

Submission by Dr Jann Karp to the Parliamentary Joint Committee on Law Enforcement Act 2010, which is examining the criminal activities, practices and methods involved in the importation, manufacture, distribution and use of methamphetamine and its chemical precursors, including crystal methamphetamine (ice) and its impact on Australian society.

In particular, this submission will respond to Terms of Reference regarding:

- the adequacy of Commonwealth law enforcement resources for the detection, investigation and prosecution of criminal activities involving the importation, manufacture, distribution and use of methamphetamine and its chemical precursors
- the nature, prevalence and culture of methamphetamine use in Australia, including in Indigenous, regional and non-English speaking communities
- strategies to reduce the high demand for methamphetamine in Australia
- other related issues.

Nature, prevalence and culture of methamphetamine in the long-haul trucking industry

Over the period of mid-2008 to mid-2010, as a passenger, I completed interviews with a number of long-haul or interstate truck drivers, (Karp 2013). This research has provided an unprecedented access to the lives of men who have demanding jobs based on meeting timetables with little leeway given. Following are some of my observations from being on the road.

- Drivers who use ‘speed’ use it in powdered form so my comments in the main are to speed use in the powder form by drivers. They may use ice (crystal methamphetamine), by crushing it to a powder which can then be injected in the traditional form. Otherwise the powder is snorted or mixed in a can of soft drink.
- Drivers have reported seeing drivers injecting in trucking sites.
- During my time on the road drivers reported being able to see more clearly at night, were more alert, and that they felt like a fit athlete. They believed they were vigilant in the operation of their truck, their gear changes, breaking, all done at exactly the right time, just like a racing driver.
- They were aware, blood pumping, alert and ‘keen’.
- The driver’s head would be pumping (the blood seeming to pump hard), but there was little concern either about decisions they were making or even thought for the consequences of a wrong decision.

- The external features of driving along a highway formed a sort of blur. The driver feels invincible. He would feel safe about getting his rig to where he was going on time but underneath this was a constant shade of tension. The only conscious connection to fear is that the driver fears he might arrive late so the inducement of a drug called speed is not about speeding (driving faster) but about believing he will confidently arrive in time, as he will be alert, awake and driving in tunnelled vision.
- Amphetamine in any form removes a sense of being vulnerable or at risk of an unforeseen event. A driver reported that in the end, after years of long-term use, he really couldn't tell the difference between having used speed or not: 'You just enter a different reality permanently'.

There are substantial difficulties in obtaining accurate data on drug use in the trucking industry, although the [2013 National Drug Strategy Household Survey](#) released in July 2014 by the Australian Institute of Health and Welfare offers some comments which included that *ice* is the purer form of methamphetamine and the 'high' experienced is much more intense than from other forms of the drug.

Given the nature of the conversations about drug use (Karp 2013) I would estimate that one third of the wages of drivers who have a long-term amphetamine problem is spent on maintaining their drug habit. This on truck drivers' wages means that the men are living hand to mouth.

The report of the national survey, conducted in the second half of 2013, estimates that 2.1% of Australians aged 14 and over used methamphetamine in the previous 12 months. While the report says methamphetamine use has been stable over the past three years, there has been a change in the way the drug is being taken. Ice has **replaced powder** as the main form for taking methamphetamines, **its proportion more than doubling from 2010 to 2013.**

At the same time the number of people using speed as the main form of taking methamphetamine decreased significantly. Its proportion dropped from 51% to 29% over the same period. The report says, 'Methamphetamine users who mainly used ice were far more likely to use ice on a regular basis with one-quarter (25 per cent) using it at least weekly compared with only 2.2 per cent of those who mainly used powder.'

I have included the figures above as they are a reflection of the Australian population, but if drivers are included in that data (which they are) then the assumption is that 2% are using speed in some form. We don't know the number of drivers involved in long-haul driving but if we estimate very conservatively that there are 100,000 then this would mean that 2% are using speed. This then reflects the statistical approximates to be found in research carried out previously in the field where the numbers reporting use were again very conservatively around the 2% mark (Queensland University).

In summary, in a twelve month period (2007 to 2008) the NSW police force had conducted 83 operations resulting in 13,195 road side drug tests. Of these 319 drivers tested positive to one or more of the illicit drugs. This is a 2.5% result in terms of population use of illicit drug use while driving (NSW Road Traffic Authority p. 59). The tests were not only on truck drivers.

Western Australian data

Data from the Emergency Department Information Service found that between 2005 and 2010, there were a total of 1,872 reported amphetamine-related emergency department (ED) presentations to all metropolitan hospitals in Western Australia (WA). Royal Perth Hospital (RPH) in WA experienced many amphetamine-related presentations to their ED with 156 presentations to the ED being judged as amphetamine-related in a three-month period in 2005. Data from the Mental Health Information Service also found that between 2006 and 2010 there were a reported 2,062 people with a primary diagnosis of amphetamine-related psychosis in outpatient and inpatient services of metropolitan hospitals in WA. In 2010, there were 2,510 amphetamine-related treatment sessions in WA alone.

In 2007, illegal drugs were detected in 29% (61) of road crash fatalities in WA. Of the fatalities with drugs detected, 44% (27) were reported as testing positive to amphetamine (<http://drugaware.com.au/Drug-Information/Amphetamines/The-Stats.aspx>. accessed 7 May 2015).

For those reporting they are using an amphetamine-type stimulant, there has been a significant move to using the crystal or ice form of methamphetamine. In WA in 2010, 44% reported using methamphetamine, but in 2013 this increased to 78%. The perception that amphetamine-type stimulants are a bigger problem in country towns is not supported by national data. 'Only 1.6% of people living in inner regional areas had recently used

amphetamine-type stimulants compared to 2.1% in major cities and 2.0% in outer regional areas' (WA Drug aware reports 2014). In an industry where drug users are mobile the city/regional distinction is not relevant.

The National Mental Health Survey found that use of amphetamine was difficult to estimate so they looked at figures from treatment sites.

Strategies to reduce the high demand for methamphetamine in the trucking industry

There are very few reports that cover the use of amphetamine, or drugs in general, in the trucking industry. However, the consequences of its use are visible in hospitals which are treating drivers for coronary occlusions, dentists who diagnose 'truckies mouth', as well as in institutions for mental health or addictions. These service providers are not part of the formal industry discussion on safety issues within the industry. Any future formal discussions need to include medical staff who treat interstate truck drivers as information concerning their mobility needs to be taken into account in a future treatment model.

Strategies to reduce demand and treat current use should include a designated rehabilitation centre for drivers, similar to that established for those in the building industry.

Drug addiction may be partly understood by observers but the mental addiction to a sense of empowerment, reaching deadlines and anticipatory success within the workplace is difficult for those outside of the industry to understand. Therefore it is essential that corporations are prepared to openly discuss with the employees what their expectations are. For example, a logistics manager ringing a driver who is on time and telling him that if he can arrive earlier there would be an early 'slot' available for delivery is an unacceptable practice. There needs to be a hands-on approach by human resource management to have a culture not only of zero tolerance but of managing drivers with long-term drug problems. Professional drivers are scarce on the ground: it is not about unemployment but offering support within a different work culture.

Strategies to change drug using culture

Interstate truck driving requires skills that are not transferrable from local truck driving skills. The income Grade 7/8 apply to specific tasks linked to this specific work. The introduction of an apprenticeship "type" of scheme where younger drivers are introduced into the work gaining their licenses within the company that they are employed with would encourage the

transference of experienced driving skills (drug free) to up and coming younger drivers: men and women.

Adequacy of Commonwealth law enforcement and corporate business responsibility

To stop the damage caused by drug use in the trucking industry there must be a regulatory framework governing trucking companies which enforces their compliance and the compliance of the drivers to be drug free.

This could take the form of an accord similar to liquor licensing hotel accords. The mission statement would be 'a drug-free industry'. Companies whose main business is in interstate or long-haul trucking have a substantial responsibility in the prevention and detection of the use of amphetamine by employees, or the distribution of that drug by employees. Current prevention techniques may display a sense of prevention but on-the-ground detection techniques are fraught with practices where drivers can consistently use the drug in spite of being drug tested. Companies who do not check how their drug testing systems are working need to employ independent companies to do the testing and to use an audit basis within their own company structure that is zero tolerant of drug use in the workplace.

'When, through challenging the legitimacy of laws, people increasingly distance themselves from the regulator, the procedural justice behaviour of the regulator takes on more relevance for them.' (Findlay p. 67). This statement in the long-haul industry means that for employers and employees, rather than move around either towards regulation or finding means away from the legal system, there needs to be a commitment to stopping amphetamine use as a company's commitment, a mission statement with great purpose.

For example, an independent company arrives to do drug testing and employees are asked to 'volunteer' for the test. If you are not compliant then you do not volunteer. This is not a compliance test.

Regulatory policy is not enforceable by policing agencies and agencies may have little or no control over the laws they are asked to conform with, but by 'ensuring the highest levels of procedural fairness' employees will conform more readily.

This means that drug testing by companies can be in-house but must be applied without exception, as Professor Findlay suggests.

‘Internal compliance systems can be empowered to give organisation sub-systems more incentives to activate core principles and to police their agents against a principled corporate framework.’ (p. 67).

Finally, companies that are not complying, but instead remain in a fixed position in terms of regulation, must set at least minimum standards. Law enforcement agencies must also meet those minimum standards when breached for not being accountable.

Other issues

During my research it became apparent that selling drugs via truck drivers was used to supplement incomes of several/many people.

Indigenous communities rely on the mobile industry to move products, people and to gain work via the sex industry. These interactions (private, covert and illegal) can offer a completely different type of criminal activity; one based on cohesion and needs. I would briefly like to refer to my work in this mobile setting and the importance that the mobility of drivers plays in the movement of drugs compared with those who rely on the trucks for business in the form of drug distribution. The difference is that owner drivers are trying to run a small business against or within an industry that has criminal syndicates making a living not only moving goods but contraband.

Poverty, isolation and lack of resources make the movement of speed at a local level a method of earning an income. This also coincides with sex work, the movement of other contraband and illegal drugs. There are coinciding complexities within the movement of interstate trucks and those who are living permanently in isolated towns. The drivers afford a level of income for the locals and the locals can provide services to the drivers. I am not privy to the amount of medium to high levels of distribution of illegal drugs, but I am aware of methods of moving and exchanging goods and services in this arena.

‘Data also shows continued net migration to particular regional centres in Australia, including Shepparton, Mildura, Dubbo, Broken Hill, Esperance, Charters Towers and Kalgoorlie. Generally there is also a corresponding net movement of non-Indigenous people out of these locations, contributing to a higher concentration of Indigenous people in particular locations. In addition, the rate at which Indigenous people are away from their usual place of residence

is 7%; almost double that for the rest of the population. The effect is to create a catchment around service towns or centres which has very significant implications for service delivery.’ (<https://www.coag.gov.au/node/67> 2009).

I have published in the area of GPS systems as a police investigative tool producing evidence of location linking illegal activities in terms of use, supply or traffic is very difficult and must utilise cooperative police networks. Should you wish further information please contact me via jkarp@uow.edu.au. Or via 0242215938

Kindest regards,

Dr Jann Karp PhD (SydUyd)

Senior Lecturer LHA

University of Wollongong

10th June 2015

References

Findlay M (2013) Challenges in Regulating Global Crisis, Palgrave, McMillan

The Burden of Disease and Injury (2003) School of Population Health, University of Queensland, Brisbane

Australian Institute of Health and Welfare, cat. no. PHE 82, p. 157, Canberra AIHW

Websites

<http://drugaware.com.au/Drug-Information/Amphetamines/The-Stats.aspx>. Accessed 7 May 2015

<https://www.coag.gov.au/node/67> 2009