4. Amphetamine and related substances

Principal findings

- Traditional Asian heroin producers are also producing methylamphetamine and may use established drug-trafficking infrastructure between Asia and Australia in the future, particularly if domestic production of amphetamines declines.

- The availability of amphetamines appears to have increased substantially in Queensland and New South Wales, where more widespread production is occurring.

- Users of amphetamine-type substances are usually polydrug users, and injecting is becoming the favoured method of administration.

Description

Amphetamine is a synthetic drug derived from beta-phenethylamine to form a substance structurally similar to the naturally occurring neurotransmitters—adrenalins, dopamine and noradrenaline—thus producing similar effects. 'Amphetamine' is usually used to denote the sulphate of amphetamine, the most common form of the drug, while 'amphetamines' refers to the range of amphetamine-based psychostimulants, including amphetamine, dexamphetamine, and methylamphetamine (or methamphetamine) but excluding amphetamine analogues such as MDMA (3,4 methylenedioxymethylamphetamine). Amphetamines are stimulants: they directly affect the central nervous system by speeding up the activity of certain chemicals in the brain. Other such stimulants are caffeine and cocaine. Amphetamine and methylamphetamine are classified as pure central nervous system stimulants.

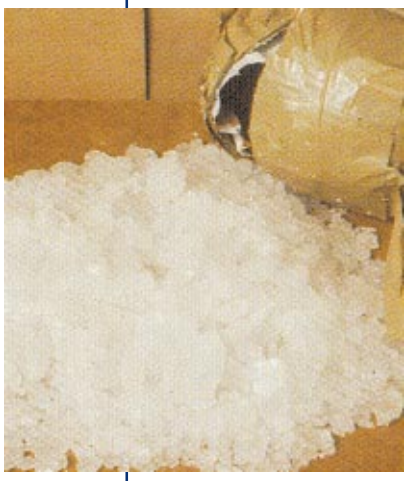


Plate 4.1: Crystalline methylamphetamine hydrochloride or 'Ice'
Source: USDEA.

Main forms

All forms of amphetamine are oils in their base form and are converted to powder for easier handling and manufacture. Amphetamine sulphate, a white, yellow or brown powder, can be made into a tablet or capsule. Common street names for amphetamine are 'speed', 'goey', 'whiz' and 'uppers'. Methylamphetamine, or methamphetamine—both names describe the same drug—is also made into a powder but can appear in a red liquid form known as 'ox blood', 'red speed' or 'leopard's blood'.

Crystalline methylamphetamine hydrochloride, a purified form of methylamphetamine, appears as a transparent rock-like crystal resembling ice; hence its common name 'ice'. Less common is the coloured translucent ice, with a pink, blue or green hue. Other names for methylamphetamine are 'shabu' (from the Philippines), 'batu', 'glass', 'crystal' and 'crystal meth'. Ice is extremely addictive and the physical and psychological side-effects associated with its use are more severe than those associated with other amphetamine-type substances.

Methods of administration

In Australia amphetamine is most commonly injected intravenously, although it may be taken orally, snorted or smoked. Ice is taken by inhaling the vapours of the heated crystals.

The absorption rate of amphetamine is much slower when it is taken orally as opposed to snorted, injected intravenously or inhaled (Chesher 1993). The effects may also be somewhat blunted as a result of some destruction of the drug in the stomach. Injection is more common because of the immediate and heightened effects.

Effects

The intensity and degree of the effects most users experience depend largely on the user's mood, the environment, the dose, the method of administration, cutting agents, and whether the user is alone or with others.

Among the short-term effects that are sought are a feeling of well-being, increased self-confidence, increased energy and alertness, and a sense of power. Other short-term effects are increased blood pressure, increased breathing rate, enlarged pupils, reduced appetite, insomnia, anxiety, irritability, talkativeness and panic attacks.

Long-term effects from prolonged use or high doses are increasingly more harmful, both physically and psychologically, and can lead to dependency, severe emotional problems and psychosis. The most common psychological effects are depression, anxiety, paranoia, and a tendency to violence (Topp and Dillon 1996). The difficulty with trying to manage these symptoms is that the user will often take more of the drug in an attempt to escape their depressed state. Among the physical effects are irregular heartbeat, tremors, loss of coordination and low immunity. Some of the more severe reactions include collapse, cerebral haemorrage (stroke), heart failure, very high fever and seizures.

Plate 4.2: PMA
Source: ABCI.

Amphetamine analogues

MDMA (3,4 methylenedioxymethylamphetamine)—or 'ecstasy', as it more commonly known—is the most frequently used amphetamine analogue in Australia. Also known as 'Adam', 'XTC', 'Es', 'eckie', 'the yuppie drug' and the 'hug drug', it is classed as a euphoric and has both stimulant and hallucinogenic properties. It is neither as strong a stimulant as amphetamine nor as perception altering as LSD. Other derivatives of MDMA are MDA (3,4-methylenedioxyamphetamine), MDEA (3,4-methylenedioxy-N-ethylamphetamine) and PMA (paramethoxyamphetamine); they are often taken in the belief that they are ecstasy.

The effects of MDMA are different from those of amphetamine. MDMA has some stimulant properties, although the main effects felt by users are feelings of confidence, warmth, empathy,

Plate 4.3: Various amphetamine designs
Source: ABCI.

and intimacy with those around them. Depending on the dose taken, other short-term effects that are not so pleasant are nausea, raised body temperature, numbness and tingling, increased blood pressure, blurred vision, profuse sweating, jaw clenching, tooth grinding, anxiety and loss of appetite.

Long-term use and high doses can lead to psychological and physical problems. Effects include paranoia, insomnia, nausea, depression, extremely high heart rate, hypothermia and severe headaches. These effects tend to subside after the user ceases to take the drug. Too little is known about ecstasy's effects to determine whether any residual effects can cause long-term damage.

A high level of tolerance of MDMA is rapidly acquired and the user increases the dose substantially in order to achieve the desired effects. Frequent use of MDMA is, however, accompanied by an increase in the negative effects and a decrease in the desired effects: this tends to discourage long-term chronic use. This disincentive to use frequently makes it unlikely that a physical addiction would occur.

In its base state MDMA is a white, musty-smelling oil with a searing and bitter taste; it is converted into a powder as its salt form and then made into tablets or capsules. Oral use of ecstasy is the most common form of administration, although the drug can be injected. Injection is less common because of the difficulties involved when changing the drug into an injectable form.

Terminology

The complex chemical nature of amphetamine and its analogues makes classifying these drugs almost impossible without first conducting a forensic analysis. The term 'amphetamine' is used to describe a wide range of synthetic drugs that may or may not have amphetamine properties. To prevent confusion, these types of drugs are discussed in this chapter using the correct technical terminology. Analogues are substances that are similar and are chemically related in a general way. Table 4.1 shows the more common types of amphetamine and related substances used in Australia and their characteristics.

Table 4.1: Types of amphetamine and related substances commonly used in Australia and their characteristics

Drug type	Common names	Forms	Method of administration
Amphetamine and derivatives—stimulants			
Amphetamine, dexamphetamine	Speed, whiz, uppers, goey	White, yellow or brown powder, tablet,	Injection, oral, snorting
Methylamphetamine (methamphetamine)	Meth street names same as amphetamime	White, yellow or brown powder, paste, powder, tablet, liquid	Injection, oral, snorting
Crystalline methylamphetamine hydrochloride (D-methamphetamine)—purified methylamphetamine	Ice, meth, d-meth, glass, crystal, batu, shabu	Rock crystalline- looks like crushed ice	Smoking, snorting
Amphetamine analogues—euphorics			
3,4-methyenedioxymetham-phetamine (MDMA)	Ecstasy, Adam, hug drug, XTC, Es, eckie	Tablet	Oral, injection (less common)
3,4-methylenedioxy-N-ethyl-amphetamine (MDEA)	Eve	Tablet	Oral
3,4-methylenedioxyamphet-amine (MDA)	MDA	Tablet	Oral
N-methyl-1-(1,3-benzodiox-ol-5-yl)-2-butanamine (MBDB)	Eden	Tablet	Oral
Paramethoxyamphetamine (PMA)—has stimulant and hallucinogenic properties, an analogue of MDMA with broadly similar effects	Death drug (sold as ecstasy)	Powder, tablet	Oral
4-bromo-2,5-dimethoxyphe-nethylamine	2CB, nexus, capsules, powder	Tablet	Oral
4-bromo-2,5-dimethoxyamp-hetamine (DOB)—low dose	Bromo, bromo-DMA	Tablet, blotting paper	Oral
2,5-Dimethoxy-4-methylam-phetamine (DOM)—similar dose to DOB	DOM, STP	Tablet, blotting paper	Oral

Source: ABCI, Australian Forensic Drug Laboratory & South Australian Forensic Science Centre (1998).

The international situation

Overview

[Unless otherwise noted, information in this section derives from the *International Narcotics Control Strategy Report 1997* (Bureau for International Narcotics and Law Enforcement Affairs 1998).]

At the international level demand for amphetamine-type substances is increasing; this is particularly the case with methamphetamine, which is rapidly becoming a drug of demand in many countries. Countries such as the United States, the Czech Republic, Laos and Thailand reported an increase in methylamphetamine abuse in 1997. In Japan the methylamphetamine problem accounts for 94 per cent of all drug offences. Israel has experienced an increase in the demand for illicit drugs, noticeably amphetamines: seizures of amphetamine tablets increased from 30 117 in 1996 to 50 784 in 1997.

In South East Asia there has been a change in drug trafficking in recent years. Traditional heroin producers are now producing methylamphetamine in dual-drug laboratories in countries such as Thailand, Burma and Vietnam. Long-established heroin networks and trafficking routes have facilitated the distribution of methylamphetamine by drug syndicates in the Golden Triangle. Laboratories are now smaller and very portable, preventing easy detection by authorities. This increase in methylamphetamine production is a consequence of increased demand for amphetamine in Asia.

Europe

The European Union is one of the world's major production areas for amphetamine and other synthetic drugs such as MDMA. The Australian Federal Police reported that at the 1998 Interpol European Heads of Drug Services Conference two particular trends were identified: an explosion in the drug trade in Europe; and an increase in drug addiction. These changes are attributed mainly to drastic changes in youth culture and lifestyle.

Further information from the Australian Federal Police suggests that amphetamine is increasingly produced in tablet form: this is directly attributed to the ecstasy culture in the United Kingdom. The amphetamine tablets that have been seized have designs similar to those on the ecstasy tablets—a clear indicator that the amphetamine was intended to be sold as ecstasy.

The increasing use of ecstasy among younger Europeans is being exploited by drug syndicates and dealers. In the United Kingdom, heroin dealers have adopted an aggressive marketing strategy in an attempt to market ecstasy tablets with heroin. The availability of amphetamine and MDMA is also reflected in the relatively low prices for these drugs. The Australian Federal Police quoted 1998 prices for 1 gram of amphetamine in the United Kingdom as A$28, in Belgium as A$9 and in the Netherlands as A$7–11. Ecstasy tablets are also cheap in the United Kingdom, the Netherlands and Belgium, at $30, $1.60 and $4–6 respectively. In 1997–98 there was a greater number of amphetamine seizures in Denmark compared with the previous year.

The Netherlands, Belgium and the United Kingdom are the main sources of ecstasy destined for countries in South East and East Asia and the South Pacific, including Australia (Interpol 1998). Ecstasy imports follow the normal commercial passenger and freight routes and parcel posts throughout Europe and South East Asia. The following diversionary routes were detected in 1997–98 for ecstasy destined for Australia:

- Frankfurt – Los Angeles – Auckland – Melbourne
- United Kingdom – Los Angeles – Sydney
- London – Tokyo – Sydney
- Amsterdam – London – Singapore – Perth
- Brussels – Singapore – Denpasar – Sydney.

Burma

Burma (Myanmar) is the largest opiate and heroin producer in the world and it also produces a sizeable amount of methamphetamine. The seizure of 5.04 million amphetamine tablets in 1997 was roughly equal to the 1996 seizure figures. Methylamphetamine is produced in laboratories co-located with heroin refineries in the Wa region and the former Shan United Army territory, in Southern Shan State. The World Customs Organisation (1998a) cites one example of an amphetamine-manufacturing centre in Tachileik being raided by enforcement officers, resulting in the seizure of 20 000 amphetamine tablets along with manufacturing equipment, cash and gold. Methylamphetamine is trafficked through unmarked transit routes, crossing the Chinese and Thai borders and, to a lesser extent, the borders of India, Laos and Bangladesh.

Thailand

After heroin, methylamphetamine is trafficked in the region on a large scale. As noted, heroin syndicates are creating dual-purpose laboratories that are smaller and more portable and produce both heroin and methylamphetamine. Reports suggest that these laboratories have been established at locations along the Burma–Thailand border. If such laboratories come to the notice of law-enforcement agencies they can be easily and quickly moved to another location.

...The increasing use of ecstasy among younger Europeans is being exploited by drug syndicates and dealers. In the United Kingdom, heroin dealers have adopted an aggressive marketing strategy in an attempt to market ecstasy tablets with heroin. The availability of amphetamine and MDMA is also reflected in the relatively low prices for these drugs...

Although there have been many substantial methamphetamine seizures in Bangkok, demand for this drug is extremely high and there is no shortage of it. Thai authorities are taking steps to reduce the problem in their country:

> Thailand has tightened controls over the licit trade in ephedrine by withdrawing the ephedrine import licences of all private companies; as a result, the Food and Drug Administration of Thailand has become the only legal importer and distributor of ephedrine. Pseudoephedrine imports have been subjected to individual import certificates. (INCB 1998, para. 287)

China

China is said to be one of the most prominent drug-transhipment countries in Asia. It is the biggest producer of ephedrine, a precursor[1] for amphetamine and related drugs. All 22 drugs on the United Nations 'watch list' are vigilantly monitored by Chinese officials and a further six chemicals are monitored by Yunnan Province, through which illicit ephedrine can be shipped to Burma and Thailand.

China has recently taken important steps in initiating several anti-drug strategies. A nationwide anti-drug campaign was declared in April 1997, committing more resources for counter-narcotics programs (including education and treatment programs) and law-enforcement initiatives. In the remainder of that year 300 metric tonnes of precursor chemicals intended for illegal shipment overseas were seized; this was a fourfold increase over the amount seized in 1996. Sections of Chinese criminal law have been amended to include 250 new statutes—methamphetamine trafficking has now been added to the list of specific drug offences subject to severe penalties. In an attempt to deal with the seriousness of the drug-trafficking problem, China declared money laundering a crime in 1997.

...China is said to be one of the most prominent drug-transhipment countries in Asia. It is the biggest producer of ephedrine, a precursor for amphetamine and related drugs. All 22 drugs on the United Nations 'watch list' are vigilantly monitored by Chinese officials and a further six chemicals are monitored by Yunnan Province, through which illicit ephedrine can be shipped to Burma and Thailand...

The Philippines

The most commonly used drug in the Philippines is crystal methamphetamine hydrochloride (ice), locally known as 'shabu'. Anecdotal evidence from the Australian Federal Police suggests that shabu is used more often than cannabis. There were 2594 arrests relating to shabu possession and trafficking in 1997, with individual seizures of up to 250 kilograms. Information suggests that the most recent seizures of shabu have come from mainland China and been transported to the Philippines by Taiwanese crime syndicates and couriers.

Indonesia

There has been a noticeable spread and increase in abuse of MDMA (ecstasy) among young people in Indonesia. Ecstasy is imported from the Netherlands and continues to be one of Indonesia's biggest drug problems. In the past year or two there has been an attempt to redress the problem of ecstasy consumption and trafficking from a law-enforcement viewpoint. Indonesia also continues to be a main transit country for drugs en route to Australia. An increase in tourism and international trade, along with growth in shipping and air traffic, and the fact that border controls remain weak, have added to the attractiveness of Indonesia as a transit country for traffickers.

Malaysia

The Australian Federal Police reported that in December 1997 the Dangerous Drugs Act was amended to classify ecstasy and other psychotropic substances as dangerous drugs. As a result, possessors of these drugs are now subject to the same penalties as possessors of heroin. There is evidence to suggest that many recent seizures of ecstasy are actually locally produced ephedrine-based amphetamine tablets. Ecstasy use is becoming increasingly popular with the youth culture of Malaysia.

New Zealand

Since the early 1990s New Zealand has seen an increase in the availability and illicit use of amphetamine-type substances, particularly methylamphetamine and MDMA. Many of the problems surrounding amphetamine drug abuse in New Zealand have been highlighted in a report produced by the Wellington Regional Drug Squad. The clandestine manufacture of amphetamine, which is largely controlled by outlaw motor cycle gangs, has also increased noticeably in the last few years. The gangs are involved in importing and distributing amphetamines as well as other illicit drugs (Horne 1997). LSD and ecstasy are at present the drugs of choice at rave parties in New Zealand, but it is thought that New Zealand could follow the US trend to methylamphetamine as the drug of choice in the dance party scene. This is based on the '… historical patterns of American drug trends being followed in New Zealand, and the apparent increasing availability of methamphetamine (partly due to the rise in local manufacture of the drug) in New Zealand' (Horne 1997, p. 13).

The Australian situation

Importation

Overall, the number of Customs detections of MDMA in 1997–98 and the total weight of the detections decreased by 42 from 133 and by 38 kilograms from 69 kilograms in 1996–97. For the same period the number of amphetamine detections increased by 33 from 40 and the total weight of the detections increased marginally,

by half a kilogram from 20 kilograms, in 1996–97. Customs has also noted that the incidence of more than one drug courier being detected on the same flight is increasing for both amphetamines and MDMA. Traffickers are using several couriers carrying smaller amounts in the hope of getting some of the drug through the Customs border—the detection of one small quantity is not considered a major loss if many other couriers are passing through undetected. Figure 4.1 shows Customs detections of MDMA from 1994–95 to 1997–98; Figure 4.2 provides similar information for amphetamine detections.

All suspected ecstasy seized is recorded as ecstasy at the time of seizure. Chemical analysis is done at a later date and it may be some time before the actual substance is known and the drug type confirmed. With the increase in the marketing of amphetamines as ecstasy in Europe, it is possible that ecstasy detections or obvious-looking ecstasy tablets are in fact amphetamines.

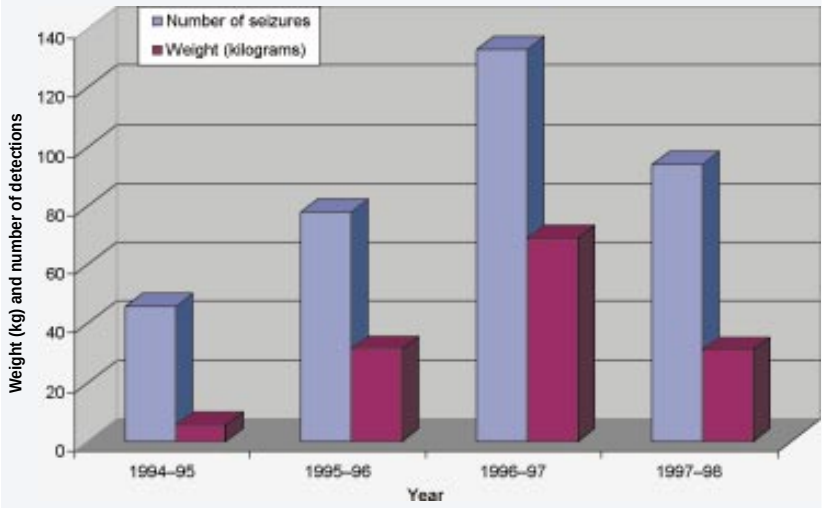
There has also been an increase in the detection of methamphetamine and ice at the Customs border, although the number of detections for both drugs remains relatively low. The form methylamphetamine is found in—powder or crystal—is not always reported. Given the growing number of ice detections at the Customs border, and the problems experienced in the United States in relation to the increase in ice addiction, there is a potential for these imports to increase. This is of concern to Australian law enforcement agencies.

Because of the increase in production of amphetamine and methylamphetamine alongside heroin in Asia, the Office of Strategic Crime Assessments (OSCA) has identified the potential for increased amphetamine importation to Australia from Asia. It considers that production of synthetic drugs by heroin producers in the Golden Triangle region poses a serious threat to Australia since these producers already supply the bulk of heroin consumed here and so the infrastructure and networks required to penetrate the Australian drugs market already exist. If the purity levels of Australian-made drugs remain low and precursor chemicals become increasingly difficult to obtain this threat could become a reality.

Customs reported that during 1997–98 parcel-post detections at the border yielded smaller quantities of amphetamine and MDMA than did detections resulting from those drugs being secreted on passengers or in air baggage. Figure 4.3 shows the proportion of detections at the Customs border for the different means of importation of amphetamines and MDMA in 1997–98; Figure 4.4 shows the weight of detections by means of entry. Although there are proportionally more parcel-post detections than on-the-person detections, the total weight of drugs seized from passengers (on the person) is higher than the weight detected for all other methods of importation.

Increased amphetamine production in South East Asia does not appear to have had an effect on Australia yet. And, although there was not a significant increase in the detection of amphetamines at the Customs

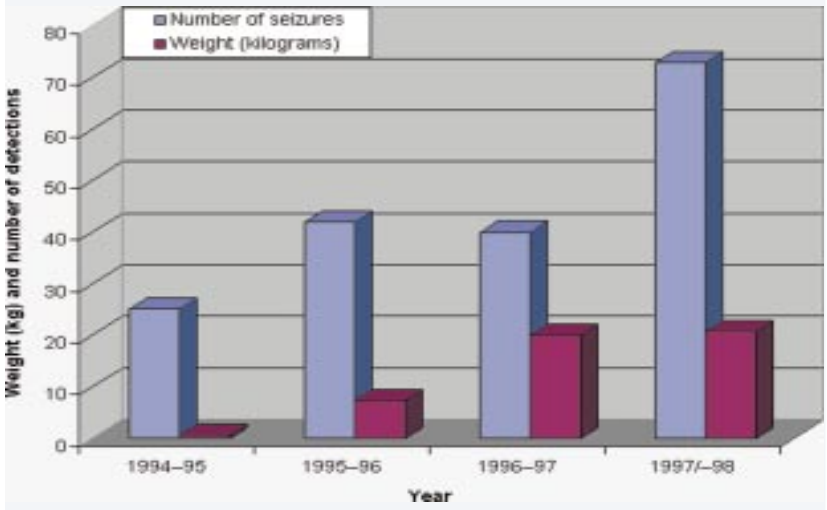
Figure 4.1: Customs detections of MDMA, by number and weight, 1994–95 to 1997–98



Notes: MDMA detections are recorded in terms of what the substance was believed to be at the time of detection. MDMA derivatives such as MDA, MDBD and PMA are not included. No detections were recorded for the Northern Territory and the Australian Capital Territory.

Source: Australian Customs Service (1998).

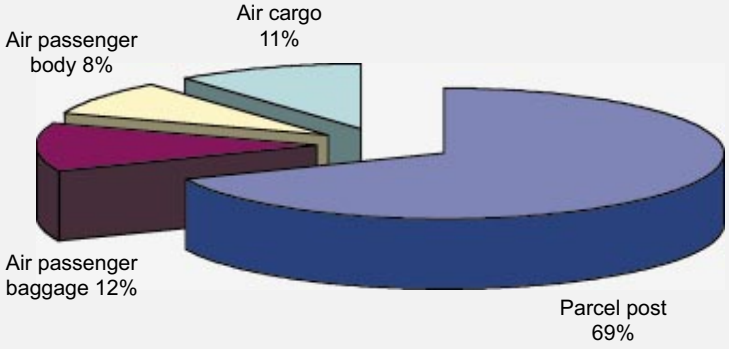
Figure 4.2: Customs detections of amphetamine, by number and weight, 1994–95 to 1997–98



Notes: Figures include all forms of methamphetamine. No detections were recorded for the Northern Territory and the Australian Capital Territory.

Source: Australian Customs Service (1998).

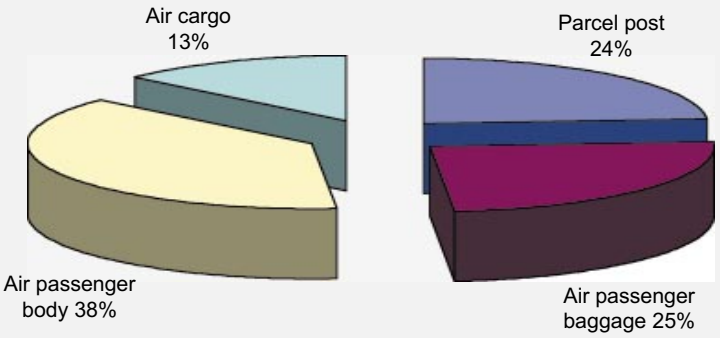
Figure 4.3: Amphetamine and MDMA detections at the Customs border, by importation method, 1997–98



Notes: MDMA detections are recorded in terms of what the substance was believed to be at the time of detection. MDMA derivatives such as MDA, MDBD and PMA are not included. Amphetamine figures include all forms of methamphetamine. No seizures were recorded for the Northern Territory and the Australian Capital Territory.

Source: Australian Customs Service (1998).

Figure 4.4: Weight of detections at the Customs border, by importation method, 1997–98



Notes: MDMA detections are recorded in terms of what the substance was believed to be at the time of detection. MDMA derivatives such as MDA, MDBD and PMA are not included.
Amphetamine figures include all forms of methamphetamine.
No seizures were recorded for the Northern Territory and the Australian Capital Territory.

Source: Australian Customs Service (1998).

border during 1997–98, Australia may still represent a potential market for amphetamines produced overseas. Table 4.2 shows that for 1997–98, 32.3 per cent of all amphetamine and MDMA detections at the Customs border were sourced from the United Kingdom. This was followed by Belguim with 10.4 per cent and the Netherlands with 9.8 per cent. The UK has continued to be the primary source of amphetamine and MDMA detections at the Customs border since 1995–96. Amphetamine imports tend to have a wider range of countries of origin than do MDMA imports. Almost all of the amphetamines and MDMA originate in the Netherlands, coming via the United Kingdom, Belgium, Germany and other European countries.

Exports of amphetamine and related substances are not common from Australia, but one notable export of 5000 MDMA tablets occurred in May 1998. Customs intercepted a female Dutch national attempting to leave Australia with the drug. It has been suggested that the MDMA might have been a shipment of low-grade ecstasy being returned to the Netherlands.

Production, manufacturing and chemical diversion

Domestic production accounts for the majority of amphetamine and related substances used in Australia, so it is important to discuss the production and chemical diversion practices that are used. In previous reports this has been done in the 'Amphetamine' chapter. During 1997–98, however, there was a marked increase in the number of clandestine laboratories detected in Australia—95 compared with 58 in the previous year—and law-enforcement agencies devoted more of their energy to the problem. As a result, the Bureau received expanded information about the nature of clandestine laboratories and associated matters and decided to include a new chapter—'Clandestine laboratories' (Chapter 5)—to discuss the subject in greater detail.

Distribution

Transport

A variety of transport methods are used for the distribution of amphetamines within and between States and Territories. The use of cars—in particular, hire cars—is still the most common method. Victoria Police has noted that decoy vehicles are often used by drug dealers to divert police attention from the vehicle carrying the amphetamines. The use of buses, trains, trucks and couriers to transport amphetamines is reported as common in most jurisdictions. Aircraft and boats are used on a smaller scale: their use has been reported in remote localities in Tasmania, Western Australia and the Northern Territory. There has been a high detection rate for amphetamines and ecstasy being distributed through the postal system, both domestically and internationally.

Venues

The most common way of distributing amphetamines is through nightclubs, hotels and other licensed premises: this has been reported by police in all jurisdictions. There is also a noticeable trend towards dealing and distributing through private residences, which would appear to be the most convenient method for dealers and users. Selling also regularly occurs on streets, in shopping malls, at rave parties, in amusement parlours, in backpacker hostels, in the workplace, and in coffee shops and restaurants.

In addition, the drugs are often sold through legitimate businesses. In Queensland, South Australia, New South Wales and Victoria police have reported the selling of amphetamines through tattoo shops. Other businesses that have been reported nationwide are gymnasiums, bus and truck companies, small businesses, car yards, car-rental businesses, car wreckers and panel beaters.

Methods of concealment

Queensland Police reported a new method of concealment by members of an outlaw motor cycle gang: they were using nappy bags to conceal drugs in the belief that police would be reluctant to search through soiled nappies. Other methods of concealment continue to be common, among them hiding drugs in car panels and engine blocks, in hidden compartments in the home, and in aerosol cans. The use of vitamin containers and cars' petrol tanks, and burying the drugs in the ground, are also reported. Western Australia Police reported that in one instance amphetamines were sent through parcel freight, concealed in a metal pipe that was welded at both ends.

Plate 4.4: Concealment method
Source: ABCI.

Table 4.2: Amphetamine and MDMA import detections, by country of origin, 1995–96 to 1997–98

	1995–96		1996–97		1997–98	
Country of origin	Number of detections	Weight (grams)	Number of detections	Weight (grams)	Number of detections	Weight (grams)
United Kingdom	58	14 433	58	24 706	53	11 496
Netherlands	14	1 608	22	34 731	16	7 188
Belgium	1	11 000	8	12 906	17	9 639
United States	6	331	8	2 489	8	7 406
Indonesia	3	183	7	952	13	3 504
Germany	3	2 159	3	3 504	10	3 452
Philippines	2	109	3	71	9	952
Thailand	4	1 371	2	46	7	195
Other	13	4 832	11	2 527	17	7 347
Unknown	15	2 629	47	6 746	14	568
Total	**119**	**38 655**	**169**	**88 678**	**164**	**51 747**

Notes: 'Other' includes countries from which only one or two seizures originated in 1997-98.
Not all figures supplied by Customs have a country of origin: these are included in the 'unknown' category.
Parcel-post detections have their country of origin as the country in which the delivery originated: this does not necessarily mean that this is the country where the drug was produced.

Source: Australian Customs Service (1996, 1997, 1998).

Market indicators

Price

Amphetamine and ecstasy prices have generally remained stable in Australia during the last four years. Price differences occur between States at differing times. Figure 4.5 shows the variations in average minimum and maximum quarterly prices for amphetamine and ecstasy in Australia between 1995–96 and 1997–98.

Purity

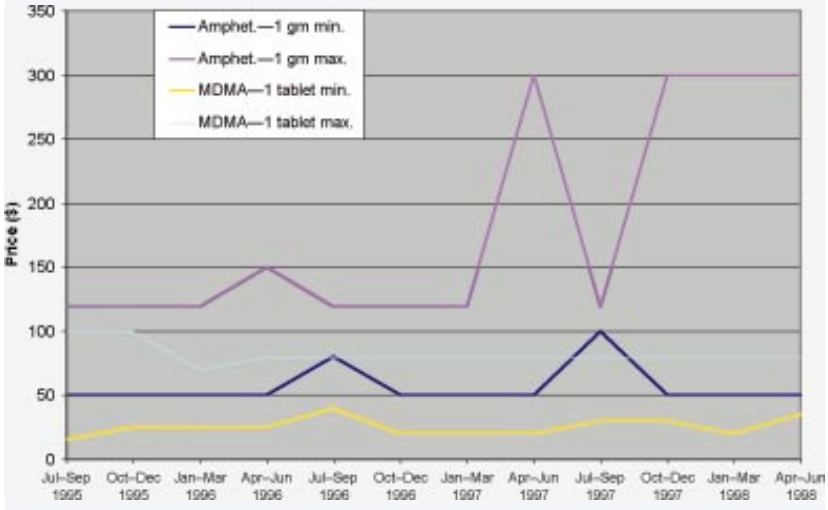
The purity levels of amphetamine, methamphetamine and MDMA have not changed dramatically since 1996–97. The biggest difference in amphetamine purity occurred in Victoria, where the average quarterly purity was 16 per cent in 1997–98 compared with 4 per cent in 1996–97. This is probably because two seizures in the first quarter of 1998 had an unusually high purity level of 49 per cent.

The largest decline in amphetamine purity occurred in South Australia: from 40 per cent in 1996–97 to 30 per cent in 1997–98. The Northern Territory had the highest average quarterly purity level, with 45 per cent, mainly due to the very low number of MDMA seizures and the high purity of those seizures (ranging from 25 to 65 per cent).

Ecstasy purity levels have generally remained constant in the last three years in all States.

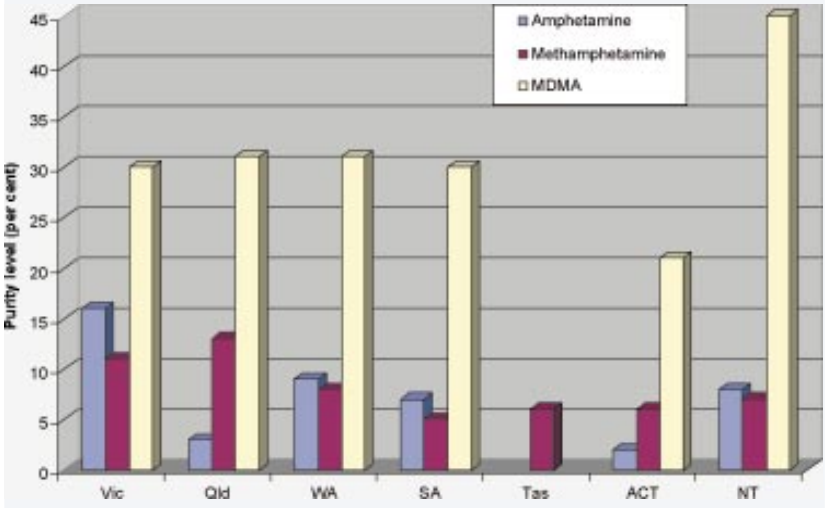
Street-level amphetamine is generally less pure than amphetamine seized from clandestine laboratories or high-level dealers. This accounts for the very broad range in purity levels. The overall average range for amphetamine purity in Australia was 0.01 per cent to 66 per cent; the range for methamphetamine purity was 0.05 per cent to 81 per cent. Among the diluents used in amphetamine production are caffeine, glucose, lignocaine and magnesium sulphate. Purity and prices do not always determine availability and this makes it difficult to identify the factors that actually do influence availability. Data on price and purity collected from all Australian States and Territories, as well as anecdotal evidence, do not bring out any single factor as a primary determinant of availability. Figure 4.6 shows the average purity levels for

Figure 4.5: Average minimum and maximum quarterly amphetamine and MDMA prices, Australia, 1995–96 to 1997–98



Source: ABCI (1998).

Figure 4.6: Average purity levels for amphetamine, methamphetamine and MDMA, 1997–98



Notes: No data are available for New South Wales.
No seizures of amphetamine or MDMA were tested for purity in Tasmania.

Source: ABCI (1998).

amphetamine, methamphetamine and MDMA in 1997–98 for all States and Territories but New South Wales, for which no data are available.

Amphetamines have become much more readily available in Queensland and New South Wales, where more widespread production is occurring. In contrast, Victoria Police reported that in some areas of that State amphetamine use has decreased as a result of the low price and greater availability of heroin.

Different forms

Forensic Science Services in South Australia reported the first seizure of STP (2,5-dimethoxy-4-methylamphetamine) in Adelaide in October 1997. The drug, also known as DOM, had been impregnated into a small piece of pale-green paper that was divided into 8-millimetre squares (similar to the way LSD is sold in subdivided sheets). Each STP ticket bore a black geometric shape or an outline of the shape (see Plate 4.4).

South Australia Police reported a slight increase in the number of seizures of PMA (paramethoxyamphetamine), also known as the death drug, during the reporting period. PMA is generally reported as being sold as ecstasy in South Australia and there was one reported death related to the drug in 1997–98. The South Australian Forensic Science Centre reported nine seizures of PMA and 20 seizures of MDMA in 1997–98, compared with six PMA seizures and 13 MDMA seizures in 1996–97 and 10 PMA seizures and 10 MDMA seizures in 1995–96.

In January 1998 Victoria Police seized three tablets of 4-bromo-2,5-Dimethoxyphethylamine (nexus). The recorded purity level was 10 per cent. This coincided with British Customs' seizure of 5125 nexus tablets in the United Kingdom, which led to the arrest of a British national. The seizures were, however, different in colour and appearance (ABCI 1998). In Australia seizures of ecstasy analogues such as nexus are comparatively few and low in number (as with the January 1998 seizure of three tablets), although the variety and availability of amphetamine-like substances is expanding.

South Australia Police reported a recent trend in Adelaide whereby amphetamine powder is compressed into tablets and sold as ecstasy. This is most probably a replication of ecstasy-marketing practices in the United Kingdom. The sale of 'fake' ecstasy has been reported as occurring in most States: police in Western Australia, South Australia, Victoria and Tasmania have all reported amphetamine tablets being sold as ecstasy. Cocktail tablets containing a combination of several drugs are also being marketed as ecstasy. Chemical analysis of several seizures of what was thought to be ecstasy showed that the tablets in fact contained no ecstasy. The Victorian Forensic Science Centre reported that in one instance 15 000 suspected ecstasy tablets that were seized actually contained methylamphetamine, lignocaine, cocaine, ephedrine and heroin (ABCI 1998).

...There have been many reports of drug mixing and in particular of using amphetamines as a mixer for these cocktails. Tasmania Police reported a case of amphetamine mixed with morphine (MS Contin and kapanol). Mixing amphetamines and cannabis is also commonplace in most States...

There have been many reports of drug mixing and in particular of using amphetamines as a mixer for these cocktails. Tasmania Police reported a case of amphetamine mixed with morphine (MS Contin and kapanol). Mixing amphetamines and cannabis is also commonplace in most States. A cannabis joint sprinkled or laced with amphetamines is known as a 'snow-cone' or 'snow-cap'.

Cairns Police reported that drug users have been detected using heroin and amphetamine simultaneously in an attempt to produce differing sensations. This has also been noted in other parts of the world. The World Customs Organisation (1998b) reported that in January 1998 a quantity of tablets was seized in Japan; analysis revealed that they contained 21 per cent amphetamine and 79 per cent heroin. The drugs had been sent from Bonn, Germany, and this was the first seizure of that drug combination noted in the region.

Table 4.3: Amphetamine and MDMA seizure numbers, by jurisdiction, 1997–98

Seizure	NSW	Vic	Qld	WA	Tas	ACT	NT	Total
Amphetamine	1 401	318	1 575	689	25	71	34	4 113
MDMA	241	80	2	99	1	5	3	431
Total	**1 642**	**398**	**1 577**	**788**	**26**	**76**	**37**	**4 544**

Notes: Data for South Australia Police are not available. Accurate seizure weights are not available. Seizures include Customs border detections and AFP domestic seizures.

Source: ABCI (1998).

Seizures

Table 4.3 shows that there were 4544 domestic seizures of amphetamine and MDMA combined in 1997–98; this compares with 3494 in 1996–97. Of the 1997–98 total, 4113 were amphetamine seizures and 431 were MDMA seizures. The figures for both 1996–97 and 1997–98 do not include South Australian data, which are not available. All jurisdictions record amphetamine-type substance weights using different methods and with differing measurements, so accurate collation and comparison of the data are extremely difficult—total weight data for amphetamine and MDMA seizures are therefore not provided. The Customs imported seizures that were previously reported in this chapter (94 MDMA and 72 amphetamine) are also included in the seizure figures: they are classified as AFP data. All AFP domestic and border seizures are incorporated in the total seizure figures.

New logos and designs are constantly appearing on tablets seized. Plate 4.1 shows some of the new forms of amphetamine-type substances seized during the reporting period.

Plate 4.5: New amphetamine-type substances: tablet designs seized in Australia, 1997–98

M100501
'E'

M100601
Yellow crumbling

M100902
'E' rough

M100801
Heart (outline)

E103401
McDonalds 'M'

E002111
Dolphin imprint

G100201
Yellow (1/2 scored)

J100101
Geometric symbols

E102901
Yellow (1/2 scored)

A100201
Stylised lightning

A100301
Canine

A100401
No. 1('98)

B101001
Yellow/green

B101101
Pink powder

E103301
Three-pointed crown

E103001
Elephant (stylised)

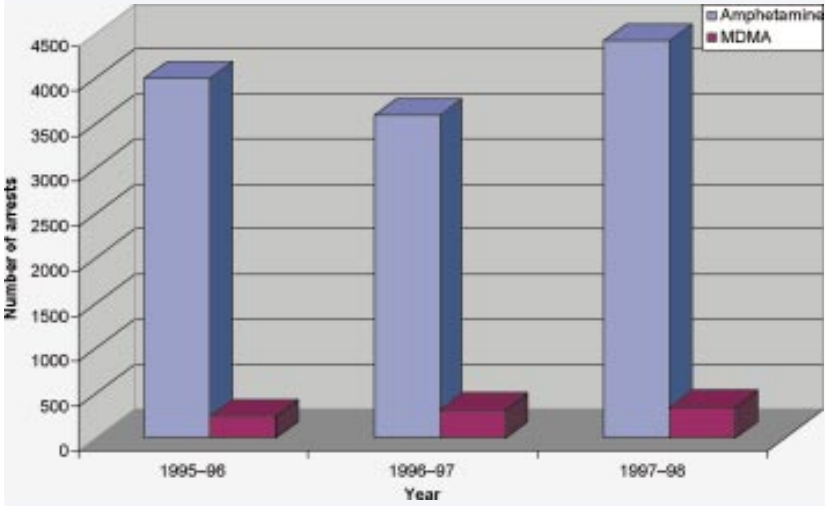
B100901
Speckled green

E103101
Three-pointed crown

Source: ABCI.

Note: Some new amphetamine type designs were not available at the time of publication.

Figure 4.7: Amphetamine and MDMA arrests: Australia, 1995–96 to 1997–98



Notes: There are no MDMA data for South Australia and the Australian Capital Territory. The data include AFP arrest data for both importation and domestic use.

Source: ABCI (1998).

Arrests

During 1997–98, 4418 amphetamine arrests and 348 MDMA arrests were made in Australia; the figures for 1996–97 were 3585 and 322 respectively. Figure 4.7 shows the number of amphetamine and MDMA arrests in Australia for 1995–96 to 1997–98. There are no data for MDMA in South Australia and the Australian Capital Territory. The South Australian data for MDMA arrests are included in the State's amphetamine data.

Figures 4.8 and 4.9 show the number of MDMA and amphetamine consumer and provider arrests by State and Territory for 1997–98; Figure 4.10 shows the number of amphetamine consumer and provider arrests per 100 000 population, by State and Territory, for the same period. New South Wales has by far the highest arrest figures, but Western Australia and Queensland show higher arrest rates for both consumers and providers per 100 000 population and the South Australian rate for provider arrests per 100 000 is the same as that for New South Wales.

Patterns of use

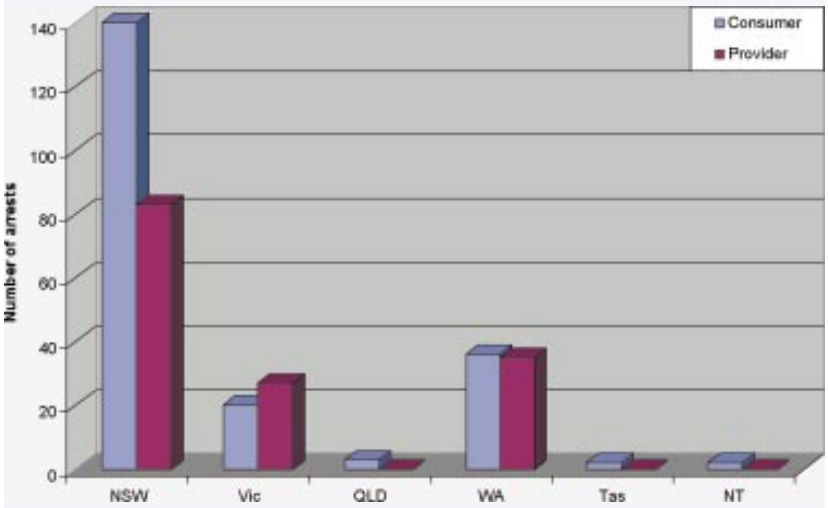
User groups

Amphetamine and related substances are often viewed as recreational drugs—that is, drugs used for 'purposes connected with recreation such as party going and weekend social activity' (Burrows et al. 1993, p. 53). There has been an increase in the diversity of groups and individuals using these drugs for recreation. Police are reporting that there is a preponderance of unemployed people, mainly male, using amphetamines. People aged between 15 and 40 years are reported to be the main users of amphetamines and people aged between 15 and 25 years are reported to be the main users of ecstasy. In 1997–98 males accounted for 83 per cent of all MDMA arrests and 79 per cent of all amphetamine arrests. No particular ethnic groups have been singled out as amphetamine users.

In 1997–98 amphetamine-related arrests increased over the previous year in all age groups but 40–44 and 65 and above. The 20–24 and 25–29 age groups recorded the largest increases, with 186 and 73 arrests respectively. These two age groups have traditionally recorded the highest number of arrests. The 1997–98 figures do not suggest any significant change in the ages of amphetamine users. Figure 4.11 shows amphetamine consumer and provider arrests, by age group, for 1997–98.

Western Australia Police reported an increase in the detection of Aboriginal people using amphetamines, particularly in the Kimberley, Midland, Narrogin and Mirrabooka areas. Reports suggest that Aboriginal people are mixing amphetamines with cannabis in snow-cones at an increasing rate. In spite of this, the general prevalence of amphetamine-type substance use among Aboriginal communities remains low, although amphetamines are still readily available even in the remote localities.

Figure 4.8: MDMA consumer and provider arrests, by State and Territory, 1997–98



Notes: There are no MDMA data for South Australia and the Australian Capital Territory. The data include AFP arrest data for both importation and domestic use.

Source: ABCI (1998).

A recent report published by the Anti-Cancer Council of Victoria (1998) provides the findings of a survey of 29 700 secondary students who responded to questions on use of over-the-counter and illicit substances. In the 12–17 age group 5.2 per cent reported ever having used amphetamine-type substances. The proportion increased with age: 2.3 per cent of 12-year-olds but 9.5 per cent of 17-year-olds had ever tried these substances. The use of ecstasy was reported separately and only 4 per cent of the students reported ever having used ecstasy. As with the students who reported using amphetamines, ecstasy use also increased with the age of the student.

Trends in use

Overall, in Australia there has not been any indication that amphetamine use has significantly increased.

Polydrug use has increased noticeably, especially among heroin users. It involves the use of such drugs

as amphetamines, ecstasy, heroin, cannabis, cocaine, tranquillisers, alcohol, tobacco and other pharmaceuticals. Many drug and alcohol agencies report that young people are using whatever is available at the time: the potential repercussions of this are significant. In a report released by the National Drug and Alcohol Research Centre it is claimed that polydrug use was prevalent among the majority of ecstasy users in the study group—93 per cent of those surveyed said they used other drugs in conjunction with ecstasy (Topp et al. 1998). Amphetamine users have also been identified as a prominent polydrug user group—using alcohol, cannabis, heroin, ecstasy, and tranquillisers as well. Another study conducted in Adelaide, Sydney and Melbourne noted that most amphetamine-injecting users moved from amphetamine injection to heroin injection (Hando et al. 1998).

For regular amphetamine users the preferred method of administration is injection. This has been cited in various studies conducted by the National Drug and Alcohol Research Centre and is supported by anecdotal information received from law-enforcement agencies. After injection, the preferred method of administration is orally, either in tablet form or mixed with drinks. Police information from some jurisdictions suggests that the snorting of amphetamine powder is also occurring, although rarely. Smoking of amphetamines has also been reported.

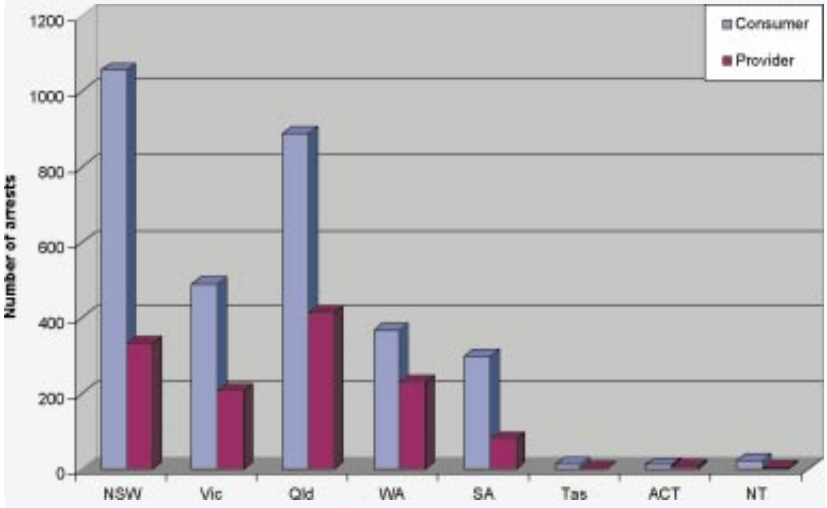
Ecstasy use

Ecstasy and amphetamines are synthetic drugs that are similar in aspects of chemistry but have differing effects once ingested. The production, distribution and market indicators (such as price and purity) for both these substances are also similar. It is therefore worth noting how ecstasy use has influenced the social and law-enforcement environments in Australia. Topp et al. found, 'Ecstasy appears to have become a "mainstream" drug in Australia, used by a demographically diverse range of people in a variety of contexts, not all dance-oriented' (1998, p. viii). This points to the change in ecstasy use in Australia and is similar to patterns of amphetamine use, which have also become more dynamic and diverse. Topp et al. also identified the 13–40 age group as the most frequent users of ecstasy.

It is a misconception that ecstasy use is restricted to the dance-party and rave scenes with which it has traditionally been associated. Last year's *Australian Illicit Drug Report* warned of increasing indications of wider ecstasy use (ABCI 1997). Topp et al. surveyed ecstasy users in Australia in 1998: respondents gave a number of reasons for using the drug—to enhance intimacy with their partner; to relax at social events with friends and when meeting new people; using before going shopping or going to the beach or dinner parties; and so on. Some respondents claimed they had never used ecstasy in a dance-party environment.

The survey respondents were current ecstasy users from Sydney, Melbourne and Brisbane. The results revealed that the main routes of administration were oral (94 per cent), injection (3 per cent) and snorting (2 per cent). Respondents gave a variety of reasons

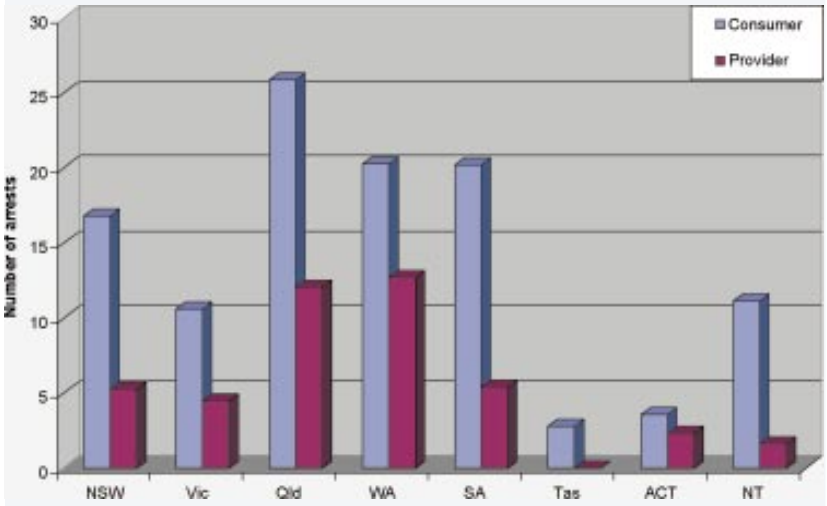
Figure 4.9: Amphetamine consumer and provider arrests, by State and Territory 1997–98



Note: Data include AFP arrest data for importation and domestic use.

Source: ABCI (1998).

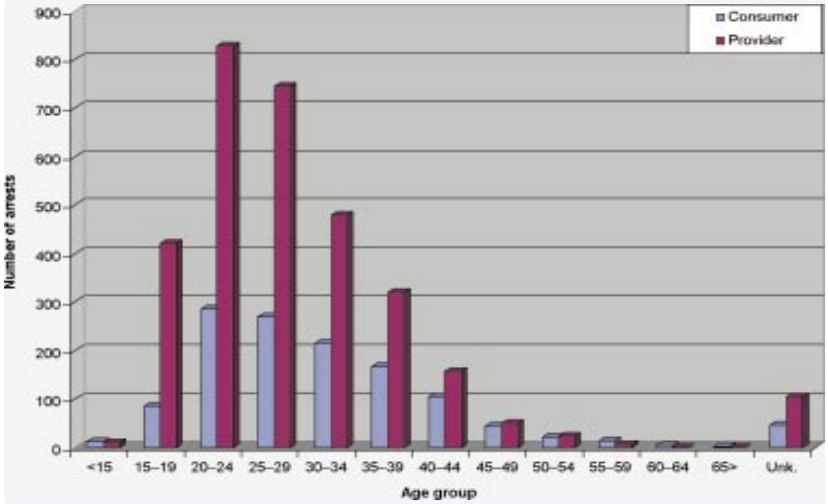
Figure 4.10: Amphetamine consumer and provider arrests per 100 000 population, by State and Territory, 1997–98



Note: Data include AFP arrest data for importation and domestic use.

Source: ABCI (1998).

Figure 4.11: Amphetamine consumer and provider arrests, by age group, 1997–98



Source: ABCI (1998).

for not injecting, among them a dislike of needles and injection, a fear of health problems, satisfaction with oral and intranasal routes, and the inconvenience of preparing ecstasy for injection.

Social and law-enforcement concerns

Crime

Hall and Hando (1997) described the links between amphetamine use and crime, including crimes of violence. For 1997–1998, health agencies in Queensland reported a noticeable increase in crime related to amphetamine use. The agencies—needle and syringe exchanges, health centres and youth centres—all claim that behavioural problems among amphetamine users are more common than among users of other drugs. The tendency is for amphetamine users to be more erratic and unpredictable and more likely to commit a crime as a result of the effects of the drugs—this observation is based in part on close interaction between health workers and the drug users. Such behavioural problems have been particularly noticeable on the Gold Coast, where younger amphetamine users are reported to be increasingly involved in acts of violence and break and enters. Police consider that 'speed' has become a serious problem on the Gold Coast: an increase in armed robberies is attributed to 'speed' users. The Gold Coast Drug Council reports that the majority of its clients are seeking help and treatment for 'speed' use and related problems. This would tend to support the observations of the local police.

Legislation

...Not all jurisdictions in Australia have enacted legislation to specifically cover the illicit use of precursor chemicals. However, police and industry have set up a national code of conduct whereby chemical supply companies place restrictions on sales of certain chemicals and report suspicious transactions to police...

Not all jurisdictions in Australia have enacted legislation to specifically cover the illicit use of precursor chemicals. However, police and industry have set up a national code of conduct whereby chemical supply companies place restrictions on sales of certain chemicals and report suspicious transactions to police. This mechanism is especially important in those jurisdictions without specific precursor legislation to limit diversion. Western Australia, for example, relies on a code of conduct between law-enforcement agencies and chemical suppliers for the reporting of suspicious sales of precursor chemicals. Without specific legislative requirements in relation to the reporting of suspicious sales of precursor chemicals in the various jurisdictions, it is difficult to detect and successfully prosecute suspected amphetamine manufacturers.

In jurisdictions where legislation exists some law-enforcement agencies have reported that the legislation is not effective in preventing or deterring the illicit diversion of chemicals, while others have reported positive results from the legislation.

The *Australian Illicit Drug Report 1996–97* highlighted the potential for unintended negative consequences of the precursor legislation in Australia, such as the substitution of alternative precursors producing more toxic by-products. The use of more dangerous and toxic chemicals for the manufacturing of amphetamine-type substances was noted and would seem to be a direct consequence of the precursor legislation.

In Queensland chemical companies are required by the precursor legislation to report suspicious purchases of precursor chemicals to police. The legislation does not, however, cover the possession of such chemicals by suspected offenders: most precursor chemicals are used for legitimate purposes, so the legislation does not (and cannot) prohibit the possession of precursor chemicals for such purposes. When quantities of precursor chemicals are detected and it is suspected that they are being used for illicit drug production, investigating officers rely on the Drugs Misuse Act, which prohibits the possession or acquisition of things reasonably suspected of being used in connection with a crime; for example, producing dangerous drugs. In other jurisdictions where precursor chemical legislation is in operation the procedure for prosecution is similar.

Health

In November 1997 the Centre for Education and Information on Drugs and Alcohol released a package entitled *Project E*, which provides information and a video about the dangers of ecstasy taking among young people. As well as informing people of the dangers, it also gives advice on how to look after yourself when taking the drug—how much water you should drink, when to rest, and so on. The main message is 'no drug, no risk'. While the project is obviously based on a harm-minimisation approach, the accompanying information emphasises that ecstasy taking is dangerous and can kill.

An article based on UK research into patterns of use and social interactions among amphetamine users was reported in *Connexions* magazine in February–March 1998. The study found that amphetamine users in the United Kingdom had certain characteristics in relation to their drug taking. It was speculated in *Connexions* that this information could be useful when tackling the amphetamine problem in Australia, in particular the fact that amphetamine users are not deterred from using the drug even when informed of the physical and health problems associated with its use. It was also noted in the UK study that people who cease using amphetamines experience depression, social isolation and loss of self-esteem and find themselves unable to function effectively. The lack of treatment services for amphetamine users was highlighted in the UK study. In Australia, however, this matter has been under review to identify and redress the deficiencies in treatment for pyschostimulant-related problems.

The Commonwealth Department of Health and Family Services recently commissioned a report entitled *Models of Intervention and Care for Psychostimulant Users*, which was produced by the National Centre for Education and Training on Addiction and Turning Point Alcohol and Drug Centre Inc. The aims of the report were

> to document harms associated with the use of psychostimulants, to analyse current initiatives for the intervention and care of those suffering harms related to the use of psychostimulants, [and to] identify gaps in current knowledge and areas requiring further development for the treatment of psychostimulant use. (Kamieniecki et al. 1998, p.1)

The report identifies the types of psychostimulant treatment that have been tried in the field of drug and alcohol services and discusses their success and the potential for their further development. The recommendations covered matters such as

- committed implementation of treatment programs;
- relevant training and education for health professionals in the area of psychostimulant use;
- involvement of users seeking help in the development of adequate services;
- provision for adequate education about the harms of psychostimulant use to users and the public;
- more funding from the National Drug Strategy and the Department of Health and Family Services and further research into psychostimulant use.

Conclusions

Australia's domestic production of amphetamine and methylamphetamine continues to be the main source of amphetamine-type substances available here; MDMA and other amphetamine analogues are mainly imported from Europe. The level of detection of all amphetamine and related substances domestically and at the Customs border continues to rise steadily. Customs amphetamine detections increased in 1997–98, but detections of MDMA declined substantially. Additionally, there has been an increase in amphetamine tablets being sold as ecstasy, a deliberate marketing ploy on the part of drug syndicates.

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Internationally, the production and use of amphetamine and related substances is increasing at a much faster pace than is being experienced in Australia. This increased international activity, especially in the primary amphetamine-manufacturing areas of South East Asia and Europe, may, however, have an effect on the Australian illicit drug market in future. Australia is already starting to experience an increase in the number of seizures of 'ice' and some MDMA derivatives not previously detected here.

The introduction of successful precursor legislation—to impede criminals from obtaining the precursor chemicals required to manufacture amphetamine-type substances—in Australia may also result indirectly in the importation of amphetamines and MDMA. At this stage, though, it is difficult to determine exactly what direction the domestic production of amphetamine-type substances will take and what effect (if any) the importation of overseas-manufactured substances will have on the domestic industry in the near future.

A much more diverse group of people has been identified as using amphetamines, and many amphetamine users have been identified as polydrug users, who are an 'at risk' group because of their propensity to inject, commit crimes, and resort to violence as a result of their addiction. Males are reported as being more likely to be consumers and providers of amphetamine-type substances, while the most common age group for offenders is 20–24 years. Researchers have also found that 'heavy' amphetamine users have varying degrees of psychological problems as a result of their addiction.

Anecdotal evidence suggests that abuse of amphetamine-type substances in Australia has not abated and in fact will probably continue to increase until amphetamine-related problems are better tackled in continuing and effective harm-reduction programs.

Research and programs initiated by the various Australian drug and alcohol agencies, as well as Commonwealth and State government departments, have promoted increased awareness of the problems associated with amphetamine use. Matters such as treatment and prevention are now being actively canvassed. In a report on psychostimulant use commissioned by the Department of Health and Family Services, numerous recommendations were made by the National Centre for Education and Training on Addiction in relation to services for psychostimulant users (Kamieniecki et al. 1998). The authors found that the services available for the treatment of amphetamine-related problems in Australia are inadequate and noted the increase in users seeking help and the psychological problems experienced by these people.

The National Illicit Drugs Strategy initially allocated $50.5 million to non-government organisations for establishing new programs for the treatment of illicit drug problems as well as improving existing non-government treatment programs. It is expected that this funding will contribute towards the implementation of recommendations concerning treatment made by Kamieniecki et al. (1998). It should be noted that this funding is for treatment; it will not be directed to education or professional training, although other components of the National Illicit Drugs Strategy will focus on these areas.

Amphetamine and related substances: significant seizures, 1997–98

[Note: seizures weighing less than 500 grams or of less than 500 tablets are not reported.]

Date	Drug	Quantity	Narrative
11 July 1997	Amphetamine	1.1 kilograms	Staff at the Sydney Intercontinental Hotel found white powder in luggage left by two guests. Examination by New South Wales Police resulted in the seizure of 1.1 kilograms of amphetamine, 10 grams of cannabis and $12 000. A male and female were subsequently apprehended.
11 August 1997	Methamphetamine	18 litres	Eighteen litres of methamphetamine in its final stages of manufacture were seized by New South Wales Police from a property at Booral, north of Newcastle. Handcuffs and 6.4 kilos of cannabis were also seized. The methamphetamine had an estimated street value of $1 000 000.
27 August 1997	MDMA	1.6 kilograms	Customs detected a large quantity of white tablets believed to be MDMA concealed in a marine-water pump consigned from Belgium.
30 August 1997	MDMA	1 kilogram	Customs detected MDMA concealed in an audio mixer consigned from Belgium.
14 October 1997	Amphetamine	2.4 kilogram	Customs intercepted a parcel with amphetamine concealed inside a book sent from the United Kingdom. Further AFP investigation resulted in more amphetamines located at a residence at Rowville, Victoria.
30 October 1997	MDMA	1.43 kilogram	Customs intercepted four packages sent to separate addresses in Melbourne from Belgium. Each package contained 862 ecstasy tablets encased in foam. One package was examined and found to contain pink tablets marked with the Nike logo.
11 November 1997	MDMA	542 grams	At the Melbourne Mail Exchange Customs found four mail packages of toys, each containing tablets inside. One package was opened and the tablets tested positive for ecstasy. Each package came from Belgium and was addressed to a different person.
13 November 1997	MDMA	6000 tablets	A search was conducted in Rydalmere by New South Wales Police; it resulted in the seizure of an illicit drug laboratory and 6000 ecstasy tablets.
14 November 1997	MDMA	1.73 kilograms	An Israeli national arrived at Sydney International Airport on a flight from Fiji and was searched by Customs. He was detained and a body pack containing ecstasy was found on him.
27 November 1997	Pseudoephedrine	24.70 kilograms	Pseudoephedrine, concealed in a consignment of cement imported from South Africa, was detected as a result of a joint operation between South Australia Police, Customs and the Australian Federal Police.
1 December 1997	MDMA	11 900 tablets	Customs detected 34 packages from Germany and addressed to multiple addresses in Petersham; each package contained 350 ecstasy tablets.
3 December 1997	Amphetamine	23 kilograms	A search of premises in the Coburg area by Victoria Police revealed a large amount of amphetamine, 39 kilograms of red phosphorus and two 20-litre drums of acetone.
7 December 1997	MDMA	2700 tablets	Customs detected at Sydney International Airport a package containing ecstasy tablets sent from Belgium.
27 January 1998	MDMA	2.17 kilograms	Customs detected a British passenger at Perth International Airport carrying 7066 ecstasy tablets concealed in a purpose-built vest worn under bulky clothing.
27 January 1998	MDMA	5.31 kilograms	Further AFP investigations resulting from the Customs seizure (just mentioned) resulted in an additional MDMA seizure at Ocean Reef, where two people were arrested.
4 February 1998	Amphetamine	1.4 kilograms	Amphetamine tablets were detected by Customs in a mail package from the United Kingdom addressed to a Sydney location. The tablets were concealed in LP records.
12 February 1998	MDMA	2078 tablets	Customs detected a package from the United Kingdom in Melbourne containing white tablets with a crown motif.
14 February 1998	MDEA	7.2 kilograms	Two US females were selected for examination at Sydney International Airport by Customs and found to have the MDEA tablets strapped to their bodies. A male was identified as the suspected overseer.
27 February 1998	MDMA/ amphetamine	4.1 kilograms, 862.5 grams	Three males were arrested by New South Wales Police for possession of a commercial supply of amphetamine, ecstasy and 3387 LSD tabs.
3 March 1998	Amphetamine	6.24 kilograms	An Australian male and a German male arriving at Adelaide International Airport on a flight from London were found by Customs to have amphetamine (52.3 per cent pure) secreted in their baggage.
30 March 1998	MDMA	5.77 kilograms	Customs detected three people importing ecstasy in body packs from Amsterdam at the Perth International Airport. A further four people were arrested at a hotel, where they were attempting to take possession of the ecstasy tablets.

Date	Drug	Quantity	Narrative
31 March 1998	MDMA	3.54 kilograms	Customs detected at Melbourne International Airport a Spanish male with 11 867 ecstasy tablets in his suitcase. He had traveled from Brussels via Kuala Lumpur.
18 April 1998	Methamphetamine	1000 tablets	Victoria Police intercepted a passenger who had arrived on a domestic flight from Sydney. The person was in possession of 1000 off-white tablets that were believed to be ecstasy. Subsequent analysis revealed that the pills contained no ecstasy. They were found to contain 1.5 per cent methylamphetamine mixed with caffeine.
13 May 1998	Cocktail drug tablets, methamphetamine	3000 tablets, 2.2 kilograms	A controlled purchase of ecstasy tablets and methylamphetamine powder by Victoria Police resulted in the seizure of 3000 ecstasy tablets and 2.2 kilograms of methylamphetamine in Melbourne. When analysed, the tablets were found to contain a mixture of methylamphetamine, heroin, cocaine, lignocaine, caffeine and glucose.
18 May 1998	Amphetamine	1 kilogram	One kilogram of suspected amphetamine was seized by New South Wales Police in Minto during a search connected with a stolen truck-trailer. The trailer, 2 kilograms of cannabis, $9000 in cash, drug-manufacturing equipment and other paraphernalia were also seized.
23 May 1998	Cocktail drug tablets, methamphetamine	7500 tablets, 1 kilograms	In Melbourne 7500 tablets and 1 kilogram of methylamphetamine were seized by Victoria Police. When analysed, the pseudo-ecstasy tablets were found to contain approximately 2 per cent methylamphetamine mixed with caffeine, clonazepam and lignocaine. It is believed the tablets were manufactured in Australia.
27 May 1998	Methamphetamine	539 grams	Raids on a property in Adelaide by South Australia Police resulted in methamphetamine powder being seized along with glassware, chemicals, six pistols and $7000 in cash.
31 May 1998	MDMA	1.1 kilograms	Customs searched a Dutch female at Sydney International Airport and found 4924 ecstasy tablets. The passenger was attempting to board a flight to Denpasar, Indonesia.
4 June 1998	MDMA	1.48 kilograms	Ecstasy tablets were found during the execution of a search warrant by the Australian Federal Police at Watsons Bay; several people were arrested.
5 June 1998	Methamphetamine	583 grams	Methamphetamine were seized during the execution of a search warrant for a clandestine lab at Richmond, Sydney, by New South Wales Police. Empty chemical containers, glassware and documents relating to the manufacture of a prohibited drug were also seized, although no lab was found.
21 June 1998	MDMA	1.6 kilograms	Customs found an Irish passenger arriving at Sydney International Airport to be carrying ecstasy tablets.
22 June 1998	Amphetamine	948 grams	Amphetamines concealed in golf clubs were seized during the execution of a warrant as part of the controlled delivery of a parcel by the Australian Federal Police.

Notes

[1.] Precursor chemicals are the chemicals needed to manufacture a drug.

References

ABCI 1997, *Australian Illicit Drug Report*, Australian Bureau of Criminal Intelligence, Canberra.

ABCI 1998, *Ecstasy Tablet Alert*, Drug Intelligence Desk, Australian Bureau of Criminal Intelligence, Canberra.

Anti-Cancer Council of Victoria 1998, *Australian Secondary Students' Use of Over-the-counter and Illicit Substances in 1996*, Anti-Cancer Council, Melbourne.

Australian Customs Service 1998, Statistical data on seizures for 1997–98, unpub.

Bureau for International Narcotics and Law Enforcement Affairs 1998, *International Narcotics Control Strategy Report 1997*, US Government Printing Office, Washington, DC. (Internet: http://www.state.gov/www/global/narcotics_law/1997_narc_report/seasi97.html) [cited 13 May 1998]

Burrows, D., Flaherty, B. & MacAvoy, M. 1993, *Illicit Psychostimulant Use in Australia*, Report to the Department of Health, Housing and Community Services by the Drug and Alcohol Directorate, New South Wales Health Department, Australian Government Publishing Service, Canberra.

Chesher, G.B. 1993, 'Pharmacology of the Sympathomimetic Psychostimulants', in D. Burrows et al., *Illicit Psychostimulant Use in Australia*, Australian Government Publishing Service, Canberra.

Connexions 1998, 'Raving about the Mix', February–March, pp. 17–19.

Daily Telegraph 1998, 'Fake Firms behind Drugs', 20 March, p. 29.

Griffith, M. 1998, 'Not a Problem', *Connexions*, December 1997 – January 1998, pp. 18–19.

Hando, J., Darke, S., Degenhardt, L., Cormack, S. & Rumbold, G. 1998, *Drug Trends 1997*, Monograph no. 36, National Drug and Alcohol Research Centre, University of New South Wales.

Horne, B. 1997, *Policing the Illicit Use of Amphetamine Related Drugs in New Zealand*, Wellington Regional Drug Squad, Wellington, NZ.

INCB 1998, *International Narcotics Control Board Report for 1997*, United Nations, Vienna. (Internet: http://www.undcp.org./incb/AR/e/1997.htm) [cited 2 February 1998]

Interpol 1998, 'Regional Supply Trends—Southeast Asia and Oceania MDMA or ecstasy', Paper presented at 15th Asian Regional Conference, 16–19 February, Canberra.

Kamieniecki, G., Vincent, N. & Allsop, S. 1998, *Models of Intervention and Care for Psychostimulant Users*, Monograph series no. 32, National Centre for Education and Training on Addiction, Department of Health and Family Services, Canberra. (Internet: http://www.health.gov.au/pubhlth/publicat/document/mono32.pdf) [cited 2 February 1998]

Office of Strategic Crime Assessments 1997, *Australia's Illicit Drugs Trade: sources of synthetic drugs*, Trend Alert 2/97, OSCA, Canberra.

Sydney Morning Herald 1997, 'Division over Drug Pack', 15 November, p. 10.

Topp, L. & Dillon, P. 1996, *Looking to the Future: a second generation of drug research*, Monograph no. 29, National Drug and Alcohol Research Centre, University of New South Wales.

Topp, L., Hando, J., Degenhardt, L., Dillon, P., Roche, A. & Solowij, N. 1998, *Ecstasy Use In Australia*, Monograph no. 39, National Drug and Alcohol Research Centre, University of NSW, Sydney.

Willingham, P. 1997, 'Chemical Diversion Trends', *Australian Criminal Intelligence Digest*, Australian Bureau of Criminal Intelligence, Canberra, pp. 21–2.

World Customs Organisation 1998a, 'Changing Use of Heroin Laboratories in Myanmar: now producing amphetamine', *Enforcement Bulletin*,

World Customs Organisation 1998b, 'Drug Cocktail Tablets Containing Amphetamine and Heroin', *Enforcement Bulletin*,