ILLICIT DRUG DATA REPORT 2015–16

AUSTRALIAN CRIMINAL INTELLIGENCE COMMISSION

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ILLICIT DRUG DATA REPORT 2015–16

CEO FOREWORD

CHRIS DAWSON APM

The Australian Criminal Intelligence Commission's annual *Illicit Drug Data Report* is a flagship product which informs Australia's understanding of the illicit drug threat. In its 14th edition, the report contributes to our collective response efforts by providing an authoritative picture of the illicit drug environment in Australia.

The illicit drug market continues to evolve and diversify, presenting new and unique challenges for law enforcement, policymakers and the community. The threat and harm posed by illicit drugs to the Australian community is ever-growing and we need to continue to work collaboratively to combat both the supply and demand for illicit drugs in Australia.

Serious and organised criminals are at the centre of Australia's illicit drug market, motivated by greed, power and profit. We know that serious and organised crime groups continue to generate significant profits from the sale of illicit substances, with the price paid for illicit drugs in Australia among the highest in the world. As such, the importation, manufacture, cultivation and distribution of illicit drugs and related precursors in Australia remain a focal point of Government, law enforcement and intelligence agencies.

Given the transnational nature of serious and organised crime, our relationships with national and international partners are more important than ever before, as we work together to target illicit drug importation, production and distribution.

Serious and organised criminals, as well as other motivated individuals, use various importation streams to circulate illicit drugs. As in previous reporting periods, the international mail stream accounts for the greatest proportion of the number of illicit drug detections at the Australian border, while the importation stream accounting for the greatest proportion of the weight of illicit drugs detected varies across drug type. The international mail stream accounted for the greatest proportion of the weight of MDMA and cocaine detected at the Australian border this reporting period, with the air cargo stream accounting for the greatest proportion of the weight of cannabis and heroin detected and the sea cargo stream accounting for the greatest proportion of the weight of amphetamine-type stimulants (excluding MDMA) detected.

The online environment presents unique challenges for law enforcement. With the ever-expanding variety of goods for sale online, the internet has created a global market for illicit commodities that exploits anonymity and virtual currencies. These transactions can occur anywhere in the world and may be undertaken by serious and organised criminals or other individuals, changing the way illicit drug transactions take place. Drug transactions involving online suppliers in other countries invariably involve delivery through international mail streams, and this contributes to the large number of detections. The online environment has also enabled the creation of online criminal forums and marketplaces (often referred to as 'darknets'), which enable information sharing and the trade of illicit services and commodities, both domestically and internationally.

In 2015–16, new records were set for the greatest number of national illicit drug seizures and arrests. Other records from this reporting period include:

- 39,014 national amphetamine-type stimulant seizures
- 47,625 national amphetamine-type stimulant arrests
- 7,504 cannabis detections at the Australian border
- 61,334 national cannabis seizures
- 79,643 national cannabis arrests
- 2,777 cocaine detections at the Australian border
- 3,951 national cocaine seizures
- 2,592 national cocaine arrests
- 586 GHB, GBL and ketamine detections at the Australian border
- 1,297 national steroid arrests
- the greatest ever weight of hallucinogens seized nationally
- the highest ever number of national hallucinogen arrests
- record numbers of national other and unknown not elsewhere classified drug seizures and arrests.

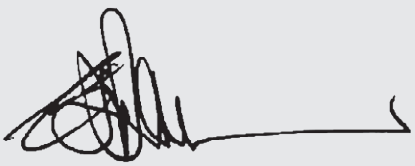
These upward trends not only highlight the continued vigilance of law enforcement in reducing the supply of all illicit drugs; they also highlight why illicit drugs continue to be a concern for law enforcement and the wider community and the ongoing need to reduce demand.

Illicit drug use cannot be addressed by law enforcement alone—a multi-faceted approach is needed. Findings from the *Illicit Drug Data Report*, in conjunction with those of the National Wastewater Drug Monitoring Program, Drug Use Monitoring in Australia and research, including the National Research Centres of Excellence, inform our understanding and assist in focusing our collective efforts to respond to the issue of illicit drugs.

This report brings together illicit drug data from a variety of sources including law enforcement, forensic services, health and academia. Data to inform the *Illicit Drug Data Report 2015–16* was provided by all Australian state and territory police agencies, the Australian Federal Police, the Department of Immigration and Border Protection, Australian Border Force, the Australian Institute of Criminology, forensic laboratories and the Department of Health.

Understanding trends and emerging issues in the illicit drug market, both nationally and at a state and territory level, gives the Australian Criminal Intelligence Commission and our partners an opportunity to shape the response to both demand and supply, particularly in high-use areas. The statistics in the report will inform prioritisation and decision-making as we continue to collectively discover, understand and respond to the threat and harm caused by illicit drugs.

I would like to acknowledge and thank all those who have contributed to this report. Without your valued contributions it would not be possible to understand the complex and evolving illicit drug market in Australia.



Chris Dawson APM
Chief Executive Officer
Australian Criminal Intelligence Commission

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ACKNOWLEDGEMENTS

This report contains data and analysis provide by federal, state and territory police, as well as forensic laboratories and the Department of Immigration and Border Protection.[1] Police and forensic data managers contributed significantly to improving this report's data quality. Their expertise and experience, along with their continued support, have been invaluable to the Australian Criminal Intelligence Commission.

Key contributors are listed below:

- Australian Federal Police
- Australian Federal Police, Forensic Drug Intelligence
- Australian Federal Police, ACT Policing
- Australian Institute of Criminology, Drug Use Monitoring in Australia Program
- ChemCentre
- Department of Health
- Department of Immigration and Border Protection
- 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 Forensic and Scientific Services
- Queensland Police Service
- South Australia Police
- Tasmania Police
- Victoria Police
- Western Australia Police.

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

INTRODUCTION

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

The Australian Criminal Intelligence Commission collects data annually from all state and territory police services, the Australian Federal Police, the Department of Immigration and Border Protection, state and territory forensic laboratories and research centres. The illicit drug data collected and presented in this report for the 2015–16 financial year include:

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

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

The Australian Criminal Intelligence Commission applies the National Illicit Drug Reporting Format (NIDRF) to standardise the arrest, seizure and purity data received from each law enforcement agency and other contributing organisations. The 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 2015–16 report.

EXECUTIVE SUMMARY

The Australian Criminal Intelligence Commission (ACIC) *Illicit Drug Data Report 2015–16* provides a snapshot of the Australian illicit drug market. The report presents illicit drug data from a variety of sources including law enforcement, health and academia. The Illicit Drug Data Report (IDDR) is the only report of its type in Australia and provides an important evidence base to assist decision makers in the development of strategies to combat the threat posed by illicit drugs.

There were numerous instances of record detections at the Australian border this reporting period, with the number of cannabis, cocaine, gamma-butyrolactone (GBL), gamma-hydroxybutyrate (GHB) and ketamine detections in 2015–16 the highest on record. The international mail stream continues to account for the greatest proportion of the number of illicit drug detections at the Australian border, while the importation stream accounting for the greatest proportion of the weight of illicit drugs detected varies across drug type. The sea cargo importation stream accounted for the greatest proportion of the weight of amphetamine-type stimulants (ATS excluding MDMA) detected in 2015–16. The international mail stream accounted for the greatest proportion of the weight of MDMA and cocaine detected this reporting period, with the air cargo stream accounting for the greatest proportion of the weight of cannabis and heroin detected in 2015–16.

The number of national illicit drug seizures has increased 84.7 per cent over the last decade, from 62 496 in 2006–07 to a record 115 421 in 2015–16. The number of illicit drug seizures increased 9.0 per cent this reporting period from the 105 862 reported in 2014–15. This reporting period cannabis accounted for the greatest proportion of the number of national illicit drug seizures, followed by ATS, other and unknown drugs, cocaine and heroin and other opioids.

The weight of illicit drugs seized nationally has increased 78.6 per cent over the last decade, from 11.7 tonnes in 2006–07 to 21.0 tonnes in 2015–16, the fourth highest weight on record. The weight of illicit drugs seized nationally decreased 10.8 per cent this reporting period from the 23.5 tonnes reported in 2014–15. This reporting period ATS accounted for the greatest proportion of the weight of illicit drugs seized nationally, followed by cannabis, other and unknown drugs, cocaine and heroin and other opioids.

The number of national illicit drug arrests has increased 87.6 per cent over the last decade, from 82 389 in 2006–07 to a record 154 538 in 2015–16. National illicit drug arrests increased 15.4 per cent this reporting period from the 133 926 arrests reported in 2014–15. This reporting period cannabis continued to account for the greatest proportion of national illicit drug arrests, followed by ATS, other and unknown drugs, heroin and other opioids and cocaine.

The number of clandestine laboratories detected nationally has increased 61.5 per cent over the last decade, from 356 in 2006–07 to 575 in 2015–16. The number of clandestine laboratories detected nationally decreased 13.8 per cent this reporting period from the 667 laboratory detections in 2014–15. Methylamphetamine remains the main drug produced in laboratories detected nationally. The majority of clandestine laboratories detected in Australia continue to be addict-based and located in residential areas.

Wastewater analysis has become the standard for measuring population-scale consumption of a range of different chemical compounds. 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).[2]

Wastewater analysis conducted in the latter half of 2016 as part of the NWDMP measured the presence of 13 substances across 51 sites nationally.[3] Alcohol and tobacco consumption was the highest of all substances tested in all states and territories. Of the illicit substances, methylamphetamine consumption was highest by some margin. Regional, capital city and national average MDMA consumption levels were almost identical. Cocaine consumption was consistently higher in capital city sites compared to regional sites. Oxycodone consumption in numerous regional sites was well above capital city levels, with the national regional average almost double the national capital and national averages. Consumption of the four new psychoactive substances (JWH-018, JWH-073, mephedrone and methylone) remains small in comparison with traditional illicit drugs.

Within an Australian police detainee population, both the proportion of detainees testing positive for methylamphetamine and the self-reported use of methylamphetamine in the 12 months preceding interview overtook cannabis to become the most commonly detected and reported illicit drug used by police detainees in 2015–16. Over the last decade the proportion of detainees testing positive for MDMA has remained low, with the proportion of detainees self-reporting MDMA use increasing for the second consecutive reporting period in 2015–16. The proportion of detainees testing positive for cannabis and the self-reported use of cannabis in the 12 months preceding interview has remained relatively stable over the last decade. The proportion of detainees testing positive for heroin has almost halved since 2006–07, with the 5.7 per cent reported in 2015–16 the lowest proportion reported in the last decade. The proportion of detainees self-reporting heroin use this reporting period also remains low. While cocaine continues to be one of the least commonly detected drugs among detainees, the proportion of detainees self-reporting cocaine use in the last 12 months increased for the fourth consecutive reporting period in 2015–16.

2 The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/sites/g/files/net1491/f/national_wastewater_drug_monitoring_program_report_1_0.pdf?v=1490333695>.

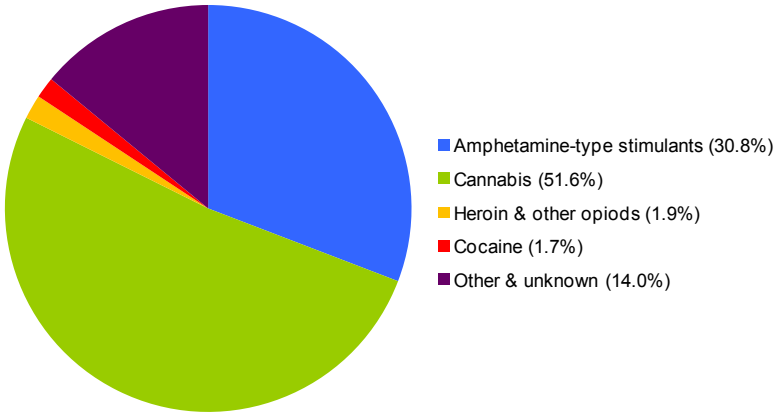
3 Threshold levels are substance dependent and will vary accordingly. Refer to the NWDMP report for further information on detection levels and whether it was possible to measure all substances. The 13 substances are methylamphetamine, amphetamine, cocaine, 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyamphetamine (MDA), JWH-018, JWH-073, mephedrone, methylone, oxycodone, fentanyl, tobacco and alcohol.

KEY FINDINGS 2015–16

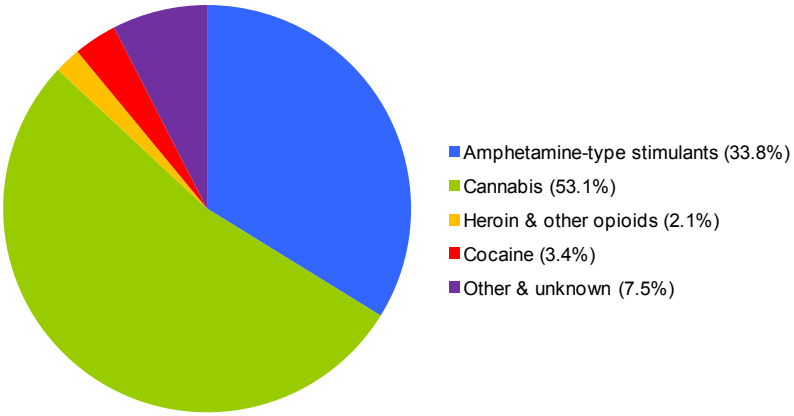
- The number of detections of cannabis, cocaine, GBL, GHB and ketamine at the Australian border are the highest on record.
- Drug profiling of border and national methylamphetamine seizures indicates the continued prominence of methylamphetamine manufactured from ephedrine/pseudoephedrine.
- Drug profiling of border and national heroin seizures indicates the continued prominence of South-East Asia as a source region for heroin in Australia, with South-East Asia the sole region identified for analysed heroin border seizures in the first six months of 2016.
- Drug profiling of border and national cocaine seizures indicates the continued prominence of Colombia as a source country for cocaine in Australia.
- According to findings from the March 2017 NWDMP Report, methylamphetamine consumption was the highest across all regions of Australia amongst the illicit drugs measured.
- Methylamphetamine overtook cannabis to become the most commonly detected and reported illicit drug used by police detainees in 2015–16.
- The number of national illicit drug seizures and arrests are the highest on record.
- The number of national ATS, cannabis, cocaine and other and unknown not elsewhere classified drug seizures are the highest on record.
- The number of national heroin seizures is the highest reported in the last decade.
- The weight of hallucinogens seized nationally is the highest on record.
- The number of national ATS, cannabis, cocaine, hallucinogen and other and unknown not elsewhere classified drug arrests are the highest on record.
- The number of clandestine laboratories detected nationally decreased for the fourth consecutive reporting period. Of those able to be classified, the majority of detected laboratories continue to be addict-based using basic equipment and simple procedures, predominately located in residential areas and producing methylamphetamine.

The following charts provide an overview of the Australian illicit drug market in 2015–16.

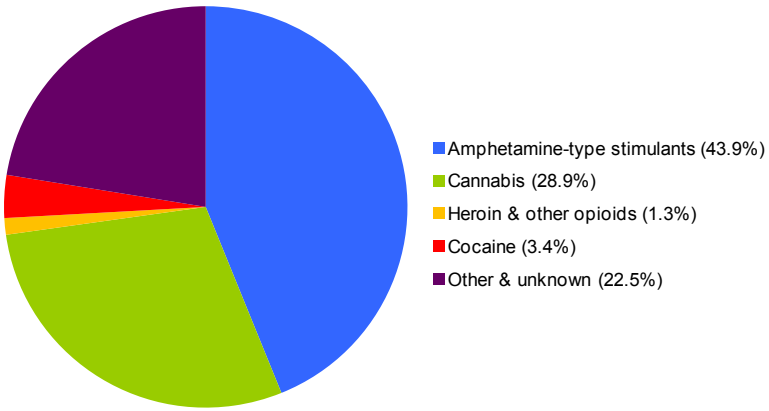
Arrests, 2015–16



Seizures by number, 2015–16

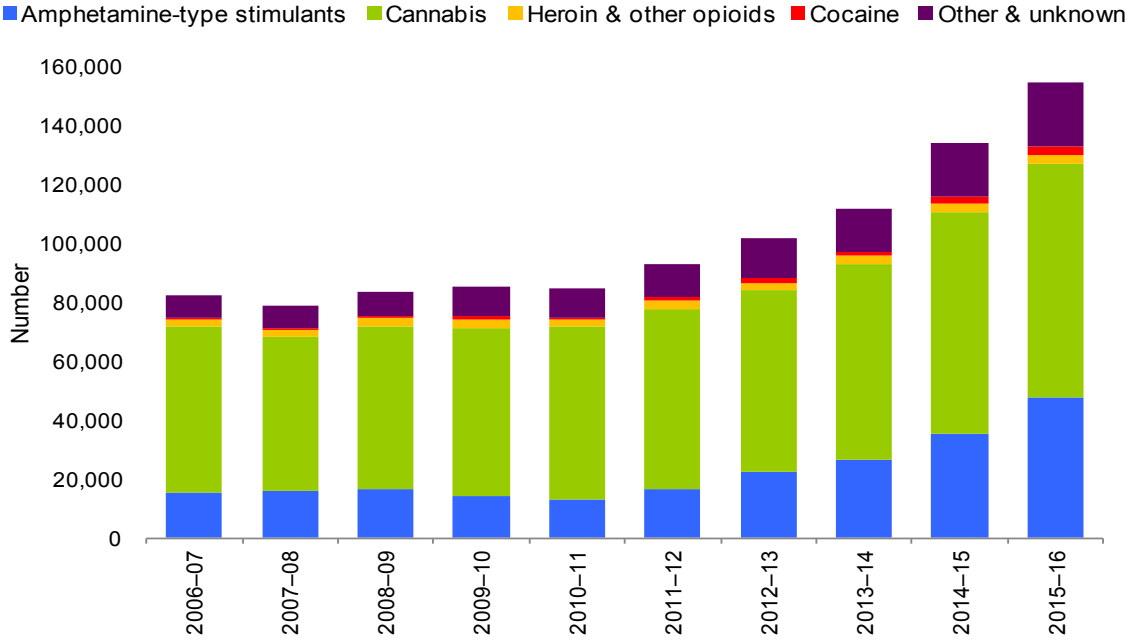


Seizures by weight, 2015–16



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

National illicit drug arrests, 2006–07 to 2015–16[4]

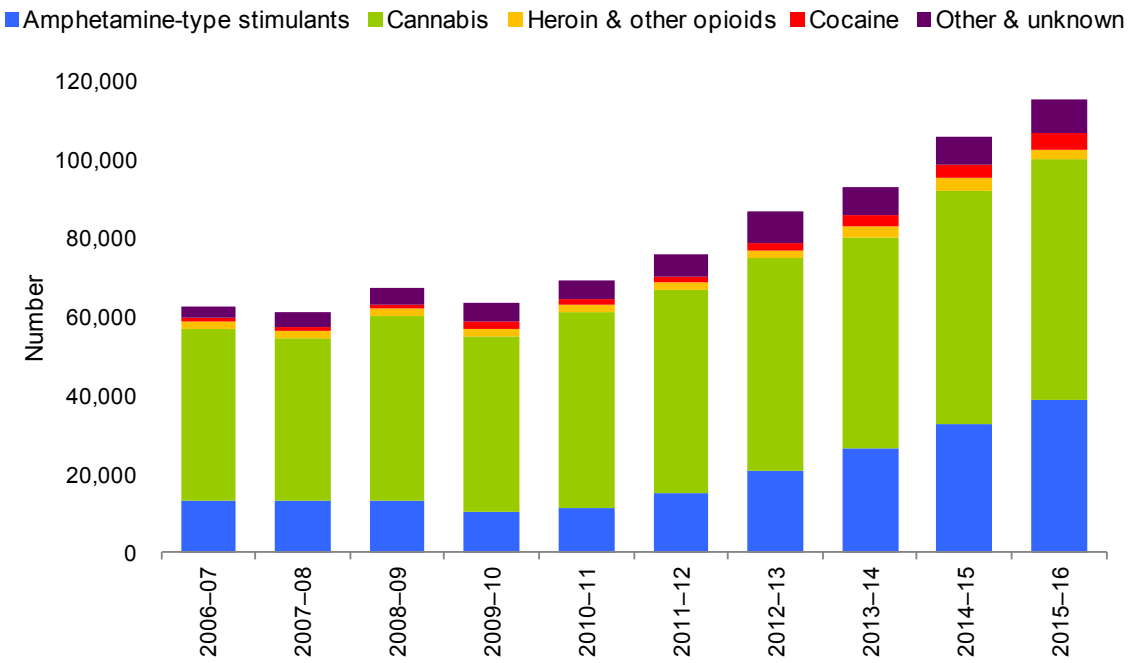


- The number of national illicit drug arrests has increased 87.6 per cent over the last decade, from 82 389 in 2006–07 to a record 154 538 in 2015–16.[5]
- The number of national ATS arrests has increased 213.0 per cent over the last decade, from 15 216 in 2006–07 to a record 47 625 in 2015–16.
- The proportion of national illicit drug arrests related to ATS has increased over the last decade, from 18.5 per cent in 2006–07 to 30.8 per cent in 2015–16.
- The number of national cannabis arrests has increased 40.1 per cent over the last decade, from 56 862 in 2006–07 to a record 79 643 in 2015–16.
- The proportion of national illicit drug arrests related to cannabis has decreased over the last decade, from 69.0 per cent in 2006–07 to 51.6 per cent in 2015–16.
- The number of national heroin and other opioid arrests has increased 37.5 per cent over the last decade, from 2 164 in 2006–07 to 2 975 in 2015–16.
- The proportion of national illicit drug arrests related to heroin and other opioids has decreased over the last decade, from 2.6 per cent in 2006–07 to 1.9 per cent in 2015–16.
- The number of national cocaine arrests has increased 270.8 per cent over the last decade, from 699 in 2006–07 to a record 2 592 in 2015–16.
- The proportion of national illicit drug arrests related to cocaine has increased over the last decade, from 0.8 per cent in 2006–07 to 1.7 per cent in 2015–16.
- The number of national other and unknown drug arrests has increased 191.4 per cent over the last decade, from 7 448 in 2006–07 to a record 21 703 in 2015–16.
- The proportion of national illicit drug arrests related to other and unknown drugs has increased over the last decade, from 9.0 per cent in 2006–07 to 14.0 per cent in 2015–16.

4 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).

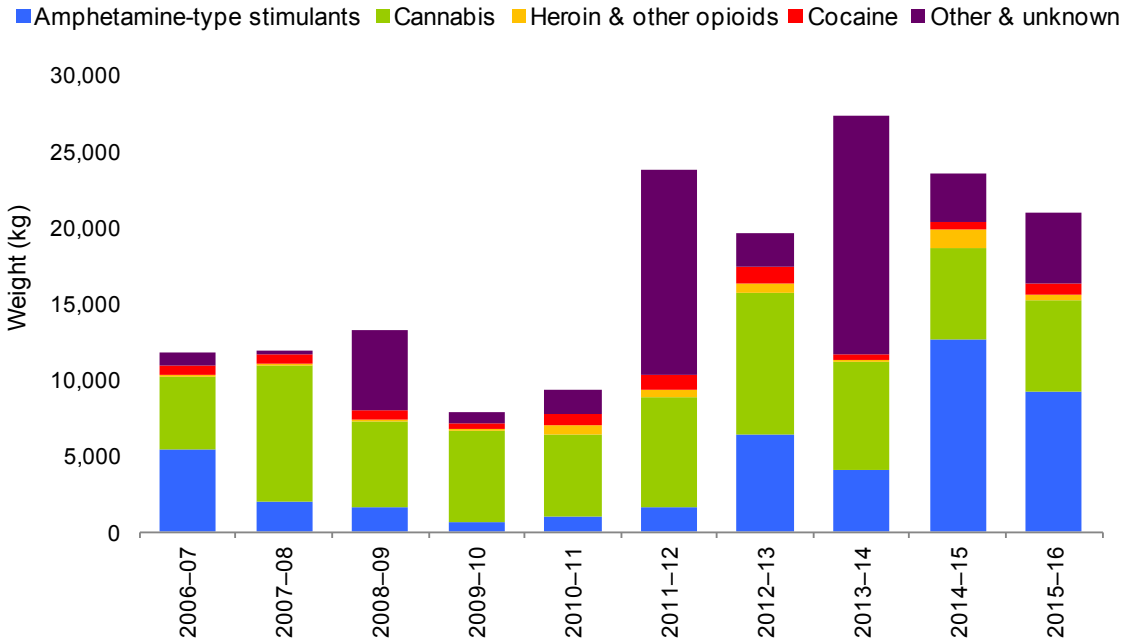
5 While the number of national illicit drug arrests reported in 2015–16 has increased as a consequence of the inclusion of South Australia Police Drug Diversion Program data, arrest numbers would still be at a record high if these records were excluded.

Number of national illicit drug seizures, 2006–07 to 2015–16



- The number of national illicit drug seizures has increased 84.7 per cent over the last decade, from 62 496 in 2006–07 to a record 115 421 in 2015–16.
- The number of national ATS seizures has increased 194.6 per cent over the last decade, from 13 243 in 2006–07 to a record 39 014 in 2015–16.
- The proportion of the number of national illicit drug seizures related to ATS has increased over the last decade, from 21.2 per cent in 2006–07 to 33.8 per cent in 2015–16.
- The number of national cannabis seizures has increased 39.9 per cent over the last decade, from 43 842 in 2006–07 to a record 61 334 in 2015–16.
- The proportion of the number of national illicit drug seizures related to cannabis has decreased over the last decade, from 70.2 per cent in 2006–07 to 53.1 per cent in 2015–16.
- The number of national heroin and other opioid seizures has increased 48.3 per cent over the last decade, from 1 624 in 2006–07 to 2 409 in 2015–16.
- The proportion of the number of national illicit drug seizures related to heroin and other opioids has decreased over the last decade, from 2.6 per cent in 2006–07 to 2.1 per cent in 2015–16.
- The number of national cocaine seizures has increased 234.0 per cent over the last decade, from 1 183 in 2006–07 to a record 3 951 in 2015–16.
- The proportion of the number of national illicit drug seizures related to cocaine has increased over the last decade, from 1.9 per cent in 2006–07 to 3.4 per cent in 2015–16.
- The number of national other and unknown drug seizures has increased 234.6 per cent over the last decade, from 2 604 in 2006–07 to 8 713 in 2015–16.
- The proportion of the number of national illicit drug seizures related to other and unknown drugs has increased over the last decade, from 4.2 per cent in 2006–07 to 7.5 per cent in 2015–16.

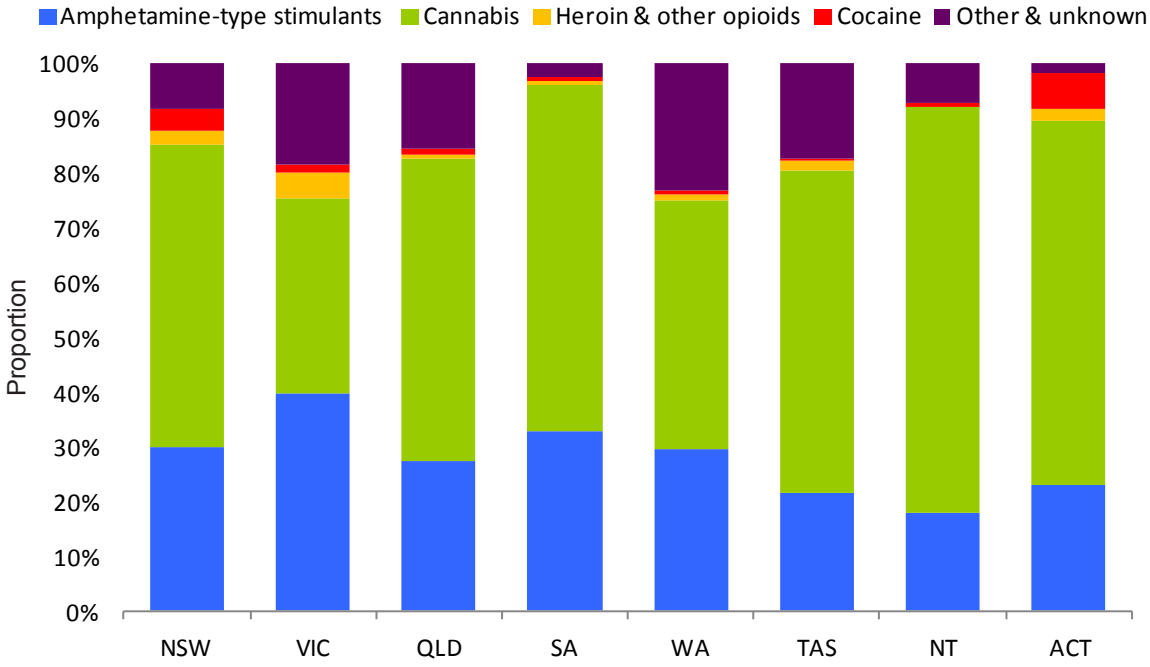
Weight of national illicit drug seizures, 2006–07 to 2015–16



- The weight of illicit drugs seized nationally has fluctuated over the last decade, from a low of 7 851 kilograms in 2009–10 to a record 27 364 kilograms in 2013–14.
- The weight of illicit drugs seized nationally has increased 78.6 per cent over the last decade, from 11 768 kilograms in 2006–07 to 21 020 kilograms in 2015–16.
- The weight of ATS seized nationally has increased 70.2 per cent over the last decade, from 5 415 kilograms in 2006–07 to 9 218 kilograms in 2015–16.
- The proportion of the weight of illicit drugs seized nationally related to ATS has decreased over the last decade, from 46.0 per cent in 2006–07 to 43.9 per cent in 2015–16.
- The weight of cannabis seized nationally has increased 27.2 per cent over the last decade, from 4 781 kilograms in 2006–07 to 6 081 kilograms in 2015–16.
- The proportion of the weight of illicit drugs seized nationally related to cannabis has decreased over the last decade, from 40.6 per cent in 2006–07 to 28.9 per cent in 2015–16.
- The weight of heroin and other opioids seized nationally has increased 203.3 per cent over the last decade, from 92 kilograms in 2006–07 to 279 kilograms in 2015–16.
- The proportion of the weight of illicit drugs seized nationally related to heroin and other opioids has increased over the last decade, from 0.8 per cent in 2006–07 to 1.3 per cent in 2015–16.
- The weight of cocaine seized nationally has increased 13.7 per cent over the last decade, from 634 kilograms in 2006–07 to 721 kilograms in 2015–16.
- The proportion of the weight of illicit drugs seized nationally related to cocaine has decreased over the last decade, from 5.4 per cent in 2006–07 to 3.4 per cent in 2015–16.
- The weight of other and unknown drugs seized nationally has increased 459.1 per cent over the last decade, from 844 kilograms in 2006–07 to 4 719 kilograms in 2015–16.
- The proportion of the weight of illicit drugs seized nationally related to other and unknown drugs has increased over the last decade, from 7.2 per cent in 2006–07 to 22.5 per cent in 2015–16.

The following charts present national illicit drug arrests and seizures reported in 2015–16 by state and territory and drug type.

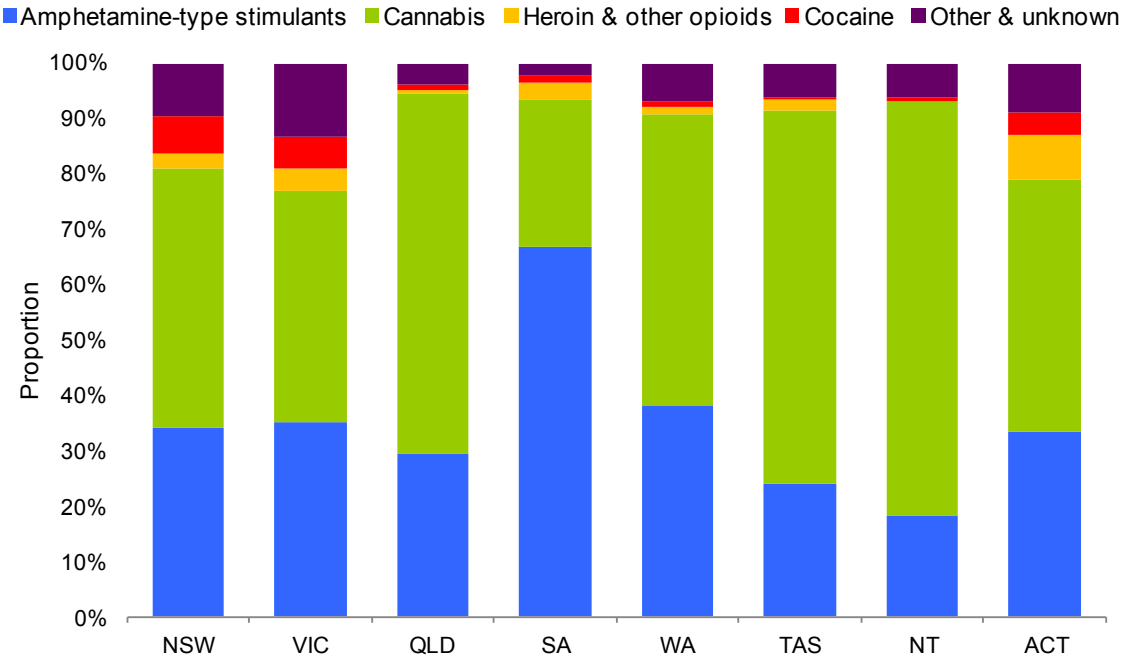
Number of illicit drug arrests as a proportion of total arrests, by state and territory, 2015–16[6]



- With the exception of Victoria where ATS accounted for the greatest proportion of illicit drug arrests this reporting period, cannabis accounted for the majority of illicit drug arrests in all states and territories in 2015–16.
- In Victoria, 39.8 per cent of illicit drug arrests related to ATS, the highest proportion reported by any state or territory in 2015–16.
- In the Northern Territory, 74.0 per cent of illicit drug arrests related to cannabis, the highest proportion reported by any state or territory in 2015–16.
- In Victoria, 4.7 per cent of illicit drug arrests related to heroin and other opioids, the highest proportion reported by any state or territory in 2015–16.
- In the Australian Capital Territory, 6.9 per cent of illicit drug arrests related to cocaine, the highest proportion reported by any state or territory in 2015–16.
- In Western Australia, 23.2 per cent of illicit drug arrests related to other and unknown drugs, the highest proportion reported by any state or territory in 2015–16.

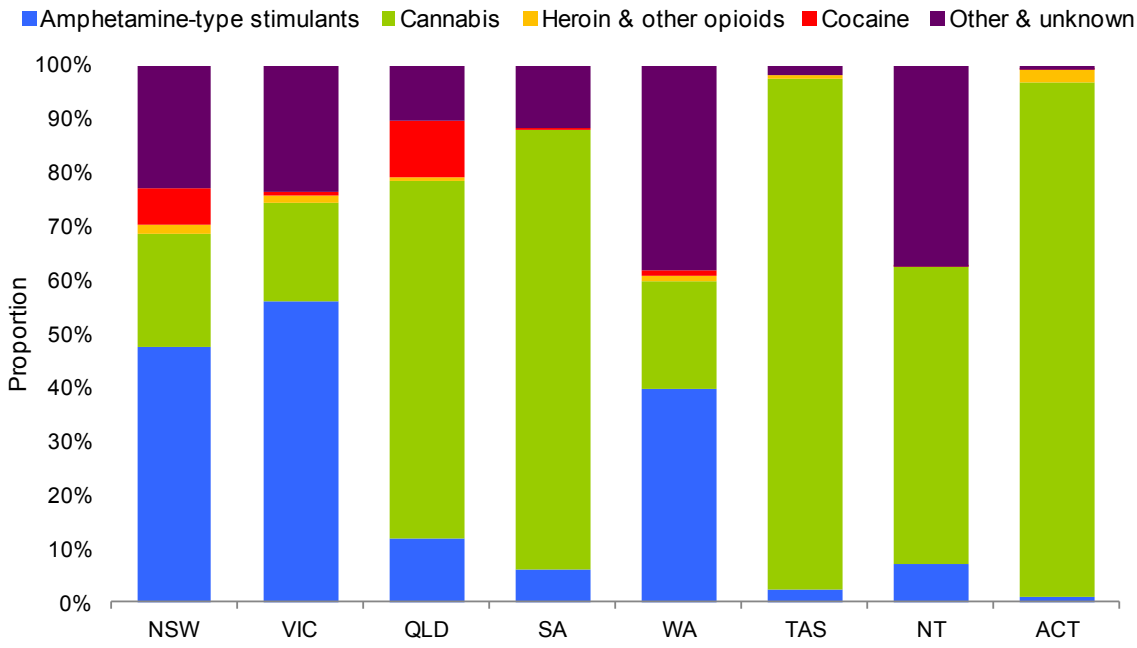
6 For the first time, offender data provided by South Australia Police in 2015–16 included data for offenders participating in its Drug Diversion Program (excluding diversion records not related to a drug seizure).

Number of illicit drug seizures as a proportion of total seizures, by state and territory, 2015–16



- With the exception of South Australia where ATS accounted for the greatest proportion of the number of illicit drug seizures, cannabis accounted for the greatest proportion of the number of illicit drugs seized in all states and territories 2015–16.
- In South Australia, 66.9 per cent of the number of illicit drug seizures related to ATS, the highest proportion reported by any state or territory in 2015–16.
- In the Northern Territory, 74.8 per cent of the number of illicit drug seizures related to cannabis, the highest proportion reported by any state or territory in 2015–16.
- In the Australian Capital Territory, 7.9 per cent of the number of illicit drug seizures related to heroin and other opioids, the highest proportion reported by any state or territory in 2015–16.
- In New South Wales, 6.7 per cent of the number of illicit drug seizures related to cocaine, the highest proportion reported by any state or territory in 2015–16.
- In Victoria, 13.3 per cent of the number of illicit drug seizures related to other and unknown drugs, the highest proportion reported by any state or territory in 2015–16.

Weight of illicit drug seizures as a proportion of total weight, by state and territory, 2015–16

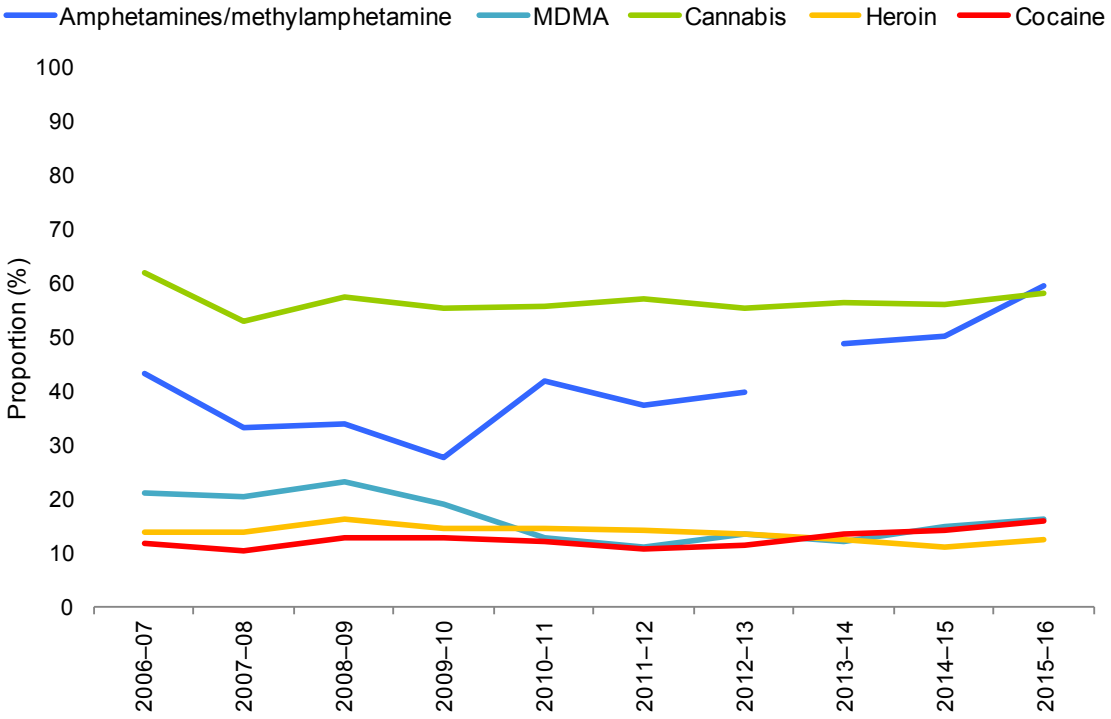


- In 2015–16, ATS accounted for the greatest proportion of the weight of illicit drugs seized in New South Wales, Victoria and Western Australia, with cannabis accounting for the greatest proportion of the weight of drugs seized in all other states and territories.
- In Victoria, 56.1 per cent of the weight of illicit drugs seized related to ATS, the highest proportion reported by any state or territory in 2015–16.[7]
- In the Australian Capital Territory, 96.0 per cent of the weight of illicit drugs seized related to cannabis, the highest proportion reported by any state or territory in 2015–16.
- In the Australian Capital Territory, 2.3 per cent of the weight of illicit drugs seized related to heroin and other opioids, the highest proportion reported by any state or territory in 2015–16.
- In Queensland, 10.8 per cent of the weight of illicit drugs seized related to cocaine, the highest proportion reported by any state or territory in 2015–16.
- In Western Australia, 38.3 per cent of the weight of illicit drugs seized related to other and unknown drugs, the highest proportion reported by any state or territory in 2015–16.

7 The majority of the weight of ATS seized in Victoria in 2015–16 relates to a small number of significant MDMA seizures.

The following chart provides an overview of self-reported illicit drug use in the 12 months preceding interview in an Australian police detainee population, 2006–07 to 2015–16.

Proportion of detainees who self-reported illicit drug use in the 12 months preceding interview, 2006–07 to 2015–16[8] (Source: Australian Institute of Criminology)



- For the first time the self-reported use of methylamphetamine overtook cannabis to become the most commonly reported illicit drug used by police detainees in the 12 months preceding interview in 2015–16.
- The self-reported use of methylamphetamine by detainees increased this reporting period, from 50.4 per cent in 2014–15 to 59.7 per cent in 2015–16.
- The self-reported use of MDMA by detainees increased this reporting period, from 14.7 per cent in 2014–15 to 16.2 per cent in 2015–16.
- The self-reported use of cannabis by detainees increased this reporting period, from 56.2 per cent in 2014–15 to 58.3 per cent in 2015–16.
- The self-reported use of heroin by detainees increased this reporting period, from 11.1 per cent in 2014–15 to 12.5 per cent in 2015–16.
- The self-reported use of cocaine by detainees increased this reporting period, from 14.2 per cent in 2014–15 to 16.0 per cent in 2015–16, with the reported use of cocaine exceeding that of heroin for the third consecutive reporting period.

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

KEY POINTS 2015–16

- The number of national illicit drug seizures has increased 84.7 per cent over the last decade, from 62 496 in 2006–07 to a record 115 421 in 2015–16. The number of national illicit drug seizures increased 9.0 per cent this reporting period from the 105 862 seizures reported in 2014–15.
- The weight of illicit drugs seized nationally has increased over 75.0 per cent over the last decade, from 11.7 tonnes in 2006–07 to 21.0 tonnes in 2015–16. The weight of illicit drugs seized nationally decreased 10.8 per cent this reporting period from the 23.5 tonnes reported in 2014–15 and is the fourth highest weight on record.
- The number of national illicit drug arrests has increased 87.6 per cent over the last decade, from 82 389 in 2006–07 to a record 154 538 in 2015–16. The number of national illicit drug arrests increased 15.4 per cent this reporting period from the 133 926 arrests reported in 2014–15.

AMPHETAMINE-TYPE STIMULANTS

- While the number and weight of ATS (excluding MDMA) detected at the Australian border decreased in 2015–16, they are the second highest on record.
- The weight of MDMA detected at the Australian border decreased significantly this reporting period, largely due to a single detection in 2014–15 that weighed 1 917.4 kilograms, accounting for 95.8 per cent of the weight of MDMA detected in 2014–15.
- Drug profiling data of both border and domestic seizures indicates the continued prominence of methylamphetamine manufactured from ephedrine/pseudoephedrine.
- The number of national ATS seizures increased to a record 39 014 in 2015–16. While the weight of ATS seized nationally decreased this reporting period, it is the second highest weight on record.
- There was a record 47 625 national ATS arrests in 2015–16.

CANNABIS

- There was a record 7 504 cannabis detections at the Australian border in 2015–16, the majority of which related to cannabis seeds.
- There was a record 61 334 national cannabis seizures in 2015–16, with the weight of cannabis seized nationally this reporting period remaining relatively stable.
- There was a record 79 643 national cannabis arrests in 2015–16.

HEROIN

- Both the number and weight of heroin detected at the Australian border decreased in 2015–16.
- In the first six months of 2016, heroin profiling data identified South-East Asia as the sole source region of analysed border seizures.
- The weight of heroin seized nationally this reporting period decreased, while the 2 081 national heroin seizures in 2015–16 is the highest reported in the last decade.
- While the number of national heroin arrests decreased in 2015–16, it is the second highest number reported in the last decade.

KEY POINTS 2015–16 (continued)

COCAINE

- There was a record 2 777 cocaine detections at the Australian border in 2015–16.
- Drug profiling data of both border and domestic seizures indicates the continued prominence of Colombia as a source country for cocaine in Australia.
- There was a record 3 951 national cocaine seizures in 2015–16, with the weight of cocaine seized nationally increasing for the second consecutive reporting period.
- There was a record 2 592 national cocaine arrests in 2015–16.

OTHER DRUGS

- There was a record 586 GHB, GBL and ketamine detections at the Australian border in 2015–16.
- There was a record 1 297 national steroid arrests in 2015–16.
- The weight of hallucinogens seized nationally and the number of national hallucinogen arrests increased to record highs in 2015–16.
- There were record numbers of national other and unknown not elsewhere classified drug seizures and arrests in 2015–16.

CLANDESTINE LABORATORIES AND PRECURSORS

- The number of clandestine laboratories detected nationally continued to decrease this reporting period, with 575 detections in 2015–16.
- Around two-thirds of clandestine laboratory detections in 2015–16 were in residential locations.
- While the majority of detected laboratories continue to be addict-based, the proportion of industrial scale laboratories increased in 2015–16.
- The number of ATS (excluding MDMA) precursor detections at the Australian border decreased in 2015–16, while the weight detected increased.
- Both the number and weight of MDMA precursor detections at the Australian border decreased in 2015–16.

INITIATIVES

- The Australian Government Health portfolio continues to work in close partnership with Commonwealth, state and territory health and law enforcement agencies to reduce drug related harms and improve health and social outcomes for people affected by illicit drug use.
- National Research Centres of Excellence continue to enhance law enforcement, health and regulatory agencies' understanding of the nature of Australia's illicit drug markets.
- The 2013 National Drug Strategy Household Survey was released on 25 November 2014 and is a comprehensive population-based survey focusing on substance use and related issues.

ABBREVIATIONS

1,4-BD	1,4-butanediol
4-MMC	4-methylmethcathinone
ATS	Amphetamine-type stimulants
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
CBD	Cannabidiol
CEN	Cannabis Expiation Notice
CIR	Cannabis Intervention Requirement
COAG	Council of Australian Government
DoH	Department of Health
DIBP	Department of Immigration and Border Protection
DEA	Drug Enforcement Administration
DIN	Drug Infringement Notice
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and Related Drugs Reporting System
EUD	End User Declaration
ENIPID	Enhanced National Intelligence Picture on Illicit Drugs
Eph	Ephedrine
EPO	Erythropoietin
EU	European Union
FDI	Forensic Drug Intelligence
GHB	Gamma-hydroxybutyrate
GBL	Gamma-butyrolactone
hCG	Human chorionic gonadotrophin
hGH	Human growth hormone
IDDR	Illicit Drug Data Report
IDRS	Illicit Drug Reporting System
INCB	International Narcotics Control Board
LCCSC	Law, Crime and Community Safety Council
LSD	Lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine

ABBREVIATIONS (continued)

MEAP	Meth Enforcement Action Plan
NCETA	National Centre on Education and Training on Addiction
NDARC	National Drug and Alcohol Research Centre
NDRI	National Drug Research Institute
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
NEC	Not elsewhere classified
NIDIP	National Illicit Drug Indicators Project
NIDRF	National Illicit Drug Reporting Format
NMI	National Measurement Institute
NPS	New psychoactive substance
NSW	New South Wales
NT	Northern Territory
NWDMP	National Wastewater Drug Monitoring Program
PIED	Performance and image enhancing drug
PBS	Pharmaceuticals Benefits Scheme
P2P	Phenyl-2-propanone
PDDI	Police Drug Diversion Initiative
PICS	Precursors Incident Communication System
PSE	Pseudoephedrine
QLD	Queensland
SOGOC	Senior Officers Group on Organised Crime
SCON	Simple Cannabis Offence Notice
SA	South Australia
TAS	Tasmania
THC	Delta-9-tetrahydrocannabinol
UK	United Kingdom
UNODC	United Nations Office on Drugs and Crime
US	United States
USADA	United States Anti-Doping Agency
VIC	Victoria
WWA	Wastewater analysis
WA	Western Australia
WADA	World Anti-Doping Agency
WCO	World Customs Organization

AMPHETAMINE-TYPE STIMULANTS

KEY POINTS

- While the number and weight of ATS (excluding MDMA) detected at the Australian border decreased in 2015–16, they are the second highest on record.
- The weight of MDMA detected at the Australian border decreased significantly this reporting period, largely due to a single detection in 2014–15 that weighed 1 917.4 kilograms, accounting for 95.8 per cent of the weight of MDMA detected in 2014–15.
- Drug profiling data of both border and domestic seizures indicates the continued prominence of methylamphetamine manufactured from ephedrine/pseudoephedrine.
- The number of national ATS seizures increased to a record 39 014 in 2015–16. While the weight of ATS seized nationally decreased this reporting period, it is the second highest weight on record.
- There was a record 47 625 national ATS arrests in 2015–16.

MAIN FORMS

The term amphetamine-type stimulants (ATS) refers to a group of psychostimulant drugs that are related to the parent compound amphetamine and include amphetamine, methylamphetamine and 3,4-methylenedioxymethamphetamine (MDMA) (WHO 2016). ATS affect the central nervous system by increasing levels of dopamine, serotonin and noradrenalin in the brain. Table 1 outlines common ATS used in Australia.

TABLE 1: ATS used in Australia

Drug type	Common names	Forms	Method of administration
Amphetamine	Speed, whiz, uppers, goey, louee, dexies, pep pills	White, yellow, pink or brown powder; paste	Oral, intranasal, injection, anal[a]
Dexamphetamine[b] (amphetamine dextro isomer in a pharmaceutical preparation)	Dexies, D-amp, dex	White, round tablets that can have the marking 'D5'	Oral, intranasal, injections, anal[a]
Methylamphetamine	Meth, speed, whiz, fast, uppers, goey, louee, Lou Reed[c], rabbit[c], tail[c], pep pills; in paste form can be referred to as base, pure or wax; in liquid form can be referred to as ox blood, leopard's blood, red speed or liquid red	White, yellow or brown powder, paste, tablets or a red liquid	Oral, intranasal, injection, anal[a]
Crystal methylamphetamine	Ice, dmeth, glass, crystal, batu, shabu (in South East Asia)	Crystalline—resembles crushed ice, particle size variable	Smoking, intranasal, injection
3,4-methylenedioxymethamphetamine (MDMA)	XTC, X, ecstasy, Adam, M&M, eccy, E, go, Scooby snacks, hug, beans	Tablet, powder, capsule, geltab (rare), crystal	Oral, intranasal, smoking, injecting
3,4- methylenedioxyethylamphetamine (MDEA)	Eve	Tablet	Oral
3,4-methylenedioxyamphetamine (MDA)	Love bug, crystal, P, window pane	Tablet	Oral
N-methyl-1-(1,3-benzodioxol-5-yl)-2-butanamine (MBDB)	Eden	Tablet	Oral

Drug type	Common names	Forms	Method of administration
Paramethoxyamphetamine (PMA)[d]	Death, Dr Death, Mitsubishi double	Tablet, powder	Oral, intranasal, injecting (rare)
Paramethoxymethylamphetamine (PMMA)	PMMA	Tablet	Oral
4-bromo-2,5-dimethoxyphenethylamine	Nexus, 2-CB, bromo, TWOs	Tablet (Nexus), blotting paper, powder	Oral, intranasal
4-bromo-2,5-dimethoxyamphetamine (DOB)	DOB, 4-bromo-DMA, bromo	Tablet, blotting paper	Oral
2,5-dimethoxy-4-methylamphetamine (DOM)	DOM, STP	Tablet, blotting paper	Oral
4-methylthioamphetamine (4-MTA)	Flatliner, golden eagle	Tablet	Oral

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

Amphetamine and methylamphetamine are central nervous system stimulants which increase levels of dopamine, serotonin and noradrenaline, producing feelings of euphoria, increased alertness and a sense of increased energy. Due to slight structural differences, methylamphetamine produces a stronger nervous system response than amphetamine. Short-term effects of amphetamine and methylamphetamine use may include sleep disorders, anxiety, paranoia, hypertension and tachycardia. Long-term use can result in deficits in memory, decision making and verbal reasoning, reduced immunity, high blood pressure, cardiovascular problems, kidney failure, depression, anxiety and dental problems (ADF 2016; ADF 2016a; EMCDDA 2015; EMCDDA 2015a; PM&C 2015; NIDA 2014).

The most common forms of amphetamine are powder and tablets. Amphetamine can be swallowed, snorted, smoked and less commonly injected. In contrast, methylamphetamine has four common forms—tablet, crystalline (often referred to as 'ice'), base (also referred to as 'paste') and powder (also referred to as 'speed'). Methylamphetamine can be swallowed, snorted, smoked or injected. The crystalline form of methylamphetamine is considered the most potent form[1] and is generally heated and the vapours inhaled. It can also be injected after being dissolved in water (EMCDDA 2015; EMCDDA 2015a; PM&C 2015; NDARC 2006).

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.

MDMA has a chemical structure and effects similar to amphetamine and may also induce hallucinogenic effects. Having stimulant and hallucinogenic effects, MDMA is associated with a wide-range of physical and psychological health impacts. Short-term effects of MDMA use may include impaired cognitive functions, dehydration, increased body temperature, blood pressure and heart rate, nausea, blurred vision and insomnia. Long-term use may lead to cognitive and memory impairment, flashbacks, panic attacks, depression and psychosis. In high doses MDMA can interfere with the body's ability to regulate temperature and can result in liver, kidney or cardiovascular system failure (NIDA 2016; ADF 2016b; EMCDDA 2015b).

MDMA is most commonly sold in tablet form featuring a characteristic impression or logo, with an increasing trend towards the use of MDMA capsules and crystals. MDMA in powder form is also used. While MDMA is most commonly ingested, it can also be snorted, inhaled and injected. MDMA is commonly referred to as 'ecstasy'. Ecstasy may contain a range of other drugs and substances, such as ephedrine, ketamine and caffeine and may contain no MDMA at all. These other drugs may or may not be similar in effect to MDMA and may be highly toxic, such as paramethoxyamphetamine (PMA). As a result the effects of tablets sold as ecstasy are unpredictable and vary greatly due to the unknown content (ADF 2016b; EMCDDA 2015b; CAMH 2012).

INTERNATIONAL TRENDS

Globally, amphetamines remain the second most widely used drugs after cannabis, with amphetamines use appearing stable. Global ATS seizures reached a peak of more than 170 tonnes in 2014 after three years of relative stability. In recent years, methylamphetamine has accounted for the greatest portion of global ATS seizures on an annual basis. East, South-East Asia and North America together account for the majority of global methylamphetamine seizures. North America consistently accounts for the largest proportion of global methylamphetamine seizures, with the large and growing market for crystalline and tablet methylamphetamine in East and South-East Asia seeing reported methylamphetamine seizures in these regions almost quadrupling between 2009 and 2014. Global amphetamine seizures have fluctuated on an annual basis since 2009, from between about 20 and 46 tonnes, while ecstasy seizures more than doubled to 9 tonnes in 2014, compared with between 4 and 5 tonnes seized annually in the period 2009–2013 (UNODC 2016).

Amphetamine and MDMA are the main synthetic stimulants in the European drug market, with relatively small quantities of methylamphetamine seized. This appears to be a particularly dynamic market, with considerable differences in prevalence and patterns of use between countries. Indicators suggest the overall use of methylamphetamine remains relatively low, with amphetamine more widely used and seized. However, there are indicators of diffusion to some central European countries and displacement of amphetamine by methylamphetamine in northern and Baltic drug markets. After a period of relative shortage, recent data indicates the increased availability of high purity MDMA. While the price of MDMA has remained relatively stable, the purity of MDMA in tablets has increased to an all-time high (EMCDDA and Europol 2016; EMCDDA and Europol 2016a).

The majority of synthetic drugs used in the European Union (EU) are produced in the region. In addition to intra-European trafficking, some of these drugs are exported to other regions, including Australia, with the EU also an important transit zone for methylamphetamine produced in Iran and West Africa. In Europe, the Netherlands and Belgium are principal areas for amphetamine and MDMA production, with amphetamine production also occurring in Poland, the Baltic states, Bulgaria and Germany. Traditionally, methylamphetamine production in the EU has been limited to countries in central Europe, primarily the Czech Republic. Recent evidence indicates significant production capacity exists in the Netherlands, with small-scale production also occurring in countries bordering the Czech Republic (EMCDDA and Europol 2016a).

The total number of amphetamine seizures by World Customs Organization (WCO) agencies increased 5.4 per cent, from 556 in 2014 to 586 in 2015. The weight seized decreased 38.6 per cent, from 5 496 kilograms in 2014 to 3 376 kilograms in 2015. The United States (US) accounted for the greatest proportion of both the number and weight of amphetamine seizures in 2015, accounting for 24.7 per cent of the number and 35.4 per cent of the weight. The total number of methylamphetamine seizures by WCO agencies decreased 9.6 per cent, from 2 439 in 2014 to 2 204 in 2015. The weight seized increased 35.7 per cent, from 16 267 kilograms in 2014 to 22 073 kilograms in 2015. The US accounted for the greatest proportion of both the number and weight of methylamphetamine seizures in 2015, accounting for 70.1 per cent of the number and 75.2 per cent of the weight (WCO 2016).

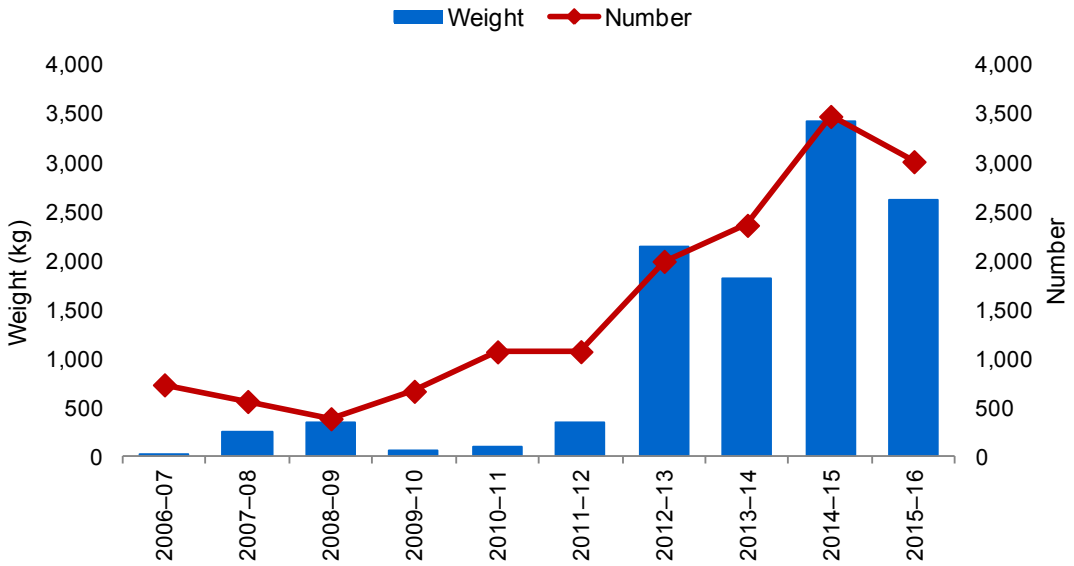
The total number of MDMA seizures by WCO agencies increased 29.3 per cent, from 543 in 2014 to 702 in 2015. The weight seized increased 22.9 per cent, from 1 224 kilograms in 2014 to 1 504 kilograms in 2015. The US accounted for the greatest proportion of the number of MDMA seizures in 2015, accounting for 44.4 per cent, while Turkey accounted for the greatest proportion of the weight of MDMA seized, accounting for 23.9 per cent (WCO 2016).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The Department of Immigration and Border Protection continues to detect large quantities of ATS, particularly methylamphetamine, at the Australian border. The number of ATS (excluding MDMA) detections decreased 13.3 per cent this reporting period, from 3 479 in 2014–15 to 3 017 in 2015–16 and is the second highest number on record. The weight of ATS (excluding MDMA) detected decreased 23.4 per cent, from 3 422.8 kilograms in 2014–15 to 2 620.6 kilograms in 2015–16 and is the second highest weight on record (see Figure 1).

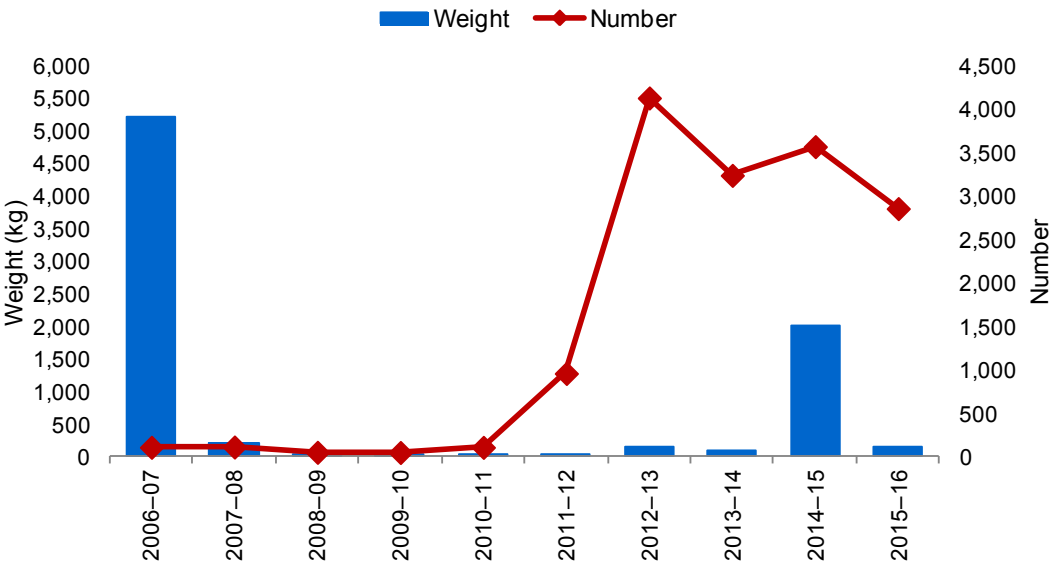
FIGURE 1: Number and weight of ATS (excluding MDMA) detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



Detections of ATS (excluding MDMA) this reporting period were in liquid, crystal, powder, paste and tablet/capsule form. By weight, methylamphetamine was the predominant drug detected in crystal, powder and liquid form, with crystal methylamphetamine accounting for 64.2 per cent of the weight of ATS (excluding MDMA) detected in 2015–16. In 2015–16, 350 detections of ATS (excluding MDMA) weighed one kilogram or more. With a combined total weight of 2 438.7 kilograms, these 350 detections account for 11.6 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.

The number of MDMA detections at the Australian border decreased 20.0 per cent this reporting period, from 3 578 in 2014–15 to 2 864 in 2015–16. The weight of MDMA detected this reporting period decreased significantly, from 2 002.4 kilograms in 2014–15 to 141.5 kilograms in 2015–16. The considerable decrease in the weight of MDMA detected is largely due to a single detection in the previous reporting period, which weighed 1 917.4 kilograms and accounted for 95.8 per cent of the weight of MDMA detected in 2014–15 (see Figure 2).

FIGURE 2: Number and weight of MDMA detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



Detections of MDMA at the Australian border this reporting period were in crystal, liquid, powder, tablet and paste form. By weight, 34.7 per cent of MDMA detections in 2015–16 were in crystal form, 33.1 per cent in powder form and 17.2 per cent in tablet form. The average weight of MDMA detections continues to remain low, averaging less than 10 grams this reporting period. In 2015–16, 17 detections of MDMA weighed one kilogram or more. With a combined total weight of 81.1 kilograms, these 17 detections account for 0.6 per cent of the number and 57.3 per cent of the weight of MDMA detected at the Australian border this reporting period.

SIGNIFICANT BORDER DETECTIONS

Significant border detections of ATS (excluding MDMA) in 2015–16 include:

- 200.0 kilograms of crystal methylamphetamine detected on 17 June 2016, loaded on a pallet, via air cargo from Taiwan to Sydney
- 195.0 kilograms of methylamphetamine detected on 4 January 2016, concealed in bra bladder inserts, via sea cargo from Hong Kong to Sydney
- 162.0 kilograms of crystal methylamphetamine detected on 15 June 2016, concealed in logs, via sea cargo from Nigeria to Sydney
- 100.0 kilograms of crystal methylamphetamine detected on 20 June 2016, built into the floor of a shipping container, via sea cargo from China to Melbourne
- 72.0 kilograms of crystal methylamphetamine detected on 11 January 2016, concealed in an elastic spool, via sea cargo from China to Melbourne.

These 5 detections have a combined weight of 729.0 kilograms and account for 27.8 per cent of the total weight of ATS (excluding MDMA) detected at the Australian border in 2015–16.

Significant border detections of MDMA in 2015–16 include:

- 10.0 kilograms of MDMA detected on 29 October 2015, concealed in a plastic tub, via air cargo from the Netherlands to Sydney
- 8.3 kilograms of MDMA detected on 18 September 2015, described as bread mix, via international mail from the Netherlands to Melbourne
- 6.0 kilograms of MDMA detected on 27 May 2016, concealed in cereal boxes, via international mail from Germany to Sydney
- 2.0 kilograms of MDMA detected on 24 April 2016, concealed in glass candles, via air cargo from the Netherlands to Brisbane
- 2.0 kilograms of MDMA detected on 12 April 2016, concealed in shampoo bottles, via international mail from the Netherlands to Melbourne.

These 5 detections have a combined weight of 28.3 kilograms and account for 20.0 per cent of the total weight of MDMA detected at the Australian border in 2015–16.

IMPORTATION METHODS

While detections of ATS (excluding MDMA) also occurred in the air cargo, air passenger/crew and sea cargo streams this reporting period, the majority occurred in the international mail stream, in weights ranging from 12.4 kilograms to less than one gram.

In 2015–16, the international mail stream accounted for 86.9 per cent of the number and 19.0 per cent of the weight of ATS (excluding MDMA) detected at the Australian border. Conversely, the sea cargo stream accounted for 1.3 per cent of the number and 46.2 per cent of the weight of ATS (excluding MDMA) detected this reporting period (see Figures 3 and 4).

FIGURE 3: Number of ATS (excluding MDMA) detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)

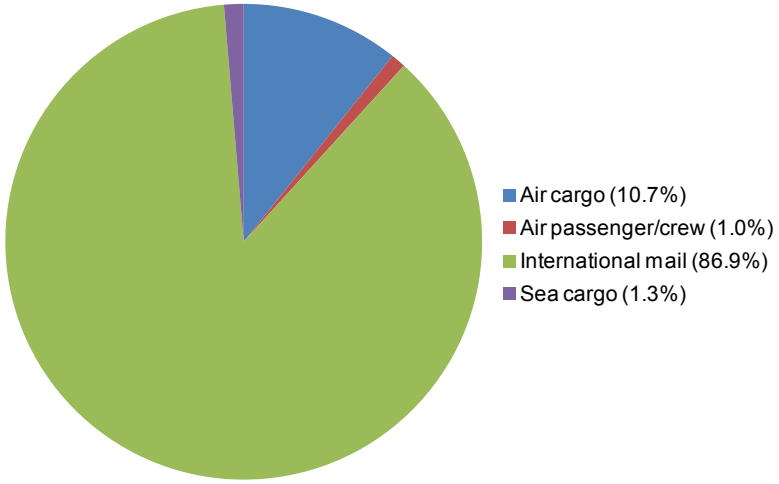
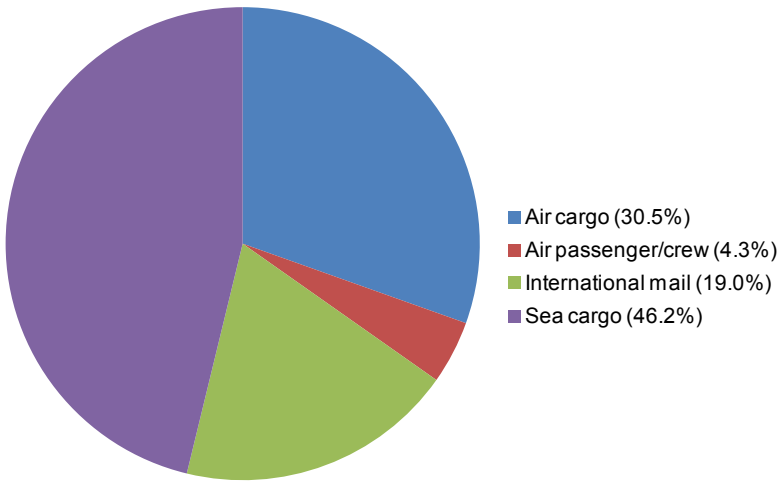


FIGURE 4: Weight of ATS (excluding MDMA) detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



In 2015–16, detections of MDMA occurred in the international mail, air cargo and air passenger/ crew streams. This reporting period the international mail stream accounted for 99.5 per cent of the number and 83.3 per cent of the weight of MDMA detected at the Australian border. The air cargo stream accounted for 0.3 per cent of the number and 16.5 per cent of the weight of MDMA detected in 2015–16 (see Figures 5 and 6).

FIGURE 5: Number of MDMA detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)

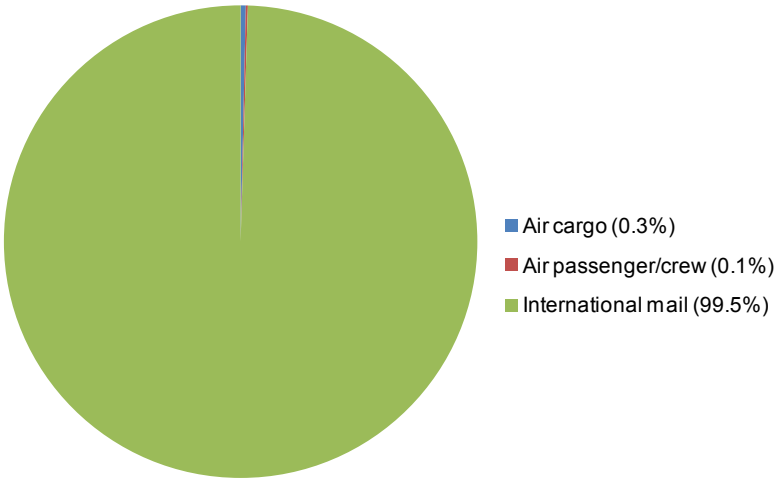
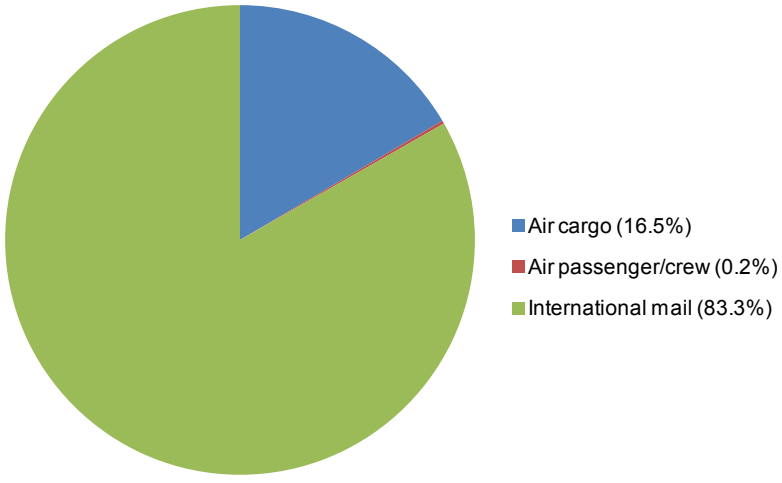


FIGURE 6: Weight of MDMA detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



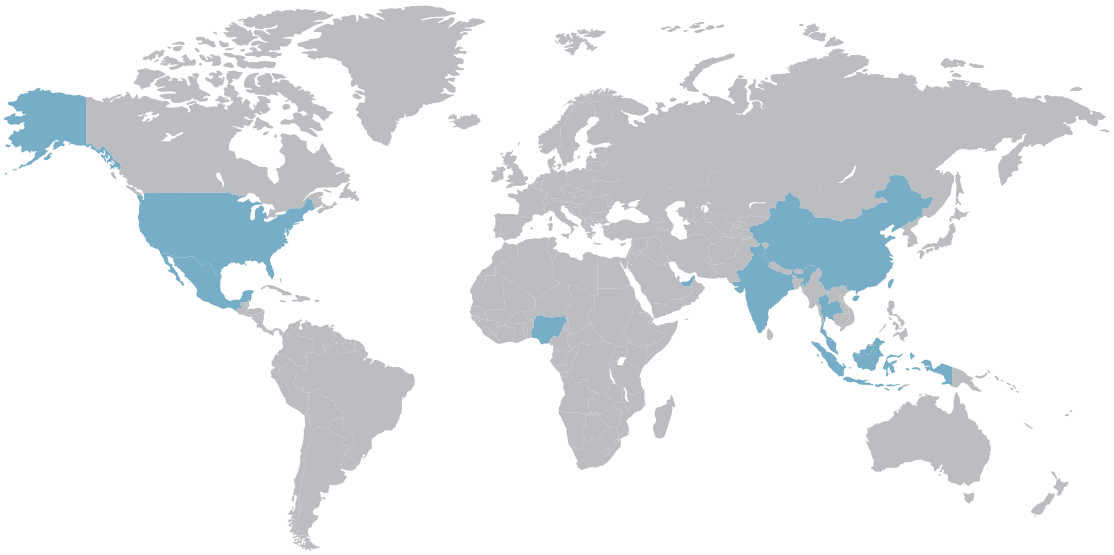
EMBARKATION POINTS

In 2015–16, 49 countries were identified as embarkation points for ATS (excluding MDMA) detected at the Australian border, compared with 48 countries in 2014–15.

By number, the Netherlands was the primary embarkation point for ATS (excluding MDMA) detections in 2015–16, with 457 detections. Other key embarkation points this reporting period include China (including Hong Kong; 408 detections), the United Kingdom (UK; 398 detections), Singapore (272 detections), Germany (201 detections), India (188 detections), Thailand (169 detections), Malaysia (143 detections), Canada (142 detections) and the US (136 detections). Combined, these 10 embarkation points account for 83.3 per cent of the number of ATS (excluding MDMA) detections at the Australian border in 2015–16.

By weight, China (including Hong Kong; 1 458.7 kilograms), Taiwan (289.2 kilograms) and Nigeria (222.0 kilograms) were the most significant embarkation points for ATS (excluding MDMA) detected at the Australian border this reporting period. Combined, these 3 embarkation points account for 75.2 per cent of the weight of ATS (excluding MDMA) detected at the Australian border in 2015–16 (see Figure 7).

FIGURE 7: Key embarkation points for ATS (excluding MDMA) detections, by weight, at the Australian border, 2015–16



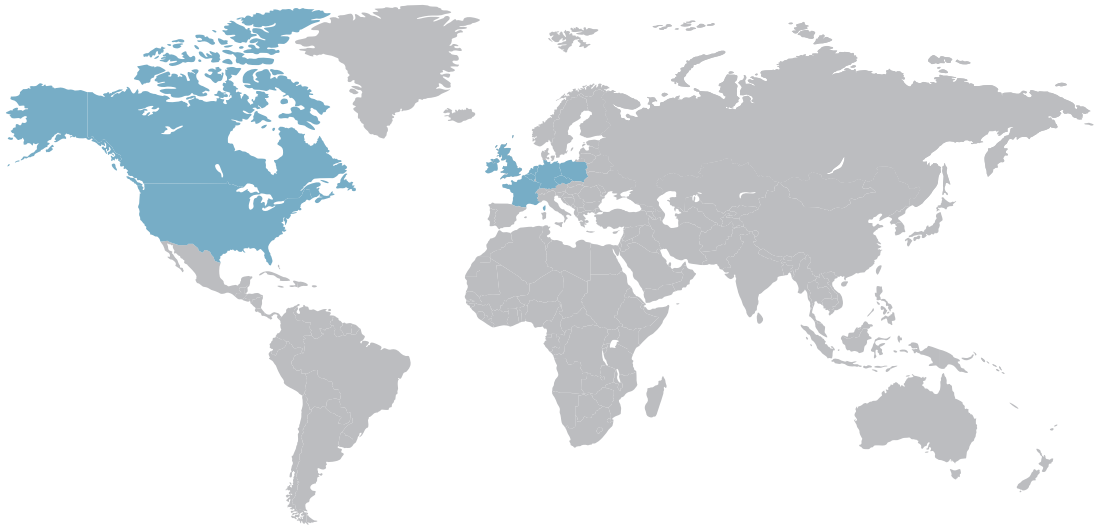
Top 10 embarkation points by weight: China (including Hong Kong), Taiwan, Nigeria, US, Mexico, Malaysia, Indonesia, India, Thailand and United Arab Emirates.

In 2015–16, 29 countries were identified as embarkation points for MDMA detected at the Australian border, compared with 30 countries in 2014–15.

By number, the Netherlands was the primary embarkation point for MDMA detections in 2015–16, with 1 132 detections. Other key embarkation points this reporting period include the UK (986 detections), Germany (359 detections), Belgium (111 detections) and Canada (105 detections). Combined, these 5 embarkation points account for 94.0 per cent of the number of MDMA detections at the Australian border in 2015–16.

By weight, the Netherlands (80.2 kilograms), Germany (27.0 kilograms) and the UK (21.9 kilograms) were the most significant embarkation points for MDMA detected at the Australian border this reporting period. Combined, these 3 embarkation points account for 91.3 per cent of the weight of MDMA detected at the Australian border in 2015–16 (see Figure 8).

FIGURE 8: Key embarkation points for MDMA detections, by weight, at the Australian border, 2015–16



Top 10 embarkation points by weight: Netherlands, Germany, UK, Belgium, Ireland, Poland, France, Canada, US and Czech Republic.

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 2016 from which samples were submitted to the NMI for routine analysis and profiling.[2]

Consistent with previous years, ephedrine/pseudoephedrine (Eph/PSE) remain the dominant precursors for methylamphetamine seized at the border (see Tables 2 and 3). In 2015 there was an increase of the use of P2P as a precursor. This can be attributed to a large single seizure (nearly 500 kilograms) of methylamphetamine dissolved in liquid. A related seizure of methylamphetamine dissolved in liquid was seized in January 2016. This seizure was smaller in weight (164 kilograms) and was also analysed to have been manufactured from P2P.

In 2015, there were 252 seizures of methylamphetamine representing a total weight of 1 841 kilograms, a decrease in both number and bulk weight compared with 2014. Data from Jan–Jun 2016 indicates a sharp increase in the bulk weight of methylamphetamine seized compared to 2015. In the first six months of 2016 there were 37 seizures of methylamphetamine, totalling nearly 1.8 tonnes. Analysis 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. The majority of methylamphetamine seized in Australia originates from China and its provinces, with profiling showing that Eph/PSE remains the preferred precursor in that region.

2 Profiling data relate to seizures investigated by the AFP between 2010 to June 2016, and from which samples were submitted to the National Measurement Institute for routine analysis and profiling. For all reporting years, the data represents a snapshot across the applicable reporting period. These figures cannot reflect seizures that have not been submitted for forensic examination due to prioritisation of law enforcement resources or those that have passed through the border undetected. Certain seizures/samples, such as those containing swabs or trace material, have been omitted from the analysis as they are not amenable to chemical profiling. It is difficult to extrapolate the impact of any observed border trends on drugs reaching consumers i.e. street level seizures in Australia but samples from selected state and territory jurisdictions are submitted for chemical profiling as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project.

TABLE 2: Synthetic route of manufacture of methylamphetamine samples as a proportion of analysed AFP border seizures classified by precursor, 2010–June 2016[3] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	Synthetic Route		
	Eph/PSE %	P2P %	Mixed/Unclassified %
Jan–Jun 2016	78.3	10.4	11.3
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

TABLE 3: Synthetic route of manufacture of methylamphetamine samples as a proportion of total bulk weight of analysed AFP border seizures classified by precursor, 2010–June 2016[4] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	Synthetic Route		
	Eph/PSE %	P2P %	Mixed/Unclassified %
Jan–Jun 2016	62.1	1.4	36.5
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, including importations seized and profiled from the border.

Both Western Australia Police and the New South Wales Police Force continue to be the largest contributors to the ENIPID project—combined they account for 70.4 per cent of all methylamphetamine samples submitted in 2015.

Mirroring the border data, methylamphetamine manufactured from Eph/PSE continued to account for the greatest proportion of analysed ENIPID cases and samples in 2015 (see Tables 4 and 5). Data from the first six months of 2016 indicates a continuation of this trend. In 2015 there were 1 337 samples of methylamphetamine submitted for analysis; an increase from the 478 submitted samples in 2014. For the first six months of 2016 there have been 179 samples of methylamphetamine submitted for profiling through the ENIPID project.

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

TABLE 4: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional samples, classified by precursor, 2010–June 2016 (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	Jurisdiction	Synthetic Route			Total %
		Eph/PSE %	P2P %	Mixed/ Unclassified %	
Jan–Jun 2016	ACT	2.0	–	–	**2.0**
	NSW	50.8	4.0	9.2	**64.0**
	NT	16.2	0.7	0.3	**17.2**
	QLD	–	–	–	**–**
	SA	4.3	1.3	2.0	**7.6**
	VIC	4.3	1.3	0.6	**6.2**
	WA	3.0	–	–	**3.0**
Total		**80.6**	**7.3**	**12.1**	**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**
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 5: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional cases, classified by precursor, 2010–June 2016 (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	Jurisdiction	Synthetic Route			Total %
		Eph/PSE %	P2P %	Mixed/ Unclassified %	
Jan–Jun 2016	ACT	2.2	–	–	**2.2**
	NSW	53.1	4.5	10.1	**67.7**
	NT	12.8	–	0.6	**13.4**
	QLD	–	–	–	**–**
	SA	4.5	1.1	2.2	**7.8**
	VIC	3.3	1.1	1.1	**5.5**
	WA	3.4	–	–	**3.4**
Total		**79.3**	**6.7**	**14.0**	**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**
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.

Since 2012 there has been an ongoing dominance of MDMA manufactured using reductive amination via platinum hydrogenation. This trend continued in 2015, with 83.0 per cent of all seizures profiled involving reductive amination using platinum hydrogenation (see Tables 6 and 7). The majority of MDMA seized originated from Europe. Data from Jan–Jun 2016 shows an increase in MDMA that could not be classified, although overall seizure numbers and weights are relatively low in this period, so care should be taken in interpreting these preliminary results.

TABLE 6: Synthetic route of manufacture of MDMA samples as a proportion of analysed AFP border seizures, 2010–June 2016[5] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year		Reductive Amination				
	Unclassified %	Borohydride %	Platinum Hydrogenation %	Palladium Hydrogenation %	Aluminium Amalgam %	Mixed/ Unclassified %
Jan–Jun 2016	13.5	5.4	62.2	–	–	18.9
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

TABLE 7: Synthetic route of manufacture of MDMA samples as a proportion of total bulk weight of analysed AFP border seizures, 2010–June 2016[6] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year		Reductive Amination				
	Unclassified %	Borohydride %	Platinum Hydrogenation %	Palladium Hydrogenation %	Aluminium Amalgam %	Mixed/ Unclassified %
Jan–Jun 2016	34.2	9.9+	48.6	–	–	7.3
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

In 2015, Western Australia Police and Victoria Police both submitted a quarter of the MDMA samples, with the New South Wales Police Force contributing a further 39.3 per cent of MDMA samples to the ENIPID project. Mirroring the border data, the majority of state-based MDMA samples and cases show the ongoing dominance of MDMA manufactured using reductive amination via platinum hydrogenation (see Tables 8 and 9).

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

TABLE 8: Synthetic route of manufacture of MDMA ENIPID samples as a proportion of analysed jurisdictional samples, 2011–June 2016 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Reductive Amination						
Year	Jurisdiction	Unclassified %	Aluminium Amalgam %	Borohydride %	Palladium Hydrogenation %	Platinum Hydrogenation %	Mixed/ Unclass %	Total %
Jan–Jun 2016	ACT	0.8	–	–	–	2.3	–	**3.1**
	NSW	12.1	3.0	2.3	–	24.2	–	**41.6**
	NT	7.6	–	–	–	18.9	–	**26.5**
	QLD	–	–	–	–	–	–	–
	SA	1.5	0.8	2.3	–	–	–	**4.6**
	TAS	–	–	–	–	–	–	–
	VIC	3.0	1.5	3.0	–	9.9	3.0	**20.4**
	WA	2.3	–	–	–	1.5	–	**3.8**
	Total	**27.3**	**5.3**	**7.6**	**–**	**56.8**	**3.0**	**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**
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.

TABLE 9: Synthetic route of manufacture of MDMA ENIPID samples as a proportion of analysed jurisdictional cases, 2011–June 2016 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Reductive Amination						
Year	Jurisdiction	Unclassified %	Aluminium Amalgam %	Borohydride %	Palladium Hydrogenation %	Platinum Hydrogenation %	Mixed/ Unclass %	Total %
Jan–Jun 2016	ACT	1.6	–	–	–	1.6	–	**3.2**
	NSW	9.7	–	1.6	–	30.7	9.7	**51.7**
	NT	3.2	–	–	–	4.9	1.6	**9.7**
	QLD	–	–	–	–	–	–	–
	SA	3.2	1.6	3.2	–	–	–	**8.0**
	TAS	–	–	–	–	–	–	–
	VIC	1.6	3.2	3.2	–	8.1	6.5	**22.6**
	WA	3.2	–	–	–	1.6	–	**4.8**
	Total	**22.5**	**4.8**	**8.0**	**–**	**46.9**	**17.8**	**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.

DOMESTIC MARKET INDICATORS

The number of clandestine laboratories detected nationally decreased this reporting period, from 667 in 2014–15 to 575 in 2015–16. Of the 575 clandestine laboratories detected in 2015–16, the majority were producing ATS (excluding MDMA). Although the number of laboratories detected this reporting period manufacturing MDMA decreased, from 18 in 2014–15 to 17 in 2015–16, the number remains high (see *Clandestine laboratories and precursors* chapter).

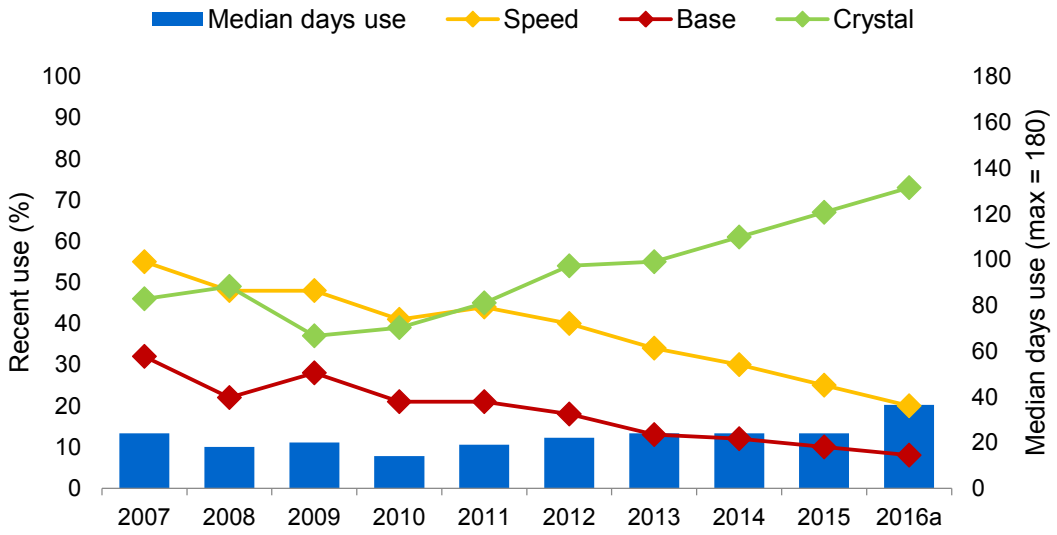
According to the 2013 National Drug Strategy Household Survey (NDSHS), 7.0 per cent of the Australian population aged 14 years or older reported using meth/amphetamines at least once in their lifetime. In the same survey, 2.1 per cent reported recent[7] meth/amphetamines use. These figures remain unchanged from those reported in 2010 (AIHW 2014).

In a 2015 national study of regular injecting users, the proportion of respondents reporting the recent[8] use of any form of methylamphetamine increased, from 70.0 per cent in 2014 to 72.0 per cent in 2015. Within this regular drug injecting user population, the reported median days of methylamphetamine use in the six months preceding interview remained stable at 24 days. Early findings from the 2016 study indicate the proportion of respondents reporting the recent use of any form of methylamphetamine increased to 75.0 per cent, with the reported median days of methylamphetamine use in the six months preceding interview increasing to 36.5 days (Stafford & Breen 2016; Stafford et al 2016).

Within this user population, the proportion of respondents reporting the recent use of crystal methylamphetamine increased, from 61.0 per cent in 2014 to 67.0 per cent in 2015. Early findings from the 2016 study indicate this has further increased to 73.0 per cent. The proportion of respondents reporting the recent use of speed decreased, from 30.0 per cent in 2014 to 25.0 per cent in 2015. Early findings from the 2016 study indicate this further decreased to 20.0 per cent. The proportion of respondents reporting the recent use of methylamphetamine base decreased, from 12.0 per cent in 2014 to 10.0 per cent in 2015. Early findings from the 2016 study indicate this has further decreased to 8.0 per cent (see Figure 9; Stafford & Breen 2016; Stafford et al 2016).

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 the Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.

FIGURE 9: Proportion of a regular injecting drug user population reporting recent use of speed, base or crystal and median days of use of any form of methylamphetamine, 2007 to 2016 (Source: National Drug and Alcohol Research Centre)



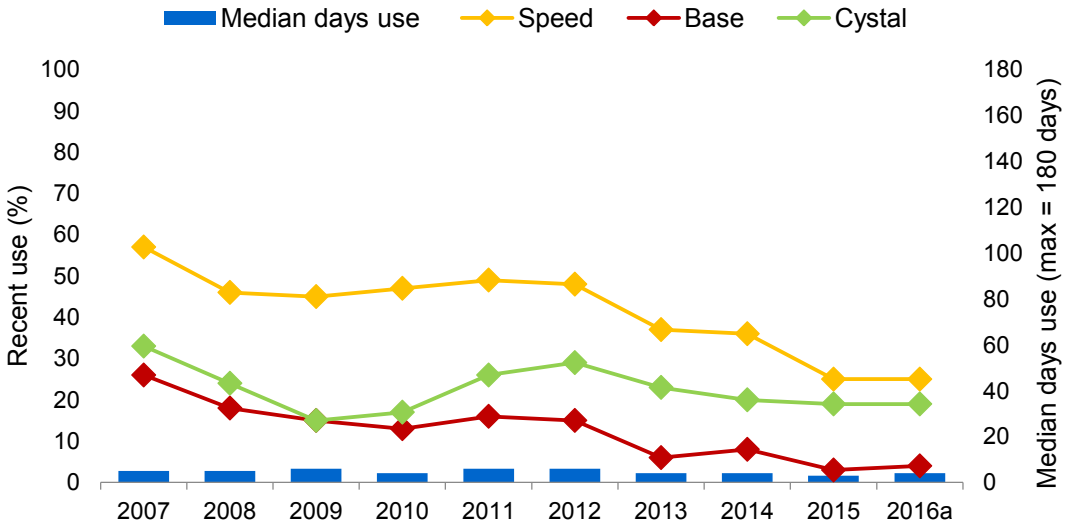
a. Reported figures for 2016 are preliminary.

In the same 2015 study, the proportion of respondents reporting methylamphetamine as their drug of choice increased, from 24.0 per cent in 2014 to 25.0 per cent in 2015. Early findings from the 2016 study indicate this has further increased to 29.0 per cent (Stafford & Breen 2016; Stafford et al 2016).

According to the Australian Needle and Syringe Program Survey (ANSPS), the prevalence of respondents reporting methylamphetamine as the drug last injected increased, from 27.0 per cent in 2011 to 33.0 per cent in 2014. In 2014, methylamphetamine surpassed heroin (31.0 per cent) as the most commonly reported drug last injected nationally. The prevalence of respondents reporting methylamphetamine as the drug last injected further increased to 36.0 per cent in 2015 and continues to remain higher than that reported for heroin (Memedovic et al 2016).

In a 2015 national study of regular ecstasy users, the proportion of respondents reporting the recent use of any form of methylamphetamine decreased, from 47.0 per cent in 2014 to 38.0 per cent in 2015. Early findings from the 2016 study indicate this figure has remained stable at 38.0 per cent. Speed remained the most common form of methylamphetamine used. Within this user population, the proportion of respondents reporting the recent use of speed decreased, from 36.0 per cent in 2014 to 25.0 per cent in 2015. Early findings from the 2016 study indicate this has remained stable at 25.0 per cent. The proportion of respondents reporting the recent use of crystal decreased, from 20.0 per cent in 2014 to 19.0 per cent in 2015. Early findings from the 2016 study indicate this has remained stable at 19.0 per cent. The proportion of respondents reporting the recent use of base decreased, from 8.0 per cent in 2014 to 3.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 4.0 per cent. Within this regular ecstasy user population, the reported median days of methylamphetamine use in the six months preceding interview in 2015 was 3 days. Early findings from the 2016 study indicate the reported median days of methylamphetamine use has increased to 4 days (see Figure 10; Sindicich et al 2016; Stafford et al 2016).

FIGURE 10: Proportion of a regular ecstasy drug user population reporting recent use of speed, base or crystal and median days of use of any form of methylamphetamine, 2007 to 2016 (Source: National Drug and Alcohol Research Centre)



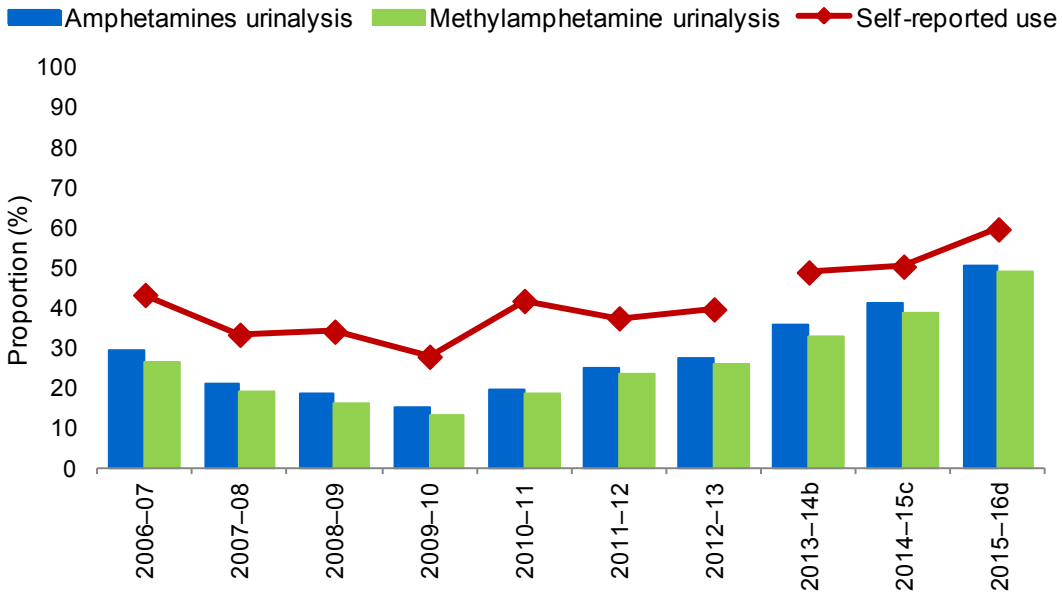
a. Reported figures for 2016 are preliminary.

According to the 2013 NDSHS, 10.9 per cent of the Australian population aged 14 years or older reported using ecstasy at least once in their lifetime, an increase from the 10.3 per cent reported in 2010. In the 2013 survey, 2.5 per cent reported recent ecstasy use, a decrease from the 3.0 per cent reported in 2010 (AIHW 2014).

In a 2015 national study of regular ecstasy users, the reported median days of ecstasy use (any form) in the six months preceding interview decreased, from 13 days in 2014 to 12 days in 2015. Early findings from the 2016 study indicate this has increased to 13 days. Within this user population, the proportion of respondents reporting the recent use of ecstasy tablets decreased, from 92.0 per cent in 2014 to 85.0 in 2015. Early findings from the 2016 study indicate this has decreased to 82.0 per cent. The proportion of respondents reporting the recent use of ecstasy crystals increased, from 49.0 per cent in 2014 to 52.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 57.0 per cent. The proportion of respondents reporting the recent use of ecstasy capsules increased, from 53.0 per cent in 2014 to 60.0 per cent in 2015. Early findings from the 2016 study indicate this remains unchanged. The proportion of respondents reporting the recent use of ecstasy powder decreased, from 24.0 per cent in 2014 to 22.0 per cent in 2015. Early findings from the 2016 study indicate this has decreased to 21.0 per cent (Sindicich et al 2016; Stafford et al 2016).

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[10] via urinalysis for amphetamines[11] increased, from 40.9 per cent in 2014–15 to 50.5 per cent in 2015–16, the highest percentage reported in the last decade. This increase in amphetamines use is largely due to an increase in the proportion of detainees testing positive for methylamphetamine, from 38.7 per cent in 2014–15 to 49.0 per cent in 2015–16 (see Figure 11). The proportion of detainees testing positive for methylamphetamine continues to be higher than the proportion testing positive for MDMA, heroin, cocaine, benzodiazepines and opiates (excluding heroin). In 2015–16, the proportion of detainees testing positive for methylamphetamine was higher than the proportion testing positive for cannabis (44.4 per cent). In 2015–16, 59.7 per cent of detainees self-reported recent[12] methylamphetamine use, an increase from the 50.4 per cent reported in 2014–15.

FIGURE 11: National proportion of detainees testing positive for amphetamines/ methylamphetamine compared with self-reported recent use, 2006–07 to 2015–16 (Source: Australian Institute of Criminology)

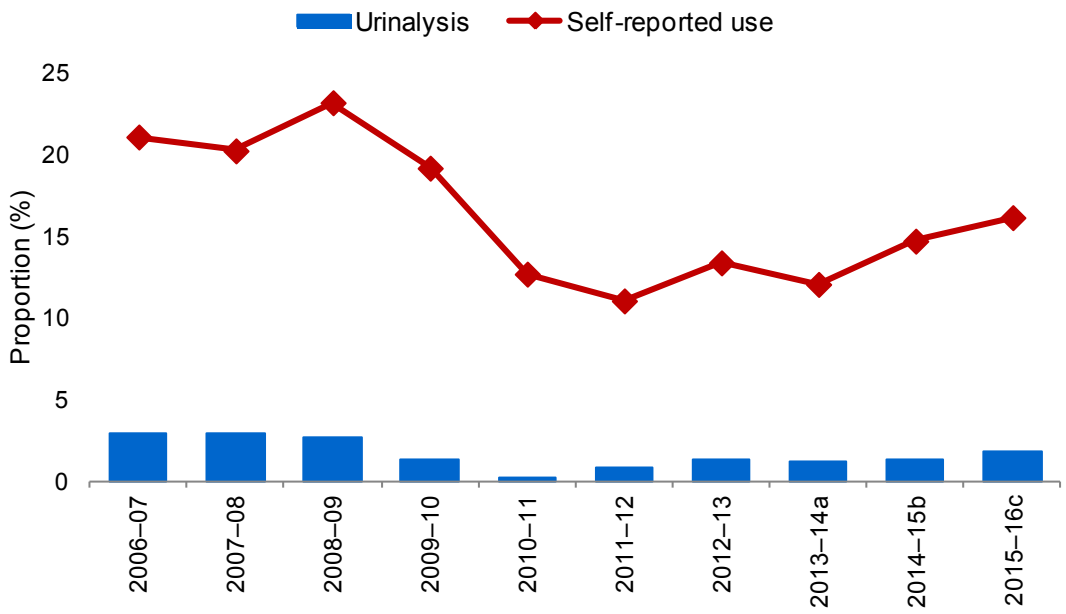


a. From 2013–14, the self-report question changed from including 'amphetamine/speed/methylamphetamine' to 'methylamphetamine/speed/ice'.
b. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
c. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
d. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.

9 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
10 Amphetamines and their metabolites can be detected in urine up to 2 to 4 days after administration.
11 Amphetamines in the DUMA program include results for methylamphetamine, MDMA and other amphetamines.
12 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

The proportion of detainees testing positive to MDMA via urinalysis increased, from 1.3 per cent in 2014–15 to 1.9 per cent in 2015–16. Over the last decade the proportion of detainees testing positive to MDMA has remained low (under 2.9 per cent). Self-reported recent use of MDMA[13] increased from 14.7 per cent in 2014–15 to 16.2 per cent in 2015–16 (see Figure 12).

FIGURE 12: National proportion of detainees testing positive for MDMA compared with self-reported recent use, 2006–07 to 2015–16 (Source: Australian Institute of Criminology)



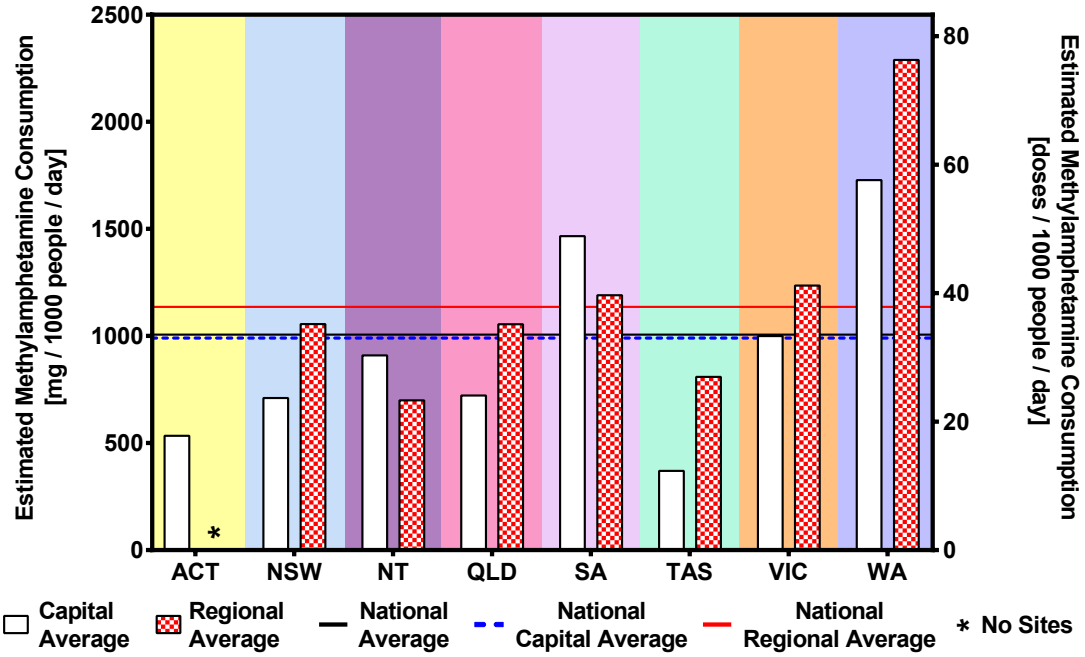
a. Urine was collected in the third and fourth quarters of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarters of 2015.
c. Urine was collected in third quarter of 2015 and the first and second quarters of 2016.

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. 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 Australian Criminal Intelligence Commission (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).[14]

13 The self-report question includes use of ecstasy/MDMA in the 12 months prior to arrest.
14 The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/sites/g/files/net1491/f/national_wastewater_drug_monitoring_program_report_1_0.pdf?v=1490333695>.

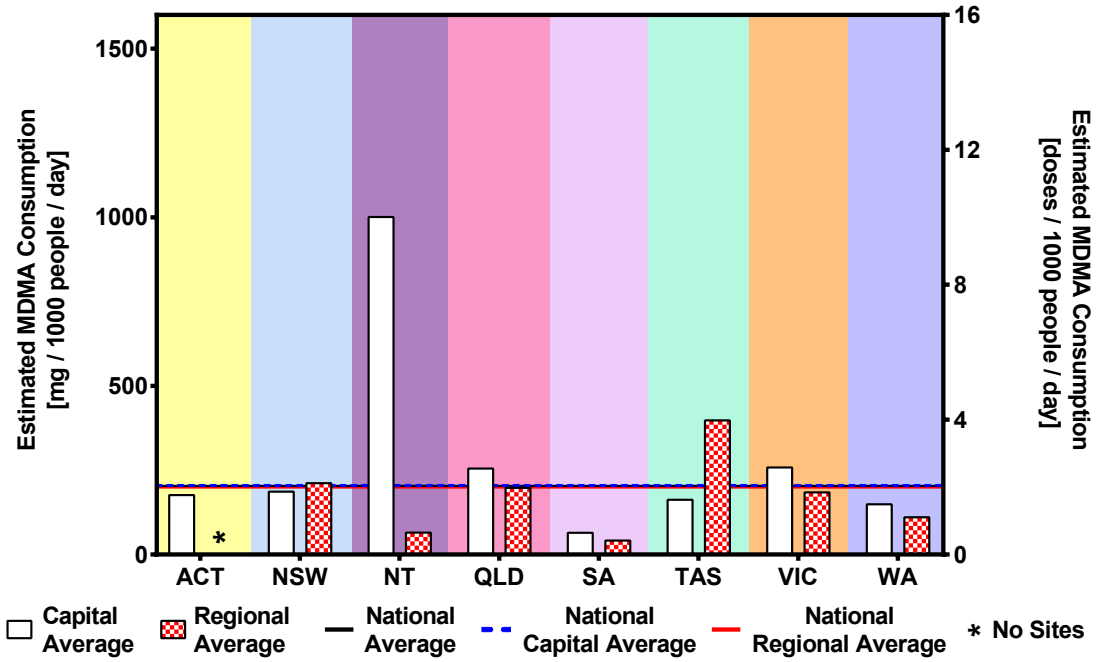
Wastewater analysis conducted in the latter half of 2016 shows that in all jurisdictions, methylamphetamine consumption far exceeds the consumption of the other illicit stimulants tested and the consumption (both licit and illicit) of oxycodone and fentanyl. Western Australia had the highest levels of methylamphetamine, with consumption in both capital city and regional sites above the respective national averages. It should be noted that only one regional site was included in the Western Australia collection. With the exception of South Australia and the Northern Territory, regional sites had higher levels of methylamphetamine consumption than capital sites. Capital city sites in the Australian Capital Territory and Tasmania had the lowest methylamphetamine consumption levels nationwide (see Figure 13).

FIGURE 13: Estimated average consumption of methylamphetamine for capital city sites and regional sites by state/territory (Source: National Wastewater Drug Monitoring Program)



Levels of MDMA consumption were consistently low across the country compared to methylamphetamine. Regional, capital city and national average MDMA consumption levels were almost identical. The capital city site in the Northern Territory ranked highest in terms of estimated MDMA consumption. In contrast, MDMA use in regional Northern Territory and South Australia was well below other regional areas. The Northern Territory was also the only state or territory with substantially higher MDMA use in the capital city than in the regional areas (see Figure 14).

FIGURE 14: Estimated average consumption of MDMA for capital city sites and regional sites by state/territory (Source: National Wastewater Drug Monitoring Program)



PRICE

Nationally, the price range for a street deal (0.1 grams) of amphetamine ranged between $40 and $70 in 2015–16, compared with a price range between $50 and $150 in 2014–15. Nationally, the price range for 1 gram of amphetamine ranged between $150 and $800 in 2015–16, compared with a price range between $180 and $800 in 2014–15. Victoria was the only state to report a price for 1 kilogram of amphetamine this reporting period, which ranged between $100 000 and $120 000. No price data was available for 1 kilogram of amphetamine in 2014–15.

Nationally, the price range for a street deal (0.1 grams) of non-crystal methylamphetamine ranged between $30 and $150 in 2015–16, compared with a price range between $20 and $150 in 2014–15. Nationally, the price range for 1 gram of non-crystal methylamphetamine ranged between $170 and $500 in 2015–16, compared with a price range between $100 and $500 in 2014–15. Victoria was the only state to report a price for 1 kilogram of non-crystal methylamphetamine this reporting period, which ranged between $80 000 and $120 000. New South Wales was the only state to report a price for 1 kilogram of non-crystal methylamphetamine in 2014–15, which ranged between $70 000 and $110 000.

Nationally, the price range for a street deal (0.1 grams) of crystal methylamphetamine ranged between $20 and $200 in 2015–16, compared with a price range between $50 and $150 in 2014–15. Nationally, the price range for 1 gram of crystal methylamphetamine ranged between $150 and $1 200 in 2015–16, compared with a price range between $250 and $1 200 in 2014–15. Nationally, the price range for 1 kilogram of crystal methylamphetamine ranged between $75 000 and $280 000 in 2015–16, compared with a price range between $120 000 and $280 000 in 2014–15.

Nationally, the price for 1 MDMA tablet/capsule ranged between $20 and $50 in 2015–16, compared with a price range between $10 and $50 in 2014–15. This reporting period price data was also collected for 1 kilogram of MDMA, which ranged between $27 000 and $60 000 nationally in 2015–16.

PURITY

Figure 15 illustrates the annual median purity of analysed amphetamine[15] samples over the last decade. Since 2006–07, the median purity of analysed amphetamine samples has fluctuated, most significantly in the Australian Capital Territory and Western Australia. Amphetamine purity levels have ranged between 0.1 per cent and 77.7 per cent since 2006–07. In 2015–16, the annual median purity ranged from 1.8 per cent in Queensland to 76.8 per cent in the Australian Capital Territory. This reporting period Victoria and Western Australia reported an increase in the annual median purity of amphetamine, while a decrease was reported in New South Wales, Queensland and the Australian Capital Territory.

FIGURE 15: Annual median purity of amphetamine samples, 2006–07 to 2015–16

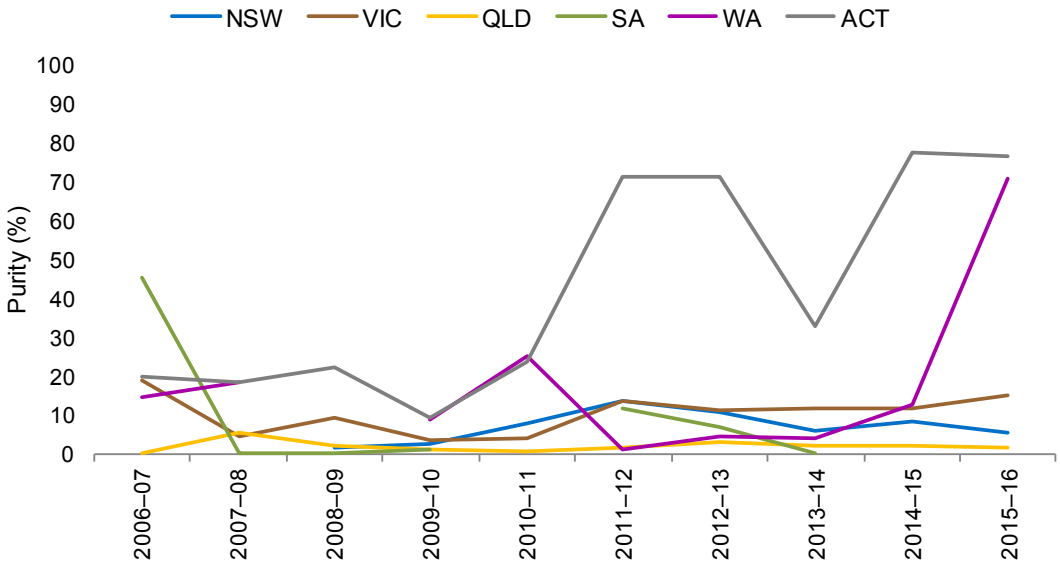


Figure 16 illustrates the median purity of analysed amphetamine samples on a quarterly basis in 2015–16. This reporting period the quarterly median purity of amphetamine ranged between 4.6 per cent in Queensland in the fourth quarter of 2015 and 76.8 per cent in the Australian Capital Territory in the third quarter of 2015.

15 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.

FIGURE 16: Quarterly median purity of amphetamine samples, 2015–16

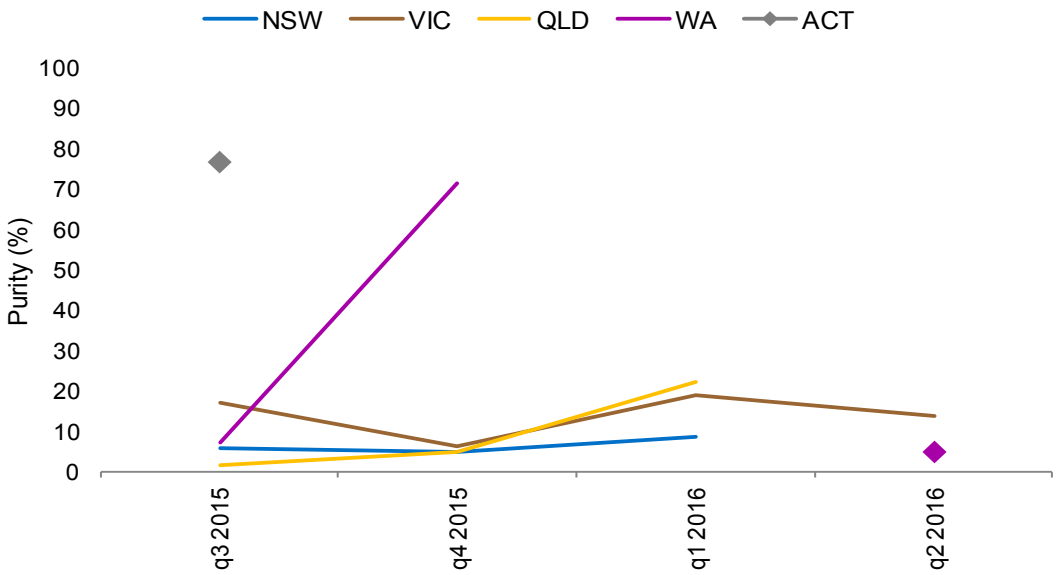


Figure 17 illustrates the annual median purity of analysed methylamphetamine samples over the last decade. Since 2006–07, the median purity of methylamphetamine has ranged from 4.4 per cent to 83.4 per cent. With the exception of New South Wales which remained stable, all states reported an increase in the median purity of methylamphetamine this reporting period and are at record highs. In 2015–16, the annual median purity ranged between 73.5 per cent in Queensland and 83.4 per cent in Victoria.

FIGURE 17: Annual median purity of methylamphetamine samples, 2006–07 to 2015–16

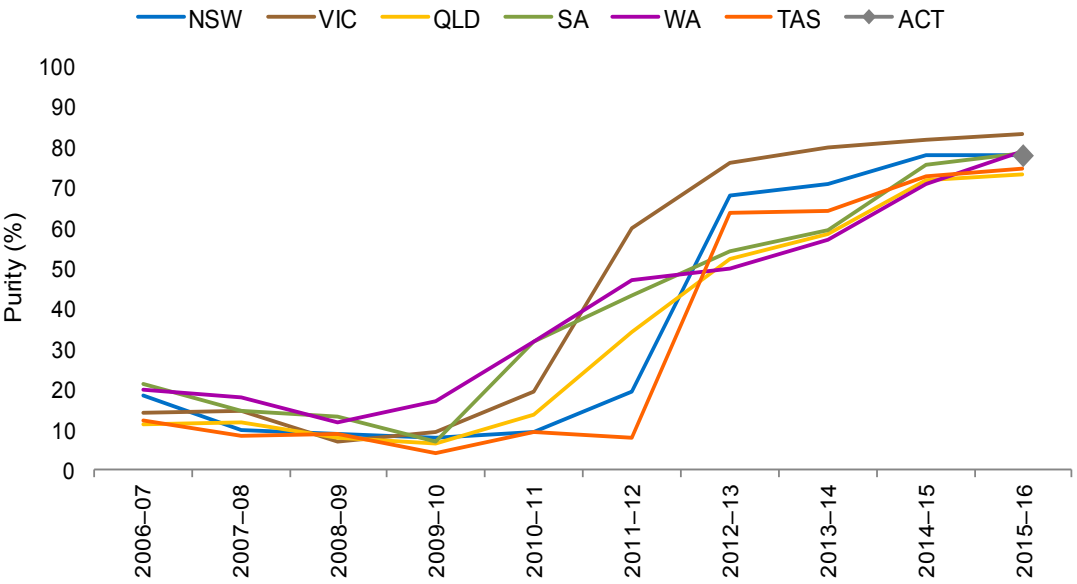


Figure 18 illustrates the median purity of analysed methylamphetamine samples on a quarterly basis in 2015–16. This reporting period the quarterly median purity of methylamphetamine ranged between 73.3 per cent in Queensland in the fourth quarter of 2015 and 83.6 per cent in Victoria in the first quarter of 2016.

FIGURE 18: Quarterly median purity of methylamphetamine samples, 2015–16

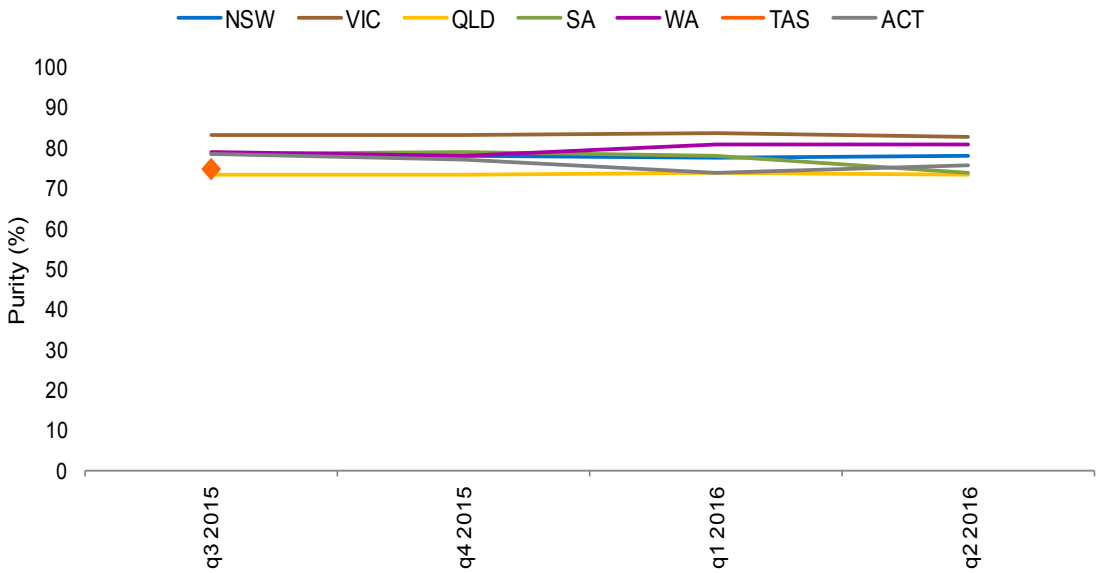


Figure 19 illustrates the annual median purity of analysed phenethylamine samples over the last decade, the majority of which relate to MDMA. Since 2006–07, the annual median purity of phenethylamines has ranged between 6.8 per cent and 82.7 per cent. In 2015–16, the annual median purity of phenethylamines ranged from 17.3 per cent to 76.9 per cent. This reporting period New South Wales, Victoria, South Australia and the Australian Capital Territory reported an increase in the annual median purity of phenethylamines, while Queensland and Western Australia reported a decrease.

FIGURE 19: Annual median purity of phenethylamine samples, 2006–07 to 2015–16

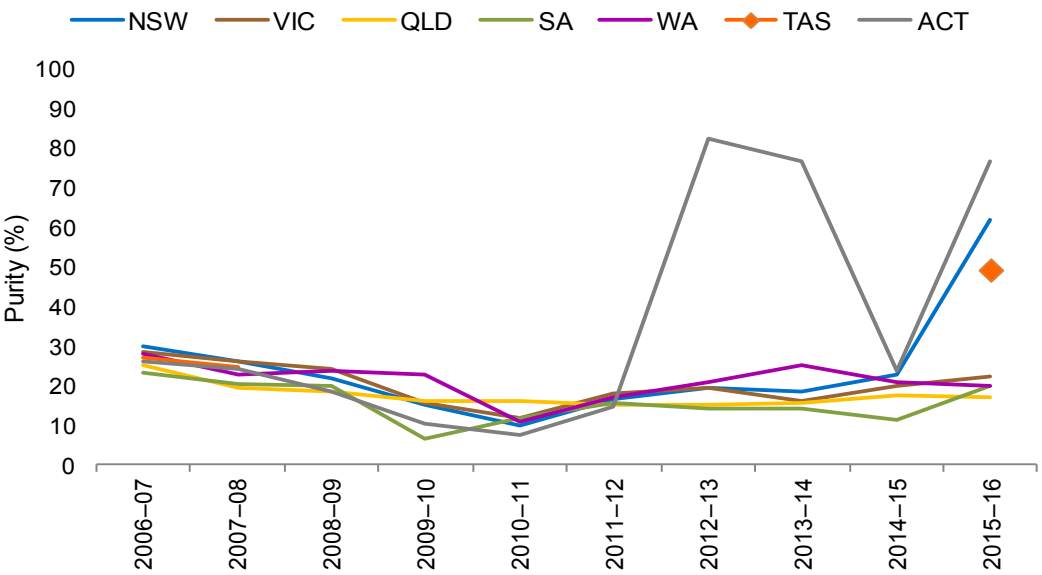
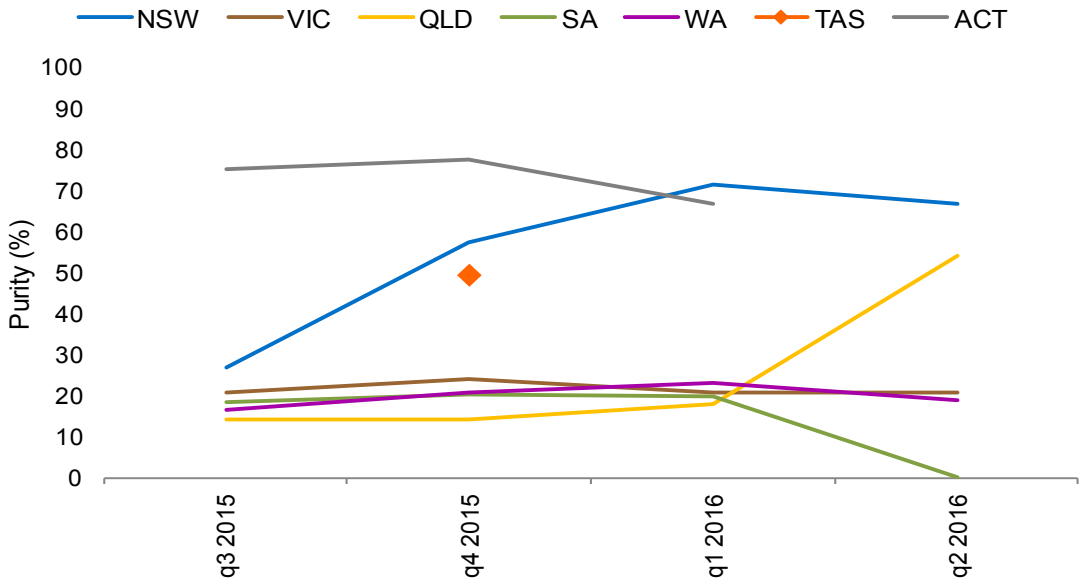


Figure 20 illustrates the median purity of analysed phenethylamine samples on a quarterly basis in 2015–16. This reporting period the quarterly median purity of phenethylamines ranged between 0.2 per cent in South Australia in the second quarter of 2016 and 77.6 per cent in the Australian Capital Territory in the fourth quarter of 2015.

FIGURE 20: Quarterly median purity of phenethylamine samples, 2015–16



AVAILABILITY

In a 2015 national study of regular injecting drug users, the proportion of respondents reporting crystal methylamphetamine (ice) as easy or very easy obtain increased, from 91.0 per cent in 2014 to 95.0 per cent per cent in 2015. Early findings from the 2016 indicate this has further increased to 96.0 per cent. The proportion of respondents reporting methylamphetamine powder (speed) as easy or very easy to obtain decreased, from 85.0 per cent in 2014 to 77.0 per cent in 2015. Early findings from the 2016 study indicate this has decreased to 75.0 per cent. The proportion of respondents reporting base as easy or very easy to obtain also decreased, from 83.0 per cent in 2014 to 62.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 68.0 per cent (Stafford & Breen 2016; Stafford et al 2016).

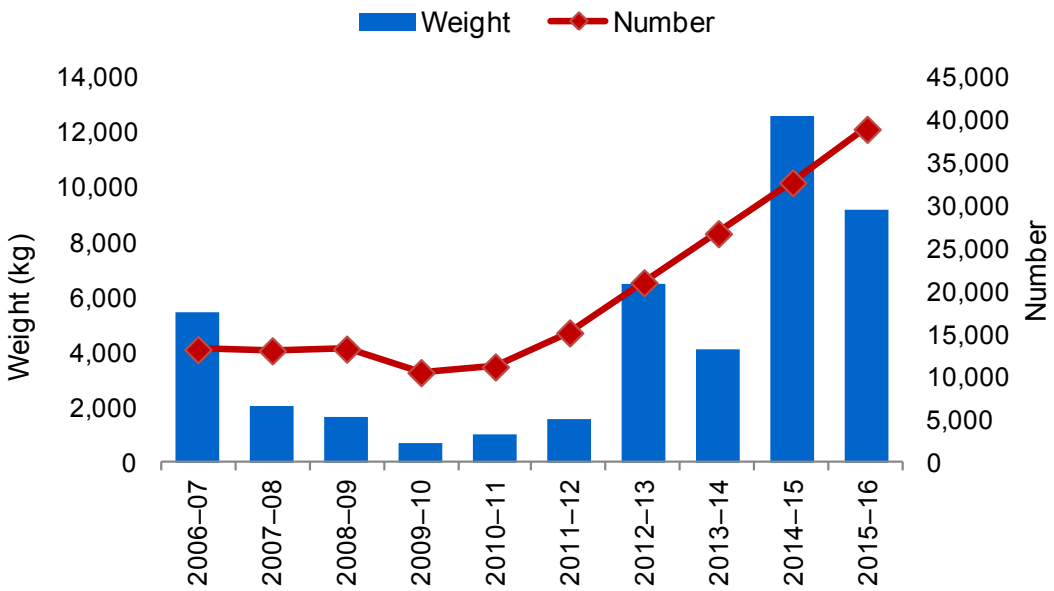
In a 2015 national study of regular ecstasy users, the proportion of respondents reporting crystal methylamphetamine as easy or very easy to obtain increased, from 86.0 per cent in 2014 to 97.0 per cent in 2015. Early findings from the 2016 study indicate this has decreased to 92.0 per cent. The proportion of respondents reporting methylamphetamine powder as easy or very easy to obtain decreased, from 73.0 per cent in 2014 to 59.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 60.0 per cent. The proportion of respondents reporting base as easy or very easy to obtain also decreased, from 72.0 per cent in 2014 to 53.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 64.0 per cent (Sindicich et al, 2016; Stafford et al 2016).

In the same 2015 study, the proportion of respondents reporting ecstasy as easy or very easy to obtain increased, from 89.0 per cent in 2014 to 93.0 per cent in 2015. Early findings from the 2016 study indicate this has remained stable at 93.0 per cent (Sindicich et al, 2016; Stafford et al 2016).

SEIZURES AND ARRESTS

The number of national ATS seizures increased 19.1 per cent this reporting period, from 32 768 in 2014–15 to a record 39 014 in 2015–16. While the weight of ATS seized nationally decreased 27.0 per cent this reporting period, from 12 631.5 kilograms in 2014–15 to 9 218.2 kilograms in 2015–16, it is the second highest weight on record (see Figure 21).

FIGURE 21: National ATS seizures, by number and weight, 2006–07 to 2015–16



The Australian Capital Territory reported the greatest percentage increase (64.9 per cent) in the number of ATS seizures in 2015–16, while Victoria reported the greatest percentage increase in the weight of ATS seized (396.1 per cent). New South Wales continues to account for the greatest proportion of the number of national ATS seizures (35.2 per cent this reporting period), while Victoria accounted for the greatest proportion of the weight of ATS seized nationally in 2015–16 (53.1 per cent; see Table 10).

TABLE 10: Number, weight and percentage change of national ATS seizures, 2014–15 and 2015–16

	Number			Weight (grams)		
State/Territory[a]	2014–15	2015–16	% change	2014–15	2015–16	% change
New South Wales	11 999	13 749	14.6	10 974 399	3 487 494	-68.2
Victoria[b]	3 696	3 438	-7.0	986 968	4 896 036[b]	396.1
Queensland	6 727	8 294	23.3	191 851	147 601	-23.1
South Australia	755	1 166	54.4	144 919	82 216	-43.3
Western Australia	7 874	10 640	35.1	276 248	566 726	105.2
Tasmania	895	679	-24.1	7 231	4 809	-33.5
Northern Territory	494	507	2.6	16 933	30 831	82.1
Australian Capital Territory	328	541	64.9	32 997	2 580	-92.2
Total	**32 768**	**39 014**	**19.1**	**12 631 546**	**9 218 293**	**-27.0**

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

b. The majority of the weight of ATS seized in Victoria in 2015–16 relates to a small number of significant MDMA seizures.

Figure 22 illustrates national ATS seizures over the last decade by drug type[16] (amphetamines[17], MDMA and other ATS), number and weight. The number of national amphetamines seizures increased 20.0 per cent this reporting period, from 26 901 in 2014–15 to 32 273 in 2015–16, with the weight of amphetamines seized decreasing 27.2 per cent, from 6 186.5 kilograms in 2014–15 to 4 505.4 kilograms in 2015–16. The number of national MDMA seizures increased 10.1 per cent this reporting period, from 5 418 in 2014–15 to 5 967 in 2015–16, with the weight of MDMA seized decreasing 28.7 per cent, from 6 105.6 kilograms to 4 352.7 kilograms. The number of other ATS seizures decreased 27.8 per cent this reporting period, from 449 in 2014–15 to 324 in 2015–16, while the weight seized increased 6.1 per cent, from 339.3 kilograms in 2014–15 to 360.1 kilograms in 2015–16.

Amphetamines accounted for 83.9 per cent of the number of national ATS seizures in 2015–16, followed by MDMA (15.3 per cent) and other ATS (0.8 per cent). Amphetamines accounted for 48.9 per cent of the weight of ATS seized nationally in 2015–16, followed by MDMA (47.2 per cent) and other ATS (3.9 per cent).

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

17 Amphetamines include amphetamine, methylamphetamine, dexamphetamine and amphetamine not elsewhere classified.

FIGURE 22: National ATS seizures, by ATS drug type, number and weight, 2006–07 to 2015–16

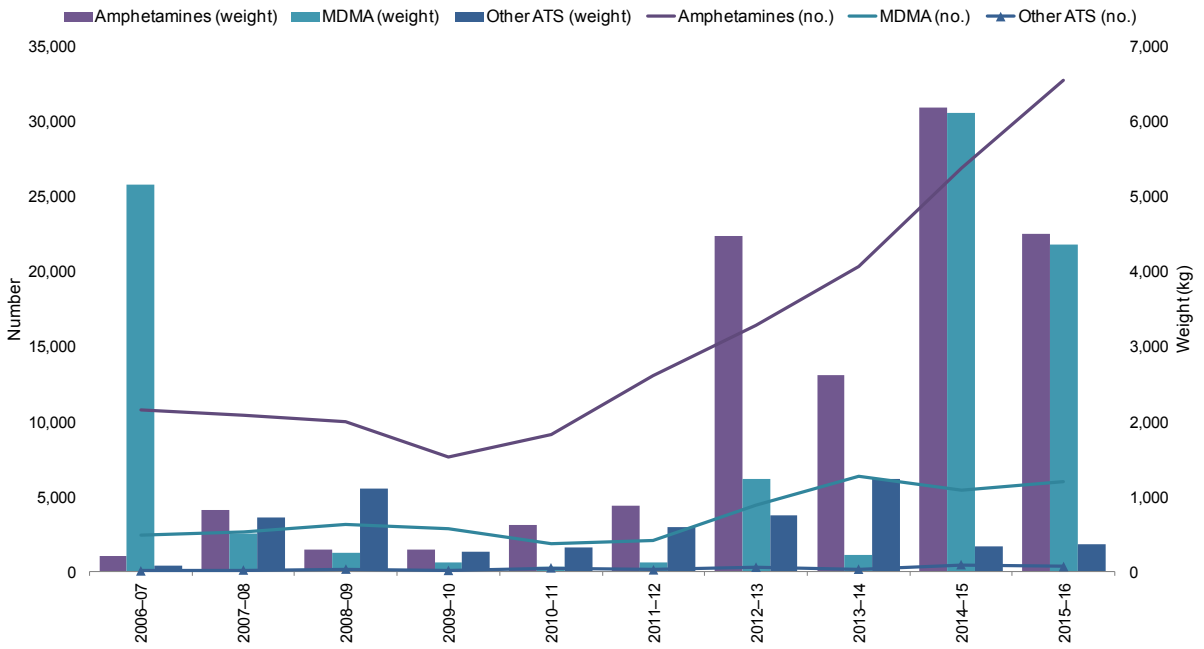


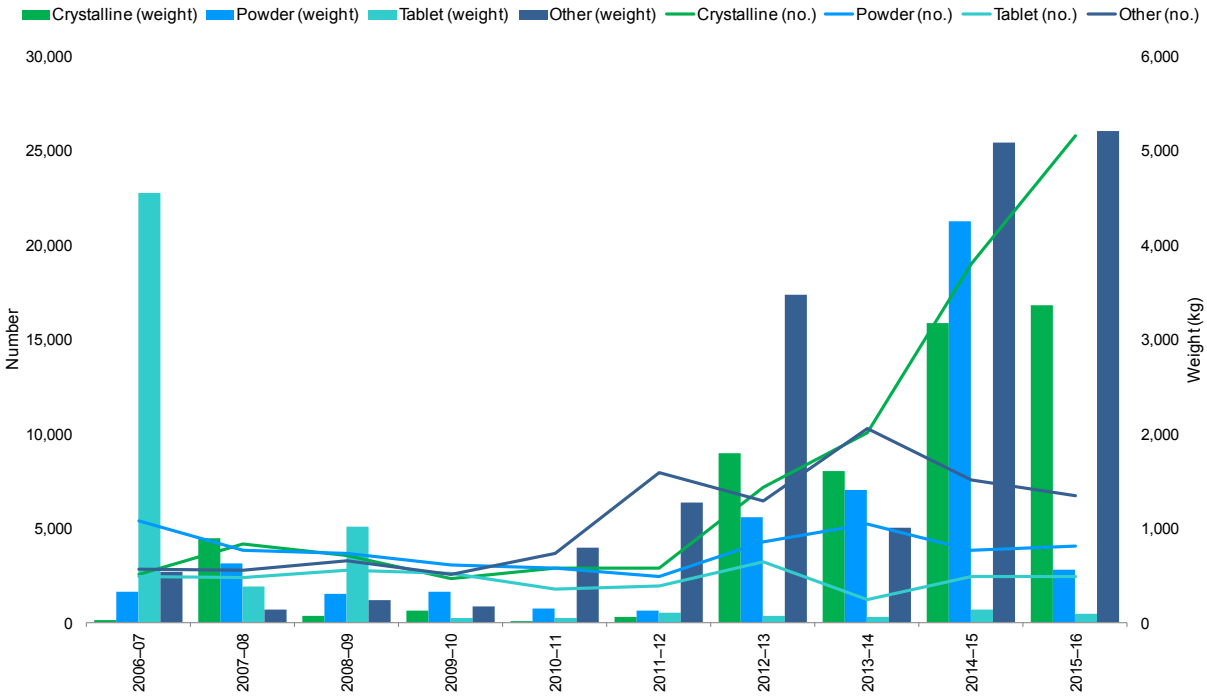
Figure 23 illustrates the form (crystalline, powder, tablet and other[18]) of national ATS seizures over the last decade, by number and weight. The predominant drug form, by both number and weight, has varied across the decade. The number of national ATS seizures in crystalline form increased 35.8 per cent this reporting period, from 18 985 in 2014–15 to 25 786 in 2015–16. The number of national ATS seizures in powder form increased 5.3 per cent this reporting period, from 3 844 in 2014–15 to 4 046 in 2015–16. The number of national ATS seizures in tablet form increased 1.3 per cent this reporting period, from 2 416 in 2014–15 to 2 448 in 2015–16, while the number of national ATS seizures in other drug forms decreased 10.5 per cent, from 7 523 in 2014–15 to 6 734 in 2015–16.

The weight of ATS seized nationally in crystalline form increased 5.8 per cent this reporting period, from 3 172.6 kilograms in 2014–15 to 3 357.9 kilograms in 2015–16. The weight of ATS seized nationally in powder form decreased 86.9 per cent this reporting period, from 4 245.5 kilograms in 2014–15 to 555.0 kilograms in 2015–16. The weight of ATS seized nationally in tablet form decreased 26.9 per cent this reporting period, from 132.5 kilograms in 2014–15 to 96.8 kilograms in 2015–16. The weight of ATS seized nationally in other drug forms has increased 2.5 per cent this reporting period, from 5 080.7 kilograms in 2014–15 to 5 208.4 kilograms in 2015–16.

ATS seizures in crystalline form accounted for 66.1 per cent of the number of national ATS seizures in 2015–16, followed by other (17.3 per cent), powder (10.4 per cent) and tablet (6.3 per cent). Other drug forms accounted for 56.5 per cent of the weight of ATS seized nationally in 2015–16, followed by crystalline (36.4 per cent), powder (6.0 per cent) and tablet (1.1 per cent).

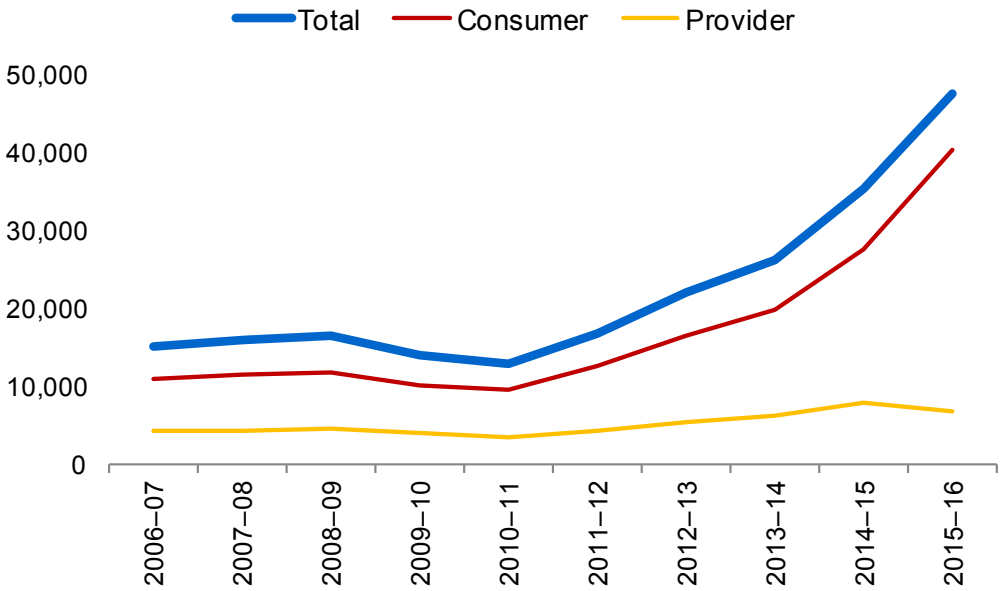
18 In relation to ATS drug form, the category of 'other' reflects drug forms other than crystalline, powder or tablet and includes seizures for which the drug form was not known or inadequately described.

FIGURE 23: National ATS seizures, by drug form, 2006–07 to 2015–16



The number of national ATS arrests increased 34.3 per cent this reporting period, from 35 468 in 2014–15, to a record 47 625 in 2015–16. Consumer arrests continue to account for the greatest proportion of arrests, comprising 85.1 per cent of national ATS arrests in 2015–16 (see Figure 24). However, the Northern Territory reported more ATS provider arrests than consumer arrests in 2015–16.

FIGURE 24: Number of national ATS arrests, 2006–07 to 2015–16



All states and territories reported increases in the number of ATS arrests in 2015–16. South Australia reported the greatest percentage increase in ATS arrests this reporting period (280.1 per cent). Queensland accounted for the greatest proportion of national ATS arrests in 2015–16 (26.3 per cent), followed by Victoria (22.9 per cent) and New South Wales (20.2 per cent). Combined, these three states account for 69.3 per cent of national ATS arrests in 2015–16 (see Table 11).

TABLE 11: Number and percentage change of national ATS arrests, 2014–15 and 2015–16

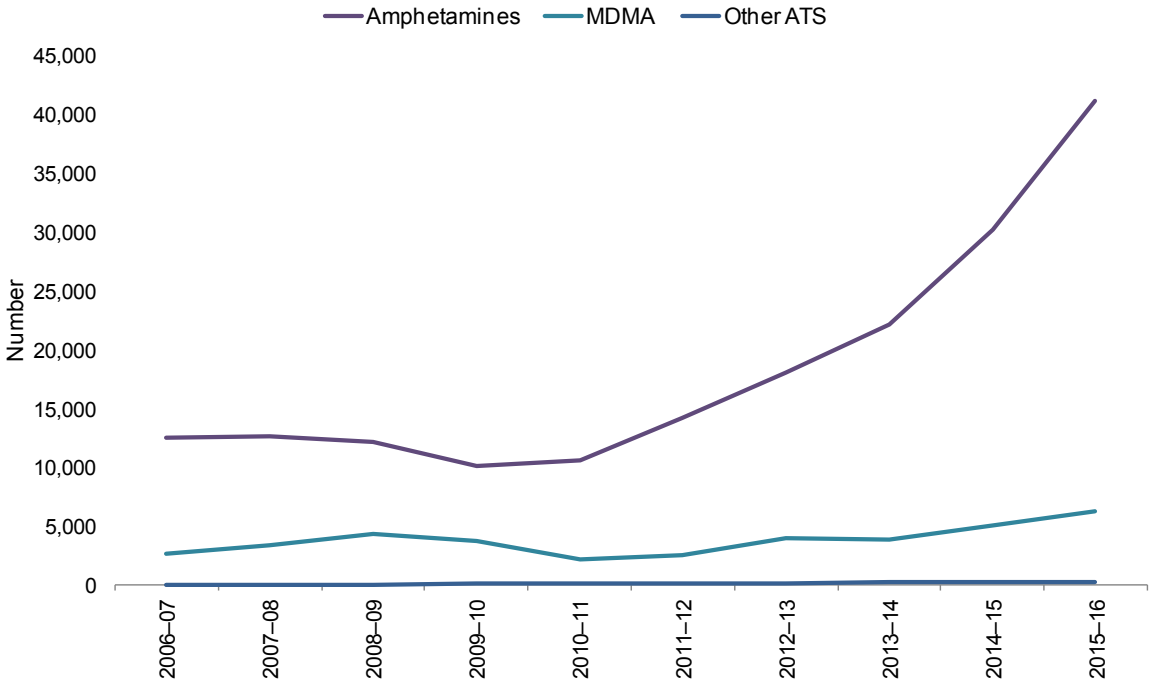
	Arrests		
State/Territory[a]	2014–15	2015–16	% change
New South Wales	8 495	9 605	13.1
Victoria	9 734	10 895	11.9
Queensland	9 533	12 507	31.2
South Australia[b]	1 573	5 979	280.1
Western Australia	5 287	7 516	42.2
Tasmania	430	530	23.3
Northern Territory	282	445	57.8
Australian Capital Territory	134	148	10.4
Total	**35 468**	**47 625**	**34.3**

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

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).

Figure 25 illustrates the number of national ATS arrests by drug type (amphetamines, MDMA and other ATS) over the last decade. Amphetamines have accounted for the greatest proportion of national ATS arrests over the last decade. The number of national amphetamines arrests has continued to increase since 2009–10. Amphetamines arrests account for 86.5 per cent of national ATS arrests in 2015–16, followed by MDMA (13.2 per cent) and other ATS (0.4 per cent). The number of national amphetamines arrests increased 36.2 per cent this reporting period, from 30 230 in 2014–15 to 41 177 in 2015–16. The number of national MDMA arrests increased 24.1 per cent this reporting period, from 5 053 in 2014–15 to 6 272 in 2015–16. The number of other ATS arrests remains low, decreasing 4.9 per cent this reporting period from 185 in 2014–15 to 176 in 2015–16.

FIGURE 25: Number of national ATS arrests, by drug type, 2006–07 to 2015–16



NATIONAL IMPACT

Surveys of regular injecting drug user and police detainee populations indicate a continued increase in methylamphetamine use. According to a national study of police detainees, the proportion of respondents who tested positive to methylamphetamine increased from 38.7 per cent in 2014–15 to 49.0 per cent in 2015–16. According to a 2015 national study of regular injecting drug users, 72.0 per cent of respondents reported the recent use of any form of methylamphetamine, an increase from 70.0 per cent in 2014. Early findings from the 2016 study indicate this has further increased to 75.0 per cent. Crystal methylamphetamine continues to be the preferred form of the drug used within this user group, with 73.0 per cent of respondents in 2016 reporting the recent use of crystal methylamphetamine, compared with 20.0 per cent for speed and 8.0 per cent for base.

Wastewater analysis conducted in the latter half of 2016 as part of the NWDMP measured the presence of 13 substances across 51 sites nationally. Alcohol and tobacco consumption was the highest of all substances tested in all states and territories. Of the remaining substances, methylamphetamine consumption was highest by some margin. With the exception of South Australia and the Northern Territory, regional sites had higher per capita levels of methylamphetamine consumption than capital sites. Compared to methylamphetamine, levels of MDMA consumption were consistently low across the country, with regional, capital city and national average MDMA consumption levels almost identical.

Despite decreases in the number and weight of ATS (excluding MDMA) detections at the Australian border this reporting period, they are the second highest figures on record. The number of ATS (excluding MDMA) detections at the Australian border decreased from 3 578 in 2014–15 to 2 864 in 2015–16, with the weight detected decreasing from 3 422.8 kilograms in 2014–15 to 2 620.6 kilograms in 2015–16. Crystal methylamphetamine accounted for 64.2 per cent of the weight of ATS (excluding MDMA) detected at the Australian border this reporting period. The international mail stream was the primary importation method by number for detections of ATS (excluding MDMA) at the Australian border in 2015–16, while sea cargo was the primary importation method by weight. The number of embarkation points identified for ATS (excluding MDMA) detections at the Australian border increased this reporting period, from 48 in 2014–15 to 49 in 2015–16. The Netherlands was the prominent embarkation point by number for ATS (excluding MDMA) detections this reporting period, while China was the prominent embarkation point by weight.

Surveys of a regular ecstasy user population indicate that MDMA use remains relatively stable. Ecstasy tablets continue to be the preferred form of the drug used within this user group, with 82.0 per cent of respondents in 2016 reporting the recent use of ecstasy tablets, compared with 60.0 per cent for ecstasy capsules, 57.0 per cent for ecstasy/MDMA crystals and 21.0 per cent for ecstasy/MDMA powder. While surveys of police detainee populations indicate an increase in both the self-reported use and proportion of respondents who tested positive for MDMA in 2015–16, figures remain low.

Both the number and weight of MDMA detected at the Australian border also decreased this reporting period. The number of MDMA detections decreased from 3 578 in 2014–15 to 2 864 in 2015–16, with the weight detected decreasing from 2 002.4 kilograms in 2014–15 to 141.5 kilograms in 2015–16.[19] Crystal MDMA accounted for 34.7 per cent of the weight of MDMA detected at the Australian border this reporting period, followed by powder (33.1 per cent) and tablet form (17.2 per cent). The international mail stream was the primary importation method by number and weight for MDMA detections at the Australian border in 2015–16. The number of embarkation points identified for MDMA detections at the Australian border decreased this reporting period, from 30 in 2014–15 to 29 in 2015–16. The Netherlands was the prominent embarkation point by number and weight for MDMA detections in 2015–16.

Consistent with previous years, the majority of analysed samples of methylamphetamine seized at the Australian border and as part of the ENIPID project are predominately manufactured from Eph/PSE. The majority of analysed samples of MDMA seized at the Australian border and as part of the ENIPID project continue to be predominately manufactured through reductive amination via platinum hydrogenation.

The number of national ATS seizures increased to a record 39 014 in 2015–16. While the weight of ATS seized nationally decreased this reporting period, the 9 218.2 kilograms seized in 2015–16 is the second highest weight on record. Amphetamines continue to account for the greatest proportion of the number of national ATS seizures (83.9 per cent this reporting period). Amphetamines also accounted for the greatest proportion of the weight of ATS seized nationally in 2015–16 (48.9 per cent), closely followed by MDMA (47.2 per cent). There was a record 47 625 national ATS arrests in 2015–16. Amphetamines continue to account for the greatest proportion of national ATS arrests, accounting for 86.5 per cent of arrests in 2015–16.

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19 In 2014–15, a single MDMA detection weighed 1 917.4 kilograms and accounted for 95.8 per cent of the weight of MDMA detected in that reporting period.

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CANNABIS

KEY POINTS

- There was a record 7 504 cannabis detections at the Australian border in 2015–16, the majority of which related to cannabis seeds.
- There was a record 61 334 national cannabis seizures in 2015–16, with the weight of cannabis seized nationally this reporting period remaining relatively stable.
- There was a record 79 643 national cannabis arrests in 2015–16.

MAIN FORMS

Grown outdoors and in a variety of climates, the cannabis plant is also commonly cultivated indoors using hydroponic technology. Cannabis plants are grouped into two categories—hemp and marijuana. Hemp, which is fibrous and low in psychoactive components, can be cultivated for fibre, food and fuel, with hemp roots, stalks and stems primarily used to produce clothing, paper and skin care products. Marijuana, commonly referred to as cannabis, is high in psychoactive components and its flowering heads, leaves, resin and oil are commonly used as an illicit drug. Two common subspecies within the cannabis genus from which cannabis is harvested are *Cannabis indica* and *Cannabis sativa* (Agri-Food Canada 2016; EMCDDA 2015; NCPIC 2015).

The potency of cannabis varies and is influenced by a number of factors including plant variety and the method of cultivation, preparation and storage. There are three main forms of cannabis—herb, resin and oil. Herbal cannabis is the least potent form of cannabis. Consisting of the dried flowers and leaves of the cannabis plant, it is usually smoked. Cannabis resin (hasish) is produced from the compressed resin glands of the cannabis plant. Resin can be smoked, or may be added to food and eaten. Cannabis oil, the most potent form of cannabis, is a thick oil obtained from the resin. Cannabis oil is generally applied to cannabis herb or tobacco and smoked (EMCDDA 2015; NCPIC 2015). The main forms of cannabis and methods of administration are outlined in Table 12.

TABLE 12: Main forms of cannabis

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

Cannabis has more than 70 unique chemicals that are collectively referred to as cannabinoids. The most recognised cannabinoid compound and the main psychoactive component of the cannabis plant is delta-9-tetrahydrocannabinol (THC), which is generally concentrated in the flowering head of the plant.[1] Cannabidiol (CBD), which is also present in cannabis, is believed to have antipsychotic properties, lessening the psychoactive effects of THC (NCPIC 2011).

1 THC is found in most parts of the cannabis plant, but is most plentiful in the flowers and small leaves surrounding them.

Cannabis is a depressant drug, slowing both cognitive and physical responses. Cannabis may also produce hallucinogenic effects when large quantities are used. Effects of cannabis use may include a sense of mild euphoria and relaxation, changes in sensory perception, loss of inhibitions and talkativeness. Short-term effects of use may include blurred vision, increased heart rate and bloodshot eyes. Long-term effects of cannabis use may include memory loss, mood swings, paranoia, impaired cognitive function and basic motor coordination. Cannabis use may cause a condition called drug-induced psychosis, exacerbate existing psychotic symptoms and may decrease the chance of recovery from a psychotic episode. Cannabis users with a psychotic illness may experience increased hallucinations, delusions and other symptoms and have a higher rate of hospitalisation for psychosis. A recent study by scientists at the University of Edinburgh identified heavy cannabis use as a potential cause of reduced bone density and an increased risk of fracture (ADF 2016; NIDA 2016; SANE 2016; Sophocleous et al 2016).

Synthetic cannabinoids are discussed in the '*Other Drugs'* chapter.

INTERNATIONAL TRENDS

Cannabis remains the most widely cultivated, produced, trafficked and used drug globally. In 2014, cannabis in its various forms was intercepted in 95.0 per cent of reporting countries and accounted for over half of the 2.2 million drug seizure cases reported to the United Nations Office on Drugs and Crime (UNODC). Cannabis consumption has remained relatively stable globally, despite major changes in some regions, particularly in North America and Western and Central Europe where cannabis use has increased (UNODC 2016).

Cannabis is the most widely used drug in Europe. Herbal cannabis and cannabis resin are the two most commonly available forms in Europe, with the market dominated by herbal cannabis grown within the European Union. Europe remains one of the world's largest consumer markets for resin. Morocco and Afghanistan appear to be the world's two largest producer and exporter countries of cannabis resin, followed to a lesser extent by Lebanon, India and Pakistan. The UNODC suggests that Afghanistan has overtaken Morocco in terms of the quantity of resin produced. Despite this, Afghan resin does not currently appear to be widely available in Europe, with Morocco remaining the main source of cannabis resin for Europe (EMCDDA 2016, UNODC 2016).

The Americas accounted for around three quarters of cannabis herb seized globally in 2014, followed by Africa (14.0 per cent) and Europe (6.0 per cent). The largest amount of cannabis herb was seized in North America, which accounted for 37.0 per cent of global cannabis herb seizures in 2014, followed by South America (24.0 per cent) and the Caribbean (13.0 per cent). Western and Central Europe accounted for 40.0 per cent of global cannabis resin seizures in 2014, followed by North Africa (32.0 per cent) and the Near and Middle East (25.0 per cent). Spain alone accounted for 26.0 per cent of global resin seizures in 2014 (UNODC 2016).

The total number of cannabis seizures by World Customs Organization (WCO) agencies increased 0.7 per cent, from 14 002 in 2014 to 14 101 in 2015. The weight seized increased 0.4 per cent, from 1 254 266 kilograms in 2014 to 1 258 736 kilograms in 2015. North America continues to account for the greatest proportion of the number and weight of cannabis seized, accounting for 78.1 per cent of the number and 79.6 per cent of the weight in 2015. Herbal cannabis continues to be the main form of the drug seized, accounting for 88.2 per cent of the number and 82.7 per cent of the weight of cannabis seized in 2015. Cannabis resin accounted for 8.9 per cent of the number and 15.9 per cent of the weight of cannabis seized in 2015 (WCO 2016).

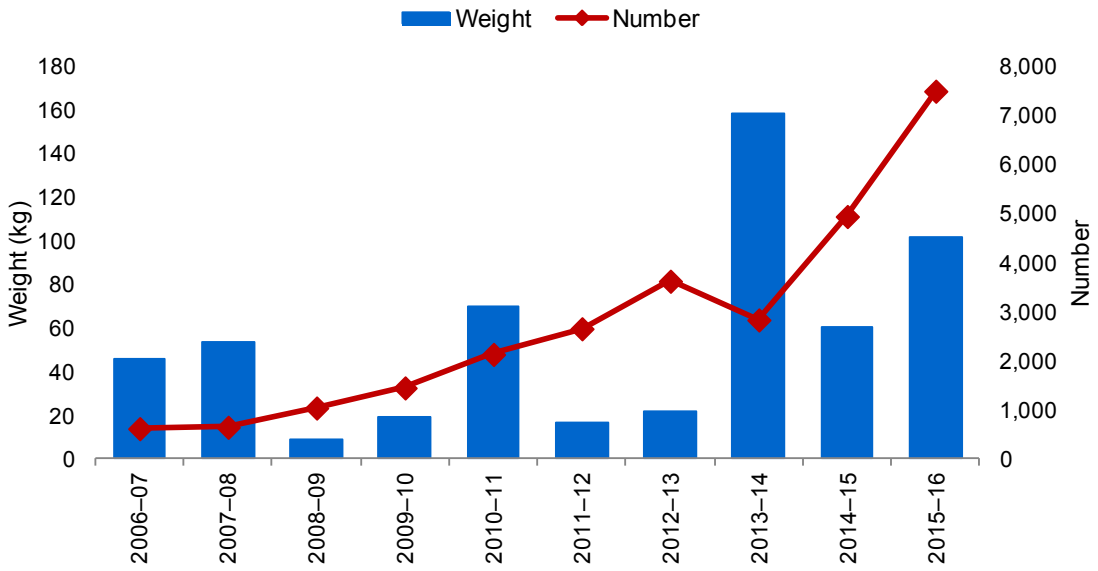
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of detections of cannabis at the Australian border continued to increase this reporting period, with a record 7 504 detections in 2015–16, a 51.6 per cent increase from the 4 949 detections in 2014–15. The total weight of cannabis detected this reporting period increased 69.1 per cent, from 60.2 kilograms in 2014–15 to 101.8 kilograms in 2015–16 (see Figure 26).

Cannabis detected at the Australian border this reporting period was in seed, leaf, liquid, powder and resin form. In 2015–16, 93.6 per cent of cannabis detections at the Australian border were of cannabis seeds. This reporting period 28 cannabis detections weighed one kilogram or more. Combined, these 28 detections weigh 64.8 kilograms and account for 63.7 per cent of the total weight of cannabis detected in 2015–16.

FIGURE 26: Number and weight of cannabis detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



SIGNIFICANT BORDER DETECTIONS

Significant border detections of cannabis in 2015–16 include:

- 6.6 kilograms of cannabis detected on 29 December 2015, concealed in nutrient powder, via international mail from the United States (US) to Melbourne
- 6.1 kilograms of cannabis detected on 28 October 2015, concealed in tubs, via international mail from the US to Melbourne
- 6.0 kilograms of cannabis detected on 3 August 2015, via air cargo from the US to Sydney
- 3.0 kilograms of cannabis detected on 4 August 2015, concealed in a cardboard box, via air cargo from Lithuania to Sydney
- 3.0 kilograms of cannabis detected on 19 August 2015, not concealed, via air cargo from Denmark to Sydney.

These 5 detections have a combined weight of 24.7 kilograms and account for 24.3 per cent of the total weight of cannabis detected at the Australian border in 2015–16.

IMPORTATION METHODS

While detections of cannabis at the Australian border also occurred across the air cargo, air passenger/crew and sea cargo streams this reporting period, the majority of detections occurred in the international mail stream, in weights ranging from 6.6 kilograms to less than one gram.

In 2015–16, the international mail stream accounted for 98.4 per cent of the number and 33.4 per cent of the weight of cannabis detected at the Australian border. While the air cargo stream only accounted for 1.2 per cent of the number of cannabis detections in 2015–16, these detections account for 65.5 per cent of the weight of cannabis detected this reporting period (see Figures 27 and 28).

FIGURE 27: Number of cannabis detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)

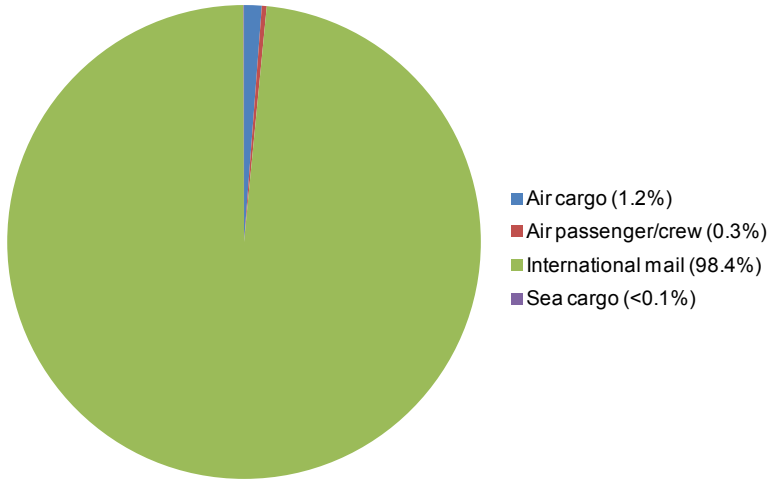
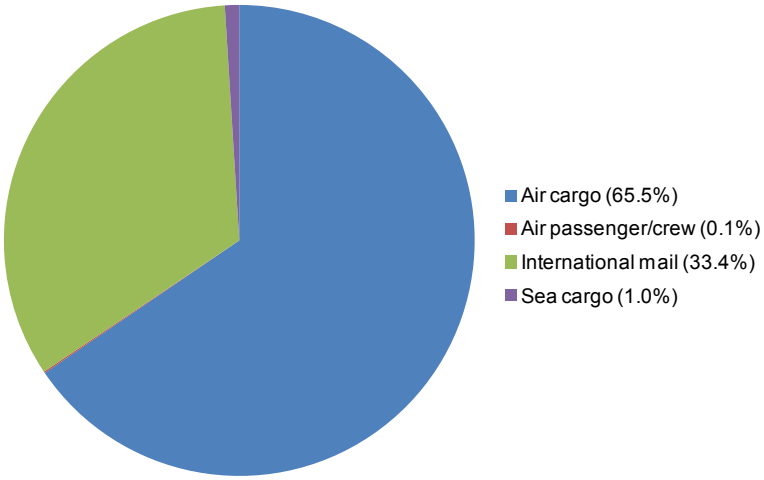


FIGURE 28: Weight of cannabis detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



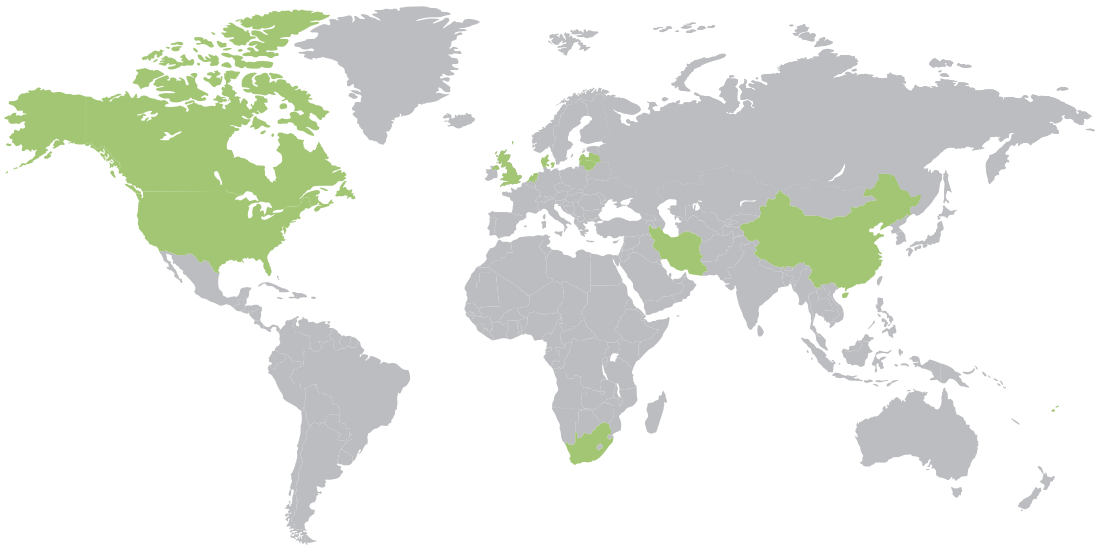
EMBARKATION POINTS

In 2015–16, 38 countries were identified as embarkation points for cannabis detected at the Australian border, compared with 41 countries in 2014–15.

By number, the United Kingdom (UK) was the primary embarkation point for cannabis detections in 2015–16 with 2 874 detections. Other key embarkation points this reporting period include the Netherlands (2 152 detections), Switzerland (1 176 detections), Germany (467 detections), Canada (297 detections), the US (120 detections) and Spain (103 detections). Combined, these 7 embarkation points account for 95.8 per cent of the number of cannabis detections at the Australian border in 2015–16.

By weight, the US (66.4 kilograms), Lithuania (8.2 kilograms) and Denmark (8.0 kilograms) were the most significant embarkation points for cannabis detected at the Australian border this reporting period. Combined, these 3 embarkation points account for 81.1 per cent of the weight of cannabis detected at the Australian border in 2015–16 (see Figure 29).

FIGURE 29: Key embarkation points for cannabis detections, by weight, at the Australian border, 2015–16



Top 10 embarkation points by weight: US, Lithuania, Denmark, Canada, UK, Netherlands, China (including Hong Kong), Iran, South Africa and Latvia.

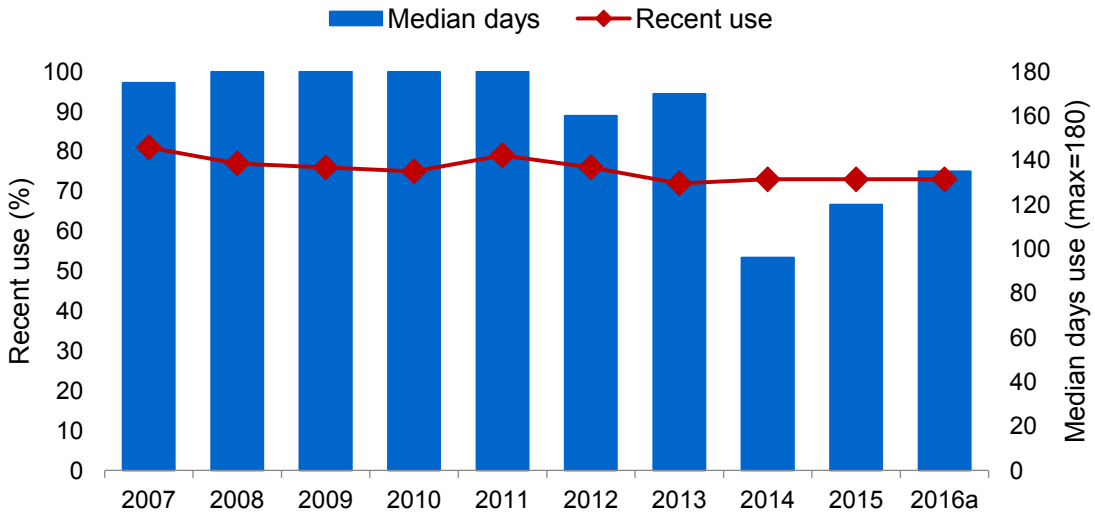
DOMESTIC MARKET INDICATORS

According to the 2013 National Drug Strategy Household Survey (NDSHS), 34.8 per cent of the Australian population aged 14 years and older reported using cannabis at least once in their lifetime, a decrease from 35.4 per cent in 2010. In the same survey, 10.2 per cent reported recent[2] cannabis use, compared with 10.3 per cent in 2010 (AIHW 2014).

In a 2015 national study of regular injecting drug users, the proportion of respondents reporting the recent[3] use of cannabis remained stable at 73.0 per cent. Within this regular drug injecting population, the reported median days of cannabis use in the six months preceding interview increased, from 96 days in 2014 to 120 days in 2015. Early findings from the 2016 study indicate the proportion of respondents reporting recent cannabis use has remained stable at 73.0 per cent, with the reported median days of cannabis use increasing to 135 days (see Figure 30; Stafford & Breen 2016; Stafford et al 2016).

2 In the NDSHS, recent use refers to reported use in the 12 months preceding interview.
3 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.

FIGURE 30: Proportion of a regular injecting drug user population reporting recent cannabis use and median days of use, 2007 to 2016 (Source: National Drug and Alcohol Research Centre)

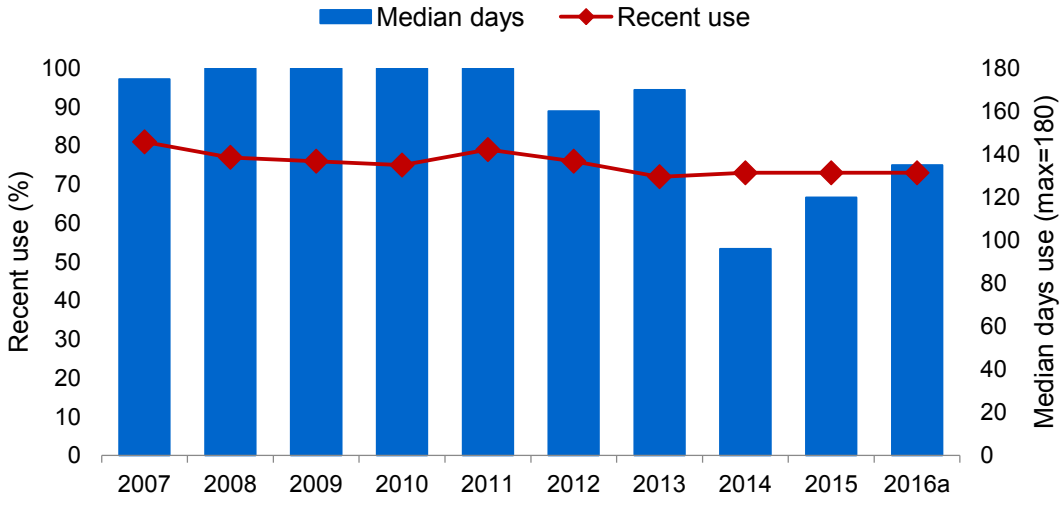


a. Reported figures for 2016 are preliminary.

In the same 2015 study, the proportion of respondents reporting cannabis as their drug of choice decreased, from 5.0 per cent in 2014 to 4.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 6.0 per cent (Stafford & Breen 2016; Stafford et al 2016).

In a 2015 national study of regular ecstasy users, the proportion of respondents reporting the recent use of cannabis increased, from 83.0 per cent in 2014 to 87.0 per cent in 2015. Early findings from the 2016 study indicate this has decreased to 86.0 per cent. Within this regular ecstasy user population, the reported median days of cannabis use in the six months preceding interview in 2015 was 50 days, an increase from the 32 days reported in 2014. Early findings from the 2016 study indicate the reported median day of cannabis use has decreased to 49 days (see Figure 31; Sindicich et al 2016; Stafford et al 2016).

FIGURE 31: Proportion of a regular ecstasy drug user population reporting recent cannabis use and median days of use, 2007 to 2016 (Source: National Drug and Alcohol Research Centre)

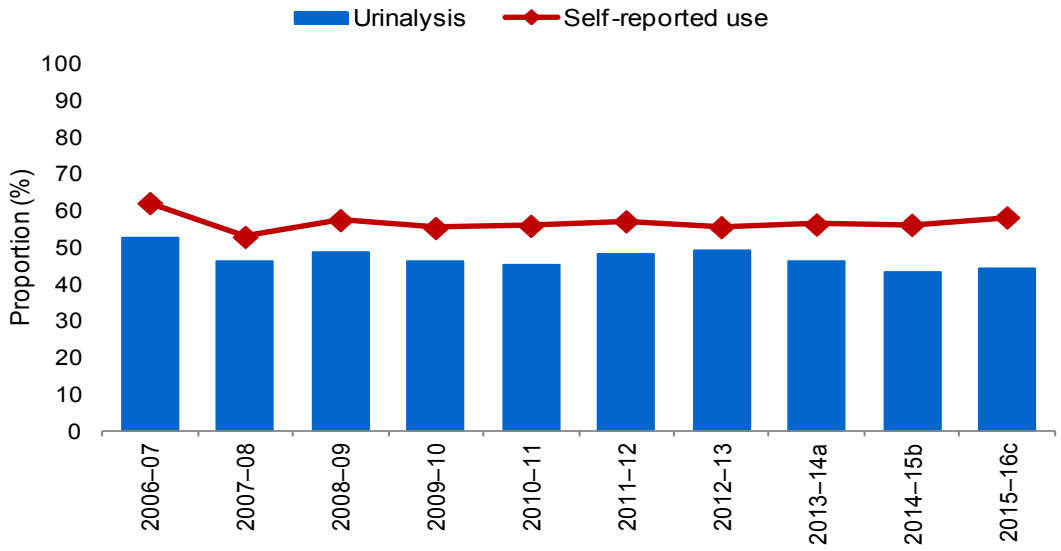


a. Reported figures for 2016 are preliminary.

In the same 2015 study, the proportion of respondents reporting cannabis as their drug of choice increased, from 25.0 per cent in 2014 to 29.0 per cent in 2015. Early findings from the 2016 study indicate this has decreased to 21.0 per cent (Sindicich et al 2016; Stafford et al 2016).

The Drug Use Monitoring in Australia (DUMA) program, which examines drug use and offending patterns among police detainees in Australia, comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.[4] The proportion of detainees testing positive via urinalysis for cannabis increased from 43.1 per cent in 2014–15 to 44.4 per cent in 2015–16.[5] Self-reported recent use[6] of cannabis also increased, from 56.2 per cent in 2014–15 to 58.3 per cent in 2015–16 (see Figure 32).

FIGURE 32: National proportion of detainees testing positive for cannabis compared with self-reported recent use, 2006–07 to 2015–16 (Source: Australian Institute of Criminology)



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

The number of cannabis oil extraction laboratories detected in Australia increased 160.0 per cent this reporting period, from 10 in 2014–15 to 26 in 2015–16. Queensland reported 10 detections, followed by Victoria with 8, South Australia with 7 and Western Australia with 1. The 26 laboratories detected in 2015–16 is the highest number reported since related reporting began in 2007–08 (see *Clandestine laboratories and precursors* chapter).

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

PRICE

Nationally, cannabis prices remained relatively stable in 2015–16. The price of 1 gram of hydroponic head this reporting period ranged between $10 and $50. The price of 1 ounce[7] of hydroponic cannabis head in 2015–16 ranged between $160 and $450, while the price for a single mature hydroponic cannabis plant ranged between $2 000 and $5 000.

AVAILABILITY

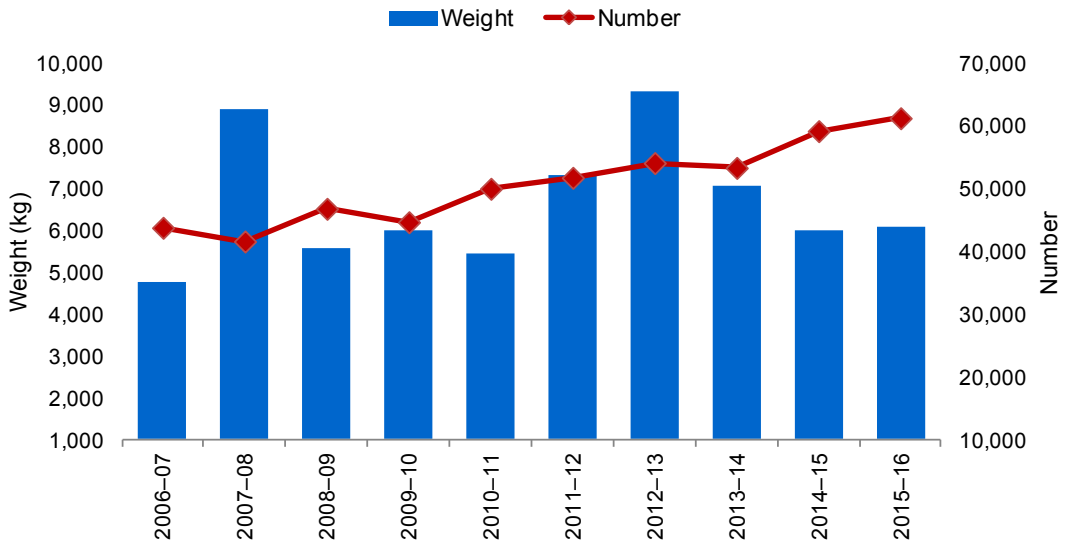
In a 2015 national study of regular injecting drug users, the proportion of respondents reporting hydroponic cannabis as easy or very easy to obtain increased, from 91.0 per cent in 2014 to 92.0 per cent in 2015. Early findings from the 2016 study indicate this has remained stable at 92.0 per cent. In the same study, the proportion of respondents reporting 'bush'[8] cannabis as easy or very easy to obtain increased, from 72.0 per cent in 2014 to 76.0 per cent in 2015. Early findings from the 2016 study indicate this has further increased to 78.0 per cent (Stafford & Breen 2016; Stafford et al 2016).

In a 2015 study of regular ecstasy users, the proportion of respondents reporting hydroponic cannabis as easy or very easy to obtain decreased, from 92.0 per cent in 2014 to 91.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 93.0 per cent. In the same study, the proportion of respondents reporting bush cannabis as easy or very easy to obtain remained stable at 79.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 81.0 per cent (Sindicich et al 2016; Stafford et al 2016).

SEIZURES AND ARRESTS

The number of national cannabis seizures increased 3.5 per cent this reporting period, from 59 271 in 2014–15 to a record 61 334 in 2015–16. The weight of cannabis seized nationally increased 1.3 per cent, from 6 004.7 kilograms in 2014–15 to 6 081.5 kilograms in 2015–16 (see Figure 33).

FIGURE 33: National cannabis seizures, by number and weight, 2006–07 to 2015–16



7 An ounce equates to approximately 28 grams.
8 Bush cannabis refers to cannabis grown outdoors.

Western Australia reported the greatest percentage increase (12.3 per cent) in the number of cannabis seizures in 2015–16, while Victoria reported the greatest percentage increase in the weight of cannabis seized (185.6 per cent). New South Wales accounted for the greatest proportion of national cannabis seizures this reporting period (31.0 per cent), followed by Queensland (30.0 per cent). Combined, these two states account for 61.0 per cent of the number of national cannabis seizure in 2015–16. Victoria accounted for the greatest proportion of the weight of cannabis seized nationally this reporting period (26.2 per cent), followed by New South Wales (25.4 per cent) and South Australia (18.4 per cent). Combined, these three states account for 70.0 per cent of the weight of cannabis seized nationally in 2015–16 (see Table 13).

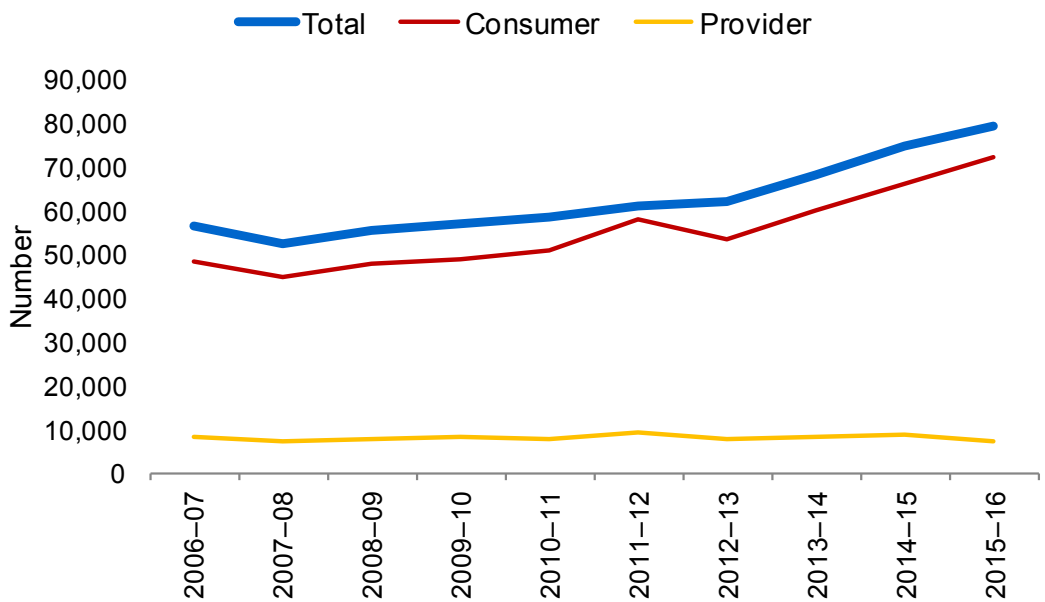
TABLE 13: Number, weight and percentage change of national cannabis seizures, 2014–15 and 2015–16

	Number			Weight (grams)		
State/Territory[a]	2014–15	2015–16	% change	2014–15	2015–16	% change
New South Wales	18 015	18 992	5.4	1 451 608	1 542 518	6.3
Victoria	4 668	4 123	-11.7	558 814	1 596 235	185.6
Queensland	17 532	18 435	5.2	832 619	817 730	-1.8
South Australia	537	465	-13.4	1 307 241	1 116 109	-14.6
Western Australia	12 993	14 595	12.3	269 642	284 023	5.3
Tasmania	2 823	1 908	-32.4	170 338	195 482	14.8
Northern Territory	1 995	2 077	4.1	332 264	240 489	-27.6
Australian Capital Territory	708	739	4.4	1 082 230	288 993	-73.3
Total	**59 271**	**61 334**	**3.5**	**6 004 756**	**6 081 579**	**1.3**

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

Cannabis continues to account for the greatest proportion of national illicit drug arrests in Australia. The number of national cannabis arrests increased 6.0 per cent this reporting period, from 75 105 in 2014–15 to a record 79 643 in 2015–16. Consumer arrests continue to account for the greatest proportion of arrests, comprising 90.7 per cent of national cannabis arrests in 2015–16 (see Figure 34).

FIGURE 34: Number of national cannabis arrests, 2006–07 to 2015–16



The Northern Territory reported the greatest percentage increase in cannabis arrests this reporting period. Queensland accounted for the greatest proportion of national cannabis arrests in 2015–16 (31.8 per cent), followed by New South Wales (22.4 per cent). Combined, these two states account for 54.1 per cent of national cannabis arrests in 2015–16 (see Table 14).

TABLE 14: Number and percentage change of national cannabis arrests, 2014–15 and 2015–16

	Arrests		
State/Territory[a]	2014–15	2015–16	% change
New South Wales	16 795	17 809	6.0
Victoria	10 292	9 717	-5.6
Queensland	23 850	25 307	6.1
South Australia[b]	2 173	1 973	-9.2
South Australia (CENs)	9 191	9 608	4.5
Western Australia	7 942	9 434	18.8
Western Australia (CIRs)	1 877	2 099	11.8
Tasmania	1 446	1 452	0.4
Northern Territory	464	1 048	125.9
Northern Territory (DINs)	644	768	19.3
Australian Capital Territory	334	333	-0.3
Australian Capital Territory (SCONs)	97	95	-2.1
Total	**75 105**	**79 643**	**6.0**

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

NATIONAL IMPACT

Cannabis remains the dominant illicit drug in Australia in terms of arrests, seizures and use. Surveys of regular injecting drug user and regular ecstasy drug user populations indicate the proportion of respondents reporting recent cannabis use remains stable. While surveys of police detainee populations indicate an increase in both the self-reported use and proportion of respondents who tested positive for cannabis in 2015–16, figures remain relatively stable.

With the exception of cannabis seeds, resin and oil, widespread domestic cultivation generally makes the trafficking of cannabis into Australia unnecessary or unprofitable. There was a record 7 504 detections of cannabis at the Australian border in 2015–16. The weight of cannabis detected increased to 101.8 kilograms this reporting period and is the second highest weight reported in the last decade. Cannabis seeds continue to account for the majority of detections, accounting for 93.6 per cent in 2015–16.

The international mail stream was the primary importation method by number for detections of cannabis at the Australian border in 2015–16, while air cargo was the primary importation method by weight. The number of embarkation points identified for cannabis detections at the Australian border decreased this reporting period, from 41 in 2014–15 to 38 in 2015–16. The UK was the prominent embarkation point by number for cannabis detections this reporting period, while the US was the prominent embarkation point by weight.

The number of national cannabis seizures increased to a record 61 334 in 2015–16, with the weight of cannabis seized increasing 1.3 per cent to 6 081.5 kilograms. National cannabis arrests continued to increase this reporting period, with a record 79 643 arrests in 2015–16.

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HEROIN

KEY POINTS

- Both the number and weight of heroin detected at the Australian border decreased in 2015–16.
- In the first six months of 2016, heroin profiling data identified South-East Asia as the sole source region of analysed border seizures.
- The weight of heroin seized nationally this reporting period decreased, while the 2 081 national heroin seizures in 2015–16 is the highest reported in the last decade.
- While the number of national heroin arrests decreased in 2015–16, it is the second highest number reported in the last decade.

MAIN FORMS

Opiates are naturally occurring alkaloid compounds found in the opium poppy (*Papaver somniferum*). Belonging to the opiates group, heroin is derived from morphine, a drug present in the sap extracted from the seed pod of the opium poppy. Illicit cultivation of the opium poppy occurs on a large scale in the three primary regions of South-West Asia (known as the 'Golden Crescent'[1]), South-East Asia (known as the 'Golden Triangle'[2]) and Latin America (primarily Mexico and Colombia; UNODC 2016).

Morphine extraction begins with scraping or scoring the unripened poppy seed pod to produce a thick liquid sap. The sap, which hardens on standing, is then referred to as opium, from which the drug morphine is extracted. Morphine is manufactured into heroin base through a chemical process involving acetic anhydride. The heroin base is then treated with hydrochloric acid, resulting in the water soluble salt from of the drug—heroin hydrochloride (EMCDDA 2015; Zerrell et al 2005).

The two most common forms of heroin found in Australia are powder and rock, which are usually white or off-white in colour. Although heroin is sometimes graded according to its colour, this is not a definitive or reliable method of assessing the origin or purity of the drug. Unrefined heroin base is rarely found in Australia. 'Homebake' heroin is a crude form of heroin made from codeine extracted from pharmaceutical products. Heroin is most commonly dissolved and injected. Alternative methods of administration include smoking, swallowing or snorting, heating and inhaling the fumes—a practice known as 'chasing the dragon'—or added to cannabis or tobacco (ADF 2016).

There are four main grades of heroin, which have different utility and desirability in the Australian market. Grades 1 and 2 refer to heroin base, which is essentially unprocessed heroin not commonly encountered in Australia. Grade 3 heroin is more refined and less granular in appearance. Considered unsuitable for injection, it is most commonly heated and the vapours inhaled. Grade 4 heroin is the purest form. Easily dissolved and usually injected, it is the most common grade used in developed countries (Booth 1998).

Heroin is a depressant drug, which initially suppresses pain-signalling nerves and brain centres that control the respiratory system. Following initial administration, users may report a surge of euphoria, referred to as 'the rush'. This is usually accompanied by a warm flushing of the skin, dry mouth and a heavy feeling in the extremities. Heroin overdose can occur even when small amounts are taken and are often the result of suppressed respiration. Additional short-term effects of use may include slowing of mental processes, irregular heart rate, respiratory depression, unconsciousness and in some instances, death. Long-term effects of use may include permanent neurochemical and molecular changes in the brain, depression, memory impairment, weight loss, infection of the heart lining and valves and rheumatological problems (ADF 2016; NIDA 2014).

1 The Golden Crescent encompasses large areas of Afghanistan and parts of Pakistan.
2 The Golden Triangle encompasses the border regions of Myanmar, Thailand and Laos.

INTERNATIONAL TRENDS

Globally, opium is produced illicitly in nearly 50 countries. Afghanistan remains the world's largest opium and heroin producer. In 2016, the estimated total area under opium poppy cultivation in Afghanistan was 201 000 hectares, an increase of 10.0 per cent on 2015 estimates. The number of poppy-free provinces in Afghanistan decreased in 2016, from 14 to 13. In 2016, the Southern region accounted for 59.0 per cent of total opium cultivation, followed by the Western region (25.0 per cent) and Eastern region (9.0 per cent). Combined, the Northern, North-Eastern and central regions account for the remaining 7.0 per cent. Afghanistan's potential opium production was estimated at 4 800 tonnes in 2016, an increase from the estimated 3 300 tonnes in 2015. This increase is primarily driven by the higher opium yield per hectare, which increased 30.1 per cent, from 18.3 kilograms in 2015 to 23.8 kilograms in 2016 (UNODC 2016; UNODC 2016a).

South-East Asia is a major source of opium and heroin, particularly for South-East Asia and Oceania. In 2015 the potential opium production of Myanmar was estimated at 650 tonnes. Over the period 1998–2014 opium production in Latin America more than doubled, with the potential opium production in 2015 estimated at 500 tonnes (UNODC 2016; UNODC 2016a).

According to the 2016 World Drug Report, 536 tonnes of opium, 81 tonnes of heroin and 21 tonnes of illicit morphine were seized globally in 2014. Compared with figures reported in 2013, this represents a 17.0 per cent decrease in the weight of opium seized, a 5.0 per cent increase in the weight of heroin seized and a 46.0 per cent decrease in the weight of morphine seized. South-West Asia accounted for the greatest proportion of the weight of opiates seized globally in 2014, followed by Europe. The Islamic Republic of Iran accounted for the greatest proportion of global opiate seizures at a country level in 2014, accounting for 75.0 per cent of opium seizures, 61.0 per cent of morphine seizures and 17.0 per cent of heroin seizures (UNODC 2016).

The total number of heroin seizures by World Customs Organization (WCO) agencies decreased 5.3 per cent, from 1 328 in 2014 to 1 257 in 2015. The weight of heroin seized decreased 50.6 per cent, from 11 467 kilograms in 2014 to 5 661 kilograms in 2015. The United States (US) accounted for the greatest proportion of both the number and weight of heroin seized in 2015, accounting for 55.4 per cent of the number and 44.8 per cent of the weight (WCO 2016).

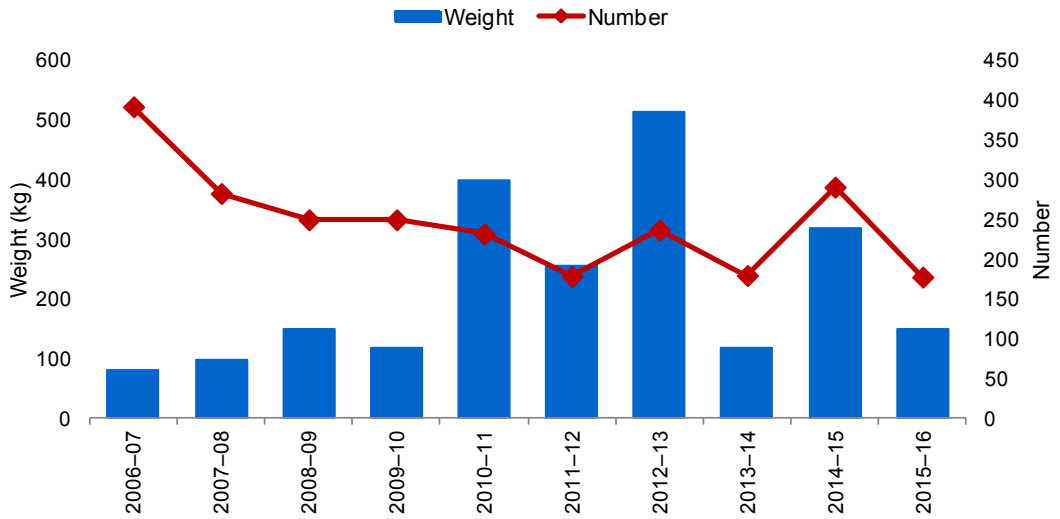
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

Consistent with trends over previous reporting periods, following increases in 2014–15 both the number and weight of heroin detections at the Australian border decreased in 2015–16. The number of heroin detections decreased 38.8 per cent this reporting period, from 291 in 2014–15 to 178 in 2015–16. The weight of heroin detected this reporting period more than halved, from 318.7 kilograms in 2014–15 to 149.7 kilograms in 2015–16 (see Figure 35).

In 2015–16, 29 heroin detections weighed one kilogram or more. With a combined total weight of 132.6 kilograms, these 29 detections account for 88.6 per cent of the weight of heroin detected at the Australian border this reporting period.

FIGURE 35: Number and weight of heroin detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



SIGNIFICANT BORDER DETECTIONS

Significant border detections of heroin in 2015–16 include:

- 20.5 kilograms of heroin detected on 3 June 2016, concealed in knee and arm pads, via international mail from Thailand to Melbourne
- 18.0 kilograms of heroin detected on 18 October 2015, packed in luggage, via air passenger/crew from Malaysia to Melbourne
- 10.8 kilograms of heroin detected on 10 March 2016, via air passenger/crew from Vietnam to Sydney
- 10.0 kilograms of heroin detected on 15 November 2015, concealed in cardboard boxes, via air cargo from Thailand to Sydney
- 8.0 kilograms of heroin detected on 6 November 2015 via air cargo from Thailand to Sydney.

These 5 detections have a combined weight of 67.3 kilograms and account for 45.0 per cent of the total weight of heroin detected at the Australian border in 2015–16.

IMPORTATION METHODS

While detections of heroin at the Australian border occurred in the air cargo, air passenger/crew and sea cargo streams this reporting period, the majority occurred within the international mail stream, in weights ranging from 20.5 kilograms to less than one gram.

In 2015–16, the international mail stream accounted for 79.8 per cent of the number and 37.1 per cent of the weight of heroin detected at the Australian border. Detections in the air cargo stream accounted for 15.2 per cent of the number and 38.9 per cent of the weight of heroin detected this reporting period (see Figures 36 and 37).

FIGURE 36: Number of heroin detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)

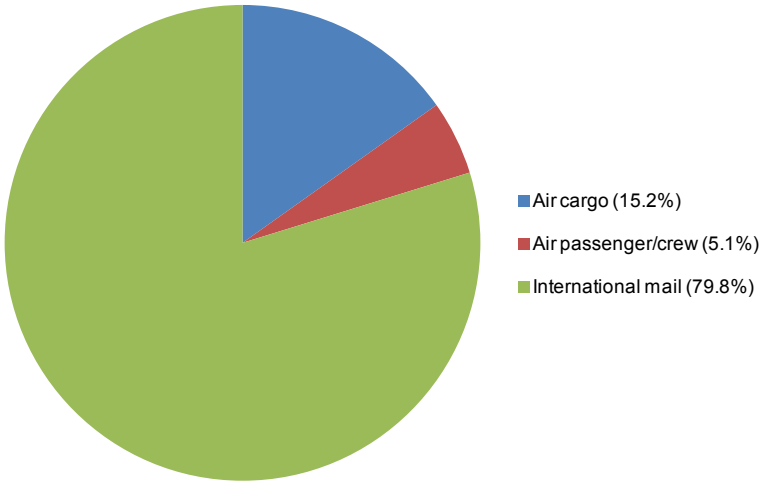
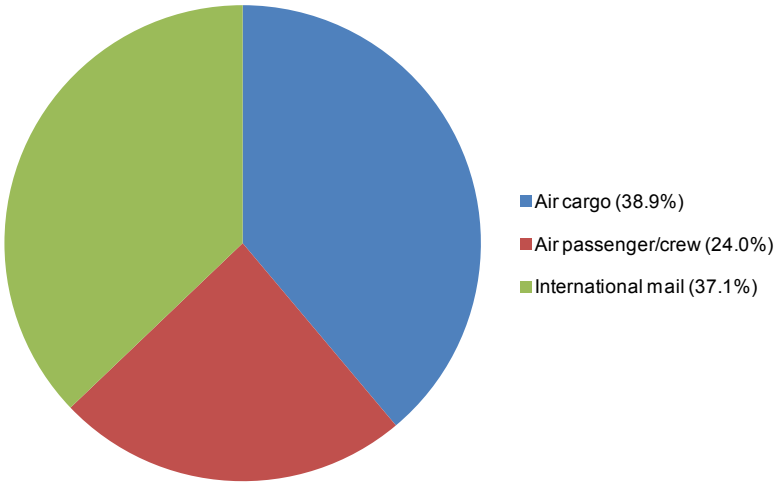


FIGURE 37: Weight of heroin detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



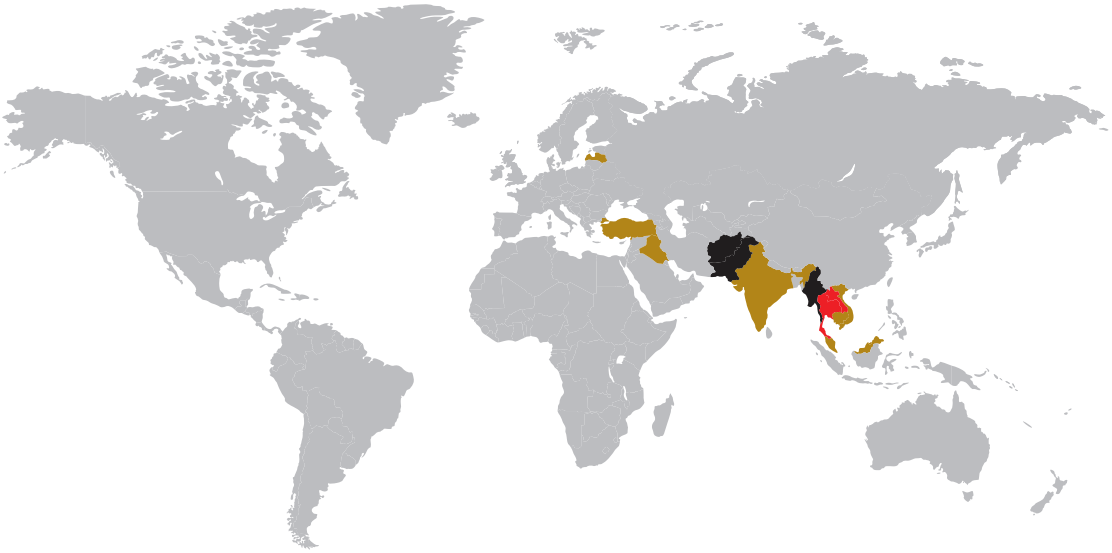
EMBARKATION POINTS

In 2015–16, 23 countries were identified as embarkation points for heroin detected at the Australian border, compared with 27 countries in 2014–15.

By number, the Netherlands was the primary embarkation point for heroin detections in 2015–16, with 59 detections. Other key embarkation points this reporting period include Thailand (23 detections), Vietnam (19 detections) and France (13 detections). Combined, these 4 embarkation points account for 64.0 per cent of the number of heroin detections at the Australian border in 2015–16.

By weight, Thailand (84.9 kilograms), Vietnam (22.7 kilograms) and Malaysia (20.2 kilograms) were the most significant embarkation points for heroin detected at the Australian border this reporting period. Combined, these 3 embarkation points account for 85.4 per cent of the weight of heroin detected at the Australian border in 2015–16 (see Figure 38).

FIGURE 38: Key source countries and embarkation points for heroin detections, by weight, at the Australian border, 2015–16



Embarkation country
Source country
Embarkation and source country

Top 10 embarkation points by weight: Thailand, Vietnam, Malaysia, Laos, India, Cambodia, Singapore, Turkey, Iraq and Latvia.

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, or to demonstrate links between groups involved in illicit drug manufacture or trafficking. The following data relates to seizures investigated by the AFP between 2005 and June 2016, and from which samples were submitted to the NMI for routine analysis and profiling.[3]

Heroin originating from South-East Asia continues to dominate AFP seizures. Compared with 2014, there was a dramatic decrease in the number of seizures and total bulk weight in 2015, with a total of 27 seizures totalling 71.9 kilograms. This is the lowest number of seizures and bulk weight of heroin seized since 2007. During the first six months of 2016 there were 26 heroin seizures, with a total bulk weight of 93.0 kilograms. All 2016 heroin seizures profiled to date originated from South-East Asia (see Tables 15 and 16).

TABLE 15: Geographical origin of heroin samples as a proportion of analysed AFP border seizures, 2008–June 2016[4] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	South-East Asia %	South-West Asia %	South American %	Unclassified %	South-East Asia & Unclassified %	South-West Asia & Unclassified %
Jan–Jun 2016	100.0	–	–	–	–	–
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	–	–

3 Profiling data relate to seizures investigated by the AFP between 2005 to June 2016, and from which samples were submitted to the National Measurement Institute (NMI) for routine analysis and profiling. Improvements in information technology have brought about changes to how the data is collated and presented, and for this reason, care should be taken in comparing figures before 2010 to more recent data. For all reporting years, the data represent a snapshot across the applicable reporting period. These figures cannot reflect seizures that have not been submitted for forensic examination due to prioritisation of law enforcement resources or those that have passed through the border undetected. Certain seizures/samples, such as those containing swabs or trace material, have been omitted from the analysis as they are not amenable to chemical profiling. It is difficult to extrapolate the impact of any observed border trends on drugs reaching consumers i.e. street level seizures in Australia but samples from selected state and territory jurisdictions are submitted for chemical profiling as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project.

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

TABLE 16: Geographical origin of heroin samples as a proportion of total bulk weight of analysed AFP border seizures, 2005–June 2016[5] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	South-East Asia %	South-West Asia %	South American %	Unclassified %	South-East Asia & Unclassified %	South-West Asia & Unclassified %
Jan–Jun 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	–	–

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 originating from South-East Asia continues to dominate heroin samples collected by jurisdictions and submitted to the ENIPID project. Of interest is one heroin sample submitted by Victoria Police between Jan–Jun 2016 that has been profiled as being of South-West Asian origin. This differs to data from border seizures and seizures from other jurisdictions which have seen no heroin of South-West Asia origin profiled between Jan–Jun 2016 (see Tables 17 and 18).

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

TABLE 17: Geographical origin of heroin ENIPID samples as a proportion of analysed jurisdictional samples, 2011–June 2016 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Geographical origin			
Year	Jurisdiction	South-East Asia %	South-West Asia %	Mixed/ Unclassified %	Total %
Jan– Jun 2016	ACT	4.5	–	–	4.5
	NSW	31.8	–	–	31.8
	SA	18.2	–	–	18.2
	VIC	36.5	4.5	4.5	45.5
Total		**91.0**	**4.5**	**4.5**	**100.0**
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**	**100.0**
2014	NSW	47.6	7.2	–	**54.8**
	SA	–	2.4	–	**2.4**
	VIC	–	7.1	–	**7.1**
	WA	35.7	–	–	**35.7**
Total		**83.3**	**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 the sample collection date in place of the sample seizure date.

TABLE 18: Geographical origin of heroin ENIPID samples as a proportion of analysed jurisdictional cases, 2011–June 2016 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Geographical origin			
Year	Jurisdiction	South–East Asia %	South–West Asia %	Mixed/ Unclassified %	Total %
Jan–Jun 2016	ACT	5.9	–	–	**5.9**
	NSW	41.2	–	–	**41.2**
	SA	17.6	–	–	**17.6**
	VIC	23.5	5.9	5.9	**35.3**
Total		**88.2**	**5.9**	**5.9**	**100.0**
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**	**100.0**
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**

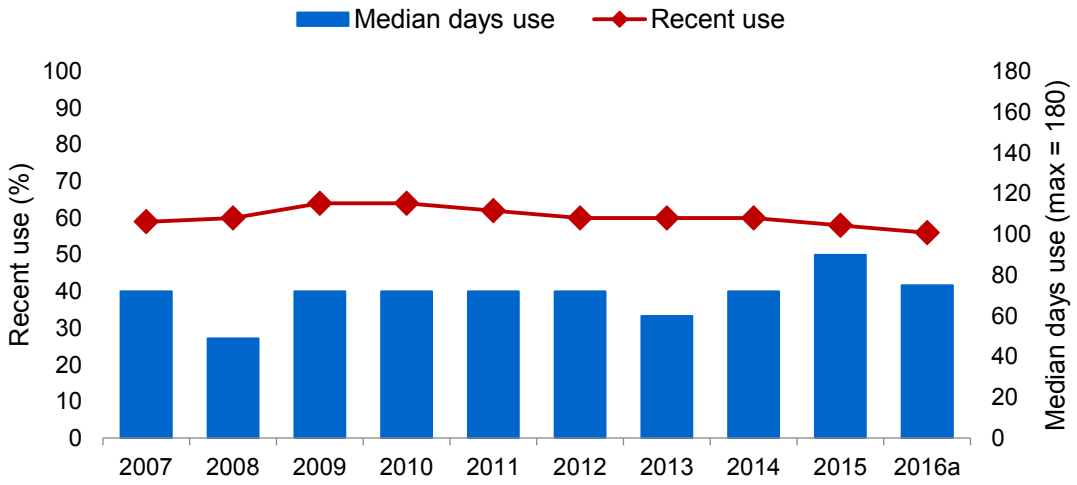
Note: Due to a lack of available data, some samples were classified based on the sample collection date in place of the sample seizure date.

DOMESTIC MARKET INDICATORS

According to the 2013 National Drug Strategy Household Survey (NDSHS), the proportion of the Australian population aged 14 years or older who reported having used heroin at least once in their lifetime decreased from 1.4 per cent in 2010 to 1.2 per cent in 2013. In the same survey, the proportion reporting recent[6] heroin use also decreased, from 0.2 per cent in 2010 to 0.1 per cent in 2013 (AIHW 2014).

In a 2015 national study of regular injecting drug users, the proportion of respondents reporting the recent[7] use of heroin decreased, from 60.0 per cent in 2014 to 58.0 per cent in 2015. Within this regular drug injecting population, the reported median days of heroin use in the six months preceding interview increased, from 72 days in 2014 to 90 days in 2015. Early findings from the 2016 study indicate the proportion of respondents reporting recent heroin use has decreased to 56.0 per cent, with the reported median days of heroin use decreasing to 75 days (see Figure 39; Stafford & Breen 2016; Stafford et al 2016).

FIGURE 39: Proportion of a regular injecting drug user population reporting recent heroin use and median days of use, 2007 to 2016 (Source: National Drug and Alcohol Research Centre)



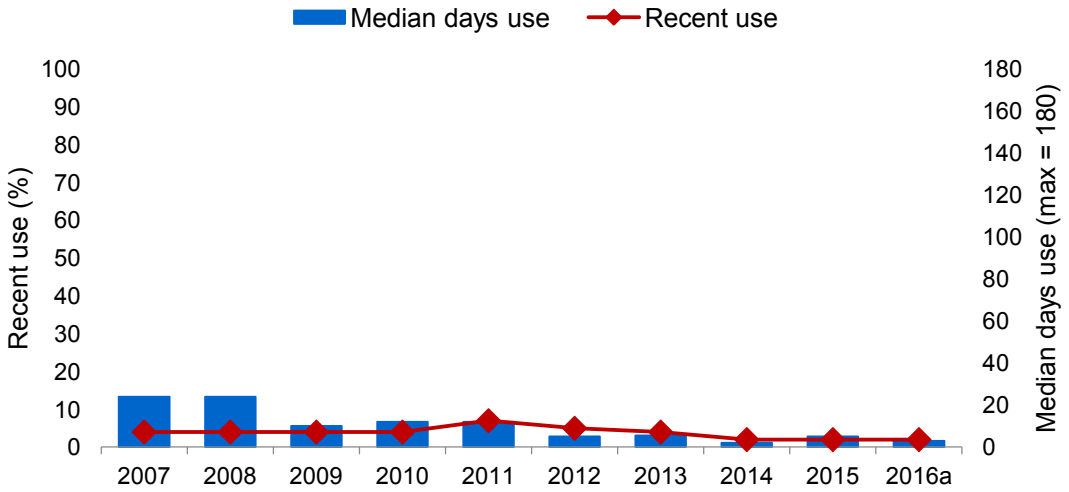
a. Reported figures for 2016 are preliminary.

In the same 2015 study, the proportion of respondents reporting heroin as their drug of choice increased, from 50.0 in 2014 to 52.0 per cent in 2015. Early finding from the 2016 study indicate this has decreased to 46.0 per cent (Stafford & Breen 2016; Stafford et al 2016).

In a 2015 national study of regular ecstasy users, the proportion of respondents reporting the recent use of heroin remained stable at 2.0 per cent. Early findings from the 2016 study indicate this proportion remains unchanged at 2.0 per cent. Within this regular ecstasy user population, the reported median days of heroin use in the six months preceding interview in 2015 was 5 days, an increase from the 2 days reported in 2014. Early findings from the 2016 study indicate this has decreased to 3 days (see Figure 40; Sindicich et al 2016; Stafford et al 2016).

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

FIGURE 40: Proportion of a regular ecstasy drug user population reporting recent heroin use and median days of use, 2007 to 2016 (Source: National Drug and Alcohol Research Centre)



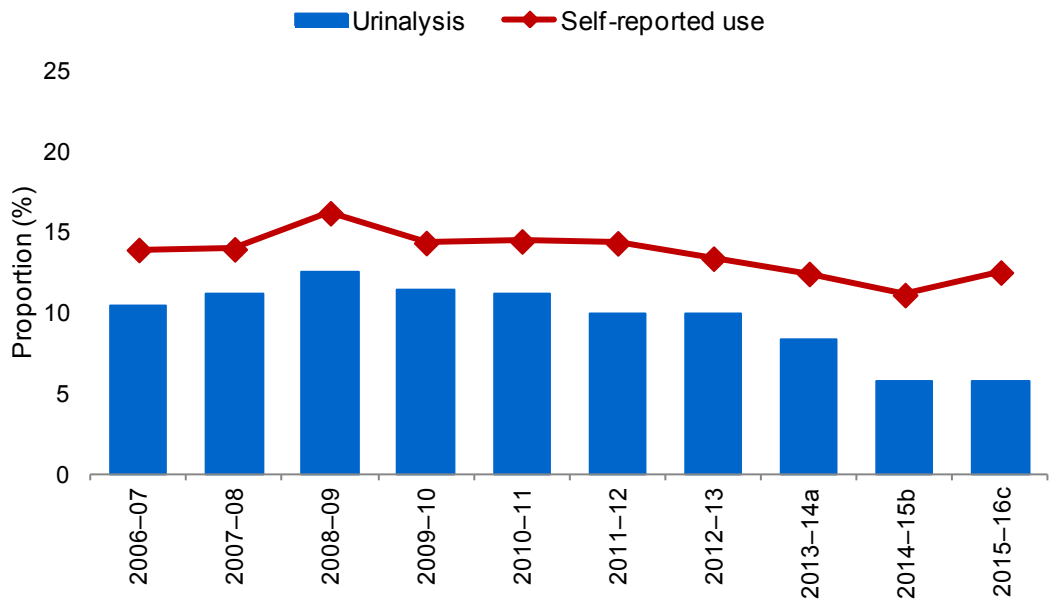
a. Reported figures for 2016 are preliminary.

In the same 2015 study, the proportion of respondents reporting heroin as their drug of choice decreased, from 1.0 per cent in 2014 to <1.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 1.0 per cent (Sindicich et al 2016; Stafford et al 2016).

The Drug Use Monitoring in Australia (DUMA) program, which examines drug use and offending patterns among police detainees in Australia, comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.[8] The proportion of detainees testing positive via urinalysis[9] for heroin continued to decrease this reporting period, from 5.8 per cent in 2014–15 to 5.7 per cent in 2015–16. Self-reported recent use[10] of heroin increased this reporting period, from 11.1 per cent in 2014–15 to 12.5 per cent in 2015–16 (see Figure 41).

8 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
9 Heroin and its metabolite can be detected in urine for 6 hours after administration.
10 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

FIGURE 41: National proportion of detainees testing positive for heroin compared with self-reported recent use, 2006–07 to 2015–16 (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.

PRICE

Nationally, the price for 1 gram of heroin ranged between $200 and $700 in 2015–16, compared with a price range between $300 and $800 in 2014–15. Nationally, the price for an 8-ball[11] of heroin ranged between $800 and $1 700 in 2015–16, compared with a price range between $800 and $1 800 in 2014–15. Victoria was the only state to report a price for 1 kilogram of heroin this reporting period, which ranged between $300 000 and $400 000. This is an increase from the $280 000 to $295 000 price range reported by New South Wales in 2014–15, the only state or territory to report a price for 1 kilogram of heroin in that reporting period.

PURITY

Figure 42 illustrates the annual median purity of analysed heroin samples over the last decade. Since 2006–07, the annual median purity of heroin has ranged between 12.2 per cent and 68.0 per cent. In 2015–16, the annual median purity of heroin ranged from 15.6 per cent in Victoria to 58.5 per cent in Western Australia. This reporting period New South Wales, Victoria, Queensland, South Australia and Western Australia all reported an increase in the annual median purity of heroin.

11 An 8-ball equates to 3.5 grams.

FIGURE 42: Annual median purity of heroin samples, 2006–07 to 2015–16

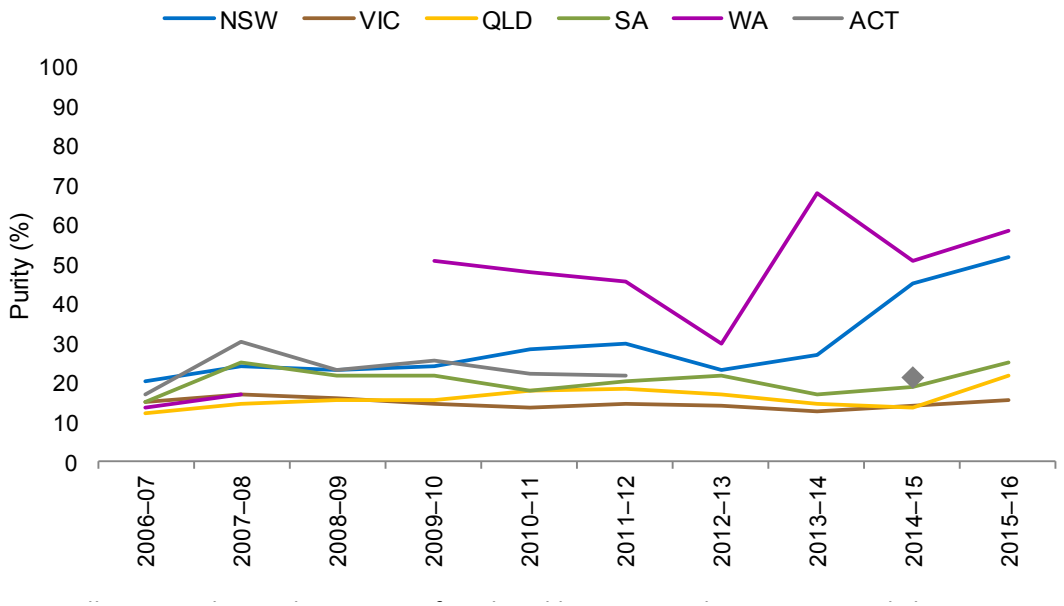
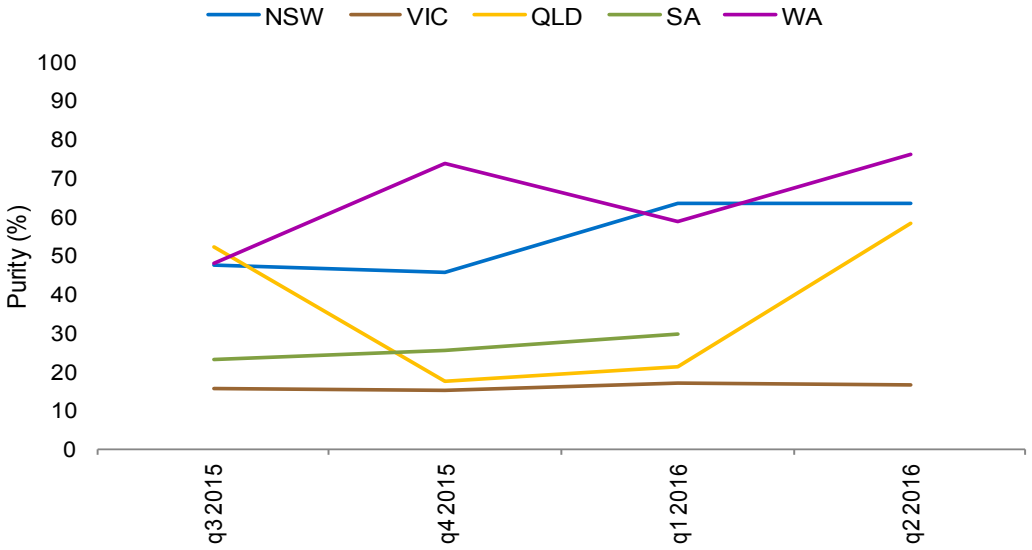


Figure 43 illustrates the median purity of analysed heroin samples on a quarterly basis in 2015–16. This reporting period the quarterly median purity of heroin ranged between 15.3 per cent in Victoria in the fourth quarter of 2015 and 76.0 per cent in Western Australia in the second quarter of 2016.

FIGURE 43: Quarterly median purity of heroin samples, 2015–16



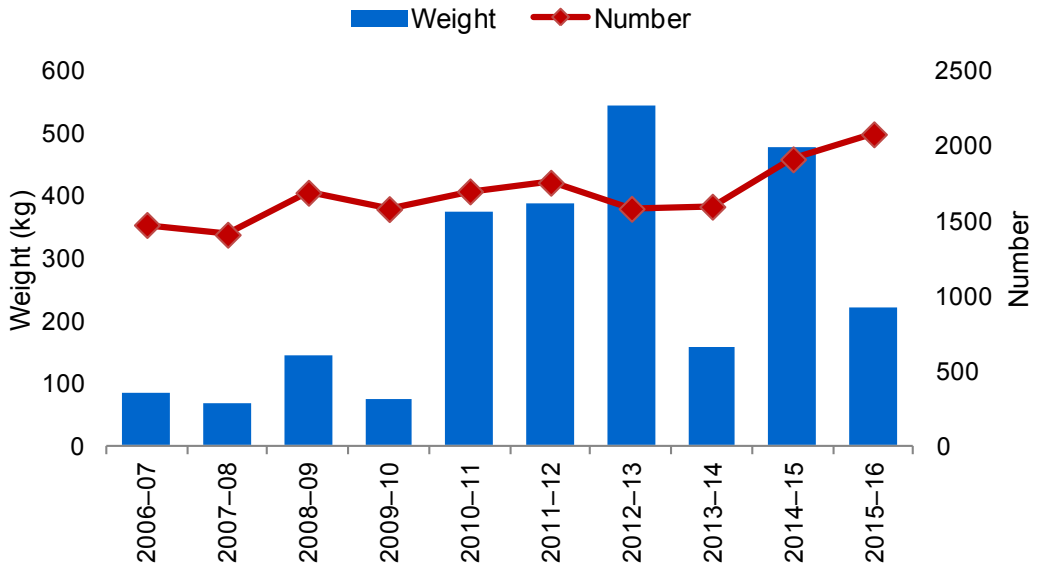
AVAILABILITY

In a 2015 national study of regular injecting drug users, of the respondents able to comment on the availability of heroin, 88.0 per cent reported heroin as being easy or very easy to obtain, a decrease from 89.0 per cent in 2014. Early findings from the 2016 study indicate that this has increased to 91.0 per cent (Stafford & Breen 2016; Stafford et al 2016).

SEIZURES AND ARRESTS

The number of national heroin seizures increased 8.7 per cent this reporting period, from 1 914 in 2014–15 to 2 081 in 2015–16, the highest number reported in the last decade. The weight of heroin seized nationally decreased 53.8 per cent this reporting period, from 477.9 kilograms in 2014–15 to 220.7 kilograms in 2015–16 (see Figure 44).

FIGURE 44: National heroin seizures, by number and weight, 2006–07 to 2015–16



Tasmania reported the greatest percentage increase in both the number (100.0 per cent) and weight of heroin seized (1 200.0 per cent) in 2015–16. New South Wales continues to account for the greatest proportion of the number of national heroin seizures (47.7 per cent), while Victoria accounted for the greatest proportion of the weight of heroin seized nationally in 2015–16 (52.2 per cent; see Table 19).

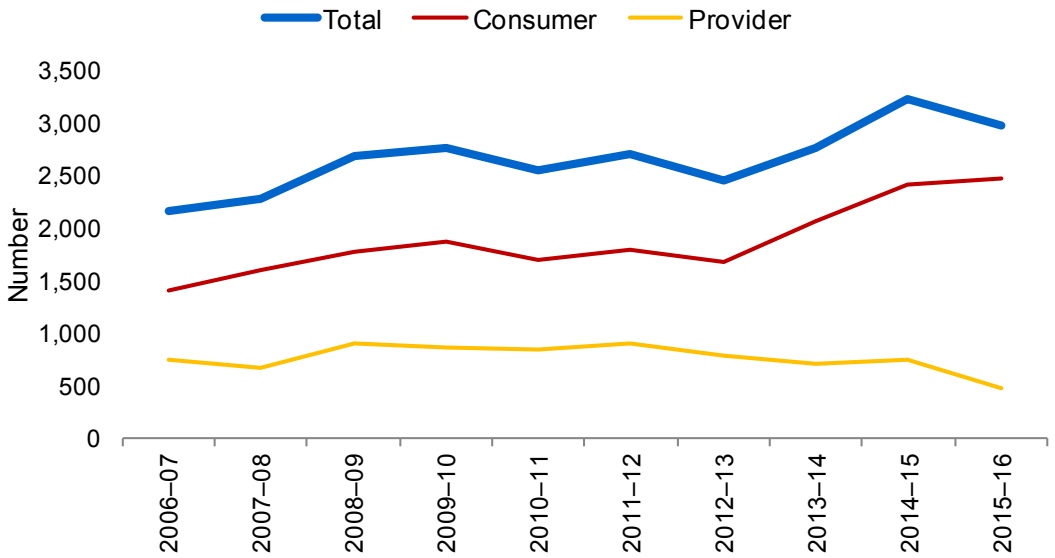
TABLE 19: Number, weight and percentage change of national heroin seizures, 2014–15 and 2015–16

	Number			Weight (grams)		
State/Territory[a]	2014–15	2015–16	% change	2014–15	2015–16	% change
New South Wales	975	992	1.7	402 833	95 746	-76.2
Victoria	396	381	-3.8	59 474	115 196	93.7
Queensland	220	219	-0.5	5 778	2 636	-54.4
South Australia	36	50	38.9	295	396	-34.2
Western Australia	249	385	54.6	9 052	6 326	-30.1
Tasmania	2	4	100.0	1	13	1 200.0
Northern Territory	3	1	-66.7	329	<1	-99.9
Australian Capital Territory	33	49	48.5	202	432	113.9
Total	**1 914**	**2 081**	**8.7**	**477 964**	**220 745**	**-53.8**

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 decreased 7.8 per cent this reporting period, from 3 227 in 2014–15 to 2 975 in 2015–16. Consumer arrests continue to account for the greatest proportion of arrests, comprising 83.6 per cent of national heroin and other opioid arrests in 2015–16 (see Figure 45). However, the Northern Territory reported more heroin and other opioid provider arrests than consumer arrests in 2015–16.

FIGURE 45: Number of national heroin and other opioid arrests, 2006–07 to 2015–16



South Australia reported the greatest percentage increase in heroin and other opioid arrests this reporting period (210.6 per cent). Victoria accounted for the greatest proportion of national heroin and other opioid arrests in 2015–16 (43.6 per cent), followed by New South Wales (27.5 per cent). Combined, these two states account for 71.1 per cent of national heroin and other opioid arrests in 2015–16 (see Table 20).

TABLE 20: Number and percentage change of national heroin and other opioid arrests, 2014–15 and 2015–16

	Arrests		
State/Territory[a]	2014–15	2015–16	% change
New South Wales	1 315	817	-37.9
Victoria	1 265	1 297	2.5
Queensland	313	399	27.5
South Australia[b]	47	146	210.6
Western Australia	226	258	14.2
Tasmania	34	44	29.4
Northern Territory	0	2	—
Australian Capital Territory	27	12	-55.6
Total	**3 227**	**2 975**	**-7.8**

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

NATIONAL IMPACT

Although Afghanistan remains the largest cultivator of opium and producer of heroin in the world, South-East Asia remains the predominant source for analysed heroin in Australia, reflected in both samples of seizures at the Australian border and those profiled as part of the ENIPID project. In the first six months of 2016, every analysed border seizure of heroin was identified as originating from South-East Asia.

While surveys of a regular injecting drug user population indicate decreases in the reported recent use of heroin and median days of use in 2016, figures remain relatively consistent with those reported in the last decade. Surveys of a regular ecstasy drug user population indicate recent heroin use remains low and stable. According to a national study of police detainees, the proportion of detainees testing positive for heroin remained stable in 2015–16 and is at a decade low. The self-reported use of heroin within this population increased in 2015–16, however it remains lower than figures reported earlier in the decade.

Both the number and weight of heroin detections at the Australian border decreased this reporting period. The number of heroin detections decreased from 291 in 2014–15 to 178 in 2015–16, while the weight detected almost halved this reporting period to 149.7 kilograms. The international mail stream was the primary importation method by number for detections of heroin at the Australian border in 2015–16, while air cargo was the primary importation method by weight. The number of embarkation points identified for heroin detections at the Australian border decreased this reporting period, from 27 in 2014–15 to 23 in 2015–16. The Netherlands was the prominent embarkation point by number for heroin detections in 2015–16, while Thailand was the prominent embarkation point by weight.

The number of national heroin seizures increased this reporting period to 2 081, the highest number reported in the last decade. The weight of heroin seized nationally decreased this reporting period to 220.7 kilograms. While the number of national heroin and other opioid arrests decreased in 2015–16, the 2 975 arrests this reporting period is the second highest number reported in the last decade.

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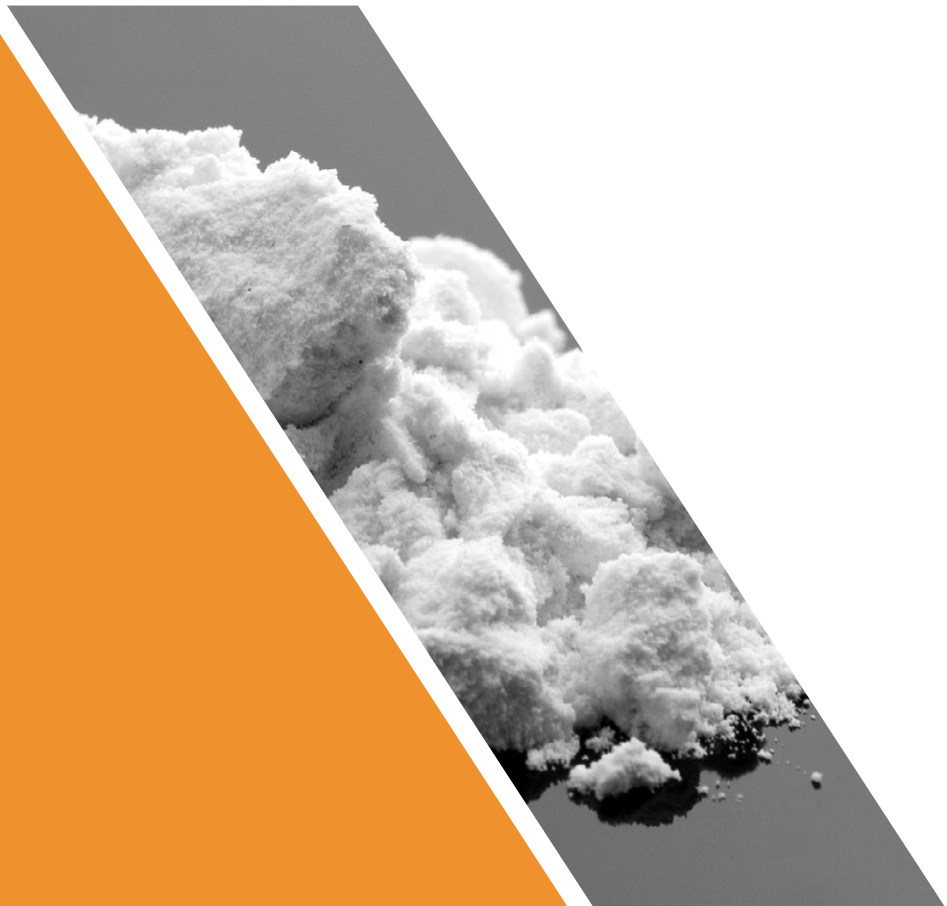
COCAINE

KEY POINTS

- There was a record 2 777 cocaine detections at the Australian border in 2015–16.
- Drug profiling data of both border and domestic seizures indicates the continued prominence of Colombia as a source country for cocaine in Australia.
- There was a record 3 951 national cocaine seizures in 2015–16, with the weight of cocaine seized nationally increasing for the second consecutive reporting period.
- There was a record 2 592 national cocaine arrests in 2015–16.



MAIN FORMS

Cocaine is a naturally occurring alkaloid and central nervous system stimulant found in certain varieties of the coca plant (genus *Erthroxylum*). Of the over 200 species in this family, the two main species cultivated for the production of cocaine are *Erthroxylum coca (*E. coca) and *Erthroxylum novogranatense (*E. novogranatense). The coca plant can grow in widely varied climates and soil conditions. E. coca is cultivated along the eastern slopes of Bolivia and Peru. E. novogranatense is cultivated in Colombia and countries in Central America (Freye & Levy 2009).

The process of extraction and production of cocaine from coca leaves is a chemical process that typically occurs in three stages—the extraction of crude coca pasts from the coca leaf, purification of the coca paste into cocaine base and conversion of the cocaine base into cocaine hydrochloride.[1] Cocaine is commonly found in two forms—hydrochloride salt and cocaine base. The most common form of cocaine available in Australia is powdered hydrochloride salt, which can be snorted, rubbed into the gums or dissolved in water and injected. Cocaine base, usually referred to as 'crack',[2] is not commonly encountered in Australia. Crack cocaine usually has a rock crystal appearance and is readily converted into vapour with heat, making is suitable for administration via inhalation (ADF 2016; NIDA 2016; EMCDDA 2015).

Cocaine is a stimulant drug that increases the speed of central nervous system activity and dopamine levels. Dopamine is associated with functions responsible for reward, motivation and the experience of pleasure. It is this excess dopamine that is responsible for cocaine's euphoric effects, including increased energy, alertness and reduced fatigue. Short-term effects of cocaine use may include irregular heartbeat, chest pain, hyperthermia or seizures. Long-term effects of cocaine use may include anxiety, paranoia, tachycardia, kidney failure, increased risk of experiencing a stroke and ongoing respiratory problems. With repeated use, cocaine can cause long-term changes in brain function, particularly related to reward. When used in conjunction with alcohol, the liver converts the combination into a third substance known as cocaethylene, which may increase both the euphoric effects and the risk of death (ADF 2016; NIDA 2016; House of Commons 2010).

INTERNATIONAL TRENDS

Cocaine use has increased globally since 2010, after a period of stability, largely due to increased use in South America. The majority of cocaine is trafficked from the Andean subregion to North America and Europe. The Americas accounted for 90.0 per cent of global cocaine seizures in 2014 (South America accounted for 60.0 per cent). While cocaine is the most commonly used stimulant in Europe, seizures in Western and Central Europe accounted for 9.0 per cent of global seizures in 2014. Used primarily in western and southern Europe, there are signs of increasing availability after a period of relative stability (EMCDDA 2016; UNODC 2016).

1 Cocaine hydrochloride is usually cut with other products to increase volume before it is sold to users. The substances with which cocaine is cut may be non-toxic, such as bicarbonate soda, or toxic, such as levamisole, a veterinary pharmaceutical.
2 The term crack refers to the crackling sound the cocaine produces when heated.

Coca cultivation surveys conducted by the United Nations Office on Drugs and Crime (UNODC) in 2015 indicate that with the exception of Colombia, the total area under coca cultivation in South America has declined. In 2015, the area under cultivation in Peru decreased by 6.1 per cent, from 42 900 hectares in 2014 to 40 300 hectares, while the area under cultivation in Bolivia decreased by 1.0 per cent, from 20 400 hectares in 2014 to 20 200 hectares. The area under cultivation in Colombia increased 39.1 per cent, from 69 000 hectares in 2014 to 96 000 hectares in 2015 (UNODC 2016a; UNODC 2016b; UNODC 2016c).

The total number of cocaine seizures by World Customs Organization (WCO) agencies increased 9.0 per cent, from 5 508 in 2014 to 6 006 in 2015. The weight of cocaine seized increased 69.3 per cent, from 67 503 kilograms in 2014 to 114 310 kilograms in 2015. The United States (US) accounted for the greatest proportion of both the number and weight of cocaine seized in 2015, accounting for 35.1 per cent of the number and 67.8 per cent of the weight (WCO 2016).

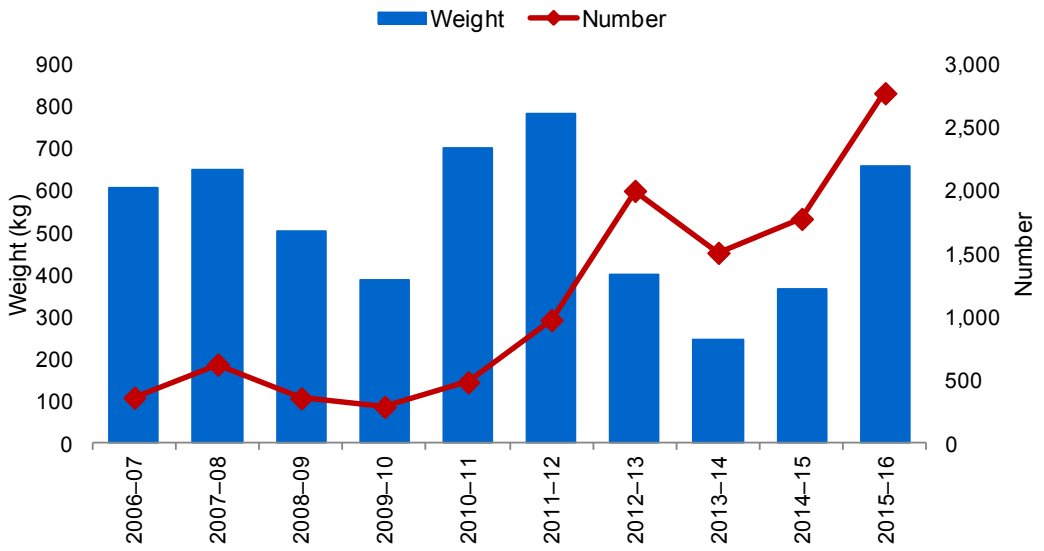
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

There were increases in both the number and weight of cocaine detections at the Australian border this reporting period. In 2015–16, the number of cocaine detections increased 55.9 per cent, from 1 781 in 2014–15 to a record 2 777 in 2015–16. The weight of cocaine detected increased 78.1 per cent, from 368.9 kilograms in 2014–15 to 657.1 kilograms in 2015–16 (see Figure 46).

The vast majority of cocaine detections (95.5 per cent) in this reporting period weighed less than 1 kilogram. In 2015–16, 43 detections of cocaine (4.5 per cent) weighed 1 kilogram or more. Combined, these 43 detections weigh 602.1 kilograms and account for 91.6 per cent of the total weight of cocaine detected at the Australian border in 2015–16.

FIGURE 46: Number and weight of cocaine detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



SIGNIFICANT BORDER DETECTIONS

Significant border detections of cocaine in 2015–16 include:

- 100.0 kilograms of cocaine detected on 24 August 2015, concealed in bags, via small craft into Brisbane
- 71.0 kilograms of cocaine detected on 13 September 2015, built into a hydraulic press shaft, via sea cargo from Panama to Sydney
- 24.0 kilograms of cocaine detected on 29 June 2016, concealed in luggage, via air passenger/crew into Sydney
- 20.0 kilograms of cocaine detected on 2 March 2016, concealed in suitcases, via air passenger/crew from the US to Sydney
- 15.0 kilograms of cocaine detected on 23 May 2016, packed into a cardboard box, via air cargo from the US to Sydney.

These 5 detections have a combined weight of 230.0 kilograms and account for 35.0 per cent of the total weight of cocaine detected at the Australian border in 2015–16.

IMPORTATION METHODS

While detections of cocaine at the Australian border occurred across all importation streams this reporting period, the majority occurred within the international mail stream, in weights ranging from 11.7 kilograms to less than one gram.

In 2015–16, the international mail stream accounted for 94.7 per cent of the number and 27.9 per cent of the weight of cocaine detected at the Australian border. Only 1.2 per cent of the number of cocaine detections were identified in the air passenger/crew stream this reporting period, however these detections account for 25.1 per cent of the weight of cocaine detected in 2015–16 (see Figures 47 and 48).

FIGURE 47: Number of cocaine detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)

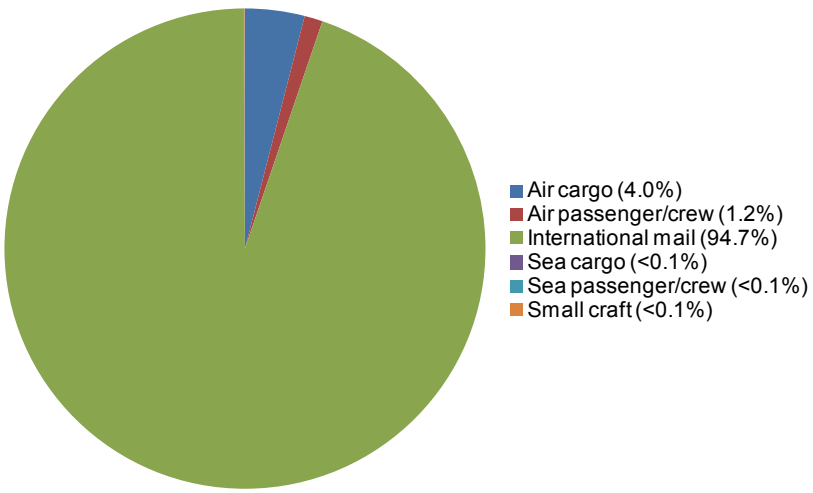
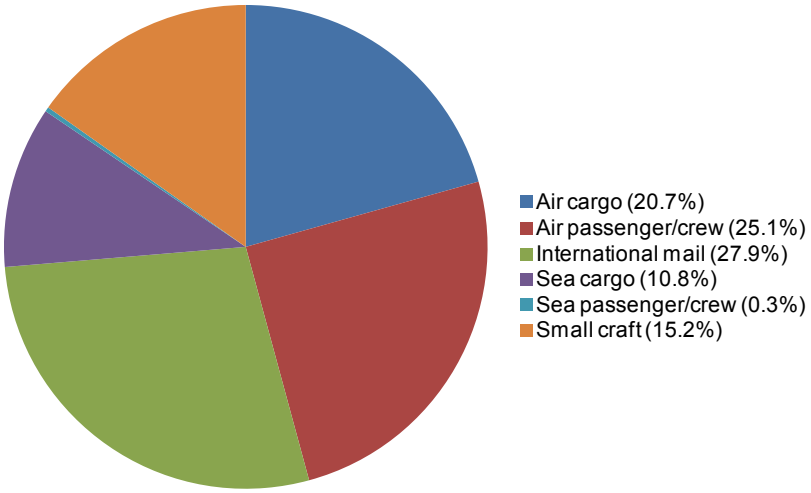


FIGURE 48: Weight of cocaine detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

In 2015–16, 54 countries were identified as embarkation points for cocaine detected at the Australian border, compared with 47 countries in 2014–15.

By number, the United Kingdom (UK) was the primary embarkation point for cocaine detections in 2015–16 with 923 detections. Other key embarkation points this reporting period include the Netherlands (580 detections), Canada (440 detections), the US (212 detections), Ireland (128 detections) and Spain (103 detections). Combined, these 6 embarkation points account for 85.9 per cent of the number of cocaine detections at the Australian border in 2015–16.

By weight, the US (315.6 kilograms), Panama (75.4 kilograms) and Brazil (26.8 kilograms) were the most significant embarkation points for cocaine detected at the Australian border this reporting period. Combined, these 3 embarkation points account for 63.6 per cent of the weight of cocaine detected at the Australian border in 2015–16 (see Figure 49).

FIGURE 49: Key source countries and embarkation points for cocaine detections, by weight, at the Australian border, 2015–16

Embarkation country
Source country
Embarkation and source country

Top 10 embarkation points by weight: US, Panama, Brazil, Chile, UK, China (including Hong Kong), Netherlands, Trinidad, Colombia and Canada.

DRUG PROFILING

The Australian Federal Police (AFP) Forensic Drug Intelligence (FDI) team operates a forensic drug profiling capability through the National Measurement Institute (NMI) which is used to identify regions of origin and manufacturing trends for samples submitted from seizures made at the Australian border. The capability also allows for comparisons within and between seizures to identify distinct batches of drugs, the origin of drugs, or to demonstrate links between groups involved in illicit drug manufacture or trafficking. Only certain drug types are examined and not every seizure of drugs is analysed or profiled. The following data relate to seizures investigated by the AFP between 2007 and June 2016, and from which samples were submitted to the NMI for routine analysis and profiling.[3]

During 2015, Colombia was the dominant growing region of cocaine seized by the AFP, with a significant shift away from Peruvian cocaine seizures of 2011–14. Data for Jan–Jun 2016 indicates a continuation of the trend away from Peruvian cocaine (see Tables 21 and 22).

3 Profiling data relate to seizures investigated by the AFP between 2007 to June 2016, and from which samples were submitted to the NMI for routine analysis and profiling. Improvements in information technology have brought about changes to how the data is collated and presented, and for this reason, care should be taken in comparing figures before 2010 to more recent data. For all reporting years, the data represents a snapshot across the applicable reporting period. These figures cannot reflect seizures that have not been submitted for forensic examination due to prioritisation of law enforcement resources or those that have passed through the border undetected. Certain seizures/samples, such as those containing swabs or trace material, have been omitted from the analysis as they are not amenable to chemical profiling. It is difficult to extrapolate the impact of any observed border trends on drugs reaching consumers i.e. street level seizures in Australia but samples from selected state and territory jurisdictions are submitted for chemical profiling as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project.

TABLE 21: Geographical origin of coca leaf used to produce cocaine as a proportion of analysed AFP border seizures, 2007–June 2016 (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	Colombian %	Peruvian %	Bolivian %	Mixed %	Unclassified %
Jan–Jun 2016	75.0	7.1	–	5.4	12.5
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
2008	67.3	28.6	–	–	4.1
2007	61.7	23.3	–	9.9	3.4

TABLE 22: Geographical origin of coca leaf used to produce cocaine as a proportion of total bulk weight of analysed AFP border seizures, 2007–June 2016 (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	Colombian %	Peruvian %	Bolivian %	Mixed %	Unclassified %
Jan–Jun 2016	59.5	11.6	–	19.9	9.0
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
2008	95.1	4.7	–	–	0.2
2007	86.3	10.6	0.4	–	2.7

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, including importations seized and profiled from the border.

The data attained from profiling jurisdictional seizures of cocaine indicate that there is a shift away from Peruvian cocaine and a shift back to Colombian cocaine. Mirroring border data, ENIPID data for 2015 shows a decrease in the prevalence of Peruvian cocaine and this has continued into the first half of 2016 (see Tables 23 and 24).

TABLE 23: Geographical origin of cocaine ENIPID samples as a proportion of analysed jurisdictional samples, 2014–June 2016 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Geographical Origin				
Year	Jurisdiction	Colombian %	Peruvian %	Bolivian %	Mixed/ Unclassified %	Total
Jan–Jun 2016	ACT	5.5	–	–	–	5.5
	NSW	75.0	–	–	16.7	91.7
	VIC	2.8	–	–	–	2.8
Total		**83.3**	**–**	**–**	**16.7**	**100.0**
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**	**100.0**
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**	**38.3**	**–**	**8.3**	**100.0**

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 24: Geographical origin of cocaine ENIPID samples as a proportion of analysed jurisdictional cases, 2014–June 2016 (Source: Australian Federal Police, Forensic Drug Intelligence)

		Geographical Origin				
Year	Jurisdiction	Colombian %	Peruvian %	Bolivian %	Mixed/ Unclassified %	Total
Jan–Jun 2016	ACT	3.8	–	–	–	–
	NSW	73.2	–	–	19.2	92.4
	VIC	3.8	–	–	–	–
Total		**80.8**	**–**	**–**	**19.2**	**100.0**
2015	ACT	**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**	**100.0**
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		**59.5**	**24.3**	**–**	**16.2**	**100.0**

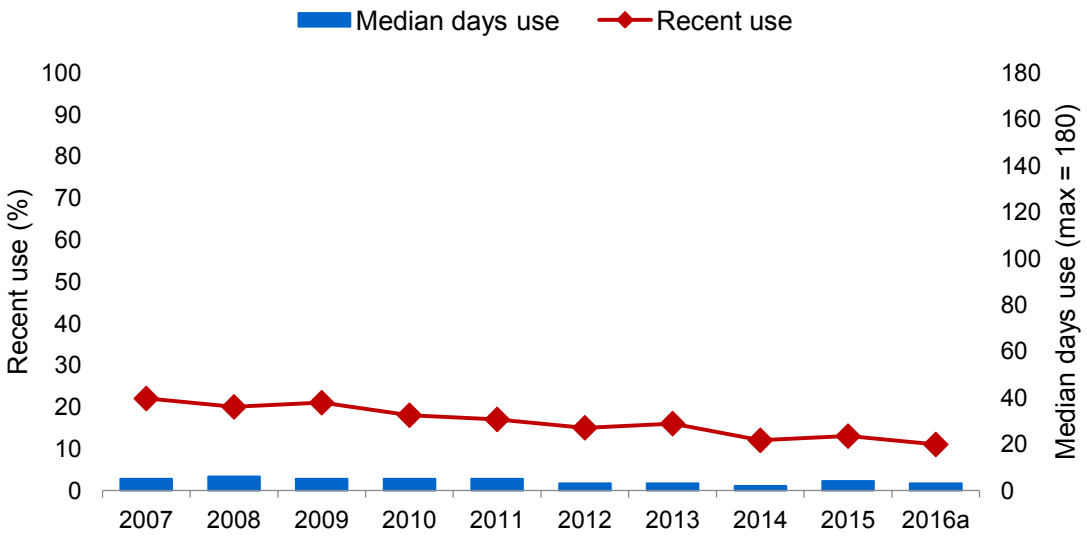
Note: Due to a lack of available data, some samples were classified based on the sample collection date in place of the sample seizure date.

DOMESTIC MARKET INDICATORS

According to the 2013 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 7.3 per cent in 2010 to 8.1 per cent in 2013. In the same survey, the proportion reporting recent[4] cocaine use remained stable at 2.1 per cent (AIHW 2014).

In a 2015 national study of regular injecting drug users, the proportion of respondents reporting the recent[5] use of cocaine increased, from 12.0 per cent in 2014 to 13.0 per cent in 2015. Within this regular drug injecting population, the reported median days of cocaine use in the six months preceding interview increased, from 2 days in 2014 to 4 days in 2015. Early findings from the 2016 study indicate the proportion of respondents reporting recent cocaine use has decreased to 11.0 per cent, with the reported median days of cocaine use decreasing to 3 days (see Figure 50; Stafford & Breen 2016; Stafford et al 2016).

FIGURE 50: Proportion of a regular injecting drug user population reporting recent cocaine use and median days of use, 2007 to 2016 (Source: National Drug and Alcohol Research Centre)



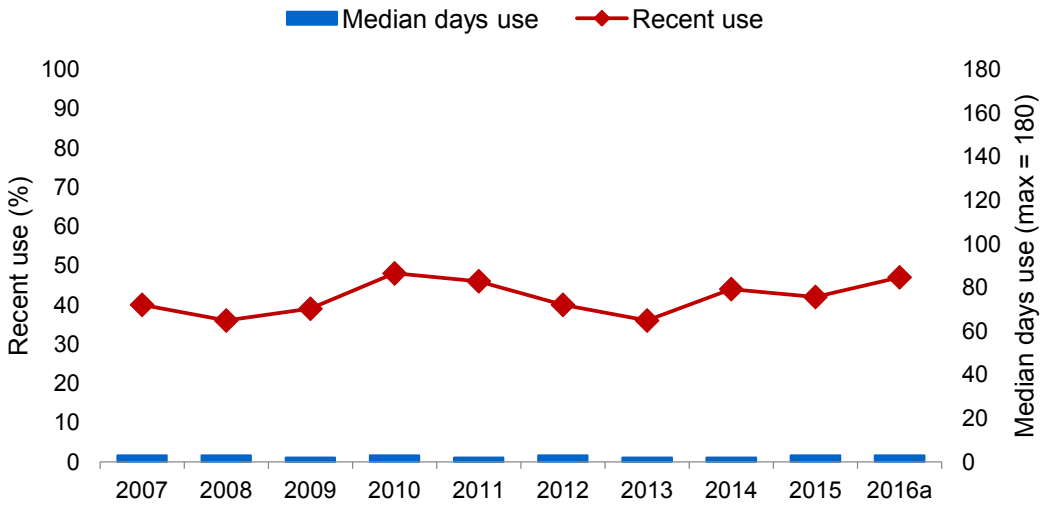
a. Reported figures for 2016 are preliminary.

In the same 2015 study, the proportion of respondents reporting cocaine as their drug of choice remained stable at 1.0 per cent. Early findings from the 2016 study indicate this remains unchanged at 1.0 per cent (Stafford & Breen 2016; Stafford et al 2016).

In a 2015 national study of regular ecstasy users, the proportion of respondents reporting the recent use of cocaine decreased, from 44.0 per cent in 2014 to 42.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 47.0 per cent. Within this regular ecstasy user population, the reported median days of cocaine use in the six months preceding interview in 2015 was 3 days, an increase from the 2 days reported in 2014. Early findings from the 2016 study indicate this has remained stable at 2 days (see Figure 51; Sindicich et al 2016; Stafford et al 2016).

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.

FIGURE 51: Proportion of a regular ecstasy drug user population reporting recent cocaine use and median days of use, 2007 to 2016 (Source: National Drug and Alcohol Research Centre)



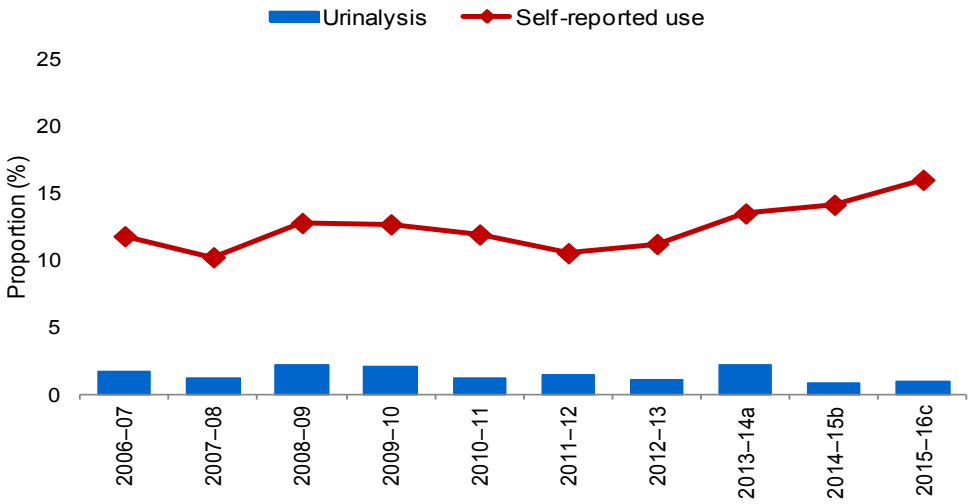
a. Reported figures for 2016 are preliminary.

In the same 2015 study, the proportion of respondents reporting cocaine as their drug of choice remained stable at 8.0 per cent. Early findings from the 2016 study indicate this remains unchanged at 8.0 per cent (Sindicich et al 2016; Stafford et al 2016).

The Drug Use Monitoring in Australia (DUMA) program, which examines drug use and offending patterns among police detainees in Australia, comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample, which is subjected to urinalysis to detect licit and illicit drug use.[6] Cocaine continues to be one of the least commonly detected drugs among detainees. The proportion of detainees testing positive via urinalysis[7] for cocaine increased, from 0.8 per cent in 2014–15 to 0.9 per cent in 2015–16. Self-reported recent use[8] of cocaine increased from 14.2 per cent in 2014–15 to 16.0 per cent in 2015–16 (see Figure 52).

6 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
7 Cocaine and its metabolite can be detected in urine for 24 to 36 hours after administration.
8 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

FIGURE 52: National proportion of detainees testing positive for cocaine compared with self-reported recent use, 2006–07 to 2015–16 (Source: Australian Institute of Criminology)



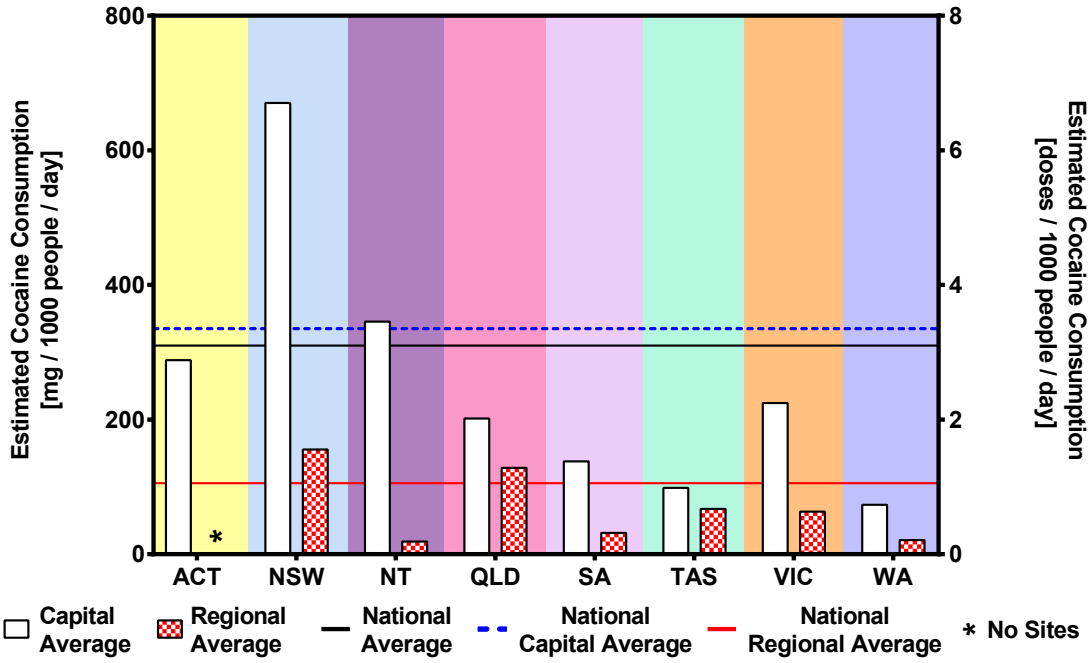
a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.

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. 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 Australian Criminal Intelligence Commission (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).[9]

Wastewater analysis conducted in the latter half of 2016 shows on average, cocaine consumption in Australia was noticeably lower than methylamphetamine levels. Cocaine consumption was consistently higher in capital city sites compared to regional sites, with the Northern Territory having the lowest regional consumption of all participating regions. Cocaine consumption in capital city sites in New South Wales dominated the national landscape, being almost double the next highest region in terms of doses consumed per day. The Australian Capital Territory and the capital Northern Territory site showed substantially higher cocaine consumption compared to other states, with Western Australia well below the average (see Figure 53).

9 The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/sites/g/files/net1491/f/national_wastewater_drug_monitoring_program_report_1_0.pdf?v=1490333695>.

FIGURE 53: Estimated average consumption of cocaine for capital city sites and regional sites by state/territory (Source: National Wastewater Drug Monitoring Program)



PRICE

Nationally, the price for 1 gram of cocaine ranged between $50 and $1 000 in 2015–16, compared with a price range between $250 and $900 in 2014–15. Nationally, the price of 1 kilogram of cocaine ranged between $185 000 and $300 000 in 2015–16, compared with a price range between $185 000 and $240 000 in 2014–15.

PURITY

Figure 54 illustrates the annual median purity of analysed cocaine samples over the last decade. Since 2006–07, the annual median purity of cocaine has ranged between 9.5 per cent and 64.5 per cent. In 2015–16, the annual median purity of cocaine ranged from 31.5 per cent in the Australian Capital Territory to 62.2 per cent in South Australia. This reporting period Victoria, Queensland and South Australia reported an increase in the annual median purity of cocaine, while New South Wales and Western Australia reported a decrease.

FIGURE 54: Annual median purity of cocaine samples, 2006–07 to 2015–16

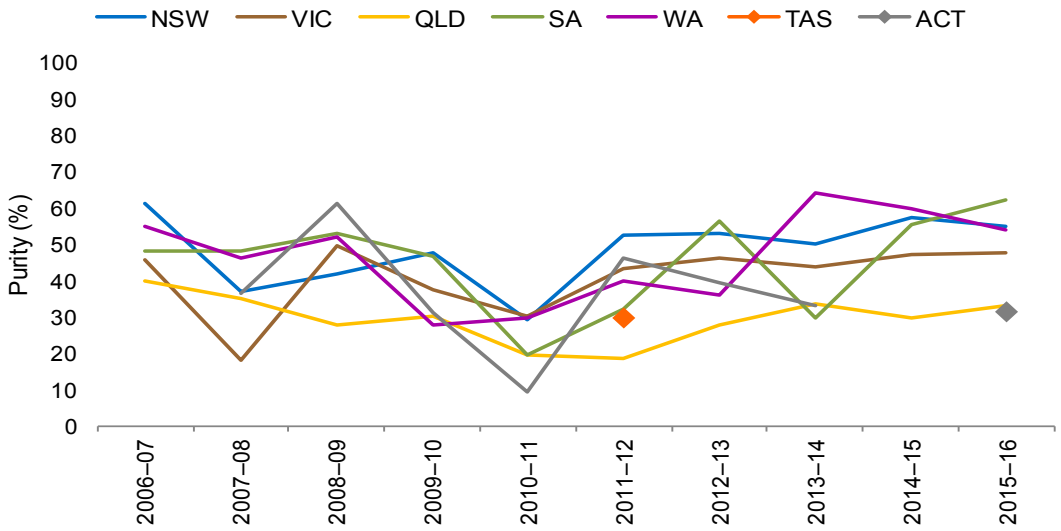
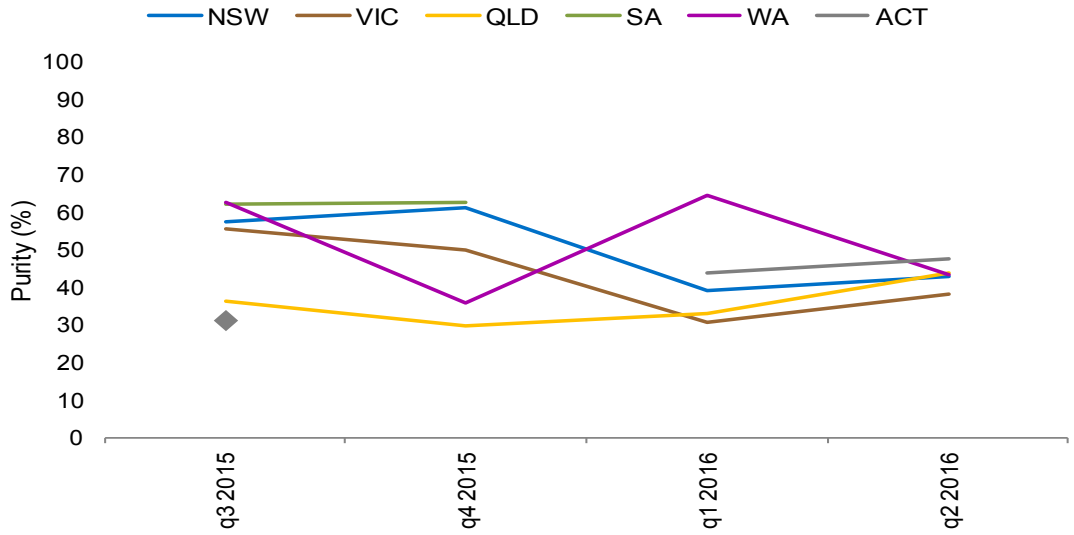


Figure 55 illustrates the median purity of analysed cocaine samples on a quarterly basis in 2015–16. This reporting period the quarterly median purity of cocaine ranged between 29.5 per cent in Queensland in the fourth quarter of 2015 and 64.5 per cent in Western Australia in the first quarter of 2016. Of note, Victoria reported an analysed cocaine sample with a purity of 100.0 per cent in the fourth quarter of 2015.

FIGURE 55: Quarterly median purity of cocaine samples, 2015–16



AVAILABILITY

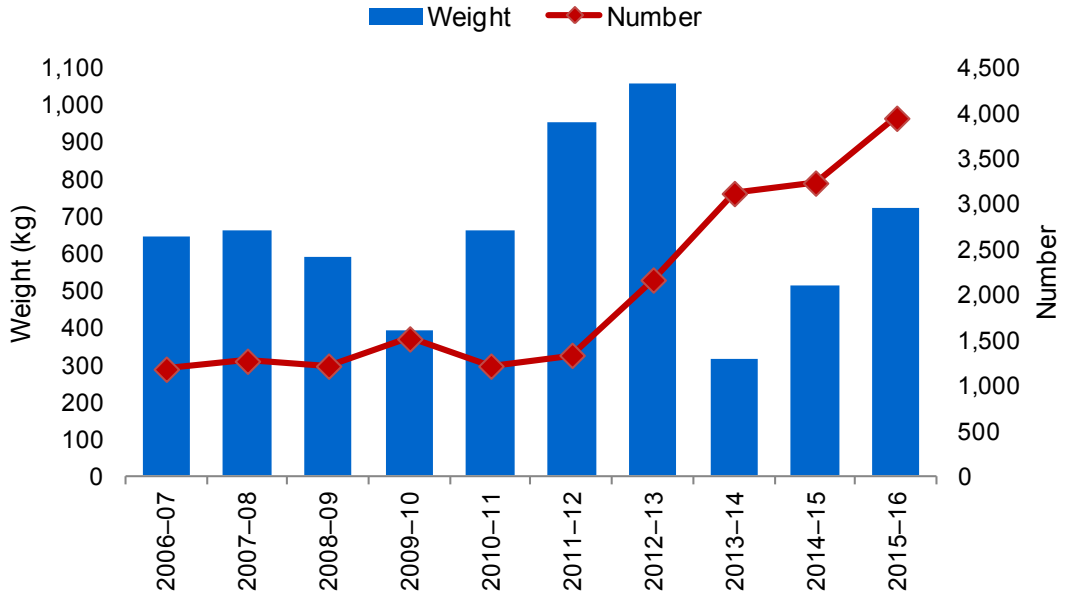
In a 2015 national study of regular injecting drug users, of the respondents able to comment in the availability of cocaine, 74.0 per cent reported cocaine as easy or very easy to obtain, an increase from 72.0 per cent reported in 2014. Early finding from the 2016 study indicate that this has decreased to 61.0 per cent (Stafford & Breen 2016; Stafford et al 2016).

In a 2015 national study of regular ecstasy 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, an increase from 57.0 per cent in 2014. Early findings from the 2016 study indicate this has decreased to 55.0 per cent (Sindicich et al, 2016; Stafford et al 2016).

SEIZURES AND ARRESTS

The number of national cocaine seizures increased 22.1 per cent this reporting period, from 3 236 in 2014–15 to a record 3 951 in 2015–16. The weight of cocaine seized nationally increased 40.3 per cent this reporting period, from 514.4 kilograms in 2014–15 to 721.6 kilograms in 2015–16, the third highest weight reported in the last decade (see Figure 56).

FIGURE 56: National cocaine seizures, by number and weight, 2006–07 to 2015–16



The Australian Capital Territory reported the greatest percentage increase (518.2 per cent) in the number of cocaine seizures in 2015–16, while Victoria reported the greatest percentage increase in the weight of cocaine seized (277.9 per cent). New South Wales continues to account for the greatest proportion of both the number and weight of national cocaine seizures, accounting for 68.7 per cent of the number and 71.2 per cent of the weight of cocaine seized in 2015–16 (see Table 25).

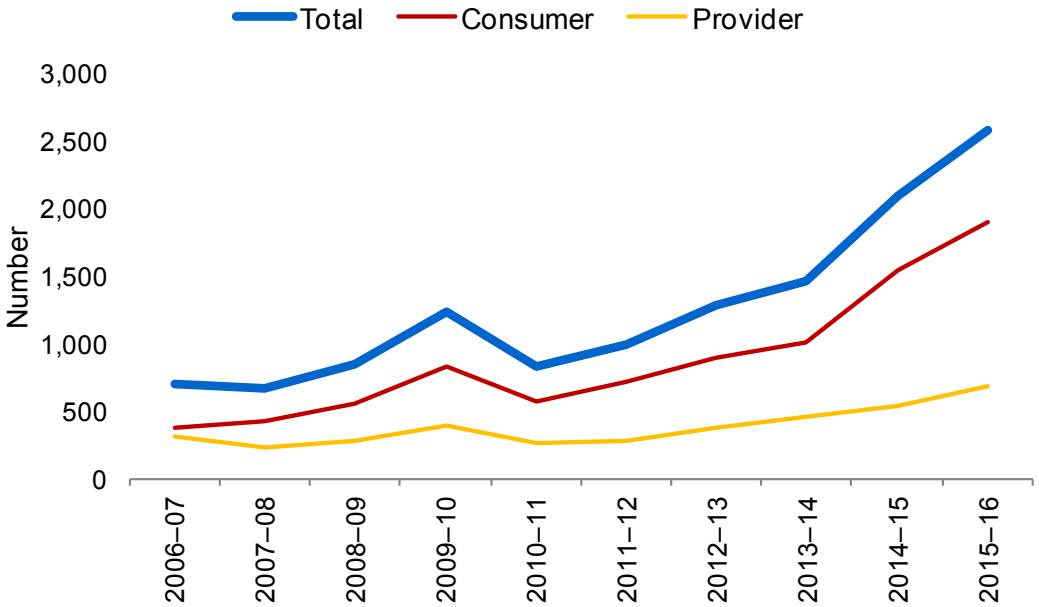
TABLE 25: Number, weight and percentage change of national cocaine seizures, 2014–15 and 2015–16

	Number			Weight (grams)		
State/Territory[a]	2014–15	2015–16	% change	2014–15	2015–16	% change
New South Wales	2 017	2 716	34.7	417 207	513 689	23.1
Victoria	434	549	26.5	15 627	59 055	277.9
Queensland	415	336	-19.0	60 400	132 599	119.5
South Australia	52	22	-57.7	1 717	1 341	-21.9
Western Australia	260	230	-11.5	18 754	14 205	-24.3
Tasmania	29	12	-58.6	281	30	-89.3
Northern Territory	18	18	0.0	303	458	51.2
Australian Capital Territory	11	68	518.2	113	321	184.1
Total	**3 236**	**3 951**	**22.1**	**514 402**	**721 698**	**40.3**

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 23.9 per cent this reporting period, from 2 092 in 2014–15, to a record 2 592 in 2015–16. Consumer arrests continue to account for the greatest proportion of arrests, comprising 73.5 per cent of national cocaine arrests in 2015–16 (see Figure 57). However, Western Australia reported more cocaine provider arrests than consumer arrests in 2015–16.

FIGURE 57: Number of national cocaine arrests, 2006–07 to 2015–16



All states and territories reported increases in the number of cocaine arrests in 2015–16. The Northern Territory reported the greatest percentage increase in cocaine arrests this reporting period (600.0 per cent). New South Wales continues to account for the greatest proportion of national cocaine arrests, accounting for 50.2 per cent in 2015–16 (see Table 26).

TABLE 26: Number and percentage change of national cocaine arrests, 2014–15 and 2015–16

	Arrests		
State/Territory[a]	2014–15	2015–16	% change
New South Wales	1 123	1 301	15.9
Victoria	375	455	21.3
Queensland	393	458	16.5
South Australiab	32	114	256.3
Western Australia	142	197	38.7
Tasmania	6	9	50.0
Northern Territory	2	14	600.0
Australian Capital Territory	19	44	131.6
Total	**2 092**	**2 592**	**23.9**

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

NATIONAL IMPACT

Colombia continues to account for the greatest proportion of global cocaine production. Domestically, the predominance of cocaine originating in Colombia is reflected in profiling data of both cocaine seized at the Australian border and cocaine analysed as part of the ENIPID project in 2015 and the first six months of 2016.

Surveys of a regular injecting drug user population indicate that reported recent cocaine use remains low and relatively stable. While surveys of regular ecstasy user and police detainee populations indicate increases in the proportion of respondents reporting recent cocaine use, the reported median days of use within the regular ecstasy user population remained low and stable in 2016, with the proportion of detainees testing positive to cocaine in 2015–16 also low and stable.

Wastewater analysis conducted in the latter half of 2016 as part of the NWDMP measured the presence of 13 substances across 51 sites nationally. On average, cocaine consumption in Australia was noticeably lower than methylamphetamine levels, with cocaine consumption consistently higher in capital city sites compared to regional sites.

Both the number and weight of cocaine detections at the Australian border increased this reporting period. The number of cocaine detections increased from 1 781 in 2014–15 to a record 2 777 in 2015–16. The weight of cocaine detected increased from 368.9 kilograms in 2014–15 to 657.1 kilograms in 2015–16. The international mail stream was the primary importation method by both number and weight for detections of cocaine at the Australian border in 2015–16. The number of embarkation points identified for cocaine detections at the Australian border increased this reporting period, from 47 in 2014–15 to 54 in 2015–16. The UK was the prominent embarkation point by number for cocaine detections in 2015–16, while the US was the prominent embarkation point by weight.

The number of national cocaine seizures increased to a record 3 951 in 2015–16. The weight of cocaine seized nationally increased for the second consecutive reporting period to 721.6 kilograms in 2015–16, the third highest weight reported in the last decade. The number of national cocaine arrests continued to increase this reporting period, with the 2 592 arrests in 2015–16 the highest number on record.

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OTHER DRUGS

KEY POINTS

- There was a record 586 GHB, GBL and ketamine detections at the Australian border in 2015–16.
- There was a record 1 297 national steroid arrests in 2015–16.
- The weight of hallucinogens seized nationally and the number of national hallucinogen arrests increased to record highs in 2015–16.
- There were record numbers of national other and unknown not elsewhere classified drug seizures and arrests in 2015–16.

OTHER DRUGS

Other drugs and substances—collectively referred to in this report as 'other drugs'—are increasingly being recognised as past 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

Anabolic agents and selected hormones are also referred to as performance and image enhancing drugs (PIEDs).

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

- anabolic-androgenic steroids (AAS)
- beta-2 agonists
- peptide hormones, mimetics and analogues
- other anabolic agents and selected hormones (ABS 2011).

ANABOLIC-ANDROGENIC STEROIDS, BETA-2-AGONIST AND OTHER ANABOLIC AGENTS

Anabolic-androgenic steroids (AAS) are derivatives of the male sex hormone testosterone and assist in the growth and repair of muscle and bone. In clinical settings these drugs are used in the treatment of a variety of conditions resulting from hormone deficiency, such as delayed puberty, as well as for diseases that result in the loss of lean muscle mass, such as cancer and acquired immunodeficiency syndrome (AIDS). Some athletes, body-builders and non-athletes use these drugs for non-medical purposes to increase muscle definition and mass, enhance sporting performance and/or improve their physical appearance (ADF 2016; ADF 2016a; NIDA 2016).

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

AAS may be administered orally, injected intramuscularly or absorbed via cream, gel or skin patches, suppositories or nasal sprays. Side effects of AAS use may include severe acne, liver damage, enlarged heart, high blood pressure, mood swings, depression, paranoia and aggression. Male-specific effects include infertility and gynaecomastia—the development of breast tissue. In females it can lead to menstrual problems, baldness and growth of facial hair (ADF 2016; ADF 2016a; NIDA 2016; NSW Health 2013).

There is also an illicit market for beta-2-agonists, which induce both anabolic (muscle building) and catabolic (body fat reducing) effects. A common beta-2-agonsit misused in Australia is clenbuterol, which is used in the treatment of asthma. Clenbuterol is promoted as a weight loss product, sometimes referred to as the 'size zero pill' and is used to burn fat and define muscle. Side effects of beta-2-agonist use may include increases in body temperature, nausea, headaches, insomnia and anxiety. Effects of excessive use may include muscle tremors, palpitations, muscle cramps and the dilation of blood vessels, with a risk of overdose and stroke when used at high doses. Clenbuterol misuse can also exacerbate pre-existing heart conditions or hypertension (NDS 2006).

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

TABLE 27: AAS and other anabolic agents commonly used in Australia

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

PEPTIDE HORMONES, MIMETICS AND ANALOGUES

While anabolic steroids remain widely used, the PIEDs market has evolved to include an ever-expanding range of substances which manipulate the body's hormonal system. Hormones are vital for the effective functioning of the human body. Synthetic mimetics and analogues of naturally occurring hormones have been developed to assist in the treatment of a number of medical conditions, with some diverted for non-medical use as a consequence of their performance enhancing effects. While peptides can be used on their own to promote muscle growth, these substances are also used in combination with anabolic steroids to maintain muscle gains. These include erythropoietin (EPO), human growth hormone (hGH) and human chorionic gonadotrophin (hCG).

EPO is a naturally occurring hormone produced in the kidneys that regulates the production of red blood cells in bone marrow. Increased EPO levels in the body increases oxygen absorption, reduces fatigue, improves endurance and increases metabolic and healing rates. Side effects of EPO use include an increased risk of blood clots and high blood pressure (Harty 2010; NDS 2006).

hGH is a naturally occurring hormone produced by the pituitary gland responsible for muscle development and bone growth, as well as psychological wellbeing. Side effects of hGH use may include gigantism and acromegaly, resulting in abnormal growth of hands and feet, and bone changes in facial features, such as increases in jaw size. Major organs, such as the heart, may also increase in size (NIDDK 2012).

hCG is important in triggering hormonal changes in women during pregnancy and can increase the production of natural male and female sex hormones. As high doses of AAS over prolonged periods may reduce the body's natural production of testosterone, hCH may be used to stimulate natural testosterone production following a long cycle of steroid use. Side effects of hCG use may include acne, tiredness, mood changes and excessive fluid retention (NDS 2006a).

Hormones, mimetics and analogues commonly use din Australia are listed in Table 28.

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

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

INTERNATIONAL TRENDS

The worldwide trafficking and use of PIEDs is a complex, large and highly profitable market. PIEDs may be diverted from the licit market to the illicit market or manufactured illicitly in clandestine laboratories. China is a primary source country for PIEDs globally, which are either diverted from legitimate sources, or manufactured illicitly in clandestine laboratories. Illicit PIEDs are primarily marketed to professional and amateur athlete and body building markets and are also used by individuals seeking to improve their appearance. PIEDs may be distributed online or through direct sales to users, including through gyms or sporting clubs (ADF 2016a; DEA 2015).

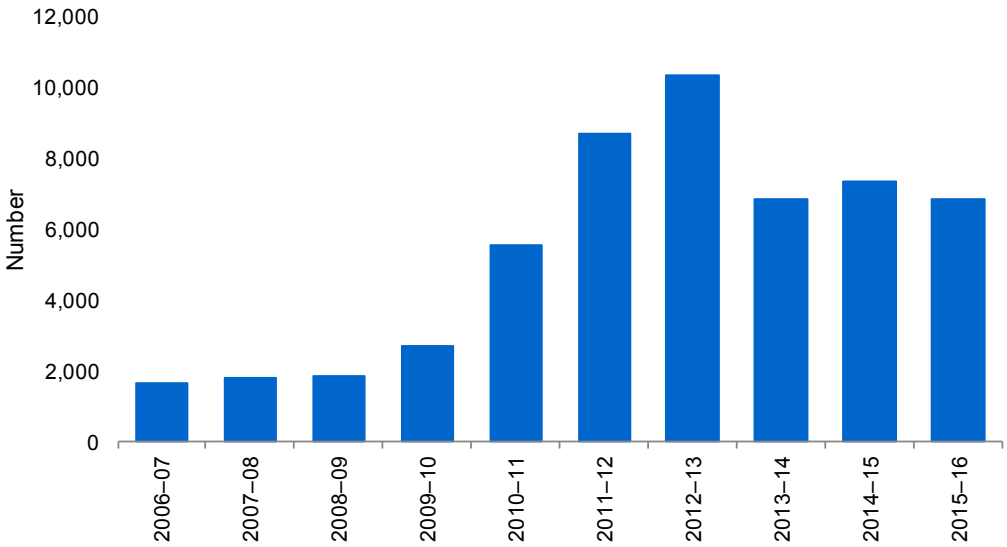
A collaborative, multi-agency approach is necessary to address the illicit use of PIEDs. Operation Cyber Juice, announced in 2015, was a Drug Enforcement Administration (DEA) led multi-agency operation involving domestic law enforcement partners, the United States Anti-Doping Agency (USADA) and the World Anti-Doping Agency (WADA) and targeted every level of the illicit trade of steroids and other PIEDs. The nationwide series of enforcement undertaken as part of Operation Cyber Juice resulted in the detection of 16 illicit steroid laboratories, 636.0 kilograms of raw steroid powder, 8 200.0 litres of raw steroid injectable liquid, 134 000 steroid dosage units and over 90 arrests, as well as assisting in international steroid investigations being coordinated by Europol. Project Energia, an INTERPOL initiative, supported by WADA and the School of Criminal Science at the University of Lausanne, 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 (INTERPOL 2016; DEA 2015).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of PIED detections at the Australian border decreased 6.8 per cent this reporting period, from 7 381 in 2014–15 to 6 877 in 2015–16 (see Figure 58).[2]

FIGURE 58: Number of performance and image enhancing drug detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)

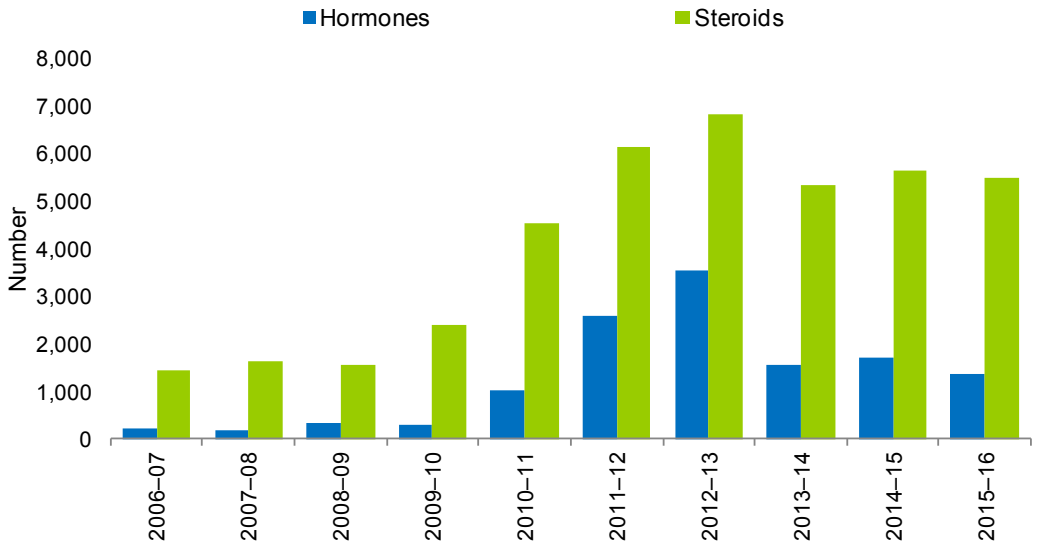


2 The Department of Immigration and Border Protection is unable to provide statistical data on the weight of drugs in this category due to differences in drug form, which includes liquid, vials and tablets.

Of the 6 877 PIED detections in 2015–16, 80.0 per cent were steroids and 20.0 per cent were hormones. The number of steroid detections decreased 2.7 per cent this reporting period, from 5 657 in 2014–15 to 5 502 in 2015–16. The number of hormones detected decreased 20.2 per cent this reporting period, from 1 724 in 2014–15 to 1 375 in 2015–16 (see Figure 59).

The number of clenbuterol detections at the Australian border decreased 11.1 per cent this reporting period, from 669 in 2014–15 to 595 in 2015–16. Of the 595 detections, 95.0 per cent were identified in the international mail stream, followed by air cargo (2.7 per cent) and air passenger/ crew stream (2.3 per cent).

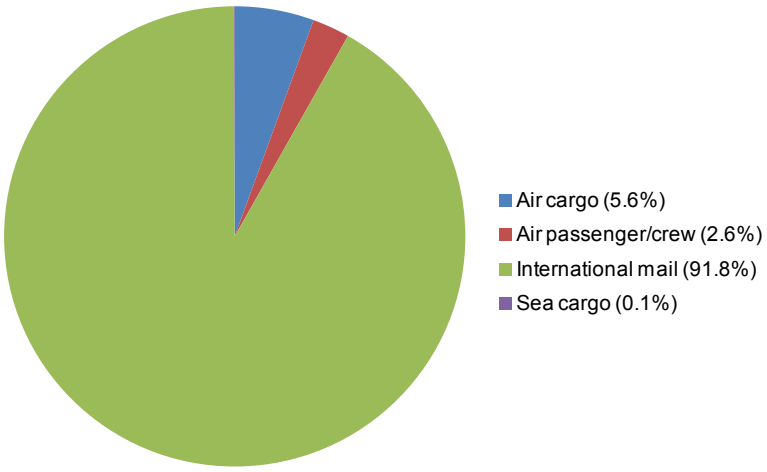
FIGURE 59: Number of performance and image enhancing drug detections, by category, at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



IMPORTATION METHODS

PIED detections were identified in the air cargo, air passenger/crew, sea cargo and international mail streams this reporting period. The international mail stream accounted for 91.8 per cent of the number of PIED detections at the Australian border in 2015–16 (see Figure 60).

FIGURE 60: Number of performance and image enhancing drug detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

In 2015–16, 64 countries were identified as embarkation points for PIED detections at the Australian border. By number, the United Kingdom (UK) was the primary embarkation point for PIED detections in 2015–16, with 2 134 detections. Other key embarkation points this reporting period include China (including Hong Kong; 1 118 detections), the United States (US; 1 091 detections), Thailand (753 detections), India (387 detections), Moldova (234 detections) and Turkey (151 detections). Combined, these 7 embarkation points account for 85.3 per cent of the number of PIED detections at the Australian border in 2015–16.

In 2015–16, 61 countries were identified as embarkation points for steroid detections at the Australian border, compared with 58 countries in 2014–15. Key embarkation points for steroid detections this reporting period include the UK (1 880 detections), China (including Hong Kong; 887 detections), Thailand (700 detections) and the US (573 detections). Combined, these 4 embarkation points account for 73.4 per cent of the number of steroid detections at the Australian border in 2015–16.

In 2015–16, 42 countries were identified as embarkation points for hormone detections at the Australian border, compared with 37 countries in 2014–15. Key embarkation points for hormone detections this reporting period include the US (518 detections), the UK (254 detections), China (including Hong Kong; 231 detections) and India (113 detections). Combined, these 4 embarkation points account for 81.2 per cent of the number of hormone detections at the Australian border in 2015–16.

In 2015–16, 28 countries were identified as embarkation points for clenbuterol detections at the Australian border. Key embarkations points for clenbuterol detections this reporting period include the US (133 detections), the UK (124 detections), India (81 detections) and Thailand (71 detections). Combined, these 4 embarkations points account for 68.7 per cent of the number of clenbuterol detections at the Australian border in 2015–16.

DOMESTIC MARKET INDICATORS

According to the 2013 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 0.4 per cent in 2010 to 0.5 per cent in 2013. In the same survey, the proportion reporting recent[3] steroids use for non medical purposes remained stable at 0.1 per cent (AIHW 2014).

In a 2015 national study of regular injecting drug users, the proportion of the respondents reporting steroid use at some stage in their lifetime remained stable at 6.0 per cent. In the same study, 9 respondents reported recent[4] steroid use, a decrease from 10 respondents in 2014. In a 2015 national study of regular ecstasy users, the proportion of respondents reporting steroid use at some stage in their lifetime remained stable at 4.0 per cent. In the same study, the proportion of respondents reporting recent steroid use decreased, from 2.0 per cent in 2014 to 1.0 per cent in 2015. Early findings from the 2016 study indicate this has remained stable at 1.0 per cent (Stafford & Breen 2016; Stafford et al 2016, Sindicich et al 2016; Stafford et al 2016).

According to the Australian Needle and Syringe Program Survey (ANSPS), the prevalence of respondents reporting PIEDs as the drug last injected nationally decreased, from 7.0 per cent in 2014 to 6.0 per cent in 2015. Reported figures of specific use vary between the states and territories. In Queensland and New South Wales, the reported prevalence of PIEDs as the drug last injected was 12.0 per cent in 2015. The reported prevalence of injecting PIEDs remained at 3.0 per cent or less in all other states and territories. In 2015, of the respondents who recently initiated[5] injecting drug use, 38.0 per cent reported PIEDs as the drug last injected (Memedovic et al 2016).

PRICE

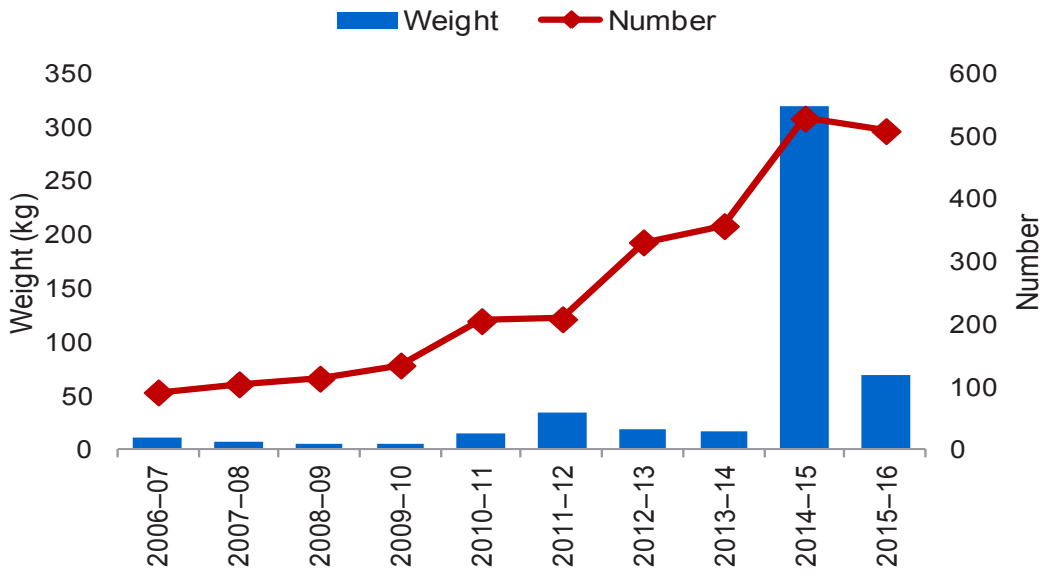
National law enforcement data on the price of PIEDs is limited. Nationally, the price range for a single 10 millilitre vial of testosterone enanthate ranged between $130 and $250 in 2015–16, the price for a single 10 millilitre vial of Sustanon 250 (a blend of four testosterone compounds) ranged between $90 and $250 and the price for a single 10 millilitre vial of testosterone propionate ranged between $90 and $250. Nationally, the price of a single 10 millilitre vial of Deca-durabolin (an anabolic steroid) ranged between $150 and $250 this reporting period.

SEIZURES AND ARRESTS

The number of national steroid seizures decreased 3.8 per cent this reporting period, from 529 in 2014–15 to 509 in 2015–16, the second highest number on record. The weight of steroids seized nationally decreased 78.5 per cent this reporting period, from 320.4 kilograms in 2014–15 to 68.8 kilograms in 2015–16, the second highest weight on record (see Figure 61).

3 In the NDSHS, recent use refers to reported use in the 12 months preceding interview.
4 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.
5 Less than three years since first injection.

FIGURE 61: National steroid seizures, by number and weight, 2006–07 to 2015–16



Tasmania reported the greatest percentage increase (300.0 per cent) in the number of steroid seizures in 2015–16, while the Australian Capital Territory reported the greatest percentage increase in the weight of steroids seized (146.3 per cent). New South Wales continues to account for the greatest proportion of national steroid seizures, accounting for 56.2 per cent of the number and 92.2 per cent of the weight seized in 2015–16 (see Table 29).

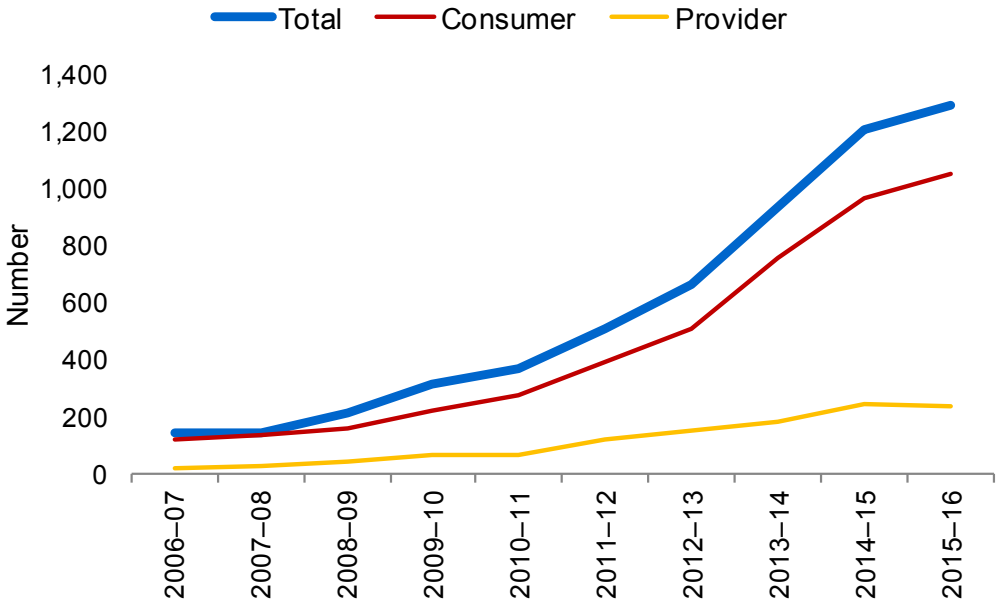
TABLE 29: Number, weight and percentage change of national steroid seizures, 2014–15 and 2015–16

	Number			Weight (grams)		
State/Territory[a]	2014–15	2015–16	% change	2014–15	2015–16	% change
New South Wales	238	286	20.2	277 412	63 492	-77.1
Victoria	31	20	-35.5	23 966	624	-97.4
Queensland	136	57	-58.1	16 301	1 072	-93.4
South Australia	7	0	-100.0	111	0	-100.0
Western Australia	35	49	40.0	1 605	1 576	-1.8
Tasmania	1	4	300.0	0	1	–
Northern Territory	17	20	17.6	481	575	19.5
Australian Capital Territory	64	73	14.1	607	1 495	146.3
Total	**529**	**509**	**-3.8**	**320 483**	**68 835**	**-78.5**

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 increased 7.2 per cent this reporting period, from 1 210 in 2014–15 to a record 1 297 in 2015–16. Consumer arrests continue to account for the greatest proportion of arrests, comprising 81.0 per cent of national steroid arrests in 2015–16 (see Figure 62).

FIGURE 62: Number of national steroid arrests, 2006–07 to 2015–16



The Northern Territory reported the greatest percentage increase in steroid arrests this reporting period (614.3 per cent). Queensland continues to account for the greatest proportion of national steroid arrests, accounting for 54.4 per cent in 2015–16 (see Table 30).

TABLE 30: Number and percentage change of national steroid arrests, 2014–15 and 2015–16

	Arrests		
State/Territory[a]	2014–15	2015–16	% change
New South Wales	147	158	7.5
Victoria	115	96	-16.5
Queensland	702	705	0.4
South Australia	5	8	60.0
Western Australia	204	255	25.0
Tasmania	9	22	144.4
Northern Territory	7	50	614.3
Australian Capital Territory	21	3	-85.7
Total	**1 210**	**1 297**	**7.2**

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

TRYPTAMINES

MAIN FORMS

Tryptamines are hallucinogenic substances that affect the central nervous system, distorting mood, thought and perception. Some are found naturally in a variety of flowering plants, leaves, seed and spore-forming plants, such as psilocybin-containing mushrooms, while other hallucinogenic substances such as lysergic acid diethylamide (LSD) are synthetically manufactured. Short-term effects of tryptamine use may include vivid perceptual distortions, a distorted sense of time and place, poor coordination, increased body temperature, rapid heart beat, high blood pressure, agitation, anxiety and paranoia.

The most frequently reported long-term effect of hallucinogen use is flashback.[6] Other long-term effects may include memory and brain function impairment, prolonged depression and anxiety (ADF 2016b; NIDA 2016a, NDARC 2010).

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

LYSERGIC ACID DIETHYLAMIDE (LSD)

Synthesised from lysergic acid[7], LSD, commonly referred to as 'acid', is one of the most potent mood and perception altering drugs. Due to its potency, only a small amount of LSD is needed to cause visual hallucinations and distortions. In its pure form, LSD is a white, odourless powder that is soluble in water. LSD is most commonly ingested orally and sold in blotters (tabs).[8] In its liquid form, LSD can be administered by intravenous or intramuscular injection, or impregnated in sugar cubes. Other available forms include tablets (microdots), gelatine squares (window panes) and capsules (ADF 2016b; NIDA 2016a; NDARC 2010).

LSD produces unpredictable psychological effects, often referred to as 'trips'. In addition to sensory-perceptual changes and a distorted sense of time and space, users may experience extreme emotional mood swings, or experience several different emotions simultaneously. Users may also experience flashbacks which may persist over the long term and seriously impact social or occupational functioning. Short-term effects of LSD use may include increased body temperature, heart rate and blood pressure, loss of coordination and appetite, confusion, and slurred speech. Chronic LSD use may also result in other psychological conditions, including depression, anxiety and prolonged psychosis (ADF 2016b; NIDA 2016a; EMCDDA 2015; NDARC 2010).

PSILOCYBIN-CONTAINING MUSHROOMS

Psilocybin is a chemical with hallucinogenic properties found in certain species of mushrooms, commonly referred to as 'magic mushrooms'. There are approximately 20 species of psilocybin-containing mushrooms in Australia, with 'gold tops', 'blue meanines' and 'liberty caps' the most common varieties. The potency of hallucinogenic mushrooms varies and is influenced by the species, origin, growing conditions, harvest period and form. Hallucinogenic mushrooms are available fresh, treated or preserved, or in powder or capsule form. Usually sold as dried mushrooms, they can be eaten raw, brewed as a tea, combined with other foods, or smoked (ADF 2016c; NIDA 2016a, EMCDDA 2015a; NDARC 2010).

Psilocybin-containing mushrooms have similar hallucinogenic effects to LSD. Short-term effects of use may include vomiting and diarrhoea, changes in consciousness, distortions to mood, thought and perception, paranoia and panic attacks. Long-term effects of use may include flashbacks, impaired memory, anxiety and prolonged depression. Due to the difficulty in visually distinguishing between psilocybin-containing mushrooms and poisonous mushrooms, users also risk permanent liver damage, respiratory failure or death (ADF 2016c; NIDA 2016a, EMCDDA 2015a; NDARC 2010).

6 A spontaneous recurrence of a specific experience which occurred while taking the drug. Flashbacks can persist and lead to a condition known as hallucinogen persisting perceptual disorder.
7 A naturally occurring ergot alkaloid, found in a fungus that grows on certain grains.
8 Small squares of absorbent paper generally decorated with artwork or designs impregnated with LSD.

INTERNATIONAL TRENDS

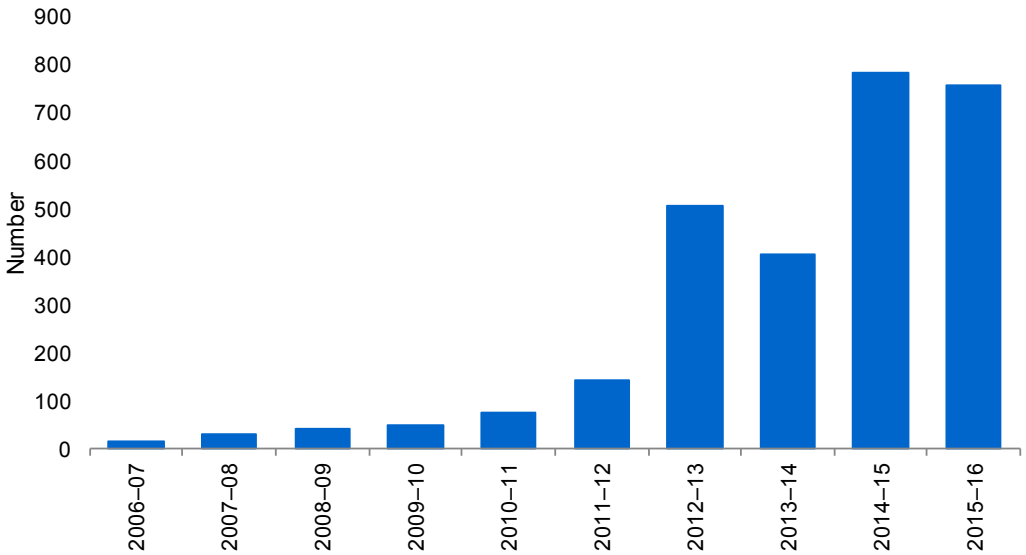
Globally, the use of hallucinogens remains low, with higher use confined to niche groups. In the US, seizures of hallucinogens decreased 59.0 per cent, from 119 507 dosage units in 2013 to 48 970 dosage units in 2014. Seizures of LSD in Europe have remained fairly stable since the early 2000s at below 1 000 seizures per annum. Moderate increases have been observed since 2012, with just under 1 900 seizures reported in the European Union (EU) in 2014. There is limited international reporting on psilocybin-containing mushrooms (DEA 2016; EMCDDA and Europol 2016d).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of tryptamines detected at the Australian border decreased 3.2 per cent this reporting period, from 785 in 2014–15 to 760 in 2015–16 (see Figure 63). Of the 760 detections in 2015–16, 418 were LSD, a 21.9 per cent decrease from the 535 detections reported in 2014–15. There were 190 detections of psilocybin this reporting period, a 3.3 per cent increase from the 184 detections reported in 2014–15. The remaining 152 tryptamine detections this reporting period were reported as 'other'. All tryptamine detections in 2015–16 weighed 5.0 kilograms or less. The largest single LSD detection this reporting period weighed 48 grams and was from Poland.

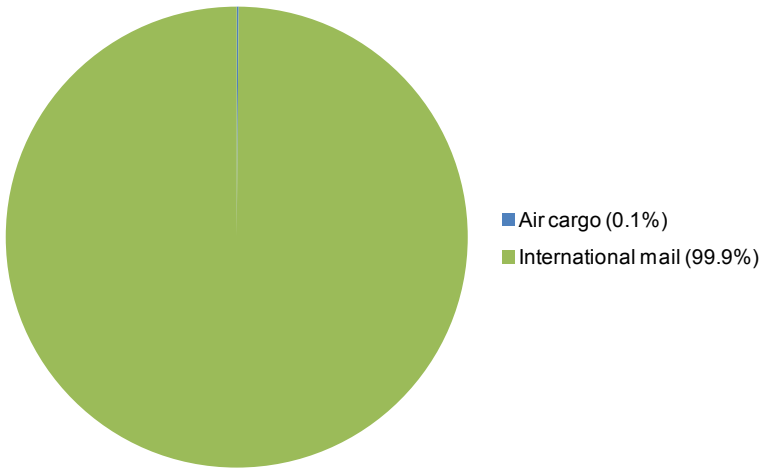
FIGURE 63: Number of tryptamine detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



IMPORTATION METHODS

All but one of the 760 tryptamine detections at the Australian border in 2015–16 were detected in the international mail stream, with the air cargo stream accounting for a single detection of LSD this reporting period (see Figure 64).

FIGURE 64: Number of tryptamine detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

Canada was identified as the primary embarkation point for tryptamine detections at the Australian border in 2015–16, followed by the Netherlands and the UK.

Canada was the primary embarkation point for LSD detections at the Australian border in 2015–16, accounting for 31.6 per cent of the number of detections this reporting period, followed by the Netherlands (25.6 per cent) and the UK (20.6 per cent). Combined, these 3 embarkation points account for 77.8 per cent of the number of LSD detections at the Australian border in 2015–16.

Primary embarkation points for psilocybin detections at the Australian border this reporting period include Canada, the Netherlands, the US and the UK.

DOMESTIC MARKET INDICATORS

According to the 2013 NDSHS, 9.4 per cent of the Australian population aged 14 years of older reported using hallucinogens at least once in their lifetime, an increase from the 8.8 per cent reported in 2010. In the same survey, 1.3 per cent reported the recent use of hallucinogens, a decrease from the 1.4 per cent reported in 2010 (AIHW 2014).

In a 2015 national study of regular injecting drug users, 64.0 per cent of respondents reported having used hallucinogens at some stage in their lifetime, an increase from the 61.0 per cent reported in 2014. The reported recent use of hallucinogens within this user group remained stable at 6.0 per cent. LSD was the main type of hallucinogen reportedly used within this user group, followed by magic mushrooms[9] (Stafford & Breen 2016; Stafford et al 2016).

9 Magic mushrooms refer to psilocybin-containing mushrooms.

In a 2015 national study of regular ecstasy users, the proportion of respondents reporting the use of LSD at some stage in their lifetime remained stable at 66.0 per cent, with the reported use of magic mushrooms remaining stable at 59.0 per cent. In the same study, the proportion of respondents reporting recent LSD use decreased, from 41.0 per cent in 2014 to 40.0 per cent, with the reported recent use of magic mushrooms increasing from 21.0 per cent in 2014 to 24.0 per cent in 2015. Early findings from the 2016 study indicate the proportion of respondents reporting recent LSD use has increased to 45.0 per cent, with reported magic mushroom use decreasing to 22.0 per cent (Sindicich et al 2016; Stafford et al 2016).

PRICE

Nationally, the price per tab of LSD ranged between $5 and $35 in 2015–16, compared with a price range between $10 and $40 in 2014–15. Queensland was the only state to report a price for a single 20 millilitre vial of LSD this reporting period, which remained stable at $800. No law enforcement price data for psilocybin was available in 2015–16.

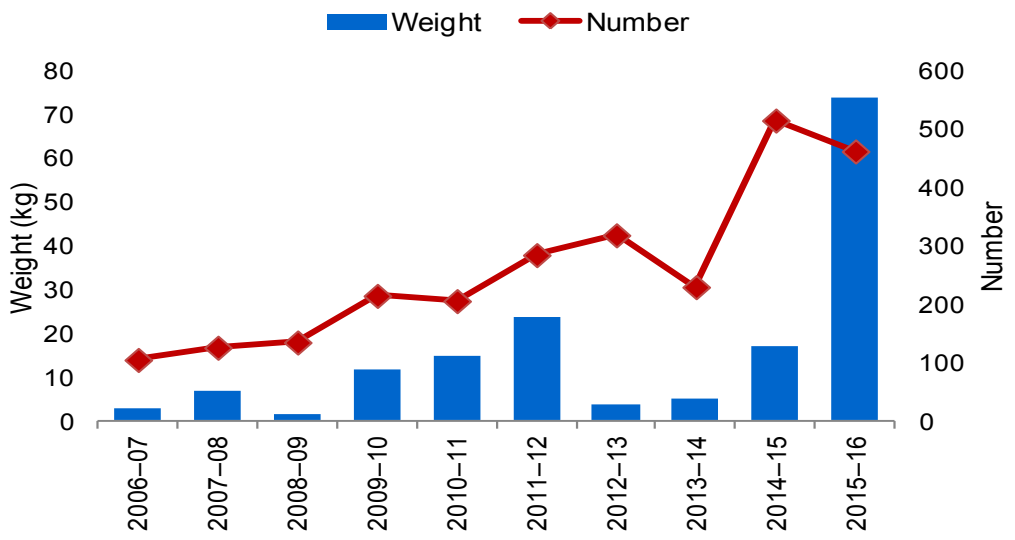
AVAILABILITY

In a 2015 national study of regular ecstasy users, the proportion of respondents reporting LSD as easy or very easy to obtain decreased, from 66.0 per cent in 2014 to 57.0 per cent in 2015. Early findings from the 2016 study indicate that this has increased to 69.0 per cent (Sindicich et al, 2016; Stafford et al 2016).

SEIZURES AND ARRESTS

The number of national hallucinogen seizures decreased 10.3 per cent this reporting period, from 516 in 2014–15 to 463 in 2015–16, the second highest number reported in the last decade. The weight of hallucinogens seized nationally increased 334.0 per cent this reporting period, from 17.0 kilograms in 2014–15 to a record 73.7 kilograms in 2015–16 (see Figure 65).

FIGURE 65: National hallucinogen seizures, by number and weight, 2006–07 to 2015–16



Western Australia reported the greatest percentage increase (42.3 per cent) in the number of hallucinogen seizures in 2015–16, while Queensland reported the greatest percentage increase in the weight of hallucinogens seized (2 415.6 per cent). New South Wales continues to account for the greatest proportion of the number of national hallucinogen seizures (52.7 per cent this reporting period), while Queensland accounted for the greatest proportion of the weight of hallucinogens seized nationally in 2015–16 (45.9 per cent; see Table 31).

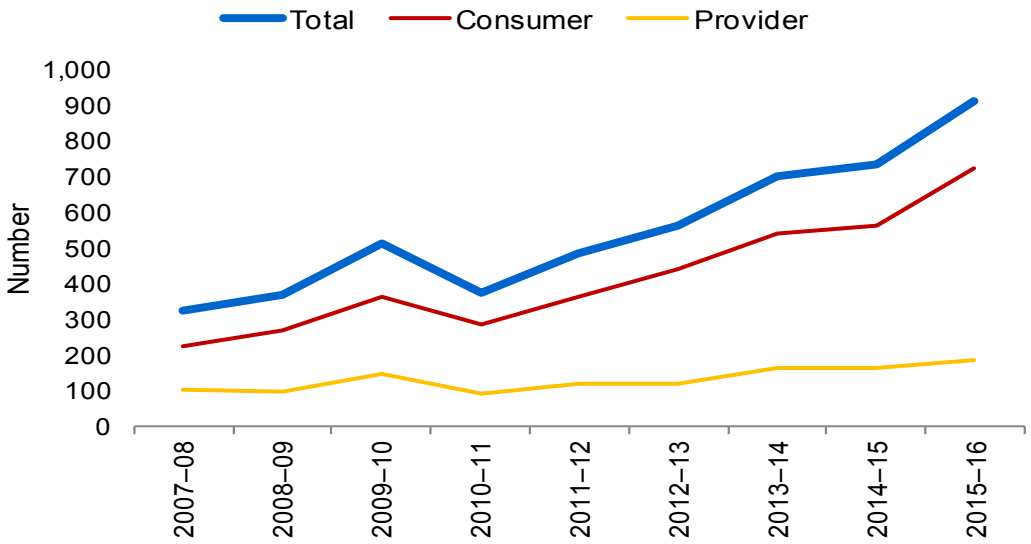
TABLE 31: Number, weight and percentage change of national hallucinogen seizures, 2014–15 and 2015–16

	Number			Weight (grams)		
State/Territory[a]	2014–15	2015–16	% change	2014–15	2015–16	% change
New South Wales	299	244	-18.4	7 801	16 286	108.8
Victoria	71	83	16.9	4 875	19 916	308.5
Queensland	60	44	-26.7	1 346	33 860	2 415.6
South Australia	8	0	-100.0	34	0	-100.0
Western Australia	52	74	42.3	2 882	3 649	26.6
Tasmania	9	3	-66.7	51	56	9.8
Northern Territory	10	10	0.0	10	25	150.0
Australian Capital Territory	7	5	-28.6	3	<1	-100.0
Total	**516**	**463**	**-10.3**	**17 002**	**73 792**	**334.0**

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 24.7 per cent this reporting period, from 734 in 2014–15 to a record 915 in 2015–16. Consumer arrests continue to account for the greatest proportion of arrests, comprising 79.2 per cent of national hallucinogen arrests in 2015–16 (see Figure 66). However, the Northern Territory reported the same number of hallucinogen consumer and provider arrests in 2015–16.

FIGURE 66: Number of national hallucinogen arrests, 2006–07 to 2015–16



The Northern Territory reported the greatest percentage increase in hallucinogen arrests this reporting period (700.0 per cent). Queensland continues to account for the greatest proportion of national hallucinogen arrests, accounting for 42.1 per cent in 2015–16 (see Table 32).

TABLE 32: Number and percentage change of national hallucinogen arrests, 2014–15 and 2015–16

	Arrests		
State/Territory[a]	2014–15	2015–16	% change
New South Wales	174	148	-14.9
Victoria	125	128	2.4
Queensland	265	385	45.3
South Australia[b]	19	44	131.6
Western Australia	137	192	40.1
Tasmania	10	9	-10.0
Northern Territory	1	8	700.0
Australian Capital Territory	3	1	-66.7
Total	**734**	**915**	**24.7**

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

ANAESTHETICS

MAIN FORMS

While anaesthetics and their precursor chemicals have many legitimate uses in the medical, veterinary, plastics and chemical industries, they are also diverted for illicit use. This section covers ketamine and gamma-hydroxybutyrate (GHB), the two most prevalent anaesthetics used illicitly in Australia.

KETAMINE

Ketamine is a general anaesthetic used clinically in medical and veterinary settings. Described as a dissociative anaesthetic, it induces feelings of detachment from an individual's emotions, body and environment. It is used illicitly for its sedative and hallucinogenic effects. Ketamine is commonly sold in three forms—powder, tablet and liquid. Ketamine can be swallowed, snorted or injected. It can also be combined with other substances, such as cannabis or tobacco and smoked. When used in combination with other depressant drugs, such as alcohol, diazepam or heroin, it can cause vital organ failure (ADF 2016d; Health Direct 2015, NIDA 2016a).

Short-term effects of ketamine use may include hallucinations and distorted sensory processing, drowsiness, temporary paralysis, nausea, cardiac arrhythmia, increased body temperature, amnesia and convulsions. Long-term effects of use may include impaired memory and cognitive functions, reduced ability to concentrate, personality and mood changes, depression and severe bladder conditions.[10] Regular users of ketamine may also experience flashbacks (ADF 2016d; Health Direct 2015).

GAMMA-HYDROXYBUTYRATE (GHB) AND RELATED SUBSTANCES

Developed as an anaesthetic, GHB is a central nervous system depressant with hypnotic, amnesic and sedative effects. Found naturally in the brain in small quantities, GHB may also be synthetically produced. GHB is available in powder, liquid, capsule and tablet form. It can be administered orally, snorted or injected. GHB is most commonly consumed as a water soluble salt, usually sold in small bottles or vials. Gamma-butyrolactone (GBL) and 1,4-butanediol (1,4-BD) are analogues and precursors of GHB. Both GBL and 1,4-BD metabolise into GHB in the body, producing identical effects (ADF 2016e; DoH 2014; NSW Health 2013a).

The effects of GHB appear to vary greatly according to the amount used. Effects of GHB use may include a sense of relaxation and well-being, increased confidence and decreased inhibitions, drowsiness, dizziness, headaches and nausea. Side effects of higher doses of GHB may include tachycardia, hypotension, hallucinations and tremors. Risks associated with GHB use are also exacerbated by the small difference in dosage size from desired effect to overdose. The use of GHB in combination with drugs such as amphetamines or MDMA may place enormous strain on the body and increase the risk of seizures. As a consequence of its depressant effects on the central nervous system, the use of GHB in combination with alcohol or other depressants increases the risk of overdose and can be lethal (ADF 2016e; NSW Health, 2014; NSW Health 2013a).

INTERNATIONAL TRENDS

In the period 2009–14, annual global seizures of ketamine averaged 10 tonnes, an increase from an average of 3 tonnes per annum in the period 1998–2008. East and South-East Asia are predominantly responsible for the considerable increase in the weight of ketamine seized globally since 2012, accounting for more than 12 tonnes in 2014. In the EU, around 2 000 ketamine seizures per annum have been reported since 2009, with this figure decreasing to less than 1 000 in 2014. Combined, Spain and the UK accounted for more than 90 per cent of the total quantity of ketamine seized in 2014 (EMCDDA and Europol 2016d; UNODC 2016).

The total number of GBL seizures by World Customs Organization (WCO) agencies increased 64.2 per cent, from 330 in 2014 to 542 in 2015. The weight of GBL seized decreased 16.4 per cent, from 5 690 kilograms in 2014 to 4 758 kilograms in 2015. The US accounted for the greatest proportion of both the number and weight of GBL seizures in 2015, accounting for 86.0 per cent of the number and 71.7 per cent of the weight (WCO 2016).[11]

10 Ketamine use in large, repeated doses may result in the painful condition 'ketamine bladder syndrome'. Requiring ongoing treatment, symptoms include difficulty holding urine and incontinence, which may result in ulceration of the bladder.

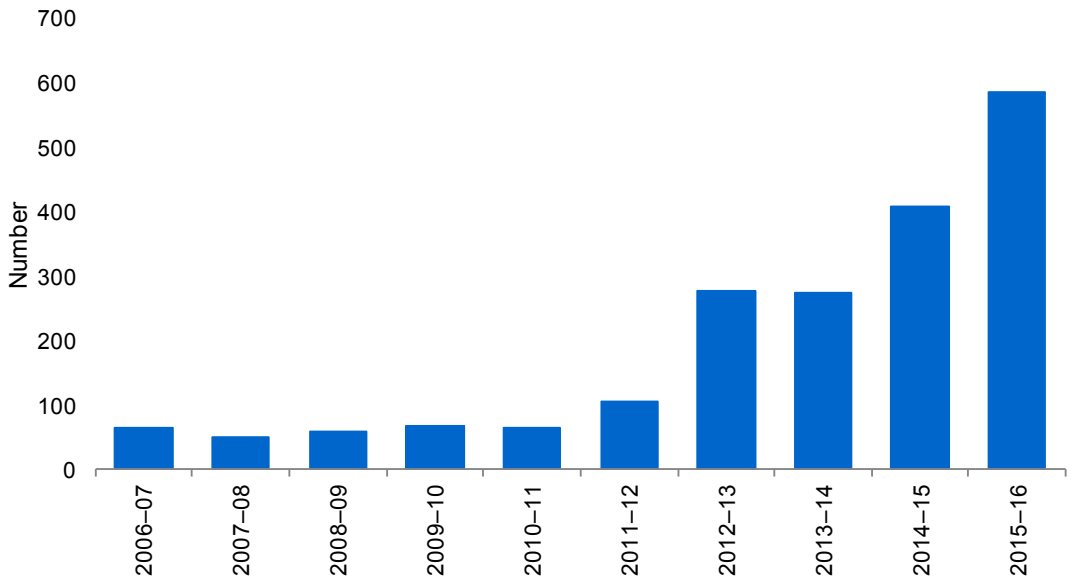
11 Usually seized in bulk in industrial consignments, the quantity of GBL seized can fluctuate considerably, both within reporting agencies and between reporting periods.

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

Detections of anaesthetics by the Department of Immigration and Border Protection include GHB, GBL and ketamine. The number of anaesthetic detections at the Australian border increased 43.6 per cent this reporting period, from 408 in 2014–15 to a record 586 in 2015–16 (see Figure 67). This reporting period the number of ketamine detections increased 123.4 per cent, from 218 in 2014–15 to 487 in 2015–16 and account for 83.1 per cent of the number of anaesthetic detections at the Australian border this reporting period. The number of GHB detections decreased 66.7 per cent this reporting period, from 33 in 2014–15 to 11 in 2015–16 and account for 1.9 per cent of the number of anaesthetic detections at the Australian border this reporting period. The number of GBL detections decreased 44.0 per cent this reporting period, from 157 in 2014–15 to 88 in 2015–16 and account for 15.0 per cent of the number of anaesthetic detections at the Australian border this reporting period.

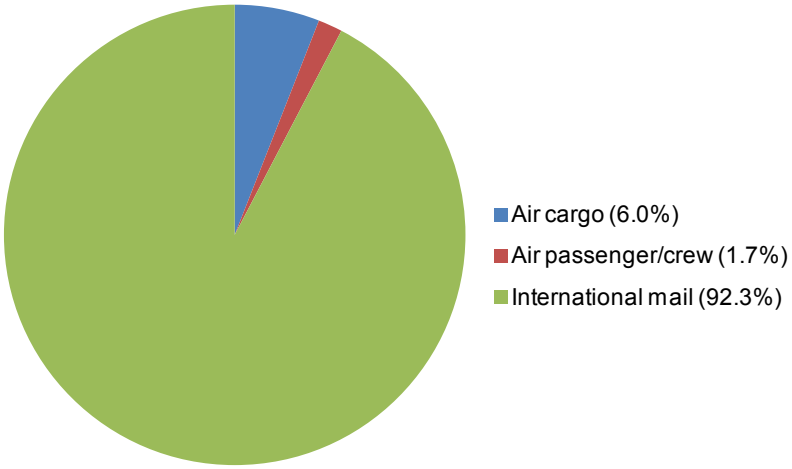
FIGURE 67: Number of anaesthetic detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



IMPORTATION METHODS

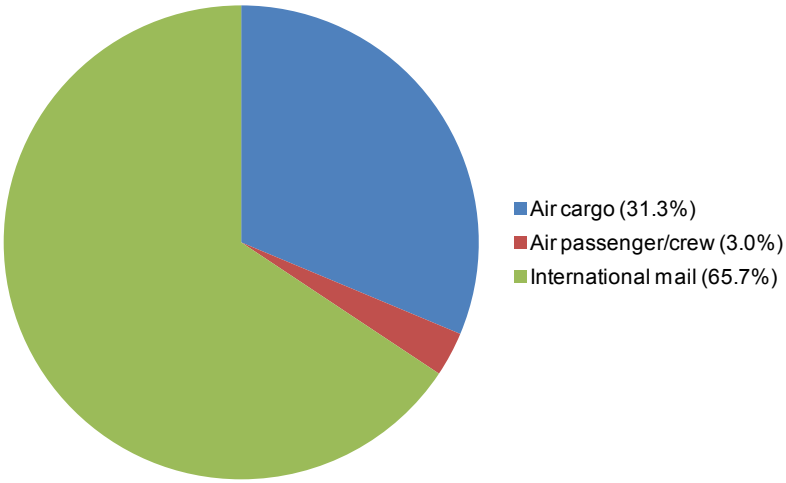
Detections of anaesthetics occurred in the air cargo, air passenger/crew and international mail streams this reporting period. The international mail stream accounted for 92.3 per cent of the number of anaesthetic detections at the Australian border in 2015–16 (see Figure 68).

FIGURE 68: Number of anaesthetic detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



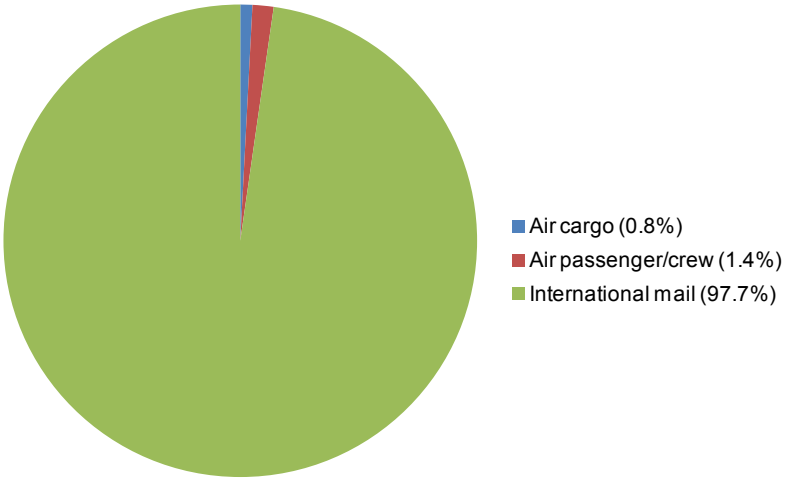
Detections of GBL and GHB occurred in the air cargo, air passenger/crew and international mail streams this reporting period. The international mail stream accounted for 65.7 per cent of the combined number of GHB and GBL detections at the Australian border in 2015–16 (see Figure 69). GHB was detected in the air passenger/crew and international mail streams this reporting period, while GBL was detected in the air cargo, air passenger/crew and international mail streams.

FIGURE 69: Number of GBL and GHB detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



Detections of ketamine occurred in the air cargo, air passenger/crew and international mail streams this reporting period. The international mail stream accounted for 97.7 per cent of ketamine detections at the Australian border in 2015–16 (see Figure 70).

FIGURE 70: Number of ketamine detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

The predominant embarkation points for GHB and GBL detections at the Australian border this reporting period were China (including Hong Kong; 50 detections) and the Netherlands (10 detections). Combined, these 2 embarkation points account for 60.6 per cent of the number of GHB and GBL detections at the Australian border in 2015–16.

In 2015–16, 28 countries were identified as embarkation points for ketamine detections at the Australian border, compared with 15 countries in 2014–15. The predominant embarkation point this reporting period was the UK (277 detections), which accounts for 56.9 per cent of the number of ketamine detections at the Australian border in 2015–16.

DOMESTIC MARKET INDICATORS

According to the 2013 NDSHS, the proportion of the Australian population aged 14 years or older who reported using GHB at least once in their lifetime increased, from 0.8 per cent in 2010 to 0.9 per cent in 2013. In the same survey, the proportion reporting ketamine use at least once in their lifetime increased, from 1.4 per cent in 2010 to 1.7 per cent in 2013. While the proportion reporting recent GHB use decreased from 0.1 per cent in 2010 to <0.1 per cent in 2013, the proportion reporting recent ketamine use increased, from 0.2 per cent in 2010 to 0.3 per cent in 2013 (AIHW 2014).

In a 2015 national study of regular ecstasy users, the proportion of respondents reporting GHB[12] use at least once in their lifetime decreased, from 14.0 per cent in 2014 to 12.0 per cent in 2015. In the same study, the proportion reporting ketamine use at least once in their lifetime also decreased, from 36.0 per cent in 2014 to 34.0 per cent in 2015. The reported recent use of GHB within this user group remained stable at 5.0 per cent, with recent ketamine use decreasing, from 18.0 per cent in 2014 to 15.0 per cent in 2015. According to early findings of the 2016 study, the proportion reporting recent GHB use increased to 8.0 per cent, with the proportion reporting recent ketamine use increasing to 26.0 per cent (Sindicich et al 2016; Stafford et al 2016).

PRICE

Nationally, the price for 1 gram of ketamine powder ranged between $50 and $360 in 2015–16, compared with a price range between $100 and $200 in 2014–15. Nationally, the price for 1–1.5 millilitres of GHB/GBL ranged between $2 and $12 this reporting period, compared with a price range between $4 and $20 in 2014–15. The price of a litre of GHB/GBL ranging between $1 000 and $5 000 this reporting period, compared with a price range between $2 000 and $11 000 in 2014–15.

AVAILABILITY

In a 2015 national study of regular ecstasy users, the proportion of respondents reporting ketamine as easy or very easy to obtain decreased, from 48.0 per cent in 2014 to 47.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 64.0 per cent. In the same survey, the proportion of respondents reporting GHB as easy or very easy to obtain increased, from 45.0 per cent in 2014 to 60.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 83.0 per cent (Sindicich et al, 2016; Stafford et al 2016).

PHARMACEUTICALS

MAIN FORMS

Australian legislation and regulations strictly control the manufacture, importation and supply of pharmaceuticals. Under the National Medicines Policy, the Australian Government funded Pharmaceuticals Benefits Scheme (PBS)[13] subsidises a wide range of medicines to meet medication and related service needs (DoH 2015). However, pharmaceuticals may be accessed or diverted for non-medical use.

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

12 GHB category also includes 1,4B-D and GBL.
13 The PBS is a federally funded government program which subsidises the cost of a broad range of medicines and was established to ensure Australians have affordable access to pharmaceutical medicines.

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

- family and friends with legitimate prescriptions
- stolen, altered or forged prescriptions
- feigning symptoms
- theft from surgeries or pharmacies
- doctor shopping[14]
- threatening general practitioners
- purchases over the internet
- poor prescription practices, such as prescribing larger than required quantities
- health practitioners self-prescribing or otherwise misappropriating through their work (UNODC 2011; Vrecko 2015).

This section focuses on the pharmaceutical drugs most commonly misused in Australia: benzodiazepines and opioids (ADF 2016f; AIC 2015).

BENZODIAZEPINES

Benzodiazepines are among the most prescribed drugs in Australia. Commonly prescribed for insomnia, stress and anxiety, they are depressant drugs that slow down the activity of the brain and central nervous system, making users feel calm and lethargic. Benzodiazepines generally come in tablet or capsule form and are generally stamped with their propriety name and the related dose in milligrams. Benzodiazepines may be misused to 'come down' from the effects of stimulant drugs, to enhance the effects of other depressant drugs, or as a substitute for drugs of choice (ADF 2016f; ADF 2016g).

Effects of benzodiazepine use may include drowsiness, confusion, impaired motor coordination, nausea and loss of appetite. Long-term use may result in depression, memory loss, lethargy, lack of motivation, aggression and anxiousness. The use of benzodiazepines in combination with other depressant drugs, such as alcohol or heroin, increases the risk of breathing difficulties and/or overdose. If taken in combination with stimulants, such as amphetamines or MDMA, the body may become stressed as it tries to deal with the competing effects (ADF 2016f; ADF 2016g).

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

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

TABLE 33: Main forms of commonly used benzodiazepine pharmaceuticals

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

OPIOIDS

Opioids include drugs derived from the opium poppy and synthetic substances with similar pain reliving properties. Opioid pharmaceuticals are commonly prescribed for pain management and the treatment of heroin and other opioid addictions and are known to be used illicitly. The most common opioids used to treat pain include codeine, morphine and oxycodone. The misuse of opioids may result in tolerance and dependence, leading users to seek increasingly larger doses of the drug to achieve the same affect (ADF 2016f).

There is a range of harms related to the non-medical use of prescription opioids including nausea, respiratory depression, drowsiness, confusion and circulatory failure. While adverse side effects can occur when used in accordance with medical directions, when pharmaceutical opioids are used outside the parameters of medical supervision and guidelines for safe and effective use, or in combination with other pharmaceutical or illicit drugs, adverse effects are more likely, particularly overdose. Administration via injection may also expose users to further health risks, including blood-borne viruses such as human immunodeficiency virus (HIV), hepatitis B and C, as well as bacterial and fungal infections, collapsed veins and abscesses (ADF 2016f; Degenhardt et al 2007).

Common opioid pharmaceuticals are listed in Table 34.

TABLE 34: Main forms of commonly used opioid pharmaceuticals

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

INTERNATIONAL TRENDS

Pharmaceutical drugs continue to be increasingly misused globally. Data from routine monitoring and individual studies indicate that the main types of pharmaceuticals misused in Europe are opioid analgesics, benzodiazepines and hypnotic drugs. Opioids comprise the greatest proportion of misused controlled prescription drugs in the US. In the US, drug overdose deaths are the leading cause of injury death. Drug poisoning deaths involving prescription drugs in the US increased 13.1 per cent, from 22 767 in 2013 to 25 760 in 2014. Since 2002, the number of deaths in the US involving controlled prescription drugs has exceeded that reported for heroin and cocaine combined, with 10 574 heroin and 5 415 cocaine drug poisoning deaths reported in 2014. While recent data indicates the use of controlled prescription drugs in the US has decreased in some areas, the reported current use of these drugs exceeds that of cocaine, heroin, methylamphetamine, MDMA and phencyclidine (PCP) combined. The DEA's 11th National Prescription Drug Take-Back Day was held in April 2016 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. Conducted in over 5 000 communities across the US, it collected more than 447 tonnes of unused, expired or unwanted prescription drugs. These events have collected more than 3 210 tonnes of prescription drugs since September 2010 (DEA 2016; EMCDDA and Europol 2016d).

DOMESTIC TRENDS

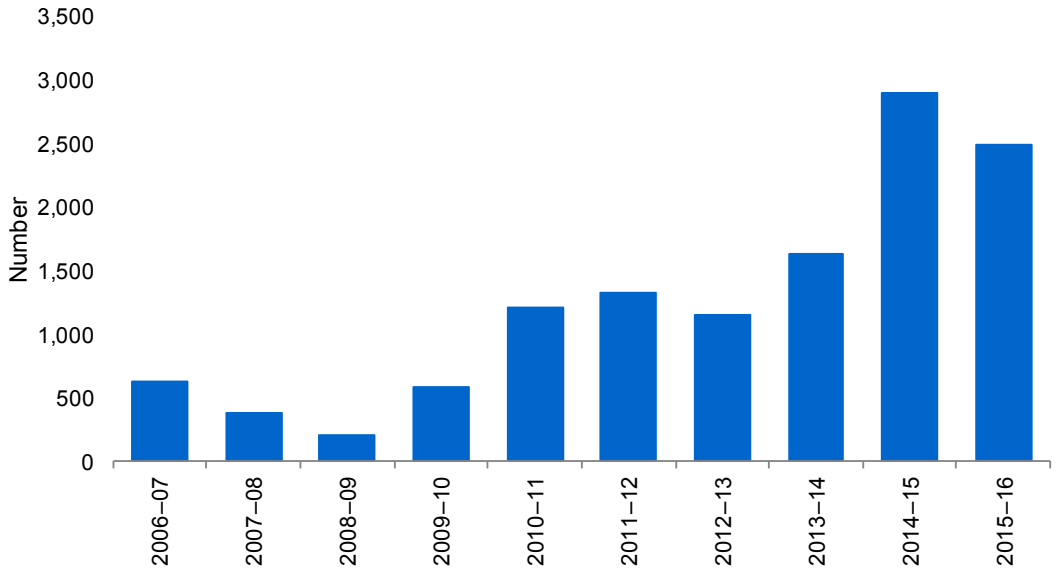
AUSTRALIAN BORDER SITUATION

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 Immigration and Border Protection only reflect detections of benzodiazepines and opioids.[15] This reporting period detections of benzodiazepines at the Australian border decreased 13.5 per cent, from 2 772 in 2014–15 to 2 399 in 2015–16. Detections of opioids at the Australian border decreased 27.3 per cent this reporting period, from 128 in 2014–15 to 93 in 2015–16. Oxycodone (30 detections) and codeine (27 detections) were the most common opioid pharmaceuticals detected this reporting period. Combined, they account for 61.3 per cent of the number of opioid detections at the Australian border in 2015–16. Other opioid pharmaceuticals detected this reporting period include morphine, buprenorphine, dihydrocodeine, methadone and fentanyl. The total number of benzodiazepine and opioid pharmaceutical detections at the Australian border decreased 14.1 per cent this reporting period, from 2 900 in 2014–15 to 2 492 in 2015–16 (see Figure 71).

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

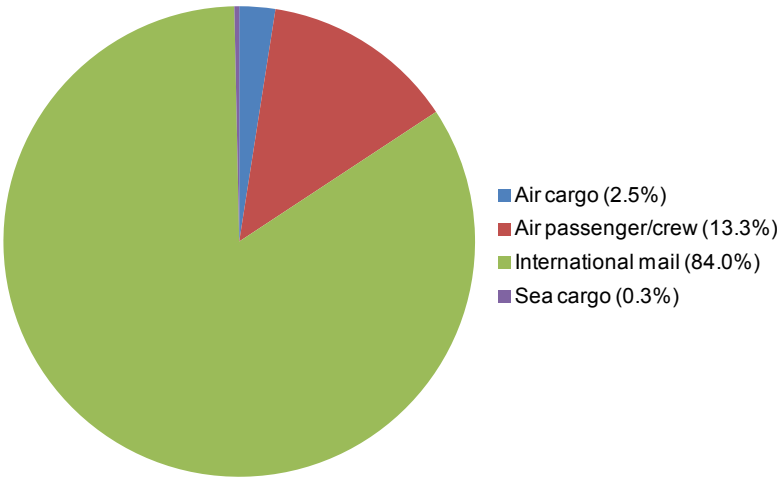
FIGURE 71: Number of pharmaceutical detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



IMPORTATION METHODS

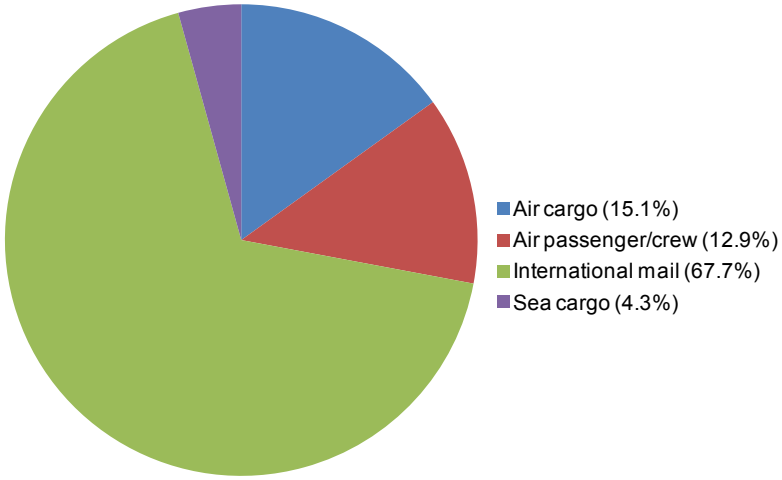
Detections of benzodiazepines occurred in the air cargo, air passenger/crew, international mail and sea cargo streams this reporting period. The international mail stream accounted for 84.0 per cent of the number of benzodiazepine detections at the Australian border in 2015–16 (see Figure 72).

FIGURE 72: Number of benzodiazepine detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



Detections of opioids occurred in the air cargo, air passenger/crew, international mail and sea cargo streams this reporting period. The international mail stream accounted for 67.7 per cent of the number of opiate detections at the Australian border in 2015–16 (see Figure 73).

FIGURE 73: Number of opioid detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



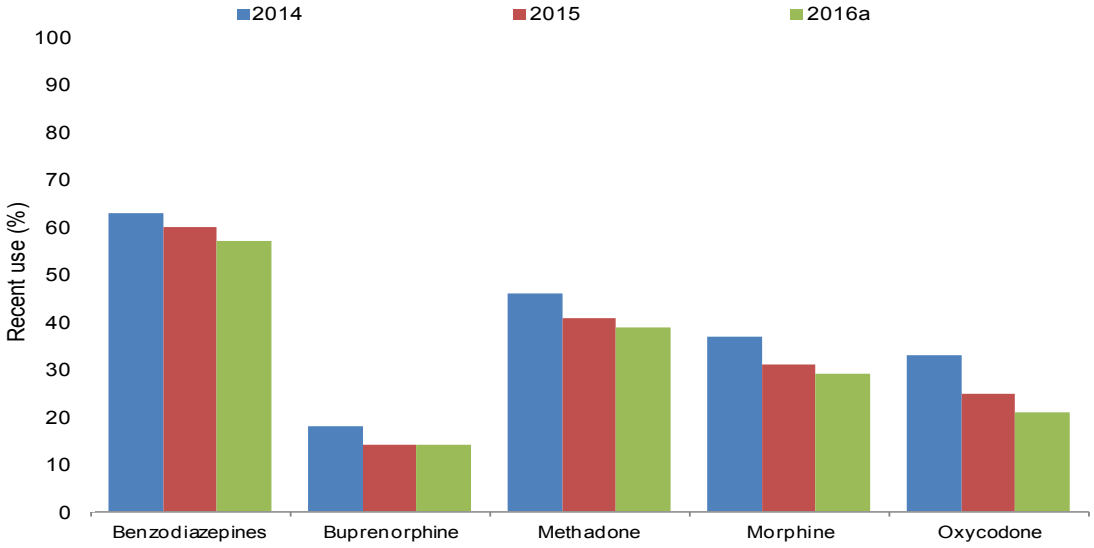
DOMESTIC MARKET INDICATORS

According to the 2013 NDSHS, the proportion of the Australian population aged 14 years or older reporting the non-medical[16] use of any pharmaceutical at least once in their lifetime decreased, from 7.4 per cent in 2010 to 4.7 per cent in 2013. In the same survey, the proportion reporting recent use increased, from 4.2 per cent in 2010 to 4.7 per cent in 2013 (AIHW 2014).

In a 2015 national study of regular injecting drug users, the proportion of respondents reporting the recent use of any form (licit or illicit) of benzodiazepine decreased, from 63.0 per cent in 2014 to 60.0 per cent in 2015. Early findings from the 2016 study indicate this has decreased to 57.0 per cent. The reported recent use of buprenorphine (any form) in this user group decreased, from 18.0 per cent in 2014 to 14.0 per cent in 2015. Early findings from the 2016 study indicate this remains unchanged at 14.0 per cent. The reported recent use of methadone (any form) in this user group decreased, from 46.0 per cent in 2014 to 41.0 per cent in 2015. Early findings from the 2016 study indicate this has decreased to 39.0 per cent. The reported recent use of morphine (any form) in this user group decreased, from 37.0 per cent in 2014 to 31.0 per cent in 2015. Early findings from the 2016 study indicate this has decreased to 29.0 per cent. The reported recent use of oxycodone (any form) in this user group decreased, from 33.0 per cent in 2014 to 25.0 in 2015. Early findings from the 2016 study indicate this has decreased to 21.0 per cent (Stafford & Breen 2016; Stafford et al 2016; see Figure 74).

16 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 for cosmetic purposes.

FIGURE 74: Proportion of a regular injecting drug user population reporting recent use of illicit and licit pharmaceuticals, by pharmaceutical type, 2014 to 2016[17] (Source: National Drug and Alcohol Research Centre)



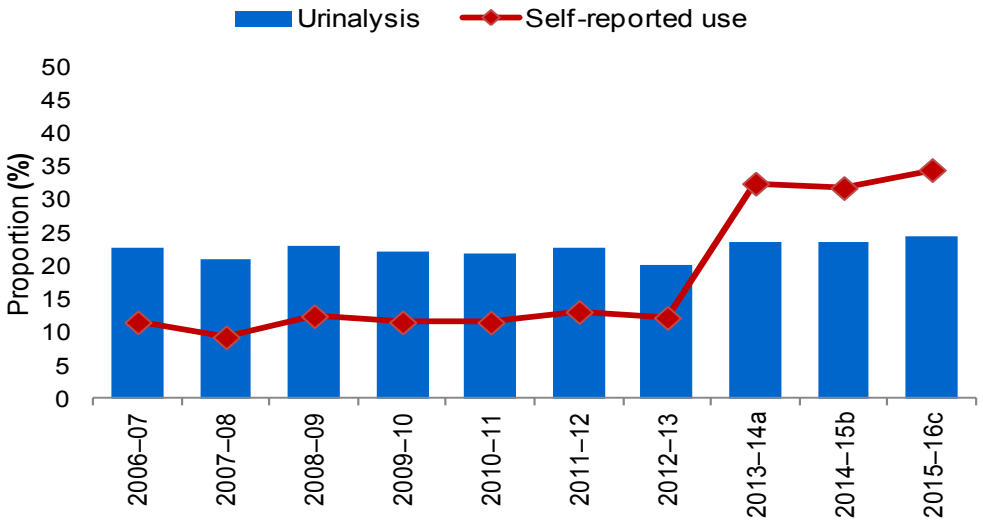
a. Reported figures for 2016 are preliminary.

In a 2015 national study of regular ecstasy users, the proportion of respondents reporting the recent use of any form (licit or illicit) of benzodiazepines decreased, from 34.0 per cent in 2014 to 32.0 per cent in 2015. Early findings from the 2016 study indicate this has increased to 38.0 per cent (Sindicich et al 2016; Stafford et al 2016).

The Drug Use Monitoring in Australia (DUMA) program, which examines drug use and offending patterns among police detainees in Australia, comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.[18] The proportion of detainees testing positive via urinalysis for benzodiazepines[19] increased, from 23.5 per cent in 2014–15 to 24.4 per cent in 2015–16. Self-reported recent use[20] of benzodiazepines increased, from 31.8 per cent in 2014–15 to 34.5 per cent in 2015–16 (see Figure 75).

17 Preliminary reported figures. Figures for pharmaceutical stimulants were not available.
18 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
19 Benzodiazepines and their metabolites can be detected in urine for 2 to 14 days after administration.
20 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

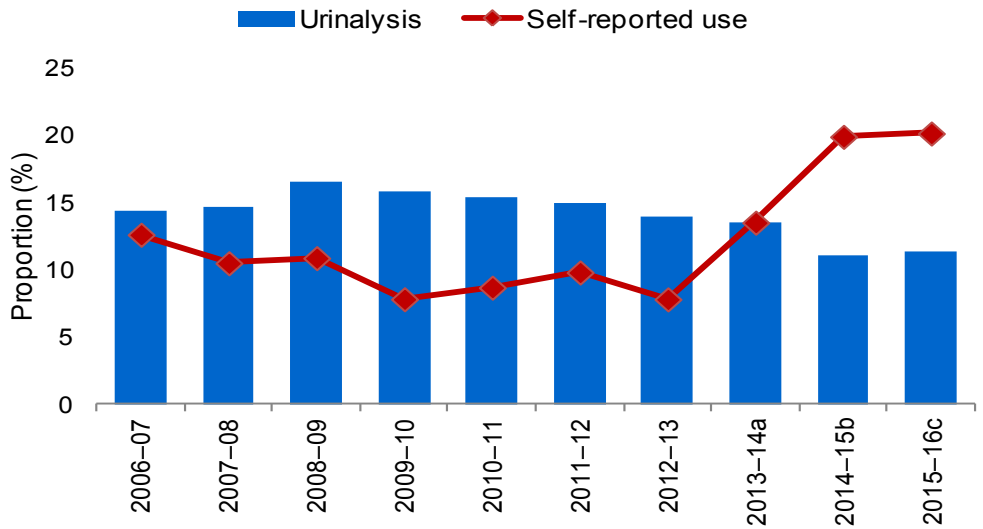
FIGURE 75: National proportion of detainees testing positive for benzodiazepines, 2006–07 to 2015–16 (Source: Australian Institute of Criminology)



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.

This reporting period the proportion of detainees testing positive via urinalysis for any opiate[21] increased, from 11.0 per cent in 2014–15 to 11.3 per cent in 2015–16. The self-reported recent use of opiates other than heroin increased, from 19.9 per cent in 2014–15 to 20.2 per cent in 2015–16 (see Figure 76).

FIGURE 76: National proportion of detainees testing positive for any opiate compared with self-reported use of opiates other than heroin, 2006–07 to 2015–16 (Source: Australian Institute of Criminology)



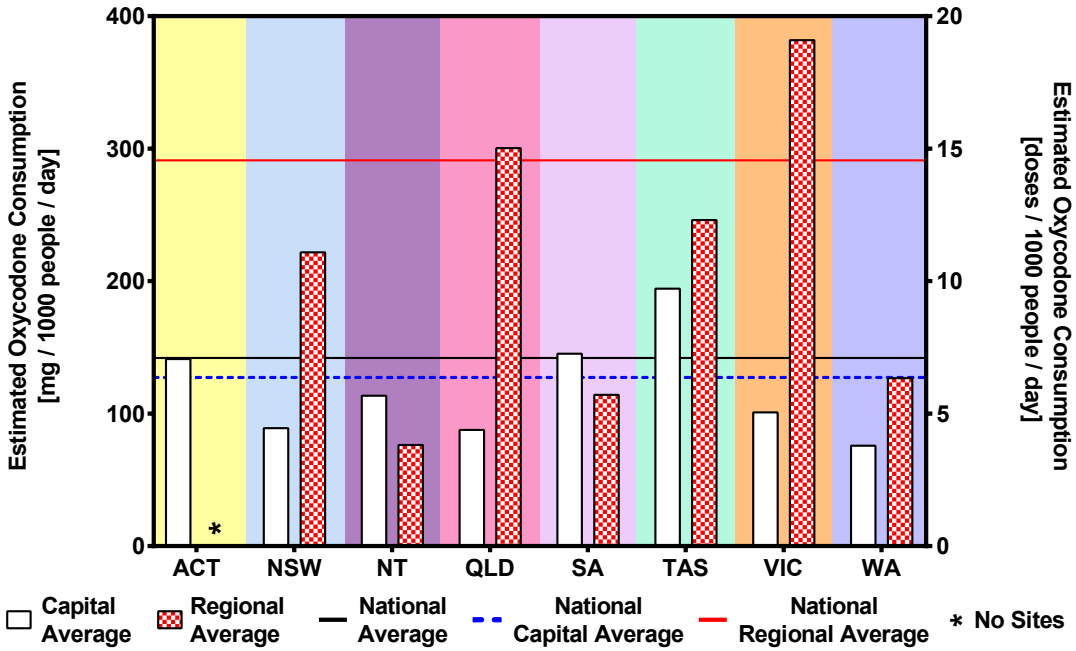
a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.

21 Opiates and their metabolites can be detected in urine on average 2 to 3 days after administration.

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. 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 Australian Criminal Intelligence Commission (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).[22]

Wastewater analysis conducted in the latter half of 2016 shows oxycodone[23] consumption in numerous regional sites was well above capital city levels, with the national regional average almost double the national capital and national averages. Regional sites in Victoria and Queensland had higher than average oxycodone consumption levels (see Figure 77).

FIGURE 77: Estimated average consumption of oxycodone for capital city sites and regional sites by state/territory (Source: National Wastewater Drug Monitoring Program)



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 2015–16 ranged between $30 and $150.

22 The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/sites/g/files/net1491/f/national_wastewater_drug_monitoring_program_report_1_0.pdf?v=1490333695>.

23 Oxycodone is a pharmaceutical substance which has therapeutic application, but is also diverted to the illicit market. Consumption figures reflect both licit and illicit use.

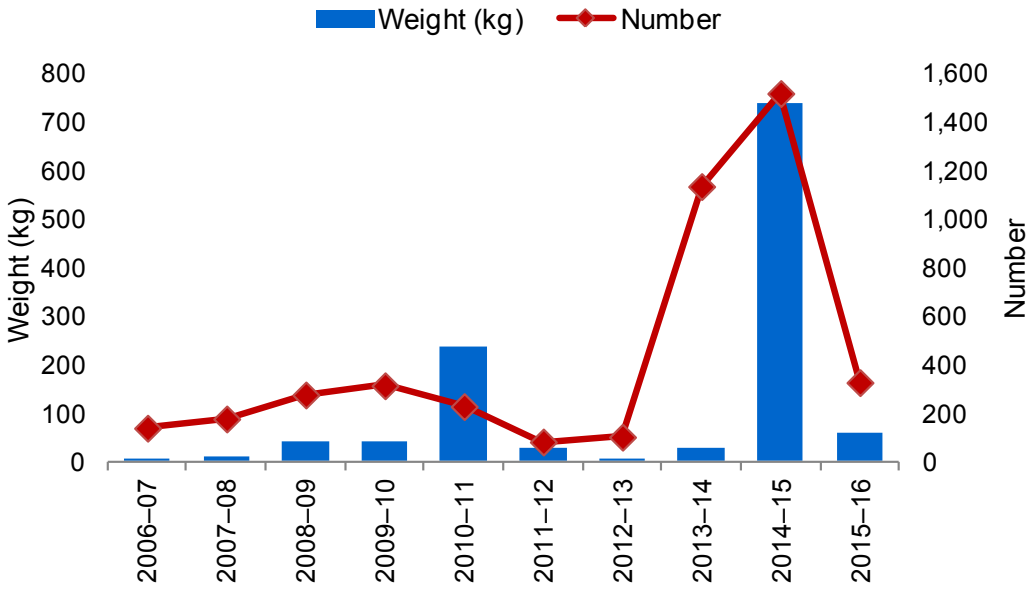
AVAILABILITY

In a 2015 national study of regular injecting drug users, the proportion of respondents reporting illicit oxycodone as easy or very easy to obtain increased, from 43.0 per cent in 2014 to 64.0 per cent in 2015. In the same study, the proportion of respondents reporting illicit morphine as easy or very easy to obtain increased, from 70.0 per cent in 2014 to 77.0 per cent in 2015 (Stafford & Breen 2016).

SEIZURES

The number of national other opioid seizures decreased 78.4 per cent this reporting period, from 1 521 in 2014–15 to 328 in 2015–16. The weight of other opioids seized nationally decreased 92.1 per cent this reporting period, from a record 740.6 kilograms[24] in 2014–15 to 58.6 kilograms in 2015–16 (see Figure 78).

FIGURE 78: National other opioid seizures, by number and weight, 2006–07 to 2015–16



The Australian Capital Territory reported the greatest percentage increase (243.5 per cent) in the number of other opioid seizures in 2015–16, while Western Australia reported the greatest percentage increase in the weight of other opioids seized (1 580.0 per cent). New South Wales continues to account for the greatest proportion of the number of national other opioid seizures (45.1 per cent this reporting period) and also accounted for the greatest proportion of the weight of other opioids seized nationally in 2015–16 (44.3 per cent; see Table 35).

24 A large proportion of the weight detected in 2014–15 (490 kilograms) relates to a single seizure of poppy seeds in September 2014 in Victoria.

TABLE 35: Number, weight and percentage change of national other opioid seizures, 2014–15 and 2015–16

	Number			Weight (grams)		
State/Territory[a]	2014–15	2015–16	% change	2014–15	2015–16	% change
New South Wales[b]	1 361	148	-89.1	144 428	25 965	-82.0
Victoria	53	18	-66.0	589 846	17 780	-97.0
Queensland	12	21	75.0	5 152	2 000	-61.2
South Australia	3	0	-100.0	135	0	-100.0
Western Australia	17	9	-47.1	310	5 208	1 580.0
Tasmania	52	53	1.9	371	1 275	243.7
Northern Territory	0	0	0.0	0	0	0.0
Australian Capital Territory	23	79	243.5	381	6 391	1 577.4
Total	**1 521**	**328**	**-78.4**	**740 623**	**58 619**	**-92.1**

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

b. In 2015–16, the New South Wales Police Force changed the way in which pharmaceutical drugs are coded. This reporting period only seizures identified as opioids appear in other opioid seizure data, with seizures of pharmaceutical drugs (not further described) reflected in other and unknown not elsewhere classified drug seizure data. This change has had a significant impact on the number of other opioid seizures reported in New South Wales and resulted in a considerable decrease in the number of other opioid seizures this reporting period.

NEW PSYCHOACTIVE SUBSTANCES

MAIN FORMS

New[25] psychoactive substances (NPS) have been identified in Australia and overseas since at least the mid-2000s. Often marketed using terms such as legal highs, herbal highs, bath salts, designer drugs and research chemicals, 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. Three categories of analogue drugs have been identified—direct, structural and functional. Direct analogues possess chemical and pharmacological similarities. Structural analogues possess structural similarities only and functional analogues are chemically different compounds which display similar pharmacological properties. In September 2015, the Commonwealth Government introduced new offences in the Criminal Code Act 1995 (Criminal Code) to ban the importation of NPS on the basis of their psychoactive effect or appearance. These laws operate alongside existing serious drug offences to reduce the availability of potentially harmful new substances, giving authorities time to place appropriate controls around them (UNODC 2016a; Wermuth 2006).

25 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 in the market.

The role of the internet in facilitating the sale of NPS, as well as providing a platform for users to discuss these substances is well known. NPS are often marketed as legal alternatives to controlled substances, including cannabis, methylamphetamine and MDMA. Prospective users of these 'legal highs'[26] may interpret this to mean that they are safe to consume and less harmful than illicit drugs. As many of these substances are novel, there is limited knowledge or research on the short or long-term health consequences of use, risk of dependence, possible effects of use in combination with other drugs, or potential fatal dose levels. Some short-term effects associated with NPS use include dilated pupils, hypertension, hyperventilation, acute psychosis, paranoia, agitation, hyperthermia, tremors and seizures (Arnold 2013; EMCDDA and Europol 2016c; EMCDDA and Europol 2016d; UNODC 2016; UNODC 2016a).

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.

SYNTHETIC CANNABINOIDS

Synthetic cannabinoids mimic the effects of tetrahydrocannabinoil (THC – the principal psychoactive component in cannabis). Synthetic cannabinoids are usually sold as smoking mixtures, which typically contain vegetable matter to which one or more cannabinoids have been added, or sold in liquid form to be vaporised and inhaled. Synthetic cannabinoids may also be brewed and drunk as a tea. Reported short-term effects of synthetic cannabinoid use include memory and cognitive impairment, breathing difficulties, acute kidney injury, decreased coordination, fatigue, headaches, disorientation, nausea, hallucinogens, high blood pressure, tachycardia, paranoia, agitation, restlessness, panic attacks, anxiety and depression. Long-term effects may include tolerance, dependence and death—particularly when taken in combination with alcohol and/or illicit drugs, or used by an individual with an existing heat condition (ADF 2015h; EMCDDA 2015c; NIDA 2015b).

4-MMC (4-METHYLMETHCATHINONE)

4-MMC, also marketed as mephedrone, is a synthetic stimulant. Methcathinone analogue drugs have similar effects to MDMA. Available in powder, crystal, capsule and tablet form, 4-MMC can be snorted, swallowed, smoked or dissolved for ingestion or injection. Reported short-term effects of 4-MMC use include anxiety, paranoia, hallucinations, muscle tension, blurred vision, dizziness, distorted sense of time, memory loss, sweating, stomach pains, skin rashes, fast or irregular heartbeat, high blood pressure, chest pain and convulsions. Long-term effects may include insomnia, muscle spasms, hallucinations and dependence (ADF 2016i; NIDA 2016c).

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

NBOME COMPOUNDS

There are a number of different NBOMe compounds available, with differing effects. Generally designed to mimic or produce similar hallucinogenic effects of more traditional illicit drugs such as LSD, commonly encountered NBOMe compounds include 25I, 25B and 25C. NBOMes are available in various forms, including blotting paper (similar to LSD) with images and logos from popular culture, liquid, powder and tablet form. The most common method of administration is under the tongue or held in the cheek to allow absorption into the bloodstream. NBOMes carry a high risk of overdose as a consequence of the small difference in the quantity required to produce a high and that which results in overdose. Reported side effects of the use of NBOMe compounds include confusion, difficulty communicating, memory lapses, hallucinations, paranoia, nausea, rapid heart rate, overheating and seizures. NBOMes have also been implicated in fatalities in Australia (ADF 2014j).

INTERNATIONAL TRENDS

The legal status of NPS varies from country to country, with producers of NPS rapidly developing and introducing new substances in response to changes to regulatory and legislative controls. NPS may be transient in nature and may only be reported by a small number of countries. NPS may be used as a temporary replacement for illicit drugs, or may displace illicit drugs—either temporarily or more permanently. A primary concern in relation to NPS is the diversity and large number of substances involved. Over 100 countries and territories from all regions of the world have reported one or more NPS. As at December 2015, governments, laboratories and partner agencies reported more than 600 substances to the UNODC Early Warning Advisory on NPS, the majority of which were synthetic cannabinoids receptor agonists (35.0 per cent), stimulants (35.0 per cent) and classic hallucinogens (18.0 per cent). One hundred new substances were reported for the first time in 2015, with no indication of a slowdown in the availability, type or number of substances (EMCDDA 2015b; EMCDDA and Europol 2016c; EMCDDA and Europol 2016d; UNODC 2016a).

The International Narcotics Control Board (INCB) Project ION (International Operations on NPS) promotes international cooperation among law enforcement agencies to prevent and combat the illicit trafficking of NPS. As part of its mandate to support governments in preventing the diversion of drug precursors and other substances used for the illicit manufacture of drugs, Project ION's Incident Communication System (IONICS) provides support to operational responses on NPS and facilitates intelligence sharing—including information on suspicious shipments, trafficking and the manufacture or production of NPS—among law enforcement agencies (UNODC 2016b).

While domestic manufacture is reported in some countries, NPS primarily originate in East and South Asia in countries recognised for their pharmaceutical and chemical industries. In 2014, 34.0 tonnes of synthetic NPS was seized globally, with North America, in particular the US, accounting for the greatest proportion of global seizures. Synthetic cannabinoids dominate the global NPS market, with 32.0 tonnes seized in 2014, of which 26.5 tonnes was seized in the US and 5.4 tonnes in Europe (mainly in Cyprus and Turkey). Seizures of synthetic cathinones have been steadily increasing, with 1.3 tonnes seized globally in 2014, triple the weight seized in 2013. Of the 1.3 tonnes seized in 2014, 692 kilograms was seized in the Russian Federation (UNODC 2016).

The total number of NPS seizures by World Customs Organization (WCO) agencies increased 2.9 per cent, from 2 468 in 2014 to 2 540 in 2015. The weight of NPS seized increased 15.6 per cent, from 3 574 kilograms in 2014 to 4 132 kilograms in 2015. North America accounted for the greatest proportion of both the number and weight of NPS seizures in 2015, accounting for 65.7 per cent of the number and 55.0 per cent of the weight (WCO 2016).

DOMESTIC TRENDS

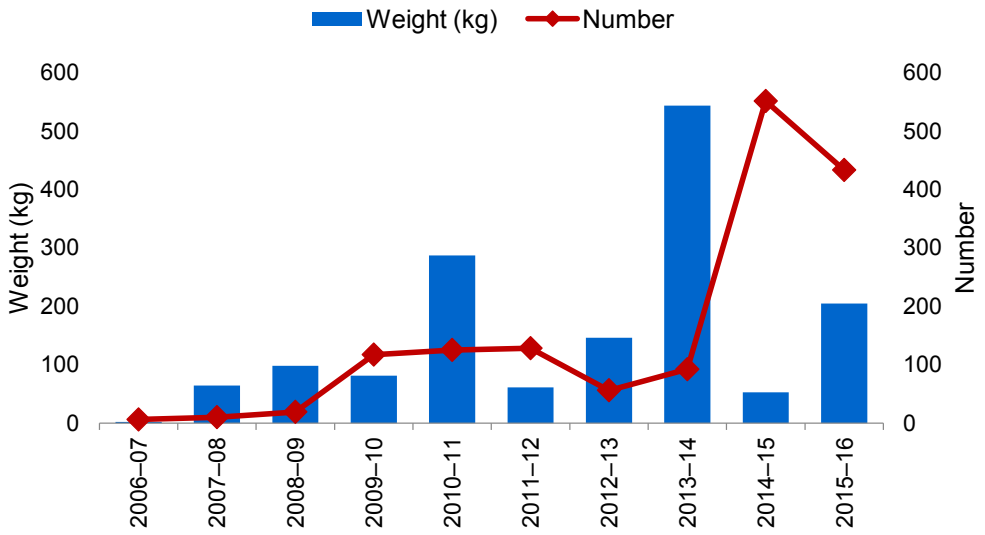
DRUG PROFILING

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.[27]

The number of NPS seizures at the Australian border selected for further analysis decreased 21.4 per cent this reporting period, from 551 in 2014–15 to 433 in 2015–16, while the weight of analysed seizures increased 288.38 per cent, from 52.7 kilograms in 2014–15 to 204.7 kilograms in 2015–16 (see Figure 79).

FIGURE 79: Number and weight of seizures selected for further analysis and found to contain novel substances and drug analogues, 2006–07 to 2015–16[28] (Source: Australian Federal Police, Forensic Drug Intelligence)



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

28 The data in Figure 79 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 2006–07, some have been more common than others in terms of the overall number of seizures and/or the weight of material seized. Since 2008–09, cathinone-type substances have accounted for the highest proportion of the number of seizures within this subset. In 2015–16, cathinone-type substances accounted for 33.3 per cent of the number of analysed seizures, followed by other (24.9 per cent), amphetamine-type substances (22.2 per cent), tryptamine-type substances (14.8 per cent) and synthetic cannabinoids (4.8 per cent). By weight, amphetamine-type substances accounted for 51.8 per cent of the weight of analysed seizures in 2015–16, followed by cathinone-type substances (24.6 per cent), tryptamine-type substances (17.4 per cent), synthetic cannabinoids (5.8 per cent) and other (0.4 per cent).

DOMESTIC MARKET INDICATORS

NPS use was included in the NDSHS for the first time in 2013. According to the survey, 1.2 per cent of the Australian population aged 14 years or older reported recent use of synthetic cannabinoids, with 0.4 per cent reporting use of other NPS (AIHW 2014).

According to a 2015 national study of regular ecstasy users, 39.0 per cent of respondents reported recent NPS use, a decrease from 40.0 per cent in 2014. Early findings from the 2016 study indicate this has decreased to 36.0 per cent. In the same study, the proportion of respondents reporting recent synthetic cannabinoid use decreased, from 7.0 per cent in 2014 to 6.0 per cent in 2015. Early findings from the 2016 study indicate this has decreased to 4.0 per cent. The proportion of respondents reporting recent NPS use (excluding synthetic cannabinoids) decreased, from 36.0 per cent in 2014 to 35.0 per cent in 2015. Early findings from the 2016 study indicate this has decreased to 34.0 per cent (Sindicich et al 2016; Stafford et al 2016).

PRICE

Law enforcement price data for NPS is limited. Nationally, the price range for 3 grams of synthetic cannabinoids ranged between $30 and $95 in 2015–16, compared with a price range between $50 and $95 in 2014–15.

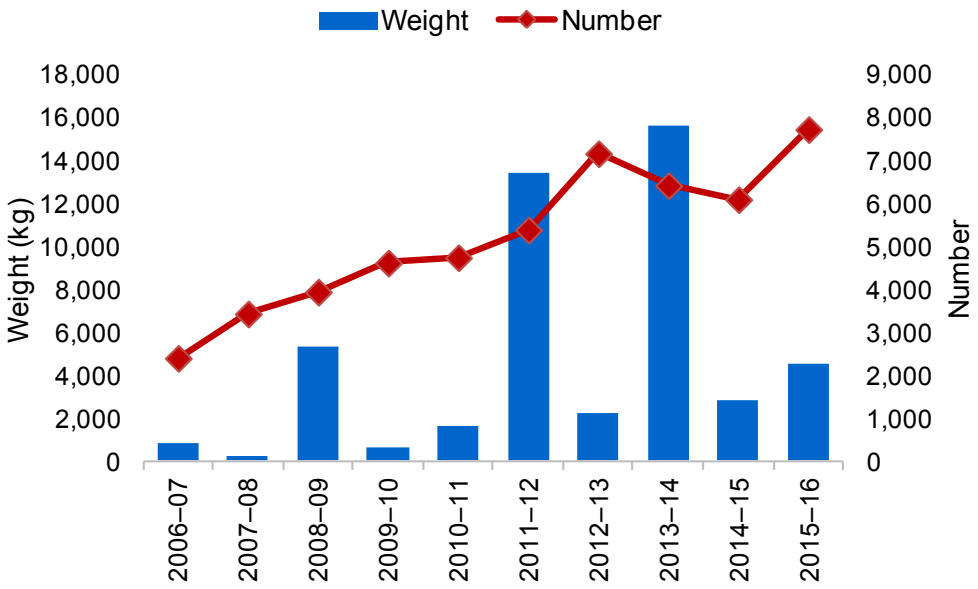
OTHER & UNKNOWN NOT ELSEWHERE CLASSIFIED DRUGS

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

SEIZURES AND ARRESTS

The number of national other and unknown NEC drug seizures increased 26.8 per cent this reporting period, from 6 107 in 2014–15 to a record 7 741 in 2015–16. The weight of other and unknown NEC drugs seized nationally increased 59.9 per cent this reporting period, from 2 861.9 kilograms in 2014–15 to 4 576.5 kilograms in 2015–16 (see Figure 80).

FIGURE 80: National other and unknown not elsewhere classified drug seizures, by number and weight, 2006–07 to 2015–16



Tasmania reported the greatest percentage increase (189.8 per cent) in the number of other and unknown NEC drug seizures in 2015–16, while South Australia reported the greatest percentage increase in the weight of other and unknown NEC drugs seized (663.5 per cent). New South Wales accounts for the greatest proportion of the number of national other and unknown NEC drug seizures in 2015–16 (43.4 per cent), while Victoria accounts for the greatest proportion of the weight of other and unknown NEC drugs seized nationally (44.4 per cent; see Table 36).

TABLE 36: Number, weight and percentage change of national other and unknown not elsewhere classified drug seizures, 2014–15 and 2015–16

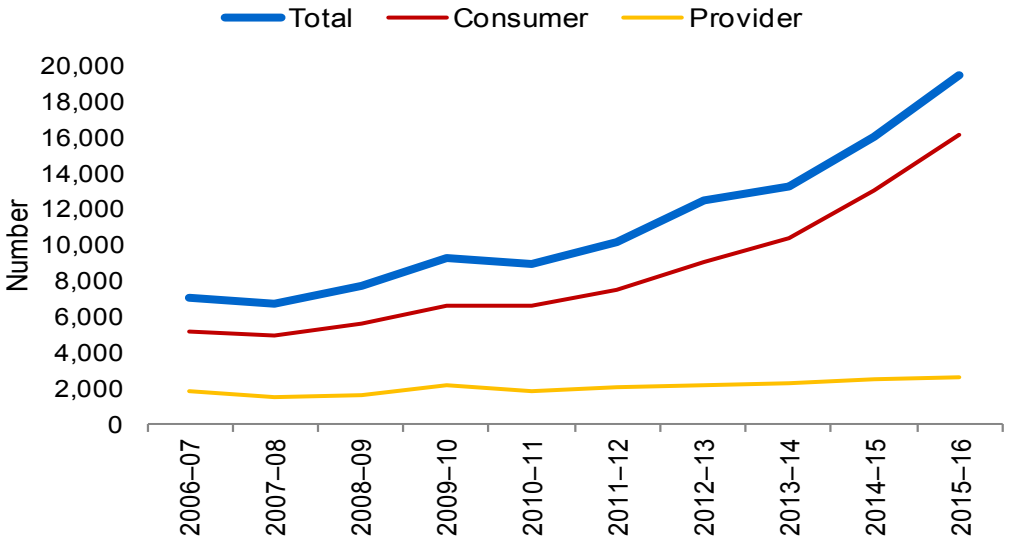
	Number			Weight (grams)		
State/Territory[a]	2014–15	2015–16	% change	2014–15	2015–16	% change
New South Wales[b]	1 755	3 364	91.7	1 397 496	1 591 373	13.9
Victoria	882	1 206	36.7	748 548	2 029 974	171.2
Queensland	1 139	941	-17.4	358 547	89 685	-75.0
South Australia	56	40	-28.6	20 978	160 168	663.5
Western Australia	1 967	1 810	-8.0	154 487	539 426	249.2
Tasmania	59	171	189.8	998	3 578	258.5
Northern Territory	186	144	-22.6	149 428	161 570	8.1
Australian Capital Territory	63	65	3.2	31 471	800	-97.5
Total	**6 107**	**7 741**	**26.8**	**2 861 953**	**4 576 574**	**59.9**

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

b. In 2015–16, the New South Wales Police Force changed the way in which pharmaceutical drugs are coded. This reporting period only seizures identified as opioids appear in other opioid seizure data, with seizures of pharmaceutical drugs (not further described) reflected in other and unknown not elsewhere classified drug seizure data. This change has had a significant impact on the number of other and unknown not elsewhere classified drug seizures reported in New South Wales and resulted in a considerable increase in the number of other and unknown not elsewhere classified drug seizures this reporting period.

The number of national other and unknown NEC drug arrests increased 21.1 per cent this reporting period, from 16 090 in 2014–15 to a record 19 491 in 2015–16.Consumer arrests continue to account for the greatest proportion of arrests, comprising 82.8 per cent of national other and unknown NEC drug arrests in 2015–16 (see Figure 81). However, the Northern Territory reported more other and unknown NEC drug provider arrests than consumer arrests in 2015–16.

FIGURE 81: Number of national other and unknown not elsewhere classified drug arrests, by number and weight, 2006–07 to 2015–16



With the exception of the Australian Capital Territory, all states and territories reported increases in the number of other and unknown NEC drug arrests in 2015–16. The Northern Territory reported the greatest percentage increase in the number of other and unknown NEC drug arrests this reporting period (490.0 per cent). Queensland continues to account for the greatest proportion of national other and unknown NEC arrests (30.7 per cent this reporting period), followed by Western Australia (27.9 per cent) and Victoria (24.5 per cent). Combined, these three states account for 83.1 per cent of national other and unknown NEC drug arrests in 2015–16 (see Table 37).

TABLE 37: Number and percentage change of national other and unknown not elsewhere classified drug arrests, 2014–15 and 2015–16

	Arrests		
State/Territory[a]	2014–15	2015–16	% change
New South Wales	1 460	2 385	63.4
Victoria	4 207	4 783	13.7
Queensland	5 348	5 988	12.0
South Australia[b]	269	381	41.6
Western Australia	4 465	5 435	21.7
Tasmania	307	395	28.7
Northern Territory	20	118	490.0
Australian Capital Territory	14	6	-57.1
Total	**16 090**	**19 491**	**21.1**

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

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).

NATIONAL IMPACT

Surveys of regular injecting drug user and regular ecstasy user populations indicate the proportion of respondents reporting steroid use at least once in their lifetime remains stable, with reported recent steroid use within the regular ecstasy user population also stable.

The number of PIED detections at the Australian border decreased in 2015–16 to 6 877, of which 80.0 per cent were steroids and 20.0 per cent hormones. The international mail stream was the primary importation method by number for detections of PIEDs at the Australian border this reporting period. In 2015–16, 64 countries were identified as embarkation points for PIED detections at the Australian border. The UK was the prominent embarkation point by number for PIED detections at the Australian border this reporting period.

While the number and weight of national steroid seizures decreased in 2015–16, the 509 seizures weighing 68.8 kilograms are the second highest figures on record. The number of national steroid arrests continued to increase this reporting period to a record 1 297. Consumer arrests continue to account for the greatest proportion of national steroid arrests, accounting for 81.0 per cent of arrests in 2015–16.

Surveys of regular injecting drug user and regular ecstasy user populations indicate the proportion of respondents reporting hallucinogen use at least once in their lifetime and reported recent use remains stable. LSD is the main type of tryptamine used within these user populations.

The number of detections of tryptamines at the Australian border decreased in 2015–16. Of the 760 detections this reporting period, the majority were LSD (55.0 per cent), followed by psilocybin (25.0 per cent). All but one of the 760 tryptamine detections at the Australian border this reporting period were in the international mail stream. Canada was the primary embarkation point for tryptamine detections at the Australian border in 2015–16.

While the number of national hallucinogen seizures decreased in 2015–16, the 463 seizures this reporting period is the second highest reported in the last decade. The weight of hallucinogens seized nationally increased to a record 73.7 kilograms in 2015–16. The number of national hallucinogen arrests increased to a record 915 in 2015–16. Consumer arrests continue to account for the greatest proportion of national hallucinogen arrests, comprising 79.2 per cent of arrests in 2015–16.

Surveys of a regular ecstasy user population indicate the proportion of respondents reporting the use of GHB and ketamine at least once in their lifetime remains relatively stable. Within this user population there were increases in reported recent use, most notably of ketamine, which increased from 15.0 per cent in 2015 to 26.0 per cent in 2016. Ketamine is the main type of anaesthetic used within this user population.

The number of detections of anaesthetics at the Australian border increased in 2015–16. Of the record 586 detections this reporting period, the majority were ketamine (83.1 per cent), followed by GBL (15.0 per cent) and GHB (1.9 per cent). The international mail stream was the primary importation method by number for detections of anaesthetics at the Australian border this reporting period. The UK was the primary embarkation point for ketamine detections at the Australian border in 2015 in 2015–16, while China was the prominent embarkation point for GHB and GBL detections this reporting period.

Surveys of a regular injecting drug user population indicate decreases in the proportion of respondents reporting the recent use of licit and illicit pharmaceuticals. The reported recent use of buprenorphine remained stable, while the reported recent use of benzodiazepines, methadone, morphine and oxycodone continued to decrease. According to a national study of police detainees, the self-reported use of benzodiazepines increased in 2015–16 and is the highest figure reported in the last decade, while the proportion testing positive for benzodiazepines remains relatively stable. Within this user population, the self-reported recent use of any opiate and the proportion of detainees testing positive for any opiate remained stable.

Wastewater analysis conducted in the latter half of 2016 as part of the NWDMP measured the presence of 13 substances across 51 sites nationally. Oxycodone consumption in numerous regional sites was well above capital city site levels, with the national regional average almost double the national capital and national average.

The number of benzodiazepine and opioid detections at the Australian border decreased in 2015–16, with oxycodone and codeine the most common opioid pharmaceuticals detected this reporting period. The international mail stream was the primary importation stream by number for benzodiazepine and opioid detections at the Australian border this reporting period. Both the number and weight of national other opioid seizures decreased in 2015–16.

Surveys of a regular ecstasy drug user population indicate a continued decrease in recent NPS use, with decreases also reported in the recent use of an NPS (excluding synthetic cannabinoids) and recent synthetic cannabinoid use.

Common NPS available in the Australian illicit drug market in 2015–16 included amphetamine-type substances, cathinone-type substances, synthetic cannabinoids and tryptamine-type substances. While the number of analysed NPS border seizures decreased in 2015–16, the weight increased. Since 2008–09, cathinone-type substances have continued to account for the greatest proportion of the number of seizures within this subset. In 2015–16, amphetamine-type substances accounted for the greatest proportion of the weight of analysed NPS border seizures.

The number of national other and unknown NEC drug seizures increased to a record 7 741 in 2015–16. While the weight of related drugs seized increased, it is the fourth highest weight reported in the last decade. The number of national other and unknown NEC drug arrests increased to a record 19 491 in 2015–16. Consumer arrests continue to account for the greatest proportion of related national other and unknown NEC drug arrests, accounting for 82.8 per cent of arrests in 2015–16.

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CLANDESTINE LABORATORIES AND PRECURSORS

KEY POINTS

- The number of clandestine laboratories detected nationally continued to decrease this reporting period, with 575 detections in 2015–16.
- Around two-thirds of clandestine laboratory detections in 2015–16 were in residential locations.
- While the majority of detected laboratories continue to be addict-based, the proportion of industrial scale laboratories increased in 2015–16.
- The number of ATS (excluding MDMA) precursor detections at the Australian border decreased in 2015–16, while the weight detected increased.
- Both the number and weight of MDMA precursor detections at the Australian border decreased in 2015–16.

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 and 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 and 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 availability of precursors and the skill of the cook. 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 predominate processes used in Australia for manufacturing methylamphetamine are comparatively simple, using readily available basic equipment and precursor chemicals, with pseudoephedrine and ephedrine 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

Preventing the diversion of precursors, reagents and solvents for use in illicit drug manufacture is an effective and efficient way of limiting the supply of illicit drugs. As many of these substances have legitimate application within various branches of industry, domestic and international precursor controls must balance legitimate access with efforts to reduce diversion to the illicit market. This, in conjunction with the growth and expansion of the chemical industry over the last two decades, increases in the international trade in chemicals and the emergence of production methodologies using pre-precursors, solvents and reagents that fall outside exiting controls remain ongoing challenges for government and law enforcement (EMCDDA and EUROPOL 2016; INCB 2015).

The 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988 Convention)[1] aims to prevent the diversion of chemicals from licit market for use in the manufacture of illicit drugs. The International Narcotics Control Board (INCB) established the Precursors Incident Communication System (PICS) in 2012 to monitor non-scheduled chemicals and to prevent the diversion of those substances into the illicit drug market. As a real-time online communication tool, PICS shares intelligence and facilitates direct contact between national authorities to launch bilateral and regional investigations into chemical trafficking. The system includes non-scheduled chemicals such as pre-precursors, products containing the controlled precursors, derivatives and the illicit manufacture of new drugs (BINLEA 2016; INCB 2016).

Chemicals are manufactured in most countries, with variation in the scale and range of chemicals produced. Asia is the largest chemical manufacturing region in the world. China and India remain significant global producers and exporters of precursor chemicals. To assist in reducing the diversion of chemicals to illicit drug manufacture, two ongoing international initiatives led by the INCB have been established—Project Cohesion and Project Prism. Project Cohesion, which commenced operation in 2006, monitors and targets acetic anhydride, a chemical used in the illicit manufacture of heroin and potassium permanganate, a chemical used in the illicit manufacture of cocaine. Project Prism, which commenced operation in 2003, monitors and targets phenylacetic acid, ephedrine and pseudoephedrine, chemicals used in the illicit manufacture of ATS (EMCDDA and Europol 2016).

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

Taskforce Blaze is a partnership between the Australian Federal Police and the Chinese Narcotics Control Bureau to target criminal syndicates trafficking methamphetamine to Australia and internationally. Since its inception in November 2015, approximately 8 000 kilograms of methylamphetamine and precursors have been seized across both countries.

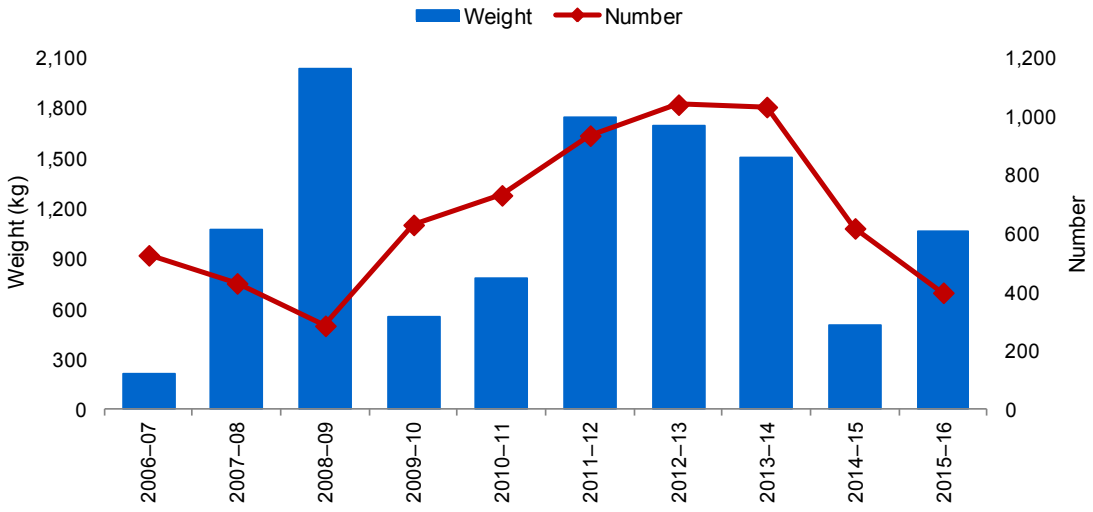
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

As ATS are the most common illicit drugs manufactured in domestic clandestine laboratories, analysis of border detection data focuses on ATS (excluding MDMA) precursor and MDMA precursor detections. In 2015–16, ATS (excluding MDMA) precursor border detections included Eph/PSE, with MDMA precursor border detections of safrole.

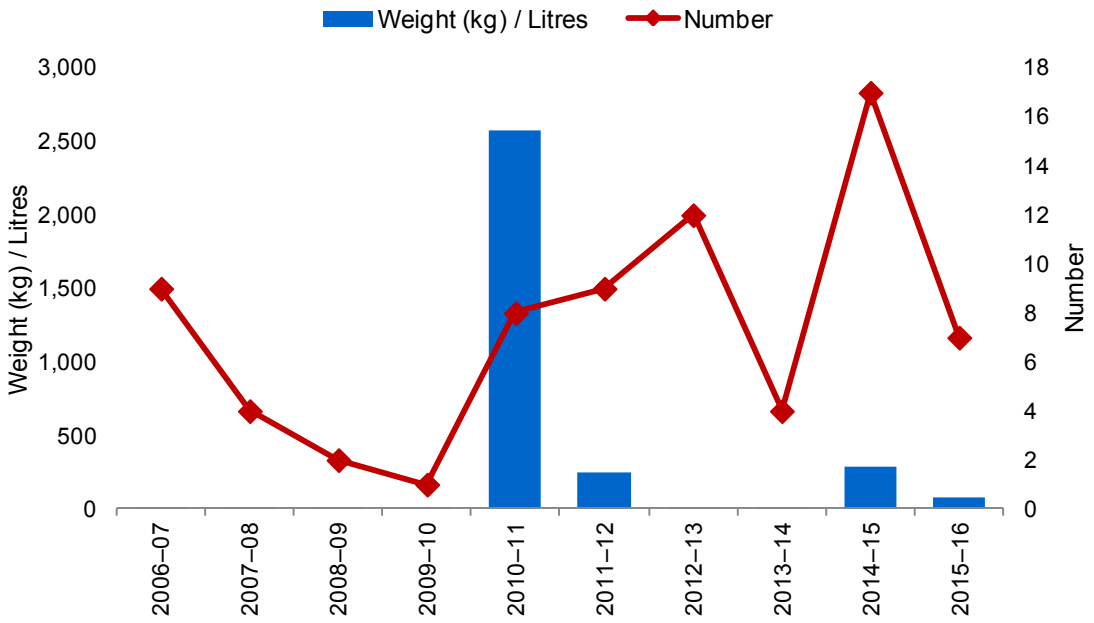
This reporting period the number of ATS (excluding MDMA) precursor detections at the Australian border decreased 35.5 per cent, from 620 in 2014–15 to 400 in 2015–16. The weight of ATS (excluding MDMA) precursors detected increased 112.4 per cent this reporting period, from 500.8 kilograms in 2014–15 to 1 063.7 kilograms in 2015–16 (see Figure 82). In 2015–16, 95 detections weighed more than 1 kilogram. Combined, these 95 detections account for 98.4 per cent of the weight of ATS (excluding MDMA) precursors detected in 2015–16.

FIGURE 82: Number and weight of ATS (excluding MDMA) precursor detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



This reporting period the number of MDMA precursor detections at the Australian border decreased 58.8 per cent, from 17 in 2014–15 to 7 in 2015–16. The weight of MDMA precursors detected decreased 71.8 per cent this reporting period, from 288.0 kilograms in 2014–15 to 81.1 kilograms in 2015–16 (see Figure 83).

FIGURE 83: Number and weight/litres[a] of MDMA precursor detections at the Australian border, 2006–07 to 2015–16 (Source: Department of Immigration and Border Protection)



[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.

SIGNIFICANT BORDER DETECTIONS

Significant border detections of ATS (excluding MDMA) precursors in 2015–16 include:

- 360.0 kilograms of ephedrine detected on 6 January 2016, concealed in soup containers, via sea cargo into Sydney
- 30.0 kilograms of ephedrine detected on 15 July 2015, built into heating machines and UV lamps, via air cargo from China to Sydney
- 20.0 kilograms of ephedrine detected on 17 June 2016, concealed in cardboard boxes, via air cargo from China to Sydney
- 20.0 kilograms of ephedrine detected on 30 November 2015, concealed in display cases, via air cargo from China to Sydney
- 18.5 kilograms of ephedrine detected on 19 November 2015, concealed in the lining of boxes, via air cargo from Malaysia to Sydney.

These 5 detections have a combined weight of 448.5 kilograms and account for 42.2 per cent of the total weight of ATS (excluding MDMA) precursors detected at the Australian border in 2015–16.

Significant border detections of MDMA precursors in 2015–16 include:

- 80.0 kilograms of safrole detected on 2 September 2015, labelled as shampoo, via sea cargo from China to Sydney.

This single detection accounts for 98.6 per cent of the total weight of MDMA precursors detected at the Australian border in 2015–16.

IMPORTATION METHODS

In 2015–16, international mail was the prominent importation stream by number (51.3 per cent) for ATS (excluding MDMA) precursor detections at the Australian border, while air cargo was the prominent importation stream by weight (43.6 per cent; see Figures 84 and 85).

FIGURE 84: Number of ATS (excluding MDMA) precursor detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)

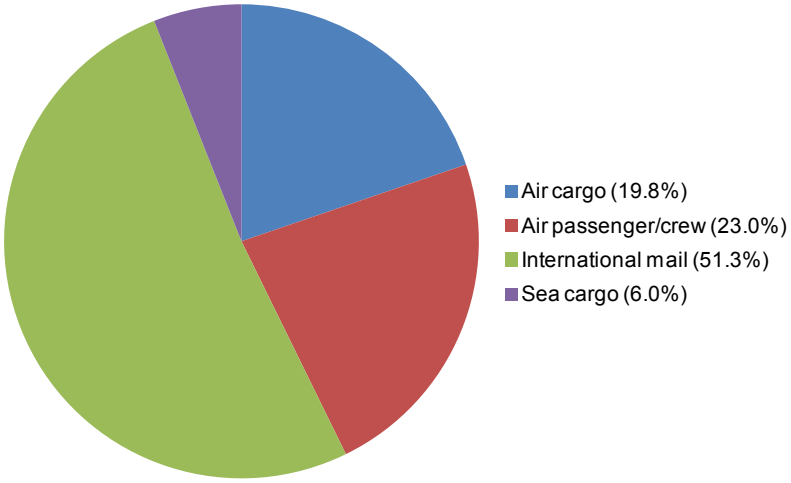
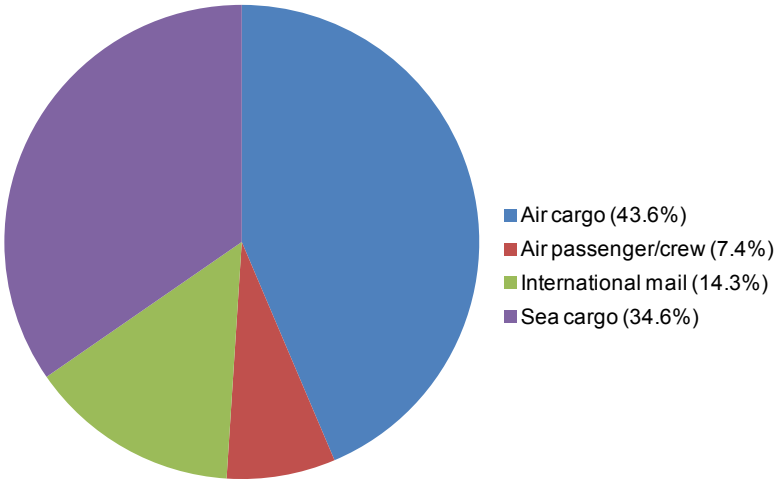


FIGURE 85: Weight of ATS (excluding MDMA) precursor detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



In 2015–16, air passenger/crew was the prominent importation stream by number (42.9 per cent) for MDMA precursor detections at the Australian border, while sea cargo was the prominent importation stream by weight (98.6 per cent; see Figures 86 and 87).

FIGURE 86: Number of MDMA precursor detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)

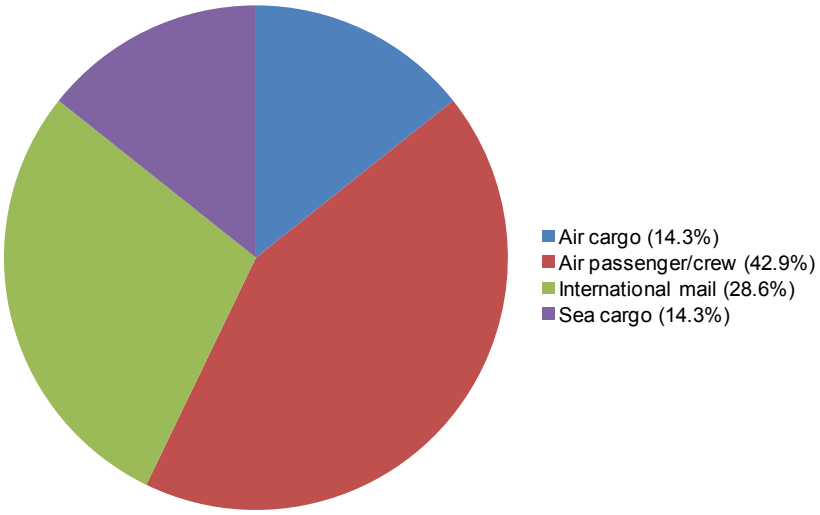
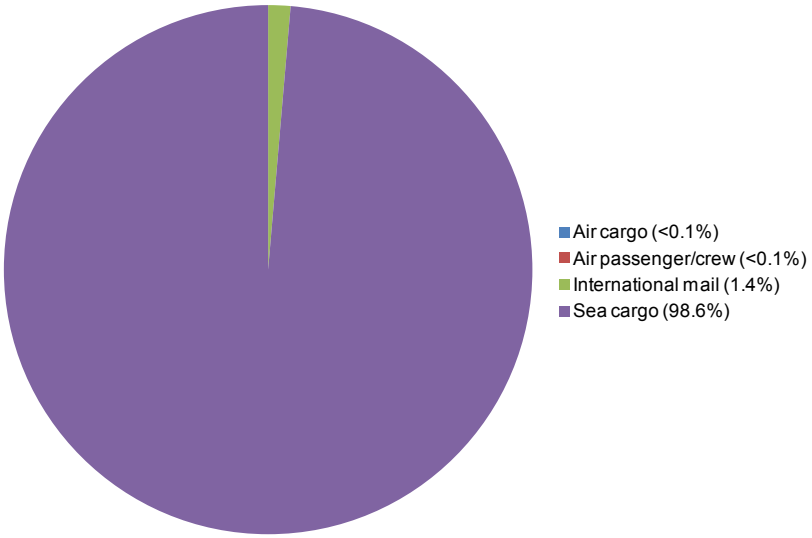


FIGURE 87: Weight of MDMA precursor detections at the Australian border, as a proportion of total detections, by method of importation, 2015–16 (Source: Department of Immigration and Border Protection)



EMBARKATION POINTS

The prominent embarkation point for ATS (excluding MDMA) precursor detections at the Australian border this reporting period was China (including Hong Kong). Other key embarkation points in 2015–16 include Vietnam, Malaysia, India, the United Kingdom (UK), Ethiopia, Korea, Singapore, Indonesia and the United States (US).

China (including Hong Kong) was the prominent embarkation point for MDMA precursor detections at the Australian border in 2015–16, followed by the US.

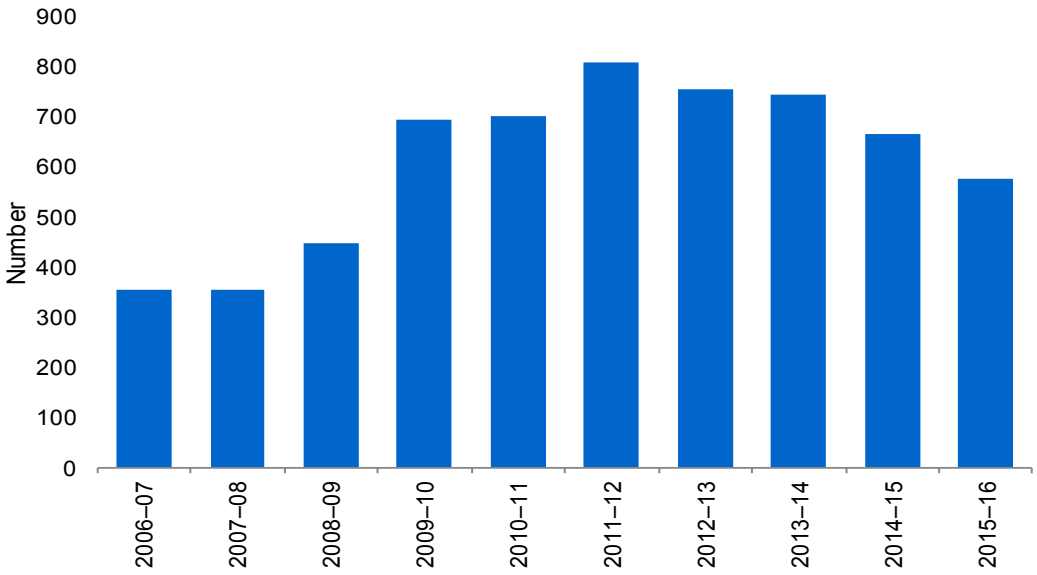
DOMESTIC MARKET INDICATORS

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. In recognition of the hazardous nature of clandestine laboratories, the Australian Government launched the *Clandestine Remediation Guidelines* in 2011 (AGD 2011).

CLANDESTINE LABORATORY DETECTIONS

While the number of clandestine laboratories detected nationally continued to decrease in 2015–16, figures remain higher than those reported earlier in the decade. This reporting period the number of clandestine laboratories detected in Australia decreased 13.8 per cent, from 667 in 2014–15 to 575 in 2015–16 (see Figure 88).

FIGURE 88: National clandestine laboratory detections, 2006–07 to 2015–16



With the exception of the Australian Capital Territory, where figures remain stable, all states and the Northern Territory reported decreases in the number of clandestine laboratories detected in 2015–16 (see Table 38). Queensland continues to account for the greatest proportion of national clandestine laboratory detections, accounting for 40.7 per cent in 2015–16.

TABLE 38: Number of clandestine laboratory detections, by state and territory 2006–07 to 2015–16

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
2006–07	49	72	132	51	37	9	1	5	**356**
2007–08	51	76	121	69	30	2	1	6	**356**
2008–09	67	84	148	65	78	0	7	0	**449**
2009–10	82	113	297	71	118	1	12	0	**694**
2010–11	87	63	293	75	171	11	2	1	**703**
2011–12	90	99	379	58	160	15	7	1	**809**
2012–13	105	113	330	56	136	9	8	0	**757**
2013–14	98	114	340	80	96	5	11	0	**744**
2014–15	99	161	236	71	84	5	10	1	**667**
2015–16	83	144	234	69	40	1	3	1	**575**

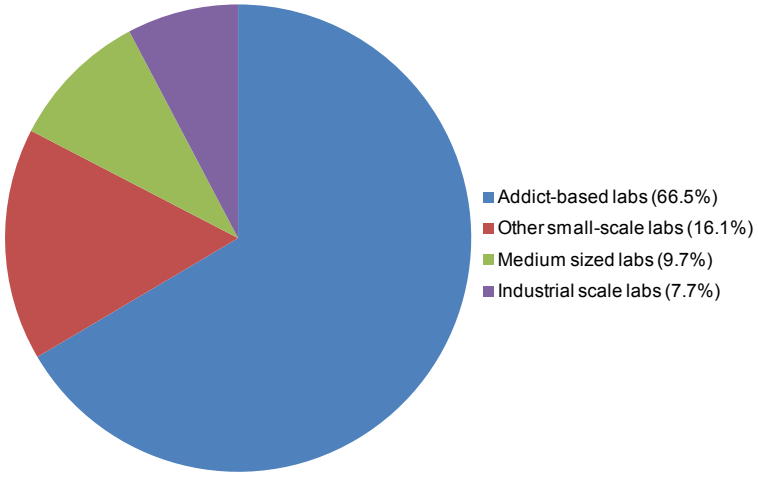
SIZE AND PRODUCTION CAPACITY

In 2015–16, 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 2015–16, clandestine laboratories detected in Australia ranged from addict-based labs, 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 detected clandestine laboratories in 2015–16 were addict-based. Continuing the trend from previous reporting periods, Queensland continues to account for the greatest proportion of addict-based laboratories, with New South Wales accounting for the greatest proportion of industrial sized laboratories.

Compared to the previous reporting period, the proportion of laboratory detections categorised as addict-based and industrial scale increased this reporting period, from 60.9 per cent to 66.5 per cent and 5.9 per cent to 7.7 per cent respectively. The proportion of laboratory detections categorised as small and medium sized decreased this reporting period, from 20.2 per cent to 16.1 per cent and 12.9 per cent to 9.7 per cent respectively (see Figure 89).

FIGURE 89: Category of detected clandestine laboratories, by size and production capacity, 2015–16



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 2015–16 (see Table 39). Methylamphetamine remains the main drug produced in laboratories detected nationally.

TABLE 39: Number of clandestine laboratory detections, by drug production type and state and territory, 2015–16

State/ Territory	ATS (excluding MDMA)	MDMA	Homebake heroin	Cannabis oil extraction	PSE [a] extraction	GHB/ GBL	Other [b]	Unknown [c]	Total [d]
NSW	57	10	0	0	0	3	12	1	**83**
Vic	69	3	0	8	5	0	8	51	**144**
Qld	121	3	0	10	9	5	22	81	**251**
SA	50	0	0	7	1	3	1	12	**74**
WA	31	1	5	1	1	0	3	0	**42**
Tas	1	0	0	0	0	0	0	0	**1**
NT	3	0	0	0	0	0	0	0	**3**
ACT	1	0	0	0	0	0	0	0	**1**
Total	**333**	**17**	**5**	**26**	**16**	**11**	**46**	**145**	**599**

a. Pseudoephedrine.
b. 'Other' refers to the detection of other illicit manufacture.
c. 'Unknown' includes seized substances which were unable to be identified or are awaiting analysis.
d. Total may exceed the number of clandestine laboratory detections due to multiple drug production types being identified in a single laboratory.

The number of national ATS (excluding MDMA) laboratory detections decreased by 13.7 per cent this reporting period, from 386 in 2014–15 to 333 in 2015–16. Since 2000–01, Queensland has accounted for the greatest proportion of national ATS (excluding MDMA) clandestine detections, accounting for 36.3 per cent in 2015–16. The number of MDMA laboratories detected nationally decreased this reporting period, from 18 in 2014–15 to 17 in 2015–16. This reporting period MDMA laboratories were detected in New South Wales (10), Victoria (3), Queensland (3) and Western Australia (1).

The number of homebake heroin laboratories detected nationally decreased 64.3 per cent this reporting period, from 14 in 2014–15 to 5 in 2015–16. This reporting period all of the homebake heroin laboratories were detected in Western Australia.

Although the number of cannabis oil extraction laboratories remains low, the number of detections increased 160.0 per cent this reporting period, from 10 in 2014–15 to 26 in 2015–16. This reporting period laboratories were detected in Queensland (10), Victoria (8), South Australia (7) and Western Australia (1). The 26 laboratories detected in 2015–16 is the highest number on record since related reporting began in 2007–08.

In 2015–16, 11 laboratories were detected nationally manufacturing gamma-hydroxybutyrate/ gamma-butyrolactone (GHB/GBL), a decrease from 12 in 2014–15. This reporting period laboratories were detected in Queensland (5) and South Australia (3). The number of clandestine laboratories detected nationally extracting pseudoephedrine increased 1 500 per cent per cent this reporting period, from 1 in 2014–15 to 16 in 2015–16. This reporting period laboratories were detected in Queensland (9), Victoria (5), South Australia (1) and Western Australia (1). Clandestine laboratories detected in Australia also manufacture a range of other illicit drugs, precursors and pre-precursors. In 2015–16 this also included dimethyltryptamine (DMT).

Despite a decrease this reporting period in the number of ATS (excluding MDMA) laboratories identified nationally using the hypophosphorous method of production—from 225 in 2014–15 to 168 in 2015–16—it remains the predominant method of production. This is followed by the Nazi Birch method, with the number of related laboratories decreasing from 68 in 2014–15 to 32 in 2015–16. This reporting period New South Wales accounted for the greatest proportion of national hypophosphorous laboratories (29.2 per cent), Western Australia accounted for the greatest proportion of Nazi Birch laboratories (71.9 per cent) and Queensland accounted for the greatest proportion of red-phosphorous laboratories (53.6 per cent). The number of clandestine laboratories identified nationally using the P2P method of production also decreased this reporting period, from 12 in 2014–15 to 9 in 2015–16. Victoria accounted for the greatest proportion of laboratories using the P2P method this reporting period, accounting for 55.6 per cent in 2015–16 (see Table 40).

TABLE 40: Method of ATS (excluding MDMA) production in clandestine laboratory detections, by state and territory, 2015–16

State/ Territory	Hypophosphorous	Red-phosphorus	Nazi/Birch	Phenyl-2-propanone (P2P)	Other[a]	Total[b]
NSW	49	6	0	0	2	**57**
Vic	46	3	2	5	2	**58**
Qld	39	15	2	1	2	**59**
SA	26	2	4	2	1	**35**
WA	5	2	23	1	0	**31**
Tas	1	0	0	0	0	**1**
NT	2	0	1	0	0	**3**
ACT	0	0	0	0	0	**0**
Total	**168**	**28**	**32**	**9**	**7**	**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

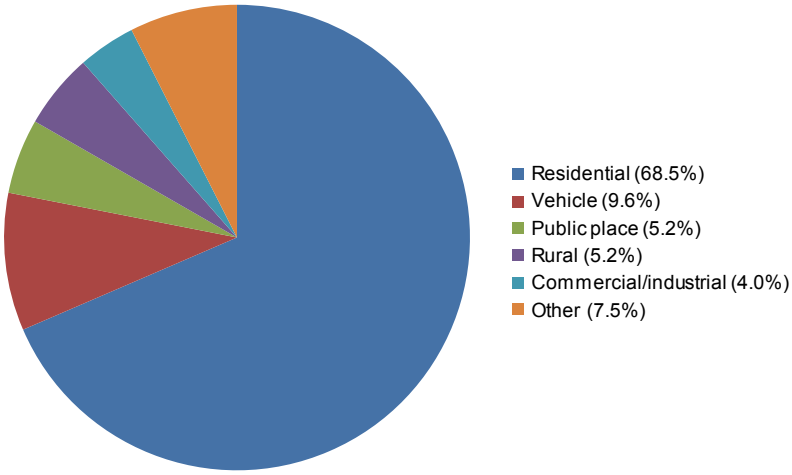
The following provides a national snapshot of the identification and/or seizure of some significant quantities of precursors, reagents and solvents this reporting period:

- 25.0 kilograms of ephedrine in New South Wales
- 18.0 kilograms of ephedrine in New South Wales
- 15.0 kilograms of ephedrine in New South Wales
- 5.7 kilograms of ephedrine in Western Australia
- 11.0 kilograms of pseudoephedrine in New South Wales
- 50.0 kilograms of iodine in New South Wales
- 9.6 kilograms of iodine in Western Australia
- 50.0 kilograms of hypophosphorous acid in New South Wales
- 3.0 litres of hypophosphorous acid in Victoria
- 25.0 litres of toluene in Western Australia
- 4.0 kilograms of formaldehyde in Victoria
- 2.0 litres of MDP2P in Victoria
- 2.0 kilograms of red phosphorous in Victoria.

LOCATION AND CATEGORY

Residential areas remain the primary location for clandestine laboratory detections in Australia. In 2015–16, 68.5 per cent of detected clandestine laboratories were located in residential areas, followed by vehicles (9.6 per cent, a decrease from 9.9 per cent in 2014–15), other (7.5 per cent, an increase from 4.7 per cent in 2014–15), public place (5.2 per cent, a decrease from 6.8 per cent in 2014–15), rural (5.2 per cent, a decrease from 6.0 per cent in 2014–15) and commercial/industrial areas (4.0 per cent, a decrease from 4.2 per cent in 2014–15; see Figure 90).

FIGURE 90: Location of clandestine laboratory detections, 2015–16



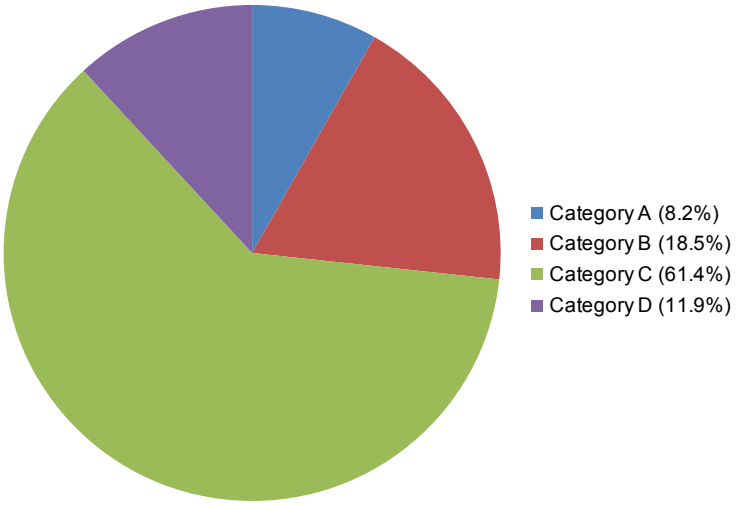
There are four distinct categories of clandestine laboratories:

- Category A—active (chemicals and equipment in use)
- Category B—stored/used (equipment or chemicals)[2]
- Category C—stored/unused (equipment or chemicals)
- Category D—historical site.

Consistent with previous reporting periods, Category C remains the most common category for clandestine laboratories detected nationally, accounting for 61.4 per cent of laboratories in 2015–16, an increase from 51.6 per cent in 2014–15. This was followed by Category B, which accounted for 18.5 per cent this reporting period (a decrease from 25.7 per cent in 2014–15), Category D which accounted for 11.9 per cent (an increase from 11.2 per cent in 2014–15) and Category A which accounted for 8.2 per cent (a decreased from 11.5 per cent in 2014–15; see Figure 91).

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

FIGURE 91: Category of detected clandestine laboratories, 2015–16



NATIONAL IMPACT

The number of ATS (excluding MDMA) precursors detected at the Australian border continued to decrease this reporting period, while the weight detected more than doubled. Both the number and weight of MDMA precursors detected at the Australian border in 2015–16 decreased. Ephedrine and safrole were the predominant precursors detected at the Australian border this reporting period. The international mail stream was the primary importation method by number for ATS (excluding MDMA) precursor detections at the Australian border in 2015–16, while air cargo was the primary importation method by weight. Air passenger/crew was the primary importation method by number for MDMA precursor detections at the Australian border in 2015–16, while sea cargo was the primary importation method by weight. China (including Hong Kong) was the prominent embarkation point for detections of ATS (excluding MDMA) and MDMA precursor detections at the Australian border in 2015–16.

While the number of clandestine laboratories detected nationally continued to decrease for the fourth consecutive reporting period, the 575 detections in 2015–16 is greater than the 356 detections in 2006–07. With the exception of the Australian Capital Territory, which remained stable, all states and territories reported a decrease in the number of clandestine laboratory detected in 2015–16. The majority of laboratories detected this reporting period were manufacturing ATS (excluding MDMA) using the hypophosphorous method of production. In 2015–16, the number of clandestine laboratories detected nationally producing ATS (excluding MDMA), MDMA, homebake heroin and GHB/GBL decreased, while those related to cannabis oil extraction and PSE extraction increased.

Clandestine laboratories detected in Australia range from addict-based through to industrial scale laboratories. Of those able to be classified, addict-based laboratories continue to account for the greatest proportion of detected laboratories in Australia. The proportion attributed to industrial scale laboratories increased this reporting period, from 5.9 per cent in 2014–15 to 7.7 per cent in 2015–16. The proportion of other small-scale and medium laboratories decreased this reporting period. The proportion of clandestine laboratories detected in residential areas remained stable in 2015–16 and continues to account for the greatest proportion of detections. The proportion of laboratories located in vehicles, public places and commercial/industrial locations decreased this reporting period, while the proportion detected in rural and other locations increased in 2015–16.

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INITIATIVES

KEY POINTS

- The Australian Government Health portfolio continues to work in close partnership with Commonwealth, state and territory health and law enforcement agencies to reduce drug related harms and improve health and social outcomes for people affected by illicit drug use.
- National Research Centres of Excellence continue to enhance law enforcement, health and regulatory agencies' understanding of the nature of Australia's illicit drug markets.
- The 2013 National Drug Strategy Household Survey was released on 25 November 2014 and is a comprehensive population-based survey focusing on substance use and related issues.

INTRODUCTION

This chapter outlines some of the initiatives that reflect the Australian Government's commitment to countering the threat posed by illicit drugs. These initiatives have been developed by health authorities, law enforcement and other government and non-government agencies. This chapter outlines a variety of initiatives reported by the Commonwealth Department of Health (DoH).

NATIONAL

Since 1985, the DoH has worked in close partnership with Commonwealth, state and territory health and law enforcement agencies to address illicit drug issues under the National Drug Strategy (NDS). The DoH supports the balanced, evidence-based approach to drug issues set out in the NDS, which encompasses the three pillars of supply, demand and harm reduction. Under the current NDS, the DoH continues to deliver a range of initiatives aimed at reducing drug-related harms and improving social outcomes for individuals, families and communities affected by drug misuse.

The National Ice Action Strategy[1] was agreed to by the Council of Australian Government (COAG) on 11 December 2015. This new Strategy includes responses to a number of measures to reduce the impacts associated with drug and alcohol misuse, specifically the drug ice, to individuals, families and communities. These measures require either joint Commonwealth and state action, or Commonwealth or state only action. The National Ice Action Strategy also committed to the establishment of a new Ministerial Drug and Alcohol Forum to oversee Australia's national alcohol and other drug framework.

PRIMARY HEALTH NETWORK — DRUG AND ALCOHOL TREATMENT PROGRAM

As part of the National Ice Action Strategy further investment in drug and alcohol treatment is being provided for Primary Health Networks (PHNs) to commission additional drug and alcohol treatment services to meet local need, including for Indigenous-specific services.

PHNs have undertaken extensive drug and alcohol planning and consultation to inform the development of regional Needs Assessments and Activity Work Plans, increasing their knowledge and understanding of the local sector prior to the commissioning of drug and alcohol treatment services. Once approved, PHNs are able to finalise procurement and contracting processes and enter into contracts with drug and alcohol treatment service providers.

NATIONAL GRANTS

Established in 1997, the Non Government Organisation Treatment Grants Program provides funding to increase treatment places and improve service quality and outcomes. Funding under this program supports a number of specialised alcohol and other drug treatment options including outpatient counselling, outreach and peer support, home withdrawal services, therapeutic communities, and rehabilitation.

The Substance Misuse Service Delivery Grants Fund aims to better promote and support treatment services across Australia to provide improved health and social outcomes for individuals and communities affected by alcohol and drug use. Australian Government funding is also provided through the Substance Misuse Prevention and Service Improvement Grants Fund to support prevention of substance misuse and to promote service improvement within the drug and alcohol and related sectors.

1 The National Ice Action Strategy can be found at <https://www.coag.gov.au/>.

NATIONAL DRUGS CAMPAIGN

The National Drugs Campaign (the campaign) is a key education and prevention element of the Australian Government's contribution to the NDS. The campaign supports objectives relating to illicit drug use under the NDS, specifically to reduce the uptake of illicit drugs among young people through education and primary prevention communication strategies.

During 2015–16, the 'Ice destroys lives' campaign was launched, with phase one running from 10 May to 27 June 2015 and phase two running from 30 August to 30 September 2015. The Ice destroys lives campaign aimed to raise awareness of the harms of ice amongst high risk young people and increase the likelihood of young people avoiding the drug. The campaign activity provided a range of new advertising materials for online and social media channels, such as Facebook, Twitter, YouTube and online videos. Evaluation of the campaign showed it to be credible, with more than 90 per cent of both youth and parents who saw the campaign indicating that they had taken some sort of action, predominantly around reinforcing existing knowledge about ice.

NATIONAL RESEARCH CENTRES OF EXCELLENCE

The DoH supports strategic research in the alcohol and other drugs sector by funding three National Research Centres of Excellence. Each centre has a distinct role in terms of research and advice provided to Government.

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

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

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

As part of the National Ice Action Strategy, a Centre of Excellence for the Clinical Management of Emerging Drugs of Concern will be established to undertake clinical research into new treatment options, training health professionals and evaluating treatment effectiveness. This Centre will target ice use in the first instance. The Centre is expected to commence work in early 2017.

THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES ALCOHOL AND OTHER DRUGS KNOWLEDGE CENTRE (KNOWLEDGE CENTRE)

In 2013, the DoH funded the development and operation of the National Aboriginal and Torres Strait Islander Peoples Alcohol and other Drugs (AoD) Knowledge Centre.[2] A key aim of the online resource is to provide increased practical support to the workforce and communities involved in efforts to reduce the impact of AoD on Aboriginal and Torres Strait Islander people through development and provision of a collection of high quality culturally appropriate resources for individuals, groups, organisations, communities and professionals.

POSITIVE CHOICES WEB PORTAL

The 'Positive Choices' online web-portal was launched in December 2015.[3] Positive Choices provides access to interactive evidence-based drug education resources for parents, teachers and students. A key aim is to provide an access point nationally for information, tools, and school-based programs on illicit drugs and related harms enabling teachers and parents to provide credible and up-to-date information.

DRUG TRENDS PROGRAM

The Drug Trends Program at NDARC incorporates the Illicit Drug Reporting System (IDRS), the Ecstasy and Related Drugs Reporting System (EDRS) and the National Illicit Drug Indicators Project (NIDIP). This program improves Australia's capacity to monitor changing drug patterns in a timely manner and to effectively disseminate this information to government and other stakeholders.

IDRS is a national illicit drug monitoring system intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. EDRS is a national monitoring system for ecstasy and related drugs that is intended to serve as a strategic early warning system, identifying emerging trends of local and national interest in the markets for these drugs.

The aims of NIDIP are to provide epidemiological data on trends over time in drug-related harms, to complement other Australian monitoring systems such as IDRS and EDRS, and to improve the understanding of, and systematically track changes in, drug-related harms for both illicit and prescription drugs.

2013 NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY

The DoH commissioned the 2013 National Drug Strategy Household Survey (NDSHS), the results of which were released by the Australian Institute of Health and Welfare (AIHW) on 25 November 2014. The NDSHS is a comprehensive population-based survey of approximately 24 000 people in Australia aged 14 years or older. Focusing on substance use and related issues, it is the principal data collection used to monitor drug trends and evaluate prevalence of use in Australia under the NDS. Fieldwork for the 2016 NDSHS will occur in the second half of 2016.

2 For further information see <www.aodknowledgecentre.net.au>.
3 For further information see <www.positivechoices.org.au>.

MEDICINAL CANNABIS

On 10 February 2016, the Australian Government introduced the Narcotic Drugs Amendment Bill 2016 (the Bill). The Bill was passed by the Australian Parliament on 24 February 2016 and the Narcotic Drugs Amendment Act 2016 (the Act) now provides the critical 'missing piece' for the Commonwealth to enable a sustainable supply of safe medicinal cannabis products to Australian patients in the future.

The Act provides a national licensing scheme to enable cultivation of cannabis in Australia by creating a legal supply of cannabis for incorporation into medicinal cannabis products that are safe and of appropriate quality. This means people will not have to turn to the illicit market for cannabis and it will enable appropriate medical supervision and access to pharmaceutical grade cannabis products for medical or scientific use. When accessed in accordance with the Therapeutic Goods Act 1989 and relevant state and territory legislation, patients won't be exposed to criminal prosecution, or the health risks associated with products of unknown safety and quality.

The Act will open the way for Australians with painful and chronic conditions to get access to the relief they need where this is determined by their doctor to be of potential benefit. It is important to note that the Act does not legalise the cultivation of cannabis or use of cannabis outside of regulated medical or scientific purposes. Nor is it about making cannabis products available 'over-the-counter' or outside of a prescription by an approved medical professional or through an approved clinical trial. The same high safety standards that are applied to any other medicine will be applied for cannabis derived products. The Act strikes the right balance between patient access, community protection and Australia's international obligations regarding the control of narcotic drugs.

STATE AND TERRITORY INITIATIVES

INTRODUCTION

This chapter provides an overview of recent law enforcement initiatives related to illicit drugs in Australian states and territories. Contributions to this chapter were provided by state and territory police services.[1]

1 This chapter focuses on drug related initiatives reported by state and territory police services. For information in relation to legislative or regulatory changes, please refer to the related Act, Regulation, or respective state or territory justice agency responsible for administering the Act/Regulation.

NEW SOUTH WALES

INITIATIVE

Emergency scheduling of drugs AB-CHMINACA, AB-PINACA and AB-FUBINACA

DURATION

July 2015–April 2016

MAIN OBJECTIVES AND/OR OUTCOMES

The New South Wales Police Force Drug Squad initiated the inclusion of new psychoactive substances AB-CHMINACA, AB-PINACA and AB-FUBINACA in Schedule 1 of the Drug Misuse and Trafficking Act 1985 to make them prohibited in New South Wales.

INITIATIVE

End User Declarations (EUDs)

DURATION

2010–15

MAIN OBJECTIVES AND/OR OUTCOMES

The New South Wales Police Force lead a national working group under the Senior Officers Group on Organised Crime (SOGOC) taking forward a business case proposing the introduction of a national web-based system for the management of End User Declarations. The final report was submitted to the SOGOC in May 2015. On 21 October 2016 the issue was considered by the Law, Crime and Community Safety Council (LCCSC) who agreed to the following:

- that all states and territories will implement nationally consistent minimum precursor controls, including harmonised schedules of precursor chemicals and equipment, through legislative change in each jurisdiction
- to establish a national electronic end user declaration system, which will give law enforcement agencies access to real-time information about precursor sales
- to strengthen information-sharing and cooperation between border and law enforcement agencies about importations of high-risk precursor chemicals.

Work to take forward the determination of LCCSC will commence in April 2017.

VICTORIA

INITIATIVE

Community engagement

DURATION

12 months—ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

Education based around safety and awareness of drug labs and methylamphetamine in general, with 20 presentations conducted.

INITIATIVE

Wastewater Analysis Project

DURATION

2014–16

MAIN OBJECTIVES AND/OR OUTCOMES

Wastewater analysis is an objective measure of the amount of drugs, alcohol and tobacco being consumed at a population level. Over a three year period testing was undertaken at four sites across Victoria, encompassing metropolitan and regional sites. The substances tested included methylamphetamine, cocaine, MDMA, nicotine and alcohol. This project was funded jointly by Victoria Police and the Department of Health and Human Services.

INITIATIVE

Forensic Services Drug Intelligence Capability Project

DURATION

12 months

MAIN OBJECTIVES AND/OR OUTCOMES

The recruitment and training of forensic drug and intelligence analysts, the development of additional forensic testing methods to support the profiling of drug seizures and the development of intelligence products to assist in understanding drug production and distribution patterns. This project forms part of the Victorian Ice Action Plan.

INITIATIVE

Increased road side drug testing

DURATION

12 months

MAIN OBJECTIVES AND/OR OUTCOMES

Under the Victorian Ice Action Plan, Victoria Police received funding to upgrade its drug and booze buses. It has also increased its roadside drug testing to 100 000 tests per year.

INITIATIVE

Taskforce Icarus

MAIN OBJECTIVES AND/OR OUTCOMES

During the reporting period Taskforce Icarus, comprised of Victoria Police, the Australian Federal Police and Australian Border Force, worked together to reduce the availability of illicit drugs and minimise their subsequent harm to the Victorian community.

Focused on preventing the importation of illicit drugs and illegal firearms through the international mail system and air cargo stream, outcomes include intelligence linking suspected cocaine imports, resulting in a number of offenders being charged with trafficking cocaine and money laundering in excess of $1.3 million.

QUEENSLAND

INITIATIVE

Queensland Alcohol and Other Drugs Action Plan 2015–17

DURATION

2015–17

MAIN OBJECTIVES AND/OR OUTCOMES

The Queensland Alcohol and Other Drugs Action Plan 2015–17 is a commitment by the state government to reducing the impact of alcohol and other drugs on Queenslanders, particularly vulnerable groups. The Action Plan identifies a number of strategies aimed at increasing access to treatment services, reinstating special circumstances courts and increasing access to diversion opportunities that channel young people and minor offenders away from the criminal justice system and into avenues of support.

The Queensland Police Service has a role to play in achieving the strategies identified in the Action Plan, including:

- undertaking supply reduction activities focused on targeting criminal networks involved in the production and supply of illicit drugs (including ice)
- working with the community to encourage the reporting of organised criminal activity
- targeting drink driving and drug driving offences through drug and alcohol testing of road users
- diverting minor illicit drug offenders (currently for cannabis only) from the criminal justice system to assessment and education sessions through the Police Drug Diversion Program.

INITIATIVE

Queensland Drug Courts and Court and Police Diversion Review Meth Enforcement Action Plan (MEAP)

DURATION

2016

MAIN OBJECTIVES AND/OR OUTCOMES

The Queensland Department of Justice and Attorney General is undertaking a systematic review of the previous drug court model in Queensland and other drug court models across interstate and international jurisdictions in order to develop an effective and sustainable drug court model in Queensland.

This review is being conducted by independent criminologists from the Australian National University and in consultation with relevant government and non-government agencies. The review is also considering how brief interventions and diversion programs fit into an effective offender rehabilitation model within drug courts in Queensland. The results of the review are due in late 2016, with a view to developing a reinvigorated drug court and diversionary model for Queensland.

INITIATIVE

Queensland Police Service Community Awareness Package on the drug ice

DURATION

2015–16

MAIN OBJECTIVES AND/OR OUTCOMES

The Queensland Police Service, Drug and Alcohol Coordination Unit in partnership with the Preventative Health Unit, Queensland Health, developed a community awareness package on the drug ice for police in an attempt to address community concerns raised from media reporting on the drug.

The package has been delivered to District Crime Prevention Officers across Queensland for delivery to relevant community groups. The package included fact sheets and presentations detailing the facts on harms associated with crystal methylamphetamine, frequency of use in the community and avenues of support available for drug users, families and friends of drug users and communities. The package also provided points of contact with local police, Crime Stoppers and Queensland Police Service Police Link so members of the public can report suspicious drug related activity for law enforcement.

SOUTH AUSTRALIA

INITIATIVE

Operation Atlas 2016–18

DURATION

Ongoing to August 2018

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 original plan has been reviewed and amended to ensure that the Operation remains relevant and effective in the investigation of ATS offences. 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 will support the National Law Enforcement Methylamphetamine Strategy.

INITIATIVE

Police Drug Diversion Initiative (PDDI)

DURATION

2001 to present

MAIN OBJECTIVES AND/OR OUTCOMES

PDDI is a nationally funded initiative which aims to provide people with the opportunity to address their drug use problems and to subsequently bring about a reduction in the number of illicit drug users in South Australia, and the criminal and social harms associated with drug use. The primary focus of PDDI is the diversion of illicit drug users into assessment and treatment, based on the premise that the intervention will break the cycle of their offending, resulting in a reduction in crime within the community.

SOUTH AUSTRALIA (continued)

Section 36 of the *Controlled Substances Act 1984* details the requirements where a police officer must refer an individual alleged to have committee a 'simple possession offence' to a nominated assessment service. From 1 July 2015, an adult issued with more than two drug diversions in a 24 month period must have an undertaking applied to their diversion by a clinician during their mandated Drug Diversion appointment. A condition of all undertakings will be that the person does not reoffend during the period of the undertaking, which can be applied for any period up to, but not exceeding six months (note this is not a new addition to the CSA (S38), however this is a policy change and this section is now being utilised by clinicians).

WESTERN AUSTRALIA

INITIATIVE

Western Australia Police Drug Diversion

DURATION

Ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

The Western Australia Police 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 an average of 40 individuals were diverted each year.

In May 2014 changes were made to the policy to make it easier for officers to issue an ODIR and to increase expiation through treatment. Since the policy changes came into effect the number of consumer-level drug users diverted increased to 347 in the 2015 calendar year and 429 as of 30 September 2016. Almost 80 per cent of ODIR's were successfully expiated within the 42 days allowed to undergo the three treatment sessions. Over 70 per cent involved amphetamine-type substances.

INITIATIVE

Meth 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 meth 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, Western Australia Police 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. Samples are collected for a week on a bi-monthly basis. The project helps inform the MEAP and provides hard data to complement other data/indicators of methylamphetamine use in Western Australia.

TASMANIA

INITIATIVE

Operation Intercept

DURATION

July–September 2015

MAIN OBJECTIVES AND/OR OUTCOMES

Operation Intercept (the Operation) was developed in response to the increase in availability and use of crystal methylamphetamine, nationally and within Tasmania. The aim of the Operation was to disrupt supply and reduce the availability of crystal methylamphetamine to the Tasmanian community. The cross-agency Operation focussed on the transport of illicit drugs through mail, cargo, maritime and airport gateways, and resulted in increased enforcement activities being incorporated as part of normal business practice.

NORTHERN TERRITORY

INITIATIVE

Tackling Ice in the Northern Territory – NT Government

DURATION

Ongoing

MAIN OBJECTIVES AND/OR OUTCOMES

- recognise the importance of a coordinated and balanced approach to addressing the drug problem
- harm minimisation—reduce demand, reduce availability, reduce harms
- focus on education and prevention
- reduce the supply, manufacture and distribution of ice
- improve the evidence base
- encourage people to work together, share ideas and build a responsive workforce
- intensive supervision program that aims to reduce crime and drug use while saving taxpayers' dollars spent on jail and prison costs.

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 2015–16 report.

COUNTING METHODOLOGY

The following methodology was used to develop a count of arrests by drug type:

- where a person has been charged with multiple consumer or provider offences for a particular type of drug, that person is counted once only as a consumer or provider of that drug
- where consumer and provider charges for a particular drug type have been laid, the provider charge takes precedence and the person is counted only as a provider of that drug
- a person who has been charged in relation to multiple drug types is counted as a consumer or provider for each drug type
- a person is counted on each separate occasion that they are charged.

DATA SOURCES

ARREST AND SEIZURE DATA

The following agencies provided arrest and seizure data:

- Australian Federal Police (AFP)
- Australian Federal Police, ACT Policing
- New South Wales Police Force
- Northern Territory Police
- Queensland Police Service
- South Australia Police
- Tasmania Police
- Victoria Police
- Western Australia Police.

DRUG PURITY DATA

The following agencies and organisations provided drug purity data:

- Australian Federal Police
- Australian Federal Police, ACT Policing
- ChemCentre Western Australia
- Forensic Science South Australia
- Forensic Science Service Tasmania
- Health System Information and Performance Reporting, New South Wales Ministry of Health. Sample analysis conducted by 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 2015–16, not necessarily all seizures made during that period.

The NSW Forensic & Analytical Science Service tests for purity levels on cases larger than the traffickable level: being 3 grams for amphetamine, methylamphetamine, heroin, cocaine, 0.75 grams for phenethylamine and 15 discrete dosage units (ddu) for lysergic acid diethylamide (LSD). For each case, purity testing is carried out on each drug type over the traffickable quantity. Additionally, the laboratory will only test a limited number of samples per case. The laboratory also tests purity levels on controlled operations for the New South Wales Police Force, including undercover units, which are greater than 100 milligrams.

The criteria for determining which samples are sent for quantitation changed during this reporting period in South Australia. For the period July 2015 to the end of December 2015 when the total weight of drug–containing material within a case was >2 grams, all samples with total weight >1 gram were sent for quantitation (if none were >1 gram then the largest sample was sent for quantitation). When the total weight of drug–containing material within a case was >100 grams, all samples regardless of their total weight were sent for quantitation. From January 2016, when the total weight of drug–containing material within a case is >5 grams, all samples with total weight >2 gram will be sent for quantitation (if none are >2 gram then the largest sample will be sent for quantitation). When the total weight of drug–containing material within a case is >100 grams, all samples regardless of their total weight will be sent for quantitation.

Tasmania Police do not conduct purity determinations on exhibits unless it is specifically requested by the investigator and he/she has a good reason for doing so. Tasmania Police also do not conduct purity determinations on less than 0.5 grams. Legislation in Tasmania does not take into account the purity of the exhibit, so there are very few instances where purity determinations are of great value and hence not worth the significant effort required to determine the purity.

Drug seizures are not routinely tested for purity in the Northern Territory, unless specifically requested. The Misuse of Drugs Act (NT) provides for all of the preparation or mixture to be deemed as if all of the substance (preparation or mixture) is comprised of the dangerous drug found, irrespective of purity.

ACT Policing only tests for purity on seizures that are larger than the traffickable amount. All samples lodged by ACT Policing with the ACT Government Analytical Laboratory are tested, but not all are tested for purity. A legislative change in the ACT in 2014 to introduce 'mixed weight' provisions has limited the number of seizures which have purity data attached.

DRUG PRICE DATA

Data on prices for illicit drugs were collected from each of the police jurisdictions and are based on information supplied by covert police units and police informants. Unless otherwise stated, police price information has been used.

LIMITATIONS OF THE DATA

OVERVIEW

Despite limitations in the current data set, the ACIC's IDDR provides the best collection of arrest and seizure statistics available in Australia. The NIDRF data processing system has enabled the ACIC to improve statistical quality and reliability.

DATASETS

Since the development and implementation of the NIDRF processing system, limitations with the administrative datasets used to compile the statistics have decreased. However, the following factors should be considered when using the data to develop assessments or conclusions:

- a lack of uniformity across all states and territories in the recording and storing of data on illicit drug arrests and seizures
- ongoing problems with quality control, resulting in the absence of essential information from some records
- differences in applying a uniform counting and data extraction methodology across all jurisdictions
- differences in definitions of consumer and provider offences across and within jurisdictions over time
- differences in the way drugs and offences may be coded
- insufficient drug identification
- an inability to identify seizures resulting from joint operations, for example, those involving the AFP and a state or territory agency.

DRUG IDENTIFICATION AND CODING

Not all illicit drugs seized by law enforcement are scientifically analysed to establish the precise nature of the drug. In some cases, only seizures of a predetermined weight or those that are the subject of a 'not guilty' plea are analysed. In some instances, an initial field test may be carried out to provide an indication as to the seized drug, but all other seizures are recorded at the discretion of the investigating officer and without further qualification.

Historically, a number of jurisdictional data systems did not differentiate between amphetamine-type stimulants (ATS) and 3,4-methylenedioxymethamphetamine (MDMA). This has restricted the ACIC's ability to monitor and report on national trends in regards to seizures and arrests of specific ATS drug types. Similar problems continue to exist with the range of drugs recorded as 'other drugs'. Monitoring and reporting on national trends of these drugs is therefore limited.

RECORDING AND STORAGE METHODS

The lack of consistency between law enforcement agencies in recording illicit drug arrests and seizures presents difficulties when data are aggregated and compared. Disparities exist in the level of detail recorded for each offence, the methods used to quantify the seizures, the way offence and seizure data are extracted, and the way counting rules and extraction programs are applied.

QUALITY CONTROL

Missing, incomplete and non-specific information relating to drug seizures makes it impossible to precisely calculate the total quantity of each drug type seized. As a result it is difficult to analyse trends on a comparative basis across a number of years. This has been a particularly pertinent issue since the 2001–02 report, as the NIDRF system allows for increased scrutiny of large seizures that may not have been queried in the past.

CONSUMERS AND PROVIDERS

Offenders are classified as consumers or providers in order to differentiate between people who have been apprehended for trading in, as opposed to using, illicit drugs. Those charged with supply-type offences (importation, trafficking, selling, cultivation and manufacture) are classified as providers. Those charged with user-type offences (possessing or administering drugs for their own use) are classified as consumers.

In some cases, the jurisdictions allocate consumer and provider codes, and in others, the ACIC applies the codes based on the information on the type of offence committed. Further, there are some differences in the methodologies jurisdictions use for applying consumer and provider codes. In some states and territories, the quantity of the drug involved determines whether an offence is regarded as a consumer or a provider offence. Additionally, the threshold quantity that determines whether a person is to be charged as a provider varies over time, both within and between states and territories. Offender data supplied may exclude law enforcement actions that are the subject of ongoing investigations.

DETECTION DATA

Border detection data supplied may exclude detections that are the subject of ongoing investigations.

SEIZURE DATA

The seizure data presented in Table 51 includes only those seizures for which a valid drug weight was recorded. Consequently, it undercounts both the number of seizures and the amount of drug seized for all drug types. Seizure data for ATS, cannabis and other drugs are most likely to be affected by the variety of measurement methods and these figures should be treated with caution when making comparisons between jurisdictions or over time. This table includes seizures by the Australian Federal Police and state and territory police jurisdictions. Seizure data supplied may exclude seizures that are the subject of ongoing investigations.

DRUG MONITORING IN AUSTRALIA (DUMA) PROGRAM

The DUMA program is an ongoing illicit drug use monitoring program that captures information on approximately 2 500 police detainees per year, across five locations throughout Australia. There are two core components: a self-report survey and voluntary provision of a urine sample which is subjected to urinalysis at an independent laboratory to detect the presence of licit and illicit drugs. The self-report survey captures a range of criminal justice, demographic, drug use, drug market participation and offending information. Urinalysis serves as an important objective method for corroborating self-reported drug use. Not all detainees who respond to the self-report survey agree to provide a urine sample when requested, although the urine compliance rate is high.

During 2015–16, data on approximately 2 200 police detainees were collected. Figures reported for 2015–16 reflect data collected in the third and fourth quarters of 2015 and the first and second quarters of 2016. Commencing in 2014, urine samples have been collected in alternate quarters. For the 2015–16 data collection period, urine samples were collected in the third quarter of 2015 and the first and second quarters of 2016. In the fourth quarter of 2015, the DUMA program piloted the survey electronically at the Bankstown and Perth sites. An electronic survey was then implemented at all sites in the first quarter of 2016.

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 Australian Criminal Intelligence Commission (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 thirteen substances causing potential harm, either through addiction, health risks, or criminal and anti-social behaviour. Compounds of concern include nicotine from tobacco, ethanol from alcohol intake, pharmaceutical opioids with abuse potential, illicit substances such as methylamphetamine, MDMA and cocaine, as well as a number of new psychoactive substances (NPS) including synthetic cannabinoids.

The ACIC will provide data from the NWDMP in the form of public reports three times per year. The reports will 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 conducted similar wastewater analyses. The public reports are accessible on the ACIC website <https://www.acic.gov.au/sites/g/files/net1491/f/national_wastewater_drug_monitoring_program_report_1_0.pdf?v=1490333695>.

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 DIBP are represented within AFP figures in Table 51. Totals may differ from those published earlier in the AFP Annual Report 2015–16 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 IMMIGRATION AND BORDER PROTECTION (DIBP)

Detections of illicit drugs by DIBP (which now undertakes the functions of the former Australian Customs and Border Protection Service) are handed to the AFP for investigation purposes, safe storage and destruction. Border detections are recorded on 'Druglan', which is updated with confirmed seizure weight data from the AFP. At present, there is no provision for an automatic update of accurate weights to Druglan. Data relating to the same border detections held by the AFP and Druglan will differ slightly. This is because only unconfirmed seizure weights are initially recorded. DIBP detection figures are subject to change and reflect available data at time of extraction. As such, figures published in the IDDR may differ from those published in other reports, including DIBP Annual Reports.

For operational reasons, the format of data presented in the IDDR may vary from year to year. From 2010–11, DIBP was unable to provide importation data to populate country of embarkation charts for inclusion in the report. From 2011–12, dehydroepiandrosterone (DHEA) and steroid border detection data are reported as a combined figure.

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

DIBP advised for the current reporting period, 2014–15, 2013–14 and 2012–13, the total number of pharmaceuticals seized at the border included benzodiazepine and opiate statistics which only represent a component of the larger pharmaceuticals category.

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.

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. This reporting period only seizures identified as opioids appear in other opioid seizure data, with seizures of pharmaceutical drugs (not further described) reflected in other and unknown not elsewhere classified drug seizure data. This has had a significant impact on the number of other opioid seizures reported in New South Wales and resulted in a considerable decrease in the number of other opioid seizures this reporting period. This change has also had a significant impact on the number of other and unknown not elsewhere classified drug seizures reported in New South Wales and resulted in a considerable increase in the number of other and unknown not elsewhere classified drug seizures this reporting period. 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 for 2015–16.

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.

During the 2006–07 reporting period, the Queensland Police Service changed administrative systems. As a result, caution should be exercised in comparing data.

SOUTH AUSTRALIA

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

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). As a result, caution should be exercised in comparing data.

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, 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 DIBP.

EMBARKATION POINT

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

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

HALLUCINOGENS

'Hallucinogens' includes tryptamines such as lysergic acid diethylamide (LSD) and 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. Similarly, seizures of cannabis plants may be weighed, counted or measured.

STEROIDS

'Steroids' include anabolic and androgenic steroids such as testosterone, nandrolone and stanazolol.

SYMBOLS AND ABBREVIATIONS

The following symbols and abbreviations are used in the tables:

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

ARREST TABLES

TABLE 41: All drugs: consumer and provider arrests, by state and territory and gender, 2015–16

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	21 743	5 093	11	26 847	3 761	850	0	4 611	26 100	6 112	11	32 223
Vic	20 165	5 496	22	25 683	1 393	295	0	1 688	21 558	5 791	22	27 371
Qld	29 900	10 890	0	40 790	3 808	1 151	0	4 959	33 708	12 041	0	45 749
SA[b]	5 133	1 608	0	6 741	1 505	399	0	1 904	6 638	2 007	0	8 645
SA CENs[c]	7 682	1 920	6	9 608	—	—	—	—	7 682	1 920	6	9 608
WA	14 108	5 024	64	19 196	3 117	962	12	4 091	17 225	5 986	76	23 287
WA CIRs[d]	1 582	508	9	2 099	—	—	—	—	1 582	508	9	2 099
Tas	1 660	415	0	2 075	322	64	0	386	1 982	479	0	2 461
NT	485	183	0	668	509	154	0	663	1 259	426	0	1 685
NT DINs[e]	555	213	0	768	—	—	—	—	555	213	0	768
ACT	397	70	0	467	73	7	0	80	470	77	0	547
ACT SCONs[f]	76	19	0	95	—	—	—	—	76	19	0	95
Total	**103 486**	**31 439**	**112**	**135 037**	**14 488**	**3 882**	**12**	**18 382**	**118 835**	**35 579**	**124**	**154 538**

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. 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).

c. Cannabis Expiation Notices.

d. Cannabis Intervention Requirements.

e. Drug Infringement Notices.

f. Simple Cannabis Offence Notices.

TABLE 42: Amphetamine-type stimulants (ATS): consumer and provider arrests, by state and territory and gender, 2015–16

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	5 819	1 690	0	7 509	1 676	391	0	2 067	7 513	2 092	0	9 605
Vic	7 999	2 307	5	10 311	483	101	0	584	8 482	2 408	5	10 895
Qld	8 070	3 190	0	11 260	963	284	0	1 247	9 033	3 474	0	12 507
SA[b]	3 800	1 264	0	5 064	695	220	0	915	4 495	1 484	0	5 979
WA	4 125	1 638	20	5 783	1 308	420	5	1 733	5 433	2 058	25	7 516
Tas	302	74	0	376	128	26	0	154	430	100	0	530
NT	77	31	0	108	117	36	0	153	333	112	0	445
ACT	101	15	0	116	28	4	0	32	129	19	0	148
Total	**30 293**	**10 209**	**25**	**40 527**	**5 398**	**1 482**	**5**	**6 885**	**35 848**	**11 747**	**30**	**47 625**

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. 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 43: Cannabis: consumer and provider arrests, by state and territory and gender, 2015–16

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	13 413	2 812	11	16 236	1 299	251	0	1 550	14 729	3 069	11	17 809
Vic	7 480	1 841	12	9 333	323	61	0	384	7 803	1 902	12	9 717
Qld	16 874	5 736	0	22 610	2 074	623	0	2 697	18 948	6 359	0	25 307
SA[b]	919	230	0	1 149	682	142	0	824	1 601	372	0	1 973
SA CENs[c]	7 682	1 920	6	9 608	—	—	—	—	7 682	1 920	6	9 608
WA	6 185	2 013	24	8 222	918	292	2	1 212	7 103	2 305	26	9 434
WA CIRs[d]	1 582	508	9	2 099	—	—	—	—	1 582	508	9	2 099
Tas	1 035	256	0	1 291	135	26	0	161	1 170	282	0	1 452
NT	346	147	0	493	338	112	0	450	755	293	0	1 048
NT DINs[e]	555	213	0	768	—	—	—	—	555	213	0	768
ACT	243	51	0	294	36	3	0	39	279	54	0	333
ACT SCONs[f]	76	19	0	95	—	—	—	—	76	19	0	95
Total	**56 390**	**15 746**	**62**	**72 198**	**5 805**	**1 510**	**2**	**7 317**	**62 283**	**17 296**	**64**	**79 643**

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. 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).
c. Cannabis Expiation Notices.
d. Cannabis Intervention Requirements.
e. Drug Infringement Notices.
f. Simple Cannabis Offence Notices.

TABLE 44: Heroin and other opioids: consumer and provider arrests, by state and territory and gender, 2015–16

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	435	153	0	588	157	64	0	221	595	222	0	817
Vic	970	238	1	1 209	69	19	0	88	1 039	257	1	1 297
Qld	244	101	0	345	44	10	0	54	288	111	0	399
SA[b]	70	36	0	106	32	8	0	40	102	44	0	146
WA	142	57	2	201	44	13	0	57	186	70	2	258
Tas	24	4	0	28	13	3	0	16	37	7	0	44
NT	0	0	0	0	1	1	0	2	1	1	0	2
ACT	9	1	0	10	2	0	0	2	11	1	0	12
Total	**1 894**	**590**	**3**	**2 487**	**362**	**118**	**0**	**480**	**2 259**	**713**	**3**	**2 975**

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. 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 45: Cocaine: consumer and provider arrests, by state and territory and gender, 2015–16

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	803	103	0	906	343	50	0	393	1 147	154	0	1 301
Vic	343	61	0	404	45	6	0	51	388	67	0	455
Qld	283	76	0	359	81	18	0	99	364	94	0	458
SA[b]	82	9	0	91	19	4	0	23	101	13	0	114
WA	77	13	1	91	93	13	0	106	170	26	1	197
Tas	6	0	0	6	3	0	0	3	9	0	0	9
NT	8	1	0	9	4	0	0	4	13	1	0	14
ACT	38	2	0	40	4	0	0	4	42	2	0	44
Total	**1 640**	**265**	**1**	**1 906**	**592**	**91**	**0**	**683**	**2 234**	**357**	**1**	**2 592**

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. 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 46: Steroids: consumer and provider arrests, by state and territory and gender, 2015–16

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	123	5	0	128	27	3	0	30	150	8	0	158
Vic	79	14	0	93	3	0	0	3	82	14	0	96
Qld	492	104	0	596	86	23	0	109	578	127	0	705
SA[b]	7	1	0	8	0	0	0	0	7	1	0	8
WA	153	25	0	178	69	7	1	77	222	32	1	255
Tas	19	0	0	19	2	1	0	3	21	1	0	22
NT	27	0	0	27	14	1	0	15	49	1	0	50
ACT	2	0	0	2	1	0	0	1	3	0	0	3
Total	**902**	**149**	**0**	**1 051**	**202**	**35**	**1**	**238**	**1 112**	**184**	**1**	**1 297**

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. 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 47: Hallucinogens: consumer and provider arrests, by state and territory and gender, 2015–16

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	96	25	0	121	26	1	0	27	122	26	0	148
Vic	103	21	0	124	4	0	0	4	107	21	0	128
Qld	235	75	0	310	63	12	0	75	298	87	0	385
SA[b]	25	3	0	28	11	5	0	16	36	8	0	44
WA	97	34	0	131	45	14	2	61	142	48	2	192
Tas	6	2	0	8	1	0	0	1	7	2	0	9
NT	2	0	0	2	2	0	0	2	6	2	0	8
ACT	1	0	0	1	0	0	0	0	1	0	0	1
Total	**565**	**160**	**0**	**725**	**152**	**32**	**2**	**186**	**719**	**194**	**2**	**915**

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. 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 48: Other and unknown—not elsewhere classified (nec): consumer and provider arrests, by state and territory and gender, 2015–16

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	1 054	305	0	1 359	233	90	0	323	1 844	541	0	2 385
Vic	3 191	1 014	4	4 209	466	108	0	574	3 657	1 122	4	4 783
Qld	3 702	1 608	0	5 310	497	181	0	678	4 199	1 789	0	5 988
SA[b]	230	65	0	295	66	20	0	86	296	85	0	381
WA	3 329	1 244	17	4 590	640	203	2	845	3 969	1 447	19	5 435
Tas	268	79	0	347	40	8	0	48	308	87	0	395
NT	25	4	0	29	33	4	0	37	102	16	0	118
ACT	3	1	0	4	2	0	0	2	5	1	0	6
Total	**11 802**	**4 320**	**21**	**16 143**	**1 977**	**614**	**2**	**2 593**	**14 380**	**5 088**	**23**	**19 491**

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. 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 49: All arrests: consumer and provider arrests, by drug type, 2011–12 to 2015–16

Drug type	Consumer					Provider				
	2011–12	2012–13	2013–14[a]	2014–15	2015–16[b]	2011–12	2012–13	2013–14	2014–15	2015–16
Amphetamine-type stimulants	12 590	16 595	19 945	27 502	40 527	4 216	5 462	6 265	7 862	6 885
Cannabis	52 413	53 829	59 994r	66 309	72 198	8 548	8 013	8 460	8 716	7 317
Heroin and other opioids	1 800	1 678	2 067	2 427	2 487	907	776	699	774	480
Cocaine	714	899	1 005	1 542	1 906	280	380	461	544	683
Steroids	389	509	756	967	1 051	118	148	179	242	238
Hallucinogens	366	442	543	566	725	117	120	161	164	186
Other and unknown nec	7 893	9 090	10 359	13 027	16 143	2 153	2 209	2 288	2 453	2 593
Total	**76 165**	**83 042**	**94 669r**	**112 340**	**135 037**	**16 339**	**17 108**	**18 513**	**20 755**	**18 382**

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 50: All arrests: number and proportion, by drug type, 2011–12 to 2015–16

Drug Type	2011–12		2012–13		2013–14[a]		2014–15		2015–16[b]	
	No.	%	No.	%	No.	%	No.	%	No.	%
Amphetamine-type stimulants	16 828	18.1	22 189	21.8	26 269	23.4	35 468	26.5	47 625	30.8
Cannabis	61 011	65.5	62 120	61.1	68 477r	59.5	75 105	56.1	79 643	51.6
Heroin and other opioids	2 714	2.9	2 463	2.4	2 771	2.5	3 227	2.4	2 975	1.9
Cocaine	995	1.1	1 282	1.3	1 466	1.3	2 092	1.6	2 592	1.7
Steroids	511	0.5	661	0.6	936	0.8	1 210	0.9	1 297	0.8
Hallucinogens	484	0.5	565	0.6	704	0.6	734	0.5	915	0.6
Other and unknown nec	10 605	11.4	12 469	12.3	13 219	11.8	16 090	12.0	19 491	12.6
Total	**93 148**	**100**	**101 749**	**100**	**113 842r**	**100**	**133 926**	**100**	**154 538**	**100**

Note: Includes arrests where consumer/provider information was not recorded.

a. Cannabis Intervention Requirement data was not available in 2013–14. The related data was provided in 2014–15, with the cannabis figures for 2013–14 revised accordingly.

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).

SEIZURE TABLES

TABLE 51: Seizures: drug type, by state and territory, 2015–16

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Amphetamine-type stimulants									
State police									
Seizures (no.)	11 441	2 296	8 195	1 148	10 493	673	496	536	35 278
Weight (gms)	499 082	3 851 695[a]	51 216	18 489	209 179	4 797	5 467	2 568	4 642 493
AFP									
Seizures (no.)	2 308	1 142	99	18	147	6	11	5	3 736
Weight (gms)	2 988 412	1 044 341	96 385	63 727	357 547	12	25 364	12	4 575 800
Cannabis									
State police									
Seizures (no.)	18 671	3 923	18 358	456	14 517	1 899	2 049	730	60 603
Weight (gms)	1 455 148	1 552 553	798 903	1 114 412	281 919	193 430	236 924	288 965	5 922 254
AFP									
Seizures (no.)	321	200	77	9	78	9	28	9	731
Weight (gms)	87 370	43 682	18 827	1 697	2 104	2 052	3 565	28	159 325
Heroin									
State police									
Seizures (no.)	881	319	218	48	377	4	1	49	1 897
Weight (gms)	12 911	3 000	2 636	345	4 179	13	<1	432	23 516
AFP									
Seizures (no.)	111	62	1	2	8	0	0	0	184
Weight (gms)	82 835	112 196	<1	51	2 147	0	0	0	197 229
Other opioids									
State police									
Seizures (no.)	66	0	13	0	4	53	0	79	215
Weight (gms)	1 064	0	350	0	9	1 275	0	6 391	9 089
AFP									
Seizures (no.)	82	18	8	0	5	0	0	0	113
Weight (gms)	24 901	17 780	1 650	0	5 199	0	0	0	49 530

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.
a. The majority of the weight of ATS seized in Victoria in 2015–16 relates to a small number of significant MDMA seizures.

TABLE 51 (continued): Seizures: drug type, by state and territory, 2015–16

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Cocaine									
State police									
Seizures (no.)	1 699	141	292	21	197	12	15	68	2 445
Weight (gms)	30 038	2 137	3 575	1 341	4 362	30	71	321	41 875
AFP									
Seizures (no.)	1 017	408	44	1	33	0	3	0	1 506
Weight (gms)	483 651	56 918	129 024	<1	9 843	0	387	0	679 823
Steroids									
State police									
Seizures (no.)	168	0	53	0	26	4	13	73	337
Weight (gms)	6 672	0	752	0	985	1	449	1 495	10 354
AFP									
Seizures (no.)	118	20	4	0	23	0	7	0	172
Weight (gms)	56 820	624	320	0	591	0	126	0	58 481
Hallucinogens									
State police									
Seizures (no.)	115	24	29	0	57	3	10	4	242
Weight (gms)	234	281	378	0	1 262	56	25	<1	2 236
AFP									
Seizures (no.)	129	59	15	0	17	0	0	1	221
Weight (gms)	16 052	19 635	33 482	0	2 387	0	0	<1	71 556
Other and unknown drugs nec									
State police									
Seizures (no.)	2 577	462	846	24	1 752	171	141	64	6 037
Weight (gms)	321 014	81 774	30 309	125 450	38 257	3 578	159 055	800	760 237
AFP									
Seizures (no.)	787	744	95	16	58	0	3	1	1 704
Weight (gms)	1 270 359	1 948 200	59 376	34 718	501 169	0	2 515	<1	3 816 337

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 52: Amphetamine purity levels: state and territory, by quarter, 2015–16

State/territory	July–September 2015				October–December 2015				January–March 2016				April–June 2016				Total July 2015–June 2016			
		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	2	5.7	5.5	6.0	1	5.0	5.0	5.0	3	8.5	1.5	26.5	–	–	–	–	6	5.7	1.5	26.5
Total	2	5.7	5.5	6.0	1	5.0	5.0	5.0	3	8.5	1.5	26.5	–	–	–	–	6	5.7	1.5	26.5
AFP																				
<=2 gms	–	–	–	–	1	1.8	1.8	1.8	–	–	–	–	–	–	–	–	1	1.8	1.8	1.8
>2 gms	–	–	–	–	1	23.5	23.5	23.5	–	–	–	–	2	7.6	1.7	13.6	3	13.6	1.7	23.5
Total	–	–	–	–	2	12.6	12.6	12.6	–	–	–	–	2	7.6	1.7	13.6	4	7.7	1.7	23.5
Vic																				
State police																				
<=2 gms	4	16.6	15.3	34.0	8	5.2	0.5	28.2	5	12.8	7.8	68.0	2	18.4	13.6	23.3	19	13.3	0.5	68.0
>2 gms	5	16.8	5.3	76.0	2	43.8	6.4	81.3	2	44.4	27.4	61.4	1	3.9	3.9	3.9	10	22.1	3.9	81.3
Total	9	16.8	5.3	76.0	10	6.2	0.5	81.3	7	18.9	7.8	68.0	3	13.6	3.9	23.3	29	15.3	0.5	81.3
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	2	16.1	16.1	16.1	–	–	–	–	2	16.1	16.1	16.1
>2 gms	1	24.6	24.6	24.6	1	16.9	16.9	16.9	2	31.8	1.7	62.0	–	–	–	–	4	20.7	1.7	62.0
Total	1	24.6	24.6	24.6	1	16.9	16.9	16.9	4	16.1	1.7	62.0	–	–	–	–	6	16.5	1.7	62.0
Qld																				
State police																				
<=2 gms	5	1.2	0.3	1.5	1	1.0	1.0	1.0	2	0.7	0.7	0.8	–	–	–	–	8	1.1	0.3	1.5
>2 gms	11	1.8	1.5	34.6	1	8.3	8.3	8.3	8	22.8	0.7	66.1	–	–	–	–	20	5.1	0.7	66.1
Total	16	1.7	0.3	34.6	2	4.6	1.0	8.3	10	22.1	0.7	66.1	–	–	–	–	28	1.8	0.3	66.1
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	1	80.6	80.6	80.6	1	80.6	80.6	80.6
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	1	80.6	80.6	80.6	1	80.6	80.6	80.6
SA																				
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 52 (continued): Amphetamine purity levels: state and territory, by quarter, 2015–16

	July–September 2015				October–December 2015				January–March 2016				April–June 2016				Total July 2015–June 2016			
		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	–	–	–	–	10	72.0	68.0	73.0	–	–	–	–	–	–	–	–	10	72.0	68.0	73.0
>2 gms	1	7.0	7.0	7.0	6	71.0	71.0	74.0	–	–	–	–	1	5.0	5.0	5.0	8	71.0	5.0	74.0
Total	1	7.0	7.0	7.0	16	71.5	68.0	74.0	–	–	–	–	1	5.0	5.0	5.0	18	71.0	5.0	74.0
AFP																				
<=2 gms	–	–	–	–	3	8.1	7.2	12.8	–	–	–	–	–	–	–	–	3	8.1	7.2	12.8
>2 gms	1	47.2	47.2	47.2	–	–	–	–	–	–	–	–	–	–	–	–	1	47.2	47.2	47.2
Total	1	47.2	47.2	47.2	3	8.1	7.2	12.8	–	–	–	–	–	–	–	–	4	10.4	7.2	47.2
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	1	12.4	12.4	12.4	–	–	–	–	–	–	–	–	–	–	–	–	1	12.4	12.4	12.4
>2 gms	–	–	–	–	–	–	–	–	1	1.7	1.7	1.7	–	–	–	–	1	1.7	1.7	1.7
Total	1	12.4	12.4	12.4	–	–	–	–	1	1.7	1.7	1.7	–	–	–	–	2	7.0	1.7	12.4
ACT																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	76.8	76.8	76.8	–	–	–	–	–	–	–	–	–	–	–	–	1	76.8	76.8	76.8
Total	1	76.8	76.8	76.8	–	–	–	–	–	–	–	–	–	–	–	–	1	76.8	76.8	76.8
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

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

TABLE 53: Methylamphetamine purity levels: state and territory, by quarter, 2015–16

	July–September 2015				October–December 2015				January–March 2016				April–June 2016				Total July 2015–June 2016			
		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	71	78.0	3.5	81.0	88	78.5	1.5	82.5	85	78.0	11.5	83.0	26	77.2	10.5	80.5	270	78.0	1.5	83.0
>2 gms	264	78.5	1.0	81.5	225	78.0	1.0	82.5	199	77.5	1.0	81.5	186	78.0	1.0	82.0	874	78.0	1.0	82.5
Total	335	78.5	1.0	81.5	313	78.0	1.0	82.5	284	77.5	1.0	83.0	212	78.0	1.0	82.0	1 144	78.0	1.0	83.0
AFP																				
<=2 gms	2	80.2	79.8	80.6	3	81.0	79.2	81.0	6	80.2	79.8	81.0	3	79.5	76.7	79.7	14	80.1	76.7	81.0
>2 gms	21	79.4	22.7	81.6	24	79.8	11.9	81.0	26	79.6	15.1	80.5	35	79.8	56.6	80.7	106	79.6	11.9	81.6
Total	23	79.6	22.7	81.6	27	80.0	11.9	81.0	32	79.7	15.1	81.0	38	79.6	56.6	80.7	120	79.7	11.9	81.6
Vic																				
State police																				
<=2 gms	970	83.5	0.5	94.3	696	83.5	0.2	93.4	401	83.6	0.3	99.6	230	82.9	0.7	92.7	2 297	83.5	0.2	99.6
>2 gms	188	82.5	0.3	90.1	196	83.0	0.0	90.7	150	83.7	0.2	91.2	120	82.3	0.2	90.2	654	83.0	0.0	91.2
Total	1 158	83.4	0.3	94.3	892	83.4	0.0	93.4	551	83.6	0.2	99.6	350	82.6	0.2	92.7	2 951	83.4	0.0	99.6
AFP																				
<=2 gms	3	78.5	26.2	80.4	1	79.1	79.1	79.1	1	80.3	80.3	80.3	1	79.9	79.9	79.9	6	79.5	26.2	80.4
>2 gms	31	79.6	10.6	80.5	17	79.8	0.2	80.4	11	79.2	15.7	80.3	12	79.9	11.0	80.3	71	79.6	0.2	80.5
Total	34	79.6	10.6	80.5	18	79.5	0.2	80.4	12	79.3	15.7	80.3	13	79.9	11.0	80.3	77	79.6	0.2	80.5
Qld																				
State police																				
<=2 gms	497	73.8	0.4	80.3	452	72.7	0.3	77.6	495	73.9	0.4	79.6	259	73.8	1.2	78.1	1 703	73.7	0.3	80.3
>2 gms	394	73.1	0.1	78.2	698	73.6	0.1	77.4	426	73.6	0.1	77.9	208	73.4	0.3	77.5	1 426	73.4	0.1	78.2
Total	891	73.5	0.1	80.3	850	73.3	0.1	77.6	921	73.8	0.1	79.6	467	73.6	0.3	78.1	3 129	73.5	0.1	80.3
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	1	79.9	79.9	79.9	1	79.9	79.9	79.9
>2 gms	1	79.2	79.2	79.2	3	79.8	79.2	80.3	5	78.8	70.7	80.3	9	79.5	39.1	80.3	18	79.3	39.1	80.3
Total	1	79.2	79.2	79.2	3	79.8	79.2	80.3	5	78.8	70.7	80.3	10	79.7	39.1	80.3	19	79.5	39.1	80.3
SA																				
State police																				
<=2 gms	26	78.6	0.4	80.2	9	79.4	55.2	80.2	4	74.5	70.9	79.6	4	37.0	21.1	44.6	43	78.1	0.4	80.2
>2 gms	134	78.5	0.2	80.4	93	78.9	0.3	81.2	117	78.3	0.1	81.1	24	75.3	0.5	79.5	368	78.5	0.1	81.2
Total	160	78.5	0.2	80.4	102	78.9	0.3	81.2	121	78.2	0.1	81.1	28	73.7	0.5	79.5	411	78.5	0.1	81.2
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	3	80.3	80.3	80.3	–	–	–	–	1	79.9	79.9	79.9	4	80.3	79.9	80.3
Total	–	–	–	–	3	80.3	80.3	80.3	–	–	–	–	1	79.9	79.9	79.9	4	80.3	79.9	80.3

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 53 (continued): Methylamphetamine purity levels: state and territory, by quarter, 2015–16

	July–September 2015				October–December 2015				January–March 2016				April–June 2016				Total July 2015–June 2016			
		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	64	77.5	0.2	88.0	41	75.0	46.0	82.0	42	79.0	1.0	86.0	23	81.0	64.0	85.0	170	78.0	0.2	88.0
>2 gms	626	79.0	0.1	93.0	307	78.0	0.4	87.0	311	81.0	0.1	91.0	235	81.0	0.1	91.0	1 479	79.0	0.1	93.0
Total	690	79.0	0.1	93.0	348	78.0	0.4	87.0	353	81.0	0.1	91.0	258	81.0	0.1	91.0	1 649	79.0	0.1	93.0
AFP																				
<=2 gms	–	–	–	–	1	80.3	80.3	80.3	1	35.5	35.5	35.5	1	78.0	78.0	78.0	3	78.0	35.5	80.3
>2 gms	9	78.1	25.8	80.5	2	79.9	79.9	80.0	6	72.3	41.3	80.3	5	79.2	14.5	80.1	22	79.2	14.5	80.5
Total	9	78.1	25.8	80.5	3	80.0	79.9	80.3	7	65.0	35.5	80.3	6	78.6	14.5	80.1	25	79.2	14.5	80.5
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	74.8	74.8	74.8	–	–	–	–	–	–	–	–	–	–	–	–	1	74.8	74.8	74.8
Total	1	74.8	74.8	74.8	–	–	–	–	–	–	–	–	–	–	–	–	1	74.8	74.8	74.8
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	1	80.1	80.1	80.1	–	–	–	–	–	–	–	–	–	–	–	–	1	80.1	80.1	80.1
>2 gms	–	–	–	–	1	78.5	78.5	78.5	1	80.3	80.3	80.3	–	–	–	–	2	79.4	78.5	80.3
Total	1	80.1	80.1	80.1	1	78.5	78.5	78.5	1	80.3	80.3	80.3	–	–	–	–	3	80.1	78.5	80.3
ACT																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	7	78.6	71.2	81.9	10	77.4	11.9	83.4	6	73.8	<0.1	79.7	4	75.9	11.0	79.5	27	78.1	<0.1	83.4
Total	7	78.6	71.2	81.9	10	77.4	11.9	83.4	6	73.8	<0.1	79.7	4	75.9	11.0	79.5	27	78.1	<0.1	83.4
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	74.2	74.2	74.2	–	–	–	–	–	–	–	–	–	–	–	–	1	74.2	74.2	74.2
Total	1	74.2	74.2	74.2	–	–	–	–	–	–	–	–	–	–	–	–	1	74.2	74.2	74.2

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 54: Phenethylamine purity levels: state and territory, by quarter, 2015–16

	July–September 2015				October–December 2015				January–March 2016				April–June 2016				Total July 2015–June 2016			
		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	65	54.5	1.0	79.0	104	72.2	2.0	78.5	105	74.5	3.5	78.0	62	70.0	1.0	79.5	336	71.5	1.0	79.5
>2 gms	117	24.0	1.0	78.5	96	26.5	1.0	77.5	115	49.0	4.5	80.5	78	28.7	1.0	79.5	406	27.0	1.0	80.5
Total	182	27.0	1.0	79.0	200	57.2	1.0	78.5	220	71.7	3.5	80.5	140	66.7	1.0	79.5	742	62.0	1.0	80.5
AFP																				
<=2 gms	–	–	–	–	1	77.4	77.4	77.4	–	–	–	–	3	35.3	31.2	77.3	4	56.3	31.2	77.4
>2 gms	2	62.2	45.3	79.1	4	77.3	63.7	77.9	8	34.8	0.2	49.3	13	51.6	16.9	78.3	27	45.3	0.2	79.1
Total	2	62.2	45.3	79.1	5	77.4	63.7	77.9	8	34.8	0.2	49.3	16	44.3	16.9	78.3	31	45.3	0.2	79.1
Vic																				
State police																				
<=2 gms	245	22.3	0.9	88.0	269	25.3	1.4	86.3	209	23.5	0.6	91.1	104	24.5	2.5	87.6	827	24.0	0.6	91.1
>2 gms	61	19.0	3.9	72.9	131	20.8	10.2	82.2	135	18.6	0.9	82.6	773	16.8	0.4	79.4	400	19.6	0.4	82.6
Total	306	21.0	0.9	88.0	400	24.1	1.4	86.3	344	20.9	0.6	91.1	177	20.8	0.4	87.6	1 227	22.4	0.4	91.1
AFP																				
<=2 gms	2	25.5	1.3	49.8	–	–	–	–	–	–	–	–	–	–	–	–	2	25.5	1.3	49.8
>2 gms	6	49.8	23.2	76.8	9	76.1	41.4	78.7	3	19.7	19.7	78.2	1	54.4	54.4	54.4	19	70.4	19.7	78.7
Total	8	49.8	1.3	76.8	9	76.1	41.4	78.7	3	19.7	19.7	78.2	1	54.4	54.4	54.4	21	59.5	1.3	78.7
Qld																				
State police																				
<=2 gms	50	14.0	0.3	70.4	106	15.9	5.5	73.0	150	21.0	0.5	72.7	66	69.5	1.2	71.5	372	19.0	0.3	73.0
>2 gms	90	14.2	0.1	71.3	150	14.2	1.5	71.4	155	17.7	1.7	70.9	55	19.3	1.1	71.2	450	16.1	0.1	71.4
Total	140	14.2	0.1	71.3	256	14.3	1.5	73.0	305	17.8	0.5	72.7	121	54.2	1.1	71.5	822	17.3	0.1	73.0
AFP																				
<=2 gms	–	–	–	–	2	16.7	10.9	22.6	–	–	–	–	1	67.0	67.0	67.0	3	22.6	10.9	67.0
>2 gms	5	75.1	10.8	78.1	1	74.6	74.6	74.6	–	–	–	–	3	75.8	45.1	77.3	9	75.1	10.8	78.1
Total	5	75.1	10.8	78.1	3	22.6	10.9	74.6	–	–	–	–	4	71.4	45.1	77.3	12	70.8	10.8	78.1
SA																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	32	18.5	3.2	77.5	36	20.1	3.2	76.7	21	20.0	0.7	77.3	1	0.2	0.2	0.2	90	19.8	0.2	77.5
Total	32	18.5	3.2	77.5	36	20.1	3.2	76.7	21	20.0	0.7	77.3	1	0.2	0.2	0.2	90	19.8	0.2	77.5
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	17.4	17.4	17.4	–	–	–	–	–	–	–	–	–	–	–	–	1	17.4	17.4	17.4
Total	1	17.4	17.4	17.4	–	–	–	–	–	–	–	–	–	–	–	–	1	17.4	17.4	17.4

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 54 (continued): Phenethylamine purity levels: state and territory, by quarter, 2015–16

	July–September 2015				October–December 2015				January–March 2016				April–June 2016				Total July 2015–June 2016			
		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	9	22.0	12.0	25.0	9	20.0	15.0	32.0	7	29.0	13.0	87.0	12	20.0	13.0	29.0	37	21.0	12.0	87.0
>2 gms	55	16.0	6.0	87.0	66	21.0	10.0	88.0	59	23.0	0.4	93.0	157	19.0	10.0	92.0	337	20.0	0.4	93.0
Total	64	16.5	6.0	87.0	75	21.0	10.0	88.0	66	23.0	0.4	93.0	169	19.0	10.0	92.0	374	20.0	0.4	93.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	1	73.8	73.8	73.8	–	–	–	–	1	73.8	73.8	73.8
>2 gms	2	77.4	76.6	78.2	9	76.5	17.4	79.1	1	78.3	78.3	78.3	–	–	–	–	12	77.0	17.4	79.1
Total	2	77.4	76.6	78.2	9	76.5	17.4	79.1	2	76.0	73.8	78.3	–	–	–	–	13	76.6	17.4	79.1
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	2	49.4	24.3	74.6	–	–	–	–	–	–	–	–	2	49.4	24.3	74.6
Total	–	–	–	–	2	49.4	24.3	74.6	–	–	–	–	–	–	–	–	2	49.4	24.3	74.6
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	78.2	78.2	78.2	–	–	–	–	–	–	–	–	–	–	–	–	1	78.2	78.2	78.2
>2 gms	2	30.2	29.4	31.1	–	–	–	–	–	–	–	–	–	–	–	–	2	30.2	29.4	31.1
Total	3	31.1	29.4	78.2	–	–	–	–	–	–	–	–	–	–	–	–	3	31.1	29.4	78.2
ACT																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	2	75.1	68.1	82.2	4	77.6	76.8	78.6	2	66.7	61.4	72.0	–	–	–	–	8	76.9	61.4	82.2
Total	2	75.1	68.1	82.2	4	77.6	76.8	78.6	2	66.7	61.4	72.0	–	–	–	–	8	76.9	61.4	82.2
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	76.2	76.2	76.2	–	–	–	–	–	–	–	–	–	–	–	–	1	76.2	76.2	76.2
Total	1	76.2	76.2	76.2	–	–	–	–	–	–	–	–	–	–	–	–	1	76.2	76.2	76.2

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 55: Heroin purity levels: state and territory, by quarter, 2015–16

State/territory	July–September 2015				October–December 2015				January–March 2016				April–June 2016				Total July 2015–June 2016			
		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	34	49.2	15.5	80.5	10	27.2	25.5	64.5	26	62.0	34.5	74.5	19	50.0	33.0	75.5	89	50.0	15.5	80.5
>2 gms	35	45.0	1.5	78.5	22	54.2	20.0	82.5	17	63.5	16.5	73.5	13	66.0	22.0	76.5	87	62.5	1.5	82.5
Total	69	47.5	1.5	80.5	32	45.5	20.0	82.5	43	63.5	16.5	74.5	32	63.7	22.0	76.5	176	52.0	1.5	82.5
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	1	48.4	48.4	48.4	2	45.4	17.6	73.2	3	48.4	17.6	73.2
>2 gms	1	68.9	68.9	68.9	3	71.0	70.8	72.1	15	73.5	53.0	76.4	2	73.0	71.3	74.8	21	73.0	53.0	76.4
Total	1	68.9	68.9	68.9	3	71.0	70.8	72.1	16	73.4	48.4	76.4	4	72.25	17.6	74.8	24	72.5	17.6	76.4
Vic																				
State police																				
<=2 gms	127	15.4	5.9	81.3	90	15.3	3.0	81.3	56	15.4	2.4	81.6	36	16.6	0.4	83.4	309	15.4	0.4	83.4
>2 gms	49	15.4	5.2	80.7	30	15.2	8.4	80.2	33	37.4	7.6	82.8	22	16.3	0.7	77.9	134	16.0	0.7	82.8
Total	176	15.4	5.2	81.3	120	15.3	3.0	81.3	89	17.0	2.4	82.8	58	16.5	0.4	83.4	443	15.6	0.4	83.4
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	7	66.6	12.7	77.0	5	71.2	13.4	73.8	1	69.3	69.3	69.3	3	69.2	67.0	73.3	16	69.2	12.7	77.0
Total	7	66.6	12.7	77.0	5	71.2	13.4	73.8	1	69.3	69.3	69.3	3	69.2	67.0	73.3	16	69.2	12.7	77.0
Qld																				
State police																				
<=2 gms	8	18.8	6.8	61.3	28	14.7	1.3	58.9	17	21.4	0.6	63.0	20	62.6	0.2	65.2	73	19.5	0.2	65.2
>2 gms	23	58.2	6.0	66.2	23	31.1	8.4	60.0	20	21.7	0.5	67.8	23	21.1	3.3	63.5	89	32.6	0.5	67.8
Total	31	52.1	6.0	66.2	51	17.4	1.3	60.0	37	21.4	0.5	67.8	43	58.3	0.2	65.2	162	21.7	0.2	67.8
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	1	23.2	23.2	23.2	1	23.2	23.2	23.2
Total	–	–	–	–	–	–	–	–	–	–	–	–	1	23.2	23.2	23.2	1	23.2	23.2	23.2
SA																				
State police																				
<=2 gms	19	23.0	14.4	72.5	7	25.3	22.5	26.3	11	29.6	16.0	30.1	–	–	–	–	37	25.3	14.4	72.5
>2 gms	4	25.1	22.2	64.1	1	34.4	34.4	34.4	6	26.4	15.4	30.8	–	–	–	–	11	27.9	15.4	64.1
Total	23	23.0	14.4	72.5	8	25.3	22.5	34.4	17	29.6	15.4	30.8	–	–	–	–	48	25.3	14.4	72.5
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 55 (continued): Heroin purity levels: state and territory, by quarter, 2015–16

	July–September 2015				October–December 2015				January–March 2016				April–June 2016				Total July 2015–June 2016			
		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	15	50.0	14.0	68.0	–	–	–	–	–	–	–	–	–	–	–	–	15	50.0	14.0	68.0
>2 gms	2	26.0	20.0	32.0	5	74.0	36.0	74.0	5	59.0	19.0	76.0	15	76.0	23.0	86.0	27	74.0	19.0	86.0
Total	17	48.0	14.0	68.0	5	74.0	36.0	74.0	5	59.0	19.0	76.0	15	76.0	23.0	86.0	42	58.5	14.0	86.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	2	41.5	40.7	42.3	–	–	–	–	2	41.5	40.7	42.3
>2 gms	–	–	–	–	1	70.6	70.6	70.6	1	32.7	32.7	32.7	–	–	–	–	2	51.6	32.7	70.6
Total	–	–	–	–	1	70.6	70.6	70.6	3	40.7	32.7	42.3	–	–	–	–	4	41.5	32.7	70.6
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 56: Cocaine purity levels: state and territory, by quarter, 2015–16

	July–September 2015				October–December 2015				January–March 2016				April–June 2016				Total July 2015–June 2016			
		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	41	55.5	20.0	77.5	20	52.5	25.0	72.0	10	33.0	12.5	71.0	3	45.0	22.0	63.0	74	53.2	12.5	77.5
>2 gms	68	58.7	23.5	86.5	74	62.2	3.5	91.5	55	39.5	4.5	89.0	39	42.0	10.0	85.0	236	56.2	3.5	91.5
Total	109	57.5	20.0	86.5	94	61.0	3.5	91.5	65	39.0	4.5	89.0	42	43.0	10.0	85.0	310	55.2	3.5	91.5
AFP																				
<=2 gms	4	59.2	20.1	70.6	1	58.9	58.9	58.9	1	68.4	68.4	68.4	8	68.9	42.6	73.1	14	64.8	20.1	73.1
>2 gms	11	68.1	25.8	83.9	13	74.4	64.0	84.3	20	65.2	34.4	84.7	13	67.9	32.9	83.2	57	69.4	25.8	84.7
Total	15	66.9	20.1	83.9	14	74.0	58.9	84.3	21	66.2	34.4	84.7	21	68.2	32.9	83.2	71	68.4	20.1	84.7
Vic																				
State police																				
<=2 gms	53	46.3	6.3	97.2	76	49.8	18.6	100.0	26	39.1	8.0	92.0	14	34.4	2.6	80.2	169	44.9	2.6	100.0
>2 gms	21	58.6	20.0	93.6	45	53.4	12.4	92.9	12	23.0	7.4	63.1	10	42.7	32.7	96.1	88	51.6	7.4	96.1
Total	74	55.7	6.3	97.2	121	50.1	12.4	100.0	38	30.6	7.4	92.0	24	38.0	2.6	96.1	257	47.6	2.6	100.0
AFP																				
<=2 gms	1	35.0	35.0	35.0	2	66.3	63.1	69.6	–	–	–	–	–	–	–	–	3	63.1	35.0	69.6
>2 gms	8	63.2	0.2	75.8	4	69.9	54.4	70.8	1	60.2	60.2	60.2	1	58.7	58.7	58.7	14	63.2	0.2	75.8
Total	9	60.9	0.2	75.8	6	69.5	54.4	70.8	1	60.2	60.2	60.2	1	58.7	58.7	58.7	17	63.1	0.2	75.8
Qld																				
State police																				
<=2 gms	35	37.4	4.2	67.3	41	23.3	0.7	80.6	110	33.1	3.3	76.7	5	49.6	24.9	80.6	191	33.2	0.7	80.6
>2 gms	19	26.7	4.4	78.6	39	30.9	4.6	79.0	42	32.8	8.2	74.4	11	39.2	0.6	79.0	111	33.4	0.6	79.0
Total	54	36.3	4.2	78.6	80	29.5	0.7	80.6	152	33.1	3.3	76.7	16	43.8	0.6	80.6	302	33.2	0.6	80.6
AFP																				
<=2 gms	1	70.6	70.6	70.6	–	–	–	–	–	–	–	–	–	–	–	–	1	70.6	70.6	70.6
>2 gms	3	71.0	68.7	72.3	3	70.3	64.7	72.4	2	76.8	76.5	77.1	8	48.9	38.7	78.7	16	66.7	38.7	78.7
Total	4	70.8	68.7	72.3	3	70.3	64.7	72.4	2	76.8	76.5	77.1	8	48.9	38.7	78.7	17	68.7	38.7	78.7
SA																				
State police																				
<=2 gms	1	50.4	50.4	50.4	1	74.2	74.2	74.2	–	–	–	–	–	–	–	–	2	62.3	50.4	74.2
>2 gms	2	62.2	61.9	62.5	4	59.1	53.3	86.5	–	–	–	–	–	–	–	–	6	62.2	53.3	86.5
Total	3	61.9	50.4	62.5	5	62.5	53.3	86.5	–	–	–	–	–	–	–	–	8	62.2	50.4	86.5
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

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

TABLE 56 (continued): Cocaine purity levels: state and territory, by quarter, 2015–16

	July–September 2015				October–December 2015				January–March 2016				April–June 2016				Total July 2015–June 2016			
		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	11	35.0	33.0	69.0	9	35.0	30.0	58.0	–	–	–	–	–	–	–	–	20	35.0	30.0	69.0
>2 gms	13	85.0	23.0	94.0	8	38.0	24.0	87.0	6	64.5	55.0	69.0	8	43.5	24.0	67.0	35	62.0	23.0	94.0
Total	24	62.5	23.0	94.0	17	36.0	24.0	87.0	6	64.5	55.0	69.0	8	43.5	24.0	67.0	55	54.0	23.0	94.0
AFP																				
<=2 gms	–	–	–	–	2	73.6	68.6	78.6	4	66.2	53.7	75.5	–	–	–	–	6	67.7	53.7	78.6
>2 gms	3	65.1	63.2	66.1	–	–	–	–	2	81.7	79.3	84.1	–	–	–	–	5	66.1	63.2	84.1
Total	3	65.1	63.2	66.1	2	73.6	68.6	78.6	6	71.2	53.7	84.1	–	–	–	–	11	66.9	53.7	84.1
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	–	–	–	–	–	–	–	–	1	76.9	76.9	76.9	–	–	–	–	1	76.9	76.9	76.9
>2 gms	–	–	–	–	–	–	–	–	1	49.0	49.0	49.0	–	–	–	–	1	49.0	49.0	49.0
Total	–	–	–	–	–	–	–	–	2	62.9	49.0	76.9	–	–	–	–	2	62.9	49.0	76.9
ACT																				
State police																				
<=2 gms	2	31.0	31.0	31.0	–	–	–	–	–	–	–	–	–	–	–	–	2	31.0	31.0	31.0
>2 gms	2	23.5	15.0	32.0	1	43.7	43.7	43.7	–	–	–	–	3	47.7	23.2	52.4	6	37.8	15.0	52.4
Total	4	31.0	15.0	32.0	1	43.7	43.7	43.7	–	–	–	–	3	47.7	23.2	52.4	8	31.5	15.0	52.4
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 57: Amphetamine prices by state and territory, 2015–16 ($)

Weight	NSW	Vic	Qld	SA[a]	WA	Tas	NT[b]	ACT
1 street deal (0.1 gram)	na	40–70	na	na	na	na	na	na
0.7 gram	na	na	na	na	na	na	na	na
1 weight gram	na	150–400	na	na	na	na	600–800	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	600–800	na	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	3 500–5 000	na	na	na	na	na	na
1 ounce	na	3 500–5 000	na	na	na	na	na	na
1 pound	na	80 000	na	na	na	na	na	na
1 kilogram	na	100 000–120 000	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 58: MDMA prices by state and territory, 2015–16 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
1 tablet/capsule	20–50	30–40	20–50	20	25	40–50	25–40	25–35
2–24 tablets/capsules (per tab)	15–30	30–40	20–35	20	na	30–40	20–30	na
25–99 tablets/capsules (per tab)	17	25–35	18–20	na	na	na	na	na
100–999 tablets/capsules (per tab)	13–19	18–25	13–20	5–15	na	25–28	na	na
1 000+ tablets/capsules (per tab)	na	12–18	8–18	na	na	15–20	na	na
1 gram	100–400	na	150–300	250	na	na	na	na
8 ball (3.5 grams; i.e. 1/8 ounce)	na	na	600–900	na	na	na	na	na
1/2 ounce	na	na	3 300	na	na	na	na	na
1 kilogram	27 000–50 000	37 000	60 000	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 59: Methylamphetamine prices by state and territory, 2015–16 ($)

Weight	NSW	Vic	Qld	SA[a]	WA	Tas	NT[b]	ACT
Crystal form ('ice')								na
1 street deal (0.1 gram)	20–150	50–100	50–200	50–100	75–100	100	100–150	50–80
0.7 gram	na	na	na	120–300	na	na	na	na
1 weight gram	150–600	470	300–1 000	250–500	500–600	500	900–1 200	na
Half 8 ball (1.75 grams)	na	450–700	na	500–700	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)	600–1 500	800–1 300	750–2 500	800–1 600	1 000–1 700	1 000–1 400	1 500–2 500	900–1 500
1/4 ounce	na	750–1 000	na	na	na	na	na	na
1 vial (1/2 ounce)	na	na	na	3 000–4 200	na	na	na	na
1 ounce (street deal)	3 000–9 000	3 000–4 000	na	na	3 000–4 000	na	na	na
1 ounce	3 000–9 000	3 000–4 000	3 300–15 000	3 500–10 000	5 500–6 000	8 000–10 000	10 000–15 000	3 500–7 000
1 pound	80 000	na	70 000–120 000	15 000–16 000		na	na	
1 kilogram	90 000–150 000	80 000–100 000	90 000–280 000	75 000–120 000	100 000–150 000	na	na	85 000–120 000
Non-crystal form								
Powder/paste/base								
1 street deal (0.1 gram)	na	30–70	50–150	na	na	50	na	na
0.7 gram	na	na	na	na	na	na	na	na
1 weight gram	na	170	180–500	na	na	300	na	na
2 grams	na	na	na	na	na	na	na	na
3 grams	na	na	na	na	na	na	na	na
8 ball (3.5 gram; i.e. 1/8 ounce)	na	500–800	300–1 000	na	na	600–900	na	na
1/4 ounce	na	750–1 500	na	na	na	na	na	na
1 vial (1/2 ounce)	na	1 500–2 500	na	na	na	na	na	na
1 ounce (street deal)	na	3 000–5 000	na	na	na	na	na	na
1 ounce	na	3 000–5 000	4 000–18 000	na	na	4 000–6 000	na	na
1 pound	na	na	45 000–90 000	na	na	na	na	na
1 kilogram	na	80 000–120 000	na	na	na	na	na	na
Meth oil								
1 litre	na	na	140 000	90 000–150 000	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 60: Cannabis prices by state and territory, 2015–16 ($)

Weight	NSW	Vic	Qld	SA[a]	WA	Tas	NT[b]	ACT
Bush								
Leaf								
Deal (1 gram approx.)	na	15	na	na	25–30	na	30	na
1/2 bag (14 grams)	na	na	na	na	na	na	na	na
Ounce bag (28 grams)	na	200	na	na	350–450	na	400–550	na
1 pound	na	na	na	na	na	na	4 500–6 000	na
1 kilogram	na	na	na	na	na	na	na	na
Head								
Deal (1 gram approx.)	10–25	20	15–25	na	na	25	30	na
1/2 bag (14 grams)	na	140	na	na	na	na	na	na
Ounce bag (28 grams)	200–400	324	130–350	na	na	250	400–550	na
1 pound	2 800–3 500	2 700–3 200	2 200–4 000	na	na	2 500–3 000	4 500–6 000	na
1 kilogram	na	na	na	na	na	na	na	na
1 mature plant	1 000–2 000	na	2 200–4 000	na	na	na	na	na
Hydroponic								
Leaf								
Deal (1 gram approx.)	na	na	na	na	na	na	na	na
1/2 bag (14 grams)	na	na	na	na	na	na	na	na
Ounce bag (28 grams)	na	240–300	na	na	na	na	na	na
1 pound	na	1 700	na	na	na	na	na	na
1 kilogram	na	na	na	na	na	na	na	na
Head								
Deal (1 gram approx.)	10–25	20	25–50	25	na	25	na	20
1/2 bag (14 grams)	na	100	na	120	na	150	na	150–170
Ounce bag (28 grams)	200–400	269	300–450	160–300	na	300	na	300
1 pound	2 800–3 500	1 700–2 600	1 800–5 000	2 200–3 500	na	3 000–4 000	na	3 500
1 kilogram	na	5 000–8 000	na	na	na	na	na	na
1 mature plant	2 000–5 000	na	3 200–5 000	na	na	na	na	na
Resin								
Deal (1 gram approx.)	na	na	50	na	na	na	na	na
Oil								
Cap/vial	na	395[c]	25–50	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.
c. The price reported for Victoria reflects the price for 10 millilitres.

TABLE 61: Heroin prices by state and territory, 2015–16 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Half point (0.05 gram)	50–100	na	na	na	na	na	na	50
1 taste/cap (0.1–0.3 gram)	50–250	50	50	50	na	100–300	na	na
1/4 gram	na	na	100	na	150	na	na	80
1/2 weight (0.4–0.6 gram)	100–300	150	200	na	na	na	na	150
1 street weight (0.6–0.8 gram)	na	na	na	na	na	na	na	na
1 gram	200–550	400	300–700	500	550–600	500	na	na
8 ball (3.5 grams; i.e. 1/8 ounce)	800–1 200	1 700	800–1 300	na	na	na	na	na
10 gram bag	na	na	na	na	na	na	na	na
1/2 ounce	na	5 000–8 000	na	na	na	na	na	na
1 ounce	6 500–12 000	8 500–16 000	5 000–9 000	5 500	na	na	na	6 500–6 800
1/2 Asian catti (350 grams)	na	150 000	70 000–120 000	125 000	na	na	na	na
12.5 ounce block	na	130 000	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	300 000–400 000	na	na	na	na	na	na

TABLE 62: Cocaine prices by state and territory, 2015–16 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
1 cap	50–80	na	na	na	50–100	na	na	na
1 gram	200–600	300–450	50	400	350	300–500	800–1 000	300–350
8 ball (3.5 grams; i.e. 1/8 ounce)	1 200–1 400	na	na	na	na	na	na	na
1/4 ounce	na	2 000	200–500	na	na	2 000	na	1 500–2 000
1 ounce	5 000–8 500	10 000–14 000	900–1 400	8 000	na	na	na	6 500–8 000
1 pound	na	na	6 000–7 500	na	na	na	na	na
1 kilogram	185 000–240 000	200 000–240 000	200 000–300 000	180 000–260 000	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 63: Other drugs prices by state and territory, 2015–16 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
LSD								
1–9 tabs (ddu[a])	8–50	5–10	10–25	10–15	25	10–20	25–35	na
10–100 tabs (ddu)	20–30	150–2 500[b]	8–15	na	na	na	na	na
101–999 tabs (ddu)	na	1 500–5 000[b]	na	na	4–4.5	na	na	na
1000+ tabs (ddu)	na	2 400[b]	na	na	na	na	na	na
1 x 20 millilitre vial	na	na	800	na	na	na	na	na
Ketamine								
Tablet	na	na	50	na	na	na	na	na
Powder (1 gram)	200–360	50–180	150–180	na	na	na	na	na
Vial (5–10 millilitres)	na	100–200	na	na	na	na	na	na
GHB/GBL/1,4-butanediol								
1–1.5 millilitres	3–7	5–10	4–8	2–12	na	na	na	na
4–5 millilitres (fish)	20–30	20–30	20	na	na	na	na	na
10–15 millilitres	50–80	na	na	na	na	na	na	na
50 millilitres	na	na	250	na	na	na	na	na
100 millilitres	na	na	100–200	na	na	na	na	na
Bulk								
1 litre	2 000–5 000	1 000–1 500	1 000–3 000	2 000–3 500	na	na	na	na
25 litres	na	20 000	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	1	na	na	na	na	1
Per tablet	na	na	25	na	na	na	na	na
OxyContin (per tablet)	10–80	na	10–20	na	na	na	na	na
OxyContin (60 milligram tablet)	na	na	20–40	na	na	60	na	na
OxyContin (80 milligram tablet)	na	na	na	na	na	na	na	na
OxyContin (100 milligram tablet)	na	na	30–150	na	na	100	na	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	1	na	na	1	na	na
Per tablet	na	na	30	na	55	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	100–150	na
Kapanol (per tablet)	na	na	15–70	na	na	na	na	na
Buprenorphine (2 milligram tablet)	na	na	10–30	na	na	na	na	na
Buprenorphine (8 milligram tablet)	na	na	20–50	na	na	na	na	na
Fentanyl (1 microgram tablet)	na	na	na	na	na	na	na	na
Fentanyl (1 x 100 microgram patch)	50–400	na	100	na	na	na	na	na
Morphine (per tablet)	na	na	na	na	na	na	na	na
Psilocybin								
1 gram	na	na	na	na	na	na	na	na

a. Discrete dosage units (ddu).

b. This price reflects the total price paid for the nominated quantity, not the individual tab price.

TABLE 63 (continued): Other drugs prices by state and territory, 2015–16 ($)

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	na	na	na	na	na
Bromazepam (per tablet)	na	na	25	na	na	na	na	na
Clonazepam (per tablet)	na	na	25	na	na	na	na	na
Flunitrazepam (per tablet)	na	na	25	na	na	na	na	na
Nitrazepan (per tablet)	na	na	25	na	na	na	na	na
Diazepam (per tablet)	na	na	25	na	na	na	na	na
Oxazepam (per tablet)	na	na	25	na	na	na	na	na
Temazepam (per tablet)	na	na	25	na	na	na	na	20
Xanax (1 tablet)	5–50	na	25	na	na	na	na	na
Xanax (10 tablets)	na	na	250	na	na	na	na	na
Xanax (50 tablets)	na	na	1 250	na	na	na	na	na
Precursors								
Ephedrine								
1 kilogram	na	30 000–40 000	25 000–60 000	na	na	na	na	na
Pseudoephedrine								
Box	na	50–250	50–250	na	50–100	50	150	na
Per milligram	na	na	na	na	na	na	na	na
100 x boxes	na	na	na	na	na	na	na	na
Ounce	na	na	na	na	na	na	na	na
1 kilogram (pure)	na	30 000–80 000	25 000–60 000	na	na	na	na	na
Hypophosphorous acid								
50 millilitres	na	na	na	na	na	na	na	na
1 litre	na	1 200–3 000	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	300–700	300–1 000	na	na	na	na	na
Analogues								
4MMC per tablet/capsule	na	na	na	na	na	30	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
Point	na	na	na	na	na	na	na	na
Milligram	na	na	na	na	na	na	na	na
Ounce	na	na	na	na	na	na	na	na
N-Benzylpiperazine (BZP)								
1 tablet	na	na	20–50	na	na	na	na	na

TABLE 63 (continued): Other drugs prices by state and territory, 2015–16 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Synthetic cannabinoids								
1.5 grams	na	20	20–35	na	na	na	na	na
3 grams	na	30–50	50–95	na	na	65	na	na
7 grams	na	na	100–140	na	na	na	na	na
14 grams	na	200–250	150–240	na	na	na	na	na
Ounce	na	na	400	na	na	na	na	na
Other								
Methadone 30 millilitres	na	na	na	na	na	na	na	na
Sildenafil (per tablet)	na	na	15	na	na	na	na	na
Dimethyltryptamine (DMT) per milligram	na	na	na	na	na	na	na	na
Performance and Image Enhancing Drugs								
Testosterone enanthate 200 milligrams								
1 x 10 millilitre vial	na	250	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	8 000	na	na	na	na	na
Deca-durabolin 200 milligrams								
1 x 10 millilitre vial	na	230	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	90	200	na	na	150–250	100–150	na
10 x 10 millilitre vial	na	na	1 800	na	na	na	na	na
Testosterone propionate 100mg								
1 x 10 millilitre vial	na	90	200	na	na	150–250	100–150	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	160	160	na	na	na	na	na

NOTES