



AMPHETAMINE-TYPE STIMULANTS

KEY POINTS

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

MAIN FORMS

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

TABLE 1: ATS used in Australia

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

- In tablet form, the drug can be inserted into the anus or the vagina to avoid irritation to the user's stomach, which commonly occurs when taken orally (also known as 'shafting' or 'shelving').
 - Terminology noted in Queensland.
 - Dexamphetamine (also known as dextroamphetamine sulphate) is available legitimately only under prescription in tablet form in Australia for Attention Deficit Hyperactivity Disorder (ADHD) and narcolepsy, in accordance with state and territory laws. It is also used illicitly.
 - PMA has stimulant and hallucinogenic properties with broadly similar effects to MDMA.
- Source: ACC, National Measurement Institute, Forensic Science South Australia.

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

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

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

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

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

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

INTERNATIONAL TRENDS

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

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

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

Syndicates manufacturing ATS in Mexico continue to circumvent a government ban on the importation of ephedrine and pseudoephedrine by smuggling bulk quantities of precursors from a number of countries. In August 2009, Mexican authorities dismantled the country's largest-ever clandestine ATS laboratory. In addition to 15 kilograms of crystal methylamphetamine, more than 31 000 litres of precursor chemicals were seized. The UN noted that Mexican syndicates are also attempting to circumvent government and international controls by producing ATS via non-controlled pre-precursors. The 2010 *World Drug Report* indicated that since October 2009, Mexico had seized nearly 120 tonnes of phenylacetic acid derivatives¹ which are outside international controls (UNODC 2009; UNODC 2010b).

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

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

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

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

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

West Africa may be emerging as a new location for the manufacture of MDMA following the July 2009 seizure of precursor chemicals and multiple large-scale reaction vessels in the Republic of Guinea. Included in the seizure were 5 000 litres of sassafras oil² and 80 litres of 3,4-methylenedioxyphenyl-2-propanone³ (3,4-MDP-2-P) and methylamine (UNODC 2009).

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

3 Also known as PMK.

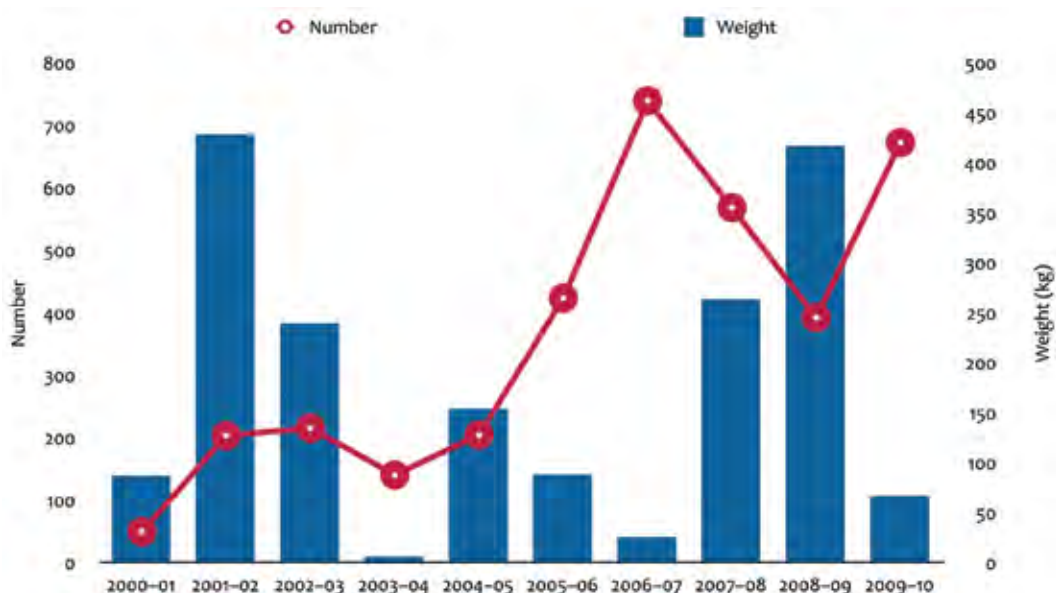
DOMESTIC TRENDS

AUSTRALIAN BORDER SITUATION

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

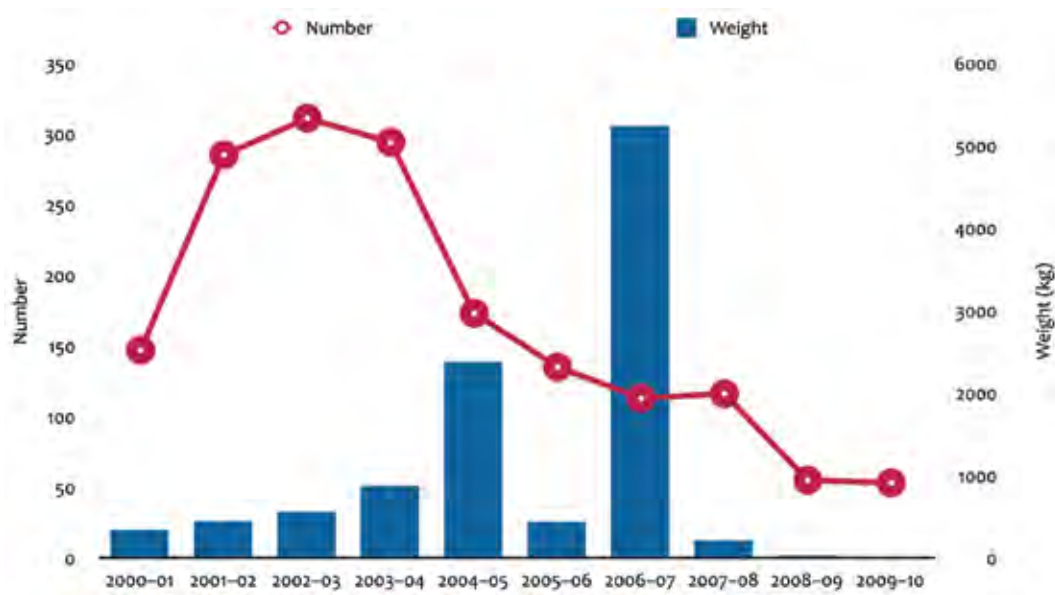
The number of ATS (excluding MDMA) detections increased by 71 per cent, from 392 in 2008–09 to 672 in 2009–10. However, the total weight of detections decreased by 84 per cent, from 416.5 kilograms in 2008–09 to 66.7 kilograms in 2009–10 (see Figure 1). Only 3 per cent of ATS (excluding MDMA) detections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

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



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

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



SIGNIFICANT BORDER DETECTIONS

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

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

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

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

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

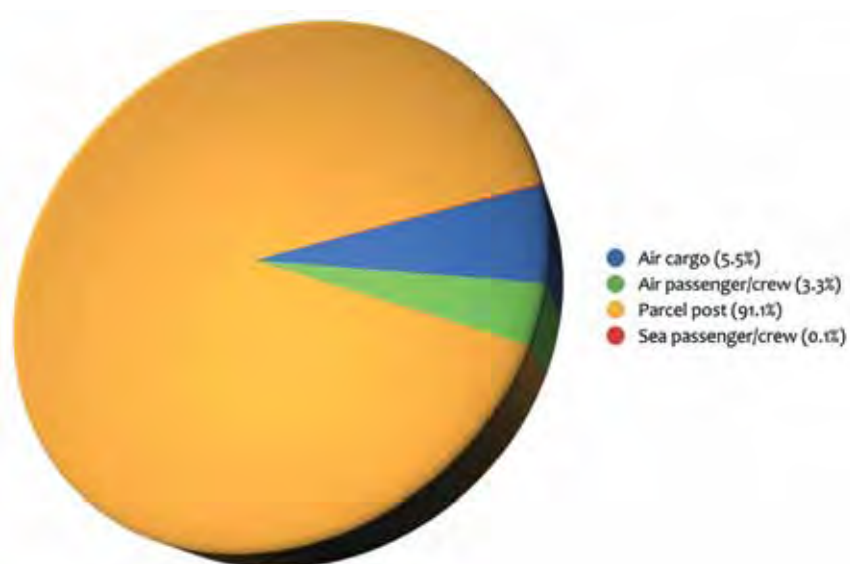
- 0.4 kilograms of MDMA tablets detected on 22 March 2010 in air cargo from the US to Sydney
- 0.3 kilograms of MDMA tablets detected on 12 May 2010 in parcel post from Canada to Sydney.

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

IMPORTATION METHODS

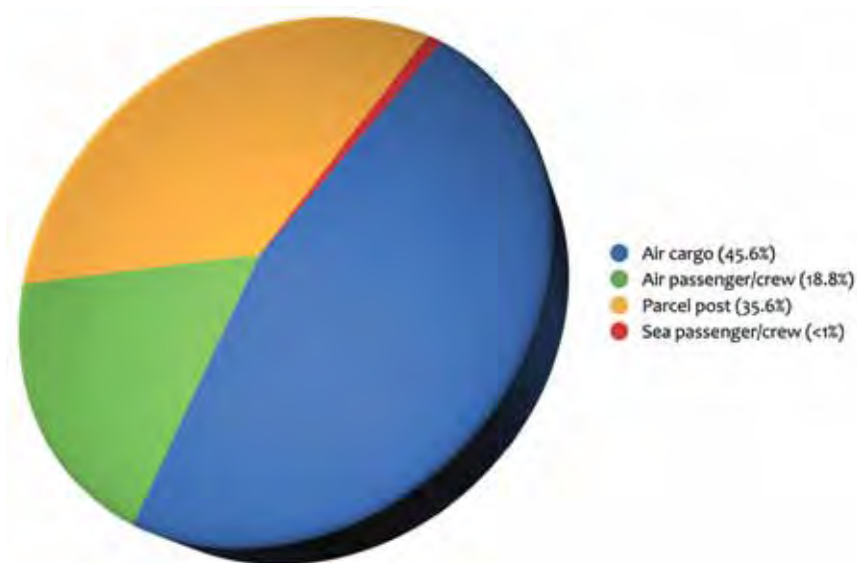
Consistent with findings since 2004–05, parcel post accounted for over 90 per cent of ATS (excluding MDMA) detections by number in 2009–10 (see Figure 3). Methods of concealment identified during this reporting period included CDs, book covers, machinery and internal concealment by air passengers.

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



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

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



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

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

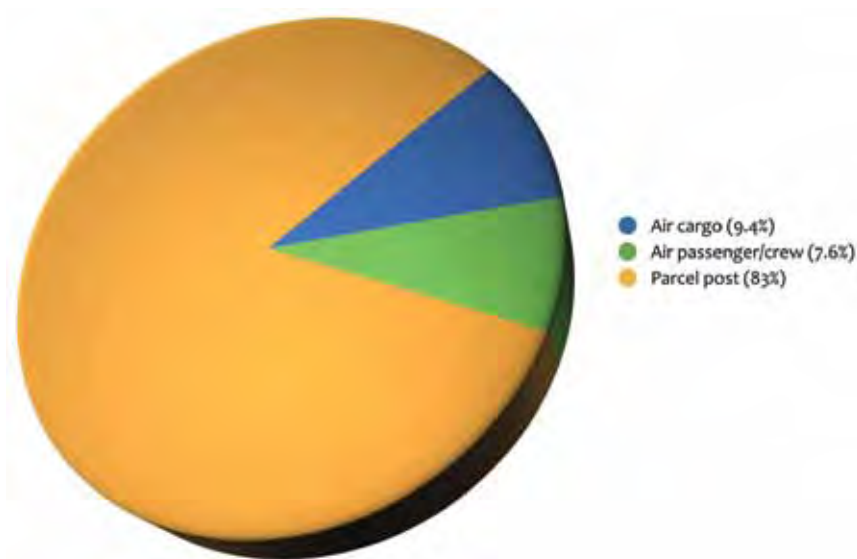
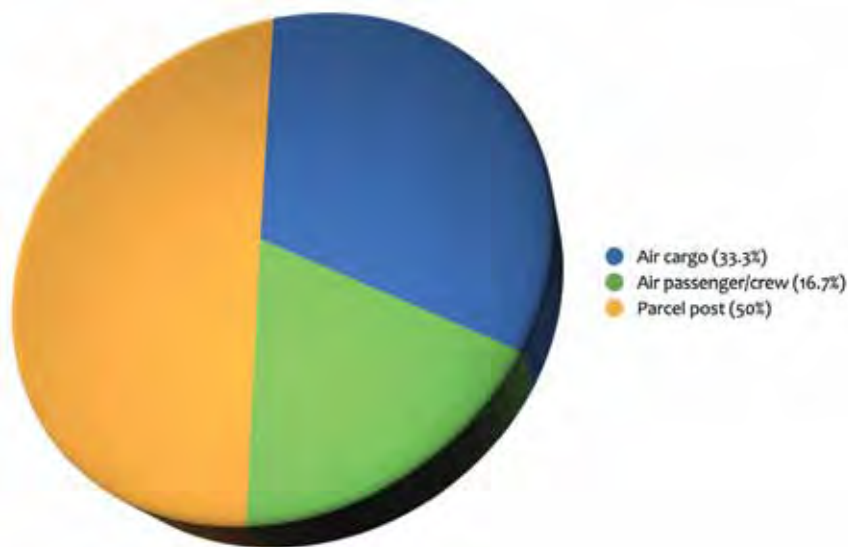


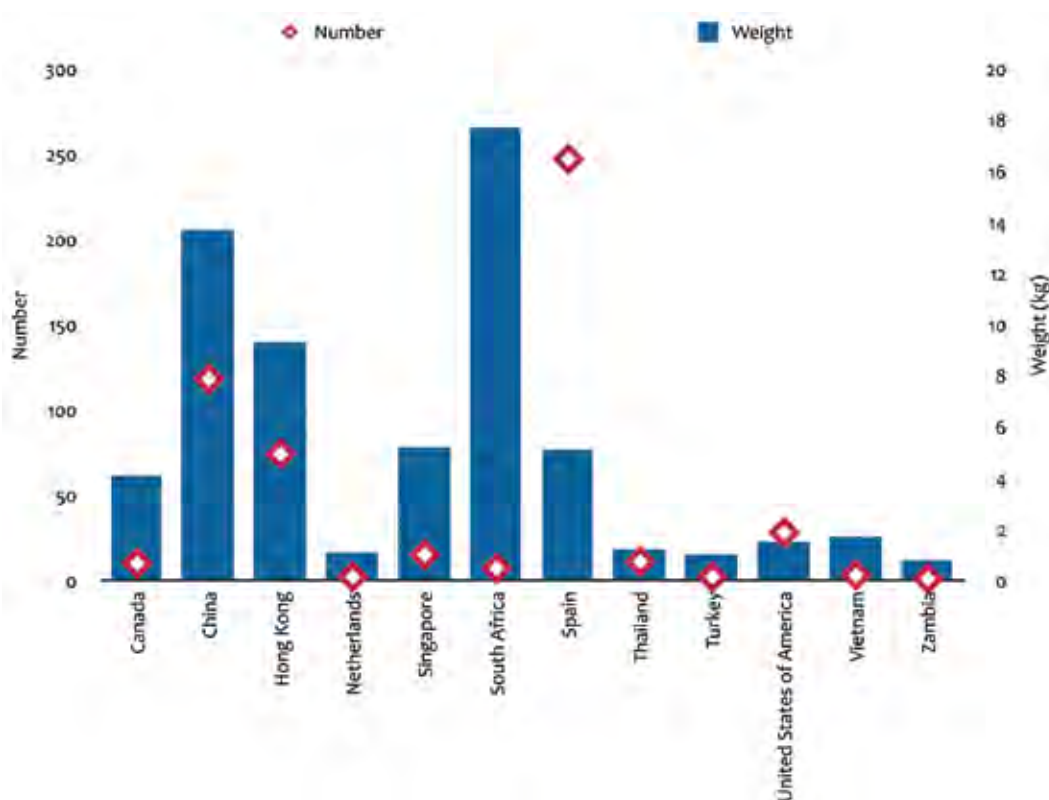
FIGURE 6: Weight of MDMA detections at the Australian border, as a proportion of total weight, by method of importation, 2009–10 (Source: Australian Customs and Border Protection Service)



EMBARKATION POINTS

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

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

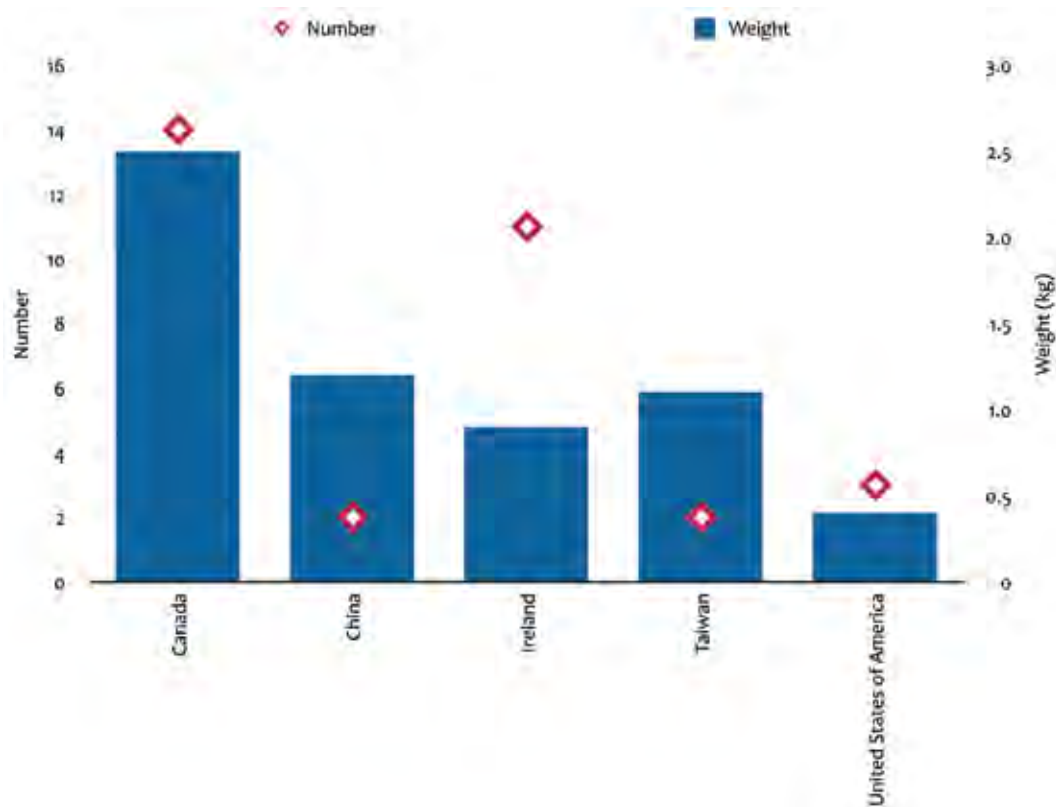


Primary embarkation points for detections of amphetamine during 2009–10, were Spain, China and Hong Kong. By weight, the prominent embarkation points were China, Singapore, Hong Kong and the Netherlands.

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

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

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

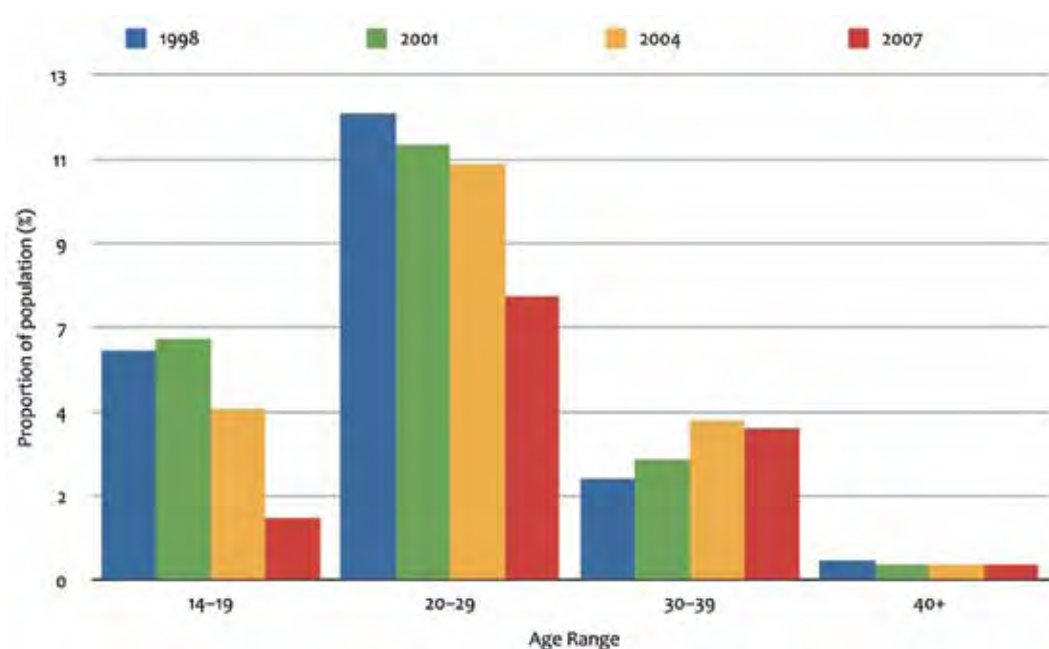


DOMESTIC MARKET INDICATORS

Of the 694 clandestine laboratories detected in 2009–10, 602 (87 per cent) were identified as producing ATS⁴. The majority of ATS laboratories were specifically for producing amphetamine or methylamphetamine. The number of MDMA-producing laboratories detected decreased from 19 in 2008–09 to 17 in 2009–10 (see *Clandestine laboratories and precursors* chapter).

According to the National Drug Strategy Household Survey (NDSHS), 20 to 29 year olds have consistently reported the highest proportion of recent meth/amphetamine users⁵ in the population since 1998 (see Figure 9). The 14 to 19 year old age group has shown the greatest decrease in recent use from 5.9 per cent in 1998 to 1.6 per cent in 2007 (AIHW 2000, 2002, 2005, 2008).

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



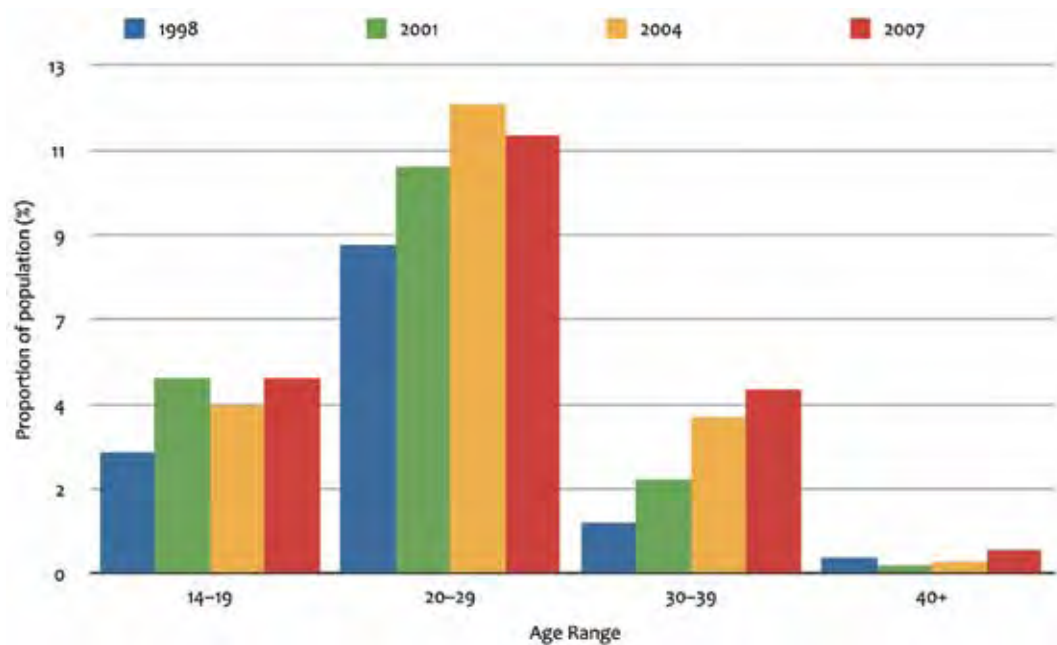
A 2009 national study of regular injecting drug users reported that 67 per cent of respondents had used any form of methylamphetamine in the 6 months preceding interview (recent use). This was the lowest recorded since 2000 (Stafford & Burns 2010). Early findings from the 2010 study indicate this decline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

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

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

According to the NDSHS, 20 to 29 year olds have reported the highest proportion of recent ecstasy⁶ use since 1998 (see Figure 10). Of note, those aged 30 to 39 reported the greatest percentage increase in recent use, from 1.3 per cent in 1998 to 4.7 per cent in 2007 (AIHW 2000, 2002, 2005, 2008).

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



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

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

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

⁶ This category included substances known as 'Designer drugs' before 2004.

PRICE

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

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

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

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

PURITY

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

⁷ An 8 ball equates to approximately 3.5 grams.

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

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

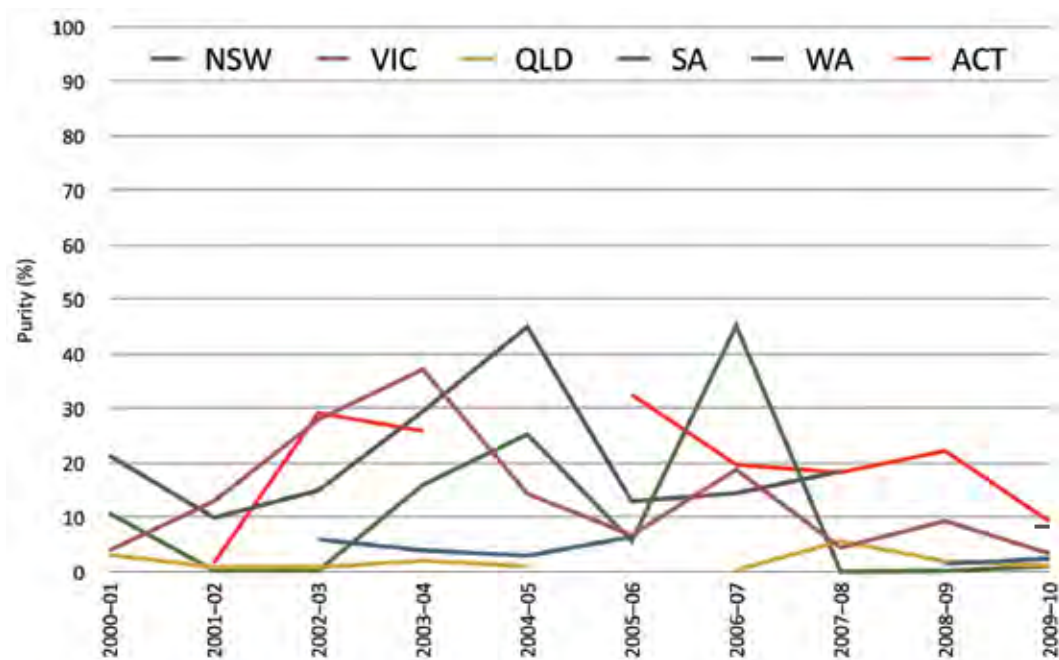


Figure 12 illustrates the median purity of analysed amphetamine samples on a quarterly basis during 2009–10. During the reporting period, the median purity of amphetamine ranged from 0.6 per cent in Queensland to 13.6 per cent in the Australian Capital Territory.

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

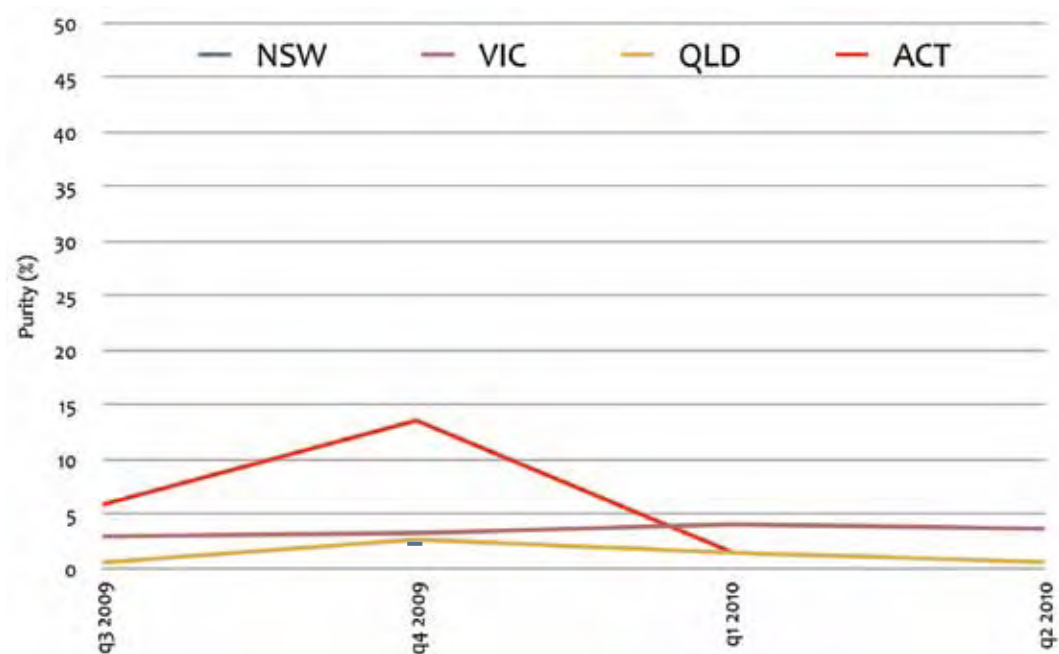


Figure 13 illustrates the annual median purity of analysed methylamphetamine samples since 2000–01. In contrast to amphetamine purity, the median purity of methylamphetamine remained relatively stable. During 2009–10, the median purity ranged from 4.4 per cent in Tasmania to 17 per cent in Western Australia.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

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

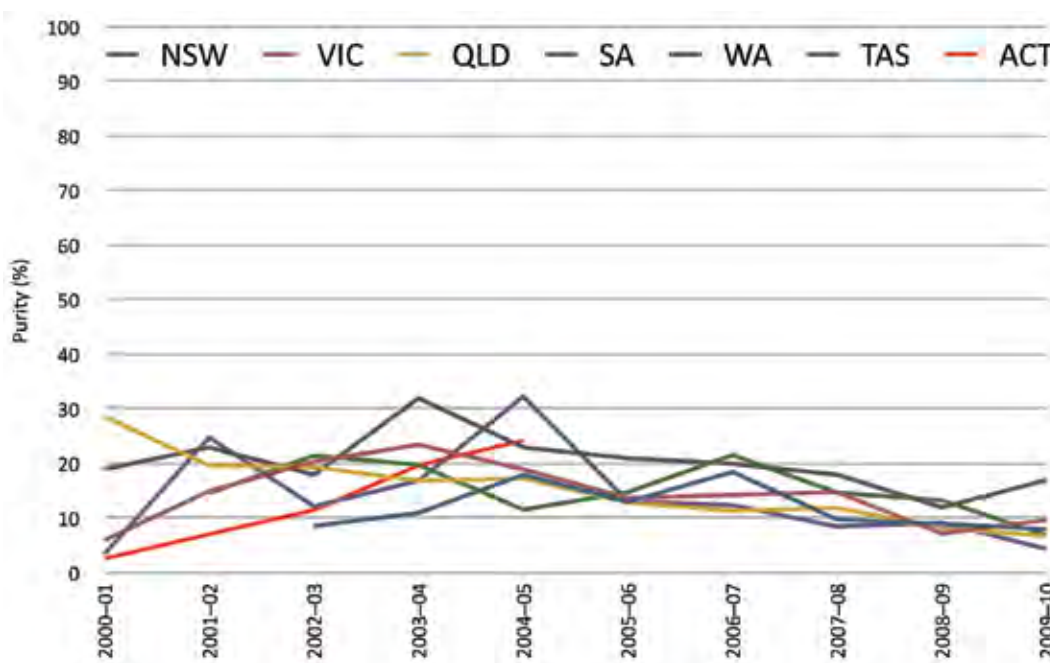


Figure 14 illustrates the median purity of analysed methylamphetamine samples on a quarterly basis in 2009–10. During this reporting period, the median purity of methylamphetamine samples ranged from 1.3 per cent in Tasmania to 24 per cent in Western Australia. In 2009–10, Victoria recorded the greatest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

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

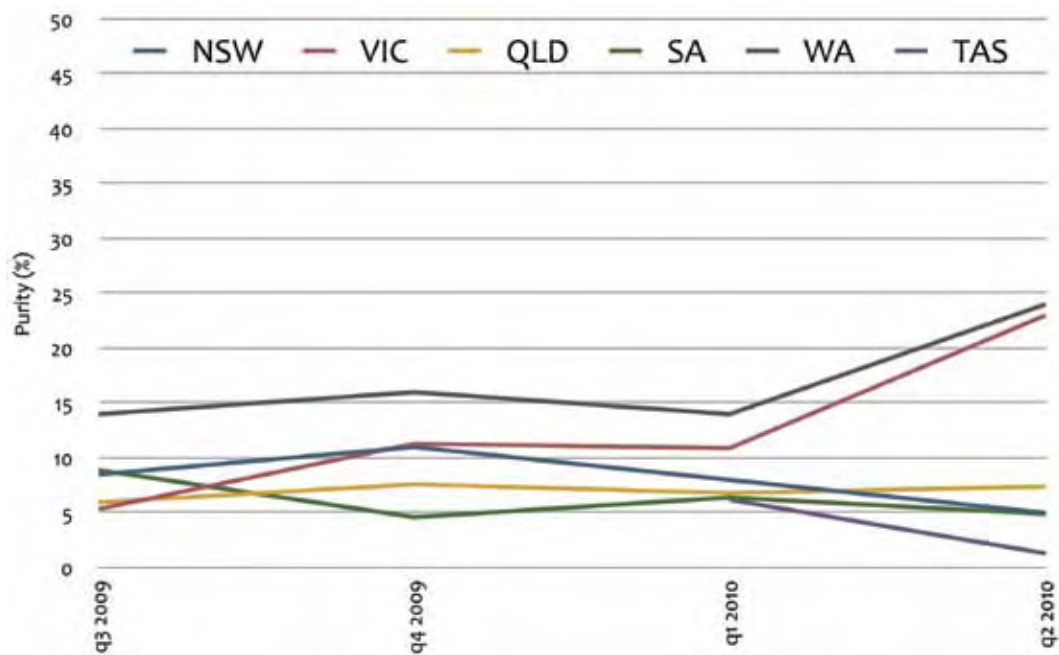


Figure 15 illustrates the annual median purity of phenethylamine samples since 2000–01, the majority of which relate to MDMA. During this period, the median purity of phenethylamines ranged from 6.8 per cent in South Australia to 23 per cent in Western Australia. This is the greatest range recorded since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

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

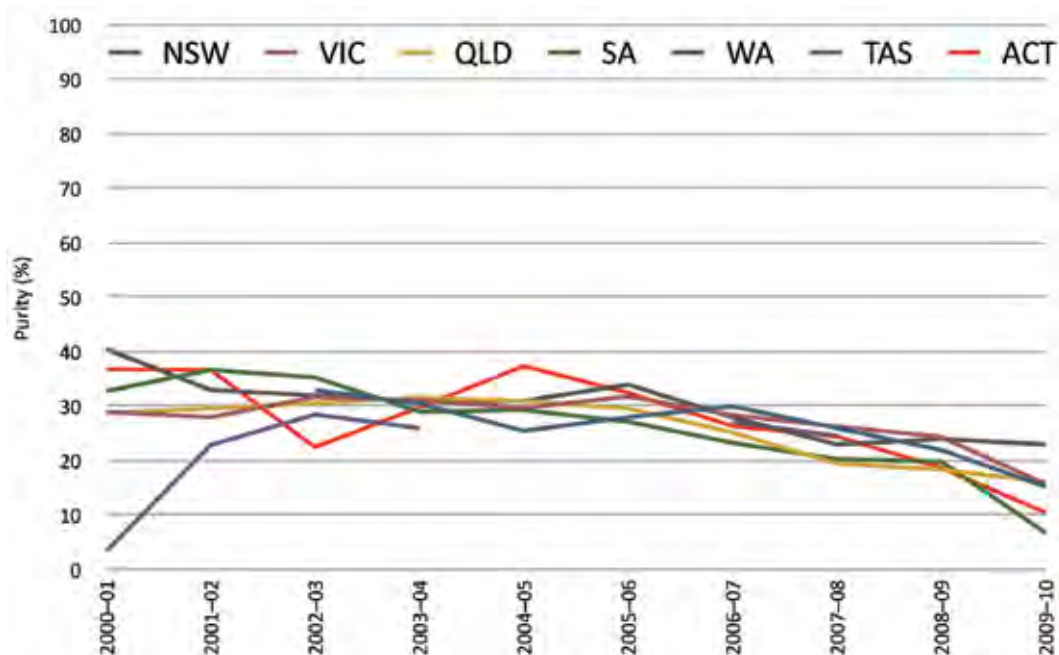
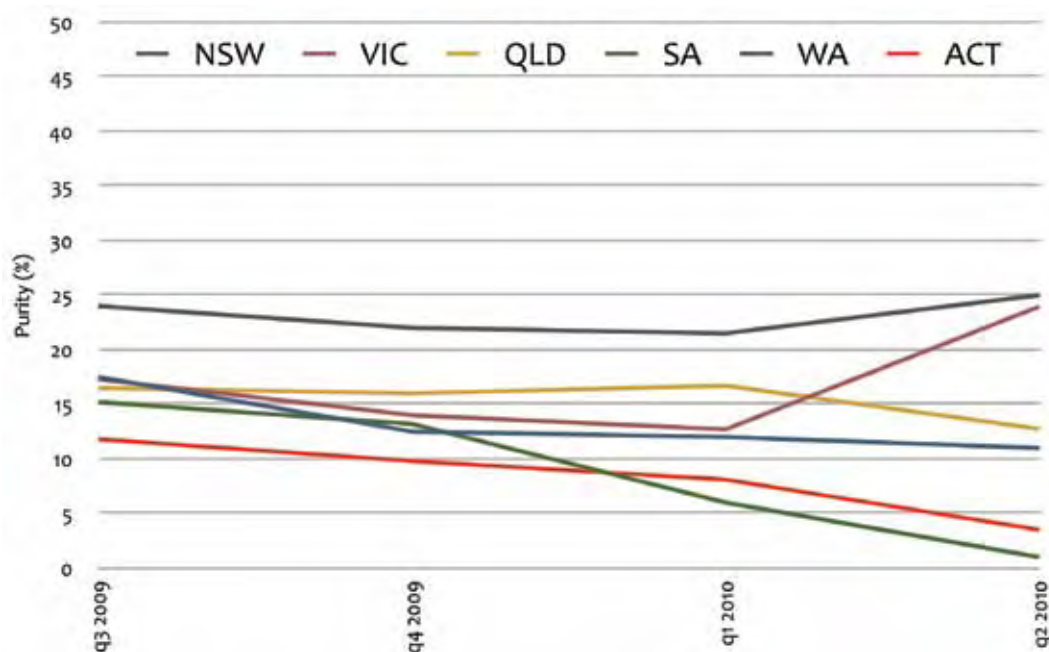


Figure 16 illustrates the median purity of analysed phenethylamine samples on a quarterly basis during 2009–10, the majority of which relate to MDMA. During this reporting period, the median purity of phenethylamines ranged from 1 per cent in South Australia to 25 per cent in Western Australia. The purity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

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



AVAILABILITY

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

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

SEIZURES AND ARRESTS

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

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



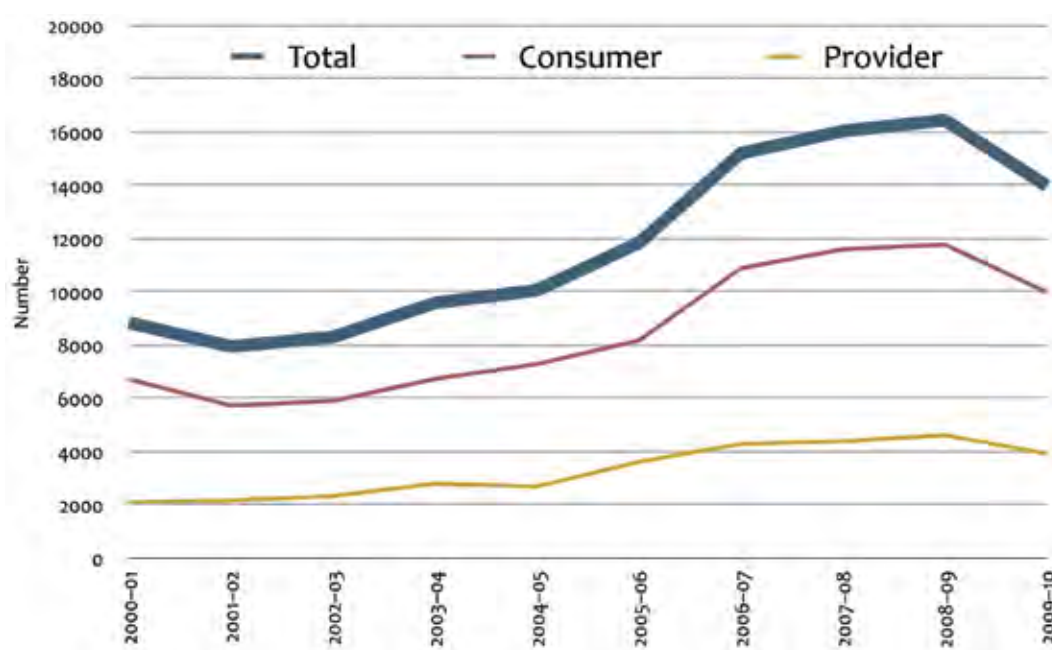
In 2009–10, all jurisdictions reported decreases in the number of ATS seizures. Queensland reported the largest percentage decrease in seizure number this reporting period. New South Wales reported the smallest percentage decrease during 2009–10 and continues to be a prominent jurisdiction for ATS seizures.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

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

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

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

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

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


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

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

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

^a Includes arrests by state/territory police and AFP.

NATIONAL IMPACT

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

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

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

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

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

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