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The cocaine market in Queensland

A strategic assessment

Summary

Cocaine is a powerfully addictive stimulant that directly affects the brain and the central nervous system, with prolonged use potentially causing significant physical and psychological problems. Cocaine is identified as the primary cause of illicit drug-associated problems in North America and more recently has emerged as a serious issue in Western Europe.

Australia does not appear to share the same problems or associated risks from cocaine, but there have been indications in recent years that the cocaine market in Australia is larger than previously suspected. In the Crime and Misconduct Commission (CMC) report *Organised crime markets in Queensland: a strategic assessment*, published in September 2004, cocaine was assessed as posing a medium risk in Queensland. However, at the time it was cautioned that law enforcement agencies (LEAs) may be underestimating the level of cocaine use in Queensland.

This strategic assessment examines current trends and issues for cocaine use and the status of the market in Queensland. It sets out to determine the current threat assessment and whether additional law enforcement attention is required in this area.

Cocaine prevalence

Quantitative datasets relating to cocaine in Queensland have remained relatively static over recent years. Cocaine is notably less prevalent than other illicit drugs such as methamphetamines, cannabis and MDMA (methylenedioxymethamphetamine or ecstasy). Similarly, studies including cocaine use have shown limited changes, with figures for use remaining low in comparison with other drugs.

Law enforcement data show that Queensland has fewer border detections of cocaine than New South Wales and Victoria. However, Queensland Police Service (QPS) data identified an upward trend in arrests and cocaine seizures, although actual figures were low and were significantly lower than those for other illicit drugs. Hospital admissions relating to cocaine have also remained low.

South-East Queensland has remained an area of concentrated cocaine activity for the state.

Cocaine use

Cocaine is used not only by individuals of a high socioeconomic background, as traditionally believed — cocaine use extends to individuals in other demographic groups.

CMC research shows that the most common way for users to pay for cocaine is through paid employment,

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In preparing this report, officers of the Crime and Misconduct Commission (CMC) consulted officers from the Queensland Police Service (including State Crime Operations Command, Statistical Services and regional commands), the Australian Crime Commission, the Australian Federal Police, the Australian Customs Service, the Queensland Alcohol and Drug Research and Education Centre and Queensland Health. The CMC wishes to acknowledge the valuable assistance provided by these agencies and their officers.

with information from a range of sources suggesting that individuals in a variety of occupations are using cocaine. In comparison with users of some other illicit drugs, cocaine users appear less likely to be involved in criminal activities to pay for cocaine, although there is some indication of links to crime to obtain and use cocaine.

Cocaine is most commonly used in private locations and use is often reserved for special occasions, including being given as a gift or shared.

It is very unlikely that 'crack' cocaine is readily available in Queensland. 'Crack' is also a term used by some in the broader illicit drug market to describe crystal methamphetamine ('ice').

Market indicators

Cocaine can be obtained in Queensland through established networks, although it is not always

readily available. The market is somewhat 'closed', making it difficult to obtain cocaine outside these networks, with users often sourcing it from friends or social connections. The use of cocaine is often affected by the drug's availability and cost, and a perception exists among users that the quality of cocaine available in Queensland is poor.

Cocaine maintains a position within poly (multiple) drug use culture and is often used in a suite of drug taking. It can be used in conjunction with a variety of other drugs, particularly alcohol.

Supply

Scatter importations through postal systems and by air passengers are the most commonly identified method of cocaine importation into Queensland. However, Queensland has also been targeted by organised crime groups for large-scale cocaine importations. Cocaine imported into

Queensland can often be bound for Sydney and other southern markets.

Much of the cocaine available in the Queensland market is sourced domestically from Sydney and Melbourne. Cocaine is moved to Queensland using a variety of methods, including by car, truck, bus, air passenger and parcel post. It has been suggested that cocaine availability increases during major events in Queensland, being augmented by supply from southern markets.

Organised crime

Organised criminal groups are increasingly being identified as trafficking and supplying cocaine in Queensland, with groups or individuals more regularly interacting with other organised groups to commit unlawful activity. The organised crime groups involved in cocaine activity in Queensland include:

- Romanian
- South-East Asian
- Middle Eastern
- Colombian
- Australian
- outlaw motorcycle gangs (OMCGs).

Assessment of the market

Current situation

The cocaine market in Queensland has expanded over recent years, although minimally. The most prevalent areas for cocaine activity are South-East Queensland and, to a lesser extent, Cairns. The overall market is somewhat 'closed', with limited examples of any open dealing. The level of cocaine supply appears to be outstripped by the level of demand, suggesting that the market is supply driven.

The Queensland cocaine market is not as large as those in southern states and could be described as a satellite or secondary market. There appear to be few indications of competition in the Queensland market.

Abbreviations

ACC	Australian Crime Commission
ACS	Australian Customs Service
AFP	Australian Federal Police
AIC	Australian Institute of Criminology
CMC	Crime and Misconduct Commission
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and Related Drugs Reporting System
IDRS	Illicit Drug Reporting System
IDU	injecting drug user
LEA	law enforcement agency
MEOC	Middle Eastern organised crime (groups)
MDMA	methylenedioxymethamphetamine (ecstasy)
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
OMCG	outlaw motorcycle gang
QADREC	Queensland Alcohol and Drug Research and Education Centre
QPS	Queensland Police Service
REU	regular ecstasy user
SEAOC	South-East Asian organised crime (groups)
SIU	Strategic Intelligence Unit
TI	telecommunications interception

Market drivers

Cocaine is a unique drug, with no other illicit substances having the same 'glamour' perception held by some drug users. Cocaine is embedded in social interaction, with the social consumption of illicit drugs more commonly accepted as the norm within some sub-groups of society. The increase in disposable income within the wider community is another driver of the cocaine market (and the broader illicit drug market).

Impacts on the market

Some factors limiting further expansion of the cocaine market in Queensland are the consistently high price of cocaine compared with other drugs and the fact that cocaine has sporadic supply levels and is often not readily available.

Law enforcement agency activity also affects the operation of the cocaine market in Queensland and increases the risk perceived by participants. Border seizures impact heavily on domestic cocaine supply and to some extent account for fluctuating availability. An example of the impact of law enforcement on the market is the increasing use of cocaine in private locations.

The ability of individuals or criminal groups to source and import cocaine affects the overall market. To some extent, Australia's geographic isolation is a barrier to criminal groups who wish to begin sourcing, or continue to source, large amounts of cocaine, with a high level of organisation required to successfully import cocaine, especially on a repeated basis.

Future expansion

Any variation in international cocaine markets will have a major effect on the Australian cocaine market in the future. Large cocaine markets in Europe and the United States account for a significant portion of the cocaine used at an international level and any changes in these markets could influence growth in other areas. Similarly, on a domestic level, change or growth in

southern cocaine markets is likely to influence the Queensland market.

The potential for established organised crime syndicates to diversify their criminal activities into cocaine distribution is likely to encourage market growth. Crime groups involved in other illicit drug markets will seek to extend their activities when opportunities are available. Taking into account the growth of poly drug use and the niche that cocaine will maintain in this environment, more groups are likely to believe that they can profit from distributing cocaine.

The continuing trend towards poly drug use within the ecstasy/social drug market will remain a driver for further expansion of the cocaine market. Although at present there is not an extensive cocaine injecting market in Queensland, if availability of cocaine increases and prices reduce, injecting drug users are likely to more readily seek it out.

Perhaps the main factor currently limiting expansion of the cocaine market is supply. If supply to Queensland increased, there would be an increase in overall market size. Increased supply would be likely to increase purity levels and availability, reduce prices and make the drug more accessible to more users.

Intelligence gaps

The hidden nature of the cocaine market means that it is difficult to obtain information about cocaine supply, distribution and use. There are still a number of gaps in information on the cocaine market in Queensland that require further exploration. They include:

- the level of use in regional areas of Queensland
- use by individuals within specific vocations
- the extent of cocaine use by poly drug users
- the extent of actual growth in the cocaine market and the level of use by high socioeconomic individuals
- the identity of key individuals and/or organised crime syndicates responsible for

sourcing and distributing cocaine in Queensland

- the amount of cocaine directly imported into Queensland versus the amount transported from interstate to supply the current market.

Harms and risk level

The current level of harms from cocaine use in Queensland could be described as low. The available data indicate that individual and social harms are minor, particularly when compared with those caused by more prevalent drugs. Although current harm levels appear low, the potential harms of cocaine are significant and if the market expanded rapidly the level of harms could rise. It has been noted that the harms from cocaine in other Western countries were usually associated with crack cocaine. As yet, Australia has not experienced the advent of crack.

In 2004 the CMC assessed the cocaine market as a medium risk in Queensland, with the potential to increase over the next three years. Current information indicates that there has been some expansion of the cocaine market since 2004, but that this has been minor. The market remains small in comparison with other illicit drug markets, with an overall low level of harm.

In addition to taking into account factors required to apply the CMC risk matrix, the risk assessment considered the following aspects of the cocaine market:

- the fact that the market has had some expansion
- the involvement of organised crime
- the potential harms that would be caused by increased cocaine supply
- the current low level of harms
- the current small size of the market
- prevalence compared with other drugs
- the current typology of users.

When the risk assessment matrix was applied, the current level of

risk for the cocaine market in Queensland remained at 'Medium'. A medium rating is consistent with the assessment in 2004 and remains lower than that of other more prevalent drugs. The CMC believes that this risk level will remain static in the short term, but may increase in the next three to five years, and therefore change needs to be closely monitored.

Continued involvement of domestic organised crime in the cocaine market is likely to have the greatest impact in the future. In particular, increasing diversification of criminal groups, and greater interaction between them, is likely to increase their ability to source and import cocaine and thus raise the overall level of risk posed by the cocaine market.

Other major factors that would affect the current risk level are any change in the status of the international cocaine market and any threat posed by transnational crime groups to Australia.

Future strategies

As a result of assessing the cocaine market in Queensland, the following strategies are proposed:

- implementation of a watching brief to monitor changes in the cocaine market in Queensland

- consideration of tailoring a methodology to more effectively fill current gaps in knowledge and more accurately assess the extent of the cocaine market in Queensland
- identification of human sources/ community contacts who are participating in, or who can access, user networks in the cocaine market
- increased collaboration between state and federal agencies
- continued use of clandestine/ covert operations targeting domestic organised crime networks involved in the supply and distribution of cocaine
- development of a telecommunications interception (TI) capability to assist operations
- continued targeting of the broader illicit drug market and organised crime groups.

Conclusion

Although the cocaine market has expanded minimally in Queensland in recent years, it remains smaller than other illicit drug markets in the state. Queensland could be described as a secondary market to areas of larger cocaine demand such as Sydney and Melbourne. The market in Queensland is somewhat 'closed' and use extends outside the

high socioeconomic demographic that is traditionally associated with cocaine use. The ever-increasing overlap of illicit drug markets and trends in the broader criminal environment make it likely that law enforcement agencies will increasingly detect cocaine activity.

As noted above, the CMC assesses the current cocaine market in Queensland as a 'Medium' risk, which has the potential to increase over the next three to five years. The considerable risks associated with a rapidly expanding cocaine market cannot be discounted, and continued monitoring for changes is required to ensure a prompt and effective response by law enforcement, should growth occur. It should be noted that the potential threats and harms posed by the cocaine market are not insignificant — the adverse history of cocaine use in other countries demands that the government and law enforcement effectively address any increased risk from this drug in the future.

A note about terminology

A number of illicit drugs, including cocaine, are often referred to as 'recreational' or 'party' drugs. This terminology wrongly promotes a glamorous image of the use of illicit drugs. The risks associated with the use of cocaine are numerous and serious. The CMC does not categorise the use of any illegal drug as either 'party' or 'recreational' and strongly discourages the use of these terms when referring to cocaine or any other illicit substance.

In Queensland, cocaine is defined as a 'dangerous drug' for the purposes of the *Drugs Misuse Act 1986* (Qld) as specified in Schedule 1 of the *Drugs Misuse Regulation 1987* (Qld).

1: Introduction

This section explains the reason for the CMC's study of the cocaine market in Queensland, the methods used to gather information and the structure of the overall assessment.

Purpose

The purpose of this bulletin is to examine current trends and issues for cocaine use and the status of the market in Queensland. It sets out to determine the current threat assessment and whether additional law enforcement attention is required in this area.

Background

Away from the myth that cocaine is a glamorous drug of the rich and famous, the reality is that it is a powerfully addictive stimulant that directly affects the brain and the central nervous system. Although cocaine can cause euphoria and increased confidence, it also has significant negative effects on the mind and body,¹ with sustained use potentially altering the biochemistry of the brain and causing permanent damage (see Appendix 1).

Cocaine is identified as the primary cause of illicit drug-associated problems in North America and more recently has emerged as a serious issue in Western Europe (NDLERF 2005). In particular, the range of severe harms and associated crime that 'crack'² cocaine triggered among low socioeconomic and more vulnerable members of society within the United States raises serious concerns for other countries that may face an emerging crack cocaine problem.³

Australia does not appear to currently share the same level of problems or associated risks from cocaine, but there have been suggestions in recent years that the cocaine market in Australia is larger than previously suspected (NDLERF 2005). This, in addition to continued interceptions of large-scale shipments of cocaine, including a seizure in April 2007 of 140 kg of

cocaine in Sydney and a 135 kg seizure in Brisbane in September 2006, raises concerns about whether the cocaine market may be expanding and becoming more entrenched than had previously been assessed.

In the CMC report *Organised crime markets in Queensland: a strategic assessment*, published in September 2004, cocaine was assessed as posing a medium risk in Queensland (CMC 2004). This was primarily because cocaine was not seen to be as readily available as other illicit drugs such as methamphetamine, and because its popularity was believed to be inhibited by its high purchase price and perceived difficulty of access.

At the time, the assessment did caution that it was possible that law enforcement agencies (LEAs) may be underestimating the level of cocaine use in Queensland. The CMC assessment acknowledged that there were key information gaps regarding the availability of cocaine, the actual size of the cocaine market and the diversification of the market beyond the professional 'higher socioeconomic' niche with which cocaine use is traditionally associated. It was stated that it was possible LEAs were under-estimating the cocaine market because there is no correlation between significant quantities of cocaine being seized around Australia and the identified level of use. The low visibility of the market, including harm indicators such as hospital admissions and low arrest figures, has also meant that users and distributors are not readily quantifiable by law enforcement.

Methodology

This assessment makes use of:

- extensive intelligence holdings
- broad consultation with LEAs, including the Australian Crime Commission (ACC), Australian Customs Service (ACS), Australian Federal Police (AFP)

and Queensland Police Service (QPS)

- a review of previous ACC, ACS, AFP, QPS and CMC investigations
- assessment of human source information
- interviews with 30 cocaine users in Queensland to ascertain the characteristics of the cocaine market in South-East Queensland
- analysis of various drug research studies and quantitative datasets related to cocaine.

Limitations

In completing this bulletin, the CMC relied partially on subjective information from numerous human sources and survey respondents. There are limitations to the use of study data because individual biases and inferences may influence the accuracy of the information. In particular, there is a potential for under-reporting of behaviours which are illegal or subject to social disapproval. As well, there was a limited sample size, with much of the survey information and many of the human sources accessed in this assessment relating to cocaine activity in South-East Queensland, particularly Brisbane and the Gold Coast.

This report does not examine in detail where and how cocaine is imported into Australia or the status or future of the cocaine market in other states or countries.

2: Cocaine prevalence – indications from quantitative data

This section outlines available data relating to cocaine prevalence.

Research study and survey data

This bulletin makes use of key results of a number of studies that describe cocaine use in Queensland. Each study draws its participants from different sources. Therefore, the prevalence of cocaine use and information about usage patterns will vary. The studies reported in this section of the report include:

- National Drug Strategy Household Survey (NDSHS)
- Drug Use Monitoring in Australia (DUMA)
- Illicit Drug Reporting System (IDRS)
- Ecstasy and Related Drugs Reporting System (EDRS).

The best measure of the prevalence of cocaine use in the general population is drawn from population-based random surveys (such as the NDSHS), although usage is likely to be under-reported and therefore underestimated because of the illicit nature of the activity. Other studies target specific (and invariably problematic) samples. For example, the DUMA study assesses drug use among offenders in watch-houses. Self-report data about drug usage are complemented by objective urinalysis testing that assesses recent drug use. This study confirms the links between drug use and crime (the extent of drug use in this sample is extremely high), but because it describes drug use among a criminal population it will always demonstrate higher levels of use than is the case in general population surveys. The IDRS and EDRS studies target known drug users (injecting users and ecstasy users) and can be used to provide information about patterns of use. The small CMC qualitative cocaine study conducted in Brisbane and the Gold Coast also only targeted a known group of drug

users and, similarly, cannot be considered typical of the general population because of the limited range of respondents to the survey. However, using data from these various sources enables the CMC to form a view about drug usage and specific drug-using populations that can be used as a basis for targeted interventions.

National Drug Strategy Household Survey

Cocaine use in Australia is estimated in the National Drug Strategy Household Survey (NDSHS). This national survey examines the drug-related attitudes, beliefs and behaviours of the Australian population. In the 2004 survey, 29 000 persons were surveyed, and it was estimated that 1 per cent (170 000) of Australians aged 14 years or older had used cocaine in the last 12 months (AIHW 2005a). Males were more likely than females to use cocaine and Australians aged 20–29 years were more likely than those in other age groups to use cocaine (Table 1).

For Queensland, the estimated prevalence of cocaine use in the preceding 12 months was 0.7 per

cent of those aged 14 years or older. This estimate remained static from the previous two surveys conducted in 1998 and 2001 (AIHW 2005b). All the other states in the 2004 survey had higher levels of cocaine use than Queensland over the past 12 months, apart from South Australia and Tasmania. New South Wales and Victoria each had an estimated 1.2 per cent of the population aged 14 years and older who had used cocaine in the past 12 months (AIHW 2005a) (Table 2).

An estimated 4.0 per cent of the Queensland population has 'ever used' cocaine. This has risen from the 2001 survey, which indicated that 3.0 per cent had ever used the drug (Figure 1). The average age of first use of those who had used cocaine in Queensland was 22.7 years (AIHW 2005b).

In comparison with other illicit drugs, the 2004 NDSHS results show that the proportion of the Queensland population over 14 years of age who had recently used cocaine (0.7%) was less than for those who had recently used cannabis (12.1%), ecstasy (3.4%) and methamphetamines (3.0%) (AIHW 2005b).⁴

Table 1: Cocaine use — proportion of persons aged 14 years and older, by age, by sex, Australia, 2004

Period	Age group				Sex		Total
	14–19	20–29	30–39	40+	Male	Female	
In lifetime	1.9%	8.9%	8.8%	2.6%	5.8%	3.7%	4.7%
In last 12 months	1.0%	3.0%	1.8%	0.2%	1.3%	0.8%	1.0%
In the last month	0.5%	0.8%	0.6%	0.1%	0.4%	0.3%	0.3%
In the last week	0.2%	0.4%	0.2%	–	0.2%	0.1%	0.2%

Source: 2004 National Drug Strategy Household Survey.

Table 2: Cocaine use in the past 12 months — proportion of persons aged 14 years and older, by state, 2004

	Qld	NSW	Vic	WA	SA	Tas	ACT	NT	Aus
Per cent	0.7	1.2	1.2	1.2	0.7	0.2	1.6	1.0	1.0

Source: 2004 National Drug Strategy Household Survey.

Drug Use Monitoring in Australia

The Drug Use Monitoring in Australia (DUMA) project is a research initiative undertaken by the Australian Institute of Criminology (AIC) in collaboration with state police services and local researchers. DUMA seeks to measure drug use among those people who have been recently apprehended by police.

The CMC has recently completed a research report which provides analysis of DUMA data. The report highlights that urinalysis testing in Queensland from 1999–2000 to 2004–05 shows that less than 1 per cent of detainees tested positive for cocaine.⁵ For example, in 2004–05 only 5 people or 0.4 per cent tested positive from the 1191 detainees tested. Comparatively, 54.4 per cent tested positive to cannabis, 30 per

cent to amphetamines and 18.3 per cent to opiates (CMC, in press).

Through self-reporting in this survey, 478 or 40.1 per cent of Queensland detainees reported having ‘ever used’ cocaine in the 2004–05 results, with 28.7 per cent (137) of these detainees using the drug in the last 12 months (Figure 2). Furthermore, 36.5 per cent (50) of these detainees (or 4.2% of the total sample) reported using cocaine in the last 30 days (CMC, in press).

IDRS and EDRS

The Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) are research projects that monitor trends in the use, price, purity and availability of illicit drugs in Australia. The IDRS focuses on injecting drug users (IDU), while the EDRS

examines drug use by ‘regular ecstasy users’ (REU), which gives an insight into the social drug market in nightclubs and at major events (QADREC 2007a, 2007b).

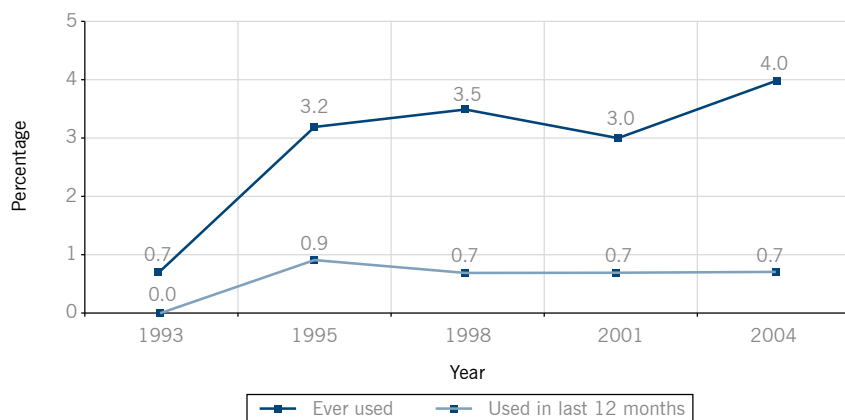
At a national level, the IDRS shows that New South Wales (Sydney) remains the only jurisdiction where a number of IDU reported recent use of cocaine in the 2006 survey data.⁶

The survey showed that the prevalence and frequency of cocaine use increased slightly in New South Wales, while in other jurisdictions (including Queensland) cocaine use among IDU remained low and sporadic. This limited, inconsistent use of cocaine in all jurisdictions (except New South Wales) was consistent with findings from previous years of the study (2000–05). Similarly, the EDRS identifies that cocaine use has fluctuated over the past four years, with a slight decrease in the 2006 data, where 37 per cent (278) of respondents reported use in the last six months. This is consistent with 41 per cent (328) in 2005 (NDARC 2006).

More detailed analysis of the Queensland data sample is undertaken by the Queensland Alcohol and Drug Research and Education Centre (QADREC). The 2006 Queensland IDRS identified that cocaine use among IDU in Queensland has traditionally been rare and opportunistic and that this pattern has continued. There were a small number of IDU who reported recent use, with the frequency of use very low. Of the total sample (112), only 9 per cent (10) indicated use within the past six months — although 60 per cent (67) identified having ‘ever used’ the drug. In contrast, 77 per cent (86) of the 2006 IDU sample reported the use of methamphetamine in the last six months.

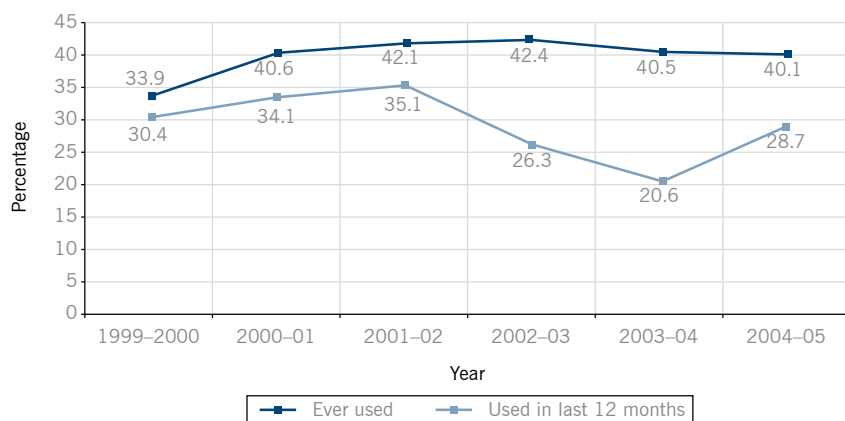
The 2006 Queensland EDRS shows that, of the REU sample (100), 36 per cent (36) self-reported use of cocaine in the preceding six months, while 56 per cent (56) identified having ‘ever used’ the drug (QADREC 2007a) (Figure 3, next page). Of the

Figure 1: Cocaine use — proportion of persons aged 14 years and older, Queensland, 1993 to 2004



Source: 2004 National Drug Strategy Household Survey.

Figure 2: Self-reported cocaine use — proportion of detainees, Queensland DUMA data, 1999–2000 to 2004–05



Source: CMC, in press.

one-third who identified recent use, use was on average only twice in the last six months. In contrast, 58 per cent (58) of the sample identified recent use of methamphetamine powder and 50 per cent (50) use of ice (crystal methamphetamine) (QADREC 2007b).

Queensland (56%) had a lower percentage of the sample having 'ever used' cocaine than New South Wales (80%), Victoria (82%) and the Australian Capital Territory (68%) (NDARC 2007).

Law enforcement data

Commonwealth agency cocaine seizures (ACS and AFP)

Since 1999–2000, federal agency seizures of cocaine have trended

upwards, but there has been a decline in the last two fiscal years after a peak of 675 seizures in 2003–04. Conversely, there has been a downward trend in the actual weight of cocaine seized over this period. This makes it difficult to interpret the overall trend pattern for cocaine importations nationally, other than showing that a rising number of seizures do not invariably equate to larger volumes of the drug being seized.

Similarly, ACS border seizure data show that there has been an overall upward trend in the actual number of detections from 2000 to 2006, while the weight of these detections has trended downwards (Figure 4). This suggests that smaller, higher-frequency importations (such as through the postal system) are more common or more regularly detected

than large-scale, more organised shipments. Obviously, seizure data do not allow for consideration of successful importation, and large-scale seizures also significantly increase the overall weight of cocaine seized in a period, making accurate trend analysis problematic. For example, in July 2001 there was a 938 kilogram shipment located in Western Australia which accounted for 88 per cent of the total cocaine border seizures for that year.

By state, Queensland accounted for 3.5 per cent (83) of total border detections from 2000 to April 2007. New South Wales and Victoria were the only other states with higher detection rates in this period. New South Wales had by far the greatest number of detections, with 86.3 per cent (2022) of the total, while Victoria accounted for approximately 6.4 per cent (149).

In terms of weight, Queensland seizures represented about 10 per cent (321 kg) of the total cocaine seized at the border from 2000 to April 2007. Again, New South Wales had the most significant amount, with 46 per cent (1436 kg) of the total, while Western Australia accounted for 33 per cent (1049 kg). South Australia had approximately 10 per cent (319 kg) of the total cocaine seizures over the period.

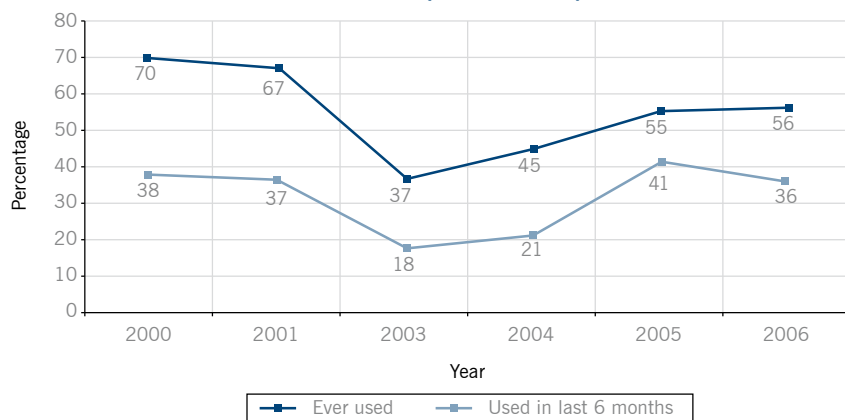
Queensland Police Service (QPS) arrests and seizures⁷

Arrests

From 2000 to 2006, the QPS recorded a total of 308 arrests for cocaine-related offences. This was less than 1 per cent (0.1%) of the total drug-related arrests over this period. In other drug categories, amphetamines accounted for approximately 10 per cent (20 328) of the total, while cannabis made up 67 per cent (139 169) of drug-related arrests in this period.

Broken down by year, the data show that cocaine-related arrests have trended upwards over the seven-year period: 2006 had the highest number of cocaine arrests with 114, which was a 120 per cent increase from the 2005 figure (52) (see Figure

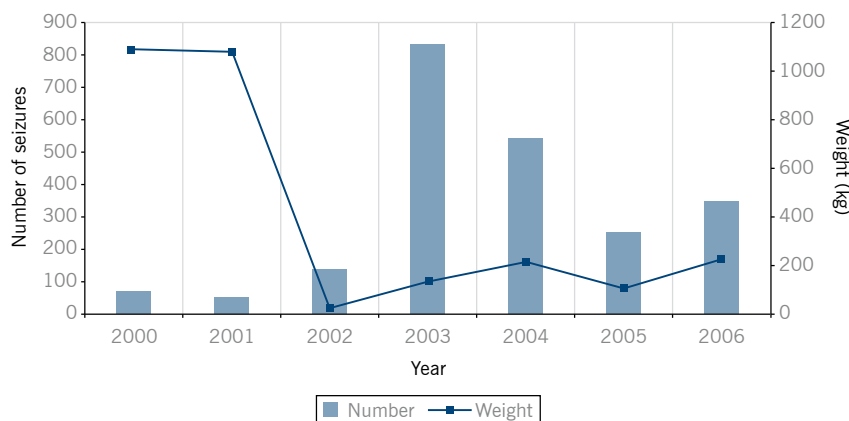
Figure 3: Cocaine use — percentage of 2006 EDRS Queensland sample, 2000 to 2006 (not incl. 2002)



Source: 2006 Qld EDRS.

Note: Data were not collected for the EDRS (previously PDI) for Queensland in 2002.

Figure 4: Cocaine seizures at the Australian border by number and weight, 2000 to 2006



Source: Australian Customs Service — unpublished data, analysis conducted by CMC.

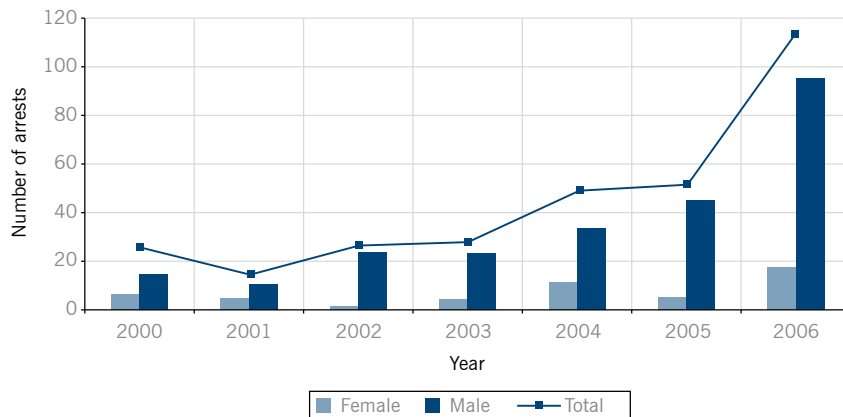
5). Males accounted for 82 per cent of the total number of individuals charged for cocaine offences over the seven years.

The data can also be broken down to identify whether the offender was

a 'consumer' or a 'provider' of cocaine. Over the seven-year period, consumers accounted for 53 per cent (164) of cocaine arrests, with the remainder being for providing cocaine (47% or 144). The largest

variation of figures year by year within each of these categories occurred when comparing 2005 and 2006 data, where consumer arrests increased by 136 per cent and provider arrests doubled (an increase of 104%).

Figure 5: Queensland cocaine-related arrests by sex and total, 2000 to 2006



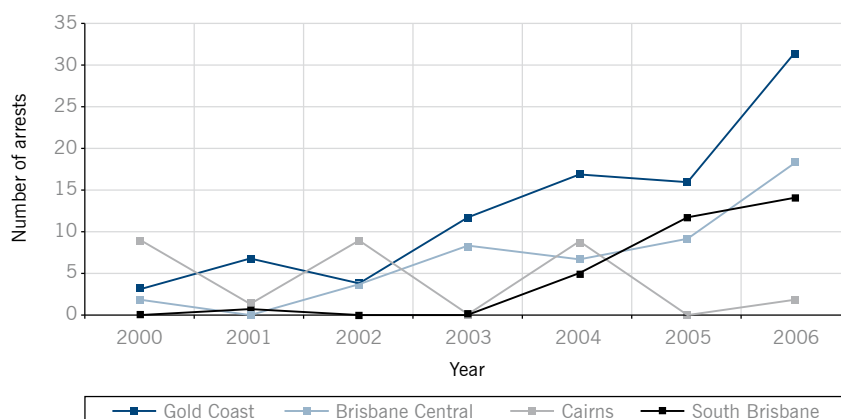
Source: QPS Statistical Services — unpublished police data, analysis conducted by CMC.

Table 3: Number of cocaine-related arrests from 2000 to 2006, by police region

Police region	Number of arrests
South Eastern	94
Metropolitan North	72
Metropolitan South	43
Far Northern	36
North Coast	14
Northern	10
Southern	4
Central	4

Source: QPS Statistical Services — unpublished police data, analysis conducted by CMC.

Figure 6: Cocaine-related arrests, top four districts, 2000 to 2006



Source: QPS Statistical Services — unpublished police data, analysis conducted by CMC.

Looking at arrests on a QPS regional level, South Eastern (94) and Metropolitan North (72) had the most offences recorded over the seven-year period, followed by Metropolitan South (43) and Far Northern (36). (See Appendix 2 for a map of policing regions.) Therefore, over this period three of the top four regions for cocaine arrests were in South-East Queensland (Table 3).

Each of these four regions had one policing district that accounted for the bulk of that region's arrests for cocaine. These were:

- Gold Coast District (91 arrests or 97% of South Eastern regional total)
- Brisbane Central District (48 arrests or 67% of Metropolitan North regional total)
- South Brisbane District (32 arrests or 72% of Metropolitan South regional total)
- Cairns District (31 arrests or 86% of Far Northern regional total).

These four districts alone accounted for two-thirds or 66% of the Queensland total over the seven years. Figure 6 shows a breakdown of arrests by year for these districts.

Seizures

From 2000 to 2006 there were a total of 285 cocaine seizures by the QPS, with a total weight of about 14.5 kilograms. It can be seen from Figure 7 (next page) that, by year, although there has been an upward trend in seizure frequency this did not equate to an upward trend in amounts of the drug being seized, which indicates that the majority of the seizures are small amounts. By police region, South Eastern had the most seizures over the seven-year period, with 92, followed by Metropolitan North (65), Metropolitan South (32) and Far Northern (27).

Intelligence and information on prevalence in areas outside South-East Queensland

Although there are limited data showing prevalence of cocaine in other areas of Queensland, there is intelligence suggesting that cocaine is available in a number of regional centres. Bundaberg, Gladstone, Ingham, Innisfail, Ipswich, Mackay, Rockhampton, Sunshine Coast, Toowoomba, Townsville and the Whitsundays are all areas where cocaine has been known to be available.⁸

Information has also been received that the economic boom associated with the growth in mines has led to an increase in disposable income which has increased the demand for illicit drugs. There are claims that some mines may have introduced random drug testing in an attempt to combat the growing use of illicit substances by workers.⁹

The availability of cocaine within the Rockhampton District is low but still present. It is believed that the predominant distributors of cocaine within Rockhampton are linked with OMCGs, who obtain the product from southern cities such as Brisbane or the Gold Coast.¹⁰

In the QPS Far Northern Region, cocaine is available through the nightclub scene. Unsupported information suggests that the drug is also available from street-level dealers and backpackers in the area.^{11,12}

Cocaine seizure purity: Queensland Government Forensic Laboratories¹³

The average purity level of seized cocaine fluctuated in the six-year period examined. Over this period the average purity level was 42.3 per cent. By fiscal year, the highest average purity level was in 2001–02 with 56.2 per cent and the lowest was in 2003–04 with 24.9 per cent. In the period since 2003–04 the purity level of tested cocaine has trended upwards.

Queensland Health data

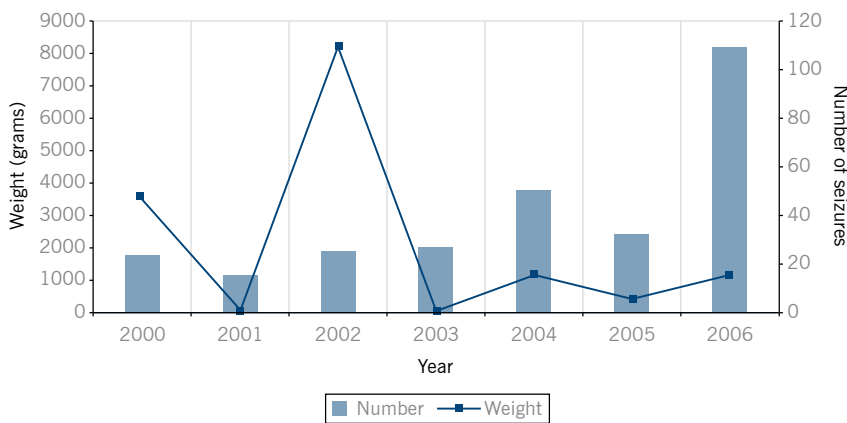
Hospitalisations for cocaine dependence and abuse

From 2001 to 2006 there were 52 hospital admissions in Queensland relating to the use of cocaine. Over this time there were equal numbers of males and females hospitalised, with 26 for each sex. The majority of patients were in the 20–29 and 30–39 year age groups, with 81 per cent (42) of the total falling within these two age categories.

There appears to be no discernible pattern in the period examined, with fluctuating totals over the six years (Figure 8). The health districts with the highest figures for cocaine abuse or dependence over the period were Logan–Beaudesert (13), Brisbane North (7), Brisbane South (5) and Gold Coast (5).

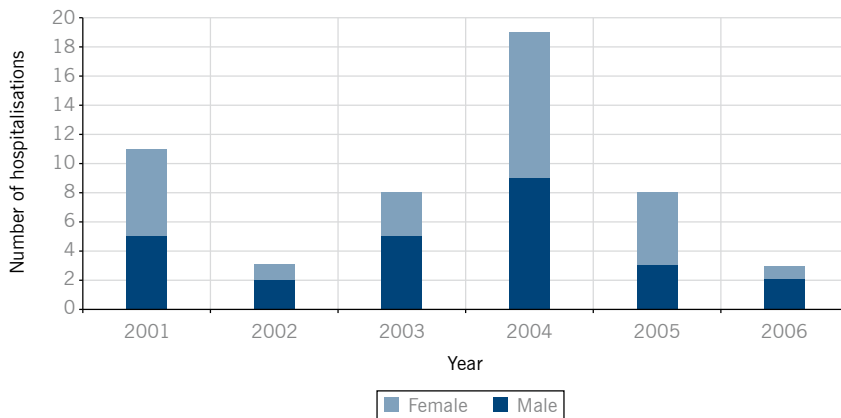
Overall, the total number of hospitalisations remained low, with cocaine-related admissions accounting for about 0.4 per cent of total hospitalisations for drug use. In contrast, the category relating to amphetamine hospitalisations accounted for 25 per cent of the total. It should also be noted that there is an admission category relating to multiple drug use. Therefore, admissions of poly drug users who may use cocaine would be captured in this category, but actual figures to identify the specific drugs used are not available.

Figure 7: QPS cocaine seizures by number and weight, 2000 to 2006



Source: QPS Statistical Services — unpublished police data, analysis conducted by CMC.

Figure 8: Hospitalisations for cocaine abuse and dependence by sex and total, 2001 to 2006



Source: Queensland Health Client Services — unpublished data, analysis conducted by CMC.

Note: Figures for 2006 are preliminary data only and may be subject to change.

3: Characteristics of the Queensland cocaine market

This section evaluates the cocaine market in Queensland, including use, supply and criminal networks.

Characteristics of cocaine users — CMC cocaine research study

A research project was undertaken by the CMC in 2006 to attempt to fill some ongoing gaps in law enforcement knowledge in relation to the cocaine market. The project used qualitative and quantitative research techniques to gather information, including conducting surveys and some interviews with 30 cocaine users in Brisbane and on the Gold Coast (CMC 2006).

Two elements identified in the research as being essential for cocaine use are access to money and access to cocaine supply networks. The CMC survey identified a type of cocaine user whose main source of income was from a wage or salary. In order to describe the participants' socioeconomic status, and to compare them with respondents from the National Drug Law Enforcement Research Fund (NDLERF) study of cocaine users in Sydney and Melbourne, Queensland cocaine users were grouped in three categories according to Australian Bureau of Statistics criteria. These categories are high socioeconomic status, integrated and marginalised (ABS 2006). The criteria of each grouping were:

- **high socioeconomic status** — income \$52 000 and above per annum, a university degree or higher, and professional, managerial and/or administrator

- **integrated** — employed, student or home duties, and
- **marginalised** — unemployed, other government benefits, sex worker or criminal.

The majority of cocaine users participating in the CMC study could be categorised as integrated and not the high socioeconomic status individuals (high-income, university-educated professionals) who by popular belief are normally associated with cocaine use (Table 4). It should be noted that any person who wants to use cocaine and who can successfully access the drug can be a user. There is a common belief that it is predominantly successful white-collar professionals who use cocaine because they have sufficient resources to afford the drug, but this is not necessarily the case.

The Queensland results are consistent with the NDLERF study, which found that 11 per cent of their sample could be categorised as high socioeconomic status, 71 per cent as integrated and 18 per cent as marginalised.

It is important to recognise that cocaine demand is not dominated by individuals from a high socioeconomic background. There is only limited information from the CMC study and other data sources supporting the perception that cocaine use primarily occurs by 'upper echelon' high socioeconomic or exceptionally wealthy individuals. Although it is recognised that use would occur within this demographic (as it would in any other demographic), there remains a lack of evidence and intelligence to indicate that such people make up

the core of the cocaine market in Queensland. However, use by individuals in this category should not be discounted, as there is information from several human sources with a common theme of white-collar workers in their 20s to 40s who are consuming cocaine, in addition to other users.¹⁴

There are some well-known examples of high-status individuals using cocaine, including popular sporting identities who tested positive for cocaine through drug testing programs in 2006. Furthermore, an intelligence report developed from information from a human source implies cocaine use in Queensland by high-profile people including barristers and members of the music industry, although no specific information is provided. It is also suggested that individuals linked to the horse-racing industry may be involved.¹⁵

This report further stated that cocaine use was occurring within the building industry, which is one vocation that may not have traditionally been associated with use of this drug. This claim is supported by data from the CMC study (CMC 2006), which identified that 20 per cent of users surveyed had trade positions, and information from a community contact who stated that his associates, who are labourers, indulged in cocaine use several times a year.¹⁶

Patterns and method of use

The CMC study identified that the median number of days cocaine powder was used in the past six months by participants was two (Table 5, next page). However, the median number of days that respondents had recently used cocaine powder varied between one and 30 days, with five respondents having used cocaine on 15 or more days in the previous six months. These results are consistent with the

Table 4: Sample characteristics of CMC cocaine study by socioeconomic status (n = 30)

Sample	High socioeconomic	Integrated	Marginalised
Per cent	10	73	17

Source: Data from CMC research study on cocaine users, 2006.

2006 Queensland EDRS, which found that, for the 36 REU (regular ecstasy users, sample size 100) who indicated cocaine use in the last six months, the median number of days used was two, with a range of 1–90 (QADREC 2007b).

In the CMC study, seven respondents indicated that they had ever used crack cocaine. It is highly unlikely that crack cocaine is readily available in Queensland and more likely that these respondents were actually consuming crystal methamphetamine (ice) on these occasions. This information has

been corroborated by a number of CMC confidential sources who state that ‘crack’ is used as a slang term for ice.¹⁷ This was further supported by Queensland Government Forensic Laboratories indicating that they have not readily identified freebase or crack cocaine.¹⁸

Nasal inhalation (snorting) was the preferred method of cocaine consumption among CMC survey respondents and EDRS participants. Snorting as a favoured method of use is supported by the findings of the 2004 NDSHS study, where 93.7 per cent of respondents who had

recently used cocaine had snorted the drug (AIHW 2005a). Only one participant in the CMC study indicated that they preferred to smoke cocaine (Table 6).

In the CMC study, 14 respondents reported that they had ever injected cocaine powder and six had recently injected cocaine powder. No female participants had injected cocaine in the last six months and, out of the nine males who had ever injected cocaine, six had injected in the last six months. The 2006 Queensland IDRS (study of injecting drug users) identified that, of the 9 per cent (10) of the IDU sample (106) who had used cocaine in the last six months, seven users had snorted cocaine and eight had injected (QADREC 2007a).

Of interest is intelligence from a community contact in October 2006 that cocaine was available in Brisbane in pill form. The information suggested that a tablet or ‘biscuit’ costs about \$45.¹⁹ This claim has not been verified and there is no further information to indicate that cocaine is regularly available in pill form in Queensland. Cocaine is poorly absorbed in the gastrointestinal tract — hence the common methods of snorting or injecting. However, there have been instances where cocaine has been intercepted at the border in pill form.²⁰

Location of use

Participants in the CMC study were asked where they usually consumed

Table 5: Patterns of cocaine use (n = 30)

Type of cocaine	Ever used (n)	Used in the last 6 months (n)	Median days used in the last 6 months (range)	Ever injected (n)	Injected in the last 6 months (n)
Cocaine powder	30	30	2 (1–30)	14	6
Crack cocaine	7	0	0	2	0

Source: Data from CMC research study on cocaine users, 2006.

Table 6: Preferred method of recent use by gender

	Snort	Smoke	Inject	Total
Females	11	1	0	12
Males	11	0	6	17
Total	22	1	6	29

Source: Data from CMC research study on cocaine users, 2006.

Table 7: Usual location of cocaine use (multiple responses)

	No. of respondents reporting cocaine use in type of place								
	Home	Private party	Friend's home	Dealer's home	Workplace	Pub	Nightclub	Car	Dance / rave
Gender:									
Female (n)	10	5	11	3	2	2	6	0	5
Male (n)	13	9	11	4	3	3	9	4	8
Location:									
Brisbane (n)	18	12	19	7	4	5	12	3	11
Gold Coast (n)	5	2	3	0	1	0	3	1	2
Total (n)	23	14	22	7	5	5	15	4	13

Source: Data from CMC research study on cocaine users, 2006.

cocaine. The responses show that cocaine is used in public and private places. The actual locations where cocaine is most commonly used are a person's home, a friend's home, in nightclubs and at dance or rave events (Table 7).

These results are similar to those of the 2006 Queensland EDRS, which shows (for both usual place of use and place of most recent use) that nightclubs, own home and friend's home are the most consistent venues of use for REU (QADREC 2007b). Private parties were also a location where cocaine was commonly used in both the CMC study and the EDRS. These findings are also similar to those of the NDLERF study, which identified the most common locations of use by Sydney and

Melbourne cocaine users as being private homes and parties, nightclubs, pubs and bars (NDARC 2006).

Information from a contact within the Brisbane nightclub scene also suggests that people are more commonly using drugs (including cocaine) in private before attending clubs. It is even suggested that some users return to private premises from clubs to consume more drugs before again returning or moving on to other venues. It was stated that this may be happening because of increased law enforcement presence at nightclubs where drug use occurs. This is not to suggest that drug use has ceased in such venues, as LEA activity has found positive results for the presence of cocaine and other

drugs in some South-East Queensland nightclubs.

Paying for cocaine

The CMC study showed that most of those in the sample fund their use of cocaine through their own paid employment, or have cocaine given to them as a gift or present (Table 8). The gift economy remains an important feature of illicit drug markets and appears to be related to the social nature of illicit drug use (CMC 2006). The Queensland results are again consistent with the NDLERF study, in which 59 per cent of the study sample in both Sydney and Melbourne stated that paid employment was used to purchase cocaine (NDARC 2005).

The results provide some evidence of the drug-crime nexus: eight respondents indicated that they supported their personal cocaine use by dealing drugs, seven participants reported that they usually traded stolen and other goods to obtain cocaine, and six respondents stated that they usually paid for cocaine from money received from dealing drugs.

Factors contributing to cocaine use

The CMC study found that the majority of cocaine use was reserved for special occasions and/or weekends (Table 9). This included special events such as music festivals, birthdays and New Year's Eve. A number of participants also stated that social opportunity and availability played a large role; specifically, if cocaine is free and accessible, they will use it. Cost was a major factor affecting use, with the comparatively high cost of cocaine limiting the number of times that it was used.

The importance of social networks in relation to cocaine use is apparent from the number of respondents who reported that they had friends who also used cocaine. The cost and availability of cocaine can mean that its use occurs in a planned environment with close friends.

Table 8: Method of payment for cocaine in the last six months (multiple responses)

Source of payment for cocaine	Total
Paid employment	22
Gift/present	14
Credit from dealers	6
Government allowance	4
Borrowed money from friends	5
Money from parents	3
Dealing drugs for personal supply	8
Money made from dealing drugs	6
Traded stolen goods or other goods	7
Traded for other drugs	4
Sex work	3
Gambling profits	3
Embezzlement (corporate fraud)	1
Property crime (shoplifting)	1
Fraud (credit card, social security)	1

Source: Data from CMC research study on cocaine users, 2006.

Table 9: Factors contributing to use of cocaine (multiple responses)

	Special occasions	Cost/money	Effect	Availability
Total (n)	15	9	9	13

Source: Data from CMC research study on cocaine users, 2006.

Participants in the CMC survey indicated that they had an average of five friends who currently used cocaine. In support of this finding, a number of CMC sources have stated that they normally purchase an 'eight ball' (3.5 grams), which is shared with friends during 'indulgent' weekends.²¹ Enjoying the effects was also a prominent factor in the desire to consume cocaine.

The study indicates that the use of cocaine is often opportunistic and limited by availability. When money, availability and circumstances (social and special occasions) coincide, people will take the opportunity to use cocaine. Users were almost always socialising with friends — either at a friend's house or out with friends — when they consumed cocaine. None of the participants in the CMC survey have ever used cocaine alone. The enjoyment of cocaine use is fundamentally connected to sharing social or intimate experiences and is

not just the result of the drug's pharmacological effects. Some of the respondents' other perceptions of what contributed to their cocaine use were:

- lack of negative side-effects, compared with other drugs
- the 'status' that cocaine provides, compared with other illicit substances
- the higher 'rush' compared with other drugs and the particular effects of cocaine
- cocaine's 'compatibility' with other drugs.

The comments at the bottom of this page were provided by survey participants to describe cocaine experiences. They illustrate some of the opportunistic social contexts in which cocaine is consumed.

Comments from cocaine users

'It was a special occasion (Christmas/New Year period) and I was at a festival with a great group of friends. A friend offered to share her [cocaine] with my partner, myself and other friends who were interested. We had drunk a couple of beers during the day, snorted a couple of lines in the early evening, and then I had ½ an ecstasy hours later in the night. The experience was fun because it is rare, there was great energy amongst the whole group, there were no cares or worries and I think it is fun to snort. Had more in a very similar scenario a couple of days later, still at the festival.'

'It was my fortieth birthday, a friend organised a couple of grams of coke for me as a present. We did a couple of lines and went out for dinner, then back for more, off to the pub for drinks, then back for more [cocaine]. Had a couple of joints as well, [then went] out to a club for some dancing. Finished the night in friend's backyard watching the sunrise with beer and ecstasy chasers.'

'Access through a "friend". [I was] at his place, [we] had lines [and] went to a pub. Not a special occasion, just because it was available and free. [I had] lines with "friend"/dealer and another mate. There were three of us. We also popped ecstasy, smoked cones and drank alcohol. [It was a] good night — but I drove under the influence and was scatty by the end of the night.'

'It was easily accessible through a friend. [I was] just at home on a nice afternoon, it was meant to be saved for a special occasion, but we got in early. [I was] with a potential love interest and another friend. We also drank beers as well. We did not get more [cocaine], although it was quite tempting.'

Market indicators

Price

The average cost identified for cocaine in Queensland was approximately \$300 a gram.²² Sources commented that it could cost from \$200 to \$600 a gram.²³ On the Sunshine Coast it can cost \$350 a gram²⁴ and on the Gold Coast between \$300 and \$350.²⁵ Price can depend on how well a buyer knows the seller and if a discount is given for bulk purchases such as an 'eight ball' (3.5 grams). From the CMC study, the average perceived price for a gram of cocaine was \$320.54 and the perceived price ranged between \$200 and \$400 per gram.

Among survey participants, the most frequently purchased amount was one gram. The actual average cost paid by respondents per gram of cocaine was \$307.97. The cost of cocaine actually paid by respondents also ranged between \$200 and \$400 per gram. The largest usual quantity of cocaine purchased was 4.5 grams at a cost of \$1300 (approximately \$290 per gram). In this sample, buying larger quantities of cocaine did not necessarily reduce the cost of cocaine per gram, since eight respondents paid less than \$290 per gram of cocaine without making 'bulk' purchases. Based on the 2006 Queensland EDRS sample able to comment on the price of cocaine, the median price was \$300 per gram (range \$150 to \$400). This was consistent with 2005 responses on price and higher than those from 2003 and 2004 (QADREC 2007b).

CMC study participants often commented that the Brisbane and Gold Coast cocaine markets were smaller, sub-standard and more variable compared with southern or overseas cocaine markets. The price of cocaine was also believed to be higher in Brisbane and the Gold Coast compared with Sydney. For example, one respondent stated 'I had some [cocaine] in Sydney once, and it was heaps better and heaps cheaper' and another believed that

the local cocaine market was characterised by 'high prices and varying quality — especially when compared to overseas'. These perceptions of price were found to be relatively accurate when compared with the NDLERF study, which found cocaine prices to be similar in both Sydney and Melbourne, at around \$267 per gram (NDLERF 2005). These prices suggest that cocaine is cheaper in southern capitals.

From recent CMC and QPS operational activity, some prices of 'bulk' amounts of cocaine in Queensland were able to be determined. A CMC operation showed that an ounce (approx. 28 grams) of cocaine could be purchased for between \$7500 and \$8000. QPS operations revealed that an ounce of cocaine could be purchased for \$7500 (\$268 a gram), while it was \$350 if only a gram was purchased.²⁶

Purity/quality

The 2006 Queensland EDRS states that there is continued disagreement among those in the sample who could comment on the purity of cocaine. This was also observed in the 2005, 2004 and 2003 studies. The responses on cocaine purity in the six months preceding interview were:

- six respondents indicated that it was 'stable'
- six indicated it was 'fluctuating'
- four indicated it had 'increased'
- two reported a 'decrease'
- six identified they 'did not know'.

Information from community contacts was mainly to the effect that the quality of cocaine in Queensland is poor.²⁷ When discussing quality or purity, it appears common for local cocaine to be compared with that in southern states and, for the majority of sources, to be deemed not as good. One source stated that he often heard that 'cocaine in Brisbane is not as good as it is in other places',²⁸ while more recently a

contact in the nightclub scene stated that users regularly complained about the quality of available cocaine.²⁹ However, one source identified that the quality of cocaine he used was comparable to that available in Sydney and Canberra (where he had previously used the drug), but qualified this by saying that he was able to obtain good product because of his connections, as it wasn't 'cut up'.³⁰

The Queensland Government Forensic Laboratory identified that purity levels of seized cocaine had fluctuated over the past six years. The average purity level over this period was 42.3 per cent. Of interest is the fact that, since 2003–04, average purity levels have trended upwards from 24.9 per cent to 47 per cent in 2006–07;³¹ however, they have not reached the high of 56.2 per cent in 2001–02. Obviously, these average purity levels are only representative of cocaine that has been seized.

From an operational perspective, a joint agency operation recently identified high-purity levels of cocaine. For the eight samples obtained, the average purity level was approximately 72 per cent of the total 225 grams seized, with a range from 51.8 per cent to 84.2 per cent. There were two seizures that were over 80 per cent purity. The seizure of 84.2 per cent was one of the highest purity levels of cocaine hydrochloride that the Queensland Government Forensic Laboratory

has seen and was described as being 'as pure as you can get' in powder form.³² Another operation also had one seizure of cocaine that was over 80 per cent purity. The average purity of the total 123 grams seized from the operation (not including the 81.6% sample) was approximately 33 per cent. These results show that it is possible to source pure cocaine in Queensland through the 'right' channels.

Sourcing and availability

The CMC study showed that survey respondents relied on known and trusted networks to purchase cocaine. The most common way to obtain cocaine was through a friend. Only two respondents usually bought cocaine through a street-based dealer and one purchased cocaine at a dealer's home (Table 10). These responses demonstrate that social networks were the main way that users were first introduced to suppliers and continued to access cocaine. Survey respondents indicated that supplying cocaine as a favour for friends was also a common feature of the cocaine market.

Nineteen participants were introduced by friends and family to the person from whom they purchased cocaine. This finding correlates with NDSHS figures which state that 71.5 per cent of cocaine users obtain their cocaine from a friend or acquaintance (AIHW 2005a). The 2006 EDRS also showed that friends were the most common source of cocaine — for REU who could comment (QADREC 2007b). Cocaine sellers are embedded in social relationships and this reinforces the blurring between users and dealers and between friends and dealers.

Cocaine is regarded by CMC sources as relatively easy to get 'if you know the right people'. All sources agree that the market is 'closed' — you cannot just 'front' in a nightclub and request cocaine, but usually have to know somebody. It was suggested that availability of cocaine can fluctuate depending on

Table 10: Source of cocaine (n = 21)

Type of person	Total
Friend	15
Acquaintance	2
Street-based dealer	2
Home-based dealer	1
Family	1

Source: Data from CMC research study on cocaine users, 2006.

Note: The relatively high level of missing data in response to this question in the study reflects either a lack of knowledge or a reluctance by some survey participants to discuss cocaine distribution.

law enforcement activity and a lag time can exist between ordering the product and receipt. Some users believe that a lag occurs because most consumers are poly drug users and have a regular ecstasy or amphetamine dealer who obtains cocaine from another source for their client and does not have it readily available.³³ Information collected from survey participants also suggests that cocaine suppliers rarely deal only in cocaine. Others believed that availability fluctuates because suppliers choose not to distribute in Brisbane, as the demand there is not as great as in larger cities such as Sydney and Melbourne.

CMC confidential sources have stated that cocaine dealers would normally sell the bulk of their product to established clients and only a small portion, if any, to others.³⁴ Given the variable availability of cocaine, knowing the right people and having good, trustworthy connections is necessary for accessing good-quality cocaine. Compared with other drug supply networks, it is more difficult to obtain cocaine without access to an established network. It was evident from the CMC study that knowledge of the market, trust between users and suppliers, buying from someone who is not too far 'down the chain', buying from established discreet networks, and patience are the best ways of obtaining a consistent supply of good-quality cocaine.

Cocaine and other drugs

CMC survey respondents generally situated the cocaine market within the social drug market in nightclubs, at private parties and at major events. A source of cocaine at market level is likely to also have access to ecstasy, LSD and speed, but is unlikely to sell heroin and/or cannabis. For this reason it appears that the cocaine market is attached to and overlaps with the social drug scene. The cocaine market differs from other drug markets in terms of product price and the type of dealers involved. The CMC survey

Comments from cocaine user

'It [cocaine] is really embedded in the party³⁵ drug market — people who take eckys and LSD will take the opportunity when it comes along. The difference is that it's not always there, the same people use it, use party drugs. The same person who I get e's off has the network to organise it [cocaine].'

found that people who sell cocaine are more likely to be professional, business-like and 'more finely tuned' than other types of dealers.

Cocaine will often be used in a suite of drug taking, including various combinations of alcohol, ecstasy, methamphetamine and cannabis. It is argued that, at market level, cocaine maintains a unique position within poly drug use culture, particularly for users who are well-informed on drug harms and believe they can use drugs for mood enhancement and management, without leading to abuse or acute harms.³⁶

A participant in the CMC survey believed that the introduction, prevalence and popularity of crystal methamphetamine (ice) had impacted on all aspects of the illicit drug market. This person's observation was that the demand for other drugs had fallen in comparison with ice. For example, in order to obtain cocaine it was stated: 'You have to know someone, who knows someone, who knows someone and wait 24 hours. Whereas 'goey' [ice] can be purchased instantly at any nightclub.' However, these comments were qualified; the respondent believed that this situation was changing because 'people are starting to figure out that ice is evil and more dangerous than heroin'.

Supply

Importations

The majority of cocaine border seizures by the ACS occur in states other than Queensland. However, there have been a number of attempts to import cocaine directly into the state. Intelligence indicates that importations have ranged from gram amounts located in scatter importations (through the post and

by air passengers) to multi-kilogram organised shipments. Of interest is that these importations are not restricted to South-East Queensland. Importations have also occurred directly into Cairns and Mackay.³⁷ Scatter importations³⁸ of cocaine in the air cargo, passenger and — more significantly — postal streams continue to be the most frequently detected method of importation, where traffickers import lower quantities but more frequently. This may indicate that the level of organised crime involvement in these shipments is minimal, with the shipments conducted by individuals for small distribution and/or personal use. The larger shipments are the responsibility of professionally organised crime syndicates (ACC 2006).

Queensland has also been targeted for the importation of large shipments of cocaine. The largest attempt identified occurred in Brisbane, where 135 kilograms of cocaine was seized in 2006 concealed in computer monitors.³⁹ The methods developed by crime syndicates to import illicit drugs remain innovative and continue to evolve to overcome identification techniques. Available information suggests that most large shipments imported into Queensland appear to be bound for southern markets, usually Sydney.

LEAs in Queensland have received intelligence regarding cocaine being moved from Queensland to Western Australia, Tasmania, New South Wales, South Australia and Victoria. The cocaine is often collected in the south-east region of Queensland or moved from Cairns to the southern states. A report identifies a Sydney supplier travelling to Cairns every three weeks to obtain a pound of cocaine.⁴⁰

CASE STUDIES

Scatter importation

In July 2006, following information provided by the CMC, the ACS searched a traveller from Mexico at Brisbane Airport. An examination revealed that the man had attempted to import 90.9 grams of cocaine, and he was charged with offences under federal legislation. Inquiries revealed that the man had travelled to Japan about 20 times since 2002, and it is believed that he may have imported cocaine to Australia during many of these trips. The cocaine was for personal use and for distribution in South-East Queensland.⁴¹

Courier package importation

In February 2007 a parcel was intercepted containing 21 kilograms of compressed cocaine concealed within working electronic equipment. A courier company employee, a New Zealand citizen residing in Brisbane, and a Sydney resident were arrested and charged under federal drug trafficking legislation. It was suggested that another five consignments had been arranged for importation. It is believed that the Sydney man involved had Colombian drug connections, and that he arranged for the cocaine to be sent through Venezuela and the US, and for the parcel company employee to intercept it before delivery.⁴²

Parcel post importation

In 2004 and 2005 the AFP conducted an investigation into shipments of cocaine being sent from Chile through the Australia Post mail system. The ACS intercepted 12 separate parcel post articles, containing books with cocaine concealed in their covers. Seven of these seizures were destined for post boxes in Brisbane and the Sunshine Coast.⁴³

Organised crime syndicate

In September 2006 a joint operation resulted in the discovery in Brisbane of cocaine worth \$35 million imported from Vancouver, Canada. The attempt to import more than 135.7 kilograms of cocaine in the back of computers is believed to be biggest seizure of the drug in Queensland's history and the fifth-largest in Australian history. The shipment also contained about 120 000 MDMA (ecstasy) tablets with an estimated street value of \$3.5 million.⁴⁴

An Australian citizen of Asian heritage, alleged to be the intended recipient of the cocaine, was arrested in Sydney (Oberhardt 2007). The syndicate had previously imported one shipment of 224 600 ecstasy tablets and 4 kg of cocaine in May 2006. A dummy shipment that did not contain drugs was also forwarded after the first shipment, following a warning that law enforcement might be monitoring their activities.

Distribution

CMC human sources have a number of general opinions on the source of the cocaine that they use. Cocaine transportation is largely believed to be by road transport and to a lesser degree through the post and commercial air services. Many sources believe that their cocaine comes from New South Wales and that hire cars are used to bring the

cocaine to South-East Queensland, whence it is then distributed throughout the state.⁴⁵ Some users will drive to places in NSW such as Byron Bay to obtain drugs for personal use.

The respondents to the CMC study also believed that the cocaine market in Brisbane and the Gold Coast is supplied by southern markets.

A number of law enforcement operations support the belief that cocaine is being sourced for the Queensland market from southern states, and this appears to be a common overall theme. Intelligence information supports this, including numerous reports of cocaine being sourced from Melbourne and mainly from Sydney through a variety of methods.⁴⁶ The cocaine does not always come through South-East Queensland, and can be moved directly to regional cities such as Cairns and Mackay.⁴⁷

Cocaine is transported from Sydney and Melbourne to Queensland primarily through road transport, including by hire cars and bus services and by individuals working in the transport industry.⁴⁸ Methods can also include a combination of commercial air services and hire cars, including flying to the source of the drugs and driving back to Queensland, or vice versa.⁴⁹

Distribution and supply of cocaine are believed to fluctuate in Queensland as a result of major events and the tourism industry. One participant in the CMC study suggested that the Gold Coast cocaine market grew significantly during the Indy motor race and inferred that any local market expansion was supported by cocaine from Sydney.

Sources also believed that tourists arriving on the Gold Coast would bring cocaine with them.⁵⁰

This appears consistent with reports from other tourist areas throughout the state, including Cairns and the Whitsunday area, where it is believed that many tourists, including backpackers, bring drugs to the area for personal use or minimal distribution.

However, it has also been suggested that there are poly drug dealers based in these areas who source cocaine and other drugs to target the transient population who are there for a 'good time'.⁵¹

CASE STUDY

Cocaine use and distribution by OMCG members

In February 2007, a joint operation arrested 17 people for numerous offences involving the large-scale production and distribution of dangerous drugs. The alleged drug syndicate included members and associates of a South-East Queensland based OMCG. Those arrested were charged with a range of offences including drug trafficking, drug supply, producing dangerous drugs, possessing dangerous drug, possessing drug utensils, possessing concealable firearms and tainted property.

The operation mainly involved targeting the production and distribution of methamphetamines. However, during the investigation it was identified that a primary target would regularly obtain cocaine for personal use and for distribution to immediate associates. Use by the primary target and associates was common. It did not appear that cocaine was more widely distributed.

Organised criminal groups participating in the cocaine market

OMCGs

Confidential sources believe that OMCGs are increasingly becoming involved in the distribution of cocaine.⁵² This information has been confirmed by LEA intelligence holdings which indicate that members of several OMCGs are involved in the supply and distribution of cocaine in Queensland.⁵³ CMC operations also confirm OMCG involvement in cocaine use, supply and distribution.

A recent intelligence assessment by the CMC on an OMCG outlines involvement in the distribution of cocaine among the range of criminal activities undertaken by gang members. It should be noted that OMCG members and associates do not always act as a group but carry out their own activities, including interacting with other criminal groups or individuals to identify and exploit criminal opportunities. This applies to the cocaine market, with individual OMCG members interacting with other criminals and individuals of various ethnicities (including Romanian and Middle Eastern) to supply cocaine.⁵⁴

The presence of cocaine in some regional centres is also associated with OMCGs. For example, although it is believed that the presence of cocaine in

Rockhampton is minimal, it is believed that the predominant distributors of the drug within the area are linked with a local OMCG, who obtain the product from southern cities such as Brisbane or the Gold Coast.⁵⁵

Culturally based and other crime syndicates

Romanian crime groups

It is traditionally recognised that criminals of Romanian ethnicity have been involved in sourcing and distributing heroin. However, recent joint agency operations have shown that these Romanian syndicates have diversified their criminal activity into supplying and distributing cocaine and other drugs in addition to heroin. The cultural connections within the Romanian community can be used to facilitate the movement of cocaine in Australia, including locally and interstate.⁵⁶

The shift by Romanian criminals into the sourcing and distribution of cocaine may be explained by changing international cocaine trafficking routes. It has been identified that the Balkan region is increasingly being used as a transit point or hub for cocaine from South America. It was suggested that this is a consequence of other parts of Europe employing more stringent anti-trafficking measures (Arsovska & Kostakos 2007). Considering Romania's close proximity to the Balkan region and access to an

international 'cocaine hub', it is feasible that Australian-based Romanians can source cocaine through established criminal connections in Romania that have been used to also source heroin.

South-East Asian organised crime (SEAO) groups

Similarly, cultural ties within the South-East Asian community provide opportunities for criminals to source and distribute illicit drugs. Intelligence suggests the involvement of SEAO syndicates in cocaine importation through Queensland ports.⁵⁷ Information shows that the syndicates are not necessarily Queensland-based, but in particular have links back to Sydney crime groups. The involvement of SEAO syndicates in cocaine importation was recently evidenced in the seizure of 141 kilograms of cocaine in March 2007 in Sydney, which was the fifth largest in Australia.⁵⁸ Similarly, 135 kilograms of cocaine seized in Brisbane in September 2006 was linked to an individual believed to be a SEAO figure in Sydney, even though the people arrested were mainly Caucasian.

It is possible that if South-East Asia and China begin to be more heavily targeted as areas for international cocaine market expansion (because of their burgeoning economies and the potential for increased demand), then established drug trafficking routes from this area could be more readily used to source cocaine for the Australian market. Therefore, groups with cultural links to these areas may become increasingly involved in cocaine importation into Queensland and Australia.

Middle Eastern organised crime (MEOC) groups

Criminals of Middle Eastern heritage have been identified as being involved in various criminal activities in Queensland, including involvement in the distribution of illicit drugs such as cocaine. Recent investigations have confirmed the involvement of MEOC groups in

drug distribution and there are well-known links between OMCGs and criminals of Middle Eastern ethnicity.

Colombian and South American crime groups

Individuals of Colombian heritage residing or studying in Australia and Queensland have also come to the attention of law enforcement agencies for sourcing and distributing cocaine.⁵⁹

Since Colombia remains one of the largest world producers of cocaine, it is not surprising that criminals in Australia with links to the region can easily source the drug.

Other crime syndicates

A variety of other criminal syndicates have been identified sourcing and distributing cocaine in Australia. Several law enforcement operations have identified and disrupted crime groups of various backgrounds involved in cocaine-related activity. It is reasonable to suggest that any of these groups could have links to cocaine activity in Queensland. There are also examples and evidence of individuals or groups of Australian heritage involved in cocaine supply in Queensland.

It is important to highlight that syndicates involved in any organised criminal activity are more regularly interacting with other groups (including cross-culturally) to take advantage of criminal opportunities. This has been shown in the cocaine market and is evidenced in recent operations that showed interaction between OMCGs and individuals of Middle Eastern ethnicity. Syndicate or cultural links do not prevent groups of criminals or individuals from operating with others when opportunities arise.

CASE STUDIES

Individuals of Romanian ethnicity involved in major cocaine supply

A CMC investigation was initiated in 2006 into an individual of Romanian background believed to be involved in trafficking and distributing illicit drugs in South-East Queensland. From this investigation, a major joint agency operation commenced, which culminated in the arrest of 11 individuals of Romanian heritage in March 2007 for a number of charges relating to possessing, supplying and trafficking dangerous drugs.

The operation uncovered a large, loosely associated criminal network, who used their cultural background and associations to undertake major criminal activity. The network appeared to operate on a 'needs' basis, using their contacts to supply drugs for personal gain.

The operation primarily focused on the supply of cocaine, with 225 grams seized during the investigation. The results of the operation were unique, as the purity of the cocaine was very high, indicating that the network was perhaps attempting to import the drug or was very close to the import source.

The syndicate was also involved in supplying heroin and ecstasy and apparently had access to methamphetamines. Links were identified to associates in Western Australia, Victoria and Romania.

Multi-faceted interaction of crime syndicates involved in drug distribution

An investigation began in January 2004 with an objective of infiltrating drug networks operating in the Brisbane nightclub scene. It identified a number of individuals and syndicates operating together to produce, supply and distribute a range of illicit drugs including cocaine, methamphetamine, cannabis and MDMA. Groups included individuals of Italian, Asian, Middle Eastern and Australian heritage. The operation also identified links to OMCGs.

The closure of the operation resulted in the arrest of 57 offenders on 295 charges. Criminal activity included drug trafficking and supply, stealing (including vehicles), armed robbery, break and enters and other drug and property related offences. The operation seized 179 grams of cocaine, 767 MDMA tablets, 433 grams of methamphetamine and \$269 000 in stolen property.

This operation was the catalyst for several other successful operations targeting illicit drugs.

4: Discussion and conclusions

This section outlines findings and observations on the cocaine market in Queensland, and concludes with some future strategies for law enforcement.

Assessment of the market

Current situation

- **Law enforcement data and recent operations show that the cocaine market has expanded in Queensland over recent years, although minimally.**

This is somewhat supported by results from various drug research and studies. Overall, however, the cocaine market remains small in comparison with that of other illicit drugs and cocaine continues to be one of the least visible illicit drugs in Queensland.

- **The most prevalent areas in the state for cocaine are South-East Queensland and, to a lesser extent, Cairns.**

Anecdotal information and some intelligence indicate that cocaine has also become more prevalent in some regional centres, but there is only limited supporting data or information to confirm this and any expansion in these areas seems small.

- **The cocaine market in Queensland is mainly 'closed', with limited examples of any open dealing and the wide belief that one cannot source cocaine without effective connections.**

The current sporadic levels of supply appear to be outstripped by the level of demand within these well-established networks. Available information suggests that the market is supply driven. The actual level of demand in Queensland remains difficult to quantify as cocaine users are less likely to come to law enforcement attention than other drug users, are less likely to require medical help from using the drug, and would derive no

benefit from identifying themselves as cocaine users in studies or research.

- **The Queensland market is not as large or as established as markets in southern states and could be described as a secondary or satellite market.**

Markets in Sydney and Melbourne appear to have larger demand and/or more effective supply networks, therefore acquiring larger quantities of the cocaine imported into the country. Queensland does not have a significant cocaine injecting market, which studies have shown may be one reason for Sydney having the largest cocaine market in Australia.

- **There are few indications of competition within the Queensland cocaine market.**

A lack of competition between suppliers or dealers is a further indicator that there is inconsistent or insufficient supply for current market requirements. There are also no available signs of market control or domination by any particular group.

Market drivers — use

- **Cocaine is a unique drug, with no other illicit substance having similar effects or possessing the same 'glamour' perception held by some drug users.**

How cocaine is perceived is one of the major reasons for this drug's continued use. In the minds of some drug users, its historical association with the 'rich and famous' provides some level of prestige in comparison with other drugs. There is an idea that also exists that cocaine is produced from an organic source and therefore must be healthier to use than chemically derived drugs such as methamphetamines or MDMA. As well, although cocaine's shorter-acting effects are a barrier for some drug users, others view this as an advantage.

The shorter and apparently 'cleaner' effect of cocaine is an important driver. For similar reasons, cocaine is used in poly drug taking to assist in mood management, with the perception that it is an easily 'compatible' drug and can be used in conjunction with substances such as ecstasy with less risk than some other drugs.

- **Cocaine use is embedded in social interaction.**

As with the wider poly drug market, cocaine holds a position of being associated with having a 'good time' with friends and associates. Cocaine is often given to people for special occasions or offered for sharing. People will also pool money to buy cocaine for private parties or major events. The CMC study highlighted that no participants had ever used cocaine on their own.

- **Social drug taking is more commonly accepted as the norm.**

It can be argued that drug taking, particularly in an infrequent social context rather than abuse, is more broadly accepted as a typical practice and is less likely to be perceived as unlawful or delinquent behaviour by individuals regularly interacting in social environments.

- **Increasing incomes of social drug users.**

Increasing incomes in the wider community, particularly within boom sectors such as mining and construction, mean that individuals have more disposable income to spend on their social activities, including drug taking.

Factors affecting the current market

- **The consistently high price of cocaine is a significant element limiting further expansion of the market in Queensland.**

The price of cocaine has not varied greatly over recent years

and remains high compared with other stimulant drugs, which reduces the broader uptake of cocaine in poly drug or injecting drug markets. The easy availability and cheaper prices of synthetic drugs, such as methamphetamine, coupled with their longer-lasting effects, mean that cocaine does not present as a regular viable alternative for stimulant users.

- **Market expansion is affected by cocaine rarely being readily available and by sporadic supply.**

Other drugs are often easier to source and a user requires access to an established supply network to obtain cocaine. This influences the number of people more regularly seeking the drug.

- **Cocaine attracts discerning users who only seek quality product.**

Many individuals who use cocaine are sensitive to the purity of product they seek. Users will try to identify regular sources of good-quality cocaine and maintain these networks of supply. It is a general perception that cocaine available in Queensland is often of poor quality. This perceived inability to access good-quality product could again influence the number of users seeking cocaine. If users could repeatedly obtain high-quality cocaine, market factors relating to price sensitivity are likely to be reduced, as users are willing to pay for good product.

- **LEA activity impacts on the operation of the cocaine market in Queensland and increases the risk perceived by participants.**

Border seizures, particularly those of large-scale importations, impact heavily on domestic cocaine supply chains and to some extent account for fluctuating availability. Law enforcement activity focusing on drug supply syndicates, and local police operations targeting public locations of use, also increase the level of risk for

those participating in the cocaine market. The impact that law enforcement is having is evidenced in the use of cocaine most commonly occurring in private locations rather than other areas.

- **Ability of individuals or criminal groups to source and import cocaine.**

To some extent Australia's geographical isolation is a barrier to criminal groups who wish to start to or continually source large-scale supplies of cocaine. Without established contacts and a high level of organisation it is likely to be difficult to identify suppliers, develop a variety of importation methods to avoid detection, and then effectively distribute cocaine.

Future expansion — potential drivers

Changes in international and domestic markets

A major factor influencing the Australian cocaine market in the future will be variations that occur in international markets. Large cocaine markets based in Europe and the United States account for a significant portion of the cocaine used on an international level and any changes in these markets could influence growth in other areas. It has been suggested that cocaine traffickers targeted European markets because of idle growth and saturation of the US market. Wholesale and retail prices of cocaine have progressively come down in Europe over the last 10 years as a result (NDLERF 2005).

The threat exists that the US market will remain saturated, while European markets move in the same direction. If this happens, international cocaine traffickers may identify that Asia and Australia provide more lucrative opportunities and endeavour to further develop these markets by focusing on these regions. Some research suggests that this occurred with the ecstasy market — the market in Europe became saturated and profitability dropped, so traffickers sought

opportunities elsewhere, such as in Australia. This resulted in increased availability, lower prices and an amplified market growth for ecstasy in Australia.

Domestically, change or growth in southern cocaine markets is also likely to influence the Queensland market.

Diversification of crime group activities and increasing interaction

The potential for established organised crime syndicates to diversify their criminal activities into cocaine distribution is likely to encourage market growth. Crime groups involved in producing, sourcing and distributing other illicit drugs seek to extend their activities when opportunities are available. Taking into account the growth of poly drug use and the niche that cocaine will maintain in this environment, more groups are likely to believe that they can profit from distributing cocaine.

Given that intelligence indicates that the Balkan region is becoming an international cocaine transit point, established drug trafficking routes to Asia and Australia could be used to transport larger amounts of cocaine. At a domestic level, Australian-based criminals who have ethnic ties to the Balkan region or Asia may exploit this situation and attempt to import larger amounts of cocaine. The involvement in cocaine supply and distribution of individuals of Romanian ethnicity and persons of South-East Asian heritage has already been evidenced in Australia and Queensland.

Groups with ethnic ties to cocaine transit areas are likely to have a competitive advantage over other crime groups, although, as identified, criminal groups are presently more likely to interact with each other for favourable outcomes. Therefore, groups such as OMCGs may seek to cooperate with ethnic crime groups to access cocaine and attempt to develop the market by using current drug distribution chains. If such a scenario eventuated, it could become

particularly problematic for areas with an OMCG presence.

Trends in use and increased supply

The continuing trend of poly drug use within the ecstasy/social drug market is a driver for increased expansion of the cocaine market in Queensland. It has been identified in several studies that the ecstasy market and the cocaine market overlap to some extent and this appears to apply in Queensland. As discussed, cocaine holds and will maintain a distinctive position in the overall drug market that is unlikely to be threatened by substitute products. If poly drug use continues within social environments, there may be growing demand for cocaine. In the short term, should supply increase, the social drug market will be the most likely area to see an increase in demand for cocaine.

Although Queensland does not currently have an extensive cocaine injecting market, if cocaine availability increases and prices reduce, injecting drug users are likely to more readily seek out the drug. However, with the current level of cocaine supply to Queensland it is unlikely that any shift from heroin or amphetamines by injecting users will occur over the short to medium term.

The state of other domestic drug markets will also affect trends in cocaine supply and demand. Changes in user preferences, price, availability and associated harms could cause a shift towards increased or decreased demand for cocaine. For example, the continued emergence and prevalence of crystal methamphetamine, with its high level of associated harms and increased law enforcement focus, could encourage some users to seek alternatives. Supply reduction of any readily available drug could shift demand to other drugs including cocaine.

Perhaps the primary factor currently limiting cocaine market expansion is supply. If supply to Queensland increases, there will be an increase

in overall market size. Increased supply would be likely to increase purity levels and availability, reduce prices and make the drug more accessible to more users. Purity levels are an important factor in cocaine use and good-quality product at a user level would cause growth regardless of cost, as some users will gladly pay for quality. As well, if prices dropped substantially the drug would become a more attractive alternative to a wider range of drug users who are price sensitive, and would be more competitive with cheaper drugs such as methamphetamines (Figure 9).

Indicators of cocaine market expansion

An expanding cocaine market in Queensland would see increases in some or all of the following areas:

- arrests and seizures
- border detections
- the identification of large-scale importations
- the involvement of organised criminal groups
- access and ease of sourcing
- open dealing at user level
- use in public areas
- incidence and/or frequency of cocaine use in research and study data
- harms (hospitalisation and other health data)

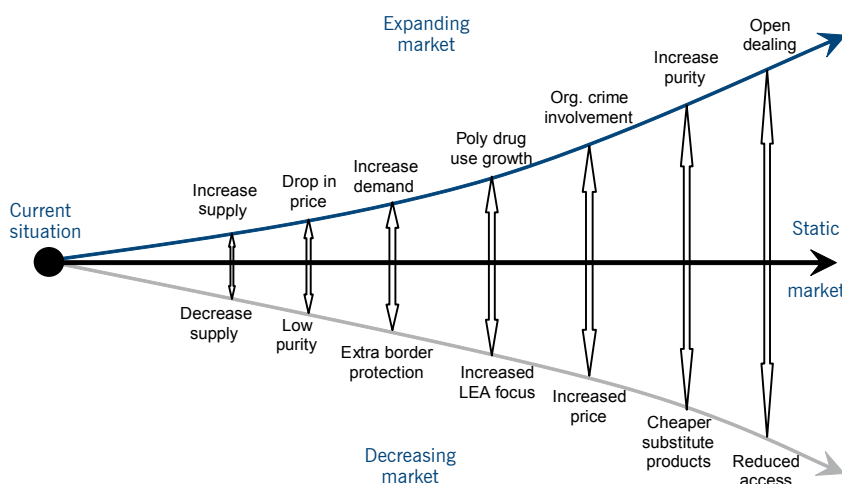
- competition between dealers and suppliers (including lower prices and violence)
- purity levels (including seizures and perception at user level)
- intelligence from operations and human sources.

Intelligence and information gaps

The hidden nature of the cocaine market means that obtaining information about cocaine supply, distribution and use is challenging. Because of a lack of information on the cocaine market in general, this assessment has used studies, information and intelligence that are only representative of the knowledge of study participants, human sources and law enforcement personnel, which at times can be subjective and may not be indicative of the entire market. As a result, there are still a number of information gaps for the cocaine market in Queensland which require further exploration. These include the following:

- **The amount of cocaine directly imported from overseas into Queensland versus the amount transported from interstate to supply the current market.** Although it is recognised that cocaine comes into Queensland through a variety of methods, the actual amount and the key originating sources of supply are not clear. Areas to be clarified include the ability of transnational and domestic

Figure 9: Cocaine in Queensland — potential market forces



networks to establish transportation routes, develop import methodologies and divide and distribute cocaine.

- **The identity of key individuals and/or organised crime syndicates responsible for sourcing and distributing cocaine in Queensland.**

This includes the level of interaction between criminal groups and the intent to further develop the current market. It is unclear if established criminal groups intend to diversify into increased cocaine supply and/or if there are emerging syndicates specifically focusing on developing specialised networks. The structure and operation of such syndicates are also unknown. The overall market's 'closed' nature and the fact that many users source cocaine from friends also make it difficult to discover information on distribution networks and their operation.

- **The actual extent of growth in the cocaine market and the level of use by high socioeconomic individuals.**

Most information available for assessing the market focuses on integrated users who attend nightclubs and other venues. Although it is recognised that use by individuals of high socioeconomic status overlaps with this market to some extent, it is likely that some users do not participate in this environment. The fact that use most commonly occurs in private areas also makes it difficult to identify trends and growth in the general market. Because users in high socioeconomic groups are more likely to conceal their use (for obvious reasons), there are limitations on the ability to gather information on use within such groups through currently available methodologies.

- **The extent of cocaine use by poly drug users.**

Although some information is available from research projects, the extent to which cocaine use by poly drug users has increased

is not known. It is recognised that poly drug use is increasing, but it is difficult to accurately establish or quantify the role of cocaine in this.

- **Use by individuals within specific vocations.**

Although intelligence suggests that cocaine use has expanded in certain job areas such as construction and mining, the extent to which this has happened and the breakdown of use by certain occupations are unknown. This is also the case with prevalence of cocaine use in specific professional and high-profile jobs; this is associated with the lack of overall information on high socioeconomic users.

- **Level of use in regional areas of Queensland.**

Most research relating to drug markets in Queensland and most major LEA operations are focused on South-East Queensland. Although it is recognised that a large part of the state's population is located in the south-east corner, the focus on this area makes it difficult to accurately assess cocaine market expansion in regional areas. Although some information exists, it is difficult to substantiate findings with other data or supporting information, and as a result these findings may be subjective or biased.

Harms and risk level of the cocaine market in Queensland

Harms

The current level of harms from cocaine use in Queensland could be described as low. Available data show that individual and social harms are minor, particularly when compared with the harms caused by more prevalent drugs. The pattern of use by a large proportion of users (infrequent use in social environments, by nasal ingestion) appears to produce minimal problems and users are less likely to be involved in criminal activity than other drug users. Cocaine is injected by some users in Queensland, but

this method is less prevalent and the frequency of injection in general is much lower than for other drugs. Cocaine use in poly drug taking also does not appear to contribute heavily to the harms associated with multiple drug use. However, it is difficult to assess cocaine's effects in these circumstances.

Although current harm levels appear low, the potential harms of cocaine are significant and if the market increased rapidly the level of harms could rise. NDLERF's research in Sydney and Melbourne found that, from their sample, regular cocaine injection by marginalised users in Sydney accounted for the majority of physical, psychological and social problems, as opposed to those who snorted cocaine on a casual basis. The report also highlighted that the harms from cocaine in other Western countries were usually associated with crack cocaine (NDLERF 2005). As discussed, to date Australia has not experienced the advent of crack.

Crack cocaine — will it emerge?

No evidence has been found of crack cocaine being used in Queensland. However, it appears that converting powder cocaine to crack cocaine would be an unwise criminal venture because of the high cost and lack of supply of cocaine hydrochloride. Recent statistics show that in America, where powder cocaine is readily available, producing and selling crack cocaine remains an extremely lucrative process. For example, an ounce of powder cocaine in America costs between US\$500 and US\$1600 (National Drug Intelligence Center 2004). When converted to crack cocaine and sold in this form, one ounce of powder cocaine can create a profit of up to four times the original value of the powder cocaine.⁶⁰

Given the current cost of cocaine in Australia, such a profit margin is not achievable and the production of crack cocaine is unviable. The QPS reports that in September 2006 the price of an ounce of cocaine in Queensland was around \$7500,⁶¹

while recent CMC operations were obtaining ounces for \$8000. If crack producers wanted to create a similar profit level to that in the US, one 'rock' of crack would have to sell for as much as eight times or more than it does in America. Given the high availability of other drugs in Queensland, such as crystal methamphetamine, which can be bought on average for \$50 a 'point', or 0.1 gram (QADREC 2007b), producing and selling crack cocaine is not currently a practical option for Queensland drug suppliers.

It is suggested that at least a 50 per cent reduction in the cost of powder cocaine is necessary for crack to become viable.⁶² It appears that the only way such a decrease in the cost of powder cocaine will occur is if there is a large increase in the availability of the drug and a rapid expansion of users. Furthermore, it has been argued that 'serious' drug users in Australia have a strong 'injecting' rather than 'smoking' culture. However, this situation may have weakened over recent years with increasing consumption of crystal methamphetamine, which is often inhaled from 'crack-style' pipes.⁶³ If a 'hard' drugs smoking culture continued to develop, demand for crack might emerge and production might become viable if cocaine supply was to increase and prices were to fall. However, crack would be directly competing with crystal methamphetamine, which is likely to be cheaper and produces longer-lasting effects. Crack is therefore unlikely to emerge as a problem in the short to medium term.

Risk assessment

In 2004 the CMC assessed the cocaine market as a medium risk in Queensland, which could potentially increase over the next three years (CMC 2004). (See Appendix 3 for details of the risk assessment methodology and matrix.) Current information indicates that there has been some expansion in the cocaine market since 2004, but this has been minor. The market remains small in comparison with other illicit drug

markets, with an overall low level of harm.

In the CMC risk assessment methodology, **threat** is a measure of how likely an individual or group is to succeed in carrying out activity that may cause harm. The threat is based on an assessment of the group's **intent** and **capability**.

It is assessed that the broad criminal environment's intent to source and distribute cocaine in Queensland is 'Very high', with a desire to engage in continuing activity for profit and to plan and organise cocaine importations. However, the current and immediate future capability of such groups is rated as 'Medium' because of a lack of information suggesting any specialisation by domestic criminal groups and limited evidence of an ability to continually access and successfully import large amounts of cocaine. Therefore the threat level is assessed as 'High', when considering the combination of intent and capability.

Harm is the level and type of impact that would occur should the **threat** be realised. As outlined in this assessment, cocaine use can result in significant harms and this has been evidenced in other countries. However, Australia has not had similar experiences and Queensland currently shows little harm from cocaine. There is an absence of the core problems associated with cocaine harms in other countries (that is, a large number of marginalised users and crack cocaine). Although cocaine-related harms for Queensland are likely to remain low in the immediate future, if the market were to rapidly expand, the harms experienced would probably be high. Therefore the current assessed harm level is 'Medium'.

The level of **risk** posed by the cocaine market is an assessment of the likelihood and impact of harmful

consequences occurring. Risk is a product of the combination of the ratings for threat (High) and harm (Medium). When applied to the matrix, the current level of risk for the cocaine market in Queensland remains at 'Medium' (Figure 10).

Several other issues regarding the cocaine market were also considered in the risk assessment, including:

- the fact that the market has had some expansion
- the involvement of organised crime
- the potential harms that would be caused by increased cocaine supply
- the current low level of harms
- the current small size of the market
- prevalence compared with other drugs
- the current typology of users.

A 'Medium' rating is consistent with the assessment by the CMC in 2004 and remains lower than that of other more prevalent drugs. **The CMC believes that this risk level will remain static in the short term but may increase in the next three to five years, and therefore change needs to be closely monitored.**

Continued involvement of domestic organised crime in the cocaine market is likely to have the greatest impact in the future. In particular, increasing diversification of criminal groups and greater interaction between them are likely to increase these groups' ability to source and import cocaine. If this happened it would raise the threat posed by these groups and raise the overall level of risk.

Other major factors that would affect the current risk level are any shift in the status of the international cocaine market and any threat posed by transnational crime groups

Figure 10: Risk assessment of the cocaine market in Queensland

Intent	Capability	Threat	Harm	RISK
Very high	Medium	High	Medium	MEDIUM
Intent x Capability = Threat		Threat x Harm = Risk		

to Australia. Both of these factors could force the risk level higher.

Future strategies for law enforcement

- **Implementation of a watching brief to monitor changes in the cocaine market in Queensland.**
- **Consideration of tailoring a methodology to more effectively fill current gaps in knowledge and more accurately assess the extent of the cocaine market in Queensland.**
Methodologies traditionally used to collect information and assess drug markets are not as effective for collecting information on the cocaine market. The use of cocaine in private/non-visible environments and the typology of some users present unique problems for addressing key gaps in information about the cocaine market.
- **Identification of human sources/community contacts participating in or who can access user networks in the cocaine market.**
- **Increased collaboration between state and federal agencies.**
Joint, multi-agency operations continue to have significant success in targeting and dismantling organised drug trafficking and supply networks. Continued partnerships between agencies are particularly relevant for the cocaine market, as cocaine has to be imported into the country using international and domestic criminal networks that transcend state and national boundaries.
- **Continued use of clandestine/covert operations targeting domestic organised crime networks involved in the supply and distribution of cocaine.**
- **Development of a telecommunications interception (TI) capability to assist operations.**
The introduction of a TI capability for Queensland will greatly assist investigations, the likelihood of successful results

and the ultimate disruption of organised crime groups involved in drug trafficking, including cocaine. The use of TI will particularly help in targeting upper-echelon criminals, whose removal will have a greater impact on the overall market.

- **Continued targeting of the broader illicit drug market and organised crime groups.**
The diversification of crime groups, including dealers at user level, means that cocaine is likely to be more readily identified in operations targeting groups for other illicit drug activity or criminal enterprises.

Conclusion

The cocaine market has expanded minimally in Queensland over recent years, but it remains smaller than other illicit drug markets. Queensland could be described as a secondary market to areas of larger cocaine demand in Sydney and Melbourne. Cocaine use in Queensland extends outside the high socioeconomic demographic with which it has traditionally been associated and trends within this group remain difficult to quantify accurately. The market is somewhat 'closed' in Queensland and information gaps still remain.

The ever-increasing overlap of illicit drug markets and trends in the broader criminal environment mean that it is likely that LEAs will increasingly detect cocaine activity. Any growth in the cocaine market will be dictated by supply and the capabilities of crime syndicates to continually source and import large amounts of the drug. Should this happen, prevalence and the visibility of cocaine will increase in social and poly drug markets. The social drug market is where any growth in cocaine use is most likely to occur in the immediate future. The importance of social networks in supply cannot be ignored and must be taken into account when devising law enforcement strategies to disrupt the market.

Queensland does not currently have a large number of marginalised

users, nor has it experienced the advent of 'crack' cocaine. Both of these factors are central to the significant problems associated with cocaine in other countries. In the short term, cocaine use will remain socially based in Queensland; cocaine is unlikely to move towards being more regularly used by marginalised individuals, and it is unlikely that a crack market will develop. However, the considerable risks associated with a rapidly expanding cocaine market cannot be discounted and continued monitoring for change is required to ensure a prompt and effective response by law enforcement should growth occur.

The CMC assesses the current cocaine market in Queensland as a 'Medium' risk, which has the potential to increase over the next three to five years. The present status of the market does not demand greater focus than what is currently provided, or a shift in LEA priorities from more prevalent illicit drugs or other major crime.

However, it is imperative to note that this does not suggest that the potential threat and harms posed by the cocaine market are insignificant, as cocaine is a powerfully addictive stimulant that directly affects the brain and central nervous system and can cause significant physical and psychological problems. Rather, from available information about the market, the harm levels exhibited by cocaine in Queensland do not currently pose as high a risk as that for some other illicit drugs (for example, those such as methamphetamine that are easily accessible and cause significantly greater harms to individuals and the community).

Overall, the adverse history of cocaine in other countries demands that the government and law enforcement effectively combat any increased risk posed by the drug in the future because of the harm it can cause.

Appendix 1:

Cocaine production and effects

This appendix outlines the specifics of the production and effects of cocaine.

Cocaine is a powerfully addictive stimulant that directly affects the brain and the central nervous system. Pure cocaine is extracted from the leaves of the *Erythroxylon* coca bush, which grows primarily in the Andean highlands of South America in countries such as Colombia, Bolivia and Peru.

Cocaine hydrochloride is the type of cocaine generally available in Australia. It is usually distributed as a white crystalline powder or as an off-white chunky material. Cocaine powder is often diluted or cut with a variety of substances, the most common being baking soda, cornstarch, protein powder, talcum powder and sugars such as glucose, lactose and sucrose. Local anaesthetics such as lidocaine or benzocaine, which mimic or add to cocaine's numbing effects, can also be used. The adulteration increases the volume and increases the profits of the seller. Cocaine hydrochloride is generally used intranasally (snorted) or dissolved in water and injected. It cannot be smoked because it is heat labile (that is, destroyed by high temperatures).⁶⁴

Crack is cocaine that has been engineered to make it smokeable. The term 'crack' refers to the crackling sound heard when it is heated. Smoking delivers large quantities of cocaine to the lungs, producing effects comparable to intravenous injection. Drug effects are felt almost immediately, are very intense and are quickly over.

Common street names for cocaine are bazooka, big C, blow, candi, charlie, ceci, coke, crack, hunter, marching powder, nose candy, okey dokey, snow and white lady.⁶⁵

Cocaine is a stimulant, increasing the speed of central nervous system activity. The effects of cocaine are felt almost immediately and can last between minutes and hours. The duration of cocaine's immediate euphoric effects depends on the route of administration, the purity and an individual's tolerance to the drug. Generally, the faster the absorption, the more intense the high and the shorter the duration of action.

Common methods of administration of cocaine are oral, inhalation and intravenous. Oral administration of cocaine is commonly referred to as 'swallowing' or 'chewing' and enables the cocaine to be directly digested into the body via the gastrointestinal system. Inhaling cocaine via the nasal passages is commonly referred to as 'snorting'. Contrary to widespread belief, cocaine is not actually inhaled using this method. The powder when drawn into the nostrils is absorbed into the nasal tissues, and subsequently the bloodstream. Intravenous administration, commonly referred to as 'booting up', enables cocaine to be released directly into the bloodstream.⁶⁶ Injection is the most efficient delivery method, as 100 per cent of the drug enters the system, in comparison with only 20 per cent to 60 per cent by snorting. Smoking cocaine (i.e. crack) is the inhalation of cocaine vapour into the lungs, allowing the cocaine to be absorbed into the bloodstream. This form of administration enables the cocaine to take effect as rapidly as intravenous administration. Cocaine powder can also be rubbed into other mucous tissue (such as the mouth, anus and vagina).⁶⁷

Cocaine reaches the brain through the snorting method in about 3–5 minutes, the maximum effect is

achieved in 20 minutes and the effects are sustained for around one hour after peak effect. Intravenous injection of cocaine produces a rush in 15–30 seconds and the effects are sustained for roughly 30 minutes. Smoking produces an almost immediate intense experience. Maximum effect is attained 2 minutes after inhalation and the effects are sustained for 30 minutes (National Institute on Drug Abuse 2006).

Cocaine is an extremely addictive drug. Therefore, an individual may have difficulty predicting or controlling the extent to which he or she will continue to want or use the drug. Cocaine's stimulant and addictive effects are thought to be primarily a result of its ability to inhibit the reabsorption of dopamine by nerve cells. Dopamine is released as part of the brain's reward system, and is either directly or indirectly involved in the addictive properties of every major drug of abuse (National Institute on Drug Abuse 2006). Cocaine users may develop an appreciable tolerance to the high from the drug, with many addicts reporting that they seek but fail to achieve as much pleasure as they did from their first experience. Some users will often increase their doses to intensify and prolong the euphoric effects. Although tolerance to the high can occur, users can also become more sensitive to cocaine's anaesthetic and convulsing effects, without increasing the dose taken. This increased sensitivity may explain some deaths occurring after apparently low doses of cocaine (National Institute on Drug Abuse 2006).

Effects of cocaine use include a feeling of euphoria and exhilaration. Users can become energetic and talkative and often experience an

increase in their sex drive, coupled with a loss of inhibition (Campbell 2001). Other immediate effects include increased body temperature, heart rate and blood pressure, dilated pupils, reduced appetite and heightened levels of energy and alertness. Although cocaine can cause euphoria and increased confidence, it may also cause anxiety and panic. The euphoric effects of cocaine are almost indistinguishable from those of amphetamine, although they do not last as long.⁶⁸ To avoid fatigue and the depression of coming down, frequent repeated doses are often taken.

In addition to the psychosocial effects of cocaine use, there are also many physiological effects.⁶⁹ Cocaine directly affects the central nervous system by altering the absorption of the neurotransmitters (substances that exchange information between nerve cells). When inhaled, it is absorbed and taken rapidly through the bloodstream to the whole body, especially the brain. Sustained use of cocaine can decrease the number of neurotransmitters and eventually

there will not be enough to maintain a normal mood. This alters the biochemistry of the brain, causing permanent damage. The inhalation of cocaine also leads to frequent nose irritation that results in the development of ulcers in the mucous membrane, perforations in the septum, the loss of smell and damage to the cartilage separating the nostrils.

The injection of cocaine can lead to the collapse or blockage of veins, ulcers and abscesses (Australian Institute of Criminology 2004). Cocaine can cause irregularities in the functioning of the heart. The heart beats faster and there is an increase in the rate of both respiration and body transpiration. Excessive doses of cocaine may lead to seizures and death from respiratory failure, stroke or heart failure. Cocaine smokers suffer from acute respiratory problems, including coughing, shortness of breath and chest pains, with lung trauma and bleeding.⁷⁰

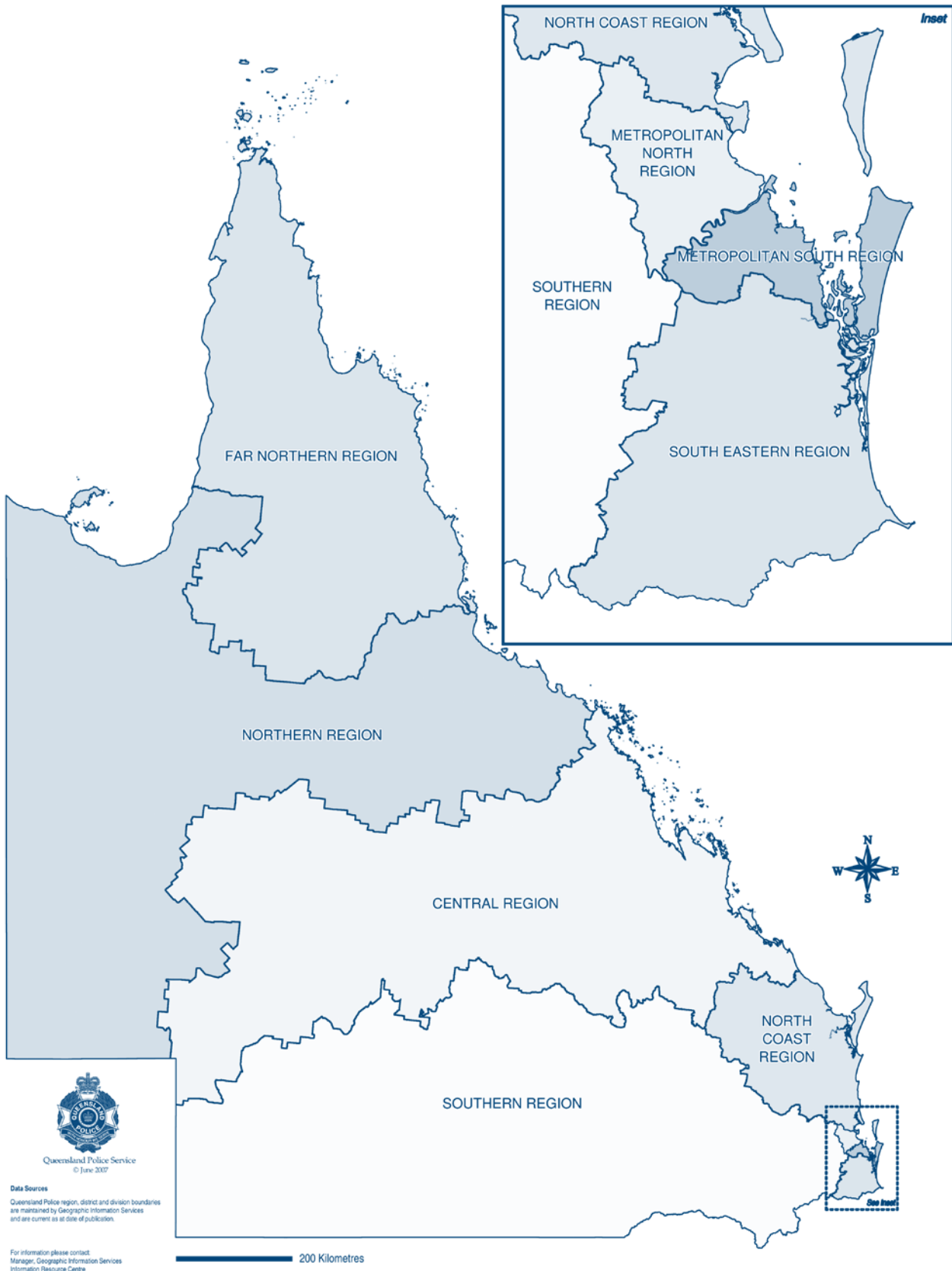
Prolonged use of cocaine may cause significant physical and psychological problems, including psychosis. Some effects of long-

term use listed by the *Drug identification bible*, 2003 edition (Amera-Chem 2003), are:

- aggressiveness
- anxiety
- confusion
- decreased energy
- depression
- exhaustion
- fatigue
- hallucinations
- headaches
- lack of sleep
- malnutrition
- obsessive behaviour
- paranoia
- seizures
- strokes
- suicidal behaviour
- weight loss.

Cocaine is commonly used in conjunction with other drugs such as alcohol, cannabis, amphetamines and ecstasy.⁷¹ The combination of cocaine and alcohol can be dangerous, and increases the risk of sudden death (Amera-Chem 2003).

Appendix 2: Map of Queensland policing regions



Appendix 3:

CMC risk assessment methodology

The risk assessment process applied to the drug markets and criminal networks follows the methodology used in 1999 and 2004. This will provide a degree of consistency in the assessment process and allow comparison with the risks in the two earlier reporting periods for the cocaine market (1999 and 2004).

The risk assessment matrix is essentially a series of formulae to determine level of risk:

Desire × confidence = **intent**

Resources × knowledge = **capability**

Intent × capability = **likelihood of threat**

Likelihood of threat × harm/ consequences = **RISK**

Threat is effectively a measure of how likely it is that a person or group will succeed in carrying out some activity that may cause harm; and the likelihood of success depends on their intent and capability. Intent is the desire (motives and wishes) of the subject to engage in activities and their confidence that the activities will be successful. Capability is the availability or possession of the resources and sufficient knowledge to engage in the activities. The measurement of intent is essentially qualitative and relies on the analyst's

judgment. The measurement of capability, in contrast, lends itself more readily to quantitative assessment: the number and mix of people with the relevant skills and knowledge, and access to the prerequisites for a particular type of criminal activity.

Harm refers to the magnitude and type of impact that would occur should a threat be realised. Such impact includes physical, psychological (including perception of harm), economic and political damage.

Harm is a factor that stakeholders are involved in determining because it refers not only to fact but also to perceptions. This is particularly relevant to the psychological, economic and political components of harm. Depending on the crime market, stakeholders may include politicians, LEAs, government departments and agencies, the health and financial sectors, private industry, professional groups and members of the general public. It is now recognised that law enforcement needs to engage more frequently and intensively with external stakeholders to counter organised crime; the views and perceptions of those stakeholders are therefore critical to any assessment of harm.

It is also important that governments and LEAs acquire detailed knowledge of harm levels, both direct and indirect, to help them design policies to combat the causes and effects of organised crime. For example, although a threat may be significant, it may not be worthwhile allocating resources to reduce the threat if the harm it might cause would be slight.

The importance attributed to the various components of harm varies according to the category of criminal activity being considered. Despite any assessment of threat, some issues will still be given prominence (or lack of it) by political and public perceptions.

Risk is a function of the threat of an activity occurring and the harmful consequences of that activity. Risk is commonly given a probability rating that is expressed in qualitative terms from low to very high. A similar risk assessment methodology is employed by the ACC to assess organised crime. Although differing terminology is used by the CMC and the ACC, the harm components cover similar indicators, notably focusing on both perceived and actual threats.

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Endnotes

- 1 <www.dea.gov/pubs/abuse>, viewed 1 November 2006.
- 2 Crack is a form of cocaine that has been reverse engineered to its freebase form, allowing the drug to be smoked, thereby providing a quick and easy access route to the body.
- 3 LEA intelligence holdings.
- 4 It should be noted that the NDSHS sample is based on households, and therefore homeless and institutionalised (marginalised) drug users are not likely to be included. It should be considered that marginalised users represent a portion of injecting drug users that would impact on the results of this study, particularly in relation to those drugs (amphetamine and heroin) that may be more regularly targeted for injection.
- 5 The Brisbane and Southport watch-houses are the Queensland testing sites for the DUMA project.
- 6 Drug trends in these publications are discussed by state and territory, although the samples for the studies are from capital cities of each jurisdiction. Each sample ranges from approximately 100 to 150 persons. There is also a national report that aggregates state data.
- 7 The figures supplied by QPS Statistical Services are not official QPS statistics, as they are based on ACC counting rules rather than on official police counting methods. Therefore these figures are to be treated as estimates only. Note that the counting methods applied in the extraction of the statistics provided are those used for the ACC's *Australian illicit drug report* (ISSN 1327-9068). Furthermore, any analyses or statistics derived from the data were completed by the CMC.
- 8 LEA intelligence holdings.
- 9 QPS consultations April 2006 & April 2007.
- 10 *ibid.*
- 11 QPS consultations March 2006 & April 2007.
- 12 LEA intelligence holdings.
- 13 Samples tested by the Queensland Government Forensic Laboratories may include seizures by federal agencies and are not solely representative of QPS seizures. As well, figures represent only those seizures forwarded for testing.
- 14 CMC confidential source consultations April–May 2006 & April 2007.
- 15 LEA intelligence holdings.
- 16 CMC confidential source consultations May 2006.
- 17 *ibid.*
- 18 Queensland Government Forensic Laboratories consultations February 2007.
- 19 LEA intelligence holdings
- 20 In January 2000 the ACS identified a container in Brisbane that contained 9.1 kg of cocaine in the form of off-white tablets: <www.customs.gov.au/webdata/minisites/nov2000/html/p19.htm>.
- 21 CMC confidential source consultations April–May 2006.
- 22 CMC confidential source consultations April–May 2006.
- 23 Only one source gave the cost of a gram of cocaine as \$600.
- 24 CMC confidential source consultations May 2006.
- 25 LEA intelligence holdings.
- 26 QPS consultations March 2007.
- 27 CMC confidential source consultations April–May 2006.
- 28 CMC confidential source consultations April 2006.
- 29 CMC confidential source consultations March 2007.
- 30 CMC confidential source consultations May 2006.
- 31 Data for 2006–07 comprise figures from July 2006 until January 2007.
- 32 Queensland Government Forensic Laboratories consultations February 2007.
- 33 CMC confidential source consultations April–May 2006.
- 34 *ibid.*

35 The CMC does not support the use of this terminology when describing any illicit drug.
36 QADREC consultations April 2007.
37 LEA intelligence holdings.
38 A range of methods are used to import cocaine and other drugs through the mail and parcels system, including
packing cocaine between cardboard and among CDs.
39 <www.customs.gov.au/sitepage.cfm?c=7618>, viewed July 2007.
40 *ibid.*
41 LEA intelligence holdings.
42 Flatley 2007.
43 LEA intelligence holdings.
44 <www.customs.gov.au/sitepage.cfm?c=7618>, viewed July 2007.
45 LEA intelligence holdings.
46 *ibid.*
47 *ibid.*
48 CMC confidential source consultations May 2006.
49 LEA intelligence holdings.
50 CMC confidential source consultations April–May 2006.
51 QPS consultations April 2006 & April 2007.
52 CMC confidential source consultations April–May 2006 & April 2007.
53 LEA intelligence holdings.
54 CMC internal consultations April 2007; LEA intelligence holdings.
55 QPS consultations April 2006.
56 LEA intelligence holdings.
57 LEA intelligence holdings.
58 <www.afp.gov.au/media_releases/national/2007/second_largest_cocaine_seizure_in_sydney>, viewed April
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59 LEA intelligence holdings.
60 LEA intelligence holdings.
61 QPS consultations November 2006.
62 LEA intelligence holdings.
63 *ibid.*
64 <www.dea.gov/pubs/abuse>, viewed 1 November 2006.
65 <www.aic.gov.au/research/drugs/types/cocaine.html>, viewed 16 October 2006.
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70 <www.drugs.com/crack/index.html>, viewed 22 June 2006.
71 <www.nida.nih.gov/researchreports/cocaine/cocaine3.html>, viewed 21 June 2006.