Profiling the Queensland amphetamine market

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CMC vision:

To be a powerful agent for protecting Queenslanders from major crime and promoting a trustworthy public sector.

CMC mission:

To combat crime and improve public sector integrity.

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PREFACE

This report was prepared by the Research and Prevention unit of the Crime and Misconduct Commission (CMC) with funds contributed by the National Drug Strategy Law Enforcement Funding Committee of the Queensland Police Service. It provides law enforcement with a profile of the Queensland amphetamine market, focusing on amphetamine demand and supply, and other issues relevant to those working in the illicit drug field. It was developed using quantitative data collected by the Amphetamines in Queensland (AIQ) research project and qualitative data collected by focus group discussions with those who respond to illicit drug use in the community.

The report will be of particular interest to those working in the field of illicit drug use and those committed to developing effective illicit drug interventions. The results will also form a useful point of reference for future projects that aim to measure the impact of recently implemented initiatives on the amphetamine market. These initiatives include legislation amendments, the increased regulation of precursor chemicals, and modifications to the way in which compounds containing pseudoephedrine are sold.

It would not have been possible to complete this report without the commitment of all of those involved in the AIQ research project, including research participants, peer researchers, peer research supervisors, administrative and data support personnel, the AIQ Steering Committee and the research team. The AIQ research team included Dr Mark Lynch (CMC), Robert Kemp (Queensland Health), Andrew Conroy (Queensland Health), Julianne Webster (CMC) and Leigh Krenske (CMC).

A debt of gratitude is owed to those people from health, research and law enforcement agencies who participated in the amphetamine market discussion forums. The following agencies were involved:

- Alcohol, Tobacco and Other Drug Branch, Queensland Health
- Australian Crime Commission
- Australian Customs Service
- Australian Federal Police
- Biala Alcohol and Drug Service, Queensland Health
- Logan Alcohol and Drug Service, Queensland Health
- Queensland Alcohol and Drug Research and Education Centre
- Queensland Injectors Health Network
- Queensland Needle and Syringe Program, Queensland Health
- Queensland Police Service.

The CMC also gratefully acknowledges the assistance provided by Dr Paul Mazerolle (formerly of the CMC) and the project's steering committee at the initial stages of the preparation of this report. The steering committee consisted of Dr Mark Lynch, Robert Kemp and Leigh Krenske. The additional analyses provided in the report's appendix were performed by Dr Jeremy Prichard (CMC) and Dr James Freeman (CMC) undertook the multivariate analyses presented in Chapter 5. Thanks also to Dr Margot Legosz (CMC) for her comments on an earlier draft of this report, and the CMC's Communications Unit for preparing the report for publication.

The report was written by Leigh Krenske.

ABBREVIATIONS

ACC	Australian Crime Commission
AFP	Australian Federal Police
AIQ	Amphetamines in Queensland (research project)
ANCAHRD	Australian National Council on AIDS, Hepatitis C and Related Diseases
ATODS	Alcohol, Tobacco and Other Drug Substances
CMC	Crime and Misconduct Commission
DAT	Drug Action Teams
DAES	Drug Assessment and Education Session
HIV	human immunodeficiency virus
IDCDP	Illicit Drugs Court Diversion Program
IDRS	Illicit Drug Reporting System
MCS	Mental Component Summary
NDC	National Drugs Campaign
NDSHS	National Drug Strategy Household Survey
NGOs	Non-government organisations
NSP	Needle and Syringe Program
OR	odds ratio
PCS	Physical Component Summary
PDP	Police Diversion Program
QMERIT	Queensland Magistrates Early Referral into Treatment
QNSP	Queensland Needle and Syringe Program
QPS	Queensland Police Service
SDS	Severity of Dependence Scale
SF12	12-item Short Form Health Survey

SUMMARY

The increased use of amphetamines in Australia over the past 15 years is of growing concern to health and law enforcement agencies. Amphetamine use is associated with a range of adverse outcomes both for individual users and the community as a whole. The Crime and Misconduct Commission (CMC) compiled this research report to provide law enforcement with a detailed profile of the overall Queensland amphetamine market. It was funded by the National Drug Strategy Law Enforcement Funding Committee of the Queensland Police Service.

This report aims to:

- profile the characteristics of Queensland amphetamine users — *what are the indicators of demand and supply, and what are the risks associated with amphetamine use?*
- reveal amphetamine users' perceptions of law enforcement — *do law enforcement activities affect users?*
- assess the impact of law enforcement activity — *is the current law enforcement approach working?*

Significantly, this report brings together the views of amphetamine users and those who respond to the challenges of illicit drug use. It draws upon quantitative data from the Amphetamines in Queensland (AIQ) research project and qualitative data collected from focus group discussions with staff from health, research, law enforcement and non-government organisations. The AIQ project involved a 2002 statewide survey of 665 current amphetamine users about a range of issues, including demand and supply characteristics of the Queensland amphetamine market, some of the risk factors that may contribute to involvement with amphetamines, the harms associated with using the drug and amphetamine users' attitudes towards law enforcement interventions. The focus group discussions held in December 2005 collected information on the key concerns currently facing those working in the illicit drugs field, their perceptions of amphetamine market dynamics and their views about the effectiveness of strategies aimed at reducing the impact and prevalence of amphetamine use.

It should be noted that this study's results generally reflect the state of the amphetamine market before the recent introduction of a range of precursor control strategies (which include the re-scheduling of over-the-counter products containing pseudoephedrine to more restricted categories; Project STOP, an online recording system of pseudoephedrine purchases made in pharmacies; and the introduction of products containing phenylephrine as an alternative to pseudoephedrine). This information will be particularly useful for monitoring and evaluating any changes resulting from those strategies.

Characteristics of Queensland amphetamine users

Based on an analysis of the AIQ survey of amphetamine users, this report reveals comprehensive features of the Queensland amphetamine market.

Indicators of demand

Most popular type of amphetamine

Overall, more AIQ respondents had used speed powder ('speed powder/pills') (85%) and base ('base/pure/wax') (72%) than any other type of amphetamine. In terms of recent use (in the preceding six months), 64 per cent of respondents had used speed powder and 63 per cent had used base. Although respondents were less likely to use ice ('ice/shabu/crystal amphetamine') (44%) than speed powder and base amphetamine, the prevalence of ice use in the Brisbane sample of respondents was substantially higher (45%) than that of Queensland respondents in general (28%).

Polydrug use

Most respondents engaged in polydrug consumption, with the most common substances recently used being cannabis (75%), alcohol (71%) and cigarettes (65%). Both legal and other illicit drugs are often used in combination with amphetamines to enhance or manage the drug experience. The most common substances used to 'come up' with amphetamines were tobacco (49%), alcohol (47%), cannabis (40%) and ecstasy (24%), while the most common substances used to 'come down' from amphetamines were cannabis (59%), tobacco (39%), alcohol (29%), benzodiazepines (21%) and heroin (18%). The mean number of different substances (including alcohol and cigarettes) ever used by respondents was 8.5; the mean number of different amphetamine types used was 2.5.

Reasons to start using

The main reasons respondents gave for deciding to use amphetamines were experimentation, opportunity and peer influence. Amphetamine use led to a range of outcomes, such as a better sex life, becoming more compulsive, becoming less tolerant, and not achieving aims or becoming easily distracted.

Dependency

Based on the Severity of Dependence Scale, 39 per cent of respondents were assessed as being dependent on amphetamines.

Indicators of supply

Sourcing amphetamines

AIQ respondents reported that amphetamines are readily available throughout Queensland, and the types of amphetamine most reliably sourced are those that are most commonly used. Approximately 70 per cent of AIQ respondents had very or somewhat reliable sources of speed powder and base. The availability of ice was less reliable (35% of AIQ respondents had very or somewhat reliable sources), but more reliably sourced in Brisbane than in other regions.

Payment

Users generally pay for amphetamines with cash, but there are a number of different payment or sourcing options. While 76 per cent of respondents mostly paid for amphetamines with cash, 51 per cent sometimes received amphetamines as a gift, 36 per cent sometimes obtained credit from dealers and 31 per cent sometimes traded other drugs for amphetamines. Only 3 per cent reported that they mostly swapped sex for amphetamines.

Location

Amphetamines are usually purchased in private locations, signifying a closed market. Eighty-two per cent of AIQ respondents mostly bought amphetamines in private dwellings; of those respondents, 48 per cent usually had their amphetamines delivered to them. Brisbane respondents were more likely than respondents in other regions to obtain amphetamines in public spaces.

Production of amphetamines

The notion that illicit amphetamines are produced in portable 'boxed' laboratories in Queensland was supported by the views of AIQ respondents. Although a significant proportion (28%) of respondents did not know where amphetamines were produced, 56 per cent believed that amphetamines were manufactured in 'backyard or boxed' labs, while 16 per cent believed that amphetamines were produced in professional laboratories. It is likely that the dynamics of amphetamine manufacture will change in response to the recently introduced precursor chemical control initiatives.

Selling amphetamines

It is relatively common for amphetamine users to become involved in the sale of amphetamines and other illicit drugs. Nearly half of the AIQ sample had sold amphetamines at some stage, while 16 per cent were currently selling amphetamines. The main reasons for selling amphetamines were to get money and to support drug use. Twenty-five per cent of AIQ respondents were involved in the sale of other illicit substances.

Patterns of selling also indicate a closed amphetamine market in Queensland. Those respondents who were currently dealing amphetamines were more likely to sell the drugs on a weekly basis to close friends or casual acquaintances (44%) than to strangers (18%).

Although current dealers were more likely to sell amphetamines in measures of personal use than in large quantities, just over 50 per cent obtained half their income from selling amphetamines, while 18 per cent reported that more than half, but less than all, of their income was obtained from the sale of amphetamines.

Risks associated with amphetamine use

Amphetamine users in the AIQ study were more likely than those in the general population to experience a range of unfavourable outcomes such as poor physical and mental health, violence and criminal activity. However, because of the study methods, we cannot determine a causal relationship between these attributes and amphetamine use: it may be that participants had these attributes before they began using amphetamines.

Respondents had poorer physical and mental health than adult Australians in general. The least physically healthy AIQ respondents (lowest 25%) aged 18 to 34 years had a mean physical component summary score (PCS) indicating that they were mildly physically disabled or worse. General population studies on the other hand show that the least physically healthy (lowest 25%) of the general population aged 18 to 34 years have a mean PCS indicating that are not disabled or worse. Similarly, the mean mental component summary (MCS) score for AIQ respondents indicated mild mental disability among survey participants, while the mean MCS score for the general population indicates no mental disability.

Respondents had a higher prevalence of HIV than that found among adult Australians. Nearly 3.5 per cent of respondents who had been tested for HIV reported that they had tested positive at their last test, while nearly 30 per cent of those respondents who had been tested for Hepatitis C reported that their last test was positive. However, caution should be exercised when interpreting self-reported information on the incidence of blood-borne viruses — the results of blood testing for HIV and Hepatitis C would provide a more accurate measure. These results do, however, highlight the importance of Needle and Syringe Programs (NSPs), and the significance of police maintaining discretion around these facilities so that NSP client access is not discouraged.

Amphetamine users also experience relatively high levels of verbal and physical violence. About half the respondents had been verbally threatened as a result of their own or someone else's amphetamine use, while 28 per cent had been assaulted without a weapon and 16 per cent had been assaulted with a weapon. Furthermore, one in four respondents had been physically violent towards another person because of their own amphetamine use.

Respondents had reasonably high levels of involvement in criminal activities. Nearly half (45%) of those surveyed reported stealing something from a place or person and/or dealing in stolen goods, while one in three (33%) reported committing a break and enter and 30 per cent reported committing an assault/caused bodily harm. The likelihood of all offences being committed while using amphetamines was greater for personal offences (26%) than property offences (19%).

The impact of law enforcement

The results of the AIQ survey suggest that law enforcement initiatives may affect the dynamics of the market and the length of involvement with amphetamines.

Nearly three-quarters (74%) of respondents believed that police activity made selling amphetamines a 'very' or 'quite' risky activity. Current amphetamine dealers were just as likely as ex-dealers to indicate that police made selling amphetamines very risky, although ex-dealers were more likely than current dealers and non-dealers to indicate that they believed that the police made selling amphetamines quite risky.

Forty-two per cent of AIQ respondents reported that they had friends or acquaintances who had been arrested for amphetamine-related offences in the past six months — thereby demonstrating a reasonable level of police activity in the amphetamine market. These respondents were more likely than respondents without friends or acquaintances apprehended for amphetamine-related offences to believe that police actually made selling amphetamines risky.

The most common factors identified by AIQ respondents as potentially influencing a decision to stop using amphetamines were to avoid trouble with the police/law (41%); to have greater control of their life (38%); to have better mental health (37%); and to have better physical health (33%). The most common reasons given by ex-amphetamine dealers to explain why they no longer participated in the sale of amphetamines were participation fatigue (55%) and to avoid being caught by the police (37%).

A significant number of respondents believed that they had been harassed by police because they looked like they used drugs (46%); their belongings had been searched for no reason while out in public (51%); and they were usually treated unfairly by the police (35%). The majority (69%) also reported that law makers did not understand illicit drug use.

Views of health and law enforcement staff

Discussion forums held with health and law enforcement representatives uncovered some similarities and differences of opinion about the dynamics of the Queensland amphetamine market.

Heath and law enforcement representatives agreed that:

- the demand for amphetamines would continue in the future
- the amphetamine market would increase due to increased demand
- the 'normalisation' of amphetamine use (i.e. accepting illicit drug consumption as a normal activity) was prevalent among amphetamine users
- particular attention should be paid to ice use due to its potency, rising prevalence and mode of consumption
- the use of amphetamines, and in particular the growing use of potent forms of amphetamines, was likely to contribute to an increase in the prevalence of amphetamine-related health problems, including amphetamine-induced psychosis
- a valid and robust method of assessing amphetamine-induced psychosis was required.

Health representatives suggested that:

- supply-reduction strategies that targeted individual amphetamine users at the retail level had no significant impact on the market
- further collaboration with law enforcement would be beneficial
- the principles of harm minimisation needed to be adopted and implemented by all agencies involved for collaborative responses to be effective
- the impact of interventions on individuals and the community needed to be considered during their development
- there were currently no adequate or attractive health interventions for amphetamine users interested in stopping their amphetamine use
- the efficacy of illicit drug interventions would improve through the expansion of early or developmental approaches.

Law enforcement representatives suggested that:

- a significant amount of time was spent dealing with mental health issues related to amphetamine use
- precursor chemical control was an integral and valuable component of supply reduction
- precursor chemical control interventions could potentially displace problems into other areas
- legislation deficiencies were impeding law enforcement's ability to respond to amphetamine use
- extending the range of collaborative responses with health was a complex process requiring considerable effort, organisational change and (in some cases) resources
- the introduction of roadside drug testing was possible
- ongoing support of the National Drugs Campaign (NDC) was necessary
- future NDC television commercials could contain further information about the production of illicit substances.

In relation to precursor control initiatives, law enforcement participants acknowledged diminished access to local sources of pseudoephedrine could result in:

- the increased importation of precursor chemicals from other countries
- the increased importation of amphetamines from other countries
- a rise in the theft of pseudoephedrine from pharmacies and pharmaceutical companies
- the re-emergence of old production methods that do not rely on pseudoephedrine
- the emergence of new production techniques that do not rely on pseudoephedrine
- the creation of more sophisticated clandestine laboratories to overcome the supply gap created by dismantling small operators
- the creation of more sophisticated crime networks to organise amphetamine production
- an increase in demand of other illicit substances due to reduced amphetamine supply
- an increase in drug-related crime due to increased amphetamine prices.

Conclusion and implications

Despite the existing prevalence of amphetamines in Queensland, this study provides evidence that law enforcement strategies do affect the dynamics of the amphetamine market.

Key messages from this profile encompass:

- law enforcement and health agencies' concerns about the harmful outcomes of amphetamine use
- the need for effective demand-reduction strategies
- the increased use of ice
- the value and limitations of supply-reduction strategies
- the importance of maintaining an integrated and responsive approach to amphetamine use
- the need to evaluate interventions and conduct further research.

These will be discussed in turn.

Concerns about the harmful outcomes of amphetamine use

Law enforcement and health agencies — key organisations that have to deal with the detrimental consequences of amphetamine use — consistently report that amphetamine use is increasing in Queensland, as are the harmful mental and physical outcomes resulting from the drug.

Demand-reduction strategies

The high demand for amphetamines suggests that successful strategies to reduce demand would significantly affect the market. Such initiatives should target amphetamine users as well as the broader community and respond to the characteristics of demand, such as the normalisation of amphetamine use and the perceived benefits of the drug.

Increased use of ice

Ice use needs to be monitored to assess any changes in usage patterns, levels of availability and harmful outcomes for those who take this potent form of the drug.

Value and limitations of supply-reduction strategies

The existence of international and local sources of amphetamines has important implications for reducing supply of the drug. The closed nature of the amphetamine market also represents a serious obstacle for supply-reduction strategies. Law enforcement responses should continue to build upon current inter-agency approaches that strategically target the various lines and phases of supply.

Integrated and responsive approach

Although this report demonstrates that criminal justice responses can potentially affect the dynamics of the amphetamine market, there is no evidence to suggest that stand-alone measures implemented by law enforcement will adequately respond to the complex aetiology or causes of amphetamine use and significantly reduce the level of use. This highlights the need for a tiered approach, involving strategies to reduce demand, harm and supply, as outlined by the harm-minimisation framework. Law enforcement strategies and initiatives should be developed with consideration of the potential effects on individuals and communities.

In particular, the harmful mental and physical health outcomes associated with amphetamine use, and the health concerns highlighted by individual users, points to the importance of developing and implementing collaborative strategies between health and law enforcement agencies. Collaborative responses could be improved by better communication between agencies, additional resources and greater understanding of experiences.

Furthermore, since a number of risk factors associated with illicit drug use are also associated with involvement in criminal activity, effective strategies will ideally target the shared aetiology of illicit drug use and criminal activity to reduce the impact of the drug–crime nexus.

Evaluate interventions and conduct further research

Recent strategies to reduce the supply of amphetamines, particularly those targeting precursor chemical control, must be evaluated. Further research is also needed for the development of:

- a robust and valid assessment tool that can adequately diagnose amphetamine-induced psychosis
- best-practice protocols and procedures for service providers working with amphetamine-affected individuals
- responsive, adequate and accessible treatment programs for amphetamine users.

The CMC acknowledges that law enforcement agencies are already implementing some of the approaches highlighted above.

CHAPTER 1: INTRODUCTION

This chapter outlines why the Crime and Misconduct Commission (CMC) undertook this profile of the Queensland amphetamine market.

Background

General population surveys show that, after cannabis, amphetamines are the second most prevalent illicit drug used in Australia (AIHW 2005a). The 2004 National Drug Strategy Household Survey (NDSHS) showed that 33.6 per cent of Australians aged over 14 years had used cannabis at some point in their lives and 9.1 per cent had used amphetamines. The same study also estimated that, within the previous 12 months, 11.3 per cent of Australians aged over 14 years had used cannabis and 3.2 per cent had used amphetamines (AIHW 2005a).

Although the results of the NSDHS indicate that amphetamine use among the general Queensland population is slightly less prevalent than in some other Australian jurisdictions (AIHW 2005b), other Queensland-based research demonstrates a high prevalence of regular amphetamine use among certain populations. For example, the 2005 Illicit Drug Reporting System (IDRS) showed that 79 per cent of the injecting drug users participating in the study reported using methamphetamines in the past six months, with 14 per cent reporting daily use. In addition to this, the proportion of IDRS respondents nominating methamphetamine as their drug of choice increased from 23 per cent in 2004 to 37 per cent in 2005. Similarly, the proportion of IDRS respondents reporting methamphetamine as the drug most recently injected increased from 37 per cent in 2004 to 50 per cent in 2005 (Kinner, Fischer & Lloyd 2006).

Anecdotal evidence also suggests that Queensland amphetamine users are moving towards the more potent forms of amphetamine such as base or ice, and law enforcement agencies continue to detect an increasing number of amphetamine laboratories in Queensland (ACC 2005).

The growing use of amphetamines, and associated related harms, in Queensland is of concern to criminal justice and health agencies. Alcohol and drug treatment agencies have reported a considerable rise in the number of people seeking help for their amphetamine use (Baker & Dawe 2005) and it has been noted that the injection of amphetamines carries the risk of vein damage, fungal infection and the transmission of blood-borne viruses (Southgate et al. 2003). More people are experiencing detrimental psychological reactions (especially when using the more potent types of amphetamine) including paranoid, agitated and aggressive behaviour (ACC 2003). Furthermore, there is an interrelationship between amphetamine use, crime and victimisation (Lynch et al. 2003).

The adverse outcomes associated with amphetamine use have significant implications for individual users, their families, people delivering response services and the general community. Similarly, the costs associated with using amphetamines include those experienced on a personal level — such as financial, work, social and emotional difficulties — and community level — such as crime, emergency department utilisation, hospital stays, Needle and Syringe Programs (NSPs) and community agency support, police, ambulance and mental health transportation, care in jail and mental health facilities, road trauma and accidents and loss of productivity (Richards et al. 1999; Dietze et al. 2003).

Law enforcement agencies currently form a major component of the harm minimisation strategy framing Australia's response to illicit drug use. This strategy takes a three-tier approach, focusing on demand reduction, supply reduction and environmental responses that promote the safe use of illicit substances (Hamilton & Rumbold 2004). Law enforcement responses work most notably in the area of supply reduction, but also feature in demand-reduction and environmental strategies. Supply-reduction strategies include dismantling production and supply networks and

preventing the diversion of precursor chemicals for the manufacture of illicit substances. Demand reduction and environmental strategies are evident in drug diversion initiatives and the practice of law enforcement officials maintaining discreet distances from needle and syringe outlets, ambulance call outs and drug overdoses. The link between supply and demand in illicit drug markets means that successful law enforcement supply-reduction initiatives potentially reduce the level of demand for illicit drugs by increasing their price and limiting their availability.

The CMC compiled this research report to provide law enforcement with a detailed profile of the Queensland amphetamine market. The preparation of the report was funded by the National Drug Strategy Law Enforcement Funding Committee of the Queensland Police Service (QPS).

The primary objectives were to:

- profile the characteristics of Queensland amphetamine users
- reveal amphetamine users' perceptions of law enforcement
- assess the impact of law enforcement activity.

This report has been developed using quantitative data collected by the Amphetamines in Queensland (AIQ) research project and qualitative data from health and law enforcement personnel involved in responding to illicit drug use in the community.[1]

Presentation

This report is in seven chapters:

- Chapter 2 outlines the methods used to obtain the quantitative and qualitative data profiled in this report.
- Chapter 3 examines various indicators of amphetamine demand to better understand the characteristics of amphetamine users and the reasons why some people choose to consume the drug.
- Chapter 4 focuses on indicators of supply and other issues relating to the organisation of the amphetamine market in Queensland.
- Chapter 5 provides an overview of some of the risks associated with using amphetamines.
- Chapter 6 observes how amphetamine users perceive law enforcement, the impact of law enforcement on the amphetamine market and the possible role it has in reducing amphetamine market participation.
- Chapter 7 summarises the findings of the project and discusses the implications for law enforcement.

1 Initial results from the AIQ research project have been published elsewhere. See *Patterns of amphetamine use: initial findings from the Amphetamines in Queensland research project*, by Lynch et al. (2003) for further information.

CHAPTER 2: METHODS

This chapter explains the methods used to gather quantitative data for the AIQ research project and qualitative data from non-government organisations (NGOs), health, research and law enforcement personnel working in the illicit drugs field.

The Amphetamines in Queensland (AIQ) research project

The AIQ research project involved collaboration between the CMC's Research and Prevention unit and the Queensland Needle and Syringe Program (QNSP) section of the Alcohol, Tobacco and Other Drug Substances (ATODS) unit within Queensland Health.

In contrast to surveys that attempt to measure the prevalence of amphetamine use across the general population, the AIQ project specifically targeted individuals who had used amphetamines within the past 12 months. The project used a peer researcher model to collect information from a broad range of amphetamine users. The main advantage of this model was its ability to access hidden networks of amphetamine users. The model also facilitated rapport between researchers and respondents, which is critical when researching sensitive topics such as illegal activity (Griffiths et al. 1993).

Peer researchers were selected on the basis of their capacity to access amphetamine networks and their ability to undertake the role of interviewer. To maximise the representativeness of the sample, peer researchers were selected from different social contexts and the number of interviews conducted by each peer researcher was capped at 15. In total, 48 peer researchers were involved in the study.

The peer researchers were responsible for recruiting eligible respondents, administering the questionnaire and reimbursing respondents for their time and travelling expenses associated with participating in the research. In the interests of data reliability and validity, each peer researcher was provided with basic research training before entering the field. A total of 690 survey questionnaires were administered. After an internal quality audit, 665 of these were accepted as valid. The survey questionnaire was administered between October and December, 2002.

A research network comprising 17 urban and rural sites throughout Queensland was established and managed by QNSP. Eighteen supervisors located at the various research sites participated in the research process, each having extensive experience in drug- and alcohol-related issues and occupying a position within a health or community agency. These supervisors were responsible for selecting peer researchers, coordinating field work, handling payments and providing peer researcher support where necessary.

Supervisors and peer researchers provided valuable input into the development of the questionnaire, which collected information about patterns of illicit drug use, physical and mental health status, levels of amphetamine dependence, sociocultural contexts of use, market characteristics, involvement in crime, testing and knowledge about Hepatitis C and HIV, injection practices and experiences of treatment services.

Survey responses were coded and entered into SPSS 13.0 for analysis; missing data were excluded for the purposes of analysis. A range of statistical techniques were applied to the data including frequencies, cross tabulations (chi-square analysis) and multivariate analyses (logistic regression). In particular, multivariate analyses were performed to determine the most significant predictors of involvement in crime.

For those not familiar with multivariate analyses, odds ratios (OR) indicate the strength of associations and 'p' values and confidence intervals indicate the statistical significance and precision of associations. The larger the quantitative size of the OR the greater the magnitude of the association between a possible predictor or risk factor and an outcome. The closer the OR is to 1, the smaller the measure of association; the larger the OR the greater the association. Therefore, an OR of 1.5 for example, indicates that the outcome is about 50 per cent more

likely to occur amongst the predictor or risk factor group than its counterparts; an OR of 2.00 indicates that the outcome is twice as likely to occur among the predictor or risk factor group than its counterparts. The width of the confidence interval indicates the amount of variability inherent in the OR estimate and thus the precision of the findings and the confidence that can be placed in the estimate of the OR. For example, a confidence interval of 1.3–1.8 indicates a much smaller degree of variability than one of 1.2–7.6 and is much more informative about the true magnitude of the OR (CMC 2006).

It should be noted that the AIQ data provide useful information about the characteristics of the amphetamine market before the introduction of a range of precursor chemical control strategies that aimed to minimise access to the chemicals (such as pseudoephedrine) necessary for the manufacture of illicit amphetamines.

Limitations

The sampling strategies used to recruit participants means that the results presented in this report do not represent the views and characteristics of all amphetamine users in Queensland. Similarly, results presented by region are subject to probable bias, due to relatively small sample sizes.

Respondent profile

The socio-demographic characteristics of the 665 AIQ respondents were:

- 44 per cent were female
- 63 per cent were aged under 30
- 57 per cent had not obtained more than secondary levels of education
- 9 per cent identified as Aboriginal or Torres Strait Islander
- 55 per cent relied on government benefits as their main source of income
- 40 per cent earned $500 or less net income each fortnight
- 7 per cent identified as gay or lesbian and 21 per cent identified as bisexual

It is also worth noting that of the total sample:

- 76 per cent were injecting drug users
- 39 per cent were amphetamine dependent according to responses to the Severity of Dependence Scale.

Respondent location

AIQ research sites were collapsed into regional locations to preserve the anonymity of respondents. Regional classifications were: Sunshine Coast/Pine Rivers (Sunshine Coast and Pine Rivers); Far North/North (Cairns, Mackay and Townsville); Far West (Mount Isa, Longreach, Charleville and Roma); Gold Coast/Logan (Gold Coast and Logan); Mid-West (Ipswich, Toowoomba and Warwick); Mid-Coast (Rockhampton and Bundaberg) and Brisbane (Brisbane only). Table 2.1 shows the number of respondents recruited across the Queensland locations.

Table 2.1: Location of respondents

Location	No. of respondents	% of total sample
Sunshine Coast/Pine Rivers	104	15.6
Far North/North	144	21.7
Far West	74	11.1
Gold Coast/Logan	100	15.0
Mid-West	68	10.2
Mid-Coast	100	15.0
Brisbane	75	11.3
Total	**665**	**100**

Amphetamine market discussion forums

Qualitative data were collected through two focus group sessions with staff from NGOs and health, research and law enforcement agencies. These focus group sessions took place at the CMC over two days in December 2005. Health, NGO and research participants together attended one forum session, while law enforcement participants attended another session.

Participants were recruited by invitation and participant referral. Members of the project's steering committee identified key personnel, who were invited by letter to participate in the forums and asked to nominate any other suitable participants. Letters were also sent to relevant commanding officers and upper management of appropriate agencies seeking organisational support for the project. Eight participants attended the health personnel forum and 18 participants attended the law enforcement forum, which included representatives from the Australian Crime Commission, the QPS, the CMC, Australian Customs Service and the Australian Federal Police.

Each discussion forum commenced with a short presentation of the results of the AIQ research project. Group discussion was facilitated and guided by key research questions that sought information on:

- the types of issues currently facing amphetamine users and those responding to them
- the dynamics of the amphetamine market
- the perceived effectiveness of interventions aimed at minimising amphetamine-related harms and reducing the prevalence of amphetamine consumption.

The forums also provided participants with an opportunity to interact and share knowledge with others working in the illicit drug field.

Four research officers took extensive notes during the discussion forums, and this information was collated and forms the basis of this report's qualitative data. The qualitative data were continuously and sequentially analysed (Becker 1970) in relation to the research questions and the generated themes emerging from the discussion. Although for clarity this report summarises the qualitative data into law enforcement and health perspectives, multiple participants were involved at the discussion forums and each of these individuals contributed in different ways.

Interpretative framework

The results presented in this profile are generally presented and discussed around the dimensions of supply and demand. This approach assumes that illicit markets share similar characteristics to licit markets and are formed by a complex interaction between the economic forces of supply and demand.

CHAPTER 3: INDICATORS OF DEMAND

This chapter presents information on amphetamine demand, and covers the types of amphetamines taken, polydrug use, the reasons for first using amphetamines, the perceived effects of the drug, and levels of amphetamine dependency. It also includes the views of health and law enforcement staff concerning recent changes in patterns of amphetamine use. Information from this chapter will be particularly useful in formulating policy responses to reduce amphetamine demand.

Types of amphetamines used

AIQ participants used a range of different types of amphetamine.[2] Speed powder ('speed powder/pills') (85%) was the most prevalent form of amphetamine ever used by those participating in the AIQ research, followed by base ('base/pure/wax') (72%). However, within the past six months, just as many respondents had used base amphetamine (63%) as speed powder (64%). Significantly, recent users of base amphetamine were likely to consume this potent form of the drug more frequently than recent users of the typically less potent speed powder.[3]

Although not used as regularly, a significant proportion of participants (44%) had at some stage used ice ('ice/shabu/crystal'), while the least prevalent forms of amphetamine were amphetamine liquid (21%) and prescription amphetamines (26%), such as Ritalin and Dexamphetamine. The latter occurred despite only 4 per cent of the respondents having been prescribed such drugs to treat attention deficit disorders. The median number of days that amphetamine had been consumed in the past six months varied between the different types of the drug. Base amphetamine had been used a median of 30 days, speed powder had been used on a median 20 days and ice had been used on a median of 10 days.[4]

Table 3.1 (page 9) shows the proportion of respondents reporting regular use of amphetamine by type of amphetamine and region, revealing different patterns of amphetamine use across the state. The most prevalent regular use of base was in the Mid-West (88%), Mid-Coast (75%) and Brisbane (73%) regions. The most prevalent regular use of speed powder was in the Sunshine Coast or Pine Rivers (78%) and the Far North or Northern (76%) areas of Queensland. Respondents from Mid-West region were also far more likely than respondents from other areas to report the regular use of prescription amphetamines (24% compared with 11% of the total sample), suggesting that the practice of doctor shopping may be an important source of amphetamines or precursor chemicals for the production of amphetamines at these locations.

The results also indicate that Brisbane respondents have a preference for base over speed powder and are more likely to regularly consume ice than other respondents. This prevalence of ice use in Brisbane suggests that the local market is supported by a relatively complex web of supply networks relying on both domestic and imported sources of amphetamine.

Changes to patterns of amphetamine use

During the discussion forums, health and law enforcement representatives discussed changes in amphetamine usage patterns. Health representatives noted a continuing expansion of the amphetamine market, driven by increasing demand and supply issues, and the prevalence of more potent forms of amphetamine. The increasing consumption of amphetamines was

2 Amphetamine is a synthetic central nervous system stimulant. For the purpose of this report, the term amphetamine is used as a broad category that encompasses amphetamine and amphetamine derivatives. The different types of amphetamine include amphetamine sulphate (speed powder/pills); methamphetamine/methylamphetamine (base/pure/wax); crystal methamphetamine/crystalline methylamphetamine hydrochloride (crystal/ice/shabu); and methylphenidate (Ritalin or other prescribed medications.)

3 Recent/regular use is defined as used within the last six months.

4 The median number, rather than average number, of days is shown due to skewed data.

considered likely to contribute to escalating health problems, an issue particularly challenging for health agencies given that treatment options for amphetamine users are limited. In particular, health representatives were concerned about the increasing availability and use of ice, which they predicted would lead to an increase in amphetamine-related harms. In addition, as ice is generally smoked rather than injected, users may be less likely to access NSPs, an important health intervention point.

Law enforcement staff were also concerned about patterns of amphetamine use. In particular, they believed that the amphetamine market would continue to expand, noted an increase in the use of ice, and called for an effective intervention to stop the prevalence of binge use, which was linked to aggressive and erratic behaviour and problems for general duty police officers.[5]

Polydrug use

Polydrug consumption (the use of more than one drug) was common among AIQ respondents. The most common non-amphetamine substances used in the previous six months were cannabis (75%), alcohol (71%) and cigarettes (65%).[6] Ecstasy was recently used by 37 per cent of respondents, 30 per cent had used benzodiazepines, 20 per cent had used heroin and 14 per cent had used cocaine. Usage rates varied between the different substances consumed in the six-month period. Cigarettes were used a median number of 180 days (that is, daily). This compares to 150 days for cannabis, 48 days for alcohol, 26 days for benzodiazepines, 20 days for heroin, 5 days for ecstasy and 3 days for cocaine. The mean number of different substances (including alcohol and cigarettes) ever used by respondents was 8.5, while the mean number of amphetamine types used was 2.5. These results are consistent with other studies that show high rates of polydrug consumption among regular amphetamine users (Fisher & Kinner 2004; Brecht et al. 2004).

AIQ participants often used amphetamines in conjunction with or sequentially to other illicit substances. Figure 3.1 shows that amphetamines were often combined with alcohol, cannabis and/or other stimulants to 'come up', while cannabis and other depressants such as heroin and benzodiazepines were used to 'come down' from amphetamines.[7] It is likely that stimulants are used to prolong or enhance the amphetamine experience, while depressants are used to balance or self-medicate the unfavourable side effects of the drug.

The prevalence of polydrug use has significant implications:

- It increases the likelihood of adverse health outcomes for users, especially if stimulant and depressant substances are used in combination.
- It makes the effects of particular drugs difficult to isolate and measure.
- Polydrug users may be more difficult to treat than drug users who have a primary drug of choice.
- It indicates that illicit drug markets do not operate as individual entities.
- Diminished access to amphetamines may not necessarily lead to a reduction in overall illicit drug use.

5 It is worth noting that a recent increase in ice availability was not reported in the IDRS for Queensland (Kinner et al. 2006, p. 25), but 34% of respondents from the Party Drugs Initiative 2005 study reported that ice was easier to obtain compared with 20% in 2004 (Fischer et al. 2006, p. 29).

6 Although alcohol and cigarettes are not illicit substances, they have been included in the polydrug analyses given their association with harm.

7 The term 'come up' refers to the onset of pharmacological effects associated with illicit drugs, while 'come down' refers to the winding down of the effects. The experiences associated with 'come up' and 'come down' can be perceived to be both positive and negative.

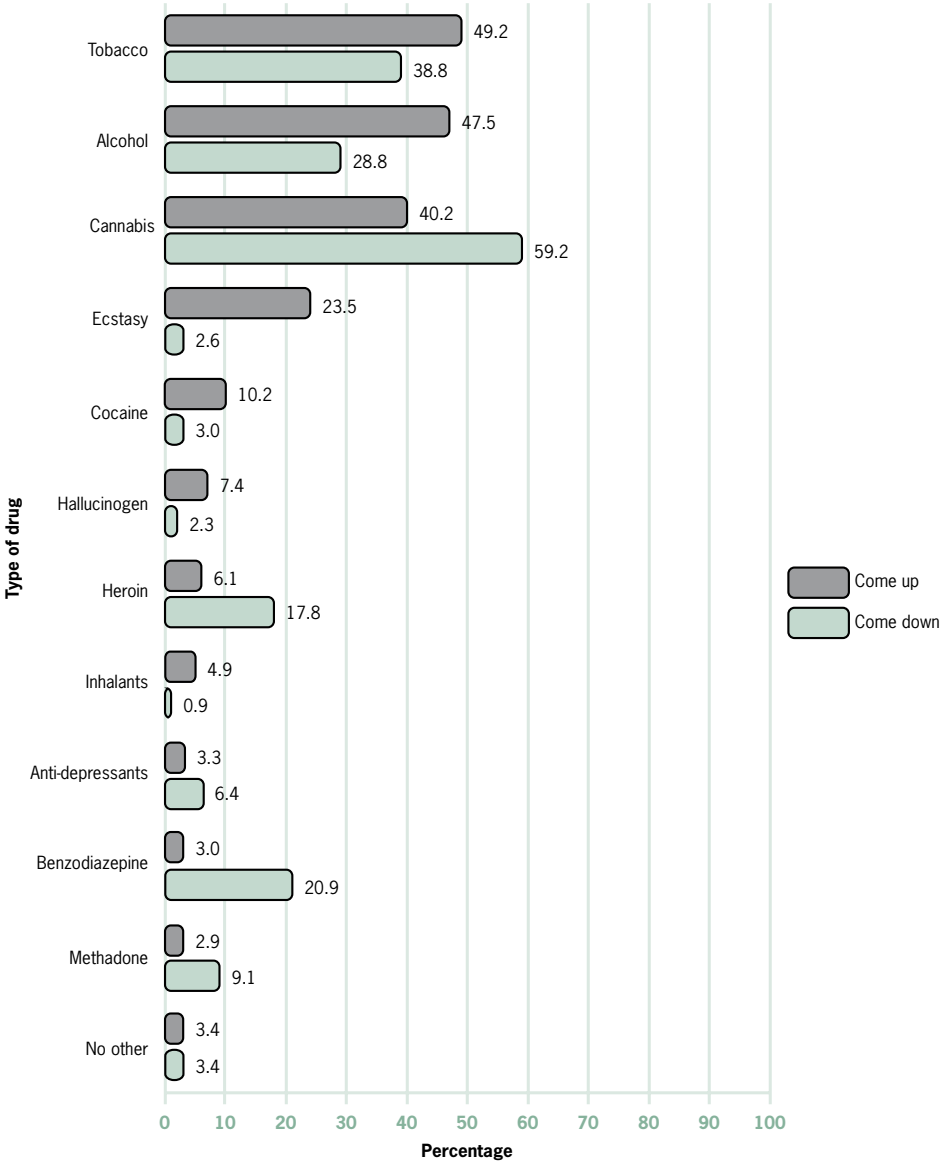
Table 3.1: Regular use of amphetamine, by type of amphetamine and region

Region	Percentage of respondents reporting use within the past 6 months					Total number
	Speed powder/ pills	Base/pure/ wax	Ice/shabu/ crystal	Amphet. liquid	Prescript. amphet.	
S'Coast/Pine Rivers	77.9	49.0	25.0	6.7	10.6	104
Far North/North	76.4	42.4	26.4	8.3	3.5	144
Far West	67.6	64.9	21.6	6.8	14.9	74
Gold Coast/Logan	60.0	69.0	19.0	8.0	11.0	100
Mid-West	57.4	88.2	30.9	8.8	23.5	68
Mid-Coast	52.0	75.0	29.0	3.0	15.0	100
Brisbane	48.0	73.3	45.3	2.7	8.0	75
Total sample	**64.4**	**63.0**	**27.5**	**6.5**	**11.3**	**665**

Chi^2 test, p=<.001.

Note: Caution should be used when interpreting results by region, since they are subject to probable bias due to sampling strategies and size.

Figure 3.1: Prevalence of amphetamine use in combination with selected drugs (*n*=665)



Note: This graph summarises the results of multiple frequency analyses, therefore total number size may change slightly across the different drug variables due to missing data.

Initiation of amphetamine use

The decision to begin using drugs can be precipitated by a number of factors, including a desire for experimentation, rebellion, problem elimination, sensation heightening and increased self-esteem, as well as drug availability and peer influence (Panaia & Bell 1999). AIQ respondents were offered a range of possible reasons for their decision to begin using amphetamines and asked to indicate whether they agreed (a little, a lot or not at all) with these reasons. Figure 3.2 illustrates the proportion of respondents reporting that they agreed 'a lot' with each of the specified reasons, by gender.

The AIQ survey found that experimentation, opportunity and peer influence were all important factors in a person's decision to first use amphetamines. Just over two-thirds (67%) of respondents agreed 'a lot' that they initially tried amphetamines just to 'see what it was like', while 'someone gave it to me' (39%) and 'my friends were doing it' (33%) were both significant reasons for amphetamine initiation. Eighteen per cent of respondents first tried amphetamines because they wanted to escape their problems and nearly 20 per cent indicated that the reason 'I'm not sure why, but I just always knew that I eventually would' was highly relevant to them. The sizable proportion of respondents selecting these two explanations as the basis of their decision to use amphetamines presents particular challenges to agencies attempting to craft effective strategies to discourage amphetamine use.

Amphetamine initiation varied by gender. Female users were significantly more likely than male users to be encouraged to use amphetamines by their partner, try amphetamines to escape their problems, be interested as a way to lose weight or get fit, and use because somebody gave it to them. Male users, on the other hand, were more likely than female users to first use amphetamines to stay awake for work or study, and to be experimental.

Changes since using amphetamines

To identify some of the perceived consequences of amphetamine use, AIQ respondents were asked to comment on a range of statements about any changes they might have experienced since using amphetamines. These responses highlight the perceived 'positive' and 'negative' effects of amphetamine use, which in turn inform discussions about consumer demand.

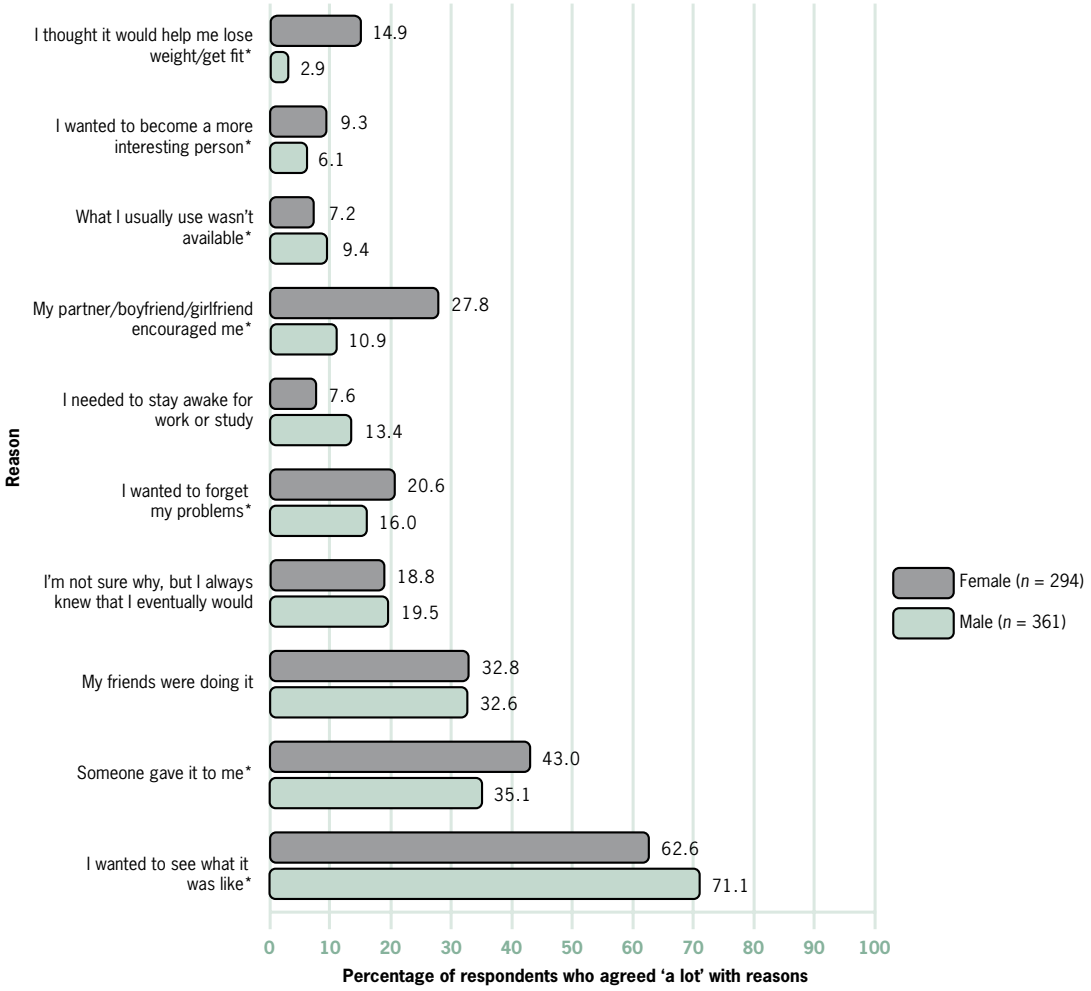
The results in Figure 3.3 (page 12) show that 'a better sex life' was the most significant change brought about by the use of amphetamines (37%). However, this benefit was followed by a series of less favourable outcomes. One-third of respondents agreed 'a lot' that amphetamine use had made them more compulsive, while about 20 per cent strongly believed that they had become less tolerant and were not achieving all that they wanted to. A potential link between amphetamine use and violent behaviour was also apparent, with 17 per cent of respondents reporting that they had become more aggressive since using amphetamines.

While a fifth of the respondents indicated that they had started to put themselves before their families, a small minority (7%) strongly agreed that their relationships with other people had improved since using amphetamines. This benefit may be explained by the loss of inhibitions and increased sociability often associated with amphetamine use. Taking amphetamines for work-related purposes was also evident in the proportion of respondents reporting that amphetamines has made them 'work harder' (26%). Twelve per cent of respondents strongly agreed that they had experienced 'spiritual and personal growth' since using the drug.

Although 'helps me lose weight and get fit' was the only response that was statistically significant in terms of gender differences associated with the effects of amphetamine use, some interesting gender distinctions were evident. Female users were more likely than male users to report that amphetamine use was linked to their personal and spiritual development and less likely than male users to find that their sex life had improved or that they put themselves before their families because of their amphetamine use.

Overall, these results draw attention to some of the challenges faced by those responding to amphetamine use in the community. In particular, policies aimed at preventing initiation to the use of amphetamines (and illicit substances in general) need to respond to the demand

Figure 3.2: Key indicators of amphetamine initiation of use, by gender



*Chi² test, p=<.05

Note: This graph summarises the results of multiple cross-tabulations across different variables — number sizes for gender change slightly across the different reasons leading to initiation variables due to missing data.

for amphetamines created by a desire to escape from personal problems. Further research is also needed to understand why some people believe that their introduction to amphetamines was innate and therefore inevitable. In addition, the high proportion of respondents indicating that opportunity was a key factor in their initiation to amphetamine use reinforces the value of supply-reduction strategies. It is also interesting to note that, while amphetamine use is generally considered an extremely social activity, there is little evidence to suggest that a person's use improves their relationships with others.

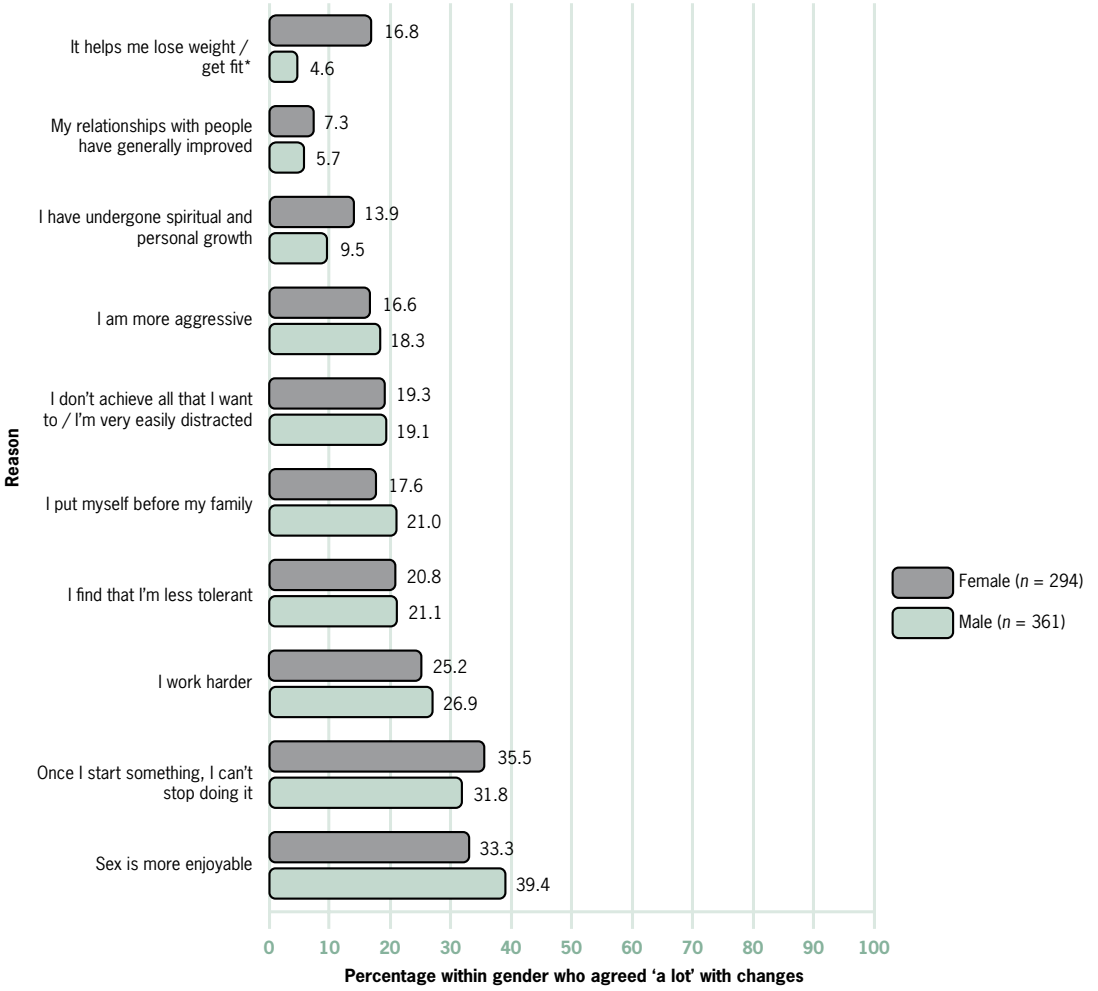
Type of amphetamine use and levels of dependency

The AIQ survey sampled a range of different types of amphetamine users. When participants were asked to self-identify their consumption of amphetamines, the majority (55%) perceived themselves as recreational/casual users, 21 per cent as binge users and 13 per cent as dependent users. Only 7 per cent self-identified as work-related users and 4 per cent as experimental users. However, self-perception of amphetamine dependence was substantially different from dependence levels measured by the Severity of Dependence Scale (SDS).[8] The results of the SDS show that 39 per cent of AIQ respondents were dependent on amphetamines. Interestingly, although females (43%) were more likely than males (36%) to be identified as dependent according to SDS responses (p=<.05), males (23.9%) were more likely than females (17.9%)

8 The SDS is a validated five-item scale developed by Gossop et al. (1995) to measure drug dependence. It was implemented and evaluated in relation to amphetamine dependence by Topp & Mattick (1997).

to define themselves as dependent users. It is also worth noting that 23 per cent of those self-reporting recreational/casual use were assessed as amphetamine dependent by the SDS, as were 49 per cent of self-identified work-related users and 55 per cent of self-identified binge users.

Figure 3.3: Significant changes since using amphetamines, by gender



*Chi² test, p=<.001

Note: This graph summarises the results of multiple cross-tabulations across different variables — number sizes for gender change slightly across the different changes caused by amphetamine use variables due to missing data.

Normalisation of amphetamine use

The 'normalisation' of illicit drug use refers to the process of accepting illicit drug consumption as a normal activity. This issue was consistently raised at both health and law enforcement discussion forums. Law enforcement representatives held normalisation as a primary reason for the increasing demand for amphetamine, while health representatives believed that developing a better understanding of the normalisation process could assist in providing improved responses to amphetamine use.

Law enforcement delegates recognised the significance of the social context of amphetamine use and stated that the normalisation process was most likely to occur among young people and those frequenting nightclubs or other dance events.[9] It was acknowledged that the increasing normalisation of amphetamine use meant that the illegal status of the drug was less relevant to users than the health implications involved and most amphetamine users did not show concern

9 The results of the AIQ study showed that amphetamines were usually used in private locations — 86% of respondents reported that they usually used amphetamines in private dwellings, while only 6% reported usually using amphetamines in a public space such as a nightclub.

regarding the criminal justice system until they had been apprehended for involvement with illicit drugs. Law enforcement representatives advocated disrupting the normalisation process by raising awareness of the legal consequences of illicit drug use.

Health delegates believed that the most effective way to reduce amphetamine use was to develop responses that connected to the everyday perceptions and experiences of users. This involved accepting normalisation as a reality of amphetamine users and part of the drug's social context. They suggested that an understanding of amphetamine-use normalisation could reduce the stigma levelled at those who consumed the drug, which, in turn, would improve law enforcement's relationship with illicit drug users and improve the likelihood of users seeking assistance or treatment.

Although law enforcement and health representatives at the discussion forums both acknowledged that amphetamine use was highly normalised among illicit drug users, their approaches were substantially different. For instance, law enforcement representatives advocated the disruption of the normalisation process to reduce demand for amphetamines. Health representatives, on the other hand, believed that a better understanding of amphetamine-use normalisation could improve responses to the drug's use. These differing views reflect law enforcement's commitment to upholding the law and health's commitment to minimising harm.

Overview

This chapter explored dimensions of amphetamine demand. The most prevalent forms of amphetamines are base and speed powder. Although the use of ice is less common, it is more prevalent in Brisbane than other Queensland regions. This requires ongoing monitoring, given that anecdotal evidence and the drug's usage patterns in Brisbane may indicate future consumption trends for other regions. Importantly, the fact that ice is usually smoked, rather than injected, may mean that users are less likely to access NSPs, which provide a key point of intervention for health agencies. It was also noted that law enforcement agencies identified a need to develop effective ways to respond to patterns of binge use.

Polydrug consumption is prevalent among amphetamine users and this may compound the adverse effects of amphetamines and pose particular problems for the development of effective interventions. The disparity between self-reported levels of amphetamine dependency compared with SDS-accessed levels of dependency also requires further exploration and may represent an early intervention point for health professionals.

The reasons people use amphetamines represent an important component of demand. Demand-reduction strategies need to recognise that amphetamine use is highly normalised and that users associate amphetamines with a range of perceived benefits, despite acknowledging some of its adverse effects. Although there is some evidence to suggest that reducing the availability of amphetamines may affect demand for the drug, it is noteworthy that approximately one in five respondents believed that their use of amphetamines was inevitable.

CHAPTER 4: INDICATORS OF SUPPLY

This chapter draws together a range of indicators to provide information on amphetamine supply characteristics. This includes perceptions of amphetamine availability, and the different ways in which amphetamines are sourced, paid for, purchased, distributed and produced in Queensland.

Amphetamine availability

The availability of illicit substances can affect the demand, price and levels of use of particular forms of drugs and is therefore an important indicator of illicit drug market characteristics. The AIQ results demonstrate the ready availability of amphetamines in Queensland, with the types of amphetamines most reliably sourced being the types most commonly used. Table 4.1 shows that speed powder and base were considered the most prevalent forms of amphetamine available. Just over 70 per cent of respondents had a very or somewhat reliable source of speed powder, while 68 per cent could obtain base very or somewhat reliably. The availability of ice and prescription amphetamine was considerably less reliable, and the least available form was amphetamine liquid. Nearly 60 per cent of respondents stated that they did not use or were not able to comment on the availability of amphetamine liquid and only 6 per cent believed that it could be sourced very reliably.

The perceived availability of different types of amphetamine varied across the state, possibly signifying the operation of distinct markets in particular regions (see Table 4.2, next page). Despite the geographical isolation of towns such as Mount Isa, Longreach, Charleville and Roma, respondents living in the Far West region of Queensland reported the overall highest levels of availability across the various forms of the drug. Respondents in this region were most likely to report very reliable sources of speed powder, amphetamine liquid and prescription amphetamines and relatively high levels of base and ice availability. Indeed, the perceived availability of base in this region was comparable to that reported by respondents living in Brisbane and the very reliable sources of ice was second to that in Brisbane.

Respondents in the Sunshine Coast/Pine Rivers region reported the highest level of speed powder availability, but found base more difficult to obtain than most respondents. Mid-Coast respondents indicated that easy access to ice in this area was extremely limited — only 1.1 per cent of survey participants living in Rockhampton or Bundaberg reported very reliable sources of ice compared with 12 per cent of the total sample. Of particular interest is the relatively low proportion of Brisbane respondents stating that they had very reliable sources of speed powder — 17 per cent compared with 50 per cent in the Sunshine Coast/Pine Rivers region and 39 per cent across the total sample. This result can be partly explained by the high proportion of Brisbane-based respondents stating that they did not use speed powder or did not know about its availability. It may also reflect the high availability and the relatively high usage of ice in the area. Nearly 30 per cent of Brisbane respondents reported that they had very reliable sources of ice, compared with just 12 per cent for the total survey population.

Table 4.1: Reliability of obtaining amphetamines

Type of amphetamine	Percentage of respondents reporting level of reliability				Total number
	Very	Somewhat	Not at all	Don't know/ don't use	
Speed powder/pills	39.1	31.2	11.8	17.9	642
Base/pure/wax	31.2	37.1	15.6	16.1	641
Ice/shabu/crystal	12.2	22.9	27.2	37.8	625
Prescription	10.4	11.4	14.6	63.6	616
Amphetamine liquid	5.9	12.9	22.9	58.3	612

Table 4.2: Proportion of respondents reporting very reliable sources of amphetamine, by region

Region	Percentage of respondents reporting very reliable sources					Total number
	Speed powder/pills*	Base/pure/ wax*	Ice/shabu/ crystal*	Amphet. liquid**	Prescript. amphet.*	
S'Coast/Pine Rivers	49.5	22.3	10.9	8.2	9.2	104
Far West	43.5	38.5	16.7	10.0	26.7	74
Far North/North	42.9	20.9	14.7	6.7	9.0	144
Gold Coast/Logan	40.4	33.7	7.1	4.2	12.2	100
Mid-West	39.7	41.2	9.4	3.2	4.8	68
Mid-Coast	33.7	36.1	1.1	5.3	9.3	100
Brisbane	17.1	38.0	29.2	3.0	4.4	75
Total	**39.1**	**31.2**	**12.2**	**5.9**	**10.4**	**665**

*Chi^2 test, p=<.001, ** Chi^2 test, p=<.01

Note: This table summarises the results of multiple cross-tabulations — number sizes across the regions may change slightly due to missing data. Caution should be used when interpreting results by region, since they are subject to probable bias due to sampling strategies and size.

No statistically significant gender-based differences were found in relation to amphetamine availability. However, regular amphetamine users were more likely than non-regular users to report very reliable sources for the type of amphetamine they most regularly used.

Sourcing amphetamines

The illegal nature of illicit drug markets means that consumers and suppliers ideally need to establish trustworthy relationships to carry out successful drug transactions. The importance of trust in illicit drug markets is evident in Table 4.3, which shows that most respondents sourced their amphetamines from either dealers or people they knew rather than from strangers. Dealers were the most common source of amphetamines for most respondents, with 74 per cent stating that they mostly obtained from a dealer and 15 per cent stating that they sometimes used dealers to access amphetamines.

A significant proportion also sourced their amphetamines from friends or family members — 68 per cent reported that they mostly or sometimes relied on such people. Similarly, 70 per cent reported that they never approached people they did not know for amphetamines. Only 2 per cent stated that they mostly obtained amphetamines from strangers. Five per cent of those surveyed also indicated that they sometimes accessed amphetamines from a pharmacist or doctor, suggesting that a small number of users rely on prescription amphetamines to supplement their amphetamine use.

Further analyses show that experimental, recreational/casual and work-related users were more likely than dependent or binge users to depend on their friends or family members to access amphetamines. Female respondents were also more likely than male respondents to state that they obtained amphetamines from their partners.

Table 4.3: Sources of amphetamine

Person used to obtain amphetamines	Percentage of respondents reporting				Total number
	Mostly	Sometimes	Rarely	Never	
Dealer	74.5	15.4	5.4	4.8	650
Friends/family	23.0	45.0	11.2	20.9	618
Partner/boyfriend/girlfriend	11.6	29.4	12.9	46.1	595
Pharmacist/doctor	1.0	5.4	7.4	86.2	579
Strangers	2.2	10.2	17.3	70.4	591

Paying for amphetamines

Although the majority of respondents (76%) indicated that they mostly paid for amphetamines with cash, a number of different payment arrangements were available to people involved in the amphetamine market. These included receiving amphetamines from others as a gift, credit from dealers, trading drugs, swapping sex and doctor shopping (see Table 4.4).[10]

About half of the people surveyed (51%) indicated that they sometimes received amphetamines from others without paying and 15 per cent stated that they were mostly given their amphetamines. This suggests the existence of a 'gift economy' operating within the Queensland amphetamine market. Within the context of the illicit drug market, a gift economy implies a shared understanding of reciprocal practice and obligation among users — drugs are often shared with an expectation of returned favours (Grund 1993). The results also highlight the sociability of amphetamine consumption — users like to take drugs with other users.

The operation of a gift economy has important health implications, since the act of sharing amphetamines may increase user exposure to infection from blood-borne viruses. Southgate and Weatherall (2003, p. 30) point out that the contingent and often immediate circumstances of receiving illicit substances as a 'gift' reduces the likelihood of users implementing safe injecting practices — users are more likely to share injecting equipment and drug containers, as well as inject others when requested.

Nine per cent of those surveyed reported that they mostly obtained amphetamines on credit and 36 per cent stated that they sometimes used dealer credit. However, credit from dealers is generally only given to trusted clientele and is more likely to occur between dealers rather than between dealers and consumers. Nineteen per cent of those respondents dealing at the time of the survey stated that they mostly sourced amphetamines 'on-tick' and 52 per cent sometimes relied on dealer credit. This is higher than that for respondents who had never dealt amphetamines or were no longer dealing, of whom 7 per cent reported that they mostly used dealer credit to obtain amphetamines and 33 per cent stated that they sometimes used dealer credit.

That the amphetamine market operates within the broader illicit drug economy is highlighted by the proportion of respondents indicating that they mostly (4%) or sometimes (31%) traded other drugs for amphetamines. Further analysis shows that 64 per cent of those respondents who mostly traded drugs for amphetamines also sold illicit drugs other than amphetamines and 39 per cent of those who sometimes traded drugs for amphetamines reported selling other drugs.

The practice of swapping sex for amphetamines was also apparent. Thirteen per cent of those surveyed reported that they mostly or sometimes paid for amphetamines with sex. Of these respondents, 74 per cent were female, 25 per cent were involved in sex work, 53 per cent were either binge or dependent users and 32 per cent were recreational/casual users.

Table 4.4: Method of obtaining amphetamines

Method of obtaining amphetamines	Percentage of respondents reporting				Total number
	Mostly	Sometimes	Rarely	Never	
Pay cash for it	75.8	18.8	4.4	1.1	656
Get given it	15.1	50.9	27.3	6.7	644
Credit from dealers	8.9	36.3	19.2	35.7	631
Traded drugs	4.0	30.8	18.4	46.8	620
Swapped sex	3.4	9.4	8.0	79.2	615
Doctor shopping	1.5	9.1	8.9	80.6	607

10 Although not measured by the survey instrument, it is also likely that stolen goods are traded for amphetamines.

Location of amphetamine purchases

Amphetamine users and dealers employ a number of different strategies to avoid police detection while performing amphetamine transactions. This includes minimising the visibility of distribution networks by making amphetamine purchases in private, rather than in public locations. Table 4.5 shows that 82 per cent of respondents reported that they mostly purchased amphetamines in private dwellings. Of these respondents, 48 per cent indicated that their amphetamines were mostly delivered to them. The high proportion of respondents obtaining amphetamines from either their own or other private dwellings suggests that deals are primarily arranged before the actual exchange of amphetamines occurs, thereby reducing the time it takes to make a transaction and further decreasing the chances of police interception.

A regional analysis of location of purchase shows that Brisbane has the most open amphetamine market overall compared with other regions. Fifteen per cent of respondents living in Brisbane compared with 6 per cent of the total sample reported that they mostly obtained amphetamines in a public space and 10 per cent of Brisbane respondents compared with 5 per cent of the total sample indicated that they mostly obtained amphetamines in a transport/vehicle. Interestingly, respondents living in the Sunshine Coast/Pine Rivers region were most likely to report mostly obtaining amphetamines in a commercial building (12% cent compared with 5% of the total sample).

Self-identified work-related and binge amphetamine users were more likely than other types of users to mostly obtain amphetamines in a public space. Work-related users were far more likely than other types of users to mostly obtain amphetamines in a transport/vehicle (which may reflect amphetamine use within the transport industry). Overall, male respondents were slightly more likely than female respondents to report purchasing amphetamines in a public space, commercial or a transport/vehicle space.

Table 4.5: Location of amphetamine purchases

Place of amphetamine purchase	Percentage of respondents reporting				Total number
	Mostly	Sometimes	Rarely	Never	
Private dwelling	81.5	14.8	1.5	2.1	655
Commercial building	4.8	31.5	26.2	37.5	619
Public space	5.6	25.2	22.3	46.8	622
Transport/vehicle	5.3	29.7	23.3	41.6	622

Distance travelled to obtain amphetamines

Most respondents obtained their amphetamines within five kilometres of their place of residence. Forty-eight per cent of those surveyed reported that they mostly did not have to leave their homes to obtain amphetamines, with 35 per cent indicating that they sometimes did not have to. Thirty-six per cent mostly travelled less than five kilometres to procure amphetamines and 45 per cent sometimes travelled less than five kilometres.

Table 4.6 shows that very few respondents reported travelling more than 50 kilometres for amphetamines on a regular basis (5%). Dealers were significantly more likely than non-dealers and ex-dealers to travel long distances to make amphetamine purchases. Indeed, current dealers were nearly five times more likely than non-dealers to report mostly travelling more than 50 kilometres and twice as likely to sometimes travel more than 50 kilometres to obtain amphetamines. It is worth pointing out, however, that 62 per cent of the current dealers rarely or never travelled more than 50 kilometres to obtain amphetamines.

Overall, these results suggest that the task of sourcing and delivering amphetamines to consumers is often performed by dealers. The relatively short distances travelled by the majority of respondents (including dealers) also provides additional evidence of local clandestine amphetamine production throughout the state and high levels of amphetamine

availability.[11] Only those respondents living in the Far West region were significantly more likely than all respondents on average (p=<.001) to report that they mostly (26%) or sometimes (44%) obtained amphetamines more than 50 kilometres away.

Table 4.6: Proportion of respondents travelling more than 50 km to obtain amphetamines, by dealer status

Dealer status	Percentage of respondents reporting				Total number
	Mostly	Sometimes	Rarely	Never	
Current dealer	13.1	24.6	18.0	44.3	61
Ex-dealer	5.4	14.4	15.3	64.9	111
Non-dealer	3.1	11.2	12.2	73.5	196
Total	**5.4**	**14.4**	**14.1**	**66.0**	**368**

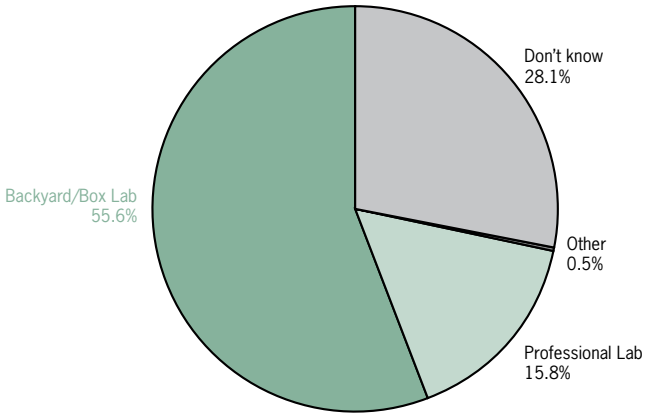
Chi^2 test, p=.001

Amphetamine production

In 2003, the CMC reported that the production of amphetamines in Queensland was characterised by the use of portable 'boxed' laboratories situated at multiple sites throughout the state (CMC 2003). This was apparent in police detection data that showed a dramatic increase in the number of clandestine amphetamine laboratories discovered in recent years — 12 in 1994 compared with 162 in 2002; and a change in the type of laboratories exposed — laboratories detected in 1994 tended to be large and professionally organised, while those detected in 2002 tended to be small and portable (CMC 2003, p. 5).

The notion that amphetamines are produced in portable 'boxed' laboratories in Queensland is supported somewhat by respondents participating in the AIQ project (see Figure 4.1). More than half of those surveyed (56%) believed that amphetamines were produced in 'backyard' or 'boxed' labs. A significant proportion of respondents (28%) indicated that they were unaware of where the amphetamines they used were manufactured, while 16 per cent believed amphetamines were produced in professional laboratories. Further analysis shows, however, that current dealers (25%) were far more likely to believe that amphetamines were manufactured in professional laboratories than were non-dealers (14%) or ex-dealers (14%) (p=< .001). This is an interesting finding if we assume that current dealers have a greater and more reliable understanding than other amphetamine users of the organisation of the amphetamine market. In the context of current law enforcement intelligence, this result suggests that dealers may have been sourcing amphetamines that were manufactured overseas.

Figure 4.1: Place of amphetamine production — users' perceptions (*n*=647)



11 A move towards portable or 'boxed' amphetamine laboratories in the late 1990s and early 2000s in Queensland has been well documented (ACC 2003, p. 61; CMC 2003, p. 5). Although almost 80% of recent clandestine amphetamine laboratory detections have been found between the Gold and Sunshine Coasts, portable amphetamine laboratories have the advantage of quickly producing moderate quantities of methylamphetamines in any location (CMC 2003, p. 6).

The distribution of amphetamines and other illicit substances

Illicit drug markets are generally considered to be organised around two phases of supply — production and distribution. This model assumes a supply link between producers and high-level distributors and multiple supply links between high-level distributors and retail-level distributors. The result is a pyramid-shaped, hierarchical line of distribution, with the purity of the product diminishing as it moves along the supply chain from the high-level distributor towards the consumer.

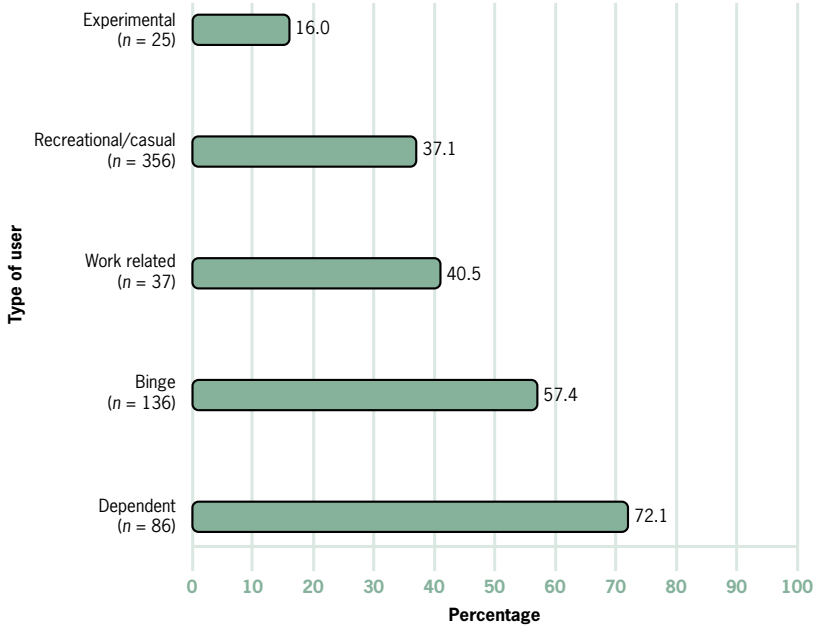
The relatively simple procedures required to produce amphetamines mean that the differentiation between producers, high-level distributors and street-level dealers is less distinct in the Queensland amphetamine market than that found in other illicit drug markets. High-level distributors may be involved in the production of amphetamines and retail dealers may be able to purchase amphetamines directly from producers or produce amphetamines themselves.

The following section examines the distribution of amphetamines in Queensland as assessed by the selling patterns of amphetamine dealers in the AIQ survey. The results show that it is relatively common for users to become involved in low-level distribution, where illicit substances are supplied to a select group of people in quantities associated with personal use. A number of amphetamine dealers indicated that they were also involved in the distribution of other illicit substances, thereby demonstrating the highly interrelated, dynamic nature of illicit drug markets.

Selling amphetamines

Nearly half (46%) of those surveyed reported that they had sold amphetamines at some stage, while 16 per cent of respondents indicated that they were selling at the time of the survey.[12] Males (53%) were more likely than females (39%) to have been involved in the sale of amphetamines, as were frequent and heavy users of amphetamines compared with infrequent users. Just over 70 per cent of dependent users and 57 per cent of binge users stated that they had sold amphetamines, while only 16 per cent of experimental and 37 per cent of recreational users had sold amphetamines (see Figure 4.2). The sale of other illicit substances was also prevalent among the surveyed amphetamine users — just over a quarter of all respondents had sold other illicit drugs and about 11 per cent of the sample sold amphetamines and at least one other type of illicit substance.

Figure 4.2: Ever sold amphetamines, by type of user



Chi² test, p=<.001

12 The survey used a broad definition of selling — it includes those who buy amphetamines and pass them on to others at cost price.

Initiation to the sale of amphetamines

The relatively high proportion of users reporting that they had sold amphetamines at some stage indicates that low-level distribution is often part of the amphetamine use trajectory. Table 4.7 shows some of the reasons given by dealers to explain why they started selling amphetamines. Sixty-three per cent of those who had sold amphetamines at some point agreed 'a lot' that sustaining their drug use was a significant motivating factor in their decision to start selling, while 55 per cent initially viewed amphetamine supply as an opportunity to secure additional income. Although peer groups play an integral role in the initiation of amphetamine use, it appears that peers have little influence on a user's choice to start selling amphetamines. Only 16 per cent of amphetamine sellers agreed 'a lot' that they first sold amphetamines because their friends encouraged them, while 15 per cent reported that having fun was a significant factor in their decision to first sell amphetamines.

Table 4.7: Key indicators of selling initiation

Reasons started selling amphetamines	Percentage of respondents reporting			Total number
	Not at all	A little	A lot	
To support my own drug use	10.9	26.2	62.9	302
For money	15.4	29.5	55.1	292
Friends encouraged me	47.2	37.2	15.6	288
For fun	50.2	34.4	15.4	285

Distribution networks

To gain a better understanding of how amphetamines are distributed in Queensland, current dealers were asked about who they sold amphetamines to and how often they did so. The results shown in Figure 4.3 (next page) are consistent with the purchasing patterns of consumers reported earlier and show that the amphetamine market generally operates in a closed environment in Queensland. Amphetamines were most regularly dealt to close friends or casual acquaintances — 44 per cent of current dealers sold to close friends and/or casual acquaintances on a weekly basis, while 34 per cent sold to close friends and 25 per cent to casual acquaintances on a daily basis. Only 9 per cent of current dealers reported daily sales to strangers, while 18 per cent indicated that they sold amphetamines to strangers on a weekly basis. These results highlight the importance of trust in the operation of the illicit amphetamine economy — deals are usually made with persons known to the dealer. The connection between trusted social networks and the distribution of amphetamines is also evident in the proportion of respondents stating that they 'sometimes' (46%) or 'mostly' (33%) bought amphetamines for themselves and a couple of friends when making amphetamine purchases.

Quantities usually sold

Current dealers were asked about the quantities or measures they usually dealt in as an indication of their level of involvement in amphetamine distribution. Figure 4.4 (next page) shows that the active dealers interviewed by the AIQ study most often sold in measures associated with personal use rather than large quantities — 55 per cent usually sold points, 45 per cent usually sold grams and 30 per cent usually sold half grams of amphetamines.[13] Only 14 per cent of current dealers reported that they usually sold amphetamines in ounce measures[14] — such respondents are considered more likely to be highly connected in the amphetamine market and hold a higher position within the market's organisation.

13 One point equals 0.1 of a gram.

14 One ounce equals 28.35 grams.

Figure 4.3: Amphetamine market networks — to whom and how often amphetamines are sold

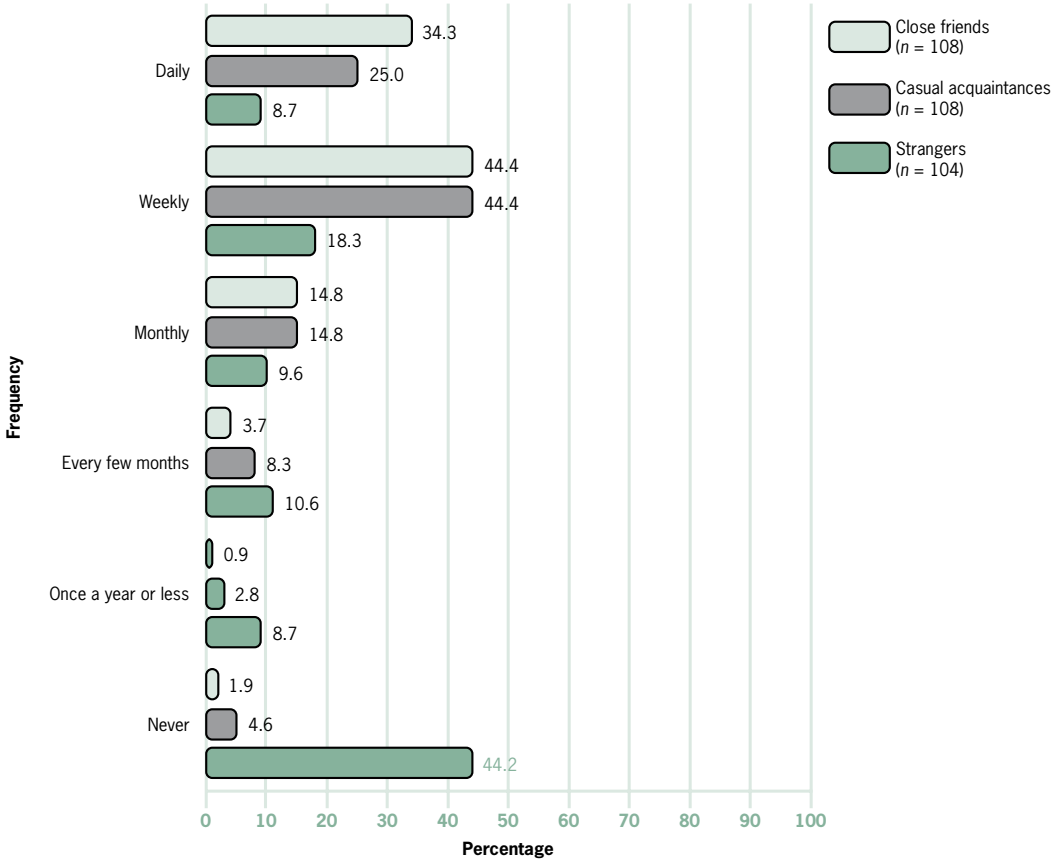
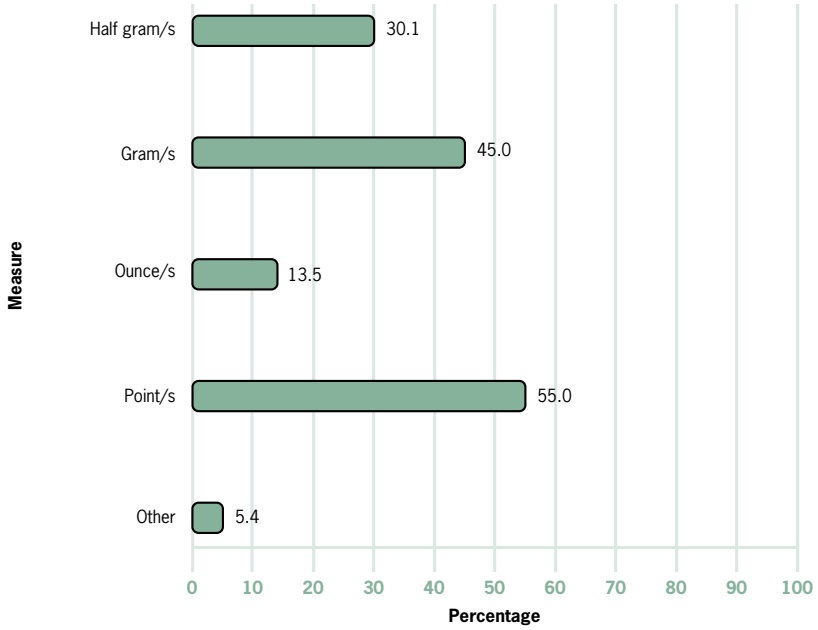


Figure 4.4: Quantities of amphetamines usually sold (*n*=111)



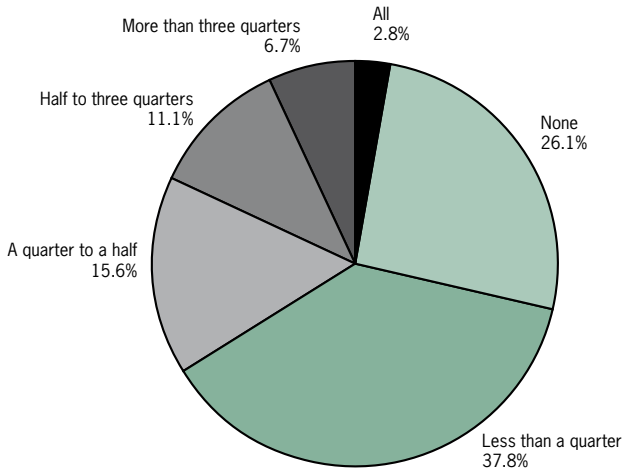
Selling other drugs

While 16 per cent of respondents were selling amphetamines at the time of the survey, about 25 per cent of all respondents were selling other drugs. Male users (31%) were more likely than female users (18%) to be selling other drugs; binge (30%) and dependent users (37%) were more likely than experimental (12%), recreational/casual (22%) and work-related users (22%) to sell other drugs.

Money from selling drugs

Figure 4.5 shows the share of total income made from the sale of illicit substances by current dealers. The notion that most users begin and continue to sell drugs to maintain their own drug use is supported by the proportion of current dealers (26%) claiming that they did not generate any income from the sale of illicit substances. It is also evident, however, that a significant proportion of those respondents selling drugs do so to supplement their income. Just over 50 per cent of current dealers indicated that revenue from drug dealing represented up to half of their earnings, while 18 per cent reported that more than half, but less than all of their income, was drug related. Only 3 per cent of dealers stated that they solely relied on the sale of drugs for their income.

Figure 4.5: Share of total income made from sale of illicit drugs, including amphetamines (*n*=180)



Further analyses have been performed on the AIQ data, which demonstrate significant differences in the characteristics of respondents who sold drugs for profit, sold drugs without profit or did not sell drugs at all. See the Appendix for these results.

Overview

The data presented in this chapter provide an incomplete understanding of the dynamics of supply within Queensland's amphetamine market. Although the AIQ survey was able to measure a considerable level of supply activity at the lower end of distribution, it was less successful at imparting information about high-level distributors and the organisation of distribution networks. This gap is created largely by the nature of illicit drug markets (drug suppliers are, by definition, a group with a vested interest in maintaining secrecy) and the limited capacity of quantitative strategies to capture detailed information about sensitive issues from concealed populations. The information does show, however, that it is not uncommon for amphetamine users to become involved in low-level distribution and that amphetamines are generally distributed via trusted networks that are difficult for law enforcement to detect. It is extremely rare for amphetamine users to rely on strangers to supply them with the drug — the procurement and sale of amphetamines is usually organised to happen in private locations with known persons.

The prevalence of portable or 'boxed' clandestine amphetamine laboratories evident in law enforcement seizure data was supported by consumer perception of amphetamine manufacture. It will be important and interesting to monitor how recent changes to legislation regarding the regulation of precursor chemicals and the sale of compounds containing pseudoephedrine will affect amphetamine demand characteristics and the organisation of the drug's manufacture and distribution in Queensland.

CHAPTER 5: RISKS ASSOCIATED WITH AMPHETAMINE USE

This chapter reports some of the harmful outcomes associated with amphetamine use, such as adverse physical and mental health, exposure to violent situations and involvement in criminal activity. It is important to note that the results in this chapter do not demonstrate a causal relationship, but rather highlight the link between amphetamine use and a range of detrimental consequences identified by anecdotal evidence and previous research.

Risk of adverse health

The physical and mental health status of AIQ respondents was examined using the 12-item Short Form Health Survey (SF-12) (Ware, Kosinski & Keller 1996). SF-12 scores refer to recent functional impairment only and can be benchmarked against scores obtained from general population surveys (Lynch et al. 2003).

Although the overall physical component summary (PCS) scores did not suggest any difference in the physical health of AIQ respondents and the general population, when matched for age, the AIQ sample aged between 18 and 34 years was more likely to experience mild physical disability. The least physically healthy of AIQ respondents (the lowest 25% of those aged 18 to 34 years) had a mean PSC score below 45.39, indicating that they were mildly disabled or worse. This compares to the least physically healthy of the general population (the lowest 25% of those aged 18 to 34 years) who had a mean PSC score of 51.56 and below, indicating that they were not disabled or worse (Lynch et al. 2003).

Overall, the mental component summary (MCS) scores indicated a greater prevalence of mental disability among AIQ respondents than in the general population. The mean MCS score for all AIQ respondents was 46.44 (indicating mildly disabled) compared with 50.04 for the general population (indicating not disabled). Further analysis also showed that AIQ respondents who were assessed according to the SDS as amphetamine dependent were more likely than the general population to experience moderate or severe mental disability. Additionally, AIQ respondents dependent on amphetamines were twice as likely as non-dependent respondents to experience moderate or severe mental health disability (Lynch et al. 2003).

Amphetamine-induced psychosis

The use of amphetamines is associated with the risk of amphetamine-induced psychosis (Larson 2006). This condition usually occurs after protracted and high-dose consumption of amphetamines and may co-occur with pre-existing psychosis. At the discussion forums, health and law enforcement representatives both raised concerns about the diagnosis of amphetamine-induced psychosis.

Health representatives were concerned that amphetamine-induced psychosis was not being adequately distinguished from transitory amphetamine-related psychotic disorders. This distinction is important since, despite similar symptoms, amphetamine-induced psychosis leads to long-term psychological problems, while amphetamine-related disorders generally resolve shortly after the cessation of amphetamine use. It was asserted that the transient nature of most amphetamine-related psychotic episodes was not adequately recognised, which in turn created additional burdens for the health care system and overstated the prevalence of the long-term harmful effects associated with amphetamine use.

Law enforcement raised the issue of amphetamine-induced psychosis in relation to the prosecution of individuals. It was asserted that individuals before the courts on matters relating to illicit drugs were more regularly advocating amphetamine-induced psychosis as part of a defence at trial or as a mitigating circumstance at sentence. In the absence of appropriate

assessments in such cases, law enforcement representatives were concerned that courts may be more lenient than necessary towards these offenders. Law enforcement representatives suggested that a valid and robust way of assessing amphetamine-induced psychosis was needed to reduce the likelihood of individuals taking advantage of the criminal justice system. Law enforcement also acknowledged that they spent a significant amount of time during everyday operations dealing with mental health issues caused by amphetamine use.

Risk of HIV and Hepatitis C

AIQ respondents were asked whether they had been tested for HIV and Hepatitis C and, if so, to state the results of those tests. Although caution is required when interpreting self-reported data on blood-borne virus infection rates, the results show that the prevalence of HIV and Hepatitis C among AIQ participants was relatively higher than that found in the general population. This finding is consistent with other epidemiology studies that show a relatively high rate of HIV and Hepatitis C infection among drug users (Estrada 2002 & Bell et al. 2002).

Of the AIQ respondents who had been tested for HIV (65%), 3.4 per cent reported that they tested positive at their last test, representing 2 per cent of the total sample. This is noticeably greater than the prevalence of HIV (0.1%) found among Australian adults in the general population (UNAIDS 2004). Of the 60 per cent of AIQ respondents who had been tested for Hepatitis C, nearly 30 per cent had tested positive at their last test, representing 16.8 per cent of the total sample. This is also higher than the prevalence of Hepatitis C (2.3%) among all Australians (Amin et al. 2004).

The relatively high prevalence of blood-borne viruses among amphetamine users highlights an important workplace health and safety issue for those workers responding to amphetamine users. It also draws attention to the significance of Australia's Needle and Syringe Program, which ensures the availability of sterile needles and syringes, provides health information and refers injecting drug users to voluntary drug treatment services. Without the services offered by NSPs, the incidence of HIV and Hepatitis C infection would most likely be significantly higher among intravenous drug users (ANCAHRD 2000). As a police presence at NSPs or their surrounds may reduce the number of clients accessing such services, it is essential that police maintain discretion around these premises and develop a good rapport with NSP staff.

Risk of violence

Anecdotal evidence indicates that law enforcement officers and other service providers risk exposure to agitated and aggressive behaviour when responding to people using amphetamines. The AIQ research project explored the relationship between amphetamine use and violence by asking respondents whether they had encountered or caused violence because of the drug.

Figure 5.1 shows that approximately half of those surveyed reported that they had been verbally threatened as a consequence of their own or other people's amphetamine use. Just over 28 per cent had been assaulted without a weapon and 16 per cent had been assaulted with a weapon. There is some evidence to suggest that these results show substantially higher rates of victimisation among amphetamine users compared with those found in the broader community. The 2002 Crime and Safety Survey, for example, revealed that 5 per cent of Australians had experienced an assault (of any type) in the previous 12-month period (ABS 2003).

The results also show that the risk of violence is amplified by certain factors, such as the level of involvement in the amphetamine market and type of amphetamine use. An analysis of amphetamine-related violence by dealer status shows that current dealers were more likely to have encountered amphetamine-related violence than ex-dealers and much more likely to indicate victimisation than non-dealers (see Figure 5.2). A clear relationship between type of user and levels of victimisation is also apparent, with self-identified binge and dependent users more likely to be victims of violence than self-identified work-related, recreational and experimental users. For example, 61 per cent of dependent users compared with 12 per cent of experimental users had been verbally threatened; and 26 per cent of dependent users compared with 4 per cent of experimental users had been assaulted with a weapon.

Figure 5.1: Experience of violence associated with amphetamine use

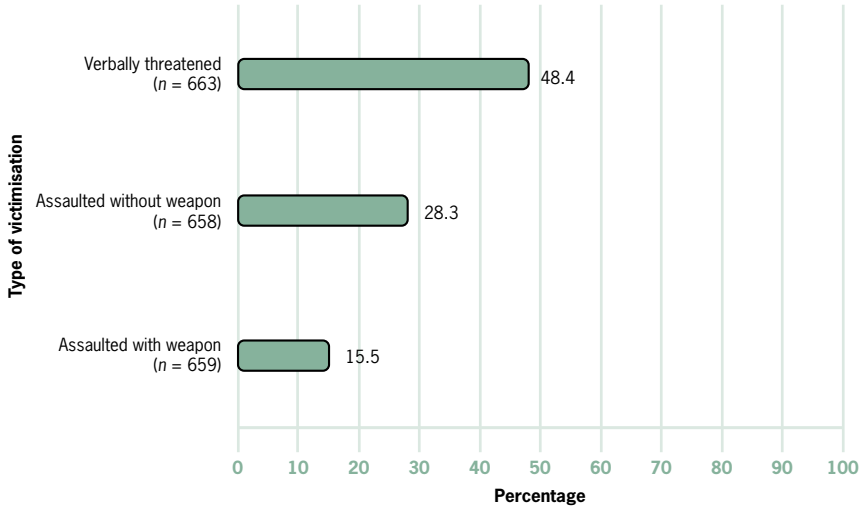
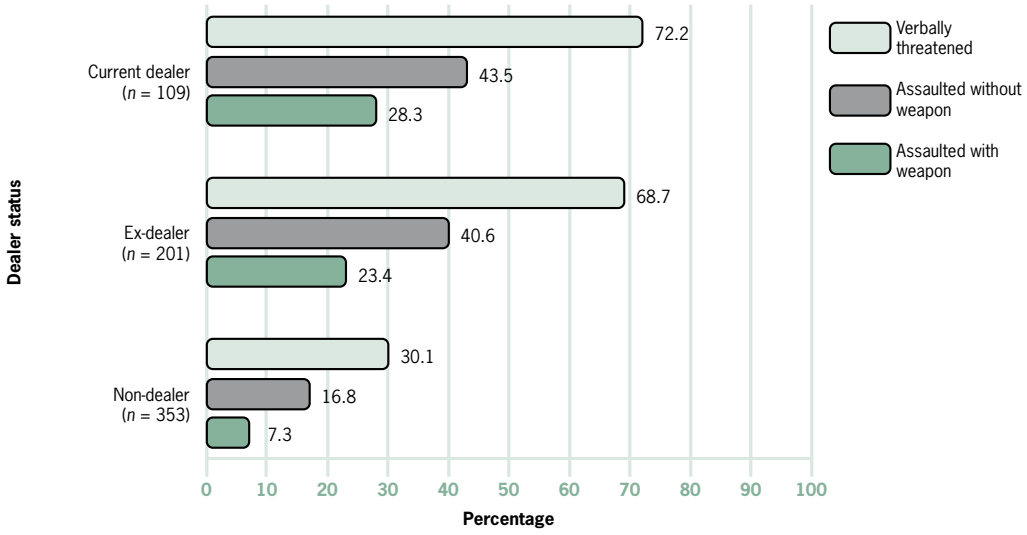


Figure 5.2: Experience of violence associated with amphetamine use by dealer status



The AIQ study further explored the relationship between amphetamine use and violence by asking respondents whether they had ever been physically violent towards anyone because of their amphetamine use. As shown in Table 5.1, at least one in four respondents believed that taking amphetamines was a contributing factor in an episode of physical violence directed towards another person. Twenty-six per cent of all respondents reported that they had once or twice caused bodily harm to a partner due to their amphetamine use and 25 per cent indicated that such violence had been directed towards friends/acquaintances on occasion. Seven per cent of those surveyed reported that they often had been physically violent towards their partners and 5 per cent had often been violent towards strangers.

Table 5.1: Amphetamine use and physical violence against various types of people

Type of person violent towards	Percentage of respondents reporting perpetration of violence (%)			Total number
	Often	Once or twice	Never	
Partner/boy-/girlfriend	5.1	25.5	69.4	648
Close friends	1.7	21.9	76.4	643
Friends/acquaintances	3.0	24.8	72.3	642
Family members	3.3	18.3	78.5	646
Strangers	6.6	17.2	76.3	641

Although male respondents were generally more likely than female respondents to report causing frequent physical harm to others due to their amphetamine use, females (7%) were more likely than males (3%) to admit that they were often violent towards their partners because of their amphetamine use. This finding is not consistent with other AIQ data, which indicated females were more likely than males to report that they had been victims of amphetamine-related violence perpetrated by their partners (who are more likely to be male than female). The results show that, of the AIQ respondents who had been verbally threatened, females (56%) were more likely than males (20%) to have been threatened by their partners. Furthermore, 56 per cent of female respondents who had been assaulted without a weapon had been assaulted by their partner, compared with 18 per cent of males; and 47 per cent of female respondents who had been assaulted with a weapon had been assaulted by their partner, compared with 12 per cent of males.

Although numbers are small, further analysis also shows that binge or dependent use of amphetamines is statistically associated with an increased likelihood of perpetrating violence against others. No link was found between current dealing of amphetamines and the likelihood of causing bodily harm.

The relatively high levels of violence experienced by amphetamine users may possibly reflect the pharmacological effects of the drug on some individuals and/or the use of violence often found in illicit drug economies. The latter point is further supported by a recent study of incarcerated male offenders, which showed that significant levels of violence was used to procure drugs. Twenty per cent of the incarcerated males surveyed reported that they had used force or violence to obtain amphetamines and 8 per cent stated that they had also used weapons (Makkai & Payne 2003).

Risk of crime

AIQ respondents were asked whether they had ever committed crime, been arrested or been imprisoned for criminal offences. The results support previous research that reveals a relatively high incidence of criminal activity among illicit drug users (Tonry & Wilson 1990).

Table 5.2 shows that AIQ respondents were more likely to have committed property offences than offences against the person. Nearly half (45%) of the AIQ respondents had stolen something from a place or person and/or dealt in stolen goods, while one-third (33%) had committed a break and enter. Just under 30 per cent of respondents had committed an assault/caused bodily harm, and about twice as many respondents reported robbing someone without a weapon (13%) than robbing someone with a weapon (7%).

AIQ respondents were more likely to have been arrested for stealing from a place or person (14%), break and enter (12%), dealing in stolen goods (10%), stealing motor vehicles (9%) and physical assault/causing bodily harm (8%) than other crimes. A small proportion of respondents also reported spending time in prison for break and enter (6%), stealing motor vehicles (5%), dealing with stolen goods (5%), fraud/embezzlement (4%) and physical assault/causing bodily harm (4%).

Since respondents were asked about the type of crimes committed, rather than the number of crimes committed, it is not possible to ascertain from the survey a reliable measure of police performance in relation to different crimes based on the rates of arrest and incarceration. It is interesting to note, however, that a relatively high proportion of respondents reported being arrested and spending time in prison for committing fraud/embezzlement and stealing motor vehicles. This occurred despite the fact that these were not the most common crimes committed.

Even though respondents committed more property crime than personal crime, there was a greater likelihood of 'always' committing personal offences (26%) when under the influence of amphetamines than the likelihood of 'always' committing property offences (19%) while under the influence of amphetamines. In contrast, property offences were more likely than personal offences to be committed for money. A greater proportion of AIQ respondents stated that they 'always' committed property offences (26%) to obtain additional money (not used for the procurement of amphetamines), compared with personal offences (19%).

Table 5.2: Involvement in property and personal offences

Type of offence	Percentage ever			Total number
	Committed	Arrested	In prison	
Property				
Stolen motor vehicle	21.3	9.1	4.9	651
Broken into somewhere to steal something	32.9	12.3	5.5	651
Stolen something from a person or place	45.4	14.2	3.1	648
Vandalised property	26.8	5.8	1.7	642
Committed fraud/misappropriation/embezzlement	22.7	6.3	4.1	640
Sold, bought/traded stolen goods	44.6	10.3	5.1	650
Personal				
Physical assault/bodily harm	26.9	8.3	4.0	651
Robbed (without weapon)	12.8	2.8	2.2	648
Robbed (with weapon)	7.4	3.1	2.5	646
Sexual assault	1.8	0.5	0.3	647
Killed	1.4	0.2	0.2	642

Factors predictive of involvement in crime

Multivariate analyses were performed to determine whether various factors predicted involvement in committing criminal offences.[15] The results show that the factors predictive of involvement in different crimes varied, and highlight the relationship between illicit drug use and crime. Generally, respondents who were more seriously involved in the illicit drug market (in terms of drug use patterns) were more likely than other respondents to have been involved in criminal activities. Males were also more likely than females to commit certain criminal offences.

Physically assaulting someone

A multivariate analysis of the factors associated with physically assaulting someone revealed that males were almost twice as likely as females to commit assault (p=.000). After controlling for gender, individuals who reported using speed powder (p=.041) and amphetamine liquid (p=.005) were approximately 90 per cent more likely to report assaulting someone than participants who had not used such drugs (see Table 5.3). Inclusion of other socio-demographic variables such as age, income and place of dwelling had no predictive influence.

Table 5.3: Predictors of physically assaulting someone

Variables	Significance (p value)	Odds ratio [Exp(B)]	95% Confidence interval	
Block 1				
Gender	.000	1.966	1.364	2.833
Block 2				
Gender	.004	1.732	1.189	2.522
Base/pure/wax	n.s.	.855	.552	1.323
Ice/shabu/crystal	n.s.	1.436	.979	2.106
Speed/powder/pills	.041	1.877	1.027	3.433
Amphet. liquid	.005	1.862	1.203	2.882
Amphet. dependent	n.s.	.803	.449	1.437
Heroin	n.s.	1.088	.742	1.594

Note: n.s. = not significant

15 See Chapter 2 for a discussion of multivariate analyses and how to interpret results.

Robbing a person without a weapon

A similar investigation that focused on identifying the factors predictive of robbing a person without a weapon revealed that, once again, males were more than twice as likely as females to rob someone (p=.001) (see Table 5.4). In addition, respondents who reported using liquid amphetamines (p=.022) or heroin (p=.011) at some point in their lives were approximately 90 per cent more likely to engage in such behaviour compared with respondents who had not consumed these substances. Furthermore, individuals who were assessed by the SDS as dependent on amphetamines were two-and-a-half times more likely to report robbing someone without a weapon than non-dependent respondents (p=.000). It is worth noting that the availability of amphetamine liquid is relatively low compared with other forms of amphetamine, and its use would generally require highly established connections to amphetamine suppliers.

Table 5.4: Predictors of robbing someone without a weapon

Variables	Significance (p value)	Odds ratio [Exp(B)]	95% Confidence interval	
Block 1				
Gender	.001	2.370	1.412	3.976
Block 2				
Gender	.005	2.144	1.257	3.657
Base/pure/wax	n.s.	1.221	.655	2.279
Ice/shabu/crystal	n.s.	.859	.510	1.447
Speed/powder/pills	n.s.	2.419	.925	6.326
Amphet. liquid	.022	1.886	1.095	3.246
Amphet. dependent	.000	2.683	1.636	4.414
Heroin	.011	1.934	1.166	3.208

Note: n.s. = not significant

Stealing from a person or place

A more general examination of the factors predictive of stealing from a person or a place revealed that individuals who reported using ice were approximately 50 per cent more likely than participants who had not used these substances to report stealing (p = .014) (see Table 5.5). Similarly, individuals who reported using heroin were also approximately 50 per cent more likely than non-users to steal (p = .028). In contrast, gender and other socio-demographic characteristics had no predictive influence.

Table 5.5: Predictors of stealing from a person or place

Variables	Significance (p value)	Odds ratio [Exp(B)]	95% Confidence interval	
Block 1				
Gender	n.s.	1.331	.970	1.826
Block 2				
Gender	n.s.	1.251	.902	1.737
Base/pure/wax	n.s.	.803	.544	1.187
Ice/shabu/crystal	.014	1.536	1.092	2.160
Speed/powder/pills	n.s.	.982	.614	1.571
Amphet. liquid	n.s.	1.314	.864	2.000
Amphet. dependent	n.s.	1.361	.976	1.896
Heroin	.028	1.556	1.102	2.197

Note: n.s. = not significant

Breaking in to steal

A more refined investigation of factors predictive of breaking into a premises to steal revealed that males were more than twice as likely than females to engage in such behaviours (p=.000) (see Table 5.6). After controlling for gender, individuals who reported using liquid amphetamines (p=.009), heroin (p=.005) or were considered dependent on amphetamines according to the SDS (p =.004) were approximately 70 per cent more likely to report breaking in to steal, compared with participants who had not used these illicit drugs.

Table 5.6: Predictors of breaking in to steal

Variables	Significance (p value)	Odds ratio [Exp(B)]	95% Confidence interval	
Block 1				
Gender	.000	2.600	1.827	3.699
Block 2				
Gender	.000	2.406	1.673	3.459
Base/pure/wax	n.s.	.735	.483	1.119
Ice/shabu/crystal	n.s.	1.265	.876	1.826
Speed/powder/pills	.535	1.182	.696	2.007
Amphet. liquid	.009	1.779	1.157	2.734
Amphet. dependent	.004	1.656	1.157	2.373
Heroin	.005	1.682	1.167	2.425

Note: n.s. = not significant

Sold, bought or traded stolen goods

An investigation into the factors predictive of being involved in the practice of selling, buying or trading stolen goods revealed that males (p=.000) were twice as likely as females to engage in such behaviours (see Table 5.7). After controlling for gender, individuals who reported taking ice (p=.000) or were assessed by the SDS as amphetamine dependent (p=.000) were also approximately twice as likely than non-users or non-dependent users to report such behaviours. Those who had used heroin (p=.002) were about 75 per cent more likely than non-users to sell, buy or trade stolen goods. Inclusion of other socio-demographic characteristics (e.g. age, education and level of income) had no predictive influence.

Table 5.7 Predictors of selling, buying or trading stolen goods

Variables	Significance (p value)	Odds ratio [Exp(B)]	95% Confidence interval	
Block 1				
Gender	.000	1.963	1.421	2.710
Block 2				
Gender	.000	1.911	1.354	2.698
Base/pure/wax	n.s.	.906	.608	1.351
Ice/shabu/crystal	.000	2.276	1.596	3.244
Speed/powder/pills	n.s.	1.189	.734	1.924
Amphet. liquid	n.s.	1.190	.774	1.829
Amphet. dependent	.000	2.173	1.534	3.079
Heroin	.002	1.758	1.238	2.497

Note: n.s. = not significant

Selling drugs

A final investigation focused on predictors of selling drugs. The results show that males were more likely than females to sell drugs (p=.003). After controlling for gender, individuals who had used heroin were approximately two-and-a-half times more likely than individuals who had never used heroin to engage in the behaviour (p=.000). Furthermore, those who were assessed by the SDS as dependent on amphetamines were more than two times more likely to report selling drugs (p=.000). The inclusion of an additional variable that focused on perceptions of the risk of selling amphetamines revealed that respondents who believed that selling drugs was risky were more likely than other respondents to sell amphetamines (p=.017). Finally, participants who sold drugs were also more than twice as likely to have friends who had been arrested for drug use (p=.000), suggesting that involvement in the sale of amphetamines requires making connections with other amphetamine suppliers.

Table 5.8: Predictors of selling drugs

Variables	Significance (p value)	Odds ratio [Exp(B)]	95% Confidence interval	
Block 1				
Gender	.003	1.701	1.199	2.415
Block 2				
Gender	.003	1.813	1.221	2.692
Base/pure/wax	n.s.	1.552	.971	2.481
Ice/shabu/crystal	n.s.	1.197	.802	1.786
Speed/powder/pills	n.s.	1.257	.718	2.202
Amphet. liquid	n.s.	1.288	.774	2.143
Heroin	.000	2.487	1.664	3.718
Amphet. dependent	.000	2.197	1.476	3.270
Selling drugs is risky	.017	1.143	1.063	1.879
Friends arrested	.000	2.462	1.660	3.651

Note: n.s. = not significant

The results discussed above show a relatively high prevalence of criminal activity among amphetamine users and are consistent with previous research demonstrating an association between drug use and crime (e.g. Krenske et al. 2004; Makkai & Payne 2003). It is this association between illicit drug use and crime, otherwise known as the drug–crime nexus, which makes illicit drug use a key focus of law enforcement activity. However, it is important to note that the best available research also concludes that the relationship between drug use and crime is extremely complex and defies simple causal models of explanation (AIC 2004) — illicit drug use does not necessarily lead to crime and involvement in criminal activity does not necessarily lead to illicit drug use. Research evidence suggests that the risk factors associated with involvement in crime are similar to those associated with involvement in illicit drug use and that these risk factors interact in a multifaceted matrix of causation (Spooner & Hetherington 2005). These shared risk factors have been identified as 'genetic disposition, victim of child abuse, personality disorder, family disruption and dependence problems, poor performance at school, social deprivation, depression and suicidal behaviour, drug availability, poverty, social change, peer culture, occupation, cultural norms/attitudes and drug policies' (WHO Alcohol and Public Policy Group 2004, p. 23). To be effective, therefore, responses aimed at addressing the drug–crime nexus need to consider the range of individual and environmental risk factors associated with illicit drug use and crime.

Overview

This chapter examined some of the risks associated with amphetamine use. The possibility of adverse physical and mental health outcomes and the transmission of blood-borne viruses has considerable consequences for the wellbeing of amphetamine users and highlights the importance of health responses to amphetamine use. In particular, it is clear that some attention must be focused on amphetamine-induced psychosis, and that police discretion around health agencies that deal with amphetamine use represents an essential component of harm minimisation.

The drug–crime nexus poses particular problems for health and the criminal justice system. The shared and complex aetiology of involvement in criminal activity and involvement in illicit drug use suggests that multiple interventions that focus on the risk factors associated with both outcomes will be more effective than any stand-alone response or initiative. Indeed, the identified risk factors for illicit drug use and involvement in crime lend themselves to the implementation of early or developmental initiatives. These initiatives would require a whole-of-government approach aimed at improving the capacity and social situation of individuals at risk of being drawn into the drug–crime nexus.

The prevalence of violence in the amphetamine market also has significant implications both for amphetamine users and service providers involved in responding to amphetamine use in the community. Given the illegal status of amphetamines, victims of amphetamine-related violence are unlikely to seek the assistance of police, and service providers risk personal injury when attending to those users who have become agitated or aggressive. It is essential that risk management strategies are developed and implemented to mitigate the possible harms associated with attending situations involving amphetamine-affected persons.

CHAPTER 6: THE IMPACT OF LAW ENFORCEMENT INTERVENTIONS

Although the prevalence of amphetamine use clearly demonstrates that legal sanctions and police activity do not deter all people from consuming, manufacturing and supplying the drug, there is evidence to suggest that law enforcement strategies can affect the dynamics of the market and the length of involvement with amphetamines. This chapter examines the impact of law enforcement interventions on the amphetamine market by presenting information on amphetamine users' perceptions and the views of health and law enforcement representatives.

Amphetamine users' experience of, and attitudes towards, criminal justice

AIQ participants were asked about their experiences with the QPS and whether they believed that drug laws reflected an understanding of drug use. The results show that a significant number of respondents believed that they had been harassed and treated unfairly by the police. The majority of those interviewed also indicated dissatisfaction with current legislation regarding illicit drug use.

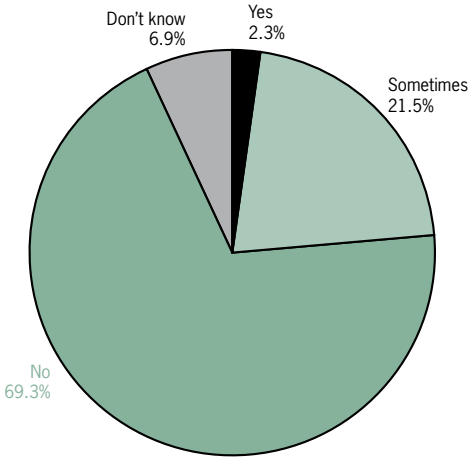
Table 6.1 reveals that approximately half (46%) of the respondents believed they had been targeted by the police for no reason other than they had the appearance of a drug user. Half (51 per cent) believed that their belongings had been searched for drugs for no reason while out in public and about another half (48%) believed that they had been treated unfairly by police. Male respondents were significantly more likely than female respondents to relay negativity about their experiences with the police — 54 per cent of males compared with 37 per cent of females believed that they had been harassed because they looked like they used drugs (p=<.001) and 58 per cent of males compared with 42 per cent of females had been searched for drugs in public (p=<.001).

More than two-thirds (69%) of those surveyed also believed that legal responses did not reflect the realities of illicit drug use (see Figure 6.1, next page). Although the survey did not measure factors contributing to this attitude, this result may signal a high degree of normalisation about the use of illicit drugs within the drug-using community and reflect a general belief that illicit drug use should be viewed in relation to broader social context and health issues, rather than being a matter for law enforcement. Indeed, users most vulnerable to amphetamine-related health problems were more likely than other users to believe that illicit drug laws were not responding to the real issues. Eighty-one per cent of self-identified dependent users, compared with 71 per cent of binge users, 73 per cent of work-related users, 66 per cent of recreational/casual users and 56 per cent of experimental users, agreed that drug laws did not respond to the real issues.

Table 6.1: Amphetamine users' attitudes towards, and experience of, the QPS

Type of experience	Percentage of respondents reporting			Total number
	Agree	Disagree	Not sure	
I am harassed for no reason because I look like I use drugs	46.4	41.7	12.0	660
My belongings have been searched for drugs for no reason while out in public	51.1	40.4	8.5	658
I am usually treated fairly by the police	35.2	47.8	17.0	659

Figure 6.1: Attitudes towards criminal justice — do law makers understand drug use? (*n*=664)



Law enforcement and the perceived risk of selling amphetamines

Table 6.2 shows that nearly three-quarters of AIQ respondents believed that police activity made selling amphetamines a 'very' or 'quite' risky endeavour and that levels of perceived risk varied based by geographical location. Those respondents living in the Mid-West region reported the highest levels of risk associated with the sale of amphetamines. Over half (53%) of respondents in Ipswich, Toowoomba and Warwick thought police activity made selling amphetamines very risky, compared with 22 per cent of those respondents living in the Far North/North region.

While a substantial proportion of respondents in the Far West region (41%) believed that police activity made selling amphetamines a 'very' risky enterprise, about one-quarter (26%) also understood the market in their region to be relatively unaffected by police presence. This is an interesting result given the higher-than-average perceived levels of availability reported by these respondents across the range of different amphetamine types (see Chapter 4). Respondents living in the Brisbane area were also less convinced about the impact police had on amphetamine supply. The proportion of Brisbane respondents reporting very high levels of risk associated with the sale of amphetamines was lower than average (22% compared with 35%), while the proportion of Brisbane respondents stating that police activity made no difference to levels of associated risk was higher than average (15% compared with 11%).

Further analysis shows that current dealers were just as likely as ex-dealers and non-dealers to believe that the police made selling amphetamines 'very' risky, but ex-dealers were more likely than current dealers and non-dealers to believe that selling amphetamines was 'quite' risky because of the police. About one in five current dealers thought that police activity did not pose any risks to their amphetamine transactions (see Figure 6.2).

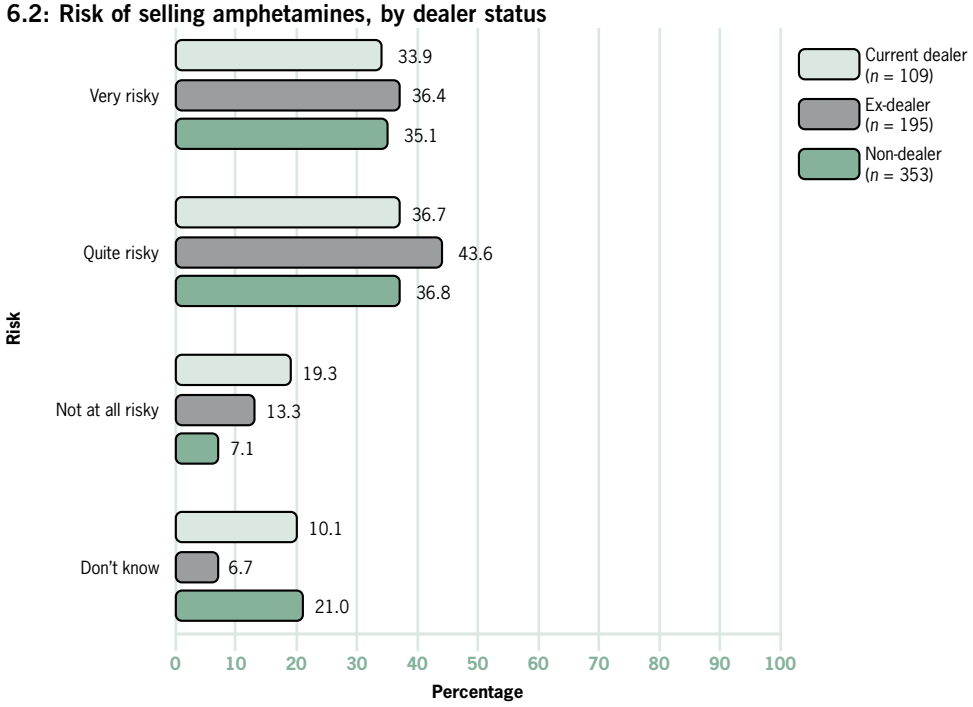
Table 6.2: Perceived risk of selling amphetamines

Region	Percentage of respondents reporting perceived level of risk associated with selling amphetamines				Total number
	Very	Quite	Not at all	Don't know	
Mid-West	53.0	27.3	9.1	10.6	66
Far West	40.5	23.0	25.7	10.8	74
Gold Coast/Logan	40.4	34.3	4.0	21.2	99
S'Coast/Pine Rivers	39.4	29.8	13.5	17.3	104
Mid-Coast	36.0	45.0	7.0	12.0	100
Brisbane	25.3	48.0	14.7	12.0	75
Far North/North	22.1	52.9	8.6	16.4	140
Total sample	35.3	38.8	11.1	14.9	658

Chi^2 test, p=<.001

Note: Caution should be used when interpreting results by region, since they are subject to probable bias due to sampling strategies and size.

Figure 6.2: Risk of selling amphetamines, by dealer status



Chi^2 test, p=<.001

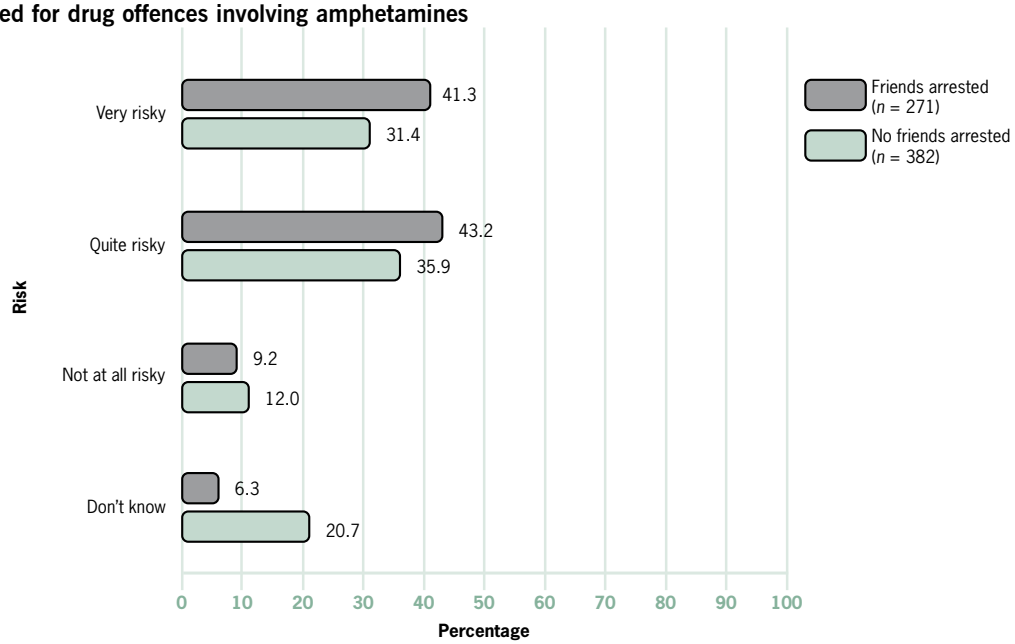
Overall, the results discussed here suggest that the majority of those involved in the amphetamine market are aware of the possible presence of law enforcement activity, and dealers are required to continuously perform transactions in a manner that avoids detection. The different levels of perceived risk associated with the sale of amphetamines in different locations may be explained by variance in the characteristics of those sampled, population size, geographical distance, individual personalities, police numbers, level of police activity, and the relative sophistication and organisation of local amphetamine markets.

Friends arrested for selling amphetamines

To ascertain whether personal knowledge of successful police activity affected the perceived level of risk associated with selling amphetamines, respondents were asked whether any of their friends or acquaintances had been arrested for amphetamine-related drug offences.[16] Forty-two per cent of respondents reported that friends or acquaintances had been arrested for such offences within the past six months. These respondents were significantly more likely than respondents without friends or acquaintances apprehended for drug-related offences to believe that selling amphetamines was a risky activity (see Figure 6.3, next page). Further analysis also shows that those more heavily involved in amphetamine use were more likely to be acquainted with people who had been arrested. Sixty-eight per cent of self-identified dependent users and 44 per cent of binge users had friends or acquaintances who had been arrested, compared with 29 per cent of experimental users, 35 per cent of recreational users and 35 per cent of work-related users. Furthermore, respondents with dealing experience (either past or present) were significantly more likely than non-dealers to have friends or acquaintances who had been arrested.

16 Different respondents could be referring to the same people when commenting on their personal knowledge of arrest activity due to the sampling strategies used during data collection.

Figure 6.3: Perceived risk of selling amphetamines, by whether friends or acquaintances had recently been arrested for drug offences involving amphetamines

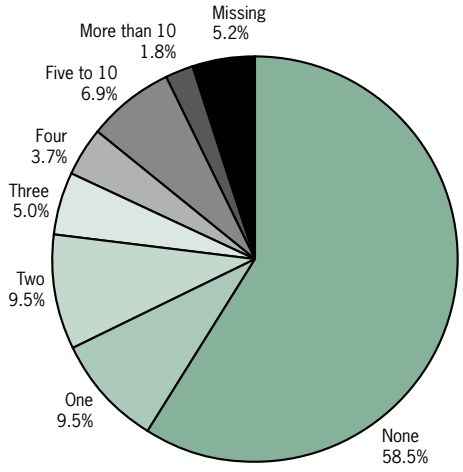


Chi² test, p=<.001

Number of friends arrested for selling amphetamines

Figure 6.4 shows the number of friends or acquaintances of AIQ respondents arrested for amphetamine-related drug offences in the past six months. About 60 per cent of respondents stated that they did not have any friends who had been arrested for amphetamine-related offences, while 19 per cent knew one or two people, 9 per cent knew three or four people and a further 9 per cent knew five or more people arrested for such offences. These results highlight two important factors. First, they indicate a reasonable level of police activity within Queensland's amphetamine market. Second, despite knowledge of successful cases of drug law enforcement on a personal level by a considerable proportion of those surveyed, involvement in the amphetamine market, either as consumers or suppliers, was maintained.[17] This, in effect, illustrates one of the primary obstacles to the development and implementation of law enforcement strategies aimed at reducing amphetamine supply and demand.

Figure 6.4: Number of friends arrested for drug offences involving amphetamines (*n*=656)



Note: This pie chart summarises the results of two survey questions. Missing data refer to those respondents who stated that they had friends who had been arrested for amphetamine-related offences, but did not state the number of friends that had been arrested.

17 The survey instrument did not ask if respondents manufactured amphetamines.

Desistance of amphetamine use

One of the aims of the AIQ project was to identify factors that may influence a user's decision to stop taking amphetamines. Figure 6.5 (next page) shows that law enforcement policies and personal health issues may act as deterrents to future amphetamine consumption.[18] However, it is critical to note that 4 in 10 respondents (40%) indicated that they were not at all interested in ceasing their amphetamine use. This was especially the case for recreational/casual users.

One of the most significant disincentives to using amphetamines was police activity and the existence of criminal sanctions.[19] Just over 40 per cent of respondents stated that avoiding trouble with the law and/or the police signified a possible reason to stop using amphetamines. This was an unexpected finding given that this view was advanced by respondents whose very actions demonstrate the limited capacity of criminal justice initiatives (legal penalties and police activity) to discourage some individuals from using amphetamines. Furthermore, other studies have shown that the influence of legal sanctions on illicit drug use diminishes after initiation and the start of regular use (MacCoun 1993). Jones and Weatherburn (2001) also found in their study of cannabis use and prohibition that fear of arrest or imprisonment were seldom advanced as compelling reasons for deciding not to use, or to stop using, cannabis.

The deterrence value of law enforcement strategies apparent in the AIQ research may be related to levels of perceived punishment certainty. A closer examination of the results shows that the types of users most likely to nominate law enforcement as a possible deterrent to future use were binge and dependent users. As a group, these users were most likely to be involved in, and consequently sanctioned for, other criminal activities ($p=.02$).[20]

The perceived harmful effects of amphetamine use are apparent in the proportion of AIQ respondents indicating that they would stop using amphetamines to gain more control over their lives (38%), with a sizeable proportion of respondents also showing an interest in desistance to reduce or avoid the mental harms (37%) and physical harms (33%) associated with use.

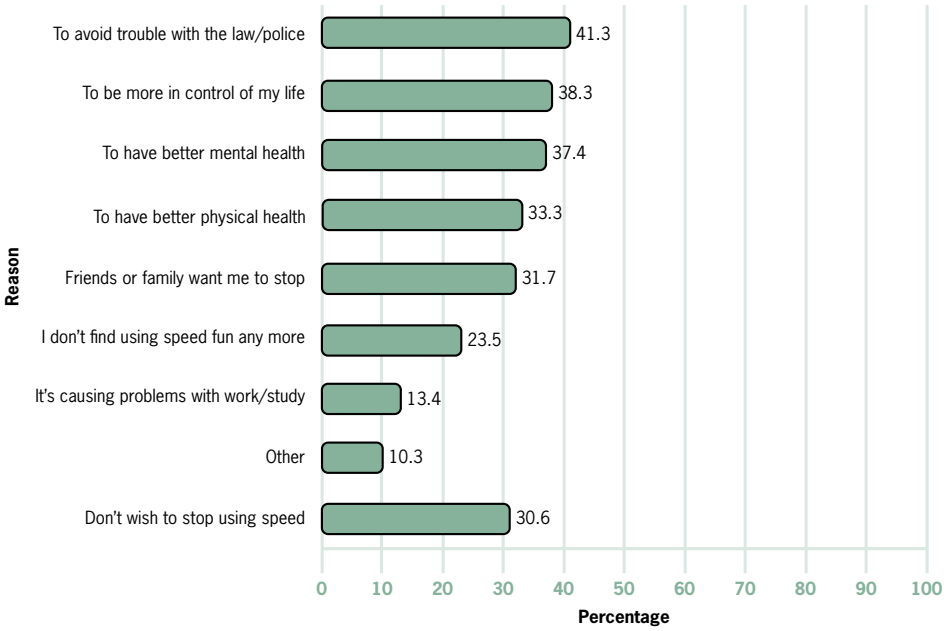
Importantly, the significance of informal social controls in the regulation of behaviour is highlighted by the number of respondents indicating that they would stop using amphetamines if their family and friends wanted them to (32%), while 24 per cent reported that they would stop using amphetamines if they no longer enjoyed the experience.

18 The results discussed in this section only provide an indicator of future behaviour. Although intentions to act are closely related to future behaviour under certain conditions (Fishbein & Azken 1975), there is no evidence in the research to suggest that users will actually desist from using amphetamines for the reasons stated in the survey.

19 The survey instrument only allowed for a dichotomous (yes/no) response to this question.

20 This is also inconsistent with Jones & Weatherburn (2001), who concluded that law enforcement strategies provide greater deterrent effects on infrequent, rather than frequent, users of cannabis. Although this difference may be explained by the different penalties associated with each drug and/or the different survey items and sampling procedures used by each study, it also underscores the need for further research on amphetamine use and the value of understanding the specificities of different illicit drugs and the efficacy of law enforcement responses.

Figure 6.5: Potential reasons for not using amphetamines (*n*=665)



Note: Respondents were permitted multiple responses to this question. It is possible that respondents who indicated that they did not wish to stop using speed also indicated potential reasons for not using amphetamines. The graph provides a summary of responses to multiple variables; therefore number size may change slightly with each reason for not using amphetamines due to missing data.

Desistence of selling amphetamines

AIQ respondents indicating that they no longer sold amphetamines were asked the reasons that prompted them to stop selling (see Table 6.3). The results reveal that the respondents primarily decided because they had reached a point where it was no longer appealing: 55 per cent 'strongly agreed' that they had just had enough of selling.

The results also indicate that law enforcement strategies can work to deter the selling of amphetamines. Thirty-seven per cent of those no longer selling strongly agreed that they decided to stop before they got caught by police and 24 per cent indicated that police activity played a role in their decision to cease selling. Nine per cent of ex-sellers reported that they had stopped selling predominantly because they had experienced police detection.

It is particularly noteworthy that 28 per cent of ex-sellers reported that the threat of violence was either a small or significant reason for leaving the supply side of the market. Indeed, as mentioned in Chapter 5, those involved in the illicit amphetamine market are highly vulnerable to amphetamine-related violence — a phenomenon obviously exacerbated by their diminished ability to use legal means to resolve disputes within their illegal activity.

Table 6.3: Key indicators of selling desistance

Reasons not selling	Percentage of respondents reporting			Total number
	Not at all	A little	A lot	
I'd just had enough	21.3	23.9	54.8	188
Decided to stop before I got caught by the police	39.5	23.8	36.8	185
Family/friends encouraged me to stop	57.5	25.3	17.2	186
Don't need the money anymore	64.5	21.0	14.5	186
I'd been threatened with violence	71.7	14.7	13.6	184
Decided to stop because I got caught by the police	85.2	6.0	8.8	182

Perceived effectiveness and future of law enforcement interventions

Both the state and federal governments have developed and implemented a range of interventions to deal with illicit drug use in the community. While health interventions generally focus on demand- and harm-reduction strategies, law enforcement interventions tend to focus on supply reduction. Health and law enforcement representatives at the amphetamine market discussion forums were encouraged to comment on the efficacy of current law enforcement interventions on amphetamine use, which led to commentary on the possible future of various initiatives.

A key component of recent supply-reduction interventions developed and/or implemented by law enforcement is precursor chemical control. This aims to limit the ability of individuals to obtain the precursor chemicals and equipment necessary for the manufacture of illicit amphetamines.[21] These types of interventions have been employed on a national level, but are particularly relevant to Queensland given the high incidence of local amphetamine production evident in this jurisdiction.

Law enforcement participants in the discussion forum believed that precursor chemical control was an integral and effective component of supply reduction. While the outcomes of recent precursor chemical control initiatives are as yet unknown, the potential harmful impacts of these types of interventions were considered. Law enforcement representatives acknowledged that diminished access to local sources of pseudoephedrine could result in:

- the increased importation of precursor chemicals from other countries
- the increased importation of amphetamines from other countries
- a rise in the theft of pseudoephedrine from pharmacies and pharmaceutical companies
- the re-emergence of old production methods that do not rely on pseudoephedrine
- the emergence of new production techniques that do not rely on pseudoephedrine
- the creation of more sophisticated clandestine laboratories to overcome the supply gap created by dismantling small operators
- the creation of more sophisticated crime networks to organise amphetamine production
- the increase in demand of other illicit substances due to reduced amphetamine supply
- an increase in drug-related crime due to increased amphetamine prices.

Although the majority of comments made by law enforcement centred on precursor chemical control, it was recognised that the relationship between supply and demand meant that supply-reduction interventions could affect demand by limiting availability and increasing the price of illicit substances. Law enforcement also acknowledged that harm- and demand-reduction initiatives were important. For example, delegates raised the possibility of introducing roadside drug testing to Queensland. This would involve random roadside saliva tests to detect people driving under the influence of illicit substances and potentially decrease the number of road accidents associated with 'drug-driving'.[22]

21 The manufacture of illicit amphetamine is a relatively simple process. The most common methods used in Queensland are the hypophosphorous and Hi Red P methods. Both rely on pseudoephedrine as an essential chemical component for production. Consequently, national law enforcement interventions have recently focused on limiting the availability of pseudoephedrine by re-scheduling over-the-counter products containing pseudoephedrine to more restricted categories. In Queensland, access to large quantities of pseudoephedrine has also been limited by the implementation of Project STOP — an online recording system of pseudoephedrine purchases made in pharmacies. Furthermore, pharmaceutical companies have begun formulating and selling products containing phenylephrine as an alternative to pseudoephedrine. Phenylephrine is not easily converted to illicit amphetamine, but further research is required to assess the efficacy and the potential side effects of this drug. The national roll-out of Project STOP is expected to take place in 2007.

22 Roadside drug testing has been implemented in Victoria. Research shows that 31 per cent of drivers killed in Victoria in 2003 were driving under the influence of drugs other than alcohol (http://www.arrivealive.vic.gov.au/c_drugsAD.html). The Transport Operations (Road Safety) Amendment Bill 2006 was introduced to Queensland Parliament in November 2006. If passed, this legislation will allow police to conduct random roadside drug tests for cannabis, speed and ecstasy.

Law enforcement also suggested that demand-reduction initiatives such as the National Drugs Campaign (NDC) needed to continue to stop complacency about illicit drug use in the community.[23] It was suggested that future campaigns could contain more information on the production of illicit substances, such as presenting information on the types of toxic chemical precursors used to manufacture illicit drugs and highlighting the social (i.e. criminal) and physical (i.e. contaminated and dangerous) context in which illicit substances are prepared. Information about the harmful environmental impact of illicit drug manufacture (such as the toxic chemical waste produced during the manufacturing process) could also be included to raise awareness of the broader consequences of illicit drug use.

Law enforcement personnel also remarked that some legislation deficiencies in Queensland impeded their ability to respond to illicit drug use and reduce supply. These deficiencies include the inability to carry out telephone intercepts and the inadequacy of legislation for precursor chemicals under the *Drugs Misuse Act 1986*.

Health delegates at the amphetamine market discussion forum generally recognised the need for supply-reduction strategies, but showed little support for law enforcement interventions that targeted individual amphetamine users at the consumer level. Such strategies were seen as potentially creating harms, having little or no impact on patterns of illicit drug use for individuals and not reducing overall amphetamine demand.[24] For example, there was no support for the QPS's use of drug-detection dogs to uncover individuals in possession of illicit substances in public places, as it was thought that this strategy breached issues of civil liberty and targeted consumers rather than suppliers. Health delegates asserted that the most effective way for law enforcement to reduce amphetamine supply was to focus on interventions that removed high-level manufacturers and suppliers from the market, since removing consumers would not have any significant impact.[25]

Another concern for health representatives was the importance of developing interventions that both responded to the principles of harm minimisation and gave consideration to the potential impact of implemented interventions. It was contended that this approach was not necessarily apparent in current law enforcement interventions. For example, health representatives expected that the decision to re-schedule products containing pseudoephedrine would have minimal impact on the demand and supply of amphetamines (since amphetamines or precursor drugs can be sourced from overseas), but would significantly affect patterns of legitimate use by the broader community. This suggests that future research is needed to measure the community impact of re-scheduling products containing pseudoephedrine.

Collaborative responses to illicit drug use

There was general support at the health-focus forum for implementing collaborative responses to illicit drug use, involving both health and law enforcement. In particular, health delegates advocated law enforcement's involvement in harm- and demand-reduction strategies and noted that the greatest opportunity for law enforcement to become more involved in such strategies was to divert illicit drug users to the health system. Health representatives were highly supportive of the Police Diversion Program (PDP) and the Illicit Drugs Court Diversion Program (IDCDP),

23 The NDC aims to reduce the number of young people using illicit drugs. The campaign has involved three television commercials demonstrating the harmful effects of ecstasy, speed and cannabis. These advertisements were supported by additional television commercials aimed at parents, which promoted alternatives to taking drugs, places that help youth and ways for parents to build relationships with youth.

24 Harms potentially created by legal sanctions on amphetamine use and supply include the criminalisation of individuals, the disruption of family and the development of manufacture and supply networks in correctional facilities.

25 The CMC acknowledges that law enforcement initiatives already involve targeting high-level suppliers and manufacturers of illicit amphetamines.

but acknowledged that the effectiveness of these interventions largely depended on the motivation of illicit drug users participating in the program.[26]

Health delegates suggested that extending the range of collaborative responses to illicit drug use would facilitate information sharing between health and law enforcement and improve the awareness of the roles and obligations of each participating agency. For example, the operational activities of law enforcement officers meant that they may witness the home environment of some illicit drug users during the course of their work. This type of information could be provided to health workers to generate a greater understanding of the situation of certain illicit drug users and be used for the development of individualised treatment plans.[27] Health also acknowledged that they could benefit from a greater understanding of law enforcement and the criminal justice system and suggested that, likewise, health agencies could offer law enforcement officers an enhanced understanding of illicit drug use. The introduction of community-based Drug Action Teams (DATs) was advanced as a way to enhance inter-agency collaboration and the government's ability to respond to illicit drug use in the community.[28]

Although health personnel advocated collaborative responses to illicit drug use, it was acknowledged that these types of strategies would not be highly effective unless the principles of harm minimisation and collaboration were adopted at the individual and organisational level. In particular, health believed that a dramatic change in law enforcement organisational culture would have to occur to facilitate a change in the way police dealt with illicit drug users. Furthermore, participants recognised that practical and efficient processes to connect illicit drug users with different services needed to be developed.

Although law enforcement delegates supported the continued implementation and development of collaborative responses to illicit drug use, it was acknowledged that the scope of police business activity and competing priorities impacted on their ability to be involved in such interventions. Illicit drug use interventions that focused mainly on demand and harm reduction were viewed as secondary to policing the *Drugs Misuse Act 1986*, other supply-reduction initiatives and participation in drug diversion. Resource issues and the significant accountability mechanisms placed on law enforcement officers when participating in demand- and harm-reduction interventions were seen to limit their capacity to expand collaborative strategies. Nevertheless, it was proposed that the implementation of roadside drug testing and the Queensland Magistrates Early Referral into Treatment (QMERIT) program could provide further opportunities for law enforcement to divert illicit drug users to health interventions. In addition, during the review process of this report, prevention, problem solving and community partnerships were identified as key policing philosophies underpinning law enforcement responses.

26 The PDP allows individuals found in possession of 50 grams or less of cannabis to attend a Drug Diversion Assessment Program rather than being charged for the offence. The IDCDP permits individuals who have pleaded guilty to possessing dangerous drugs (*Drugs Misuse Act 1986*, s. 9) or possessing things (s. 10) to attend a Drug Assessment and Education Session (DAES). Attending and completing the DAES means a conviction will not be recorded. The Queensland Magistrates Early Referral into Treatment (QMERIT) program is also currently under trial. This program will allow individuals to address their illicit drug use by attending a health intervention pre-sentence. All programs have strict eligibility criteria — see www.health.qld.gov.au/atods/programs/drug_diversions.asp.

27 The issues of confidentiality in relation to this idea were not discussed at the forum.

28 Community-based DATs are operational in other jurisdictions, with the main objective to identify local illicit drug use problems and develop responses to address these problems. DATs usually comprise volunteer community members (parents and young people), local councils and representatives from relevant government agencies such as the police, health and education. Research has shown that proactive and partnership policing strategies may be more effective than reactive policing strategies for drug law enforcement interventions (Mazerolle, Soole & Rombouts 2005).

Overview

This chapter examined the impact of law enforcement on the amphetamine market. It is clear that two primary obstacles facing law enforcement are the demand for amphetamines and the normalisation of its use in the community. Amphetamine users continue to use the drug regardless of its illegal status and despite their personal knowledge of police activity that has resulted in amphetamine-related arrests. Indeed, a significant proportion of AIQ respondents indicated that they had no intention of desisting from consuming amphetamines in the future. There was some evidence suggesting, however, that law enforcement maintained an important role in reducing amphetamine demand and supply. Avoiding trouble with police and the law were regarded as important factors when considering possible reasons to stop using and selling amphetamines in the future, indicating that law enforcement and criminal justice initiatives may reduce the amount of time spent in the amphetamine market for some users. These results, however, need to be considered with broader health issues relating to amphetamine use.

Significantly, the predominance of respondents stating that police and health issues were both potential factors in the possible desistence of future amphetamine use illustrates the importance of integrating law enforcement and health initiatives in strategies aimed at reducing illicit drug use. Simple measures do not respond to the complex aetiology of illicit drug use. A range of initiatives that attend to the multiple social and health issues associated with amphetamine use are essential components of any reduction strategy. Indeed, this was supported by health representatives who advocated the further development of collaborative health and law responses to amphetamine use.

It is also clear that the outcomes of recent precursor chemical control initiatives will need to be measured in the near future. These measures will provide some evidence to assess whether such strategies have effectively reduced the demand and availability of amphetamines or simply changed the dynamics of the market.

CHAPTER 7: CONCLUSION

This chapter outlines the key findings of this report by describing the characteristics of the Queensland amphetamine market, the overall impact of law enforcement on amphetamine use, and the views of those who respond to the challenges of illicit drug use. The implications of these findings are also discussed.

Characteristics of the amphetamine market

Amphetamine demand

Understanding consumer demand represents an important component of illicit drug market analysis. General population studies have shown that amphetamines are one of the most common illicit drugs used by Queenslanders (AIHW 2005a) and the results of the AIQ study demonstrate that patterns of amphetamine use vary. The most prevalent types of amphetamines ever consumed by respondents were speed powder (85%) and base (72%), while 44 per cent had used ice, 26 per cent had used prescription amphetamines and 21 per cent had used liquid amphetamines. The median number of days that different types of amphetamines had been consumed during the past six months also varied. Base had been used a median of 30 days, speed powder had been used on a median 20 days and ice had been used on a median of 10 days.

Users reported different types of amphetamine consumption. The majority of AIQ respondents identified themselves as recreational/casual amphetamine users (55%), 21 per cent as binge users, 13 per cent as dependent users, 7 per cent as work-related users and 4 per cent as experimental users. It is worth noting that the SDS showed that 39 per cent of respondents were assessed as dependent on amphetamines, and law enforcement representatives at the discussion forums contended that amphetamine bingeing was associated with aggressive and erratic behaviour and causing problems for general duty officers responding to drug-related situations in the field.

The demand for amphetamines can also be understood in the context of polydrug use, the perceived benefits of amphetamine use and the way in which consumption of the drug is normalised. AIQ respondents reported that they often used amphetamines in conjunction with other substances (such as cannabis, ecstasy and benzodiazepines) and had used an average of 8.5 different substances (including alcohol and cigarettes) in their lifetime. The AIQ study also showed that the demand for amphetamines is initially created by a desire for experimentation, opportunity and peer influence and that amphetamine users recognise ‘a better sex life’, ‘spiritual and personal growth’ and ‘working harder’ as benefits of the drug. Health and law enforcement representatives at the discussion forums believed the normalisation of amphetamine use created and sustained demand.

Amphetamine supply

The distribution of amphetamines in Queensland generally occurs in a closed market that emphasises the use of trusted social networks. Most AIQ respondents sourced their amphetamines from people of prior acquaintance (dealers, friends or family members), and dealers also indicated that they mostly sold to known persons. The concealed nature of amphetamine transactions is accentuated further by the common practice of conducting dealings in private locations, as opposed to public places. It was noted, however, that Brisbane’s amphetamine market was more open than those in other locations.

The most readily available types of amphetamines are speed powder and base. Although there is anecdotal evidence to suggest that ice is becoming increasingly available, only 12 per cent of AIQ participants reported that this was ‘very’ available at the time of the survey. That said, ice was more readily available in Brisbane than other Queensland locations.

AIQ respondents’ perceptions of illicit amphetamine manufacture is consistent with law enforcement intelligence on the issue. More than half (56%) of those surveyed believed that

amphetamines were produced in 'backyard' or 'boxed' labs, while 16 per cent thought they were manufactured in professional labs. The hidden nature of illicit drug markets was apparent in the proportion of AIQ respondents indicating that they did not know where amphetamines were manufactured (28%).

A significant number of AIQ respondents were involved in distributing amphetamines. Nearly half (46%) of those surveyed had sold amphetamines at some stage and 16 per cent of respondents were currently selling amphetamines. It is acknowledged, however, that the majority of amphetamine sales occur in small quantities to known persons such as friends. Identified current dealers mostly dealt in points, half grams and grams. Only 14 per cent reported that they usually sold in ounce measures.

Risks associated with amphetamine use

This report identifies a range of risks associated with amphetamine use, such as adverse physical and mental health (including amphetamine-induced psychosis), exposure to blood-borne viruses, experience of violence and participation in crime (including the perpetration of violence). Although there is a link between these risks and amphetamine use, the AIQ study did not include a random sample and did not seek information about causal relationships.

The association between illicit drug use and participation in crime (i.e. the drug–crime nexus) is one of the principal concerns of law enforcement. Nearly half (45%) of those surveyed reported stealing something from a place or person and/or dealing in stolen goods, while one in three respondents (33%) reported committing a break and enter and 30 per cent reported committing an assault/caused bodily harm. The likelihood of always committing offences while using amphetamines was greater for personal offences (26%) than property offences (19%). Amphetamine users were also victims of crime — 28 per cent of respondents had been assaulted without a weapon and 16 per cent had been assaulted with a weapon. The element of violence in the amphetamine market was also apparent in the proportion of ex-amphetamine dealers (28%) who stated that they desisted from selling amphetamines because they had been threatened by violence.

There are also risks with attending to persons under the influence of amphetamines. This is demonstrated by the prevalence of violent behaviour caused by amphetamine use (one in four AIQ respondents reported that they had been physically violent towards another person due to their amphetamine use) and qualitative evidence provided by law enforcement representatives at the amphetamine market discussion forums.

Amphetamine users' perceptions of law enforcement activity

The AIQ study included a number of survey items that measured amphetamine users' perceptions and experiences of law enforcement activity. These included attitudes towards and experience of the QPS, perceived risk of selling amphetamines and the number of friends arrested for selling amphetamines.

Approximately half of the AIQ respondents indicated that their personal belongings had been searched for illicit drugs while out in public, 48 per cent believed that they had been treated unfairly by the police and 46 per cent believed that they had been targeted by the police because they had the appearance of a drug user. Furthermore, 69 per cent believed that the legal responses to illicit drug use did not reflect the realities of illicit drug users. This response is likely to reflect the normalisation of amphetamine use among those that take the drug and, as law enforcement representatives noted at the discussion forums, the importance given to health responses to illicit drug use.

The results of the AIQ survey indicate a reasonable level of police activity in the amphetamine market. Just over 40 per cent of respondents reported that they had friends who had been arrested for amphetamine-related drug offences and nearly three-quarters of respondents believed that police activity made selling amphetamines a 'very' or 'quite' risky endeavour.

Impact of law enforcement interventions

Despite the existing prevalence of amphetamine use, the AIQ study provides evidence to suggest that law enforcement strategies do affect the dynamics of the amphetamine market.

AIQ respondents nominated 'avoiding trouble with the law and/or the police' as one of the principal possible reasons for not using amphetamines in the future. The potential deterrence value of law enforcement strategies was also evident in the high proportion of ex-amphetamine dealers stating that they no longer sold the drug because they did not want to get caught by the police. It is important to note, however, that factors such as 'acquiring better mental and/or physical health' and 'having more control of my life' were also nominated as principal considerations to stop using amphetamines and that market participation fatigue was the primary reason ex-dealers gave for no longer being involved in supplying amphetamines.

Law enforcement representatives at the amphetamine market discussion forums focused on precursor chemical control strategies when reflecting on the efficacy of different law enforcement tactics to reduce amphetamine use in the community. Representatives identified a number of unwanted outcomes potentially associated with recently introduced initiatives to limit access to pseudoephedrine. These included:

- an increased importation of precursor chemicals from other countries
- an increased importation of amphetamines from other countries
- a rise in the theft of pseudoephedrine from pharmacies and pharmaceutical companies
- the re-emergence of old production methods that do not rely on pseudoephedrine
- the emergence of new production techniques that do not rely on pseudoephedrine
- the creation of more sophisticated clandestine laboratories to overcome the supply gap created by dismantling small operators
- the creation of more sophisticated crime networks to organise amphetamine production
- an increase in demand of other illicit substances due to reduced amphetamine supply
- an increase in drug related crime due to increased amphetamine prices.

Health representatives believed that targeting amphetamine market participants at the consumer level would have no significant impact on the amphetamine market. They believed that the most effective way for law enforcement to reduce amphetamine supply was to focus on interventions that removed high-level amphetamine distributors. Health representatives also asserted that the impact of law enforcement strategies would be strengthened if they paid more attention to the principles of harm minimisation and more astutely considered the influence of implemented interventions. Furthermore, health representatives supported collaborative responses that diverted amphetamine users from the criminal justice system to appropriate health interventions.

Implications and future directions

The key messages for law enforcement in this report encompass:

- law enforcement and health agencies' concerns about the harmful outcomes associated with amphetamine use
- the need for effective demand-reduction strategies
- the increased use of ice
- the value and limitations of supply-reduction strategies
- the importance of maintaining an integrated and responsive approach to amphetamine use
- the need to evaluate interventions and conduct further research.

These will be discussed in turn.

Concerns about the harmful outcomes of amphetamine use

Law enforcement and health agencies — key organisations that have to deal with the detrimental consequences of amphetamine use — consistently report that amphetamine use is increasing in Queensland, as are the harmful mental and physical outcomes resulting from the drug.

Demand-reduction strategies

The high demand for amphetamines suggests that successful demand-reduction strategies would significantly affect the amphetamine market. Such initiatives should target amphetamine users as well as the broader community and respond to the characteristics of demand, such as the normalisation of amphetamine use and the perceived benefits of the drug. Law enforcement representatives suggested, for example, that the NDC could be improved by containing more information about the social and physical context of amphetamine manufacture. Successful supply-reduction strategies may also affect demand by decreasing the availability and increasing the price of amphetamines.

Increased use of ice

The recent trend in availability and use of ice was raised as a particular concern by law enforcement and health representatives at the discussion forums. As ice is not injected, health representatives believed that this trend could reduce the number of people accessing NSPs, which, in turn, would possibly diminish the capacity to provide health interventions to amphetamine users. The relatively high potency of ice also places users at greater risk of amphetamine dependency and detrimental health outcomes. The increasing availability of ice was relevant to law enforcement representatives when considering the possible impact of recent precursor chemical control strategies aiming to circumvent the local production of amphetamines. Since most of the ice currently consumed by Australians is imported, rather than produced domestically (ACC 2006), it is unlikely that Australian-based precursor chemical control strategies will significantly reduce the availability of ice in Queensland. It is clear that the use of ice will need to be monitored to assess any changes in usage patterns, levels of availability and harmful outcomes for those who consume it.

Value and limitations of supply-reduction strategies

The existence of international and local sources of amphetamines has important implications for criminal justice responses to supply reduction. Evidence suggests that the Queensland amphetamine supply network is not structured by a pyramid-shaped model of distribution controlled by a few particularly powerful individuals or organisations. Instead, it is largely organised around two parallel modes of supply — small-scale local production at multiple sites throughout the state and the interstate transfer of international imports and locally manufactured product from southern states. The differentiation between producers, high-level distributors and street-level dealers is less distinct in the Queensland amphetamine market compared with other illicit drug markets that rely on imports from overseas countries (e.g. heroin and cocaine). The closed nature of the amphetamine market also represents a serious obstacle for the implementation of law enforcement supply-reduction strategies.

Law enforcement responses should continue to build upon current inter-agency approaches that strategically target the various lines of supply found within the market at both the state and national level. Indeed, the lack of dominant market leaders provides a great challenge to law enforcement, as the successful reduction of supply from one area of the market is unlikely to affect the overall availability of amphetamines. It is expected that the reduction of amphetamine supply (maintained by high demand) will be an ongoing issue, involving substantial resources and considerable law enforcement attention.

Integrated and responsive approach

This report has demonstrated that criminal justice strategies can potentially affect the dynamics of the amphetamine market. Although these results support the continuation of supply-

reduction strategies, there is no evidence to suggest that stand-alone measures implemented by law enforcement will adequately respond to the complex aetiology of amphetamine use and significantly reduce the prevalence of amphetamine consumption (Spooner & Hetherington 2005). This highlights the importance of a tiered approach to amphetamine use — involving demand-, harm- and supply-reduction strategies — as outlined by the harm minimisation framework. Furthermore, since a number of risk factors associated with illicit drug use are also associated with involvement in criminal activity, effective strategies will ideally target the shared aetiology of illicit drug use and criminal activity to reduce the impact of the drug–crime nexus.

In addition, the poor mental and physical health outcomes associated with amphetamine use and the importance placed on health issues by individual amphetamine users points to the importance of developing and implementing collaborative strategies between health and law enforcement agencies. The evidence collected at the amphetamine market discussion forums suggests that the success of collaborative responses could be improved by enhanced communication between law enforcement and health agencies, additional resources and an increased understanding of other agencies' objectives, perspectives and operational experiences. It is worth noting that, although most harm-reduction strategies are implemented by health agencies and health-related NGOs, law enforcement can contribute to harm reduction in meaningful ways. This includes maintaining discretion around NSPs so that client access is not discouraged, participating in the development of education campaigns and diverting amphetamine users away from the criminal justice system to health interventions. Law enforcement may also contribute to harm minimisation by reducing supply and alerting the illicit drug community of the appearance of particularly toxic or potent 'batches' of illicit drugs on the market. The endorsement and practice of harm reduction principles by police during operational activities is likely to improve law enforcement's relationship with illicit drug users and personnel working within health organisations.

Evaluate interventions and conduct further research

While the findings in this report demonstrate the efficacy of some amphetamine-related interventions, it is clear that further research is needed to evaluate the value, impact and outcomes of different interventions. In particular, the results of precursor chemical control strategies recently introduced by law enforcement must be assessed.[29] The findings presented in this report will be useful for benchmarking any changes brought about by precursor chemical control strategies since most initiatives were introduced after the fielding of the AIQ survey.[30]

Further research is also required for the development of a robust and valid diagnostic tool to measure amphetamine-induced psychosis, the provision of protocols to mitigate the potential harms for service providers attending situations involving amphetamine-affected persons, and the creation and implementation of responsive, adequate and accessible treatment programs for amphetamine users.

29 It is acknowledged that at the time of writing this report law enforcement agencies had begun an evaluation of precursor control strategies.

30 The AIQ research project is expected to be repeated in the near future. The results of this project will provide useful information on the status of the Queensland amphetamine market and can be used to assess any changes in market dynamics since 2002. In particular, they will demonstrate any changes in the types of amphetamines used by respondents. Such changes may be a result of chemical control strategies.

APPENDIX

Analyses of AIQ data based on seller rank variable

Further analyses of AIQ data were undertaken based on participants' involvement in the sale of amphetamines. To perform these analyses, a new variable was developed that identified AIQ respondents as either:

- non-sellers
- non-profit sellers
- profit sellers of amphetamines.

The non-seller group consisted of those participants who indicated that they had never sold amphetamines (n=376). The non-profit seller group included participants who mainly bought amphetamines for themselves and/or friends and did not receive substantial income from their selling activity (n=179). The profit seller group includes respondents who reported that they mainly bought amphetamines to sell for profit (n=110).[31]

Applying the additional rules had two effects. First, it reclassified some participants from the non-profit seller group to the profit seller group. This occurred, for instance, when — despite indicating that they were only sometimes motivated by profit — participants sold large quantities of amphetamines quite frequently, or made a substantial profit from their sales. Secondly, some profit sellers were reclassified to the non-profit seller group. Such reclassifications occurred when participants had also reported infrequent sales of small quantities of amphetamines with little actual profit.

The results of the further analyses using the new variable 'seller group' are presented in the following tables. Information is provided on the characteristics of the different seller groups and against a range of questions included in the AIQ survey.

31 Further statistical rules were applied when creating the new variable to ensure that the development of the different seller groups also reflected information provided in other questions. This other information included the sizes of the amphetamine deal they normally sold (points/half grams, grams or kilos); the frequency of their sales (monthly or less, weekly or daily) and an estimate of the income gained from selling drugs.

Table A.1: Profiles of three groups of amphetamine users: profit sellers, non-profit sellers and non-sellers

	Profit sellers (*n*=110)	Non-profit sellers (*n*=179)	Non-sellers (*n*=376)		Profit sellers (*n*=110)	Non-profit sellers (*n*=179)	Non-sellers (*n*=376)
	%	%	%		%	%	%
General				**Law enforcement issues**			
Males	71	58	49	Buy speed for self and to sell for profit	96	25	3
Aged under 25 years	31	46	45	Currently selling speed	64	19	1
3+ residences in last 6 months	29	24	15	Usually sell ounces (current sellers only)	22	-	-
Completed secondary school	56	60	68	Sell daily	30	5	2
Take home pay ≥ $30290 p.a.	28	11	16	Sell other drugs	57	35	12
Live with 1+ child	36	35	25	Identify with biker sub-culture	15	12	3
Employment: full time job**	22	21	29	QPS don't make dealing risky	16	17	7
Employment: drug dealing	28	8	3	QPS searched in public for no reason	70	60	42
Employment: other crime	6	3	1	QPS usually treat me fairly	28	28	41
Fair/poor health rating	40	31	17	QPS know of speed habit	40	25	10
Drug use				Law/QPS a reason to quit using speed	53	46	36
1st use: given to me ¥	70	74	75	Friends arrested last 6 months (speed)	58		
1st use: very much to forget problems	30	18	15	Mainly pay cash for speed	65	75	80
Ever used base/wax	76	83	66	At times travel 50 km+ for speed	16	13	8
Ever used ice/shabu/crystal	55	52	37	Reliable supply: powder ¥	77	68	70
Ever used heroin	56	50	29	Reliable supply: base	76	73	64
Base 31+ times last 6 months	41	28	22	Reliable supply: ice	55	34	30
Ice 31+ times last 6 months	18	6	5	Assaulted (regarding another's speed use)	49	38	18
Heroin 31+ times last 6 months	15	9	4	Assaulted/weapon (regarding another's speed use)	37	18	8
5+ drugs used last 6 months	54	34	24	Ever committed burglary	54	42	22
Recreational user	38	50	63	Ever defrauded, misappropriated etc.	44	32	12
Dependent user	50	45	33	Ever committed assault, GBH etc.	44	36	17
Very aggressive if using speed	30	22	11	Arrested 3+ times	22	14	5
Usually use with strangers	23	8	8	Ever imprisoned	31	15	7

¥ Not significant. **Statistically significant, chi^2, $p < 0.1$. All other differences are statistically significant, chi square, $p \leq 0.05$.

Table A.2: Typical characteristics of profit sellers, non-profit sellers and non-sellers

Profit sellers (n=110)	Non-profit sellers (n=179)	Non-sellers (n=376)
General	**General**	**General**
» aged late-20s, but a quarter over 35 years » multiple residences in the 6 months prior survey » 1/4 high to very high income » 1/3 live with children	» aged mid-20s » have moved often in the 6 months prior survey » low to moderate income » 1/3 live with children	» aged mid-20s » have moved once in the 6 months prior survey » low to moderate income » 1/4 live with children
» sources of income include drug dealing » varied education, lowest rates of secondary school completion	» varied legitimate sources of income. » varied education	» varied legitimate sources of income » varied education
» 40% report poor or fair health.	» 31% report poor or fair health	» 17% report poor or fair health
Drug use	**Drug use**	**Drug use**
» initiation often related to personal problems » very high rates of experimentation » regularly used multiple drugs in the 6 months prior survey » 1/2 drug-dependent (SDS)	» initiation likely to be opportunistic » very high rates of experimentation » polydrug use and regular drug use less common in the 6 months prior survey » 1/2 drug dependent (SDS)	» initiation likely to be opportunistic » lower rates of experimentation » lower rates of polydrug use and regular drug use in the 6 months prior survey » 1/3 drug dependent (SDS) » self-described recreational users
» 1 in 3 very aggressive when using speed and 1/4 use speed with strangers.	» 1 in 5 very aggressive when using speed and rarely use speed with strangers	» 1 in 10 very aggressive when using speed and rarely use speed with strangers
Law enforcement issues	**Law enforcement issues**	**Law enforcement issues**
» buy speed — cash or credit — to supply own habits and to profit from on-sales » 1 in 10 mainly travel over 50 km to make purchases » consistent sales; 1 in 3 sell daily; 1 in 7 sell speed in ounces; 57% sell other drugs. Perceive supply of ice as less reliable than powder or base.	» buy speed with cash for own habits and to supply friends » 1 in 20 travel over 50 km for purchases » sporadic and infrequent sales in smaller quantities » 1/3 sell other drugs » compared with profit-sellers, lower rates re reliable supply of ice.	» few ever sell speed or other drugs » typically pay cash for speed » perception of the reliable supply of ice and base lower than non-profit sellers
» 40% suggested QPS knew of their speed use » 70% complained of being searched for no reason by QPS » like non-profit sellers, about 40% felt QPS made dealing speed very risky and another 40%, quite risky	» 1/4 felt QPS knew of their speed use » similar to profit sellers in relation to QPS searches and the risk of dealing	» 10% expect QPS know of their speed use » compared with sellers, fewer complained of QPS searches » similar to sellers in relation to the risk of dealing
» over half reported that 'avoiding trouble with the law and/or police' could motivate them to quit using speed » 3/5 reported that friends arrested (re speed) 6 months prior survey	» similar to profit sellers regarding the arrest of friends and being motivated to quit speed because of intervention by justice system	» 1/3 considered trouble with the justice system a motivating factor to quit speed » 1/3 reported friends arrested (re speed) in 6 months prior survey
» about 1/2 self-reported having at some point committed property crimes and violent crimes » 1 in 5 previously arrested more than 3 times » 1 in 3 imprisoned » 50% assaulted because of another's speed use — 37% assaulted with a weapon	» compared with profit sellers, fewer reported ever committing property or violent offences » fewer reported multiple arrests or imprisonment » 38% assaulted, 18% assaulted with a weapon regarding speed	» of the three groups, lowest rates of self-reported offending behaviour, arrest or imprisonment » 18% assaulted, 8% assaulted with a weapon regarding speed

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