

How to 'Melt the Ice' on the Streets: A Social-Control Analysis on the Rise of Methamphetamines within Australia and the Need to Reduce Demand[†]

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Abstract

Since its emergence in the mid-1990s the increased use, illegal importation and home production of methamphetamine in Australia have sparked significant concern among the community, law enforcement agencies and policy-makers alike. In particular, the normalisation of methamphetamine consumption within some sub-groups, notably young people through the dance-party scene, has elicited a strong media concern and reactive law enforcement response. The classification and sale of pseudoephedrine through pharmacies, the implementation of Project STOP, and the intensification of punitive regulations are just some examples of the tough-on-crime reaction of the Federal and State governments. However, the response to the emerging methamphetamine so-called 'epidemic' in Australia should also encompass a critical analysis of the demand-side of the illicit drug industry. Given the need to focus on the safety and welfare of individuals within the community, Australia's response to this synthetic drug has recently begun moving towards more comprehensive demand-reduction initiatives and treatments.

Introduction

Methamphetamine ('base', 'powder' and 'ice')[†] is an extremely addictive psycho-stimulant that affects the brain and central nervous system, resulting in the release of high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure (McKetin et al 2006b). Even in small doses, methamphetamine can increase wakefulness

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[†] The consistency, price and potency of the different forms of methamphetamine vary greatly (see also Lee et al 2007; Pennay & Lee 2008). As a way of summary, powder (often known as 'speed') is the least potent, and is commonly orally ingested or snorted. Base is sticky (similar to glue), more potent than speed, and is orally ingested or injected. Ice is the most potent form of methamphetamine (see McKetin et al 2006c), and is commonly smoked or swallowed, although it can also be administered intravenously or snorted.

and physical activity and decrease appetite (Lee et al 2007: Table 2). It is because of these characteristics, Lafrenière and Spicer (2002) suggest, that methamphetamine has become one of the most preferred types of drugs. The 2004 National Drug Strategy Household Survey (2004) revealed that the group of amphetamine type stimulants, to which methamphetamine belongs,² rank second (to cannabis/marijuana) in the most recently used illicit drugs in Australia (Schulte et al 2005). Another reason methamphetamine has become so popular is that it has greater effect per 'hit', and is therefore better value for money.³ For example, in the last few years, young people of the Australian and New Zealand 'dance-party' scene have voluntarily chosen and preferred this type of drug (Wilkins 2002; McKetin et al 2005; Gray et al 2007; Wilkinson 2008) given the combination of low cost and euphoric effects (McIver et al 2006). Also, the flexibility of a different form of ingestion, as methamphetamine (ice) is commonly smoked (McKetin et al 2008), increases the immediacy of the effect.⁴ Smoking, and its almost instant effect, is better perceived and socially accepted by peers (normalisation theory), and minimises the risk and fear of needles. There are, however, other extrinsic reasons why in Australia methamphetamine consumption has increased in recent years. The shift has been attributed to the reduced availability of other illicit substances, such as heroin (ACC 2005), cocaine (Jenkinson & O'Keeffe 2004) and amphetamine sulphate (Pennay & Lee 2008), and increased awareness and control by law enforcement agencies of the importation and distribution of these substances. The increase in methamphetamine consumption has alarmed law enforcement agencies and governments alike, mainly for five reasons: 1) the normalisation of consumption among certain communities of users, primarily young people; 2) the hospitalisation of consumers due to psychotic effects; 3) the increased number in robberies of pharmacies associated with the procurement of ingredients for illicit drug manufacture; 4) the involvement of 'outlaw motorcycle gangs' (OMCGs) in the production and distribution of this drug; and, finally, 5) media representation of an 'ice epidemic' which has contributed to moral panic and repressive reactions.

Discussion of the above five points forms the foundation of this article's main argument, which addresses how the Australian policy responses have relied too heavily on a punitive approach. This approach has contributed to the adoption of some reactive initiatives, which have predominantly focused on the supply-side. Drug law enforcement seeks to reduce the demand for illegal drugs by reducing their availability, making them more expensive and harder to obtain (Weatherburn et al 2001). In an attempt to reach this goal, policy-makers and law enforcement agencies have made a significant investment in reducing the impact of methamphetamine through a variety of programs. For instance, some initiatives consisted of rescheduling products containing the precursor chemical pseudoephedrine (PSE) utilised in methamphetamine production (Project STOP), imposing restrictions on equipment, creating tougher possession offences, and enacting nationally consistent child endangerment laws (MacDonald 2006). However, although these initiatives may aim to reduce supply of methamphetamine, they do not reduce demand or help front-line workers. Instead, they elicit diversifying strategies to fulfil the potential gap in the market, such as increased

² Lee et al (2007:1) are inclined to suggest that in Australia, 'amphetamines are almost entirely methamphetic'.²

³ According to drug monitoring and use research (McKetin & McLaren 2004; Jenkinson & Johnston 2006; Black et al 2008) and webchats (Drug Information Network 2008), currently the price of one point of methamphetamine is AU\$50. This can produce 12 hours of 'euphoria' (McIver et al 2006; Pennay & Lee 2008), which is 'better value' compared with the length of other drugs' effects.

⁴ Compared with heroin, where the intensity of the 'hit' can last between 7-10 seconds (intravenously administered), and 10-15 minutes (snorted or smoked) (Focus Adolescent Services 2008).

international trafficking of the drug or its precursors (Drabsch 2006; Australian Customs Service 2008), or importation of counterfeit medicine (Grzybowski 2004). As Brook (2002) supports, reviews of drug-related legislation often see a tendency for policy frameworks to shift from prevention to management through the desire for social control. As a result, concerns about security, stability and change can persist within the community regarding the balance of social control and social welfare (Beckett & Western 2000). Furthermore, as Ritter (2007:227) criticises, 'we are at risk of losing track of our existing knowledge and evidence base in the face of media, political and community cries for responses to the "crisis"'.

This article, therefore, underlines that there has been a greater emphasis on policy response focusing on the supply side, rather than a comprehensive policy that encompasses the demand-side of the industry surrounding methamphetamine. As pointed out by Ritter (2007), the use of the term 'ice epidemic' should be exercised cautiously, given that it has the potential to misrepresent the current methamphetamine situation in Australia. Indeed, as Ritter (2007) highlights, Australia has in fact contributed to the evidence-base surrounding treatment of methamphetamine users, methamphetamine addiction, and responses to its presence within the Australian illicit drug market (see, for example, Lee et al 2007; Pennay & Lee 2008). It is argued here that Australia should invest in more research funding, preventative strategies and education-based programs in order to prevent the uptake of methamphetamine use, which itself has the potential to narrow the scope of any law enforcement response to the drug. Demand-reduction measures seek to reduce the desire for, and willingness to obtain, and use illicit drugs (National Drug Strategy 2004).

This article will identify and attempt to examine the complex interrelation of supply reduction and demand reduction strategies, questioning the predominant use of a law enforcement response to methamphetamine in Australia that focuses solely on the supply-side. Initiatives such as pharmacy-based consumer verification and integrated data monitoring responses (Project STOP) should complement alternative approaches designed to understand an evolving drug market and facilitate demand-reduction.

The Rise of Methamphetamine

The trade of methamphetamine and other illicit substances has experienced significant transformation across the last 20 years into a worldwide trend affecting the global market (ANCD 2006). Previous studies and historical records have shown that the existence of methamphetamine in international illicit drug markets is not new and emerged from origins in military use during World War II (Ali et al 2006; Nordeste 2004). The shift in the type of consumer has been influenced by the availability and supply of precursor chemicals, low cost and popularity of 'party drugs', as well as the emergence of illicit drug use among new sub-groups, including youth and the gay community (Bolding et al 2006; Wilkins 2002; RCMP 2004). Analysis of research data from New Zealand (Wilkins 2002), the United States (Sloboda et al 2003), Mexico (International Narcotics Control Strategy Report 2007), Canada (Nordeste 2004), South-East and East Asia (ANCD 2006), and Europe (Condon & Smith 2003; United Nations Office on Drugs and Crime 2004) has identified the extent of this recent emergence within the illicit drug market, estimating its combined value at US\$322 billion (Tandy 2006a). Also, in 2004-2005 the United Nations Office on Drugs and Crime (UNODC) published findings from the worldwide monitoring of the production, trafficking, and use of illicit drugs. The report reveals that methamphetamine was the most commonly seized amphetamine type stimulant (ATS), accounting for 40 per cent of the

approximately 43 tonnes of illicit drugs that were intercepted (UNODC 2007). Similarly, the trafficking and movement of methamphetamine and its precursor chemicals has created a global market that provides for a significant percentage of the 26 million amphetamine users (mostly methamphetamine), outstripping the current global usage of heroin and cocaine combined (Tandy 2006b). Due to this rapid – and more importantly, sustained – emergence of methamphetamine and its impact on the drug market, in particular on youth, it can be suggested that the trend in Australia is not a transient one (ANCD 2006), and that it mirrors the impact of methamphetamine experienced in other western countries. However, given the experiences from other countries, which have shown that the manufacture and distribution of methamphetamine does not follow conventional routes, as compared with heroin for example (Darke et al 1999), caution in translating and applying knowledge and law enforcement policy response from one country to another is wise (Midgley 2007).

Shift in the Australian Drug Market

From the mid- to late-1990s a rapid shift occurred within the illicit drug industry in Australia, revealing a transition to the domestic manufacture and distribution of illicit amphetamine-type stimulants (Australian Crime Commission 2005). Specifically, Australia, together with Japan, Canada, and New Zealand, was reported to be one of the major countries in which methamphetamine use has increased until 2006 (Drabsch 2006). Findings from the Illicit Drug Monitoring System 2004 demonstrate that methamphetamine use has been well established within the Australian drug market (Wilkins et al 2002; see also Degenhardt et al 2005a). However, recent data from the National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2008) suggests that overall methamphetamine consumption has reduced marginally in the last few years (see also Black et al 2008). The findings reveal that there are approximately 103,000 regular methamphetamine users in Australia, around 73,000 of which are likely to be dependent (McKetin et al 2005; Porter 2006; Pennay & Lee 2008), which highlights the potential to create a significant problem for law enforcement agencies (LEAs) and other health care and treatment agencies.

There are several concurrent explanations as to why Australia has experienced a rise in methamphetamine use. Methamphetamine use in Australia emerged in the mid-1990s, the result of the increasing availability of the precursor chemical PSE utilised in methamphetamine production. The 1998 National Drug Strategy Household Survey (NDSHS) indicated that the use of ATS in Australia almost doubled between 1995 and 1998 (Porter 2006), comprising 95 per cent of domestic seizures of ATS in Australia (Nicholas 2001). Within Australia prior to 2000, methamphetamine produced with PSE was only detected in small quantities linked to small importation syndicates. However, since 2001, Customs have seized in excess of 1.8 tonnes of methamphetamine in crystalline and tablet form produced using diverted PSE (McKetin et al 2005). Recently, in November 2008, Customs contributed to the successful seizure of 80 kilograms of ice worth AU\$32 million, and the arrest of several men in Adelaide involved in its trafficking (ACS 2008), proving that home production is complemented by illegal importation, above all from South-East Asia (Pennay & Lee 2008).

Another cause of the rise in methamphetamine can be traced to the decline in supply and demand associated with other forms of illicit drugs, such as heroin (Bush 2002). In particular, research has identified that the so-called ‘heroin drought’ (Weatherburn et al 2001) that caught the headlines in popular media during this period was partly caused by reduced production, and increased demand from countries closer to the source region (Bush 2001). As a result, there was an expectation that reduction in heroin supply levels should

have similarly influenced other illicit global markets; however, research indicated that this did not occur (Bush 2001). The shortage of heroin that occurred in Australia during early 2000-2001 was isolated to Sydney (Weatherburn et al 2001; Bush 2001). There was also a simultaneous increase in the domestic production of methamphetamine (Snowball et al 2008; Bush 2001), substantially increasing the local market within Australia (Hughart 2001; Soldo 2007). Therefore, as research suggests, the cause of this shift in illicit drug trends could be attributed to a marketing decision made by outlaw motorcycle gangs (OMCGs), aimed at increasing profits, to become involved in the domestic manufacture of methamphetamine (SIDA 2000; Bush 2001; Condon & Smith 2003; INCSR 2007). There is much debate surrounding this explanation, including the point proposed by Snowball et al (2008) that there is no proven link between the heroin drought and the emergence of methamphetamine. Despite conflicting epistemologies for the rise in methamphetamine in Australia, it is clear that the uptake and use of methamphetamine has become an established facet of the Australian illicit drug landscape; and this has become possible because of a number of internal and external factors discussed below.

The rise in methamphetamine use, however, does not justify media coverage of this topic as an 'ice epidemic'. The sudden rise in methamphetamine from the mid-1990s combined with the media and law enforcement agencies' awareness that its consumption had similarly increased, may offer a strong platform to rationalise the reactive initiatives, and to explain media interest. Nevertheless, exacerbating moral panic does not facilitate discussions of causa factors and impacts on the market; instead, it contributes to the adoption of quick, supply-focused solutions, mostly based on law enforcement initiatives.

The Consumers and Recreational Culture: Young and Gay Communities

In examining the influence of methamphetamine on sub-groups, communities, youth and gay culture within Australia, there are two fundamental factors to consider: first, its popularity as a recreational and peer-accepted drug; and secondly, its manufacture, distribution and use.

The emergence of a new youth culture regarding methamphetamine use has concerned law enforcement agencies, given its potential to become embedded within the community through its normalised distribution in nightclubs and at dance-parties, which are popular among young people (Gross 2006). Methamphetamine has rapidly transformed the illicit drug markets toward the late-1990s, influencing global trends in youth culture (Wilkins 2002; Shand et al 2003; UNODC 2004). In Australia, methamphetamine use generally has increased in popularity since the 1990s, with the most recent research statistics indicating that approximately 9 per cent of the Australian population over the age of 14 has tried methamphetamine at least once (AIHW 2005; Black et al 2007), and over 1 million people have used methamphetamine in their lifetime at least once (AIHW 2005; AIHW 2008). However, as indicated by Nicholas (2001), relatively low levels of use indicated by population level statistics have the potential to mask the significantly higher prevalence of methamphetamine use among young people. The majority of data has come from National Drug Strategy household surveys, which tend to underestimate the extent of heavy illicit drug use as marginalised groups, such as young and homosexual communities, are under-represented (Bolding et al 2006), and stigmatised patterns of drug use are commonly not reported by those drug users who do participate (McKetin et al 2006a). The differences observed between the types of drugs, methods of ingestion used and the environment in

which they are provided may also reduce the prevalence of methamphetamine use in population surveys and mask the overall impact of methamphetamine use on the illicit drug market in Australia (ANCD 2006; Drabsch 2006).

Furthermore, young people's drug choices have been consistently examined in the last few decades, exploring illicit drug use from a peer-pressure approach, although a more rational justification for consumption has been sought. Specifically, a recent sociological framework of recreational drugs has contended that since the 1990s 'leisure' drug use (such as methamphetamine) has become normalised, rather than condemned, within mainstream youth culture (Parker et al 1998). After a decrease in the early 1970s, amphetamine use in particular increased through the 1980s to 1990s as a new generation of youth and young adults discovered the nightclub 'rave' scene (Nordeste 2004). The influence of OMCGs in the manufacturing process, and the opportunity for its distribution in nightclubs in Australia, has perpetuated this normalisation. This ensured that methamphetamine has emerged in the Australian market (in place of amphetamines), and remained a commonly used drug among youth and young adults (Advisory Council on the Misuse of Drugs 2005; McKetin et al 2005).

The normalisation of methamphetamine within the community is influenced by OMCGs in two ways. With its unique psycho-stimulant properties, methamphetamine has emerged as the drug of choice due to its increased potency (Lafrenière & Spicer 2002) compared with price, as well as ease of distribution among youth culture in comparison with traditional narcotics (Nordeste 2004). The recreational environments, such as nightclubs and dance-parties, in which this drug is distributed and consumed represent 'normal', familiar places where young people feel they can express themselves (Parker et al 1998). Such social environments maximise the stimulant effects of methamphetamine use through matching its intake with a euphoric atmosphere typified by all-night intense dance music and increased levels of energy (Lafrenière & Spicer 2002; Drabsch 2006). Therefore, through the management of nightclubs and dance-parties, OMCGs have the opportunity to create and maintain this euphoric ambience, and consequently normalise the consumption of methamphetamine among young people. Recent trends have also shown that manufacturers emboss pills with names such as 'Versace', 'crank' and 'ice', which are associated with expensive fashion brands, or are easily identifiable and are therefore popular in youth culture (Official Committee Hansard 2007; Midgley 2007). As a result, by associating methamphetamine use with popular and accepted 'leisure' activities such as nightclubbing and dance-parties, it can be suggested that OMCGs are reducing, perhaps unintentionally, the negative label that has traditionally accompanied illicit drug use.

Any examination of the factors that underpin methamphetamine use within youth culture should also incorporate analysis of the prevalence of methamphetamine use within the gay male community, given its impact on these individuals, as well as the potential for increased high-risk behaviour within the illicit drug market generally (Springer et al 2007; Halkitis et al 2008). A number of studies (Degenhardt et al 2005b; Halkitis et al 2008) and media reports (BBC 2008; COCA 2007) have recently indicated the level of methamphetamine use among gay and bisexual men within the UK, revealing that one in five survey respondents had used methamphetamine. This data has been replicated in the United States (Bolding et al 2006), and Australia (Degenhardt et al 2005b), revealing that the prevalence of methamphetamine use represents roughly 10 to 40 per cent of gay and bisexual men. Anecdotal reports from youth and gay sub-groups support this, given that 43 per cent of respondents believed that the recreational market was the main destination for illicitly manufactured methamphetamine (COCA 2007). In addition, it has been highlighted by

British media that through the nightclub/dance-party scene some methamphetamine distributors have been aggressively pushing methamphetamine into the youth and gay sub-groups of the community, often trying to sell methamphetamine as crack cocaine or ecstasy (BBC 2008). If this information is accurate, deceptive dosages of methamphetamine have the potential to cause considerable adverse health outcomes given the superior purity and potency of methamphetamine (McKetin et al 2005), as compared with cocaine and ecstasy. This is especially pertinent given that the consumer may not have comprehensive knowledge of the product being provided, or indeed may assume that it is *normal*, or necessary to consume it in order to feel part of the dance-party atmosphere.

Perhaps contributing to, or as a direct result of, its emerging use within the gay and youth community, methamphetamine has been associated with high-risk behaviour⁵ (Wilkinson 2008; Black et al 2008). Although there has been little previous research regarding this concept, several studies have documented an association between drug-use and sexual risk behaviours (Bolding et al 2006; Brook et al 2004, as cited in Springer et al 2007). Similarly, Leigh and Stall (1993 as cited in Springer et al 2007) reveal that adolescents who are under the influence of drugs or alcohol are more likely to engage in sexual risk behaviours such as unprotected sex. Using this data, Bolding et al (2006) examined methamphetamine use among gay men in London to determine the link between methamphetamine use and high-risk sexual behaviour, and whether this could assist researchers in recognising and identifying the emergence of methamphetamine in the UK. Bolding et al (2006) found that methamphetamine reduces inhibitions and enhances sexual desire, which could lead to individuals engaging in high-risk sexual behaviour, which is especially concerning given the well-known consequences, such as HIV and Hepatitis. Although the association between methamphetamine use and sexual risk is a significant concern, it should not be inferred as a simple causal association (Degenhardt et al 2005b). It is possible, and indeed more likely that methamphetamine use may facilitate sexual encounters and/or risky behaviour, which can then lead to adverse health outcomes (Greer 2001). It was also found that recreational use of methamphetamine can rapidly create and foster a destructive and chaotic lifestyle (Halkitis et al 2008; BBC 2008), which has been associated with high levels of unprotected sex among gay men and young heterosexual individuals (Bolding et al 2006). This trend was supported by a study conducted by Springer et al (2007) in which it was found that high school students are more at risk for methamphetamine use than older members of the community, and that methamphetamine users may be at increased risk for engaging in high-risk sexual behaviour as compared with non-users. As a result, it can be suggested that there exists a non-causal link between methamphetamine use and high-risk sexual behaviour, especially among gay men and young people, which highlights the need for greater understanding of methamphetamine use, and an approach that incorporates health care based treatment.

⁵ Although not discussed here, within the Australia context, research conducted by the National Centre for Education and Training on Addiction at Flinders University (Roche et al 2008) has also demonstrated that methamphetamine has a significant impact on the workplace, specifically risky behaviours, workplace injury, and absenteeism. Numerous industries have been identified as more at-risk for employee use of methamphetamine, in particular truck drivers, construction workers and hospitality workers. Overall approximately 5 per cent of men reported using 'ice', as compared with 3 per cent of women, which represents a significant proportion of the workforce. This translates into higher levels of verbal and physical abuse, absenteeism, and preclusion to increased use of alcohol. In addition to identifying a range of strategies aimed at tackling drug use, including alcohol and drug policies, access to counselling and so on, this research highlights the emergence of methamphetamine in a broader range of industries and the need for prompt and effective legislative response.

The recent change in forms and popularity of methamphetamine ingestion from injection toward smoking is another key factor in the emergence of methamphetamine in the illicit drug market (Rawson & Condon 2007; Wilkinson 2008). Cunningham, Liu and Muramoto (2008) identified that across the numerous legislative changes in the United States regarding precursor chemicals used in the manufacture of methamphetamine from the mid-1990s to early 2000-2001, smoking was the only form of administration to remain stable and indeed increase during this time. International studies have also posited that from analyses of self-report data, the most common form of ingesting methamphetamine is through smoking (COCA 2007; Wilkinson 2008). Research data from Australia (Iversen & Maher 2008) has supported this trend, indicating that the level of daily/frequent injecting of methamphetamine has decreased since 2003, with methamphetamine injection predominantly used by older, long-term drug users. Disease transmission through sharing injecting equipment (Black et al 2008) and indeed fear of needles are certainly contributing factors to consider, above all among young users. Smoking methamphetamine has therefore emerged as a popular youth trend, most likely due to its rapid absorption and subsequent intense effect (Drabsch 2006). In addition, the production and distribution of methamphetamine in this form allows OMCGs to utilise youth spaces, such as nightclubs, to effectively promote illicit drugs within the community (Official Committee Hansard 2007). Departure from injecting and 'pill-popping' has therefore further normalised methamphetamine within youth culture and provided a more accessible form that is readily available to young people, as well as the gay community (Stafford et al 2008; Wilkinson 2008).

However, this new trend warrants urgent attention given the increased dependence liability and potential for risky and more intense patterns of drug use that are associated with smoking methamphetamine, compared with other methods of administration (McKetin et al 2005). Long-term methamphetamine abuse has many negative consequences, including extreme weight loss, severe dental problems, anxiety, confusion, insomnia, mood disturbances, and violent behaviour (ANCD 2006). Chronic methamphetamine abusers can also display a number of psychotic features, including paranoia, visual and auditory hallucinations, and delusions (for example, the sensation of insects creeping under the skin) (McKetin et al 2005). Long-term methamphetamine abuse can lead to addiction, which is characterised by compulsive drug seeking and use, and accompanied by further chemical and molecular changes in the brain (Wickes 1992). In addition, researchers have witnessed significant reporting of poly-drug use associated with smoking methamphetamine (COCA 2007), with data from the AIHW (2008) revealing that methamphetamine users over the age of 14 had also simultaneously used ecstasy (49 per cent) and marijuana (68 per cent), and consumed alcohol (87 per cent). Poly-drug use has also been linked to high-risk sexual activities within youth and gay communities (Bolding et al 2006), highlighting the detrimental impact of the shift in forms of ingestion, poly-drug use generally, and the need for LEAs and health care experts to reduce the demand for illicit drugs.

Methamphetamine portrays an image of modernism and popularity within youth subculture, and it is clear the demand for smokeable methamphetamine lies predominantly with the youth associated with raves, dance-parties, and risky patterns of behaviour (Greer 2001; Springer et al 2007; Nordeste 2004). Given the potential significant adverse health outcomes associated with smoking as a route of administration, poly-drug use, and risk behaviour, a reactive and repressive law enforcement approach may not be sufficient to tackle the issue comprehensively.

The Black Market and Organised Crime

The link between methamphetamine use and organised crime is evident in the significant influence that 'outlaw motorcycle gangs' impart over the manufacture and distribution of methamphetamine. Compared with other illicit drugs, there are numerous incentives associated with the production and distribution of methamphetamine that ensure its prominence within the illicit drug industry, and its popularity within organised crime (INCSR 2007). The perception of high profits and lower expenditure, in part due to low trafficking costs, as methamphetamine can be home-produced or imported using well-established heroin routes (Pennay & Lee 2008), contributed to its attractiveness to illicit drug manufacturers (MacDonald 2006). Until the implementation of Project STOP and other supply-reduction measures, the increased availability and low cost of pseudoephedrine as a precursor chemical used in the manufacture of methamphetamine enabled OMCGs to produce large quantities of methamphetamine. Through their involvement in the distribution of illicit drugs in the nightclub and youth scenes, OMCGs were in the position to supply large volumes of methamphetamine to a niche market within the community, and, most importantly, within a short period of time (Holloway 2007).

Media reports from mid-2007 have revealed that LEAs are becoming aware of the need for exploration into the role and level of influence OMCGs have in the manufacture and distribution of methamphetamine (Holloway 2008; Perry 2007; Hunt 2006). National and international research has also supported these claims, repeatedly implicating OMCGs in the workings of the illicit drug market, reporting that they were becoming more sophisticated and dynamic and a significant influence in the fields of finance, security and entertainment (McKetin et al 2006b; UNODC 2002). OMCGs have a clearly defined hierarchical structure, divided into sub-groups, each operating in specific geographic regions (UNODC 2002). Emerging largely from the white middle-class, OMCGs have a strong social identity. And while membership is traditionally controlled by means of strict internal processes, over time such procedures have weakened, in an attempt to increase membership to strengthen their activities in the illicit drug market (UNODC 2002). An increased number of individuals involved in the manufacture and distribution process has created the need for a more cohesive, skilled organisation and greater levels of trust within the criminal network (Natajara & Bellanger 1998). As a result, it is apparent that OMCGs are becoming more efficient at methamphetamine production, and are able to access or create access to greater resources (UNODC 2002). For example, OMCGs in Australia have been linked to numerous pharmacy robberies relating to the procurement of the precursor chemical PSE (Taylor 2002), as well as numerous Customs seizures relating to the importation of precursors and already manufactured methamphetamine (ACS 2008). As a result, LEAs, Customs and Police have observed a greater number of international shipments being introduced into the South Australian market (Holloway 2008). Furthermore, the OMCGs' established influence over legitimate ventures, such as the management of nightclubs, provides the opportunity to distribute methamphetamine, accessing the demand side of the market (Iversen & Maher 2008; Gross 2006).

Numerous Australian State governments have consequently acknowledged the involvement of OMCGs in the war against illicit drugs (Holloway 2008; MacDonald 2006), incorporating legislative revisions and task force initiatives. For example, South Australia's 'Operation Avatar' aims to monitor and regulate the OMCGs' activities, in order to restrict their influence on the illicit drug trade (MacDonald 2006). The Controlled Substances (Drug Detection Powers) Amendment Bill 2008 (SA) was also submitted, as an amendment to the *Controlled Substances Act* 1984, to address the possession of precursor chemicals and

specialist equipment used in OMCGs' drug laboratories. The aim of this amendment is to reduce the illicit manufacture and distribution of methamphetamine (Holloway 2008). However, more recently the South Australian Government has also enacted 'anti-bikie' legislation to provide police with the authority to restrict who gang members associate with, and the power to outlaw OMCGs that have consistently been linked to illicit drugs (ABC News 2008; Holloway 2008). The landmark *Serious and Organised Crime (Control) Act 2008* (SA) is 'an Act to provide for the making of declarations and orders for the purpose of disrupting and restricting the activities of criminal organisations, their members and associates'. This law is in effect designed to disturb and, ideally, to dismantle OMCGs' activities, and prevent them from conducting illegal business in South Australia. Despite much criticism regarding the broad scope of the legislation, as well as its potential violation of human rights, its fundamental aspects represent a punitive and reactive response to the involvement and influence of OMCGs in the manufacture and distribution of methamphetamine. Moreover, the South Australian Government has tightened licensing regulations for the security and crowd control industry, proposed plans to empower police to restrict OMCGs from licensed venues, and aims to revise fire-arms legislation (Holloway 2008). However, despite this response, the emergence of OMCGs within legitimate ventures still poses a significant threat to the war on illicit drugs, given that the legislative response remains framed in terms of the repression of organised crime. While organisations such as OMCGs remain in legitimate business and engage members of the community in key areas, supply-focused responses will ultimately be insufficient to address the underlying concern of methamphetamine use among young people. Legislative responses must therefore be strengthened to incorporate an understanding of OMCGs' influence on drug use among young people, which is attainable through exploring their role in the maintenance of the atmosphere in which methamphetamine is distributed, such as nightclubs and dance-parties. Through focusing on the supply of *and* demand for illicit drugs, it is possible to counteract the impact of methamphetamine on the Australian and international illicit drug markets (Soldo 2007; ANCD 2006). Furthermore, as the emergence of the methamphetamine problem in Australia has the potential to affect a wide sector within the community, and is inextricably linked to health and law enforcement (Moore 2005), it is vital to maintain a balanced and evidence-based approach to policy and practice (Fulde & Wodak 2007).

'Project STOP': A Policy Response

Despite recent large-scale border detections of PSE that suggest that manufacturers are looking to import precursors, the viability of domestic sources has the potential to ensure that methamphetamine manufacturers will continue to focus on the domestic market (McKetin et al 2005). The rescheduling of regulations in 2006 regarding the sale of pharmaceutical preparations containing PSE demonstrated Australia's policy commitment to supply reduction (Drabsch 2006; ANCD 2006). Legislative amendments have countered the ease with which precursors can be obtained for misuse in the manufacture of methamphetamine. Most jurisdictions within Australia (and internationally) have amended legislation, facilitating the rescheduling of S2 (over-the-counter) medicines to S3/S4, which in practice ensures that products containing PSE are placed behind the counter requiring assistance and guidance from a registered pharmacist (Pharmacy Guild of Australia 2007a). The tightening of these schedules, in the short-term, appears to have reduced the opportunities for the misuse of PSE in the manufacture of methamphetamine by increasing the associated risks and reducing the rewards (AIC 2003). However, research has identified that despite a reduction in the number of clandestine laboratories detected in relation to methamphetamine (ANCD 2006), the number of pharmacy robberies reported regarding theft of precursor chemicals has increased significantly (Drabsch 2006; Official Committee

Hansard 2006). Given the lack of long-term efficacy, the need for greater law enforcement responses remains. This highlights the opportunity for the implementation of demand reduction measures that could ultimately minimise the need for precursor chemicals, such as PSE, and the harms associated with long-term methamphetamine use.

A further example of Australia's commitment to supply reduction measures has been the implementation of 'Project STOP', which has been introduced as part of the Australian Government's National Strategy to prevent the diversion of precursor chemicals into illicit drug manufacture, to assist pharmacists to reduce the impact of chemical diversion of PSE from cold and flu medication to methamphetamine manufacture (Pharmacy Guild of Australia 2007a). Following successful trialling in Queensland in 2005, The Pharmacy Guild, Australian Government, and Federal and State police are now keen to apply its success to the other jurisdictions in Australia (Pharmacy Guild of Australia 2007a). Launched in 2006 in Queensland, Project STOP is an online, national database that seeks to prevent consumers obtaining large amounts of PSE for misuse in the manufacture of methamphetamine (Pharmacy Guild of Australia 2007a). It is an information gathering tool aimed at assisting pharmacists to distinguish between legitimate patients and pseudo-runners, in order to prevent the diversion of PSE for misuse in the illicit manufacture of methamphetamine. In particular, the Project requires consumers to provide photographic identification when purchasing products containing PSE. In addition, the name and quantity of the PSE-product that is purchased is recorded, enabling LEAs to track sales and investigate cases in which an individual exceeds the predetermined amount of PSE that can be purchased within a given time-frame (Pharmacy Guild of Australia 2007a). Project STOP may therefore enable LEAs to map the trends of methamphetamine use and trafficking in the illicit drug market, and contribute practical data to future policy revision. An advantage of the project is that it is not restricted by jurisdictional boundaries and therefore provides comprehensive data that is accessible across numerous jurisdictions (Pharmacy Guild of Australia 2007a). The question that remains is whether this policy is sustainable and whether it accounts for emerging black markets and illegal importation (Grzybowski 2004) of precursors.

As the program is still in its preliminary stages, it would be unwise to pass judgment on its success, particularly given the transient and resilient nature of the illicit drug industry. However, whether Project STOP will share similar success across all Australian jurisdictions as was experienced in its Queensland-based trials is a question that remains, and one that will gauge its broader impact on the illicit drug market in Australia. Within the 12 months following its implementation in late 2005, Queensland LEAs observed a 23 per cent reduction in the number of clandestine laboratories in operation, and made over 30 drug-related arrests (Pharmacy Guild of Australia 2007b). Despite this, it can be suggested that the ambit of such legislation is narrow and does not address the reduction of illicit drugs in general. While removing products containing PSE from pharmacy shelves has had a moderate impact on the domestic manufacture of methamphetamine in the short term (Pharmacy Guild of Australia 2007b), it fails to acknowledge the adaptive nature of the illicit drug market, and the need for LEAs and policy-makers to protect the social welfare of the community through the provision of effective services. While demand is high and the manufacture of methamphetamine remains viable, illicit drug manufacturers will substitute precursor chemicals to maintain production (ANCD 2006). An approach that engages both supply and demand reduction measures may force the manufacturers of methamphetamine to cease production, which will ensure community safety and ultimately reduce the prevalence of methamphetamine use within Australia.

Furthermore, the influence of supply reduction measures on the community and on social welfare is one of the main difficulties facing policy-makers, and is an underlying factor that must be considered in the implementation of policy to regulate the manufacture and use of methamphetamine. The regulation of the sale of products that contain pseudoephedrine is a fundamental aspect of supply reduction, through the need to maintain its availability to consumers to fulfil its legitimate use as a cold and flu medication (McKetin et al 2005). Specifically, the lack of uniform legislative frameworks prevents current policy from overcoming the licit/illicit dichotomy of pharmaceutical products such as PSE that have traditionally been classified as either medical or recreational, not both (Edwards 1999). Supply reduction is the prominent focus of LEA efforts to reduce the prevalence and use of methamphetamine in Australia and internationally; whether policy-makers are able to protect the social welfare of the community through maintaining access to medicines remains ambiguous. In particular, the most prominent question is whether placing restrictions similar to those incorporated into Project STOP, requiring the presentation of personal identification when purchasing products containing PSE, could significantly reduce the liberties and freedom of the community (Edwards 1999). Restrictions placed on the stock levels of products containing PSE may also limit their access to legitimate consumers, especially during high-demand periods such as winter. And given the uncertainty in availability and reduced access to products containing PSE, consumers may subsequently be forced to use products that contain alternative medicines. However, research has identified that products containing phenylephrine (Eccles 2006) and phenylpropanolamine (Horwitz et al 2000; Thomas et al 1991) are less effective, can have significant adverse health effects, or may simply prolong consumers' symptoms resulting in a considerable impact on community health care. Policy-makers should therefore provide policy that examines the distinction between the licit and illicit uses of PSE and the need to protect social welfare, as well as ensure that further legislation incorporates a health care based approach to treatment that offers more than just a law enforcement, or indeed supply-focused response to the emergence of methamphetamine.

Conclusion: More than Law Enforcement

Despite the lack of conclusive data regarding drug trends, more countries are reporting greater seizures of methamphetamine, emphasising the need for intensified monitoring due to the likelihood that these increases reflect significant rises in methamphetamine use and manufacture (EMCDDA 2006). Since the mid-1990s it is evident that the illicit drug market has moved away from traditional narcotics toward the use of the emerging ATSs such as methamphetamine. It is clear that the incentive of high profits and increased availability of precursor chemicals associated with the manufacture of methamphetamine were significant factors in the marketing decision of OMCGs to engage in the manufacture of methamphetamine. In addition, due to the involvement of OMCGs in the nightclub and dance-party scene, there has been distinct opportunities for the illicit distribution of methamphetamine to young people and the gay community (Bolding et al 2006; Springer et al 2007). Of further concern is that given this new culture of distribution and use within such sub-groups, methamphetamine use, particularly among youth, has become normalised within mainstream illicit drug markets (Rawson & Condon 2007), and has become the most manufactured and distributed ATS in Australia (Hughart 2001; Wilkins 2002). The substantial increase in the availability and use of methamphetamine on the global level in recent years underscores the importance of identifying harm reduction and drug treatment programs that address the demand-side of methamphetamine within the illicit drug market.

Criminal justice approaches are dominated by LEAs and tend to advocate control strategies in the area of illicit drugs (Schuck 2005). Project STOP highlights the Australian Government's commitment to reducing the supply of illicit drugs (Pharmacy Guild of Australia 2007a). Through Project STOP and other legislative amendments, policy-makers have implemented a wide range of measures, such as the re-scheduling of products containing PSE, regulating how they are distributed, and the creation of information-sharing networks (Nicholas 2001). However, it can be suggested that purely retributive principles focused on supply reduction cannot have the most effective impact on the use of illicit drugs (Rawson & Condon 2007; Jensen et al 2004), as they fail to address health care aspects of drug use, specifically the increase in methamphetamine-related health problems (Mouzos et al 2007). Through solely focusing on supply reduction, the Project fails to acknowledge the benefits of focusing on treatment, prevention and education,⁶ and until demand reduction measures and principles are incorporated into illicit drug-related policy its potential impact on the reduction of methamphetamine use and manufacture will remain unknown. Rawson and Condon (2007) provide support, contending that, given the severe negative health consequences associated with methamphetamine use, and recent changes in methamphetamine use, further research and more detailed knowledge would greatly assist policy-makers.

As Norman (2006) suggests, the dangers associated with methamphetamine manufacture, distribution and dependency are beyond the scope of one agency. Australia's illicit drug-related policy should incorporate a multi-dimensional approach that encompasses treatment, education and health care, and not simply submit to a law enforcement mentality. LEAs and policy-makers should promote not only a reactive policy approach that focuses on situational crime prevention, but also one that is proactive and provides a multi-dimensional focus for the analysis of illicit drugs encompassing the demand-side of methamphetamine distribution and manufacture. Through coordinating a multi-agency approach incorporating health care and treatment centres (McKetin et al 2005) Project STOP could continue to be used in a more creative way, for instance as an initial platform from which to provide more effective services to the community through treatment and education (Caulkins & Reuter 2006). Therefore, further exploration could be made toward incorporating effective preventative measures other than law enforcement and supply-side measures to foster a criminal justice approach aimed at reducing the need for illicit drugs, not just their supply.

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⁶ At the end of 2008, some crucial reports and work on preventative measures, early intervention, treatment and tips for front-line workers have been published (see e.g. Penney & Lee 2008; Black et al 2008; Jenner & Lee (in press)).

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