



# ILLICIT DRUG DATA REPORT 2009–10



AUSTRALIAN CRIME COMMISSION

**Correspondence should be addressed to:**

Chief Executive Officer  
Australian Crime Commission  
PO Box 1936 Canberra City  
ACT 2601

**Telephone:**

02 6243 6666 (from within Australia)  
61 2 6243 6666 (international)

**Facsimile:**

02 6243 6687 (from within Australia)  
61 2 6243 6687 (international)

**Published June 2011**

The data contained in this report is produced by the Australian Crime Commission (ACC) with the endorsement of the eight police commissioners in Australia and the ACC Board.

© Commonwealth of Australia 2011.

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without written permission from the Chief Executive Officer, Australian Crime Commission.

ISSN 1327-9068

# FOREWORD

Organised crime groups continue to make most of their money from the trade in illicit drugs and they see the Australian market as a lucrative one.

So to drive them out of the market, we too must have a solid understanding of how the drug economy operates—the variables of product, pricing, promotion and methods of distribution along with the effects of technology, competition and the social and cultural environment.

The *Illicit Drug Data Report* (IDDR) 2009–10 serves as a market spotlight, illuminating the national picture of Australia's illicit drug environment.

The report is designed to provide policy makers, resource planners, academia and law enforcement officials with a focused discussion of key drug issues and developments facing Australia.

Identifying common elements, trends and streamlining the data collection process with the help of our state, territory and Commonwealth colleagues are practical ways in which organised crime's illicit drug activity can be better anticipated, investigated and prevented.

Commencing in 2008–09, we allocated a chapter in the IDDR specifically for clandestine illicit drug-making laboratories because of a growing trend in national detections. In 2009–10 694 clandestine laboratories were detected, this represents a 245 per cent increase from 2000–01.

With 71 per cent of these detected in residential areas, clandestine laboratories and their volatile and toxic chemical mix continue to be a potentially major hazard for innocent members of the community and for the environment.

Cannabis continues to be the predominant illicit drug seized in Australia in the last decade, with 44 736



seizures nationally in 2009–10. Cannabis accounted for 70 per cent of the total number and 76 per cent of the total weight of national illicit drug seizures in 2009–10.

In this report the number of national illicit drug arrests is the highest reported in the last decade with more than 85 000 people arrested for illicit drug offences. National arrests for cocaine are also the highest on record.

This report also highlights the increase in the number and variety of drug analogues in the market which can be frequently perceived by users, often wrongly, as less harmful than illicit drugs. The speed of the evolving analogue market presents unique challenges for decision makers and law enforcement agencies.

Vigilance will continue to be the key not only to successful law enforcement action on the ground, but to strengthening our knowledge of organised crime's involvement in the illicit drug market.

Now in its 8th edition, the *Illicit Drug Data Report* will continue to inform critical decision making, set priorities and allocate resources to enhance our national response to the trade in illicit drugs.

John Lawler APM  
Chief Executive Officer  
Australian Crime Commission

# EXECUTIVE SUMMARY

The Australian Crime Commission (ACC) *Illicit Drug Data Report 2009–10* provides a snapshot of the Australian illicit drug market. The report brings together illicit drug data from a variety of sources including law enforcement, health and academia. The *Illicit Drug Data Report* is the only report of its type in Australia and provides the important evidence base to assist decision-makers in the development of strategies to combat the threat posed by illicit drugs.

The Australian illicit drug market continues to be dominated by cannabis, accounting for over two-thirds of arrests and seizures in 2009–10. Other prominent drug types for arrests and seizures during this reporting period were amphetamine-type stimulants (ATS) and 'other and unknown'<sup>1</sup>.

Illicit drug related arrests increased marginally in 2009–10 to 85 252, the highest number in the last decade. Drug types that recorded the most substantial increase in arrests over the last decade are cocaine and amphetamine-type stimulants (ATS), increasing by 91 per cent and 58 per cent respectively.

Over 7.8 tonnes of illicit drugs were seized nationally in 2009–10, representing a 41 per cent decrease compared with 2008–09. However, the 63 670 national illicit drug seizures in 2009–10 is the second highest reported in the last decade.

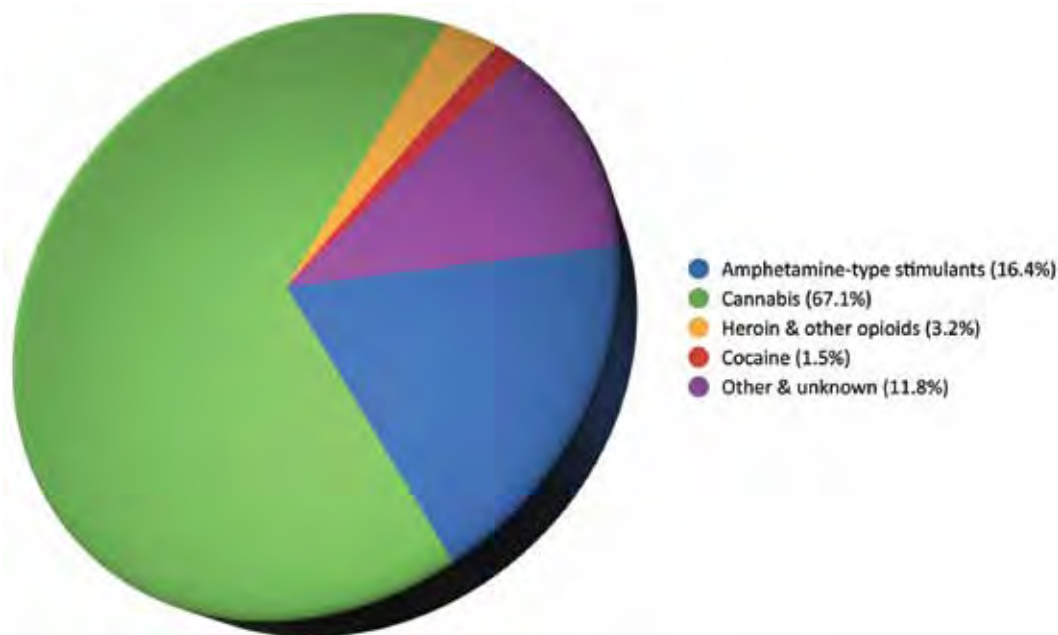
## KEY FINDINGS FROM THE *ILLICIT DRUG DATA REPORT 2009–10*:

- National illicit drug arrests are the highest reported in the last decade.
- Cannabis remains the dominant illicit drug in Australia in terms of arrests, seizures and use.
- Cannabis was the only illicit drug type to report an increase in seizure weight in 2009–10, increasing by 8 per cent compared with 2008–09.
- ATS was the only drug type to report a decrease in the number of arrests compared with 2008–09, decreasing by 15 per cent.
- Despite increases in the number of cocaine seizures and arrests, the weight of seizures decreased by one-third compared with 2008–09.
- While profiling data indicates the continued prominence of Colombia as a source country for cocaine seized at the Australian border, results from the first 6 months of 2010 indicate an increase in the proportion of cocaine sourced from Peru.
- Profiling of heroin seizures at the Australian border indicate that South-West Asia accounted for the greatest proportion of bulk weight analysed, while South-East Asia accounted for the greatest number of analysed seizures.
- The number of national steroid seizures has continued to increase and is currently the highest on record.
- A record 694 clandestine laboratories were detected. However, the scale of activity at these laboratories is unclear.

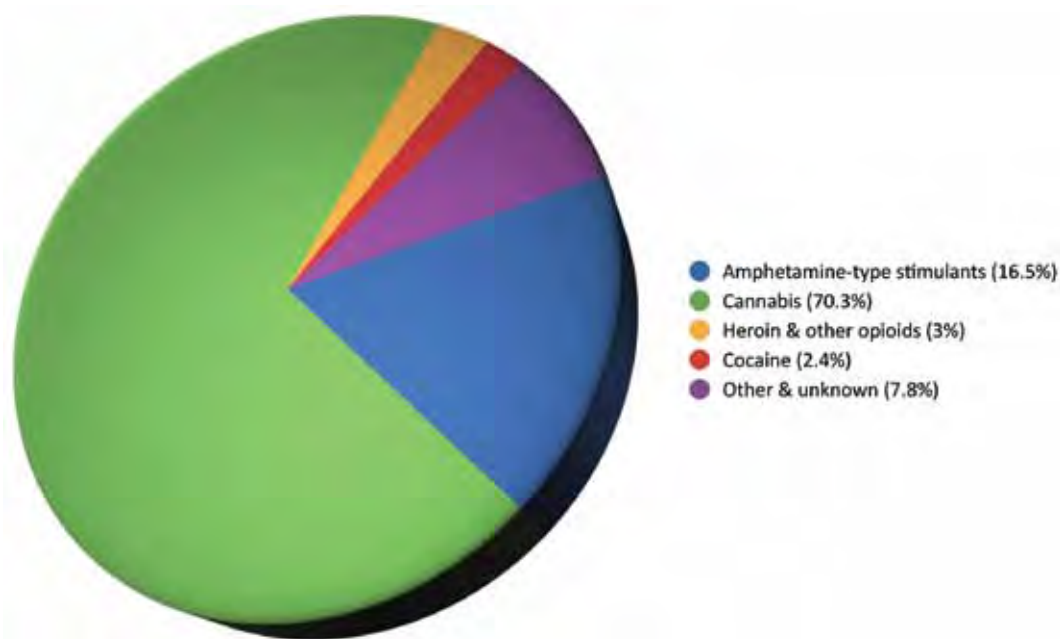
<sup>1</sup> 'Other and unknown' drugs include anabolic agents and other selected hormones, tryptamines, anaesthetics, pharmaceuticals and drugs not elsewhere classified.

The following charts provide an overview of the Australian illicit drug market in 2009–10

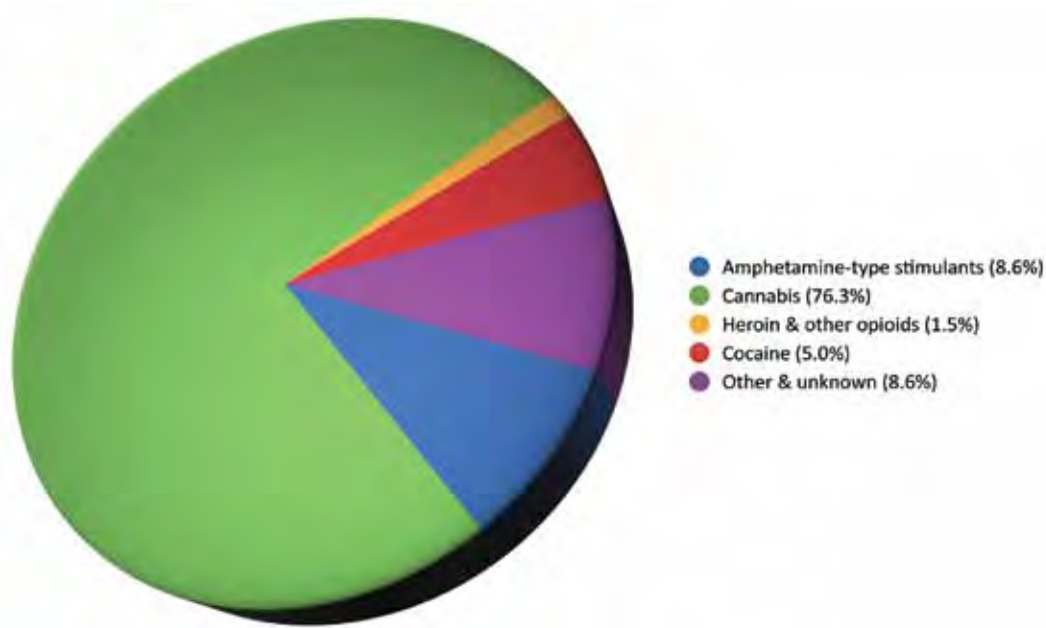
## ARRESTS, 2009–10



## SEIZURES BY NUMBER, 2009–10

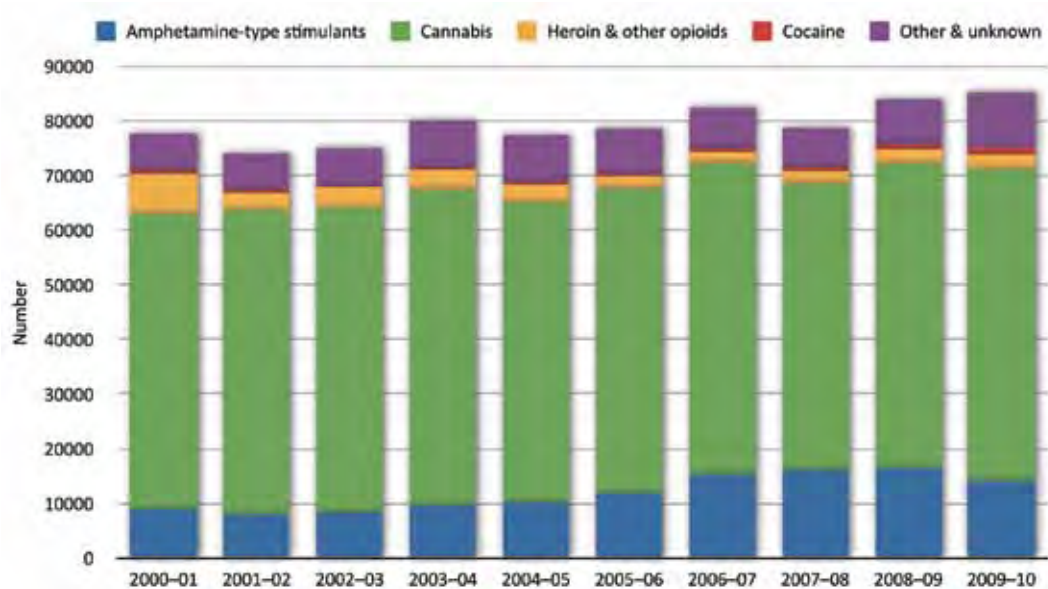


## SEIZURES BY WEIGHT, 2009–10



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

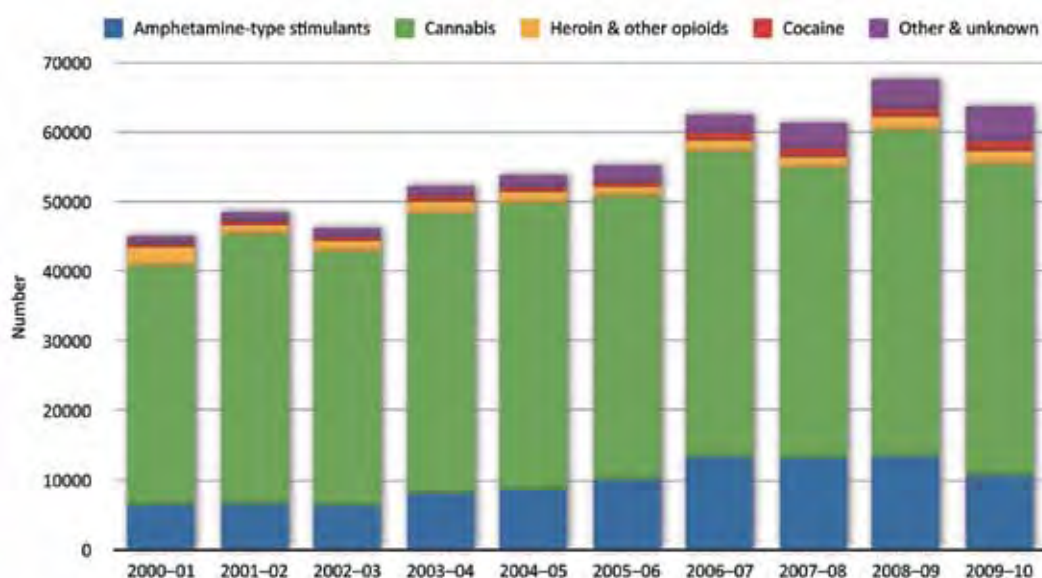
## NATIONAL ILLICIT DRUG ARRESTS , 2000–01 TO 2009–10





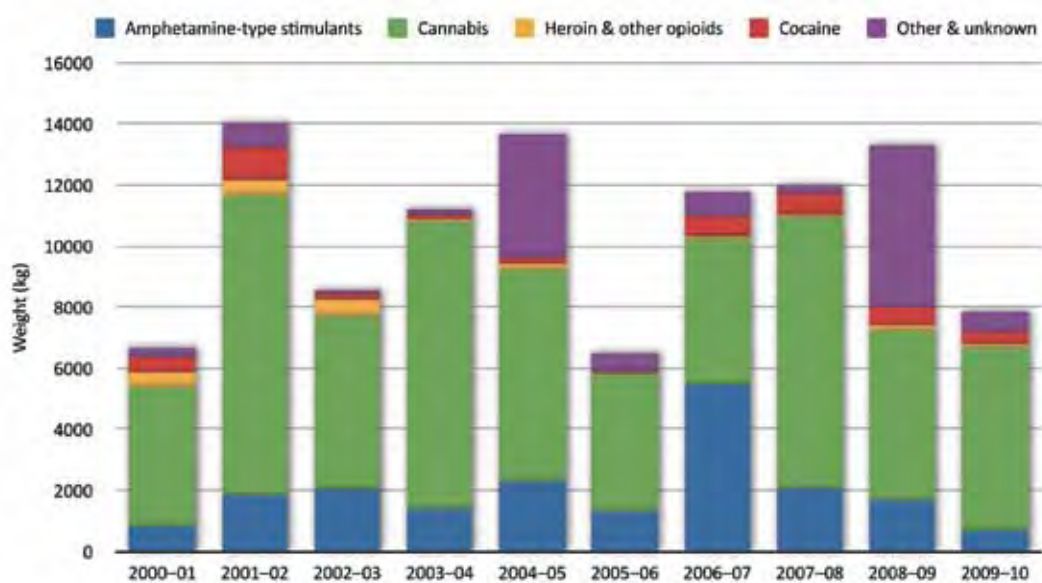
- The number of national illicit drug arrests is the highest in the last decade.
- This reporting period saw the first decrease in the number of ATS arrests since 2001–02.
- The number of cocaine arrests is the highest in the past decade.
- The number of ‘other and unknown’ arrests is the highest in the past decade.

### NATIONAL ILLICIT DRUG SEIZURE NUMBERS, 2000–01 TO 2009–10



- The number of national illicit drug seizures in 2009–10 was the second highest in the last decade.
- Cannabis continues to account for over 70 per cent of the number of national illicit drug seizures.
- Over the last decade, national cocaine and ‘other and unknown’ illicit drug seizures have increased by 225 per cent and 331 per cent respectively.
- The number of national ATS seizures decreased in 2009–10 and is the lowest reported since 2005–06.

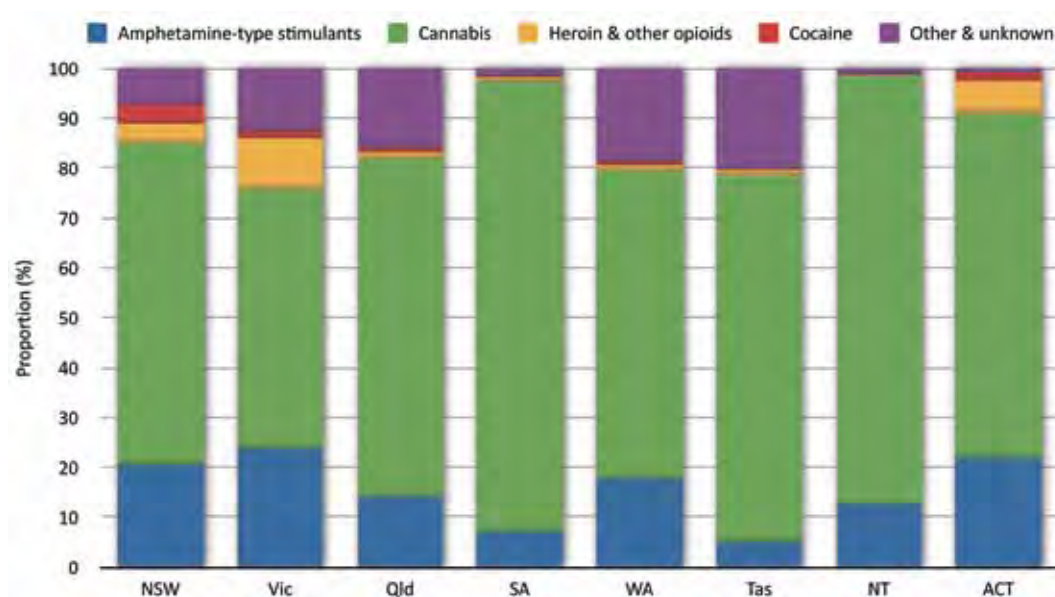
## NATIONAL ILLICIT DRUG SEIZURE WEIGHTS, 2000–01 TO 2009–10



- The weight of national illicit drug seizures has fluctuated over the past decade. This is likely to reflect the effect of unusually large seizures.
- In 2009–10, the national seizure weight of ATS was the lowest reported in the last decade.
- The weight of ‘other and unknown’ illicit drug seizures decreased by 87 per cent in 2009–10 compared with the record high reported in 2008–09.

The following charts breakdown illicit drug arrests and seizures reported in 2009–10 by state and territory and drug type

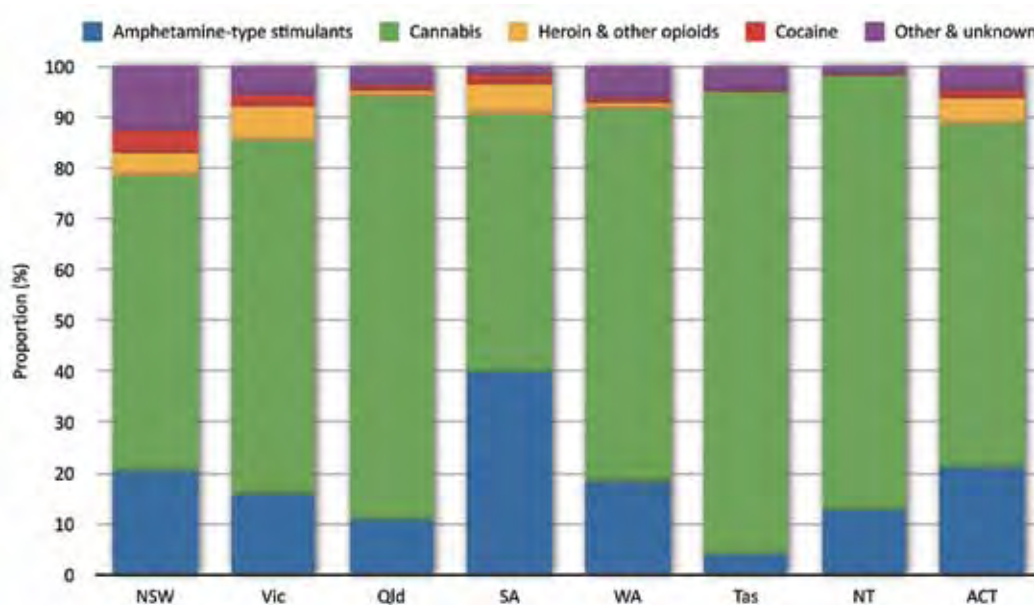
## ILLICIT DRUG ARRESTS BY STATE AND TERRITORY, 2009–10





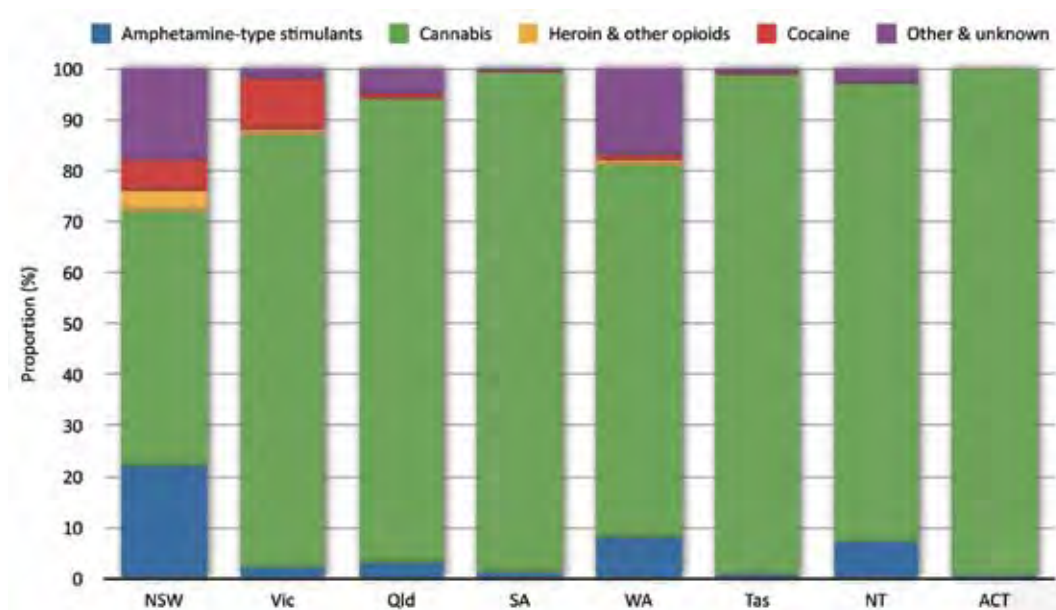
- Over half of illicit drug arrests in all states and territories were related to cannabis.
- Following cannabis, ATS accounted for the greatest proportion of arrests in New South Wales, Victoria, South Australia, Northern Territory and the Australian Capital Territory.
- In Queensland, Western Australia and Tasmania, 'other and unknown' arrests were second only to cannabis.
- In Victoria 10 per cent of all illicit drug arrests were related to heroin and other opioids, the highest proportion reported by any state or territory in 2009–10.
- In New South Wales 3.7 per cent of all illicit drug arrests were related to cocaine, the highest proportion reported by any state or territory in 2009–10.

### ILLICIT DRUG SEIZURE NUMBERS BY STATE AND TERRITORY, 2009–10



- Cannabis accounted for the greatest proportion of illicit drug seizures across all states and territories.
- With the exception of Tasmania, all states and territories reported ATS as the second most seized drug.
- In South Australia 40 per cent of all illicit drug seizures were related to ATS, the highest proportion reported by any state or territory in 2009–10.

## ILLICIT DRUG SEIZURE WEIGHTS BY STATE AND TERRITORY, 2009–10



- Cannabis continued to account for the greatest proportion of illicit drug seizure weight across all states and territories.
- Cannabis accounted for over 90 per cent of the weight of drugs seized in Queensland, South Australia, Tasmania, Northern Territory and the Australian Capital Territory.
- In New South Wales 22 per cent of all illicit drug seizures by weight were related to ATS, the highest proportion reported by any state or territory in 2009–10.
- In Victoria 10 per cent of all illicit drug seizures by weight were related to cocaine, the highest proportion reported by any state or territory in 2009–10.



# CONTENTS

FOREWORD	1
EXECUTIVE SUMMARY	2
ACKNOWLEDGEMENTS	12
ABBREVIATIONS	13
INTRODUCTION	15
KEY POINTS	16

<b>AMPHETAMINE-TYPE STIMULANTS</b>	<b>18</b>
KEY POINTS	18
MAIN FORMS	19
INTERNATIONAL TRENDS	21
DOMESTIC TRENDS	23
DOMESTIC MARKET INDICATORS	29
NATIONAL IMPACT	38
REFERENCES	38

<b>CANNABIS</b>	<b>40</b>
KEY POINTS	40
MAIN FORMS	41
INTERNATIONAL TRENDS	42
DOMESTIC TRENDS	43
DOMESTIC MARKET INDICATORS	46
NATIONAL IMPACT	49
REFERENCES	50

<b>HEROIN</b>	<b>52</b>
KEY POINTS	52
MAIN FORMS	53
INTERNATIONAL TRENDS	54
DOMESTIC TRENDS	55
DOMESTIC MARKET INDICATORS	60
NATIONAL IMPACT	65
REFERENCES	66

<b>COCAINE</b>	<b>68</b>
KEY POINTS	68
MAIN FORMS	69
INTERNATIONAL TRENDS	69
DOMESTIC TRENDS	71
DOMESTIC MARKET INDICATORS	76
NATIONAL IMPACT	81
REFERENCES	81

<b>OTHER DRUGS</b>	<b>84</b>
KEY POINTS	84
ANABOLIC AGENTS AND SELECTED HORMONES	86
TRYPTAMINES	92
ANAESTHETICS	96
PHARMACEUTICALS	100
NATIONAL IMPACT	104
REFERENCES	105

<b>CLANDESTINE LABORATORIES AND PRECURSORS</b>	<b>108</b>
KEY POINTS	108
MAIN FORMS	109
INTERNATIONAL TRENDS	110
DOMESTIC TRENDS	111
DOMESTIC MARKET INDICATORS	112
NATIONAL IMPACT	117
REFERENCES	117

<b>STATISTICS</b>	<b>118</b>
INTRODUCTION	119
COUNTING METHODOLOGY	119
DATA SOURCES	119
LIMITATIONS OF THE DATA	121
JURISDICTIONAL ISSUES	123
EXPLANATORY NOTES	125
SYMBOLS AND ABBREVIATIONS	127
ARREST TABLES	128
SEIZURE TABLES	134
PURITY TABLES	136
PRICE TABLES	146



# ACKNOWLEDGEMENTS

This report contains data and analysis provided by federal, state and territory police, as well as forensic laboratories and the Australian Customs and Border Protection Service. Police and forensic data managers provided significant contribution towards improving this report's data quality. The ability to draw on their expertise and experience, along with their continued support, has been invaluable for the Australian Crime Commission (ACC).

Key contributors:

- Australian Capital Territory Government Analytical Laboratory
- Australian Customs and Border Protection Service
- Australian Federal Police
- Australian Federal Police, Forensic and Data Centres
- Australian Federal Police, ACT Policing
- ChemCentre
- Forensic Science South Australia
- Forensic Science Service Tasmania
- New South Wales Health, Mental Health and Drug and Alcohol Office
- New South Wales Police Force
- Northern Territory Police
- Queensland Health Forensic and Scientific Services
- Queensland Police Service
- South Australia Police
- Tasmania Police
- Victoria Police
- Western Australia Police.

# ABBREVIATIONS

<b>AAS</b>	Anabolic and Androgenic Steroids
<b>ABS</b>	Australian Bureau of Statistics
<b>ACC</b>	Australian Crime Commission
<b>ACT</b>	Australian Capital Territory
<b>AFP</b>	Australian Federal Police
<b>AIC</b>	Australian Institute of Criminology
<b>AIDIP</b>	Australian Illicit Drug Intelligence Program
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>ANCD</b>	Australian National Council on Drugs
<b>ASADA</b>	Australian Sports Anti-Doping Authority
<b>ATS</b>	Amphetamine-type stimulant
<b>BINLEA</b>	Bureau for International Narcotics and Law Enforcement Affairs
<b>BZP</b>	N-benzylpiperazine
<b>CISC</b>	Criminal Intelligence Service Canada
<b>COAG</b>	Council of Australian Governments
<b>Customs and Border Protection</b>	Australian Customs and Border Protection Service
<b>DCPC</b>	Drugs and Crime Prevention Committee
<b>DEA</b>	Drug Enforcement Administration
<b>DHEA</b>	Dehydroepiandrosterone
<b>DOB</b>	4-bromo-2,5-dimethoxyphenethylamine
<b>DoHA</b>	Department of Health and Ageing
<b>DOM</b>	2,5-dimethoxy-4-methylamphetamine
<b>DUMA</b>	Drug Use Monitoring in Australia
<b>EMCDDA</b>	European Monitoring Centre for Drugs and Drug Addiction
<b>EU</b>	European Union
<b>EUROPOL</b>	European Law Enforcement Organisation
<b>GBL</b>	Gamma-butyrolactone
<b>GHB</b>	Gamma-hydroxybutyrate
<b>hGH</b>	Human Growth Hormone
<b>IDDR</b>	Illicit Drug Data Report
<b>INCB</b>	International Narcotics Control Board
<b>INTERPOL</b>	International Criminal Police Organization
<b>LSD</b>	Lysergic acid diethylamide

<b>MBDB</b>	N-methyl-1-(1,3-benzodioxol-5-yl)-2-butanamine
<b>MDA</b>	3,4-methylenedioxyamphetamine
<b>MDEA</b>	3,4-methylenedioxy-N-ethylamphetamine
<b>MDMA</b>	3,4-methylenedioxymethylamphetamine
<b>MSM</b>	methylsulfonylmethane
<b>4-MTA</b>	4-methylthioamphetamine
<b>NCETA</b>	National Centre on Education and Training on Addiction
<b>NCPIC</b>	National Cannabis Prevention and Information Centre
<b>NDARC</b>	National Drug and Alcohol Research Centre
<b>NDIC</b>	National Drug Intelligence Center
<b>NIDA</b>	National Institute on Drug Abuse
<b>NIDRF</b>	National Illicit Drug Reporting Format
<b>NDRI</b>	National Drug Research Institute
<b>NDSHS</b>	National Drug Strategy Household Survey
<b>NSW</b>	New South Wales
<b>NT</b>	Northern Territory
<b>ONDCP</b>	Office of National Drug Control Policy
<b>P2P</b>	Phenyl-2-propanone
<b>PCP</b>	Phencyclidine
<b>PMA</b>	Paramethoxyamphetamine
<b>PMK</b>	Piperonylmethylketone
<b>RCMP</b>	Royal Canadian Mounted Police
<b>Qld</b>	Queensland
<b>SA</b>	South Australia
<b>SOCA</b>	Serious Organised Crime Agency
<b>Tas</b>	Tasmania
<b>THC</b>	Delta-9-tetrahydrocannabinol
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>UK</b>	United Kingdom
<b>US</b>	United States of America
<b>Vic</b>	Victoria
<b>WA</b>	Western Australia
<b>WADA</b>	World Anti-Doping Authority
<b>WHO</b>	World Health Organization

# INTRODUCTION

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

The Australian Crime Commission (ACC) collects data annually from all state and territory police services, the Australian Federal Police (AFP), the Australian Customs and Border Protection Service (Customs and Border Protection), and state and territory forensic laboratories. The illicit drug data collected and presented in this report for the 2009–10 financial year includes:

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

The purpose of this report is to provide statistics and analysis to assist decision-makers in developing illicit drug supply and harm reduction strategies. The data also assists the Australian Government to meet national and international reporting obligations. It is important to note that analysis contained in this report is yearly and may differ from analyses conducted by individual jurisdictions.

The ACC continues to use the National Illicit Drug Reporting Format (NIDRF) to standardise the data received from law enforcement agencies and other contributing organisations. This assists in reducing errors.

# KEY POINTS

## AMPHETAMINE-TYPE STIMULANTS (ATS)

- While the number of ATS (excluding MDMA) detections at the Australian border increased by 71 per cent in 2009–10, the weight of detections decreased by 84 per cent.
- The weight of MDMA detections at the Australian border decreased from 12.9 kilograms in 2008–09 to 6.5 kilograms in 2009–10.
- The weight of national ATS seizures decreased by 59 per cent in 2009–10.
- Although ATS arrests decreased in 2009–10, they account for one-sixth of national drug arrests, second only to cannabis.

## CANNABIS

- While the weight of cannabis detections at the Australian border remains low, the number of detections is the highest recorded in the last decade.
- Cannabis seeds continue to account for the greatest proportion of cannabis border detections.
- Despite reported decreases in cannabis use, the weight of national cannabis seizures and number of arrests increased in 2009–10.

## HEROIN

- The weight of heroin detections at the Australian border decreased from 150.6 kilograms in 2008–09 to 117.5 kilograms in 2009–10.
- Points of embarkation for heroin detected at the Australian border remained unchanged at 29 countries.
- In 2009–10, the weight of national heroin seizures decreased by 49 per cent.
- The number of national heroin and other opioid arrests remained relatively stable.

## COCAINE

- The number of cocaine detections at the Australian border decreased from 359 in 2008–09 to 291 in 2009–10.
- A single sea cargo detection accounted for 62 per cent of the total weight of cocaine detected at the Australian border in 2009–10.
- Analysis of cocaine samples seized at the Australian border indicates a potential shift in the geographical origin of cocaine entering Australia.
- Despite the record number of national cocaine seizures in 2009–10, the weight of seizures decreased by 33 per cent.
- The number of national cocaine arrests has almost doubled over the last decade, increasing from 652 in 2000–01 to 1 244 in 2009–10.



## OTHER DRUGS

- The number of steroid detections at the Australian border increased by 74 per cent in 2009–10 and is the highest recorded in the last decade.
- The number of national steroid seizures continued to increase and is currently the highest on record.
- The number of tryptamine detections at the Australian border is the highest recorded in the last decade.
- The weight of national tryptamine seizures increased from 1.5 kilograms in 2008–09 to 12 kilograms in 2009–10.
- The number of border detections of anaesthetics increased in 2009–10 and is the highest reported since 2001–02.

## CLANDESTINE LABORATORIES AND PRECURSORS

- A record 694 clandestine laboratories were detected in Australia in 2009–10.
- The majority of clandestine laboratories continue to be detected in residential locations.
- The weight of pseudoephedrine and ephedrine detections at the Australian border decreased by 73 per cent from 2 041 kilograms in 2008–09 to 556 kilograms in 2009–10.
- The number of tablet presses seized nationally increased by 119 per cent, from 26 in 2008–09 to 57 in 2009–10.



# AMPHETAMINE-TYPE STIMULANTS

## KEY POINTS

- While the number of ATS (excluding MDMA) detections at the Australian border increased by 71 per cent in 2009–10, the weight of detections decreased by 84 per cent.
- The weight of MDMA detections at the Australian border decreased from 12.9 kilograms in 2008–09 to 6.5 kilograms in 2009–10.
- The weight of national ATS seizures decreased by 59 per cent in 2009–10.
- Although ATS arrests decreased in 2009–10, they account for one-sixth of national drug arrests, second only to cannabis.

## MAIN FORMS

The term amphetamine-type stimulants (ATS) refers to a group of psychostimulant drugs that are related to the parent compound amphetamine (Hart et al 2008). ATS include amphetamine, methylamphetamine and phenethylamines such as 3,4-methylenedioxymethamphetamine (MDMA). Table 1 outlines the ATS used in Australia.

**TABLE 1: ATS used in Australia**

Drug type	Common names	Forms	Method of administration
Amphetamine	Speed, whiz, uppers, goey, louee, pep pills	White, yellow, pink or brown powder, paste or tablets	Oral, intranasal, injection, anal <sup>a</sup>
Methylamphetamine	Meth, speed, P, whiz, fast, uppers, goey, louee, Lou Reed <sup>b</sup> , rabbit <sup>b</sup> , tail <sup>b</sup> , pep pills; in paste form can be referred to as base, pure or wax; in liquid form can be referred to as oxblood, leopard's blood, red speed or liquid red	White, yellow or brown powder, paste, tablets or a red liquid	Oral, intranasal, injection, anal <sup>a</sup>
Crystalline methylamphetamine hydrochloride (D-methylamphetamine)	Ice, meth, d-meth, glass, crystal, batu, shabu (from the Philippines)	Crystal—resembles crushed ice	Smoking, intranasal, injection
dexamphetamine <sup>c</sup>	dexies, D-amp, dex	white, round tablets that can have the marking 'D5'	Oral, intranasal, injection, anal <sup>a</sup>
3,4-methylenedioxymethamphetamine (MDMA)	XTC, X, Ecstasy, Adam, M & M, eccy, E, Go, Scooby Snacks, hug, beans	Tablet, powder, capsule	Oral, intranasal, smoking, injection
3,4- methylenedioxyethylamphetamine (MDEA)	Eve	Tablet	Oral
3,4-methylenedioxyamphetamine (MDA)	Love bug, Crystal	Tablet	Oral
N-methyl-1-(1,3-benzodioxol-5-yl)-2-butanamine (MBDB)	Eden	Tablet	Oral
Paramethoxyamphetamine (PMA) <sup>d</sup>	Death, Dr Death, Mitsubishi Double	Tablet, powder	Oral, intranasal, injection (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

- In tablet form, the drug can be inserted into the anus or the vagina to avoid irritation to the user's stomach, which commonly occurs when taken orally (also known as 'shafting' or 'shelving').
- Terminology noted in Queensland.
- Dexamphetamine (also known as dextroamphetamine sulphate) is available legitimately only under prescription 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.
- PMA has stimulant and hallucinogenic properties with broadly similar effects to MDMA.

Source: ACC, National Measurement Institute, Forensic Science South Australia.

Amphetamine and methylamphetamine are central nervous system stimulants that accelerate the body's metabolism and produce euphoria, increase alertness and give a sense of increased energy (Abadinsky 2008). Other short-term effects may include hypertension and tachycardia. Long-term use can result in deficits in memory, decision-making and verbal reasoning, with some symptoms resembling those of paranoid schizophrenia (EMCDDA 2010a). Due to slight structural differences between amphetamine and methylamphetamine, methylamphetamine has a stronger central nervous system response (Redda et al 1989).

The most common form of amphetamine is a water soluble white or off-white powder. It can be ingested, snorted and less commonly injected. In contrast, methylamphetamine has 4 common forms: tablet, crystal, base (also referred to as 'paste') and powder (also referred to as 'speed'). The crystalline form, often referred to as 'ice', is considered the most potent form of methylamphetamine. Methylamphetamine can be swallowed, snorted, smoked or injected. Crystal methylamphetamine is generally heated and the vapours inhaled. It can also be injected after being dissolved in water (EMCDDA 2010c; Pennay & Lee 2008).

Phenethylamines include MDMA, MDA and other similar substances. For the purpose of the *Illicit Drug Data Report*, we will focus on MDMA. MDMA, commonly referred to as 'ecstasy', is a synthetic stimulant with hallucinogenic effects. The effects and chemical structure of MDMA are similar to amphetamine and to mescaline, a hallucinogenic extract from the peyote cactus (CAMH 2010). When consumed, MDMA causes euphoria, increased sensory awareness and mild central nervous system stimulation (EMCDDA 2010b). Chronic use of MDMA can lead to poor performance on certain cognitive or memory tasks, although some of these effects may be due to the use of other drugs in combination with MDMA (NIDA 2010).

MDMA is most commonly sold in tablet form, which generally features a characteristic impression or logo. Less common forms include capsules, powder and MDMA base—which is a colourless oil insoluble in water. MDMA in tablet form is most commonly ingested. As a powder it can be snorted, inhaled and less commonly injected (EMCDDA 2010b).

Historically, the term ecstasy has been used to refer to MDMA. However, internationally it is now considered to refer to 'ecstasy-group substances', including MDA and MDEA (APAIC 2010).

Drugs sold as ecstasy often contain substances other than ecstasy group substances, such as caffeine, methylsulfonylmethane (MSM), benzylpiperazine (BZP) and 1-3-trifluoromethylphenyl piperazine (TFMPP). Though rare, tablets sold as ecstasy can contain highly toxic drugs, such as paramethoxyamphetamine (PMA), which can be lethal even in low doses (CAMH 2010).

## INTERNATIONAL TRENDS

Obtaining a reliable estimate of the size and dynamics of the global ATS market remains difficult due to variations in the quality of data provided to the United Nations (UN) by member states and a lack of systematic forensic information. Despite these limitations, the UN estimates that the global number of ATS users is likely to exceed the number of opiate and cocaine users combined (UNODC 2010b).

Substantial ATS production and trafficking continues to occur throughout East and South-East Asia. In Burma, the United States of America (US) Department of State notes ongoing large-scale methylamphetamine production and increased production and trafficking of crystal methylamphetamine for markets in Thailand, China and India, as well as onward distribution beyond the region (BINLEA 2010). Elsewhere in South-East Asia, notable detections of ATS include the seizure of 323 kilograms of MDMA powder and 42 282 MDMA tablets by Malaysian authorities in October 2009, and the seizure by Thai authorities of 780 000 methylamphetamine tablets in November 2009 (Bangkok Post 2009; UNODC 2010a).

Substantial ATS production continues in China despite the introduction of further laws designed to restrict the availability of precursor chemicals. During an operation in October 2009, Chinese authorities dismantled 8 clandestine laboratories and seized 44 tonnes of chemicals, 415 kilograms of ephedrine and 1 kilogram of methylamphetamine. During the first 6 months of 2010 Chinese authorities also seized 3.6 tonnes of methylamphetamine (UNODC 2010a; Xinhua 2010).

Syndicates manufacturing ATS in Mexico continue to circumvent a government ban on the importation of ephedrine and pseudoephedrine by smuggling bulk quantities of precursors from a number of countries. In August 2009, Mexican authorities dismantled the country's largest-ever clandestine ATS laboratory. In addition to 15 kilograms of crystal methylamphetamine, more than 31 000 litres of precursor chemicals were seized. The UN noted that Mexican syndicates are also attempting to circumvent government and international controls by producing ATS via non-controlled pre-precursors. The 2010 *World Drug Report* indicated that since October 2009, Mexico had seized nearly 120 tonnes of phenylacetic acid derivatives<sup>1</sup> which are outside international controls (UNODC 2009; UNODC 2010b).

<sup>1</sup> These chemicals are used to produce phenylacetic acid, which is a precursor to phenyl-2-propanone (P2P). P2P is used as an alternative to pseudoephedrine or ephedrine in the production of ATS.



In 2010, the Criminal Intelligence Service Canada reported that while domestic use of methylamphetamine had stabilised, production was increasing to meet expanding international market demands. Due to the smaller outlay in producing methylamphetamine, it continues to be used as an adulterant within Canadian-produced ecstasy in an effort to increase profit margins (CISC 2010).

Rising ATS production has been noted in Iran where, in January 2010, authorities reported disbanding a methylamphetamine trafficking ring in the country's north east. In October 2009, Iranian authorities also reported having dismantled several clandestine laboratories. Some Iranian-produced ATS are being trafficked to South-East Asia. According to media reporting, authorities seized 641 kilograms of crystal methylamphetamine between March and August 2010, most of which was destined for South-East Asian countries, including Thailand, Malaysia and Indonesia. In Malaysia, the media reported that between January and February of 2010, authorities arrested 41 Iranians and seized 90 kilograms of crystal methylamphetamine (Asiaone 2010; Tehran Times 2010; UNODC 2010a).

ATS production in Turkey may also be increasing. In September 2009, authorities recorded a significant seizure of amphetamine during an operation which dismantled 3 clandestine laboratories and 1 storage facility. In total, Turkish authorities seized 400 kilograms of amphetamine, 600 kilograms of phenyl-2-propanone (P2P) and 5 metric tonnes of the P2P pre-precursor  $\alpha$ -phenylacetoacetonitrile (UNODC 2009).

According to Europol, although Dutch and Belgian organised crime groups still dominate the trade, ATS production in Eastern European countries is increasing. Europol has further observed no decline in precursor chemical seizures, despite the fact that Chinese organised crime groups have ceased using traditional precursor trafficking routes (Europol 2009). The UNODC has observed divergent trends relating to the purity of MDMA sold in Europe and South-East Asia. In Europe the purity of MDMA tablets continues to decline, with tablets sold as ecstasy increasingly containing greater amounts of substitute psychoactive substances, such as piperazines. However, the UNODC notes that supply appears to remain strong in South-East Asia, particularly in Taiwan, where forensic analysis from Taiwan's Bureau of Controlled Drugs indicates a high MDMA content in ecstasy tablets (UNODC 2010a).

West Africa may be emerging as a new location for the manufacture of MDMA following the July 2009 seizure of precursor chemicals and multiple large-scale reaction vessels in the Republic of Guinea. Included in the seizure were 5 000 litres of sassafras oil<sup>2</sup> and 80 litres of 3,4-methylenedioxyphenyl-2-propanone<sup>3</sup> (3,4-MDP-2-P) and methylamine (UNODC 2009).

<sup>2</sup> Sassafras oil is an essential oil rich in safrole which can be used to synthesise isosafrole, piperonal or 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), each of which are primary precursors in MDMA manufacture.

<sup>3</sup> Also known as PMK.

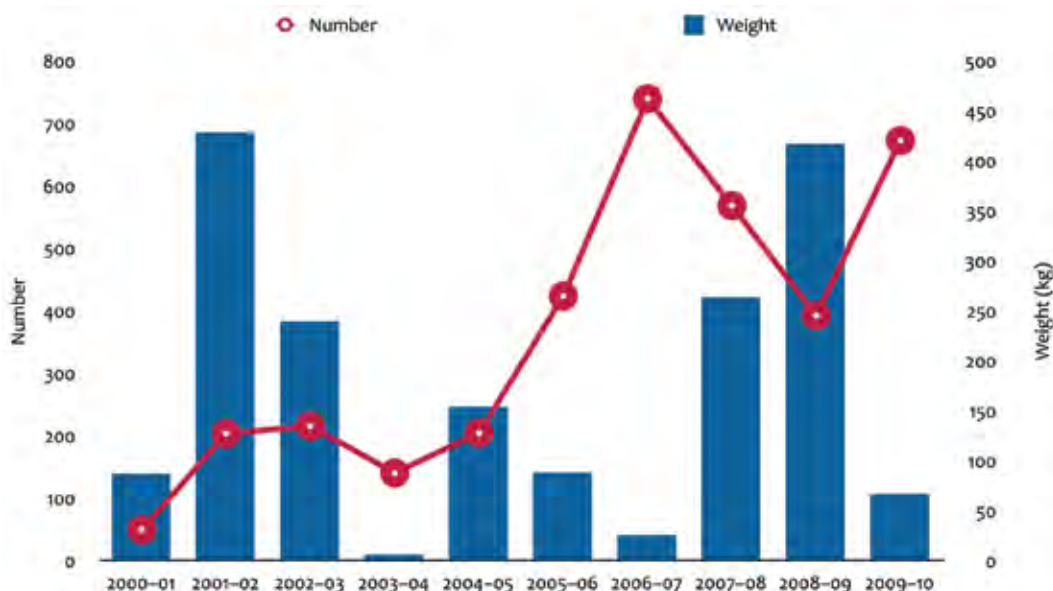
## DOMESTIC TRENDS

### AUSTRALIAN BORDER SITUATION

The Australian Customs and Border Protection Service continues to detect amphetamine, methylamphetamine, crystal methylamphetamine ('ice') and tablets containing ATS at the Australian border. Small, personal importations of weight-loss drugs such as phentermine are regularly detected and substantially add to the number of ATS detections.

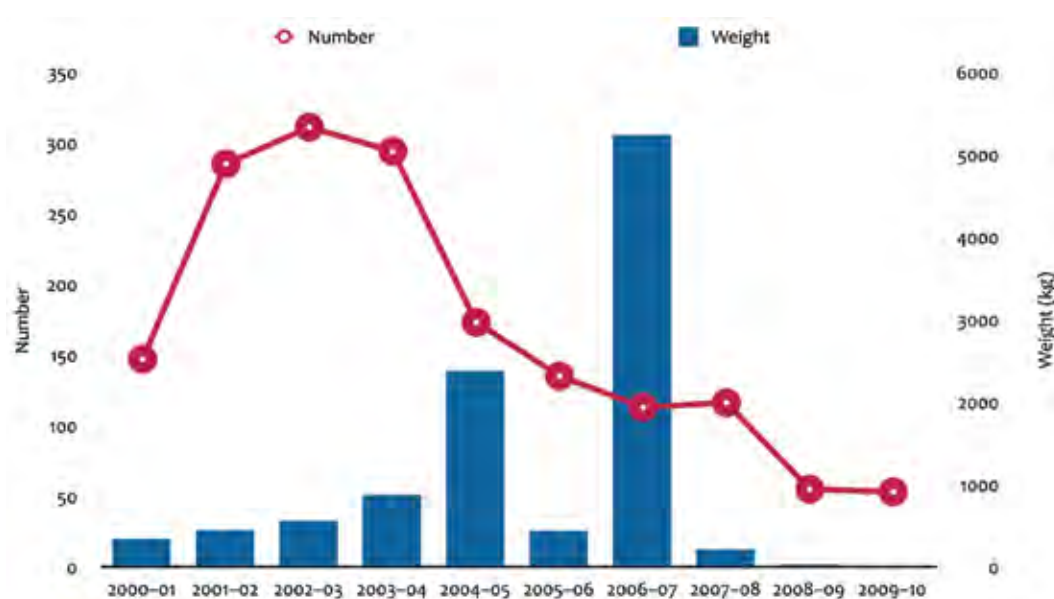
The number of ATS (excluding MDMA) detections increased by 71 per cent, from 392 in 2008–09 to 672 in 2009–10. However, the total weight of detections decreased by 84 per cent, from 416.5 kilograms in 2008–09 to 66.7 kilograms in 2009–10 (see Figure 1). Only 3 per cent of ATS (excluding MDMA) detections in 2009–10 were over 500 grams.

**FIGURE 1:** Number and weight of ATS (excluding MDMA) detections at the Australian border, 2000–01 to 2009–10 (Source: Australian Customs and Border Protection Service)



In 2009–10, the number of MDMA border detections remained relatively stable at 53, compared to 55 detections in 2008–09. However, the total weight of detections decreased by 50 per cent, from 12.9 kilograms in 2008–09 to 6.5 kilograms in 2009–10 (see Figure 2). In 2009–10, all detections of MDMA at the Australian border were below 1 kilogram.

**FIGURE 2:** Number and weight of MDMA detections at the Australian border, 2000–01 to 2009–10 (Source: Australian Customs and Border Protection Service)



## SIGNIFICANT BORDER DETECTIONS

Significant border detections of ATS (excluding MDMA) in 2009–10 included:

- 17 kilograms of crystal methylamphetamine detected on 2 July 2009 inside cylindrical metal rollers, consigned as air cargo from South Africa to Sydney
- 3.9 kilograms of amphetamine powder detected on 15 November 2009 in a mail article, consigned as air cargo from China to Melbourne
- 3.4 kilograms of methylamphetamine powder detected on 21 September 2009 in the lining of a suitcase of an air passenger travelling from Canada to Sydney
- 3 kilograms of amphetamine powder detected on 18 December 2009 in a mail article, consigned as air cargo from China to Darwin.

The 4 detections listed above have a combined weight of 27.3 kilograms, which accounted for 41 per cent of the total weight of ATS (excluding MDMA) detected at the Australian border in 2009–10.

During 2009–10, there were no detections of MDMA over 1 kilogram. This is in contrast to 2008–09 when 9 per cent of detections were over 1 kilogram. Significant border detections of MDMA in 2009–10 included:

- 0.6 kilograms of MDMA powder detected on 1 September 2009 concealed in cake boxes carried by an air passenger travelling from Taiwan to Sydney
- 0.5 kilograms of MDMA liquid detected on 3 September 2009 concealed inside a maple syrup can in air cargo from Canada to Sydney
- 0.4 kilograms of MDMA tablets detected on 7 June 2010 in parcel post from Ireland to Melbourne

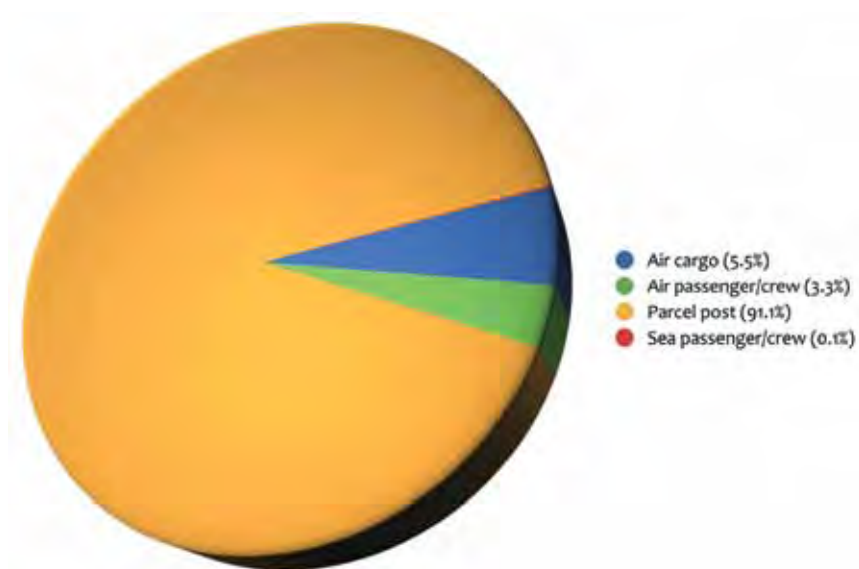
- 0.4 kilograms of MDMA tablets detected on 22 March 2010 in air cargo from the US to Sydney
- 0.3 kilograms of MDMA tablets detected on 12 May 2010 in parcel post from Canada to Sydney.

The 5 detections listed above have a combined weight of 2.2 kilograms, which accounts for 34 per cent of the total weight of MDMA detected at the Australian border in 2009–10.

### IMPORTATION METHODS

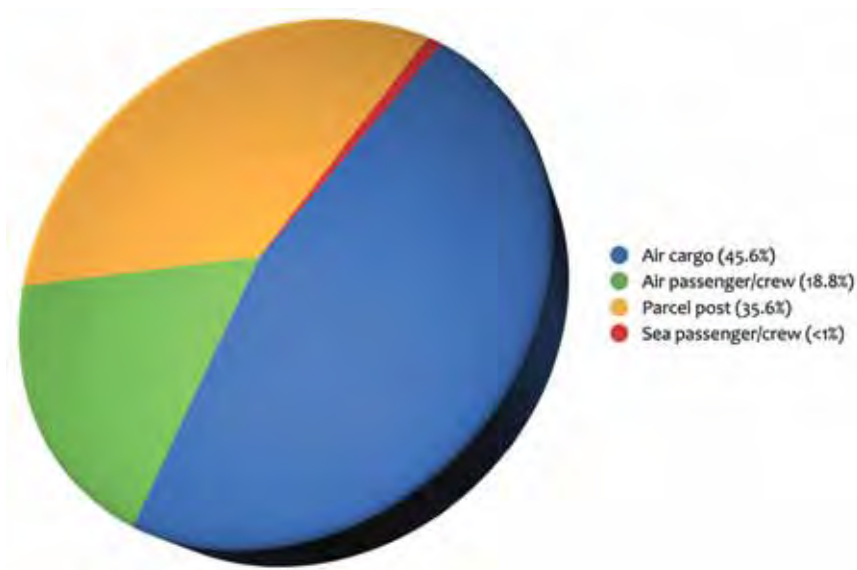
Consistent with findings since 2004–05, parcel post accounted for over 90 per cent of ATS (excluding MDMA) detections by number in 2009–10 (see Figure 3). Methods of concealment identified during this reporting period included CDs, book covers, machinery and internal concealment by air passengers.

**FIGURE 3:** Number of ATS (excluding MDMA) detections at the Australian border, as a proportion of total detections, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)



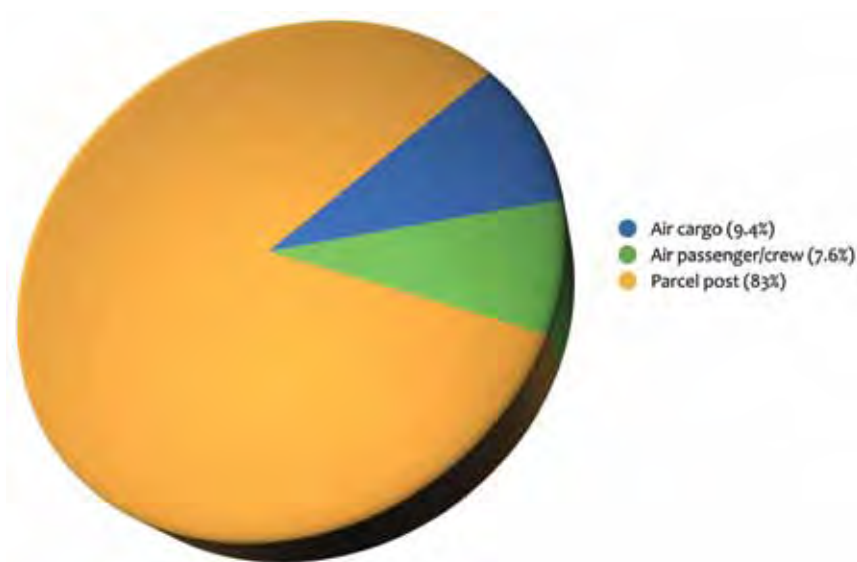
Air cargo accounted for 45.6 per cent of the total weight of ATS (excluding MDMA) detections in 2009–10, while parcel post accounted for 35.6 per cent (see Figure 4). In 2009–10, there were no ATS (excluding MDMA) detections in sea cargo.

**FIGURE 4:** Weight of ATS (excluding MDMA) detections at the Australian border, as a proportion of total weight, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)



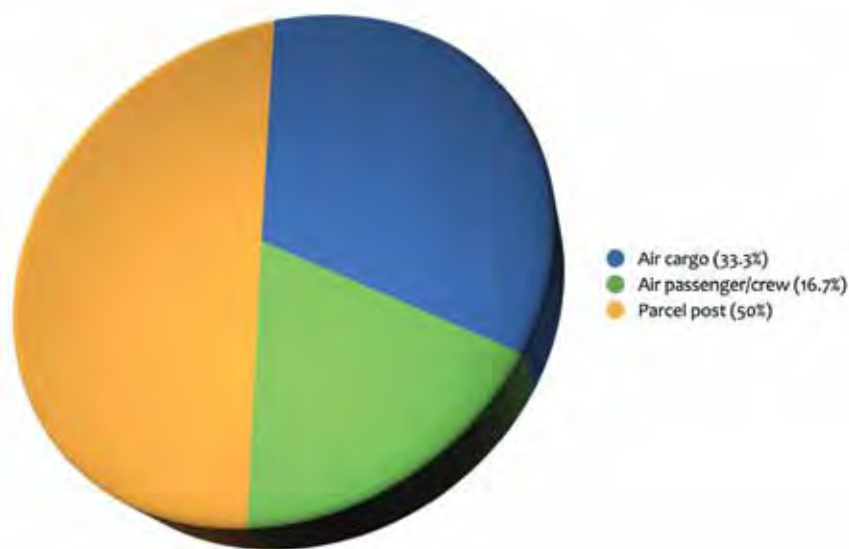
In 2009–10, parcel post accounted for 83 per cent of the number of MDMA detections and 50 per cent of the weight (see Figure 5 and 6). Methods of concealment identified during this reporting period included moon cakes, books, DVDs and CD covers. There have been no sea cargo detections of MDMA since 2007–08.

**FIGURE 5:** Number of MDMA detections at the Australian border, as a proportion of total detections, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)





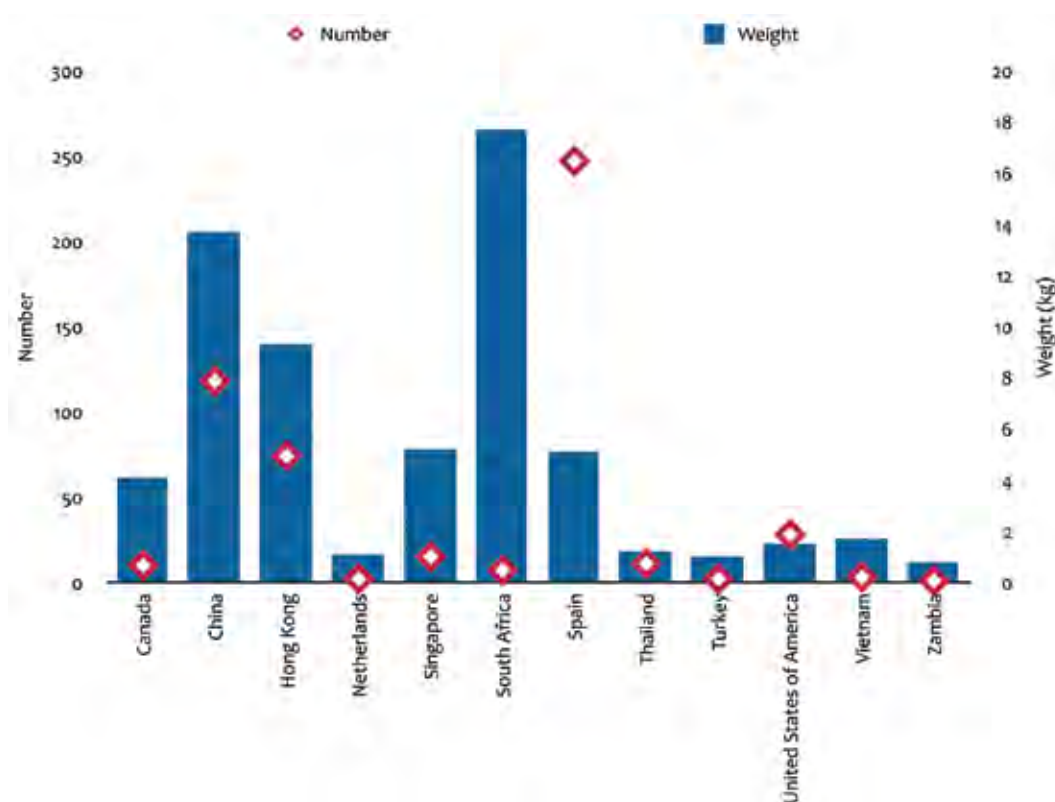
**FIGURE 6:** Weight of MDMA detections at the Australian border, as a proportion of total weight, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)



## EMBARKATION POINTS

In 2009–10, Spain—with 247 detections—was the prominent point of embarkation for attempted ATS (excluding MDMA) importations of more than 500 grams. By weight, South Africa was the prominent point of embarkation, accounting for 28 per cent of attempted importations totalling more than 500 grams. Following Spain and South Africa, China and Hong Kong were prominent embarkation points for both number and weight (see Figure 7).

**FIGURE 7:** Country of embarkation for ATS (excluding MDMA) importations of more than 500 grams detected at the Australian border, 2009–10 (Source: Australian Customs and Border Protection Service)

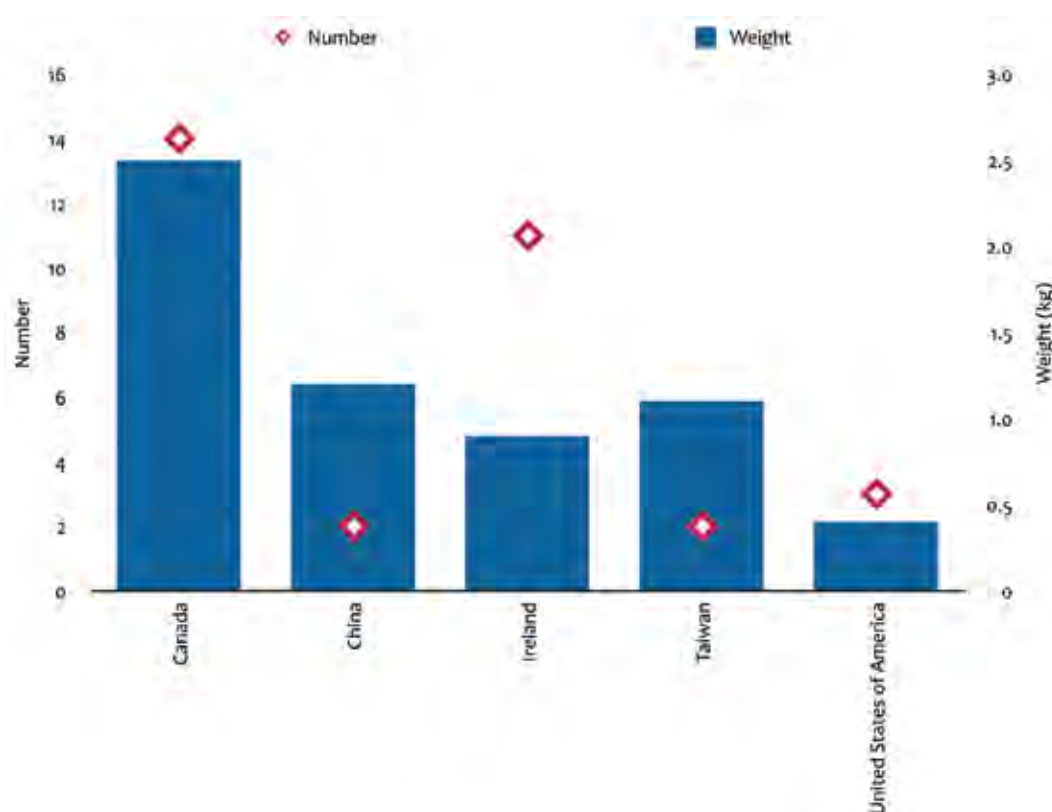


Primary embarkation points for detections of amphetamine during 2009–10, were Spain, China and Hong Kong. By weight, the prominent embarkation points were China, Singapore, Hong Kong and the Netherlands.

Primary embarkation points for detections of methylamphetamine during 2009–10 were from China, Hong Kong, the US, the Philippines and Canada. In aggregate weight order, prominent embarkation points were South Africa, Hong Kong, China, Canada and Singapore.

The number of embarkation countries for detections of MDMA above 100 grams decreased from 7 in 2008–09 to 5 in 2009–10. Canada was the prominent embarkation country for both weight and number (see Figure 8).

**FIGURE 8:** Country of embarkation for MDMA importations of more than 100 grams detected at the Australian border, 2009–10 (Source: Australian Customs and Border Protection Service)

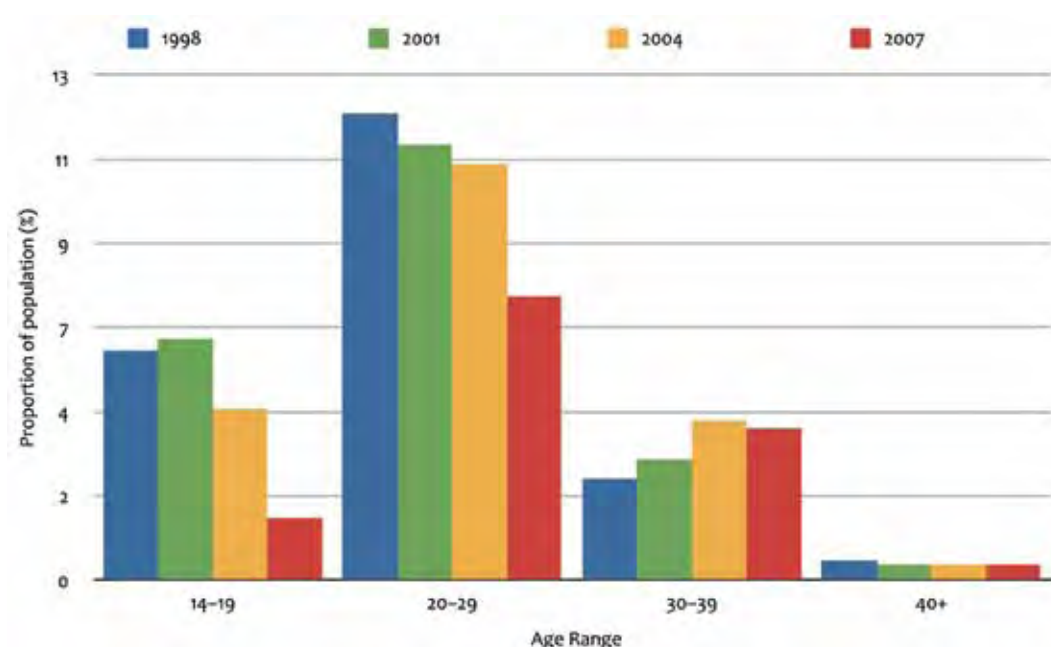


## DOMESTIC MARKET INDICATORS

Of the 694 clandestine laboratories detected in 2009–10, 602 (87 per cent) were identified as producing ATS<sup>4</sup>. The majority of ATS laboratories were specifically for producing amphetamine or methylamphetamine. The number of MDMA-producing laboratories detected decreased from 19 in 2008–09 to 17 in 2009–10 (see *Clandestine laboratories and precursors* chapter).

According to the National Drug Strategy Household Survey (NDSHS), 20 to 29 year olds have consistently reported the highest proportion of recent meth/amphetamine users<sup>5</sup> in the population since 1998 (see Figure 9). The 14 to 19 year old age group has shown the greatest decrease in recent use from 5.9 per cent in 1998 to 1.6 per cent in 2007 (AIHW 2000, 2002, 2005, 2008).

**FIGURE 9:** Recent meth/amphetamine use as a proportion of the Australian population, 1998–2007 (Source: Australian Institute of Health and Welfare 2000, 2002, 2005, 2008)



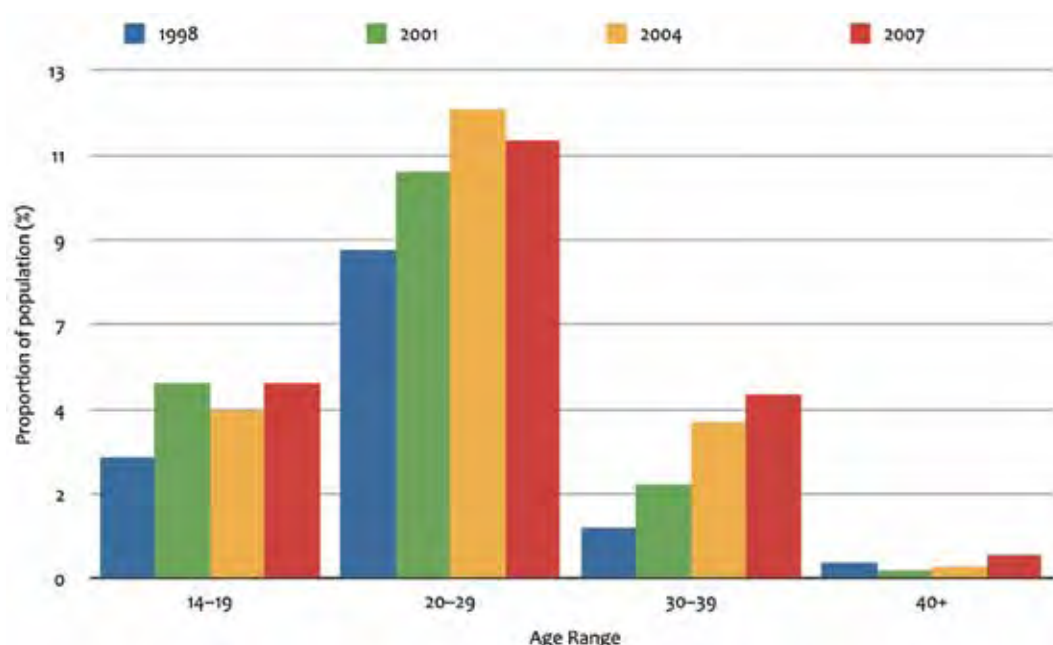
A 2009 national study of regular injecting drug users reported that 67 per cent of respondents had used any form of methylamphetamine in the 6 months preceding interview (recent use). This was the lowest recorded since 2000 (Stafford & Burns 2010). Early findings from the 2010 study indicate this decline is continuing, with only 60 per cent of respondents reporting recent use of any form of methylamphetamine (NDARC 2010).

<sup>4</sup> The number of clandestine laboratories by drug production type may exceed the total number of clandestine laboratories due to multiple drugs being produced at a single laboratory.

<sup>5</sup> 'Recent use' within the National Drug Household Survey refers to reported use during the 12 months preceding interview.

According to the NDSHS, 20 to 29 year olds have reported the highest proportion of recent ecstasy<sup>6</sup> use since 1998 (see Figure 10). Of note, those aged 30 to 39 reported the greatest percentage increase in recent use, from 1.3 per cent in 1998 to 4.7 per cent in 2007 (AIHW 2000, 2002, 2005, 2008).

**FIGURE 10:** Recent ecstasy use as a proportion of the Australian population, 1998–2007  
(Source: Australian Institute of Health and Welfare 2000, 2002, 2005, 2008)



A 2009 national study of regular ecstasy users reported a continued decline in the recent use of any form of methylamphetamine (Sindicich & Burns 2010). Early findings from the 2010 study indicate a small increase in the proportion reporting recent use of methylamphetamine, from 54 per cent in 2009 to 56 per cent in 2010. However, the 2010 figure is still historically low (NDARC 2010).

For both 2009 studies, powder (speed) was the form of methylamphetamine most commonly used, followed by crystal and base (Sindicich & Burns 2010; Stafford & Burns 2010).

In the 2009 national study of regular ecstasy users, 100 per cent of respondents reported using ecstasy in tablet form, 27 per cent in capsule form and 14 per cent in powder form. Only 7 per cent of respondents reported having ever injected ecstasy (Sindicich & Burns 2010).

<sup>6</sup> This category included substances known as 'Designer drugs' before 2004.

## PRICE

Nationally, the price of a gram of amphetamine increased from between \$30 and \$80 in 2008–09 to between \$50 and \$100 in 2009–10. Amphetamine prices increased in Victoria, Western Australia and the Australian Capital Territory during 2009–10. Western Australia and the Australian Capital Territory both recorded significant increases in the price of an ‘8 ball’<sup>7</sup> of amphetamine. In Western Australia the price of an 8 ball increased from between \$900 and \$1 500 in 2008–09 to between \$1 200 and \$3 500 in 2009–10. In the Australian Capital Territory the price increased from between \$300 and \$400 in 2008–09 to between \$800 and \$900 in 2009–10.

In 2009–10, crystal methylamphetamine prices in Australia increased across most jurisdictions. Nationally, the price ranged between \$300 and \$1 000 per gram in 2009–10, compared with between \$250 and \$600 in 2008–09. In Victoria, the reported price for a gram of crystal methylamphetamine increased from between \$400 and \$450 in 2008–09 to \$1 000 in 2009–10. Victoria also reported a significant price increase across all weights of crystal methylamphetamine. In Western Australia, the price range of a gram of crystal methylamphetamine increased from between \$250 and \$500 in 2008–09 to between \$400 and \$1 000 in 2009–10.

Prices recorded by jurisdictions for the non-crystal form of methylamphetamine also increased in 2009–10. Nationally, the price range for a gram of non-crystal methylamphetamine increased from between \$100 and \$300 in 2008–09 to between \$100 and \$1 000 in 2009–10.

Nationally, the price for a single tablet of MDMA ranged between \$10 and \$50 in 2009–10. Victoria recorded a decrease across most of the price groups for MDMA. The price range of a single tablet in Victoria decreased from between \$20 and \$40 in 2008–09 to between \$10 and \$30 in 2009–10.

## PURITY

Figure 11 illustrates the annual median purity of analysed amphetamine samples since 2000–01. Over the last decade, the median purity of amphetamine has fluctuated greatly, ranging between 0.1 per cent and 45.2 per cent. In 2009–10, the median purity of amphetamine ranged from 1.1 per cent in South Australia to 9.3 per cent in the Australian Capital Territory.<sup>8</sup>

<sup>7</sup> An 8 ball equates to approximately 3.5 grams.

<sup>8</sup> Amphetamine is a manufacturing by-product of some commonly used methods of methylamphetamine production. This can result in two separate purity figures for a single drug sample—one as methylamphetamine with considerable purity and another as amphetamine of low purity.

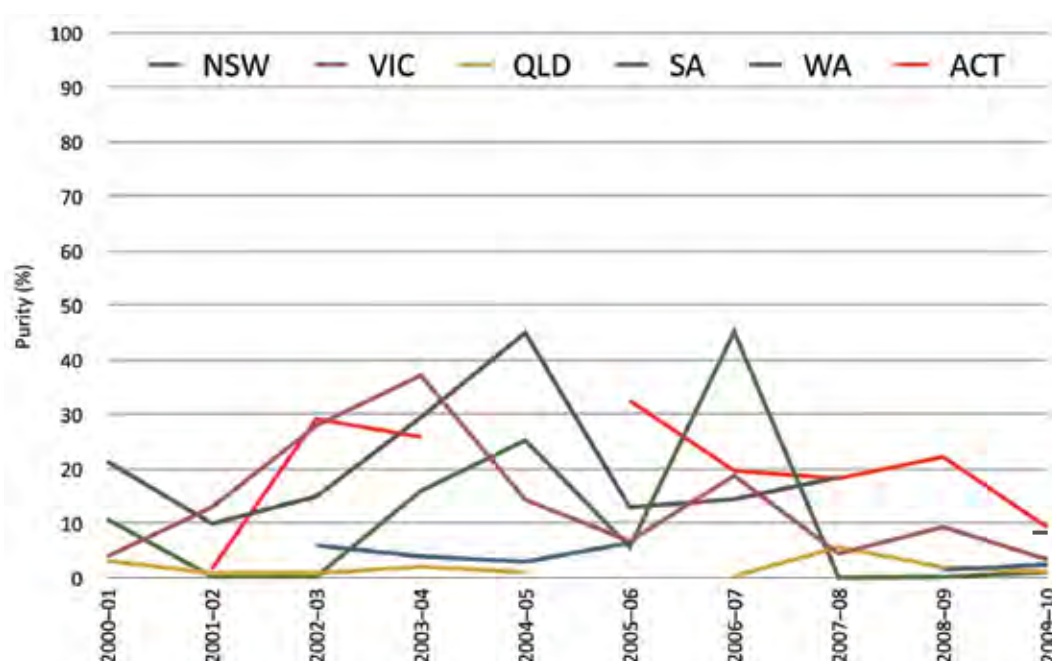
**FIGURE 11:** Annual median purity of amphetamine samples, 2000–01 to 2009–10

Figure 12 illustrates the median purity of analysed amphetamine samples on a quarterly basis during 2009–10. During the reporting period, the median purity of amphetamine ranged from 0.6 per cent in Queensland to 13.6 per cent in the Australian Capital Territory.

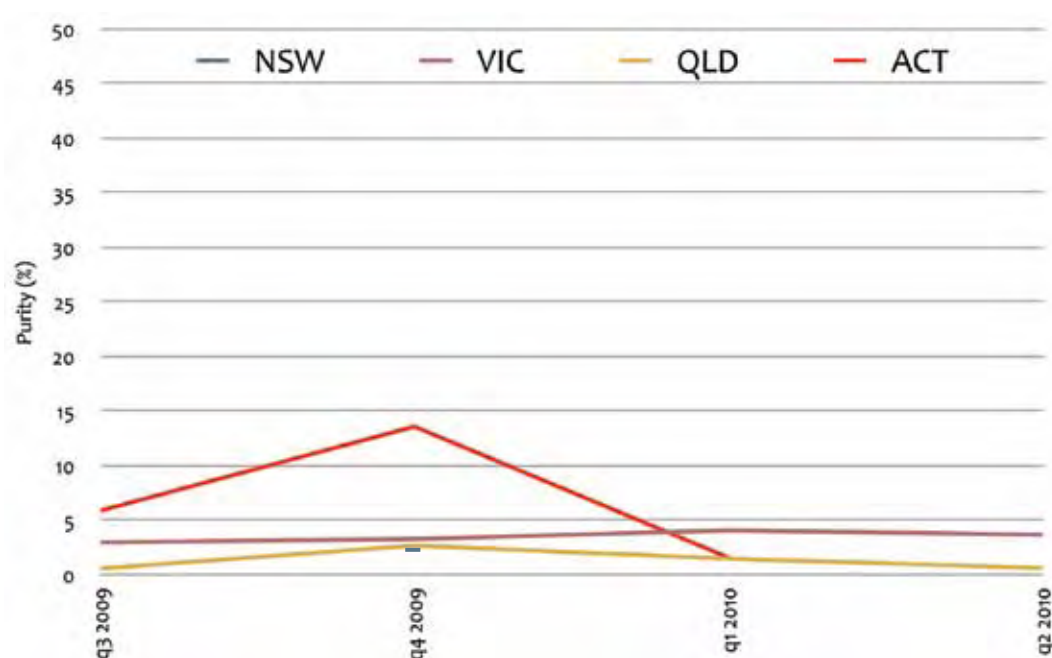
**FIGURE 12:** Quarterly median purity of amphetamine samples, 2009–10

Figure 13 illustrates the annual median purity of analysed methylamphetamine samples since 2000–01. In contrast to amphetamine purity, the median purity of methylamphetamine remained relatively stable. During 2009–10, the median purity ranged from 4.4 per cent in Tasmania to 17 per cent in Western Australia. Of note, Western Australia has continuously recorded high purities in comparison to other jurisdictions over the past decade.

**FIGURE 13:** Annual median purity of methylamphetamine samples, 2000–01 to 2009–10

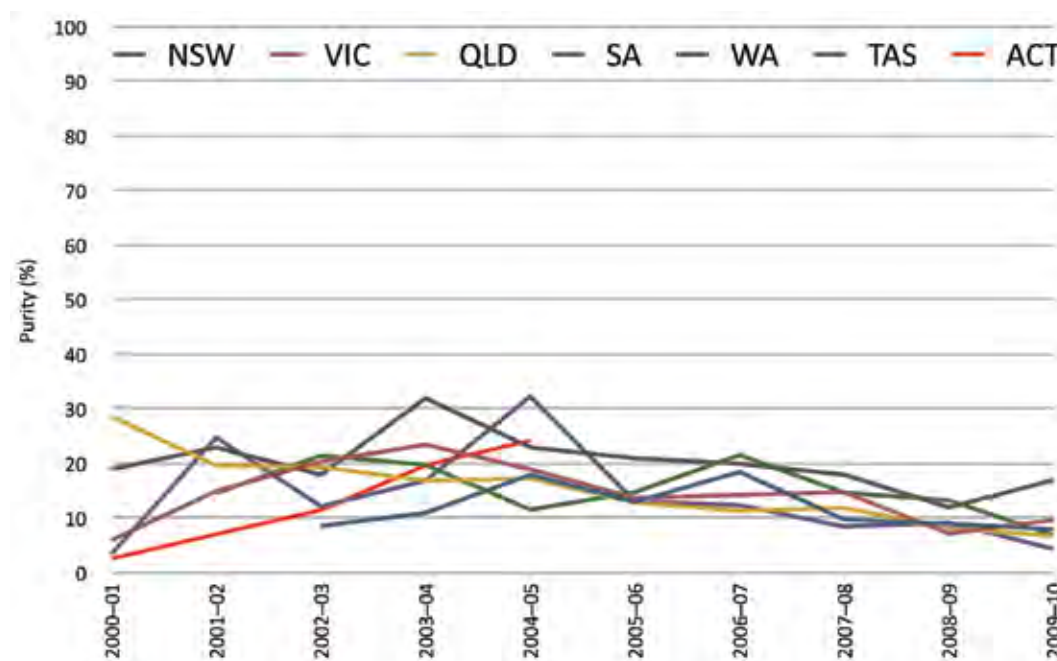


Figure 14 illustrates the median purity of analysed methylamphetamine samples on a quarterly basis in 2009–10. During this reporting period, the median purity of methylamphetamine samples ranged from 1.3 per cent in Tasmania to 24 per cent in Western Australia. In 2009–10, Victoria recorded the greatest fluctuation in quarterly median purity, ranging from a low of 5.3 per cent in the third quarter of 2009 to a high of 23.7 per cent in the second quarter of 2010. The marked increase in purity reported in Victoria and Western Australia is unusual, as the median purity of methylamphetamine within Australia has been declining since 2006–07.



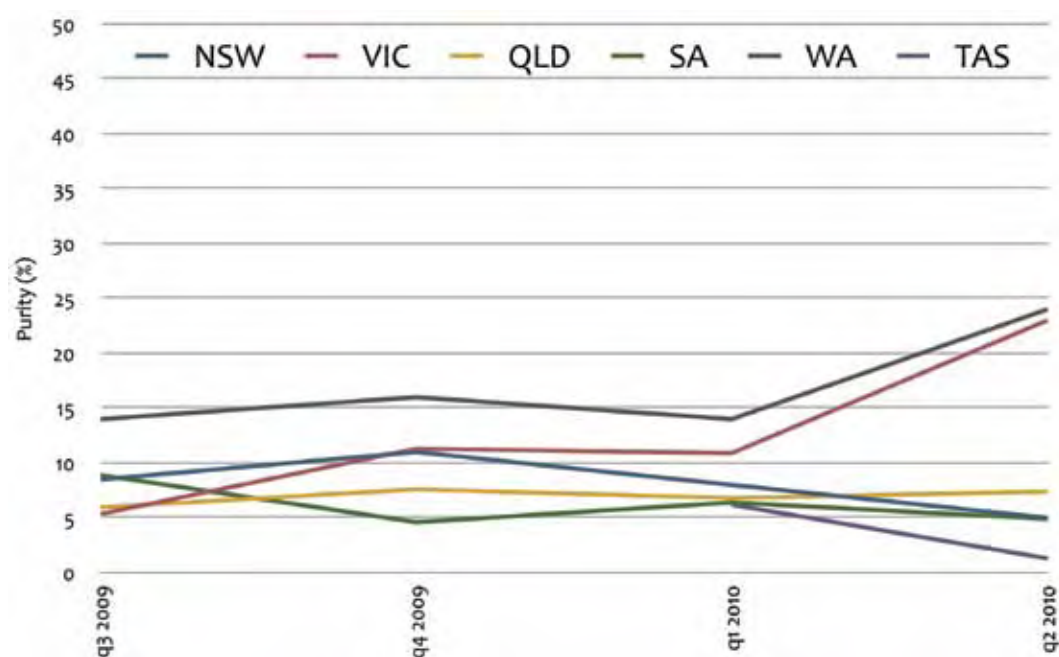
**FIGURE 14:** Quarterly median purity of methylamphetamine samples, 2009–10

Figure 15 illustrates the annual median purity of phenethylamine samples since 2000–01, the majority of which relate to MDMA. During this period, the median purity of phenethylamines ranged from 6.8 per cent in South Australia to 23 per cent in Western Australia. This is the greatest range recorded since 2000–01. While all jurisdictions reported decreases in the median purity of analysed samples in 2009–10, Western Australia has remained relatively stable.

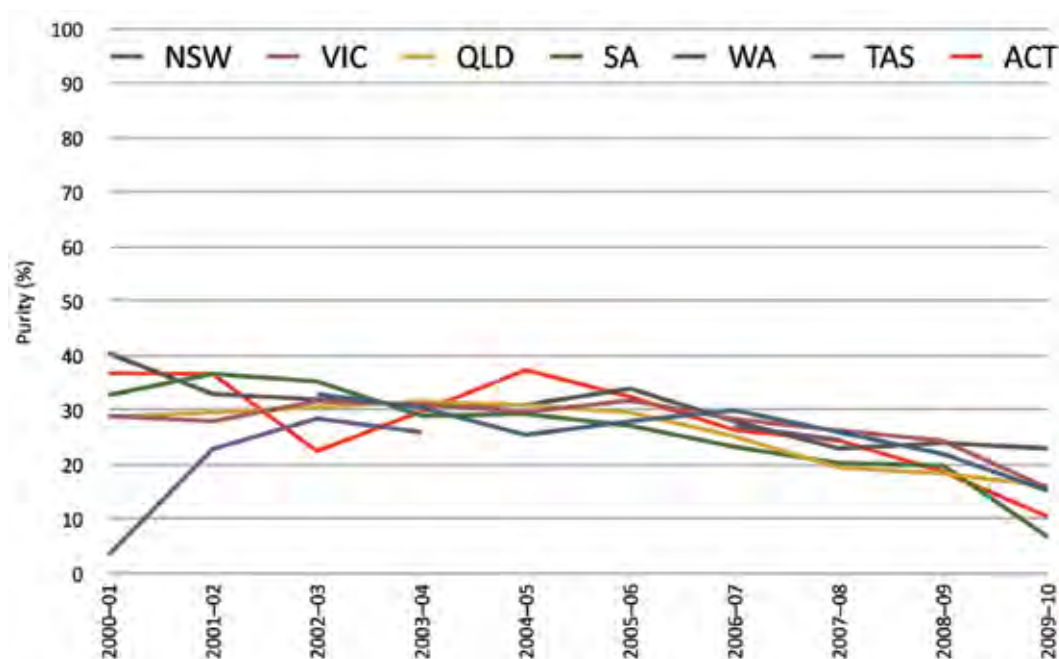
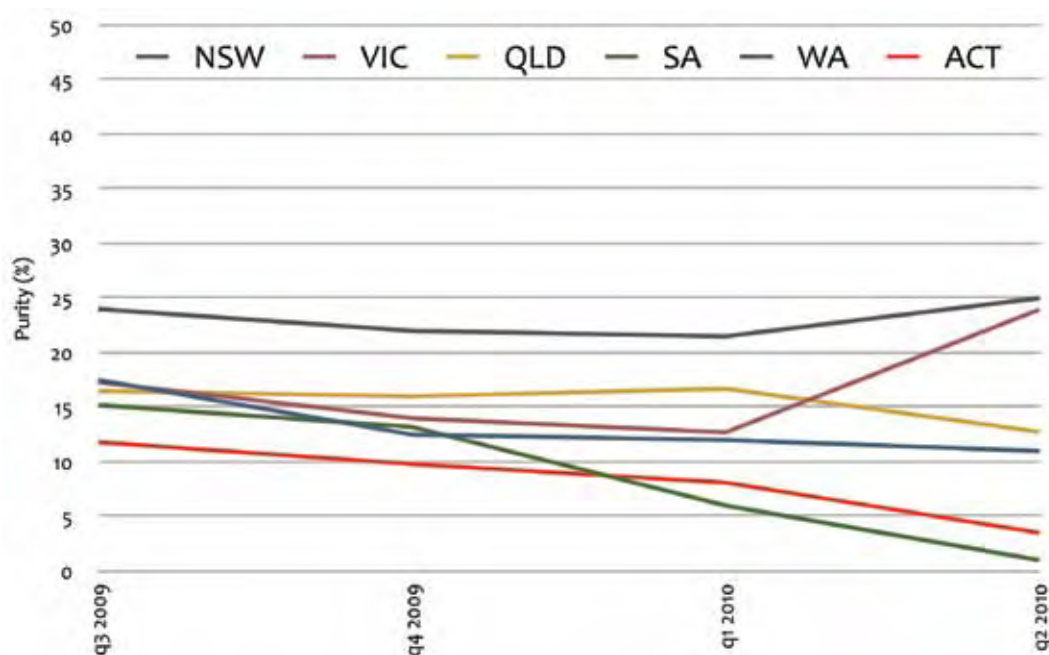
**FIGURE 15:** Annual median purity of phenethylamine samples, 2000–01 to 2009–10

Figure 16 illustrates the median purity of analysed phenethylamine samples on a quarterly basis during 2009–10, the majority of which relate to MDMA. During this reporting period, the median purity of phenethylamines ranged from 1 per cent in South Australia to 25 per cent in Western Australia. The purity of phenethylamines in Western Australia remained high and stable during this reporting period, with the median purity ranging from 21.5 per cent to 25 per cent. Victoria recorded a spike in the median purity of phenethylamines in the second quarter of 2010, while the median purity in other jurisdictions decreased.

**FIGURE 16:** Quarterly median purity of phenethylamine samples, 2009–10



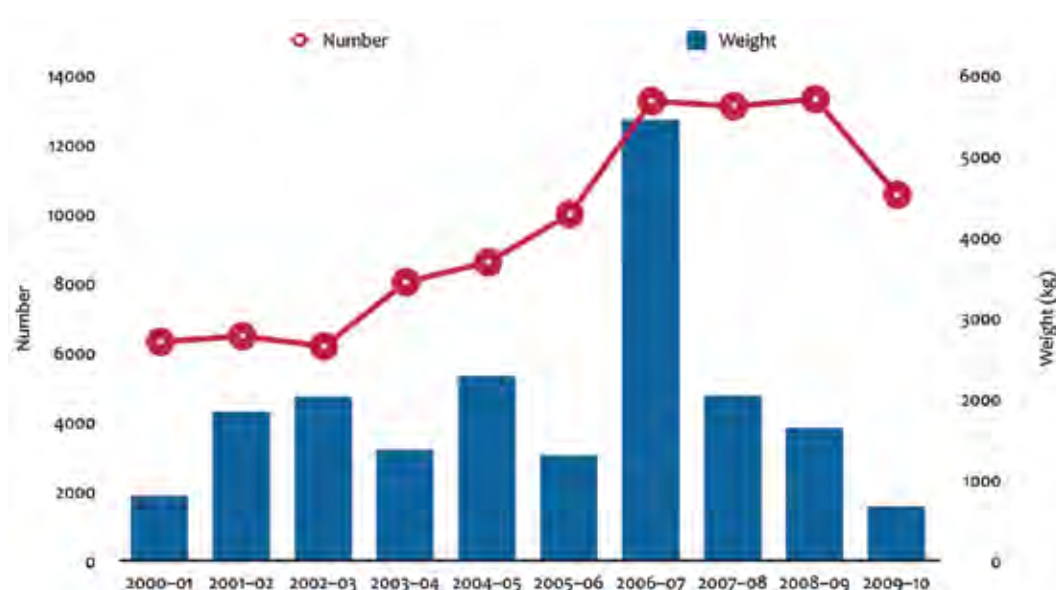
## AVAILABILITY

In a 2009 national study of regular injecting drug users, the proportion of respondents describing methylamphetamine powder (speed), base and ice as easy or very easy to obtain were 81 per cent, 75 per cent and 64 per cent respectively (Stafford & Burns 2010).

Similarly, in a 2009 national study of regular ecstasy users, 88 per cent of respondents considered MDMA as easy or very easy to obtain (Sindicich & Burns 2010). However, early findings from the 2010 study indicate that availability is in decline, with 69 per cent of respondents considering MDMA as easy or very easy to obtain. This is the lowest proportion reported since the study began in 2003 (NDARC 2010).

## SEIZURES AND ARRESTS

The number and weight of national ATS seizures decreased in 2009–10. The number of seizures decreased by 20.7 per cent, from 13 300 in 2008–09 to 10 543 in 2009–10. The weight of seizures is the lowest reported in the last decade, decreasing by 59 per cent from 1 640 kilograms in 2008–09 to 671 kilograms in 2009–10 (see Figure 17).

**FIGURE 17:** National ATS seizures, by weight and number, 2000–01 to 2009–10

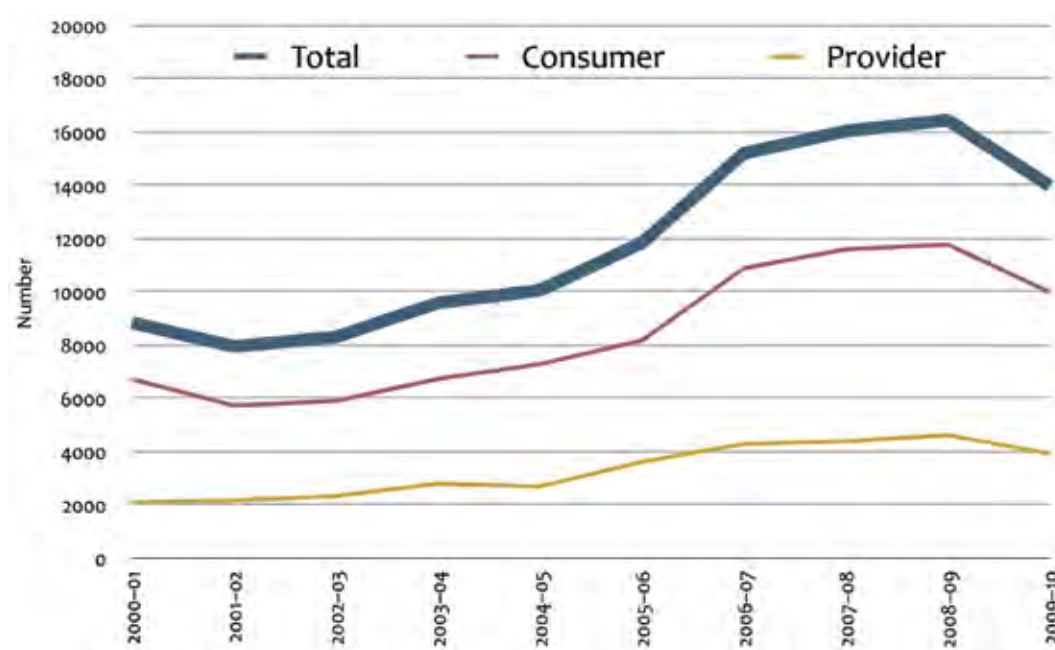
In 2009–10, all jurisdictions reported decreases in the number of ATS seizures. Queensland reported the largest percentage decrease in seizure number this reporting period. New South Wales reported the smallest percentage decrease during 2009–10 and continues to be a prominent jurisdiction for ATS seizures. The Australian Capital Territory was the only jurisdiction to report an increase in the weight of ATS seizures during 2009–10. Despite New South Wales reporting a 45.9 per cent decrease in seizure weight, it still accounted for 81 per cent of the weight of national ATS seizures (see Table 2).

**TABLE 2:** Number, weight and percentage change of national ATS seizures, 2008–09 and 2009–10

State/territory <sup>a</sup>	Number			Weight (grams)		
	2008–09	2009–10	% change	2008–09	2009–10	% change
New South Wales	5 071	4 919	-3.0	1 003 778	543 342	-45.9
Victoria	888	747	-15.9	168 913	44 893	-73.4
Queensland	2 701	1 649	-38.9	51 008	18 998	-62.8
South Australia	447	340	-23.9	152 654	7 761	-94.9
Western Australia	3 581	2 372	-33.8	212 852	45 541	-78.6
Tasmania	117	111	-5.1	10 344	1 549	-85.0
Northern Territory	183	167	-8.7	38 937	6 344	-83.7
Australian Capital Territory	312	238	-23.7	1 749	3 438	96.6
<b>Total</b>	<b>13 300</b>	<b>10 543</b>	<b>-20.7</b>	<b>1 640 235</b>	<b>671 866</b>	<b>-59.0</b>

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

During 2009–10, the number of national ATS arrests decreased by 15 per cent, from 16 452 in 2008–09 to 13 982 in 2009–10. Despite this decrease, arrests remain historically high. Consumer offences accounted for 71 per cent of the total ATS arrests in 2009–10 (see Figure 18).

**FIGURE 18:** Number of national ATS arrests, 2000–01 to 2009–10

In 2009–10, Tasmania was the only jurisdiction to report an increase in ATS arrests. Western Australia reported the greatest percentage decrease in the number of ATS arrests during 2009–10. In Queensland, arrests decreased by 20.7 per cent and, for the first time since 2001–02, Queensland did not account for the greatest proportion of national ATS arrests. In 2009–10, New South Wales recorded the greatest number of arrests, which accounted for 29 per cent of national ATS arrests (see Table 3).

**TABLE 3:** Number and percentage change of national ATS arrests, 2008–09 and 2009–10

State/territory <sup>a</sup>	Arrests		% change
	2008–09	2009–10	
New South Wales	4 131	4 048	-2.0
Victoria	3 590	3 223	-10.2
Queensland	4 230	3 356	-20.7
South Australia	856	780	-8.9
Western Australia	3 243	2 190	-32.5
Tasmania	117	128	9.4
Northern Territory	175	157	-10.3
Australian Capital Territory	110	100	-9.1
<b>Total</b>	<b>16 452</b>	<b>13 982</b>	<b>-15.0</b>

<sup>a</sup> Includes arrests by state/territory police and AFP.

## NATIONAL IMPACT

Globally there has been a substantial increase in the seizure of ATS and its precursors, particularly within South-East Asia, China and Mexico. However, reporting from the World Customs Organization (WCO) reports an international decline in the weight of border seizures of methylamphetamine and MDMA. The greatest decline has occurred for MDMA, which has decreased 96 per cent from a record high of 5 926 kilograms in 2007 to 218 kilograms in 2009. WCO attributes this decline to increasing production in regions that reduce the need to cross borders at risk of detection by Customs officials (WCO 2010).

In 2009–10, the number of ATS (excluding MDMA) detections at the Australian border increased by 71 per cent, the majority of which were in the postal stream. However, the total weight of detections decreased by 84 per cent. South Africa was the prominent embarkation country by weight, accounting for 39 per cent of the total weight of border detections.

The number of MDMA detections at the Australian border increased moderately in 2009–10, the majority of which were detected in the postal stream. In 2009–10, all detections of MDMA at the Australian border were below 1 kilogram. The total weight of MDMA detections continued to decrease and is now the lowest recorded in the last decade.

A record number of clandestine laboratories were detected in Australia this reporting period. Nationally, 602 clandestine laboratories detected during 2009–10 were identified as producing ATS. Of these, 17 were identified as producing MDMA, a decrease from 19 laboratories in 2008–09.

In 2009–10, national ATS seizures and arrests decreased, with the lowest weight of ATS seizures recorded in the last decade. Despite a decrease in ATS arrests, they account for 16 per cent of national illicit drug arrests, second only to cannabis.

## REFERENCES

- Abadinsky, H 2008, *Drug Use and Abuse: A comprehensive Introduction*, Thomson Wadsworth, Belmont.
- Australian Institute of Health and Welfare (AIHW) 2000, '1998 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series*, No. 6, Cat. No. PHE 27, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2002, '2001 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series*, No. 11, Cat. No. PHE 41, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2005, '2004 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series*, No. 16, Cat. No. PHE 66, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2008, '2007 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series*, No. 22, Cat. No. PHE 107, AIHW, Canberra.
- Asia and Pacific Amphetamine-Type Stimulants Information Centre (APAIC) 2010, *Effects of ATS Use—Ecstasy*, APAIC, Bangkok, viewed online 5 October 2010, <[http://www.apaic.org/index.php?option=com\\_content&view=article&id=74&Itemid=131](http://www.apaic.org/index.php?option=com_content&view=article&id=74&Itemid=131)>.
- Asiaone 2010, International crime gangs using Iranians to smuggle drugs into Malaysia, *Asiaone*, viewed online 24 September 2010, <<http://www.asiaone.com/News/AsiaOne+News/Crime/Story/A1Story20100217-199023.html>>.
- Bangkok Post 2009, 'Police Seize 800,000 Methamphetamine Tablets Worth 200 Million Baht', *Bangkok Post*, 25 November.
- Bureau for International Narcotics and Law Enforcement Affairs (BINLEA) 2010, *International Narcotics Control Strategy Report*, United States Department of State, Vol 1, March.

- Centre for Addiction and Mental Health (CAMH) 2010, *Information about drugs and addiction—ecstasy*, CAMH, Toronto, viewed online 5 October 2010, <[http://www.camh.net/about\\_addiction\\_mental\\_health/drug\\_and\\_addiction\\_information/ecstasy\\_dyk.html](http://www.camh.net/about_addiction_mental_health/drug_and_addiction_information/ecstasy_dyk.html)>.
- Criminal Intelligence Service Canada (CISC) 2010, *2010 Report On Organised Crime*, CISC, Ottawa.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2010a, *Drug Profiles—Amphetamine*, EMCDDA, viewed 3 August 2010, <<http://www.emcdda.europa.eu/publications/drug-profiles/amphetamine>>.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2010b, *Drug Profiles—MDMA*, EMCDDA, viewed 23 September 2010, <<http://www.emcdda.europa.eu/publications/drug-profiles/mdma>>.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2010c, *Drug Profiles—Methamphetamine*, EMCDDA, viewed 3 August 2010, <<http://www.emcdda.europa.eu/publications/drug-profiles/methamphetamine>>.
- Europol 2009, *European Organised Crime Threat Assessment 2009*, Europol, The Hague.
- Hart, V, Allsop, S, George, J, Lenton, S, Makkai, T & Baker, J 2008, *National amphetamine-type stimulant strategy 2008–2011*, Ministerial Council on Drug Strategy, Department of Health and Ageing, Canberra.
- National Drug and Alcohol Research Centre (NDARC) 2010, *2010 Drug Trends Conference: Key findings of the 2010 IDRS and EDRS*, NDARC, University of New South Wales, Sydney, viewed online 22 October 2010, <[http://www.med.unsw.edu.au/ndarcweb.nsf/resources/Conference1/\\$file/IDRS+&+EDRS+2010.pdf](http://www.med.unsw.edu.au/ndarcweb.nsf/resources/Conference1/$file/IDRS+&+EDRS+2010.pdf)>.
- National Institute on Drug Abuse (NIDA) 2010, *NIDA InfoFacts: MDMA (Ecstasy)*, NIDA, National Institutes of Health, Maryland.
- Pennay, A & Lee, N 2008, 'Prevention and early intervention of methamphetamine-related harm', *Prevention Research Quarterly*, No. 6, September, DrugInfo Clearinghouse, Australian Drug Foundation, Melbourne.
- Redda, KK, Walker, CA, Barnett, G 1989, *Cocaine, Marijuana, Designer Drugs: Chemistry, Pharmacology and Behaviour*, Library of Congress Cataloguing-in-Publication Data, CRC Publishing Inc, Florida.
- Tehran Times 2010, 8% increase in crystal meth seizure in Iran, *Tehran Times*, viewed online 9 November 2010, <[http://www.tehrantimes.com/index\\_View.asp?code=228781](http://www.tehrantimes.com/index_View.asp?code=228781)>.
- Sindicich, N & Burns, L 2010, 'Australian Trends in Ecstasy and related Drug Markets 2009. Findings from the Ecstasy and Related Drugs Reporting System (EDRS)', *Australian Drug Trend Series No. 46*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- Stafford, J & Burns, L 2010, 'Australian Drug Trends 2009. Findings from the Illicit Drug Reporting System (IDRS)', *Australian Drug Trend Series, No. 37*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- United Nations Office on Drugs and Crime (UNODC) 2009, *Global Smart Update*, Volume 2, UNODC, October.
- United Nations Office on Drugs and Crime (UNODC) 2010a, *Global Smart Update*, Volume 3, UNODC, March.
- United Nations Office on Drugs and Crime (UNODC) 2010b, *World Drug Report 2010*, UNODC, Vienna.
- World Customs Organisation (WCO) 2010, *Customs and Drugs Report 2009*, WCO, Brussels.
- Xinhua 2010, 'China solves almost 40,000 drug crime cases in first half of 2010', *Kunming*, 23 July, viewed online 21 September 2010, <[http://en.kunming.cn/index/content/2010-07/23/content\\_2239702.htm](http://en.kunming.cn/index/content/2010-07/23/content_2239702.htm)>.





# CANNABIS

## KEY POINTS

- While the weight of cannabis detections at the Australian border remains low, the number of detections is the highest recorded in the last decade.
- Cannabis seeds continue to account for the greatest proportion of cannabis border detections.
- Despite reported decreases in cannabis use, the weight of national cannabis seizures and the number of arrests increased in 2009–10.



## MAIN FORMS

Cannabis is derived from the *cannabis sativa* plant and is the world's most widely cultivated and consumed illicit drug. While it can be grown in almost any climate, it is increasingly cultivated using indoor hydroponic technology (NCPIC 2009; UNODC 2006). In 2006, it was reported that growers could harvest up to 6 crops a year using indoor cultivation, with a yield per unit area, per year, 16 times greater than that obtained through traditional outdoor cultivation (UNODC 2006).

Cannabis plants can be grouped into 2 categories—hemp and marijuana. Hemp is a cannabis plant with a low psychoactive component, which can be cultivated for fibre, food and fuel. In contrast, marijuana, commonly referred to as cannabis, is a plant high in psychoactive components and its flowering heads, leaves, resin and oil are commonly used as a drug (Fielding & Morrison 2010; Pinarkara et al 2009).

There are 3 main forms of cannabis: cannabis herb, cannabis resin and cannabis oil. Cannabis herb includes the dried flowers and leaves of the cannabis plant. It is the least potent of all the cannabis products and is usually smoked. Cannabis resin is the pressed secretions of the plant, commonly known as 'hashish'. Resin can be smoked or added to food and eaten. Cannabis oil, the most potent cannabis product, is a thick oil obtained from resin which can be smoked (NCPIC 2009; UNODC 2006) (see Table 4).

**TABLE 4: Main forms of cannabis**

Form	Description	Properties	Method of administration
Herbal cannabis	The leaves and flowering heads	Low levels of Delta-9-tetrahydrocannabinol (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 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. Delta-9 tetrahydrocannabinol (THC) is believed to be responsible for most of the psychoactive effects of cannabis (UNODC 2006). Cannabidiol (CBD) is a chemical present in cannabis that is an antipsychotic and believed to have a balancing effect with THC, reducing symptomatic effects like anxiety and paranoia (Bhattacharyya et al 2009).

In most genetically modified strains of modern cannabis, particularly 'skunk', CBD has been reduced to negligible levels through selective breeding practices to increase THC content. The elimination of CBD may play a key role in the development of psychosis<sup>1</sup> (Feilding & Morrison 2010; Potter et al 2005).

<sup>1</sup> Psychosis refers to a number of mental illnesses where people experience difficulty in telling what is real and what is not, with an individual suffering from hallucinations and delusion (NCPIC 2008).

Cannabis is classified as a central nervous system depressant. Short-term use is associated with feelings of relaxation, talkativeness, drowsiness and a sense of wellbeing. Cannabis use can also lead to feelings of anxiety and paranoia, and cause a loss of coordination (NCPIC 2009). Heavy or frequent use has been associated with increased levels of mental health problems—including depression, decreases in memory, learning abilities and motivation—leading to a decline in school performance and a range of negative employment associated outcomes (NCPIC 2008; QADREC 2010).

Research indicates that initiation of cannabis use before the age of 16 years increases the likelihood of problems relating to use and dependence. However, most users who experience a problem with use reduce or stop using cannabis without assistance (QADREC 2010).

## INTERNATIONAL TRENDS

Cannabis is the most widely used illicit drug in the world, with evidence of cannabis cultivation in almost all countries worldwide (UNODC 2010b). In the United States of America (US), cannabis continues to be widely available due in part to rising cultivation in Mexico and the increased cultivation of high-potency cannabis by Asian organised criminal groups (NDIC 2010). Elsewhere, the United Nations Office on Drugs and Crime (UNODC) has observed that the indoor cultivation of cannabis continues to be a lucrative business, with several national studies indicating an increasing trend towards indoor cultivation (UNODC 2010b).

Afghanistan remains the world's largest producer of hashish, despite cultivating less cannabis per hectare than other global producers. In 2009, an estimated 10 000 to 24 000 hectares of cannabis were cultivated in Afghanistan, with an average yield per hectare of 145 kilograms. This crop is estimated by the UNODC to have produced between 1 500 and 3 500 metric tonnes of cannabis resin (UNODC 2010a). Reduced labour and production costs continue to underpin Afghanistan's sizeable cannabis market, which returns a greater net income per hectare than opium.

Cannabis remains the main illicit drug consumed in Europe. Figures reported by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in 2009 estimate about 12 million Europeans had used cannabis in the past month. Between 1 500 and 2 000 metric tonnes of cannabis is estimated to be consumed in the European Union (EU) each year (EMCDDA 2009). Morocco remains the main supplier of cannabis to the EU, with shipments often trafficked via Spain. However, a European study—mapping the major cannabis trafficking routes into and within Europe—has seen a shift from cannabis resin produced in Morocco toward European-grown herbal cannabis, mainly from Albania (EMCDDA 2009).

In the United Kingdom (UK), domestic cannabis cultivation also remains high, with 80 per cent of cannabis thought to be domestically cultivated. In 2009–10, the UK Home Office reported that it had seized 176.6 tonnes of cannabis nationally (Europol 2009).

During 2009–10, countries recording seizures of cannabis herb or resin in excess of 1 tonne included Brazil, Colombia, Liberia, Mexico, Spain and Venezuela. Notable seizures included the detection of 13 metric tonnes of cannabis by Mexican authorities in May 2010 and a Brazilian seizure of 5 tonnes of cannabis trafficked from Paraguay (JIMP 2010).

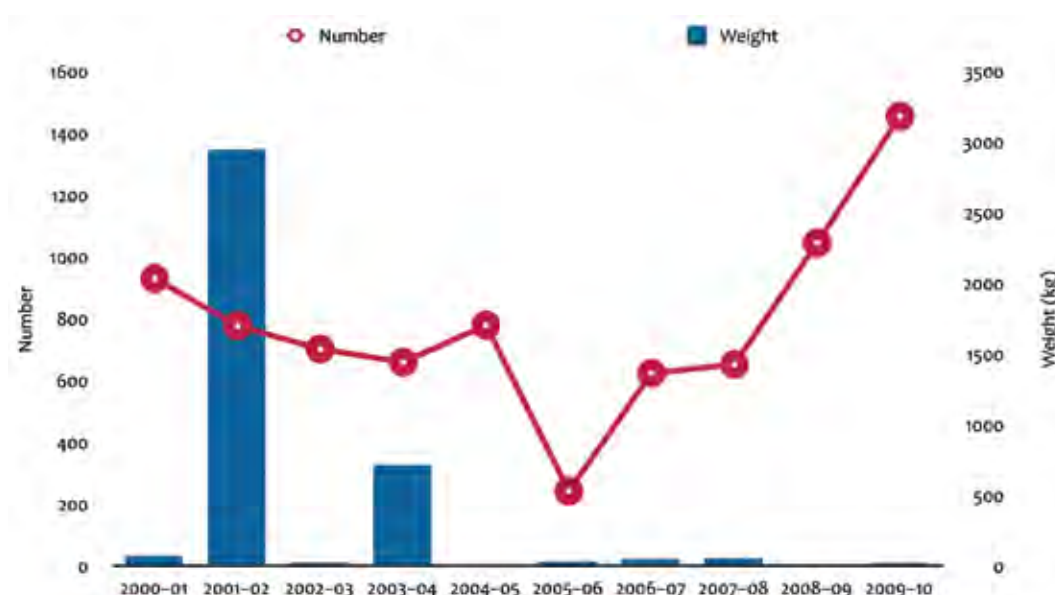
## DOMESTIC TRENDS

### AUSTRALIAN BORDER SITUATION

Cannabis is difficult to conceal, with its strong odour making consignments vulnerable to detection. With the exception of cannabis resin, oil and seeds, widespread domestic cultivation generally means trafficking cannabis into Australia is unnecessary or unprofitable.

During this reporting period, the total number of detections at the Australian border increased by 39 per cent, from 1 044 in 2008–09 to 1 454 in 2009–10. In comparison with 2008–09, the weight of detections of cannabis product increased by 128 per cent from 8.6 kilograms to 19.6 kilograms in 2009–10. While the weight of detections remains low, the number of detections is the highest recorded since 2000–01 (see Figure 19).

**FIGURE 19:** Number and weight of cannabis detections at the Australian border, 2000–01 to 2009–10 (Source: Australian Customs and Border Protection Service)



During this reporting period, the number of individual border detections over 100 grams increased from 10 in 2008–09 to 26 in 2009–10 and accounted for 84 per cent of the total weight of cannabis detections. Additionally, the number of detections above 1 kilogram increased from 3 in 2008–09 to 6 in 2009–10. The largest cannabis detection this reporting period was 3.5 kilograms of hemp oil. The majority (86 per cent) of cannabis border detections in 2009–10 involved seeds.<sup>2</sup> However, most detections contained only a small number of seeds intended for home cultivation.

<sup>2</sup> Treated hemp seeds and shelled food products are included in reported cannabis detection figures.

## SIGNIFICANT BORDER DETECTIONS

Significant border detections of cannabis in 2009–10 included:

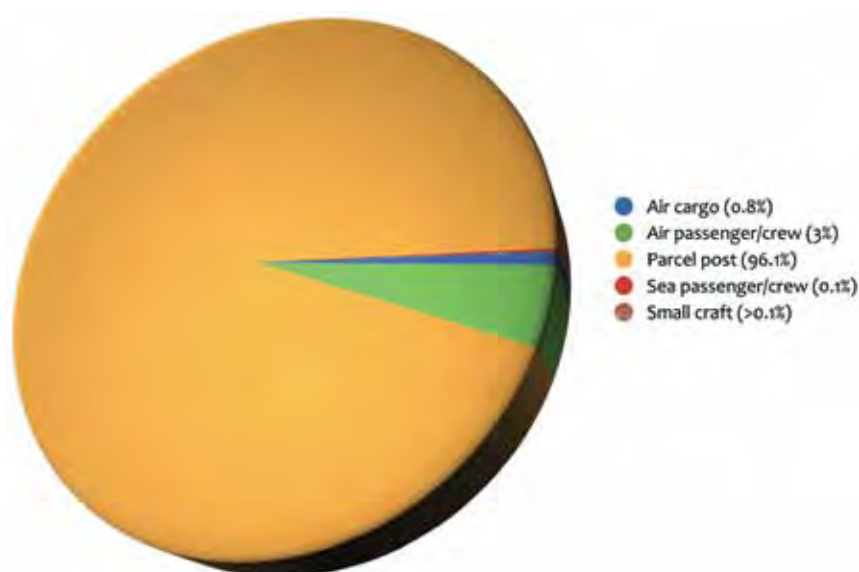
- 3.5 kilograms of hemp oil detected on 6 January 2010 in air cargo from the US to Brisbane
- 2.7 kilograms of cannabis seeds detected on 1 January 2010 in the postal stream from the US to Melbourne
- 1.3 kilograms of herbal capsules and liquid detected on 14 March 2010 in air cargo from the US to Melbourne
- 1 kilogram of cannabis leaf detected on 2 February 2010 on a small boat from Papua New Guinea to Thursday Island
- 1 kilogram of cannabis seeds detected on 14 March 2010 in the postal stream from the UK to Brisbane
- 1 kilogram of cannabis seeds detected on 7 April 2010 in parcel post from the UK to Melbourne.

The 6 detections listed above have a combined weight of 10.5 kilograms, which accounts for 54 per cent of the total weight of cannabis products detected at the Australian border in 2009–10.

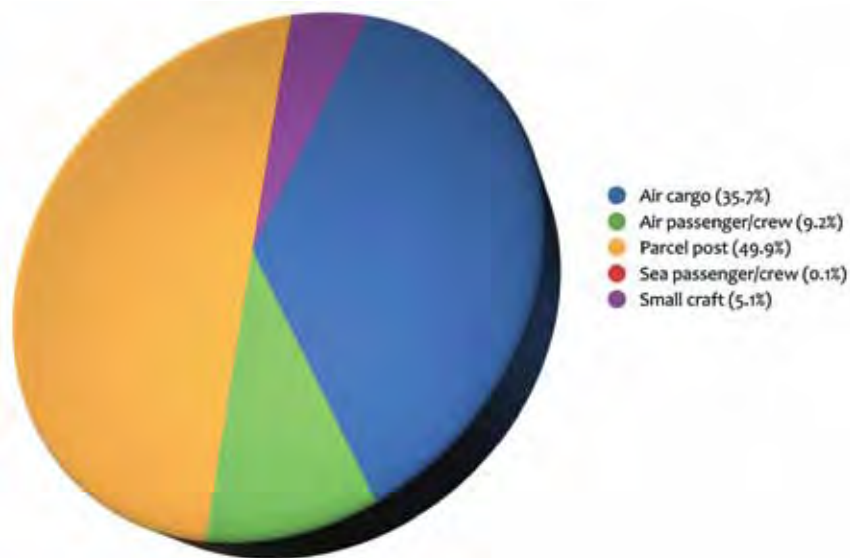
## IMPORTATION METHODS

In 2009–10, the postal stream accounted for 96.1 per cent of cannabis detections by number and 49.9 per cent of detections by weight (see Figures 20 and 21). Methods of cannabis concealment identified during this reporting period included mail articles, cards, wallets, clothing, and air passenger's baggage.

**FIGURE 20:** Number of cannabis detections at the Australian border, as a proportion of total detections, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)



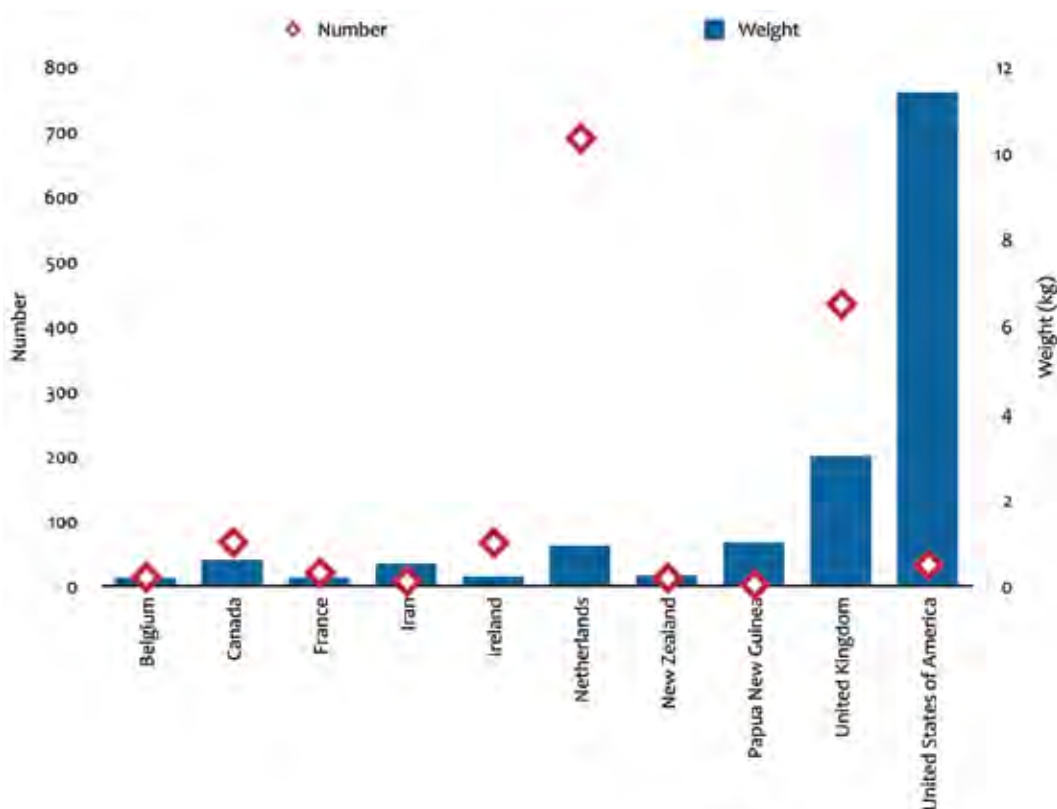
**FIGURE 21:** Weight of cannabis detections at the Australian border, as a proportion of total detections, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)



## EMBARKATION POINTS

Since 2007–08, the Netherlands has remained the prominent country of embarkation for cannabis detections at the Australian border. In 2009–10, there were 689 attempted importations from the Netherlands, followed by 434 from the UK. Consistent with findings in 2008–09, the prominent country of embarkation, by weight, was the US with 11.4 kilograms, followed by the UK and Papua New Guinea (see Figure 22).

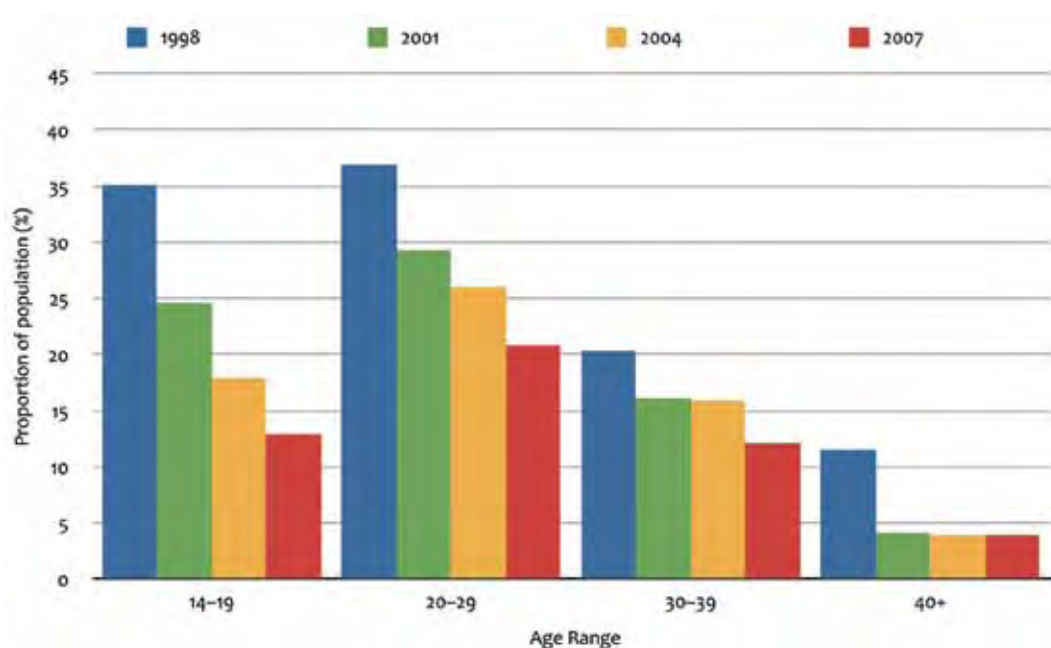
**FIGURE 22:** Country of embarkation for cannabis importations of more than 100 grams, detected at the Australian border, 2009–10 (Source: Australian Customs and Border Protection Service)



## DOMESTIC MARKET INDICATORS

Across all surveys of the Australian population, cannabis remains the most commonly used illicit drug in Australia. Despite this, since 1998, the National Drug Strategy Household Survey (NDSHS) has reported a significant decrease in recent cannabis use among the Australian population aged 14 years and over—decreasing from 17.9 per cent in 1998 to 9.1 per cent in 2007. This decrease is particularly noticeable in the 14 to 19 year age group, which decreased from 35 per cent in 1998 to 12.9 per cent in 2007 (see Figure 23).

**FIGURE 23:** Recent cannabis use as a proportion of the Australian population, 1998–2007 (Source: Australian Institute of Health and Welfare 2000, 2002, 2005, 2008)



In a 2009 national study of regular injecting drug users, 76 per cent of respondents reported cannabis use in the 6 months prior to interview (recent use), of which 50 per cent reported daily use. Cannabis herb was the most common form used, with only 6 per cent reporting use of cannabis resin and 3 per cent using cannabis oil (Stafford & Burns 2010).

In a 2009 national study of regular ecstasy users, 82 per cent of respondents reported cannabis use in the 6 months prior to interview. Only 20 per cent of recent users reported daily use (Sindicich & Burns 2010).

Cannabis extraction laboratories continue to be detected, but numbers remain low. In 2009–10, a total of 3 clandestine laboratories designed to extract cannabis oil were detected nationally—the same number as detected each year since 2007–08. Of the laboratories detected during this reporting period, 2 were detected in the Northern Territory and 1 in South Australia (see *Clandestine laboratories and precursors* chapter).



## PRICE

The price per gram of cannabis within Australia has remained relatively stable over the past decade, ranging between \$20 and \$75. Regional areas, particularly in the Northern Territory, continue to report the highest prices. In 2009–10, the price for a gram of cannabis ranged from between \$20 and \$50. For an ounce<sup>3</sup> of cannabis, prices ranged from between \$180 and \$500.

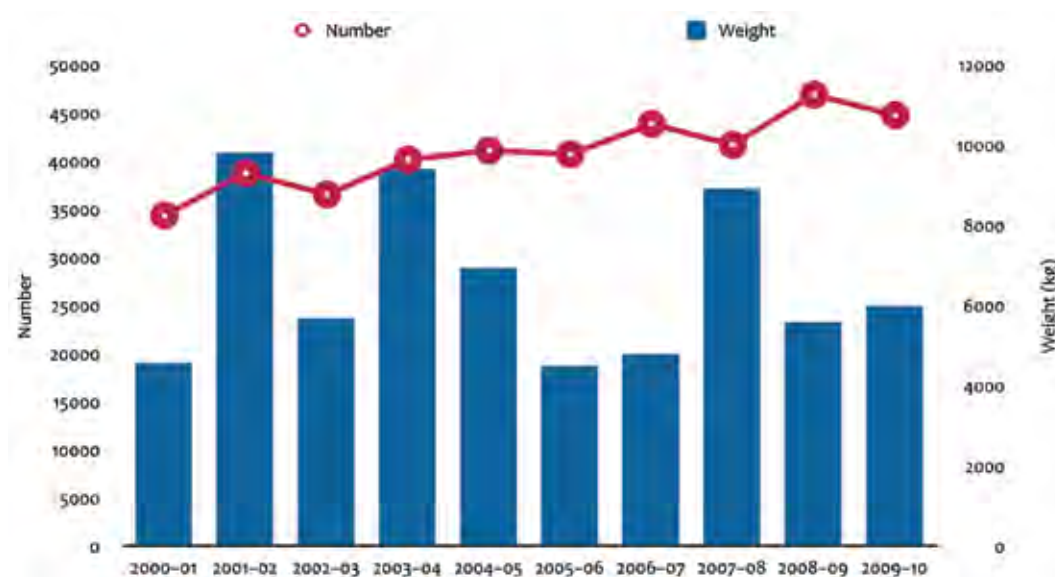
## AVAILABILITY

In 2009, national studies of regular injecting drug users and regular ecstasy users reported similar levels of cannabis availability. A total of 88 per cent of regular injecting drug users and 82 per cent of regular ecstasy users described cannabis as easy or very easy to obtain.

## SEIZURES AND ARRESTS

In the last decade, cannabis has been the predominant illicit drug seized in Australia. In 2009–10, cannabis accounted for 70 per cent of the number and 76 per cent of the weight of national illicit drug seizures. The number of cannabis seizures decreased by 4.6 per cent, from 46 875 in 2008–09 to 44 736 in 2009–10. However, the number of seizures remains historically high. During this reporting period there was a small increase in the weight of cannabis seizures from 5 573 kilograms in 2008–09 to 5 989 kilograms in 2009–10 (see Figure 24).

**FIGURE 24:** National cannabis seizures, by weight and number, 2000–01 to 2009–10



<sup>3</sup> An ounce equates to approximately 28 grams.



During 2009–10, Queensland and South Australia were the only jurisdictions to report a decrease in the number of cannabis seizures. The Australian Capital Territory reported the greatest percentage increase for both number and weight during 2009–10. Queensland has historically accounted for the greatest number of cannabis seizures, however, in 2009–10 it was second to New South Wales. Since 2004–05, Victoria has accounted for the greatest proportion of the total weight of cannabis seized (see Table 5).

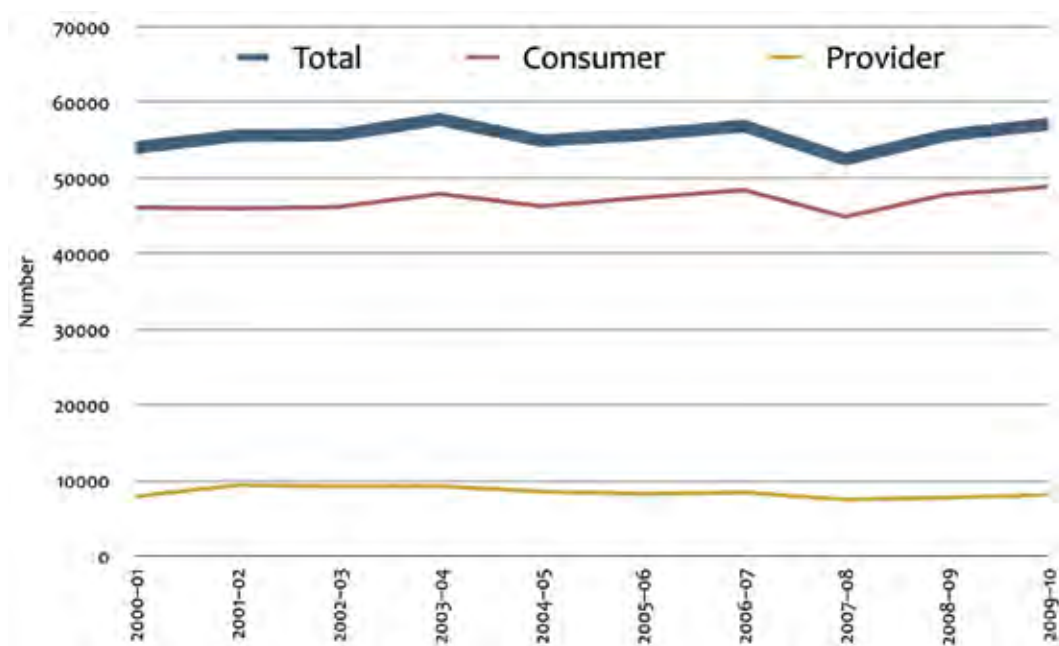
**TABLE 5: Number, weight and percentage change of national cannabis seizures, 2008–09 and 2009–10**

State/territory <sup>a</sup>	Number			Weight (grams)		
	2008–09	2009–10	% change	2008–09	2009–10	% change
New South Wales	12 491	14 018	12.2	1 430 342	1 237 079	-13.5
Victoria	3 272	3 292	0.6	1 653 744	1 964 766	18.8
Queensland	17 082	12 946	-24.2	628 319	644 686	2.6
South Australia	471	433	-8.1	860 979	695 637	-19.2
Western Australia	9 572	9 599	0.3	450 005	406 486	-9.7
Tasmania	2 302	2 551	10.8	223 242	214 799	-3.8
Northern Territory	1 087	1 133	4.2	131 459	85 469	-35.0
Australian Capital Territory	598	764	27.8	194 928	740 957	280.1
<b>Total</b>	<b>46 875</b>	<b>44 736</b>	<b>-4.6</b>	<b>5 573 018</b>	<b>5 989 879</b>	<b>7.5</b>

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

In 2009–10, the number of national cannabis arrests increased slightly and is currently the highest reported since 2003–04. While provider arrests increased by 5 per cent in 2009–10, they have remained relatively stable since 2000–01. In 2009–10, consumers accounted for 86 per cent of national cannabis arrests in Australia (see Figure 25).

**FIGURE 25: Number of national cannabis arrests, 2000–01 to 2009–10**



In 2009–10, cannabis arrests accounted for 67.1 per cent of national illicit drug related arrests. There was a small increase in cannabis arrests, from 55 638 in 2008–09 to 57 170 in 2009–10. South Australia reported the greatest percentage increase in arrests. Despite Queensland reporting decreases in arrest numbers since 2005–06, it continued to account for the greatest proportion of cannabis arrests (see Table 6).

**TABLE 6: Number and percentage change of national cannabis arrests, 2008–09 and 2009–10**

State/territory <sup>a</sup>	Arrests		% change
	2008–09	2009–10	
New South Wales	12 201	12 752	4.5
Victoria	6 884	7 066	2.6
Queensland	16 588	16 325	-1.6
South Australia	2 167	2 518	16.2
South Australia (CENs) <sup>b</sup>	6 973	7 530	8.0
Western Australia	6 315	6 274	-0.6
Western Australia (CINs) <sup>c</sup>	1 328	1 391	4.7
Tasmania	1 827	1 934	5.9
Northern Territory	597	597	0.0
Northern Territory (DINs) <sup>d</sup>	456	466	2.2
Australian Capital Territory	228	244	7.0
Australian Capital Territory (SCONs) <sup>e</sup>	74	73	-1.4
<b>Total</b>	<b>55 638</b>	<b>57 170</b>	<b>2.8</b>

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

b. Cannabis Expiation Notices.

c. Cannabis Infringement Notices.

d. Drug Infringement Notices.

e. Simple Cannabis Offence Notices.

## NATIONAL IMPACT

There is an ongoing market for cannabis seed importations, however, the number of cannabis border detections is low, reflecting the scale of domestic cannabis cultivation and risks associated with cannabis importations.

In 2009–10, the weight of cannabis product detected at the Australian border increased by 128 per cent to 19.6 kilograms. Despite this increase, the weight of cannabis border detections remains historically low. The number of individual cannabis detections over 100 grams increased from 10 in 2008–09 to 26 in 2009–10, with the number of detections over 1 kilogram increasing from 3 in 2008–09 to 6 in 2009–10. The number of cannabis detections is the highest recorded since 2000–01. In 2009–10, over 86 per cent of detections involved cannabis seeds.

There have been 3 clandestine laboratories designed to extract cannabis oil detected in Australia in each reporting period since 2007–08. However, the jurisdictions reporting detections have changed. In 2009–10, the Northern Territory detected 2 cannabis oil extraction laboratories and South Australia reported 1 laboratory. Cannabis oil extraction laboratories have previously been detected in New South Wales, Queensland, South Australia and the Australian Capital Territory.

Despite decreases in the reported use of cannabis, it remains the dominant illicit drug in Australia in terms of arrests, seizures and use. This reporting period, cannabis accounted for 70 per cent of national seizures by number, 76 per cent by weight and 67 per cent of all illicit drug related arrests. Cannabis arrests have remained relatively stable over the last decade. While the number of cannabis seizures decreased, cannabis was the only illicit drug to report an increase in the weight of seizures in 2009–10.

## REFERENCES

- Australian Institute of Health and Welfare (AIHW) 2000, '1998 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 6, Cat. No. PHE 27*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2002, '2001 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 11, Cat. No. PHE 41*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2005, '2004 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 16, Cat. No. PHE 66*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2008, '2007 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 22, Cat. No. PHE 107*, AIHW, Canberra.
- Bhattacharyya, S, Morrison, P, Fusar-Poli, P, Martin-Santos, R, Borgwardt, S, Winton-Brown, T, Nosarti, C, O' Carroll, CM, Seal, M, Allen, P, Mehta, M, Stone, J, Tunstall, N, Giampietro, V, Kapur, S, Murray, RM, Zuardi, AW, Crippa, JA, Atakan, Z & McGuire, PK 2009, 'Opposite Effects of D-9-Tetrahydrocannabinol and Cannabidiol on Human Brain Function and Psychopathology', *Neuropsychopharmacology*, 35, pp. 764-774, US.
- Europol 2009, *European Organised Crime Threat Assessment*, Europol, Hague.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2009, 'Identifying Europe's information needs for effective drug policy' *EMCDDA Conference Proceedings*, 6–8 May 2009, Lisbon.
- Feilding, A & Morrison, P 2010, 'It's lack of balance that makes skunk cannabis do harm', *NewScientist*, 2744, 26 January.
- Justice in Mexico Project (JIMP) 2010, '13 tons of marijuana seized in Jalisco', *JIMP*, 26 May.
- National Cannabis Prevention and Information Centre (NCPIC) 2008, 'Cannabis and mental health', *Fact sheet 3*, NCPIC, Sydney.
- National Cannabis Prevention and Information Centre (NCPIC) 2009, 'What is cannabis?', *Fact sheet 1*, NCPIC, Sydney.
- National Drug Intelligence Centre (NDIC) 2010, *National Drug Threat Assessment 2010*, NDIC, US Department of Justice, Washington.
- Pinarkara, E, Kayis, SA, Hakki, EE & Sag, A 2009, 'RAPD analysis of seized marijuana (*Cannabis sativa* L.) in Turkey', *Electron. J. Biotechnol.*, v.12 n.1, Valparaiso ene, Chile.
- Potter, DJ, Clark, P & Brown, MB 2008 'Potency of D9-THC and other Cannabinoids in Cannabis in England in 2005'. In Cannabis in England in 2005: Implications for Psychoactivity and Pharmacology, *Forensic Science* 53, 1 January.
- Queensland Alcohol and Drug Research and Education Centre (QADREC) 2010, *Submissions: Inquiry into Addressing Cannabis Related Harm in Queensland*, sub. 031, Social Development Committee, Queensland Parliament.
- Sindicich, N & Burns, L 2010, 'Australian Trends in Ecstasy and related Drug Markets 2009. Findings from the Ecstasy and Related Drugs Reporting System (EDRS)', *Australian Drug Trend Series No. 46*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- Stafford, J & Burns, L 2010, 'Australian Drug Trends 2009. Findings from the Illicit Drug Reporting System (IDRS)', *Australian Drug Trend Series, No. 37*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- United Nations Office on Drugs and Crime (UNODC) 2006, 'Review of the world cannabis situation', *Bulletin on Narcotics*, vol. LVIII, Nos. 1 and 2, UNODC, New York.
- United Nations Office on Drugs and Crime (UNODC) 2010a, *Afghanistan Cannabis Survey 2009*, UNODC, Vienna.
- United Nations Office on Drugs and Crime (UNODC) 2010b, *World Drug Report 2010*, UNODC, Vienna.





# HEROIN

## KEY POINTS

- The weight of heroin detections at the Australian border decreased from 150.6 kilograms in 2008–09 to 117.5 kilograms in 2009–10.
- Points of embarkation for heroin detected at the Australian border remained unchanged at 29 countries.
- In 2009–10, the weight of national heroin seizures decreased by 49 per cent.
- The number of national heroin and other opioid arrests remained relatively stable.

## MAIN FORMS

Heroin (diacetylmorphine) is a semi-synthetic drug belonging to the opiates group. It is the most potent and addictive derivative of the opium poppy (*Papver somniferum*) (UNODC 2010c, 2010e). Heroin is derived from morphine, a drug present in a gummy substance extracted from the seed pod of the opium poppy (UNODC 2010a). Acetic anhydride is a crucial precursor in the conversion of morphine into heroin base. Other chemicals used include hydrochloric acid, acetone and sodium carbonate (UNODC 2007, 2010c).

The 3 primary regions of opium production include: South-West Asia (known as the 'Golden Crescent'<sup>1</sup>), South-East Asia (known as the 'Golden Triangle'<sup>2</sup>) and Latin America (Interpol 2010). Afghanistan continues to account for approximately 90 per cent of global illicit opium production (UNODC 2010b).

Heroin is a central nervous system depressant that binds to opioid receptors, which control the perception of pain and reward, respiration and blood pressure (NIDA 2010). Users may experience a surge of euphoria, warm flushing of the skin, heaviness of extremities and clouded mental functioning as well as nausea, irregular heartbeat and suppressed respiration. Long-term users may suffer from mood swings, depression and memory impairment. Heroin overdoses are often the result of suppressed respiration (BetterHealth Channel 2010; DoHA 2010; NIDA 2010).

Heroin is typically sold as a white or brownish powder. A less common form is 'black tar heroin', which is mainly produced in Mexico and sold in the United States of America (US) (NIDA 2010). 'Homebake' heroin is a crude form of heroin made from codeine extracted from pharmaceutical products (AIC 2009).

While heroin is most commonly injected, it can also be smoked, snorted/sniffed or added to cannabis or tobacco cigarettes (DoHA 2010). In Australia, the most common method of administering heroin is by intravenous injection. The second most common practise is inhaling the fumes, often referred to as 'chasing the dragon'.

The colour and appearance of heroin is neither a definitive nor reliable indicator of origin or purity. However, different grades of heroin do have different utility and desirability in the Australian market. There are 4 main grades of heroin:

- No. 4 grade heroin is a product of high purity which is easily dissolved and usually injected. It is the most common grade in developed countries.
- No. 3 grade is less refined and granular in appearance. It is considered unsuitable for injection, so is most commonly heated and the vapours inhaled.
- No. 2 and No. 1 heroin refers to heroin base, which is its form prior to conversion to a hydrochloride salt. No. 1 and No. 2 grade heroin are not commonly encountered in Australia (Booth 1998).

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

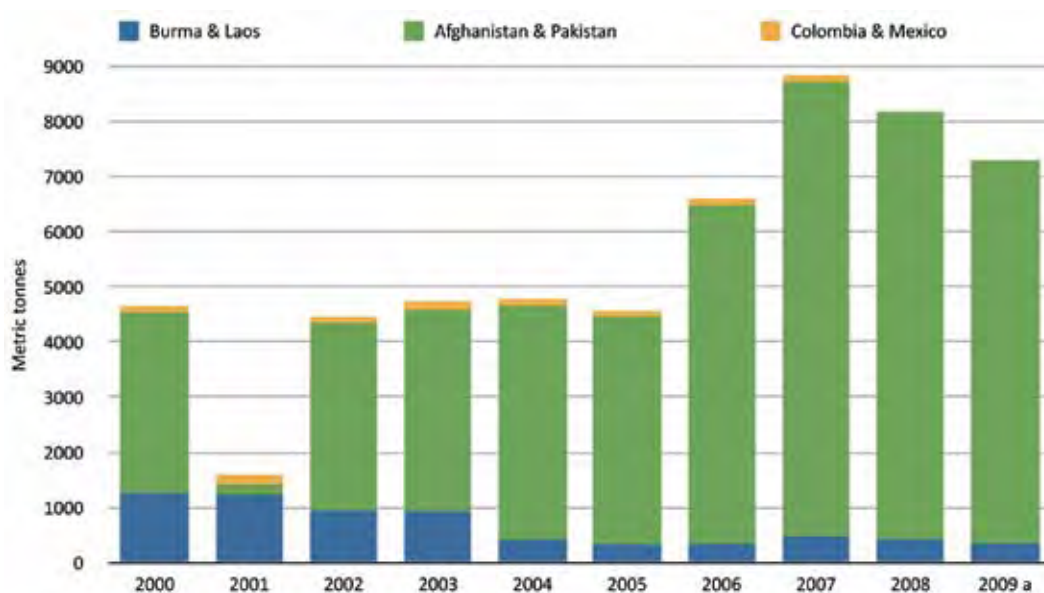
2 The 'Golden Triangle' comprises the border regions of Burma, Thailand and Laos.

## INTERNATIONAL TRENDS

Afghanistan remains the dominant global producer of opium and heroin. Opium poppy cultivation continues to be a more profitable investment than other licit crops in Afghanistan, complicating efforts to develop alternative livelihoods for Afghan farmers. Greater quantities of Afghan opium are being refined into morphine and heroin in Afghanistan. According to the UNODC the amount converted may be as high as 90 per cent of all Afghan opiates (SOCA 2010).

In 2009, total opium production in Afghanistan was estimated at 6 900 tonnes, a 10 per cent decrease from 2008 (UNODC 2010a). In the Golden Triangle, the overall number of hectares under opium poppy cultivation increased for the third successive year. However, potential opium production fell from 424 to 345 metric tonnes, largely due to a decline in opium yields in Burma. Although opium yields decreased, Burma accounted for 94 per cent of overall cultivation in the Golden Triangle in 2009 (UNODC 2009) (see Figure 26).

**FIGURE 26:** Potential production of opium, 2000 to 2009 (Source: United Nations Office on Drugs and Crime)



a Potential production figures were unavailable for Mexico in 2009

In February 2010, the United Nations Office on Drugs and Crime (UNODC) projected that Afghanistan's 2010 opium poppy crop was likely to stabilise following a decline of one-third during the past 2 years. However, the size of Afghanistan's 2010 opium poppy harvest is unclear following the outbreak of a fungal disease in Helmand and Kandahar provinces. The UNODC subsequently estimated that the production of opium in Afghanistan during 2010 may be reduced by a quarter (BBC 2010; UNODC 2010a).



Multi-lateral initiatives designed to reduce the flow of precursor chemicals used in the manufacture of heroin into Afghanistan have achieved some operational success. However, substantial quantities of precursor chemicals continue to be successfully trafficked into Afghanistan including acetic anhydride. Following the success of Operation Tarcet I in 2008, several countries in addition to regional and international organisations agreed to participate in Operation Tarcet II, targeting precursor chemical trafficking to Afghanistan. Significant seizures during Operation Tarcet II included 5 tonnes of acetic anhydride in Pakistan during July 2009 (UNODC 2010d).

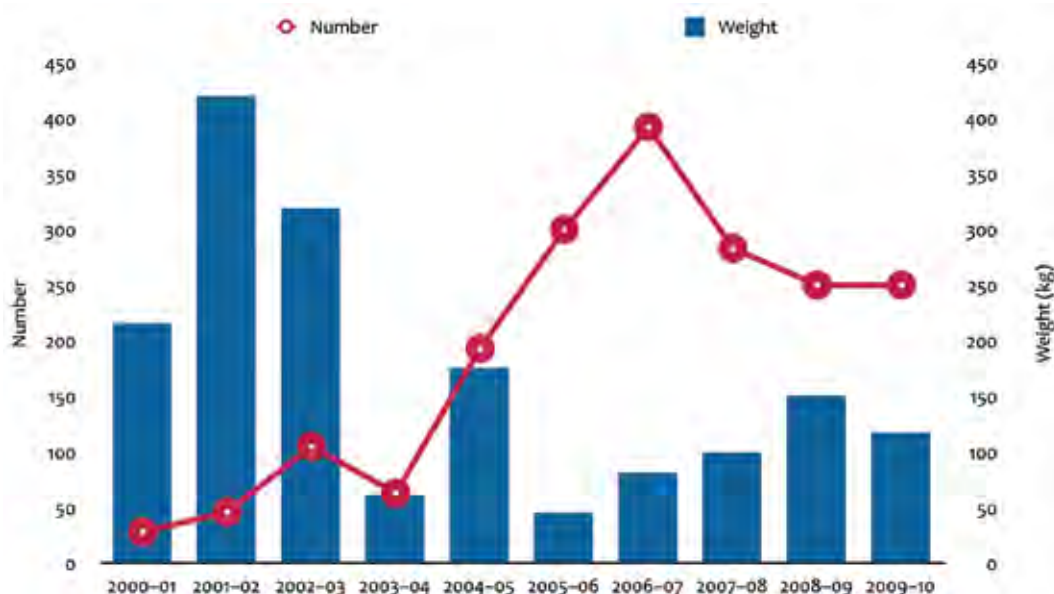
In some areas of the US, heroin availability is increasing, leading to a rise in reported rates of use particularly amongst younger users (NDIC 2010). A contributing factor is the increased heroin production in Mexico. Heroin signature analysis and investigative reporting indicates the possibility that 'white' heroin is being produced using Colombian processing techniques. This reporting also suggests that Mexican and South American heroin is being mixed prior to distribution in the US and that Mexican syndicates are trafficking and distributing greater quantities of heroin produced in South America. US authorities have noted that the capacity of Mexican syndicates to occupy a greater share of the US heroin market is increasing (NDIC 2010).

## DOMESTIC TRENDS

### AUSTRALIAN BORDER SITUATION

In 2009–10, the number of heroin detections at the Australian border remained stable at 250. In contrast, there was a 22 per cent decrease in the weight of detections from 150.6 kilograms in 2008–09 to 117.5 kilograms in 2009–10 (see Figure 27).

**FIGURE 27:** Number and weight of heroin detections at the Australian border, 2000–2001 to 2009–10 (Source: Australian Customs and Border Protection Service)



## SIGNIFICANT BORDER DETECTIONS

Significant border detections of heroin in 2009–10 included:

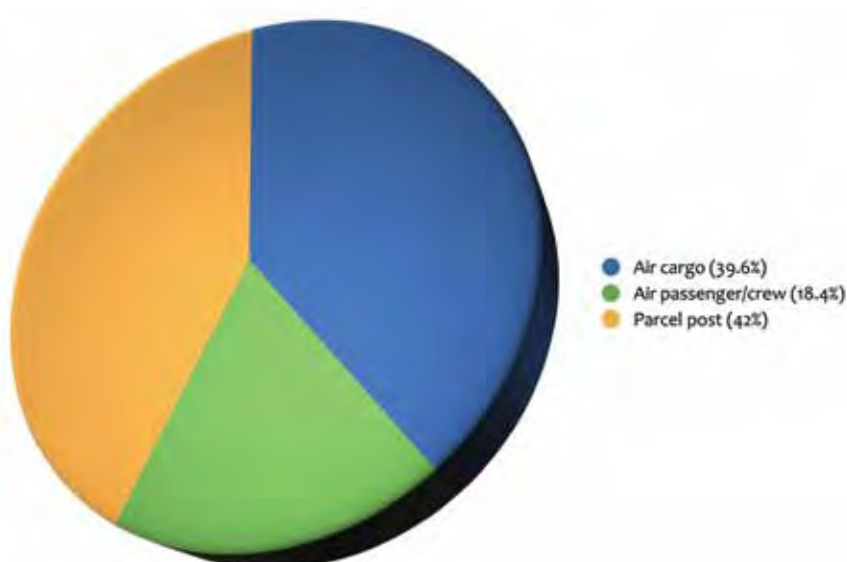
- 8 kilograms of heroin detected on 2 January 2010 concealed inside the base of an air passenger's bags, travelling from Canada to Sydney
- 7.9 kilograms of heroin detected on 9 February 2010 concealed in wooden birds, from Singapore to Sydney
- 5.5 kilograms of heroin detected on 20 November 2009 concealed inside mah-jong and domino tiles carried by an air passenger, travelling from Vietnam to Sydney
- 4 kilograms of heroin detected on 15 October 2009 concealed inside boxes and plates from Afghanistan to Sydney
- 1.8 kilograms of heroin detected on 20 September 2009 as an internal concealment by an air passenger from Vietnam to Sydney.

The 5 detections listed above have a combined weight of 27.2 kilograms, which accounts for 23 per cent of the total weight of heroin detected at the Australian border in 2009–10.

## IMPORTATION METHODS

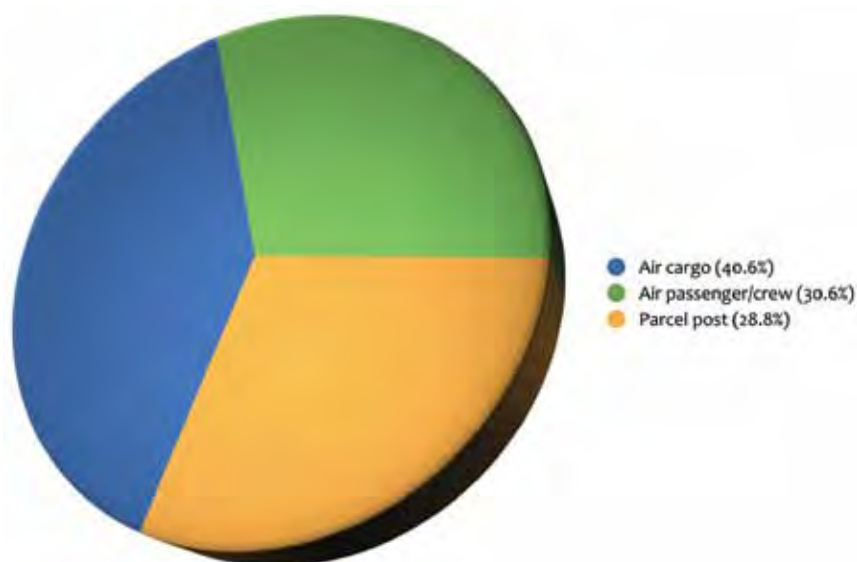
In 2009–10, parcel post continued to be the most commonly detected mode of importation, accounting for 42 per cent of heroin detections. Methods of heroin concealment identified during this reporting period included CDs, book covers, machinery and internal concealment by air passengers (see Figure 28).

**FIGURE 28:** Number of heroin detections at the Australian border, as a proportion of total detections, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)



In terms of weight, the air cargo stream accounted for 40.6 per cent of heroin detections. Consistent with 2008–09, there were no heroin detections in the sea cargo stream in 2009–10 (see Figure 29).

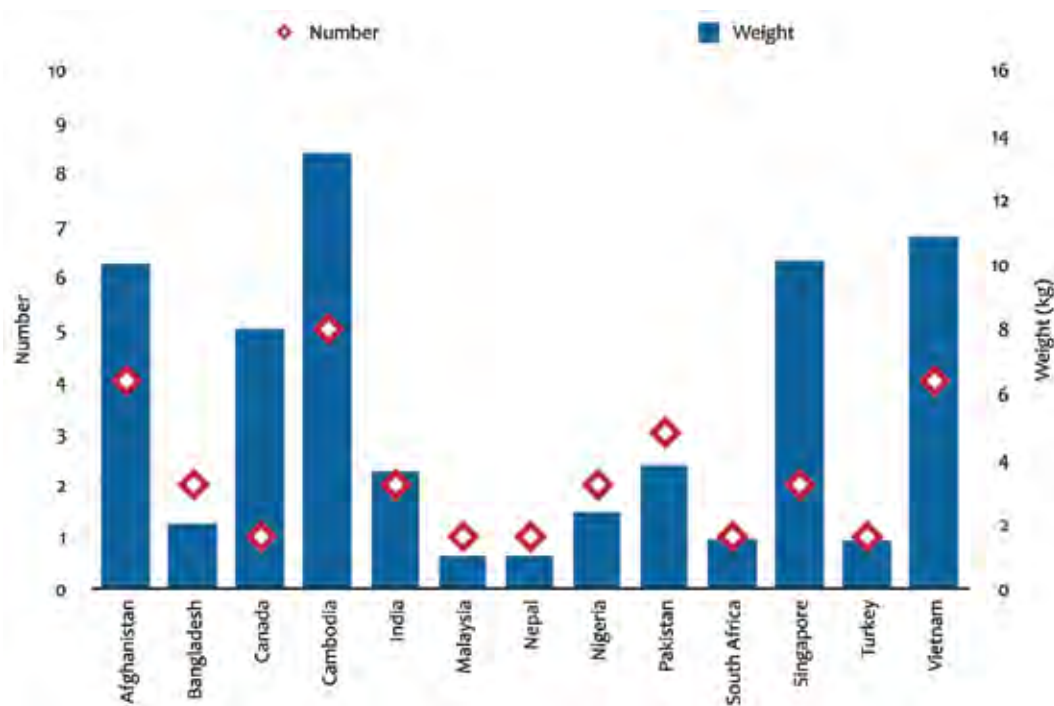
**FIGURE 29:** Weight of heroin detections at the Australian border, as a proportion of total weight, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)



## EMBARKATION POINTS

In 2009–10, there were 29 detections of individual importations of heroin over 1 kilogram. These detections accounted for 59 per cent of the total weight of heroin detected at the Australian border in 2009–10. Cambodia was the prominent embarkation point, by weight and number. Other embarkation points for detected individual importations of heroin over 1 kilogram (in aggregate weight order) were Vietnam, Singapore, Afghanistan and Canada (see Figure 30).

**FIGURE 30:** Country of embarkation for individual heroin importations of more than 1 kilogram detected at the Australian border, 2009–10 (Source: Australian Customs and Border Protection Service)



The number of embarkation countries for heroin importations into Australia has increased significantly over the past decade, from 10 countries in 2000–01 to 29 in 2008–09 and 2009–10. Figure 31 illustrates the key source countries and embarkation points of heroin detected at the Australian border in 2009–10.

**FIGURE 31:** Key source countries and embarkation points of heroin detected at the Australian border, 2009–10



## DRUG PROFILING

The Australian Federal Police (AFP) Australian Illicit Drug Data Centre (AIDDC) is a forensic drug profiling program used to identify regions of origin and manufacturing trends for samples submitted from seizures made at the Australian border. The program also allows for comparisons within and between seizures to identify distinct batches of drugs or potentially demonstrate links between groups involved in illicit drug manufacture or trafficking. However, only certain drug types are examined and not every seizure of drugs at the Australian border is analysed or profiled.<sup>3</sup>

Of the heroin profiled across 2005–2009, the proportion originating from South-West Asia increased until 2008. This trend reversed in 2009. However, results from the first 6 months of 2010 suggest South-West Asia may again be the dominant source country (see Table 7). In reference to Tables 7 and 8, it should be noted that as the number of significant border seizures of heroin continues to be relatively low, the weight figures are highly sensitive to fluctuations.

**TABLE 7:** Geographical origin of heroin samples as a proportion of total bulk weight of analysed AFP seizures, 2005–June 2010

Year	South-East Asia (%)	South-West Asia (%)	Unclassified (%)
Jan–Jun 2010	41.2	57.8	1.0
2009	48.2	40.9	10.9
2008	26.0	66.3	7.7
2007	47.9	50.6	1.5
2006	70.1	27.4	2.7
2005	78.9	18.0	3.1

Source: Australian Federal Police 2010, Australian Illicit Drug Data Centre

The data in Table 8 is based on the same analytical samples used as the basis for Table 7, but is organised in terms of seizures rather than actual bulk weight. In contrast to findings in Table 7, as a proportion of the number of AFP samples analysed, South-East Asia was the origin for the majority of analysed samples in the first 6 months of 2010 (see Table 8).

**TABLE 8:** Geographical origin of heroin samples as a proportion of analysed AFP seizures, 2008–June 2010

Year	South-East Asia (%)	South-West Asia (%)	Unclassified (%)	South-East Asia and Unclassified (%)	South-West Asia and Unclassified (%)
Jan–Jun 2010	56.8	40.5	2.7	–	–
2009	53.9	42.6	3.4	–	–
2008	44.1	44.1	11.8	–	–

Source: Australian Federal Police 2010, Australian Illicit Drug Data Centre

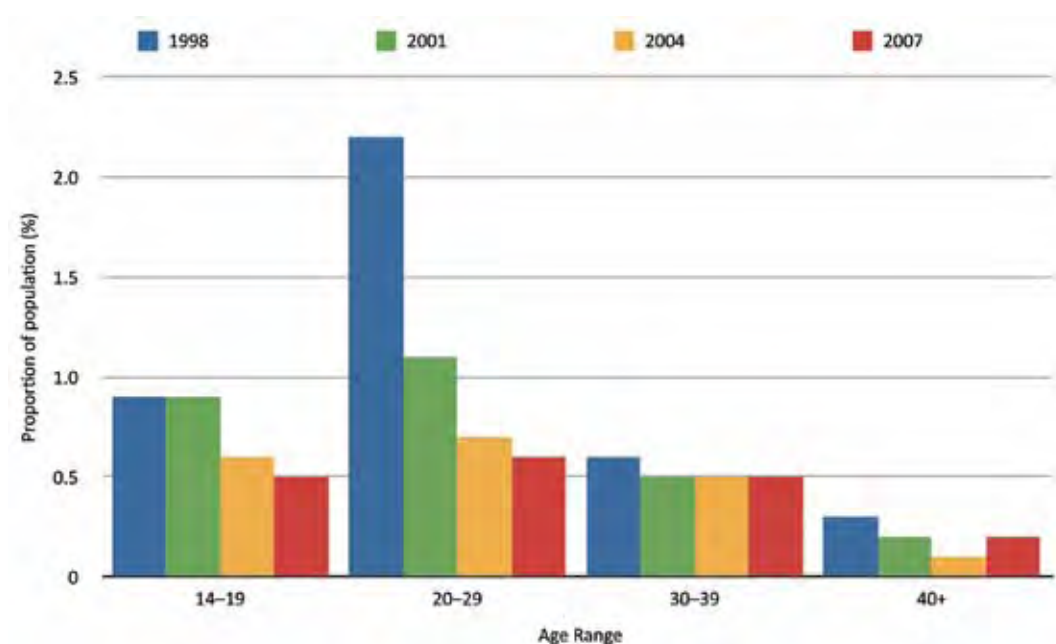
<sup>3</sup> In examining AIDDC figures, it should be noted that they do not reflect the total weight of a particular drug seized in each year, but only those samples and seizures submitted for analysis. There is typically a lag of several months between the seizure and receipt of profiling results. Additionally, the absence of similar data for street-level seizures in Australia makes it difficult to extrapolate the impact of any observed trends on drugs reaching consumers.

## DOMESTIC MARKET INDICATORS

According to the 2007 National Drug Strategy Household Survey, the proportion of the population reporting heroin use in the 12 months preceding interview (recent use) remained unchanged from 2001 at 0.2 per cent of the population (AIHW 2008).

The proportion of 20–29 year olds reporting recent heroin use within the Australian population has continued to decrease, from 2.2 percent in 1998 to 0.6 per cent in 2007. Other age groups have remained relatively stable (see Figure 32) (AIHW 2000, 2002, 2005, 2008).

**FIGURE 32:** Recent heroin use as a proportion of the Australian population, 1998–2007  
(Source: Australian Institute of Health and Welfare 2000, 2002, 2005, 2008)



A 2009 study of regular injecting drug users found that heroin remained the drug of choice for 52 per cent of respondents. Respondents who reported heroin use in the 6 months preceding interview increased from 60 per cent in 2008 to 64 per cent in 2009 (Stafford & Burns 2010). Early findings from the 2010 survey indicate that these results have remained relatively stable (NDARC 2010).

In 2009, an estimated 43 445 Australians received treatment for dependence on opioid drugs, such as heroin. This is an increase of 5 per cent from 2008. However, the proportion of heroin treatment episodes<sup>4</sup> decreased from 11 per cent in 2007–08 to 10 per cent in 2008–09 (AIHW 2010).

<sup>4</sup> Treatment episodes are defined as a period of contact, with definite dates of commencement and cessation, between a client and a treatment provider. Treatment episodes may vary in length, from one day to several months or longer, depending on the type of treatment provided.



## PRICE

Nationally the price for a gram of heroin in 2009–10 ranged between \$200 and \$600. South Australia reported an increase in heroin price per gram, from \$450 in 2008–09 to \$600 in 2009–10. In Victoria, prices for larger weights of heroin increased significantly—an ounce<sup>5</sup> of heroin increased from \$6 800 in 2008–09 to \$12 000 in 2009–10, and a ‘half Asian catti’<sup>6</sup> increased from \$95 000 in 2008–09 to between \$120 000 and \$180 000 in 2009–10.

## PURITY

Figure 33 illustrates the annual median purity of heroin in Australia since 2000–01. The median purity of analysed heroin samples over the last decade is 23 per cent. In 2009–10, the median purity of heroin samples remained relatively stable, with the exception of Western Australia, which recorded the highest median purity at 51 per cent.

**FIGURE 33:** Annual median purity of heroin samples, 2000–01 to 2009–10

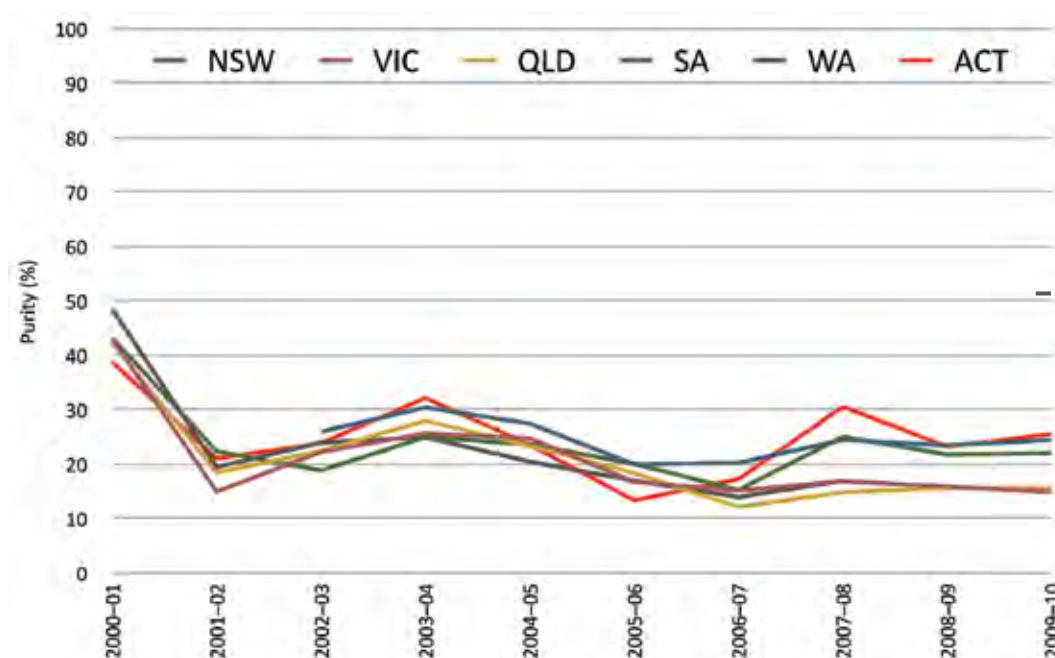
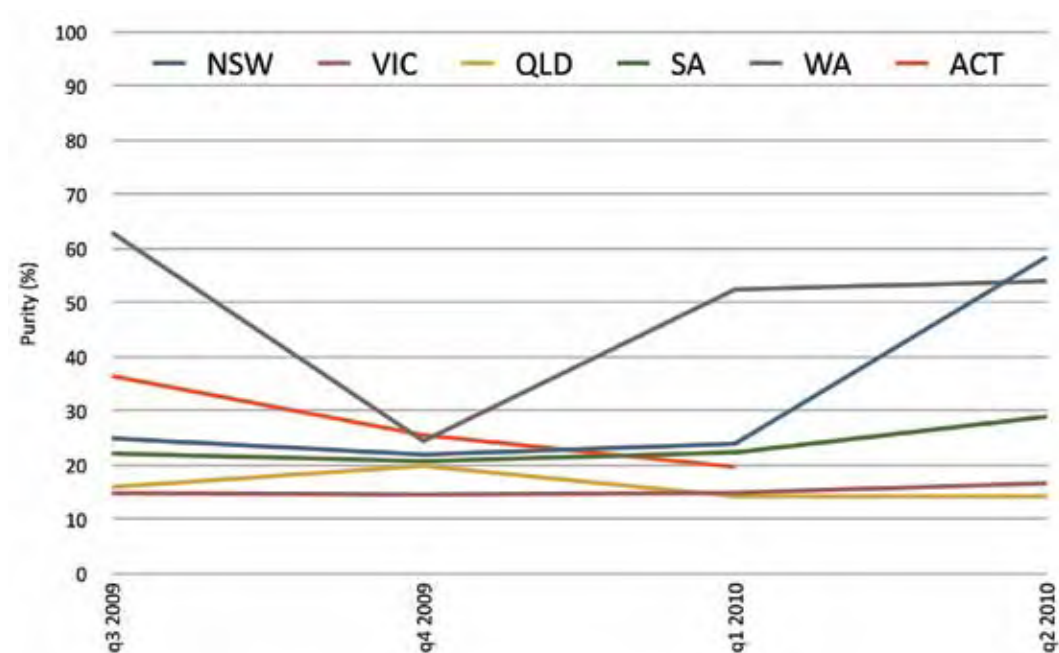


Figure 34 illustrates the median purity of analysed heroin samples on a quarterly basis in 2009–10. In 2008–09, quarterly purity results were fairly consistent between the reporting states. In comparison, 2009–10 has seen a significant range in the purity levels, from 14.3 per cent in Victoria to 63 per cent in Western Australia.

<sup>5</sup> An ounce equates to approximately 28 grams.

<sup>6</sup> A half Asian catti equates to approximately 350 grams.

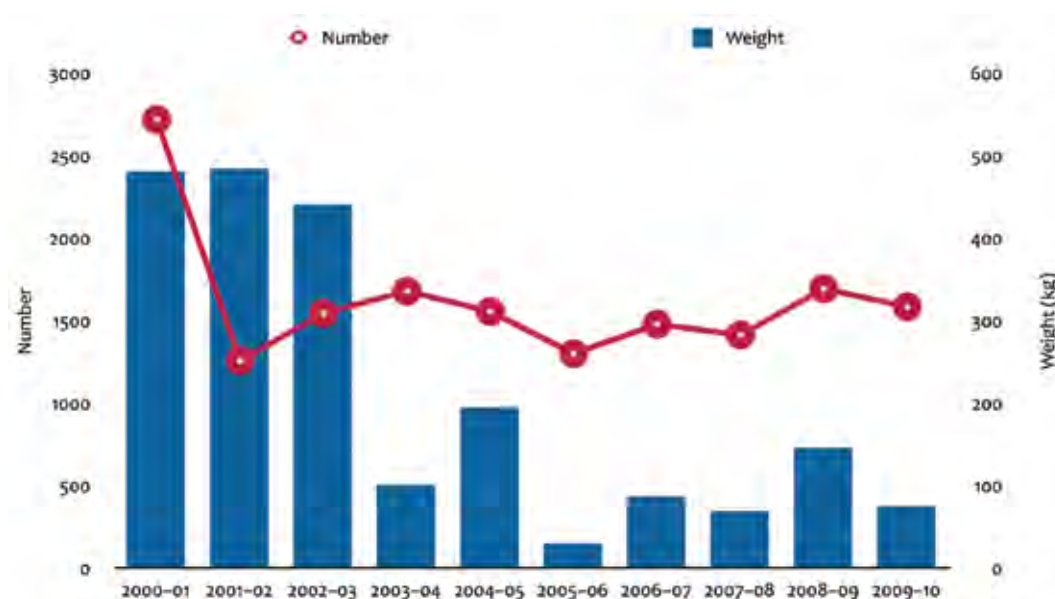
**FIGURE 34:** Quarterly median purity of heroin samples, 2009–10

### AVAILABILITY

According to a 2009 national study of regular injecting drug users, 90 per cent of respondents reported the availability of heroin as easy or very easy to obtain. A significant proportion of participants in the Northern Territory and Tasmania were not able to comment about the availability of heroin, suggesting low levels of availability in these states. In comparison, New South Wales had a 94 per cent response rate (Stafford & Burns 2010). Early findings from the 2010 study indicate a decrease in availability, with 86 per cent of respondents reporting heroin as easy or very easy to obtain (NDARC 2010).

### SEIZURES AND ARRESTS

During 2009–10, both the number and weight of national heroin seizures decreased. The number of seizures decreased by 6.4 per cent, from 1 691 in 2008–09 to 1 582 in 2009–10. The weight of seizures decreased by 48.7 per cent, from 145.5 kilograms in 2008–09 to 74.7 kilograms in 2009–10 (see Figure 35).

**FIGURE 35:** National heroin seizures, by weight and number, 2000–01 to 2009–10

New South Wales, Queensland, Western Australia and the Australian Capital Territory all recorded decreases in the number of heroin seizures during 2009–10. South Australia reported the greatest percentage increase in the number of heroin seizures. New South Wales continued to account for the greatest number of heroin seizures.

All jurisdictions reported decreases in the weight of heroin seizures during 2009–10, with the exception of South Australia which increased by 91.5 per cent. While the weight of heroin seizures in New South Wales decreased by 51 per cent, New South Wales still accounted for 73 per cent of the weight of national heroin seizures (see Table 9).

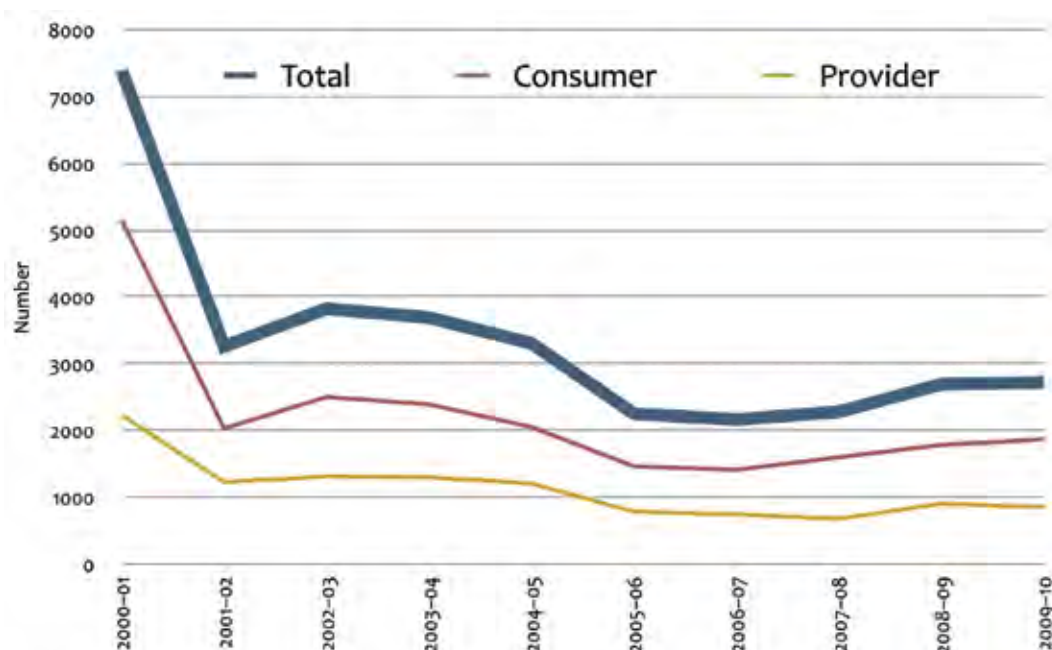
**TABLE 9:** Number, weight and percentage change of national heroin seizures, 2008–09 and 2009–10

State/territory <sup>a</sup>	Number			Weight (grams)		
	2008–09	2009–10	% change	2008–09	2009–10	% change
New South Wales	868	845	-2.6	111 408	54 550	-51.0
Victoria	306	318	3.9	17 102	13 899	-18.7
Queensland	232	184	-20.7	6 713	1 713	-74.5
South Australia	29	49	69.0	577	1 105	91.5
Western Australia	199	149	-25.1	8 741	3 334	-61.9
Tasmania	0	0	–	0	0	–
Northern Territory	2	3	50.0	641	2	-99.7
Australian Capital Territory	55	34	-38.2	405	151	-62.7
<b>Total</b>	<b>1 691</b>	<b>1 582</b>	<b>-6.4</b>	<b>145 587</b>	<b>74 754</b>	<b>-48.7</b>

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

The number of consumer arrests for heroin and other opioids in 2009–10 is the highest recorded since 2004–05. However, arrest numbers remain low compared to earlier in the decade. Consumer arrests increased by 6 per cent and accounted for 68 per cent of national heroin and other opioid arrests this reporting period. The number of provider arrests decreased by 5 per cent in 2009–10 (see Figure 36).

**FIGURE 36:** Number of national heroin and other opioid arrests, 2009–10



In 2009–10, there was a small increase in the number of national heroin and other opioid arrests, from 2 693 in 2008–09 to 2 767 in 2009–10. The Australian Capital Territory recorded the greatest percentage decrease in arrests from 2008–09, while Tasmania and South Australia reported the greatest increases. Arrests in Victoria remained relatively stable and continue to account for 50 per cent of all heroin and other opioid arrests within Australia (see Table 10).

**TABLE 10:** Number and percentage change of national heroin and other opioid arrests, 2008–09 and 2009–10

State/territory <sup>a</sup>	Arrests		% change
	2008–09	2009–10	
New South Wales	819	795	-2.9
Victoria	1 353	1 379	1.9
Queensland	249	286	14.9
South Australia	62	96	54.8
Western Australia	144	150	4.2
Tasmania	18	30	66.7
Northern Territory	0	1	–
Australian Capital Territory	48	30	-37.5
<b>Total</b>	<b>2693</b>	<b>2767</b>	<b>2.7</b>

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

## NATIONAL IMPACT

In 2009, global opium cultivation decreased. Despite reporting a 10 per cent decrease in opium production, Afghanistan remained the largest opium producing country in the world, representing 89 per cent of illicit opium production in 2009 (UNODC 2010e). The size of Afghanistan's 2010 opium poppy harvest remains unclear following the outbreak of an opium fungal disease in Helmand and Kandahar provinces.

South-East and South-West Asia remain the key source regions of heroin detected at the Australian border in 2009–10. As a proportion of bulk weight analysed, the majority of heroin samples analysed in 2009 originated from South-East Asia. However, the majority of samples analysed in the first 6 months of 2010 originated from South-West Asia. As a proportion of the number of seizures, the majority of samples analysed in 2009 and the first 6 months of 2010 originated from South-East Asia.

The number of embarkation countries for heroin importations into Australia has expanded over the last decade, increasing from 10 countries in 2000–01 to 29 in 2009–10. For individual heroin detections over 1 kilogram, the prominent embarkation points this reporting period were Cambodia, Vietnam, Afghanistan, Singapore and Pakistan.

Although the number of heroin detections at the Australian border remained unchanged at 250 detections, the weight of detections decreased from 150.6 kilograms in 2008–09 to 117.5 kilograms in 2009–10. The World Customs Organization reported that heroin detections in the maritime sector are unusual. No sea cargo detections were made at the Australian border in 2009–10 (WCO 2010).

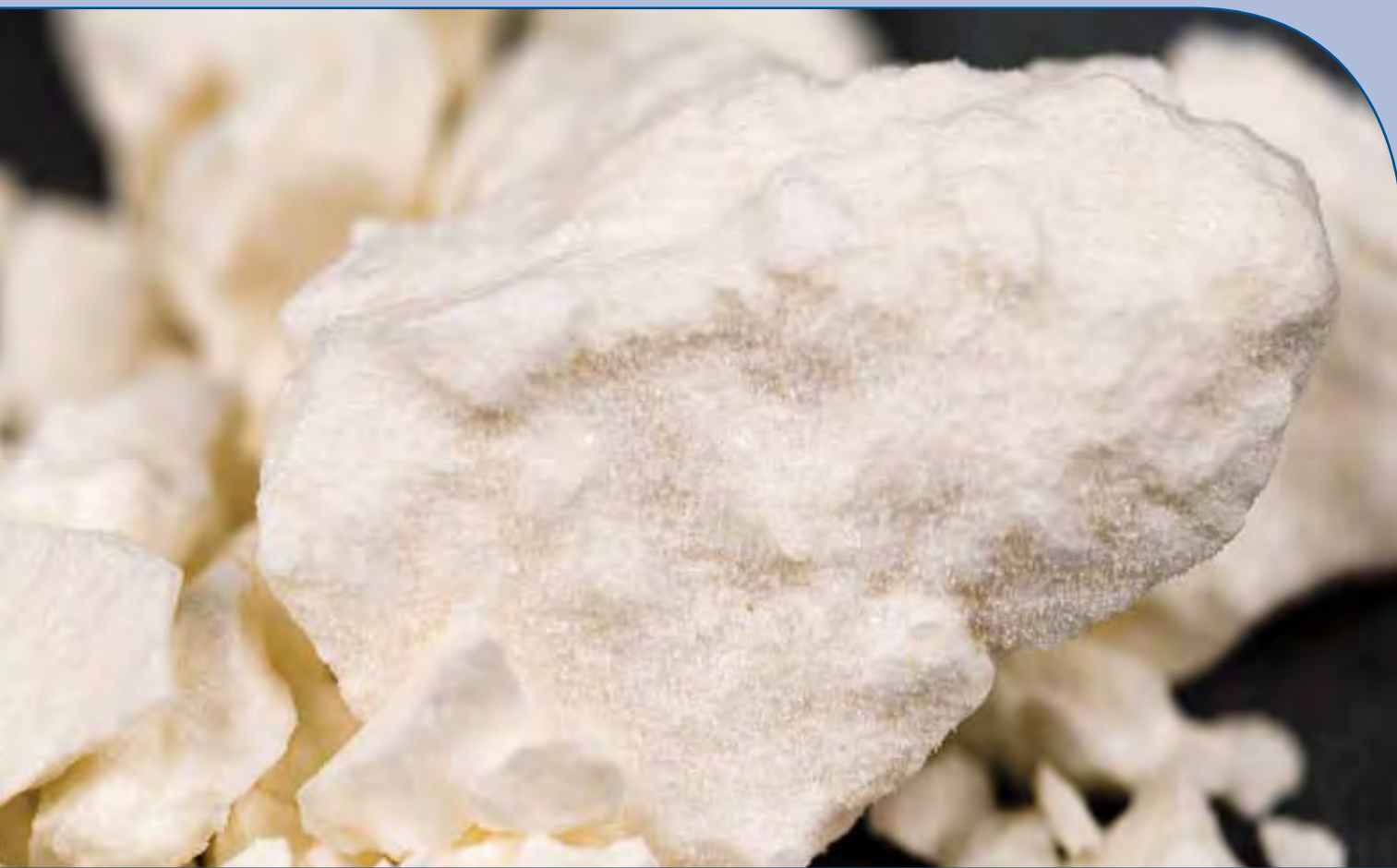
Following a large increase in the weight of national heroin seizures in 2008–09, the weight of national seizures decreased by 49 per cent in 2009–10. The number of national heroin seizures also decreased 2 per cent this reporting period. Although heroin and other opioid arrests increased in 2009–10, they have remained relatively stable and considerably lower than those reported earlier in the decade.

## REFERENCES

- Australian Institute of Criminology (AIC) 2009, *Illicit drugs and alcohol: heroin*, viewed 6 December 2009, <[http://www.aic.gov.au/crime\\_types/drugs\\_alcohol/drug\\_types/heroin.aspx](http://www.aic.gov.au/crime_types/drugs_alcohol/drug_types/heroin.aspx)>.
- Australian Institute of Health and Welfare (AIHW) 2000, '1998 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 6, Cat. No. PHE 27*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2002, '2001 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 11, Cat. No. PHE 41*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2005, '2004 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 16, Cat. No. PHE 66*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2008, '2007 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 22, Cat. No. PHE 107*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2010, 'Alcohol and other drug treatment services in Australia 2008–09: report on the national minimum data set', *Drug Treatment Series, No. 10, Cat. No. HSE 92*, AIHW, Canberra.
- Better Health Channel 2010, *Heroin*, BetterHealth, Government of Victoria.
- British Broadcasting Corporation (BBC) 2010, 'Fungus hits Afghan opium poppies', *BBC*, May, viewed online on 12 October 2010, <[http://news.bbc.co.uk/2/hi/south\\_asia/8679203.stm](http://news.bbc.co.uk/2/hi/south_asia/8679203.stm)>.
- Booth, M 1998, *Opium: A History*, St. Martins Press, New York.
- Department of Health and Ageing (DoHA) 2010, *Drugs Campaign—Heroin*, DoHA, viewed 14 July 2010, <[www.health.gov.au/internet/drugs/publishing.nsf/Content/heroin-detail](http://www.health.gov.au/internet/drugs/publishing.nsf/Content/heroin-detail)>.
- Interpol 2010, *Heroin*, Drugs Sub-directorate, Interpol, viewed online 8 July 2010, <<http://www.interpol.int/public/Drugs/heroin/default.asp>>.
- National Drug Intelligence Centre (NDIC) 2010, *National Drug Threat Assessment 2010*, NDIC, US Department of Justice, Washington.
- National Drug and Alcohol Research Centre (NDARC) 2010, *2010 Drug Trends Conference: Key findings of the 2010 IDRS and EDRS*, NDARC, University of New South Wales, Sydney, viewed online 22 October 2010, <[http://www.med.unsw.edu.au/ndarcweb.nsf/resources/Conference1/\\$file/IDRS+&+EDRS+2010.pdf](http://www.med.unsw.edu.au/ndarcweb.nsf/resources/Conference1/$file/IDRS+&+EDRS+2010.pdf)>.
- National Institute on Drug Abuse (NIDA) 2010, *NIDA Infofacts—Heroin*, NIDA, National Institutes of Health, Maryland.
- Poppy Advisory and Control Board (PACB) 2009, *Dangers of Poppies*, PACB, Department of Justice, Hobart, viewed 6 April 2010, <[http://www.justice.tas.gov.au/poppy/dangers\\_of\\_poppies](http://www.justice.tas.gov.au/poppy/dangers_of_poppies)>.
- Serious and Organised Crime Agency (SOCA) 2010, *The United Kingdom Threat Assessment of Organised Crime 2009/10*, SOCA, London.
- Stafford, J & Burns, L 2010, 'Australian Drug Trends 2009. Findings from the Illicit Drug Reporting System (IDRS)', *Australian Drug Trend Series, No. 37*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- United Nations Office on Drugs and Crime (UNODC) 2007, 'Documentation of a heroin manufacturing process in Afghanistan', *Bulletin on Narcotics*, vol. LVII, Nos. 1 and 2, UNODC.
- United Nations Office on Drugs and Crime (UNODC) 2009, *Opium Poppy Cultivation in South East Asia*, UNODC, Vienna.
- United National Office on Drugs and Crime (UNODC) 2010a, *Afghanistan Opium Assessment: Winter Rapid Assessment*, UNODC, Vienna.
- United Nations Office on Drugs and Crime (UNODC) 2010b, *Afghanistan Opium Survey 2010 – Summary Findings*, UNODC, Vienna.
- United Nations Office on Drugs and Crime (UNODC) 2010c, *Drug Trends—Heroin*, Global Youth Network, UNODC, Vienna, viewed online 8 July 2010, <[http://www.unodc.org/youthnet/en/youthnet\\_youth\\_drugs\\_trends\\_heroin.html](http://www.unodc.org/youthnet/en/youthnet_youth_drugs_trends_heroin.html)>.
- United Nations Office on Drugs and Crime (UNODC) 2010d, *Operation Tarcet Debriefing—March 2010*, Regional Office for Central Asia, UNODC, Uzbekistan, viewed online 2 November 2010, <<http://www.unodc.org/centralasia/en/news/operation-tarcet-2.html>>.
- United Nations Office on Drugs and Crime (UNODC) 2010e, *World Drug Report 2010*, UNODC, Vienna.
- World Customs Organization (WCO) 2010, *Customs and Drugs Report 2009*, WCO, Brussels.







# COCAINE

## KEY POINTS

- The number of cocaine detections at the Australian border decreased from 359 in 2008–09 to 291 in 2009–10.
- A single sea cargo detection accounted for 62 per cent of the total weight of cocaine detected at the Australian border in 2009–10.
- Analysis of cocaine samples seized at the Australian border indicates a potential shift in the geographical origin of cocaine entering Australia.
- Despite the record number of national cocaine seizures in 2009–10, the weight of seizures decreased by 33 per cent.
- The number of national cocaine arrests has almost doubled over the last decade, increasing from 652 in 2000–01 to 1 244 in 2009–10.

## MAIN FORMS

Cocaine is derived from the genus *Erythroxylum*, of which at least 17 species contain the alkaloid cocaine. The 2 main species cultivated for the production of cocaine are *Erythroxylum coca* (E. coca) and *Erythroxylum novogranatense*. E. coca has the highest cocaine content of the 2 species and is cultivated along the eastern slopes of Bolivia and Peru. *Erythroxylum novogranatense* is cultivated in Colombia and countries in Central America (Freya & Levy 2009).

The process of extraction and production of cocaine hydrochloride from coca leaves is a chemical process that typically occurs in 3 stages — the extraction of crude coca paste from the coca leaf, purification of the coca paste into cocaine base and conversion of the cocaine base into cocaine hydrochloride (Casale & Klein 1993). Production from cocaine paste to cocaine hydrochloride requires sulphuric acid, potassium permanganate, acetone (or other solvents) and hydrochloric acid (EMCDDA & Europol 2010).

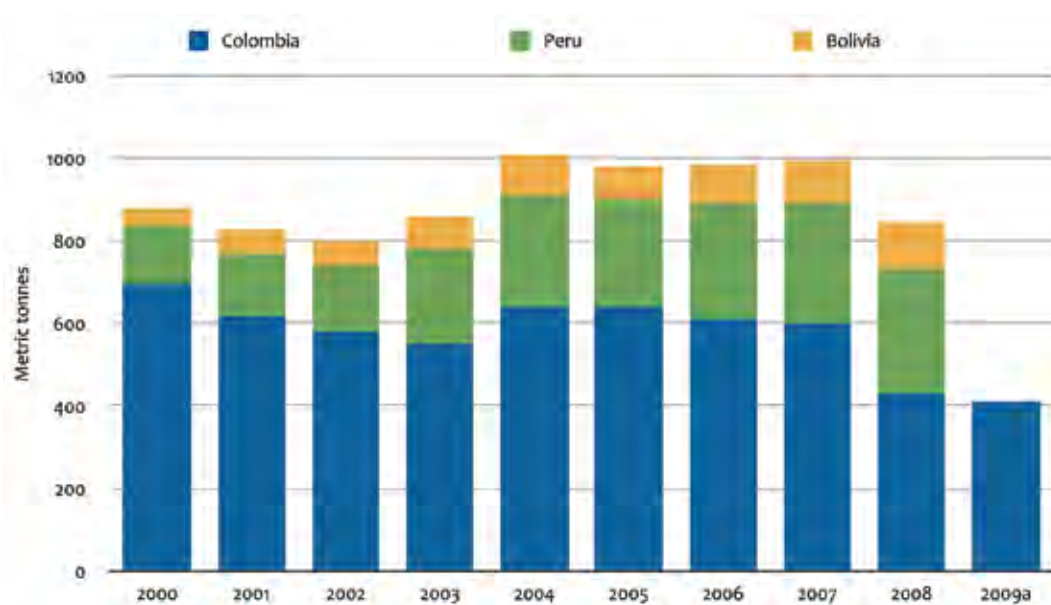
Cocaine is commonly found in 2 forms. The most common form found in Australia is the powdered hydrochloride salt form of cocaine, which can be snorted or dissolved in water and then injected. The second form, 'crack', is rarely encountered in Australia. Crack is the name used to describe the form of cocaine base which is produced by treating cocaine hydrochloride with a mild base (commonly sodium bicarbonate or ammonia solution). It is usually in the form of irregular solid semi-translucent particles. Cocaine base is readily volatilised (converted to vapour) with heating, hence this preparation is ideally suited for administration by inhaling the vapour (smoking). The term crack refers to the crackling sound the cocaine produces when heated (AIC 2009; EMCDDA 2010; NIDA 2010).

Cocaine is an addictive stimulant drug which increases the speed of central nervous system activity (NIDA 2010). Cocaine can make the user feel euphoric, confident, energetic, alert, talkative and excited. Adverse effects of use include tachycardia, hypertension, paranoia, anxiety and panic (AIC 2009). Cocaine has a strong reinforcing action, causing rapid psychological dependence. This dependence is reportedly more pronounced in those who smoke crack (EMCDDA 2010).

## INTERNATIONAL TRENDS

In 2009, the combined coca cultivation in Bolivia, Colombia and Peru decreased by 5 per cent, from 167 000 hectares to 158 000 hectares. The majority of this decline was due to a 16 per cent reduction in the area under cultivation in Colombia, which decreased from 81 000 hectares in 2008 to 68 000 hectares in 2009. This has resulted in a decrease in the potential production of cocaine in Colombia from 430 tonnes in 2008 to 410 tonnes in 2009 (See Figure 37) (UNODC 2010a, 2010b).

**FIGURE 37:** Potential production of cocaine, 2000 to 2009 (Source: United Nations Office on Drugs and Crime)



a Potential cocaine production figures for Peru and Bolivia for 2009 were unavailable.

In Peru, coca cultivation increased by 7 per cent to 59 900 hectares, while cultivation in Bolivia remained relatively stable at 30 900 hectares. The United Nations Office on Drugs and Crime (UNODC) estimated that in 2009 the combined cultivation of coca bush in Bolivia, Colombia and Peru had the potential to yield between 842 to 1 111 tonnes of cocaine hydrochloride (UNODC 2010a).

A two-tiered market for cocaine has emerged in the United Kingdom (UK) at both the wholesale and street level. Heavily cut, cheaper cocaine is sold to some customers, while higher purity cocaine is sold to those willing to pay higher prices (SOCA 2010). In the United States of America (US) cocaine availability continues to decrease. Authorities attribute the decline to a combination of factors including increased law enforcement efforts in Mexico, decreased cocaine production in Colombia and high levels of cartel violence (NDIC 2010).

Law enforcement operations continue to reshape some smuggling routes and methods in US-bound transit zones. According to the US National Drug Intelligence Centre, traffickers are increasingly using self-propelled semi-submersibles to transport cocaine from South America to Mexico (NDIC 2010). In 2009, these vessels were used in 60 cocaine trafficking operations compared with only 23 for the years 2001–2007. These operations are estimated to have moved 332 tonnes of cocaine (BINLEA 2010).

West Africa remains a key transshipment point for cocaine transported to Europe with an estimated US\$1 billion worth of cocaine moving through the region in 2008 (UNODC 2009). Most of the cocaine moving from South America to West Africa remains in the control of South American—predominantly Colombian—organised crime groups. These groups continue to move large multi-tonne consignments of cocaine via sea routes or smaller multi-hundred kilogram consignments via the air stream. According to the UK Serious Organised Crime Agency (SOCA), payment in cocaine to West African organised

crime groups has led to an emerging trafficking network with these groups using traditional links between the UK, Gambia, Ghana, Nigeria and Sierra Leone (SOCA 2010).

The structure of supply chains facilitating the global movement of cocaine continues to evolve as traffickers adapt transportation routes and concealment methods in response to a number of factors, including law enforcement operations and changing market dynamics. Importations via sea cargo continue to be an effective method of moving medium to large-scale cocaine shipments to several national markets. Traffickers use a broad range of techniques, many innovative. In April 2010, media reporting revealed Spanish law enforcement detected 814 kilograms of cocaine concealed in false compartments of a lorry shipped from Argentina. The lorry had been remodelled—complete with race logos and advertisements—to appear as a support vehicle used in the Paris to Dakar rally held in Argentina (EITB 2010).

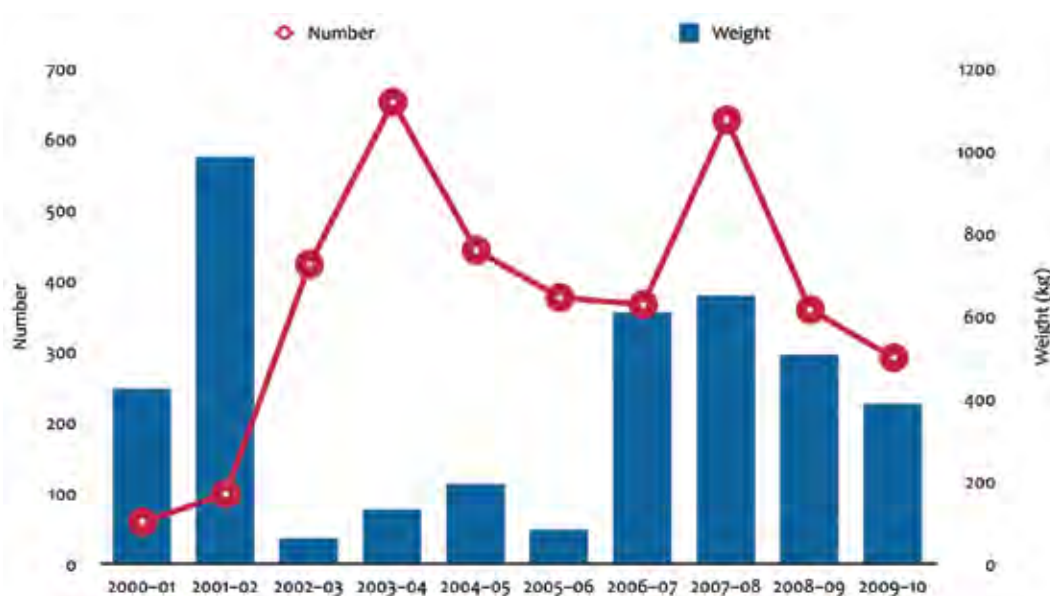
The International Narcotics Control Board (INCB) has noted that the UNODC activities to target cocaine precursors (Project Cohesion) are lagging behind activities targeting heroin precursors. The INCB has further noted that there is insufficient understanding of the sources of chemicals used in the illicit manufacture of cocaine and the related diversion patterns and trafficking trends (INCB 2010).

## DOMESTIC TRENDS

### AUSTRALIAN BORDER SITUATION

In 2009–10, the number of cocaine detections at the Australian border continued to decrease, from 359 in 2008–09 to 291 in 2009–10. The weight of cocaine detections also decreased, from 506 kilograms in 2008–09 to 386.8 kilograms in 2009–10 (see Figure 38). In 2009–10, there was only 1 detection over 100 kilograms, which was in a sea cargo consignment from Mexico.

**FIGURE 38:** Number and weight of cocaine detections at the Australian border, 2000–01 to 2009–10 (Source: Australian Customs and Border Protection Service)



## SIGNIFICANT BORDER DETECTIONS

Significant border detections of cocaine in 2009–10 included:

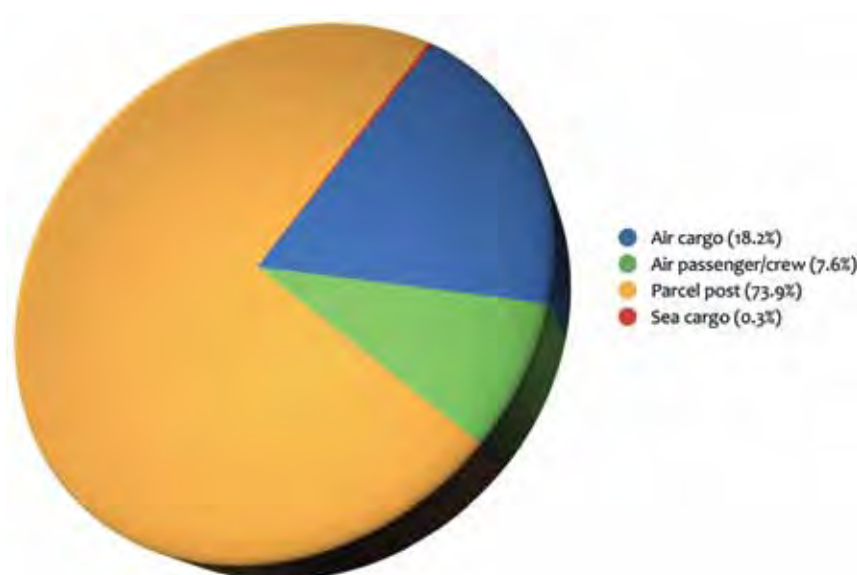
- 240 kilograms of cocaine detected on 14 June 2010 in a sea cargo consignment from Mexico to Melbourne
- 10 kilograms of cocaine detected on 29 June 2010 in the base and lid of an air passenger's luggage travelling from Canada to Melbourne
- 9.4 kilograms of cocaine detected on 24 November 2009 in a parcel post consignment from Panama to Sydney
- 8 kilograms of cocaine detected on 15 February 2010 in an air cargo consignment from Nigeria to Sydney.

The 4 detections listed above have a combined weight of 267.4 kilograms, which accounts for 69 per cent of the total weight of cocaine detected at the Australian border in 2009–10.

## IMPORTATION METHODS

Since 2000–01, the postal stream has continued to account for over 70 per cent of the number of cocaine detections at the Australian border. In 2009–10, parcel post accounted for 73.9 per cent of detections by number. Methods of cocaine concealment identified during this reporting period included in fishing line spools, tiles and ceramics, clothing, swallowed internally, sewn into bags, carpets and impregnated into rubber products (see Figure 39).

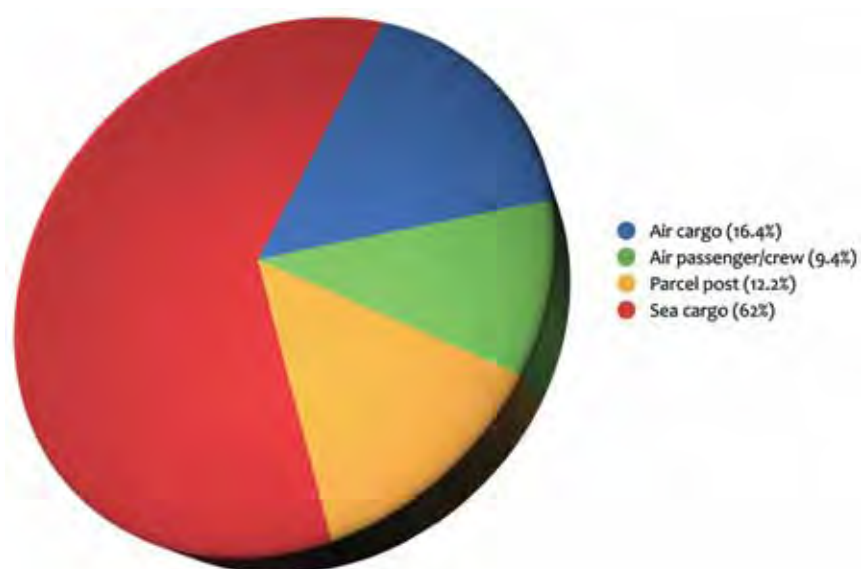
**FIGURE 39:** Number of cocaine detections at the Australian border, as a proportion of total detections, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)





By weight, a single sea cargo detection of 240 kilograms in 2009–10 accounted for 62 per cent of the total weight of cocaine detections at the Australian border (see Figure 40).

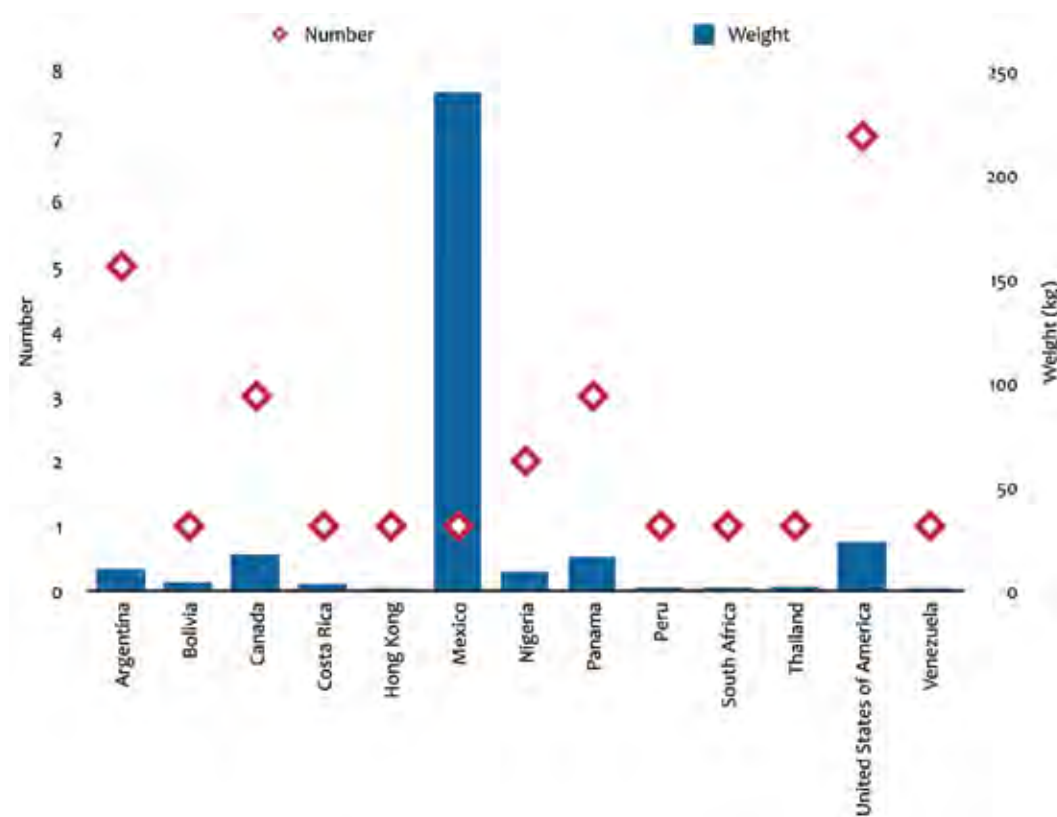
**FIGURE 40:** Weight of cocaine detections at the Australian border, as a proportion of total detections, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)



## EMBARKATION POINTS

During 2009–10, the most commonly detected embarkation points for cocaine were from North America, followed by Central and South America. Mexico was the prominent country of embarkation by weight for individual importations of cocaine over 1 kilogram and accounted for 62 per cent of the total weight of attempted importations. However, by number, Mexico only accounted for 1 per cent. Other prominent embarkation points for detected individual importations of cocaine over 1 kilogram (in aggregate weight order) included the US, Canada, Panama, Argentina and Nigeria (see Figure 41).

**FIGURE 41:** Country of embarkation for individual cocaine importations of more than 1 kilogram detected at the Australian border, 2009–10 (Source Australian Customs and Border Protection Service)



There has been an expansion in the number of embarkation countries for cocaine importations into Australia over the past decade. Despite a reduction in the number of countries of embarkation from 46 in 2008–09 to 30 in 2009–10, this is still higher than the 22 countries recorded in 1999–2000. Figure 42 illustrates the key source countries and embarkation points of cocaine detected at the Australian border in 2009–10.

**FIGURE 42:** Key source countries and embarkation points of cocaine detected at the Australian border, 2009–10



## DRUG PROFILING

The Australian Federal Police (AFP) Australian Illicit Drug Data Centre (AIDDC) is a forensic drug profiling program used to identify regions of origin and manufacturing trends for samples submitted from seizures made at the Australian border. The program also allows for comparisons within and between seizures to identify distinct batches of drugs or potentially demonstrate links between groups involved in illicit drug manufacture or trafficking. However, only certain drug types are examined and not every seizure of drugs at the Australian border is analysed or profiled.<sup>1</sup>

The figures in Table 11 and Table 12 represent cocaine profiling results identifying the geographic origin of the coca-leaf used in the production of the drug. While cocaine profiled as 'Colombian' continues to form the largest proportion of analysed seizures by weight, results for the first half of 2010 indicate an increase in the proportion of cocaine being sourced from Peru. It should be noted that 'unclassified' figures include samples that are currently undergoing profiling, as well as samples for which a geographic origin could not be determined through existing profiling techniques.

**TABLE 11:** Geographical origin of coca leaf used to produce cocaine as a proportion of the total bulk weight of analysed AFP seizures, 2007–June 2010

Year	Colombian %	Peruvian %	Bolivian %	Unclassified %
Jan–Jun 2010	63.9	34.4	0.7	0.9
2009	91.3	6.8	<0.1	1.9
2008	95.1	4.7	–	0.2
2007	86.3	10.6	0.4	2.7

Source: Australian Federal Police 2010, Australian Illicit Drug Data Centre.

The data in Table 12 is based on the same analytical samples used as the basis for Table 11, but is organised in terms of seizures rather than actual bulk weight. The presence of 'mixed' seizures highlights the existence of shipments where more than 1 type of cocaine was present (for example, cocaine with 'Colombian' and 'Peruvian' origin within a single shipment). By number, the proportion of analysed cocaine from Colombia has decreased between 2008 and 2009, while the proportion of Peruvian cocaine has increased. The results from analysis conducted in the first 6 months of 2010 indicate this trend has continued.

**TABLE 12:** Geographical origin of coca leaf used to produce cocaine as a proportion of analysed AFP seizures, 2007–June 2010

Year	Colombian %	Peruvian %	Bolivian %	Mixed %	Unclassified %
Jan–Jun 2010	36.2	36.2	4.2	6.4	17.0
2009	44.9	32.7	2.0	10.2	10.2
2008	67.3	28.6	–	–	4.1
2007	61.7	23.3	1.7	9.9	3.4

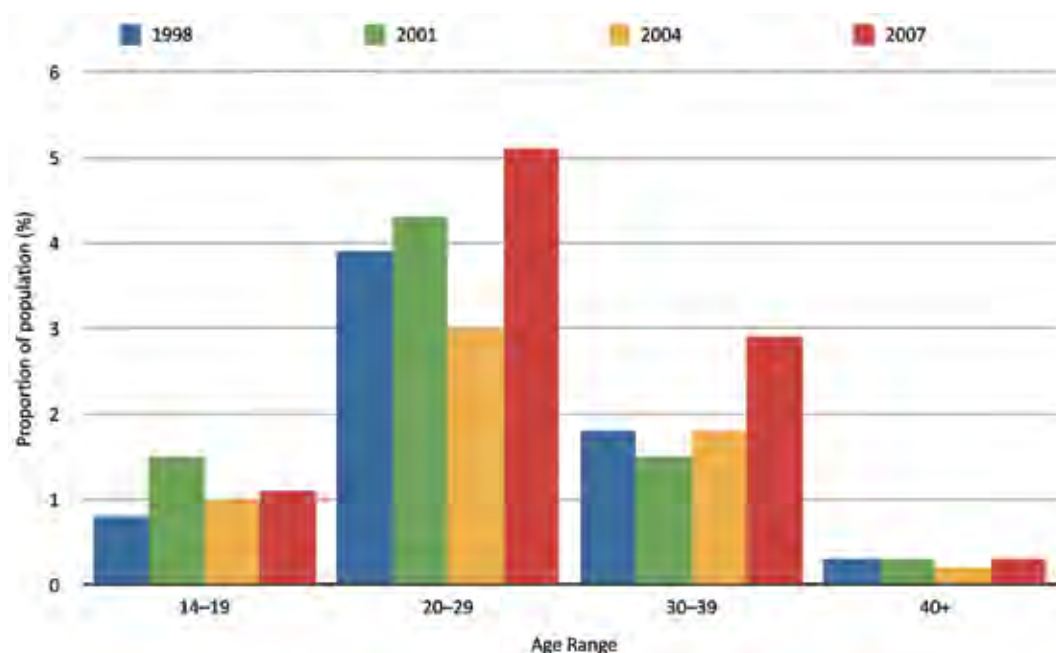
Source: Australian Federal Police 2010, Australian Illicit Drug Data Centre.

<sup>1</sup> In examining AIDDC figures, note that they do not reflect the total weight of a particular drug seized in each year, but only those samples submitted for analysis. There is typically a lag of several months between the seizure and receipt of profiling results. Additionally, the absence of similar data for street-level seizures in Australia makes it difficult to extrapolate the impact of any observed trends on drugs reaching consumers.

## DOMESTIC MARKET INDICATORS

According to the 2007 National Drug Strategy Household Survey (NDSHS), 1.6 per cent of the Australian population had used cocaine in the 12 months preceding the interview (recent use), the highest level reported since 1993. The 20–29 year old age group has consistently reported the highest rate of recent use, increasing from 3.9 per cent in 1998 to 5.1 per cent in 2007 (see Figure 43) (AIHW 2000, 2002, 2005, 2008).

**FIGURE 43:** Recent cocaine use as a proportion of the Australian population, 1998–2007 (Source: Australian Institute of Health and Welfare 2000, 2002, 2005, 2008)



In a 2009 national study of regular injecting drug users, 21 per cent of respondents reported cocaine use in the 6 months preceding interview (recent use), the majority of which reported injection as the method of administration. Recent use of cocaine remained most common among participants in New South Wales. Cocaine powder continues to be the most commonly reported form of the drug used, with minimal reported use of crack cocaine (Stafford & Burns 2010).

In a 2009 national study of regular ecstasy users, 39 per cent of respondents reported cocaine use in the 6 months preceding interview (recent use), an increase from 36 per cent in 2008. Early findings from the 2010 national study indicate this trend is continuing, with 48 per cent of regular ecstasy users reporting recent cocaine use, the highest proportion since the survey began in 2003 (Sindicich et al 2009, Sindicich & Burns 2010, NDARC 2010).

## PRICE

Nationally the price of a gram of cocaine ranged between \$250 and \$500 in 2009–10. The price per gram remained relatively stable in most jurisdictions, with the exception of Victoria, which reported the greatest increase. After decreasing in price to between \$150 and \$200 a gram in 2008–09, the price in Victoria returned to \$300 per gram in 2009–10. In 2008–09, the price per ounce<sup>2</sup> of cocaine in Victoria spiked at \$11 000, decreasing to \$8 200 in 2009–10. The price range for an ounce of cocaine expanded in Western Australia, from between \$8 000 and \$12 000 in 2008–09 to between \$6 500 and \$20 000 in 2009–10. South Australia reported an increase in the price per kilogram for cocaine, from between \$150 000 and \$180 000 in 2008–09 to between \$240 000 and \$260 000 in 2009–10.

## PURITY

Figure 44 illustrates fluctuations in the annual median purity of cocaine in Australia since 2000–01. During the past decade, the median purity of analysed cocaine samples nationally has ranged from 3 per cent to 68.8 per cent. In 2009–10, New South Wales and Queensland were the only jurisdictions to record an increase in the median purity of cocaine. In Western Australia and the Australian Capital Territory, the median purity decreased by almost 50 per cent.

**FIGURE 44:** Annual median purity of cocaine samples, 2000–01 to 2009–10

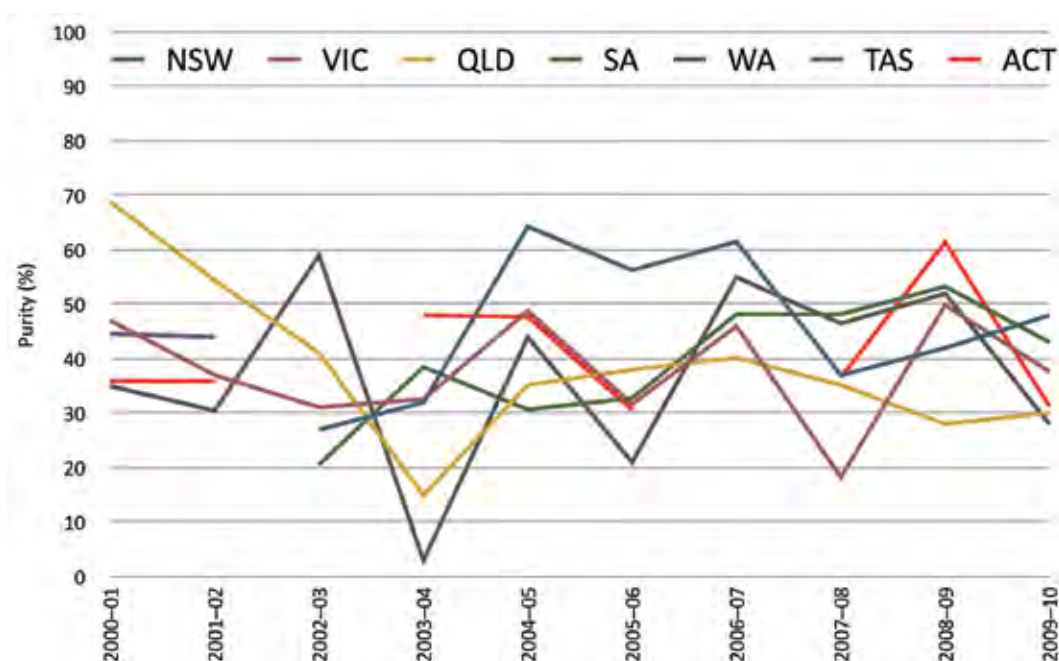


Figure 45 illustrates the median purity of analysed cocaine samples on a quarterly basis for 2009–10. During the reporting period, the median purity of cocaine ranged from 25 per cent to 77 per cent, with Western Australia reporting both the highest and lowest median purity in 2009–10.

<sup>2</sup> An ounce equates to approximately 28 grams.

**FIGURE 45:** Quarterly median purity of cocaine samples, 2009–10

## AVAILABILITY

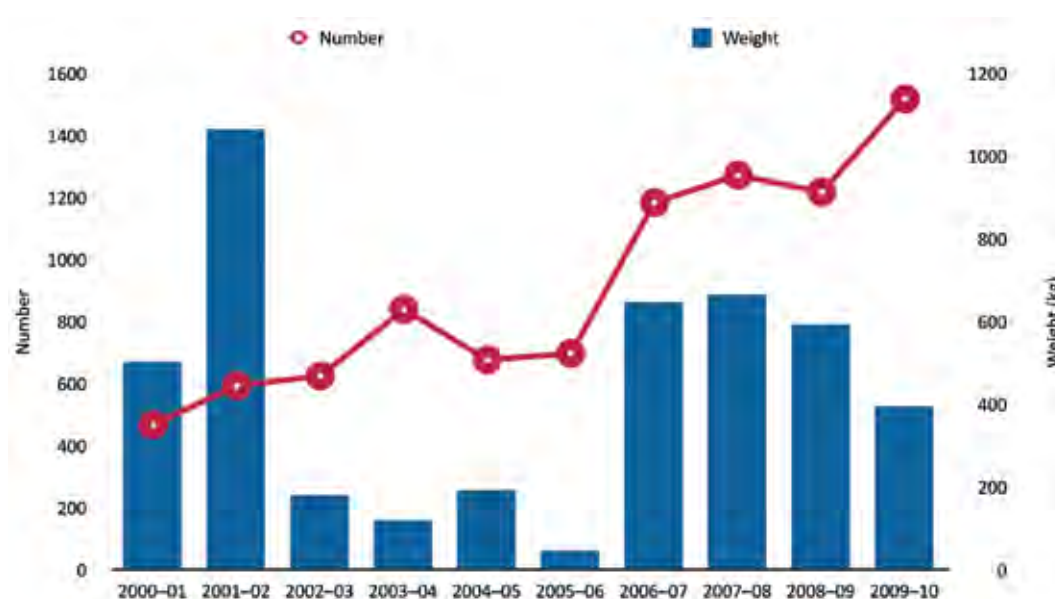
In a 2009 national study of regular injecting drug users, 81 per cent of respondents reported cocaine as being easy or very easy to obtain. However, early findings from the 2010 study indicate a decrease in cocaine availability with 63 per cent reporting the drug as easy or very easy to obtain (NDARC 2010; Stafford & Burns 2010).

Conversely, reporting on the availability of cocaine in a national study of regular ecstasy users has remained relatively stable, with 58 per cent of respondents describing cocaine as easy or very easy to obtain in 2009, compared with 60 per cent in 2010 (NDARC 2010; Sindich & Burns 2010).

## SEIZURES AND ARRESTS

In 2009–10, the number of national cocaine seizures increased, while the weight of seizures decreased. The number of seizures increased from 1 217 in 2008–09 to 1 517 in 2009–10 and is now the highest on record. The weight of national cocaine seizures has continued to decline since 2007–08. In this reporting period, the weight of seizures decreased by 33.3 per cent, from 591.9 kilograms in 2008–09 to 394.8 kilograms in 2009–10 (see Figure 46).



**FIGURE 46:** National cocaine seizures, by weight and number, 2000–01 to 2009–10

In 2009–10, New South Wales reported an increase in the number of cocaine seizures and continues to account for the greatest proportion of national seizures. Victoria and the Northern Territory were the only jurisdictions to record decreases in the number of cocaine seizures. Western Australia recorded the greatest percentage increase of 116.9 per cent, increasing from 59 seizures in 2008–09 to 128 seizures in 2009–10.

Since 2005–06, New South Wales has accounted for the greatest proportion of the weight of national cocaine seizures. However, during 2009–10, the weight of cocaine seized in New South Wales decreased by 56.3 per cent. While Tasmania and Queensland recorded the greatest percentage increases in 2009–10, Victoria accounted for the greatest proportion of the weight of national cocaine seizures during this reporting period (see Table 13).

**TABLE 13:** Number, weight and percentage change of national cocaine seizures, 2008–09 and 2009–10

State/territory <sup>a</sup>	Number			Weight (grams)		
	2008–09	2009–10	% change	2008–09	2009–10	% change
New South Wales	845	1 069	26.5	341 883	149 395	-56.3
Victoria	116	113	-2.6	243 268	233 644	-4.0
Queensland	161	167	3.7	3 020	6 430	112.9
South Australia	10	16	60.0	391	755	93.1
Western Australia	59	128	116.9	2 992	3 760	25.7
Tasmania	2	4	100.0	7	796	11 271.4
Northern Territory	6	1	-83.3	235	13	-94.5
Australian Capital Territory	18	19	5.6	197	19	-90.3
<b>Total</b>	<b>1 217</b>	<b>1 517</b>	<b>24.7</b>	<b>591 993</b>	<b>394 812</b>	<b>-33.3</b>

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

Figure 47 illustrates the number of national cocaine arrests since 2000–01. The number of cocaine arrests is currently the highest on record. In the past decade arrests have almost doubled, increasing from 652 in 2000–01 to 1 244 in 2009–10. Since 2006–07, the disparity between consumer and provider arrests has been increasing. In 2009–10, consumers accounted for 68 per cent of national cocaine arrests.

**FIGURE 47:** Number of national cocaine arrests, 2000–01 to 2009–10



In 2009–10, the number of national cocaine arrests increased by 46.7 per cent. The Northern Territory and the Australian Capital Territory were the only 2 jurisdictions to record a decrease in cocaine arrests. While Tasmania recorded the largest percentage increase, the number of arrests remains low. The number of cocaine arrests in New South Wales increased by 53.6 per cent, from 474 in 2008–09 to 728 in 2009–10. This is the highest number of arrests for a single jurisdiction during the last decade (see Table 14).

**TABLE 14:** Number and percentage change of national cocaine arrests, 2008–09 and 2009–10

State/territory <sup>a</sup>	Arrests		% change
	2008–09	2009–10	
New South Wales	474	728	53.6
Victoria	148	196	32.4
Queensland	154	204	32.5
South Australia	13	24	84.6
Western Australia	40	80	100.0
Tasmania	1	3	200.0
Northern Territory	4	1	-75.0
Australian Capital Territory	14	8	-42.9
<b>Total</b>	<b>848</b>	<b>1244</b>	<b>46.7</b>

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

## NATIONAL IMPACT

While profiling data indicates the continued prominence of Colombia as a source country for cocaine seized at the Australian border, results from the first 6 months of 2010 indicate a trend towards an increasing proportion of cocaine sourced from Peru. Colombia remains the largest global producer of cocaine, however, it has seen a dramatic decline in the area under cultivation over the past decade, from 163 300 hectares in 2000 to 68 000 hectares in 2009. In contrast, Peru has seen a steady increase in the area under cultivation and now accounts for 38 per cent of global cultivation.

The number of cocaine border detections decreased from 359 in 2008–09 to 291 in 2009–10, with nearly three-quarters detected in the postal stream. The total weight of detections decreased from 506 kilograms in 2008–09 to 386.6 kilograms in 2009–10. In this reporting period a single sea cargo detection, which embarked from Mexico, accounted for 62 per cent of the total weight of cocaine detected at the Australian border.

Nationally, the number of cocaine seizures and arrests increased in 2009–10, while the weight of seizures decreased. New South Wales remains a prominent state for cocaine seizures, however, Victoria accounted for the greatest proportion of the weight of national cocaine seizures in this reporting period. National cocaine arrests increased in 2009–10 and have almost doubled since 2000–01. In 2009–10, New South Wales reported 728 arrests, the highest number of cocaine arrests ever recorded for a single jurisdiction.

## REFERENCES

- Australian Institute of Criminology (AIC) 2009, *'Drug Types—Cocaine'*, AIC, viewed 28 April 2010, <[www.aic.gov.au/crime\\_types/drugs\\_alcohol/drug\\_types/cocaine.aspx](http://www.aic.gov.au/crime_types/drugs_alcohol/drug_types/cocaine.aspx)>.
- Australian Institute of Health and Welfare (AIHW) 2000, '1998 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 6, Cat. No. PHE 27*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2002, '2001 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 11, Cat. No. PHE 41*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2005, '2004 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 16, Cat. No. PHE 66*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2008, '2007 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series, No. 22, Cat. No. PHE 107*, AIHW, Canberra.
- Bureau for International Narcotics and Law Enforcement Affairs (BINLEA) 2010, *International Narcotics Control Strategy Report, Volume 1 Drug and Chemical Control*, BINLEA, United States Department of State, Washington.
- Casala, JF & Klein, RFX 1993, 'Illicit production of cocaine', *Forensic Science Review*, 5, pp. 95–107.
- EITB 2010, 'Pretend Dakar lorry seized in Bilbao with 800 kilos of cocaine', *EITB*, 13 Apr, viewed online 12 October 2010, <<http://www.eitb.com/news/detail/396697/pretend-dakar-lorry-seized-bilbao-800-kilos-cocaine/>>.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2010, *Drug Profiles: Cocaine and Crack*, EMCDDA, viewed 28 July 2010, <[www.emcdda.europa.eu/publications/drug-profiles/cocaine](http://www.emcdda.europa.eu/publications/drug-profiles/cocaine)>.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) & Europol 2010, 'Cocaine: A European Union perspective in the global context', *EMCDDA-Europol joint publications*, Luxembourg.
- Freye, E & Levy, JV 2009, *Pharmacology and Abuse of Cocaine, Amphetamines, Ecstasy and Related Designer Drugs*, Springer, Heidelberg.
- International Narcotics Control Board (INCB) 2010, *Report of the International Narcotics Control Board for 2009*, INCB, United Nations, New York.

National Drug and Alcohol Research Centre (NDARC) 2010, *2010 Drug Trends Conference: Key findings of the 2010 IDRS and EDRS*, NDARC, University of New South Wales, Sydney, viewed online 22 October 2010, <[http://www.med.unsw.edu.au/ndarcweb.nsf/resources/Conference1/\\$file/IDRS+&+EDRS+2010.pdf](http://www.med.unsw.edu.au/ndarcweb.nsf/resources/Conference1/$file/IDRS+&+EDRS+2010.pdf)>.

National Institute on Drug Abuse (NIDA) 2010, *Infofacts: Cocaine*, NIDA, National Institutes of Health, Maryland.

National Drug Intelligence Center (NDIC) 2010, *National Drug Threat Assessment 2010*, NDIC, US Department of Justice, Washington.

Serious and Organised Crime Agency (SOCA) 2010, *United Kingdom Threat Assessment 2009–10*, SOCA, London.

Sindicich, N, Burns, L, Cassar, J, Cogger, S, de Graaff, B, George, J, Moon, C, Phillips, B, Quinn, B & White, N 2009, 'Australian trends in Ecstasy and related drug markets 2008: Findings from the Ecstasy and Related Drug Reporting System (EDRS)', *Australian Drug Trends Series No. 10*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Sindicich, N & Burns, L 2010, 'Australian Trends in Ecstasy and related Drug Markets 2009. Findings from the Ecstasy and Related Drugs Reporting System (EDRS)', *Australian Drug Trend Series No. 46*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Stafford, J & Burns, L 2010, 'Australian Drug Trends 2009. Findings from the Illicit Drug Reporting System (IDRS)', *Australian Drug Trend Series, No. 37*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

United Nations Office on Drugs and Crime (UNODC) 2009, *Transnational Trafficking and the Rule of Law in West Africa: A Threat Assessment*, UNODC, Vienna.

United Nations Office on Drugs and Crime (UNODC) 2010a, *Colombia Coca Cultivation Survey*, UNODC, Vienna.

United Nations Office on Drugs and Crime (UNODC) 2010b, *World Drug Report 2010*, UNODC, Vienna.





## OTHER DRUGS

### KEY POINTS

- The number of steroid detections at the Australian border increased by 74 per cent in 2009–10 and is the highest recorded in the last decade.
- The number of national steroid seizures continued to increase and is currently the highest on record.
- The number of tryptamine detections at the Australian border is the highest recorded in the last decade.
- The weight of national tryptamine seizures increased from 1.5 kilograms in 2008–09 to 12 kilograms in 2009–10.
- The number of border detections of anaesthetics increased in 2009–10 and is the highest reported since 2001–02.



Other drugs and substances—collectively referred to in this report as ‘other drugs’—are being increasingly recognised as part of Australia’s illicit drug market. This chapter focuses on the main drugs and substances in this category: anabolic agents and other selected hormones, tryptamines, anaesthetics and pharmaceuticals. However, it is important to acknowledge developments in the use of drug analogues and other synthetic drugs.

Drug analogues and other synthetic drugs have been present in Australia and overseas since at least the mid-2000s. Analogue drugs are variants of a parent compound, which is usually a prohibited or scheduled drug. These substances are typically marketed as ‘legal highs’<sup>1</sup> and used as substitutes for illicit drugs such as methylamphetamine and 3,4-methylenedioxymethylamphetamine (MDMA). In recent years users have increasingly sought out specific analogues to the point where an analogue market has now been established.

A wide range of analogue and other synthetic drugs are available to users. Many of these substances are sourced from online ‘legal high’ stores, legitimate fine chemical suppliers and sites selling ‘research chemicals’. In an attempt to circumvent legislative and regulatory measures, many of these substances are marketed under the guise of other products such as bath salts, plant food, incense and room deodorisers.

Up to 500 different analogue drugs have been identified as being advertised through overseas online legal high stores. Reported effects of use include euphoria, stimulation and altered consciousness. Analogues are marketed as being natural and legal and are perceived by many users to be less harmful than illicit drugs. As many of these substances are novel, there is limited research or knowledge about the short or long-term health consequences of use, the risk of dependence, possible adverse effects of use with other drugs or potential fatal doses.

An analogue which has received recent significant media and law enforcement attention is 4-methylmethcathinone (also known as 4-MMC, mephedrone, meow and m-cat). 4-MMC is a synthetic stimulant and an analogue of the drug methcathinone. It is reported to produce distinctive emotional and social effects, including elevated empathy, stimulation, euphoria and awareness. In Australia, there are no licit uses for 4-MMC and it is a prohibited import under Section 314.4 (2) of the *Commonwealth Criminal Code Act 1995* and Schedule 4 of the *Customs (Prohibited Imports) Regulations 1956*.

---

1 Use of the term ‘legal high’ may not reflect the true legal status of these substances under Australian legislation.



## ANABOLIC AGENTS AND 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 4 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 2000).

### ANABOLIC-ANDROGENIC STEROIDS, BETA-2 AGONISTS AND OTHER ANABOLIC AGENTS

The World Anti-Doping Agency's (WADA) list of prohibited substances categorises anabolic agents as either AAS or other anabolic agents that are not categorised as AAS but have similar anabolic effects (WADA 2010).

AAS are derivatives of the male sex hormone testosterone and assist in the growth and repair of muscle and bone. In clinical settings, they are used in the treatment of renal failure, anaemia, hypogonadal states, bone marrow failure, growth failure in children, delayed puberty, acquired immunodeficiency syndrome and late stages of breast cancer. They are used by athletes and body builders for non-medical purposes to enhance sporting performance and increase muscle definition and mass (CAMH 2008; Marshall-Gradisnik et al. 2009).

AAS may be administered orally in the form of tablets or capsules, injected intramuscularly or absorbed through the skin via cream, gel or skin patches (CAMH 2008). Side effects of AAS use may include liver damage, acne, heart problems, euphoria, mood swings, depression, paranoia and aggression. Male-specific effects include infertility and development of breast tissue. In females it can lead to menstrual problems and foetal damage (NDARC 2010b).

There is an illicit market for beta-2 agonists. These drugs which have a legitimate use in the treatment of asthma are used by athletes and body builders to promote the growth of skeletal muscle (anabolic effects) and to reduce body fat (catabolic effects). Side effects of use include insomnia, heart palpitations, high blood pressure, stroke, anxiety, nausea and sudden death (NDARC 2010c).

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

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

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

## HORMONES, MIMETICS AND ANALOGUES

Hormones are vital for the effective functioning of the human body. They are naturally produced by the body; however synthetic mimetics and analogues have been developed to assist in the treatment of a number of medical conditions.

Examples of hormones which may be diverted for non-medical purposes include Erythropoietin (EPO); human growth hormone (hGH) and human chorionic gonadotrophin (hCG). EPO is a naturally occurring hormone which controls the amount of blood cells and haemoglobin present in the body (Harty 2010). hGH is involved in increasing linear height, muscle development and bone growth, as well as effecting psychological wellbeing (THF 2009). hCG is important in triggering hormonal changes in women during embryo development in pregnancy and can increase the production of natural male and female steroids (sex hormones) (NDS 2006a).

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

**TABLE 16: Hormones, mimetics and analogues commonly used in Australia**

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

a The development of breast-like tissue in males.

b There is no scientific evidence of this.

Despite potential serious adverse side effects, athletes are still attracted to the advantages of using both natural and synthetic hormones. For example, increasing the levels of EPO in an athlete's body boosts endurance performance by transporting more oxygen to the muscles. However, by increasing EPO—through injection or altitude training—the blood becomes so thick with red cells that it can form clots, which may result in thrombosis in the cardio arteries, lungs or brain (Harty 2010; Hopkins 2000; Noakes 2004).

## INTERNATIONAL TRENDS

AAS are controlled substances in several countries, including Australia, Argentina, Brazil, Canada, the United Kingdom (UK) and the United States of America (US). As they are not controlled substances in all countries, many foreign distributors are able to legally distribute these substances from their country to customers overseas via Internet and email orders. In Europe, the majority of hormone products are sourced from countries within the European Union (EU) and Russia. A smaller proportion is imported from Thailand, Turkey, Egypt, India and Pakistan. In the US, Mexico is the main source country for anabolic steroids, with other source countries including Russia, Romania and Greece (Kicman 2008).

Internationally, population surveys indicate that only a small proportion of the population use anabolic steroids. Slightly higher rates of use are reported in surveys of youth. For example, in a 2009 study of the population in Britain and Wales, only 0.2 per cent of the population had used steroids in the preceding 12 months compared to 0.9 per cent of 16–24 year olds (Hoare & Moon 2010). In studies of high school students conducted in the US and Canada, the proportion of students reporting steroid use was 1.5 per cent and 1.1 per cent respectively (Johnston et al 2010; Paglia-Boak et al 2009).

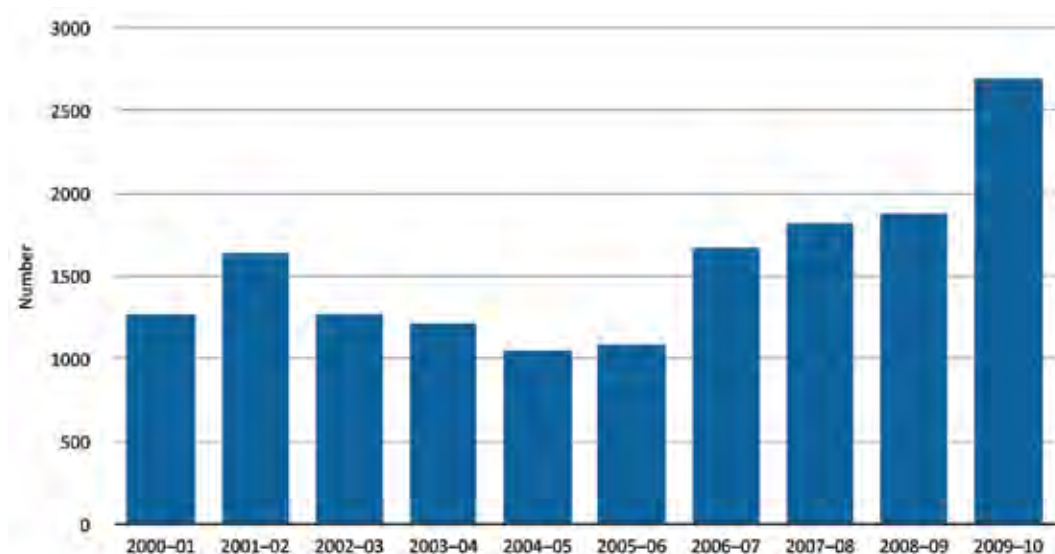
## DOMESTIC TRENDS

### AUSTRALIAN BORDER SITUATION

The Australian Customs and Border Protection Service (Customs and Border Protection) continues to disrupt and deter the movement of illicit PIEDs into Australia.

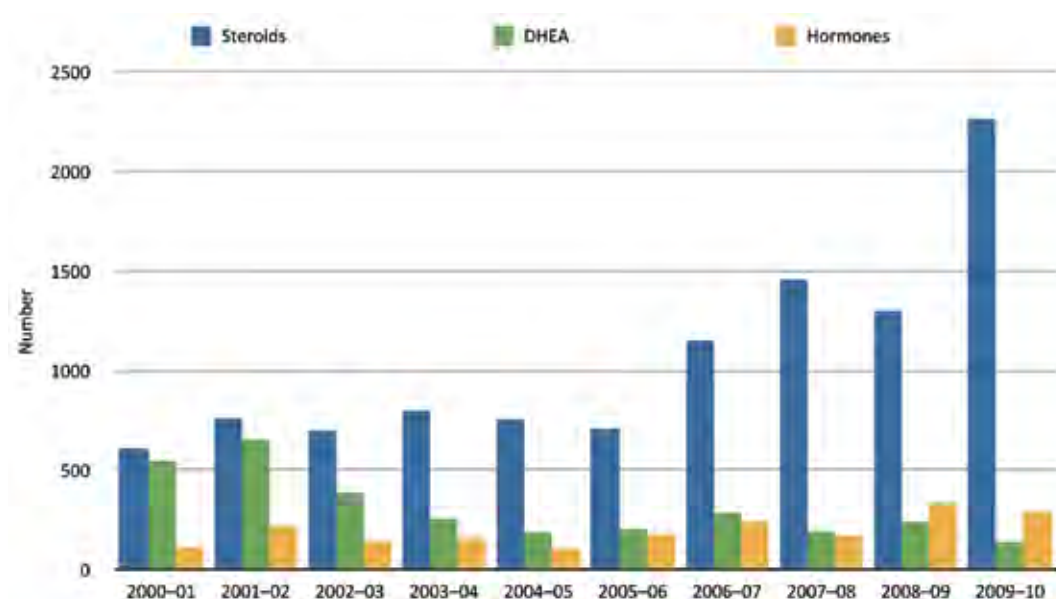
In 2009–10, 2 695 attempted importations of PIEDs were detected at the Australian border, the highest number in the last decade. This represents a 44 per cent increase from the 1 878 detections in 2008–09 (see Figure 48).

**FIGURE 48:** Number of performance and image enhancing drug detections at the Australian border, 2000–01 to 2009–10 (Source: Australian Customs and Border Protection Service)



In 2009–10, the 2 695 detections of PIEDs at the Australian border consisted of 2 264 steroid, 139 Dehydroepiandrosterone (DHEA) and 292 selected hormone detections. These figures represent a 74 per cent increase in the number of steroid detections—the highest in the last decade. However, this reporting period also saw a 42 per cent decrease in DHEA detections—the lowest in the last decade—and a 14 per cent decrease in hormone detections (see Figure 49).

**FIGURE 49:** Number of performance and image enhancing drug detections, by category, at the Australian border, 2000–01 to 2009–10 (Source: Australian Customs and Border Protection Service)



In 2009–10, there was a significant increase in the number of detections of Clenbuterol (a beta-2 agonist), from 56 in 2008–09 to 191 in 2009–10, representing a 241 per cent increase. Despite potential health risks, Clenbuterol is used illicitly for weight loss.

#### SIGNIFICANT BORDER DETECTIONS

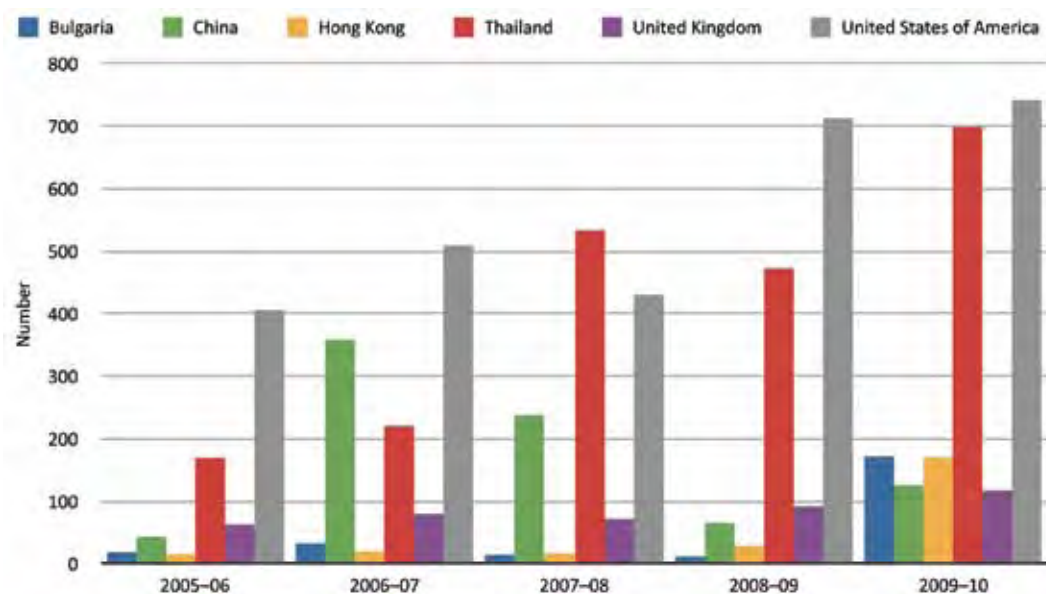
In 2009–10, the majority of PIED detections were within the air cargo and postal streams and continue to involve small quantities. Customs and Border Protection is seeing more innovative concealment methods used in an attempt to bypass border controls and maintain supply to users.

Most steroid detections in this reporting period occurred in the air passenger stream. Detections generally involved air passengers carrying significant quantities of steroids, predominantly testosterone.

#### EMBARKATION POINTS

In 2009–10, prominent countries of embarkation for attempted importations of PIEDs included the US, Thailand, Hong Kong, Bulgaria, China and the UK. These 6 countries accounted for 75 per cent of all PIED importations during 2009–10 (see Figure 50).

**FIGURE 50:** Country of embarkation for performance and image enhancing drug importations by number detected at the Australian border, 2005–06 to 2009–10  
(Source: Australian Customs and Border Protection Service)



## DOMESTIC MARKET INDICATORS

A 2008 survey of secondary students conducted in the state of Victoria found that 2 per cent of 12–17 year olds reported misusing steroids during the 12 months preceding interview (White & Smith 2009). The 2009 Australian Needle and Syringe Program Survey (ANSPS) found similar results, with only 2 per cent of respondents aged 15–66 years reporting anabolic steroids as the last drug injected (NCHECR 2010). The percentage of respondents reporting use in both surveys is well above findings of the 2007 National Drug Strategy Household Survey (NDSHS), which reported only 0.1 per cent of the Australian population had used steroids illicitly in the 12 months preceding interview (AIHW 2008a).

### PRICE

Law enforcement data on the price of illicit anabolic agents was unavailable.

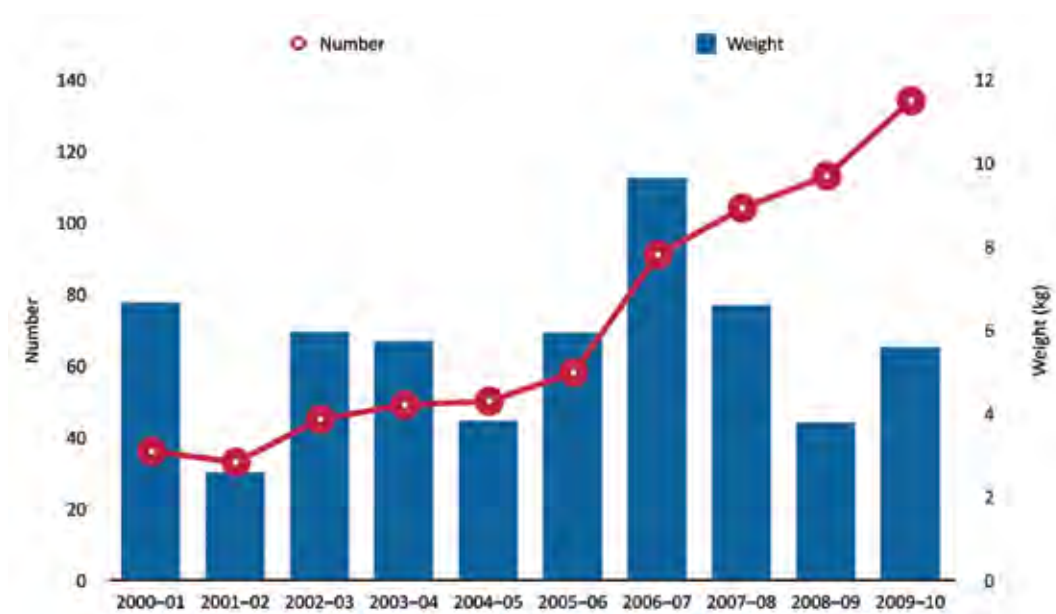
### AVAILABILITY

Australia has limited data on the availability of anabolic agents in the illicit market. In 2008, a survey of elite Australian athletes found that only 2 per cent had been offered or had the opportunity to use steroids (Dunn & Thomas 2010). In 2007, the NDSHS reported that 1.3 per cent of the Australian population had been offered or had the opportunity to use steroids (AIHW 2008b).

## SEIZURES AND ARRESTS

The number of national steroid seizures has steadily increased over the last decade, while the weight of seizures has fluctuated. In 2009–10, both the number and weight of national steroid seizures increased. The number of seizures increased from 113 in 2008–09 to 134 in 2009–10, while the weight increased from 3.7 kilograms in 2008–09 to 5.5 kilograms in 2009–10 (see Figure 51).

**FIGURE 51:** National steroid seizures, by weight and number 2000–01 to 2009–10



National steroid arrests increased by 47 per cent from 214 in 2008–09 to 314 in 2009–10. Since 2007–08, Queensland has accounted for the majority of steroid arrests.

## TRYPTAMINES

### MAIN FORMS

A group of hallucinogens which include lysergic acid diethylamide (LSD), psilocybin, dimethyltryptamine (DMT) and diethyltryptamine (DET) are classified as tryptamines. Some tryptamines are found in a variety of flowering plants, leaves, seeds and in spore-forming plants such as psilocybin-containing mushrooms, while others such as LSD and DET, are synthetically manufactured (DEA 2010; Sarker & Nahar 2007; DoHA 2010b; NIDA 2009a).

Hallucinogens significantly alter perception, mood and thought. Users may experience an increased sense of euphoria and wellbeing, as well as auditory and visual hallucinations. Adverse effects of use include nausea, dizziness, poor coordination and paranoia. Body temperature is also affected and may either increase, resulting in sweating, or decrease, resulting in chills and shivering (Degenhardt & Hall 2010).

The 2 most common types of tryptamines used in Australia are LSD and psilocybin-containing mushrooms. Due to the limited data available for other types of tryptamines, this section will only cover these 2 types.





### LYSERGIC ACID DIETHYLAMIDE (LSD)

LSD was first synthesised in 1938 and is manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. It is among the most potent mood-changing chemicals, with only a small amount needed to cause visual hallucinations and distortions, known as ‘trips’ (Degenhardt & Hall 2010; NIDA 2009a).

LSD is normally produced as a tartrate salt which is colourless, odourless and water soluble. Its most common forms are ‘blotters’ or paper tabs. Usually taken orally, the effects of LSD are highly variable and unpredictable. LSD causes distortions in a person’s perception of reality, with sensations and feelings changing more dramatically than physical responses. Users may feel several different emotions at once or swing rapidly between emotions. Some LSD users experience severe, terrifying thoughts and feelings of despair, fear of losing control, or fear of insanity and death. Users may also experience recurrences of certain aspects of the drug experience, referred to as ‘flashbacks’. Flashbacks can persist in some users and lead to a condition known as hallucinogen-induced persisting perceptual disorder (EMCDDA 2010b, NIDA 2009a; NZDF 2009c).

### PSILOCYBIN-CONTAINING MUSHROOMS

Psilocybin is a chemical with hallucinogenic properties that is found in certain species of mushrooms, colloquially referred to as ‘magic mushrooms’. There are approximately 20 species of psilocybin-containing mushrooms in Australia. Grown in the forests of Victoria and New South Wales and parts of Queensland, the most common varieties consumed are ‘gold tops’, ‘blue meanies’ and ‘liberty caps’ (DoHA 2010b).

Hallucinogenic mushrooms are available fresh, treated or preserved, in powder or capsule form. Usually sold as dried mushrooms, they can be eaten raw, brewed as tea or combined with other foods to mask their bitter taste (CYWHS 2009). The potency of hallucinogenic mushrooms varies and is dependant on species, origin, growing conditions, harvest period and form (EMCDDA 2009).

Psilocin and psilocybin users may experience hallucinations, altered perception of time and an inability to discern fantasy from reality. Additional effects of use can include hyperreflexia, anxiety and drowsiness, abdominal cramping, diarrhoea, nausea and vomiting. Panic reactions and psychosis may occur, particularly if a user ingests a large dose. Long-term effects of use may include flashbacks, risk of psychiatric illness and impaired memory (NIDA 2009a; Psychology Today 2010). Due to the difficulty in visually distinguishing between psilocybin-containing mushrooms and poisonous mushrooms, users also risk permanent liver damage or death.

### INTERNATIONAL TRENDS

The popularity of alternate psychoactive compounds continues to grow in several countries, particularly in the EU, where the uptake of use is being driven by legal status and online availability. In February 2010, the European Commission-sponsored Psychonaut Web Mapping Project identified 412 novel psychoactive compounds available in the European recreation drug market. The project categorised the compounds as herbal, chemical, pharmaceutical or others/combinations and noted that due to limited scientific information, professionals and clinicians were often unable to assess the possible medical and psychiatric consequences resulting from use of these alternate psychoactive compounds (PWMRG 2010).

Despite being one of the most commonly used hallucinogens, the prevalence of LSD use reported in international surveys is generally low, with use in many countries decreasing over the past decade. In a 2009 survey of the US population, it was estimated that 0.2 per cent of the population had used hallucinogens<sup>2</sup> in the last month (SAMHSA 2010). In Europe, overall reported consumption levels of LSD have been low for a considerable time. In 2008, only 2 European countries had a response rate above 1 per cent for use in the last 12 months in the 15–24 age group (EMCDDA 2010b).

In New Zealand, though not widely used, the reported use of LSD has remained relatively constant. Despite a decline earlier in the decade, prevalence of use has stabilised in recent years among some groups of drug users due to concerns over the health effects associated with methylamphetamine use and frustration at the decline in the quality of ecstasy. This is supported by national seizure rates, with a record 53 177 LSD tabs seized in 2009 (Wilkins et al 2010).

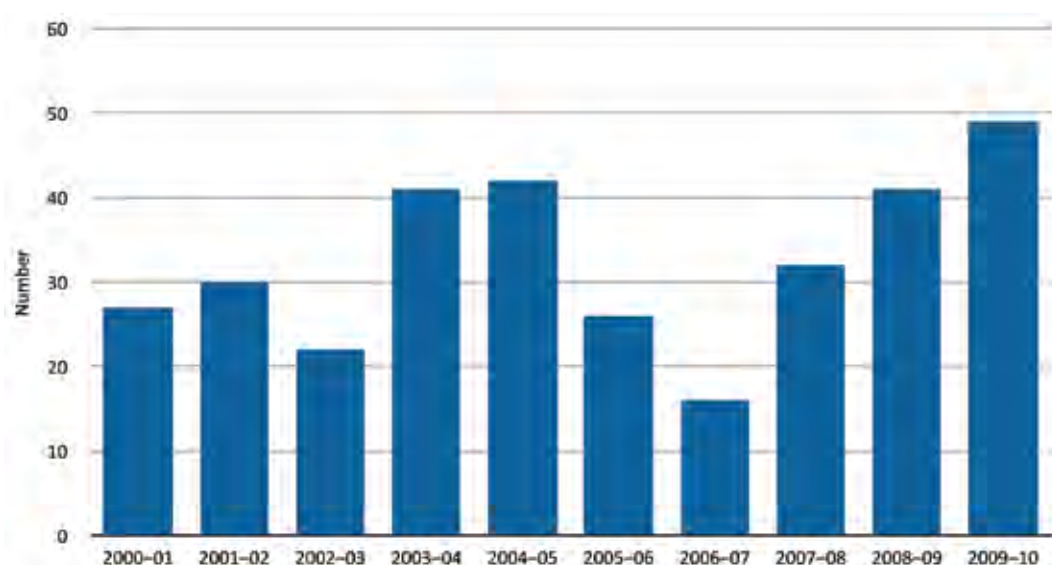
Internationally, there is limited reporting available on the scale of cultivation of psilocybin-containing mushrooms. The 2009 seizure of 68 kilograms of psilocybin-containing mushrooms in Alberta, Canada, highlights the potential for large-scale cultivation. The mushrooms seized were reported to be the same age, with media claiming the seizure was one of the largest international seizures of psilocybin-containing mushrooms (Gandia 2009).

## DOMESTIC TRENDS


### AUSTRALIAN BORDER SITUATION

The tryptamines most commonly detected at the Australian border are LSD and psilocybin-containing mushrooms. In 2009–10, there were 49 detections of tryptamines at the Australian border. This is the highest number of tryptamine detections in the last decade (see Figure 52).

**FIGURE 52:** Number of tryptamine detections at the Australian border, 2000–01 to 2009–10 (Source: Australian Customs and Border Protection Service)



<sup>2</sup> Several drugs are grouped under the hallucinogens category, including LSD, PCP, peyote, mescaline and psilocybin mushrooms.



Consistent with 2008–09, Customs and Border Protection detected 2 attempted importations of LSD in 2009–10. Both detections were posted from Peru to New South Wales on consecutive days in September 2009.

There were 47 psilocybin-related detections in 2009–10, an increase from 39 detections in 2008–09. Of the 47 detections, 46 were in the postal stream and 1 was in the air passenger stream. A total of 11 detections were in syringes or vials. The Netherlands was the prominent embarkation country, accounting for 72 per cent of detections. Other prominent countries of embarkation include Austria and the US

## DOMESTIC MARKET INDICATORS

In a 2009 study of regular injecting drug users, only 7 per cent of respondents reported LSD use and 2 per cent reported use of psilocybin-containing mushrooms in the 6 months preceding interview (Stafford & Burns 2010).

In a 2009 study of regular ecstasy users, 34 per cent of respondents reported LSD use and 19 per cent of respondents reported use of psilocybin-containing mushrooms in the 6 months preceding interview. Of those reporting recent mushroom use, 88 per cent had used less than once per month (Sindicich & Burns 2010).

In the 2007 NDSHS, 6.7 per cent of respondents reported having used hallucinogens at some time during their lives. In the 12 months preceding interview (recent use), respondents in the 20–29 year age group had the highest proportion of users at 2.1 per cent. The NDSHS found that magic mushrooms were the most commonly used hallucinogen among recent users (70 per cent) followed by LSD (62 per cent) (AIHW 2008a).

### PRICE

In 2009–10, law enforcement price data for LSD varied between jurisdictions, ranging between \$20 and \$35 per tab.

According to a 2009 national study of regular ecstasy users, the median price of LSD ranged from \$15 in South Australia to \$25 in Western Australia, the Northern Territory and the Australian Capital Territory. According to the majority of respondents, the price of LSD had remained relatively stable in the 6 months preceding interview. Price data on psilocybin-containing mushrooms was not reported (Sindicich & Burns 2010).

Law enforcement data on the price of psilocybin-mushrooms was unavailable.

### PURITY

In a 2009 national study of regular ecstasy users, 60 per cent of those who commented on the purity or strength of LSD reported it as 'high'. Purity data for psilocybin-containing mushrooms was not reported (Sindicich & Burns 2010).

### AVAILABILITY

In a 2009 study of regular ecstasy users, 27 per cent of respondents commented on the availability of LSD in Australia. Of these, 61 per cent reported that LSD was easy or very easy to obtain. There are no figures on the availability of psilocybin containing mushrooms. In 2007, the NDSHS reported that 1.7 per cent of the population had been offered or given the opportunity to use LSD or other synthetic hallucinogens (AIHW 2008b).

## SEIZURES AND ARRESTS

The number of national tryptamine seizures has increased steadily since 2005–06. In 2008–09 there were 135 tryptamine seizures compared with 215 in 2009–10, which is the highest number of seizures in the last decade. The weight of national tryptamine seizures increased significantly, from 1.5 kilograms in 2008–09 to 12 kilograms in 2009–10, representing the second highest weight seized in the last decade (see Figure 53).

**FIGURE 53:** National tryptamine seizures, by weight and number, 2000–01 to 2009–10



The number of national tryptamine arrests increased from 369 in 2008–09 to 512 in 2009–10. Queensland continues to constitute the majority of national tryptamine arrests and accounted for 33 per cent of the total in 2009–10.


## ANAESTHETICS

### MAIN FORMS

Originally developed for medicinal use, a number of anaesthetics are diverted for illicit use. This section covers ketamine hydrochloride (ketamine) and gamma-hydroxybutyrate (GHB), 2 of the more prevalent illicitly used anaesthetics.

#### KETAMINE

Ketamine is considered a dissociative anaesthetic as it produces feelings of 'disassociation' from a person's environment as well as from one's self. It also has hallucinogenic effects and can impact on a person's senses and perception of reality. Clinically used in medical and veterinary settings as a short-acting anaesthetic, ketamine is also diverted into the illicit market due to its sedative and hallucinogenic properties (DoHA 2010b).



Ketamine is commonly sold in 3 forms: powder, tablet and liquid. Ketamine is often swallowed, snorted or injected. It can also be combined with other substances, such as cannabis or tobacco, and smoked (NSW Health 2010b).

Low to moderate doses of ketamine can induce feelings of euphoria, relaxation, hallucinations and distorted sensory processing, as well as feelings of anxiety, paranoia, nausea and increased heart rate. High doses of ketamine can cause drowsiness, paranoia, amnesia, cardiac arrhythmia, convulsions and the user may become comatose.

Repeated use of ketamine may impair some aspects of memory and cognitive functions. Long-term, frequent use of ketamine has also been linked to personality and mood changes including paranoia and egocentrism, reduced ability to concentrate and depression (NSW Health 2010b).

### GAMMA-HYDROXYBUTYRATE (GHB) AND RELATED SUBSTANCES

GHB is naturally found in the body in small quantities and may be synthetically produced. First synthesised in the 1920s and developed as an anaesthetic in the 1960s, GHB is a central nervous system depressant with hypnotic, amnesic and sedative effects. GHB is available in powder, liquid, capsule or tablet form. It can be taken orally, injected or snorted (DoHA 2010a).

GHB is readily manufactured from its precursors, gamma-butyrolactone (GBL) and 1,4-butanediol (1,4-BD). Both GBL and 1,4-BD metabolise into GHB in the body, producing identical effects. GBL is reportedly more potent and its effects longer lasting than GHB. Use of these precursors may cause abrupt loss of consciousness, respiratory difficulties, coma and death (Munir et al. 2008). GBL and 1,4-BD are commercially available as industrial cleaning products and used in the production of rubber and plastic (Benzer et al. 2009).

The effects of GHB appear to vary greatly according to the amount used. Low to moderate doses may increase euphoria, libido, memory lapses, drowsiness and lower inhibitions. High doses of GHB can lead to confusion, irritation and agitation, hallucinations, blackouts and memory lapses, seizures, coma, respiratory failure and death. Risks associated with GHB use are exacerbated due to the small difference between ingesting doses that produce the desired effect and overdose (DrugInfo 2010b).

### INTERNATIONAL TRENDS

Ketamine is not subject to international controls and widespread illicit use continues in several countries, particularly in East and South-East Asia. In Hong Kong, rates of ketamine use remain high, with the average price per pure gram making ketamine a cheaper alternative to ecstasy and methylamphetamine. Ketamine use is also reportedly growing in India and Europe, particularly in Spain and the UK (UNODC 2010a; INCB 2010).

In surveys of ecstasy users and injecting drug users in New Zealand during 2009, 37 per cent and 33 per cent respectively reported 'in lifetime' use of ketamine. In comparison, the rate of reported GHB use for the same groups was 22 per cent (Wilkins et al 2010).

According to the UNODC, diversion from licit trade remains the primary source of ketamine for the illicit market with numerous seizures in various countries reported over the past couple of years (UNODC 2010b). In December 2009, Indian authorities seized a record 440 kilograms of ketamine powder concealed in bags of iodized salt bound for Malaysia (UNODC 2010a). In September 2009, Hong Kong Customs seized 140 kilograms of ketamine concealed in audio speakers consigned from mainland China (UNODC 2009).

In addition to diversion from the licit market, large-scale illicit production of ketamine also occurs. In 2009, Chinese authorities seized 8.5 metric tonnes of the ketamine precursor hydroxylamine hydrochloride during operations which dismantled 2 clandestine laboratories processing ketamine (UNODC 2010b).

GHB has been under international control since 2001. GBL is considered a 'non-scheduled drug precursor' at EU level and is included in the voluntary monitoring scheme for drug precursors. In some countries, such as Italy, Latvia, Austria, Sweden, UK and Norway, control is maintained under national drug legislation. The prevalence of GHB use in the general European population is low, but can be much higher in specific groups, settings and geographical areas. The use of GBL has also recently raised concerns in Europe, with an increasing number of people seeking treatment for addiction to GHB and GBL (UNODC 2010a).

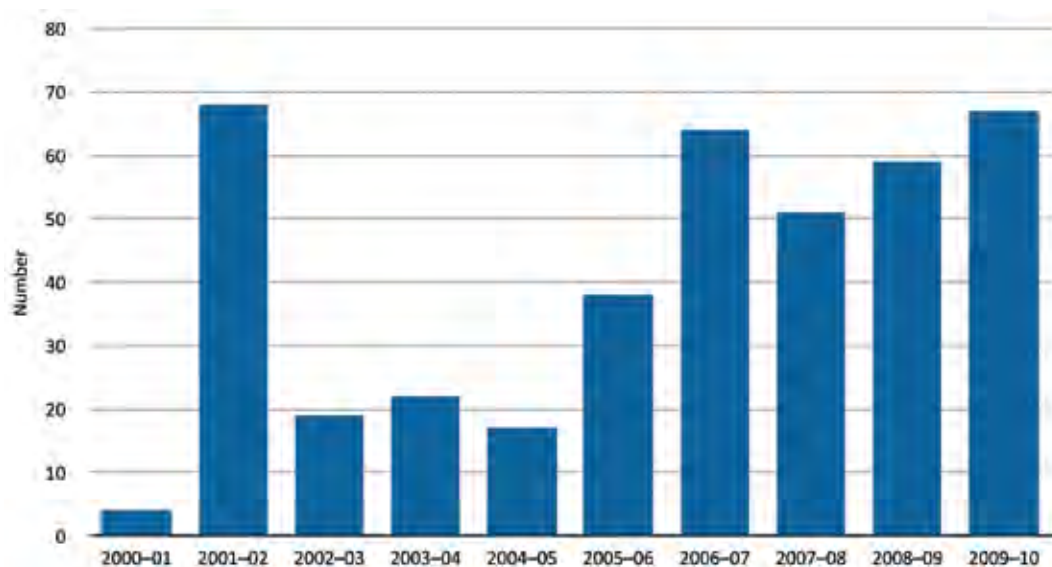
Data from the Monitoring the Future Study indicate that the estimated annual rates of non-medical use of GHB by students in years 8, 10 and 12 are low—0.7 to 1.1 per cent—and have continued to decline since 2000<sup>3</sup> (Johnston et al 2010).

## DOMESTIC TRENDS

### AUSTRALIAN BORDER SITUATION


In 2009–10, there were 67 detections of anaesthetics at the Australian border. This is the highest number of detections at the Australian border since 2001–02 (see Figure 54).

**FIGURE 54:** Number of anaesthetic detections at the Australian border, 2000–01 to 2009–10 (Source: Australian Customs and Border Protection Service)



<sup>3</sup> The first year in which GHB use was queried in the survey.





Ketamine detections remain very low compared to other drugs. In 2009–10, there were 22 detections of ketamine at the Australian border, including 17 in parcel post, 4 in air cargo and 1 in an air passenger's baggage. This is a 33 per cent decrease from the 33 detections in 2008–09.

GBL is an immediate precursor of GHB and has legitimate uses in industry. While subject to controls, it can be legally imported with an appropriate permit. In 2009–10, Customs and Border Protection detected 44 illegal shipments of GBL. Of these, 31 were in the postal stream, 12 in air cargo and 1 was located in an air passenger's baggage.

## DOMESTIC MARKET INDICATORS

Among regular ecstasy users, the use of both ketamine and GHB/GBL steadily decreased between 2003 to 2009. According to the 2009 study, in the 6 months preceding interview, only 10 per cent of respondents reported ketamine use, while 4 per cent reported GHB use (Sindicich & Burns 2010).

Early findings from the 2010 study of regular ecstasy users suggests a reversal of this trend, with 12 per cent of respondents reporting ketamine use and 6 per cent of respondents GHB/GBL. When discussing such small sample sizes, any interpretation of the results should be made with caution (NDARC 2010a).

### PRICE

Law enforcement price data for ketamine and GHB/GBL is limited. In New South Wales in 2009–10, a gram of ketamine powder ranged between \$50 and \$180 and a vial of 5–10 millilitres ranged between \$100 and \$200. The price of a gram of ketamine in South Australia was \$100, an '8 ball'<sup>4</sup> was \$350 and a kilogram was \$28 000.

Nationally, the price for 1–1.5 millilitres of GHB/GBL in 2009–10 ranged between \$3 and \$6. The price for 10–15 millilitres ranged between \$50 and \$80 and a litre ranged between \$2 000 and \$3 000.

### PURITY

In a 2009 study of regular ecstasy users, 42 per cent of those who commented on the purity or strength of ketamine, reported it as high, while 15 per cent reported it as low. This differs from 2008, where 54 per cent reported high purity and 4 per cent reported it as low. While these figures indicate a potential decrease in purity, the small sample size means any interpretation should be made with caution (Sindicich & Burns 2010, Sindicich et al. 2009).

### AVAILABILITY

In 2009, only a small proportion of regular ecstasy users surveyed were able to comment on the availability of ketamine and GHB, indicating that these drugs are not widely available. A total of 41 per cent of respondents reported that ketamine was difficult to obtain, while 47 per cent reported that GHB was difficult to obtain. Due to the small numbers of respondents, any interpretation of the results should be made with caution (Sindicich & Burns 2010).

---

4 An 8 ball equates to approximately 3.5 grams.

## PHARMACEUTICALS

### MAIN FORMS

Most pharmaceutical drugs used for legitimate medical purposes are limited to pharmacist supply and require a prescription for purchase. Despite these controls, misuse of pharmaceuticals can result from self-medication, dependence, dealing with withdrawal symptoms, drug substitution, enhancement of other drugs or the unavailability of a drug of choice. Non-medical use of pharmaceutical drugs can result in serious health risks and can lead to addiction (DoHA 2010b).

Within Australia, pharmaceutical drugs used for non-medical purposes can be obtained through diverse means, both licit and illicit. Motives of use may influence the way in which pharmaceutical drugs are obtained. These include:

- Internet purchases
- dishonestly imitating or overstating symptoms
- doctor-shopping<sup>5</sup>
- poor prescription practices, such as prescribing larger than required quantities
- health practitioners self-prescribing or otherwise misappropriating through their work
- stolen, altered or forged prescriptions
- theft from surgeries or pharmacies (DCPC 2007).

This section focuses on the pharmaceutical drugs most commonly used for non-medical purposes—opioids and benzodiazepines.

Benzodiazepines and opioids are sought for their mood altering, analgesic and euphoric effects (Monheit 2010). Opioids are commonly used in the treatment of pain, while benzodiazepines are commonly used in the treatment of insomnia and anxiety (ADF 2008).

### BENZODIAZEPINES

Benzodiazepines have been widely used in clinical settings throughout the world since the 1960s and are among the most widely used prescribed drugs in the western world (NZDF 2009a). They are depressant drugs which slow down the activity of the brain and the central nervous system. Benzodiazepines are a class of pharmaceutical drugs commonly prescribed for insomnia, anxiety and panic attacks (DrugInfo 2010a).

Benzodiazepines usually come in tablet or capsule form and are generally stamped with their name and milligram quantity.

In the short-term, users may feel disinhibited, relaxed, drowsy, confused, moody and can suffer from blurred vision. Long-term effects of use include a lack of energy, nausea, fatigue and depression (NSW Health 2010a).

<sup>5</sup> 'Doctor-shopping' refers to presenting to numerous doctors for the purpose of obtaining multiple prescriptions to deal with non-existent or exaggerated symptoms.



Some people inject benzodiazepines or use them in conjunction with heroin, alcohol or other drugs. This practise is very dangerous and may result in overdose or death. Injecting benzodiazepines which are intended to be swallowed can also cause severe damage to veins, leading to loss of limbs from poor circulation, organ damage or stroke (NSW Health 2010a).

The main forms of benzodiazepine pharmaceuticals are listed in Table 17.

**TABLE 17: Main forms of benzodiazepine pharmaceuticals**

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

## OPIOIDS

Opioids refer to a range of natural and synthetic drugs that are used for their pain relieving and euphoric effects. Natural opioids include opium and morphine, semi-synthetic opioids include heroin and oxycodone, and synthetic opioids include methadone and codeine (emedicine 2010).

Available in tablet, capsule or liquid form, effects of opioid use include pain relief, mood alteration, respiratory depression, nausea and vomiting (emedicine 2010). Prolonged regular opioid use leads to tolerance and risk of dependence, with opioid overdose the major cause of heroin-related harm in Australia (Conigrave et al 2010).

In Australia there are 2 distinct groups of opioid users. The first relates to individuals who have been treated for chronic non-malignant pain and have progressed to problematic opioid use and dependence. The second group are individuals who use illicit opioids and are accessing pharmaceutical opioids to supplement other drug use (RACP 2009).

Common opioid pharmaceuticals are listed in Table 18.

**TABLE 18: Main forms and effects of opioid pharmaceuticals**

Pharmaceutical Type	Trade Name	User Names	Comments
Morphine	MS Contin, Anamorph, Kapanol, Morphalgin	M, Monkey, Morph, Miss Emma, Dreamer, Hard Stuff, Greys, Grey Nurse	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, Oxynorm, Percocet, Roxicodone, Tylox, Percodan	Oxy, Oxies, O.C's, Oxycottons, Oxy 80's, Hillbilly Heroin, Roxies, Percs	A semi-synthetic opioid analgesic similar to morphine
Pethidine		Peth	Synthetic narcotic analgesic' similar to morphine but shorter lasting
Methadone (or Physeptone—tablet form)		Meth, done, metho	Synthetic narcotic analgesic, used in treatment for opioid dependence; predominantly provided in syrup form to patients
Buprenorphine	Subutex, Temgesic	Beup, Mud	Buprenorphine is used to treat withdrawal from heroin; employed in maintenance treatment to block the effects of other opioids (with duration of 24 to 48 hours)

'Homebake heroin' is a crude product manufactured from codeine-based pharmaceuticals. In 2009–10, a total of 4 clandestine laboratories manufacturing homebake heroin were detected in Australia (see *Clandestine laboratories and precursors* chapter).

## INTERNATIONAL TRENDS

In the US, the threat posed by the diversion and illicit use of Controlled Prescription Drugs (CPD) is increasing, with many state law enforcement agencies reporting pharmaceutical diversion and use as their greatest drug threat. The US National Drug Intelligence Center (NDIC) has predicted that increased enforcement against illegal pain clinics and the growing number of Prescription Drug Monitoring Programs will increasingly disrupt the supply of CPDs to prescription opioid users who typically acquire these drugs through doctor-shopping and from unscrupulous physicians. The NDIC predicts that as a consequence many users will seek CPDs from other sources, including thefts from pharmacies (NDIC 2010).

Results from the 2009 Monitoring the Future Survey in the US found that prevalence rates for narcotics—predominantly opiates and opiate type analgesics—have remained stable, but historically high among students in years 8, 10 and 12. Across the 3 grades, annual prevalence rates of Oxycontin use were 2 per cent, 5 per cent and 5 per cent respectively (Johnston et al 2010).

Canadians are among the largest global consumers of pharmaceutical opiates. Pharmaceuticals may be obtained illicitly through theft, transit losses, theft of prescription pads, illegal Internet pharmacies and the diversion of pharmaceuticals from domestic distribution channels. The involvement of organised crime groups remains small in comparison to their involvement in other illicit drug markets. Across Canada, prescription drugs such as oxycodone and hydromorphone are being sold as heroin (CISC 2010).

## DOMESTIC TRENDS

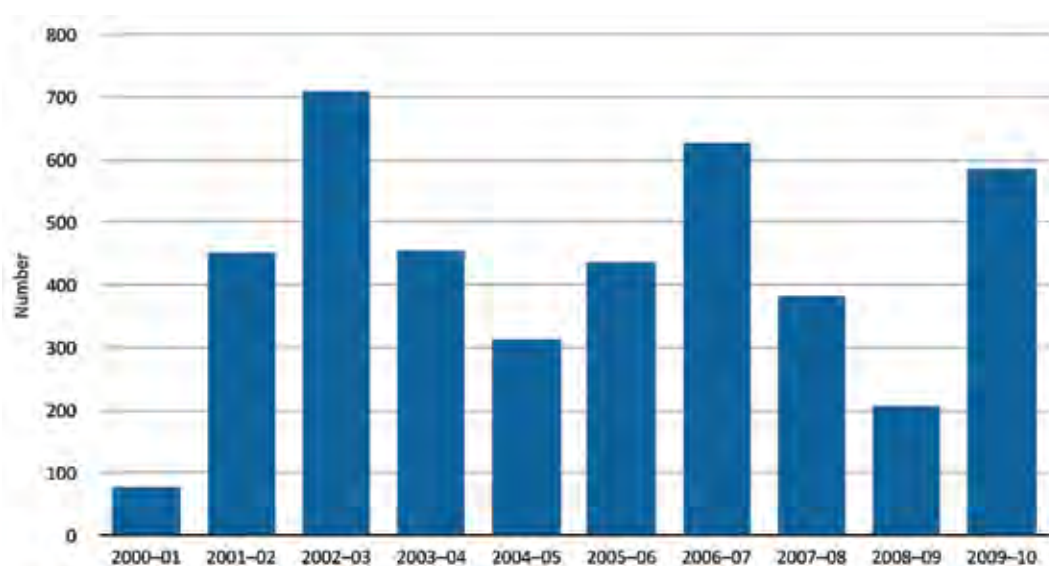
### AUSTRALIAN BORDER SITUATION

Prescription pharmaceuticals are primarily imported by individuals without criminal intent (for example, small amounts of various weight loss medications, such as phentermine which is included in amphetamine-type stimulants (ATS) statistics).

Prescription pharmaceuticals continue to be purchased over the Internet due to the anonymity afforded, cheap price and, often, ignorance of the law. With a reported growth in the non-medical use of prescription medications such as benzodiazepines, this trend is expected to continue.

In 2009–10, there were 585 detections of pharmaceuticals at the Australian border. This is an increase of 184 per cent from the 206 detections in 2008–09 (see Figure 55).

**FIGURE 55:** Number of pharmaceutical detections at the Australian border, 2000–01 to 2009–10 (Source: Australian Customs and Border Protection Service)



Customs and Border Protection detected 582 unauthorised imports of benzodiazepine-based sedatives and tranquillisers in 2009–10, a 213 per cent increase from the 186 detections in 2008–09. The majority of detections during 2009–10 were in the postal stream, which accounted for 519 detections. There were a further 44 detections on air passengers and 19 in air cargo. Most parcels were sent from India, Thailand, the UK and Pakistan. The largest detection during 2009–10 was 1.2 kilograms of tablets from Thailand. The shipment was found inside an air passenger's luggage in Melbourne on 12 June 2010.

### DOMESTIC MARKET INDICATORS

In a 2009 national study of regular injecting drug users, 66 per cent of respondents reported use of any form of benzodiazepines in the 6 months preceding interview (recent use). A total of 42 per cent reported morphine use, a decrease from 50 per cent in 2008, while 30 per cent reported recent use of oxycodone (Stafford & Burns 2010).

In a 2009 national study of regular ecstasy users, 19 per cent of respondents reported use of benzodiazepines and 9 per cent opioid use in the 6 months preceding interview. A total of 33 per cent of respondents reported purchasing codeine over the counter and 19 per cent reported use of illicitly obtained pharmaceutical stimulants (Sindicich & Burns 2010).

The Australian Needle and Syringe Program Survey reported that the proportion of respondents reporting pharmaceutical opioids as the last drug injected increased from 9 per cent in 2005 to 16 per cent in 2009. Pharmaceutical opioids were most commonly reported as the drug last injected in the Northern Territory (49 per cent) and methadone most commonly reported in Tasmania (33 per cent) (NSP 2010).

### PRICE

Law enforcement price data for pharmaceuticals obtained for non-medical use is limited. In 2009–10, the price of benzodiazepines pharmaceuticals, purchased for non-medical use, in Queensland remained stable at \$25 per tablet. During this reporting period, South Australia reported the price of 50 tablets of Xanax as \$150.

In 2009–10, the national price of opioid pharmaceuticals, such as Oxycontin, MS Contin and Kapanol, ranged between \$30 in New South Wales and \$100 in the Northern Territory.

The price for 30 millilitres of methadone in the Australian Capital Territory in 2009–10 ranged between \$30 and \$35.

### AVAILABILITY

In a national study of regular injecting drug users, 64 per cent of respondents who commented on the availability of illicit methadone reported it as easy or very easy to obtain. This is a slight increase from the 63 per cent in 2008. Of note, the proportion of respondents who described it as very difficult to obtain increased from 3 per cent in 2008 to 9 per cent in 2009 (Stafford & Burns 2010).

In the same study, 70 per cent of respondents who commented on the availability of illicit morphine reported it as easy or very easy to obtain, while 26 per cent reported it as difficult. For illicit oxycodone, 89 per cent of respondents who commented on the availability reported it as easy or very easy to obtain. This is an increase from 58 per cent reported in 2008 (Stafford & Burns 2010).

## NATIONAL IMPACT

In 2009–10, the majority of detections of drugs classified as ‘other drugs’ at the Australian border were through the postal stream. In contrast to 2008–09, there were no large consignments detected in the sea cargo stream. The number of national seizures of drugs categorised as ‘other and unknown’ increased from 4 199 in 2008–09 to 4 977 in 2009–10. However, the weight of seizures decreased by 87 per cent from 5 311 kilograms in 2008–09 to 678 kilograms in 2009–10. This is largely due to the significant attempted importation of GBL via sea cargo in the previous reporting period.



Anabolic agents and selected hormones constitute the majority of border detections in 2009–10. Detections of these substances continued to increase from 1 878 in 2008–09 to 2 695 in 2009–10 and are now the highest on record. National steroid seizures and related arrests also increased in 2009–10.

The number of tryptamine detections at the Australian border continued to increase, with the 49 detections in 2009–10 the highest recorded in the last decade. The number of national tryptamine seizures has increased steadily since 2005–06 and is currently the highest recorded in the last decade.

In 2009–10, the number of detections of anaesthetics at the Australian border increased and is the highest recorded since 2001–02.

In 2009–10, the number of pharmaceutical border detections increased substantially from 206 in 2008–09 to 585 in 2009–10 and is the second highest recorded in the past decade.

## REFERENCES

- Australian Bureau of Statistics (ABS) 2000, *Australian Standard Classification of Drugs of Concern*, ABS, Canberra.
- Australian Drug Foundation (ADF) 2008, 'Pharmaceuticals', *Prevention Research Quarterly*, December, Drug Info Clearinghouse, Melbourne.
- Australian Institute of Health and Welfare (AIHW) 2008a, '2007 National Drug Strategy Household Survey: detailed findings', *Drug Statistics Series No. 22, Cat. No. PHE 107*, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2008b, '2007 National Drug Strategy Household Survey: first results', *Drug Statistics Series No. 20, Cat. No. PHE 98*, AIHW, Canberra.
- Benzer, T, Cameron, S & Russi, C 2009, 'Toxicity, Gamma-Hydroxybutyrate', *emedicine*, viewed 17 July 2009, <<http://emedicine.medscape.com/article/820531-overview>>.
- Centre for Addiction and Mental Health (CAMH) 2008, *Anabolic Steroids*, CAMH, Toronto, viewed online 24 February 2010, <[http://www.camh.net/About\\_Addiction\\_Mental\\_Health/Drug\\_and\\_Addiction\\_Information/anabolic\\_steroids\\_dyk.pdf](http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/anabolic_steroids_dyk.pdf)>.
- Children, Youth and Women's Health Service (CYWHS) 2009, *Health Topics —Drugs & Alcohol: Magic Mushrooms*, CYWHS, Adelaide, viewed online 16 July 2009, <<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=240&np=158&id=2036>>.
- Conigrave, K, Curry, K, Day, C, Haber, P, Lopatko, O & Mattick, R 2010, 'Opioids Part 1 Epidemiology of illicit use Complications Prescription opioid use', *Drug and Alcohol Lecture Series*, Faculty of Medicine, University of Sydney, Sydney.
- Criminal Intelligence Service Canada (CISC) 2010, *2010 Report On Organized Crime*, CISC, Ottawa.
- Degenhardt, L, & Hall, W 2010, 'The health and psychological effects of "ecstasy" (MDMA) use', *NDARC Monograph No. 62*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- Department of Health and Ageing (DoHA) 2010a, *Drug Information—GHB*, National Drugs Campaign, DoHA, viewed online 19 March 2010, <<http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/Content/ghb-detail>>.
- Department of Health and Ageing (DoHA) 2010b, *Drug Information—Other Drugs*, National Drugs Campaign, DoHA, viewed online 19 March 2010, <<http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/Content/other-drugs-detail>>.
- Drug Enforcement Administration (DEA) 2010, *Psilocybin and Psilocyn and other Tryptamines*, DEA, viewed online 11 November 2010, <[www.justice.gov/dea/concern/psilocybin.html](http://www.justice.gov/dea/concern/psilocybin.html)>.
- DrugInfo Clearing House (DrugInfo) 2010a, *Benzodiazepines*, Drug Info Clearing House, Australian Drug Foundation, viewed online 19 November 2010, <<http://www.druginfo.adf.org.au/druginfo/drugs/drugfacts/benzodiazepines.html>>.
- DrugInfo Clearing House (DrugInfo) 2010b, *GHB*, Drug Info Clearing House, Australian Drug Foundation, viewed online 11 November 2010, <<http://www.druginfo.adf.org.au/druginfo/drugs/drugfacts/ghbfantasy.html>>.
- Drugs and Crime Prevention Committee (DCPC) 2007, *Inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs - final report December 2007*, Parliament of Victoria, Melbourne.
- Dunn, M & Thomas, J 2010, 'Attitudes toward, knowledge of, and prevalence of recreational drug use among elite Australian athletes', *Ecstasy and related drug trends bulletin, April*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

- Emedicine 2010, *Opioid Abuse*, emedicine, viewed online 19 November 2010, <<http://emedicine.medscape.com/article/287790-overview>>.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2009, 'Hallucinogenic mushrooms', *Drug Profiles*, viewed online 19 March 2010, <<http://www.emcdda.europa.eu/publications/drug-profiles/mushrooms>>.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2010a, *Annual Report 2010: The state of the drug problem in Europe*, EMCDDA, Lisbon.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2010b, 'LSD', *Drug Profiles*, viewed online 1 September 2010, <<http://www.emcdda.europa.eu/publications/drug-profiles/lsd>>.
- Gandia, R 2009, 'Massive mushroom bust', *Calgary Sun*, October.
- Harty, J 2010, *A Discussion about EPO with Award Winning Renal Specialist Dr John Harty*, Bike Pure, viewed online 10 March 2010, <<http://bikepure.org/2010/01/a-discussion-about-epo-with-award-winning-renal-specialist-dr-john-harty/>>.
- Hoare, J & Moon, D 2010, 'Drug Misuse Declared: Findings from the 2009/10 British Crime Survey', *Home Office Statistical Bulletin*, 13/10, July, Home Office, London.
- Hopkins, WG 2000, 'Tests for EPO abuse', *Sportscience* 4(2), viewed online 10 March 2010, <<http://www.sportsci.org/jour/0002/inbrief.html>>.
- International Narcotics Control Board (INCB) 2010, *Report of the International Narcotics Control Board for 2009*, INCB, Vienna.
- Johnston, LD, O'Malley, PM, Bachman, JG, & Schulenberg, JE 2010, *Monitoring the Future national results on adolescent drug use: Overview of key findings 2009*, NIH Publication No. 10-7583, National Institute on Drug Abuse, Bethesda.
- Kicman, AT 2008, 'Pharmacology of anabolic steroids', *British Journal of Pharmacology*, 2008 June; 154(3):502–521.
- Marshall-Gradisnik, S, Green, R, Brenu, EW, & Weatherby, RP 2009, 'Anabolic androgenic steroids effects on the immune system: a review', *Central European Journal of Biology*, Vol 4, No. 1, March.
- Monheit, B 2010, 'Prescription drug misuse', *Australian Family Physician*, Vol. 39, No. 8, August, viewed online 8 September 2010, <<http://www.racgp.org.au/afp/201008/201008monheit.pdf>>.
- Munir, V, Hutton, J, Harney J, Buykx, P, Weiland, T & Dent, A 2008, 'Gamma-hydroxybutyrate: A 30 month emergency department review', *Emergency Medicine Australasia*, vol. 20, issue 2, pp. 521–530.
- National Centre in HIV Epidemiology and Clinical Research (NCHECR) 2010, *Australian NSP Survey National Data Report 2005-2009*, NCHER, University of New South Wales, Sydney.
- National Drug and Alcohol Research Centre (NDARC) 2010a, *2010 Drug Trends Conference: Key findings of the 2010 IDRS and EDRS*, NDARC, University of New South Wales, Sydney, viewed online 22 October 2010, <[http://www.med.unsw.edu.au/ndarcweb.nsf/resources/Conference1/\\$file/IDRS+&+EDRS+2010.pdf](http://www.med.unsw.edu.au/ndarcweb.nsf/resources/Conference1/$file/IDRS+&+EDRS+2010.pdf)>.
- National Drug and Alcohol Research Centre (NDARC) 2010b, *Anabolic-Androgenic Steroids*, NDARC, University of New South Wales, Sydney, viewed online 20 December 2010, <[http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/NDARCFact\\_Drugs2/\\$file/AA5+FACT+SHEET.pdf](http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/NDARCFact_Drugs2/$file/AA5+FACT+SHEET.pdf)>.
- National Drug and Alcohol Research Centre (NDARC) 2010c, *Fact Sheets: Clenbuterol*, NDARC, University of New South Wales, Sydney, viewed 26 October 2010, <[http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/NDARCFact\\_Drugs2/\\$file/CLENBUTEROL+NDARC+FACT+SHEET.pdf](http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/NDARCFact_Drugs2/$file/CLENBUTEROL+NDARC+FACT+SHEET.pdf)>.
- National Drug Intelligence Center (NDIC) 2010, *National Drug Threat Assessment 2010*, NDIC, U.S. Department of Justice, Washington.
- National Drug Strategy (NDS) 2006a, *Performance and Image Enhancing Drugs—Human Chorionic Gonadotrophin (hCG)*, NDS, Australian Government, Canberra, viewed online 10 March 2010, <<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/fs-hcg>>.
- National Institute on Drug Abuse (NIDA) 2009a, *NIDA Infofacts—Hallucinogens: LSD, Peyote, Psilocybin and PCP*, NIDA, National Institutes of Health, Maryland, viewed online 13 April 2010, <<http://www.drugabuse.gov/Infofacts/hallucinogens.html>>.
- National Institute on Drug Abuse (NIDA) 2009b, *NIDA InfoFacts: Prescription and Over-the-Counter Medications*, NIDA, National Institutes of Health, Maryland, viewed online 19 November 2010, <<http://drugabuse.gov/infofacts/PainMed.html>>.
- New South Wales Health (NSW Health) 2010a, 'Benzodiazepines', *NSW Health Factsheet*, viewed online 19 November 2010, <<http://www.health.nsw.gov.au/factsheets/drugandalcohol/benzodiazepines.html>>.
- New South Wales Health (NSW Health) 2010b, 'Ketamine', *NSW Health Factsheet*, viewed online 17 December 2010, <<http://amwac.health.nsw.gov.au/factsheets/drugAndAlcohol/ketamine.html>>.
- New Zealand Drug Foundation (NZDF) 2009a, *Benzodiazepines, What it is*, NZDF, Wellington, viewed online 24 February 2009, <<http://www.nzdf.org.nz/benzodiazepines/what-it-is>>.
- New Zealand Drug Foundation (NZDF) 2009b, *GHB, What it is*, NZDF, Wellington, viewed online 24 February 2009, <<http://www.nzdf.org.nz/ghb/what-it-is>>.

- New Zealand Drug Foundation (NZDF) 2009c, *LSD, What it is*, NZDF, Wellington, viewed online 24 February 2009, <<http://www.nzdf.org.nz/lsd/what-it-is>>.
- Noakes, TD 2004, 'Tainted Glory—Doping and Athletic Performance', *The New England Journal of Medicine*, Vol. 351:847–849, August 26, Number 9.
- Paglia-Boak, A, Mann, RE, Adlaf, EM, & Rehm, J 2009, 'Drug use among Ontario students, 1977–2009: Detailed OSDUHS findings', *CAMH Research Document Series No. 27*, Centre for Addiction and Mental Health, Toronto, ON.
- Psychology Today 2010, 'Hallucinogens (Symptoms)', *Psychology Today*, viewed online 11 March 2010, <<http://www.psychologytoday.com/conditions/hallucinogens?tab=Symptoms>>.
- Psychonaut Web Mapping Research Group (PWMRG) 2010, *Psychonaut Web Mapping Project: Final report*, Institute of Psychiatry, King's College London, London.
- The Royal Australasian College of Physicians (RACP) 2009, *Prescription Opioid Policy: Improving management of chronic non-malignant pain and prevention of problems associated with prescription opioid use*, RACP, Sydney.
- Sarker, SD & Nahar, L 2007, *Chemistry for pharmacy students—General, Organic and Natural Product Chemistry*, John Wiley and Sons Ltd, West Sussex.
- Sindicich, N, Burns, L, Cassar, J, Cogger, S, de Graaff, B, George, J, Moon, C, Phillips, B, Quinn, B & White, N 2009, 'Australian trends in Ecstasy and related drug markets 2008: Findings from the Ecstasy and Related Drug Reporting System (EDRS)', *Australian Drug Trends Series No. 10*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- Sindicich, N & Burns, L 2010, 'Australian Trends in Ecstasy and related Drug Markets 2009. Findings from the Ecstasy and Related Drugs Reporting System (EDRS).', *Australian Drug Trend Series No. 46*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- Stafford, J & Burns, L 2010, 'Australian Drug Trends 2009. Findings from the Illicit Drug Reporting System (IDRS).', *Australian Drug Trend Series, No. 37*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- Substance Abuse and Mental Health Services Administration (SAMHSA) 2010, *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings*, Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586 Findings, Rockville, MD.
- The Hormone Foundation (THF) 2009, *Hormone Abuse*, Maryland, viewed online 10 March 2010, <<http://www.hormone.org/Resources/hormone-abuse.cfm>>.
- United Nations Office on Drugs and Crime (UNODC) 2009, *Global Smart Update, Volume 2*, UNODC, October.
- United Nations Office on Drugs and Crime (UNODC) 2010a, *Global Smart Update, Volume 3*, UNODC, March.
- United Nations Office on Drugs and Crime (UNODC) 2010b, *World Drug Report 2010*, UNODC, Vienna.
- Wilkins, C, Griffiths, R & Sweetsur, P 2010, *Recent Trends in Illegal Drug Use in New Zealand, 2006–2009*. Findings from the 2006, 2007, 2008 and 2009 Illicit Drug Monitoring System (IDMS), Social and Health Outcomes Research and Evaluation (SHORE), School of Public Health, Massey University, Auckland.
- World Anti Doping Agency (WADA) 2010, *The World Anti-Doping Code The 2010 Prohibited List International Standard*, WADA, Montreal.
- White, V & Smith, G 2009, *Victorian secondary school students' use of licit and illicit substances in 2008, Results from the 2008 Australian Secondary Students' Alcohol and Drug Survey*, Victorian Government Department of Health, Melbourne.



# CLANDESTINE LABORATORIES AND PRECURSORS

## KEY POINTS

- A record 694 clandestine laboratories were detected in Australia in 2009–10.
- The majority of clandestine laboratories continue to be detected in residential locations.
- The weight of pseudoephedrine and ephedrine detections at the Australian border decreased by 73 per cent from 2 041 kilograms in 2008–09 to 556 kilograms in 2009–10.
- The number of tablet presses seized nationally increased by 119 per cent, from 26 in 2008–09 to 57 in 2009–10.

## MAIN FORMS

Clandestine drug manufacture refers to the illicit production of drugs or drug precursors within an improvised laboratory environment (Newell 2008). Clandestine laboratories range from crude, makeshift operations using simple processes to highly sophisticated operations using technically advanced equipment and facilities.

The 4 basic manufacturing processes used in clandestine laboratories are:

- **Extraction**—The raw material is extracted using a chemical solvent to produce a finished drug. Examples of extraction include hashish, coca paste and extraction from pharmaceutical preparations.
- **Conversion**—A raw or unrefined drug product is changed into a more sought after product by altering the chemical form. Examples are converting cocaine base into cocaine hydrochloride, or converting methylamphetamine base into crystalline methylamphetamine ('ice').
- **Synthesis**—Raw materials are combined in specific portions to create the finished product through chemical reactions. An example is the synthesis of methylamphetamine from ephedrine or pseudoephedrine.
- **Tableting**—The final product is converted into dosage forms or smaller, more saleable units for distribution. An example is pressing 3,4-methylenedioxymethamphetamine (MDMA, commonly known as 'ecstasy') powder into tablet form.

The majority of illicit drugs require chemicals in order to be synthesised or refined to their final, consumable form (ONDCP 2010).

Many legitimate industrial chemicals are used in the manufacture of illicit drugs. This is a challenge for law enforcement agencies, which must prevent the diversion of these chemicals from legitimate commerce to illicit drug manufacture. Due to the global nature of illicit drug precursor manufacture, a comprehensive internationally cohesive chemical control strategy will play a key role in controlling precursors (ONDCP 2010).

Globally, amphetamine-type stimulants (ATS) are the most common illicit drugs manufactured in clandestine laboratories (UNODC 2010). The different chemical processes required to produce drugs within the ATS group require different precursors. Pseudoephedrine and ephedrine are the most common precursors used in the manufacture of methylamphetamine. The 4 principal MDMA precursors are safrole, isosafrole, piperonal and 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P)<sup>1</sup> (EMCDDA 2010).

<sup>1</sup> Also known as PMK and MDP2P.



## INTERNATIONAL TRENDS

In the 2010 *World Drug Report*, the countries reporting the largest number of clandestine laboratory detections were the United States of America (US), the Czech Republic, Australia, China, Slovakia, New Zealand, the Netherlands, Canada and Mexico. However, the number of laboratories is not representative of production levels. Many countries with lower detection rates only report large-scale laboratories (UNODC 2010).

According to the United Nations Office on Drugs and Crime (UNODC), 99 per cent of detected clandestine laboratories are producing ATS. The number of detected ATS clandestine laboratories increased by 20 per cent from 7 002 in 2007 to 8 408 in 2008. However, this number remains historically low (UNODC 2010).

In 2003, the International Narcotics Control Bureau (INCB) initiated Project Prism, which promotes the exchange of pre-export information to assist efforts to stop or seize illegal shipments of methylamphetamine precursor chemicals. Between July to October 2009, Project Prism led to 10 tonnes of bulk shipments and 31.8 million tablets of ephedrine and pseudoephedrine being suspended, stopped or seized (BINLEA 2010).

Despite India implementing legislation and a system to prevent the diversion of ephedrine and pseudoephedrine, information from Project Prism reaffirmed that India was the primary source and Mexico the primary destination of ephedrine and pseudoephedrine shipments (BINLEA 2010). In August 2009, authorities seized a methylamphetamine manufacturing complex in Mexico, which comprised 22 individual facilities dispersed and concealed in an area of 240 hectares. Authorities recovered a total of 32 800 litres of chemicals associated with the manufacture of methylamphetamine (INCB 2010).

In August 2009, China announced that tighter controls were to be introduced on the manufacture of ephedrine, 3,4-MDP-2-P and 1-Phenyl-2-propanone (P-2-P). In response to the stricter controls on ephedrine, criminal networks appear to have renewed their interest in norephedrine as a potential alternative precursor to amphetamine. This is supported by findings in the 2010 INCB report, which has seen an increase in the extent of diversion of norephedrine (INCB 2010).

Canada remains a transit country for the precursor chemicals used to produce methylamphetamine, with Canadian-sourced pseudoephedrine discovered in some clandestine methylamphetamine laboratories in the US. Precursor chemicals used in the production of ecstasy in Canada are sourced from countries such as China and India on a regular basis. Also, unlike Europe, the shortage of MDMA precursor chemicals is not affecting the manufacture of ecstasy in Canada (CISC 2010).

During 2009, global MDMA border detections decreased. The World Customs Organization (WCO) reported that the weight of detections had decreased by 50 per cent and the number of detections decreased by 48 per cent in 2009. Significant decreases in the weight of MDMA detections at the Canadian border—from 215 kilograms in 2008 to 11 kilograms in 2009—contributed to decreases in the weight of global MDMA border seizures (WCO 2010). WCO attributes the decline in MDMA detections to production in regions that do not require movement across borders (WCO 2010).

## DOMESTIC TRENDS

### AUSTRALIAN BORDER SITUATION

In 2009–10, a total of 556.3 kilograms of ephedrine and pseudoephedrine was detected at the Australian border, a significant decrease from the 2 041 kilograms detected in 2008–09.

There were no detections of an MDMA precursor in 2009–10. However, a precursor for manufacturing paramethoxyamphetamine (PMA), a drug closely related to MDMA, was detected—consisting of 5 litres of 4-methoxyphenyl-2-propanone.

### SIGNIFICANT BORDER DETECTIONS

#### PRECURSORS

Significant border detections of ATS precursors in 2009–10 included:

- 40 kilograms of pseudoephedrine powder detected on 17 of August 2009 in parcel post from Vietnam to Sydney. Following this detection, 3 more identical consignments—each weighing 20 kilograms—were detected on 17 and 18 August 2009. The combined weight was 100 kilograms
- 22.8 kilograms of pseudoephedrine granules detected on 8 March 2010 in parcel post from Egypt to Sydney
- 18.3 kilograms of pseudoephedrine detected on 20 November 2009 in parcel post from Cambodia to Sydney
- 18 kilograms of ephedrine powder detected on 17 May 2009 in parcel post from Egypt to Sydney

The 4 detections listed above have a combined weight of 159.1 kilograms, which accounts for 28 per cent of the total weight of ATS (excluding MDMA) precursors detected at the Australian border.



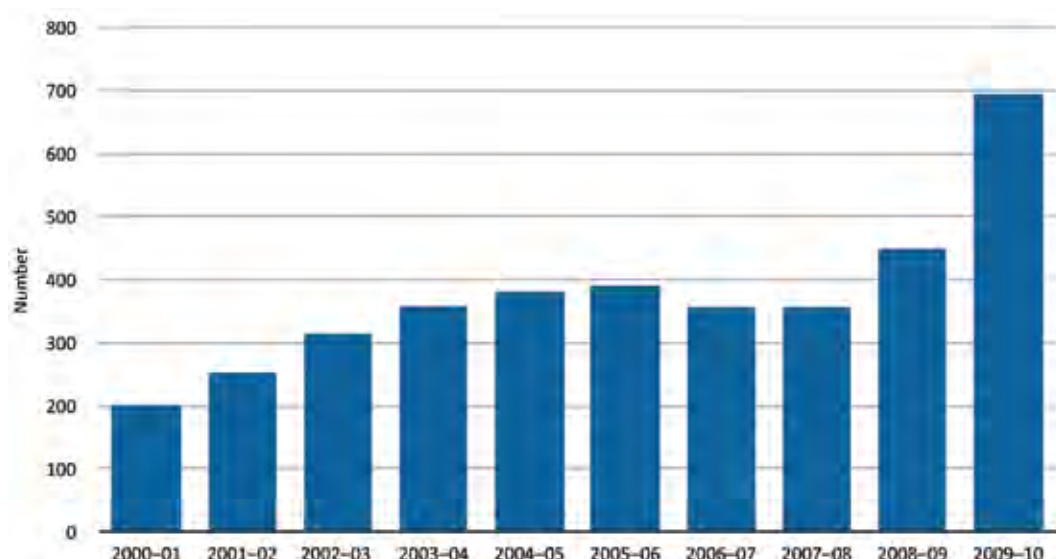
## DOMESTIC MARKET INDICATORS

The number of clandestine laboratories detected nationally has increased by 245 per cent over the last decade, from 201 in 2000–01 to 694 in 2009–10. In August 2007, the Pharmacy Guild of Australia initiated a national roll out of Project STOP. Project STOP aims to reduce the diversion of pharmaceutical products containing pseudoephedrine into the illicit market. As of 30 June 2010, 81 per cent of pharmacies Australia wide were registered with Project STOP<sup>2</sup>, an increase from the 73 per cent registered in 2008–09.

### DETECTIONS

In 2009–10, a record 694 laboratories were detected in Australia. This represents a 55 per cent increase from the 449 detections in 2008–09 (see Figure 56).

**FIGURE 56:** Total national clandestine laboratory detections, 2000–01 to 2009–10



With the exception of the Australian Capital Territory, clandestine laboratory detections increased in all jurisdictions in 2009–10. The Australian Capital Territory was the only jurisdiction to report no detections during the reporting period (see Table 19).

<sup>2</sup> Percentage based on number of pharmacies registered with Project STOP at COB 30 June 2010, as a proportion of the number of 'Approved Pharmacies' at 30 June 2010, as reported in Appendix 6 of the *Pharmacy Guild Of Australia Annual Report 2010*.

**TABLE 19:** Number of clandestine laboratory detections, by state and territory, 2000–01 to 2009–10

Year	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Total
2000–01	42	32	77	24	22	1	3	0	201
2001–02	32	24	138	32	22	3	1	0	252
2002–03	47	19	171	34	36	2	3	2	314
2003–04	61	20	189	48	33	1	6	0	358
2004–05	45	31	209	25	44	3	21	3	381
2005–06	55	47	161	50	58	5	12	2	390
2006–07	49	72	132	51	37	9	1	5	356
2007–08	51	76	121	69	30	2	1	6	356
2008–09	67	84	148	65	78	0	7	0	449
2009–10	82	113	297	71	118	1	12	0	694

In 2009–10, Queensland reported nearly 300 clandestine laboratory detections, while Western Australia and Victoria both reported over 100. Queensland reported the greatest increase in detections from 148 in 2008–09 to 297 in 2009–10, an increase of 101 per cent. Other percentage increases of note include the Northern Territory, which increased by 71 per cent and Western Australia, which increased by 51 per cent.

## DRUG TYPES AND METHODS OF PRODUCTION

In 2009–10, clandestine laboratories manufacturing ATS continued to be the most common type of laboratory detected in Australia. Where the drug produced at a clandestine laboratory was identified, 90 per cent were producing ATS (see Table 20).

**TABLE 20:** Number of clandestine laboratory detections, by drug production types and state and territory, 2009–10

State territory	ATS (excluding MDMA)	MDMA	Homebake heroin	Cannabis oil extraction	PSE/ <sup>a</sup> ephedrine extraction	Other <sup>b</sup>	Unknown <sup>c</sup>	Total <sup>d</sup>
NSW	59	12	0	0	3	3	8	85
Vic	101	0	0	0	11	2	0	114
Qld	248	3	3	0	24	9	13	300
SA	55	2	0	1	5	2	13	78
WA	112	0	1	0	0	2	5	120
Tas	1	0	0	0	0	0	0	1
NT	9	0	0	2	1	0	0	12
ACT	0	0	0	0	0	0	0	0
<b>Total<sup>c</sup></b>	<b>585</b>	<b>17</b>	<b>4</b>	<b>3</b>	<b>44</b>	<b>18</b>	<b>39</b>	<b>710</b>

a. Pseudoephedrine.

b. 'Other' may include detection of chemicals, apparatus or other drugs.

c. 'Unknown' includes seized drugs which have not been identified or are awaiting analysis.

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

In 2009–10, the number of ATS (excluding MDMA) laboratory detections increased by 97 per cent, from 297 in 2008–09 to 585 in 2009–10. Since 2000–01, Queensland has consistently reported the highest number of ATS (excluding MDMA) clandestine laboratory detections.

MDMA laboratory detections decreased from 19 in 2008–09 to 17 in 2009–10. The majority of these continue to be detected in New South Wales. In this reporting period, New South Wales accounted for 70 per cent of the total MDMA laboratories detected. Queensland detected 18 per cent and South Australia detected 12 per cent.

The number of homebake heroin laboratories has remained relatively stable since 2007–08, with 4 laboratories detected in 2009–10. The jurisdictions reporting homebake heroin production have remained stable since 2008–09, however the number of detections reported within the jurisdictions has changed. Queensland detected 1 homebake heroin laboratory in 2008–09 and 3 in 2009–10 while Western Australia detected 4 laboratories in 2008–09 and 1 in 2009–10.

Cannabis extraction laboratories continue to be detected but numbers remain low, with 3 detections recorded each reporting period since 2007–08. In 2009–10, 2 laboratories were located in the Northern Territory and 1 in South Australia, which differs from 2008–09, when 2 laboratories were located in New South Wales and 1 in Queensland.

Pseudoephedrine extraction from cold and flu pharmaceutical products continues to be a common method of obtaining ATS precursors. The extraction of ephedrine or pseudoephedrine was identified in 44 clandestine laboratories in 2009–10 and was the sole drug-related activity identified in 41 of these detections. The number of jurisdictions detecting PSE/ephedrine extraction laboratories in 2009–10 doubled from 2 in 2008–09 to 4 in 2009–10. While the number of detected P2P laboratories decreased from 16 in 2008–09 to 13 in 2009–10, it remains historically high.

While the number of clandestine laboratory detections by production type classified as 'other' increased from 5 in 2008–09 to 18 in 2009–10, it accounted for less than 3 per cent of the total number of detections. Queensland reported the greatest increase in detections of these laboratories, from 1 in 2008–09 to 9 in 2009–10.

The hypophosphorous method remains the most common method of manufacture detected in ATS (excluding MDMA) clandestine laboratories, followed by Nazi/Birch, red phosphorous and phenyl-2-propanone (P2P) (see Table 21).

**TABLE 21: Method of ATS (excluding MDMA) production in clandestine laboratory detections, by state and territory, 2009–10**

State/ territory	Hypo- phosphorous	Red- phosphorous	Nazi/Birch	Phenyl-2- propane	Other <sup>a</sup>	Unknown <sup>b</sup>	Total
NSW	31	1	1	2	17	4	56
Vic	34	10	14	6	0	37	101
Qld	140	26	0	3	35	93	297
SA	39	7	0	0	2	23	71
WA	2	7	97	2	1	9	118
Tas	1	0	0	0	0	0	1
NT	2	0	0	0	0	8	10
ACT	0	0	0	0	0	0	0
<b>Total<sup>c</sup></b>	<b>249</b>	<b>51</b>	<b>112</b>	<b>13</b>	<b>55</b>	<b>174</b>	<b>654</b>

a. 'Other' may include detection of chemicals, apparatus or other drugs.

b. 'Unknown' includes unidentified methods or laboratories awaiting analysis.

c. Total may exceed the number of ATS (excluding MDMA) clandestine laboratory detections due to multiple methods of production being identified at single laboratories.

With the exception of the P2P method, there has been a substantial increase across all ATS laboratory production types during 2009–10. The number of red phosphorous laboratories increased by 219 per cent, from 16 in 2008–09 to 51 in 2009–10.

While Western Australia and Tasmania experienced decreases in detections of hypophosphorous clandestine laboratories in 2009–10, overall there was a 40 per cent increase. A notable increase was reported in Queensland (71 per cent).

Nazi/Birch laboratories increased by 67 per cent, from 67 in 2008–09 to 112 in 2009–10. Western Australia remains the prominent state for this type of production, accounting for 87 per cent of detections.

As an indication of the broadening in manufacturing processes for ATS (excluding MDMA) the number of clandestine laboratories described as ‘other’ increased by 450 per cent, from 10 in 2008–09 to 55 in 2009–10.

## TABLET PRESSES

On 14 December 2009, the Governor-General amended the *Customs (Prohibited Imports) Regulations 1956*, making tablet presses a prohibited import. The new regulations commenced on 1 March 2010. Regulating the importation of tablet presses at the border complements existing domestic legislation making it an offence to possess tablet presses without lawful excuse (AGD 2010).

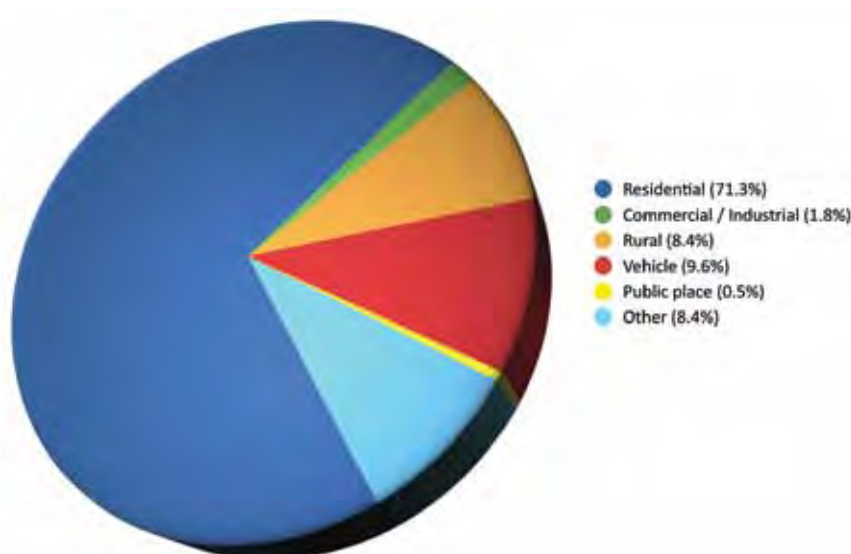
In 2009–10, a total of 57 tablet presses were seized by law enforcement. This is a 119 per cent increase from the 26 presses seized in 2008–09. Both manual and automatic tablet presses were seized. In New South Wales 30 tablet presses were seized, accounting for 53 per cent of national tablet press seizures this reporting period. A further 16 were seized in South Australia, 6 in Queensland, 3 in Victoria and 2 in Western Australia.

## LOCATION AND CATEGORY

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 used are extremely volatile and can contaminate the soil, water and air in close proximity to the laboratory.

The majority of clandestine laboratories continue to be detected in residential areas. In 2009–10, 71.3 per cent of laboratories were located in residential areas, followed by vehicles (9.6 per cent) and rural areas (8.4 per cent) (see Figure 57).

**FIGURE 57: LOCATION OF CLANDESTINE LABORATORY DETECTIONS, 2009–10**

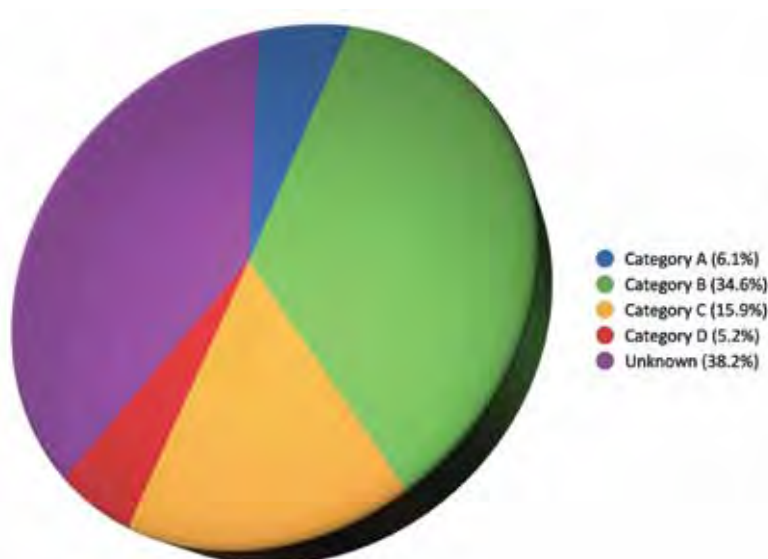


There are 4 distinct categories of clandestine laboratories:

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

The majority of clandestine laboratories detected in Australia in 2009–10 were classed as category 'B' (stored/used) and accounted for 34.6 per cent of laboratories able to be classified. This is in contrast to 2008–09, when 49.4 per cent of detected laboratories were classed as category 'C' (stored/unused). In 2009–10, Category C laboratories accounted for just 15.9 per cent of laboratories detected (see Figure 58).

**FIGURE 58: CATEGORY OF CLANDESTINE LABORATORY DETECTIONS, 2009–10**



## PRECURSOR SEIZURES

In Australia, legislative changes are making it increasingly difficult to obtain precursors, however, domestic seizures continue to occur. For example, in March 2010, a joint operation between the New South Wales Police Force and Victoria Police resulted in the seizure of 120 kilograms of pseudoephedrine (NSW Police 2010).

## NATIONAL IMPACT

The number of clandestine laboratories detected in Australia continued to increase, with a record 694 laboratories detected in 2009–10. Factors such as the size of a laboratory, method of manufacture, amount and type of precursor chemicals used and the skill of the ‘cook’ can effect the quantity and purity of drugs produced. As such, increases in clandestine laboratory detections may not directly translate into increased manufacture and availability of illicit drugs.

The majority of clandestine laboratories continue to be located in residential areas, accounting for 71.3 per cent of all laboratories detected. Clandestine laboratories producing ATS continue to account for the greatest proportion of detections. The number of ATS (excluding MDMA) laboratories detected in Australia increased from 297 in 2008–09 to 584 in 2009–10. The number of MDMA clandestine laboratory detections decreased from 19 in 2008–09 to 17 in 2009–10.

In 2009–10, the weight of pseudoephedrine and ephedrine detected at the Australian border decreased by 73 per cent, from 2041 kilograms in 2008–09 to 556.3 kilograms in 2009–10. No MDMA precursor detections were made at the Australian border in 2009–10.

While border detections of ATS still occur, national seizure and clandestine laboratory detection statistics continue to provide evidence that the Australian ATS (excluding MDMA) market is largely supplied by domestic production.

## REFERENCES

Attorney-General's Department (AGD) 2010, *Tablet Press Regulation*, AGD, Canberra, viewed online 5 November 2010, <[http://www.ag.gov.au/www/agd/agd.nsf/Page/Drugs\\_TabletPressRegulation](http://www.ag.gov.au/www/agd/agd.nsf/Page/Drugs_TabletPressRegulation)>.

Bureau for International Narcotics and Law Enforcement Affairs (BINLEA) 2010, ‘Vol 1—Drug and Chemical Control’, *International Narcotics Control Strategy Report*, BINLEA, United States Department of State, Washington.

Criminal Intelligence Service Canada (CISC) 2010, *2010 Report On Organised Crime*, CISC, Ottawa.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2010, *Drug Profiles – MDMA*, EMCDDA, viewed 23 September 2010, <<http://www.emcdda.europa.eu/publications/drug-profiles/mdma>>.

International Narcotics Control Board (INCB) 2010, *Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances*, INCB, Vienna.

Newell, P 2008, ‘Clandestine drug manufacture in Australia’, *Chemistry in Australia*, vol. 75, No. 3 pp. 11–14.

NSW Police Media Release 2010, ‘Nine men charged following major operation – Firearms & Organised Crime Squad’, viewed 11 March 2010, <[http://www.police.nsw.gov.au/news/latest\\_releases](http://www.police.nsw.gov.au/news/latest_releases)>.

Office of National Drug Control Police (ONDCP) 2010, *Efforts to Control Precursor Chemicals*, ONDCP, Rockville.

United Nations Office on Drugs and Crime (UNODC) 2010, *World Drug Report 2010*, UNODC, New York.

World Customs Organization (WCO) 2010, *Customs and Drugs Report 2009*, WCO, Brussels.





## ILLICIT DRUG STATISTICS



## INTRODUCTION

The Australian Crime Commission (ACC) uses the National Illicit Drug Reporting Format (NIDRF) system to process seizure, arrest and purity data for the *Illicit Drug Data Report*. This allows for more accurate analysis of law enforcement data and assists in moving towards nationally standardised data holdings. The ACC acknowledges the assistance of police statisticians and information managers in this process.

## COUNTING METHODOLOGY

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

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

## DATA SOURCES

### ARREST AND SEIZURE DATA

The following agencies provided arrest and seizure data:

- Australian Federal Police (AFP)
- AFP, Australian Capital Territory (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 Capital Territory (ACT) Government Analytical Laboratory
- AFP
- AFP, ACT Policing
- ChemCentre
- Forensic Science South Australia
- Forensic Science Service Tasmania
- New South Wales Health, Mental Health and Drug and Alcohol Office
- Queensland Health Forensic and Scientific Services
- Victoria Police.

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

Drug purity figures for Victoria, Queensland, and the Australian Capital Territory represent the purity level of drugs seized by police during the relevant quarter. Figures for South Australia, Western Australia and Tasmania represent the purity level of drugs received at the laboratory during the relevant quarter. Specifically, the ChemCentre does not analyse all seizures less than 2 grams. As a result, the purity table will underestimate the number of samples that are tested.

The time between the date of seizure by police and the date of receipt at the laboratories can vary from a few days to several months and, in isolated cases, years. The purity table represents those seizures analysed during the financial year 2009–10, not necessarily all seizures made during that period.

The New South Wales Drugs Laboratory tests for purity levels on cases larger than the traffickable level—being 3 grams for amphetamine, methylamphetamine, heroin, cocaine, 0.75 grams for phenethylamines and 15 DDU for lysergic acid diethylamide. For each case, purity testing is carried out on each drug type over the traffickable quantity. Additionally, the laboratory will only test a limited number of samples per case. The laboratory also tests purity levels on controlled operations for the New South Wales Police Force, including undercover units, which are greater than 100 milligrams.

As drug seizures are not routinely tested in the Northern Territory, the Northern Territory Forensic Laboratory was unable to provide purity data for this report.

ACT Policing only tests for purity on seizures that are larger than the traffickable amount. All samples lodged by ACT Policing with the ACT Government Analytical Laboratory are tested, but not all are tested for purity.

## DRUG PRICE DATA

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

## LIMITATIONS OF THE DATA

### OVERVIEW

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

### DATASETS

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

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

### DRUG IDENTIFICATION AND CODING

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

A number of jurisdictional data systems do not differentiate between amphetamine-type stimulants (ATS) and 3,4-methylenedioxymethamphetamine (MDMA). This restricts the ACC's ability to monitor and report on national trends in MDMA seizures and arrests. Similar problems exist with a range of other drugs, including ketamine and gamma-butyrolactone (GBL), and in some jurisdictions seizures of these drugs are recorded as 'other drugs'. Monitoring and reporting on national trends of these drugs is therefore limited.

## RECORDING AND STORAGE METHODS

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

## QUALITY CONTROL

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

## CONSUMERS AND PROVIDERS

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

In some cases the jurisdictions allocate consumer and provider codes, and in others the ACC applies the codes based on the information on the type of offence committed. Further, there are some differences in the methodologies jurisdictions use for applying consumer and provider codes. As an example, 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 32 include only those seizures for which a drug weight was recorded. Consequently, it undercounts both the number of seizures and the amount of drug seized for all drug types. Amphetamine and cannabis data are most likely to be effected 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 AFP and state and territory police jurisdictions. Seizure data supplied may exclude seizures that are the subject of ongoing investigations.

## JURISDICTIONAL ISSUES

The comparability of law enforcement data across states and territories is problematic. For the information of agencies and individuals wishing to interpret the data, specific issues regarding jurisdictional data have been identified by the ACC and the relevant jurisdiction. These issues are summarised below.

### NEW SOUTH WALES

The New South Wales (NSW) Police Force provided the ACC with offender and seizure data. The NSW Health, Mental Health and Drug and Alcohol Office, provided the drug purity data.

Prior to 2005–06, NSW 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 NSW Police Force is confident that the retrieval process is comparable with previous extracts from COPS.

### VICTORIA

Victoria Police provided the ACC with offender, seizure and drug purity data.

Drug quantities and weights reported are estimates only and are not validated by forensic analysis. In 2004–05, Victoria Police rewrote its data extraction program and improved the data quality checks. Further data quality processes have been implemented to improve the data.

The Victorian clandestine laboratories figure was taken from the record of attendances by forensic analysts at suspected laboratories and validated by the Clandestine Laboratory Squad.

### QUEENSLAND

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

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

## SOUTH AUSTRALIA

South Australia Police provided the ACC with offender and seizure data, but did not include this data for offenders participating in its Drug Diversion Program.

Forensic Science South Australia provided the purity data.

## WESTERN AUSTRALIA

Western Australia Police provided the ACC with seizure and offender data. The ChemCentre provided the purity data.

Western Australia Police introduced a new incident recording system in 2002–03, which changed the method for recording drug seizures. For this reason, care should be exercised when comparing data across years.

## TASMANIA

Tasmania Police provided the ACC with offender and seizure data. Forensic Science Service Tasmania provided the purity data.

It is important to note that the figures reported may differ from those reported in the *Tasmania Police Annual Report 2009–10* or other publications. Totals may differ due to the different counting rules. The information supplied to the ACC is an accurate representation of illicit drug statistics.

## NORTHERN TERRITORY

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

Seizure data for the Northern Territory relates to suspected drug type only. The number of Drug Infringement Notices (DINs) may differ to those extracted from the Integrated Justice Information System (IJIS).

## AUSTRALIAN CAPITAL TERRITORY

ACT Policing provided seizure and offender data. ACT Policing provided the purity data for inclusion in this report from analysis results provided by the ACT Government Analytical Laboratory.

Data is comparable with figures in the *Illicit Drug Data Report* from 2002–03 onwards. As some previous ACT data was not provided by ACT Policing, comparison across these years should be undertaken with caution.

As reported by ACT Policing, Simple Cannabis Offence Notices (SCONs) data may not be a true representation of the number of SCONs issued for the period as offenders may be subsequently summonsed for non-payment and will therefore be included in consumer and provider arrests data.

## AUSTRALIAN CUSTOMS AND BORDER PROTECTION SERVICE (CUSTOMS AND BORDER PROTECTION)

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

## AUSTRALIAN FEDERAL POLICE (AFP)

The Reporting Operations Monitoring Centre provided national offender, seizure and purity data for the AFP. Joint seizures with Customs and Border Protection are represented within AFP figures in Table 32. Totals may differ from those reported in the *AFP Annual Report 2009–10* due to different counting rules applied.

## EXPLANATORY NOTES

The following explanatory notes relate to terms used in this report.

### AMPHETAMINE-TYPE STIMULANTS (ATS)

Unless otherwise specified, 'amphetamine-type stimulants' (ATS) include amphetamine, methylamphetamine and phenethylamines.

### ARREST

'Arrest' incorporates recorded law enforcement action against a person for suspected unlawful involvement in illicit drugs. It incorporates enforcement action by way of arrest, summons, diversion program, cannabis expiation notice (South Australia), simple cannabis offence notice (Australian Capital Territory), drug infringement notice (Northern Territory), and 'notice to appear' (Queensland). 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.

### COCAINE

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

### DETECTION

In the context of the border environment, the term 'detection' refers to the identification of illicit drugs by the Customs and Border Protection.



## EMBARKATION POINT

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

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

## HALLUCINOGENS

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

## HEROIN AND OTHER OPIOIDS

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

## OTHER DRUGS

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

## PHENETHYLAMINES

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

## SEIZURE

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

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

## STEROIDS

‘Steroids’ include anabolic and androgenic steroids such as testosterone, nandrolone and stanozolol.

## SYMBOLS AND ABBREVIATIONS

The following symbols and abbreviations are used in the tables:

na	not available
n.e.c.	not elsewhere classified
no.	number
r	revised figure
%	per cent
–	zero, or rounded to zero

Figures that have been rounded may not add to totals

## Arrest tables

**Table 22: All drugs: consumer and provider arrests, by state and territory and gender, 2009–10**

State/territory	Consumer			Provider			Total <sup>a</sup>			
	Male	Female	Not known	Male	Female	Not known	Male	Female	Not known	Total
NSW	13 382	2 438	5	2 878	545	0	16 692	3 098	5	19 795
Vic	8 189	1 541	20	3 214	606	8	11 404	2 147	28	13 579
Qld	16 026	4 417	7	2 970	593	0	18 996	5 010	7	24 013
SA	1 121	249	0	1 684	372	1	2 936	662	1	3 599
SA CENS <sup>b</sup>	6 201	1 234	95	0	0	0	6 201	1 234	95	7 530
WA	6 842	1 986	49	1 663	473	8	8 505	2 459	57	11 021
WA CINS <sup>c</sup>	1 108	267	16	0	0	0	1 108	267	16	1 391
Tas	1 774	420	0	347	74	0	2 131	496	0	2 627
NT	410	107	1	104	29	1	614	156	2	772
NT DINS <sup>d</sup>	390	76	0	0	0	0	390	76	0	466
ACT	278	54	0	49	5	0	327	59	0	386
ACT SCONS <sup>e</sup>	53	20	0	0	0	0	53	20	0	73
Total	55 774	12 809	193	12 909	2 697	18	69 357	15 684	211	85 252

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

b. Cannabis Expiration Notices.

c. Cannabis Infringement Notices.

d. Drug Infringement Notices.

e. Simple Cannabis Offence Notices.

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

**Table 23: Amphetamine-type stimulants: consumer and provider arrests, by state and territory and gender, 2009–10**

State/territory	Consumer			Provider			Total <sup>a</sup>		
	Male	Female	Not known	Male	Female	Not known	Male	Female	Not known
NSW	2 390	554	0	939	151	0	3 335	713	0
Vic	1 903	290	3	876	151	0	2 779	441	3
Qld	2 239	631	0	426	60	0	2 665	691	0
SA	169	71	0	395	113	0	589	191	0
WA	1 063	405	6	566	148	2	1 629	553	8
Tas	61	16	0	42	9	0	103	25	0
NT	94	21	1	18	0	1	132	23	2
ACT	64	12	0	21	3	0	85	15	0
<b>Total</b>	<b>7 983</b>	<b>2 000</b>	<b>10</b>	<b>3 283</b>	<b>635</b>	<b>3</b>	<b>11 317</b>	<b>2 652</b>	<b>13</b>

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

**Table 24: Cannabis: consumer and provider arrests, by state and territory and gender, 2009–10**

State/territory	Consumer			Provider			Total <sup>a</sup>		
	Male	Female	Not known	Male	Female	Not known	Male	Female	Not known
NSW	9 495	1 540	5	1 405	273	0	10 931	1 816	5
Vic	4 475	849	14	1 457	266	5	5 932	1 115	19
Qld	11 324	2 987	5	1 656	353	0	12 980	3 340	5
SA	886	165	0	1 203	235	0	2 114	404	0
SA CENS <sup>b</sup>	6 201	1 234	95	0	0	0	6 201	1 234	95
WA	4 264	1 133	36	634	201	6	4 898	1 334	42
WA CINS <sup>c</sup>	1 108	267	16	0	0	0	1 108	267	16
Tas	1 331	298	0	244	53	0	1 581	353	0
NT	308	85	0	82	29	0	465	132	0
NT DINs <sup>d</sup>	390	76	0	0	0	0	390	76	0
ACT	187	36	0	19	2	0	206	38	0
ACT SCONS <sup>e</sup>	53	20	0	0	0	0	53	20	0
<b>Total</b>	<b>40 022</b>	<b>8 690</b>	<b>171</b>	<b>6 700</b>	<b>1 412</b>	<b>11</b>	<b>46 859</b>	<b>10 129</b>	<b>182</b>

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

Table 25: Heroin and other opioids: consumer and provider arrests, by state and territory and gender, 2009–10

State/territory	Consumer				Provider				Total <sup>a</sup>			
	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	422	117	0	539	189	60	0	249	614	181	0	795
Vic	754	198	1	953	329	96	1	426	1 083	294	2	1 379
Qld	155	75	0	230	38	18	0	56	193	93	0	286
SA	10	6	0	16	46	17	1	64	66	29	1	96
WA	77	28	0	105	30	15	0	45	107	43	0	150
Tas	13	6	0	19	8	3	0	11	21	9	0	30
NT	1	0	0	1	0	0	0	0	1	0	0	1
ACT	16	5	0	21	9	0	0	9	25	5	0	30
<b>Total</b>	<b>1 448</b>	<b>435</b>	<b>1</b>	<b>1 884</b>	<b>649</b>	<b>209</b>	<b>2</b>	<b>860</b>	<b>2 110</b>	<b>654</b>	<b>3</b>	<b>2 767</b>

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

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

Table 26: Cocaine: consumer and provider arrests, by state and territory and gender, 2009–10

State/territory	Consumer				Provider				Total <sup>a</sup>			
	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	450	77	0	527	176	22	0	198	628	100	0	728
Vic	98	12	0	110	75	11	0	86	173	23	0	196
Qld	138	20	0	158	44	2	0	46	182	22	0	204
SA	2	0	0	2	18	4	0	22	20	4	0	24
WA	25	10	0	35	41	4	0	45	66	14	0	80
Tas	1	0	0	1	2	0	0	2	3	0	0	3
NT	0	0	0	0	1	0	0	1	1	0	0	1
ACT	8	0	0	8	0	0	0	0	8	0	0	8
<b>Total</b>	<b>722</b>	<b>119</b>	<b>0</b>	<b>841</b>	<b>357</b>	<b>43</b>	<b>0</b>	<b>400</b>	<b>1 081</b>	<b>163</b>	<b>0</b>	<b>1 244</b>

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

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



Table 29: Other and unknown: consumer and provider arrests, by state and territory and gender, 2009–10

State/territory	Consumer				Provider				Total <sup>a</sup>			
	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	519	140	0	659	132	32	0	164	1 041	271	0	1 312
Vic	895	186	2	1 083	454	82	2	538	1 350	268	4	1 622
Qld	1 925	664	2	2 591	742	149	0	891	2 667	813	2	3 482
SA	49	6	0	55	18	2	0	20	118	29	0	147
WA	1 341	393	6	1 740	337	100	0	437	1 678	493	6	2 177
Tas	360	100	0	460	51	8	0	59	415	108	0	523
NT	0	0	0	0	0	0	0	0	0	0	0	0
ACT	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>5 089</b>	<b>1 489</b>	<b>10</b>	<b>6 588</b>	<b>1 734</b>	<b>373</b>	<b>2</b>	<b>2 109</b>	<b>7 269</b>	<b>1 982</b>	<b>12</b>	<b>9 263</b>

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

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

Table 30: All arrests: consumer and provider arrests, by drug type, 2005–06 to 2009–10

Drug type	Consumers						Providers					
	2005–06	2006–07	2007–08	2008–09	2009–10		2005–06	2006–07	2007–08	2008–09	2009–10	
Amphetamine-type stimulants	8 183	10 895	11 608	11 778	9 993		3 623	4 292	4 399	4 629	3 921	
Cannabis	47 390	48 384	44 860	47 804	48 883		8 223	8 392	7 460	7 722	8 123	
Heroin and other opioids	1 462	1 414	1 599	1 783	1 884		781	744	676	903	860	
Cocaine	240	379	427	553	841		156	320	240	289	400	
Steroids	52	116	133	158	221		14	22	28	44	67	
Hallucinogens	96	167	222	270	366		44	76	102	99	144	
Other and unknown	6 097	5 186	4 950	5 574	6 588		1 915	1 869	1 502	1 644	2 109	
<b>Total</b>	<b>63 520</b>	<b>66 541</b>	<b>63 799</b>	<b>67 920</b>	<b>68 776</b>		<b>14 756</b>	<b>15 715</b>	<b>14 407</b>	<b>15 330</b>	<b>15 624</b>	

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



Table 31: All arrests: number and proportion, by drug type, 2005–06 to 2009–10

Drug Type	2005–06		2006–07		2007–08		2008–09		2009–10	
	No.	%	No.	%	No.	%	No.	%	No.	%
Amphetamine-type stimulants	11 848	15.1	15 216	18.5	16 047	20.4	16 452	19.6	13 982	16.4
Cannabis	55 732	71.0	56 862	69.0	52 465	66.7	55 638	66.3	57 170	67.1
Heroin and other opioids	2 249	2.9	2 164	2.6	2 279	2.9	2 693	3.2	2 767	3.2
Cocaine	396	0.5	699	0.8	669	0.9	848	1.0	1 244	1.5
Steroids	67	0.1	142	0.2	163	0.2	214	0.3	314	0.4
Hallucinogens	143	0.2	243	0.3	325	0.4	369	0.4	512	0.6
Other and unknown	8 098	10.3	7 063	8.6	6 727	8.6	7 659	9.1	9 263	10.9
<b>Total</b>	<b>78 533</b>	<b>100</b>	<b>82 389</b>	<b>100</b>	<b>78 675</b>	<b>100</b>	<b>83 873</b>	<b>100</b>	<b>85 252</b>	<b>100</b>

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

## Seizure tables

Table 32: Seizures: drug type, by state and territory, 2009–10

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
<b>Amphetamine-type stimulants</b>									
State police									
Seizures (no.)	4 756	724	1 642	338	2 353	111	165	235	10 324
Weight (gms)	203 896	42 762	18 608	7 760	41 283	1 549	6 309	3 178	325 345
AFP									
Seizures (no.)	163	23	7	2	19	0	2	3	219
Weight (gms)	339 446	2 131	390	1	4 258	0	35	260	346 521
<b>Cannabis</b>									
State police									
Seizures (no.)	13 245	3 230	12 804	432	9 411	2 551	1 133	746	43 552
Weight (gms)	1 232 992	1 964 147	640 951	695 637	406 193	214 799	85 469	740 418	5 980 606
AFP									
Seizures (no.)	773	62	142	1	188	0	0	18	1 184
Weight (gms)	4 087	619	3 735	0	293	0	0	539	9 273
<b>Heroin</b>									
State police									
Seizures (no.)	784	299	179	45	133	0	3	33	1 476
Weight (gms)	6 088	5 847	619	790	419	0	2	56	13 821
AFP									
Seizures (no.)	61	19	5	4	16	0	0	1	106
Weight (gms)	48 462	8 052	1 094	315	2 915	0	0	95	60 933
<b>Other opioids</b>									
State police									
Seizures (no.)	81	4	2	2	4	10	0	23	126
Weight (gms)	1 277	4	1	6	21	193	0	70	1 572
AFP									
Seizures (no.)	186	1	0	0	2	0	0	0	189
Weight (gms)	38 660	990	0	0	265	0	0	0	39 915

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

**Table 32 (cont'd): Seizures: drug type, by state and territory, 2009–10**

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
<b>Cocaine</b>									
State police									
Seizures (no.)	820	71	160	16	114	3	1	19	1 204
Weight (gms)	19 295	2 319	4 546	755	1 533	46	13	19	28 526
AFP									
Seizures (no.)	249	42	7	0	14	1	0	0	313
Weight (gms)	130 100	231 325	1 884	0	2 227	750	0	0	366 286
<b>Steroids</b>									
State police									
Seizures (no.)	97	0	13	0	0	0	10	3	123
Weight (gms)	3 690	0	494	0	0	0	99	15	4 298
AFP									
Seizures (no.)	5	1	0	0	0	0	5	0	11
Weight (gms)	831	393	0	0	0	0	58	0	1 282
<b>Hallucinogens</b>									
State police									
Seizures (no.)	153	12	8	1	24	1	5	5	209
Weight (gms)	2 116	451	134	1	8 984	43	3	2	11 734
AFP									
Seizures (no.)	5	1	0	0	0	0	0	0	6
Weight (gms)	17	0	0	0	0	0	0	0	17
<b>Other and Unknown drugs</b>									
State police									
Seizures (no.)	1 850	161	455	8	784	137	0	38	3 433
Weight (gms)	216 433	19 026	33 045	1 789	56 584	1 974	0	85	328 936
AFP									
Seizures (no.)	958	90	111	6	20	0	3	7	1 195
Weight (gms)	240 991	47 073	3 494	2 911	34 262	0	3 363	47	332 141

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 33: Amphetamine purity levels: state and territory, by quarter, 2009–10

State/territory	July–September 2009						October–December 2009						January–March 2010						April–June 2010						Total July 2009–June 2010											
	Cases			Purity			Cases			Purity			Cases			Purity			Cases			Purity			Cases			Purity			Cases			Purity		
	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	
NSW																																				
State police																																				
<=2 gms	–	–	–	–	–	–	1	2.5	2.5	2.5	2.5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	2	2.0	1.0	3.0	3.0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	3	2.5	1.0	3.0	3.0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	2	76.0	74.4	77.6	77.6	77.6	4	45.9	4.0	52.8	52.8	1	8.0	8.0	8.0	8.0	8.0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	2	76.0	74.4	77.6	77.6	77.6	4	45.9	4.0	52.8	52.8	2	6.1	4.3	8.0	8.0	8.0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Vic																																				
State police																																				
<=2 gms	10	2.9	0.5	4.6	4.6	4.6	19	3.4	1.1	9.5	9.5	17	4.2	0.6	65.4	65.4	65.4	3	3.7	1.2	5.7	5.7	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	6	3.5	1.0	5.5	5.5	5.5	11	2.9	0.4	7.2	7.2	7	3.3	1.5	7.7	7.7	7.7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	16	3.0	0.5	5.5	5.5	5.5	30	3.3	0.4	9.5	9.5	24	4.1	0.6	65.4	65.4	65.4	3	3.7	1.2	5.7	5.7	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	2	4.9	3.6	6.2	6.2	6.2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	2	77.5	77.0	78.0	78.0	78.0	4	60.1	50.4	77.5	77.5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	2	77.5	77.0	78.0	78.0	78.0	4	60.1	50.4	77.5	77.5	2	4.9	3.6	6.2	6.2	6.2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Qld																																				
State police																																				
<=2 gms	4	0.6	0.5	10.5	10.5	10.5	3	2.7	1.9	3.1	3.1	5	1.6	0.4	9.1	9.1	9.1	3	0.8	0.5	10.4	10.4	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	1.0	1.0	1.0	1.0	1.0	–	–	–	–	–	1	0.3	0.3	0.3	0.3	0.3	3	0.4	0.4	3.4	3.4	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	5	0.6	0.5	10.5	10.5	10.5	3	2.7	1.9	3.1	3.1	6	1.5	0.3	9.1	9.1	9.1	6	0.7	0.4	10.4	10.4	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	2	18.6	18.2	19.0	19.0	19.0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Total	–	–	–	–	–	–	–	–	–	–	–	2	18.6	18.2	19.0	19.0	19.0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
SA																																				
State police																																				
<=2 gms	5	8.1	0.8	31.0	31.0	31.0	–	–	–	–	–	–	–	–	–	–	–	8	2.0	0.0	5.5	5.5	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	2	17.8	4.5	30.9	30.9	30.9	–	–	–	–	–	1	0.7	0.7	0.7	0.7	0.7	5	0.3	0.1	5.5	5.5	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	7	8.1	0.8	31.0	31.0	31.0	–	–	–	–	–	1	0.7	0.7	0.7	0.7	0.7	13	0.3	0.0	5.5	5.5	–	–	–	–	–	–	–	–	–	–	–	–	–	–
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 Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory 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 33 (cont'd): Amphetamine purity levels: state and territory, by quarter, 2009–10

State/territory	July–September 2009					October–December 2009					January–March 2010					April–June 2010					Total July 2009–June 2010				
	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 (%)	
<b>WA</b>																									
State police																									
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	1	9.0	9.0	9.0	–	–	–	–	–	–	1	9.0	9.0	9.0	9.0
Total	–	–	–	–	–	–	–	–	–	–	1	9.0	9.0	9.0	–	–	–	–	–	–	1	9.0	9.0	9.0	9.0
AFP																									
<=2 gms	–	–	–	–	–	–	–	–	–	–	1	76.1	76.1	76.1	–	–	–	–	–	–	1	76.1	76.1	76.1	76.1
>2 gms	3	75.0	2.9	76.5	–	1	76.1	76.1	76.1	–	4	74.2	72.5	76.9	–	2	79.0	78.0	80.0	–	10	75.6	2.9	80.0	80.0
Total	3	75.0	2.9	76.5	–	1	76.1	76.1	76.1	–	5	74.4	72.5	76.9	–	2	79.0	78.0	80.0	–	11	76.1	2.9	80.0	80.0
<b>Tas</b>																									
State police																									
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																									
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
<b>NT</b>																									
State police																									
<=2 gms	na	na	na	na	na	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	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	na	na	na	na	na
AFP																									
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
<b>ACT</b>																									
State police																									
<=2 gms	4	7.6	4.0	23.3	–	1	5.5	5.5	5.5	–	1	1.6	1.6	1.6	–	–	–	–	–	–	6	5.3	1.6	23.3	–
>2 gms	10	5.9	0.7	36.3	–	12	14.3	4.2	65.7	–	–	–	–	–	–	–	–	–	–	–	22	12.0	0.7	65.7	–
Total	14	5.9	0.7	36.3	–	13	13.6	4.2	65.7	–	1	1.6	1.6	1.6	–	–	–	–	–	–	28	9.3	0.7	65.7	–
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 Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory 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 34: Methylamphetamine purity levels: state and territory, by quarter, 2009–10

State/territory	July–September 2009					October–December 2009					January–March 2010					April–June 2010					Total July 2009–June 2010							
	Purity			Cases (no.)	Max (%)	Purity			Cases (no.)	Median (%)	Min (%)	Max (%)	Purity			Cases (no.)	Median (%)	Min (%)	Max (%)	Purity			Cases (no.)	Median (%)	Min (%)	Max (%)		
	(no.)	(%)	(%)			(%)	(%)	(%)					(%)	(%)	(%)					(%)	(%)	(%)					(%)	(%)
NSW																												
State police																												
<=2 gms	20	13.0	1.0	42.5	42	11.5	1.0	79.5	35	51.5	1.5	77.0	42	6.0	0.0	79.5	139	12.5	0.0	79.5	42	6.0	0.0	79.5	139	12.5	0.0	79.5
>2 gms	63	8.5	1.0	81.5	92	10.0	0.5	80.0	116	6.0	0.5	80.5	72	4.5	1.0	82.5	343	6.5	0.5	82.5	72	4.5	1.0	82.5	343	6.5	0.5	82.5
Total	83	8.5	1.0	81.5	134	11.0	0.5	80.0	151	8.0	0.5	80.5	114	5.0	0.0	82.5	482	8.0	0.0	82.5	114	5.0	0.0	82.5	482	8.0	0.0	82.5
AFP																												
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Vic																												
State police																												
<=2 gms	140	5.6	0.2	99.3	163	9.6	0.2	93.6	159	10.0	0.4	94.8	66	25.4	1.3	94.2	528	8.5	0.2	99.3	66	25.4	1.3	94.2	528	8.5	0.2	99.3
>2 gms	66	4.8	0.4	73.1	80	15.5	0.3	92.9	64	13.9	0.1	89.3	59	23.7	0.4	93.9	269	11.3	0.1	93.9	59	23.7	0.4	93.9	269	11.3	0.1	93.9
Total	206	5.4	0.2	99.3	243	11.3	0.2	93.6	223	10.9	0.1	94.8	125	23.7	0.4	94.2	797	9.7	0.1	99.3	125	23.7	0.4	94.2	797	9.7	0.1	99.3
AFP																												
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Qld																												
State police																												
<=2 gms	279	6.7	0.2	79.5	274	8.6	0.1	81.8	346	7.0	0.1	80.7	228	8.2	0.1	80.0	1 127	7.6	0.1	81.8	228	8.2	0.1	80.0	1 127	7.6	0.1	81.8
>2 gms	135	5.3	0.2	69.6	101	5.9	0.0	73.4	102	6.4	0.1	77.3	103	5.4	0.1	69.5	441	5.5	0.0	77.3	103	5.4	0.1	69.5	441	5.5	0.0	77.3
Total	414	6.0	0.2	79.5	375	7.6	0.0	81.8	448	6.8	0.1	80.7	331	7.4	0.1	80.0	1 568	6.8	0.0	81.8	331	7.4	0.1	80.0	1 568	6.8	0.0	81.8
AFP																												
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	18.8	18.8	18.8	1	18.8	18.8	18.8	1	18.8	18.8	18.8
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	18.8	18.8	18.8	1	18.8	18.8	18.8	1	18.8	18.8	18.8
SA																												
State police																												
<=2 gms	156	8.8	0.0	74.9	129	8.7	0.0	79.3	138	8.7	0.0	79.1	154	10.8	0.0	80.1	577	8.8	0.0	80.1	154	10.8	0.0	80.1	577	8.8	0.0	80.1
>2 gms	83	8.9	0.0	76.2	98	4.1	0.0	77.8	95	3.3	0.0	74.2	82	1.1	0.0	80.8	358	3.9	0.0	80.8	82	1.1	0.0	80.8	358	3.9	0.0	80.8
Total	239	8.9	0.0	76.2	227	4.6	0.0	79.3	233	6.4	0.0	79.1	236	4.9	0.0	80.8	935	6.9	0.0	80.8	236	4.9	0.0	80.8	935	6.9	0.0	80.8
AFP																												
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all methylamphetamine seizures—only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory 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 34 (cont'd): Methylamphetamine purity levels: state and territory, by quarter, 2009–10

State/territory	July–September 2009					October–December 2009					January–March 2010					April–June 2010					Total July 2009–June 2010				
	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 (%)	
<b>WA</b>																									
State police																									
<=2 gms	23	15.0	3.0	82.0		25	12.0	0.1	84.0		8	15.5	2.0	65.0		61	20.0	1.0	81.0		117	18.0	0.1	84.0	
>2 gms	92	13.0	0.0	84.0		78	17.0	0.1	84.0		83	12.0	0.1	79.0		149	29.0	0.1	80.0		402	17.0	0.0	84.0	
Total	115	14.0	0.0	84.0		103	16.0	0.1	84.0		91	14.0	0.1	79.0		210	24.0	0.1	81.0		519	17.0	0.0	84.0	
AFP																									
<=2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
>2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Tas</b>																									
State police																									
<=2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
>2 gms	-	-	-	-	-	-	-	-	-	-	3	6.2	4.4	6.7	-	2	1.3	1.3	1.3	-	5	4.4	1.3	6.7	-
Total	-	-	-	-	-	-	-	-	-	-	3	6.2	4.4	6.7	-	2	1.3	1.3	1.3	-	5	4.4	1.3	6.7	-
AFP																									
<=2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
>2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>NT</b>																									
State police																									
<=2 gms	na	na	na	na	na	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	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	na	na	na	na	na
AFP																									
<=2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
>2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>ACT</b>																									
State police																									
<=2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
>2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AFP																									
<=2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
>2 gms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Note: Figures do not represent the purity levels of all methylamphetamine seizures—only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory 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 35: Phenethylamines purity levels: state and territory, by quarter, 2009–10

State/territory	July–September 2009						October–December 2009						January–March 2010						April–June 2010						Total July 2009–June 2010					
	Cases			Purity			Cases			Purity			Cases			Purity			Cases			Purity			Cases			Purity		
	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	
NSW																														
State police																														
<=2 gms	37	17.5	4.0	27.5	12.8	3.5	28	12.8	3.5	75.0	33	12.0	1.0	81.0	10	10.8	1.0	17.5	108	13.5	1.0	81.0	108	13.5	1.0	81.0	108	13.5	1.0	81.0
>2 gms	77	18.0	2.0	37.5	12.5	1.4	40	12.5	1.4	38.0	28	10.8	1.0	77.0	3	23.0	17.5	36.0	148	16.0	1.0	77.0	148	16.0	1.0	77.0	148	16.0	1.0	77.0
Total	114	17.5	2.0	37.5	12.5	1.4	68	12.5	1.4	75.0	61	12.0	1.0	81.0	13	11.0	1.0	36.0	256	15.3	1.0	81.0	256	15.3	1.0	81.0	256	15.3	1.0	81.0
AFP																														
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	1	16.7	16.7	16.7	16.7	16.7	4	52.4	5.0	72.0	–	–	–	–	5	52.2	5.0	72.0	5	52.2	5.0	72.0	5	52.2	5.0	72.0
Total	–	–	–	–	1	16.7	16.7	16.7	16.7	16.7	4	52.4	5.0	72.0	–	–	–	–	5	52.2	5.0	72.0	5	52.2	5.0	72.0	5	52.2	5.0	72.0
Vic																														
State police																														
<=2 gms	103	17.7	0.7	38.3	13.9	1.8	84	13.9	1.8	89.8	36	12.8	0.5	83.2	10	22.7	5.6	73.4	233	16.2	0.5	89.8	233	16.2	0.5	89.8	233	16.2	0.5	89.8
>2 gms	40	16.2	0.5	28.0	14.0	1.0	27	14.0	1.0	42.0	5	4.5	0.5	12.5	4	29.8	5.2	89.3	76	15.0	0.5	89.3	76	15.0	0.5	89.3	76	15.0	0.5	89.3
Total	143	17.3	0.5	38.3	14.0	1.0	111	14.0	1.0	89.8	41	12.7	0.5	83.2	14	24.0	5.2	89.3	309	15.7	0.5	89.8	309	15.7	0.5	89.8	309	15.7	0.5	89.8
AFP																														
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Qld																														
State police																														
<=2 gms	96	16.8	0.9	44.0	17.4	3.1	110	17.4	3.1	71.3	104	19.1	0.5	76.5	44	16.2	3.6	82.4	354	17.8	0.5	82.4	354	17.8	0.5	82.4	354	17.8	0.5	82.4
>2 gms	85	16.4	2.0	73.9	15.0	0.4	102	15.0	0.4	38.7	68	14.3	1.3	37.5	26	8.7	2.9	22.7	281	14.5	0.4	73.9	281	14.5	0.4	73.9	281	14.5	0.4	73.9
Total	181	16.5	0.9	73.9	16.0	0.4	212	16.0	0.4	71.3	172	16.7	0.5	76.5	70	12.8	2.9	82.4	635	16.1	0.4	82.4	635	16.1	0.4	82.4	635	16.1	0.4	82.4
AFP																														
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
SA																														
State police																														
<=2 gms	63	17.7	0.0	27.0	44.1	8.3	6	44.1	8.3	45.5	33	6.2	4.7	76.8	27	2.1	0.3	18.9	129	14.4	0.0	76.8	129	14.4	0.0	76.8	129	14.4	0.0	76.8
>2 gms	36	8.1	0.1	21.1	7.6	6.8	7	7.6	6.8	34.0	10	5.5	1.6	22.4	37	1.0	0.2	16.7	90	2.3	0.1	34.0	90	2.3	0.1	34.0	90	2.3	0.1	34.0
Total	99	15.2	0.0	27.0	13.2	6.8	13	13.2	6.8	45.5	43	6.0	1.6	76.8	64	1.0	0.2	18.9	219	6.8	0.0	76.8	219	6.8	0.0	76.8	219	6.8	0.0	76.8
AFP																														
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

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

Table 35 (cont'd): Phenethylamines purity levels: state and territory, by quarter, 2009–10

State/territory	July–September 2009					October–December 2009					January–March 2010					April–June 2010					Total July 2009–June 2010				
	Purity					Purity					Purity					Purity					Purity				
	Cases (no.)	Median (%)	Min (%)	Max (%)		Cases (no.)	Median (%)	Min (%)	Max (%)		Cases (no.)	Median (%)	Min (%)	Max (%)		Cases (no.)	Median (%)	Min (%)	Max (%)		Cases (no.)	Median (%)	Min (%)	Max (%)	
WA																									
State police																									
<=2 gms	87	26.0	1.0	84.0		53	24.0	5.0	43.0		50	20.5	2.0	40.0		10	39.0	20.0	81.0		200	24.0	1.0	84.0	
>2 gms	116	22.0	1.0	46.0		86	17.5	0.7	38.0		28	23.0	2.0	54.0		11	19.0	8.0	30.0		241	21.0	0.7	54.0	
Total	203	24.0	1.0	84.0		139	22.0	0.7	43.0		78	21.5	2.0	54.0		21	25.0	8.0	81.0		441	23.0	0.7	84.0	
AFP																									
<=2 gms	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
>2 gms	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
Total	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
Tas																									
State police																									
<=2 gms	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
>2 gms	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
Total	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
AFP																									
<=2 gms	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
>2 gms	–	–	–	–		1	34.2	34.2	34.2		–	–	–	–		–	–	–	–		1	34.2	34.2	34.2	
Total	–	–	–	–		1	34.2	34.2	34.2		–	–	–	–		–	–	–	–		1	34.2	34.2	34.2	
NT																									
State police																									
<=2 gms	na	na	na	na		na	na	na	na		na	na	na	na		na	na	na	na		na	na	na	na	
>2 gms	na	na	na	na		na	na	na	na		na	na	na	na		na	na	na	na		na	na	na	na	
Total	na	na	na	na		na	na	na	na		na	na	na	na		na	na	na	na		na	na	na	na	
AFP																									
<=2 gms	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
>2 gms	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
Total	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
ACT																									
State police																									
<=2 gms	8	11.0	8.5	22.5		9	13.1	4.3	24.0		4	8.1	0.9	17.1		3	5.0	2.0	10.7		24	10.6	0.9	24.0	
>2 gms	5	14.9	10.3	22.2		12	8.0	0.8	19.1		–	–	–	–		1	2.0	2.0	2.0		18	10.5	0.8	22.2	
Total	13	11.8	8.5	22.5		21	9.8	0.8	24.0		4	8.1	0.9	17.1		4	3.5	2.0	10.7		42	10.5	0.8	24.0	
AFP																									
<=2 gms	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
>2 gms	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	
Total	–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–		–	–	–	–	

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

Table 36: Heroin purity levels: state and territory, by quarter, 2009–10

State/territory	July–September 2009						October–December 2009						January–March 2010						April–June 2010						Total July 2009–June 2010											
	Cases			Purity			Cases			Purity			Cases			Purity			Cases			Purity			Cases			Purity			Cases			Purity		
	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	Median (%)	(no.)	Median (%)	Max (%)	Min (%)	Max (%)	
NSW																																				
State police																																				
<=2 gms	27	26.0	15.0	38.5	17.5	13.5	20	17.5	13.5	50.5	20	20.0	2.5	75.5	18	65.5	4.5	80.0	94	24.3	2.5	80.0	24	67.8	35.5	78.1	24	67.8	35.5	78.1	24	67.8	35.5	78.1		
>2 gms	17	25.0	14.0	73.0	23.0	9.5	30	23.0	9.5	62.0	14	26.8	14.5	68.5	9	26.5	1.0	75.5	70	25.0	1.0	75.5	1	76.4	76.4	76.4	1	76.4	76.4	76.4	1	76.4	76.4	76.4		
Total	44	25.0	14.0	73.0	22.0	9.5	50	22.0	9.5	62.0	43	24.0	2.5	75.5	27	58.5	1.0	80.0	164	24.5	1.0	80.0	24	67.8	35.5	78.1	24	67.8	35.5	78.1	24	67.8	35.5	78.1		
AFP																																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
>2 gms	19	69.0	35.5	78.1	55.6	52.8	4	55.6	52.8	75.0	4	–	–	–	1	76.4	76.4	76.4	24	67.8	35.5	78.1	1	76.4	76.4	76.4	1	76.4	76.4	76.4	1	76.4	76.4	76.4		
Total	19	69.0	35.5	78.1	55.6	52.8	4	55.6	52.8	75.0	4	–	–	–	–	76.4	76.4	76.4	24	67.8	35.5	78.1	1	76.4	76.4	76.4	1	76.4	76.4	76.4	1	76.4	76.4	76.4		
Vic																																				
State police																																				
<=2 gms	177	14.7	2.0	70.9	14.5	4.4	145	14.5	4.4	75.6	63	14.8	10.5	50.9	57	16.6	7.6	73.5	442	14.7	2.0	75.6	442	14.7	2.0	75.6	442	14.7	2.0	75.6	442	14.7	2.0	75.6		
>2 gms	51	18.5	7.2	69.4	15.6	4.5	52	15.6	4.5	72.8	25	15.3	10.4	72.6	6	19.6	12.6	58.1	134	16.4	4.5	72.8	134	16.4	4.5	72.8	134	16.4	4.5	72.8	134	16.4	4.5	72.8		
Total	228	14.9	2.0	70.9	14.6	4.4	197	14.6	4.4	75.6	88	15.0	10.4	72.6	63	16.7	7.6	73.5	576	14.9	2.0	75.6	576	14.9	2.0	75.6	576	14.9	2.0	75.6	576	14.9	2.0	75.6		
AFP																																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	1	13.1	13.1	13.1	–	–	–	–	1	13.1	13.1	13.1	1	13.1	13.1	13.1	1	13.1	13.1	13.1	1	13.1	13.1	13.1		
>2 gms	13	55.7	13.6	67.8	56.6	48.7	7	56.6	48.7	79.0	3	64.9	23.1	71.5	14	32.9	15.1	73.8	37	54.1	13.6	79.0	37	54.1	13.6	79.0	37	54.1	13.6	79.0	37	54.1	13.6	79.0		
Total	13	55.7	13.6	67.8	56.6	48.7	7	56.6	48.7	79.0	4	44.0	13.1	71.5	14	32.9	15.1	73.8	38	53.6	13.1	79.0	38	53.6	13.1	79.0	38	53.6	13.1	79.0	38	53.6	13.1	79.0		
Qld																																				
State police																																				
<=2 gms	77	16.6	0.6	67.2	19.9	1.4	122	19.9	1.4	77.0	74	14.8	5.4	75.2	137	14.2	0.8	73.1	410	15.8	0.6	77.0	410	15.8	0.6	77.0	410	15.8	0.6	77.0	410	15.8	0.6	77.0		
>2 gms	78	15.4	12.5	47.9	16.5	13.3	4	16.5	13.3	17.6	9	12.0	8.5	17.5	28	14.7	0.9	43.9	119	14.7	0.9	47.9	119	14.7	0.9	47.9	119	14.7	0.9	47.9	119	14.7	0.9	47.9		
Total	155	16.0	0.6	67.2	19.9	1.4	126	19.9	1.4	77.0	83	14.3	5.4	75.2	165	14.3	0.8	73.1	529	15.6	0.6	77.0	529	15.6	0.6	77.0	529	15.6	0.6	77.0	529	15.6	0.6	77.0		
AFP																																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
>2 gms	2	47.3	36.3	58.3	51.4	51.4	1	51.4	51.4	51.4	1	53.6	53.6	53.6	2	40.2	2.3	78.0	6	52.5	2.3	78.0	6	52.5	2.3	78.0	6	52.5	2.3	78.0	6	52.5	2.3	78.0		
Total	2	47.3	36.3	58.3	51.4	51.4	1	51.4	51.4	51.4	1	53.6	53.6	53.6	2	40.2	2.3	78.0	6	52.5	2.3	78.0	6	52.5	2.3	78.0	6	52.5	2.3	78.0	6	52.5	2.3	78.0		
SA																																				
State police																																				
<=2 gms	188	22.2	15.0	31.3	20.8	18.5	95	20.8	18.5	78.7	92	22.4	10.5	31.2	46	29.1	10.1	31.6	421	22.0	10.1	78.7	421	22.0	10.1	78.7	421	22.0	10.1	78.7	421	22.0	10.1	78.7		
>2 gms	10	25.4	17.7	72.8	24.3	20.9	2	24.3	20.9	27.7	2	21.2	13.8	28.5	1	23.2	23.2	23.2	15	23.2	13.8	72.8	15	23.2	13.8	72.8	15	23.2	13.8	72.8	15	23.2	13.8	72.8		
Total	198	22.2	15.0	72.8	20.8	18.5	97	20.8	18.5	78.7	94	22.4	10.5	31.2	47	29.0	10.1	31.6	436	22.1	10.1	78.7	436	22.1	10.1	78.7	436	22.1	10.1	78.7	436	22.1	10.1	78.7		
AFP																																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		

Figures do not represent the purity levels of all heroin seizures—only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory 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 36 (cont'd): Heroin purity levels: state and territory, by quarter, 2009–10**

State/territory	July–September 2009					October–December 2009					January–March 2010					April–June 2010					Total July 2009–June 2010				
	Purity					Purity					Purity					Purity					Purity				
	Cases (no.)	Median (%)	Min (%)	Max (%)		Cases (no.)	Median (%)	Min (%)	Max (%)		Cases (no.)	Median (%)	Min (%)	Max (%)		Cases (no.)	Median (%)	Min (%)	Max (%)		Cases (no.)	Median (%)	Min (%)	Max (%)	
WA																									
State police																									
<=2 gms	5	65.0	52.0	70.0		5	24.0	24.0	25.0		–	–	–	–		5	67.0	58.0	75.0		15	63.0	24.0	75.0	
>2 gms	11	55.0	20.0	65.0		7	25.0	24.0	27.0		10	52.5	6.0	65.0		8	49.0	34.0	70.0		36	48.0	6.0	70.0	
Total	16	63.0	20.0	70.0		12	24.5	24.0	27.0		10	52.5	6.0	65.0		13	54.0	34.0	75.0		51	51.0	6.0	75.0	
AFP																									
<=2 gms	1	74.4	74.4	74.4		–	–	–	–		–	–	–	–		–	–	–	–		1	74.4	74.4	74.4	
>2 gms	1	55.0	55.0	55.0		4	59.6	53.0	62.4		–	–	–	–		–	–	–	–		5	59.5	53.0	62.4	
Total	2	64.7	55.0	74.4		4	59.6	53.0	62.4		–	–	–	–		–	–	–	–		6	59.6	53.0	74.4	
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	9	36.5	12.0	36.5		–	–	–	–		2	17.1	14.5	19.7		–	–	–	–		11	36.5	12.0	36.5	
>2 gms	2	15.0	12.9	17.1		4	25.6	24.4	73.8		1	24.2	24.2	24.2		–	–	–	–		7	24.4	12.9	73.8	
Total	11	36.5	12.0	36.5		4	25.6	24.4	73.8		3	19.7	14.5	24.2		–	–	–	–		18	25.6	12.0	73.8	
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 Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory 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 37: Cocaine purity levels: state and territory, by quarter, 2009–10

July–September 2009										October–December 2009						January–March 2010						April–June 2010						Total July 2009–June 2010					
State/territory		Purity			Purity			Purity			Purity			Purity			Purity			Purity			Purity			Purity							
		Cases (no.)	Median (%)	Max (%)	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 (%)	Cases (no.)	Median (%)	Min (%)	Max (%)					
NSW																																	
State police																																	
<=2 gms		13	29.0	17.0	58.5	14	37.8	25.0	61.0	4	44.5	25.5	61	12	42.0	1.5	53.5	43	34.5	1.5	61.0												
>2 gms		43	54.5	14.5	73.0	30	60.0	4.0	81.0	36	51.3	16.5	83.0	14	46.3	27.0	73.5	123	52.5	4.0	83.0												
Total		56	42.3	14.5	73.0	44	48.8	4.0	81.0	40	50.0	16.5	83.0	26	43.5	1.5	73.5	166	48.0	1.5	83.0												
AFP																																	
<=2 gms		3	83.4	32.9	95.3	1	41	41	41	–	–	–	–	–	–	–	–	4	62.2	32.9	95.3												
>2 gms		4	76.4	48.9	96.8	9	64.8	19.4	84.8	9	66.3	57.0	85.0	1	68.6	68.6	68.6	23	67.3	19.4	96.8												
Total		7	80.6	32.9	96.8	10	64.5	19.4	84.8	9	66.3	57.0	85.0	1	68.6	68.6	68.6	27	67.3	19.4	96.8												
Vic																																	
State police																																	
<=2 gms		37	34.8	2.0	84.2	31	31.2	9.3	82.0	29	44.1	6.9	89.6	5	35.8	15.5	55.1	102	37.2	2.0	89.6												
>2 gms		17	39.8	3.1	87.0	22	38.4	5.3	80.3	15	31.7	15.4	93.5	–	–	–	–	54	38.0	3.1	93.5												
Total		54	38.8	2.0	87.0	53	36.5	5.3	82.0	44	43.2	6.9	93.5	5	35.8	15.5	55.1	156	37.7	2.0	93.5												
AFP																																	
<=2 gms		–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–											
>2 gms		–	–	–	–	5	59.0	47.0	81.0	4	72.7	60.1	82.6	–	–	–	–	9	64.6	47.0	82.6												
Total		–	–	–	–	5	59.0	47.0	81.0	4	72.7	60.1	82.6	–	–	–	–	9	64.6	47.0	82.6												
Qld																																	
State police																																	
<=2 gms		53	40.2	3.9	72.9	42	31.9	7.1	85.7	42	24.8	3.9	89.4	29	25.7	8.4	87.8	166	36.0	3.9	89.4												
>2 gms		9	15.9	3.1	20.4	26	34.6	9.7	80.3	33	23.3	5.6	73.2	23	29.1	15.2	77.4	91	28.6	3.1	80.3												
Total		62	39.6	3.1	72.9	68	33.7	7.1	85.7	75	24.4	3.9	89.4	52	28.9	8.4	87.8	257	30.1	3.1	89.4												
AFP																																	
<=2 gms		–	–	–	–	–	–	–	–	1	22.1	22.1	22.1	–	–	–	–	1	22.1	22.1	22.1												
>2 gms		–	–	–	–	–	–	–	–	–	–	–	–	2	54.7	53.7	55.7	2	54.7	53.7	55.7												
Total		–	–	–	–	–	–	–	–	1	22.1	22.1	22.1	–	–	–	–	3	53.7	22.1	55.7												
SA																																	
State police																																	
<=2 gms		7	42.4	19.6	66.2	9	70.8	0.3	90.3	3	30.1	0.5	61.8	2	53.0	47.9	58.0	21	58.0	0.3	90.3												
>2 gms		5	51.9	38.1	73.8	5	38.9	19.0	49.3	3	23.6	21.9	62.8	3	44.0	21.3	44.0	16	41.5	19.0	73.8												
Total		12	45.7	19.6	73.8	14	56.9	0.3	90.3	6	26.9	0.5	62.8	5	44.0	21.3	58.0	37	46.6	0.3	90.3												
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 Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory 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 37 (cont'd): Cocaine purity levels: state and territory, by quarter, 2009–10**

State/territory	July–September 2009						October–December 2009						January–March 2010						April–June 2010						Total July 2009–June 2010					
	Cases			Purity			Cases			Purity			Cases			Purity			Cases			Purity			Cases			Purity		
	(no.)	Median (%)	Min (%)	Max (%)	Median (%)	Min (%)	(no.)	Median (%)	Min (%)	Max (%)	Median (%)	Min (%)	(no.)	Median (%)	Min (%)	Max (%)	Median (%)	Min (%)	(no.)	Median (%)	Min (%)	Max (%)	Median (%)	Min (%)	(no.)	Median (%)	Min (%)	Max (%)	Median (%)	Min (%)
<b>WA</b>																														
State police																														
<=2 gms	10	78.0	0.9	92.0			2	23.5	13.0	34.0			6	25.0	24.0	81.0			16	40.0	20.0	98.0			34	49.0	0.9	98.0		
>2 gms	1	37.0	37.0	37.0			19	38.0	17.0	48.0			21	25.0	10.0	51.0			17	27.0	0.6	79.0			58	27.5	0.6	79.0		
Total	11	77.0	0.9	92.0			21	35.0	13.0	48.0			27	25.0	10.0	81.0			33	27.0	0.6	98.0			92	28.0	0.6	98.0		
AFP																														
<=2 gms	–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–		
>2 gms	–	–	–	–			–	–	–	–			–	–	–	–			1	77.1	77.1	77.1			1	77.1	77.1	77.1		
Total	–	–	–	–			–	–	–	–			–	–	–	–			1	77.1	77.1	77.1			1	77.1	77.1	77.1		
<b>Tas</b>																														
State police																														
<=2 gms	–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–		
>2 gms	–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–		
Total	–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–		
AFP																														
<=2 gms	–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–		
>2 gms	–	–	–	–			–	–	–	–			–	–	–	–			1	71.7	71.7	71.7			1	71.7	71.7	71.7		
Total	–	–	–	–			–	–	–	–			–	–	–	–			1	71.7	71.7	71.7			1	71.7	71.7	71.7		
<b>NT</b>																														
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	–	–	–	–			1	22.7	22.7	22.7			–	–	–	–			–	–	–	–			1	22.7	22.7	22.7		
Total	–	–	–	–			1	22.7	22.7	22.7			–	–	–	–			–	–	–	–			1	22.7	22.7	22.7		
<b>ACT</b>																														
State police																														
<=2 gms	–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–		
>2 gms	–	–	–	–			1	22.7	22.7	22.7			–	–	–	–			–	–	–	–			1	22.7	22.7	22.7		
Total	–	–	–	–			1	22.7	22.7	22.7			–	–	–	–			–	–	–	–			1	22.7	22.7	22.7		
State police																														
<=2 gms	–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–			–	–	–	–		
>2 gms	–	–	–	–			2	31.3	23.0	39.5			–	–	–	–			–	–	–	–			2	31.3	23.0	39.5		
Total	–	–	–	–			2	31.3	23.0	39.5			–	–	–	–			–	–	–	–			2	31.3	23.0	39.5		
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 Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory 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 38: Amphetamine prices by state and territory, 2009–10 (\$)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
1 street deal (0.1 gram)	na	100	na	na	na	50	na	50
0.7 gram	na	na	na	na	na	na	na	200
1 weight gram	na	300	na	na	400–1 000	300	na	350
2 grams	na	450	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	750	na	na	1 200–3 500	700–900	na	800–900
1/4 ounce	na	900–1 000	na	na	na	na	na	na
1 vial (1/2 ounce)	na	1 200–2 000	na	na	na	na	na	na
1 ounce (street deal)	na	3 000–5 000	na	na	6 500–15 000	na	na	na
1 ounce	na	4 000–5 000	na	na	na	4 000–6 000	na	3 500–4 500
1 pound	na	50 000–55 000	na	na	na	na	na	na
1 kilogram	na	150 000–155 000	na	na	na	na	na	na

Table 39: MDMA prices by state and territory, 2009–10 (\$)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
1 tablet/capsule	10–30	30	40	15–30	13–45	35–50	50	20–30
2–24 tablets/capsules (per tab)	10–18	30	22–35	15–25	na	35–50	na	na
25–99 tablets/capsules (per tab)	10–18	17	16–20	na	na	25–30	na	25–35
100–999 tablets/capsules (per tab)	8–15	13	14.50–20.50	na	na	20–25	na	15–30
1000+ tablets/capsules (per tab)	8–12	10–12	7–10.50	6–12.50	13–22	na	na	na



**Table 40: Methamphetamine prices by state and territory, 2009–10 (\$)**

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
<b>Crystal form ('ice')</b>								
1 street deal (0.1 gram)	50–100	150	50	50–100	na	na	200	80–100
0.7 gram	na	700	na	na	na	na	na	350–400
1 weight gram	300–500	1 000	350–600	na	400–1 000	na	800	700–1 000
2 grams	na	2 000	na	na	na	na	na	na
3 grams	na	3 000 <sup>a</sup>	na	na	na	na	na	na
8 ball (3.5 gram; i.e. 1/8 ounce)	1 100–2 000	2 900	440–1 750	700–2 500	1 200–3 500	na	na	1 200–2 500
1/4 ounce	na	4 000	3 300–8 000	na	na	na	na	na
1 vial (1/2 ounce)	na	10 000–14 000	na	na	na	na	na	na
1 ounce (street deal)	na	17 000	na	6 000–18 000	6 500–15 000	na	na	na
1 ounce	6 500–12 000	17 000–18 000	na	na	na	na	na	5 500–10 000
1 pound	95 000–105 000	176 000	90 000	na	na	na	na	na
1 kilogram	165 000–250 000	300 000	na	na	160 000–325 000	na	na	na
<b>Non-crystal form</b>								
<b>Powder/paste/base</b>								
1 street deal (0.1 gram)	40–60	na	50	na	na	na	100	na
0.7 gram	na	na	na	na	na	na	na	na
1 weight gram	100–250	na	250	na	400–1 000	na	400	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)	300–600	na	600	na	1 200–3 500	na	1 200–1 600	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)	2 100–3 700	na	na	na	6 500–15 000	na	na	na
1 ounce	na	na	4 000	na	na	na	na	na
1 pound	35 000–60 000	na	45 000	na	na	na	80 000–100 000	na
1 kilogram	90 000–120 000	na	na	na	160 000–325 000	na	160 000	na

<sup>a</sup> Rare buy

Table 41: Cannabis prices by state and territory, 2009–10 (\$)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
<b>Bush</b>								
<b>Leaf</b>								
Deal (1 gram approx.)	na	na	25	na	25–50	na	20–30	na
1/2 bag (14 grams)	na	na	na	na	na	na	na	na
Ounce bag (28 grams)	na	na	250	na	350–500	na	na	na
1 pound	na	na	3 000	na	4 000–5 000	na	na	na
1 kilogram	na	na	na	na	na	na	na	na
<b>Head</b>								
Deal (1 gram approx.)	20–30	na	25	na	25–50	25	20–30	na
1/4 bag (7 grams)	na	na	na	na	na	75	na	na
1/2 bag (14 grams)	250–400	na	na	na	na	na	na	na
Ounce bag (28 grams)	2 500–4 000	na	250	na	350–500	250	na	na
1 pound	na	na	3 000	na	4 000–5 000	2 500–3 500	na	na
1 kilogram	na	na	na	na	na	na	na	na
1 mature plant	na	na	2 500	na	na	na	na	na
<b>Hydroponic</b>								
<b>Leaf</b>								
Deal (1 gram approx.)	na	na	25–35	25–50 <sup>a</sup>	25–50	na	na	na
1/2 bag (14 grams)	na	na	na	na	na	na	na	na
Ounce bag (28 grams)	na	na	350	180–300	350–500	na	na	na
1 pound	na	na	3 800–4 500	2 400–3 500	na	na	na	na
1 kilogram	na	na	na	na	na	na	na	na
<b>Head</b>								
Deal (1 gram approx.)	20–30	20	25–35	na	25–50	25	30–100 <sup>b</sup>	20
1/2 bag (14 grams)	na	150	na	na	na	150–200	na	180
Ounce bag (28 grams)	300–400	250	350	na	350–500	300–350	350–450	280
1 pound	3 500–5 000	3 200	3 800–4 500	na	4 000–5 000	3 000–4 300	4 500–5 500	2 500–5 000
1 kilogram	na	6 000–8 000	na	na	na	na	na	na
1 mature plant	na	na	5 000	na	na	na	na	2 000–2 500
<b>Resin</b>								
Deal (1 gram approx.)	40–50	na	50	na	na	na	na	na
<b>Oil</b>								
Cap/vial	50	na	50	na	na	na	na	na

<sup>a</sup> 2–3gram J bag<sup>b</sup> Cannabis head currently selling between \$80 and \$100 in remote communities

**Table 42: Heroin prices by state and territory, 2009–10 (\$)**

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Half point (0.05 gram)	na	25	na	na	na	na	na	50
1 taste/cap (0.1–0.3 gram)	40–70	50	50	50–100	75–100	na	na	50
1/4 gram	na	110	na	na	na	na	na	70–80
1/2 weight (0.4–0.6 gram)	150–190	180	na	na	na	na	na	150–190
1 street weight (0.6–0.8 gram)	na	na	na	na	na	na	na	220–380
1 gram	200–380	350	400	600	500	na	na	300–340
8 ball (3.5 grams; i.e. 1/8 ounce)	700–1 400	700	na	1 100–1 200	1 500–1 800	na	na	850–1 200
10 gram bag	na	na	na	na	na	na	na	na
1/2 ounce	na	3 500	na	na	na	na	na	4 000–4 500
1 ounce	6 000–13 000	12 000	7 000–7 200	4 500–9 000	8 000–17 000	na	na	6 000–9 000
1/2 Asian catti (350 grams)	90 000–120 000	120 000–180 000	90 000	na	na	na	na	90 000–120 000
12.5 ounce block	na	140 000	na	na	na	na	na	na
1 pound	na	na	na	na	na	na	na	110 000–140 000
Asian catti (700 grams)	160 000–210 000	na	na	na	na	na	na	160 000–210 000
1 kilogram	na	na	na	na	na	na	na	na

**Table 43: Cocaine prices by state and territory, 2009–10 (\$)**

Weight	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
1 cap	40–60	na	50	na	na	60	na	50–70
1 gram	250–400	300	300–350	350–500	380–400	300–400	na	300
1/4 ounce (7 grams)	na	2 250	na	na	na	na	na	1 250–1 500
1 ounce (28 grams)	5 000–9 000	8 200	7 500	3 000	6 500–20 000	7 800	na	5 000–8 500
1 pound (0.45 kilograms)	na	na	na	na	100 000–150 000	na	na	80 000–90 000
1 kilogram	210 000–250 000	na	na	240 000–260 000	na	na	na	135 000–185 000

Table 44: Other drugs prices by state and territory, 2009–10 (\$)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
<b>LSD</b>								
1–9 tabs (ddu)	na	na	25	20	20–35	25	25–35	na
10–100 tabs (ddu)	15–25	21	na	na	na	20	na	na
101–999 tabs (ddu)	4–10	na	na	na	na	na	na	na
1000+ tabs (ddu)	3–6	na	na	na	na	na	na	na
<b>Ketamine</b>								
Powder (1 gram)	50–180	na	na	100	na	na	na	na
8 ball (3.5 grams)	na	na	na	350	na	na	na	na
Vial (5–10 millilitres)	100–200	na	na	na	na	na	na	na
kilogram	na	na	na	28 000	na	na	na	na
<b>GHB/GBL</b>								
GHB serve (4 milligrams)	na	na	na	na	na	na	na	40
GHB '8' (8 serves, 32 milligrams)	na	na	na	na	na	na	na	240
1–1.5 millilitres	3–6	3–6	3	na	na	na	na	na
4–5 millilitres ('fish')	15–25	na	na	na	na	na	na	na
10–15 millilitres	50–80	50	na	na	na	na	na	na
1 litre	2 200–3 000	2 000	2 000	na	na	na	na	na
25 litres	15 000–17 000	na	na	na	na	na	na	na
<b>Opioid pharmaceuticals</b>								
Per tablet	na	na	50	na	na	na	80–100	na
Oxycontin (per tablet)	30–60	na	na	25–50	na	na	na	na
MS Contin (per tablet)	30–40	na	na	na	na	na	na	na
Kapanol (per tablet)	na	na	na	15–50 <sup>a</sup>	na	na	na	na
Morphine	na	na	na	100	na	na	na	na
<b>Benzodiazepine pharmaceuticals</b>								
Per tablet	na	na	25	na	na	na	na	na
Xanax (bottle 50 tablets)	na	na	na	150	na	na	na	na
<b>Precursors</b>								
Pseudoephedrine								
Box	na	100	na	50–150	na	50	100	na
Kilogram	na	na	na	125 000–200 000	na	na	na	na
50 litres	na	20 000	na	na	na	na	na	na
Hypophosphorous Acid								
100ml	na	700	na	na	na	na	na	na
20 litres	na	na	na	80 000	na	na	na	na
50 litres	na	25 000	na	na	na	na	na	na
Saffrole per kilogram	na	50–70	na	na	na	na	na	na
Phenyl-2-propanone per ounce	na	na	na	2 500	na	na	na	na
<b>Analogues</b>								
4MMC	na	na	na	na	na	25–35	na	na
<b>Other</b>								
Methadone 30 millilitres	na	na	na	na	na	na	na	30–35
DMT 1 gram	na	na	na	250	na	na	na	na

<sup>a</sup> Price range is for tablet sizes from 30 milligrams to 100 milligrams

