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THE AMPHETAMINE MARKET IN Queensland

Introduction

Project Krystal[1] reported in June 1999 that the heroin market represented the highest risk to the community of all illicit drug and organised crime markets. Since that time, the Queensland Crime Commission (QCC) has monitored organised crime markets and consulted with law enforcement agencies, Government departments and community-based stakeholder groups in Queensland as part of an ongoing risk assessment process recommended by Project Krystal.

Based on those consultations, a comparison of amphetamine and heroin market indicators, and a detailed analysis of law enforcement operations and criminal intelligence over the past twelve months, the QCC now assesses that amphetamine has overtaken heroin in terms of the level of risk it poses to the Queensland community.

Therefore, the QCC treats the amphetamine trade as representing the illicit drug market of highest risk in the State. The illicit amphetamine industry has significant potential to become an even more serious problem for law enforcement agencies, the public health system and other stakeholders in the future. Moreover, not only is the amphetamine market a serious problem in its own right – there are clear links between it and other organised crime markets.

[1] Project Krystal is a strategic intelligence assessment of organised crime in Queensland conducted jointly by the Queensland Crime Commission (QCC) and the Queensland Police Service (QPS).

Inside

Data sources

The *Crime Bulletin* draws on statistical information collected and published by other agencies such as the Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics (ABS), the Australian Institute of Criminology (AIC), the Australian Bureau of Criminal Intelligence (ABCI), and other law enforcement agencies. Statistical information from these sources is then collated and analysed to give a more wide-ranging picture of the trends in the Queensland amphetamine market, and to enable a comparison with other illicit drug markets.

The aim of the *Crime Bulletin* is to provide an overview of key amphetamine market indicators and trends, rather than reproduce the full detail of each study examined. Those readers who require more detailed information should refer to the source publications listed at the end of this paper.

Data limitations

The statistical information sources for this paper are drawn from a number of agencies that collect and report data that have then been analysed and reproduced for the purposes of the *Crime Bulletin*. This means the *Crime Bulletin* has no direct quality control over the statistics used, and those limitations applying to the source data sets continue to be applicable in this publication.

Due to the complexity involved in obtaining accurate offence and seizure statistics directly from the Queensland Police Service's CRISP[2] system, this *Bulletin* relies on the relevant CRISP statistics provided by QPS and published in the ABCI's annual *Australian Illicit Drug Report*. This means that the most up to date statistics for Queensland (1999–2000) are unavailable until the next ABCI report is published. Arrest statistics derived from the CRISP database in 1995–96 will be lower than actually reported due to the limitations of the system at the time, resulting in a different counting methodology for offences. Notices to appear are included in the 1998–99 CRISP arrest data as a consequence of the introduction of the *Police Powers and Responsibilities Act* which requires many drug offences to be dealt with by notices to appear rather than arrest. The introduction of the *Act* has resulted in a decrease in arrests and a concomitant rise in notices to appear.

The *Crime Bulletin* also relies on the ABCI's offence and seizure data for interstate comparisons, thus the data limitations applicable to the ABCI statistical collection also apply to this publication. The ABCI reports that there are a number of factors that limit its ability to produce a comprehensive, reliable and accurate collection of arrest and seizure statistics. These include a lack of uniformity in recording methods between jurisdictions; database limitations; problems with quality control; the difficulty of measuring small seizures; and inadequate drug identification (ABCI 2000, p. 128).

The counting methodology used by the ABCI to standardise arrest statistics between jurisdictions is not uniform over the four years of data relevant to this study. In particular, uniform counting methodology was not applied across all jurisdictions for the 1995–96 statistics. An improved counting methodology was subsequently used for the 1997–98 and 1998–99 reports, as follows:

> Where a person has been charged with multiple consumer (or provider) offences for a particular type of drug, that person is counted as one consumer (or provider) only of that drug. Where consumer and provider charges for a particular drug type have been laid, the provider charge takes precedence and the person is counted only as a provider of that drug. A person who has been charged in relation to multiple drug types is counted as a consumer or provider for each drug type. A person is counted on each separate occasion that he or she is charged (ABCI 2000, p. 129).

Readers seeking more detailed information on the limitations of the ABCI data should refer to the four relevant volumes of the *Australian Illicit Drug Report*.

It should also be noted that while this *Bulletin* does not analyse the MDMA (ecstasy) market in Queensland, the ABCI's amphetamine offence and seizure data include amphetamine-type drugs such as MDMA in the count. While the published information makes it impossible to separate out the amphetamine-related data from that of amphetamine analogues, it is understood that the proportion of amphetamine-type seizures and offences in Queensland is comparatively low.

[2] Crime Reporting and Information System for Police.

Amphetamine types and effects

The term amphetamine refers to a range of synthetic drugs including amphetamine, dexamphetamine and methylamphetamine. Amphetamine, or 'speed' as it is commonly known, can be found in tablet, capsule, crystal, powder or liquid form. 'Base' amphetamine is an oil that can be converted to a powder. Methylamphetamine is commonly produced as a powder that is dissolved and injected; or a crystal that is heated and its vapours inhaled[3]. The main form of the drug available in Queensland is 'base' or methylamphetamine (NDARC 2000).

Amphetamines are stimulants that affect the central nervous system in the same manner as caffeine and cocaine, and are chemically similar to adrenalin, which is produced naturally by the body (ABCI 1999, p. 49). Amphetamine induces a temporary euphoria lasting several hours, with feelings of 'energy, power, strength, self-assertion and enhanced motivation' followed by feelings of depression and fatigue (ABCI 2000, p. 49). The physical effects of regular amphetamine use include:

- poor appetite and weight loss
- heart flutters/racing heart
- sleeplessness
- tremors and dizziness
- headaches
- muscle and joint pain
- stomach pains and nausea
- shortness of breath and chest pains
- loss of libido (Hando, Topp and Hall 1997).

Amphetamine is generally perceived as non-addictive, however it is not the benign drug many users believe it to be (Hall & Hando 1993). Large quantities can result in fatal overdose, with constant heavy use often resulting in addiction and paranoid psychosis, while users can become aggressive and violent under the effects of auditory hallucination (Hall & Hando 1993).

The extent of the problem

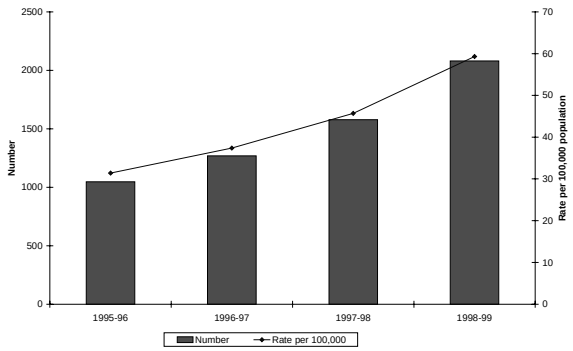
Measuring the true extent of an illicit drug problem is difficult, but there are a number of indicators that can be used to give an estimation of the amphetamine market's size in Queensland. These indicators are: seizures of the drug by law enforcement agencies, recorded offences related to amphetamine, detections of clandestine laboratories involved in the manufacture of the drug, and the availability of the drug. An indication of the extent of the amphetamine market may also be gained by looking at the impacts amphetamine use has on related crime, for example crimes of violence, and its demand on the health system.

• Seizures

The number of amphetamine and amphetamine-type[4] seizures (including MDMA) by law enforcement agencies in Queensland has been steadily increasing since 1995–96 (see bars, Figure 1), and has doubled from 1047 in that year to 2081 seizures in 1998–99. In 1998–99 the number of amphetamine and amphetamine-type seizures in Queensland were eclipsed only by New South Wales' 2300 seizures (ABCI 2000, p. 134). Queensland's rate of amphetamine seizure per 100,000 population has also been climbing since 1995–96 (see line, Figure 1).

The number of amphetamine seizures has been rising in most States over the four years of available data, with the number of Queensland seizures second only to New South Wales. However, during 1997–98, there were 1575 seizures of amphetamine (excluding MDMA) in Queensland — the highest number of strictly amphetamine interceptions in Australia (ABCI 1999, p. 56). Figure 2 shows the increase in Queensland amphetamine and amphetamine-type seizures since 1995–96 compared with selected state jurisdictions. A selective comparison has been made because of the consistently low level of seizures in some jurisdictions,

Figure 1: Number of Queensland amphetamine seizures and rate per 100,000 population, 1995–96 to 1998–99



Source: ABCI 1996, 1997, 1999, 2000; ABS 3201.0, 1997, 1998, 1999

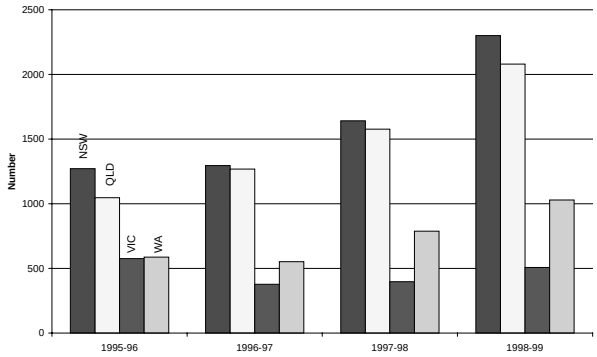
Notes:

1. These data include seizures of amphetamine-type drugs (e.g. MDMA).
2. The proportion of amphetamine-type (predominantly MDMA) seizures in Queensland is low. For example, in 1997–98 there were 1575 amphetamine seizures in Queensland, and 2 amphetamine-type seizures (total 1577 seizures).

[3] Amphetamine analogues such as methylenedioxymethylamphetamine (MDMA) – commonly known as ecstasy – are not considered in detail in this *Bulletin* because they are monitored by the QCC as a separate crime market. While QCC assesses MDMA is becoming a problem in south east Queensland, and the Gold Coast in particular, there is no evidence the drug is a significant problem in central and northern Queensland.

[4] 'Amphetamine-type' drugs are predominantly MDMA (ecstasy), which is chemically similar to amphetamine. 'Amphetamine' includes methylamphetamine.

Figure 2: Number of amphetamine seizures — selected Australian States and Territories, 1995–96 to 1998–99



Source: ABCI 1996, 1997, 1999, 2000

Notes:

1. These data include seizures of amphetamine-type drugs (e.g. MDMA).
2. ACT, Northern Territory and Tasmanian data have been excluded as seizures in these jurisdictions were comparatively low over the period examined (range 6–76), and generally constant from year to year.
3. South Australian data has been excluded as it was incomplete up to 1998–99.
4. This data is not adjusted to account for population differences or changes over the period.

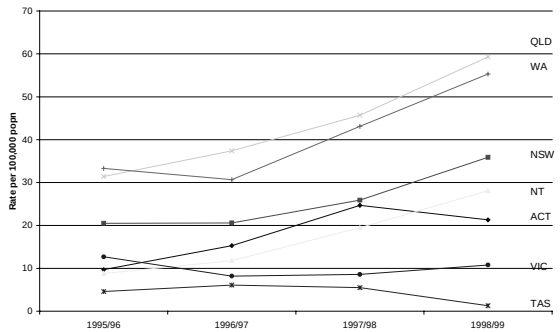
and the lack of comparative data in others.

Figure 3 (below) compares the rate of seizure per 100,000 people in Queensland with other jurisdictions over the four year period of this study. Despite Queensland having a slightly lower number of amphetamine interceptions than New South Wales, when these seizures are expressed as a rate per 100,000 people Queensland's rate was generally the highest in the nation, and in 1998–99 was almost double that of New South Wales (59.3 in Queensland, 35.9 in NSW). At 55.3 seizures per 100,000 population, only Western Australia had a seizure rate comparable to that of Queensland in 1998–99.

Queensland's comparatively high number of seizures may be due to a number of possible factors including:

- the prevalence of the drug in the State, making detection of the drug more frequent;
- the high number of small laboratories producing the drug compared to other States which generally have a smaller number of larger labs;
- increased law enforcement effort in this area compared to other jurisdictions;
- differences in recording seizure information, extracting the relevant information from police databases, drug identification and weighing practices, and data quality control between jurisdictions.

Figure 3: Rate of amphetamine seizures per 100,000 population – Australian States and Territories, 1995–96 to 1998–99



Source: ABCI 1996, 1997, 1999, 2000; ABS 3201.0, 1997, 1998, 1999

Notes:

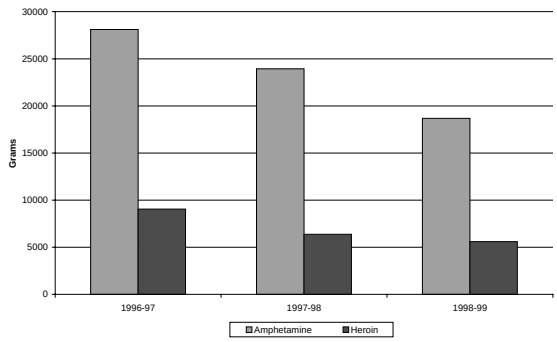
1. These data include seizures of amphetamine-type drugs (e.g. MDMA).
2. South Australian data has been excluded because it was incomplete for three of the four years examined.

The possibility that Queensland has a higher proportion of amphetamine consumers than other States, resulting in a higher rate of seizure, cannot be discounted, however no comparative data on interstate consumer populations is currently available.

• Seizure quantity

While Queensland has a high number and rate of amphetamine seizures compared with other States and Territories, it is impossible to determine with any accuracy the quantity of amphetamine seized by law enforcement agencies in the State. Annual statistics are compiled from all jurisdictions by the ABCI, however, it notes that 'missing, incomplete and non-specific information relating to drug seizures makes it impossible to calculate precisely the quantity of each drug type and form seized' (ABCI 2000, p. 129). In addition, the ABCI states that small seizures are often not measured in regional areas due to the lack of precision scales, and not all drug seizures are chemically analysed to determine the exact type of drug (2000, p. 129).

Figure 4: Quantity of Queensland amphetamine and heroin seizures, 1996–97 to 1998–99



Source: ABCI 1997, 1999, 2000

Notes:

1. These data include seizures of amphetamine-type drugs (e.g. MDMA).

Despite the limitations of the available data, they represent the only available information on quantities of drugs seized by law enforcement agencies in Australia, and are thus reproduced here to give some qualified indication on the quantities of amphetamine seized in Queensland. Figure 4 shows the quantity of amphetamine captured in Queensland compared to the

quantity of heroin seized. The quantity of amphetamine seized has fallen from a little over 28 kilograms in 1996–97 to 18.6 kilograms in 1998–99, however, weights for between 7.7 and 22.5 per cent of seizures were unavailable for this period.

Table 1: Average quantity (grams) of annual amphetamine seizures by State and Territory, 1996–97 to 1998–99

New South Wales	86,558
Victoria	51,873
Queensland	23,572
Western Australia	18,399
South Australia	12,717
Tasmania	2,507
Australian Capital Territory	2,205
Northern Territory	481

Source: ABCI 1997, 1999, 2000

Notes:

1. All jurisdictions have differing proportions of missing data, where seizures have not been weighed. These data represent the proportion of seizures where drugs have been weighed.

Table 1 shows that the average quantity of amphetamine seized in Queensland between 1996–97 and 1998–99 is considerably below that of New South Wales and Victoria. This may be because southern States tend to have larger types of amphetamine laboratories, hence individual seizures in those States net larger quantities of the drug. On the other hand, Queensland tends to have smaller, more mobile laboratories producing smaller quantities of the drug at greater frequency, that are potentially consumed more quickly by the market. The lower total of the drug seized in Queensland may also be attributable to a high number of consumer arrests, with small amounts of the drug involved.

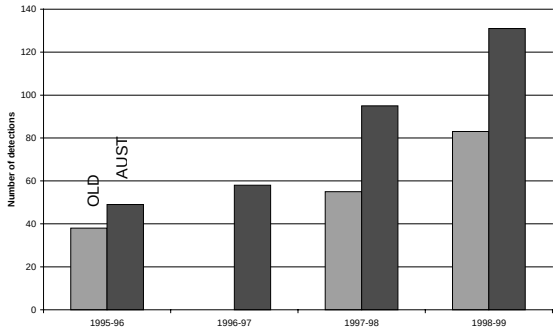
• Clandestine laboratory detections

In 1998–99, 131 clandestine amphetamine laboratories (labs) [5] were detected in Australia, and 83 (or 63%) of these were in Queensland. In 1997–98, 95 labs were identified nationally and 55 laboratories (or 58%) were uncovered in this State. However, as noted above, Queensland detections are predominantly of 'boxed labs' which are generally suitcase-sized portable amphetamine laboratories, whereas interstate detections tend to be of larger, more permanently established laboratories. Figure 5 provides a comparison of Queensland and Australian detections since 1995–96.

• Offences

Amphetamine consumer and provider arrest statistics[6] can give some indication of the extent of Queensland's amphetamine problem, however it should be noted that

Figure 5: Amphetamine lab detections — Queensland and Australia, 1995–96 to 1998–99



Source: ABCI 1996, 1997, 1999, 2000

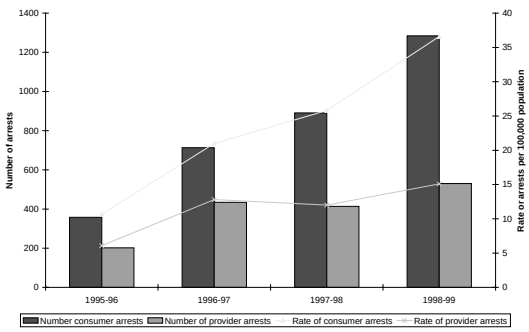
Notes:

1. Includes laboratories used for the manufacture of amphetamine-type drugs, including MDMA.
2. No figure for QPS laboratory detections for the 1996–97 year was available.

arrest statistics are not always a reliable indicator of trends in the supply of, and demand for, a drug. This is because arrest statistics may be affected by a variety of factors, including enforcement activity, availability and consumption preferences and patterns in the illicit drug using population.

Figure 6 shows the trends in both consumer and provider arrests since 1995–96, with bars showing the number of offences for each category and the lines showing the trend in the rate of offences per 100,000 population.

Figure 6: Number and rate of Queensland amphetamine consumer and provider arrests, 1995–96 to 1998–99



Source: ABCI 1996, 1997, 1999, 2000; ABS 3201.0, 1997, 1998, 1999

Notes:

1. These data include arrests related to amphetamine-type drugs (e.g. MDMA).
2. Counting methodology used for 1995–96 differs from subsequent years due to then limitations of the QPS CRISP system. The consumer/provider arrest statistics for that year are lower than actually reported.

[5] These data include laboratories for the manufacture of amphetamine and amphetamine-type substances.

[6] Consumer arrests relate to user-type offences, such as possessing or administering drugs for personal use. Provider arrests relate to supply-type offences, such as importation, trafficking, selling, cultivation and manufacture (ABCI 2000, p.129).

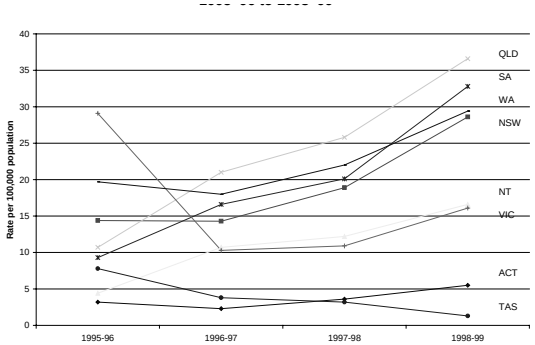
Key points to note are:

- The number of consumer arrests have at least tripled from 358 in 1995–96 to 1284 in 1998–99[7].
- The consumer arrest rate per 100,000 people has risen at a fairly steady rate over the four year period.
- Provider arrests have more than doubled from 202 to 530 over the same period[8].
- The rate of provider arrests slowed after 1996–97 and have remained relatively steady.
- Total amphetamine arrests (combined consumer and provider arrests) have more than tripled from 560 in 1995–96 to 1814 in 1998–99.

Consumer arrests will always be considerably higher than provider arrests, as there will always be a greater number of consumers in the market than providers.

A comparison of the rate of consumer and provider arrests between selected jurisdictions reveals that Queensland has consistently had the highest rate of consumer arrests in the nation since 1996–97 (see Figure 7). Similarly, with the exception of Western Australia, Queensland's rate of amphetamine provider arrests is considerably above other States (see Figure 8).

Figure 7: Rate of amphetamine consumer arrests — selected Australian States and Territories, 1995–96 to 1998–99



Source: ABCI 1996, 1997, 1999, 2000; ABS 3201.0, 1997, 1998, 1999

Notes:

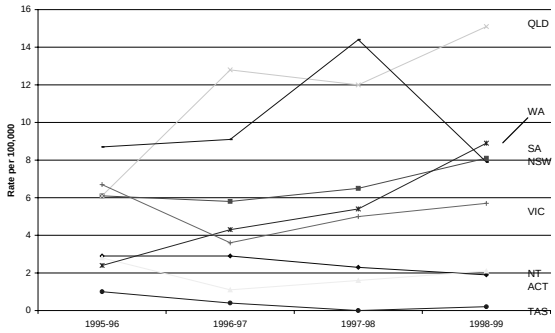
1. These data include arrests related to amphetamine-type drugs (e.g. MDMA).
2. The likely cause of the sharp drop in the Victorian data from 1995–96 to 1996–97 is the implementation of a new counting methodology. In 1995–96, offenders had been counted as a consumer or provider for each charge laid against them. For example, two charges would be reported as two consumers, rather than one, artificially inflating the 1995–96 count.

Figure 9 provides a snapshot of the rate of both amphetamine-related consumer and provider arrests for the 1998–99 year only. In that year, Queensland had the highest rate of amphetamine consumer and provider arrests (per 100,000 population) of all the Australian States and Territories, and a total amphetamine-related

[7] This will be an exaggerated result because the QPS arrest statistics for 1995-96 are lower than actually reported.

[8] This will be an exaggerated result because the QPS arrest statistics for 1995-96 are lower than actually reported.

Figure 8: Rate of amphetamine provider arrests — selected Australian States and Territories, 1995–96 to 1998–99



Source: ABCI 1996, 1997, 1999, 2000; ABS 3201.0, 1997, 1998, 1999

Notes:

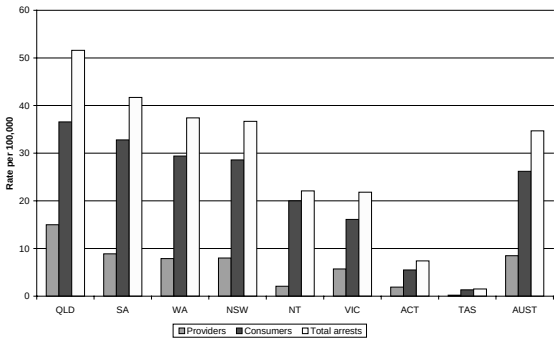
1. These data include arrests related to amphetamine-type drugs (e.g. MDMA).
2. The fluctuations in the Western Australian data are most probably due to the way arrest and seizure data is recorded in that State, making it difficult to obtain accurate arrest statistics and also making it difficult to differentiate consumers from providers.

arrest rate considerably higher than the national rate (51.6 per 100,000, versus 34.7 nationally).

These results show a considerable increase over the 1997–98 arrest statistics, in which Queensland had the highest number of consumer arrests per 100,000 population (25.8), and the second highest number of supplier arrests per 100,000 population (12) after Western Australia (14.4 supplier arrests per 100,000). In that year Queensland's total amphetamine arrest rate per 100,000 (37.8) was higher than any other jurisdiction and considerably higher than the national rate (25.4).

It is not possible to say with certainty that Queensland's high level of amphetamine arrests reflects

Figure 9: Amphetamine-type substances, consumer and provider arrests per 100,000 by jurisdiction, 1998–99



Source: ABCI 2000; ABS 3201.0, 1999

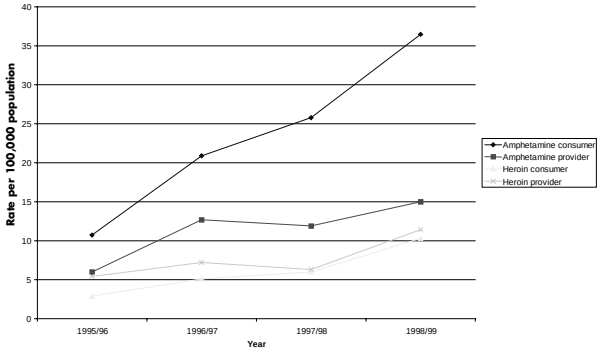
Notes:

1. These data include arrests related to amphetamine-type drugs (e.g. MDMA).
2. This graph portrays only one year's data, and thus will not be representative of an overall trend.

a more serious amphetamine problem in the State than in other jurisdictions, or whether the arrest statistics are the result of additional resources directed to this area, or statistical anomalies between jurisdictions.

While it is difficult to determine the level of resources directed to amphetamine investigation across all jurisdictions in order to make any valid comparison, most States have investigative teams specifically dedicated to amphetamine production and trafficking. Certainly, Queensland has a dedicated Illicit Laboratory Investigation Team (ILIT) attached to the QPS drug squad, which may account for a portion of Queensland's higher arrest rate. However this unit's activities are primarily directed at the detection of clandestine laboratories rather than arresting consumers, and cannot possibly account for the bulk of arrests across the State, nor can it account for the full extent of the marked difference between Queensland and other jurisdictions.

Figure 10: Queensland amphetamine and heroin arrests by consumer and provider (rate per 100,000 population), 1995–96 to 1998–99



Source: ABCI 1996, 1997, 1999, 2000; ABS 3201.0, 1996, 1997, 1998, 1999

Notes:

1. These data include arrests related to amphetamine-type drugs (e.g. MDMA).
2. Counting methodology used for 1995–96 differs from subsequent years due to then limitations of the QPS CRISP system. The consumer/provider figures for that year will be lower than actually reported.

Amphetamine and heroin offences compared

The total number of amphetamine arrests in Queensland was almost 2.5 times higher than heroin arrests in 1998–99 (1814 amphetamine related arrests and 766 heroin related arrests). Similarly, the rate of amphetamine arrest (51.6 per 100,000) was almost 2.5 times the rate of heroin arrests (21.8) in the same year. The rate of arrest for both drugs has risen proportionally since 1996–97.

While Queensland's rate of amphetamine consumer and provider arrests are consistently among the highest in the nation, Queensland's arrest rate for heroin-related consumer and provider offences in 1998–99 (21.8 per 100,000) ranked fifth among the other Australian jurisdictions, and considerably below the national rate (75.6).

As a proportion of illicit drug offenders in Queensland, amphetamine offenders represented 8.2 per cent of illicit drug-related arrests in 1997–98, a higher proportion than any other jurisdiction, including the national proportion attributed to amphetamine arrests (ABS 2000). Heroin offenders represented just 2.7 per cent of Queensland arrests, again ranking fifth when compared to the proportion of heroin arrests in other Australian jurisdictions. In 1998–99, the proportion of amphetamine related arrests rose to 10.5 per cent of Queensland's illicit drug arrests and again represented a higher proportion of amphetamine arrests than any other jurisdiction. At 4.4 per cent, the proportion of Queensland's heroin arrests in 1998–99 ranked fifth compared to other jurisdictions.

A comparison of the rate of heroin and amphetamine consumer and provider arrests over the four years to 1998–99 (see Figure 10), demonstrates the higher rate of detection with regards to amphetamine offences.

Amphetamine consumer offences account for a large proportion of arrests for this drug. This may be because violent behaviour is often a side effect of amphetamine use. This would account for the large disparity between total amphetamine and total heroin offences. Both the number and rate of amphetamine provider arrests remain above those of heroin arrests.

There may be a number of reasons for the disparity between amphetamine-related and heroin-related arrests. However it should first be noted that comparison of the two markets is difficult due to the different market dynamics at play that affect arrest outcomes. For example:

- Queensland's heroin market is smaller than that of amphetamine;
- heroin is an imported product, while amphetamine is almost entirely locally produced, meaning it is more easily available than heroin;
- because heroin is imported it is a higher risk product to get to market than amphetamine, making it a less attractive commodity to supply than amphetamine;
- there are less inhibitions to amphetamine use, as it is perceived to be safer and more socially acceptable than heroin use. This may affect the nature and extent of involvement by either consumers or providers in the heroin market.

Comparison of arrest statistics for the two drug markets is also problematic as arrest statistics are just one indicator of a market, and one which can be unreliable due to the extent of enforcement activity or consumption patterns among illicit drug users.

• Availability

Statistical data, law enforcement intelligence and reports provided to the QCC by community agencies confirm that the availability of amphetamine has increased in Queensland and that the State's amphetamine problem is geographically diverse, and more so than in the case of heroin. The 1999 Illicit Drug Reporting System (IDRS) rated the availability of amphetamine in Queensland as 'very easy' to obtain and becoming 'easier' to obtain (Kinner & Roche 2000).

Information supplied by the Queensland Alcohol and Drug Research and Education Centre (QADREC) in June 2000 indicates there is currently a high level of availability of amphetamine in north Queensland in comparison to heroin. In fact, there appears to be a shortage of heroin in some areas of north Queensland, including Townsville. QADREC noted that, whereas in south east Queensland 'base' amphetamine is the predominant form of the drug, in north Queensland methylamphetamine is more common.

• Related crime

There are some anecdotal reports relating amphetamine use to other criminal behaviour. Needle and syringe exchanges, health centres and youth centres in Queensland that monitor drug use by offenders have claimed a noticeable increase in crime related to amphetamine use, and have stated that behavioural problems among amphetamine users are more common than among users of other drugs (ABCI 1999, p. 60). Workers in such agencies reported their belief that amphetamine users were more likely to commit a crime as a result of the effects of the drug, which include erratic and unpredictable behaviour. Similarly, ABCI reports that Gold Coast Police believe younger amphetamine users are increasingly involved in crimes of violence and break and enters (1999, p. 60). QADREC reported property crime was common among both heroin and amphetamine users, with users becoming small-time dealers to support habits and becoming involved in violent crime (Kinner & Roche 2000, pp. 9, 25).

The preliminary results of the Australian Institute of Criminology (AIC) – Drug Use Monitoring in Australia (DUMA) Southport watchhouse project, which conducts urinalysis testing of persons charged with a criminal offence (Makkai & Feather 1999), show that amphetamine users are arrested for a variety of offences. These include drink driving, violent offences, drug offences, property offences, disorder offences and outstanding warrants.

In this study, cannabis was by far the most common drug detected in arrestees, and amphetamine presence among those charged with any offence was generally lower than that of opiates or benzodiazepines. Indeed, the percentage that tested positive to amphetamine use was lowest with those charged with property offences (14%). Amphetamine use was highest (with the exception of cannabis use) among people charged with drink driving (18%) (see Table 2).

The study did note however that over the testing period there had been a decrease in positive amphetamine tests and an increase in positive opiate results, indicating a possible shortage in amphetamine availability causing a shift towards opiate use[9] (Makkai & Feather 1999). In addition, the study noted the tendency towards poly-drug use, with the vast majority of persons using amphetamines, opiates or benzodiazepines also testing positive to a second drug. However, few opiate users also tested positive to amphetamines. It should be noted that the preliminary results of the project relate to 9 months of data collection specific to the Southport region only, and the study should give a fuller indication of amphetamine use and criminal behaviour over the longer term.

[9] Possible explanations outlined in the study for this shift from amphetamine to opiate use included: the tendency for drug markets to change in a relatively short time frame; the impact of local policing activities netting a number of clandestine laboratories and impacting on the availability of amphetamine in the Gold Coast region; and changes in the offence profile of arrestees, such as an increase in the proportion of property offenders, increases in violent offences, and declines in drink driving and disorder offences (Makkai & Feather 1999). In addition, the different rates that drugs metabolise may account for some of the differences in urinalysis results.

Table 2: Percentage and ranking of positive tests among arrestees by charge

Violent offences	Property offences	Drug offences	Drink driving
1. Cannabis (58%)	1. Cannabis (70%)	1. Cannabis (94%)	1. Cannabis (62%)
2. Benzodiazepines (20%)	2. Opiates (29%)	2. Benzodiazepines (18%)	**2. Amphetamine (18%)**
3. Amphetamine (15%)	3. Benzodiazepines (28%)	**3. Amphetamine (15%)**	3. Benzodiazepines (13%)
4. Opiates (10%)	**4. Amphetamine (14%)**	4. Opiates (12%)	4. Opiates (0%)
Other traffic offences	**Disorder offences**	**Outstanding warrants**	
1. Cannabis (62%)	1. Cannabis (63%)	1. Cannabis (62%)	
2. Opiates (13%)	2. Benzodiazepines (12%)	2. Benzodiazepines (21%)	
3. Benzodiazepines (10%)	**3. Amphetamine (10%)**	**3. Amphetamine (10%)**	
4. Amphetamine (4%)	4. Opiates (5%)	4. Opiates (9%)	

Source: Makkai and Feather 1999

• Health

The Gold Coast Drug Council reports that the majority of its clients are seeking help and treatment for amphetamine use and related problems (ABCI 1999, p. 60). QADREC reported an increase in injection related problems among amphetamine users, including 'more Hepatitis C, more needle risk-taking behaviour and poorer vein care among intravenous drug users' and an increase in the rate of amphetamine induced psychosis (Kinner & Roche 2000, p. vii, 24). The QADREC study also reported an increase in users (particularly young users) seeking treatment, increased referrals to drug treatment agencies by mental health services, and a greater number of parents seeking treatment for amphetamine-using children. Treatment agencies dedicated to the treatment of heroin and cannabis addictions are reportedly being swamped by amphetamine users, particularly intravenous users, and have publicly acknowledged difficulty coping with the problem (Dibben 2000; Doneman 1999; Reynolds 1999).

Market Characteristics

Like all markets, the amphetamine market must be considered in the context of the demand for, and supply of, the product. The following sections look at both the demand and supply characteristics of the market and draw on a combination of open-sourced research material and law enforcement intelligence.

Demand

An understanding of the demand factors impacting on the amphetamine market help to give an overview of the trends in the market. This section looks at demand features of the amphetamine trade, including the number or proportion of the population using amphetamine, their age, the perceived social acceptability of the drug, preference and consumption patterns, poly-drug use, administration, price, purity and sources of supply.

• Number of users

Strong demand from a large number of users is the driver for illicit amphetamine sales and for the illicit manufacture and supply industries that support the sales. The Queensland results of the National Drug Strategy Household Survey 1998 (NDSHS) (AIHW 2000) reveal that the State has approximately 85,500 recent amphetamine users (users who have consumed the drug in the last 12 months) aged 14 years and over. This compares to 17,000 recent heroin users in the same age range.

Comparison between the Queensland amphetamine and heroin markets over the three years from 1995 to 1998 indicates that the increase in demand for amphetamine has outstripped that for heroin (see Table 3). The Queensland results of the 1998 NDSHS show that the percentage of people aged 14 years and over nominating recent use of amphetamine increased from less than 1 per cent to just over 3 per cent, while recent use of heroin increased only slightly from 0.3 per cent to 0.6 per cent (AIHW 2000).

These data were supported by the findings of the Community Based Drug Working Group Report, coordinated by the Queensland University of Technology (QUT), which reported 82% of its (non-representative) sample of 50 respondents had used amphetamine in 1998, compared with 62% in 1994.

In addition, a March 2000 sample of Queensland's prison population found that amphetamine is the second most common illicit drug (after cannabis) used by convicted offenders either in custody, or on some form of community release in Queensland. The level of its use was significantly above the level of opiate use (DCS 2000)[10].

There are a number of factors influencing the strong demand for amphetamine. Amphetamine has long been used by persons required to work or concentrate for long periods of time, such as truck drivers and process workers. This market has broadened considerably to include persons seeking the 'high' offered by a central nervous system stimulant, and to persons seeking to take a combination of both stimulants and depressants to counter the negative effects of both types of drug. The popularity of amphetamine in this section of the market is expected to continue because of price competitiveness and high purity levels.

• Age

There is evidence to suggest that amphetamine use is

[10] The level of illicit drug use overall was 6.9 percent, with the majority of the sample group testing negative to illicit drugs.

Table 3: Proportion of the Queensland population using amphetamine and heroin, 1995,1998

	Amphetamine		Heroin	
	1995 (%)	1998 (%)	1995 (%)	1998 (%)
Recent use	0.8	3.1	0.3	0.6
Lifetime use	3.6	8.1	1.0	2.3

Source: AIHW 2000

Notes:

1. Refers to Queensland population aged 14 and over.
2. 'Recent use' refers to use in the last 12 months. 'Lifetime use' refers to use at least once in a person's lifetime.
3. Caution should be used with regards the interpretation of these data as they represent the results of just two surveys (1995 and 1998).

being taken up by younger consumers. The Queensland results of the 1998 NDSHS found that the mean age of novice amphetamine users[11] dropped from 22.1 years in 1995 to 19.8 years in 1998 – a drop of 2.3 years. With the exception of MDMA (ecstasy), this was the largest drop in mean age for novice drug use. In contrast, the mean age of initial heroin use increased over the corresponding period from 18.5 years to 19.7 years (AIHW 2000).

• Acceptability

The Queensland results of the 1998 NDSHS found that the social acceptability of regular amphetamine use by adults increased between the 1995 and the 1998 surveys (from 1.6% of the population aged 14 years and over to 3.2% of the same population), while the acceptability of heroin use dropped over the same period (down from 2.3% to 1.8%) (AIHW 2000). Despite this increase in acceptability of amphetamine use[12], the survey also found a considerable jump between 1995 and 1998 in the proportion of the population that nominated amphetamine as the drug they thought of when people talked about 'a drug problem' (2.7% in 1995, versus 13.1% in 1998) (AIHW 2000). However, in 1998, respondents to this survey nominated heroin as the primary drug perceived to be a drug problem (30.1%).

In its study of Queensland drug trends, QADREC reported a perception among users that amphetamine is not addictive (Kinner & Roche 2000). It has also been suggested that the younger end of the drug consumer market finds amphetamine use more acceptable because its use has less stigma attached to it than heroin use, and hence psychological inhibitions to its use are lower. For example, pseudoephedrine (an amphetamine precursor), is perceived as harmless because it is an ingredient of many over-the-counter cold and flu medications; and Ritalin/dexamphetamine are common prescription drugs used to treat attention deficit hyperactivity disorder (ADHD).

• Drug preference

In terms of preferred drug, the Queensland sample of the 1998 NDSHS ranked marijuana/cannabis as the drug of both first and second choice. As a drug of first choice, amphetamine was ranked fourth behind marijuana/cannabis, heroin, cocaine and ecstasy/MDMA (equal third rating), and at the same level as hallucinogens (equal fourth) (see Table 4). However, when the preferred drug was not available, amphetamine rated much more highly as a drug of second choice, coming second behind marijuana/cannabis. As a drug of second choice, heroin rated fifth. Overall, the percentage of persons choosing amphetamine either as a drug of first or second choice outstripped those choosing heroin (1.0% compared to 0.6%).

• Consumption patterns

QADREC reported that the most typical pattern of amphetamine use involved injecting the purer base form of amphetamine once or twice in a day (1–2 points per hit), up to three times a week including an all weekend binge.[13] (Kinner & Roche 2000, p.12). However, this study reported usage patterns varying from recreational users, consuming the drug once or twice a month; to heavy users, injecting as much as seven points at once, or up to 10 times a day, 6–7days a week. Kinner and Roche also reported as many as 30–40 per cent of users in this heavy user category[14], and a tendency towards a cyclical pattern of consumption characterised by gradually more and more heavy use followed by a (frequently) psychosis induced 'crash', after which use is negligible or temporarily discontinued (2000, p.12).

According to Kinner and Roche, the majority of heroin users inject a cap[15] 2–3 times a day.

• Poly-drug use

Many agencies have identified a noticeable increase in poly-drug use. Amphetamine users have been identified as a prominent poly-drug user group, taking the drug concurrently with alcohol, cannabis, heroin, MDMA, anti-depressants and tranquillisers (ABCI 1999, p. 59). Benzodiazepines – hypnotic sedatives or tranquillisers used for treating psychiatric complaints, severe anxiety and sleeplessness – are commonly being used in combination with both amphetamine and heroin.

In its report of Queensland drug trends, QADREC reported that the shift towards increased heroin use among amphetamine users was 'either to come down or as a substitute when amphetamine is not available' (Kinner & Roche 2000, p. 12).

• Administration

The method of drug administration represents one of the demand characteristics of the market because it indicates consumption trends among users, the form and type of drug in demand, and trends with regards poly-drug use. Administration methods, most particularly injection, also have broader health implications.

According to the NDSHS (AIHW 2000) the proportion of people aged over 14 years who have ever used illicit drugs intravenously has increased in Queensland (from 0.9% of the population in 1995 to 3.0% in 1998). Queensland also has a much higher proportion of the population using drugs intravenously

[11] Persons aged 14 to 30 years who first used in the previous 3 years.
[12] Note: The survey found that less than 10 percent of people living in Queensland aged 14 years or older in 1998 thought that regular illicit drug use by adults was acceptable.
[13] Reported 'point' measures vary from 0.06–0.1 of a gram (Kinner & Roche 2000, p.8).
[14] This is the estimation of one key informant in the study.
[15] A cap equals 0.1-0.3 of a gram.

Table 4: Preferred illicit drug of choice: ranking and proportion of the population nominating drug preference

Drug of first choice			Drug of second choice		
Ranking	**Drug**	**Persons (%)**	**Ranking**	**Drug**	**Persons (%)**
1	Marijuana/cannabis	4.9	1	Marijuana/cannabis	7.5
2	Heroin	0.4	2	**Amphetamine**	0.8
3	Cocaine	0.3	3	Hallucinogens	0.7
	Ecstasy/MDMA	0.3			
4	**Amphetamine**	0.2	4	Cocaine	0.3
	Hallucinogens	0.2			
			5	Heroin	0.2
				Steroids	0.2
			6	Ecstasy/MDMA	0.1
				Inhalants	0.1
				Methadone	0.1
				Other opiates	0.1

Source: AIHW 2000

Notes:

1. Queensland population aged 14 years and over.
2. Amphetamine and steroid use for non-medical purposes. Methadone use for non-maintenance purposes.

than the rest of Australia (3.0% versus 1.9%), with this difference most significant in the 20–29 (Queensland 8.1%, Australia 3.9%) and 14–19 (3.1% and 1.3% respectively) age groups.

Injection is the most common method of consuming amphetamine, and amphetamine is the drug most commonly injected in Queensland. The NDSHS (AIHW 2000) found that 71.4 per cent of injectors had recently used amphetamine (against 45.9% recent injection of heroin), and amphetamine was the first drug injected by 50.6 per cent of Queensland's injecting population (compared with 34.3% for heroin injection). The Community Based Drug Working Group Report, coordinated by the Queensland University of Technology (QUT), similarly reported a trend towards injection of amphetamine (BCC 1999, pp.18, 19). QADREC also reports that a culture of intravenous drug use, with all its attendant problems, is growing rapidly among amphetamine users throughout Queensland, arguably as a result of the availability of the injectible liquid-oil methylamphetamine base form of the drug (Kinner & Roche 2000, p. 12).

Also of note is the significant difference in the proportion of female to male amphetamine injectors, with almost 90% of females having used the drug recently, as opposed to 56.5% of male users (AIHW 2000). The Lord Mayor's Illicit Drug Task Force also reported that illicit and injecting drug use by Aboriginals and Torres Strait Islanders is increasing, with amphetamine being the most commonly injected drug (BCC 1999, pp. 18, 19).

These figures may reflect increasing acceptance of amphetamine use (see above) and the evidence that when other preferred drugs are in short supply, amphetamine is a leading drug of second choice. However the Community Based Drug Working Group noted a trend towards the use of amphetamine as a primary drug (BCC 1999, pp. 18, 19). In their study of Queensland drug trends, Kinner and Roche noted that 'with the increase in (intravenous) use of amphetamine there has been a concomitant shift towards more heroin use among amphetamine users' (2000, p. vii).

• Price

Amphetamine has become price competitive with and, in some cases, cheaper than heroin. In 1999 one 'street' gram of the purer base form of amphetamine sold for between $180 and $400 in Brisbane, and a gram of powder for between $50 and $120. However, base is commonly sold in points (equal to 0.06–0.1 grams), for between $50 and $60 a point, while the powder form of amphetamine is typically sold in gram or half gram quantities (Kinner & Roche 2000, p. 8). During the same period, heroin was selling for between $300 and $600 a gram, and at an average price of $40 a cap (0.1–0.3 of a gram).

In terms of price trends, Kinner and Roche reported little change in the street price of heroin during 1998 and 1999 (2000, p. 4, 8), while the cost of a point of amphetamine had dropped since early 1999 from $80–100 to $50–60.

• Purity

An important factor affecting demand is the purity of the amphetamine available. Chemical analysis of amphetamine seizures show that purity levels of the drug are increasing, although not uniformly, and that the recent increase in the production of base amphetamine in Queensland has had a significant effect on purity levels. Average purity levels of confiscated amphetamine in Queensland have risen

from 10 per cent in 1996–97 to 13 per cent in 1997–98 and 23 per cent in 1998–99 (Kinner & Roche 2000, p. 10). Purity levels in Queensland tend to be substantially higher than interstate and it is believed this has influenced local demand for amphetamine (see Table 5).

• Sources of supply

Friends or acquaintances are overwhelmingly the sources of supply to users of amphetamine (and heroin) in Queensland.

- In terms of first-time supply of amphetamine, 84.4 per cent of persons aged 14 and over received the drug from friends or acquaintances.
- This compares with 81.2 per cent receiving heroin for the first time from friends and acquaintances.
- Recent supply (within the last 12 months) of amphetamine was from friends or acquaintances (78.5%), street dealers (10.4%), relatives (6.1%), spouse or partner (2.7%) and other (2.2%).
- Sources of recent supply of heroin included friends and acquaintances (70.6%), street dealer (21.5%) and other (8%) (AIHW 2000).

While friends and acquaintances remained the predominant source of supply over the course of amphetamine and heroin use, the use of street dealers as sources of supply increased where recent supply was concerned compared to obtaining drugs from them for first time use. In the case of amphetamine, 4.2 per cent of users obtained their first supply from street dealers compared to 10.4 per cent of recent users accessing supplies from dealers. Heroin users sought first time supply from dealers in 3.7 per cent of cases. In the case of recent supply of heroin, this rose to 21.5 per cent of users buying heroin from street dealers (AIHW 2000).

Law enforcement intelligence indicates that distribution points for amphetamine are many and varied, but they include hotels, motels, nightclubs and cabarets, private residences, tattoo shops, pleasure boats and fishing trawlers.

Supply

Aspects of the supply-side of the market examined in this section include market opportunity, manufacture, importation, networks and organisation, and geographic diversity.

• Market opportunity

Law enforcement agencies have identified that criminal groups shift their amphetamine-related activities between jurisdictions depending on market gaps or opportunity. While the theft of precursors occurs mostly in New South Wales, Queensland is considered a major centre for amphetamine production, with numerous relatively small clandestine labs producing (collectively) large quantities of amphetamine. For example, while there are clearly more people 'cooking' in Queensland, NSW has lower numbers of 'cooks' but higher production quantities from bigger labs. Hence, while Queensland is essentially a consumer State for heroin (with production and importation activities largely occurring elsewhere) (QCC 1999), in the case of amphetamine, local law enforcement agencies face the problem of countering illicit production, distribution, consumption and export.

The predominance of amphetamine production and the strength of the market in Queensland, particularly in regions outside the south east corner, is most likely due to the comparatively high demand for amphetamine relative to heroin in these areas. The major markets for heroin are New South Wales and Victoria, and the bulk of importation, distribution and consumption occurs in those jurisdictions. As a secondary satellite market to those major interstate markets, south east Queensland absorbs the majority of the State's available heroin supply, resulting in relatively small quantities of heroin being available to service potential markets in regional Queensland. The costs of supplying heroin to a limited market in regional Queensland and the associated risks are likely to deter many potential suppliers. In addition, local supplies of amphetamine are more than sufficient to satisfy demand.

Much the same as cannabis production has a strong foothold in Queensland (to fill demand, as an alternative to heroin and other drugs, and because of its easy production in this climate), amphetamine production has many similar advantages, and is a viable and profitable alternative drug market for those seeking to exploit it.

While it is difficult to assess the value and volume of the State's amphetamine market, the QCC estimates that its value is similar to that of the heroin market – approximately $400 million per annum; and the volume of amphetamine traded in Queensland to be approximately 1.8 to 2.0 tonnes each year[16].

[16] The estimate of the volume of the amphetamine market is based on an arbitrary interception rate of 1% of the total market (i.e. 18.6 kg were intercepted in Queensland in 1998-99). In the absence of a distribution of frequency and quantity of use, and a distribution of number of users, the value of the market is estimated by taking an arbitrary consumption of 2 grams of base amphetamine per month at $200/gram, multiplied by 85,500 Queensland users.

Table 5: Estimated amphetamine purity by jurisdiction, 1999

	QLD	NSW	WA	ACT	NT	VIC	TAS	SA
Purity (%)	23	14	12	12	12	11	8	7

Source: NDARC 2000

• Manufacture

The majority of amphetamine available in Queensland is manufactured locally, and its production has become something of a cottage industry. That is, production and distribution is handled by large numbers of small groups of individuals who collectively, and at varying levels of sophistication, move large quantities of drugs. Portable 'box labs' tend to be the preferred method of amphetamine manufacture in the State. The majority of amphetamine labs detected in the state involve processes for the reduction of pseudoephedrine to make methylamphetamine. Pseudoephedrine is commonly derived from cold and flu preparations via a number of chemical processes performed by individuals known colloquially as 'cooks'. In most cases the cooks have no academically acquired chemical expertise, but are self-taught or have learned from others (ABCI 1999, p. 68).

The Internet contains drug manufacturing instructions on a number of web sites which collectively contain hundreds of recipes. Some cooks are members of a particular criminal network, while others move around the State offering their services to different criminal networks in the manner of an independent contractor. There have been instances of the same people being arrested for repeated manufacturing offences.

Despite the combined efforts of law enforcement, public and private sector agencies, supply reduction strategies, such as limiting the purchase quantity of over the counter drugs containing pseudoephedrine; adding chemical spikes to make it more difficult to extract pseudoephedrine from products containing it; and limiting the availability of precursor chemicals, have only had limited effect to date.

Criminals have tried, and will continue to try, legal methods to obtain the precursor chemicals necessary to keep illicit labs supplied. However, given the difficulty of obtaining some precursors, offenders are resorting to alternatives including theft, using cruder substitute chemicals, and importing precursors by smuggling, deception or other means.

• Importation

Given the difficulty in obtaining some precursor chemicals in Australia, South East Asia may provide a ready source of amphetamine supply in the future through already established narcotic distribution networks. Traditional heroin producers are now producing methylamphetamine in dual-drug laboratories in countries such as Thailand, Burma and Vietnam. Long-established heroin networks and trafficking routes have facilitated the distribution of methylamphetamine by Golden Triangle drug syndicates (ABCI 1999, p. 51).

The possibility of large-scale importation of amphetamine with high purity levels is a worse case scenario for law enforcement agencies in Australia. As noted above, methylamphetamine is the most common form of the drug in north Queensland and, given the difficulty of effectively monitoring the remote coastline in this area, it is possible producers in South East Asia may find there is a ready and accessible market for their product. It is more likely, however, that such producers would supply amphetamine predominantly to south east Queensland via their existing heroin networks.

• Networks and organisation

Project Krystal found that due to the relatively complex nature of amphetamine production, some level of organisation is necessary and that this is more likely to be a group of individuals with particular skills and similar motivation who join together for the production of amphetamine (QCC 1999, p.37).

Investigations in Queensland show that persons involved in the manufacture and distribution of amphetamine are of diverse ethnic and criminal backgrounds – there is no common thread. People associated with outlaw motor cycle gangs (OMCGs) are still regarded as major suppliers of amphetamine throughout the State, although there are equally many local criminal networks involved in its manufacture and distribution, with varying levels of sophistication. These localised networks are significant both in number and their level of influence in several regional markets.

The amphetamine markets in all major cities on Queensland's eastern seaboard are supplied by a number of criminal networks. There appears to be little conflict, and in some cases a level of cooperation, between the respective suppliers, suggesting the market is sufficiently large and profitable to sustain a variety of independent suppliers. For example, during 1999 people associated with OMCGs were allegedly producing and selling low purity amphetamine to addicts in a central Queensland city. The people associated with OMCGs lost their market to a diverse group of local criminals who were producing amphetamine of a higher purity, after which the OMCG members are said to have been content to distribute the local product under an arrangement with the local producers. Law enforcement intelligence from a number of regional Queensland cities suggests the local suppliers have networks that compete effectively against those of OMCG members in terms of their geographic spread and market share.

A QPS drug market intelligence assessment of one particular south east Queensland location found a large number of suppliers who operate at a relatively low and unsophisticated level. It is this characteristic that makes management or dislocation of this market by law enforcement agencies extremely difficult. However, the QCC considers that the amphetamine trade constitutes by far the most significant organised crime problem in central and north Queensland. According to law

enforcement intelligence, there is no significant drug problem in Rockhampton and Gladstone apart from the amphetamine trade.

- **Geographic diversity**

A consistent pattern that has emerged in relation to participants in the amphetamine market, particularly in central and northern Queensland, is fluidity in the composition of the criminal networks involved and the transient nature of organised crime identities involved in them. For example, major criminal identities in the amphetamine market gravitate to criminal associates in Mackay, Townsville, Innisfail and Cairns. Another sophisticated syndicate operated in a variety of locations in central and northern Queensland before being shut down by police. The syndicate's connections extended to the Gold Coast and New South Wales. Other Queensland syndicates have involved criminals in Victoria and South Australia.

Clandestine laboratories located in Mackay and the Whitsundays have been linked to criminal networks in Cairns. There are also links between Gladstone producers and criminal networks in Brisbane. The criminal networks also extend inland – between Mackay, Mt Isa, Cairns and Townsville; from Gladstone to Childers; and from Townsville to Charters Towers.

The geographic diversity of these locations, and the ease and regularity of movement of the major criminal identities behind the amphetamine trade in Queensland, pose serious problems for law enforcement agencies.

Links between crime markets

The tendency of amphetamine users to consume a variety of illicit drugs, and hence to be represented in a range of illicit drug markets, has already been noted. Moreover, many persons involved in the production/distribution of amphetamine are also involved in other serious criminal activity. For example, a murder investigation in Cairns resulted in the discovery of an amphetamine laboratory in Mossman and a range of other criminal activity. There are numerous reports of persons combining amphetamine production and distribution with stealing, motor vehicle and firearms offences.

Amphetamine producers also commonly have criminal histories involving the cultivation and distribution of cannabis. It is strongly suspected that there are links between amphetamine distributors and owners of some licensed premises who permit the drug to be sold in their premises. Some of these premises are also alleged to be linked to prostitution. The illicit amphetamine industry, like most other organised crime markets, is also linked to money laundering activities.

Another factor is the identified link between amphetamine networks and serious property offences, including burglary, robbery, and break and enters. Intelligence indicates that amphetamine is being produced by a number of criminal networks and swapped for stolen property. Petty criminals in one central Queensland city are targeting jewellery and electrical goods because the amphetamine producers in that area accept payment in these commodities. Chemist outlets are also being targeted in order to illegally obtain bulk quantities of pseudoephedrine, and amphetamine syndicates are illegally accessing other essential precursors through theft, fraud and illegal importation.

Conclusion

The amphetamine market in Queensland is characterised by widespread, strong and increasing demand and an equally diverse, dispersed and apparently reliable supply base. The amphetamine produced locally is price competitive and exhibits an increasing purity level that is generally higher than any other Australian State or Territory. Queensland is both a consumer and producer State for amphetamine, whereas heroin is produced in and imported from other jurisdictions.

Law enforcement agencies and other allied bodies face a difficult task in reversing the trend towards increased amphetamine availability because of increasing demand for the product, competing resource demands and the extent of the criminal activity that is occurring. The prospect of amphetamine importation from South East Asia can only exacerbate the situation. The amphetamine market in Queensland has evolved to the extent that its consumers outnumber those in the heroin market and cross a variety of legal and illicit drug markets via poly-drug usage. There is significant risk in the increase in intravenous consumption of amphetamine combined with the trend towards poly-drug use. The geographic diversity of the amphetamine market and the variety of its participants exceed that of the heroin market.

For these reasons, the QCC considers that amphetamine currently poses the highest risk to the Queensland public of all the illicit drugs and has upgraded the risk rating of this market accordingly.

It must be emphasised, however, that while QCC considers that there should be increased law enforcement attention focused on the amphetamine market because of the risk it poses, this does not necessarily entail a decrease in the attention focused on the heroin market, which still represents a high and unacceptable level of risk to the Queensland community.

QCC risk ratings for the Queensland illicit drug market

The amphetamine market has been assessed as posing the highest risk to the Queensland community. This is because of:

- the extent and ease of its availability
- the extent and ease of production
- the degree of organisation required to produce and distribute
- the extensive demand for it
- the harm to the community caused by amphetamine abuse.

RISK RATINGS	
VERY HIGH	**Amphetamine**
HIGH	**Heroin**
MEDIUM	**MDMA** **Cocaine**
LOW	**Cannabis**

References

ABCI 1996, *Australian Illicit Drug Report 1995–96,* Australian Bureau of Criminal Intelligence, Canberra.

ABCI 1997, *Australian Illicit Drug Report 1996–97,* Australian Bureau of Criminal Intelligence, Canberra.

ABCI 1999, *Australian Illicit Drug Report 1997–98,* Australian Bureau of Criminal Intelligence, Canberra.

ABCI 2000, *Australian Illicit Drug Report 1998–99,* Australian Bureau of Criminal Intelligence, Canberra.

ABS 1997, *Population by Age and Sex,* Cat. no. 3201.0, Australian Bureau of Statistics, Canberra, June.

ABS 1998, *Population by Age and Sex,* Cat. no. 3201.0, Australian Bureau of Statistics, Canberra, June.

ABS 1999, *Population by Age and Sex,* Australian States and Territories, Cat. no. 3201.0, Australian Bureau of Statistics, Canberra, June.

ABS 2000, 'Crime and Justice: Drug Offences', *Australia Now – A Statistical Profile,* www.abs.gov.au/ausstats, 5 July 2000.

AIHW 2000, 'National Drug Strategy Household Survey 1998 – Queensland Results', *Drug Statistics Series,* Australian Institute of Health and Welfare, Canberra.

BCC 1999, *The Lord Mayor's Illicit Drug Task Force Report,* Brisbane City Council, Brisbane.

DCS 2000, *Statistical Urinalysis Survey of Illicit Drug Use in Queensland Prisons and Community Corrections Centres,* Department of Corrective Services, Brisbane.

Dibben, K. 2000, 'Speed: Queensland's drug of choice', *The Sunday Mail,* 9 April, p. 66.

Doneman, P. 1999, 'Unsafe at any speed', *The Courier-Mail,* 20 March, p. 27.

Hall, W. & Hando, J. 1993, 'Illicit amphetamine use as a public health problem in Australia', *The Medical Journal of Australia,* vol. 159, 15 Nov.

Hando, J., Topp, L. & Hall, W. 1997, 'Amphetamine-related harms and treatment preferences of regular amphetamine users in Sydney, Australia', *Drug and Alcohol Dependence,* no. 46, pp. 105–113.

Kinner, S. & Roche, A.M. 2000, *Queensland Drug Trends 1999 – Findings from the Illicit Drug Reporting System,* NDARC Technical Report no. 87, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Makkai T. & Feather, M. 1999, 'Drug use monitoring in Australia (DUMA): Preliminary results from the Southport site, 1999', *Trends and Issues in Crime and Criminal Justice,* no. 142, Australian Institute of Criminology, Canberra, December.

NDARC 2000, *Australian Drug Trends – Findings from the Illicit Drug Reporting System 1999,* NDARC monograph no. 43, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

QCC 1999, Project Krystal: *A Strategic Assessment of Organised Crime in Queensland,* Public Information Paper, Queensland Crime Commission, Brisbane.

Reynolds, A. 1999, 'Needles in a haystack', *The Courier-Mail,* 15 November, p.13.

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QCC *Crime Bulletins* are intended to inform the Queensland community of issues relating to organised crime and criminal paedophilia, or to highlight important aspects of the Crime Commission's work, and are published periodically.

Summary

- The amphetamine market currently constitutes the highest risk illicit drug market in Queensland.

The extent of the problem

Seizures
- Amphetamine seizures have doubled from 1047 in 1995–96 to 2081 in 1998–99.
- Queensland's rate of amphetamine seizure has been climbing since 1995–96.
- Queensland's rate of amphetamine seizure has been the highest in the nation since 1996–97 and was almost double that of NSW in 1998–99.

Quantity seized
- The quantity of amphetamine seized has fallen over the last three years (from over 28 kg to 18.6 kg).
- The average quantity of amphetamine seized in Queensland (1996–97 to 1998–99) is considerably lower than NSW and Victoria.

Clandestine laboratory seizures
- 131 clandestine amphetamine laboratories were detected nationwide in 1998–99, and 83 (or 63%) of these were in Queensland.

Offences
- Consumer arrests have at least tripled from 358 in 1995–96 to 1284 in 1998–99.
- Provider arrests have more than doubled from 202 to 530 over the same period.
- Total amphetamine arrests (combined consumer and provider arrests) have more than tripled from 560 in 1995–96 to 1814 in 1998–99.
- Queensland has consistently had the highest rate of consumer arrests in the nation since 1996–97.
- Queensland's rate of provider arrests is considerably above other States.
- Queensland had the highest rate of consumer and provider arrests of all States and Territories in 1998–99 – considerably higher than the national rate (51.6 per 100,000 versus 34.7 nationally).

Availability
- Amphetamine is rated as 'very easy' to obtain and becoming 'easier' to obtain in Queensland.
- The amphetamine problem is geographically diverse.

Related crime
- Anecdotal reports indicate an increase in crime related to amphetamine use. Offences include: violence, property, drug, disorder and drink driving.

Health
- An increase in injection related problems, and users seeking treatment has been reported.

Market characteristics

Demand

Number of users
- There has been increased demand for amphetamine since 1995.
- There are approximately 85,500 recent amphetamine users in the State.
- The number of users has risen from 0.8% of the population (aged 14+) in 1995, to 3.1% in 1998.

Drug preference
- Amphetamine rates highly as a drug of second choice (when drug of first choice is unavailable)

Acceptability
- The social acceptability of regular amphetamine use by adults increased between 1995 and 1998.

Administration
- Injection is the most common method of consuming amphetamine and it is the drug most commonly injected in Queensland.
- The proportion of people using drugs intravenously has increased in Queensland.

Poly-drug use
- Amphetamine users are known to take the drug concurrently with alcohol, cannabis, heroin, MDMA, anti-depressants and tranquillisers.

Price
- Amphetamine has become price competitive, and in some cases, cheaper than heroin.

Purity
- Purity levels of the drug have been increasing in Queensland and are substantially higher than interstate.

Supply

Market opportunity
- Queensland is considered a major centre for amphetamine production with numerous relatively small clandestine labs producing (collectively) large quantities of amphetamine.
- QCC estimates the value of the amphetamine market is approximately $400 million per annum; and its volume to be approximately 1.8 to 2.0 tonnes.

Sources of supply
- Friends and acquaintances are overwhelmingly the sources of supply for users of amphetamine (78.5% for recent users), with 10.4 per cent of recent supplies obtained from street dealers.

Manufacture
- The majority of amphetamine available in Queensland is manufactured locally in portable 'box labs', using pseudoephedrine as a precursor.
- Methylamphetamine is the most common form of the drug manufactured in Queensland.

Importation
- South East Asia may provide a ready source of supply in the future through established narcotic distribution networks.

Networks and organisation
- People associated with outlaw motor cycle gangs are regarded as major suppliers in the State, although there are equally many local criminal manufacture and distribution networks operating at varying levels of sophistication.
- The amphetamine trade is the most significant organised crime problem in central and north Queensland.

Geographic diversity
- Major criminal identities easily and regularly move their activities between locations across the State.

Links between crime markets
- Amphetamine criminals are also involved in a range of other criminality, including money laundering.