

Key points

- Rohypnol has become more difficult to obtain in the illicit drug market, since being placed on Schedule 8 of the National Drugs and Poisons Schedule in 1998,
- Customs made a record 1125 detections of performance- and image-enhancing drugs in 1999–2000.
- Customs detections of steroids increased by 16 per cent in 1999–2000.

Pharmaceuticals

The use of pharmaceuticals for non-medical reasons is one of Australia's most widespread drug problems. Pharmaceuticals are drugs that are developed for the purpose of improving health and increasing life expectancy and are available over the counter or by prescription. With the benefits offered by many pharmaceuticals, however, comes the risk of misuse and abuse. If used inappropriately, some pharmaceuticals can be harmful and addictive and cause undesired effects. Widespread abuse of such drugs means that users often resort to illegal methods of obtaining them. The intentional misuse of pharmaceuticals is often linked with polydrug use. Pharmaceuticals are often taken by illicit drug users when other, more sought after illicit drugs are unobtainable.

Narcotic analgesics

Prominent among the narcotic analgesics—also known as opioids—are morphine, codeine, pethidine and methadone. These drugs can be used legitimately for the treatment of pain, coughs and acute diarrhoea. They are listed in Schedule 4 or Schedule 8 of the Commonwealth Standard for the Uniform Scheduling of Drugs and Poisons. Schedule 4 drugs are prescription-only drugs whose use or supply should be contingent on the order of people permitted by State or Territory legislation to prescribe them. Schedule 8 refers to 'controlled drugs', whose manufacture, supply, distribution, possession and use are restricted for the purpose of limiting their abuse or misuse and physical or psychological dependence on them.

Table 6.1 lists the commonly misused narcotic analgesics and their trade and common names and effects.

Withdrawal from narcotic analgesics can be quite unpleasant. Among the possible symptoms are sweating, watery eyes, irritability, restlessness, tremors, loss of appetite, depression, vomiting, elevated heart rate, and muscle spasms. The symptoms can be reversed if a suitable opioid or opiate is administered; if not, most overt physical symptoms disappear in seven to 10 days.

Methadone limits awareness of pain and reduces withdrawal symptoms and the craving for heroin. Methadone treatment also helps to break patterns of heroin addiction. It has been proven to reduce drug use and crime among users and improve general well being. However, a small proportion of methadone is diverted to the black market. One of the main problems associated with methadone abuse is that users often inject it for a quicker 'high': this poses additional health risks such as the risk of infection.

Benzodiazepines

Most benzodiazepines are listed in Schedule 4 of the National Drugs and Poisons Schedule. They are prescribed for the treatment of anxiety, insomnia, epilepsy, alcohol withdrawal and muscle spasms. Withdrawal symptoms are long-lasting and severe: serious medical complications may arise from rapid withdrawal, which is why gradual cessation is recommended. Flunitrazepam (Rohypnol) is listed in Schedule 8 because it has been used to stupefy victims prior to sexual assault.

Table 6.1 lists the commonly misused benzodiazepines and their trade and common names and effects.

Trends in use

A person can develop tolerance to and dependence on some pharmaceuticals if they use them regularly. Pharmaceuticals are generally taken orally, in tablet or capsule form. Injecting drug users also inject pharmaceuticals after they have been broken down into an injectable form.

Benzodiazepines are commonly used by heroin users, to alleviate heroin's come-down effects and as a substitute in between heroin injections. Pharmaceuticals are also used by people who are not involved in any other illicit drug taking.

6. OTHER DRUGS

The Drug Use Monitoring in Australia project being conducted by the Australian Institute of Criminology involves collecting data on drug use among people in custody; voluntary interviews and urinalysis testing are used. Benzodiazepine-type drugs are one of six drugs tested for in the urinalysis: the 1999 results showed that, on average, 18 per cent of males and 32 per cent of females tested positive to benzodiazepines (Makkai 2000).

Abuse of benzodiazepines is a serious concern for many drug and alcohol agencies. Mixing benzodiazepines, alcohol and other illicit drugs causes health problems, accidents and anti-social behaviour and contributes to many

fatal overdoses involving opiates. The Queensland Intravenous AIDS Association reported to the Bureau that benzodiazepines were popular among both amphetamine users and heroin users. It further reported that a packet of benzodiazepine tablets could be bought on the street for \$15; it could be obtained for \$3.40 with a prescription.

The Illicit Drug Reporting System survey found that benzodiazepine use among injecting drug users was high: 63 per cent of such users surveyed across all States and Territories reported having used benzodiazepines in the six months preceding the survey. The survey also found that the most commonly used benzodiazepine was diazepam (Valium) (McKetin et al. 2000).

Table 6.1: Commonly misused pharmaceuticals

Pharmaceutical type	Trade names	Common names	Comments	Effects
Narcotic analgesics				Drowsiness, apathy, lethargy, constipation, nausea, euphoria, vomiting, shallow breathing. Effects can last two to 24 hours
Morphine	MS Contin, Anamorph, Kapanol, Morphalgin	M, monkey, morph, Miss Emma, dreamer, hard stuff	Main component of opium, powerful narcotic analgesic	
Codeine	Panadeine Forte, Codral Forte, Dymadon Forte, Codalgin Forte, Mersyndol Forte		An extract of opium, not as strong or addictive as morphine	
Pethidine		Peth	Synthetic narcotic analgesic, similar to morphine but shorter lasting	
Methadone (or physeptone-tablet form)		Meth, done, metho	Synthetic narcotic analgesic, used in treatment for opioid dependence, predominantly provided in syrup form to patients	
Benzodiazepines		Benzos, minor tranquillisers, downers, sleepers	Classed as depressants. The main difference between them is the length of effect time- from six hours to three days	Affect the central nervous system by slowing down the body-physically, mentally and emotionally. Long-term effects: nausea, headaches, irritability, lethargy, memory impairment and depression
Bromazepam	Lexotan			
Clonazepam	Rivotril			
Diazepam	Valium, Ducene, Antenex, Propam			
Flunitrazepam	Rohypnol, Hypnodorm	Rohies, roofies		
Nitrazepam	Mogadon, Alodorm, Dormican, Nitepam	Moggies		
Oxazepam	Serepax, Murelax, Alepam, Benzotran	Sarahs		
Temazepam	Normison, Temaze, Euhypnos			

Source: ABCI.

Heroin is less accessible in the Northern Territory, thus opioid users will use morphine and other narcotic analgesics. The Illicit Drug Reporting System survey found that 70 per cent of injecting drug users in the Northern Territory reported morphine as the drug they had most recently injected. Tasmanian injecting drug users also reported high levels of morphine abuse: one in five respondents said morphine was the drug they had most recently injected (McKetin et al. 2000).

Rohypnol

Rohypnol, a trade name of flunitrazepam, is often referred to as the date-rape drug because of its ability to incapacitate people who take it knowingly or unknowingly. The makers of Rohypnol, Roche, added a blue dye to the drug in May 1999 after a spate of date-rape drug incidents in Victoria in 1998. The dye allows the drug to be detected when it is added to drinks, but other brand names of flunitrazepam do not have a dye or any other indicator and are now being used instead. The use of Rohypnol and other drugs with similar effects is to be dealt with in new legislation—part of the Drugs Misuse Amendment Bill 2000—which will allow for people who spike drinks with drugs to be sentenced up to five years in prison. The current legislation simply allows for a fine of \$4500.

In May 1999 the Queensland Government introduced a health-awareness campaign dealing with the dangers of spiked drinks. This was prompted by a number of drink-spiking incidents that were reported in the Whitsunday area. Posters were distributed to all licensed premises in the area: they described what drink-spiking was, the possible dangers (such as rape and robbery), the physical effects, and how to avoid spiked drinks. The campaign gained considerable media attention, increased community awareness, and resulted in an increase in reports of incidents that had occurred many months earlier (McKey 2000).

Several drug and alcohol agencies in Queensland reported that Rohypnol tablets are now difficult to obtain because of the tighter controls on distribution and use. The 1999 Illicit Drug Reporting System survey found that Rohypnol use among injecting drug users had declined since the previous survey (McKetin et al. 2000). Tighter regulation of pharmaceutical dispensing is not going to completely prevent abuse of the drugs, but it is a deterrent. Rohypnol is still available in the illicit drug market and many users still seek it out. Some heroin users prefer Rohypnol over other pharmaceuticals to relieve the discomfort associated with cessation of heroin use. The Western Australia Police Service reported that Rohypnol is sold for \$5 a tablet at railway stations in Perth.

Sudafed and other pseudoephedrine-based products

Among manufacturers of illicit drugs, Sudafed and other pseudoephedrine-based products are also much sought after: pseudoephedrine is used in the illicit manufacture of methamphetamine. All jurisdictions reported an increase in demand for the product. Many methamphetamine producers buy large quantities of Sudafed and other pseudoephedrine-based products from a number of pharmacies to avoid suspicion. Police have also noted diversion and sophisticated theft of pseudoephedrine-based products from warehouses and drug manufacturers across Australia. Chapter 4 provides more information about the use of pseudoephedrine in methamphetamine production.

In an initiative to reduce domestic chemical diversion, the National Drugs and Poisons Schedule Committee (NDPSC) has agreed to the recommendation that all pseudoephedrine preparations be prescription only other than:

- Undivided preparations containing 60mg or less of pseudoephedrine per recommended dose;
- Divided preparations where the only therapeutically active substance is pseudoephedrine and contain 60mg of less pseudoephedrine per recommended dose in a pack containing 30 or less dosage units
- Slow release preparations
- Preparations compounded with other active substances.

Methods of obtaining pharmaceuticals

Pharmaceuticals used for non-medical purposes are obtained in a number of ways, licit and illicit. State and Territory police services reported the following methods:

- legally obtained from a doctor, often by feigning symptoms;
- forged prescriptions;
- stolen prescriptions;
- break and enters at pharmacies and pharmaceutical warehouses;
- theft from people or homes known to have particular drugs.

Visiting multiple doctors to obtain as many prescriptions as possible—known as ‘doctor shopping’—is one of the most common ways of obtaining pharmaceuticals. Once a drug is obtained in any of the ways described, it is either used by the individual involved or sold on the black market to other users.

The Drug and Alcohol Council on Queensland’s Gold Coast reported that when heroin users locate a doctor who is willing to prescribe benzodiazepines to alleviate withdrawal they quickly spread the word to other users.

Many web-based companies offer discount and bulk supplies of particular pharmaceuticals, some of which are prohibited imports: people who buy prohibited pharmaceuticals over the Internet are committing an offence if they import them into Australia.

Outlook

Ready availability and relatively cheap prices compared with the prices of illicit drugs mean that pharmaceuticals, particularly benzodiazepines, will always be misused. Tighter legislation and further restrictions on particular types of drugs will help to reduce the risk of misuse and inappropriate prescribing by doctors. The illegal obtaining of pharmaceuticals continues to be a concern for law enforcement and health professionals, whose efforts to reduce availability are meeting with some success.

Performance- and image-enhancing drugs

Anabolic and androgenic substances

Anabolic and androgenic substances, or steroids, are synthetic derivatives of the male hormone testosterone. All of them have both anabolic (muscle-building) and androgenic (masculinising) effects to varying degrees.

Steroid abusers use both human and veterinary products. Human steroids are of higher quality but are more difficult to obtain legally; the lower quality veterinary steroids are

the ones most commonly used because of their availability and cheaper price.

Effects

Among the desired effects of steroids are increased muscle growth, strength and endurance—leading to improved performance—and feelings of wellbeing and confidence. To achieve these effects, however, steroid users need to commit themselves to a strict diet and exercise regime.

But steroid use also has undesirable and harmful side-effects, both physical and psychological, particularly when large quantities are used. Some of the unwanted physical side-effects are hair loss, liver problems, acne, sleeplessness, headaches, raised cholesterol, permanent short stature in adolescents, tendon injuries, water retention and hypertension. Among the psychological side-effects are aggression, depression, irritability, mood swings, a decrease or increase in libido, paranoia and dependence.

Adverse side-effects for men include prostate problems, shrinking testicles, infertility caused by a low sperm count, and abnormal breast development. Adverse side-effects for women include clitoral enlargement, smaller breasts, permanent deepening of the voice, menstrual irregularities, foetal damage, and increased body and facial hair.

Administration

Steroids are generally taken orally in tablets or capsules or by intra muscular injections. They can also be absorbed via skin patches, creams, suppositories and nasal sprays

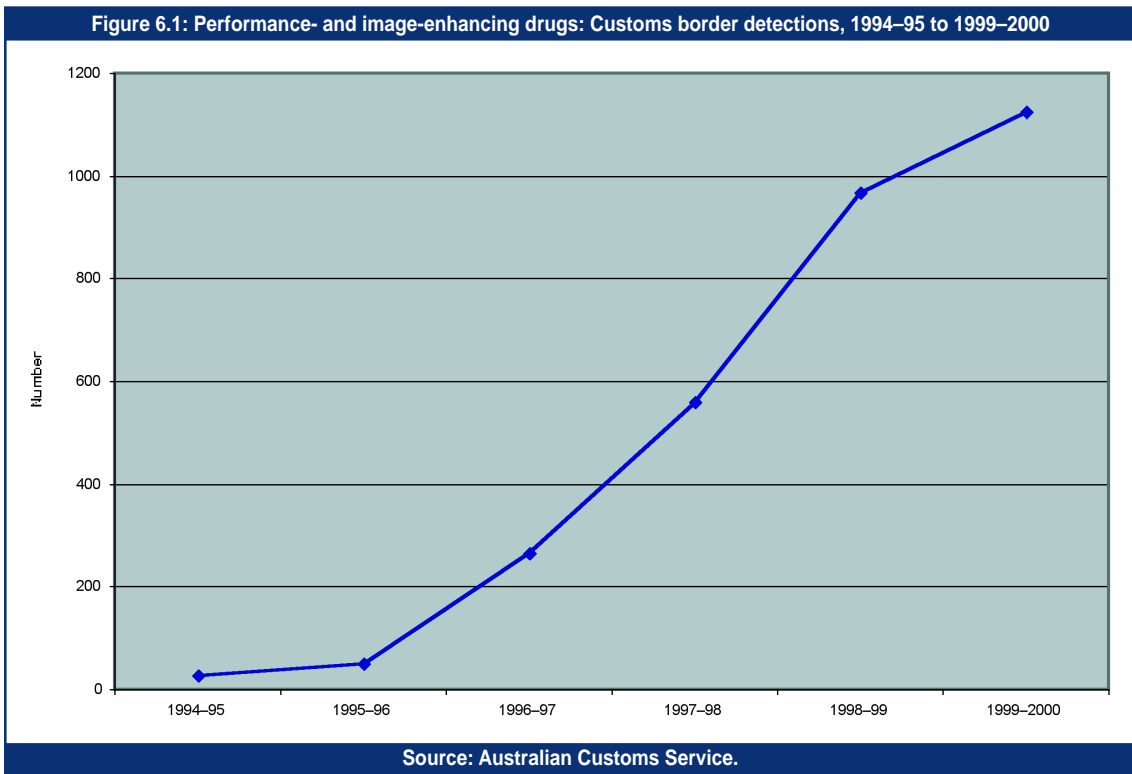
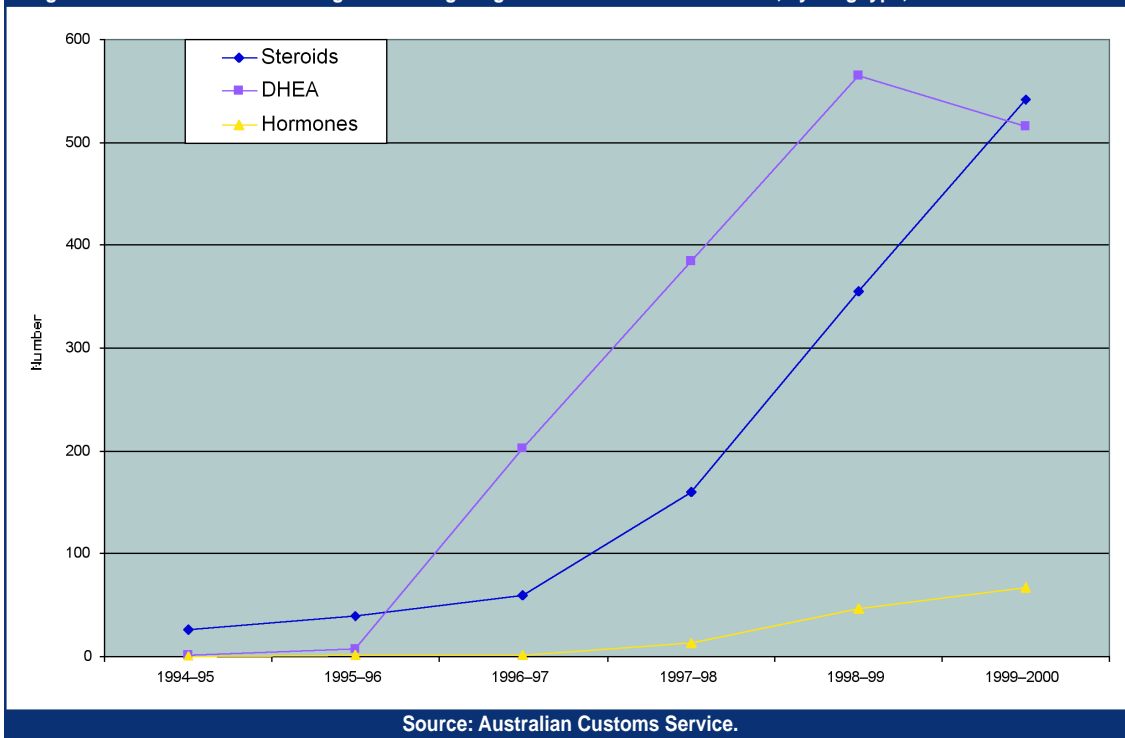


Figure 6.2: Performance- and image-enhancing drugs: Customs border detections, by drug type, 1994–95 to 1999–2000



but this is less common. Users take the drug in cycles, or courses, varying from six to 16 weeks. A cycle can take the form of a pyramid, whereby the dose is increased to a point then gradually reduced. A tapering technique can also be used, whereby large doses are taken at the beginning and then taper off towards the end of the cycle. Some users administer a constant level of steroids during the cycle (CEIDA 2000).

Injectable steroids are the most sought after. Among the street names for steroids are 'roids', 'gear', 'juice' and 'product'.

DHEA

Dehydroepiandrosterone, or DHEA, is an androgenic substance that occurs naturally in the human adrenal gland. Synthetic forms are produced as tablets, capsules, creams and sprays. In Australia, under Schedule 8 of the Customs (Prohibited Imports) Regulations, the importing of synthetic DHEA without a Commonwealth government permit is prohibited. DHEA is available in countries such as the United States and New Zealand and is widely advertised on the Internet.

The body's own production of DHEA declines dramatically after the age of 40, which is why the drug is popular among older people seeking its claimed anti-ageing and energy-boosting effects.

HGH

Human growth hormone, or HGH, is a synthetic substance that is available only on prescription. It is a performance enhancer and is used mostly by elite athletes. Among the unwanted side-effects of long-term HGH use are bone growth on the elbow and forehead, enlarged hands and fluid retention.

EPO

Erythropoietin, or EPO, in its synthetic form is one of the most sought after performance-enhancing drugs for endurance athletes. It boosts endurance by increasing the concentration of red blood cells, which transport oxygen to working muscles. For the first time, tests for EPO were conducted during the Sydney 2000 Olympic Games: it is a banned substance in competitive sports.

On 9 September 1999 EPO was added to Schedule 7A of the Customs (Prohibited Imports) Regulations. EPO does have legitimate medical uses and to import it a person must now have a permit from the Therapeutic Goods Administration or be able to demonstrate that the EPO was prescribed for medical treatment.

As a consequence of EPO's abuse in sport, the 'medical need' exemption does not apply to competitors (as defined in the Australian Sport Drug Agency Act) or their associates (coaches and so on). Competitors and their associates can import EPO only with a permit from the Therapeutic Goods Administration, which does not issue permits to import for performance- or image-enhancing purposes.

Importations of performance- and image-enhancing drugs

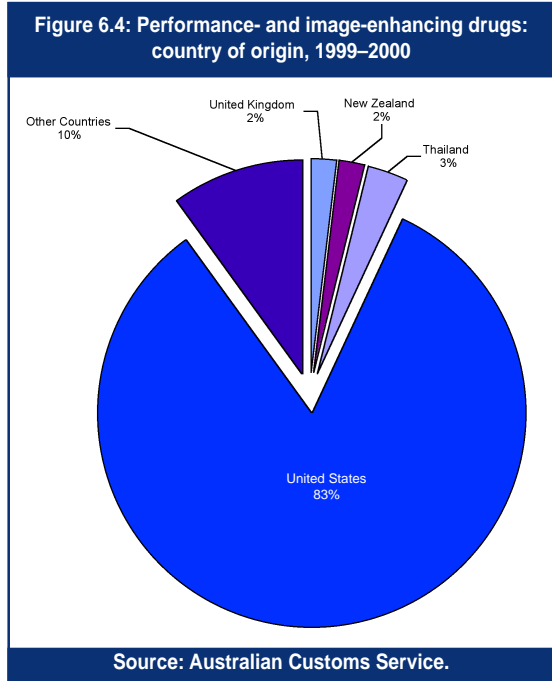
During 1999–2000 the Australian Customs Service made a record 1125 detections of performance- and image-enhancing drugs. This represented an increase of 16 per cent on the detections in 1998–99. The number of detections has been increasing steadily since 1994–95—see Figure 6.1.

Among the performance- and image-enhancing drugs seized by Customs in 1999–2000 were steroids (androstenedione-type and others), DHEA and hormones. Steroids accounted for 542 of the detections.

Figure 6.2 shows Customs border detections of performance- and image-enhancing drugs, by type, for 1994–95 to 1999–2000.

DHEA continues to account for a high proportion of detections, despite a fall in its share, from 58 per cent in 1998–99 to 46 per cent in 1999–2000. The actual number of detections, however, decreased only slightly.

Hormone detections have been steadily increasing since the single detection in 1995–96, although they continue to account for a very small proportion of detections of performance- and image-enhancing drugs. In 1999–2000 Customs made its largest number of hormone detections—67, which represented 6 per cent of all detections of performance- and image-enhancing drugs. This was a 42 per cent increase on 1998–99.



The majority of Customs detections of performance- and image-enhancing drugs involve small quantities. The drugs are frequently ordered over the Internet and are for personal use. Detections often consist of one to two bottles containing 60 to 180 tablets or capsules. Other forms of performance- and image-enhancing drugs detected by Customs are sprays, creams, lozenges, ampoules, vials, powder, and ready-to-use syringes.

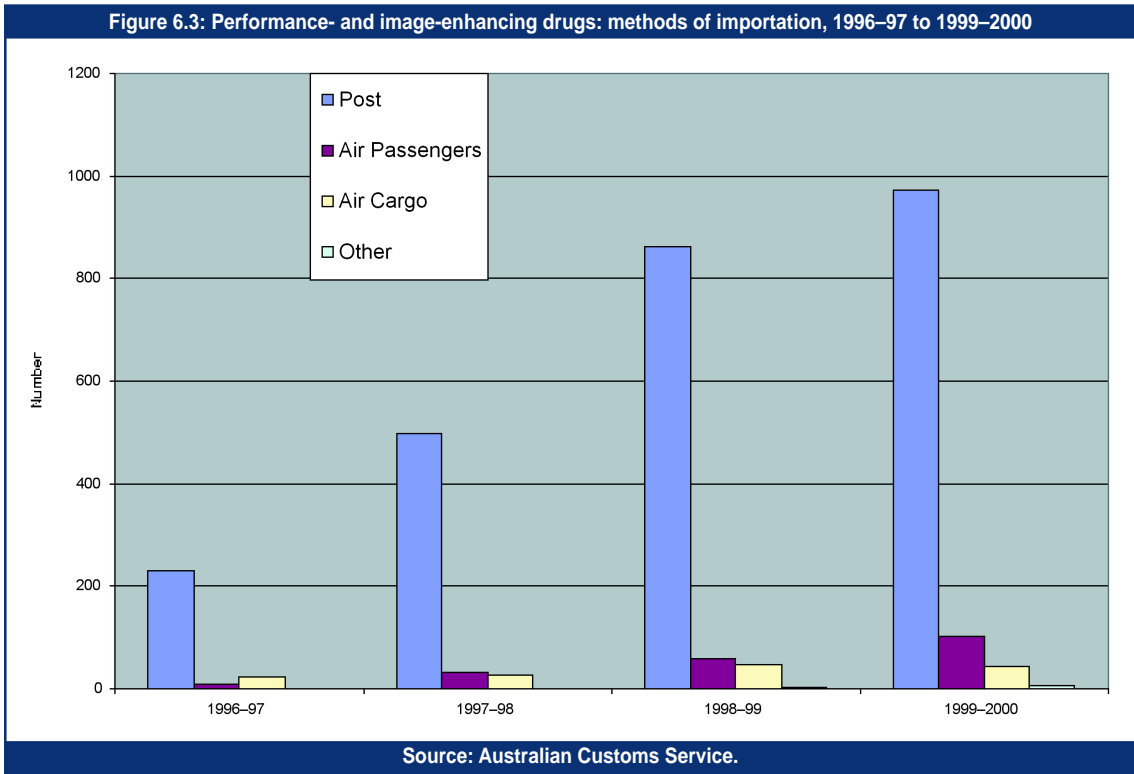
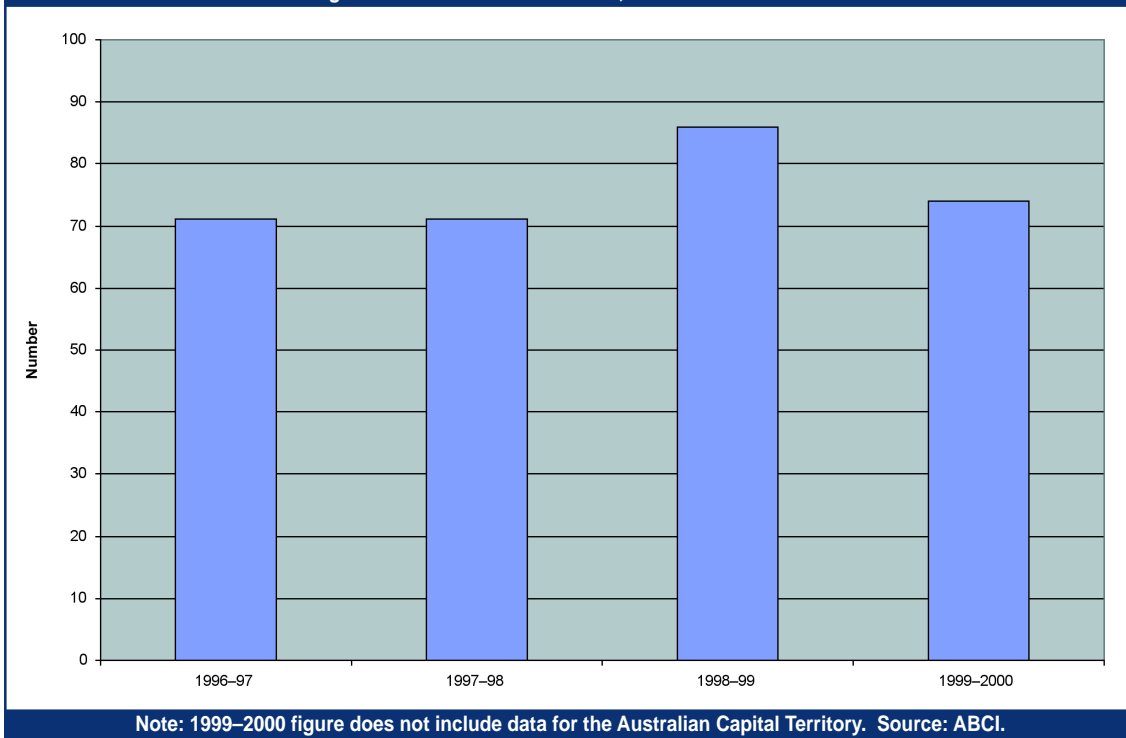


Figure 6.5: Steroid-related arrests, 1996–97 to 1999–2000



Eighty-six per cent of detections in 1999–2000 were through the postal system: they were of small quantities and so were ideally suited to this form of transport. Airline passengers were responsible for bringing in the second-highest proportion—see Figure 6.3.

The United States is the main country of origin for performance- and image-enhancing drugs detected by Customs. Many of the drugs (including DHEA) can be bought over the counter there. Eighty-three per cent of detections in 1999–2000 originated in the United States—see Figure 6.4. Thailand and the United Kingdom were countries of origin for drugs that are more widely sought for image and performance enhancement, among them nandrolone, human growth hormone, insulin growth factor and human chorionic gonadotrophins.

Legal matters

Customs successfully prosecuted 17 cases of illegal importation of performance- and image-enhancing drugs in 1999–2000. The results ranged from a fine of \$7500 to a guilty plea with no conviction recorded. Court scheduling and the need for thorough investigation and assessment by the Australian Government Solicitor mean that some illegal importations are not prosecuted in the year in which they are detected.

The Customs Legislation Amendment (Criminal Sanctions and Other Measures) Act 2000 came into effect on 26 May 2000. It allows Customs to criminally prosecute people or entities that illegally import a ‘critical quantity’ of

performance- or image-enhancing drugs. The definition of a ‘critical quantity’ is 20 grams of illegally imported anabolic or androgenic substances and any illegally imported quantity of erythropoietin or natural or manufactured growth hormones and gonadotrophins. The maximum criminal penalty for illegally importing performance- or image-enhancing drugs is \$100 000 or five years’ imprisonment, or both. Under this penalty regime, however, Customs may prosecute any illegal import of performance- or image-enhancing drugs civilly, the maximum civil penalty being \$100 000.

The domestic situation

Arrests

Steroid-related arrests¹ have remained stable since 1996–97, as Figure 6.5 shows. Seventy-four arrests were recorded for 1999–2000, a slight decrease on the previous year. Only three of the arrests were of females. Figure 6.6 shows steroid-related arrests by age and gender, for 1999–2000.

Police reported that in many instances steroid seizures are made as part of an investigation targeting other drugs such as amphetamines and ecstasy.

South Australia Police reported that one low-level user or supplier was found with empty bottles of legitimate veterinary products that are expensive and sought after. He had planned to fill the bottles with a cheaper veterinary steroid called Banrot, which is used to treat pizzle rot in sheep. Users cannot discriminate between brands, and

Banrot does induce some muscle and strength gain. South Australia Police further reported that substitution of this kind seems to be common.

Patterns of use

In Australia steroids are used mainly for the sake of appearance. Body image has become a big concern for many people, who want to look bigger and better by increasing their muscle bulk. The emphasis on appearance has resulted in people—particularly body-builders, gym-goers, people in the fashion and entertainment industries, and adolescent males—taking considerable risks with steroids.

The other main groups of steroid users are athletes seeking to improve their performance and people such as security personnel who want to increase their size and strength.

Law enforcement matters

In the period leading to the Sydney 2000 Olympic Games steroid use in sport became a major concern for both sports administrators and law enforcement agencies. It was thought that the illegal distribution and use of steroids and other banned performance-enhancing substances would be widespread. In the event, the number of Customs detections and police seizures were not excessive. Nevertheless, law enforcement agencies have intensified their focus on the illicit distribution of performance-enhancing drugs.

The Bureau’s inquiries suggest that the distribution of

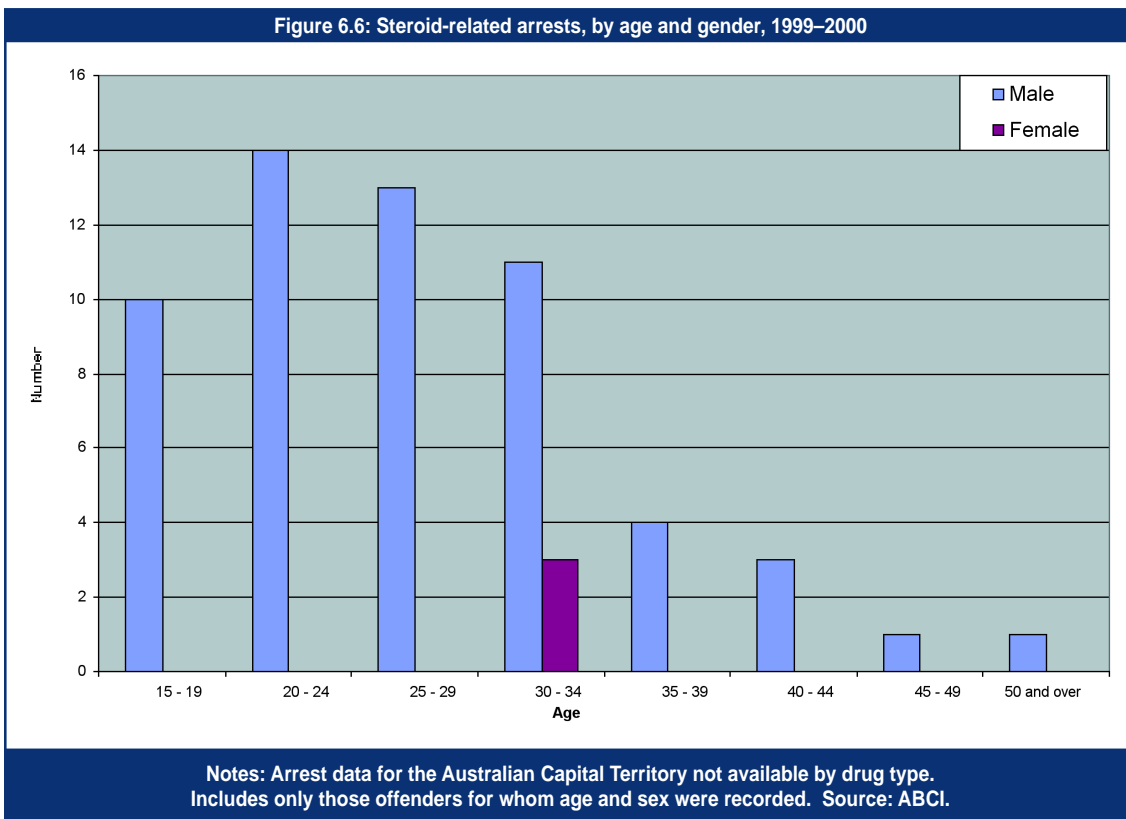
performance-enhancing drugs is limited to the gym and fitness culture and that the drugs are obtained from medical professionals. It also found that steroids are often obtained through theft—from manufacturers and warehouses. The quantity of steroids being stolen and the sophistication of some break-ins suggest that established criminal networks are involved.

Police reported that performance- and image-enhancing drugs are commonly available at gyms. Among the dealers may be gym owners, personal trainers and members of the power-lifting and body-building fraternity. Outside the gym environment, the main sources of supply are the security industry, outlaw motor cycle gangs and the horse-training industry.

Legislation

In most jurisdictions anabolic and androgenic steroids are Schedule 4 substances; this restricts their supply to medical, dental or veterinary prescription under the Commonwealth Standard for the Uniform Scheduling of Drugs and Poisons. They can be legally obtained from medical practitioners only for specific medical conditions.

During 1999–2000 in Victoria, steroids became regulated, under Schedule 11 to the *Drugs, Poisons and Controlled Substances Act 1981*, as drugs of dependence. This has resulted in increased penalties for steroid use, possession and trafficking. Victoria Police has responsibility for prosecution of steroid-related offences, and the Victorian



6. OTHER DRUGS

Table 6.2: LSD, mushrooms, GHB and ketamine: a summary

Drug name	Description	Properties	Administration	Common names	Effects
Lysergic acid diethylamide (LSD)	Diluted crystalline LSD is a chemical solution usually soaked into perforated blotting paper, which is divided into small tabs (about the size of a fingernail). Also, but rarely, found in liquid, powder or tablet form	A normal tab contains 25 micrograms of LSD, which has powerful hallucinogenic properties	Tab usually placed on or under the tongue. Can also be absorbed through skin. Liquid is mixed with drinks	Acid, blotters, dots, trips, cubes, robots, clearlight, strawberries	Altered perception of colour, shape and size; mood changes, paranoia, clouded thought and sense of danger; increased heart rate and blood pressure; low body temperature; twitching muscles. Takes effect within 30-60 minutes and lasts up to 12 hours
Mushrooms	Brown- or tan-coloured fungi	Main hallucinogenic effect comes from naturally occurring psilocybin	Usually eaten by mixing with other food or brewing as tea	Magic mushrooms, golden tops, blue meanies, mushies	Effects similar to those of LSD; 30-60 minutes to take effect and lasting up to four to six hours
Gamma-hydroxybutyrate (GHB) or sodium oxybate	Odourless, colourless liquid with salty taste. Sometimes a blue food dye is added for presentation	Sedative effect on the central nervous system. Originally used as an anaesthetic	Oral consumption, usually mixed with drinks	Grievous bodily harm, fantasy, liquid ecstasy	Euphoria, dizziness, relaxation, loss of inhibition; high dose can cause vomiting, coma, disorientation, and impairment of movement and speech
Ketamine	Synthetic veterinary anaesthetic, available in liquid, tablet or powder form	Anaesthetic and hallucinogenic properties	Intravenous or intramuscular injection, snorted as a powder, or taken orally (it is soluble in water and alcohol)	Special K, Kitkat, vitamin K, ket, K	Effects similar to those of GHB and LSD; high dose can cause complete dissociation, nausea, and unconsciousness

Source: The Vaults of Erowid (2000a, 2000b); CEIDA (2000); ABCI.

drug squad is now one of the few organisations that target steroid trafficking in Australia.

Outlook

Border detections and domestic seizures of performance- and image-enhancing drugs are increasing at a steady rate in Australia, whilst the number of related offences remains stable. The use of such drugs is limited to a select group of people, who use them mainly for the sake of appearance—to increase body strength and size. Law enforcement agencies are beginning to direct extra resources and effort at the distribution of performance- and image-enhancing drugs because this distribution is now considered to be an

organised criminal activity generating illicit profits. Recent Commonwealth and Victorian legislative changes ensure that offences connected with performance- and image-enhancing drugs are dealt with more severely. If there is to be a more unified, standard approach to criminal activity connected with drugs of this kind, all other jurisdictions should adopt similar legislation.

LSD, mushrooms, GHB and ketamine

LSD, psilocybin-containing mushrooms, GHB and ketamine are all available in the illicit drug market. Table 6.2 briefly describes their characteristics.

LSD

LSD—lysergic acid diethylamide—is the most commonly used form of hallucinogen. Discovered in 1938, it was originally used to treat people who were mentally or terminally ill, although it soon lost favour. It was ‘re-discovered’ during the 1960s, when the ‘hippy’ culture emerged, and became widely used as a recreational drug. Its use is still common; as with other hallucinogens, the majority of LSD-related offences occur among people aged 15 to 24 years—see Figure 6.7.

Nationally, the average price for an LSD tab is \$25, which makes the drug relatively affordable for younger people. Prices fluctuate across jurisdictions; the Australian Federal Police reported that in the Australian Capital Territory an LSD tab could be purchased for \$40 to \$50 in the first quarter of 2000.

Tabs (as shown in Table 6.2) are the most common form of LSD used, and new logos and designs are constantly being distributed and detected. Tabs are generally sold one at a time, but larger quantities come in a perforated sheet. Other forms of LSD, such as liquid, tablet and powder, are very rare in Australia. The Victoria Forensic Science Centre collects all new logos and tablet and capsule designs for drugs seized in Australia. Plate 6.1 shows the logos of five of the 13 LSD tabs and three of the 17 tablets containing ketamine that were seized during 1999–2000.

Importations

Customs detected 209 tabs of LSD in five importations during 1999–2000. Two importations came from Indonesia and one from each of Germany, Singapore and the United States. The detections were made in Queensland (two), New South Wales (one), the Northern Territory (one) and Western Australia (one). Three detections were made from airline passengers, one in the postal stream, and one from a ship search.

The domestic situation

To date, LSD production has not been detected in Australia and, because it is difficult to obtain the chemicals needed to produce the drug, it is unlikely to occur in the future.

The United States is the main source of LSD for the world market. In Australia there have been some seizures of synthetic drugs, particularly tablets, that contained a mix of substances such as methamphetamine, LSD, ketamine and cocaine; mixes such as this are often sold as ecstasy.

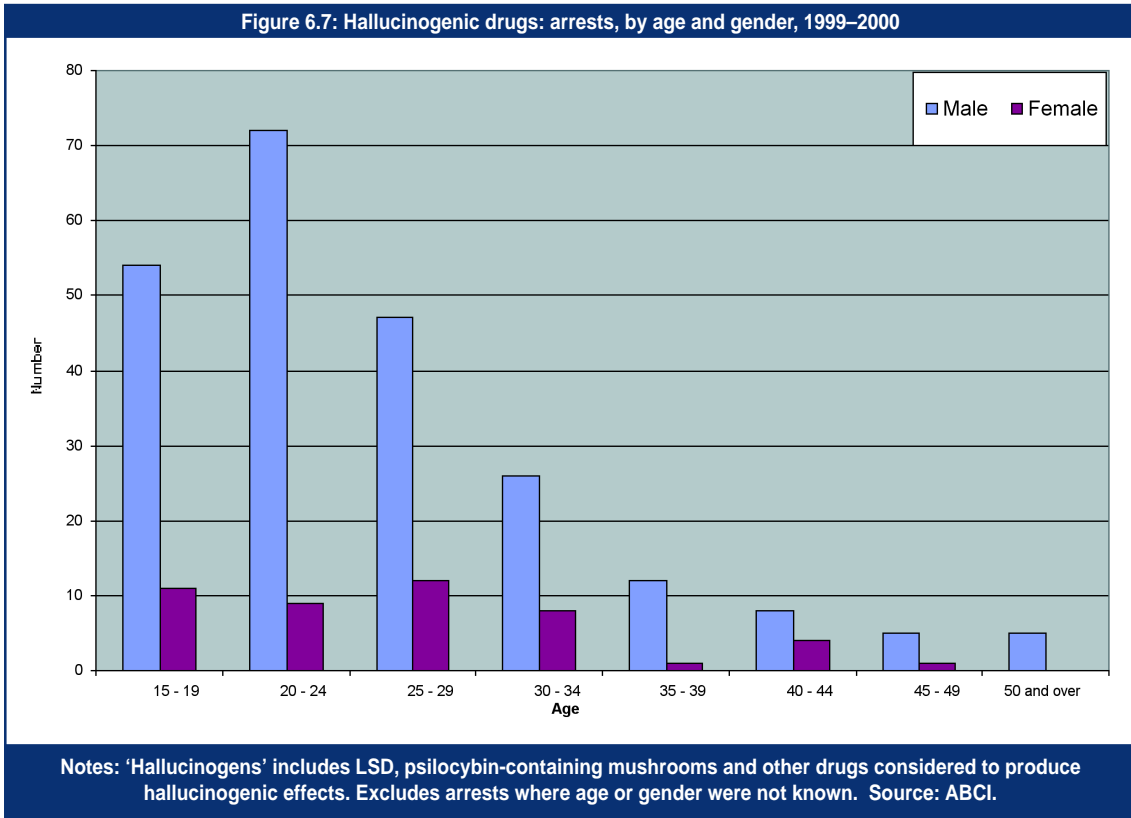
Most police services in Australia use the term hallucinogen to record seizures and the related arrests of LSD and mushrooms. The majority of these seizures are of LSD; there were 290 arrests for offences related to hallucinogenic drugs in 1999–2000.

Compared with the distribution of other illicit drugs, LSD distribution has a relatively low profile in Australia. Distribution occurs mostly through the postal system: LSD tabs are small, odourless and easily concealed. The police services in New South Wales, Victoria and Queensland reported that outlaw motorcycle gangs are involved in distributing LSD at nightclubs and private dance parties. Western Australia and Tasmania both reported instances of distribution through local retail shops and small businesses, as well as private residences.

There is anecdotal information that LSD is distributed on a small scale, often by people who deal in other drugs.

The availability and use of LSD are stable and low in most jurisdictions; the drug is often taken concurrently with other drugs. Victoria Police in Morwell reported that disco-drug ‘party packs’ are distributed in some nightclubs: a pack can consist of LSD, ‘snow cones’ (cannabis sprinkled with another, powdered drug) and ecstasy.





South Australia Police and that State’s Drug and Alcohol Services Council reported cases of young people taking LSD through the eye before placing the tab under their tongue. Many drug and alcohol agencies reported that LSD use is more common among people aged about 15 to 18 years. Figure 6.7 shows a similar pattern among those arrested for offences relating to hallucinogens.

Mushrooms

Mushrooms containing psilocybin grow wild in many areas of the world, including Australia. They are collected and consumed for their hallucinogenic effects, which are similar to those produced by LSD—altered perception of reality and surroundings. Unpleasant effects such as nausea, vomiting, dizziness and shivering can occur with higher doses. Among other negative effects are anxiety, frightening visions and thoughts, and confusion. A further danger is that incorrectly identified mushrooms can contain lethal toxins.

During 1999–2000 Customs detected 28 importations of psilocybin-containing mushrooms and one export; this compares with 33 detections in 1998–99. The majority of detections involved syringes containing mushroom spores in solution. Sixteen importations arrived from the United States, 10 from the Netherlands and one from each of Japan and France. Most of the importations were detected in New South Wales (20); there were three in Western Australia, two in each of Victoria and Queensland, and one in South Australia. Twenty-five of the detected importations were

in the postal system; two were imported by airline passengers.

There are relatively few detections of mushrooms in Australia, and law enforcement agencies have little contact with people who use this hallucinogen. But, despite the low detection and arrests rates for hallucinogens in general, use of these substances is increasing. The *1998 National Drug Strategy Household Survey* reported that recent use of hallucinogens rose from 2 to 3 per cent between 1995 and 1998. This is a slightly higher rate of increase than those for ecstasy and designer drugs, at 2.4 per cent, and cocaine, at 1.4 per cent (AIHW 1999). Mushrooms are not distributed in Australia on a large scale and are not generally seen as a drug to be sold for profit.

GHB

GHB—gamma-hydroxybutyrate—was initially used as an anaesthetic but was withdrawn from the market because it produced side-effects such as nausea, uncontrollable shaking and coma. It was also found to be inadequate as a pain reliever. It is used as an illicit drug for its anaesthetic and relaxant properties and also because it is easy to make.

GHB’s effects vary greatly, depending on factors such as body weight, the quantity taken, and other substances (such as alcohol) taken with it. The user’s general state of health is also important. There is a fine line between a dose that produces the desired effects and one that might lead to a coma. GHB has been used as a date-rape drug.

In 1999–2000 Customs detected four importations of GHB at the border. One of the importations involved a liquid form of the precursor to GHB, called gammabutyrolactone, or GBL. (GHB is formed by adding an alkali to GBL.) In this instance the GBL was labelled ‘Miracle Organic Cleaner’ and had been sent in the post from the United States. Of the other importations, two came from the United Kingdom and one from Singapore. Three detections were in the postal stream and the other was imported in an airline passenger’s baggage.

Seizures of GHB are low in Australia and there are no data for total seizures or GHB-related offences. Police in the Northern Territory reported their first and only seizure of GHB during 1999–2000: they believe it was due for distribution by a local outlaw motorcycle gang.

Use of GHB is low in Australia and mostly confined to a subgroup of nightclub patrons. Some people claim that GHB increases the production of growth hormones, and it has been used by body-builders. Media reports have also suggested a link between GHB and illicit drug overdoses in Australia, but the number of deaths from GHB-related overdose is unknown. The Drug and Alcohol Council on Queensland’s Gold Coast reported that GHB is one of many recreational drugs that are readily available in nightclubs in the area.

Ketamine

Ketamine hydrochloride is used as a veterinary anaesthetic and has very limited legitimate uses for humans. It is not a common anaesthetic because of its hallucinogenic properties. Its effects usually last only 30 to 60 minutes, and it is usually obtained through illicit diversion of veterinary drugs.

In August 1999 both GHB and ketamine were added to Schedule 11 of the *Victorian Drugs, Poisons and Controlled Substances Act 1981*, as drugs of dependence. This means that both drugs are now subject to strict penalties for use, possession and trafficking.

The use and availability of ketamine is generally low in Australia, although some drug and alcohol agencies in New South Wales reported that ketamine has become more noted in the illicit drug market. The drug is mostly used by nightclub patrons.

Ketamine is often used as a cutting agent in heroin, ecstasy and other amphetamine-type substances. The Western Australia Forensic Science Centre reported that it is sometimes mixed with ecstasy, and there have been instances of tablets for sale as ecstasy containing 37 per cent ketamine.

Outlook

Drugs such as LSD, psilocybin-containing mushrooms, GHB and ketamine continues to be part of the overall polydrug-use problem in Australia. Users of illicit drugs seek a variety of substances for their particular effects. Although they are not widely used and not often encountered, some of them can have very serious consequences for users. In addition, they are often used concurrently with other substances, which greatly increases the risk of harm. The distribution and sale of these drugs is frequently opportunistic, as part of dealing in more common drugs such as heroin or amphetamine.

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Note

- ¹ State and Territory steroid-related arrests do not include other performance- and image-enhancing substances such as EPO, DHEA and HGH. See chapter 10—p 117 for ‘steroid’ definition.