Innovative police responses to drug problems: Exploring a third-party policing partnership between police and community pharmacy

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Candidate’s Statement of Originality

The work presented in the dissertation is, to the best of my knowledge and belief, original and my own work, except as acknowledged in the text, and the material has not been submitted, either in whole or in part, for a degree at this or any other university.

Julianne Louise Webster

Professor Paul Mazerolle
Principal Academic Advisor
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Publications relating to the research topic

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<td>ACC</td>
<td>Australian Crime Commission</td>
</tr>
<tr>
<td>APG</td>
<td>Australian Pharmacy Guild</td>
</tr>
<tr>
<td>ATS</td>
<td>Amphetamine-type-substances</td>
</tr>
<tr>
<td>COP</td>
<td>Community-oriented policing</td>
</tr>
<tr>
<td>DUMA</td>
<td>Drug Use Monitoring Australia</td>
</tr>
<tr>
<td>NDPSC</td>
<td>National Drugs and Poisons Scheduling Committee</td>
</tr>
<tr>
<td>PET</td>
<td>Pseudoephedrine Enforcement Taskforce</td>
</tr>
<tr>
<td>POP</td>
<td>Problem-oriented policing</td>
</tr>
<tr>
<td>PSE</td>
<td>Pseudoephedrine</td>
</tr>
<tr>
<td>QH</td>
<td>Queensland Health</td>
</tr>
<tr>
<td>QP</td>
<td>Queensland Police</td>
</tr>
<tr>
<td>The Guild</td>
<td>Australian Pharmacy Guild</td>
</tr>
<tr>
<td>TPDP</td>
<td>Third-Party Driven Partnerships</td>
</tr>
<tr>
<td>TPP</td>
<td>Third-party policing</td>
</tr>
<tr>
<td>UNODC</td>
<td>United Nations Office of Drug Control</td>
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<tr>
<td>VP</td>
<td>Victorian Police</td>
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Abstract

Third-party policing partnerships are a policing innovation increasingly discussed in the crime prevention literature, but what we actually know about third-party policing partnerships is extremely limited. In the main, studies examine voluntary community-oriented partnerships, ‘hot-spots’ approaches and strategies utilising legal-levers to mobilise third-parties to perform a crime prevention or crime control response. Typically, the results of such studies are observed through changes to crime and disorder concerning the particular intervention at the designated place. However rarely do studies seek to understand the processes underpinning the development and implementation of third-party policing partnerships which are mandated by regulation; the role of third-parties; the role of regulation in the mobilisation of the partnership; the impact of the intervention for the third-party; or the effectiveness of the strategy from the perspective of the regulated third-parties.

This dissertation seeks to further understand how such third-party policing partnerships are developed; how they are implemented; the nature of their impact; and how they perform against their crime control objectives. This study of third-party policing partnerships draws upon a case study of a policing partnership implemented to control access to pseudoephedrine products from community pharmacies. Products containing pseudoephedrine are utilised as a key precursor chemical in the domestic manufacture of illicit synthetic drugs such as methylamphetamine in clandestine laboratories. Hence the diversion of these products for non-therapeutic purposes represents a serious crime problem.

The dissertation addresses three key objectives. Firstly it thoroughly documents the development and operation of the case study partnership because currently we do not know if partnerships that are constructed for operational efficacy through technology actually produce partnership structures that connect the partners, provide frameworks which support partner legitimacy and whether these models can provide outputs that are valued by the police. Secondly few drug law-enforcement studies examine the translation of partnership policy to partnership practice and this knowledge gap
impacts upon our understanding about optimal partnership structures that best facilitate congruence between policy and practice in partnership models. In addition the literature gives little attention to examining and evaluating the consistency with which drug crime control interventions are applied within communities and also how these strategies diffuse across multiple crime sites. Thirdly the current evidence pays little attention to the role of regulation in mobilising crime control responses. As such we don’t know if partnerships of this nature are better managed by police or third-parties and or if they operate more effectively when managed at the local-level. Importantly we don’t know how regulation impacts on the third-parties engagement in the intervention and/or their perceptions of intervention effectiveness. Moreover we do not know the most crucial factors that influence third-party engagement in these regulated and voluntary partnership intervention frameworks. The dissertation examines these three key knowledge gaps, specifically: to determine the optimal partnership framework able to support a non-public third-party partnership intervention; to determine the most crucial factors which influence third-party engagement in these types of interventions; and to determine the most crucial factors associated with third-party perceptions of the effectiveness of the partnership intervention.

Unlike other studies concerning the use of partnership responses which have tended to focus on police perceptions of partnerships, the central focus of this study is the examination of the experiences and perceptions of the non-public third-parties co-opted into performing a crime control role in the regulated policing partnership model. Specifically this role relates to preventing non-legitimate access to pseudoephedrine products sold by community pharmacies. Notwithstanding this primary research focus, the study also incorporates police and other stakeholder perspectives. These additional perspectives provide important contextual balance and support to the key findings concerning partnership structures, third-party engagement and perceptions of effectiveness. In framing the key research findings the dissertation maps the crime problem of pseudoephedrine diversion from community pharmacies in the Australian context; it describes domestic and other drug policy frameworks and outlines a number of policing approaches utilised to respond to problems of illicit drug
production and supply in domestic and international contexts. It then discusses the emergence of third-party policing as an innovative crime control response to illicit drug problems and correspondingly its application to the crime problem of precursor diversion from pharmaceuticals in the Australian context.

The cross-jurisdictional comparative methods employed by this research focus on examining the experiences of third-parties and police in two Australian States with further examination of local-level experiences in two case study sites. The development and operation of the third-party policing partnership is examined through an exploratory mixed-methods approach, which adopts both an individual and place-based unit of analysis. Firstly a large survey of third-parties is used to examine the experiences and perceptions of third-parties performing the partnership intervention in two Australian State jurisdictions. Secondly interviews with police as well as a number of other stakeholders – such as the Australian Pharmacy Guild (APG) and the Pseudoephedrine Enforcement Taskforce (PET) – are utilised to examine partner and stakeholder contributions, experiences and perceptions of the partnership intervention. The selection of two partnership implementation States provides the opportunity to examine how different regulatory frameworks impact on the experiences of the partners and the perceived outcomes of the partnership intervention. The selection of two case study sites allows for an in-depth exploration of policing partnership implementation issues.

The research findings presented in this dissertation extend our knowledge concerning third-party policing partnerships and drug policy. In particular the optimal partnership structures in which to enhance third-party engagement and effectiveness of the partnership intervention are described. The findings of this dissertation highlight the operational complexities and also the potential benefits associated with implementing a regulated partnership intervention by using non-public entities as third-party crime controllers. Additionally the research findings highlight the challenges of reconciling the objectives of macro-driven partnerships with performance and engagement of the partners at the local-level. Furthermore, the findings highlight the importance of partnership model translation within and across jurisdictions and of consistent partner
engagement. The results from this dissertation advance understanding about optimal partnership models, the factors that are important for promoting third-party engagement with the intervention and the partnership features that facilitate partnership efficacy and longevity.
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Chapter One: Innovative police responses to methylamphetamine – framing the challenges

The domestic production of illicit synthetic drugs such as methylamphetamine is a serious problem for the Australian community. Governments face challenges in improving the types of responses to the problem so as to minimise illicit drug harms. Police face challenges in responding to drug-related crime. Both government policy and police practice should be supported by an evidence base about what works in responding to these challenges. This evidence base can contribute not just to responses to the specific problem of methylamphetamine but also to understanding how new and innovative policing responses generally are developed and implemented. The research presented in this dissertation specifically examines the application of a third-party policing partnership model to pseudoephedrine precursor diversion from community pharmacies in Australia. Pseudoephedrine precursor diversion from pharmaceuticals is a protracted crime problem which contributes to substantial domestic manufacture of illicit stimulants such as methylamphetamine. To date little empirical research has been conducted concerning the efficacy and impact of approaches that focus on reducing illicit access to legal precursor chemicals at key access-points (Cherney, O'Reilly, & Grabosky, 2005).

The current research explores the development, implementation and outcomes of an innovative third-party policing partnership response and examines the most crucial partnership characteristics influencing partnership engagement and perceived effectiveness of the partnership intervention. The intervention examined in the dissertation is a proactive policing innovation that involves the mobilisation of non-public third-parties through regulatory and voluntary means to perform a crime control role. Studies of these types of partnerships in the literature are largely descriptive and hence they do not further our understanding about the perceptions of effectiveness of these approaches and of fundamental partnership characteristics. Hence it is important that features of effective partnerships are identified to optimise the utilisation of the approaches in a range of crime innovation contexts. Additionally it is important that the research also addresses questions pertaining to the processes
adopted in the development of the partnership model and how this partnership model is translated from policy to partnership practice. In addressing these knowledge gaps this research makes a much needed contribution to partnerships theory, policy and practice frameworks. This chapter describes a number of challenges concerning this research problem. Their challenges have strongly influenced the selection of the studies used in this dissertation and the research gaps addressed.

The first challenge is associated with measuring the size of the methylamphetamine problem in terms of the magnitude of domestic manufacture using legal but diverted precursor chemicals. A second challenge arises from recognising that there are knowledge gaps concerning the efficacy of responses to precursor diversion in law-enforcement, treatment, education and prevention. Specifically there are problems with limited knowledge in the literature concerning the different types of law-enforcement approaches available to address these complex crime problems and in particular to the development and implementation of partnership models designed to prevent diversion of pharmaceuticals in the Australian policing context. Specifically these key gaps impede understanding about how past research informs the development of ‘newer’ approaches such as ‘hybrid’ non-public third-party partnership responses. These gaps also impede understanding about how policy frameworks are translated to practice; and importantly understanding the role of regulation in enhancing policing partnership engagement and outcomes.

The development of these ‘newer’ approaches to crime control that involve non-public third-parties performing a specific function to prevent crime have not been extensively analysed in the literature. Hence it is important that we examine how these approaches are formulated. In particular it is important for future applications of these innovations that research informs the design and implementation of these approaches to enhance the overall performance and outcomes of partnership interventions.

The methylamphetamine problem
There are a number of problems concerning our knowledge about the size of methylamphetamine markets domestically and internationally. In the Australian context it is estimated that 90 per cent of the methylamphetamine consumed here is
also produced here, with the balance 10 per cent coming from imported sources (Schloenhardt, 2007). However the legitimate industrial and personal uses of precursor chemicals such as pseudoephedrine, makes it difficult to estimate from the total amount sold, the exact proportion of pseudoephedrine that is being diverted for illicit purposes (PACIA & SIA, 2002). For instance in 2002, estimates derived from a representative sample of Australian pharmacies indicated that 863 000 requests for non-prescription products or around 4.3 per cent of all schedule three products sold annually are suspected of misuse (Berbatis, Sunderland, Joyce, Bulsara, & Mills, 2007). All medications are grouped into schedules to ensure the appropriate level of control of access is applied. These schedules include schedule two (pharmacy medicine), schedule three (pharmacist only medicine), schedule four (prescription only medicine) and schedule eight (controlled drug) categories (APG, 2009a).

The proportion of diverted pseudoephedrine has not been empirically assessed in Australia. Despite this lack of evidence, according to Berbatis and colleagues (2009) estimates of the size of the diversion problem for all schedule three pharmaceuticals has become the national benchmark for prevention initiatives, including for Project STOP (Berbatis, Sunderland, & Dhaliwal, 2009). Project STOP is an online database developed in 2005 by the Australian Pharmacy Guild, designed to capture all sales transaction information pertaining to pseudoephedrine products sold by community pharmacies (APG, 2009b). The capture and sharing of this transaction information assists pharmacists in their decision-making concerning a customer’s therapeutic need for the product and the information when shared with police through the partnership assists in the detection of illicit drugs manufacture (Webster, 2009a).

In addition to a lack of knowledge about the size of the illicit market, the available administrative data and population surveys regarding methylamphetamine use do not provide a complete picture of the nature and extent of usage patterns nor of the cost of responding to this drug issue (ACC, 2011a; AIC, 2008; AIHW, 2008). Prevalence of methylamphetamine use (ever consumed) in the general population was ranked

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1 Including preparations containing pseudoephedrine, antihistamines, sympathomimetics, opioid analgesics and cough suppressants.
second highest (9.1%) behind cannabis (33.3%) in 2004\(^2\) and was ranked fourth highest (6.3%) behind cannabis (33.5%), ecstasy (8.9%) and hallucinogens (6.7%) in 2007\(^3\) (AIHW, 2011). The most recent survey showed that in 2010 the overall prevalence of drug use across the top five illicit drugs increased, but that methylamphetamine use is now ranked fifth highest (7%) behind cannabis (35.4%), ecstasy (10.3%), hallucinogens (8.8%) and cocaine (7.3%) (AIHW, 2011). Population and other surveys conducted up to 2010 have generally shown little variation in users reporting easy access to amphetamine-type-substances (AIC, 2008; AIHW, 2011; Black et al., 2008; Lynch, Kemp, Krenske, Conroy, & Webster, 2003). However in 2010 the national drug household survey showed shifts in this previously robust position, with users reporting ecstasy and methylamphetamine as being less readily available (AIHW, 2011). This slight shift in methylamphetamine use, dropping from fourth most prevalent to fifth most commonly used illicit drug in Australia, together with perceptions of the drug being less readily available in 2010, may signal some slight decreases in supply as well as some change in users’ preferences. Changing preferences for other drugs may be a consequence of drug availability and/or the result of prevention campaigns influencing drug use choices. Despite these slight variations reported in user surveys, supply indicators such as clandestine laboratory and drug seizures continue to suggest the presence of a ‘robust’ drug market (ACC, 2011:58).

Apart from relying on user and population surveys and limited law-enforcement indicators to assess the size of the methylamphetamine markets, it is difficult to evaluate the cost of responding to the illicit methylamphetamine drug market. In the United States it was estimated that the cost of responding to the harms caused by methylamphetamine in 2005 was approximately $23.4 billion (Nicosia, Pacula, Kilmer, Lundberg, & Chiesa, 2009). The items included in this cost estimate relate to the consequences of methylamphetamine use and production including: premature death; costs of drug treatment; elements of lost productivity; processing by the criminal justice system; the health system response; and harms related to drug production such as environmental and child endangerment (Nicosia et.al. 2009:4). In 2004-2005, it was

\(^2\) Total sample size 2004 (24 445); 2007 (23 356) and 2010 (26 648).
\(^3\) Further research is required to determine the costs of methylamphetamine in the Australian context.
estimated the cost of illicit drugs in Australia was over eight million dollars (US$8 189 000) (Collins & Lapsley, 2008). Of this, just under half was attributed to the cost of methylamphetamine-related crime (US$3 840 500) (Collins & Lapsley, 2008). Factors considered in the estimate were costs associated with crime, policing, criminal courts, prisons, customs, prisoner productivity, property theft, violence and money laundering (Collins & Lapsley, 2008). To date, no specific cost estimate concerning the response to the methylamphetamine market in Australia is available.

Due to the abovementioned problems concerning the measurement of the size of illicit drug markets, it is difficult to ascertain the actual impacts of interventions on these markets, including whether the supply of illicit drugs has been reduced (Reuter & Kleiman, 1986). The impacts often cited are typically measured through the number of clandestine laboratories detected and the quantities of illicit drugs seized (ACC, 2011a). However the tendency for police organisations to use the same data indicator – number of clandestine laboratory detected – to present the case of a worsening drug problem and or one that has stabilised, has been documented (Homel & Willis, 2007) and continues to be a challenge in the measurement of drug market interventions (Webster & Ransley, 2012).

The significant harms and negative consequences associated with methylamphetamine – including social, health, legal and environmental, call attention to a number of public agencies including the police to think strategically about the issue. In Australia and elsewhere, illicit drug policy frameworks provide the canvas on which innovative enforcement approaches can be developed. Internationally and in Australia there is a mix of policy approaches available to address the problem of illicit drugs. In some countries such as the United States the emphasis of the response to illicit drugs is on law-enforcement with much less attention paid to responses which involve prevention or treatment (Kleiman & Smith, 1990). Alternatively in some European countries with a more liberal stance on drug consumption, there appears to be a stronger communal ideological interest in harm minimisation health related investment — for instance in treatment services (UNODC, 2010). In recent years the United Kingdom has invested more in drug treatment than in previous decades but it still retains its focus on law-
enforcement (Reuter & Stevens, 2008). Australian drug policy espouses a balanced approach encompassing the four policy pillars of treatment, education, prevention and law-enforcement (Bammer, Hall, Hamilton, & Ali, 2002). The presence of drug policy frameworks heavily influences police and other stakeholders in the development of strategies and the expenditure of resources that are compatible with the overarching drug policy objectives (Caulkins, Tragler, & Wallner, 2009; Moore, 2008). Except for the examination of strategies that focus on reacting to drug markets through interdiction, buy-busts and crop eradication strategies (USGovt, 2008) little is known about the usefulness of strategies to combat ‘newer’ drug problems such as those which rely on synthetic production (Reuter, 2009). Presently proactive approaches to responding to drug problems include the use of crop substitution initiatives to support farmers in growing legal instead of illicit crops in areas such as Afghanistan and other strategies such as intelligence-sharing between countries. Crop substitution is regarded as an important prevention strategy (UNODC, 2010), however few studies have evaluated the efficacy of law enforcement strategies that aim to prevent and/or control the diversion of precursor chemicals used in the manufacture of illicit stimulants (Cherney, et al., 2005).

Evaluating the impact of drug law-enforcement interventions can be problematic due to the systemic inability to accurately ascertain the size of the problem prior to interventions and consequent inability to pinpoint any associated change. Randomised control studies can more accurately assess the impact of an intervention than with simple comparisons made across sites, through the allocation of treatment and control sites and by examining the differences in a particular set of indicators related to the problem being treated (Campbell & Boruch, 1975; Sherman, 2007). Two studies highlight the power of using experimental evaluation methods to assess the impact of interventions on groups of places demonstrating similar crime characteristics. Eck and Wartell (1998:161) conducted a study whereby 121 rental properties in San Diego, California were assigned to one of three groups – two treatment groups or a control group that received no specific attention – to test whether the management of a place influences the behaviour of drug dealers at these places. The treatment groups either received a letter from police or had a meeting with police. The study found more
evictions of drug offenders in both treatment groups than in the control group and additionally property owners reported reductions in crime within six months of the intervention (Eck & Wartell, 1998).

Likewise, Weisburd and Green’s (1995:711) evaluation compared the effects of an intervention at fifty-six ‘hot-spots’ of drug activity in Jersey City, United States that were randomly allocated to either a treatment or a control group. The treatment groups received the intervention comprising police crackdowns followed by a program of order maintenance involving business owners and citizens; whilst the control group received no specific attention. The study compared the results of seven-month pre-and post-intervention periods and showed strong positive effects at the intervention sites concerning reduced disorder-related police calls for service as well as diffusion of crime control benefits to nearby areas (Weisburd & Green, 1995). As well as producing more rigorous assessments of intervention outcomes these studies also highlight that place-based interventions can reduce the particular crime problem being targeted. Experimental methods are considered the ‘gold standard’ in evaluation research (Sherman, 2007) however where the conditions concerning the intervention do not allow for the adoption of these methods, and in areas where very little is known, strong research designs that incorporate large samples and triangulation of findings are valid alternative approaches.

Although knowledge concerning the utilisation of non-public third-parties in the performance of voluntary and regulated partnership roles is limited, Mazerolle and colleagues’ (2006) review of drug-law enforcement approaches indicates that targeted and place-based approaches such as partnerships show more promise in reducing crime than reactionary strategies. Yet more evidence is required before conclusive statements can be made about the long-term efficacy of proactive approaches such as partnerships (Mazerolle, Soole, & Rombouts, 2006). The documented use of third-party policing to mobilise a response by a third-party through regulation shows that the use of these approaches has been more prevalent in the United States than in other areas (Mazerolle, et al., 2006). Consequently there is a research challenge to establish relevant analytical frameworks within which to examine the application of a
third-party partnership approach, and in particular in response to diversion of pseudoephedrine from pharmaceutical products in the Australian context.

**Third-party policing partnerships**

Third-party policing partnerships have emerged in the last fifteen years (Buerger & Mazerolle, 1998). This approach, along with many other ‘newer’ police methods such as intelligence-led policing, has been influenced by Goldstein’s problem-oriented policing theoretical frameworks (Goldstein, 1979). Additionally the emergence of third-party policing has been influenced by changing systems of governance and a trend for the State to increasingly create regulatory nodes to perform its responsibilities. Moreover it is in response to pressure on police to ‘do more with less’ (Mazerolle & Ransley, 2005; Shearing & Wood, 2003). The third-party policing partnership approach involves the police co-opting and/or coercing well-placed entities to perform a role in a regulated framework which assists law-enforcement organisations to control and/or prevent crime (Mazerolle & Ransley, 2005). In this response model, the co-opting of a third-party is often accompanied by the identification of or the creation of relevant legal-levers that authorise third-party performance of the role whilst empowering the State or a regulatory body to enforce the third-party function (Braga & Winship, 2006; Jones & Newburn, 2006).

Within the drug law-enforcement literature, limited attention has been dedicated to the examination of third-party partnerships which are neither developed nor driven by a policing organisation (Webster, 2012 in press-b; Webster & Ransley, 2012). For example, a key review of drug law-enforcement evaluations up to 2005 focuses solely on interventions that are ‘initiated, managed and/or implemented by police to reduce or prevent illicit drug use, drug dealing, and the associated problems at drug dealing places’ (Mazerolle et.al., 2005:118). This particular review acknowledged the omission of studies concerning drug-crime responses applied by the courts, corrections or treatment sector. However it did not recognise that interventions can be initiated, managed and implemented by a non-public agency (Mazerolle, Soole, & Rombouts, 2005). Mazerolle and Ransley (2006) themselves do, however, acknowledge that partnerships can be initiated by a range of non-public entities. The study of non-public entities as the primary instigators of crime control partnerships provides a very
different perspective on the partnerships literature and highlights opportunities for police to ‘piggyback’ on such initiatives to enhance their crime control or prevention capacity (Cherney, et al., 2005; Drew, 2011; Goris & Walters, 1999; Kraakman, 1986; Mazerolle & Ransley, 2005; Webster & Ransley, 2012).

It is within this backdrop of largely descriptive studies, concerning non-public initiated crime prevention and control partnership responses, that the examination of a pseudoephedrine diversion partnership is situated. In addition, the identified knowledge gaps in this regard highlight the importance of examining the composition, operation and effectiveness of these partnership approaches. Crucially, previous research is drawn upon to identify the likely characteristics associated with partner engagement and effectiveness of the intervention involving non-public third-parties. Partner legitimacy, community and third-party cohesiveness, social capital as well as situational factors are likely to be associated with effective police partnership interventions. Likewise the factors often associated with evaluating effectiveness of crime control interventions include willingness of stakeholders to engage in the intervention, observed reductions in crime (Webster & Ransley, 2012) and changes (reductions) to police calls for service at sites of intervention with respect to the targeted crime (Weisburd & Green, 1995).

Engaged and effective partnerships

Amongst the most important features influencing citizen engagement in partnerships are ‘community cohesiveness’ and the presence of strong neighbourhoods (Duffee, Fluellen, & Renauer, 1999). Community cohesiveness is described as the ‘glue’ which binds citizens together and is reflected by their willingness to take action for utilitarian purposes (Rosenbaum, 2002). It is this cohesion that facilitates optimal community policing conditions in which partnership interventions can flourish (Buerger, 1998) and in doing so, adds to the ‘social capital’ of a community. Studies have shown the importance of social capital in communities as a factor influencing citizen participation in strategies developed to address problems and/or to strengthen perceptions of community safety (Pino, 2001; Somerville, 2008). Citizen partnership participation helps generate public trust and confidence in the police; enforce behavioural norms;
and reinforce mutual ownership of social problems. In doing this, it encourages strong social ties within the broader community structure (Fielding & Innes, 2006; Pino, 2001; Rosenbaum, 1988; Somerville, 2008). Hence, cohesion in communities as a social group is important for encouraging social order and guardianship in communities. Thus the importance of social cohesion across professional groups, in particular by community pharmacists’ performing a crime control role, will be examined in this dissertation.

Other factors likely to play a role in influencing third-parties to engage in a crime control role involve the context of the situational environment including a non-offender’s proximity to the crime. The literature concerning the actions of bystanders witnessing crime events shows that the willingness of citizens to report crime to police is influenced by a number of factors including a citizen’s personal relationship with the perpetrator; the perceived value of reporting; the location of the incident; and the citizen’s perceived responsibility or duty of care (Hawdon, Ryan, & Griffin, 2003). Moreover a person’s perception of police responsiveness and effectiveness also influences their likelihood of reporting a crime (Somerville, 2008; Tyler, 2004). A study of 211 Chinese residents in two communities found individuals were less likely to respond to a crime by directly stopping, yelling out or calling the police due to fear of crime (Zhong, 2010). Fear of crime as well as situational factors were found to strongly mitigate the possibility that individuals would intervene should they witness a crime occurring (Zhong, 2010).

Hence past research suggests that third-party engagement in a voluntary crime control partnership intervention is influenced by their perception of cohesion in the community, partner legitimacy, professional peers and situational factors including fear of crime and perceived responsibility for taking action (Felson, 1995; Morabito, 2010; Rosenbaum, 2002; Tyler, 2004, 2006; Zhong, 2010). Conversely, the factors influencing third-parties’ performance of a regulated and mandated crime control role may be less variable due to the prescribed and enforced nature of the role. Thus, the factors influencing third-parties to perform both voluntary and regulated partnership roles are empirical questions which will be addressed in the dissertation.
Partnership effectiveness can be measured through a number of indicators depending on the problem and the intervention applied. Typically a decrease in police calls for service at the intervention site as well as to crime reports and victimisation rates are used to observe the impact and effectiveness of an intervention (Fielding & Innes, 2006; Mazerolle, Price, & Roehl, 2000). In addition, the effectiveness of an intervention may be measured by improvements in community cohesiveness (Hollis-Peel, Reynald, van Bavel, Elffers, & Welsh, 2011; Mazerolle, Kadleck, & Roehl, 1998) as well as by the willingness of place-managers and guardians to engage in proactive processes around crime-prone places (Kautt & Roncek, 2007).

In summary, four main categories of partnerships can be identified including two ‘soft’ approaches comprising police working collaboratively with other police from external organisations and police working with citizens in a voluntary community-oriented partnership (Webster, 2012 in press-b). Likewise there are two ‘hard’ approaches which focus on responding to crime at crime-prone places in a regulated framework. The first of these latter responses occurs when police coordinate other public entities – who have regulated responsibilities – to perform their designated public role in a ‘hot-spots’ context (Webster, 2012 in press-b). The second ‘hard’ type is when police mobilise a well-placed non-public entity to perform a place-management and guardianship role in response to a crime problem at particular places (Webster, 2012 in press-b).

Conceptualising partnerships as a typology (See figure 1) is useful as it demonstrates that different partnership approaches are available depending upon the crime context and the available resources.
Figure 1: Partnerships typology

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<thead>
<tr>
<th>‘Soft’ unregulated partnerships</th>
<th>‘Hard’ regulated partnerships</th>
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<tr>
<td>1. Police working with Police in networked nodes</td>
<td>3. Police working with other public agencies in partnership at crime ‘hot-spots’</td>
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<tr>
<td>2. Police working with citizens in voluntary community-focused partnerships</td>
<td>4. Police working with non-public third-parties as guardians and place managers at crime-prone places</td>
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**Partnerships typology**

The first ‘soft’ partnership approach involves police working in partnership with other enforcement and intelligence organisations in a networked or nodal-type response (Webster, 2012 in press-b). A ‘soft’ approach is defined as one that requires very little coercion and is based upon collaboration and cooperation to contribute to and collectively resolve problems. In the main, this first ‘soft’ approach facilitates the exchange of intelligence between partnership members and when operationally necessary this model involves the pooling together of human and physical resources across jurisdictions to deliver a collaborative policing response (ACC, 2010; Bayley & Shearing, 1996). Policing organisations have found these types of partnerships to be especially beneficial and effective particularly with respect to organised crime activities, as police are typically constrained by jurisdictional boundaries and their individual resources (ACC, 2011b).

The second ‘soft’ policing partnership involves circumstances where police work with citizens in the context of a community-oriented partnership. These types of partnerships are generally developed at the local-level between police and citizens to respond to community-level crime or disorder issues (Hope, 1995; Reisig, 2010; Somerville, 2008) and they typically utilise the available resources and community expertise (Skogan, 2006). Although these types of partnerships are mainly conceptualised and implemented in the local community context, it is also possible for this voluntary partnership model to be used to develop and implement a crime prevention strategy across a number of communities, for example Neighbourhood
Watch (Scheider, Chapman, & Schapiro, 2009). Community-oriented partnerships may focus on the resolution of quality of life issues such as abandoned cars, graffiti, broken windows and run-down properties; however, these partnerships may also be developed to respond to ongoing crime issues (Rosenbaum, 1988; Somerville, 2008). In circumstances where patterns of offending are identified in a community, a police-citizen partnerships response can be developed to reduce the disorder and reduce opportunities for offending. There are three main ways that this can occur – through the implementation of situational changes and target hardening measures; removing the disorder and/or cleaning up blighted properties (Wilson & Kelling, 1982) and also by identifying guardians and place-managers who through their presence and performance of active guardianship at a place can have an impact on an offender’s decision to engage in crime at that place (Clarke & Felson, 2004; Felson, 1987; Somerville, 2008).

Unlike community-oriented approaches which are ‘soft’ in their voluntary partnership participation, more formalised ‘harder’ approaches can involve the creation of partnerships with regulation as the key mechanism to activate and hence coerce partnership participation (Crawford, 1994; Fleming, 2005; Jones & Newburn, 2006; Kennedy, 2006; Weisburd & Braga, 2006). The third type of partnership involves the development of a response around crime ‘hot-spots’ and utilises civil legal-levers to mobilise contributions from other State and regulatory agencies (Webster, 2012 in press-b). As such these third-party contributors typically have mandates to address civil issues such as enforcement of fire safety and building codes (Green, 1995). However, when performing their respective civil function these public entities can also help to disrupt the activities of offenders operating at these places (Green, 1996; Weisburd, 2005). These ‘hot-spot’ approaches are targeted, specific and often short-term interventions designed to reduce crime in a neighbourhood that has ongoing crime and disorder problems (Eck & Weisburd, 1995). Although ‘hot-spot’ responses are considered to be a response in their own right, when they mobilise other entities to perform a crime control role at a specific crime-prone place, they also constitute a partnership response (Webster, 2012 in press-b).
These approaches have been extensively used in the United States around drug and other crime ‘hot-spots’ (Braga, 2001; Eck, 1998; Green, 1995; Mazerolle, et al., 2006; Taylor, Koper, & Woods, 2011) and a number of studies indicate that place-based responses utilising civil ordinances – such as building and fire safety codes – as well as situational responses can successfully disrupt crime and diffuse the benefits of such interventions to nearby areas (Braga, 2001; Eck & Wartell, 1998; Green, 1995; Johnson & Bowers, 2004; Mazerolle, et al., 2000; Mazerolle, Ready, Terrill, & Gajewski, 1998; Weisburd & Green, 1995). This type of partnership response extends police capacity to respond to crime problems in a variety of ways and specifically provides the opportunity for police to co-ordinate the input from other responsible State entities to a particular crime issue (Cherney, 2008).

Likewise mobilising non-public entities – through regulation – to perform specific roles or functions also provides opportunities for crime reduction at places (Webster, 2012 in press-a). This is done through police analysing a crime problem and identifying well-placed individuals, businesses and/or other non-public entities who are present at the places identified as facilitating crime (Ayling & Grabosky, 2006; Gilboy, 1998; Mazerolle & Ransley, 2006). In the context of the crime event, the third-party may unknowingly be facilitating offending behaviour and their presence within a certain set of circumstances or at a particular place represents untapped capacity to provide active guardianship at the identified ‘access point’ (Ayling & Grabosky, 2006; Felson, 2008; Gilboy, 1998; Mazerolle & Ransley, 2005; Ransley, 2012; Webster, 2012 in press-b; Weisburd, Morris, & Ready, 2008).

Similarly to the third type of partnership involving police working with other public entities, the fourth type of partnership involving police working with non-public entities are generally not voluntary and may involve the imposition of additional operational burden on the third-party (Fleming, 2006; Meares, 2006; Webster & Ransley, 2012). The provision of financial transactions information by banks and other relevant institutions to an enforcement agency on a routine basis is an example of a regulated non-public third-party partnership to prevent money laundering (Anti-Money Laundering and Counter-Terrorism Financing Act, 2006).
Third-party policing partnerships are top-down approaches driven by the coerciveness of regulations along with the threat of enforcement action and represent a macro to micro response to crime and disorder problems (Ransley, Mazerolle, Manning, McGuffog, & Webster, 2012). Using regulations to mobilise a partnership response empowers and coerces the non-public third-parties to perform a crime control role and provides the State or regulatory agency with enforcement oversight (Mazerolle & Ransley, 2006; Webster, 2012 in press-b). To date, the fourth partnership type involving non-public third-parties performing crime control in regulated framework has been used less often by police than the other three types and consequently it has received less attention in the literature (Weisburd & Braga, 2006). The largely descriptive literature concerning non-public regulated partnerships highlights a number of knowledge gaps and also the importance of examining the efficacy of these approaches.

**The current research**

This introduction highlights a number of knowledge gaps pertaining to partnerships theory, policy and partnerships practice specifically concerning the development, implementation and outcomes of non-public third-party partnerships. In particular there are significant gaps in evidence concerning the utility of using these regulated approaches to prevent the diversion of pseudoephedrine from pharmaceuticals. These knowledge gaps are worthy of research attention as they impact on our understanding concerning the composition of an effective partnership model as well as the factors influencing third-party engagement and perceptions of effectiveness of the intervention.

Furthermore, these gaps highlight three major unexplored areas in the non-public third-party policing partnerships literature. The first focus of this dissertation is to understand the development and implementation of the partnership model, including its translation from policy to practice and the role of regulation in the framework. As highlighted by the partnership typology, (see figure 1) non-public partnerships are top-down approaches typically developed and managed at the policy-level (Ransley, 2012)
and utilise regulations to mobilise the actions of third-parties in the partnership. The use of regulations, non-public third-parties as well as a policy-oriented management structure makes these approaches different from many other partnership responses. Hence this research provides an opportunity to better understand the composition of the partnership strategy, how it was implemented, as well as how this partnership is translated from policy to practice and the associated implications of this operating model on partnership outcomes.

The second focus of this dissertation is to determine the optimal partnership characteristics that influence third-parties and police to fully engage in the partnership intervention. This chapter emphasised the presence of predominately descriptive studies examining partnership approaches involving non-public entities. Hence there are a number of knowledge gaps regarding the partnership characteristics most likely to influence third-party engagement in the performance of the intervention. The present research provides the opportunity to examine a policing partnership and to describe the most influential partnership characteristics that relate to third-party engagement in the intervention.

The third focus of the dissertation is to examine the factors most significantly related to third-parties’ perceptions of partnership effectiveness. Similarly to the first two research foci, there is limited evidence concerning the effectiveness of crime control partnerships involving the coercion of non-public third-parties to perform a particular role. This research provides the opportunity to examine the question of effectiveness by identifying the strengths and weaknesses of the partnership intervention in relation to its objectives.

Chapter Two describes the methylamphetamine problem and the crime problem of precursor diversion from pharmaceuticals.
Chapter Two: Examining the problem and responses to methylamphetamine

The methylamphetamine problem

The problem of illicit drugs is multifaceted. Synthetic illicit drugs contribute to negative social, health and legal consequences for users, suppliers and manufacturers (AustGovt, 2011b). Since the early 1990s the prevalence of stimulant use in Australia has been increasing in prominence with population surveys and other user surveys showing that harmful levels of drug consumption have increased with the availability of more potent illicit stimulants such as methylamphetamine (ACC, 2009b). Surveys also indicate that although the proportion of new users of these drugs is reasonably static, the rate of users using substances at dependent and highly harmful levels has increased significantly in the past decade (AIHW, 2008). Estimated use subsided slightly in 2010, dropping methylamphetamine to the fifth most prevalent used illicit drug in Australia (AIHW, 2011). Notwithstanding, the problem of methylamphetamine particularly its domestic manufacture, facilitated through precursor chemical diversion is still described as ‘robust’ (ACC, 2011a). The rise of methylamphetamine use has been linked to a number of factors, including: the shortage of other drugs during the ‘heroin drought’ period in the early 2000s; the relative ease with which the drug can be manufactured compared to a plant-based illicit substances; the low cost; and the perception that stimulants such as ecstasy and other synthetic analogues\(^4\), such as methylamphetamine, are less harmful than other illicit substances (ACC, 2010; AustGovt, 2011a; Degenhardt, Day, & Hall, 2004; McKetin, McLaren, & Kelly, 2005; Weatherburn & Wales, 2001).

Methylamphetamine has a number of serious negative consequences associated with its use, including drug dependence, risky behaviours around injecting drug use, and other negative consequences such as criminal activity and socio-economic disadvantage (Degenhardt, 2008). In recent years, methylamphetamine use and abuse

\(^4\) An analogue is a drug which belongs to the same family of synthetic produced drugs (See AustGovt, 2011a).
has been linked to increased hospital admissions for serious mental health conditions such as drug induced psychosis (Degenhardt, Roxburgh, Black, Raimondo, Cambell, Kinner & Fetherston, 2008). Users of illicit stimulants, such as methylamphetamine, are more likely than users of other drugs – cannabis, ecstasy and cocaine – to report the highest levels of psychological distress and engagement in treatment for mental illness (AIHW, 2011). Other serious consequences include violence and links to property crime and other drug offending (AIC, 2008; CMC, 2003; Lynch, et al., 2003; McKetin, et al., 2005). The manufacturing process of illicit stimulants presents another significant element of harm to the ‘cooks’ and often others present at manufacturing sites due to the highly flammable and explosive nature of the methylamphetamine production process (Scott & Dedel, 2006). Significant harm is also posed to the physical environment due to the disposal of toxic chemical by-products and residue into waterways and other natural environments (Burke, Lewis, Latenser, Chung, & Willoughby, 2008; Scott & Dedel, 2006).

The ongoing monitoring of drug markets is particularly important for identifying opportunities for the development and implementation of interventions in accordance with the level of the problem. Early intervention strategies applicable for emerging drug problems are different from interventions likely to be effective in an entrenched drug market (Caulkins, et al., 2009). In Australia, the systemic measurement of the methylamphetamine market occurs through the regular collection and analysis of specific data indicators which represent the two main components of the market – supply and demand. Harm-based indicators are also collected by health departments, however they are not readily publically available (Homel & Willis, 2007). Measuring demand for illicit drugs occurs through the analysis of a number of indicators that focus on the experiences and perceptions of the end user. These indicators are derived primarily from self-report surveys that gather information about drug availability, purity and cost (Degenhardt, 2008). The available information in Australia include targeted sentinel studies involving data collected from specific groups including injecting drug users (Black, 2008), drug users living in a particular location (Degenhardt, 2008) and police detainees (AIC, 2007). Additionally, larger scale population studies, such as national household surveys sample a sub-set of the
population and extrapolate the findings to provide statistically valid estimates of the rate of drug use behaviour across the general population (AIHW, 2008).

The examination of these data shows that in recent years two distinct trends in methylamphetamine demand have emerged. Firstly, the prevalence of methylamphetamine use has declined in Australia since 2005 (AIHW, 2008). This trend may indicate an impact from prevention and law enforcement campaigns and/or drug substitution. Secondly, problematic use – measured through emergency admissions to hospital and through ambulance attendances – is increasing (Vict.Govt. 2006). These two distinct trends indicate that whilst there may be fewer ‘new users’ of methylamphetamine, those persons who are using are doing so at increasingly harmful levels (Black, 2008). One explanation for increased reports of harmful use of methylamphetamine may be associated with users who have an earlier initiation to injecting drug use that is associated with the increased availability of crystalline methylamphetamine (Degenhardt, 2008). Currie (1993:29) reported a similar trend with respect to crack cocaine use in Washington D.C. between 1988 and 1991. Various indicators showed that the proportion of crack cocaine users in Washington D.C. had declined by 1991, however an entrenched user population remained (Currie, 1993).

Serious health consequences associated with injecting drug users include increased risk of contracting blood borne viruses such as human immunodeficiency syndrome (HIV) or other sexually transmitted disease (STD) (Molitor, Truax, Ruiz, & Sun, 1998). Problematic and harmful levels of methylamphetamine use may also be measured through health indicator data including ambulance attendances, hospital admissions and treatment episodes. The number of patients being treated for amphetamine-related problems in Queensland hospitals increased 31.7 per cent between 1998-1999 and 2001-2002 (700 to 922 episodes respectively) and ambulance callouts to non-fatalamphetamine overdoses increased 234 per cent between 1999 and 2001, from 29 to 975 (CMC, 2003).

5 Data concerning harm related trends specific to methylamphetamine use are infrequently published therefore it is not possible to report more recent observations of this indicator.
As well as significant health harms, the relationship between methylamphetamine and crime is also a significant and ongoing concern. Indicator data often show that drug use amongst high risk populations is a particularly serious problem and is also associated with other high risk behaviour including criminal activities. The Drug Use Monitoring Australia (DUMA) program monitors drug market behaviour through interviews with watch-house detainees in selected sites across Australia (AIC, 2008). The DUMA sample showed that 41 per cent of detainees had reported using amphetamine type stimulants in the previous 12 months in both 2006 and 2007 and a large proportion (71%) of detainees who reported using methylamphetamine in the previous 30 days injected an average of 25 times out of thirty days (AIC, 2007). The DUMA data supports a strong drug-crime nexus with 81 per cent of detainees testing positive for illicit drugs in 2007 also being charged with three or fewer offences including violence (26%), property related (22%) and drug related (8%) (AIC, 2008). As well as increased risk of physical harms, the DUMA data show that heavy or dependent drug users also report a myriad of social problems – including homelessness – when they are heavily engaged in illicit drug use (AIC, 2007; Molitor, 1999).

Other countries have similar types of early warning and drug trend monitoring systems. The Arrestee Drug Abuse Monitoring (ADAM) program in the United States was instigated in 2000, and operates similarly to DUMA in Australia (Hunt & Rhodes, 2011). Additionally the Monitoring the Future (MTF) study examines the drug use behaviours and values of around 50,000 secondary students each year (Johnston & Schulenberg, 2008) and the Substance Abuse and Mental Health Service Administration (SAMHSA)6 National Household Survey on Drug Abuse instrument is utilised as the primary measure of drug prevalence, patterns and consequences of drug use in the United States. Moreover the public health surveillance system for drug-related emergency department presentations operates the Drug Abuse Warning Network (DAWN) in the United States. In 2006, it was estimated that around 1.7 million emergency department presentations were associated with illicit drugs, alcohol, and nonmedical use of pharmaceuticals (SAMHSA, 2006). Likewise in the United Kingdom household surveys such as the National Drugs Campaign Survey

6 http://www.samhsa.gov/ accessed 22/02/09
(NDCS) and the British Crime Survey (BCS)\(^7\) have provided information about drug use prevalence and patterns (Ramsay, 2002; Condon, 2003) and several European Union nations conduct annual population surveys to explore illicit drug use trends (EMCDDA, 2008).

International indicators of the methylamphetamine market continue to show growth and dominance with amphetamine type substances (ATS) as one of the primary substances of abuse in many areas including South East Asia and the Pacific. In the last decade stimulants have overtaken cannabis, opium and heroin as the leading drug of abuse and concern (UNODC, 2006). International monitoring systems are particularly valuable as they can serve as early warning indicators regarding shifts and possible impacts in drug markets that may be felt in Australia. Hence the systematic monitoring of drug markets in a range of international and domestic contexts remains important (McBride, Terry-McElrath, Chriqui, O’Connor, & VanderWaal, 2008; McKetin et al., 2008; Reuter, 2009).

As well as monitoring illicit markets through demand and harm based indicators it is also important to observe illicit drug markets through supply-based market indicators. The methylamphetamine supply market encompasses the production, trafficking and supply of substances – which meets the ‘demand’ in the market. The indicators most often used to measure the size of the methylamphetamine supply market are derived predominately from data pertaining to law enforcement activity including illicit drug detections, seizures and arrests (ACC, 2007; Homel, 2007). In the past decade the Australian methylamphetamine market has experienced only minor fluctuations in predominately robust market conditions; mainly characterised by ongoing increases in the number of clandestine laboratories and illicit drugs collectively seized for Australia (ACC, 2011b). Between 2005 and 2006, a decrease was recorded in the amount of methylamphetamine, precursor chemicals and clandestine laboratories detected by Australian authorities (ACC, 2009a) and this decrease was matched with reductions in numbers of individuals who reported using methylamphetamine (AIHW, 2008). However, between 2007 and 2009 the methylamphetamine market in Australia

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\(^7\) The British Crime Survey was first run in 1982, and has been conducted annually since 2001-02.
appeared to plateau. This situation was credited by drug law-enforcement authorities as being due to a combination of strategies such as strong focus on interdiction; emphasis on the detection of clandestine laboratories; rescheduling of retail pseudoephedrine based products and the operation of the third-party policing partnership with community pharmacies (ACC 2008; UN 2008; AGDept. 2007). Similarly the international community in recent years – including in the United States – have also reported fluctuations and decreases in the number of clandestine laboratories and amounts of precursor chemical seized (INCB, 2007; USGovt, 2008). However the United Nation predicts that the number of people using illicit stimulants such as methylamphetamine will continue to pose considerable problems and are ‘likely to exceed the number of opiate and cocaine users combined’ (UNODC, 2010:4). The problem on the worldwide stage continues to pose difficulties for law-enforcement, particularly in interdiction activities due to the legal status of raw materials as well as the localisation of methylamphetamine manufacturing. Consequently these factors result in fewer opportunities for drug law-enforcement detection during the drug production and trafficking lifecycle (UNODC, 2010).

Despite the recent period of relative stability concerning methylamphetamine markets in Australia, as shown by the supply focused indicators, the number of clandestine laboratory detections in Australia during 2010 climbed to the highest recorded in the decade; representing a 245 per cent increase across the period (ACC, 2010). However, contrary to predictions of increasing worldwide consumption trends, the most recent Australian population survey showed the prevalence of amphetamine type substance (ATS) use – including methylamphetamine use – has slightly decreased in 2010 since 2008 (AIHW, 2011). With the continuation of significant methylamphetamine production worldwide, supply markets have demonstrated considerable resilience to law-enforcement controls. This includes evidence of changes to production processes, trafficking routes and distribution methods (UN, 2008). Additionally, criminal networks demonstrate increasing levels of sophistication, innovation and networking capabilities in their operations – including methylamphetamine production methods and trafficking routes for illicit drugs and their precursors; and consequently reduced law-enforcement detections – internationally – have been attributed to these factors
(INCB, 2007; UN, 2008). Additionally, international law-enforcement maintain that criminal networks substitute highly controlled chemicals with those with lessor access restrictions and they target countries with ‘weak’ enforcement controls to facilitate illicit drug and precursor chemical trafficking (ACC, 2011b; INCB, 2007). The apparent resilience of criminal networks is an ongoing challenge for law-enforcement, and therefore it is crucial for the focus of law-enforcement to move away from primarily reactionary methods in illicit drug markets to fully embracing opportunities to collaborate in partnerships with other law enforcement, with private entities and with citizens to deliver prevention-based responses (Braga & Weisburd, 2006; Eck, 2006; Levi & Maguire, 2004; Mazerolle & Ransley, 2006).

Methylamphetamine is a multi-faceted problem with health (mental and physical) harms and involvement in crime as two of the most serious consequences. There are a number of methods used to measure the size and extent of the problem, including user surveys and broader population studies. These data – although often limited due to the ‘estimate’ nature of the problem – are useful over time to observe shifts in market trends and to assess the continued strength of a market. The detection of clandestine laboratories is the main indicator used by law enforcement to gauge supply changes in the market. However, this indicator often reflects the resources dedicated to detecting drug offences (Homel & Willis, 2007; Weatherburn & Lind, 1997). Nevertheless, the analysis of the problem with the available indicator data provides law enforcement with opportunities to explore possible intervention points in the lifecycle of methylamphetamine production (Cherney, et al., 2005) to reduce its manufacture and supply. In Australia and elsewhere, illicit drug policy frameworks provide the canvas from which innovative enforcement approaches can be drawn.

**Policy responses to methylamphetamine**

At the international level, treaties and conventions are the frameworks which can influence aspects of a domestic illicit drug policy framework (UN, 1988). The development of international frameworks and the monitoring of their outcomes are performed by the United Nations Office of Drug Control (UNODC) (UN, 2008). Since the commencement of these international policy and monitoring protocols in 1946, the
UNODC has alerted countries to emerging illicit drug trends and threats whilst developing and advocating the implementation of a range of international and domestic illicit drug control policies (UN, 2008). The International Narcotics Control Board (INCB) plays a crucial role in monitoring countries’ implementation of treaties through the enactment of legislation and development of enforcement capacity (INCB, 2007). The adoption of conventions and treaties by signatory countries compels these countries to develop and implement legislation which supports the enactment of the convention or treaty, and places onus on the signatory to ensure the provision of appropriate resources to enable sufficient enforcement (Cherney, et al., 2005; INCB, 2007; UN, 1988, 2008; Vic.Parliament, 2004). One of the key international illicit drug policies relevant to methylamphetamine is the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances\(^8\) (UN, 1988).

In Australia, the responsibility for illicit drug issues is shared between the Federal and State governments and is influenced by international conventions and drug trends (AustGovt, 2011b). The Australian illicit drug strategy highlights the importance of balance in approaches and the role of each of the four pillars of illicit drug policy - law enforcement, treatment, education and prevention (AustGovt, 2011b; Fitzgerald & Sewards, 2002)\(^9\). Drug policy specifically concerning synthetic illicit stimulants was developed in May 2006 by the Australian Ministerial Council on Drug Strategy (MCDS) with the National Amphetamine-Type Stimulant (ATS) Strategy. A central feature of this strategy is the operation of collaborative partnerships around synthetic illicit drug responses in Australia, including the establishment of a National Precursor Working Group and the Chemical Diversion Congress, who are collectively responsible for developing and overseeing a range of co-ordinated inter-governmental and public-private partnerships (AustGovt, 2011b; Miller, 2009; Webster & Ransley, 2012).

The Australian drug policy response with respect to precursor diversion highlights a number of enforcement initiatives. These include border control interdiction efforts to

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\(^8\) See in particular Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

\(^9\) Notwithstanding the pivotal importance of all of these drug policy pillars, aspects not relating to law enforcement will not be discussed. For detailed description see (The National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco, and other drugs)
detect and seize the importation of illicit or controlled substances (*Australian Customs Act* 1901); national guidelines to increase controls for the storage and sale of pseudoephedrine products in community pharmacies – including up-scheduling of pharmaceuticals (DHA, 2005); informal partnerships between industry and professional organisations and police (Webster & Ransley, 2012); banning specific items used in the methylamphetamine manufacturing process – such as pill presses (ACC, 2008; PACIA & SIA, 2002); the enactment of State-level regulations regarding pharmacists’ responsibilities concerning the dispensing of these products and the enforcement of specific regulatory provisions (*Drugs, Poisons and Controlled Substance Regulations 2006 Vic*, Health (*Drugs and Poisons) Regulation 1996 *Qld* and drug offences such as production, trafficking and possession (*Drugs Misuse Act 1986 Qld*) (Webster & Ransley, 2012).

During the last decade, the literature has echoed the need for more evidence exploring “what works” in drug policy (Bryett, 2007; Cherney, 2008; Drew, 2011; Homel & Willis, 2007; Mazerolle, 2001; Mazerolle, Soole, & Rombouts, 2006; Mazerolle, Soole, & Rombouts, 2007). This situation highlights the importance of more timely empirical examinations of drug policy approaches and outcomes (Fitzgerald & Sewards, 2002) and the evaluation of different drug reduction methods, including in international contexts where traditionally very few nations have experimented with or evaluated different drug reduction policies (Bammer, et al., 2002; Reuter, 2009; USGovt, 2008; Weatherburn, 2002). Barriers impeding drug policy research include challenges with the measurement of interventions including the difficulty of pinpointing an effect due to measurement ‘lag’; data quality – including reliance on administrative datasets; lack of generalizability of the findings; extraneous factors; problems in the implementation of strategies and the simultaneous introduction of different but similarly targeted strategies during the same measurement period (Reuter, 1992; Reuter & Kleiman, 1986; Reuter & Stevens, 2008). Evaluations of drug policy responses including those with a proactive focus need to be cognisant of these measurement challenges.

The promising nature of precursor control interventions is well documented (ACC, 2007; UN, 2008; Vict.Govt. 2004; INCB, 2007; Cherney, 2005) however to date the components have not been comprehensively examined (Berbatis, et al., 2009; Drew,
The three Australian studies that have specifically examined components of the Project STOP partnership initiative in community pharmacies have focused only on discrete elements of the intervention. Firstly, Miller (2004) provides a detailed description of the Project STOP initiative that electronically links community pharmacies within State or Territory jurisdictions to share information about pseudoephedrine supply, however, an evaluation of the merits of the strategy are absent (APG, 2009b). Secondly, the study by Berbatis (2009) describes the effectiveness of Project STOP based on an analysis of the number of clandestine laboratories seized in all Australian jurisdictions between 1996 and 2005. The findings of this analysis concerning the question of Project STOP effectiveness, due to the use of only one indicator, were found by the study to be inconclusive (Berbatis, et al., 2009). Thirdly, Drew (2011) found that implementation of Project STOP was strongly influenced by the policing organisation, the operational context of drug problems and the regulatory context with which the intervention is applied in the respective jurisdiction. The study examined the operation of the strategy in three Australian jurisdictions and found that a stronger legislative approach was associated with corresponding higher levels of attention from the organisation in its support of the initiative (Drew, 2011). These three studies describe and examine certain elements of operation of the policing partnership and Project STOP however they do not address questions concerning the composition of the partnership model including its implementation nor do these studies make assessments pertaining to the performance of the intervention and its effectiveness.

Chapter summary

The available evidence suggests that the nature of the methylamphetamine problem in the international and Australian context continues to be of concern to law-enforcement (ACC, 2010; UNODC, 2010). This is shown through increases in the detection of clandestine laboratories producing synthetic illicit substances during the past decade (ACC, 2011a) and only slight changes in the prevalence of ATS use (AIHW, 2011). In some jurisdictions stimulant use during the last decade has overtaken the use of historically more prevalent illicit substances, such as cannabis and heroin (UNODC, 2006). The problems concerning health harms are significant and include mental and
physical effects, injecting and sexual health risks (Degenhardt, Roxburgh, Black, Raimondo, Cambell, Kinner & Fetherston, 2008) as well as significant social and economic harms such as involvement in crime (AIC, 2008) and unemployment (Degenhardt, 2008: 243).

The drug policy responses to problems such as methylamphetamine have emerged during the past decade (AustGovt, 2011a) and as such this framework is relatively untested empirically compared to policies focused on interdiction and seizure; with respect to crop-based illicit drugs. Notwithstanding, the evidence concerning impacts of targeted education and prevention campaigns and drug treatment programs has contributed to the knowledge base around what works. Hence the lessons learned from responses directed at other drug problems can provide some certainty about likely worthwhile investments in drug law-enforcement, treatment, education and prevention options concerning synthetic stimulant harm reduction (AustGovt, 2011a).

In terms of law-enforcement policy and related initiatives concerning synthetic illicit drugs, in recent years there has been more attention given to developing proactive approaches. This is represented by the establishment of national working groups; national legislative frameworks concerning criminalising supply of precursor chemicals; national restrictions limiting the pseudoephedrine purchase amounts as well as international measures regarding importation notifications for a range of precursor chemicals (Webster & Ransley, 2012). Thus the policy focus on prevention – specifically tightening access to precursor chemicals and clandestine laboratory equipment – together with implementing collaborative partnership approaches between police and other enforcement agencies, community pharmacies and the chemical industry is consistent with the illicit drugs policy agenda in Australia (Cherney, et al., 2005).

This chapter has examined the methylamphetamine problem and the underlying policy framework that guides authorities concerning the types of responses available to relevant agencies in the control, prevention and enforcement of illicit drug related crime, such as precursor diversion from pharmaceuticals. Drug policy frameworks reflect a countries position concerning their objectives for combating and or minimising the negative consequences associated with illicit drugs (Fitzgerald &
Moreover, strategies implemented are focused on responding to drug problem priorities as identified by the respective jurisdiction. As discussed, these drug policy objectives and strategies are not universal – they are designed and adapted to suit the respective agendas of the areas (UN, 1988). Some initiatives such as the precursor import notification scheme recognise the similar challenges faced by many countries with respect to the importation of large quantities of precursor chemicals (UNODC, 2010).

In particular, the Australian drug policy framework places equal emphasis and importance on treatment, education, prevention and law-enforcement responses. Moreover, this policy agenda emphasises the important capabilities of collaborative and coordinated partnerships to harness expertise across agencies to target specific drug problems (AustGovt, 2011b). The emergence of the proactive and targeted police-community pharmacies partnership to respond to the problem of precursor diversion is an example of prevention, education and law-enforcement policy objectives working together under the umbrella of a multi-agency targeted partnership. Hence, this example of a linked-up proactive innovation provides an important opportunity to examine the implementation and outcomes of the intervention and to contribute to the broader drug policy and third-party policing evidence base.

The next chapter examines the types of law-enforcement responses to drug problems with particular emphasis on the emergence of ‘newer’ proactive policing partnerships with non-public third-parties to prevent and control the diversion of pharmaceuticals containing pseudoephedrine.
Chapter Three: Innovative third-party policing partnerships and the case study of precursor diversion in Australia

As police explore different methods of responding to drug problems the need for more evidence concerning proactive and partnership approaches is apparent. This chapter describes enforcement approaches to synthetic illicit drugs with specific emphasis on the emergence and application of an innovative third-party policing response to the problem of precursor diversion from pharmaceuticals in Australia. In mapping the emergence of partnership responses, four types are highlighted and illustrate the paucity of evidence concerning the effectiveness of ‘newer’ regulated partnership approaches.

Policing illicit synthetic drugs

Since the mid-1940s when international drug control conventions were introduced (UN, 1988), supply side reduction focused on traditional policing responses such as interdiction, crackdowns and buy-busts, as well as crop eradication (Mazerolle, et al., 2005). These responses focus on aggressive enforcement practices to detect and seize and/or destroy illicit drugs, prosecute drug crime and seizing the associated proceeds of crime (Mazerolle, et al., 2005). However the available research shows these responses generally achieve only temporary drug market disruption with little evidence of long term reductions in crime (Buerger, 1998a; Hicks, 1998; Sherman, Rogan, Edwards, & Whipple, 1995). Research by Sherman and colleagues (1995) demonstrated the short-term effects of an aggressive drug law-enforcement response. The study involved an allocation of 104 court-authorised drug problem locations to receive a police raid whilst 109 locations were allocated to a control group and received no intervention. Results revealed decreases in crime at the raided sites – measured by decreased numbers of calls for service and reported crime – however these effects were small and dissipated within two weeks (Sherman, et al., 1995). As well as short-term effects there has also been criticism of aggressive street-level law-enforcement strategies such as buy-busts that tend to target individual end-users. It has been argued that these strategies may potentially increase net harm (ACC, 2010; Bammer, et al., 2002; Caulkins, 2009; Degenhardt, Roxburgh, Black, Raimondo, Cambell, Kinner & Fetherston, 2008; Mayer & Dixon, 2001; Webster, 2012 in press-b).
For instance, a study by Mayer and Dixon (2001) involving interviews with 202 inner-city Sydney drug users found that ‘crack-down’ policing methods threatened to increase as opposed to decreasing harms and risks associated with heroin markets. The increased harms included increased risk of transfer of blood or body fluids due to drug concealment methods to avert police detection; increased risk of contracting blood-borne viruses due to reluctance to carry personal injecting equipment; and a displacement of various social problems (Maher & Dixon, 1999).

Although the use of aggressive policing of low-level drug offences may have largely disappeared from the Australian law enforcement landscape, interdiction strategies involving the detection and seizure of large quantities of illicit drugs and or precursors continue to play an important role in the detection and seizure of large-scale and commercial quantities of illicit drugs and precursors – particularly at our borders (AustGovt, 2011a; Mazerolle, et al., 2005; UNODC, 2006). Additionally, the promise of proactive strategies has been widely acknowledged, particularly concerning targeting parts of the methylamphetamine production lifecycle (Cherney, et al., 2005). Shifts in mainstream policing from largely reactive toward more proactive strategies has also influenced greater police awareness of and adoption of more partnership-driven crime control and prevention responses (Braithwaite, 2000; Mazerolle & Ransley, 2005; Mazerolle, et al., 2005; UNODC, 2010). These broader trends are consistent with the findings of a review that concluded the promising nature of targeted policing approaches applied at crime-prone places; as being capable of reducing drug-related crime (Mazerolle, et al., 2005). Other research supports this view (Weisburd, et al., 2008).

There are at least two key factors driving policing innovation in response to illicit drug crime markets. These include broad concern about increasing harm through aggressive street-level enforcement and the emerging evidence emphasising the promise of proactive policing approaches (AustGovt, 2011b; Bammer, et al., 2002; Mazerolle, et al., 2006). Consequently, these factors have encouraged police to think more broadly, more strategically and more perceptively about the types of responses available and their potential benefits. Currently, the paucity of evidence concerning the utility of
these approaches makes the assessment of the associated benefits difficult. Together with external pressures applied to policing organisations to ‘work smarter’, ‘new’ governance models that encourage the pluralisation of State responsibilities have provided the necessary framework that involve police and others as partners working toward the response to crime and disorder problems (Loader, 2000; Stenning & Shearing, 2005).

Consequently, during the past decade in particular, police have increasingly explored opportunities to be more innovative, to extend their capacity and to be more proactive in their response to crime (Braga & Weisburd, 2006; Cherney, et al., 2005; Mazerolle & Ransley, 2006; Miller, 2009; Shearing & Wood, 2007; Weisburd & Eck, 2004). The emergence of innovation in policing commenced with the development of more analytical approaches to crime control in the late 1970s when Goldstein (1979) examined the importance of police as participants in crime prevention activities. One of the most important developments during this time was Goldstein’s problem-oriented policing framework (POP). This framework encourages police to conduct purposeful assessments of crime trends through data analysis and the development of proactive and targeted strategies to deal with identified issues (Goldstein, 1979). POP guides police in the use of analytical tools to examine the nature of crime incidents and in the formulation of a range of responses to the identified problems (Goldstein, 1990). These analytical problem identification tools include crime mapping (Anselin, Griffiths, & Tita, 2008), analysis of police intelligence systems (Ratcliffe, 2003) and analysis of crime trends using computer statistics (Compstat) (Weisburd & Braga, 2006). Use of analytical tools together with place-based theoretical approaches including the crime triangle (Cohen & Felson, 1979), assists police to better understand crime problems and to conceptualise responses informed by the situational context of the crime and available guardianship at these places. Moreover, the use of these approaches illuminates a number of critical intervention points with which to develop a series of inter-related targeted strategies. Cherney (2005) refers to these as points in synthetic drug production as being part of the illicit drug lifecycle. Using these place-based frameworks can assist police to identify intervention points; crime-prone place/s; the characteristics of the target and the types of responses likely to increase
the difficulty for offenders to engage in particular crime and also to increase the risk of being caught to the offender. Additionally, implementing situational measures to ‘target harden’ are an important aspect of rational choice theory (Cornish & Clarke, 2008) with the objective of reducing an offender’s opportunity to commit crime.\(^\text{10}\)

Central to POP approaches is the development of place-based responses to crime and disorder problems (Weisburd, et al., 2008). The SARA model was developed to assist police to better conceptualise POP approaches by scanning for problems (S), analysing problems (A), developing and implementing responses (R) and assessing outcomes (A) (Eck & Spelman, 1987). Eck (2003) further developed this idea through the expansion of Cohen and Felson’s (1979) routine activity theory (1987) to incorporate a second outer layer. This layer embodies the idea that a willing and capable guardian is necessary to protect a target; a place manager is important to safeguard a place and a handler is necessary to influence the behaviour of the offender. As well as utilising the crime triangle to focus police attention on identifying other entities who may be well-placed to provide a crime control or prevention response, utilising situational measures to ‘harden’ targets has been found to be particularly useful to reduce victimisation (Eck, 2003; Felson, 1987).

It is argued that routine activity theory can lead to increased guardianship and consequently reduces the likelihood of victimisation (Felson, 1986) – thus it has a negative relationship with crime and offending (Spano & Freilich, 2009). Additionally, it is argued that more attractive targets are more likely to be victimised than others and that greater exposure to potential offenders also increases risk of victimisation (Felson, 1986); hence these environments create a positive relationship with offending (Spano & Freilich, 2009). In their study of routine activity theory, Roncek and Maier (1991) identified bars and taverns as crime targets – through the availability of money and other attractive goods at these venues which also attract crime targets – patrons with money. Amongst other things, attracting large numbers of the public to these types of venues, together with alcohol consumption, was hypothesised to increase the

\[^{10}\] Although a number of sub-strategies fall under the umbrella of precursor control in the Australian context, the focus of this dissertation is partnership between police and community pharmacists’ concerning diversion of pharmaceuticals containing pseudoephedrine.
likelihood of victimisation at or near the premises (Roncek & Maier, 1991) as a consequence of diluted social control (Hirschi, 1969) and guardianship (Felson, 1986). The study examined reported crime at 4396 blocks in Cleveland OH, between 1979 and 1981 and found significantly higher levels of crime across all ten crime types had occurred in blocks that had bars or taverns (Roncek & Maier, 1991). The findings demonstrate the contribution of place to crime and the role of guardians to protect targets and thus reduce the likelihood of victimisation at crime-prone places. Similarly a review by Spano and Freilich (2009) of micro-level studies published between 1995 and 2005 found widespread support for routine activity theory in explaining how victimisation and offending can be reduced through guardianship measures (Felson, 1986).

Other types of responses derived from the problem-oriented framework include situational target hardening strategies (Clarke, 1995; Lee, 2010), a range of policing strategies applied at crime ‘hot-spots’ (Braga & Bond, 2008), intelligence-led strategies (Ratcliffe, 2003), proactive strategies including those focusing on developmental crime prevention aspects (Clarke & Felson, 2004; Homel, 2005) and the development and implementation of a range of policing partnership approaches (Gilling, 2005; Jacobs et al., 2007; Karchmer, Tully, Devlin, & Whitney, 2003; Mazerolle & Ransley, 2005; Skogan, 2006). The power of using problem-oriented approaches was demonstrated in the Newport News study (Eck & Spelman, 1987). In this study, police were observed during the course of their daily routines and assessed on their ability to apply problem-solving methods. The effectiveness of these methods was assessed according to the reduction of the targeted crime at three particular places. As a result of the POP interventions, the study found a 35 per cent reduction in burglaries in a particular apartment complex, a 55 per cent decrease in thefts from vehicles from a parking lot and a 40 per cent decrease in robberies in the central business district (Eck & Spelman, 1987).

POP has revolutionised the way in which police can perform their functions by shifting the focus from victims to an approach that encourages police to focus their efforts on understanding and responding to the activities of offenders at high-risk places.
(Sherman, 1992). As a result, policing approaches can be more outcome focused (Goldstein, 1979; 1990), more intelligence-driven (Ratcliffe, 2004) and more likely to consider proactive and innovative integrated methods for responding to crime (Scheider, et al., 2009). The addition of problem-solving methods to the police tool-kit is beneficial for increasing police capacity to prevent crime and disorder more effectively (Braga & Weisburd, 2006; Mazerolle & Ransley, 2005; Welsh, 2006) as these tools enable more strategic identification of crime problems than traditional policing alone. Moreover, POP approaches result in more targeted evidence-based allocation of policing resources in areas where recurrent or emerging crime problems are apparent (Lum, Koper, & Telep, 2011; Ransley & Mazerolle, 2009; Ratcliffe, 2004; Welsh, 2006). The shift towards designing crime control responses that have proactive components has been broadly influenced by transformations in policing organisations.

**Policing transformations**

As a result of more pluralised governance arrangements impacting upon the provision of numerous State functions (Makkai & Braithwaite, 1991) policing organisations have been able to adopt more innovative approaches which in effect spread the responsibility for crime control and prevention to other entities (Loader, 2000). Examining how transformations in policing have influenced the development of approaches such as third-party policing illustrates the emergent linkages between partnerships and regulation. As such, the transformation of policing under the sovereign State has seen a shift from traditionally inward-focused and centrally-controlled policing organisations toward those that increasingly monitor and manage their responsibilities through regulation of other public and non-public entities to perform crime control responsibilities (Loader, 2000). The allocation of State functions to regulated and non-regulated entities is representative of the State retaining a ‘steering’ role but re-assigning the ‘rowing’ (Osborne & Gaebler 1992) and is a key characteristic of third-party policing frameworks (Mazerolle & Ransley, 2005). That is, the State retains the overall control of the activities performed by other entities and adopts primarily an oversight and or an enforcement function. The shift to a ‘new’ regulatory State – where most of the regulation is neither controlled nor undertaken by the State – has been described by Shearing (2004) as a system that gives the State
more leverage to understand, respond to and control crime problems and to manage the increasing demands on police (Shearing & Wood, 2007).

A number of reasons have been advanced to understand the drivers of policing transformation. These include: the significant expansion of State responsibilities; the identification of police shortcomings; increased economic pressures on policing organisations; the increased dispersion of State functions to regulatory agencies; increased emphasis on privatisation and the formation of at-arms-length regulatory institutions (Braithwaite, 2000); in response to evidence about what works and past failures of purely reactive approaches on crime levels (Weisburd & Braga, 2006; Weisburd, Wyckoff, Ready, & Eck, 2006). Additionally, shifts in policing focus have been attributed to: the rise in new crimes and technologies (e.g. cybercrime) (Garland, 1996; Kempa, 2007); increased pressure on public organisations to increase their fiscal efficiency (Garland, 1996); increase their capacity to respond to more complex and difficult crime problems (Bayley & Shearing, 2001; Buerger & Mazerolle, 1998; Gilboy, 1998; Grabosky, 1996; Jones & Newburn, 2002), the increased accessibility to better quality police data (Buerger, 1998a; Hollis-Peel, et al., 2011; Homel, 2005; Ratcliffe, 2003; Rosenbaum, 2002; Willis, Homel, & Gray, 2006); shifts in social structures and community culture and pressure on police to work ‘smarter’ to expand their reach without corresponding resource expenditure (Bayley & Shearing, 2001: vii). The significance of many of these explanations is largely subject to conjecture as the drivers of policing transformations are likely to be stronger in some jurisdictions than in others due to the environmental conditions and the context of the problem.

Notwithstanding, the drivers for policing transformations, the willingness of policing organisations to invest in and prioritise proactive and innovative methods – which may be perceived as risky experiments – relies on police organisational culture, the regulatory coercion persuading prioritisation of an issue or problem and more broadly, political will (Bayley & Shearing, 2001; Drew, 2011).

Moreover, during the past two decades there have been shifts from traditionally inward-focused policing organisations towards those that increasingly ‘regulate’ other public and non-public entities in their performance of crime control responsibilities.
Thus the traditional command and control modes of police operation have been superseded by the performance of State responsibilities through dispersed networked regulatory nodes (Braithwaite, 2000; Crawford, 2006; Grabosky, 1994; Kempa, 2007; Walsh & Conway, 2011) that can benefit police and other public entities. Networked regulatory nodes act as hubs in which State functions and responsibilities can be managed at arm’s length and are characterised by a multiplicity of formal and informal entities and organisations or nodal networks involved in the provision of policing and security services (Bayley & Shearing, 2001). Shearing (2007) observed that an increasing number of public and private groups or entities can act as ‘change agents’ and contribute to shaping the expansion and opportunity for networked policing and its application over a diverse range of crime control and prevention pursuits (Shearing & Wood, 2007). Sampson and colleagues (2010) refers to these change agents as super-controllers within the context of motivating place-based controllers in routine activity influenced responses.

One of the key features of law-enforcement in the new regulatory State is the number of methods at its disposal to influence, command or coerce third-parties to engage a particular set of behaviours or activities (Ayling & Grabosky, 2006; Vict.Govt., 2007). These methods range from highly regulated regimes to voluntary cooperative options (Braithwaite, 2000) and depending on the crime problem and the mechanisms available, the State may adopt a range of strategies that can be classified as a ‘soft’ or a ‘hard’ crime control approach on a regulatory continuum (Braithwaite, Walker, & Grabosky, 1987; Webster, 2012 in press-b). There are a number of studies illustrating pluralisation or multi-lateralisation of public functions in the literature (Bayley & Shearing, 2001). In the Australian context, Makkai and Braithwaite (1991) discuss the example of aged care as a Federal Government regulated industry that provides services to the community; Forsyth (2007) examines the regulation of airports and Miller (2004) discusses the regulation of the chemical industry. Additionally a number of services such as communications, water, energy, post and transport are also centrally regulated (Ross, 2002). The spectrum of State functions managed by regulatory ‘arms’ is broad and is constantly expanding (Ross, 2002). Hence police efforts to expand their capacity by adopting regulated partnerships with external
parties are not an unexpected development in countries with democratic governance environments (Bayley & Shearing, 2001; Kempa, 2007).

Transformations in policing have seen the emergence of a new focus for policing – that is a shift from offender processing as by-products of reactionary policing methods to a model which increasingly values methods that expand police capacity and enable crime to be prevented (Bayley, 1999; Shearing & Wood, 2007). Central to expanding police capacity is the utilisation of well-placed third-parties who are mobilised through regulations to perform a function designated to assist police or third-party policing partnerships (Mazerolle & Ransley, 2005). The trend of pluralisation has received much attention in the literature specifically the provision of private security services and the subsequent growth of this industry (Shearing & Wood, 2003). However, it is clear that the potential of these innovations and their optimal operating and diffusion frameworks are yet to be fully understood (Bayley & Shearing, 2001; Buerger & Mazerolle, 1998; Cherney, 2008; Mazerolle & Ransley, 2005; Meares, 2006). A key implication of these governance transformations for policing organisations is that it is increasingly commonplace for police to seek partners to assist them in the performance of their functions in crime control and in crime prevention. Mapping the development of innovative approaches to crime control and prevention since the 1970s highlights how far policing organisations have come in designing proactive responses to crime problems and the potential for an array of proactive and targeted partnership responses to be developed in the context of these transformed governance and regulatory frameworks.

**Partnerships typology**

At least four main types of policing partnerships can be derived from the literature. These include partnerships which are applied: across policing organisations in a networked manner; in a police-community context; through pulling legal-levers to mobilise a ‘hot-spots’ response from other State or regulatory authorities; and with the mobilisation of non-public third-parties to perform a regulated crime control role (Kennedy, 2006; Mazerolle & Ransley, 2006; Rosenbaum, 2002; Skogan, 2006; Webster, 2012 in press-b; Weisburd, 2005). The partnership typology described here
span ‘soft’ approaches which are based on cooperation and voluntary engagement between the partners to ‘hard’ responses that rely on existing and/or the creation of legal levers to empower and/or coerce the third-party as well as provide the necessary compulsion to activate third-party engagement (Webster, 2012 in press-b). Arguably the application of each of the four types of partnerships will depend on a number of complex input and output factors, such as the context of the crime problem, police priorities and the regulatory context relating to the crime environment (Drake & Simper, 2003). Likewise the type of partnership response will depend on the identified role of likely guardians and place managers at the place as well as the effectiveness of past strategies applied to respond to the problem. Four partnership models illustrate the different types of interactions between police and third-parties in responding to crime and or disorder problems (Webster, 2012 in press-b).

**Police to police partnerships**

Inter-jurisdictional policing partnerships involve formal and informal networking arrangements made between policing organisations across jurisdictions including between State and Federal jurisdictions and or between Federal and international jurisdictions (ACC, 2011a). These types of partnerships between States and Federal law-enforcement organisations, in Australia, have received limited attention in the academic literature. Recently a study of other third-parties performing roles in relation to prevention of precursor chemical related-crime highlighted very strong inter-jurisdictional policing partnerships (Ransley, et al., 2012). There are at least three partnership projects concerning precursor diversion prevention which have involved all Australian States and Territories. These include the establishment of precursor diversion desks during the mid-2000s, the implementation of national guidelines and a clandestine database to improve the exchange of information between policing organisations (Cherney, et al., 2005; Webster & Ransley, 2012). Additionally, regulatory initiatives such as the banning of pill presses and the up-scheduling of pseudoephedrine are prominent examples of preventative strategies designed to curb the opportunities for domestic methylamphetamine manufacture (Miller, 2004). As well as working within policing jurisdictions to prevent chemical diversion, these networks have forged a range of collaborative voluntary partnership initiatives with
industry and associated professional organisations with an interest in the legitimate supply and use of chemicals in Australia.

Police annual reports and strategic documents collectively highlight the importance of working in partnership with other law-enforcement agencies to facilitate more timely and efficient use of police resources to solve crime problems and police believe these initiatives to be effective (ACC, 2011b; AFP, 2010). At the State level the Queensland police service states one of its four core values is working in partnership with the community (Molitor, Truax, Ruiz, & Sun, 1998) and the Victorian police state that partnership working is a key mechanism for connecting citizens and police (Nicosia, et al., 2009). The drive towards these collaborative enforcement approaches has particularly come into prominence during the past decade and has been facilitated by many of the same factors affecting transformations in policing more generally. These factors include the emergence of newer and more complex borderless organised crimes; global trends in regulation and governance; the emergence of new technologies to facilitate better analysis of crime problems and information sharing practices; and importantly the ongoing pressure on enforcement agencies to ‘do more with less’ resources (Jones & Newburn, 2002; Shearing & Wood, 2007).

The prominence of inter-jurisdictional partnerships – both horizontal and vertical – is encouraged by the Australian illicit drugs policy framework. The drug policy framework in place during this continued period of rapid transformation in policing organisations has highlighted the importance of cross-sectoral and multi-agency collaborative partnerships to exploit the strengths and capacity of a range of agencies in collaborative responses to illicit drug problems (AustGovt, 2011b). The partnerships between police agencies are without doubt a very important component of the enforcement response to synthetic drugs in the Australian context. Their focus is on higher order activities such as intelligence sharing, building and maintaining networks as well as planning and executing significant interdiction operations (ACC, 2011b). The available reports describe police collaborations that are both formal and informal and utilise regulations and agreements to forge links where and when appropriate (Webster & Ransley, 2012). This partnership is defined as a ‘soft’ regulatory approach
due to most interactions and exchanges between the partners relying on networking and cooperation (Webster, 2012 in press-b). Moving beyond partnerships which are enforcement-agency centric, are the partnerships that are developed and operated between police and citizens in community settings (Reisig, 2010). The voluntary and cooperative nature of these community based partnerships makes these strategies another example of a ‘soft’ partnership response.

**Police – citizens partnerships in community contexts**

Community-oriented partnerships (COP) primarily refer to a range of police-led problem-solving strategies which are developed and implemented at the community-level by police with the assistance of community members (Reisig, 2010). These partnerships typically involve the cooperation of citizens to perform specific crime prevention roles in a voluntary capacity (Rosenbaum, 1988). Community-oriented partnerships have received more attention from policing organisations following James Q. Wilson’s and George Kelling’s work pertaining to their ‘broken windows’ theory, which argues that disorder and decay left unattended in neighbourhoods gives the impression that ‘no-one cares’ and as a consequence further crime and disorder is likely to occur at these places (Eck & Spelman, 1987; Wilson & Kelling, 1982). The premise of the theory is that ‘disorder and crime are inextricably linked’ and therefore it is important to deal with quality of life issues – such as broken windows, derelict properties, rubbish, vandalism, abandoned vehicles and general disrepair of public property in communities to prevent ‘further breakdown in community controls’ and further crime at these places (Wilson & Kelling, 1982:402). Police-citizen interactions in a community-oriented partnership model are most often directed towards responding to local disorder and quality of life issues to influence the creation and maintenance of environments that do not encourage the incidence and/or escalation of crime in neighbourhoods (Skogan, 2006).

The key benefits for police who engage citizens in partnerships at this community-level include building of trust and rapport with community members as well as gaining increased understanding of community capacity and identifying opportunities for proactive community-oriented strategies (Jacobs, et al., 2007). Likewise for citizens
these partnerships offer opportunities for the public to improve their understanding of police roles and capacity; to build trust and improve perceptions of police legitimacy (Hawdon, et al., 2003). Increased contact with police has also been found to enhance citizens’ perceptions of safety in the community (Tyler, 2004). The development of strong police and citizen professional connections is crucial for effective community-oriented partnerships (Skogan, 2006). Moreover studies show that promoting cohesive communities is a worthwhile policing activity as it contributes to increased community perceptions of safety, and it encourages voluntary citizen-level guardianship and place management in community contexts (Reisig, 2010; Rosenbaum, 1988, 2002).

Reisig (2010:1) argues that the present quantity of empirical evidence shows community and POP methods which closely align their strategy to focus on addressing crime risk factors can reduce crime and disorder. For instance, compared to random and direct patrols, community and POP methods are less focused but offer much more possible variations in the types of responses available. Sherman (2010) likens the possible ‘mix’ of strategies comprising community and POP as a ‘stew’ and argues that the opportunities to pick and choose from the mix to develop the most focused response gives these frameworks considerable strength and flexibility (Sherman, 2010b). The presence of police legitimacy is one of the most consistently reported findings influencing citizen engagement with police in community-level prevention strategies (Sherman, 2010b). Tyler (1990:4) described the results of a longitudinal study of 1575 (in the first wave) of randomly selected citizens in Chicago who were interviewed about the role of normative factors concerning the law and their behaviour with respect to it. The study involved a one year follow-up with 804 respondents and revealed a strong relationship between perceptions of police legitimacy and citizen willingness to obey the law. Moreover, police legitimacy was found to be associated with perceptions of procedural fairness in interactions between police and citizens (Tyler, 1990). Additionally a review describing the outcomes of six community policing evaluations applied to improve police-citizen connectedness, showed improvements in citizen perceptions of police in treatment areas (Skogan, 1996, 2006)
Community policing strategies represent a ‘soft’ measure to co-opt citizens to perform a place management and/or guardianship role that contributes to and enhances the appearance of safety in communities and prevention of crime (Reisig, 2010). However as these approaches rely on the voluntary cooperation and willingness of citizens in the response, these measures are only as strong as the police-citizen relationships underpinning them (AIHW, 2011; Pino, 2001). In circumstances where it is necessary for a particular course of action – as opposed to a ‘nice-to-do’ activity – police may opt for a ‘harder’ approach involving the pulling of legal-levers to mobilise other State and regulatory agencies to perform a role which disrupts crime at crime-prone places or ‘hot-spots’ (Webster, 2012 in press-b).

**Police with public agency partnerships utilising legal-levers around crime ‘hot-spots’**

‘Hot-spots’ approaches refer to the enactment of specific strategies to target serious crime problems in particular areas or sites (Weisburd & Eck, 2004; Welsh, 2006). These strategies typically involve the coordination of a specific policing response or set of responses to a small area, such as a street block or street segments where high intensity criminal activity is taking place (Taylor, et al., 2011). The identification of these ‘hot-spots’ or crime-prone places has been aided throughout the previous decade through advancements in administrative data systems, crime mapping technologies and analytical processes available to examine the police operational and crime trends (Anselin, et al., 2008). Such crime mapping processes typically involve the analysis of a range of administrative data including police calls for service as well as reported crime incidents to assess crime trends in neighbourhoods and these trends can inform the identification of ‘hot-spots’. The identification of sites where crime is concentrated can inform police in their development of targeted responses at these places (Lum, et al., 2011). Utilising a POP framework to identify crime ‘hot-spots’ by analysing the characteristics of the crime problem provides a powerful opportunity to develop a data-driven place-based response that targets the specific criminal behaviour (Anselin, et al., 2008; Ratcliffe, 2003). Such response strategies may include the implementation of a range of police methods and situational measures and the coordination of others in the response. As such police are increasingly considering civil
ordinances and the presence of other relevant agencies that may be able to play a particular role in a crime control response (Braga, 2005; Mazerolle & Ransley, 2005).

Policing partnerships at crime-prone places that utilise legal-levers to mobilise other public agencies to perform their particular operational role have shown considerable promise in reducing crime and disorder problems (Kautt & Roncek, 2007; Lum, et al., 2011; Mazerolle, et al., 2000; Mazerolle, et al., 2006; Sherman, 1995; Sherman, Gartin, & Buerger, 1989; Weisburd, 2005). As public agencies are concerned with the performance of their respective regulatory and operational functions, the pulling of legal levers by police is one of the primary methods to alert another public agency of a problem and to elicit action from that agency (Braga & Winship, 2006; Kennedy, 2006). Calling upon agencies responsible for the performance of non-crime related functions such as the inspection and enforcement of civil ordinances, including rental tenancy, building codes, fire and other emergency service authorities can also be particularly useful in disrupting criminal behaviours at specific locations (Braga & Winship, 2006; Mazerolle, et al., 2000; Mazerolle, Roehl, & Kadlec, 1998). As well as this effect, studies have shown that these types of interventions can also result in the positive dispersion of crime reduction effects to nearby areas (Braga, 2005; Clarke & Weisburd, 1994; Mazerolle, et al., 2000; Mazerolle, et al., 2005; Ratcliffe & Makkai, 2004).

Third-party partnerships involve the mobilisation of third-parties to perform a role which assists crime control or prevention (Mazerolle & Ransley, 2005). The third-party intervention may relate to a problem place found to facilitate crime through provision of circumstances that ‘passively enable criminal conduct through inaction and neglect’ (Buerger 1998:94). Third-party policing can occur when police engage with other public and non-public entities and individuals and enact a range of laws (civil, regulatory and administrative) to develop or enhance opportunities for crime control and prevention activities (Gilboy, 1998). Third-party policing represents a shift from police doing all the responding (reactive policing), to a model that sees police positioned in the centre of a network of ‘nodes’ that take on roles able to assist with crime control and prevention. These nodes are identified as knowledge locations and represent potential capacity or
resources able to be leveraged through regulation to facilitate a governance function (Shearing, 2004).

Buerger and Mazerolle (1998) assert that a number of cities in the United States have implemented the systemic activation of civil laws to respond to a variety of public nuisance problems – many concerning illicit drugs – at specific places, since the late 1980s and that many of the early reported uses of third-party interventions targeted enterprises that were identified as failing to adequately perform their legitimate functions and in doing so were attracting ‘unsavoury clients’ (Buerger and Mazerolle, 1998:311). An early example of third-party policing using legal-levers to mobilise public entities was during the late 1980s in Oakland California. The strategy known as the Beat Health program was a formal and systematic policing partnership established to activate civil laws to strengthen the efforts to clean up run-down crime prone residences and businesses to reduce and mitigate the use of these premises for criminal activities. The Beat Health program involved multiple city agencies to target problem places in Oakland. The intervention was mobilised around specific legislation – the *Nuisance Abatement* Act – in the California Health and Safety code. The legislation specifically empowered authorities to take action against the occupants of buildings being used for drug related activities, including selling and manufacturing. This third-party strategy has been shown to successfully reduce drug nuisance problems with extremely low levels of court action (2%) (Green, 1995). Through the utilisation of civil codes, the available evidence suggests these policing approaches have noticeably disrupted drug-related crime as well as diffusing crime reduction benefits to nearby locations (Mazerolle & Ransley, 2005).

A recent example involves police working in partnership with housing department staff to reduce drug-related crime and disorder in three Australian public housing estates in Victoria, Western Australia and Tasmania (Jacobs, et al., 2007). The aim of this study was to examine how the partnership between police and the housing department worked in practice. The findings of the study concluded that working in partnership was challenging and that for a partnership to be sustained, shared understanding of the problems and agreed responses were necessary, together with motivated staff and
regular contact between the partners. Moreover it concluded that partnerships imposed from outside were less likely to be effective and emphasised the development of partnership approaches to suit the specific problems of the area in question (Jacobs, et al., 2007).

In general, these types of responses involve police identifying other public agencies with a regulated responsibility that, when applied to a site with concentrated crime problems, is also likely to disrupt illegal activities at the places receiving the State-based intervention (Braga, 2001). A further extension of ‘hard’ types of policing partnerships is where police require non-public third-parties to perform a crime control or prevention role (Buerger, 1998a). The creation of legal-levers which specifically coerce and empower a non-public entity to perform a designated crime control response has been referred to as co-production (Cherney, et al., 2005), third-party liability systems (Gilboy, 1998) and as third-party policing partnerships (Mazerolle & Ransley, 2005).

**Non-Public third-party policing partnerships**

Third-party policing partnerships comprising the mobilisation of non-public entities are different from partnerships that incorporate networked police, police working with citizens in a voluntary capacity and/or responses involving police cooperating with other public entities (Webster, 2012 in press-b). Specifically these partnerships involve the mobilisation of well-placed non-public entities within a regulatory framework (civil and criminal) to activate the performance of specific crime-control role by these third-parties (Webster, 2012 in press-b). Whilst utilising problem-oriented frameworks are useful for assisting police to analyse the crime problem and in the establishment of targeted responses (Goldstein, 1990), routine activity theoretical frameworks and rational choice theories are important for assisting police to clearly identify the characteristics of the crime event such as the target, the place and type of offender. Thus the creation of appropriate situational controls as well as the identification of appropriate guardians, place managers and handlers to better protect the target as well as make offending more difficult (Clarke, 1995; Cornish & Clarke, 2008; Felson, 2008; Goldstein, 1990). The partnership model described in the present research
involves the mobilisation of the third-parties through the use of legal-levers found in the third-party policing theoretical framework, specifically health regulations to activate a response from community pharmacists concerning the therapeutic supply of medications containing pseudoephedrine.

The linkage of theoretical frameworks such as POP, routine activity theory, situational crime prevention and third-party policing represents a new way of conceptualising proactive police responses concerning partnerships which create suitable situational and guardianship conditions to block opportunities for crime. Collectively these approaches make the crime target less attainable and the commission of crime more risky and less attractive (Clarke & Felson, 2004; Lee, 2010). Opportunity blocking need not only occur at the place but can also involve changing a product to make it less susceptible to illicit use (Sherman, 2010b). The development of place-based proactive responses to crime problems centres on the identification and mobilisation of willing and able place managers and guardians to better safeguard crime targets and crime-prone places (Felson, 2008; Goldstein, 1990) and to ensure the development of suitable situational controls that influence offender-decision making (Lee, 2010). Importantly the regulatory frameworks central to third-party policing approaches provide the necessary compulsion to coerce the non-public third-party to perform a specific role and where self-regulation is not appropriate or is ineffective, these regulatory levers also provide the necessary conditions to ensure an enforcement framework can be incorporated into the response (Webster, 2012 in press-b).

Regulatory frameworks are not utilised for community-specific issues that can be addressed with voluntary partnerships. However, in instances where the same crime problem is evident across neighbourhoods, a regulatory response provides the opportunity for the State to mobilise third-parties in the consistent performance of an ongoing prevention or control function (Gilboy, 1998; Mazerolle & Ransley, 2005). Another distinguishing feature of partnerships which utilise regulatory levers is their top-down approach, meaning they are developed, managed and implemented from the State-level through to the local-level (Ransley, 2012). Subsequently, the focus of partnership interventions from the policy perspective impedes our understanding of
the impact of the strategy at the local-level. This includes answering questions about
the third-party burden for performance of the delegated crime control functions
(Cherney, et al., 2005; Meares, 2006). Issues relating to the degree of third-party
burden in this regard have received limited attention in the literature. However, issues
raised include concerns regarding whom the intervention affects such as non-
offenders, and the fairness of placing responsibilities on non-public third parties
(Meares, 2006). Meares (2006) points out that the burden may eventuate when a non-
public entity is coerced into taking responsibility for a problem which they are not
compensated for and which may be disproportionate to their core business functions.
The questions of burden and responsibility represent important knowledge gaps to
address as they are likely to impact on the third-parties’ willingness to engage in the
performance of an intervention; and thus the overall outcomes of an intervention (See
Chapter Six).

As previously discussed there are a number of partnership examples in the literature
discussing community-oriented approaches and ‘hot-spots’ approaches involving the
assistance of other public entities, however there are fewer empirical studies detailing
outcomes of policing partnerships that involve the mobilisation of non-public entities
through regulatory measures as crime controllers (Bullock & Tilley, 2009; Weisburd &
Braga, 2006). A study by Mazerolle and colleagues (1998) highlights the importance of
place managers in crime control. In the study 100 street blocks in Oakland, California
were randomly selected for the purposes of observing the role of place managers in
controlling drug and disorder problems. The results comprising self-reports from a
sample of place managers and on-site observations of the changes in the social and
physical conditions of the intervention sites were the outcome measures (Mazerolle
et.al. 1998: 371). The findings suggest that where place managers were found to be
working together in crime control activities, significant decreases in disorder were
observed. The study highlighted the importance of collective community cohesiveness
in a crime-prone area and how this cohesion positively influenced decreases in drug-
related activity at those locations (Mazerolle, et al., 1998). Furthermore, an example of
non-public third-party policing which is similar in design to the intervention being
examined in this dissertation is the Northern Territory’s Banned Drinker Register. The
creation of this intervention to curb alcohol related violence involves a register being operated by all take-away and licensed premises – non-public entities – who sell alcohol. In this example the proprietor is the third-party who is responsible for requesting and scanning a purchaser’s driver’s licence prior to agreeing to the sale of alcohol. This initiative is a further example of a non-public third-party being made responsible for controlling access to a particular product in a regulated framework. Similarly this regulated framework attaches penalties to non-compliance by third-parties.

As observed, more recent examples of non-public third-party partnerships are largely descriptive (Berbatis, et al., 2009; Cherney, et al., 2005; Gilboy, 1998; Kraakman, 1986; Miller, 2009) and hence are of limited usefulness to decision-makers who are tasked with devising appropriate and effective responses to crime problems. Thus the research questions examined in this dissertation are focused upon understanding the context of the development of the partnership model together with the role of regulation and the factors influencing third-party engagement with the partnership intervention. To date a similar study has not been undertaken and hence the findings presented here contribute to the knowledge gaps concerning this specific partnership and also more generally to extending knowledge regarding third-party policing partnership theory, policy and practice frameworks.

The knowledge gaps concerning the development, implementation and utility of non-public regulated third-party policing partnership interventions suggest that these innovations may represent a significant untapped resource for policing organisations (Green, 1995; Hollis-Peel, et al., 2011; Lum, et al., 2011; Mazerolle & Ransley, 2005; Mazerolle & Roehl, 1998; Webster, 2012 in press-b; Weisburd, 2005). The presence of more partnerships demonstrate that police are increasingly requesting informal assistance from public entities, businesses and individuals, regarding crime problems such as illicit drugs (Webster & Ransley, 2012). As discussed earlier, many of the collaborative partnerships presently operating between jurisdictions in Australia to

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12 See The Alcohol Reform (Liquor Legislation Amendment) Act 2011
combat synthetic drug manufacture are the result of networks and voluntary cooperation (AustGovt, 2011b; Miller, 2009).

Mazerolle and Ransley (2006) discuss the potential for third-party policing as a mechanism to co-opt or coerce a third-party to perform a role around crime control or crime prevention, whilst Bayley (2001) and others have described the key drivers to these approaches as including increased demand on police services together with the trend for the State to increasingly disperse its oversight functions by pulling legal-levers and enacting formalised and enforced partnership approaches (Bayley & Shearing, 2001; Braithwaite, 2000; Crawford, 2006; Grabosky, 1995; Mazerolle & Ransley, 2006). It is evident that there is much theoretical discussion regarding the main drivers influencing police to adopt more innovative methods to address crime problems and also the potential utility of these approaches; however it is clear the empirical evidence – particularly concerning initiatives that do not co-opt public entities – is presently lacking (Mazerolle & Ransley, 2005; Mazerolle, et al., 2005; Webster, 2012 in press-a; Webster & Ransley, 2012).

Subsequently within the context of the third-party policing case study of precursor diversion, there are a number of knowledge gaps. Although these gaps relate more broadly to the implementation and functioning of the particular partnership, we know very little about the specific factors which influence third-party engagement with both the regulatory and voluntary components of the intervention. Buerger (1998b) argues that understanding what a third-party policing partnership ‘ought’ to achieve is juxtaposed against our knowledge concerning ‘what’ is achieved and ‘how’ the desired outcomes may best be facilitated (Buerger, 1998b). Therefore in the absence of a literature concerning non-public policing partnership approaches, a summary of the factors from other research is drawn upon to improve understanding of the possible features likely to be important in these partnership approaches. These areas include decision-making by pharmacists and characteristics of innovation diffusion as possible drivers of third-party partnership engagement, as well as the characteristics of intervention effectiveness.
Drawing parallels between partnerships

Studies that examine the application of innovative policing strategies such as regulated non-public third-party policing partnerships to control and prevent crime are scant in the literature (Mazerolle & Ransley, 2005; Mazerolle, et al., 2005). As a result we know very little about how regulation affects the partnership outcomes; whether partnerships are best managed at the macro or micro-level; what motivates third-parties to be involved in partnerships and how existing operational capacities enhance and/or limit the partners’ engagement in the strategy as well as their perceptions of its effectiveness. In the absence of any directly comparable research concerning non-public third party drug law-enforcement interventions other research is drawn upon to hypothesise the types of factors which may significantly influence the non-public third-parties in the performance of their partnership role.

Studies exploring factors influencing community pharmacists’ decision making suggest that a mix of situational, professional and customer variables are important. Specifically, Sanderson and Gruen (2006) have found in the health care context that the decision to implement a particular response is reliant upon agreement, accessibility and appeal mechanisms and whether there is an auditing function. Decision-making in health care is often complex due to high levels of uncertainty in health environments (Sanderson & Gruen, 2006). Hence making rational decisions in health contexts are based on a number of steps including identifying the available options, defining the desired outcomes, assessing how each course of action will contribute to desired objectives and choosing the best course of action for a particular set of circumstances (Sanderson & Gruen, 2006). According to Sanderson and Gruen (2006) decision-makers have different objectives and they may attach different weight or importance to the elements involved in making the decision, including factors beyond the control of these people. These difficulties can be minimised through careful planning of the initiative and ongoing maintenance and review of the role involved (Sanderson & Gruen, 2006). This study highlights the importance of considering the extraneous factors which may influence third-parties decision-making within the context of engaging in the policing partnership.
Several authors (Austin, Gregory, & Martin, 2006) observe that the type of relationship between the pharmacist and the patient is crucial in the decision-making process and the type of relationship directly affects the types of expected roles and responsibilities of each party. In a qualitative study of forty-five pharmacists, participants diarised workplace experiences over a ten day period. These notes were analysed and five distinct typologies describing the types of relationships formed by pharmacists were derived: analytic-authoritative, emotive-interactive, opportunistic-expedient, reliant-paternalistic, and autonomous-informative. The study found pharmacists typically use a range of responses to meet the needs of individuals they serve (Austin et.al. 2006:534). Furthermore, Austin and colleagues (2006) identified four categories of pharmacy clientele: patient, client, customer and consumer. Each of these clientele categories has characteristics that correspond to typical pharmacist responses in their workplace setting. For instance a 'patient' is more likely to be reliant on the pharmacist and the response is more likely to be paternalistic. A 'client' may be emotional or analytical and is more likely to desire a warm interpersonal interaction, whereas the analytic client will be information-driven and trusting of the professional expertise of the pharmacist. The assessment of the ‘type’ of client is likely to influence the response by the pharmacist. For example the pharmacist may interact with the emotional client to provide reinforcement and support without judgement and will provide the information-driven client with a more authoritative response. Additionally as the 'customer' has a high need for personal control, the pharmacist response may be informative without recommendations unless requested. The final category of 'consumer' is opportunistic and places value on efficiency (Austin, et al., 2006).

Describing the types of pharmacy clientele and the likely responses by pharmacists are useful for envisaging a health-based crime control role. The behaviour of a pseudoephedrine runner (customer) is likely to be opportunistic and thus an expedient pharmacist is the most conducive to facilitating non-legitimate supply of pseudoephedrine medications. Thereby, should an opportunistic offender encounter an unwelcome 'patient' response from the pharmacist, this response is likely to frustrate the ‘customer’ and may subsequently deter future attempts by the ‘customer’ to attempt the acquisition of pseudoephedrine for non-therapeutic
purposes from this supplier. Whilst typologies\textsuperscript{13} can be useful for describing the types of interactions typically encountered by community pharmacists, Austin et.al. (2006:354) argues that they inadequately incorporate the variety of interactions that these professionals encounter. It is likely a pharmacist will adapt particular types of responses to meet the expressed and implicit needs of the individuals they serve, including individuals seeking to obtain pseudoephedrine for illicit purposes. These typologies highlight the potential for particular pharmacists’ responses to influence the deterrence of future offender behaviour concerning the non-therapeutic acquisition of pseudoephedrine products.

Research that attempts to empirically define the relationship between pharmacists and others is relevant for the study as it seeks to understand the factors that influence certain types of behaviour and decision making patterns, and in particular how decisions can influence outcomes in crime control interventions. The typology suggested by Austin and colleagues (2006) underlines the importance of the pharmacist’s perception of the relationship between themselves and their clientele and the significant bearing that these perceptions have on the subsequent decisions which are made in the context of their professional role to prevent non-therapeutic supply of pseudoephedrine. Moreover, other elements that may contribute to the decision-making processes of third-parties are drawn from the community partnerships literature. Some studies highlight the importance of collective efficacy and/or community cohesion as influencing citizens’ willingness to report crime to police (Tyler, 2004). Hence, police legitimacy is strongly associated with community policing frameworks that focus on solving local problems with the assistance of citizens (Mohr & Spekman, 1994; Tyler, 2004). Consequently, the importance of third-party perceptions of police legitimacy in the partnership intervention should not be underestimated as a possible key driver which influences third-party engagement in partnership (Tyler, 2004; Webster, 2012 in press-b).

\textsuperscript{13} An in-depth examination of these styles and approaches is beyond the scope of this dissertation however the research will explore the experiences of pharmacists more generally in relation to how the regulations and Project STOP has impacted upon pharmacist-clientele relations.
Additionally, third-parties’ proximity to the crime event and their relationship with the perpetrator is also likely to influence decisions concerning partnership engagement (Tyler, 2004). The themes emerging from the literature suggests that the willingness of citizens to report crime to police is influenced by factors surrounding their personal relationship with the perpetrator; where the incident occurred – in the person’s neighbourhood or place of business; their perception of responsibility or duty of care; perception of value in reporting (Hawdon, et al., 2003) and whether the police are perceived as being responsive and effective (Somerville, 2008; Tyler, 2004). Tyler (2004:86) argues that the public are more likely to be motivated to fight crime when there is evidence that police are being effective in their roles to control and prevent disorder and crime. Just as these factors influence citizens to report or respond to crime incidents, these factors are also likely to be important in influencing third-parties to perform a crime control role.

The effectiveness of non-public third-party policing partnerships is also an area where knowledge is underdeveloped. However, parallels may be drawn between successful community-based prevention partnerships which are comprehensively discussed in the literature. Studies have shown that the implementation and planning stages of a crime control and crime prevention policing partnership are crucial to its effectiveness (Clarke 2003). The factors most associated with the successful implementation of a crime prevention strategy include: agreement on purpose and outcomes; high levels of trust and commitment to sharing information; the presence of designated management as well as leadership structure and processes (Armistead, Pettigrew, & Aves, 2007); accountability and communication strategies; consideration of strategic and operational outcomes and outputs; designated staff to participate in the partnership (Homel, 2005; Winfree, Lynskey, & Maupin, 1999) and willingness of the designated regulatory authority to ‘capacity-build’ with the third-party (Cherney, O'Reilly, & Grabosky, 2006a). Additionally, within the context of a third-party partnership, the place managers perceived level of assumed responsibility in discouraging crime has been found to influence the role performed in the partnership (Mazerolle, et al., 1998).
There are many factors which impact on individual’s decision-making to engage with partnerships; many of these can be conceptualised in an innovation diffusion model. Innovation diffusion models may enhance our understanding about how policing innovations such as partnerships across multiple sites are more readily implemented. In this regard there are several key factors which influence the communication and uptake of a process or strategy among an integrated group – social or professional – and in the success of diffusion including the end-users’ perceptions and beliefs (Rogers, 1995).

Rogers (1995) discusses four key criteria associated with more optimal innovation diffusion and adoption. These are: ‘relative advantage’, ‘compatibility’, ‘trialability’ and ‘observability’. ‘Relative advantage’ refers to the perceived advantage that the innovation will provide (Rogers, 1995). Importantly the advantage must offer an improvement on the status quo such as improved operating methods, geographical connectivity, reduced costs, improved performance and preventing an identified problem (Rogers, 1995). ‘Compatibility’ relates to the level of consistency between the new innovation and the existing operating systems as well as to the workplace objectives and values (Rogers, 1995). Additionally technical compatibility is as equally important as compatibility with professional standards and operational capacities (Rogers, 1995; Sevcik, 2004). Studies have shown that, as the perceived difficulty of the innovation increases, the rate of adoption decreases; users are less likely to adopt innovations that they do not understand or that are too difficult to implement (Rogers, 1995). The ‘trialability’ of an innovation relates to the time allowed for the process to be understood including review processes prior to its implementation (Sevcik, 2004). This phase relates to providing opportunities for testing and modifications to the innovation prior to and during its implementation. Lastly, the ‘observability’ of an innovation relates to the visibility of its effects and perceived improvements to the issue which pertains to the purpose of the innovation (Sevcik, 2004). Hence if the implementers cannot see any improvements in their activities as a result of the innovation, its adoption is likely to be negatively affected.
As well as these four key components for increasing the adoption of innovations, Rogers (1995) argues that there are two fundamental and overarching elements to improve the effectiveness of innovation implementation. These are the education of end-users about the operation of the innovation and the incorporation of change agents to assist in the educative process and in encouraging and supporting innovation adoption. Ideally change agents are professional or industry representatives (Rogers, 1995). These change agents can alleviate uncertainty in the social system pertaining to the cause and effect of the innovation and through the provision of information they can enhance knowledge and persuade the target group to implement the innovation (Rogers, 1995). Moreover, the change agents provide the crucial function of continuing to encourage a favourable attitude concerning innovation adoption (Rogers, 1995). In a third-party policing innovation, the change agents are not the police but the professional organisation that represents the interests of the third-parties co-opted into the performance of the intervention. Sampson and colleagues (2010) describe ‘change agents’ as super-controllers, who are entities or individuals that influence place managers, guardians and handlers to perform roles to prevent victimisation at places.

Cherney and colleagues (2006) describe a number of best practice principles derived from international case studies which relate specifically to the implementation of strategies concerning precursor supply control initiatives. These principles include: communicating respective partner roles and expectations; implementing processes which facilitate feedback between the partners; putting in place ‘dedicated personnel; identifying and responding to the most vulnerable crime access points and developing a capacity building program for partners (Cherney et.al. 2006:13). These elements highlight the need for good partnership structures that are able to support the strategy in both the short and long term. Drawing upon the partnership implementation together with pharmacist decision-making literature and concepts from innovation diffusion provides the basis for establishing a broader conceptual framework with which to understand the implementation and effectiveness of a health-based non-public third-party policing partnership. The presence or otherwise of these features in
the partnership being examined in this dissertation is an important empirical question; and is discussed in Chapters Four to Six.

Theoretical context of pseudoephedrine diversion

Better understanding of the types of theoretical influences associated with particular crime control responses enables the identification of relevant research with which to inform the response to crime problems. The present research involves building and linking theoretical frameworks to describe the characteristics of the non-public partnership model used to respond to precursor diversion from pharmaceuticals. It is apparent that several theoretical frameworks contribute to the design of the partnership intervention response utilised for this crime problem.

Specifically, routine activity theory argues that crime is more likely to occur when three elements converge in space and time. These include ‘a likely or motivated offender’, a ‘suitable target’ and ‘the absence of capable guardianship’ (Hollis-Peel et.al, 2011:54). Routine activity theory prescribes the importance of analysing the crime problem to identify the characteristics of the crime event such as the place, the offender, and the target (Clarke & Felson, 2004). The analysis of the crime problem in this way provides police with opportunities to conceptualise a range of interventions that are suitable for responding to different elements of the crime problem. Moreover, the development of strategic proactive responses to problems such as illicit drugs is consistent with drug policy frameworks that favour partnership strategies that collectively utilise public and non-public expertise in targeted responses (AustGovt, 2011b; Cherney, O'Reilly, & Grabosky, 2006b; Eck, 2006; Reuter, 2009; Weatherburn & Wales, 2001). Routine activity theory and rational choice theory highlight the importance of identifying both the behavioural and the situational elements of the crime (Clarke & Felson, 2004). Alternatively, rational choice theory presupposes that an offender makes decisions about their engagement in crime based upon the perception of available opportunities and particular sets of circumstances (Cornish & Clarke, 2008). The principal tenet of the latter theoretical framework is the notion of choice by offenders to commit crime as well as the idea that successful offending drives future offending and hence a criminal lifestyle (Cornish & Clarke, 2008). Analysis of crime problems and devising
responses within these place-based frameworks is extremely useful as they aim to reduce crime opportunities by decreasing attractiveness as well as increasing risk and difficulty for offenders to engage in criminal activities (Clarke, 2008; Cornish & Clarke, 2008. Additionally, through the mobilisation of place managers and guardians through police partnerships, crime targets and crime prone-places are better safeguarded to reduce victimisation (Clarke & Felson, 2004).

Studies indicate that the absence of capable guardians and place managers around crime-prone places – or key access-points – can facilitate crime (Buerger, 1998a; Cherney, O'Reilley, et al., 2006b; Gilboy, 1998; Lee, 2010; Webster, 2012 in press-b). The focus of routine activity theory is on analysing the context of the crime place and the activities at that place (Felson, 2008) thus a place-based response that adopts a situational crime prevention framework and mobilises capable guardians and place managers is crucial for the response to the problem of pharmaceutical diversion (Webster, 2012 in press-b). The characteristics that influence third-parties to adopt a place manager or guardianship role relates to whether they have a personal, assigned, diffuse job or general responsibility (Felson, 1995). Firstly, an individual who has a personal responsibility for a place, such as a homeowner, is also the most likely to respond to a problem at the place to which they are attached. Secondly, a person with an assigned responsibility is someone who is employed at the place and may incur consequences if crime is allowed to occur at that place, such as a shop manager. Thirdly, a ‘diffuse job responsibility’ is similar to assigned responsibility but is less specific as the person’s job does not relate to the expectation that they will observe and report crime at the place, such as crime which occurs in a nearby location. Fourthly, the least direct response at a place is expected from a person with general responsibility such as a bystander or a visitor who generally will perceive little responsibility to a particular place (Felson, 1995).

The implementation of situational measures together with a partnership that mobilises appropriate levels of guardianship at the crime-prone place are central to the partnership intervention examined in the present research. The mobilisation of guardians and place managers in a third-party policing partnership model can occur
through voluntary ‘soft’ measures as illustrated by the community-policing literature. However, when the response is one which requires the performance of a role considered to be outside of the third-parties usual operational and professional responsibilities, regulatory levers are utilised to facilitate the crime control and prevention response. Using regulatory legal levers is potentially very powerful in improving the implementation and adoption of a third-party role as these ‘hard’ frameworks empowers the third-parties, provides the necessary compulsion and where self-regulation is inappropriate. Additionally, these frameworks provide the capacity for enforcement of the third-party role in the intervention.

As argued by Cherney and colleagues (2005), some of the most promising supply reduction strategies involve targeting responses at the various stages and points in the methylamphetamine production lifecycle. As such, it is crucial that the most appropriate methods of leveraging cooperation from entities at particular access-points in the methylamphetamine manufacturing process (Buerger, 1998a; Cherney, et al., 2005; Gilboy, 1998; Grabosky, 1995). These include a range of voluntary and regulated roles. The case study of pseudoephedrine diversion from community pharmacies shows a pattern of offending concerning the same target (pseudoephedrine products); at the same place (community pharmacies); and the same offender behaviour – specifically the opportunistic acquisition of pseudoephedrine products. Arguably, community pharmacies always had place managers and guardians available. However, prior to the partnership intervention, pharmacists did not have the regulatory framework that empowered them to refuse supply of pseudoephedrine products for non-therapeutic purposes. Hence, in this context, pharmacists were not ‘active’ and/or engaged guardians and there was an absence of regulatory and situational controls to assist them to perform a crime control role (Webster, 2012). Accordingly, linking theoretical models such as rational choice theory with place-based situational frameworks such as routine activity theory and third-party policing, provides a crime control and prevention response that is delivered by well-placed place managers and guardians in a regulated framework (Clarke, 1983; Clarke & Cornish, 1985; Webster, 2012 in press-b).
The benefits of designing crime control responses with preventative nodes are supported in a number of studies (Rosenbaum, 1988; Tonry & Farrington, 1995). However, the implementation of these approaches as standard law-enforcement practice, to date, has not been rapid or widespread relative to the adoption of other police innovations such as intelligence-led policing and evidence-based policing (Bullock & Tilley, 2009; Hicks, 1998; Mazerolle, 2001). Supporters of prevention-based crime control interventions argue that crime prevention outputs represents the collective commitment of stakeholders to understand the catalyst to crime and to coordinate themselves to better direct efforts to responding to the features – both social and situational – which enable crime to occur (Braithwaite, 2000; Fleming, 2006; Shearing & Wood, 2007; Sherman, 1995).

The intervention employed to respond to pseudoephedrine diversion from community pharmacies adopted situational controls, including target hardening strategies, and the mobilisation of place managers and guardians through regulations. Specifically these strategies include the implementation of State-based regulations to increase the product scheduling and reduce accessibility of the product through changed product placement in the community pharmacy, and situational measures including the placement of signage warning offenders about the partnership intervention; and importantly the mobilisation of capable guardians through health regulations and the implementation of a voluntary policing partnership (Webster, 2012). These situational and place-based measures seek to increase the third-parties professional responsibility to control access, to safeguard the place and to protect the target from diversion; and hence deter offenders from engaging in crime associated with precursor diversion (Webster, 2012).

Project STOP represents the core mechanism of the third-party policing partnership, and has been available for use by community pharmacies throughout Australia since 1 January 2006. Figure 2 shows the steps involved for pharmacists when they make a decision to supply a pseudoephedrine sale by using Project STOP and the subsequent flow of information between pharmacist and police. The pseudoephedrine supply sequence starts with a customer who requests a pseudoephedrine product followed
by a number of steps designed to prevent product diversion, including providing information to police. These steps include checking Project STOP for previous transactions and entering new transactions into Project STOP regardless of the outcome of the sale request. As shown in figure 2, the police contribution to the partnership commences once the information is entered into Project STOP by the pharmacist. Recording of pseudoephedrine transactions into Project STOP is not only crucial for the pharmacist intervention, but also for the ongoing monitoring and detection of illicit pseudoephedrine supply, by police. Inconsistent, incomplete or missing information in Project STOP is detrimental to the partnership intervention in two ways. Primarily, data quality affects pharmacists capacity to prevent non-legitimate supply and also for police in their capacity to detect possible drug-related criminal activity.

Figure 2: Project STOP partnership

![Project STOP partnership diagram]

- Customer requests PSE
- Pharmacist conducts interview
- Pharmacist checks Project STOP
- Pharmacist decides to sell or refuse PSE
- Pharmacist records transaction in Project STOP
- Police analyze information
- Police investigate/disrupt methamphetamine production/supply
The key knowledge gaps concerning this partnership intervention include limited understanding of the development and implementation of the strategy processes. Additionally, we have little understanding of the role of regulation in non-public third-party partnerships specifically whether these types of partnerships are best administered at the macro-level or at the micro-level. Thirdly, we know very little about third-party experiences in these types of crime control interventions, specifically the types of impact – including to the site of intervention and to the targeted crime – and the factors that influence third-parties to engage in the performance of the partnership intervention. Fourthly, we know little about the effectiveness of these partnerships including the impact on the targeted crime, diffusion of benefits or unintended consequences of the intervention. Our lack of knowledge about how this partnership was developed, how it operates and its impacts, significantly impedes our understanding of the utility of these responses to place-based crime problems.

Chapter summary

This chapter has described the policing landscape with respect to the types of responses to illicit synthetic drugs and has highlighted from the available evidence that place-based targeted strategies offer the most promising methods for disrupting drug market activities and providing medium-term diffusion of benefits (Mazerolle, et al., 2007). The shift toward these more promising proactive and target approaches derived from the POP theoretical frameworks has been influenced by policing transformations requiring police to ‘do more with less’, as well as broader governance shifts encouraging public entities to increasingly outsource State responsibilities to regulatory nodes and other sites of responsibility (Loader, 2000). These new governance frameworks are concerned with promoting opportunities for the State to harness external capacity with which to enhance the performance of its key functions (Cherney, O’Reilly, & Grabosky, 2006). POP frameworks include approaches that are place-based and that are focused on reducing opportunities for offenders to commit crime. The central feature of this partnership response is the mobilisation of the non-public third-parties as place managers and guardians to prevent further victimisation at that place. The partnership typology described in Figure 1, illustrates that in practice, a number of different types of partnerships can be utilised depending upon
the characteristics of the crime event and of the crime-prone place (Webster, 2012 in press-b). Further, the partnership typology highlights that we know much about community-based and ‘hot-spot’ based partnerships involving police working with other public entities; however our knowledge about how non-public third-party partnerships are implemented and their outcomes is very limited. The structure of the partnership intervention for pseudoephedrine pharmaceutical diversion is clearly influenced by at least three main theoretical frameworks; including Cohen and Felson’s (1979) routine activity theory, Cornish and Clarke’s (1987) rational choice theory – situational crime prevention – and Mazerolle and Ransley’s (2005) third-party policing theoretical framework. However, the identification of these theories alone does not address knowledge gaps concerning the significant drivers for third-party engagement in the partnership intervention and its perceived effectiveness. Hence, the chapter has also highlighted the possible relevance of past research to assist in better understanding the partnership characteristics comprising optimal partnership structure, implementation methods and measurement of intervention effectiveness.

Chapter Four discusses the research methods that address these key knowledge gaps in particular through the adoption of a mixed method and multi-level analytical framework.
Chapter Four:  Methodology

The strategy examined in this dissertation is a partnership intervention between police and community pharmacists. The intervention comprises regulatory and voluntary components and is designed to increase community pharmacists’ (place managers) responsibilities to control access to pseudoephedrine products and prevent non-therapeutic supply as well to provide access to these records to police through a database called Project STOP. The use of Project STOP represents the voluntary component of the intervention. Records made in Project STOP assists other pharmacists in their decision-making about the appropriateness of pseudoephedrine supply and these records inform police and other enforcement agencies about potential criminal activity. This research uses a mixed method approach to examine the development, implementation and outcomes of the partnership intervention as well as the key factors influencing third-party engagement in the strategy and their perceptions of effectiveness. The research approach focuses on examining the experiences and perceptions of the third-parties performing the crime control role with regards to preventing supply of pseudoephedrine products from community pharmacies as well as incorporating studies that examine the police and other key stakeholders’ experiences and perceptions of the partnership intervention.

Research aims and questions

The evidence concerning partnerships in drug law-enforcement is concentrated in the realm of community-oriented partnerships and partnership approaches which involve civil responses and the pulling of legal-levers to mobilise other public entities to perform a particular role (Mazerolle, et al., 2006). As such there are presently significant knowledge gaps concerning the operation and outcomes of non-public third-party policing approaches (Braga & Weisburd, 2006; Mazerolle & Roehl, 1998; Mazerolle, et al., 2005; Weisburd, et al., 2006); the development and implementation of these interventions and the factors most significantly influencing third-party engagement in these strategies. These gaps are addressed in four research questions.
Research questions

Research question one is concerned with improving our understanding of the third-party’s application of the regulations in their professional role as a community pharmacist. Subsequently, this question is concerned with identifying the most significant factors influencing community pharmacist engagement and/or compliance with these legal frameworks.

RQ1. What factors are most significantly associated with non-public third-party performance of the regulatory functions which underpin the precursor diversion strategy?

Within the context of the factors contributing to third-party engagement in the voluntary component of the partnership, the community orientated policing literature provides insights into the factors likely to be important. However, presently there are knowledge gaps concerning the engagement of third-parties in the performance of a voluntary partnership role that operates alongside a regulatory framework. Research question two is concerned with better understanding the context of the third-parties engagement with the voluntary components of the partnership intervention, in particular the factors that motivate and influence the third-parties in the performance of the designated voluntary partnership role.

RQ2. What factors most significantly predict non-public third-party voluntary participation in the policing partnership initiative, incorporating Project STOP?

Evaluations of crime control responses typically link effectiveness of a strategy to a positive change and have been measured in several ways, including increases in community cohesiveness (Mazerolle, et al., 1998), decreases in crime and/or decreases in police calls for service (Sherman, et al., 1995). This study examines the implementation and impacts of a partnership intervention applied in two Australian States where the differences between the regulatory frameworks create natural experimental conditions. Hence research question three is concerned with examining
the factors most significantly associated with perceived intervention effectiveness. The qualitative and quantitative studies both explore this question.

**RQ3.** What factors most significantly predict third-party perceptions of partnership effectiveness when measured against partnership objectives such as reducing non-therapeutic transactions and deterrence of runners?

The context of the development and implementation of the partnership intervention is crucial for better understanding the context of third-party engagement with the partnership intervention (Mazerolle, Roehl, et al., 1998). Importantly, research question four is concerned with examining the processes involved in the development of the intervention including the use of regulatory components and the implementation of the partnership tool comprising Project STOP.

**RQ4.** How does the regulatory context in different jurisdictions impact on the implementation and operationalization of the partnership response?

In summary the quantitative methods described in this chapter address the first three research questions specifically establishing the empirical predictors of partnership engagement and perceptions of intervention effectiveness in two Australian States whilst the qualitative methods primarily address the fourth question concerning obtaining better understanding of the role of regulation and the processes involved in the development and implementation of a non-public partnership intervention.

**Methodological approach**

Leading criminological scholars (Braga & Bond, 2008; Farrington & Welsh, 2005; Sherman, 2003, 2006, 2007, 2010a; Taylor, et al., 2011; Weisburd, 2005) advocate the benefits of using experimental methods such as randomised control trials to measure the impact of crime control interventions. Such experimental methods include the allocation of control conditions and the random allocation of interventions across a range of study sites to achieve conditions in which to examine the effects of interventions (Weisburd, et al., 2008). The use of these methods is superior to non-
experimental methods (Sherman, 1992; Weisburd, 2000; Weisburd, et al., 2008) however in the absence of control conditions with which to examine the effects of an intervention it is important to embed multiple methods in the research design to increase the validity and generalizability of the findings (Rosenbaum, 2002).

As described in Chapter Three, the current research concerning the partnership intervention involving police with community pharmacies was implemented in every State and Territory incrementally over the course of around 18 months from late 2005 (Webster, 2009a). Thus, it was not possible to examine the implementation of the partnership intervention using experimental conditions; however the presence of different regulatory conditions in the two State jurisdictions provides natural experimental conditions; in which to observe and compare the implementation and outcomes of the partnership intervention in these jurisdictions. The two study States of Queensland and Victoria were selected due their different regulatory frameworks and also due to their being the first and last jurisdiction to implement the intervention.

Queensland regulatory frameworks specific to this partnership response, have adopted a top-down approach (Ransley, 2012) which impacts on third-party crime controllers in three key ways. Firstly, the regulations in Queensland increase the onus on pharmacists to be more circumspect in their decisions to supply pseudoephedrine products. Secondly, they compel pharmacists to make records about pseudoephedrine transactions and; thirdly, the regulations compel third-parties to make these records available to law enforcement. In addition, Queensland regulations incorporate an active and specific enforcement function facilitated by a specialised taskforce operating in the Queensland Health Department (Drugs Misuse Act 1986 Qld) and (Health Drugs and Poisons Regulation 1996 Qld). In contrast, the State of Victoria has adopted a bottom-up approach (Ransley, 2012), whereby community pharmacists in this jurisdiction are not compelled to make records of transactions but are obliged to report suspicious matters to the Health Department. In addition, Victoria does not have a dedicated specific taskforce to enforce the activities of pharmacies with regards to the performance of additional regulatory responsibilities; concerning the retail supply of pseudoephedrine products (Webster, 2009c).
Examining third-party engagement with the partnership intervention necessitates the use of research methods that directly seek to ascertain information about those experiences and perceptions from the persons performing the specific crime control role. As such, all community pharmacists in two study States were invited to participate in a survey to sample the largest and most diverse respondent group across these jurisdictions. For this present research, two large studies have been developed to address the research questions. The first study employs a large online survey of Queensland and Victorian community pharmacists (See Appendix A for survey instrument) whilst the second study is a multi-site and multi-part qualitative study, involving State-level interviews with partnership stakeholders and local-level interviews with police and third-parties (See Appendix F for all qualitative instruments). Examination of the partnership intervention in this dissertation draws upon three key data sources. These are the experiences and perceptions of pharmacists working in community pharmacy environments (derived through a large online survey); the experiences and perceptions of the policy-level (macro) and practitioner-level (micro) stakeholders; and the experiences of other stakeholders involved in the management and enforcement of the regulatory functions (derived through qualitative focus groups and interviews).

**Study One: A study of Queensland and Victorian community pharmacists**

The core purpose of study one is to examine third-party application of the partnership intervention including the regulations concerning tighter controls around supply of pseudoephedrine products from community pharmacies; as well as to examine the impact of the intervention on the third-parties and the crime problem. A survey instrument was developed for the third-parties performing the crime control partnership intervention at community pharmacies and this instrument provided the opportunity to collect data from a large cross-section of third-parties performing the intervention in two Australian States. The survey instrument was specifically developed to examine the partnership intervention involving community pharmacists and consequently it incorporates a number of original measures together with some measures derived from validated survey instruments, specifically items concerning
public attitudes towards illicit drugs (AIHW, 2008). The inclusion of items to measure respondents’ opinions about illicit drug issues provides the opportunity to observe the effects of a range of contextual factors including drug ideology on partnership engagement. The survey instrument (See Appendix A) has been specifically developed with reference to literature and legislation\textsuperscript{14} as well as consultations with the Australian Pharmacy Guild (Queensland Branch), Queensland Police Service, Queensland Health Environmental Health Taskforce and Griffith University’s School of Pharmacy.

**Survey Instrument**

The focus of the survey is the examination of non-public third-party experiences with the partnership intervention, the impact of the intervention including perceived impact on the crime problem as well as third-party experiences of the police in the operation of the partnership. The survey instrument comprises six main areas and 176 items. It uses predominately quantitative response categories with categorical ordinal five-point Likert scales as well as several nominal scales, numerical and percentage outcome responses and dichotomous scales; as well as response categories requiring short qualitative responses. The independent variables are interspersed throughout the instrument and are grouped into four categories: individual characteristics, professional characteristics, organisational characteristics and perception-based characteristics. These groups organise the large number of variables and are useful for describing the partnership characteristics making significant contributions to the partnership model.

The six main areas of the survey instrument are:

1. Pseudoephedrine regulation
2. Regulatory impact
3. Project STOP
4. The partnership
5. Pharmacy and pharmacist characteristics

\textsuperscript{14} Queensland Drugs Misuse Act 1986 and Queensland Health (Drugs and Poisons Regulation) 1996
6. Drug ideology.

These key areas reflect the research questions which seek to examine the most significant factors motivating third-party engagement with the partnership intervention and gauging third-party perceptions of its effectiveness. The inclusion of demographic and ideological measures provides detailed explanatory variables that further contribute to understanding the most important characteristics of partnership models.

**Part One: Pseudoephedrine Regulation**

The first part of the survey instrument examines community pharmacists’ experiences and attitudes concerning the regulations that have increased their responsibilities concerning the supply and storage of pseudoephedrine products. The items in this section draw upon the components of the regulations specifying the action required by the third-parties as well as for the performance of the partnership intervention itself. These items address the first research question through examining third-party application of the regulations and the perceived efficacy of the regulations to assist pharmacists to respond to suspicious pseudoephedrine sale requests.

**Part Two: Regulatory impact**

The second section of the survey explores third-party observed and perceived impact associated with the up-scheduling of pseudoephedrine products in Australian community pharmacies. Similarly to section one, this section was developed with reference to the relevant regulations\(^\text{15}\) which relate to the case study sites, together with information obtained in consultation with Queensland Health and the Pharmacy Guild (Queensland Branch) to ascertain scenarios that could accurately explain the types of decisions and types of actions that are likely to be applicable to community pharmacists in their handling of pseudoephedrine supply in the pharmacy setting. Additionally this section examines the impact of regulations on crime directed at the

\(^{15}\) *Queensland Drugs and Poisons Regulations* 1996 and the *Victorian Drugs, Poisons and Controlled Substances Regulations* 2006
intervention place – the community pharmacy – as well as customer behaviour in response to the intervention.

**Part Three: Project STOP**

Part three focuses on examining the third-parties’ experiences concerning the implementation of Project STOP including exploring the reasons that explain why third-parties elect not to use Project STOP and reasons why third-parties do engage in the partnership.

**Part Four: The partnership**

The fourth section of the survey instrument examines third-party experiences and perceptions of the police and pharmacy partnership to examine the partnership relationship, including exploring pharmacists’ attitudes towards the partnership. Moreover some items explore third-party opinions about changes to the partnership intervention including increasing uniformity of approach between jurisdictions as well as improving integration of the partnership tool and the need for incentives to engage in the partnership intervention.

**Part Five: Demographics**

The fifth section of the survey instrument examines the respondent and pharmacy demographic characteristics and the respondent’s drug ideology. These items include the locality of the pharmacy – in a shopping centre, with a medical practice or in a detached building; the pharmacy size; the pharmacy workload including the number of prescriptions processed daily and the number of full-time pharmacy staff employed by the business along with the professional characteristics of the respondent pharmacist such as the number of years practising as a community pharmacist. These measures provide important contextual information about the respondent and pharmacy characteristics which are useful for examining partnership intervention engagement.
Part Six: Drug ideology

The items in this section have been derived from the Australian National Drug Household Survey (2008) and measure the respondents’ illicit drug ideology, including their perceptions around the main drug of concern, their perceptions concerning the legal status of a number of drugs and the hypothetical allocation of funds across education, treatment and enforcement responses. These items further add to contextual factors that may influence third-party partnership engagement.

Measures

Six dependent variables were developed to measure the three survey constructs of regulatory engagement, partnership participation and perception of intervention effectiveness. The dependent variables selected to measure third-party engagement in the regulations are: pharmacist always handles sale and pseudoephedrine stored behind the counter, whilst the variables selected to measure third-party engagement with the voluntary components of the strategy are third-party use of Project STOP and using Project STOP to report transactions to police. The variables used to measure third-party perception of intervention effectiveness are deterrence of pseudoephedrine runners and the overall decrease in the diversion of pseudoephedrine products. This section describes the development of the six dependent variables.

Regulatory engagement

The dependent variables selected to measure regulatory engagement gauge pharmacist actions concerning their handling of pseudoephedrine sales and storing these products in the pharmacy as prescribed in the regulations. These variables are the pharmacist involvement in the sale of pseudoephedrine products and the storage of pseudoephedrine products as prescribed by the regulations.

The first dependent variable used to measure regulatory engagement examines third-parties’ actions regarding their personal involvement in the handling of a schedule three pseudoephedrine requests. This variable was selected as a measure of regulatory engagement as it directly relates to the pharmacists’ involvement in the supply of a
schedule three medication containing pseudoephedrine. Respondents who indicated that they agree that they always handle customer requests for pseudoephedrine are actively engaging with the regulatory requirements regarding the intervention. This item is measured on a six-point Likert scale with categories ranging from strongly agree to strongly disagree and don’t know (See Appendix A). For the purposes of modelling this variable the scale was collapsed into a dichotomous dependent variable (See full model Appendix B: table B1 - Pharmacist processes pseudoephedrine sales).

The second dependent variable used to measure regulatory engagement relates to another important element of the regulatory framework applicable across all community pharmacies regardless of jurisdiction, that is the storage of pseudoephedrine products behind the counter. The regulation prescribes that all pseudoephedrine products must not be accessible to the public and in most instances this will mean that the products are stored and displayed behind the pharmacy counter or in locked cabinets. Storage of these products in this way necessitates a customer to make a request to obtain the products. It is during this request that a pharmacist is required to intervene and to establish the customer’s genuine therapeutic need for the product being requested. It is also during this exchange between the customer and the community pharmacist that a decision is made to either supply or alternatively to refuse supply of a product which is not for genuine therapeutic use.

This dichotomous dependent variable measures whether pseudoephedrine products are stored behind the counter as a strategy to reduce visibility and or accessibility of these medications in the community pharmacy setting. Respondents who indicate the products are stored behind the counter are actively engaging with the regulatory framework (See full model Appendix B: table B2 - Pseudoephedrine products stored behind the counter). These two dependent variables are reliable measures of regulatory engagement in both study States.
Partnership engagement

The two dependent variables used to measure partnership engagement were third-party use of Project STOP and third-party use of Project STOP to report suspicious sales to police. The first dependent variable used to measure third-party engagement is a dichotomous variable which asks respondents if they always use Project STOP to record customers’ details when a pseudoephedrine product is requested (See Appendix A). Third-parties’ use of the Project STOP to record pseudoephedrine transactions is the main objective of the policing partnership as the information recorded enhances the ability of the third-party to make decisions about therapeutic need and also provides police with otherwise inaccessible information pertaining to possible criminal activity. Hence the third-parties’ use of Project STOP is directly associated with partnership engagement (See Appendix C: table C1 - Always use Project STOP).

The second dependent variable used to measure partnership engagement examines how third-parties report pseudoephedrine sales to police. The dependent variable involves examining the frequency and method with which third-parties utilise Project STOP to report pseudoephedrine sales to police. The other distinct methods in which third-parties may elect to report these transactions to police include using the dispensary software, fax/email police, in manual register or by other means. Although it is possible to utilise other methods to record pseudoephedrine transactions and subsequently to supply these records to police, the use of Project STOP indicates strong levels of partnership engagement as using Project STOP ensures that police have real-time and complete access to these records. The utilisation of manual registers or record keeping methods which are kept ‘in-house’ does not actively facilitate diversion prevention from other community pharmacies, as the information is not shared. This dependent variable was measured with a four point ordinal scale ranging in responses from: all the time, some of the time, rarely, never and don’t know. The response categories were then collapsed into a dichotomous variable for

16 In both study States reporting pseudoephedrine sales to police is also part of the regulations. However at the time of the study the method to be utilised was not mandated.
the purposes of constructing a logistical regression model (See full model Appendix C: table C2 - Use Project STOP to report pseudoephedrine sales to police).

These two dependent variables are reliable measures of partnership engagement as they focus on the third-parties use of Project STOP for the purposes of reporting and sharing information with other pharmacies and with police. The availability of shared information concerning customers’ access to pseudoephedrine has the potential to reduce non-therapeutic supply and increases the opportunities for detecting possible drug-related activities. The next section describes the dependent variables utilised to measure the third-parties’ perceptions of intervention effectiveness.

**Perception of intervention effectiveness**

The two dependent variables used to measure perceptions of intervention effectiveness were the overall reduction in pseudoephedrine diversion and the deterrence of pseudoephedrine runners from the community pharmacy. These two variables relate specifically to the objectives of the intervention – to reduce diversion – and measure the changes observed by third-parties in the course of their professional and partnership role. It is expected the third-parties have a high level of personal knowledge of their clients and are well-placed to make an assessment of change in their pharmacy.

The dependent variable of **overall decrease in diversion** is measured with a six-point Likert scale ranging from ‘strongly agree’ to ‘strongly disagree’ and ‘don’t know’. These categories were collapsed to create a dichotomous dependent variable for use in the model (See full model Appendix D: table 1 - Overall decrease in pseudoephedrine diversion). Respondents who agreed that an overall decrease in diversion had been observed were categorised as having a positive perspective regarding the effectiveness of the partnership intervention. The second dependent variable of perceived deterrence of pseudoephedrine runners is the implementation of a range of controls including Project STOP, and signage and product placement within the pharmacy premises (See Appendix A). Similarly this dependent variable assumes the respondent has a high level of personal knowledge of clients and hence of persons who attempt to
acquire pseudoephedrine for non-therapeutic purposes. This dependent variable is measured on a six point Likert scale with categories ranging from ‘strongly agree’ to ‘strongly disagree’ and ‘don’t know’. These categories were collapsed to create a dichotomous dependent variable to model third-parties’ perception of intervention effectiveness (See full model Appendix D: table 2 - Pseudoephedrine runners are deterred). For example respondents who agreed that runners had been deterred from their pharmacy as a result of the intervention were categorised as having a positive perspective concerning the effectiveness of the partnership intervention. These two dependent variables are reliable measures of third-parties’ perceptions of effectiveness as they relate directly to the respondent observing patterns of behaviour with respect to the targeted crime in their professional environment. The next section describes all of the independent variables that made a significant contribution to the models (See Chapter Eight for presentation of the models and Appendix A for the full survey instrument).

**Independent Variables**

The independent variables derived from the third-party survey are organised into four categories – individual, organisational, professional and perception-based characteristics. These categories reflect the characteristics identified in the literature as important to partnerships – or hypothesised to be important – to third-parties performance of the partnership intervention. The items in the survey have been developed to encapsulate the broadest but most relevant factors to further our understanding about the operation and performance of this specific case study. A total of forty-six independent variables were found to show significant influence (See Chapter Seven for factor extraction results). These independent variables are described within the respective predictor categories.

**Regulatory characteristics**

These independent variables relate to measuring the context of third-party engagement with the regulatory components of the intervention. In the main these independent variables were developed with reference to the corresponding regulatory responsibilities specified in the State legislation relating to each of the study
jurisdictions. This legislation is the Queensland *Health (Drugs and Poisons) Regulations* 1996 and the Victorian *Drugs Poisons and Controlled Substances Act 1981*. Additionally other independent variables in this category are concerned with measuring the impact of the intervention.

**Legislation effective for responding to suspicious requests**
This variable asked respondents to indicate their agreement or disagreement on a six-point Likert scale (later collapsed into a dichotomous measure) regarding whether the regulations had been effective in enabling them to respond to suspicious pseudoephedrine sales (See Q.3, Appendix A).

**Rescheduling reduced diversion**
This variable asked respondents to indicate their agreement or disagreement on a six-point Likert scale (later collapsed into a dichotomous measure) whether the regulations had reduced the quantity of schedule three pseudoephedrine based products that are diverted into illicit drug manufacture (See Q.2, Appendix A).

**Uniform national regulations**
This variable asked the respondents to indicate their agreement or disagreement on a six-point Likert scale (later collapsed into a dichotomous measure) whether uniform national legislation should be introduced (See Q.135 Appendix A)

**Reduce accessibility: Locked cabinets**
This dichotomous variable asked respondents to indicate if they reduced customer accessibility to pseudoephedrine products by using locked cabinets (See Q.52 Appendix A).

**Reduce accessibility: Product behind counter**
This dichotomous variable asked respondents to indicate if they reduced customer accessibility to pseudoephedrine by storing products behind the counter (See Q.52 Appendix A).

**Reduce accessibility: Limited stock on display**
This dichotomous variable asked respondents to indicate if they reduced customer accessibility to pseudoephedrine products by having limited stock on display (See Q.54 Appendix A).
**Project STOP most effective method**
This variable asked respondents to indicate their agreement or disagreement on a six-point Likert scale (later collapsed into a dichotomous measure) whether Project STOP was the most effective method to ensure the recording and reporting of pseudoephedrine sales (See Q.87 Appendix A).

**STOP integrated into dispensary**
This variable asked respondents to indicate their agreement or disagreement on a six-point Likert scale (later collapsed into a dichotomous measure) whether Project STOP should be integrated into the dispensary software. Integration would minimise duplication of data entry requirements (See Q.136 Appendix A).

**STOP expanded for other drugs**
This variable asked the respondents to indicate their agreement or disagreement on a six-point Likert scale (later collapsed into a dichotomous measure) whether Project STOP should be expanded to include other pharmaceuticals (See Q.137 Appendix A).

**Professional characteristics**

Measures used to gauge the influence of professional characteristics include items that examine the respondents’ actions as a professional with regards to the performance of regulatory responsibilities and their engagement in the voluntary partnership. These independent variables have been developed with reference to consultations with the Pharmacy Guild (Queensland Branch) and with the Queensland enforcement taskforce concerning the operationalization of Project STOP. They explore the partnership tool and third-party decision-making regarding the adoption of routines to facilitate the intervention.

**Not use Project STOP: Customer with prescription**
This variable asked the respondents to indicate the reasons why they do not use Project STOP. On a six-point Likert scale (later collapsed into a dichotomous measure) respondents who agreed with this statement said they did not use Project STOP when the customer had a prescription for pseudoephedrine (See Q.98 Appendix A).
**Use Project STOP: Regulatory requirement**
This variable is concerned with examining respondents’ reasons for using Project STOP. On a six-point Likert scale (later collapsed into a dichotomous measure) the item asked respondents if they used Project STOP to meet regulatory requirements for recording and reporting all pseudoephedrine sales (Qld) and to record and report suspicious sales (Vic). (See Q.106 Appendix A).

**Record suspicious sale: in Project STOP**
This variable measures the frequency with which the respondent uses different methods to record suspicious pseudoephedrine sales – in this instance using Project STOP. The item uses a four-point ordinal scale with responses ranging from ‘all of the time’ to ‘never’ (later collapsed into a dichotomous measure of yes and no) (See Q.25 Appendix A).

**Confirmed suspicious: Refuse supply**
This variable uses a four-point ordinal Likert scale to measure the frequency with which the respondent will refuse a sale when they have established that the request is suspicious (i.e. not for therapeutic requirements) with responses ranging from ‘all of the time’ to ‘never’ (later collapsed into a dichotomous measure of yes and no) (See Q.12 Appendix A).

**Sale refused: customer confused**
This variable asked respondents to indicate their agreement or disagreement concerning customers’ reactions when they are refused supply of a pseudoephedrine product. Specifically this variable relates to episodes in the community pharmacy where a customer will respond in a confused manner following a sale refusal. The item is measured on a six-point Likert scale with responses ranging from strong agreement to strong disagreement, which was later collapsed into a dichotomous measure of agree or disagree (See Q.62 Appendix A).

**Record suspicious sale: in Dispensary software**
This variable asked respondents to indicate the frequency with which they record suspicious sales in the dispensary software on a four-point ordinal scale ranging from all of the time to never (later collapsed into a dichotomous measure) (See Q.26 Appendix A).
**Report to Police: in Project STOP**
This variable asked respondents to indicate the frequency with which they report suspicious sales to police through Project STOP on a four-point ordinal scale ranging from all of the time to never (later collapsed into a dichotomous measure) (See Q.30 Appendix A).

**Suspicious sale: automatically refuse supply**
This variable asked respondents to indicate the type of action they take when they suspect that a request for pseudoephedrine is suspicious (i.e. not for therapeutic requirements). This item relates to respondents who automatically refuse the sale and is measured on a four-point ordinal scale ranging from ‘all of the time’ to ‘never’ (later collapsed into a dichotomous measure) (See Q.5 Appendix A).

**Record suspicious sale: Manual register**
This variable asked respondents to indicate the frequency with which they record suspicious sales in a manual register on a four-point ordinal scale ranging from ‘all of the time’ to ‘never’ (later collapsed into a dichotomous measure) (See Q.27 Appendix A).

**Confirmed suspicious: Sell alternative product**
This variable uses a four-point ordinal scale to measure the frequency with which the respondent will sell an alternative product when they have established that the request is suspicious (i.e. not for therapeutic requirements) with responses ranging from ‘all of the time’ to ‘never’ (later collapsed into a dichotomous measure of yes and no) (See Q.13 Appendix A).

**Not use Project STOP: Customer trusted**
This variable asked respondents to indicate the reasons why they do not use Project STOP. On a six-point Likert scale (later collapsed into a dichotomous measure) respondents who agreed with this statement said they didn’t use Project STOP when the person is a regular and trusted customer (See Q.99 Appendix A).

**Suspicious sale: Check Project STOP**
This variable asked respondents to indicate the type of action they take when they suspect that a request for pseudoephedrine is suspicious (i.e. not for therapeutic requirements), in this instance checking Project STOP for previous transactions. This
item is measured on a four-point ordinal scale ranging from ‘all of the time’ to ‘never’ (later collapsed into a dichotomous measure) (See Q.6 Appendix A).

**Record suspicious sale: Fax/Email to Police**
This variable asked respondents to indicate the frequency with which they record suspicious sales by faxing or emailing the details and sending these to police. This frequency was recorded on a four-point ordinal scale ranging from all of the time to never (later collapsed into a dichotomous measure) (See Q.28 Appendix A).

**Individual characteristics**

The individual independent variables relate to the items which describe the respondent. The drug ideology items are drawn from the Australian National Drug household survey instrument (AIHW, 2005, 2008) and explore the respondents’ attitudes about their main drug of concern; support or opposition to legalisation of drugs for personal use; support for or opposition to increased penalties for sale or supply of drugs; and about hypothetical distribution of funds across education, treatment and enforcement. The remainder of the items in this category are demographic independent variables and specifically relate to examining the characteristics of the respondent community pharmacists.

**Increased penalties Cannabis**
This variable asked respondents to indicate their support or opposition, on a six-point Likert scale, (later collapsed into a dichotomous measure) for increasing penalties for cannabis (See Q.175a Appendix A).

**Legalise Cannabis**
This variable asked respondents to indicate their support or opposition, on a six-point Likert scale, (later collapsed into a dichotomous measure) for legalisation of cannabis for personal use (See Q.174a Appendix A).

**Pharmacist gender**
This dichotomous variable asked the respondent to indicate their gender as either male or female (See Q.150 Appendix A).
Allocate funds: education
This continuous variable asked the respondent to allocate a percentage of $100 across three different areas of drug policy responses: Education, Treatment and Enforcement. The response value represents the percentage allocated by the respondent to the category relating to education (See Q. 176a Appendix A).

Willing to continue using STOP if voluntary
This item asked the respondents to indicate their agreement or disagreement that they would continue to use Project STOP if the project were to remain voluntary (See Q. 117 Appendix A).

Member Pharmacy Guild
This dichotomous variable asked the respondent which professional organisations they were presently members of (See Q.153 Appendix A). These agencies included the Pharmacy Guild of Australia, the Pharmacy Board and the Pharmaceutical society.

Weekly hours
This continuous variable asked respondents to indicate the average number of hours that they work in their main pharmacy (See Q.151 Appendix A). This item is an indicator of knowledge of regular clientele as well as place-specific characteristics and outcomes relating to the intervention.

Years as pharmacist
This continuous variable asked respondents to indicate the average number of hours that they work in their main pharmacy (See Q.152 Appendix A).

Allocate funds: treatment
This continuous variable asked the respondent to allocate a percentage of $100 across three different areas of drug policy responses: Education, Treatment and Enforcement. The response value represents the percentage allocated by the respondent to the category relating to treatment (See Q. 176b Appendix A).

Organisational characteristics
The organisational independent variables relate to the items which describe the community pharmacy where the respondent is primarily employed. The items in this category include: the size of the pharmacy, the time spent using Project STOP, the
nature of the relationship between community pharmacies and local police and the impact on the pharmacy from the intervention. Additionally these variables examine pharmacy capacity and respondent relationships with their police partners in the performance of the intervention.

**Increase in PSE prescriptions**
This variable asked respondents to indicate their agreement or disagreement on a five-point Likert scale whether their pharmacy had experienced an increase in pseudoephedrine prescriptions since the rescheduling of pseudoephedrine products (See Q.35 Appendix A).

**Number of full-time pharmacists**
This continuous variable asked respondents to indicate the number of full-time pharmacists working in the community pharmacy (See Q.159 Appendix A). This variable is used as one of the indicators of pharmacy capacity.

**Number of staff using Project STOP**
This continuous variable asked respondents to indicate the number of staff who use Project STOP in the community pharmacy (See Q.90 Appendix A). This variable is an indicator of Project STOP integration and its accessibility to other staff working in the pharmacy setting.

**Average time to use Project STOP**
This continuous variable asked respondents to indicate the average number of minutes spent using Project STOP for each transaction (See Q.91 Appendix A). This item is an indicator of Project STOP functionality as well as providing data with which to calculate the costs associated with Project STOP usage.

**Contact initiated by pharmacy with police**
This independent variable is measured on an ordinal Likert scale to measure the frequency of contact that is initiated between the pharmacy and police. Six response categories for this item range from ‘once a week’ to ‘never’ as well as ‘other’ (See Q 123 Appendix A).
Pharmacy good relationship with police
This variable asked respondents to indicate their agreement or disagreement on a five-point Likert scale whether they had a good relationship with police at the primary pharmacy where they worked (See Q.121 Appendix A).

Increases in Break and Enter
This variable asked respondents to indicate their agreement or disagreement on a five-point Likert scale whether their pharmacy had experienced an increase in break and enter and other property crime targeting pseudoephedrine products since the rescheduling of pseudoephedrine products (See Q.36 Appendix A).

Runners deterred
This variable asked respondents to indicate on a five-point Likert scale their agreement or disagreement concerning the deterrence of runners as a result of implementing a range of controls to make pseudoephedrine diversion less attractive and more risky. These measures include using Project STOP, shifting the placement of products in the pharmacy and using signage (See Q.113 Appendix A).

Increases in Dr shopping
This variable asked respondents to indicate their agreement or disagreement on a five-point Likert scale whether their pharmacy had experienced an increase in Dr shopping for pseudoephedrine prescriptions since the rescheduling of pseudoephedrine products (See Q.37 Appendix A).

Interactions with Police positive
This variable asked respondents to indicate their agreement or disagreement regarding whether their relationships with police concerning the partnership intervention was positive (See Q.122 Appendix A).

Number of full-time pharmacy staff
This continuous variable asks respondents to provide the number of full-time pharmacy staff employed by their primary pharmacy (See Q.160 Appendix A). This item is used with the number of full-time pharmacists as a measure of pharmacy capacity.

Runners generally don’t return
This variable asked respondents to indicate their agreement or disagreement on a five-point Likert scale regarding whether pseudoephedrine runners do not return to the
pharmacy once they are refused sale of pseudoephedrine products (See Q.114 Appendix A). This item is an indicator of intervention impact.

**Sell PSE**
This dichotomous variable measures whether pseudoephedrine is sold by the community pharmacy where the respondent is primarily employed (See Q.161 Appendix A). The inclusion of this item was influenced by information provided by the enforcement taskforce suggesting that some community pharmacies were electing to discontinue selling pseudoephedrine.

**Increased uptake of alternative medications**
This variable asked respondents to indicate their agreement or disagreement on a five-point Likert scale whether their pharmacy had experienced an increased sales of alternative medications since the rescheduling of pseudoephedrine products (See Q.38 Appendix A).

**Target population and sampling plan**
The target respondent group for the third-party survey is the population of community pharmacies in Queensland and Victoria (n=2,234). At least one registered and employed community pharmacist for each community pharmacy was encouraged to complete the survey. As the study seeks to understand the third-parties’ experiences and perceptions of the partnership intervention it was crucial to recruit pharmacist respondents who were presently working in a community pharmacy environment.

The professional organisation representing a large proportion of community pharmacies through Australia is the Pharmacy Guild of Australia. This organisation was instrumental in the promotion and communication of the availability of the survey to its members – 98 per cent of pharmacies in Queensland and 75 per cent in Victoria are members of the Pharmacy Guild of Australia. The organisation used its member contact details to alert community pharmacists about the survey and to encourage participation. In addition to direct contact with the desired respondent group, notices were placed on the start-up screen of Project STOP and electronic newsletters were used on several occasions to promote the survey. Communication to the target sample in a range of ways also promoted the survey to non-Guild member pharmacies.
The method used to recruit respondents was believed to be the most effective technique for promoting the survey and encouraging participation from this group. It was assessed that there would be little risk of excluding large numbers of respondents from potential participation due to its promotion and also as a result of a federal government initiative in 2005 which provided high-speed broadband internet connections to all community pharmacies throughout Australia.\(^1\) The survey was conducted in a secure online environment accessible by an URL link that was provided to community pharmacists in Queensland and Victoria. A total of 660 surveys were completed during the three month data collection period between June 2009 and September 2009; of these 620 useable responses were included in the analysis. Table 1 illustrates several variables describing the respondent profile.

Table 1: Pharmacists survey descriptive statistics

<table>
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<th>Variable</th>
<th>Value</th>
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<th>%*</th>
<th>Value</th>
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<td>Victoria</td>
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<td>Female</td>
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<td>25.2</td>
<td>Non-Guild member</td>
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<td>63.5</td>
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<tr>
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<td>Owner</td>
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<td>25.2</td>
<td>Non-owner</td>
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<td>50.6</td>
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<tr>
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<td>74.8</td>
<td>Do not sell</td>
<td>5</td>
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</table>

*excludes missing values

Reliability, validity and potential bias

The survey instrument was piloted by twenty-three community pharmacists and academics in March 2009 to assess reliability and validity of the survey items. The pilot respondents were recruited through three methods – an online pharmacists forum, a pharmacy newsletter and through the Griffith University Pharmacy School. Respondents completed the survey in the online environment and provided feedback

regarding the clarity\textsuperscript{18}, comprehensiveness and relevance of the survey items to the partnership intervention and the appropriateness of the response categories.

Although it was desirable for either the owner or manager of each pharmacy to participate in the survey, it is possible that more than one pharmacist from the same community pharmacy completed the survey. As no identifying information was collected about the pharmacy it is not possible to ascertain the prevalence of this. However, as the unit of analysis is the pharmacist, operating at a particular place, completion of the survey by more than one respondent at the same pharmacy premises does not affect the analysis of individual-based items. Nevertheless, caution should be exercised when making generalisations about the prevalence of place-based experiences.

Utilising the online survey method ensured that sampling was not limited to a particular number of respondents, which is typically encountered in alternative data collection methods, such as telephone surveys (Greenlaw & Brown-Welty, 2009). Alternative sampling strategies that were considered for this study included the random stratified sampling of the community pharmacist population and the delivery of the survey through telephone interviews. However, it was not possible to derive a randomised sample of pharmacists due to professional lists being unable to distinguish between practising and non-practising pharmacists in the two study States. Similarly, a telephone survey was assessed as significantly more resource intensive and sample restrictions would apply due to the associated costs with employing interviewers (Sapsford, 1999).

The online method selected was particularly advantageous for a number of reasons. It was cost effective, there were no sample restrictions in the target population, it was hosted in a secure online environment, it allowed respondents the opportunity to complete their survey at a time most convenient to them and it allowed respondents to return to an uncompleted survey on more than one occasion to complete their survey. Additionally, as an online survey method instantly captures the respondents’

\textsuperscript{18} As a result of the pilot one minor amendment was made to the wording of one question.
answers, it eliminates any lag between survey completion and availability of data as well as reducing errors often associated with secondary data entry (Sue & Ritter, 2007).

Although respondent eligibility to participate in the survey was not dependent upon membership of the Pharmacy Guild there is potential for some response bias due to the predominant promotion of the survey to these members. Moreover respondents who had favourable experiences with Project STOP and the partnership intervention may be more likely to participate in a survey concerning their experiences with the strategy. Response bias in the survey instrument was minimised by using a range of response categories, such as Likert scales, ordinal scales, dichotomous measures, numerical responses and qualitative responses throughout the instrument (Neuman, 1994). The results of the pilot survey indicated that the use of a number of response types did not compromise the validity of the instrument and its capability of providing data appropriate for measuring the three key study constructs (Sapsford, 1999).

**Analytical plan**

Three phases of data analysis were conducted to examine the research questions. Initially the analysis involved generating descriptive univariate and bivariate statistics to explore the frequency distributions of the variables. This level of analysis involved the computation of the mean and standard deviation and the exploration of the independent variables (x) and dependent (y) variables. The second level of analysis involved the exploration of the statistical relationships between two or more variables through bivariate statistical analysis and examining the presence of significant statistical associations. The outputs generated during this second stage of analysis included cross tabulations, t-tests and ANOVAs. These tests were used to explore the statistically significant relationships between the dependent and independent variables with specific attention on the State in which the respondent was employed. The purpose of this level of analysis is to explore whether experiences and perceptions of respondents in the two different States are statistically significant across variables measuring regulatory engagement, partnership engagement and perceptions of intervention effectiveness.
Following these initial stages of analysis, decisions were made about recoding variables and about the selection of the six dependent variables to be utilised in the logistic regression models measuring the three key constructs – regulatory engagement, partnership engagement and perception of intervention effectiveness. During the analysis of the data, reliability checks were performed by examining the item distributions prior to recoding of a number of continuous variables into categorical and dichotomous variables\(^{19}\). Additionally, a number of categorical variables were collapsed and recoded into dichotomous variables. After recoding variables, a factor analysis was performed to select only the variables making the strongest statistical contribution to the outcome variables (See Chapters Seven and Eight for results of Study One data analysis and factor extraction) (Field, 2009).

The final level of analysis employed logistic regression to explore how well a set of independent variables predicts the dependent variable and to determine the strength and size of the association (Field, 2009). Logistic regression was selected for the analysis as the predictors measuring the outcome variables comprise both continuous and discrete items as opposed to logit models which require discrete variables (Tabachnick and Fidell, 2007:26). The analysis identified the predictors with the strongest association on the dependent variable, and reported the likelihood of the variable influencing the dependent variable measure (Tabachnick & Fidell, 2007). Unlike sequential multiple regression where the order of the variables going into the model is specified according to the respective level of theoretical importance, stepwise regression is based solely on statistical criteria (Tabachnick & Fidell, 2007). In a backward stepwise regression the equation starts out empty and the independent variables are added one by one providing they meet the statistical criteria. They may be deleted at any point if they no longer significantly contribute to the regression (Tabachnick and Fidell, 2007:140). For each of the regressions the final block models were further analysed and the most parsimonious models are presented in Chapter Eight. Logistic regression models are constructed for a total of six dependent outcome variables to examine the predictors of regulatory engagement by the third-parties,

\(^{19}\) During testing of the models no reliability concerns were detected.
third-party partnership engagement and third-party perceptions of intervention effectiveness (See Chapter Eight for models).

Study one summary

From 660 respondents a total 620 completed surveys were achieved in the three month survey period which represents around 30 per cent of eligible pharmacies in the respondent population in two Australian jurisdictions; forty surveys were incomplete and were excluded from the dataset. The number of respondents from each study State were relatively similar with slightly more Queensland pharmacists (54%) participating in the research than Victorian pharmacists (46%) (See Chapter Seven for the descriptive analysis of the dataset). The study of community pharmacists in Queensland and Victoria comprehensively examined a broad range of indicators related to third-party engagement with the legislative and the voluntary components of the precursor control strategy. It provided the opportunity to examine a large number of third-party experiences and perspectives concerning their role in two different State jurisdictions, and to establish the significant factors driving their engagement with the different components of the strategy. Study Two examines a broad range of stakeholder perspectives and their role in the partnership intervention.

Study Two: A multi-site and multi-part qualitative study of partnership stakeholders

Study One provides the broader picture of third-party pharmacist perceptions and experiences of the precursor control strategy through the third-party survey, whilst Study Two provides the opportunity to enrich the survey data by conducting in-depth qualitative interviews with a number of partnership stakeholders. The interviews provide insight into how third-parties and other stakeholders perceive their role and the outcomes of the intervention and these studies provide rich contextual information concerning the development and the implementation of this particular intervention as well as its day-to-day operation.
Methodological approach

A cross-section of qualitative interviews at different levels – policy and practice – and with a range of partnership stakeholders were utilised to better understand the roles of each of the stakeholders in the crime control strategy and to examine their observations of the outcomes of the partnership intervention. The utilisation of a mix of interview subjects who had direct association with the management or implementation of the partnership was also done to maximise the validity of the findings. The qualitative study involves three separate qualitative sub-studies, each with a different set of questions to guide the specific information outputs required from the interview (See Appendix F). Firstly, policy-level interviews were conducted with senior Police in both States and with the Pharmacy Guild and the Enforcement Taskforce in Queensland. Secondly, a series of post-survey telephone interviews were conducted with a random sample of third-parties selected from both States, and thirdly a two site case study involving focus groups with police and interviews with pharmacists were conducted to compare local-level experiences of the partnership intervention. Each study is designed to examine the partnership intervention from the specific perspective of each group of stakeholders and explores their role, their experiences as well as their observed and perceived outcomes of the intervention.

The qualitative sub-studies

The first part of study two comprised face-to-face interviews with senior police representatives from the respective specialised drug squads in the two study States. These focus groups examined the history of the pseudoephedrine diversion problem, the development of enforcement strategies, the operation of those strategies as well as an assessment of the overall outcomes of these strategies and any related issues pertaining to their optimal operation. Moreover, the interviews with the Queensland Enforcement Taskforce and the Pharmacy Guild were similarly structured and focused on the history of the strategy – the legislation and the voluntary partnership, the processes as well as the outcomes and the challenges faced in the operationalization of this innovative enforcement approach.
Macro-level partnership stakeholders interviewed for the first part of this study were recruited through direct telephone contact and through formal police organisational research ethics processes. All of these interviews were conducted in a focus group style due to the number of participants identified as having a role or having relevant knowledge of the intervention. This method was appropriate as it was not the intention of the research to test knowledge of the intervention from specific individuals but to gauge collective levels of knowledge and engagement with the intervention by groups attached to particular agencies. The focus group method was an effective approach at gathering large amounts of information from a range of individuals who collectively contribute to the functioning of the policing of illicit drugs in the case study sites. These focus group interviews were digitally recorded and transcribed, and were analysed to identify the key themes.

The second part of the study involved interviews with a random sample of pharmacists from both study States. These respondents were recruited through completing the contact details page in the third-parties survey (Study One) indicating their willingness to be contacted regarding possible follow-up research. The focus of these interviews was to further examine the situational context of third-party engagement and perceptions of the precursor control intervention. Specifically these interviews explored third-parties’ perceived utility of the legislative frameworks, the perceived benefits and burdens of the enforcement strategy as well as exploring factors motivating third-party engagement with Project STOP.

Telephone interviews were conducted with this sample group due to the brief nature of the interview and due to the diverse localities of the selected respondents in the two study States. Although some respondents opted to provide written responses in lieu of a telephone interview, the majority of respondents were telephoned at a mutually convenient time. The brief telephone interviews were digitally recorded and later transcribed. The key themes were then extracted from the transcripts under three main headings – role in the strategy, benefits and burdens and intervention enhancements.
The third part of the study involved face-to-face interviews with community pharmacists and police in two Queensland regional centres. This case study involving focus groups with police and interviews with pharmacists working in these townships was undertaken to compare the experiences and perceptions of the precursor control strategy being applied at the local-level with the perspectives of those operating at the policy macro-level. The local-level case study interviews occurred in person, with police components structured as focus groups. Interviews with pharmacists occurred on their business premises, and focus groups with police took place in the conference room of the police station.

The selection of the two case study sites in regional Queensland occurred in consultation with the Queensland Health Pseudoephedrine Enforcement Taskforce who advised that the two towns had health regulation compliance and Project STOP usage issues. Moreover, consultations with police revealed the two case study sites were methylamphetamine problem spots. To protect the anonymity of the respondents, the case study sites will be referred to as Site A and Site B. Recruitment of pharmacist respondents for the local-level two site case study in regional Queensland was through direct telephone contact of every pharmacy operating in the site whereas the recruitment of police respondents in case study sites was through formal police organisation research ethics processes.

The primary purpose of the third part of Study Two is to examine the translation of partnership policy at the macro-level to the micro practitioner level and to identify the factors that either contribute to success in partnership engagement and or challenge the operation and sustainability of the precursor control strategy. The qualitative interviews with pharmacists were conducted to further examine the reasons and contexts explaining their experiences and perceptions of the intervention, whilst the qualitative interviews with police and other stakeholders are based upon addressing the fourth research question which is concerned with understanding the context and processes underpinning the development of the precursor control strategy, including the legislation, the enforcement component and the ongoing policing role in the partnership.
Justification

The findings of the qualitative studies complement the findings of the pharmacists’ survey as they provide rich contextual data in which to further explain the application of the intervention by the partners. The qualitative component of the research provides an important opportunity to further examine the development, implementation and management of the partnership intervention as well as the factors influencing third-party and police engagement in the strategy, including in localised contexts. The interviews with partnership stakeholders have produced data on a range of issues regarding the partnership that would otherwise been unable to be obtained through a survey instrument alone.

The qualitative studies utilise focus groups, telephone interviews and face-to-face interviews to examine stakeholder narratives concerning their experience with the partnership intervention. The decision as to which of these methods to utilise was based upon practical concerns such as the locality of the interview subject and the length of the interview. State-level police and other stakeholders were interviewed in a face-to-face focus-group method. This approach was adopted due to the number of persons involved and the related nature of their roles relating to the implementation and operation of the partnership intervention. For instance the focus group approach was appropriate for the police interviews as none of the individuals involved had exactly the same responsibility, experience or knowledge of the crime control strategy. The interview questions were not concerned with examining the perspective of only one officer, but the collective experiences of a number of officers in a number of positions at that location. The purpose of interviewing police was not to ascertain and compare how individual officers perceived the intervention, but to examine how the intervention collectively enhances and influences the operational activities of police in the local settings. The focus group is a useful tool to facilitate sharing of experiences and information which may not otherwise occur if not for the verbal triggers provided by others during the interview process (Rosenbaum, 2002).

Likewise the focus group approach was used to interview health enforcement stakeholders in Queensland. This interview comprised four respondents with different
roles and hence there was a diversity of experiences and perspectives provided. In this focus group a Director provided commentary concerning the policy considerations regarding the strategy, the investigators provided observations regarding the operation of the strategy by community pharmacies and the data analyst provided information concerning the acquisition and quality of data. The purpose of these focus groups was to garner a clear sense of the historical context of the strategy, particularly regulatory, and the current perspective concerning the enforcement of health regulations underpinning the partnership intervention. Examining the development stages and processes of the strategy was important for informing the research gaps concerning the impact of different regulatory environments on the strategy. One representative from the Pharmacy Guild who had an instrumental role in the development and management of the Project STOP tool was also interviewed in a face-to-face approach. This interview was primarily concerned with examining the partnership structure and the history of intervention implementation in the two study States.

In all instances, interviews were conducted with the key individuals from stakeholder agencies involved in the development, implementation, management and enforcement roles related to the initiative. Separate qualitative instruments were developed to examine the roles and observations of each stakeholder agency (See Appendix F2-F8 for qualitative instruments).

**Study measures**

Each survey was digitally recorded and later transcribed to identify the key themes. Consistent with Study One, these themes were broadly arranged around the three key constructs – regulatory engagement, partnership participation and perception of intervention effectiveness. The emergence of broader issues in the analysis such as those which relate to unintended consequences and or benefits of the intervention are examined as impacts of the partnership.
Analytical Plan

Qualitative analysis of the data involved the transcription of interviews and organising the key findings into themes according to the respondent’s macro or micro status in the partnership. That is, all policy level interviews are reported in Chapter Five and all local-level interviews are reported in Chapter Six. The findings are examined under four main themes – the context of the development and implementation of the partnership, respective agency contribution and role in the partnership as well as impacts of the intervention and future directions. Due to the small number of interviews that took place with the same type of respondent it was not necessary to use NVIVO or a similar tool to code qualitative findings. The identification of common themes in the transcribed interviews is used to draw out the key findings and to highlight juxtapositions in the perspectives of the stakeholders interviewed.

Significance and contribution to the field

The qualitative studies provide valuable information concerning the development and implementation of the partnership intervention at both the macro-level and at the micro-level. Conducting qualitative fieldwork at both of these levels provides important opportunities to examine and describe the relationships between research and policy development and also the translation of partnership models from policy to practice. As discussed in Chapter Two and Three, the significant protracted problem of precursor diversion requires more timely research concerning the efficacy of the types of policy and practice approaches. As such, these qualitative studies aim to contribute to addressing some of the knowledge gaps concerning partnership structures and processes; and the utility and outcomes of interventions involving the mobilisation of non-public third-party crime controllers.

Study Two summary

Study Two is a multi-part and multi-level qualitative study designed to examine the policy-level and the practice-level stakeholder roles as well as the experiences and perceptions of the development, implementation and outcomes of the partnership intervention between police and community pharmacies. Importantly, the outcomes of this study address knowledge gaps concerning the translation of partnership policy
to partnership practice; the drivers of partnership development; methods associated with partnership implementation; and stakeholder perceptions of partnership outcomes, including benefits and challenges. At the policy-level, a total of four respondents were interviewed from Queensland Health, one respondent was interviewed from the Pharmacy Guild and five senior police were interviewed from the two study jurisdictions. At the local-level, a total of thirty-six pharmacists across the two study jurisdictions were interviewed by telephone, and a total of sixteen pharmacists in two small communities were interviewed. As stated in Chapter Four the pharmacists interviewed in two small communities represent 95 per cent of pharmacies in these locations.

**Ethical considerations**

Full ethical clearance for all of the studies was received from the Griffith University Human Research Ethics Committee in January 2009. In addition, research ethics approval was granted from both the Queensland Police Service and the Victorian Police in late 2009. As the research examines the professional experiences of partnership stakeholders involved in the intervention, it was deemed unlikely that study participants would incur emotional stress as a consequence of their involvement in the research. Every respondent was required to provide a signed consent form prior to their involvement in the research (See Appendices A and E). None of the respondents in the qualitative studies withdrew their participation from the research or reported any distress associated with their participation in the research. Likewise none of the respondents who participated in the survey reported any adverse effects concerning their involvement in the research.

**Chapter summary**

Each of the studies\(^{20}\) described in this chapter provides important opportunities for the experiences and perceptions of third-parties, police and other stakeholders to be

\(^{20}\) Study two provides the rich contextual background of the development and implementation of the partnership and therefore the findings of this study will be presented in chapters Five and Six, prior to the presentation of the findings from Study One, in chapters Seven and Eight.
empirically examined. The results of study One and study Two address a number of previously identified knowledge gaps.

Due to the exploratory nature of the research, the studies are designed to acquire large amounts of data from wide-ranging sources in order to maximise the explanatory capabilities of the research. The study, which involves the examination of two dissimilar State jurisdictions, provides an additional layer of complexity in the analysis. Importantly, this approach provides not only the ability to examine the context of third-party engagement in the individual States but allows comparison of third-party and police experiences against the backdrop of rich qualitative data. As previously discussed, the differences in the regulatory frameworks operating in each study State provide the conditions which allow for a natural experiment with which to compare the engagement of the partners in the intervention against the influence of the respective regulatory backdrop.

The next chapter presents the key findings from the macro-level stakeholder interviews including State-level police, the Pharmacy Guild and the Pseudoephedrine enforcement taskforce. In particular, this chapter describes the roles and contributions of each of these State-level entities in the development and implementation of the partnership intervention and their perceptions of the utility of the partnership crime control approach adopted. The presentation of the results from the stakeholder interviews provides the context of the development and implementation of the partnership intervention.
Chapter Five: Exploring support for the partnership intervention – perspectives of State-level Stakeholders

The partnership stakeholders are closely involved in the development and management of the partnership intervention. When exploring the factors considered in the implementation and operation of the intervention these stakeholders are able to provide detailed accounts of the processes and outcomes of this crime control approach. This chapter explores the roles and relationships of the macro-level stakeholders who are instrumental in the partnership in a range of ways. The Pharmacy Guild of Australia (Queensland Branch) and the Police chemical diversion desk in Queensland are the primary stakeholders responsible for developing Project STOP, whilst the Pseudoephedrine Enforcement Taskforce (PET) are the key stakeholders who developed the health regulations and who enforce the performance of these by community pharmacists in Queensland. As will be described in this chapter other Australian jurisdictions adopted the partnership intervention following its implementation in Queensland.

As described in Chapter Four the results of the qualitative study which comprise macro-level stakeholder perspectives are designed to address the research questions concerning the context of the development and implementation of the partnership, as well as to illuminate the role of regulation in this intervention. In the analysis of key findings, State-level stakeholders are interchangeably referred to as the ‘macro-level’ partners due to their high-level policy role in the partnership, whilst in Chapter Six the local-level stakeholders are referred to as ‘micro-level’ partners. The role of the macro-level partners is primarily concerned with the establishment of the partnership policy mode; the negotiation and development of regulatory frameworks – which underpin the partnership; and the implementation and management of the partnership intervention.

The findings from the macro-level stakeholder interviews are presented in two parts in this chapter. Part One describes the key findings from the State-level police interviews whilst Part Two describes the key findings from interviews with the other State-level
stakeholders. The results are thematically organised in four key areas: partnership development, implementation, monitoring and review; and perceptions of intervention effectiveness. The findings highlight two very different sets of experiences concerning the development, implementation and perceptions of partnership effectiveness in two Australian State jurisdictions. Subsequently there are a number of implications for partnership interventions for police at the macro-level such as: police organisational priorities and support; development and implementation of partnership frameworks; compatibility with existing informal processes and regulatory coerciveness of the intervention.

**Part One: Police perspectives of the partnership intervention**

Two focus groups were conducted with State-level police managers in Queensland and Victoria. A total of three senior police were interviewed in Queensland and two senior police were interviewed in Victoria. The individual views of these police are represented as Q1, Q2 and Q3 and as V1 and V2.

**Partnership development**

The domestic clandestine manufacture of amphetamines emerged as a problem in the early 1990s in Queensland, when the production of these illicit stimulants was discovered in a regional location (Webster, 2009b). This discovery was followed by a proliferation of domestic production of amphetamine-type-substances (ATS) in small clandestine laboratories (Webster, 2009b). The spread of domestic production was attributed by police to be as a consequence of new manufacturing methods which transformed a complex chemical synthesis to one that entailed only three to four steps. The growth of this method was facilitated by an individual who illicitly sold small box laboratory kits complete with chemicals, glassware and instructions (Webster, 2009b). During the same period, police were alerted to criminal groups accessing large quantities of legitimate products and chemicals to manufacture synthetic illicit drugs (Webster, 2009b). In response to the emerging problem of small box ‘labs’, legitimate precursor diversion and the subsequent domestic production of illicit synthetic drugs, the police in many Australian jurisdictions established chemical diversion ‘desks’ (ACC, 2006; Webster, 2009b, 2010). Additionally, police in both study jurisdictions directed
resources into the proactive targeting of criminal networks involved in drug production activities and developed cooperative industry partnerships, including with the Australian Pharmacy Guild. The need for police to respond to this emerging illicit drug production trend is reflected by these comments:

We needed to form some partnerships external to the Police and with other law-enforcement, particularly with the manufacturing, chemical and scientific industries. In Queensland, the need for partnerships to gather intelligence and information about these activities was clear. The pharmaceutical industry acknowledged it was a problem and industry voluntarily reduced pack sizes to 60 and then to 30. Industry did so to be seen as good corporate citizens who knew their product was being diverted (Q1).

The Commissioner of Police was very insistent that the police should develop partnerships with like-minded agencies – it was very much an overarching philosophy. The ATS (amphetamine-type-substance) problem was one of those classic crime problems that couldn't be resolved on its own and it required internal and external partnerships to do something about it. The relationship with the Pharmacy Guild has been developing over a number of years. It (the relationship) is well established and there is considerable trust between the parties (Q1).

Prior to the development of the Project STOP strategy, Queensland Police, in consultation with the Pharmacy Guild and the Queensland Health Department, agreed on the need for a more comprehensive proactive approach following the ad-hoc operation of a ‘fax-back’ system involving pharmacies in particular police districts. The fax-back initiative started in north Queensland in the early 2000s and involved police co-opting willing pharmacists in the completion and provision of a form to police concerning suspicious pseudoephedrine transactions (CMC, 2004). This initial approach to the crime problem adopted a community-oriented partnership framework as the pharmacists’ participation in this particular fax-back intervention was ad-hoc, adopted a range of communication methods and was voluntary.
This early policing partnership model involved individual community pharmacies providing information to police to assist them to react to the crime problem at the local grassroots level. The willingness of community pharmacists to provide information to police illuminated the potential for the expansion of this strategy on a State-wide basis and hence the need for a more coordinated approach. In effect the idea of the fax-back strategy was modified significantly by technology to electronically connect all pharmacies through the database Project STOP. The Project STOP database was created in 2005 by the Pharmacy Guild of Australia. The modern approach adopted in this strategy is reflected in this comment:

Stakeholders came together to look at what they could do at the strategic level to deal with the problem. We (police) established the fax-back project as a way to find out who was buying the pseudoephedrine. Then the Pharmacy Guild put forward the idea of automating the process of collecting information and we got to contribute ideas about what information would be useful and helpful to law-enforcement (Q1).

Informal partnerships were being established between the police and the Pharmacy Guild in response to the problem. During these early stages of developing a response strategy, these partners also included the Health Department who played a significant role in bringing Project STOP to fruition through the development of the legislation which underpinned the intervention. The development of legislation also influenced participation by the community pharmacists in the voluntary component of the strategy. The roles of the partners are reflected by this statement:

Police worked at the grassroots level in the development of the database but the process was driven by the Pharmacy Guild ... and we liaised closely with Queensland Health who are responsible for the legislation (Q1).

Much of the development of the strategy was facilitated through informal discussions between the partners at predominately the operational level (Sergeant). By contrast,
formal processes including the instigation of the deed of agreement between the Guild and the Police involved briefings of senior management (Pharmacy Guild) and briefing notes for the Commissioner of Police and the Police Minister. Moreover the Health department’s role with respect to the legislation involved Ministerial support and the passing of legislation in the Queensland legislative assembly. The partnership intervention was signed off at the police Superintendent level, in both study States. Queensland police reported that there were no formal processes or policies used to guide or manage the development or implementation of this unique partnership arrangement in Queensland. Victorian police consulted one of their reports – Strategic Planning ‘The Way Ahead’ A Safer Victoria and business plans in relation to the development of the policing partnership. The informal development of the partnership resulted in no official project documentation being developed, as reflected in this comment:

There was no documentation just briefing notes with the history ... there is no technical document about Project STOP ... we have no shared documentation with the Pharmacy Guild and no official report. The deed (of agreement) written by the Guild is the only shared document (Q1).

Neither policing jurisdiction made financial contributions to the development of Project STOP. However in Queensland, 20 per cent of a police officer’s time, over a two year period, was spent working on the development and implementation of the partnership strategy. Contribution by the Queensland Police chemical diversion included, assistance with the implementation of Project STOP in other Australian jurisdictions. However, unlike Queensland police, police in Victoria reported limited involvement in the development of Project STOP or the partnership and subsequently they reported that the partnership intervention was imposed in Victoria. As recognised by the police stakeholders in both jurisdictions, the Pharmacy Guild was instrumental in the practical development, promotion and implementation of the Project STOP tool into community pharmacies throughout Australia.

21 The absence of specific project development documentation further justifies the employment of qualitative interviews with macro-level stakeholders to ascertain this information.
Implementation

The first jurisdiction to implement the Project STOP partnership was Queensland in November 2005, followed by other States from August 2006, with Victoria being one of the last States to adopt the partnership in March 2008. Law-enforcement in Queensland worked with the Pharmacy Guild to promote the merits of the partnership to other jurisdictions by conducting information sessions for pharmacists and police. The implementation of Project STOP was to coincide with the introduction of legislation to increase the pharmacist role in supplying pseudoephedrine products.

The specific pseudoephedrine regulations in the study States specified that Queensland community pharmacists were to make records of all pseudoephedrine transactions and report these to police. Whilst in Victoria, the regulations specified that pharmacists report suspicious sales only. The regulations in neither study State specified the method that the pharmacist was to use to record and/or report the pseudoephedrine transaction to police. Notwithstanding, when Project STOP became available there was a strong demand from pharmacies to access the new database, and to use Project STOP as a recording and reporting tool due to the regulatory requirements in Queensland (APG, 2009b). In contrast, Police in Victoria reported that the uptake and interest by pharmacists in that State – for Project STOP – was not as strong, as experienced in Queensland (Webster, 2009a).

The implementation of Project STOP in Queensland involved widespread promotion of the partnership intervention involving presentations to the community pharmacy sector. The primary objective of these activities was to maximise the level of partnership registration by community pharmacies. The approach adopted in Queensland was perceived to be successful as shown by this comment:

The three-way rollout involving the Guild, Queensland Health and Queensland Police seems to have had an impact on the uptake of Project STOP (QH1).

The implementation of Project STOP in Victoria followed a less streamlined path. Following the reported successes of Project STOP in Queensland, a proposal from the
chemical diversion desk in Victoria called for management to approve the adoption of Project STOP and for the allocation of one staff member to manage the project. Approval was granted for Project STOP to be adopted, however police management instructed that the project had to be cost neutral, as reflected in these comments:

We signed up to Project STOP in February 2008, and the bosses who signed off on it at the time said that it was something that was not going to require police involvement. It was a tool that we could use if we wanted. The only requirement was that we prepared a quarterly report regarding its effectiveness (V1).

Project STOP was to be no cost, no manpower and cost negative ... if there was going to be a situation where there were going to be cost or resources ... I don’t think it (Project STOP) would have come on board (V1).

Despite all Australian community pharmacists being eligible to register for Project STOP, Victoria police perceived that the 35 per cent of pharmacies who were not members of the Pharmacy Guild would be resistant to adopting the intervention. Other reasons thought to impact on pharmacist’s uptake of Project STOP were the perceived absence of legislative support. Police stated the implementation of the partnership in Victoria was impacted by organisational restructuring, as shown in these comments:

In Victoria, we started the ball rolling in April 2007, but it actually it didn’t come online until March 2008, and it fell over a couple of times in the interim period. This was largely due to staff turnover during the restructure ... and the need to re-brief (V1).

The biggest issue [affecting uptake] is the lack of legislative support in other States and in particular Victoria. You need to provide the legislative backing to your pharmacists if you want them to use Project STOP. They run around and sit very high on their privacy issues and that overrides the importance of
Project STOP. The QPS has monitored complaints (from the community) and over several years there has only been one complaint that we are aware of (Q1).

Prior to the implementation of Project STOP, Queensland pharmacists’ main method of reporting suspicious sales to police was by direct communication, often in person or by telephone, whilst in Victoria pharmacists had access to a dedicated email address, facsimile and a centralised telephone hotline staffed by police. Police respondents reflected upon their experiences with the methods used to acquire information about illicit diversion activities:

We started all the road shows in Victoria with the Guild – that was before Project STOP – to raise awareness about diversion issues. We had a situation where they (pharmacists) could contact us on a dedicated email, a fax number and a telephone hotline. It worked fantastically. We had huge successes for pseudo runners. The hotline was more successful in twelve months than Project STOP has been in three years (V1).

With the hotline you’ve got someone who not only is giving you the information but their interpretation and their feeling whereas when you get into the program and see a tick or a cross against a number it means nothing. But if this person rings you and says: he’s driving this car with an airline sticker on the back, he’s with three other people and they’ve been to our other chemist five minutes ago, that is all we need to focus on these people. Losing that (the hotline) has been a great loss but I suppose we can’t have a finger in each pie (V2).

If we were going to buy into Project STOP seriously we needed to tell the pharmacists to sign up to it and get online and start reporting through Project STOP. So that was a concerted effort and we’ve eventually we’ve killed off the hotline ... I think we were aware that could be a consequence, but if we’ve gone into a program ... we can’t undermine it at the same time (V2).
Police in Victoria reported that pharmacists’ response to Project STOP had been mixed ranging from early enthusiasm to discontent at the additional oversight, as observed in these two comments:

When you are trying to obtain information from the community to assist you have to give them a bit because they love playing detective, they love playing policemen - some of them (V2).

Police asked the pharmacy across the road why they don’t contribute (to Project STOP). The response was ‘if I can’t make a decision about whether to sell a product then I’m not a very good pharmacist. I’m not the police – people come in here to get their scripts, I can’t be expected to do your police work for you’. When you speak to pharmacists often the attitude is ‘that I do my job fine, I don’t need someone looking over my shoulder to make sure I haven’t incorrectly sold a packet of pseudo’ (V1).

Likewise there is negativity from the Police about Project STOP and its usefulness.

It was basically a Queensland thing that was going to save the world. We sold it to Victorian Police on the basis of what our population of pharmacies was and what we were seizing. At the time Queensland were having some really good results so that’s why they decided to buy into the program but not contribute any resources (V1).

These attitudes are in contrast to previous involvement by this police jurisdiction concerning raising awareness in the community pharmacy sector about diversion:

Back in 2002, they (Congresses) were all held in Canberra and they were just about dead. At that stage we (Victoria Police) were the lead agency, the drivers behind it (the National Congress) to get it up and running again. Now it’s
disappointing that we now have such a poor response to it (the Congress) from Victoria (V1).

The communication of the partnership intervention is an important consideration in the implementation of the strategy. The police in Queensland reported that Project STOP access was extended to eight regional intelligence officers situated in the regions in January 2009 – two years after the implementation in this State. Conversely, Victoria did not communicate the presence of Project STOP to its regions, nor did the police in regions get access to the database. The different approaches to communicating the strategy and the centralisation of Project STOP in Victoria are reflected in these comments:

Due to the original resourcing constraints the regions have never actually been told that Project STOP exists. I would be surprised if anyone beyond the intelligence officers (in Headquarters) knows about Project STOP because we haven’t pushed it (V1).

Queensland Police recruits are told about Project STOP at the academy and all of our regions have access to STOP (Q2).

In terms of partner communication concerning the operation of the partnership intervention, Queensland Police perceived that the partnership comprises an arrangement between the Pharmacy Guild and the community pharmacies – they did not view themselves as being a partner. Whereas, Victoria police expressed the view that the partnership was between macro-level police and the Guild. These findings suggest that Police perceive that the Pharmacy Guild is the manager of Project STOP and that this role involves the overall responsibility for the partnership intervention outputs. Neither group perceived that local stakeholders – police and community pharmacists – were part of the partnership, and subsequently no reference was made to the partnership model containing local-level partnership structures and processes with which to support the intervention. The police viewed themselves as recipients of
data rather than active participants in a partnership which would require regular formalised engagement. This view is reflected by this comment:

> It’s funny that we always look at the Project STOP as something that is between us and the Guild and not so much something between us and the pharmacies. So whether that’s a perception problem for us I don’t know (V2).

Although the police did not identify local-level pharmacies as their partners, their communication strategy involved using methods which targeted this area, as reflected by this comment:

> We send out quarterly newsletters. The key issue is that pharmacists are bombarded with advertising and police are aware that pharmacists are not receiving the newsletters. The Guild is trying different communication methods. If it’s posted on the Project STOP website there is already too much material there and they don’t see them. If it’s attached in an email it is likely to go to the spam box. Being faxed out is most likely the most effective in reaching pharmacists. Communication of feedback is challenging when no one forum can be 100 per cent effective (Q3).

Law-enforcement perceptions of who their partners were in the intervention highlighted that police either did not perceive themselves to be part of the strategy and/or that the partnership only existed at the macro-level. Where police did not perceive themselves to be part of the partnership, communication strategies were limited to interactions with the Pharmacy Guild. Likewise, police tended to view themselves as recipients of data not as facilitators or managers of the partnership. Communication between police at the policy-level and the local-level was limited in one State and completely absent in the comparison State.

The partnerships literature highlights the importance of communication between the partners inclusive of their respective expectations, roles and responsibilities (Jacobs, et al., 2007). Hence, ill-defined communication strategies and confusion about who police
need to work with to enhance partnership outcomes has clear implications for the functioning of these approaches and their long term sustainability. This situation is particularly dire when local-level partners echo similar sentiments including uncertainty of their role and the identity of their partners (See Chapter Six). The nature of the functioning of this partnership is reflective of an intelligence-led policing response where the receipt of information is one-way to police, as opposed to an approach that involves clear communication, support of respective partnership roles and collective partner contribution to the mutual solving of problems in ‘partnership’.

The satisfaction with the partnership in Queensland is reflected in this comment:

> The police service is very satisfied with the partnership and the outcomes. The success of the partnership is based on a simple idea but may be due to the personalities. I think one of our strengths is that we ask ‘how could levels of satisfaction be enhanced?’ ... if it (Project STOP) is mandated ... that will result in a much more holistic approach and streamlined approach (Q2).

It is unexpected that a partnership which is functioning predominately at the macro-level will identify a number of local issues. As such, during the implementation phase of Project STOP, a number of barriers were noted by the police stakeholders. The reasons provided by police do not appear to attribute blame to one agency or feature of the partnership intervention. In fact, the factors influencing the lacklustre nature of Victorian macro-level stakeholder performance in the partnership intervention include concerns about the resources required to manage the partnership. This issues include the nature of the regulations; the lack up uptake by third-parties together with structural and strategic changes within the policing organisation. Another important issue is the police perception that heroin is a much more serious and visible problem than precursor diversion from pharmaceuticals in Victoria. All of these factors have contributed to the implementation issues experienced in Victoria:

> There are lots of reasons why Project STOP hasn’t worked here - there are lots of things that have impacted on it. Our analysis of amphetamines is telling us that there is a problem but it’s not as significant as what we’ve seen with
heroin or cannabis. There is a lot more organisation in the other two ...amphetamine is out there but it’s not our biggest issue (V1).

In early 2010, the Deputy Commissioner decided to shift the focus from thematic analysis of crime problems to individuals and intelligence. We have totally morphed into a new approach. The chemical diversion desk is defunct – absorbed into the Crime theme desk. There hasn’t been a desk since around 2007. There wasn’t an actual decision to dissolve it ... the people that replaced him didn’t have the same focus and the advice from our superiors was that it wasn’t needed. I think people have made a mistake in those areas (V1).

Given the sentiment expressed by Victorian police concerning their less than favourable perception of Project STOP compared to their previous pseudoephedrine reporting methods – coupled with other exacerbating issues – it is perhaps not unexpected that after less than twenty months of operating Project STOP in Victoria, its use was abandoned. In contrast, Queensland police perceptions and experiences of the partnership strategy are consistently positive at the macro-level.

The different experiences in the implementation phase of the intervention in the two study jurisdictions highlight the importance of designing a partnership framework that enables partners to be engaged in the development of the partnership intervention; reflects the nature of the crime problem in a particular jurisdiction; promotes review processes; resolves functionality barriers (including the design of complementary partnership measures); and ensures the regulation empowers third-parties to effectively engage in the intervention.

**Monitoring and reviewing**

Both sets of respondents from Queensland and Victorian police reported an informal approach in the monitoring and review of partnership performance. The macro-level police stated these were discussed periodically in meetings with the Pharmacy Guild, as shown in this comment:
If police identified ways in which the system could be tweaked, things added or removed and functionality … communication was ongoing with the Pharmacy Guild. The system is not set in concrete and is continuing evolving and is ongoing. Modifications of the system are requested very informally – a phone call and quick meeting. The response turnaround is very efficient (Q3).

Police performance indicators concerning Project STOP include arrests generated from the data and the extent of liaison with pharmacists and other agencies in the chemical, manufacturing and glassware industry. The monitoring reports are also used strategically to plan the work of the chemical diversion desk and the drugs squad in Queensland, as shown in this comment:

We report monthly to senior management as to what has been happening and based on these reports the task list for the next period will be set. Glass manufacturers and transport companies – there is a good relationship with these as well. A much more considered approach is taken now by external industry partners (in response to police contact) (Q2).

Police in Queensland also reported using the information from Project STOP to develop a proactive campaign for community pharmacies who had experienced increases in break and enter offences as one of the consequences of the intervention, as shown by this comment:

We developed the ten-point plan for break and enter on pharmacies and we wanted all the crime prevention units in the regions to get all the pharmacists in to brief them. The local crime prevention officers went out and did face-to-face visits with pharmacists. Pharmacists have been very receptive to these visits (Q1).

Alongside these localised crime prevention strategies in Queensland, police cited an example of a regional centre which had repeatedly been targeted for pseudoephedrine products through a number of armed holdups of pharmacies. The example highlights
the benefits of police engagement with the community pharmacists at the local-level. The actions taken by police included:

An operation was launched to find the persons responsible, locate the laboratory and reassure pharmacists (Q3).

As a consequence of that action taken by police:

Many more detections were made in the region and feedback (to police) was that pharmacists were feeling more confident because they were getting support and attention from law-enforcement ... the response was very effective (Q3).

In Victoria, the focus for reporting had been a series of quarterly reports including thematic scans of illicit drug markets in that State. These reports, disseminated throughout the regions, constituted the only regular usage and related output generated using Project STOP data during the short period that the database was operational. However, no reports or feedback were disseminated from Victorian police to the pharmaceutical industry in that State. Generally police in both jurisdictions indicated that where specific efforts had been made to communicate with community pharmacists that these contacts were positively received by the third-parties. This finding is consistent with the police legitimacy literature which highlights that when citizens perceive that police are doing a good job; are being responsive to community concerns and when they actively communicate with community partners, the non-police partners are more likely to have a more positive opinion towards police performance in the partnership and will be more willing to assist police than in the absence of meaningful contact (Skogan, 2006).

**Perceptions of effectiveness**

In terms of third-parties’ perceptions of Project STOP effectiveness, Victorian police respondents expressed their incomprehension that such a promising strategy was so ineffective. Additionally, the respondents were exasperated about the lack of organisational understanding about the lifecycle of synthetic drug production.
Subsequently the police response to precursor diversion from pharmaceuticals was a low priority in Victoria:

It can be quite bewildering when you see something that could work, and should work and doesn’t work for no good reason. People had a fair bit of enthusiasm for a while but if you get smacked around the head often enough you decide you’re not going to try anymore (V1).

Chasing after runners just doesn’t give you the labs. In Victoria you need to have twenty-two boxes in your possession to be charged, and they are offloading them straight away. What they (the bosses) don’t understand is the process of manufacture and that the runners would be getting this number of boxes every day. Victoria is a good example of what happens when the drug trade is not controlled – you end up with ‘shoot-outs’ between rival gangs (V2).

Policing amphetamine manufacture has raised other complex and difficult issues for Victorian Police. Numerous issues concerning the clean-up of methylamphetamine cook-sites have reportedly influenced the police to avert their attention away from methylamphetamine laboratories, as expressed in this comment:

There are so many issues that they want to walk away from ... you’ve got issues of rehabilitation of sites, looking at who’s responsible for public housing that has been used and accommodation like motels, when all that person wants is someone to spray his walls and to rent the room out the next day. Who is responsible for residual clean up in these rooms? That was the point when people (police managers) started to step away (V1).

In terms of assessing effectiveness of the intervention, it was noted that both police jurisdictions created their own performance indicators concerning the use of Project STOP. Queensland police were satisfied with the level of resources and level of outputs generated from Project STOP, whilst in Victoria; police were dissatisfied with a number of aspects of the intervention. This included the lack of organisational interest
regarding the integration of Project STOP into their business practices and low priority of this particular drug crime issue. The regulations operating in this State were perceived to be problematic as they did not adequately empower pharmacists or provide the necessary compulsion to motivate the consistent engagement in the partnership intervention.

Furthermore, both jurisdictions identified limitations impeding the optimal operation of the partnership. The primary obstacle identified was the regulatory framework underpinning the partnership intervention. In particular the Police respondents in Victoria expressed the view that the Project STOP interface – influenced by privacy regulations – had had a negative impact on pharmacists’ willingness to use the database. The Project STOP interface restricted community pharmacists’ capability to fully view records in the database and as discussed in Chapter Six this has contributed to data inaccuracies and lesser than anticipated levels of pharmacist engagement in the intervention. A police respondent made the following comment:

The pharmacist can’t see the information from other pharmacists. When person A has previously tried to buy the product it will only show a previous sales attempt. This has been a problem from the start when the pharmacist puts the name in first and then inadvertently makes a record – as they can’t see that it is the record that they have just made. It is different from what Queensland pharmacists can see – they can see all the records for that person for the previous three days. If pharmacists were able to see the full records of the transactions, particularly for up to one month, I believe a lot of them would use it as a dispensing tool (V2).

The perception of the regulations as problematic was also a dominant finding from interviews with community pharmacists (See Chapter Six). These findings suggest that police and these third-parties desire greater consistency in the performance of duties concerning pseudoephedrine supply (See Chapter Six for local-level stakeholder key findings). Moreover, police desired improved linkages in the data including with other databases to simplify the time consuming process of person identification. Police
commented that the work they had to do with the data impacted on the accessibility of the outputs of the partnership intervention, as shown by these comments:

I don’t know whether that’s all STOP’s problem I think a lot of it is the legislation we have here in Victoria. The legislation is a problem – that we just get the de-identified number. If we can see what Queensland sees it would be a lot more useful (V1).

If I use my driver’s licence, then my library card and then my Medicare card the pharmacist will not know that I have previously purchased pseudoephedrine. I can’t get any details from Medicare so that’s gone, I can find your driver’s licence but I can’t find what person owns that library card number because I don’t know what council it’s from. I would never be able to say that this person’s made three purchases. If a person uses multiple forms of identification we have no hope (V2).

Police also asserted that the lack of compulsion in the regulations strongly influenced third-parties selective and ad hoc engagement with the partnership intervention. The subsequent perceived inconsistent engagement impacted on police in the following way:

... within no time we determined that the only people who were actually coming on (to Project STOP) were the people who were willing to have their details taken who aren’t the cooks. We also found there was a lot of bad reporting by the pharmacists in the initial phases ... they were only using it for their legitimate customers. We then had other issues where we identified runners going through areas that weren’t getting put onto Project STOP and then it was determined (by police) that it (Project STOP) wasn’t something that was worth putting a significant amount of time into (V1).

Although police at the senior management level in Queensland perceived that good rates of pharmacist participation were being achieved, both States agreed that high levels of inconsistent or under reporting were prevalent and were compromising the
value of the data. Both jurisdictions supported mandatory reporting for all pseudoephedrine transactions to enhance the usefulness of Project STOP to both partners. Moreover, respondents indicated that improved data recording practices would influence police to allocate more resources to monitoring Project STOP. The respondents asserted that, without legislative change, data quality issues will continue to plague Project STOP and will continue to impact on its usefulness as an intelligence tool and the overall outcomes of the partnership intervention, as shown in this comment:

Mandatory reporting would definitely be better than voluntary, but unless we had the resources I couldn’t see it coming into legislation. I think when the legislation came in I don’t think many people realised what the flow on effect would be. We would like our pharmacists to see what Queensland pharmacists see (V1).

This analysis shows that despite early enthusiasm for possible law enforcement gains as a result of Project STOP, police in Victoria have encountered problems at each stage of this strategy – development, implementation and operation. In contrast, police in Queensland, with their close connection with the Pharmacy Guild in the development and implementation of the intervention, have demonstrated commitment by allocating specific resources to the utilisation of Project STOP. The findings have highlighted that both police jurisdictions desire greater consistency in the third-party performance of their regulatory and voluntary roles to prevent pseudoephedrine diversion and enhance the value of the partnership intervention to police and in crime reduction opportunities.

**Part One summary**

The experiences of State-level law-enforcement in Queensland and Victoria concerning Project STOP have been disparate from the outset. In Queensland, the partnership with the Pharmacy Guild has exhibited strong unity and commitment to the project. Likewise, the police organisation in Queensland has demonstrated commitment to the partnership strategy by allocating resources to ensure the best possible utilisation of
the data from Project STOP. Conversely, the Project STOP initiative in Victoria started out on ‘rocky’ ground and failed to be properly implemented in the policing organisation due to the absence of resources; lack of interest; higher priority drug problems and concerns about the value of the data due to third-party inconsistent engagement in the partnership. In Victoria, Project STOP replaced a strategy that was perceived by police as being effective and thus the imposition of Project STOP was from the outset resented.

Part One of this chapter highlighted that whilst Queensland police cite numerous reasons why they enthusiastically embrace the opportunity for this partnership, Victoria named numerous barriers and blockages to the partnership. The lack of traction achieved during the implementation of Project STOP in Victoria ultimately led this policing organisation to abandon the intervention. This situation was influenced by problematic legislation influencing both the regulatory and voluntary components of the partnership intervention; by the absence of compulsion for community pharmacists to consistently engage in the partnership intervention and by the presence of higher priority illicit drug issues in this jurisdiction. The downstream effect was disjointed third-party engagement in the intervention and subsequent lack of interest by police in adopting the intervention in a meaningful and purposeful manner. Consistency in third-party performance of the partnership intervention was also an area of concern for Queensland police at the policy-level and this highlighted the importance of considering the objectives of the intervention and the regulatory tools available to enhance those outcomes.

There are four main themes derived from the findings in Part One of this chapter. These are: challenges associated with implementing proactive policing approaches in the absence of organisational support; the absence of partnership structures at the macro and micro-levels; role of regulations to drive third-party engagement; and the importance of encouraging core and ancillary partnership features. Subsequently these themes highlight a number of implications for partnerships policy, theory and practice and are discussed at the end of this chapter. Part Two of this chapter presents the key
findings of interviews with other macro-level partnership stakeholders: The Australian Pharmacy Guild (PG) and Queensland Health (QH).

**Part Two: Perspectives of other State-level stakeholders: The Australian Pharmacy Guild and Queensland Health**

Understanding the development of this policing approach is not complete without analysing the roles of two agencies that were instrumental in the design and implementation of the strategy. Both of these agencies continue to play a central and ongoing role in managing Project STOP and the enforcement of health regulations respectively. Although the focus of these analyses is to address the fourth research question – concerning the key factors considered in the development of the partnership intervention – the findings illuminate some of the benefits and barriers impacting on third-party engagement with the partnership intervention. The stakeholders interviewed were the Australian Pharmacy Guild (PG) and the Queensland Health Department (QH).

The Pharmacy Guild of Australia is an unincorporated association that has a national secretariat in Canberra and an office in each Australian State and Territory. Each State branch has a committee comprising elected pharmacists and a president who contribute to policy decisions in their respective jurisdiction whilst the national secretariat advises Government at the federal level concerning drugs and poisons. The Guild is the key professional body representing the interests of community pharmacies and adopted the lead agency role in the development of Project STOP in 2005 in consultation with Queensland Police and Queensland Health.

One representative from the Pharmacy Guild and four officers from Queensland Health (QH) were interviewed; and the key findings are presented in this part of the chapter. The Guild’s comments are represented as (PG) and Queensland Health comments as (QH1, QH2, QH3 and QH4). The key research findings are presented according to three themes: partnership development, implementation and perceptions of intervention effectiveness. This section describes the role of the Pharmacy Guild as a State-level stakeholder in the development, implementation and management of the
Project STOP initiative, and also discusses the role of Queensland Health in the regulation of drugs and poisons and enforcing pseudoephedrine regulations in this jurisdiction. The findings presented in this section highlight policy and practice implications for the management of partnerships when the third-party agency is the key-driver of an intervention strategy.

**Partnership development**

In 2005, the Guild reported the presence of considerable disquiet in the community concerning the number of clandestine laboratories being located in Queensland alongside of the substantial quantities of empty packets pharmaceuticals containing pseudoephedrine being found alongside of clandestine laboratories.

Every time a lab. bust would occur they (the media) would show the packets of pseudoephedrine with labels on. It was the evil chemists who were to blame and making money from the problem. Pharmacies were getting a lot of bad publicity around that (PG).

Early in 2005 at a meeting with the Queensland Police Chemical Diversion Desk the Guild was presented with the latest version of the fax-back form which had been developed for pharmacists to provide details about suspicious pseudoephedrine purchases to police. The Guild’s response to the proposal was to utilise technology to modernise the approach, as expressed in this comment:

This was the point where I said hang on a minute I think I can do something better than this ... and this is where the idea for Project STOP came from. What the Guild has done in the absence of any alternatives is to try to provide one uniform system for the recording of that information and to make that information useable in other ways (PG).

The other key catalyst for the development of Project STOP was to reduce the duplication of paperwork and onus on pharmacists. The Guild proposed an electronic system which would not only provide police with information, but more importantly
the pharmacists to help them make better informed decisions about supply of pseudoephedrine, as shown in this comment:

Faxing off the details is not effective at stopping the runners coming into the pharmacies as it doesn’t give pharmacists’ any information back about the runners’ activities in other pharmacies, and when the pharmacist doesn’t see any change in runners activities due to faxing off they quickly lose interest in doing it (PG).

Whilst the police negotiated the development of a strategy to prevent pseudoephedrine diversion with the Pharmacy Guild, Queensland Health assessed the available responses for pharmacists to prevent diversion and developed legislation to support a specific role for pharmacists. The Queensland Health role includes State representation at the national-level and collective involvement in the incremental implementation of approaches to control pseudoephedrine supply. The incremental approach commenced with the strategy to phase out some pseudoephedrine products; to reduce pharmaceutical pack sizes to reintroduce of an alternative cold and flu preparations containing the active ingredient phenylephrine. From initial discussions, these changes took three years for the first suite of measures to be implemented in all jurisdictions. The respondents indicated that soon after these measures were introduced, the National Drugs and Poisons Scheduling Committee (NDPSC\textsuperscript{22}) received submissions from law-enforcement agencies requesting further controls to respond to precursor diversion:

There was great consideration when pseudo. was being looked at by the Committee about whether we just put everything in S4 (prescription pseudoephedrine) and just kill it, kill the whole thing off you know. I mean industry came back with legitimate arguments as to why it is an effective product and it is. Short of pulling it and putting it in S.9 (controlled

\textsuperscript{22} The purpose of the committee is to make decisions around the appropriate level of control over poisons, drugs and poisons which are then reflected in the decisions document. States and Territories then adopt these SUSDP decisions through respective State and Territory Health regulations.
medications) or something, from the Committee’s aspect there was no real room to move. It’s a staged approach that we look at and obviously if the problem continued and there weren’t these other strategies in place to reduce the amount of stuff that is out there and the products on the market then I think the committee’s next step would have been to put it in S4 (QH1).

Subsequently, the NDPSC agreed to further tighten access to over-the-counter pseudoephedrine products available from community pharmacies by rescheduling of pseudoephedrine to a pharmacist-only medicine (schedule 3). In Queensland this move was accompanied by the establishment of legislation which empowered Queensland Health to enforce these provisions A dual approach to the control of pseudoephedrine exists in Queensland including the provisions of the Health, Drugs and Poisons Regulations 1996 and secondly from a criminal perspective to make pseudoephedrine records available to police through the Drugs Misuse Act. The two separate but complementary legislative and regulatory provisions provide clear delineation of the agencies’ roles. Conversely, Victoria’s response to the issue is contained wholly in the Victorian health regulations which specify community pharmacists’ responsibilities regarding pseudoephedrine supply, and that suspicious sales are to be reported.

As the professional agency representing the interests of community pharmacies throughout Australia, the Guild took a leadership role regarding developing Project STOP to prevent pseudoephedrine being rescheduled to S.4 (prescription only). The willingness of the Guild to adopt this leadership position is reflected in these comments:

We’ve taken it upon ourselves to assist pharmacists’ in meeting their regulatory obligations. Project STOP development was resourced by the Pharmacy Guild and utilised in-house information technology expertise (PG).

We were already in that space and it suits us to develop something along these lines. The Guild had the ideas, the capacity, the expertise and the will to
develop Project STOP. From the outset the Guild had the right stakeholders involved: law-enforcement and health (PG).

The conceptualisation of Project STOP was in line with the Guild’s plans to develop web-based tools to automate repetition for pharmacies, as shown in this comment:

So when I saw this sheet it just looked really logical to me that it was something we could take to the web. I did a bit of a brain dump, came up with some concepts and went back to Queensland police and said what do you think about this? – How do you think this would work? Then we extended it out to include environmental health to include things that would be useful to them (PG).

The Guild commenced development of the Project STOP prototype database before approaching the Queensland Police and Queensland Health to seek financial support. Despite the absence of funding assistance, the Guild was motivated to develop this tool including for the purposes of gathering more information about the prevalence of diversion and preventing pseudoephedrine from being moved to a much higher schedule (APG, 2009b), as seen in this comment:

The Guild had absolutely no data to say how many people were doing this (pseudoephedrine diversion) – they (NDPSC) were going to get the sledgehammer out. We proceeded to develop Project STOP and presented the prototype to the precursor chemical diversion congress in Darwin (at the end of 2005)(PG).

The Guild approached the Precursor Diversion Committee of the Federal Attorney-General’s Department and subsequently secured funding for the national roll-out of Project STOP from late 2005.

Implementation

The implementation in Queensland was enthusiastically received by community pharmacists, as seen in this comment:
They (pharmacies) knew that this thing (Project STOP) was coming and there was a pent up demand for it. As soon as it was released pharmacists embraced it – we had a 70 per cent take-up in the first four weeks (PG).

Likewise Queensland police were extremely enthusiastic, as seen by this comment:

The police in Queensland were very excited that they were going to get something for nothing and it was something that had the potential to eliminate a lot of the previous paper shuffling that would have occurred (PG).

In contrast the experience of implementation in Victoria is shown in these comments:

Victoria will always be the stumbling block. Victorian Police have been really non-receptive. They don’t really know where to put diversion – it’s not a property crime and it’s not drugs. Who’s responsible for it and whose budget is it coming out of? (PG)

The Victorians were happy to have it but they weren’t going to put any resources into it (PG).

Despite protracted efforts by the Guild to encourage Victorian police to implement Project STOP in their jurisdiction, involving at least five presentations to police in Melbourne, it was made clear to the Guild that the police organisation were more concerned about resources and political machinations than the benefits of reducing diversion, as expressed in this comment:

The guy from Victoria came up and said that their use of the data would depend on what the minister said (PG).

Comments such as these made during the adoption phase of the project signalled to the Pharmacy Guild that this policing jurisdiction might reluctantly implement the Project STOP initiative. In particular the Guild highlighted two key challenges which arose during the implementation of Project STOP in each jurisdiction. Firstly significant
costs were incurred by the Guild in the establishment of legal agreements with each State and Territory concerning access and use of Project STOP. Secondly it was necessary for the Guild to negotiate the conditions under which identifying data could be recorded and shared with both the Australian and Victorian privacy commissioners. These discussions resulted in a pared-back database and in Victoria the interface and functionality are significantly less than what is available to pharmacists in other jurisdictions.

Project STOP differences across jurisdictions relate to mapping the database to the respective regulations in the jurisdiction. For instance the Australian Capital Territory and the Northern Territory prescribe mandatory recording; South Australia prescribes that records must have a unique identifier; New South Wales must record the details for the person who the product is being purchased for; in Queensland the pharmacist must make a record of all pseudoephedrine transactions\textsuperscript{23} and in Victoria pharmacists must report all suspicious sales. The Guild discussed how proposed mandatory reporting in Queensland would affect Project STOP in this jurisdiction:

Due to the changes we are planning to bring in, proposed mandatory reporting in Queensland, we will require the pharmacist to record only the number from the government issued photographic identification. If a customer uses different forms of identification all the numbers will be grouped together (PG).

The implementation of Project STOP has been extremely useful to the pseudoephedrine enforcement taskforce who are empowered to actively monitor and enforce therapeutic dispensing of pseudoephedrine products in Queensland. Like police organisations, the taskforce has access to the Project STOP data which it uses to monitor the supply of pseudoephedrine from community pharmacies in Queensland. Some observations from the taskforce concerning large quantities of pseudoephedrine at community pharmacies are reflected in these comments:

Some of the pharmacies I’ve been into, one in particular, it had 3000 boxes of pseudoephedrine out the back. The days of storing that much pseudo are long

\textsuperscript{23} From March 2010 these records must be made in an online electronic database
gone. The old system of buying up big before winter to get your discounts have been and gone and the reps (company sales representatives) are not meant to do that (QH2).

If there is no economic purpose or reason for actually having that much stuff, they are not getting discounts for it; you have to wonder why it’s there. You don’t need to have a stockpile in the back room you just order some more and it’s there a few days later (QH2).

The taskforce indicated that the discovery of stockpiled quantities of pseudoephedrine will typically trigger contact being made with the manufacturer or supplier. Taskforce action may include a direction being issued to the company to cease supplying the pharmacy, a full sales audit and contact with police who will visit the pharmacy and discuss risk of crime. The taskforce emphasised that it relies on a thorough investigative approach to ascertain unprofessional or criminal behaviour, as shown in this comment:

Our role in trying to ascertain if the pharmacy is doing the right thing is to go in, download the pharmacy’s database, establish how many sales have been recorded and then compare it to what has been received from the drug wholesalers. If A equals B, really they are doing the right thing but if there are discrepancy in the data and they are not keeping records then that’s the signal - what’s happening, why aren’t you keeping records? However if they are not keeping records it doesn’t automatically indicate that there is criminal activity happening. That is why we must investigate it comprehensively (QH2).

Different investigative approaches as well as incremental interventions and penalties made available under an administrative law framework provide the taskforce with a range of strategies and options to facilitate the performance of its enforcement functions. The taskforce monitors the quantities of pseudoephedrine products
supplied to pharmacies and compares these to the quantity sold and recorded in Project STOP. The taskforce assessment process is reflected in this comment:

If a pharmacy has obtained 1000 boxes of pseudoephedrine a year and they are about 50 boxes out, we deem that to be okay. If it starts to escalate around the 10 per cent, gets over that then we will hit them with a please explain type letter. If it is above that again we might hit them again with an actual legal notice (QH3).

The taskforce utilises Project STOP to identify possible illegal and or unprofessional activities and also to investigate these activities in the pharmaceutical sector. Its main performance indicators are focused on its outputs which encompass the number and types of audits and investigations as well as the number of cancelled endorsements, as seen in this comment:

We also look at how many investigations are currently underway, how many legal notices we send out, how many pharmacy inspections we’ve done, and how many letters we send out to all the pharmacies. We track how our work is going and this year (2009) alone we have audited around eighty pharmacies (QH1).

The role of this organisation in the development of the precursor control strategy as well as its subsequent monitoring and enforcement of the regulatory approach has been important in the overall operation of the strategy. Through its incremental approach – persuasion, warning letters, civil penalty, criminal penalty, and licence suspension or revocation – the taskforce has produced real consequences for professionals who deliberately neglect their regulatory responsibilities. Hence the presence of active enforcement was believed to contribute to third-party perceptions of intervention effectiveness.

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24 At the time of the interview the proportion of sales being recorded in Project STOP was around 62 per cent of sales in Queensland.
Perceptions of effectiveness

Effectiveness of the strategy was elucidated through examining the functionality of the macro-level working relationships including the responsiveness of the partnership and the respective agency outcomes derived from the strategy relating to their key performance indicators in this area. Macro-level ‘other’ stakeholders in Queensland reported strong and positive collaborative working relationships with each other. Queensland Health made this comment about the Guild:

The Guild is great, they are fantastic. They are proactive especially with the use of Project STOP in trying to do the right thing. We are in constant contact (QH1).

As discussed earlier in this chapter, these sentiments were shared by Queensland police who were optimistic about the strengths and benefits of Project STOP and the partnership intervention led by the Guild. The same viewpoint was not shared by Victorian police, however respondents conceded that the crux of their concerns were the problems with the underlying regulations which made operating in the partnership more restrictive than the operational models employed by other jurisdictions. According to the Guild, the key benefit of Project STOP – apart from its potential to reduce diversion – is its capacity to enhance communication between pharmacists and police. However the Guild commented that harnessing Project STOP as a communication tool had not occurred, as seen in these comments:

We sought to create a communication channel so that police communicate their successes back through. I don’t think the police have taken full advantage of that – I’ve seen about four newsletters go up onto Project STOP in nearly four years. I know they have limited resources, but there is real potential there with 97% of Queensland pharmacies using this tool (PG).

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25 At the time of the interview the taskforce reported working closely with the Guild in preparation for amendments to the health regulation which would require all pseudoephedrine product sales in Queensland to be recorded in an electronic data base which is available to the police and health authorities.
They could be communicating and extending it into safety. Messaging around forcible entries is a real lost opportunity – we have a really powerful communication channel (PG).

As discussed earlier in this chapter, the lack of clarity concerning who the partners are in this partnership intervention may be a key reason why communication by police – in both study jurisdictions – with community pharmacists was limited. With the day-to-day operation of the partnership intervention occurring at the macro-level, communication with local police and local community pharmacies was not seen as important or essential to the overall functioning of the partnership. The opportunity to use Project STOP as a communication tool was offset by this comment:

If there is one downside about Project STOP it is that police who may have made contact with pharmacists in a face-to-face manner to collect information are now not likely to be maintaining the contact as the information can be sought directly from Project STOP. Yes that is a downside but from the police point of view that is a whole lot of manpower that isn’t going into pharmacies so there is a direct saving for law-enforcement. That’s where our messaging system through Project STOP is incredibly powerful (PG).

From a health enforcement perspective, the availability of Project STOP offered substantially improved methods for auditing pharmacies and subsequently this capability was thought to have encouraged better record keeping in pharmacies. Additionally increasing accessibility to information was viewed as a deterrent for unprofessional or illegal activities by these health professionals. The taskforce reflected on changes since Project STOP in this comment:

Back in the old days, about eight years ago we used to have Environmental Health Officers going around to pharmacies and they used to do annual inspections. These were pretty much limited to flicking through a controlled drug book and looking in the safe. Now we’ve got a taskforce going around and downloading the entire database and then micro-analysing the data. So, yes
from that point of view I think word is getting around and it does have some
deterrent value (QH2).

Whilst the success of the taskforce has been attributed in part to the availability of
Project STOP, the taskforce identified other issues in its mandate which need to be
addressed. They expressed concern that other areas in the pseudoephedrine supply
chain required tighter controls. These areas included tightening requirements
concerning end user declarations that were utilised in the purchase of bulk chemicals;
in the purchase of particular glassware and equipment from wholesale companies and
in addressing known gaps in the regulations to keep pace with industry practices
concerning licensing chemical wholesalers, manufacturers and transport entities.
These findings highlighted that despite favourable perspectives concerning the validity
of Project STOP to prevent pseudoephedrine diversion a number of other areas in the
broader chemical and pharmaceutical industries needed to be addressed.

Notwithstanding the perception of the effectiveness of the strategy, the taskforce
noted that pharmacies in entire communities were apathetic in their engagement with
the partnership intervention, specifically their use of Project STOP. The taskforce
attributed the problem to lack of compulsion in the regulations, as seen in this
comment:

What we are probably finding now is we know that the drug runners are still
getting the drugs. They (pharmacists) are not using Project STOP. Project STOP
is not mandated at the moment so they are not doing their checks and they are
handing it out and not keeping records (QH1).

Furthermore, problems were identified concerning lack of checks performed with
respect to customer requests for large quantities of pseudoephedrine on prescription.
They asserted these practices increased vulnerabilities of pharmacists and were
contributing to problems of diversion. The taskforce gave a number of typical reasons
used by pseudoephedrine runners when requesting large quantities to be supplied on
prescription:
I work in the mines. I can’t get into town too often. I work on a prawn trawler I need ten repeats. There is an increased propensity for Doctors to be targeted by drug runners and we’ve got a long list to look at (QH3).

The importance of integration between dispensary programs with Project STOP as well as greater education of pharmacists to use Project STOP was highlighted as essential to improving its overall performance and effectiveness, as seen by these comments:

Generally I would say, probably 90 per cent of the data is recorded in the dispensary software. Everything is so close, you’ve got STOP in place which is a fantastic tool, you’ve got all these dispensing software which are great within themselves and we’ve just got to link them altogether (QH3).

I think our role will change slightly if Project Stop gets mandated as all the data that we will need can be accessed through Project STOP. Our audits will be more desktop based as we won’t need to physically go out and download that data (QH4).

STOP kicked off here, and STOP still has a long way to go. You know we find in those towns where STOP is not used there is quite a significant drug runner population who are very successful - so we are communicating with pharmacists and going to try and monitor. We’ve been telling these pharmacists you’ve been targeted by drug runners, you have not been using STOP. We know you bought in 2000 boxes and you’ve only recorded a 100 on STOP. Please use Project STOP (QH1).

The taskforce has been successful in their monitoring and enforcement role of pseudoephedrine supply in Queensland, marked by a number of successful outcomes in the courts. Depending on the severity of the offence, the penalties available under the Queensland Health, Drugs and Poisons Regulations 1996 for failure to keep records may attract a court outcome of 60 penalty points. However the taskforce indicated that pursuing the non-compliance within the administrative law system had many other advantages including the timeliness and severity of the response including the
ability to remove a pharmacist’s registration and endorsements preventing or restricting professional practice, as opposed to criminal outcomes of monetary penalties.

Monitoring the performance of Project STOP is facilitated through a number of custom reports developed by the Guild. These reports identify: multiple dispensing; multiple requests on prescriptions; the number of pharmacies registered; the number of daily transactions; transactions processed; percentage of sales in the store; denied sales as a percentage of overall sales; number of safety sales; most requested products and most denied products. These reports enable the stakeholder users to rapidly analyse activities in pharmacies and for police to identify illicit activity concerning PSE diversion and methylamphetamine production.

**Part Two summary**

Key findings from interviews with other macro-level stakeholders in the partnership intervention highlight the important role these agencies have in driving the partnership; in influencing the adoption of the innovation; in performing ongoing management and enforcement and also monitoring Project STOP performance. The findings illustrate a functional partnership model – at this macro-level – that displays high levels of co-operation and inter-agency collaboration between the partner agencies. Although the police representatives from the two jurisdictions expressed disparate experiences with the development, implementation and perceptions of effectiveness of the partnership intervention, overall the macro-level stakeholders from the Guild and Queensland Health perceived that Project STOP had achieved inroads in the prevention of pseudoephedrine diversion. Further, the initiative had enhanced the capacity for State authorities and professional agencies to more comprehensively monitor diversion and enforce the regulations.

The findings in this chapter have addressed the research question concerning the context of the development and implementation of the partnership intervention in two Australian jurisdictions. The findings highlight that the Pharmacy Guild was instrumental in the development of the strategy and was assisted by the police in
Queensland. The Guild are primary drivers of the strategy in all Australian jurisdictions. Queensland Health also played a key role in the development of the legislation underpinning the strategy, and continues to enforce these regulatory provisions in this State. The presence of these stakeholders or super-controllers has significantly influenced third-party adoption of Project STOP (Sampson, Eck, & Dunham, 2010). Additionally the findings highlight a macro-driven partnership with only informal connections between the macro and micro-level partners, and a jurisdiction (Victoria) that faced numerous challenges in the implementation of the partnership intervention in the absence of organisational support. These findings highlight a number of implications for partnerships policy, theory and practice that are discussed below.

**Reflections: what does it all mean?**

Findings presented in this chapter contribute to building knowledge concerning the development and implementation of crime control partnerships as well as the features that influence third-party engagement in partnerships. This research has identified six overarching themes: 1. The challenges associated with implementing proactive policing approaches in the absence of organisational support; 2. The role of regulations to drive third-party engagement; 3. The importance of designing core and supplementary partnership features; 4. The importance of super-controllers; 5. Consideration of third-party driven partnerships (TPDP) models; and 6. The importance of macro and micro-level partnership structures and processes. These themes have a number of associated implications for partnership models.

**Challenges associated with implementing proactive policing approaches in the absence of organisational support**

The research showed it can be difficult to implement a proactive policing approach in the absence of police organisational-level support. Broadly, this lack of support relates to lack of agreement from senior police concerning the importance for a response to precursor diversion and the presence of a higher priority illicit drug market in Victoria. Implementation of the partnership was also affected by the presence of an alternative pharmacy-police notification system for suspicious pseudoephedrine transactions and problems with implementation due to police perceptions of pharmacist non-
engagement with the intervention. As highlighted by a study into partnership operations between police and a public housing department, to reduce drug activity and anti-social behaviour (in designated public housing estates), it is crucial that partnerships have senior staff commitment, strong leadership and enthusiasm as well as clear agreement concerning partnership objectives (Jacobs, et al., 2007). In Victoria, most of the desirable partnership features cited by Jacobs and colleagues (2007) were absent in this precursor diversion prevention partnership. In the eyes of the key stakeholders, the partnership was less successful in Victoria than in Queensland. The implication for partnership policy is that it is crucial for senior management in the relevant partner organisations to be committed and to show strong leadership in the implementation of a proactive partnership strategy. Where organisational commitment is tied to a trial period, the partnership agreements must specify the expectations of the organisations during this period as well as commitment to monitoring and reviewing of partnership outcomes. Moreover, it is also important that the outcomes of reviews be incorporated into partnership interventions to further strengthen partnership structures and operations and the subsequent value of their outputs for all of the partner stakeholders (Braithwaite, Coglianese, & Levi Faur, 2007).

**Role of regulations to drive third-party engagement**

The police perception that many community pharmacies – the third-parties – were not interested in engaging with the intervention was subsequently a significant barrier affecting police willingness to commit resources to the initiative. This perception was largely attributed to the lack of coercive regulations necessitating third-party engagement with the strategy. Police were critical of the voluntary nature of the intervention as they believed the intervention was not designed to be implemented on an ad-hoc basis by eligible pharmacies. Therefore it is important that the objectives of the partnership are clearly conceptualised by all of the partners and where the performance of roles by third-parties are ‘required’ as opposed to ‘optional’, the respective partnership models should be responsive in their modes of increasing implementation. In partnership models where an incremental approach is adopted, suitable review processes must be put in place. In circumstances of limited partnership functionality and effectiveness, partnership elements must be modified. Such
elements include the use of regulations to increase the compulsion on third-parties to participate in crime-control interventions, and corresponding enforcement. Likewise, increasing the level of compulsion on third-parties should be accompanied by an increasing obligation on police to formalise their commitment to proactive partnerships, including through the development of standardised performance monitoring principles and the prioritisation of proactive methods.

The role of specific regulations in mobilising non-public third-parties is important for maximising partnership consistency and outputs. Regulations empower the non-public third-parties and provide the necessary compulsion for their performance of the crime control role. Moreover, regulation allows for the provision of active monitoring and enforcement of the third-party role. Unlike other partnership approaches that rely on networks, citizen co-operation and other public entities, this chapter has highlighted the fact that regulation can significantly enhance consistent engagement by third-parties in the performance of crime control roles; and in doing this can increase police prioritisation in their response to the problem. It is clear from these findings that partnership models must consider the objective of the crime control or prevention strategy as well as the pre-existing regulatory capabilities of the third-parties, and where necessary implement an incremental response to the problem with regard the level of coercion applied through regulation. Braithwaite and colleagues' (1987) regulatory continuum is a particularly useful framework with which to conceptualise the type of regulated response required to mobilise the partners in the crime control response that is able to meet the objectives of the intervention.

Importance of core and supplementary partnership characteristics

The rigidity of the partnership framework discouraged existing informal partnership collaborations that police perceived were effective. These other strategies included a dedicated telephone ‘hotline’ in Victoria and a ‘fax-back’ process in Queensland. Police highlighted that they were told to abandon all other strategies and adopt Project STOP. Consequently, the police found that Project STOP alone did not meet all of their information needs, and they resented its imposition. Recognising jurisdictional differences and the importance of direct communication between police and third-
parties calls for a model that encompasses ‘core’ and ‘supplementary’ partnership features. The core components are the elements of the intervention that are necessary, whilst the supplementary features are additional processes and activities undertaken at the discretion of the partners. It is clear from this research that promoting Project STOP as a panacea has been counterproductive to the third-parties achieving satisfaction with the partnership model due to their need for information, feedback and direct contact from police. The Project STOP model is based on technology and hence this dominant focus in the intervention has diminished the maintenance of professional relationships between police and third-parties. These professional relationships are an important element of effective community-oriented partnerships (Reisig, 2010; Scheider, et al., 2009). Schneider and colleagues (2009:695) argue that third-party policing along with other crime response innovations – which are derived from problem-orientated frameworks – is part of the overarching ‘community policing’ philosophy. Therefore, it is important that third-party policing models, although mobilised by legal-levers, acknowledge the value of incorporating community policing components that emphasise purposeful, productive and positive contact between police and third-parties.

The importance of super-controllers

The presence of macro-level stakeholders has been important in motivating the third-parties to adopt the partnership intervention. Specifically the Guild, as the key professional body representing community pharmacies, is well-placed to influence operations in these businesses. Additionally, the Queensland enforcement taskforce has also influenced third-party willingness to engage with Project STOP as it assists them to meet their regulatory responsibilities. A strong team approach was evident in Queensland concerning the promotion and persuasion of third-parties to adopt practices to enhance their decision-making concerning pseudoephedrine transactions. In contrast, despite the efforts of the Guild to promote the intervention to its members in Victoria the same collective team approach with other stakeholders was not evident. Consequently, the research findings highlighted a partnership intervention plagued with implementation problems; and consequently stakeholder perceptions of a largely futile strategy in Victoria. The innovation diffusion literature argues that
influential stakeholders – or super-controllers – can motivate the targets of the particular strategy to adopt an innovation (Rogers, 1995). The presence of super-controllers and their collective influence in the innovation adoption has been demonstrated in this chapter. Hence the implications for partnership policy are that ‘others’ outside of the immediate partners can play a significant role in influencing third-party adoption of innovations. The finding contributes to knowledge gaps concerning the characteristics that are important in partnership frameworks and illustrates the importance of the role of others in motivating third-parties to adopt innovations.

**Third-party driven partnerships (TPDP)**

The key findings discussed in this chapter show that each of the macro-level stakeholders has made unique and diverse contributions to the development, implementation and enforcement of the partnership intervention. These specific contributions have contributed to the design of a partnership which has closely considered the professional and operational capabilities of the third-parties. The result of these considerations is the development of Project STOP which has provided third-parties with opportunities to enhance their decision-making capabilities concerning pseudoephedrine sales in community pharmacies. It is clear from the examination of stakeholder roles and responsibilities in this chapter that the Guild adopted a leadership role at the outset and that this organisation has been instrumental in the development of Project STOP and has been responsible for its ongoing administration and management. The research found that the Guild showed considerable support, interest and commitment to the response to the crime problem in their industry. Moreover the Guild’s concern about the problem of pseudoephedrine diversion motivated their adoption of the role of key partnership instigator, driver and manager of the intervention. Due to the Guild’s key stakeholder position in the intervention, this partnership represents a further extension of the policing partnerships literature as policing partnerships are usually strategies devised and managed by police (Mazerolle & Ransley, 2005). Subsequently, it is necessary to expand the third-party policing theoretical frameworks to incorporate third-party driven partnerships (TPDP). Under
this model the third-parties – at the macro-level – are the drivers and managers of the partnership whilst the police and health agencies are data recipients.

The research findings suggest that police are relatively inactive partners in the intervention due to the absence of local-level interactions between police and third-parties; and characterised by their primary function as data recipients. In this light, the police appear to be ‘piggybacking’ upon the crime control efforts of non-public third-parties. Moreover, the structure and functioning of this partnership is different from ‘typical’ policing partnerships which involve police co-ordinating, administrating and managing the performance of the partnership role. The implications of this finding for partnership policy is that the third-party driver is likely to have specific professional, operational and regulatory responsibilities – such as resource, monitoring and reporting requirements – that influence the manner in which these types of partnership arrangements are managed. These responsibilities and requirements are likely to differ substantially from those required by a policing organisation. To promote the integration of the partnership as a policing priority, it is important that operational structures and processes specifically used by the policing agency to manage the partnership are documented to promote certainty and clarity of these proactive approaches to crime control. Such documentation shifts the status of the partnership from ‘ancillary’ to ‘essential’, in particular at the local-level. Moreover, it is crucial that the partnership framework translates the partnership policy to partnership practice, and includes the provision of performance measurement frameworks specific to the proactive policing initiative. Further research is required to develop specific performance management frameworks for proactive policing initiatives.

The importance of macro and micro-level partnership structures and processes

The absence of partnership structures with which to manage the initiative and monitor its outputs at both levels (macro and micro) has impeded the implementation and adoption of Project STOP as an intelligence tool for police. The key findings emerging from the interviews highlight that Queensland developed macro-level partnership management processes and subsequently this jurisdiction was infinitely more successful in their implementation of the partnership than Victoria. Queensland
demonstrated that in prioritising Project STOP as a policing responsibility and resourcing its use at the macro-level from the outset that crime control benefits were able to be observed. Contrary to this experience, the Victorian police demonstrated low organisational prioritisation; operational lack of interest; disenfranchisement with the partnership intervention and perception of being coerced to adopt the strategy. These elements are the antagonists of proactive policing approaches. Designing and developing suitable partnership structures and processes is likely to enhance the functioning of the partnership as it improves ownership of the intervention, increases perceptions of police legitimacy and hence third-party willingness to engage in crime prevention initiatives.

Hence, the development of structures and processes at both of these levels is likely to better promote consistent translation of the partnership policy to partnership practice across geographically dispersed third-parties and local police. Moreover the implementation of local-level structures guide police in how to actively engage with the citizens (third-parties) who are performing a crime control role in their community, as was shown to be important in the community policing literature (Rosenbaum, 2002; Somerville, 2008). The implications for partnership policy are that partnerships managed at the macro-level also need operational structures to enhance ownership, consistency and engagement between the partners at the local-level. The identification of the need for these processes to enhance the overall functioning of regulated partnerships contributes to addressing partnership implementation knowledge gaps. However, the specific operational and management structures of these local-level partnership nodes requires further research. The absence of partnership structures and processes at the micro-level and the associated implications for partnership policy are discussed in Chapter Six.
Chapter summary

This chapter has described the key findings from qualitative studies involving the macro-level stakeholders in the partnership intervention implemented by community pharmacies. In this chapter the stakeholders’ experiences and perspectives concerning their role in the development of the intervention; their experiences concerning the implementation and their perceptions concerning the impact and effectiveness of the partnership intervention have been examined. The next chapter describes the key findings from interviews with the local-level third-parties responsible for activating the partnership intervention and also presents the findings concerning local-level police experiences and perspectives concerning their partnership role, the integration of the partnership into their policing practices and the perceived utility of the partnership intervention.
Chapter Six: Exploring local-level partner engagement in the partnership intervention

This chapter examines the experiences and perceptions of micro-level partners – police and community pharmacists – involved in the partnership intervention at the local-level. The first section of the chapter presents the perspectives of third-parties from both States who were systematically sampled\(^{26}\) from the online survey whilst the second section examines the findings from interviews with police and third-parties in two case study sites in Queensland. These interviews focused on examining the context of regulatory engagement, third-party experiences with Project STOP and partners’ perceptions of intervention effectiveness. To protect the confidentiality of these local-level case study sites, the locations are referred to as Site A and Site B.

This chapter highlights the importance of monitoring and reviewing the implementation of partnership interventions and seeking feedback from police and third-parties operating at the local practitioner-level. Many of the issues identified as impeding optimal engagement in the intervention identified in Chapter Five relate to streamlining processes, increasing certainty, improving data quality and empowering pharmacists to make the best possible use of Project STOP. Many of the police issues relate to the absence of partnership frameworks with which to guide their engagement with third-parties, consistency of third-party engagement, useability of Project STOP data and lack of resources to ensure that proactive methods are a priority in regional centres. It is likely that many of the concerns with the partnership intervention identified in Chapter Five are able to be remedied through the conceptualisation of a partnership model that seeks to minimise these impacts by strengthening both management and operational structures associated with the intervention. The application of the partnership intervention by police and community-pharmacists at the local-level is examined in this chapter.

\(^{26}\) Every third record was selected for the telephone interview sample.
Part One: Third-party perspectives in two States

A total of thirty-six community pharmacists were interviewed across Queensland and Victoria for the purposes of examining third-party narratives concerning their decisions to engage in the partnership intervention and their observations of the outcomes of the strategy. Comments presented in this section will be referred to as V for Victorian respondents and Q for Queensland respondents.

Context of third-party regulatory engagement

The results of interviews with a cross-section of pharmacists (n=36) in the two study jurisdictions Queensland and Victoria showed that around two-thirds of respondents did not perceive that the regulations – as at November 2009 – were adequate for reducing the problem of pseudoephedrine diversion from pharmaceuticals. In particular, Victorian respondents discussed the need for their legislation to mirror Queensland’s. Although a small number (around 14 per cent) of respondents expressed agreement for all pseudoephedrine products to be further scheduled to prescription only, the majority of respondents were not in favour of this measure. There was no pattern regarding the organisational characteristics of the pharmacists who were in favour of further tightening access to pseudoephedrine, however these respondents agreed the intervention was not working. Much more widespread support was expressed for national mandatory recording of all pseudoephedrine sales and the mandatory use of a recording and reporting tool like Project STOP. The support for Project STOP as a mandatory reporting tool is expressed in these comments:

I believe Project STOP is the best option provided it is made compulsory for all pharmacies ... If everyone is not doing it (using Project STOP) it defeats the purpose (V).

I have found it to be effective. The alternative of keeping paperwork for police and sending it off once a week is more demanding (Q).
Effective? No not at present because it’s not mandated. If a business owner wants nothing to do with it (Project STOP) it is difficult for the pharmacists employed there to do anything different (V).

In terms of the third-parties regulatory responsibilities regarding their handling of pseudoephedrine transactions, almost no respondents indicated that they would always personally handle the sale of a pseudoephedrine product. Around half of the respondents claimed to have only partial involvement with the customer when a request for pseudoephedrine was made. Respondents in both States indicated that pharmacy assistants predominately conducted the screening interviews with customers to establish therapeutic need and during the process the assistant would consult with the pharmacist. From these admissions it would appear that despite pseudoephedrine products being pharmacist-only schedule-three medications, typically their sale is treated only slightly differently from an over-the-counter schedule-two medication. Although many of the respondents acknowledged that these actions constituted imperfect engagement with the regulations, most asserted it was adequate. Additionally many who agreed that this was their standard practice stated they ensured high levels of staff training and instigated pharmacy policies concerning these operational choices. The main reasons cited for partial engagement in the sale transaction included that the pharmacy was too busy for them to take the time to be personally involved and that highly trained staff along with pharmacy policies enabled their assistants to competently perform the initial questioning of the customer in their request and to process the sale.

The main ‘target-hardening’ element of the intervention relates to the placement of the pseudoephedrine products in the community pharmacy. All respondents in both States reported that pseudoephedrine was inaccessible to customers and in most instances the respondents indicated that limited stock was on display. The main reason given for displaying limited quantities of pseudoephedrine product behind the counter was to reduce the risk of break and enter by giving the impression that only a small quantity of product was on the pharmacy premises. The compliance with this component of the regulations was not problematic for these respondents.
As discussed previously, the partnership intervention comprises mandatory regulatory components and voluntary components. Although Queensland pharmacists are required to record and report all pseudoephedrine transactions and Victorian pharmacists to report suspicious transactions, the method used to do this is not specified by the regulations\(^27\). Respondent pharmacists in Queensland (n=24) reported using Project STOP to meet their regulatory requirements however Victorian respondents (n=12) stated that they used Project STOP inconsistently and infrequently to record pseudoephedrine sales transactions. Moreover Victorian pharmacists were more likely to contact the Department of Health directly if they were concerned about a suspicious request. It was not uncommon for Queensland pharmacists to record the transaction in more than one place, with around one-third of respondents recording pseudoephedrine transactions in Project STOP as well as providing details of these transactions to police by facsimile or in person. Overall there was more interest and willingness by Queensland pharmacists than Victorian pharmacists to maintain professional relationships with police regarding their involvement in the intervention.

Interviews with respondent pharmacists in both States indicated the most prevalent reasons influencing regulatory engagement included pharmacists’ sense of their professional duty; to reduce the possibility of medical contradictions; and due to regulatory requirements to perform these roles. Victorian pharmacists did not cite regulatory requirements as a reason influencing their decision to implement the measures around pseudoephedrine; rather, professional responsibility and medical contradictions were cited as the primary reasons for their engagement. This finding is consistent with the literature which shows this jurisdiction as having a much less restrictive regulatory framework compared to Queensland’s top-down regulatory approach (Ransley, 2012). Accordingly the absence of active enforcement of the community pharmacists in the performance of the regulated roles in Victoria contributed to a more casual outlook by the respondents in this jurisdiction. In contrast Queensland respondents agreed that the active monitoring and potential for audits – by the PET – motivated them to instigate operational routines to comply with the health regulations. The findings indicate the presence of the regulations, together

\(^27\) At the time of conducting this research.
with active enforcement motivates third-parties to engage in practices consistent with the performance of their respective responsibilities.

**Intervention impact**

Respondents were asked about the key benefits and or consequences observed following the rescheduling of pseudoephedrine including observed or perceived impact on the community pharmacy to the targeted crime problem. The most prevalent key benefits from the intervention included observations of fewer suspicious people in the pharmacy; being able to better monitor pseudoephedrine products; having the capability to prevent multiple sales and having the ability to refuse non-therapeutic sales. The respondents agreed that having a formal regulatory mechanism that empowered them to refuse supply of pseudoephedrine products was beneficial. Moreover implementing measures that increase the level of contact between pharmacist and customer was perceived as being positive as it facilitated greater levels of product and patient monitoring, as expressed by these comments:

> It gives greater pharmacist interaction with the customer and greater quality of use of medicines. It sorts out the genuine customers from non-genuine and we have less unsavoury people in the pharmacy. When we ask for their licence they (runners) generally don’t make a fuss and just turn around and walk out (Q).

> We’ve had less stealing, less abuse of staff and less ‘ferals’ in the pharmacy since the regulations and Project STOP (Q).

The most prevalent key consequences cited by the respondents included operational issues such as slower processing time for customers seeking pseudoephedrine products as well as the extra work for the pharmacist. A number of respondents highlighted that the profit margins on these products did not financially compensate them for their increased role in the supply of these products. Other issues raised by around half of the respondents was the heightened vigilance around the correct supply of products and the perceived need for pharmacists and staff to be suspicious of
customers making requests for pseudoephedrine. When asked about other negative consequences, Queensland respondents reported increases in pseudoephedrine prescriptions, increased presentations of fake 18+ photographic identification and increased break and enter to the pharmacy premises. Victorian pharmacists reported increased use of fake identities to purchase pseudoephedrine however they had not observed noticeable increases in pseudoephedrine prescriptions and or break and enters to the pharmacy.

Pharmacists reported a range of both positive and negative effects from the rescheduling of pseudoephedrine. Notably the positive aspects of the intervention include the provision of a mandated approach concerning handling and storage of pseudoephedrine products, whereas negative effects cited were the extra time required for the processing of requests for pseudoephedrine medications, the lack of financial compensation for this increased role and increasing other crime related to the pharmacy such as break and enters. The findings show mixed perspectives concerning the relative benefits and consequences associated with the intervention. Respondents were asked if the burdens associated with their engagement with the partnership intervention were proportionate to the observed or perceived benefits achieved. Around ten per cent did not perceive the balance to be proportionate. The key reason for this view was associated with increased property crime such as break and enters to the pharmacy as a consequence of the partnership intervention. Notwithstanding, the majority of respondents agreed that the benefits associated with the intervention were proportionate to the burdens. Moreover the respondents who perceived disproportionate burden had either ceased or planned to cease stocking pseudoephedrine products. The findings suggest that equipping pharmacists with regulatory authority to decline pseudoephedrine sales on the grounds that the products are unlikely to be for genuine therapeutic need has given these third-parties much needed authority to contribute to diversion prevention efforts. Although almost all of the respondents asserted that their contact with police was minimal and that they were mostly uncertain about the outcomes of the intervention, collectively the respondent group expressed the view that they believed making a contribution
through the partnership intervention to control the diversion problem was worthwhile, and they were willing to continue making this contribution.

In summary, all pharmacists interviewed agreed the regulatory provisions regarding pseudoephedrine products were beneficial and assisted them to reduce misuse and diversion of pseudoephedrine products. However around two-thirds of respondents perceived the regulations concerning recording and reporting sales\textsuperscript{28} were not adequate in meeting the objectives of the intervention. This view was particularly strong from Victorian respondents who observed that the information available to them to make informed data-driven decisions was less detailed than the information available to community pharmacists in Queensland. Moreover, Project STOP data quality issues in both States influenced pharmacists to make alternative records in their dispensary software or use other methods to record transactions.

The findings of this first study of local-level third-parties highlights that consistent community pharmacist engagement with the regulations was often beyond their operational capacity. That is, the pharmacists often felt compelled to attend to higher priority work and in doing this they would seek the assistance of other staff in the pharmacy to help with the processing of requests for pseudoephedrine products. The respondents viewed the regulations as important for empowering them to refuse supply, whilst providing the necessary compulsion and impetus for their involvement. The active enforcement of regulations in Queensland motivated pharmacists to be involved in the partnership intervention. However, the main reasons given for compliance were to ensure therapeutic supply of medications. The respondents showed a strong desire to perform the partnership role due to professional obligations and expectations to primarily ensure medications are used appropriately.

In terms of outcomes from the intervention, pharmacists in both States indicated that positive crime effects were observed through less shoplifting. Nevertheless displacement of the crime problem had also been observed. At the time of the study none of these consequences were reported to be systemic or significant, however

\textsuperscript{28} as at November 2009
around twenty per cent cautioned that increased property crime in particular would influence their decision to cease the supply of pseudoephedrine in their pharmacy. Despite the majority of respondents indicating that they were unaware of what the police did with the information in Project STOP, they perceived that the extra burden of their involvement in closely controlling pseudoephedrine sales was proportionate to their perceived benefit of reducing illicit drug manufacture and supply. Respondents who did not agree that the burden was proportionate to the benefit stated that their pharmacies had been repeatedly targeted by other crime such as ram raids and burglary, and that it was not financially viable for them to continue stocking and selling pseudoephedrine products.

The second regulatory element examined in this section relates to the placement of pseudoephedrine products in the pharmacy – namely that they were inaccessible to customers. Respondents in both States reported that measures had been taken to ensure pseudoephedrine was inaccessible to customers, with some placing these products in the dispensary thereby making it difficult for customers to ascertain if the product was in stock or if it was sold by the pharmacy. The implementation of regulatory requirements by the respondents in the sample depended considerably on the context of the community pharmacy. These factors include the level of professional support for the intervention at the particular place; the differences in the regulations between the two study jurisdictions; and the size and turnover of the community pharmacy. Interestingly, respondent uncertainty about the police outcomes in the partnership did not have a significant bearing on the willingness of the third-parties to engage with the intervention. The key reasons why lack of police contact did not affect their engagement included the perception that the role was a professional responsibility foremost, and a mechanism to supply police with information secondly.

Notwithstanding, all of the respondents expressed a desire to know more about the impacts of the intervention from the police perspective and desired greater levels of contact from police. Moreover, the study found the respondents who had observed positive changes in their own pharmacy were committed to the continuation of their
involvement in the intervention, whereas those who were unsure or negative about its impact expressed a ‘hope’ that the intervention was making a difference. Rogers (1995) argues that the ‘observability’ of change as a result of an innovation is important to motivate an entity to consistently adopt the practice into their usual practices and routines. Additionally if an entity can observe a benefit or improvement in the performance of a operation or function with the aid of the innovation they will be more likely to be motivated to permanently adopt the strategy (Rogers, 1995). The innovation diffusion literature provides insight regarding the knowledge gaps concerning the factors which influence third-party adoption of a role in a policing partnership and will be further discussed in Chapter Nine.

Third-party engagement with Project STOP

Full participation in the voluntary component of the partnership intervention is defined as the third-party using the Project STOP database on a routine daily basis for all transactions involving schedule three and four pseudoephedrine products. Whilst the respondents in both study States aspired to fully participate in the partnership, the study found that in operation, respondents found it difficult to achieve this. This section examines Queensland and Victorian pharmacists’ experiences and perceptions concerning their voluntary engagement with Project STOP including the factors which motivate them in the performance of this role.

The research findings suggest a spread of experiences by third-parties concerning their engagement with Project STOP, particularly in Victoria. Around one-third of the respondents indicated that Project STOP is used as much as possible for routine recording of all pseudoephedrine sales transactions, one-third of respondents use Project STOP when it is perceived that the sale request is suspicious and one-third of respondents commonly use alternative means to notify the relevant stakeholders about suspected pseudoephedrine runners. Respondents interviewed in Queensland stated that they mostly used Project STOP for every pseudoephedrine transaction, with exception to staff members’ purchases or those made by regular trusted customers. Queensland respondents were found to be more inclined to use Project STOP more regularly and routinely than Victorian pharmacists due to the regulatory
requirements in Queensland. Of the pharmacists who reported using Project STOP on a regular and routine basis the majority of respondents stated that using the database enhanced their professionalism due to its ability to check systematically for previous sales activity for a customer. Using Project STOP allowed pharmacists to make data-based decisions on the appropriateness of product supply and negated their previous reliance on character judgements to ascertain therapeutic legitimacy of the request.

Most respondents from both States agreed that Project STOP was the best current initiative for guiding Pharmacists in therapeutic sales of pseudoephedrine products. However, many indicated they would like Project STOP to be integrated into existing dispensary software to minimise double entry of details. A common theme also emerged concerning improvements in customer acceptance of increased controls and associated processes compared to when the initiative was first introduced. Respondents indicated that despite high levels of customer confusion concerning Project STOP early in the project, by 2009 when the present research was conducted, pharmacists reported fewer confrontations with customers and greater acceptance of the purchasing process involved for pseudoephedrine products, as expressed in this comment:

The entire process takes more time and can lead to people becoming abusive and aggressive. Thankfully the incidence of this has decreased over time as people have gotten used to it (Q).

Pharmacists were motivated to use Project STOP to assist them to identify genuine versus non-genuine therapeutic requests for pseudoephedrine particularly in instances where the customer was unfamiliar. The main reasons why pharmacists used Project STOP included the ability to treat all customers the same; being able make informed and data-based decisions; to deter runners and the desire to prevent diversion.
The findings suggest that third-parties perceive Project STOP as beneficial in a number of ways:

I hate the thought of diversion. Project STOP gives me greater confidence about selling for therapeutic need (Q).

As discussed in section one of this chapter, one of the most critical issues concerning the implementation of the intervention are the regulatory differences specifying how pseudoephedrine sales transactions are to be recorded by the two study jurisdictions. These differences between the jurisdictions were perceived as disadvantageous to the success of the initiative due to fewer opportunities in Victoria to identify non-therapeutic requests. Specifically, the problem of inconsistent and low levels of recording sales using Project STOP, particularly in Victoria, has resulted in less accurate information being available to pharmacists. Consequently respondents in both States perceived that less participation resulted in less accuracy of the data with which to support their decisions about pseudoephedrine supply. Hence concerns were noted about the impact of these known inconsistencies by criminal networks that may be influenced to target this jurisdiction. Contributing to this situation of inconsistency was the large proportion of respondents who expressed uncertainty as to when in the transaction sequence they should use Project STOP (Also See Part Two in this chapter). For instance, around two-thirds used Project STOP to record their decision and not to perform checks prior to dispensing pseudoephedrine. The implications include the underreporting of denied sales and attempted sales.

Further to the issue, of engagement by third-parties with the partnership intervention was the quality and quantity of information in Project STOP. Third-parties in both jurisdictions asserted that this was a major issue that affected their willingness to engage with this component of the intervention. Around twenty per cent of the respondents claimed that Project STOP ‘lost’ their records, and consequently this had reduced their willingness to rely on the data. As previously mentioned, about half of the third-party respondents were using Project STOP to report transactions as required by the regulations but were not actively and consistently utilising the data to verify a person’s supply history. In these instances, the third-parties were more likely to rely on
their own pharmacy-based records to make decisions about supply, particularly for regular customers.

The quality and quantity of information in Project STOP was reportedly an ongoing issue particularly in Victoria. Respondents reported that when checking Project STOP they suspected that the records were missing, incomplete and/or incorrect resulting in the sale being based only on the information collected during the interview with the customer. Despite concerns about data quality, many pharmacists reported relying on the information in Project STOP to guide their pseudoephedrine sales decision. A sale would be approved if Project STOP did not ‘flag’ the person. The implication of this for diversion prevention is that pharmacists are unable to properly perform their role with incomplete information. This finding supports the argument for using regulation to strengthen the consistency of partnership contribution.

**Third-party perceived partnership effectiveness**

Although Project STOP was highly regarded by most pharmacist respondents, particularly those practising in Queensland, around twenty per cent were less enthusiastic about the usefulness of Project STOP. Most of these respondents were in Victoria and cited the limitations of the intervention specifically the restrictive State privacy legislation; that limited the amount of information they could enter and subsequently view in Project STOP concerning a person’s purchasing history. Other issues highlighted in this jurisdiction included the absence of identification linking; regulations limiting reporting of suspicious sales only; negative perception of police performance in the partnership and concern regarding consistency of engagement of third parties in the partnership, as expressed in this comment:

> I believe the current regulations in Victoria will be more effective if STOP is made compulsory for all pharmacies. We apply the same rules for all customers, including regulars so nobody feels discriminated against. However, some customers comment that some pharmacies around here (this neighbourhood) do not apply STOP (V).
The perception of police performance in the partnership appeared to have the greatest influence on third-parties in their decision to provide information to police through Project STOP. The third-parties who were positive about police performance were more content to utilise Project STOP than those who had observed or perceived police engagement with them in the partnership as either absent or problematic. Other issues impacting on respondents’ willingness to use Project STOP included the input costs relating to pharmacists’ time, loss of profits through reduced pseudoephedrine sales and widespread issues of inconsistent recording of pseudoephedrine transactions in both jurisdictions. Furthermore, the perceived lack of regulatory oversight concerning pharmacists’ responsibilities with pseudoephedrine in Victoria was interpreted by at least half of the respondents in that State as a signal that their participation in the intervention was unimportant. Consequently, these findings suggest that the presence of active monitoring and potential enforcement of the partnership role signals to third-parties that their role is important and non-compliance with regulatory requirements can attract legal sanctions. The presence of an active enforcement agency in Queensland is a significant factor motivating third-party engagement with the partnership intervention in this State.

Part One summary

In summary, Part One of this chapter has examined pharmacists’ experiences concerning their engagement with the intervention to prevent the diversion of pharmaceuticals containing pseudoephedrine from community pharmacies. The findings highlight a tapestry of experiences and observations influencing third-party decisions to perform this designated crime control role. The study findings suggest that some barriers to engagement with the partnership intervention were evident in both jurisdictions. These issues have stemmed from the perceived inadequacy of the regulations to promote a consistent approach through recording and reporting pseudoephedrine transactions; the lack of police engagement with the third-parties in the performance of their role at the local-level; the perceived absence of regulatory oversight in one State; as well as the absence of integrated systems and data quality issues. Notwithstanding these barriers to engagement, most respondents supported the potential of Project STOP to assist them to prevent diversion of pharmaceuticals.
and were optimistic that the resolution of the identified issues would encourage them to continue to engage with the partnership intervention than those who had not observed positive benefits. In particular, respondents who had observed change as a result of the intervention were more motivated to continue to be involved with the intervention. Likewise, those that had positive interactions and perceptions of the police performance in the partnership intervention were more favourable about the utility of the strategy. The implications for partnership policy highlight the importance of monitoring and reviewing of partnership interventions and making changes to partnership structures and operations in line with remedying issues that appear to diminish partners’ performance and or outcomes of partnership interventions.

The next section of this chapter examines third-party and police engagement in the intervention in two case study sites in Queensland. In particular, this study is concerned with the narratives of these partner stakeholders to examine the extent with which the partnership is integrated into their operational routines and the types of outcomes observed from the partnership intervention.

**Part Two: Exploring local-level engagement in the partnership intervention at two case-study sites**

The purpose of the case study is to examine the implementation of the partnership, in particular its translation from policy to practice and to examine the perceived outcomes of the initiative in these local-level contexts. This section details the findings from a study comprising face-to-face interviews with pharmacies and key police representatives in two Queensland case study sites. To protect confidentiality of these towns the sites will be referred to as Site A and Site B.

In this study pharmacists were asked about their use of Project STOP; the factors that motivate their use of Project STOP; their level of engagement with police in the context of the partnership and their perceptions of the impact of Project STOP. District level police representatives operating in these locations were asked about the nature

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29 Refer to page 92 for detailed description of site selection.
30 See appendix F for the interview schedules applicable to the case study interviews.
of the methylamphetamine problem; their engagement with Project STOP partnership and their perceptions of the outcomes of the partnership intervention.

The results of this study are presented in two parts, comprising the experiences and perceptions of community pharmacists followed by the experiences and opinions of the district level police. A total of sixteen pharmacists were interviewed, involving seven in Site A and nine in Site B. Interviews were conducted with all pharmacies operating in these two towns with one pharmacy from Site B unwilling to participate in the research. This represents a 90 per cent response rate overall. Each set of key findings is presented in three main themes. These are: the context of partner engagement with the partnership intervention, perceptions of impact and effectiveness of the intervention.

Third-party engagement with Project STOP

At the time of the interviews all third-party respondents in the two sites had experience using Project STOP. Respondents in Site A readily admitted to inconsistent and selective use of Project STOP. For instance none of the respondents used Project STOP to record the details of customers who had prescriptions; of customers who purchase combination products; or for well-known customers. Similarly to the reasons reported in Part One of this chapter, interviews with pharmacists found that they were motivated to engage in the intervention due to their sense of professional responsibility and a desire for a consistent approach to the problem of pseudoephedrine diversion, as reflected by these comments:

It’s a moral decision. I don’t want to be a part of the problem. Others have an apathetic attitude particularly some of the older pharmacists. Younger pharmacists tend to have a different attitude - they want to save the world. (Site A).

We are legally obliged and we have social concerns and business concerns (Site B).
It represents a consistent approach for everyone. It stops you being accused of being judgemental. I have never said yes through a duress sale – its either no or yes (Site B).

I want to make sure that the police know about the runners (Site B).

I want to look after a person’s health either for inappropriate use or overuse. We have a duty to the public to police the use (of pseudoephedrine) medically speaking. We have a duty of care to the public to prevent misuse and diversion (Site A).

Most respondents were favourable about the utility of Project STOP, except for one respondent in Site B who thought Project STOP was only good for the police, as expressed in this comment:

It helps police keep tabs on them – it’s not going to stop the problem completely (site B).

The barriers to engagement in the intervention included fear of reprisals on pharmacy staff and the pharmacy premises when product supply is declined. This was of particular concern in the evening or on the weekend when surrounding shops were closed and fewer staff were on duty:

If I’m here by myself at night with one other female, I’ll always sell the product – there is no way I’m going to refuse – it’s not worth compromising my personal safety over (Site B).

Other barriers concerned the tension experienced in balancing and managing commercial interests of the community pharmacy as a business with the professional need to refuse supply of products:

Commercial focus of some pharmacists takes precedence over better judgement (Site B).
Some pharmacies don’t want to affect their bottom line. They have a business hat and a health professional hat. There is definitely apathy towards it and there is not enough (information) going in (to Project STOP) (Site A).

Pharmacy owners’ commercial interests are being put first. Participation in the partnership impacts on profitability particularly if the business is being broken into and the costs of repair associated with that. It is too much of a burden for pharmacists and the negative consequences outweigh the benefits of stocking it (Site B).

If owners don’t endorse its use - because it affects their profit - it’s difficult for the staff to use it. Three owners of these pharmacies all strongly endorse its use and ensure all staff are properly trained and refer all sales back to the pharmacist. We don’t do duress sales - the pharmacists will just say no (Site B).

As highlighted previously, one of the most significant barriers impacting on the outcomes of the partnership is the inconsistency with which third-parties use Project STOP, as expressed in these comments:

There is no consistency amongst pharmacists in one area, everyone has their own view about when to refuse supply, when to enter the information into Project STOP, and when to supply. We all need to be doing the same thing (Site B).

There are anomalies in the data and inconsistencies with how the data can be entered, for instance at what point in the sale should the data be entered? More clarification and tightening up the database would be useful (Site A).

I know that a few pharmacies in this area who don’t use Project STOP and I think that’s a barrier. If we all did it there would be more people out there that we could keep an eye on it (Site A).
Additionally, in Site B pharmacists’ willingness to engage with Project STOP had been affected as they perceived that local police did not value their participation in the intervention, as expressed in this comment:

At a neighbourhood watch meeting the local police in attendance told the audience that they don’t think Project STOP does anything and they don’t really care that much about the information (Site B).

A small proportion of pharmacists at Site B were unsure of the effectiveness of Project STOP but stated they used the product because it was the only thing available.

It’s ok, I’ve had problems viewing the records – the ones that I know that I have entered have disappeared (Site B).

Yes, it’s the only thing available. I’d prefer all pseudoephedrine went to schedule 4 (Site B).

Yes probably. Although when refusing sales people usually deny having purchased elsewhere (Site B).

The third-parties in both of the sites used Project STOP for the majority of transactions, particularly for customers that they didn’t know. In the main, pharmacists perceived Project STOP to be a useful strategy. Themes emerging from these findings include the importance of considering the context of third-party engagement; addressing third-party uncertainty about the police role in the partnership; the difficulty for third-parties in balancing commercial and professional interests; third-party concerns about reprisals for declined sales; and inconsistent third-parties engagement in the partnership and the subsequent impact on data quality.

**Intervention impact**

Around half of the pharmacists at Site B and most of the respondents at Site A believed that Project STOP had a positive effect on reducing the level of diversion of pseudoephedrine products, and that using Project STOP had deterred runners from
targeting their pharmacy. However at least half of respondents at site B perceived little or no change in the behaviour of runners, as expressed in these comments:

I don’t know if it has in the big picture because we don’t get to see that. I think on the small scale it probably has, I think we probably don’t get to see as many runners as frequently. I guess if everyone makes their contribution on a small scale then maybe we would see a larger overall impact (Site A).

Of the pseudoephedrine sales now they (runners) tend to be young females. I suspect they are supplying their boyfriends – cooks – or trading the pseudo for pills. Runners are on the decline. We will not sell if suspicious and we do not do duress sales (Site B).

The findings indicate that the presence and active use of Project STOP corresponds to perceived impact on the frequency of suspicious requests by persons attempting to acquire pseudoephedrine for diversion. When pharmacists in Site B were queried about their perception of Project STOP impact, the respondents were evenly split in their agreement of a temporary or permanent effect being achieved. Some qualified their perception of a permanent effect by adding ‘if it goes mandatory’, ‘in this pharmacy’ and ‘if other States adopt the same approach’. Of those who said it was a temporary effect the most frequent reason was that ‘they [runners] are always trying new ways’ to get around the system. The majority of respondents in Site A perceived a permanent effect as a result of Project STOP, as expressed by this comment:

I think it has permanently reduced it, if we continue to record the sales surely it must deter. Most of them (runners) slink in and slink out – they don’t want to draw attention to themselves (Site A).

Other impacts of the intervention include the unintended consequences of making access to pseudoephedrine more difficult and more risky. The respondents observed that runners were adopting alternative methods of acquiring the products held by community pharmacies. These tactical displacement type activities included using more young women to request the pseudoephedrine as well as increases in other
crime such as break and enter on the pharmacy. In a review of studies examining the frequency of observed displacement following a crime control intervention, Guerette and Bowers (2009) found that crime displacement and diffusion of benefits are equally likely to occur with an average of 26 per cent of offence displacement and 33 per cent target displacement. The findings of this study are consistent with previous studies, with around one-third of respondents reporting offenders adopting alternative pseudoephedrine acquisition methods as a form of tactical displacement (Guerette, 2009)\textsuperscript{31}.

Many of the third-parties indicated they were unsure of the impact of the intervention due to the absence of direct police contact in the context of the partnership. Whilst about eighty per cent of the respondents indicated they did not know what the police did with the information they provided and wanted more contact and feedback from police regarding the outcomes of the intervention, as expressed in this comment:

If all pharmacists focus on the repeat offenders and provide those details to police that would improve outcomes. We see approximately 10 runners per day but we have no idea what police are doing (Site B).

The remaining twenty per cent of respondents indicated police in their community took an active interest in monitoring and enforcing pseudoephedrine diversion and in the pharmacists’ role as crime controllers. There was no difference in the sites concerning the amount of information they received from police and or the level of contact with police. Third-party satisfaction with the police role in the partnership increased where third-parties directly provided additional information to police together with the data entered into Project STOP. The provision of additional data by the third-parties was considered to be a useful direct communication method to facilitate the exchange of feedback between police and pharmacists. Conversely, respondents who reported no contact with police were the most dissatisfied in the partnership, as expressed by this respondent:

\textsuperscript{31} Examining the frequency of observed or tactical displacement was not a research question and therefore the discussion of these observations in this chapter is limited. Further research is needed to thoroughly examine the nature and extent of displacement and unintended consequences relating to the intervention.
We’ve had irregular contact. We don’t have any official protocol around police visits. We used to fax through information to one particular officer who used to come and visit us but out of frustration and lack of contact from police we have given up doing that. If we knew what was happening with the information we’d be more enthusiastic about collecting it and passing it onto to police (Site B).

Unlike Site B, none of the pharmacies in Site A said they had any contact with police and hence they expressed split views about the extent of the police role in the partnership. One-third of respondents believed police “did enough” with the information, one-third were not sure and one-third did not think police did enough. The implications for partnerships include the importance of local-level partnership structures to enhance perceptions of legitimacy; to facilitate communication between the partners and to promote consistency in the respective roles performed by the partners. Despite police performing a role of data recipient in a partnership model that focused on one-way data transmission, it is clear from the experiences and observations of third-parties that the absence of local-level engagement by police particularly with respect to supporting the third-parties in the performance of their role has influenced disengagement amongst third-parties. Moreover, it is apparent that high levels of uncertainty of roles and subsequent ambiguity concerning the nature of partnership outcomes has influenced less than optimal engagement in the partnership intervention. Hence, it is crucial that partnership models consider the importance of partnership leadership at all levels of the strategy and incorporate effective structures which not only facilitate communication between the partners at the macro-level.

Third-party perceptions of intervention effectiveness

Most respondents in Site A and Site B indicated satisfaction with the operation of Project STOP in their pharmacy. This was despite around one-third of pharmacists expressing concern about the quality of the data in Project STOP. Third-party reservations about the effectiveness of the partnership intervention were influenced
through their observations of inconsistent use by other pharmacies. Findings suggest these observations impacted on their willingness to engage in the strategy.

Overall perceptions of partnership effectiveness showed two-thirds of pharmacists thought a decrease in diversion and the deterrence of ‘runners’ had occurred in the period following the implementation of the intervention. One-third of pharmacists did not agree, as reflected in this comment:

No it’s ineffective, because it only verifies a reasonable sale. We check the database after the person has passed the interview stage during the dispensary process. We have asked for guidelines about using the database and haven’t received anything. We want guidelines about when it is reasonable to refuse a sale – this way we are all doing the same thing (Site A).

Although one-third of the respondents had reservations about the benefits of Project STOP, the pharmacists readily acknowledged the positives which Project STOP delivered for them as well as for police, as expressed in this comment:

Project STOP works 365 days a year, a single pharmacist can’t witness all of the sales. We’ll have no history of the person if we’re not using it (Site B).

In response to the identified barriers to pharmacist’s optimal engagement in the partnership, respondents made a number of suggestions concerning intervention enhancements and modifications, including:

The interface is fine. We’d like more feedback but less information on the initial sign-on screen for Project STOP – its information overload – no-one has time to read it. Project STOP should stay as Project STOP (Site B).

Many of the respondents in both case study sites commented that they would like to be able to see a person’s pseudoephedrine purchasing history for longer:

I would like to do a query and see detailed results for a small geographical area and I want to be able to see sales for the last six months. Using duress sale
absolves of responsibility – it’s the easy way out of having to deal with these people (Site B).

Remove the pharmacist from having to make the decision and then might get a more consistent approach. Increase the number of days that records can be viewed to up to two weeks at the minimum (Site B).

If we had everyone’s medical history in one place it would prevent a lot of errors. Increased history, linking of the id’s and family id’s linked like they are on the Medicare card. We would like more feedback, all pseudoephedrine onto script, limit on packs, no repeats or limit on repeats (Site A).

Third-parties in both sites agreed more detailed documentation on the expectations of their role in the partnership would enhance consistency and participation:

Have documentation of the process – assistant to do screening, get licence, do checks, make decision in consultation with pharmacist, record decision dispensary history and in Project STOP and dispense product (Site B).

I’d like increased clarification on how records should be reported and a longer history in Project STOP (Site A).

Need to revisit training of pharmacists (Site B).

Respondents suggested that increasing the amount of information available in Project STOP would help alleviate concerns about Doctor shopping for pseudoephedrine products, as expressed in these comments:

Add the prescriber number into the database. The system itself is good but pharmacists are their own worst enemy. Need opportunity to push professional bar up higher. We have a good relationship with two detectives. Script or not if there is no photo identification then we will say out of stock. Due to inability to
record it on Project STOP we often will send police a fax with the car registration and any other information (Site B).

Include a reason column in Project STOP. For example I had an S4 script and had to dispense two days in a row because the person was flying overseas. Anyone else viewing the record would wonder why (Site B).

Mandatory recording of all pseudoephedrine sales was favoured by a number of respondents in both sites as a method of improving consistency in partnership implementation, as seen in this comment:

I am pleased about mandatory reporting being introduced in Queensland (Site A).

Most of the respondent pharmacists in both sites agreed receiving more feedback from police about the outcome of the partnership would motivate them to place a higher priority on participating in the partnership, as seen in these comments:

We’d like more feedback from police (Site A).

We want to know about convictions and the court outcomes and we want a strong outcome otherwise there is no deterrence, and little point to our involvement (Site A).

As well as receiving more feedback, some pharmacists wanted police to be more responsive:

I would like to be able to phone police to say that a runner is in the store and come and get him. Police need to be more responsive. The system is flawed as pseudoephedrine should only be available on prescription (Site B).
Part Two summary

Part Two of this chapter has described the experiences of third-parties in two small Queensland towns. It explored the context of the implementation, impact and perceptions of intervention effectiveness at the two case study sites. A number of barriers to optimal engagement in the partnership were highlighted along with suggestions from the third-parties to address the identified concerns. The findings highlighted that the third-parties at both sites were motivated to use Project STOP as it represented a constructive course of action in response to the problem of pseudoephedrine diversion from pharmaceuticals. Pharmacist engagement with the intervention was motivated by their strong sense of professional responsibility although implementation was impacted by a number of barriers. These barriers included: the inconsistent use of Project STOP by other pharmacies and subsequent data quality issues; the perception that police were not that interested and/or did not value their contribution; balancing commercial and professional interests; duress sales in circumstances where personal safety was an issue as well as an overall absence of contact with police concerning the performance of respective roles in the partnership intervention.

To address issues of consistency, the pharmacist respondents agreed that uniform recording standards and mandatory reporting would promote consistency of approach within and across jurisdictions. To address issues concerning police lack of engagement third-parties agreed that increased contact with police concerning their respective roles was desirable. Balancing commercial and professional interests as well as using duress sales as a consequence of safety concerns are more complex issues to resolve, and require further research. However, the respondents suggested that, as well as using regulations to promote consistency, they should also be empowered to record additional information on Project STOP, such as the prescriber number, and be able to view the records for longer. The implications for partnership policy is that police and third-parties alike are in favour of utilising regulations to enhance the consistency of the partnership and to provide greater certainty to the respondents about the expectations of their role and the role performed by the police. As discussed in Chapter Six, a stronger regulatory framework necessitates a more committed approach
to proactive policing methods for policing organisations, including partnership monitoring, performance measurement, review and management of the intervention at both the macro and micro-levels.

Part Three of this chapter describes the key findings from local-level police interviews in the case study sites (See Part Two of this Chapter) to ascertain the context of implementation of Project STOP and to examine the processes that have enabled its integration into policing operations in these areas.

**Part Three: Police experiences of the partnership intervention at the local-level**

A total of nine police officers were interviewed from Site A and Site B, five and four from each site respectively. These police occupied positions in management, intelligence and criminal investigation. Officers were selected due to their respective roles at the local police station including officer-in-charge, criminal investigation officers and intelligence officers who had access to Project STOP. The key findings from these interviews with police are organised into three main areas and are presented in three sections in Part Three of this chapter. These key areas are: the methamphetamine problem; police engagement with Project STOP and police perceptions of partnership effectiveness.

**The methamphetamine problem**

Police were asked to describe the methamphetamine problem in their respective towns. Both groups agreed they had a significant methamphetamine problem that has been ongoing issue since the early 2000s. The methamphetamine problem, particularly its clandestine manufacture, has been an ongoing crime issue in Site A since 2002. Police reported one in five drug searches during 2002 would yield methamphetamine with this proportion increasing to four in five searches yielding the drug in 2009. Increases in methamphetamine seizures in this community were not accompanied by increases in the detection of working illicit drug laboratories. Hence police concluded that much of the drug consumed in this community was manufactured elsewhere and brought in through established criminal networks.
operating in the district. In addition to a large methylamphetamine-using population, Site A also reported a large Ecstasy using population.

In Site B during the early 2000s police reported detecting more amphetamine laboratories than the rest of the State as a whole. In 2009 Site B reported that more people were cooking methylamphetamine than ever before and evidence of this activity was more prominent with increasing reports of damage from drug manufacturing in hotels and models. Despite the proximity of Site B to rural properties, police believed that criminal networks typically used residential locations occupied by the members of their group to produce batches of methylamphetamine. Moreover police in Site B suspected many smaller cooks were occurring and more frequently from just one packet of pseudoephedrine. A large population of methylamphetamine users reside in Site B, and unlike Site A the supply market is shared by a number of criminal groups. Site B noted the main source of pseudoephedrine used in methylamphetamine production are pharmaceutical products however police are also aware of criminal groups attempting to source alternative precursor chemicals from legitimate businesses. Precursor diversion from pharmaceuticals and limited pharmacist engagement in the recording of pseudoephedrine transactions is a feature of both Sites.

**Police engagement with Project STOP**

Up to November 2009 Site A had one case of possible diversion brought to their attention as a result of the Project STOP data, as expressed in this comment:

> The one file which was sent up from Brisbane was a person who had purchased a small number of boxes in a short timeframe from several pharmacies. Checks were conducted and the person had no criminal record, was not known to police and had no known associates – the case went no further (Site A).

During the time that Site A has had access to the Project STOP data, police indicated that they had identified a few cases of people buying multiple packs of PSE in an hour
however following further interrogation of the available data, police could not justify pursuing the matters, as expressed here:

Project STOP doesn’t give us much to go on … and the data doesn’t help us with our investigations (Site A).

Police at Site B indicated that they had limited knowledge of and limited use of Project STOP\textsuperscript{32}. The intelligence officer was the only respondent at this site with any understanding or experience of using Project STOP. One of the respondents, in a management position, indicated that prior to being invited to participate in the research that they had never heard of Project STOP. In the main, the respondents’ limited knowledge about Project STOP raises questions about how such a strategy can be effectively implemented when there is limited knowledge about its existence, objectives and capabilities.

Neither site had used Project STOP extensively and both sites discussed a number of technical, resource and prioritisation issues all impacting on police capability to engage in the partnership. Moreover police in both sites indicated that they had not received any training or information in Project STOP and that subsequently its use was incorporated into the intelligence officer’s role. The intelligence officers in both sites indicated that due to the difficulties in extracting meaningful data from Project STOP in a timely manner, the database had not been routinely used to monitor pseudoephedrine supply markets in their community or district. Additionally when police at Site B analysed the data from Project STOP they quickly discovered that the people purchasing pseudoephedrine were not the drug ‘cooks’ and that making links between the buyers and the cooks was extremely difficult. Police respondents at both case study sites described the trend of criminal groups using young men or women with no criminal history (‘clean skins’) to buy the pseudoephedrine:

The way we police drugs has to change or is changing slightly because we’re dealing with people who haven’t been in contact with us, we’ve never dealt

\textsuperscript{32} Despite no history of an investigation using Project STOP data, at the time of the interview Site B confirmed it was preparing materials to launch the first investigation in this town.
with before, and we don’t know who they hang around with, who they associate with and what their normal movements are... It’s like picking a needle out of a haystack (Site A).

The first thing we try to do in the intelligence office is to create a network – to look at who the person is associating with as the first step to dismantling it. This person means nothing to us – who are they – looking at their phones and through Project STOP is not helpful because it’s giving us information on someone who we know nothing about (Site A).

Police stated that even if they could respond immediately to a pattern of buying that suggests diversion, by the time they could obtain a search warrant, the products would be off-loaded to another location. Moreover the criteria for obtaining search warrants is driven by evidence and hence information concerning the speculative nature of precursor acquisition – i.e. for the purposes of drug manufacture – was unlikely to yield the requisite proof of criminal activity, as seen in this comment:

If we can’t verify it - it becomes a situation of watch, follow and see if we can actively generate information on the person, but we have to work a lot harder for the information now (Site A).

The challenges with using the Project STOP information also extend to finding enough resources to process the information at the district-level. Police respondents stated no special resources had been dedicated to Project STOP and the analysis of the data was a role incorporated in the intelligence officer’s workload:

Management doesn’t even know it’s there. We don’t put any extra resources into it. We run the names of the known cooks through the database but can’t see that they are buying, and we can’t see who is supplying the cook (Site B).

Project STOP was not a priority in either district. This position was driven in part by the difficulty in extracting information, the difficulty in making any meaningful connections of precursor supply and methylamphetamine manufacture and the absence of
dedicated resources with which to prioritise Project STOP or the partnership with community pharmacy. Both sites indicated the main challenge with respect to using the information from Project STOP is the time consuming nature of systematically identifying linkages criminal linkages with the data, as expressed in these comments:

You may have 20 people on a Project STOP list – they may all be diverting the product but you’ll never know because they’ve never come into contact with police before and they are also associating with people who have never come into contact with the police before – that’s one of the biggest issues and not just here but it’s been recognised across the State (Site A).

There is a lot more people cooking now. When Project STOP first started it was easier to link mules with cooks. But now if there are twenty targets it’s more difficult to know where they are all going and who is supplying them with the pseudoephedrine (Site B).

The police in both locations presented a mixed account of the pharmacists’ performance in the partnership intervention. Whilst police in Site B perceived that the majority of their pharmacists were ‘doing the right thing’ they had observed significant inconsistencies in the amount of information recorded in Project STOP. Site A asserted that Project STOP represented very little value to them due to the inconsistencies of transaction-recording by the third-parties. Police assessed spending time analysing the limited information in Project STOP did not offer good value in operational environments already stretched for resources:

The pharmacies around here use it so little that it’s a tool that represents very little value when you combine with the issue of new offenders and lack of histories. It’s a tool that probably gets used very very little, it would get used more if every time a pseudoephedrine product is sold it is recorded - we’d start using it more often (Site A).
Two years ago an off-duty police officer decided to test the pharmacy staff and ask about Project STOP. The pharmacy assistant had no idea. It doesn’t give us a whole lot of confidence (Site A).

The fact that someone comes in and they burr up because they don’t want their details recorded and so the attendant - the nineteen year old puts it down as a duress sale and just sells it – it defeats the purpose (Site A).

In terms of the third-parties’ performance of their regulatory responsibilities concerning recording transactions, police in Site A indicated that it is just not happening:

We’ve heard that the pharmacies out there that they would rather sell it today than have their window smashed in that night (Site A).

You can’t blame them for making a duress sale – they don’t want agro (from the customer). (Site B)

Participants in Site A were particularly critical of the use of ‘duress sales’ and stated that this function is a real weakness of the system. Police at this site were also critical of the training of pharmacists and pharmacy staff in using Project STOP, commenting that many in this sector seemed totally unaware of the issue and the response which had been put in place to address the problem. Police were frustrated that recording pseudoephedrine sales in Project STOP was not legislated as a mandatory condition of the sale of these products.

Police observed factors that discouraged pharmacists from participating in the intervention. For instance police in Site A believed that some pharmacists were concerned about repercussions associated with participating in Project STOP, as seen in this comment:

33 A duress sale is one which is made when the pharmacist is not satisfied the person has a genuine therapeutic need for pseudoephedrine however continues with the sale as they are under ‘duress’
Our experience is that they just don’t want to get involved … they have a business to protect. When it comes down to it, it’s their business – their livelihood – that they want to protect it. They don’t want to cause too many problems because it’s their business (Site A).

The police in Site A, in particular, believed that the pharmacists were ‘wary about how far they can push the envelope’ and were cautious about possible negative impact on pharmacies should mandatory recording be introduced. Police concerns included potential increased crime such as armed robberies and assaults on staff, are expressed by these comments:

On the flipside if you get the message out there that you need to supply your id, is that going to push people who want to divert the drugs into other offences like robberies and break and enters? (Site A).

I’d rather have people who are diverting their drugs going in and buying them … and having their details recorded. I’d be reluctant to do anything that might push these people out to obtain their drugs in other ways because we don’t have these recording mechanisms (Site A).

If you start pushing too much – you have to record it - it may push these people to think that they are better off doing the break and enter of the pharmacy or warehouse. The likely consequences of having mandatory reporting includes the black-market price of pseudoephedrine products increasing substantially, criminal gangs using ‘clean-skins’ to do the break and enters. Even if they get away with nine out of ten offences they have still yielded a significant quantity and they will get away with a slap on the wrist by the justice system (Site A).

Furthermore, police in Site A stated that pharmacies in their community were reluctant to get involved in the intervention. In 2004, prior to the development of Project STOP – police approached every pharmacy in town to participate in a fax-back system by way of a tick and flick form regarding suspected non-legitimate pseudoephedrine sales. Out of the sixteen district pharmacies approached, only two
There are dodgy pharmacists who are just out for the profit and there are ones who don’t care (about diversion) (Site A).

Conversely, Site B police indicated that many of the pharmacies they had consulted were happy to pass on the information through Project STOP and in some instances would also phone or fax police with additional details. Site B reported that despite these professional relationships some pharmacists had indicated that they did not want ‘active’ involvement in court matters as a consequence of providing information.

They don’t want to know what happens to the information – they don’t want us coming into the pharmacy in uniform and a lot of them don’t want to give statements if the matter goes to court – beyond giving us the information they don’t want to get involved – they don’t want repercussions (Site B).

Respondents in Site A were sympathetic to the impacts on pharmacy businesses regarding their regulatory responsibilities and non-participation in the Project STOP partnership, as expressed by these comments:

We rely on this information as part of our core business but for them to do it – it doesn’t help them to increase their business, increase their sales, but it helps us in ours. We are asking someone to do this extra thing to help us with our core business and we are giving them no return (Site A).

I don’t condone pharmacists not following the law but you can understand it (Site A).

Despite the apparent inconsistencies in third-party engagement in the intervention, police in Site A did not believe a legislated approach would necessarily remedy the situation. They argued that ‘hard’ compliance may bring more significant repercussions and pharmacies would make decisions about their level of engagement according to these concerns, as expressed in this comment:
Saying it’s the law – its shoving it down people’s throats – it doesn’t work. Telling them its legislation – it doesn’t make too much difference. If they don’t want to do it for whatever reason they are not going to do it. They are going to say - is it really worth me doing all this? (Site A).

Perceptions of intervention effectiveness

Police in both sites did not perceive that Project STOP was effective for reducing methylamphetamine production due to a number of factors, as one participant said:

You might say Project STOP hasn’t been effective overall because of the increases in cooking that is going on however the reason for this should not be attributed solely to Project STOP. The opportunities for expansion in the production side of the market have occurred partly due to the ease and efficiency in which the drug can be produced including with other precursors (Site B).

Although the police in both sites supported the idea of an initiative like Project STOP, neither site agreed that it had had an impact on reducing methylamphetamine markets in their community. The police perception of inconsistent engagement by community pharmacists in the intervention, together with the challenges using the available data meant police had not translated into one that produced observable crime reduction.

Suggestions to improve the partnership intervention included police prioritising proactive initiatives at the district-level; implementing organisational structures that provide resourcing for such initiatives, particularly concerning illicit drug issues; as well as the implementation of a performance measurement system that allowed the inputs and outputs associated with these proactive approaches to be monitored. Under current organisational structures police in both sites reflected that they did not have the resources or time to be engaged in partnerships, as expressed by these comments:
We are in contact with pharmacies if they have break-ins and oxycontin issues ... and general responding to crime problems. We don’t have time to do the crime prevention and community policing (Site A).

There is already a system in place that is supposed to capture that information so we wouldn’t spend time visiting pharmacies. There are twenty industries that we could be visiting on a daily basis about policing issues but there just isn’t time (Site A).

Police acknowledged that if the resources were available for proactive partnerships, then they could do more to actively contribute to the management and support of third-party partners in the performance of their regulated roles, as seen in this comment:

We need more of a partnership – we (police and pharmacy) need to take more ownership of the problem and the solution (Site A).

Police at Site B agreed they should be conducting more vigilant monitoring of persons of interest at the local-level and actively engaging with the pharmacy partners to facilitate crime prevention in their area. This view was shared at Site A, however police there asserted that until community pharmacies increased their engagement with the partnership, in particular the use of Project STOP, there would be little benefit of increasing contact with the third-parties, as expressed in this comment:

We’ve had increased challenges associated with investigating drug offences but no increase in the tools to assist. The problem of illicit drugs here is more serious than 12 months ago but we don’t have anything extra to help fight it. Project STOP has made no difference because we are not getting anything and with the information that we do get there is so much unknown with it. If we had a four man drug squad the arrests would go up 400%. What you put in is what you get out (Site A).
The second most prevalent suggestion for partnership improvement was for the introduction of mandatory reporting of pseudoephedrine sales. However, as previously discussed, police in Site A were concerned about the unintended consequences for pharmacists. These concerns are expressed in this comment:

For pharmacies that just don’t want to report the information a duress sale is going to give them the opportunity to not report the information. Mandatory reporting of all sales will result in more break and enters as people refuse to supply identification and increases in duress will occur. The legislation about mandatory reporting together with new restrictions on search warrants will result in detection of drug offences to plummet (Site A).

The third most prevalent suggestion for improving the partnership was enhancements to Project STOP. Specifically the study found that one of the key reasons that police did not use Project STOP was the resource intensive nature of processing the records and matching identification numbers to make useful connections in the data. Police at both sites suggested the enhancements would ideally include automated identity matching capabilities. The fourth suggestion found by the study was police asserting the importance of raising more awareness and facilitating education of businesses and the public concerning pseudoephedrine diversion and the use of Project STOP. They believed that increasing external education of the public would ease the burden on pharmacists. Police asserted that education for other problems – such as drink driving – promotes shifting responsibility onto the individual to know the regulations and hence to accept them, as expressed in these comments:

Through advertising it’s put back onto the community as their responsibility, whereas with Project STOP – it has been imposed on the pharmacies to impose on their customers. I think it would be easier for the pharmacists to swallow if you advertised it in the media to say these are the regulations that are coming into force, this is the law, the pharmacist will ask you to provide identification if you buy this type of product (Site A).
If they walk in and they are pre-prepared and you’ve got your poster and you’ve got your sign the pharmacist has the ability to say that’s the law and I’m not losing my job over it. You make it quite clear to everyone in society that this is the requirement and then it at least backs the pharmacist so that they can say that everyone in the public knows. It’s like nightclubs it’s a nuisance when the doorman asks for your id, and you might look 50, but that’s the law and (if you can’t produce id) you’re out (Site A).

It’s a bit late when they’ve been into the pharmacy and then they are shown the poster. When it’s been in the papers, in the media, it’s been everywhere the pharmacist has than got an out to throw the blame somewhere else, i.e. the Government has imposed this I’ve got no choice. It’s been around for years, you’ve got to give me your id otherwise I can’t sell you the product (Site A).

Police suggested enhancements to the partnership intervention involving resourcing specifically to facilitate engagement in proactive policing strategies as well as the introduction of mechanism to promote a stronger and more consistent partnership approach; improving data matching capabilities in Project STOP and providing education to the public to ease the burden on pharmacists.

**Part Three summary**

In summary, police respondents in both local-level case study sites reported a substantial methylamphetamine problem in their communities. The problem in Site A was linked to well-established crime networks whilst the problem in Site B was thought to comprise a dispersed and unconnected network of criminal groups who were responsible for the domestic manufacture and supply of illicit stimulants. Although police in both sites acknowledged the potential of Project STOP, neither site had utilised Project STOP for the purposes of identifying and investigating criminal behaviour relating to domestic manufacture of illicit stimulants. Lack of engagement with Project STOP also extended to the community pharmacies in these case study sites. Police highlighted several reasons for their lack of engagement with the

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34 Site B indicated that an investigation proposal finalised the week of the interview had been informed by Project STOP data.
intervention including low-level operational priority; the absence of local-level partnership processes; the resource-intensive nature of using Project STOP and perceived low value of information in Project STOP. These barriers were attributed to the inconsistent engagement by community pharmacies in the intervention as well as to changing tactics utilised by criminal networks to acquire pseudoephedrine.

One of the sites highlighted concerns about ‘hard’ compliance for community pharmacists with respect to further increasing their regulatory requirements and the potential repercussions as a consequence of this role. Increasing data quality was flagged as an issue affecting police willingness to prioritise Project STOP at the local-level and mandatory reporting was viewed as the primary mechanism to improve third-party engagement as well as the consistency and reliability of the information available in Project STOP. The other measures recommended by the local-level police included automating the matching of the identification numbers in Project STOP and increasing community education as a measure to decrease the burden on community-pharmacists.

Chapter summary

This chapter has examined the experiences and perspectives of local-level stakeholders concerning the implementation and performance of the partnership intervention, in particular Project STOP. The first section of the chapter examined the perspectives of a random sample of community pharmacists in both study States, and the second and third parts of the chapter examined the experiences and perceptions of police and community pharmacists from two small case study sites. The latter parts of the chapter examined partner engagement and subsequently highlighted a number of barriers concerning partnership engagement. In response to the identified implementation and operation issues, a number of suggestions for improving the functionality of the partnership in the local context were presented.

The findings from this study highlight the importance of consistency in the partnership intervention, ensuring the presence of a local-level partnership structure and engagement processes, compatibility of the intervention with operational capacity and
priorities, as well as the importance of supporting third-parties more broadly through public education. The implications of these findings for partnership policy are the importance of consistent and committed contributions to the partnership intervention by both partners. At present it is clear that each partner group is unwilling to prioritise the intervention due to the perception that the partners are not interested and or non-compliant. Hence developing strategies that remedy operational and perception-based issues and improve partnership consistency and partnership ownership are likely to improve the overall functioning of this partnership. Many of the partnership characteristics found to be important in the community-oriented partnerships literature are also relevant to strengthening this partnership. These are: mutual understanding of partner roles; strong professional connections between the partners; as well as trust and positive perception of partner legitimacy in their role (Tyler, 2004). Moreover, these factors have been found to encourage citizen-level guardianship (Rosenbaum, 2002) and therefore are also likely to contribute to the provision of willing guardianship by third-parties in the community pharmacy setting. Developing local-level partnership structures and processes is also likely to increase the partners’ ownership of the partnership and provide certainty regarding their respective roles and expectations. As an intervention which embraces the use of technology, enhancing the compatibility of the intervention for community pharmacists will influence the adoption of the innovation and the incorporation of the strategy into day-to-day routines and practices (Rogers, 1995). Focusing on strengthening the partnership at the local-level with the tools shown to improve community-oriented partnerships as well as at the macro-level with innovation diffusion principles may obviate the necessity to further strengthen regulatory frameworks to increase coercion of third-parties in their performance of this crime control role.

The next chapter examines the descriptive findings from the survey of community pharmacists in Queensland and Victoria; conducted during July to September 2009.
Chapter Seven: Exploring pharmacists’ experiences and perspectives of the partnership intervention in two Australian States

The functioning of a policing partnership can be explored from a number of perspectives; this chapter examines the perspectives of a large sample of third-parties involved in the performance of the partnership role concerning precursor diversion prevention and uses a quantitative instrument (third-parties survey) to explore relationships in the data. This chapter highlights the findings of a series of bivariate analyses and examines where statistical significance was found when using the study State as the independent variable. The findings presented in this chapter are organised into four main themes and relate to describing third-party experiences and perceptions of the partnership intervention in Queensland and Victoria. The findings are organised into themes and include: impact of pseudoephedrine regulations; context of third-party engagement with Project STOP; third-party perceptions of the police partnership role and perception of partnership effectiveness. The results of these descriptive analyses inform the logistic regression models presented in Chapter Eight. The analysis of the bivariate statistics utilises the respondent State as the primary independent variable and is consistent with the analysis of the key findings in Chapter Five and Six.

**Third-parties’ engagement with the regulations**

Examining the most significant characteristics relating to third-party engagement with regulations underpinning the policing partnership intervention contributes to our understanding about how these crime control models should be structured and managed. The first part of the analysis explores the survey findings concerning third-parties’ attitudes towards the impact of pseudoephedrine rescheduling and the context of their engagement with the regulations. The descriptive analysis utilises the study State as the independent variable and thereby these findings include the

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35 Cost associated with the establishment and operation of the partnership are not examined in this chapter as these data do not specifically relate to addressing the research questions.

36 Post-hoc tests were not performed for these analyses, due to there being only two groups.
observed statistical variance between the States. In these analyses, results are presented as Q for Queensland and V for Victoria.

**Rescheduling of pseudoephedrine**

Rescheduling of pseudoephedrine occurred across every Australian State and Territory from 1 January 2006. Whilst there are variations in the regulations between States, the survey results showed high levels of agreement across variables examining respondents’ perceptions about the effectiveness of the legislation and its usefulness in assisting pharmacists to respond to suspicious pseudoephedrine sales. Similar proportions of respondents (Q-91.4%, $M=4.15$) (V-90.2%, $M=4.21$) agreed that the legislation has been effective in assisting pharmacists to respond to suspicious sales. Moreover over 80 per cent of respondents agreed that the regulations enabled them to better respond to suspicious requests (Q-81%) (V-86.7%), (See Figure 3).

![Figure 3: Regulations effective by State](image)

Table 2 shows the results of the analysis of variance between Queensland and Victoria. Statistically significant differences were found with respect to pharmacists’ engagement with regulations measured through their level of contact with customers and perceptions of the impacts of rescheduling including – a reduction of pseudoephedrine products sold, increases in crime to the pharmacy such as break and enters and doctor shopping. These differences are consistent with the findings in
Chapter Six, where third-parties in Victoria had not yet observed increases in other crime to the pharmacy to the same extent, as reported by Queensland respondents. Statistically significant differences were found in respondent experiences regarding perceived customer uptake of alternative medicines and increases in pseudoephedrine sale refusals (See Table 2). Queensland pharmacists reported significantly higher levels of pseudoephedrine sale refusals whilst Victoria had significantly higher levels of alternative products sold. The findings suggest that, despite perceptions of a less engaged population of community pharmacists (See Chapter Five) in Victoria, this respondent group has a statistically significant higher average of supplying alternative products to customers than in Queensland.

Table 2: Observed and perceived Impact of pseudoephedrine rescheduling

<table>
<thead>
<tr>
<th>Impact</th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>n</td>
<td>M</td>
</tr>
<tr>
<td>Reduced PSE diversion</td>
<td>4.15</td>
<td>335</td>
<td>4.27</td>
</tr>
<tr>
<td>Prevents suspicious PSE transactions</td>
<td>4.29</td>
<td>335</td>
<td>4.32</td>
</tr>
<tr>
<td>Pharmacist handles the sale</td>
<td>4.24</td>
<td>335</td>
<td>4.59</td>
</tr>
<tr>
<td>An overall reduction of PSE products being sold</td>
<td>4.13</td>
<td>333</td>
<td>4.33</td>
</tr>
<tr>
<td>Increase in PSE prescriptions</td>
<td>3.46</td>
<td>333</td>
<td>3.34</td>
</tr>
<tr>
<td>Increased break and enters</td>
<td>3.87</td>
<td>333</td>
<td>2.99</td>
</tr>
<tr>
<td>Increased doctor shopping</td>
<td>3.13</td>
<td>333</td>
<td>2.84</td>
</tr>
<tr>
<td>Increased uptake of alternative medications</td>
<td>3.95</td>
<td>333</td>
<td>4.12</td>
</tr>
<tr>
<td>Decreased requests for PSE products</td>
<td>3.32</td>
<td>333</td>
<td>3.49</td>
</tr>
<tr>
<td>Financial impact on my pharmacy</td>
<td>2.67</td>
<td>333</td>
<td>2.72</td>
</tr>
<tr>
<td>Financial impact on other pharmacies in the same community</td>
<td>2.68</td>
<td>333</td>
<td>2.76</td>
</tr>
<tr>
<td>Increased sale refusals</td>
<td>3.95</td>
<td>333</td>
<td>3.75</td>
</tr>
<tr>
<td>Decreased legitimate PSE sales</td>
<td>3.44</td>
<td>333</td>
<td>3.48</td>
</tr>
<tr>
<td>Decreased non-legitimate PSE sales</td>
<td>4.34</td>
<td>333</td>
<td>4.30</td>
</tr>
<tr>
<td>Reduction in nuisance</td>
<td>2.86</td>
<td>333</td>
<td>2.88</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range 1-5. V n=285, Q n=333 to 335

Impacts from rescheduling include the effect on pseudoephedrine sales and also the impact on customers requesting the products. Respondents were asked how frequently a customer would display an adverse reaction following a pseudoephedrine
sale refusal to supply a pseudoephedrine product. The findings suggest around two-thirds (Q-66.1%) (V-61%) of customers were confused, became agitated (Q-81.6%) (V-78.3%) or were abusive (Q-81.6%) (V-41.9%). A small proportion of customers become physical (Q-15.5%) (V-14.1%). In the main, low-levels of physical aggression were experienced with around two-thirds of respondents indicating no adverse customer reaction most of the time (Q-61.7%) (V-56.7%) (See Figure 4). Respondents in the qualitative study indicated that in extreme situations where customers did not react well or when a pharmacist was concerned about their personal safety, a ‘duress’ sale was often made (See Chapter Six).

**Figure 4: Customer reaction to pseudoephedrine sale refusal**

![Customer reaction to pseudoephedrine sale refusal](image)

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37 No other data were collected concerning the nature of incidents involving physical acts by a customer when refused supply of pseudoephedrine.
Table 3: Customer reactions following sale refusal

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>M</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Confused</td>
<td>3.70</td>
<td>3.59</td>
<td>3.65</td>
<td>4.574*</td>
</tr>
<tr>
<td>Agitated</td>
<td>3.94</td>
<td>3.84</td>
<td>3.89</td>
<td>4.069*</td>
</tr>
<tr>
<td>Abusive</td>
<td>3.52</td>
<td>3.39</td>
<td>3.46</td>
<td>5.796**</td>
</tr>
<tr>
<td>Physical</td>
<td>2.86</td>
<td>2.81</td>
<td>2.84</td>
<td>0.604</td>
</tr>
<tr>
<td>No adverse reaction</td>
<td>3.57</td>
<td>3.51</td>
<td>3.54</td>
<td>1.141</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range 1-5. Queensland n=316. Victoria n=277

Engagement with regulations

Respondents from Victoria were more likely (93%) than Queensland respondents (85.4%) to indicate that they always *personally handled pseudoephedrine sales* in the community pharmacy. The analysis of variance between States concerning the level of pharmacist contact in the sale of pseudoephedrine products showed a statistically significant difference (Q $M=4.24$, V $M=4.4$, F-ratio 29.964**). Moreover of all the measures taken by respondents to reduce the visibility and accessibility of pseudoephedrine products in the pharmacy, *storing pseudoephedrine behind the counter* was the most common practice (See Table 4). *Project STOP signage* was also commonly used to deter non-legitimate requests for pseudoephedrine. Significant differences between the States were found for *keeping limited stock on display, no visibility of pseudoephedrine* and *using Project STOP signage*. Very few respondents used *uniform security personnel* ($M=1.08$) or *stored pseudoephedrine in locked cabinets* ($M=1.08$).
Table 4: Measures taken to reduce visibility and accessibility of pseudoephedrine products

<table>
<thead>
<tr>
<th>Measures taken</th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>M</td>
<td>n</td>
</tr>
<tr>
<td>Stored in locked cabinets</td>
<td>1.12</td>
<td>317</td>
<td>1.04</td>
<td>274</td>
</tr>
<tr>
<td>Stored behind the counter</td>
<td>1.92</td>
<td>317</td>
<td>1.95</td>
<td>275</td>
</tr>
<tr>
<td>Stock display limited</td>
<td>1.61</td>
<td>317</td>
<td>1.52</td>
<td>275</td>
</tr>
<tr>
<td>PSE not visible</td>
<td>1.53</td>
<td>317</td>
<td>1.63</td>
<td>275</td>
</tr>
<tr>
<td>Closed circuit monitor used in pharmacy</td>
<td>1.66</td>
<td>312</td>
<td>1.64</td>
<td>269</td>
</tr>
<tr>
<td>Project STOP signage used</td>
<td>1.76</td>
<td>313</td>
<td>1.83</td>
<td>271</td>
</tr>
<tr>
<td>Uniform security personnel used</td>
<td>1.09</td>
<td>314</td>
<td>1.06</td>
<td>273</td>
</tr>
<tr>
<td>Other measures taken</td>
<td>1.75</td>
<td>4</td>
<td>1.43</td>
<td>7</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Scale 2=Yes, 1=No.

Responding to suspicious pseudoephedrine requests

The action that a pharmacist will take in response to a suspicious request for a schedule three pseudoephedrine product will depend on a range of circumstances including if the pharmacist has established that the product request is suspicious. Around three-quarters of the respondents said they would automatically refuse a suspicious sale (Q-74%) (V-82.4%). Other responses included to check Project STOP (Q-98.5%) (V-90.8%), check the dispensary history (Q-98%) (V-79.3%), check manual records (Q-26.3%) (V-26.7%), phone police (Q-11.4%) (V-14.4%) or take other action (Q-7.1%) (V-11.5%). Only a small proportion indicated that they would do nothing in response to a suspicious request (Q-4.2%) (V-6%) (See Figure 5).
Pharmacists who elect not to automatically refuse the sale and conduct further checks to ascertain a genuine sale were more likely to refuse the sale once they had confirmed that the request was suspicious (Q-94.3%) (V-93.4%) (See Figure 6).

There were no statistically significant differences between States regarding actions taken when the pseudoephedrine request had been confirmed as suspicious, however in the initial assessment of the request, differences were found for those who automatically refused the sale, checked Project STOP or checked the dispensary history before determining the outcome of the transaction (See Table 5).
Table 5: Pharmacist response to suspected suspicious and confirmed suspicious pseudoephedrine request by State

<table>
<thead>
<tr>
<th>Response Type</th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatically refuse sale</td>
<td>2.87</td>
<td>3.04</td>
<td>2.95</td>
</tr>
<tr>
<td>Check Project STOP</td>
<td>3.90</td>
<td>3.66</td>
<td>3.79</td>
</tr>
<tr>
<td>Check dispensary history</td>
<td>3.87</td>
<td>3.23</td>
<td>3.58</td>
</tr>
<tr>
<td>Check manual records</td>
<td>1.91</td>
<td>1.87</td>
<td>1.89</td>
</tr>
<tr>
<td>Phone police</td>
<td>1.63</td>
<td>1.69</td>
<td>1.66</td>
</tr>
<tr>
<td>Do nothing</td>
<td>1.23</td>
<td>1.31</td>
<td>1.27</td>
</tr>
<tr>
<td>Other action</td>
<td>2.05</td>
<td>2.13</td>
<td>2.09</td>
</tr>
<tr>
<td>Confirmed suspicious - refuse the sale</td>
<td>3.36</td>
<td>3.45</td>
<td>3.40</td>
</tr>
<tr>
<td>Confirmed suspicious - sell alternative</td>
<td>2.88</td>
<td>2.98</td>
<td>2.92</td>
</tr>
<tr>
<td>Confirmed suspicious - advise customer seek medical attention</td>
<td>2.87</td>
<td>2.75</td>
<td>2.82</td>
</tr>
<tr>
<td>Confirmed suspicious - allow if special circumstance</td>
<td>2.21</td>
<td>2.19</td>
<td>2.20</td>
</tr>
<tr>
<td>Confirmed suspicious - give benefit of the doubt</td>
<td>2.06</td>
<td>2.01</td>
<td>2.04</td>
</tr>
<tr>
<td>Confirmed suspicious - all if pressured</td>
<td>2.35</td>
<td>2.23</td>
<td>2.30</td>
</tr>
<tr>
<td>Confirmed suspicious – allow the sale</td>
<td>1.19</td>
<td>1.17</td>
<td>1.18</td>
</tr>
<tr>
<td>Confirmed suspicious - other actions</td>
<td>2.03</td>
<td>2.06</td>
<td>2.04</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Scale 1-5.

Pharmacists’ actions regarding suspicious pseudoephedrine requests are influenced by a number of individual, professional and organisational attributes. One of these is their perception of the existence of a methamphetamine problem in their community which may influence their willingness to engage with the intervention. A larger proportion of Queensland pharmacists (Q-64.8%) agreed that there was a methamphetamine problem in their community than Victorian pharmacists (V-39.2%), (F=31.414**). As expressed by Victorian police in Chapter Five, other illicit drugs such as heroin are more problematic than methamphetamine in that jurisdiction. The influence of this predictor on regulatory engagement, participation and perceptions of effectiveness is examined in the following chapter.
A third-party’s willingness to record and report pseudoephedrine sales is fundamental to the success of the policing partnership. Table 6 shows statistically significant differences were found between pharmacists in Queensland and Victoria in recording pseudoephedrine sales into Project STOP and in the dispensary history, recording suspicious sales into Project STOP and the dispensary history and reporting suspicious sales to police through Project STOP and the dispensary history – all higher proportions in Queensland than Victoria. Notwithstanding this, it was more common for Victorian and Queensland respondents to record sales, to record suspicious sales and to report sales to police through Project STOP than by any other method.

Table 6: Recording and reporting pseudoephedrine sales

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
<th>M</th>
<th>n</th>
<th>M</th>
<th>n</th>
<th>M</th>
<th>N</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record sale - Project STOP</td>
<td>3.76</td>
<td>334</td>
<td>3.53</td>
<td>285</td>
<td>3.65</td>
<td>619</td>
<td>20.25**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record sale - dispensary history</td>
<td>3.92</td>
<td>334</td>
<td>2.82</td>
<td>285</td>
<td>3.41</td>
<td>619</td>
<td>430.262**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records sale - manual register</td>
<td>1.31</td>
<td>334</td>
<td>1.39</td>
<td>285</td>
<td>1.34</td>
<td>619</td>
<td>1.619</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record sale - fax/email police</td>
<td>1.44</td>
<td>334</td>
<td>1.34</td>
<td>283</td>
<td>1.40</td>
<td>617</td>
<td>3.704</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record sale - other actions</td>
<td>2.00</td>
<td>202</td>
<td>2.05</td>
<td>173</td>
<td>2.02</td>
<td>375</td>
<td>4.756*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record suspicious sales - Project STOP</td>
<td>3.88</td>
<td>334</td>
<td>3.69</td>
<td>285</td>
<td>3.79</td>
<td>619</td>
<td>15.144**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record suspicious sales - dispensary</td>
<td>3.86</td>
<td>334</td>
<td>3.08</td>
<td>285</td>
<td>3.50</td>
<td>619</td>
<td>194.303**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record suspicious sales - manual register</td>
<td>1.38</td>
<td>334</td>
<td>1.46</td>
<td>285</td>
<td>1.42</td>
<td>619</td>
<td>1.458</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record suspicious sales - fax/email police</td>
<td>1.59</td>
<td>334</td>
<td>1.55</td>
<td>283</td>
<td>1.57</td>
<td>617</td>
<td>0.372</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record suspicious sales - other method</td>
<td>2.00</td>
<td>197</td>
<td>2.02</td>
<td>165</td>
<td>2.01</td>
<td>362</td>
<td>2.404</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report suspicious sales - Project STOP</td>
<td>3.37</td>
<td>334</td>
<td>2.91</td>
<td>285</td>
<td>3.16</td>
<td>619</td>
<td>27.26**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report suspicious sales - dispensary</td>
<td>1.95</td>
<td>334</td>
<td>1.72</td>
<td>285</td>
<td>1.84</td>
<td>619</td>
<td>9.895**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report suspicious sales - manual register</td>
<td>1.62</td>
<td>334</td>
<td>1.50</td>
<td>283</td>
<td>1.57</td>
<td>617</td>
<td>3.284</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report suspicious sales - other method</td>
<td>2.00</td>
<td>191</td>
<td>2.03</td>
<td>158</td>
<td>2.01</td>
<td>349</td>
<td>2.435</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Scale 1-5. 1=Strongly agree.
Third-party engagement with Project STOP

Of the 593 responses regarding the use of Project STOP, 457 (77.1%) pharmacists always used Project STOP in the course of supplying a pseudoephedrine product whilst 136 (22.9%) did not. A statistically significant difference was found between the States with the higher mean, indicating larger proportions using Project STOP (Q $M = 1.15$ and V $M = 1.32$, $F = 23.799^{**}$). Furthermore, 522 (79.1%) used no other tool (other than Project STOP) to record pseudoephedrine sales, whilst 94 (14.2%) said they used their dispensary software and 44 (6.7%) used a book or manual register. The majority of respondents agreed that Project STOP was the most effective method for assisting pharmacists in their decision making (Q-97.1%) (V-88.2%) and that it helped them to identify suspicious sales (Q-97.1%) (V-86.6%) that resulted in refused sales (Q-95.1%) (V-83.2%) (See Figure 7).

Figure 7: Support for Project STOP

Statistically significant differences were found between States for all three items measuring support for Project STOP (See Figure 7 and Table 7). Queensland respondents were more likely to agree that Project STOP was the most effective tool, [as] it identifies suspicious sales and it has resulted in sale refusals. The reasons outlined by police and third-parties in Chapters Five and Six explain the main factors contributing to these jurisdictional differences.
Table 7: Support for Project STOP

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$N$</td>
<td>$M$</td>
</tr>
<tr>
<td>Project STOP is the most effective</td>
<td>4.66</td>
<td>309</td>
<td>4.45</td>
</tr>
<tr>
<td>method for identifying suspicious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project STOP identifies suspicious</td>
<td>4.71</td>
<td>309</td>
<td>4.41</td>
</tr>
<tr>
<td>sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using Project STOP has resulted in</td>
<td>4.59</td>
<td>309</td>
<td>4.22</td>
</tr>
<tr>
<td>sale refusals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range 1-5.

There are a number of complex factors that influence pharmacists’ non-use of Project STOP. The survey offered the respondents a number of reasons to explain the circumstances when they will use Project STOP and alternatively when they do not use it during the course of processing a pseudoephedrine sale. Figure 8 shows less than half of Queensland respondents (46.1%) and nearly three-quarters of Victorian respondents (72.4%) agreed they would not use Project STOP if the customer had a prescription. Other reasons given for not using Project STOP included: a trusted customer (Q-46.1%) (V-57.2%), therapeutic need already established (Q-30.5%) (V-39.6%), when too busy (Q-13.2%) (V-12.8%), if the customer is threatening (Q-6.8%) (V-12.4%), if the dispensary system is used to make a record (Q-7.4%) (V-15.2%) and/or when the transaction is recorded elsewhere (Q-6.7%) (V-14.9%) (See Figure 8). These reasons were also the most common given by third-parties during qualitative interviews, see Chapter Six.
Table 8 shows statistically significant differences were found between study States for all the reasons explaining why respondents did NOT use Project STOP; the most marked effect size of these were when the customer had a prescription and when supply was recorded in the dispensary software.

### Table 8: Reasons for not using Project STOP

<table>
<thead>
<tr>
<th>Reason</th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer prescription</td>
<td>2.98</td>
<td>3.80</td>
<td>3.36</td>
<td>545</td>
</tr>
<tr>
<td>Trusted customer</td>
<td>3.02</td>
<td>3.41</td>
<td>3.20</td>
<td>545</td>
</tr>
<tr>
<td>Therapeutic need established</td>
<td>2.64</td>
<td>3.03</td>
<td>2.82</td>
<td>545</td>
</tr>
<tr>
<td>A trusted customer</td>
<td>2.11</td>
<td>2.28</td>
<td>2.19</td>
<td>545</td>
</tr>
<tr>
<td>Customer prescription</td>
<td>1.82</td>
<td>2.22</td>
<td>2.00</td>
<td>545</td>
</tr>
<tr>
<td>Used dispensary</td>
<td>1.91</td>
<td>2.38</td>
<td>2.13</td>
<td>545</td>
</tr>
<tr>
<td>Recorded elsewhere</td>
<td>1.95</td>
<td>2.39</td>
<td>2.15</td>
<td>543</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range 1-5.

A number of reasons explaining the motivations of respondents when using Project STOP for a pseudoephedrine request were also examined. These reasons included: *regulatory requirements* (Q-88.9%) (V-89.5%); *in case of audits* (Q-70.3%) (V-48.2%);
being *interested in assisting the police* (Q-95.9%) (V-92.3%) and ensuring that informed decisions are made (Q-97.5%) (V-91.1%) (See Figure 9).

**Figure 9: Reasons for using Project STOP**

Table 9 shows that the strongest statistically significant reason motivating respondents’ engagement with Project STOP was ‘in case of audits’. This response indicated that Queensland respondents were more concerned about the possibility of audits due to the State’s stronger regulations and the active enforcement of these. The measures of third-party engagement in the voluntary component of the partnership were respondents self-reported use of Project STOP; the level of contact initiated with police; and perceptions of the law-enforcement contribution to the partnership.

**Table 9: Reasons for using Project STOP**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Regulatory requirement</td>
<td>4.44</td>
<td>290</td>
<td>4.41</td>
</tr>
<tr>
<td>In case of audits</td>
<td>3.98</td>
<td>290</td>
<td>3.50</td>
</tr>
<tr>
<td>Interested in assisting police</td>
<td>4.68</td>
<td>290</td>
<td>4.52</td>
</tr>
<tr>
<td>Ensure informed decision</td>
<td>4.70</td>
<td>290</td>
<td>4.51</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range 1-5.
In examining the factors which appear to significantly influence third-parties’ participation in the partnership the study explored third-parties understanding of the intervention and the support they received from the Pharmacy Guild. Almost three-quarters of respondents in both States believed they had a good understanding of Project STOP (Q-79.9%) (V-71.9%) whilst an equally high proportion of respondents reported that they had received support from the Guild in the operation of Project STOP (Q-86.6%) (V-80%). There were no statistically significant differences between States regarding either of these variables (See Table 10).

Table 10: Understanding and support in operating in the partnership

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Good understanding of Project STOP</td>
<td>4.05 284</td>
<td>3.92 245</td>
<td>3.99 529</td>
</tr>
<tr>
<td>Have received Guild support</td>
<td>4.21 284</td>
<td>4.12 245</td>
<td>4.17 529</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range 1-5.

A larger proportion of Queensland respondents (Q-70.4%) than Victorian (V-59.6%) indicated they had a good relationship with police and that their interactions with police were positive (Q-45.8%) (V-28.9%). Both of these items showed statistically significant differences between States (See Table 11). Additionally around half of the respondents in both States claimed they were satisfied that police took action on the information in Project STOP (53.3%- Q) (53.9%-V).

Table 11: Perception of relationship with Police

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Good relationship with police</td>
<td>3.99 284</td>
<td>3.80 245</td>
<td>3.91 529</td>
</tr>
<tr>
<td>Interactions with police positive</td>
<td>3.56 284</td>
<td>3.29 245</td>
<td>3.43 529</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range 1-5

The first two sections of this chapter have explored third-party engagement with regulations, and third-party engagement with the voluntary component of the
partnership through the utilisation of Project STOP. The third section of this chapter discusses the survey findings which relate to third-parties’ perceptions of partnership effectiveness and impact of the intervention on the number and frequency of requests for pseudoephedrine by ‘runners’. It also examines third-parties’ experiences with police engagement in the intervention and examines impact on crime as an unintended consequence of tightening access to pharmaceuticals.

**Third-party perceived intervention effectiveness**

Measuring the effectiveness of the intervention in this study focuses upon the perceptions of the third-parties charged with performing the crime control intervention. Their responses are based upon their observations of the behaviours of persons perceived to be attempting to acquire pseudoephedrine products for non-therapeutic need. Specifically the instrument used a number of measures to examine the perceived level of change in the post-intervention period. Findings showed that prior to the intervention it was estimated that around one-quarter (Q-24.38%) of pseudoephedrine products sold in Queensland and over fifteen per cent in Victoria (V-16.93%) were for non-therapeutic purposes. In the post-intervention period these proportions significantly decreased to an estimated average of around ten per cent in Queensland and five per cent in Victoria (Q-10.74%) (V-5.43%). Statistically significant differences were found between States during the pre-and post-intervention periods (See Table 12).

| Table 12: Estimated proportion of pseudoephedrine diverted pre and post intervention |
|---------------------------------|----------------|----------------|----------------|
|                                  | Queensland     | Victoria       | Total          |
| % diverted pre amendments        |        |       |           |        |       |           |        |       |           |        |        |
| % diverted post amendments       |        |       |           |        |       |           |        |       |           |        |        |

Significance *<.05, **<.02.

---

38 This data was collected two and a half years after the commencement of the intervention, between July and September 2009.
Respondents from both study States strongly supported the view that the regulations had reduced the diversion of pseudoephedrine ($Q M = 4.15$, $V M = 4.21$, $F$-ratio=3.6). Respondents’ perceptions concerning change in the frequency of runners in their pharmacies were examined. Similar proportions – around two-thirds – of respondents in both States believed that Project STOP had deterred the activities of runners in their pharmacies ($Q$-62.7%) ($V$-69.2%) and more than half agreed that once a runner had been refused pseudoephedrine supply, they generally did not return ($Q$-58.2%) ($V$-64.4%). Notwithstanding the view that the intervention had an impact on the behaviour of runners, almost half of the respondents in both States agreed runners know how to get around Project STOP ($Q$-49.1%) ($V$-41.3%) and around two-thirds agreed runners target pharmacies that sell pseudoephedrine with fewer checks ($Q$-58.5%) ($V$-65.6%). Table 13 shows regardless of the differences in the regulatory frameworks, both States experienced similar impacts concerning the behaviour of runners at their pharmacies. The only statistically significant difference was for deterrence of runners once supply had been refused, with Victorian pharmacists more likely to agree with this statement.

**Table 13: Pseudoephedrine runners’ behaviour**

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$n$</td>
<td>$M$</td>
</tr>
<tr>
<td>Project STOP deters runners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runners generally don’t come back</td>
<td>3.61</td>
<td>287</td>
<td>3.77</td>
</tr>
<tr>
<td>Runners know how to get around Project STOP</td>
<td>3.49</td>
<td>287</td>
<td>3.70</td>
</tr>
<tr>
<td>Runners target ‘easy’ pharmacies</td>
<td>3.49</td>
<td>287</td>
<td>3.40</td>
</tr>
<tr>
<td></td>
<td>3.70</td>
<td>287</td>
<td>3.81</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range: 1-5.

Although almost one-quarter of respondents in Queensland perceived that Project STOP has had no effect on deterring runners from returning to the pharmacy ($Q$-23.6%) ($V$-15%) the majority of respondents indicated that they would be willing to continue using Project STOP if the program remained voluntary ($Q$-93.7%) ($V$-89.5%) and almost half of respondents indicated they would continue to use Project STOP even if it was no longer available free of charge to pharmacies ($Q$-47%) ($V$-34.9%).
These findings indicate that despite some respondents having reservations about the effectiveness of Project STOP that around two-thirds of respondents are likely to be committed to its ongoing use even in circumstances where it incurs a cost for the pharmacy (See Table 14).

**Table 14: Willingness to continue using Project STOP**

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Continue using Project STOP if voluntary</td>
<td>4.55</td>
<td>287</td>
<td>4.39</td>
</tr>
<tr>
<td>Continue using Project STOP if cost involved</td>
<td>3.38</td>
<td>287</td>
<td>3.03</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02 Range 1-5.

In terms of the outcomes of the intervention, the majority of respondents agreed they did not know what happened with the information entered into Project STOP. Correspondingly, the majority of survey respondents (Q-89.2%) (V-80.6%) indicated they would like more regular feedback about the partnership and its outcomes from police (Q $M=3.96$, $V M=3.94$, F-ratio=0.414). In examining respondent experiences and perceptions of unintended consequences of the partnership intervention, a higher proportion of Queensland respondents reported increases in break and enter to their pharmacies (Q-72%) (V-27.7%) and Doctor shopping (Q-33%) (V-19.3%) than Victorian respondents. Table 15 shows that significant differences were found between the States for increased break and enter and increased Doctor shopping as intervention impacts.

**Table 15: Unintended consequences of the partnership**

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Increased PSE prescriptions</td>
<td>3.46</td>
<td>333</td>
<td>3.34</td>
</tr>
<tr>
<td>Increased break and enters</td>
<td>3.87</td>
<td>333</td>
<td>2.99</td>
</tr>
<tr>
<td>Increased Doctor Shopping</td>
<td>3.13</td>
<td>333</td>
<td>2.84</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range: 1-5.
Although financial impact on the community pharmacy was a strong theme found in the interviews with community pharmacists (See Chapter Six), around one in five respondents (Q-18.9%) (V-20%) in the survey indicated their pharmacy had experienced a negative financial impact as a result of the intervention. Additionally around ten per cent of respondents agreed that other community pharmacies in their area had incurred financial impact (Q-11.4%) (V-10.9%). These findings highlight one of the difficulties for third-parties in balancing commercial and professional regulatory interests. For some third-parties a sale refusal is an opportunity to sell an alternative product. However this will not always be the case. Moreover Chapter Six shows that respondents who were aware of the inconsistent application of the partnership intervention agreed they were financially motivated to sell a product if they thought the ‘pharmacy down the road would do it’. Table 16 highlights the respondents’ perceptions of the financial impact of the intervention were similar in both jurisdictions; hence the findings are not statistically significant.

Table 16: Financial impact from reduced pseudoephedrine sales

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>On this pharmacy</td>
<td>2.67</td>
<td>333</td>
<td>2.72</td>
</tr>
<tr>
<td>On other pharmacies in the community</td>
<td>2.68</td>
<td>333</td>
<td>2.76</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range: 1-5.

As well as financial impacts, respondents were asked to indicate the amount of property crime experienced by the pharmacy during 2006, 2007 and 2008. The majority of respondents (n=563, n=577 and n=558 over the respective three yearly periods) reported no instances of burglary whilst between one and six per cent experienced either one or two instances of property damage in the three years from the commencement of the intervention. Between one and two per cent of the sample experienced a ram-raid during the measurement period (See Figure 10). Victorian pharmacies observed increases in property damage whilst Queensland pharmacies
observed increases in break and enter across the measurement period\textsuperscript{39} (See Figure 10).

**Figure 10: Pharmacy crime 2006, 2007 and 2008**

The most common offence reported by the respondents was break and enter with around 10 per cent reporting one incident and almost five per cent reporting two incidents during the three year period (See Figure 10). The findings presented here are largely consistent with reports from the Pharmacy Guild and the Police regarding increased incidence of break and enters on pharmacies since the implementation of the intervention\textsuperscript{40}. The increased incidence of crime reported in the survey was also consistent with findings reported in Chapter Six. As well as some perceived negative impacts associated with the intervention, some positive impacts included the increased uptake of alternative products not containing pseudoephedrine (Q-79\%) (V-83.9\%) as well as significant increases in sale refusals for pseudoephedrine products (Q-82.9\%) (V-71.6\%). Furthermore, around half of the respondents agreed they had

\textsuperscript{39} Further research is required to examine the predictors to crime incidence on pharmacies during the measurement period.

\textsuperscript{40} Personal correspondence QPS 11/9/09 and Pharmacy Guild 18/9/09
observed decreased requests for products containing pseudoephedrine (Q-49.2%) (V-58.2%) (See Table 17).

**Table 17: Pseudoephedrine sales impact**

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Decreased PSE</td>
<td>3.32</td>
<td>333</td>
<td>3.49</td>
</tr>
<tr>
<td>sale requests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased sale</td>
<td>3.95</td>
<td>333</td>
<td>3.75</td>
</tr>
<tr>
<td>refusals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range: 1-5.

Other positive impacts from the intervention were reductions in property crime (Q-17.7%) (V-14.8%) and/or nuisance and shoplifting since the commencement of the intervention. Pharmacists attributed this finding to fewer ‘undesirable people’ congregating around and entering the pharmacy. Over half of the respondents in both States agreed the intervention had resulted in more difficult access to pseudoephedrine products for people with legitimate and genuine therapeutic needs\(^{41}\) (Q-57%) (V-58.3%) however at the same time the restrictions had facilitated a large decrease in non-legitimate sales (Q-91.8 %) (V-87.7%) (See Table 18). As discussed in Chapter Five the incremental approach examined here was implemented to minimise the impact on people with legitimate medical needs for these products.

**Table 18: Perceived decreases of legitimate and non-legitimate pseudoephedrine sales**

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Decreased legitimate</td>
<td>3.44</td>
<td>333</td>
<td>3.48</td>
</tr>
<tr>
<td>sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased non-</td>
<td>4.34</td>
<td>333</td>
<td>4.30</td>
</tr>
<tr>
<td>legitimate sales</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range: 1-5.

Respondents were asked to indicate the types of changes and/or improvements they would suggest concerning the intervention. The majority of respondents in both States

\(^{41}\) The ways in which legitimate consumers were adversely affected was not specifically examined by either study; however some of the issues raised by third-party respondents in the study interviews concerned customer requirements to produce identification to access products, pharmacies ceasing supply and the additional time required to make a purchase.
(Q-96%) (V-92.3%) strongly agreed that uniform national regulations should be in place to enhance third-party engagement in the intervention. Strong support was also observed for the integration of Project STOP into the dispensary software (Q-90.8%) (V-86.6%) and the expansion of Project STOP to include capability to record transaction details for other medicines of concern (Q-84.4%) (Q-79.7%). There were no significant differences between States for Project STOP integration and expansion, however significant variance was observed concerning the implementation of uniform national regulations (See Table 19).

Table 19: Improving the effectiveness of the regulations and Project STOP

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
<th>M</th>
<th>N</th>
<th>M</th>
<th>N</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform national regulations</td>
<td>4.61</td>
<td>250</td>
<td>4.47</td>
<td>232</td>
<td>4.54</td>
<td>482</td>
<td></td>
<td>5.088*</td>
</tr>
<tr>
<td>STOP integrated into dispensary</td>
<td>4.47</td>
<td>250</td>
<td>4.39</td>
<td>232</td>
<td>4.43</td>
<td>482</td>
<td></td>
<td>1.298</td>
</tr>
<tr>
<td>STOP expanded to include other drugs</td>
<td>4.34</td>
<td>250</td>
<td>4.22</td>
<td>232</td>
<td>4.28</td>
<td>482</td>
<td></td>
<td>2.082</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02. Range: 1-5.

Over three-quarters of respondents agreed that the partnership could be strengthened by providing financial incentives for Project STOP use (Q-75.2%) (V-77.2%); for Project STOP to remain at no charge (Q-98.8%) (V-97%); to review the effectiveness of the partnership (Q-90.4%) (V-86.6%); to make chemical wholesalers more accountable (Q-80.8%) (V-76.7%); for police to act on the information provided (Q-88.3%) (V-81.1%); to ensure pharmacies confidentiality is maintained (Q-92.7%) (V-87.5%); and to receive regular communication from the Pharmacy Guild (Q-84.3%) (V-76.7%). Additionally, respondents agreed for feedback to be provided by local police (Q-74.6%) (V-68.9%); for police to participate in pharmacists training (Q-61.3%) (V-58.6%) and for future changes to Project STOP to include consultation with pharmacists (Q-84.3%) (V-81.5%). Statistically significant differences were found between States for two of the items in this section (See Table 20). Interestingly, the strongest of these was that police needed to make better use of the information they were provided in Project STOP.
Support for changes to the intervention is influenced by a range of complex individual, professional and organisational factors. Measures of drug ideology were examined to assess possible relationships between respondents’ perspectives about the intervention and their attitudes towards illicit drugs more broadly. Respondents were asked to hypothetically distribute funds across the three drug policy objectives of law-enforcement, treatment and education. Table 21 shows that Victorian respondents allocated almost the same average proportion of funding to education and law-enforcement, whilst Queensland respondents favoured law-enforcement followed by education and treatment. Statistically significant differences between the States were found for law-enforcement and treatment expenditure (See Table 20). Overall law-enforcement expenditure was favoured by the respondents, followed by expenditure on education and treatment. This finding suggests that despite the challenges associated with the implementation and perception of intervention effectiveness highlighted in the previous chapter, respondents allocated substantially more ‘funding’ to law-enforcement initiatives than treatment or education initiatives in the response to illicit drugs.
Table 21: Distribution of funding across law-enforcement, treatment and education (per cent) activities.

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Victoria</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>Law enforcement (stop illegal sale or manufacture)</td>
<td>41.48</td>
<td>261</td>
<td>35.87</td>
</tr>
<tr>
<td>Treatment (counselling etc.)</td>
<td>26.22</td>
<td>261</td>
<td>29.28</td>
</tr>
<tr>
<td>Education (information services)</td>
<td>32.01</td>
<td>261</td>
<td>34.57</td>
</tr>
</tbody>
</table>

Significance *<.05, **<.02

Chapter summary

The third-parties described in this partnership are ideally placed professionals with the capacity to not only make decisions about the therapeutic dispensing of medicines but simultaneously – through restricting access to pseudoephedrine products – contribute to the prevention of precursor diversion and the subsequent manufacture and supply of domestically produced methylamphetamine. Findings reveal high levels of support for the regulations by pharmacists and the perception that these regulations are effective for responding to suspicious sales, reducing sales and preventing suspicious sales of pseudoephedrine products. Moreover respondents indicated high levels of contact with customers and their compliance concerning the storage of pseudoephedrine products behind the counter. In terms of the response to suspicious pseudoephedrine requests, around three-quarters of respondents reported they would automatically refuse the request with this proportion increasing to around 95 per cent once the pharmacist had confirmed the request was not for genuine therapeutic need. Most respondents recorded pseudoephedrine sales, suspicious sales and reported suspicious sales to police by using Project STOP and there were high levels of support for Project STOP as an effective tool.

Pharmacists’ indicated their professional partnership relationships with police were not at the level they would prefer with the majority reporting uncertainty of the police role and questioning police legitimacy in the partnership. This finding was found to influence pharmacists’ willingness to fully engage in the intervention. In particular the
pharmacists questioned the value of their role in the partnership in reaction to not knowing how the information reduced methamphetamine supply. Third-party ambiguity regarding these fundamental partnership outcomes illustrates the absence of local-level partnership structures and processes able to facilitate communication and support of the third-parties in the performance of their designed crime control role. The findings also highlighted that pseudoephedrine rescheduling was related to unintended consequences including increases in the incidence of break and enter as well as increased doctor shopping and increased pseudoephedrine prescriptions. These unintended consequences relate to displacement of the problem through increased crime to the pharmacy premises and onto medical practitioners to provide a prescription for pseudoephedrine. Moreover a small proportion of respondents indicated they had experienced a negative financial impact to their pharmacy as a result of decreased pseudoephedrine sales.\textsuperscript{42}

Addressing the question of perceptions of intervention effectiveness is one of the research gaps identified and addressed in this dissertation. In this regard, the findings show the third-parties’ perceived the intervention to be effective due to the observed decreases in the proportion of pseudoephedrine, diverted following the implementation of the partnership intervention. In both States, the proportion of diverted pseudoephedrine following the intervention were less than half (Q-10.74%, V-5.53%) of the pre-intervention estimates of diversion (Q-24.38%, V-16.93%). This finding alone is a startling example of an intervention that is perceived to have made a significant difference to the nature of the crime problem, and the apparent deterrence of pseudoephedrine runners. Although this view of impact was not universally held in the pharmacist sample population, other positive effects from the partnership were found. These included some reductions in nuisance and property crime in and around pharmacies and decreases in suspected offenders entering pharmacies. Respondents indicated several measures to improve the effectiveness of the partnership including the implementation of uniform national regulations, Project STOP integrated into the dispensary history, and Project STOP expanded to include recording other pharmaceuticals believed to be abused and/or diverted.

\textsuperscript{42} See Chapter Nine for further discussion.
This chapter has described the breadth of data collected by the pharmacy survey with specific focus on examining the relationships between the variables and respondent State to better understand how respondents in these different jurisdictions have experienced the partnership intervention. Whilst many significant differences were found between States of Queensland and Victoria there were also many areas where the experiences and perceptions of Queensland and Victoria were similar. The implication for partnership policy is the importance of improving the local-level partnership structure to enhance consistency of third-party engagement with the intervention by streamlining recording processes for pharmacists and by developing partnership processes that promote partner ownership and commitment to the strategy. The results inform the next stage of analysis and the presentation of a series of predictive models Chapter Eight.
Chapter Eight: Predicting third-party regulatory engagement, third-party partnership engagement and perceptions of intervention effectiveness.

The type of partnership involving the mobilisation of non-public entities in a coercive regulatory crime control model, are scarcely examined in the literature (Cherney, 2008). Consequently, there is a pressing need to examine the key factors which contribute to third-party engagement in crime control partnership interventions as well as our understanding of the factors that contribute to perceptions of the effectiveness of these types of interventions. Research gaps concerning the most significant factors influencing third-party regulatory compliance, third-party partnership participation and third-party perceptions of partnership effectiveness are addressed in this chapter. Six logistic regression models are used to measure these three key constructs. The analysis demonstrates the collective influence of professional, individual, perception-based and organisational characteristics on third-parties performance of the partnership intervention and their perception of its effectiveness. The chapter is presented in three parts. The first part presents the findings of the predictive models concerning third-party regulatory compliance. The second part presents the predictive models concerning third-party partnership participation and the third part presents predictive models concerning third-party perceptions of the effectiveness of the partnership intervention.

The first part of this chapter examines two regulatory engagement dependent variables and presents the block four result from the model along with the most parsimonious model for each dependent variable. These models identify the predictor variables which appear to most significantly contribute to third-party regulatory engagement, specifically pharmacist involvement in the sale of pseudoephedrine products and the appropriate storage of pseudoephedrine products behind the dispensary counter. This part addresses the first research question concerning the predictors of regulatory engagement by third-parties in the partnership intervention.

The second part of this chapter examines two partnership participation outcome variables that relate to the voluntary component of the intervention and the use of
Project STOP. This part presents the block four models and the most parsimonious model for each dependent variable. These models identify the predictor variables which appear to most significantly contribute to third-party engagement in the intervention specifically of Project STOP including its use to report pseudoephedrine transactions to police. This part addresses the second research question concerning the predictors of third-party engagement in the voluntary component of the intervention.

The third part of the chapter examines the most significant independent variables that predict perceptions of intervention effectiveness. The block four models and the most parsimonious results for each dependent variable are presented. These models identify the most significant variables predicting third-party perceptions of partnership effectiveness with specific reference to the deterrence of drug runners and the overall reduction in pseudoephedrine diversion. This part of the chapter addresses the third research question concerning the identification of the most significant predictors influencing third-party perception of intervention effectiveness.

The model variables

As described in Chapters Four and Seven, a survey of third-parties was created to facilitate the examination of a number of independent and dependent variables. The variables are categorised into four predictor groups: individual, professional, organisational and perception-based characteristics. Due to the large number of variables and the exploratory nature of the research, it was necessary to use a factor analysis to reduce the large number of unrelated variables to a smaller number of explanatory variables to use in the models (Field, 2009). A total of 46 explanatory variables were derived from the factor analysis and used in the models (See Table 22).
Table 22: Individual, organisational, professional and perception-based variables

<table>
<thead>
<tr>
<th>Variable categories</th>
<th>Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Individual characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Willingness to continue using STOP</td>
<td>Willing to continue using Project STOP if voluntary</td>
</tr>
<tr>
<td>Understanding of the partnership</td>
<td></td>
</tr>
<tr>
<td>Individual measures</td>
<td>Gender</td>
</tr>
<tr>
<td></td>
<td>Weekly hours</td>
</tr>
<tr>
<td></td>
<td>Years as pharmacist</td>
</tr>
<tr>
<td>Professional membership</td>
<td>Member Pharmacy Guild</td>
</tr>
<tr>
<td>Attitude to legalisation of illicit drugs</td>
<td>Legalise Cannabis</td>
</tr>
<tr>
<td>Increased penalties for illicit drugs</td>
<td>Increased penalties Cannabis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Organisational characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Customer reaction to sale refusal</td>
<td>Customer confused</td>
</tr>
<tr>
<td>Staff using Project STOP</td>
<td>Number of staff using Project STOP</td>
</tr>
<tr>
<td>Time using Project STOP</td>
<td>Average time to use Project STOP</td>
</tr>
<tr>
<td>PSE weekly refusals</td>
<td></td>
</tr>
<tr>
<td>Organisational measures</td>
<td>Number of full-time pharmacists</td>
</tr>
<tr>
<td></td>
<td>Number of full-time pharmacy staff</td>
</tr>
<tr>
<td></td>
<td>Sell PSE?</td>
</tr>
<tr>
<td>Measures taken to reduce visibility and</td>
<td>Locked cabinets</td>
</tr>
<tr>
<td>accessibility of PSE</td>
<td>Behind counter</td>
</tr>
<tr>
<td></td>
<td>Limited stock on display</td>
</tr>
<tr>
<td>Impact on pharmacy from rescheduling</td>
<td>Increase in PSE prescriptions</td>
</tr>
<tr>
<td></td>
<td>Increases in Break and Enter</td>
</tr>
<tr>
<td></td>
<td>Increases in Dr shopping</td>
</tr>
<tr>
<td></td>
<td>Increased uptake of alternative medications</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Professional characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Reasons for not using Project STOP</td>
<td>Customer with prescription</td>
</tr>
<tr>
<td></td>
<td>Customer trusted</td>
</tr>
<tr>
<td>Reasons for using Project STOP</td>
<td>Regulatory requirement</td>
</tr>
<tr>
<td>Frequency of contact initiated</td>
<td>Contact initiated by pharmacy with police</td>
</tr>
<tr>
<td>Actions suspicious PSE sale</td>
<td>Automatically refuse the sale</td>
</tr>
<tr>
<td></td>
<td>Check Project STOP</td>
</tr>
<tr>
<td>Confirmed suspicious sale actions</td>
<td>Refuse the sale</td>
</tr>
<tr>
<td></td>
<td>Sell alternative product</td>
</tr>
<tr>
<td>How record suspicious sales</td>
<td>Record in Project STOP</td>
</tr>
<tr>
<td></td>
<td>Record in Dispensary software</td>
</tr>
<tr>
<td></td>
<td>Record in Manual</td>
</tr>
<tr>
<td></td>
<td>Record Fax/Email to Police</td>
</tr>
<tr>
<td>How report to police</td>
<td>Report through Project STOP</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Perceptions – regulations/partnership</strong></td>
<td></td>
</tr>
<tr>
<td>Deterrence of drug ‘runners’</td>
<td>Runners deterred</td>
</tr>
<tr>
<td></td>
<td>Runners generally don’t return</td>
</tr>
<tr>
<td>Pharmacy relationship with Police</td>
<td>Pharmacy has good relationship with police</td>
</tr>
<tr>
<td></td>
<td>Interactions with Police positive</td>
</tr>
<tr>
<td>Partnership most important features</td>
<td>Uniform national regulations</td>
</tr>
</tbody>
</table>
Logistic regression techniques are utilised to model the six dichotomous dependent outcome variables. According to Tabachnick and Fidell (2007), and Field (2009), exploratory research which does not seek to test theory or past research can appropriately utilise statistical hierarchical (block wise entry) regression techniques as it is unknown which of the variables are likely to yield a strong statistically significant impact on the outcome variable. Accordingly the analyses examined in this chapter employ a backward block entry stepwise method which involves all the predictors being placed in the model, and the model calculating the significance of each of the variables according to the value of its t-test (Tabachnick & Fidell, 2007). This method ensures that if the predictor does not make a statistically significant contribution to the model the independent variable is removed and the remaining items are reassessed until the final model has finished calculating (Field, 2009).

**Part One: Predicting third-party engagement with the regulations**

This section presents the results of logistic regression models for two dichotomous dependent variables. These models examine the most strongly correlated independent variables that contribute to the best fitting model to predict third-party regulatory engagement in the intervention. Specifically in these models regulatory engagement refers to the pharmacists’ responsibility to be directly involved in the sale of pseudoephedrine products and to appropriately store pseudoephedrine products in a location that is inaccessible to customers. These two dependent variables directly relate to examining the Health regulations applicable in the study States.

**Model one: third-party involvement in pseudoephedrine sales**

Model one shows the results of the final block of a logistic regression model predicting the independent variables which statistically influence the likelihood of a community
pharmacist having direct professional involvement with a customer, who is requesting a pseudoephedrine product. A backwards stepwise logistic regression model used four blocks of independent variables to examine the impact of a number of predictors on the likelihood that respondents would comply with regulations regarding their handling of pseudoephedrine sales – as opposed to the pharmacy assistant solely conducting the sale. The initial model contained a total of thirty-four independent variables from four groups of variables – individual, organisational, professional and perception-based. The full model (See Appendix B) containing all four blocks of predictors was statistically significant, \( \chi^2 (30, N=451) = 49.231. p<.001 \), indicating that the model was able to distinguish between respondents whose behaviours were either compliant or non-compliant with the regulations. The model as a whole explained between 10.3% (Cox & Snell R square) and 29.7% (Nagelkerke R squared) of the variance in compliance status, and correctly classified 94.2% of cases. The log-likelihood indicating the fit of the model decreased from an initial value of 193.217 to a final value of 141.141; indicating that the block four model is a better fit than the model in block one.

Changes in the significance of some variables were observed through the output of block one through to the final output of block four. Most notably, only one of the significant variables from block one – agreement that penalties for cannabis offences should be increased – remained significant throughout each block of calculations and was retained in the final block four model. The significant variable – willingness to continue using Project STOP if the program remained voluntary – recorded the highest WALD value (10.14) of any of the blocks, however its significance and WALD value from block one halved in block two (Sig: 0.024, WALD: 5.080). Despite its earlier significance, this variable was not significant in the final block. The respondent gender variable was significant in block one (Sig: 0.038, WALD: 4.306), not significant in either block two or three, however the predictor was significant in block four (Sig: 0.046) and only with a slightly lesser WALD value (3.988) than in block one. Respondent gender was the third strongest independent variable predictor for the final model. Furthermore, despite nine other predictors increasing in significance from block three to block four none of these were statistically significant in the final model.
As shown in block four of model one (Table 23) only three independent variables made a unique statistically significant contribution to the model (respondent gender, increased penalties for cannabis offences and increased uptake of alternative pharmaceuticals in place of pseudoephedrine). The strongest predictor of third-party regulatory engagement was increased uptake of alternative medications (WALD 7.553), followed by agreement that penalties for cannabis should be increased (WALD 4.57) and the gender of respondent (WALD 3.988). Respondent gender reported an odds-ratio of 2.98 indicating that male respondents were almost three times more likely to personally handle the sales of schedule three pseudoephedrine products than female respondents, whilst controlling for other factors in the model. However the odds-ratio of .21 for uptake of alternative medication – being less than one – indicates that for every alternative pharmaceutical product sold around one-fifth of respondents (0.22) were less likely to personally handle pseudoephedrine sales – whilst controlling for other factors in the model\textsuperscript{43}.

\textsuperscript{43} Respondent State was coded as a dummy variable and was modelled separately to ascertain any impact on the outcome variables. In two of the six models the independent variable of respondent State was found to be significant. Respondent State made the strongest contribution to the model (WALD 8.973) – Pharmacist always handles sale (sig .003), and the second strongest contribution (WALD 5.762) to the model – Use project STOP to report transaction to Police (sig .019). These two models indicate that Queensland respondents were five and a half times more likely to always handle a pseudoephedrine sale than Victorian pharmacists, and were over one and a half times more likely to use Project STOP to report a pseudoephedrine transaction to police. These findings highlight that the characteristics of the respondents jurisdiction significantly influences third-party regulatory engagement and also their tendency to use Project STOP as a reporting tool to alert police to pseudoephedrine transactions (See appendix E).
Table 23: (Model one) Logistic regression analysis of third-party regulatory engagement through handling all pseudoephedrine sales

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>WALD</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Project STOP if voluntary</td>
<td>-1.454</td>
<td>0.871</td>
<td>2.789</td>
<td>0.095</td>
<td>0.234</td>
</tr>
<tr>
<td>Gender</td>
<td>1.095</td>
<td>0.548</td>
<td>3.988</td>
<td><strong>0.046</strong></td>
<td>2.989</td>
</tr>
<tr>
<td>Weekly hours</td>
<td>-0.012</td>
<td>0.023</td>
<td>0.282</td>
<td>0.595</td>
<td>0.988</td>
</tr>
<tr>
<td>Years as a pharmacist</td>
<td>0.006</td>
<td>0.025</td>
<td>0.061</td>
<td>0.804</td>
<td>1.006</td>
</tr>
<tr>
<td>Member Pharmacy Guild</td>
<td>0.316</td>
<td>0.521</td>
<td>0.368</td>
<td>0.544</td>
<td>1.372</td>
</tr>
<tr>
<td>Legalise Cannabis</td>
<td>0.037</td>
<td>0.77</td>
<td>0.002</td>
<td>0.962</td>
<td>1.037</td>
</tr>
<tr>
<td>Increased penalties for cannabis offences</td>
<td>-1.102</td>
<td>0.516</td>
<td>4.57</td>
<td><strong>0.033</strong></td>
<td>0.332</td>
</tr>
<tr>
<td>Customer confused</td>
<td>0.879</td>
<td>0.651</td>
<td>1.824</td>
<td>0.177</td>
<td>2.409</td>
</tr>
<tr>
<td>Number of staff using Project STOP</td>
<td>0.043</td>
<td>0.111</td>
<td>0.147</td>
<td>0.702</td>
<td>1.043</td>
</tr>
<tr>
<td>Average time to use Project STOP</td>
<td>0.005</td>
<td>0.161</td>
<td>0.001</td>
<td>0.976</td>
<td>1.005</td>
</tr>
<tr>
<td>Number of full-time pharmacists</td>
<td>-0.159</td>
<td>0.228</td>
<td>0.485</td>
<td>0.486</td>
<td>0.853</td>
</tr>
<tr>
<td>Number of full-time pharmacy staff</td>
<td>-0.014</td>
<td>0.041</td>
<td>0.12</td>
<td>0.729</td>
<td>0.986</td>
</tr>
<tr>
<td>Sell pseudoephedrine</td>
<td>17.783</td>
<td>21488.27</td>
<td>0</td>
<td>0.999</td>
<td>52840000<strong>44</strong></td>
</tr>
<tr>
<td>Locked cabinets to store PSE</td>
<td>-0.417</td>
<td>1.15</td>
<td>0.132</td>
<td>0.717</td>
<td>0.659</td>
</tr>
<tr>
<td>Pseudoephedrine stored behind counter</td>
<td>0.899</td>
<td>1.148</td>
<td>0.613</td>
<td>0.434</td>
<td>2.456</td>
</tr>
<tr>
<td>Limited stock on display</td>
<td>-0.745</td>
<td>0.541</td>
<td>1.9</td>
<td>0.168</td>
<td>0.475</td>
</tr>
<tr>
<td>Increase in PSE prescriptions</td>
<td>0.164</td>
<td>0.551</td>
<td>0.088</td>
<td>0.767</td>
<td>1.178</td>
</tr>
<tr>
<td>Increases in break and enters</td>
<td>0.63</td>
<td>0.584</td>
<td>1.168</td>
<td>0.28</td>
<td>1.879</td>
</tr>
<tr>
<td>Increases in Dr shopping</td>
<td>0.721</td>
<td>0.538</td>
<td>1.797</td>
<td>0.18</td>
<td>2.057</td>
</tr>
<tr>
<td>Increased uptake of alternative medications</td>
<td>-1.528</td>
<td>0.556</td>
<td>7.553</td>
<td><strong>0.006</strong></td>
<td>0.217</td>
</tr>
<tr>
<td>Not use Project STOP: Customer prescription</td>
<td>-0.175</td>
<td>0.598</td>
<td>0.085</td>
<td>0.77</td>
<td>0.84</td>
</tr>
<tr>
<td>Not use Project STOP: Customer trusted</td>
<td>-0.093</td>
<td>0.582</td>
<td>0.025</td>
<td>0.873</td>
<td>0.911</td>
</tr>
<tr>
<td>Do use Project STOP: Regulatory requirement</td>
<td>-1.063</td>
<td>0.785</td>
<td>1.831</td>
<td>0.176</td>
<td>0.346</td>
</tr>
<tr>
<td>Suspicious request: refuse the sale</td>
<td>0.176</td>
<td>0.658</td>
<td>0.072</td>
<td>0.789</td>
<td>1.192</td>
</tr>
<tr>
<td>Confirmed suspicious: sell alternative</td>
<td>-0.542</td>
<td>0.645</td>
<td>0.706</td>
<td>0.401</td>
<td>0.581</td>
</tr>
<tr>
<td>Record suspicious: in Project STOP</td>
<td>-0.241</td>
<td>1.347</td>
<td>0.032</td>
<td>0.858</td>
<td>0.786</td>
</tr>
<tr>
<td>Record suspicious: in dispensary software</td>
<td>0.261</td>
<td>0.885</td>
<td>0.087</td>
<td>0.768</td>
<td>1.298</td>
</tr>
<tr>
<td>Record suspicious: in manual register</td>
<td>19.198</td>
<td>5350.294</td>
<td>0</td>
<td>0.997</td>
<td>0</td>
</tr>
<tr>
<td>Record suspicious: Fax/Email to police</td>
<td>17.238</td>
<td>7452.075</td>
<td>0</td>
<td>0.998</td>
<td>0</td>
</tr>
<tr>
<td>Report to Police: in Project STOP</td>
<td>0.367</td>
<td>0.624</td>
<td>0.345</td>
<td>0.557</td>
<td>1.443</td>
</tr>
<tr>
<td>Partnership: uniform national regulations</td>
<td>0.8</td>
<td>1.451</td>
<td>0.304</td>
<td>0.582</td>
<td>2.225</td>
</tr>
<tr>
<td>Partnership: financial incentives</td>
<td>-0.639</td>
<td>0.565</td>
<td>1.281</td>
<td>0.258</td>
<td>0.528</td>
</tr>
<tr>
<td>Constant</td>
<td>20.622</td>
<td>21488.27</td>
<td>0</td>
<td>0.999</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: -2LL= 141.141, \( R^2 = .109 \) (Cox&Snell), .313 (Nagelkerke). Model \( \chi^2 \) (8, N=451, 3.223. p<.001). Overall model prediction rate = 94.2%.

**44** As shown in Table One, this variable is highly skewed with almost three quarters of respondents (74.8%) indicating that they sell PSE, with less than one per cent (0.8%) indicating that they do not sell PSE.
Model two (Table 24) shows the results of a logistic regression using only the significant predictors from model 1 (Table 23). This model is the most parsimonious model and shows that the overall model prediction increased slightly in this model to 94.6 per cent from 94.2 per cent in the full model. Despite all of the independent variables in model three being statistically significant, the overall log-likelihood increased from 141.141 to 172.748 indicating that the fit of model one is better than the parsimonious model. The variable making the strongest contribution in the parsimonious model was *increased uptake of alternative medications* (WALD: 12.685), followed by *agreement that penalties for cannabis should be increased* (WALD: 5.268) and then *Gender* of the respondent (WALD 4.532). The largest odds-ratio in model two is respondent *gender* (2.607) with male respondents at least two and a half times more likely to comply with regulations pertaining to personal involvement in the sale of pseudoephedrine products\(^{45}\).

**Table 24: (Model two) Parsimonious logistic regression analysis of third-party regulatory engagement through pharmacists’ handling all pseudoephedrine sales**

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>WALD</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent gender</td>
<td>0.958</td>
<td>0.45</td>
<td>4.532</td>
<td>0.033</td>
<td>2.607</td>
</tr>
<tr>
<td>Increased penalties for cannabis offences</td>
<td>-0.979</td>
<td>0.426</td>
<td>5.268</td>
<td>0.022</td>
<td>0.376</td>
</tr>
<tr>
<td>Increased uptake of alternative medicines</td>
<td>-1.528</td>
<td>0.429</td>
<td>12.685</td>
<td>0.00</td>
<td>0.217</td>
</tr>
<tr>
<td>Constant</td>
<td>-2.733</td>
<td>0.827</td>
<td>10.918</td>
<td>0.001</td>
<td>0.065</td>
</tr>
</tbody>
</table>

Note: -2LL= 172.748 (Initial -2LL = 194.112), \(R^2 = .045\) (Cox&Snell), .132 (Nagelkerke). Model \(X^2\) (3, N=459, 21.374. \(p<.001\)). Overall model prediction rate = 94.6%.

The most significant predictor – *increased uptake of alternative medications* – indicates that, by increasing the sales of alternative products, a pharmacist is more likely to be personally involved in the supply of a pseudoephedrine product. Increased sales of alternative products containing non-pseudoephedrine ingredients (schedule two)\(^{45}\)

\(^{45}\) The mean values for the predictors were all above 0 (.7; 1.48 and .81 in order of display in table 24) however all standard deviations were below one (.46; .5 and .39) with an n=470. Skewness statistics showed values less than one (.094; -.861 and -1.603) as did results for Kurtosis (-2.0; -1.264 and .098) indicating normal distribution of the predictors. Tests for Pearson’s correlation and covariance returned values all below one, indicating that each predictor in the model is making a statistically significant and independent contribution to the model.
mitigate the need for a pharmacist to be involved in a sale. Therefore this predictor may be showing that the sale of alternative products reduces the professional and resource burden on pharmacists. Moreover decreased demand on pharmacists may increase the likely of their involvement when a pseudoephedrine request is made. Moreover to further decrease the demand on pharmacists’ involvement in the sale of these products Chapter Six highlighted many pharmacies had discontinued or planned to stop stocking pseudoephedrine products. Hence the result of such an action mitigates the necessity for the regulation and partnership intervention due to pharmacists opting out of the intervention by default of discontinuing product sales.

This finding highlights the implications of increasing the role for a professional group to facilitate crime prevention and control activity. The partnership intervention increases the workload burden on the third-party which may in many circumstances be disproportionate to the capacity of the third-party and may produce a disproportionate impact on the pharmacy due to the unintended consequences. In this case study, increasing the sales of products which do not require pharmacist intervention is one way of reducing the burden on pharmacists and consequently was the strongest predictor of regulatory engagement. Moreover, ceasing to stock these products is another way that pharmacies can avoid the additional burden and consequences of this intervention. The consideration of burden and unintended consequences of the intervention – that are, for some – disproportionate to the perceived benefit of the strategy, is an important concern for partnership policy.

The second strongest predictor of increased penalties for cannabis offences is an independent variable measuring respondents’ ideological perspectives on illicit drug related crimes. The presence of a statistically significant result for this variable may indicate that those respondents who express strong support for tougher penalties and law and order of illicit drug offences are also more likely to be willing to perform a regulatory role which focuses on illicit drug supply reduction. Lastly, the third strongest predictor of regulatory engagement by the pharmacist is the respondent gender. This item indicates that male respondents are more likely to engage with customers during a pseudoephedrine purchase and the presence of this independent variable as a
significant predictor is supported by the qualitative interviews conducted with community pharmacists. As such, around one-third of female interview respondents indicated that if they felt threatened by the customer they would supply the product (See Chapter Six). The operation of the regulations in practice more broadly highlights the implications for placing considerable burden on a professional group to be a crime controller whilst educating and placating members of the public who are not accepting of the more stringent criteria for obtaining these medications. Moreover this finding highlights that a regulatory change that affects access to a common medication should be accompanied by more sustained public education campaign as emphasized by police (See Chapter Six) to enhance awareness and reduce possible confusion or resistance to new regulatory requirements. The implication for policing partnerships is that the communication of the regulations and policing partnerships – as they affect the general public – should not be the significant and protracted responsibility of the third-party. The State and the police have a collective responsibility to ensure that a crime prevention initiative is communicated effectively to the consumers it impacts.

Third-party engagement in regulations concerning pseudoephedrine placement

According to the jurisdictional regulatory frameworks, pharmacists are required to store pseudoephedrine products in an inaccessible location to customers within the community pharmacy. Model three uses the dependent variable of store products behind the counter to measure this regulatory requirement. This section examines the independent predictors which most significantly influence the likelihood that third-parties will store pseudoephedrine products behind the counter in the community pharmacy. Model three (Table 25) presents the results of the output from a backwards stepwise logistic regression model utilising four blocks of independent variable predictors. The model contained a total of thirty independent variables from each of the four groups of individual, professional, organisation and perception-based characteristics. The full model with all predictors was statistically significant, ($X^2$ (8, N=451) = 10.156. p<.001), indicating that the model was able to distinguish between respondents who stored products according to the regulations and those who did not.

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46 Queensland Health Drugs and Poisons Regulations (1996) and the Victorian Drugs, Poisons and Controlled Substances Regulations (2006)
(See Appendix B for full model). The model as a whole explained between 13.2% (Cox & Snell $R^2$) and 32.3% (Nagelkerke $R^2$) of the variance in compliance status, and correctly classified 92% of cases.

As shown in model three (table 25), only two independent variables made a unique statistically significant contribution to the model - number of full-time pharmacy staff and method of recording suspicious pseudoephedrine sales to police – by fax or email. Although not statistically significant, the WALD values for three other variables indicated that these measures also made a contribution to the model. These variables were continue to use Project STOP if voluntary, limited pseudoephedrine stock on display, and when pseudoephedrine request is confirmed suspicious sell alternative. The strongest predictor for storing pseudoephedrine behind the counter was the number of full time pharmacy staff with a WALD value of 6.258. This predictor recorded an odds-ratio of 1.22 indicating that as the number of pharmacy staff increases by one the likelihood of storage of pseudoephedrine behind the counter was one time more likely to occur.
### Table 25: (Model three) Logistic Regression Analysis of third-party regulatory engagement through storing pseudoephedrine products behind the counter

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>WALD</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Project STOP if voluntary</td>
<td>1.611</td>
<td>0.85</td>
<td>3.594</td>
<td>0.058</td>
<td>5.008</td>
</tr>
<tr>
<td>Gender</td>
<td>0.244</td>
<td>0.471</td>
<td>0.268</td>
<td>0.605</td>
<td>1.276</td>
</tr>
<tr>
<td>Weekly hours</td>
<td>0.015</td>
<td>0.019</td>
<td>0.655</td>
<td>0.418</td>
<td>1.015</td>
</tr>
<tr>
<td>Years as a pharmacist</td>
<td>0.018</td>
<td>0.024</td>
<td>0.561</td>
<td>0.454</td>
<td>1.018</td>
</tr>
<tr>
<td>Member Pharmacy Guild</td>
<td>0.612</td>
<td>0.509</td>
<td>1.447</td>
<td>0.229</td>
<td>1.844</td>
</tr>
<tr>
<td>Legalise Cannabis</td>
<td>0.855</td>
<td>1.179</td>
<td>0.526</td>
<td>0.468</td>
<td>2.352</td>
</tr>
<tr>
<td>Increased penalties for cannabis offences</td>
<td>0.022</td>
<td>0.537</td>
<td>0.002</td>
<td>0.967</td>
<td>1.022</td>
</tr>
<tr>
<td>Customer confused</td>
<td>0.034</td>
<td>0.5</td>
<td>0.005</td>
<td>0.946</td>
<td>1.034</td>
</tr>
<tr>
<td>Number of staff using Project STOP</td>
<td>0.222</td>
<td>0.136</td>
<td>2.659</td>
<td>0.103</td>
<td>1.248</td>
</tr>
<tr>
<td>Average time to use Project STOP</td>
<td>0.034</td>
<td>0.125</td>
<td>0.072</td>
<td>0.788</td>
<td>1.034</td>
</tr>
<tr>
<td>Number of full-time pharmacists</td>
<td>-0.036</td>
<td>0.189</td>
<td>0.036</td>
<td>0.849</td>
<td>0.965</td>
</tr>
<tr>
<td>Number of full-time pharmacy staff</td>
<td>0.202</td>
<td>0.081</td>
<td>6.258</td>
<td><strong>0.012</strong></td>
<td>1.224</td>
</tr>
<tr>
<td>Sell pseudoephedrine</td>
<td>1.242</td>
<td>1.533</td>
<td>0.657</td>
<td>0.418</td>
<td>3.463</td>
</tr>
<tr>
<td>Locked cabinets to store pseudoephedrine</td>
<td>0.302</td>
<td>0.672</td>
<td>0.203</td>
<td>0.653</td>
<td>1.353</td>
</tr>
<tr>
<td>Limited stock on display</td>
<td>0.844</td>
<td>0.455</td>
<td>3.441</td>
<td>0.064</td>
<td>2.326</td>
</tr>
<tr>
<td>Increase in pseudoephedrine prescriptions</td>
<td>-0.103</td>
<td>0.447</td>
<td>0.053</td>
<td>0.818</td>
<td>0.903</td>
</tr>
<tr>
<td>Increases in break and enters</td>
<td>-0.852</td>
<td>0.525</td>
<td>2.639</td>
<td>0.104</td>
<td>0.426</td>
</tr>
<tr>
<td>Increases in Dr shopping</td>
<td>-0.076</td>
<td>0.485</td>
<td>0.025</td>
<td>0.876</td>
<td>0.927</td>
</tr>
<tr>
<td>Increased uptake of alternative medications</td>
<td>-0.481</td>
<td>0.639</td>
<td>0.567</td>
<td>0.451</td>
<td>0.618</td>
</tr>
<tr>
<td>Not use Project STOP: Customer with prescription</td>
<td>0.72</td>
<td>0.528</td>
<td>1.861</td>
<td>0.172</td>
<td>2.055</td>
</tr>
<tr>
<td>Not use Project STOP: Customer trusted</td>
<td>0.147</td>
<td>0.498</td>
<td>0.087</td>
<td>0.768</td>
<td>1.159</td>
</tr>
<tr>
<td>Do use Project STOP: Regulatory requirement</td>
<td>-0.153</td>
<td>0.8</td>
<td>0.037</td>
<td>0.848</td>
<td>0.858</td>
</tr>
<tr>
<td>Suspicious request: refuse the sale</td>
<td>-1.196</td>
<td>0.666</td>
<td>3.22</td>
<td>0.073</td>
<td>0.302</td>
</tr>
<tr>
<td>Confirmed suspicious: sell alternative</td>
<td>0.976</td>
<td>0.544</td>
<td>3.218</td>
<td>0.073</td>
<td>2.653</td>
</tr>
<tr>
<td>Record suspicious: in Project STOP</td>
<td>0.426</td>
<td>1.335</td>
<td>0.102</td>
<td>0.75</td>
<td>1.531</td>
</tr>
<tr>
<td>Record suspicious: in dispensary software</td>
<td>-1.602</td>
<td>1.127</td>
<td>2.022</td>
<td>0.155</td>
<td>0.201</td>
</tr>
<tr>
<td>Record suspicious: in manual register</td>
<td>0.492</td>
<td>0.797</td>
<td>0.381</td>
<td>0.537</td>
<td>1.636</td>
</tr>
<tr>
<td>Record suspicious: Fax/Email to police</td>
<td>-1.747</td>
<td>0.842</td>
<td>4.298</td>
<td><strong>0.038</strong></td>
<td>0.174</td>
</tr>
<tr>
<td>Report to Police: in Project STOP</td>
<td>-0.947</td>
<td>0.592</td>
<td>2.56</td>
<td>0.11</td>
<td>0.388</td>
</tr>
<tr>
<td>Stop integrated into dispensary</td>
<td>-0.838</td>
<td>0.778</td>
<td>1.16</td>
<td>0.281</td>
<td>0.433</td>
</tr>
<tr>
<td>Constant</td>
<td>-0.177</td>
<td>2.527</td>
<td>0.005</td>
<td>0.944</td>
<td>0.838</td>
</tr>
</tbody>
</table>

Note: $-2\text{LL}=172.510$, $R^2=0.132$ (Cox & Snell), 0.323 (Nagelkerke). Model $X^2 (8, N=451, 10.156. p<.001)$.

Overall model prediction rate = 92%.

The second most significant predictor in this model was *recording suspicious sales to police by way of fax or email* (WALD 4.298). The odds-ratio of 0.174 for this predictor –
being less than one – indicates that respondents who reported suspicious sales to police by fax or email were around twenty per cent (0.174) less likely to store pseudoephedrine products behind the counter, whilst controlling for other factors in the model. The fit of the model is assessed through the use of the log-likelihood. The backwards stepwise logistic regression method shows that as each block of independent variables is analysed by the model the log-likelihood deceases from an initial value of 236.112 to a final value of 172.510; indicating that the block four model is a better fit than the initial model. Several changes to the significance of the predictor variables were observed from block one to block four. *Willingness to continue using Project STOP if voluntary* was significant in block one of the full model and made the strongest contribution to the model (Sig .026, WALD 4.980). However it was not significant (.058) in the remaining blocks and recorded a final WALD of 3.594. Likewise, *unlimited stock on display* made an early significant contribution to the block one model (sig.038, WALD 4.302) and was not statistically significant in block four (sig.064) although it still made a relatively strong contribution to the final model (WALD 3.441).

The *number of full-time pharmacy staff* is a significant predictor in all of the models, with its significance and WALD values increasing incrementally in each of the models, whilst the other most significant predictor *report suspicious sale to police by fax/email* made a slightly stronger and more significant contribution in the third model.

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>WALD</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number full-time pharmacists</td>
<td>0.204</td>
<td>0.068</td>
<td>9.014</td>
<td>0.003</td>
<td>1.226</td>
</tr>
<tr>
<td>Record suspicious sales fax/email police</td>
<td>-1.163</td>
<td>0.605</td>
<td>3.697</td>
<td>0.055</td>
<td>0.313</td>
</tr>
<tr>
<td>Constant</td>
<td>1.668</td>
<td>0.321</td>
<td>27.076</td>
<td>0</td>
<td>5.301</td>
</tr>
</tbody>
</table>

Note: -2LL = 224.472 (Initial -2LL = 236.112), $R^2 = .025$ (Cox & Snell), .063 (Nagelkerke). Model $X^2 (7, N=451, 11.640. \ p<.001)$. Overall model prediction rate = 92.7%.

Model Four (Table 26) shows the results of the most parsimonious logistic regression model using only the most significant predictors from model three (table 25). According to this model the independent variable making the strongest contribution to
the model is the number of full-time pharmacists working in the community pharmacy (WALD 9.014). Comparing the results of model four (table 26) to model three (table 25) the overall model prediction decreased in model four (97% to 92.7%) Similarly, the log-likelihood of model three (172.510) is a better fit than the log likelihood produced in model four (224.472)\(^{47}\).

The capability of community pharmacies to store limited quantities of pseudoephedrine products away from direct customer access and or to have service protocols in place removing customer self-selection is an important situational crime prevention measure to prevent non-therapeutic access to pseudoephedrine products. Community pharmacies with higher staff numbers were found to be more likely to store products behind the counter, a regulatory requirement. Shifting the locality of these products in the pharmacy has a workload impact as it increases the level of contact required for pseudoephedrine products transactions. Hence pharmacies with a large number of staff may be better placed to manage increased demands in the pharmacy as a result of PSE product placement. The implication of this finding for partnership policy is that it is important that the types of intervention impacts are considered against the likely existing capacity of third-party operational settings. As noted by Rogers (1995) if an innovation is perceived as too difficult to implement or problematic, the agency will be unlikely to willingly adopt the strategy, system or process.

The second key finding from model four is that storage of pseudoephedrine behind the counter is strongly influenced by the third-party recording suspicious sales to police by way of fax or email. The odds-ratio indicated that the likelihood of a third-party storing pseudoephedrine behind the counter decreased by one-third when the third-party

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\(^{47}\) The number of full time pharmacists is a discrete continuous variable, whilst record suspicious sale to Police through fax/email is a dichotomous variable. These independent variables were found to significantly contribute to the model concerning storage of pseudoephedrine in the pharmacy. The mean values of the predictors were above zero (2.24 and .06) with standard deviations 1.628 and .232. Skewness values are above one for both predictors (5.186 and 3.842) and kurtosis values are well above three (57.249 and 12.802) indicating moderate skewness and kurtosis. The Pearson’s correlation test and the analysis of covariance showed values less than one which indicates that the predictors are independently contributing to the model. However the presence of skewness and kurtosis in the predictors suggests caution should be used in the generalisation of these findings to other samples.
reports suspicious sales to police by way of fax or email. This variable may indicate that
the third-parties who had a close reporting relationship with police believed that they
were less likely to be targeted by runners and hence influenced them to not shift
products to behind the counter. The implications for partnerships are that supportive
professional relationships with police give business owners – third-parties – confidence
in the partnership and the role played by police. The flow on effect may be increased
perception that these pharmacies will not be targeted by pseudoephedrine runners
and/or that police will be responsive to their concerns if this behaviour is observed.
Furthermore, the pharmacies that have not changed the placement of
pseudoephedrine products may have experienced fewer issues with pseudoephedrine
runners to acquire these products. The community crime prevention literature
supports the importance of engaged partnerships as well as the links between
perception of problem and willingness to adopt an active response (Morabito, 2010).

The other variables making a strong but not significant contribution to the model were
continue to use Project STOP if voluntary, limited pseudoephedrine stock on display,
and when pseudoephedrine request is confirmed suspicious sell alternative. Willingness
to continue using Project STOP if voluntary indicates support for the continued use of
Project STOP regardless of the regulatory requirements. The predictor variable limited
stock on display indicates that the third-party is deliberately reducing visibility of
pseudoephedrine products which may impact on perceived availability of
pseudoephedrine products. The reduced visibility offered in some premises also
affords third-parties the choice to either refuse supply or to tell the customer the
products are not available which provides them with opportunities to sell alternative
products when suspicious requests are confirmed. Storing products behind the
dispensary counter has a two-fold benefit in reducing diversion. The strategy reduces
opportunities for customers to access products; reduces visibility and possibility the
number of requests for the products; and may also decrease offender targeting of
these products through alternative methods, such as break and enter.

48 Additional research examining this regulatory component is needed.
Part one of this chapter has examined the most significant predictors to regulatory engagement in the precursor control strategy involving community pharmacists and third-party stakeholders in an intervention designed to reduce the diversion of pseudoephedrine products. The findings indicate that a combination of individual characteristics – respondent’s gender, pharmacy characteristics – increased uptake of alternative medicines and the number of full-time pharmacists, and report suspicious sales to police email or fax as well as perception-based characteristics – drug ideology concerning the response to illicit drugs more broadly, influence pharmacists to engage with the pseudoephedrine regulations. Part two of this chapter will examine the most significant predictors to third-party engagement in the voluntary component of the partnership, specifically the utilisation of Project STOP for keeping records and reporting transactions to Police.

**Part Two: Predicting third-party partnership engagement with Project STOP**

The Project STOP database gives third-parties the opportunity to record and report pseudoephedrine sales. Policing partners are provided with access to the Project STOP data to utilise the real-time reporting capabilities. The regulatory component of the intervention, although separate from the use of Project STOP by the third-parties, underpins and hence motivates pharmacists to use the tool (See Chapter Six). Using Project STOP can assist third-parties to fulfil their regulatory requirements concerning reporting suspicious pseudoephedrine transactions to authorities. The models in the second part of Chapter Eight examine the predictors that significantly influence third-party engagement with the voluntary component of the partnership intervention specifically use of Project STOP for recording and reporting pseudoephedrine transactions to police. The results of these analyses have implications for the current partnership and also highlight considerations for future partnership models involving non-public third-parties as crime controllers. A total of ten variables had the most significant influence in the prediction of the two dependent variables: always use project stop and use project stop to report suspicious pseudoephedrine sales to police. The predictors of partnership engagement are a mixture of perception-based, individual, professional and organisational characteristics and highlight the importance
of examining the third-parties’ experiences in the implementation of a partnership to further our understanding of the factors that contribute to the uptake of the initiative.

Use of Project STOP

Model five (Table 27) shows the final block results of a backwards stepwise logistic regression utilising four blocks of independent variables to examine which variables significantly contribute to third-party use of Project STOP in the context of a pseudoephedrine transaction at the community pharmacy. The full model containing all predictors was statistically significant, \( \chi^2 (7, N=451) = 52.283, p<.001 \), indicating that the model was able to distinguish between respondents who use Project STOP and those that do not (See Appendix C for full model). The model as a whole explained between 10.9% (Cox & Snell R square) and 16.2% (Nagelkerke R squared) of the variance in partnership engagement status, and correctly classified 77.8% of cases.

As shown in block four of model five, ten independent variables made a unique statistically significant contribution to the model. A trusted customer made the strongest contribution to the model (WALD 48.917), followed by Increased Doctor shopping (WALD 18.398) and recording suspicious sale using Project STOP (WALD 10.291). The remaining seven significant variables had WALD values between 8.085 and 3.933. Although not the strongest contributing variable, recording suspicious sales into Project STOP reported an odds-ratio of 95.407 indicating that respondents who perceived the pseudoephedrine sale was suspicious were ninety-five times more likely to record the transaction details into Project STOP. The next largest odds-ratio was for the variable, perceived increases in Doctor shopping (8.14) indicating that third-parties who perceived increased Doctor shopping for pseudoephedrine products were eight times more likely to use Project STOP.

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49 Four categories of independent variables include individual, professional, organisational and perception-based characteristics.
50 Perception that pseudoephedrine runners are deterred (WALD 8.085), In favour of increased penalties for cannabis offences (WALD 6.286), Improvements to Project STOP – integration into the dispensary software (WALD 6.250), weekly hours worked (WALD 6.080), not using Project STOP due to customer prescription (WALD 5.730), perception that Project STOP is the most effective tool for assisting pharmacists (WALD 5.574) and third-party perception that rescheduling has reduced diversion (WALD 3.933).
The third largest odds-ratio was the perception of Project STOP effectiveness (6.53) indicating that third-parties who perceive Project STOP is effective were six and a half times more likely to use Project STOP. Other odds-ratio for the significant predictors showed that respondents who agreed Project STOP should be integrated into pharmacy dispensary software were over three and a half times more likely to use Project STOP (odds-ratio =3.63). The respondents who believed that pseudoephedrine runners had been deterred from attempting to buy products from their pharmacy were almost three times more likely to use Project STOP (odds-ratio=2.98), whilst the respondents who agreed that penalties for cannabis should be increased were over two times more likely to use Project STOP (odds-ratio=2.34). Moreover those respondents who believed that rescheduling had reduced diversion were over two-times more likely to use Project STOP (odds-ratio=2.26). The number of hours worked by a respondent pharmacist also influenced their likelihood of using Project STOP. As respondent weekly hours worked increased by one the likelihood of using Project STOP increased one time (odds-ratio=1.03). Conversely respondents who processed Doctors prescriptions for pseudoephedrine were around one-third less likely to use Project STOP (odds-ratio=.39) and respondents who sold pseudoephedrine to trusted customers were around five per cent less likely to record the transactions in Project STOP (odds-ratio=.03) whilst controlling for other factors in the model.
Table 27: (Model five) Logistic Regression Analysis of third-party use of Project STOP

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>WALD</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Project STOP if voluntary</td>
<td>0.655</td>
<td>0.625</td>
<td>1.097</td>
<td>0.295</td>
<td>1.925</td>
</tr>
<tr>
<td>Gender</td>
<td>0.025</td>
<td>0.347</td>
<td>0.005</td>
<td>0.941</td>
<td>1.026</td>
</tr>
<tr>
<td>Weekly hours</td>
<td>0.039</td>
<td>0.016</td>
<td>6.08</td>
<td>0.014</td>
<td>1.039</td>
</tr>
<tr>
<td>Years as a pharmacist</td>
<td>-0.01</td>
<td>0.017</td>
<td>0.353</td>
<td>0.553</td>
<td>0.99</td>
</tr>
<tr>
<td>Member Pharmacy Guild</td>
<td>0.335</td>
<td>0.359</td>
<td>0.872</td>
<td>0.35</td>
<td>1.398</td>
</tr>
<tr>
<td>Legalise Cannabis</td>
<td>-0.066</td>
<td>0.528</td>
<td>0.016</td>
<td>0.9</td>
<td>0.936</td>
</tr>
<tr>
<td>Increased penalties for cannabis offences</td>
<td>0.854</td>
<td>0.34</td>
<td>6.286</td>
<td>0.012</td>
<td>2.348</td>
</tr>
<tr>
<td>Customer confused</td>
<td>0.252</td>
<td>0.359</td>
<td>0.494</td>
<td>0.482</td>
<td>1.287</td>
</tr>
<tr>
<td>Number of staff using Project STOP</td>
<td>0.008</td>
<td>0.072</td>
<td>0.011</td>
<td>0.916</td>
<td>1.008</td>
</tr>
<tr>
<td>Average time to use Project STOP</td>
<td>-0.01</td>
<td>0.099</td>
<td>0.01</td>
<td>0.919</td>
<td>0.99</td>
</tr>
<tr>
<td>Number of full-time pharmacists</td>
<td>0.23</td>
<td>0.172</td>
<td>1.792</td>
<td>0.181</td>
<td>1.258</td>
</tr>
<tr>
<td>Number of full-time pharmacy staff</td>
<td>0.014</td>
<td>0.028</td>
<td>0.242</td>
<td>0.623</td>
<td>1.014</td>
</tr>
<tr>
<td>Sell pseudoephedrine</td>
<td>-19.294</td>
<td>19336.72</td>
<td>0</td>
<td>0.999</td>
<td>0</td>
</tr>
<tr>
<td>Locked cabinets to store pseudoephedrine</td>
<td>1.142</td>
<td>0.75</td>
<td>2.32</td>
<td>0.128</td>
<td>3.132</td>
</tr>
<tr>
<td>Pseudoephedrine stored behind counter</td>
<td>-0.738</td>
<td>0.735</td>
<td>1.006</td>
<td>0.316</td>
<td>0.478</td>
</tr>
<tr>
<td>Limited stock on display</td>
<td>0.018</td>
<td>0.336</td>
<td>0.003</td>
<td>0.957</td>
<td>1.018</td>
</tr>
<tr>
<td>Increase in pseudoephedrine prescriptions</td>
<td>-0.419</td>
<td>0.344</td>
<td>1.479</td>
<td>0.224</td>
<td>0.658</td>
</tr>
<tr>
<td>Increases in break and enters</td>
<td>-0.039</td>
<td>0.346</td>
<td>0.013</td>
<td>0.91</td>
<td>0.962</td>
</tr>
<tr>
<td>Increases in Dr shopping</td>
<td>2.097</td>
<td>0.489</td>
<td>18.398</td>
<td>0</td>
<td>8.14</td>
</tr>
<tr>
<td>Increased uptake of alternative medications</td>
<td>-0.248</td>
<td>0.423</td>
<td>0.344</td>
<td>0.558</td>
<td>0.78</td>
</tr>
<tr>
<td>Not use Project STOP: Customer with prescription</td>
<td>-0.931</td>
<td>0.389</td>
<td>5.73</td>
<td>0.017</td>
<td>0.394</td>
</tr>
<tr>
<td>Not use Project STOP: Customer trusted</td>
<td>-3.262</td>
<td>0.466</td>
<td>48.917</td>
<td>0</td>
<td>0.038</td>
</tr>
<tr>
<td>Do use Project STOP: Regulatory requirement</td>
<td>-1.175</td>
<td>0.64</td>
<td>3.371</td>
<td>0.066</td>
<td>0.309</td>
</tr>
<tr>
<td>Suspicious request: refuse the sale</td>
<td>-0.021</td>
<td>0.397</td>
<td>0.003</td>
<td>0.958</td>
<td>0.979</td>
</tr>
<tr>
<td>Confirmed suspicious: sell alternative</td>
<td>-0.888</td>
<td>0.51</td>
<td>3.032</td>
<td>0.082</td>
<td>0.412</td>
</tr>
<tr>
<td>Record suspicious: in Project STOP</td>
<td>4.558</td>
<td>1.421</td>
<td>10.291</td>
<td>0.001</td>
<td>95.407</td>
</tr>
<tr>
<td>Record suspicious: in dispensary software</td>
<td>-0.101</td>
<td>0.488</td>
<td>0.043</td>
<td>0.836</td>
<td>0.904</td>
</tr>
<tr>
<td>Record suspicious: in manual register</td>
<td>-0.919</td>
<td>0.669</td>
<td>1.887</td>
<td>0.17</td>
<td>0.399</td>
</tr>
<tr>
<td>Record suspicious: Fax/Email to police</td>
<td>0.621</td>
<td>0.894</td>
<td>0.483</td>
<td>0.487</td>
<td>1.861</td>
</tr>
<tr>
<td>Report to Police: in Project STOP</td>
<td>-0.099</td>
<td>0.361</td>
<td>0.075</td>
<td>0.785</td>
<td>0.906</td>
</tr>
<tr>
<td>Runners deterred</td>
<td>1.094</td>
<td>0.385</td>
<td>8.085</td>
<td>0.004</td>
<td>2.986</td>
</tr>
<tr>
<td>Stop integrated into the dispensary</td>
<td>1.291</td>
<td>0.516</td>
<td>6.25</td>
<td>0.012</td>
<td>3.635</td>
</tr>
<tr>
<td>Rescheduling reduced diversion</td>
<td>0.816</td>
<td>0.411</td>
<td>3.933</td>
<td>0.047</td>
<td>2.261</td>
</tr>
<tr>
<td>Project STOP most effective method</td>
<td>1.877</td>
<td>0.795</td>
<td>5.574</td>
<td>0.018</td>
<td>6.533</td>
</tr>
<tr>
<td>Constant</td>
<td>13.894</td>
<td>19336.72</td>
<td>0</td>
<td>0.999</td>
<td>1081949</td>
</tr>
</tbody>
</table>

Note: -2LL= 275.682, $R^2 = .402$ (Cox & Snell), .595 (Nagelkerke). Model $X^2$ (34, N=451, 232.092, $p<.001$). Overall model prediction rate = 86.3%.
The fit of the model is assessed through the use of the log-likelihood. The results of the backwards stepwise method shows that as each block of independent variables is analysed in the model the log-likelihood deceases from an initial value of 507.775 to a value of 275.682; indicating the block four model is a better fit than the model in block one. Changes in the significance value of predictor variables were observed from block one to the final model block four. \textit{Weekly hours} worked by the pharmacist was not a significant predictor in either block one or block two, however this variable was significant in the third and final blocks of the model. One of the reasons relating to why third-parties do not use Project STOP – when a \textit{customer had a prescription} – was a significant predictor in block four but not in block three. \textit{Willingness to continue using Project STOP if it is voluntary} was a significant predictor in blocks one to three, however not in the final block of the model. Although the significance of many of the variables fluctuated during the computation of each block, some predictors remained significant throughout each block. These variables were: \textit{Increased penalties for cannabis offence, Increases in Doctor shopping, customer trusted, record suspicious sale in Project STOP, runners deterred, Project STOP integrated into the dispensary software, rescheduling reduce diversion} and \textit{Project STOP most effective method}.

Model six (Table 28) shows the most parsimonious model using logistic regression to examine only the significant predictors from model five (Table 27). This model shows that the most significant predictor for using Project STOP is when the \textit{customer is not trusted}\footnote{The variable is \textit{Not using Project STOP if the customer is trusted} which when reversed in the context of the dependent variable relates to a reason for using Project STOP – when the customer is trusted.} (WALD 52.596) which is more logically interpreted as Project STOP being used when the customer is \textit{not} trusted. The independent variable making the next strongest contribution to the model is using Project STOP because of increased \textit{Doctor Shopping} (WALD 18.683), followed by \textit{increased penalties for cannabis offences} (WALD 9.679) and \textit{recording all pseudoephedrine sales by using Project STOP} (WALD 8.624). The odds-ratios for the independent variables in the most parsimonious model showed respondent \textit{pharmacists who record suspicious sales through Project STOP} are twenty-three times (23.69) to use Project STOP for all transactions. Respondents who perceived \textit{increases in Doctor shopping} and who believed that \textit{Project STOP was the most effective tool for assisting decision-making} were more than five times more likely
(odds-ratio=5.616) and four times more likely to use Project STOP (odds-ratio=4.0) respectively. These two variables suggest that pharmacists who either observe or perceive threats to the genuine dispensing of medicines and who believe the systems put in place to counter these threats are useful, are more likely to be engaged in the voluntary part of the partnership intervention through using Project STOP. Alternatively the models show that pharmacists were less likely to use Project STOP for customers with prescriptions (odds-ratio=.34) and for customers who are trusted (odds-ratio=.05). As shown in Table 28, the log-likelihood increased slightly from model five (275.3682) to model six (307.293).

Table 28: (Model six) Parsimonious Logistic Regression Analysis of third-party use of Project STOP

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>WALD</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly hours</td>
<td>.030</td>
<td>.013</td>
<td>5.042</td>
<td>.025</td>
<td>1.030</td>
</tr>
<tr>
<td>Increased penalties for cannabis offences</td>
<td>.921</td>
<td>.299</td>
<td>9.479</td>
<td>.002</td>
<td>2.512</td>
</tr>
<tr>
<td>Increased Doctor shopping</td>
<td>1.726</td>
<td>.399</td>
<td>18.683</td>
<td>.000</td>
<td>5.616</td>
</tr>
<tr>
<td>Not use Project STOP: Customer trusted</td>
<td>-2.919</td>
<td>.402</td>
<td>52.596</td>
<td>.000</td>
<td>.054</td>
</tr>
<tr>
<td>Record PSE sales in Project STOP</td>
<td>3.165</td>
<td>1.078</td>
<td>8.624</td>
<td>.003</td>
<td>23.691</td>
</tr>
<tr>
<td>Runners deterred</td>
<td>.692</td>
<td>.321</td>
<td>4.659</td>
<td>.031</td>
<td>1.999</td>
</tr>
<tr>
<td>Stop integrated into dispensary</td>
<td>.992</td>
<td>.440</td>
<td>5.091</td>
<td>.024</td>
<td>2.696</td>
</tr>
<tr>
<td>Rescheduling reduced diversion</td>
<td>.781</td>
<td>.378</td>
<td>4.263</td>
<td>.039</td>
<td>2.184</td>
</tr>
<tr>
<td>Project stop most effective method</td>
<td>1.386</td>
<td>.670</td>
<td>4.276</td>
<td>.039</td>
<td>4.000</td>
</tr>
<tr>
<td>Constant</td>
<td>-4.518</td>
<td>1.202</td>
<td>14.120</td>
<td>.000</td>
<td>.011</td>
</tr>
</tbody>
</table>

Note: -2LL= 307.293 (Initial -2LL = 521.109), $R^2 = .372$ (Cox&Snell), .549 (Nagelkerke). Model $X^2 (10; N=459, 213.092. p<.001)$. Overall model prediction rate = 82.8%52.

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52 One continuous and nine dichotomous predictor variables made a significant and independent contribution to model six. Tests for Pearson correlation and covariance returned values that were all less than 1. The continuous variable had a mean value of 38.23 and a standard deviation of 11.636. All predictors had skewness values of less than one. However three predictors had kurtosis values greater than three (13.936; 4.107 and 9.443). These predictors – record suspicious sales into Project STOP, Project STOP integrated into the dispensary software and project STOP the most effective method – are not normally distributed and therefore caution should be taken in generalising these findings, particularly in other samples.
In summary, these two models (Table 27 and Table 28) show the variables that predict pharmacists use of Project STOP are: when the weekly hours worked by the pharmacist increase; when the third-parties perceive that doctor shopping has increased as a result of the intervention; when third-parties believe Project STOP is the most effective tool and when third-parties support increased penalties for other drug offences such as for cannabis. Moreover when third-parties perceived that using Project STOP and the regulations deterred runners, they were also more willing to record suspicious sales into Project STOP and also more likely to be in favour for Project STOP to be integrated into dispensary systems. Two variables – customer had a prescription and when the customer was trusted – decreased the likelihood of a pharmacist using Project STOP. The interviews with third-parties (See Chapter Six) also supported this finding – where pharmacists indicated that they would be less likely to check a customer’s pseudoephedrine purchasing history if the person was well known and or trusted by the pharmacist. The key predictors influencing third-party engagement with the voluntary component of the intervention were: agreement for increased penalties for cannabis offences; increased Doctor shopping for pseudoephedrine prescriptions; not using Project STOP when the customer had a prescription and when the customer was trusted; pharmacist weekly hours; when pseudoephedrine sales are recorded in Project STOP; agreement that Project STOP should be integrated into the dispensary; and the perception that runners are deterred; rescheduling has reduced diversion and Project STOP is the most effective method.

The implications of these findings for partnership policy are that third-parties who were most likely to engage in the voluntary aspect of the partnership were those that perceived the intervention – regulations and Project STOP – to be effective in responding to the crime problem and in deterring runners. Third parties were also motivated to use Project STOP when they observed increases in Doctor shopping associated with pseudoephedrine acquisition. These findings emphasise the importance of considering how a third-parties’ perception of the crime problem will influence their willingness to engage with the intervention. These findings suggest a third-party will engage in the strategy when its implementation is meaningful in their specific circumstances.
The second model in Part Two of this chapter examines partnership participation through pharmacists willingness to report pseudoephedrine sales to police through the use of Project STOP.

**Using Project STOP to report pseudoephedrine transactions to Police**

Third-party engagement with Project STOP to report pseudoephedrine transactions to Police is one of the key objectives of the intervention. Although third-parties may opt to utilise other methods to make records of these transactions, their use of Project STOP ensures other pharmacies have access to information concerning a person’s purchasing history. In addition, recording transactions in Project STOP also provides health authorities and police with information to identify possible criminal activity.

A backwards stepwise logistic regression utilising four blocks of independent variables was used to predict third-parties using Project STOP to report pseudoephedrine sales to Police. Model seven contained a total of 30 independent variables. The full model was statistically significant, \(X^2(30, N=451) = 85.263, p<.001\), indicating that the model was able to distinguish between respondents who used Project STOP to report pseudoephedrine sales to police and those who did not. The model as a whole explained between 17.2% (Cox & Snell R square) and 24.9% (Nagelkerke R squared) of the variance in participation status, and correctly classified 78% of cases (See Appendix C for full model). The model fit showed an initial log-likelihood of 507.775 which significantly declined in the final block to 275.682.
Model seven (Table 29) shows that six independent variables made a statistically significant contribution to prediction of using Project STOP to report pseudoephedrine transactions to police. The strongest predictor was *report suspicious sales to police*.
through Project STOP (WALD 10.956) and showed that third-parties who used Project STOP to report suspicious sales were over nearly eleven times more likely to use Project STOP to report all pseudoephedrine sales using this method. The second strongest predictor was *increases in break and enters* as a consequence of the intervention (WALD 9.642). Third-parties who experienced increased *break and enters* to their pharmacy premises were over two times more likely to record all pseudoephedrine sales to police through Project STOP. Other strong and significant predictors included *weekly hours worked by a pharmacist* (WALD 5.106), *increased uptake of alternative medicines* (WALD 4.705), *not recording in Project STOP if customer has prescription* (WALD 4.016), and *years as a pharmacist* (WALD 3.897).

The odds-ratio of the strongest predictors indicated that third-parties were over two times more likely to report to police through Project STOP if they had experienced increased break and enters. This variable illustrates the third-parties who had experienced increased crime were more likely to engage with police through the partnership. Additionally as pharmacists’ hours increased so did the likelihood that they would report pseudoephedrine transactions to police through Project STOP. Pharmacists who observed an increase in the uptake of alternative non-pseudoephedrine products as well as doctors’ prescriptions for pseudoephedrine were less likely to use Project STOP for reporting to police. Similarly to implications highlighted earlier, the findings suggest pharmacists who agree diversion is a problem, are more likely to engage in an intervention designed to respond to the problem. Their interest and engagement in the intervention was also demonstrated through their support for Project STOP integration into dispensary software (odds-ratio=3.63) to streamline both recording processes.

Other significant predictors in this model show that pharmacists who agreed penalties for cannabis offences should be increased were over two times more likely to use Project STOP (odds-ratio=2.34). This variable may indicate that pharmacists who have strong ideologies towards law and order responses for drug offences are naturally more willing to engage in an intervention that supports law enforcement. Respondents who agreed pseudoephedrine *runners had been deterred* from their pharmacy and
those who agreed *rescheduling had reduced diversion* were around three times more likely (odds-ratio=2.98) and two-times more likely (odds-ratio=2.26) respectively to use Project STOP. By contrast the variables that decreased the likelihood of pharmacist engagement with Project STOP were *requests for pseudoephedrine from a Doctor’s prescription* and pharmacists who sold pseudoephedrine to *trusted customers* were around one-third less likely and five per cent less likely to record the transactions in Project STOP (odds-ratio=.03), respectively.

Table 30: (model eight) Logistic Regression analysis of third-party reporting pseudoephedrine sales to police through Project STOP

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>WALD</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly hours</td>
<td>0.022</td>
<td>0.01</td>
<td>4.822</td>
<td>0.028</td>
<td>1.022</td>
</tr>
<tr>
<td>Years as a pharmacist</td>
<td>0.022</td>
<td>0.011</td>
<td>4.184</td>
<td>0.041</td>
<td>1.022</td>
</tr>
<tr>
<td>Increases in break and enter</td>
<td>0.868</td>
<td>0.235</td>
<td>13.677</td>
<td>0</td>
<td>2.382</td>
</tr>
<tr>
<td>Increased uptake of alternative medicine</td>
<td>-0.52</td>
<td>0.319</td>
<td>2.644</td>
<td>0.104</td>
<td>0.595</td>
</tr>
<tr>
<td>Not use Project STOP: Customer with prescription</td>
<td>-0.466</td>
<td>0.234</td>
<td>3.976</td>
<td>0.046</td>
<td>0.627</td>
</tr>
<tr>
<td>Record suspicious sales in Project STOP</td>
<td>3.284</td>
<td>0.65</td>
<td>25.499</td>
<td>0</td>
<td>26.69</td>
</tr>
<tr>
<td>Constant</td>
<td>-2.942</td>
<td>0.803</td>
<td>13.432</td>
<td>0</td>
<td>0.053</td>
</tr>
</tbody>
</table>

Note: -2LL=487.865 (Initial -2LL = 532.408), X² = .141 (Cox&Snell), .203 (Nagelkerke). Model X² (6, N=469, 71.469, p<.001). Overall model prediction rate = 76.3%.

Model eight (Table 30) is the most parsimonious logistic regression model using only the statistically significant predictors from model seven (Table 29). Model eight achieved a log-likelihood of 487.865, higher than model seven, indicating that the block four result in model seven is the best fitting model for this outcome variable. The most significant predictor found in model eight is *reporting suspicious pseudoephedrine sales to police through Project STOP* (WALD 25.499), followed by *increases in break and enter* (WALD 13.677), *weekly hours* (WALD 4.822), *years as a pharmacist* (WALD 4.184), *not using Project STOP for a customer with a prescription* (WALD 3.976) and *increased uptake of alternative medicines* (WALD 2.644).53

53 Model eight comprised two significant continuous and four significant dichotomous predictors. The continuous variables had mean values of 38.23 and 12.52 with standard deviations of 11.636 and 11.157. All predictors had skewness values of less than one and five predictors had kurtosis values less than two. However one predictor had a kurtosis value of 12.936 indicating that *recording suspicious sales in Project STOP* is not a normally distributed variable due to 94.5 per cent of respondents
The model shows there is a strong relationship between increased break and enter offences to the pharmacy premises and reporting pseudoephedrine sales to police through Project STOP. Part two has examined the most significant variables which influence third-party engagement in the voluntary component of the partnership intervention – specifically the use of Project STOP. There are a number of implications from these findings for using voluntary partnership models to mobilise third-parties to record and supply information to police.

Once again the predictors of third-party engagement are explained by the innovations literature. Specifically this literature highlights the importance for third-parties to have confidence in the effectiveness of the response developed for the problem, as they are more likely to engage in the performance of the corresponding designated crime control or prevention role. Secondly engagement in the intervention is optimised when the third-party can observe the presence of a problem – including unintended consequences – and when the performance of a particular response is meaningful. For instance third-parties indicated they would not use Project STOP when the customer presents a prescription. To a pharmacist the presentation of a prescription validates the customer’s request as genuine; hence the reduced likelihood of the third-party seeking further confirmation of this through using Project STOP. In this regard the responsibility for authorising the supply of the product rests with the prescriber not the pharmacist. The level of experience of the pharmacist, as represented by their years in the professional role also has a significant bearing on the willingness of their engagement. Greater years as a pharmacist may correspond with an increased sense of responsibility at the pharmacy, as an owner or manager; and their subsequent willingness to engage in an intervention that prevents diversion. The owner of the place is motivated to prevent crime due to the financial or other consequences of this behaviour (Felson, 1995). As discussed in Chapter Five, the importance of super-controllers to influence third-parties is highlighted. In particular the pharmacy owner and manager can be viewed as super-controller due to their status in the pharmacy

indicating that they record suspicious pseudoephedrine sales into Project STOP. Statistically the composition of this predictor is problematic for the overall strength of the model; however this independent variable is still making an important significant independent contribution to the overall prediction of partnership participation.
and their subsequent ability to influence the behaviours of professionals also operating at the particular workplace. Moreover, a person’s willingness to prevent crime is related to their sense of responsibility. That is, if they have a personal responsibility the response will most likely be direct and quick. As the level of perceived responsibility decreases, for instance for a person with only general responsibility such as a bystander or visitor however, that person is likely to feel less compelled to take action to deter crime (Felson, 1995). The study findings suggest that, in the absence of regulation to coerce third-parties in partnership engagement, the mobilisation of super-controllers (Sampson, et al., 2010) may be crucial to optimise participation of third-parties in these types of proactive strategies.

The third and final part of Chapter Eight examines the most significant predictors of perceived intervention effectiveness. Specifically two dependent variables – *runners deterred* and *overall reduction in diversion* – are used to measure effectiveness of the intervention and will address the research question.

**Part Three: Predicting third-party perceptions of intervention effectiveness**

Part One and Part Two of this chapter have examined the predictors of third-party engagement in the regulatory and voluntary components of the crime control intervention. Part Three of this chapter identifies the most significant independent variables predicting perceptions of partnership effectiveness. The two dependent variables used to measure the construct of perceptions of effectiveness are *deterrence of runners* from the community pharmacy and the *overall decrease in pseudoephedrine diversion*.

**Predicting perceptions of effectiveness through deterrence of runners**

The first analysis shown in model nine is concerned with predicting the independent variables that most significantly contribute to the perception of deterrence of runners. The outcome variable of *runners deterred* is based upon third-parties perceptions of the changing number of runners entering the community pharmacy and requesting pseudoephedrine products. Decreased runner activity and/or perceived deterrence of
runners may reflect an actual shift in criminal behaviour affecting a community pharmacy however it may also reflect tactical displacement as discussed in Chapter Six.

A backwards stepwise logistic regression analysis with four blocks of predictor variables was utilised to assess the independent variables showing the most significant impact on the perceptions of deterrence of runners from community pharmacies. The model contained a total of thirty-five independent variables and the full model (See Appendix D) containing all predictors was statistically significant, \( \chi^2 (30, N=451) = 85.263, p<.001 \), indicating that the model was able to distinguish between respondents who perceived runners were deterred and those who did not. The model as a whole explained between 17.2% (Cox & Snell R square) and 24.9% (Nagelkerke R squared) of the variance in runners deterred, and correctly classified 78% of cases. The log-likelihood decreased from an initial value of 591.245 to a value of 447.145 in the final block (See Table 31).
Table 31: (Model nine) Logistic Regression analysis of third-party perception of the deterrence of drug runners

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>WALD</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Project STOP if voluntary</td>
<td>0.763</td>
<td>0.515</td>
<td>2.193</td>
<td>0.139</td>
<td>2.145</td>
</tr>
<tr>
<td>Gender</td>
<td>-0.253</td>
<td>0.245</td>
<td>1.066</td>
<td>0.302</td>
<td>0.776</td>
</tr>
<tr>
<td>Weekly hours</td>
<td>0.004</td>
<td>0.011</td>
<td>0.111</td>
<td>0.738</td>
<td>1.004</td>
</tr>
<tr>
<td>Years as a pharmacist</td>
<td>0.013</td>
<td>0.012</td>
<td>0.106</td>
<td>0.3</td>
<td>1.013</td>
</tr>
<tr>
<td>Member Pharmacy Guild</td>
<td>-0.396</td>
<td>0.258</td>
<td>2.361</td>
<td>0.124</td>
<td>0.673</td>
</tr>
<tr>
<td>Legalise Cannabis</td>
<td>0.627</td>
<td>0.46</td>
<td>1.857</td>
<td>0.173</td>
<td>1.872</td>
</tr>
<tr>
<td>Increased penalties for cannabis offences</td>
<td>-0.278</td>
<td>0.263</td>
<td>1.119</td>
<td>0.29</td>
<td>0.757</td>
</tr>
<tr>
<td>Customer confused</td>
<td>0.035</td>
<td>0.266</td>
<td>0.171</td>
<td>0.895</td>
<td>1.036</td>
</tr>
<tr>
<td>Number of staff using Project STOP</td>
<td>0.014</td>
<td>0.047</td>
<td>0.094</td>
<td>0.76</td>
<td>1.014</td>
</tr>
<tr>
<td>Average time to use Project STOP</td>
<td>0.034</td>
<td>0.069</td>
<td>0.236</td>
<td>0.627</td>
<td>1.034</td>
</tr>
<tr>
<td>Number of full-time pharmacists</td>
<td>-0.071</td>
<td>0.109</td>
<td>0.426</td>
<td>0.514</td>
<td>0.931</td>
</tr>
<tr>
<td>Number of full-time pharmacy staff</td>
<td>-0.018</td>
<td>0.021</td>
<td>0.734</td>
<td>0.391</td>
<td>0.983</td>
</tr>
<tr>
<td>Sell pseudoephedrine</td>
<td>0.113</td>
<td>0.439</td>
<td>0.001</td>
<td>0.973</td>
<td>1.128</td>
</tr>
<tr>
<td>Locked cabinets to store pseudoephedrine</td>
<td>0.015</td>
<td>0.245</td>
<td>0.07</td>
<td>0.791</td>
<td>1.034</td>
</tr>
<tr>
<td>Pseudoephedrine stored behind counter</td>
<td>0.491</td>
<td>0.459</td>
<td>1.145</td>
<td>0.285</td>
<td>1.634</td>
</tr>
<tr>
<td>Limited stock on display</td>
<td>-0.065</td>
<td>0.245</td>
<td>0.001</td>
<td>0.993</td>
<td>1.034</td>
</tr>
<tr>
<td>Increase in pseudoephedrine prescriptions</td>
<td>0.411</td>
<td>0.243</td>
<td>2.859</td>
<td>0.091</td>
<td>1.509</td>
</tr>
<tr>
<td>Increases in break and enters</td>
<td>0.144</td>
<td>0.257</td>
<td>0.312</td>
<td>0.576</td>
<td>1.154</td>
</tr>
<tr>
<td>Increases in Doctor shopping</td>
<td>-0.474</td>
<td>0.276</td>
<td>2.942</td>
<td>0.086</td>
<td>0.623</td>
</tr>
<tr>
<td>Increased uptake of alternative medications</td>
<td>0.444</td>
<td>0.3</td>
<td>2.198</td>
<td>0.138</td>
<td>1.559</td>
</tr>
<tr>
<td>Not use Project STOP: Customer with prescription</td>
<td>0.308</td>
<td>0.269</td>
<td>1.319</td>
<td>0.251</td>
<td>1.361</td>
</tr>
<tr>
<td>Not use Project STOP: Customer trusted</td>
<td>0.088</td>
<td>0.267</td>
<td>0.108</td>
<td>0.742</td>
<td>1.092</td>
</tr>
<tr>
<td>Do use Project STOP: Regulatory requirement</td>
<td>1.181</td>
<td>0.436</td>
<td>7.345</td>
<td>0.007</td>
<td>3.258</td>
</tr>
<tr>
<td>Suspicious request: refuse the sale</td>
<td>0.189</td>
<td>0.283</td>
<td>0.445</td>
<td>0.505</td>
<td>1.208</td>
</tr>
<tr>
<td>Confirmed suspicious: sell alternative</td>
<td>-0.089</td>
<td>0.31</td>
<td>0.083</td>
<td>0.774</td>
<td>0.915</td>
</tr>
<tr>
<td>Record suspicious: in Project STOP</td>
<td>-0.321</td>
<td>0.705</td>
<td>0.208</td>
<td>0.649</td>
<td>0.725</td>
</tr>
<tr>
<td>Record suspicious: in dispensary software</td>
<td>-0.379</td>
<td>0.378</td>
<td>1.007</td>
<td>0.316</td>
<td>0.685</td>
</tr>
<tr>
<td>Record suspicious: in manual register</td>
<td>0.454</td>
<td>0.449</td>
<td>1.02</td>
<td>0.313</td>
<td>1.574</td>
</tr>
<tr>
<td>Record suspicious: Fax/Email to police</td>
<td>0.195</td>
<td>0.563</td>
<td>0.12</td>
<td>0.729</td>
<td>1.215</td>
</tr>
<tr>
<td>Report to Police: in Project STOP</td>
<td>-0.177</td>
<td>0.281</td>
<td>0.394</td>
<td>0.53</td>
<td>0.838</td>
</tr>
<tr>
<td>Runners generally don’t return</td>
<td>1.011</td>
<td>0.242</td>
<td>17.5</td>
<td>0.000</td>
<td>2.749</td>
</tr>
<tr>
<td>Interactions with police positive</td>
<td>0.528</td>
<td>0.255</td>
<td>4.288</td>
<td>0.038</td>
<td>1.695</td>
</tr>
<tr>
<td>Stop integrated into dispansary</td>
<td>-0.701</td>
<td>0.441</td>
<td>2.532</td>
<td>0.112</td>
<td>0.496</td>
</tr>
<tr>
<td>Financial Incentives for Stop</td>
<td>0.862</td>
<td>0.275</td>
<td>9.851</td>
<td>0.002</td>
<td>2.369</td>
</tr>
<tr>
<td>Legislation effective for suspicious requests</td>
<td>0.994</td>
<td>0.419</td>
<td>5.627</td>
<td>0.018</td>
<td>2.701</td>
</tr>
<tr>
<td>Constant</td>
<td>-2.982</td>
<td>1.811</td>
<td>2.711</td>
<td>0.1</td>
<td>0.051</td>
</tr>
</tbody>
</table>

Note: -2LL = 447.145, R² = .172 (Cox&Snell), .249 (Nagelkerke). Model χ² (30, N=451, 85.263. p<.001) Overall model prediction rate = 78%.
Changes from the initial block one model to the block four model showed some variables increased in significance whilst others decreased in significance. Third-parties’ willingness to continue using Project STOP if voluntary was the strongest predictor in block one and in block two however it did not remain significant in blocks three and four. Additionally three other independent variables (increased prescriptions, increased Doctor shopping and increased uptake of alternative medicines) showing significance in block two did not remain significant in subsequent blocks. Five independent variables made a unique statistically significant contribution to the model. These were: use Project STOP regulatory requirement, runners generally don’t return, interactions with police are positive, financial incentives for engagement in the intervention and regulations effective.

The strongest predictor of deterrence of runners was runners generally don’t return (when a combination of measures is implemented) (WALD 17.5). Despite the similar wording of the dependent and independent variables no collinear relationship exists; thus it is clear a number of measures in the intervention framework has influenced a strong perception of the deterrence of runners (odds-ratio=2.749). The second strongest predictor for runners deterred is for financial incentives to be available to third-parties who participate in the partnership (WALD 9.851) with these respondents over two times more likely to perceive runners were deterred (odds-ratio=2.36). The use of Project STOP as a regulatory requirement is a strong predictor (WALD 7.345) with respondents three times more likely to perceive runners were deterred (odds-ratio=3.258). This predictor suggests that the use of regulation to facilitate third-party engagement in the intervention increases the perception of intervention effectiveness. This finding corresponds with findings from the qualitative interviews (See Chapter Six) that third-parties would prefer regulatory requirements to facilitate greater consistency in the implementation of the regulations.

Effectiveness of the legislation in responding to suspicious sales was a strong predictor to runners deterred (WALD 5.627) with third-parties being over two times (odds-ratio =2.7) more likely to believe that runners had been deterred. Lastly, positive interactions with police is a strong predictor of runners deterred with respondents over
one and a half times more likely to perceive that runners were deterred (odds-ratio=1.69). This finding is supported through qualitative interviews that found positive perceptions of the role of police in the strategy strongly influence third-party engagement in the partnership intervention (See Chapter Six).

Table 32: (Model ten) Logistic regression analysis of third-party perception of the deterrence of drug runners

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do use Project STOP: Regulatory requirement</td>
<td>0.923</td>
<td>0.337</td>
<td>7.513</td>
<td>0.006</td>
<td>2.518</td>
</tr>
<tr>
<td>Runners generally don’t return</td>
<td>1.292</td>
<td>0.211</td>
<td>37.531</td>
<td>0.000</td>
<td>3.639</td>
</tr>
<tr>
<td>Interactions with police positive</td>
<td>0.479</td>
<td>0.221</td>
<td>4.692</td>
<td>0.03</td>
<td>1.615</td>
</tr>
<tr>
<td>Financial incentives for Stop</td>
<td>0.738</td>
<td>0.239</td>
<td>9.556</td>
<td>0.002</td>
<td>2.091</td>
</tr>
<tr>
<td>Legislation effective for suspicious requests</td>
<td>0.48</td>
<td>0.344</td>
<td>1.948</td>
<td>0.163</td>
<td>1.616</td>
</tr>
<tr>
<td>Constant</td>
<td>-2.105</td>
<td>0.448</td>
<td>22.031</td>
<td>0.000</td>
<td>0.122</td>
</tr>
</tbody>
</table>

Note: -2LL=545.306 (Initial -2LL = 628.125), R² =.158 (Cox & Snell), .217 (Nagelkerke). Model X² (5, (N=482, 82.82. p<.001) Overall model prediction rate = 71.8%.

Model ten (Table 32) shows results of a logistic regression using only the significant predictors from model nine (Table 31); with a model fit of 545.306. Model nine achieved a log likelihood of 447.145 and therefore is the better fitting model for runners deterred. The influence of runners generally don’t come back was the strongest predictor in this model and shows that pharmacists who employed a range of methods to respond to the problem of pseudoephedrine diversion were over three times more likely to agree runners had been deterred from the pharmacy.

Predicting perceptions of overall reduction in pseudoephedrine diversion

Although there may be a number of impacts from the intervention, one of the most important is associated with measuring the third-parties’ perception of intervention

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54 Five predictors made a significant and independent contribution to model ten. Tests for Pearson’s correlation, covariance, mean and standard deviation and skewness; all returned values of less than one. Whilst three predictors had kurtosis values of less than one, two predictors had kurtosis values greater than four (4.466 and 6.037) indicating a less normal distribution of values in these predictors. Frequencies of these predictors showed that around 90 per cent of respondents indicated that they used Project STOP due to regulatory requirement and that they thought the legislation was effective for responding to suspicious requests. Caution should be used in generalising the contribution of these predictors in other samples.
effectiveness – in this case the dependent variable of the overall decrease in pseudoephedrine diversion. Model eleven (Table 33) examines the sixth dependent variable by utilising a backwards stepwise logistic regression analysis incorporating four blocks of independent variables with a total of 32 independent variables. The full model (See Appendix D) containing all predictors was statistically significant, \( \chi^2 (32, N=451) = 85.965, p<.001 \), indicating that the model was able to distinguish between respondents who perceived an overall decrease in diversion and those who did not. The model as a whole explained between 17.4% (Cox & Snell R square) and 30.3 percent (Nagelkerke R squared) of the variance in overall decrease in diversion, and correctly classified 86.9 per cent of cases. From block one to block four of the model, the log-likelihood decreased from an initial value of 382.496 to a value of 296.551, indicating that the block four model is a better fit.

Model eleven shows six independent variables made a unique statistically significant contribution to the model. The strongest predictor of perception of effectiveness measured by overall decrease in pseudoephedrine diversion is legislation is effective for responding to suspicious requests (WALD 19.11). This was followed by increase in pseudoephedrine prescriptions (WALD 7.044). Other significant variables are runners generally don’t return (WALD 6.926); record suspicious sales in dispensary software (WALD 6.651); weekly hours (WALD 4.154) and the number of staff using Project STOP (WALD 3.874) (See Table 33).

---

55 Whilst respondents are asked to comment on their experiences and perceptions concerning the police-community pharmacy intervention, other strategies implemented alongside of the core intervention may influence third-parties’ perceptions of intervention effectiveness. The level of influence – if any – is not measured.
Table 33: (Model eleven) Logistic Regression Analysis of third-party perception of overall reduction pseudoephedrine diversion

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>WALD</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Project STOP if voluntary</td>
<td>0.073</td>
<td>0.623</td>
<td>0.014</td>
<td>0.907</td>
<td>1.076</td>
</tr>
<tr>
<td>Gender</td>
<td>-0.366</td>
<td>0.337</td>
<td>1.18</td>
<td>0.277</td>
<td>0.694</td>
</tr>
<tr>
<td>Weekly hours</td>
<td>0.029</td>
<td>0.014</td>
<td>4.154</td>
<td>0.042</td>
<td>1.03</td>
</tr>
<tr>
<td>Years as a pharmacist</td>
<td>-0.016</td>
<td>0.016</td>
<td>1.099</td>
<td>0.295</td>
<td>0.984</td>
</tr>
<tr>
<td>Member Pharmacy Guild</td>
<td>0.179</td>
<td>0.34</td>
<td>0.279</td>
<td>0.597</td>
<td>1.197</td>
</tr>
<tr>
<td>Legalise Cannabis</td>
<td>-0.248</td>
<td>0.482</td>
<td>0.265</td>
<td>0.607</td>
<td>0.78</td>
</tr>
<tr>
<td>Increased penalties for cannabis offences</td>
<td>0.597</td>
<td>0.341</td>
<td>3.063</td>
<td>0.08</td>
<td>1.817</td>
</tr>
<tr>
<td>Customer confused</td>
<td>-0.707</td>
<td>0.369</td>
<td>3.661</td>
<td>0.056</td>
<td>0.493</td>
</tr>
<tr>
<td>Number of staff using Project STOP</td>
<td>0.155</td>
<td>0.079</td>
<td>3.874</td>
<td>0.049</td>
<td>1.03</td>
</tr>
<tr>
<td>Average time to use Project STOP</td>
<td>0.021</td>
<td>0.089</td>
<td>0.056</td>
<td>0.814</td>
<td>1.021</td>
</tr>
<tr>
<td>Number of full-time pharmacists</td>
<td>-0.098</td>
<td>0.146</td>
<td>0.447</td>
<td>0.504</td>
<td>0.907</td>
</tr>
<tr>
<td>Number of full-time pharmacy staff</td>
<td>-0.011</td>
<td>0.026</td>
<td>0.168</td>
<td>0.682</td>
<td>0.989</td>
</tr>
<tr>
<td>Sell pseudoephedrine</td>
<td>-19.135</td>
<td>22278.69</td>
<td>0</td>
<td>0.999</td>
<td>0</td>
</tr>
<tr>
<td>Locked cabinets to store pseudoephedrine</td>
<td>0.401</td>
<td>0.653</td>
<td>0.377</td>
<td>0.539</td>
<td>1.493</td>
</tr>
<tr>
<td>Pseudoephedrine stored behind counter</td>
<td>0.663</td>
<td>0.586</td>
<td>1.28</td>
<td>0.258</td>
<td>1.941</td>
</tr>
<tr>
<td>Limited stock on display</td>
<td>-0.26</td>
<td>0.34</td>
<td>0.583</td>
<td>0.445</td>
<td>0.771</td>
</tr>
<tr>
<td>Increase in pseudoephedrine prescriptions</td>
<td>0.933</td>
<td>0.351</td>
<td>7.044</td>
<td>0.008</td>
<td>2.541</td>
</tr>
<tr>
<td>Increases in break and enters</td>
<td>0.08</td>
<td>0.339</td>
<td>0.055</td>
<td>0.815</td>
<td>1.083</td>
</tr>
<tr>
<td>Increases in Doctor shopping</td>
<td>-0.383</td>
<td>0.378</td>
<td>1.025</td>
<td>0.311</td>
<td>0.682</td>
</tr>
<tr>
<td>Increased uptake of alternative medications</td>
<td>0.546</td>
<td>0.366</td>
<td>2.234</td>
<td>0.135</td>
<td>1.727</td>
</tr>
<tr>
<td>Not use Project STOP: Customer with prescription</td>
<td>0.322</td>
<td>0.376</td>
<td>0.731</td>
<td>0.393</td>
<td>1.38</td>
</tr>
<tr>
<td>Not use Project STOP: Customer trusted</td>
<td>-0.547</td>
<td>0.362</td>
<td>2.29</td>
<td>0.13</td>
<td>0.579</td>
</tr>
<tr>
<td>Do use Project STOP: Regulatory requirement</td>
<td>0.526</td>
<td>0.481</td>
<td>1.196</td>
<td>0.274</td>
<td>1.692</td>
</tr>
<tr>
<td>Suspicious request: refuse the sale</td>
<td>0.469</td>
<td>0.361</td>
<td>1.688</td>
<td>0.194</td>
<td>1.598</td>
</tr>
<tr>
<td>Confirmed suspicious: sell alternative</td>
<td>-0.526</td>
<td>0.464</td>
<td>1.284</td>
<td>0.257</td>
<td>0.591</td>
</tr>
<tr>
<td>Record suspicious: in Project STOP</td>
<td>-1.284</td>
<td>0.859</td>
<td>2.234</td>
<td>0.135</td>
<td>0.277</td>
</tr>
<tr>
<td>Record suspicious: in dispensary software</td>
<td>1.117</td>
<td>0.433</td>
<td>6.651</td>
<td>0.01</td>
<td>3.056</td>
</tr>
<tr>
<td>Record suspicious: in manual register</td>
<td>-0.386</td>
<td>0.554</td>
<td>0.485</td>
<td>0.486</td>
<td>0.68</td>
</tr>
<tr>
<td>Record suspicious: Fax/Email to police</td>
<td>0.008</td>
<td>0.767</td>
<td>0</td>
<td>0.991</td>
<td>1.008</td>
</tr>
<tr>
<td>Report to Police: in Project STOP</td>
<td>0.197</td>
<td>0.367</td>
<td>0.289</td>
<td>0.591</td>
<td>1.218</td>
</tr>
<tr>
<td>Legislation effective for suspicious requests</td>
<td>1.951</td>
<td>0.446</td>
<td>19.13</td>
<td>0.000</td>
<td>7.037</td>
</tr>
<tr>
<td>Runners generally don't return</td>
<td>0.896</td>
<td>0.34</td>
<td>6.926</td>
<td>0.008</td>
<td>2.449</td>
</tr>
<tr>
<td>Constant</td>
<td>16.63</td>
<td>22278.69</td>
<td>0</td>
<td>0.999</td>
<td>16685293</td>
</tr>
</tbody>
</table>

Note: -2LL=296.551, $R^2 = .174$ (Cox & Snell), .303 (Nagelkerke). Model $X^2$ (32, N=451, 85.945. p<.001) Overall model prediction rate = 86.9%.
Pharmacists who observed an increase in pseudoephedrine prescriptions were two and a half times more likely to perceive reduced diversion (See Table 34). Other significant variables in model twelve showed when pharmacists observed runners generally don’t return they were around two and a half times more likely to perceive reduced diversion. The final three variables showed pharmacists who record suspicious sales in dispensary software were two times more likely to perceive an overall reduction and when pharmacists’ weekly hours and the number of staff using Project STOP increased by one, they were one time more likely to perceive an overall reduction in diversion (See Table 34).

Table 34: (Model twelve) Logistic regression analysis of third-party perception of overall reduction of pseudoephedrine diversion

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>WALD</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly hours</td>
<td>0.029</td>
<td>0.012</td>
<td>6.13</td>
<td>0.013</td>
<td>1.029</td>
</tr>
<tr>
<td>Number of staff using Project STOP</td>
<td>0.126</td>
<td>0.061</td>
<td>4.27</td>
<td>0.039</td>
<td>1.134</td>
</tr>
<tr>
<td>Increase in pseudoephedrine prescriptions</td>
<td>0.83</td>
<td>0.289</td>
<td>8.238</td>
<td>0.004</td>
<td>2.294</td>
</tr>
<tr>
<td>Record suspicious: in dispensary software</td>
<td>0.765</td>
<td>0.366</td>
<td>4.376</td>
<td>0.036</td>
<td>2.149</td>
</tr>
<tr>
<td>Legislation effective for suspicious requests</td>
<td>1.693</td>
<td>0.36</td>
<td>22.138</td>
<td>0</td>
<td>5.435</td>
</tr>
<tr>
<td>Runners generally don’t return</td>
<td>0.914</td>
<td>0.292</td>
<td>9.821</td>
<td>0.002</td>
<td>2.494</td>
</tr>
<tr>
<td>Constant</td>
<td>-2.801</td>
<td>0.698</td>
<td>16.083</td>
<td>0</td>
<td>0.061</td>
</tr>
</tbody>
</table>

Note: -2LL=330.587 (Initial -2LL = 398.091), $R^2 = .135$ (Cox & Snell), .235 (Nagelkerke). Model $X^2$ (6, N=467, 67.504. p<.001) Overall model prediction rate = 85.7%.

Model twelve (Table 34) shows the results of the most parsimonious logistic regression model using only the significant predictors from model eleven (Table 33). The model fit was 330.587 and was larger than the log-likelihood achieved in model eleven (296.551) indicating that model eleven is the better fitting model. Table 34 shows six significant independent variables predicting the perceived reduction in diversion of pseudoephedrine diversion. The strongest of these predictors is perception of

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The model returned two significant continuous and four significant dichotomous predictor variables. Whilst the mean and standard deviation values for the dichotomous predictors were less than one, both of the continuous variables showed higher values. Only one variable – continuous – showed skewness (1.638) and one dichotomous predictor showed moderate kurtosis with a value of 6.037. Remaining predictors has kurtosis values less than three. Tests for Pearson’s correlation and covariance returned values less than one for all of the predictors. Due to the presence of kurtosis in the normality of the predictor values caution should be used in making generalisations about legislation is effective in responding to suspicious requests in other samples.
legislation effectiveness (WALD 22.138). Respondents who thought the legislation was effective were five times more likely to perceive an overall reduction in pseudoephedrine reduction (odds-ratio=5.430). The independent variables runners generally don’t return (WALD 9.821) and increase in pseudoephedrine prescriptions (WALD 8.238) were also strong predictors. From these findings it is clear that to maximise the overall reduction of diversion, it is crucial for third-parties to have positive experiences with the regulations.

Qualitative findings (See Chapter Six) suggest that increases in pseudoephedrine prescriptions represent levels of tactical displacement. However the findings of model twelve suggest that increased prescriptions are associated with reducing diversion. Pharmacists may hold this view as prescriptions are issued by medical practitioners who during the course of their professional role seek to verify the genuine therapeutic needs of patients. Part three of Chapter Eight has examined two dependent variables measuring third-parties’ perceptions of intervention effectiveness. Part three showed a total of ten independent variables were found to make a significant contribution to predicting perceptions of effectiveness in these two models. These were: using Project STOP: regulatory requirement; interactions with police positive; financial incentives for participation; pharmacist weekly hours; runners generally don’t return; legislation effective for suspicious requests; number of staff using Project STOP; increase in pseudoephedrine prescriptions; record suspicious sales in dispensary software and legislation effective for suspicious requests. From these findings the implications for partnership policy are that the regulations must be responsive to addressing the problem in a manner that is compatible with the operational setting of the place; it is important for third-parties to observe changes in the prevalence of the problem – such as runners deterred and increase in prescriptions – and that financial incentives be considered in the partnership model to influence third-party engagement and hence perceptions of effectiveness.
Chapter summary

This chapter examined six logistic regression models and found a number of significant independent variables influencing the outcome variables of third-party engagement with regulations, third-party engagement with the voluntary component of the strategy involving use of Project STOP and third-parties perception of intervention effectiveness. These models address the first three research questions relating to knowledge gaps concerning the characteristics associated with non-public third-party partnerships, specifically the factors motivating and influencing optimal outcomes of these crime control approaches. Figure 11 is a summary table of the six dependent variables and their associated significant predictors and highlights the fact that five variables were influential across more than one model. Pharmacists who endorsed increased penalties for cannabis offences were more likely to engage with the regulations and participate in the partnership. The variable weekly hours is a significant predictor of partnership engagement and perception of intervention effectiveness. Voluntary partnership engagement was strongly influenced by pharmacists who did not use Project STOP when the customer had a prescription. The two models examining the third-parties’ perceptions of intervention effectiveness were both influenced by runners generally don’t return and legislation effective for responding to suspicious request in both models.
Figure 11: Summary of predictor variables across six models measuring third-party regulatory engagement (A), partnership participation (B) and perceptions of intervention effectiveness (C).

<table>
<thead>
<tr>
<th>Predictors</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent gender</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increased penalties for cannabis offences</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increased uptake of alternative medications</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Number full-time pharmacists</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Record suspicious sales fax/email police</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Weekly hours</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increased Doctor shopping</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Not use Project STOP: Customer with prescription</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Not use Project STOP: Customer trusted</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Record pseudoephedrine sales in Project STOP</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Runners deterred</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Stop integrated into dispensary</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Rescheduling reduced diversion</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Project stop most effective method</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Years as a pharmacist</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increases in break and enter</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increased uptake of alternative medicine</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Record suspicious pseudoephedrine sales in Project STOP</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Do use Project STOP: Regulatory requirement</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Runners generally don't return</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Interactions with police positive</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Financial incentives for STOP</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Legislation effective for suspicious requests</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Number of staff using Project STOP</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increase in pseudoephedrine prescriptions</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Record suspicious sales in dispensary software</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Legislation effective for suspicious requests</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Key

A Regulatory engagement dependent variables
B Voluntary partnership engagement variables
C Perceived effectiveness variables
1 Pharmacist handles all pseudoephedrine sales
2 Pseudoephedrine stored behind the counter
3 Always use Project STOP
4 Use Project STOP to report to police
5 Runners deterred
6 Overall reduction in pseudoephedrine diversion
X Significant predictor

Interestingly, a broad spread of factors pertaining to individual, professional, operational and perception-based characteristics were found to influence third-parties in their perceptions of the intervention effectiveness and in their engagement with the partnership intervention. These predictors can be thematically organised into eight groups including: the pharmacists' capacity to engage; the operational compatibility of
the intervention; the financial restitution of third-parties; the context of third-party exposure to the problem of diversion and related crime; positive perspective of police legitimacy in the partnership; observed favourable intervention impacts; the presence of compulsion to engage in the intervention; willingness to go further than the intervention through additional recording or reporting and supportive drug ideology. Each of these themes described highlights important considerations for partnerships theory, policy and practice.

**Pharmacists capacity to engage**

The capacity of a third-party to engage with the intervention is crucial. The study found that pharmacies with a larger number of pharmacists and staff were more likely to engage with the intervention. Hence an important consideration here for partnership models is minimising the impact and demands of the intervention on the third-parties to promote optimal participation in the strategy regardless of the available resources at a place implementing a partnership intervention. This finding and theme for future partnerships consideration also relates to operational compatibility.

**Operational compatibility**

The operational capacity of the partnership is also crucial factor relating to effectiveness, as this relates to ensuring the intervention fits with and is compatible with the existing functionality of the usual business activities of the third-party at the site of intervention. Specifically, in the circumstances of Project STOP, the system is a stand-alone database used by pharmacists. Therefore the findings suggest the integration of Project STOP into pharmacy dispensary systems would significantly enhance its compatibility with the usual operational settings applicable to these crime control environments. The most important consideration here for partnerships is for streamlining and integrating new technologies and/or processes with existing operational systems to eliminate the necessity for additional separate recording routines to fulfil to requirements of the partnership intervention. The adoption of partnership innovations is likely to be positively influenced through the elimination of duplication in the performance of the third-party crime-control role.
Financial restitution

The findings in this chapter – as well as in Chapter Six – found that some pharmacists were concerned about the disproportionate burden of the role they were co-opted into performing as compared with their perception of the benefits of the intervention. Whilst this perception of burden relates in part to third-parties uncertainty about any impact from their contribution to the partnership intervention, in the main the respondents in both studies indicated there had been a financial impact as a result of the intervention. Chapter Eight found agreement concerning financial incentives was one of the significant independent variables predicting perception of intervention effectiveness. Thus it is important for partnership models to consider the range of impacts on non-public third-party performance of crime control roles and for the super-controllers to consider how financial incentives can be incorporated into the delivery of the partnership role (Sampson, et al., 2010).

Context of third-party exposure to specific and related crime problems

The findings illustrate that the third-parties exposure to and/or perceptions of the specific crime problem is crucial for their adoption of the response strategy. For example, a pharmacist who has observed pseudoephedrine runners and/or who has experienced increased break and enters was more likely to engage in the partnership intervention than others. The key implication here includes the importance of communicating amongst stakeholders the nature of the problem and the importance of a collective preventative response.

Positive perspective of police legitimacy in the partnership

Results in Chapter Eight also showed that a positive professional relationship with police was important. This finding is also supported by Chapter Six, and the literature concerning the characteristics of effective community-oriented partnerships (Somerville, 2008) whereby one reaches a conclusion that strong police-citizen co-operation is crucial. This positive relationship with police also influences positive perceptions of police legitimacy and the role they are performing in the intervention. Chapter Six highlighted that neither partner perceived the other to be operating consistently in the intervention, often questioning the legitimacy of the partner’s function and utility of the intervention. Studies have shown that perceptions of police
legitimacy influences citizens’ willingness to report crime as well as participate in community safety and crime prevention initiatives (Murphy & Cherney, 2012). The success of many of these initiatives relies on partner commitment and trust (Hawdon, et al., 2003; Tyler, 2004). This study has also shown strong relationships between engagement and effectiveness and positive perceptions of the police role at the macro level. However, as discussed in Chapter Six the present partnership model does not facilitate opportunities for partner legitimacy to be established. Future partnership models must consider how trust between the partners will be facilitated to enhance subsequent commitment to the intervention.

**Observed favourable intervention impacts**

The predictors in this chapter illustrate that pharmacists had more optimistic opinions about the overall effectiveness of the intervention when their perceptions and observations of the individual components of the partnership intervention were also favourable. These perceptions are influenced by the observable impacts of their performance of the role. As highlighted by Rogers (1995) the adoption of an innovation is influenced by the degree that the entity can observe positive change to the status quo, and/or the resolution of a problem specifically targeted by the innovation. The main consideration for voluntary partnerships from this theme is the importance of having an observable change to the problem as a result of a particular intervention, in which to motivate third-parties to fully adopt an innovation process into their standard operational routines.

**The presence of compulsion to engage in the intervention**

It was highlighted in the findings that third-parties as well as police and other partnership stakeholders believed it is important for clear and consistent engagement in the partnership by all the parties. It was agreed that the most powerful method of achieving consistency in the partnership was to utilise regulatory means to provide the necessary compulsion and coercion for third-party engagement and to facilitate the enforcement of crime control roles by third-parties. The key implication is that it appears compulsion to participate in the performance of a role – which may be perceived by some as ‘in addition’ to their professional or personal responsibilities – is
important in order to mobilise the actions of third-parties. The use of regulatory-leviers as the mechanism of compulsion in these partnership interventions is an important feature of third-party policing partnerships, and hence in light of the research findings which show substantial inconsistencies in the adoption and utilisation of partnership processes in crime-prone places – in a partial voluntary model – highlight that partnership policy needs to consider opportunities for using regulatory processes to empower and oversee these types of interventions.

**Supplementary partnership activities**

This theme relates to the willingness of third-parties to provide services or perform roles outside of the designated partnership. These supplementary activities include the third-parties using email or facsimile to report pseudoephedrine sales to police. Using alternative methods was significantly associated with perceptions of partnership effectiveness as shown in Chapter Six. These additional measures were perceived to enhance a pharmacists’ vigilance of suspicious activities and provided the opportunity to provide more detailed information to police.

**Drug ideology**

In this study pharmacists’ agreement about increased penalties for cannabis offences influenced third-party engagement in both components of the intervention. This suggests that a third-party’s attitude to illicit drugs and the associated criminal justice responses is an important factor influencing their willingness to engage with the partnership. The presence of this predictor shows a more conservative ideology amongst the pharmacists who were more consistently engaged in performance of the intervention. The key consideration for partnerships from this theme is that it is important for partnership developers to acknowledge the presence and influence of third-parties’ broader ideological perspectives upon their preparedness to engage in a voluntary law enforcement partnership.

In summary, the themes emerging from this chapter draw attention to the importance of considering the context with which the third-party engages in the intervention and specifically how their experiences at a crime-prone place influences their perceptions
of the validity of the problem as well as their willingness and capacity to engage. Somerville (2008:263) argues that in order to intervene it is crucial for an individual to have trust in the authorities and the benefit of intervening must be judged to be greater than the likely costs. Importantly individuals are more likely to intervene when their social status, reputation or professional responsibility is dependent upon their action in a set of circumstances (Somerville, 2008). Likewise individuals are less likely to intervene when they have a fear of crime (Zhong, 2010). The research themes are consistent with literature concerning the implementation of crime control initiatives particularly the contextual and situational factors that influence a person’s likelihood of intervening in a crime event. The study findings have also highlighted links with innovations literature in analysing how crime control initiatives are implemented and identifying the factors likely to improve the adoption of voluntary strategies. Specifically the themes emerging from this research show implications for partnership policy concerning the operational compatibility of the intervention. As highlighted by Rogers (1995), if the innovation is too complex or operationally unwieldy, stakeholders will not adopt the strategy in an optimal manner. It is important that in the development of partnership interventions between police and pharmacists that these factors are incorporated into the design and implementation of the partnership intervention. More broadly, as this study is the first examination of the significant factors influencing non-public third-parties’ engagement in partnerships using regulatory levers, a number of important lessons can be derived from this experience and applied to the conceptualisation of future partnership approaches.

Other implications for partnership policy are specifically for partnership stakeholder/s to consider the desired outputs of the partnership. Should the desired outputs of the partnership intervention involves the consistent application of the partnership role by the third-parties, it is clear that a voluntary arrangement that lacks coercion and enforcement is unsuitable. As highlighted by the partnerships typology in Chapter Three, a ‘hard’ approach involving the mobilisation of well-placed third-parties through the use of or development of legal-levers is paramount for the consistent delivery of third-party crime role obligations. Moreover, a strengthened regulatory approach empowers the third-parties in the performance of their roles and subsequently these
measures are likely to decrease third-party frustration concerning inconsistent application of the intervention. Somerville (2008) likens this collective cooperation as achieving social order, whereby citizens – third-parties – feel compelled to engage in activities that promote law abiding behaviours.

Additionally, as highlighted by Skogan (2006) and Tyler (2004), increasing police legitimacy in crime control interventions will impact on third-parties’ willingness to engage in policing strategies. A productive professional relationship between the partners also enhances ownership, commitment, communication and problem solving between the police and their partners. It is doubtful, based on the emerging themes of this study, that these important partnership features can be achieved in a macro-driven partnership model, which relies in part on voluntary third-party engagement. The optimal partnership framework would likely comprise regional nodes of partnership co-ordinators – either private or public – who are responsible for ensuring police and third-party engagement, regional communication and problem-solving as well monitoring the performance of proactive policing initiatives. Further research is required to develop best practice policing frameworks concerning the translation of macro partnership models to local contexts and the respective management of these initiatives at the local-level.

The next chapter discusses the collective key findings of the dissertation and discusses the implications for partnerships theory, policy and practice with respect to the primary partners of this present partnership intervention. In addition the limitations of the research are discussed, together with future research opportunities and conclusion.
Chapter Nine: Discussion and conclusion

This dissertation has set out to examine the development, implementation and outcomes of an innovative crime control and prevention initiative involving a third-party policing partnership intervention. The operation of the policing partnership involves community pharmacists performing a crime control role concerning pseudoephedrine precursor diversion from pharmaceuticals. The research examined the implementation of this partnership initiative in two Australian States – Queensland and Victoria and in doing so explored the environmental context with which the intervention was developed and applied. The research has examined the experiences and perceptions of community pharmacists in both States concerning the regulated components and the voluntary components of the partnership intervention. In addition, the study has examined the types of impact perceived to have resulted from the intervention including third-parties’ perceptions of intervention effectiveness. The approach in this dissertation has been to conduct a comprehensive examination of the intervention with specific attention to stakeholder perspectives together with the analysis of the significant predictors to regulatory engagement, partnership engagement and perception of intervention effectiveness.

The research addresses a number of research gaps highlighted in Chapter One. Addressing these gaps contributes to the third-party and drug policy literature. The findings show a number of factors influence optimal partnership engagement and illuminate a number of weaknesses in the partnership model examined. In Chapter One the research gaps highlighted included: lack of knowledge about how partnerships utilising regulation are developed and implemented; whether these partnerships are better managed at the macro-level or at the micro-level; the most significant factors influencing third-party engagement in the intervention and the components which influence third-party perceptions of intervention effectiveness. As highlighted in early chapters there are a number of uncertainties concerning the nature of the methamphetamine problem – specifically pseudoephedrine diversion from pharmaceuticals – and concerning the efficacy of the corresponding response to the problem. Studies that go beyond using police crime indicators as the definitive
measure of success of crime control responses are uncommon. Thus this research provides an important opportunity to examine and understand not only the dynamics of third-party policing partnerships from the perspective of the immediate partners but also to gain insight into the roles played by other stakeholders in driving the partnership response. The focus in this research on third-parties’ experiences and perceptions of the impact and utility of the intervention provides new knowledge concerning the optimal engagement of third-parties in these crime control contexts and extends our understanding about partnerships theoretical and practice frameworks.

**Major findings**

The research findings draw specific attention to five main themes. These themes are a synthesis of the research findings and are examined with the literature to draw conclusions about the contribution of this research to the third-party policing and drug policy literature. Importantly these themes highlight the primary areas where knowledge gaps have been addressed and have subsequently enhanced our understanding about the characteristics of partnerships with non-public third-parties and the most significant features of these interventions which influence third-party engagement, and subsequent perceptions of effectiveness. Additionally the key themes described in this chapter enhance our understanding about the role of regulation in partnerships, in particular for enhancing partnership certainty, consistency and performance. The five key themes derived from this research are linking and construct theoretical frameworks to identify partnership opportunities; the recognition of third-party driven partnership (TPDP) models; the importance of super controllers in partnership models; designing partnership frameworks that support the translation of partnership models from macro to micro, and the role of regulation in enhancing partnership consistency, intervention effectiveness and sustainability.

1 **Linking theoretical frameworks to identify partnership opportunities**

The dissertation findings show how a number of theoretical frameworks can be utilised to inform the development of a partnerships approach. Specifically the intervention
examined is drawn from problem-oriented policing frameworks, utilises routine activity theory to identify the agents to perform the crime control role and uses legal levers within a third-party policing framework to mobilise the identified third-party agents to perform a particular crime control response. Regulatory theory also makes an important contribution to the development of the policing partnership, and has greatly influenced the adoption of an approach which has resulted in a third-party performing a crime control role on behalf of the State. In this case study, State-based regulations do not specifically pertain to the performance of the partnership role and do not enforce third-party engagement in the partnership; however the presence of these regulations persuade and influence third-party engagement in the voluntary partnership involving the utilisation of Project STOP. Consequently the presence of the regulations drawn from the third-party policing theoretical framework is an important feature of this partnership and one which significantly influences third-party engagement in the crime control intervention. The case study examined here highlights that, in the design of a crime control and crime prevention response, it is important to focus on places as areas of intervention action, and the routine activities of offenders at those places. In doing this, the intervention can focus on mobilising well-placed crime controllers to instigate situational measures to reduce offending opportunities within the context of the crime-prone place, and that are capable of increasing risk for offenders as well as decreasing the attractiveness of the crime. Using a combination of theoretical approaches that are not traditionally linked together demonstrates the utility of conceptualising holistically crime problems and the respective responses.

2 Third-party driven policing partnerships (TPDPP)

The third-party policing theoretical framework developed by Mazerolle and Ransley (2005) conceptualised this policing method as a way of engaging non-police through legal levers to perform a crime control role. The third-party literature discusses third-parties as entities that are most often co-opted and/or coerced by police into the performance of crime control roles which are either voluntary or that relate to an existing regulated responsibility. The premise of the theory is that it is the police who identify the crime problem; devise the response strategy and manage its
implementation. However, this case study has shown that the third-parties at the macro level have been the primary drivers of the partnership. In effect, this case study demonstrates a partnership which was primarily developed for the benefit of the operations of the third-parties and in which police involvement was a secondary consideration. Consequently the development and implementation of the intervention by the macro-level stakeholders means police engagement in the partnership has been focused at this macro-level. Subsequently the research findings suggest there has been limited police engagement with the third-parties at the local-level.

These findings have two clear implications for partnerships theory. Firstly, in recognition of the macro-level third-party as the primary driver of the intervention, the third-party policing partnerships theoretical model needs to be extended to consider partnerships that are not driven or managed by the police. Secondly, it is evident that partnerships that are not managed or driven by police need to invest particular attention into developing suitable local-level partnership structures and processes which guide police and third-party engagement at this level. The current research shows police in the role of primarily data recipients not active partners in the intervention; demonstrated by third-parties questioning who their partners were. Subsequently it was observed that this uncertainty in the partnership impacted on third-parties perceptions of police legitimacy in the partnership and their willingness to prioritise their engagement in the strategy. The findings have highlighted the importance of establishing uniform implementation processes and local-level partnership structures which facilitate the effective translation of the partnership model from the policy-level to the operational-level.

3 The influence of super-controllers

As well as the observation of a third-party driven partnership, this research found that the involvement of a number of stakeholders in the partnership is critical to its adoption and implementation by the third-parties. Super-controllers are defined as place managers, guardians and handlers who perform crime control by protecting the place, the target and controlling the offender respectively (Sampson, 2010:56). However, ‘super-controllers’ in this research context refers to a person or entity that
can influence the place-manager, guardian or handler to adopt their respective role in preventing crime. Moreover the super-controllers in this example are more broadly constructed with reference to the innovation diffusion literature. For instance it is argued the Pharmacy Guild and the health enforcement regulators have strong influence over pharmacy owners; the pharmacy owner has strong influence over their employees – other pharmacists and general employees – and this collective group, in the performing of the crime prevention role, have a strong influence on offender decision-making. Effectively super-controllers are motivating; endorsing and conveying the importance of engagement with regulatory; professional and voluntary roles pertaining to the response of a particular problem. Subsequently the super-controllers play an important role as innovation diffusers and in this instance influence widespread geographical uptake and application of a crime control role. The research findings suggest the macro-level ownership of the strategy strongly influenced third-party uptake and support for the initiative, including the voluntary components. Hence the importance of the role of ‘super-controller’ in partnerships models can not be overstated. Furthermore, the role of the enforcement agencies was also found to be important to third-party engagement with the intervention. Additionally, the research found that the pharmacy owners and managers are also key influencers in the behaviour of the staff working at the crime prone places. The research found that when a pharmacy owner or manager is not in favour of their employees’ participation in the partnership intervention third-parties engagement is extremely difficult.

These findings highlight the importance of the role performed by the macro-level partner stakeholders, including the enforcement agency and the professional organisation. Specifically the role of the ‘super-controllers’ in this research included the provision of the necessary infrastructure and technical support to encourage third-parties adoption of the intervention. The provision of the technology also provided an important feedback loop to the third-parties whereby they could directly observe the benefits of the strategy to their pharmacy. The research findings suggest the endorsement for the intervention by the pharmacy owners and managers was crucial for other third-party adoption of the intervention in these place-based settings. Clearly the consideration of the role of ‘super-controllers’, particularly the pharmacy owners
and managers, in a partnership model is extremely important to increase consistency of partnership engagement and for promoting optimal outcomes of these strategies. The findings highlight the importance of acknowledging the influence of these super controllers and the significance of mobilising support from these agents in the intervention implementation process. Consequently, large-scale third-party policing partnerships should develop targeted communication, feedback and support strategies specifically for individuals in these key roles of influence.

4 Translating the partnership from the macro to the micro

A partnership which is developed and managed at the policy-level has a number of benefits and challenges. The benefits of managing partnerships at the policy-level include the opportunity for the dissemination of information and communication in a consistent manner to the third-parties and to the police as well as providing a centralised decision-making. Importantly the centralised nature of intervention management ensures the information captured in Project STOP is subject to consistent data management processes and the resolution of technical issues. Conversely the challenges of macro-level management include the absence of protocols or the technology to facilitate communication between police and third-party in specific regions or smaller areas. That is, systems of communication do not include processes which can support police who want to specifically communicate with particular pharmacies or a group of pharmacies through Project STOP. Although the information which is communicated at the macro-level may be of interest to policy-level stakeholders, individual third-parties and police at the local-level expressed the desire to have more specific information about what had been occurring in the partnership in their local context.

The research findings suggest the views expressed by policy-level stakeholders concerning the operation and utility of the partnership were at odds with the perceptions expressed by the partners in the local case study sites. The key implication of this situation is that there is a clear lack of understanding about the partnership and its outcomes at the two different levels in which it operates and a lack of partnership unity.
In response to the apparent disconnect between the policy-level perspectives of the intervention and stakeholders charged with its implementation, it is clear that more support for the partnership is required at the regional and local-levels. Regional-level coordination, support and oversight of the performance of the intervention would strengthen the overall engagement of the partners by elevating the priority of the intervention in the policing organisation – particularly at the district level. Consequently increased engagement by police would likely influence third-parties in their engagement in the intervention. Furthermore, a modified structure at the district-level is required to enhance the management of partnership initiatives, which may be facilitated through co-ordination and performance monitoring of the strategy by a regional coordinator. Presently Project STOP is considered to be ‘just another tool’ which limited operational priority and resources allocation at the local-level. Further the research findings suggest that the use of proactive policing initiatives is impeded due to current performance management indicators as these measurement systems focus on the reactive ‘bread and butter’ styles of policing and not on proactive policing initiatives in local contexts. It is clear that these initiatives can provide opportunities to extend police capacity; however harnessing these opportunities requires policing organisational structures – including suitable performance measurement – to be more amenable to the prioritisation of proactive partnership initiatives, particularly in local-contexts.

Another issue impacting on the translation of the partnership from macro-to-micro is the present reliance on technology to facilitate communication between the partners. The research findings suggest the design of a partnership structure to rely on technology to facilitate communication is a mistake. As discussed the partnership model in the present research was designed to obviate the need for police and community-pharmacists to communicate directly. What was designed to increase efficiency appears to have contributed to considerable uncertainty by the partners and limited ownership and engagement in the partnership intervention. The implication for future partnerships is consideration of the importance of positive police-partner engagement – as highlighted in the community policing literature – and of local-level processes and partnership structures to facilitate consistent police-partner
engagement in the context of the partnership objectives. Additionally in this example
direct communication was seen to be important from an operational perspective as it
provided third-parties with the opportunity to circumvent some of the identified data
recording limitations.

Partnership translation issues highlight two implications for third-party policing
partnerships. Firstly it is important for the design of the partnership to incorporate
mechanisms that facilitate and promote communication between State-level and local-
level police and also between police and community pharmacists at the local-level.
These measures are likely to improve the respective partner perceptions of the other
partners’ contribution to the intervention and the subsequent level of partnership
engagement. The guidelines for model partner engagement should detail the
partnership processes for providing additional information between the parties which
is relevant to the optimal functioning of the partnership intervention. The provision of
feedback to the third-parties by the police should promote participation and
consistency and resolution of issues or concerns applicable to the local-level context.
This local-level approach is currently missing in the partnership framework and
therefore it is important for the future operation of the partnership that these issues
be addressed by the partnership model. Enhanced partner engagement is likely to
result in several benefits, including increased perceptions of police legitimacy in the
partnership, third-party partnership participation, partnership outcomes and
effectiveness, and sustainability of the partnership. The second implication relates to
the prioritisation of proactive policing partnership initiatives at the local-level and the
consistent management and measurement of these processes. There is little doubt
that partnerships offer police opportunities to extend their capacity, however
appropriate police organisational structures must exist in order to support and
promote the successful implementation of these approaches.

5 The role of regulation in partnership interventions

Just as it is important for there to be strong partnership structures to facilitate the
translation of the partnership model from the macro-level to the micro-level, the role
of specific regulations to respond to the problem has also shown to significantly
enhance the operation of the third-party policing partnership in at least three ways. Firstly, it is apparent from the findings of the present research that the specific regulations developed to respond to the problem provide the necessary framework to empower the third-parties to refuse non-therapeutic sales and to make records of pseudoephedrine transactions. Secondly, the regulations provide the necessary compulsion to coerce third-parties to engage in the crime control role and thirdly the regulations provide the necessary enforcement framework where self-regulation of the third-party in the intervention is neither appropriate nor effective.

The research findings highlight that a voluntary partnership approach applied on a large scale has resulted in an ad hoc and inconsistent engagement by the third-parties in the intervention. Although there were several reasons explaining non-engagement in the partnership including the need for third-parties to balance commercial interests, the strongest reason was the absence of mandatory regulatory compulsion for the third-parties in both jurisdictions to engage in all parts of the intervention, all of the time. The presence of compulsion for third-parties to engage in the intervention was found to elevate the importance of the intervention in the minds of the third-parties whilst diminishing the level of tolerance expressed amongst the third-parties for non-engagement. Partial regulatory compulsion in a partnership intervention has been shown by this research to be detrimental to achieving consistency in third-party engagement. Hence it is important when voluntary crime control or prevention options are exhausted and/or are shown to be less than optimal, that incremental regulatory mechanisms should be considered, in order to enhance the effectiveness of the partnership intervention.

As well as improving the consistency of approach in the intervention, the presence of regulation in crime control provides third-parties with greater confidence regarding the expectations for their role as well as providing certainty for others who may come into contact with the intervention – such as non-offenders. There are two key implications concerning the role of regulation in third-party policing partnerships. Firstly, third-party policing partnership models need to consider the appropriateness of a regulatory approach particularly in light of available incremental approaches.
including the scope for partnership self-regulation. Moreover when the performance of the third-parties in the intervention within a voluntary or self-regulated framework is less than optimal, police should consider strengthening the approach through the utilisation of legal-levers to empower third-parties, provide compulsion for their engagement and provide necessary enforcement frameworks to oversee this engagement in the intervention. The second implication is that it is important that the specific crime response regulations adopted enhance and not hinder the third-parties’ performance of their crime control role. The research found that Victorian third-parties felt significantly hindered by the regulations and consequently strongly support uniformity in regulations across jurisdictions. In a geographically dispersed crime problem such as precursor diversion from pharmaceuticals, consistency and uniformity of approach within and across jurisdictions is the lynch-pin to enhancing the optimal performance of this crime control intervention. These key findings are associated with a number of implications for theory, policy and practice for the police, community pharmacists and other stakeholders involved in the case study policing partnership.

Implications for theory, policy and practice

The implications of this research are specific to the policing partnership examined in this dissertation, as well as for future policing approaches utilising partnerships. The implications of the research findings include ensuring partnerships have appropriate structures in place to support the activities of the partners in local-level contexts, including the consistent translation of partnership policy to partnership practice. Additionally it is imperative that police organisational support for partnerships extends to prioritising proactive initiatives including through allocation of appropriate regional management of these strategies and the provision of appropriate performance measurement frameworks and review processes.

Partnerships theory

The research findings highlight the usefulness of linking numerous theoretical frameworks to devise a partnership response to be applied at crime-prone places. Additionally the research has emphasised the importance of integrating community-policing methods to enhance non-public third-party partnership engagement,
partnership in terms of ownership of the strategy and enhancing perceptions of police and third-party legitimacy in the performance of designated partnership roles. These local-level partnership structures and processes are crucial for improving the consistency with which partnership policy is translated to partnership practice.

The research also highlighted how innovation diffusion concepts can help explain the characteristics associated with effective implementation and adoption of new strategies. These concepts include the importance of educating end-users; using ‘change agents’; as well as ensuring compatibility with existing systems and ensuring third-parties can observe advantages of the strategy. These elements were reflected in the research findings; hence partnerships theory also needs to be cognisant of the importance of incorporating intervention framework that incorporates these implementation features. These change agents, in the form of ‘super-controllers’ are well placed to encourage and influence the implementation of partnership interventions and third-party engagement in these proactive strategies. It is also important for theory to distinguish that non-public partnerships in fully regulated models will have different requirements for change-agents than partnerships with voluntary components; such as the intervention examined in this dissertation. Moreover this research highlighted that a ‘voluntary partnerships’ approach was perceived as less effective for obtaining consistency across places, than one which made recording and reporting mandatory. Notwithstanding, not all non-public partnerships will necessitate an immediate ‘hard’ regulatory approach and it is favourable that the theory continues to advocate incremental regulatory measures which are introduced following review of interventions and their performance. In light of the research findings it is also clear that partnerships theory needs to be expanded to encompass crime control initiatives that are neither led nor managed by police organisations. As such police need to be seen to be actively engaged in the intervention – not just as data recipients – to address perceptions of legitimacy of the partnership for third-parties.

**Partnerships policy**

This third-party policing partnership was forged under considerable planning and negotiation between the macro-level third-parties. The research showed that the
strong professional engagement between partners was crucial for ensuring the primary operational tool used to facilitate the partnership would fit within the operational routines of the third-parties. The attention to detail in these early phases was particularly crucial for ensuring appropriate and reliable technological mechanisms were made available to the partners in which to support their engagement in the policing partnership. Designing and implementing an innovation which can demonstrate advantages for the stakeholders and can easily be integrated into operational routines (compatibility) is particularly crucial for partnership adoption. The partnership policy development process should ensure that integrated place-based theoretical frameworks are utilised in the analysis of the crime problem and in the development of non-public partnership responses; including those incorporating regulatory cohesion and enforcement. It is also crucial that partnership policy frameworks incorporate regulated components that facilitate local-level partnership management, engagement and support. These local-level partnership structures also require police organisational commitment to ensure proactive policing is prioritised at the local-level and that appropriate performance monitoring systems and processes are implemented to support and strengthen these approaches. Partnership policy also needs to consider the level of burden of the role being requested or imposed on the third-parties. Agreement for financial restitution for intervention engagement was a strong theme from the research findings and a significant predictor of third-party perceptions of intervention effectiveness. Thus it is important that when an additional role – in effect a public responsibility – is being imposed on a non-public entity, that the financial impact on that business or entity is considered in the development of particular partnership intervention models. It is also apparent from the research findings that partnership policy models should feature ‘core’ partnership roles and in addition ‘supplementary’ roles or actions that may be adopted by the partners on a case-by-case basis. The recognition that the partnership intervention examined in this dissertation has not been a panacea to responding to the crime problem, has highlighted that it is necessary for partnership policy to consider retaining and/or developing additional partnership mechanisms that the partners can adopt to enhance their experience in the partnership. These ancillary components include specific
situational measures deemed necessary and appropriate to the place implementing the regulated intervention.

**Partnership practice**
The literature highlights the importance of police organisations demonstrating their commitment to all aspects of the strategy. Showing commitment to proactive partnerships is likely to influence positive perceptions of police legitimacy and corresponding cooperation from the public – third-parties – and more widespread compliance with the laws (Sherman, 2010:5). It is difficult to conceive that legitimacy is possible without the presence of strong police organisational commitment at both the policy and practice levels. Hence future partnership designs need to be cognisant of policy to practice translation and the need for partners to feel supported by police in the performance of their crime control role at both the policy and practitioner levels. Moreover strong professional relationships between police and non-public entities and professional groups may inadvertently yield other opportunities for police to piggyback on similar types of industry-based initiatives, which have the capacity to assist police in the performance of their roles. In striving to increase innovation in crime control, police should actively seek and explore opportunities to engage with third-parties to facilitate crime control at places. As previously highlighted police practice in proactive partnerships can be enhanced with organisational commitment to support these approaches at local-levels. However proactive policing approaches need to be prioritised at these levels, and need to be accompanied by suitable regional management structures and performance monitoring systems and processes.

For third-parties the research findings suggest that although Project STOP has been well received and utilised by third-parties, there are issues in practice which have impacted upon optimal partnership outcomes. The key factor affecting partnership outcomes were barriers associated with consistency of approach. Inconsistent engagement by the third-parties in the partnership was attributed in part to the voluntary nature of Project STOP; and the subsequent lack of cohesion for third-parties in their crime control role. Third-parties strongly supported strengthened regulatory provisions to increase certainty about expectations of their responsibility and to increase the consistency of engagement. Additionally, in practice third-parties need to
be supported in their role, not only by their professional agency, but by police who are benefiting from third-party efforts to prevent and control crime at places; which assists police in their functions.

The research findings discussed a range of unintended consequences resulting from partnership role adopted by the third-parties; including increased incidence of Doctor shopping for pseudoephedrine prescriptions. Hence it is important for super-controlers to continue to influence third-parties in their engagement of the intervention. It is also apparent in the routine monitoring and review of partnerships that governments consider responses that involve mobilising other entities in partnership responses to strengthen the response to precursor diversion.

**Research limitations**

This research has examined a non-public third-party partnership concerning pseudoephedrine diversion from pharmaceuticals. It draws upon the experiences and perceptions of the population of community pharmacists in two Australian States, and is the first study of its kind. The focus of the research methods was the examination of the operation of the partnership intervention, specifically using a number of professional, organisational, individual and perception-based measures. The survey which was developed to examine this policing response focused on examining the explanatory indicators to partnership ‘engagement’ and perceptions of partnership effectiveness. The examination of the development of the partnership intervention also provided the opportunity to demonstrate links in theoretical frameworks which relate to the partnership response model utilised. Like many other types of research there were several limitations in this study. These include the scope of the study and the types of items able to be measured; the generalizability of the findings and possible respondent bias.

Firstly, with regards to research scope, it was not possible to test the significance of an infinite number of theoretical concepts in the studies. Decisions were made to focus on examining concepts most closely related to the measuring third-party engagement in the specific intervention and their perceptions of effectiveness through a single
quantitative instrument. Likewise interviews with third-parties and police, as well as with other relevant partnership stakeholders focused on examining the operational and outcome elements of the intervention. Notwithstanding, this approach provided considerable information with which broader theoretical linkages – to the overall third-party policing model – where able to be derived.

Secondly, the study focused on two Australian jurisdictions with specific regulatory frameworks; hence the generalizability of these analyses to other jurisdictions with differing regulatory systems may be limited. However the large sample attained in the study jurisdictions provides a reasonable level of confidence regarding the generalizability of the findings to the broader population of community pharmacists in the study States. The jurisdictions that utilise Project STOP as a voluntary measure, as have the study States, may be more readily able to derive generalizable conclusions from this research, as these relate to their experiences. The perspectives of the police and other stakeholders are particular to the jurisdictions examined. However, it is probable that the key challenges identified, particularly concerning regulatory frameworks and consistent application of the partnership intervention may be similar in other jurisdictions. The operational challenges of police at the local-level, in particular, to incorporate partnerships as operational priorities and the associated difficulties in measuring the performance of proactive policing approaches, are likely to be similar regardless of jurisdiction. Additionally, the challenges pertaining to police implementation and support at operational-levels has been impeded by the absence of local-level partnership structures and processes, which are also likely to exist in other jurisdictions.

Thirdly, it is not known whether the respondent group that participated in the research were generally more satisfied with the partnership intervention and hence were more likely to participate in the research than other groups. It is possible a self-selection bias may have occurred in this sample; however due to the strength of key themes derived from the mixed method approach it is assessed that the findings captures the dominant experiences of the third-parties and of the other stakeholders involved in the development and management of this partnership intervention.
Future Directions

This research is among very few pieces of empirical and scholarly work on the subject of the utilisation of non-public third-party policing partnerships to facilitate a crime control or crime prevention benefit at crime-prone places. This dissertation has provided the opportunity for a partnerships intervention to be examined and to address a number of knowledge gaps concerning third-parties’ experiences and perceptions of the policing partnership. Still, it is apparent that there are numerous research gaps concerning the appropriateness of utilising regulated third-party policing partnerships to respond to crime problems in the community. This section identifies three broad areas for future research.

Developing a decision-making framework for regulated third-party partnerships

This research has examined the implementation of a partnership intervention model comprising both regulatory and voluntary roles to be performed by the non-public third-party. The research found that in the main the performance of the regulatory function did facilitate enhanced performance of the voluntary partnership intervention component. Nonetheless the third-party engagement in the partnership was often an incidental – not core – component of their professional routine. This highlighted that a range of other factors contribute to the decision-making of the third-parties to engage in the strategy, and subsequently contributed to variability of participation. Arguably, strengthening the regulatory approach to partnerships is one method of enhancing the partnership outcomes. Whilst incorporating local-level partnership structures and processes to enhance ownership and commitment to the partnership is another method. It is clear that further research is necessary to further develop decision-making frameworks to guide police in the type of partnership and the nature of the structure of the partnership to be employed. Importantly, these frameworks should focus specific attention to the clear translation of partnership policy to partnership practice; the development of local-level processes to enhance engagement between the partners in the performance of their respective roles and the design of organisational performance systems that support proactive policing approaches. The conceptual model would build upon the work of Scheider et.al. (2009) who argue that...
the integration of crime control methods under the umbrella of community policing is more useful for building solutions to problems than using single methods in isolation. The research findings show the design of the partnership had some links to theoretical frameworks, however with the focus on technology to deliver the partnership; gaps in the model were evident. Accordingly there appears much to gain from developing and implementing hybrid theoretical approaches to addressing crime problems. Further research in this area includes developing decision-making frameworks to guide police in using hybrid theoretical approaches to design proactive partnerships.

**Precursor policing partnerships in other jurisdictions and in the international context**

This research has highlighted the significant differences in the implementation of the same policing partnership initiative in two Australian States. Whilst acknowledging that the findings would be indicative of third-party experiences in other jurisdictions, it would be beneficial to comprehensively examine the implementation, operation and outcomes of the same policing partnership in other Australian jurisdictions. Alternatively it is important to study the intervention outcomes for States who have taken a stronger public regulatory approach and to observe the context of third-party regulatory engagement together with the corresponding impacts and perceived outcomes of the intervention. Although considerably more challenging methodologically and practically, over time the lessons learned from this research could inform the establishment of smaller randomised control trials to test the impact of more fully engaging local police in the management of intervention at the local-level. Further research should also explore the value of more thoughtfully utilising super controllers to influence innovation diffusion. It is important to undertake further research in this manner as it provides a stronger framework with which to test ideas concerning the design and implementation of optimal third-party policing models.

Utilising policing partnerships for precursor control in the international context also represents a number of important research opportunities. Moreover it is imperative that research which examines the development, operation and outcomes of policing innovations – particularly those which are proactive – continues to generate new
knowledge about the efficacy of these types of approaches in the control and prevention of a range of crime problems across a range of settings. Furthermore, the continuation of scholarly research in this area over time will assist in alleviating the degree of uncertainty concerning the effectiveness of crime control policies and practices, particularly in the context of illicit drug supply reduction and in other areas of organised crime.

**Unintended consequences**

In any crime control initiative the unintended consequences need to be balanced with the perceived benefit of the intervention. It is important that partnerships are not increasing more serious harms as a consequence of ‘clamping down’ on one part of the system. More research is required to disentangle the issues of unintended consequences, and the possibility for displacement of crime creating more harm. As well as implementation issues, this research found a number of unintended consequences of partnership engagement. These included pharmacists’ perceptions of Doctor shopping for pseudoephedrine prescriptions and experiences of increased break and enter to community pharmacy premises. Considering the unintended consequences experienced by pharmacists under a mixed regulatory and voluntary partnership intervention raises questions about negative consequences for the third-parties engaged in fully regulated partnership models. The study respondents agreed that drug runners target ‘easy’ pharmacies to acquire pseudoephedrine, therefore if these ‘easy’ pharmacies no longer exist under strengthened regulations, there is a question about increasing the negative impact and/or causing other types of impacts from this intervention. Examining the unintended consequences of an intervention is an extremely important aspect of assessing whether the intervention impacts – positive and negative – (Bowers & Johnson, 2003; Weisburd, et al., 2006) warrant the pursuit of a particular course of action; particularly in light of the potential for greater harms to eventuate as a result of the intervention. It is important to examine the issue of unintended consequences with regard to this intervention as examined in this dissertation and to examine the unintended consequences associated with further strengthening the intervention through mandatory recording provisions – recently implemented in one of the study States.
Conclusion

This case study example illustrates that police with existing strong professional relationships with external agencies have the opportunity to harness the capacity of third-parties through regulation, which assists police to respond to crime problems more effectively. This research has demonstrated the significant potential for law-enforcement to embrace innovative policing methods such as third-party partnerships to control and prevent crime. This research has shown that dual purpose partnerships can provide immeasurable benefits for the parties involved, however the success of such endeavours is closely linked to the partners’ sense of professional responsibility for a problem, the perceived proportionality of burden for benefit and the perceived legitimacy of the partners’ role.

Other factors, such as the influence of regulation on third-parties performance of a partnership intervention appear crucial for facilitating consistency throughout the partnership. In addition, local-level partnership structures and frameworks are important to facilitate communication between third-parties and police, and also have a role to play in the monitoring and review of the strategy. The partnership features found to be important in this research are not only relevant to illicit drug problems, but are able to inform the development of other policing partnership responses for other crime problems. An increased focus on examining the application of law-enforcement strategies and their impact on crime, criminal behaviour and the third-parties will facilitate better-informed decisions about what works; how to optimise opportunities for positive partnership outcomes; and how to ensure that partnership strategies operate effectively and are sustainable. Likewise, further research facilitates the building of the evidence base and in the continual shaping and refinement of ideas which provide policy makers and practitioners with the conceptual tools to assist in the development and application of further partnership strategies.

This dissertation has examined the development and implementation of a partnership by community pharmacists, and has identified the most significant factors associated with third-party engagement in the partnership intervention and perceptions of effectiveness of the strategy. Opportunities to build upon and further extend the
research in this dissertation are almost endless and highlight the need for more scholarly attention in this area. The examination of third-party engagement to perform crime control and prevention functions – both voluntary and regulatory – from the perspective of the third-party represents relatively unchartered territory in criminological research. Therefore in responding to crime problems, particularly organised crime, it is crucial that police continue to explore proactive strategies that provide opportunities for crime control and prevention outcomes. It is clear that third-party partnerships represent an important and innovative policing approach which represents considerable promise in the prevention and control of crime problems at places.
Appendix A: Community Pharmacist Survey Instrument

Consent form

You have been contacted to participate in a study designed to explore the role of partnerships between the police and community pharmacies, in reducing methamphetamine problems in Australia. The research seeks to understand the creation, nature and characteristics of partnerships between the police and community pharmacies that seek to reduce sales of pseudoephedrine by community pharmacies.

This research is being conducted by a research team from the Key Centre for Ethics, Law, Justice and Governance at Griffith University and has been funded by National Drug Law Enforcement Research Fund and the Drug Policy Modelling Program. The research has the support of the Pharmacy Guild of Australia, the Pharmacists Board of Queensland and the Victorian Pharmacists Board.

The survey is for fully registered community pharmacists working in Queensland and Victoria. The survey will take about 15 minutes to complete. If you are unable to complete the survey in one sitting, you are able to save your survey and return at a later time using the unique link provided. All the data collected will be provided to the research team in an anonymous form and no identifying information will be provided to any third parties. Participation in this research is voluntary. You are free to withdraw from the study at any time without comment or penalty.

By participating in this research you will be helping to evaluate drug law enforcement policy and the role of third-party partnerships in reducing the production of harmful synthetic illicit drugs in our communities. Every response is essential to the accuracy of the data and the conclusions made by the research. This survey offers you the opportunity to have your say about partnership initiatives and the Project STOP strategy operating throughout Queensland and Victoria. The outcomes of this research will have implications for the maintenance of or change in the Project STOP initiative, and it is anticipated that every community pharmacy will benefit from this research.

In late 2009, interviews will be conducted with Pharmacists in Queensland and Victoria. If you would like to participate in this research please enter your contact details in the form provided at the end of the survey. Your contact details will be emailed to the project team; they will not be stored with your survey responses.

Should you require any additional information about this research, please contact a member of the research team: Professor Paul Mazerolle on 3735 6994 or email: p.mazerolle@griffith.edu.au; Dr Janet Ransley on 3735 5612 or email: j.ransley@griffith.edu.au or Ms Julianne Webster on 3735 6989 or email: j.webster@griffith.edu.au.

By agreeing to participate in this research, you will be confirming that:
- You understand what participation in this research entails – that is, completing an online survey;
- You understand that if you have any questions you are able to contact a member of the research team;
- You understand that you are free to withdraw from the research at any time, without comment or penalty; and
- You understand that you can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on 3735 5585 (or research-ethics@griffith.edu.au) if you have any concerns about the ethical conduct of the project.

As a community pharmacist working in Queensland and Victoria you are eligible to participate in this research. Please inform your colleagues and encourage them to also participate.

Please tick this box to indicate your consent to participate []

____________________________

Community Pharmacist survey instrument

Q.1
What is the postcode for the community pharmacy that you most often work at?
Enter postcode …………………………

SECTION 1 – PSEUDOEPHEDRINE REGULATIONS

This set of questions relates to the re-scheduling of pseudoephedrine in January 2006.

For each of the following statements, please tell me if you strongly agree, agree, disagree or strongly disagree. (Questions 2 to 4)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
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<td>1</td>
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<td>4</td>
<td>5</td>
<td>98</td>
</tr>
</tbody>
</table>

Q.2
The re-scheduling of pseudoephedrine from schedule 2 to schedule 3 in the Standard for the Uniform Scheduling of Drugs and Poisons in January 2006 has reduced the quantity of schedule three (S3) Pseudoephedrine based products that are diverted into illicit drug manufacture?

Q.3
The amendments which made s3 pseudoephedrine a pharmacist only medicine has been effective in helping me to deal with suspicious sales.
Q.4
When a customer requests a s3 pseudoephedrine product a pharmacist always handles the sale.

For the following statements please indicate if you take the following action – *all of the time, some of the time, rarely, never and don’t know.* *(Questions 5 to 11)*

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

When you suspect a suspicious sale how often do you do the following?

Q.5
Automatically refuse the sale;

Q.6
Check the Project STOP database for previous transactions;

Q.7
Check dispensary software for previous transactions;

Q.8
Check manual records for previous transactions;

Q.9
Phone police to verify a person of interest;

Q.10
Do nothing.

Q.11
Other (please specify).

When you have established a suspicious sale through verifying the persons’ previous transactions, how often do you do the following?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please indicate for each item whether you respond: *all of the time, some of the time, rarely or never.* *(Questions 11 to 19)*

Q.12
Refuse the sale;

Q.13
Refuse the sale but sell customer non-pseudoephedrine based product;

Q.14
Refuse the sale and advise customer to seek medical advice;
Q.15
Allow the sale if special circumstances exist (for e.g. lost medication);

Q.16
Allow the sale – give benefit of the doubt;

Q.17
Allow the sale if feeling threatened or pressured;

Q.18
Allow the sale – no questions asked.

Q.19
Other (please specify)

How often do you record sales transactions for s3 pseudoephedrine based products using the following methods? *(Questions 20 to 24)*

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Q.20
Use Project STOP

Q.21
Use dispensary software

Q.22
Use manual register

Q.23
Fax/email with police

Q.24
Other (please specify)

How often do you record **suspicious** sales transactions for s3 pseudoephedrine based products using the following methods? *(Questions 25 to 29)*

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Q.25
Use Project STOP

Q.26
Use dispensary software

Q.27
Use manual register
Q.28
Fax/email police

Q.29
Other (please specify)

How often do you report pseudoephedrine sales and suspicious sales to police using the following methods? (Questions 30 to 33)

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Q.30
Report through Project STOP

Q.31
Records from dispensary software provided to Police (fax/email/post/in person)

Q.32
Manual records provided to Police (fax/email/post/in person)

Q.33
Other (please specify)

SECTION 2 - IMPACT

The following questions are about the types of impact that you may have experienced since the rescheduling of pseudoephedrine in January 2006.

For each of the following statements, please tell me if you strongly agree, agree, disagree or strongly disagree. (Questions 34 to 45)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
</tbody>
</table>

Since pseudoephedrine was rescheduled as a pharmacist only medication, over three years ago (January 2006) what changes have you noticed? (Questions 34 to 45)

Q.34
An overall reduction in S3 pseudoephedrine sales in this pharmacy.

Q.35
Increases in pseudoephedrine prescriptions.
Q.36
Increases in break and enter and other property crime targeting pseudoephedrine products.

Q.37
Increases in ‘doctor shopping’ evidenced by numerous prescribers for the same person.

Q.38
Increased uptake of alternative medications such as those containing phenylephrine.

Q.39
Decreased requests for pseudoephedrine products from legitimate customers.

Q.40
Financial strain on this pharmacy from downturn in pseudoephedrine sales.

Q.41
Financial pressure on other pharmacies in this neighbourhood from downturn in pseudoephedrine sales.

Q.42
Increased number of sale refusals for s3 pseudoephedrine based products.

Q.43
Decreased sales to legitimate customers.

Q.44
Decreased sales to suspected ‘pseudo-runners’.

Q.45
Reductions to crime in and around pharmacy (e.g. nuisance, graffiti, shoplifting).

The next set of questions are about the measuring the impact of serious crime (e.g. more than $2000 damage/loss) on your pharmacy since the rescheduling of pseudoephedrine in January 2006. For questions 46 to 51, please indicate the number of times in each year your pharmacy has been a victim of the listed offences.

<table>
<thead>
<tr>
<th>Crime type</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ram raid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burglary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property damage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theft, break &amp; enter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assault</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

273
What kind of action has your pharmacy taken to reduce the visibility and accessibility of pseudoephedrine based products? *Please indicate which of the following your pharmacy has implemented.* (Questions 52 to 59)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Q.52
Pseudoephedrine based products are stored in locked cabinets.

Q.53
Pseudoephedrine is stored behind the counter.

Q.54
A limited stock of pseudoephedrine is placed on display.

Q.55
No pseudoephedrine products are visible to customers.

Q.56
The pharmacy has a closed circuit security monitor.

Q.57
Project STOP signage is used on the shopfront window and or inside the Pharmacy.

Q.58
Uniformed security personnel used.

Q.59
Other (please specify) ____________________

Q.60
In your opinion, what proportion of all pseudoephedrine sold by this pharmacy was being diverted for illicit drug manufacture *prior* to the amendments to the regulations (pre-January 2006)? (Please specify percentage. E.g. 40% _________)

Q.61
In your opinion, what proportion of all pseudoephedrine sold by this pharmacy are *now* being diverted for illicit drug manufacture (January 2009)? (Insert percentage. E.g. 10% ___________________)

274
The following statements are about the reactions of customers when they are refused a sale of pseudoephedrine.

For each of the following statements, please tell me if you strongly agree, agree, disagree or strongly disagree. (Questions 62 to 66)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
</tbody>
</table>

When a customer is refused a sale of pseudoephedrine, they regularly–

Q.62
Become confused, and make repeated requests.

Q.63
Become agitated and frustrated.

Q.64
Use abusive or threatening language.

Q.65
Act out in a physically violent manner.

Q.66
Have no adverse reaction.

SECTION 3 - PROJECT STOP

This next section will explore your experiences around Project STOP.

Q.67
I always use the Project STOP database to record customers’ transaction details for pseudoephedrine based products. (Yes/No). If yes, skip to Q.69

Q.68
I use another method to record customers’ purchase details for pseudoephedrine based products? (Yes/No) If yes, Please specify.................................................................
Costs of Project STOP

For the following items please indicate if your pharmacy incurred a start-up cost during the implementation of Project STOP. For each item please indicate if you incurred a cost, and indicate the estimated cost incurred. (Questions 69 to 75)

<table>
<thead>
<tr>
<th>Cost Item</th>
<th>No (tick) 1</th>
<th>Yes (tick) 2</th>
<th>Estimated $ cost (numerical value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.69 Computer hardware</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.70 Computer software</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.71 Networking/internet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.72 Training costs for yourself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.73 Training costs for others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.74 Person time costs other e.g. attending meetings, liaising.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.75 Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the following items please indicate if your pharmacy incurs regular costs relating to the use and maintenance of Project STOP. For each item please indicate if you incurred a cost, and indicate the estimated cost incurred, e.g. if maintenance costs are $500 per annum, the daily cost is approximately $1.40.

<table>
<thead>
<tr>
<th>Cost Item</th>
<th>No (tick) 1</th>
<th>Yes (tick) 2</th>
<th>Estimated $ cost (numerical value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.76 Data Entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.77 Ongoing training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.78 Maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.79 Reporting requirements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.80 Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following questions relate to measuring the other costs you incur relating to Project STOP.

Q.81
Do you use the Project STOP data for reporting? (Yes/No/don’t know)?

Q.82
Do you spend time doing reports for auditing purposes using Project STOP data? (Yes/No/don’t know) (If answer no or don’t know, skip to Q.84)

Q.83
If yes to Q.82, please estimate how much time in hours you spend per month doing this reporting (indicate estimated hours per month ______).
Q.84
Is the computer that is used for Project STOP used for anything else? (Yes/No)
__________________________________________________________________

Q.85
Has the pharmacy incurred any costs associated with changing the positioning of pseudoephedrine based products? (i.e. moving to locked cabinets or behind the dispensary counter) (Estimated cost $__________)
__________________________________________________________________

Q.86
How long has Project STOP been operational in this pharmacy? *(Indicate years and months – e.g. 2y2m).* ............................................................... ........................

Operational application

For each of the following statements, please indicate if you strongly agree, agree, disagree or strongly disagree. (Questions 87 to 89)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
</tbody>
</table>

Q.87
Using Project STOP is the most effective way to ensure I am recording and reporting sales of pseudoephedrine.

Q.88
Using Project STOP has assisted me to identify suspicious sales.

Q.89
Using Project STOP has resulted in me refusing sales.

Q.90
How many staff in your pharmacy regularly use Project STOP? *(Indicate number of staff ____________)*

Q.91
What is the average amount of time required to enter data into Project STOP? (Indicate minutes ____________)

Q.92
How many times in a week that you would use Project STOP *(Indicate average number ____________)*

Q.93
How many times in a week do staff at this pharmacy use Project STOP *(indicate average number ____________)*
Q.94
On average, how many times a week would a customer be refused sale of s3 pseudoephedrine based product following a check of the Project STOP (indicate number ___________)

Q.95
What type of customer identification do you accept when requesting one? (Please specify) ________________

The next two questions are about data quality in Project STOP. Please indicate if you believe the quality of data in Project STOP is either very accurate, accurate, not very accurate or not at all accurate.

<table>
<thead>
<tr>
<th>Very accurate</th>
<th>Accurate</th>
<th>Not very accurate</th>
<th>Not at all accurate</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>98</td>
</tr>
</tbody>
</table>

Q.96
How accurate is the information that you enter into Project STOP?

Q.97
How accurate do you think the information is that is already entered into Project STOP?

Please indicate if you strongly agree, agree, disagree or strongly disagree with the following reasons why you don’t use Project STOP. (Questions 98 to 105)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
</tbody>
</table>

Q.98
When the customer has a prescription.

Q.99
When the person is a regular and trusted customer.

Q.100
When you have established the customer’s genuine therapeutic need.

Q.101
When you are busy.

Q.102
When the customer is threatening.

Q.103
When you have already entered the person’s details into the dispensary software.
Q.104
When you have recorded the transaction details elsewhere.

Q.105
Other (please specify)

Please indicate if you strongly agree, agree, disagree or strongly agree with the following reasons why you **DO use** Project STOP. (Questions 106 to 110)

Q.106
To meet regulatory requirements for recording and reporting all pseudoephedrine sales (Qld) and to record and report suspicious sales (Vic.)

Q.107
To ensure my records are up to date in case of possible audits or investigations.

Q.108
I am genuinely interested in assisting police to control illicit drugs in the community.

Q.109
To ensure I make the most informed decision I can when selling pseudoephedrine based products.

Q.110
Other (please specify) ___________________________

__________________________________________________________________

The following questions seek to determine your views about the police response to illicit drugs and whether you think suspected pseudo-runners’ are deterred from diverted pseudoephedrine based products purchased in pharmacies.

(A 'pseudo-runner' is a person whom you suspect does not have genuine therapeutic need but makes frequent attempts to purchase pseudoephedrine based products).

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
</tbody>
</table>

Please indicate if you strongly agree, agree, disagree or strongly disagree with the following statements. (Questions 111-118)

Q.111
I believe there is a methylamphetamine problem in this neighbourhood.

Q.112
I am satisfied that the police act on the information that is provided in Project STOP.

Q.113
If a range of controls are utilised (product placement, signage, Project STOP) pseudo-runners are generally deterred from purchasing pseudoephedrine from this pharmacy.
Q.114
‘Pseudo-runners’ that are refused sales generally don’t come back.

Q.115
‘Pseudo-runners’ know how to get around Project STOP.

Q.116
Pseudo-runner’s seek out pharmacists who are willing to sell pseudoephedrine ‘under the counter’.

Q.117
I would still keep records of pseudoephedrine sales by using Project STOP if it was voluntary.

Q.118
I would still want to use Project STOP even if it wasn’t provided free of charge.

SECTION 4 – COMMUNITY PHARMACY AND POLICE PARTNERSHIP

For the following statements please indicate if you strongly agree, agree, disagree or strongly disagree. (Questions 119 to 122)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
</tbody>
</table>

Q.119
I have a good understanding about what the Project STOP partnership entails.

Q.120
The Pharmacy Guild has supported this pharmacy to adopt and use Project STOP.

Q.121
At this pharmacy I have a good relationship with local police.

Q.122
At this pharmacy my interactions with local police regarding the Project STOP initiative have been positive and supportive.

Q.123
How often does your pharmacy initiate contact with local police? (Not including contact made to report crime)

<table>
<thead>
<tr>
<th>Weekly</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once or twice a month</td>
<td>2</td>
</tr>
<tr>
<td>Every quarter</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice a year</td>
<td>4</td>
</tr>
<tr>
<td>Never</td>
<td>5</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6</td>
</tr>
</tbody>
</table>
Q. 124
How often do the local police initiate contact with your pharmacy?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>1</td>
</tr>
<tr>
<td>Once or twice a month</td>
<td>2</td>
</tr>
<tr>
<td>Every quarter</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice a year</td>
<td>4</td>
</tr>
<tr>
<td>Never</td>
<td>5</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6</td>
</tr>
</tbody>
</table>

Q. 125
Do you know of any other law enforcement initiatives operating in your neighbourhood to reduce pseudoephedrine being diverted into synthetic illicit drug manufacture? (Yes/No)

For each of the following law enforcement strategies, please indicate if you have heard of these strategies operating in your neighbourhood and indicate how effective you think these strategies have been in curbing the manufacture of illicit drugs. (Questions 126-132) (Please place a tick next to all that apply)

<table>
<thead>
<tr>
<th>Law enforcement strategy</th>
<th>Heard of y/n</th>
<th>Very effective</th>
<th>Effective</th>
<th>Not very effective</th>
<th>Not effective</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raids of drug houses</td>
<td>Y=1 N=2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>98</td>
</tr>
<tr>
<td>Undercover operatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buy/busts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intelligence gathering</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qld Health taskforce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partnerships</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
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</tr>
</tbody>
</table>

It is two years since pseudoephedrine was re-scheduled as a pharmacist-only medication. Which of the following things do you think still need to be done.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neither agree or disagree</td>
<td>Disagree</td>
<td>Strongly disagree</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Please indicate if you strongly agree, agree, disagree or strongly disagree. (Questions 133 to 141)
Q.133
Police should be made more accountable for using Project STOP data.

Q.134
Police should have regular contact with pharmacies and provide feedback regarding any action taken in the neighbourhood.

Q.135
Uniform national regulations regarding recording and reporting pseudoephedrine sales should be introduced.

Q.136
Project STOP should be integrated into pharmacy dispensary software programs.

Q.137
Project STOP should be expanded to include other drugs.

Q.138
Pharmacies who use Project STOP should receive financial incentives.

Q.139
Access to Project STOP should continue to be free.

Q.140
The effectiveness of the partnership should be regularly reviewed.

Q.141
Other bodies, such as chemical wholesalers, should be made more accountable in their handling of pseudoephedrine.

Please indicate what factors you think are important for the effective operation of the police and pharmacy partnership. Please indicate if you strongly agree, agree, disagree or strongly disagree with the following factors. (Questions 142-149)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don't know</th>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
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</tbody>
</table>

It is important that -

Q.142
The police act on the information that is provided by pharmacies through Project STOP.

Q.143
Community Pharmacies’ confidentiality is assured and protected.

Q.144
The Pharmacy Guild provides regular communication with database users.

Q.145
Pharmacies receive the Project STOP product at no cost.
Q.146
Feedback is provided directly from local police to pharmacies.

Q.147
Police participate in pharmacists’ training courses and seminars.

Q.148
The Partnership is regularly reviewed by the partners.

Q.149
Pharmacists’ consultation regarding future changes to Project STOP or the partnership with police.

SECTION 5 - DEMOGRAPHICS

Please answer these questions with reference to the main community Pharmacy that you work in. (Questions 150-166)

Q.150
I am -

Male 1
Female 2

Q.151
How many hours per week do you work in this pharmacy?
(Indicate hours .............................)

Q.152
How long have you been a community pharmacist?
(Indicate time in years ........................)

Q.153
What professional organisations are you a member of?

Pharmacy Guild of Australia? 1
Pharmaceutical society of Australia? 2
Pharmacy Board in your State? 3
Other? (please specify) 4
Q.154
Which of the following best describes you? I work -

In one community Pharmacy only 1
In more than one community Pharmacy 2
Other (please specify) 3

Q.155
Where is the pharmacy located? (select the one that best describes the physical location of the pharmacy)

With a group of shops 1
In a medical centre 2
In a shopping centre 3
In a free standing building or semi-detached building with no other shops 4
Other (please specify) 5

Q.156
Do you own or part-own this community Pharmacy? (Y/n)

Q.157
Are you the manager of this community Pharmacy? (Y/n)

Q.158
Is this community Pharmacy owned by a registered pharmacist, a pharmacist-controlled company, or a Friendly Society?

Registered pharmacist 1
A pharmacist-controlled company 2
A friendly society 3

Q.159
How many full-time equivalent pharmacists are employed in this community Pharmacy? (Indicate number)..........................

Q.160
How many full-time equivalent Pharmacy staff are employed in this community Pharmacy? (Indicate number)..........................

Q.161
Do you sell pseudoephedrine based products in this community Pharmacy? (Y/N)
(if yes to 161, skip to 163)
Q.162
If No to Q.161 - when did you STOP selling pseudoephedrine based products? *(Indicate the month and year that the pharmacy stopped selling pseudoephedrine)*

__________________________________________________________________

Q.163
On average, how many prescriptions does this community Pharmacy dispense in a day? *(Indicate number)*

__________________________________________________________________

Q.164
On average, how many prescriptions for pseudoephedrine based products does this community Pharmacy dispense in a day? *(Indicate number)*

__________________________________________________________________

Q.165
On average, how many S3 pseudoephedrine products are sold each day? *(Indicate number)*

__________________________________________________________________

Q.166
Is there a particular season when you would sell more pseudoephedrine based products?

No      1
Yes winter  2
Yes spring  3
Yes summer  4
Yes autumn  5

__________________________________________________________________

SECTION 6 – PARTNERSHIP IDEOLOGY

Q.167
Do you think police are doing enough to reduce the supply of methamphetamine in the community? *(Yes/No/don’t know)*

__________________________________________________________________

Q.168
Have you heard or seen any drug prevention educational campaigns? *(Yes/No)*

Q.169
If yes, which ones have you seen or heard about? *(Please list)*

Q.170
Have you heard of the National Drugs Strategy? *(Yes/No)*

Q.171
Have you been involved in any illicit drugs educational campaigns? *(Yes/No)*

*(If no to 171, skip to end of survey.)*

Q.172
If yes, which ones? *(Please specify)*
Q.173
Which ONE of these forms of drug use do you think is the most serious concern for the general community?

(Please mark one response only)

- Marijuana/Cannabis use 1
- Tobacco smoking 2
- Heroin use 3
- Non-medical use of Barbiturates 4
- Excessive drinking of Alcohol 5
- Non-medical use of Tranquillisers 6
- Sniffing Glue/Petrol/Solvents/Rush 7
- Ecstasy use 8
- Meth/amphetamine use 9
- Cocaine/Crack use 10
- Hallucinogen use 11
- Non-medical use of Pain-killers/Analgesics 12
- Non-medical use of Steroids 13
- None of these 14

Q.174
To what extent would you support or oppose the personal use of the following drugs being made legal? Please mark one response only.

Strongly support (1), Support (2), neither support or oppose (3), Oppose (4), strongly oppose (5), don’t know (6)

a. Marijuana/Cannabis
b. Heroin
c. Meth/amphetamine (i.e. Speed, Ice, Crystal, Base)
d. Cocaine
e. Ecstasy

Q.175
To what extent would you support or oppose the increased penalties for the sale or supply of the following drugs? Please mark one response only.

Strongly support (1), Support (2), neither support or oppose (3), Oppose (4), strongly oppose (5), don’t know (6)

a. Marijuana/Cannabis
b. Heroin
c. Meth/amphetamine (i.e. Speed, Ice, Crystal, Base)
d. Cocaine
e. Ecstasy
Q.176
In responding to the problem of methylamphetamine how would you allocate $100 over
the three areas of education, treatment and law enforcement?

(Enter whole dollars only)

Education (e.g. information services)
Treatment (e.g. counselling, therapy)
Law enforcement (e.g. stop illegal sale or use)

END OF SURVEY
THANK-YOU FOR YOUR TIME

Follow up research 2009

During 2009, a follow study will take place. This study will involve a series of pharmacist
focus groups and interviews throughout Queensland and Victoria. The purpose of the
follow up study is to ensure that all issues concerning the rescheduling of
pseudoephedrine, the Project STOP initiative and the police and pharmacy partnerships
have been fully examined for inclusion in the research.

By completing this form you are consenting to being contacted by a researcher and invited
to participate in the 2009 study. By entering your contact details you are not obliged to
participate. Please note your contact details will be forwarded to the survey administrator
and will not be identifiable in any way to your survey responses.

Please provide the following details:

Name – Surname and Given name
Your email address –
Your telephone number –
Mailing address -
(Must provide either an email address or postal mailing address)
Your contact preference (email, postal address)
Your follow up preference – (A brief one-to-one interview, a focus group, telephone
interview) (tick preferred method)
Any issues affecting your availability in 2009 (optional) (please provide details
__________________________________________________________________).
Appendix B: Full models for regulatory engagement

Table 34: Variable code table

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<thead>
<tr>
<th>Categories</th>
<th>Variables</th>
<th>Code</th>
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<td><strong>1. Individual predictors</strong></td>
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<tr>
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<td>Understanding of the partnership</td>
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<td>Willing to continue using STOP if voluntary</td>
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<td><strong>Individual measures</strong></td>
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<td>Gender</td>
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<td>Weekly hours</td>
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<td>Years as pharmacist</td>
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<td></td>
<td><strong>Attitude to legalisation of illicit drugs</strong></td>
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<td>Legalise Cannabis</td>
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<td>Increased penalties of illicit drugs</td>
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<td><strong>Organisational predictors</strong></td>
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<td></td>
<td><strong>Customer reaction to sale refusal</strong></td>
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</tr>
<tr>
<td></td>
<td>Customer confused</td>
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<td></td>
<td><strong>Staff using Project STOP</strong></td>
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<tr>
<td></td>
<td>Time using Project STOP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSE weekly refusals</td>
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<td>Number of staff using Project STOP</td>
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<td></td>
<td>Average time to use Project STOP</td>
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<td><strong>Organisational measures</strong></td>
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<td>Number of full-time pharmacists’</td>
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<tr>
<td></td>
<td>Number of full-time pharmacy staff Sell PSE?</td>
<td>OC14</td>
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<td><strong>Measures taken to reduce visibility and</strong></td>
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<td>accessibility of PSE</td>
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<td>Locked cabinets</td>
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<td>Behind counter</td>
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<td>Limited stock on display</td>
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<td><strong>Impact on pharmacy from rescheduling</strong></td>
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<td>Increase in PSE prescriptions</td>
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<td>Increases in Break and Enter</td>
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<td>Increases in Doctor shopping</td>
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<td>Increased uptake of alternative medications</td>
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<td><strong>3. Occupational Ethics</strong></td>
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<td>Reasons for not using Project STOP</td>
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<td></td>
<td>Customer with prescription</td>
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<td>Regulatory requirement</td>
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<td>Frequency of contact initiated</td>
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<td>Contact initiated by police with police</td>
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<td>Actions suspicious PSE sale</td>
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<td>Automatically refuse the sale</td>
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<td>Confirmed suspicious sale actions</td>
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<td>Sell alternative product</td>
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<td>How record suspicious sales</td>
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<td>Record in Project STOP</td>
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<td>Record in Dispensary software</td>
<td>PROC40</td>
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<td>Record in Manual</td>
<td>PROC41</td>
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<td>Record Fax/Email to Police</td>
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<td>How report to police</td>
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<td>Report through Project STOP</td>
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<td>Partnership engagement</td>
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<td>Willingness to continue using Project STOP if only voluntary</td>
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<td><strong>4. Perceptions – regulations/partnership</strong></td>
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<td>Deterrence of drug ‘runners’</td>
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<td>Runners deterred</td>
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<tr>
<td></td>
<td>Runners generally don’t return</td>
<td>PC13</td>
</tr>
</tbody>
</table>
| Pharmacy relationship with Police | Pharmacy has good relationship with police  
Interactions with Police positive | OC10  
OC11 |
| --- | --- | --- |
| Partnership most important features | Uniform national regulations  
STOP integrated into dispensary  
STOP expanded for other drugs  
STOP financial incentives | PC18  
PC19  
PC20  
PC21 |
| Distribution of funds across law-enforcement, treatment and education | Education  
Treatment | PC34  
PC35 |
| Rescheduling effectiveness | Rescheduling reduced diversion  
Legislation affective responding suspicious | PC34  
PC35 |
| Effectiveness of Project STOP | Project STOP most effective method | OC39 |
Table B1: Logistic regression predicting third-parties regulatory engagement – pharmacist handles all pseudoephedrine sales

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp(B)</th>
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<tr>
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<td>0.038</td>
<td>2.695</td>
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<td>0.999</td>
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Note: -2LL = 172.82 (Initial -2LL = 193.217), $R^2 = .044$ (Cox & Snell), .127 (Nagelkerke). Model $X^2$ (7, $N=451$, $p<.001$). Overall model prediction rate = 94.5%.

<table>
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<tr>
<th>Variables</th>
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<th>S.E.</th>
<th>Wald</th>
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Note: -2LL = 153.554, $R^2 = .084$ (Cox & Snell), .242 (Nagelkerke). Model $X^2$ (20, $N=451$, $p<.001$). Overall model prediction rate = 94.7%.

Continued next page
Table B1 continued
Block 3

IC8
IC9
1C22
IC27
PC1
OC4
OC5
OC13
OC14
OC15
OC1
OC2
OC3
OC28
OC29
OC30
OC31
PROC11
PROC12
PROC18
PROC26
PROC33
PROC39
PROC40
PROC41
PROC42
PROC47
Constant

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0.014
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0.037
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0.952
-0.824
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-0.233
0.522
18.795
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0.361
20.075

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0.516
0.758
0.5
0.621
0.108
0.154
0.222
0.04
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1.128
1.152
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0.534
0.578
0.518
0.543
0.579
0.579
0.76
0.621
0.613
1.265
0.885
5541.052
7607.843
0.609
21536.133

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0.504
0
4.882
2.136
0.119
0.049
0.668
0.025
0
0.132
0.683
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0.342
0.929
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0.153
1.616
0.059
0.797
0.034
0.348
0
0
0.351
0

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0.478
0.985
0.027
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0.73
0.824
0.414
0.874
0.999
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0.409
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0.696
0.204
0.809
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0.854
0.555
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0.998
0.554
0.999

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0
0
1.435
0

0.966
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9.547
.
.
4.736

2

Note: -2LL= 143.987, R =.103 (Cox&Snell), .297 (Nagelkerke). Model X (30, N=451, 49.231.
p<.001). Overall model prediction rate = 95.1%.
Block 4

PROC 22
IC6
IC7
IC8
IC9
1C22
IC27
PC1
OC4
OC5
OC13
OC14
OC15
OC1
OC2
OC3
OC28
OC29
OC30
OC31
PROC11
PROC12

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17.783
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0.721
-1.528
-0.175
-0.093

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0.582

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0.291

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2.851


Table B1 continued

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Note: -2LL = 141.141, $R^2 = .109$ (Cox & Snell), .313 (Nagelkerke). Model $X^2 (8, N=451, 3.223, p<.001)$. Overall model prediction rate = 94.2%.
Table B2: Logistic regression predicting third-parties regulatory engagement – pseudoephedrine products are stored behind the counter

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Note: -2LL= 224.472 (Initial -2LL = 236.112), $R^2=.025$ (Cox&Snell), .063 (Nagelkerke). Model $X^2$ (7, N=451, 11.640, p<.001). Overall model prediction rate = 92.7%.

| Block 2  |       |      |       |    |      |        |                          |       |       |
| PROC 22  | .891  | .616 | 2.096 | 1 | .148 | 2.438  | .730                    | 8.149 |       |
| IC6      | .117  | .430 | .074  | 1 | .786 | 1.124  | .484                    | 2.613 |       |
| IC7      | .007  | .016 | .186  | 1 | .666 | 1.007  | .975                    | 1.040 |       |
| IC8      | .014  | .022 | .399  | 1 | .528 | 1.014  | .971                    | 1.059 |       |
| IC9      | .531  | .455 | 1.363 | 1 | .243 | 1.700  | .697                    | 4.145 |       |
| IC22     | .752  | 1.098 | .469  | 1 | .493 | 2.120  | .247                    | 18.230 |       |
| IC27     | -.182 | .481 | .143  | 1 | .706 | .834   | .325                    | 2.139 |       |
| PC1      | .145  | .432 | .112  | 1 | .738 | 1.156  | .495                    | 2.696 |       |
| OC4      | .206  | .120 | 2.979 | 1 | .084 | 1.229  | .972                    | 1.554 |       |
| OC5      | .055  | .112 | .237  | 1 | .626 | 1.056  | .848                    | 1.316 |       |
| OC13     | -.129 | .177 | .529  | 1 | .467 | .879   | .621                    | 1.244 |       |
| OC14     | .180  | .082 | 4.806 | 1 | .028 | 1.198  | .109                    | 1.408 |       |
| OC15     | 1.714 | 1.350 | 1.612 | 1 | .204 | 5.550  | .394                    | 78.200 |       |
| OC1      | -.019 | .640 | .001  | 1 | .976 | .981   | .280                    | 3.442 |       |
| OC3      | .853  | .411 | 4.302 | 1 | .038 | 2.346  | 1.048                   | 5.253 |       |
| OC28     | -.191 | .415 | .211  | 1 | .646 | .826   | .366                    | 1.865 |       |
| OC29     | -1.249 | .469 | 7.103 | 1 | .008 | .287   | .114                    | .719 |       |
| OC30     | -.184 | .448 | .169  | 1 | .681 | .832   | .346                    | 2.000 |       |
| OC31     | -.342 | .566 | .365  | 1 | .546 | .711   | .234                    | 2.154 |       |
| Constant | -1.463 | 2.016 | .527 | 1 | .468 | .231   |                          |       |       |

Note: -2LL= 192.251, $R^2=.093$ (Cox&Snell), .227 (Nagelkerke). Model $X^2$ (16, N=451, 43.860, p<.001). Overall model prediction rate = 92.5%.

Continued next page
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Note: -2LL= 173.803, $R^2=.129$ (Cox&Snell), .317 (Nagelkerke). Model $X^2$ (63, N=451, 63.309. $p<.001$). Overall model prediction rate = 91.6%.
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Note: -2LL= 172.510, \( R^2 = 0.132 \) (Cox & Snell), 0.323 (Nagelkerke). Model \( \chi^2 \) (8, N=451, 10.156. \( p<.001 \)). Overall model prediction rate = 92%.
Appendix C: Full models for prediction of partnership engagement with Project STOP

Table C1: Logistic regression predicting third-parties partnership engagement – Always use of Project STOP

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Note: -2LL=455.492 (Initial -2LL = 507.775), R²=.109 (Cox&Snell), .162 (Nagelkerke). Model X² (7, N=451, 52.283, p<.001). Overall model prediction rate = 77.8%.

Continued next page

Note: -2LL=414.537, R²=.187 (Cox&Snell), .276 (Nagelkerke). Model X² (20, N=451, 93.238, p<.001). Overall model prediction rate = 79.8%.
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Note: -2LL= 299.803, $R^2=.369$ (Cox&Snell), $.547$ (Nagelkerke). Model $X^2$ (30, N=451,207.971. p<.001). Overall model prediction rate = 84.5%.
|   | PROC 22 | IC6 | IC7 | IC8 | IC9 | IC22 | IC27 | PC1 | OC4 | OC5 | OC13 | OC14 | OC15 | OC1 | OC2 | OC3 | OC28 | OC29 | OC30 | OC31 | PROC11 | PROC12 | PROC18 | PROC26 | PROC33 | PROC39 | PROC40 | PROC41 | PROC42 | PROC47 | PC12 | PC19 | PC35 | OC39 | Constant |
|---|--------|-----|-----|-----|-----|------|------|-----|-----|-----|------|------|------|-----|-----|-----|-----|------|------|------|------|--------|--------|--------|------|-------|-------|------|-------|------|------|------|------|--------|
|   | .655  | .025 | .039 | .335 | -.066 | .854  | .252  | .008 | -.010 | .230  | .014  | 19.294 | 1.142 | -.738 | .018 | -.419 | -.039 | 2.097 | -.248 | -.931 | -3.262 | -1.175 | -.021  | -.888 | 4.558 | -.101 | -.919 | .621  | -.099 | 1.094 | 1.291 | .816  | 1.877 | 13.894  |
|   | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | .001 |
|   | 2.95  | .941  | .014  | .553  | .900  | .012  | .482  | .916  | .919  | .181  | .623  | .999  | 1.28  | 1.316 | 1.957 | .224  | .910  | .000  | 1.017 | .066  | .000  | -.082 | .001  | .836  | .170  | .487  | .785  | .004  | .012  | .047  | .018  | 1.925  |
|   | 1.925 | 1.026 | 1.039 | .990  | .936  | 2.348 | 1.287 | 1.008 | .990  | 1.258 | 1.014 | .000  | .478  | .018  | .658  | .962  | .810  | 3.140 | .394  | .309  | .038  | .412  | 95.407| .399  | 1.861 | .906  | .298  | .488  | 3.12  | 1.083 | 3.845  |

Table C1 continued

Block 4

Overall model prediction rate = 86.3%.
**Table C2: Logistic regression predicting third-parties partnership engagement – Use Project STOP to report pseudoephedrine transactions to police**

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Note: -2LL=510.632 (Initial -2LL = 532.408), $R^2=.047$ (Cox & Snell), .068 (Nagelkerke). Model $X^2(7, N=451, 21.776. p<.001). Overall model prediction rate = 73.4%.

Block 2

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Note: -2LL= 480.623, $R^2=.108$ (Cox & Snell), .157 (Nagelkerke). Model $X^2(19, N=451,51.785. p<.001). Overall model prediction rate = 75.2%.

Continued next page
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Note: $-2LL= 448.607$, $R^2=.170$ (Cox&Snell), .245 (Nagelkerke). Model $X^2$ (28, N=451, 83.801. $p<.001$). Overall model prediction rate = 78.9%.
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Note: -2LL= 447.145*, R²=.172 (Cox&Snell), .249 (Nagelkerke). Model X² (30, N=451, 85.263, p<.001). Overall model prediction rate = 78%.
Appendix D: Full models for prediction of perceived partnership effectiveness

Table D1: Logistic regression predicting third-parties’ perception: Overall reduction in pseudoephedrine diversion

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Note: -2LL=365.107 (Initial -2LL = 382.496), R²=.038 (Cox&Snell), .066 (Nagelkerke). Model X² (7, N=451,17.389, p<.001). Overall model prediction rate = 84.7%.

| Block 2  |     |      |       |    |      |        |                        |
| PROC 22  | .701  | .462 | 2.297 | 1 | .130 | 2.015  | .814 - 4.986          |
| IC6      | -.128 | .294 | .189  | 1 | .664 | .880   | .495 - 1.565          |
| IC7      | .032  | .012 | 7.092 | 1 | .008 | 1.033  | 1.009 - 1.057         |
| IC8      | -.007 | .014 | .251  | 1 | .616 | .993   | .966 - 1.020          |
| IC9      | .247  | .301 | .673  | 1 | .412 | 1.280  | .709 - 2.310          |
| IC22     | -.506 | .460 | 1.213 | 1 | .271 | .603   | .245 - 1.484          |
| IC27     | .428  | .306 | 1.957 | 1 | .162 | 1.535  | .842 - 2.797          |
| PC1      | -.467 | .329 | 2.005 | 1 | .157 | .627   | .329 - 1.196          |
| OC4      | .123  | .067 | 3.402 | 1 | .065 | 1.131  | .992 - 1.288          |
| OC5      | -.028 | .079 | .125  | 1 | .723 | .973   | .833 - 1.135          |
| OC13     | .014  | .126 | .012  | 1 | .912 | 1.014  | .791 - 1.299          |
| OC14     | -.014 | .024 | .347  | 1 | .556 | .986   | .940 - 1.034          |
| OC15     | 19.206 | 22737.557 | 0.000 | 1 | .999 | 0.000 | .000 - .          |
| OC1      | .232  | .587 | .156  | 1 | .692 | 1.261  | .399 - 3.985          |
| OC2      | .350  | .511 | .469  | 1 | .494 | 1.418  | .521 - 3.859          |
| OC3      | -.258 | .300 | .740  | 1 | .390 | .772   | .429 - 1.391          |
| OC28     | .893  | .303 | 8.677 | 1 | .003 | 2.442  | 1.348 - 4.423         |
| OC29     | .131  | .305 | .185  | 1 | .667 | 1.140  | .627 - 2.074          |
| OC30     | -.423 | .335 | 1.593 | 1 | .207 | .655   | .340 - 1.263          |
| OC31     | .588  | .326 | 3.246 | 1 | .072 | 1.801  | .950 - 3.414          |
| Constant | 17.996 | 22737.557 | 0.000 | 1 | .999 | 65405829.053 |                        |

Note: -2LL=340.413, R²=.089 (Cox&Snell), .156 (Nagelkerke). Model X² (20, N=451, 42.083. p<.001). Overall model prediction rate = 84.5%.

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Note: -2LL=325.552, $R^2=.119$ (Cox & Snell), .207 (Nagelkerke). Model $X^2$ (30, N=451, 56.944. $p<.001$). Overall model prediction rate = 84.3%.
Table D1 continued

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Note: -2LL=296.551, $R^2=.174$ (Cox&Snell), .303 (Nagelkerke). Model $X^2$ (32, N=451, 85.945, $p<.001$). Overall model prediction rate = 86.9%.
Table D2: Logistic regression predicting third-parties’ perception of the deterrence of ‘runners’

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Note: -2LL=565.354 (Initial -2LL = 591.245), R²=.056 (Cox & Snell), .076 (Nagelkerke). Model X² (7, N=451, 25.851. p<.001). Overall model prediction rate = 66.7%.

**Table continued next page**
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Note: -2LL= 448.607, $R^2 = .170$ (Cox & Snell), .245 (Nagelkerke). Model $X^2$ (28, N=451, 83.80. $p<.001$). Overall model prediction rate = 78.9%.
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Note: -2LL= 447.145, $R^2=.172$ (Cox&Snell), .249 (Nagelkerke). Model $X^2$ (30, N=451, 85.263. $p<.001$). Overall model prediction rate = 78%.
Appendix E: Model summaries (including coefficient of respondent State) for prediction of regulatory engagement, partnership engagement in Project STOP and perceptions of intervention effectiveness

Table E.1 Logistic regression coefficients predicting regulatory engagement- pharmacist always handles sales of pseudoephedrine products

<table>
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Note: -2LL=161.032 (initial 195.339), $R^2=.070$ (Cox&Snell), .207 (Nagelkerke). Model \(^2\) .056, N=470, 34.307, p<.000. Overall model prediction rate = 94.7%.

Table E.2 Logistic regression coefficients predicting partnership engagement - use Project STOP to report pseudoephedrine transactions to police

<table>
<thead>
<tr>
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<th>Wald</th>
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Note: -2LL=492.596 (initial 559.334), $R^2=.133$ (Cox&Snell), .190 (Nagelkerke). Model \(^2\) \(2.526, \text{N}=469, \text{p}=.000. Overall model prediction rate = 71.6%.

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Appendix F – Qualitative instruments for State and local-level partnership stakeholders

F.1 Information sheet and Consent form

Who is conducting the research?
Name(s): Ms Julianne Webster (PhD Candidate), and Doctoral Advisors Professor Paul Mazerolle and Dr Janet Ransley.
School(s) / Centre(s): Key Centre for Ethics, Law, Justice and Governance, Griffith University
Contact Phone: (07) 3735 5871, 0421 356 210
Contact Email: j.webster@griffith.edu.au

Why is the research being conducted?
The objective of this research is to explore the role of partnerships between the police and third parties, particularly retail pharmacies, in reducing the supply of precursor chemicals which are utilised by criminal networks in the domestic manufacture methamphetamine in Queensland and Victoria. The research seeks to understand the creation, nature and characteristics of partnerships between the police and community pharmacies that seek to reduce sales of pseudoephedrine to assist with the law enforcement problem.

This research is being conducted by a group of researchers from Griffith University. The project is funded by the Drug Policy Modelling Program (DPMP) and the National Drug Law Enforcement Fund (NDLERF).

What you will be asked to do:
As a member of the *** involved in the *** in Queensland/Victoria you are asked to participate in an interview focused on understanding your role in the partnership. The interview will take approximately ** and will be digitally-recorded for the purpose of transcription of the interview content. The contents of these recordings will be kept only for the purposes of transcription and will be erased once analysis is complete. Access to the recordings will be strictly limited to the PhD candidate, the project’s chief investigator and the primary PhD supervisor (where required). The material from the interview will be used together with other research data in a doctoral dissertation, academic research and publications.
The expected benefits of the research

It is expected that the police, community pharmacists and other key stakeholders in Australia will benefit from this research. From a police perspective, an evaluation of current strategies – including more traditional responses as well as newer problem-oriented partnership responses – employed to prevent and control the domestic production of amphetamine-type-substances including methylamphetamine in Australia – may result in police further utilising innovative policing solutions to tackle other drug problems. Community pharmacists will benefit from the research through the examination of the implementation of the drug law enforcement strategy as this is the first study examining the partnership from the pharmacists’ perspective. Other key stakeholders such as the Australian Pharmacy Guild will gain insight into the factors which appear to shape community pharmacists participation and use of the Project STOP database to prevent non-legitimate sales of pseudoephedrine products.

Your confidentiality

Individuals participating in the interview and provision of data will not be identified in any reporting of the research findings. Description of the role and activities of the taskforce will be presented alongside the description of the role and activities of other regulatory agencies involved in the enforcement of pseudoephedrine. No personal or identifying information will be published with the results.

Your participation is voluntary

Participation in this research is voluntary. You are free to withdraw from the study at any time without comment or penalty. Please advise the researcher if you wish to withdraw from the study. Whilst support for this research has been gained from your police organisation participation in this research will in no way impact on your relationship with your employing organisation. You are not compelled to participate in this research as a result of their organisational support.

Questions / further information

Should you require any additional information about this research, please contact Julianne Webster, PhD Candidate and Research Associate, Key Centre for Ethics, Law, Justice and Governance, Griffith University telephone: (07)3735 5871 or email: j.webster@griffith.edu.au).

The ethical conduct of this research

Griffith University conducts research in accordance with the National Statement on Ethical Conduct in Research Involving Humans. If potential participants have any concerns or complaints about the ethical conduct of the research project they should contact the Manager, Research Ethics on 3735 5585 or research-ethics@griffith.edu.au. Ethical approval was granted for this research in January 2009.

Feedback to you

A summary of project results (in an aggregate, de-identified form) will be available to participants upon request. Please contact the researcher (identified above) if you wish to receive a summary of results when they become available.

Privacy Statement

The conduct of this research involves the collection of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your
anonymity will at all times be safeguarded. For further information consult the University’s Privacy Plan at www.griffith.edu.au/ua/aa/vc/pp or telephone (07) 3735 5585.

Digital recording of the interview
For the purposes of accurate transcription and analysis of interviews your permission will be sought specifically to audio record your interview. If you do not wish for this to occur the interview will be recorded using hand written notes only. All audio files will be retained only for the purpose of transcription and will be erased following completion of the analysis.

CONSENT FORM
Research Team
Name(s): Ms Juliana Webster (PhD Candidate), and Doctoral advisors Professor Paul Mazerolle and Dr Janet Ransley
Contact Phone: (07) 3735 5585
Contact Email: j.webster@griffith.edu.au

By signing below, I confirm that I have read and understood the information package and in particular have noted that:

I understand that my involvement in this research will include participation in a face-to-face interview;
I have had any questions answered to my satisfaction;
I understand the risks involved;
I understand that there will be no direct benefit to me from my participation in this research;
I understand that my participation in this research is voluntary;
I understand that if I have any additional questions I can contact the research team;
I understand that I am free to withdraw at any time, without comment or penalty;
I understand that my interview will be audio-taped and
I understand that only the research team will have access to this tape; and
I understand that the audiocassette will be erased following transcription.
I understand that I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on 3735 5585 or research.ethics@griffith.edu.au if I have any concerns about the ethical conduct of the project; and
I agree to participate in the project.

Name
Signature
Date
F.2 Australian Pharmacy Guild (Queensland Branch) interview

History of Project STOP

1. Please describe the Pharmacy Guild’s role in the regulation of pseudoephedrine transactions by community pharmacies. (include role regarding supply from wholesalers and sale to consumers)

2. Please describe the Pharmacy Guild’s role in the development of the Project STOP database.

3. Please describe the partnership that the Pharmacy Guild’s has with State Police Services in Queensland and Victoria?

4. What proportion of community pharmacies in Queensland and Victoria are registered users of Project STOP and what is the level of participation by users in these States?

5. Please describe the differences in the Project STOP database from State to State and the reasons for these differences.

6. What types of routine data management processes (including data validations) are in place for Project STOP?

7. What, if any, steps are routinely taken to rectify errors in data or missing data?

8. What types of analysis are routinely performed with the Project STOP data? How are these utilised and by whom?

9. What types of performance indicators are utilised to measure the use of Project STOP?

10. What types of strategies have been developed/are utilised to improve performance of Project STOP?

11. Please describe the funding arrangements for Project STOP, and the reporting requirements to this funding body.

Partnership with Police

12. How does the Project STOP partnership with Police operate? (Including its management, monitoring and review?)

13. Which agency has been the key driver of the partnership?

14. What have been the most challenging aspects of developing, implementing and maintaining the Project STOP database?

15. What have been the most challenging aspects of working in partnership with the police?

16. What have been the benefits with working in partnership with police?
17. Please describe how the Pharmacy Guild participates in Federal forums such as the national drugs and poisons scheduling committee.

18. Please describe how the Pharmacy Guild participates in partnership with other pharmaceutical professional organisations such as the Pharmacists Boards in Queensland and Victoria concerning the PSE issue.

19. Please describe the partnership that the Pharmacy Guild has with industry, such as chemical wholesalers and manufacturers, laboratory and medical equipment suppliers and wholesalers, and other related pharmaceutical bodies, concerning the PSE issue.

20. What changes if any would the Pharmacy Guild make to the regulations concerning pseudoephedrine sales, the Project STOP database and the partnership with police?

21. What changes, if any would the Pharmacy Guild make to alter the regulation, governance and operation of other participants in the chemical industry?

22. What changes if any would the Pharmacy Guild implement to the partnership arrangements with law enforcement in all Australian States and Territories.
F.3 Drugs and Poisons Scheduling Committee (Queensland representative) interview questions

1. What is the committee’s perception of the methylamphetamine problem in Australia/Queensland?
2. What is the purpose of this committee and how does it operate?
3. Does this committee have a role to play in the policing of illicit precursor diversion? What is the nature of this role?
4. How does the committee view its role as impacting on precursor diversion?
5. Does this committee have any regulatory functions pertaining to precursor control enforcement? What are these?
6. Does this committee have any existing partnerships with law-enforcement agencies? What is the nature of these partnerships?
7. What performance indicators are utilised to measure these partnerships?
8. Do these partnerships have a regulatory base? How is compliance enforced?
9. Does this organisation have any involvement in the development or implementation of national illicit drug policy? What is the nature of this involvement?
10. Who is the key driver of illicit drug policy regarding precursor diversion prevention and control? (e.g. Government, Media, Community, Political ideology)
11. What processes does the committee utilise to assist it with its policy decision making?
12. What processes are utilised by the committee to support the States and Territories in their implementation of the committee’s recommendations?
13. How is the implementation of recommendations by the States and Territories monitored, reviewed and evaluated?
14. How does the committee’s role in precursor control initiatives impact upon its functions?
15. What else could/should be done to reduce methylamphetamine precursor diversion in Australia?
16. What challenges/benefits are likely to be associated with precursor diversion initiatives?
F.4 Queensland Pseudoephedrine Enforcement Taskforce interview questions

1. Please describe how and why the taskforce was established, its role and how it operates.

2. What resources are dedicated to the taskforce? Have these resources increased/decreased since its inception?

3. What performance measures are utilised to monitor the activities and outputs of the taskforce?

4. Please describe the partnership that the taskforce has with State and Federal Police?

5. How is the partnership with police managed, monitored and reviewed?

6. Please describe the partnership that the taskforce has with professional organisations such as the Queensland Pharmacy Board and the Pharmacy Guild.

7. How is the partnership with these organisations managed, monitored and reviewed?

8. Please describe the partnership that the taskforce has with industry, such as chemical wholesalers and manufacturers, laboratory and medical equipment suppliers and wholesalers, and other related bodies.

9. How is the partnership with these organisations managed, monitored and reviewed?

10. Please describe how the taskforce interacts with community pharmacy.

11. What types of information does the taskforce collect and utilise in its investigations?

12. What types of data management processes, analysis and reporting occurs with this data?

13. What specific processes do you employ for identifying non-compliance by pharmacists with reporting/recording obligations?

14. What is the taskforce’s enforcement approach to pharmacists’ who are identified as non-compliant (for example is your role education or sanction)?

15. Does the taskforce see anybody else as having a key role in dealing with pseudoephedrine - other regulators, industry or community groups?

16. What have been the most challenging aspects of establishing and operating the taskforce?

17. What have been the most challenging aspects of working in partnership with the police?

18. Is there an equivalent body such as this taskforce in Victoria/other Australian States/Territories?

19. Does the current regulatory framework concerning access to both wholesale and retail supply of methylamphetamine precursor chemicals and equipment significantly prevent methylamphetamine manufacture?
20. What else could be done to curb the production of synthetic substances such as methylamphetamine?

21. What is the future of the Queensland pseudoephedrine enforcement taskforce?
F.5 Drugs Squad and Chemical Diversion Desk, Queensland Police Service and Victorian Police Service

Section 1:
These questions relate to the historical context of the development of the methamphetamine precursor control strategy partnership between police and community pharmacy.

1. What is current nature of the methamphetamine problem in Victoria regions?

2. During the past ten years what external and internal factors have influenced the police to adopt a partnerships policing model?

3. Describe the background to the development of the partnership between the police and the retail pharmacy sector with regards to the diversion of pharmaceutical products containing pseudoephedrine.

4. What factors were considered in the development of this partnership, including police policy/guidelines, legislation, theoretical, illicit drug policy?

5. Describe how the partnership was developed, who was involved and what role each party played.

6. What resources, human and financial, were dedicated to the development of this partnership?

7. Which agency (police or pharmacy guild) took the lead agency role in the development of the partnership?

Section 2:
These set of questions relate to the implementation of the partnership and its ongoing management, review and evaluation.

1. At the time of developing the partnership was there a police service policy/protocol/guideline regarding establishment of partnerships with non-public third-parties?

2. Was this partnership developed to a plan/detailed proposal? What did this entail?

3. How was the development of the project documented (as the project progressed or once it was implemented/not at all)?

4. Was project documentation prepared by and shared between the parties? Or, was separate documentation prepared by each party?

5. At what officer level was the partnership signed off - at its inception, at major decision making points and prior to its implementation/roll-out?

6. During the development of the partnership was the partnership mainly managed at the operational level or at a senior management level?
7. The partnership has been operating in Victoria for over three years; what officer level position is responsible for the partnership on a day-to-day basis now and what officer level position is responsible at the management level?

8. What processes are in place to manage modifications and changes to the partnership arrangement?

9. How are the respective activities of the partners in the partnership monitored and reviewed?

10. How is feedback given to the other party in the partnership?

11. What performance indicators are used in the assessment of partnership effectiveness?

12. Over the course of the partnership have police tactical and operational responses to the diversion of pharmaceutical products containing pseudoephedrine changed? How so?

13. Have police maintained a similar level of resourcing throughout the partnership? If not, how has this changed and why?

14. Have police changed the way in which Project STOP information is analysed and used by operational police?

15. Please describe how police regions are encouraged to engage with their own regional community pharmacies as part of the partnership.

16. Are there any differences in police regions pertaining to police willingness to engage in the partnership with community pharmacists at the local level? If yes, what are some of the reasons for this?

17. What did the communication strategy concerning the rollout of Project STOP throughout police regions involve and how long did this process take?

18. How is the Project STOP initiative and issues relating to the partnership with community pharmacy communicated to police regions and what officer level position is responsible for performing this role?

19. What training do new police officers receive about the Project STOP partnership?

20. Please describe how the Project STOP data is utilised by police, and which officer level position is responsible for managing the database and disseminating intelligence derived from this data.

21. Is the police service satisfied with the outcomes of Project STOP and the partnership with community pharmacy? How could police levels of satisfaction with outcomes be enhanced?

22. Are there any ongoing problems or issues with Project STOP or the operation of the partnership?
23. From the perspective of the police have there been any unintended consequences of the partnership?

24. What changes, if any, would you recommend with regards to enhancing the effectiveness of Project STOP and the partnership with community pharmacy?
F.6 Queensland and Victorian Pharmacists interview

Rescheduling

1. What would you say are the key benefits and key consequences that you have observed in your pharmacy as a result of the rescheduling of pseudoephedrine?

2. Are the current regulations in Victoria concerning the therapeutic sales of pseudoephedrine products adequate?

Project STOP

3. Do you believe that the Project STOP initiative is the best option for guiding Pharmacists in therapeutic sales of pseudoephedrine products?

4. What motivates you to be personally involved in sales of S.3 pseudoephedrine products?

5. What motivates you to use the Project STOP database?

6. Since Project STOP was introduced have any types of crime in or around the pharmacy: 
   a) Increased? (For example: Ram raids, break and enters, doctor shopping, forged prescriptions or use of fake identities)
   b) Decreased? (For example: shoplifting, break and enters etc.)

7. Would you like to see Project STOP used for anything else?

6. What changes if any would you like make to Project STOP?

Partnerships

8. Do you think that there are any other partnership initiatives that police could engage in to reduce diversion of pseudoephedrine products? What are these?

9. Do you believe that the level of burden associated with increasing your role in the sales of pseudoephedrine products is proportionate to the level of benefit which is achieved for the broader community?
F.7 Queensland regional pharmacists case study interview questions

Rescheduling

1. What would you say are the key benefits and key consequences that you have observed in your pharmacy as a result of the rescheduling of pseudoephedrine?

2. Are the current regulations in Victoria concerning the therapeutic sales of pseudoephedrine products adequate?

Project STOP

3. Do you believe that the Project STOP initiative is the best option for guiding Pharmacists in the therapeutic sale of pseudoephedrine products?

4. What motivates you to be personally involved in sales of S.3 pseudoephedrine products?

5. What motivates you to use the Project STOP database?

6. Since Project STOP was introduced have any types of crime in or around the pharmacy:
   a) Increased? (For example: Ram raids, break and enters, doctor shopping, forged prescriptions or use of fake identities)
   b) Decreased? (For example: shoplifting, break and enters etc.)

7. Would you like to see Project STOP used for anything else?

6. What changes, if any, would you like make to Project STOP?

Partnerships

8. Do you think that there are any other partnership initiatives that police could engage in to reduce diversion of pseudoephedrine products? What are these?

9. Do you believe that the level of burden associated with increasing your role in the sales of pseudoephedrine products is proportionate to the level of benefit which is achieved for the broader community?
F.8 Queensland Regional Case Study Police Interview

1. What is the nature of the methylamphetamine issue in this region/area?

2. What is your level of knowledge about the Project STOP database and partnership between police and community pharmacies?

3. Has this region/area specifically utilised data/initiated an investigation based upon the information collected by Project STOP regarding pseudoephedrine diversion and methylamphetamine manufacture?

4. Please describe the level of support for Project STOP in this police region?

5. Please describe the level of contact which is initiated by police in this region with community pharmacists in this region/area?

6. Please describe the level of contact which is initiated by community pharmacists with police in this region/area?

7. Has Project STOP and the partnership with community pharmacies made a difference to the level of illicit drug activity (diversion of pseudoephedrine, drug manufacture, drug use) in this region/area?

8. What is the level of commitment to this drug law-enforcement strategy by community pharmacists in this region/area?

9. What factors appear to motivate/discourage pharmacists from participating in the Project STOP partnership with police?

10. What could be done to improve the levels of pharmacist participation in the partnership?

11. What could be done to improve how the information in Project STOP is utilised by police?

12. Are there any ongoing problems or issues with Project STOP or the operation of the partnership in this region/area?

13. In this region have there been any unintended consequences of the partnership?

14. What changes, if any, would you recommend with regards to enhancing the effectiveness of Project STOP and the partnership with community pharmacy?
References


UNODC. (2006). *Patterns and trends of amphetamine-type stimulants (ATS) and other drugs of abuse in East Asia and the Pacific 2005*. UNODC Regional Centre for


**Legislation:**

*Health (Drugs and Poisons) Regulations 1996 (Qld)*

*Drugs, Poisons and Controlled Substances Regulation 2006 (Vic)*

*Drugs, Poisons and Controlled Substances Act 1981 (Vic)*

*Drugs Misuse Act 1986 (Qld)*