SENATE LEGAL AND CONSTITUTIONAL LEGISLATION COMMITTEE
AUSTRALIAN FEDERAL POLICE

Question No. 152

Senator Ludwig asked the following question at the hearing on 17 February 2006:

Further to the reply to Question 223 of 31 October 2005:
Please provide a copy of the study due to be published in the upcoming journal 'Addiction'.

The answer to the honourable senator's question is as follows:

The study relating to the Drug Harm Index is due to be published in the Australian Journal of Public Administration not Addiction which is the newsletter of the Australian National Council of Drugs. A copy of the study follows below:

AFP Drug Harm Index

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Intended Audience
In general the paper is intended for public servants confronted with the issue of performance measurement and reporting within an outcome and output framework. More specifically the paper should be of interest to law enforcement agencies struggling with the issue of performance indicators for drug law enforcement.

Abstract
The AFP Drug Harm Index was developed to provide a single measure that encapsulates the potential value to the Australian community of AFP drug seizures. The index represents the dollar value of harm that would have ensued had the seized drugs reached the community. In the five years from 1998-99 to 2002-2003, the AFP and its partners saved the Australian community approximately $3.1 billion in harm through its disruption of illicit drug importations. Because the Harm Index is based on the benefits associated with an estimated reduction in consumption, it can be generalised to measuring the benefits of other drug interventions.

This paper reports a detailed methodology using predominantly Australian data for the measurement of the economic and social impacts of illicit drug seizures on the Australian community and compares the results with an earlier method that was based primarily on overseas studies. The AFP is interested in the development of measures of the impact of its activities on the level of criminality in society and the consequential impact on the wellbeing of society as whole. Measures of the social impact of law enforcement activities provide a basis for determining the most effective use of finite law enforcement resources and the appropriate place for law enforcement among a range of solutions to social problems. This is particularly relevant to the issue of drug abuse where suggested approaches to the problem are many and debate occasionally heated.

This paper is also concerned to suggest ways in which the occasionally difficult problems of measurement within the Australian Government's outcome output reporting framework can be solved. Each year, all agencies are required to define their outcomes and outputs through their Portfolio Budget Statements and report the results in their Annual Reports. Detailed guide notes on the purpose and structure of the Australian Government's outcome/output framework have been provided by the Department of Finance and Administration (2004). In short, outcomes are the goals or social impacts that the Government seeks to achieve through outputs provided by agencies. In general, the measurement of outputs is far easier than the measurement of outcomes. The current paper provides a revised methodology for the measurement of the social, health and economic impact on the Australian community (i.e. an outcome) of Federal seizures of illicit drugs (i.e. an output).

Background

McFadden, Mwesigye and Williamson (2002) addressed the issue of quantifying the impact of Australian Federal Police (AFP) drug and fraud investigations on the Australian community. They concluded that fraud investigations returned $258 million to the Australian Government over the two years from June 1999. This represented a return on investment (ROI) of 5.1. Similarly, seizures of illicit drugs returned $959 million to the Australian community over the same period. This represented a ROI of 5.2. The estimated benefits associated with illicit drug seizures were used to develop the AFP Drug Harm Index (Intergovernmental Committee on Drugs, 2002). This allowed the AFP to track over time the impact of its illicit drug investigations on the Australian community.

McFadden et al (2002) noted in their discussion that while estimated costs were reasonably precise, the basis of the estimated benefits to Australian society, although based upon the best available data at the time, was relatively crude. A revised methodology for estimating benefits associated with fraud investigations was reported by McFadden and Mwesigye (2002). The current paper reports a more refined method for estimating benefits that arise from Federal illicit drug seizures and provides a revised and expanded version of the AFP Drug Harm Index.

The AFP Drug Harm Index was developed to provide a single measure that encapsulates the potential value of AFP drug seizures to the Australian community. The index represents the dollar value of harm that would have ensued had the seized drugs reached the community. The index includes both domestic drug seizures and international seizures destined for Australia where the AFP played a significant role.

The original index was based on US research which suggested that the total price paid for illicit drugs in the USA in 1991 was roughly equivalent to the economic harm caused by those drugs. This amount was calculated in Australian dollars and converted to year 2000 values using the Consumer Price Index (CPI) to form the basis of the original Harm Index. The original Index was limited to major drugs of importation, i.e. heroin, cocaine and amphetamines. It was realised at the time that it would be preferable to develop estimates using recent Australian data. The new Index was designed to overcome the limitations of the original method. It was also expanded to include cannabis and economic values were converted to June 2003 equivalents using CPI movements.

As noted previously, the principal criticisms of the original method were the over-reliance on US data and the use of street value as a surrogate for harm. The revised methodology was based on Australian data with one exception: in some cases, due to the absence of consistent estimates in Australia, average consumption per user was based on overseas studies. The estimate of harm was

based on the Australian study of Collins and Lapsley (2002) and various publications by the Australian Institute of Health and Welfare and the National Drug and Alcohol Research Centre.

The new study estimates the impact on the health and well-being of the Australian community of illicit drug seizures made by the AFP and its national and international partners. The study uses estimates of total consumption of illicit drugs and estimates of the economic harms associated with that drug to derive an economic cost per kilogram of drug consumed for cannabis, opioids, stimulants and others (following the classification used by Collins and Lapsley, 2002). Collins and Lapsley's estimates related to 1998/99 and figures relating to that year or as near as possible were used in this report.

Estimating Consumption

The only direct estimate of total consumption for Australian users was provided for heroin by Hall et al (2000). This report used the upper bound of 2,366 kilograms consumed in 1997/98, which results in a conservative estimate of the impact of illicit drug seizures. The estimate is conservative because higher estimated consumption will result in a lower proportion seized where the amount of drugs seized is constant.

There were no direct Australian estimates of consumption for cannabis, stimulants and others. There were, however, estimates of the number of drug users by drug type derived from the 1998 National Drug Strategy Household Survey (AIHW, 1999). Average consumption in the USA was derived from statistics supplied by the Office of Applied Studies and other independent studies. This was applied to the Australian user numbers to derive the following estimates of consumption.

Table 1 has details of the number of drug users in Australia according to AIHW (2000) and how these were aggregated to form the classes used by Collins and Lapsley (2002). An individual reporting drug use in the past 12 months was classified as a drug user. This categorization allowed direct comparison with the USA data where the equivalent question and therefore the same definition of drug user was available (Office of Applied Studies, 2003)

Table.1 Estimated number of Australian users by drug type.

AIHW Drug Categories	AIHW proportion of users	Estimated users based on AIHW	Collins & Lapsley Drug Categories	Estimated users by Collins & Lapsley classes
Cannabis	17.9%	2,698,528	Cannabis	2,698,528
Heroin	0.8%	120,605	Opioids	120,605
Cocaine	1.4%	211,058	Stimulants	1,130,668
Amphetamines	3.7%	557,796		
Ecstasy	2.4%	361,814		
Hallucinogens	3.0%	452,267	Other	482,418
Steroids	0.2%	30,151		

Table 1 suggests approximately 2.7 million Australians used cannabis at least once during 1998. Average consumption per user was based on USA statistics on the number of users and total consumption. To provide a more reliable estimate of consumption per user, both the number of users and consumption were averaged over the period 1994-1998 inclusive. On that basis, it is estimated that 18.4 million US users (Office of Applied Studies, 2003) consumed on average 902 tonnes (Rhodes et al, 2000). Thus, in the USA the typical user consumes approximately 0.049kg of cannabis each year. Applying this rate to the Australian data, it is estimated that in 1998 Australian users consumed 132,024kg of cannabis.

During 1998, there were approximately 1.1 million Australians who used stimulants at least once during the past twelve months. Separate figures were available for cocaine and other stimulant use in the USA. Caulkins et al (1999) reported an average consumption across a lifetime of 0.014kg per annum for a cocaine user. With respect to other stimulants, it is estimated that 1.6 million US users (Office of Applied Studies, 2003) consumed on average 1,480kg (Rhodes et al, 2000). Thus, in the USA the typical user consumes approximately 0.01kg of other stimulants each year. As noted previously, both the number of users and consumption were averaged over a five year period. Applying these rates to the Australian data, it is estimated that in 1998 Australian users consumed 11,319kg of stimulants.

Approximately 0.5 million Australians used hallucinogens and steroids at least once during 1998. The divergent nature of these drugs makes consumption estimates difficult to calculate and even harder to interpret. The study restricted itself to estimating the overall damage to the Australian society as a result of these drugs without attempting to convert this to a per kilogram measure.

Estimated consumption of selected illicit drugs is summarized in Table 2.

Table 2. Consumption of selected illicit drugs in Australia, 1998.

	Number of users[1]	Total annual consumption (kg)
Cannabis	2,698,528	132,024 [1,2]
Opioids	120,605	2,366 [3]
Stimulants	1,130,668	11,319 [1,2,4]
Other	482,418	Not estimated

[1] Australian Institute of Health and Welfare (1999) [2] Rhodes et al (2000)
[3] Hall et al (2000) [4] Caulkins et al 1999

Attributing harm to specific illicit drugs

Collins and Lapsley (2002) estimated that $6,075.8 million of harm occurred in 1998 as the result of the use and misuse of illicit drugs in Australia. These costs were further disaggregated in Table 3.

Table 3. Estimated harm due to illicit drugs in Australia, 1998.

		$ million
Tangible		
	Labour costs	1,033.1
	Health care	64.7
	Road accidents (not elsewhere included)	245.1
	Crime	2,372.1
	Resources used in abusive consumption	1,392.0
Intangible		
	Loss of life	926.8
	Pain and suffering	42.0
Total		
	Total	6,075.8

Source: Collins and Lapsley 2002.

Collins and Lapsley reported harm due to illicit drugs in aggregate and not by the class of illicit drugs which they had identified. The current study attributed harm across drug types according to publicly available data which appeared relevant to the measurement of these costs.

Labour costs

Collins and Lapsley (2002) estimated the cost to labour of illicit drug use at $1,033.1 million. They identified three components to loss of productivity, viz. premature death, absenteeism and reduced efficiency at work. Labour costs relating to premature death were distributed according to mortality figures provided by Miller and Draper (2001). Table A.1 of the attachment has details. Where possible, deaths were allocated against the drug types used in this study. Where doubt existed, deaths were allocated across groups.

In the absence of any direct study of absenteeism and particular drug types, it was decided to distribute absenteeism costs on the basis of morbidity (Miller & Draper, 2001) and attendance at treatment programs (Shand & Mattick, 2001) as indicators of drug abuse severity that would result in absence from work. Table A.2 has details of hospital admissions. Again, where possible, hospital admissions were allocated directly against the drug types used in this study. Where doubt existed, admissions were distributed across groups. Curran, Byrappa, and Mcbride (2004) summarised the literature demonstrating a connection between psychosis and stimulants. There have also been reports in the media of concern among treatment workers about the role of stimulants in psychotic episodes (Clausen, 2004). In the absence of precise estimates of the relative role of classes of drugs in the onset of psychosis, the following approximations were used: 80% of admissions for this reason were allocated to stimulants, 10% to opioids, and 5% each to cannabis and other drugs. Table A.3 has treatment episodes identified in the 2001 census of treatment service agencies. Table A.4 provides a summary of labour costs relating to absenteeism.

Again, studies on reduced efficiency at work due to drug use were lacking. It should be noted that all classes of illicit drug of interest to this study are associated with some degree of impairment and that the degree of impairment of relevance here is such that attendance at work is possible. On that basis, it was assumed that all classes of drugs resulted in a similar degree of impairment at work and costs were distributed according to the number of users. Table A.5 has details.

The distribution of total labour costs are summarized in Table 4 and overall cost allocations distributed.

Table 4. Summary of distribution of labour costs

	Cannabis	**Opioids**	**Stimulant**	**Other**
Deaths	0.2%	98.4%	1.2%	0.3%
Absenteeism	11.1%	57.3%	20.4%	11.2%
Efficiency	60.9%	2.7%	25.5%	10.9%
Distribution	**24.1%**	**52.8%**	**15.7%**	**7.5%**

Health care

Collins and Lapsley (2002) estimated the health care costs of illicit drug use at $64.7 million. The distribution of health care (Table 5) costs was estimated using morbidity (refer Table A.1) and treatment episode (refer Table A.3).

Table 5 Summary of distribution of health care costs

	Morbidity	Treatment	Health care
Cannabis	6.3%	15.9%	11.1%
Opiates	47.9%	66.7%	57.3%
Stimulant	25.8%	15.0%	20.4%
Other	20.0%	2.4%	11.2%

Road accidents (not elsewhere included)

Road accidents due to drug impairment were estimated to cost the Australian community $245.1 million (Collins & Lapsley, 2002). Nevertheless, the issue of the contribution of illicit drugs to road crashes is far from clear. In 1995, after an exhaustive review, the Road Safety Committee of the Parliament of Victoria noted that there was no current agreement as to the safe levels of drugs and driving (Road Safety Committee, 1999). The Committee reported elevated risk for users of stimulants and opiates but not for cannabis. Reflecting the overall trends revealed by Committee's review it was decided to set opioids and stimulants as responsible for the majority of road accident costs (80% in aggragate or 40% for each category) and divide the remaining 20% between cannabis and other drugs.

Crime

Collins and Lapsley (2002) estimated the criminal cost of drug use and misuse at $2,372.1 million. The distribution of crime costs was made on the basis of the number of drug-related arrests in 1997/98 and 1998/99 (Miller and Draper, 2001).

Table.6 Distribution of crime costs

	Cannabis	Opioids	Stimulants	Other
1997-98	64,659	10,366	5,226	595
1998-99	58,131	14,341	7,202	657
DISTRIBUTION	**76.2%**	**15.3%**	**7.7%**	**0.8%**

Resources used in abusive consumption

Collins and Lapsley (2002) estimated the costs associated with the resources used in abusive consumption at $1,392.0 million. They describe this cost in the following terms.
"If all drug abuse ceased to exist, the consequent reduction in consumption would release resources which could be used for other consumption or investment uses. Thus, on the basis of the definition of tangible cost adopted in this study and earlier studies, the resources used in abusive consumption represent one of the costs of drug abuse." (p 21, Collins & Lapsley, 2002)

Street prices for illicit drugs in New South Wales during 1998 were used to estimate the distribution of these costs (McKetin et al, 2000). The costs of 'Other' drugs could not be quantified from the available data. It was set at 10% in this case.

Table. 7 Distribution of resources used in abusive consumption

	Price per kg	Consumption	Value $ million	
Heroin	280,000	2,366	663	12.6%
Amphetamines	100,000	8,364	836	15.9%
Cocaine	200,000	2,955	591	11.2%
Cannabis	20,000	132,024	2,640	50.2%
			4,730	90.0%
	Cannabis	**Opioids**	**Stimulants**	**Other**
DISTRIBUTION	50.2%	12.6%	27.2%	10.0%

Loss of life

Pain and suffering

Collins and Lapsley (2002) estimated loss of life due to illicit drug use at $926.8 million and pain and suffering at $42.0 million. Miller and Draper's findings (2001) were used to estimate the distribution of these costs. Loss of life was measured by mortality statistics and pain and suffering by morbidity statistics. Refer Tables A.1 and A.2 for details.

Table 8. Distribution of costs relating to mortality and morbidity

	Cannabis	Opioids	Stimulant	Other
Loss of life	**0.2%**	**98.4%**	**1.2%**	**0.3%**
Pain and suffering	**6.3%**	**47.9%**	**25.8%**	**20.0%**

Summary of cost distribution

The distribution of Collins and Lapsley aggregate costs to drug classes based on the above allocations is summarized in Table 9.

Table 9. Harm attributable to specific classes of drugs, 1998. ($ million)

	Tangible	Intangible	Total	% Total
Cannabis	$2,786.5	$4.3	$2,790.8	45.9%
Opioids	1,218.9	931.8	2,150.7	35.4%
Stimulants	834.7	21.8	856.4	14.1%
Other	266.9	11.0	277.9	4.6%
Total	5,107.0	968.8	6,075.8	

In terms of total harm, cannabis appears to have been the most damaging class of drugs to Australian society in 1998. It should be noted that most of these costs relate to the administration of the criminal justice system and the total cost reflects the relatively widespread use of the drug. In terms of health and social impacts, the opioids were the most destructive class of illicit drug.

Estimated harm per kilogram of drug consumed

The final step in establishing the basis for an index of drug harm is to establish the harm associated with each kilogram of illicit drug by dividing estimates of drug-related harm by estimated consumption. The results are provided in Table 10.

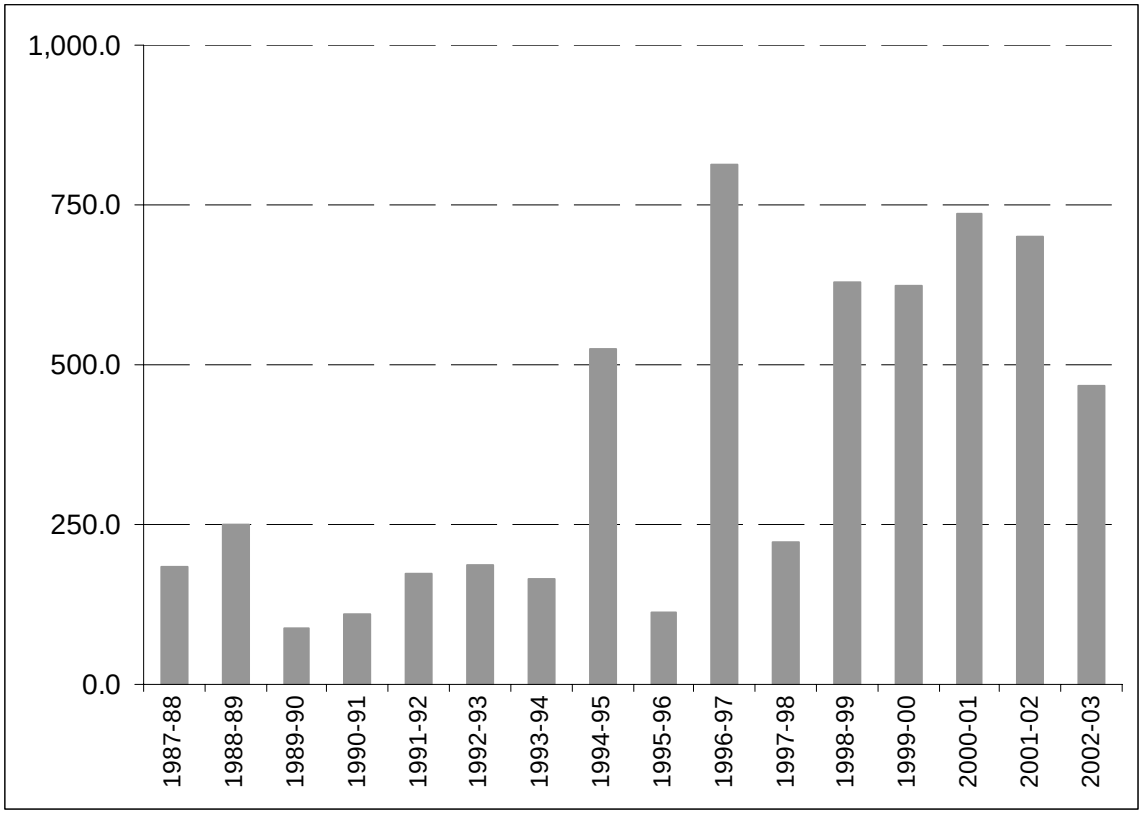
Table 10. Harm attributable to specific classes of drugs, 1998.

	Consumption (kg)	Harm ($ million)	Harm per kg (1998 value)
Cannabis	132,024	$2,790.8	$21,138
Opioids	2,366	2,150.7	908,878
Stimulants	11,319	856.4	75,663

Results

The revised AFP Harm Index, as noted previously, includes cannabis and has been converted to year 2003 dollar values in line with CPI movements since 1998. The CPI increase from June 1998 to June 2003 was 16.8% (based on Australian Bureau of Statistics, 2000). In 2003, the harm associated with a kilogram of opioids was $1,061,359, with cannabis $24,685, and with stimulants $88,357. Estimates of the revised AFP Drug Harm Index for the period 1987-2003 based on the above assumptions are provided in Table A.6 and Chart 1.

Chart 1 Drug Harm Index 1987-2003 ($ million)



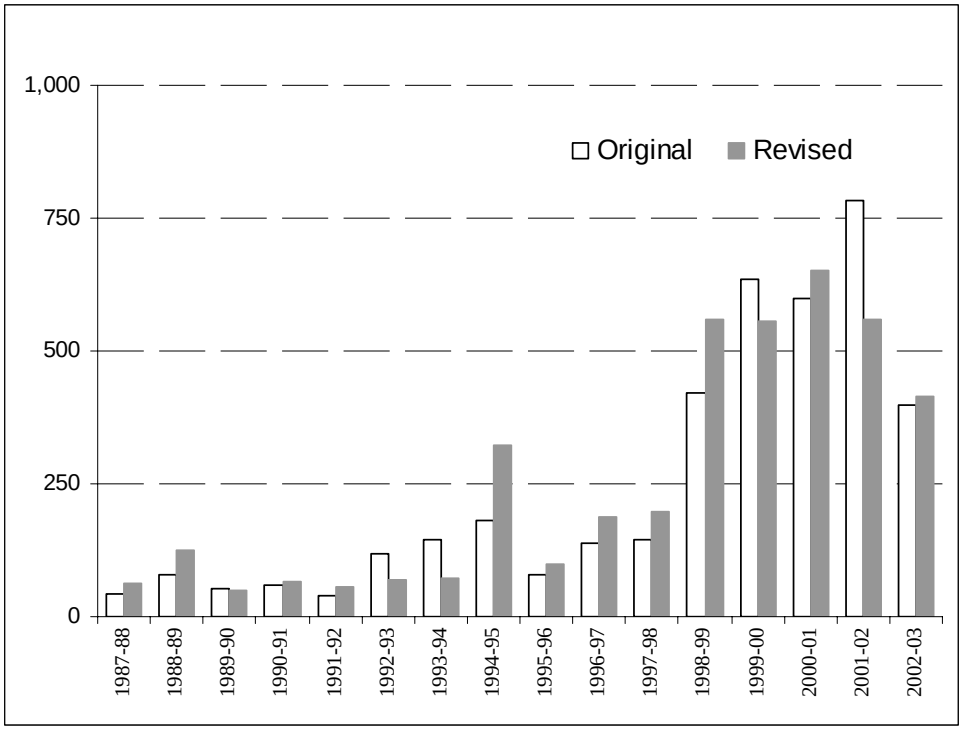
In the five years from 1998-99 to 2002-2003, the AFP and its partners saved the Australian community approximately $3.1 billion in harm through its disruption of illicit drug importations. The AFP has also improved its contribution to the well-being of the Australian community over time. In the first eight years of the available series, approximately $1.7 billion in harm was avoided through illicit drug seizures. In the second half of the series, harm avoided was approximately $4.3 billion.

Comparison with previous method

The results for the new method were compared with those of the original Harm Index. To form a valid comparison, the parameters used for the original Index were observed, i.e. cannabis was excluded and costs are in year 2000 equivalents. The CPI increase from June 1998 to June 2000 was 4.3% (based on Australian Bureau of Statistics, 2000).

Overall, the results of the revised method are comparable to the results of the original method. Taking the period 1987-2003, the total harm associated with AFP drug seizures was $3,922m under the original method and $4,052m under the revised method, a difference of 3.3%. The difference over the past ten years was 2.7 per cent higher for the revised method. Chart 2 demonstrates that the overall trend is similar. The first order correlation between the two estimates is high (*r=0.93, p<0.001*) and remains high after correction for autocorrelation (*r=0.72, p<0.001*)

Chart 2. Comparison of the Original and Revised AFP Drug Harm Index ($ million)



Discussion

At first glance, it would appear very difficult to draw a connection between Federal drug seizures and improved social, health and economic outcomes in the Australian community. Certainly, there are few if any general measures of the effectiveness of drug law enforcement around the world. The current methodology provides an estimate of these benefits which is robust and can be tracked over time. The revised AFP Drug Harm Index provides a basis for the reporting of performance within the Government's outcome output framework and a platform for evidence-based decision making in drug policy (Nutley, 2003).

The Index has its limitations. It is a broadly based estimate which assumes that the damage associated with one kilogram of a drug is equivalent to that associated with another kilogram. This is unlikely to be true. In fact, the majority of damage associated with drug abuse may be restricted to a particular subset of users or a particular set of circumstances. The harm associated with the

consumption of a given amount of an illicit drug over an extended period of time is not likely to be equivalent to the harm associated with the same amount of substance consumed by a dependent user over a far shorter period of time. The Index must remain a high level measure of harm.

A related limitation is that the AFP Drug Harm Index assumes a more or less uniform market for illicit drugs. It is likely, however, that the illicit drug market is segmented among new, recreational and regular/dependent users. Under conditions of plentiful supply, a major drug seizure might only affect the consumption of new or recreational users and the impact on major health and crime indicators could well be limited. Conversely, in circumstances of general shortage, seizures may have a social impact way beyond that which would occur normally.

The Index is also limited to the direct impact on consumption. Drug law enforcement also has an indirect effect by increasing the risk associated with importation by traffickers and thereby creating a deterrence effect. Reduced consumption that follows the diversion of supply to countries with less stringent law enforcement is not measured by the Index.

It should also be recognised that not all concerns with the consumption of illicit drugs can be encompassed within the social and economic ills they entail. Moral decisions about the appropriateness of various behaviours play a critical role in the development of social mores and eventually our legal code. The current project does not attempt to embrace these broader concerns.

Despite its limitations, the AFP Drug Harm Index offers a number of advantages including the transparency of the process and the ease with which new information can be accommodated. The Index as it stands is based upon the best data available to the author. The basis of the Index is clear and as better estimates of the costs associated with particular drugs and particular types of harm become available, the Harm Index can be revised to reflect this new knowledge.

The revised AFP Harm Index is now soundly based, indeed almost exclusively based, on Australian data. In addition, because the Harm Index is based on the benefits associated with an estimated reduction in consumption, it can be generalised to measuring the benefits of other drug interventions. Its applicability is wider than law enforcement alone and it provides a consistent starting point to those interested in the development of measures of the relative efficacy of different intervention types.

Perhaps, the most surprising aspect of the current study was the degree of similarity between estimates arising from the original Harm Index and from the revised Harm Index. The original Index had been subject to criticism because it was based on foreign data and drew a somewhat tenuous link between street price and social damage. The author had been accepting of and indeed in agreement with these criticisms which provided the impetus for the current analysis. The fact that over time both methods reached very similar results is an important reminder not to underestimate the value of relatively gross methods of estimation. In areas where matters are complex and trends not fully understood, a simple model may serve as well as a complex one. In terms of research and development time and with the benefit of hindsight, the original Harm Index provided a more cost effective solution than the revised Index. In the long term, however, it is hoped that the revised AFP Drug Harm Index may prove a general and reliable tool to assess the effectiveness of any drug intervention program in terms of the benefits associated with the reduced consumption of illicit drugs.

Finally, the development of the Index proves that in an area as difficult to measure as the impact of drug law enforcement on the Australian community, substantial progress can be made. This finding

may provide a degree of reassurance to those grappling with the issue of measuring outcomes and linking outputs to those outcomes.

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ATTACHMENT – ADDITIONAL TABLES

Table A.1 Distribution of labour costs relating to premature deaths

Miller & Draper (2001)		Cannabis	Opiates	Stimulant	Other
Drug dependence	Deaths				
Cannabis					
Opiates	567		567		
Cocaine	4			4	
Amphetamine	3			3	
Hallucinogens	1				1
Poisoning					
Opiates	219		219		
Psycho-stimulants	3			3	
Hallucinogens	0				
Suicide	135		135		
Ante-partum haemorrhage	4	1	1	1	1
Low birth weight	2	0.5	0.5	0.5	0.5
Hepatitis B	16		16		
Hepatitis non-A, non-B	34		34		
AIDS	7		7		
Infective endocarditis	1	0.25	0.25	0.25	0.25
Drug psychoses	0				
Maternal drug dependence	0				
Newborn toxicity	1		1		
TOTAL DEATHS		1.75	980.75	11.75	2.75
DISTRIBUTION		**0.2%**	**98.4%**	**1.2%**	**0.3%**

Table A.2 Distribution of labour costs relating to absenteeism by morbidity

Miller & Draper (2001)		Cannabis	Opiates	Stimulant	Other
Drug dependence	Admissions				
Cannabis	652	652			
Opiates	5,160		5,160		
Cocaine	59			59	
Amphetamine	409			409	
Hallucinogens	56				56
Poisoning					
Opiates	1,609		1,609		
Psycho-stimulants	383			383	
Hallucinogens	178				178
other drug	2667				2667
anabolic steroid	2				2
Ante-partum haemorrhage	627	156.75	156.75	156.75	156.75
low birth weight	59	14.75	14.75	14.75	14.75
hepatitis B	0				
hepatitis non-A, non-B	0				
AIDS	5		5		
infective endocarditis	38	9.5	9.5	9.5	9.5
drug psychoses	3,991	199.55	399.1	3192.8	199.55
maternal drug dependence	511		511		
TOTAL ADMISSIONS		**1032.55**	**7865.1**	**4224.8**	**3283.55**
DISTRIBUTION		**6.3%**	**47.9%**	**25.8%**	**20.0%**

Table A.3 Distribution of labour costs relating to absenteeism by treatment episodes

Principal drug problem	Proportion of all clients	Distribution by drug type
Cannabis	9.3%	15.9%
Opiates	39.1%	66.7%
Amphetamines	8.8%	15.0%
Other drugs	1.4%	2.4%
TOTAL	58.6%	100.0%

Table A.4 Summary distribution of labour costs relating to absenteeism

	Morbidity	Treatment	Absenteeism
Cannabis	6.3%	15.9%	11.1%
Opiates	47.9%	66.7%	57.3%
Stimulant	25.8%	15.0%	20.4%
Other	20.0%	2.4%	11.2%

Table A.5 Distribution of labour costs relating to reduced efficiency

	Number of users	Proportion
Cannabis	2,698,528	60.9%
Opiates	120,605	2.7%
Stimulant	1,130,668	25.5%
Other	482,418	10.9%

Table A.6. AFP Drug Harm Index 1987-2003 ($ million)

Year	$ million		Year	$ million
1987/88	183.0		1995/96	113.6
1988/89	250.6		1996/97	812.4
1989/90	88.9		1997/98	222.1
1990/91	110.9		1998/99	628.1
1991/92	172.0		1999/00	624.5
1992/93	187.6		2000/01	736.5
1993/94	165.6		2001/02	699.4
1994/95	524.8		2002/03	466.9