AUSTRALIAN
CRIMINAL
INTELLIGENCE
COMMISSION

ILLICIT DRUG DATA REPORT 2016–17

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ILLICIT DRUG DATA REPORT 2016–17

CEO FOREWORD
MICHAEL PHELAN APM

The Australian Criminal Intelligence Commission's annual Illicit Drug Data Report provides an authoritative picture of the illicit drug environment in Australia. Now in its 15th edition, the report draws together data from a wide range of sources to inform our collective understanding and responses to the threat posed by illicit drugs in our country.

This report shows that drug markets in Australia remain resilient, with enduring demand for illicit drugs, particularly illicit stimulants. While cannabis is the predominant illicit drug market, the methylamphetamine market remains large and intractable and the cocaine market is increasing rapidly. The heroin market remains relatively small and stable. Of particular note in this reporting period are changes in the cocaine market. These changes reflect trends in Europe and North America; and are consistent with the findings of the National Wastewater Drug Monitoring Program and multiple user surveys that show a significant increase in cocaine consumption in Australia.

Substantial increases in cocaine border detections and national cocaine seizures and arrests were reported in 2016–17, and are all at record levels. Australia pays some of the highest prices in the world for cocaine. The 4 623 kilograms of cocaine seized nationally in 2016–17 equates to around 23 million hits, with an estimated street value of $1.7 billion. When considering the impact of such seizures, it is important to recognise that there are broader social and health implications for communities. Cocaine use in Australia causes misery to people in source countries—Colombia, Bolivia and Peru—and in other regions affected by the cocaine trade, including Mexico and countries in Central America. No-one profits from the proceeds of the cocaine market except greedy members of transnational organised crime groups. This highlights the global nature and impact of illicit drug markets.

In looking at demand indicators, findings from the National Wastewater Drug Monitoring Program show that average cocaine consumption in both capital city and regional sites has almost doubled since the program commenced in August 2016. The level of consumption of methylamphetamine has also increased slightly over the same period and remains the most consumed illicit drug monitored by the program.

While growth in the cocaine market is concerning, we must continue to implement and assess the effectiveness of strategies aimed at reducing the harm caused by *all* illicit drugs. This again reinforces the need for collaboration, both nationally and internationally, to curb the supply of, and demand for, these destructive commodities. Working with a range of international partners, in 2016–17 Australian law enforcement collectively removed from the market well over 10 tonnes of drugs destined for use in Australia.

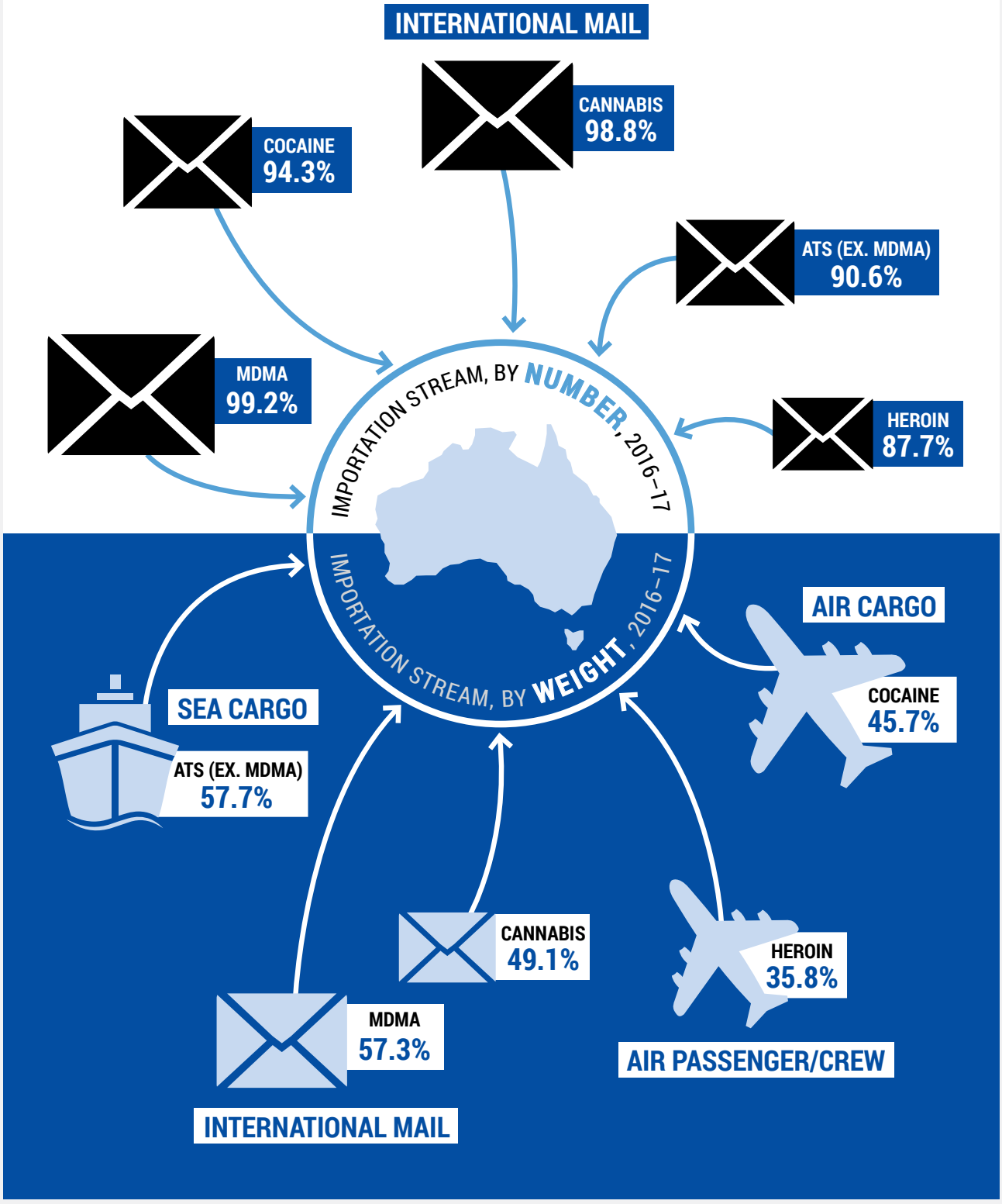
Data from the Illicit Drug Data Report are used to inform policy and operational decisions across government, industry and the not-for-profit sector and focus efforts to reduce the impact of illicit drugs on our communities. In this edition, a new format and structure has been used to create a more concise report, while retaining key drug market information and insights. For the first time, some of the information and data from the report are also being made available on the Australian Institute of Criminology's Crime Statistics Australia website. This will provide greater accessibility to the unique and valuable data contained in the report.

Illicit drugs are not just a law enforcement issue. We need to employ a holistic approach that focuses on supply, demand and harm reduction. By enhancing our shared understanding of illicit drug markets and changes within these markets, we can better target our collective efforts to address drug use in our country and the harm it causes.

No single data set provides a national picture of Australian illicit drug markets. It is only through the layering of multiple available data that we enhance our understanding of illicit drug markets and generate new insights. I commend the efforts of all who contributed to this report from law enforcement, forensic services, academia and the Australian Criminal Intelligence Commission. If not for your vital contributions and continued support, it would not be possible to understand the complex and evolving Australian drug market.

Michael Phelan APM
Chief Executive Officer
Australian Criminal Intelligence Commission

IMPORTATION METHODS



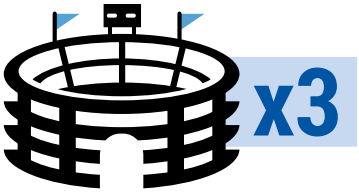
NATIONAL SEIZURES AND ARRESTS

The **113 533** national illicit **drug seizures** in 2016–17 was almost **double** the number of **flights** between **Sydney and Melbourne**, the busiest national route.

113 533
DRUG SEIZURES

27.4 TONNES
DRUGS SEIZED

The record **27.4 tonnes** of illicit **drugs seized** nationally in 2016–17 is more than **double** the weight of a **QE2 anchor**.



The record **154 650** national **drug arrests** is enough to fill AAMI stadium **three times.**

154 650
DRUG ARRESTS

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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 (now Department of Home Affairs).[1] These agencies provide significant contributions to each report and their expertise and experience, along with their continued support, have been invaluable to the Australian Criminal Intelligence Commission.

Key contributors are listed below:

- Australian Border Force
- Australian Federal Police
- Australian Federal Police, ACT Policing
- Australian Federal Police, Forensic Drug Intelligence
- Australian Institute of Criminology, Drug Use Monitoring in Australia Program
- ChemCentre
- Department of Home Affairs
- Forensic Science Service Tasmania
- Forensic Science South Australia
- National Wastewater Drug Monitoring Program
- New South Wales Ministry of Health, Health System Information and Performance Reporting
- New South Wales Police Force
- Northern Territory Police
- NSW Forensic & Analytical Science Service
- Queensland Health and Forensic Scientific Services
- Queensland Police Service
- South Australia Police
- Tasmania Police
- Victoria Police
- Western Australia Police Force.

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

INTRODUCTION

The Australian Criminal Intelligence Commission *Illicit Drug Data Report* (IDDR) 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. The IDDR presents data from a variety of sources and provides an important evidence base to assess current and future illicit drug trends, offers a brief analysis of those trends and assists decision-makers in the development of strategies to combat the threat posed by illicit drugs.

The Australian Criminal Intelligence Commission collects data annually from all state and territory police services, the Australian Federal Police, the Department of Home Affairs, state and territory forensic laboratories and research centres. The illicit drug data collected and presented in this report for the 2016–17 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, demand 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 police services and contributing forensic organisations. The Australian Criminal Intelligence Commission 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 2016–17 report.

The format and structure of the IDDR has changed this reporting period. This evolution provides a more concise report, while still retaining key illicit drug market information and insights. Similar to previous reports, each chapter in the 2016–17 report provides an overview of changes since the previous reporting period and also includes some longer-term trends in key market indicators—including border detections, national seizures and arrests, price, purity, forensic analysis, wastewater analysis and drug user survey data—which inform and enhance our understanding of Australia's illicit drug markets and the ability to identify changes within them. To provide greater accessibility to the valuable and unique data contained in the report, some of the information and data from the 2016–17 report will be made available on the Crime Statistics Australia website hosted by the Australian Institute of Criminology.

EXECUTIVE SUMMARY[2]

Variation exists in drug markets, both internationally and domestically, within and between states and territories and over time. No single data set provides a national picture of Australian illicit drug markets. It is only through the layering of multiple available data—both current and historical—that we are able to enhance our understanding of illicit drug markets in Australia.

In examining 2016–17 border detection and national seizure and arrest data for amphetamine-type stimulants (ATS), cannabis, heroin and cocaine a number of consistent themes emerge across the data sets. Overall, cannabis is the predominant drug across the data. By number, cannabis is more commonly detected at the border than any other drug, with more domestic seizures and arrests related to cannabis than any other drug. The exception is the weight of border detections. Herbal cannabis is difficult to conceal, with its strong odour making importations vulnerable to detection. Widespread domestic cultivation of cannabis generally makes the trafficking of herbal cannabis into Australia unnecessary or unprofitable, with the majority of cannabis border detections relating to seeds. ATS is the next most prevalent drug across the data, followed by cocaine, with heroin the least reported drug. Of these drugs, cocaine was the only drug type in 2016–17 where increases in border detection and national seizure and arrest data were reported.

Overall, based on supply and demand indicators for the main drug markets in Australia in 2016–17:

- ATS remained a large, relatively stable market despite supply and demand indicators providing a mixed picture.
- Cannabis supply and demand indicators are also mixed, but overall point to a large market that is relatively unchanged.
- Heroin indicators point to a small, stable market, as has been the case for some years.
- Cocaine indicators point to an expansion of the market during 2016–17.
- Indicators of supply and demand for other drugs provide a mixed picture. Many of the drugs and substances categorised as other drugs have both licit and illicit uses and may be lawfully or illegally produced and obtained. They reflect diverse and complex markets, both domestically and internationally. Of particular interest, the figures for 2016-17 show an increase in the number and weight of ATS (excluding MDMA) precursor detections at the Australian border.

PROFILE OF ILLICIT DRUG DETECTIONS AT THE AUSTRALIAN BORDER

Number of illicit drug detections—comparison between 2015–16 and 2016–17

Amphetamine-type stimulants (ATS)		Cannabis	Heroin	Cocaine
ATS (excluding MDMA)	MDMA			
↓ -3.7%	↑ 66.3%	↑ 46.4%	↑ 36.5%	↑ 33.8%
3 017 → 2 905	2 864 → 4 763	7 504 → 10 987	178 → 243	2 777 → 3 715

2 Key for tables in the Executive Summary: ↓ = Decrease ➲ = Relatively stable ↑ = Increase ■ = Highest on record

- Cannabis accounted for the greatest number of border detections in 2016–17, followed by MDMA, cocaine, ATS (excluding MDMA) and heroin.
- The number of ATS (excluding MDMA) detections at the Australian border decreased in 2016–17.
- The number of MDMA, cannabis, heroin and cocaine detections increased this reporting period, with the number of MDMA, cannabis and cocaine border detections in 2016–17 the highest on record.

Weight of illicit drugs detected—comparison between 2015–16 and 2016–17

Amphetamine-type stimulants (ATS)		Cannabis	Heroin	Cocaine
ATS (excluding MDMA)	MDMA			
↓ -30.0 %	↑ 529.1%	→ 0.6%	↑ 34.7%	↑ 68.8%
2 620kg → 1 833kg	141kg → 890kg	101kg → 102kg	149kg → 201kg	657kg → 1 109kg

- ATS (excluding MDMA) accounted for the greatest proportion of the weight of border detections in 2016–17, followed by cocaine, MDMA, heroin and cannabis.
- The weight of ATS (excluding MDMA) detected at Australian border decreased in 2016–17, with the weight of cannabis detected remaining relatively stable.
- The weight of MDMA, heroin and cocaine detected increased this reporting period, with the weight of cocaine detected in 2016–17 the highest on record.

Proportion of illicit drug detections, by importation stream in 2016–17

Drug type	Importation stream, by number, 2016–17		Importation stream, by weight, 2016–17	
ATS (excluding MDMA)	**International mail**	**90.6%**	**Sea cargo**	**57.7%**
	Air cargo	8.1%	Air cargo	23.4%
	Air passenger/crew	0.9%	International mail	18.7%
	Sea cargo	0.3%	Air passenger/crew	0.2%
MDMA	**International mail**	**99.2%**	**International mail**	**57.3%**
	Air cargo	0.6%	Air cargo	42.4%
	Air passenger/crew	0.2%	Air passenger/crew	0.3%
Cannabis	**International mail**	**98.8%**	**International mail**	**49.1%**
	Air passenger/crew	0.6%	Air cargo	44.4%
	Air cargo	0.5%	Sea Cargo	4.8%
	Sea cargo	<0.1%	Air passenger/crew	1.7%
Heroin	**International mail**	**87.7%**	**Air passenger/crew**	**35.8%**
	Air cargo	9.5%	Sea cargo	32.1%
	Air passenger/crew	2.1%	International mail	23.5%
	Sea cargo	0.8%	Air cargo	8.6%
Cocaine	**International mail**	**94.3%**	**Air cargo**	**45.7%**
	Air cargo	4.9%	International mail	25.0%
	Air passenger/crew	0.8%	Sea cargo	22.9%
	Sea cargo	<0.1%	Air passenger/crew	6.4%

- International mail accounts for the greatest proportion of border detections by number, however the importation stream accounting for the greatest proportion of detections by weight varies by drug type.

PROFILE OF NATIONAL DRUG SEIZURES

Number of national illicit drug seizures—comparison between 2015–16 and 2016–17

National	ATS	Cannabis	Heroin	Cocaine	Other & unknown drugs
↓ -1.6%	↓ -4.3%	↓ -2.2%	↓ -6.2%	↑ 15.6%	↑ 6.8%
115 421 → 113 533	39 014 → 37 351	61 334 → 60 006	2 081 → 1 951	3 951 → 4 567	9 041 → 9 658

- The number of national illicit drug seizures has increased 85.2 per cent over the last decade, increasing from 61 290 in 2007–08 to 113 533 in 2016–17.[3]
- The number of national illicit drug seizures decreased 1.6 per cent this reporting period, from a record 115 421 seizures in 2015–16.
- In 2016–17, cannabis seizures accounted for the greatest proportion of the number of national illicit drug seizures (52.9 per cent), followed by ATS (32.9 per cent), other and unknown (8.2 per cent), cocaine (4.0 per cent) and heroin and other opioids (2.0 per cent).[4]
- National ATS, cannabis and heroin seizures decreased this reporting period, however the number of ATS and cannabis seizures reported in 2016–17 are the second highest on record.
- The number of cocaine and other and unknown drug seizures increased in 2016–17 and are the highest on record.

Weight of illicit drugs seized nationally—comparison between 2015–16 and 2016–17

National	ATS	Cannabis	Heroin	Cocaine	Other & unknown drugs
↑ 30.8%	↓ -17.9%	↑ 24.1%	↔ 1.9%	↑ 540.6%	↑ 57.5%
21.0t → 27.4t	9 218kg → 7 571kg	6 081kg → 7 547kg	220kg → 224kg	721kg → 4 623kg	4 777kg → 7 524kg

- The weight of illicit drugs seized nationally has increased 129.6 per cent over the last decade, from 11.9 tonnes in 2007–08 to a record 27.4 tonnes in 2016–17.[5]
- The weight of illicit drug seizures nationally increased 30.8 per cent this reporting period, from 21.0 tonnes in 2015–16.
- In 2016–17, cannabis and ATS accounted for the greatest proportion of the weight of illicit drugs seized nationally (both 27.5 per cent), followed by other and unknown (27.2 per cent), cocaine (16.8 per cent) and heroin and other opioids (1.0 per cent).[6]

3 A figure displaying the number of national illicit drug seizures over the last decade will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

4 A figure for the number of national illicit drug seizures in 2016–17 will be available on the Crime Statistics Australia website. A proportional figure displaying the number of illicit drug seizures, by state and territory and drug type in 2016–17 will also be available. See <http://crimestats.aic.gov.au/>.

5 A figure displaying the weight of illicit drugs seized nationally over the last decade will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

6 A figure for the weight of illicit drugs seized nationally in 2016–17 will be available on the Crime Statistics Australia website. A proportional figure displaying the weight of illicit drugs seized, by state and territory and drug type in 2016–17, will also be available. See <http://crimestats.aic.gov.au/>.

- The weight of ATS seized nationally decreased this reporting period, with the weight of heroin seized remaining relatively stable.
- The weight of cannabis, cocaine and other and unknown drugs increased this reporting period, with the weight of cocaine seized in 2016–17 the highest on record.

COMPARISON OF THE WEIGHT OF METHYLAMPHETAMINE, MDMA, HEROIN AND COCAINE SEIZED NATIONALLY IN 2016–17 AND ESTIMATED CONSUMPTION

Drug	Estimated consumption (kilograms per annum)	2016–17 national seizures (kilograms)	Percentage of total estimated consumption seized (%)
Methylamphetamine	8 387	3 821[a]	45.6
MDMA	1 280	1 426	111.4
Heroin	765	224	29.3
Cocaine	3 075	4 623	150.3

a. At this time it is not possible at a national level to provide a further breakdown of drugs within the amphetamines category. As such national seizure figures reflect the weight of amphetamines seized. Amphetamines include amphetamine, methylamphetamine, dexamphetamine and amphetamine not elsewhere classified. Based on available data, methylamphetamine accounts for the majority of amphetamines seized.

Wastewater provides a measure of drug consumption within a given population. The Australian Criminal Intelligence Commission has used wastewater data collected between August 2016 and August 2017 as part of the National Wastewater Drug Monitoring Program (NWDMP) to estimate the annual weight of methylamphetamine, MDMA, heroin and cocaine consumed nationally. While these estimates are conservative, they provide valuable insight into key illicit drug markets in Australia.[7] On comparing the weight of these drugs seized nationally in 2016–17 and annual national drug consumption estimates derived from wastewater analysis, it is evident demand for harmful drugs remains robust. Based on the reported weights seized nationally by Australian law enforcement and consumption estimates from the NWDMP:

- the weight of amphetamines seized equated to 45.6 per cent of the total estimated weight of methylamphetamine needed to meet national demand
- the weight of MDMA seized exceeded the total estimated weight of MDMA needed to meet national demand (111.4 per cent)
- the weight of heroin seized equated to 29.3 per cent of the total estimated weight of heroin required to meet national demand
- the weight of cocaine seized exceeded the total estimated weight of cocaine needed to meet national demand (150.3 per cent).

7 The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

PROFILE OF NATIONAL ILLICIT DRUG ARRESTS

National illicit drug arrests—comparison between 2015–16 and 2016–17

National	ATS	Cannabis	Heroin & other opioids	Cocaine	Other & unknown drugs
0.1%	-0.2%	-2.6%	-0.2%	29.9%	7.0%
154 538 → 154 650	47 625 → 47 531	79 643 → 77 549	2 975 → 2 970	2 592 → 3 366	21 703 → 23 234

- The number of national illicit drug arrests has increased 96.6 per cent over the last decade, from 78 675 in 2007–08 to a record 154 650 in 2016–17.[8]
- The number of national illicit drug arrests remained relatively stable this reporting period, increasing from 154 538 arrests in 2015–16.
- In 2016–17, cannabis arrests accounted for the greatest proportion of national illicit drug arrests (50.1 per cent), followed by ATS (30.7 per cent), other and unknown (15.0 per cent), cocaine (2.2 per cent) and heroin and other opioids (1.9 per cent).[9]
- National ATS and heroin and other opioid arrests remained relatively stable this reporting period, with a decrease in the number of national cannabis arrests.
- The number of national cocaine and other unknown drug arrests increased in 2016–17 and are the highest on record.

Arrest data in the IDDR incorporate recorded law enforcement action against a person for suspected unlawful involvement in illicit drugs. It incorporates action by way of arrest and charge, summons, diversion, infringement and caution. The action taken by law enforcement is influenced by a number of factors, including but not limited to which state or territory the incident occurs in, the drug type and quantity and related legislation/regulation. In 2016–17, summons accounted for the greatest proportion of national drug arrests (43.6 per cent), followed by charge (32.1 per cent) and caution/diversion/infringement (24.2 per cent). These proportions vary between drug type, with charge accounting for the greatest proportion of national heroin and other opioid arrests (60.7 per cent), summons accounting for the greatest proportion of national steroid arrests (55.9 per cent) and caution/diversion/infringements accounting for the greatest proportion of national cannabis arrests (38.8 per cent).[10]

8 A figure displaying the number of national illicit drug arrests over the last decade will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

9 A figure for the number of national illicit drug arrests in 2016–17 will be available on the Crime Statistics Australia website. A proportional figure displaying the number of illicit drug arrests, by state and territory and drug type in 2016–17, will also be available. See <http://crimestats.aic.gov.au/>.

10 Figures for 2016–17 national arrests, by drug type, will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

In 2016–17, males accounted for the majority of national arrests (76.1 per cent), with females accounting for less than one quarter of arrests. While there was some variation in the proportion of arrests related to males across drug types, males consistently accounted for the greatest proportion of arrests across all drug types this reporting period, ranging from 73.0 per cent of national other and unknown arrests to 85.8 per cent of national cocaine arrests.[11] In 2016–17, consumer arrests accounted for the greatest proportion of national arrests (88.6 per cent). While consumer arrests account for the greatest proportion of arrests across all drug types, the proportion attributed to them does vary, from 75.9 per cent of national cocaine arrests to 91.4 per cent of national cannabis arrests.[12]

PROFILE OF NATIONAL CLANDESTINE LABORATORIES AND PRECURSORS

National clandestine laboratory detections—comparison between 2015–16 and 2016–17

No. of detections	Size and production capacity	Location
↓ -19.5% 575 → 463	↓ Addict-based 66.5% → 49.5%	↓ Residential 68.5% → 63.9%
	↑ Other small 16.1% → 27.7%	↑ Vehicle 9.6% → 12.5%
	↑ Medium 9.7% → 20.0%	→ Other 7.5% → 8.4%
	↓ Industrial 7.7% → 2.7%	→ Commercial/industrial 4.0% → 6.0%
		→ Public place 5.2% → 5.0%
		→ Rural 5.2% → 4.1%

- The number of clandestine laboratories detected nationally decreased for the fifth consecutive reporting period in 2016–17.
- The majority of laboratories detected in Australia this reporting period were producing methylamphetamine, with the hypophosphorous method of production the predominant process identified.
- Drug profiling data of both border and domestic seizures indicates ephedrine and pseudoephedrine remain the dominant methylamphetamine precursors.
- The majority of laboratories are detected in residential locations, with an increased proportion of detections attributed to other small-scale and medium sized laboratories in 2016–17.

11 Figures for 2016–17 national arrests, by drug type and gender, will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

12 Figures for 2016–17 national arrests, by drug type and consumer/provider status, will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

Number of ATS precursor border detections—comparison between 2015–16 and 2016–17

ATS Precursors	
ATS (excluding MDMA)	MDMA
↑ 38.0%	↓ -42.9%
400 → 552	7 → 4

The number of ATS (excluding MDMA) precursor detections at the Australian border increased in 2016–17, while the number of MDMA precursor detections decreased for the second consecutive reporting period.

Weight of ATS precursor border detections—comparison between 2015–16 and 2016–17

ATS Precursors	
ATS (excluding MDMA)	MDMA
↑ 48.9%	↓ -87.5%
1 063kg → 1 584kg	81kg → 10kg

The weight of ATS (excluding MDMA) precursors detected at the Australian border increased for the second consecutive reporting period in 2016–17, while the weight of MDMA precursors detected decreased for the second consecutive reporting period.

2016–17 FEATURE DRUG—COCAINE

Substantial increases in cocaine border detections and national cocaine seizures and arrests were reported in 2016–17, all of which are at record levels. While there were also changes and increases in other market indicators—including price, purity, consumption and demand—these were more variable and not as pronounced as those in detection, seizure and arrest data in the same period. Taken as a whole, the cocaine data indicate a market likely in growth across 2016–17.

In summary:

- Based on forensic profiling of both border and national seizures, Colombia remains the dominant source country for cocaine in Australia.
- The number of cocaine detections at the Australian border has increased 492.5 per cent over the last decade, from 627 in 2007–08 to a record 3 715 in 2016–17. With the exception of 2013–14, the number of cocaine detections has increased every reporting period for the last five years, increasing 85.5 per cent from 2 003 in 2012–13.
- The weight of cocaine detected at the Australian border has increased 70.9 per cent over the last decade, from 649 kilograms in 2007–08 to a record 1 109 kilograms in 2016–17. The weight of cocaine detected has fluctuated over the last five reporting periods, increasing 177.9 per cent from 399 kilograms in 2012–13.

- The number of national cocaine seizures has increased 259.3 per cent over the last decade, from 1 271 in 2007–08 to a record 4 567 in 2016–17. The number of national cocaine seizures has increased every reporting period for the last five years, increasing 110.8 per cent from 2 167 in 2012–13.
- The weight of cocaine seized nationally has increased 595.6 per cent over the last decade, from 664 kilograms in 2007–08 to a record 4 623 kilograms in 2016–17. The weight of cocaine seized nationally has fluctuated over the last five reporting periods, increasing 337.6 per cent from 1 056 kilograms in 2012–13.
- The number of national cocaine arrests has increased 403.1 per cent over the last decade, from 669 in 2007–08 to a record 3 366 in 2016–17. The number of national cocaine arrests has increased every reporting period for the last five years, increasing 162.6 per cent from 1 282 in 2012–13.
- Nationally, the price of a cap of cocaine ranged between $50 and $350 in 2016–17, an increase from the $50 to $100 price range reported since 2012–13. Nationally, the price for a gram of cocaine ranged between $200 and $600 price in 2016–17, notably less than the $50 to $1 000 price range reported in 2012–13. Nationally, the price for a kilogram of cocaine in 2016–17 was consistent with the $180 000 to $300 000 price range reported in 2015–16 and less than the $180 000 to $360 000 range reported in 2012–13.
- Since 2012–13, the annual median purity of cocaine has ranged between 27.8 per cent and 64.5 per cent. In 2016–17, the annual median purity of cocaine ranged from 33.2 per cent in Queensland to 60.5 per cent in Western Australia.
- According to the NWDMP, average cocaine consumption in capital city sites in Australia is almost double that of regional sites. The population-weighted average consumption of cocaine in regional sites almost doubled between August 2016 and August 2017, with population-weighted average consumption in capital sites increasing by around 30 per cent in the same period.
- According to the 2016 National Drug Strategy Household Survey, the proportion of the Australian population aged 14 years or older who reported using cocaine at least once in their lifetime increased, from 8.1 per cent in 2013 to 9.0 per cent in 2016. In the same survey, the proportion reporting recent cocaine use also increased, from 2.1 per cent in 2013 to 2.5 per cent in 2016.

- In a 2017 national study of regular injecting drug users, the proportion of respondents reporting the recent use of cocaine increased, from 11.0 per cent in 2016 to 13.0 per cent in 2017. In 2013, the proportion of respondents reporting the recent use of cocaine was 16.0 per cent.
- In a 2017 national study of regular ecstasy users, the proportion of respondents reporting the recent use of cocaine increased, from 47.0 per cent in 2016 to 48.0 per cent in 2017. In 2013, the proportion of respondents reporting the recent use of cocaine was 36.0 per cent.
- According to the Drug Use Monitoring in Australia program, which examines drug use among police detainees, the proportion of detainees self-reporting cocaine use increased from 16.0 per cent in 2015–16 to 16.7 per cent in 2016–17, with the proportion of detainees testing positive to cocaine increasing from 0.9 per cent in 2015–16 to 1.8 per cent in 2016–17. In 2012–13, the proportion of detainees self-reporting cocaine use was 11.2 per cent, with 1.1 per cent of detainees testing positive to cocaine.

ABBREVIATIONS

1,4-BD	1,4-butanediol
4-MMC	4-methylmethcathinone
AAS	Anabolic-androgenic steroids
ACIC	Australian Criminal Intelligence Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ANSPS	Australian Needle and Syringe Program Survey
ATS	Amphetamine-type stimulants
CEN	Cannabis Expiation Notice
CIR	Cannabis Intervention Requirement
DEA	Drug Enforcement Administration
DIN	Drug Infringement Notice
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and Related Drugs Reporting System
ENIPID	Enhanced National Intelligence Picture on Illicit Drugs
Eph	Ephedrine
EPO	Erythropoietin
FDI	Forensic Drug Intelligence
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
hCG	Human chorionic gonadotrophin
hGH	Human growth hormone
IDDR	Illicit Drug Data Report
IDRS	Illicit Drug Reporting System
INCB	International Narcotics Control Board
LSD	Lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine

MEAP	Methylamphetamine Enforcement Action Plan
NDSHS	National Drug Strategy Household Survey
NEC	Not elsewhere classified
NMI	National Measurement Institute
NPS	New psychoactive substances
NSW	New South Wales
NT	Northern Territory
P2P	Phenyl-2-propanone
PICS	Precursors Incident Communication System
PIED	Performance and image enhancing drug
PSE	Pseudoephedrine
Qld	Queensland
SA	South Australia
SCON	Simple Cannabis Offence Notice
Tas	Tasmania
THC	Delta-9-tetrahydrocannabinol
UK	United Kingdom
UNODC	United Nations Office on Drugs and Crime
US	United States
Vic	Victoria
WA	Western Australia
WADA	World Anti-Doping Agency
WCO	World Customs Organization
WWA	Wastewater analysis

AMPHETAMINE-TYPE STIMULANTS

KEY POINTS

- Internationally, after cannabis ATS are the second most consumed drug worldwide. In 2015, methylamphetamine accounted for around two-thirds of the weight of ATS seized globally.
- Indicators of ATS supply and demand in Australia provide a mixed picture, but overall point to a large, relatively stable market in 2016–17.
  - While figures remain high, both the number and weight of ATS (excluding MDMA) detected at the Australian border decreased for the second consecutive reporting period in 2016–17.
  - Of the drugs tested in the National Wastewater Drug Monitoring Program, methylamphetamine was the most consumed illicit drug in regional and capital city sites.
  - Both the number and weight of MDMA detected at the Australian border increased this reporting period, with the 4 763 detections in 2016–17 the highest on record.
  - Of the substances tested by the National Wastewater Drug Monitoring Program, MDMA is one of the least consumed drugs.
  - Consistent with previous reporting periods, drug profiling data of both border and domestic seizures indicates ephedrine and pseudoephedrine remain the dominant methylamphetamine precursors.
  - Forensic profiling saw the re-emergence of the Leuckart route of manufacture in 2016. Last recorded in border samples in 2005, the method more commonly identified in methylamphetamine manufacture was identified in MDMA ENIPID samples for the first time.
  - While the number and weight of national ATS seizures decreased this reporting period, they remain high.
  - National ATS arrests remained relatively stable in 2016–17 following five consecutive increases to a record 47 625 reported in 2015–16.

MAIN FORMS

Amphetamine-type stimulants (ATS) are a group of central nervous system stimulants which include amphetamine, methylamphetamine and 3,4-methylenedioxymethamphetamine (MDMA).

- Owing to differences in chemical composition, methylamphetamine is more potent than amphetamine, resulting in a stronger nervous system reaction.
- MDMA is a derivative of amphetamine, but has an important difference in chemical structure which provides MDMA's hallucinogenic (in addition to stimulant) properties. Amphetamine is most commonly found in powder and tablet form, which can be swallowed, snorted, smoked or (less commonly) injected.
- Methylamphetamine has four common forms—tablet, crystalline (often referred to as 'ice' and considered the most potent form of the drug[1]), base (also referred to as 'paste') and powder (also referred to as 'speed'). Methylamphetamine can be swallowed, snorted, smoked or injected.
- MDMA (also referred to as 'ecstasy'), is most commonly found in tablet form of varying colours and sizes, often imprinted with a picture or symbol. MDMA is also found in capsule, powder and crystal form. While MDMA is most commonly ingested, it can also be snorted, inhaled and injected (ADF 2017a; ADF 2017b; EMCDDA 2017; Degenhardt & Hall 2010).

INTERNATIONAL TRENDS

After cannabis, ATS remain the second most widely used drug worldwide, with the reported number of users increasing between 2014 and 2015. The combined weight of global ATS seizures continued to increase, totalling more than 190 tonnes in 2015. Methylamphetamine accounted for the majority of global ATS seizures in 2015. At 132 tonnes, global seizures of methylamphetamine increased by 21.0 per cent between 2014 and 2015. Global seizures of amphetamines increased by 8.0 per cent (reaching a total of 53 tonnes) between 2014 and 2015, while global seizures of ecstasy declined by 35.0 per cent, totalling 6 tonnes in 2015 (UNODC 2017).

In 2015, the majority of global methylamphetamine seizures continued to occur in the regions of East and South-East Asia, and North America. Of note, 2015 marked the first year where South-East Asia accounted for the highest proportion of the weight of global methylamphetamine seizures. China also recorded a significant increase in the weight of methylamphetamine seized, totalling 37 tonnes in 2015. The regions of the Near and Middle East and South-West Asia accounted for the greatest proportion of the weight of global amphetamine seizures (20.3 per cent), followed by Central America (12.7 per cent) and Western and Central Europe (6.5 per cent). Of the 6 tonnes of ecstasy seized in 2015, the majority (close to 4 tonnes) was seized in Europe; with the remainder seized in Asia, the Americas and Oceania (accounting for less than 1 tonne each) (UNODC 2017).

1 While the crystalline form of methylamphetamine is typically of higher purity, appearance alone is not a reliable indicator of purity. Purity levels may be influenced by a number of factors, including the adulterants used.

Europe continues to be a key source region for ATS production and trafficking, including for export to Australia. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has reported that Belgium, the Netherlands and Poland are the predominant producers of amphetamine in Europe, while the Czech Republic and certain regions in neighbouring countries produce the bulk of Europe's methylamphetamine. Belgium and the Netherlands are also the principal source countries for MDMA production in Europe (EMCDDA 2017; UNODC 2017).

According to World Customs Organization (WCO) data, the total number of amphetamine seizures reported by WCO agencies increased by 114.4 per cent between 2015 and 2016. Amphetamine accounted for 9.7 per cent of the number of seizures within the 'psychotropic substances' subcategory. The number of MDMA seizures increased by 312.2 per cent between 2015 and 2016, while the weight seized remained relatively stable. The 2 863 MDMA seizures accounted for the greatest proportion (25.3 per cent) of the number of psychotropic substance seizures in 2016. After MDMA, methylamphetamine was the second most frequently seized psychotropic substance, accounting for 19.4 per cent of seizures in this subcategory. Of the 2 917 seizures of MDMA globally, North America accounted for the highest proportion (2 098 seizures, or 71.9 per cent), followed by Western Europe (498 seizures, or 17.1 per cent). North America also accounted for the greatest proportion of the number of methylamphetamine seizures (77.1 per cent), followed by the Asia-Pacific region (14.9 per cent) (WCO 2017).

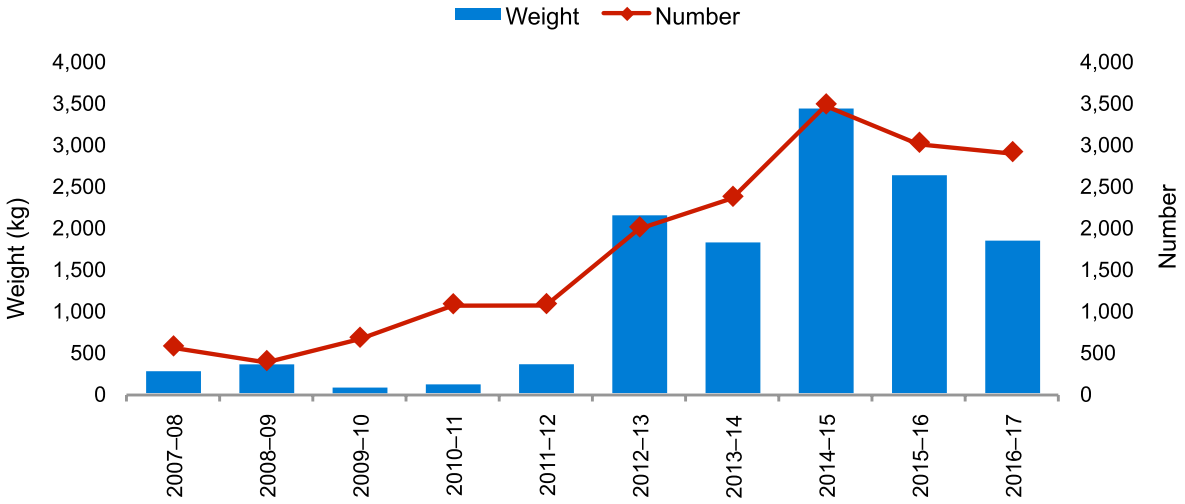
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

Large quantities of ATS, particularly methylamphetamine, continue to be detected at the Australian border. The number of ATS (excluding MDMA) detections decreased 3.7 per cent this reporting period, from 3 017 in 2015–16 to 2 905 in 2016–17. The weight detected decreased 30.0 per cent this reporting period, from 2 620.6 kilograms in 2015–16 to 1 833.9 kilograms in 2016–17 (see Figure 1). In 2016–17, 195 detections of ATS (excluding MDMA) weighed one kilogram or more. With a combined total weight of 1 707.6 kilograms, these 195 detections account for 6.7 per cent of the number of ATS (excluding MDMA) detections and 93.1 per cent of the weight of ATS (excluding MDMA) detected at the Australian border this reporting period.[2]

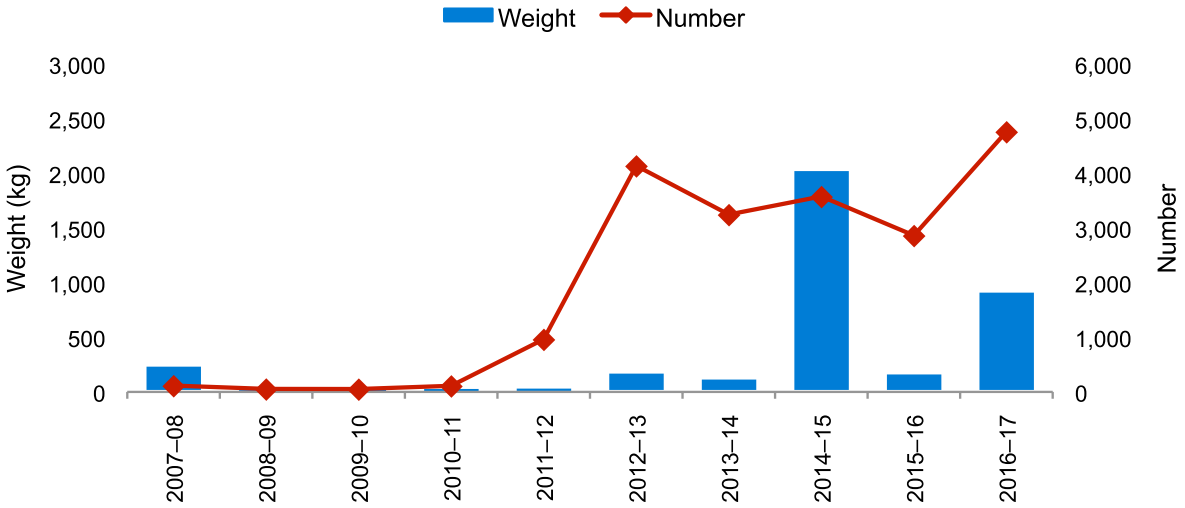
2 See Appendix 1 for significant border detections of ATS (excluding MDMA) in 2016–17.

FIGURE 1: Number and weight of ATS (excluding MDMA) detections at the Australian border 2007–08 to 2016–17 (Source: Department of Home Affairs)



The number of MDMA detections at the Australian border increased 66.3 per cent this reporting period, from 2 864 in 2015–16 to 4 763 in 2016–17. The weight of MDMA detected this reporting period increased 529.1 per cent, from 141.5 kilograms in 2015–16 to 890.2 kilograms in 2016–17 (see Figure 2). In 2016–17, 28 MDMA detections weighed one kilogram or more. With a combined total weight of 782.3 kilograms, these 28 detections account for 0.6 per cent of the number of MDMA detections and 87.9 per cent of the weight of MDMA detected at the Australian border this reporting period.[3]

FIGURE 2: Number and weight of MDMA detections at the Australian border 2007–08 to 2016–17 (Source: Department of Home Affairs)



3 See Appendix 1 for significant border detections of MDMA in 2016–17.

IMPORTATION METHODS

In 2016–17, detections of ATS (excluding MDMA) occurred in the international mail, air and sea cargo and air passenger/crew streams. This reporting period the international mail stream accounted for 90.6 per cent of the number and 18.7 per cent of the weight of ATS (excluding MDMA) detected at the Australian border. The air cargo stream accounted for 8.1 per cent of the number and 23.4 per cent of the weight of the weight of ATS (excluding MDMA) detected in 2016–17, with the sea cargo stream accounting for 0.3 per cent of the number and 57.7 per cent of the weight. The air passenger/crew stream accounted for 0.9 per cent of the number and 0.2 per cent of the weight.[4]

In 2016–17, detections of MDMA occurred in the international mail, air cargo and air passenger/ crew streams. This reporting period the international mail stream accounted for 99.2 per cent of the number and 57.3 per cent of the weight of MDMA detected at the Australian border. The air cargo stream accounted for 0.6 per cent of the number and 42.4 per cent of the weight of MDMA detected in 2016–17, with the air passenger/crew stream accounting for 0.2 per cent of the number and 0.3 per cent of the weight.[5]

EMBARKATION POINTS

In 2016–17, 52 countries were identified as embarkation points for ATS (excluding MDMA) detected at the Australian border, compared with 49 countries in 2015–16. By weight, the United States (US) was the primary embarkation point for ATS (excluding MDMA) detections in 2016–17. Other key embarkation points by weight this reporting period include China (including Hong Kong), South Africa, Malaysia, Canada, Taiwan, India, Cambodia and Vietnam.

In 2016–17, 28 countries were identified as embarkation points for MDMA detected at the Australian border, compared with 29 countries in 2015–16. By weight, Germany was the primary embarkation point for MDMA detected at the Australian border in 2016–17. Other key embarkation points by weight this reporting period include the Netherlands, the United Kingdom, France, Poland, Canada, the United Arab Emirates, Belgium, Ireland and the US.

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 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, the 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 2017 from which samples were submitted to the NMI for routine analysis and profiling.[6]

4 Figures for importation methods of ATS (excluding MDMA) detections in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

5 Figures for importation methods of MDMA detections in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

6 Profiling data relate to seizures investigated by the AFP between 2010 to June 2017, 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. 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.

METHYLAMPHETAMINE

Consistent with previous years, ephedrine/pseudoephedrine (Eph/PSE) remains the dominant precursor for methylamphetamine seized at the border (see Tables 1 and 2).

- In 2016, a total of 262.5 kilograms of methylamphetamine was seized during Operation BLEUE and found to be manufactured from Eph/PSE. This was the largest seizure in 2016.
- Op BLEUE relates to a highly sophisticated concealment methodology where approximately 86.0 kilograms of the methylamphetamine seized during the investigation was concealed within the flooring of three shipping containers declared as flat steel pallets. The shipping container originated from China, a large supplier of Australia's methylamphetamine.

In 2016 there were 192 seizures of methylamphetamine, representing a total weight of 2 356.5 kilograms.

- While an increase in the total weight of methylamphetamine was observed, a decrease in the number of seizures from 2015 was noted, highlighting that larger (and often more complex) seizures are being detected and subsequently examined by the AFP.
- Data for the first six months of 2017 suggests a further increase in the total weight of methylamphetamine seized compared to 2016.

During the first six months of 2017, there were 62 seizures of methylamphetamine, totalling over 1.7 tonnes.

- Analysis of seizure data to date shows a continuation of the use of Eph/PSE as a precursor in the manufacture of methylamphetamine destined for the Australian market.
- Interestingly, over 80.0 per cent of the total weight of methylamphetamine analysed in the first six months of 2017 consisted of 'mixed' seizures, containing methylamphetamine manufactured using the Eph/PSE and phenyl-2-propanone (P2P) methods.

TABLE 1: Synthetic route of manufacture of methylamphetamine samples as a proportion of analysed AFP border seizures classified by precursor, 2010–June 2017[7] (Source: Australian Federal Police, Forensic Drug Intelligence)

	Synthetic Route		
Year	Eph/PSE %	P2P %	Mixed/Unclassified %
Jan–Jun 2017	53.3	33.4	13.3
2016	81.9	7.0	11.1
2015	77.0	18.6	4.4
2014	77.9	13.8	8.3
2013	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

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

TABLE 2: Synthetic route of manufacture of methylamphetamine samples as a proportion of total bulk weight of analysed AFP border seizures classified by precursor, 2010–June 2017[8] (Source: Australian Federal Police, Forensic Drug Intelligence)

	Synthetic Route		
Year	Eph/PSE %	P2P %	Mixed/Unclassified %
Jan–Jun 2017	13.5	1.4	85.1
2016	63.4	1.7	34.9
2015	65.7	29.4	4.9
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 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. The Proceeds of Crime Act (POCA) funded ENIPID project officially concluded on 30 June 2016. Since then, the ENIPID capability has been integrated into core AFP Forensic Drug Intelligence (FDI) duties to ensure its continued delivery through AFP Forensics.

- Western Australia Police Force, New South Wales Police Force and Victoria Police are the largest contributors to ENIPID. Combined, they accounted for 79.0 per cent of all samples submitted in 2016.
- As expected, and mirroring the border data, methylamphetamine manufactured from Eph/PSE continued to account for the greatest proportion of analysed ENIPID cases and samples in 2016. Data from the first six months of 2017 indicates a continuation of this trend (see Tables 1 and 2 in Appendix 2).

MDMA

Similar to previous years, a large number of MDMA samples were produced using reductive amination via platinum hydrogenation. In 2016, a large number of samples were produced by reductive amination, however they were unable to be classified further. This may indicate a possible deviation from known methods or likely multiple drug bulks produced using different reductive amination methods mixed together to form a larger bulk (see Table 3).

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

TABLE 3: Synthetic route of manufacture of MDMA samples as a proportion of analysed AFP border seizures, 2010–2016[9] (Source: Australian Federal Police, Forensic Drug Intelligence)

		Reductive Amination				
Year	Unclassified %	Borohydride %	Platinum Hydrogenation %	Palladium Hydrogenation %	Aluminium Amalgam %	Mixed/ Unclassified %
2016	44.9	8.6	37.9	–	–	8.6
2015	–	2.1	83.0	–	–	14.9
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

The total weight of MDMA seized is often heavily influenced by the detection of one or more large seizures, which consequently also influences the proportion attributed to specific synthetic routes of manufacture (see Table 4).

- In 2016, the majority of bulk weight was attributed to two large seizures (493.3 kilograms and 241.5 kilograms) originating from the Czech Republic.
- These two seizures were classified as reductive amination via platinum hydrogenation, which as a result has heavily influenced the overall proportions for 2016.
- This was similarly observed in 2014, where the bulk weight and resulting synthetic manufacture route were attributed to a single large seizure (1 918.4 kilograms).

TABLE 4: Synthetic route of manufacture of MDMA samples as a proportion of total bulk weight of analysed AFP border seizures, 2010–2016[10] (Source: Australian Federal Police, Forensic Drug Intelligence)

		Reductive Amination				
Year	Unclassified %	Borohydride %	Platinum Hydrogenation %	Palladium Hydrogenation %	Aluminium Amalgam %	Mixed/ Unclassified %
2016	0.7	<0.1	98.3	–	–	1.0
2015	–	0.01	64.9	–	–	35.1
2014	<0.1	1.3	98.0	<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

9 This data may also include seizures destined for Australia which occurred offshore. Please note from November 2016, MDMA is no longer routinely chemically profiled due to changes in the Memorandum of Understanding (MoU) for the provision of illicit drug analysis between the NMI and AFP.
10 This data may also include seizures destined for Australia which occurred offshore.

In 2016, the Leuckart synthetic route of manufacture re-emerged and is the first time it is has been identified in MDMA ENIPID samples. This method is more commonly noted in methylamphetamine manufacture and was previously last recorded in AFP border samples in 2005 (see Tables 3 and 4 in Appendix 2).

- Previous reporting periods show the dominance of the reductive amination via platinum hydrogenation method.
- ENIPID sample data for 2016 period mirrors that of the Australian border, showing a decrease in the reductive amination via platinum hydrogenation method noting a larger proportion of samples manufactured using the reductive amination (unclassified) route.
- The data indicates reductive amination (unclassified) is the most commonly noted manufacture method in ENIPID samples in all states and territories except for the Northern Territory. This is a shift from the last reporting period where reductive amination via platinum hydrogenation was the most commonly encountered method in all states and territories.

DOMESTIC MARKET INDICATORS

The number of clandestine laboratories detected nationally decreased 19.5 per cent this reporting period, from 575 in 2015–16 to 463 in 2016–17. Of the 463 clandestine laboratories detected in 2016–17, the majority were producing ATS (excluding MDMA). The number of laboratories detected this reporting period manufacturing MDMA more than halved, decreasing from 17 in 2015–16 to 8 in 2016–17 (see *Clandestine laboratories and precursors* chapter).

According to the 2016 National Drug Strategy Household Survey (NDSHS), 6.3 per cent of the Australian population aged 14 years or older reported using meth/amphetamine at least once in their lifetime, a decrease from the 7.0 per cent reported in 2013. In the same survey, 1.4 per cent reported recent[11] meth/amphetamine use, a decrease from 2.1 per cent in 2013.

- Despite the reported decrease in use, the reported frequency of use has increased. For those reporting recent meth/amphetamine use, the proportion reporting use once a week or more increased, from 15.5 per cent in 2013 to 20.4 per cent in 2016.
- The proportion of those reporting crystal/ice as the main form used increased, from 25.3 per cent in 2013 to 31.9 per cent in 2016.
- In relation to the form of the drug used, crystal/ice remained the main form reportedly used in the last 12 months, increasing from 50.4 per cent in 2013 to 57.3 per cent in 2016, with the proportion reporting powder/speed as the main form used continuing to decrease, from 28.5 per cent in 2013 to 20.2 per cent in 2016 (AIHW 2017).

In a 2016 national study of regular injecting drug users, the proportion of respondents reporting the recent[12] use of any form of methylamphetamine increased, from 72.0 per cent in 2015 to 75.0 per cent in 2016. This decreased to 71.0 per cent in 2017. Within this regular drug injecting user population, the reported median days of methylamphetamine use in the six months preceding interview increased from 24 days in 2015 to 36.5 days in 2016. This further increased to 38.0 days in 2017.[13]

11 In the NDSHS, recent use refers to reported use in the 12 months preceding interview.
12 In both the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.
13 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

- Within this user population, the proportion of respondents reporting the recent use of crystal methylamphetamine increased, from 67.0 per cent in 2015 to 73.0 per cent in 2016. While this decreased to 68.0 per cent in 2017, crystal methylamphetamine remains the predominant form used within this user population.
- The proportion of respondents reporting the recent use of speed decreased, from 25.0 per cent in 2015 to 20.0 per cent in 2016. This remained unchanged in 2017.
- The proportion of respondents reporting the recent use of methylamphetamine base decreased, from 10.0 per cent in 2015 to 8.0 per cent in 2016. In 2017 this increased to 10.0 per cent.
- In the same 2016 study, the proportion of respondents reporting methylamphetamine as their drug of choice increased, from 25.0 per cent in 2015 to 29.0 per cent in 2016. In 2017 this further increased to 32.0 per cent (Karlsson & Burns 2018; Stafford & Breen 2017a).

According to the Australian Needle and Syringe Program Survey (ANSPS), the prevalence of respondents reporting methylamphetamine as the drug last injected increased, from 36.0 per cent in 2015 to 43.0 per cent in 2016. In 2016, methylamphetamine again exceeded heroin (28.0 per cent), as the most commonly reported drug last injected nationally (Memedovic et al. 2017).

In a 2016 national study of regular ecstasy users, the proportion of respondents reporting the recent use of any form of methylamphetamine remained stable at 38.0 per cent. In 2017, this decreased to 31.0 per cent. Within this regular ecstasy user population, the reported median days of methylamphetamine use in the six months preceding interview increased, from 3 days in 2015 to 4 days in 2016. This decreased to 3 days in 2017.[14]

- Speed remained the most common form of methylamphetamine used within this user population, with the proportion of respondents reporting the recent use of speed remaining stable at 25.0 per cent in 2016. This decreased to 22.0 per cent in 2017.
- While the proportion of respondents reporting the recent use of crystal methylamphetamine remained stable at 19.0 per cent in 2016, it decreased to 13.0 per cent in 2017.
- The proportion of respondents reporting the recent use of base increased from 3.0 per cent in 2015 to 4.0 per cent in 2016, decreasing to 3.0 per cent in 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

According to the 2016 NDSHS, 11.2 per cent of the Australian population aged 14 years or older reported using ecstasy at least once in their lifetime, an increase from the 10.9 per cent reported in 2013. In the same survey, 2.2 per cent reported recent ecstasy use, a decrease from the 2.5 per cent reported in 2013 (AIHW 2017).

14 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

In a 2016 national study of regular ecstasy users, the reported median days of any ecstasy use[15] in the six months preceding interview increased, from 12 days in 2015 to 13 days in 2016. This further increased to 14 days in 2017.

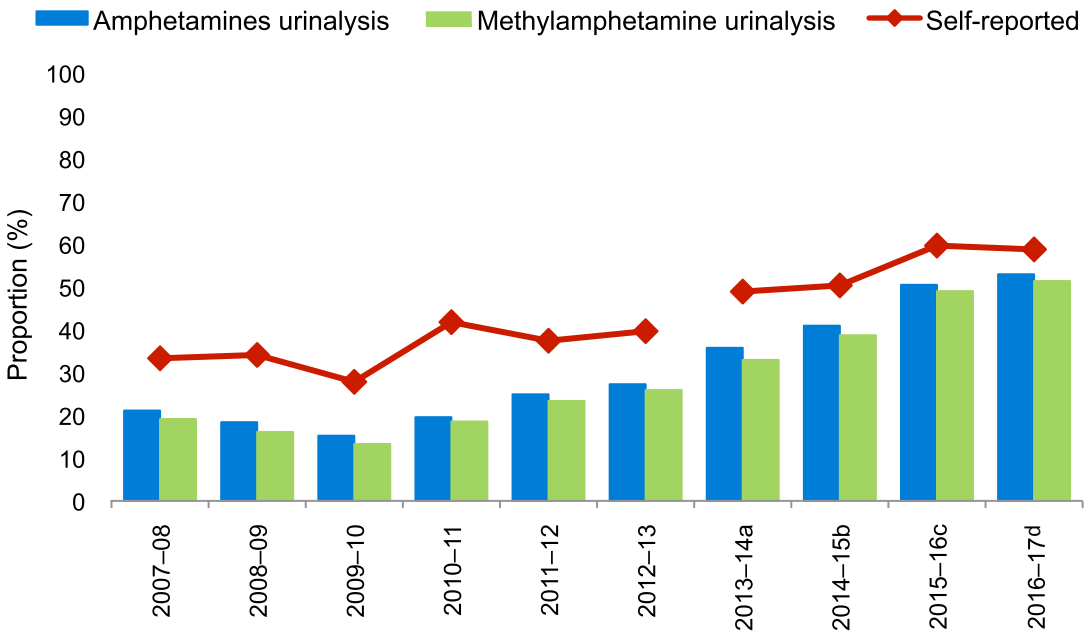
- Within this user population, the proportion of respondents reporting the recent use of tablets decreased, from 85.0 per cent in 2015 to 82.0 per cent in 2016. In 2017 this further decreased to 78.0 per cent.
- The proportion of respondents reporting the recent use of crystals increased, from 52.0 per cent in 2015 to 57.0 per cent in 2016. In 2017 this further increased to 67.0 per cent.
- The proportion of respondents reporting the recent use of capsules remained stable at 60.0 per cent in 2016, increasing to 71.0 per cent in 2017.
- The proportion of respondents reporting the recent use of powder decreased, from 22.0 per cent in 2015 to 21.0 per cent in 2016, before increasing to 30.0 per cent in 2017.
- Within this user population, the proportion reporting ecstasy as their drug of choice increased from 30.0 per cent in 2015 to 36.0 per cent in 2016 and has remained stable in 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

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.[16] Consistent with previously observed trends, the proportion of detainees testing positive[17] via urinanalysis for amphetamines[18] increased, from 50.5 per cent in 2015–16 to 52.9 per cent in 2016–17 (see Figure 3), the highest percentage reported in the last decade. This increase continues to be the result of an increase in the proportion of detainees testing positive to methylamphetamine.

- Of the detainees testing positive for any amphetamines (52.9 per cent), the majority tested positive for methylamphetamine (51.4 per cent).
- The proportion of detainees testing positive for methylamphetamine continues to be higher than the proportion of testing positive for MDMA, heroin, cocaine, benzodiazepines and opiates (excluding heroin).
- For the second consecutive reporting period, the proportion of detainees testing positive for methylamphetamine in 2016–17 was higher than the proportion of detainees testing positive for cannabis (46.7 per cent). This continues a trend of increasing proportions of detainees testing positive for methylamphetamine in the past decade, while detainees testing positive to cannabis has remained relatively stable during the same period.
- In 2016–17, 58.7 per cent of detainees self-reported recent[19] methylamphetamine use, a decrease from the 59.7 per cent reported in 2015–16.

15 Includes ecstasy pills, powder, capsules and crystal.
16 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
17 Amphetamines and their metabolites can be detected in urine up to 2 to 4 days after administration.
18 Amphetamines in the DUMA program include results for methylamphetamine, MDMA and other amphetamines.
19 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

FIGURE 3: National proportion of detainees testing positive for amphetamines/ methylamphetamine compared with self-reported recent use, 2007–08 to 2016–17[20] (Source: Australian Institute of Criminology)



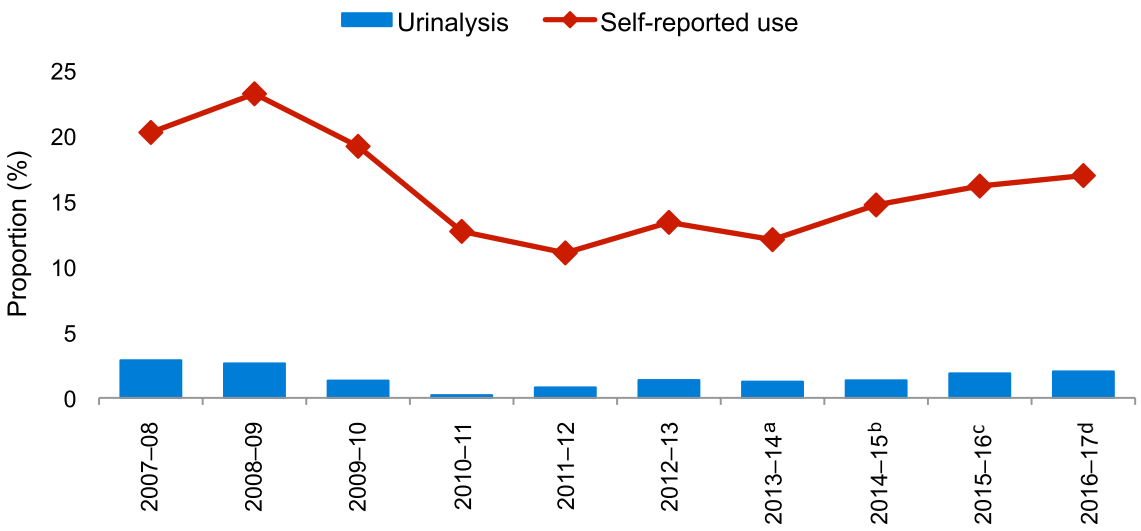
a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.

The proportion of detainees testing positive to MDMA via urinalysis increased, from 1.9 per cent in 2015–16 to 2.0 per cent in 2016–17 (see Figure 4).

- While the proportion of detainees testing positive to MDMA has remained low (under 2.9 per cent) for the past decade, self-reported recent MDMA use increased from 16.2 per cent in 2015–16 to 16.9 per cent in 2016–17.
- This continues the trend of increasing proportions of detainees self-reporting recent MDMA use since 2013–14.

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

FIGURE 4: National proportion of detainees testing positive for MDMA compared with self-reported recent use, 2007–08 to 2016–17 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.

Wastewater analysis has become the standard for measuring population-scale consumption of a range of different chemical compounds. The underlying concepts involved in wastewater analysis are well established in Australia and have been applied to a wide range of licit and illicit drugs. Estimates of drug consumption in a population can be back-calculated from measured concentrations of drug metabolites (excreted into the sewer system after consumption) in wastewater samples. In Australia, the National Wastewater Drug Monitoring Program (NWDMP) monitors drug consumption through wastewater analysis. The NWDMP began collecting wastewater samples for analysis in August 2016, at bi-monthly intervals in capital city sites and every four months in regional sites.

- During this period, methylamphetamine was consistently identified as the most consumed illicit drug of the substances tested, in both regional and capital city sites.
- Of the substances tested by the program, MDMA is one of the least consumed drugs. The NWDMP did not record noticeable differences in average MDMA consumption between capital city sites and regional sites. With the exception of South Australia, consumption of MDMA declined during the reporting period.[21]

PRICE

Western Australia and Tasmania were the only states to provide a price for a street deal (0.1 grams) of amphetamine in 2016–17, which ranged between $50 and $500, compared with a price range of between $40 and $70 reported by Victoria in 2015–16. Only Tasmania and the Australian Capital Territory reported a price for a gram of amphetamine this reporting period, which ranged between $200 and $300, compared with a national price range between $150 and $800 in 2015–16. No price data was available for 1 kilogram of amphetamine in 2016–17.

21 The NWDMP tests for 14 substances including nicotine, alcohol, methylamphetamine, amphetamine, cocaine, MDMA, MDA, JWH-018, JWH-073, mephedrone, methylone, oxycodone, fentanyl and heroin. The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

Queensland was the only state to report a price for a street deal (0.1 grams) of non-crystal methylamphetamine in 2016–17, which ranged between $50 and $100, compared with a price range between $30 and $150 in 2015–16. Queensland was also the only state to report a price for a gram of non-crystal methylamphetamine this reporting period, which ranged between $300 and $1 000, compared with a price range between $170 and $500 in 2015–16. No price data was available for 1 kilogram of non-crystal methylamphetamine in 2016–17.

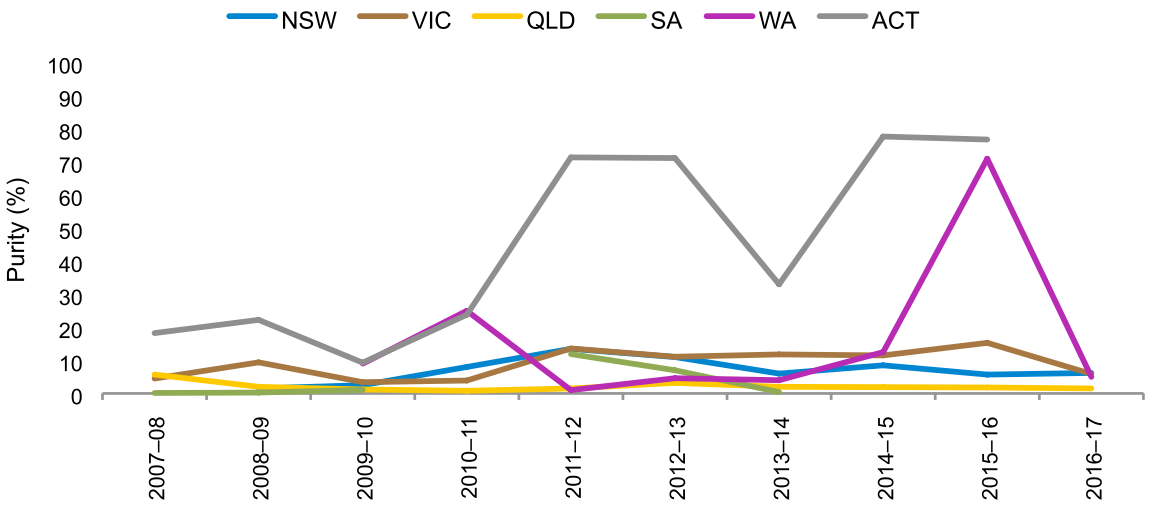
Nationally, the price for a street deal (0.1 grams) of crystal methylamphetamine ranged between $17 and $150 in 2016–17, compared with a price range between $20 and $200 in 2015–16. Nationally, the price for 1 gram of crystal methylamphetamine ranged between $250 and $1 000 this reporting period, compared with a price range between $150 and $1 200 in 2015–16. Nationally, the price for 1 kilogram of crystal methylamphetamine ranged between $50 000 and $280 000 in 2016–17, compared with a price range between $75 000 and $280 000 in 2015–16.

Nationally, the price for a single MDMA tablet/capsule ranged between $4 and $50 in 2016–17, compared with a price range between $20 and $50 in 2015–16. Nationally, the price for 1 kilogram of MDMA remained relatively stable this reporting period, ranging between $30 000 and $60 000 in 2016–17.

PURITY

Since 2007–08, the annual median purity of analysed amphetamine[22] samples has ranged between 0.1 per cent and 77.7 per cent (see Figure 5). In 2016–17, the annual median purity ranged from 1.5 per cent in Queensland to 6.2 per cent in New South Wales. This reporting period New South Wales reported an increase in the annual median purity of amphetamine, while a decrease was reported in Victoria, Queensland and Western Australia. This reporting period the quarterly median purity of amphetamine ranged between 1.3 per cent in the first quarter of 2017 and 25.7 per cent in the second quarter of 2017, both reported in Queensland.

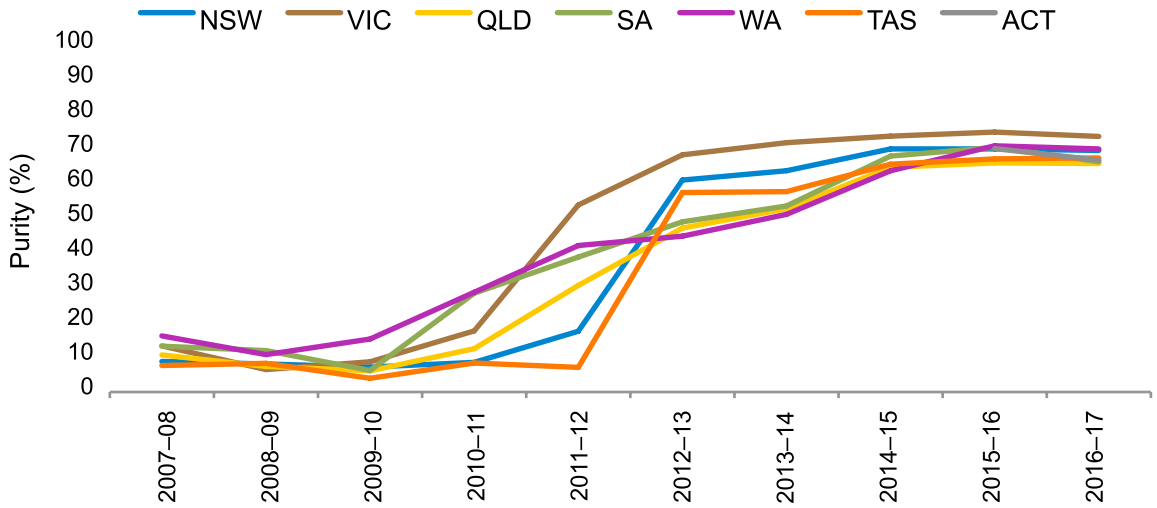
FIGURE 5: Annual median purity of amphetamine samples, 2007–08 to 2016–17



22 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 of amphetamine with low purity.

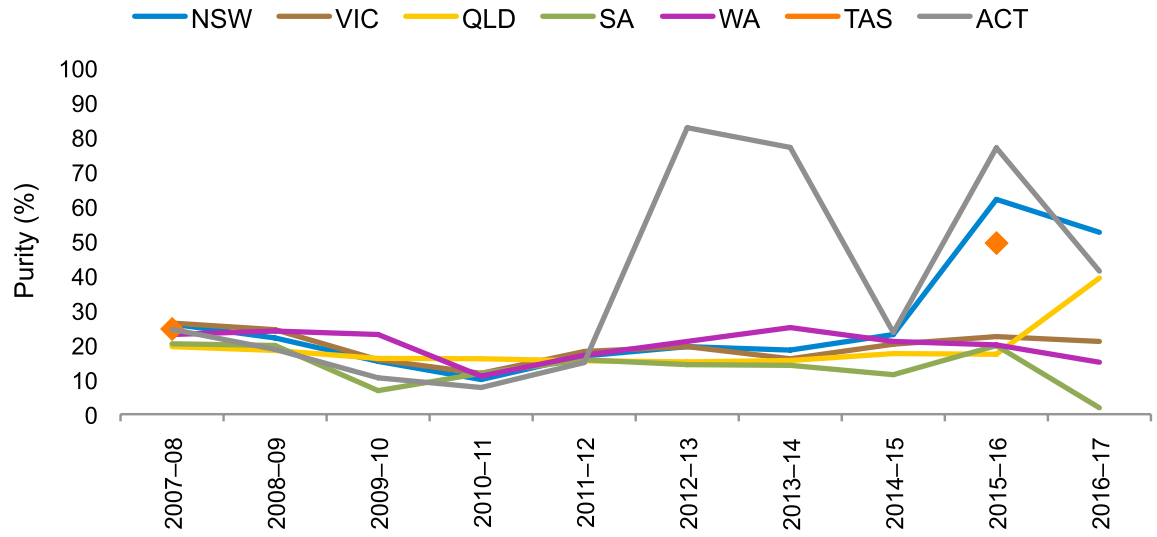
Since 2007–08, the annual median purity of analysed methylamphetamine samples has ranged between 4.4 per cent and 83.4 per cent (see Figure 6). In 2016–17, with the exception of Tasmania which reported an increase, all states and the Australian Capital Territory reported a decrease in the median purity of methylamphetamine. This reporting period the annual median purity ranged between 73.3 per cent in Queensland and 82.0 per cent in Victoria. This reporting period the quarterly median purity of methylamphetamine ranged between 53.5 per cent in the Australian Capital Territory in the first quarter of 2017 and 82.5 per cent in Victoria in the first quarter of 2017.

FIGURE 6: Annual median purity of methylamphetamine samples, 2007–08 to 2016–17



Since 2007–08, the annual median purity of analysed phenethylamine[23] samples has ranged between 1.8 per cent and 82.7 per cent (see Figure 7). In 2016–17, the annual median purity of phenethylamines ranged from 1.8 per cent to 52.5 per cent. Queensland reported an increase in the annual median purity of phenethylamines, while New South Wales, Victoria, South Australia, Western Australia and the Australian Capital Territory reported a decrease this reporting period. This reporting period the quarterly median purity of phenethylamines ranged between 0.4 per cent in South Australia in the third quarter of 2016 and 76.3 per cent in the Australian Capital Territory in the second quarter of 2017.

FIGURE 7: Annual median purity of phenethylamine samples, 2007–08 to 2016–17



23 Phenethylamines are synthetic drugs similar in chemical composition to amphetamines. The most widely known phenethylamine is MDMA.

AVAILABILITY

In a 2016 national study of regular injecting drug users, the proportion of respondents reporting crystal methylamphetamine as easy or very easy to obtain increased, from 95.0 per cent in 2015 to 96.0 per cent per cent in 2016. This decreased to 95.0 per cent in 2017. The proportion of respondents reporting speed as easy or very easy to obtain decreased, from 77.0 per cent in 2015 to 75.0 per cent in 2016. This further decreased to 72.0 per cent in 2017. The proportion of respondents reporting base as easy or very easy to obtain increased, from 62.0 per cent in 2015 to 68.0 per cent in 2016. This figure remained unchanged in 2017 (Karlsson & Burns 2018; Stafford & Breen 2017a).

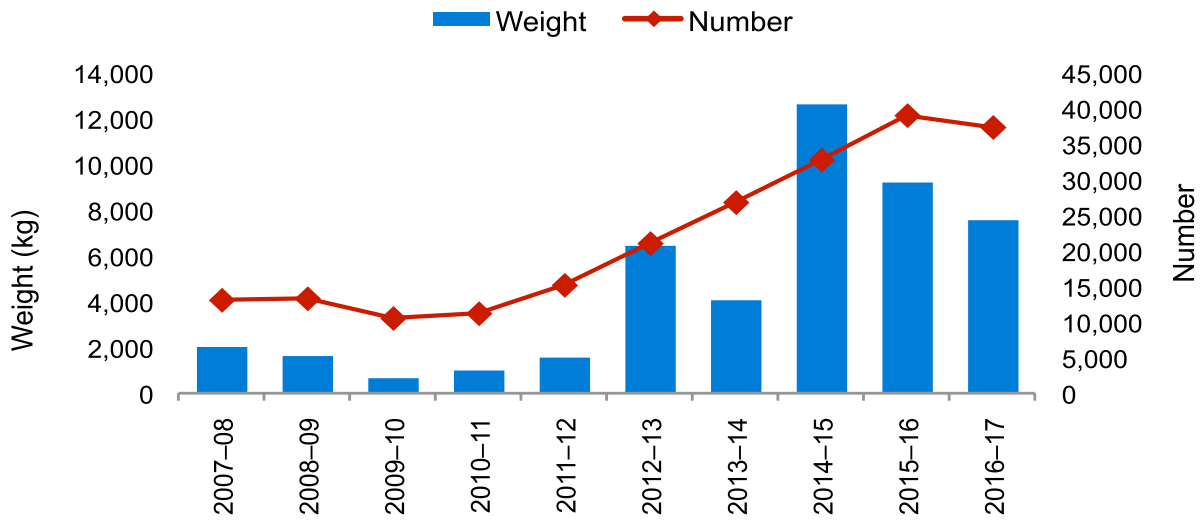
In a 2016 national study of regular ecstasy users, the proportion of respondents reporting crystal methylamphetamine as easy or very easy to obtain decreased, from 97.0 per cent in 2015 to 92.0 per cent in 2016. This further decreased to 90.0 per cent in 2017. The proportion of respondents reporting speed as easy or very easy to obtain increased, from 59.0 per cent in 2015 to 60.0 per cent in 2016. This further increased to 65.0 per cent in 2017. The proportion of respondents reporting base as easy or very easy to obtain also increased, from 53.0 per cent in 2015 to 64.0 per cent in 2016. This further increased to 74.0 per cent in 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

In the same 2016 study, the proportion of respondents reporting ecstasy tablets, powder and capsules as easy or very easy to obtain were 93.0 per cent, 97.0 per cent and 93.0 per cent respectively. In 2017, these proportions decreased to 88.0 per cent, 70.0 per cent and 86.0 per cent respectively (Uporova et al. 2018; Stafford & Breen 2017b).

SEIZURES AND ARRESTS

The number of national ATS seizures decreased 4.3 per cent this reporting period, from 39 014 in 2015–16 to 37 351 in 2016–17. The weight of ATS seized nationally decreased 17.9 per cent this reporting period, from 9 218.2 kilograms to 7 571.9 kilograms, the third highest weight on record (see Figure 8).

FIGURE 8: National ATS seizures, by number and weight, 2007–08 to 2016–17



The Australian Capital Territory reported the greatest percentage increase in the number and weight of ATS seized this reporting period. New South Wales accounted for the greatest proportion of the number (36.9 per cent) and weight (63.1 per cent) of national ATS seizures in 2016–17 (see Table 5).

TABLE 5: Number, weight and percentage change of national ATS seizures, 2015–16 to 2016–17

	Number			Weight (grams)		
State/Territory[a]	2015–16	2016–17	% change	2015–16	2016–17	% change
New South Wales	13 749	13 787	0.3	3 487 494	4 780 255	37.1
Victoria	3 438	2 355	-31.5	4 896 036	2 388 794	-51.2
Queensland	8 294	8 421	1.5	147 601	229 486	55.5
South Australia	1 166	1 143	-2.0	82 216	39 785	-51.6
Western Australia	10 640	9 872	-7.2	566 726	118 906	-79.0
Tasmania	679	650	-4.3	4 809	4 875	1.4
Northern Territory	507	543	7.1	30 831	5 231	-83.0
Australian Capital Territory	541	580	7.2	2 580	4 657	80.5
Total	**39 014**	**37 351**	**-4.3**	**9 218 293**	**7 571 989**	**-17.9**

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

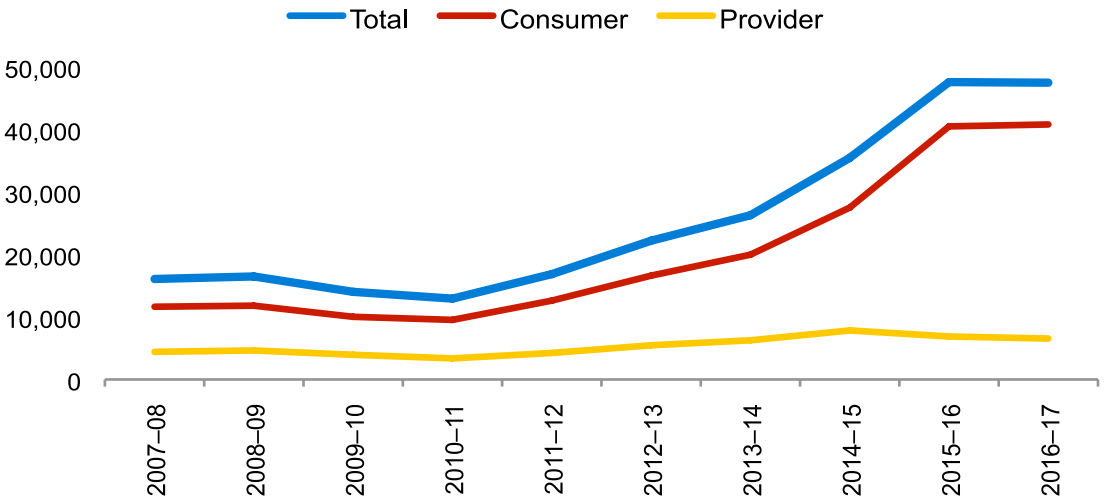
Amphetamines[24] accounted for 81.7 per cent of the number of national ATS seizures in 2016–17, followed by MDMA (17.5 per cent) and other ATS (0.8 per cent). The number of national amphetamines seizures decreased 6.8 per cent this reporting period, from 32 723 in 2015–16 to 30 513 in 2016–17. The number of national MDMA seizures increased 9.8 per cent this reporting period, from 5 967 in 2015–16 to 6 550 in 2016–17, with the number of other ATS seizures decreasing 11.1 per cent this reporting period, from 324 in 2015–16 to 288 in 2016–17. ATS seizures in crystalline form accounted for 66.2 per cent of the number of national seizures in 2016–17, followed by other (16.2 per cent), powder (10.8 per cent) and tablet (6.8 per cent).[25]

Amphetamines accounted for 50.5 per cent of the weight of ATS seized nationally in 2016–17, followed by other ATS (30.7 per cent) and MDMA (18.8 per cent). The weight of amphetamines seized decreased 15.2 percent this reporting period, from 4 505.4 kilograms in 2015–16 to 3 821.0 kilograms in 2016–17. The weight of MDMA seized decreased 67.2 per cent this reporting period, from 4 352.7 kilograms to 1 426.7 kilograms, while the weight of other ATS seized increased 545.4 per cent, from 360.1 kilograms in 2015–16 to 2 324.1 kilograms in 2016–17. ATS seizures in crystalline form also accounted for the greatest proportion of the weight of ATS seized nationally in 2016–17 (70.0 per cent), followed by powder (22.4 per cent), other (6.5 per cent) and tablet (1.1 per cent).[26]

The number of national ATS arrests decreased 0.2 per cent this reporting period, from 47 625 in 2015–16 to 47 531 in 2016–17. Consumer arrests continue to account for the greatest proportion of arrests, comprising 85.9 per cent of national ATS arrests in 2016–17 (see Figure 9). All states and territories reported more ATS provider arrests than consumer arrests in 2016–17.

24 Amphetamines include amphetamine, methylamphetamine, dexamphetamine and amphetamines not elsewhere classified.
25 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
26 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

FIGURE 9: Number of national ATS arrests, 2007–08 to 2016–17



The Australian Capital Territory reported the greatest percentage increase in the number of ATS arrests in 2016–17. Queensland accounted for the greatest proportion of national ATS arrests this reporting period (25.3 per cent), followed by Victoria (22.8 per cent) and New South Wales (20.3 per cent). Combined, these three states account for 68.3 per cent of national ATS arrests in 2016–17 (see Table 6). Amphetamines continue to account for the greatest proportion of national ATS arrests, accounting for 86.2 per cent in 2016–17, followed by MDMA (13.5 per cent) and other ATS (0.3 per cent).

TABLE 6: Number and percentage change of national ATS arrests, 2015–16 to 2016–17

	Arrests		
State/Territory[a]	2015–16	2016–17	% change
New South Wales	9 605	9,636	0.3
Victoria	10 895	10,817	-0.7
Queensland	12 507	12,023	-3.9
South Australia	5 979	6,146	2.8
Western Australia	7 516	7,882	4.9
Tasmania	530	510	-3.8
Northern Territory	445	281	-36.9
Australian Capital Territory	148	236	59.5
Total	**47 625**	**47,531**	**-0.2**

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

NATIONAL IMPACT

International data indicate that following cannabis, ATS are the second most consumed drugs worldwide. In 2015, methylamphetamine accounted for around two-thirds of the weight of ATS seized globally, with the trafficking of methylamphetamine worldwide expanding to previously unconnected routes.

Indicators of ATS (excluding MDMA) demand—including surveys of drug users, police detainees and wastewater analysis—provide a mixed picture for ATS use in Australia.

- According to the 2016 NDSHS, the reported recent use of meth/amphetamine and use in lifetime decreased, however, the frequency of reported use increased, with the crystal form of the drug remaining the most commonly used.
- According to a national study of police detainees, the proportion of detainees testing positive to methylamphetamine increased to a record high in 2016–17.
- The NWDMP identified that of the drugs tested, methylamphetamine was the most consumed illicit drug in both regional and city sites. While consumption has fluctuated over the reporting period, demand for methylamphetamine remains resilient.

Indicators of ATS (excluding MDMA) supply include border detection, seizure, arrest, purity and clandestine laboratory data.

- In 2016–17, both the number and weight of ATS (excluding MDMA) detected at the Australian border decreased for the second consecutive reporting period.
- A decrease in both the number and weight of national amphetamines seizures was also recorded this reporting period, with the number of national amphetamines arrests also decreasing.
- The median purity of analysed methylamphetamine samples remained relatively stable this reporting period.
- Drug profiling data indicated the continued prominence of methylamphetamine manufactured from Eph/PSE.
- Although the number of clandestine laboratories detected nationally decreased in 2016–17, the majority continue to produce ATS (excluding MDMA), with the related proportion increasing this reporting period.

Indicators of MDMA demand—including surveys of drug users, police detainees and wastewater analysis—also provide a mixed picture for MDMA use in Australia.

- According to the 2016 NDSHS, the reported use of ecstasy in lifetime increased, while reported recent use decreased.
- According to a national survey of police detainees, while figures remain low and relatively stable, both the self-reported use and proportion of detainees testing positive to MDMA increased in 2016–17.
- The NWDMP identified that with the exception of new psychoactive substances, MDMA was consistently the lowest consumed drug of those tested nationally.

Indicators of MDMA supply include border detection, seizure, arrest, purity and clandestine laboratory data.

- In 2016–17, both the number and weight of MDMA detected at the Australian border increased.
- While the weight of MDMA seized nationally decreased this reporting period, both the number of national MDMA seizures and arrests increased to record highs in 2016–17.
- The median purity of analysed phenethylamine samples—the majority of which relate to MDMA—fluctuated this reporting period.
- Forensic MDMA profiling this reporting period saw the re-emergence of the Leuckart route of manufacture. Last recorded in border samples in 2005, the method more commonly identified in methylamphetamine manufacture was identified in MDMA ENIPID samples for the first time in 2016.
- In 2016–17, the number of clandestine laboratories detected nationally producing MDMA more than halved.

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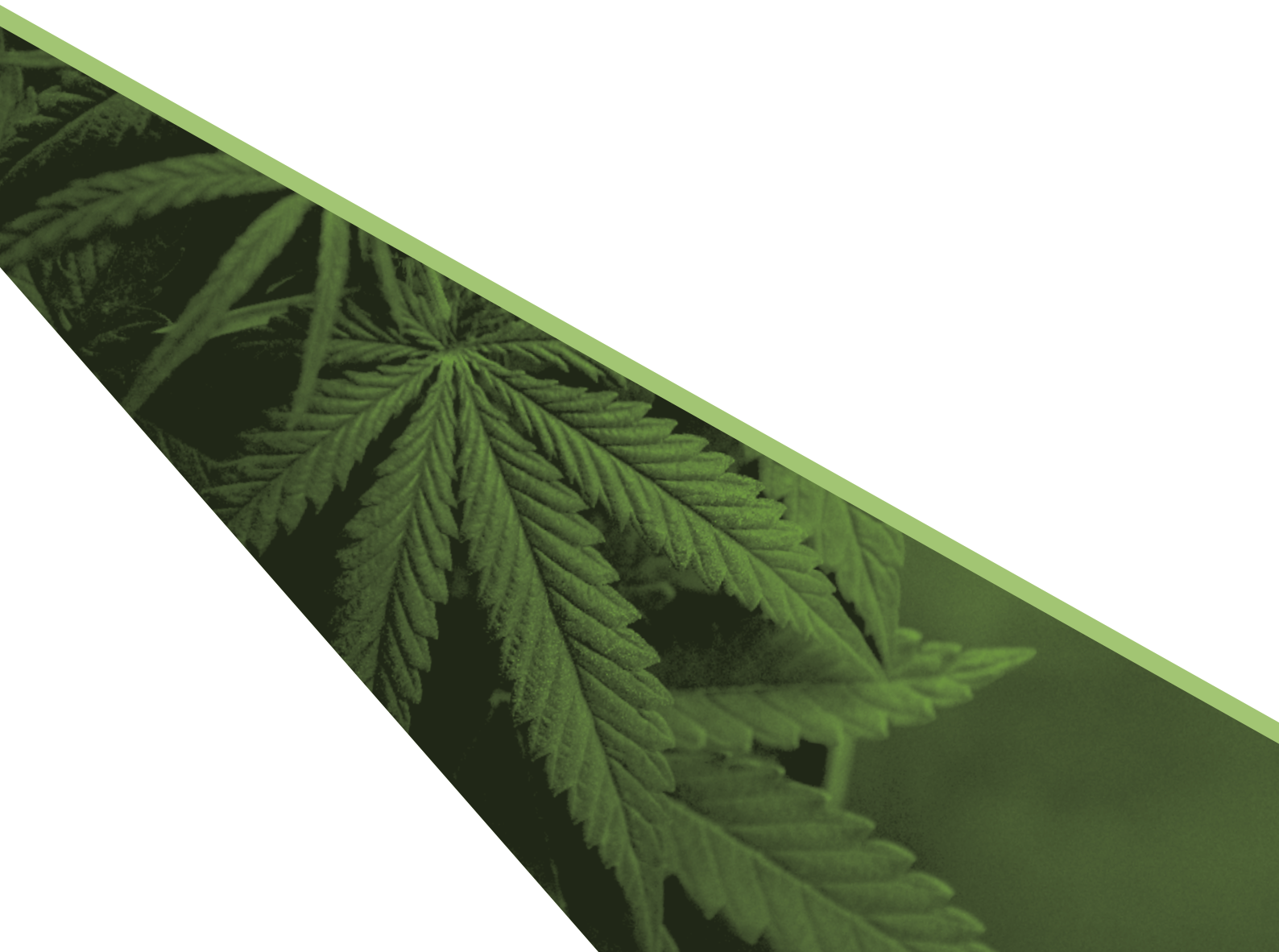
CANNABIS

KEY POINTS

- Cannabis is cultivated globally and remains the most frequently used and seized illict drug worldwide.
- Indicators of cannabis supply and demand in Australia provide a mixed picture, but overall point to a large, relatively stable market in 2016–17. Specifically:
  - There was a record 10 987 cannabis detections at the Australian border in 2016–17.
  - The number of national cannabis seizures decreased this reporting period from a record high in 2015–16, while the weight of cannabis seized in 2016–17 increased.
  - While national cannabis arrests decreased this reporting period, the 77 549 arrests reported in 2016–17 is the second highest on record.



MAIN FORMS

Cannabis is derived from plants within the Cannabis genus, in particular the two species *Cannabis sativa* and *Cannabis indica*.

- Cannabis plants can grow in a range of climates, as well as indoors through the use of hydroponic cultivation.
- The primary cannabinoid and main psychoactive ingredient in cannabis is delta-9-tetrahydrocannabinol, commonly known as THC, which is concentrated in the leaves and flowering head of the plant.
- The three main forms of cannabis are herb, resin and oil.
  - Herbal cannabis comprises the dried flowers and leaves of the plant, is usually smoked, and is the least potent form.
  - Cannabis resin ('hashish') is produced from the compressed resin glands of the cannabis plant. Resin can be smoked or added to food.
  - Cannabis oil, the most potent form of cannabis, is obtained from the resin and generally applied to cannabis herb or tobacco and smoked (CIS 2011a; CIS 2011b).

INTERNATIONAL TRENDS

Unlike other plant-based drugs (notably opiates and cocaine), whose large-scale cultivation is limited to certain geographic regions, the cannabis plant is cultivated globally. The United Nations Office on Drugs and Crime (UNODC) reports that between 2010 and 2015 cannabis cultivation was reported in 135 countries. In contrast, opium poppy is illicitly cultivated in an estimated 50 countries worldwide (though mostly in Asia) and coca bush cultivation in approximately 8 countries (all located in the Americas). Consequently, cannabis remains the most frequently used and seized drug worldwide. In 2015, global seizures of cannabis herb and resin reached over 7 000 tonnes. The UNODC assesses that whereas trafficking in cannabis herb is largely intraregional, the trafficking of cannabis resin is both intra and interregional, with Morocco remaining the key source country for cannabis resin, followed by Afghanistan, Lebanon, India and Pakistan (UNODC 2017).

At a regional level, the Americas accounted for 64.0 per cent of the weight of cannabis herb seized globally in 2015 (primarily Mexico, followed by the United States (US), Paraguay and Brazil). This was followed by Africa (notably Nigeria, Egypt and Morocco) at 28.0 per cent. The Near and Middle-East and South-West Asia (mostly in Pakistan, Afghanistan and the Islamic Republic of Iran) accounted for the greatest proportion of the weight of cannabis resin seized globally in 2015 (38.0 per cent), followed by Western and Central Europe (35.0 per cent; UNODC 2017).

In 2016, both the total number and weight of cannabis seizures reported by World Customs Organization (WCO) agencies decreased. The weight of cannabis seized decreased by nearly 20.0 per cent, from 1 261 138 kilograms in 2015 to 1 010 264 kilograms in 2016. The number of cannabis seizures decreased by over 10.0 per cent, from 14 101 in 2015 to 12 530 in 2016. Despite these decreases, cannabis remained the most frequently seized drug in 2016. The greatest proportion of cannabis seizures among WCO agencies, by number and weight,

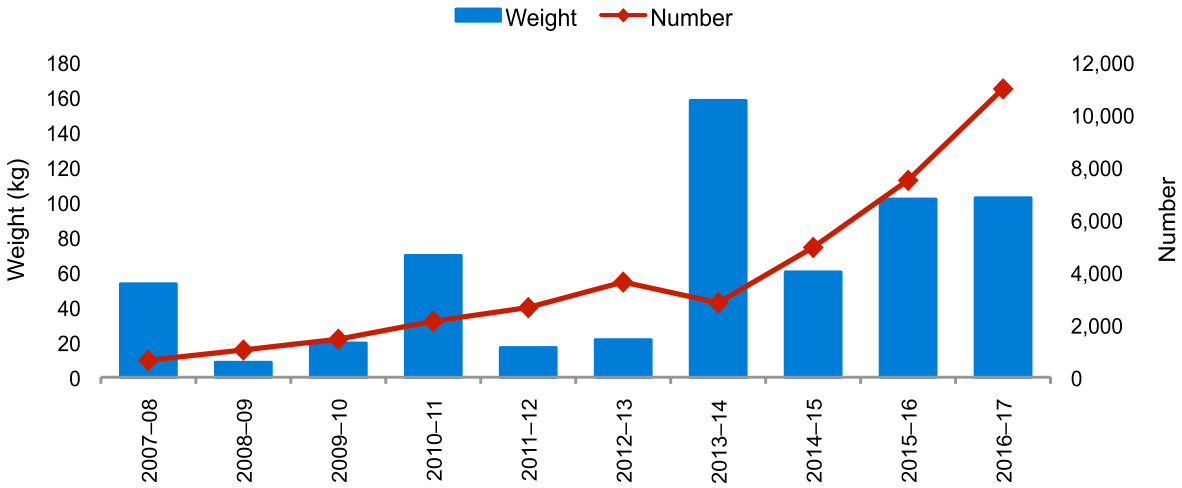
continue to occur in the US, which accounted for 73.1 percent (9 155 individual seizures) of the total number of seizures in 2016.[1] Herbal cannabis remains the most frequently seized form of cannabis across all WCO member agencies, accounting for 85.8 per cent of the number of cannabis seizures, followed by cannabis resin (11.1 per cent)[2] (WCO 2017).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of cannabis detections at the Australian border continued to increase this reporting period, with a record 10 987 detections in 2016–17, a 46.4 per cent increase from the 7 504 detections reported in 2015–16. The total weight of cannabis detected this reporting period remained relatively stable, increasing from 101.8 kilograms in 2015–16 to 102.5 kilograms in 2016–17 (see Figure 10). In 2016–17, 15 cannabis detections weighed one kilogram or more. Combined, these 15 detections weighed 68.2 kilograms and account for 66.5 per cent of the total weight of cannabis detected this reporting period.[3]

FIGURE 10: Number and weight of cannabis detections at the Australian border, 2007–08 to 2016–17 (Source: Department of Home Affairs)



IMPORTATION METHODS

In 2016–17, detections of cannabis occurred in the international mail, air and sea cargo and air passenger/crew streams. This reporting period the international mail stream accounted for 98.8 per cent of the number and 49.1 per cent of the weight of cannabis detected at the Australian border. The air cargo stream accounted for 0.5 per cent of the number and 44.4 per cent of the weight of cannabis detected this reporting period. The sea cargo stream accounted for less than 0.1 per cent of the number and 4.8 per cent of the weight of cannabis detections in 2016–17, with the air passenger/crew stream accounting for 0.6 per cent of the number and 1.7 per cent of the weight.[4]

1 The total weight of cannabis seizures in the US in 2016 was not stated in the WCO's *Illicit Trade Report 2016*.
2 The total number and weight of seizures for all forms of cannabis were not stated in the WCO's *Illicit Trade Report 2016*.
3 See Appendix 1 for significant border detections of cannabis in 2016–17.
4 Figures for importation methods of cannabis detections in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

EMBARKATION POINTS

In 2016–17, 49 countries were identified as embarkation points for cannabis detected at the Australian border, compared with 38 countries in 2015–16. By weight, the US was the most significant embarkation point for cannabis detected at the Australian border in 2016–17. Other key embarkation points by weight this reporting include the United Kingdom, China, Iran, the Netherlands, Germany, Spain, Greece, Switzerland and Lithuania.

DOMESTIC MARKET INDICATORS

According to the 2016 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. This figure remains unchanged from that reported in 2013. In the same survey, the reported recent[5] use of cannabis increased, from 10.2 per cent in 2013 to 10.4 per cent in 2016 (AIHW 2017).

A national study of regular injecting drug users indicate that although the proportion of respondents reporting recent[6] cannabis use has remained relatively stable since 2014, the frequency of use has increased during the same period.

- In the 2016 study, the proportion of respondents reporting the recent use of cannabis remained stable at 73.0 per cent, decreasing to 72.0 per cent in 2017.
- Within this user population, the reported median days of cannabis use in the six months preceding interview increased, from 120 days in 2015 to 135 days in 2016. This further increased to 140 days in 2017.[7]
- In the same 2016 study, the proportion of respondents reporting cannabis as their drug of choice increased, from 4.0 per cent in 2015 to 6.0 per cent in 2016. This decreased to 5.0 per cent in 2017 (Karlsson & Burns 2018; Stafford & Breen 2017a).

A national study of regular ecstasy users also indicates an increase in the frequency of cannabis use.

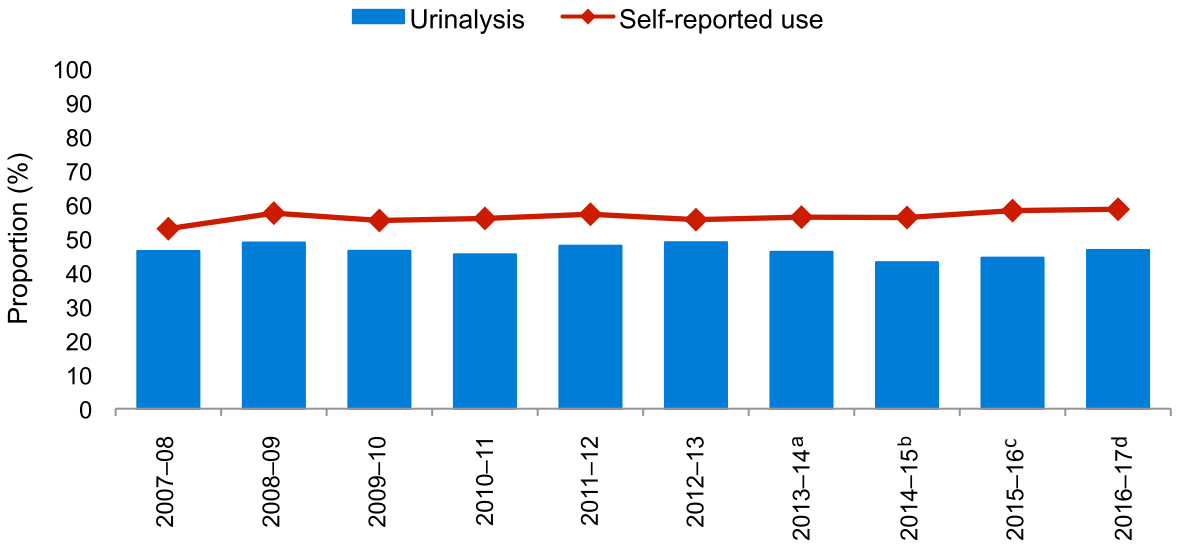
- In the 2016 study, the proportion of respondents reporting recent cannabis use decreased, from 87.0 per cent in 2015 to 86.0 per cent in 2016. This increased to 89.0 per cent in 2017.
- Within this user population, the reported median days of cannabis use in the six months preceding interview decreased from 50 days in 2015 to 49 days in 2016. In 2017, this increased to 60 days.[8]
- In the same 2016 study, the proportion of respondents reporting cannabis as their drug of choice decreased, from 29.0 per cent in 2015 to 21.0 per cent in 2016. In 2017, this increased to 28.0 per cent (Uporova et al. 2018; Stafford & Breen 2017b).

5 In the NDSHS, recent use refers to reported use in the 12 months preceding interview.
6 In both the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.
7 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
8 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

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.[9]

- The proportion of detainees testing positive to cannabis[10] via urinanalysis increased this reporting period, from 44.4 per cent in 2015–16 to 46.7 per cent in 2016–17.
- Self-reported recent cannabis use[11] remained relatively stable this reporting period, increasing from 58.2 per cent in 2015–16 to 58.6 in 2016–17.
- Long-term trends in the proportion of detainees testing positive to cannabis and self-reported cannabis use have remained relatively stable over the past decade (Figure 11).

FIGURE 11: National proportion of detainees testing positive for cannabis compared with self-reported recent use, 2007–08 to 2016–17 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the first quarter of 2017.

The number of cannabis oil extraction laboratories detected in Australia decreased 19.2 per cent this reporting period, from 26 in 2015–16 to 21 in 2016–17.

- This reporting period South Australia reported 9 detections, followed by Victoria with 8, New South Wales with 3 and Queensland with 1.
- The 21 laboratories detected in 2016–17 is the second highest number on record since related reporting began in 2007–08 (see *Clandestine laboratories and precursors* chapter).

9 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
10 The ability to detected cannabis in urine for up to 30 days after use should be considered when interpreting the results.
11 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

PRICE

Cannabis prices remained relatively stable in 2016–17. Nationally, the price of 1 gram of hydroponic cannabis head remained stable this reporting period, ranging between $10 and $50. The price of 1 ounce[12] of hydroponic cannabis head ranged between $200 and $450 in 2016–17, compared with a price range between $160 and $450 in 2015–16. Similar to 2015–16, New South Wales and Queensland were the only states to report a price for a single mature hydroponic cannabis plant, which remained relatively stable this reporting period, ranging between $2 000 and $5 000.

AVAILABILITY

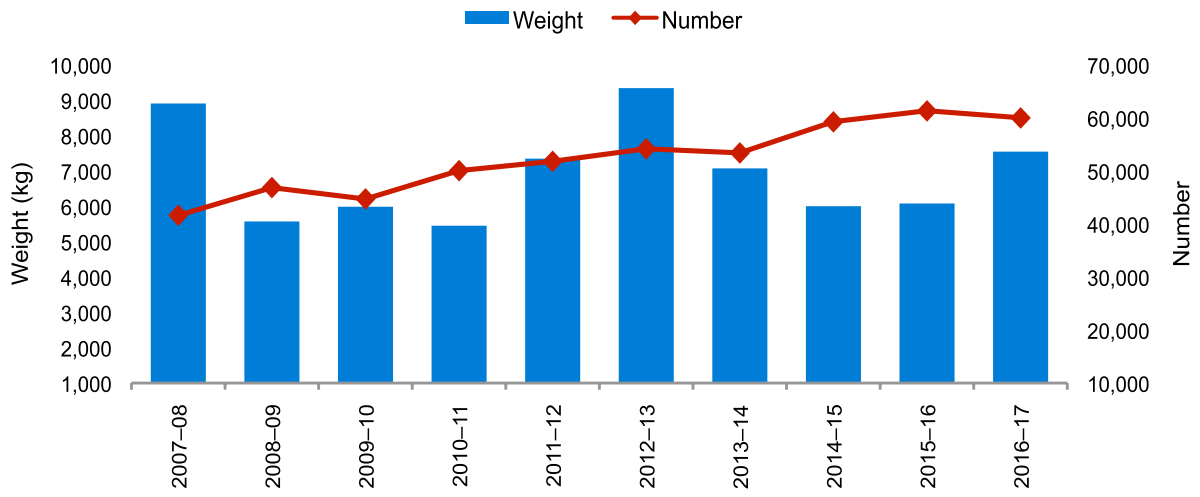
In a 2016 national study of regular injecting drug users, the proportion of respondents reporting hydroponic cannabis as easy or very easy to obtain remained stable at 92.0 per cent. This figure remained unchanged in 2017. In the same study, the proportion of respondents reporting 'bush'[13] cannabis as easy or very easy to obtain increased, from 76.0 per cent in 2015 to 78.0 per cent in 2016. This decreased to 75.0 per cent in 2017 (Karlsson & Burns 2018; Stafford & Breen 2017a).

In a 2016 national study of regular ecstasy users, the proportion of respondents reporting hydroponic cannabis as easy or very easy to obtain increased, from 91.0 per cent in 2015 to 93.0 per cent in 2016. This further increased to 94.0 per cent in 2017. In the same study, the proportion of respondents reporting bush cannabis as easy or very easy to obtain increased, from 79.0 per cent in 2015 to 81.0 per cent in 2016. This decreased to 76.0 per cent in 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

SEIZURES AND ARRESTS

The number of national cannabis seizures decreased by 2.2 per cent this reporting period, from 61 334 in 2015–16 to 60 006 in 2016–17. The weight of cannabis seized nationally this reporting period increased 24.1 per cent, from 6 081.5 kilograms in 2015–16 to 7 547.8 kilograms in 2016–17 (see Figure 12).

FIGURE 12: National cannabis seizures, by number and weight, 2007–08 to 2016–17



12 An ounce equates to approximately 28 grams.
13 Bush cannabis refers to cannabis grown outdoors.

The Northern Territory reported the greatest percentage increase in the number of cannabis seizures in 2016–17, while Western Australia reported the greatest percentage increase in the weight of cannabis seized. This reporting period New South Wales accounted for the greatest proportion of national cannabis seizures (29.6 per cent), followed by Queensland (29.4 per cent) and Western Australia (26.4 per cent). Combined, these three states account for 85.4 per cent of the number of national cannabis seizures in 2016–17. Victoria accounted for the greatest proportion (31.7 per cent) of the weight of cannabis seized nationally this reporting period, followed by New South Wales (25.5 per cent). Combined, these two states account for 57.2 per cent of the weight of cannabis seized nationally in 2016–17 (see Table 7).

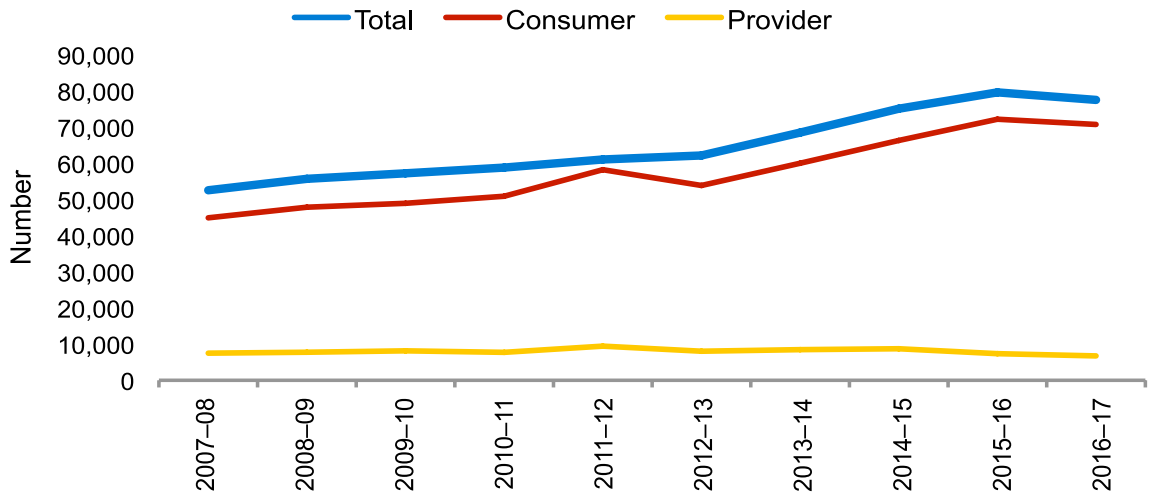
TABLE 7: Number, weight and percentage change of national cannabis seizures, 2015–16 and 2016–17

	Number			Weight (grams)		
State/Territory[a]	2015–16	2016–17	% change	2015–16	2016–17	% change
New South Wales	18 992	17 749	-6.5	1 542 518	1 926 599	24.9
Victoria	4 123	3 426	-16.9	1 596 235	2 390 703	49.8
Queensland	18 435	17 667	-4.2	817 730	917 625	12.2
South Australia	465	423	-9.0	1 116 109	697 732	-37.5
Western Australia	14 595	15 852	8.6	284 023	968 240	240.9
Tasmania	1 908	1 857	-2.7	195 482	267 008	36.6
Northern Territory	2 077	2 267	9.1	240 489	202 815	-15.7
Australian Capital Territory	739	765	3.5	288 993	177 106	-38.7
Total	**61 334**	**60 006**	**-2.2**	**6 081 579**	**7 547 828**	**24.1**

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

The number of national cannabis arrests decreased by 2.6 per cent this reporting period, from 79 643 in 2015–16 to 77 549 in 2016–17. Consumer arrests continue to account for the greatest proportion of arrests, comprising 91.2 per cent of national cannabis arrests in 2016–17 (see Figure 13).

FIGURE 13: Number of national cannabis arrests, 2007–08 to 2016–17



Western Australia reported the greatest percentage increase in cannabis arrests this reporting period. Queensland accounted for the greatest proportion of national cannabis arrests in 2016–17 (30.7 per cent), followed by New South Wales (21.6 per cent). Combined, these two states account for 52.3 per cent of national cannabis arrests in 2016–17 (see Table 8).

TABLE 8: Number and percentage change of national cannabis arrests, 2015–16 and 2016–17

	Arrests		
State/Territory[a]	2015–16	2016–17	% change
New South Wales	17 809	16 765	-5.9
Victoria	9 717	10 164	4.6
Queensland	25 307	23 836	-5.8
South Australia	1 973	1 877	-4.9
South Australia (CENs)[b]	9 608	9 200	-4.2
Western Australia	9 434	10 523	11.5
Western Australia (CIRs)[c]	2 099	2 004	-4.5
Tasmania	1 452	1 460	0.6
Northern Territory	1 048	627	-40.2
Northern Territory (DINs)[d]	768	707	-7.9
Australian Capital Territory	333	304	-8.7
Australian Capital Territory (SCONs)[e]	95	82	-13.7
Total	**79 643**	**77 549**	**-2.6**

a. The arrest data for each state and territory include Australian Federal Police data.
b. Cannabis Expiation Notices.
c. Cannabis Intervention Requirements.
d. Drug Infringement Notices.
e. Simple Cannabis Offence Notices.

NATIONAL IMPACT

Despite recent decreases in the number and weight of global cannabis seizures between 2015 and 2016, international data indicates that cannabis is the most frequently used and seized illicit drug worldwide, with cannabis reportedly grown in over 135 countries.

Indicators of cannabis demand, including surveys of drug users and police detainees, suggest that cannabis use has remained relatively stable.

- According to the 2016 NDSHS, reported lifetime cannabis use has remained stable, with a small increase in reported recent use.
- According to a national survey of police detainees, both the proportion of detainees self-reporting cannabis use and those testing positive to cannabis remained relatively stable in 2016–17.

Indicators of cannabis supply include border detection, seizure, arrest and clandestine laboratory data.

- During this reporting period both the number and weight of cannabis detected at the Australian border increased, with the 10 987 detections in 2016–17 the highest number on record.
- While both the number of national cannabis seizures and arrests decreased this reporting period, they are the second highest on record.

- The weight of cannabis seized nationally increased this reporting period.
- The number of cannabis oil extraction laboratories detected nationally decreased in 2016–17; however the 21 detections this reporting period is the second highest on record since reporting began in 2007–08 and is a sevenfold increase on figures reported earlier in the decade.

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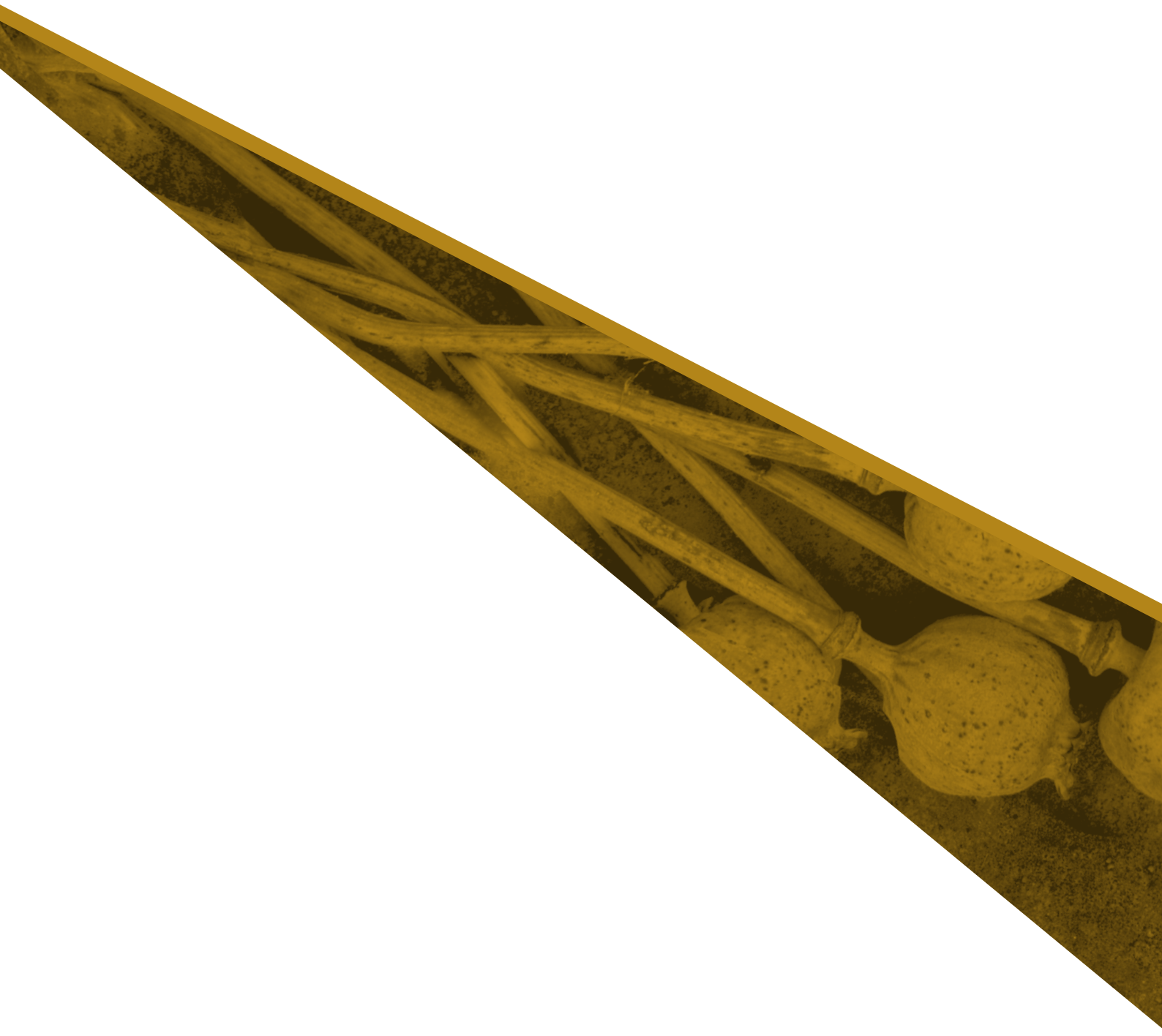
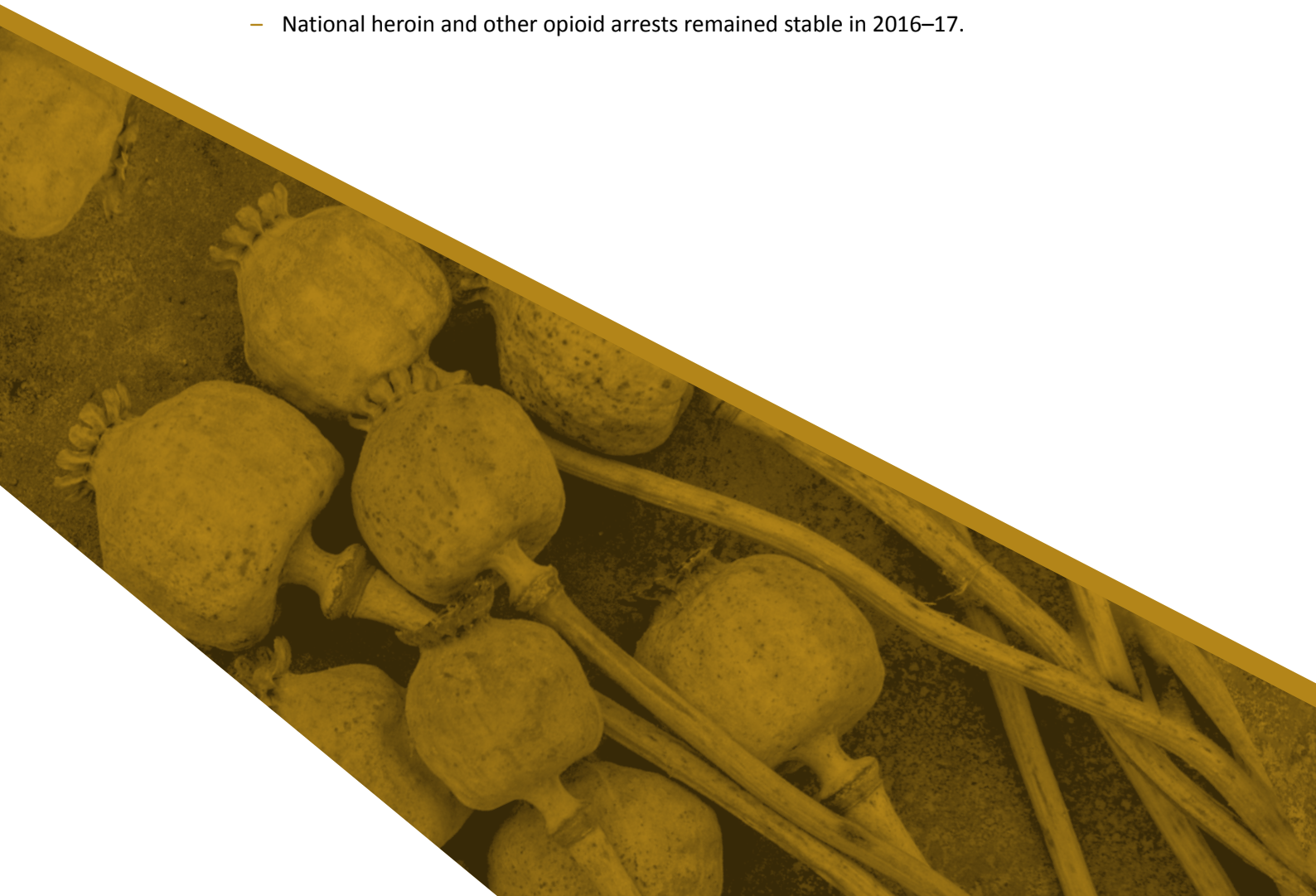


HEROIN

KEY POINTS

- The number of global heroin seizures decreased in 2016, while the weight of heroin seized increased. Afghanistan remains the largest cultivator of opium in the world.
  - Drug profiling of both border and domestic seizures indicates the vast majority of heroin in Australia originates from South-East Asia.
- Overall, indicators of heroin supply and demand in Australia point to a small, relatively stable market in 2016–17.
  - Both the number and weight of heroin detected at the Australian border increased in 2016–17.
  - In August 2017 heroin was included in the National Wastewater Drug Monitoring Program for the first time, with consumption identified in all capital city sites.
  - The number of national heroin seizures decreased in 2016–17, with the weight of heroin seized nationally remaining relatively stable.
  - National heroin and other opioid arrests remained stable in 2016–17.



MAIN FORMS

Heroin (diacetylmorphine or diamorphine) is a derivative of morphine—an alkaloid contained in raw opium.

- Illicit cultivation of opium occurs on a large scale in three primary regions.
  - South-West Asia, known as the 'Golden Crescent', which encompasses large areas of Afghanistan and parts of Pakistan.
  - South-East Asia, known as the 'Golden Triangle', which encompasses the border regions of Myanmar, Thailand and Laos.
  - Latin America, primarily Mexico and Colombia.
- Of the four main 'grades' of heroin, grades 1 and 2 refer to heroin base, not commonly found in Australia. Grade 3 heroin is more refined than heroin base and less granular. Unsuitable for injection, it is most commonly heated and the vapours inhaled. Grade 4 powdered heroin is the most common grade used in developed countries. It is the purest form and is suitable for injection.
- In Australia, heroin is most commonly found either as a powder or a hard granular material, usually white or off-white in colour (though colour is not a reliable indicator of origin or purity).
- The most common route of administration for heroin is injection, followed by snorting, inhalation (through smoking), swallowing or as an additive to cannabis or tobacco (ADF 2017; EMCDDA 2017; UNODC 2016a, UNODC 2016b).

INTERNATIONAL TRENDS

Approximately 50 countries continue to produce opium illicitly, predominantly in the regions of South-West Asia (primarily Afghanistan), South-East Asia (Myanmar and, to a lesser extent, the Lao People's Democratic Republic) and Latin America (Mexico, Colombia and Guatemala; UNODC 2017).

Afghanistan remains the world's largest opium and heroin producer. According to the 2017 *Afghanistan Opium Survey*, the total estimated area under opium poppy cultivation in Afghanistan was 328 000 hectares—an increase of 63.2 percent on the 201 000 hectares reported in 2016. The United Nations Office on Drugs and Crime (UNODC) estimates Afghanistan's potential opium production in 2017 was 9 000 tonnes—an 87.5 percent increase on the 4 800 tonnes reported in 2016. The number of poppy-free provinces in Afghanistan continued to decrease, from 13 provinces in 2016 to 10 in 2017. The UNODC also noted increases in the overall land area dedicated to poppy cultivation, and that where opium-poppy cultivation is occurring, it now holds a greater share of available agricultural land than in 2016 (UNODC 2017; UNODC 2017a).

South-East Asia remains a major source of opium and heroin, both for internal (South-East Asian) and overseas markets, particularly Oceania. After Afghanistan, Myanmar is the world's second largest opium-producing country. Partial estimates[1] indicate a decline in potential

1 Potential opium production for 2017 does not consider the Chin and Kayah States and is therefore not directly comparable to 2015 figures.

opium production in Myanmar (from 647 metric tonnes in 2015 to 550 metric tonnes in 2017). This decline in potential opium production is consistent with declines in cultivation and drug seizure figures for the country recorded since 2014 (UNODC 2017; UNODC 2017b; UNODC 2017c).

According to the 2017 *World Drug Report*, 587 tonnes of opium, 80 tonnes of heroin and 9.6 tonnes of morphine were seized globally in 2015. Compared to seizure data from 2014, this equates to an 11.0 percent increase in the weight of opium seized, a 5.0 percent decrease in the weight of heroin seized and a 54.0 percent decrease in the weight of morphine seized. The Islamic Republic of Iran (49.0 percent of seizures) and Pakistan (16.0 percent) accounted for the greatest proportion of the weight of opiates seized in 2015, followed by China, Turkey and Afghanistan (6.0 percent each) and the United States (US, 5.0 percent; UNODC 2017).

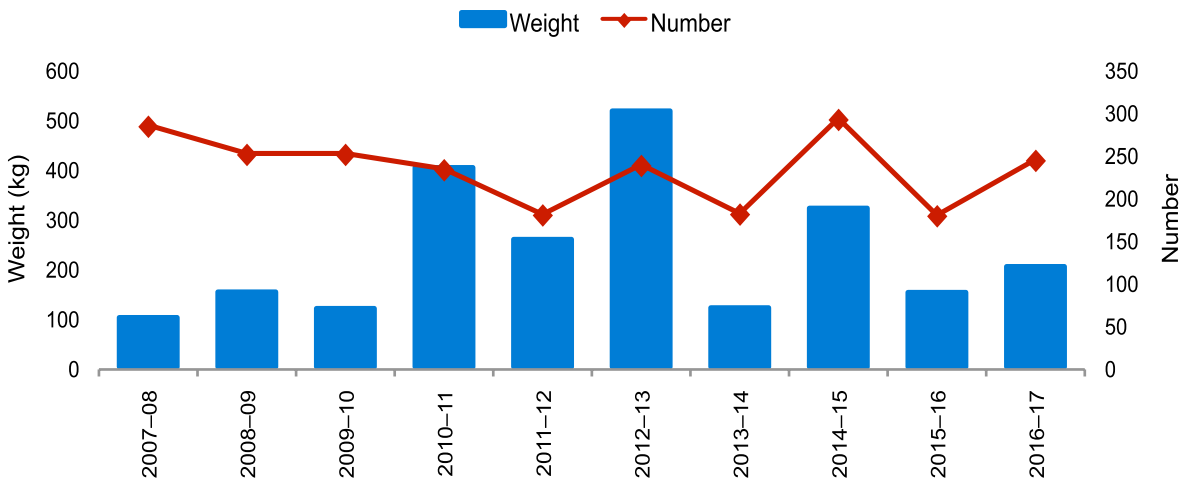
While the total number of heroin seizures reported by World Customs Organization (WCO) agencies decreased by 21.8 percent in 2016, the total weight of heroin seized increased by 29.5 percent.[2] North America accounted for the greatest proportion of global opiate seizures worldwide, totalling 763 incidents, of which 72.3 percent related to heroin (WCO 2017).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

Both the number and weight of heroin detected at the Australian border increased in 2016–17. The number of heroin detections increased 36.5 per cent this reporting period, from 178 in 2015–16 to 243 in 2016–17, with the weight of heroin detected increasing 34.7 per cent, from 149.7 kilograms in 2015–16 to 201.6 kilograms in 2016–17 (see Figure 14). This reporting period 22 heroin detections weighed 1 kilogram or more. With a combined total weight of 188.8 kilograms, these 22 detections account for 9.1 per cent of the number and 93.7 per cent of the weight of heroin detected at the Australian border this reporting period.[3]

FIGURE 14: Number and weight of heroin detections at the Australian border, 2007–08 to 2016–17 (Source: Department of Home Affairs)



2 Specific figures on total global seizures of heroin in 2016 (by weight and number) were not available in the 2017 report.
3 See Appendix 1 for significant border detections of heroin in 2016–17.

IMPORTATION METHODS

In 2016–17, detections of heroin occurred in the international mail, air and sea cargo and air passenger/crew streams. The international mail stream accounted for 87.7 per cent of the number and 23.5 per cent of the weight of heroin detected at the Australian border this reporting period. While detections of heroin in the air passenger/crew steam accounted for 2.1 per cent of the number of detections in 2016–17, this stream accounted for 35.8 per of the weight detected this reporting period. The sea cargo stream accounted for 0.8 per cent of the number and 32.1 per cent of the weight of heroin detections in 2016–17, with the air cargo stream accounting for 9.5 per cent of the number and 8.6 per cent of the weight.[4]

EMBARKATION POINTS

In 2016–17, 18 countries were identified as embarkation points for heroin detected at the Australian border, compared with 23 countries in 2015–16. By weight, Malaysia was the primary embarkation point for heroin detections in 2016–17. Other key embarkation points by weight this reporting period include Laos, Thailand, Cambodia, Vietnam, Madagascar, South Africa, the Netherlands, Germany and the United Kingdom.

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 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, the 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 2005 and June 2017 from which samples were submitted to the NMI for routine analysis and profiling.[5]

In Australia, the vast majority of heroin seized originates from South-East Asia, in contrast to Europe where it mostly originates from South-West Asia. This is likely due to close geographic proximities (see Tables 9 and 10).

- Heroin originating from South-East Asia continued to dominate AFP seizures in 2016.
- Only a single item, weighing less than one gram, was determined to be of South-West Asian origin.
- Data from the first six months of 2017 indicates a continuation of this trend.

4 Figures for importation methods of heroin detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

5 Profiling data relate to seizures investigated by the AFP between 2005 to June 2017, 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. 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.

TABLE 9: Geographical origin of heroin samples as a proportion of analysed AFP border seizures, 2008–June 2017[6] (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 2017	85.7	–	–	–	14.3	–
2016	95.2	4.8	–	–	–	–
2015	77.8	18.5	–	3.7	–	–
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	–	–

TABLE 10: Geographical origin of heroin samples as a proportion of total bulk weight of analysed AFP border seizures, 2005–June 2017[7] (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 2017	99.7	–	–	0.3	–	–
2016	100.0	–	–	–	–	–
2015	97.4	1.8	–	0.8	–	–
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	–	–

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.

The Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project extends this profiling to include state and territory seizures involving heroin, methylamphetamine, MDMA and 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, including importations seized and profiled from the border.

Heroin seized by state and territory police during 2016 and submitted to ENIPID largely reflected the situation at the border, with the majority of both samples and cases being of South-East Asian origin.

- ENIPID data for the first six months of 2017 diverged from AFP data, indicating an increase in the proportion of South-West Asian heroin. Given the low number of samples, particularly in the first half of 2017, care should be taken when drawing conclusions (see Tables 5 and 6 in Appendix 2).

DOMESTIC MARKET INDICATORS

According to the 2016 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 increased, from 1.2 per cent in 2013 to 1.3 per cent in 2016. In the same survey, the proportion reporting recent[8] heroin use also increased, from 0.1 per cent in 2013 to 0.2 per cent in 2016 (AIHW 2017).

In a 2016 national study of regular injecting drug users, the proportion of respondents reporting the recent[9] use of heroin decreased, from 58.0 per cent in 2015 to 56.0 per cent in 2016. This increased to 57.0 per cent in 2017. Within this user population, the reported median days of heroin use in the six months preceding interview decreased, from 90 days in 2015 to 75 days in 2016. This further decreased to 72 days in 2017.[10]

- In the same study, the proportion of respondents reporting heroin as their drug of choice decreased, from 52.0 per cent in 2015 to 46.0 per cent in 2016. This figure remained unchanged in 2017 (Karlsson & Burns 2018; Stafford & Breen 2017a).

According to the Australian Needle and Syringe Program Survey (ANSPS), the prevalence of respondents reporting heroin as the drug last injected decreased, from 31.0 per cent in 2015 to 28.0 per cent in 2016. Nationally, methylamphetamine (43.0 per cent) again exceeded heroin as the most commonly reported drug last injected in 2016 (Memedovic et al. 2017).

In a 2016 national study of regular ecstasy users, the proportion of respondents reporting the recent use of heroin remained stable at 2.0 per cent. This figure remained unchanged in 2017. Within this user population the reported median days of heroin use in the six months preceding interview decreased, from 5 days in 2015 to 3 days in 2016. This further decreased to 2 days in 2017.[11]

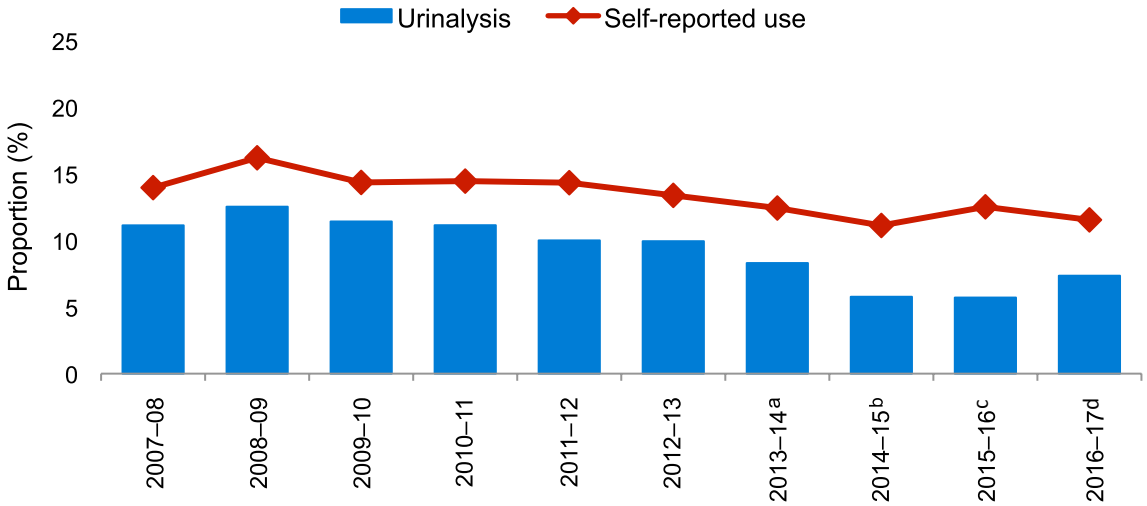
- In the same study, the proportion of respondents reporting heroin as their drug of choice increased from <1.0 per cent in 2015 to 1.0 per cent in 2016. This figure remained unchanged in 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

8 In the NDSHS, recent use refers to reported use in the 12 months preceding interview.
9 In both the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.
10 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
11 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

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.[12]

- The proportion of detainees testing positive to heroin[13] via urinanalysis increased this reporting period, from 5.7 per cent in 2015–16 to 7.3 per cent in 2016–17.
- The self reported recent use[14] of heroin decreased this reporting period, from 12.5 per cent in 2015–16 to 11.5 per cent in 2016–17 (see Figure 15).

FIGURE 15: National proportion of detainees testing positive for heroin compared with self-reported recent use, 2007–08 to 2016–17 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.

Wastewater analysis has become the standard for measuring population-scale consumption of a range of different chemical compounds. The underlying concepts involved in wastewater analysis are well established in Australia and have been applied to a wide range of licit and illicit drugs. Estimates of drug consumption in a population can be back-calculated from measured concentrations of drug metabolites (excreted into the sewer system after consumption) in wastewater samples. In Australia, the National Wastewater Drug Monitoring Program (NWDMP) monitors drug consumption through wastewater analysis.

- From August 2017, the NWDMP has included heroin among the substances tested.
- Heroin consumption was detected in all capital cities in August 2017, but not in all regional areas.
- Average heroin consumption was higher in capital city sites than regional areas for the states and territories where heroin consumption was detected. The exception was New South Wales, where average heroin consumption was higher in regional areas.[15]

12 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
13 Heroin and its metabolite can be detected in urine for 6 hours after administration.
14 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.
15 The NWDMP tests for 14 substances including nicotine, alcohol, methylamphetamine, amphetamine, cocaine, MDMA, MDA, JWH-018, JWH-073, mephedrone, methylone, oxycodone, fentanyl and heroin.
The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

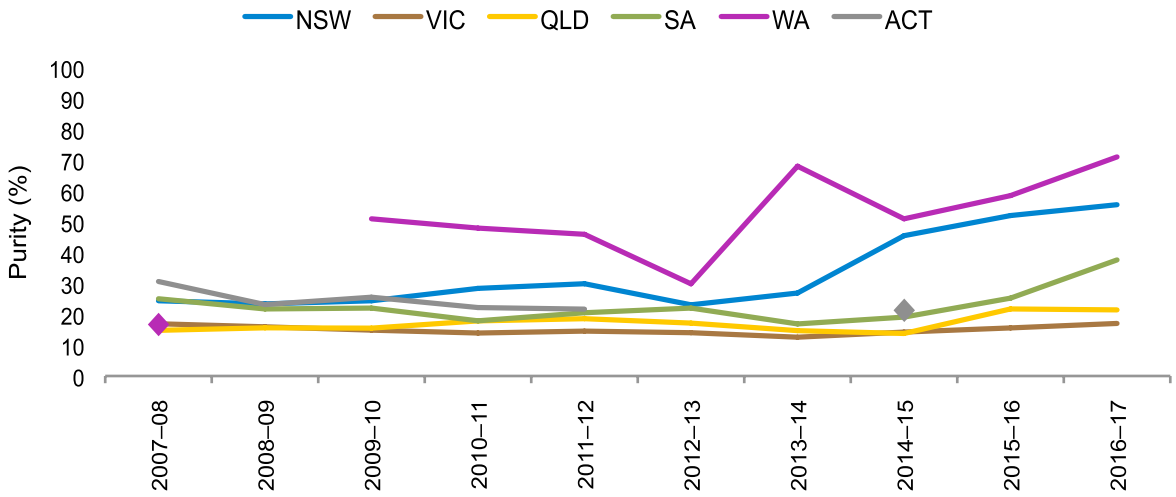
PRICE

Nationally, the price for 1 gram of heroin ranged between $100 and $700 in 2016–17, compared with a price range between $200 and $700 in 2015–16. Nationally, the price for an 8-ball[16] of heroin ranged between $750 and $2 000 in 2016–17, compared with a price range between $800 and $1 700 in 2015–16. No state or territory reported a price for 1 kilogram of heroin this reporting period.

PURITY

Figure 16 illustrates the annual median purity of analysed heroin samples over the last decade. Since 2007–08, the annual median purity of heroin has ranged between 12.7 per cent and 71.0 per cent. In 2016–17, the annual median purity of heroin ranged from 17.0 per cent in Victoria to 71.0 per cent in Western Australia. This reporting period New South Wales, Victoria, South Australia and Western Australia reported an increase, while Queensland reported a decrease in the annual median purity of heroin. This reporting period the quarterly median purity of heroin ranged between 16.4 per cent in Victoria in the second quarter of 2017 and 77.5 per cent in Western Australia in the first quarter of 2017.

FIGURE 16: Annual median purity of heroin samples, 2007–08 to 2016–17



AVAILABILITY

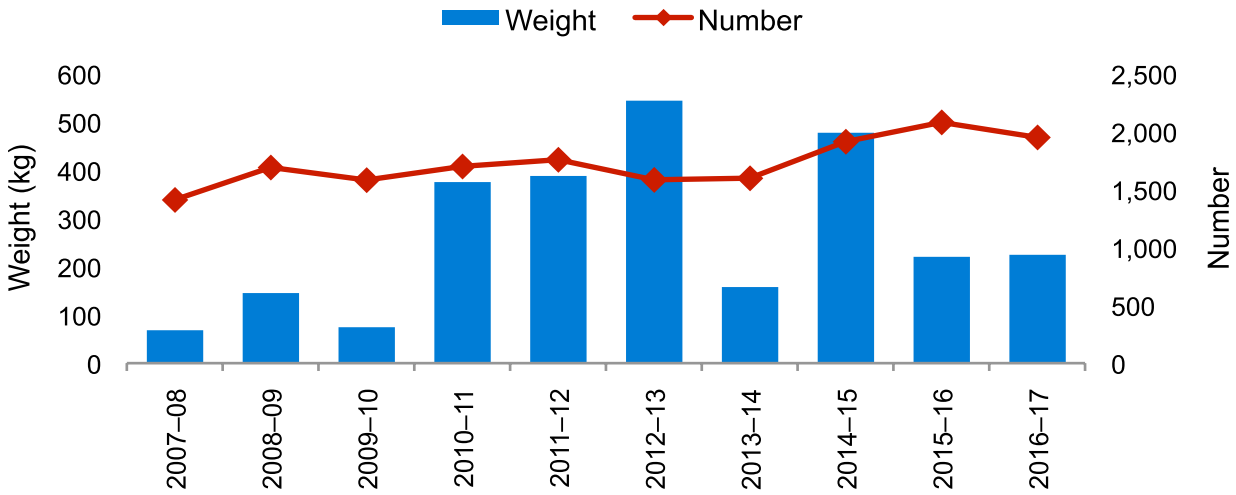
In a 2016 national study of regular injecting drug users, of the respondents able to comment on the availability of heroin, 91.0 per cent reported heroin as being easy or very easy to obtain, an increase from 88.0 per cent in 2015. In 2017 this decreased to 89.0 per cent (Karlsson & Burns 2018; Stafford & Breen 2017a).

SEIZURES AND ARRESTS

The number of national heroin seizures decreased 6.2 per cent this reporting period, from 2 081 in 2015–16 to 1 951 in 2016–17, the second highest number reported in the last decade. The weight of heroin seized nationally increased 1.9 per cent this reporting period, from 220.7 kilograms in 2015–16 to 224.9 kilograms in 2016–17 (see Figure 17).

16 An 8-ball equates to 3.5 grams.

FIGURE 17: National heroin seizures, by number and weight, 2007–08 to 2016–17



The Northern Territory reported the greatest percentage increase in the number of heroin seizures in 2016–17, while South Australia reported the greatest percentage increase in the weight of heroin seized. This reporting period New South Wales accounted for the greatest proportion of national heroin seizures (52.2 per cent), followed by Western Australia (18.2 per cent) and Victoria (16.4 per cent). Combined these three states account for 86.8 per cent of the number of national heroin seizures in 2016–17. Victoria accounted for the greatest proportion of the weight of heroin seized this reporting period (56.8 per cent), followed by New South Wales (38.1 per cent). Combined these two states account for 94.9 per cent of the weight of heroin seized nationally in 2016–17 (see Table 11).

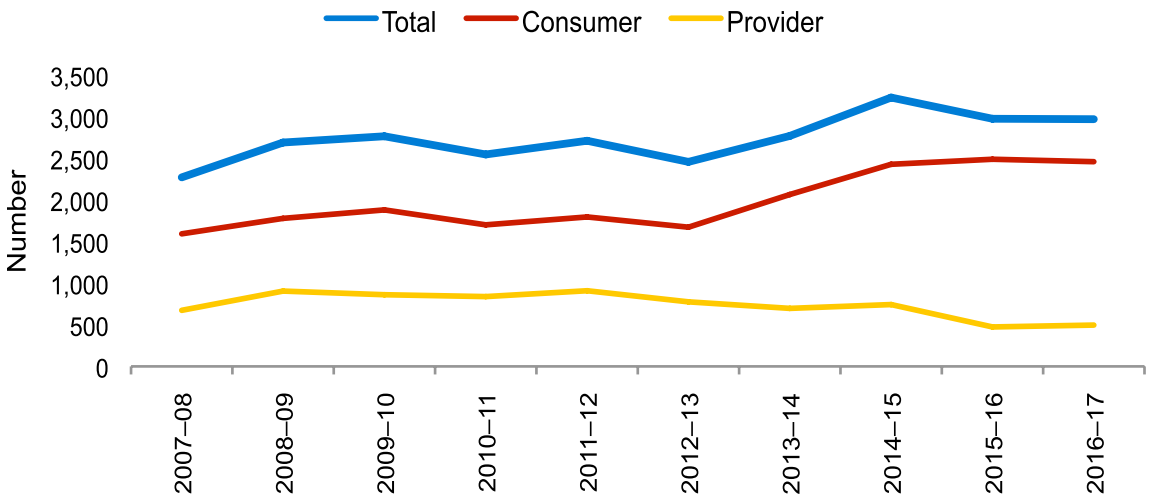
TABLE 11: Number, weight and percentage change of national heroin seizures, 2015–16 to 2016–17

	Number			Weight (grams)		
State/Territory[a]	2015–16	2016–17	% change	2015–16	2016–17	% change
New South Wales	992	1 018	2.6	95 746	85 622	-10.6
Victoria	381	320	-16.0	115 196	127 858	11.0
Queensland	219	169	-22.8	2 636	3 211	21.8
South Australia	50	28	-44.0	396	2 537	540.7
Western Australia	385	355	-7.8	6 326	4 153	-34.4
Tasmania	4	27	575.0	13	46	253.8
Northern Territory	1	8	700.0	<1	21	—
Australian Capital Territory	49	26	-46.9	432	1 477	241.9
Total	**2 081**	**1 951**	**-6.2**	**220 745**	**224 925**	**1.9**

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 remained stable this reporting period. Consumer arrests continue to account for the greatest proportion of arrests, comprising 82.7 per cent of national heroin and other opioid arrests in 2016–17 (see Figure 18). However, the Northern Territory reported more heroin and other opioid provider arrests than consumer arrests in 2016–17.

FIGURE 18: Number of national heroin and other opioid arrests, 2007–08 to 2016–17



The Northern Territory reported the greatest percentage increase in heroin and other opioid arrests in 2016–17. This reporting period Victoria accounted for the greatest proportion of national heroin and other opioid arrests (44.3 per cent), followed by New South Wales (28.7 per cent). Combined these two states account for 73.0 per cent of national heroin and other opioid arrests in 2016–17 (see Table 12).

TABLE 12: Number and percentage change of national heroin and other opioid arrests, 2015–16 and 2016–17

State/Territory[a]	Arrests		
	2015–16	2016–17	% change
New South Wales	817	852	4.3
Victoria	1 297	1 315	1.4
Queensland	399	309	-22.6
South Australia	146	115	-21.2
Western Australia	258	311	20.5
Tasmania	44	52	18.2
Northern Territory	2	4	100.0
Australian Capital Territory	12	12	0.0
Total	**2 975**	**2 970**	**-0.2**

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

NATIONAL IMPACT

In 2016, the number of global heroin seizures decreased, while the weight of heroin seized increased. Afghanistan remains the largest cultivator of opium in the world, with the estimated potential opium production in Afghanistan increasing to 9 000 tonnes in 2017. South-East Asia remains a major source of opium and heroin, both for internal (South-East Asian) and overseas markets, particularly in Oceania.

Indicators of heroin demand—including surveys of drug users, police detainees and wastewater analysis—provide a mixed picture for heroin demand in Australia.

- According to the 2016 NDSHS, both the reported recent and lifetime use of heroin increased. Surveys of a regular injecting drug user population indicate an increase in the reported recent use of heroin, with the reported median days of use decreasing in 2017.
- Data from the ANSPS reported a decrease in the proportion of respondents reporting heroin as the last drug injected.
- According to a national study of police detainees, the proportion of detainees testing positive to heroin increased in 2016–17, while the self-reported recent use of heroin within this population decreased.
- The NWDMP identified heroin consumption in all capital cities, but not in all regional areas.

Indicators of heroin supply include border detection, seizure, arrest and purity.

- In 2016–17, both the number and weight heroin detected at the Australian border increased.
- The number of national heroin seizures decreased this reporting period, while the weight of heroin seized nationally increased in 2016–17.
- The number of national heroin and other opioid arrests remain stable.
- The median purity of heroin fluctuated in 2016–17.
- Forensic heroin profiling identified South-East Asia as the predominant source of heroin in Australia.

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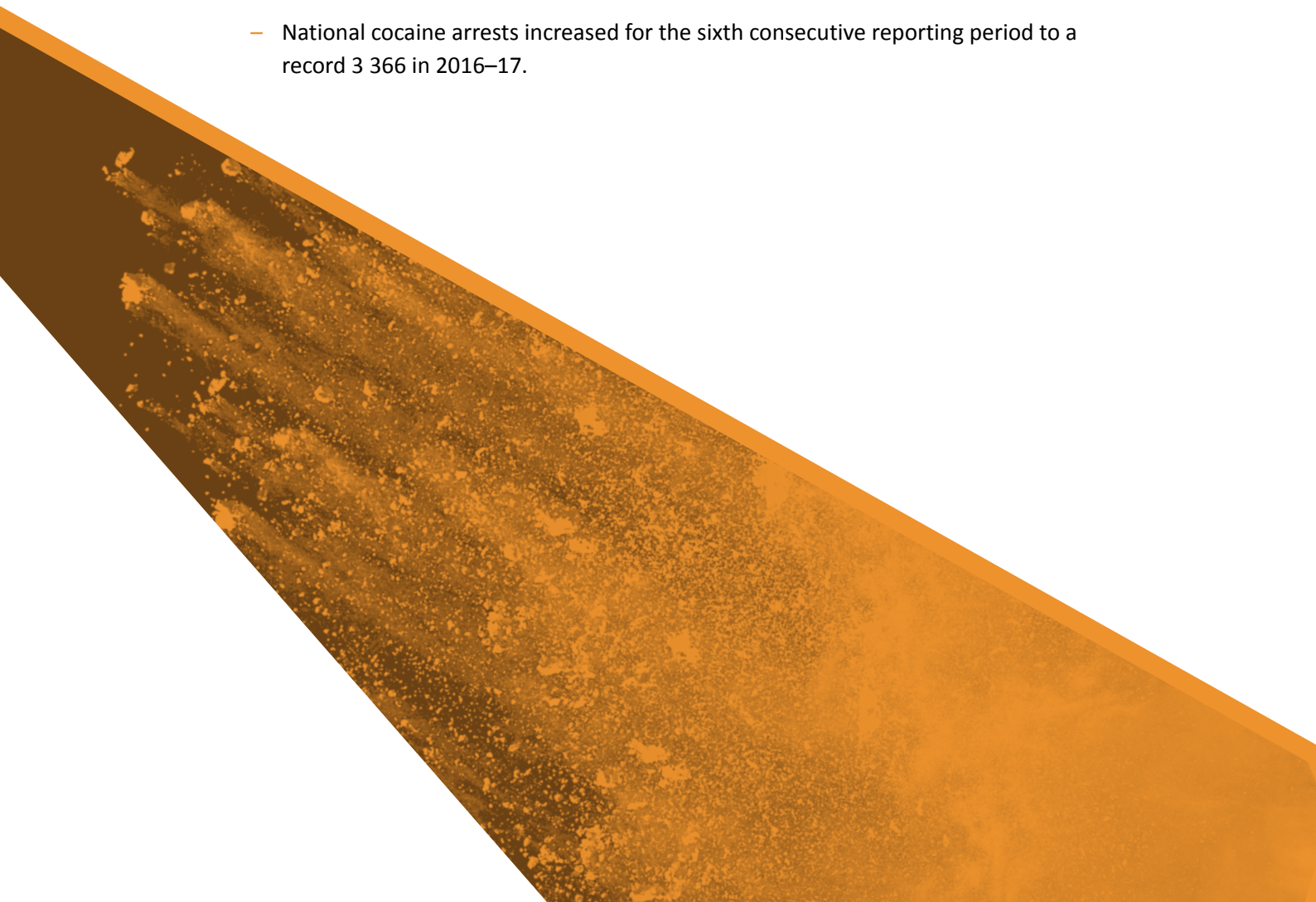
COCAINE

KEY POINTS

- Colombia remains the largest cultivator of coca in the world. The weight of cocaine seized globally has continued to increase and is at record levels.
  - Drug profiling data of both border and domestic seizures indicates the continued prominence of Colombia as a source country for cocaine in Australia.
- Indicators of cocaine supply and demand in Australia point to a potential expansion of the market in 2016–17.
  - Both the number and weight of cocaine detections at the Australian border increased to record levels in 2016–17.
  - The National Wastewater Drug Monitoring Program identified cocaine consumption in capital city and regional sites in all states and territories, with average consumption increasing between August 2016 and August 2017.
  - Both the number and weight of cocaine seized nationally in 2016–17 are the highest on record, with a six-fold increase in the weight of cocaine seized this reporting period.
  - National cocaine arrests increased for the sixth consecutive reporting period to a record 3 366 in 2016–17.



MAIN FORMS

Cocaine (benzoylmethylecgonine) is a naturally occurring psychoactive alkaloid and stimulant found in specific varieties of the coca plant, in particular *Erythroxylum coca* (*E. coca*) and *Erythroxylum novogranatense* (*E. novogranatense*).

- *E. coca* and *E. novogranatense* are native to the Andes region of western South America.
  - *E. coca* is cultivated in the Plurinational State of Bolivia (Bolivia) and Peru.
  - *E. novogranatense* is cultivated in Colombia and Central America.
- The two most common forms of cocaine are hydrochloride salt and cocaine base.
  - Powdered hydrochloride is the most common form of cocaine available in Australia, which can be snorted, rubbed into the gums or dissolved in water and injected.
  - Cocaine base, often referred to as 'crack'[1], has a rock crystal appearance and is readily converted into vapour with heat, making it suitable for inhalation. Crack cocaine is not commonly encountered in Australia (Baker et al. 2004; US DEA 1993).

INTERNATIONAL TRENDS

Globally, the total area of coca bush cultivation continues to increase, led by successive increases in the area under cultivation in Colombia since 2013. Whereas coca bush cultivation in Peru and Bolivia has declined, the 2016 *Colombia Cultivation Survey* reports a 52.0 per cent increase in Colombia's total area under coca cultivation between 2015 and 2016—from 96 000 hectares in 2015 to 146 000 hectares in 2016 (UNODC 2017; UNODC 2017a).

Global cocaine use, according to the *2017 World Drug Report*, has remained stable over the past six years, albeit with marked differences between regions. Despite increases in cocaine seizures in Europe, available data do not yet reflect a corresponding increase in cocaine use in Europe. In contrast, several indicators suggest the number of cocaine users in the United States (US) continues to increase. A combination of national surveys, workplace drug testing, and statistics on cocaine-involved drug poisoning deaths indicate that since 2014, the number of estimated cocaine users in the US has continued to increase (UNODC 2017; US DEA 2017).

According to the 2017 World Drug Report, there was a 32.0 per cent increase in the reported weight of cocaine seized globally between 2014 and 2015. At 864 tonnes, the total weight of cocaine seized in 2015 represents the highest weight ever reported. Colombia accounted for 34.0 per cent of the total weight of cocaine seized globally in 2015, with more than 70.0 per cent of global cocaine seizures in 2015 occurring in Central and South America. The US reported a 62.0 per cent increase in the weight of cocaine seized between 2013 and 2015, with the weight of cocaine seized in European Union member states also continuing to increase, reaching over 80 tonnes in 2015 (UNODC 2017).

In 2016, the total number of cocaine seizures reported by World Customs Organization (WCO) agencies decreased 19.8 per cent, from 6 077 in 2015 to 4 871 in 2016. However, the total reported weight seized increased 175.4 per cent, from 65 631 kilograms in 2015 to 180 773 kilograms in 2016 (WCO 2017).

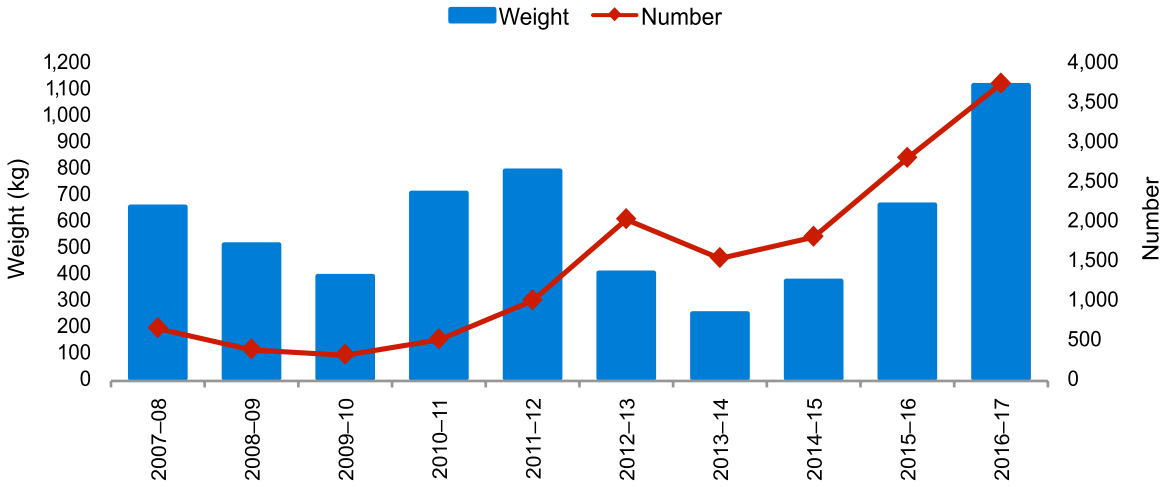
1 The term crack refers to the crackling sound produced by the rock as it is heated.

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

Both the number and weight of cocaine detections at the Australian border increased for the third consecutive reporting period in 2016–17 to record levels. The number of cocaine detections increased 33.8 per cent this reporting period, from 2 777 in 2015–16 to a record 3 715 in 2016–17. The weight of cocaine detected increased 68.8 per cent this reporting period, from 657.1 kilograms in 2015–16 to a record 1 109.5 kilograms in 2016–17 (see Figure 19). In 2016–17, 127 detections of cocaine weighed 1 kilogram or more. With a combined total weight of 1 037.6 kilograms, these 127 detections account for 3.4 per cent of the number and 93.5 per cent of the weight of cocaine detected at the Australian border.[2]

FIGURE 19: Number and weight of cocaine detections at the Australian border, 2007–08 to 2016–17 (Source: Department of Home Affairs)



IMPORTATION METHODS

In 2016–17, detections of cocaine occurred in the international mail, air and sea cargo and air passenger/crew streams. This reporting period the international mail stream accounted for 94.3 per cent of the number and 25.0 per cent of the weight of cocaine detected at the Australian border. The air cargo stream accounted for 4.9 per cent of the number and 45.7 per cent of the weight of cocaine detected this reporting period. The air passenger stream accounted for 0.8 per cent of the number of detections and 6.4 per cent of the weight of cocaine detected in 2016–17, while the sea cargo stream accounted for less than 0.1 per cent of the number of detections and 22.9 per cent of the weight of cocaine detected this reporting period.[3]

EMBARKATION POINTS

In 2016–17, 47 countries were identified as embarkation points for cocaine detected at the Australian border, compared with 54 countries in 2015–16. By weight, the US was the primary embarkation point for cocaine detections in 2016–17. Other key embarkation points by weight this reporting period include South Africa, Canada, Mexico, the United Kingdom, Brazil, France, Chile, Singapore and Trinidad and Tobago.

2 See Appendix 1 for significant border detections of cocaine in 2016–17.
3 Figures for importation methods of cocaine detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

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 of cocaine 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 and profiled. The following data relate to seizures investigated by the AFP between 2009 and June 2017 from which samples were submitted to the NMI for routine analysis and profiling.[4]

While the figures presented only reflect those seizures that are amenable to profiling, the profiling results are noteworthy as they highlight the continuing supply of cocaine from Colombian sources dominating the Australian market (see Tables 13 and 14).

- In contrast to previous reporting periods, a notable decrease in Peruvian cocaine has been identified.
- A small number of samples which could not be clearly categorised and were identified as 'Peruvian or Bolivian'.

The majority of the total weight of cocaine is often attributed to one or more large seizures, which can influence the proportion of cocaine samples attributed to a specific geographic origin.

- In 2016 a large proportion of the bulk weight of cocaine seized was found to originate from Colombia, with 501 kilograms of cocaine seized during Operation OKESI found to be of Colombian origin.

TABLE 13: Geographical origin of coca leaf used to produce cocaine as a proportion of analysed AFP border seizures, 2009–June 2017[5] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	Colombia %	Peru %	Bolivia%	Mixed %	Unclassified %
Jan–Jun 2017	61.1	–	–	33.3	5.6
2016	75.9	0.9	–	9.3	13.9
2015	53.6	13.1	2.4	5.9	25.0
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

4 Profiling data relate to seizures investigated by the AFP between 2009 to June 2017, 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. 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.

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

TABLE 14: Geographical origin of coca leaf used to produce cocaine as a proportion of total bulk weight of analysed AFP border seizures, 2009–June 2017[6] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	Colombia %	Peru %	Bolivia%	Mixed %	Unclassified %
Jan–Jun 2017	99.1	–	–	0.9	<0.1
2016	84.1	1.8	–	–	14.1
2015	49.9	8.9	0.1	34.7	6.4
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

The Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project extends this profiling to include state and territory seizures involving heroin, methylamphetamine, MDMA and 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. The Proceeds of Crime Act (POCA) funded ENIPID project officially concluded on 30 June 2016. Since then, the ENIPID capability has been integrated into core AFP FDI duties to ensure its continued delivery through AFP Forensics.

Profiling data from 2016 indicates that Colombia was the dominant source of cocaine submitted to the ENIPID project, both as a proportion of all analysed samples and as a proportion of all analysed cases in all jurisdictions.

- The exception was Western Australia, where a higher proportion of analysed samples were classified as having mixed/unclassified origin.
- For the first six months of 2017 there was a comparable split between Colombian and mixed/unclassified samples. This is different to previous reporting periods where a more defined incidence of Colombian cocaine was noted (see Tables 7 and 8 in Appendix 2).

DOMESTIC MARKET INDICATORS

According to the 2016 National Drug Strategy Household Survey (NDSHS), the proportion of the Australian population aged 14 years or older who reported using cocaine at least once in their lifetime increased, from 8.1 per cent in 2013 to 9.0 per cent in 2016. In the same survey, the proportion reporting recent[7] cocaine use also increased, from 2.1 per cent in 2013 to 2.5 per cent in 2016 (AIHW 2017).

In a 2016 national study of regular injecting drug users, the proportion of respondents reporting the recent[8] use of cocaine decreased, from 13.0 per cent in 2015 to 11.0 per cent in 2016. This increased to 13.0 in 2017. Within this user population, the reported median days of cocaine use in the six months preceding interview decreased, from 4 days in 2015 to 3 days in 2016. This remained unchanged in 2017.[9]

6 This data may also include seizures destined for Australia which occurred offshore.
7 In the NDSHS, recent use refers to reported use in the 12 months preceding interview.
8 In both the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.
9 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

- In the same study, the proportion of respondents reporting cocaine as their drug of choice has remained stable at 1.0 per cent since 2015 (Karlsson & Burns 2018; Stafford & Breen 2017).

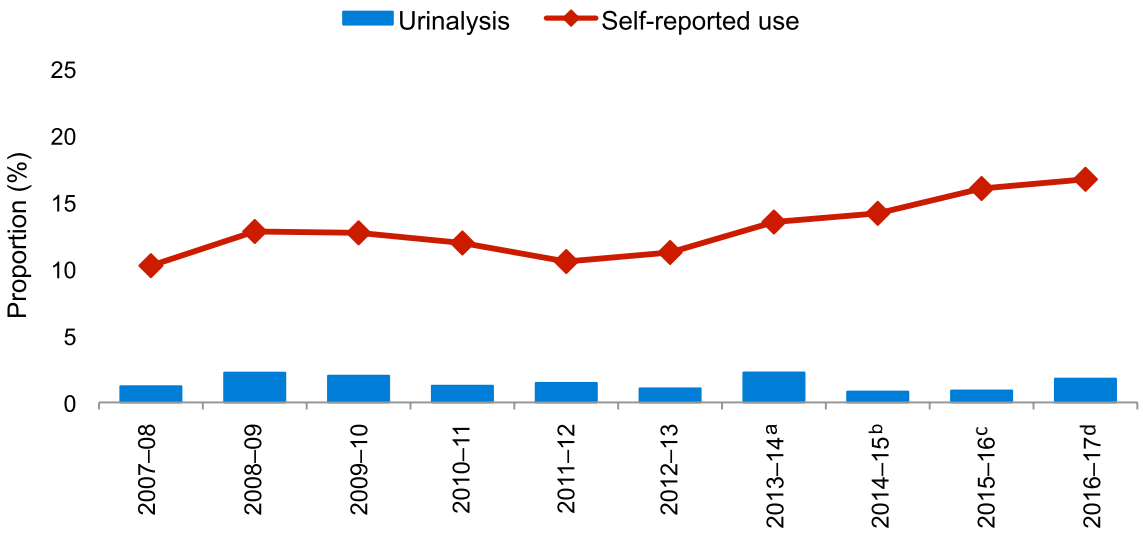
In a 2016 national study of regular ecstasy users, the proportion of respondents reporting the recent use of cocaine increased, from 42.0 per cent in 2015 to 47.0 per cent in 2016. This further increased to 48.0 per cent in 2017. Within this user population, the reported median days of cocaine use in the six months preceding interview has remained stable at 3 days since 2015.[10]

- In the same study, the proportion of respondents reporting cocaine as their drug of choice remained stable at 8.0 per cent in 2016. In 2017, this decreased to 6.0 per cent (Uporova et al. 2018; Stafford & Breen 2017a).

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 positive to cocaine[12] increased this reporting period, from 0.9 per cent in 2015–16 to 1.8 per cent in 2016–17.
- The self-reported recent[13] use of cocaine also increased this reporting period, from 16.0 in 2015–16 to 16.7 in 2016–17 (Figure 20).

FIGURE 20: National proportion of detainees testing positive for cocaine compared with self-reported recent use, 2007–08 to 2016–17 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the first quarter of 2017.

10 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
11 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
12 Cocaine and its metabolite can be detected in urine for 24 to 36 hours after administration.
13 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

Wastewater analysis has become the standard for measuring population-scale consumption of a range of different chemical compounds. The underlying concepts involved in wastewater analysis are well-established in Australia and have been applied to a wide range of licit and illicit drugs. Estimates of drug consumption in a population can be back-calculated from measured concentrations of drug metabolites (excreted into the sewer system after consumption) in wastewater samples. In Australia, the National Wastewater Drug Monitoring Program (NWDMP) monitors drug consumption through wastewater analysis.

- During this period, cocaine consumption was detected at both capital city and regional sites in all states and territories.
- Estimated average cocaine consumption was higher in capital city sites than in regional sites.
- Population-weighted averages for cocaine consumption in capital city and regional sites increased from August 2016 to August 2017.[14]

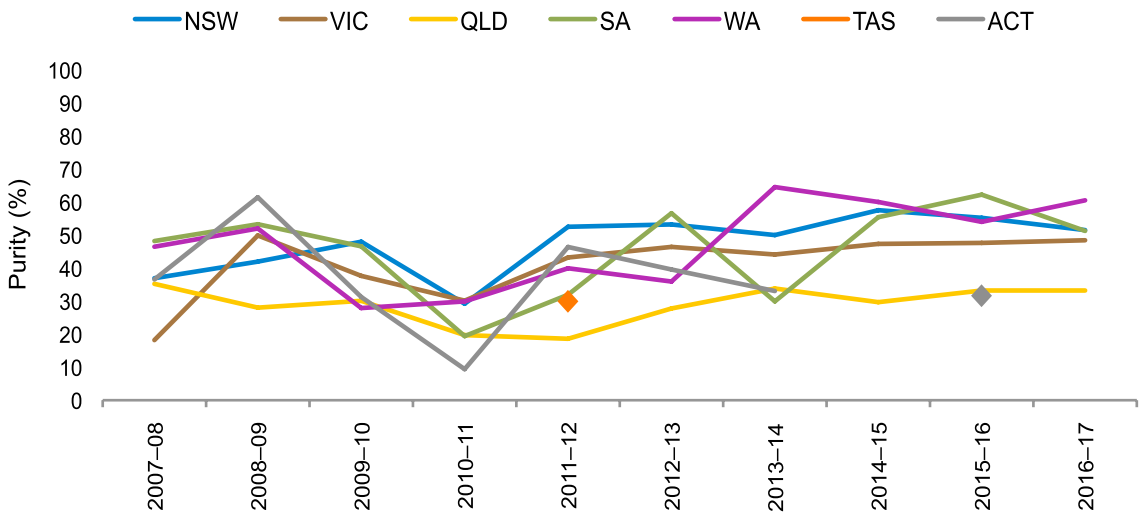
PRICE

Nationally, the price for 1 gram of cocaine ranged between $200 and $600 in 2016–17, compared with a price range between $50 and $1 000 in 2015–16. Nationally, the price of 1 kilogram of cocaine remained stable this reporting period, ranging between $180 000 and $300 000.

PURITY

Figure 21 illustrates the annual median purity of analysed cocaine samples over the last decade. Since 2007–08, the annual median purity of cocaine has ranged between 9.5 per cent and 64.5 per cent. In 2016–17, the annual median purity of cocaine ranged from 33.2 per cent in Queensland to 60.5 per cent in Western Australia. In 2016–17, Victoria and Western Australia reported an increase in the annual median purity of cocaine, while New South Wales and South Australia reported a decrease and Queensland remained stable. This reporting period, the quarterly median purity of cocaine ranged between 21.0 per cent in Western Australia in the third quarter of 2016 and 76.4 per cent in South Australia in the second quarter of 2017.

FIGURE 21: Annual median purity of cocaine samples, 2007–08 to 2016–17



14 The NWDMP tests for 14 substances including nicotine, alcohol, methylamphetamine, amphetamine, cocaine, MDMA, MDA, JWH-018, JWH-073, mephedrone, methylone, oxycodone, fentanyl and heroin. The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

AVAILABILITY

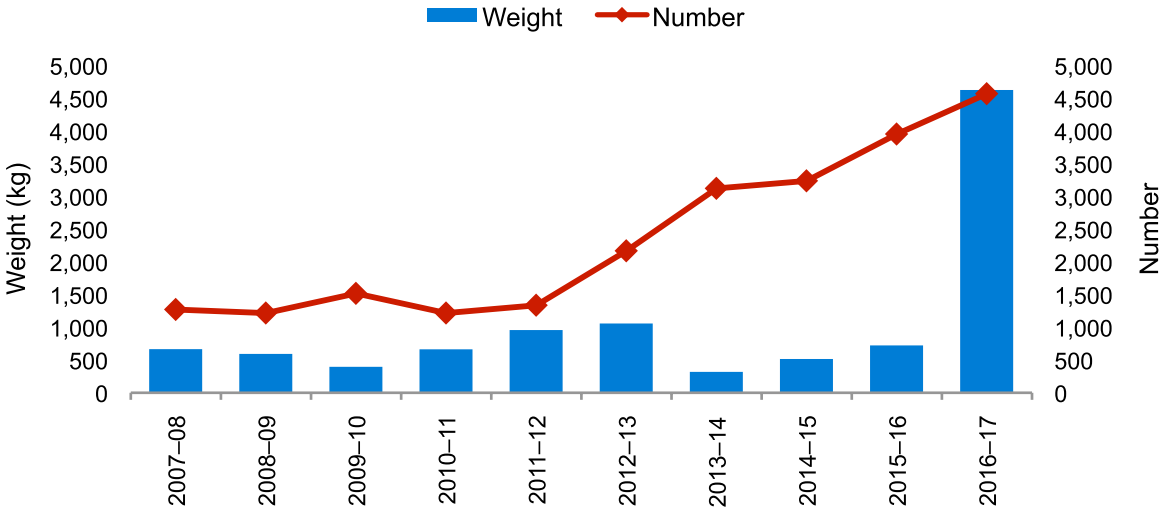
In a 2016 national study of regular injecting drug users, of the respondents able to comment on the availability of cocaine, 61.0 per cent reported cocaine as easy or very easy to obtain, a decrease from 74.0 per cent in 2015. In 2017 this further decreased to 59.0 per cent (Karlsson & Burns 2018; Stafford & Breen 2017).

In a 2016 national study of regular ecstasy users, of the respondents able to comment on the availability of cocaine, 55.0 per cent reported cocaine as easy or very easy to obtain, a decrease from 61.0 per cent in 2015. This figure remained stable in 2017 (Uporova et al. 2018; Stafford & Breen 2017a).

SEIZURES AND ARRESTS

Both the number and weight of national cocaine seizures increased to record levels in 2016–17. The number of national cocaine seizures increased 15.6 per cent this reporting period, from 3 951 in 2015–16 to a record 4 567 in 2016–17. The weight of cocaine seized nationally increased 540.6 per cent, from 721.6 kilograms in 2015–16 to 4 623.3 kilograms in 2016–17 (see Figure 22).

FIGURE 22: National cocaine seizures, by number and weight, 2007–08 to 2016–17



South Australia reported the greatest percentage increase in the number of cocaine seizures this reporting period, with Tasmania reporting the greatest percentage increase in the weight of cocaine seized. New South Wales continues to account for the greatest proportion of national cocaine seizures, accounting for 70.4 per cent of the number and 84.5 per cent of the weight seized nationally in 2016–17 (see Table 15).

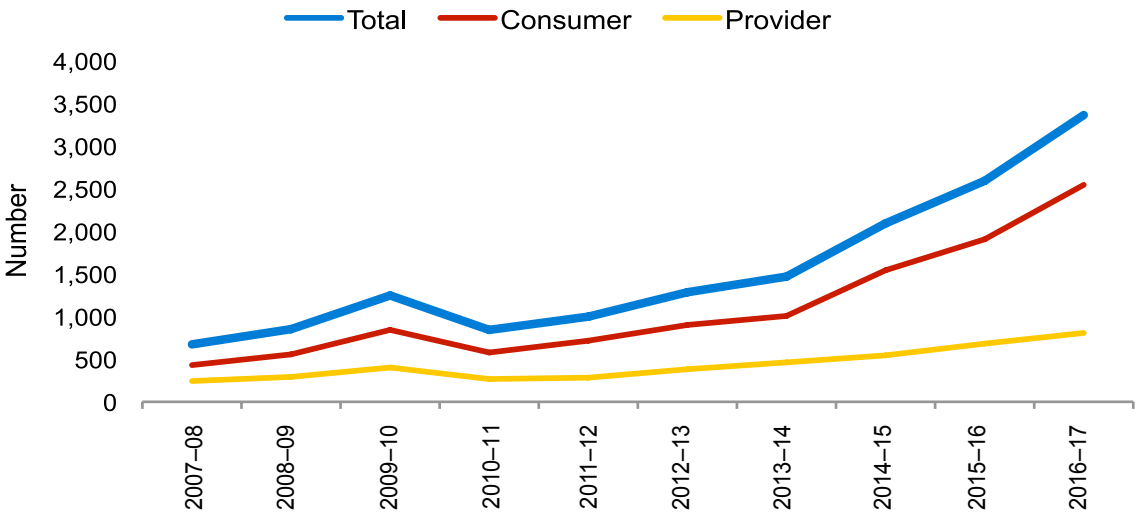
TABLE 15: Number, weight and percentage change of national cocaine seizures, 2015–16 and 2016–17

	Number			Weight (grams)		
State/Territory[a]	2015–16	2016–17	% change	2015–16	2016–17	% change
New South Wales	2 716	3 216	18.4	513 689	3 908 711	660.9
Victoria	549	319	-41.9	59 055	457 204	674.2
Queensland	336	436	29.8	132 599	51 767	-61.0
South Australia	22	66	200.0	1 341	4 199	213.1
Western Australia	230	316	37.4	14 205	13 834	-2.6
Tasmania	12	22	83.3	30	187 128	623 660.0
Northern Territory	18	51	183.3	458	323	-29.5
Australian Capital Territory	68	141	107.4	321	182	-43.3
Total	**3 951**	**4 567**	**15.6**	**721 698**	**4 623 348**	**540.6**

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 increased 29.9 per cent this reporting period, from 2 592 in 2015–16 to a record 3 366 in 2016–17. Consumer arrests continue to account for the greatest proportion of arrests, comprising 75.6 per cent of national cocaine arrests in 2016–17 (see Figure 23).

FIGURE 23: Number of national cocaine arrests, 2007–08 to 2016–17



The Australian Capital Territory reported the greatest percentage increase in cocaine arrests this reporting period. New South Wales continues to account for the greatest proportion of national cocaine arrests, accounting for 50.1 per cent in 2016–17 (see Table 16).

TABLE 16: Number and percentage change of national cocaine arrests, 2015–16 and 2016–17

	Arrests		
State/Territory[a]	2015–16	2016–17	% change
New South Wales	1 301	1 687	29.7
Victoria	455	621	36.5
Queensland	458	539	17.7
South Australia	114	135	18.4
Western Australia	197	241	22.3
Tasmania	9	9	0.0
Northern Territory	14	27	92.9
Australian Capital Territory	44	107	143.2
Total	**2 592**	**3 366**	**29.9**

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

NATIONAL IMPACT

Colombia, the largest cultivator of coca in the world, accounted for 34.0 per cent of the weight of cocaine seized globally in 2015. By weight, global cocaine seizures in 2015 increased to the highest level ever reported, with 2016 data indicating a further increase in the weight of cocaine seized.

Indicators of cocaine demand—including surveys of drug users, police detainees and wastewater analysis—suggest an increase in cocaine use in Australia.

- According to the 2016 NDSHS, both reported cocaine use in lifetime and recent use increased from 2013.
- According to a national survey of police detainees, both the proportion of detainees self-reporting cocaine use and those testing positive to cocaine increased in 2016–17.
- According to the NWDMP, cocaine consumption was detected at both capital city and regional sites in all states and territories, with average cocaine consumption higher in capital city sites than in regional sites.

Indicators of cocaine supply include border detection, seizure, arrest and purity data.

- Both the number and weight of cocaine detections at the Australian border in 2016–17 increased to record levels.
- Nationally, the number of cocaine seizures, arrests and the weight of cocaine seized this reporting period also increased to record levels.
- The median purity of cocaine fluctuated in 2016–17.
- Forensic cocaine profiling this reporting period identified the continued prominence of Colombia as a source country for cocaine in Australia, with an increased proportion of mixed/unclassified samples in the ENIPID data.

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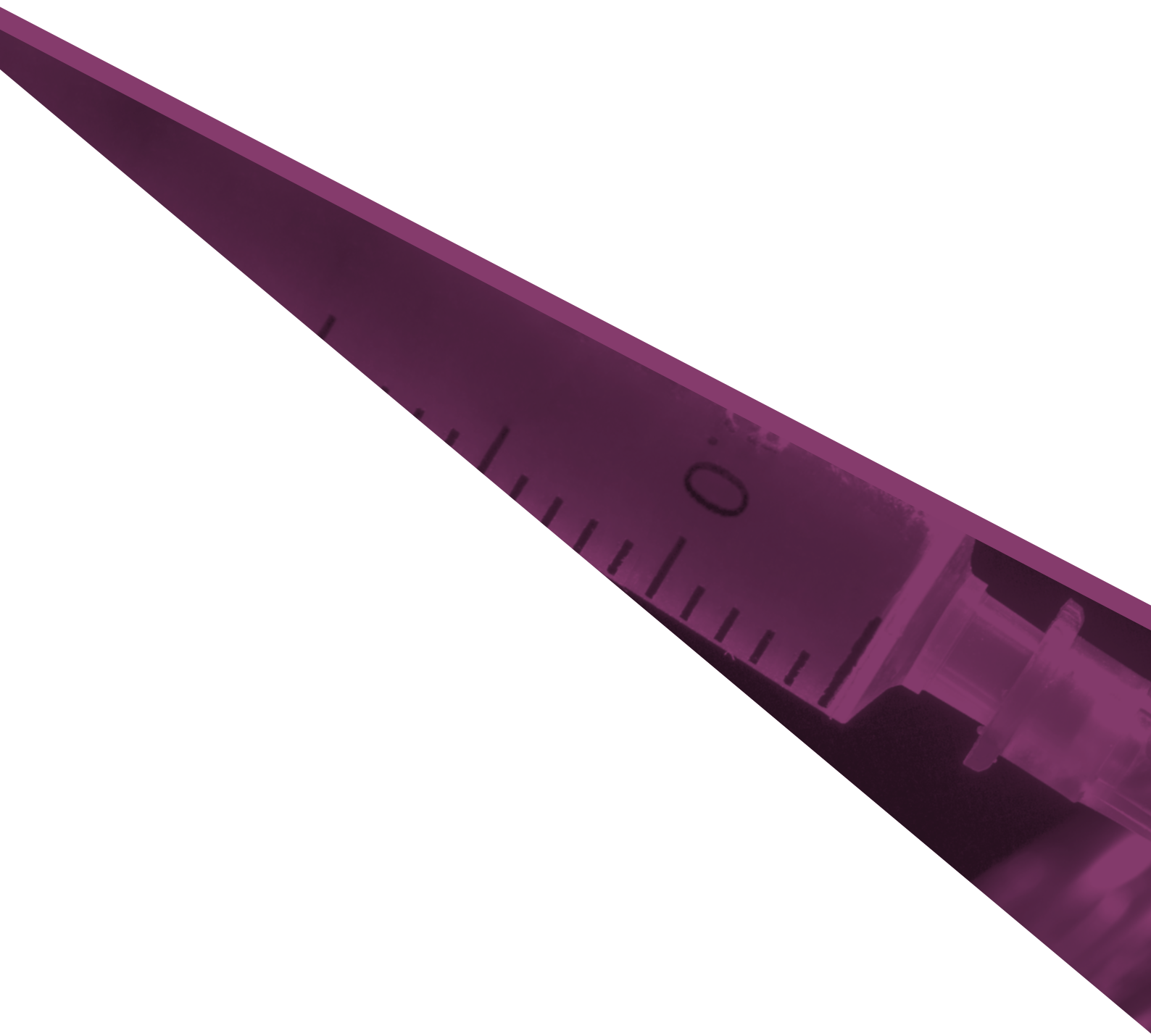
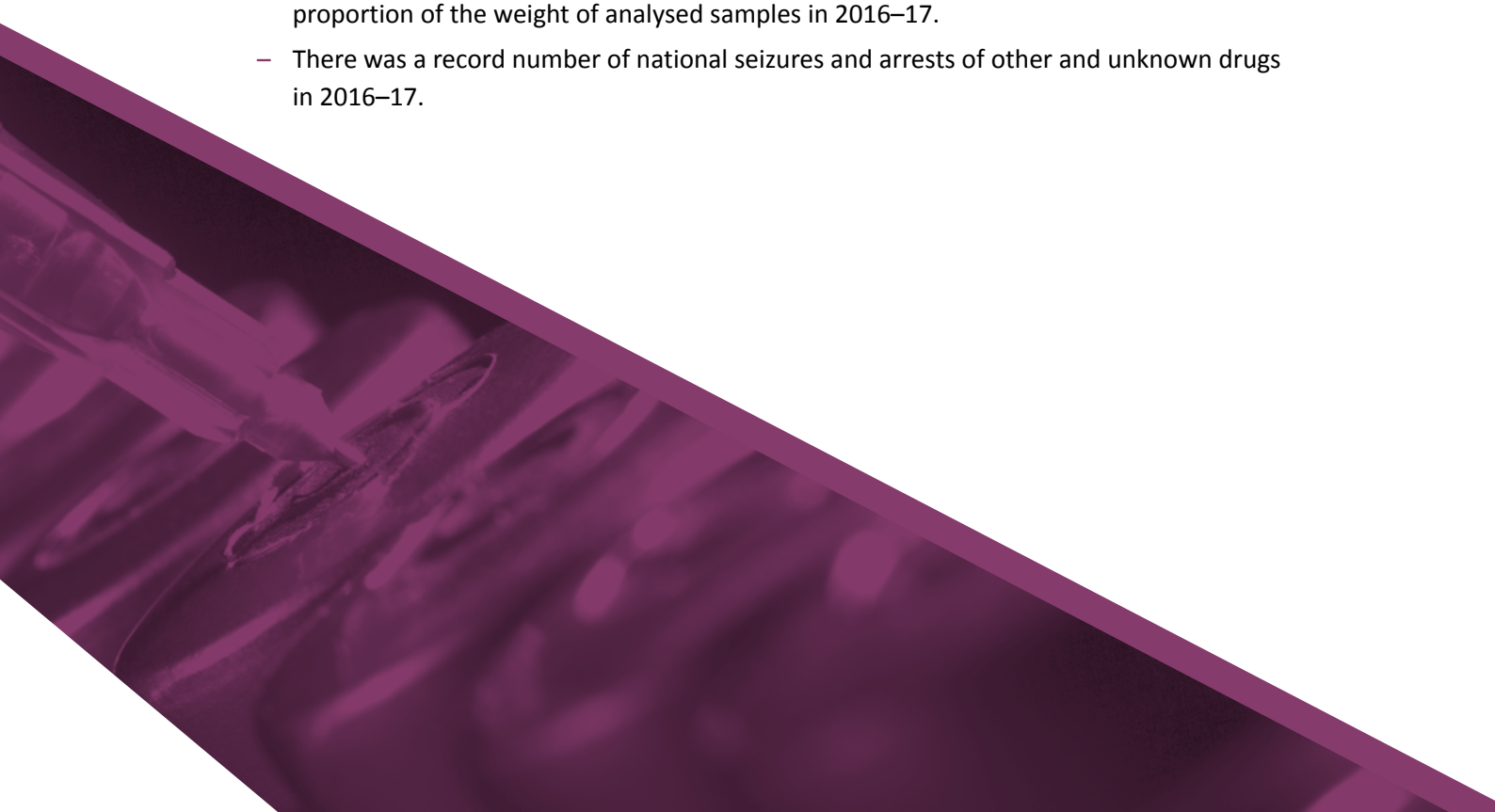


OTHER DRUGS

KEY POINTS

- Many of the drugs and substances categorised as other drugs have both licit and illicit uses and may be lawfully or illegally produced. They reflect diverse and complex markets, both domestically and internationally.
- Globally the non-medical use of prescription drugs, particularly opioids, is a growing issue, with fentanyl use a significant concern.
  - Statistics in the United States indicate fatalities caused by fentanyl and other synthetic opioids exceeded heroin overdose fatalities in 2016.
  - According to the National Wastewater Drug Monitoring Program, estimated average consumption of fentanyl and oxycodone remained relatively stable between August 2016 and August 2017, with consumption of both drugs higher in regional sites than capital city sites.
- Indicators of demand and supply for other drugs in Australia provide a mixed picture.
  - In 2016–17 the number of detections of PIEDs at the Australian border decreased, although the overall number of PIED detections has remained relatively stable since 2013–14. Decreases were also reported for national steroid seizures and arrests in 2016–17.
  - There was a record number of tryptamine detections at the Australian border in 2016–17, the majority of which relate to LSD.
  - The number of national hallucinogen seizures and arrests and the weight of hallucinogens seized nationally increased to record levels in 2016–17.
  - The number of anaesthetic detections at the Australian border almost doubled this reporting period to a record 1 151 detections in 2016–17, the majority of which relate to ketamine.
  - Forensic profiling of NPS indicate cathinone-type substances accounted for the greatest proportion of the number, with amphetamine-type substances accounting for the greatest proportion of the weight of analysed samples in 2016–17.
  - There was a record number of national seizures and arrests of other and unknown drugs in 2016–17.



OTHER DRUGS

Other drugs and substances—collectively referred to in this report as 'other drugs'—are increasingly being recognised as part of Australia's illicit drug market. This chapter focuses on the main drugs and substances in this category:

- anabolic agents and selected hormones
- 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* distinguishes four classes of substances as anabolic agents and selected hormones: anabolic-androgenic steroids (AAS); beta-2 agonists; peptide hormones, mimetics and analogues; and other anabolic agents and selected hormones. More generally, this group of substances is referred to as performance and image enhancing drugs (PIEDs; ABS 2011).

AAS, commonly referred to as steroids, are derivatives of testosterone—a naturally occurring male sex hormone.

- Anabolic refers to the muscle-building effects of the drug, while androgenic refers to their masculinising effects.
- AAS are most commonly administered orally (as liquid or tablets), injected intramuscularly, absorbed using suppositories or cream, gel or patches on the skin, or via nasal sprays.

Beta-2 agonists, induce both anabolic and catabolic (body fat reduction) effects.

- A common beta-2 agonist misused in Australia is clenbuterol.
- Beta-2 agonists are usually sold in tablet form (ADF 2018a; DEA 2017a; NDS 2006a).

Although AAS remain the most prevalent substance in the PIEDs category, a number of other substances exist which manipulate or interfere with the body's hormonal system. Key substances in this category include erythropoietin (EPO), human growth hormone (hGH) and human chorionic gonadotrophin (hCG; ADF 2018b; NDS 2006b; NDS 2006c; NDS 2006d; Larance et al. 2005).

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

INTERNATIONAL TRENDS

The worldwide trafficking and use of PIEDs is a complex, large and highly profitable market. Controls regarding their use and distribution vary internationally, with PIEDs diverted from legitimate sources, as well as being manufactured in clandestine laboratories. Distributed online, or through direct sales to users, illicit PIEDs are primarily marketed to professional and amateur athlete and body building markets, as well as to individuals seeking to improve their appearance (ADF 2018b).

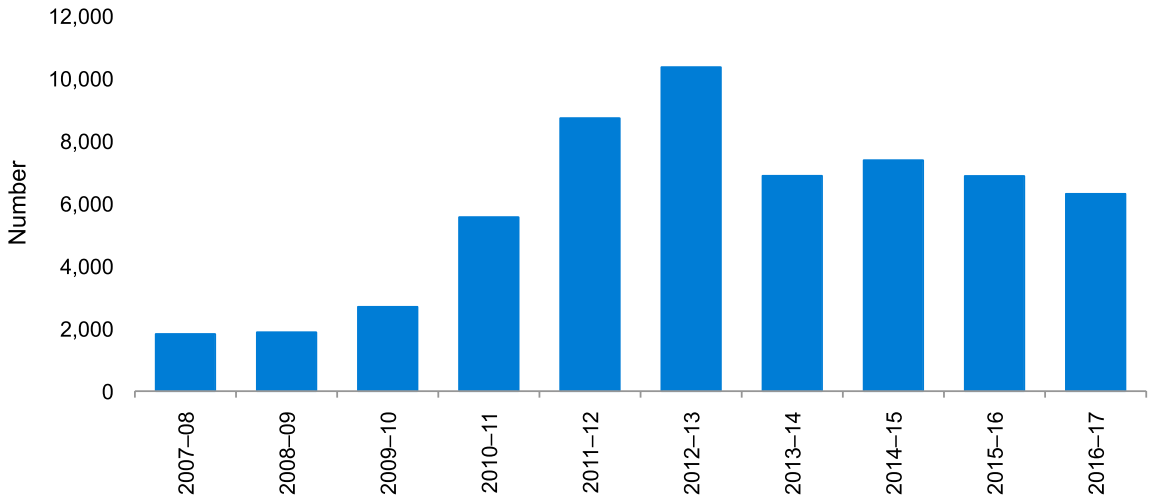
INTERPOL and the Permanent Forum on International Pharmaceutical Crime initiated Operation Pangea (Pangea) in 2008. Pangea is an international operation targeting the online advertising, sale and supply of illicit and counterfeit medicines and medical devices that pose a threat to public health and safety. Activity is conducted on an annual basis in the form of an international week of action and continues to evolve and build upon best practice. One hundred and three countries and 193 agencies participated in Pangea IX, which took place between 30 May and 7 June 2016. Pangea X took place from 12–19 September 2017, with a record 123 countries participating in the global week of action. Project Energia, an INTERPOL initiative supported by the World Anti-Doping Agency (WADA) and the School of Criminal Science at the University of Lausanne, was launched in 2016 and focuses on substances used with the exclusive aim of improving athletic performance and physical fitness. Focusing on such substances as anabolic steroids, peptides, growth hormones and EPO, Project Energia aims to assist member countries understand and combat the trafficking of PIEDs through intelligence sharing and targeted criminal analysis (RCMP 2017; INTERPOL 2017; INTERPOL 2016).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of PIED detections at the Australian border decreased 8.3 per cent this reporting period, from 6 877 in 2015–16 to 6 308 in 2016–17 (see Figure 24).[2]

FIGURE 24: Number performance and image enhancing drug detections at the Australian border, 2007–08 to 2016–17 (Source: Department of Home Affairs)

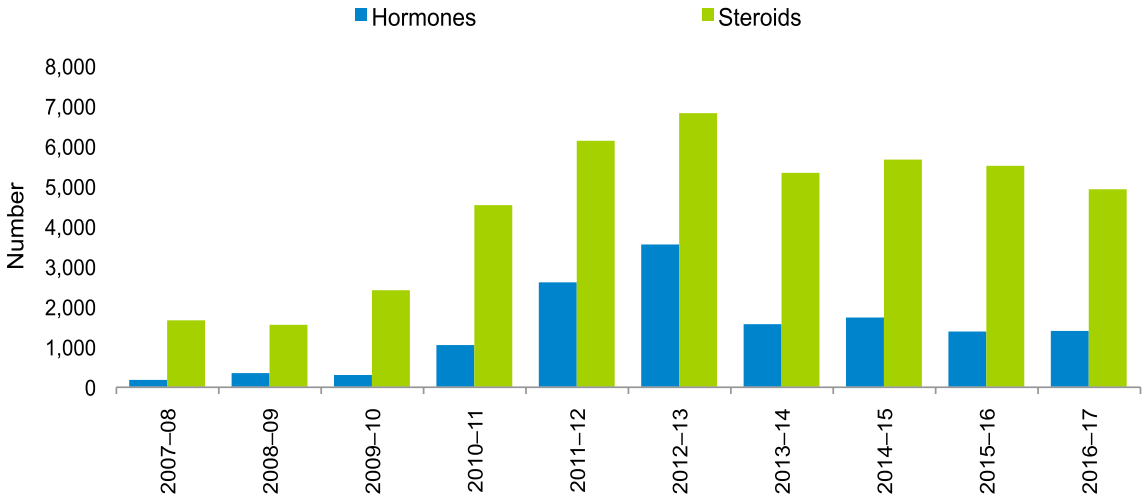


2 The Department of Home Affairs is unable to provide statistical data on the weight of drugs in this category due to differences in drug form, which includes liquid, vials and tablets.

Of the 6 308 PIED detections in 2016–17, 78.0 per cent were steroids and 22.0 per cent were hormones.

- The number of steroid detections decreased 10.6 per cent this reporting period, from 5 502 in 2015–16 to 4 918 in 2016–17.
- The number of hormone detections increased 1.1 per cent this reporting period, from 1 375 in 2015–16 to 1 390 in 2016–17 (see Figure 25).

FIGURE 25: Number of performance and image enhancing drug detections, by category, at the Australian border, 2007–08 to 2016–17 (Source: Department of Home Affairs)



The number of clenbuterol detections at the Australian border decreased 22.2 per cent this reporting period, from 595 in 2015–16 to 463 in 2016–17. Of the 463 detections, 90.3 per cent were identified in the international mail stream, followed by air passenger/crew (7.6 per cent) and air cargo streams (2.2 per cent).

IMPORTATION METHODS

In 2016–17 detections of PIEDs occurred in the international mail, air cargo and air passenger/crew streams. The international mail stream accounted for 88.3 per cent of the number of PIED detections at the Australian border this reporting period, followed by air cargo (7.2 per cent) and air passenger/ crew (4.5 per cent).[3]

EMBARKATION POINTS

In 2016–17, 59 countries were identified as embarkation points for PIED detections at the Australian border, compared with 64 countries in 2015–16. By number, the United Kingdom (UK) was the primary embarkation point for PIED detections in 2016–17. Other key embarkation points identified this reporting period by number of detections include the United States (US), China (including Hong Kong), Thailand, India, Turkey, the Philippines, Poland and Singapore.

In 2016–17, 26 countries were identified as embarkation points for clenbuterol detections at the Australian border, compared with 28 countries in 2015–16.

3 A figure for importation methods of PIEDs detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

DOMESTIC MARKET INDICATORS

According to the 2016 National Drug Strategy Household Survey (NDSHS), the proportion of the Australian population aged 14 years or older reporting the non-medical use of steroids at least once in their lifetime increased, from 0.5 per cent in 2013 to 0.6 per cent in 2016. In the same survey, the proportion reporting recent[4] steroid use for non-medical purposes remained stable at 0.1 per cent (AIHW 2017a).

In a 2016 national study of regular injecting drug users, the proportion of respondents reporting steroid use at some stage in their lifetime increased, from 6.0 per cent in 2015 to 7.0 per cent in 2016. This figure remained stable in 2017. In the same study, the proportion of respondents reporting recent[5] steroid use was 2.0 per cent in 2016 and remained stable in 2017 (Karlsson & Burns 2018; Stafford & Breen 2017a).

In a 2016 national study of regular ecstasy users, the proportion of respondents reporting steroid use at some stage in their lifetime decreased, from 4.0 per cent in 2015 to 3.0 per cent in 2016 and remained stable in 2017. In the same study, the proportion of respondents reporting recent steroid use remained stable at 1.0 per cent in 2016 and 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

According to the Australian Needle and Syringe Program Survey (ANSPS), the prevalence of respondents reporting PIEDs as the drug last injected nationally decreased, from 6.0 per cent in 2015 to 4.0 per cent in 2016. Reported figures of specific use vary between the states and territories.

- The reported prevalence of PIEDs as the drug last injected ranged from 6.0 per cent to 14.0 per cent over the period 2012 to 2016 in Queensland and between 10.0 per cent and 12.0 per cent in New South Wales.
- The reported prevalence of injecting PIEDs remained stable at 3.0 per cent or less in all other states and territories.
- In 2016, of the respondents who recently initiated[6] injecting drug use, one in four reported PIEDs as the drug last injected (Memedovic et al. 2017).

PRICE

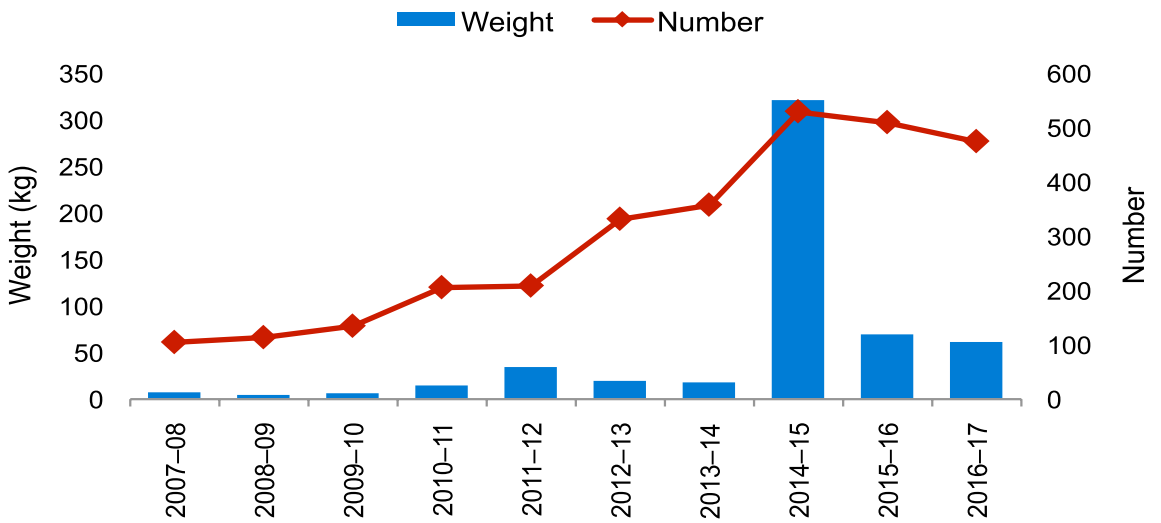
National law enforcement data on the price of PIEDs is limited. Queensland and Tasmania were the only states to report prices for PIEDs in 2016–17. The price for a single 10 millilitre vial of testosterone enanthate remained stable and ranged between $130 and $250 in 2016–17. The price for a single 10 millilitre vial of Sustanon 250 (a blend of four testosterone compounds) ranged between $150 and $250 and the price for a single 10 millilitre vial of testosterone propionate ranged between $150 and $250. The price of a single 10 millilitre vial of Deca-durabolin (an anabolic steroid) also remained stable this reporting period, ranging between $150 and $250.

4 In the NDSHS, recent use refers to reported use in the 12 months preceding interview.
5 In both the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.
6 Less than three years since first injection.

SEIZURES AND ARRESTS

The number of national steroid seizures decreased 6.9 per cent this reporting period, from 509 in 2015–16 to 474 in 2016–17. The weight of steroids seized nationally decreased 11.9 per cent this reporting period, from 68.8 kilograms in 2015–16 to 60.6 kilograms in 2016–17 (see Figure 26).

FIGURE 26: National steroid seizures, by number and weight, 2007–08 to 2016–17



Tasmania reported the greatest percentage increase in the number and weight of steroid seizures this reporting period. New South Wales accounted for the greatest proportion of the number of national steroid seizures this reporting period (56.1 per cent), while Queensland accounted for the greatest proportion of the weight of steroids seized in 2016–17 (48.2 per cent; see Table 17).

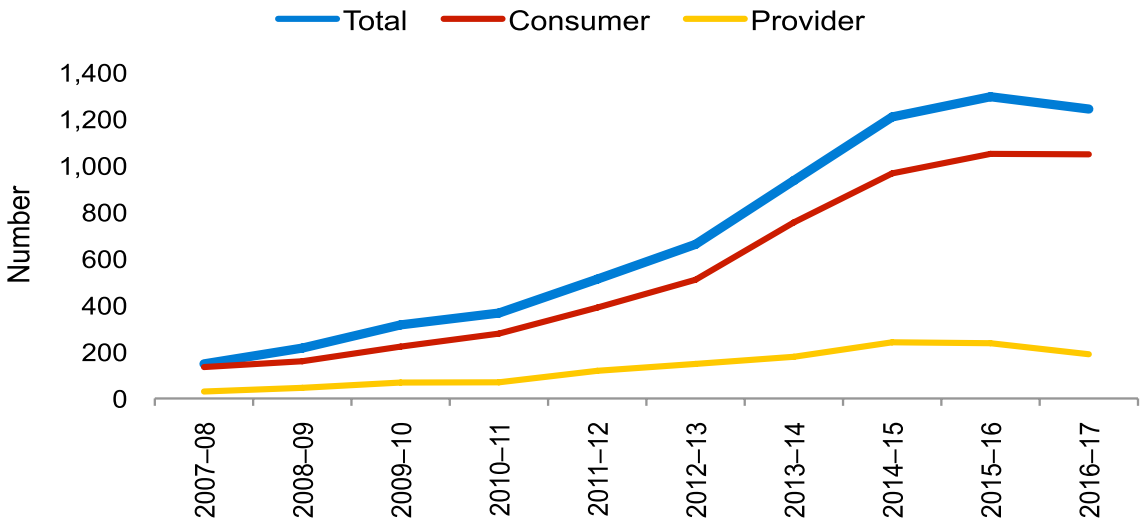
TABLE 17: Number, weight and percentage change of national steroid seizures, 2015–16 and 2016–17

	Number			Weight (grams)		
State/Territory[a]	2015–16	2016–17	% change	2015–16	2016–17	% change
New South Wales	286	266	-7.0	63 492	10 720	-83.1
Victoria	20	27	35.0	624	16 759	2 585.7
Queensland	57	63	10.5	1 072	29 210	2 624.8
South Australia	0	0	0.0	0	0	0.0
Western Australia	49	33	-32.7	1 576	1 647	4.5
Tasmania	4	6	50.0	1	163	16 200.0
Northern Territory	20	23	15.0	575	1 009	75.5
Australian Capital Territory	73	56	-23.3	1 495	1 151	-23.0
Total	**509**	**474**	**-6.9**	**68 835**	**60 659**	**-11.9**

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

The number of national steroid arrests decreased 4.1 per cent this reporting period, from 1 297 in 2015–16 to 1 244 in 2016–17. Consumer arrests continue to account for the greatest proportion of arrests, comprising 84.3 per cent of national steroid arrests in 2016–17 (see Figure 27).

FIGURE 27: Number of national steroid arrests, 2007–08 to 2016–17



The Australian Capital Territory reported the greatest percentage increase in the number of steroid arrests in 2016–17, with Queensland accounting for the greatest proportion of national steroid arrests this reporting period (55.8 per cent; see Table 18).

TABLE 18: Number and percentage change of national steroid arrests, 2015–16 and 2016–17

	Arrests		
State/Territory[a]	2015–16	2016–17	% change
New South Wales	158	164	3.8
Victoria	96	124	29.2
Queensland	705	694	-1.6
South Australia	8	3	-62.5
Western Australia	255	220	-13.7
Tasmania	22	9	-59.1
Northern Territory	50	15	-70.0
Australian Capital Territory	3	15	400.0
Total	**1 297**	**1 244**	**-4.1**

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

TRYPTAMINES

MAIN FORMS

Tryptamines are hallucinogenic substances which act upon the central nervous system, producing altered states of perception, sensation, cognition and consciousness, often accompanied by visual or auditory hallucinations. Some are found naturally in a variety of flowering plants, leaves, seeds and some spore-forming plants, while others are synthetically produced. The following section covers lysergic acid diethylamide (LSD) and psilocybin-containing mushrooms, the two most common tryptamines used in Australia (ADF 2018c; EMCDDA 2017a; UNODC 2016).

LYSERGIC ACID DIETHYLAMIDE (LSD)

LSD, commonly referred to as 'acid', is a semi-synthetic hallucinogen derived from lysergic acid, a chemical found in a fungus which grows on certain types of grain.

- In its pure form, LSD is a white, water-soluble and odourless powder.
- LSD is most commonly consumed orally, ingested on LSD-impregnated paper blotters (tabs[7]), miniature tablets (microdots) or gelatine sheets (window panes).
- In liquid form, LSD can be administered by intravenous or intramuscular injection, or impregnated in sugar cubes (ADF 2018c; UNODC 2016).

PSILOCYBIN-CONTAINING MUSHROOMS

Psilocybin is the primary psychoactive and hallucinogenic chemical present in certain species of mushroom within the *Psilocybe* genus, commonly referred to as 'magic mushrooms'.

- Approximately 20 species of psilocybin-containing mushrooms are found in Australia. In addition to variation in the psilocybin content across species of mushroom, their potency is affected by their origin, growing conditions, harvest period and form.
- Hallucinogenic mushrooms are consumed as fresh fungi, preserved (dried, cooked and/or frozen) or as dry powders or capsules. These forms can be consumed orally (raw, cooked or brewed into a beverage), smoked or injected intravenously (EMCDDA 2017a; UNODC 2016).

INTERNATIONAL TRENDS

Relative to other illicit drug markets, the global trafficking and use of LSD and psilocybin remains low. While a small increase in the total number of psilocybin seizures was noted by World Customs Organisation (WCO) agencies between 2015 and 2016, the number of LSD seizures decreased slightly. The total weight seized for both substances has remained stable. In European Union (EU) countries, the total number of LSD seizures doubled between 2010 and 2015, reaching 1 400 seizures in 2015 (equating to approximately 100 000 dosage units), however the weight of LSD seized over the same period has fluctuated. An emerging international trend is the consumption— both deliberate and unintentional—of NPS[8] marketed as LSD. The UNODC *World Drug Report 2017* noted that several countries had reported substances belonging to the NBOMe series of compounds associated with severe intoxications and fatalities which were sold as synthetic LSD, LSD or ecstasy (EMCDDA 2017b; UNODC 2017a; WCO 2017).

DOMESTIC TRENDS

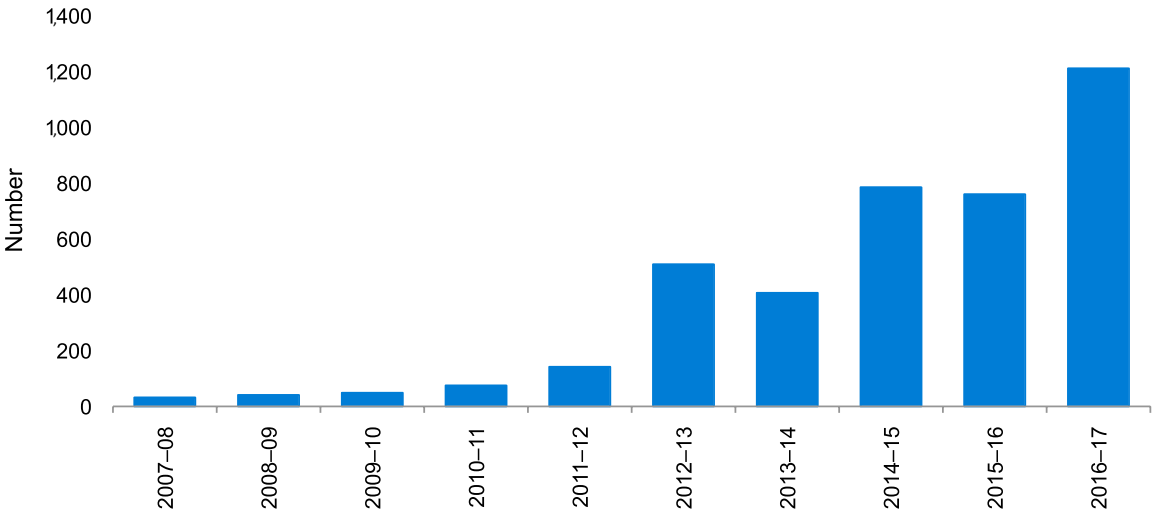
AUSTRALIAN BORDER SITUATION

The number of tryptamines detected at the Australian border increased 59.3 per cent this reporting period, from 760 in 2015–16 to a record 1 211 in 2016–17 (see Figure 28).

- Of the 1 211 detections in 2016–17, 887 were LSD, a 112.2 per cent increase from the 418 detections reported in 2015–16.
- There were 195 detections of psilocybin this reporting period, a 2.6 per cent increase from the 190 detections reported in 2015–16.
- The remaining 129 tryptamine detections this reporting period were reported as 'other'.

7 Small squares of absorbent paper generally decorated with artwork or designs impregnated with LSD.
8 Further information on NPS is located later in the chapter.

FIGURE 28: Number of tryptamine detections at the Australian border, 2007–08 to 2016–17 (Source: Department of Home Affairs)



IMPORTATION METHODS

In 2016–17 detections of tryptamine occurred in the international mail, air passenger/crew and air cargo streams. The international mail stream accounted for 99.3 per cent of the number of tryptamine detections at the Australian border in 2016–17, followed by air passenger/crew (0.6 per cent) and air cargo (0.1 per cent).[9]

EMBARKATION POINTS

By number, the Netherlands was identified as the primary embarkation point for tryptamine detections at the Australian border in 2016–17. Other key embarkation points this reporting period by number include Canada, Poland, UK, Germany, US, Spain, Taiwan, France and Ukraine.

By number, Canada was identified as the primary embarkation point for psilocybin detections at the Australian border in 2016–17. Other key embarkation points this reporting period by number include the Netherlands, US, UK, Poland, Switzerland, Germany, Spain, Belgium and Hungary.

DOMESTIC MARKET INDICATORS

According to the 2016 NDSHS, the proportion of the Australian population aged 14 years or older reporting using hallucinogens at least once in their lifetime remained stable at 9.4 per cent, while the reported recent use of hallucinogens decreased, from 1.3 per cent in 2013 to 1.0 per cent in 2016 (AIHW 2017a).

In a 2016 national study of regular injecting drug users, the proportion of respondents reporting the recent use of hallucinogens has remained stable at 6.0 per cent since 2015. LSD was the main hallucinogen reportedly used within this user group in 2016, followed by magic mushrooms (Karlsson & Burns 2018; Stafford & Breen 2017a).[10]

In a 2016 national study of regular ecstasy users, the proportion of respondents reporting the recent use of LSD increased, from 40.0 per cent in 2015 to 45.0 per cent in 2016. This further increased to 50.0 per cent in 2017. The reported recent use of magic mushrooms decreased, from 24.0 per cent in 2015 to 22.0 per cent in 2016. This increased to 27.0 per cent in 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

9 A figure for importation methods of tryptamines detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
10 Magic mushrooms refer to psilocybin-containing mushrooms.

PRICE

Nationally, the price per tab of LSD ranged between $8 and $50 in 2016–17, compared with a price range between $5 and $50 in 2015–16. Queensland and Tasmania were the only states to report a price for a single 20 millilitre vial of LSD this reporting period, which ranged from $40 to $800. No law enforcement price data for psilocybin was available in 2016–17.

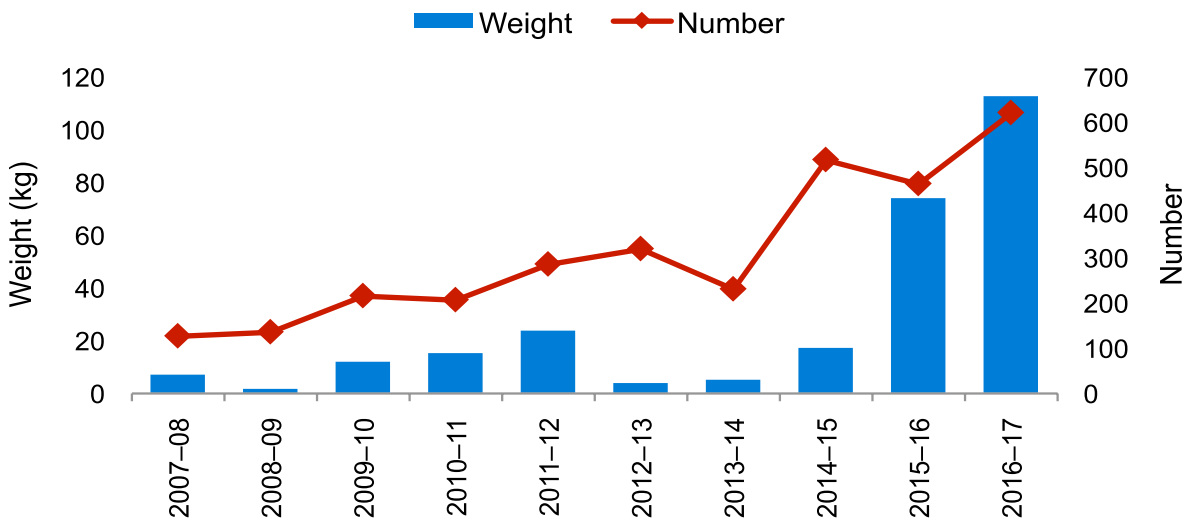
AVAILABILITY

In a 2016 national study of regular ecstasy users, the proportion of respondents reporting LSD as easy or very easy to obtain increased, from 57.0 per cent in 2015 to 69.0 per cent in 2016. This decreased to 62.0 per cent in 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

SEIZURES AND ARRESTS

The number of national hallucinogen seizures increased 33.9 per cent this reporting period, from 463 in 2015–16 to a record 620 in 2016–17. The weight of hallucinogens seized nationally increased 52.4 per cent this reporting period, from 73.7 kilograms in 2015–16 to a record 112.4 kilograms in 2016–17 (see Figure 29).

FIGURE 29: National hallucinogen seizures, by number and weight, 2007–08 to 2016–17



Tasmania reported the greatest percentage increase in the number of hallucinogen seizures in 2016–17, with the Northern Territory reporting the greatest percentage increase in the weight of hallucinogens seized. New South Wales accounted for the greatest proportion of the number of national hallucinogen seizures this reporting period (67.1 per cent), while Victoria accounted for the greatest proportion of the weight of hallucinogens seized nationally in 2016–17 (61.1 per cent; see Table 19).

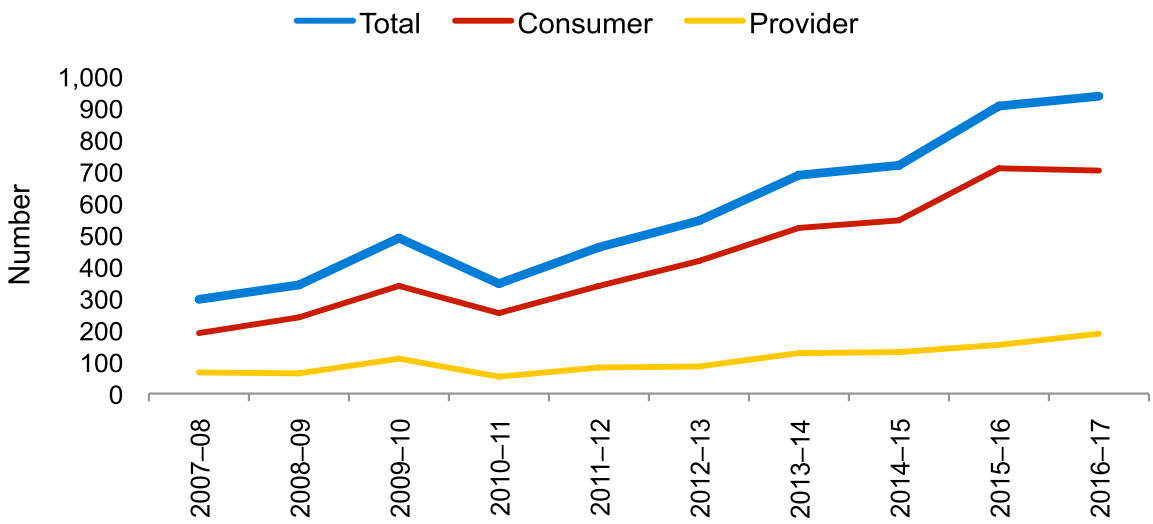
TABLE 19: Number, weight and percentage change of national hallucinogen seizures, 2015–16 and 2016–17

	Number			Weight (grams)		
State/Territory[a]	2015–16	2016–17	% change	2015–16	2016–17	% change
New South Wales	244	416	70.5	16 286	15 914	-2.3
Victoria	83	53	-36.1	19 916	68 709	245.0
Queensland	44	41	-6.8	33 860	9 186	-72.9
South Australia	0	5	–	0	11 900	–
Western Australia	74	59	-20.3	3 649	5 686	55.8
Tasmania	3	9	200.0	56	217	287.5
Northern Territory	10	27	170.0	25	422	1 588.0
Australian Capital Territory	5	10	100.0	<1	429	–
Total	**463**	**620**	**33.9**	**73 792**	**112 463**	**52.4**

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 3.3 per cent this reporting period, from 915 in 2015–16 to 945 in 2016–17. Consumer arrests continue to account for the greatest proportion of arrests, comprising 76.0 per cent of national hallucinogen arrests in 2016–17 (see Figure 30). However, the Northern Territory reported more hallucinogen provider arrests than consumer arrests in 2016–17.

FIGURE 30: Number of national hallucinogen arrests, 2007–08 to 2016–17



The Northern Territory reported the greatest percentage increase in the number of hallucinogen arrests in 2016–17. Queensland accounted for the greatest proportion of national hallucinogen arrests this reporting period (29.9 per cent), followed by Western Australia (26.6 per cent) and New South Wales (21.2 per cent). Combined, these three states account for 77.7 per cent of national hallucinogen arrests in 2016–17 (see Table 20).

TABLE 20: Number and percentage change of national hallucinogen arrests, 2015–16 and 2016–17

	Arrests		
State/Territory[a]	2015–16	2016–17	% change
New South Wales	148	200	35.1
Victoria	128	138	7.8
Queensland	385	283	-26.5
South Australia	44	43	-2.3
Western Australia	192	251	30.7
Tasmania	9	10	11.1
Northern Territory	8	19	137.5
Australian Capital Territory	1	1	0.0
Total	**915**	**945**	**3.3**

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

ANAESTHETICS

MAIN FORMS

While anaesthetics and their precursors have many legitimate uses in the medical, veterinary, plastics and chemical industries, they are also diverted for illicit use. This section covers ketamine, gamma-hydroxybutyrate (GHB) and related substances, the most prevalent anaesthetics used illicitly in Australia (ADF 2018d; WHO 2014).

KETAMINE

Ketamine is a central nervous system depressant used as an anaesthetic and analgesic in medical and veterinary settings.

- Ketamine is commonly found in three forms—liquid, powder and tablet.
- It is most commonly snorted, swallowed or injected. It can also be combined with other substances, such as cannabis or tobacco, and smoked (ADF 2018d; DrugWise 2017; UNODC 2017a; UNODC 2016).

GAMMA-HYDROXYBUTYRATE (GHB) AND RELATED SUBSTANCES

GHB is a naturally occurring substance found in the central nervous system and may also be synthetically produced.

- GHB is commonly consumed as a water soluble salt and appears as a colourless and odourless liquid solution usually sold in small bottles or vials.
- Gamma-butyrolactone (GBL) and 1,4-butanediol (1,4-BD) are analogues and precursors of GHB which, upon ingestion, metabolise into GHB in the body, producing identical effects (ADF 2018d; DrugWise 2017; UNODC 2016; WHO 2014).

INTERNATIONAL TRENDS

Available data on global anaesthetic seizures (primarily ketamine) indicate the diversion, manufacture and international trafficking of these substances is increasing. The UNODC *World Drug Report 2017* notes that East and South-East Asia have become significant global hubs for the clandestine manufacture of ketamine. In 2015, these two regions accounted for 97.0 per cent of the total weight of ketamine seized worldwide, with China alone seizing for 19.6 tonnes of the record 23.0 tonnes seized globally.[11] The UNODC has also noted changes in the market. Historically ketamine was sourced through diversion from the legitimate pharmaceutical market. It is now increasingly being produced illicitly in clandestine laboratories, which are predominantly located in East and South-East Asia (UNODC 2017a).

Among the 12 EU countries who reported approximately 1 200 ketamine seizures, weighing an estimated 130 kilograms in 2015, Denmark, Italy and the UK accounted for the greatest proportion of the weight of ketamine seized. In 2015, 14 EU countries reported an estimated 1 300 GHB/GBL seizures, totalling 320 kilograms and over 1 500 litres, with Belgium and Norway accounting for 68.0 per cent of the weight and volume seized. While WCO data for ketamine was not available in 2016, data available for GHB and GBL indicate an increase in the total number of seizures from 2015 (EMCDDA 2017b; WCO 2017).

DOMESTIC TRENDS

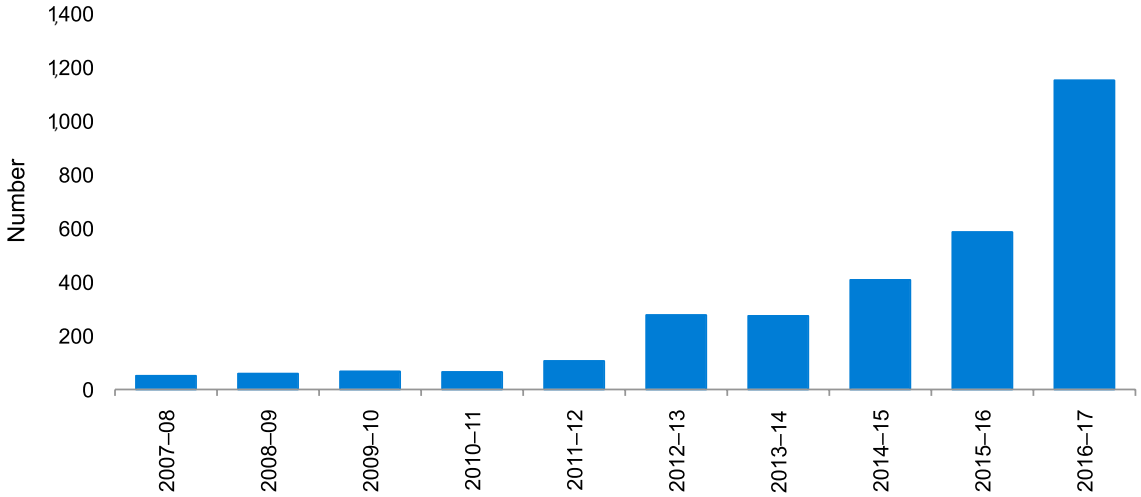
AUSTRALIAN BORDER SITUATION

Detections of anaesthetics by the Department of Home Affairs include GHB, GBL and ketamine. The number of anaesthetic detections at the Australian border increased 96.4 per cent this reporting period, from 586 in 2015–16 to a record 1 151 in 2016–17 (see Figure 31).

- The number of ketamine detections increased 99.8 per cent this reporting period, from 487 in 2015–16 to 973 in 2016–17 and account for 84.5 per cent of the number of anaesthetic detections at the Australian border this reporting period.
- The number of GHB detections increased 290.9 per cent this reporting period, from 11 in 2015–16 to 43 in 2016–17 and account for 3.7 per cent of the number of anaesthetic detections at the Australian border this reporting period.
- The number of GBL detections increased 53.4 per cent this reporting period, from 88 in 2015–16 to 135 in 2016–17 and account for 11.7 per cent of the number anaesthetic detections at the Australian border this reporting period.

11 The 23 tonnes is the largest weight recorded since monitoring commenced in 1999.

FIGURE 31: Number of anaesthetic detections at the Australian border, 2007–08 to 2016–17 (Source: Department of Home Affairs)



IMPORTATION METHODS

In 2016–17 detections of anaesthetics occurred in the international mail, air and sea cargo and air passenger/crew streams. This reporting period the international mail stream accounted for 94.6 per cent of the number of anaesthetic detections at the Australian border, followed by air cargo (4.7 per cent), air passenger/crew (0.5 per cent) and sea cargo (0.2 per cent).[12]

In 2016–17 detections of GHB and GBL occurred in the international mail, air and sea cargo and air passenger/crew streams. GHB was detected in the air cargo, air passenger/crew and international mail streams this reporting period, while GBL was detected in the air cargo, international mail and sea cargo streams. In 2016–17 the international mail stream accounted for 70.8 per cent of the combined number of GHB and GBL detections at the Australian border, followed by air cargo (27.5 per cent), sea cargo (1.1 per cent) and air passenger/crew (0.6 per cent).[13]

In 2016–17 detections of ketamine occurred in the international mail, air cargo and air passenger/ crew streams. This reporting period the international mail stream accounted for 99.0 per cent of the number of ketamine detections at the Australian border, followed by air cargo (0.5 per cent) and air passenger/crew (0.5 per cent).[14]

EMBARKATION POINTS

In 2016–17, the Netherlands was the primary embarkation point for the number of GHB and GBL detections at the Australian border. Other key embarkation points by number this reporting period include China (including Hong Kong), Lithuania, the Republic of Korea, US, Singapore, Germany, Switzerland and the UK.

In 2016–17, the UK was the primary embarkation point for the number of ketamine detections at the Australian border. Other key embarkation points by number this reporting period include the Netherlands, Germany, China (including Hong Kong), France, Canada, Malaysia, Spain and Italy.

12 A figure for importation methods of anaesthetics detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
13 A figure for importation methods of GHB and GBL detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
14 A figure for importation methods of ketamine detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au>.

DOMESTIC MARKET INDICATORS

According to the 2016 NDSHS, the proportion of the Australian population aged 14 years or older reporting using GHB at least once in their lifetime increased, from 0.9 per cent in 2013 to 1.0 per cent in 2016, with the reported recent use of GHB increasing from <0.1 per cent to 0.1 per cent. In the same survey, the proportion of the Australian population aged 14 years or older reporting using ketamine at least once in their lifetime increased from 1.7 per cent in 2013 to 1.9 per cent in 2016, with reported recent ketamine use also increasing, from 0.3 per cent to 0.4 per cent (AIHW 2017a).

In a 2016 national study of regular ecstasy users, the proportion of respondents reporting recent GHB[15] use increased, from 5.0 per cent in 2015 to 8.0 per cent in 2016. This decreased to 7.0 per cent in 2017. Within this user group the proportion of respondents reporting the recent use of ketamine increased considerably, from 15.0 per cent in 2015 to 26.0 per cent in 2016. This further increased to 37.0 per cent in 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

PRICE

New South Wales and Queensland were the only states to report a price for 1 gram of ketamine powder, which ranged between $150 and $200 in 2016–17[16], compared with a price range between $50 and $360 in 2015–16. Queensland and South Australia were the only states to report a price for 1–1.5 millilitres of GHB/GBL, which ranged between $4 and $8 in 2016–17, compared with a national price range of $2 to $12 in 2015–16. Nationally, the price of a litre of GHB/GBL ranged between $800 and $3 000 in 2016–17, compared with a price range between $1 000 and $5 000 in 2015–16.

AVAILABILITY

In a 2016 national study of regular ecstasy users, the proportion of respondents reporting ketamine as easy or very easy to obtain increased, from 47.0 per cent in 2015 to 64.0 per cent in 2016. This figure remained stable in 2017. In the same survey, the proportion of respondents reporting GHB as easy or very easy to obtain increased, from 60.0 per cent in 2015 to 83.0 per cent in 2016. This decreased to 53.0 per cent in 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

PHARMACEUTICALS

MAIN FORMS

In Australia, the importation, manufacture, distribution and supply of pharmaceuticals is controlled under various legislation and regulations. Despite these controls, many pharmaceutical drugs continue to be diverted for non-medical use, including dependence, self-medication, improved performance, substitution or withdrawal from other drugs and to enhance or counter the effects of illicit drugs.

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

- family and friends with legitimate prescriptions
- forged prescriptions

15 GHB category also includes 1,4B-D and GBL.
16 Victoria reported a price of $70 000 for 1 kilogram of ketamine powder in 2016–17.

- over prescribing by health-care professionals
- online pharmacies
- theft from hospitals or pharmacies
- doctor shopping
- healthcare professionals self-prescribing or misappropriating medication (UNODC 2011).

This section will focus on benzodiazepines and opioids, the pharmaceutical drugs most commonly misused in Australia (AIHW 2017b).

BENZODIAZEPINES

The term benzodiazepine covers a range of synthetic substances which act as central nervous system depressants.[17]

- Benzodiazepines are most commonly found in tablets or capsule form, stamped with a brand name for oral ingestion and may also be injected (ADF 2018e; EMCDDA 2017c; UNODC 2016).

OPIOIDS

Opioid is a generic term which covers both naturally occurring opiates extracted from the opium poppy, as well as semi or fully synthetic analogues.[18]

- Opioids are available in tablet, capsule, liquid, lozenge, powder and skin patch forms (ADF 2018f; UNODC 2016).

INTERNATIONAL TRENDS

The non-medical use of prescription drugs, particularly opioids, is a growing issue globally. This is most evident in the US—where both heroin and prescription opioids continue to cause or contribute to the majority of drug overdose deaths. According to the Centers for Disease Control and Prevention (CDC), heroin overdose resulted in 15 466 fatalities in 2016. This was exceeded by fentanyl and other synthetic opioids, which caused 20 145 fatalities in 2016. The DEA's 13th National Prescription Drug Take Back Day was held in April 2017 and aims at providing a safe, convenient and responsible means of disposing of prescription drugs, while educating the general public about medications and potential abuse. Nearly 5 500 collection sites across the US participated in the 2017 event, removing 450 tonnes of unused, expired or unwanted prescription drugs from the community (CDC 2017; DEA 2017b; EMCDDA 2017b; PERF 2017; UNODC 2017a).

WCO agencies reported comparatively low seizure numbers of 'opioid painkillers/other' in 2016, which accounted for 3.3 per cent of the opiates category[19]. Opioid painkillers/other accounted for the second largest proportion of the weight of opiates seized in 2016, with the US accounting for the greatest proportion of the number of related seizures (WCO 2017).

17 Commonly used benzodiazepine pharmaceuticals in Australia include alprazolam, bromazepam, clonazepam, diazepam, flunitrazepam, nitrazepam, oxazepam and temazepam.
18 Commonly used pharmaceutical opioids in Australia include morphine, codeine, fentanyl, pethidine, with methadone and buprenorphine the two main pharmaceuticals used in the treatment of opioid dependence.
19 The WCO opiates category also includes heroin, opium, methadone and poppy plant parts. Specific figures for number of seizures and total weight seized were not available.

DOMESTIC TRENDS

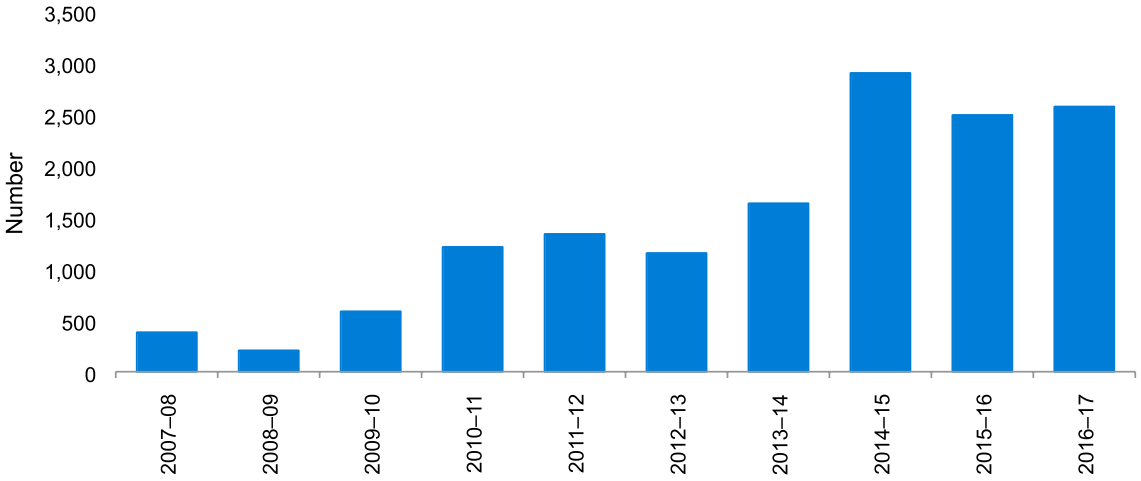
AUSTRALIAN BORDER SITUATION

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 for a variety of reasons, including the anonymity afforded to purchasers, the ability to purchase without a prescription and the lower cost.

Pharmaceutical detections reported by the Department of Home Affairs only reflect detections of benzodiazepines and opioids.[20] The total number of benzodiazepine and opioid pharmaceutical detections at the Australian border increased 3.3 per cent this reporting period, from 2 492 in 2015–16 to 2 574 in 2016–17 (see Figure 32).

- Detections of benzodiazepines at the Australian border increased 0.2 per cent this reporting period, from 2 399 in 2015–16 to 2 404 in 2016–17.
- Detections of opioids at the Australian border increased 82.8 per cent this reporting period, from 93 in 2015–16 to 170 in 2016–17. Detected opioids include morphine, buprenorphine, methadone and oxycodone.

FIGURE 32: Number of pharmaceutical detections at the Australian border, 2007–08 to 2016–17 (Source: Department of Home Affairs)



IMPORTATION METHODS

In 2016–17 detections of benzodiazepines occurred in the international mail, air and sea cargo and air passenger/crew streams. This reporting period the international mail stream accounted for 84.0 per cent of the number of benzodiazepine detections at the Australian border, followed by air passenger/crew (13.0 per cent), air cargo (2.7 per cent) and sea cargo (0.3 per cent).[21]

20 Benzodiazepine and opioids statistics only represent a component of the larger pharmaceutical category. As such, caution must be used when comparing data.

21 A figure for importation methods of benzodiazepines detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au>.

In 2016–17 detections of opioids occurred in the international mail, air and sea cargo and air passenger/crew streams. This reporting period the international mail stream accounted for 74.1 per cent of the number of opioid detections at the Australian border, followed by air cargo (10.0 per cent), air passenger/crew (8.2 per cent) and sea cargo (7.6 per cent).[22]

DOMESTIC MARKET INDICATORS

According to the 2016 NDSHS, the proportion of the Australian population aged 14 years or older reporting the non-medical[23] use of any pharmaceuticals (excluding over-the-counter[24]) at least once in their lifetime increased, from 7.3 per cent in 2013 to 12.8 per cent in 2016. In the same survey, the proportion reporting the non-medical recent use of any pharmaceuticals (excluding OTC) also increased, from 3.6 per cent to 4.8 per cent (AIHW 2017a).

In a 2016 national study of regular injecting drug users, the proportion of respondents reporting recent use of pharmaceuticals decreased overall.

- Within this user group the recent use of any form (licit or illicit) of benzodiazepine decreased, from 60.0 per cent in 2015 to 57.0 per cent in 2016. This further decreased to 50.0 per cent in 2017.
- The reported recent use of buprenorphine (any form) has remained stable at 14.0 per cent since 2015.
- The reported recent use of methadone (any form) in this user group decreased, from 41.0 per cent in 2015 to 39.0 per cent in 2016. This further decreased to 37.0 per cent in 2017.
- The reported recent use of morphine (any form) in this user group decreased, from 31.0 per cent in 2015 to 29.0 per cent in 2016. This figure remained unchanged in 2017.
- The reported recent use of oxycodone (any form) in this user group decreased, from 25.0 per cent in 2015 to 21.0 in 2016. This further decreased to 20.0 per cent in 2017.
- The reported recent use of pharmaceutical stimulants (any form) within this user group decreased, from 12.0 per cent in 2015 to 10.0 in 2016. This further decreased to 9.0 per cent in 2017 (Karlsson & Burns 2018; Stafford & Breen 2017a).[25]

A national study of regular ecstasy users showed a mixed picture for the use of pharmaceuticals (licit and illicit).

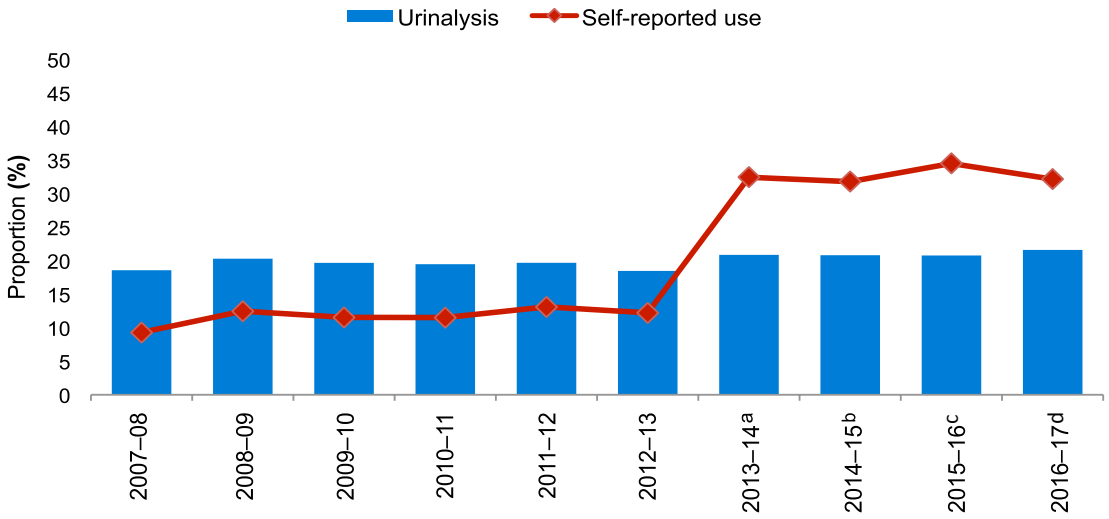
- Within this user group, the proportion of respondents reporting the recent use of any form (licit or illicit) of benzodiazepine increased, from 32.0 per cent in 2015 to 38.0 per cent in 2016. This further increased to 42.0 per cent in 2017.
- The reported recent use of buprenorphine and methadone (any form) remained stable at 1.0 per cent in 2017.

22 A figure for importation methods of opioids detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au>.
23 The NDSHS relates use for non-medical purposes to the use of drugs either alone or with other drugs to induce or enhance a drug experience, for performance enhancement or cosmetic purposes.
24 Over-the-counter (OTC) refers to paracetamol, aspirin and other non-opioid over-the-counter pain-killers/analgesics.
25 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

- The reported recent use of pharmaceutical stimulants in this user group increased, from 33.0 per cent in 2015 to 37.0 per cent in 2016. This further increased to 44.0 per cent in 2017 (Uporova et al. 2018, Stafford & Breen 2017b).[26]

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.[27] The proportion of detainees testing positive via urinanalysis for benzodiazepines[28] increased this reporting period, from 20.8 per cent in 2015–16 to 21.3 per cent in 2016–17.[29] The self reported recent use[30] of benzodiazepines decreased this reporting period, from 34.5 per cent in 2015–16 to 32.2 in 2016–17 (see Figure 33).

FIGURE 33: National proportion of detainees testing positive for benzodiazepines, 2007–08 to 2016–17[31] (Source: Australian Institute of Criminology)

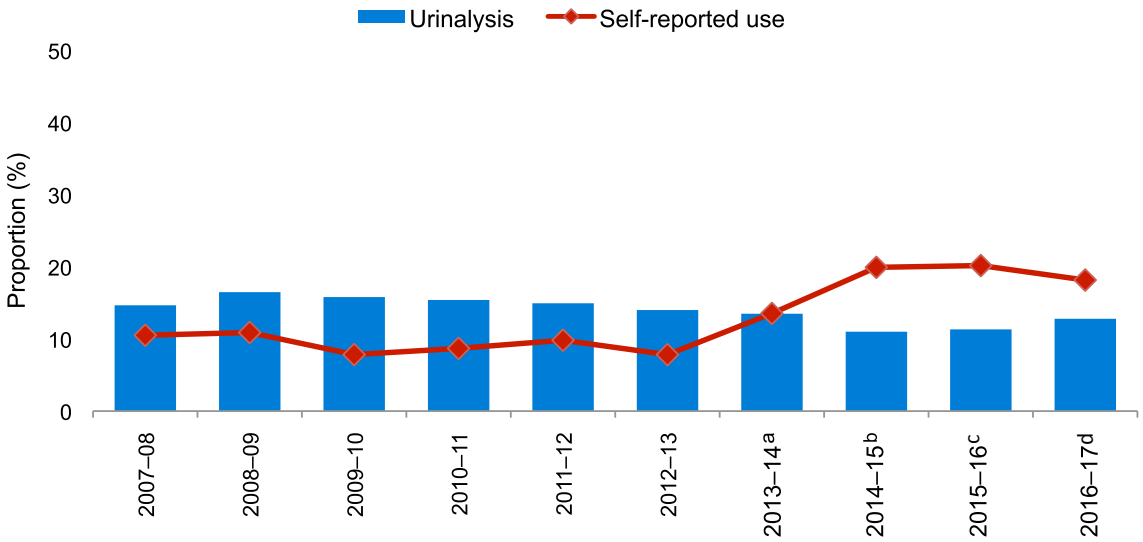


a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.

The proportion of detainees who tested positive via urinanalysis for any opiates[32] increased this reporting period, from 11.3 per cent in 2015–16 to 12.8 per cent in 2016–17. The self-reported recent use of opiates[33] other than heroin decreased this reporting period, from 20.2 per cent in 2015–16 to 18.2 per cent in 2016–17 (Figure 34).

26 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
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.
29 Benzodiazepines cut-off levels have been adjusted to be consistent with AS/NSZ 4308-2008.
30 Recent use in DUMA program refers to self-reported use in the 12 months prior to arrest.
31 Benzodiazepine cut-off levels in this figure have been adjusted to be consistent with AS/NSZ 4308-2008.
32 Opiates and their metabolites can be detected in urine on average 2 to 3 days after administration.
33 Recent use in the DUMA program refers to the self-reported use in the 12 months prior to arrest. For opioids, this self-report question includes use of illegal morphine, street methadone, homebake or other illegal opiates.

FIGURE 34: National proportion of detainees testing positive for any opiate compared withself-reported use of opiates other than heroin, 2007–08 to 2016–17 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.

Wastewater analysis has become the standard for measuring population-scale consumption of a range of different chemical compounds. The underlying concepts involved in wastewater analysis are well established in Australia and have been applied to a wide range of licit and illicit drugs. Estimates of drug consumption in a population can be back-calculated from measured concentrations of drug metabolites (excreted into the sewer system after consumption) in wastewater samples. In Australia, the National Wastewater Drug Monitoring Program (NWDMP) monitors drug consumption through wastewater analysis. The NWDMP began collecting wastewater samples for analysis since August 2016, at bi-monthly intervals in capital city sites and every four months in regional sites. As at November 2017, the program tests for the consumption of fourteen licit and illicit substances in over 50 sites across Australia.[34]

- Estimated average consumption of both oxycodone and fentanyl was higher in regional sites than in capital city sites.
- With the exception of regional Northern Territory sites for oxycodone, and Tasmania, Victoria and Western Australia regional sites for fentanyl, the NWDMP reported overall decreases in the average estimated consumption of fentanyl and oxycodone between August 2016 and August 2017.

34 As at November 2017, the NWDMP tests for 14 substances including nicotine, alcohol, methylamphetamine, amphetamine, cocaine, 3,4-methylenedioxymethylamphetamine (MDMA), 3,4-methylenedioxyamphetamine (MDA), JWH-018, JWH-073, mephedrone, methylone, oxycodone, fentanyl and heroin. The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

PRICE

Law enforcement price data for pharmaceuticals obtained for non-medical use is limited. Nationally, the price for a single 100 milligram tablet of MS Contin in 2016–17 ranged between $30 and $100, compared with a price range between $30 and $150 in 2015–16. Nationally, the price for a single 100 milligram tablet of OxyContin ranged between $30 and $150 in 2016–17. New South Wales was the only state to report the price for a single 100 microgram patch of fentanyl in 2016–17, which ranged from $50 to $400. Queensland and South Australia were the only states to report a price for a single benzodiazepine tablet, which ranged between $10 and $25 in 2016–17.

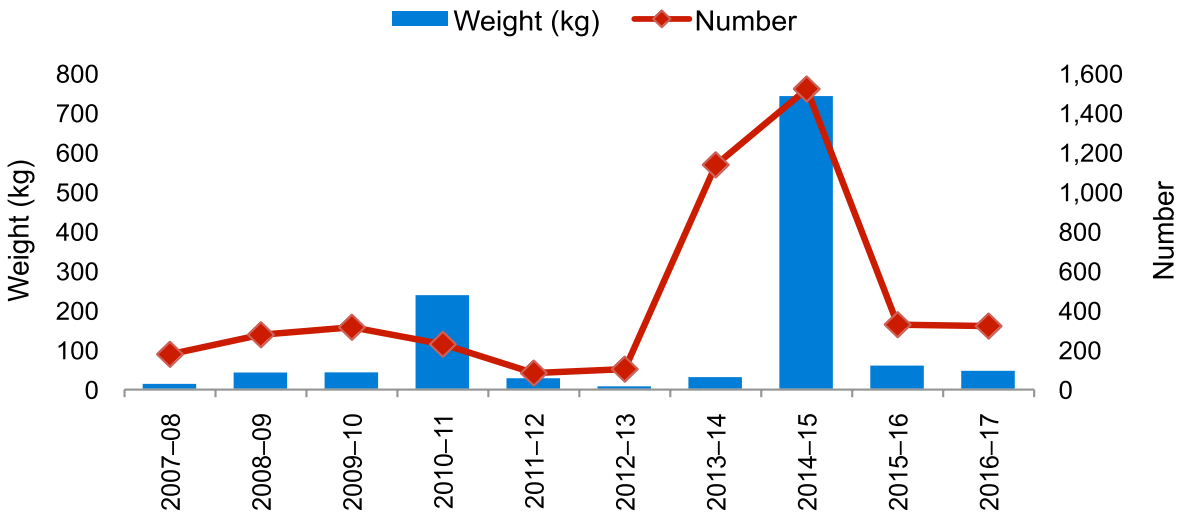
AVAILABILITY

In a 2016 national study of regular injecting drug users, the proportion of respondents reporting illicit oxycodone as easy or very easy to obtain increased, from 64.0 per cent in 2015 to 69.0 per cent in 2016. In 2017, it decreased to 60.0 per cent. In the same study, the proportion of respondents reporting illicit morphine as easy or very easy to obtain decreased, from 77.0 per cent in 2015 to 76.0 per cent in 2016. It further decreased to 74.0 per cent in 2017 (Stafford & Breen 2017a).

SEIZURES

The number of national other opioid seizures decreased 2.1 per cent this reporting period, from 328 in 2015–16 to 321 in 2016–17. The weight of other opioids seized nationally decreased 22.6 per cent this reporting period, from 58.6 kilograms in 2015–16 to 45.4 kilograms in 2016–17 (see Figure 35).

FIGURE 35: National other opioid seizures, by number and weight, 2007–08 to 2016–17



Victoria reported the greatest percentage increase in the number of other opioid seizures this reporting period, with New South Wales reporting the greatest percentage increase in the weight of other opioids seized in 2016–17. New South Wales accounted for the greatest proportion of the number (66.0 per cent) and weight (77.7 per cent) of national other opioid seizures in 2016–17 (see Table 21).

TABLE 21: Number, weight and percentage change of national other opioid seizures, 2015–16 and 2016–17

	Number			Weight (grams)		
State/Territory[a]	2015–16	2016–17	% change	2015–16	2016–17	% change
New South Wales	148	212	43.2	25 965	35 270	35.8
Victoria	18	26	44.4	17 780	8 886	-50.0
Queensland	21	11	-47.6	2 000	116	-94.2
South Australia	0	0	0.0	0	0	0.0
Western Australia	9	9	0.0	5 208	83	-98.4
Tasmania	53	26	-50.9	1 275	503	-60.5
Northern Territory	0	0	0.0	0	0	0.0
Australian Capital Territory	79	37	-53.2	6 391	542	-91.5
Total	**328**	**321**	**-2.1**	**58 619**	**45 400**	**-22.6**

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

NEW PSYCHOACTIVE SUBSTANCES[35]

MAIN FORMS

NPS are substances that may be structurally or functionally similar to a parent compound which is a prohibited or scheduled drug and are referred to as analogues.

- There are three categories of analogue drugs—direct, structural and functional.
- NPS are often marketed and sold under a range of terms including 'legal highs'[36], 'herbal highs', 'bath salts', 'designer drugs' and 'research chemicals' (UNODC 2017a; UNODC 2017b; UNODC 2017c; Wermuth 2006).

A wide range of NPS are available to users. This section covers three groups of NPS in more detail—synthetic cannabinoids, cathinones, in particular 4-methylmethcathinone (4-MMC) and NBOMe compounds. These substances are controlled and border controlled drugs for the purposes of the serious drug offences in the *Criminal Code Act 1995* (Criminal Code).

SYNTHETIC CANNABINOIDS

Synthetic cannabinoids are a large and diverse group of substances which mimic the effect of delta-9-tetrahydrocannabinoil (THC)—the primary psychoactive component in cannabis.

- Commonly sold as smokable herbal mixtures which have been soaked in or sprayed with the synthetic compound, synthetic cannabinoids may also come in powder, crystal or tablet form (ADF 2018g; EMCDDA 2017b; UNODC 2016).

4-MMC (4-METHYLMETHCATHINONE)

4-MMC, also known as mephedrone, is one of the most common cathinone-type substances available globally.

35 The term 'new' does not necessarily refer to a new invention, as many NPS may have been synthesized years or decades ago, rather it reflects their recent emergence on the market.
36 Use of the term legal high may not reflect the true legal status of these substances under Australian legislation.

- Often sold as a white or brown powder, it is also available in crystal, capsule or tablet form and can be injected, smoked or swallowed (ADF 2018h).

NBOMe COMPOUNDS

There are a number of different NBOMe compounds available, with differing effects.

- NBOMes are potent hallucinogenic drugs, with 25I, 25B and 25C the most commonly encountered NBOMe compounds.
- NBOMes are available in various forms including blotter paper (similar to LSD), liquid, powder or tablet and can be consumed orally (buccal or sublingual), snorted or injected (ADF 2018i; UNODC 2016; EMCDDA 2014; AMCD 2013).

INTERNATIONAL TRENDS

There are hundreds of substances under the broad category of NPS, with an increasing number of substances reported to the UNODC's Early Warning System each year. As at December 2015, more than 600 substances had been reported, the majority of which are synthetic cannabinoids, synthetic cathinones and phenethylamines. In 2015 alone, 100 NPS globally were reported for the first time. Over 100 countries and territories worldwide have reported one or more NPS. The UNODC notes that over 80 NPS have an established presence in the market, having been identified every year between 2009 and 2015[37] (UNODC 2017a; UNODC 2017b).

As only a small number of NPS are currently subject to international drug control regimes, their legal status can differ widely between countries, however many countries have adopted legislative approaches to control NPS within their country. The International Narcotics Control Board (INCB) Project ION (International Operations on NPS) promotes international cooperation among law enforcement agencies to prevent and combat the trafficking of NPS. As part of its mandate to support governments in preventing the diversion of drug precursors and other substances used in the illicit manufacture of drugs, Project ION's Incident Communication System (IONICS) provides support to operational responses on NPS and facilitates information sharing—including information on suspicious shipments, trafficking and the manufacture or production of NPS—among law enforcement agencies (INCB 2017; UNODC 2017a; UNODC 2017b).

The total number of NPS[38] seizures reported by WCO agencies increased by 8.0 per cent, from 2 382 seizures in 2015 to 2 573 in 2016. The total weight of NPS seized increased 7.2 per cent, from 9 064 kilograms in 2015 to 9 719 kilograms in 2016. The US accounted for the greatest proportion of the number of seizures in 2016, followed by Denmark, Saudi Arabia and Hong Kong[39] (WCO 2017).

37 A number of these 80 substances are now under international control, including alpha-PVP, BZP, JWH-018, MDPV, mephedrone, methylone and PMMA.
38 The WCO includes a variety of substances under the NPS category, including synthetic cathinones, synthetic cannabinoids, phenethylamines, plant-based substances, ketamine and phencyclidine-type substances, tryptamines and other. This should be taken into consideration when comparing year-on-year seizure data.
39 Specific figures on numbers and weight of seizures were not available.

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

There were 968 detections of NPS at the Australian border this reporting period. In 2016–17 NPS detections occurred in the international mail, air and sea cargo and air passenger streams. This reporting period the international mail stream accounted for 95.9 per cent of the number of NPS detections at the Australian border, followed by air cargo (3.4 per cent), air passenger (0.6 per cent) and sea cargo (0.1 per cent).[40]

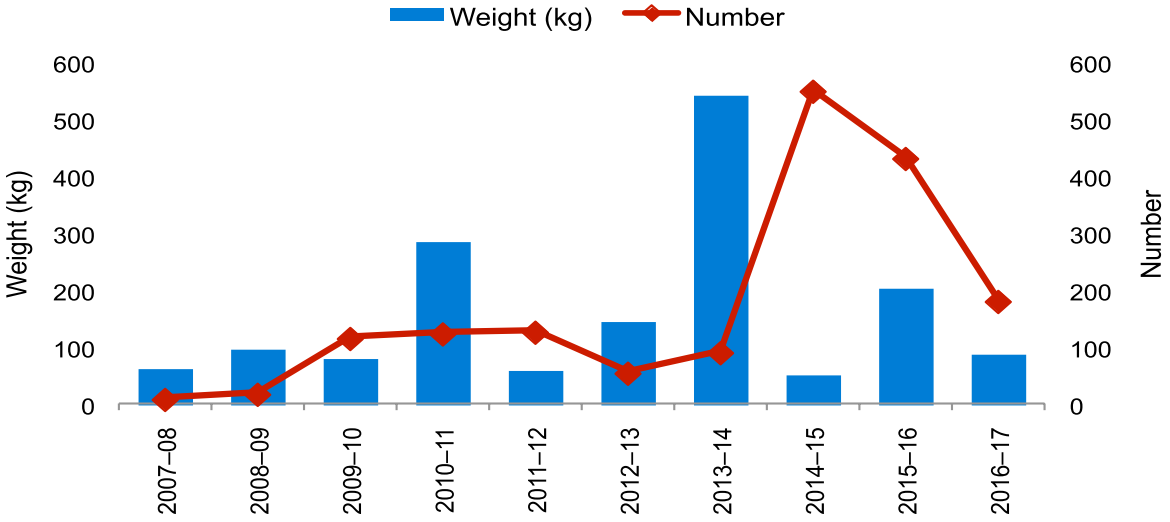
DRUG PROFILING

Although the breadth of new substances appearing on the market is large, and some only appear sporadically, the Australian Federal Police (AFP) Forensic Drug Intelligence 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.[41]

The number of NPS seizures at the Australian border selected for further analysis decreased 58.0 per cent this reporting period, from 433 in 2015–16 to 182 in 2016–17, while the weight of analysed seizures decreased by 56.5 per cent this reporting period, from 204.7 kilograms in 2015–16 to 89.0 kilograms in 2016–17 (see Figure 36).

FIGURE 36: Number and weight of seizures selected for further analysis and found to contain novel substances and drug analogues, 2007–08 to 2016–17[42] (Source: Australian Federal Police, Forensic Drug Intelligence)



40 A figure for importation methods of NPS detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
41 Other drug analogues and NPS include 2C-group substances and ketamine analogues.
42 The data in Figure 78 refers only to seizures made by the AFP, examined by AFP crime scene teams, sampled and subsequently confirmed to contain a novel substance by the NMI. Seizure data does not represent all AFP seizures of NPS during these periods.

Among the many different compounds detected and reported since 2007–08, some have been more common than others in terms of the overall number of seizures and/or the weight of material seized. Cathinone-type substances have accounted for the greatest proportion of the number of seizures within this subset.

- In 2016–17, cathinone-type substances accounted for 44.5 per cent of the total number of analysed seizures, followed by amphetamine-type substances (27.5 per cent), tryptamine-type substances (13.7 per cent), other substances (12.6 per cent) and synthetic cannabinoids (1.6 per cent).

Consistent with previous reporting periods, amphetamine-type substances continue to account for the greatest proportion of the weight of analysed seizures.

- In 2016–17, amphetamine-type substances accounted for 78.5 per cent of the weight of analysed seizures.
- Tryptamine-type substances accounted for 12.5 per cent of the weight of analysed seizures in 2016–17, followed by cathinone-type substances (8.1 per cent), other substances (0.7 per cent) and synthetic cannabinoids (0.1 per cent).
- The weight of analysed amphetamine-type substances this reporting period included a 64.8 kilogram seizure of N-tert-butoxycarbonyl methylamphetamine and a 2.4 kilogram seizure of N-tert-butoxycarbonyl MDMA, also known as t-BOC methylamphetamine and t-BOC MDMA respectively.[43]

There were a variety of cathinones detected this reporting period. Of these, N-ethyl phenytlone (27 seizures weighing 5. 0 kilograms) and TH-PVP (1 seizure weighing 0.5 kilograms) were the most prevalent by weight seized. N, N-dimethyltryptamine was the most detected tryptamine-type substance in 2016–17, accounting for 99.0 per cent of the weight seized within this subset. The number of synthetic cannabinoids continued to decrease this reporting period, with only 3 seizures analysed in 2016–17.

DOMESTIC MARKET INDICATORS

NPS use was included in the NDSHS for the second time in 2016 and included questions on new and emerging psychoactive substances and synthetic cannabinoids.

- For new and emerging psychoactive substances:
  - The proportion of the Australian population aged 14 years or older reporting having used a new and emerging psychoactive substance increased from 0.4 per cent in 2013 to 1.0 per cent in 2016.
  - In the same survey the reported recent use of new and emerging psychoactive substances decreased, from 0.4 per cent in 2013 to 0.3 per cent in 2016.
- For synthetic cannabinoids:
  - The proportion of the Australian population aged 14 years or older reporting having used synthetic cannabinoids at least once in their lifetime increased, from 1.3 per cent in 2013 to 2.8 per cent in 2016.

43 t-BOC is a protective functional group commonly employed during chemical synthesis to protect amine groups. The addition of a t-BOC protective functional group to MDMA or methylamphetamine forms the t-BOC derivative of each respective drug. This process was likely intentionally used to mask the illicit nature of the substance and therefore evade law enforcement detection. A t-BOC protective group can be easily added and removed from compounds requiring no specialist skill, knowledge or equipment. t-BOC MDMA was first identified in AFP seizures in 2015.

- The proportion reporting the recent use of synthetic cannabinoids decreased, from 1.2 per cent in 2013 to 0.3 per cent in 2016 (AIHW 2017a).

In a 2016 national study of regular ecstasy users, the proportion of respondents reporting recent NPS use decreased, from 39.0 per cent in 2015 to 36.0 per cent in 2016. This further decreased to 33.0 per cent in 2017.

- In the same study, the proportion of respondents reporting recent NPS use (excluding synthetic cannabinoids) decreased, from 35.0 per cent in 2015 to 34.0 per cent in 2016. This further decreased to 32.0 per cent in 2017.
- The proportion of respondents reporting recent synthetic cannabinoid use also decreased, from 6.0 per cent in 2015 to 4.0 per cent in 2016. This further decreased to 2.0 per cent in 2017 (Uporova et al. 2018; Stafford & Breen 2017b).

The NWDMP tests for the presence of four NPS, including the synthetic cannabinoids JWH-018 and JWH-073 and the synthetic stimulants mephedrone and methylone.[44]

- NPS are the least consumed substances of all substances tested by the NWDMP.
- Wastewater analysis did not detect the presence of JWH-018 and JWH-073 between August 2016 and August 2017.
- Nationally, mephedrone was detected 31 times while methylone was detected 217 times between August 2016 and August 2017. In all instances the quantity of mephedrone and methylone detected was below the level at which it could be reliably quantified.

PRICE

Law enforcement price data for NPS is limited. Nationally, the price range for 3 grams of synthetic cannabinoids ranged between $35 and $95 in 2016–17, compared with a price range between $30 and $95 in 2015–16.

OTHER AND UNKNOWN NOT ELSEWHERE CLASSIFIED DRUGS

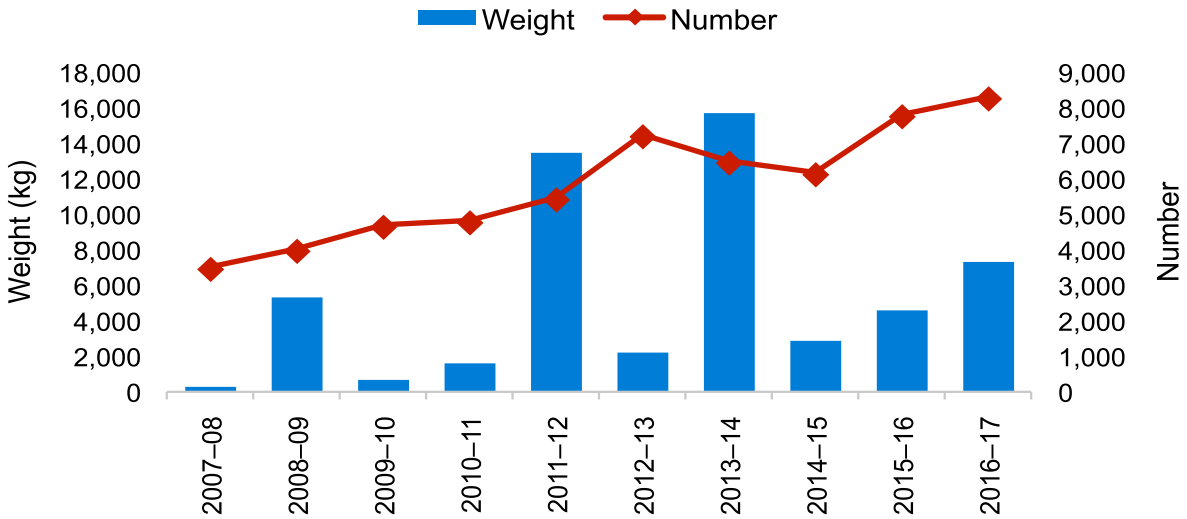
Data for national other and unknown not elsewhere classified (NEC) drug seizures and arrests capture those drugs and substances outside the specific drug categories contained in the *Illicit Drug Data Report*. This category covers a range of substances including precursors, anaesthetics, NPS, pharmaceuticals 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 AND ARRESTS

The number of national other and unknown NEC drug seizures increased 6.5 per cent this reporting period, from 7 741 in 2015–16 to a record 8 243 in 2016–17. The weight of other and unknown NEC drugs seized nationally increased 59.6 per cent this reporting period, from 4 576.5 kilograms in 2015–16 to 7 305.7 kilograms in 2016–17 (see Figure 37).

44 The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

FIGURE 37: National other and unknown not elsewhere classified drug seizures, by number and weight, 2007–08 to 2016–17



The Australian Capital Territory reported the greatest percentage increase in the number of other and unknown NEC drug seizures this reporting period, while Queensland reported the greatest percentage increase in the weight of other and unknown NEC drugs seized. New South Wales accounted for the greatest proportion of the number (50.3 per cent) and weight (66.3 per cent) of national other and unknown NEC drug seizures in 2016–17 (see Table 22).

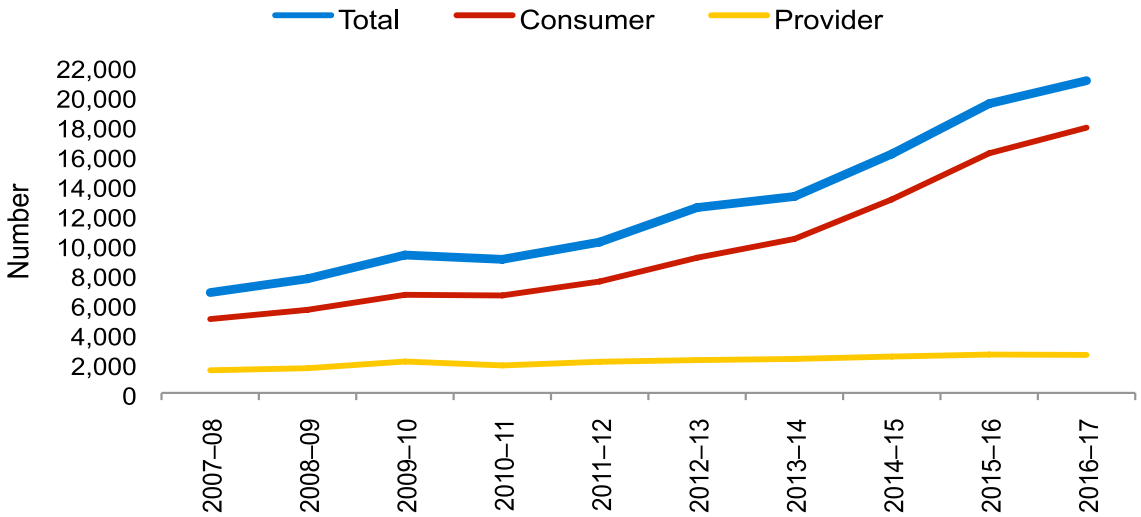
TABLE 22 Number, weight and percentage change of national other and unknown not elsewhere classified drug seizures, 2015–16 and 2016–17

	Number			Weight (grams)		
State/Territory[a]	2015–16	2016–17	% change	2015–16	2016–17	% change
New South Wales	3 364	4 150	23.4	1 591 373	4 844 328	204.4
Victoria	1 206	739	-38.7	2 029 974	1 718 536	-15.4
Queensland	941	922	-2.0	89 685	313 326	249.4
South Australia	40	45	12.5	160 168	24 655	-84.6
Western Australia	1 810	1 935	6.9	539 426	100 794	-81.3
Tasmania	171	154	-9.9	3 578	6 248	74.6
Northern Territory	144	186	29.2	161 570	297 473	84.1
Australian Capital Territory	65	112	72.3	800	380	-52.5
Total	**7 741**	**8 243**	**6.5**	**4 576 574**	**7 305 740**	**59.6**

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

The number of national other and unknown NEC drug arrests increased 8.0 per cent this reporting period, from 19 491 in 2015–16 to a record 21 045 in 2016–17. Consumer arrests continue to account for the greatest proportion of arrests, accounting for 84.9 per cent of national other and unknown NEC drug arrests in 2016–17 (see Figure 38).

FIGURE 38: Number of national other and unknown not elsewhere classified drug arrests, by number and weight, 2007–08 to 2016–17



The Australian Capital Territory reported the greatest percentage increase in the number of other and unknown NEC drug arrests in 2016–17. Victoria accounted for the greatest proportion of national other and unknown NEC drug arrests this reporting period (28.1 per cent), followed by Queensland (27.6 per cent) and Western Australia (27.5 per cent). Combined, these three states account for 83.2 per cent of national other and unknown NEC drug arrests in 2016–17 (see Table 23).

TABLE 23: Number and percentage change of national other and unknown not elsewhere classified drug arrests, 2015–16 and 2016–17

	Arrests		
State/Territory[a]	2015–16	2016–17	% change
New South Wales	2 385	2 533	6.2
Victoria	4 783	5 906	23.5
Queensland	5 988	5 800	-3.1
South Australia	381	517	35.7
Western Australia	5 435	5 794	6.6
Tasmania	395	392	-0.8
Northern Territory	118	92	-22.0
Australian Capital Territory	6	11	83.3
Total	**19 491**	**21 045**	**8.0**

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

NATIONAL IMPACT

Many of the drugs and substances in this chapter have both licit and illicit uses and may be lawfully or illegally produced. They reflect diverse and complex markets, which presents challenges both in understanding the size of the related illicit market and how to address the illegal component of the broader market while minimising the impact on the legitimate market. PIEDs continue to be used and trafficked worldwide. Globally, the tryptamine market remains small but stable, with indicators in international data suggesting an increase in the diversion, manufacture and use of anaesthetics, particularly ketamine. The increasing harm caused by pharmaceuticals drugs, particularly pharmaceutical opioids, is being recognised and reported in many countries, with the number of substances in the NPS market considerable and growing.

Indicators of demand for these other drugs—including surveys of drug users, police detainees and wastewater analysis—provide a mixed picture for these drug markets within Australia.

- Indicators of demand for AAS suggest it remains relatively stable.
  - According to the NDSHS, while the reported lifetime use of steroids for non-medical purposes increased between 2013 and 2016, recent use remained stable.
  - A national study of injecting drug users and ecstasy users indicate reported recent use and use in lifetime remained stable in 2016 and 2017.
  - The ANSPS reported that the prevalence of respondents reporting PIEDs as the drug last injected has decreased.
- Based on available indicators, the demand for tryptamines remains relatively stable.
  - According to the NDSHS, reported lifetime use of hallucinogens remained stable, while recent use decreased between 2013 and 2016.
  - LSD was reported as the main hallucinogen used by respondents in a national study of regular injecting drug users, followed by magic mushrooms. Within this study, the reported recent use of hallucinogens remained stable in 2016 and 2017.
  - In a national study of ecstasy users, the proportion of respondents reporting the recent use of LSD and magic mushrooms increased between 2016 and 2017.
- Despite variation within the data, available indicators suggest an increase in the demand for anaesthetics, particularly ketamine.
  - According to the NDSHS, reported lifetime and recent use of both GHB and ketamine increased between 2013 and 2016.
  - In a national study of regular ecstasy users, the reported recent use of GHB decreased, while there was a substantial increase in the reported recent use of ketamine between 2016 and 2017.
- Indicators for the demand of illicit pharmaceuticals in Australia provide a mixed picture.
  - According to the NDSHS, the reported recent non-medical use of any pharmaceutical (excluding OTC) and use within lifetime increased between 2013 and 2016. In Australia, the pharmaceutical drugs most commonly misused are benzodiazepines and opioids.

  - For benzodiazepines:
    - In a national study of police detainees, the proportion of detainees testing positive to benzodiazepines increased in 2016–17, while the self-reported recent use of benzodiazepines decreased.
    - In a national study of regular injecting drug users, respondents reporting recent benzodiazepine use decreased between 2016 and 2017.
    - According to a study of regular ecstasy users, the reported recent use of benzodiazepines increased during the same period.
  - For opiates:
    - In a national study of police detainees, the proportion of detainees testing positive to opiates increased in 2016–17, while the self-reported recent use of opiates decreased.
    - In a national study of regular injecting drug users, respondents reported a decrease in the recent use of methadone and oxycodone between 2016 and 2017, with the recent use of buprenorphine and morphine remaining stable.
    - In a national study of regular ecstasy users, the reported use of buprenorphine and methadone remained stable in 2016 and 2017.
    - While there was some variation nationally, the NWDMP reported overall decreases in the average consumption of fentanyl and oxycodone between August 2016 and August 2017, with estimated average consumption of both oxycodone and fentanyl higher in regional sites than capital city sites.
- Indicators of demand for NPS provide a mixed picture for drugs within this group.
  - According to the NDSHS, both the reported lifetime use of NPS and synthetic cannabinoids increased between 2013 and 2016, while recent use decreased.
  - In a national study of regular ecstasy users, the reported recent use of both NPS and synthetic cannabinoids continued to decrease.
  - The NWDMP tested for the presence of two synthetic cannabinoids and two synthetic stimulants between August 2016 and August 2017. The NWDMP did not detect the two synthetic cannabinoids. While the synthetic stimulants were detected, they were at levels below those that could be quantified.

Indicators of supply for other drugs include border detection, seizure, arrest and profiling data.

- The number of PIEDs detected at the Australian border decreased this reporting period, with steroids accounting for the greatest proportion of detections. Both the number and weight of national steroid seizures decreased this reporting period, with the number of national steroid arrests also decreasing in 2016–17.
- This reporting period there was a record number of tryptamine detections at the Australian border, with the number of national hallucinogen seizures and arrests and the weight of hallucinogens seized nationally at record levels in 2016–17.
- There was a record number of anaesthetic detections at the Australian border this reporting period, with GBL accounting for the greatest proportion of detections.

- The number of benzodiazepine and opioid pharmaceutical detections at the Australian border increased in 2016–17, with benzodiazepines accounting for the greatest proportion of detections.
- Both the number and weight of national other opioid seizures decreased this reporting period.
- Forensic profiling of NPS seized at the Australian border and selected for further analysis indicates cathinone-type substances accounted for the greatest proportion of the number of analysed samples in 2016–17, with amphetamine-type substances accounting for the greatest proportion of the weight.
- Both the number and weight of national other and unknown NEC seizures increased this reporting period, with a record number of related national seizures and arrests reported in 2016–17.

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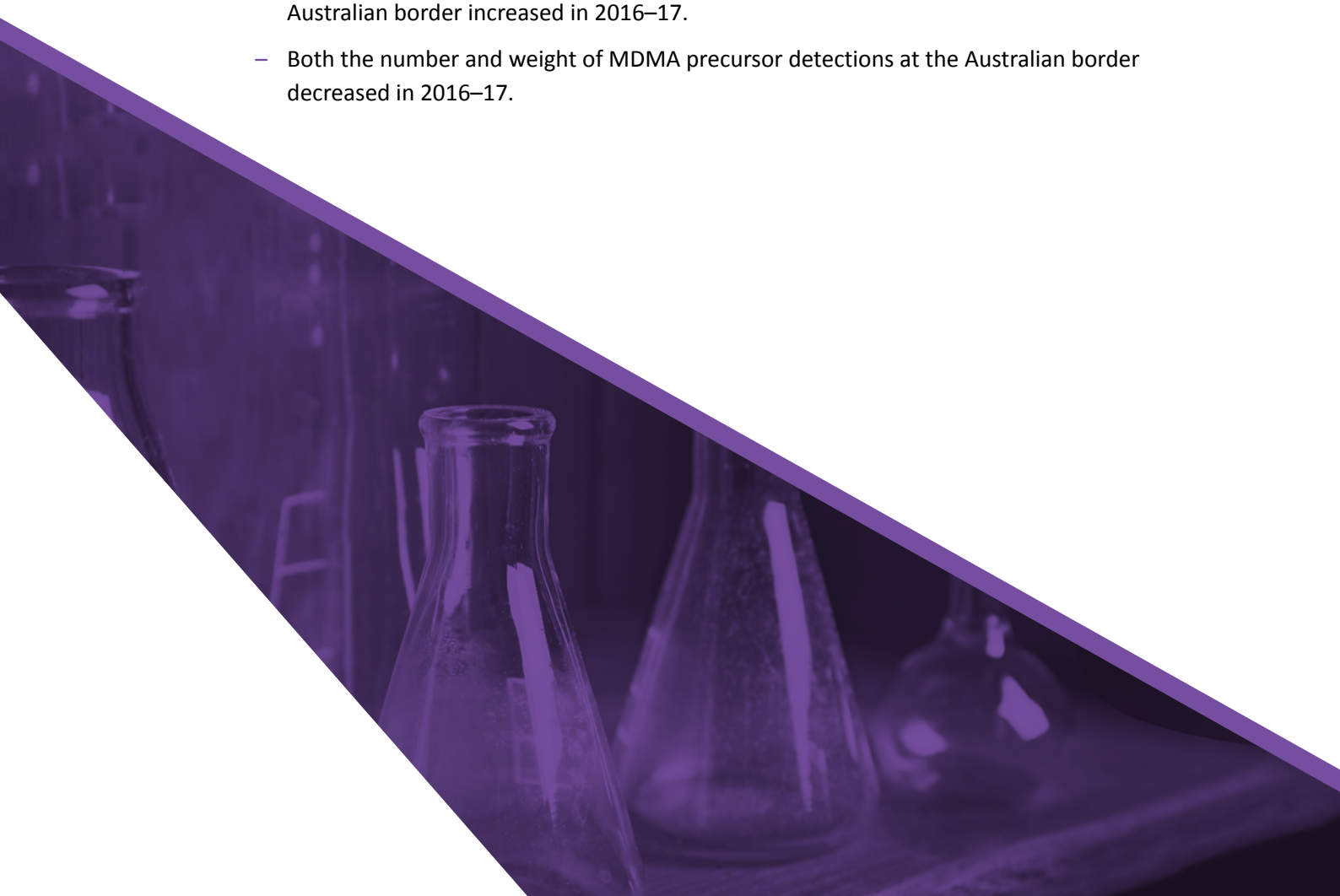
CLANDESTINE LABORATORIES AND PRECURSORS

KEY POINTS

- Many countries produce and trade chemicals that can be diverted for use in illicit drug manufacture. Preventing the diversion of precursors, reagents and solvents used in illicit drug manufacture is an effective and efficient way of limiting the supply of illicit drugs.
- Indicators of domestic drug production provide a mixed picture.
  - The number of clandestine laboratories detected nationally decreased for the fifth consecutive reporting period in 2016–17.
  - Around half of the clandestine laboratories detected nationally in 2016–17 were addict-based, with other small scale and medium seized laboratories accounting for an increasing proportion of detections this reporting period.
  - Both the number and weight of ATS (excluding MDMA) precursor detections at the Australian border increased in 2016–17.
  - Both the number and weight of MDMA precursor detections at the Australian border decreased in 2016–17.



MAIN FORMS

Clandestine laboratories—commonly referred to as clan labs—are used to covertly manufacture illicit drugs or their precursors. Clandestine laboratories range from crude, makeshift operations using simple processes, to highly sophisticated operations using technically advanced processes, equipment and facilities. Irrespective of their size or level of sophistication, the corrosive or hazardous nature of many of the chemicals used in clandestine laboratories pose significant risks to the community. Many of the chemicals are extremely volatile and in addition to contaminating the laboratory premises, they can also contaminate the surrounding environment, including soil, water and air (EMCDDA & Europol 2016; UNODC 2016).

Drug manufacture 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, 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 the reagent acetic anhydride is mixed with the precursor phenyl-2-propanone (P2P), 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 heroin production (UNODC 2014).

The method of illicit drug manufacture employed is influenced by a number of factors, including the skill of the person and the availability of precursors. In Australia, amphetamine-type stimulants (ATS), specifically methylamphetamine, is the predominant drug manufactured in detected clandestine laboratories. The manufacturing methods and precursors used to manufacture ATS vary.

- The predominant processes used in Australia for manufacturing methylamphetamine are comparatively simple, using readily available basic equipment and precursor chemicals, with PSE and Eph the most common precursors used.
- By comparison, MDMA manufacture is considered more complicated, requiring a greater knowledge of chemistry and use of precursor chemicals that are more difficult to obtain.

INTERNATIONAL TRENDS

Many countries produce and trade chemicals that can be diverted for use in illicit drug manufacture. The quantity and type of precursor chemicals originating in each country varies according to the country's industry size and requirements. In 2014 the Bureau of International Narcotics and Law Enforcement Affairs (INL) designated 34 countries as major sources of precursors or essential chemicals that may be used in the production of illicit drugs.[1] Countries were designated based on the volume of precursor chemicals they produced and their proximity to drug-producing regions. Designation is not an indication of inadequate chemical controls or ability to enforce controls. China (including Hong Kong) and India remain significant global producers and exporters of precursor chemicals (BINLEA 2017).

Preventing the diversion of precursors, reagents and solvents used in illicit drug manufacture is an effective and efficient way of limiting the supply of illicit drugs. As many of these chemicals have legitimate industrial and domestic uses, control measures have to balance access for legitimate use with efforts to reduce their diversion to illicit markets. At an international level this concept is illustrated by the 1998 United Nations Convention against Illicit Traffic in Narcotics Drugs and Psychotropic Substances[2], which aims to prevent the diversion of chemicals from the licit market for use in the manufacture of illicit drugs. Ongoing international cooperation continues to prevent the diversion of precursor chemicals, identify new chemicals used as alternatives to known precursors and identify chemicals used in the manufacture of new, high-threat drugs. In March 2017, the United Nations Commission on Narcotic Drugs (CND) made the decision to schedule N-phenethyl-4-piperidinone (NPP) and 4-anilino-N-phenethylpiperidine (ANPP) and place the two precursors under international control. NPP and ANPP are precursors for fentanyl-type substances, which have been associated with a large number of deaths (BINLEA 2017; UNODC 2017a; UNODC 2017b).

1 The 34 countries include Afghanistan, Argentina, Bangladesh, Belgium, Bolivia, Brazil, Canada, Chile, China (including Hong Kong), Colombia, Costa Rica, Dominican Republic, Egypt, El Salvador, Germany, Guatemala, Honduras, India, Indonesia, Iraq, Mexico, Myanmar, the Netherlands, Nigeria, Pakistan, Peru, Republic of Korea, Singapore, South Africa, Switzerland, Taiwan, Thailand, the United Kingdom (UK) and the United States (US).

2 The 1998 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.

To assist in reducing the diversion of chemicals to illicit drug manufacture, the International Narcotics Control Board (INCB) established two ongoing international initiatives—Project Prism and Project Cohesion. Project Prism, which commenced in 2003, monitors and targets chemicals used in the illicit manufacture of ATS. Project Cohesion, which commenced in 2006, monitors and targets chemicals related to the production of heroin and cocaine. In 2012, the INCB established the Precursor Incident Communication System (PICS) to monitor non-scheduled chemicals and to prevent the diversion of those substances into the illicit 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 controlled precursors, derivatives and the illicit manufacture of new drugs (BINLEA 2017; INCB 2017).

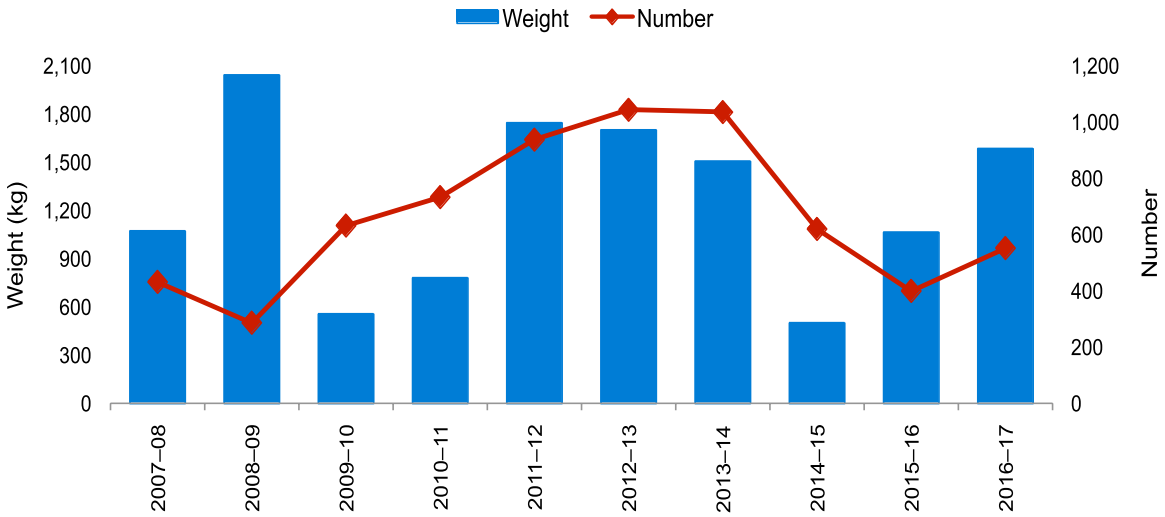
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

As ATS are the most common illicit drugs manufactured in domestic clandestine laboratories, border detection data in this report focuses on ATS (excluding MDMA) precursor and MDMA precursor detections. In 2016–17, ATS (excluding MDMA) precursor border detections included phenylacetic acid, Eph and PSE. MDMA precursor border detections in 2016–17 include piperonal and 3,4-methylenedioxyphenyl-2-propane (MDP-2-P).

This reporting period, the number of ATS (excluding MDMA) precursor detections at the Australian border increased 38.0 per cent, from 400 in 2015–16 to 552 in 2016–17. The weight of ATS (excluding MDMA) precursors detected increased 48.9 per cent, from 1 063.7 kilograms in 2015–16 to 1 584.0 kilograms in 2016–17 (see Figure 39).[3]

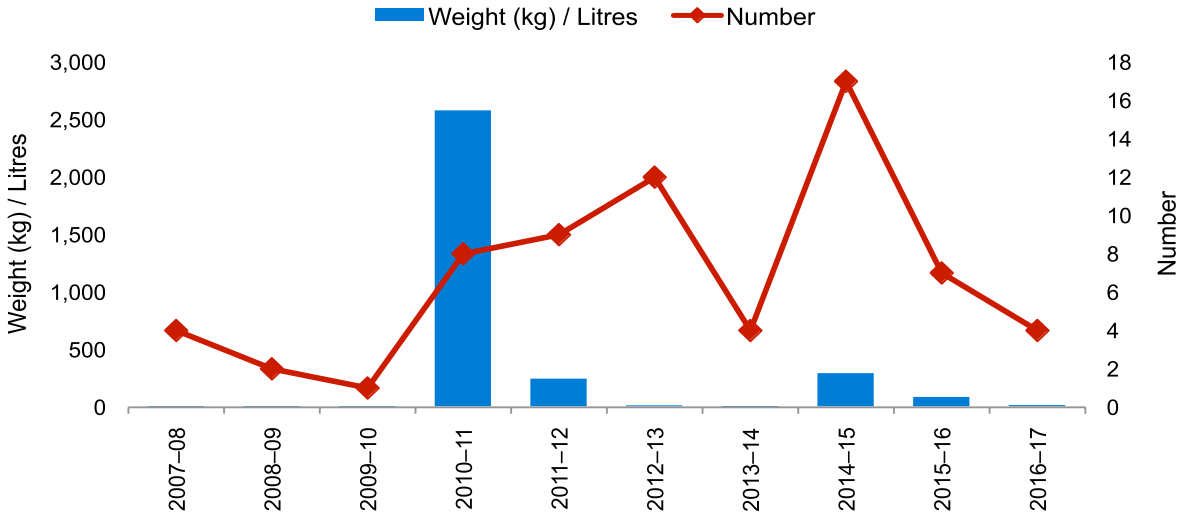
FIGURE 39: Number and weight of ATS (excluding MDMA) precursor detections at the Australian border, 2007–08 to 2016–17 (Source: Department of Home Affairs)



3 See Appendix 1 for significant border detections of ATS (excluding MDMA) precursors in 2016–17.

The number of MDMA precursor detections at the Australian border decreased 42.9 per cent this reporting period, from 7 in 2015–16 to 4 in 2016–17. The weight of MDMA precursors detected decreased 87.5 per cent, from 81.1 kilograms in 2015–16 to 10.2 kilograms in 2016–17 (see Figure 40).[4]

FIGURE 40: Number and weight/litres[a] of MDMA precursor detections at the Australian border, 2007–08 to 2016–17 (Source: Department of Home Affairs)



a. Significant detections of MDMA precursors occur in both kilograms and litres. 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.

IMPORTATION METHODS

In 2016–17, detections of ATS (excluding MDMA) precursors occurred in the international mail, air and sea cargo and air passenger/crew streams. The international mail stream accounted for 62.0 per cent of the number and 44.0 per cent of the weight of detections at the Australian border this reporting period. Detections of ATS (excluding MDMA) precursors in the air cargo stream accounted for 17.4 per cent of the number and 40.4 per cent of the weight detected in 2016–17.[5]

In 2016–17, detections of MDMA precursors occurred in the international mail and air cargo streams. While the international mail stream accounted for 75.0 per cent of the number of MDMA precursors detected at the Australian border this reporting period, this stream only accounted for 1.8 per cent of the weight detected. In 2016–17, the air cargo stream accounted for 25.0 per cent of the number and 98.2 per cent of the weight of MDMA precursor detections.[6]

4 See Appendix 1 for significant border detections of MDMA precursors in 2016–17.
5 Figures for importation methods of ATS (excluding MDMA) precursors detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
6 Figures for importation methods of MDMA precursors detected in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

EMBARKATION POINTS

By weight, China (including Hong Kong) was the primary embarkation point for ATS (excluding MDMA) precursor detections at the Australian border in 2016–17. Other key embarkation points by weight this reporting period include Vietnam, the Republic of Korea, UK, Malaysia, Ireland, US, Taiwan and Nigeria.

By weight, France was the primary embarkation point for MDMA precursor detections at the Australian border in 2016–17, followed by Spain and the Netherlands.

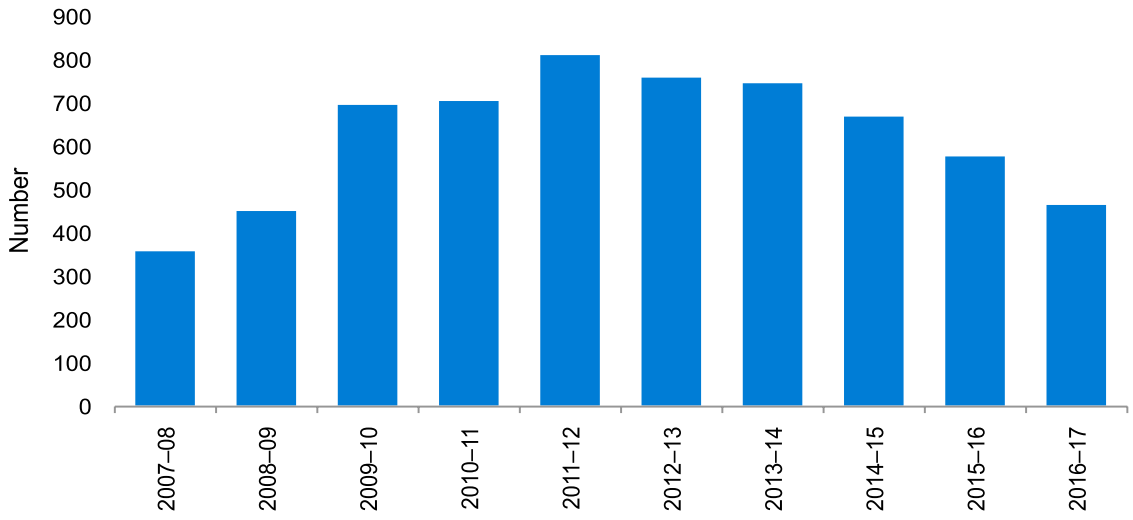
DOMESTIC MARKET INDICATORS

The number of clandestine laboratory detections is not indicative of production output, which is calculated using a number of variables including the size of reaction vessels, amount and type of precursors used, the skill of the 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 (AGD 2011).

CLANDESTINE LABORATORY DETECTIONS

The number of clandestine laboratories detected nationally continued to decrease in 2016–17. This reporting period the number of clandestine laboratories detected in Australia decreased 19.5 per cent, from 575 in 2015–16 to 463 in 2016–17 (see Figure 41).

FIGURE 41: National clandestine laboratory detections, 2007–08 to 2016–17



In 2016–17, New South Wales, Victoria, Queensland, Western Australia and the Australian Capital Territory reported decreases in the number of detected clandestine laboratories, while South Australia, Tasmania and the Northern Territory reported increases. While the number of clandestine laboratories detected in Queensland decreased by 35.9 per cent this reporting period, Queensland continues to account for the greatest proportion of national clandestine laboratory detections, accounting for 32.4 per cent in 2016–17, followed by Victoria (29.2 per cent). There were no clandestine laboratories detected in the Australian Capital Territory this reporting period (see Table 24).

TABLE 24: Number of clandestine laboratory detections, by state and territory, 2007–08 to 2016–17

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
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**
2015–16	83	144	234	69	40	1	3	1	**575**
2016–17	56	135	150	81	33	3	5	0	**463**

SIZE AND PRODUCTION CAPACITY

In 2016–17, state and territory police services were asked to provide an indication of the size and production capacity of detected laboratories using categories provided by the United Nations Office on Drugs and Crime in their data collection for the World Drug Report. Full definitions for the four categories—addict-based, other small scale, medium scale and industrial scale—are found in the *Statistics* chapter.

In 2016–17, clandestine laboratories detected in Australia ranged from addict-based laboratories, which typically only use basic equipment and simple procedures, through to industrial scale laboratories, using oversized equipment. For those able to be categorised, the majority of laboratories continue to be addict-based, however the proportion attributed to this category decreased this reporting period, from 66.5 per cent in 2015–16 to 49.5 per cent in 2016–17. This decrease is a direct consequence of the increase in the number of small scale and medium sized laboratories this reporting period. The proportion of laboratories categorised as small scale increased from 16.1 per cent in 2015–16 to 27.7 per cent in 2016–17, with the proportion of medium sized laboratories increasing from 9.7 per cent in 2015–16 to 20.0 per cent in 2016–17. The proportion of laboratories categorised as industrial scale decreased from 7.7 per cent to 2.7 per cent this reporting period.[7]

DRUG TYPES AND METHODS OF PRODUCTION

Of those able to be identified, clandestine laboratories manufacturing ATS (excluding MDMA) continued to account for the greatest proportion of detections in 2016–17 (see Table 25). Methylamphetamine remains the main drug produced in laboratories detected nationally.

7 A figure for the size and production capacity of detected clandestine laboratories in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.

TABLE 25: Number of clandestine laboratory detections, by drug production type and state and territory, 2016–17

State/ Territory	ATS (excluding MDMA)	MDMA	Homebake heroin	Cannabis oil extraction	PSE extraction	GHB/ GBL	Other[a]	Unknown[b]	Total[c]
NSW	32	3	0	3	0	2	15	3	58
Vic	112	3	0	8	5	3	0	4	135
Qld	88	1	0	1	0	3	0	57	150
SA	48	0	0	9	4	3	7	16	87
WA	19	0	1	0	2	0	8	7	37
Tas	2	0	0	0	1	0	0	0	3
NT	4	1	0	0	0	0	0	0	5
ACT	0	0	0	0	0	0	0	0	0
Total	**305**	**8**	**1**	**21**	**12**	**11**	**30**	**87**	**475**

a. 'Other' refers to the detection of other illicit manufacture.
b. 'Unknown' includes seized substances which were unable to be identified or are awaiting analysis.
c. 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 8.4 per cent this reporting period, from 333 in 2015–16 to 305 in 2016–17.

- This reporting period Victoria accounted for the greatest proportion of ATS (excluding MDMA) laboratories detected nationally, accounting for 36.7 per cent in 2016–17, followed by Queensland (28.9 per cent).
- This reporting period MDMA laboratories were detected in New South Wales (3), Victoria (3), Queensland (1) and Northern Territory (1).

The number of homebake heroin laboratories detected nationally decreased 80.0 per cent this reporting period, from 5 in 2015–16 to 1 in 2016–17. Western Australia accounted for all related detections in both reporting periods. Although the number of cannabis oil extraction laboratories detected nationally decreased 19.2 per cent this reporting period, from 26 in 2015–16 to 21 in 2016–17, the 21 laboratories detected in 2016–17 is the second highest number on record since related reporting began in 2007–08. This reporting period laboratories were detected in New South Wales (3), Victoria (8), Queensland (1) and South Australia (9).

In 2016–17, the number of laboratories detected nationally manufacturing gamma-hydroxybutyrate (GHB) /gamma-butyrolactone (GBL) remained stable at 11. This reporting period laboratories were detected in New South Wales (2), Victoria (3), Queensland (3) and South Australia (3). The number of clandestine laboratories detected nationally extracting pseudoephedrine decreased 25.0 per cent this reporting period, from 16 in 2015–16 to 12 in 2016–17. This reporting period, laboratories were detected in Victoria (5), South Australia (4), Western Australia (2) and Tasmania (1). Clandestine laboratories detected in Australia also manufacture a range of other illicit drugs, precursors and pre-precursors. In 2016–17 this also included dimethyltryptamine (DMT), 3,4-methylendioxyamphetamine (MDA), mescaline, psilocybin and phenyl-2-propoanone (P2P), with both heroin and cocaine extraction also identified this reporting period.

Despite a decrease in the number of laboratories using the hypophosphorous method of production this reporting period, it remains the predominant method of ATS (excluding MDMA) production in Australia.

- The number of hypophosphorous laboratories detected nationally decreased 20.2 per cent this reporting period, from 168 in 2015–16 to 134 in 2016–17.
- The number of red phosphorous laboratories increased 60.7 per cent this reporting period, from 28 in 2015–16 to 45 in 2016–17.
- The number of Nazi/Birch laboratories detected nationally decreased 21.9 per cent this reporting period, from 32 in 2015–16 to 25 in 2016–17.
- The number of P2P laboratories more than doubled this reporting period, from 9 in 2015–16 to 19 in 2016–17.
- The number of ATS (excluding MDMA) laboratories detected nationally identified as using other methods of production increased threefold this reporting period, from 7 in 2015–16 to 21 in 2016–17 (see Table 26).

In 2016–17, Victoria accounted for the greatest proportion of the number of hypophosphorous laboratories detected nationally (32.1 per cent), as well as the proportion of red phosphorous (35.6 per cent, which was also reported by Queensland), P2P (68.4 per cent) and other laboratories (71.4 per cent). Similar to previous reporting periods, Western Australia accounted for the greatest proportion of Nazi/Birch laboratory detections in 2016–17 (76.0 per cent).

TABLE 26: Method of ATS (excluding MDMA) production in clandestine laboratory detections, by state and territory, 2016–17

State/ Territory	Hypophosphorous	Red-phosphorus	Nazi/Birch	Phenyl-2-propanone (P2P)	Other[a]	Total[b]
NSW	30	1	1	1	6	39
Vic	43	16	1	13	15	88
Qld	24	16	1	0	0	41
SA	32	10	1	4	0	47
WA	1	2	19	1	0	23
Tas	2	0	0	0	0	2
NT	2	0	2	0	0	4
ACT	0	0	0	0	0	0
Total	**134**	**45**	**25**	**19**	**21**	**244**

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 and solvents this reporting period:

- 300.0 kilograms of PSE in Victoria
- 3.0 kilograms of PSE in New South Wales
- 1.1 kilograms PSE in Queensland
- 9.0 kilograms of Eph in New South Wales
- 15.0 kilograms of hypophosphorous acid in New South Wales
- 4.0 litres of hypophosphorous acid in South Australia
- 0.2 kilograms of red phosphorous in Western Australia
- 0.2 kilograms of red phosphorous in South Australia

- 10.0 kilograms of helional in Northern Territory
- 1.0 litres of helional in Western Australia
- 12.0 kilograms of mercury in South Australia
- 25.0 litres of 1,4-butanediol in Western Australia
- 23.0 litres of GHB in South Australia
- 5.0 kilograms of GABA in South Australia.

LOCATION AND CATEGORY

In Australia, the majority of clandestine laboratories continue to be detected in residential areas. In 2016–17, 63.9 per cent of detected clandestine laboratories were located in residential areas (a decrease from 68.5 per cent in 2015–16), followed by vehicles (12.5 per cent, an increase from 9.6 per cent in 2015–16), other (8.4 per cent, an increase from 7.5 per cent in 2015–16), commercial/industrial (6.0 per cent, an increase from 4.0 per cent in 2015–16), public places (5.0 per cent, a decrease from 5.2 per cent in 2015–16) and rural areas (4.1 per cent, a decrease from 5.2 per cent in 2015–16).[8] Of note, 74.4 per cent of laboratories within the 'other' category this reporting period related to detections in storage sheds, the majority of which were located in Queensland.

Based on their operating status, there are four distinct categories of clandestine laboratories:

- Category A—active (chemicals and equipment in use)
- Category B—stored/used (equipment or chemicals)[9]
- Category C—stored/unused (equipment or chemicals)
- Category D—historical site.

Consistent with previous reporting periods, Category C was the most common category for clandestine laboratories detected nationally, accounting for 49.4 per cent of laboratories in 2016–17, a decrease from 61.4 per cent in 2015–16. This was followed by Category B, which accounted for 29.1 per cent this reporting period (an increase from 18.5 per cent in 2015–16), Category D which accounted for 13.4 per cent (an increase from 11.9 per cent in 2015–16) and Category A which accounted for 8.0 per cent (a decrease from 8.2 per cent in 2015–16).[10]

NATIONAL TABLET PRESS SEIZURES

Thirteen tablet presses[11] were seized nationally in 2016–17. Tablet press seizures this reporting period occurred in New South Wales (2), Victoria (7), Queensland (3) and Tasmania (1). In 2016–17 there were 6 encapsulators seized nationally. Encapsulator seizures this reporting period occurred in Queensland (3), South Australia (2) and Tasmania (1).

8 A figure for the location of detected clandestine laboratories in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
9 Laboratories which are fully assembled, but not active at the time of detection.
10 A figure for the category of detected clandestine laboratories in 2016–17 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/>.
11 Eleven simple presses and two rotary presses.

NATIONAL IMPACT

An effective and efficient way of limiting the supply of illicit drugs is to prevent the diversion of precursors, reagents and solvents used in illicit drug manufacture. As many of these chemicals have legitimate industrial and domestic uses, control measures have to balance access for legitimate use with efforts to reduce their diversion. This remains an enduring issue, with both international and domestic controls and strategies implemented in support of this.

Indicators of domestic drug production include border detection, seizure, clandestine laboratory, tablet and encapsulator data.

- In 2016–17, both the number and weight of ATS (excluding MDMA) precursors detected at the Australian border increased, while the number and weight of MDMA precursor detections decreased.
- The predominant ATS (excluding MDMA) precursors detected at the Australian border this reporting period were phenylacetic acid and PSE, with piperonal the predominant MDMA precursor detected in 2016–17.
- In addition to detections of precursors at the Australian border, significant quantities of precursors, reagents and solvents were also seized nationally this reporting period, the majority of which relate to the manufacture of methylamphetamine.
- The number of clandestine laboratories detected nationally decreased for the fifth consecutive reporting period in 2016–17.
- Clandestine laboratories in Australia manufacture and process a range of illicit drugs, precursors and pre-precursors.
  - In 2016–17 this included ATS (excluding MDMA), MDMA, homebake heroin, GHB/GBL, DMT, MDA, mescaline, psilocybin, P2P, as well as cannabis oil, PSE, heroin and cocaine extraction.
- Clandestine laboratories manufacturing ATS (excluding MDMA) continue to account for the greatest proportion of detections, with methylamphetamine the main drug produced in laboratories detected nationally in 2016–17.
- Despite a decrease in the number of laboratories using the hypophosphorous method of production this reporting period, it remains the predominant method of ATS (excluding MDMA) production in Australia.
- Clandestine laboratories detected in Australia range from addict-based through to industrial scale laboratories, the majority of which continue to be located in residential areas.
- While the majority of laboratories continue to be addict-based, the proportion attributed to this category decreased this reporting period. This decrease is a direct consequence of the increase in the number of small scale and medium sized laboratories in 2016–17.
- The majority of laboratories relate to the detection of stored/unused equipment or chemicals (Category C); however the proportion attributed to this category decreased this reporting period.
- In 2016–17, 13 tablet presses and 6 encapsulators were seized nationally.

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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 2016–17.

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 or 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 Force.

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 SA
- Forensic Science Service Tasmania
- Health System Information and Performance Reporting, New South Wales Ministry of Health. Sample analysis conducted by NSW Forensic & Analytical Science Service
- Queensland Health Forensic and Scientific Services
- Victoria Police.

The purity tables only represent purity figures for seizures of that drug type that have been analysed at a forensic laboratory. The number of 'cases' in the purity tables reflects the number of individual samples analysed (items), as distinct from the number of seizures/cases (which may have multiple items).

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 2016–17, not necessarily all seizures made during that period.

From 2017, the NSW Forensic & Analytical Science Service only tests for purity levels on samples submitted from seizures of a commercial quantity or greater.

South Australia tests for purity levels on cases when the total weight of drug–containing material within a case is >5 grams. All samples with total weight >2 gram are sent for quantitation (if none are >2 gram then the largest sample were sent for quantitation). When the total weight of drug–containing material within a case is >100 grams, all samples regardless of their total weight are 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 trafficable 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 amphetamines 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 providers. Those charged with user-type offences (processing 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 37 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 MONITORING IN AUSTRALIA (DUMA) PROGRAM

The DUMA program is an ongoing illicit drug use monitoring program that captures information on approximately 2 200 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.

In 2016–17, data on approximately 2 200 police detainees were collected. Figures reported for 2016–17 reflect data collected in the third and fourth quarters of 2016 and the first and second quarters of 2017. Commencing in 2014, urine samples have been collected in alternate quarters. For the 2016–17 data collection period, urine samples were collected in the third quarter of 2016 and the first quarter of 2017. Approximately 1 400 detainees were ineligible or refused to provide a urine sample. Data relating to detainees testing positive for benzodiazepines from 2007–08 to 2016–17 have been revised in line with the cut-off level for benzodiazepines specified in the Australian and New Zealand Standard AS/NZS 4308-2008.

NATIONAL WASTEWATER DRUG MONITORING PROGRAM (NWDMP)

Wastewater analysis is a technique for delivering population-scale consumption of substances. Following on from recommendations from the National Ice Taskforce and National Ice Action Strategy, the Commonwealth Minister for Justice approved $3.6 million over three years from the Commonwealth Confiscated Assets Account for the ACIC to develop a national program to monitor drug consumption through wastewater analysis. This program of sampling and analysis is known as the National Wastewater Drug Monitoring Program (NWDMP).

The University of Queensland and University of South Australia have been commissioned to provide drug consumption data to the ACIC for a period of three years. A total of approximately fifty wastewater treatment sites nationally will be assessed, bimonthly in the case of capital city sites and every four months for regional sites. The aim is to acquire data on the population-scale use of substances causing potential harm, either through addiction, health risks, or criminal and anti-social behaviour. Drugs of concern include nicotine, alcohol, oxycodone, fentanyl, methylamphetamine, MDMA, 3,4-methylendioxyamphetamine (MDA) cocaine and heroin, as well as a number of new psychoactive substances (NPS) including synthetic cannabinoids and synthetic stimulants.

The ACIC provides data from the NWDMP in the form of public reports three times per year. The reports present patterns of substance use across Australia, showing differences in levels between capital cities and regional centres within states and territories, and nationally. The collective national data are placed in an international context by comparing findings with European and other studies which conduct similar wastewater analyses. The public reports are accessible on the ACIC website <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

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.

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 quantities 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.

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 the Department of Home Affairs are represented within AFP figures in Table 37. Totals may differ from those published earlier in the AFP Annual Report 2016–17 due to the data extraction being based on more recent data and on the AFP using different drug-grouping categories to the ACIC.

DEPARTMENT OF HOME AFFAIRS

Detections of illicit drugs by the former Department of Immigration and Border Protection (now Department of Home Affairs) are handed to the AFP for investigation purposes, safe storage and destruction. Border detections are recorded on 'DrugLab', 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 DrugLab. Data relating to the same border detections held by the AFP and DrugLab will differ slightly. This is because only unconfirmed seizure weights are initially recorded. Home Affairs 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 Home Affairs Annual Reports.

For operational reasons, the format of data presented in the IDDR may vary from year to year.

From 2010–11, Home Affairs 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.

Home Affairs advised that statistics relating to cannabis in 2014–15 were impacted by a number of food products containing hemp and cannabis seeds, such as 'Hemp Force Powder' and tea.

From 2012–13, Home Affairs have provided benzodiazepine and opiate statistics which only represent a component of the larger pharmaceuticals category.

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 NSW Forensic & Analytical Science Service.

From 2017, New South Wales Forensic & Analytical Science Service (FASS) have made changes to their processes in response to legislative changes to the *Drugs Misuse and Trafficking Act*—amendment 2016. New South Wales Police Force is now able to take a subsample of a seizure and therefore not all seizures are sent to FASS for analysis. Around 50.0 per cent of samples are sent to FASS and they may or may not be weighted by New South Wales Police Force. The subsamples analysed by FASS are weighted, but purity tests

will only be carried out on samples related to a commercial quantity or greater. This will impact the data provided for the Illicit Drug Data Report and caution should be exercised in comparing data.

Prior to 2005–06, New South Wales Police Force data was extracted directly from the mainframe recording system (COPS). Since 2005–06, data has been extracted from COPS using a data warehousing application 'Enterprise Data Warehouse'. Tests to verify the process of data extraction have been undertaken and the New South Wales Police Force is confident that the retrieval process is comparable with previous extracts from COPS.

To improve data quality, in 2015–16 the New South Wales Police Force changed the way in which pharmaceutical drugs are coded. As a result, caution should be exercised in comparing data across the reporting periods.

NORTHERN TERRITORY

Northern Territory Police provided the ACIC with seizure and offender data. Northern Territory Forensic Laboratory was unable to provide purity data for this report.

Data collection methods in the Northern Territory have been audited since the 2010–11 report. The change in data collection methodology has resulted in the provision of more detailed and accurate data.

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.

QUEENSLAND

The Queensland Police Service provided the ACIC with offender and seizure data. Queensland Health Forensic and Scientific Services provided purity data.

SOUTH AUSTRALIA

South Australia Police provided the ACIC with offender and seizure data. Forensic Science South Australia provided the purity data.

From 2015–16, offender data provided by South Australia Police includes data for offenders participating in its Drug Diversion Program (excluding diversion records not related to a drug seizure). As a result, caution should be exercised in comparing data from previous reporting periods.

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.

VICTORIA

Victoria Police provided the ACIC with offender, seizure and drug quantities data from 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.

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.

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 and charge, summons, diversion program, cannabis expiation notice (South Australia), simple cannabis offence notice (Australian Capital Territory), drug infringement notice (Northern Territory), 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 2011–12, 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 custom-made or purchased from industrial processing sources. Such industrial operations produce significant amounts of ATS in very short periods of time, only limited by access to precursors, reagents and consumables in adequate quantities and the logistics and manpower to handle large amounts of drugs or chemicals and process them into the next step. A typical manufacture cycle for ATS would yield 50 kilograms or more.

COCAINE

'Cocaine' includes cocaine, coca leaf and coca paste.

DETECTION

In the context of the border environment, the term 'detection' refers to the identification of illicit drugs by the Department of Home Affairs.

EMBARKATION POINT

'Embarkation point' describes the origin of the transport stage of importations. Embarkation is affected by air and sea transport connection patterns and the location of transport hubs, and may not necessarily reflect the true origin of drugs.

Australia may appear as an embarkation country due to an export-detection. In some instances, it may relate to detections on air passengers travelling domestically on an international flight.

HALLUCINOGENS

'Hallucinogens' includes tryptamines such as lysergic acid diethylamide (LSD) and psilocybin-containing mushrooms.

HEROIN AND OTHER OPIOIDS

'Heroin and other opioids' include opioid analgesics such as heroin, methadone and pethidine and opiate analgesics including codeine, morphine and opium.

OTHER DRUGS

'Other drugs' include anabolic agents and selected hormones, tryptamines, anaesthetics, pharmaceuticals and drugs not elsewhere classified. Current reporting processes do not enable detailed identification of these drugs.

PHENETHYLAMINES

Phenethylamines include 3,4-methylenedioxymethamphetamine (MDMA, commonly known as 'ecstasy'), 3,4-methylenedioxyethylamphetamine (MDEA), 3,4-methylenedioxyamphetamine (MDA), dimethoxyamphetamine (DMA) and paramethoxyamphetamine (PMA).

SEIZURE

'Seizure' is the confiscation by a law enforcement agency of a quantity of an illicit drug or a regulated drug being used or possessed unlawfully, whether or not an arrest is made in conjunction with that confiscation.

The amount of drug seized may be recorded by weight, volume or as a unit count—for example, number of tablets, plants or bags. The method of estimating the amount of drug seized varies between and within jurisdictions. For example, seizures of ATS in tablet form may be weighed or counted.

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:

gms	grams
na	not available
NEC	not elsewhere classified
no.	number
r	revised figure
%	per cent

ARREST TABLES

TABLE 27: All drugs: consumer and provider arrests, by state and territory and gender, 2016–17

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	21 295	5 240	12	26 547	3 794	898	2	4 694	25 557	6 266	14	31 837
Vic	20 947	6 048	4	26 999	1 697	388	1	2 086	22 644	6 436	5	29 085
Qld	28 293	10 806	0	39 099	3 388	997	0	4 385	31 681	11 803	0	43 484
SA	5 420	1 825	1	7 246	1 232	358	0	1 590	6 652	2 183	1	8 836
SA CENs[b]	7 194	1 974	32	9 200	–	–	–	–	7 194	1 974	32	9 200
WA	15 475	5 743	50	21 268	3 002	914	10	3 926	18 501	6 661	60	25 222
WA CIRs[c]	1 477	514	13	2 004	–	–	–	–	1 477	514	13	2 004
Tas	1 620	410	0	2 030	344	68	0	412	1 964	478	0	2 442
NT	371	113	0	484	244	57	0	301	824	241	0	1 065
NT DINs[d]	503	204	0	707	–	–	–	–	503	204	0	707
ACT	480	81	0	561	102	23	0	125	582	104	0	686
ACT SCONs[e]	65	17	0	82	–	–	–	–	65	17	0	82
Total	**103 140**	**32 975**	**112**	**136 227**	**13 803**	**3 703**	**13**	**17 519**	**117 644**	**36 881**	**125**	**154 650**

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

a. Includes those offenders for whom consumer/provider status and gender was not stated. Total may exceed the sum of the table components.

b. Cannabis Expiation Notices.

c. Cannabis Intervention Requirements.

d. Drug Infringement Notices.

e. Simple Cannabis Offence Notices.

TABLE 28: Amphetamine-type stimulants (ATS): consumer and provider arrests, by state and territory and gender, 2016–17

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	5 697	1 836	0	7 533	1 653	427	2	2 082	7 366	2 268	2	9 636
Vic	7 721	2 407	1	10 129	525	163	0	688	8 246	2 570	1	10 817
Qld	7 700	3 294	0	10 994	777	252	0	1 029	8 477	3 546	0	12 023
SA	4 007	1 448	0	5 455	514	177	0	691	4 521	1 625	0	6 146
WA	4 175	1 890	11	6 076	1 367	434	2	1 803	5 545	2 324	13	7 882
Tas	278	90	0	368	115	27	0	142	393	117	0	510
NT	68	27	0	95	56	13	0	69	204	77	0	281
ACT	155	32	0	187	38	11	0	49	193	43	0	236
Total	**29 801**	**11 024**	**12**	**40 837**	**5 045**	**1 504**	**4**	**6 553**	**34 945**	**12 570**	**16**	**47 531**

Note: The arrest data for each state and territory include Australian Federal Police data.
a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.

TABLE 29: Cannabis: consumer and provider arrests, by state and territory and gender, 2016–17

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	12 524	2 694	12	15 230	1 261	255	0	1 516	13 800	2 953	12	16 765
Vic	7 679	1 945	3	9 627	461	76	0	537	8 140	2 021	3	10 164
Qld	15 902	5 533	0	21 435	1 893	508	0	2 401	17 795	6 041	0	23 836
SA	952	194	0	1 146	591	140	0	731	1 543	334	0	1 877
SA CENs[b]	7 194	1 974	32	9 200	–	–	–	–	7 194	1 974	32	9 200
WA	7 139	2 304	28	9 471	780	261	6	1 047	7 922	2 567	34	10 523
WA CIRs[c]	1 477	514	13	2 004	–	–	–	–	1 477	514	13	2 004
Tas	1 031	232	0	1 263	170	27	0	197	1 201	259	0	1 460
NT	264	77	0	341	150	37	0	187	493	134	0	627
NT DINs[d]	503	204	0	707	–	–	–	–	503	204	0	707
ACT	206	35	0	241	55	8	0	63	261	43	0	304
ACT SCONs[e]	65	17	0	82	–	–	–	–	65	17	0	82
Total	**54 936**	**15 723**	**88**	**70 747**	**5 361**	**1 312**	**6**	**6 679**	**60 394**	**17 061**	**94**	**77 549**

Note: The arrest data for each state and territory include Australian Federal Police data.
a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.
b. Cannabis Expiation Notices.
c. Cannabis Intervention Requirements.
d. Drug Infringement Notices.
e. Simple Cannabis Offence Notices.

TABLE 30: Heroin and other opioids: consumer and provider arrests, by state and territory and gender, 2016–17

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	471	146	0	617	157	70	0	227	636	216	0	852
Vic	964	242	0	1 206	87	22	0	109	1 051	264	0	1 315
Qld	182	80	0	262	29	18	0	47	211	98	0	309
SA	68	26	0	94	14	7	0	21	82	33	0	115
WA	166	68	0	234	63	14	0	77	229	82	0	311
Tas	26	9	0	35	13	4	0	17	39	13	0	52
NT	0	0	0	0	2	0	0	2	3	1	0	4
ACT	8	2	0	10	2	0	0	2	10	2	0	12
Total	**1 885**	**573**	**0**	**2 458**	**367**	**135**	**0**	**502**	**2 261**	**709**	**0**	**2 970**

Note: The arrest data for each state and territory include Australian Federal Police data.
a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.

TABLE 31: Cocaine: consumer and provider arrests, by state and territory and gender, 2016–17

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	1 066	138	0	1 204	413	66	0	479	1 482	205	0	1 687
Vic	453	77	0	530	84	6	1	91	537	83	1	621
Qld	369	88	0	457	68	14	0	82	437	102	0	539
SA	85	15	0	100	30	5	0	35	115	20	0	135
WA	103	33	0	136	88	16	0	104	192	49	0	241
Tas	7	0	0	7	2	0	0	2	9	0	0	9
NT	14	1	0	15	6	0	0	6	23	4	0	27
ACT	87	10	0	97	6	4	0	10	93	14	0	107
Total	**2 184**	**362**	**0**	**2 546**	**697**	**111**	**1**	**809**	**2 888**	**477**	**1**	**3 366**

Note: The arrest data for each state and territory include Australian Federal Police data.
a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.

TABLE 32: Steroids: consumer and provider arrests, by state and territory and gender, 2016–17

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	147	7	0	154	8	2	0	10	155	9	0	164
Vic	111	8	0	119	3	2	0	5	114	10	0	124
Qld	472	118	0	590	90	14	0	104	562	132	0	694
SA	2	1	0	3	0	0	0	0	2	1	0	3
WA	133	24	0	157	57	5	0	62	191	29	0	220
Tas	5	0	0	5	4	0	0	4	9	0	0	9
NT	5	1	0	6	5	0	0	5	14	1	0	15
ACT	15	0	0	15	0	0	0	0	15	0	0	15
Total	**890**	**159**	**0**	**1 049**	**167**	**23**	**0**	**190**	**1 062**	**182**	**0**	**1 244**

Note: The arrest data for each state and territory include Australian Federal Police data.
a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.

TABLE 33: Hallucinogens: consumer and provider arrests, by state and territory and gender, 2016–17

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	137	28	0	165	30	5	0	35	167	33	0	200
Vic	104	25	0	129	7	2	0	9	111	27	0	138
Qld	160	67	0	227	46	10	0	56	206	77	0	283
SA	29	5	0	34	7	2	0	9	36	7	0	43
WA	113	38	0	151	77	22	0	99	191	60	0	251
Tas	8	0	0	8	2	0	0	2	10	0	0	10
NT	3	0	0	3	8	2	0	10	17	2	0	19
ACT	1	0	0	1	0	0	0	0	1	0	0	1
Total	**555**	**163**	**0**	**718**	**177**	**43**	**0**	**220**	**739**	**206**	**0**	**945**

Note: The arrest data for each state and territory include Australian Federal Police data.
a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.

TABLE 34: Other and unknown–not elsewhere classified (NEC): consumer and provider arrests, by state and territory and gender, 2016–17

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	1 253	391	0	1 644	272	73	0	345	1 951	582	0	2 533
Vic	3 915	1 344	0	5 259	530	117	0	647	4 445	1 461	0	5 906
Qld	3 508	1 626	0	5 134	485	181	0	666	3 993	1 807	0	5 800
SA	277	136	1	414	76	27	0	103	353	163	1	517
WA	3 646	1 386	11	5 043	570	162	2	734	4 231	1 550	13	5 794
Tas	265	79	0	344	38	10	0	48	303	89	0	392
NT	17	7	0	24	17	5	0	22	70	22	0	92
ACT	8	2	0	10	1	0	0	1	9	2	0	11
Total	**12 889**	**4 971**	**12**	**17 872**	**1 989**	**575**	**2**	**2 566**	**15 355**	**5 676**	**14**	**21 045**

Note: The arrest data for each state and territory include Australian Federal Police data.
a. Includes those offenders for whom consumer/provider status or gender was not stated. Total may exceed the sum of the table components.

TABLE 35: All arrests: consumer and provider arrests, by drug type, 2012–13 to 2016–17

Drug type	Consumer					Provider				
	2012–13	2013–14[a]	2014–15	2015–16[b]	2016–17	2012–13	2013–14	2014–15	2015–16	2016–17
Amphetamine-type stimulants	16 595	19 945	27 502	40 527	40 837	5 462	6 265	7 862	6 885	6 553
Cannabis	53 829	59 994r	66 309	72 198	70 747	8 013	8 460	8 716	7 317	6 679
Heroin and other opioids	1 678	2 067	2 427	2 487	2 458	776	699	774	480	502
Cocaine	899	1 005	1 542	1 906	2 546	380	461	544	683	809
Steroids	509	756	967	1 051	1 049	148	179	242	238	190
Hallucinogens	442	543	566	725	718	120	161	164	186	220
Other and unknown NEC	9 090	10 359	13 027	16 143	17 872	2 209	2 288	2 453	2 593	2 566
Total	**83 042**	**94 669r**	**112 340**	**135 037**	**136 227**	**17 108**	**18 513**	**20 755**	**18 382**	**17 519**

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.
b. For the first time, offender data provided by South Australia Police in 2015–16 included data for offenders participating in its Drug Diversion Program (excluding diversion records not related to a drug seizure).

TABLE 36: All arrests: number and proportion, by drug type, 2012–13 to 2016–17

Drug Type	2012–13		2013–14		2014–15		2015–16[a]		2016–17	
	No.	%	No.	%	No.	%	No.	%	No.	%
Amphetamine-type stimulants	22 189	21.8	26 269	23.4	35 468	26.5	47 625	30.8	47 531	30.7
Cannabis	62 120	61.1	68 477r	59.5	75 105	56.1	79 643	51.6	77 549	50.1
Heroin and other opioids	2 463	2.4	2 771	2.5	3 227	2.4	2 975	1.9	2 970	1.9
Cocaine	1 282	1.3	1 466	1.3	2 092	1.6	2 592	1.7	3 366	2.2
Steroids	661	0.6	936	0.8	1 210	0.9	1 297	0.8	1 244	0.8
Hallucinogens	565	0.6	704	0.6	734	0.5	915	0.6	945	0.6
Other and unknown nec	12 469	12.3	13 219	11.8	16 090	12.0	19 491	12.6	21 045	13.6
Total	**101 749**	**100**	**113 842r**	**100**	**133 926**	**100**	**154 538**	**100**	**154 650**	**100**

Note: Includes arrests where consumer/provider information was not recorded.
a. For the first time, offender data provided by South Australia Police in 2015–16 included data for offenders participating in its Drug Diversion Program (excluding diversion records not related to a drug seizure).

SEIZURE TABLES

TABLE 37: Seizures: drug type, by state and territory, 2016–17

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Amphetamine-type stimulants									
State police									
Seizures (no.)	11 510	1 976	8 324	1 123	9 781	650	533	579	34 476
Weight (gms)	475 389	64 179	131 215	24 157	79 170	4 875	4 759	4 597	788 341
AFP									
Seizures (no.)	2 277	379	97	20	91	0	10	1	2 875
Weight (gms)	4 304 866	2 324 615	98 271	15 628	39 736	0	472	60	6 783 648
Cannabis									
State police									
Seizures (no.)	17 446	3 328	17 610	416	15 772	1 848	2 245	760	59 425
Weight (gms)	1 838 897	2 333 345	848 989	697 365	963 025	266 893	199 750	177 080	7 325 344
AFP									
Seizures (no.)	303	98	57	7	80	9	22	5	581
Weight (gms)	87 702	57 358	68 636	367	5 215	115	3 065	26	222 484
Heroin									
State police									
Seizures (no.)	921	283	166	26	346	27	8	26	1 803
Weight (gms)	15 991	4 327	1 110	919	4 052	46	21	1 477	27 943
AFP									
Seizures (no.)	97	37	3	2	9	0	0	0	148
Weight (gms)	69 631	123 531	2 101	1 618	101	0	0	0	196 982
Other opioids									
State police									
Seizures (no.)	71	1	6	0	3	25	0	37	143
Weight (gms)	1 832	<1	18	0	1	418	0	542	2 811
AFP									
Seizures (no.)	141	25	5	0	6	1	0	0	178
Weight (gms)	33 438	8 886	98	0	82	85	0	0	42 589

Note: Includes only those seizures for which a drug weight was recorded. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police. Totals may differ from those reported in jurisdictional annual reports due to the different counting rules applied.

TABLE 37 (continued): Seizures: drug type, by state and territory, 2016–17

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Cocaine									
State police									
Seizures (no.)	2 126	187	411	54	295	21	51	141	3 286
Weight (gms)	567 204	14 931	38 841	817	2 115	64	323	182	624 477
AFP									
Seizures (no.)	1 090	132	25	12	21	1	0	0	1 281
Weight (gms)	3 341 507	442 273	12 926	3 382	11 719	187 064	0	0	3 998 871
Steroids									
State police									
Seizures (no.)	188	0	52	0	23	1	22	56	342
Weight (gms)	5 118	0	29 069	0	1 050	4	1 008	1 151	37 400
AFP									
Seizures (no.)	78	27	11	0	10	5	1	0	132
Weight (gms)	5 602	16 759	141	0	597	159	1	0	23 259
Hallucinogens									
State police									
Seizures (no.)	189	15	34	4	35	7	25	10	319
Weight (gms)	423	132	679	11 900	1 161	217	361	429	15 302
AFP									
Seizures (no.)	227	38	7	1	24	2	2	0	301
Weight (gms)	15 491	68 577	8 507	<1	4 525	<1	61	0	97 161
Other and unknown drugs nec									
State police									
Seizures (no.)	2 886	426	876	40	1 872	147	180	112	6 539
Weight (gms)	1 548 064	1 274 464	248 337	22 589	34 427	5 979	297 331	380	3 431 571
AFP									
Seizures (no.)	1 264	313	46	5	63	7	6	0	1 704
Weight (gms)	3 296 264	444 072	64 989	2 066	66 367	269	142	0	3 874 169

Note: Includes only those seizures for which a drug weight was recorded. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police. Totals may differ from those reported in jurisdictional annual reports due to the different counting rules applied.

PURITY TABLES

TABLE 38: Amphetamine purity levels: state and territory, by quarter, 2016–17

State/territory	July–September 2016				October–December 2016				January–March 2017				April–June 2017				Total July 2016–June 2017			
		Purity				Purity				Purity				Purity				Purity		
	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	7.5	7.5	7.5	1	5.0	5.0	5.0	–	–	–	–	–	–	–	–	2	6.2	5.0	7.5
Total	1	7.5	7.5	7.5	1	5.0	5.0	5.0	–	–	–	–	–	–	–	–	2	6.2	5.0	7.5
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	1	18.3	18.3	18.3	–	–	–	–	1	18.3	18.3	18.3
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	1	8.9	8.9	8.9	1	8.9	8.9	8.9
Total	–	–	–	–	–	–	–	–	1	18.3	18.3	18.3	1	8.9	8.9	8.9	2	13.6	8.9	18.3
Vic																				
State police																				
<=2 gms	4	5.9	4.8	11.1	2	3.0	0.5	5.5	5	9.0	5.7	64.0	3	4.6	3.5	4.8	14	5.7	0.5	64.0
>2 gms	2	6.4	4.9	8.0	1	61.0	61.0	61.0	5	9.6	0.3	48.0	–	–	–	–	8	8.8	0.3	61.0
Total	6	5.9	4.8	11.1	3	5.5	0.5	61.0	10	9.3	0.3	64.0	3	4.6	3.5	4.8	22	5.9	0.3	64.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	2	10.3	6.6	14.1	–	–	–	–	2	10.3	6.6	14.1
Total	–	–	–	–	–	–	–	–	2	10.3	6.6	14.1	–	–	–	–	2	10.3	6.6	14.1
Qld																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	1	1.2	1.2	1.2	1	49.8	49.8	49.8	2	25.5	1.2	49.8
>2 gms	7	1.5	1.4	1.5	–	–	–	–	1	1.4	1.4	1.4	1	1.7	1.7	1.7	9	1.5	1.4	1.7
Total	7	1.5	1.4	1.5	–	–	–	–	2	1.3	1.2	1.4	2	25.7	1.7	49.8	11	1.5	1.2	49.8
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	1	64.5	64.5	64.5	–	–	–	–	1	64.5	64.5	64.5
>2 gms	–	–	–	–	1	4.9	4.9	4.9	–	–	–	–	–	–	–	–	1	4.9	4.9	4.9
Total	–	–	–	–	1	4.9	4.9	4.9	1	64.5	64.5	64.5	–	–	–	–	2	34.7	4.9	64.5
SA																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	1	1.9	1.9	1.9	–	–	–	–	1	1.9	1.9	1.9
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	1	1.9	1.9	1.9	–	–	–	–	1	1.9	1.9	1.9

Note: Figures do not represent the purity levels of all amphetamine seizures–only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of amphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of amphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 38 (continued): Amphetamine purity levels: state and territory, by quarter, 2016–17

State/territory	July–September 2016				October–December 2016				January–March 2017				April–June 2017				Total July 2016–June 2017			
		Purity				Purity				Purity				Purity				Purity		
	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	4	2.0	1.0	2.0	–	–	–	–	4	2.0	1.0	2.0
>2 gms	–	–	–	–	1	3.0	3.0	3.0	2	19.0	18.0	20.0	7	5.0	5.0	7.0	10	5.0	3.0	20.0
Total	–	–	–	–	1	3.0	3.0	3.0	6	2.0	1.0	20.0	7	5.0	5.0	7.0	14	5.0	1.0	20.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all amphetamine seizures–only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of amphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of amphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 39: Methylamphetamine purity levels: state and territory, by quarter, 2016–17

	July–September 2016				October–December 2016				January–March 2017				April–June 2017				Total July 2016–June 2017			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	87	78.0	3.5	82.0	70	78.0	3.0	82.0	63	76.0	30.5	80.5	14	77.5	27.5	81.0	234	77.7	3.0	82.0
>2 gms	270	78.5	1.5	83.0	202	77.5	1.0	82.5	57	71.0	1.0	82.0	20	75.7	1.0	80.0	549	77.5	1.0	83.0
Total	357	78.5	1.5	83.0	272	77.5	1.0	82.5	120	75.5	1.0	82.0	34	76.7	1.0	81.0	783	77.5	1.0	83.0
AFP																				
<=2 gms	3	80.0	72.3	80.2	1	75.7	75.7	75.7	3	80.3	5.6	80.3	2	74.8	69.4	80.3	9	80.0	5.6	80.3
>2 gms	15	80.3	45.0	80.4	14	75.1	13.6	80.3	9	79.5	48.0	80.3	8	79.9	27.4	80.3	46	79.4	13.6	80.4
Total	18	80.1	45.0	80.4	15	75.1	13.6	80.3	12	79.6	5.6	80.3	10	79.9	27.4	80.3	55	79.5	5.6	80.4
Vic																				
State police																				
<=2 gms	1 083	82.4	0.3	97.1	653	81.8	0.2	96.0	260	82.6	0.4	92.5	77	81.4	0.8	92.1	2 073	82.2	0.2	97.1
>2 gms	260	81.9	0.2	99.2	183	80.2	0.2	90.2	65	82.0	0.3	87.4	19	78.0	0.4	89.2	527	81.2	0.2	99.2
Total	1 343	82.2	0.2	99.2	836	81.3	0.2	96.0	325	82.5	0.3	92.5	96	81.1	0.4	92.1	2 600	82.0	0.2	99.2
AFP																				
<=2 gms	2	80.0	79.7	80.3	2	78.5	76.7	80.3	1	70.0	70.0	70.0	3	6.8	6.8	78.3	8	77.5	6.8	80.3
>2 gms	11	79.0	5.6	80.8	9	80.1	77.8	80.4	11	70.0	1.3	80.6	9	80.2	6.8	80.5	40	79.2	1.3	80.8
Total	13	79.5	5.6	80.8	11	80.1	76.7	80.4	12	70.0	1.3	80.6	12	78.8	6.8	80.5	48	79.2	1.3	80.8
Qld																				
State police																				
<=2 gms	93	75.1	9.5	78.9	361	74.6	0.5	82.2	377	72.3	0.1	78.7	321	73.2	0.5	77.8	1 152	73.6	0.1	82.2
>2 gms	65	73.4	0.1	77.3	233	74.2	0.1	77.4	307	71.9	0.1	76.3	221	71.0	0.4	76.3	826	73.1	0.1	77.4
Total	158	74.6	0.1	78.9	594	74.4	0.1	82.2	684	72.1	0.1	78.7	542	72.5	0.4	77.8	1 978	73.3	0.1	82.2
AFP																				
<=2 gms	1	10.6	10.6	10.6	–	–	–	–	1	80.1	80.1	80.1	–	–	–	–	2	45.3	10.6	80.1
>2 gms	14	78.7	75.4	82.6	5	78.4	13.4	80.3	2	78.5	76.8	80.2	–	–	–	–	21	78.7	13.4	82.6
Total	15	78.7	10.6	82.6	5	78.4	13.4	80.3	3	80.1	76.8	80.2	–	–	–	–	23	78.7	10.6	82.6
SA																				
State police																				
<=2 gms	8	32.0	0.1	79.7	11	72.6	0.1	80.4	4	50.7	0.2	80.4	–	–	–	–	23	68.7	0.1	80.4
>2 gms	159	79.0	0.3	80.4	126	71.3	0.1	80.6	67	62.5	0.1	80.5	25	54.8	22.8	80.0	377	74.3	0.1	80.6
Total	167	78.9	0.1	80.4	137	71.4	0.1	80.6	71	61.6	0.1	80.5	25	54.8	22.8	80.0	400	73.8	0.1	80.6
AFP																				
<=2 gms	–	–	–	–	1	71.1	71.1	71.1	–	–	–	–	–	–	–	–	1	71.1	71.1	71.1
>2 gms	–	–	–	–	1	79.9	79.9	79.9	–	–	–	–	1	9.4	9.4	9.4	2	44.6	9.4	79.9
Total	–	–	–	–	2	75.5	71.1	79.9	–	–	–	–	1	9.4	9.4	9.4	3	71.1	9.4	79.9

Note: Figures do not represent the purity levels of all methylamphetamine seizures–only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of methylamphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 39 (continued): Methylamphetamine purity levels: state and territory, by quarter, 2016–17

	July–September 2016				October–December 2016				January–March 2017				April–June 2017				Total July 2016–June 2017			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	38	77.5	49.0	87.0	75	79.0	32.0	90.0	64	75.0	0.4	89.0	28	75.0	5.0	88.0	205	78.0	0.4	90.0
>2 gms	294	79.0	<0.1	92.0	326	80.0	1.0	92.0	318	77.0	0.2	93.0	237	72.0	0.1	90.0	1 175	78.0	<0.1	93.0
Total	332	79.0	<0.1	92.0	401	80.0	1.0	92.0	382	77.0	0.2	93.0	265	73.0	0.1	90.0	1 380	78.0	<0.1	93.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	2	79.0	78.4	79.6	–	–	–	–	5	80.3	56.6	80.3	4	71.4	36.4	80.3	11	79.9	36.4	80.3
Total	2	79.0	78.4	79.6	–	–	–	–	5	80.3	56.6	80.3	4	71.4	36.4	80.3	11	79.9	36.4	80.3
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	2	80.8	80.6	81.0	–	–	–	–	2	80.8	80.6	81.0
>2 gms	2	74.7	74.3	75.1	–	–	–	–	1	77.6	77.6	77.6	2	73.8	72.7	74.8	5	74.8	72.7	77.6
Total	2	74.7	74.3	75.1	–	–	–	–	3	80.6	77.6	81.0	2	73.8	72.7	74.8	7	75.1	72.7	81.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	1	80.2	80.2	80.2	–	–	–	–	–	–	–	–	1	80.2	80.2	80.2
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	1	80.2	80.2	80.2	–	–	–	–	–	–	–	–	1	80.2	80.2	80.2
ACT																				
State police																				
<=2 gms	4	71.3	68.8	74.0	1	77.5	77.5	77.5	–	–	–	–	–	–	–	–	5	71.4	68.8	77.5
>2 gms	27	77.2	0.8	81.2	6	72.0	60.0	72.9	6	53.5	12.0	77.8	–	–	–	–	39	75.0	0.8	81.2
Total	31	76.9	0.8	81.2	7	72.2	60.0	77.5	6	53.5	12.0	77.8	–	–	–	–	44	74.4	0.8	81.2
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all methylamphetamine seizures–only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of methylamphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 40: Phenethylamine purity levels: state and territory, by quarter, 2016–17

	July–September 2016				October–December 2016				January–March 2017				April–June 2017				Total July 2016–June 2017			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	83	67.5	2.0	80.5	108	65.5	5.0	80.0	40	47.5	8.0	80.5	10	59.0	20.0	77.5	241	63.5	2.0	80.5
>2 gms	136	40.0	1.0	79.0	148	45.5	5.5	78.5	46	25.5	1.0	83.0	8	23.7	3.5	65.0	338	38.5	1.0	83.0
Total	219	58.0	1.0	80.5	256	55.2	5.0	80.0	86	39.2	1.0	83.0	18	50.5	3.5	77.5	579	52.5	1.0	83.0
AFP																				
<=2 gms	4	39.0	29.3	77.9	2	78.5	76.8	80.3	2	50.3	40.6	60.0	1	12.8	12.8	12.8	9	40.8	12.8	80.3
>2 gms	10	33.0	14.6	78.1	6	52.8	25.2	76.6	5	48.1	8.5	74.4	13	37.3	28.1	77.7	34	38.2	8.5	78.1
Total	14	35.4	14.6	78.1	8	66.7	25.2	80.3	7	48.1	8.5	74.4	14	33.7	12.8	77.7	43	39.4	8.5	80.3
Vic																				
State police																				
<=2 gms	380	20.9	2.0	94.2	280	21.0	0.6	88.4	73	30.4	3.4	85.3	15	37.6	6.2	84.9	748	21.4	0.6	94.2
>2 gms	76	20.3	2.6	81.8	68	19.8	3.0	84.5	19	18.0	5.7	82.0	4	71.7	8.4	85.3	167	20.1	2.6	85.3
Total	456	20.9	2.0	94.2	348	20.7	0.6	88.4	92	25.5	3.4	85.3	19	50.0	6.2	85.3	915	21.0	0.6	94.2
AFP																				
<=2 gms	–	–	–	–	3	44.8	8.2	44.8	–	–	–	–	1	2.0	2.0	2.0	4	26.5	2.0	44.8
>2 gms	1	30.6	30.6	30.6	3	19.1	8.2	24.9	3	72.8	56.2	78.0	5	9.7	0.3	22.4	12	20.7	0.3	78.0
Total	1	30.6	30.6	30.6	6	22.0	8.2	44.8	3	72.8	56.2	78.0	6	5.8	0.3	22.4	16	20.7	0.3	78.0
Qld																				
State police																				
<=2 gms	22	66.6	10.4	71.4	134	69.0	0.8	72.9	56	36.9	1.5	72.2	72	66.0	1.4	71.5	284	64.9	0.8	72.9
>2 gms	14	18.5	12.5	68.5	71	21.6	8.2	72.2	72	20.1	2.0	72.4	50	22.8	1.4	71.7	207	20.4	1.4	72.4
Total	36	58.8	10.4	71.4	205	61.3	0.8	72.9	128	26.6	1.5	72.4	122	39.0	1.4	71.7	491	39.3	0.8	72.9
AFP																				
<=2 gms	1	41.1	41.1	41.1	–	–	–	–	1	22.2	22.2	22.2	1	75.8	75.8	75.8	3	41.1	22.2	75.8
>2 gms	3	3.5	1.5	66.9	2	37.7	37.2	38.3	–	–	–	–	2	50.0	22.0	78.0	7	37.2	1.5	78.0
Total	4	22.3	1.5	66.9	2	37.7	37.2	38.3	1	22.2	22.2	22.2	3	75.8	22.0	78.0	10	37.7	1.5	78.0
SA																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	2	40.9	26.0	55.8	–	–	–	–	2	40.9	26.0	55.8
>2 gms	30	0.3	0.1	77.2	17	18.1	0.6	67.7	–	–	–	–	–	–	–	–	47	0.7	0.1	77.2
Total	30	0.3	0.1	77.2	17	18.1	0.6	67.7	2	40.9	26.0	55.8	–	–	–	–	49	1.8	0.1	77.2
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	1	68.3	68.3	68.3	–	–	–	–	1	68.3	68.3	68.3
>2 gms	3	15.6	6.4	31.0	–	–	–	–	2	63.2	48.6	77.8	–	–	–	–	5	31.0	6.4	77.8
Total	3	15.6	6.4	31.0	–	–	–	–	3	68.3	48.6	77.8	–	–	–	–	6	39.8	6.4	77.8

Note: Phenethylamines include MDA, MDEA, MDMA, Mescaline, PMA, DMA and phenethylamines not elsewhere classified (n.e.c). Figures do not represent the purity levels of all phenethylamine seizures–only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of phenethylamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of phenethylamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 40 (continued): Phenethylamine purity levels: state and territory, by quarter, 2016–17

	July–September 2016				October–December 2016				January–March 2017				April–June 2017				Total July 2016–June 2017			
		Purity				Purity				Purity				Purity				Purity		
	Cases	Median	Min	Max	Cases	Median	Min	Max	Cases	Median	Min	Max	Cases	Median	Min	Max	Cases	Median	Min	Max
State/territory	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)	(no.)	(%)	(%)	(%)
WA																				
State police																				
<=2 gms	9	19.0	12.0	84.0	7	11.0	9.0	20.0	51	15.0	0.9	86.0	21	15.0	6.0	46.0	88	16.5	0.9	86.0
>2 gms	88	18.0	4.0	94.0	89	15.0	0.9	86.0	134	12.5	2.0	92.0	105	9.0	1.0	82.0	416	15.0	0.9	94.0
Total	97	18.0	4.0	94.0	96	15.0	0.9	86.0	185	13.0	0.9	92.0	126	10.0	1.0	82.0	504	15.0	0.9	94.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	2	34.8	33.2	36.5	–	–	–	–	–	–	–	–	2	34.8	33.2	36.5
Total	–	–	–	–	2	34.8	33.2	36.5	–	–	–	–	–	–	–	–	2	34.8	33.2	36.5
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	3	26.9	6.3	76.8	1	38.2	38.2	38.2	–	–	–	–	–	–	–	–	4	32.5	6.3	76.8
Total	3	26.9	6.3	76.8	1	38.2	38.2	38.2	–	–	–	–	–	–	–	–	4	32.5	6.3	76.8
ACT																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	5	74.9	23.0	77.2	7	41.3	30.2	76.8	10	30.7	11.0	75.1	1	76.3	76.3	76.3	23	41.3	11.0	77.2
Total	5	74.9	23.0	77.2	7	41.3	30.2	76.8	10	30.7	11.0	75.1	1	76.3	76.3	76.3	23	41.3	11.0	77.2
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Phenethylamine include MDA, MDEA, MDMA, Mescaline, PMA, DMA and phenethylamines not elsewhere classified (n.e.c). Figures do not represent the purity levels of all phenethylamine seizures–only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of phenethylamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of phenethylamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 41: Heroin purity levels: state and territory, by quarter, 2016–17

State/territory	July–September 2016				October–December 2016				January–March 2017				April–June 2017				Total July 2016–June 2017			
		Purity				Purity				Purity				Purity				Purity		
	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	12	55.2	18.5	72.5	18	54.0	27.0	70.5	24	64.5	12.0	77.0	7	45.5	40.0	58.5	61	54.0	12.0	77.0
>2 gms	34	39.2	18.5	76.0	25	63.5	20.0	79.0	13	65.0	27.0	77.5	3	63.0	45.5	77.0	75	61.5	18.5	79.0
Total	46	47.2	18.5	76.0	43	59.5	20.0	79.0	37	64.5	12.0	77.5	10	46.5	40.0	77.0	136	55.5	12.0	79.0
AFP																				
<=2 gms	2	46.9	45.9	48.0	–	–	–	–	1	68.4	68.4	68.4	–	–	–	–	3	48.0	45.9	68.4
>2 gms	2	62.4	53.9	71.0	–	–	–	–	3	70.5	36.3	73.8	–	–	–	–	5	70.5	36.3	73.8
Total	4	50.9	45.9	71.0	–	–	–	–	4	69.4	36.3	73.8	–	–	–	–	8	61.1	36.3	73.8
Vic																				
State police																				
<=2 gms	127	16.1	2.9	95.9	85	17.8	9.8	86.7	41	16.7	10.0	85.1	19	16.4	10.7	90.6	272	16.7	2.9	95.9
>2 gms	45	16.8	5.0	82.4	34	31.1	1.8	87.7	12	67.4	13.5	78.2	2	10.6	1.9	19.3	93	18.8	1.8	87.7
Total	172	16.5	2.9	95.9	119	18.8	1.8	87.7	53	17.3	10.0	85.1	21	16.4	1.9	90.6	365	17.0	1.8	95.9
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	4	67.0	65.7	71.3	2	69.7	64.7	74.7	3	71.2	66.7	75.2	1	2.5	2.5	2.5	10	67.0	2.5	75.2
Total	4	67.0	65.7	71.3	2	69.7	64.7	74.7	3	71.2	66.7	75.2	1	2.5	2.5	2.5	10	67.0	2.5	75.2
Qld																				
State police																				
<=2 gms	7	17.6	14.1	59.1	3	21.0	21.0	21.4	9	24.0	5.3	66.2	4	20.7	5.2	67.1	23	21.3	5.2	67.1
>2 gms	1	15.6	15.6	15.6	4	21.1	20.4	22.0	4	33.0	20.7	66.5	5	21.5	5.8	25.1	14	21.4	5.8	66.5
Total	8	16.9	14.1	59.1	7	21.0	20.4	22.0	13	24.0	5.3	66.5	9	21.4	5.2	67.1	37	21.4	5.2	67.1
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
SA																				
State police																				
<=2 gms	4	34.2	33.1	65.2	4	43.3	31.5	74.1	1	35.7	35.7	35.7	2	28.1	25.2	30.9	11	34.7	25.2	74.1
>2 gms	–	–	–	–	–	–	–	–	4	63.2	62.6	64.0	2	34.7	31.9	37.6	6	62.8	31.9	64.0
Total	4	34.2	33.1	65.2	4	43.3	31.5	74.1	5	63.0	35.7	64.0	4	31.4	25.2	37.6	17	37.6	25.2	74.1
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Figures do not represent the purity levels of all heroin seizures–only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of heroin received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of heroin seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 41 (continued): Heroin purity levels: state and territory, by quarter, 2016–17

	July–September 2016				October–December 2016				January–March 2017				April–June 2017				Total July 2016–June 2017			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	6	34.0	32.0	63.0	–	–	–	–	1	68.0	68.0	68.0	–	–	–	–	7	34.0	32.0	68.0
>2 gms	6	62.0	40.0	73.0	13	73.0	58.0	88.0	1	87.0	87.0	87.0	24	71.0	44.0	87.0	44	71.5	40.0	88.0
Total	12	57.5	32.0	73.0	13	73.0	58.0	88.0	2	77.5	68.0	87.0	24	71.0	44.0	87.0	51	71.0	32.0	88.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Figures do not represent the purity levels of all heroin seizures–only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of heroin received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of heroin seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 42: Cocaine purity levels: state and territory, by quarter, 2016–17

	July–September 2016				October–December 2016				January–March 2017				April–June 2017				Total July 2016–June 2017			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	29	48.0	8.5	82.0	33	35.5	13.5	70.0	25	52.5	17.5	83.0	–	–	–	–	87	46.0	8.5	83.0
>2 gms	80	48.7	1.0	86.5	87	60.5	13.5	87.0	35	59.5	4.5	84.5	11	57.5	43.5	86.5	213	55.0	1.0	87.0
Total	109	48.5	1.0	86.5	120	51.7	13.5	87.0	60	55.5	4.5	84.5	11	57.5	43.5	86.5	300	51.5	1.0	87.0
AFP																				
<=2 gms	4	74.6	65.5	84.4	4	77.4	26.2	82.6	4	73.5	57.5	77.5	3	67.2	56.5	81.3	15	74.3	26.2	84.4
>2 gms	22	69.2	27.3	81.2	15	74.6	46.4	84.8	12	70.2	7.3	80.6	9	75.1	10.0	82.7	58	71.2	7.3	84.8
Total	26	69.6	27.3	84.4	19	74.9	26.2	84.8	16	70.6	7.3	80.6	12	71.1	10.0	82.7	73	72.8	7.3	84.8
Vic																				
State police																				
<=2 gms	66	44.0	5.8	97.5	60	48.2	6.5	99.6	33	40.3	13.4	86.6	8	55.1	20.8	87.6	167	47.7	5.8	99.6
>2 gms	26	36.9	11.1	94.3	51	60.0	7.2	94.5	13	48.1	8.4	83.4	7	53.0	38.1	62.9	97	52.0	7.2	94.5
Total	92	40.4	5.8	97.5	111	53.5	6.5	99.6	46	43.0	8.4	86.6	15	53.0	20.8	87.6	264	48.4	5.8	99.6
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	1	59.1	59.1	59.1	1	45.2	45.2	45.2	2	52.1	45.2	59.1
>2 gms	4	75.7	66.6	82.3	10	80.9	70.0	84.2	5	82.5	25.5	85.8	5	75.4	69.0	81.7	24	80.2	25.5	85.8
Total	4	75.7	66.6	82.3	10	80.9	70.0	84.2	6	74.2	25.5	85.8	6	74.1	45.2	81.7	26	80.0	25.5	85.8
Qld																				
State police																				
<=2 gms	7	34.1	30.7	65.6	73	29.9	3.8	74.5	40	38.7	11.7	78.0	88	22.0	10.3	75.7	208	28.5	3.8	78.0
>2 gms	4	50.5	30.5	65.2	21	30.8	9.5	77.4	46	63.4	0.2	78.9	22	42.0	11.0	78.2	93	60.5	0.2	78.9
Total	11	34.3	30.5	65.6	94	30.0	3.8	77.4	86	58.3	0.2	78.9	110	22.1	10.3	78.2	301	33.2	0.2	78.9
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	1	67.1	67.1	67.1	–	–	–	–	1	67.1	67.1	67.1
>2 gms	1	83.2	83.2	83.2	1	83.6	83.6	83.6	2	56.3	34.8	77.8	2	44.6	21.1	68.2	6	73.0	21.1	83.6
Total	1	83.2	83.2	83.2	1	83.6	83.6	83.6	3	67.1	34.8	77.8	2	44.6	21.1	68.2	7	68.2	21.1	83.6
SA																				
State police																				
<=2 gms	13	51.0	22.0	79.6	6	35.7	17.0	83.8	–	–	–	–	–	–	–	–	19	50.7	17.0	83.8
>2 gms	8	60.7	51.2	71.5	14	37.2	25.7	71.5	2	76.4	68.6	84.1	–	–	–	–	24	54.7	25.7	84.1
Total	21	53.2	22.0	79.6	20	35.7	17.0	83.8	2	76.4	68.6	84.1	–	–	–	–	43	51.2	17.0	84.1
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	2	81.7	81.3	82.2	–	–	–	–	–	–	–	–	2	81.7	81.3	82.2
Total	–	–	–	–	2	81.7	81.3	82.2	–	–	–	–	–	–	–	–	2	81.7	81.3	82.2

Figures do not represent the purity levels of all cocaine seizures–only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of cocaine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Criminal Intelligence Commission and state/territory police.

TABLE 42 (continued): Cocaine purity levels: state and territory, by quarter, 2016–17

	July–September 2016				October–December 2016				January–March 2017				April–June 2017				Total July 2016–June 2017			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	–	–	–	–	3	33.0	18.0	74.0	9	61.0	51.0	70.0	2	56.5	54.0	59.0	14	59.5	18.0	74.0
>2 gms	9	21.0	8.0	52.0	19	72.0	25.0	79.0	23	79.0	24.0	89.0	5	42.0	29.0	55.0	56	64.5	8.0	89.0
Total	9	21.0	8.0	52.0	22	71.5	18.0	79.0	32	69.0	24.0	89.0	7	43.0	29.0	59.0	70	60.5	8.0	89.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	4	61.4	56.7	68.6	2	76.0	70.3	81.7	–	–	–	–	–	–	–	–	6	66.9	56.7	81.7
Total	4	61.4	56.7	68.6	2	76.0	70.3	81.7	–	–	–	–	–	–	–	–	6	66.9	56.7	81.7
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	1	66.2	66.2	66.2	–	–	–	–	–	–	–	–	1	66.2	66.2	66.2
Total	–	–	–	–	1	66.2	66.2	66.2	–	–	–	–	–	–	–	–	1	66.2	66.2	66.2
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Figures do not represent the purity levels of all cocaine seizures–only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of cocaine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

PRICE TABLES

TABLE 43: Amphetamine prices by state and territory, 2016–17 ($)

Weight	NSW	Vic	Qld	SA[a]	WA	Tas	NT[b]	ACT
1 street deal (0.1 gram)	na	na	na	na	100–500	50	na	na
0.7 gram	na	na	na	na	na	na	na	na
1 weight gram	na	na	na	na	na	300	na	200
2 grams	na	na	na	na	na	na	na	na
3 grams	na	na	na	na	na	na	na	na
8 ball (3.5 grams; i.e. 1/8 ounce)	na	na	na	na	2 400	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	na	na	na
1 ounce	na	na	na	na	7 500–8 000	4 000–5 000	na	na
1 pound	na	na	na	na	na	na	na	na
1 kilogram	na	na	na	na	na	na	na	na

a. South Australia Police has not provided prices for amphetamine as this is believed to no longer have a market in South Australia.
b. Prices reported for the Northern Territory reflect urban pricing. It is not uncommon for prices in Indigenous communities to be considerably higher than those reported in urban locations.

TABLE 44: MDMA prices by state and territory, 2016–17 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
1 tablet/capsule	15–45	20–30	20–40	20	4–50	40–50	30–50	20–25
2–24 tablets/capsules (per tab)	18–30	na	20–35	na	42	30–40	15–30	na
25–99 tablets/capsules (per tab)	13–25	na	15–20	na	na	25–30	10–15	na
100–999 tablets/capsules (per tab)	7–14	8	13–20	na	na	20–25	na	na
1 000+ tablets/capsules (per tab)	na	6–8	8–18	4.5	na	15–20	na	na
1 gram	100–500	na	150–300	150	96	300	na	na
8 ball (3.5 grams; i.e. 1/8 ounce)	na	na	600–900	na	620	na	na	400–500
1/2 ounce	na	na	3 300	na	na	na	na	na
1 kilogram	37 000–44 000	30 000–50 000	60 000	45 000	na	na	na	na

a. Prices reported for the Northern Territory reflect urban pricing. It is not uncommon for prices in Indigenous communities to be considerably higher than those reported in urban locations.

TABLE 45: Methylamphetamine prices by state and territory, 2016–17 ($)

Weight	NSW	Vic	Qld	SA[a]	WA	Tas	NT[b]	ACT
Crystal form ('ice')								
1 street deal (0.1 gram)	30–150	na	50–100	50	17–100	100	100–150	50–100
0.7 gram	na	na	na	na	na	na	na	na
1 weight gram	250–600	na	300–1 000	400	300–700	500	600–1 000	na
Half 8 ball (1.75 grams)	na	na	na	450	312–750	750	800–1 000	400–600
2 grams	na	na	na	na	na	na	na	na
3 grams	na	na	na	na	na	na	na	na
8 ball (3.5 gram; i.e. 1/8 ounce)	600–1 200	800–1 300	750–2500	700	625–1 700	1 000–1 200	1 500–2 500	850–1 200
1/4 ounce	na	na	1 200–3 400	na	1 100–1 900	na	na	1 250–1 500
1 vial (1/2 ounce)	na	na	na	na	2 000–4 200	na	na	na
1 ounce (street deal)	na	na	na	na	na	na	na	na
1 ounce	3 000–6 000	3 200–5 500	3 000–11 500	4 000	2 500–10 000	8 000	8 000–15 000	3 200–6 000
1 pound	na	50 000–80 000	70 000–120 000	na	na	na	na	na
1 kilogram	80 000–140 000	80 000–130 000	120 000–280 000	50 000–140 000	95 000–170 000	na	100 000–120 000	85 000–105 000
Non-crystal form								
Powder/paste/base								
1 street deal (0.1 gram)	na	na	50–100	na	na	na	na	na
0.7 gram	na	na	na	na	na	na	na	na
1 weight gram	na	na	300–1 000	na	na	na	na	na
2 grams	na	na	na	na	na	na	na	na
3 grams	na	na	na	na	na	na	na	na
8 ball (3.5 gram; i.e. 1/8 ounce)	na	na	750–2 500	na	na	na	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	na	na	na
1 ounce	na	na	3 000–11 500	na	na	na	na	na
1 pound	na	na	45 000–90 000	na	na	na	na	na
1 kilogram	na	na	na	na	na	na	na	na
Meth oil								
1 litre	na	na	140 000	na	na	na	na	na

a. South Australia Police has not provided prices for non-crystal methylamphetamine as this is believed to no longer have a market in South Australia.
b. Prices reported for the Northern Territory reflect urban pricing. It is not uncommon for prices in Indigenous communities to be considerably higher than those reported in urban locations.

TABLE 46: Cannabis prices by state and territory, 2016–17 ($)

Weight	NSW	Vic	Qld	SA[a]	WA	Tas	NT[b]	ACT
Bush								
Leaf								
Deal (1 gram approx.)	na	na	na	na	30–50	na	30–50	na
1/2 bag (14 grams)	na	na	na	na	160–200	na	200–250	na
Ounce bag (28 grams)	na	na	na	na	250–500	na	350–450	na
1 pound	na	na	na	na	360–5 000	na	4 500–5 500	na
1 kilogram	na	na	na	na	na	na	na	na
Head								
Deal (1 gram approx.)	10–20	na	na	na	na	25	na	na
1/2 bag (14 grams)	na	na	na	na	na	130	na	na
Ounce bag (28 grams)	250–320	na	na	na	na	250	na	na
1 pound	2 200–3 800	na	na	na	na	2 500–3 000	na	na
1 kilogram	na	na	na	na	na	na	na	na
1 mature plant	1 000–2 000	na	na	na	na	na	na	na
Hydroponic								
Leaf								
Deal (1 gram approx.)	na	na	na	na	12.5	na	30–50	na
1/2 bag (14 grams)	na	na	na	na	na	na	200–250	na
Ounce bag (28 grams)	na	na	na	na	300–350	na	350–450	na
1 pound	na	na	na	na	3 000	na	4 500–5 500	na
1 kilogram	na	na	na	na	na	na	na	na
Head								
Deal (1 gram approx.)	10–20	20	25–50	25	na	25	30–50	20
1/2 bag (14 grams)	na	140–200	na	120	na	150	200–250	na
Ounce bag (28 grams)	250–320	300	200–450	220	na	300	350–450	na
1 pound	2 200–3 800	2 000–2 500	1 800–5 000	2 600	na	3 000–4 000	4 500–5 500	3 000
1 kilogram	na	na	na	na	na	na	na	na
1 mature plant	2 000–5 000	na	5 000	na	na	na	na	na
Resin								
Deal (1 gram approx.)	40–50	na	25–50	na	na	na	na	na
Oil								
Cap/vial	na	na	50	na	na	na	na	na

a. South Australia Police has not provided prices for cannabis 'leaf' as this is believed to no longer have a market in South Australia–only 'head' is sold. A 'deal of hydroponic head' quantity is 2–3 grams in South Australia.
b. Prices reported for the Northern Territory reflect urban pricing. It is not uncommon for prices in Indigenous communities to be considerably higher than those reported in urban locations.

TABLE 47: Heroin prices by state and territory, 2016–17 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Half point (0.05 gram)	50–100	na	na	na	na	50	na	na
1 taste/cap (0.1–0.3 gram)	100–200	na	50–110	50	100	100	na	100
1/4 gram	na	na	100–250	na	na	na	na	80–90
1/2 weight (0.4–0.6 gram)	100–300	240	na	200	na	na	na	150
1 street weight (0.6–0.8 gram)	na	na	na	na	na	na	na	na
1 gram	400–700	na	300–700	na	100–600	500	na	na
8 ball (3.5 grams; i.e. 1/8 ounce)	900–1 200	1 200–1 400	750–2 000	na	1 200–1 500	1 000–1 200	na	900–1 050
10 gram bag	na	na	na	na	na	na	na	na
1/2 ounce	na	na	3 000–6 000	na	na	na	na	na
1 ounce	na	9 500	5 000–11 500	na	10 000	na	na	5 500–9 500
1/2 Asian catti (350 grams)	na	110 000–140 000	70 000–120 000	na	na	na	na	na
12.5 ounce block	na	na	na	na	na	na	na	na
1 pound	na	na	na	na	na	na	na	na
Asian catti (700 grams)	na	na	na	na	na	na	na	na
1 kilogram	na	na	na	na	na	na	na	na

TABLE 48: Cocaine prices by state and territory, 2016–17 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
1 cap	50–350	50–100	50-130	na	50	50	na	na
1 gram	200–600	300–400	350–600	330	350	300–500	350–400	300–350
8 ball (3.5 grams; i.e. 1/8 ounce)	1 000–1 350	na	na	900	900–2 800	1 000–1 200	1 200–1 500	1 000–1 200
1/4 ounce	na	na	na	na	2 250	na	na	na
1 ounce	6 000–7 500	8 000–11 000	4 500–8 000	8 000	8 000–12 000	8 000	7 000	5 000–8 000
1 pound	na	na	na	na	na	na	na	na
1 kilogram	185 000–280 000	180 000–220 000	200 000–300 000	na	na	na	na	na

a. Prices reported for the Northern Territory reflect urban pricing. It is not uncommon for prices in Indigenous communities to be considerably higher than those reported in urban locations.

TABLE 49: Other drugs prices by state and territory, 2016–17 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
LSD								
1–9 tabs (ddu[a])	8–50	na	10–25	na	na	10–20	30–50	15
10–100 tabs (ddu)	20–30	na	na	na	35–45	na	na	na
101–999 tabs (ddu)	na	na	800	na	na	na	na	na
1000+ tabs (ddu)	na	na	na	na	17	na	na	na
1 x 20 millilitre vial	na	na	800	na	na	40	na	na
Ketamine								
Tablet	na	na	50	na	na	na	na	na
Powder (1 gram)	200	na	150–180	na	na	na	na	na
Vial (5–10 millilitres)	na	na	na	na	na	na	na	na
GHB/GBL/1,4-butanediol								
1–1.5 millilitres	na	na	4–8	4	na	na	na	na
4–5 millilitres (fish)	na	10–15	10–20	na	na	na	na	na
10–15 millilitres	na	na	na	na	na	na	na	na
50 millilitres	na	na	250	na	na	na	na	na
100 millilitres	na	na	100–200	na	na	na	na	na
Bulk	na	na	na	na	na	na	na	na
1 litre	2 000–2 800	800–1 200	1 000–3 000	1 500–3 000	na	na	na	na
25 litres	na	15 000–18 000	na	na	na	na	na	na
GHB								
Serve/4 milligrams	na	na	na	na	na	na	na	na
Vial	na	na	na	na	na	na	na	na
8 serves/32 milligrams	na	na	na	na	na	na	na	na
Opioid pharmaceuticals								
Per milligram	na	na	na	na	na	1	na	na
Per tablet	na	na	na	na	na	na	na	na
OxyContin (per tablet)	10–130[b]	na	10–20	na	na	na	na	na
OxyContin (60 milligram tablet)	na	na	20–40	na	na	60	50	na
OxyContin (80 milligram tablet)	na	na	na	na	na	na	na	na
OxyContin (100 milligram tablet)	na	na	30–150	na	na	100	100	na
OxyContin (200 milligram tablet)	na	na	na	na	na	na	na	na
OxyContin (1 box)	na	na	2 800	na	na	na	na	na
MS Contin								
1 milligram	na	na	na	na	na	1	na	na
Per tablet	na	na	30	na	na	na	na	na
60 milligram tablet	na	na	20–60	na	na	60	50	na
100 milligram tablet	na	na	30–100	na	na	100	100	na
Kapanol (per tablet)	na	na	na	na	na	na	na	na
Buprenorphine (2 milligram tablet)	na	na	na	na	na	300	na	na
Buprenorphine (8 milligram tablet)	na	na	na	na	na	500	na	na
Fentanyl (1 microgram tablet)	na	na	na	na	na	100	na	na
Fentanyl (1 x 100 microgram patch)	50–400[b]	na	na	na	na	na	na	na
Morphine (per tablet)	na	na	na	60–70	na	na	na	na
Psilocybin								
1 gram	na	na	na	na	na	na	na	na

a. Discrete dosage units (ddu).

b. Price affected by dosage size.

TABLE 49 (continued): Other drugs prices by state and territory, 2016–17 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Benzodiazepine pharmaceuticals								
Per milligram	na	na	1	na	na	1	na	na
Per tablet	na	na	25	10–15	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)	na	na	na	na	na	na	na	na
Precursors								
Ephedrine								
1 kilogram	na	na	25 000–60 000	na	na	na	na	na
Pseudoephedrine								
Box	na	na	50–250	na	na	50	100	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)	na	na	25 000–60 000	na	na	na	na	na
Hypophosphorous acid								
50 millilitres	na	na	na	na	na	na	na	na
1 litre	na	na	1 200–3 000	na	na	na	na	na
Iodine								
1 gram	na	na	0.4–1	na	na	na	na	na
100 grams	na	na	40–100	na	na	na	na	na
1 kilogram	na	na	300–1 000	na	na	na	na	na
Analogues								
4MMC per tablet/capsule	na	na	na	na	na	30–40	na	na
4MMC (1 milligram)	na	na	na	na	na	na	na	na
MDPV								
1 tablet/capsule	na	na	na	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
1 point	na	na	na	na	na	30–40	na	na
1 milligram	na	na	na	na	na	na	na	na
1 ounce	na	na	na	na	na	na	na	na
N-Benzylpiperazine (BZP)								
1 tablet	na	na	na	na	na	na	na	na

TABLE 49 (continued): Other drugs prices by state and territory, 2016–17 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Synthetic cannabinoids								
1.5 grams	na	na	30–50	na	na	na	na	na
3 grams	na	na	50–95	na	na	65	na	35
7 grams	na	na	100–140	na	na	130	na	na
14 grams	na	na	150–240	na	na	na	na	na
Ounce	na	na	300–400	na	na	na	na	na
Other								
Methadone 30 millilitres	na	na	na	na	na	na	na	na
Sildenafil (per tablet)	na	na	15	95[a]	na	50–100	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	130–230	na	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	na	3 600	na	na	na	na	na
50 x 10 millilitre vial	na	na	na	na	na	na	na	na
Deca-durabolin 200 milligrams								
1 x 10 millilitre vial	na	na	230	na	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 compounds)								
1 x 10 millilitre vial	na	na	200	na	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	200	na	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	na	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	na	na	na	na	na	na
30 millilitres	na	na	160	na	na	na	na	na

a. This price reflects the price paid for four tables in South Australia, not the individual tablet price.

APPENDIX

APPENDIX 1

SIGNIFICANT BORDER DETECTIONS IN 2016–17
(SOURCE: DEPARTMENT OF HOME AFFAIRS)

ATS

Significant border detections of ATS (excluding MDMA) in 2016–17 include:

- 500.0 kilograms of crystal methylamphetamine detected via sea cargo from the United States (US)
- 135.0 kilograms of methylamphetamine detected via air cargo from China
- 104.0 kilograms of crystal methylamphetamine detected via sea cargo from South Africa
- 16.0 kilograms of crystal methylamphetamine detected via air cargo from Taiwan
- 10.0 kilograms of methylamphetamine detected via parcel post from the US.

These 5 detections have a combined weight of 765.0 kilograms and account for 41.7 per cent of the total weight of ATS (excluding MDMA) detected at the Australian border in 2016–17.

Significant border detections of MDMA in 2016–17 include:

- 360.0 kilograms detected via air cargo from Germany
- 5.0 kilograms detected via international mail from Germany
- 5.0 kilograms detected via international from Germany
- 4.5 kilograms detected via international mail from the Netherlands
- 4.2 kilograms detected via air cargo from France.

These 5 detections have a combined weight of 378.7 kilograms and account for 42.5 per cent of the total weight of MDMA detected at the Australian border in 2016–17.

CANNABIS

Significant border detections of cannabis in 2016–17 include:

- 36.3 kilograms of cannabis detected via air cargo from the US
- 5.1 kilograms of cannabis detected via international mail from China
- 3.4 kilograms of cannabis detected via international mail from the US
- 3.0 kilograms of cannabis detected via international mail from Iran
- 2.7 kilograms of cannabis detected via international mail from the United Kingdom (UK).

These 5 detections have a combined weight of 50.5 kilograms and account for 49.3 per cent of the total weight of cannabis detected at the Australian border in 2016–17.

HEROIN

Significant border detections of heroin in 2016–17 include:

- 24.8 kilograms of heroin detected via air passengers from Malaysia
- 24.4 kilograms of heroin detected via air passengers from Malaysia
- 23.0 kilograms of heroin detected via air passengers from Malaysia
- 6.0 kilograms of heroin detected via international mail from Malaysia
- 6.0 kilograms of heroin detected via international mail from Malaysia.

These 5 detections have a combined weight of 84.2 kilograms and account for 41.8 per cent of the total weight of heroin detected at the Australian border in 2016–17.

COCAINE

Significant border detections of cocaine in 2016–17 include:

- 254.0 kilograms of cocaine detected via sea cargo from South Africa
- 153.0 kilograms of cocaine detected via air cargo from the US
- 50.0 kilograms of cocaine detected via air cargo from Canada
- 37.0 kilograms of cocaine detected via air cargo from the UK
- 25.0 kilograms of cocaine detected via air cargo from Mexico.

These 5 detections have a combined weight of 519.0 kilograms and account for 46.8 per cent of the total weight of cocaine detected at the Australian border in 2016–17.

PRECURSORS

Significant border detections of ATS (excluding MDMA) precursors in 2016–17 include:

- 225.0 kilograms of phenylacetic acid detected via air cargo from China
- 194.0 kilograms of PSE detected via sea cargo from Vietnam
- 16.0 kilograms of Eph detected via air cargo from Hong Kong
- 15.1 kilograms of Eph detected via international mail from China
- 15.0 kilograms of Eph detected via international mail from Hong Kong.

These 5 detections have a combined weight of 465.1 kilograms and account for 29.4 per cent of the total weight of ATS (excluding MDMA) precursors detected at the Australian border in 2016–17.

Significant border detections of MDMA precursors in 2016–17 include:

- 10.0 kilograms of piperonal detected via air cargo from France
- 0.15 kilograms of MDP-2-P detected via international mail from Spain
- 0.03 kilograms of MDP-2-P detected via international mail from Spain
- 0.001 kilograms of piperonal detected via international mail from the Netherlands.

These 4 detections have a combined weight of 10.1 kilograms and account for 100.0 per cent of the total weight of MDMA precursors detected at the Australian border in 2016–17.

APPENDIX 2

ENIPID FORENSIC PROFILING DATA

(SOURCE: AUSTRALIAN FEDERAL POLICE, FORENSIC DRUG INTELLIGENCE)

TABLE 1: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional samples, classified by precursor, 2011–June 2017

		Synthetic Route			
Year	Jurisdiction	Eph/PSE %	P2P %	Mixed Unclassified %	Total %
Jan–Jun 2017	ACT	–	–	–	–
	NSW	64.8	9.3	13.0	**87.1**
	NT	–	–	–	–
	Qld	–	–	–	–
	SA	7.4	–	–	**7.4**
	Vic	1.9	–	1.8	**3.7**
	WA	1.8	–	–	**1.8**
Total		**75.9**	**9.3**	**14.8**	**100**
2016	ACT	2.8	–	0.1	**2.9**
	NSW	25.2	1.7	3.5	**30.4**
	NT	7.4	0.2	0.4	**8.0**
	Qld	–	–	–	–
	SA	10.4	0.8	3.2	**14.4**
	Tas	0.2	–	–	**0.2**
	Vic	11.8	0.9	1.1	**13.8**
	WA	28.2	1.1	1.0	**30.3**
Total		**86.0**	**4.7**	**9.3**	**100**
2015	ACT	1.1	–	–	**1.1**
	NSW	30.5	2.3	2.0	**34.8**
	NT	5.1	0.5	–	**5.6**
	Qld	–	–	–	–
	SA	6.8	0.6	1.0	**8.4**
	Tas	0.1	–	–	**0.1**
	Vic	10.2	0.1	0.4	**10.7**
	WA	34.9	1.9	2.5	**39.3**
Total		**88.7**	**5.4**	**5.9**	**100**

TABLE 1: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional samples, classified by precursor, 2011–June 2017 (continued)

		Synthetic Route			
Year	Jurisdiction	Eph/PSE %	P2P %	Mixed Unclassified %	Total %
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**
	Tas	0.8	–	0.5	**1.3**
	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 2: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional cases, classified by precursor, 2011–June 2017

		Synthetic Route			
Year	Jurisdiction	Eph/PSE %	P2P %	Mixed/ Unclassified %	Total %
Jan–Jun 2017	ACT	–	–	–	–
	NSW	54.8	9.7	16.1	**80.6**
	NT	–	–	–	–
	Qld	–	–	–	–
	SA	9.8	–	–	**9.8**
	Vic	3.2	–	3.2	**6.4**
	WA	3.2	–	–	**3.2**
Total		**71.0**	**9.7**	**19.3**	**100**
2016	ACT	2.7	–	0.1	**2.8**
	NSW	25.6	2.1	3.8	**31.5**
	NT	4.9	–	–	**4.9**
	Qld	–	–	–	–
	SA	13.5	0.8	3.3	**17.6**
	Tas	0.3	–	–	**0.3**
	Vic	12.8	0.8	1.1	**14.7**
	WA	26.4	0.8	1.0	**28.2**
Total		**86.2**	**4.5**	**9.3**	**100**
2015	ACT	1.8	–	–	**1.8**
	NSW	31.2	2.2	3.4	**36.8**
	NT	4.8	0.4	–	**5.2**
	Qld	–	–	–	–
	SA	8.9	0.7	1.1	**10.7**
	Vic	11.3	–	0.6	**11.9**
	WA	29.1	0.7	3.8	**33.6**
Total		**87.1**	**4.0**	**8.9**	**100**
2014	NSW	31.0	3.6	4.6	**39.2**
	NT	4.6	0.6	0.8	**6.0**
	Qld	–	–	0.2	**0.2**
	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**
2013	NSW	33.9	4.6	1.7	**40.2**
	NT	4.6	0.4	1.7	**6.7**
	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**

TABLE 2: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional cases, classified by precursor, 2011–June 2017 (continued)

		Synthetic Route			
Year	Jurisdiction	Eph/PSE %	P2P %	Mixed/ Unclassified %	Total %
2012	ACT	3.5	–	–	**3.5**
	NSW	41.3	0.5	5.5	**47.3**
	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**
2011	NSW	13.5	1.8	4.5	**19.8**
	NT	8.1	1.0	–	**9.1**
	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.

TABLE 3: Synthetic route of manufacture of MDMA ENIPID samples as a proportion of analysed jurisdictional samples, 2011–2016[1]

		Reductive Amination							
Year	Jurisdiction	Unclassified %	Aluminium Amalgam %	Borohydride %	Leuckart %	Palladium Hydrogenation %	Platinum Hydrogenation %	Mixed/ Unclass %	Total %
2016	ACT	1.4	–	–	–	–	1.0	–	**2.4**
	NSW	13.5	1.3	1.3	1.0	–	10.8	–	**27.9**
	NT	5.7	–	0.7	0.3	–	8.4	–	**15.1**
	Qld	–	–	–	–	–	–	–	–
	SA	2.4	0.3	3.7	–	–	0.7	–	**7.1**
	Tas	1.7	–	–	–	–	–	–	**1.7**
	Vic	5.4	0.7	3.0	–	–	4.4	1.3	**14.8**
	WA	23.2	–	7.1	–	–	0.7	–	**31.0**
	Total	**53.5**	**2.3**	**15.8**	**1.3**	**–**	**26.0**	**1.3**	**100**
2015	ACT	–	–	–	–	–	1.8	–	**1.8**
	NSW	4.0	4.0	1.8	–	–	24.3	0.7	**34.8**
	NT	0.4	0.7	–	–	–	4.0	–	**5.1**
	Qld	–	–	–	–	–	–	–	–
	SA	1.1	0.7	0.7	–	–	5.5	–	**8.0**
	Tas	–	–	–	–	–	–	–	–
	Vic	6.9	1.1	0.7	–	1.8	14.1	–	**24.6**
	WA	1.8	2.5	0.7	–	–	19.6	1.1	**25.7**
	Total	**14.2**	**9.0**	**3.9**	**–**	**1.8**	**69.3**	**1.8**	**100**

1 Please note from November 2016, MDMA is no longer routinely chemically profiled due to changes in the Memorandum of Understanding (MoU) for the provision of illicit drug analysis between the NMI and AFP.

TABLE 3: Synthetic route of manufacture of MDMA ENIPID samples as a proportion of analysed jurisdictional samples, 2011–2016[2] (continued)

Year	Jurisdiction	Reductive Amination							
		Unclassified %	Aluminium Amalgam %	Borohydride %	Leuckart %	Palladium Hydrogenation %	Platinum Hydrogenation %	Mixed/ Unclass %	Total %
2014	ACT	–	0.9	–	–	–	–	–	**0.9**
	NSW	1.8	5.0	2.3	–	–	13.2	1.4	**23.7**
	NT	–	–	–	–	–	3.6	–	**3.6**
	Qld	–	–	–	–	–	3.6	–	**3.6**
	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**
2013	NSW	8.0	6.7	–	–	1.3	21.3	–	**37.3**
	NT	1.3	–	–	–	–	–	–	**1.3**
	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**
2012	ACT	–	2.7	1.3	–	–	1.3	–	**5.3**
	NSW	10.7	14.7	16.0	–	–	24.0	–	**65.4**
	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**
2011	NSW	15.4	–	–	–	–	15.4	–	**30.8**
	NT	15.4	–	–	–	–	15.4	–	**30.8**
	WA	–	30.8	7.6	–	–	–	–	**38.4**
	Total	**30.8**	**30.8**	**7.6**	–	–	**30.8**	–	**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.

2 Please note from November 2016, MDMA is no longer routinely chemically profiled due to changes in the Memorandum of Understanding (MoU) for the provision of illicit drug analysis between the NMI and AFP.

TABLE 4: Synthetic route of manufacture of MDMA ENIPID samples as a proportion of analysed jurisdictional cases, 2011–2016[3]

Year	Jurisdiction	Reductive Amination							
		Unclassified %	Aluminium Amalgam %	Borohydride %	Leuckart %	Palladium Hydrogenation %	Platinum Hydrogenation %	Mixed/ Unclass %	Total %
2016	ACT	1.9	–	–	–	–	0.7	–	**2.6**
	NSW	13.7	–	1.3	0.7	–	12.4	4.6	**32.7**
	NT	3.3	–	0.7	0.7	–	1.9	0.6	**7.2**
	Qld	–	–	–	–	–	–	–	**–**
	SA	3.3	0.7	4.6	–	–	1.3	–	**9.9**
	Tas	1.9	–	–	–	–	–	–	**1.9**
	Vic	7.8	1.3	1.9	–	–	3.3	2.6	**16.9**
	WA	21.6	–	5.2	–	–	0.7	1.3	**28.8**
	Total	**53.5**	**2.0**	**13.7**	1.4	**–**	**20.3**	**9.1**	**100**
2015	ACT	–	–	–	–	–	2.5	–	**2.5**
	NSW	5.1	5.7	1.9	–	–	22.8	3.8	**39.3**
	NT	0.6	0.6	–	–	–	5.1	–	**6.3**
	Qld	–	–	–	–	–	–	–	**–**
	SA	1.9	0.6	0.6	–	–	5.1	0.6	**8.8**
	Tas	–	–	–	–	–	–	–	**–**
	Vic	1.9	–	0.6	–	0.6	8.9	4.5	**16.5**
	WA	1.9	3.2	0.6	–	–	19.0	1.9	**26.6**
	Total	**11.4**	**10.1**	**3.7**	**–**	**0.6**	**63.4**	**10.8**	**100**
2014	ACT	–	0.7	–	–	–	–	–	**0.7**
	NSW	2.6	3.3	0.7	–	–	17.8	2.0	**26.4**
	NT	–	–	–	–	–	3.9	–	**3.9**
	Qld	–	–	–	–	–	5.3	–	**5.3**
	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**
2013	NSW	7.9	6.3	–	–	1.6	20.7	1.6	**38.1**
	NT	1.6	–	–	–	–	–	–	**1.6**
	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**
2012	ACT	–	1.9	–	–	–	–	1.9	**3.8**
	NSW	9.6	13.5	15.4	–	–	21.2	9.6	**69.3**
	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**
2011	NSW	25.0	–	–	–	–	25.0	–	**50.0**
	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.

3 Please note from November 2016, MDMA is no longer routinely chemically profiled due to changes in the MoU for the provision of illicit drug analysis between the NMI and AFP.

TABLE 5: Geographical origin of heroin ENIPID samples as a proportion of analysed jurisdictional samples, 2011–June 2017 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Geographical origin			
Year	Jurisdiction	South-East Asia %	South-West Asia %	Mixed/ Unclassified %	Total %
Jan– Jun 2017	NSW	27.2	45.5	–	**72.7**
	SA	9.1	–	–	**9.1**
	Vic	18.2	–	–	**18.2**
Total		**54.5**	**45.5**	**–**	**100**
2016	ACT	4.9	2.5	–	**7.4**
	NSW	24.7	1.2	–	**25.9**
	NT	1.2	–	–	**1.2**
	SA	6.2	–	–	**6.2**
	Vic	37.1	1.2	1.2	**39.5**
	WA	19.8	–	–	**19.8**
Total		**93.9**	**4.9**	**1.2**	**100**
2015	ACT	7.2	–	–	**7.2**
	NSW	36.1	4.1	5.2	**45.4**
	Tas	1.0	–	–	**1.0**
	Vic	38.1	2.1	–	**40.2**
	WA	6.2	–	–	**6.2**
Total		**88.6**	**6.2**	**5.2**	**100**
2014	NSW	47.6	7.2	–	**54.8**
	SA	–	2.4	–	**2.4**
	Vic	–	7.1	–	**7.1**
	WA	35.7	–	–	**35.7**
Total		**80.3**	**16.7**	**–**	**100**
2013	NSW	45.7	–	2.9	**48.6**
	WA	34.3	17.1	–	**51.4**
Total		**80.0**	**17.1**	**2.9**	**100**
2012	ACT	8.5	–	–	**8.5**
	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**
	WA	82.3	–	2.0	**84.3**
Total		**92.1**	**2.0**	**5.9**	**100**

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

TABLE 6: Geographical origin of heroin ENIPID samples as a proportion of analysed jurisdictional cases, 2011–June 2017 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Geographical origin			
Year	Jurisdiction	South-East Asia %	South-West Asia %	Mixed/ Unclassified %	Total %
Jan–Jun 2017	NSW	42.8	28.6	–	**71.4**
	SA	14.3	0.0	–	**14.3**
	Vic	14.3	0.0	–	**14.3**
Total		**71.4**	**28.6**	–	**100**
2016	ACT	4.9	1.6	–	**6.6**
	NSW	31.1	1.6	–	**32.8**
	NT	1.6	–	–	**1.6**
	SA	6.6	–	–	**6.6**
	Vic	36.1	–	3.3	**39.3**
	WA	13.1	–	–	**13.1**
Total		**93.4**	**3.3**	**3.3**	**100**
2015	ACT	3.1	–	–	**3.1**
	NSW	35.4	6.1	6.2	**47.7**
	Tas	1.5	–	–	**1.5**
	Vic	35.4	3.1	–	**38.5**
	WA	9.2	–	–	**9.2**
Total		**84.6**	**9.2**	**6.2**	**100**
2014	NSW	51.7	10.3	–	**62.0**
	SA	–	3.5	–	**3.5**
	Vic	–	3.5	–	**3.5**
	WA	31.0	–	–	**31.0**
Total		**82.7**	**17.3**	–	**100**
2013	NSW	50.0	0.0	5.6	**55.6**
	WA	33.3	11.1	0.0	**44.4**
Total		**83.3**	**11.1**	**5.6**	**100**
2012	ACT	9.4	–	–	**9.4**
	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**
	WA	56.3	–	6.2	**62.5**
Total		**75.1**	**6.2**	**18.7**	**100**

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

TABLE 7: Geographical origin of cocaine ENIPID samples, as a proportion of analysed jurisdictional samples, 2014–June 2017 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Geographical origin				
Year	Jurisdiction	Colombia%	Peru %	Bolivia %	Mixed/ Unclassified%	Total
Jan–Jun 2017	NSW	46.7	–	–	53.3	**100**
Total		**46.7**	**–**	**–**	**53.3**	**100**
2016	ACT	3.5	–	–	0.6	**4.1**
	NSW	47.4	0.6	–	21.4	**69.4**
	NT	2.3	–	–	–	**2.3**
	SA	4.0	–	–	–	**4.0**
	Vic	2.9	–	–	0.6	**3.5**
	WA	6.9	0.6	–	9.2	**16.7**
Total		**67.0**	**1.2**	**–**	**31.8**	**100**
2015	ACT	1.1	–	–	–	**1.1**
	NSW	38.1	16.5	–	15.9	**70.5**
	NT	0.6	–	–	–	**0.6**
	SA	2.8	–	–	–	**2.8**
	Vic	2.8	–	–	3.4	**6.2**
	WA	5.1	8.0	–	5.7	**18.8**
Total		**50.5**	**24.5**	**–**	**25.0**	**100**
2014	NSW	10.0	26.7	–	3.3	**40.0**
	NT	1.7	1.7	–	0.0	**3.3**
	Qld	1.7	3.3	–	0.0	**5.0**
	Vic	10.0	0.0	–	0.0	**10.0**
	WA	30.0	6.7	–	5.0	**41.7**
Total		**53.3**	**38.4**	**–**	**8.3**	**100**

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

TABLE 8: Geographical origin of cocaine ENIPID samples as a proportion of analysed jurisdictional cases, 2014–June 2017 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Geographical origin				
Year	Jurisdiction	Colombia %	Peru %	Bolivia %	Mixed/ Unclassified %	Total
Jan–Jun 2017	NSW	53.9	–	–	46.1	**100**
Total		**53.9**	–	–	**46.1**	**100**
2016	ACT	3.5	–	–	0.9	**4.4**
	NSW	46.5	–	–	26.3	**72.8**
	NT	0.9	–	–	–	**0.9**
	SA	5.2	–	–	–	**5.2**
	Vic	3.5	–	–	0.9	**4.4**
	WA	7.0	0.9	–	4.4	**12.3**
Total		**66.6**	**0.9**	–	**32.5**	**100**
2015	ACT	1.9	–	–	–	**1.9**
	NSW	38.0	14.8	–	20.4	**73.2**
	NT	0.9	–	–	–	**0.9**
	SA	2.8	–	–	–	**2.8**
	Vic	4.6	–	–	4.6	**9.2**
	WA	2.8	0.9	–	8.3	**12.0**
Total		**51.0**	**15.7**	–	**33.3**	**100**
2014	NSW	13.5	13.5	–	5.4	**32.4**
	NT	2.7	2.7	–	0.0	**5.4**
	Qld	2.7	5.4	–	0.0	**8.1**
	Vic	16.2	0.0	–	0.0	**16.2**
	WA	24.3	2.7	–	10.8	**37.8**
Total		**59.4**	**24.3**	–	**16.2**	**100**

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

APPENDIX 3

NATIONAL AND INTERNATIONAL INITIATIVES

This appendix provides an overview of recent law enforcement initiatives related to illicit drugs in Australian states and territories. It also provides an overview of some of the international collaborative initiatives that are also having an impact on the Australian drug market. Contributions to this chapter were provided by state and territory police services and the Australian Federal Police.

NATIONAL

VICTORIA

INITIATIVE

Booze and Drug Bus Replacement Project

DURATION

Ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

Deploy a fleet of 10 new custom-built and fit for purpose Alcohol and Drug Testing Vehicles (four large vehicles and six small vehicles). Replacement of the current fleet (of eight) will benefit the community by improving the visibility and flexibility of road safety enforcement across Victoria.

The first vehicle is contracted for delivery in March 2018, with an additional three large vehicles by June 2018 and the remaining six (smaller) vehicles by March 2019.

INITIATIVE

Expansion of Victoria Police's Forensic Drug Branch

DURATION

2014–15 to 2018–19

MAIN OBJECTIVES AND/OR OUTCOMES

Strengthening the forensic response through building a forensic drug intelligence capability has been the central focus for 2016–17. New drug information reports focussed on drug seizure data and related drug activities have been developed and introduced across Victoria Police to improve understanding and awareness of drugs within Victoria.

Progress on determining a nexus or potential chemical linkage of drug seizures through the introduction of drug profiling methods and testing has also continued. The development of a chemical profile offers a unique new lens in which to view potential relationships between drug seizures which provide a new intelligence perspective for Victorian law enforcement.

QUEENSLAND

INITIATIVE

Reinstatement of the Drug Court

DURATION

February 2018–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

The Drug and Specialist Courts Review was commissioned to develop options for the reinstatement of a drug court in Queensland. The Review was aimed at ensuring options for the reinstated Drug Court are evidence-based, cost-effective and reflect modern best-practice in relation to drug-related offending. The Review also considered how the current suite of court programs might be improved to enhance their operation.

As a result of the review the Queensland Parliament passed the Penalties and Sentences (Drug and Alcohol Treatment Orders) and Other Legislation Amendment Bill in October 2017, which re-established the Drug Court. The Queensland Drug Court became operational in January 2018 and aims to improve outcomes for drug offenders, potentially reducing demand for illicit drugs and the associated harms.

SOUTH AUSTRALIA

INITIATIVE

The National Law Enforcement Methylamphetamine Strategy

DURATION

September 2015–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

South Australia Police is the current sponsor of the National Law Enforcement Methylamphetamine Strategy Group and Response Plan. This strategy was instigated in September 2015 in response to the identified threat of methylamphetamine. The Serious Organised Crime Coordination Committee (SOCCC) determined a national law enforcement strategy should be implemented to encourage and facilitate operational coordination and a nationally-harmonised approach supported and enhanced by local jurisdictional action and strategic plans with oversight by SOCCC. Further coordination is provided by the National Methylamphetamine Strategy Group (NMSG), responsible for developing and managing action/response plans supported by local Joint Management Groups. Operational responses emanating from the response plan are known as Operation VITREUS.

SOUTH AUSTRALIA CONT.

INITIATIVE

Operation Atlas 2016–18

DURATION

Ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

Operation Atlas is a whole of South Australia Police approach to reducing the demand, supply and harm of amphetamine-type stimulants (ATS).

The plan relies on community engagement and working with stakeholders to ensure a coordinated approach to enforcement, safety, intelligence gathering and education regarding ATS. Operation Atlas supports the National Law Enforcement Methylamphetamine Strategy.

INITIATIVE

Remediation of Clandestine Drug Laboratory Sites

DURATION

Ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

The Practice Guidelines for the Management of Clandestine Drug Laboratories under the South Australian Public Health Act 2011 was proclaimed in the South Australian Government Gazette 6 October 2016. This significant body of work, based on national guidelines, was a result of collaboration between SA Health and South Australia Police and allows a coordinated response to address community risks associated with illicit drug production sites.

WESTERN AUSTRALIA

INITIATIVE

Methylamphetamine Enforcement Action Plan (MEAP)

DURATION

1 July 2015–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

The MEAP commenced on 1 July 2015 to reduce the supply of methylamphetamine in Western Australia and enhance the seizure of proceeds derived from the sale of methylamphetamine. The MEAP represents the first strategy to target a specific drug. The initiative includes the establishment of specific methylamphetamine teams and enhanced partnerships with other law enforcement partners.

INITIATIVE

Wastewater Analysis Project (WWA)

DURATION

July 2015–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

In July 2015, the Western Australia Police Force commenced a wastewater analysis project which involves analysing wastewater to provide indicative data on the level of consumption of methylamphetamine within specific catchments of the Perth metropolitan area and selected regional centres.

The project helps inform the MEAP and provides hard data to complement other data/indicators of methylamphetamine use in Western Australia.

INITIATIVE

Drug Transit Route Legislation

DURATION

14 January 2017–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

The *Misuse of Drugs Amendment (Search Powers) Act 2016* amended the *Misuse of Drugs Act 1981* and came into effect by proclamation on 14 January 2017.

These amendments provide additional legislative powers to conduct targeted searches for prohibited drugs, in particular it enables a senior police officer (superintendent or above) to issue 'vehicle' and 'premises' search authorisations. Vehicle search authorisations create geographical areas outside the metropolitan area, where all vehicles and persons can be subject to dog and/or electronic drug detection tests. If positive, searches can be conducted pursuant to the Act. Premises search authorisations create geographical areas over 'delivery businesses', excluding Australia Post, where consigned articles can be subject to dog and/or electronic drug detection tests, and if positive, be opened and examined.

INITIATIVE

Misuse of Drugs Amendment (Methylamphetamine Offences) Act 2017

DURATION

Ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

The *Misuse of Drugs Amendment (Methylamphetamine Offences) Act 2017,* assented to 21 August 2017, amends the *Misuse of Drugs Act 1981* to provide that a drug dealer who is caught with 28 or more grams of methylamphetamine will be subject to a maximum penalty of life imprisonment. This is an increase on the previous maximum penalty of 25 years imprisonment. The amendment also enables unlimited fines to be imposed on drug traffickers. The previous maximum fine was $100 000.

WESTERN AUSTRALIA CONT.

INITIATIVE

Western Australia Police Force—Drug Diversion

DURATION

2004–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

The Western Australia Police Force Drug Diversion policy enables police to use an Other Drug Intervention Requirement (ODIR) instead of prosecuting adult illicit drug consumers. Introduced in 2004, in the first 10 years of the policy, 40 individuals (on average) were diverted each year. In May 2014, changes were made to the policy to make it easier for officers to issue an intervention requirement. Since the policy changes came into effect the number of consumer level drug users given an ODIR increased from 75 in the 2013 calendar year to 562 in the 2016 calendar year. Of the ODIRs issued in 2016, 63 per cent were expiated through treatment.

TASMANIA

INITIATIVE

MXU (Mobile X-ray Unit) National Week of Action

DURATION

1 week (29 May 2017 to 2 June 2017)

MAIN OBJECTIVES AND/OR OUTCOMES

Tasmania Police participated in a national week of action targeting the postal service as a method for importing crystal methylamphetamine.

A total of 26 parcels containing various illicit drugs were seized and two persons charged as a result.

Tasmania Police continue to monitor Australia Post and seize between 40 and 70 suspicious parcels each month.

NORTHERN TERRITORY

INITIATIVE

Compliance Management or Incarceration in the Territory (COMMIT) program

DURATION

June 2016–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

Based on the Hawaii Opportunity Probation and Enforcement (HOPE) program, the COMMIT program began in June 2016 as a sentencing option for adults on suspended sentences. In October 2017 it will be expanded to include parolees.

Investment in the program is to deter those who have been released from prison from reoffending. It offers intensive supervision to provide support and facilitate a smoother transition from prison to community. This includes random drug testing and residential rehabilitation.

$2.1 million has been allocated to the program in the 2017–18 budget under 'Safer Communities—Improving correctional services'.

INTERNATIONAL

INITIATIVE

Taskforce Blaze

DURATION

2 November 2015–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

Taskforce Blaze commenced on 2 November 2015 to investigate organised criminal syndicates responsible for the exportation of crystal methylamphetamine to Australia. It has resulted in the cumulative seizure of over 13 tonnes of illicit drugs and precursor chemicals in China and Australia.

There have been a number of successes for both Australia and China in the fight against transnational organised crime. Since its inception in November 2015, Taskforce Blaze has resulted in approximately 13 482.3 kilograms of drugs and precursors being seized across both countries—7 246.8 kilograms in China (as at 30 June 2017) and 6 235.5 kilograms in Australia (as at 30 June 2017).

INITIATIVE

Taskforce Storm

DURATION

30 May 2016–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

On 30 May 2016, the Australian Federal Police entered into the Joint Taskforce (Narcotics and Transnational Organised Crime) Agreement between the Office of the Narcotics Control Board (ONCB), the Royal Thai Police (RTP), the Department of Special Investigations (DSI) and the Anti-Money Laundering Office (AMLO).

Since its inception in May 2016, Taskforce Storm has resulted in the seizure of approximately 3 053.0 kilograms of drugs—3 005.0 kilograms in Thailand and 48.0 kilograms in Australia as at 11 April 2017.

INITIATIVE

Strikeforce Dragon

DURATION

1 June 2016–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

On 1 June 2016, the Australian Federal Police entered into a Memorandum of Agreement with the Cambodian National Police and the General Department of Immigration on a joint strikeforce arrangement to combat methylamphetamine, primarily crystal methylamphetamine (Strikeforce Dragon).

Strikeforce Dragon is aimed at increased intelligence sharing and targets criminal syndicates involved in trafficking methylamphetamine and money laundering between Cambodia and Australia, with the Australian Federal Police working with the Cambodian National Police and the Cambodian General Department of Immigration.

As a result of the Cambodian Governments current focus on drug suppression, authorities report they recently destroyed more than 126.0 kilograms of confiscated drugs, including crystal methylamphetamine, heroin and ecstasy; with a market value of approximately US$4 million.

Since the inception of Strikeforce Dragon there has been no major drug seizures from Cambodia reported in Australia.

INITIATIVE

Commonwealth Law Enforcement International Engagement Methamphetamine Strategy

DURATION

19 September 2017–ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

The Commonwealth Law Enforcement International Engagement Methamphetamine Strategy was launched on 19 September 2017. The strategy contains a framework to enhance international engagement between Australian Government agencies and regional and global partners on the disruption of illicit drugs into Australia.

Through the implementation of this strategy, the Australian Government will better understand the international environment, enhance law enforcement and border security cooperation, provide more targeted capacity building and capability development and maximise advocacy and political engagement.

Led by the Australian Federal Police, the strategy is the work of a number of Australian national security agencies and other Government departments, including the Attorney-General's Department, Department of Home Affairs, Department of Defence, Department of Foreign Affairs and Trade, Department of Prime Minister and Cabinet, Department of Health, Australian Transaction Reports and Analysis Centre and the Australian Criminal Intelligence Commission.

NOTES