

# Limitations of the Data

**Overview:** Despite limitations in the current dataset, the *Illicit Drug Data Report 2002–03* provides the best collection of arrest and seizure statistics available in Australia. The NIDRF data processing system has enabled the ACC to improve statistical quality and reliability.

**Seizure Data:** The seizure data presented in Table 2.1 include only those seizures for which a drug weight was recorded. Consequently, it undercounts both the number of seizures and the amount of drug seized for all drug-types. Amphetamine and cannabis data are most likely to be affected by the variety of measurement methods and these figures should be treated with caution when making comparisons between jurisdictions or over time. This table includes seizures by the Australian Federal Police and state police services.

**Datasets:** Since the development and implementation of the NIDRF processing system, limitations continue with the administrative datasets used to compile the statistics, but to a lesser degree. The following factors should be considered when using the data to develop assessments or conclusions:

- a lack of uniformity across all states and territories in the recording and storing of data on illicit drug arrests and seizures;
- ongoing problems with quality control, resulting in the absence of essential information from some records;
- differences in applying a uniform counting and data extraction methodology across all jurisdictions;
- differences in definitions of consumer and provider offences across and within jurisdictions over time;

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- differences in the way drugs and offences may be coded;
- insufficient drug identification; and
- an inability to identify seizures resulting from joint operations, for example those involving a state or territory agency and the Australian Federal Police.

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

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

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

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

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

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