



VICTORIA POLICE

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Mr Simon Ramsay MLC
Chair, Law Reform, Drugs and Crime Prevention Committee
Parliament of Victoria
Parliament House
Spring Street
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Dear Mr Ramsay

Inquiry into the supply and use of methamphetamines, particularly 'ice', in Victoria

Victoria Police welcomes the opportunity to make a submission to the Law Reform, Drugs and Crime Prevention Committee *Inquiry into the supply and use of methamphetamines, particularly 'ice', in Victoria*.

Amphetamine-type stimulants (ATS), which include methamphetamines, significantly impact on the safety of the Victorian community. The consequences of increased availability and use of these drugs are being felt in most areas of Victoria Police activity, including crime prevention and detection, ensuring public safety, addressing family violence and road policing.

While illegal drug use has typically been associated with crime committed to finance the user's drug habit, the use of ATS is resulting in crimes being committed because of the psychopharmacological effects of these drugs, which are linked to aggressive behaviour and are highly addictive. If the use of ATS continues to grow, an increase in violent crime against people and property can be expected.

Victoria Police has identified growth in the number of clandestine laboratories manufacturing ATS as a continuing trend, and also significant involvement by outlaw motorcycle gangs in the supply and distribution of these drugs. We are concerned that the trend to home-based laboratories is exposing increasing numbers of children to dangerous situations. These issues are discussed further under the specific terms of reference.

Victoria Police is particularly concerned by the wider effects of ATS. We are aware of the devastating consequences of these drugs on small rural communities, such as suicides, increased family violence and economic hardship. We are also

concerned that vulnerable young people are being introduced to illegal drugs through sporting and other organisations, and that they are progressing from taking relatively lower harm drugs to using dangerous stimulants such as methamphetamine without understanding how using these drugs can affect themselves and their families.

Victoria Police is firmly of the view that there needs to be a coordinated whole of government response to ATS issues. Solutions to most of the problems are outside the scope of police intervention alone. Collaboration between law enforcement, health, justice and education agencies is needed to ensure that all Victorian government programs addressing ATS issues are aligned.

The new Victorian government strategy, *Reducing the alcohol and drug toll: Victoria's plan 2013-2017*, provides a comprehensive framework for addressing ATS issues. Working within this strategy will ensure all relevant agencies are involved in developing a coordinated and collaborative approach to minimising the harm to the community caused by the use of methamphetamines and other amphetamine-type stimulants.

Victoria Police is currently preparing a plan to guide our organisational response to ATS issues. The plan will support Victoria Police's role as a partner agency in implementing *Reducing the alcohol and drug toll: Victoria's plan 2013-2017*. The key objective of the Victoria Police plan will be to ensure police activity is directed at multiple aspects of the ATS problem.

Victoria Police welcomes the opportunity presented by the Inquiry to consider changes to legislation which will strengthen the law enforcement response to ATS. For example, trafficking can be difficult to prove if corroborative evidence is not available despite the presence of a significant quantity of methamphetamine. There is currently no legislative provision which covers the presence of children in clandestine laboratories. There is also scope for improving non-legislative responses to harm management, including greater use of diversion programs and referral to counselling and other support services. Issues the Committee may wish to consider are identified in the accompanying submission.

Victoria Police has addressed all the terms of reference in the attached submission, although some have more relevance than others to policing. If the Committee requires further information, we would be pleased to provide a supplementary submission or appear before the Committee to give oral evidence, including an in-camera session if requested by the Committee.

Yours sincerely

Graham Ashton AM
Acting Chief Commissioner

4 / 11 / 2013



VICTORIA POLICE

VICTORIA POLICE SUBMISSION

**TO THE PARLIAMENT OF VICTORIA, LAW REFORM,
DRUGS AND CRIME PREVENTION COMMITTEE**

**INQUIRY INTO THE SUPPLY AND USE OF
METHAMPHETAMINES, PARTICULARLY 'ICE',
IN VICTORIA**

BACKGROUND

Description of methylamphetamine and 'ice'

Methamphetamine is a synonym for methylamphetamine. Methylamphetamine is used in legislation to refer to the chemical substance, and is the preferred terminology of Victoria Police.

Methylamphetamine is a synthetic stimulant and one of the many amphetamine-type substances used in Victoria and throughout Australia. Methylamphetamine is structurally different from amphetamine. It is a more powerful stimulant, and is the preferred drug manufactured in illicit drug laboratories throughout Victoria.

Until a drug has been analysed and correctly identified, Victoria Police investigators refer to it as an amphetamine-type stimulant (ATS).

Methylamphetamine can be presented in several forms including powder, paste, crystalline or liquid forms, which are often indicative of trends in the illicit market and the mode of use of the drug. Powder can be snorted or dissolved and injected, sold in capsules or pressed into tablets for oral ingestion. Methylamphetamine in crystalline form is usually smoked and generally has a higher purity compared with other forms of amphetamine type stimulants.

'Ice' is the street or common name for the crystalline form of methylamphetamine. Victoria Police investigators identify crystal methylamphetamine by focusing on the form and purity of a drug sample. The technical definition of 'ice' is at least 70 per cent purity and crystal form.

Methylamphetamine is manufactured locally within Australia and illegally imported into Australia. Locally manufactured methylamphetamine is most commonly presented in the powder form; high purity crystal methylamphetamine is generally an imported form.

There is strong demand for crystal methylamphetamine in Australia due to the high Australian dollar and the profitability of drug trafficking.

The current prices for different quantities of street level ATS are: 0.1 gram = \$30 - \$40; 1 gram = \$150 - \$400; 1 ounce = \$3,500 - \$5,000; 1 kilogram = \$80,000 - \$120,000.

Changing form and composition of methylamphetamine

The methylamphetamine market has shown significant change over the last 10-15 years. In the early 2000s, the substance was mainly available in tablet form. The availability of a crystalline form was low, with only 1 per cent of the total methylamphetamine seizures in 2001 presenting as crystals.

The tablet market has now virtually disappeared, being replaced by the crystalline form. The table below shows that in 2012, 88 per cent of methylamphetamine seizures were crystals.

Methylamphetamine product (number of seizures)

Year	Crystal	Powder	Tablet	Other
2001	59	1923	29462	9
2008	511	425	24	6
2009	439	235	31	2
2010	938	259	23	3
2011	1435	240	13	2
2012	1491	185	13	5

Source: Victoria Police

The purity of the available methylamphetamine has also increased in the past decade. In 2001, the average purity was 9 per cent. Since 2008, there has been a significant rise in the purity of crystalline methylamphetamine from 30 per cent to 63 per cent. During the same period, powder (the next most dominant form) has also shown significant increases in purity from 13 per cent to 43 per cent. This may be evidence of competition, most likely from the local methylamphetamine production market (which is predominantly powder) increasing the purity of its powder to meet the demand for higher grade product.

Average Purity (percentages)

Year	Crystal	Powder	Tablet
2008	30%	13%	2.5%
2009	31%	10%	2.9%
2010	47%	12%	3.0%
2011	53%	14%	3.0%
2012	63%	30%	5.2%
2013 (to June)	63%	43%	2.2%

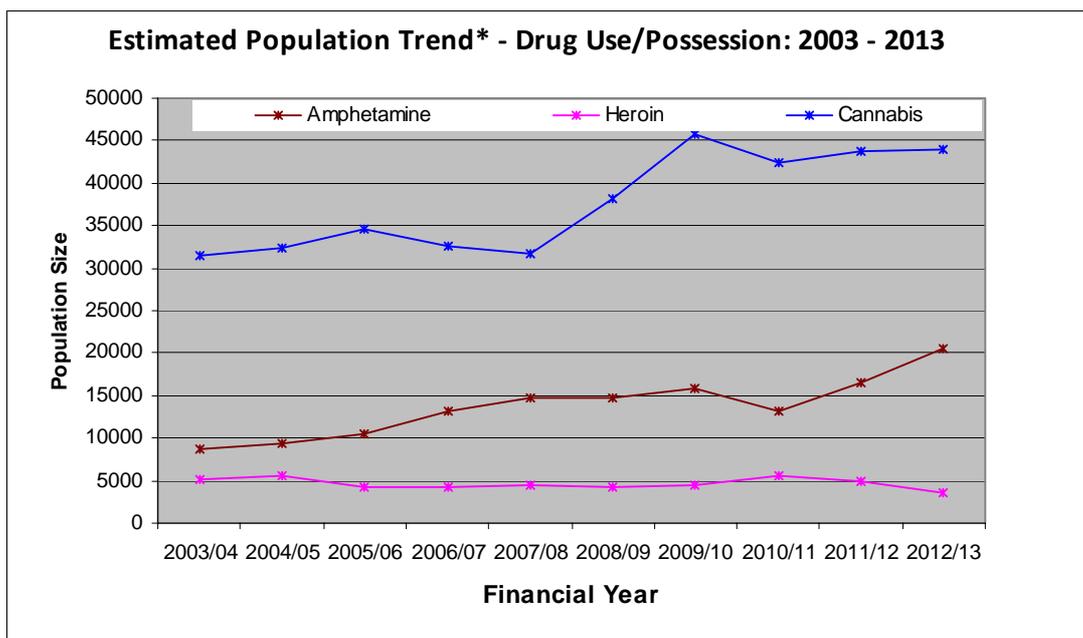
Source: Victoria Police

The high purity of the methylamphetamine on the market has seen a reduction in the amount and type of cutting agents previously observed in methylamphetamine seizures, since cutting agents are predominantly used to compensate for low drug purity.

Methylamphetamine use

Victoria Police crime statistics show an increase in the use/possession of ATS in 2012-13, taking into account estimated population trends.

The following graph shows that the increase in ATS use/possession contrasts with the decline in heroin use, while the use of cannabis has been stable for the past two years.



Source: Victoria Police

The percentage of methylamphetamine seizures by Victoria Police which meet the technical definition of 'ice' has been growing rapidly:

2008	1.4%
2009	2.5%
2010	11%
2011	21%
2012	30%
2013 (to June)	35%

Ambulance Victoria data analysed by the Turning Point Drug and Alcohol Centre found a pronounced upward trend in crystal methylamphetamine-related attendances over the two-year period July 2010 to June 2012 in metropolitan Melbourne. The peak period for crystal methylamphetamine-related attendances occurred in 2011-12. There were 592 crystal methylamphetamine call-outs in metropolitan Melbourne in 2011-12 compared to 282 in 2010-11, a 109 per cent increase.¹

Effects of methylamphetamine on users

Changes in the abuse patterns and available forms of methylamphetamine have resulted in increased harm to users, even in the short term.

Ten to fifteen years ago methylamphetamine was commonly seen in tablet form and the method of administration was ingestion. This would have provided a relatively mild stimulant effect to the user with a relatively slow onset but long lifetime of activity (several hours of stimulant effect).

The trend has now changed to injectable and smokeable forms of methylamphetamine, mainly the crystal form of methylamphetamine. Crystal

¹ Lloyd B. (2013). *Trends in alcohol and drug related ambulance attendances in Victoria: 2011/12*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre

methylamphetamine delivers the increased stimulant effects that the user craves, but significantly intensifies the extent of adverse effects.

The onset of effects for injection are much more rapid (minutes) than ingestion. This method of administration presents significantly higher risks to users' health, including higher risk of infection through sharing of needles etc. and also increased risk to Victoria Police members involved in handling these substances, for example, disposal of needles and the potential for needle stick injuries.

When methylamphetamine is smoked, the effects are instantaneous, very intense and relatively short lived. Because the effects are short lived and intense, users start to come down much sooner and hence re-use more rapidly, so overall use increases as the user seeks to obtain another high.

Methylamphetamine binds the serotonin and dopamine receptors in the central nervous system. These natural hormones act to balance moods and a person's overall sense of wellbeing. Long term methylamphetamine use results in rebalancing of body biochemistry to inhibit normal production of these hormones, leading to decreased levels of serotonin and dopamine in the blood. This affect continues well beyond the user ceasing drug use, and may in some cases be permanent.

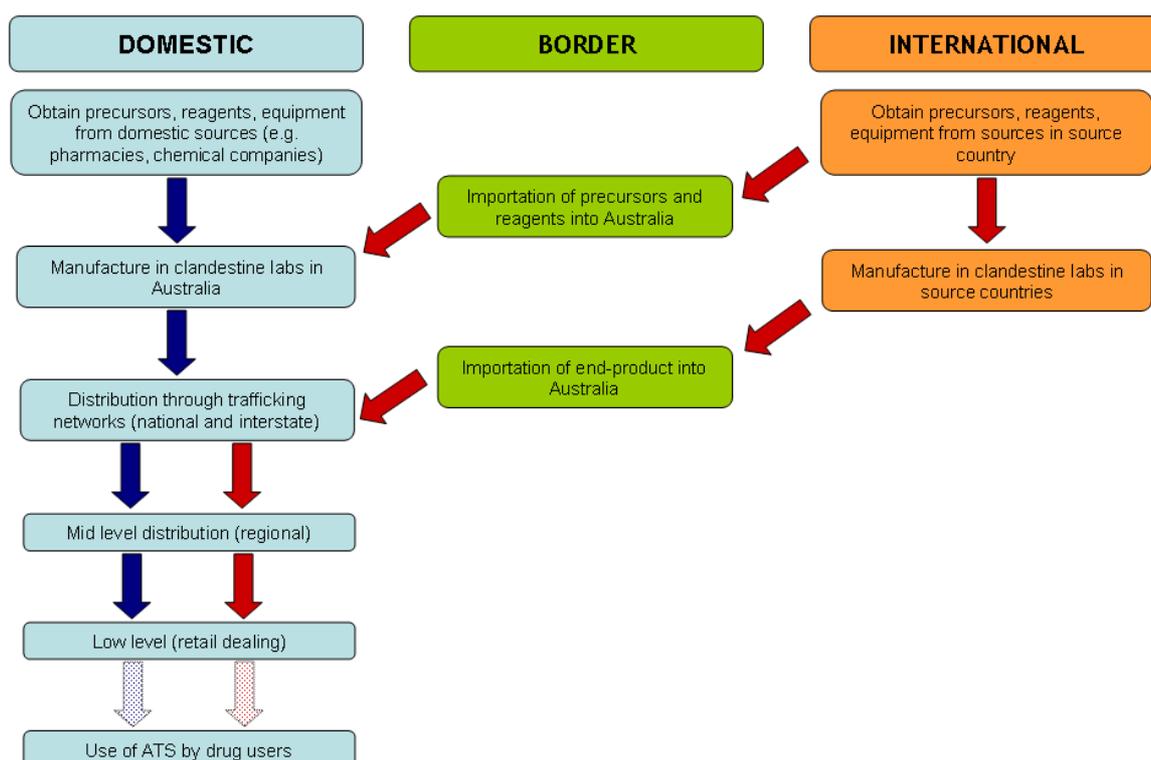
Reduced levels of serotonin and dopamine contribute to psychological effects including depression, anxiety, paranoia, and aggressive behaviours. These behaviours are often directed both towards the user and outwardly to others. The psychological effects of methylamphetamine use increase the risks to Victoria Police members when they encounter users.

TERMS OF REFERENCE

The following comments respond specifically to the Committee's terms of reference.

1. Examine the channels of supply of methamphetamine including direct importation and local manufacture of final product and raw constituent chemical precursors and ingredients

This diagram shows the channels through which precursor chemicals and ready-made amphetamine-type stimulants enter the Australian market, and the processes used to manufacture and distribute ATS in Australia.²



The methylamphetamine market has a diverse structure. It includes high-level organised crime groups, freelance structures (sole operators, such as 'meth cooks'), and communal organisations (such as ethnically-based crime groups) operating at various levels of sophistication and capability. The diversity of the market makes it challenging to police.

Production of 'ice'

To produce 'ice', it is first necessary to manufacture methylamphetamine which in its original form is an oily liquid (methylamphetamine base). Traditionally this was converted to a powder form (methylamphetamine HCL) making it more suitable for dilution and distribution in an illicit market, particularly when injection was the preferred mode of use.

As the user market has shifted to include a wider collection of 'recreational drug users' the demand for a more desirable (rather than injection) mode of use has

² Adapted from Ritter et al. (2012). *Evaluating drug law enforcement interventions directed towards methamphetamine in Australia*

emerged. This has contributed to an increase in the popularity of smoking methylamphetamine HCL. 'Ice' is a suitable form for smoking both in its physical properties and chemical/pharmacological properties.

The powder form of methylamphetamine HCL can also be smoked, however, the crystal form 'ice' is more physically suitable than the loose powder form. Both powder and crystal forms can vary in purity. Purity is dependent upon how much the manufacturer dilutes (cuts) a product. The product qualifies as 'ice' if it is in crystal form and has a purity of at least 70 per cent.

Powder methylamphetamine HCL can readily and easily be converted to the crystal form. Some evidence of this conversion has been seen in Victoria, although not in significant quantities.

Precursor chemicals and equipment

Precursor chemicals (ephedrine and pseudoephedrine) for large-scale methylamphetamine manufacture in Australia are mostly imported from overseas, although some precursors used by large scale manufacturers are obtained through diversion from local industries. Access to imported precursor chemicals is likely contributing to the success of domestic production.

Those responsible for importing large quantities of precursor chemicals are unlikely to manufacture methylamphetamines themselves, instead providing the precursors to domestic manufacturers.

The legislation around precursor chemicals and reacting agents is complicated, as most have a legitimate purpose other than ATS manufacture. While possession of amounts of these chemicals is regulated under the *Drugs Poisons and Controlled Substances Act 1981*, there is a lack of any scaling to indicate whether the amounts possessed are sufficient for charges of Trafficking a Commercial Quantity or Large Commercial Quantity.

The sale of chemical glassware and equipment is regulated under the *Drugs Poisons and Controlled Substances Act 1981* and requires a purchaser to provide identification and complete an End User Declaration (EUD). There is a requirement for the seller to keep the EUD for 2 years. There is no mandate for the seller to notify Victoria Police of such sales although a number of businesses do this on a voluntary basis which has resulted in a number of investigations and prosecutions for serious drug offences. There is an argument for legislative change to ensure that all EUDs are forwarded to Victoria Police.

Clandestine Laboratories

The manufacture of ATS, including methylamphetamine and crystal methylamphetamine, includes large scale operations funded by organised crime syndicates both locally and overseas, and small home based laboratories run by individuals.

The Victoria Police Clandestine Laboratory Squad (CLS) is on target to achieve a record number of attendances at illicit drug laboratories in 2013. To date, the CLS has attended 108 laboratories in 2013. This figure does not include investigations currently being undertaken by other areas within Victoria Police. Nor does it purport to represent the total number of clandestine laboratories operating in Victoria.

Large scale manufacture

The large scale operations are usually run by local or international organised crime syndicates. This type of operation generates massive return on investment for crime syndicates with most of the funds going offshore. Disrupting such operations is the main focus of the CLS and federal government partner agencies.

This type of laboratory generally operates in remote rural properties or large suburban factories, and has the potential to produce large amounts of product. Two examples of large scale laboratories located on rural properties include one discovered in February 2012, where chemicals and equipment capable of producing \$15.4 million worth of ATS were discovered. The syndicate involved had a significant distribution network including an aeroplane used to move product interstate. The second, more recent, discovery had chemicals and equipment capable of producing \$7.5 million worth of ATS. Also at this site were firearms and ammunition.

Several other sites have been disrupted prior to manufacture, which is the preferred approach where possible to mitigate risk.

Home based laboratories

There has been a proliferation in small home based laboratories located by Victoria Police. Of the 108 laboratories located so far in 2013, 75 were in residential premises.

Most home based manufacturers are inexperienced, having little knowledge of the chemical process involved having learnt from other inexperienced people or they rely on the internet as the source of instruction.

The internet contains an enormous amount of literature relating to the manufacture of ATS, including video clips on YouTube and manuals. For example, typing 'How is crystal methylamphetamine made' into Google produces 338,000 results. Most of these results claim to provide recipes and simplify how to produce methylamphetamine. The reality is methylamphetamine manufacture is highly dangerous and the most experienced cook can make catastrophic mistakes.

The internet is the most common way inexperienced cooks gather information on manufacturing methylamphetamine. However, there appear to be no restrictions governing the availability of this information. The internet is also used to anonymously purchase glassware and equipment.

Smaller personal use cooks use chemicals obtained through domestic retail markets such as cold and flu tablets, iodine solutions, weed killers and general chemicals. Production quantities approximate 1-2 grams, consistent with the restrictions placed on the sale of pseudoephedrine pharmaceuticals. However, as the cooks require a constant supply of cold and flu medication, they often rely on 'pseudo runners' to obtain the medication. Pseudo runners, who are often dependent users, visit multiple pharmacies and make the purchases. A packet of cold and flu tablets costing \$15 over the counter can be on-sold for \$100, although payment is more likely to be with the final product.

The inherent danger to offenders, residents, the wider community and police from this type of laboratory cannot be understated. Most cooks have little knowledge of chemistry or the manufacturing process and are susceptible to fire and explosion. CLS investigators when attending laboratory sites frequently identify evidence of fire or scorching around the processing site.

Recently police and fire services were called in the early hours of the morning to a multi storey block of flats where a fire had broken out during the manufacturing process. Fortunately the unit was fitted with smoke detectors and a sprinkler system and a potential disaster was averted. However, this was not an isolated incident. These incidents require the immediate attendance of CLS investigators, a Forensic Chemist and staff from the Disaster Victim Identification/Chemical, Biological and Radioactive Unit.

The presence of children in residences used as clandestine laboratories greatly concerns Victoria Police. Children can be exposed to significant contamination from

the laboratory site in addition to the chemicals and liquids stored in the home. Liquids are frequently stored in clear plastic drink bottles in refrigerators and freezers where food is also stored.

There has been an increase in children located at premises when searches are conducted by CLS. Recently, CLS conducted a forced entry to a residence where children were present. The offender was dressed with a face mask and gloves while the children, including an infant, were left unprotected. Due to the volatile nature of laboratories, searches by CLS are dynamic entries involving a number of police wearing full protective clothing including masks, which can traumatise children present.

In Victoria there is no legislation in place dealing specifically with offenders who are responsible for children being in laboratory environments. The *Crimes Act 1958* offences of Conduct Endangering Persons and Conduct Endangering Life are not considered appropriate for this situation. Several mainland states of Australia and New Zealand have specific provisions of aggravating circumstances which cover children found in these circumstances. The Committee may wish to consider recommending legislative amendment to overcome this gap in Victorian law.

2. Examine the supply and distribution of methamphetamine and links to organised crime organisations including outlaw motorcycle gangs

Organised Crime Groups

Australia is an affluent country. It is targeted by Organised Crime Groups (OCGs) for illicit substances due to the high Australian dollar and the inflated profit margin that Australian customers provide. There are a number of OCGs which emanate from South America, China, Vietnam and Canada which target Australia for these reasons.

The illicit substances imported into Australia by OCGs are ATS, cocaine and heroin. They vary in quantity depending on demand.

There is also evidence that these OCGs import the precursor chemicals that are required to produce both Methylamphetamine (MA) and Methylenedioxymethamphetamine (MDMA). For example, in the past 12 months a joint agency taskforce closed down an international syndicate which attempted to import 1.9 tonnes of precursor chemicals.

Through Victoria Police's involvement in the Joint Organised Crime Taskforce and the Trident Taskforce, we have identified vulnerabilities in Australia's borders and assisted with reducing the supply of these imported drugs and precursor chemicals. During the period July 2012 to October 2013, over 2,500 kg of precursor chemicals and approximately 550 kg of methylamphetamine were seized through joint agency taskforce activities.

Outlaw Motorcycle Gangs

Outlaw Motorcycle Gangs (OMCGs) appear to be involved in the manufacture and distribution of methylamphetamine and are likely to be actively identifying opportunities to expand their involvement in the Victorian market.

Like most other organised crime groups, OMCGs almost certainly participate in the ATS market primarily for financial reasons. The money made from the distribution of ATS is highly likely to be funnelled back into the manufacture of ATS, the club and used by individual members to accrue personal assets such as houses and luxury vehicles.

Many OMCGs are involved in a combination of legitimate industries sufficient enough to blur the lines between licit and illicit activity and to also facilitate the distribution of ATS. For example:

- Many members of OMCGs are known to own, have involvements in, (including silent partners/financiers) or exploit their relationship with associates who own or who are involved with trucking and towing (heavy haulage) companies. Involvement in the transport industry allows for ready access to both inter and intra state distribution routes and networks.
- Many members of OMCGs have invested in gyms. The motivation behind this is likely to be two-fold. The emerging demographic of OMCG member is young, image conscious and has a tendency towards steroid and ATS use. It is highly likely that members invest in gyms as they are ideal locations for money laundering, drug and firearm distribution and for the recruitment of cleanskins. It is also likely gyms that are owned and/or managed by supporters of OMCGs are used as locations for club members to meet to discuss illicit matters. Doherty's Gyms, aligned with the Bandidos OMCG are a prime example of this.

- Many OMCGs have involvements in licensed premises such as adult entertainment venues and security companies that provide services to these and other venues, such as nightclubs. There are also indications that members of OMCGs are using intimidation to infiltrate the security industry in regional areas to facilitate the distribution of ATS. Involvement in these industries provides OMCGs with the opportunity to distribute ATS (and other illicit commodities) with relative immunity from law enforcement agency detection.
- Members of OMCGs are linked to tattoo parlours across Victoria. This is likely because body art has become increasingly popular in Australia and is therefore likely to be a profitable business venture to enter into. Further, members of OMCGs are renowned for having an affection for body art themselves. Shop employees are not necessarily club members but are still aligned with them. It is also highly likely that the shops are used as a front for money laundering and drug trafficking.

Wealth Generation

One of the primary motivations to participate in illicit activity for members of OCGs, including OMCGs, is the generation of wealth. Involvement in the ATS market is appealing due to the large profits it can generate with very little financial outlay.

When compared to the average street price of other illicit substances, involvement in the ATS market, particularly crystalline methylamphetamine, is exceptionally lucrative.

The ability of Victoria Police to disrupt the involvement of OCGs in the ATS market through prosecution is restricted at present because the structure of OCGs enables the decision-makers to distance themselves from the offences. The current method of criminal proceeds investigations is difficult and complex. The introduction of unexplained wealth legislation would assist Victoria Police to disrupt the activities of OCGs.

3. Examine the nature, prevalence and culture of methamphetamine use in Victoria, particularly amongst young people, indigenous people and those who live in rural areas

Victoria Police data does not identify methylamphetamine users separately from other ATS users. However, the following information drawn from data available to police provides a picture of the age groups using ATS, their gender and whether they live in metropolitan or rural Victoria.

Overall, young men in the 20-29 age group are the most likely males to be detected using illicit drugs. For women, those in the 20-29 age group are most likely to be detected using illicit drugs, but less so than men of the same age. In terms of the type of illicit drug used, ATS use is high among both men and women in this age group.

Evaluation of rural and metropolitan data sets shows that use of ATS has increased in the past two years (from 2011 to 2013). This is true for all age groups, but the increase is greater for the 30-39 age group.

The incidence of ATS use detected by police appears to be higher in metropolitan areas, but this may be because metropolitan police are able to conduct more drug-targeted operations than their counterparts in rural Victoria. Overall, the detected use of ATS is increasing in both metropolitan and rural areas.

In seeking to determine the prevalence of ATS use, Victoria Police has compared two different data sets: blood analysis and detection. Both data sets show an increase in ATS use in both metropolitan and rural Victoria, but the data does not allow us to conclude that the increase is greater in one area than the other.

The Australian Institute of Health and Welfare (AIHW) *2010 National Drug Strategy Household Survey report* provides some relevant supplementary data:

- males aged between 20–29 years were the only age group to record a statistically significant decrease in recent ATS use in 2010 (from 9.8% in 2007 to 6.8%), but they remain the age group most likely to have recently used meth/amphetamines in 2010
- recent users were more than twice as likely as non-users to have been diagnosed with or treated for a mental illness in the previous 12 months (25.6% compared with 11.7%), and this proportion increased between 2007 and 2010 (from 20.3% in 2007 to 25.6% in 2010).
- just under half (48.8%) of recent users reported using ATS once or twice a year, and one-quarter (26.3%) reported using it every few months. More frequent use (daily or weekly) was reported among males (10.3%) and those aged 30–39 years (11.9%) than their counterparts
- the majority (60.1%) of recent ATS users usually obtained the drug from a friend or acquaintance and about one-third (32.7%) obtained it from a dealer. There were no statistically significant changes between 2007 and 2010
- both males and females were more likely to report their usual place of ATS use as in a home (70.3%) or at private parties (50.4%) than other venues. The use of ATS in public places declined (statistically significantly) in 2010

(from 14.0% in 2007 to 8.1%), and was the least common location for use of the drug in 2010.³

The flexibility of use, immediacy of effect, relative value for money and increased availability of ATS, particularly methylamphetamine, combine to make them attractive to young people. Smoking methylamphetamine appears to be more socially acceptable and is a more attractive method of use than injecting to younger and more inexperienced users.

Research indicates the consequences of methylamphetamine use are often misunderstood and/or minimised by many younger users, and this can lead to other, more harmful, forms of use.

While more ATS drug offenders are found in metropolitan areas than in rural Victoria, the impact of drugs such as methylamphetamine on small rural communities may be much greater than in metropolitan areas.

Information from regional police units identifying the problems in rural areas attributable to methylamphetamine use will be provided to the Committee at its public hearings in regional locations.

The impact of 'Ice'

Statistics only tell part of the story, and the following descriptions of the impact of methylamphetamine use on individuals and their families is illustrated by these examples:

- a mother has described to police the effect on her family of her son's dependence on 'ice':
 - money regularly stolen from her purse
 - family possessions sold or pawned to fund her son's drug habit
 - locks put on the bedroom doors to stop theft
 - having to come up with cash to pay her son's drug debts so no harm would come to him or the family
 - violent mood swings in which her son threw things at walls and family members
 - verbal abuse towards family members
 - her son shows total disrespect for everyone but himself
 - he sleeps all day, is up all night and has wasted months doing nothing
 - he has no motivation to get a job and simply lives off Centrelink
 - he has no interaction with the immediate family and no interest in attending family events
- a youth worker has commented that the violence associated with 'ice' is extreme and puts at risk everyone who comes into contact with the user. He provided the following examples:
 - an 'ice' user coming to his office to kill one of the youth workers because he was off his medication and believed the worker was having an affair with a co-worker – it took eight police and three cans of mace to subdue him

³ Australian Institute of Health and Welfare 2011. *2010 National Drug Strategy Household Survey report*. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW

- a girl on 'ice' who went around with one shoe on for days while in an 'ice haze', while her friends drove around in a car fleeing 'aliens'
- a mother whose daughter was taken into child protection because the child had missed over 100 days of school as a result of the mother's sleep deprivation due to 'ice' addiction
- a girl who thought there were 'bugs' under her skin and had picked her face so badly there was hardly any unaffected skin left on her face.
- Police have observed that both short and extended use of crystal methamphetamine can produce wildly erratic behaviour and significant aggression. This can lead to:
 - interactions with unknown people on the street, in hotels or anywhere in public
 - aggressive actions at hospital emergency departments or involving paramedics
 - extremely violent confrontations with police which are difficult to de-escalate
 - serious crimes committed on the spur of the moment with little planning and high risk that violence will be used
 - paranoid behavior which appears to develop quickly; one recent example saw a crystal methamphetamine user sitting in a small room surrounded by wide screen televisions linked to CCTV throughout his garden and house.

4. Examine the links between methamphetamine use and crime, in particular crimes against the person

Recent analysis of Victoria Police data indicates that a significant proportion of methylamphetamine offenders also committed non-drug offences over a 12 month period. It is likely this is partly due to higher rates of dependency caused by methylamphetamine and the associated financial, psychological and physical harms.

An Australian Institute of Criminology study of 1,884 police detainees (a person who has been arrested but not convicted, and is in the custody of police) based on 2009 data found that 33 per cent of detainees who had used ATS in the past 30 days attributed their current offence to drug use. Of this sample, 22 per cent of detainees reported economic reasons for their offending, 47 per cent reported being high and 15 per cent reported 'hanging out' for amphetamines at the time they offended.⁴

Victoria Police data indicates that around one-fifth of methylamphetamine offenders committed a violent crime during 2012-13. Methylamphetamine makes users more prone to aggression and increases their propensity to respond to situational stressors with violence. Methylamphetamine also increases users' risk of experiencing psychotic symptoms.

Using Victoria Police Crime Statistics, modelling based on the Australian Institute of Criminology's Drug Use Monitoring Project (DUMA) which looks at the proportion of crime attributable to the use of particular drug types, indicates that in Victoria in 2012-13, 6.9 per cent of total offences could be attributed to ATS use. A statistically significant percentage of specific offences can be attributed to ATS use:

- Robbery 10.3 per cent
- Assault 6.98 per cent
- Arson 15.38 per cent
- Burglary (residence) 13.8 per cent
- Theft (shops/steal) 11.29 per cent
- Property damage 9.68 per cent

In regard to Homicide, a different methodology compared to DUMA has been used. A detailed investigation by Victoria Police of individual cases as opposed to extrapolation has found that in 2012-13, ATS/crystal methylamphetamine was present in 21 per cent of investigations (22 of 104 incidents), and so far in 2013-14, the rate of Homicide in which ATS/crystal methylamphetamine was a factor has risen to 34 per cent (10 of 29 investigations).

Family Violence

The 2012-13 Victoria Police Crime statistics show that in the past year there were 25,574 family incidents attended by police which resulted in charges being laid against one or more parties involved. This was a 42.1 per cent increase on 2011-12 figures.

⁴ Payne J & Gaffney A (2012) *How much crime is drug or alcohol related? Self-reported attributions of police detainees*. Trends & Issues in Crime and Criminal Justice no. 439. Australian Institute of Criminology

The most common offences arising from family incidents in 2012-13 were assault (40.3 per cent), followed by justice procedures (31 per cent), property damage (12.4 per cent) and sex offences (5.4 per cent).

There is a strong association between misuse of alcohol and drugs and the incidence of family violence, although the relationship cannot be considered a causal one. Quantifying the impact of particular drug types on family violence is difficult, as it is hard for police attending an incident to identify the substances which may have been used. Anecdotally, however, it is common for specialised family violence services to find crystal methamphetamine contributing to family violence incidents. Generally, the drug is being used by the perpetrator.

There are currently two Department of Human Services-funded Family Violence Strengthening Risk Management demonstration sites at Hume and the City of Greater Geelong. These sites run monthly Regional Risk Assessment and Management Panels to discuss high risk cases and oversee integrated case management. Both of these sites have reported significant issues with family violence perpetrators who are using crystal methamphetamine. It has been reported that use of the drug contributes to repeat incidents of violence and sometimes greater seriousness of injury due to the 'out of control' and unpredictable behaviour of the perpetrator.

A spot audit of referrals to specialised family violence services for male perpetrators shows that police are identifying in the narrative of Family Violence Risk Assessment and Management Reports that crystal methamphetamine is affecting perpetrators, commonly where the perpetrator is a male child instigating violence against a parent. Part of the risk assessment includes identifying "drugs definite", "drugs possible" for either or both Affected Family Members and/or perpetrators. It is common for police to expressly state in the narrative that the drug involved is crystal methamphetamine.

Road Policing

The presence of ATS in drivers killed on Victorian roads continues to be significant. In the decade 2001 to 2010, on average 11 drivers killed each year on Victorian roads had a stimulant type drugs present. In 2011 the number jumped to 22 and in 2012 the number dropped back to 13.

In July 2009 the routine screening of blood samples taken at hospitals from injured drivers for the presence of illicit drugs commenced. As a result of the drug screening process, a significant number of injured drivers have been found to have methamphetamine present. The number of drivers found to have methamphetamine present in 2010 was 112. The number increased to 140 in 2011 and increased again in 2012 to 236.

The age, gender and detection characteristics of the methamphetamine using drivers detected in 2012 through the roadside drug testing (RDT) program are set out below in Table 1. The data suggests that the age range of drivers detected using methamphetamine is broad, 17 to 66 years. The median age of all detected drivers is 29 years. There is a variance between median age of the car and truck drivers detected. The median age of car drivers is 28 years whereas the median age of truck drivers detected is 39 years.

While some caution is needed in interpreting the RDT data as it is influenced by when, where and how the enforcement activity is carried out, the RDT data together with the data relating to the drivers killed and injured in Victoria suggests the prevalence of methamphetamine by the driving population is a significant road safety issue.

Table 1

2012 Methylamphetamine Positive Drivers

	ALL	CAR	TRUCK
Age			
Maximum	66	66	66
Minimum	17	17	18
Average	31	30	39
Median	29	28	39
Gender			
Male	86%	84%	99.5%
Female	14%	16%	0.5%
Area Detected			
Metro	58%	62%	26%
Rural	42%	38%	74%
Detection Rate			
Metro	4.17%	4.20%	4.08%
Rural	4.77%	5.14%	3.65%

There are three main drug driving cohorts:

- persons that use illicit drugs in connection with substance dependency
- persons that use illicit drugs in connection with their occupation
- persons that use illicit drugs in connection with social activity

Substance Dependency

The substance dependent drug driving cohort has a broad age range, a significant level of unemployment, a high level of invalid driver licence status and a history of offending behaviour.

Occupational Use

The occupational use drug driving cohort is associated with occupations where fatigue through long periods of wakefulness occurs such as long distance truck drivers. This cohort is predominantly involved in stimulant type drug use to combat fatigue when working. This group also uses sedative type drugs to rest after prolonged periods of wakefulness induced by stimulant type drug use. Members of this cohort usually have a valid driver licence and an offence history relating to driving offences.

Social Use

The social use drug driving cohort is predominantly persons between 18 and 30 years of age with no significant history of illegal behaviour. The use of illicit drugs appears to have become normalised as part of the social activity of this group. There seems to be little recognition of the consequences of using illicit drugs and driving, or the effect of drug use on driving ability. They believe the likelihood of being detected for drug driving is low.

Victoria Police is working with other stakeholders to introduce a greater therapeutic justice component to the drink and drug driving legislative framework to further address the substance dependent offender. Work is also being carried out with transport industry stakeholders to better manage fatigue within the industry. Victoria police is also seeking to expand the roadside drug testing of drivers to achieve an effective level of drug driving deterrence in the social drug using cohort.

5. Examine the short and long term consequences of methamphetamine use

Health-related data provides the most detailed picture of the consequences of short and long term methylamphetamine use.

From a law enforcement perspective, the data referred to in the discussion under the Term of Reference number 4 indicates that in the short term there is a strong connection between methylamphetamine use and offending, including non-drug offending.

It is not currently possible with the data available to correlate methylamphetamine use with recidivism rates, which would provide a law enforcement perspective on the longer term consequences of methylamphetamine use.

Research indicates the smoking of crystal methylamphetamine by younger non-injecting users has the potential to introduce them to a more risky pattern of drug use which is associated with dependence, worse health outcomes and increased contact with the criminal justice system.⁵

⁵ McKetin, McLaren and Kelly. (2005). *The Sydney methamphetamine market: Patterns of supply, use, personal harms and social consequences*, NDLERF Monograph Series No.13

6. Examine the relationship of methamphetamine use to other forms of illicit and licit substances

Polydrug use is common amongst ATS users. Recent analysis indicates that a large proportion (just over half) of offenders processed for ATS, were processed for at least one other drug type within 12 months, most commonly cannabis.

Cannabis and other depressants such as prescription drugs are often used in combination with ATS to counteract the stimulant effects of ATS.

Note the reference in the discussion under the Term of Reference number 5 to the effect of crystal methylamphetamine on longer-term patterns of drug use.

7. Review the adequacy of past and existing state and federal strategies for dealing with methamphetamine use

Since the mid-1980s, consecutive Australian national drug strategies have recognised that supply and use of illegal drugs cannot be eliminated and therefore, strategies need to manage the most effective ways to keep the harm associated with illegal drugs to a minimum. The national approach, as well as the recently released Victorian whole of government strategy *Reducing the alcohol and drug toll: Victoria's Plan 2013-2017*, centre around the concept of harm minimisation, which balances three key pillars:

- *Supply reduction* - aims to disrupt the production and supply of illicit drugs, and the control and regulation of licit substances.
- *Demand reduction* - aims to prevent the uptake of harmful drug use, including abstinence orientated strategies and treatment to reduce drug use.
- *Harm reduction* - aims to reduce drug-related harm to individuals and communities. For example, this could include distributing clean syringes to drug users.

Victoria Police has also adopted a similar strategic approach through the past *Illicit Drug Strategy (IDS)*, which was released in 2007. The priorities identified in the strategy remain relevant in the current context of policing illicit drugs and ATS in particular:

- Disruption: reducing the supply of drugs at all levels;
- Targeting repeat offenders: focusing on the links between drugs and volume crime; and
- Reducing re-offending by using treatment and diversion programs where they are most likely to be effective.

Diversion programs

Diversion programs have been found to be effective in reducing reoffending for all drug users, including ATS users.

The Victorian Illicit Drug Diversion Initiative (IDDI) involves offering a caution to a person detained for use or possession of an illicit drug other than cannabis on the condition that they undertake a clinical drug assessment and enter any prescribed drug treatment. The offender must meet eligibility criteria and agree to the caution. The person will be provided with a drug assessment appointment time immediately. Where possible, the appointment will be scheduled for no more than five working days from the time of arrest. Subsequent treatment will commence as close as possible to the time of arrest.

Pre-arrest diversion is based on the rationale that diversion can:

- reduce illicit drug use and drug related crime
- reduce costs of drug-related crime and law enforcement
- reduce the number of people appearing before the courts for use or possession of small quantities of illicit drugs, freeing up police and court resources

- assist individuals to take personal responsibility and regain control over their lives, thus leading to safer environments for all Australians and reducing the considerable personal and social costs of drug use on our communities.⁶

In Victoria, referral to diversionary programs, as with cautioning, is not legislated. However, since the inception of the program in 2000, more than 20,000 people have been processed through the IDDI. The program was evaluated by the Australian Institute of Criminology in 2008⁷. The research from this study found that 75 per cent of people did not reoffend following their diversion, and that of the 25 per cent that did, two thirds were offending at lower rates than prior to being diverted. More recently, Victoria Police statistics indicate that in the five years since the evaluation, the program remains effective, with approximately 80 per cent of offenders not having further contact with police.

Utilisation of the program by police has increased by 17 per cent since 2010 to a yearly average of 49 per cent of those who are eligible being diverted. A record 1,634 Drug Diversions were issued in 2012-13. However, there is clearly scope to further increase use of the IDDI by police.

ATS users have been able to access the IDDI, and have been doing so in increasing numbers consistent with the increase in the number of offences where an ATS has been the primary drug of concern. The following figures show the increase in the number of diversions over the past three years:

- 2010-2011: 468 diversions
- 2011-2012: 673 diversions
- 2012-2013: 882 diversions

Most of the people who were diverted fell into the 18-35 age group, and the majority were male.

⁶ Australian Government Department of Health and Ageing (2004). *Illicit Drug Diversion Initiative – COAG Framework*

⁷ Australian Institute of Criminology (2008). *Police drug diversion: a study of criminal offending outcomes*

8. Consider best practice strategies to address methamphetamine use and associated crime, including regulatory, law enforcement, education and treatment responses (particularly for groups outlined above)

Victoria Police believes there is a need for a coordinated whole of government response to ATS issues. Solutions to most of the problems are outside the scope of police intervention alone. Collaboration between law enforcement, health, justice and education agencies is needed to ensure that all Victorian government programs addressing ATS issues are aligned.

Whole of Government strategy

The Victorian government's *Reducing the alcohol and drug toll: Victoria's plan 2013-2017*, aims to improve cross-agency coordination and collaboration to protect the community from drug trafficking and provide appropriate referrals or treatment for offenders with drug issues.

Reducing the alcohol and drug toll: Victoria's plan 2013-2017 addresses ATS use and associated crime through the following strategies:

Strong laws to protect the community from drug trafficking

- Discourage and deter people from experimenting with and using illegal drugs through targeted improvements to Victorian drug laws and its system of drug regulatory control in response to changing patterns of drug use;
- Strengthen Victoria Police's law enforcement strategies that target large-scale producers and traffickers of illegal drugs, and disrupt the criminal distribution and sale of illegal drugs;
- Strengthen Victoria Police procedures so that police can more easily concentrate on investigating crime, including searching for stolen property, drugs or evidence, or by conducting a covert search of a clandestine drug laboratory.

Better referral of drug users to treatment

- Ensure diversion programs encompass a graduated series of early and targeted interventions appropriate to the seriousness of the criminal offence and the personal circumstances of the offender;
- Improve cross-agency coordination and collaboration by criminal justice agencies, alcohol and drug treatment providers and other health and community-based agencies to provide appropriate referrals or treatment for offenders with alcohol and drug issues;
- Support partnership approaches under the Aboriginal Justice Agreement that divert Aboriginal people away from the criminal justice system appropriate to the seriousness of the offence.

Victoria Police ATS strategy

Victoria Police is currently preparing an organisational strategy specifically addressing ATS issues. The key objective of the plan will be to ensure police activity continues to be directed at multiple aspects of the ATS problem. The plan will support Victoria Police's role at the national level and as a key partner in the implementation of the Victorian government's approach.

The strategy will have a problem-oriented approach, addressing specific ATS issues such as repeat offenders, geographic hotspots, drug driving, child protection,

community education, treatment programs and clandestine laboratory clean up. While the strategy is still being developed, it is proposed to identify actions under the following headings:

Prevention and Harm reduction

Examples of actions might include:

- Provide users with referrals to treatment and other health services
- Increased focus on drug diversions.
- Regional youth officers to actively discuss drug-related harm issues in presentations with school children
- Run Passive Alert Detection Dog operations at major festivals and events where applicable
- Ensure child protection agencies are advised to conduct a health assessment and care for children at risk who are identified at clandestine drug laboratories.
- Use roadside drug detection as an opportunity to identify and intervene with individuals testing positive to use of ATS (e.g. referrals to treatment and other support services)
- Work with other government agencies to identify the issues and impact of ATS use within the community, educate users and link in with community messaging

Enforcement and Supply reduction

Examples of actions might include:

- Target violent and volume crime recidivist offenders as well as drug recidivist offenders using passive, overt and covert monitoring strategies
- Monitor second hand dealers for stolen goods and recidivists who may be involved in this activity to fund their ATS use.
- Where intelligence builds up, undertake searches of properties or locations suspected of drug manufacturing and seize drugs, equipment and other assets.
- Target recidivist amphetamine cooks.
- Investigate large-scale commercial trafficking and manufacturing of ATS where there is corruption, organised crime or transnational involvement
- Continue to work collaboratively with interstate and international law enforcement bodies to prevent ATS manufacture and importation into Australia
- Disruption to OMCGs involved in ATS manufacture and trafficking
- Undertake roadside drug detection testing to detect and remove drivers impaired by ATS use from the roads

Reassurance and Support

Examples of actions might include:

- Identify opportunities to reduce crime by making changes to the physical environment of high risk community locations. For example, work with third parties (e.g. landlords, local governments, business owners, local residents)

to reduce opportunities for ATS-fuelled crime (e.g. assaults around public venues, theft of motor vehicles, burglaries, robberies)

- Use local media to educate the public regarding the signs and dangers associated with an operating clandestine laboratory (e.g. chemical smells, covered windows, discarded containers, etc)
- Continue to work with partner agencies to address community safety concerns relating to ATS use, other drug use and crime (particularly in the context of violence)
- Drive targeted media campaigns with key partners such as Commonwealth law enforcement partners and other state government departments (e.g. Department of Justice and Department of Health).

Victoria Police is already undertaking many of these activities. For example, the new *Road Safety Strategy 2013-18* and the accompanying *Road Safety Action Plan 2013-18* has a strong focus on intercepting drug-affected drivers and referring them to support services, with the broader objective of transforming community attitudes towards drug use in a similar way to what has occurred with drink driving.

The intent of the new ATS strategy is to ensure that the many strands of Victoria Police activity addressing different aspects of the ATS problem are coordinated and focused on minimising the harm to the community caused by these drugs.

CONCLUSION

Victoria Police uses a range of strategies for policing the supply and use of methylamphetamines in Victoria. However, there are opportunities to amend legislation or regulations, or apply a different approach to programs administered across government, which would assist police.

Proposed legislative amendments

- Presence of children in laboratory environments

As noted in the discussion under Term of Reference number 1, increasingly police are finding children in residences being used as clandestine laboratories. There are currently no appropriate provisions in the *Crimes Act 1958* for dealing with the offenders who are responsible for this situation. Several Australian jurisdictions and New Zealand have specific provisions of aggravating circumstances which cover children found in these circumstances. Similar legislative provisions in Victoria would assist police to prosecute offenders.

- Prima Facie Provisions

Trafficking charges in general (including for crystal methylamphetamine) often involve reliance on prima facie provisions in respect of trafficable quantities.

The charges can be very difficult to prove. Persons found in possession of amounts of prima facie trafficable quantity generally offer personal use as a defence. They are often well prepared, and so have no mobile phones, records of transactions, scales, or large quantities of cash which could be used as corroborating evidence.

Legislative changes which would allow possession of certain substances by virtue of weight alone to automatically constitute trafficking would assist prosecutions.

- Possession and knowledge

Possession cases involving the use of hire cars by accused persons is problematic when drugs are found in bonnets or boots of the vehicles. Examples are being reported of cases where the driver asserts the drugs must have been in the vehicle at a time prior to their possession of the vehicle, and the passenger claims no knowledge of the drugs. Rented hotel rooms with numerous persons present also create difficulties in proving possession and/or knowledge of the drugs.

Prosecutions may be assisted by a deeming provision in the *Drugs, Poisons and Controlled Substances Act 1981* regarding drugs in vehicles/premises. For example, in the absence of evidence to the contrary, drugs found in a vehicle/premises are deemed to be in the possession of the driver/owner. Victoria Police accepts, however this would be difficult to construct legislatively without implicating innocent parties.

- Trafficable quantities of precursor chemicals

The legislation around precursor chemicals and reacting agents is complicated as most have a legitimate purpose other than ATS manufacture. While possession of amounts is scheduled under the *Drugs Poisons and Controlled Substances Act 1981* there is a lack of any scaling which would indicate whether the amounts possessed were sufficient for Trafficking a Commercial Quantity or Large Commercial Quantity. For example,

possession without lawful authorisation of Benzaldehyde is deemed an offence; recently Victoria Police seized 8 Tonnes of Benzaldehyde, but the charge was the same despite the large quantity seized. Similarly, the penalty of 5 years imprisonment and /or 600 penalty units does not necessarily reflect the seriousness of the possession.

- Unexplained wealth legislation

OCGs employ a wide variety of ways to launder proceeds from ATS trafficking. Current methods of investigating criminal proceeds are difficult and complex for police. The ability of Victoria Police to disrupt OCGs would be strengthened by the introduction of unexplained wealth legislation. This type of legislation is available in other Australian jurisdictions.

Gaps in regulation of ATS precursors

Strong demand and profitability has resulted in the evolution of a specific market in ATS precursors. Whilst progressively stringent controls over pseudoephedrine-based medication have been implemented, OCGs have demonstrated a capacity to exploit gaps in regulation. The following changes would assist in addressing this problem:

- Project STOP

Victoria Police is actively involved in Project STOP which is a voluntary project operated by the Pharmacy Guild of Australia. It encourages pharmacists to record sales of pseudoephedrine based medications and is a useful tool in the identification of pseudo runners.

The project is not compulsory in Victoria. While pseudoephedrine-based medication does not account for the bulk of methylamphetamine manufacture in Victoria, it is a significant factor in a large proportion of the smaller laboratories. Compulsory participation would give a clearer indication of the distribution of these products for ATS manufacture.

- End User Declarations

The sale of chemical glassware and equipment is mandated under the Drugs Poisons and Controlled Substances Act and requires a purchaser to provide identification and complete an End User Declaration (EUD). There is a requirement for the seller to keep the EUD for 2 years. There is no requirement for the seller to notify Victoria Police of such sales although a number of businesses do this on a voluntary basis which has resulted in a number of investigations and prosecutions for serious drug offences. Requiring all EUDs to be provided to Victoria Police would enable comprehensive monitoring of this equipment. This change would, however, have significant resource implications for Victoria Police.

Illicit Drug Diversion Program (IDDI)

- The IDDI could better address the needs of crystal methylamphetamine users if some changes to delivering the program were introduced. These changes include more effective referral mechanisms, timely feedback and expanded eligibility criteria to include a broader range of persons (for example, include trigger offences such as property and family violence offences).

While Victoria Police can readily make changes to police practices, the expansion of the program requires consultation and agreement across government. In particular, the provision of treatment and referral services is funded by the Department of Health, and expanding services to cover more users will require the Department's agreement.

