Illicit drug markets in Queensland

The most pervasive form of organised crime activity in Queensland is the sale and distribution of illicit drugs. Although difficult to quantify, the high cost to the state of drug-related crime can be measured in the toll it takes on individuals, families and communities; the impost on the state health system and related services and the increasing pressures on law enforcement.

The role of the CMC is to identify major crime threats to the Queensland community and reduce their impact as much as possible. This strategic intelligence assessment profiles the main illicit drug markets currently operating in Queensland, and the extent of organised crime involvement in them. It looks at current and emerging trends, factors influencing changes in demand and supply, and associated harms. It is intended to:

- help Queenslanders understand the nature, impact and real cost of organised crime in and to their communities
- make people aware of the risks and potential harms associated with particular drugs.

Extent of organised crime involvement

Organised crime groups will sell any profitable commodity. Money from the sale of drugs is laundered offshore and re-invested into the expansion of crime. Profits fund luxury lifestyles for criminals and enable them to build personal asset portfolios. The value, both present and potential, of the drug markets in Queensland continues to attract local, interstate and overseas organised crime groups and criminal entrepreneurs. Intelligence is showing that various crime groups are working together in ways unheard of only a decade ago, creating networks to obtain or improve access to drugs to sell on the Australian market, and facilitate the local distribution of drugs and other contraband.

To keep up with changing market conditions, crime groups in Queensland are identifying ‘boutique’ markets that are more removed from traditional drug supply and targeting vulnerable user groups or regions that will yield the greatest return. Internet distribution of illicit commodities presents both a challenge and an opportunity for organised crime.

While the traditional drug markets (methamphetamine, cannabis, heroin, cocaine) have an entrenched organised crime presence, there is currently limited involvement of organised crime groups in the non-traditional drug markets (drug analogues, pharmaceuticals and performance- and image-enhancing drugs [PIEDs]). Should Queensland follow interstate and international trends, it is likely to experience increases in the quantity and level of organised theft of pharmaceuticals from hospitals, ambulances and pharmacies, and organised prescription fraud. We will also potentially see greater organised crime involvement with the markets for drug analogues and PIEDs.

This is a de-classified version of an intelligence assessment provided to law enforcement agencies and government. It is published by the CMC to inform the community about current issues in law enforcement and crime prevention.
Key findings

At the broadest level, the Queensland market for illicit drugs remains unchanged: the persistence of demand continues to create large profits for importers, manufacturers and dealers. However the market itself — in terms of users, commodities, demand and supply — is rapidly and constantly evolving.

In general terms, the CMC’s assessment found several concerning trends.

• There has been an increase in the social acceptance of drug taking in the form of tablets, with some drug users perceiving it to be a cheaper alternative to alcohol.

• The greatest market growth has occurred among the 'non-traditional' drugs such as drug analogues, pharmaceuticals and performance- and image-enhancing drugs (PIEDs).

• Since 2007, an increasing array of drug analogues has become available, many of which are marketed as 'legal highs'.

• There is a lack of understanding both of the legal status of drug analogues and of their potential danger to users.

• There has been an increase in high-risk drug-taking behaviours, including experimentation by ‘high-intensity’ users and poly drug use (i.e. use of two or more drugs at the same time).

In terms of particular commodities:

• Methylamphetamine is the drug that poses the greatest threat to Queenslanders because of its prevalence across the state, its harms and the strong presence of organised crime in this market.

• The market for MDMA ('ecstasy'), which had decreased since 2009, shows signs of a resurgence; the continued demand for this drug attracts organised crime.

• By quantity cannabis is the state’s largest illicit drug market; its use in Queensland has increased and is higher than the national average.

• Heroin remains an entrenched market with a strong presence of organised crime but is characterised by declining purity levels and an ageing user group.

• The cocaine market has experienced some growth and is attractive to organised crime, but further growth of the market is restricted by the need to source and import the commodity.

About the risk assessment

To assess the threat posed by each illicit drug market in Queensland, the CMC applied a risk-assessment methodology. It uses a series of factors to determine the level of risk:

• the intent and capability of an individual or group to undertake a particular criminal activity; and

• the likelihood of that threat and the potential harm (physical, psychological, economic and political) that could result.

Using this methodology, each market can be rated on a scale from 'Low' to 'Very High'. The overall risk assessment is provided to law enforcement to assist them set operational priorities in fighting drug-related and organised crime.

The assessment does NOT reflect the level of personal harm associated with taking a particular drug.

Risk assessments of illicit drug markets in Queensland were previously undertaken in 1999, 2004 and 2009. Figure 1 (opposite) shows the changes in the risk assessment for each commodity since 1999.
Figure 1: Illicit drug markets 1999–2012

Amphetamine-type stimulants — methylamphetamine

- Very high
- High
- Medium
- Low

Year

Amphetamine-type stimulants — MDMA (ecstasy-group substances)

- Very high
- High
- Medium
- Low

Year

Cannabis

- Very high
- High
- Medium
- Low

Year

Heroin

- Very high
- High
- Medium
- Low

Year

Cocaine

- Very high
- High
- Medium
- Low

Year

Pharmaceuticals

- Very high
- High
- Medium
- Low

Year

Drug analogues (includes synthetic cannabis and synthetic stimulants)

- Very high
- High
- Medium
- Low

Year

Performance and image enhancing drugs (PIEDs)

- Very high
- High
- Medium
- Low

Year

GHB (fantasy)

- Very high
- High
- Medium
- Low

Year

Notes:

- Increasing
- Decreasing
- Stable

The assessment of some drug markets started in varying years (see amphetamine-type stimulants — MDMA, pharmaceuticals, drug analogues, PIEDs and GHB).
Methylamphetamine

Powder form — speed,1 crank, fast, goey, P, pep pills, meth, rabbit, tail, uppers, whiz.
Paste form — base, base meth, pure, wax.
Liquid form — leopard’s blood, liquid red, oxblood, red speed.
Crystal form — ice, batu, crystal, crystal meth, d-meth, glass, meth, sabu, shabu, tina.

Overall market assessment: VERY HIGH with an increasing market trend.

What is it?
Methylamphetamine is a harmful synthetic substance which is part of a larger group of amphetamine-type stimulants (ATS). While some high-purity methylamphetamine is imported into Australia, most methylamphetamine in Queensland is produced domestically. Using precursor chemicals2 sourced from countries including China, Thailand, Cambodia and India, it is manufactured in clandestine laboratories. Increasingly, it is pressed into tablet form (often in conjunction with other substances).

Market and environment
• Methylamphetamine was the fastest growing illicit drug market in Queensland in the early 2000s. The market contracted from 2005, mostly as a result of increased regulations around the precursor pseudoephedrine. However, since 2009 this market has experienced renewed growth, with a significant increase in the importation and trafficking of precursor chemicals used in its manufacture.
• There has been an increase in the demand for and use of higher purity methylamphetamine or ‘crystal methylamphetamine’ (commonly known as ‘ice’) in Queensland since 2009. There has also been an increase in the supply of higher purity methylamphetamine in Queensland.
• There appears to have been a shift by former ‘ecstasy’ users to methylamphetamine, possibly as a result of the MDMA shortage, from 2009.
• The methylamphetamine market in Queensland is not reliant on international importations and supply from other state domestic markets. However, the market is heavily reliant on the importation of precursor chemicals, which requires organised crime groups to possess the knowledge and capability to circumvent controls around precursors.
• Law enforcement agencies and health professionals all identified methylamphetamine as a significant problem throughout Queensland.

Organised crime presence
• There is significant involvement of organised crime in this market, with the high profits involved in supplying the precursor chemicals attracting more criminal groups to the market.

Harms
Methylamphetamine poses significant risks to the community and environment, and there are high levels of public concern about it due to its harmful physical and psychological effects.
• Methylamphetamine abuse may result in extreme weight loss, severe dental problems (‘meth mouth’), anxiety, confusion, insomnia, mood disturbances, and violent behavior. Use during pregnancy is believed to place the unborn fetus at risk and has been linked with fetal development abnormalities.
• Poly drug use, which increases the negative side effects of each drug used, is particularly prevalent among methylamphetamine users.
• Most clandestine laboratories seized in Queensland are located in residential areas. Both adults and children living in and around these toxic residences are being exposed to dangerous chemicals and serious health risks.

1 ‘Speed’ is a commonly used term for methylamphetamine powder, but it is also used generically to describe other forms of amphetamine.
2 Substances which can be used to manufacture (illicit) drugs.
MDMA

**Ecstasy**, eccy, Adam, beans, biscuits E, E and C, eggs, essence, ex, go, hug, lollies, M&M, molly, pills, pingers, roundies, scooby snacks, the love drug, X, XTC.

**Overall market assessment:** HIGH with an increasing long-term market trend.

**What is it?**

Commonly sold in tablet form and known as ‘ecstasy’, the chemical 3,4-methylenedioxymethylamphetamine (MDMA) is one of many amphetamine-type substances that are used in Australia. There has been an increasing array of substances and adulterants contained within ‘ecstasy’ tablets, including some drug analogues.

**Market and environment**

- Australia’s consumption per capita and prices for MDMA are ranked among the world’s highest.
- The MDMA market has contracted in Queensland since 2009. Worldwide shortages of MDMA precursors resulted in a decrease in the availability and purity of ecstasy tablets, however there are now indications of a resurgence of MDMA overseas and in Australia.
- In the past few years, the market for new psychoactive (affecting brain function) substances that mimic the effects of illicit stimulants such as ‘ecstasy’ and amphetamines has evolved rapidly. Tablets marketed as ‘ecstasy’ may contain a range of harmful substances other than MDMA including piperazines and drug analogues. One of the most harmful substances found in ‘ecstasy’ tablets has been the highly toxic PMA (paramethoxyamphetamine), which has been linked to deaths.
- The MDMA market is volatile and unpredictable, depending heavily on international trends. While there are indications of increasing MDMA availability, there is still likely to be an ongoing demand for new and emerging synthetic drugs and drug analogues that mimic the effects of MDMA.
- Although Queensland continues to detect only a small number of clandestine laboratories producing MDMA this may increase if quantities of MDMA precursors and proto-precursors\(^3\) can be acquired from international sources.

**Organised crime presence**

- There is significant involvement of organised crime in this market, as it is highly lucrative. Its high profitability and the restored supply of MDMA from Europe is likely to attract more organised crime groups to the market.
- The Queensland ecstasy market relies on international importations or domestic supply of product, precursors and proto-precursors from interstate and international markets.

**Harms**

- Diverse and highly variable substances are being detected in tablets marketed as ‘ecstasy’. Some of the contents of these ‘ecstasy’ tablets are particularly toxic (for example, PMA); to date little research has been done on the long-term effects of some of these substances.
- MDMA is often consumed in clubs or entertainment venues, environments which can increase risk factors. MDMA use, combined with high temperatures and prolonged exertion (such as dancing), can be dangerous, particularly if associated with dehydration. However, MDMA has also been associated with water intoxication, or excessive water intake, taken in an attempt to prevent dehydration.

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\(^{3}\) Proto-precursors are substances that are non-controlled and can be converted into direct precursor chemicals which are then used to manufacture amphetamine-type substances.
Cannabis

Bhang, buckets, bud, buddha, bush, chronic, cones, doobie, dope, ganja, grass, green, hash, hashish, heads, herb, hooch, hydro, Indian hemp, joint, leaf, marijuana, mary jane, mull, pot, reefer, rope, skunk, smoke, spliff, stick, weed, yarndi.

Overall market assessment: HIGH with a stable market trend.

What is it?
Cannabis is a depressant drug derived from the cannabis sativa plant, which can be grown in many climates. The psychoactive ingredient in cannabis is tetrahydrocannabinol (THC). In Queensland, cannabis is predominantly cultivated as an outdoor crop but indoor hydroponic technology is increasingly used, particularly in highly populated areas. Much of the cannabis available in the Queensland market is grown locally; however, it is also sourced interstate, particularly from South Australia. Cannabis resin, oil and seeds are known to be imported from the Netherlands, the United Kingdom, the United States, Canada and Papua New Guinea.

Market and environment
- Cannabis remains an entrenched market in Queensland. By quantity it is the state’s largest illicit drug market.
- Cannabis use in Queensland has increased and is higher than the national average (Sindicich & Burns 2012). Cannabis is often the primary or ‘background’ drug used in conjunction with other illicit substances and prescription drugs in poly drug use.
- It remains a particularly significant drug in North Queensland. It continues to be a concern within Indigenous communities in that region, where it is the most common drug type, with strong demand and supply.
- There is a potential for new users of synthetic cannabis (cannabimimetics) to be introduced to the cannabis market.

Organised crime presence
- There is significant involvement of organised crime in this market. Unlike the situation in some southern states, specific organised crime groups do not control the cannabis market in Queensland. Instead, it continues to attract a large and diverse range of participants from varying backgrounds, with the primary attractions being the profitability and strength of the market.

Harms
An extensive body of research has been conducted into the links between regular cannabis use and mental health and developmental problems (Meier et al. 2012). Research has also established that regular cannabis users are two to three times more likely to begin using other illicit drugs such as cocaine and amphetamines (Tasker 2011). The use of cannabis during pregnancy reportedly affects the growth and development of the fetus.

- Emerging user methodologies within the cannabis market may heighten the harms associated with cannabis use. These include mixing cannabis with heroin and inhaling the substance through a vaporiser; and mixing cannabis with other substances including synthetic cannabis and ‘ice’.
- The starting age for cannabis use is reportedly getting younger. Use at a young age not only affects mental and physical health but also leads to many social and educational problems, including increasing the likelihood of criminality and further drug use (Schriefer 2011). There are also greater concerns about cannabis use by children in remote communities because of the limited access to education and treatment services in these areas.
- The hydroponic sector of the cannabis market, with its associated use of grow-houses (a concealed area within a house or other structure adapted to suit plant cultivation), runs risks which include electrical and fire hazards from illegal electrical bypasses, exposed wires and overheated electrical ballasts; respiratory conditions and allergies from the mould and marijuana pollen; and other respiratory and health problems caused by the pesticides, fungicides, hydrogen peroxide and fertilisers as a result of lack of sufficient ventilation. Inadequate ventilation, intense humidity and chemical exposure can also result in interior damage and eventual structural damage to buildings.
- Despite the increasing evidence of harms from cannabis, almost one in four Australians aged 14 years and over supported the legalisation of cannabis nationally (AIHW 2011a).
Heroin

Big harry, black tar, boy, china white, chinese H, dope, dragon, elephant, gear, H, hammer, harry, horse, junk, low, poison, rocks, skag, slow, smack, whack, white, white dynamite.

Overall market assessment: HIGH with a slight downward market trend.

What is it?
Heroin is a highly addictive semi-synthetic opioid drug synthesised from morphine (derived from the opium poppy). Heroin is often ‘cut’ with other substances such as caffeine and methylsulfonylmethane (MSM). The active ingredient in heroin, diacetylmorphine, is a painkiller from the opioid family.

Market and environment
- Queensland has an established heroin market, with the most concentrated activity occurring in Brisbane and the Gold Coast. It relies heavily on links to consistent supply from Sydney and Melbourne.
- The market faces extreme competition from other commodities — particularly methylamphetamine, which has seen a rise in injection rates.
- There are indications that the demand for heroin is declining as the established user group is ageing and the uptake of the drug by younger users is not increasing, perhaps due to negative perceptions of heroin injection. To date there is no indication that other forms of ingesting the drug (for example, smoking and inhaling) have been embraced by the youth market.
- The heroin market in Queensland is unlikely to expand significantly because of its ageing user group, low purity levels and a broadening range of alternative drugs available.
- Since 2009 there have been occasional peaks and troughs in the supply of heroin into Queensland, but there have been no extreme shortages such as the ‘drought’ that occurred throughout Australia in 2000–01.
- The heroin market and the emerging opioid pharmaceutical market are closely linked. Opioid pharmaceuticals are key substitutes used by heroin users in Queensland regions where there is a lack of high-quality heroin.
- While purity levels remain low there is unlikely to be significant movement in the heroin market in Queensland. The resurgence of opium production overseas may increase future supplies of heroin in Australia and subsequently into the Queensland market, but it is unclear whether this will be matched by demand.

Organised crime presence
- Although there is significant involvement of organised crime in this market, it is not controlled by particular organised crime groups.
- The resurgence in production of opium overseas may lead to an influx of higher quality heroin into Australia, increasing demand and the attractiveness of the market for organised crime groups. If this occurs the CMC will reassess the threat level.
- Criminals are likely to continue to identify new ways of introducing heroin to users to increase demand.

Harms
Heroin continues to have a significant impact on the health sector in Queensland, in terms of demand for hospitalisations and treatment services. While its associated harms are still considerable, there are some positive trends.
- The provision of health services to injecting drug users such as Needle and Syringe Programs (NSPs) appears to be having a positive effect in Queensland with decreasing heroin-injecting rates and less sharing of injecting equipment.
- The decreasing number of users and less sharing of syringes are reducing the risk of blood-borne viruses and injection-related harms.
Cocaine

Blow, C, cecil, charlie, coke, flake, gold dust, happy dust, nose candy, scotty, snow, stardust, toot, white, white dust, white girl, white lady.

Overall market assessment: MEDIUM with an increasing market trend.

What is it?
Cocaine is an addictive stimulant drug extracted from the native South American coca plant. The most common form of cocaine is cocaine hydrochloride, a white, crystalline powder. Other forms of cocaine include freebase and crack cocaine, which are not generally available in Australia. Cocaine is frequently ‘cut’ with other substances including baking soda and glucose.

Market and environment
• The cocaine market in Queensland has experienced growth since 2009 but remains significantly smaller than other primary illicit drug markets. The most prevalent areas for cocaine activity remains within South-East Queensland, specifically the Gold Coast and Brisbane.
• There is evidence that the consumption and availability of cocaine in Queensland is increasing. Drug user survey data reveal it has become more popular as a ‘drug of choice’ in Queensland since 2009 (McIlwraith et al. 2012).
• The price of cocaine is much higher in Australia than in the rest of the world. The consistently high price of cocaine and low levels of purity in Queensland limit significant expansion of the market. The Queensland cocaine market remains a secondary market to larger southern markets.
• Cocaine has been increasingly adulterated at the source of supply to add bulk and weight, and possibly to compensate for some of the pharmacological effects of the drug lost by lower levels of purity. One such adulterant is levamisole, a cattle dewormer, which has been identified in cocaine samples in the US since 2003, more recently in Europe (Larocque & Hoffman 2012, EMCDDA 2010 & Europol 2011) and has been identified in cocaine seizures within Queensland in 2011 and 2012.

Organised crime presence
• There is significant involvement of organised crime in this market, despite its requiring access to significant financial resources and strong international links with source or key transit countries.
• The high price and low purity of cocaine in Queensland remain a major inhibitor in the expansion of the market. Despite these factors, continued growth in the demand for cocaine combined with the lucrative nature of the market is likely to attract more organised crime groups.

Harms
• Individual and social harms associated with cocaine use are relatively low in Queensland in comparison to those from other illicit drugs. Queensland has low injection rates among cocaine users, an absence of crack cocaine and a relatively small user group that consumes cocaine infrequently which somewhat reduces the level of harm.
• Physical harms from cocaine use are substantially increased with regular use, poly drug use and combining cocaine use with alcohol.
• The use of adulterants such as the cattle-dewormer levamisole as a cutting agent for cocaine is of concern due to the physical harm the ingestions of this substance can cause. Ingestion of levamisole can reportedly lead to agranulocytosis, a serious condition in which white blood cells are drastically reduced and the body’s immune system is suppressed where common infections can become potentially life-threatening.

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4 Levamisole is an anthelmintic compound with de-worming and anti-parasitic properties primarily used in the agricultural industry.
Pharmaceutical drugs

Opioid analgesics: Grey nurse, greys, morph, oxies, oxy, percs, roxies.
Benzodiazepines: Benzos, downers, moggies, roofies, sleepers, Z bars, zanies.

Overall market assessment: MEDIUM with an increasing market trend.

What are they?
The term ‘pharmaceutical drugs’ includes prescription drugs as well as over-the-counter medications. The most commonly misused prescription drugs are opioid analgesics (for example, Oxycontin®) and benzodiazepines (for example, Xanax®).

Opioid analgesics are depressant drugs used for the treatment of moderate to severe pain and opioid dependence. Benzodiazepines are a class of pharmaceutical drug used to treat stress, anxiety, insomnia and panic attacks.

Many of the pharmaceuticals that get diverted onto the illicit market have an important and legitimate purpose in managing serious and chronic pain. Generally, it is not unlawful to possess a scheduled dangerous drug if it has been prescribed for medical purposes and it is being used for that purpose; however, if there is no prescription or it is not being used as prescribed, offences may apply (under the Drugs Misuse Act 1986 and the Health (Drugs and Poisons) Regulation 1996). The market is therefore complicated by legitimate access to the drugs through prescription which can make it difficult for investigators to determine when, or if, an offence has occurred.

Market and environment

- There has been an increase in the use of pharmaceutical drugs for non-medical purposes in Queensland. Pharmaceutical drugs have evolved from a substitute for illicit drugs to a ‘drug of choice’ for some users. The non-medical use of pharmaceuticals occurs for a variety of reasons including self-medication, drug dependence, enhancement of other drugs, substitution for other less available drugs, low cost and less risk of law enforcement attention.

- During this assessment the opioid analgesic oxycodone was commonly nominated by law enforcement and health professionals as the most misused pharmaceutical drug in Queensland and the fastest growing market. Other pharmaceuticals increasingly misused in Queensland include fentanyl (Durogesic®), hydromorphine (Jurnista®) and over-the-counter medication such as codeine (Nurofen plus®) and cough syrups.

- The diversion of pharmaceuticals onto the illicit market has increased since 2009. There is a steady demand for pharmaceuticals, particularly in regional areas where illicit drugs are more difficult to obtain and are of lower quality.

- Consultations with law enforcement and health professionals in Queensland indicates the most common methods of diversion are doctor shopping5 and via family and friends with legitimate prescriptions. The Commonwealth Government’s initiative to introduce a national electronic record system to monitor schedule controlled drugs6 is expected to be operational nationally by early to mid 2013. It is envisaged that the initiative will help in dealing with the problem of doctor shopping.

- There are increasing levels of organisation and sophistication in prescription fraud. There has been an upward trend in the targeting of oxycodone through prescription fraud and break and enters of pharmacies.

- The quantity of pharmaceuticals sourced via the internet and diverted onto the illicit market is impossible to determine, but it is suspected to be substantial and growing.

- There is a more tolerant attitude towards the non-medical use of pharmaceuticals than traditional illicit drugs, which may be due to a lack of understanding of associated harms.

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5 ‘Doctor shopping’ describes the process of obtaining a prescription legitimately through a medical practitioner by feigning symptoms targeted at acquiring the desired prescription or requesting the prescription for the medication directly from numerous doctors (Rodwell, Ringland & Bradford, 2010).

6 Controlled drugs (s8) are oxycodone, morphine, pethidine, fentanyl, flunitrazepam, hydromorphone, methadone, buprenorphine, codeine, phosphate. Specified condition drugs (S8) are methylphenidate (ritalin) and dexamphetamine.
**Organised crime presence**

- In Queensland there are low levels of organised criminal activity in the illicit pharmaceuticals market, however there is an active illicit market for pharmaceutical drugs controlled by persons with legitimate prescriptions who divert the commodity onto the illicit market.

- Although organised crime groups may be attracted to the profits from the sale of pharmaceuticals this is tempered by their availability through diversion from licit and illicit sources.

- Organised prescription fraud is likely to continue to increase and forgeries will be facilitated by advances in technology; specifically targeting prescription drugs of value on the illicit market. Should Queensland follow interstate and international trends, it is likely to experience increases in the quantity and level of organisation of theft of pharmaceuticals from hospitals, ambulances and pharmacies.

**Harms**

- Increased poly drug use is a major driver of the expanding market with drug users increasingly mixing prescription and over-the-counter drugs with illicit drugs to enhance the effects of illicit drugs or alternatively to deal with their negative effects. Poly drug use can multiply the effects of each drug including the adverse reactions, increasing the risk of overdose, severe paranoia and other mental health problems.

- Significant harms associated with the misuse of pharmaceuticals include drug dependence, poisoning, serious morbidity and death. Other associated harms include the increasing burden on the health system, the cost to the Commonwealth from prescription fraud, the links to other crime to obtain and deal in these drugs and offences committed while under their influence.
Drug analogues

Brand names for synthetic cannabis include Kronic, Haze Hawaiian, Illusion, K2, Dust, Kalma, Kaos, Northern Lights, Purple Haze, Spice, Voodoo
Brand names for synthetic stimulants include Ivory wave, White Lightning, Vanilla sky, Euphoria and Hurricane Charlie.

Overall market assessment: MEDIUM with an increasing market trend.

What are they?
A drug analogue is a synthetically created substance that has a similar chemical structure to or produces the same effect as another drug. There are three types of analogues:

- structural analogues have similar chemical structures;
- direct analogues have similar chemical structures and similar pharmacological effects;
- functional analogues are chemically different compounds but display similar pharmacological properties.

Some drug analogues are specifically created to avoid the provisions of existing drug laws by modifying the chemical structure of an illicit drug. The range of drug analogues includes stimulants, hallucinogens, anesthetics and cannabimimetics. These substances are available in various forms, including pills, capsules, powder, sprays and smoking material. The term ‘designer drug’ has been coined to describe a wide range of drug analogues and synthetic drugs.

Market and environment

- Drug analogues first emerged in Queensland in 2007 and by 2009 they had been identified as an emerging concern (CMC 2010). Since 2009 there has been an explosion in the number and variety of drug analogues available in Queensland and an illicit market has developed. The two most common types of synthetic substances within the drug analogue market in Queensland are synthetic cannabis (cannabimimetics) and synthetic stimulants.
- Changes in drug culture have supported the evolving drug analogue market with the emergence of 'high-intensity drug users'. This group engages in high-risk behaviour, experimenting with as wide and varied array of substances as possible in search of the 'perfect high'.
- Drug analogues are often marketed as 'legal highs', even though some of them have been listed on the schedule of dangerous drugs. Legislative amendments are currently under consideration by the state government including extending the definition of 'dangerous drug' to overcome the difficulties of proving that an analogue has a substantially similar pharmacological effect to a scheduled dangerous drug.
- The internet has been a major facilitator of the drug analogue market, both as a source of drugs and for drug users to exchange information on new synthetic substances. Synthetic drugs purchased on the internet and sent via the postal stream are regularly intercepted in international mail by Customs officers.
- Many drug analogues are falsely labelled (as bath salts, plant food or research chemicals, for example) to avoid law enforcement detection upon importation. In some cases the substances are intentionally mislabelled with declared ingredients differing from the actual composition.
- Substances with notable increases in prevalence include methylone and MDPV (commonly known as Ivory Wave).
- The increase in the prevalence and popularity of drug analogues has been attributed to a decrease in the availability of MDMA and with signs of resurgence in that market there could be a decrease in the demand for drug analogues.

7 Other terms for cannabimimetics include cannabinomimetics and cannabinoidomimetics (used by QPS).
8 Methylone is regarded as a structural analogue of both MDMA and 4-methylmethcathinone, which are listed in Schedule 1 and 2 of the DMR respectively.
9 3,4-methylenedioxyxpyrovalerone is considered structurally similar to pyrovalerone (listed in Schedule 2 of the Drugs Misuse Act).
Organised crime presence

- There are low levels of organised criminal activity in this market in Queensland.
- The market is largely hidden as many of its users are not encountering law enforcement and its providers are not generally traditional criminals or organised crime groups.
- The market largely comprises individuals importing small quantities for personal use, with some semi-organised groups profiting from importing and on-selling large quantities of the product.
- There is evidence of semi-organised groups profiting from the sale of synthetic substances in some regional areas of Queensland where other illicit drugs are less available.
- International organised crime syndicates that are involved in producing these substances are able to circumvent legislation by altering active ingredients in compounds very quickly to adapt to legislative changes.

Harms

- The marketing of these substances as ‘legal highs’ has led to false perceptions within the community that they are safe and legal. Substances marketed as ‘legal highs’ may actually contain controlled ingredients, in which case the customer may unknowingly be committing an offence by purchasing and/or importing it.
- There has been little research on the vast range of synthetic drugs now available on the market. Little is currently known about their long-term effects and harms, including harms associated with use during pregnancy.
- There are serious concerns about the effects of these new synthetic drugs, particularly when combined with other illicit substances and with alcohol. Clinical studies are needed to confirm the extent of their associated psychological and physical harms, as well as their potential for addiction.
- Synthetic cannabis is mistakenly perceived by some users to be a natural product but the product is actually a chemical sprayed onto herbal material. Negative health effects associated with the use of synthetic cannabis include anxiety, seizures, convulsion, weight gains, respiratory issues, and serious mental health issues such as depression and substance-induced psychosis.
- There have been numerous anecdotal reports citing the negative effects such as extreme psychosis, paranoia and hallucinations on users of synthetic stimulants but without the supporting research there is little empirical evidence available.
- The difference between a safe dose of synthetic stimulants and an overdose is extremely small. Inexperienced users accessing these substances may initially take a low dose then, if they do not receive an immediate effect, they may be inclined to take a higher dose, resulting in overdose.
Performance and image enhancing drugs (PIEDs)

Roids, A’s, arnolds, clen, deca, gear, gym candy, juice, pumpers, stackers, stana, test, trem, weight trainers, winny.

**Overall market assessment: LOW with an increasing market trend.**

What are they?
The term performance- and image-enhancing drugs (PIEDs) is used to cover a broad range of substances including steroids, insulin, human growth hormone (HGH), clenbuterol and erythropoietin (EPO). Steroids are synthetically produced variants of the naturally occurring male sex hormone testosterone, and include both anabolic and androgenic steroids (AAS).

Market and environment

- There has been growth in the performance- and image-enhancing drugs market in Queensland but it remains small in comparison to other illicit drug markets. The non-medical use of anabolic and androgenic steroids (AAS) and other substances within the larger umbrella group of PIEDs has increased.
- There has been a general increase in the prevalence of PIEDs throughout Queensland since 2009, particularly at the Gold Coast and in Northern Queensland.
- The use of PIEDs has traditionally been associated with performance enhancement in sport and body building, but there has been a noticeable shift in attitude towards and desire for particular body images. There has been an increase in the importation of PIEDs such as clenbuterol (a substance used for weight loss) and Melanotan (a substance used for tanning) since 2009.
- There has been an increase in the use of PIEDs by younger people, particularly male adolescents, motivated by body image rather than performance.
- PIEDs are diverted for misuse and supply through a range of sources, including the internet. Social networking through online chat sites and forums provides a platform for current and potential PIEDs users to exchange information.
- The likelihood of the illicit PIEDs market continuing to expand will be dictated by the demand for the substance and the ability of suppliers (whether they be individuals or organised syndicates) to continue to access and import required quantities. Should this happen, it is likely that there will be an increase in this market.

Organised crime presence

- There are low levels of organised crime involvement in the PIEDs market in Queensland. Where organised crime groups are involved, the substances are generally being made available as a secondary commodity to other primary illicit drugs.
- Market participants include a broad range of individuals and criminal entrepreneurs.

Harms

- The use of some PIEDs over an extended period of time may result in serious side effects, both physically and psychologically. Possible side effects from their use over extended periods of time include liver tumours, abnormal enlargement of the heart muscles, aggressive behavior and mood swings, hair loss and acne as well as an increase in the risk of transmission of blood-borne viruses through injection. The use of AAS by adolescents can result in stunted growth.
- There is potential for the harm level to increase if the market continues to grow at rapid rate.

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While the terms AAS and PIEDs are increasingly used within the law enforcement arena, the term ‘steroid’ is still used as a category for reporting purposes by some law enforcement and health agencies in Australia. ‘Steroid’ is a generic term that does not adequately define the many substances used to improve and enhance performance and/or the image of users.
GHB (fantasy)

Fantasy, Blue nitro, cherry meth, fanta, fishies, frank, frankie, G, GBH, Georgia home boy, grievous bodily harm, juice, liquid E, liquid ecstasy, liquid X.

Overall market assessment: LOW with an increasing market trend.

What is it?
Gamma-hydroxybutyrate (GHB) is a central nervous system depressant that occurs naturally in the human body in small quantities and it can also be synthetically produced. Gamma-butyrolactone (GBL) and 1,4-butanediol (1,4B) are both common precursors for, and are sold as, GHB.11

Market and environment
- GHB (commonly known as ‘fantasy’) is a small niche market concentrated in South-East Queensland. Intelligence indicates GHB is used in venues such as nightclubs and at music festivals.
- Demand for, and use of, GHB in Queensland remains significantly lower than that of other illicit drugs but there has been some growth in the market since 2009.
- Although some GHB, GBL and 1,4B is illegally imported from overseas, it is also obtained from illegally diverting legitimately imported products.
- The hidden nature of the market creates difficulty for law enforcement in detecting GHB-related offences and also in assessing the market.

Organised crime presence
- There are low levels of organised crime involvement in this market but with indicators that it is increasing.
- Available intelligence and data indicate there are organised crime networks syndicates involved in importing and distributing GHB, GBL and 1,4B. These syndicates have demonstrated that they have the requisite knowledge and ability to import illicit drugs.
- Poly drug suppliers may see an opportunity to profit from the sale of GHB and organised crime involvement will then increase.

Harms
- GHB use carries a high risk of overdose and death. The difference between a low dose of GHB (which induces euphoric effects), a high dose (which has an anesthetic effect) and an overdose is a matter of milligrams.
- ‘Fantasy’ is variously sold as GHB, GBL and 1,4B, with most users having no idea of the exact composition of what they have purchased, thus running a significant risk of overdose.
- GHB has been associated with incidents of drink spiking where victims have been sexually assaulted after allegedly consuming drinks not knowing the beverage was laced with GHB. There is a lack of empirical data available regarding the involvement of GHB in incidences of ‘date rape’, drink spiking and overdose.

11 GHB is a dangerous drug under the Drugs Misuse Regulation 1987 (Qld), while GBL and 1,4-B are classified as controlled substances (Schedule 6).
References


CMC — see Crime and Misconduct Commission.


EMCDDA — see European Monitoring Centre for Drugs and Drug Addiction.


Larocque, A & Hoffman, RS 2012, 'Levamisole in cocaine: unexpected news from an old acquaintance’ [Abstract only], *Clinical Toxicology*, vol. 50, no. 4, pp. 231–41.


Acknowledgments

In preparing this report, the Crime and Misconduct Commission (CMC) consulted officers from the Queensland Police Service, the Australian Federal Police, the Australian Customs and Border Protection Service, the Australian Crime Commission, the Australian Federal Police and Queensland Corrective Services. The CMC also consulted representatives from the Australian Institute of Criminology, the Queensland Alcohol and Drug Research and Education Centre at the University of Queensland, the National Research Centre for Environmental Toxicology, the Queensland Ambulance Service, Dovetail, Queensland Injectors Health Network and with representatives from Queensland Health including Queensland Needle and Syringe Program, Queensland Health Forensic and Scientific Services, Alcohol, Tobacco and Other Drugs Services and the Drugs of Dependence Unit. The CMC wishes to acknowledge the valuable assistance provided by these agencies and their staff.