 000	6 000	na	na	па	па	na
1 mature plant	2 000-5 000	na	3 200-5 000	na	na	na	na	na
Resin								
Deal (1 gram approx.) Oil	40-50	па	25–50	па	Па	Ш	Па	па
Cap/vial	50	па	50	па	na	па	па	па

(10)

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. A 'deal of hydroponic head' quantity is 2–3 grams in South Australia. b. Northern Territory Police has not provided prices for cannabis 'leaf as it is not readily seen/sold. 'Head' is seen, but it is primarily hydroponic. Price quoted is urban pricing. It is not uncommon for prices in Indigenous communities to be more than double this price.

TABLE 61: Heroin prices by sta	ate and territory, 20	114–15 (\$)						
Weight	NSN	Vic	QId	SA	WA	Tas	NT	ACT
Half point (0.05 gram)	35-70	na	na	na	na	па	50	na
1 taste/cap (0.1–0.3 gram)	50-250	50	50	100	na	na	na	na
1/4 gram	na	na	100	na	150	na	na	80-90
1/2 weight (0.4–0.6 gram)	150-350	na	250	na	na	na	na	na
1 street weight (0.6–0.8 gram)	200-300	200	500	na	na	na	na	na
1 gram	360-550	300	па	400-800	па	na	na	na
8 ball (3.5 grams; i.e. 1/8 ounce)	900-1 800	1 700	800-1 200	1 000	na	na	na	800-1 000
10 gram bag	na	500	na	na	na	na	na	na
1/2 ounce	na	3 500	па	na	na	na	na	na
1 ounce	6 800-8 000	10 500-11 500	5 000-9 000	na	na	na	na	6 000
1/2 Asian catti (350 grams)	80 000-110 000	па	70 000-120 000	na	na	na	na	na
12.5 ounce block	na	131 000	90 000-120 000	na	na	na	na	na
1 pound	na	na	na	na	na	na	na	na
Asian catti (700 grams)	160 000-210 000	па	па	na	na	na	na	na
1 kilogram	280 000-295 000	na	na	na	na	na	na	na
TARI F 62. Consine prices by s	tate and territory .	2014-15 (\$)						
Weight	NSN	Vic	Qld	SA	WA	Tas	N	ACT
1 cap	50-80	na	50	na	na	na	100	na
1 gram	250-500	300-400	300-400	300-400	na	300-500	600-900	300-400
8 ball (3.5 grams)	na	na	na	1 200	na	na	na	na
1/4 ounce (7 grams)	na	1 800	na	па	na	2 000	na	na
1 ounce (28 grams)	7 200–10 000	8 000–11 000	6 000-7 000	na	na	7 000-9 000	na	6 500-7 500
1 pound (0.45 kilograms)	na	120 000	na	na	na	na	na	na
1 kilogram	185 000-220 000	240 000	200 000-240 000	na	na	na	na	na

Other drugs	NSN	Vic	QId	SA	WA	Tas	Į	
SD								
–9 tabs (ddu ^a)	20-40	na	10-25	na	na	10-20	20-40	
0-100 tabs (ddu)	20-30	150-2 500	na	na	na	na	na	
01–999 tabs (ddu)	ца	na	na	na	na	na	na	
000+ tabs (ddu)	na	2 400	na	na	na	na	na	
x 20 millilitre vial	na	na	800	na	na	na	na	
(etamine								
ablet	na	na	25-50	na	na	na	na	
Powder (1 gram)	100-180	150-200	150-200	na	na	na	na	
/ial (5–10 millilitres)	100-200	100-200	na	na	na	na	na	
3HB/GBL								
-1.5 millilitres	10-20	S	4-8	5-8	na	na	na	
–5 millilitres (fish)	20-30	15	10-20	na	na	na	na	
0–15 millilitres	50-80	na	na	80	na	na	na	
0 millilitres	na	50	na	na	na	na	na	
00 millilitres	na	na	100-200	na	na	na	na	
ulk								
litre	2 200-5 000	11 000	2 000-3 000	5 000	na	na	na	
5 litres	15 000–17 000	na	na	na	na	na	na	
HB								
erve/4 milligrams	na	na	na	na	na	na	na	
ial	na	na	na	na	na	na	na	
serves/32 milligrams	na	na	na	na	na	na	na	
pioid pharmaceuticals								
er milligram	-	na	-	na	na	-	na	
er tablet	10-150	na	na	na	na	na	na	
xycontin (per tablet)	na	na	na	na	10	na	na	
xycontin (60 milligram tablet)	na	na	60	na	na	60	na	
xycontin (80 milligram tablet)	na	na	na	na	na	na	na	
xycontin (100 milligram tablet)	na	na	100	na	na	100	na	
xycontin (200 milligram tablet)	na	na	na	na	na	na	na	
xycontin (1 box)	na	na	2 800	na	na	na	na	
S Contin								
milligram	na	na	na	na	na	-	na	
er tablet	na	na	na	na	na	na	na	
0 milligram tablet	na	na	30-45	na	na	60	50	
00 milligram tablet	na	na	60-100	na	na	100	100	
apanol (per tablet)	na	na	1550	25	na	na	na	
uprenorphine (2 milligram tablet)	na	na	10-20	na	na	na	na	
uprenorphine (8 milligram tablet)	na	na	20-50	na	na	na	na	
entanyl (1 microgram tablet)	na	na	na	na	na	na	na	
entanyl (1 x 100 microgram patch)	50-350	na	400	20-30	na	na	25	
lorphine (per tablet)	na	na	na	na	na	na	na	
silocybin								
gram	na	na	na	na	na	na	na	

CT na a contra a cont

a. Discrete dosage units (ddu).
 b. 10 milligram tablet.

TABLE 63 (continued): Other drugs prices by s	state and territory, 2014	-15 (\$)						
Other drugs	NSN	Vic	QId	SA	WA	Tas	NT	ACT
Benzodiazepine pharmaceuticals								
Per milligram	na	na	na	na	na	-	na	na
Per tablet	5-250	na	15-25	na	na	na	na	na
Bromazepam (per tablet)	na	na	na	na	na	na	na	na
Clonazepam (per tablet)	na	na	na	na	na	na	na	na
Flunitrazepam (per tablet)	na	na	na	na	na	na	na	na
Nitrazepan (per tablet)	na	na	na	na	na	na	na	na
Diazepam (per tablet)	na	na	na	na	na	na	na	na
Oxazepam (per tablet)	na	na	na	na	na	na	na	na
Temazepam (per tablet)	na	na	na	na	na	na	na	na
Xanax (1 tablet)	na	na	na	na	na	na	na	na
Xanax (10 tablets)	na	na	na	na	na	na	na	na
Xanax (50 tablets)	90–250	na	na	na	na	na	na	na
Precursors								
Ephedrine								
1 kilogram	na	na	na	na	30 000	na	na	na
Pseudoephedrine								
Box	100	na	50-250	na	50-150	50	150	na
Per milligram	na	na	na	na	na	na	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)	80 000-105 000	na	na	na	30 000	na	na	na
Hypophosphorous acid								
50 millilitres	na	na	na	na	na	na	na	na
1 litre	1 500	na	1 200-3 000	na	na	na	na	na
lodine								
1 gram	na	na	0.50-1	na	na	na	na	na
100 grams	na	na	40-100	na	na	na	na	na
1 kilogram	1 000	na	400	na	na	na	na	na
Analogues								
4MMC per tablet/capsule	na	na	20-50	na	na	30-40	na	na
4MMC (1 milligram)	na	na	na	na	na	na	na	na
MDPV								
1 tablet/capsule	na	na	20–50	na	na	30-40	na	na
2-24 tablets/capsules (per tablet)	na	na	na	na	na	na	na	na
25-99 tablets/capsules (per tablet)	na	na	na	na	na	na	na	na
100-999 tablets/capsules (per tablet)	na	na	na	na	na	na	na	na
1000+ tablets/capsules (per tablet)	na	na	na	na	na	na	na	na
Point	na	na	na	na	na	na	na	na
Milligram	na	na	na	na	na	na	na	na
Ounce	na	na	na	na	na	na	na	na
N-Benzylpiperazine (BZP)								
1 tablet	na	na	20–50	na	na	na	па	na

IABLE 03 (continued): Uther drugs prices by state and	a territory, zur	(\$) CI-++				•	!	
Other drugs	NSN	VIC	QIG	SA	WA	las	N	ACI
Synthetic cannabinoids								
1.5 grams	na	52	20–35	na	na	na	na	na
3 grams	na	70	50-95	na	na	65	na	50-70
7 grams	na	140	100-140	na	na	na	na	na
14 grams	na	170-200	150-240	na	na	na	na	na
Ounce	na	na	400	na	na	na	na	na
Other								
Methadone 30 millilitres	na	na	na	na	na	na	na	na
Sildenafil (per tablet)	na	na	15	na	na	na	na	na
Dimethyltryptamine (DMT) per milligram	na	na	na	na	na	na	na	na
Performance and Image Enhancing Drugs								
Testosterone enanthate 200 milligrams								
1 x 10 millilitre vial	na	na	230	220	na	150-250	na	na
10 x 10 millilitre vial	na	na	1 900	na	na	na	na	na
20 x 10 millilitre vial	na	250	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	230	230	150	na	150-250	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	200	na	150–250	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	220	na	150–250	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	150–250	na	na
Trenbolone Acetate 100mg								
1 x 10 millilitre vial	na	na	240	220	na	150–250	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	ę	na	na	na	na	na
30 millilitres	na	na	160	na	na	па	na	na

(10