AUSTRALIAN
CRIMINAL
INTELLIGENCE
COMMISSION

ILLICIT DRUG DATA REPORT 2017–18

Correspondence should be addressed to:
Chief Executive Officer
Australian Criminal Intelligence Commission
PO Box 1936
Canberra City
ACT 2601

Telephone:
02 6268 7000 (from within Australia)
61 2 6268 7000 (international)

Published July 2019

The data contained in this report is produced by the Australian Criminal Intelligence Commission (ACIC) with the endorsement of the eight police commissioners in Australia.

ISSN 2205-1910 (Print)
ISSN 2205-1929 (Online)

ILLICIT DRUG DATA REPORT 2017–18

CEO FOREWORD
MICHAEL PHELAN APM

The Australian Criminal Intelligence Commission's annual *Illicit Drug Data Report,* now in its 16th edition, continues to provide an authoritative picture of illicit drugs in Australia. It informs policy and operational decisions across government, industry and the not-for-profit sector and focuses efforts to reduce the impact of illicit drugs on our communities.

Serious and organised criminals are at the centre of Australia's illicit drug market, motivated by greed, power and profit. We know serious and organised crime groups continue to generate significant profits from the sale of illicit substances, with the price paid for illicit drugs in Australia among the highest in the world. The estimated street value of the weight of amphetamines, MDMA, cocaine and heroin seized nationally in 2017–18 is nearly $5 billion, underlining the size of the black economy that relates to illicit drugs alone. As such, the importation, manufacture, cultivation and distribution of illicit drugs and related precursors in Australia remain a focal point of government, law enforcement and intelligence agencies.

Illicit drug use cannot be addressed by law enforcement alone—a multi-faceted approach is needed. This report combines illicit drug data from a variety of sources including law enforcement, forensic services, health and academia, which inform our understanding and assist in focusing our collective efforts to respond to the issue of illicit drugs. The risk and harm posed by illicit drugs to the Australian community is ever-growing, which underscores the need for law enforcement and health agencies to work collaboratively to combat both the supply and demand for illicit drugs in Australia.

In 2017–18, new records were set and include:

- 30.6 tonnes of illicit drugs seized nationally
- 5,096 national cocaine seizures
- 4,325 national cocaine arrests
- 22 clandestine laboratories detected nationally producing GHB/GBL
- 17,383 cannabis detections at the Australian border
- 4,912 kilograms of ATS (excluding MDMA) precursors detected at the Australian border.

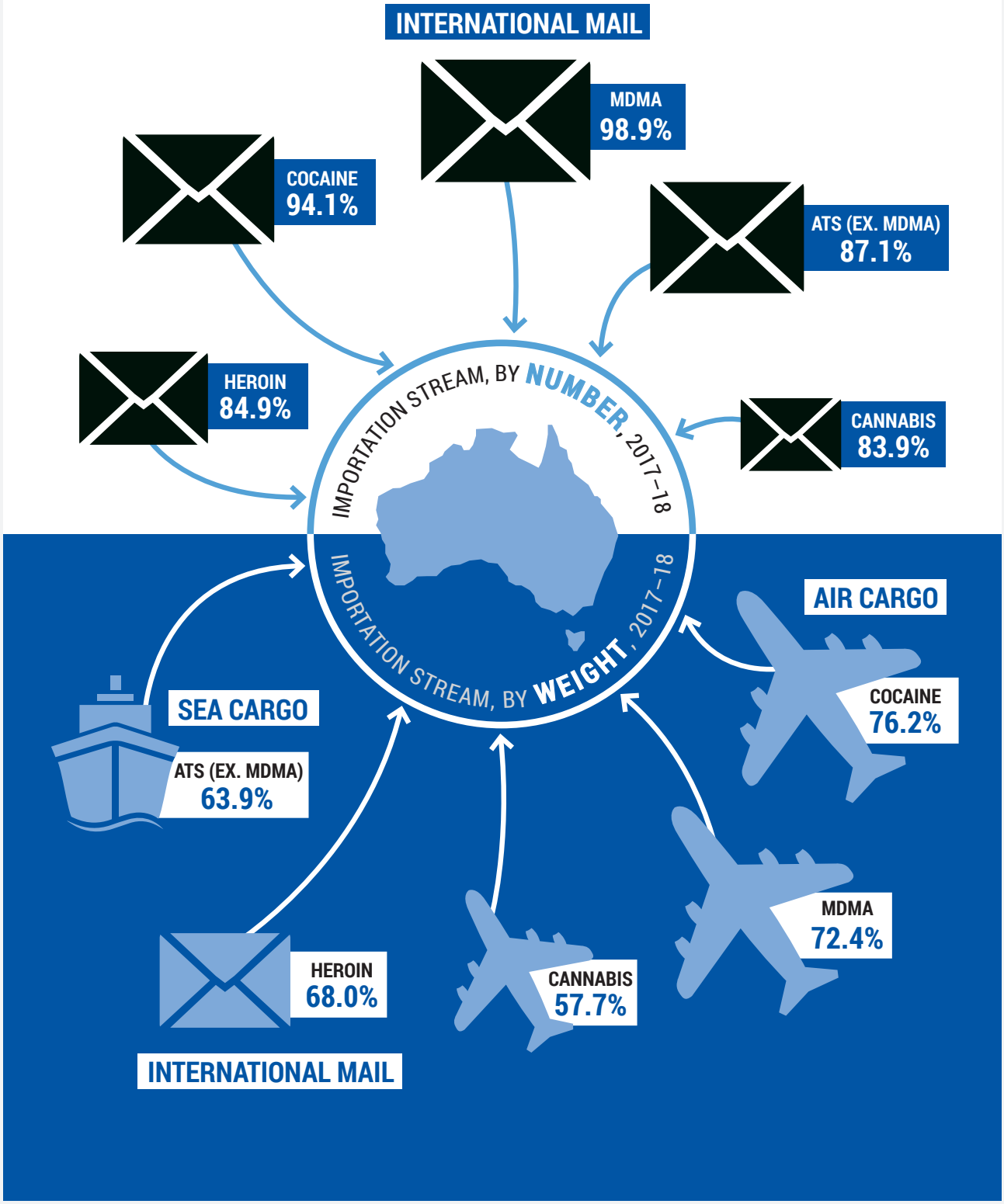
These upward trends not only highlight the continued vigilance of law enforcement in reducing the supply of all illicit drugs; they also highlight why illicit drugs continue to be a concern for law enforcement and the wider community, and the ongoing need to reduce demand.

Methylamphetamine is one of the most consumed illicit drugs in Australia, remaining the most consumed illicit drug of those monitored by the National Wastewater Drug Monitoring Program based on available dose data. It is estimated that 9,847 kilograms of methylamphetamine is consumed annually in Australia, with 5,064 kilograms of amphetamines—the majority of which is methylamphetamine—seized nationally 2017–18. While demand for methylamphetamine remains high, serious and organised criminals will continue to import, manufacture and distribute the drug.

I commend the efforts of all who contributed to this report, from law enforcement, forensic services, academia and the Australian Criminal Intelligence Commission. If not for your vital contributions and continued support, it would not be possible to understand the complex and evolving Australian drug market.

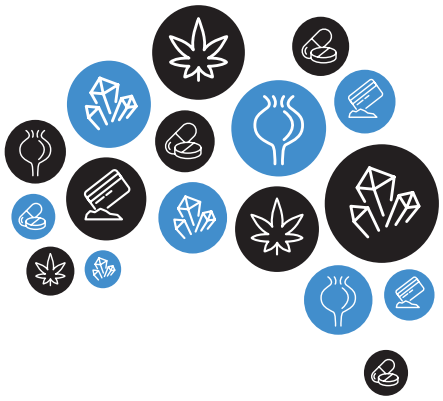
Michael Phelan APM
Chief Executive Officer
Australian Criminal Intelligence Commission

IMPORTATION METHODS

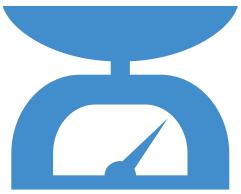


NATIONAL SEIZURES AND ARRESTS

112,827
DRUG SEIZURES



RECORD
30.6
TONNES



DRUGS SEIZED

148,363
DRUG ARRESTS

1 SEIZURE EVERY
5 MINS

1KG SEIZED EVERY
17.5 MINS

1 ARREST EVERY
4 MINS

OTHER DRUGS 83

CLANDESTINE LABORATORIES AND PRECURSORS 119

STATISTICS 133

APPENDIX 171

ACKNOWLEDGEMENTS

This report contains data and analysis provided by federal, state and territory police, as well as forensic laboratories and the Department of Home Affairs.[1] These agencies provide significant contributions to each report and their expertise and experience, along with their continued support, have been invaluable to the Australian Criminal Intelligence Commission.

Key contributors are listed below:

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

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

INTRODUCTION

The Australian Criminal Intelligence Commission Illicit Drug Data Report (IDDR) is the only report of its type in Australia, providing governments, law enforcement agencies and interested stakeholders with a national picture of the illicit drug market. The IDDR presents data from a variety of sources and provides an important evidence base to assess current and future illicit drug trends, offers a brief analysis of those trends and informs the development of strategies to combat the threat posed by illicit drugs. The purpose of this report is to provide statistics and analysis to assist decision-makers in developing evidence-based illicit drug supply, demand and harm reduction strategies. The data also assist the Australian Government to meet national and international reporting obligations.

The Australian Criminal Intelligence Commission collects data annually from all state and territory police services, the Australian Federal Police, the Department of Home Affairs, state and territory forensic laboratories and research centres. Illicit drug data collected and presented in this report for the 2017–18 financial year include:

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

The Australian Criminal Intelligence Commission uses the National Illicit Drug Reporting Format (NIDRF) system to standardise the arrest, seizure and purity data received from police services and contributing forensic organisations.

The current format and structure of the IDDR provides a more concise report, while still retaining key illicit drug market information and insights. Similar to previous reports, each chapter in the 2017–18 report provides an overview of changes since the previous reporting period and also includes some longer-term trends in key market indicators—including border detections, national seizures and arrests, price, purity, forensic analysis, wastewater analysis and drug user survey data—which inform and enhance our understanding of Australia's illicit drug markets and the ability to identify changes within them. To provide greater accessibility to the valuable and unique data contained in the report, some of the information and data from the 2017–18 report will be made available on the Crime Statistics Australia website hosted by the Australian Institute of Criminology.[2]

2 See <http://www.crimestats.aic.gov.au/IDDR/>.

EXECUTIVE SUMMARY[3]

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

Cannabis and amphetamine-type stimulants (ATS) remain the two primary illicit drug markets in Australia, and their predominance is reflected in most supply and demand indicators. By number, cannabis was the most commonly detected illicit drug at the Australian border in 2017–18, with the weight of ATS detected this reporting period exceeding the combined weight of cannabis, heroin and cocaine detections. Cannabis accounted for the greatest proportion of the number of national illicit drug seizures and arrests this reporting period, with ATS accounting for the greatest proportion of the weight of illicit drugs seized nationally in 2017–18.

Overall, based on supply and demand indicators for the main illicit drug markets in Australia in 2017–18:

- The ATS market, which in Australia is chiefly comprised of methylamphetamine, is large and relatively stable.
- The cannabis market remains large but relatively stable.
- The heroin market is small and relatively stable.
- The cocaine market is undergoing expansion.
- Indicators of demand and supply for other drugs provide a mixed picture, although overall the markets in other drugs are small. There is potential expansion of the anaesthetics market, particularly GHB/GBL.

PROFILE OF ILLICIT DRUG DETECTIONS AT THE AUSTRALIAN BORDER

Number of illicit drug detections—comparison between 2016–17 and 2017–18

Amphetamine-type stimulants (ATS)		Cannabis	Heroin	Cocaine
ATS (excluding MDMA)	MDMA			
↓ -15.6%	↓ -25.9%	↑ 58.2%	↑ 9.0%	↓ -26.2%
2,905 → 2,451	4,763 → 3,530	10,987 → 17,383	243 → 265	3,715 → 2,741

Cannabis accounted for the greatest number of border detections in 2017–18, followed by MDMA, cocaine, ATS and heroin.

- The number of ATS[4], MDMA and cocaine detections at the Australian border decreased in 2017–18.
- The number of cannabis and heroin detections increased this reporting period, with the record 10,987 cannabis detections in 2016–17 further increasing in 2017–18 to a record 17,383 detections and the 265 heroin detections this reporting period the second highest number reported in the last decade.

3 Key for tables in the Executive Summary:
↓ = Decrease ➲ = Relatively stable ↑ = Increase = Highest on record = Highest in last decade

4 ATS border detection data exclude MDMA, which is reported separately.

Weight of illicit drug detections—comparison between 2016–17 and 2017–18

Amphetamine-type stimulants (ATS)		Cannabis	Heroin	Cocaine
ATS (excluding MDMA)	MDMA			
↑ 61.0 %	↑ 59.6%	↑ 466.0%	↓ -5.7%	↓ -16.5%
1,833kg → 2,952kg	890kg → 1,420kg	102kg → 580kg	201kg → 190kg	1,109kg → 926kg

ATS accounted for the greatest proportion of the weight of border detections in 2017–18, followed by MDMA, cocaine, cannabis and heroin.

- The weight of heroin and cocaine detected at the Australian border decreased in 2017–18.
- The weight of ATS, MDMA and cannabis detected increased this reporting period, with the weight of ATS detected in 2017–18 the second highest on record, the weight of cannabis detected the highest recorded in the last decade and the weight of MDMA detected the second highest in the last decade.

Proportion of illicit drug detections, by importation stream in 2017–18

Drug Type	Importation stream, by number, 2017–18		Importation stream, by weight, 2017–18	
ATS (excluding MDMA)	**International mail**	**87.1%**	**Sea cargo**	**63.9%**
	Air cargo	11.5%	Air cargo	27.0%
	Air passenger/crew	1.1%	International mail	8.2%
	Sea cargo	0.2%	Air passenger/crew	0.8%
MDMA	**International mail**	**98.9%**	**Air cargo**	**72.4%**
	Air cargo	0.7%	International mail	21.1%
	Air passenger/crew	0.4%	Sea cargo	6.4%
	Sea cargo	0.1%	Air passenger/crew	<0.1%
Cannabis	**International mail**	**83.9%**	**Air cargo**	**57.7%**
	Air cargo	15.7%	International mail	41.8%
	Air passenger/crew	0.4%	Air passenger/crew	0.3%
	Sea cargo	<0.1%	Sea cargo	0.3%
Heroin	**International mail**	**84.9%**	**International mail**	**68.0%**
	Air cargo	14.3%	Air cargo	29.9%
	Air passenger/crew	0.8%	Air passenger/crew	2.1%
Cocaine	**International mail**	**94.1%**	**Air cargo**	**76.2%**
	Air cargo	5.2%	International mail	10.6%
	Air passenger/crew	0.6%	Sea cargo	10.6%
	Sea cargo	0.1%	Air passenger/crew	2.6%

The international mail stream continues to account for the greatest proportion of the number of illicit drug detections at the Australian border, however the importation stream accounting for the greatest proportion of the weight detected varies by drug type.

PROFILE OF NATIONAL ILLICIT DRUG SEIZURES

Number of national illicit drug seizures—comparison between 2016–17 and 2017–18

National	ATS	Cannabis	Heroin	Cocaine	Other and unknown drugs
-0.6%	-0.7%	-1.4%	1.3%	11.6%	-1.4%
113,533 → 112,827	37,351 → 37,093	60,006 → 59,139	1,951 → 1,977	4,567 → 5,096	9,658 → 9,522

The number of national illicit drug seizures has increased 67.0 per cent over the last decade, increasing from 67,559 in 2008–09 to 112,827 in 2017–18.[5]

- The number of national illicit drug seizures remained relatively stable this reporting period and is the third highest number on record.
- In 2017–18, cannabis accounted for the greatest proportion of the number of national illicit drug seizures (52.4 per cent), followed by ATS (32.9 per cent), other and unknown drugs (8.2 per cent), cocaine (4.5 per cent) and heroin and other opioids (2.0 per cent).[6]
- The number of national cannabis and other and unknown drug seizures decreased this reporting period, with the number of other and unknown drug seizures decreasing from a record 9,658 in 2016–17 to 9,522 this reporting period, the second highest number on record. The number of ATS seizures remained relatively stable in 2017–18.
- The number of national heroin and cocaine seizures increased this reporting period, with the record 4,567 cocaine seizures in 2016–17 further increasing in 2017–18 to a record 5,096 seizures, and the 1,977 heroin seizures this reporting period the second highest number reported in the last decade.

Weight of national illicit drug seizures–comparison between 2016–17 and 2017–18

National	ATS	Cannabis	Heroin	Cocaine	Other and unknown drugs
11.3%	48.0%	14.7%	1.9%	-57.4%	13.5%
27.4t → 30.6t	7,571kg → 11,205kg	7,547kg → 8,655kg	224kg → 229kg	4,623kg → 1,970kg	7,524kg → 8,540kg

- The weight of illicit drugs seized nationally has increased 130.0 per cent over the last decade, from 13.3 tonnes in 2008–09 to a record 30.6 tonnes in 2017–18.[7]
- The weight of illicit drugs seized nationally this reporting period further increased from a record 27.4 tonnes in 2016–17.

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

6 A figure for the number of national illicit drug seizures in 2017–18 will be available on the Crime Statistics Australia website. A proportional figure displaying the number of illicit drug seizures, by state and territory and drug type in 2017–18 will also be available. See <http://crimestats.aic.gov.au/IDDR/>.

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

- In 2017–18, ATS accounted for the greatest proportion of the weight of illicit drugs seized nationally (36.6 per cent), followed by cannabis (28.3 per cent), other and unknown drugs (27.4 per cent), cocaine (6.4 per cent) and heroin and other opioids (1.2 per cent).[8]
- Although the weight of cocaine seized nationally this reporting period is less than half the record 4,623 kilograms seized in 2016–17, the 1,970 kilograms seized in 2017–18 is the second highest weight on record.
- The weight of ATS, cannabis, heroin and other and unknown drugs seized nationally increased in 2017–18, with the weight of ATS seized this reporting period the second highest on record and the weight of cannabis seized the second highest recorded in the last decade.

Comparison of the weight of methylamphetamine, MDMA, heroin and cocaine seized nationally in 2017–18 and estimated consumption

Drug	Estimated consumption[a] (kilograms per annum)	2017–18 national seizures (kilograms)	Percentage of total estimated consumption seized (%)
Methylamphetamine	9,847	5,064[b]	51.4
MDMA	1,162	2,033	175.0
Heroin	750	229	30.5
Cocaine	4,115	1,970	47.9

a. Consumption estimates are based on data derived from Year 2 of the National Wastewater Drug Monitoring Program.
b. At this time it is not possible at a national level to provide a further breakdown of drugs within the amphetamines category. As such national seizure figures reflect the weight of amphetamines seized. Amphetamines include amphetamine, methylamphetamine, dexamphetamine and amphetamine not elsewhere classified. Based on available data, methylamphetamine accounts for the majority of amphetamines seized.

Wastewater analysis provides a measure of licit and illicit drug consumption within a given population. The Australian Criminal Intelligence Commission has used wastewater data collected between August 2017 and August 2018 as part of the National Wastewater Drug Monitoring Program (NWDMP) to estimate the annual weight of methylamphetamine, MDMA, heroin and cocaine consumed nationally. While these estimates are conservative, they provide valuable insight into illicit drug markets in Australia.[9] Based on the reported weights seized nationally by Australian law enforcement in 2017–18 and consumption estimates from the NWDMP:

- the weight of amphetamines seized equated to 51.4 per cent of the total estimated weight of methylamphetamine needed to meet national demand
- the weight of MDMA seized exceeded the total estimated weight of MDMA needed to meet national demand (175.0 per cent)
- the weight of heroin seized equated to 30.5 per cent of the total estimated weight of heroin needed to meet national demand
- the weight of cocaine seized equated to 47.9 per cent of the total estimated weight of cocaine needed to meet national demand.

8 A figure for the weight of illicit drugs seized nationally in 2017–18 will be available on the Crime Statistics Australia website. A proportional figure displaying the weight of illicit drugs seized, by state and territory and drug type in 2017–18 will also be available. See <http://crimestats.aic.gov.au/IDDR/>.
9 The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

PROFILE OF NATIONAL ILLICIT DRUG ARRESTS

National illicit drug arrests—comparison between 2016–17 and 2017–18

National	ATS	Cannabis	Heroin and other opioids	Cocaine	Other and unknown drugs
↓ -4.1%	↓ -5.6%	↓ -6.7%	↑ 2.0%	↑ 28.5%	↑ 2.2%
154,650 → 148,363	47,531 → 44,887	77,549 → 72,381	2,970 → 3,029	3,366 → 4,325	23,234 → 23,741

The number of national illicit drug arrests increased 76.9 per cent over the last decade, from 83,873 in 2008–09 to 148,363 in 2017–18.[10]

- The number of national illicit drug arrests decreased this reporting period from a record 154,650 arrests in 2016–17, with the number of arrests reported in 2017–18 the third highest number on record.
- In 2017–18, cannabis accounted for the greatest proportion of national illicit drug arrests (48.8 per cent), followed by ATS (30.3 per cent), other and unknown drugs (16.0 per cent), cocaine (2.9 per cent) and heroin and other opioids (2.0 per cent).[11]
- The number of national ATS and cannabis arrests decreased this reporting period.
- The number of national heroin and other opioids, cocaine and other and unknown drug arrests increased this reporting period, with the number of cocaine and other and unknown drug arrests in 2017–18 the highest on record and the number of heroin and other opioid arrests the second highest number reported in the last decade.

Arrest data in the IDDR incorporate recorded law enforcement action against a person for suspected unlawful involvement in illicit drugs. It includes action by way of arrest and charge, summons, diversion, infringement and caution. The action taken by law enforcement is influenced by a number of factors, including but not limited to which state or territory the incident occurs in, the drug type and quantity and related legislation/regulation. In 2017–18, summons accounted for the greatest proportion of national drug arrests (43.8 per cent), followed by charge (31.6 per cent) and caution/diversion/infringement (24.5 per cent). These proportions vary between drug type, with charge accounting for the greatest proportion of national heroin and other opioid arrests (56.6 per cent), summons accounting for the greatest proportion of national steroid arrests (58.0 per cent) and caution/diversion/infringements accounting for the greatest proportion of national cannabis arrests (39.1 per cent).[12]

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

11 A figure for the number of national illicit drug arrests in 2017–18 will be available on the Crime Statistics Australia website. A proportional figure displaying the number of illicit drug arrests, by state and territory and drug type in 2017–18 will also be available. See <http://crimestats.aic.gov.au/IDDR/>.

12 Figures for 2017–18 national arrests, by drug type, will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

Males accounted for the majority of national arrests (76.0 per cent) in 2017–18, with females accounting for less than one quarter of arrests. While there was some variation in the proportion of arrests involving males across drug types, males consistently accounted for the greatest proportion of arrests across all drug types this reporting period, ranging from 72.5 per cent of national other and unknown drug arrests to 86.4 per cent of national steroid arrests.[13] In 2017–18, consumer arrests accounted for the greatest proportion of national arrests (90.7 per cent). While consumer arrests account for the greatest proportion of arrests across all drug types, the proportion attributed to them does vary, from 77.7 per cent of national cocaine arrests to 92.0 per cent of national cannabis arrests.[14]

PROFILE OF NATIONAL CLANDESTINE LABORATORIES AND PRECURSORS

National clandestine laboratory detections—comparison between 2016–17 and 2017–18

No. of detections	Size and production capacity	Location
↓ -6.7% 463 → 432	↑ Addict-based 49.5% → **52.8%** ↓ Other small 27.7% → **26.2%** ↓ Medium 20.0% → **19.4%** ↓ Industrial 2.7% → **1.6%**	↑ Residential 63.9% → **70.8%** ↓ Vehicle 12.5% → **9.5%** ↑ Rural 4.1% → **6.5%** ↓ Other 8.4% → **5.3%** ↓ Commercial/industrial 6.0% → **4.4%** ↓ Public place 5.0% → **3.5%**

- The number of clandestine laboratories detected nationally decreased for the sixth consecutive reporting period in 2017–18.
- The majority of laboratories detected in Australia this reporting period were producing methylamphetamine, with the hypophosphorous method of production the predominant process identified.
- Drug profiling data of both border and domestic seizures indicate ephedrine and pseudoephedrine remain the dominant methylamphetamine precursors.
- Of note this reporting period were increases in the number of laboratories detected producing other drugs, with a record 22 laboratories detected in 2017–18 producing GHB/GBL and the 20 laboratories detected producing MDMA the highest number reported in the last decade.
- The majority of laboratories detected in Australia continue to be addict-based and situated in residential locations.

13 Figures for 2017–18 national arrests, by drug type and gender, will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

14 Figures for 2017–18 national arrests, by drug type and consumer/provider status, will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

Number of ATS precursor border detections—comparison between 2016–17 and 2017–18

ATS precursors	
ATS (excluding MDMA)	MDMA
-39.9%	-75.0%
552 → 332	4 → 1

The number of ATS and MDMA precursor detections at the Australian border decreased in 2017–18.

Weight of ATS precursor detections—comparison between 2016–17 and 2017–18

ATS precursors	
ATS (excluding MDMA)	MDMA
210.1%	-99.9%
1,584kg → 4,912kg	10kg → 5g

The weight of ATS precursors detected increased this reporting period, with the 4.9 tonnes detected in 2017–18 the highest on record. The weight of MDMA precursors detected at the Australian border decreased in 2017–18.

2017–18 FEATURE DRUG—METHYLAMPHETAMINE

The illicit market for amphetamine-type stimulants (ATS) in Australia is entrenched and enduring. The market is supplied through domestic production and the importation of precursors and finished product. Fluctuations observed this reporting period across a number of supply and demand indicators for ATS suggest small changes within a large and established market. Within the Australian ATS market, methylamphetamine is the predominant drug. Overall, available indicator data for this drug type demonstrate a large, stable market, characterised by a significant user-base that is supplied by a combination of domestically produced and imported product.

International picture

ATS is one of the largest illicit drug markets globally, second only to cannabis. Data from the United Nations Office on Drugs and Crime show that the weight of ATS seized globally increased 60.4 per cent between 2012 and 2016. Methylamphetamine accounted for over 60 per cent of the weight of ATS seized between 2012 and 2016, with the weight of methylamphetamine seized globally increasing 31.5 per cent during the same period.

Border detections

While the number and weight of ATS[15] detected at the Australian border fluctuate across reporting periods, since 2012–13 detections have been at historically high levels. The number of ATS detections increased 525.3 per cent over the last decade, from 392 in 2008–09 to 2,451 in 2017–18. The 2,952.4 kilograms detected at the Australian border in 2017–18 is around 50 kilograms less than the combined weight of ATS detected between 2008–09 and 2012–13 inclusive.

15 ATS border detection data exclude MDMA, which is reported separately.

Seizures and arrests

The number of national ATS seizures increased 178.9 per cent over the last decade, from 13,300 in 2008–09 to 37,093 in 2017–18. The weight of ATS seized nationally increased 583.1 per cent, from 1,640.2 kilograms in 2008–09 to 11,205.2 kilograms in 2017–18. The number and weight of national ATS seizures reported in the last four reporting periods are the highest on record, with the number of national ATS seizures this reporting period the third highest on record and the weight seized nationally the second highest on record.

- In the last decade, within the broad ATS category—comprising amphetamines (primarily methylamphetamine), MDMA and other ATS—amphetamines accounted for the greatest proportion of the number of national ATS seizures. In 2017–18, amphetamines accounted for 84.1 per cent of national ATS seizures, with the proportions in the last decade ranging between 72.3 in 2009–10 and 85.9 in 2008–09.
- Similarly, with the exception of 2008–09, amphetamines accounted for the greatest proportion of the weight of ATS seized nationally in the last decade. In 2017–18, amphetamines accounted for 45.2 per cent of the weight of ATS seized nationally, with the proportions in the last decade ranging between 17.4 per cent in 2008–09 and 69.4 per cent in 2012–13.

The number of national ATS arrests increased 172.8 per cent over the last decade, from 16,452 in 2008–09 to 44,887 in 2017–18. The number of national ATS arrests increased to a record 47,531 arrests in 2015–16 and has since plateaued.

- Within the ATS category, amphetamines accounted for the greatest proportion of national ATS arrests in the last decade, with proportions ranging between 72.7 per cent in 2009–10 and 87.0 per cent in 2017–18.

Price and purity

The national median price of crystal methylamphetamine remained relatively stable for a street deal (0.1 gram) over the last decade, ranging between $75 and $100. More notable price fluctuations are apparent in the reported national median prices for a gram and kilogram of crystal methylamphetamine. The median price per gram in the last decade decreased, from a decade high of $750 per gram in 2009–10 and 2012–13 to $350 in 2017–18, the lowest price reported in the decade. The median price per kilogram also decreased, from $270,000 in 2010–11 to $105,000 in 2017–18.

Since the start of the decade the annual median purity of analysed methylamphetamine samples has increased significantly, ranging between 7.2 and 13.2 per cent in 2008–09 to between 48.6 and 82.4 per cent in 2017–18. There was a notable increase in the annual median purity of methylamphetamine in 2012–13, with the successive annual median purity remaining high and relatively stable across most states.

Clandestine laboratories and precursors

Domestic production remains a key source of methylamphetamine in Australia. Of the clandestine laboratories detected nationally, methylamphetamine remains the main drug produced.

- Of those able to be identified, clandestine laboratories manufacturing ATS (excluding MDMA) continue to account for the greatest proportion of detections (46.2 per cent in 2017–18).

The number and weight of ATS (excluding MDMA) precursors detected at the Australian border fluctuated over the last decade. The number of detections ranged from 287 in 2008–09 to 1,043 in 2012–13, with the weight detected ranging from 500.8 kilograms in 2014–15 to a record 4,912.4 kilograms in 2017–18.

Consistent with previous reporting periods, forensic profiling of both border and domestic seizures indicate ephedrine and pseudoephedrine remain the predominant methylamphetamine precursors.

After successive increases in the number of national clandestine laboratory detections between 2008–09 and 2011–12, the number of detections steadily decreased. However, a decrease in the number of detections does not necessarily equate to a decrease in the weight of drugs produced.

- Since 2011–12 when categorisation of detected laboratories reporting commenced, the proportion of addict-based laboratories decreased by a third, with the proportion of other small-scale laboratories doubling and medium-sized laboratories more than doubling over the period.

User reporting and consumption estimates

Collectively, data from wastewater analysis, user reporting and population surveys indicate that demand for methylamphetamine remains high and relatively stable.

- Of the substances tested by the NWDMP with known dosage levels, methylamphetamine is the most consumed illicit drug in both regional and capital city sites. When comparing data from the start of the program (August 2016) to August 2018, the population-weighted average consumption of methylamphetamine for both capital city and regional sites increased, with the estimated weight of methylamphetamine consumed annually in Australia increasing 17.2 per cent, from 8,405 kilograms in the first year of the program to 9,847 kilograms in the second year.
- According to the 2016 National Drug Strategy Household Survey, while the proportion of the Australian population aged 14 years or older reporting recent meth/amphetamines use, or use at least once in their lifetime, decreased from 2013 to 2016, the proportion of respondents reporting use at least once a week increased, with crystal/ice the main form reportedly used in the last 12 months.
- Findings from a national study of injecting drug users show the proportion of respondents reporting the recent use of any form of methylamphetamine increased over the last decade, from 67.0 per cent in 2009 to 77.0 per cent in 2018. The reported median number of days of methylamphetamine use (any form) in the six months preceding interview more than doubled over the decade, from 20 days in 2009 to 48 days in 2018. While heroin remains the reported drug of choice within this population, in 2018 methylamphetamine was reported as the drug injected most often in the last month. Crystal methylamphetamine is the most common form reportedly used in this user population.[16]

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

- The proportion of Australian Needle and Syringe Program Survey respondents reporting methylamphetamine as the drug last injected increased in recent years. In 2013, equal proportions of respondents reported heroin and methylamphetamine (both 29.0 per cent) as the last drug injected. Since 2014, methylamphetamine continues to exceed heroin as the last drug injected. In 2017, 41.0 per cent of respondents reported methylamphetamine as the drug last injected, compared with 30.0 per cent for heroin.
- Findings from a national study of regular ecstasy users show the proportion of respondents reporting the recent use of any form of methylamphetamine decreased over the last decade, from 54.0 per cent in 2009 to 32.0 per cent in 2018. The reported median number of days of methylamphetamine use (any form) in the six months preceding interview ranged from 3 to 6 days over the decade, remaining relatively low and stable since 2013. While powder methylamphetamine (speed) remains the most common form of methylamphetamine used within this user population, the proportion of respondents reporting the recent use of speed decreased in 2018, while the recent use of crystal methylamphetamine increased.[17]
- According to the Drug Use Monitoring in Australia program, the proportion of detainees testing positive for methylamphetamine continues to be higher than the proportion of detainees testing positive for MDMA, heroin, cocaine, benzodiazepines and opiates (excluding heroin). Unlike cannabis, heroin, cocaine and MDMA, the proportions of which have either decreased or remained relatively stable, the proportion of detainees testing positive for methylamphetamine has increased from the start of the decade, from 15.8 per cent in 2008–09 to 45.6 per cent in 2017–18.

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

ABBREVIATIONS

1,4-BD	1,4-butanediol
4-MMC	4-methylmethcathinone
AAS	Anabolic-androgenic steroids
ACIC	Australian Criminal Intelligence Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ANSPS	Australian Needle and Syringe Program Survey
ATS	Amphetamine-type stimulants
CEN	Cannabis Expiation Notice
CIR	Cannabis Intervention Requirement
DIN	Drug Infringement Notice
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and Related Drugs Reporting System
ENIPID	Enhanced National Intelligence Picture on Illicit Drugs
Eph	Ephedrine
FDI	Forensic Drug Intelligence
GHB	Gamma-hydroxybutyrate
GBL	Gamma-butyrolactone
IDDR	Illicit Drug Data Report
IDRS	Illicit Drug Reporting System
INCB	International Narcotics Control Board
LSD	Lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
NDSHS	National Drug Strategy Household Survey
NEC	Not elsewhere classified
NMI	National Measurement Institute
NPS	New psychoactive substances
NSW	New South Wales
NT	Northern Territory
P2P	Phenyl-2-propanone
PIED	Performance and image enhancing drug
PSE	Pseudoephedrine

Qld	Queensland
SA	South Australia
SCON	Simple Cannabis Offence Notice
Tas	Tasmania
THC	Delta-9-tetrahydrocannabinol
UK	United Kingdom
UNODC	United Nations Office on Drugs and Crime
US	United States
Vic	Victoria
WA	Western Australia
WCO	World Customs Organization

AMPHETAMINE-TYPE STIMULANTS

KEY POINTS

- The weight of ATS seized globally increased around 20 per cent from 2015 to 2016.
  - While methylamphetamine comprised the majority of global ATS seizures, increases were also recorded in the weight of amphetamine and MDMA seized.
- Indicators of ATS supply and demand in Australia provide a mixed picture. While there is variation within different types of ATS, the indicators point to a large, relatively stable market.
  - While the number of ATS (excluding MDMA) detections at the Australian border continued to decrease in 2017–18, the weight detected increased to the second highest reported in the last decade.
  - While the number of MDMA detections at the Australian border decreased this reporting period, the weight detected in 2017–18 increased and is the second highest reported in the last decade.
  - Drug profiling data of analysed border and domestic seizures indicate ephedrine and pseudoephedrine remain the predominant methylamphetamine precursors.
  - The number of national ATS seizures remained high and relatively stable this reporting period, with the 11.2 tonnes of ATS seized in 2017–18 the second highest weight on record.
  - While the number of national ATS arrests decreased this reporting period, the 44,887 ATS arrests in 2017–18 is the third highest on record.
  - Amphetamines continue to account for the greatest proportion of national ATS seizures and arrests.
  - Of the substances tested by the National Wastewater Drug Monitoring Program, methylamphetamine was the most consumed illicit drug in regional and capital city sites, with MDMA one of the least consumed drugs.
  - Using data from the National Wastewater Drug Monitoring Program, the ACIC estimates more than 9.8 tonnes of methylamphetamine and more than 1.1 tonnes of MDMA is consumed in Australia each year, with the estimated weight of methylamphetamine consumed nationally increasing from the first to the second year of the program, while the estimated weight of MDMA consumed nationally decreased.

MAIN FORMS

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

- Owing to differences in chemical composition, methylamphetamine is more potent than amphetamine, resulting in a stronger nervous system reaction.
- Amphetamine is most commonly found in powder and tablet form, which can be swallowed, snorted, smoked or (less commonly) injected.
- Methylamphetamine has four common forms: tablet, crystalline (often referred to as 'ice' and considered the most potent form of the drug[18]), base (also referred to as 'paste') and powder (also referred to as 'speed'). Methylamphetamine can be swallowed, snorted, smoked or injected.
- MDMA (also referred to as 'ecstasy'), is a derivative of amphetamine, but has an important difference in chemical structure which provides MDMA's hallucinogenic (in addition to stimulant) properties.
- MDMA is most commonly found in tablet form of varying colours and sizes, often imprinted with a picture or symbol. MDMA is also found in capsule, powder and crystal form. While MDMA is most commonly ingested, it can also be snorted, inhaled and injected (ADF 2018a; ADF 2018b; EMCDDA 2019; Degenhardt & Hall 2010).

INTERNATIONAL TRENDS

The weight of ATS seized globally continues to increase, from 205 tonnes in 2015 to 247 tonnes in 2016. Methylamphetamine comprised the majority of these ATS seizures, with the weight of methylamphetamine seized globally increasing by 12.0 per cent in 2016 (to 158 tonnes). Increases were also recorded in the weight of amphetamine (35.0 per cent) and ecstasy (37.0 per cent) seized in 2016, weighing 70 tonnes and 14 tonnes respectively (UNODC 2018).

North America (including Mexico) and East and South-East Asia remained the two primary regions worldwide for methylamphetamine seizures. A total of 87 tonnes of methylamphetamine was seized in North America in 2016 and close to 61 tonnes was seized in East and South-East Asia. Since 2013, crystal methylamphetamine has become particularly prevalent in these two regions: East and South-East Asia recorded a tripling in the weight of crystal methylamphetamine seized between 2013 and 2016 (reaching 30 tonnes), while in North America, the weight of methylamphetamine seized increased from 30 to 52 tonnes over the same period. The weight of amphetamine seized in the regions of the Near and Middle East and South-West Asia more than doubled (increasing from 20 tonnes in 2015 to 46 tonnes in 2016) and accounted for 65.0 per cent of the weight of amphetamine seized globally in 2016. A regional breakdown for ecstasy seizures was not available (UNODC 2018).

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

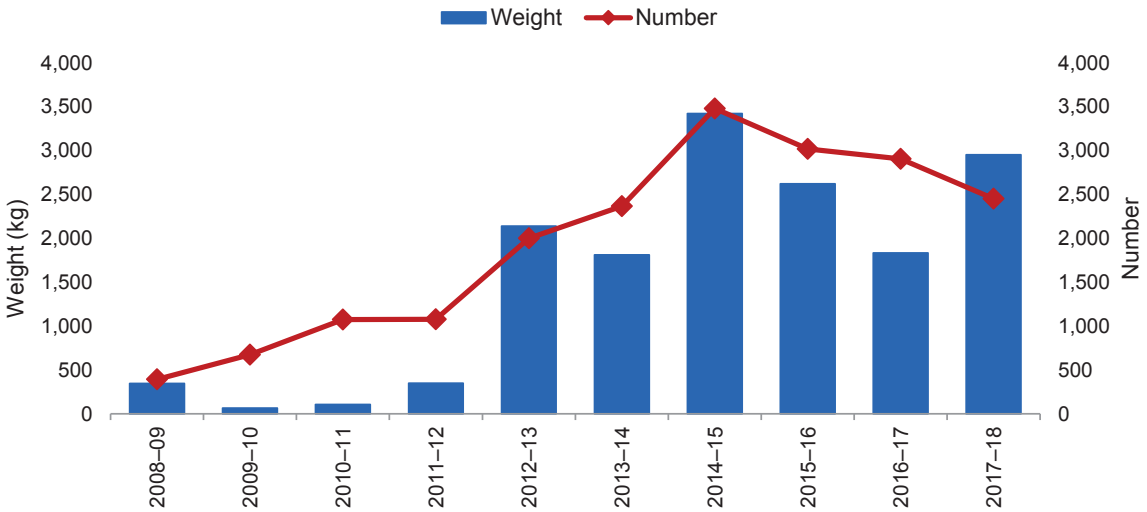
According to the World Customs Organization (WCO), methylamphetamine accounted for the greatest proportion of seizures, both by number and weight, within the 'psychotropic substances' category. The number of methylamphetamine seizures reported by WCO agencies increased 22.0 per cent, from 2,422 in 2016 to 2,956 in 2017. While the specific weight of methylamphetamine seized in 2016 is not available, the weight of methylamphetamine seized increased in 2017 to 36,464.6 kilograms. WCO agencies reported a decrease in the number of MDMA seizures in 2017 (to 2,590), while the weight of MDMA seized increased (to 3,298.5 kilograms). The number of amphetamine seizures reported by WCO agencies increased in 2017 (to 1,368), while there was a small decrease in the weight of amphetamine seized (weight not specified; WCO 2018).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

Large quantities of ATS, particularly methylamphetamine, continue to be detected at the Australian border. The number of ATS (excluding MDMA) detections decreased 15.6 per cent this reporting period, from 2,905 in 2016–17 to 2,451 in 2017–18. The weight detected increased 61.0 per cent this reporting period, from 1,833.9 kilograms in 2016–17 to 2,952.4 kilograms in 2017–18 (the second highest on record, see Figure 1). In 2017–18, 168 ATS (excluding MDMA) detections (or 6.9 per cent), weighed one kilogram or more. With a combined weight of 2,837.7 kilograms, these 168 detections account for 96.1 per cent of the weight of ATS (excluding MDMA) detected in 2017–18.[19]

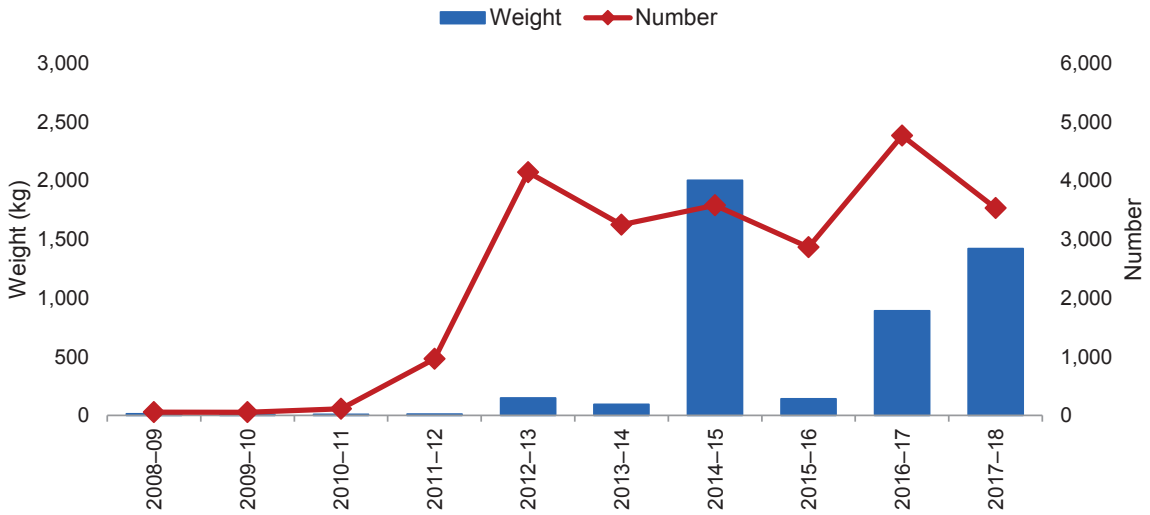
FIGURE 1: Number and weight of ATS (excluding MDMA) detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



19 See Appendix 1 for significant border detections of ATS (excluding MDMA) in 2017–18.

The number of MDMA detections at the Australian border decreased 25.9 per cent this reporting period, from 4,763 in 2016–17 to 3,530 in 2017–18. The weight of MDMA detected this reporting period increased 59.6 per cent, from 890.2 kilograms in 2016–17 to 1,420.8 kilograms in 2017–18 (the second highest weight detected in the past decade, see Figure 2). In 2017–18, 92 MDMA detections (or 2.6 per cent), weighed one kilogram or more. With a combined weight of 1,328.4 kilograms, these 92 detections account for 93.5 per cent of the weight of MDMA detected in 2017–18.[20]

FIGURE 2: Number and weight of MDMA detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



IMPORTATION METHODS

In 2017–18, detections of ATS (excluding MDMA) occurred in the international mail, air cargo and sea cargo, and air passenger/crew streams. This reporting period the international mail stream accounted for 87.1 per cent of the number ATS (excluding MDMA) detections at the Australian border, followed by air cargo (11.5 per cent), air passenger/crew (1.1 per cent) and sea cargo (0.2 per cent). By weight, sea cargo accounted for the greatest proportion of ATS (excluding MDMA) detected at the Australian border (63.9 per cent), followed by air cargo (27.0 per cent), international mail (8.2 per cent) and air passenger/crew (0.8 per cent).[21]

In 2017–18, MDMA detections at the Australian border occurred in the international mail, air passenger/crew, air cargo and sea cargo streams. This reporting period the international mail stream accounted for the greatest proportion of the number of MDMA detections at the Australian border (98.9 per cent), followed by air cargo (0.7 per cent), air passenger/crew (0.4 per cent) and sea cargo (0.1 per cent). By weight, the air cargo stream accounted for the greatest proportion of MDMA detected at the Australian border (72.4 per cent), followed by international mail (21.1 per cent), sea cargo (6.4 per cent) and air cargo (<0.1 per cent).[22]

20 See Appendix 1 for significant border detections of MDMA in 2017–18.
21 Figures for importation methods of ATS (excluding MDMA) detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
22 Figures for importation methods of MDMA detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

EMBARKATION POINTS

In 2017–18, 50 countries were identified as embarkation points for ATS (excluding MDMA) detected at the Australian border, compared with 52 countries in 2016–17. By weight, the United States (US) continued to be the primary embarkation point for ATS (excluding MDMA) detected in 2017–18. Other key embarkation points by weight this reporting period include Thailand, Malaysia, United Arab Emirates, Canada, China (including Hong Kong), Mexico, Lebanon, Vietnam and India.

In 2017–18, 32 countries were identified as embarkation points for MDMA detected at the Australian border, compared with 28 countries in 2016–17. By weight, the Netherlands was the primary embarkation point for MDMA detected in 2017–18. Other key embarkation points by weight this reporting period include Germany, France, Spain, the United Kingdom, Belgium, China, Austria, Switzerland and Italy.

DRUG PROFILING

METHYLAMPHETAMINE

The Australian Federal Police (AFP) Forensic Drug Intelligence (FDI) team operates a forensic drug profiling capability through the National Measurement Institute (NMI), which enables the identification of the synthetic route of synthesis for samples of methylamphetamine submitted from seizures made at the Australian border. The capability also allows for comparisons within and between seizures to identify distinct batches of drugs, the origin of drugs, or to demonstrate links between groups involved in illicit drug manufacture or trafficking. The following data relate to seizures investigated by the AFP between 2010 and June 2018 from which samples were submitted to the NMI for routine analysis and profiling.[23]

Consistent with previous reporting periods, ephedrine/pseudoephedrine (Eph/PSE) remain the dominant precursors for methylamphetamine seized at the Australian border, however, the weight of methylamphetamine manufactured from P2P (1-phenyl-2-propanone) increased in the first six months of 2018 (see Tables 1 and 2).

- In 2017, 115 methylamphetamine seizures, representing a bulk weight of 3.7 tonnes, were sent to NMI for analysis.
- In 2017, 1.1 tonnes of methylamphetamine manufactured from Eph/PSE was seized during Operation LIGAR. This was the largest AFP seizure of methylamphetamine on record and accounted for over 30.0 per cent of the total bulk weight analysed in 2017.
- During the first six months of 2018 there were 27 seizures of methylamphetamine, weighing over 1.6 tonnes.

23 Profiling data relate to seizures investigated by the AFP between 2010 to June 2018, and from which samples were submitted to the National Measurement Institute (NMI) for routine analysis and profiling. For all reporting years, the data represent a snapshot across the applicable reporting period. These figures cannot reflect seizures that have not been submitted for forensic examination due to prioritisation of law enforcement resources or those that have passed through the border undetected. Certain seizures/samples, such as those containing swabs or trace material, have been omitted from the analysis as they are not amenable to chemical profiling. It is difficult to extrapolate the impact of any observed border trends on drugs reaching consumers i.e. street level seizures in Australia. Samples from selected state and territory jurisdictions are submitted for chemical profiling as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project.

- On the basis of the number of seizures, data for the first six months of 2018 show a continuation of the Eph/PSE trend for methylamphetamine manufacture, while P2P has proven the dominant precursor on the basis of bulk weight. A single large seizure made in 2018, which was manufactured from P2P, accounted for 95.6 per cent of the bulk weight. This highlights the impact one large seizure can have on the overall picture for methamphetamine production in Australia, which should be taken into consideration when interpreting these trends.

TABLE 1: Synthetic route of manufacture of methylamphetamine samples as a proportion of analysed AFP border seizures classified by precursor, 2010–June 2018 (Source: Australian Federal Police, Forensic Drug Intelligence)[24,25]

	Synthetic Route		
Year	Eph/PSE %	P2P %	Mixed/Unclassified %
Jan–Jun 2018	59.3	25.9	14.8
2017	52.6	36.9	10.5
2016	81.9	7.0	11.1
2015	77.0	18.6	4.4
2014	77.9	13.8	8.3
2013	66.9	23.2	9.9
2012	71.8	19.1	9.1
2011	56.8	13.6	29.6
2010	80.4	5.9	13.7

TABLE 2: Synthetic route of manufacture of methylamphetamine samples as a proportion of total bulk weight of analysed AFP border seizures classified by precursor, 2010–June 2018 (Source: Australian Federal Police, Forensic Drug Intelligence)[24,25]

	Synthetic Route		
Year	Eph/PSE %	P2P %	Mixed/Unclassified %
Jan–Jun 2018	35.7	64.3	<0.0
2017	70.2	28.4	1.4
2016	63.4	1.7	34.9
2015	65.7	29.4	4.9
2014	48.0	5.5	46.5
2013	76.4	14.7	8.9
2012	72.2	27.8	–
2011	35.6	62.8	1.6
2010	48.5	1.8	49.7

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

25 It should be noted that single seizures involving a mixture of both P2P and Eph/PSE samples are listed under the 'Mixed/Unclassified' category in Table 1. However, when classifying by weight, the bulk weight of these seizures is separated and attributed to the relevant precursor. As such, the Mixed/Unclassified category in Table 2 only includes the weight of samples that could not be attributed to either P2P or Eph/PSE. As the 2017 reporting period was the first year FDI employed this method of classification, no conclusions should be drawn from the notable decrease between the 2017 and 2016 figures in Table 2.

The Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project extends this profiling to include state and territory seizures involving heroin, methylamphetamine and cocaine. This enables detection of similarities between supply routes into different jurisdictions, links between different criminal groups, as well as comparison of trends between jurisdictions. The Proceeds of Crime Act (POCA) funded ENIPID project officially concluded on 30 June 2016. Since then, the ENIPID capability has been integrated into core AFP FDI duties to ensure its continued delivery through AFP Forensics.

Consistent with AFP border data and previous reporting periods, Eph/PSE remain the dominant precursors for methylamphetamine seized by jurisdictions and submitted to the ENIPID project.[26]

- ENIPID data for the first six months of 2018 continue to reflect AFP border data, noting a considerable increase in P2P-based methylamphetamine samples (see Tables 1 and 2 in Appendix 2).

MDMA

Due to changes in the Memorandum of Understanding between the NMI and the AFP, since November 2016 MDMA is no longer routinely chemically profiled. Historical forensic profiling data for MDMA is available in previous Illicit Drug Data Reports.

DOMESTIC MARKET INDICATORS

No single data set provides a comprehensive picture of illicit drugs, or the Australian illicit drug market. Each has benefits and limitations, and it is only through the layering of multiple data that we are able to enhance our understanding of the extent of the supply and demand trends in Australia's illicit drug markets.

AMPHETAMINES

The National Drug Strategy Household Survey (NDSHS) collects self-report information on alcohol, tobacco and illicit drug use among the general population and also surveys people's attitudes and perceptions in relation to these. Conducted approximately every three years, the related report presents estimates derived from survey responses weighted to the appropriate Australian population. According to the 2016 NDSHS:

- The proportion of the Australian population aged 14 years or older who reported having used meth/amphetamine at least once in their lifetime decreased, from 7.0 per cent in 2013 to 6.3 per cent in 2016.
- The proportion of the Australian population aged 14 years or older who reported having recently[27] used meth/amphetamine decreased, from 2.1 per cent in 2013 to 1.4 per cent in 2016.
- The proportion of respondents who reported recent meth/amphetamine use at least once a week increased from 15.5 per cent in 2013 to 20.4 per cent in 2016.

26 Low numbers of ENIPID samples were collected and analysed for Western Australia in 2017–18. As a result, consideration should be given when drawing conclusions on national trends from Appendix 2 (Tables 1 and 2).
27 In the NDSHS, recent use refers to reported use in the previous 12 months.

- Crystal/ice remained the main form of methylamphetamine reportedly used in the last 12 months, increasing from 50.4 per cent in 2013 to 57.3 per cent in 2016.
  - The proportion of respondents reporting powder/speed as the main form used continued to decrease, from 28.5 per cent in 2013 to 20.2 per cent in 2016 (AIHW 2017).

The National Wastewater Drug Monitoring Program (NWDMP) collects wastewater samples every two months in capital city sites and every four months in regional sites. Aimed at acquiring data on the population-scale use of substances causing potential harm, the program provides a measure of the consumption of 12 illicit and licit drugs.[28] According to data from the NWDMP:

- Of all the substances tested by the program, methylamphetamine remains the most consumed illicit drug by a large margin.
- The population-weighted average consumption of methylamphetamine increased when comparing data from August 2017 and August 2018.
- Using data derived from the NWDMP, the ACIC estimates more than 9.8 tonnes of methylamphetamine is consumed in Australia each year, with the estimated weight of methylamphetamine consumed nationally increasing from the first to the second year of the program (ACIC 2019).

The below data reflect drug use within sentinel groups. As such, they are not representative of all people who use drugs, or drug use in the general population. However, they provide valuable insight into patterns of drug use and market trends and can assist in the identification of emerging issues that require further monitoring.

The Illicit Drug Reporting System (IDRS) collects self-report information on drug use and related harms annually from individuals in Australian capital cities who regularly inject drugs. According to the national study of injecting drug users:

- The proportion of respondents reporting methylamphetamine as their drug of choice increased, from 32.0 per cent in 2017 to 35.0 per cent in 2018.
- While heroin remains the reported drug of choice within this population, in 2018 methylamphetamine was reported as the drug injected most often in the last month.
- The proportion of respondents reporting the recent use[29] of any form of methylamphetamine increased, from 71.0 per cent in 2017 to 77.0 per cent in 2018.
- The reported median number of days of any form of methylamphetamine use in the six months preceding interview increased, from 38 days in 2017 to 48 days in 2018.[30]
- The proportion of respondents reporting the recent use of crystal methylamphetamine increased, from 68.0 per cent in 2017 to 75.0 per cent in 2018.

28 The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.
29 In both the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.
30 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

- The proportion of respondents reporting the recent use of speed[31] in 2018 remained unchanged from 20.0 per cent in 2017.
- The proportion of respondents reporting the recent use of methylamphetamine base decreased, from 10.0 per cent in 2017 to 7.0 per cent in 2018 (Peacock et al. 2018a).

The Ecstasy and Related Drugs Reporting System (EDRS) collects self-report information on drug use and related harms annually from individuals in Australian capital cities who regularly use ecstasy and other stimulants. According to the national study of regular ecstasy users:

- The proportion of respondents reporting the recent use of any form of methylamphetamine increased, from 31.0 per cent in 2017 to 32.0 per cent in 2018.
- The reported median number of days of any form of methylamphetamine use in the six months preceding interview increased, from 3 days in 2017 to 4 days in 2018.[32]
- While speed remained the most common form of methylamphetamine used within this user population, the proportion of respondents reporting the recent use of speed decreased, from 22.0 per cent in 2017 to 21.0 per cent in 2018.
- The proportion of respondents reporting the recent use of crystal methylamphetamine increased, from 13.0 per cent in 2017 to 17.0 per cent in 2018.
- The proportion of respondents reporting the recent use of base increased, from 3.0 per cent in 2017 to 4.0 per cent in 2018 (Peacock et al. 2018b).

The Australian Needle and Syringe Program Survey (ANSPS) collects self-report information and capillary blood samples[33] annually to monitor blood borne viral infections and associated risk behaviour among individuals who inject drugs. According to the ANSPS National Data Report 2013–17, methylamphetamine (41.0 per cent) continued to exceed heroin (30.0 per cent) as the most commonly reported drug last injected in 2017 (Heard et al. 2018).

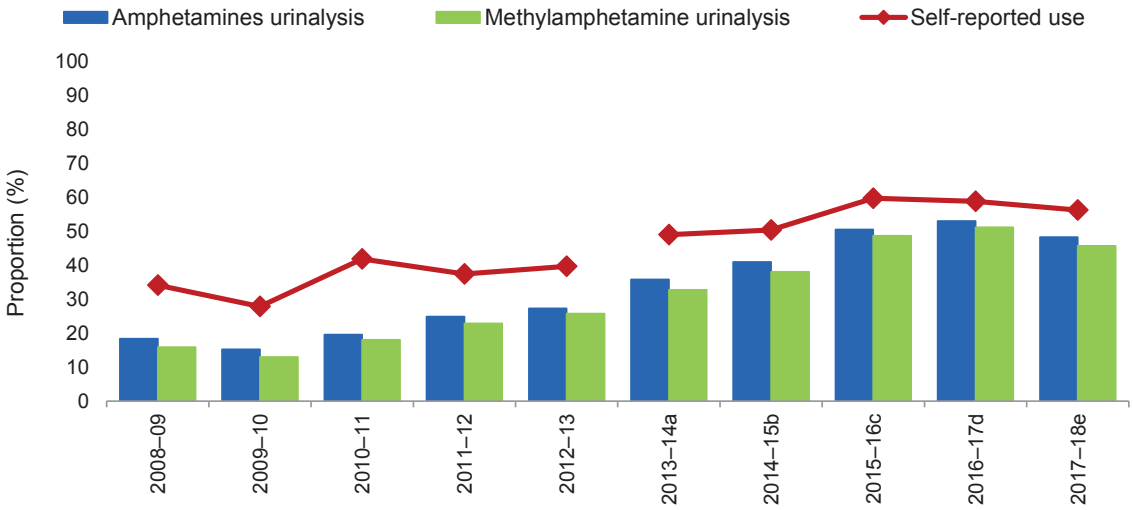
The Drug Use Monitoring in Australia (DUMA) program collects criminal justice and drug use information on a quarterly basis from police detainees and comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.[34] According to data from the DUMA program:

- The proportion of detainees testing positive[35] for amphetamines[36] decreased, from 52.9 per cent in 2016–17 to 48.2 per cent in 2017–18.
- Of the detainees testing positive for any amphetamines, the majority tested positive for methylamphetamine.
- The proportion of detainees testing positive for methylamphetamine continues to be higher than the proportion of detainees testing positive for MDMA, heroin, cocaine, benzodiazepines and opiates (excluding heroin).

31 The term speed refers to methylamphetamine in powder form and is used in only this instance for consistency with the IDRS and EDRS studies.
32 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
33 Individuals participating in the survey are invited to provide a blood sample for HIV and HCV antibody testing.
34 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
35 Amphetamines and their metabolites can be detected in urine up to 2 to 4 days after administration.
36 Amphetamines in the DUMA program include results for methylamphetamine, MDMA and other amphetamines.

- Following seven consecutive increases in the proportion of detainees testing positive to methylamphetamine, the proportion of detainees testing positive for methylamphetamine decreased this reporting period, from 51.3 per cent in 2016–17 to 45.6 per cent in 2017–18.
- In 2017–18, 56.2 per cent of detainees self-reported recent[37] methylamphetamine use, a decrease from the 58.7 per cent reported in 2016–17 (see Figure 3).

FIGURE 3: National proportion of detainees testing positive for amphetamines/ methylamphetamine compared with self-reported recent use, 2008–09 to 2017–18[38] (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.
e. Urine was collected in the third quarter of 2017 in Adelaide, Brisbane and Perth; the fourth quarter of 2017 in Bankstown; and the first quarter of 2018 in Adelaide, Brisbane, Perth and Surry Hills.

The Australian Secondary Students Alcohol and Drug Survey (ASSAD) collects self-report information on alcohol, tobacco, over-the-counter drugs and illicit substance use among Australian secondary school students (aged 12 to 17) and is conducted every three years. According to the 2017 ASSAD survey:

- 2.0 per cent of respondents reported having used methylamphetamine at least once in their lifetime.
- 1.0 per cent of respondents reported having used methylamphetamine in the past month (Guerin & White 2018).[39]

37 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.
38 From 2013–14, the self-report question changed from including 'amphetamine/speed/methylamphetamine' to 'methylamphetamine/speed/ice.'
39 Due to changes in the related questionnaire, data specific to methylamphetamine is not available for previous reporting periods, which previously focused on amphetamines. Reported amphetamines use data for both recent and use in lifetime in 2014 was 1.0 per cent and 2.0 per cent respectively.

MDMA

According to the 2016 NDSHS:

- The proportion of the Australian population aged 14 years or older who reported having used ecstasy at least once in their lifetime increased, from 10.9 per cent in 2013 to 11.2 per cent in 2016.
- The proportion of the Australian population aged 14 years or older who reported having recently used ecstasy decreased, from 2.5 per cent in 2013 to 2.2 per cent in 2016.

According to the NWDMP:

- With the exception of new psychoactive substances, MDMA was consistently the lowest consumed substance of those tested nationally.
- The population-weighted average consumption of MDMA increased when comparing data from August 2017 and August 2018.
- Using data derived from the NWDMP, the ACIC estimates more than 1.1 tonnes of MDMA is consumed in Australia each year, with the estimated weight of MDMA consumed nationally deceasing from the first to the second year of the program (ACIC 2019).

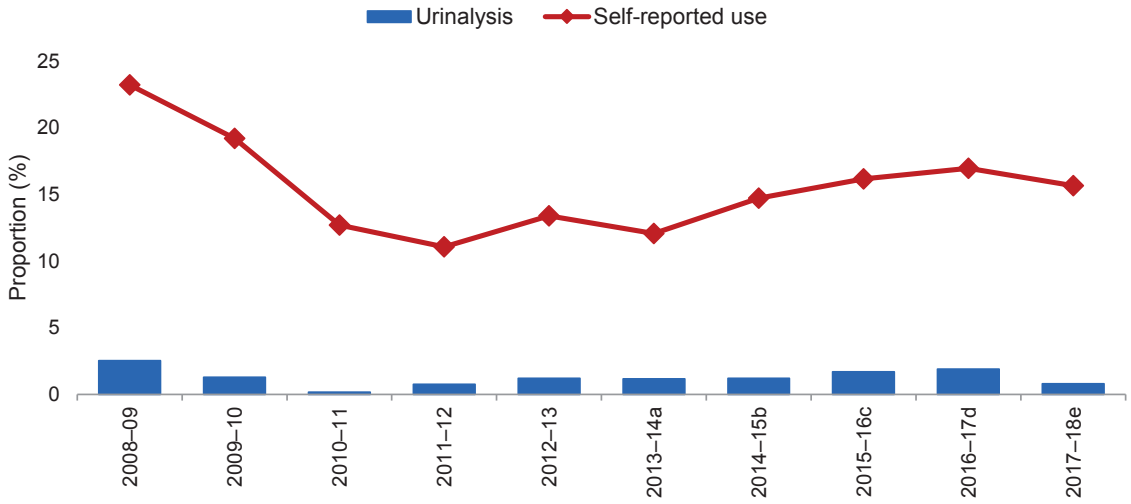
According to the EDRS study:

- The reported median days of any ecstasy use in the six months preceding interview decreased, from 14 days in 2017 to 12 days in 2018.
- Within this user population, the proportion of respondents reporting the recent use of tablets decreased, from 78.0 per cent in 2017 to 75.0 per cent in 2018.
- The proportion of respondents reporting the recent use of crystals decreased, from 67.0 per cent in 2017 to 62.0 per cent in 2018.
- The proportion of respondents reporting the recent use of capsules increased, from 71.0 per cent in 2017 to 72.0 per cent in 2018.
- The proportion of respondents reporting the recent use of powder increased, from 30.0 per cent in 2017 to 31.0 per cent in 2018.
- Within this user population, the proportion reporting ecstasy as their drug of choice remained stable at 36.0 per cent in 2018 (Peacock et al. 2018b).

According to data from the DUMA program:

- Following three consecutive increases in the proportion of detainees testing positive to MDMA, the proportion of detainees testing positive to MDMA decreased this reporting period, from 2.0 per cent in 2016–17 to 0.8 per cent in 2017–18.
- Following three consecutive increases in the proportion of detainees self-reporting recent MDMA use, the proportion of detainees self-reporting MDMA use decreased this reporting period, from 16.9 per cent in 2016–17 to 15.6 per cent in 2017–18 (see Figure 4).

FIGURE 4: National proportion of detainees testing positive for MDMA compared with self-reported recent use, 2008–09 to 2017–18 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.
e. Urine was collected in the third quarter of 2017 in Adelaide, Brisbane and Perth; the fourth quarter of 2017 in Bankstown; and the first quarter of 2018 in Adelaide, Brisbane, Perth and Surry Hills.

According to data from the ASSAD survey:

- The proportion of respondents who reported having used ecstasy at least once in their lifetime increased, from 3.0 per cent in 2014 to 5.0 per cent in 2017.
- The proportion of respondents who reported having used ecstasy at least once in the past month increased, from 1.0 per cent in 2014 to 2.0 per cent in 2017 (Guerin & White 2018).

CLANDESTINE LABORATORIES

The number of clandestine laboratories detected nationally decreased 6.7 per cent this reporting period, from 463 in 2016–17 to 432 in 2017–18. Methylamphetamine remains the main drug produced in clandestine laboratories detected nationally. The number of laboratories detected producing MDMA more than doubled, from 8 in 2016–17 to 20 in 2017–18 (see *Clandestine laboratories and precursors* chapter).

PRICE

Nationally, the price for a street deal (0.1 grams) of amphetamine ranged between $30 and $100 in 2017–18, compared with a price range of $50 to $500 in 2016–17 (reported in Western Australia and Tasmania). Nationally, the price for 1 gram of amphetamine ranged between $200 and $1,000 in 2017–18, compared with a price range of $200 to $300 in 2016–17 (reported in Tasmania and the Australian Capital Territory). Queensland was the only jurisdiction to report a price for 1 kilogram of amphetamine in 2017–18, which ranged between $70,000 and $120,000.

Queensland was the only jurisdiction to report price data for non-crystal methylamphetamine this reporting period. The price for a street deal (0.1 grams) of non-crystal methylamphetamine ranged between $50 and $100 in 2017–18, identical to the price range reported in Queensland in 2016–17. The price for 1 gram of non-crystal methylamphetamine ranged between $250 and $550 in 2017–18, compared to a price range of $300 to $1,000 in 2016–17 (reported in Queensland).

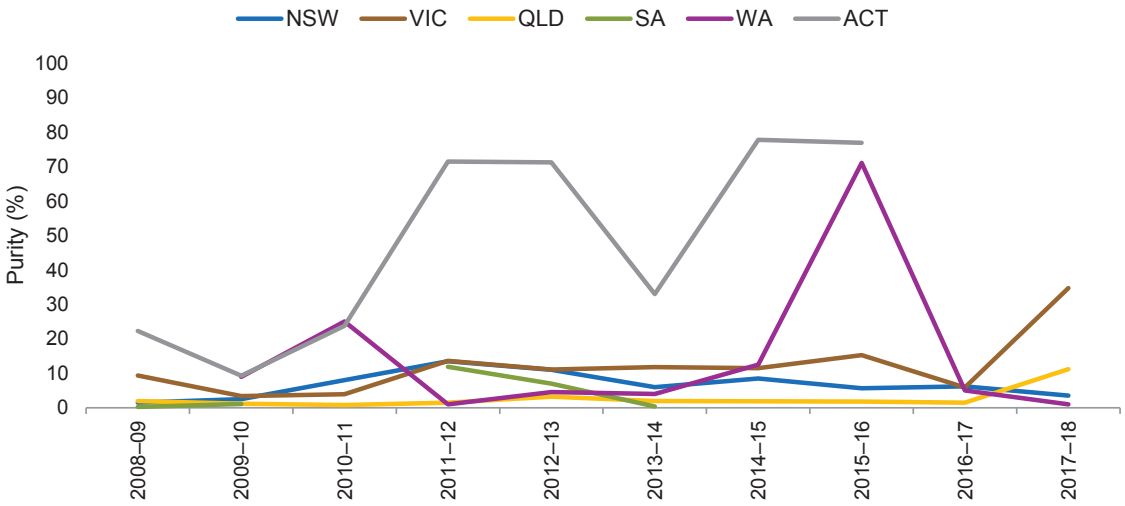
Nationally, the price for a street deal (0.1 grams) of crystal methylamphetamine ranged between $20 and $100 in 2017–18, compared with a price range of $17 to $150 in 2016–17. Nationally, the price for 1 gram of crystal methylamphetamine ranged between $150 and $1,000 in 2017–18, compared to a price range of $250 to $1,000 in 2016–17. Nationally, the price for 1 kilogram of crystal methylamphetamine ranged between $75,000 and $300,000 in 2017–18, compared to a price range of $50,000 to $280,000 in 2016–17.

Nationally, the price for a single MDMA tablet/capsule ranged between $15 and $45 in 2017–18, compared with a price range of $4 to $50 in 2016–17. Nationally, the price for 1 gram of MDMA powder ranged between $100 and $300 in 2017–18, compared with a price range of $96 to $500 in 2016–17. Nationally, the price for 1 kilogram of MDMA ranged between $37,000 and $80,000 in 2017–18, compared with a price range of $30,000 to $60,000 in 2016–17.

PURITY

Since 2008–09, the annual median purity of analysed amphetamine[40] samples has ranged between less than 1.0 per cent and 77.7 per cent (see Figure 5). In 2017–18, the annual median purity ranged from 1.0 per cent in Western Australia to 34.7 per cent in Victoria. This reporting period Victoria and Queensland reported an increase in the annual median purity of amphetamine, while New South Wales and Western Australia reported a decrease. In 2017–18, the quarterly median purity of amphetamine ranged between less than 1.0 per cent in Queensland in the third quarter of 2017 and 45.0 per cent in the first quarter of 2018 in Victoria.[41]

FIGURE 5: Annual median purity of amphetamine samples, 2008–09 to 2017–18

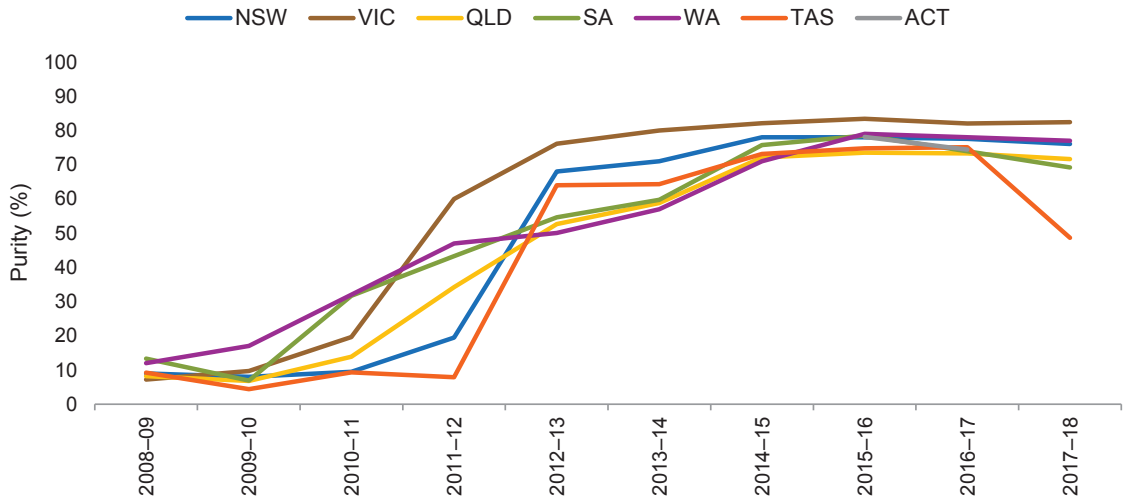


40 Amphetamine is a manufacturing by-product of some commonly used methods of methylamphetamine production. This can result in two separate purity figures for a single drug sample—one for methylamphetamine with considerable purity and another for amphetamine with low purity.

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

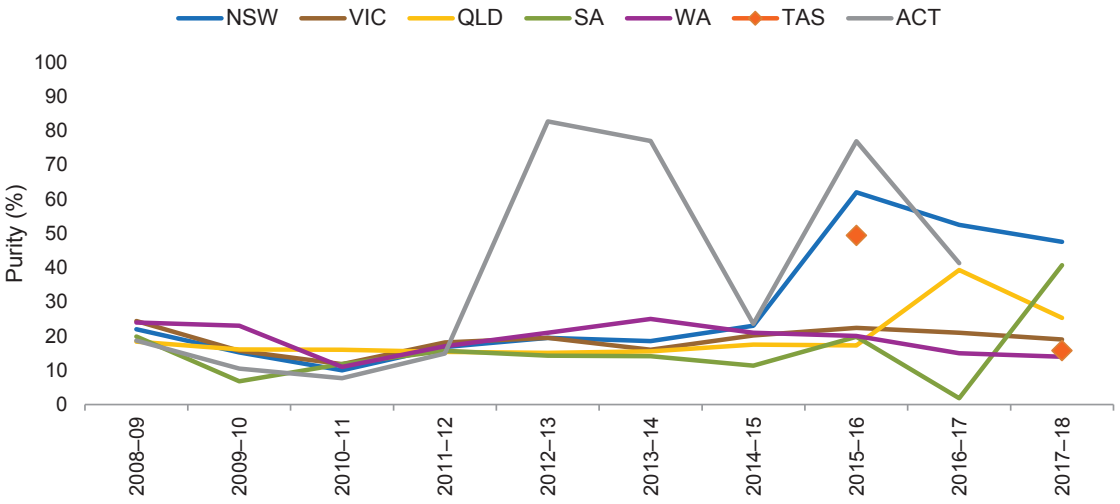
Since 2008–09, the annual median purity of analysed methylamphetamine samples has ranged between 4.4 per cent and 83.4 per cent (see Figure 6). In 2017–18, the annual median purity ranged from 48.6 per cent in Tasmania to 82.4 per cent in Victoria. With the exception of Victoria, where the annual median purity of methylamphetamine has remained relatively stable, all states reported a decrease in annual median purity this reporting period. In 2017–18, the quarterly median purity of methylamphetamine ranged between 45.0 per cent in the fourth quarter of 2017 in Tasmania and 83.1 per cent in the second quarter of 2018 in Victoria.[42]

FIGURE 6: Annual median purity of methylamphetamine samples, 2008–09 to 2017–18



Since 2008–09, the annual median purity of analysed phenethylamine[43] samples has ranged between 1.8 per cent and 82.7 per cent (see Figure 7). In 2017–18, the annual median purity of phenethylamine ranged from 14.0 per cent in Western Australia to 47.5 per cent in New South Wales. With the exception of South Australia, which reported an increase in median phenethylamine purity, all states reported a decrease in annual median purity this reporting period. In 2017–18, the quarterly median purity of phenethylamine ranged between 5.2 per cent in Tasmania in the second quarter of 2018 and 68.0 per cent in New South Wales in the fourth quarter of 2017.[44]

FIGURE 7: Annual median purity of phenethylamine samples, 2008–09 to 2017–18



42 A figure for this data will be available on the Crime Statistics Australia website. See <http://www.crimestats.aic.gov.au/IDDR/>.
43 Phenethylamines are synthetic drugs similar in composition to amphetamines. The most widely known phenethylamine is MDMA.
44 A figure for this data will be available on the Crime Statistics Australia website. See <http://www.crimestats.aic.gov.au/IDDR/>.

AVAILABILITY

In a 2018 national study of regular injecting drug users, the proportion of respondents reporting crystal methylamphetamine as easy or very easy to obtain decreased, from 95.0 per cent in 2017 to 94.0 per cent in 2018. The proportion of respondents reporting speed as easy or very easy to obtain increased, from 72.0 per cent in 2017 to 81.0 per cent in 2018. The proportion of respondents reporting base as easy or very easy to obtain increased, from 68.0 per cent in 2017 to 69.0 per cent in 2018 (Peacock et al. 2018a).

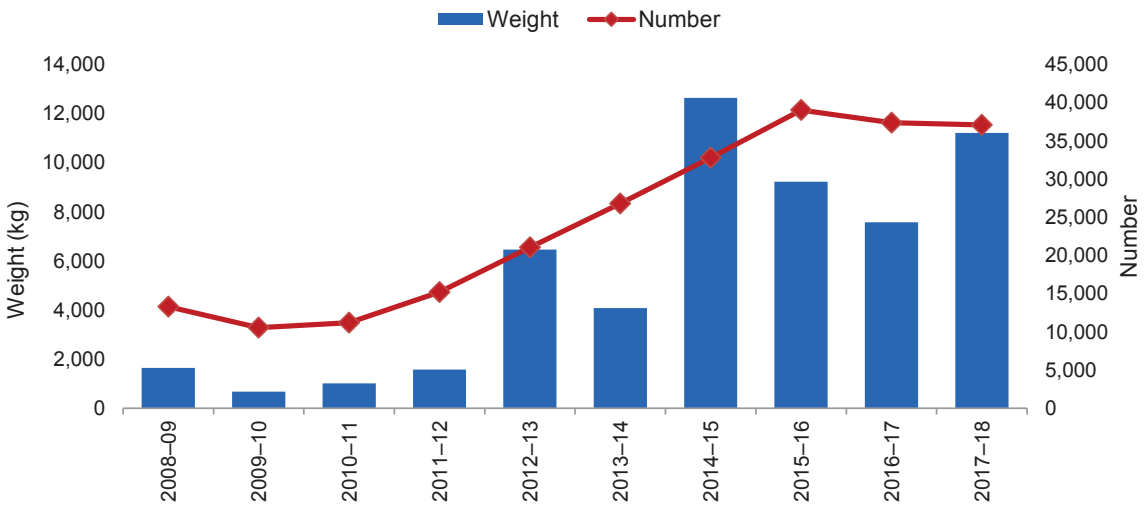
In a 2018 national study of regular ecstasy users, the proportion of respondents reporting crystal methylamphetamine as easy or very easy to obtain increased, from 90.0 per cent in 2017 to 94.0 per cent in 2018. The proportion of respondents reporting speed as easy or very easy to obtain remained stable at 65.0 per cent in 2017 and 2018 (Peacock et al. 2018b).

In the same 2018 study, the proportion of respondents reporting ecstasy tablets, powder, capsules and crystal as easy or very easy to obtain decreased from 88.0 per cent (tablets), 70.0 per cent (powder), 86.0 per cent (capsules) and 78.0 per cent (crystal) in 2017 to 83.0 per cent (tablets), 68.0 per cent (powder), 85.0 per cent (capsules) and 74.0 per cent (crystal) in 2018 (Peacock et al. 2018b).

SEIZURES AND ARRESTS

The number of national ATS seizures remained relatively stable this reporting period, with the 37,093 seizures in 2017–18 the third highest number on record. The weight of ATS seized nationally increased 48.0 per cent this reporting period, from 7,571.9 kilograms in 2016–17 to 11,205.2 kilograms in 2017–18 and is the second highest weight on record (see Figure 8).

FIGURE 8: National ATS seizures, by number and weight, 2008–09 to 2017–18



Western Australia reported the greatest percentage increase in both the number and weight of ATS seized this reporting period. New South Wales accounted for the greatest proportion of both the number (33.9 per cent) and weight (74.2 per cent) of national ATS seizures in 2017–18 (see Table 3).

TABLE 3: Number, weight and percentage change of national ATS seizures, 2016–17 and 2017–18

	Number			Weight (grams)		
State/Territory[a]	2016–17	2017–18	% change	2016–17	2017–18	% change
New South Wales	13,787	12,582	-8.7	4,780,255	8,315,935	74.0
Victoria	2,355	2,364	0.4	2,388,794	254,642	-89.3
Queensland	8,421	8,440	0.2	229,486	944,919	311.8
South Australia	1,143	912	-20.2	39,785	31,513	-20.8
Western Australia[b]	9,872	11,295	14.4	118,906	1,642,992[c]	1,281.8
Tasmania	650	613	-5.7	4,875	3,913	-19.7
Northern Territory	543	444	-18.2	5,231	7,014	34.1
Australian Capital Territory	580	443	-23.6	4,657	4,337	-6.9
Total	**37,351**	**37,093**	**-0.7**	**7,571,989**	**11,205,265**	**48.0**

a. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.
c. The majority of the weight of ATS seized in Western Australia in 2017–18 relates to a single significant methylamphetamine seizure.

Amphetamines[45] accounted for 84.1 per cent of the number of national ATS seizures in 2017–18, followed by MDMA (15.4 per cent) and other ATS (0.5 per cent). The number of national amphetamines seizures increased 2.3 per cent this reporting period, from 30,513 in 2016–17 to 31,204 in 2017–18. The number of national MDMA seizures decreased 12.7 per cent this reporting period, from 6,550 in 2016–17 to 5,719 in 2017–18, with the number of other ATS seizures decreasing 41.0 per cent this reporting period, from 288 in 2016–17 to 170 in 2017–18. ATS seizures in crystalline form accounted for 69.5 per cent of the number of national seizures in 2017–18, followed by other[46] (14.4 per cent), powder (10.2 per cent) and tablet (6.0 per cent).[47]

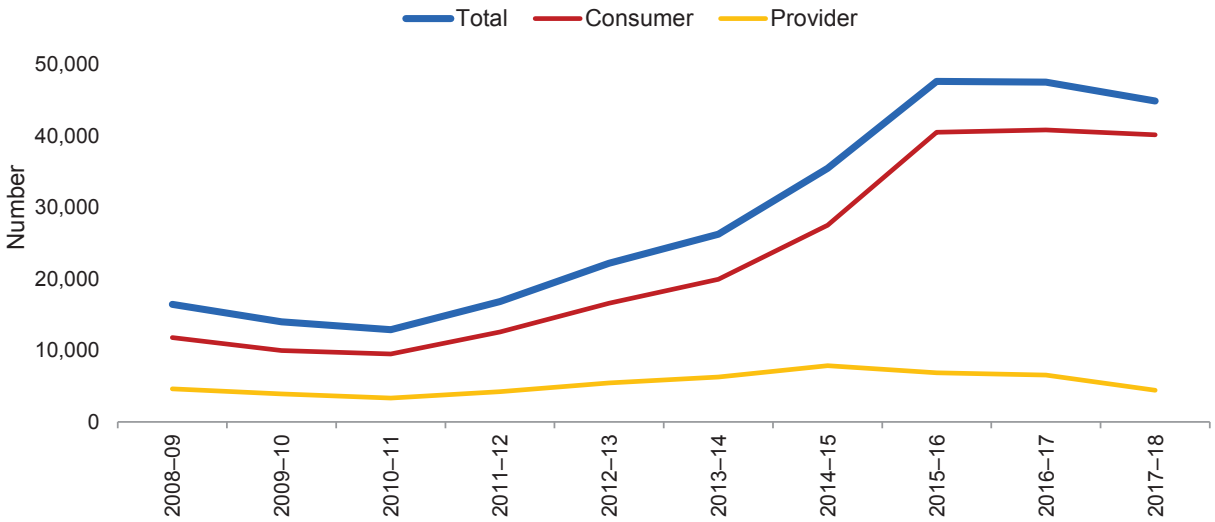
Amphetamines accounted for 45.2 per cent of the weight of ATS seized nationally in 2017–18, followed by other ATS (36.7 per cent) and MDMA (18.1 per cent). The weight of amphetamines seized increased 32.6 per cent this reporting period, from 3,821.0 kilograms in 2016–17 to 5,064.9 kilograms in 2017–18. The weight of MDMA seized increased 42.5 per cent this reporting period, from 1,426.7 kilograms in 2016–17 to 2,033.0 kilograms in 2017–18, with the weight of other ATS seized increasing 76.7 per cent this reporting period, from 2,324.1 kilograms in 2016–17 to 4,107.2 kilograms in 2017–18. ATS seizures in crystalline form accounted for the greatest proportion of the weight of ATS seized nationally in 2017–18 (47.8 per cent), followed by other (42.7 per cent), tablet (5.2 per cent) and powder (4.3 per cent).[48]

The number of national ATS arrests decreased 5.6 per cent this reporting period, from 47,531 in 2016–17 to 44,887 in 2017–18. Consumer arrests continue to account for the greatest proportion of arrests, comprising 90.0 per cent of national ATS arrests in 2017–18 (see Figure 9).

45 Amphetamines include amphetamine, methylamphetamine, dexamphetamine and amphetamines not elsewhere classified.
46 In relation to ATS drug form, the category of 'other' reflects drug forms other than crystalline, powder or tablet and includes seizures for which the drug form was not known or inadequately described.
47 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
48 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

All states and territories reported more ATS consumer than provider arrests this reporting period. Amphetamines continue to account for the greatest proportion of National ATS arrests, accounting for 87.0 per cent in 2017–18, followed by MDMA (12.8 per cent) and other ATS (0.2 per cent).[49] The number of national amphetamines arrests decreased 4.6 per cent this reporting period, from 40,961 in 2016–17 to 39,065 in 2017–18. The number of MDMA arrests decreased 10.7 per cent, from 6,424 in 2016–17 to 5,739 in 2017–18. The number of other ATS arrests decreased 43.2 per cent, from 146 in 2016–17 to 83 in 2017–18.

FIGURE 9: Number of national ATS arrests, 2008–09 to 2017–18



Tasmania reported the greatest percentage increase in the number of ATS arrests in 2017–18. Queensland accounted for the greatest proportion of national ATS arrests this reporting period (25.6 per cent), followed by Victoria (22.6 per cent) and New South Wales (21.8 per cent). Combined, these three states account for 70.1 per cent of national ATS arrests in 2017–18 (see Table 4).

TABLE 4: Number and percentage change of national ATS arrests, 2016–17 and 2017–18

	Arrests		
State/Territory[a]	2016–17	2017–18	% change
New South Wales	9,636	9,784	1.5
Victoria	10,817	10,153	-6.1
Queensland	12,023	11,511	-4.3
South Australia	6,146	5,852	-4.8
Western Australia[b]	7,882	6,631	-15.9
Tasmania	510	551	8.0
Northern Territory	281	217	-22.8
Australian Capital Territory	236	188	-20.3
Total	**47,531**	**44,887**	**-5.6**

a. The arrest data for each state and territory include Australian Federal Police data.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

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

NATIONAL IMPACT

The weight of ATS seized globally continued to increase between 2015 and 2016. While methylamphetamine comprised the majority of these ATS seizures, increases were also recorded in the weight of amphetamine and MDMA seized globally.

Indicators of ATS demand and supply provide a mixed picture of for ATS use in Australia. While there is variation within different types of ATS, the indicators point to a large, relatively stable market.

Indicators of demand for amphetamines include surveys of drug users, police detainees and wastewater analysis.

- According to the 2016 NDSHS, the reported recent use of meth/amphetamine and lifetime use decreased, however, the frequency of reported use increased, with the crystal form of the drug remaining the most commonly used.
- According to a national study of police detainees, both the proportion of detainees testing positive to methylamphetamine and the proportion self-reporting recent methylamphetamine use decreased in 2017–18. Despite this decrease, methylamphetamine use remains high compared to other substances monitored by this study.
- The NWDMP identified that of the drugs tested, methylamphetamine continues to be the most consumed illicit drug in both regional and city sites. While consumption has fluctuated over the reporting period, when comparing wastewater data from August 2016 to August 2018, the population-weighted average consumption of methylamphetamine in both capital city and regional sites increased.

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

- In 2017–18, the number of ATS (excluding MDMA) detections at the Australian border decreased for the third consecutive reporting period, while the weight detected increased.
- Amphetamines continue to account for the greatest proportion of national ATS seizures and arrests.
- The number and weight of national amphetamines seizures increased this reporting period.
- The number of national amphetamines arrests decreased in 2017–18.
- Although there were some decreases in the annual median purity of analysed methylamphetamine samples in 2017–18, purity remained relatively high and stable this reporting period.
- Drug profiling data indicated the continued prominence of methylamphetamine manufactured from Eph/PSE.
- Clandestine laboratories manufacturing methylamphetamine continue to account for the greatest proportion of national detections.

Indicators of MDMA demand include surveys of drug users, police detainees and wastewater analysis.

- According to the 2016 NDSHS, the reported lifetime use of ecstasy increased, while reported recent use decreased.
- According to a national study of police detainees, both the proportion of detainees testing positive to MDMA and the proportion self-reporting MDMA use decreased in 2017–18.
- The NWDMP identified that MDMA consumption remains low compared to other substances tested by the program. When comparing wastewater data from August 2016 to August 2018, the population-weighted average consumption of MDMA in both capital city and regional sites decreased.

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

- In 2017–18, the number of MDMA detections at the Australian border decreased, while the weight detected increased.
- The number of national MDMA seizures decreased this reporting period, while the weight of MDMA seized nationally increased.
- The number of national MDMA arrests decreased in 2017–18.
- The annual median purity of analysed phenethylamine samples—the majority of which relate to MDMA—fluctuated this reporting period.
- In 2017–18, the number of clandestine laboratories detected nationally producing MDMA more than doubled.

REFERENCES

Alcohol and Drug Foundation (ADF) 2018a, *Drug Facts, Ice*, viewed 11 December 2017, <https://adf.org.au/drug-facts/ice/>.

Alcohol and Drug Foundation (ADF) 2018b, *Drug Facts, Ecstasy*, viewed 11 December 2017, <https://adf.org.au/drug-facts/ecstasy/>.

Australian Institute of Health and Welfare (AIHW) 2017, *National Drug Strategy Household Survey 2017: detailed findings, Drug Statistics series no. 31*, Canberra, <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf>.

Australian Criminal Intelligence Commission (ACIC) 2019, *National Wastewater Drug Monitoring Program – Report 6,* Canberra, <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

Degenhardt, L & Hall, W (eds) 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, <https://ndarc.med.unsw.edu.au/resource/health-and-psychological-effects-ecstasy-mdma-use>.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2019, *Amphetamine drug profile*, European Monitoring Centre for Drugs and Drug Addiction, Lisbon, <http://www.emcdda.europa.eu/publications/drug-profiles/amphetamine>.

Guerin, N & White, V 2018, *ASSAD 2017 Statistics and Trends, Australian secondary students' use of tobacco, alcohol, over-the-counter drugs, and illicit substances*, Cancer Council Victoria, Melbourne, <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/australian-secondary-students-alcohol-drug-survey>.

Heard, S, Iversen J, Geddes L & Maher L 2018, *Australian Needle Syringe Program Survey National Data Report 2013-2017: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees.* Kirby Institute, University of New South Wales, Sydney.

Peacock, A, Gibbs, D, Sutherland, R, Uporova, J, Karlsson, A, Sutherland, R, Bruno, R, Dietze, P, Lenton, S, Alati, R, Degenhardt, L, & Farrell, M 2018a, *Australian Drug Trends 2018. Key findings from the National Illicit Drug Reporting System (IDRS) Interviews*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Peacock, A, Gibbs, D, Karlsson, A, Uporova, J, Sutherland, R, Bruno, R, Dietze, P, Lenton, S, Alati, R, Degenhardt, L, & Farrell, M 2018b, *Australian Drug Trends 2018. Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

United Nations Office on Drugs and Crime (UNODC) 2018, *World Drug Report 2018,* Vienna.

World Customs Organization (WCO) 2018, *Illicit Trade Report 2017*, Brussels.

CANNABIS

KEY POINTS

- Although the weight of cannabis seized globally decreased from 2015 to 2016, it remained the most seized drug in the world in 2016.
  - While cannabis herb continues to account for the greatest proportion of the weight of cannabis seized globally, the weight of cannabis herb seized in 2016 decreased, whereas the weight of resin seized increased.
- Indicators of cannabis supply and demand in Australia provide a mixed picture, but overall point to a large, relatively stable market.
  - The number and weight of cannabis detections at the Australian border increased this reporting period, with the number of cannabis detections in 2017–18 the highest on record and the weight detected the highest recorded in the last decade.
  - Cannabis oil accounted for the greatest proportion of the weight of cannabis detected at the Australian border this reporting period, with a single cannabis oil detection accounting for around one fifth of the weight of cannabis detected in 2017–18.
  - While the number of national cannabis seizures continued to decrease in 2017–18, the weight of cannabis seized nationally increased for the third consecutive reporting period and is the second highest weight recorded in the last decade.
  - The number of national cannabis arrests decreased for the second consecutive reporting period in 2017–18.

MAIN FORMS

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

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

INTERNATIONAL TRENDS

In 2016, the combined weight of cannabis herb and resin seized globally decreased, from over 7,000 tonnes in 2015 to 6,313 tonnes in 2016. Despite this decrease, cannabis remains the most seized drug globally. The weight of cannabis resin seized globally increased, from 1,536 tonnes in 2015 to 1,631 tonnes in 2016, while seizures of cannabis herb decreased over the same period, from 5,781 tonnes to 4,682 tonnes. The UNODC continues to assess that the trafficking of cannabis herb remains largely intraregional, whereas the trafficking of cannabis resin is both intra and interregional, with Afghanistan and Morocco key source countries for cannabis resin (UNODC 2018; UNODC 2017).

North America continued to account for the greatest proportion (39.0 per cent) of the weight of cannabis herb seized globally in 2016, followed by South and Central America and the Caribbean (23.0 per cent), Africa (17.0 per cent) and Asia (14.0 per cent). The Near and Middle-East and South-West Asia (mostly in Afghanistan, Pakistan, Morocco, the Islamic Republic of Iran and Algeria) accounted for the greatest proportion of the weight of cannabis resin seized globally in 2016 (50.0 per cent), followed by North Africa (23.0 per cent) and Western and Central Europe (23.0 per cent; UNODC 2018).

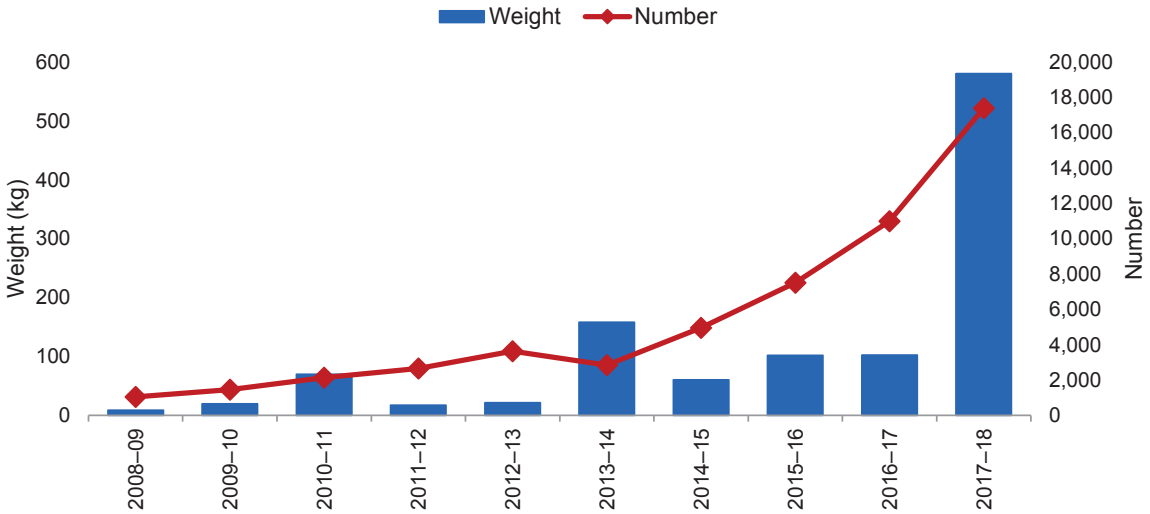
According to the World Customs Organization (WCO), the number and weight of cannabis seized globally by WCO agencies continued to decline in 2017. The number of cannabis seizures decreased, from 12,530 in 2016 to 11,067 in 2017, with the weight of cannabis seized decreasing from 1,010,264 kilograms in 2016 to 818,781 kilograms in 2017. The WCO notes that the reported decline in global cannabis seizures is primarily due to decreases in the number and weight of herbal cannabis seizures. In contrast, increases were reported in the number and weight of cannabis resin, plants and 'other forms' of cannabis seized in 2017 (WCO 2018).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

Both the number and weight of cannabis detected at the Australian border increased in 2017–18 (see Figure 10). The number of cannabis detections increased 58.2 per cent this reporting period, from 10,987 in 2016–17 to a record 17,383 in 2017–18. The weight of cannabis detected this reporting period increased 466.0 per cent, from 102.5 kilograms in 2016–17 to 580.2 kilograms in 2017–18, the highest weight recorded in the last decade. In 2017–18, 49 cannabis detections (or 0.3 per cent), weighed one kilogram or more. With a combined weight of 238.3 kilograms, these 49 detections account for 41.1 per cent of the weight of cannabis detected in 2017–18.[50]

FIGURE 10: Number and weight of cannabis detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



While cannabis seed continues to account for the greatest proportion of the number of cannabis detections this reporting period (66.2 per cent), cannabis oil accounted for the greatest proportion of the weight of cannabis detected in 2017–18 (70.1 per cent). A single cannabis oil detection accounted for around one fifth of the weight of cannabis detected this reporting period.

50 See Appendix 1 for significant border detections of cannabis in 2017–18.

IMPORTATION METHODS

In 2017–18, detections of cannabis occurred in the international mail, air cargo, sea cargo and air passenger/crew streams. This reporting period the international mail stream accounted for the greatest proportion of the number of cannabis detections at the Australian border (83.9 per cent), followed by air cargo (15.7 per cent), air passenger/crew (0.4 per cent) and sea cargo (<0.1 per cent). By weight, the air cargo stream accounted for the greatest proportion of cannabis detected at the Australian border (57.7 per cent), followed by international mail (41.8 per cent), sea cargo (0.3 per cent) and air passenger/crew (0.3 per cent).[51]

EMBARKATION POINTS

In 2017–18, 50 countries were identified as embarkation points for cannabis detected at the Australian border, compared with 49 countries in 2016–17. By weight, the United States continued to be the primary embarkation point for cannabis detected in 2017–18. Other key embarkation points by weight this reporting period include Germany, the United Kingdom, the Netherlands, Serbia, Canada, France, Switzerland, Lithuania and Italy.

DOMESTIC MARKET INDICATORS

No single data set provides a comprehensive picture of illicit drugs, or the Australian illicit drug market. Each has benefits and limitations, and it is only through the layering of multiple data that we are able to enhance our understanding of the extent of the supply and demand trends in Australia's illicit drug markets.

The National Drug Strategy Household Survey (NDSHS) collects self-report information on alcohol, tobacco and illicit drug use among the general population and also surveys people's attitudes and perceptions in relation to these. Conducted approximately every three years, the related report presents estimates derived from survey responses weighted to the appropriate Australian population. According to the 2016 NDSHS:

- The proportion of the Australian population aged 14 years or older who reported having used cannabis at least once in their lifetime remained unchanged at 34.8 per cent in both 2013 and 2016.
- The proportion of the Australian population aged 14 years or older who reported having recently[52] used cannabis increased, from 10.2 per cent in 2013 to 10.4 per cent in 2016 (AIHW 2017).

The below data reflect drug use within sentinel groups. As such, they are not representative of all people who use drugs, or drug use in the general population. However, they provide valuable insight into patterns of drug use and market trends and can assist in the identification of emerging issues that require further monitoring.

51 Figures for importation methods of cannabis detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
52 In the NDSHS, recent use refers to reported use in the previous 12 months.

The Illicit Drug Reporting System (IDRS) collects self-report information on drug use and related harms annually from individuals in Australian capital cities who regularly inject drugs. According to the national study of injecting drug users:

- The proportion of respondents reporting cannabis as their drug of choice increased, from 5.0 per cent in 2017 to 7.0 per cent in 2018.
- The proportion of respondents reporting the recent use[53] of cannabis remained stable at 73.0 per cent in 2018.
- The reported median number of days of cannabis use in the six months preceding interview decreased, from 140 days in 2017 to 100 days in 2018. This is the second lowest reported median number of days of cannabis use in the last decade[54] (Peacock et al. 2018a).

The Ecstasy and Related Drugs Reporting System (EDRS) collects self-report information on drug use and related harms annually from individuals in Australian capital cities who regularly use ecstasy and other stimulants. According to the national study of regular ecstasy users:

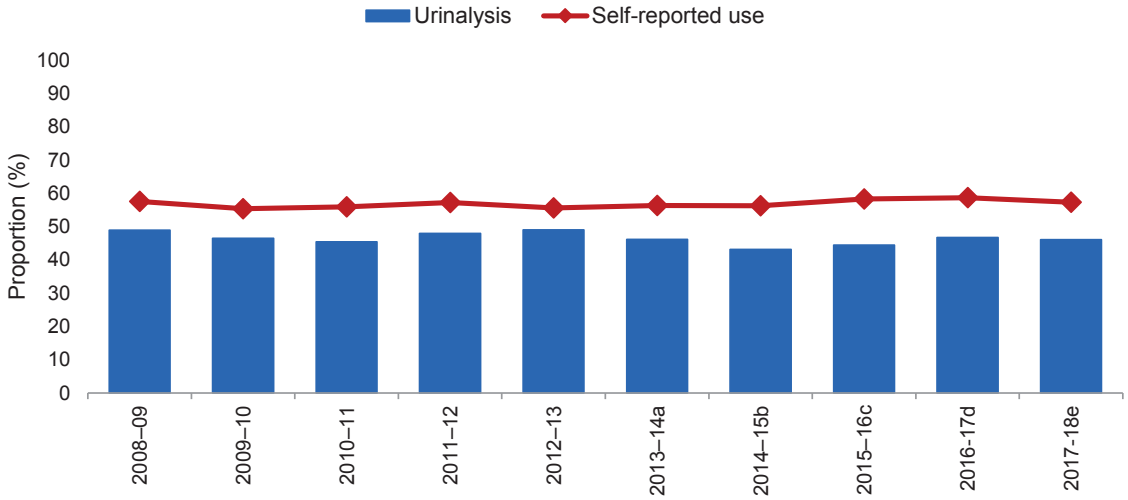
- The proportion of respondents reporting cannabis as their drug of choice decreased, from 28.0 per cent in 2017 to 26.0 per cent in 2018.
- The proportion of respondents reporting the recent use of cannabis increased, from 89.0 per cent in 2017 to 90.0 per cent in 2018. This is the highest proportion reported since 2003.
- The reported median number of days of cannabis use in the six months preceding interview decreased, from 60 days in 2017 to 48 days in 2018[55] (Peacock et al. 2018b).

The Drug Use Monitoring in Australia (DUMA) program collects criminal justice and drug use information on a quarterly basis from police detainees and comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.[56] According to data from the DUMA program:

- The proportion of detainees testing positive to cannabis remained relatively stable this reporting period, decreasing from 46.7 per cent in 2016–17 to 46.0 per cent in 2017–18.
- The self-reported recent use[57] of cannabis among detainees decreased this reporting period, from 58.6 per cent in 2016–17 to 57.3 per cent in 2017–18.
- Over the last decade, the proportion of detainees testing positive to cannabis and self-reporting cannabis use have remained relatively stable (see Figure 11).

53 In both the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.
54 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
55 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
56 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
57 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

FIGURE 11: National proportion of detainees testing positive for cannabis compared with self-reported recent use, 2008–09 to 2017–18 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.
e. Urine was collected in the third quarter of 2017 in Adelaide, Brisbane and Perth; the fourth quarter of 2017 in Bankstown; and the first quarter of 2018 in Adelaide, Brisbane, Perth and Surry Hills.

The Australian Secondary Students Alcohol and Drug Survey (ASSAD) collects self-report information on alcohol, tobacco, over-the-counter drugs and illicit substance use among Australian secondary school students (aged 12 to 17) and is conducted every three years. According to the 2017 ASSAD survey:

- The proportion of respondents reporting cannabis use at least once in their lifetime increased, from 16.0 per cent in 2014 to 17.0 per cent in 2017.
- The proportion of respondents reporting having used cannabis at least once in the past month increased, from 7.0 per cent in 2014 to 8.0 per cent in 2017 (Guerin & White 2018).

CLANDESTINE LABORATORIES

Although the number of cannabis oil extraction laboratories detected nationally decreased 19.0 per cent this reporting period, from 21 laboratories in 2016–17 to 17 laboratories in 2017–18, the number of detections remains high.

- This reporting period South Australia reported 6 detections, followed by New South Wales (4), Western Australia (3), and Victoria (2) and Queensland (2; see *Clandestine laboratories and precursors* chapter).

PRICE

Nationally, the price for 1 gram of hydroponic cannabis head remained relatively stable this reporting period, ranging between $20 and $50 in 2017–18, compared with a price range of $10 to $50 in 2016–17. Nationally, the price of 1 ounce of hydroponic cannabis head remained unchanged this reporting period, ranging between $200 and $450. Similar to 2016–17, the price for a single mature hydroponic cannabis plant in 2017–18 ranged between $2,000 and $5,000, with the price of one gram of cannabis resin (reported in Queensland and Northern Territory) also remaining stable this reporting period, ranging between $25 and $50.

AVAILABILITY

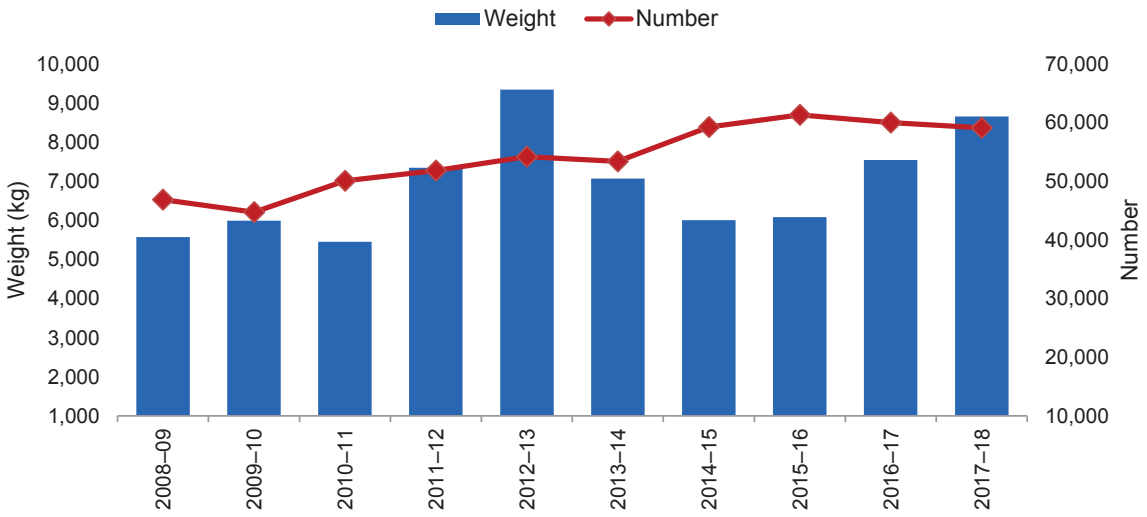
In a 2018 national study of regular injecting drug users, the proportion of respondents reporting hydroponic cannabis as easy or very easy to obtain decreased, from 92.0 per cent in 2017 to 89.0 per cent in 2018. In the same study, the proportion of respondents reporting 'bush'[58] cannabis as easy or very easy to obtain increased, from 75.0 per cent in 2017 to 77.0 per cent in 2018 (Peacock et al. 2018a).

In a 2018 national study of regular ecstasy users, the proportion of respondents reporting hydroponic cannabis as easy or very easy to obtain decreased, from 94.0 per cent in 2017 to 84.0 per cent in 2018. In the same study, the proportion of respondents reporting bush cannabis as easy or very easy to obtain decreased, from 76.0 per cent in 2017 to 75.0 per cent in 2018 (Peacock et al. 2018b).

SEIZURES AND ARRESTS

The number of national cannabis seizures decreased 1.4 per cent this reporting period, from 60,006 in 2016–17 to 59,139 in 2017–18. The weight of cannabis seized nationally increased 14.7 per cent this reporting period, from 7,547.8 kilograms in 2016–17 to 8,655.9 kilograms in 2017–18 (see Figure 12). This is the second highest weight seized in the last decade.

FIGURE 12: National cannabis seizures, by number and weight, 2008–09 to 2017–18



58 Bush cannabis refers to cannabis grown outdoors.

Western Australia reported the greatest percentage increase in the number of cannabis seizures in 2017–18, while Queensland reported the greatest percentage increase in the weight of cannabis seized. This reporting period New South Wales accounted for the greatest proportion of the number of national cannabis seizures (30.0 per cent), followed by Western Australia (28.4 per cent) and Queensland (28.0 per cent). Combined, these three states account for 86.3 per cent of the number of national cannabis seizures in 2017–18. Queensland accounted for the greatest proportion of the weight of cannabis seized nationally this reporting period (29.6 per cent), followed by New South Wales (27.4 per cent) and Victoria (16.6 per cent). Combined, these three states account for 73.5 per cent of the weight of cannabis seized nationally in 2017–18 (see Table 5).

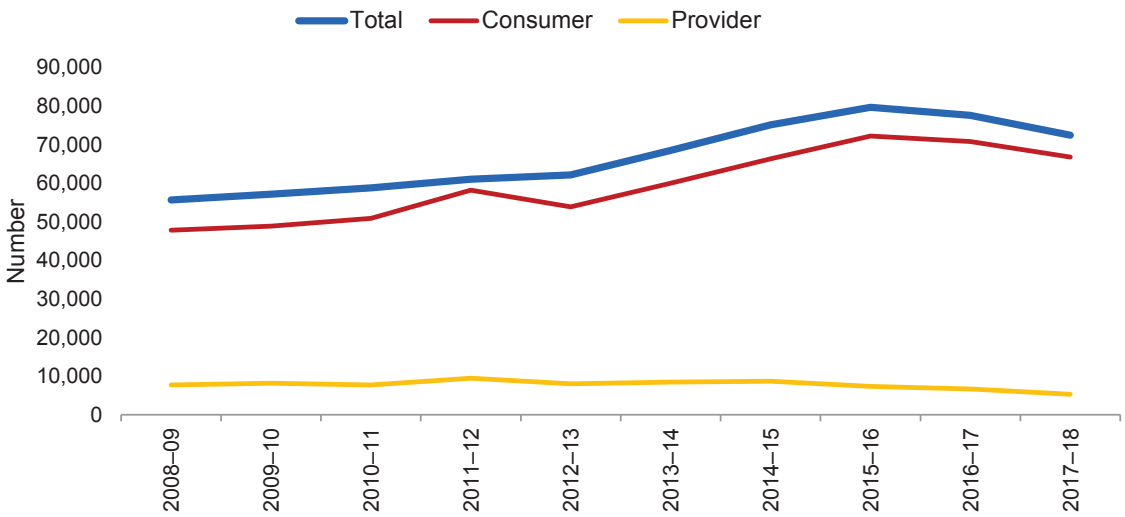
TABLE 5: Number, weight and percentage change of national cannabis seizures, 2016–17 and 2017–18

	Number			Weight (grams)		
State/Territory[a]	2016–17	2017–18	% change	2016–17	2017–18	% change
New South Wales	17,749	17,720	-0.2	1,926,599	2,373,144	23.2
Victoria	3,426	3,312	-3.3	2,390,703	1,434,393	-40.0
Queensland	17,667	16,543	-6.4	917,625	2,558,050	178.8
South Australia	423	366	-13.5	697,732	506,229	-27.4
Western Australia[b]	15,852	16,771	5.8	968,240	1,254,008	29.5
Tasmania	1,857	1,897	2.2	267,008	213,959	-19.9
Northern Territory	2,267	1,922	-15.2	202,815	163,708	-19.3
Australian Capital Territory	765	608	-20.5	177,106	152,507	-13.9
Total	**60,006**	**59,139**	**-1.4**	**7,547,828**	**8,655,998**	**14.7**

a. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

The number of national cannabis arrests decreased 6.7 per cent this reporting period, from 77,549 in 2016–17 to 72,381 in 2017–18. Consumer arrests continue to account for the greatest proportion of arrests, comprising 92.0 per cent of cannabis arrests in 2017–18 (see Figure 13). All states and territories reported more cannabis consumer than provider arrests this reporting period.

FIGURE 13: Number of national cannabis arrests, 2008–09 to 2017–18



Tasmania reported the greatest percentage increase in cannabis arrests in 2017–18. Queensland accounted for the greatest proportion of national cannabis arrests this reporting period (29.2 per cent), followed by New South Wales (23.0 per cent). Combined, these two states account for 52.2 per cent of national cannabis arrests in 2017–18 (see Table 6).

TABLE 6: Number and percentage change of national cannabis arrests, 2016–17 and 2017–18

	Arrests		
State/Territory[a]	2016–17	2017–18	% change
New South Wales	16,765	16,679	-0.5
Victoria	10,164	9,675	-4.8
Queensland	23,836	21,126	-11.4
South Australia	1,877	1,672	-10.9
South Australia (CENs)[b]	9,200	8,961	-2.6
Western Australia[c]	10,523	9,342	-11.2
Western Australia (CIRs)[d]	2,004	1,763	-12.0
Tasmania	1,460	1,591	9.0
Northern Territory	627	507	-19.1
Northern Territory (DINs)[e]	707	675	-4.5
Australian Capital Territory	304	338	11.2
Australian Capital Territory (SCONs)[f]	82	52	-36.6
Total	**77,549**	**72,381**	**-6.7**

a. The arrest data for each state and territory include Australian Federal Police data.
b. Cannabis Expiation Notices.
c. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.
d. Cannabis Intervention Requirements.
e. Drug Infringement Notices.
f. Simple Cannabis Offence Notices.

NATIONAL IMPACT

The weight of cannabis seized globally decreased from 2015 to 2016. While cannabis herb continues to account for the greatest proportion of the weight of cannabis seized globally, the weight of cannabis herb seized in 2016 decreased, while the weight of resin seized increased.

Indicators of cannabis demand and supply in Australia provide a mixed picture, but overall point to a large and relatively stable market.

Indicators of cannabis demand include surveys of illicit drug users and police detainees.

- According to the 2016 NDSHS, reported cannabis use in lifetime remained stable, with a small increase in reported recent use.
- According to a national study of police detainees, both the proportion of detainees self-reporting cannabis use and those testing positive to cannabis decreased in 2017–18; however, these proportions have remained relatively stable over the last decade.
- According to a national study of injecting drug users, the proportion of respondents reporting recent cannabis use remained stable, while the reported median number of days of cannabis use decreased in 2018 and is the second lowest number reported in the last decade.
- According to a national study of ecstasy and related drugs users, the proportion of respondents reporting recent cannabis use increased in 2018 and is the highest reported in the last decade; however the reported frequency of use decreased.
- According to a national study of secondary students, both the reported use of cannabis in lifetime and use in the past month increased from 2014 to 2017.

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

- Both the number and weight of cannabis detected at the Australian border increased this reporting period, with a record 17,383 detections in 2017–18.
  - Unlike previous reporting periods where cannabis seeds have been prevalent, cannabis oil accounted for the majority of the weight of cannabis detected this reporting period, with a single cannabis oil detection accounting for around one fifth of the weight detected in 2017–18.
- While both the number of national cannabis seizures and arrests decreased this reporting period, they remain high.
- The weight of cannabis seized nationally increased in 2017–18 and is the second largest weight recorded in the last decade.
- The number of cannabis oil extraction laboratories detected nationally decreased in 2017–18, but remains high.

REFERENCES

Australian Institute of Health and Welfare (AIHW) 2017, *National Drug Strategy Household Survey 2017: detailed findings, Drug Statistics series no. 31*, Canberra, <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf>.

Cannabis Information and Support (CIS), 2011a, *What is Cannabis?*, viewed 11 December 2017, <https://cannabissuport.com.au/workplace-and-clinical-resources/publications/factsheets/what-is-cannabis/>.

Cannabis Information and Support (CIS), 2011b, *Cannabis or Marijuana?*, viewed 11 December 2017, <https://cannabissuport.com.au/workplace-and-clinical-resources/publications/factsheets/cannabis-or-marijuana/>.

Guerin, N & White, V 2018, *ASSAD 2017 Statistics and Trends, Australian secondary students' use of tobacco, alcohol, over-the-counter drugs, and illicit substances*, Cancer Council Victoria, Melbourne, viewed 11 February 2019, <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/australian-secondary-students-alcohol-drug-survey>.

Peacock, A, Gibbs, D, Sutherland, R, Uporova, J, Karlsson, A, Sutherland, R, Bruno, R, Dietze, P, Lenton, S, Alati, R, Degenhardt, L & Farrell, M 2018a, *Australian Drug Trends 2018: Key findings from the National Illicit Drug Reporting System (IDRS) Interviews*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Peacock, A, Gibbs, D, Karlsson, A, Uporova, J, Sutherland, R, Bruno, R, Dietze, P, Lenton, S, Alati, R, Degenhardt, L, & Farrell, M 2018b, *Australian Drug Trends 2018: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

United Nations Office on Drugs and Crime (UNODC) 2018, *World Drug Report 2018*, Vienna.

United Nations Office on Drugs and Crime (UNODC) 2017, *World Drug Report 2017*, Vienna.

World Customs Organization (WCO) 2018, *Illicit Trade Report 2017*, Brussels.

HEROIN

KEY POINTS

- Global opium cultivation and heroin production increased between 2016 and 2017, with increases in the number and weight of heroin seized globally. Afghanistan remains the largest cultivator of opium in the world.
  - Drug profiling of both border and domestic seizures indicates that the vast majority of heroin seized in Australia originated in South-East Asia; however, there is an increase in the proportion of domestic seizures originating from South-West Asia.
- Overall, indicators of heroin supply and demand in Australia suggest the market remains small and relatively stable.
  - The number of heroin detections at the Australian border increased in 2017–18, while the weight detected decreased.
  - Both the number and weight of heroin seized nationally increased in 2017–18, with the number of seizures the second highest on record.
  - The number of national heroin and other opioid arrests increased in 2017–18 and is the second highest recorded in the last decade.
  - Using data from the National Wastewater Drug Monitoring Program, the ACIC estimates that 750 kilograms of heroin is consumed in Australia each year, with the estimated weight of heroin consumed nationally decreasing from the first to the second year of the program.

MAIN FORMS

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

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

INTERNATIONAL TRENDS

One of the key drivers affecting international heroin supply in 2017 was the significant expansion in the area under opium poppy cultivation in Afghanistan, the world's largest opium and heroin producer. The total area of opium poppy cultivation in Afghanistan increased over 60 per cent, from an estimated 201,000 hectares in 2016 to 328,000 hectares in 2017. While the total area under cultivation decreased 20.0 per cent in 2018 (to 263,000 hectares), it is the second largest area reported since 1994 when the United Nations Office on Drugs and Crime (UNODC) commenced systematic opium poppy monitoring and recording. Owing to decreases in both the area under poppy cultivation and opium yield per hectare, Afghanistan's total estimated potential production of opium in 2018 was 6,400 tonnes—a 28.9 per cent decrease from the 9,000 tonnes reported in 2017. Drought conditions affecting Afghanistan's Northern region and parts of the Western region contributed to the decrease in opium cultivation in 2018 (UNODC 2018a).

The area under opium cultivation in Myanmar has continued to decrease since 2014. The total area under opium poppy cultivation in Myanmar decreased from 41,000 hectares in 2017 to 37,300 hectares in 2018. Due to increases in average opium yield, the estimated production of opium in 2018 was 520 tonnes—a decrease from the 550 tonnes reported in 2017 (UNODC 2018b).

Preliminary 2017 figures from the 2018 World Drug Report indicate that global opium cultivation increased, from 204,800 hectares in 2016 to 418,000 hectares in 2017. Global production of opium increased, from 6,380 tonnes in 2016 to 10,500 tonnes in 2017. The UNODC estimates that between 700 and 1,050 tonnes of heroin was produced globally in 2017 compared to 448 tonnes in 2016 (UNODC 2018c).

According to the 2018 World Drug Report, 658 tonnes of opium and a record 91 tonnes of heroin were seized globally in 2016. By comparison, 587 tonnes of opium and 80 tonnes of heroin were seized in 2015. Afghanistan, Pakistan and the Islamic Republic of Iran accounted for the greatest proportion of the weight of opium seized globally in 2016. Pakistan and the Islamic Republic of Iran were also the predominant countries for the weight of heroin seized globally in 2016, followed by China, the United States and Turkey (UNODC 2018c; UNODC 2017).

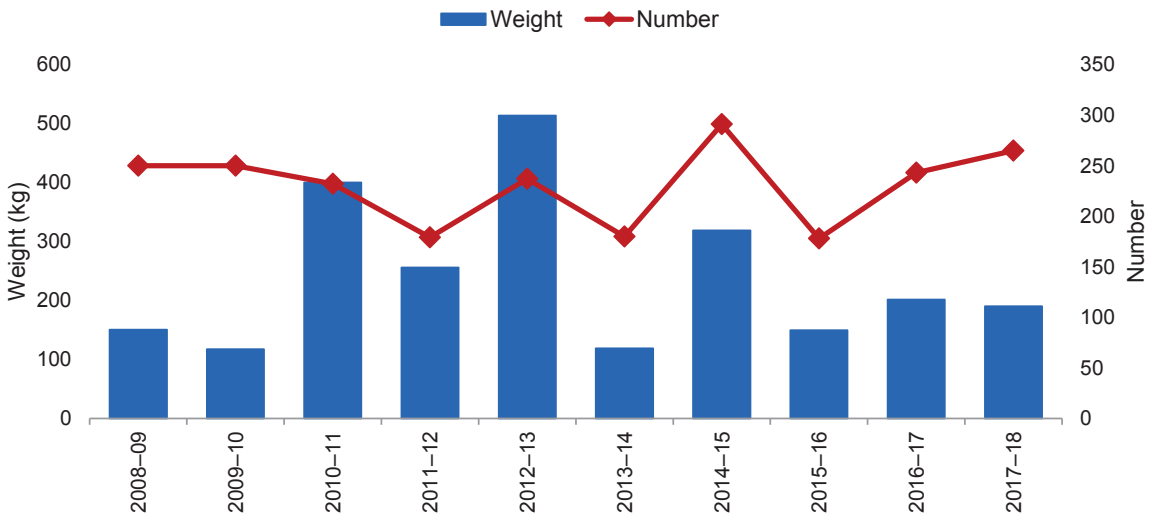
According to the World Customs Organization (WCO), heroin accounts for the greatest proportion of the number and weight of global opiates seizures. In 2017, both the number and weight of heroin seized globally increased. The number of heroin seizures reported by WCO agencies increased to 1,308 in 2017, with the weight seized increasing to 9,289 kilograms (WCO 2018).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of heroin detections at the Australian border increased 9.0 per cent this reporting period, from 243 in 2016–17 to 265 in 2017–18. The weight of heroin detected decreased 5.7 per cent this reporting period, from 201.6 kilograms in 2016–17 to 190.1 kilograms in 2017–18 (see Figure 14). In 2017–18, 52 detections (or 19.6 per cent), weighed one kilogram or more. With a combined weight of 170.6 kilograms, these 52 detections account for 89.7 per cent of the weight of heroin detected in 2017–18.[59]

FIGURE 14: Number and weight of heroin detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



59 See Appendix 1 for significant border detections of heroin in 2017–18.

IMPORTATION METHODS

In 2017–18, detections of heroin at the Australian border occurred in the air cargo, air passenger/crew and international mail streams. By number, the international mail stream accounted for the greatest proportion of detections (84.9 per cent), followed by air cargo (14.3 per cent) and air passenger/crew (0.8 per cent). By weight, international mail also accounted for the greatest proportion of heroin border detections (68.0 per cent), followed by air cargo (29.9 per cent) and air passenger/crew (2.1 per cent).[60]

EMBARKATION POINTS

In 2017–18, 24 countries were identified as embarkation points for heroin detected at the Australian border, compared to 18 countries in 2016–17. By weight, Thailand was the primary embarkation point for heroin in 2017–18. Other key embarkation points by weight this reporting period include Laos, Malaysia, Cambodia, Vietnam, Philippines, Singapore, Iraq, United Arab Emirates and South Africa.

DRUG PROFILING

The Australian Federal Police (AFP) Forensic Drug Intelligence (FDI) team operates a forensic drug profiling capability through the National Measurement Institute (NMI), which enables the identification of the regions of origin and manufacturing trends for samples of heroin submitted from seizures made at the Australian border. The capability also allows for comparisons within and between seizures to identify distinct batches of drugs, the origin of drugs, or to demonstrate links between groups involved in illicit drug manufacture or trafficking. The following data relate to seizures investigated by the AFP between 2005 and June 2018, from which samples were submitted to the NMI for routine analysis and profiling.[61]

In contrast to Europe, where heroin mostly originates from South-West Asia, the vast majority of heroin seized in Australia originates from South-East Asia (see Tables 7 and 8).

- Heroin originating from South-East Asia continues to dominate AFP seizures.
- In 2017, samples from 17 seizures were sent to NMI for analysis and chemical profiling, accounting for a total bulk weight of 141.8 kilograms.
- Although an increase from 2016, overall the amount of heroin seizures made by the AFP has significantly decreased over the last few years. Data from the first six months of 2018 indicates a continuation of this decline.
- Only one heroin seizure of South-West Asian origin was identified in 2017. It was seized in December 2017 and was the first heroin seizure from South-West Asia identified since February 2016.

60 Figures for importation methods of heroin detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

61 Profiling data relate to seizures investigated by the AFP between 2005 to June 2018, and from which samples were submitted to the National Measurement Institute (NMI) for routine analysis and profiling. Improvements in information technology have brought about changes to how the data is collated and presented, and for this reason, care should be taken in comparing figures before 2010 to more recent data. For all reporting years, the data represent a snapshot across the applicable reporting period. These figures cannot reflect seizures that have not been submitted for forensic examination due to prioritisation of law enforcement resources or those that have passed through the border undetected. Certain seizures/samples, such as those containing swabs or trace material, have been omitted from the analysis as they are not amenable to chemical profiling. It is difficult to extrapolate the impact of any observed border trends on drugs reaching consumers i.e. street level seizures in Australia. Samples from selected state and territory jurisdictions are submitted for chemical profiling as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project.

- In the first six months of 2018 only two seizures with a combined bulk weight of 17.7 kilograms were viable for chemical profiling. Both seizures were profiled to be of South-East Asian origin.

TABLE 7: Geographical origin of heroin samples as a proportion of analysed AFP border seizures, 2008–June 2018[62] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	South-East Asia %	South-West Asia %	South America %	Unclassified %	South-East Asia and Unclassified %	South-West Asia and Unclassified %
Jan–Jun 2018	100.0	–	–	–	–	–
2017	94.1	5.9	–	–	–	–
2016	95.2	4.8	–	–	–	–
2015	77.8	18.5	–	3.7	–	–
2014	52.2	37.0	–	2.2	4.3	–
2013	74.6	18.2	5.5	–	1.8	–
2012	70.7	25.9	–	3.4	–	–
2011	49.0	51.0	–	–	–	–
2010	63.8	27.5	–	5.8	–	2.9
2009	53.9	42.6	–	3.4	–	–
2008	44.1	44.1	–	11.8	–	–

TABLE 8: Geographical origin of heroin samples as a proportion of total bulk weight of analysed AFP border seizures, 2005–June 2018[62] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	South-East Asia %	South-West Asia %	South America %	Unclassified %	South-East Asia and Unclassified %	South-West Asia and Unclassified %
Jan–Jun 2018	100.0	–	–	–	–	–
2017	99.9	0.1	–	–	–	–
2016	100.0	<0.1	–	–	–	–
2015	97.4	1.8	–	0.8	–	–
2014	89.9	7.8	–	<0.01	0.2	–
2013	84.3	8.9	4.3	–	2.5	–
2012	98.4	1.3	–	0.3	–	–
2011	39.4	60.6	–	–	–	–
2010	93.3	5.8	–	0.9	–	–
2009	48.2	40.9	–	10.9	–	–
2008	26.0	66.3	–	7.7	–	–
2007	47.9	50.6	–	1.5	–	–
2006	70.1	27.4	–	2.7	–	–
2005	78.9	18.0	–	3.1	–	–

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

The Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project extends forensic profiling to include state and territory seizures involving heroin, methylamphetamine and cocaine. This enables detection of similarities between supply routes into different jurisdictions and links between different criminal groups, as well as comparison of trends between jurisdictions, including importations seized and profiled from the Australian border.

Heroin samples submitted to the ENIPID project in 2017 continue to reflect the dominance of heroin of South-East Asian origin in the Australian market (see Appendix 2, Tables 3 and 4). However, contrary to analysed AFP border seizure data, a considerable increase in the proportion of heroin of South-West Asian origin was observed in state and territory samples. An increase in the proportion of 'Mixed/Unclassified' samples when compared to previous reporting periods was also noted in 2017.[63]

DOMESTIC MARKET INDICATORS

No single data set provides a comprehensive picture of illicit drugs, or the Australian illicit drug market. Each has benefits and limitations, and it is only through the layering of multiple data that we are able to enhance our understanding of the extent of the supply and demand trends in Australia's illicit drug markets.

The National Drug Strategy Household Survey (NDSHS) collects self-report information on alcohol, tobacco and illicit drug use among the general population and also surveys people's attitudes and perceptions in relation to these. Conducted approximately every three years, the related report presents estimates derived from survey responses weighted to the appropriate Australian population. According to the 2016 NDSHS:

- The proportion of the Australian population aged 14 years or older who reported having used heroin at least once in their lifetime increased, from 1.2 per cent in 2013 to 1.3 per cent in 2016.
- The proportion of the Australian population aged 14 years or older who reported having recently[64] used heroin increased, from 0.1 per cent in 2013 to 0.2 per cent in 2016 (AIHW 2017).

The National Wastewater Drug Monitoring Program (NWDMP) collects wastewater samples every two months in capital city sites and every four months in regional sites. Aimed at acquiring data on the population-scale use of substances causing potential harm, the program provides a measure of the consumption of 12 illicit and licit drugs.[65] According to data from the NWDMP:

- Heroin consumption remains low in comparison to other illicit drugs monitored by the program, with heroin consumption higher in capital city sites than regional sites.
- The population-weighted average consumption of heroin decreased in both capital city and regional sites when comparing data from August 2017 and August 2018.

63 Due to a lack of seizure data in 2018, Tables 3 and 4 of Appendix 2 may not provide an accurate representation of the overall trend.
64 In the NDSHS, recent use refers to reported use in the previous 12 months.
65 The public NWDMP reports are available on the ACIC website. See <https://www.acic.gov.au/publications/intelligence-products-national-wastewater-drug-monitoring-program-report>.

- Using data from the NWDMP, the ACIC estimates that 750 kilograms of heroin is consumed in Australia each year, with the weight of heroin consumed nationally decreasing from the first to the second year of the program (ACIC 2019).

The below data reflect drug use within sentinel groups. As such, they are not representative of all people who use drugs, or drug use in the general population. However, they provide valuable insight into patterns of drug use and market trends and can assist in the identification of emerging issues that require further monitoring.

The Illicit Drug Reporting System (IDRS) collects self-report information on drug use and related harms annually from individuals in Australian capital cities who regularly inject drugs. According to the national study of injecting drug users:

- The proportion of respondents reporting heroin as their drug of choice decreased, from 46.0 per cent in 2017 to 41.0 per cent in 2018.
- While heroin remains the most commonly reported drug of choice within this population, in 2018 methylamphetamine was reported as the drug injected most often in the last month.
- The proportion of respondents reporting the recent use[66] of heroin decreased, from 57.0 per cent in 2017 to 54.0 per cent in 2018.
- The reported median number of days of heroin use in the six months preceding interview increased, from 72 days in 2017 to 74 days in 2018[67] (Peacock et al. 2018a).

The Ecstasy and Related Drugs Reporting System (EDRS) collects self-report information on drug use and related harms annually from individuals in Australian capital cities who regularly use ecstasy and other stimulants. According to the national study of regular ecstasy users:

- The proportion of respondents reporting the recent use of heroin increased, from 2.0 per cent in 2017 to 3.0 per cent in 2018.
- The reported median number of days of heroin use in the six months preceding interview increased, from 2 days in 2017 to 3 days in 2018[68] (Peacock et al. 2018b).

The Australian Needle and Syringe Program Survey (ANSPS) collects self-report information and capillary blood samples[69] annually to monitor blood borne viral infections and associated risk behaviour among individuals who inject drugs. According to the ANSPS National Data Report 2013–17:

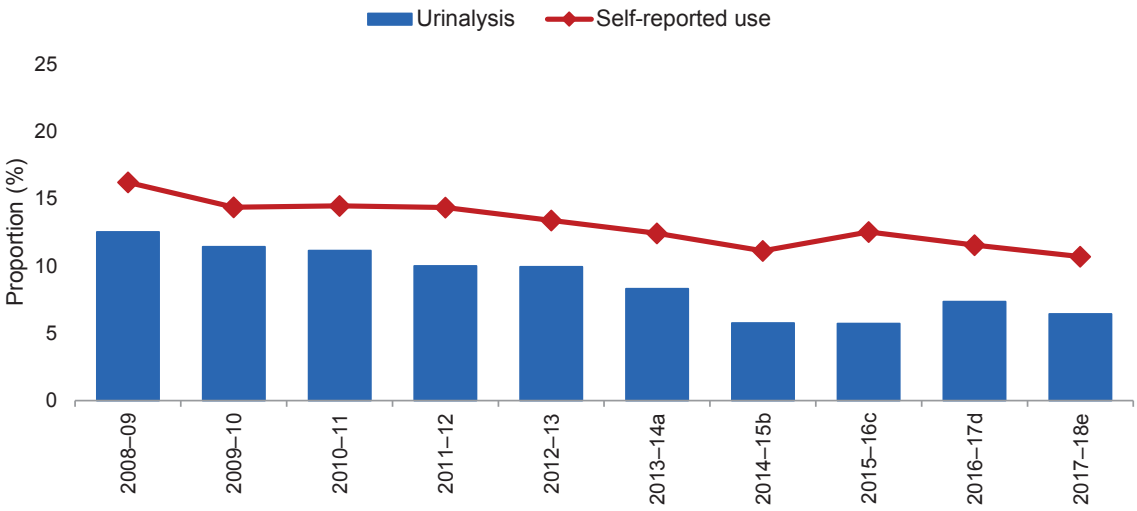
- Methylamphetamine (41.0 per cent) continued to exceed heroin as the most commonly reported drug last injected in 2017.
- Nationally, the proportion of respondents reporting heroin as the drug last injected increased, from 28.0 per cent in 2016 to 30.0 per cent in 2017.
- The proportion of respondents reporting heroin as the drug last injected varies between the states and territories, ranging between 3.0 per cent in Tasmania and 62.0 per cent in Victoria in 2017 (Heard et al. 2018).

66 In both the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.
67 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
68 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
69 Individuals participating in the survey are invited to provide a blood sample for HIV and HCV antibody testing.

The Drug Use Monitoring in Australia (DUMA) program collects criminal justice and drug use information on a quarterly basis from police detainees and comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.[70] According to data from the DUMA program:

- The proportion of detainees testing positive[71] to heroin decreased, from 7.3 per cent in 2016–17 to 6.4 per cent in 2017–18.
- The proportion of detainees testing positive for methylamphetamine this reporting period continued to be higher than the proportion testing positive to heroin.
- Overall, the proportions of detainees testing positive to heroin via urinalysis and self-reporting recent[72] heroin use have decreased over the last decade.
- In 2017–18, 10.7 per cent of detainees self-reported recent heroin use, a decrease from 11.5 per cent in 2016–17 (see Figure 15).

FIGURE 15: National proportion of detainees testing positive for heroin compared with self-reported recent use, 2008–09 to 2017–18 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.
e. Urine was collected in the third quarter of 2017 in Adelaide, Brisbane and Perth; the fourth quarter of 2017 in Bankstown; and the first quarter of 2018 in Adelaide, Brisbane, Perth and Surry Hills.

The Australian Secondary Students Alcohol and Drug Survey (ASSAD) collects self-reported information on alcohol, tobacco, over-the-counter drugs and illicit substance use among Australian secondary school students (aged 12 to 17) and is conducted every three years. According to the 2017 ASSAD survey:

- In 2017, 1.0 per cent of respondents reported heroin use at least once in their lifetime.
- In 2017, 1.0 per cent of respondents reported having used heroin at least once in the past month (Guerin & White 2018).[73]

70 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
71 Heroin and its metabolite can be detected in urine for 6 hours after administration.
72 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest
73 Due to changes in the ASSAD questionnaire between 2014 and 2017, data specific to heroin consumption are not available for previous reporting periods, which previously focused on opiates. Reported opiate use in 2014 was 1.5 per cent for lifetime use and 0.6 per cent for past month use.

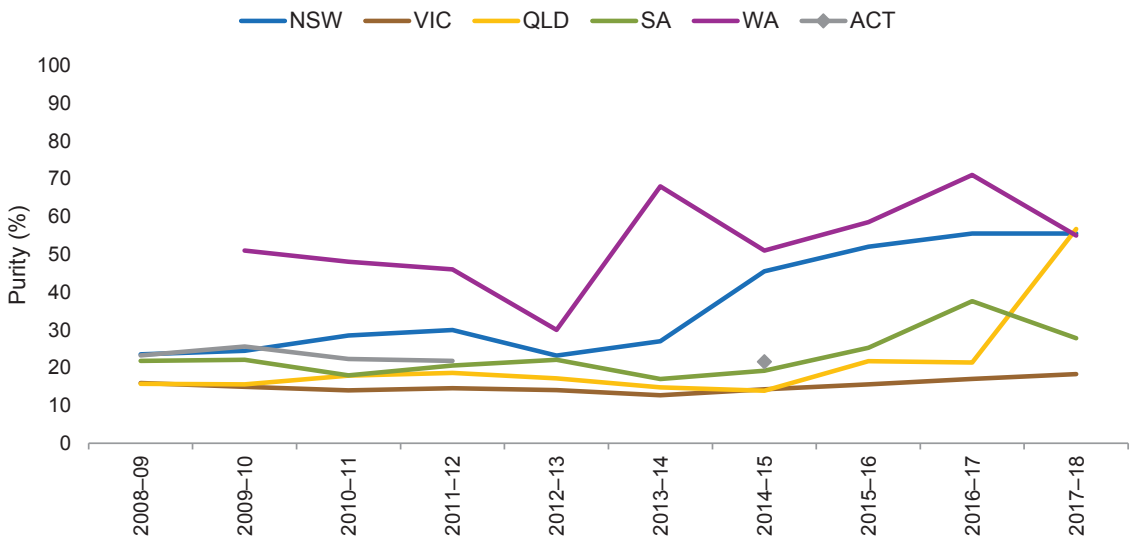
PRICE

Nationally, the price for 1 gram of heroin ranged between $200 and $700 in 2017–18, compared with a price range of $100 to $700 in 2016–17. Nationally, the price for an 8-ball[74] of heroin ranged between $500 and $1,300 in 2017–18, compared with a price range of $750 to $2,000 in 2016–17. New South Wales and Victoria were the only jurisdictions to report a price for 1 kilogram of heroin in 2017–18, which ranged between $160,000 and $195,000.

PURITY

Figure 16 illustrates the annual median purity of analysed heroin samples over the past decade. Since 2008–09, the annual median purity of heroin has ranged from 12.7 per cent to 71.0 per cent. In 2017–18, the annual median purity of heroin ranged from 18.3 per cent in Victoria to 56.7 per cent in Queensland. This reporting period the annual median purity of heroin increased in Victoria and Queensland, remained stable in New South Wales and decreased in South Australia and Western Australia. In 2017–18, the quarterly median purity of heroin ranged between 17.4 per cent in the third quarter of 2017 in Victoria and 69.0 per cent in the first quarter of 2018 in Western Australia.[75]

FIGURE 16: Annual median purity of heroin samples, 2008–09 to 2017–18



AVAILABILITY

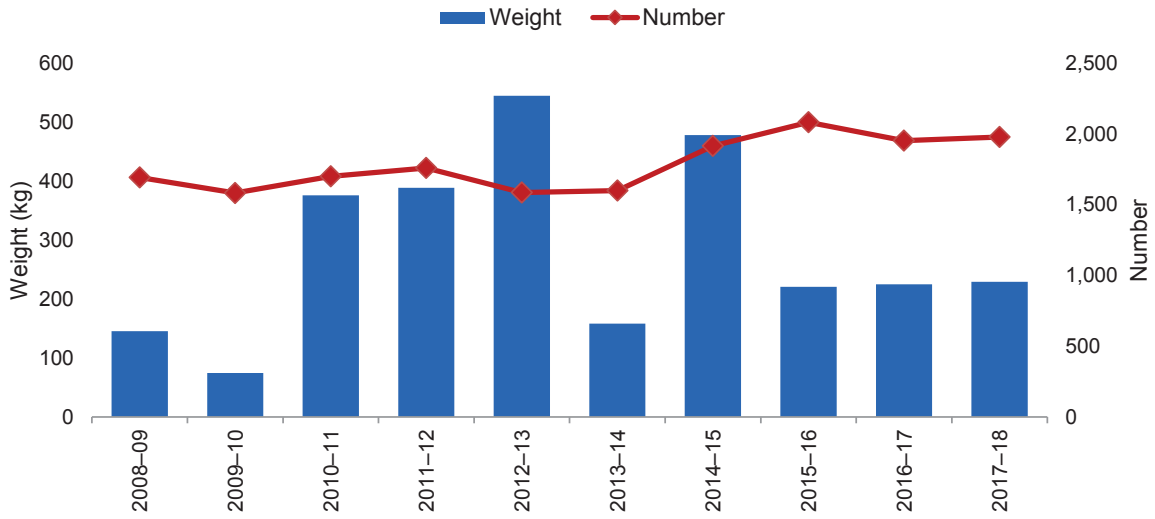
In a 2018 national study of regular injecting drug users, the proportion of respondents reporting heroin as being easy or very easy to obtain remained stable at 89.0 per cent (Peacock et al. 2018a).

SEIZURES AND ARRESTS

The number of national heroin seizures increased 1.3 per cent this reporting period, from 1,951 in 2016–17 to 1,977 in 2017–18, the second highest number reported in the last decade. The weight of heroin seized nationally increased 1.9 per cent this reporting period, from 224.9 kilograms in 2016–17 to 229.3 kilograms in 2017–18 (see Figure 17).

74 An 8-ball equates to 3.5 grams.
75 A figure for this data will be available on the Crime Statistics Australia website. See <http://www.crimestats.aic.gov.au/IDDR/>.

FIGURE 17: National heroin seizures, by number and weight, 2008–09 to 2017–18



The Australian Capital Territory reported the greatest percentage increase in the number of heroin seizures in 2017–18, while Queensland reported the greatest percentage increase in the weight of heroin seized. This reporting period New South Wales accounted for the greatest proportion of both the number (51.3 per cent) and weight (70.1 per cent) of heroin seized nationally (see Table 9).

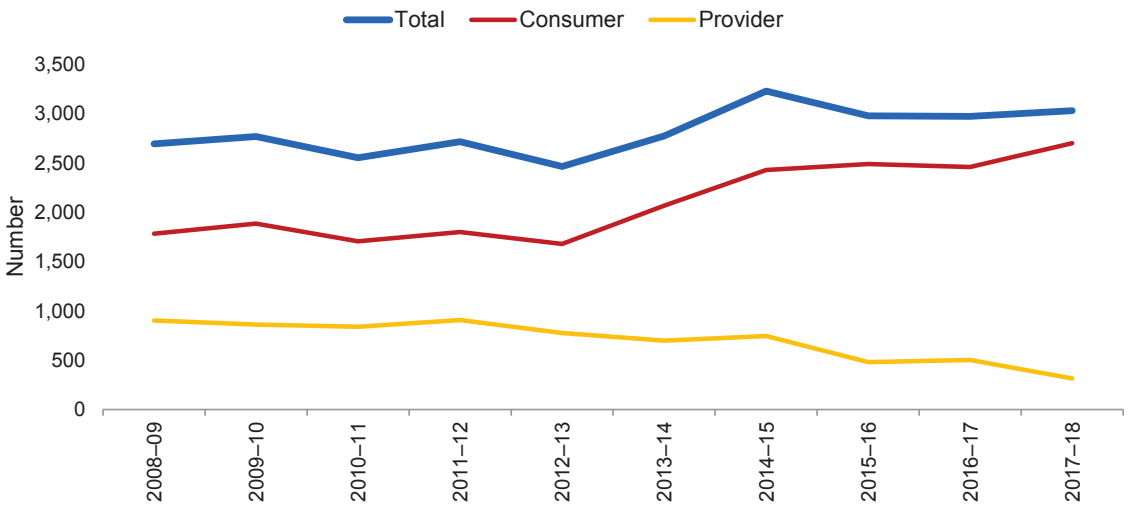
TABLE 9: Number, weight and percentage change of national heroin seizures, 2016–17 and 2017–18

	Number			Weight (grams)		
State/Territory[a]	2016–17	2017–18	% change	2016–17	2017–18	% change
New South Wales	1,018	1,015	-0.3	85,622	160,692	87.7
Victoria	320	329	2.8	127,858	46,252	-63.8
Queensland	169	186	10.1	3,211	20,205	529.2
South Australia	28	22	-21.4	2,537	569	-77.6
Western Australia[b]	355	372	4.8	4,153	1,432	-65.5
Tasmania	27	9	-66.7	46	114	147.8
Northern Territory	8	2	-75.0	21	1	-95.2
Australian Capital Territory	26	42	61.5	1,477	41	-97.2
Total	**1,951**	**1,977**	**1.3**	**224,925**	**229,306**	**1.9**

a. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

The number of national heroin and other opioid arrests increased 2.0 per cent this reporting period, from 2,970 in 2016–17 to 3,029 in 2017–18, the second highest number reported in the last decade. Consumer arrests continue to account for the largest proportion of arrests, accounting for 89.5 per cent of national heroin and other opioid arrests in 2017–18 (see Figure 18). There were no consumer or provider heroin and other opioid arrests reported in the Northern Territory this reporting period.

FIGURE 18: Number of national heroin and other opioid arrests, 2008–09 to 2017–18



The Australian Capital Territory reported the greatest percentage increase in the number of heroin and other opioid arrests in 2017–18. Victoria accounted for the greatest proportion of heroin and other opioid arrests this reporting period (44.9 per cent), followed by New South Wales (29.3 per cent). Combined, these two states account for 74.1 per cent of national heroin and other opioid arrests in 2017–18 (see Table 10).

TABLE 10: Number and percentage change of national heroin and other opioid arrests, 2016–17 and 2017–18

	Arrests		
State/Territory[a]	2016–17	2017–18	% change
New South Wales	852	887	4.1
Victoria	1,315	1,359	3.3
Queensland	309	325	5.2
South Australia	115	135	17.4
Western Australia[b]	311	265	-14.8
Tasmania	52	32	-38.5
Northern Territory	4	0	-100.0
Australian Capital Territory	12	26	116.7
Total	**2,970**	**3,029**	**2.0**

a. The arrest data for each state and territory include Australian Federal Police data.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

NATIONAL IMPACT

A record 91 tonnes of heroin was seized globally in 2016. Despite decreases in both the area under opium poppy cultivation and opium yield per hectare in 2018, Afghanistan remains the largest cultivator of opium in the world.

Indicators of heroin demand and supply in Australia provide a mixed picture. Overall, they suggest the heroin market remains small and relatively stable.

Indicators of heroin demand include surveys of drug users, police detainees and wastewater analysis.

- According to the 2016 NDSHS, both the reported recent and lifetime use of heroin increased.
- According to a national study of secondary school students, 1.0 per cent of respondents reported recent heroin use and use at least once in their lifetime in 2017.
- According to a national study of regular injecting drug users in 2018, the reported recent use of heroin decreased, while the reported median days of use increased.
- According to the ANSPS, the proportion of respondents reporting heroin as the last drug injected increased in 2017.
- According to a national study of ecstasy and related drug users, both the reported recent use of heroin and median days of use increased in 2018.
- According to the NWDMP, when comparing wastewater data from August 2017 to August 2018 the population-weighted average consumption of heroin in both capital city and regional sites decreased, with capital city average consumption higher than regional consumption.
- According to a national study of police detainees, both the proportion of detainees testing positive to heroin and the self-reported recent use of heroin decreased in 2017–18.

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

- In 2017–18, the number of heroin detections at the Australian border increased, while the weight detected decreased.
- Forensic profiling indicates that South-East Asia remains the predominant source of analysed heroin in Australia.
- The median purity of analysed heroin samples fluctuated this reporting period.
- The number and weight of heroin seized nationally increased this reporting period, with the number of seizures in 2017–18 the second highest reported in the last decade.
- The number of heroin and other opioid arrests increased in 2017–18 and is the second highest number reported in the last decade.

REFERENCES

Alcohol and Drug Foundation (ADF) 2017, *Drug Facts, Heroin*, viewed 11 December 2017, <https://adf.org.au/drug-facts/heroin/>.

Australian Criminal Intelligence Commission (ACIC) 2019, *National Wastewater Drug Monitoring Program – Report 6*, Canberra, <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

Australian Institute of Health and Welfare (AIHW) 2017, *National Drug Strategy Household Survey 2017: detailed findings, Drug Statistics series no. 31*, Canberra, <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf>.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2017, *Heroin drug profile*, European Monitoring Centre for Drugs and Drug Addiction, Lisbon, viewed 19 December 2017, <http://www.emcdda.europa.eu/publications/drug-profiles/heroin>.

Guerin, N & White, V 2018, *ASSAD 2017 Statistics and Trends, Australian secondary students' use of tobacco, alcohol, over-the-counter drugs, and illicit substances*, Cancer Council Victoria, Melbourne, <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/australian-secondary-students-alcohol-drug-survey>.

Heard, S, Iversen J, Geddes L & Maher L 2018, *Australian Needle Syringe Program Survey National Data Report 2013-2017: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees*. Kirby Institute, University of New South Wales, Sydney.

Peacock, A, Gibbs, D, Sutherland, R, Uporova, J, Karlsson, A, Sutherland, R, Bruno, R, Dietze, P, Lenton, S, Alati, R, Degenhardt, L & Farrell, M 2018a, *Australian Drug Trends 2018. Key findings from the National Illicit Drug Reporting System (IDRS) Interviews*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Peacock, A, Gibbs, D, Karlsson, A, Uporova, J, Sutherland, R, Bruno, R, Dietze, P, Lenton, S, Alati,R, Degenhardt, L & Farrell, M 2018b, *Australian Drug Trends 2018. Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

United Nations Office on Drugs and Crime (UNODC) 2016, *Terminology and information on drugs*, 3rd Edition, United Nations Office, Vienna.

United Nations Office on Drugs and Crime (UNODC) 2017, *World Drug Report 2017*.

United Nations Office on Drugs and Crime (UNODC) and Islamic Republic of Afghanistan, Ministry of Counter Narcotics 2018a, *Afghanistan Opium Survey 2018: Cultivation and Production*, <https://www.unodc.org/documents/crop-monitoring/Afghanistan/Afghanistan_opium_survey_2018.pdf>.

United Nations Office on Drugs and Crime (UNODC) 2018b, *Myanmar Opium Survey 2018: Cultivation, Production and Implications*, UNODC Regional Office for Southeast Asia and the Pacific, Thailand, <https://www.unodc.org/documents/crop-monitoring/Myanmar/Myanmar_Opium_Survey_2018-web.pdf>.

United Nations Office on Drugs and Crime (UNODC) 2018c, *World Drug Report 2018*, Vienna.

World Customs Organization (WCO) 2018, *Illicit Trade Report 2017*, Brussels.

COCAINE

KEY POINTS

- Colombia continues to be the main producer of cocaine in the world, with production expanding in 2015–16. Domestic profiling indicates that while there has been an increase in cocaine samples from Peru, Colombia continues to be the main source of cocaine detected in Australia.
- Indicators of cocaine supply and demand point to an expansion of the market in Australia.
  - While the number and weight of cocaine detections at the Australian border decreased this reporting period, they remain comparatively high.
  - There was a record number of national cocaine seizures in 2017–18. While the weight of cocaine seized nationally more than halved this reporting period, it is the second highest weight recorded in the last decade.
  - There was a record number of national cocaine arrests in 2017–18.
  - Using data from the National Wastewater Drug Monitoring Program, the ACIC estimates more than 4.1 tonnes of cocaine is consumed in Australia each year, with the estimated weight of cocaine consumed nationally increasing from the first to the second year of the program.

MAIN FORMS

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

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

INTERNATIONAL TRENDS

Globally, the total area under coca bush cultivation continued to increase in 2016. The United Nations Office on Drugs and Crime (UNODC) estimates that the total global area under coca bush cultivation increased by 36.0 per cent between 2015 and 2016. The three Andean countries and primary cocaine producing nations of Colombia, Peru and Bolivia, all recorded increases in coca bush cultivation in 2016. Colombia accounted for close to 70 per cent of the global area under coca cultivation in 2016, with Peru and Bolivia each accounting for 21.0 per cent and 10.0 per cent respectively of global coca cultivation in 2016 (UNODC 2018a).

Colombia recorded an increase in the net area under coca cultivation, increasing from 146,000 hectares in 2016 to 171,000 hectares in 2017. The total area under cultivation in Peru increased, from 43,900 hectares in 2016 to 49,900 hectares in 2017. The total area under coca cultivation in Bolivia increased between 2016 and 2017, from 23,100 hectares in 2016 to 24,500 in 2017 (SIMCI-UNODC 2018; UNODC 2018a; UNODC 2018b; UNODC 2018c).

Increases in the area under coca bush cultivation globally contributed to an increase in cocaine production. The UNODC estimates that global cocaine manufacture reached approximately 1,410 tonnes in 2016—a 25.0 per cent increase on 2015 figures. Colombia accounted for an estimated 866 tonnes of cocaine in 2016, which represents a 34.0 per cent increase on 2015 figures (SIMCI-UNODC 2018; UNODC 2018a).

According to the 2018 World Drug Report, the reported weight of cocaine seized globally increased from 864 tonnes in 2015 to 1,129 tonnes in 2016, the highest weight ever reported. The Americas (with Colombia and the United States accounting for the highest country-level seizure totals) accounted for the majority (90.0 per cent) of the weight of cocaine seized globally in 2016, followed by Western and Central Europe (8.0 per cent).

In Asia, the weight of cocaine seized tripled between 2015 and 2016. In both the Near and Middle East/South-West Asia and in Africa, the weight of cocaine seized doubled over the same period. Oceania reported a considerable increase in the weight of cocaine seized (75.0 per cent), with Australia accounting for 98.0 per cent of cocaine seized in this region (UNODC 2018a; UNODC 2017).

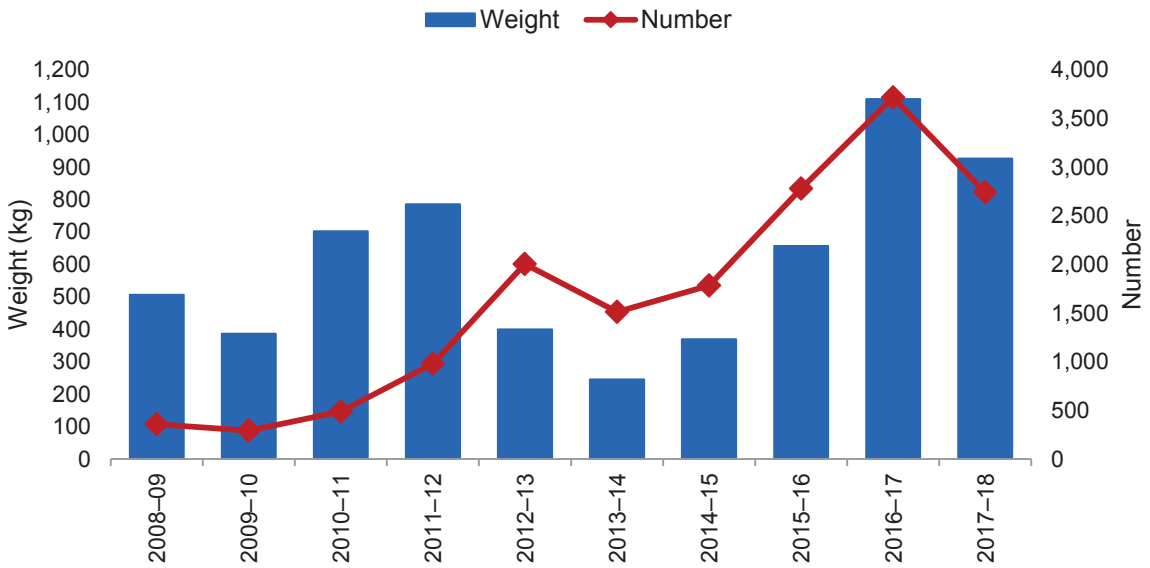
The number of cocaine seizures reported by World Customs Organization (WCO) agencies increased by 16.2 per cent, from 5,144 in 2016 to 5,975 in 2017. Compared to 2016 data, the total weight of cocaine seized globally in 2017 decreased by 8.4 per cent, from 211,217 kilograms to 193,573 kilograms (WCO 2018).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number and weight of cocaine detections at the Australian border decreased in 2017–18. The number of cocaine detections decreased 26.2 per cent this reporting period, from a record 3,715 in 2016–17 to 2,741 in 2017–18. The weight of cocaine detected at the Australian border decreased 16.5 per cent this reporting period, from a record 1,109.5 kilograms in 2016–17 to 926.5 kilograms in 2017–18 (see Figure 19). In 2017–18, 72 cocaine detections (or 2.6 per cent), weighed one kilogram or more. With a combined weight of 854.4 kilograms, these 72 detections account for 92.2 per cent of the weight of cocaine detected in 2017–18.[76]

FIGURE 19: Number and weight of cocaine detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



76 See Appendix 1 for significant border detections of cocaine in 2017–18.

IMPORTATION METHODS

In 2017–18, detections of cocaine occurred in the international mail, air passenger/crew, air cargo and sea cargo streams. By number, the international mail stream accounted for the greatest proportion of cocaine detections in 2017–18 (94.1 per cent), followed by air cargo (5.2 per cent), air passenger/crew (0.6 per cent) and sea cargo (0.1 per cent). By weight, the air cargo stream accounted for the greatest proportion of cocaine detections this reporting period (76.2 per cent), followed by international mail (10.6 per cent), sea cargo (10.6 per cent) and air passenger/crew (2.6 per cent).[77]

EMBARKATION POINTS

In 2017–18, 49 countries were identified as embarkation points for cocaine detected at the Australian border, compared with 47 countries in 2016–17. By weight, South Africa was the primary embarkation point for cocaine detected in 2017–18. Other key embarkation points by weight this reporting period include Mexico, the United States, China (including Hong Kong), Brazil, Chile, France, the United Kingdom, Belgium and Peru.

DRUG PROFILING

The Australian Federal Police (AFP) Forensic Drug Intelligence (FDI) team operates a forensic drug profiling capability through the National Measurement Institute (NMI), which is used to identify regions of origin and manufacturing trends for samples of cocaine submitted from seizures made at the Australian border. The capability also allows for comparisons within and between seizures to identify distinct batches of drugs, the origin of drugs, or to demonstrate links between groups involved in illicit drug manufacture or trafficking. Only certain drug types are examined and not every seizure of drugs is analysed and profiled. The following data relate to seizures investigated by the AFP between 2009 and June 2018, from which samples were submitted to the NMI for routine analysis and profiling.[78]

Trends observed in samples seized by the AFP and submitted to NMI for analysis are outlined below:

- Figures for 2017 and January to June 2018 highlight Colombian cocaine dominating the Australian market (see Table 11 and Table 12).
- A large proportion of the bulk weight of cocaine seized in 2017 was found to originate from Colombia. This included two seizures of 1.2 tonnes and 299.8 kilograms of cocaine, which were both found to be of Colombian origin.

77 Figures for importation methods of cocaine detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

78 Profiling data relate to seizures investigated by the AFP between 2009 to June 2018, and from which samples were submitted to the NMI for routine analysis and profiling. For all reporting years, the data represents a snapshot across the applicable reporting period. These figures cannot reflect seizures that have not been submitted for forensic examination due to prioritisation of law enforcement resources or those that have passed through the border undetected. Certain seizures/samples, such as those containing swabs or trace material, have been omitted from the analysis as they are not amenable to chemical profiling. It is difficult to extrapolate the impact of any observed border trends on drugs reaching consumers i.e. street level seizures in Australia. Samples from selected state and territory jurisdictions are submitted for chemical profiling as part of the Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project.

- In contrast to the previous reporting period, the proportion of Peruvian cocaine seized at the Australian border has increased, returning to similar levels to those observed in 2015.
- Data for 2017 show an increased incidence of seizures containing cocaine originating from more than one geographical location (mixed origin). This included 1.4 tonnes of cocaine seized during Operation ARMOUR, which comprised 389 kilograms of cocaine of Colombian origin and 1,031 kilograms of cocaine of unclassified origin.
- Considerable increases have been observed in the bulk weight of cocaine of unclassified origin.

TABLE 11: Geographical origin of coca leaf used to produce cocaine as a proportion of analysed AFP border seizures, 2009–June 2018[79] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	Colombia %	Peru %	Bolivia %	Mixed %	Unclassified %
Jan–Jun 2018	60.7	14.3	–	7.1	17.9
2017	59.6	11.9	–	13.8	14.7
2016	75.9	0.9	–	9.3	13.9
2015	53.6	13.1	2.4	5.9	25.0
2014	47.9	43.8	1.4	6.9	–
2013	64.1	28.2	–	5.1	2.6
2012	55.3	29.1	–	5.9	9.7
2011	55.9	35.3	–	5.9	2.9
2010	55.2	30.2	1.0	6.3	7.3
2009	44.9	32.7	2.0	10.2	10.2

TABLE 12: Geographical origin of coca leaf used to produce cocaine as a proportion of total bulk weight of analysed AFP border seizures, 2009–June 2018[79] (Source: Australian Federal Police, Forensic Drug Intelligence)

Year	Colombia %	Peru %	Bolivia %	Mixed %	Unclassified %
Jan–Jun 2018	84.2	9.3	–	–	6.5
2017	63.6	3.6	–	<0.1	32.8
2016	84.1	1.8	–	–	14.1
2015	49.9	8.9	0.1	34.7	6.4
2014	67.2	31.8	0.9	0.1	–
2013	9.9	90.0	–	–	0.1
2012	23.7	74.3	–	1.3	0.7
2011	51.3	44.2	–	4.4	0.1
2010	96.3	3.2	<0.1	–	0.4
2009	91.3	6.8	<0.1	–	1.9

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

The Enhanced National Intelligence Picture on Illicit Drugs (ENIPID) project extends this profiling to include state and territory seizures involving heroin, methylamphetamine and cocaine. This enables detection of similarities between supply routes into different jurisdictions, links between different criminal groups, as well as comparison of trends between jurisdictions.[80]

Profiling data from 2017 indicates that Colombia was the dominant source of cocaine submitted to the ENIPID project, both as a proportion of all analysed samples and as a proportion of all analysed cases in all jurisdictions (see Appendix 2, Tables 5 and 6).

- For the first six months of 2018 there was a comparable split between Colombian and mixed/unclassified samples. This is consistent with reporting for the same period in 2017.
- The prevalence of Peruvian cocaine submitted to the ENIPID project increased in 2017.
- Data from 2017 show a decrease in the proportion of jurisdictional mixed/unclassified samples (as a whole).

DOMESTIC MARKET INDICATORS

No single data set provides a comprehensive picture of illicit drugs or the Australian illicit drug market. Each has benefits and limitations, and it is only through the layering of multiple data that we are able to enhance our understanding of the extent of the supply and demand trends in Australia's illicit drug markets.

The National Drug Strategy Household Survey (NDSHS) collects self-report information on alcohol, tobacco and illicit drug use among the general population and also surveys people's attitudes and perceptions in relation to these. Conducted approximately every three years, the related report presents estimates derived from survey responses weighted to the appropriate Australian population. According to the 2016 NDSHS:

- The proportion of the Australian population aged 14 years or older who reported having used cocaine at least once in their lifetime increased, from 8.1 per cent in 2013 to 9.0 per cent in 2016.
- The proportion of the Australian population aged 14 years or older who reported having recently[81] used cocaine increased, from 2.1 per cent in 2013 to 2.5 per cent in 2016 (AIHW 2017).

The National Wastewater Drug Monitoring Program (NWDMP) collects wastewater samples every two months in capital city sites and every four months in regional sites. Aimed at acquiring data on the population-scale use of substances causing potential harm, the program provides a measure of the consumption of 12 illicit and licit drugs. According to data from the NWDMP:

- The population-weighted average consumption of cocaine increased when comparing data from August 2017 and August 2018.

80 The Proceeds of Crime Act (POCA) funded ENIPID project officially concluded on 30 June 2016. Since then, the ENIPID capability has been integrated into core AFP FDI duties to ensure its continued delivery through AFP Forensics.
81 In the NDSHS, recent use refers to reported use in the previous 12 months.

- Using data derived from the NWDMP, the ACIC estimates more than 4.1 tonnes of cocaine is consumed in Australia each year, with the estimated weight of cocaine consumed nationally increasing from the first to the second year of the program (ACIC 2019).

The below data reflect drug use within sentinel groups. As such, they are not representative of all people who use drugs, or drug use in the general population. However, they provide valuable insight into patterns of drug use and market trends and can assist in the identification of emerging issues that require further monitoring.

The Illicit Drug Reporting System (IDRS) collects self-report information on drug use and related harms annually from individuals in Australian capital cities who regularly inject drugs. According to the national study of injecting drug users:

- The proportion of respondents reporting cocaine as their drug of choice increased, from 1.0 per cent in 2017 to 2.0 per cent in 2018.
- The proportion of respondents reporting the recent use[82] of cocaine increased, from 13.0 per cent in 2017 to 14.0 per cent in 2018.
- In 2018, the reported median number of days of cocaine use in the six months preceding interview remained unchanged at 3 days[83] (Peacock et al. 2018a).

The Ecstasy and Related Drugs Reporting System (EDRS) collects self-report information on drug use and related harms annually from individuals in Australian capital cities who regularly use ecstasy and other stimulants. According to the national study of regular ecstasy users:

- The proportion of respondents reporting cocaine as their drug of choice increased, from 6.0 per cent in 2017 to 8.0 per cent in 2018.
- The proportion of respondents reporting the recent use of cocaine increased, from 48.0 per cent in 2017 to 59.0 per cent in 2018. This is the highest proportion recorded since cocaine monitoring began in 2003.
- In 2018, the reported median number of days of cocaine use in the six months preceding interview remained unchanged at 3 days[84] (Peacock et al. 2018b).

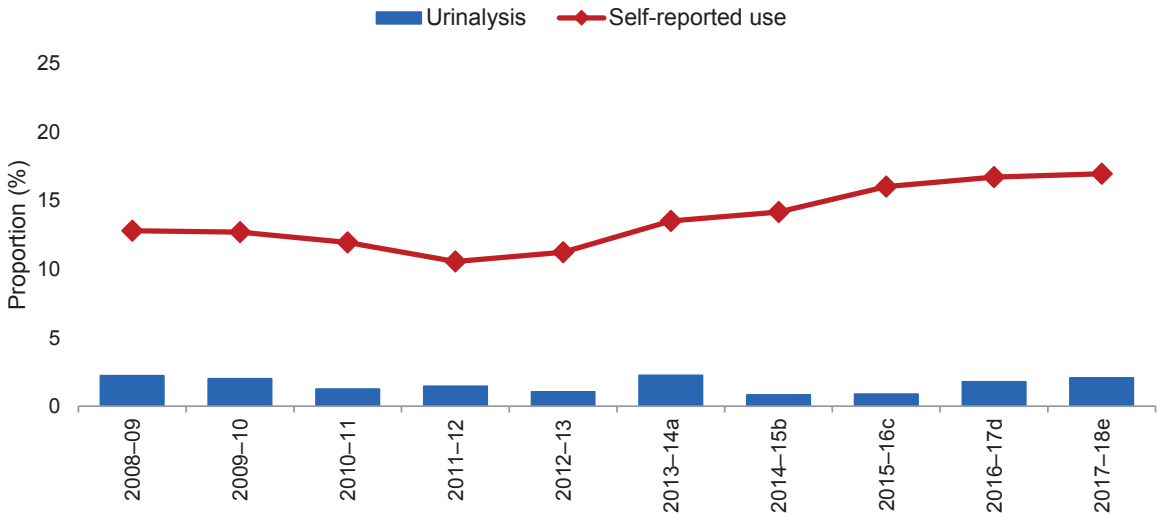
The Australian Needle and Syringe Program Survey (ANSPS) collects self-report information and capillary blood samples[85] annually to monitor blood borne viral infections and associated risk behaviour among individuals who inject drugs. According to the ANSPS National Data Report 2013–17, the proportion of respondents reporting cocaine as the drug last injected remained unchanged at 1.0 per cent in 2017 (Heard et al. 2018).

82 In both the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.
83 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
84 A figure for this data will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
85 Individuals participating in the survey are invited to provide a blood sample for HIV and HCV antibody testing.

The Drug Use Monitoring in Australia (DUMA) program collects criminal justice and drug use information on a quarterly basis from police detainees and comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.[86] According to data from the DUMA program:

- The proportion of detainees testing positive to cocaine increased this reporting period, from 1.8 per cent in 2016–17 to 2.1 per cent in 2017–18.
- The self-reported recent use[87] of cocaine among detainees remained relatively stable, increasing from 16.7 per cent in 2016–17 to a record high of 16.9 per cent in 2017–18.
- During the past decade, the proportion of detainees testing positive to cocaine has fluctuated, while the proportion of detainees self-reporting recent cocaine use has increased (see Figure 20).

FIGURE 20: National proportion of detainees testing positive for cocaine compared with self-reported recent use, 2008–09 to 2017–18 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.
e. Urine was collected in the third quarter of 2017 in Adelaide, Brisbane and Perth; the fourth quarter of 2017 in Bankstown; and the first quarter of 2018 in Adelaide, Brisbane, Perth and Surry Hills.

The Australian Secondary Students Alcohol and Drug Survey (ASSAD) collects self-report information on alcohol, tobacco, over-the-counter drugs and illicit substance use among Australian secondary school students (aged 12 to 17) and is conducted every three years. According to the 2017 ASSAD survey:

- The proportion of respondents who reported having used cocaine at least once in their lifetime remained stable at 2.0 per cent.
- The proportion of respondents who reported having used cocaine at least once in the past month remained stable at 1.0 per cent (Guerin & White 2018).

86 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
87 Recent use in the DUMA program refers to self-reported use in the 12 months prior to arrest.

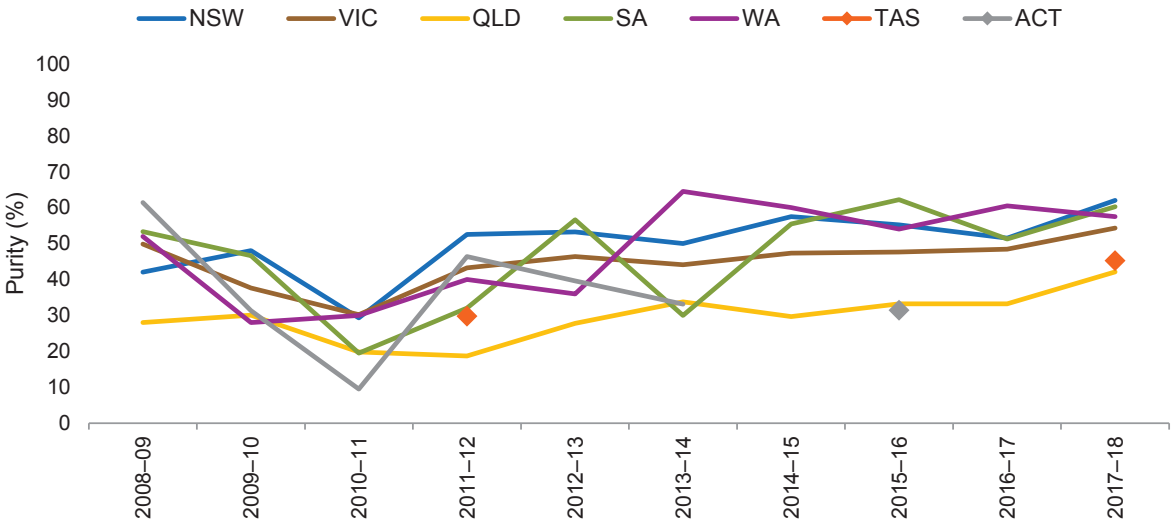
PRICE

Nationally, the price for 1 gram of cocaine remained unchanged between 2016–17 and 2017–18, ranging between $200 and $600. Nationally, the price of 1 kilogram of cocaine ranged between $100,000 and $300,000 in 2017–18, compared to a price range of between $180,000 and $300,000 in 2016–17.

PURITY

Since 2008–09, the annual median purity of analysed cocaine samples has ranged between 9.5 per cent and 64.5 per cent (see Figure 21). In 2017–18, the annual median purity ranged from 42.1 per cent in Queensland to 62.0 per cent in New South Wales. With the exception of Western Australia, which reported a decrease, all states reported an increase in annual median purity in 2017–18. In 2017–18, the quarterly median purity of cocaine ranged between 31.1 per cent in Queensland in the third quarter of 2017 and 70.0 per cent in Western Australia in the first quarter of 2018.[88]

FIGURE 21: Annual median purity of cocaine samples, 2008–09 to 2017–18



AVAILABILITY

In a 2018 national study of regular injecting drug users, 64.0 per cent of respondents reported cocaine as easy or very easy to obtain, an increase from 59.0 per cent in 2017 (Peacock et al. 2018a).

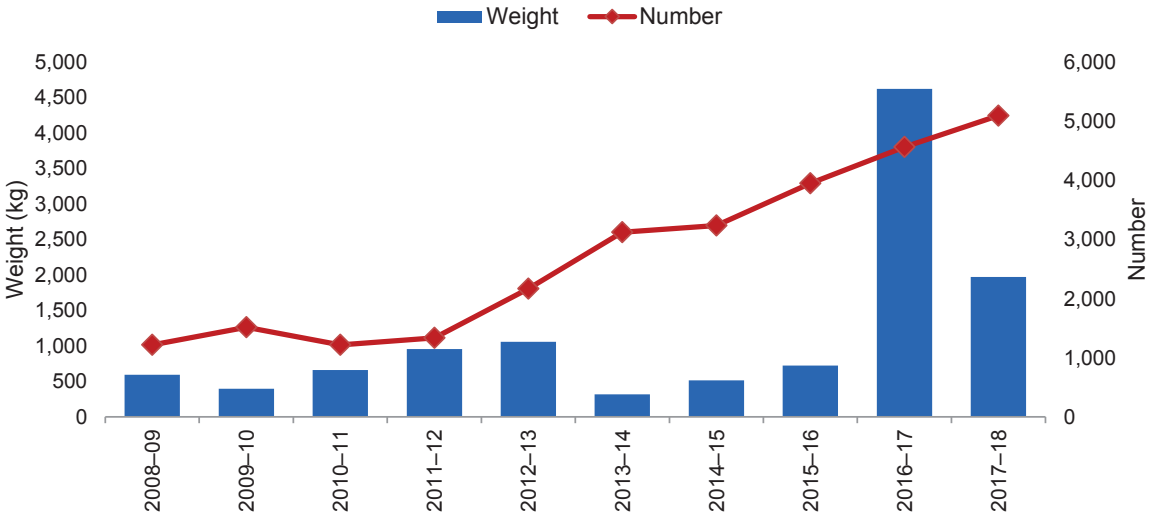
In a 2018 national study of regular ecstasy users, 62.0 per cent of respondents reported cocaine as easy or very easy to obtain, an increase from 55.0 per cent in 2017 (Peacock et al. 2018b).

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

SEIZURES AND ARRESTS

The number of national cocaine seizures increased 11.6 per cent this reporting period, from 4,567 in 2016–17 to a record 5,096 in 2017–18. The weight of cocaine seized nationally decreased 57.4 per cent this reporting period, from a record 4,623.3 kilograms in 2016–17 to 1,970.7 kilograms in 2017–18 (see Figure 22). While there was a decrease in the weight of cocaine seized nationally, the 1,970.7 kilograms is the second highest weight seized on record.

FIGURE 22: National cocaine seizures, by number and weight, 2008–09 to 2017–18



Queensland reported the greatest percentage increase in the number of cocaine seizures this reporting period, while South Australia reported the greatest percentage increase in the weight of cocaine seized. New South Wales continues to account for the greatest proportion of national cocaine seizures, accounting for 65.3 per cent of the number and 71.8 per cent of the weight of cocaine seized nationally in 2017–18 (see Table 13).

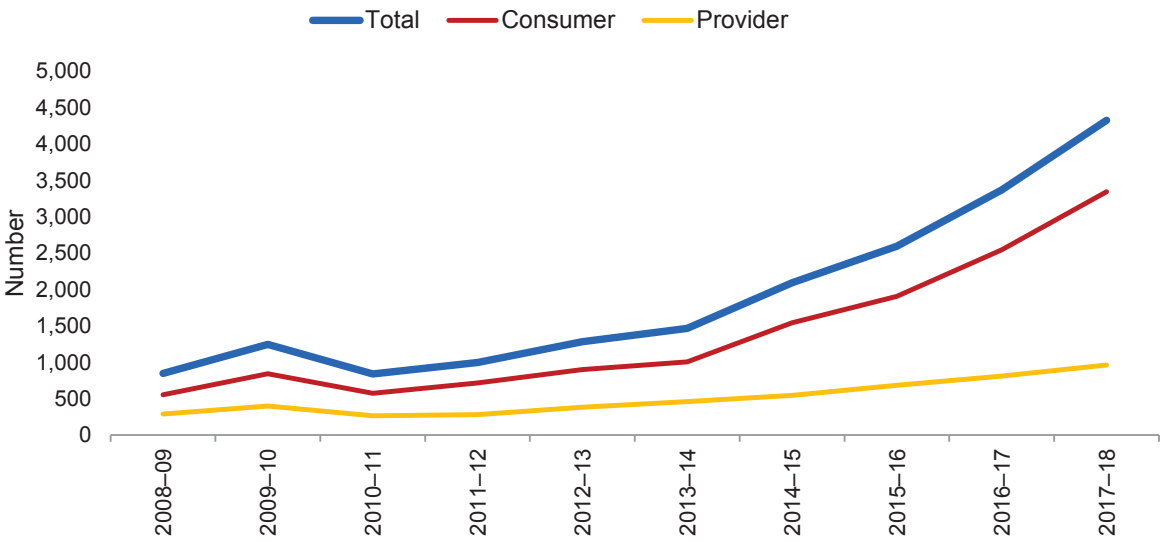
TABLE 13: Number, weight and percentage change of national cocaine seizures, 2016–17 and 2017–18

	Number			Weight (grams)		
State/Territory[a]	2016–17	2017–18	% change	2016–17	2017–18	% change
New South Wales	3,216	3,327	3.5	3,908,711	1,414,761	-63.8
Victoria	319	407	27.6	457,204	343,080	-25.0
Queensland	436	641	47.0	51,767	163,321	215.5
South Australia	66	38	-42.4	4,199	16,632	296.1
Western Australia[b]	316	461	45.9	13,834	31,197	125.5
Tasmania	22	25	13.6	187,128	135	-99.9
Northern Territory	51	45	-11.8	323	969	200.0
Australian Capital Territory	141	152	7.8	182	652	258.2
Total	**4,567**	**5,096**	**11.6**	**4,623,348**	**1,970,747**	**-57.4**

a. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

The number of national cocaine arrests increased 28.5 per cent this reporting period, from 3,366 in 2016–17 to a record 4,325 in 2017–18 (see Table 14). Consumer arrests continue to account for the greatest proportion of arrests, comprising 77.7 per cent of national cocaine arrests in 2017–18 (see Figure 23). However, of the 26 cocaine arrests reported for the Northern Territory, more were cocaine provider arrests than consumer arrests this reporting period.

FIGURE 23: Number of national cocaine arrests, 2008–09 to 2017–18



New South Wales reported the greatest percentage increase in cocaine arrests this reporting period. New South Wales continues to account for the greatest proportion of national cocaine arrests, accounting for 53.5 per cent in 2017–18.

TABLE 14: Number and percentage change of national cocaine arrests, 2016–17 and 2017–18

	Arrests		
State/Territory[a]	2016–17	2017–18	% change
New South Wales	1,687	2,316	37.3
Victoria	621	765	23.2
Queensland	539	737	36.7
South Australia	135	164	21.5
Western Australia[b]	241	208	-13.7
Tasmania	9	5	-44.4
Northern Territory	27	26	-3.7
Australian Capital Territory	107	104	-2.8
Total	**3,366**	**4,325**	**28.5**

a. The arrest data for each state and territory include Australian Federal Police data.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

NATIONAL IMPACT

The weight of cocaine seized globally increased 23.0 per cent in 2016, with the 1,129 tonnes seized the highest weight ever reported. Colombia continues to account for the greatest proportion of global cocaine production.

Despite fluctuations, indicators of cocaine demand and supply point to an expanding cocaine market in Australia.

Indicators of cocaine demand include surveys of drug users, police detainees and wastewater analysis.

- According to the 2016 NDSHS, both reported cocaine use in lifetime and recent use increased between 2013 and 2016.
- According to a national survey of police detainees, both the proportion of detainees testing positive to cocaine and those self-reporting recent cocaine use increased in 2017–18.
- The NWDMP identified that cocaine is the second most consumed stimulant drug monitored by the program. When comparing wastewater data from August 2016 to August 2018, the population-weighted average consumption of cocaine in both capital city and regional sites increased.
- According to studies of injecting drug users and ecstasy users, the proportion of respondents reporting cocaine as their drug of choice increased this reporting period. The proportion of respondents reporting recent cocaine use also increased.

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

- While both the number and weight of cocaine detections at the Australian border decreased this reporting period, they remain comparatively high.
- There was a record number of national cocaine seizures in 2017–18. While the weight of cocaine seized nationally more than halved this reporting period from the record weight reported in 2016–17, it is the second highest weight recorded in the last decade.
- The number of national cocaine arrests increased to a record high in 2017–18.
- With the exception of Western Australia, all states reported an increase in the annual median purity of cocaine in 2017–18.
- Drug profiling identified the continued prominence of Colombia as a source country for cocaine in Australia, with an increased proportion of mixed/unclassified samples in the ENIPID data this reporting period.

REFERENCES

Australian Criminal Intelligence Commission (ACIC) 2019, *National Wastewater Drug Monitoring Program – Report 6,* Canberra, <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

Australian Institute of Health and Welfare (AIHW) 2017, *National Drug Strategy Household Survey 2017: detailed findings, Drug Statistics series no. 31*, Canberra, <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf>.

Baker, A, Lee, NK, & Jenner L (Eds) 2004, *Models of intervention and care for psychostimulant users*, 2nd Edition, National Drug Strategy Monographs Series No. 51, Australian Government, Department of Health and Aging, Canberra, <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-document-mono51-cnt.htm>.

Guerin, N & White, V 2018, *ASSAD 2017 Statistics and Trends, Australian secondary students' use of tobacco, alcohol, over-the-counter drugs, and illicit substances*, Cancer Council Victoria, Melbourne, <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/australian-secondary-students-alcohol-drug-survey>.

Heard, S, Iversen J, Geddes, L & Maher L 2018, *Australian Needle Syringe Program Survey National Data Report 2013-2017: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees*. Kirby Institute, University of New South Wales, Sydney.

Peacock, A, Gibbs, D, Sutherland, R, Uporova, J, Karlsson, A, Sutherland, R, Bruno, R, Dietze, P, Lenton, S, Alati, R, Degenhardt, L, & Farrell, M 2018a, *Australian Drug Trends 2018. Key findings from the National Illicit Drug Reporting System (IDRS) Interviews*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Peacock, A, Gibbs, D, Karlsson, A, Uporova, J, Sutherland, R, Bruno, R, Dietze, P, Lenton, S, Alati, R, Degenhardt, L, & Farrell, M 2018b, *Australian Drug Trends 2018. Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Sistema Integrado de Monitoreo de Cultivos Ilicitos (SIMCI)-Oficina de las Naciones Unidas contra la Droga y el Delito (UNODC) 2018, *Informe de Monitoreo de Territorios Afectados por Cultivos Ilicitos 2017*, Bogota, <https://www.unodc.org/documents/crop-monitoring/Colombia/Colombia_Monitoreo_territorios_afectados_cultivos_ilicitos_2017_Resumen.pdf>.

United Nations Office on Drugs and Crime (UNODC) 2017, *World Drug Report 2017, Vienna*.

United Nations Office on Drugs and Crime (UNODC) 2018a, *World Drug Report 2018, Vienna*.

United Nations Office on Drugs and Crime (UNODC) 2018b, *Monitoreo de cultivos de coca 2017 – with summary in English*, Lima, <https://www.unodc.org/documents/crop-monitoring/Peru/Peru_Monitoreo_de_Cultivos_de_Coca_2017_web.pdf>.

United Nations Office on Drugs and Crime (UNODC) 2018c, *Coca monitoring survey in the Plurinational State of Bolivia, fact sheet and executive summary*, Cochabamba, <https://www.unodc.org/documents/crop-monitoring/Bolivia/Bolivia_coca_survey_2017_Summary_and_fact_sheet.pdf>.

United States Department of Justice, Drug Enforcement Administration (US DEA), Intelligence Division, Strategic Intelligence Section 1993, *Coca cultivation and cocaine processing: an overview*, (Executive Summary), <http://www.druglibrary.org/schaffer/govpubs/cocccp.htm>.

World Customs Organization (WCO) 2018, *Illicit Trade Report 2017*, Brussels.

OTHER DRUGS

KEY POINTS

- While substances which comprise the other drugs category have smaller supply and demand trends than other traditional illicit drugs, they represent diverse and dynamic markets, and include substances with very high harm potential.
- Indicators of demand and supply for other drugs in Australia in 2017–18 provide a mixed picture.
  - The number of detections of PIEDs at the Australian border decreased. The number of national steroid seizures and arrests also decreased, with the weight of steroids seized nationally increasing this reporting period.
  - The number of tryptamine detections at the Australian border decreased—the majority of which were LSD. The number and weight of national hallucinogen seizures also decreased this reporting period, while the number of national hallucinogen arrests increased.
  - The number of anaesthetic detections at the Australian border decreased. While the majority of border detections this reporting period related to ketamine, other indicators—including the number of clandestine laboratories—point to a potential expansion of the GBL/GHB market.
  - The weight of other opioids seized nationally increased.
  - Forensic profiling of NPS indicate that while cathinone-type substances have traditionally accounted for the greatest proportion of the number of analysed border seizures, amphetamine-type substances accounted for the greatest proportion of both the number and weight this reporting period.
  - There was a record number of national other and unknown drug arrests. The number of national other and unknown drug seizures remained relatively stable this reporting period, while the related weight seized increased.

OTHER DRUGS

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

- anabolic agents and selected hormones
- anaesthetics
- new psychoactive substances (NPS)[89]
- pharmaceuticals
- tryptamines
- other drugs not elsewhere classified (NEC).

ANABOLIC AGENTS AND OTHER SELECTED HORMONES

MAIN FORMS

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

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

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

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

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

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

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

INTERNATIONAL TRENDS

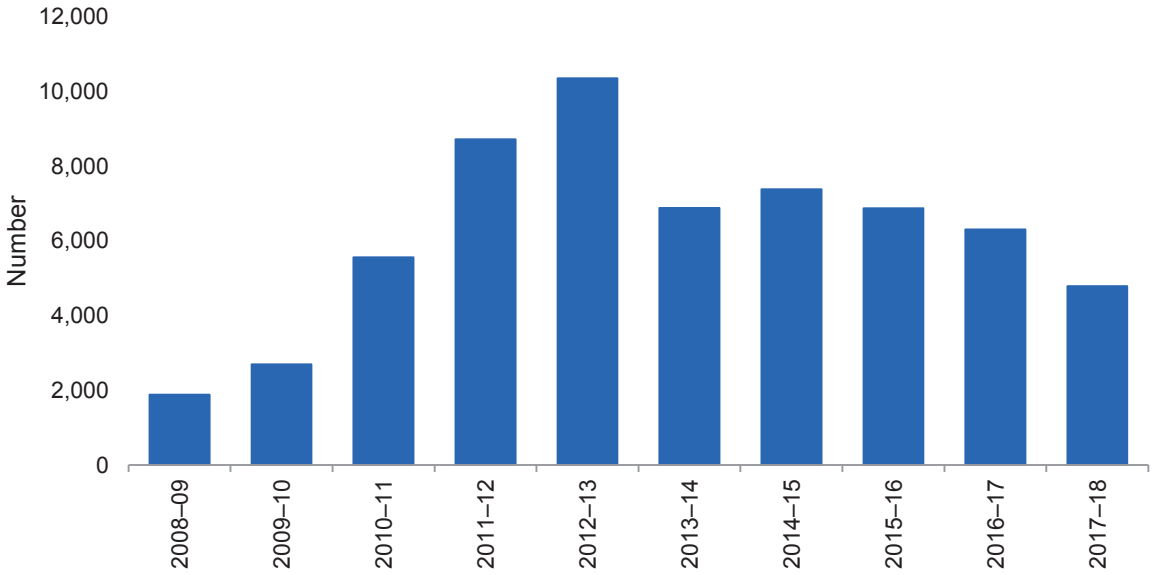
INTERPOL and the Permanent Forum on International Pharmaceutical Crime (PFIPC) initiated Operation Pangea (Pangea) in 2008. Pangea is an annual international operation coordinated by INTERPOL and supported by the World Customs Organization, the PFIPC, the Heads of Medicines Agencies Working Group of Enforcement Officers, Europol and the Pharmaceutical Security Institute which targets the online advertising, sale and supply of illicit and counterfeit medicines and medical devices that pose a threat to public health and safety. Activity is in the form of an international week of action and continues to evolve and build upon best practice. The most recent iteration, Pangea XI, took place over 9–16 October 2018 and involved police, customs and health regulatory authorities from 116 countries. The operation resulted in 859 arrests worldwide and the seizure of 500 tonnes of illicit pharmaceuticals—including anabolic steroids—worth an estimated USD 14 million (INTERPOL 2018).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of PIED detections at the Australian border decreased 24.1 per cent this reporting period, from 6,308 in 2016–17 to 4,790 in 2017–18 (see Figure 24).[90]

FIGURE 24: Number of performance and image enhancing drug detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)

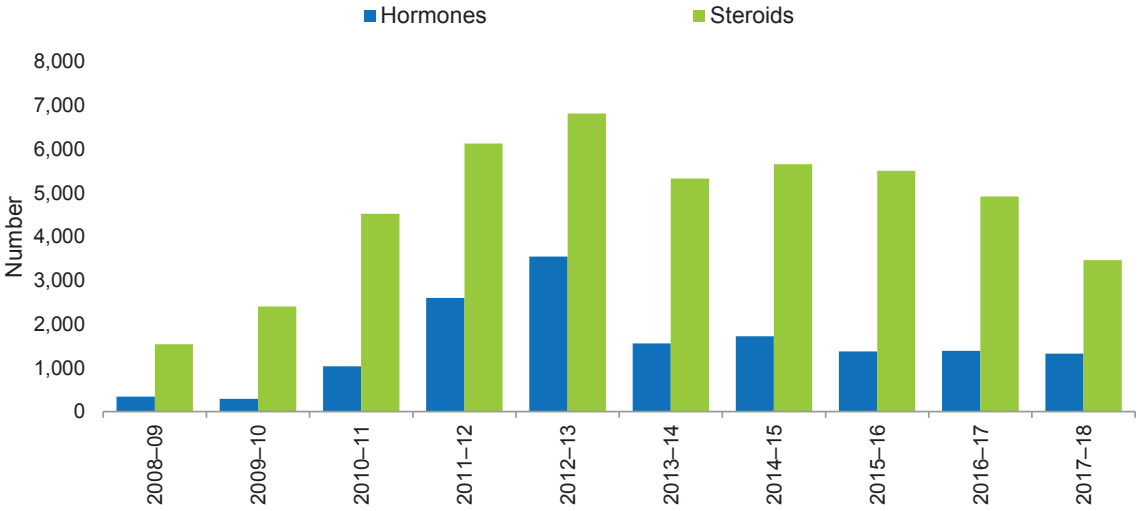


Of the 4,790 PIED detections in 2017–18, 72.3 per cent were steroids and 27.7 per cent were hormones (see Figure 25).

- The number of steroid border detections decreased 29.6 per cent this reporting period, from 4,918 in 2016–17 to 3,462 in 2017–18.
- The number of hormone border detections decreased 4.5 percent this reporting period, from 1,390 in 2016–17 to 1,328 in 2017–18.

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

FIGURE 25: Number of performance and image enhancing drug detections, by category, at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



The number of clenbuterol detections at the Australian border decreased 43.4 per cent this reporting period, from 463 in 2016–17 to 262 in 2017–18.

IMPORTATION METHODS

In 2017–18, detections of PIEDs occurred in the international mail, air cargo, air passenger/crew and sea cargo streams. The international mail stream accounted for 86.0 per cent of the number of PIED detections at the Australian border this reporting period, followed by air cargo (8.6 per cent), air passenger/crew (5.3 per cent) and sea cargo (0.1 per cent).[91]

In 2017–18, detections of clenbuterol occurred in the international mail, air cargo and air passenger/crew streams. The international mail stream accounted for 86.3 per cent of the number of clenbuterol detections at the Australian border this reporting period, followed by air passenger/crew (10.3 per cent) and air cargo (3.4 per cent).

EMBARKATION POINTS

In 2017–18, 59 countries were identified as embarkation points for PIED detections at the Australian border, the same number of countries reported in 2016–17. By number, the United States (US) was the primary embarkation point for PIED detections in 2017–18. Other key embarkation points by number this reporting period include the United Kingdom (UK), China (including Hong Kong), Thailand, India, Philippines, Singapore, Turkey, Poland and the United Arab Emirates.

In 2017–18, 31 countries were identified as embarkation points for clenbuterol detections at the Australian border, compared with 26 countries in 2016–17.

91 A figure for importation methods of PIEDs detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

DOMESTIC MARKET INDICATORS

The National Drug Strategy Household Survey (NDSHS) collects self-report information on alcohol, tobacco and illicit drug use among the general population and also surveys people's attitudes and perceptions in relation to these. Conducted approximately every three years, the related report presents estimates derived from survey responses weighted to the appropriate Australian population. According to the 2016 NDSHS:

- The proportion of the Australian population aged 14 years or older reporting the non-medical use of steroids at least once in their lifetime increased, from 0.5 per cent in 2013 to 0.6 per cent in 2016.
- The proportion of the Australian population aged 14 years or older who reported having recently used[92] steroids for non-medical purposes remained stable at 0.1 per cent in 2016 (AIHW 2017a).

The below data reflect drug use within sentinel groups. As such, they are not representative of all people who use drugs, or drug use in the general population. However, they provide valuable insight into patterns of drug use and market trends and can assist in the identification of emerging issues that require further monitoring.

The Illicit Drug Reporting System (IDRS) collects self-report information on drug use and related harms annually from individuals in Australian capital cities who regularly inject drugs. According to the national study of injecting drug users:

- Seven per cent of respondents reported having used steroids at least once in their lifetime in 2017. No data were available for 2018.
- The proportion of respondents reporting the recent use[93] of steroids increased, from 2.0 per cent in 2017 to 3.0 per cent in 2018 (Peacock et al. 2018a).

The Ecstasy and Related Drugs Reporting System (EDRS) collects self-report information on drug use and related harms annually from individuals in Australian capital cities who regularly use ecstasy and other stimulants. According to the national study of regular ecstasy users:

- Three per cent of respondents reported having used steroids at least once in their lifetime in 2017. No data were available for 2018.
- One per cent of respondents reported the recent use of steroids in 2017. No data were available for 2018 (Stafford & Breen 2017a).

92 In the NDSHS, recent use refers to reported use in the 12 months preceding interview.
93 In both the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS), recent use refers to reported use in the six months preceding interview.

The Australian Needle and Syringe Program Survey (ANSPS) collects self-report information and capillary blood samples[94] annually to monitor blood borne viral infections and associated risk behaviour among individuals who inject drugs. According to the ANSPS National Data Report 2013–17:

- Nationally, the proportion of respondents reporting PIEDs as the drug last injected increased, from 4.0 per cent in 2016 to 5.0 per cent in 2017.
- New South Wales and Queensland had the highest reported prevalence of PIEDs as the drug last injected, ranging from 6.0 per cent to 14.0 per cent over the period 2013 to 2017 in Queensland and between 10.0 per cent and 12.0 per cent in New South Wales.
- In 2017, the proportion of respondents reporting the injection of PIEDs remained stable at 2.0 per cent or less in all other states and territories.
- In 2017, of the respondents who recently initiated[95] injecting drug use, one in four (26.0 per cent) reported PIEDs as the drug last injected (Heard et al. 2018).

The Australian Secondary Students Alcohol and Drug Survey (ASSAD) collects self-report information on alcohol, tobacco, over-the-counter drugs and illicit substance use among Australian secondary school students (aged 12 to 17) and is conducted every three years. According to the 2017 ASSAD survey:

- The proportion of respondents who reported having used non-prescribed PIEDs at least once in their lifetime increased, from 2.0 per cent in 2014 to 3.0 per cent in 2017.
- The proportion of respondents who reported having used non-prescribed PIEDs at least once in the past month remained stable at 1.0 per cent in 2017 (Guerin & White 2018).

PRICE

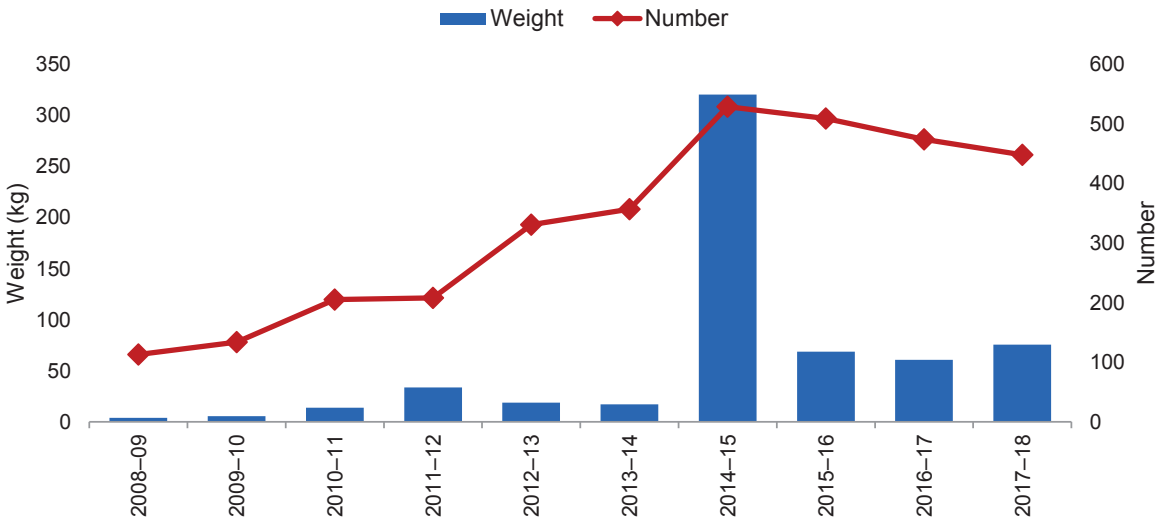
National law enforcement data on the price of PIEDs is limited (see Table 47, *Statistics* chapter).

SEIZURES AND ARRESTS

The number of national steroid seizures decreased 5.5 per cent this reporting period, from 474 in 2016–17 to 448 in 2017–18. The weight of steroids seized nationally increased 24.8 per cent this reporting period, from 60.6 kilograms in 2016–17 to 75.7 kilograms in 2017–18 (see Figure 26).

94 Individuals participating in the survey are invited to provide a blood sample for HIV and HCV antibody testing.
95 Less than three years since first injection.

FIGURE 26: National steroid seizures, by number and weight, 2008–09 to 2017–18



Western Australia reported the greatest percentage increase in the number of steroid seizures this reporting period, while New South Wales recorded the greatest percentage increase in the weight of steroids seized in 2017–18. New South Wales accounted for the greatest proportion of both the number (60.3 per cent) and weight (77.7 per cent) of national steroid seizures this reporting period (see Table 15).

TABLE 15: Number, weight and percentage change of national steroid seizures, 2016–17 and 2017–18

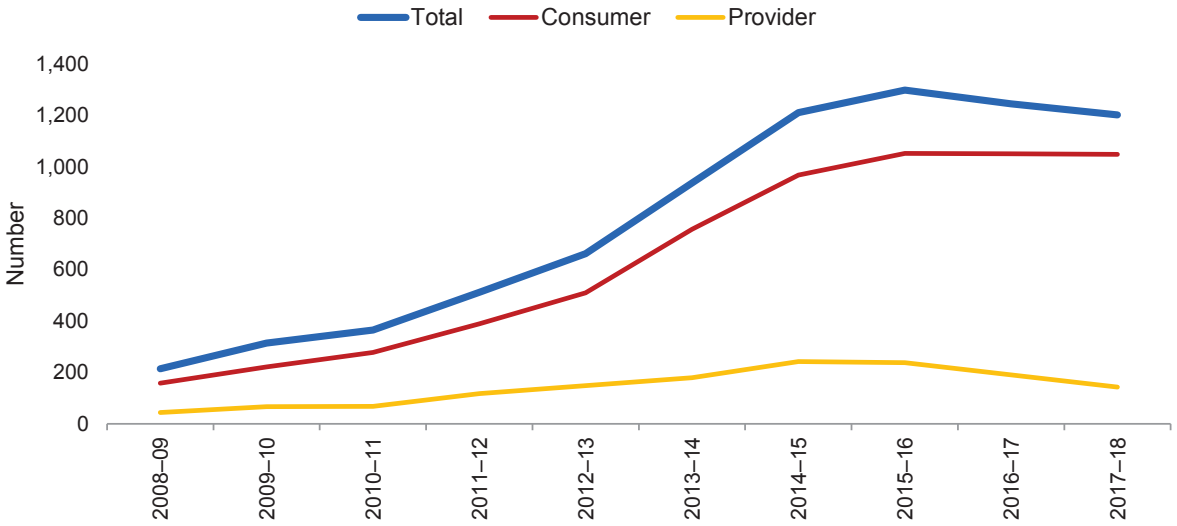
	Number			Weight (grams)		
State/Territory[a]	2016–17	2017–18	% change	2016–17	2017–18	% change
New South Wales	266	270	1.5	10,720	58,857	449.0
Victoria	27	9	-66.7	16,759	845	-95.0
Queensland	63	73	15.9	29,210	10,557	-63.9
South Australia	0	0	0.0	0	0	0.0
Western Australia[b]	33	49	48.5	1,647	2,034	23.5
Tasmania	6	0	-100.0	163	0	-100.0
Northern Territory	23	30	30.4	1,009	1,909	89.2
Australian Capital Territory	56	17	-69.6	1,151	1,527	32.7
Total	**474**	**448**	**-5.5**	**60,659**	**75,729**	**24.8**

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

b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

The number of national steroid arrests decreased 3.5 per cent this reporting period, from 1,244 in 2016–17 to 1,201 in 2017–18. Consumer arrests continue to account for the greatest proportion of arrests, comprising 88.0 per cent of national steroid arrests in 2017–18 (see Figure 27).

FIGURE 27: Number of national steroid arrests, 2008–09 to 2017–18



Although starting from a low base, South Australia reported the greatest percentage increase in the number of steroid arrests in 2017–18, with Queensland accounting for the greatest proportion of national steroid arrests this reporting period (55.8 per cent; see Table 16).

TABLE 16: Number and percentage change of national steroid arrests, 2016–17 and 2017–18

	Arrests		
State/Territory[a]	2016–17	2017–18	% change
New South Wales	164	178	8.5
Victoria	124	102	-17.7
Queensland	694	670	-3.5
South Australia	3	7	133.3
Western Australia[b]	220	211	-4.1
Tasmania	9	19	111.1
Northern Territory	15	10	-33.3
Australian Capital Territory	15	4	-73.3
Total	**1,244**	**1,201**	**-3.5**

a. The arrest data for each state and territory include Australian Federal Police data.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

TRYPTAMINES

MAIN FORMS

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

LYSERGIC ACID DIETHYLAMIDE (LSD)

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

- In pure form, LSD is a white, water-soluble and odourless powder.
- LSD is most commonly consumed orally, ingested on LSD-impregnated paper blotters (tabs[96]), miniature tablets (microdots) or gelatine sheets (window panes).
- In liquid form, LSD can be administered by intravenous or intramuscular injection, or through consumption of LSD-impregnated sugar cubes (ADF 2018c; UNODC 2016).

PSILOCYBIN-CONTAINING MUSHROOMS

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

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

INTERNATIONAL TRENDS

According to UNODC data, the weight of hallucinogens seized globally continued to decrease, with over 500.0 kilograms seized in 2016. The weight of global seizures of LSD—the predominant drug type within the hallucinogens drug group—more than doubled in 2016, largely due to the increase in the quantity of LSD seized in Europe and North America (UNODC 2018).

Small increases in the number of LSD and psilocybin-containing substance seizures were reported by World Customs Organization (WCO) agencies in 2017. No data was reported for the weight of LSD and psilocybin seized in 2017 (WCO 2018).

96 Small squares of absorbent paper generally decorated with artwork or designs and impregnated with LSD.

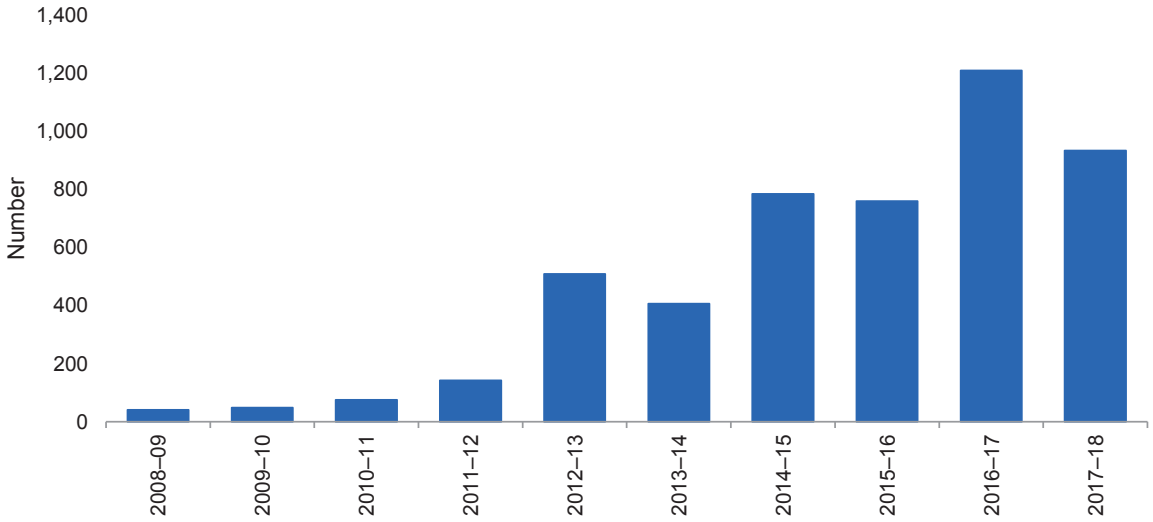
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of tryptamine detections at the Australian border decreased 22.8 per cent this reporting period, from a record 1,211 in 2016–17 to 935 in 2017–18, the second highest number on record (see Figure 28). The majority of tryptamine detections this reporting period were LSD.

- Of the 935 detections in 2017–18, 749 were LSD, a 15.6 per cent decrease from the 887 detections reported in 2016–17.
- There were 77 psilocybin detections, a 60.5 per cent decrease from the 195 detections in 2016–17.
- The remaining 109 detections this reporting period were reported as 'other'.

FIGURE 28: Number of tryptamine detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



IMPORTATION METHODS

In 2017–18, detections of tryptamines occurred in the air cargo, air passenger/crew and international mail streams. The international mail stream accounted for 99.7 per cent of the number of tryptamine detections at the Australian border this reporting period, followed by air cargo (0.2 per cent) and air passenger/crew (0.1 per cent).[97]

EMBARKATION POINTS

By number, the Netherlands was the primary embarkation point for tryptamine detections at the Australian border in 2017–18. Other key embarkation points by number this reporting period include Poland, Canada, Germany, the UK, Spain, Belgium, the US, Russia and Ukraine.

By number, Canada was the primary embarkation point for psilocybin detections at the Australian border in 2017–18. Other key embarkation points by number this reporting period include the Netherlands, Poland, the UK, Czech Republic, Bosnia and Herzegovina, Hungary and Austria.

97 A figure for importation methods of tryptamines detected in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

DOMESTIC MARKET INDICATORS

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

While no data are available for 2018, in a 2017 national study of regular injecting drug users, the proportion of respondents reporting the recent use of hallucinogens remained stable at 6.0 per cent. LSD was the main hallucinogen reportedly used within this user group in 2017, followed by magic mushrooms (Karlsson & Burns 2018; Stafford & Breen 2017b; Peacock et al. 2018a).

In a 2018 national study of regular ecstasy users, the proportion of respondents reporting the recent use of LSD increased, from 50.0 per cent in 2017 to 51.0 per cent in 2018. The reported recent use of magic mushrooms decreased, from 27.0 per cent in 2017 to 26.0 per cent in 2018 (Peacock et al. 2018b).

According to data from the 2017 ASSAD survey, the proportion of respondents who reported having used any hallucinogen[98] at least once in their lifetime increased, from 3.0 per cent in 2014 to 4.0 per cent in 2017, while the reported use of any hallucinogen at least once in the past month remained stable at 1.0 per cent (Guerin & White 2018).

PRICE

Nationally, the price per tab of LSD ranged between $5 and $50 in 2017–18, compared with a price range of $8 to $50 in 2016–17. Queensland was the only state to report a price ($800) for a single 20 millilitre vial of LSD this reporting period. South Australia was the only state to report a price for 1 gram of psilocybin in 2017–18, which ranged between $10 and $15.

AVAILABILITY

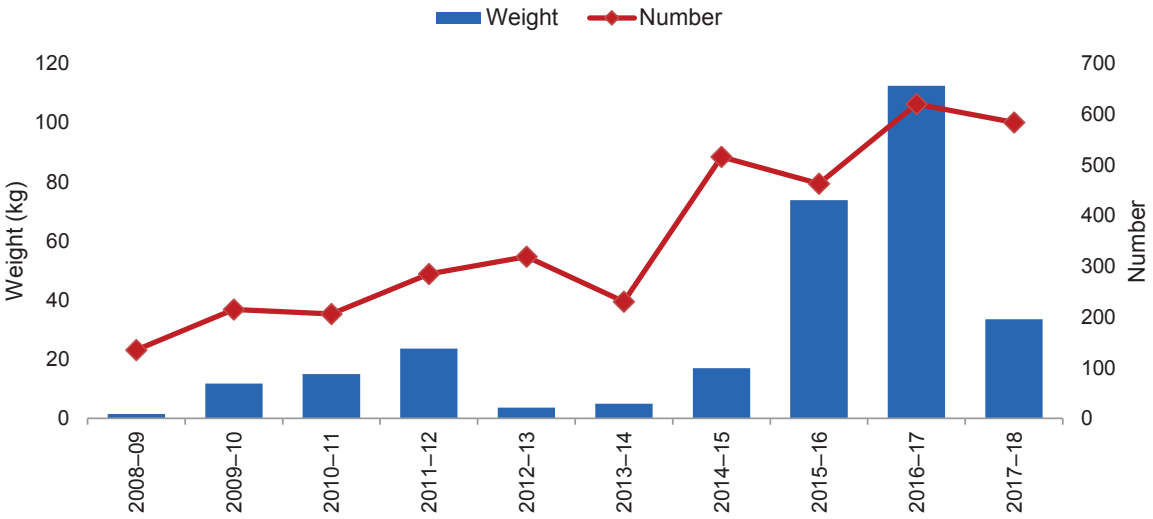
In a 2018 national study of regular ecstasy users, the proportion of respondents reporting LSD as easy or very easy to obtain decreased, from 62.0 per cent in 2017 to 61.0 per cent in 2018 (Peacock et al. 2018b).

SEIZURES AND ARRESTS

The number of national hallucinogen seizures decreased 5.8 per cent this reporting period, from a record 620 in 2016–17 to 584 in 2017–18. The weight of hallucinogens seized nationally decreased 70.2 per cent this reporting period, from a record 112.4 kilograms in 2016–17 to 33.5 kilograms in 2017–18 (see Figure 29).

98 In the 2017 ASSAD survey, 'hallucinogen' refers to LSD or magic mushrooms.

FIGURE 29: National hallucinogen seizures, by number and weight, 2008–09 to 2017–18



The Australian Capital Territory reported the greatest percentage increase in both the number and weight of hallucinogen seizures in 2017–18. New South Wales accounted for the greatest proportion of the number of national hallucinogen seizures this reporting period (56.2 per cent), while Victoria accounted for the greatest proportion of the weight of hallucinogens seized nationally (47.2 per cent; see Table 17).

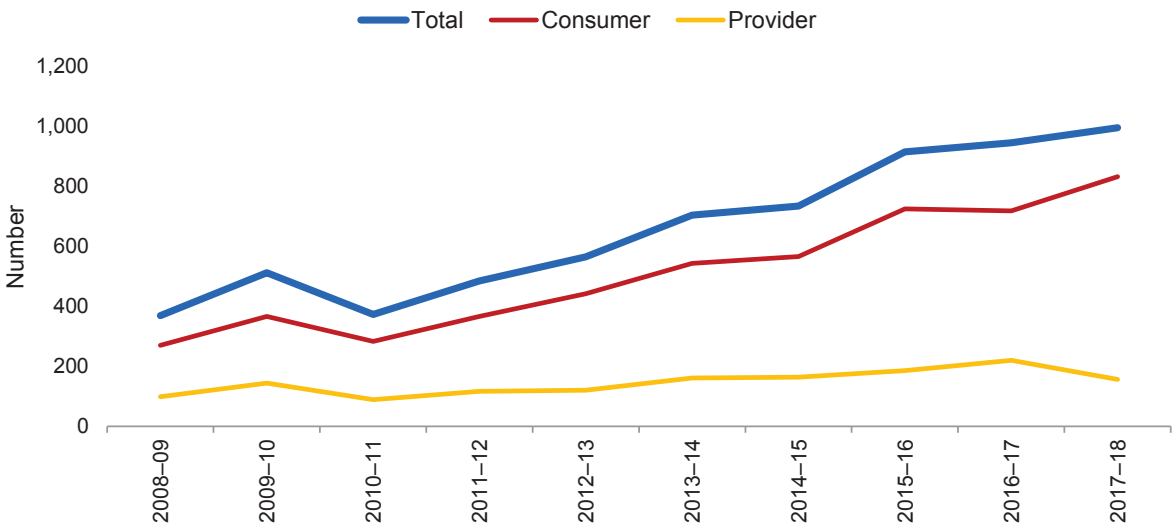
TABLE 17: Number, weight and percentage change of national hallucinogen seizures, 2016–17 and 2017–18

	Number			Weight (grams)		
State/Territory[a]	2016–17	2017–18	% change	2016–17	2017–18	% change
New South Wales	416	328	-21.2	15,914	6,365	-60.0
Victoria	53	92	73.6	68,709	15,832	-77.0
Queensland	41	33	-19.5	9,186	3,763	-59.0
South Australia	5	6	20.0	11,900	2,340	-80.3
Western Australia[b]	59	74	25.4	5,686	3,328	-41.5
Tasmania	9	14	55.6	217	190	-12.4
Northern Territory	27	17	-37.0	422	17	-96.0
Australian Capital Territory	10	20	100.0	429	1,711	298.8
Total	**620**	**584**	**-5.8**	**112,463**	**33,546**	**-70.2**

a. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

The number of national hallucinogen arrests increased 5.3 per cent this reporting period, from 945 in 2016–17 to 995 in 2017–18. Consumer arrests continue to account for the greatest proportion of arrests, comprising 84.2 per cent of national hallucinogen arrests in 2017–18 (see Figure 30). However, the Northern Territory reported the same number of hallucinogen consumer and provider arrests in 2017–18.

FIGURE 30: Number of national hallucinogen arrests, 2008–09 to 2017–18



The Australian Capital Territory reported the greatest percentage increase in the number of hallucinogen arrests in 2017–18. Queensland accounted for the greatest proportion of national hallucinogen arrests this reporting period (33.5 per cent), followed by New South Wales (23.8 per cent; see Table 18).

TABLE 18: Number and percentage change of national hallucinogen arrests, 2016–17 and 2017–18

	Arrests		
State/Territory[a]	2016–17	2017–18	% change
New South Wales	200	237	18.5
Victoria	138	139	0.7
Queensland	283	333	17.7
South Australia	43	56	30.2
Western Australia[b]	251	183	-27.1
Tasmania	10	25	150.0
Northern Territory	19	9	-52.6
Australian Capital Territory	1	13	1,200.0
Total	**945**	**995**	**5.3**

a. The arrest data for each state and territory include Australian Federal Police data.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

ANAESTHETICS

MAIN FORMS

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

KETAMINE

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

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

GAMMA-HYDROXYBUTYRATE (GHB) AND RELATED SUBSTANCES

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

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

INTERNATIONAL TRENDS

According to the 2018 World Drug Report, there was a sevenfold increase in the weight of sedatives and tranquilizers seized globally in 2016. The report attributes this to the marked increase in the weight of methaqualone[99], benzodiazepines and GHB seized in 2016. In contrast, both the number of countries reporting ketamine seizures and the weight of ketamine seized globally decreased in 2016. After continuous increases in the weight of ketamine seized globally since 2012, the weight seized decreased from 22.0 tonnes in 2015 to 12.2 tonnes in 2016. This decrease is largely attributable to the significant decrease in the weight of ketamine seized in China (including Hong Kong), with East and South-East Asia continuing to account for the greatest proportion of the weight of ketamine seized globally (over 12 tonnes in 2016; UNODC 2018).

WCO data for ketamine and GHB were not available in 2017. WCO agencies reported 1,032 seizures of GBL in 2017 (WCO 2018).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

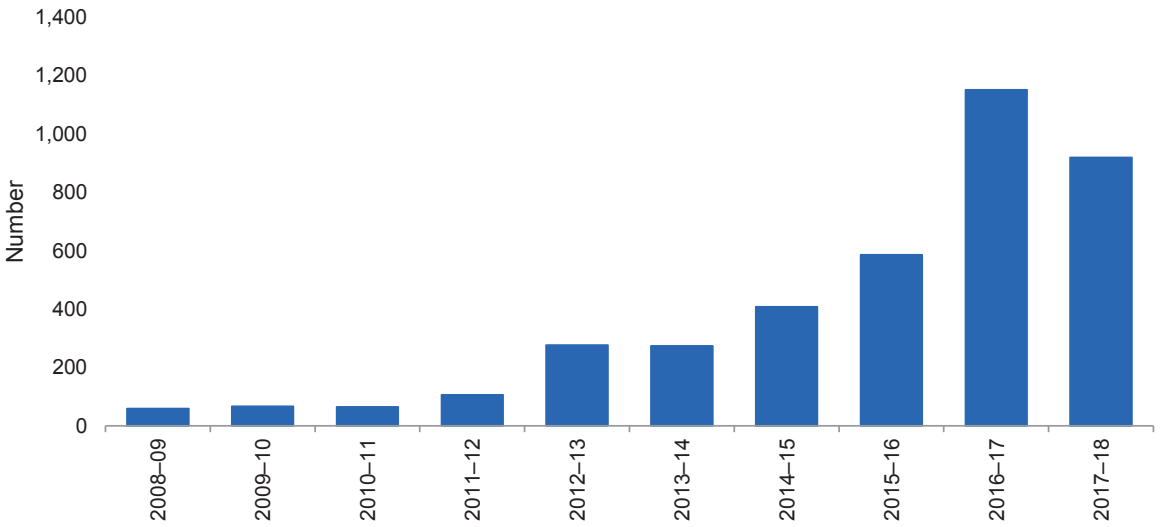
Detections of anaesthetics by the Department of Home Affairs include GHB, GBL and ketamine. The number of anaesthetic detections at the Australian border decreased 20.2 per cent this reporting period, from 1,151 in 2016–17 to 919 in 2017–18 (see Figure 31).

- The number of ketamine detections decreased 37.7 per cent this reporting period, from 973 detections in 2016–17 to 606 detections in 2017–18 and account for 65.9 per cent of the number of anaesthetic detections at the Australian border this reporting period.

99 A sedative and hypnotic medication.

- The number of GHB detections increased 20.9 per cent this reporting period, from 43 detections in 2016–17 to 52 detections in 2017–18 and account for 5.7 per cent of the number of anaesthetic detections at the Australian border this reporting period.
- The number of GBL detections increased 29.6 per cent this reporting period, from 135 detections in 2016–17 to 175 detections in 2017–18 and account for 19.0 per cent of the number of anaesthetic detections at the Australian border this reporting period.

FIGURE 31: Number of anaesthetic detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



IMPORTATION METHODS

In 2017–18, detections of anaesthetics occurred in the air cargo, air passenger/crew and international mail streams. The international mail stream accounted for 85.4 per cent of the number of anaesthetic detections at the Australian border this reporting period, followed by air cargo (13.7 per cent) and air passenger/crew (0.9 per cent).[100]

In 2017–18, GHB/GBL detections occurred in the air cargo, air passenger/crew and international mail streams. The international mail stream accounted for 85.0 per cent of the number of GHB/GBL detections at the Australian border this reporting period, followed by air cargo (12.8 per cent) and air passenger/crew (2.2 per cent).[101]

In 2017–18, ketamine detections occurred in the air cargo, air passenger/crew and international mail streams. The international mail stream accounted for 97.7 per cent of the number of ketamine detections at the Australian border this reporting period, followed by air cargo (1.8 per cent) and air passenger/crew (0.5 per cent).[102]

100 A figure for importation methods of anaesthetics detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
101 A figure for importation methods of GHB and GBL detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
102 A figure for importation methods of ketamine detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

EMBARKATION POINTS

In 2017–18, China (including Hong Kong) was the primary embarkation point for the number of GHB and GBL detections at the Australian border. Other key embarkation points by number this reporting period include the Netherlands, Lithuania, the US, Germany, Belgium, Canada, Thailand, the UK and Austria.

In 2017–18, the Netherlands was the primary embarkation point for the number of ketamine detections at the Australian border. Other key embarkation points by number this reporting period include the UK, Italy, Germany, India, Malaysia, France, Canada, Belgium and China (including Hong Kong).

DOMESTIC MARKET INDICATORS

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

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

In a 2018 national study of regular ecstasy users, the proportion of respondents reporting recent GHB use decreased, from 7.0 per cent in 2017 to 6.0 per cent in 2018. Within this user group the proportion of respondents reporting the recent use of ketamine also decreased, from 37.0 per cent in 2017 to 35.0 per cent in 2018 (Peacock et al. 2018b).

CLANDESTINE LABORATORIES

The number of GBL/GHB clandestine laboratories detected nationally doubled this reporting period, from 11 in 2016–17 to a record 22 in 2017–18 (see *Clandestine Laboratories and Precursors* chapter).

PRICE

Nationally, the price for 1 gram of ketamine powder ranged between $100 and $250 in 2017–18, compared with a price range of $150 to $200 in 2016–17. Nationally, the price for 1–1.5 millilitres of GHB/GBL ranged between $3 and $10 in 2017–18, compared with a price range of $4 to $8 (reported by Queensland and South Australia) in 2016–17. Nationally, the price of a litre of GHB/GBL ranged between $600 and $3,500 in 2017–18, compared with a price range of $800 to $3,000 in 2016–17.

AVAILABILITY

In a 2018 national study of regular ecstasy users, the proportion of respondents reporting ketamine as easy or very easy to obtain increased, from 64.0 per cent in 2017 to 65.0 per cent in 2018. Data relating to the availability of GHB were unavailable for 2018 (Peacock et al. 2018b).

PHARMACEUTICALS

MAIN FORMS

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

- family and friends with legitimate prescriptions
- forged prescriptions
- over prescribing by health-care professionals
- online pharmacies
- theft from hospitals or pharmacies
- doctor shopping
- healthcare professionals self-prescribing or misappropriating medication (UNODC 2011).

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

BENZODIAZEPINES

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

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

OPIOIDS

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

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

INTERNATIONAL TRENDS

The UNODC notes the increasing concern of law enforcement and public health officials globally over the non-medical use of pharmaceutical opioids. Hydrocodone, oxycodone, codeine and tramadol are the primary pharmaceutical opioids consumed for non-medical purposes in North America. In Europe the main substances are methadone, buprenorphine and fentanyl, and among people reporting the non-medical use of pharmaceutical opioids in West and North Africa and the Near and Middle East, tramadol is the primary substance used (UNODC 2018).

According to the World Drug Report, 87 tonnes of pharmaceutical opioids were seized in 2016, comprising 68 tonnes of tramadol, 18 tonnes of codeine, 1 tonne of oxycodone and 400 kilograms of fentanyl. With the exception of tramadol, methadone and hydromorphone, the UNODC reported increases in the weight of pharmaceutical opioids seized from 2015 and 2016. The most significant increases in the weight seized were recorded for codeine, oxycodone, fentanyl (and its analogues) and buprenorphine. As in 2015, Africa accounted for the greatest proportion of the weight of pharmaceutical opioids seized globally in 2016 (87.0 per cent), in particular West, Central and North Africa (UNODC 2018).

DOMESTIC TRENDS

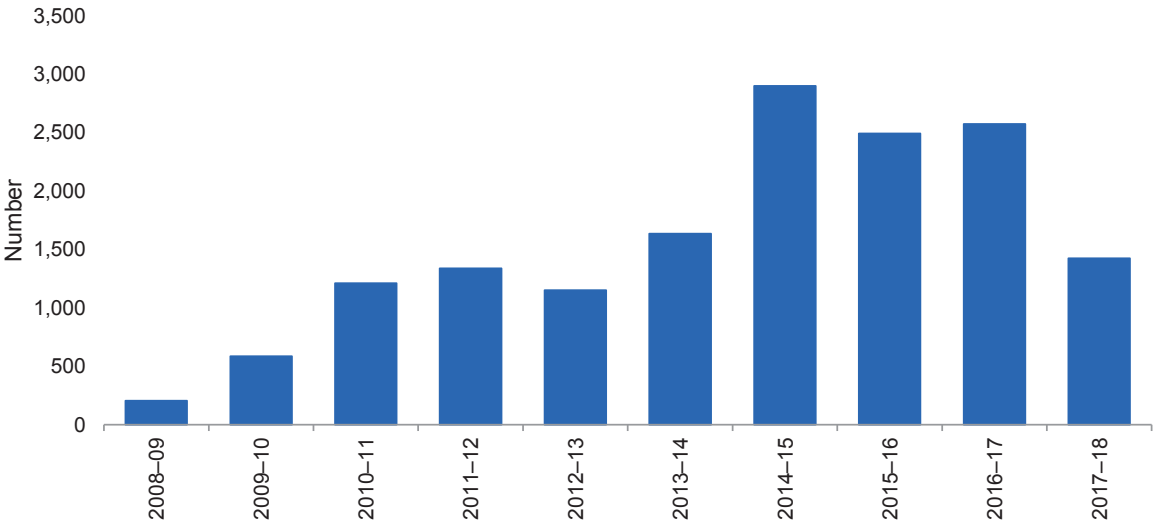
AUSTRALIAN BORDER SITUATION

The importation of prescription pharmaceuticals by individuals is primarily done for personal use and without criminal intent. Pharmaceuticals continue to be purchased over the internet for a variety of reasons, including the anonymity afforded to purchasers, the ability to purchase without a prescription and lower costs. However, the importation of prescription pharmaceuticals can result in a greater risk of purchasing counterfeit drugs, which either have no effect, or can be dangerous or contain a different active ingredient than expected.

Pharmaceutical detections reported by the Department of Home Affairs only reflect detections of benzodiazepines and opioids.[103] The number of benzodiazepine and opioid pharmaceuticals detected at the Australian border decreased 44.6 per cent this reporting period, from 2,574 in 2016–17 to 1,425 in 2017–18 (see Figure 32).

- The number of benzodiazepine detections at the Australian border decreased 47.6 per cent this reporting period, from 2,404 in 2016–17 to 1,260 in 2017–18.
- The number of opioid pharmaceutical detections at the Australian border decreased 2.9 per cent this reporting period, from 170 in 2016–17 to 165 in 2017–18.

FIGURE 32: Number of pharmaceutical detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



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

IMPORTATION METHODS

In 2017–18, detections of benzodiazepines at the Australian border occurred in the air cargo, air passenger/crew, international mail and sea cargo streams. The international mail stream accounted for 72.9 per cent of the number of benzodiazepine detections at the Australian border this reporting period, followed by air passenger/crew (24.0 per cent), air cargo (2.5 per cent) and sea cargo (0.5 per cent).[104]

In 2017–18, detections of opioids at the Australian border occurred in the air cargo, air passenger/crew, international mail and sea cargo streams. The international mail stream accounted for 66.7 per cent of the number of opioid detections at the Australian border this reporting period, followed by air passenger/crew (15.2 per cent), air cargo (12.7 per cent) and sea cargo (5.5 per cent).[105]

DOMESTIC MARKET INDICATORS

According to the 2016 NDSHS, the proportion of the Australian population aged 14 years or older reporting the non-medical[106] use of any pharmaceuticals (excluding OTC[107]) at least once in their lifetime increased, from 7.3 per cent in 2013 to 12.8 per cent in 2016. In the same survey, the proportion reporting recent, non-medical use of any pharmaceuticals (excluding OTC) also increased, from 3.6 per cent to 4.8 per cent (AIHW 2017a).

The National Wastewater Drug Monitoring Program (NWDMP) collects wastewater samples every two months in capital city sites and every four months in regional sites. Aimed at acquiring data on the population-scale use of substances causing potential harm, the program provides a measure of the consumption of 12 illicit and licit drugs. According to data from the NWDMP:

- When comparing data for August 2017 and August 2018, the population-weighted average consumption of oxycodone for both capital city and regional sites increased.
- When comparing data from the start of the program (August 2016) to August 2018, the population-weighted average consumption of oxycodone decreased in capital city and regional sites.
- When comparing data for August 2017 and August 2018, the population-weighted average consumption of fentanyl increased in both capital city and regional sites.
- When comparing data from the start of the program to August 2018, the population-weighted average consumption of fentany increased in capital city and regional sites (ACIC 2019).

According to a national study of injecting drug users:

- The proportion of respondents reporting the recent ‘non-prescribed’ use of benzodiazepines decreased, from 32.0 per cent in 2017 to 30.0 per cent in 2018.

104 A figure for importation methods of benzodiazepine detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
105 A figure for importation methods of opioid detections in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
106 The NDSHS relates use for non-medical purposes to the use of drugs either alone or with other drugs to induce or enhance a drug experience, for performance enhancement or cosmetic purposes.
107 OTC refers to paracetamol, aspirin and other non-opioid over-the-counter pain-killers/analgesics.

- The proportion of respondents reporting the recent non-prescribed use of buprenorphine decreased, from 10.0 per cent in 2017 to 7.0 per cent in 2018.
- The proportion of respondents reporting the recent non-prescribed use of methadone remained unchanged at 16.0 per cent in 2018.
- The proportion of respondents reporting the recent non-prescribed use of morphine decreased, from 24.0 per cent in 2017 to 22.0 per cent in 2018.
- The proportion of respondents reporting the recent non-prescribed use of oxycodone decreased, from 17.0 per cent in 2017 to 14.0 per cent in 2018.
- The proportion of respondents reporting the recent non-prescribed use of pharmaceutical stimulants increased, from 7.0 per cent in 2017 to 9.0 per cent in 2018 (Peacock et al. 2018a).

According to a national study of regular ecstasy users:

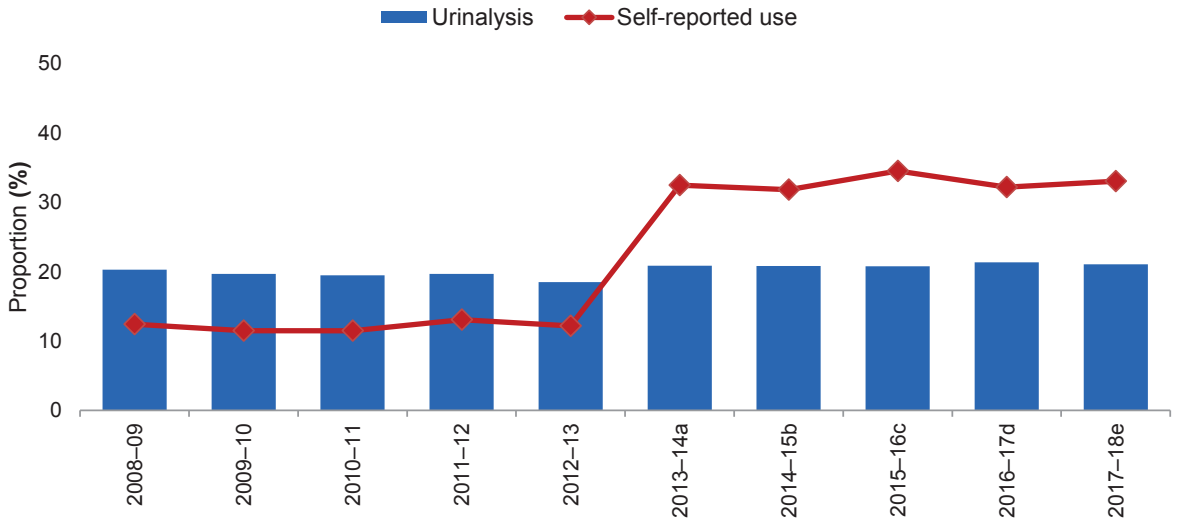
- The proportion of respondents reporting the recent use of illicitly obtained benzodiazepines increased, from 37.0 per cent in 2017 to 41.0 per cent in 2018.
- The proportion of respondents reporting the recent use of illicitly obtained pharmaceutical stimulants decreased, from 42.0 per cent in 2017 to 34.0 per cent in 2018 (Peacock et al. 2018b).

The Drug Use Monitoring in Australia (DUMA) program, which examines drug use and offending patterns among police detainees, comprises an interviewer-assisted self-report survey and the voluntary provision of a urine sample which is subjected to urinalysis to detect licit and illicit drug use.[108]

- The proportion of detainees testing positive for benzodiazepines[109] remained relatively stable this reporting period, decreasing from 21.3 per cent in 2016–17 to 21.1 per cent in 2017–18. The self-reported recent use[110] of benzodiazepines increased this reporting period, from 32.2 per cent in 2016–17 to 33.0 in 2017–18 (see Figure 33).
- The proportion of detainees testing positive for any opiates[111] decreased this reporting period, from 12.8 per cent in 2016–17 to 10.8 per cent in 2017–18. The self-reported recent use of any opiates increased this reporting period, from 18.2 per cent in 2016–17 to 21.5 in 2017–18 (see Figure 34).

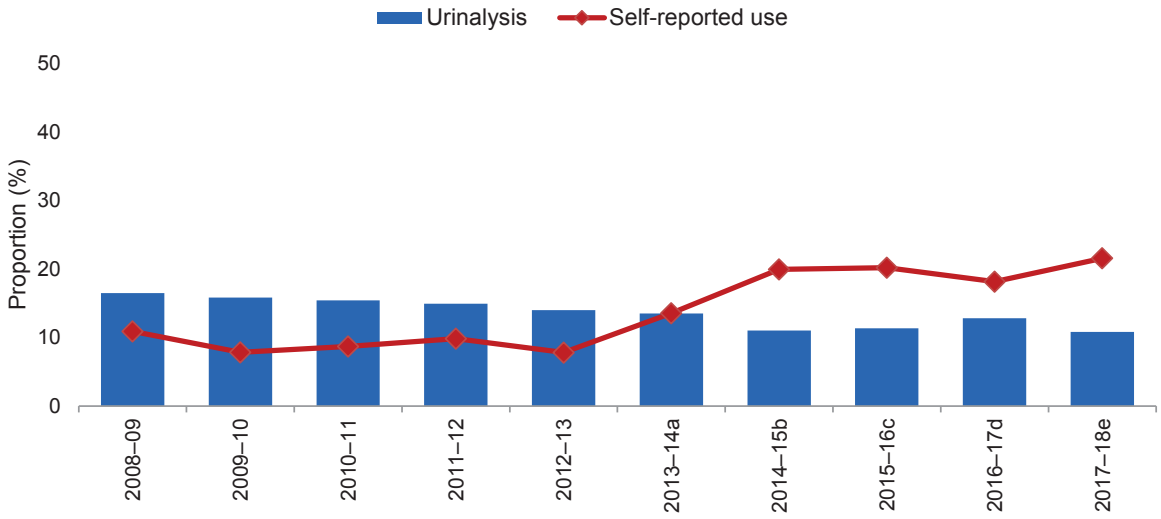
108 Detainees can participate in the survey without providing a urine sample. Cases with missing data are excluded from the relevant analysis.
109 Benzodiazepines and their metabolites can be detected in urine for 2 to 14 days after administration.
110 Recent use in DUMA program refers to self-reported use in the 12 months prior to arrest.
111 Opiates and their metabolites cam be detected in urine on average 2 to 3 days after administration.

FIGURE 33: National proportion of detainees testing positive for benzodiazepines, 2008–09 to 2017–18 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.
e. Urine was collected in the third quarter of 2017 in Adelaide, Brisbane and Perth; the fourth quarter of 2017 in Bankstown; and the first quarter of 2018 in Adelaide, Brisbane, Perth and Surry Hills.

FIGURE 34: National proportion of detainees testing positive for any opiate compared with self-reported use of opiates other than heroin, 2008–09 to 2017–18 (Source: Australian Institute of Criminology)



a. Urine was collected in the third and fourth quarter of 2013 and the first quarter of 2014.
b. Urine was collected in the third quarter of 2014 and the first and second quarter of 2015.
c. Urine was collected in the third quarter of 2015 and the first and second quarter of 2016.
d. Urine was collected in the third quarter of 2016 and the second quarter of 2017.
e. Urine was collected in the third quarter of 2017 in Adelaide, Brisbane and Perth; the fourth quarter of 2017 in Bankstown; and the first quarter of 2018 in Adelaide, Brisbane, Perth and Surry Hills.

According to data from the 2017 ASSAD survey:

- The proportion of respondents reporting the non-medicinal[112] use of tranquilisers[113] at least once in their lifetime increased, from 18.0 per cent in 2014 to 20.0 per cent in 2017.
- The proportion of respondents reporting the non-medicinal use of tranquilisers in the past month increased, from 5.0 per cent in 2014 to 6.0 per cent in 2017.
- In 2017, 6.0 per cent of the respondents reported the non-medicinal use of other opiates at least once in their lifetime.[114]
- In 2017, 2.0 per cent of respondents reported the non-medicinal use of other opiates in the past month (White & Williams 2016; Guerin & White 2018).

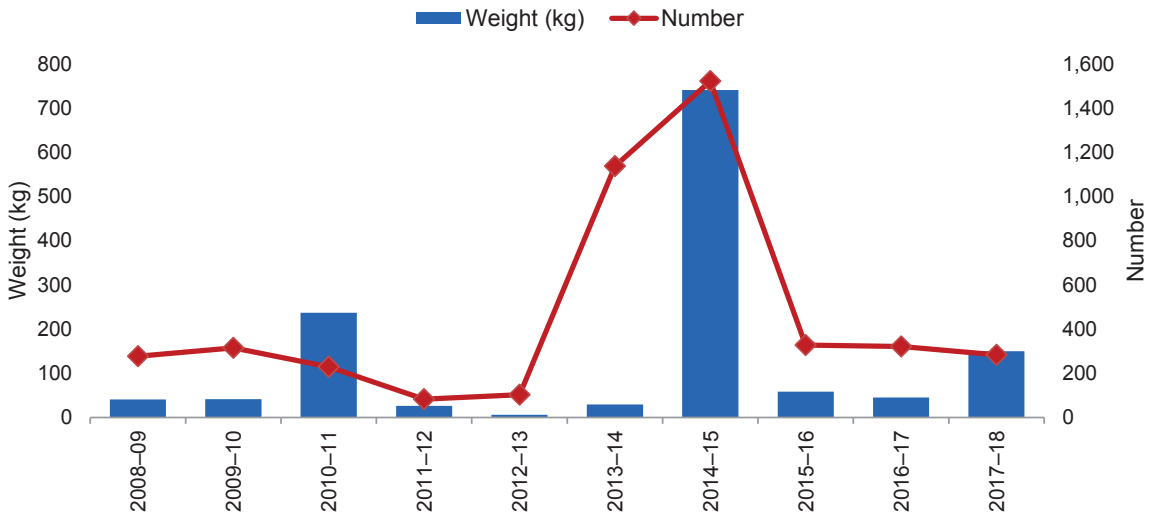
PRICE

Law enforcement price data for pharmaceuticals obtained for non-medical use is limited. Nationally, the price for a single tablet of MS Contin ranged between $25 and $50 in 2017–18, compared with a price of $30 (reported in Queensland) in 2016–17. Nationally, the price for a single tablet of OxyContin ranged between $10 and $100 in 2017–18, compared to a price range of $10 to $130 in 2016–17 (reported by New South Wales and Queensland). Nationally, the price for a single 100 microgram patch of fentanyl ranged between $75 and $450 in 2017–18, compared to a price range of $50 to $400 in 2016–17 (reported in New South Wales). The price of a single benzodiazepine tablet ranged between $5 and $25 in 2017–18, slightly lower than the price range of $10 to $25 reported in Queensland and South Australia in 2016–17.

SEIZURES

The number of national other opioid seizures decreased 11.5 per cent this reporting period, from 321 in 2016–17 to 284 in 2017–18. The weight of other opioids seized nationally increased 230.7 per cent this reporting period, from 45.4 kilograms in 2016–17 to 150.1 kilograms in 2017–18 (see Figure 35).

FIGURE 35: National other opioid seizures, by number and weight, 2008–09 to 2017–18



112 In the 2017 ASSAD survey, 'non-medicinal' refers to use 'without a doctor's prescription' or 'other than for medical reasons'.
113 In the 2017 ASSAD survey, 'tranquilisers' includes sleeping tablets, tranquillisers, sedatives or benzodiazepines.
114 In the 2017 ASSAD survey, 'other opiates' includes methadone, morphine, oxycodone or pethidine.

Western Australia reported the greatest percentage increase in both the number and weight of other opioid seizures this reporting period. New South Wales accounted for the greatest proportion of the number (62.7 per cent) and weight (67.5 per cent) of national other opioid seizures in 2017–18 (see Table 19).

TABLE 19: Number, weight and percentage change of national other opioid seizures, 2016–17 and 2017–18

	Number			Weight (grams)		
State/Territory[a]	2016–17	2017–18	% change	2016–17	2017–18	% change
New South Wales	212	178	-16.0	35,270	101,283	187.2
Victoria	26	46	76.9	8,886	44,120	396.5
Queensland	11	19	72.7	116	2,393	1,962.9
South Australia	0	2	–	0	11	–
Western Australia[b]	9	18	100.0	83	2,285	2,653.0
Tasmania	26	5	-80.8	503	3	-99.4
Northern Territory	0	0	0.0	0	0	0.0
Australian Capital Territory	37	16	-56.8	542	27	-95.0
Total	**321**	**284**	**-11.5**	**45,400**	**150,122**	**230.7**

a. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

NEW PSYCHOACTIVE SUBSTANCES[115]

MAIN FORMS

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

- There are three categories of analogue drugs: direct, structural and functional.
- NPS are often marketed and sold under a range of terms including 'legal highs'[116], 'herbal highs', 'bath salts', 'designer drugs' and 'research chemicals' (UNODC 2017a; UNODC 2017b; UNODC 2017c; Wermuth 2006).

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

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

SYNTHETIC CANNABINOIDS

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

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

4-MMC (4-METHYLMETHCATHINONE)

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

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

NBOME COMPOUNDS

There are a number of different NBOMe compounds available, with differing effects. NBOMes are potent hallucinogenic drugs, with 25I, 25B and 25C the most commonly encountered NBOMe compounds.

- NBOMes are available in various forms including blotter paper (similar to LSD), liquid, powder or tablet and can be consumed orally (buccal or sublingual), snorted or injected (ADF 2018i; UNODC 2016; EMCDDA 2014; AMCD 2013).

INTERNATIONAL TRENDS

Through the Early Warning Advisory on New Psychoactive Substances (NPS) system, the UNODC continues to track a large number of NPS (803 as of December 2017) since it began global monitoring in 2009. While the number of NPS reported to the UNODC increased every year between 2009 and 2015, the number declined between 2015 and 2016. The 2018 World Drug Report notes that while synthetic cannabinoids account for the largest number of global NPS seizures, when grouped by pharmacological effect, stimulants account for the greatest proportion, followed by synthetic cannabinoids and hallucinogens. In contrast to other categories of NPS, the number of substances under the broad category of 'other substances', which includes derivatives of prescription medicines such as fentanyl analogues and derivatives of benzodiazepines, has continued to increase every year since 2014, totalling 155 substances in 2017 (UNODC 2018).

According to the WCO, the number of NPS[117] seizures by WCO agencies increased by a third, from 2,663 in 2016 to 3,550 seizures in 2017. The subcategory 'other substances' accounted for the greatest proportion of the number of NPS seizures in 2017, as well as the greatest increase in seizure numbers from 2016. Synthetic cannabinoids accounted for the greatest proportion of the weight of NPS seized in 2017 (13,196 kilograms)—largely attributable to four seizures, each weighing over 2,900 kilograms. The US, Denmark, Hong Kong (China), Norway and Belgium reported the highest number of seizures of NPS in 2017 (WCO 2018).

117 The WCO includes a variety of substances under the NPS category, including synthetic cathinones, synthetic cannabinoids, phenethylamines, plant-based substances, ketamine and phencyclidine-type substances, tryptamines and other substances.

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

The number of NPS detections at the Australian border decreased 29.0 per cent this reporting period, from 968 detections in 2016–17 to 687 detections in 2017–18. Detections occurred in the air cargo, air passenger/crew and international mail streams. The international mail stream accounted for the greatest proportion of the number of NPS detections at the Australian border this reporting period (82.5 per cent), followed by air cargo (17.3 per cent) and air passenger/crew (0.1 per cent).[118]

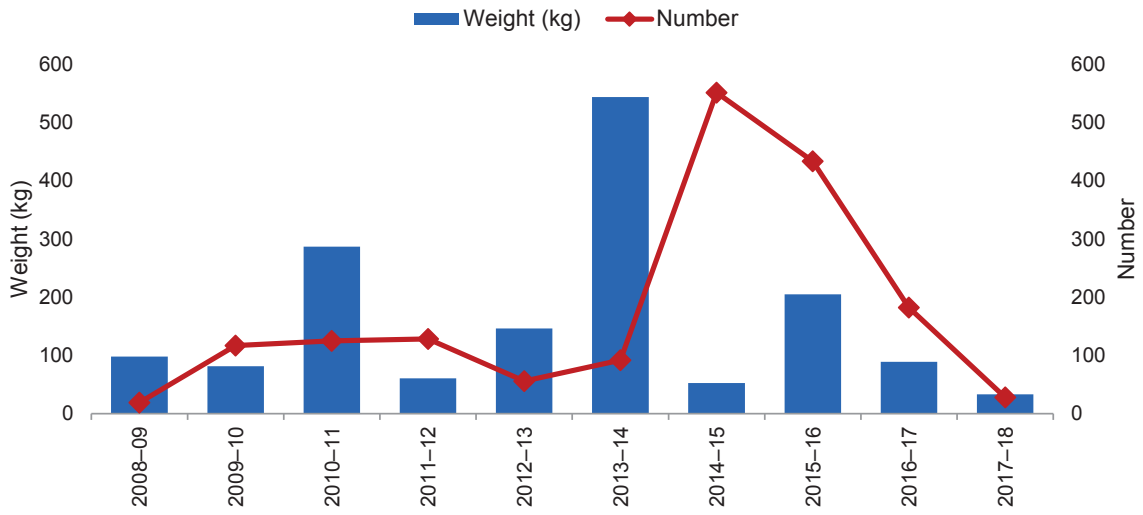
DRUG PROFILING

Although the range of NPS appearing on the illicit drug market is large, and some only appear sporadically, the Australian Federal Police (AFP) Forensic Drug Intelligence team, in consultation with the National Measurement Institute (NMI), has identified the following categories of NPS:

- amphetamine-type substances
- cathinone-type substances
- synthetic cannabinoids
- tryptamine-type substances
- other[119]

For the third consecutive reporting period, the number of NPS seizures at the Australian border selected for further analysis decreased, from 182 in 2016–17 to 28 in 2017–18. The weight of analysed seizures also decreased this reporting period, from 89.0 kilograms in 2016–17 to 33.1 kilograms in 2017–18[120] (see Figure 36).

FIGURE 36: Number and weight of seizures selected for further analysis and found to contain novel substances and drug analogues, 2008–09 to 2017–18 (Source: Australian Federal Police, Forensic Drug Intelligence)



118 A figure for importation methods of NPS detections will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.
119 Other NPS include 2C-group substances, synthetic opiates and ketamine analogues.
120 The data above refer only to seizures made by the AFP, examined by AFP crime scene teams, sampled and subsequently confirmed to contain a NPS by the NMI. Seizure data do not represent all AFP seizures of NPS during these periods.

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

- In 2017–18, amphetamine-type substances accounted for 32.1 per cent of the total number of analysed seizures, followed by other substances (28.6 per cent), cathinone-type substances (21.4 per cent) and tryptamine-type substances (17.9 per cent).
- There were no seizures of synthetic cannabinoids analysed in 2017–18.

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

- In 2017–18, amphetamine-type substances accounted for 46.5 per cent of the weight of analysed seizures.
- Cathinone-type substances accounted for 38.1 per cent of the weight of analysed seizures in 2017–18, followed by tryptamine-type substances (9.3 per cent) and other substances (6.1 per cent).
- There were two cathinones detected this reporting period: N-ethyl pentylone and 4-fluoro-alpha-pyrrolidionohexiophenone. N,N-dimethyltryptamine was the only tryptamine-type substance analysed in 2017–18.

DOMESTIC MARKET INDICATORS

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

- For new and emerging psychoactive substances:
  - The proportion of the Australian population aged 14 years or older reporting having used a new and emerging psychoactive substance increased from 0.4 per cent in 2013 to 1.0 per cent in 2016.
  - In the same survey, the reported recent use of new and emerging psychoactive substances decreased, from 0.4 per cent in 2013 to 0.3 per cent in 2016.
- For synthetic cannabinoids:
  - The proportion of the Australian population aged 14 years or older reporting having used synthetic cannabinoids at least once in their lifetime increased, from 1.3 per cent in 2013 to 2.8 per cent in 2016.
  - The proportion reporting the recent use of synthetic cannabinoids decreased, from 1.2 per cent in 2013 to 0.3 per cent in 2016 (AIHW 2017a).

In a 2018 national study of regular ecstasy users:

- The proportion of respondents reporting recent NPS use decreased, from 33.0 per cent in 2017 to 31.0 per cent in 2018.
- The proportion of respondents reporting the recent use of synthetic cannabinoids increased, from 2.0 per cent in 2017 to 3.0 per cent in 2018 (Peacock et al. 2018b).

The NWDMP tests for the presence of two NPS, the synthetic stimulants mephedrone and methylone.

- NPS are the least consumed substances of all substances monitored by the NWDMP.
- Nationally, the number of mephedrone detections increased, from 11 detections in August 2017 to 30 detections in August 2018.
- Nationally, the number of methylone detections decreased, from 90 in August 2017 to 21 in August 2018.
- In all instances the quantity of mephedrone and methylone detected was below the level at which it could be reliably quantified (ACIC 2019).

According to the 2017 ASSAD survey, the proportion of respondents reporting the use of synthetic cannabis at least once in their lifetime decreased, from 2.3 per cent in 2014 to 2.0 per cent in 2017 (White & Williams 2016; Guerin & White 2018).

PRICE

Law enforcement price data for NPS is limited. Queensland and South Australia reported a price range of between $50 and $95 for 3 grams of synthetic cannabinoids in 2017–18, compared with a price range of $35 to $95 in 2016–17.

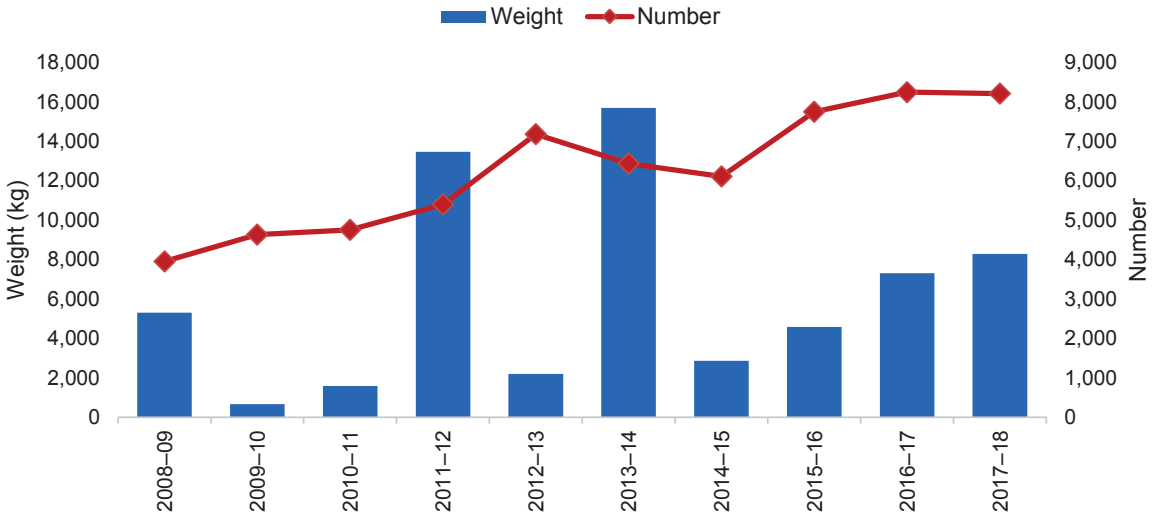
OTHER AND UNKNOWN NOT ELSEWHERE CLASSIFIED DRUGS

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

SEIZURES AND ARRESTS

The number of national other and unknown NEC drug seizures remained relatively stable this reporting period, decreasing from a record 8,243 in 2016–17 to 8,206 in 2017–18, the second highest number on record. The weight of other and unknown NEC drugs seized nationally increased 13.3 per cent this reporting period, from 7,305.7 kilograms in 2016–17 to 8,281.0 kilograms in 2017–18 (see Figure 37).

FIGURE 37: National other and unknown not elsewhere classified drug seizures, by number and weight, 2008–09 to 2017–18



The Australian Capital Territory reported the greatest percentage increase in both the number and weight of other and unknown NEC drug seizures this reporting period. New South Wales accounted for the greatest proportion of the number (50.1 per cent) and weight (65.7 per cent) of national other and unknown NEC drug seizures in 2017–18 (see Table 20).

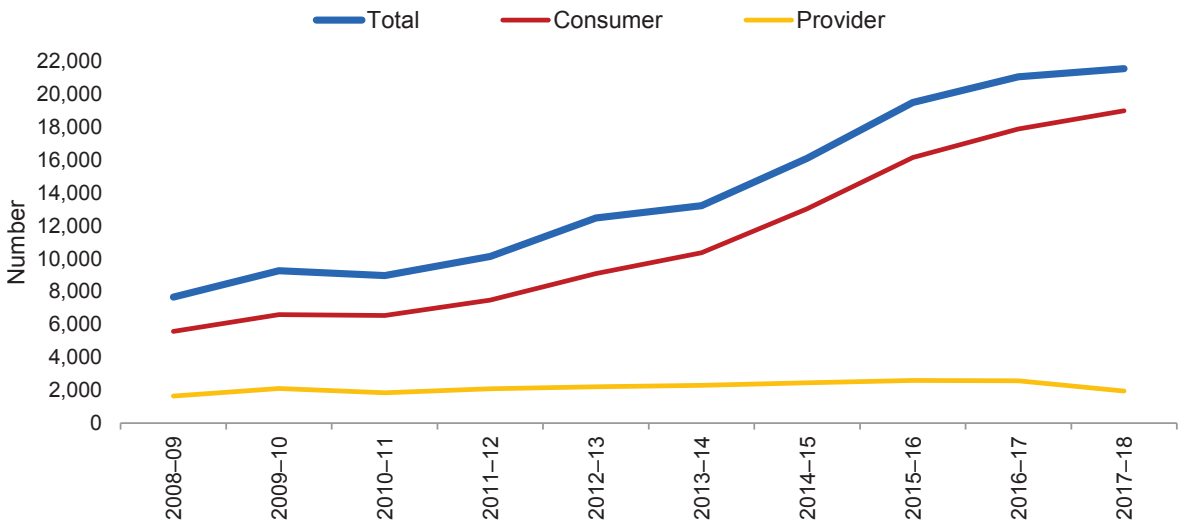
TABLE 20: Number, weight and percentage change of national other and unknown not elsewhere classified drug seizures, 2016–17 and 2017–18

	Number			Weight (grams)		
State/Territory[a]	2016–17	2017–18	% change	2016–17	2017–18	% change
New South Wales	4,150	4,115	-0.8	4,844,328	5,443,178	12.4
Victoria	739	519	-29.8	1,718,536	901,134	-47.6
Queensland	922	960	4.1	313,326	1,552,100	395.4
South Australia	45	34	-24.4	24,655	61,659	150.1
Western Australia[b]	1,935	2,009	3.8	100,794	232,139	130.3
Tasmania	154	187	21.4	6,248	2,544	-59.3
Northern Territory	186	211	13.4	297,473	86,240	-71.0
Australian Capital Territory	112	171	52.7	380	2,006	427.9
Total	**8,243**	**8,206**	**-0.4**	**7,305,740**	**8,281,000**	**13.3**

a. Includes seizures by state and territory police and Australian Federal Police for which a valid seizure weight was recorded.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

The number of national other and unknown NEC drug arrests increased 2.4 per cent this reporting period, from 21,045 in 2016–17 to a record 21,545 in 2017–18. Consumer arrests continue to account for the greatest proportion of arrests, accounting for 90.7 per cent of national other and unknown NEC drug arrests in 2017–18 (see Figure 38).

FIGURE 38: Number of national other and unknown not elsewhere classified drug arrests, by number and weight, 2008–09 to 2017–18



The Australian Capital Territory reported the greatest percentage increase in the number of other and unknown NEC drug arrests in 2017–18. Victoria accounted for the greatest proportion of national other and unknown NEC drug arrests this reporting period (28.2 per cent), followed by Queensland (27.7 per cent) and Western Australia (25.5 per cent). Combined, these three states account for 81.4 per cent of national other and unknown NEC drug arrests in 2017–18 (see Table 21).

TABLE 21: Number and percentage change of national other and unknown not elsewhere classified drug arrests, 2016–17 and 2017–18

	Arrests		
State/Territory[a]	2016–17	2017–18	% change
New South Wales	2,533	2,806	10.8
Victoria	5,906	6,085	3.0
Queensland	5,800	5,962	2.8
South Australia	517	620	19.9
Western Australia[b]	5,794	5,489	-5.3
Tasmania	392	472	20.4
Northern Territory	92	87	-5.4
Australian Capital Territory	11	24	118.2
Total	**21,045**	**21,545**	**2.4**

a. The arrest data for each state and territory include Australian Federal Police data.
b. The 2017–18 data provided by the Western Australia Police Force reflects improvements made to the quality of the drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

NATIONAL IMPACT

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

- Indicators for AAS suggest demand has increased this reporting period.
  - According to the 2016 NDSHS, the proportion of respondents reporting the use of steroids for non-medical purposes at least once in their lifetime increased, while recent use remained stable.
  - According to the ANSPS, the prevalence of respondents reporting PIEDs as the drug last injected increased in 2017.
  - According to a national study of secondary students, the proportion of respondents reporting the non-prescribed use of PIEDs at least once in their lifetime increased from 2014 to 2017, while recent use remained stable.
- Based on available indicators, the demand for tryptamines remains relatively stable.
  - According to the 2016 NDSHS, the proportion of respondents reporting the use of hallucinogens at least once in their lifetime remained stable, while recent use decreased.
  - According to a national study of regular ecstasy users, the proportion of respondents reporting the recent use of LSD and magic mushrooms increased from 2017 to 2018.
  - According to a national study of secondary school students, the proportion of respondents reporting the use of any hallucinogen at least once in their lifetime increased from 2014 to 2017, while recent use remained stable.
- Indicators of demand for anaesthetics—including GHB/GBL and ketamine—suggest a potential expansion of the GHB/GHL market.
  - According to the 2016 NDSHS, the reported lifetime and recent use of both GHB and ketamine increased.
  - According to a national study of regular ecstasy users, the proportion of respondents reporting the recent use of both GHB and ketamine decreased from 2017 to 2018.
- Indicators for the demand of pharmaceuticals in Australia provide a mixed picture. In Australia, benzodiazepines and opioids are the most commonly misused pharmaceutical drugs.
  - According to the 2016 NDSHS, the proportion of respondents reporting both recent and lifetime non-medical use of any pharmaceutical (excluding OTC) at least once in their lifetime increased.

- For benzodiazepines:
  - According to a national study of police detainees, the proportion of detainees testing positive to benzodiazepines decreased in 2017–18, while the self-reported recent use of benzodiazepines increased.
  - According to a national study of regular injecting drug users, the proportion of respondents reporting the recent non-prescribed use of benzodiazepines decreased from 2017 to 2018.
  - According to a national study of regular ecstasy users, the proportion of respondents reporting the recent non-prescribed use of benzodiazepines increased from 2017 to 2018.
  - According to a national study of secondary school students, the proportion of respondents reporting recent and lifetime non-medicinal use of tranquilisers increased.
- For opiates:
  - According to a national study of police detainees, the proportion of detainees testing positive to opiates decreased in 2017–18, while the self-reported recent use of any opiates increased.
  - According to a national study of regular injecting drug users, the proportion of respondents reporting the recent non-prescribed use of methadone remained unchanged from 2017 to 2018, while the recent non-prescribed use of buprenorphine, morphine and oxycodone decreased.
  - The NWDMP reported an overall increase in the average consumption of both fentanyl and oxycodone between August 2017 and August 2018.

- Indicators of demand for NPS provide a mixed picture for drugs within this group.
  - According to the 2016 NDSHS, the proportion of respondents reporting NPS and synthetic cannabinoid use at least once in their lifetime increased, while recent use decreased.
  - According to a national study of regular ecstasy users, the proportion of respondents reporting recent NPS use decreased from 2017 to 2018, while the proportion of respondents reporting recent synthetic cannabinoid use increased.
  - According to the NWDMP, while the synthetic stimulants mephedrone and methylone were detected, they were at levels below those that could be quantified.
  - According to a national study of secondary school students, the proportion of respondents reporting synthetic cannabis use at least once in their lifetime decreased from 2014 to 2017.

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

- In 2017–18, the number of PIEDs detected at the Australian border increased, with steroids continuing to account for the greatest proportion of detections.
- Both the number of national steroid seizures and arrests decreased this reporting period, while the weight of steroids seized nationally increased in 2017–18.
- The number tryptamine detections at the Australian border decreased this reporting period, with LSD accounting for the greatest proportion of detections in 2017–18.
- Both the number and weight of national hallucinogen seizures decreased this reporting period, while the number of national hallucinogen arrests increased in 2017–18.
- In 2017–18, the number of anaesthetic detections at the Australian border decreased, with ketamine accounting for the greatest proportion of detections.
- The number of clandestine laboratories manufacturing GHB/GBL detected nationally doubled this reporting period, from 11 in 2016–17 to a record 22 in 2017–18.
- The number of benzodiazepine and opioid pharmaceutical detections at the Australian border decreased this reporting period.
- The number of national other opioid seizures decreased this reporting period, while the weight of other opioids seized nationally increased in 2017–18.
- The number of NPS detections at the Australian border decreased this reporting period.
- Forensic profiling of NPS seized at the Australian border and selected for further analysis indicates amphetamine-type substances accounted for the greatest proportion of the number and weight of analysed samples in 2017–18.
- The number of national other and unknown NEC drug seizures remained relatively stable and high this reporting period, while the weight of other and unknown NEC drugs seized nationally increased. The number of national other and unknown NEC drug arrests increased to record levels in 2017–18.

REFERENCES

Australian Bureau of Statistics (ABS) 2011, *Australian Classification of Drugs of Concern*, ABS, Canberra.

Australian Criminal Intelligence Commission (ACIC) 2019, *National Wastewater Drug Monitoring Program – Report 6,* Canberra, <https://www.acic.gov.au/publications/intelligence-products/national-wastewater-drug-monitoring-program-report>.

Advisory Council on the Misuse of Drugs (AMCD) 2013, *'NBOMe' compounds: A review of the evidence of use and harm*, United Kingdom, viewed 1 February 2018, <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/261786/NBOMe_compounds_report.pdf>.

Alcohol and Drug Foundation (ADF) 2018a, *Drug Facts, Steroids*, viewed 21 February 2018, <https://adf.org.au/drug-facts/steroids/>.

Alcohol and Drug Foundation (ADF) 2018b, *Drug Facts, Performance and image enhancing drugs*, viewed 8 January 2018, <https://adf.org.au/drug-facts/pieds/>.

Alcohol and Drug Foundation (ADF) 2018c, *Drug Facts, Hallucinogens*, viewed 11 January 2018, <https://adf.org.au/drug-facts/hallucinogens/>.

Alcohol and Drug Foundation (ADF) 2018d, *Drug Facts, Ketamine*, viewed 15 January 2018, <https://adf.org.au/drug-facts/ketamine/>.

Alcohol and Drug Foundation (ADF) 2018e, *Drug Facts, Benzodiazepines*, viewed 19 January 2018, <https://adf.org.au/drug-facts/benzodiazepine/>.

Alcohol and Drug Foundation (ADF) 2018f, *Drug Facts, Fentanyl*, viewed 26 February 2018, <https://adf.org.au/drug-facts/fentanyl/>.

Alcohol and Drug Foundation (ADF) 2018g, *Drug Facts, Synthetic cannabis*, viewed 1 February 2018, <https://adf.org.au/drug-facts/synthetic-cannabis/>.

Alcohol and Drug Foundation (ADF) 2018h, *Drug Facts, Mephedrone*, viewed 1 February 2018, <https://adf.org.au/drug-facts/mephedrone/>.

Alcohol and Drug Foundation (ADF) 2018i, *Drug Facts, NBOMes*, viewed 1 February 2018, <https://adf.org.au/drug-facts/nbomes/>.

Australian Institute of Health and Welfare (AIHW) 2017a, *National Drug Strategy Household Survey 2017: detailed findings, Drug Statistics series no. 31,* AIHW, Canberra <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf>.

Australian Institute of Health and Welfare (AIHW) 2017b, *Non-medical use of pharmaceuticals: trends, harms and treatment, 2006-07 to 2015-16*, Drug treatment series no.30. Cat. no. HSE 195. Canberra.

DrugWise 2017, *GHB/GBL*, viewed 15 January 2018, <http://www.drugwise.org.uk/GHB/>.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2017a, *Hallucinogenic mushrooms drug profile*, viewed 19 December 2017, <http://www.emcdda.europa.eu/publications/drug-profiles/mushrooms>.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2017b, *European Drug Report 2017: Trends and Developments*, EMCDDA, Lisbon.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2017c, *Benzodiazepines drug profile*, viewed 19 January 2018, <http://www.emcdda.europa.eu/publications/drug-profiles/benzodiazepine>.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2014, *EMCDDA–Europol Joint Report on a new psychoactive substance: 25I-NBOMe (4-iodo-2,5-dimethoxy-N-(2-methoxybenzyl) phenethylamine)*, Joint Reports, Publications Office of the European Union, Luxembourg, <http://www.emcdda.europa.eu/system/files/publications/817/TDAS14003ENN_466654.pdf>.

Guerin, N & White, V 2018, *ASSAD 2017 Statistics and Trends, Australian secondary students' use of tobacco, alcohol, over-the-counter drugs, and illicit substances*, Cancer Council Victoria, Melbourne, <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/>.

Heard, S, Iversen J, Geddes L & Maher L 2018, *Australian Needle Syringe Program Survey National Data Report 2013-2017: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees*, Kirby Institute, University of New South Wales, Sydney.

INTERPOL 2018, *Illicit online pharmaceuticals: 500 tonnes seized in global operation*, viewed 16 November 2018, <https://www.interpol.int/News-and-media/News/2018/N2018-123>.

Karlsson, A and Burns, L 2018, *Australian Drug Trends 2017: Findings from the Illicit Drug Reporting System (IDRS)*, Australian Drug Trends Series No. 181, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Larance, B, Degenhardt, L, Dillon, P & Copeland, J 2005, *Use of performance and image enhancing drugs among men: a review, NDARC Technical Report No. 232*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/TR.232.pdf>.

National Drug Strategy (NDS) 2006a, *Performance and Image Enhancing Drugs – Clenbuterol*, viewed 8 January 2018, <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/content/1A9A66204FD341EDCA2575B4001353AA/$File/fs_clenbuterol.pdf>.

National Drug Strategy (NDS) 2006b, *Performance and Image Enhancing Drugs – Erythropoietin (EPO)*, viewed 8 January 2018, <https://nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/fs-epo>.

National Drug Strategy (NDS) 2006c, *Performance and Image Enhancing Drugs - Human Growth Hormone (hgH)*, viewed 8 January 2018, <https://nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/fs-hgh>.

National Drug Strategy (NDS) 2006d, *Performance and Image Enhancing Drugs - Human Chorionic Gonadotrophin (hCG)*, viewed 8 January 2018, <https://nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/fs-hcg>.

Peacock, A, Gibbs, D, Sutherland, R, Uporova, J, Karlsson, A, Sutherland, R, Bruno, R, Dietze, P, Lenton, S, Alati, R, Degenhardt, L, & Farrell, M 2018a, *Australian Drug Trends 2018: Key findings from the National Illicit Drug Reporting System (IDRS) Interviews*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Peacock, A, Gibbs, D, Karlsson, A, Uporova, J, Sutherland, R, Bruno, R, Dietze, P, Lenton, S, Alati, R, Degenhardt, L, & Farrell, M 2018b, *Australian Drug Trends 2018: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Stafford, J & Breen, C 2017a, *Australian trends in ecstasy and related drug markets 2016, Findings from Ecstasy and Related Drugs Reporting System (EDRS)*, Australian Drug Trends Series No. National Drug and Alcohol Research Centre, University of New South Wales, Sydney, <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/National_EDRS_%202016_FINALwith%20customs.pdf>.

Stafford, J & Breen, C 2017b, *Australian Drug Trends 2016: Findings from the Illicit Drug Reporting System (IDRS)*, Australian Drug Trends Series No. 163, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

United Nations Office on Drugs and Crime (UNODC) 2011, *The non-medical use of prescription drugs: Policy direction issues*, Discussion paper, <https://www.unodc.org/documents/drug-prevention-and-treatment/nonmedical-use-prescription-drugs.pdf>.

United Nations Office on Drugs and Crime (UNODC) 2016, *Terminology and Information on Drugs, 3rd edition*, New York, United Nations.

United Nations Office on Drugs and Crime (UNODC) 2017a, *World Drug Report 2017*, Vienna.

United Nations Office on Drugs and Crime (UNODC) 2017b, *UNODC Early Warning Advisory (EWA) on New Psychoactive Substances (NPS)*, viewed 18 December 2017, <https://www.unodc.org/LSS/Home/NPS>.

United Nations Office on Drugs and Crime (UNODC) 2017c, 20*17 Global Synthetic Drugs Assessment*, Austria, <https://www.unodc.org/documents/scientific/Global_Synthetic_Drugs_Assessment_2017.pdf>.

United Nations Office on Drugs and Crime (UNODC) 2018, *World Drug Report 2018*, Vienna.

US Department of Justice, Drug Enforcement Administration (DEA) 2017*, Drugs of Abuse: A DEA Resource Guide*, <https://www.dea.gov/pr/multimedialibrary/publications/drug_of_abuse.pdf#page=78>.

White, V & Williams, T, 2016, *Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014*, Cancer Council Victoria, Melbourne, <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/content/e9e2b337cf94143cca25804b0005beaa/$file/national-report_assad_2014.pdf>.

Wermuth, C 2006, *Similarity in Drugs: Reflections on analogue design*, Drug Discovery Today, Volume 11, Issues 7-8, April 2006, pp 348-354.

World Customs Organization (WCO) 2018, *Illicit Trade Report 2017*, Brussels.

World Health Organization (WHO) Secretariat 2014, *Gamma-butyrolactone (GBL): Critical Review Report*, viewed 15 January 2018, <http://www.who.int/medicines/areas/quality_safety/4_3_Review.pdf>.

CLANDESTINE LABORATORIES AND PRECURSORS

KEY POINTS

- Many countries produce and trade chemicals that can be diverted for use in illicit drug manufacture.
  - While there are ongoing global efforts to prevent the diversion of precursors, reagents and solvents for use in illicit drug manufacture, trends point to an increase in the quantity of precursors seized globally in 2016.
- Indicators of domestic drug production provide a mixed picture.
  - The number of clandestine laboratories detected nationally decreased for the sixth consecutive reporting period in 2017–18.
  - The majority of clandestine laboratories detected nationally continue to be addict-based and located in residential areas.
  - While the majority of detected laboratories relate to methylamphetamine production, the number of laboratories producing MDMA more than doubled in 2017–18, with the 20 detections this reporting period the highest number reported in the last decade.
  - The number of clandestine laboratories detected nationally manufacturing GHB/GBL doubled this reporting period, reaching a record 22 laboratories in 2017–18.
  - Although the number of ATS (excluding MDMA) precursor detections at the Australian border decreased this reporting period, the weight detected increased to record levels in 2017–18 and is more than double the previous record weight detected in 2008–09.
  - The number and weight of MDMA precursors detected at the Australian border decreased for the third consecutive reporting period in 2017–18.

MAIN FORMS

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

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

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

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

- Precursors—considered the starting materials for illicit drug manufacture. Through chemical reactions, the precursor's molecular structure is modified to produce a specific illicit drug. For example, precursors such as ephedrine (Eph) and pseudoephedrine (PSE) are converted into methylamphetamine.
- Reagents—substances used to cause a chemical reaction that modify the precursor's molecular structure. For example, when the reagent acetic anhydride is mixed with the precursor phenyl-2-propanone (P2P), the resulting compound is methylamphetamine.
- Solvents—added to the chemical mixture to ensure effective mixing by dissolving precursors and reagents, diluting the reaction mixtures, and separating and purifying other chemicals. For example, acetone and hydrochloric acid are used in heroin production (UNODC 2014).

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

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

INTERNATIONAL TRENDS

Preventing the diversion of precursors, reagents and solvents for use in illicit drug manufacture is an effective and efficient way of limiting the supply of illicit drugs. As many of these substances have legitimate application within various branches of industry, controls must balance legitimate access with efforts to reduce diversion to the illicit market. This section will focus on ephedrines, potassium permanganate and acetic anhydride—some of the key precursors, reagents and solvents used in the manufacture of ATS, cocaine and heroin—all of which recorded increases in the weight seized globally from 2015 to 2016.

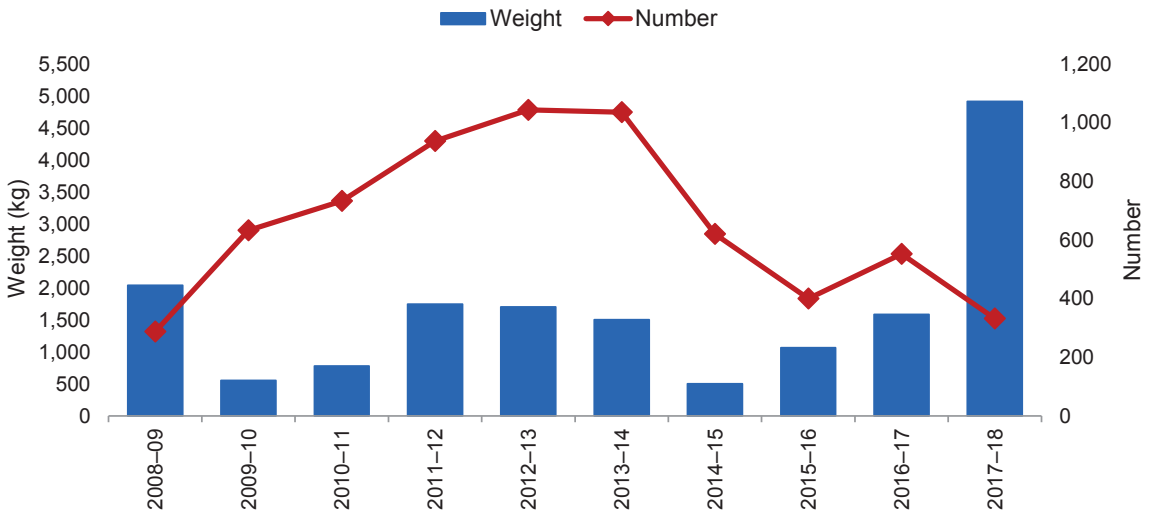
- Eph and PSE are two of the most common precursors used in the illicit manufacture of amphetamines. According to data provided to the International Narcotics Control Board (INCB), the weight of ephedrines (including raw material and pharmaceutical preparations of both Eph and PSE) seized in 2016 ranged between 35 and 40 tonnes—higher than the estimated 25 tonnes reported in 2015. Over the period 2012–16, East and South East Asia accounted for the greatest proportion of the weight of ephedrines seized.
- Potassium permanganate is an oxidising agent used in the manufacture of cocaine. The number of potassium permanganate seizures increased over 300 per cent, from 140 tonnes in 2015 to 585 tonnes in 2016. The weight seized in 2016 is significantly higher than that reported in the preceding four years. Colombia accounted for over 99 per cent of the weight of potassium permanganate seized in 2016, with the combined weight seized from all other reporting countries equating to less than 100 kilograms.
- Acetic anhydride is the key chemical which, among other applications, enables the conversion of morphine into heroin base, as well for the manufacture of P2P from phenylacetic acid and its derivatives for the production of amphetamine and methylamphetamine. According to INCB data, there has been a considerable increase in the number of acetic anhydride seizures since the beginning of 2016. In 2016, 16 countries reported seizing a combined 116,000 litres of acetic anhydride, a quantity almost four times that of the amount reported in 2015. The largest seizures in 2016 were reported in China and Pakistan (56,000 and 40,000 litres respectively). While Myanmar reported no seizures of acetic anhydride in 2016, the quantity seized in Afghanistan nearly tripled from 2015 to 2016 (from 3,760 litres to 10,440 litres), with the illicit market price of acetic anhydride in Afghanistan reported to have significantly increased in 2017 (INCB 2018; INCB 2017).

DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

As ATS are the most common illicit drugs manufactured in domestic clandestine laboratories, this chapter focuses on ATS (excluding MDMA) and MDMA precursor detection data. The number of ATS (excluding MDMA) precursor detections at the Australian border decreased 39.9 per cent this reporting period, from 552 in 2016–17 to 332 in 2017–18. The weight of ATS (excluding MDMA) precursors detected this reporting period increased 210.1 per cent, from 1,584.0 kilograms in 2016–17 to a record 4,912.4 kilograms in 2017–18 (see Figure 39).[121]

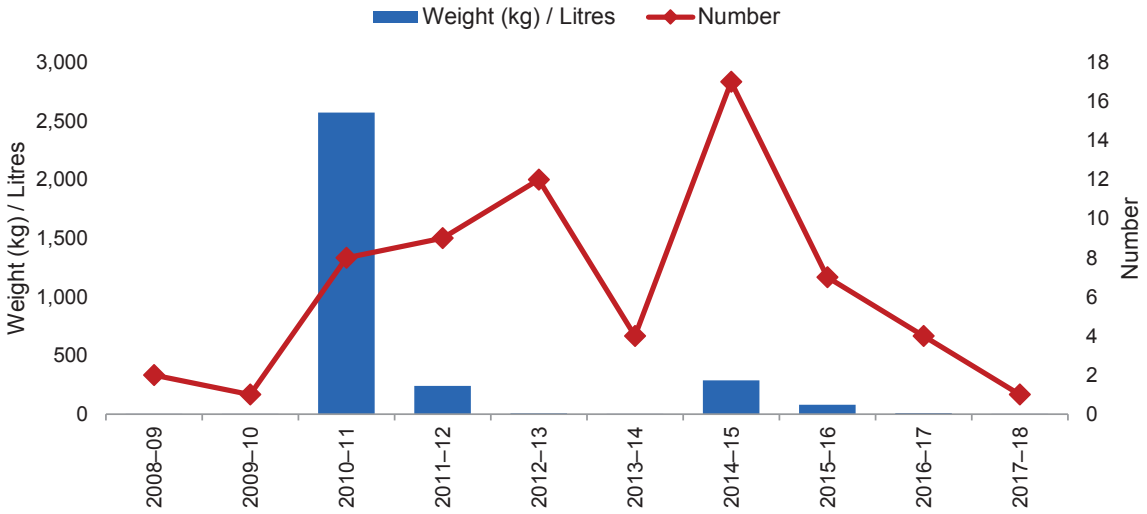
FIGURE 39: Number and weight of ATS (excluding MDMA) precursor detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



The number of MDMA precursor detections at the Australian border decreased 75.0 per cent this reporting period, from 4 in 2016–17 to 1 in 2017–18. The weight of MDMA precursors detected this reporting period decreased 99.9 per cent, from 10.2 kilograms in 2016–17 to 5.0 grams in 2017–18 (see Figure 40). No significant MDMA precursor border detections were identified this reporting period.

121 See Appendix 1 for significant ATS (excluding MDMA) precursor border detections in 2017–18.

FIGURE 40: Number and weight/litres[a] of MDMA precursor detections at the Australian border, 2008–09 to 2017–18 (Source: Department of Home Affairs)



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

IMPORTATION METHODS

In 2017–18, ATS (excluding MDMA) precursor border detections occurred in the air cargo, air passenger/crew, international mail and sea cargo streams. By number, the international mail stream accounted for 53.0 per cent of ATS (excluding MDMA) precursor border detections this reporting period, followed by air passenger/crew (27.4 per cent), air cargo (16.9 per cent) and sea cargo (2.7 per cent). By weight, sea cargo accounted for the greatest proportion of ATS (excluding MDMA) precursor border detections (85.4 per cent), followed by international mail (7.4 per cent), air cargo (7.0 per cent) and air passenger/crew (0.2 per cent).[122]

In 2017–18, the MDMA precursor border detection occurred in the international mail stream.[123]

EMBARKATION POINTS

By weight, Thailand was the primary embarkation point for ATS (excluding MDMA) precursor detections at the Australian border in 2017–18. Other key embarkation points by weight this reporting period include China (including Hong Kong), the United Kingdom, Republic of Korea, the United States, Malaysia, New Zealand, India, Singapore and Vietnam.

Germany was the embarkation point for the single MDMA precursor detection in 2017–18.

122 Figures for ATS (excluding MDMA) precursor border detections by importation stream for 2017–18 will be available on the Crime Statistics Australia website. See <http://www.crimestats.aic.gov.au/IDDR/>.
123 Figures for MDMA precursor border detections by importation stream for 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

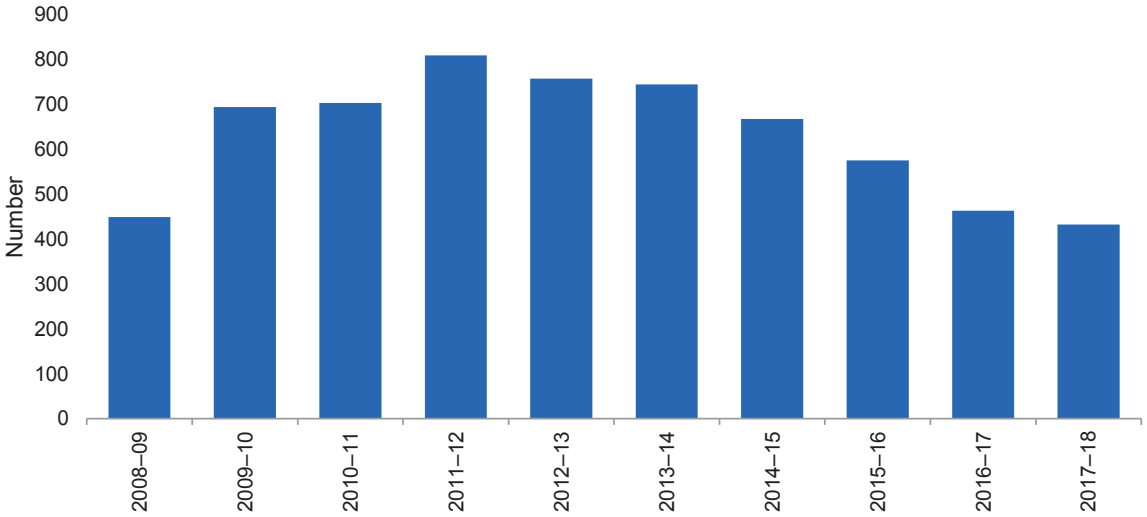
DOMESTIC MARKET INDICATORS

The number of clandestine laboratory detections is not indicative of production output, which is calculated using a number of variables including the size of reaction vessels, amount and type of precursors used, the skill of people involved and the method of manufacture.

CLANDESTINE LABORATORY DETECTIONS

The number of national clandestine laboratory detections decreased this reporting period, continuing a decreasing trend observed since 2011–12. In 2017–18, the number of clandestine laboratories detected nationally decreased 6.7 per cent, from 463 laboratories in 2016–17 to 432 in 2017–18 (see Figure 41).

FIGURE 41: National clandestine laboratory detections, 2008–09 to 2017–18



All states and territories reported a decrease in the number of clandestine laboratories detected in 2017–18 with the exception of New South Wales, which reported an increase in the number of detections and the Australian Capital Territory, which remained stable (see Table 22). Queensland accounted for the greatest proportion of national clandestine laboratory detections in 2017–18 (32.6 per cent), followed by Victoria (22.7 per cent) and New South Wales (19.9 per cent). There were no clandestine laboratories detected in the Australian Capital Territory this reporting period.

TABLE 22: Number of clandestine laboratory detections, by state and territory, 2008–09 to 2017–18

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
2008–09	67	84	148	65	78	0	7	0	**449**
2009–10	82	113	297	71	118	1	12	0	**694**
2010–11	87	63	293	75	171	11	2	1	**703**
2011–12	90	99	379	58	160	15	7	1	**809**
2012–13	105	113	330	56	136	9	8	0	**757**
2013–14	98	114	340	80	96	5	11	0	**744**
2014–15	99	161	236	71	84	5	10	1	**667**
2015–16	83	144	234	69	40	1	3	1	**575**
2016–17	56	135	150	81	33	3	5	0	**463**
2017–18	86	98	141	78	25	2	2	0	**432**

SIZE AND PRODUCTION CAPACITY

In 2017–18, state and territory police services were asked to provide an indication of the size and production capacity of detected laboratories using categories provided by the United Nations Office of Drugs and Crime in their data collection for the World Drug Report. Full definitions for the four categories—addict-based, other small scale, medium scale and industrial scale—are found in the *Statistics* chapter.

In 2017–18, clandestine laboratories detected in Australia ranged from addict-based laboratories, which typically use basic equipment and simple procedures, through to industrial scale laboratories, using oversized equipment. For those categorised, the majority of laboratories continue to be addict-based, with the proportion of laboratories attributed to this category increasing from 49.5 per cent in 2016–17 to 52.8 per cent in 2017–18. The proportion of laboratories categorised as other small scale decreased this reporting period, from 27.7 per cent in 2016–17 to 26.2 per cent in 2017–18, with the proportion of medium sized laboratories decreasing from 20.0 per cent in 2016–17 to 19.4 per cent in 2017–18. The proportion of industrial-scale laboratories continued to decrease this reporting period, from 2.7 per cent in 2016–17 to 1.6 per cent in 2017–18.[124]

DRUG TYPES AND METHODS OF PRODUCTION

Of those able to be identified, clandestine laboratories manufacturing ATS (excluding MDMA) continue to account for the greatest proportion of detections (46.2 per cent in 2017–18; see Table 23). Methylamphetamine remains the main drug produced in clandestine laboratories detected nationally.

124 A figure for the size and production capacity of detected clandestine laboratories in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

TABLE 23: Number of clandestine laboratory detections, by drug production type and state and territory, 2017–18

State/ Territory	ATS (excluding MDMA)	MDMA	Homebake heroin	Cannabis oil extraction	PSE extraction	GHB/ GBL	Other[a]	Unknown[b]	Total[c]
NSW	58	10	0	4	0	5	16	4	97
Vic	49	2	0	2	0	5	40	0	98
Qld	60	7	0	2	1	4	67	57	198
SA	44	1	0	6	1	8	13	9	82
WA	18	0	0	3	0	0	4	0	25
Tas	2	0	0	0	0	0	0	0	2
NT	2	0	0	0	0	0	0	0	2
ACT	0	0	0	0	0	0	0	0	0
Total	**233**	**20**	**0**	**17**	**2**	**22**	**75**	**135**	**504**

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

The number of national ATS (excluding MDMA) laboratory detections decreased 23.6 per cent this reporting period, from 305 in 2016–17 to 233 in 2017–18. Queensland accounted for the greatest proportion of national ATS (excluding MDMA) laboratories (25.8 per cent), followed by New South Wales (24.9 per cent). All state and territories reporting clandestine laboratory detections in 2017–18 reported ATS (excluding MDMA) production.

The number of national MDMA laboratory detections increased 150.0 per cent this reporting period, from 8 in 2016–17 to 20 in 2017–18. This reporting period MDMA laboratories were detected in New South Wales (10), Queensland (7), Victoria (2) and South Australia (1).

- The 20 MDMA laboratories detected in 2017–18 is the highest number detected in the last decade and the second highest number on record.

The number of laboratories detected nationally extracting cannabis oil decreased 19.0 per cent this reporting period, from 21 in 2016–17 to 17 in 2017–18. This reporting period cannabis oil extraction laboratories were detected in South Australia (6), New South Wales (4), Western Australia (3), Victoria (2) and Queensland (2).

- The 17 laboratories detected this reporting period is the third highest number of cannabis oil extraction laboratories detected since related reporting began in 2007–08, with the 26 detections reported in 2015–16 the highest number on record.

The number of laboratories detected nationally manufacturing gamma-hydroxybutyrate (GHB)/gamma-butyrolactone (GBL) increased 100.0 per cent this reporting period, from 11 in 2016–17 to a record 22 in 2017–18. This reporting period GHB/GBL laboratories were detected in South Australia (8), New South Wales (5), Victoria (5) and Queensland (4).

The number of clandestine laboratories detected nationally extracting pseudoephedrine decreased 83.3 per cent this reporting period, from 12 in 2016–17 to 2 in 2017–18. This reporting period pseudoephedrine extraction laboratories were detected in Queensland (1) and South Australia (1).

The number of homebake heroin laboratories detected nationally decreased this reporting period, from 1 in 2016–17 to 0 in 2017–18.

Clandestine laboratories detected in Australia also manufacture a range of other illicit drugs, precursors and pre-precursors as well as being used in extraction and recrystallization processes. The number of laboratories detected manufacturing other drugs increased 53.3 per cent this reporting period, from 30 in 2016–17 to 46 in 2017–18.

- In 2017–18, this included laboratories manufacturing 3,4-methylenedioxyamphetamine (MDA), P2P, dimethyltryptamine (DMT), paramethoxyamphetamine (PMA), fentanyl, steroids, psilocybin and methylamine. Ephedrine and heroin extraction laboratories were also detected in 2017–18.

The hypophosphorous method of production continues to be the predominant method of ATS (excluding MDMA) manufacture in Australia (see Table 24).

- The number of hypophosphorous laboratories detected nationally decreased 23.1 per cent this reporting period, from 134 in 2016–17 to 103 in 2017–18.
- The number of red phosphorous laboratories detected nationally decreased 57.8 per cent this reporting period, from 45 in 2016–17 to 19 in 2017–18.
- The number of Nazi/Birch laboratories detected nationally decreased 36.0 per cent this reporting period, from 25 in 2016–17 to 16 in 2017–18.
- The number of P2P laboratories detected nationally decreased 42.1 per cent this reporting period, from 19 in 2016–17 to 11 in 2017–18.
- The number of ATS (excluding MDMA) laboratories detected nationally using other methods of production increased 152.4 per cent this reporting period, from 21 in 2016–17 to 53 in 2017–18.

In 2017–18, New South Wales accounted for the greatest proportion of the number of hypophosphorous laboratory detections (40.8 per cent). Queensland accounted for the greatest proportion of red phosphorous laboratory detections (57.9 per cent), while Victoria accounted for the greatest proportion of P2P laboratory detections (45.5 per cent). Similar to previous reporting periods, Western Australia accounted for the greatest proportion of Nazi/Birch laboratory detections in 2017–18 (87.5 per cent).

TABLE 24: Method of ATS (excluding MDMA) production in clandestine laboratory detections, by state and territory, 2017–18

State/ Territory	Hypophosphorous	Red-phosphorus	Nazi/Birch	Phenyl-2-propanone (P2P)	Other[a]	Total[b]
NSW	42	0	0	4	12	58
Vic	13	3	1	5	27	49
Qld	15	11	1	1	3	31
SA	29	4	0	1	10	44
WA	2	1	14	0	1	18
Tas	2	0	0	0	0	2
NT	0	0	0	0	0	0
ACT	0	0	0	0	0	0
Total	**103**	**19**	**16**	**11**	**53**	**202**

a. 'Other' includes the detection of other ATS (excluding MDMA) production methods.
b. Total may not equal the number of ATS (excluding MDMA) clandestine laboratory detections as the method of production may not be identified or the detection is awaiting analysis.

SIGNIFICANT PRECURSOR SEIZURES

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

Ephedrine

- 8.0 kilograms in New South Wales
- 0.2 kilograms in South Australia
- 0.2 kilograms in South Australia

Hypophosphorous acid

- 1.7 kilograms in Victoria
- 1.0 kilogram in Victoria
- 1.0 kilogram in Victoria

Iodine

- 35.0 kilograms in New South Wales
- 4.8 kilograms in Queensland
- 2.9 kilograms in Victoria
- 1.8 kilograms in Victoria
- 1.6 kilograms in Victoria

Red phosphorous

- 10.0 kilograms in New South Wales
- 0.8 kilograms in South Australia
- 0.3 kilograms in South Australia

Other

- 25.0 kilograms of benzaldehyde in New South Wales
- 5.0 kilograms of P2P in New South Wales
- 5.0 kilograms of GABA in South Australia
- 4.7 kilograms of phosphorous acid in Victoria
- 1.9 kilograms of hypophosphite in Victoria
- 1.0 kilogram of mercuric chloride in New South Wales
- 0.3 kilograms of benzyl chloride/benzyl cyanide in Victoria
- 0.3 kilograms of methylamine/dimethylamine in Victoria.

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

- 480.0 litres N-isopropylbenzylamine (Iso) in Victoria
- 155.0 litres of butanediol in Western Australia
- 50.0 litres of hypophosphorous acid in New South Wales
- 25.0 litres of hypophosphorous acid in South Australia
- 20.0 litres of hypophosphorous acid in South Australia
- 6.0 litres of nitroethane in New South Wales
- 2.5 litres of acetic anhydride in South Australia
- 2.0 litres of helional in South Australia
- 1.0 litre of safrole in New South Wales
- 0.8 litres of red phosphorous in South Australia
- 0.4 litres of benzaldehyde in South Australia.

LOCATION AND CATEGORY

The majority of clandestine laboratories detected in Australia continue to be located in residential areas. The proportion of clandestine laboratories detected in residential areas increased this reporting period, from 63.9 per cent in 2016–17 to 70.8 per cent in 2017–18. Clandestine laboratories located in vehicles accounted for the second greatest proportion of national detections (9.5 per cent, a decrease from 12.5 per cent in 2016–17), followed by rural areas (6.5 per cent, an increase from 4.1 per cent in 2016–17) and other locations (5.3 per cent, a decrease from 8.4 per cent in 2016–17). Laboratories detected in commercial and industrial areas accounted for 4.4 per cent of national clandestine laboratory detections in 2017–18 (a decrease from 6.0 per cent in 2016–17), followed by laboratories detected in public places (3.5 per cent, a decrease from 5.0 per cent in 2016–17).[125]

- Laboratories detected in storage sheds continue to account for the majority of laboratories detected within the 'other' category (73.9 per cent in 2017–18), the majority of which were located in Queensland this reporting period. In 2017–18, Victoria also reported several instances of underground laboratories located in buried shipping containers.

125 A figure for the size and production capacity of detected clandestine laboratories in 2017–18 will be available on the

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

- Category A—active (chemicals and equipment in use)
- Category B—stored/used (equipment and chemicals)[126]
- Category C—stored/unused (equipment and chemicals)
- Category D—historical site.

Consistent with previous reporting periods, Category C was the most common category for clandestine laboratories detected nationally, accounting for 46.8 per cent of laboratories in 2017–18, a decrease from 49.4 per cent in 2016–17. This was followed by Category B, which accounted for 32.2 per cent this reporting period (an increase from 29.1 per cent in 2016–17), Category D which accounted for 13.0 per cent (a decrease from 13.4 per cent in 2016–17) and Category A, which remained stable at 8.1 per cent.[127]

NATIONAL TABLET PRESS SEIZURES

The number of tablet presses seized nationally increased 138.5 per cent this reporting period, from 13 in 2016–17 to 31 in 2017–18. The 31 national tablet press seizures this reporting period comprised 18 single station/simple presses and 13 rotary presses. In 2017–18, seizures were made in New South Wales (15), Victoria (8), South Australia (5) and Queensland (3).

The number of encapsulators seized nationally remained stable this reporting period. In 2017–18, the 5 encapsulators were seized in South Australia (2), New South Wales (1), Queensland (1) and Western Australia (1).

Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

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

127 A figure for the size and production capacity of detected clandestine laboratories in 2017–18 will be available on the Crime Statistics Australia website. See <http://crimestats.aic.gov.au/IDDR/>.

NATIONAL IMPACT

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

Indicators of domestic drug production provide a mixed picture. These include border detection, seizure, clandestine laboratory, tablet press and encapsulator data.

- In 2017–18, the number of ATS (excluding MDMA) precursors detected at the Australian border decreased, while the weight detected increased to record levels.
- In 2017–18, both the number and weight of MDMA precursors detected at the Australian border decreased.
- In addition to detections of precursors at the Australian border, precursors, reagents and solvents were also seized nationally this reporting period, the majority of which relate to the manufacture of methylamphetamine.
- The number of clandestine laboratories detected nationally decreased for the sixth consecutive reporting period in 2017–18.
- Clandestine laboratories in Australia manufacture and process a range of illicit drugs, precursors and pre-precursors.
  - In 2017–18 this included ATS (excluding MDMA), MDMA, GHB/GBL, DMT, MDA, PMA, P2P, fentanyl, methylamine, steroids and psilocybin, as well as cannabis oil, PSE, Eph and heroin extraction laboratories.
  - Clandestine laboratories manufacturing ATS (excluding MDMA) continue to account for the greatest proportion of national detections, with methylamphetamine the main drug produced in 2017–18.
  - The number of clandestine laboratories manufacturing MDMA more than doubled in 2017–18.
- Despite a decrease in the number of laboratories using the hypophosphorous method of production this reporting period, it remains the predominant method of ATS (excluding MDMA) production in Australia.
- Clandestine laboratories detected in Australia range from addict-based through to industrial scale laboratories.
  - The majority of laboratories detected nationally in 2017–18 continue to be addict-based and located in residential areas.
  - The majority of laboratories relate to the detection of stored/unused equipment or chemicals (Category C), with the proportion of active laboratories (Category A) detected in 2017–18 remaining relatively stable.
  - In 2017–18, 31 tablet presses and 5 encapsulators were seized nationally.

REFERENCES

European Centre for Monitoring Drugs and Drug Addition (EMCDDA) and Europol 2016, *EU Drug Markets Report: In Depth Analysis*, EMCDDA-Europol Joint Publications, Publications Office of the European Union, Luxemburg.

International Narcotics Control Board (INCB) 2018, *Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances 2017*, United Nations, New York.

International Narcotics Control Board (INCB) 2017, *Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances 2016*, United Nations, New York.

United Nations Office on Drugs and Crime (UNODC) 2016, *Report of the International Narcotics Control Board for 2015*, INCB, Vienna.

United Nations Office on Drugs and Crime (UNODC) 2014, *World Drug Report 2014*, UNODC, Vienna.

STATISTICS

INTRODUCTION

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

COUNTING METHODOLOGY

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

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

DATA SOURCES

ARREST AND SEIZURE DATA

The following agencies provided arrest and seizure data:

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

DRUG PURITY DATA

The following agencies and organisations provided drug purity data:

- Australian Federal Police
- ChemCentre Western Australia
- Forensic Science SA
- Forensic Science Service Tasmania
- Health System Information and Performance Reporting, New South Wales Ministry of Health. Sample analysis conducted by NSW Forensic & Analytical Science Service (FASS)
- New South Wales Police Force
- Queensland Health Forensic and Scientific Services
- Victoria Police.

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

The time between the date of seizure by police and the date of receipt at laboratories can vary from a few days to several months and, in isolated cases, years. The purity table represents those seizures analysed during 2017–18, not necessarily all seizures made during that period.

From 2017, the NSW FASS only tests for purity levels on samples submitted from seizures of a commercial quantity or greater.

South Australia tests for purity levels on cases when the total weight of drug-containing material within a case is >5 grams. All samples with total weight >2 grams are sent for quantitation (if none are >2 grams, then the largest sample is sent for quantitation). When the total weight of drug-containing material within a case is >100 grams, all samples regardless of their total weight are sent for quantitation.

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

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

Due to legislative changes in the Australian Capital Territory, drug seizures are no longer routinely 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 ACIC's IDDR provides the best collection of arrest and seizure statistics available in Australia. The NIDRF data processing system has enabled the ACIC to improve statistical quality and reliability.

DATASETS

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

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

DRUG IDENTIFICATION AND CODING

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

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

RECORDING AND STORAGE METHODS

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

QUALITY CONTROL

Missing, incomplete and non-specific information relating to drug seizures makes it impossible to precisely calculate the total quantity of each drug type seized. Since 2001–02, the NIDRF system has allowed for increased scrutiny of large seizures that may not have been queried in the past.

CONSUMERS AND PROVIDERS

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

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

Offender data supplied may exclude law enforcement actions that are the subject of ongoing investigations.

DETECTION DATA

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

SEIZURE DATA

The seizure data presented in Table 35 include only those seizures for which a valid drug weight was recorded. Consequently, it undercounts both the number of seizures and the amount of drug seized for all drug types. Seizure data for ATS, cannabis and other drugs are most likely to be affected by the variety of measurement methods and these figures should be treated with caution when making comparisons between jurisdictions or over time. This table includes seizures by the AFP and state and territory police.

Seizure data supplied may exclude seizures that are the subject of ongoing investigations.

DRUG USE MONITORING IN AUSTRALIA (DUMA) PROGRAM

The DUMA program is an ongoing illicit drug use monitoring program that captures information on approximately 2,200 police detainees per year, across five locations throughout Australia. There are two core components: a self-report survey and voluntary provision of a urine sample which is subjected to urinalysis at an independent laboratory to detect the presence of licit and illicit drugs. The self-report survey captures a range of criminal justice, demographic, drug use, drug market participation and offending information. Urinalysis serves as an important objective method for corroborating self-reported drug use. Not all detainees who respond to the self-report survey agree to provide a urine sample when requested, although the urine compliance rate is high.

NATIONAL WASTEWATER DRUG MONITORING PROGRAM

Wastewater analysis is a technique for measuring population-scale consumption of substances. Following on from recommendations from the National Ice Taskforce and National Ice Action Strategy, the ACIC received funding in 2016 to develop a national program to monitor drug consumption through wastewater analysis. This program of sampling and analysis is known as the National Wastewater Drug Monitoring Program (NWDMP).

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

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

JURISDICTIONAL ISSUES

Comparing law enforcement data across states and territories is problematic. Figures reported in the IDDR may differ from those reported in other publications. Reasons for this include the date of extraction and the counting rules applied. For the information of agencies and individuals wishing to interpret the data, specific issues regarding jurisdictional data have been identified by the ACIC and the relevant jurisdiction. These issues have been summarised and are presented below.

AUSTRALIAN CAPITAL TERRITORY

ACT Policing provided the ACIC with seizure and offender data. Data is comparable with figures in the IDDR from 2002–03 onwards.

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

Data is subject to change and reflects the available data at time of extraction. Totals reported in the IDDR may differ from those published in other reports, including annual reports and other publications.

AUSTRALIAN FEDERAL POLICE

The AFP provided national offender, seizure and purity data. This data was compiled in conjunction with the AFP's Forensic Drug Intelligence team. Seizures resulting from joint operations with the Department of Home Affairs are represented within AFP figures. Totals may differ from those published in other reports, including annual reports and other publications, due to the data extraction being based on more recent data and on the AFP using different drug grouping categories to the ACIC.

DEPARTMENT OF HOME AFFAIRS

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

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

From 2010–11, Home Affairs was unable to provide importation data to populate country of embarkation charts for inclusion in the report. From 2011–12, dehydroepiandrosterone (DHEA) and steroid border detection data are reported as a combined figure.

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

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

NEW SOUTH WALES

The New South Wales Police Force provided the ACIC with offender, seizure and purity data, with the purity sample analysis conducted by NSW FASS.

From 2017, New South Wales FASS have made changes to their processes in response to legislative changes to the Drugs Misuse and Trafficking Act—amendment 2016. New South Wales Police Force is now able to take a subsample of a seizure and therefore not all seizures are sent to FASS for analysis. Around 50 per cent of samples are sent to FASS and they may or may not be weighted by New South Wales Police Force. The subsamples analysed by FASS are weighted, but purity tests will only be carried out on samples related to a commercial quantity or greater. This will impact the data provided for the IDDR and caution should be exercised in comparing data.

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

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

Data is subject to change and reflects the available data at time of extraction. Totals reported in the IDDR may differ from those published in other reports, including annual reports and other publications.

NORTHERN TERRITORY

Northern Territory Police provided the ACIC with seizure and offender data.

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

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

Kava seizures in the Northern Territory may constitute a significant proportion of the number and weight of other and unknown NEC seizures within a given reporting period.

In the Northern Territory, it is often difficult to obtain accurate date of birth and address details from offenders; however, this lack of detail does not invalidate the data.

Data is subject to change and reflects the available data at time of extraction. Totals reported in the IDDR may differ from those published in other reports, including annual reports and other publications.

QUEENSLAND

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

Data is subject to change and reflects the available data at time of extraction. Totals reported in the IDDR may differ from those published in other reports, including annual reports and other publications.

SOUTH AUSTRALIA

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

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

Data is subject to change and reflects the available data at time of extraction. Totals reported in the IDDR may differ from those published in other reports, including annual reports and other publications.

TASMANIA

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

It is important to note that the reported figures may differ from those reported in the Tasmania Police Annual Report and other publications due to the differing counting rules applied.

VICTORIA

Victoria Police provided the ACIC with offender, seizure and drug quantities data from Law Enforcement Assistance Program (LEAP). Drug purity data was provided by Victoria Police Forensics Department. Drug quantities and weights reported are estimates only and are not validated by forensic analysis.

In 2004–05, Victoria Police rewrote its data extraction program and improved the data quality checks. Further data quality processes have been implemented to improve the data.

Victorian clandestine laboratory detection figures are taken from the record of attendances by forensic analysts at suspected laboratories and validated by the Clandestine Laboratory Squad.

Data is subject to change and reflects the available data at time of extraction. Totals reported in the IDDR may differ from those published in other reports, including annual reports and other publications.

WESTERN AUSTRALIA

Western Australia Police Force provided the ACIC with seizure and offender data. ChemCentre provided the purity data.

The 2017–18 data reflects improvements made to the quality of the Western Australia Police Force drug seizure and offender dataset. As a result, caution should be exercised in comparing data from previous reporting periods.

Data is subject to change and reflects the available data at time of extraction. Totals reported in the IDDR may differ from those published in other reports, including the Western Australia Police Force Annual Report and other publications.

Legislation changes for cannabis offences in Western Australia took effect from 1 August 2011 following amendments to the Misuse of Drugs Act. The Cannabis Infringement Notice (CIN) was replaced by a Cannabis Intervention Requirement (CIR) which changes the way police should respond when dealing with a person in possession of cannabis. From 1 August 2011, any person who does not have a criminal history and is found to have 10 grams or less of cannabis will be offered 28 days to complete a Cannabis Intervention Session after which no charges will follow. People with previous cannabis-related convictions are ineligible for this option. Participation in a Cannabis Intervention Session is offered once to adult offenders, but twice to juveniles aged between 14 and 17 years, so that subsequent offending would result in charges being brought directly.

EXPLANATORY NOTES

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

AMPHETAMINE-TYPE STIMULANTS (ATS)

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

ARRESTS

'Arrest' incorporates recorded law enforcement action against a person for suspected unlawful involvement in illicit drugs. It incorporates enforcement action by way of arrest and charge, summons, diversion program, Cannabis Expiation Notice (South Australia), Simple Cannabis Offence Notice (Australian Capital Territory), Drug Infringement Notice (Northern Territory), notice to appear (Queensland) and Cannabis Intervention Requirement (Western Australia). Some charges may have been subsequently dropped or the defendant may have been found not guilty.

CANNABIS

'Cannabis' includes cannabis plant, leaf, resin, oil, seed and all other forms.

CATEGORIES FOR CLANDESTINE LABORATORIES

Since 2011–12, jurisdictions have been asked to distinguish detected clandestine laboratories into the following four categories, taken from the United Nations Office on Drugs and Crime Annual Report Questionnaire that is used to inform the World Drug Report.

Addict-based labs (kitchen labs). Only basic equipment and simple procedures are used. Typically, those operating in such laboratories have a limited or non-existent knowledge of chemistry and simply follow instructions. Usually, there are no significant stores of precursors and the amount of drugs or other substances manufactured is for personal use. A typical manufacture cycle for ATS would yield less than 50 grams of the substance.

Other small scale labs. People operating in these laboratories have advanced chemical knowledge. More complex amphetamine-type stimulants may be manufactured. Laboratories may be of similar size to 'addict-based labs' but frequently employ non-improvised equipment. They may also include experimental laboratories. The amount manufactured is typically for personal use or for a limited number of close associates. Typical manufacture cycle for ATS would yield less than 500 grams of the substance.

Medium sized labs. Use commercially available standard equipment and glassware (in some cases, custom-made equipment). They are not very mobile, making it possible to recover precursor chemicals and equipment in many cases (production estimates are the most viable and reliable). The amount manufactured at such sites is primarily for illicit economic gain. A typical manufacture cycle for ATS would yield between 0.5 to 50 kilograms.

Industrial scale labs. Laboratories use oversized equipment and glassware that is either custom-made or purchased from industrial processing sources. Such industrial operations produce significant amounts of ATS in very short periods of time, only limited by access to precursors, reagents and consumables in adequate quantities and the logistics and manpower to handle large amounts of drugs or chemicals and process them into the next step. A typical manufacture cycle for ATS would yield 50 kilograms or more.

COCAINE

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

DETECTION

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

EMBARKATION POINT

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

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

HALLUCINOGENS

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

HEROIN AND OTHER OPIOIDS

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

OTHER DRUGS

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

PHENETHYLAMINES

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

SEIZURE

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

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

STEROIDS

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

SYMBOLS AND ABBREVIATIONS

The following symbols and abbreviations are used in the tables:

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

ARREST TABLES

TABLE 25: All drugs: consumer and provider arrests, by state and territory and gender, 2017–18

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	21,735	5,548	12	27,295	3,828	763	0	4,591	26,353	6,522	12	32,887
Vic	20,522	5,936	0	26,458	1,513	306	0	1,819	22,036	6,242	0	28,278
Qld	26,665	9,957	16	36,638	3,091	932	3	4,026	29,756	10,889	19	40,664
SA	5,153	1,801	0	6,954	1,166	386	0	1,552	6,319	2,187	0	8,506
SA CENs[b]	6,944	1,980	37	8,961	–	–	–	–	6,944	1,980	37	8,961
WA	15,371	5,928	67	21,366	681	218	2	901	16,093	6,167	69	22,329
WA CIRs[c]	1,269	478	16	1,763	–	–	–	–	1,269	478	16	1,763
Tas	1,667	529	0	2,196	385	114	0	499	2,052	643	0	2,695
NT	298	81	0	379	179	42	0	221	673	183	0	856
NT DINs[d]	487	188	0	675	–	–	–	–	487	188	0	675
ACT	497	112	0	609	72	16	0	88	569	128	0	697
ACT SCONs[e]	43	9	0	52	–	–	–	–	43	9	0	52
Total	**100,651**	**32,547**	**148**	**133,346**	**10,915**	**2,777**	**5**	**13,697**	**112,594**	**35,616**	**153**	**148,363**

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

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

b. Cannabis Expiation Notices.

c. Cannabis Intervention Requirements.

d. Drug Infringement Notices.

e. Simple Cannabis Offence Notices.

TABLE 26: Amphetamine-type stimulants (ATS): consumer and provider arrests, by state and territory and gender, 2017–18

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	5,719	2,018	0	7,737	1,513	340	0	1,853	7,382	2,402	0	9,784
Vic	7,269	2,331	0	9,600	443	110	0	553	7,712	2,441	0	10,153
Qld	7,509	3,073	2	10,584	708	219	0	927	8,217	3,292	2	11,511
SA	3,806	1,413	0	5,219	469	164	0	633	4,275	1,577	0	5,852
WA	4,392	1,970	16	6,378	171	66	0	237	4,574	2,041	16	6,631
Tas	283	110	0	393	114	44	0	158	397	154	0	551
NT	54	22	0	76	41	8	0	49	163	54	0	217
ACT	126	31	0	157	25	6	0	31	151	37	0	188
Total	**29,158**	**10,968**	**18**	**40,144**	**3,484**	**957**	**0**	**4,441**	**32,871**	**11,998**	**18**	**44,887**

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

TABLE 27: Cannabis: consumer and provider arrests, by state and territory and gender, 2017–18

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	12,272	2,655	12	14,939	1,268	224	0	1,492	13,741	2,926	12	16,679
Vic	7,321	1,828	0	9,149	431	95	0	526	7,752	1,923	0	9,675
Qld	14,033	4,931	11	18,975	1,674	476	1	2,151	15,707	5,407	12	21,126
SA	792	190	0	982	538	152	0	690	1,330	342	0	1,672
SA CENs[b]	6,944	1,980	37	8,961	–	–	–	–	6,944	1,980	37	8,961
WA	6,667	2,215	30	8,912	342	86	2	430	7,009	2,301	32	9,342
WA CIRs[c]	1,269	478	16	1,763	–	–	–	–	1,269	478	16	1,763
Tas	1,058	280	0	1,338	203	50	0	253	1,261	330	0	1,591
NT	210	45	0	255	114	33	0	147	406	101	0	507
NT DINs[d]	487	188	0	675	–	–	–	–	487	188	0	675
ACT	235	60	0	295	33	10	0	43	268	70	0	338
ACT SCONs[e]	43	9	0	52	–	–	–	–	43	9	0	52
Total	**51,331**	**14,859**	**106**	**66,296**	**4,603**	**1,126**	**3**	**5,732**	**56,217**	**16,055**	**109**	**72,381**

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

TABLE 28: Heroin and other opioids: consumer and provider arrests, by state and territory and gender, 2017–18

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	545	171	0	716	127	29	0	156	686	201	0	887
Vic	997	275	0	1,272	74	13	0	87	1,071	288	0	1,359
Qld	223	76	0	299	20	6	0	26	243	82	0	325
SA	88	27	0	115	18	2	0	20	106	29	0	135
WA	185	72	0	257	5	3	0	8	190	75	0	265
Tas	10	8	0	18	11	3	0	14	21	11	0	32
NT	0	0	0	0	0	0	0	0	0	0	0	0
ACT	18	4	0	22	4	0	0	4	22	4	0	26
Total	**2,066**	**633**	**0**	**2,699**	**259**	**56**	**0**	**315**	**2,339**	**690**	**0**	**3,029**

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

TABLE 29: Cocaine: consumer and provider arrests, by state and territory and gender, 2017–18

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	1,447	225	0	1,672	567	66	0	633	2,022	294	0	2,316
Vic	538	91	0	629	130	6	0	136	668	97	0	765
Qld	513	103	1	617	98	22	0	120	611	125	1	737
SA	112	14	0	126	31	7	0	38	143	21	0	164
WA	155	35	1	191	12	5	0	17	167	40	1	208
Tas	2	1	0	3	2	0	0	2	4	1	0	5
NT	4	3	0	7	10	0	0	10	22	4	0	26
ACT	86	12	0	98	6	0	0	6	92	12	0	104
Total	**2,857**	**484**	**2**	**3,343**	**856**	**106**	**0**	**962**	**3,729**	**594**	**2**	**4,325**

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

TABLE 30: Steroids: consumer and provider arrests, by state and territory and gender, 2017–18

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	139	2	0	141	29	4	0	33	172	6	0	178
Vic	88	11	0	99	2	1	0	3	90	12	0	102
Qld	486	95	1	582	75	12	1	88	561	107	2	670
SA	3	1	0	4	1	2	0	3	4	3	0	7
WA	170	31	1	202	8	1	0	9	178	32	1	211
Tas	12	1	0	13	4	2	0	6	16	3	0	19
NT	2	0	0	2	1	0	0	1	10	0	0	10
ACT	4	0	0	4	0	0	0	0	4	0	0	4
Total	**904**	**141**	**2**	**1,047**	**120**	**22**	**1**	**143**	**1,035**	**163**	**3**	**1,201**

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

TABLE 31: Hallucinogens: consumer and provider arrests, by state and territory and gender, 2017–18

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	164	28	0	192	36	7	0	43	202	35	0	237
Vic	103	30	0	133	5	1	0	6	108	31	0	139
Qld	211	62	0	273	51	9	0	60	262	71	0	333
SA	33	7	0	40	9	7	0	16	42	14	0	56
WA	133	30	1	164	13	6	0	19	146	36	1	183
Tas	12	4	0	16	7	2	0	9	19	6	0	25
NT	2	0	0	2	2	0	0	2	6	3	0	9
ACT	10	2	0	12	1	0	0	1	11	2	0	13
Total	**668**	**163**	**1**	**832**	**124**	**32**	**0**	**156**	**796**	**198**	**1**	**995**

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

TABLE 32: Other and unknown—not elsewhere classified (NEC): consumer and provider arrests, by state and territory and gender, 2017–18

	Consumer				Provider				Total[a]			
State/territory	Male	Female	Not known	Total	Male	Female	Not known	Total	Male	Female	Not known	Total
NSW	1,449	449	0	1,898	288	93	0	381	2,148	658	0	2,806
Vic	4,206	1,370	0	5,576	428	80	0	508	4,635	1,450	0	6,085
Qld	3,690	1,617	1	5,308	465	188	1	654	4,155	1,805	2	5,962
SA	319	149	0	468	100	52	0	152	419	201	0	620
WA	3,669	1,575	18	5,262	130	51	0	181	3,829	1,642	18	5,489
Tas	290	125	0	415	44	13	0	57	334	138	0	472
NT	26	11	0	37	10	2	0	12	66	21	0	87
ACT	18	3	0	21	3	0	0	3	21	3	0	24
Total	**13,667**	**5,299**	**19**	**18,985**	**1,468**	**479**	**1**	**1,948**	**15,607**	**5,918**	**20**	**21,545**

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

TABLE 33: All arrests: consumer and provider arrests, by drug type, 2013–14 to 2017–18

Drug type	Consumer					Provider				
	2013–14[a]	2014–15	2015–16[b]	2016–17	2017–18	2013–14	2014–15	2015–16[b]	2016–17	2017–18
Amphetamine-type stimulants	19,945	27,502	40,527	40,837	40,144	6,265	7,862	6,885	6,553	4,441
Cannabis	59,994r	66,309	72,198	70,747	66,296	8,460	8,716	7,317	6,679	5,732
Heroin and other opioids	2,067	2,427	2,487	2,458	2,699	699	774	480	502	315
Cocaine	1,005	1,542	1,906	2,546	3,343	461	544	683	809	962
Steroids	756	967	1,051	1,049	1,047	179	242	238	190	143
Hallucinogens	543	566	725	718	832	161	164	186	220	156
Other and unknown nec	10,359	13,027	16,143	17,872	18,985	2,288	2,453	2,593	2,566	1,948
Total	**94,669r**	**112,340**	**135,037**	**136,227**	**133,346**	**18,513**	**20,755**	**18,382**	**17,519**	**13,697**

Note: Excludes arrests where consumer/provider information was not recorded.
a. Cannabis Intervention Requirement data was not available in 2013–14. The related data was provided in 2014–15, with the cannabis figures for 2013–14 revised accordingly.
b. From 2015–16, offender data provided by South Australia Police includes data for offenders participating in its Drug Diversion Program (excluding diversion records not related to a drug seizure).

TABLE 34: All arrests: number and proportion, by drug type, 2013–14 to 2017–18

Drug Type	2013–14[a]		2014–15		2015–16[b]		2016–17		2017–18	
	No.	%	No.	%	No.	%	No.	%	No.	%
Amphetamine-type stimulants	26,269	23.4	35,468	26.5	47,625	30.8	47,531	30.7	44,887	30.3
Cannabis	68,477r	59.5	75,105	56.1	79,643	51.6	77,549	50.1	72,381	48.8
Heroin and other opioids	2,771	2.5	3,227	2.4	2,975	1.9	2,970	1.9	3,029	2.0
Cocaine	1,466	1.3	2,092	1.6	2,592	1.7	3,366	2.2	4,325	2.9
Steroids	936	0.8	1,210	0.9	1,297	0.8	1,244	0.8	1,201	0.8
Hallucinogens	704	0.6	734	0.5	915	0.6	945	0.6	995	0.7
Other and unknown nec	13,219	11.8	16,090	12.0	19,491	12.6	21,045	13.6	21,545	14.5
Total	**113,842r**	**100**	**133,926**	**100**	**154,538**	**100**	**154,650**	**100**	**148,363**	**100**

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

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

b. Offender data provided by South Australia Police from 2015–16 includes data for offenders participating in its Drug Diversion Program (excluding diversion records not related to a drug seizure).

SEIZURE TABLES

TABLE 35: Seizures: drug type, by state and territory, 2017–18

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Amphetamine-type stimulants									
State police									
Seizures (no.)	11,441	2,036	8,345	901	11,214	605	443	441	35,426
Weight (gms)	990,168	51,478	917,875	30,443	286,516	3,423	6,994	4,336	2,291,233
AFP									
Seizures (no.)	1,141	328	95	11	81	8	1	2	1,667
Weight (gms)	7,325,767	203,164	27,044	1,070	1,356,476	490	20	1	8,914,032
Cannabis									
State police									
Seizures (no.)	17,155	3,174	16,200	355	16,697	1,895	1,914	600	57,990
Weight (gms)	1,812,170	1,202,154	1,805,242	506,161	1,164,152	213,947	163,613	152,481	7,019,920
AFP									
Seizures (no.)	565	138	343	11	74	2	8	8	1,149
Weight (gms)	560,974	232,239	752,808	68	89,856	12	95	26	1,636,078
Heroin									
State police									
Seizures (no.)	918	271	182	22	362	9	2	41	1,807
Weight (gms)	20,817	2,712	20,002	569	1,012	114	1	41	45,268
AFP									
Seizures (no.)	97	58	4	0	10	0	0	1	170
Weight (gms)	139,875	43,540	203	0	420	0	0	<1	184,038
Other opioids									
State police									
Seizures (no.)	77	1	6	0	5	5	0	15	109
Weight (gms)	2,241	<1	66	0	4	3	0	27	2,341
AFP									
Seizures (no.)	101	45	13	2	13	0	0	1	175
Weight (gms)	99,042	44,120	2,327	11	2,281	0	0	<1	147,781

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 35 (continued): Seizures: drug type, by state and territory, 2017–18

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Cocaine									
State police									
Seizures (no.)	2,900	237	578	36	433	24	44	150	4,402
Weight (gms)	261,963	4,556	58,377	3,643	15,367	134	869	652	345,561
AFP									
Seizures (no.)	427	170	63	2	28	1	1	2	694
Weight (gms)	1,152,798	338,524	104,944	12,989	15,830	1	100	<1	1,625,186
Steroids									
State police									
Seizures (no.)	207	0	52	0	37	0	30	14	340
Weight (gms)	42,689	0	7,815	0	1,487	0	1,909	1,505	55,405
AFP									
Seizures (no.)	63	9	21	0	12	0	0	3	108
Weight (gms)	16,168	845	2,742	0	547	0	0	22	20,324
Hallucinogens									
State police									
Seizures (no.)	201	13	29	6	49	13	17	20	348
Weight (gms)	198	464	2,015	2,340	2,126	189	17	1,711	9,060
AFP									
Seizures (no.)	127	79	4	0	25	1	0	0	236
Weight (gms)	6,167	15,368	1,748	0	1,202	1	0	0	24,486
Other and unknown drugs nec									
State police									
Seizures (no.)	3,291	248	889	30	1,947	185	210	168	6,968
Weight (gms)	1,622,227	6,935	1,416,079	43,459	204,759	2,533	86,235	2,004	3,384,231
AFP									
Seizures (no.)	824	271	71	4	62	2	1	3	1,238
Weight (gms)	3,820,951	894,199	136,021	18,200	27,380	11	5	2	4,896,769

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 36: Amphetamine purity levels: state and territory, by quarter, 2017–18

State/territory	July–September 2017				October–December 2017				January–March 2018				April–June 2018				Total July 2017–June 2018			
		Purity				Purity				Purity				Purity				Purity		
	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	7	3.5	1.5	6.5	–	–	–	–	7	3.5	1.5	6.5
Total	–	–	–	–	–	–	–	–	7	3.5	1.5	6.5	–	–	–	–	7	3.5	1.5	6.5
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	4.0	4.0	4.0	–	–	–	–	–	–	–	–	–	–	–	–	1	4.0	4.0	4.0
Total	1	4.0	4.0	4.0	–	–	–	–	–	–	–	–	–	–	–	–	1	4.0	4.0	4.0
Vic																				
State police																				
<=2 gms	5	4.4	1.6	41.6	8	8.0	3.9	34.4	2	43.0	11.6	74.4	1	14.0	14.0	14.0	16	10.3	1.6	74.4
>2 gms	4	21.2	2.6	38.6	7	6.0	2.9	11.0	1	3.5	3.5	3.5	–	–	–	–	12	5.5	2.6	38.6
Total	9	4.7	1.6	41.6	15	7.0	2.9	34.4	3	11.6	3.5	74.4	1	14.0	14.0	14.0	28	7.5	1.6	74.4
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	2	32.5	20.9	44.1	2	58.1	58.1	58.1	–	–	–	–	–	–	–	–	4	51.1	20.9	58.1
Total	2	32.5	20.9	44.1	2	58.1	58.1	58.1	–	–	–	–	–	–	–	–	4	51.1	20.9	58.1
Qld																				
State police																				
<=2 gms	3	0.3	0.3	0.3	10	18.3	3.5	24.8	–	–	–	–	1	4.1	4.1	4.1	14	11.2	0.3	24.8
>2 gms	1	1.8	1.8	1.8	2	27.9	21.3	34.6	–	–	–	–	1	1.4	1.4	1.4	4	11.5	1.4	34.6
Total	4	0.3	0.3	1.8	12	20.6	3.5	34.6	–	–	–	–	2	2.7	1.4	4.1	18	11.2	0.3	34.6
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
SA																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all amphetamine seizures—only those that have been analysed at a forensic laboratory. The period between the date of seizure by police and the date of receipt at the laboratory and subsequent analysis 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 (continued): Amphetamine purity levels: state and territory, by quarter, 2017–18

	July–September 2017				October–December 2017				January–March 2018				April–June 2018				Total July 2017–June 2018			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	1	1.0	1.0	1.0	–	–	–	–	–	–	–	–	–	–	–	–	1	1.0	1.0	1.0
>2 gms	32	1.0	0.3	1.0	–	–	–	–	–	–	–	–	1	13.0	13.0	13.0	33	1.0	0.3	13.0
Total	33	1.0	0.3	1.0	–	–	–	–	–	–	–	–	1	13.0	13.0	13.0	34	1.0	0.3	13.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	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	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all amphetamine seizures—only those that have been analysed at a forensic laboratory. The period between the date of seizure by police and the date of receipt at the laboratory and subsequent analysis 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: Methylamphetamine purity levels: state and territory, by quarter, 2017–18

	July–September 2017				October–December 2017				January–March 2018				April–June 2018				Total July 2017–June 2018			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Case (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	61	76.5	6.0	82.0	53	74.5	50.0	80.5	25	77.5	75.0	81.5	17	78.5	57.5	81.5	156	76.7	6.0	82.0
>2 gms	110	73.5	1.5	81.5	86	70.2	3.0	80.5	132	80.5	1.0	84.0	19	75.0	1.0	81.0	347	76.0	1.0	84.0
Total	171	74.0	1.5	82.0	139	73.0	3.0	80.5	157	80.0	1.0	84.0	36	77.5	1.0	81.5	503	76.0	1.0	84.0
AFP																				
<=2 gms	1	80.3	80.3	80.3	–	–	–	–	–	–	–	–	1	80.4	80.4	80.4	2	80.3	80.3	80.4
>2 gms	41	80.3	42.6	80.3	11	79.6	77.1	79.8	72	79.0	68.9	80.3	28	80.4	69.9	80.6	152	79.0	42.6	80.6
Total	42	80.3	42.6	80.3	11	79.6	77.1	79.8	72	79.0	68.9	80.3	29	80.4	69.9	80.6	154	79.1	42.6	80.6
Vic																				
State police																				
<=2 gms	964	82.5	0.4	98.0	806	82.3	0.4	97.1	521	82.3	0.6	97.9	244	83.0	0.4	95.7	2,535	82.4	0.4	98.0
>2 gms	242	82.0	0.1	91.4	192	81.1	0.2	96.9	128	82.3	0.2	92.2	85	83.4	0.2	91.0	647	82.0	0.1	96.9
Total	1,206	82.4	0.1	98.0	998	82.0	0.2	97.1	649	82.0	0.2	97.9	329	83.1	0.2	95.7	3,182	82.4	0.1	98.0
AFP																				
<=2 gms	–	–	–	–	1	39.0	39.0	39.0	–	–	–	–	–	–	–	–	1	39.0	39.0	39.0
>2 gms	3	80.2	78.8	80.3	20	80.0	32.5	81.9	4	78.1	40.2	80.3	4	30.5	1.1	80.3	31	79.6	1.1	81.9
Total	3	80.2	78.8	80.3	21	80.0	32.5	81.9	4	78.1	40.2	80.3	4	30.5	1.1	80.3	32	79.2	1.1	81.9
Qld																				
State police																				
<=2 gms	464	67.7	0.8	78.7	536	72.2	0.3	77.5	556	72.1	0.3	77.3	486	74.3	0.3	77.7	2,042	72.1	0.3	78.7
>2 gms	309	69.1	0.1	76.7	318	69.5	0.1	77.4	367	71.9	0.2	76.8	328	72.1	0.6	77.2	1,322	70.7	0.1	77.4
Total	773	68.3	0.1	78.7	854	71.4	0.1	77.5	923	72.0	0.2	77.3	814	73.6	0.3	77.7	3,364	71.6	0.1	78.7
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	1	76.4	76.4	76.4	2	55.0	55.0	55.0	2	79.7	79.2	80.3	5	76.4	55.0	80.3
Total	–	–	–	–	1	76.4	76.4	76.4	2	55.0	55.0	55.0	2	79.7	79.2	80.3	5	76.4	55.0	80.3
SA																				
State police																				
<=2 gms	11	79.7	6.2	80.3	7	61.5	35.5	80.9	15	56.5	0.8	78.2	4	29.1	5.6	79.7	37	71.2	0.8	80.9
>2 gms	83	69.7	0.1	80.5	97	66.1	0.1	82.2	123	69.0	0.1	79.9	70	72.7	0.1	80.1	373	69.1	0.1	82.2
Total	94	71.4	0.1	80.5	104	65.8	0.1	82.2	138	68.7	0.1	79.9	74	72.6	0.1	80.1	410	69.2	0.1	82.2
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all methylamphetamine seizures—only those that have been analysed at a forensic laboratory. The period between the date of seizure by police and the date of receipt at the laboratory and subsequent analysis 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 (continued): Methylamphetamine purity levels: state and territory, by quarter, 2017–18

	July–September 2017				October–December 2017				January–March 2018				April–June 2018				Total July 2017–June 2018			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	24	69.0	0.7	84.0	80	77.0	49.0	81.0	32	73.0	25.0	82.0	18	79.0	68.0	83.0	154	77.0	0.7	84.0
>2 gms	310	72.0	0.1	84.0	230	76.0	0.1	85.0	228	78.0	0.1	84.0	278	78.0	0.2	89.0	1,046	77.0	0.1	89.0
Total	334	72.0	0.1	84.0	310	77.0	0.1	85.0	260	78.0	0.1	84.0	296	78.0	0.2	89.0	1,200	77.0	0.1	89.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	80.3	80.3	80.3	7	80.3	79.8	80.3	3	78.5	78.5	78.5	1	80.3	80.3	80.3	12	80.2	78.5	80.3
Total	1	80.3	80.3	80.3	7	80.3	79.8	80.3	3	78.5	78.5	78.5	1	80.3	80.3	80.3	12	80.2	78.5	80.3
Tas																				
State police																				
<=2 gms	–	–	–	–	2	45.7	41.6	49.9	–	–	–	–	–	–	–	–	2	45.7	41.6	49.9
>2 gms	4	76.3	1.2	79.9	2	45.0	42.7	47.4	–	–	–	–	–	–	–	–	6	61.6	1.2	79.9
Total	4	76.3	1.2	79.9	4	45.0	41.6	49.9	–	–	–	–	–	–	–	–	8	48.6	1.2	79.9
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	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	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all methylamphetamine seizures—only those that have been analysed at a forensic laboratory. The period between the date of seizure by police and the date of receipt at the laboratory and subsequent analysis can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 38: Phenethylamine purity levels: state and territory, by quarter, 2017–18

	July–September 2017				October–December 2017				January–March 2018				April–June 2018				Total July 2017–June 2018			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	24	32.5	6.0	79.0	36	69.5	9.0	82.5	12	59.5	11.0	75.5	10	62.7	4.0	78.0	82	60.7	4.0	82.5
>2 gms	48	34.5	5.0	80.5	47	56.5	9.0	87.0	19	17.0	4.0	78.5	32	18.7	4.5	75.5	146	33.7	4.0	87.0
Total	72	33.7	5.0	80.5	83	68.0	9.0	87.0	31	30.5	4.0	78.5	42	24.0	4.0	78.0	228	47.5	4.0	87.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	2	75.3	73.1	77.6	–	–	–	–	2	75.3	73.1	77.6
>2 gms	8	77.9	6.6	78.2	1	79.3	79.3	79.3	19	69.9	69.9	77.9	9	78.2	78.2	78.2	37	69.9	6.6	79.3
Total	8	77.9	6.6	78.2	1	79.3	79.3	79.3	21	69.9	69.9	77.9	9	78.2	78.2	78.2	39	73.1	6.6	79.3
Vic																				
State police																				
<=2 gms	287	18.0	0.4	88.2	287	24.4	0.9	86.0	217	20.4	0.4	84.7	56	20.7	0.9	81.9	847	20.1	0.4	88.2
>2 gms	77	15.1	0.3	84.1	110	14.1	0.2	84.0	52	16.0	0.1	84.0	12	75.5	15.2	81.0	251	15.2	0.1	84.1
Total	364	17.5	0.3	88.2	397	19.8	0.2	86.0	269	19.4	0.1	84.7	68	22.5	0.9	81.9	1,098	19.0	0.1	88.2
AFP																				
<=2 gms	1	20.0	20.0	20.0	–	–	–	–	2	67.5	67.5	67.5	–	–	–	–	3	67.5	20.0	67.5
>2 gms	9	73.9	20.0	78.4	18	35.9	23.4	75.9	6	36.6	22.3	71.2	3	29.3	28.0	31.4	36	42.0	20.0	78.4
Total	10	58.5	20.2	78.4	18	35.9	23.4	75.9	8	42.6	22.3	71.2	3	29.3	28.0	31.4	39	43.1	20.0	78.4
Qld																				
State police																				
<=2 gms	77	28.4	1.5	72.2	52	20.5	0.7	71.7	92	35.0	0.2	72.9	104	28.4	0.2	72.9	325	29.4	0.2	72.9
>2 gms	118	32.0	1.7	72.1	101	10.8	0.4	72.1	92	10.7	0.1	72.5	95	34.4	0.1	72.3	406	20.2	0.1	72.5
Total	195	31.7	1.5	72.2	153	16.2	0.4	72.1	184	22.7	0.1	72.9	199	29.4	0.1	72.9	731	25.3	0.1	72.9
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	2	77.3	77.0	77.6	2	77.3	77.3	77.3	–	–	–	–	4	77.3	77.0	77.6
Total	–	–	–	–	2	77.3	77.0	77.6	2	77.3	77.3	77.3	–	–	–	–	4	77.3	77.0	77.6
SA																				
State police																				
<=2 gms	5	29.5	11.7	77.9	1	2.6	2.6	2.6	–	–	–	–	–	–	–	–	6	22.1	2.6	77.9
>2 gms	17	52.7	3.3	78.0	2	13.9	7.4	20.3	4	56.6	44.8	71.3	1	36.7	36.7	36.7	24	48.7	3.3	78.0
Total	22	41.4	3.3	78.0	3	7.4	2.6	20.3	4	56.6	44.8	71.3	1	36.7	36.7	36.7	30	40.7	2.6	78.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

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

TABLE 38 (continued): Phenethylamine purity levels: state and territory, by quarter, 2017–18

	July–September 2017				October–December 2017				January–March 2018				April–June 2018				Total July 2017–June 2018			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	14	11.5	6.0	84.0	13	21.0	8.0	28.0	10	15.0	9.0	17.0	4	44.5	11.0	82.0	41	15.0	6.0	84.0
>2 gms	126	13.5	0.1	86.0	73	17.0	4.0	88.0	76	14.0	5.0	86.0	103	12.0	5.0	85.0	378	14.0	.01	88.0
Total	140	13.0	0.1	86.0	86	18.0	4.0	88.0	86	14.0	5.0	86.0	107	12.0	5.0	85.0	419	14.0	0.1	88.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	3	16.2	15.8	16.4	–	–	–	–	2	5.2	5.2	5.3	5	15.8	5.2	16.4
Total	–	–	–	–	3	16.2	15.8	16.4	–	–	–	–	2	5.2	5.2	5.3	5	15.8	5.2	16.4
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	2	76.2	76.2	76.2	–	–	–	–	–	–	–	–	2	76.2	76.2	76.2
Total	–	–	–	–	2	76.2	76.2	76.2	–	–	–	–	–	–	–	–	2	76.2	76.2	76.2
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	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	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

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

TABLE 39: Heroin purity levels: state and territory, by quarter, 2017–18

	July–September 2017				October–December 2017				January–March 2018				April–June 2018				Total July 2017–June 2018			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	12	56.0	28.5	70.5	11	53.5	30.5	76.5	4	54.2	44.5	71.0	1	45.5	45.5	45.5	28	53.2	28.5	76.5
>2 gms	26	56.7	11.5	72.0	5	74.0	40.0	76.0	1	55.5	55.5	55.5	–	–	–	–	32	61.7	11.5	76.0
Total	38	56.0	11.5	72.0	16	60.2	30.5	76.5	5	55.5	44.5	71.0	1	45.5	45.5	45.5	60	55.5	11.5	76.5
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	3	71.5	71.2	75.5	1	0.5	0.5	0.5	9	74.0	74.0	75.5	13	74.0	0.5	75.5
Total	–	–	–	–	3	71.5	71.2	75.5	1	0.5	0.5	0.5	9	74.0	74.0	75.5	13	74.0	0.5	75.5
Vic																				
State police																				
<=2 gms	172	17.0	0.9	88.6	134	20.2	8.1	89.3	87	18.3	8.4	84.2	28	52.6	10.7	84.0	421	18.3	0.9	89.3
>2 gms	34	18.0	10.6	88.9	46	18.8	7.0	83.8	13	17.2	13.0	83.0	14	34.0	16.0	78.0	107	18.7	7.0	88.9
Total	206	17.4	0.9	88.9	180	19.0	7.0	89.3	100	18.1	8.4	84.2	42	40.1	10.7	84.0	528	18.3	0.9	89.3
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	1	64.2	64.2	64.2	7	73.1	6.9	73.1	–	–	–	–	–	–	–	–	8	72.8	6.9	73.1
Total	1	64.2	64.2	64.2	7	73.1	6.9	73.1	–	–	–	–	–	–	–	–	8	72.8	6.9	73.1
Qld																				
State police																				
<=2 gms	9	26.4	2.7	61.2	6	19.5	18.6	22.9	12	64.6	53.8	67.1	8	56.9	28.9	71.1	35	57.4	2.7	71.1
>2 gms	14	66.7	15.0	72.6	3	23.7	22.8	31.7	5	29.8	21.3	65.3	13	56.0	13.6	70.0	35	56.0	13.6	72.6
Total	23	58.5	2.7	72.6	9	19.8	18.6	31.7	17	62.2	21.3	67.1	21	56.0	13.6	71.1	70	56.7	2.7	72.6
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
SA																				
State police																				
<=2 gms	5	23.9	18.6	76.7	–	–	–	–	1	30.1	30.1	30.1	–	–	–	–	6	27.0	18.6	76.7
>2 gms	3	30.0	26.7	30.4	1	28.8	28.8	28.8	4	23.1	19.4	31.0	–	–	–	–	8	27.8	19.4	31.0
Total	8	28.4	18.6	76.7	1	28.8	28.8	28.8	5	23.3	19.4	31.0	–	–	–	–	14	27.8	18.6	76.7
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all heroin seizures—only those that have been analysed at a forensic laboratory. The period between the date of seizure by police and the date of receipt at the laboratory and subsequent analysis can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 39 (continued): Heroin purity levels: state and territory, by quarter, 2017–18

	July–September 2017				October–December 2017				January–March 2018				April–June 2018				Total July 2017–June 2018			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	5	51.0	20.0	74.0	–	–	–	–	–	–	–	–	–	–	–	–	5	51.0	20.0	74.0
>2 gms	5	56.0	52.0	67.0	14	55.0	30.0	75.0	5	69.0	34.0	72.0	5	47.0	36.0	69.0	29	55.0	30.0	75.0
Total	10	54.5	20.0	74.0	14	55.0	30.0	75.0	5	69.0	34.0	72.0	5	47.0	36.0	69.0	34	55.0	20.0	75.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
NT																				
State police																				
<=2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
>2 gms	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ACT																				
State police																				
<=2 gms	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	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all heroin seizures—only those that have been analysed at a forensic laboratory. The period between the date of seizure by police and the date of receipt at the laboratory and subsequent analysis can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 40: Cocaine purity levels: state and territory, by quarter, 2017–18

	July–September 2017				October–December 2017				January–March 2018				April–June 2018				Total July 2017–June 2018			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
NSW																				
State police																				
<=2 gms	32	61.2	12.0	84.0	131	55.5	17.5	85.5	7	20.5	17.5	77.0	1	49.0	49.0	49.0	171	57.0	12.0	85.5
>2 gms	52	71.2	24.0	91.0	65	72.0	1.5	88.0	20	67.0	22.0	86.5	9	56.5	25.0	85.5	146	71.0	1.5	91.0
Total	84	63.7	12.0	91.0	196	61.5	1.5	88.0	27	59.0	17.5	86.5	10	52.7	25.0	85.5	317	62.0	1.5	91.0
AFP																				
<=2 gms	4	48.3	48.3	48.3	–	–	–	–	1	82.5	82.5	82.5	1	61.3	61.3	61.3	6	48.3	48.3	82.5
>2 gms	20	84.9	57.2	85.0	7	75.9	57.6	86.0	24	81.8	43.1	84.1	41	41.3	41.3	75.2	92	70.9	41.3	86.0
Total	24	83.3	48.3	85.0	7	75.9	57.6	86.0	25	82.4	43.1	84.1	42	41.3	41.3	75.2	98	69.2	41.3	86.0
Vic																				
State police																				
<=2 gms	68	55.8	1.0	98.0	111	54.0	2.6	88.0	83	48.6	16.8	93.0	33	47.0	5.8	82.0	295	53.4	1.0	98.0
>2 gms	31	46.3	1.0	88.2	25	65.3	19.0	79.0	22	74.6	2.0	89.4	16	75.0	34.0	80.0	94	62.6	1.0	89.4
Total	99	52.8	1.0	98.0	136	54.8	2.6	88.0	105	56.2	2.0	93.0	49	54.1	5.8	82.0	389	54.3	1.0	98.0
AFP																				
<=2 gms	3	40.3	40.3	40.3	1	80.0	80.0	80.0	–	–	–	–	–	–	–	–	4	40.3	40.3	80.0
>2 gms	27	74.2	55.5	86.5	47	78.4	43.1	85.3	2	72.9	64.5	81.3	3	85.1	85.0	85.1	79	78.4	43.1	86.5
Total	30	73.6	40.3	86.5	48	78.4	43.1	85.3	2	72.9	64.5	81.3	3	85.1	85.0	85.1	83	78.4	40.3	86.5
Qld																				
State police																				
<=2 gms	68	28.0	2.8	64.6	58	36.7	11.3	75.1	73	36.7	0.2	78.4	107	51.6	1.5	77.3	306	36.7	0.2	78.4
>2 gms	43	41.9	3.8	78.2	23	45.6	10.7	75.3	50	61.0	5.2	78.1	82	49.1	7.3	75.4	198	49.1	3.8	78.2
Total	111	31.1	2.8	78.2	81	36.9	10.7	75.3	123	46.1	0.2	78.4	189	50.3	1.5	77.3	504	42.1	0.2	78.4
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	1	81.5	81.5	81.5	–	–	–	–	1	81.5	81.5	81.5
>2 gms	7	82.1	4.7	84.3	3	44.0	43.4	44.8	2	81.0	81.0	81.0	2	82.0	81.2	82.9	14	81.0	4.7	84.3
Total	7	82.1	4.7	84.3	3	44.0	43.4	44.8	3	81.0	81.0	81.5	2	82.0	81.2	82.9	15	81.0	4.7	84.3
SA																				
State police																				
<=2 gms	1	66.1	66.1	66.1	4	34.8	18.8	57.1	1	46.9	46.9	46.9	2	40.3	38.4	42.1	8	43.5	18.8	66.1
>2 gms	7	60.2	53.3	83.6	1	78.1	78.1	78.1	11	63.2	54.0	79.5	2	61.4	57.8	64.9	21	63.2	53.3	83.6
Total	8	62.2	53.3	83.6	5	44.9	18.8	78.1	12	62.8	46.9	79.5	4	50.0	38.4	64.9	29	60.2	18.8	83.6
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	2	86.2	86.2	86.2	–	–	–	–	–	–	–	–	2	86.2	86.2	86.2
Total	–	–	–	–	2	86.2	86.2	86.2	–	–	–	–	–	–	–	–	2	86.2	86.2	86.2

Note: Figures do not represent the purity levels of all cocaine seizures—only those that have been analysed at a forensic laboratory. The period between the date of seizure by police and the date of receipt at the laboratory and subsequent analysis can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

TABLE 40 (continued): Cocaine purity levels: state and territory, by quarter, 2017–18

	July–September 2017				October–December 2017				January–March 2018				April–June 2018				Total July 2017–June 2018			
		Purity				Purity				Purity				Purity				Purity		
State/territory	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)	Cases (no.)	Median (%)	Min (%)	Max (%)
WA																				
State police																				
<=2 gms	19	83.0	76.0	85.0	6	32.0	26.0	73.0	–	–	–	–	13	53.0	44.0	59.0	38	74.5	26.0	85.0
>2 gms	63	55.0	10.0	82.0	44	50.0	0.7	81.0	12	70.0	29.0	78.0	35	58.0	27.0	83.0	154	55.0	0.7	83.0
Total	82	61.5	10.0	85.0	50	49.0	0.7	81.0	12	70.0	29.0	78.0	48	58.0	27.0	83.0	192	57.5	0.7	85.0
AFP																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	1	53.7	53.7	53.7	1	53.7	53.7	53.7
>2 gms	2	85.8	83.1	88.5	–	–	–	–	–	–	–	–	4	77.6	51.3	81.9	6	79.7	51.3	88.5
Total	2	85.8	83.1	88.5	–	–	–	–	–	–	–	–	5	77.6	51.3	81.9	7	77.6	51.3	88.5
Tas																				
State police																				
<=2 gms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
>2 gms	–	–	–	–	–	–	–	–	1	50.5	50.5	50.5	6	38.6	15.8	54.4	7	45.3	15.8	54.4
Total	–	–	–	–	–	–	–	–	1	50.5	50.5	50.5	6	38.6	15.8	54.4	7	45.3	15.8	54.4
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	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	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Figures do not represent the purity levels of all cocaine seizures—only those that have been analysed at a forensic laboratory. The period between the date of seizure by police and the date of receipt at the laboratory and subsequent analysis 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 41: Amphetamine prices by state and territory, 2017–18 ($)

Weight	NSW	Vic	Qld	SA	WA[a]	Tas	NT[b]	ACT
1 street deal (0.1 gram)	na	na	30–100	na	50–100	50	100	50–80
0.7 gram	na	na	na	na	na	na	na	na
1 weight gram	na	200	300–1,000	na	na	300	na	200
2 grams	na	na	na	na	na	na	na	na
3 grams	na	na	na	na	na	na	na	na
8 ball (3.5 grams; i.e. 1/8 ounce)	na	na	550–2,500	na	na	600–900	na	800
1/4 ounce	na	na	na	na	na	na	na	na
1 vial (1/2 ounce)	na	na	na	na	na	na	na	na
1 ounce (street deal)	na	na	na	na	na	na	na	na
1 ounce	na	na	4,100–10,000	na	na	4,000–6,000	na	na
1 pound	na	na	45,000–90,000	na	na	na	na	na
1 kilogram	na	na	70,000–120,000	na	na	na	na	na

a. Amphetamine is rarely identified in Western Australia and is usually referred to as methylamphetamine instead of amphetamine.
b. Prices reported for the Northern Territory reflect urban pricing. It is not uncommon for prices in Indigenous communities to be considerably higher than those reported in urban locations.

TABLE 42: MDMA prices by state and territory, 2017–18 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
1 tablet/capsule	15–35	20	20–40	25	25–35	20–40	30–45	20–30
2–24 tablets/capsules (per tab)	15–25	na	20–35	15	15–30	20–28	30	na
25–99 tablets/capsules (per tab)	10–18	na	15–20	15	na	na	na	9–12.5
100–999 tablets/capsules (per tab)	8–15	9	13–20	10	7.5–14	13	na	9
1 000+ tablets/capsules (per tab)	6–7	12	8–18	5	6–10	na	na	na
1 gram	200–300	180	150–300	100–150	na	na	na	200
8 ball (3.5 grams; i.e. 1/8 ounce)	na	300–400	600–900	na	na	na	na	na
1/2 ounce	na	900–1,200	3,300	na	na	na	1,500	na
1 kilogram	37,000–44,000	55,000	50,000–60,000	na	40,000–80,000	na	na	40,000

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

TABLE 43: Methylamphetamine prices by state and territory, 2017–18 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
Crystal form ('ice')								
1 street deal (0.1 gram)	20–50	20–50	50–100	50	50–100	80–100	100	50–100
0.7 gram	na	210	na	na	na	na	na	na
1 weight gram	150–400	350	300–1,000	200–400	400–800	500	na	200–500
Half 8 ball (1.75 grams)	na	na	na	400	350–1,050	na	na	450–600
2 grams	na	na	na	na	na	na	na	na
3 grams	na	na	na	na	na	na	na	na
8 ball (3.5 gram; i.e. 1/8 ounce)	650–1,000	500	750–2,500	700–1,100	500–2,800	1,000–1,400	na	700–1,600
1/4 ounce	na	na	1,200–3,400	1,400	na	na	na	2,000–2,800
1 vial (1/2 ounce)	na	2,500	na	1,200–5,000	na	na	na	na
1 ounce (street deal)	na	na	na	na	na	na	na	na
1 ounce	3,500–6,000	4,400	4,200–10,000	2,000–9,500	4,250–7,000	6,000–8,000	na	3,000–8,000
1 pound	37,000–60,000	na	120,000–280,000	na	na	na	na	na
1 kilogram	75,000–110,000	105,000	250,000–300,000	100,000–115,000	80,000–110,000	na	na	na
Non-crystal form								
Powder/paste/base								
1 street deal (0.1 gram)	na	na	50–100	na	na	na	na	na
0.7 gram	na	na	na	na	na	na	na	na
1 weight gram	na	na	250–550	na	na	na	na	na
2 grams	na	na	na	na	na	na	na	na
3 grams	na	na	na	na	na	na	na	na
8 ball (3.5 gram; i.e. 1/8 ounce)	na	na	550–2,500	na	na	na	na	na
1/4 ounce	na	na	na	na	na	na	na	na
1 vial (1/2 ounce)	na	na	na	na	na	na	na	na
1 ounce (street deal)	na	na	na	na	na	na	na	na
1 ounce	na	na	4,100–10,000	na	na	na	na	na
1 pound	na	na	45,000–90,000	na	na	na	na	na
1 kilogram	na	na	na	na	na	na	na	na
Meth oil								
1 litre	na	na	na	na	na	na	na	na

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

TABLE 44: Cannabis prices by state and territory, 2017–18 ($)

Weight	NSW	Vic	Qld	SA	WA[a]	Tas	NT[b]	ACT
Bush								
Leaf								
Deal (1 gram approx.)	na	na	15–25	na	na	na	25–50	na
1/2 bag (14 grams)	na	na	100–240	na	na	na	150–200	na
Ounce bag (28 grams)	na	na	120–300	na	na	na	450	na
1 pound	na	na	1,700–4,000	na	na	na	4,500–5,500	na
1 kilogram	na	na	na	na	na	na	na	na
Head						na		
Deal (1 gram approx.)	20–25	na	na	na	na	25	25–50	na
1/2 bag (14 grams)	na	na	na	na	na	150	150–200	na
Ounce bag (28 grams)	200–350	na	na	na	na	250	450	na
1 pound	3,000–3,400	na	na	na	na	2,500	4,500–5,500	na
1 kilogram	na	na	na	na	na	na	na	na
1 mature plant	1,000–2,000	na	2,200–4,000	na	na	na	na	na
Hydroponic								
Leaf								
Deal (1 gram approx.)	na	na	na	na	na	na	25–50	na
1/2 bag (14 grams)	na	na	na	na	na	na	150–200	na
Ounce bag (28 grams)	na	na	na	na	350–550	na	450	na
1 pound	na	1,900	na	na	2,800–4,400	na	4,500–5,500	na
1 kilogram	na	na	na	na	na	na	na	na
Head								
Deal (1 gram approx.)	20–25	20	25–50	25[c]	na	25	25–50	25
1/2 bag (14 grams)	na	150	140–240	120	na	150	150–200	150
Ounce bag (28 grams)	200–350	280	200–450	250	na	300	450	250–300
1 pound	3,000–3,400	2,300	2,850–5,000	2,700	na	3,000–4,000	4,500–5,500	2,500–3,500
1 kilogram	na	na	na	na	na	na	na	na
1 mature plant	2,000–5,000	3,000	5,000	na	na	na	na	na
Resin								
Deal (1 gram approx.)	na	na	25–50	na	na	na	50	na
Oil								
Cap/vial	na	na	60	25–50	na	na	70	na

a. In Western Australia cannabis is rarely nominated as bush or hydroponic cannabis, or as cannabis leaf or cannabis head.
b. Prices reported for the Northern Territory reflect urban pricing. It is not uncommon for prices in Indigenous communities to be considerably higher than those reported in urban locations.
c. In South Australia a cannabis deal is 2–3 grams.

TABLE 45: Heroin prices by state and territory, 2017–18 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
Half point (0.05 gram)	50–60	na	na	na	na	50	20–50	50
1 taste/cap (0.1–0.3 gram)	50–150	30–50	50–110	50	100	100	na	80–100
1/4 gram	na	na	100–250	na	na	na	na	na
1/2 weight (0.4–0.6 gram)	50–250	240	na	200	350	na	na	na
1 street weight (0.6–0.8 gram)	na	na	na	na	na	na	na	na
1 gram	200–500	400	350–700	400	700	500	400	na
8 ball (3.5 grams; i.e. 1/8 ounce)	500–1,100	800–1,300	750–1,100	900	800	1,000–1,200	na	na
10 gram bag	na	2,400	na	na	na	na	na	na
1/2 ounce	na	1,800–4,000	3,000–6,000	na	2,850–5,500	na	na	na
1 ounce	6,000–10,000	9,500	5,000–7,500	na	5,500	na	na	6,500–10,000
1/2 Asian catti (350 grams)	na	na	70,000–120,000	na	na	na	na	na
12.5 ounce block	75,000–100,000	na	na	na	75,000–120,000	na	na	na
1 pound	na	65,000–70,000	na	na	na	na	na	na
Asian catti (700 grams)	na	na	na	na	na	na	na	na
1 kilogram	160,000–170,000	195,000	na	na	na	na	na	na

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

TABLE 46: Cocaine prices by state and territory, 2017–18 ($)

Weight	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
1 cap	100–250	na	50–130	na	na	50	na	na
1 gram	250–500	350	350–600	350	300–500	350–400	400–500	200–400
8 ball (3.5 grams; i.e. 1/8 ounce)	1,000–1,500	1,050	750–1,300	1,100	1,100–1,700	1,000–1,200	1,300	600–1,200
1/4 ounce	na	2,400	na	na	2,000–2,250	1,300–2,000	na	na
1 ounce	6,500–8,000	7,000	4,500–9,000	7,400	5,200–8,500	7,500–10,000	5,000–8,000	6,000–10,000
1 pound	na	125,000	na	na	na	na	na	na
1 kilogram	165,000–230,000	210,000–240,000	200,000–300,000	100,000–200,000	120,000–210,000	na	na	175,000–240,000

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

TABLE 47: Other drugs prices by state and territory, 2017–18 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
LSD								
1–9 tabs (ddu[b])	10–50	na	10–25	25	30–50	5–10	40[c]	15–25
10–100 tabs (ddu)	10–25	na	na	na	na	na	na	15
101–999 tabs (ddu)	na	na	800	na	na	na	na	na
1000+ tabs (ddu)	na	na	na	na	na	na	na	na
1 x 20 millilitre vial	na	na	800	na	na	na	na	na
Psilocybin								
1 gram	na	na	na	10–15	na	na	na	na
Ketamine								
Tablet	na	100	25–50	na	na	50–360	na	na
Powder (1 gram)	100–250	180	150–180	na	100	na	na	na
Vial (5–10 millilitres)	na	na	na	na	na	na	na	na
GHB/GBL/1,4-butanediol								
1–1.5 millilitres	5–10	5	4–8	3–8	na	na	na	na
4–5 millilitres (fish)	na	na	10–20	na	na	na	na	na
10–15 millilitres	na	na	na	na	na	na	na	na
50 millilitres	na	na	250	na	na	na	na	na
100 millilitres	500–650	na	100–200	na	na	na	na	na
Bulk	na	na	na	na	na	na	na	na
1 litre	2,000–2,500	1,200	1,000–3,000	600–3,500	na	na	na	na
25 litres	na	na	na	na	na	na	na	na
GHB								
Serve/4 milligrams	na	na	na	na	na	na	na	na
Vial	na	na	na	na	na	na	na	na
8 serves/32 milligrams	na	na	na	na	na	na	na	na
OPIOID PHARMACEUTICALS								
Per milligram	na	na	na	1	na	1	na	na
Per tablet	na	na	na	na	na	na	na	na
OxyContin (per tablet)	40–100	na	10–20	20	50	na	50	na
OxyContin (60 milligram tablet)	na	na	30–50	na	na	60	80	na
OxyContin (80 milligram tablet)	na	na	50–150	na	na	na	na	na
OxyContin (100 milligram tablet)	na	na	na	na	na	100	100	na
OxyContin (200 milligram tablet)	na	na	na	na	na	na	na	na
OxyContin (1 box)	na	na	4,000	na	na	na	na	na
MS Contin								
1 milligram	na	na	na	na	na	1	na	na
Per tablet	na	na	30	na	25	na	50	na
60 milligram tablet	na	na	20–60	na	na	60	na	na
100 milligram tablet	na	na	30–100	na	na	100	na	na
Kapanol (per tablet)	na	na	na	50–100	na	na	na	na
Buprenorphine (2 milligram tablet)	na	na	na	na	na	na	na	na
Buprenorphine (8 milligram tablet)	na	na	na	na	na	na	na	na
Fentanyl (1 microgram tablet)	na	na	na	na	na	na	na	na
Fentanyl (1 x 100 microgram patch)	75–250	na	400–450	200	na	na	na	na
Morphine (per tablet)	na	na	na	na	100	na	na	na

a. Prices reported for the Northern Territory reflect urban pricing. It is not uncommon for prices in Indigenous communities to be considerably higher than those reported in urban locations.
b. Discrete dosage units (ddu).
c. Price per tablet.

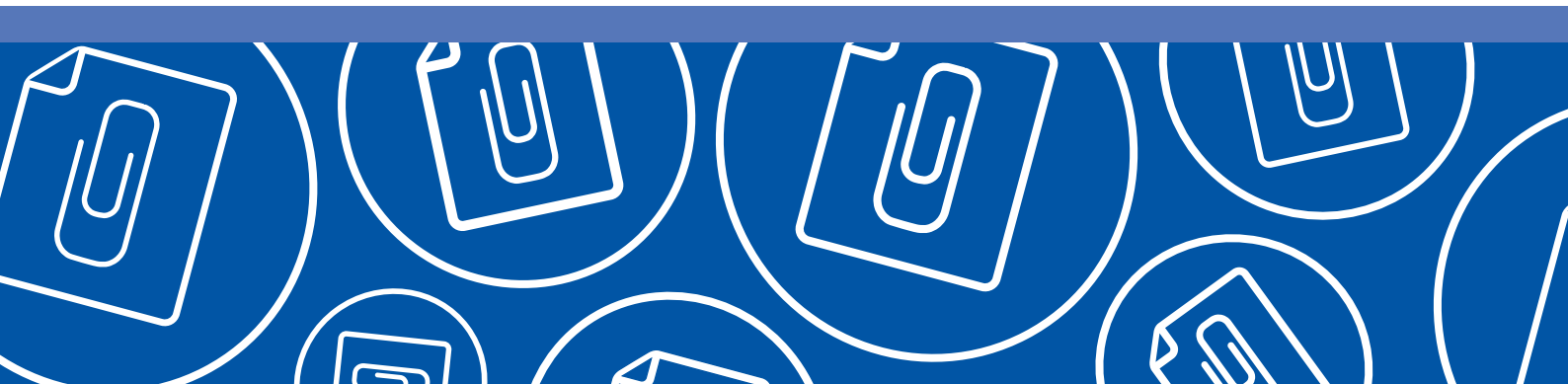
TABLE 47 (continued): Other drugs prices by state and territory, 2017–18 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
BENZODIAZEPINE PHARMACEUTICALS								
Per milligram	na	na	1	na	na	na	na	na
Per tablet	5–20	na	25	20	10	na	na	na
Bromazepam (per tablet)	na	na	25	na	na	na	na	na
Clonazepam (per tablet)	na	na	na	na	na	na	na	na
Flunitrazepam (per tablet)	na	na	na	na	na	na	na	na
Nitrazepan (per tablet)	na	na	na	na	na	na	na	na
Diazepam (per tablet)	na	na	10–20	na	na	na	na	na
Oxazepam (per tablet)	na	na	na	na	na	na	na	na
Temazepam (per tablet)	na	na	na	na	na	na	na	na
Xanax (1 tablet)	na	na	na	na	na	na	na	na
Xanax (10 tablets)	na	na	na	na	na	na	na	na
Xanax (50 tablets)	na	na	na	na	na	na	na	na
PRECURSORS								
Ephedrine								
1 kilogram	na	na	25,000–60,000	na	na	na	na	na
Pseudoephedrine								
Box	na	na	50–250	na	na	na	100	na
Per milligram	na	na	na	na	na	na	na	na
100 x boxes	na	na	na	na	na	na	na	na
Ounce	na	na	na	na	na	na	na	na
1 kilogram (pure)	na	na	25,000–60,000	na	na	na	na	na
Hypophosphorous acid								
50 millilitres	na	na	na	na	na	na	na	na
1 litre	na	na	1,200–3,000	3,000	na	na	na	na
Iodine								
1 gram	na	na	0.4–1	na	na	na	na	na
100 grams	na	na	40–100	na	na	na	na	na
1 kilogram	na	na	300–1,000	na	na	na	na	na
ANALOGUES								
4MMC per tablet/capsule	na	na	na	na	na	na	na	na
4MMC (1 milligram)	na	na	na	na	na	na	na	na
MDPV								
1 tablet/capsule	na	na	na	na	na	na	na	na
2–24 tablets/capsules (per tablet)	na	na	na	na	na	na	na	na
25–99 tablets/capsules (per tablet)	na	na	na	na	na	na	na	na
100–999 tablets/capsules (per tablet)	na	na	na	na	na	na	na	na
1000+ tablets/capsules (per tablet)	na	na	na	na	na	na	na	na
Point	na	na	na	50	na	na	na	na
Milligram	na	na	na	na	na	na	na	na
Ounce	na	na	na	na	na	na	na	na
N-Benzylpiperazine (BZP)								
1 tablet	na	na	na	na	na	na	na	na

TABLE 47 (continued): Other drugs prices by state and territory, 2017–18 ($)

Other drugs	NSW	Vic	Qld	SA	WA	Tas	NT[a]	ACT
Synthetic cannabinoids								
1.5 grams	20–25[d]	na	25–50	na	na	na	na	na
3 grams	na	na	50–95	55–60	na	na	na	na
7 grams	na	na	100–140	na	na	na	30	na
14 grams	na	na	150–240	na	na	na	na	na
Ounce	na	na	300–400	na	na	na	na	na
Other								
Methadone 30 millilitres	na	na	na	na	na	na	na	na
Sildenafil (per tablet)	na	na	15	na	na	na	na	na
Dimethyltryptamine (DMT) per milligram	na	na	na	50	na	na	na	na
PERFORMANCE AND IMAGE ENHANCING DRUGS								
Testosterone enanthate 200 milligrams								
1 x 10 millilitre vial	na	100–200	130–230	na	na	na	na	na
10 x 10 millilitre vial	na	na	1,900	na	na	na	na	na
20 x 10 millilitre vial	na	na	3,600	na	na	na	na	na
50 x 10 millilitre vial	na	na	na	na	na	na	na	na
Deca-durabolin 200 milligrams								
1 x 10 millilitre vial	na	na	230	na	na	na	na	na
Stanozolol 25 milligram/millilitre								
40 millilitre vial	na	na	180	na	na	na	na	na
Sustanon 250 (blend of 4 testosterone compounds)								
1 x 10 millilitre vial	na	na	200	na	na	na	na	na
10 x 10 millilitre vial	na	na	1,800	na	na	na	na	na
Testosterone propionate 100mg								
1 x 10 millilitre vial	na	na	200	na	na	na	na	na
10 x 10 millilitre vial	na	na	1,400	na	na	na	na	na
20 x 10 millilitre vial	na	na	2,600	na	na	na	na	na
50 x 10 millilitre vial	na	na	5,500	na	na	na	na	na
Primoteston 300 milligrams/millilitres								
1 x 10 millilitres	na	na	na	na	na	na	na	na
Trenbolone Acetate 100mg								
1 x 10 millilitre vial	na	na	240	na	na	na	na	na
10 x 10 millilitre vial	na	na	1,400	na	na	na	na	na
20 x 10 millilitre vial	na	na	3,600	na	na	na	na	na
50 x 10 millilitre vial	na	na	8,000	na	na	na	na	na
Clenbuterol								
0.04 milligram tablet	na	na	na	na	na	na	na	na
30 millilitres	na	na	160	na	na	na	na	na

d. The price provided is for one gram of synthetic cannabinoid.



APPENDIX

APPENDIX 1

SIGNIFICANT BORDER DETECTIONS IN 2017–18
(SOURCE: DEPARTMENT OF HOME AFFAIRS)

ATS

Significant border detections of ATS (excluding MDMA) in 2017–18 include:

- 1,000.0 kilograms of crystal methylamphetamine detected via sea cargo
- 437.0 kilograms of methylamphetamine detected via sea cargo from Thailand
- 250.0 kilograms of methylamphetamine detected via air cargo from the United States (US)
- 74.0 kilograms of methylamphetamine detected via air cargo from the US
- 40.0 kilograms of methylamphetamine detected via air cargo from the US.

These 5 detections have a combined weight of 1,801.0 kilograms and account for 61.0 per cent of the total weight of ATS (excluding MDMA) detected at the Australian border in 2017–18.

Significant border detections of MDMA in 2017–18 include:

- 324.0 kilograms detected via air cargo from the Netherlands
- 144.0 kilograms detected via air cargo from the Netherlands
- 12.0 kilograms detected via air cargo from Spain
- 8.4 kilograms detected via international mail from the Netherlands
- 6.5 kilograms detected via international mail from the Netherlands.

These 5 detections have a combined weight of 494.9 kilograms and account for 34.8 per cent of the total weight of MDMA detected at the Australian border in 2017–18.

CANNABIS

Significant border detections of cannabis in 2017–18 include:

- 122.9 kilograms of cannabis detected via air cargo from the US
- 15.0 kilograms of cannabis detected via international mail from Germany
- 9.8 kilograms of cannabis detected via air cargo from Serbia
- 9.6 kilograms of cannabis detected via air cargo from the US
- 5.0 kilograms of cannabis detected via international mail from the Netherlands.

These 5 detections have a combined weight of 162.3 kilograms and account for 28.0 per cent of the total weight of cannabis detected at the Australian border in 2017–18.

HEROIN

Significant border detections of heroin in 2017–18 include:

- 16.0 kilograms of heroin detected via air cargo from Thailand
- 13.6 kilograms of heroin detected via international mail from Thailand
- 12.2 kilograms of heroin detected via international mail from Laos
- 11.0 kilograms of heroin detected via international mail from Thailand
- 9.1 kilograms of heroin detected via international mail from Laos.

These 5 detections have a combined weight of 61.9 kilograms and account for 32.6 per cent of the total weight of heroin detected at the Australian border in 2017–18.

COCAINE

Significant border detections of cocaine in 2017–18 include:

- 450.0 kilograms of cocaine detected via air cargo from South Africa
- 50.0 kilograms of cocaine detected via air cargo from Mexico
- 40.0 kilograms of cocaine detected via air cargo from China (Hong Kong)
- 36.0 kilograms of cocaine detected via air cargo from Mexico
- 30.0 kilograms of cocaine detected via air cargo from Mexico.

These 5 detections have a combined weight of 606.0 kilograms and account for 65.4 per cent of the total weight of cocaine detected at the Australian border in 2017–18.

PRECURSORS

Significant border detections of ATS (excluding MDMA) precursors in 2017–18 include:

- 8.0 kilograms of ephedrine detected via air cargo from Malaysia
- 8.0 kilograms of ephedrine detected via air cargo from the United Kingdom
- 8.0 kilograms of ephedrine detected via international mail from China
- 7.5 kilograms of ephedrine detected via air cargo from China
- 7.2 kilograms of ephedrine detected via air cargo from China (Hong Kong).

These 5 detections have a combined weight of 38.7 kilograms and account for less than 1.0 per cent of the total weight of ATS (excluding MDMA) precursors detected at the Australian border in 2017–18.

No significant border detections of MDMA precursors were identified in 2017–18.

APPENDIX 2

ENIPID FORENSIC PROFILING DATA

(SOURCE: AUSTRALIAN FEDERAL POLICE, FORENSIC DRUG INTELLIGENCE)

TABLE 1: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional samples, classified by precursor, 2011–June 2018

		Synthetic Route			
Year	Jurisdiction	Eph/PSE %	P2P %	Mixed/ Unclassified %	Total %
Jan–Jun 2018	NSW	19.6	29.0	8.0	**56.6**
	NT	13.8	1.4	1.4	**16.6**
	Vic	17.4	4.3	5.1	**26.8**
Total		**50.8**	**34.7**	**14.5**	**100**
2017	ACT	2.2	0.3	0.3	**2.8**
	NSW	29.7	6.3	9.1	**45.1**
	NT	6.6	0.7	1.4	**8.7**
	SA	14.3	2.5	10.9	**27.7**
	Vic	11.9	1.4	2.1	**15.4**
	WA	0.3	–	–	**0.3**
Total		**65.0**	**11.2**	**23.8**	**100**
2016	ACT	2.8	–	0.1	**2.9**
	NSW	25.2	1.7	3.5	**30.4**
	NT	7.4	0.2	0.4	**8.0**
	Qld	–	–	–	–
	SA	10.4	0.8	3.2	**14.4**
	Tas	0.2	–	–	**0.2**
	Vic	11.8	0.9	1.1	**13.8**
	WA	28.2	1.1	1.0	**30.3**
Total		**86.0**	**4.7**	**9.3**	**100**
2015	ACT	1.1	–	–	**1.1**
	NSW	30.5	2.3	2.0	**34.8**
	NT	5.1	0.5	–	**5.6**
	Qld	–	–	–	–
	SA	6.8	0.6	1.0	**8.4**
	Tas	0.1	–	–	**0.1**
	Vic	10.2	0.1	0.4	**10.7**
	WA	34.9	1.9	2.5	**39.3**
Total		**88.7**	**5.4**	**5.9**	**100**

TABLE 1: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional samples, classified by precursor, 2011–June 2018 (continued)

		Synthetic Route			
Year	Jurisdiction	Eph/PSE %	P2P %	Mixed/ Unclassified %	Total %
2014	NSW	31.4	3.9	3.1	**38.4**
	NT	3.7	0.9	0.4	**5.0**
	Qld	–	–	0.1	**0.1**
	SA	2.4	1.6	1.2	**5.2**
	Tas	0.8	–	0.5	**1.3**
	Vic	1.2	–	0.3	**1.5**
	WA	38.9	4.8	4.8	**48.5**
Total		**78.4**	**11.2**	**10.4**	**100**
2013	NSW	28.4	4.5	0.9	**33.8**
	NT	3.3	0.2	0.9	**4.5**
	Tas	2.4	0.2	–	**2.6**
	Vic	–	0.2	–	**0.2**
	WA	40.7	10.9	7.3	**58.9**
Total		**74.7**	**16.1**	**9.2**	**100**
2012	ACT	4.7	–	–	**4.7**
	NSW	38.2	0.6	6.2	**45.0**
	NT	7.9	–	0.3	**8.2**
	Tas	0.6	–	–	**0.6**
	WA	34.4	4.4	2.7	**41.5**
Total		**85.8**	**5.0**	**9.2**	**100**
2011	NSW	13.7	0.9	2.4	**17.0**
	NT	5.7	0.5	–	**6.2**
	Tas	2.4	–	–	**2.4**
	WA	46.0	1.9	26.5	**74.4**
Total		**67.8**	**3.3**	**28.9**	**100**

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

TABLE 2: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional cases, classified by precursor, 2011–June 2018

		Synthetic Route			
Year	Jurisdiction	Eph/PSE %	P2P %	Mixed/ Unclassified %	Total %
Jan–Jun 2018	NSW	21.0	29.0	17.7	**67.7**
	NT	4.8	1.7	3.2	**9.7**
	Vic	11.3	4.8	6.5	**22.6**
Total		**37.1**	**35.5**	**27.4**	**100**
2017	ACT	1.7	0.5	0.6	**2.8**
	NSW	21.2	5.0	12.8	**39.0**
	NT	5.6	0.6	0.6	**6.8**
	SA	14.5	3.4	12.8	**30.7**
	Vic	15.1	1.1	3.9	**20.1**
	WA	0.6	–	–	**0.6**
Total		**58.7**	**10.6**	**30.7**	**100**
2016	ACT	2.7	–	0.1	**2.8**
	NSW	25.6	2.1	3.8	**31.5**
	NT	4.9	–	–	**4.9**
	Qld	–	–	–	–
	SA	13.5	0.8	3.3	**17.6**
	Tas	0.3	–	–	**0.3**
	Vic	12.8	0.8	1.1	**14.7**
	WA	26.4	0.8	1.0	**28.2**
Total		**86.2**	**4.5**	**9.3**	**100**
2015	ACT	1.8	–	–	**1.8**
	NSW	31.2	2.2	3.4	**36.8**
	NT	4.8	0.4	–	**5.2**
	Qld	–	–	–	–
	SA	8.9	0.7	1.1	**10.7**
	Vic	11.3	–	0.6	**11.9**
	WA	29.1	0.7	3.8	**33.6**
Total		**87.1**	**4.0**	**8.9**	**100**
2014	NSW	31.0	3.6	4.6	**39.2**
	NT	4.6	0.6	0.8	**6.0**
	Qld	–	–	0.2	**0.2**
	SA	2.3	1.9	1.7	**5.9**
	Tas	1.3	–	0.6	**1.9**
	Vic	1.9	–	0.4	**2.3**
	WA	35.9	4.4	4.2	**44.5**
Total		**77.0**	**10.5**	**12.5**	**100**
2013	NSW	33.9	4.6	1.7	**40.2**
	NT	4.6	0.4	1.7	**6.7**
	Tas	2.9	–	0.4	**3.3**
	Vic	–	0.4	–	**0.4**
	WA	33.5	6.7	9.2	**49.4**
Total		**74.9**	**12.1**	**13.0**	**100**

TABLE 2: Synthetic route of manufacture of methylamphetamine ENIPID samples as a proportion of analysed jurisdictional cases, classified by precursor, 2011–June 2018 (continued)

		Synthetic Route			
Year	Jurisdiction	Eph/PSE %	P2P %	Mixed/ Unclassified %	Total %
2012	ACT	3.5	–	–	**3.5**
	NSW	41.3	0.5	5.5	**47.3**
	NT	11.4	–	0.5	**11.9**
	Tas	1.0	–	–	**1.0**
	WA	26.8	5.0	4.5	**36.3**
Total		**84.0**	**5.5**	**10.5**	**100**
2011	NSW	13.5	1.8	4.5	**19.8**
	NT	8.1	1.0	–	**9.1**
	Tas	4.5	–	–	**4.5**
	WA	32.4	2.7	31.5	**66.6**
Total		**58.5**	**5.5**	**36.0**	**100**

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

TABLE 3: Geographical origin of heroin ENIPID samples as a proportion of analysed jurisdictional samples, 2011–June 2018

		Geographical origin			
Year	Jurisdiction	South-East Asia %	South-West Asia %	Mixed/ Unclassified %	Total %
Jan–Jun 2018	WA	66.7	33.3	–	**100**
Total		**66.7**	**33.3**	**–**	**100**
2017	ACT	2.8	–	–	**2.8**
	NSW	13.9	33.3	–	**47.2**
	SA	2.8	–	–	**2.8**
	Vic	22.2	–	8.3	**30.5**
	WA	8.3	5.6	2.8	**16.7**
Total		**50.0**	**38.9**	**11.1**	**100**
2016	ACT	4.9	2.5	–	**7.4**
	NSW	24.7	1.2	–	**25.9**
	NT	1.2	–	–	**1.2**
	SA	6.2	–	–	**6.2**
	Vic	37.1	1.2	1.2	**39.5**
	WA	19.8	–	–	**19.8**
Total		**93.9**	**4.9**	**1.2**	**100**
2015	ACT	7.2	–	–	**7.2**
	NSW	36.1	4.1	5.2	**45.4**
	Tas	1.0	–	–	**1.0**
	Vic	38.1	2.1	–	**40.2**
	WA	6.2	–	–	**6.2**
Total		**88.6**	**6.2**	**5.2**	**100**
2014	NSW	47.6	7.2	–	**54.8**
	SA	–	2.4	–	**2.4**
	Vic	–	7.1	–	**7.1**
	WA	35.7	–	–	**35.7**
Total		**80.3**	**16.7**	**–**	**100**
2013	NSW	45.7	–	2.9	**48.6**
	WA	34.3	17.1	–	**51.4**
Total		**80.0**	**17.1**	**2.9**	**100**
2012	ACT	8.5	–	–	**8.5**
	NSW	55.3	12.8	12.8	**80.9**
	WA	2.1	8.5	–	**10.6**
Total		**65.9**	**21.3**	**2.9**	**100**
2011	NSW	9.8	2.0	3.9	**15.7**
	WA	82.3	–	2.0	**84.3**
Total		**92.1**	**2.0**	**5.9**	**100**

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

TABLE 4: Geographical origin of heroin ENIPID samples as a proportion of analysed jurisdictional cases, 2011–June 2018

		Geographical origin			
Year	Jurisdiction	South-East Asia %	South-West Asia %	Mixed/ Unclassified %	Total %
Jan–Jun 2018	WA	66.7	33.3	–	**100**
Total		**66.7**	**33.3**	**–**	**100**
2017	ACT	3.8	–	–	**3.8**
	NSW	15.4	15.4	3.8	**34.6**
	SA	3.8	–	–	**3.8**
	Vic	26.9	–	11.6	**38.5**
	WA	11.7	3.8	3.8	**19.3**
Total		**61.6**	**19.2**	**19.2**	**100**
2016	ACT	4.9	1.6	–	**6.6**
	NSW	31.1	1.6	–	**32.8**
	NT	1.6	–	–	**1.6**
	SA	6.6	–	–	**6.6**
	Vic	36.1	–	3.3	**39.3**
	WA	13.1	–	–	**13.1**
Total		**93.4**	**3.3**	**3.3**	**100**
2015	ACT	3.1	–	–	**3.1**
	NSW	35.4	6.1	6.2	**47.7**
	Tas	1.5	–	–	**1.5**
	Vic	35.4	3.1	–	**38.5**
	WA	9.2	–	–	**9.2**
Total		**84.6**	**9.2**	**6.2**	**100**
2014	NSW	51.7	10.3	–	**62.0**
	SA	–	3.5	–	**3.5**
	Vic	–	3.5	–	**3.5**
	WA	31.0	–	–	**31.0**
Total		**82.7**	**17.3**	**–**	**100**
2013	NSW	50.0	0.0	5.6	**55.6**
	WA	33.3	11.1	0.0	**44.4**
Total		**83.3**	**11.1**	**5.6**	**100**
2012	ACT	9.4	–	–	**9.4**
	NSW	46.9	12.5	18.7	**78.1**
	WA	3.1	9.4	–	**12.5**
Total		**59.4**	**21.9**	**18.7**	**100**
2011	NSW	18.8	6.2	12.5	**37.5**
	WA	56.3	–	6.2	**62.5**
Total		**75.1**	**6.2**	**18.7**	**100**

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

TABLE 5: Geographical origin of cocaine ENIPID samples, as a proportion of analysed jurisdictional samples, 2014–June 2018

		Geographical origin				
Year	Jurisdiction	Colombia %	Peru %	Bolivia %	Mixed/ Unclassified %	Total %
Jan–Jun 2018	NSW	34.4	3.1	–	53.1	**90.6**
	Vic	9.4	–	–	–	**9.4**
Total		**43.8**	**3.1**	**–**	**53.1**	**100**
2017	ACT	4.6	–	–	–	**4.6**
	NSW	40.7	13.9	–	20.4	**75.0**
	NT	0.9	–	–	–	**0.9**
	SA	8.3	–	–	1.9	**10.2**
	Vic	6.5	0.9	–	1.9	**9.3**
Total		**61.0**	**14.8**	**–**	**24.2**	**100**
2016	ACT	3.5	–	–	0.6	**4.1**
	NSW	47.4	0.6	–	21.4	**69.4**
	NT	2.3	–	–	–	**2.3**
	SA	4.0	–	–	–	**4.0**
	Vic	2.9	–	–	0.6	**3.5**
	WA	6.9	0.6	–	9.2	**16.7**
Total		**67.0**	**1.2**	**–**	**31.8**	**100**
2015	ACT	1.1	–	–	–	**1.1**
	NSW	38.1	16.5	–	15.9	**70.5**
	NT	0.6	–	–	–	**0.6**
	SA	2.8	–	–	–	**2.8**
	Vic	2.8	–	–	3.4	**6.2**
	WA	5.1	8.0	–	5.7	**18.8**
Total		**50.5**	**24.5**	**–**	**25.0**	**100**
2014	NSW	10.0	26.7	–	3.3	**40.0**
	NT	1.7	1.7	–	–	**3.3**
	Qld	1.7	3.3	–	–	**5.0**
	Vic	10.0	–	–	–	**10.0**
	WA	30.0	6.7	–	5.0	**41.7**
Total		**53.3**	**38.4**	**–**	**8.3**	**100**

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

TABLE 6: Geographical origin of cocaine ENIPID samples as a proportion of analysed jurisdictional cases, 2014–June 2018

		Geographical origin				
Year	Jurisdiction	Colombia %	Peru %	Bolivia %	Mixed/ Unclassified %	Total %
Jan–Jun 2018	NSW	34.7	3.8	–	50.0	**88.5**
	Vic	11.5	–	–	–	**11.5**
Total		**46.2**	**3.8**	**–**	**50.0**	**100**
2017	ACT	5.9	–	–	–	**5.9**
	NSW	44.1	13.2	–	19.1	**76.4**
	NT	1.5	–	–	–	**1.5**
	SA	5.9	–	–	1.5	**7.4**
	Vic	5.9	–	–	2.9	**8.8**
Total		**63.3**	**13.2**	**–**	**23.5**	**100**
2016	ACT	3.5	–	–	0.9	**4.4**
	NSW	46.5	–	–	26.3	**72.8**
	NT	0.9	–	–	–	**0.9**
	SA	5.2	–	–	–	**5.2**
	Vic	3.5	–	–	0.9	**4.4**
	WA	7.0	0.9	–	4.4	**12.3**
Total		**66.6**	**0.9**	**–**	**32.5**	**100**
2015	ACT	1.9	–	–	–	**1.9**
	NSW	38.0	14.8	–	20.4	**73.2**
	NT	0.9	–	–	–	**0.9**
	SA	2.8	–	–	–	**2.8**
	Vic	4.6	–	–	4.6	**9.2**
	WA	2.8	0.9	–	8.3	**12.0**
Total		**51.0**	**15.7**	**–**	**33.3**	**100**
2014	NSW	13.5	13.5	–	5.4	**32.4**
	NT	2.7	2.7	–	–	**5.4**
	Qld	2.7	5.4	–	–	**8.1**
	Vic	16.2	–	–	–	**16.2**
	WA	24.3	2.7	–	10.8	**37.8**
Total		**59.4**	**24.3**	**–**	**16.2**	**100**

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

NOTES