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Reducing the methamphetamine problem in
Australia: Evaluating innovative partnerships
between police, pharmacies and other third
parties

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Reducing the methamphetamine problem in Australia: Evaluating innovative partnerships between police, pharmacies and other third parties

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Acronyms

ACC	Australian Crime Commission
ACS	Australian Customs Service
AFP	Australian Federal Police
ATS	amphetamine-type stimulants
DPMP	Drug Policy Modelling Project
EHOs	environmental health officers
MCDS	Ministerial Council on Drug Strategy
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDPSC	The National Drugs and Poisons Scheduling Committee
UNODC	United Nations Office for Drugs and Crime

Executive Summary

Chapter 1: Introduction

- Illicit methamphetamine use is a continuing and significant policy problem for Australia. The last decade has seen major shifts in both demand and supply for methamphetamines.
- Australian governments have responded with strategies including a heavy focus on law enforcement, especially the disruption of illicit supply of methamphetamines and the precursor drugs used in their manufacture, such as pseudoephedrine.
- This report addresses the research objectives of:
 - documenting the creation, nature and characteristics of partnerships between the police and third parties that seek to reduce sales of pseudoephedrine and control the methamphetamine problem in Queensland and Victoria; and
 - understanding the wider impact of law enforcement efforts to reduce pseudoephedrine sales in terms of treatment, prevention and harm reduction across Queensland and Victoria.
- Further research will assess the impact if any of Project STOP on methamphetamine markets and crime outcomes in Queensland and Victoria.

Chapter 2: Overview of methamphetamines in Australia

- Australian governments have developed comprehensive national strategies to respond to the methamphetamine problem, including improving drug law enforcement approaches for methamphetamine and attempting to limit the illicit diversion of precursors such as pseudoephedrine that are necessary for its local production.
- Many of these responses can be categorised as partnership approaches to drug law enforcement, which involve police forming selective and strategic partnerships with other organisations and individuals to help them in responding to a particular crime problem.
- Third-party policing approaches go further and typically involve the imposition of regulation on partners which can be used to help police efforts.
- A tool developed by the Queensland branch of the Pharmacy Guild of Australia and the Queensland Police Service called Project STOP has become associated with this partnership approach. The tool is a real-time, web-based database for the recording of customer information relevant to the purchase or attempted purchase of pseudoephedrine-based products. Project STOP has been rolled out nationally supported by funding from the federal government. Its use is now mandated in some states.

Chapter 3: The legislative and regulatory context to Project STOP

- Since 2002, the Australian law enforcement response to the problem of illicit methamphetamines has been expanded and transformed in focus.
- Third parties such as pharmacists have been induced to become partners in the response, with this process occurring principally through the use of regulatory schemes affecting how pharmacists conduct their legal business activities.
- Different regulatory models have been adopted for partnership-based responses; a coercive model in Queensland and a cooperative one in Victoria and Tasmania (with minor variations).
- While some jurisdictions now mandate the use of Project STOP, it also provides a convenient tool for pharmacists in other states to comply with regulatory requirements.
- There has been no research conducted on which of these models, if either, works more effectively to reduce methamphetamine problems in Australia.

Chapter 4: Law enforcement perspectives

- The creation, characteristics and nature of partnerships formed by police to respond to crime problems vary according to a range of different factors.
- While there is some evidence that partnership approaches are effective in responding to drug crime problems, little is known about the most effective ways and contexts for such partnerships to be contextualised.
- Interviews with police officers directly involved in drug law enforcement in three Australian states showed that the uptake of partnerships differed significantly across the jurisdictions.
- While members of each organisation indicated a similar range of potential partners, there were differences as to the breadth of partnerships in which officers were involved and the range of different partners engaged with.
- There were also differences in the extent to which partnerships were formalised as opposed to being ad hoc and based on personal connections and networks.
- There were also differing perceptions of the extent to which officers felt their organisations explicitly supported the creation of partnerships.
- There was little difference in terms of individual attitudes to partnership approaches, with all officers supporting them as a response to drug crime.
- Officers in all jurisdictions felt that the principal predictor of success for partnerships focused on reducing methamphetamine supply was whether the jurisdiction's legislative and regulatory framework supported such partnerships, and provided potential partners with strong incentives for cooperation.
- In particular, Project STOP was seen as more likely to be successful in jurisdictions where pharmacist reporting and monitoring of transactions is mandated, than it was in other states where involvement is voluntary.
- But also regarded as important was the extent of management support for developing and maintaining partnerships, and the degree to which the organisation's structure and policies accommodated and recognised partnership policing approaches.

Chapter 5: Third parties' perspectives

- Numerous third parties play an important role in helping to reduce Australia's methamphetamine problems, including those from the manufacturing, scientific equipment and chemical supply industries, and government bodies with regulatory or policy functions.
- From interviews conducted with representatives from a range of third parties, it is clear that there is a common perception of illicit methamphetamines as being a significant law enforcement problem for Australia.
- Representatives from government agencies see their role as being predominantly to help support and coordinate law enforcement efforts, rather than as being directly involved in law enforcement.
- Industry representatives see their responsibility as being to ensure their products are not abused or diverted for illicit purposes, but do not see themselves as being directly involved in law enforcement.
- Professional organisations see a role for themselves in self-regulation, to help reduce opportunities for illicit activities.
- There is general support among third parties for extending existing partnerships with police.

Chapter 6: Towards best practice in partnerships to reduce methamphetamine problems

- Best practice in policing aimed at reducing the availability of methamphetamines and their precursors is likely to occur when:

- the legislative and regulatory context provides the support for a third-party policing approach including the introduction of:
 - requirements for the mandatory recording of identification details of customers who purchase or attempt to purchase pseudoephedrine products;
 - requirements for that information to be passed on within specified times to both police and the regulatory body responsible for pharmacists;
 - a system that facilitates the sharing of mandated information so as to aid pharmacists in their decision-making about whether or not to proceed with particular pseudoephedrine sales; and
 - a system that facilitates the translation of individual sales data into useful intelligence for the identification of trends, hotspots and patterns of activity in relation to illicit or diverted pseudoephedrine products.
- the organisational framework of police organisations supports the building of third-party policing partnerships, including by recognising that:
 - the building of partnerships is an inherently valuable policing activity;
 - appropriate time and space needs to be allowed to officers to engage in proactive, partnership style policing, which is unlikely to occur if officers are fully involved in reactive styles of policing;
 - officers are more likely to engage in proactive and innovative policing responses where their organisation is perceived as valuing those activities;
 - organisational goals and values need to explicitly align with the commitment to partnership policing, and to provide recognition, rewards and incentives for officers engaged in that work; and
 - adequate funding and resources are required for innovative policing to occur.
- law enforcement operational strategies maximise the potential role of third-party partnerships in combating illicit methamphetamine problems, including by ensuring that:
 - the intelligence provided by mandatory or voluntary reporting systems is actually incorporated into operational decision-making and its use formalised in planning processes;
 - maximum use is made of such information in planning responses to illicit methamphetamines problems;
 - information is fed back to third-party partners or their representative organisations about the utility and value of the intelligence their contributions have provided; and
 - formal operational reviews or other internal accountability mechanisms take account of, and measure, the effectiveness and impact of responses to intelligence from third-party partners, as a key indicator of unit performance.
- further research continues to explore:
 - the impact of innovative partnership policing approaches on the nature and extent of methamphetamine problems;
 - the best ways of engaging and maintaining the cooperation and assistance of partners in such approaches; and
 - the best ways of training police officers in the development and maintenance of productive third-party partnerships and the skills necessary to achieve that.
- greater consistency is achieved among the state and federal governments in their approach to the control of methamphetamines and precursors. Differing requirements come at a cost to industry which must meet different rules according to location, but also police. The transfer of good practice between states is currently inhibited by the different environments in which that practice will take place. These differences need to be thoroughly analysed before an assessment can be made as to a practice that succeeds in one environment replicating that success in others. Action taken to standardise these environments will make the rolling out of good practice immeasurably easier.

Note on Terminology

Amphetamine-type stimulants (ATS) are a group of synthetic drugs that are powerful central nervous system stimulants and are chemically related. Amphetamines belong to the phenethylamine family, which include stimulants, enactogens (a substance that produces a socialising effect and desire for contact, most often applied to ecstasy-type substances) or hallucinogens. These drugs are often also referred to as psychostimulants and are distinguished from other illicit drugs that are plant derived or botanical psychoactives, such as heroin, cocaine and cannabis (NDRI & AIC 2007).

There is considerable confusion and inconsistency in the use of the terminology throughout much of the academic and official literatures. This has significant consequences; for example, even within Australia official data from some jurisdictions report seizures of amphetamine, methamphetamine and ecstasy separately, while others combine them as ATS seizures (Schloenhardt 2007). This makes accurate comparisons between the jurisdictions difficult, as disaggregation of these substances is often not possible using publicly available data.

The two major subgroups of ATS are amphetamines and ecstasy-type substances (also commonly referred to as MDMA). Manufacturing ecstasy is more complicated than other ATS and requires different precursors that are more difficult to access in Australia. Consequently, ecstasy is for the most part sourced overseas (Schloenhardt 2007). Given that ecstasy production in Australia at the present time is very limited, this report deals only with amphetamines.

The term *amphetamines* is commonly used to refer to both amphetamine and methamphetamine. Methamphetamine is structurally similar to amphetamine but is more potent with stronger effects. Methamphetamine is sometimes referred to as methylamphetamine but the two terms can be used interchangeably in most circumstances. In this report, the terms *ATS* and *amphetamines* are used interchangeably to include both amphetamine and methamphetamine, while the specific substance of either amphetamine or methamphetamine is referred to in the singular.

In addition, ATS are available in several different forms, often with different routes of administration (snorting powder, swallowing tablets, injection and smoking). These include a powdered form often known as *speed* (usually amphetamine), an oily form of methamphetamine known as *base* and a crystal form of methamphetamine known as *ice*. However, even usage of these terms can be inconsistent, with usage often depending on geographic location.

Table 1 below summarises the common types of amphetamines used in Australia and their routes of administration.

Table 1 Common forms of amphetamines and methamphetamines			
Common names	Medical or chemical name	Form	Route of administration
Speed, whiz, uppers, goey, louee, dexies, pep pills	Amphetamine (Sulphate) Dexamphetamine	Powder, tablet or capsule, paste, liquid	Snorted, swallowed, injected
Meth, speed, whiz, base (paste form)	Methamphetamine or Methylamphetamine	Powder, oil or paste	Snorted, swallowed, injected, smoked
Crystal meth, ice, d-meth, glass, crystal, batu, shabu	Methamphetamine hydrochloride	Crystalline powder or crystals	Smoked, swallowed, injected, snorted

Source: Adapted from ACC 2010; NDRI & AIC 2007

In summary, this report relates to all of the substances included in Table 1, but not ecstasy. The terms *amphetamines* and *ATS* refer collectively to all of these substances, while *methamphetamines* refers collectively to meth and crystal meth.

1 Introduction

by Janet Ransley and Lorraine Mazerolle

Illicit methamphetamine¹ is a continuing, significant problem for Australia. In the past decade, there have been major changes in the local illicit market for methamphetamine, starting with a rapid increase in both demand and supply in the late 1990s and early 2000s (McKetin, McLaren & Kelly 2005; UNODC 2010).

More recently, usage rates of all amphetamines² have stabilised, followed by a steady downward trend. The prevalence rate in the general community (ie the proportion of the population who have used the drug at least once) has fallen from a high of around nine percent in 2005 to stand at around six percent in 2007, behind cannabis (33.5 %), ecstasy (8.9 %) and hallucinogens (6.7 %) (AIHW 2008; UNODC 2009, 2008a, 2008b). Self-reports of prevalence of recent use of methamphetamines fell from 3.2 percent in 2004 to 2.3 percent in 2007. Even so, it is estimated there are about 100,000 regular users of methamphetamines in Australia, with nearly 73,000 of them being dependent (McKetin et al. 2005; Ritter 2007).

Despite the recent decline in usage, illicit methamphetamine is a continuing and significant policy concern in Australia for the following reasons:

- Australia's prevalence rate for amphetamines usage is the third highest internationally, and at around five times the global average, far exceeds that of other comparable countries such as the United States, Britain and Europe (UNODC 2008b).
- Even though use has declined since the early to mid 2000s, amphetamines-related treatment demand has increased (AIHW 2008), as have the numbers of arrests for amphetamines-related offences (ACC 2010, 2009).
- Amphetamine-type stimulants, including methamphetamines and ecstasy, result in the third highest demand nationally for health treatment for illicit drugs, after cannabis and heroin (UNODC 2008b).
- Over the last decade, there has been a significant increase in the availability of more potent forms of methamphetamine, with increased potential for problematic usage (McKetin, McLaren & Kelly 2005; AIC 2007).
- Data from surveys of injecting drug users suggest that for 48 percent, ATS were the first drug injected, followed by heroin, suggesting that ATS may serve as a pathway to other drug usage (ACC 2010).
- ATS are the most common illicit drugs manufactured in clandestine laboratories in Australia, and in recent years, record numbers of such labs have been detected here (ACC 2010).
- ATS arrests account for one-fifth of all drug arrests nationally, second only to cannabis, and represent a major resourcing issue for law enforcement in Australia (ACC 2010).
- Severe methamphetamine usage has been found to significantly increase the risk of a person committing a violent crime, over and above the other systemic risks associated with drug-using lifestyles (Torok et al. 2008).
- Recent years have seen sustained media, political and community concerns about methamphetamine, with media reports painting the drug as a 'scourge' or 'epidemic' (eg see Fynes-Clinton 2009) and governments have established a range of inquiries and public forums focused on the problem (Ritter 2007).

Australian governments have responded to these policy concerns with strategies that include a significantly increased drug law enforcement effort focused on reducing the supply of illicit methamphetamines. The *National Amphetamine-Type Stimulant Strategy 2008–2011*, developed as part of the *National Drug Strategy 2004–2009*, sets five priority areas for action by federal, state and territory governments. Priority Area 2 relates to the reduction in supply of ATS and their precursors, and focuses heavily on increasing and improving law enforcement efforts in this area. Its aims are to:

1 See the Note on Terminology at the start of this report for discussion of how this term is used in this report.

2 Unless otherwise specified, the term amphetamines is used to include amphetamine and methamphetamine, but not ecstasy. See the Note on Terminology at the start of this report for further discussion.

- disrupt and dismantle criminal groups involved in the production, trafficking and supply of ATS into and within Australia, including preventing the illicit supply of precursor chemicals and equipment;
- improve intelligence and information-sharing capabilities of Australian law enforcement agencies and related sectors; and
- ensure adequate laws are in place to respond to ATS-related activities.

It is estimated that Australia spends around 56 percent of its total illicit drug expenditure on law enforcement, compared with 22 percent on prevention, 19 percent on treatment and two percent on harm reduction (Moore 2008). This equates to total expenditure of from \$1.3 to \$2b annually for drug law enforcement (Hornel & Willis 2007).

Law enforcement approaches to illicit drugs include both border interdiction, to prevent imported drugs or precursors from entering the country, and domestic law enforcement. Domestic law enforcement strategies range from traditional reactive policing responses such as crackdowns, raids, undercover operations and drug sweeps, to more proactive responses such as community and problem-oriented policing, intelligence-led approaches, the use of civil remedies and other innovations (see Mazerolle, Soole & Rombouts 2007).

There has been a particular focus in policing in recent years on the development of partnerships as an innovative response to difficult problems (Cherney, O'Reilly & Grabosky 2005; Weisburd & Braga 2006). Partnership policing engages other government and non-government agencies to develop a coordinated and strengthened response to crime problems. Pluralised, or network approaches, advocate police partnerships with multiple crime-control partners, such as local governments, private security providers and housing associations (Wakefield 2009 Ransley & Mazerolle 2009, 2007). Another innovation—third-party policing—goes further, as non-police third parties cooperate or are coerced into using non-traditional and often non-criminal legal levers at their disposal to assist in policing a specific crime problem (Mazerolle & Ransley 2005).

Partnership and third-party policing approaches have become increasingly popular in Australia and internationally but in common with many policing practices, there is an absence of research that evaluates the impact and outcomes including unintended consequences of such innovations (Cherney, O'Reilly & Grabosky 2005). In particular, there is a lack of research producing empirical evidence about the effects and effectiveness of particular drug law enforcement interventions (McKetin 2007).

This research is intended to help fill that gap, by comprehensively evaluating an innovative approach to the policing of methamphetamines. The approach is known as Project STOP and the study focuses on the different application of the innovation in Queensland and Victoria. These states provide contrasting approaches to the implementation of police partnerships, analysis of which assists conclusions to be drawn about best practice. Each of these jurisdictions was a partner organisation in the project and made in-kind contributions in the form of supporting the research and making available personnel and data. It was beyond the scope of this particular study to examine in the same depth the development and operation of police partnerships in the other Australian jurisdictions, or in relation to other illicit drug problems. The focus of the research is on the illicit domestic diversion of pseudoephedrine-based precursors to methamphetamine and hence, issues to do with importation and border interdiction are not addressed.

Aims and objectives

The aim of this research was to explore the role of partnerships between the police and third parties in reducing methamphetamine problems in two different states in Australia. A variety of research methods and data sources were used to comprehensively assess the nature and impact (both intended and unintended) of these partnerships so as to contribute to the drug law enforcement evidence base and help police to better control drug problems in Australia.

The overall research objectives, as set out in the original grant submission, were to:

- document the creation, nature and characteristics of partnerships between the police and third parties that seek to reduce sales of pseudoephedrine and control the methamphetamine problem in Queensland and Victoria;

- understand the wider impact of law enforcement efforts to reduce pseudoephedrine sales in terms of treatment, prevention and harm reduction across Queensland and Victoria;
- evaluate the impact of drug law enforcement partnerships with third parties (including Queensland's Project STOP) on the methamphetamine market in Queensland and Victoria; and
- assess any displacement (spatial, temporal, tactical, offence), diffusion of crime control benefits, or other unintended consequences of these partnerships (including Project STOP).

The research has been jointly funded by the National Drug Law Enforcement Research Fund (NDLERF) and the Drug Policy Modelling Program (DPMP) at the University of New South Wales, a collaboration between the National Drug and Alcohol Research Centre (NDARC) and a number of other organisations. This report discusses findings and outcomes in relation to the aspects of the research funded by NDLERF. Research funded by DPMP is still in progress and will be separately reported at a later date. Together, these two arms of the research will represent a comprehensive evaluation of the Project STOP partnership.

This report therefore focuses on the first and second objectives above, the documenting and analysis of police partnerships with third parties and understanding the wider impact of law enforcement efforts to reduce pseudoephedrine sales across Queensland and Victoria. In addition, it includes best practice guidelines for reducing problems in relation to pseudoephedrine diversion. The research yet to be completed will address the final two research objectives listed above, namely the impact if any of Project STOP on methamphetamine markets and crime outcomes. This arm of the research will be completed in 2011.

Research methods

For this part of the project, dealing with the first and second research objectives, three different research methods were used to obtain a comprehensive understanding of specific police–third-party partnerships and their wider law enforcement impact. The methods relevant to the research in this report are described in more detail in ensuing chapters, but in brief include:

Method 1—qualitative interviews conducted with a sample of drug law enforcement personnel from Queensland and Victoria to garner their insights about current drug law enforcement practices used to target the methamphetamine problem and their perceptions of partnerships with key third-party partners such as retail pharmacists. To provide further context, police from a third jurisdiction where methamphetamines are not particularly problematic were also interviewed.

Method 2—review of existing drug law enforcement policies and procedures and identification of the current legal provisions that support law enforcement efforts; for example, mandatory reporting of pseudoephedrine sales and key differences between the jurisdictions.

Method 3—qualitative interviews with a purposive sample of third-party partners, identified through Methods 1 and 2 above, and including chemical manufacturers, wholesalers, regulators, industry bodies and local authorities.

Legislation and policy referred to throughout this report was correct as of 25 May 2011.

Research team

The Chief Investigators, led by Professor Lorraine Mazerolle, instigated and designed the overall project. Dr Janet Ransley became lead Chief Investigator in October 2008 responsible for the research design, reporting requirements and overall management of the program of work. Dr Jacki Drew was Project Manager from June 2007 to June 2008 and was succeeded by Dr Matthew Manning who was Project Manager from July 2008 to October 2009. PhD students Ingrid McGuffog and Julianne Webster both provided considerable research assistance and help with the writing of this report.

Report outline

Chapter 2 outlines the context to the research by providing a brief review of the development and nature of the methamphetamines problem in Australia and of partnership policing approaches taken in response to it, including Project STOP.

Chapter 3 describes the legislative and policy context in which the policing of methamphetamines occurs in Australia. It compares the legal and regulatory frameworks operating in Queensland and Victoria. It concludes that in Queensland, police partnerships with pharmacists can be described as coerced third-party policing, whereas in Victoria voluntary partnership policing occurs.

Chapter 4 reports on interviews conducted with officers from police services in three jurisdictions. These interviews provide insights into the law enforcement perspective of police partnerships generally and specifically on the legislative, regulatory and organisational contexts in which those activities take place.

Chapter 5 reports on the perspectives of third parties who are involved in attempts to control illicit methamphetamine problems. In addition to pharmacists, this includes other federal and state law enforcement agencies, industry representatives and regulatory bodies. These third parties provide insights on their perspective of partnerships with police and the problems and barriers they encounter.

Chapter 6 considers what has been learned from this project and what steps are necessary to achieve best practice in the forging of partnerships aimed at controlling methamphetamine problems in Australia.

Summary

Illicit methamphetamine use is a continuing and significant policy problem for Australia. The last decade has seen major shifts in both demand and supply for methamphetamines.

Australian governments have responded with strategies including a heavy focus on law enforcement, especially the disruption of illicit supply of methamphetamines and the precursor drugs used in their manufacture, such as pseudoephedrine.

This report addresses the research objectives of:

documenting the creation, nature and characteristics of partnerships between the police and third parties that seek to reduce sales of pseudoephedrine and control the methamphetamine problem in Queensland and Victoria; and

understanding the wider impact of law enforcement efforts to reduce pseudoephedrine sales in terms of treatment, prevention and harm reduction across Queensland and Victoria.

Further research will assess the impact if any of Project STOP on methamphetamine markets and crime outcomes in Queensland and Victoria.

2 Overview of methamphetamines in Australia

by Janet Ransley and Ingrid McGuffog

This chapter places the research in context and comprises a brief overview of the extensive existing literature on methamphetamines and law enforcement responses to their problematic usage. It begins by reviewing the origins and nature of the methamphetamines problem in Australia and the current state of knowledge about the extent, impact and costs of that problem. It then reviews the development of policy responses to address the problem of illicit methamphetamines and in particular, law enforcement responses. The chapter concludes by discussing the contribution of partnership and third-party approaches to the contemporary policing of illicit drugs.

Origins of amphetamine-type stimulants

Amphetamine was first synthesised in 1887 by a German chemist (Anglin 2000) and was patented by US pharmaceutical company Smith, Kline & French in 1933. In 1934, it released a new decongestant inhaler, Benzedrine, which comprised amphetamine sulphate (Rasmussen 2008). Methamphetamine, a derivative of amphetamine, was first synthesised by a Japanese pharmacologist Dr Nagayoshi Nagai in 1893 from alkaloid ephedrine (Suwaki 1997). It was not widely used until World War II when it was issued as a stimulant to soldiers in Japan, Germany, the United Kingdom and the United States (Anglin 2000; Klee 1998).

The therapeutic uses of ATS were for conditions such as asthma, depression, narcolepsy, attention deficit disorder and obesity and they were freely available via prescription and in over-the-counter medications (Klee 1998; Rasmussen 2008; Yoshida 1997). Non-medicinal use of ATS became popular when they became the drug of choice for the post-war 'beat generation' and the 'drugs that existed before the drug culture' (Jackson 1976: 51). In the United Kingdom, they were associated with the 'mods', a youth culture subgroup who grew out of the beatnik subculture (Green 1988) and who liked to use Dexedrine and Drinamyl, a combination of amphetamine and a barbiturate known on the streets as 'purple hearts' (Klee 1998). They were used to fuel all-night dancing, called 'allnighters'. Amphetamine-type stimulants became increasingly popular in the 1960s because they were cheap and readily available and were largely used recreationally. This trend

was a watershed in social history that saw the start of a relationship between music, dancing, youth culture, and the amphetamines that has persisted ever since (Klee 1998: 34).

By the 1960s, the use of amphetamines in the United Kingdom and United States had reached epidemic³ proportions. The misuse of Benzedrine as a stimulant, rather than for its therapeutic purposes, had become a significant problem in the United States during the 1940s and 1950s when its harmful potential was also recognised. During the 1960s, an increasing number of countries including Australia, Sweden and the United Kingdom began to experience social and health problems due to the abuse of amphetamines. This situation led to the establishment of an international control system for psychotropic drugs (Yoshida 1997). Until that time, only narcotic drugs were under international control. In 1971, amphetamines became subject to the UN Convention on Psychotropic Substances. Since this time, their illicit traffic and misuse has become widespread on a global level (Klee 2001).

³ Hando and Hall's (1997: 82) definition of epidemic is being adopted for this report—'an episodic occurrence with rapid and substantial increases in the prevalence of use, often but not invariably accompanied by an increase in drug-related problems. Both use and problems often equally subside.' The use of the term 'epidemic' is not meant to imply that illicit amphetamine use is a 'disease', it is only used to capture the contagious character of the spread of amphetamine use.

Australian trends

Amphetamine use and abuse is not a recent problem in Australia; however, the use of high-purity methamphetamines such as ‘base’ and ‘ice’⁴ is relatively new. Indeed, epidemics of amphetamine use have been reported since the 1970s (Hando 1997). Even so, during that period in Australia’s history, amphetamines did not have the stigma of a ‘hard’ drug; they were cheap and easy to obtain and there was little demand for treatment for amphetamines abuse or dependence (Klee 1997).

In the last decade, however, there has been considerable and growing media attention on the issue of the ‘ice epidemic’ (Bartlett 2006; Carney 2006). For example, in April 2009, the Courier-Mail in Brisbane conducted a special investigation on ‘The Drugs Scourge’ focusing in a series of articles on the problem of methamphetamines (Fynes-Clinton 2009). This is not just a media-driven ‘drug scare’, however (Davies 1990; Jenkins 1994); there have been significant changes in the supply and manufacture of ATS and in the structure of the illicit drug market that coalesced to make methamphetamines an important public health concern in Australia. As a result, accompanying the media attention has been a proliferation of research evidence on the prevalence and consequences of ATS use in Australia⁵. The next part of this review outlines those changes and reviews the epidemiological research into the trends in methamphetamine use and harms in Australia.

The 1980s: Emergence of a problem

During the 1980s, heroin was perceived to be the main illicit drug problem in Australia, with amphetamines largely seen as a relatively non-problematic recreational drug. At this time, the most commonly available form of psychostimulant was amphetamine sulphate, commonly known as ‘speed’ (Allen 2003).

By the late 1980s, the concern over heroin earlier in the decade had given way to a new drug scare from the United States, namely crack cocaine (Hando 1997; Klee 1998). Consequently, concern over the use of amphetamine sulphate was still largely ignored by policymakers.

However, frontline drug workers both locally and in the United Kingdom (Klee 1992; O’Donovan 1992) were becoming concerned with an apparent increase in the numbers of people injecting the drug. Research in the United Kingdom (Klee 1992) provided evidence of high levels of HIV-related risk behaviour among amphetamine injectors; the situation was similar (although based on anecdotal evidence) in Australia (O’Donovan 1992). This situation led Klee (1992: 440) to argue that research into amphetamine use was a neglected area and that it was a much more extensive area of drug misuse and ‘one which threatens to assume epidemic proportions...in particular, the injecting of amphetamine sulphate has been increasing’.

In Australia, there was a similar situation with regards to research, with Hando and Hall (1997) noting that the preoccupation with the ‘looming cocaine epidemic’ meant that most of what was known about amphetamine use in the period was collected as part of research conducted on the use of cocaine, or the HIV-related risk behaviour of heroin users. In addition, funding for systematic research on illicit drug use in Australia only began in 1985 with the commencement of a new federal government policy, the National Campaign Against Drug Abuse. Nevertheless, by the early 1990s, focus had begun to shift to the use of amphetamines.

The early 1990s: Recognition of a problem

In 1991, the Australian Customs Service (ACS) and the Australian Federal Police (AFP) warned of a potentially new threat from a drug called ‘ice’ and began to lobby the federal government to develop a campaign to stop its spread (ABC 2006). Other concerns were expressed by the Police Minister’s Council (O’Donovan 1992):

4 See Note on Terminology regarding these terms.

5 See for example Breen, Roxburgh & Degenhardt 2004; Caldicott et al. 2005; CMC 2006; Darke et al. 2008; Degenhardt, Roxburgh & Barker 2005; Degenhardt et al. 2008; Degenhardt, Roxburgh & McKetin 2007; Gray et al. 2007; Hall & Hando 1993; Hando & Hall 1997; Kinner & Degenhardt 2008; Lynch et al. 2003; McKetin 2007; McKetin, Kelly & McLaren 2006; McKetin & McLaren 2004; McKetin et al. 2008, 2006a, 2006b, 2005; QCC 2000; Roche et al. 2008; Roxburgh & Degenhardt 2008; Topp & Churchill 2002; Topp et al. 2002.

Because amphetamine is almost exclusively manufactured in Australia, as opposed to other illegal drugs which are often imported, police were first alerted to a growing problem when they encountered an increasing number of illicit laboratories. (Dr Michael MacAvoy, Director of the Drug and Alcohol Directorate, NSW quoted in O'Donovan 1992: np)

In addition, drug and alcohol services were beginning to report an increase in the use of amphetamines (O'Donovan 1992). A series of horrific road accidents involving heavy vehicles where some drivers had taken excessive amounts of the stimulant ephedrine attracted media attention (Hando & Hall 1997). A major bus crash in Grafton, in particular, focused public attention on the issue of amphetamine abuse in Australia, with the ensuing coronial inquiry finding the 21 fatalities to have been caused in part by a truck driver affected by ephedrine. The inquiry recommended that ephedrine and other mind-altering drugs should be included as banned substances under the traffic law (AGD 2006).

These factors combined led to a national focus on amphetamine use. In 1991, the Ministerial Council on Drug Strategy (MCDS) approved a plan to address the problems associated with amphetamine use (O'Donovan 1992). By 1993, the patterns of amphetamine use, especially injecting, were perceived as a public health problem in Australia (Hall & Hando 1993) and in that year, a major government report on the state of illicit psychostimulant use was produced at the request of the MCDS⁶ (Burrows, Flaherty & MacAvoy 1993).

The mid to late 1990s: The methamphetamine era

There were strong increases in the use of ATS in Australia from the mid-1990s. National household surveys showed prevalence rates for amphetamines nearly doubling during the 1990s, climbing from around two percent in 1993 to 3.7 percent by 1998 (UNODC 2008b). This was driven at least in part by significant changes to the predominant methods of manufacture, especially the shifting emphasis from amphetamine to methamphetamine.

From 1999, the availability of crystalline methamphetamine rapidly increased, mainly because of large-scale imports from Asia. This format was significantly higher in purity than powder forms of amphetamine and encouraged the spread of smoking as a route of administration (NDRI & AIC 2007).

The flexibility of use, immediacy of effect, relative value for money and increasing availability led to increased popularity of methamphetamines generally (Groves & Marmo 2009). Crystal meth is often smoked using a glass pipe, or a 'bong'-style water pipe (ANCD 2007). Smoking the drug in this manner increases the immediacy of its effect and is often associated with social situations where the drug is shared among friends (McKetin et al. 2008).

Increased smoking of the drug in this format is regarded as particularly problematic because of the capacity for the drug to be tried by younger and more inexperienced users (McKetin, McLaren & Kelly 2005). As well as increased overall use, the new format appealed to particular social subgroups, especially young people involved in dance parties and parts of the gay community (Groves & Marmo 2009).

2001 – The heroin shortage: An entrenched problem

Methamphetamine use continued to increase in the early 2000s. The most significant drug-related event of this era was the sudden, sharp decline in the supply of and demand for heroin in 2001—the Sydney 'heroin drought' (Weatherburn et al. 2001). At the same time, domestic production of methamphetamine increased (Snowball et al. 2008) and there is evidence from several sources that injecting drug users compensated for the shortage of heroin by shifting to the injection of methamphetamines (UNODC 2008b).

Another explanation for the rising use of methamphetamines at this time was the increased availability of the precursor chemicals such as pseudoephedrine necessary for its manufacture. Prior to 2000, most supply

⁶ For a discussion of the Australian drugs policymaking structures, including the role and importance of the MCDS, see Hughes, Lodge & Ritter 2010.

was imported from overseas (McKetin et al. 2005). This changed substantially, with evidence of large-scale increases in seizures of illegally diverted precursor chemicals (UNODC 2008a) and a rise in the detection of clandestine laboratories for the local production of methamphetamine, especially in Queensland (ACC 2009).

By 2003, the market was changing again. Seizures of precursors peaked in 2004 and then declined again (UNODC 2010), while detections of clandestine laboratories have continued to rise (ACC 2010). Prevalence rates stabilised and even dropped for all ATS drugs except ecstasy, the use of which increased. Despite this, there has been an upwards trend for treatment episodes related to amphetamines, indicating increasing levels of harm (UNODC 2008b). This is at least partly explained by changes in the route of administration, with increasing use of smoking over injection and oral consumption, increasing purity and changes to the pool of users to include riskier groups (Groves & Marmo 2009).

The current methamphetamines market in Australia

The current appeal of methamphetamines for the user is predominantly in their relative cheapness, accessibility, flexibility of use (eg oral ingestion, smoking and injection), sustained effect on stamina and feelings of pleasure (Groves & Marmo 2009; UNODC 2008a). The street price of methamphetamine remains fairly stable, with its accessibility described by users as easy or very easy (ACC 2010). Additionally, there may be some consumer adaptation when other drugs are expensive or scarce, such as during the 2001 heroin drought (Ritter 2007). Problems for users can include anxiety, panic attacks, paranoia and depression, as well as flow-on harms to the community through crime and violence (ANCD 2007).

Smoking methamphetamine has become particularly associated with young users, especially in recreational environments such as nightclubs and dance parties, probably because of its rapid effect (Drabsch 2006), while injection is more popular with older, established drug users who use it in addition to or instead of heroin (Groves & Marmo 2009). Both forms of use are associated with increased risk of dependency and other negative effects compared with other methods of administration (McKetin et al. 2005). Groves and Marmo (2009) also suggest that methamphetamine use is widespread among some gay communities and is associated with risky practices such as unprotected sex.

On the supply side, the developing system of international and national controls on methamphetamines led to the creation of a black market. While clandestine laboratories first emerged in the United States and Australia in the 1960s (Schloenhardt 2007), the 1970s saw the first evidence of large scale illicit production of methamphetamines in Australia (Wardlaw, Flaherty & MacAvoy 1993). Such production requires chemicals including precursors, reagents and solvents, and also readily available equipment such as jars, tubing, hotplates and strainers (Cherney, O'Reilly & Grabosky 2005).

For suppliers, the appeal of methamphetamines lies in the ease and low cost of production and distribution, ready availability of precursor products required for manufacture and for that portion of the market controlled by organised crime such as outlaw motorcycle gangs, integration with their other business interests including nightclubs and security entities and the trafficking of weapons and other illegal goods (ACC 2011; Groves & Marmo 2009; Schloenhardt 2009). These established importation and trafficking channels, combined with the small size and weight of both methamphetamines and their precursors, facilitate supply.

Domestic illicit supply of methamphetamines is now sourced from diversion from supplies both of legal methamphetamine products themselves, and their equally legal precursors (Cherney, O'Reilly & Grabosky 2006). In Australia, the major source of methamphetamine is local production in clandestine laboratories (ACC 2010, 2007) using precursor chemicals, principally pseudoephedrine, a component in cold and influenza medications. The precursors have also been obtained predominantly from local sources, with a smaller proportion illegally imported. Illicit supplies of pseudoephedrine are obtained by diversion of legal products, principally cold and influenza medications bought or stolen from pharmacies.

In Australia, only the more highly concentrated forms of ATS, such as ice, are imported, with around 90 percent of amphetamines produced locally (UNODC 2008b). This fits with international patterns, where most methamphetamine is produced close to where it is to be consumed (UNODC 2008a). However, there are some indications of increasing importation of precursors being used to maintain local production (Schloenhardt 2007).

Local production depends on the trafficking of precursors, principally ephedrine and pseudoephedrine, also predominantly from local sources. As availability of methamphetamine products has become more regulated, efforts to further restrict the precursors that can be used to manufacture them have created a black market for them, as well as for the end products (Cherney, O'Reilly & Grabsoky 2005) and an increasing role for organised crime (Schloenhardt 2009, 2007). Adaptive criminal responses to increased law enforcement have led to innovations including (ACC 2011) pharmacy break-ins, use of false identities to obtain products from multiple pharmacies (pseudo-running), doctor-shopping to obtain bulk products by prescription, disguising imported precursor chemicals as non-controlled products and developing new manufacturing methods using different substances.

Clandestine drug laboratories also cause significant health and environmental effects, particularly to children who come into contact with them. There are two common forms of laboratory—'superlabs', associated with organised crime and the production of large quantities of end product, predominantly found in North America and associated with Mexican crime gangs; and small scale laboratories, 'Mom and Pop labs' or small toxic labs in the American parlance, producing small amounts for local consumption. The period from 1996 to 2006 saw a rapid growth in the numbers of clandestine laboratories detected and seized by law enforcement agencies nationally, so that by 2006, there were seizures of 280 laboratories associated with ATS, a further 22 related to the production of precursors, and 75 where equipment and chemicals were associated with both ATS and ecstasy (Newell 2008).

This high number of detections has been sustained in current times. The latest Australian Crime Commission (ACC) *Illicit Drug Data Report 2008–09* shows that 297 clandestine laboratories detected in 2008–09 were identified as producing ATS and a further 38 related to the production of precursors, and five where equipment and chemicals were associated with both ATS and ecstasy (ACC 2010).

Within Australia, Queensland continues to be the most popular site for local ATS production, based on the number of clandestine laboratories that have been detected there, although most growth in detected laboratories has occurred in Western Australia (ACC 2010). Since 1997–98, the number detected in Queensland peaked in 2003–04 at 209, then fell by almost 30 percent to reach 148 in 2008–09 (ACC 2010). However, the latest QPS annual report shows that in 2009–10, there were 297 clandestine drug laboratories seized in Queensland. This represents an increase of 149 laboratories (over 100%) on the number seized during 2008–09. Illicit labs detected in Queensland are typically smaller than those detected in other states and have lower levels of production (QPS 2010).

Attempts to accurately measure levels of production and importation of methamphetamines and precursors are problematic because of the paucity and fragmentation of data. The most common measure is seizures from border interdiction (for importation) and of clandestine laboratories (for domestic production). However, as Schloenhardt (2007) points out, even this data has severe limitations; for example, while numbers of seized laboratories are counted, there is no systematic data collection on their size or production capacity and there is disparity between jurisdictions in reporting all ATS seizures as a whole, or breaking totals down between methamphetamines and ecstasy laboratories. The data for precursors is even more problematic, with there being variations as to what substances are reported for what periods (Schloenhardt 2007).

Overall, the picture has been one of rapidly rising popularity and availability of methamphetamines, especially in developed countries including Australia and North America. The last five years has seen that market stabilise in terms of overall consumption, but adapt in terms of the variants of the products in popular use, and their methods of ingestion, and this seems associated with rising harm levels.

However, reliable data on the scale of the problem is scarce and fragmented, and largely dependent on successful law enforcement outcomes (clandestine laboratory detections) and problematic usages (treatment and admission statistics). There is little data available on undetected production and distribution, or unproblematic usage, apart from prevalence and user surveys.

State responses to the problem of methamphetamines

Potential state responses to illicit methamphetamines fall into four main categories—prevention, such as education and community approaches; law enforcement, including source country programs, border interdiction and domestic policing approaches; treatment, aimed at getting users to reduce or cease their use; and harm reduction, to reduce the harmful side effects of use, such as by needle exchange programs (Ritter & McDonald 2008). Australian governments' reliance on law enforcement responses is considerable, with around 56 percent of total illicit drug expenditure spent on such interventions, 22 percent on prevention, 19 percent on treatment and two percent on harm reduction (Moore 2008).

To a large extent, the Australian experience has been dictated by the international regulatory regime on illicit drugs, which has, in turn, been driven by the United States led 'war on drugs' (Bull 2008). This environment favours law enforcement approaches to illicit drugs. Four formal world agencies formulate international drug policy—the United Nations Office for Drugs and Crime (UNODC), the World Customs Organisation, Interpol and the International Narcotics Board (Fazey 2007). They are, in turn, influenced by the UNODC's main financial contributors, led by the United States, and the G8 group of economically influential countries, also dominated by the United States.

These agencies first sought to control ATS through the 1971 Convention on Psychotropic Substances, followed by the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Together, these conventions resulted in binding obligations for signatory States to restrict the use and availability of psychotropic substances, and to combat their illicit trafficking (UNODC 2008).

The 1972 convention focused on licensing production, while the 1988 agreement was much more law enforcement orientated, requiring countries to criminalise the production and trafficking of illicit drugs and associated activities (Schloenhardt 2007). Additionally, from 1988 there was an obligation for countries to monitor and control the availability of precursor chemicals that can be used to manufacture illicit drugs such as methamphetamines.

Domestically, compliance with Australia's international convention obligations has been driven by the federal government, which is constitutionally responsible for international relations. Initially, for ATS, this took the form of criminalising importation and illicit production and sale, principally in federal criminal law, until recently contained in the *Customs Act 1901* (Cth) and the *Crimes (Trafficking in Narcotic Drugs and Psychotropic Substances) Act 1990* (Cth) and as part of existing state drug laws.

However, the domestic law response to the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances has been fragmented by the federal division of power. The federal government has responsibility for customs, imports and border control, while the eight states and territories have power over most law enforcement and pharmacy regulation. Responsibility for licensing and regulating therapeutic goods is shared, with the federal government responsible for regulating the importation of such goods and the states and territories for most aspects of their sale, display and storage.

Despite this division, since 2005 a new drug crime regime has been established that significantly extends the reach and scope of federal jurisdiction, by way of the Law and Justice Legislation Amendment (Serious Drug Offences and Other Measures) Bill 2005 (Cth) that, when enacted, consolidated federal drug law in the Criminal Code (Cth). The legislation criminalises acts relating to trafficking, cultivation, sale, manufacture, import and export and possession of drugs, and also criminalised pre-trafficking in precursors. The same legislation also introduced new offences relating to drugs activity affecting children. Each state and territory also maintains their own criminal laws dealing with illicit methamphetamines and precursors, which in part overlap the new federal schemes, but which also contain significant variations and inconsistencies.

Significant measures addressing precursor diversion have also occurred at both federal and state levels, as discussed in the next chapter. Much of this regulation is directed not at those actually engaged in illicit behaviour, but at third parties such as chemical wholesalers and pharmacists. These state-based guidelines and regulations have also varied significantly across the different jurisdictions, as discussed in the next chapter.

New law enforcement approaches to methamphetamines

Most law enforcement responses to illicit drugs such as methamphetamine are largely reactive. They rely on after-the-event investigation and prosecution of people involved in importation, diversion, manufacturing, sale and consumption, using methods such as informants, undercover operations, crackdowns, drug-free zones, intensive street policing, raids and drug driving test programs.

More recent, innovative policing strategies include hotspot targeting, financial monitoring of suspects, and third-party approaches (Mazerolle, Soole & Rombouts 2006; see also Mazerolle & Ransley 2006, 2005). These innovative approaches are distinguished by factors such as their focus on crime prevention, rather than criminal justice responses, and their community-wide approach to achieving this goal (Weisburd & Braga 2006).

These types of innovative strategies have developed as part of recent, significant changes in the organisation of policing functions. Traditionally, public police have dominated the delivery of modern crime control (Ransley & Mazerolle 2009). But trends in governance and the regulation of society have led to the pluralisation and privatisation of policing efforts and the growth in administrative and regulatory agencies with some crime control and prevention functions (Ericson 2007).

In addition, communities and individuals are also increasingly expected to contribute to their own security and safety (Crawford 2006). As a result, policing services are increasingly orientated to participating in partnerships or networks of crime prevention and control, with other government and non-government agencies, community groups and individuals.

One particular innovation has been the development of third-party policing (Mazerolle & Ransley 2006, 2005). The notion of third-party policing has emerged as a way of understanding how police can develop and steer crime control networks and partnerships, by mobilising other parties and making use of their resources.

Third-party policing occurs when police engage with other organisations or individuals and use a range of civil, regulatory and administrative laws to create or enhance crime control and prevention networks. Some of the legal measures used include property forfeiture, licence restrictions, evictions and injunctions. The distinctive feature of this type of policing is that use is made of legal mechanisms outside the criminal law. Police therefore gain access to new levers that in most cases are less hindered by restrictions and protections developed around criminal law processes. In addition, they gain crime control partners who are convinced or coerced to take responsibility for local problems.

Third-party policing can therefore be seen as part of a new approach to the policing of illicit drugs, which relies less on direct police responses to crime and social problems, and more on regulatory approaches using a range of public, private and community agencies and individuals (Ritter 2010).

Project STOP

The policing innovation with which this report is concerned is Project STOP, which is aimed at reducing the diversion of precursors used in manufacturing methamphetamines from medicines purchased from pharmacists. Law enforcement agencies estimated in 2004 that around 90 percent of pseudoephedrine used in illicit laboratories in Australia was sourced from community pharmacies (Siggins Miller 2009).

In 2005, all Australian governments agreed to restrict the availability and sale of therapeutic products containing pseudoephedrine (TGA 2008). The decision had the effect of removing all pseudoephedrine-containing medicines from Schedule 2 of the Standard for the Uniform Scheduling of Drugs and Poisons and shifting them to Schedule 3. In a second stage of the process, all such products containing more than specified amounts of pseudoephedrine were shifted to Schedule 4. Schedule 3 products are restricted to pharmacy sales and Schedule 4 products must be prescribed by a medical practitioner. These measures combined mean that pharmacies are the only legal point of sale of pseudoephedrine products.

From 2005, all states and territories introduced legislation to put this agreement into effect. This was combined with a further agreement among the jurisdictions to tighten regulations regarding the storage,

packaging and display of pseudoephedrine products. For example, security requirements have been increased to make theft from pharmacies more difficult and dispensing standards require the sale of smaller amounts of the product at any one time. When selling pseudoephedrine products, pharmacists are required to form the view that the buyer has a genuine therapeutic need for the product (see Chapter 3 for a more detailed discussion of these requirements).

At around the same time, the Queensland Branch of the Australian Pharmacy Guild (a large, well-organised, voluntary trade organisation to which many community pharmacists belong), together with the Chemical Diversion Desk of the Queensland Police Service, built on the success of the Guild's existing Pseudo Watch program, to develop a real-time online database (known as Project STOP) to assist pharmacists to determine a customer's legitimate therapeutic need for a pseudoephedrine product. Project STOP also has a preventive focus, aimed principally at preventing diversion from occurring in the first place by improving pharmacists' knowledge and ability to refuse suspect sales.

The database was developed as a partnership between the Queensland division of the Pharmacy Guild of Australia and the Queensland Police Service, with an investment from the Guild of about \$500,000 for support staff and the development of the web-based database (Siggins Miller 2009). Project STOP was initially launched in Queensland in November 2005.

The National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture 2003–2008 (the National Precursor Strategy) was developed by the federal Attorney-General's Department and given initial funding of \$5.4m, with annual recurrent funding of \$1.1m being provided from 2007. In 2007, Project STOP was included as an initiative to be implemented under this program. This funding provided for the national roll-out of the database throughout Australia and in 2007, the Pharmacy Guild of Australia received \$380,000 of funding to begin implementing the roll-out (Siggins Miller 2009).

The objectives of Project STOP are to reduce the diversion of pseudoephedrine-based products into illicit drug manufacture by:

- enhancing pharmacists' ability to identify suspicious requests for pseudoephedrine products and determine whether customers are legitimate or illegitimate users; and
- providing intelligence to police and health agencies regarding illicit activities, by 'pseudo runners' and 'rogue' pharmacies (PGA 2009; Siggins Miller 2009).

The Project STOP database enables pharmacists to record three types of transaction—sales, non-sale and sales under duress, and also detects where a transaction has been begun but the entry has not been completed. The database has the capacity to track purchases by individuals, based on their proof of identification (although not all states require this to be produced—see Chapter 3) and allows all pharmacists with access to the system to see those purchases over a 24 hour period. The database interface also prompts pharmacists to request information about the customer's symptoms, as well as their previous purchases of similar products. This data is immediately made available to other pharmacists, regulatory agencies and police, who can use it for surveillance and tracking purposes. The data can be readily manipulated to identify hotspots of sales activity, identify customers engaged in repeat purchases and identify pharmacies engaged in suspicious quantities or patterns of sales. Mapping functions attached to the database can produce reports in a format readily usable for investigation and follow-up.

The initial take-up of Project STOP by Queensland pharmacies was very high, assisted by the fact that the Guild provided it to them free of charge and regardless of whether they were Guild members (PGA 2009). Even under these same conditions, the roll-out has been more variable in other jurisdictions, with the take-up as at March 2009 shown in Table 2 below.

Table 2 Project STOP take-up in pharmacies by jurisdiction as at March 2009

Jurisdiction	Pharmacies registered (n)	Kits sent to pharmacies (n)	Uptake (%)
Australian Capital Territory	57	61	93.44
Northern Territory	25	27	92.59
Queensland	933	1,021	91.38
Tasmania	100	135	74.07
Western Australia	369	516	71.51
South Australia	221	402	54.98
New South Wales	639	1,613	39.62
Victoria	427	1,128	37.85
Total	2,771	4,903	56.52

Source: Siggins Miller 2009: 25

The take-up improved significantly during 2009, as shown in Table 3 below. This improvement is at least partly explained by the communication and education campaigns run during this period, mainly by the Guild. However, while this data shows the numbers of pharmacies that have become registered users of Project STOP, it does not show the extent to which they actually use the database, as opposed to simply installing and registering it. A 2009 study estimated usage to be only around 61 percent nationally of all registered pharmacies, based on the numbers logged in to the system at a given point in time (Siggins Miller 2009).

Table 3 Project STOP take-up in pharmacies by jurisdiction as at February 2010

Jurisdiction	Pharmacies registered (n)	Kits sent to pharmacies (n)	Uptake (%)
Australian Capital Territory	61	61	100.00
Northern Territory	28	28	100.00
Queensland	1017	1,046	91.97
Tasmania	126	137	91.97
Western Australia	470	523	89.87
South Australia	314	408	76.96
New South Wales	1100	1,723	63.84
Victoria	917	1,190	77.06
Total	4,033	5,117	78.82

Source: Pharmacy Guild of Australia (unpublished data)

In the context of the previous discussion about innovations in policing, the shift to involve pharmacies in the prevention of pseudoephedrine diversion, including the use of the Project STOP technology, can be seen as part of a new regulatory mechanism that shifts responsibility for part of the policing function to third parties. It does this by asking or requiring pharmacists to gather information and pass it on to police, with the Project STOP database providing a convenient, key technology for this to occur. Pharmacists are enlisted both formally and informally to help police achieve this goal. Regulation is used, or available for use, as a tool for governments and police to gain this third-party cooperation. This constitutes, when voluntary, partnership policing, in that police and pharmacists partner in efforts to reduce the problem of pseudoephedrine diversion to illicit methamphetamines manufacture. When pharmacists' cooperation is mandated, either in reality or practically, and non-cooperation sanctioned, Project STOP becomes a third-party policing initiative.

The legal levers being used are both the pharmacists' legislative duty to record and pass on information to police and the sanctions available to discipline pharmacists who fail to cooperate (as discussed further in the next chapter). This mandating of policing functions by third parties has also been extended to other bodies, such as chemical wholesalers and retailers (Cherney, O'Reilly & Grabosky 2006).

The involvement of pharmacies in preventing pseudoephedrine diversion, including the use of technology such as Project STOP, therefore represents a major expansion in law enforcement efforts directed at the problem of methamphetamines. The imposition, or voluntary assumption, of recording and reporting responsibilities has imposed significant compliance costs on non-police burden bearers, especially pharmacists and their associations, and the health agencies that regulate them. In addition, it has resulted in extra burdens for the public who face hurdles in accessing medications needed for legitimate reasons. This has occurred without any evaluation of either the impact of the system of recording and reporting pseudoephedrine sales on the problem it seeks to address, or its cost effectiveness in doing so. Our research, jointly funded by NDLERF and the DPMP, is addressing that gap.

Since the research for this report was completed, another major development in the roll-out of Project STOP has occurred. In Queensland, Western Australia and South Australia, its use is now mandated, meaning that pharmacists are required to install and use the program in order to meet their regulatory obligations. An alternative approach to the problem of controlling precursor diversion has been adopted in New Zealand. There, the government announced in October 2009 that it would amend the *Misuse of Drugs Act 1975* (NZ) to restrict pseudoephedrine and ephedrine-based medications so that they can only be obtained by way of prescription from a medical practitioner. Under this approach, the regulatory burden has shifted from pharmacists to doctors, who are likely now to become the target of increased doctor-shopping activity. This approach is also likely to reduce the overall availability of pseudoephedrine and ephedrine-based products for legitimate purposes and may also have a commercial impact on pharmacies. It was beyond the scope of this study to record data on how both of these changes will affect either outcomes from Project STOP, or the overall illicit methamphetamine problem in Australia and New Zealand.

Summary

- Australian governments have developed comprehensive national strategies to respond to the methamphetamine problem, including improving drug law enforcement approaches for methamphetamine, and attempting to limit the illicit diversion of precursors such as pseudoephedrine that are necessary for its local production.
- Many of these responses can be categorised as partnership approaches to drug law enforcement, which involve police forming selective and strategic partnerships with other organisations and individuals to help them in responding to a particular crime problem.
- Third-party policing approaches go further and typically involve the imposition of regulation on partners which can be used to help police efforts.
- A tool developed by the Queensland branch of the Pharmacy Guild of Australia and the Queensland Police Service called Project STOP has become associated with this partnership approach. The tool is a real-time, web-based database for the recording of customer information relevant to the purchase or attempted purchase of pseudoephedrine-based products. Project STOP has been rolled out nationally, supported by funding from the federal government. Its use is now mandated in some states.

3 The legislative and regulatory context to Project STOP

by Janet Ransley

The previous chapter outlined how illicit methamphetamine use has developed as a problem in the international and national context, and how the response of Australian governments to this problem has focused strongly on law enforcement approaches. It also discussed recent innovations in law enforcement, which have seen policing become a pluralised activity in which police form partnerships or networks to deal with crime problems. Project STOP was outlined as an example of an innovative approach to the problem of illicit methamphetamines.

This chapter discusses in detail the legal, regulatory and policy frameworks in which that task takes place. As discussed previously, the legislative and regulatory framework supporting methamphetamine control shows considerable variation between the states and territories. A significant variation lies in the level of regulatory coercion adopted to engage pharmacists as third-party police. At one end of the scale in Queensland, this engagement is coerced by threat of criminal and occupational penalty, while at the other end in Victoria, it is sought voluntarily with lesser or no coercive incentives. The next section analyses those jurisdictions.

Queensland

Queensland's legislation regarding methamphetamines is split between two different statutory schemes, the first of which is constituted by the *Drugs Misuse Act 1986* (Qld) and *Drugs Misuse Regulation 1987* (Qld). In brief, this legislation requires sellers of certain products to be licensed and to obtain and record information relating to sales of controlled substances (including pseudoephedrine) and controlled things (eg pill-making equipment), and makes any non-compliance an offence. Sellers must obtain from purchasers 'end user declarations' and proof of identity. Declarations must be passed on to police, a register must be kept and environmental health officers (employed by Queensland Health) are authorised to check compliance. The original framework was introduced in 1995, with significant amendments in 2002, 2005 and 2008. The following section analyses this legislation in detail.

Criminal provisions under drugs misuse legislation

The Act deals primarily with the trafficking, supply, production and possession of dangerous drugs. Part 5A was introduced by amendment in 1995. It regulates information requirements for 'controlled substances' and 'controlled things'. Controlled substance is defined to include substances specified in Schedule 6 of the Regulation or their salts or derivatives. Schedule 6 includes pseudoephedrine. The reference to *controlled thing* was inserted by amendment in 2008 and this is defined to include things specified in Schedule 8B of the regulation, which includes items such as pill presses, evaporators and reaction vessels. This amendment also expanded the definition of various drugs to include analogues, or chemically similar compounds.

Under s 43D (1) of the Act, a person supplying a controlled substance or thing to a recipient must:

- a) obtain documents prescribed by regulation including evidence of the recipient's identity;
- b) keep documents as prescribed by regulation;
- c) keep a register as prescribed by regulation showing details of relevant transactions and of any reported thefts or losses;
- d) give to the commissioner of police as prescribed documents from a) and b);
- e) or they commit an offence.

Section 43E requires persons owning or possessing controlled substances or things to report their loss or theft to police within two days and s 43F creates an offence for employees who intentionally or recklessly fails

to comply with ss 43D and E. Section 43G makes it an offence for a person to give false identity details to gain access to controlled substances.

Under ss 43H, I and J, environmental health officers (EHOs) employed by Queensland Health, on the basis of a suspicion formed on reasonable grounds that a person has supplied controlled substances or things under relevant transactions, may enter the supplier's business premises and:

- a) require them to produce the register and prescribed documents;
- b) inspect and make copies of register or prescribed documents;
- c) inspect or photograph anything stored at the premises that may be a controlled substance or thing;
- d) require reasonable help in doing so;
- e) seize evidence of suspected offences.

Section 43O enables an EHO to require the names and addresses of persons suspected of committing an offence, s 43Q creates an offence of obstructing an EHO, s 43R extends liability for offences by a person to acts done by their representatives acting within the scope of their authority unless the person proves they could not, by reasonable diligence, have prevented the act or omission and s 43S extends liability to corporations' executive officers.

The regulation fleshes out the information requirements under the Act. Part 3 deals with controlled substances and was introduced in amendments in 1996. This was extended to include controlled things by amending the Act in 2008, which also introduced the requirement for end user declarations.

Section 6 of the regulation specifies the prescribed documents and proof of identity required to satisfy s 43D of the Act. It requires persons supplying controlled substances or things to first obtain from recipients an end user declaration showing the recipient's name, address, details of an official identity document, date, order number, name and quantity of thing to be supplied and if supplied its serial number, date of supply and purpose. The official identity document must contain the recipient's photograph. The person must make an invoice showing the recipient's name, address, order number, date and the name and quantity of the substance or thing supplied. Under s 6A (introduced in 2008) copies of end user declarations must be given to the police commissioner as soon as practicable after they have been obtained.

Under s 7 details about relevant transactions must be recorded in the register required to be kept under s 43(1) of the Act, to include the recipient's name, address, order number, date and the name and quantity of the substance or thing supplied. These details must be recorded as soon as practicable but no later than seven days after the day of supply. The same register may be used for this purpose and as required under another Act (ie under the Health Act, as discussed in the following section), provided the required details are easily identifiable. The register must also include details of the reporting to a police officer of any loss or theft of controlled substances, specifying the name and registered number of the relevant officer (s 8). The register and invoices must be kept for two years, at the person's principal place of business (s 9).

Regulatory provisions under health legislation

The second statutory scheme in Queensland occurs under the *Health Act 1937* (Qld) and Health (Drugs and Poisons) Regulation 1996 (Qld). In brief, this legislation sets up a regulatory framework for the manufacture and sale of legal drugs. It deals with drugs according to their category under the National Drugs and Poisons Schedules, under which pseudoephedrine products are either Schedule 4 (S4) for larger quantities (prescription only) or Schedule 3 (S3) (restricted pharmacy access). For both categories, restrictions are imposed on who may sell the products and labelling and storage requirements. For S3 products, a therapeutic need must be identified, and identity must be verified. Records of sales and identity documents must be kept. The original framework was introduced in 1996, with significant amendments introduced in 2002 and 2005.

Section 131 of the Act requires drugs and poisons to be labelled. Section 132 enables the making of regulations about various matters including prohibitions of the manufacture, preparation, or delivering for

sale of drugs and other items exceeding specified proportions; the prescribing of places where drugs may be kept and sold; labelling requirements; and the regulating, controlling and prohibition of dealing with restricted and controlled drugs, poisons and things within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Divisions 2 and 3 of the Act enable the appointment of inspectors (s 137) and empowers them, among other things, to enter businesses to account for controlled or restricted drugs or poisons. The Act also sets up a warrant procedure to enable entry to other places and the stopping of motor vehicles. Inspectors have power to search, seize evidence and require names and addresses and the production of documents and information. Division 4 enables the issue of compliance notices (s 153R) requiring a person to rectify contraventions under the Act and contains offence provisions for producing false documents or statements and for obstructing an inspector.

The Regulation deals with drugs in the following categories:

- controlled drugs, defined as S8 substances;
- restricted drugs, defined as S4 substances;
- poisons, defined as S2, S3, S5, S6, S7 or S9 substances.

Chapter 2 regulates controlled drugs (S8), but also specifically provides for specified condition drugs including methamphetamine (s 78). Chapter 3 regulates restricted drugs (S4), which includes pseudoephedrine products prescribed in specified larger quantities. Section 146 restricts possession of such drugs to persons endorsed for that purpose with pharmacists authorised under s 171. Division 2 of the chapter sets out the conditions of dispensing including labelling (s 198) and storage (s 211) requirements, and record-keeping. Section 199 requires the pharmacist in charge to keep records of all restricted drugs dispensed, including the name and address of the recipient, prescription number and details and date of dispensing. This record may be kept electronically.

Chapter 4 regulates poisons, which includes S3 products such as those containing smaller quantities of pseudoephedrine obtainable without prescription. The chapter begins by restricting the manufacture and wholesaling of such drugs, with Division 6 dealing with their sale. Section 243 provides that S2, S3 or S7 poisons may only be sold by persons authorised under the Regulation, and ss 257 and 258 authorise pharmacists and their approved assistants for this purpose. Part 5 of the chapter sets out conditions of sale including labelling (s 276) and storage (s 284) requirements.

Section 277(1)(a) specifically applies to S3 pseudoephedrine sales, requiring:

- sales to be made under a pharmacist's direction and personal supervision; and
- only if the seller is reasonably satisfied the purchaser has a therapeutic need for the product; and
- where the seller does not know the purchaser's identity, the purchaser provides an acceptable form of identification, defined to include a document issued by a Commonwealth or state government entity that shows the purchaser's photograph.

The requirement for the production of identification was introduced by amendment in 2005. The section also requires the seller to give the purchaser advice on product use and imposes specific labelling requirements. Failure to comply with the section constitutes an offence.

Section 285A was inserted in 2002 and requires records of S3 pseudoephedrine sales to be kept. Sellers must record the date of sale, brand and quantity of product, purchaser's name and address and identity document details. The record can be kept in any appropriate form, including electronically, and must be kept for two years after the sale. Penalties apply for non-compliance.

In summary, the Queensland scheme imposes a complex criminal and regulatory web around the sale of pseudoephedrine products. Significant responsibilities have been imposed on pharmacists, not only to verify the therapeutic needs of their customers, but also to check and record their identity. This information must be both kept in a register and also routinely passed on to two separate government agencies—the police service and health regulators. Agents of both are authorised with coercive powers to check on pharmacists' compliance with their statutory responsibilities. Sanctions for non-compliance can be imposed both under criminal law and under the registration and disciplinary system applying to pharmacists.

Victoria

In Victoria, there is one regulatory scheme, with the relevant legislation being the *Drugs, Poisons and Controlled Substances Act 1981* (Vic), *Drugs, Poisons and Controlled Substances Regulations 2006* (Vic) and *Drugs, Poisons and Controlled Substances (Precursor Chemicals) Regulations 2007* (Vic). The Act creates offences to do with drugs of dependence, regulated poisons and controlled substances. Drugs of dependence are defined by s 4(1) to include drugs in Parts 1, 2 and 3 of Schedule 11 of the Act and Part 3 includes pseudoephedrine in quantities in excess of 10 grams. Sections 71C and 71D criminalise the possession of tablet presses and precursor chemicals without lawful excuse.

Much of the Act deals with drugs of addiction and S8 and S9 substances. Division 10 of Part II also extends to S4 substances which include larger quantities of pseudoephedrine available only on prescription. Section 36 imposes an obligation on pharmacists dispensing drugs of dependence, S8, S9 or S4 poisons to report forthwith to the Secretary of the Department when asked to dispense for any person 'greater quantities of or more frequently than appears to be reasonably necessary', without defining that phrase further. Section 36A makes forging or altering of prescriptions for these substances an offence and under s 36B, the making of false representations to obtain the substances is also an offence.

Divisions 13 and 13A of Part II empower authorised officers to conduct inspections and carry out searches in relation to the Act. Section 42 gives authorised officers powers to enter premises, search and seize poisons and controlled substances 'for the purposes of ascertaining whether the provisions of the Act and the regulations are being complied with'.

Division 2 of the 2006 Regulations concerns treatment, with s 12 requiring pharmacists supplying drugs of dependence other than on prescription to first take 'all reasonable steps to ascertain the identity' of the recipient and to do so 'only for the therapeutic use' of the recipient. Section 14 requires pharmacists who suspect or have reason to believe that a person has used false pretences to obtain drugs of dependence or S8, S9 or S4 poisons to immediately inform the Secretary and a member of Victoria Police, with failure to do so being an offence.

Division 4 relates to storage and Division 5 sets out record-keeping requirements for S4, S8 and S9 substances. In particular, records must be made as soon as practicable after a transaction to show the date, details of the substance, prescriber details and the name and address of recipient.

Part 4 of the 2006 Regulations deals with S3 poisons, with s 61 imposing a requirement for pharmacists who supply these substances to do so only for therapeutic uses. Section 62 restricts storage and display of S3 poisons and s 63 requires the pharmacist selling such substances to personally supervise their delivery, provide directions for use and label the container. Section 64 prohibits the supply of S3 poisons merely for the purpose of supporting a person's drug dependence. The 2007 Regulations define precursor chemicals for the purposes of s 71D of the Act. Pseudoephedrine is included along with its salts, derivatives and the like.

In brief, the impact of the Victorian legislation on S3 products is limited to requiring pharmacists to take all reasonable steps to ascertain the identity of the recipient of the substance and to ensure it is only for the recipient's therapeutic use. There are also display and labelling restrictions, and a limit on the supply of S3 products merely to support a person's drug dependency. In addition, pharmacists must report sales of greater quantity or frequency than appears reasonably necessary, along with any suspicion of the use of false pretences to obtain the substances.

Comparison of Queensland and Victorian legislative schemes

As shown in the discussion above, Queensland has a comprehensive, coercive criminal and regulatory framework affecting pharmacy sales of pseudoephedrine products. As discussed, the overall scheme is that it is an offence under the *Drugs Misuse Act* for pharmacists to supply or to permit their staff to supply pseudoephedrine or related things without:

- obtaining an end user declaration and photographic proof of identity from the recipient;
- recording those details in an invoice and a register within seven days of the date of supply;
- passing copies of end user declarations to the Police Commissioner as soon as practicable; and
- maintaining the register for a minimum of two years.
- In addition, it is a regulatory offence under the Health Act for pharmacists to sell S3 pseudoephedrine without:
 - sales being made under the personal supervision of a pharmacist;
 - who is reasonably satisfied the purchaser has a therapeutic need for the product;
 - where the purchaser's identity is not known to the seller, photographic identification is produced; and
 - records of S3 pseudoephedrine sales are kept in an appropriate form for two years after the sale.
- By contrast, in Victoria, the only requirements are for pharmacists to:
 - personally supervise sales of S3 products, ensuring there is a genuine therapeutic need for the product;
 - take all reasonable steps to ascertain the identity of the recipient;
 - report to police their reasonable suspicions in relation to the quantity or frequency of supply, or use of false pretences to obtain S8, S9 or S4 substances or drugs of dependence, which include pseudoephedrine.

There is no guidance in the statutory scheme as to what constitutes 'reasonable steps' or 'reasonable suspicions'.

The criminal and regulatory environments affecting pharmacists in the two states, including the impact of federal laws, are shown in Figure II below. It can be seen that all of the jurisdictions criminalise direct participants in the diversion or trafficking of ATS and their precursors, although Queensland does not criminalise use in itself. But only under the Queensland scheme does indirect criminalisation occur, when pharmacists or their employees fail in their statutory obligations of controlling access to suspicious purchasers of pseudoephedrine. Victoria relies on systems of self-regulation or voluntary self-reporting when pharmacists are confronted with suspicious sales. This is so, even though the Project STOP database has been rolled out in both states.

Table 4 Regulatory strategies for methamphetamine problems

Regulatory strategy	Queensland	Victoria	Cth
Criminalisation—direct participants, ATS and precursors	<ul style="list-style-type: none"> ✓ traffick, supply, produce, instruct, possess drugs or things, permit use of place, tainted property ✗ use 	<ul style="list-style-type: none"> ✓ traffick, supply, produce, instruct, possess drugs or things, permit use of place, tainted property, use 	<ul style="list-style-type: none"> ✓ trafficking, cultivation, manufacture, import and export, possession, harm to children
Criminalisation—indirect—enforceable by criminal justice system	<ul style="list-style-type: none"> ✓ pharmacists' failure to obtain identification, keep register, notify police, obstruct EHO 	✗	✗
Regulation of pharmacists—coercive—enforceable by health regulator	<ul style="list-style-type: none"> ✓ restricts labelling, storage, dispensing, sale of substances by pharmacists 	<ul style="list-style-type: none"> ✓ restricts labelling, storage, dispensing, sale of substances by pharmacists 	<ul style="list-style-type: none"> ✓ scheduling and prescribing requirements
Regulation of pharmacists—cooperative—relies on judgement	✗	<ul style="list-style-type: none"> ✓ take reasonable steps to identify & assess use, report suspicious sales 	✗

A typology of drug supply reduction strategies

Based on the analysis above, the different schemes of regulation of methamphetamine precursors and related products can be depicted as a typology of regulatory strategies directed at drug supply reduction.

The Queensland system can be described as a top-down model because it operates under a legislative scheme imposed by government on all participants, including police, pharmacists, health regulators and the relevant pharmacy professional disciplinary body. It criminalises not just direct participants in precursor diversion, but also pharmacists who fail to comply with the scheme. Any such failure to comply by pharmacists risks the imposition of criminal penalties, as well as regulatory compliance strategies, such as the possible withdrawal of their licence to conduct business, or the imposition of significant restrictions on that business.

In terms of the policing and regulatory literature discussed in the previous chapter, the Queensland scheme can be seen to be one that seeks to harness the coercive capacities of both pharmacists (who are empowered to demand confidential and private information from customers) and their disciplinary and registration bodies, who can take coercive actions against non-compliant pharmacists. While voluntary measures are still possible, such as the building of cooperative relationships between relevant police and pharmacists, this occurs against the background of coercive measures available for use if non-compliance occurs.

On the model displayed in Table 5, the Queensland scheme utilises each of the different levels of lever in a comprehensive pattern. Hence, it represents a type of third-party policing, in that a range of different legal levers can be used to help police achieve their crime control goals.


Table 5 Top-down, coerced third-party policing (Queensland model)

Levers	Aims	Targets	Focus
Legislative—criminal law	Enforcement/prosecution	Direct	Command and control
Direct offences, penalties, powers	Pre-trafficking, possessing items, standards of proof, evidentiary assumptions	Traffickers, manufacturers, pseudo-runners	Improve enforcement, reactive, Commonwealth and international push
Regulatory—new measures	Enforcement and prevention	Third parties	Command and control
Record-keeping, reporting, access controls	Improve gate keeping, enhance surveillance & guardianship	Pharmacists, doctors, manufacturers	Regulate licit activities to prevent diversion
Co-option of other regulatory schemes and third parties	Pluralised regulation	Third-party regulators	Network of control
Third party offences Disciplinary and registration schemes	Encourage other regulators to use their powers to support law enforcement	Practitioner boards, disciplinary bodies, courts	Broaden network of enforcers & enforcement options
Voluntary/education	Improved self-regulation	Community	Responsibilisation
Codes of conduct, incentives, guidelines, funding, campaigns, diversion desks	Encourage compliance, agreed standards	Associations, guilds, distributors, retailers, customers	Law enforcement & prevention as a community function

The Victorian model is displayed in Table 6 and in contrast with the Queensland situation, it clearly does not utilise one type of lever, the third-party regulation and offences directed at pharmacists (indicated by lack of shading). Coercive measures are directed against direct participants and the principal strategies directed against pharmacists are those seeking voluntary compliance or cooperation. Police may seek to form partnerships with pharmacists, but they are given little in the way of tools to facilitate the co-option of pharmacists as third parties in the policing process.

Table 6 Bottom-up, voluntary partnerships (Victorian Model)

Levers	Aims	Targets	Focus
Legislative—criminal law	Enforcement/prosecution	Direct	Command and control
Direct offences, penalties, powers	Pre-trafficking, possessing items, standards of proof, evidentiary assumptions	Traffickers, manufacturers, pseudo-runners	Improve enforcement, reactive, Commonwealth and international push
Regulatory—new measures	Enforcement and prevention	Third parties	Command and control
Record-keeping, reporting, access controls	Improve gate keeping, enhance surveillance and guardianship	Pharmacists, doctors, manufacturers	Regulate licit activities to prevent diversion
Co-option of other regulatory schemes & third parties	Pluralised regulation	Third-party regulators	Network of control
Third-party offences Disciplinary and registration schemes	Encourage other regulators to use their powers to support law enforcement	Practitioner boards, disciplinary	Broaden network of enforcers and enforcement options
Voluntary/education	Improved self-regulation	Community	Responsibilisation
Codes of conduct, incentives, guidelines, funding, campaigns, diversion desks	Encourage compliance, agreed standards	Associations, guilds, distributors, retailers, customers	Law enforcement and prevention as a community function



Conclusion

Since 2002, the law enforcement response to the problem of illicit methamphetamines has been expanded and transformed in focus. Traditional reactive responses to criminal acts continue, although the nature and scope of what is criminal has also expanded. But in addition, third parties such as pharmacists have been induced to become partners in the response. This process has occurred principally through the use of regulatory schemes affecting how pharmacists conduct their legal business activities.

As discussed, two different regulatory models have been adopted; a coercive model in Queensland and a cooperative one in Victoria. Regardless of the model, the new regulatory environment, at both state and federal level, has increased the compliance burden for pharmacists. They are now subject to detailed rules about what products they may stock, where in their stores they keep them and how, who may sell them and to whom, how they must be labelled and what information must be kept regarding such sales. Pharmacists in all Australian jurisdictions face disciplinary sanctions for non-compliance with these rules, and potentially the loss of their ability to pursue their occupation. Queensland pharmacists are also subject to the threat of criminal penalties.

Project STOP is now available in all Australian jurisdictions to assist pharmacists in deciding whether or not to proceed with suspect sales, as well as aiding their statutory record-keeping and reporting obligations. However, its use occurs against the very different regulatory backgrounds described in this chapter.

Since this research began, Queensland, Western Australia and South Australia have mandated the use of Project STOP. But even in other states which impose some level of reporting and recording requirements, or which require pharmacists to make a decision on therapeutic use, Project STOP provides a convenient way for pharmacists to manage their regulatory obligations, especially when the cost of developing and providing the tool has been borne by the Pharmacy Guild of Australia and the federal government (as discussed in Chapter 2). The requirement to record and report is likely to at least partly explain the greater acceptance of Project STOP in Queensland than in some other jurisdictions, even before its use was mandated, as shown in

Chapter 2. However, other jurisdictions such as New South Wales that also impose some reporting burdens have not had the same success in rolling out Project STOP, indicating that other factors are also at play.

There is another incentive, apart from assistance with regulatory burdens, for the pharmacy profession to embrace Project STOP. A viable alternative option to mandatory recording and reporting, adopted by the New Zealand Government in October 2009, restricts pseudoephedrine products to being available on a prescription only basis (Key 2009) and an even more drastic solution would be an outright ban on the products. Pharmacists have an interest in preserving their share of profit in pseudoephedrine sales, which would be significantly restricted under either of these options. Failure to reduce the methamphetamine problem through measures such as Project STOP may well lead to the adoption of a more drastic option.

The next chapters of this report focus on how this difference plays out in practice, by exploring the views of law enforcement personnel and third parties about the operation of Project STOP. In particular, they explore whether the different legal and regulatory models described in this chapter have an impact on the policing of illicit methamphetamines and whether any recommendations can be made about which model works best.

Summary

- Since 2002, the Australian law enforcement response to the problem of illicit methamphetamines has been expanded and transformed in focus.
- Third parties such as pharmacists have been induced to become partners in the response, with this process occurring principally through the use of regulatory schemes affecting how pharmacists conduct their legal business activities.
- Different regulatory models have been adopted for partnership-based responses; a coercive model in Queensland, and a cooperative one in Victoria and Tasmania (with minor variations).
- While some jurisdictions now mandate the use of Project STOP, it also provides a convenient tool for pharmacists in other states to comply with regulatory requirements.
- There has been no research conducted on which of these models, if either, works more effectively to reduce methamphetamine problems in Australia.

4 Law enforcement perspectives

by Jacqueline M Drew

This chapter addresses the creation, nature and characteristics of the partnerships formed between police and third parties, from the perspective of law enforcement agencies. The analysis focuses on understanding partnerships between police and third parties that have formed for the specific purpose of reducing sales of pseudoephedrine and controlling the methamphetamine problem. A comparative analysis is undertaken of the partnership approaches that have been adopted and instituted by three Australian state police agencies, being Queensland, Victoria and Tasmania. As discussed in the previous chapter, Queensland and Victoria use quite different approaches in their legislative and regulatory frameworks for pseudoephedrine control. A third state was involved in this study to provide a contrasting perspective. The problem of precursor diversion is not evenly distributed throughout Australia (ACC 2010), particularly in small states such as Tasmania, and it is useful to consider how this affects the creation of partnerships in those states.

The purpose of this study was to garner insights about current drug law enforcement practices that are being used to target the methamphetamine problem in Australia, particularly those involving some type of partnership. We sought to better understand the type and breadth of partnerships that have been adopted by Australian police agencies and determining those factors in the external, organisational and operational level environments that are likely to promote or detract from effective partnership policing in this context.

In particular, the chapter explores how police perceive their practices to be assisted or hindered by the differing legislative, regulatory and organisational contexts in which they are required to operate. This is achieved through the study of partnership approaches that have been instituted across three different state police jurisdictions. It is likely that law enforcement responses across jurisdictional and organisational boundaries have differentially interpreted, embraced and responded to the policing of methamphetamines.

The chapter begins by briefly reviewing the role of partnership policing in drug law enforcement. The method used in the study is then overviewed, followed by a thematic discussion of key results and findings.

Contextualising partnership policing within drug law enforcement

As discussed in Chapter 2 of this report, the standard model of reactive policing and crime control has been heavily critiqued. The seminal work of Weisburd and Eck (2004) provided a comprehensive review of the standard model of policing, finding that evidence to support the standard model of policing was relatively weak and, in fact, suffered from a lack of rigorous research investigation. In light of such criticism, we have seen over the preceding two decades the evolution of significant programmatic, administrative, technological and strategic innovations to the practice of policing (Braga & Weisburd 2006; Moore, Sparrow & Spelman 1997). One such innovation has been the development and emphasis of police organisations on partnership policing and third-party policing approaches.

As with a number of the more recent innovations in policing that have been proposed, while it is hypothesised that partnership and third-party policing will provide an effective, alternative approach to crime control and prevention, insufficient research has been undertaken to definitively support the adoption and diffusion of this approach. This lack of a research base is particularly the case in respect to partnership approaches that are adopted at a jurisdiction-wide level, with comparatively greater understanding being gained at the community-partnership level (Chappell 2009; Morabito 2008). Echoing the conclusions of Braga and Weisburd (2006), what is needed now is a focus on understanding how, why and under what conditions will innovations, in this case partnership policing, actually translate into effective practice.

This research also augments the existing systematic review of drug law enforcement initiatives conducted by Mazerolle, Rombouts and Soole (2007). Mazerolle and colleagues (2007) reviewed police-led interventions

that targeted demand reduction and/or drug supply and were implemented at the local, regional, state, national and/or global level of intervention. Proactive interventions compared with reactive or directed approaches were found to be more effective in reducing both drug and non-drug problems in identified drug problem places. Proactive interventions involved partnerships between police and community entities and/or third parties (Mazerolle, Rombouts & Soole 2007).

Given the findings reported by Mazerolle and colleagues (2007), partnership and third-party policing appears to constitute a promising approach to drug law enforcement. As such, it is important to consider how this approach could be incorporated into the existing suite of operational strategies employed. It has been acknowledged that drug use and crime is complex and tackling this issue is likely to involve multiple strategies, applied from multiple perspectives (Rosenbaum 2002).

Method

The study reported in this chapter involved in-depth interviews with police personnel employed in three Australian state police organisations. Drug law enforcement officers were selected for inclusion based on their employment within a drug enforcement squad and, more specifically, officers were selected based on their involvement in policing methamphetamines. Thus, all interviewees had a direct role in drug law enforcement. Each police agency agreed to the participation of their officers in this study and helped in the identification of appropriate interviewees. All officers who were contacted regarding participation in the study agreed to participate.

The final sample involved 15 officers across the three states; specifically, there were four participants from Queensland, seven from Victoria and four from Tasmania. Officers were predominately employed in drug squads of their respective organisation and the majority of officers surveyed were operational drug squad investigators or analysts. Of the officers who participated in the study, the majority of officers held the rank of Detective Senior Sergeant (n=7). While the number of participants was relatively small, each interviewee had a specific drug law enforcement role, which gave them unique insight into the problem of precursor diversion in their state. The overall pool of potential interviewees with this level of expertise is quite small.

Participants in the study were interviewed using a semi-structured interview schedule. The interview schedule was developed based on a systematic review of drug law enforcement literature. All questions (with the exception of demographic questions) were designed using an open-ended question format.

The interview schedule addressed a number of areas relating to drug law enforcement. Of particular relevance to the current study were those questions that focused on the current typology of law enforcement strategies that are applied to policing methamphetamines, legislation and policy relevant to the manufacture of methamphetamines, and demographic questions relating to the individual police officer being interviewed.

The interview schedule was designed to collect information in areas including how the police organisation establishes and maintains partnerships, the extent to which partnership policing is supported by organisational structures within the police agency, the impact of the legislative and policy environment, and perceptions of current trends in the methamphetamines market. These themes are summarised in Table 7.

Table 7 Interview schedule content design

Content-focus of interview questions	Number of questions
Section 1 Demographic questions	6
Section 2 Establishment, use and effectiveness of partnerships that are relevant to the manufacture, supply and distribution of methamphetamines in your jurisdiction	3
Section 3 Organisational structures and systems of police organisation that facilitate and/or hinder the establishment, operation and success of partnerships	9
Section 4 Identification and assessment of legislation and policies relevant to the manufacture, supply and distribution of methamphetamines	4
Section 5 'What' is occurring in respect to the manufacture, supply and distribution of methamphetamines	8
Section 6 'Who' is manufacturing, supplying and distributing methamphetamines?	3
Section 7 'Where' are methamphetamines being manufactured, supplied and distributed?	2

Interviews were conducted as individual, face-to-face interviews. All interviews were recorded for transcription and analysis purposes. Interviews varied in length from 30 minutes to two hours, depending on the extent and nature of the individual discussion with each participant.

Interview transcripts were analysed for the purpose of determining the mix of operational strategies being used by drug law enforcement officers involved in policing methamphetamines. This analysis allowed a discrete number of categories of operational police strategies to be determined. Further, the contextual and organisational factors that were influencing the adoption and use of partnership policing approaches were also able to be identified.

Results

This section reports on the main results from the qualitative interviews undertaken with police personnel.

Uptake of partnership policing

Traditional policing has primarily relied on reactive crime control methods (Weisburd & Eck 2004). It is concluded, based on the responses provided by drug law enforcement officers surveyed, that drug law enforcement in the three police organisations studied remains predominately reactive. However, differences in the uptake of partnership policing across organisations was evident.

Officers in two of the jurisdictions indicated the least shift towards partnership policing approaches:

In reality, I'd say that we're mainly reactive. That's not necessarily the desire of people. That's the reality. Proactive strategies...that's all but non-existent in truth (Officer C1).

How much time would reactive policing take up? 'I would say somewhere between 80 to 90 percent' (Officer B2).

Comparatively, officers in the other jurisdiction indicated a noticeable re-alignment towards the integration and adoption of proactive, partnership policing initiatives:

...60 percent is proactive as opposed to reactive...[H]e [Assistant Commissioner] just didn't want us to be like the fire brigade. Just didn't want to wait for the alarm bell to go there's a lab, react...(Officer A4)

Given the aims of this study, particularly in respect of gaining a better understanding of the types, nature and scope of partnership policing in a drug law enforcement environment, officers were asked to identify the partnerships in which they engaged at an operational level. As expected, across all three organisations officers identified partners such as Australian Crime Commission, AFP, ACS and other state police organisations. Non-traditional third parties included pharmacy boards, the Pharmacy Guild, chemical wholesalers and glassware manufacturers.

A major difference across the three police organisations was the breadth of partnerships in which officers engaged and the level of depth of both similar and additional partnerships. Officers from one jurisdiction indicated partnerships with additional partners that were not as readily noted in the other two states, such as local city councils, real estate institutes, insurance agencies, moteliers and hoteliers, and transport companies.

In terms of the depth of partnership engagement, officers in two of the jurisdictions described partnerships that were of a relatively informal nature and officers felt that it was primarily their own motivation and commitment that drove them to either engage or not in partnership development. In respect to partnerships, '[f]ormalising it probably isn't something that we do very well from here' (Officer B7).

I don't think there'd be anyone in our organisation full stop that would say 'no, don't go out and create these links', I think everyone wants to, I think everyone sees the benefit in it, but just being able to do it. I'm the first one to go 'right, let's go and catch a crook and lock him up'. But I also see the benefit in doing other things (Officer C4).

Comparatively, officers in the other jurisdiction described a partnership engagement process that, while informal in the sense that there was often no formal Memorandum of Understanding, was still seen as organised and explicitly supported by direct management and more generally, the police organisation hierarchy. In relation to the role of non-traditional, external third parties:

We're trying as much as we can to educate and all that, but it's probably an area where police haven't historically been involved in it. And it's a new game. We're being mentors to business, we're being confidantes, going out and being educators. All these sort of things, areas where historically we haven't been (Officer A4).

In response to the attitudes of supervising officers to partnership policing approaches:

He's one of the bosses I've worked for that probably is one of the most progressive, in terms of partnerships, without a doubt...[h]e'd probably be able to say, he's probably the most proactive boss I've worked for in that way (Officer A3).

Attitudes towards partnership policing adoption

One possible conclusion, based on the findings noted above, is that partnership policing has been differentially embraced by operational officers across the police organisations. This different take-up in the strategy could be the result of a lack of attitudinal support by individual officers.

However, a closer analysis of the interview data which was collected provides a different story. The majority of officers across all three organisations reported a positive and generally, enthusiastic attitude towards partnership policing and, further, reported that they believed it was an effective approach in the context of policing methamphetamines:

...I would simply say that I couldn't do my job without these partnerships (Officer B2).

Look, you need that connection with different agencies or whatever. You need to get the job done. You can't or we can't do it in isolation. That's impossible (Officer C2).

Describing involvement of partners in policing:

Critical, without one (partnership) you wouldn't—couldn't do it on your own. You need input from each and all (Officer A2).

Identifying predictors of partnership policing engagement

A key aim of this research was to better understand, from the perspective of law enforcement agencies, the creation, nature and characteristics of partnerships. In this respect, the following analysis identifies those factors that were reported by drug law enforcement operational police, as impacting on partnership policing across these three areas of interest.

As discussed, there were observed differences in the breadth and depth of adoption and use of partnership policing across the three jurisdictions studied. The evidence from the interviews suggest that a key factor underpinning this relates to the differences in legislative support that exists across the jurisdictions for the primary partnership that has been established between police and a third-party—in this case, the Pharmacy Guild of Australia.

Necessity of legislation:

But again I underpin that why it's been successful—you don't see Project STOP mentioned in legislation. What you see is their photographic identification must be shown. And that's basically Project STOP, for all intents and purposes. It's just a recording system. But again, I can't underemphasise—that's really one of the lynchpins to it all. It will be very interesting to see how it goes in other places that haven't been legislated (Officer A4).

As discussed in the previous chapter, Queensland is the only one of the three jurisdictions studied that has legislation requiring the detailed and mandatory collection of identification information from those purchasing retail pseudoephedrine products. When combined with the access this jurisdiction provides to coercive regulatory sanctions to ensure compliance, this partnership in Queensland can be classified as a third-party police intervention. In Victoria and Tasmania, given the less stringent identification requirements pertaining to the collection and reporting of identifying information of those purchasing retail pseudoephedrine products, the partnership arrangement constitutes a more voluntary partnership strategy.

It is important to explore why and how different legislative contexts have led to an increased commitment to partnership strategies, especially given the hypothesis that it is legislation that is the pivotal factor in determining the success or otherwise of third-party partnership interventions.

The overarching incentive for officers in Queensland to actively engage in a third-party partnership with the Pharmacy Guild of Australia is the usefulness, from the perspective of law enforcement, of the intelligence information that is gained through the partnership. Officers in Queensland, given the detail and form of identification data obtained through the Project STOP database, and its comprehensiveness, can relatively easily identify patterns of 'pseudo-shopping' and identify the individual or individuals perpetrating this activity.

By comparison, in other jurisdictions, given that the intelligence information gained through the Project STOP database is often less complete and more difficult to translate into usable data, officers are less likely to interpret this third-party partnership as positively as those in Queensland. In situations where the information from a partnership is not optimally useful, officers appear likely to make a rational choice to not as heavily invest their limited operational time on this approach.

And in some ways we were getting a higher-end intelligence product from them. What we're getting now needs a lot more work from Police Organisation to try and identify what the hell's going on (Officer B7).

...because of the privacy provisions that are attached to Project STOP, we're not getting the same level of information from STOP... (Officer B7).

These types of statements contrast with those provided by officers in Queensland who, given the quality of data (in large part, underwritten by the existence of strong legislative support) available through Project STOP, are able to more easily recognise the law enforcement benefits of the approach. It is important to note that Queensland police have had the benefit of at least an extra one or two year's data gathered via their longer use of Project STOP, given that it was piloted there before its national roll-out (see Chapter 2).

The perceived usefulness and success of the partnership between police and the Pharmacy Guild of Australia in Queensland appears to have had a spill-over effect on the adoption and implementation of a broader

partnership approach in this jurisdiction. The success of the Project STOP initiative appears to have facilitated a positive interpretation by those in Queensland of the benefits of partnerships and, as such, may be resulting in their expanded use and as will be discussed next, factors such as resource and management commitment, to a partnership approach.

A number of organisational factors have been found to impact on the adoption and diffusion of partnership approaches within the law enforcement environment. Reflecting on empirical work undertaken in the area of partnership policing and the aligned area of community policing, researchers have concluded that organisational factors which impact on the uptake of such approaches are influenced by resource commitment, performance management alignment, perception by officers of the centrality of an initiative to the 'real job' of policing, management support and an organisational structure that allows the strategy to be appropriately implemented and used (Chappell 2009; Fleming 2006; Novak, Alarid & Lucas 2003; Schafer 2002).

A comparison between the three jurisdictions studied indicates that Queensland is perceived by its officers as providing resource commitment to the partnership approach. In that state officers perceive there to be strong and practical management support of partnership initiatives and some structural realignment of the drug squad has been undertaken to better accommodate partnership policing. Support for these conclusions is found in the following comments provided by officers:

...we're able to work our own diaries. I mean, we generally work around that. So certainly where partnerships have been formed and we've been able to, either formally or otherwise, keep them going, there's been really no significant time restraints that have impacted on that (Officer A3).

It's the first of its type in the nation, where we have five civilian staff positions gazetted specifically for the purpose of attending, processing clan labs and building up their knowledge of that, which frees my detectives to be detectives and find labs rather than spending time sitting there for eight, 10, 15 hours processing them (Officer A4).

The ability to form partnerships and maintain them is in some of our job descriptions as managers (Officer A3).

In reference to supervising officer

I've worked for a lot of different people and they're definitely not as—certainly not as resilient to the difficulties of it. [Name] is very much on the front foot; in fact, bugs the hell out of me and doesn't miss a trick to make sure that we are doing that (partnerships)...(Officer A3).

By contrast, officers in the other states often found it difficult to juggle the demands of traditional policing and its performance targets that were guiding their objectives and the implementation of initiatives such as partnership policing. In large part, this was due to resource and time constraints and not, as discussed previously, a lack of motivation or attitudinal support for more proactive and, potentially, preventative strategies such as partnership policing. The constraints felt by these officers are reflected in the following comments:

In respect to developing own partnerships with external organisations and agencies:

So you certainly can't take it all on and distribute it timely and correctly when you've got your own investigations to try and look at. The amount of information we get is huge, but my workload is huge, the amount of job we're running, it just gets too hard to manage (Officer B4).

I find it's very difficult, if I or my troops are out doing relationship building, when you have a core function... reactive tends to come as a drop of a hat, a drop of a hat, and it interferes with proactive (Officer B4).

While management would like officers to develop and maintain partnerships, other law enforcement roles restrict their capacity to do so:

...it's having time to be able to do it. See the primary role for us is to go and catch the crooks and get the benchmark (Officer C4).

Findings and conclusions

This chapter focused on gaining a better understanding of the creation, nature and characteristics of partnerships between police and third parties. In particular, the focus of this chapter was on analysing partnership policing from the perspective of law enforcement agencies.

There are a number of important conclusions that can be drawn from the preceding analysis. Legislation, in the case of Project STOP as implemented in Queensland, is perceived as providing a useful and effective basis on which a partnership could be established between the police and a non-traditional third-party partner, that being the Pharmacy Guild of Australia. The ease with which police could recognise the benefits, in this instance, of the intelligence data which resulted from the partnership, appears to have underpinned the vigour with which the partnership was embraced. Given the perceptions and reflections of the officers, it seems likely that the success of this central partnership has contributed to the investment of resources, the adaptation of organisational systems and policies, such as job role descriptions and both strategic and practical management support of partnership policing, not just Project STOP but more generally.

The lack of tangible and quantifiable benefits of engagement in partnership policing is yet to be fully recognised in other states. It could be argued that, at this stage, in light of the comparative lack of support for partnership policing, the momentum for these approaches has not received the 'kick-start' needed, as has been the case in Queensland. This hypothesis indicates that police organisations need to invest heavily, perhaps in the first instance, in one key partnership initiative and success of this initiative may translate into a broader commitment of management and operational police in the desired strategy. In Queensland, this was able to be achieved with legislative support. While this is one alternative, it will not always be desirable or feasible to use third-party policing interventions. As such, the challenge for police organisations may be to design and implement a 'successful' partnership strategy that is able to ignite enthusiasm and support for partnership policing more widely.

This study indicates that once momentum for partnership policing is established, a number of organisational factors are crucial in maintaining its implementation and expansion. As discussed, this research concurs with the work of others who have studied the implementation processes of partnership and community policing (Chappell 2009; Fleming 2006; Novak, Alarid & Lucas 2003; Schafer 2002), finding that resource commitment, alignment of performance management objectives with desired outcomes and operational processes in achieving such outcomes and ensuring organisational systems and policies are restructured to support partnerships is essential for its continued success.

Summary

- The creation, characteristics and nature of partnerships formed by police to respond to crime problems vary according to a range of different factors.
- While there is some evidence that partnership approaches are effective in responding to drug crime problems, little is known about the most effective ways and contexts for such partnerships to be contextualised.
- Interviews with police officers directly involved in drug law enforcement in three Australian states showed that the uptake of partnerships differed significantly across the jurisdictions.
- While members of each organisation indicated a similar range of potential partners, there were differences as to the breadth of partnerships in which officers were involved and the range of different partners engaged with.
- There were also differences in the extent to which partnerships were formalised as opposed to be ad hoc and based on personal connections and networks.
- There were also differing perceptions of the extent to which officers felt their organisations explicitly supported the creation of partnerships.

- There was little difference in terms of individual attitudes to partnership approaches, with all officers supporting them as a response to drug crime.
- Officers in all jurisdictions felt that the principal predictor of success for partnerships focused on reducing methamphetamine supply was whether the jurisdiction's legislative and regulatory framework supported such partnerships, and provided potential partners with strong incentives for cooperation.
- In particular, Project STOP was seen as more likely to be successful in jurisdictions where pharmacist reporting and monitoring of transactions was mandated, than it was in other states where involvement is voluntary.
- But also regarded as important was the extent of management support for developing and maintaining partnerships, and the degree to which the organisation's structure and policies accommodated and recognised partnership policing approaches.

5 Third parties

by Julianne Webster and Janet Ransley

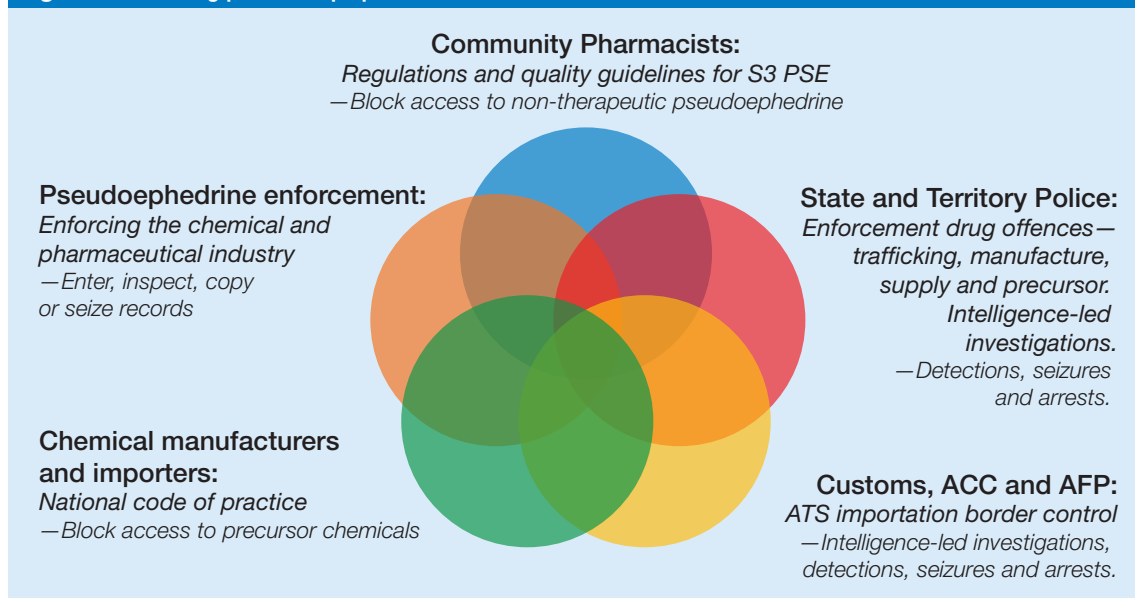
Under the legislative and regulatory schemes described in Chapter 2 of this report, community pharmacists are clearly primary potential partners for police in targeting illicit methamphetamine supply. As part of this research being funded by the DPMP, a major survey of community pharmacists in Queensland and Victoria is being conducted. This will yield data on how these partnerships are formed and operated in the two different jurisdictions. The survey will also provide information on the costs and unintended consequences associated with the use of Project STOP.

But as well as the community pharmacy sector, there are also numerous ‘other’ third parties who play an important role in developing and supporting preventative strategies pertaining to methamphetamine precursor diversion in Australia. These include the manufacturing sector, scientific equipment and chemical supply sector, Commonwealth law enforcement and policy agencies, as illustrated in Figure 1

The various roles performed by these other third-parties—though based on core business functions—also contribute to the law enforcement response through investigative partnerships, policy initiatives and operational strategies designed to control access to methamphetamine precursor substances.

The other third-parties examined in this chapter comprise federal, state and local government agencies (including law enforcement), policy and professional organisations, and industry. Some third-parties were identified as having a direct role in the policing of methamphetamine precursor diversion (primarily law enforcement bodies), while others such as policy and professional organisations, play an indirect role. Local government authorities were included in the study for the purposes of examining the types of roles that the third tier of government presently plays in the policing of this problem, in addition to the better understood role of the federal and state tiers.

Figure 1 Illicit drug partnership spheres



This chapter examines the other third-parties’ perception of the problem, their role and regulatory responsibilities, their partnerships with law enforcement and their contribution to national illicit drug policy.

Method

The study for this chapter comprised qualitative interviews with representatives of selected third-parties who were identified as either playing a role, or contributing to the development or implementation of precursor control initiatives in Australia. Participant organisations were identified through consultations with key stakeholders and a review of relevant academic and official literature. Contacts at each organisation were identified by internet searches, telephone contacts, or personal contact made at a major meeting concerned with chemical diversion (see *Discussion* later in this chapter).

Qualitative interview questions for each third-party were developed based upon five key research objectives identified from the earlier studies referred to in this report and the literature. The objectives included examination of the:

- third-party perceptions of the methamphetamine problem in Australia;
- perceived role of the third-party in policing methamphetamine precursors and or detection of methamphetamine clandestine laboratories;
- regulatory functions of the third-party pertaining to their role;
- existence of any partnerships with law enforcement and other third-parties; and
- third-party contribution to national illicit drug policy (pseudoephedrine rescheduling).

While the qualitative interview was the main source of data in this study, two groups interviewed also provided written documentation for inclusion in the study and information was also obtained from annual reports where appropriate.

The third-parties who were identified for inclusion in the study were approached and asked to participate in an interview. Prior to the interview the respondent was provided with an information and consent form and their interview questions. Signed consent forms were received from the participants prior to the commencement of the interview. The majority of the interviews occurred in a face-to-face setting, with some occurring over the telephone. Most interviews were audio recorded for the purposes of transcription and analysis of the findings, with the consent of the participants.

The third parties who participated in the research were placed in four categories for the purposes of presenting the study findings. These categories were—law enforcement, policy and professional organisations, industry and local government, as shown in Table 8.

Table 8 Participant third parties	
Law enforcement	The Australian Crime Commission (ACC) The Australian Federal Police (AFP) Queensland Pseudoephedrine Enforcement Taskforce (QPET)
Policy and professional organisations	The Federal Attorney-General's Department (AGD) The National Drugs and Poisons Scheduling Committee (NDPSC) The Australian Pharmacy Guild (APG) The Australian Self Medicating Association (ASMI) Plastics and Chemicals Industry Association (PACIA)
Industry	Johnson and Johnson Pacific (J&J) Sigma Aldrich Australia & New Zealand (SA AustNZ)
Local government	Brisbane City Council (BCC) Gold Coast City Council (GCCC)

Findings

The results of the study are reported thematically under five headings:

- third-party perceptions of the methamphetamine problem in Australia;
- third-party perception of their role in policing methamphetamine;
- third-parties' regulatory responsibilities;
- third-parties' partnerships with law enforcement, and
- third-parties' contribution to illicit drug policy.

Third-party perceptions of the methamphetamine problem in Australia

The perception of the methamphetamine problem in Australia did not vary greatly among the third-party participants. There was general agreement that there has been a serious and sustained methamphetamine problem in Australia since the early 2000s and that the problem had not abated almost a decade later.

Law enforcement

Law enforcement and the policy groups generally expressed a greater level of awareness regarding the extent of the problem and the broad range of initiatives being utilised or under development to address different aspects of the problem. The level of awareness expressed by these groups is consistent with their law enforcement responsibility and their involvement and management of collaborative partnerships across jurisdictions.

Professional organisations and industry

Industry and related professional organisations' perceptions of the methamphetamine problem are strongly influenced by the impact of the methamphetamine problem namely, increased regulatory controls on the importation of raw pseudoephedrine and the manufacturing and supply of pseudoephedrine-based products in Australia. There have been significant impacts on the pharmaceutical manufacturing, supply and chemical industries due to changes made in pharmaceutical pack sizes and tightening access to a number of illicit drug precursors/reagents. There have also been significant cost implications.

However, despite the cost implications to industry—to adapt their business practices—this sector has worked cooperatively with government to implement strategies that minimise diversion of illicit drug precursors/reagents. Ongoing challenges faced by industry include being able to perform adequate integrity and criminal history checks for prospective employees and the lack of a harmonised legislative and regulatory approach between territories and states. The level of awareness of the problem by these groups is intrinsically linked with the need to manage the risk of potential threats to the security of raw and finished pseudoephedrine product.

Local government sector

The local government authorities' perception about the nature and extent of the methamphetamine problem in their jurisdiction was limited to public reports and information provided by local law enforcement. Policy responses by this level of government were focused on alcohol and related violence initiatives, including involvement with local alcohol management groups—such as the Liquor Accords—which monitor issues such as licensing, premises, alcohol-related violence and patron safety in public spaces.

Third-party perceptions of their role in the policing of methamphetamine in Australia

The third-parties' perceptions of their role in the policing of methamphetamine in Australia varied according to their public/non-public status, their specific regulatory responsibilities and whether their key function was policy, enforcement, industry or a professional organisation representing the chemical or pseudoephedrine manufacturing and supply industry.

Law enforcement

The Australian Crime Commission (ACC) is a federal law enforcement agency set up as a statutory authority to combat serious and organised crime in Australia. The ACC works collaboratively with state and territory police, and Commonwealth agencies such as the Australian Customs and Border Protection Service, the AFP, the Australian Security Intelligence Organisation and the Attorney-General's Department. One of the ACC's key functions, as part of the Attorney-General's portfolio, is the unification of intelligence and investigative services in response to serious and organised crime (ACC 2009). One of the ACC's key roles regarding the policing of methamphetamine includes facilitating more timely exchange of intelligence pertaining to seized clandestine laboratories and precursor tracking.

The AFP is a Commonwealth law enforcement agency that works in close partnership with the ACS and the ACC. The AFP has a national role in the investigation, detection, seizure of precursors and other illicit materials and/or equipment used in the manufacture of methamphetamine in Australia and in the apprehension and the prosecution of persons responsible. The primary role of the ACS is the detection of prohibited imports such as illicit drugs and the illegal importation of methamphetamine precursor chemicals. The ACS and the AFP work in collaborative partnership and with other Commonwealth and state law enforcement agencies. The legislation which provides these agencies with the necessary regulatory tools to detect and investigate illicit drug offences is the *Australian Customs Act 1901*, Customs Prohibited Imports Regulations 1956 and the *Commonwealth Criminal Code Act 1995* respectively.

The Queensland Pseudoephedrine Enforcement Taskforce is a sub-agency of the Queensland Health Department and has an enforcement responsibility concerning the therapeutic sales of pseudoephedrine by community pharmacists in Queensland. The regulatory role of the taskforce is the investigation and prosecution of community pharmacists found to be supplying inappropriate quantities of pharmaceutical products containing pseudoephedrine.

The three law enforcement bodies described all have direct roles in the detection, investigation and prosecution of persons found to be illegally importing and or supplying methamphetamine precursor chemicals. These law enforcement bodies rely on inter-agency law enforcement partnerships to share intelligence and resources necessary for effective investigations and prosecutions.

Professional organisations and industry

The federal Attorney-General's Department is the other key third party with a national justice policy focus. Its representative stated that its role in policing methamphetamine in Australia is predominately an advisory and coordination role, comprising the operation of working groups and committees to develop and enhance the current policy response to precursor diversion in Australia. Its role did not extend to enforcing or evaluating the adoption of illicit drug policy throughout the jurisdictions; however, it was often in the position to provide financial incentives for the implementation of national initiatives. Presently, there are a number of projects being funded by this other third party under the national precursor strategy, such as the National Clandestine Laboratory Database, Project STOP, the Precursor Chemical Information Resource and best practice guidelines on the remediation of clandestine laboratories.

These initiatives are complex and costly and require the support of all the states and territories. To facilitate the development and implementation of these illicit drug policy initiatives, it is necessary for there to be close partnerships with Commonwealth and state law enforcement and health agencies, as well as peak industry groups. In its coordination and facilitation role, the Attorney-General's Department oversees the implementation of projects under four broad strategies. Reporting on the overall successes of individual projects is completed by host agencies.

Notwithstanding this, there is an expectation that each jurisdiction will measure its own performance in this regard. The Department seeks where possible to facilitate the design and implementation of a uniform national approach to precursor control and diversion. However, the outcomes of this process are often challenged due to competing interests and views across the states and territories. This work is ongoing and through the Department's strong support of the annual Australasian Chemical Diversion Congress, it demonstrates its consultative commitment in this area of illicit drug policy.

The peak professional organisation representing sponsors of over-the-counter products containing pseudoephedrine developed a Pseudoephedrine Code of Practice. The code governs the marketing practices for pseudoephedrine products and prescribes the complaints process and the respective penalties and sanctions. Likewise, another third party stated that it is their role to facilitate and assist industry and pharmacies to meet their regulatory requirements.

Industry

The other third parties whose core business role is manufacturing and supplying pharmaceutical products containing pseudoephedrine perceived that it is not their role to 'be the police' but that they were, in part, responsible for ensuring that their products are not being abused or diverted for illicit purposes; however, they stated that there is a point where this responsibility starts and ends—in production and receipt at the retail distribution point respectively. There appear to be two key strategies utilised by industry—the first is to discontinue its direct supply to a pharmacy that is suspected to be inappropriately selling pseudoephedrine products and secondly, industry 'tightens-up' its business operations through, for example, the implementation of quality standards which include responsible marketing practices and implementation of appropriate security measures to limit diversion.

In New South Wales, chemical suppliers are made aware of the diversion of precursor chemicals through industry awareness campaigns, the media and law enforcement groups. Chemical suppliers are aware of their obligations to ensure that the sale of precursor chemicals are for legitimate use only as per the national voluntary SIA/PACIA Code of Practice for Supply Diversion into Illicit Drug Manufacture and the individual state/territory legislations.

Chemical suppliers must identify the products they offer that are controlled under the relevant legislation. These products are then flagged in their respective operating systems (these systems are often referred to as Enterprise Resource Planning and can vary in degrees of complexity and flexibility). The sale of a regulated product is then captured when it is ordered on the system.

Local government

By contrast, local government authorities perceived that it was not their role to take a direct role in the enforcement of methamphetamine controls but that inspectors were obliged to report any suspicious illicit activity to their manager who would then make a report to police.

Third-parties' regulatory responsibilities

The varied nature of the third parties means a corresponding range of regulatory responsibilities concerning the methamphetamine problem. The analysis of these responsibilities is further complicated through the use of voluntary codes of conduct, whereby an entire industry will 'self-regulate' itself without oversight or interference from a statutory or public authority. Despite the different regulatory roles of the other third parties, the use of partnerships by these third parties facilitates policy development, intelligence and information exchange, and in some instances streamlined business practices.

Law enforcement

Commonwealth law enforcement agencies have extensive legislative powers that enable intelligence gathering, investigations, prosecutions and partnerships with other law enforcement bodies to monitor and detect the importation of precursor chemicals, the domestic manufacture of methamphetamine and trafficking of precursors and illicit drugs. The Queensland Pseudoephedrine Enforcement Taskforce monitors the amount of pseudoephedrine product that enters pharmacies compared with that which is sold by pharmacies. The taskforce has specific powers under the Queensland Health Drugs and Poisons Regulations that include the capacity to investigate pharmacists who are not following a quality of medicines approach to the dispensing of Schedule 3 pseudoephedrine products.

Policy organisations

As an Australian Government department with responsibility for national justice issues, the Attorney-General's Department has law-making capabilities and oversees a number of Commonwealth justice-related functions, such as the provision of federal civil justice, coordinated Commonwealth criminal justice and national security and emergency management. This third party has been the major source of funding for precursor diversion strategies since the early 2000s.

Professional organisations

The professional associations included in this study had no specific regulatory responsibility in the policing of methamphetamine; however, it was their role to assist their members to meet their regulatory requirements. This role includes representing the views and interests of its members, particularly concerning proposed amendments to legislation or practice. Additionally, their role is to minimise the regulatory burden of their members, which may be achieved through alternative forms of governance such as through the development of self-regulating industry codes of practice.

Industry

Industry has a range of regulatory requirements to fulfil concerning the importation, purchase, storage, handling and distribution of precursors/reagents. The chemical industry must comply with the relevant state legislation—for example, in New South Wales, The *Drug Misuse and Trafficking Act 1985* and Drug Misuse and Trafficking Regulation 2006. Compliance in New South Wales involves the sale and delivery of Schedule 1 precursor chemicals to account customers only and obtaining signed end-user declarations (EUD) and a photo ID for each individual order for these chemicals. Schedule 2 chemicals can only be sold to account customers also and the above requirements must be completed.

Local government

Local government authorities do not have regulatory responsibility for the policing of methamphetamine in Australia. Their regulatory powers centre on the enforcement of local by-laws, infrastructure planning and service provision. However, these authorities indicated that, if there were an identified issue in their local area, they would be willing to forge a partnership with local police.

Third-parties' partnerships with drug law enforcement

Partnerships between law enforcement and between law enforcement and other third parties operate with varying degrees of formality. The present situation appears to be that the majority of police and other third-party partnerships are informal and based on relationships built at the operational officer level. Most of the current partnerships explored in this research refer to information exchange with police.

Law enforcement

In this study, law enforcement were most likely to formally partner with each other and in some instances, with other federal government departments. The partnerships between law enforcement agencies are typically governed through a formal legal agreement between the agencies; however, the authority to engage with other law enforcement is provided in the respective agencies' legislation. This study found that partnerships between law enforcement and other third parties were largely informal and based upon the establishment of professional relationships at operational officer level in the partner agencies.

However, the partnership established between the Pharmacy Guild and the state policing bodies with regards to access and use of Project STOP information is governed by a limited-period memorandum of understanding between the agencies.

Professional organisations

Professional organisations aim to be responsive to the needs of the groups they represent. Most recently, this responsiveness had included the Project STOP initiative which, apart from assisting pharmacists to meet their regulatory requirements, also provides law enforcement with direct access to information recorded by community pharmacists through a number of custom-built reports.

One significant national partnership is the implementation of the Code of Practice for Supply Diversion into Illicit Drug Manufacture. The national code of practice, although voluntary, carries the expectation of self-regulatory behaviour between industry, law enforcement and the community. The purpose of the code is to ensure uniform procedures are adopted by scientific equipment suppliers, chemical importers, manufacturers and distributors, and facilitate timely communication by way of the provision of end-user declarations to law enforcement.

Industry

The Australian chemical manufacturers, importers and distributors and those of scientific equipment and instruments are required under the Code of Practice for Supply Diversion into Illicit Drug Manufacture to forward all end-user declarations to police (PACIA 2008). According to PACIA, the information provided by the scientific, chemical and allied industries has had a significant impact on disrupting supply for clandestine drug laboratories and the industry cooperation and assistance to law enforcement is central to this success (PACIA 2008).

The chemical industry is responsible for having appropriate systems in place to enable companies to comply with the increasing regulatory demands for the different products sold. These systems include documented process and controls throughout the supply chain, building staff expertise through ongoing training about new and changing regulations, cooperating with and assisting regulators and law enforcement, and working with industry through partnerships.

In general, industry perceived that it had a cooperative, ad hoc information exchange partnership with law enforcement and health departments. Partnerships that are essential to business operations, such as security arrangements to reduce product loss, involved law enforcement on an ad hoc basis, whereas industry relied heavily on law enforcement to process criminal and integrity checking for prospective employees.

Local government

For local governments, consultative partnerships with law enforcement involved both regular communications on particular projects and also ad hoc basis discussion regarding issues of concern or to report an incident. One example of an ongoing partnership involves law enforcement being granted access to footage recorded from the council's closed circuit security camera network. Another example involved local police providing awareness training to all council inspectors concerning signs of methamphetamine clandestine laboratories.

Contribution to national illicit drug policy

All of the third parties, with the exception of the local government authorities, stated that their views were either directly considered by the National Drugs and Poisons Scheduling Committee or indirectly through representatives of their industry who either had membership to the committee or provided submissions for agenda items to be considered by the committee.

The chemical industry believed that their input into the development of new legislation was important as they are ultimately the implementers. Hence, if legislation is too complex and difficult to manage, successful implementation and full compliance will be difficult to achieve.

The third parties also felt that they had the opportunity to express their views at national forums, such as the Australasian Chemical Diversion Congress and that their participation at these forums was constructive, cooperative and agenda neutral.

Local government authorities had no presence at the national illicit drug policy level. However, representatives agreed that if they had particular concerns in their jurisdiction, the opportunity would exist to present these views either directly or through the respective state government.

For those who stated they had representation at the national policy level, the perception of the inclusiveness of the policy process and its outcomes were viewed similarly. Although changes to the amount of pseudoephedrine product that can be sold in one transaction was initially unpopular with some third parties, the National Drugs and Poisons Scheduling Committee's approach is aligned with ensuring public health outcomes are

not compromised. It is from this health perspective that the decision to reschedule these products and the necessity for such a decision was more readily accepted by all the parties concerned.

The third parties indicated that they were relatively satisfied with the national illicit drug policy process and perceived that, through the current forums and partnerships with law enforcement and Commonwealth government agencies, necessary reviews and modifications to codes of practice, for example, would occur in a timely and informed manner.

The future

During its meeting in late 2009, the Australasian Chemical Diversion Congress—with representatives from government (primary law enforcement), industry and professional organisations—agreed on four primary and 10 secondary resolutions. The four primary resolutions were:

- that all states and territories adopt mandatory real-time recording of all pseudoephedrine sales;
- the establishment of a national chemical diversion desk;
- performing a review of the PACIA/SIA code of practice; and
- the implementation of a uniform schedule for precursors and analogues.

A further 10 secondary resolutions were proposed by the congress including:

- continuing support of real-time information sharing relating to chemical, pharmaceutical and scientific equipment diversion;
- enhancing partnerships between industry and law enforcement around security concerns;
- enhanced partnerships between law enforcement, pharmacies and the medical profession to curb the incidence of doctor shopping for pseudoephedrine and other pharmaceutical products;
- enhancing partnerships between law enforcement and government agencies to curb the use of 'shell' companies to conceal importation of precursor chemicals;
- support for the implementation of the national clandestine laboratory database;
- recognition and support for ongoing training of forensic chemists;
- clarification of legal impediments concerning the transportation of samples throughout Australian jurisdictions;
- support for production of drug and precursor reference standards;
- support for the production of national drug profiling capacity; and
- that the New Zealand methamphetamine action plan is monitored and evaluated.

From the outcomes of this congress, it is apparent that law enforcement in both federal and state jurisdictions is interested in exploring partnership opportunities with professional organisations, regulators and industry bodies. It is also apparent that professional organisations and industry are interested in engaging with regulators, policymakers and law enforcement to enhance their capacity to effectively self-regulate and respond appropriately to emerging criminal threats.

Many of the congress resolutions hinge on effective and timely exchange of information, which assists capabilities of third-parties and law enforcement to effectively respond to emerging threats and the changing enforcement environment. The first primary resolution, however, would require a substantial change in legislative and regulatory approach currently adopted by some states that is a shift from the to the Queensland model (see Chapter 3).

Conclusion

The collective contribution of these third parties in the policing of methamphetamine in Australia is complementary to the partnership between community pharmacies and state police services exemplified in Project STOP. The nature and extent of the third parties' roles varies considerably in relation to this issue and typically aligns with the respective jurisdictional, regulatory and core business functions of the third party.

It is clear that there are a series of valuable partnerships that have been established between law enforcement and other third parties in Australia. The majority of these are based upon information exchange and intelligence gathering objectives rather than any element of coercion. However, the role of the federal government in providing funding to drive initiatives has also been very significant.

This study has found that there is a great deal of coordination within and across these other third-parties and it is apparent that each third-party recognises the importance of cohesion within their sectors and homogeneity across sectors. Technological innovation, national legislative and regulatory uniformity, information sharing and partnerships—between law enforcement and third-parties—appears crucial for an effective response to the methamphetamine problem in Australia.

Summary

- Numerous third parties play an important role in helping to reduce Australia's methamphetamines problems, including those from the manufacturing, scientific equipment and chemical supply industries, and government bodies with regulatory or policy functions.
- From interviews conducted with representatives from a range of third parties, it is clear that there is a common perception of illicit methamphetamines as being a significant law enforcement problem for Australia.
- Representatives from government agencies see their role as being predominantly to help support and coordinate law enforcement efforts, rather than as being directly involved in law enforcement.
- Industry representatives see their responsibility as being to ensure their products are not abused or diverted for illicit purposes, but do not see themselves as being directly involved in law enforcement.
- Professional organisations see a role for themselves in self-regulation, to help reduce opportunities for illicit activities.
- There is general support among third parties for extending existing partnerships with police.

6 Towards best practice in partnerships to reduce methamphetamine problems in Australia

This report addresses the research objectives of:

- documenting the creation, nature and characteristics of partnerships between the police and third parties that seek to reduce sales of pseudoephedrine and control the methamphetamine problem in Queensland and Victoria; and
- understanding the wider impact of law enforcement efforts to reduce pseudoephedrine sales in terms of treatment, prevention and harm reduction across Queensland and Victoria.

The illicit use of methamphetamines continues to be a significant policy problem for Australia. This is so even though prevalence rates have declined in recent years and the market for methamphetamines appears to have stabilised. Harms associated with the drug continue to increase, largely due to changes in the route of administration used. Additionally, social sub-groups such as young people are particularly vulnerable to methamphetamines' image as a dance party and recreational drug.

Australian governments have developed comprehensive national strategies to respond to the methamphetamine problem. A large part of this response is focused on improving drug law enforcement approaches for methamphetamines, and the precursors such as pseudoephedrine, that are necessary for its local production.

In line with recent international trends in policing, many of these responses can be categorised as partnership approaches to drug law enforcement. Partnership approaches involve police forming selective and strategic partnerships with other organisations and individuals to help them in responding to a particular crime problem.

Third-party policing approaches go further because they involve police gaining access, through their partners, to a range of legal levers not previously available to them. Therefore third-party approaches typically involve the imposition of regulation on partners which can be used to help police efforts.

In this report, a particular police partnership adopted in response to the methamphetamines problem in Australia has been documented. This partnership involves police working with community pharmacists to try to reduce the supply of illicitly diverted pseudoephedrine for manufacture into methamphetamine.

A tool developed by the Queensland branch of the Pharmacy Guild of Australia and the Queensland Police Service called Project STOP has become associated with this partnership approach. The tool is a real-time, web-based database for the recording of customer information relevant to the purchase or attempted purchase of pseudoephedrine-based products. Project STOP has been rolled out nationally, supported by funding from the federal government.

However, although the tool operates in a similar way in each state and territory, as with all Australian drug law, there is considerable variation between the jurisdictions in the underlying legislative and regulatory frameworks that support its use.

In particular, some states such as Queensland have imposed legislative requirements on pharmacists to gather significant data about each and every pseudoephedrine transaction in which they are involved. They must then record this data and report it to law enforcement agencies. Although the use of Project STOP was only recently mandated, it also offered a convenient way for pharmacists to meet their legal obligations, especially as its costs have been met by the Pharmacy Guild of Australia and the federal government.

In other states, such as Victoria, while the database is available for pharmacists' use, there is much less incentive for them to do so. This is because those states do not require pharmacists to record information about every pseudoephedrine transaction. In Victoria, a pharmacist only needs to record information about sales regarded as 'reasonably suspicious'. This is a subjective test requiring the pharmacist to make an informed judgement about the individual purchaser and about their conduct. This judgement is made in the

absence of relevant information such as the purchaser's previous attempts to obtain pseudoephedrine. In addition, the pharmacist lacks any legal reason to require the purchaser to provide identification.

Therefore, while Project STOP is equally available throughout Australia, it operates in a different context among the states. Its use is high in Queensland because it provides a convenient way for pharmacists to meet their legal obligations. The alternative is for them to maintain their own register of sales. In Victoria, the recording of data is not mandated and there is not the same impetus for pharmacists to make use of Project STOP.

However, the differing legislative requirements are not a complete explanation for the differential roll-out of Project STOP across the jurisdictions. Also significant is the organisational and managerial support provided by law enforcement agencies for the development and implementation of partnership policing approaches.

Data gathered from interviews conducted with law enforcement officials and a range of third parties involved in partnerships with them aimed at reducing methamphetamine problems suggest that a supportive policing environment combined with a mandated, third-party policing approach to partnerships is seen as more likely to succeed than one that relies on voluntary cooperation. Third parties legitimately see themselves as not primarily in the business of law enforcement and are likely to place a lesser value on assisting police where there is no incentive or sanction attached.

It is suggested that Project STOP was already de facto mandated in Queensland prior to that becoming reality, because it was a convenient way to meet the legal obligations of pharmacists, whereas its use remains voluntary in Victoria. As such, its usage is likely to be much lower and the utility of the tool also diminishes, because the available data is much poorer. However, equally important is the extent to which the police service is seen by its officers as supporting and recognising the effort put into developing and maintaining partnership approaches. Agencies that do not provide real and practical support measures are less likely to succeed in their partnerships.

The overall conclusion then is that Project STOP works best in an environment where recording and reporting pseudoephedrine sales is mandated and where the police agency provides strong and practical support for partnership policing approaches.

Based on the research in this report, it is believed that, in the Australian context, best practice in policing aimed at reducing the availability of methamphetamines and their precursors is likely to occur when:

- the legislative and regulatory context provides the support for a third-party policing approach including the introduction of:
 - requirements for the mandatory recording of identification details of customers who purchase or attempt to purchase pseudoephedrine products;
 - requirements for that information to be passed on within specified times to both police and the regulatory body responsible for pharmacists;
 - a system that facilitates the sharing of mandated information so as to aid pharmacists in their decision-making about whether or not to proceed with particular pseudoephedrine sales; and
 - a system that facilitates the translation of individual sales data into useful intelligence for the identification of trends, hotspots and patterns of activity in relation to illicit or diverted pseudoephedrine products.
- the organisational framework of police organisations supports the building of third-party policing partnerships, including by recognising that:
 - the building of partnerships is an inherently valuable policing activity;
 - appropriate time and space needs to be allowed to officers to engage in proactive, partnership-style policing, which is unlikely to occur if officers are fully involved in reactive styles of policing;
 - officers are more likely to engage in proactive and innovative policing responses where their organisation is perceived as valuing those activities;
 - organisational goals and values need to explicitly align with the commitment to partnership policing and to provide recognition, rewards and incentives for officers engaged in that work; and
 - adequate funding and resources are required for innovative policing to occur.

- law enforcement operational strategies maximise the potential role of third-party partnerships in combating illicit methamphetamine problems, including by ensuring that:
 - the intelligence provided by mandatory or voluntary reporting systems is actually incorporated into operational decision-making and its use formalised in planning processes;
 - maximum use is made of such information in planning responses to illicit methamphetamine problems;
 - information is fed back to third-party partners or their representative organisations about the utility and value of the intelligence their contributions have provided; and
 - formal operational reviews or other internal accountability mechanisms take account of, and measure, the effectiveness and impact of responses to intelligence from third-party partners, as a key indicator of unit performance.
- further research continues to explore:
 - the impact of innovative partnership policing approaches on the nature and extent of methamphetamine problems;
 - the best ways of engaging and maintaining the cooperation and assistance of partners in such approaches; and
 - the best ways of training police officers in the development and maintenance of productive third-party partnerships and the skills necessary to achieve that.
- greater consistency is achieved among the state and federal governments in their approach to the control of methamphetamines and precursors. Differing requirements come at a cost to industry which must meet different rules according to location, but also to police. The transfer of good practice between states is currently inhibited by the different environments in which that practice will take place. These differences need to be thoroughly analysed before an assessment can be made as to a practice that succeeds in one environment being replicated in others. Action taken to standardise these environments will make the rolling out of good practice immeasurably easier.

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