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‘Ice Pipes’: Prohibition on Sale, Supply and Display under the Health and Other Legislation Amendment Bill 2007 (Qld)

‘Ice’ is a highly purified crystalline form of methamphetamine, a synthetic stimulant drug which is closely related to, but stronger than, amphetamine. The purity of ice puts users at an enhanced risk of dependency compared to other illicit drugs, and smoking ice results in similar rates of dependency as injection.

Although possessing and supplying ice are illegal in Queensland, reports exist about the ease by which pipes can be purchased to smoke it.

This Research Brief considers one aspect of the amendments proposed by the Health and Other Legislation Amendment Bill 2006 (Qld), namely amendments to the Tobacco and Other Smoking Products Act 1998 (Qld) to prohibit the sale and commercial display and supply of ‘ice pipes’ and their component parts.

It also examines the essential facts associated with ice and discusses some recent reports on the drug.

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EXECUTIVE SUMMARY

This Research Brief considers one aspect of the amendments proposed by the Health and Other Legislation Amendment Bill 2006 (Qld), namely amendments to the *Tobacco and Other Smoking Products Act 1998* (Qld) to prohibit the sale and commercial display and supply of 'ice pipes' and their component parts.

'Ice' is a highly purified crystalline form of methamphetamine, a synthetic stimulant drug which is closely related to, but stronger than, amphetamine. The purity of ice puts users at an enhanced risk of dependency compared to other illicit drugs, and smoking ice results in similar rates of dependency as injection. Although possessing and supplying ice are illegal in Queensland, reports exist about the ease by which pipes can be purchased to smoke it. The Bill seeks to redress this situation (**pages 1 – 3**).

Essential facts associated with ice are examined, including:

- its characteristics and how it is used (**pages 3 – 4**);
- its use in Australia (**pages 4 – 5**);
- health effects (**pages 5 – 7**);
- other possible effects (**page 8**);
- dependency and withdrawal (**pages 8 – 9**);
- methamphetamine psychosis (**pages 9 – 12**);
- supply (**pages 12 – 13**); and
- who uses the drug (**pages 13 – 14**).

Recent reports are also discussed, including those of the Australian National Council on Drugs (**pages 15 – 16**), the Crime and Misconduct Commission (**pages 16 – 20**) and various parliaments in Australia (**pages 20 – 21**).

The amendments proposed by the Bill are considered (**pages 22 – 25**), and other Queensland Government initiatives, the 'ICE-Breaker' Strategy (**pages 25 – 27**) and 'Operation Stop' (**page 28**), are discussed.

Similar prohibitions regarding the sale, supply or display of ice pipes as those proposed for Queensland by the Bill already exist in Victoria, New South Wales, Western Australia and South Australia (**page 28**).

1 INTRODUCTION

On 6 February 2007, the Hon S Robertson MP, Minister for Health, introduced the Health and Other Legislation Amendment Bill 2007 (Qld) into the Queensland Legislative Assembly.

This Research Brief considers one aspect of the amendments proposed by the Bill, namely amendments to the *Tobacco and Other Smoking Products Act 1998* (Qld) to prohibit the sale and commercial display and supply of 'ice pipes' and their component parts.

'Ice' (also commonly known as 'crystal meth')¹ is a highly purified crystalline form of methamphetamine, a synthetic stimulant drug which is closely related to, but stronger than, amphetamine.

Methamphetamine stimulates the central nervous system and speeds up the messages going to and from the brain. The various forms of the drug are:²

- a powdered form – typically a white or off-white powder, commonly known as 'speed', which characteristically is of low purity and may be snorted, injected or swallowed;
- a damp or oily form – generally, this has a white to yellow or brown colour, has a higher purity than the powdered form, and is typically injected but may also be swallowed. Common street names are 'base', 'pure', 'paste' and 'wax'; and
- a crystalline form – this is methamphetamine at its purest and is commonly known as 'ice'. It has a translucent to white crystalline appearance and is usually smoked or injected.

Ice is of fairly recent emergence in Australia, having hit the streets in predominantly the mid to late 1990s. Large shipments of ice were first detected at Australian borders in 2000.³ Many negative consequences flow from the use of the drug, particularly those impacting on physical and mental health, the risk of

¹ Other common street names for ice are listed in section 2.1 of this Research Brief.

² National Drug & Alcohol Research Centre, 'Methamphetamine: forms and use patterns', *Fact Sheet*, 2006, downloaded on 5 March 2007 from [http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/NDLERF_Methamphetamine/\\$file/NDLERF+ICE+FORMS+AND+USE.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/NDLERF_Methamphetamine/$file/NDLERF+ICE+FORMS+AND+USE.pdf).

³ National Drug & Alcohol Research Centre, 'Methamphetamine supply in Australia', *Fact Sheet*, 2006, downloaded on 7 March 2007 from [http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/NDLERF_Methamphetamine/\\$file/NDLERF+ICE+SUPPLY.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/NDLERF_Methamphetamine/$file/NDLERF+ICE+SUPPLY.pdf).

psychosis, social and financial problems, and the consequences of risky sexual and injecting behaviour.⁴ The high degree of purity of ice also puts users at an enhanced risk of dependency compared to other illicit drugs.

Smoking ice results in similar rates of dependency as injection. This is particularly concerning as many people start smoking the drug in a social context believing that it is a less harmful way of using it than injecting.

Smoking ice is more addictive than most other forms of recreational drug use. If you smoke ice you are much likely to have problems than if you snort or swallow speed. This is because smoking ice gives a more intense high, so it is hard not to want to keep using more.

When you're smoking ice with friends it can be difficult to know exactly how much you've used. Some people can also find it difficult to refuse a pipe that is handed around in a group situation. ...

Smoking seems like a more innocent way to take ice than injecting, but the truth is that smoking ice is highly addictive, and ice smokers often use as much of the drug as injectors. Smoking ice is addictive because smoking is a very efficient way to take methamphetamine⁵

Possessing and supplying ice are illegal in Queensland;⁶ however reports exist about the ease by which pipes can be purchased to smoke it. This anomaly has been questioned, with one newspaper article stating:⁷

Pipes used to smoke a potent and highly dangerous form of amphetamine are being sold for as little as \$10 at family shopping centres in Queensland. The small glass pipes used for smoking the drug known as "ice" are on clear display alongside other drug paraphernalia.

Drug workers say the pipes promote drug use

Alcohol and Drug Foundation Queensland treatment services manager Mark Brown said the ready availability of the pipes sent the wrong message.

"The connotation about what they're used for is very strong", he said.

In announcing the introduction of the Bill, the Hon S Robertson said that he "was concerned more than 500 Queensland outlets such as tobacconists and novelty

⁴ Some of these consequences are discussed in greater detail in sections 2.3 to 2.6 of this Research Brief.

⁵ National Drug & Alcohol Research Centre, *On Thin Ice: A User's Guide*, p 4, downloaded on 6 March 2007 from [http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/Ice+Resource/\\$file/ICE+RESOURCE.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/Ice+Resource/$file/ICE+RESOURCE.pdf).

⁶ *Drugs Misuse Act 1986* (Qld).

⁷ Mark Alexander, 'Shops selling drug pipes', *Sunday Mail*, 2 October 2003, p 22.

shops sold utensils solely used to smoke ice such as glass pipes” and that “the display and sale of these pipes only feeds a perception that smoking methamphetamines is an acceptable and regular activity”.⁸

The Bill seeks to redress this situation.

2 ICE: THE ESSENTIAL FACTS

Useful factual information about ice is available from:

- a fact sheet on ice prepared by the Drug Info Clearinghouse;⁹ and
- a publication on ice prepared by the National Drug & Alcohol Research Centre to assist users of the drug.¹⁰

Information from these and a number of other sources is summarised below.¹¹

2.1 CHARACTERISTICS OF ICE AND HOW IT IS USED

Ice:

- is a synthetic stimulant drug which stimulates the central nervous system and speeds up the messages going to and from the brain;
- is chiefly made from pseudoephedrine, an ingredient of some cold and flu medications, by a process that uses other commonly available chemicals and is highly flammable and possibly explosive;

⁸ Hon P Beattie MP, Premier and Minister for Trade, and Hon S Robertson MP, Minister for Health, “‘Ice’ use targeted by Beattie Government”, *Ministerial Media Statement*, 5 February 2007.

⁹ Drug Info Clearinghouse, “‘Ice’: crystal methamphetamine hydrochloride”, *Fact Sheet*, revised April 2006, downloaded on 22 February 2007 from [http://www.drugarm.com.au/files/pdf/Fact_sheet_1\[1\].28_Ice.pdf](http://www.drugarm.com.au/files/pdf/Fact_sheet_1[1].28_Ice.pdf).

¹⁰ On Thin Ice: A User’s Guide.

¹¹ The additional sources are: Drug & Alcohol Information Centre, ‘Amphetamines’, *Fact Sheet*, downloaded on 23 February 2007 from <http://www.drugarm.com.au/files/pdf/Amphetamines.PDF>; Australian National Council on Drugs, ‘Methamphetamines’, *Position Paper*, January 2007, downloaded on 6 March 2007 from http://www.ancd.org.au/publications/pdf/pp_methamphetamines.pdf; Methamphetamine supply in Australia, Fact Sheet; and ‘The big chill: crystal methamphetamine ... the facts’, *Gold Coast Bulletin*, 17 February 2007.

- is a form of methamphetamine, and closely related to amphetamine which can increase endurance, help people to stay awake and allow them to function beyond their normal limits under pressure;
- looks like large, transparent and sheet-like crystals that may have a hint of pink, blue or green colour;
- is more potent than the other forms of methamphetamine, with a significantly higher purity (about 80%) than ‘speed’ (the powdered form of methamphetamine, which has a purity of about 10%);
- is also known as meth, d-meth, crystal, crystal meth, shabu, batu, tina and glass;
- has a street price of about \$45 to \$50 per ‘point’ (0.1 grams);¹² and
- is swallowed, snorted, injected, inserted anally or smoked through a glass pipe or from vapours caused by heating the drug on aluminium foil.

Concern has been expressed about the sophisticated marketing of ice, particularly to young people. Some users are under a misapprehension that ice is a ‘clean’ drug because the crystals mean that it is free from contaminants.¹³

*Naming the drug ice clearly demonstrates the ability of illicit drug manufacturers to use sophisticated marketing techniques – for what does ice conjure up for young people today – images of a cool, crisp and clean substance – unfortunately this is an image far from reality. The dirty, unsanitary and unsafe production of this drug is glossed over with the use of a name to remove such thoughts from the user’s mind.*¹⁴

2.2 ICE USE IN AUSTRALIA

In terms of methamphetamine use in general:¹⁵

- almost one-in-ten Australians (9.1%) have tried methamphetamine at least once, and around 500,000 have used it in the past year;

¹² These figures vary between reports. Other recent figures include, for example, \$60 to \$70 for 0.1grams on the Gold Coast (Tony Wilson, ‘Druggies at home in squalor of the ice house’, *Gold Coast Bulletin*, 25 November 2006, p 1) or \$250 for one gram, also on the Gold Coast (Rick Morton, ‘Deals done at Coast service stations, parks’, *Gold Coast Bulletin*, 27 November 2006, p 1).

¹³ Michelle Wiese Bockmann, ‘Police redesign drug tactics to break the rise of ice’, *Australian*, 2 October 2006, p 3.

¹⁴ Dr John Herron, Chairman, Australian National Council on Drugs, transcript of address to the National Press Club, 31 January 2007, downloaded on 27 February 2007 from <http://www.ancd.org.au/media/media101.htm>.

¹⁵ These statistics are taken from Methamphetamines, Position Paper.

- most current users take the drug infrequently, however there are an estimated 73,000 dependent methamphetamine users in Australia¹⁶ (compared to the estimated 45,000 regular heroin users) who typically inject or smoke the drug;
- there are currently about 50 deaths annually in Australia attributed directly to psychostimulant drug use, including methamphetamines;
- methamphetamine is usually taken in a home environment with friends or acquaintances, generally by smoking and by passing a pipe between persons;
- most regular methamphetamine users also use a variety of other drugs such as cannabis, other synthetic stimulants and heroin; and
- most methamphetamine users can afford their drug use, spending around \$50 to \$100 per week, however higher levels of crime are associated with regular users who may, for example, sell drugs to support their habit.

Other statistics from 2004 show:¹⁷

- 3.2% of Australians aged 14 years and over had used amphetamines for non-medical purposes in the previous year and of this group over 38% reported that the type of amphetamine they used was ice;
- ice was used by 52% of injecting drug users, an increase from 15% in 2000; and
- 63% of a sample of people who had used ecstasy had tried ice at least once, and 45% had used ice in the previous six months.

Statistics on amphetamine use specific to Queensland are provided in section 3.2 of this Research Brief. In this regard, the Queensland Drug Council recently described south-east Queensland's amphetamine problem, in particular, as "the worst in the world".¹⁸

2.3 HEALTH EFFECTS OF ICE

Most people say they like taking ice because of the euphoria and sense of well-being they get. Feeling confident is also one of the desirable effects of ice, and so is having lots of energy and enthusiasm for everything.

While a lot of people take it before they go out, it is pretty common that people just hang out at home with their friends too. Aside from socialising, some people really

¹⁶ The actual number of Australians dependent on methamphetamine has been suggested to be between 63,000 and 102,000 (John Stapleton, 'Unknown' number of ice addicts, say Ministers', *Australian*, 15 December 2006, p 5).

¹⁷ These statistics are taken from "Ice": crystal methamphetamine hydrochloride, Fact Sheet.

¹⁸ Glenn Milne and Daryl Passmore, 'Ice tops national drugs hit list', *Sunday Mail*, 22 October 2006, p 7.

*enjoy activities like listening to music or drawing when they're on ice, or it just gives them the energy and motivation to get things done, even everyday chores like the housework.*¹⁹

Despite these perceived positive effects, there are many negative consequences associated with the use of ice. There is a belief that both users and the general public are “frighteningly in the dark about the dangers of this destructive drug”.²⁰ Mr Paul Dillon of the National Drug and Alcohol Research Centre has said:²¹

For parents, ice is one of the new drugs they simply don't understand because it wasn't around when they were younger.

2.3.1 Immediate effects

The psychological and physical effects that may be experienced soon after taking ice include:

- euphoria, excitement and well-being;
- increased alertness, confidence and libido, more energy, feelings of increased strength, talkativeness, and restlessness;
- repetition of simple acts;
- itching, picking and scratching;
- tremors of the hands and fingers;
- speeding up of bodily functions such as increased breathing rate, body temperature, blood pressure, rapid and irregular heartbeat and excessive sweating;
- difficulty sleeping, reduced appetite, dilated pupils, dry mouth, stomach cramps, nausea, dizziness, blurred vision and severe headaches;
- abrupt shifts in thought and speech;
- nervousness, panic attacks, anxiety and paranoia; and
- irritability, aggression, hostility and psychosis including hallucinations, paranoid delusions and bizarre behaviour.

¹⁹ On Thin Ice: A User's Guide, p 3.

²⁰ Elizabeth Allen, 'Ice age danger', *Courier Mail*, 14 October 2006, p 50 (a copy is included in Appendix A to this Research Brief).

²¹ Heath Aston (Daily Telegraph), 'Dope makes way for ice age', *news.com.au*, 21 February 2007.

2.3.2 Coming down

The symptoms that may be experienced as the effects of ice wear off include tension, depression, radical mood swings, irritability, paranoia, uncontrollable violence and exhaustion.

Some users try to 'self-medicate' during this period, including by smoking cannabis.

2.3.3 Long-term effects

Long-term use of ice may result in:

- high blood pressure and increased risk of heart-related complications such as heart attack or heart failure;
- strain on kidneys, and possible kidney failure;
- malnutrition and rapid weight loss due to reduced appetite;
- chronic sleeping problems;
- reduced immunity and increased susceptibility to infections due to the person not sleeping or eating properly;
- depression, anxiety, tension and paranoia;
- brain damage (resulting in reduced memory function and other impairments in thinking);
- dental problems (from grinding teeth);
- damage to the lungs, if the ice is smoked;
- damage to the lining of the nose, if the ice is snorted; and
- scarring, abscesses and vein damage, if the ice is injected, together with a risk of hepatitis B and C, and HIV, if the injecting equipment is shared.

A user's physical appearance can also change to such an extent that they are almost unrecognisable as their former selves.²² A website has been compiled, often referred to as the "faces of meth", showing the changes in the physical appearance of various users over a period of several months or a few years.²³

2.4 OTHER POSSIBLE EFFECTS

Other effects also associated with the use of ice include:

²² Tony Wilson, 'Druggies at home in squalor of the ice house'.

²³ <http://www.drugfree.org/Portal/DrugIssue/MethResources/faces/index.html>.

- an increased tendency to practise unsafe sex;
- dangers to self and others when driving a car or operating other machinery or equipment; and
- family, social, financial, legal, work and educational problems, which can often be aggravated if the user is irritable, hostile, violent or experiencing psychological problems connected to their use of the drug.

Pregnant women who use ice risk endangering the development of their foetus, and the babies may experience withdrawal symptoms after birth.

In terms of the impacts on children when a parent uses ice, the Hon D Boyle MP, Minister for Child Safety, recently said:²⁴

The Suspected Child Abuse and Neglect Team estimates that in 90 per cent of cases where harm to children is confirmed at least one parent has a problem with drugs or alcohol or both. In particular, child safety officers are concerned about the use of crystal meth, or ice

Ice is a highly addictive and extremely dangerous drug not only to users but also to others in their company – even, I am sad to say, to their own children. Children ... have been injured by parents on crystal meth. Even if there is no actual physical violence, users are in no state to care for a child.

Some reports also link the use of ice to increased crime, committed either when a user is ‘high’ or as a result of users needing to fund their dependency.²⁵

2.5 DEPENDENCY AND WITHDRAWAL

Using ice can quickly result in:

- a tolerance to the drug and a need for increasingly larger doses to achieve the desired effects;
- physical dependence, when their body adapts to the drug and gets used to functioning with the drug being present; and
- psychological dependence, when using ice becomes more important than other activities.

Symptoms often experienced when a person tries to address their habit and stop using ice include:

- strong cravings for the drug;

²⁴ Hon D Boyle MP, Minister for Child Safety, ‘Child safety’, *Questions Without Notice*, Hansard, 6 February 2007, pp 31-32, p 32.

²⁵ See, for example, Jamie Pandaram, ‘Ice scourge sees armed raids soar’, *Sydney Morning Herald*, 28 November 2006, p 1.

- disorientation;
- hunger;
- extreme fatigue and exhaustion;
- decreased energy, apathy and a limited ability to experience pleasure; and
- anxiety, irritability and depression.

Unlike heroin, there are no established treatment programs and no legal replacement drugs for ice addicts.²⁶ Mr Gino Vumbaca, the chief executive officer of the Australian National Council on Drugs, has said:²⁷

The real challenge of this drug is that we don't have the treatment options available that we have for heroin and other drugs we encounter.

A representative of the Turning Point Alcohol and Drug Centre in Melbourne has said:²⁸

When you come to the phenomenon of amphetamine dependence, we don't have ready answers. You need psychiatric intervention, you need intensive psychological counselling and then there are a range of drugs useful for managing sleep deprivation and depression. It is a package. ...

There are not many drug and alcohol agencies that see people high on ice because many of those people don't tend to think that they have a drug problem so they don't seek treatment. The places you see them in the acute stages are in emergency departments of hospitals.

2.6 PSYCHOSIS

Methamphetamine psychosis has received considerable media coverage, particularly regarding the impacts on emergency services personnel and hospital emergency departments.

The number of hospital presentations for methamphetamine psychosis has steadily increased in Australia from 1,028 in 1999/00 to 1,510 in 2004/05.²⁹

²⁶ Amanda Hodge, 'Totally addicted to ice', *Australian*, 5 September 2005, p 10 (a copy is included in Appendix A to this Research Brief).

²⁷ Cameron Stewart, 'Scourge of the ice age', *Australian*, 12 October 2006, p 12 (a copy is included in Appendix A to this Research Brief).

²⁸ Cameron Stewart, 'Scourge of the ice age'.

²⁹ Methamphetamines, Position Paper, p 4.

Mr Paul Dillon of the National Drug and Alcohol Research Centre has said the following about ice and the psychosis it induces:³⁰

It's the issue in Australia at the moment in terms of drugs and has been for the last couple of years, but it doesn't get a lot of attention because not many people die from it. ... The big issue with amphetamines in Australia is the whole problem of psychosis.

The symptoms of psychosis can vary considerably. Some people may simply suffer mild visual disturbances and feelings of self-consciousness in public, whereas others experience bizarre beliefs and hallucinations that can lead them to act in irrational, unpredictable and often aggressive ways.

The most common symptoms of psychosis are:³¹

- hearing or seeing things that are not there;
- feeling suspicious, and feeling as though people are watching you, picking on you or 'out to get you'; and
- having strange thoughts that are hard to explain, such as feeling that other people are spying on you or know what you are thinking.

Other less common symptoms include repetitive compulsive behaviour, which may involve bizarre behaviours or rituals, and sexual compulsions. Some people feel like they have bugs under their skin or believe that they can smell things that are not there.³²

Mild symptoms of psychosis that are fairly common for users include:³³

- seeing shadows or lights in the corners of their eyes;
- having illusions where they can see shapes of people or other things moving in inanimate objects;
- imagining that someone is calling their name or that the phone is ringing;
- thinking that other people are talking to, or picking on, them;
- feeling self-conscious because they believe people are watching them;
- feeling like ordinary everyday things have special significance or have taken on a special meaning; and
- imagining that objects are taking on the shape of living things or are moving when they are not.

³⁰ Amanda Hodge, 'Totally addicted to ice'.

³¹ On Thin Ice: A User's Guide, p 10.

³² On Thin Ice: A User's Guide, p 11.

³³ On Thin Ice: A User's Guide, p 11.

The symptoms of methamphetamine psychosis may last only a few hours; however they can also last a few days. Worryingly, sometimes the recovery from psychosis can be incomplete.³⁴

The aggression that can accompany methamphetamine psychosis has been widely reported in the media.³⁵

Sydney's St Vincent's Hospital director of emergency Gordian Fulde estimates that between 2000 and 2004, there was a five-fold increase, in his hospital, in cases involving violence associated with the use of crystal meth. He says the medical community knew some years ago, from overseas reports, that the drug and associated physical and mental problems were on their way. But he had no concept of what he was dealing with until he came face to face with a user in the throes of a full-blown psychotic episode. In the worst cases, the scenario is frighteningly familiar. "The police car is rocking in the ambulance bay," Fulde says. "We need six people to get anywhere near [the patient] to physically restrain them, to sedate them. The extreme examples are like nothing else in the world. There's just this unchecked violence and animalistic behaviour. They get paranoid and there's no boundaries, nothing in the patient's head stopping the action. They can beat their own head to a pulp on the side of the wall. In his 25 years as emergency department director he says "nothing has scared me as much as these people".³⁶

Sydney's St Vincent's Hospital has responded to the situation by building its own rooms to contain violent ice users.³⁷ The Gold Coast Hospital also has special treatment rooms with reinforced walls and foam rubber furniture to deal with similar patients.³⁸

Dr Ed Heffernan, of Queensland Forensic Mental Health Service, has explained that:³⁹

... Methamphetamine use can cause brain damage and is linked to mental illness.

It is toxic and can cause long-term cognitive and motor effects

In my view the public doesn't understand the serious risks it poses to individuals' brains in both acute and long-term use.

³⁴ Elizabeth Allen, 'Ice age danger'.

³⁵ See, for example, Cameron Stewart, 'Scourge of the ice age'.

³⁶ Amanda Hodge, 'Totally addicted to ice'.

³⁷ Rob Moodie, 'New ice age upon us and we must act now', *Age*, 4 April 2006, p 1.

³⁸ Janet Fife-Yeomans, Rhett Watson and Clare Masters, 'The new Ice Age', *Sunday Mail*, 22 October 2006, p 62 (a copy is included in Appendix A to this Research Brief).

³⁹ Elizabeth Allen, 'Ice age danger'.

From a mental illness perspective, there seems to be little doubt there is an association between methamphetamine use and the development of psychotic symptoms.

For some people this might be only a short-term experience but for others it can be of much longer duration and can have a significant impact on their lives.

There is individual susceptibility but you don't know what your risk is. You are rolling a dice.

Some recently quoted statistics on the occurrence of methamphetamine psychosis are that:⁴⁰

- regular methamphetamine users are 11 times more likely to suffer psychosis than the general population;
- 23% of regular users will experience symptoms of psychosis within a given year; and
- regular users who are at particularly high risk of psychosis include chronic users, people with a vulnerability to psychosis such as those with a family history of schizophrenia, and people who have a chronic psychotic disorder such as schizophrenia or mania.

2.7 SUPPLY

Most ice in Australia is imported, predominantly from southeast and east Asia. This may be partly due to difficulties in obtaining the precursor ingredient pseudoephedrine locally, due to concerted efforts to monitor supply through cold and flu medication purchases from pharmacies.⁴¹ However, greater recent detection of the importation of such precursors into Australia suggests that local manufacture of the drug may be increasing, often through small, portable clandestine labs.

The Australian ice market has been described as follows:⁴²

In Australia the ice market is largely controlled by ethnic and bikie gangs, although in Melbourne the crime families involved in the recent underworld war were also big players. Most of the ice on the streets traditionally has been imported and the supply is plentiful because Asian nations have upped their production of the drug.

⁴⁰ Methamphetamines, Position Paper, p 4.

⁴¹ A Queensland Government initiative along these lines is discussed in section 5.2 of this Research Brief.

⁴² Cameron Stewart, 'Scourge of the ice age'.

In terms of recent moves towards the importation of precursors, it has been reported that:⁴³

Drug gangs manufacturing “ice” are smuggling cold and flu tablets from Asia to beat a crackdown on over-the-counter sales in Australian pharmacies.

The ingredients for the dangerous drug can be bought legally in Asia where some tablets are up to 90 per cent pure ephedrine or pseudoephedrine.

The trend has alarmed Australian Customs, which has seized 24kg of the drugs – potentially worth up to \$30 million on the street – from travellers’ luggage and postal packages in the past six months. ...

Malaysia, the Philippines, China and Indonesia have emerged as the main sources since Australian chemists cracked down on cold and flu tablet sales [in 2006].

In terms of the distribution of ice to users, this occurs mainly through social networks of drug users and word-of-mouth. Almost all users report their main dealer as a close friend or acquaintance.

Recent users of amphetamine aged 14 and over in Queensland obtained their amphetamine from the following sources in 2001:⁴⁴

Source	First Use	Recent Use
Friend/acquaintance	84.4%	78.5%
Relative	4.2%	6.1%
Spouse or partner	2.7%	2.7%
Dealer	4.2%	10.4%
Other	4.5%	2.2%

2.8 USERS

Methamphetamine as a drug class is now second only to cannabis in its use by young Australians.⁴⁵ Concern is concentrating on young people aged 17 to 25 who

⁴³ Ben Johnson, ‘Flu pill flood to feed ‘Ice’ labs – drug gangs smuggle over-the-counter medicines from Asia’, *Sunday Mail*, 26 November 2006, p 40.

⁴⁴ Queensland. Crime and Misconduct Commission, ‘Amphetamine: Still Queensland’s No. 1 Drug Threat’, *Crime Bulletin Series*, No. 5, June 2003, p 11.

⁴⁵ Simon Kearney, ‘Young turning from ecstasy to ice’, *Australian*, 27 September 2006, p 5.

are educated and employed.⁴⁶ Unlike heroin, which is considered a ‘working class’ drug, ice is popular with white collar, middle and upper class professionals.

There are reports of teenagers as young as 16 smoking ice as an alternative to ecstasy, and that drug syndicates are deliberately targeting young people.⁴⁷

*It seems to be the young, employed and financially well-off who are using crystal methamphetamine, presumably as an alternative to ecstasy.*⁴⁸

The image of ice is such that there are reports that young people who would not try heroin will try ice.⁴⁹ In fact, some say that the “heroin drought has been replaced by an ice mountain”.⁵⁰

Despite these concerns, it must be remembered that the use of methamphetamine extends beyond the stereotypical young party scene. The drug is also used by bus and truck drivers, taxi drivers and other night-shift workers to help them stay awake and alert.⁵¹

2.9 SELECTED COMMENTS ON ICE

A small selection of some of the public comments that have been made about ice and the challenges it poses are reproduced below.

New South Wales Police Commissioner Ken Moroney

*It is the new scourge. I am concerned that we risk losing a whole generation of young people if they succumb to these vile drugs.*⁵²

Commissioner Moroney has said that he believes that ice is a bigger problem than heroin and is the ‘greatest scourge’ of his 41 years of policing.⁵³

⁴⁶ Elizabeth Allen, ‘Ice age danger’.

⁴⁷ Simon Kearney, ‘Young turning from ecstasy to ice’.

⁴⁸ Dr Raymond Seidler, ‘Crystal methamphetamine’, *Australian Doctor*, 2 December 2005.

⁴⁹ Janet Fife-Yeomans, Rhett Watson and Clare Masters, ‘The new Ice Age’.

⁵⁰ Rob Moodie, ‘New ice age upon us and we must act now’.

⁵¹ Emily Dunn, ‘Workers hooked on party drug’, *Sydney Morning Herald*, 28 September 2006, p 1.

⁵² Jamie Pandaram, ‘Ice scourge sees armed raids soar’.

⁵³ Janet Fife-Yeomans, Rhett Watson and Clare Masters, ‘The new Ice Age’.

Former Queensland Drug and Alcohol Chief Executive Bob Aldred

*If I had to make the awful choice I would prefer my son or daughter to be on heroin rather than amphetamines. Although heroin has the chance of mortality, you can usually keep them alive until you get them off the heroin. With amphetamines your psychosis can become a chronic psychosis. Then you have a lifetime illness and that person is going to be a major problem for the rest of their lives.*⁵⁴

Hon Christopher Pyne MP, Federal Assistant Minister for Health and Aging

*It is, in our war on drugs, our first and No. 1 enemy.*⁵⁵

Royal Perth Hospital emergency physician Frank Daly

*If you took amphetamines off the streets tomorrow the demand for acute psychiatric services would plummet overnight.*⁵⁶

3 RECENT REPORTS AND CONFERENCES

3.1 AUSTRALIAN NATIONAL COUNCIL ON DRUGS

The Australian National Council on Drugs is the principal advisory body to the Australian Government on drug and alcohol issues. In January 2007, it released a position paper, *Methamphetamines*,⁵⁷ which examined the use of all methamphetamines, including ice, in Australia. The paper also makes a number of recommendations directed at:

- managing methamphetamine psychosis;
- methamphetamine related crime and violence;
- methamphetamine supply;
- prevention strategies;
- treatment responses; and
- HIV and blood-borne virus transmission.

⁵⁴ Michael Corkill, 'Speed spectre stalks state', *Courier Mail*, 5 February 2005, p 34.

⁵⁵ Cameron Stewart, 'Scourge of the ice age'.

⁵⁶ Amanda Hodge, 'Chinese move in as crystal meth becomes new heroin', *Australian*, 5 September 2005, p 3.

⁵⁷ Australian National Council on Drugs, 'Methamphetamines', *Position Paper*, January 2007, downloaded on 23 February 2007 from http://www.ancd.org.au/publications/pdf/pp_methamphetamines.pdf.

In discussing the problems of methamphetamine use compared to other drugs, the position paper states:⁵⁸

Like all drug problems, responding to the methamphetamine problem requires a balanced and coordinated approach that encompasses supply reduction, prevention, treatment, and reducing harms associated with the drug. To this end, many of the necessary responses to address methamphetamine use are already in place in the form of existing government and non-government treatment agencies, HIV prevention initiatives, and current law enforcement efforts.

However, methamphetamine use is also accompanied by many effects and consequences that differ from other drugs, including methamphetamine-induced psychosis. As a result, some existing responses need to be adapted whilst some further specific responses to methamphetamines are also warranted.

In terms of concerns regarding the smoking of ice, the position paper states:⁵⁹

The rise in crystalline methamphetamine is a particular concern, with a rapid increase in the popularity of smoking this drug among non-injecting recreational drug users, and elevated levels of dependence among this group.

3.2 CRIME AND MISCONDUCT COMMISSION

Queensland's Crime and Misconduct Commission ('CMC') has released a number of reports relevant to methamphetamine/amphetamine usage.

3.2.1 Profiling the Queensland Amphetamine Market

In December 2006, the CMC released a report, *Profiling the Queensland Amphetamine Market*.⁶⁰ The report brings together the views of 665 current amphetamine users throughout Queensland, which were provided in a survey conducted in 2002, and the views of those who respond to the problems associated with illicit drug use.⁶¹

⁵⁸ Methamphetamines, Position Paper, p 1.

⁵⁹ Methamphetamines, Position Paper, p 2.

⁶⁰ Queensland Government. Crime and Misconduct Commission, *Profiling the Queensland Amphetamine Market*, December 2006, downloaded on 6 March 2007 from <http://www.cmc.qld.gov.au/data/portal/00000005/content/94730001166138013010.pdf>.

⁶¹ Queensland. Crime and Misconduct Commission, 'CMC profiles Queensland amphetamine market', *Media Release*, 15 December 2006.

The report:⁶²

- describes the characteristics of amphetamine users;
- outlines users' perceptions of law enforcement; and
- assesses the impact of law enforcement activity on the amphetamine market.

The key findings of the report include:

- in the six months preceding the survey, 64% of respondents had used speed, 63% had used base, and 44% had used ice. The prevalence of ice use in Brisbane was, however, substantially higher (45%) than through the State in general (28%);⁶³
- in the six months preceding the survey, base was used on 30 days, speed was used on 20 days and ice was used on ten days, with 40% of respondents saying they were not interested in ceasing their amphetamine use;⁶⁴
- most respondents engaged in polydrug use, particularly cannabis (75%), alcohol (71%) and cigarette (65%), and other drugs were often used to enhance or manage the amphetamines;⁶⁵
- the main reasons for deciding to use amphetamines were experimentation, opportunity and peer influence;⁶⁶
- a belief among users that amphetamines are readily available throughout Queensland;⁶⁷
- amphetamines are usually purchased in private locations, with 82% of respondents buying amphetamines in a private dwelling;⁶⁸
- it is relatively common for amphetamine users to become involved in the sale of amphetamines and other drugs;⁶⁹
- amphetamine users experience high levels of physical and verbal violence;⁷⁰

⁶² 'CMC profiles Queensland amphetamine market', Media Release.

⁶³ Profiling the Queensland Amphetamine Market, p ix.

⁶⁴ Profiling the Queensland Amphetamine Market, pp 7 and 39.

⁶⁵ Profiling the Queensland Amphetamine Market, p 8.

⁶⁶ Profiling the Queensland Amphetamine Market, pp 10-11.

⁶⁷ Profiling the Queensland Amphetamine Market, p 15.

⁶⁸ Profiling the Queensland Amphetamine Market, p 18.

⁶⁹ Profiling the Queensland Amphetamine Market, pp 17 and 22.

⁷⁰ Profiling the Queensland Amphetamine Market, pp 26-28.

- respondents had reasonably high levels of involvement in criminal activities;⁷¹
- 74% of respondents believed that police activity made selling amphetamines a ‘very’ or ‘quite’ risky activity;⁷²
- 42% of respondents reported that they had friends or acquaintances who had been arrested for amphetamine-related offences in the past six months;⁷³
- the most common factors viewed by respondents as potentially influencing a decision to stop using amphetamines were to avoid trouble with the police/law (41%), to have greater control of their life (38%), to have better mental health (37%) and to have better physical health (33%);⁷⁴ and
- 69% of respondents believe law makers do not understand illicit drug use.⁷⁵

3.2.2 *Illicit Drug Use in Queensland: A Survey of Households 2002-05*

In February 2007, the CMC released a report, *Illicit Drug Use in Queensland: A Survey of Households 2002-05*.⁷⁶

Some of the findings in relation to amphetamines are:

- 5.8% of people have used amphetamines;⁷⁷
- more males (7.4%) than females (4.2%) reported using amphetamines;⁷⁸
- 9.9% of 18 to 24 year olds have used amphetamines, as have 12.8% of 25 to 34 year olds, 6.2% of 35 to 44 year olds, 2.3% of 45 to 59 year olds, and 0.8% of those aged 60 and over;⁷⁹
- the average age for first use of amphetamines is 20.6 years;⁸⁰

⁷¹ Profiling the Queensland Amphetamine Market, pp 28-32.

⁷² Profiling the Queensland Amphetamine Market, p 36.

⁷³ Profiling the Queensland Amphetamine Market, p 37.

⁷⁴ Profiling the Queensland Amphetamine Market, pp 39-40.

⁷⁵ Profiling the Queensland Amphetamine Market, p 36.

⁷⁶ Queensland. Crime and Misconduct Commission, *Illicit Drug Use in Queensland: A Survey of Households 2002-05*, February 2007, downloaded on 6 March 2007 from <http://www.cmc.qld.gov.au/data/portal/00000005/content/87421001161922260587.pdf>.

⁷⁷ *Illicit Drug Use in Queensland: A Survey of Households 2002-05*, p 4.

⁷⁸ *Illicit Drug Use in Queensland: A Survey of Households 2002-05*, p 7.

⁷⁹ *Illicit Drug Use in Queensland: A Survey of Households 2002-05*, p 8.

⁸⁰ *Illicit Drug Use in Queensland: A Survey of Households 2002-05*, p 8.

- amphetamine use is higher among people who have never been married (13.2%) and those in a de facto relationship (13.4%) compared to married people (2.7%) and those who are separated, divorced or widowed (4.1%);⁸¹
- amphetamine use according to occupational status is 6.1% of full-time employees, 7.4% of part-time or casual employees, 5.3% of self-employed persons, 11.2% of unemployed persons, 12.2% of students and 2.0% of other people such as those who perform home duties or are retired, sick or disabled;⁸² and
- 61.7% of respondents believe that amphetamines are easy to obtain.⁸³

3.2.3 Amphetamine: Still Queensland's No. 1 Drug Threat

In June 2003, the CMC released a crime bulletin, *Amphetamine: Still Queensland's No. 1 Drug Threat*.⁸⁴ This publication refers to a June 1999 assessment of illicit drug markets by the CMC and a conclusion that the heroin market represented the highest risk to the Queensland community. By November 2000, however, a further assessment by the CMC concluded that the greatest risk was posed by the amphetamine market.⁸⁵

The crime bulletin:⁸⁶

- describes the extent of the amphetamine problem in Queensland, including trends in the number of arrests of amphetamine users and providers, amphetamine seizures, and clandestine lab detections;
- explains some of the characteristics of Queensland's amphetamine market, including how the market is supplied;
- highlights some of the emerging responses to the amphetamine problem;
- predicts future trends in the supply and use of amphetamine and discusses some of the challenges to law enforcement and the broader community; and

⁸¹ Illicit Drug Use in Queensland: A Survey of Households 2002-05, p 10.

⁸² Illicit Drug Use in Queensland: A Survey of Households 2002-05, p 11.

⁸³ Illicit Drug Use in Queensland: A Survey of Households 2002-05, p 14.

⁸⁴ Queensland. Crime and Misconduct Commission, 'Amphetamine: Still Queensland's No. 1 Drug Threat', *Crime Bulletin*, No. 5, June 2003, downloaded on 6 March 2007 from <http://www.cmc.qld.gov.au/data/portal/00000005/content/49300001124753372498.pdf>.

⁸⁵ 'Amphetamine: Still Queensland's No. 1 Drug Threat', p 1.

⁸⁶ 'Amphetamine: Still Queensland's No. 1 Drug Threat', p 1.

- summarises the key findings of the CMC's assessment.

The report also provides the following profile on the age of amphetamine users in Queensland in 2002:⁸⁷

Age	Proportion	Age	Proportion
0 - 18	7.4%	31 - 35	13.7%
19 - 25	36.2%	36 - 45	15.6%
26 - 30	23.2%	46 and over	3.8%

The frequency of illicit amphetamine use by recent users aged 14 and over in Queensland in 2001 was:⁸⁸

Frequency	14-19yo	20-29	30-39	40+	Male	Female
Daily	7%	-	5%	-	5%	-
Weekly	7%	8%	-	-	5%	6%
Monthly	29%	14%	20%	13%	14%	20%
Every few months	29%	22%	5%	-	18%	16%
Once or twice per year	29%	53%	70%	50%	55%	51%
Can't say or no answer	-	4%	-	38%	5%	6%

3.3 PARLIAMENTARY REPORTS

3.3.1 Commonwealth Parliament

In February 2007, the Parliamentary Joint Committee on the Australian Crime Commission completed an inquiry and released a report, *Inquiry into the manufacture, importation and use of amphetamines and other synthetic drugs (AOSD) in Australia*.⁸⁹

⁸⁷ 'Amphetamine: Still Queensland's No. 1 Drug Threat', p 9.

⁸⁸ 'Amphetamine: Still Queensland's No. 1 Drug Threat', p 9.

⁸⁹ Commonwealth. Parliamentary Joint Committee on the Australian Crime Commission, *Inquiry into the manufacture, importation and use of amphetamines and other synthetic drugs (AOSD) in Australia*, February 2007, downloaded on 8 March 2007 from http://www.apc.gov.au/Senate/committee/acc_ctte/aosd/report/report.pdf.

One of the more widely publicised recommendations was that, in the execution of the National Drug Strategy, harm-reduction strategies and programs receive more attention and resources.⁹⁰

3.3.2 Victorian Parliament

In May 2004, the Drugs and Crime Prevention Committee of the Victorian Parliament tabled a report, *Inquiry into Amphetamine and 'Party Drug' Use in Victoria*.⁹¹

3.3.3 New South Wales Parliament

In December 2006, the New South Wales Parliamentary Library published a briefing paper, *Crystal Methamphetamine Use in New South Wales*.⁹²

3.4 AUSTRALASIAN AMPHETAMINE CONFERENCE

The Australasian Amphetamine Conference was held in Sydney in September 2006.

Presentations made at the conference are available online.⁹³

⁹⁰ Recommendation 6, p 49. See, for example, Lachlan Heywood, 'Drug use impales just-say-no policy', *Courier Mail*, 1 March 2007, p 1.

⁹¹ Victoria. Drugs and Crime Prevention Committee, *Inquiry into Amphetamine and 'Party Drug' Use in Victoria*, May 2004, downloaded on 8 March 2007 from http://www.parliament.vic.gov.au/dcpc/Reports/DCPC-Report_Amphetamine_2004-05-05.pdf.

⁹² New South Wales. NSW Parliamentary Library (Talina Drabsch), *Crystal Methamphetamine Use in New South Wales*, Briefing Paper No 19/06, December 2006, [http://www.parliament.nsw.gov.au/prod/parlament/publications.nsf/0/c4f93886027fd310ca25723c001355a4/\\$FILE/CrystalMeth%20and%20Index.pdf](http://www.parliament.nsw.gov.au/prod/parlament/publications.nsf/0/c4f93886027fd310ca25723c001355a4/$FILE/CrystalMeth%20and%20Index.pdf).

⁹³ <http://www.amphetamines.org.au/presentations.htm>.

4 AMENDMENTS TO THE *TOBACCO AND OTHER SMOKING PRODUCTS ACT 1998 (QLD)*

Part 5 of the Health and Other Legislation Amendment Bill 2007 (Qld) ('Bill') proposes amendments to the Tobacco and Other Smoking Products Act 1998 (Qld) ('Act').

The proposed amendment relating to prohibitions on ice pipes is the insertion into Part 2D of the Act, 'Prohibited products', of a **proposed new section 26ZPA**, 'Sale, supply and display of ice pipes'.⁹⁴

4.1 OFFENCE TO SELL, SUPPLY OR DISPLAY AN ICE PIPE

Under the **proposed new section 26ZPA(1)**, a person must not:

- sell an ice pipe or a component of an ice pipe;
- supply an ice pipe, or a component of an ice pipe, as part of a business activity; or
- display an ice pipe, or a component of an ice pipe, either in a shop or near, and in connection with, a shop.

A maximum penalty of 140 penalty units will apply for a contravention of this provision (\$10,500 for an individual or \$52,500 for a corporation).

4.1.1 Meaning of 'ice pipe'

'Ice pipe' is defined as a device capable of being used for administering a dangerous drug by the drawing of smoke or fumes resulting from heating or burning the drug, in the device, in the drug's crystal, powder, oil or base form.⁹⁵

'Dangerous drug' includes methylamphetamine ('ice').⁹⁶

The Explanatory Notes state that:⁹⁷

⁹⁴ **Clause 46.** On 1 November 2006, Mr J-P Langbroek MP, proposed an amendment to the Health Legislation Amendment Bill 2005 (Qld) prohibiting the production, sale or public display of ice pipes. The amendment failed.

⁹⁵ *Tobacco and Other Smoking Products Act 1998 (Qld)*, **proposed new s 26ZPA(4)**.

⁹⁶ **Clause 48;** *Drugs Misuse Act 1986 (Qld)*, s 4 and *Drugs Misuse Regulation 1987 (Qld)*, schedule 1.

⁹⁷ Health and Other Legislation Amendment Bill 2007 (Qld), *Explanatory Notes*, p 29.

The specification of the form of drug is included in the definition to ensure that tobacco pipes are not captured. The definition is deliberately broad to give effect to the policy intent to remove these items from retail display. This will ensure that retailers cannot argue that the display of an ice pipe is for decorative purposes only.

In addition, the Explanatory Notes state:⁹⁸

The offence provisions focus on devices that are capable of being used for smoking illegal drugs. This approach is used to avoid legal argument about the intended purpose of the ... ice pipe However, since many innocuous objects are capable of being used to smoke illegal drugs, the offences potentially capture persons who supply and display, for example, aluminium foil, orange juice bottles, garden hoses or test tubes. This raises a potential ambiguity of the kind mentioned in s 4(3)(k) of the Legislative Standards Act 1992.

To counter this problem, ... proposed section 26ZPA ... provide[s] that it is a defence for the person to prove the ... ice pipe (or components) ... is designed primarily for a purpose other than smoking a dangerous drug.

Use of the broad expression "capable of being used" in these particular offence provisions is exceptional, to reflect the broad policy intent of removing ice pipes ... from display in these specific retail-related situations.

4.1.2 Meaning of 'component'

A 'component' of an ice pipe is a device that:⁹⁹

- is apparently intended to be part of an ice pipe; and
- is not capable of being used for administering a dangerous drug in the way described in the definition of 'ice pipe' without an adjustment, modification or addition.

The Explanatory Notes state that:¹⁰⁰

This is to prevent retailers attempting to circumvent the prohibition [on] ice pipes by selling their component parts disassembled.

4.1.3 Meaning of 'sell', 'supply' and 'display'

'Sell' is defined to mean sell by retail, wholesale or auction, and includes:¹⁰¹

⁹⁸ Explanatory Notes, p 9.

⁹⁹ *Tobacco and Other Smoking Products Act 1998 (Qld)*, **proposed new s 26ZPA(4)**.

¹⁰⁰ Explanatory Notes, p 29.

¹⁰¹ *Tobacco and Other Smoking Products Act 1998 (Qld)*, schedule.

- offering or agreeing to sell;
- inviting to treat or exposing for sale;
- attempting to sell; and
- causing or permitting to be sold.

‘Supply’ is defined to include:¹⁰²

- distributing, giving or selling;
- offering or agreeing to supply;
- exposing for supply;
- attempting to supply; and
- causing or permitting to be supplied.

‘Display’ is defined to include causing, permitting or authorising to be displayed.¹⁰³

4.1.4 Meaning of ‘shop’

‘Shop’ is defined to include:¹⁰⁴

- any part of a building or place that is used for the sale, or supply as part of a business activity, of goods; and
- a stall or other structure used for the sale, or supply as part of a business activity, of goods at a market or elsewhere.

4.2 DEFENCE

The **proposed new section 26ZPA(2)** will provide that it is a defence to the proposed offence under the new section 26ZPA(1) for a person to prove that an ice pipe, or a component of an ice pipe, is designed primarily to be used for a purpose other than administering a dangerous drug.

The following examples of such devices are provided: aluminium foil, spoons and test tubes.

The Explanatory Notes state:¹⁰⁵

¹⁰² *Tobacco and Other Smoking Products Act 1998 (Qld)*, schedule.

¹⁰³ *Tobacco and Other Smoking Products Act 1998 (Qld)*, schedule.

¹⁰⁴ **Clause 48.**

¹⁰⁵ Explanatory Notes, p 29.

This is to ensure that the prohibition does not capture innocuous everyday items such as aluminium foil or a spoon, which are capable of being used to make 'home-made' ice pipes.

In order for this defence to apply, the **proposed new section 26ZPA(3)** will state that evidence of a disclaimer will not, of itself, prove that the ice pipe or component of an ice pipe is designed primarily to be used for a purpose other than administering a dangerous drug.

'Disclaimer' is defined to mean a statement on, or made in relation to, the ice pipe or component of an ice pipe, at or before the time of the commission of the alleged offence, to the effect that the ice pipe or component is designed or intended to be used for a purpose that is not a purpose related to administering a dangerous drug.¹⁰⁶

5 QUEENSLAND GOVERNMENT INITIATIVES

Some other Queensland Government initiatives which are also directed at addressing the problems associated with ice include:

- the 'ICE-Breaker' strategy; and
- 'Operation Stop', which aims to reduce the misuse of pseudoephedrine from legal cold and flu medications in methamphetamine production.

5.1 'ICE-BREAKER' STRATEGY

In November 2006, the Queensland Government announced its 'ICE-Breaker' strategy.¹⁰⁷

Some key features of the taskforce steering this strategy are:¹⁰⁸

- that it is chaired by Chief Health Officer Dr Jeannette Young;
- Queensland Health has allocated \$600,000 to roll-out a state-wide education campaign directed at informing young Queenslanders about the dangers of ice;
- the first meeting of the taskforce took place in December 2006;

¹⁰⁶ *Tobacco and Other Smoking Products Act 1998 (Qld)*, **proposed new s 26ZPA(4)**.

¹⁰⁷ 'State war on killer drug ice', *Courier Mail*, 27 November 2006, p 6.

¹⁰⁸ Hon P Beattie MP, Premier and Minister for Trade, and Hon S Robertson MP, Minister for Health, 'Ice taskforce to meet before Christmas', *Ministerial Media Statement*, 11 December 2006.

- the taskforce will report to the Minister for Health and will present the Minister with a response plan by 30 April 2007; and
- the plan will include actions that are already in operation, together with recommendations for major initiatives, legislative changes or system reforms.

The taskforce's terms of reference are to:¹⁰⁹

- oversee the development and implementation of the Queensland Government's Ice-Breaker Strategy to reduce uptake and use of methamphetamine and to reduce the harm associated with its use;
- ensure that the focus of the strategy is on prevention, treatment and law enforcement including:
 - a state-wide education campaign;
 - an assessment of public and non-government drug treatment services and other interventions to address amphetamine use;
 - a strong law enforcement approach to addressing manufacture, dealing and possession of amphetamines;
 - the banning of ice pipes;
 - working with general practitioners to ensure appropriate prescribing of pseudoephedrine medicines occurs; and
 - encouraging compliance by pharmacists with regulations controlling the supply of pseudoephedrine;
- ensure compliance with national policies such as the *National Drug Strategy 2004-2009*, and the draft *National Amphetamine Type Stimulants Strategy 2006-2009*;
- ensure that Queensland initiatives complement those of other jurisdictions such as the Australian Government's *National Drugs Campaign Phase III*; and
- contribute to national policy and program direction through the *Ministerial Council on Drug Strategy* and the *National Leadership Forum on Ice*.

The following matters were discussed at the taskforce's first meeting in December 2006:¹¹⁰

- the health effects of ice, particularly mental health;
- the prevalence and nature of ice in the community;
- the most efficient and effective way to educate young Queenslanders about the dangers of using ice;
- the law enforcement response to ice;

¹⁰⁹ 'Ice taskforce to meet before Christmas', Ministerial Media Statement.

¹¹⁰ Hon P Beattie MP, Premier and Minister for Trade, 'High level ice taskforce meets in Brisbane', *Ministerial Media Statement*, 21 December 2006.

- prohibiting ice pipes;
- an assessment of public and non-government drug treatment services;
- tackling the purchase of pseudoephedrine products for the purposes of manufacturing ice and other methamphetamine drugs; and
- the national situation and activities of the Australian Government.

In late February 2007, a campaign directed at the vulnerability of university students to ice was conducted. The campaign coincided with university orientation sessions for the start of the academic year. In informing the Queensland Legislative Assembly of the campaign, the Hon D Boyle MP, Acting Health Minister, stated:¹¹¹

There are claims that ice is now the second most commonly taken illegal drug after marijuana, with an estimated 73,000 users nationally. University orientation sessions get underway at some campuses this week and Queensland Health officers will be there to educate students about the high dangers associated with methamphetamines. Uni students are particularly vulnerable as 21 is the average age for first-time methamphetamine users. The danger is that occasional weekend use can rapidly turn to regular dependence with devastating impacts on the mind and body.

Queensland Health is setting up ice information stalls at 16 university campuses around the state Queensland Health is sending the following key messages about crystal methamphetamine: ice is made from a range of toxic industrial chemicals; ice can be powerfully addictive; it can trigger psychotic symptoms such as paranoia, bizarre beliefs and hallucinations; and ice impairs memory and concentration and can make you anxious, depressed, irritable or extremely aggressive.

Queensland Health is also developing a statewide education campaign aimed at pubs and clubs and other licensed venues to warn people about the grave dangers of the drug.

In introducing the Bill, the Hon S Robertson MP said:¹¹²

The amendments ... are a key part of the government's Icebreaker strategy ... which aims to address the harm caused by ... ice.

¹¹¹ Hon D Boyle MP, Minister for Child Safety (Acting Health Minister), 'Illicit drug strategy: ice', *Ministerial Statement*, Hansard, 22 February 2007, p 497.

¹¹² Hon S Robertson MP, Minister for Health, Health and Other Legislation Amendment Bill 2007 (Qld), *Second Reading Speech*, Hansard, 6 February 2007, pp 42-44, p 43.

5.2 'OPERATION STOP'

'Operation Stop' involves the Queensland Police Service and the Queensland Pharmacy Guild working together to deal with the problem of people shopping around for legal cold and flu medications containing pseudoephedrine for the purpose of manufacturing speed, amphetamines and ice. The project involves a computer system that is being used in approximately 700 pharmacies (81%)¹¹³ in Queensland.

By late 2006:¹¹⁴

- there had been 36 arrests connected to over-the-counter pharmacy sales of medications containing pseudoephedrine, and 195 charges; and
- seven clandestine laboratories had been shut down.

6 OTHER JURISDICTIONS

Similar prohibitions regarding the sale, supply or display of ice pipes as those proposed for Queensland by the Bill already exist in:

- Victoria, by an order of the Minister for Consumer Affairs under the *Fair Trading Act 1999* (Vic);
- New South Wales, under section 11A of the *Drug Misuse and Trafficking Act 1985* (NSW);
- Western Australia, by an order of the Commissioner for Fair Trading under the *Consumer Affairs Act 1971* (WA); and
- South Australia, by a declaration of the Minister for Consumer Affairs under the *Trade Standards Act 1979* (SA).

¹¹³ Darrell Giles, 'Taskforce blitz hits 'ice' drugs', *Sunday Mail*, 10 December 2006, p 17.

¹¹⁴ Hon J Spence MP, Minister for Police and Corrective Services, 'Spence spearheads national amphetamines crackdown', *Ministerial Media Statement*, 16 November 2006.

APPENDIX A – NEWSPAPER ARTICLES

Title Scourge of the ice age
Author Cameron Stewart
Source The Australian
Date Issue 12 October 2006
Page 12

SOME walk stark naked into the emergency ward.

Others throw furniture and abuse nursing staff, taking up to five people to restrain them.

The quiet ones will sometimes sit banging their head repeatedly against the wall, oblivious to their blood pooling on the floor.

When it comes to drug-induced psychosis, ice has earned a grim reputation for transforming rational office workers into raving lunatics.

Several years ago, such scenes were rare.

The surge in amphetamine use in the early 2000s, following the heroin drought, did not leave the trail of mental psychosis that is now confronting medical workers across the country.

But several years on, the synthetic drug boom is taking its toll, forcing the nation to confront the cost and look for answers.

No drug is causing more concern than crystal methamphetamine, known on the streets as ice, which claims more addicts across Australia than heroin.

"The physical and mental manifestations of this drug are absolutely horrific: it has the potential to destroy generations," NSW Police Commissioner Ken Moroney says.

Ice has become the federal Government's primary target in the war against drugs, with a key frontbencher describing it as the nation's worst drug problem.

Christopher Pyne, who as parliamentary secretary for health is responsible for drug policy, says ice is causing more community problems than heroin.

"Ice is a scourge on Australian society," Pyne says.

"It is, in our war on drugs, our first and No.1 enemy".

The head of the Australian National Council on Drugs, former Howard minister John Herron, who admits his organization had underestimated the severity of the problem, will release a report with recommendations by the end of next month outlining national policy options for the federal Government to tackle the drug.

The Government is planning a tough new advertising campaign specifically targeting the deadly addictive drug as part of a \$37 million plan announced in the 2006-07 budget to focus on amphetamines in general.

In the meantime, medical staff and police are in the firing line.

Such is the violent, wild state of addicts who have overdosed on ice, NSW police will receive special instructions on how to deal with those under its destructive spell.

Hospitals are also taking special precautions to ensure the safety of their employees in the face of the uncontrolled rage of some ice users.

LET'S BE CRYSTAL CLEAR.

Ice, or crystal methamphetamine, is a crystalline form of an illicit drug made from a variety of chemicals that are commonly available.

The chief ingredient is pseudoephedrine, which is used in some cold and flu tablets.

It is produced by reducing the ephedrine in a process that uses other commonly available chemicals but is often highly flammable and possibly explosive.

It has a street price of \$400 a gram and is highly addictive.

In a social setting, users smoke the crystals with a pipe.

However, many regular users prefer to heat and dissolve the crystals and inject the drug intravenously.

It enhances feelings of enjoyment but can lead to drug-induced psychosis, paranoia, delirium, anger and extreme random violence.

On Queensland's Gold Coast, where ice use is rampant, the main hospital puts ice victims in specially designed rooms with foam furniture.

"They're paranoid, they're angry, they're delirious, they're disoriented and they can be psychotic," emergency department deputy director David Spain says.

"There are specially designed rooms that we use.

We have furniture that is made out of foam so they can't throw it at people or at windows or at the doors.

The walls have been reinforced because they continually used to get broken by them putting their fists or their feet through them".

More than 100,000 Australians are thought to have used amphetamines in the past 12 months and more than 1000 are believed to have been hospitalised for mental or behavioural disorders.

The surge in the use of ice has been known for years but only now is the nation confronting the medical, criminal and social fallout.

At the Australasian Amphetamine Conference in Sydney last month, the first national conference on amphetamine use, experts painted an alarming picture of the costs to the community of the ice age.

The conference findings shocked many, including Herron.

"There was a lot of debate as to whether there was a real problem with amphetamines," he says.

"(Until) that was put together we didn't realise the real problem: it's a huge problem".

There are no easy solutions to wean addicts off ice or to deal with their destructive psychotic tendencies. Unlike the amphetamine speed, which has a purity of 10 per cent to 20 per cent, crystal methamphetamine has a purity of about 80per cent.

It can be smoked, snorted or injected and gives the user a quick and euphoric high, described as a feeling of invincibility.

But the comedown from the drug, especially if used in large quantities, can be devastating.

Depression, anxiety and sleeplessness are common.

In more extreme cases, psychosis takes over, stripping the user of rationality and control over their behaviour.

The psychosis is rarely passive.

Ice users who show no signs of violence in their normal lives can fly into a rage without warning.

This is proving to be a burden on the hospital system, which is ill-equipped to deal with the upsurge in violent patients in emergency departments.

It is also proving to be a safety issue for a range of emergency workers, including ambulance drivers, who are often the first to come in contact with people suffering ice-induced rages.

Police are finding themselves at the coalface of the ice problem, having to restrain violent users on a regular basis.

Such is the effect on behaviour that courts are increasingly hearing about crimes committed by ice-abusers.

So far, courts have rejected legal argument that being on ice exonerates a person from their crimes.

In July, Sydney financier Brendan McMahon was jailed for 16 months after he blamed his ice addiction for his behaviour in mutilating 17 rabbits and a guinea pig.

"Someone should not be allowed to commit such offences of aggravated cruelty on animals and then say, 'Well, I was using ice at the time, I've been taking cannabis most of my life and I'm sorry'," magistrate Ian Barnett told the court.

Last week a district court judge in Sydney was asked to decide if ice use had caused 28-year-old Canan Eken to bash and order the gang-rape of a teenager.

For six months leading up to the assault, Eken said, he had been smoking up to 70 glass pipes of ice a day and claimed his behaviour was the result of a psychotic episode caused by the drug.

The scourge of ice is less tangible and obvious than heroin because it rarely claims the lives of those who overdose.

Instead, it creates mental problems that can be long-lasting and debilitating for long-term users of the drug.

Unlike heroin, there is no easily available drug to bring relief to ice addicts and wean them off it.

"The real challenge of this drug is that we don't have the treatment options available that we have for heroin and other drugs we encounter," says Gino Vumbaca, executive officer of the Australian National Council on Drugs.

"And we are now seeing the problematic drug users coming through the system so we need to be addressing these problems.

The (ANCD) will give concrete recommendations to the Government so we can say: "This is the evidence, this is what we recommend".

Nick Crofts, director of the Turning Point Alcohol and Drug Centre in Melbourne, says there are no easy answers to help ice addicts.

"When you come to the phenomenon of amphetamine dependence, we don't have ready answers," he says.

"You need psychiatric intervention, you need intensive psychological counselling and then there are a range of drugs useful for managing sleep deprivation and depression.

It is a package".

The war against ice is complicated by not being confined to one spectrum of the community.

The use of ice goes well beyond the party drug, celebrity scene characterised by Hollywood actor Robert Downey Jr, who has been arrested for possession of ice.

It is commonly used by bus and truck drivers, taxi drivers and other night-shift workers to help them stay awake and alert.

Unlike heroin, which is largely a working-class drug, ice is also hugely popular among white-collar middle and upper-class professionals.

"With heroin you find that generally the same sort of people use it but amphetamines are used by a very wide range of people," says Crofts.

He says many of these white-collar ice users are less likely to admit they have a problem until they suffer some sort of psychotic episode.

"There are not many alcohol and drug agencies that see people high on ice because many of those people don't tend to think that they have a drug problem so they don't seek treatment," Crofts says.

"The places you see them in the acute stages are in emergency departments of hospitals".

Police are addressing the ice scourge by cracking down on suppliers and importers.

In Australia the ice market is largely controlled by ethnic and bokie gangs, although in Melbourne the crime families involved in the recent underworld war were also big players.

Most of the ice on the streets traditionally has been imported and the supply is plentiful because Asian nations have upped their production of the drug.

"In Asia, production has increased markedly.

We cannot ignore what is happening globally, where there is a real shift towards methamphetamines," Vumbaca says.

But, increasingly, local suppliers are skating on to the ice market.

According to the Australian Crime Commission, police detected 358 clandestine amphetamine laboratories in Australia last year compared with just 58 in 1996.

On these figures, police face a daunting challenge and hospitals and police across the country can expect to deal with a growing number of victims from the ice age.

Title **Ice age danger**
Author **Elizabeth Allen**
Source **The Courier Mail**
Date Issue **14 October 2006**
Page **50**

PSYCHIATRIST Bill Kingswell saw the devastating effects up close.

"We saw so many young people who had trashed their lives," he said.

"They were toothless, thin, had Hep C, were mad and were in a lot of trouble.

"But these were just ordinary young people.

They were not young people who can be identified by talons or green slime.

They were just regular kids who got into a lot of trouble".

These young people, generally aged 17 to 25, educated and employed, had taken Australia's newest drug, methamphetamine, also known as "crystal meth" or "ice".

Kingswell saw these wrecks of humanity at the end of the amphetamine line during his 12 years as director of Queensland's forensic mental health service, treating mentally ill people who have committed or been charged with crimes.

Kingswell still confronts the devastating damage of "ice" on a daily basis as head of the Gold Coast mental health unit.

He and his successor as director of Queensland's southern and central forensic services, psychiatrist Ed Heffernan, believe most users and the general public are frighteningly in the dark about the dangers of this destructive drug.

It already has more addicts than heroin after arriving on the Australian drug scene in about 2000.

With Queensland statistics showing one in 10 people has used amphetamines, Heffernan and Kingswell said there is something everyone should understand: methamphetamine can cause brain damage and is linked to mental illness.

"It is toxic and can cause long-term cognitive and motor effects," said Heffernan.

"In my view the public doesn't understand the serious risks it poses to individuals' brains in both acute and long-term use.

"From a mental illness perspective, there seems to be little doubt there is an association between methamphetamine use and the development of psychotic symptoms.

For some people this might be only a short-term experience but for others it can be of much longer duration and can have a significant impact on their lives.

"There is individual susceptibility but you don't know what your risk is.

You are rolling a dice".

Psychosis is a frightening constellation of hallucinations, delusions and chaotic thoughts.

It can also lead to violent, aggressive and paranoid behaviour, a phenomenon that has doctors, ambulance officers and police worried.

According to the National Drug and Alcohol Research Centre, methamphetamine is the leading cause of psychosis due to substance abuse.

It also accounts for 96 per cent of "psychostimulant treatment episodes" in Australia and about a third of all injecting drug use.

Kingswell says next year 1400 people are expected to be admitted to Queensland hospitals with psychosis precipitated by methamphetamine, swamping facilities and displacing other mentally ill people.

A recent study of more than 200 Brisbane people who inject methamphetamine found 30 per cent had had a psychotic episode and 20 per cent had been hospitalised for psychosis.

Griffith University's Professor Sharon Dawe says it is a "given" the amphetamine causes psychosis.

Now she is engaged in a national study of methamphetamine injectors to discover what level of use will induce psychosis.

"We know that amphetamine use is associated with psychosis," Dawe said.

"That fact that large binge patterns of amphetamine use causes psychosis has been well established since the 1960s.

What we don't know is individual variability.

"You and I and anyone else put in a room and given amphetamines will develop psychosis.

But we will show considerable variety as to when we develop amphetamine psychosis.

Some will have a very high exposure and some will need only low doses".

Dawe says a "much more clear relationship" has been established between methamphetamine and psychosis than between cannabis and psychosis.

"You give methamphetamine to rats and they go mad," she said.

Kingswell says recovery from a psychotic episode can be slow, taking days or weeks rather than hours and can be incomplete.

Statistics gathered during Japan's methamphetamine epidemic show most people recover within a fortnight from a psychotic episode.

"But 30 per cent will have a disorder that will last longer than that," Kingswell said.

"Or they might have a recurrence that could grumble on for weeks or months.

We don't know.

It's a grey area for us.

Is a mental illness caused by the drug?

Or is this a group that was predisposed to the illness?"

What's not in doubt is that methamphetamines are bad for the brain.

Kingswell says brain imaging studies have shown "bleeding into your head and shutting of blood vessels so your brain dies in some areas.

With long-term use there are significant changes in blood flow and permanent cognitive impairment such as loss of memory.

"The jury is still out but a picture is emerging that these drugs are very bad for your brain in a variety of ways".

Methamphetamine first appeared on Australia's drug scene six years ago during a drought in heroin supply.

Many heroin users moved to "ice", a potent and purer member of the amphetamine family.

National Drug and Alcohol Research Centre fellow Dr Rebecca McKetin estimates more than two-thirds of Australia's 102,600 regular methamphetamine users are dependent users, most of whom inject the drug.

Heavy methamphetamine users outstrip heroin users almost two to one.

The latest figures available show 75 methamphetamine-related deaths in 2004.

And in June this year a Townsville private schoolgirl, Melanie Boyd, 16, died after drinking alcohol and taking drugs including methamphetamine during a sleepover.

Today, deaths, a sky-rocketing number of hospital admissions and the violence and criminal spinoff from methamphetamine-related psychosis have governments scrambling to understand the drug and ways to deal with it.

Queensland Alcohol and Drug Research and Education Centre director Jake Najman says authorities have been caught unawares about methamphetamine.

Najman is involved in a Sydney-Brisbane study of possible treatments and he and associate Sharon Dawe are also involved in a national study of 400 crystal meth users to try to discover the rate of psychiatric disorders and psychotic symptoms.

"We are looking at the long-term treatment prognosis for people who are in treatment for amphetamine problems," Najman said.

"We want to know what normally happens.

We don't have a natural history.

If you have 100 people who start using, we don't know how many go on to become dependent.

Patterns of drug use have been changing in recent years as new drugs become more popular.

"We want to know what happens to them in the longer term.

Do people with a mental illness use methamphetamines or do methamphetamines cause a mental illness or do they bring on a mental health problem already there?"

Najman says most of Australia's drug problems are relatively recent.

"Until seven to eight years ago, it wasn't thought that Australia would have a significant drug problem," he said.

"But now Australia has among the highest rates of illicit drug use in the world. We have 50 per cent of our young people trying cannabis and 20 per cent of young people at some stage develop a cannabis dependence or disorder".

The Federal Government is exploring treatment options for methamphetamine use, ranging from cognitive behaviour treatment to pharmaceutical intervention during the withdrawal phase.

The Government has also commissioned and received research from the National Drug and Alcohol Research Centre on school-based prevention but has yet to act on it.

An NDARC report earlier this year emphasised the need for a response to the "increasing popularity" of methamphetamine.

"We need to educate young recreational drug users about the risks associated with the drug, and we also need to direct efforts at limiting both the supply of methamphetamine and demand for the drug," said report author Dr Louisa Degenhardt.

According to the National Crime Authority, most Australian methamphetamine supply comes from domestic clandestine production.

In Queensland in 2004-05, a total of 209 illegal labs were detected, more than half of the 381 detections nationally.

Most of these were small "box" or "boot" labs used to convert pseudoephedrine, in many cold medications, into methamphetamine.

Federal and state governments have moved to limit the supply of pseudoephedrine to combat methamphetamine production.

Since April, customers have only been able to buy cold medications over the chemist counter that contain less than 720mg of pseudoephedrine in solid form or 800mg in liquid form.

Medications with more than these amounts require a prescription.

But psychiatrist Bill Kingswell says his personal view is the Government has not gone far enough.

"It's still profitable for a person to drive from chemist to chemist buying pseudoephedrine," Kingswell said.

"It has an 80 per cent conversion rate to methamphetamine.

In Queensland we have seen the proliferation of the boot lab.

You have it in a suitcase or a tool box in the boot of your car.

You check into a hotel, set up your equipment and because the fumes are very toxic you come back later to collect your drugs.

It's mobile, very difficult to police and what it has meant in Queensland is a tremendous supply of methamphetamine".

Kingswell would like to see pseudoephedrine withdrawn from all cold medications as it has been in the UK.

"There is a reasonable body of evidence that if you banned pseudoephedrine you would decimate the methamphetamine market," he said.

A slippery slope.

What is ice?

Ice is a street name for crystal methamphetamine hydrochloride, which is a powerful, synthetic stimulant drug.

Stimulant drugs speed up the messages going to and from the brain.

Ice is more potent than other forms of amphetamines.

How is it used?

Ice is known to be smoked, swallowed, snorted, injected or inserted anally.

Immediate effects Soon after taking ice, a person may experience a number of psychological and physical effects including:

- * Feelings of euphoria, excitement and wellbeing.
- * Increased alertness, confidence and libido, more energy, feelings of increased strength, talkativeness, restlessness, repeating simple acts, and itching, picking and scratching.
- * Speeding up of bodily functions, such as increased breathing rate, body temperature, blood pressure, a rapid and irregular heartbeat and excessive sweating.
- * Difficulty sleeping, reduced appetite, dilated pupils, dry mouth, stomach cramps, nausea, dizziness, blurred vision and severe headaches.
- * Abrupt shifts in thought and speech, which can make someone using ice difficult to understand.
- * Nervousness, panic attacks, anxiety, paranoia, irritability, aggression, hostility and amphetamine psychosis, including hallucinations, paranoid delusions and bizarre behaviour.

As the effects of ice wear off, a person may experience a range of symptoms such as tension, depression, radical mood swings, uncontrollable violence and exhaustion.

Long-term effects Long-term use of ice can result in a number of health issues, including:

- * High blood pressure and increased risk of heart-related complications such as heart attack and heart failure.
- * Malnutrition and rapid weight loss due to reduced appetite.

- * Chronic sleeping problems.
- * Reduced immunity and increased susceptibility to infections.
- * Depression, anxiety, tension and paranoia.
- * Brain damage (there is some evidence that amphetamines may damage brain cells resulting in reduced memory function and other impairments in thinking).
- * Some people may be more prone to practise unsafe sex.

This increases the chances of contracting sexually transmitted infections and blood-borne viruses, such as hepatitis B and C, and HIV.

Using ice can result in serious family, financial, legal, work, school and other personal problems.

Where to seek help:

* Alcohol and Drug Information Service Ph 3837 5989 or 1800 177 833 (toll free).

* Drug Arm Ph 1300 656 800.

Drug Arm offers case management, an "at home" support service and information for drug users and their families.

* Salvation Army: Moonyah rehabilitation Ph 3369 0922;.detox Ph 3369 0355.

Source: Australian Drug Foundation.

For more information on amphetamines, other drugs and drug prevention, contact DrugInfo Clearinghouse, on 1300 858 584, or email druginfo@adf.org.au.

Title **The new Ice Age**
Author **Clare Masters**
Source **The Sunday Mail**
Date Issue **22 October 2006**
Page **62**

A CLANDESTINE operation in Malaysia uncovers the world's largest super-lab cooking up the illicit party drug "ice", and Queensland's growing market is an obvious target for the operators of the goliath of drug kitchens.

Almost overnight, Australia has woken up to an ice epidemic.

At the front line, ambulance crews are receiving more call-outs for ice addicts than for heroin junkies, and emergency ward staff are being forced to take extreme measures for their own safety.

At the Gold Coast Hospital, special treatment rooms with reinforced walls and foam rubber furniture have been built to cope with rampages from psychotic ice addicts as young as 12.

Junkies nod off.

Ice users go off.

Addiction to the drug ice, methamphetamine hydrochloride, forms as quickly as the destruction that ravages both minds and bodies.

Ice is a powerful stimulant that produces a high that can last more than a day.

It also produces crashing lows, eats away brain tissue and dries up the body.

The faces of users become road maps of deep wrinkles, and teeth crumble away and fall out.

The chronic user's emaciated body stops wanting food, craving only the drug.

Tests on rats show they will keep taking ice until they die.

"It's a wonder anyone gets off meth," says one researcher.

A former Gold Coast dealer told how first-time users would soon be begging for more.

"As a dealer, you would go around to someone's house, let them try it and then just leave your phone number on the table and go ... you know that a few hours later you will get a call to go back and sell them some," he said.

New South Wales police chief Ken Moroney has warned that Australia risks losing a generation to the drug.

Ice, he says, is a bigger problem than heroin and the greatest scourge he has seen in 41 years in policing.

Ice has been reported on the streets of Australia since the early 1990s, a pure form of its poor cousin "speed", but it is only in the past two years that it has become fashionable - and not just for the party elite.

Fed by cheaper and more sophisticated production methods around the world and increasingly in Australia, it has filtered down to hardened drug users.

Our streets are awash with ice and, at about \$45 a gram, many addicts feel they get more "bang for their buck" than with other illicit drugs.

Tighter restrictions on the trade in ephedrine and pseudoephedrine - key ingredients in ice - have done little to stem the tide.

So-called "pseudo runners" are still travelling from Queensland through NSW and down to Melbourne, buying up cough and cold medication at pharmacies to extract the pseudoephedrine from the tablets, despite having to show ID and sign for purchases.

That's baby stuff.

Last year, a joint Australian Federal Police and Customs Service operation seized 400kg of ephedrine in a shipment of Vietnamese statues.

Two years earlier, in Australia's biggest seizure of pseudoephedrine, 750kg with a potential street value of \$1.4 billion was found in a container from Cambodia.

The main manufacturers are moving beyond amateur backyard laboratories.

Drug squads around Australia have begun finding more sophisticated super-labs, including one busted in April at Murwillumbah, in northern NSW, able to cook up 500kg of ice a week.

Potential profits are staggering.

Federal police say it was the biggest illegal drug facility ever established in Australia.

The lab was the first in Australia found using hydrogen, commonly used in labs in Asia and capable of producing pure meth crystals.

It is hard for the police to keep pace.

Chemists in the billion-dollar Malaysian drug lab were using a new recipe that included freely available chemicals.

Federal legislation is under review after the new recipe was discovered.

It raises concerns as to whether drug laws need to be altered to include any potential new precursor chemicals.

Tim Morris, the federal police's acting border and international manager, confirms the review.

"We need to look at the legislation and we need to look at the sort of equipment used in terms of the manufacturing," he says.

"The method used was a very rare one and it's only been seen once before, in the US.

"The (chemicals) we're talking about are industrial chemicals, which are generally delivered around the world in 44-gallon (200-litre) drums".

Capable of producing 60kg a day, on current prices (\$45 a gram) an Australian equivalent to the Malaysian lab could pump out \$2.7 million worth of ice every day.

The drug trade is solely about profits and Morris believes that Australian drug producers will want to cut out the cost of trafficking.

Already, some Queensland police have expressed fears marijuana growers in the far north will turn to ice because of the huge money involved, and the comparative ease of making and moving the drug.

"When you take out the importation risk, that would make it attractive," Morris says.

"I wouldn't discount it".

As with law enforcement agencies, health departments are racing to catch up with the staggering spread of ice.

A 2005 report on ice by the National Drug Law Enforcement Research Fund lists three types of methamphetamine users.

There are the primary injectors, who take it once to several times a week and routinely use other drugs; the veteran injecting-heroin addicts, for whom ice is another ingredient in their cocktail; and the younger drug users, whose weekends involve a night out dancing on ecstasy and a swallow, snort or smoke of ice.

Homeless man Andy, 47, understands the grip of ice as well as anybody.

He started using the drug occasionally "a few years ago" to supplement heroin, which he started using at 16.

Heroin set his life on a path to homelessness and destruction, yet ice is the "worst thing to ever hit the streets".

"I've got friends who do it, a lot, and your life just disintegrates," he says.

"After three months they were totally different".

Andy says the ease of buying the drug, its destruction, and the fact dealers market it to young people means its effects will be felt a long time.

"It's going to plague this country worse than heroin.

And the bad part is it's everywhere".

Australia's National Drug and Alcohol Research Centre found more people aged 16 to 25 are smoking ice socially, making it second only to cannabis use.

Experts believe this growing recreational use is sinking into different levels of society.

Robert Graham, a doctor at Sydney's St Vincent Hospital, which also has a special ice treatment unit, says this silent subculture is largely unknown to the health system.

"We are seeing a changing pattern of drug use and that is the challenge".

Emergency doctors and nurses know well the delusional rages of ice users, but the physical toll is also acute.

Doctors are seeing even occasional users suffering heart attacks and strokes.

The drug causes the body to overheat, with temperatures spiking at 41.7C.

Almost half of all users surveyed in the National Drug Law Enforcement Research Fund report had physical problems inflicted by ice, from sleep disturbances to weight loss to heart palpitations, and two-thirds suffered a mental health disability.

There is no doubt among police that ice use goes hand-in-hand with violent crime.

In late 2001, depression caused by ice use was blamed for a horrific murder in which Victorian addict Damien Peters dismembered two men while in its grip.

A Sydney financier, convicted last year of cruelty to animals after mutilated rabbits were found near his office, said he had suffered mental problems because of ice.

Australia is fast having to catch up with the rest of the world and men such as Texas sheriff Bret King.

He noted early on the toll ice was taking on his community.

He persuaded addicts locked up by the Multnomah County Sheriff's Office to let him use their before-and-after photographs in his talks.

His website, Faces of Meth, has become world famous.

Tragically, our own version of those faces can now be seen on Australia's streets every single day.

Title **Totally addicted to ice**
Author **Amanda Hodge**
Source **The Australian**
Date Issue **05 September 2005**
Page **10**

It's the biggest drug problem in Australia, sending users into violent, demented states, reports Amanda Hodge.

AFTER five years working with addicts on the streets of Melbourne, Sian Kennedy knows a drug-induced psychosis when she sees one.

So when one of her female clients turned up on the steps of her office last week, "completely non-responsive and making strange, jerking movements as if she was trying to crawl out of her skin", Kennedy didn't hesitate.

Within minutes the woman, unaware of who she was or what she was doing, was ferried by ambulance to the closest hospital psychiatric ward.

Seven days later she is still there and still out of it.

It could be another week or more before she is fit for release, perhaps to do it all over again.

That is the nature of crystal methamphetamine, a pure, highly addictive and dangerous drug that began carving an Australian market among established and new drug users when the heroin drought bit in the late 1990s.

Dubbed redneck cocaine in the US, its most lethal quality is that it's cheap.

Known as crystal meth or ice for its pure crystalline form, it can be bought for as little as \$50 a gram.

The Australian Federal Police says Chinese, Hong Kong and Malaysian syndicates, previously involved in heroin importation, switched to the synthetic drug because it can be manufactured almost anywhere cheaply and, unlike cocaine and heroin, does not depend on crop cycles.

The syndicates have been targeting the wealthy Australian market with devastating success.

A recent National Drug and Alcohol Research Centre study found the methamphetamine problem is now as widespread as dependent heroin use was during its peak in the late '90s.

As many as 73,000 people in Australia are addicted to methamphetamine, about 1.5 times the number of heroin addicts.

But, unlike heroin, there are no established treatment programs or legal replacement drugs for addicts.

It is a mark of crystal meth's alarming side effects that it has made a big name for itself among the nation's hospital emergency departments, psychiatric services and police.

Last month a 36-year-old Sydney financier, charged with numerous counts of animal cruelty and bestiality, added to the drug's notoriety when he blamed his behaviour on serious mental health problems induced by ice.

Brendan McMahon left a trail of dead and dying rabbits - skinned, tortured and brutalised - in the streets and lanes behind his office before he was apprehended.

Kennedy says the drug, "almost guaranteed to make people really, really crazy", has firmly taken hold in Melbourne.

In her previous job as a youth drug counsellor at a residential clinic, it accounted for up to one-third of all admissions.

"I don't know whether it's because it has a higher purity than speed or [because of] the way people use it," she says.

"People who inject ice are pretty out there: they're the ones that walk down the street and scream at random strangers".

The AFP and state police forces believe there is a link between rising crystal meth use and violent crime.

"If you look at all the gangland killings in Melbourne in the [past few] years, all the major players in that are associated with the methamphetamine industry," Detective Senior Sergeant Jim O'Brien of Victoria's clandestine laboratory unit says.

In Victoria, crime families are believed to control distribution but in other states the market is allegedly sewn up by ethnic clans and outlawed bkie gangs.

Crystal meth can be consumed in a number of ways - it can be snorted, injected, inserted as a suppository or heated in a glass pipe and the vapours inhaled - and its relative purity gives new users a powerful high.

It instantly sends a flood of dopamine and serotonin, two feel-good chemicals the body releases naturally, to the brain, creating feelings of euphoria and increased alertness.

But the comedown can be equally spectacular, leading to depression and, in a growing number of cases, serious drug psychosis.

A recent NDARC study found a 58 per cent rise in the number of recorded hospital admissions for stimulant-related psychosis since 1999.

Between 2003 and 2004, 3190 methamphetamine users in Australia were hospitalised for mental and behavioural disorders.

NDARC spokesman Paul Dillon says the drug is crossing established social boundaries.

"It's not just people who go to nightclubs or inject drugs," he says.

"Students use it, people use it for working, to lose weight, to stay awake.

A drug like ecstasy is used in a very specific context, but not amphetamines".

Crystal meth abuse has skyrocketed in countries such as the US, The Philippines and New Zealand, where its use has been connected to an increase in violence and violent crime.

In the US, where the drug is popular among the gay community, it has also been linked to a sharp increase in the incidence of HIV.

Almost one in three gay men who tested positive for HIV in Los Angeles last year reported using crystal meth, according to a US study reported in Newsweek last month.

Dillon disputes this correlation, saying although the drug is a disinhibitor and often linked to hypersexual behaviour and unsafe sex, "there's a whole pile of other factors coming into play".

Police say there's no evidence that Australia's gay community has been similarly affected.

"Some sections of the gay community took to ice very quickly in 1998-99," says NSW Drug Squad commander Detective Superintendent David Laidlaw.

"But they have now become aware of its highly addictive nature and impact due to the increased risk-taking behaviour associated with the drug, including the likelihood of contracting blood-borne viruses such as HIV and hepatitis C".

All the same, Dillon and police across the country attest to the severity of the crystal meth problem now gripping Australia.

"It's the issue in Australia at the moment in terms of drugs and has been for the last couple of years, but it doesn't get a lot of attention because not many people die from it," Dillon says.

"The big issue with amphetamines in Australia is the whole problem of psychosis".

Sydney's St Vincent's Hospital director of emergency Gordian Fulde estimates that between 2000 and 2004, there was a five-fold increase, in his hospital, in cases involving violence associated with the use of crystal meth.

He says the medical community knew some years ago, from overseas reports, that the drug and associated physical and mental problems were on their way.

But he had no concept of what he was dealing with until he came face to face with a user in the throes of a full-blown psychotic episode.

In the worst cases, the scenario is frighteningly familiar.

"The police car is rocking in the ambulance bay," Fulde says.

"We need six people to get anywhere near [the patient] to physically restrain them, to sedate them.

The extreme examples are like nothing else in the world.

There's just this unchecked violence and animalistic behaviour.

They get paranoid and there's no boundaries, nothing in the patient's head stopping the action.

They can beat their own head to a pulp on the side of the wall".

In 25 years as emergency department director he says "nothing has scared me as much as these people".

Royal Perth Hospital psychiatrist Nigel Armstrong says his hospital has been forced to put extra psychiatric teams into its emergency department because it had become a "de facto psychiatric clinic".

"Clinically, we see a lot of people in ED with drug-induced pathology and the ones that give us the most grief are those with amphetamine-induced psychoses because we have to find [secure] beds for them," he says.

Many users recover once they give up the drug, but a significant proportion of users don't.

National Drug Research Institute director Steve Allsop says "anyone who uses enough crystal methamphetamine on enough occasions - even if they're psychologically robust - can end up with mental health problems".

Problems range from low-level anxiety and depression as users are coming off the drug, to psychosis that requires hospitalisation, a problem that is often dose-related.

Sustained and regular use of ice has also been known to lead to strokes and heart attacks even among young victims.

The chemicals used to make the drug are so toxic that those who regularly inhale it risk having their teeth crumble.

Allsop says as the potency of crystal meth has increased in recent years, so has the corresponding harm.

AFP border and international network national manager Mike Phelan says this is because of improved and expanded production.

The AFP is forging closer ties with its Southeast Asian counterparts to track the sale of precursor chemicals and stop production before ice reaches Australia's borders.

AFP and the Australian Customs Service, with Fijian and New Zealand police, raided a lab in Suva last year capable of producing 500kg of ice a week, almost all of it bound for the Australian market.

"I think we're making a lot of headway, particularly over the last couple of years we've made some very large seizures and lab takedowns, which is extremely important," Phelan says.

Import volumes are stabilising, but he fears they won't necessarily stay that way.

"I predicted a few years ago that we would see a big rise in the use of methamphetamines," Phelan says, "and I would say we're still looking at that original prediction".

CRYSTAL METHAMPHETAMINE.

* Street names: ice, Tina, crank, shabu and crystal.

* Contains predominantly ephedrine or pseudoephedrine mixed with hydroiodic acid and red phosphorous.

* Looks like large translucent to white crystals or coarse crystalline powder.

- * Can be bought for as little as \$50 a gram.
- * Usually sold in points (0.1g) because it's so potent.
- * Most pure crystalline ice is imported from China because creating the crystals in their purest form can be a difficult chemical process, although a damp or oily powder known as base is produced in Australia.
- * As many as 73,000 people in Australia are addicted to ice, about 1.5 times the number of heroin dependants.
- * Police link its use to an increase in violence and violent crime.
- * Potential side effects of prolonged and regular use include depression, psychosis, stroke, heart attack, eating disorders, malnutrition, visual hallucinations, severe dental decay.
- * In three raids in five days in May 2003, Customs and federal and NSW police seized 423kg, mostly imported from China.

It had a street value of more than \$200 million.

Sources: NDARC and illicit drugs unit, Australian Customs Service.

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