

Tackling Methamphetamine: Indicators and Progress Report

April 2011

DEPARTMENT
of the PRIME MINISTER
and CABINET



Policy Advisory Group





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Part 1: Introduction

1.1 Purpose

The purpose of this report is to record baseline data on the indicators outlined in the *Tackling Methamphetamine: an Action Plan* document, and measure changes against the baseline data and progress on the actions being introduced.

1.2 Latest data and reports on progress is to be provided six monthly

Reports on progress against the Action Plan will be provided to the Prime Minister and the Ministers of Health, Police, Customs, Justice, Corrections and Maori Affairs by Chief Executives every six months from October 2009 to October 2011. DPMC will coordinate the reporting process and the Methamphetamine Steering Group, made up of senior officials from the relevant agencies, will meet to approve the reports. This is the third report back due by April 30 2011.

1.3 Data should be used with caution

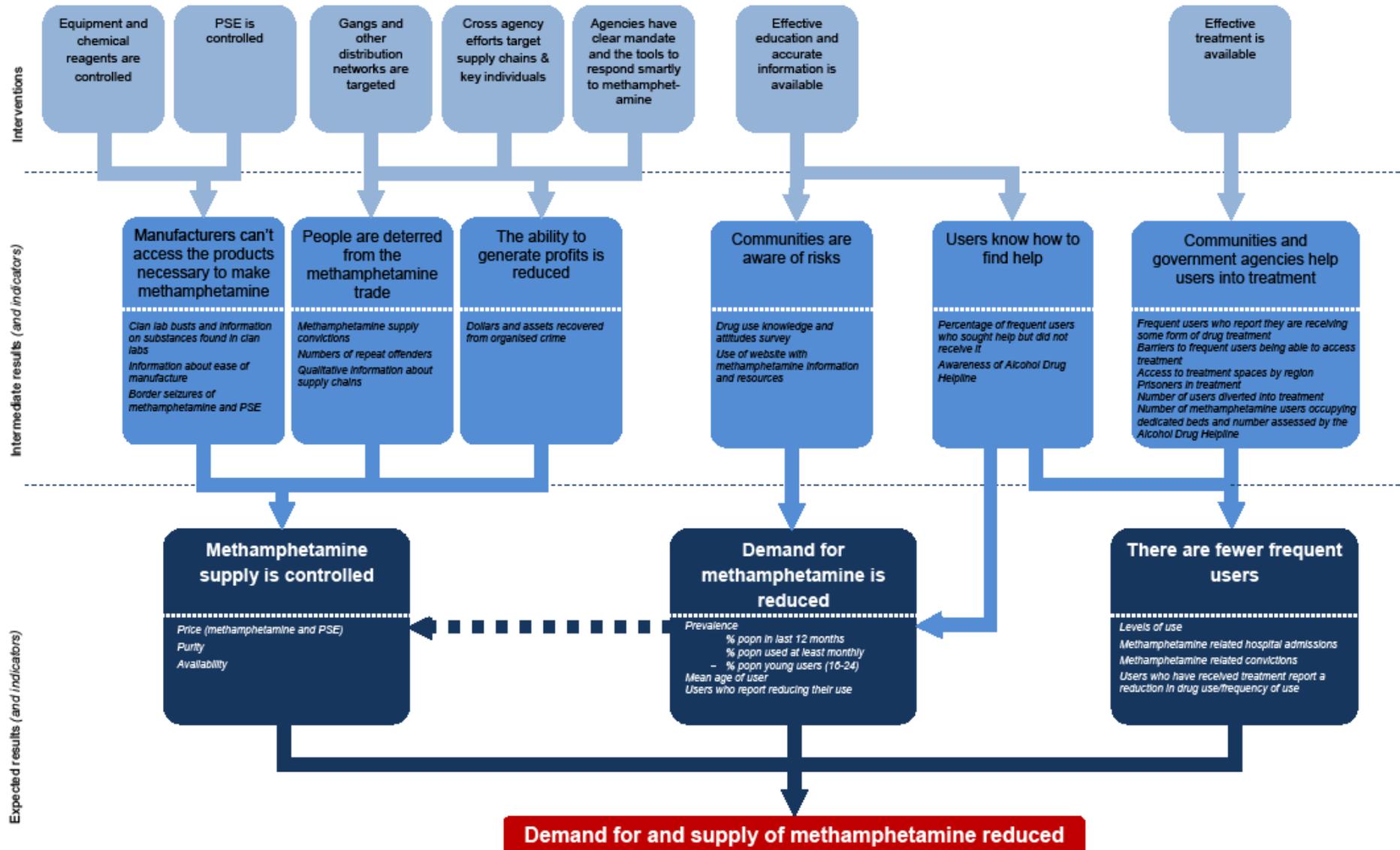
Descriptions of information sources and further details are provided in appendices. It should be noted that some data is provisional and other data may have been collected but not yet analysed. Therefore some changes may be evident when it is confirmed and will be corrected in subsequent reporting if necessary. Where the tables refer to 'latest data' – this is the most recent data available as at early April 2011, which has a comparable time period to that included in the baseline report to enable comparisons to be made.

1.4 Overview of expected results and indicators

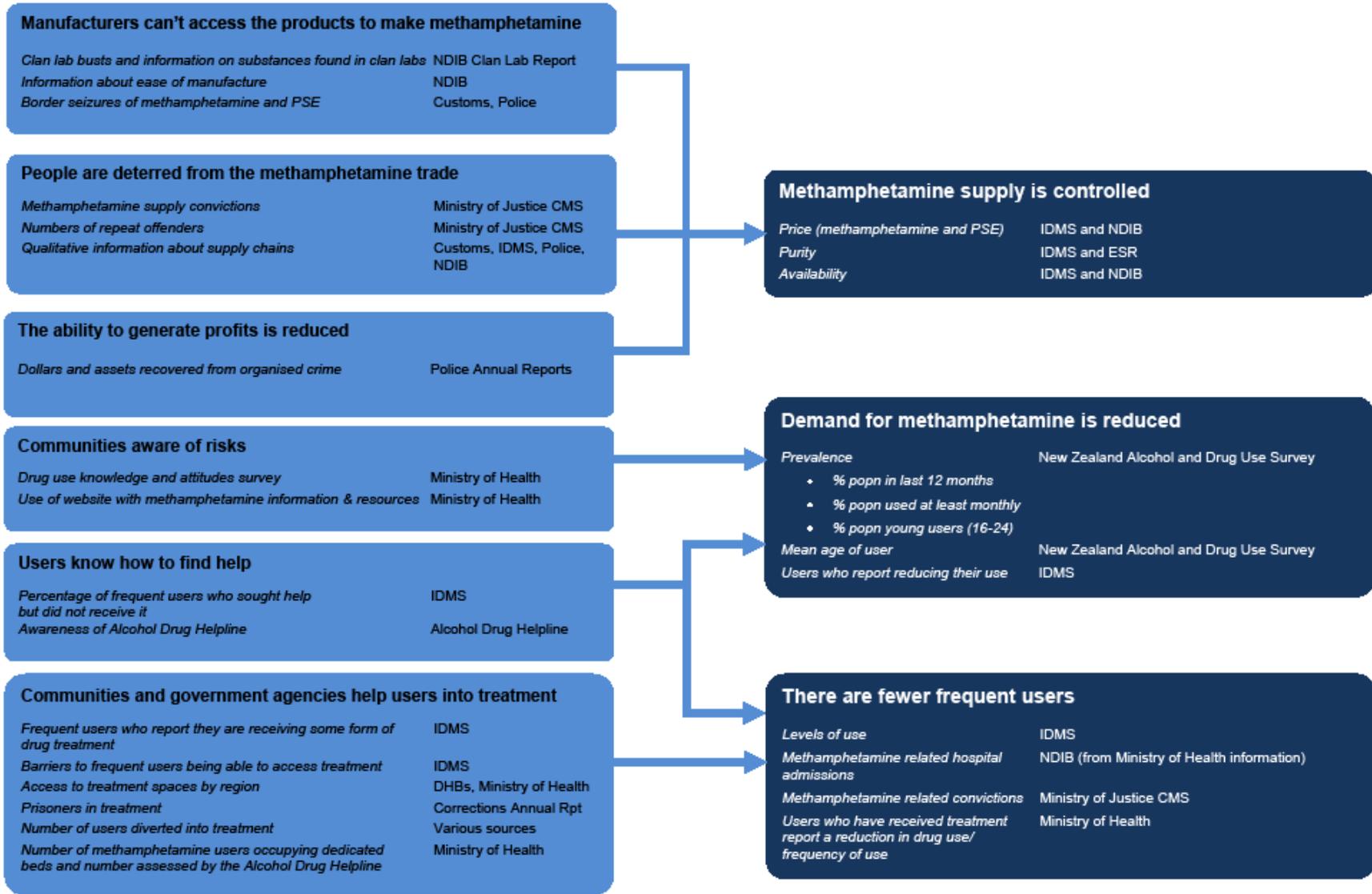
The summary of expected results, indicators and sources of indicators are shown on the next two pages.



Tackling Methamphetamine: an Action Plan - Expected Results



Sources for indicators



Part 2: Progress on actions

All actions agreed under the Plan are on track.

Action	Progress to date	Status	Plan to remedy (if required)
Intervention group 2.1 Crack down on precursors			
End the availability of over the counter pseudoephedrine from pharmacies	<ul style="list-style-type: none"> The Bill to reclassify pseudoephedrine was introduced into the House on 22nd April 2010 and is awaiting its second reading. Many pharmacists report voluntarily withdrawing PSE products from shelves ahead of legislation. 	Behind schedule	The Bill is on the Parliamentary Order list and is expected to be passed this year.
Establish a Precursor Working Group to investigate stronger controls on other precursor chemicals and other products used in the manufacture of methamphetamine	<ul style="list-style-type: none"> The PWG has been established and will now be chaired by Customs. In February 2011 the PWG agreed that the National Drug Intelligence Bureau will apply (under the Hazardous Substances and New Organisms Act 1996) to the Environmental Risk Management Authority for legally enforceable controls on precursor chemicals. These controls would impose restrictions on the chemicals' supply, storage and use. 	Completed	-
Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures	<ul style="list-style-type: none"> ESR's Drug Signature pilot programme has provided its draft preliminary report to NDIB, Customs and Police. Purity remains high. NDIB, NZ Police and Customs will now consider ESR's funding request to continue the drug signature programme. 	Completed	-
Intervention group 2.2 Break supply chains			
Develop and action a Police Methamphetamine Control Strategy	<ul style="list-style-type: none"> The Police Methamphetamine Strategy has been in operation since late 2009. It was updated in February 2011. It contains a number of intelligence-led operational activities. Provisional statistics for recorded amphetamine offences show a reduction of over 20% between the September 2009 - February 2010 period and the same period the year before. The strategy's focus on collecting the right intelligence, targeting the right people and committing to multi-faceted enforcement actions is likely to have contributed to this decline. 	Strategy ongoing	-
Introduce measures to increase interception rates of methamphetamine and precursors at the border through better risk profiling and targeting	<ul style="list-style-type: none"> The first "blitz" operation involving 140 staff redeployed from across Customs was carried out in October/ November 2009 and led to significant increases in border interceptions of PSE. Three additional phases of the intensive targeting operations have been held during 2010 focussing on specific import streams. Further operations are being planned for 2011. 	Ongoing measures	-
Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border	<ul style="list-style-type: none"> Additional staff are assigned to Customs Investigation Units during the enquiry phase of the targeting exercises to follow-up on the increased numbers of interceptions. Budget 2010 allocated funds for Customs to procure and deploy enhanced tracking and surveillance equipment. Procurement is currently in its final stages. The deployment of advanced digital tools will assist in identifying the syndicates involved in methamphetamine and precursor trafficking. 	On track	-

Action	Progress to date	Status	Plan to remedy (if required)
Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance	<ul style="list-style-type: none"> Since the Criminal Proceeds (Recovery) Act came into effect in December 2009 New Zealand Police have identified an estimated \$83 million worth of assets suspected to have been obtained or derived through criminal activity. \$40.8 million of this relates specifically to methamphetamine offending. 	On track	-
	<ul style="list-style-type: none"> Submissions on the amended Search and Surveillance Bill closed in September 2010. The Bill was reported back to the House by the Justice and Electoral Select Committee on 4 November 2010. The Bill is currently before the House awaiting its second reading. Police are continuing to prepare for usage of the powers the legislation will provide. Regulations under the Anti Money Laundering (AML)/Countering the Financing of Terrorism (CFT) Act 2009 are due to be released shortly. These regulations will finalise legislation for the first phase of the AML/CFT reforms and commence the implementation phase of the AML/CFT Act. 		
Allocate, via the normal Budget process monies forfeited under the Criminal Proceeds (Recovery) Act 2009 to fund expansion of alcohol and other drug treatment, including methamphetamine and continuing care services and Police/ Customs initiatives to fight organised criminal groups dealing in methamphetamine and other drugs	<ul style="list-style-type: none"> It is unlikely that any monies will be available in time for allocation in the 2011-2012 financial year as a result of forfeiture proceedings brought under the Criminal Proceeds (Recovery) Act 2009. Although a significant amount of assets have been restrained under the Act, the assets are still being held subject to further investigation or legal proceedings, or to satisfy technical requirements under the Act. Advice on implementation to be considered in time for the next financial year (2012/2013). 	Behind schedule	-
Improve coordination to ensure that Immigration is alerted when individuals in breach of permit conditions appear to be involved in drug operations	<ul style="list-style-type: none"> This is now considered to be part of business as usual, for example, Immigration staff are routinely attached to work with Customs as part of intensive targeting operations. 	On track	-
Intervention group 2.3 Provide better routes into treatment			
Increase the capacity of alcohol and drug treatment services to provide more spaces for methamphetamine users	<ul style="list-style-type: none"> Since November 2009, 60 residential treatment beds for methamphetamine users in addition to those funded through DHBs have been contracted by MOH; all 60 residential beds are now operational. 276 new admissions have been made to the dedicated meth treatment beds in addition to those available in DHBs. Since November 2009, 20 additional social detox beds for meth users in addition to those funded through DHBs have been contracted by MOH. 	Completed	-
Increase alcohol and drug workforce capacity and capability to respond effectively to methamphetamine	<ul style="list-style-type: none"> Comprehensive workforce initiatives began on 1 July 2010, 96 scholarships have been awarded for 2011, National guidelines for detoxification are under development – to be completed by 30 June 2011 <i>Interventions and Treatment for Problematic Use of Methamphetamine and Other Amphetamine-Type Stimulants (AT)S</i> were released in November 2010. Mentoring framework for new staff of AOD services targeting key groups such as students and Maori implemented - Te Mana Arahi implemented. 	On track	-

Action	Progress to date	Status	Plan to remedy (if required)
	<ul style="list-style-type: none"> ■ Training courses have been provided to the AOD sector, mental health service staff and other targeted groups. ■ A training and competency package for training peer support workers and pilot the employment of peer support workers has been developed 		
Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the justice system	<ul style="list-style-type: none"> ■ Current services with Alcohol and Other Drugs (AOD) Nurses in Police Watch Houses, and AOD clinicians providing brief assessments in Courts have ongoing funding. ■ Agencies and providers are improving efficiencies in referrals. Work is underway to: <ul style="list-style-type: none"> ■ Clarify future demands from the justice sector. ■ Clarify the supply of addiction treatment services for alcohol and other drug users, including workforce issues. ■ Examine the effectiveness of treatment services for offenders. ■ Specific attention will be given to methamphetamine as part of this work. ■ Health is continuing to fund services provided in the Police Watch Houses, and brief assessments in some Courts. Waikato DHB has implemented a Mental Health/AOD nurse service in the Hamilton Police Watch House. 	Ongoing	-
Improve routes into treatment through contact with frontline government funded services	<ul style="list-style-type: none"> ■ Agreement has been reached for Matua Raki to run 5 workshops nationally in June and July for Police youth development staff. The training will be half a day. There will be a maximum of 25 people attending each training. ■ Matua Raki and CYF youth justice have collaborated on the rollout of SACS (Substances and Choices Scale) and SACSBI (Substances and Choices Scale Brief Intervention) training in 4 pilot sites. SACS is a youth AOD screening, brief intervention and an outcome measurement instrument developed and tested in New Zealand. Where moderate to severe AOD problems are found, young offenders are being referred to a youth health specialist identifying the AOD issues and treatment options. ■ Following the training for the pilots a train-the-trainer session was delivered to CYF learning and development staff who were then to train the rest of the youth justice staff – the training of youth justice staff is currently underway. ■ Ministry of Health and Matua Raki have met with Department of Corrections to discuss the possibilities of training Probation Officers, Prison Case Managers and Primary Health Nurses working in Prisons. Further details will be available for the October report. 	On track	-
Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment	<ul style="list-style-type: none"> ■ Cabinet approved policy proposals for new legislation in November 2010. ■ Drafting instructions are being prepared, and consideration is being given to implementation issues with relevant stakeholders. 	On track	-

Action	Progress to date	Status	Plan to remedy (if required)
Intervention group 2.4 Support communities			
Strengthen best practice community programmes, such as CAYADs.	<ul style="list-style-type: none"> Young people's engagement in CAYAD initiatives is a chance to reach parents and wider whānau. Some CAYAD sites have reported that wider whānau engagement in CAYAD initiatives is influencing adults' attitudes and behaviour regarding drugs and alcohol. A review of the CAYAD programme was completed at the end of 2010. Overall the report was satisfied with the CAYADs, and improvements that could be made are being implemented through an Action Plan. This includes a service review to improve the effectiveness of individual CAYAD sites to refocus efforts to reduce the harm to youth. 	On track	-
Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource	<ul style="list-style-type: none"> MethHelp and DrugHelp websites continue to be well accessed. Between August 2010 and February 2011, there have been nearly 11,500 visits to DrugHelp and more than 3,000 visits to MethHelp. A 4-question survey to assess the value of the sites to users is planned to start April 2011, with results available for the October 2011 Indicator report. 	On track	-
Promote the new Drug Education Guidelines	<ul style="list-style-type: none"> The Guide to Drug Education in Schools has been published on the Ministry of Education website with links from Ministry curriculum and leadership sites. The guide was downloaded 149 times in February and March 2011. This will be promoted to schools through the Education Gazette, in Principal news pages and in a feature later this year. 	On track	-
Increase the reach of school programmes targeted to at-risk youth and families to reduce demand	<ul style="list-style-type: none"> The Odyssey House Stand-up programmes in metro-Auckland are continuing to be delivered. CAYADs in the Auckland region are continuing to work in the education sector to ensure the best outcomes for students involved with alcohol and drug use. 	Ongoing	-
Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine	<ul style="list-style-type: none"> Planning has commenced for the third Hauora Programme to be run before July 2011. Two further programmes are to be held before 30 June 2012. 	On track	-
Intervention group 2.5 Strengthen governance			
Improve official coordination of drug policy	<ul style="list-style-type: none"> Inter-Agency Committee on Drugs (IACD) reformed with tighter membership and a more focused work programme. In the December 2010 meeting the Committee noted positive progress of the Action Plan. The ongoing work of the PWG (including options to strengthen controls) was completed in February 2011. Methamphetamine was one of the issues agreed by the Committee for cross-Ministerial consideration at a meeting of a reconvened MCDP. IACD agreed that alcohol, methamphetamine, precursors and the Law Commission's reviews of the Misuse of Drugs Act 1975 and the regulatory framework for the sale and supply of liquor are the current high priority drug-related areas for all IACD agencies. 	On track	-

Action	Progress to date	Status	Plan to remedy (if required)
	<ul style="list-style-type: none"> ▪ The last CE's report stated that the Interagency Committee on Drugs will undertake a stocktake of research into drugs undertaken by agencies to identify any gaps and overlaps and will report back to the Methamphetamine Steering Group by April 2011. This has not yet been completed and will be reported in the October 2011 progress report. 		
Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act 1975	<ul style="list-style-type: none"> ▪ Agency input on draft report completed. Report is due for release at the end of April 2011. 	On track	-

Part 3: Expected results indicators

Many of the indicators below are unchanged since the baseline data was published in October, because the surveys they are drawn from have not been repeated in the last six months. In addition, as the Action Plan was agreed late in 2009, 2011 data is likely to be more valuable than 2010 data in assessing the impact of change. Agencies also note that some indicators such as prevalence can be expected to change slowly in response to the actions in the Plan.

3.1 Overview of trends and status

Indicator	Baseline data	April 2010	October 2010	April 2011	Change on baseline
Result: Supply is controlled					
Price	<ul style="list-style-type: none"> Median (mean) price per point: \$100 (\$96) (2008) Median (mean) price per gram: \$700 (\$698) (IDMS – 2008 calendar year) 	<ul style="list-style-type: none"> Median (mean) price per point: \$100 (\$100) Median (mean) price per gram: \$700 (\$738) (IDMS – 2009 calendar year) 	<ul style="list-style-type: none"> Median (mean) price per point: \$100 (\$107) Median (mean) price per gram: \$700 (\$723) (NZ-ADUM – 2010 Mar-July)¹ 	<ul style="list-style-type: none"> Median (mean) price per point: \$100 (\$104) Median (mean) price per gram: \$700 (\$780) (IDMS – 2010, Aug-Dec) 	<p>The IDMS data showed a statistically significant increase in the mean price of a 'point' and gram of methamphetamine from 2006 to 2010. Gram price increased from \$610 in 2006 to \$780 in 2010. The increase in gram price was most consistent in Auckland from 2006 to 2010 (i.e. \$542 to \$694).</p> <p>NDIB data for the previous year did not show any consistent change.</p>
Purity	<ul style="list-style-type: none"> ESR reported that meth samples were 68.9% pure (2006-2009) 39% of frequent drug users reported purity was "fluctuating", 36% reported purity as "high" (2008) 	<ul style="list-style-type: none"> Purity data from the first four months of the pilot drug signature monitoring programme will be available by October 2010 39% reported purity was "fluctuating", 32% reported purity was "high" (2009) 	<ul style="list-style-type: none"> Twenty samples have tested so far with purity ranging from 20%-80%. The majority had purity levels between 70-80%. 	<p>37% reported purity was "fluctuating", 28% reported purity was "high" (IDMS - 2010)</p>	<p>Initial results from the pilot suggest that purity levels are high, confirming earlier data from ESR.</p> <p>However, the perceived purity of methamphetamine declined from 2006 to 2010. The current purity of methamphetamine was described as 'fluctuates/ high' in 2010. (IDMS, 2010).</p>

¹ October data is based on New Zealand Arrestee Drug Use Monitoring (NZADUM) which covers a different sub- population of drug users than the Illicit Drug Monitoring System (IDMS), i.e drug users detained by police vs. frequent drugs users in the community. Care should therefore be used in making strong conclusions about trends, however it is reasonable to compare drug prices from the two reporting systems as drugs are purchased from the same general illegal drugs market.

Indicator	Baseline data	April 2010	October 2010	April 2011	Change on baseline
Availability (4 = very easy – 1 = very difficult)	<ul style="list-style-type: none"> Average availability score 3.3 Change in availability: Average score: 1.9 Police report a shortage of PSE for production (2009) 	<ul style="list-style-type: none"> Average availability score 3.3 (2009) Change in availability: Average score: 1.9 	<ul style="list-style-type: none"> Average availability score 3.0 Change in availability. Average score: 2.0 (NZ-ADUM – 2010 Mar-July) 	<ul style="list-style-type: none"> Average availability score 3.1 Change in availability: Average score: 2.0 (IDMS - 2010) 	There has been little change in frequent users perception of methamphetamine availability. Frequent users are likely to have well established links with dealers and be less affected than casual users by possible shortages.
Result: Demand is reduced					
Prevalence (used in last 12 months)	<ul style="list-style-type: none"> 2.1% (2007/2008) 	-		Next prevalence survey 2011/12	Alcohol Drug Use Survey confirmed for 2012. The results will be available late 2012 or early 2013.
Prevalence (used at least monthly)	<ul style="list-style-type: none"> 0.4% (2007/2008) 	-		Next prevalence survey 2011/12	
Prevalence: young users (used at least monthly)	<ul style="list-style-type: none"> 16-17 year olds – numbers too low for reliable estimation (2007/2008) 18-24 year olds – 0.8% (2007/2008) 	-		Next prevalence survey 2011/12	
Mean age of user	<ul style="list-style-type: none"> Data not available 	-		Data available next prevalence survey 2011/12	
Users who report reducing their use	<ul style="list-style-type: none"> Used 38 days in past 6 months (2008) 	-		Next prevalence survey 2011/12	
Result: Fewer frequent users					
Levels of use		<ul style="list-style-type: none"> 39% of frequent methamphetamine users were using less and 13% had stopped (2009 IDMS) 	<i>This data is only available annually, and the next IDMS data is due early 2011.</i>	29% of frequent methamphetamine users were using less and 5% had stopped (2010 IDMS)	This data refers to the intensity of use of current users, not the number of users. The frequent methamphetamine users were using a statistically significant greater amount of methamphetamine in 2010 compared to 2009 (mean score 1.9 vs. 1.6, p=0.0066). This may reflect the exit of occasional users from the market leaving a residual of heavier users.
Methamphetamine	<ul style="list-style-type: none"> Convictions for 	<ul style="list-style-type: none"> Provisional data for 2009 	<ul style="list-style-type: none"> Convictions for 	2010 Conviction data will be	As anticipated, the increased focus by

Indicator	Baseline data	April 2010	October 2010	April 2011	Change on baseline
related convictions ²	possession/use: 1,176 <ul style="list-style-type: none"> Convictions for supply/deal (incl import/export): 398 Convictions for manufacture: 484 Total convictions: 2,058 (2008) 	provided (see October 2010 update for final figures).	possession/use: 1,455 <ul style="list-style-type: none"> Convictions for supply/deal (incl import/export): 463 Convictions for manufacture: 517 Total convictions: 2,435 (2009) 	available from 1 July 2011 and will be included in October 2011 update.	Police and Customs in this area may have led to an increase in convictions. However, it is difficult to attribute direct cause and effect in this area.
Users who have received treatment report a reduction in drug use/frequency of use	<ul style="list-style-type: none"> Data will be gathered for new residential beds. 	<ul style="list-style-type: none"> Information will be available when users have completed three to four months of residential treatment. 	-N/A		

3.2 Methamphetamine supply is controlled

3.2.1 Summary

Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Change in indicator and notes
Indicator: Price							
Price per point (10th of gram) and price per gram of Methamphetamine – Police sources. Determined through interviews with Police drug squads, who have discussed with users	\$100 per point \$800-1,000 per gram	Sept 2009	<ul style="list-style-type: none"> \$100 per point - this is not expected to change as it is a 'set' price: instead purity or quantity would probably decrease if supply was restricted. \$800 remains typical for a gram although significant variations have been reported (from \$200 to \$1,500) 	Oct 2010 - Mar 2011	Police and Customs intelligence reports received by the NDIB Police drug squads gather price details from a variety of sources.	Successful supply control leads to an increase in price. Price changes are usually temporary.	Police sources do not show any significant change in the price of a point or gram of methamphetamine.

² A change in reporting criteria means conviction data vary slightly from those provided in the previous update report. Please see Appendix 1 for an explanation of the change.

Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Change in indicator and notes
Price per point (10th of gram) and price per gram of methamphetamine – survey data	Median price per point: \$100 Mean price per point: \$96 Median price per gram: \$700 Mean price per gram: \$698	2008	Median price per point: \$100 Mean price per point: \$104 Median price per gram: \$700 Mean price per gram: \$780	2010	IDMS 2010		In contrast to Police data the IDMS showed there was a statistically significant increase in the mean price of a 'point' and gram of methamphetamine from 2006 to 2010. Gram price increased from \$610 in 2006 to \$780 in 2010. The increase in gram price was most consistent in Auckland from 2006 to 2010 (i.e. \$542 to \$694). There was a particularly large increase in the 'point' price in Christchurch in 2010 compared to 2009 (i.e. \$106 to \$118).
Price per capsule or equivalent of pseudoephedrine in the illegal market (not over the counter purchase price)	A set of ContacNT (equiv to 1,000 capsules) \$12,000 - \$16,000; 1 packet Contac NT (10 capsules) - \$90-100; 1 packet domestically sourced PSE (24 tablets) - \$100.	Sept 2009	Typically \$10,000-\$12,000 per set but prices range from \$9,000-\$16,000. Very limited price reporting in the last few months.	Oct 10 - Mar 11	NDIB	Successful restriction leads to a rise in price.	There has been limited price reporting recently. The price range remains similar to the baseline data.
Indicator: Purity							
Perception of overall level of purity as reported by frequent drug users	39% reported purity was "fluctuating" 36% reported purity as "high"	2008	37% reported purity was "fluctuating" 28% reported purity as "high"	2010	IDMS (annual)	Successful supply control leads to a decrease in purity.	There was a statistically significant decrease in the perceived purity of methamphetamine from 2006 to 2010 (IDMS, 2010).
Methamphetamine percentage in seized samples, tested by ESR	68.9% (2006-2009)	2009	55% of the samples tested contained methamphetamine with a purity of 70% or higher (80% is the highest possible purity due to manufacturing methods). The median methamphetamine purity across all samples was 74%.	October - March 2011.	ESR (ESR Drugs Group Report June 2010)		The initial forensic analysis identifies high purity methamphetamine in street level seizures.

Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Change in indicator and notes
Indicator: Availability (1 = very easy – 4 = very difficult)							
Overall availability of methamphetamine as reported by frequent drug users Change in availability of methamphetamine over the last six months as reported by frequent drug users	42% of frequent drug users reported the availability of methamphetamine was "very easy" 0% reported it was "very difficult" Average availability score 1.7 Change: 23% of users reported methamphetamine becoming more difficult to get, 57% reported no change in availability, 14% reported easier. Average change score: 2.1	2008	34% of frequent drug users reported the availability of methamphetamine was "very easy" 2% reported it was "very difficult" Average availability score 3.1 Change: 17% of users reported methamphetamine becoming 'more difficult' to get, 60% reported no change in availability, 16% reported 'easier'. Average change score: 2.0	2010	IDMS 2010	Successful supply control leads to more difficulty obtaining methamphetamine.	Although NZ-ADUM and IDMS respondents are from different sub-populations (i.e. frequent drugs users in the community versus police detainees) it is reasonable to compare drug availability as drugs are obtained from the same illegal market environment. However, detainees are likely to be more connected to the criminal underground and hence illegal drug markets than some drug users. Overall, the police detainees in NZ-ADUM reported a similar high level of availability of methamphetamine as the frequent users in the IDMS. Both groups report availability has been largely stable in recent years.
	There is a shortage in illicitly imported PSE-based medications intended for the production of methamphetamine within NZ, according to Police reports.	Mid-late 2009	No further reports of shortages.	September 2010	NDIB		Subsequent reports do not indicate shortages.

Price trends

Prices for methamphetamine (IDMS)

Methamphetamine price Median (mean)	2006	2007	2008	2009	2010
1 Point	\$100 (\$96)	\$100 (\$97)	\$100 (\$96)	\$100 (\$100)	\$100 (\$104)
1 Gram	\$600 (\$610)	\$600 (\$676)	\$700 (\$698)	\$700 (\$738)	\$700 (\$780)

Source: IDMS

3.3 Demand for methamphetamine is reduced

Indicator	Description	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
Prevalence (last 12 months)	Users of amphetamines, including methamphetamine as a percentage of the 16-64 population in the past 12 months	2.1%	2007/08	N/A		New Zealand Alcohol and Drug Use Survey	Successful demand reduction and problem limitation measures lead to a decrease in percentage of population using Meth.	Next survey results will be available 2012/2013
Prevalence (used at least monthly)	Users of amphetamines, including methamphetamine as a percentage of the 16-64 population who used at least monthly in the past year	0.4%	2007/08	N/A		New Zealand Alcohol and Drug Use Survey	Successful demand reduction and problem limitation measures lead to a decrease in percentage of population using Meth.	Next survey results will be available 2012/2013
Prevalence: young users (used at least monthly)	16-17 year old users as a percentage of the 16-64 population who used at least monthly	<i>Numbers too low for reliable estimation</i>	2007/08	N/A		New Zealand Alcohol and Drug Use Survey	A reduction in younger users is likely to result in fewer new users overall and an aging user population	Next survey results will be available 2012/2013
	18-24 year old users as a percentage of the 16-64 population who used at least monthly	0.8%	2007/08	N/A		New Zealand Alcohol and Drug Use Survey	A reduction in younger users is likely to result in fewer new users overall and an aging user population.	Next survey results will be available 2012/2013
Mean age of user	Mean age of monthly using population	<i>not available</i>	2007/08	N/A		New Zealand Alcohol and Drug Use Survey	Successful demand reduction measures lead to an upward shift in the age of the using population, as this suggests there are fewer new people using Meth	Next survey results will be available 2012/2013

Indicator	Description	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
Users who report reducing their use	Frequent users reporting number of days methamphetamine used in the past six months	Mean use of 38 days in past 6 months in 2008 (68 days in 2007)	2008	Mean use of 45 days in past 6 months in 2010 (45 days in 2009)	2010	NZ-ADUM	Lower mean number of days in past 6 months.	

Age distribution of users

Percentage of the New Zealand population aged 16–64 years, by age group and gender who used amphetamines 2007³

Age group	Prevalence (%) (95% CI)		
	Total	Men	Women
16–17 years	1.4	–	2.8
18–24 years	5.8	8.4	3.4
25–34 years	3.2	4.1	2.5
35–44 years	1.8	2.8	0.8
45–54 years	0.6	0.9	0.3
55–64 years	–	–	–
Total aged 16–64 years	2.1	2.9	1.4

Source: Provisional Results from the 2007 Alcohol and Drug Use Survey – Amphetamine Use. 2009. Ministry of Health

Notes: A dash (–) indicates that numbers were too low for reliable estimation. Table will be updated with next survey (2012/2013)

³ This will be updated with the next survey, results will be available 2012/2013

3.4 There are fewer frequent users

Indicator	Description	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
Levels of use	Changes in methamphetamine use of frequent drug users who reported using methamphetamine in the past six months	21% using 'more'; 28% 'the same'; 39% 'less' and 13% 'stopped' in 2009 - IDMS	2005-2008	30% using 'more'; 35% 'the same'; 29% 'less' and 5% 'stopped' in 2010 -IDMS	2010	IDMS 2010	Successful demand reduction and problem limitation measures lead to a decrease in levels of use.	There was a statistically significant increase in the intensity of methamphetamine use in 2010 compared to 2009 (mean score 1.9 vs. 1.6, p=0.0066)
Methamphetamine related convictions	Total convictions for: a) possession/use b) supply/deal (including import/export) c) manufacture/possession of equipment to manufacture d) all categories combined The two key indicators are a) and d)	a) 1,176 b) 398 c) 484 d) 2,058	2008	<i>Data Available 07/2011</i>	2009	Ministry of Justice, CMS	Successful demand reduction and problem limitation measures lead to a decrease in convictions for possession and use; an initial increase in convictions for supply, dealing and manufacture.	
Users who have received treatment report a reduction in drug use/frequency of use	Users who have received treatment report a reduction in drug use/frequency of use	-	-	-		Ministry of Health	Successful problem limitation measures lead to a reduction in drug use/frequency of use.	While the MOH has baseline data for 170 clients admitted to the amphetamine service, only 22 clients had their progress tracked over time, this number dropped to two after 6 months.

Methamphetamine related hospital admissions⁴

The table below indicates that hospital admissions for methamphetamine-related causes have increased since recording began in July 2008 (prior to this methamphetamine was included among 'stimulants' in hospital admissions). The reasons for this increase are unknown. Most of the admissions were in hospitals in the upper North Island. This data is collected from publicly-funded hospitals only, and does not include figures from the emergency departments. The actual numbers of people admitted with methamphetamine-related disorders is higher than those noted below; however, accurate trend analysis requires the removal of a number of records.⁵

Hospital admissions for Methamphetamine trend analysis	Jul - Dec 2008	Jan - Jun 2009	Jul - Dec 2009	Jan - Jun 2010	Jul-Dec 2010
Principle Diagnosis ⁶	21	23	32	31	21
Secondary diagnosis	49	83	65	85	97
Total	70	106	97	116	118
Calendar year	N/A	203		234	

Number of methamphetamine related convictions

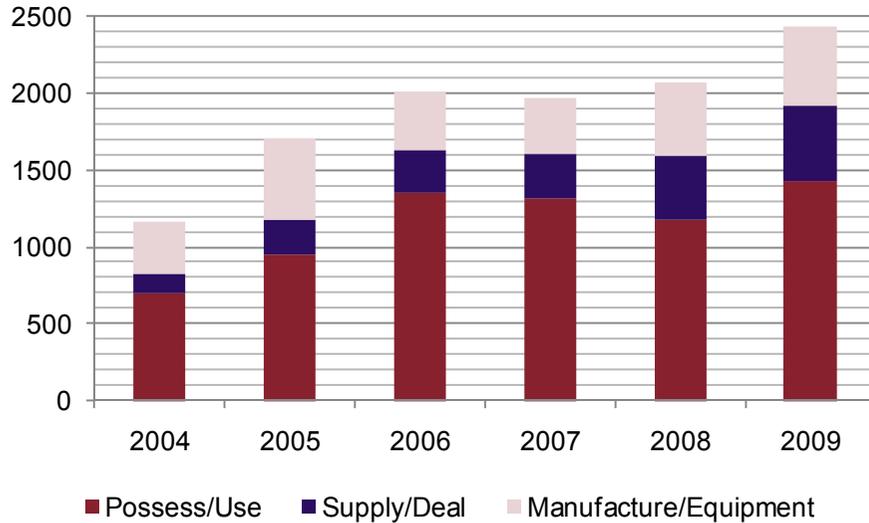
The charts below show methamphetamine convictions or recorded offences by category for the last six years. Note that the supply/deal category includes import/export of methamphetamine.

⁴ Please note the table tracking hospital admissions for stimulants has not been included in this report. This is because data prior to 2009 did not specify Methamphetamine, instead it included all stimulants such as caffeine etc.

⁵ Between 2000 and 2010, hospital admission policies were not consistent between hospitals or for the same hospitals over a period time. Some emergency department patients were admitted to hospital as a rule if they have been in the ED for three hours, which meant that hospital admission numbers appeared to increase significantly, when in fact it reflected a change in admission policies. To counter this and ensure accurate trend data, the figures shown here do not include short-stay admissions from emergency departments. Therefore the actual numbers of people admitted with methamphetamine related disorders is higher than noted here (by approximately a third), but these admissions have not been included as they skew the data.

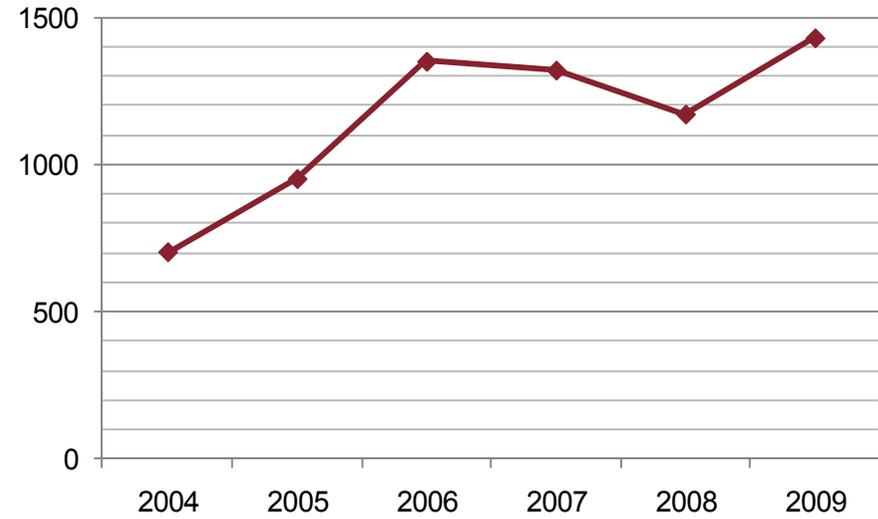
⁶ The primary diagnosis is the one established to be chiefly responsible for causing the patients' episode of care in hospital. The secondary diagnosis is a condition or complaint either co-existing with the primary diagnosis or arising during the episode of care.

Methamphetamine convictions, 2004-2009



Source: Ministry of Justice Case Management System

Possession/use of methamphetamine convictions, 2004-2009



Source: Ministry of Justice Case Management System

Methamphetamine convictions and recorded offences by category

Methamphetamine convictions	2004		2005		2006		2007		2008		2009		2010	
	Recorded offence	Conviction	Recorded offence	Conviction										
Possession and/or use	1276	697	1694	968	2133	1357	1988	1310	1653	1176	2007	1455	Available 07/2011	Available 07/2011
Supplying and/or dealing	220	132	351	209	344	270	321	271	437	398	569	463	Available 07/2011	Available 07/2011
Manufacturing and/or in possession of equipment for manufacture	382	338	409	537	443	373	480	378	448	484	524	517	Available 07/2011	Available 07/2011
Total	1,878	1,167	2,454	1,714	2,920	2,000	2,789	1,959	2,538	2,058	3,100	2,435	7	

⁷ Source: Ministry of Justice Case Management System

Part 4: Intermediate results indicators

4.1 Manufacturers can't access the products necessary to make methamphetamine

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
Clan lab busts and information on substances found in clan labs	The number of clandestine laboratories detected and dismantled by Police	133	2008	126 clan labs dismantled in the previous year	Apr 10 - Mar 11	NDIB from National Clandestine Laboratory Response Team reporting	Successful supply control would result in a decrease in clan labs discovered that coincided with a decrease in methamphetamine availability. However, in the interim, rising clan lab busts are also a measure of enforcement success.	Whilst there has been a small reduction in the number of clan labs dismantled in 2010, there has been an 81% increase in Clan Lab Assessments; ⁸ from 42 in 2009 to 76 in 2010; this is a positive sign of disruption, but not necessarily of reduced manufacturing. Intelligence suggests that criminals are increasingly undertaking PSE extraction and methamphetamine manufacture at different sites, then dispersing the equipment and chemicals to multiple sites.
Information about ease of manufacture	Qualitative information about methamphetamine manufacture sourced from Police	There appears to be a current shortage in illicitly imported PSE-based medications intended for the production of methamphetamine within New Zealand	Sept 2009	Key chemicals for manufacturing still widely available from retail outlets, as evidenced by clan labs dismantled as a result of Operations ALTERNATOR (2009) & LOCAL (2010).	August 2010	NDIB August 2010 Illicit Drug Assessment	Successful supply control would result in more difficulty in manufacturing and/or obtaining the precursors required to manufacture.	These chemicals have widespread legitimate use; many are household/commercial products and with few regulatory mechanisms to prevent diversion into methamphetamine manufacture. The NDIB's submission of key precursor chemicals to ERMA for greater controls should restrict their availability.

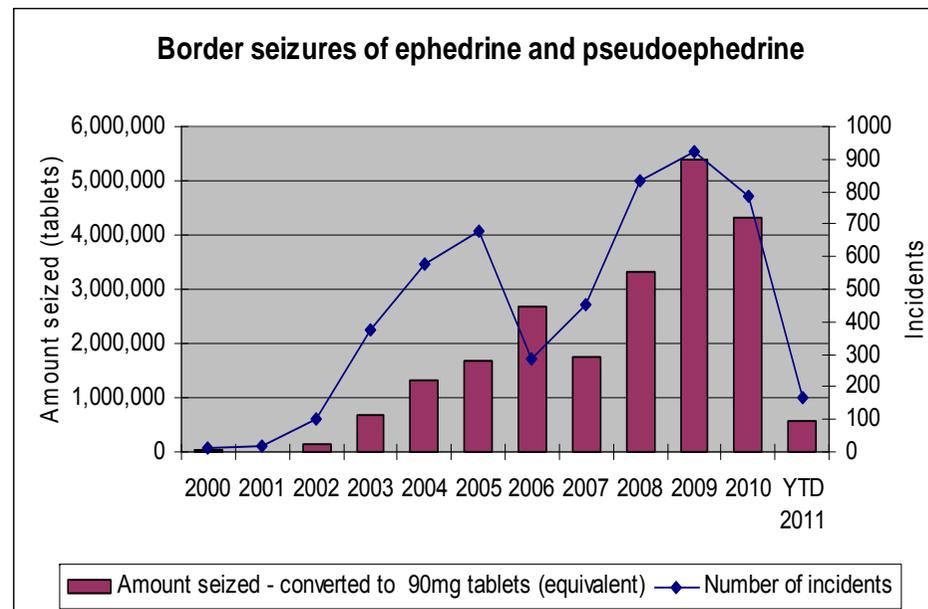
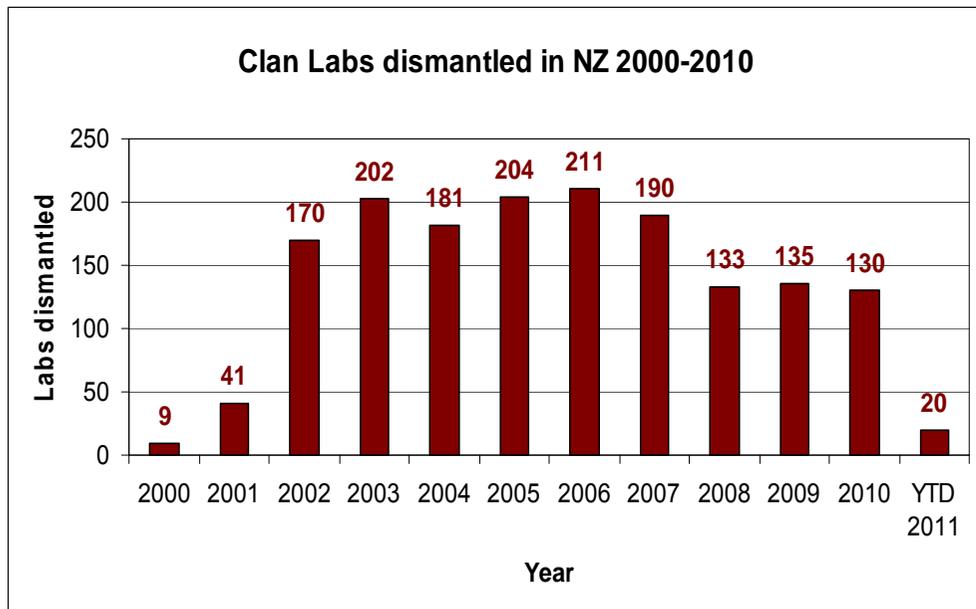
⁸ A Clan Lab Assessment is an indicator that the National Clan Lab Response Team have responded to a suspected clan lab but subsequently deemed it does not meet the grading criteria.

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
Seizures of methamphetamine and PSE	Ephedrine and pseudoephedrine seizures over the past 12 months. ⁹	5,586,330 tablets	Sept 2008 – Aug 2009	3,721,424 tablets (3,438,755 Customs & 282,669 Police)	Apr 10 - Mar 11	NDIB (Police and Customs)	Successful supply control would result in an increase in seizures, in the interim, and eventually a long term decrease in seizures.	From June 2009 through to April 2010, the quantity of EPH/PSE being regularly seized was unprecedented. However, since the latter-half of 2010 (June 2010–present), there has been a dramatic reduction in the amount being seized by Customs. Overall, seizures in 2010 were lower than in 2009 and higher compared to 2008.
				888.4kg	March 2010 – February 2011	Customs		Border seizures of pseudoephedrine for the last 12 months are lower compared to the record amount seized during 2009. The amount of pseudoephedrine seized at the border in 2010 was however higher compared to 2008.
	Number of precursor seizures over the last 12 months	878 seizures	Sept 2008 – Aug 2009	776 (724 Customs & 52 Police)	Apr 10 - Mar 11	NDIB (Police and Customs)		
	Methamphetamine seizures by Police and Customs	22,106g	2008	30,400g	2010 Calendar Year	NDIB Jan 2011 Illicit Drug Assessment		In the last six months there has been an increase in the amount of methamphetamine seized

⁹ This field previously only measured seizures at the border; this has been changed to include domestic seizures (by Police) as well to ensure a more accurate portrayal of the data available.

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
								<p>at the border; mainly internal concealments¹⁰ and mail intercepts.</p> <p>In 2010 Customs seized 19.5kgs of methamphetamine at the border. This is an 81% increase of seizures at the border compared with the previous year. In the first two months of 2011, Customs has seized 6.1kgs of methamphetamine at the border, which is more than half of the total amount seized in New Zealand in 2009.</p>
	Number of methamphetamine seizures by Police and Customs	546 seizures	2008	842 seizures (824 Police & 18 Customs)	Apr 10 - Mar 11	NDIB		

¹⁰ 'Internal concealment' refers to concealment within a person's body, either by swallowing or inserting.



Border seizures of ephedrine and pseudoephedrine

Year	2004	2005	2006	2007	2008	2009	2010	2011 (1 Jan -- 31 March)
Amount seized (tablets) - converted to equivalent of 90mg tablets	1,313,179	1,664,228	2,667,068	1,766,200	3,336,978	5,392,886	4,336,195	567,088
Equivalent in kilos of precursors	292	371	594	393	744	1203	967	126
Number of seizures	576	678	284	454	831	923	783	167
Potential methamphetamine yield (kilos)	59-82	74-104	120-168	79-111	150-210	242.5-340	195 - 273	26-36

Source: Customs

2011 statistics are year to date from 01 Jan 2011 to 31 March 2011 (table and chart)

2010 and 2011 statistics are preliminary figures and are yet to be confirmed (table and chart)

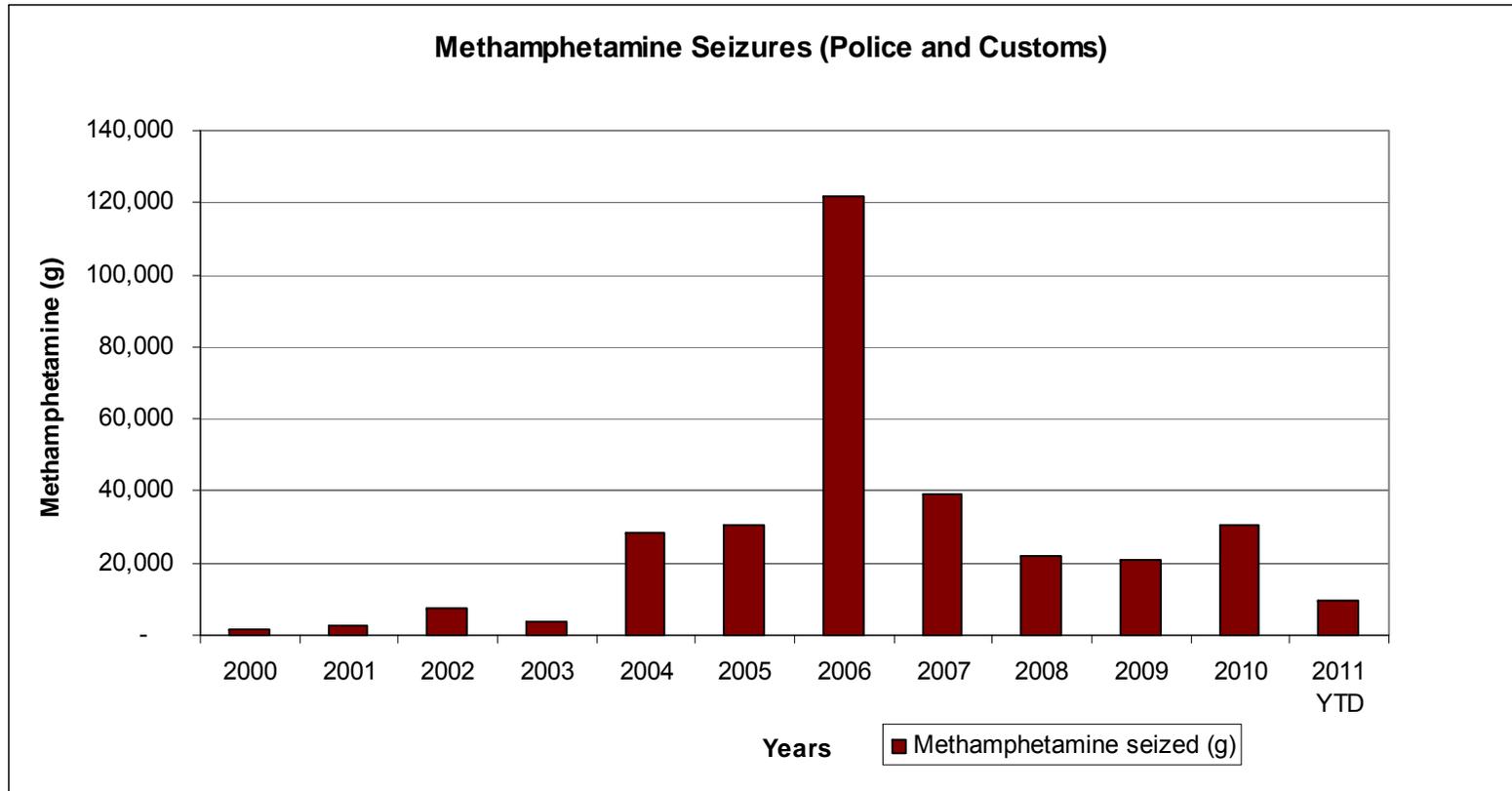
Meth yield is calculated on 50%-70% purity.

The information contained in this document has been obtained from the New Zealand Customs Service CusMod database. The information is considered correct at the time/date the data was extracted (April 2011). Please note the information contained within CusMod may be amended or reviewed at any time.

Seizures of methamphetamine (Police and Customs)

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011 YTD
Methamphetamine (g)	1,370g	2,631g	7,720g	3,632g	28,460g	30,693g	121,838g	39,304g	22,106g	20,779g	30,400g	9,417g *
Number of seizures	N/A	N/A	N/A	N/A	N/A	N/A	673	468	546	763	805	200*

*2011 figures are for January to end March only.



Source: NDIB and Customs

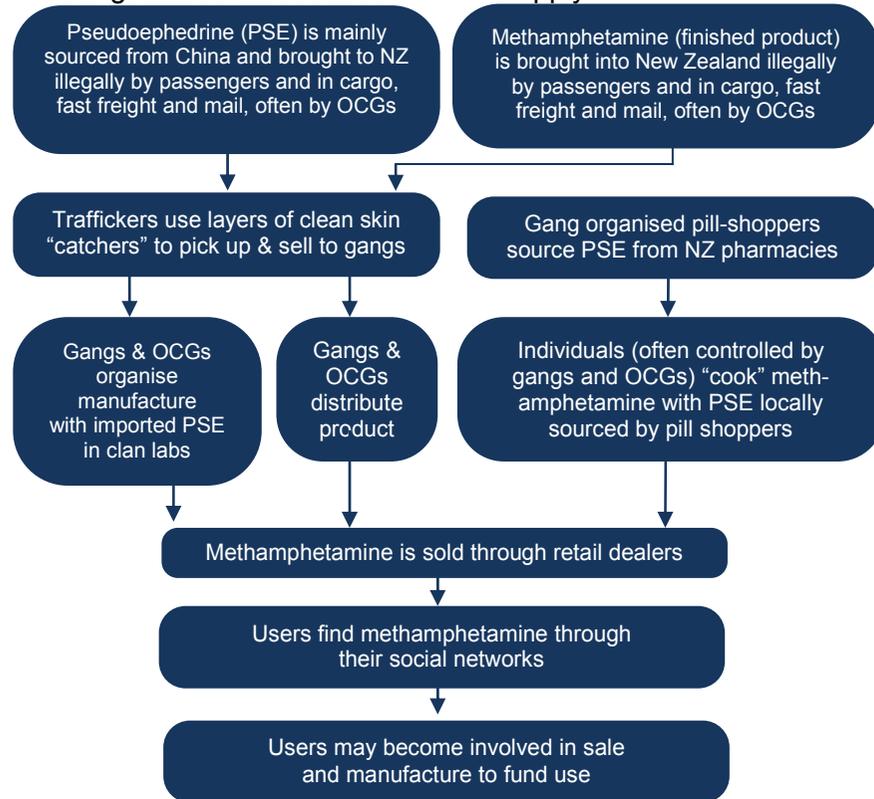
4.2 People are deterred from the methamphetamine trade

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
Methamphetamine supply convictions	Convictions for supplying/dealing in methamphetamine (including importing and exporting); and convictions for manufacturing or possessing the equipment to manufacture methamphetamine.	Supplying/dealing convictions: 409 Manufacturing convictions: 505	2008	Supplying/dealing convictions: 463 Manufacturing convictions: 517	2009	Ministry of Justice CMS	Expect to see an initial increase in supply convictions as methamphetamine enforcement is given high priority and then a decrease as deterrent effect occurs.	2010 data will be provided in the October 2011 update
Numbers of repeat offenders	Offenders convicted of methamphetamine offences since 1997, who reoffend in subsequent years. Two offences in the same year are not classified as reoffences.	In 2008, 1,202 convictions for methamphetamine offences were handed down. Of these, 268 (or 22%) were handed down to individuals previously convicted of a methamphetamine offence and 182 (or 15%) previously charged but not convicted.	2008	In 2009, 1,382 convictions for methamphetamine offences were handed down. Of these, 371 (or 27%) were handed down to individuals previously convicted of a methamphetamine offence and 176 (or 13%) previously charged but not convicted.	2009	Ministry of Justice CMS	Expect to see an initial increase in supply convictions as methamphetamine enforcement is given high priority and then a decrease as deterrent effect occurs. <i>Note: figures were recalculated in 2010 removing stimulant/depressant offences, as these are no longer used for methamphetamine cases and may distort results.</i>	2010 data will be provided in the October 2011 update
Qualitative information about supply chains	Description of methamphetamine supply chains, including importation, manufacture, distribution and retail. For example: <ul style="list-style-type: none"> Changes in manufacturing methods Size of labs detected 	While ContacNT from China remains the dominant precursor encountered by Customs there are signs of an increasing divergence of sources and trafficking routes for methamphetamine precursors.	2009	Continued diversification of exporting countries of ephedrine and pseudoephedrine. This is primarily in the form of pharmaceutical products. South-east Asian countries are prominent second-tier sources behind China and Hong Kong.	October 2010 – March 2011	Customs & NDIB	N/A	

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
	<ul style="list-style-type: none"> ▪ Trend of lab detections for the last 6 months ▪ Pattern of seizures (e.g. multi-kilo or small seizures) 	<p>There are reports of New Zealand drug manufacturers having difficulty in obtaining PSE products.</p> <p>Intelligence suggests there have been temporary fluctuations in the availability of methamphetamine over the past six months. This usually follows major drug raids.</p>		<p>The quantity of precursors seized by Customs continues to be in decline, but there has been an increase in methamphetamine seizures at the border. There have been fewer large multi-kilo seizures of ephedrine and pseudoephedrine in the past 12 months. It appears that criminal groups are importing small weight but multiple packages.</p> <p>The increasing seizures of methamphetamine at the border appear to be linked to overseas transnational organised crime syndicate Continuation of West African groups' involvement in methamphetamine importations. They typically import multiple smaller consignments.</p> <p>The manufacture and supply of methamphetamine in New Zealand is showing early signs of fundamental changes. Organised crime groups are experimenting with alternative methods of manufacture, including methods that do not require the use of ephedrine/pseudoephedrine.</p>				

Methamphetamine supply chains

The diagram below describes current supply chains.



4.3 The ability to generate profits is reduced

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
Dollars and assets recovered from organised crime	Dollars and assets recovered from organised crime	Approximately \$1.8m was recovered in 2007/8 under the legislation At the end of the last financial year approximately \$41m was under Police Proceeds of Crime action In future it will be reported through the Police Methamphetamine Control Strategy	Annual	<ul style="list-style-type: none"> ▪ Since the Criminal Proceeds (Recovery) Act came into effect in December 2009 New Zealand Police have identified an estimated \$83 million worth of assets suspected to have been obtained or derived through criminal activity. ▪ As at 31st March 2011 New Zealand Police held Restraining Orders over an estimated \$37 million worth of assets believed to have been obtained or derived through criminal activity. ▪ An additional estimated \$5.95 million worth of assets have been made subject to Forfeiture Orders. ▪ Investigations are on-going in many other cases. ▪ Of the estimated \$83 million investigated, an estimated \$63.4 million is attributed to drug offending. \$40.8 million of this relates specifically to methamphetamine offending. 	1 December 2009 – 28 th February 2011	Police Financial Crime Group	Successful restraint and forfeiture of assets acquired and derived from drug offending will act as a deterrent to criminal behaviour and will erode the economic base of offenders, reducing their ability to fund further drug crime. This would lead to a decrease in supply as offenders lack the means to continue their criminal behaviour.	

4.4 Communities are aware of risks

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
Drug use knowledge and attitudes survey	New Zealanders' attitudes to illegal drugs and drug use	94% of respondents said that methamphetamine is a drug causing serious harm (compared with 58% for cannabis and 39% for alcohol)	2008	-	<i>Data is not available for 2010</i>	Ministry of Health	Increased awareness of effects of methamphetamine use and how to access help/support.	New data will be available following 2012/2013 survey
Use of website with methamphetamine information and resources	Methamphetamine-specific resources (e.g. print, DVD) to be developed as part of development of Drug Information and Help website	11,451 visits to DrugHelp and 3,164 to MethHelp Nearly 4,000 copies of the MethHelp booklet have been distributed.	August 2010 – February 2011	11,451 visits to DrugHelp and 3,164 to MethHelp Nearly 4,000 copies of the MethHelp booklet have been distributed.	August 2010 – February 2011	Ministry of Health	Drug Information and Help website will provide information on site visits relating to methamphetamine component and a potential survey of those accessing methamphetamine information.	

4.5 Users know how to find help

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
Percentage of frequent users who sought help but did not receive it	Percentage of frequent users who reported they sought help but did not receive it.	22% of frequent users surveyed by Massey University (32% in 2007)	2008	24% of frequent users in 2010 (21% in 2009)	2010	IDMS - 2010		There was no statistically significant change in the percentage who did not get help in 2010 compared to all previous years.

Awareness of Alcohol Drug Helpline	Awareness of Alcohol Drug helpline by methamphetamine users.	1,256 methamphetamine related calls, including 424 self calls and 832 concerned other calls	2008/2009	305 methamphetamine related callers, with 99 self calling, and 206 concerned about some else	Oct to Dec 2010	Alcohol Drug Helpline	Higher number of calls suggests greater awareness of Helpline.	
				264 methamphetamine related callers, with 119 self calling, and 145 concerned about some else.	Jan to Mar 2011			

4.6 Communities and government agencies help users into treatment

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
Frequent users who report they are receiving some form of drug treatment	Frequent methamphetamine users who report they are receiving some form of drug treatment	21% of frequent methamphetamine users were in treatment	2008	18% of frequent methamphetamine users were currently in treatment in 2010 (24% in 2009)	2010	IDMS (annual) ¹¹	Increase as a measure of availability of treatment services; decrease as a measure of need for treatment, as prevalence decreases.	
Barriers to frequent users being able to access treatment	Frequent methamphetamine users report barriers to being unable to find help for their drug use.	22% of frequent users reported barriers to finding help, including: <ul style="list-style-type: none"> ▪ Fear of what might happen once contact made with service (45%) ▪ Social pressure to 	2008	24% of frequent users reported barriers to finding help, including: <ul style="list-style-type: none"> ▪ Social pressure to keep using (39%) ▪ Didn't know where to go (32%) ▪ Fear of what might happen 	2010	IDMS (annual) ¹¹		Small numbers of frequent methamphetamine users answered these questions (i.e. 31=2008, 22=2009 and 31=2010) so some caution should be exercised when interpreting percentage findings.

¹¹ No new data from NZ-ADUM.

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
		<ul style="list-style-type: none"> keep using (36%) ▪ Fear of losing friends (34%) ▪ Fear of police (27%) ▪ Didn't know where to go (21%) ▪ Long waiting lists (14%) ▪ Fear of CYF's (14%) ▪ No transport (11%) 		<ul style="list-style-type: none"> once contact made with service (26%) ▪ Fear of police (25%) ▪ No transport (25%) ▪ Concern about impact on job/ career (23%) ▪ Costs too much (23%) ▪ Couldn't get appointment at good time (22%) ▪ Long waiting lists (19%) 				
Access to treatment spaces by region	AOD (not methamphetamine specific) treatment waiting times by region as reported by community alcohol and drug services	Waiting times between referrals to a DHB Community Alcohol and other Drug Service and first appointment Northern DHBs - 4.25 wks Midland DHBs - 2.6 wks Central DHBs - 1.3 wks Southern DHBs - 8.75 wks	ADANZ – May 2009	Northern region 83% seen within 4 weeks Midland region 53% seen within 4 weeks Central region 55% seen within 4 weeks Southern region 67% seen within 4 weeks	Ministry of Health – April 2010	DHBs, Ministry of Health data collection, ADANZ	Lower waiting times	New beds have allocated according to regional demand with many in the Northern region.
	Data on waiting times for residential treatment as reported by providers	Waiting times range from 2.5 weeks to 36 weeks	As at October 2009	The major AOD residential providers have been contracted by the Ministry of Health as part of the dedicated methamphetamine treatment pathway. Waiting times for such services are 4-6 weeks.	As at December 2010	Information direct from providers	Lower waiting times	
Prisoners in treatment	Total prisoners who start a substance abuse programme in a Drug Treatment unit	499	2008/2009 Fiscal year	562	2009/10 Year to date (to end March 2010)	Source is 2008/09 Annual Report of the Department	To ensure that the highest number of prisoners who need treatment are accessing it, the	The reduced completion rate (58% in previous year) needs to be interpreted in light of the rapid expansion of DTU places during the year, and the fact

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
	Total hours in treatment	106,097		113,179		of Corrections	desired direction is an increase in the number of prisoners in DTUs, number of hours completed in a DTU and percentage of prisoners who complete a substance abuse programme.	that a large number of offenders were still involved in programmes at year's end.
	Completion rates (% of those in treatment who complete it)	58%		54%				
Numbers of users diverted into treatment	Number of Adult Police Diversion Scheme diversions with alcohol and other drug assessment, treatment or counselling as a condition of diversion. This is broader than just methamphetamine.	At least 1,056 diversions with AOD treatment as a condition	2008	166 (from 1 Oct - 31 Mar 2011) There are issues with the reliability of this data. The actual number of those completing AOD programmes is likely to be higher than the number identified. Diversion conditions are entered manually in National Intelligence Application and there is considerable variation in the descriptions provided. It is likely that some of the conditions entered with general terms such as "counselling" or "personal issues counselling" may have been AOD related. This inconsistency in data entry means that comparison of data from year to year may not be accurate.	1 April - 30 September 2010	Police	Higher percentage of with AOD treatment as a condition of diversion.	The "low" number of AOD diversions compared to the baseline data is a result of: the increased issuing of formal warnings as part of the Alternative Resolutions initiative (this has resulted in a 32% reduction in diversions for all types of offending for 1 Oct - 31 Mar 2011 compared to same period for the previous year). Diversions no longer being issued for Class A and B offences since March 2011. No diversions being made in Christchurch since the earthquake due to damage to infrastructure and a reduction in available service providers.

Indicator	Definition	Baseline data	Period	Latest data (at April 2011)	Period	Source	Desired direction	Notes
								It is also important to note that the actual number of those completing AOD programmes is likely to be higher than the number identified. Diversion conditions are entered manually in the Police National Intelligence Application and there is considerable variation in the descriptions provided. It is likely that some of the conditions entered with general terms such as "counselling" or "personal issues counselling" may have been AOD related.
	Number and percentage of methamphetamine convictions with Alcohol and Drug Assessment as a condition of sentence ¹²	220 (or 17.6%) methamphetamine convictions with AOD assessments as a condition of sentence	2008	297 (or 20.4%) methamphetamine convictions with AOD assessments as a condition of sentence	2009	Ministry of Justice	Higher percentage of convictions with AOD assessments.	2010 data will be available from July 2011 and will be included in the October 2011 update.
Number of methamphetamine users occupying dedicated beds and number assessed by the Alcohol Drug Helpline	Measures whether beds being utilised appropriately for methamphetamine users	-	-	36 users accessed residential treatment 17 users accessed social detox At least 70 users accessed residential treatment At least 50 users accessed social detox	Jan to Mar 2010 April to September 2010	Ministry of Health via dedicated contracts – from reports by providers	April to September 2010	

¹² Data on alcohol and drug assessment as a condition as sentencing is based on a greater number of codes than data presented in the previous update report. Please see Appendix 1 for further information.

Appendix I: Descriptions of information sources

Key sources of information

Publicly available sources of information are described below.

New Zealand Arrestee Drug Use Monitoring (NZ-ADUM, formerly NZ-ADAM)

- Description:** NZ-ADUM measures drug and alcohol use among people who have been recently apprehended and detained in watch houses by Police
- Owner:** Police
- Researcher:** Health Outcomes International
- Frequency:** Reported annually
- Release dates:** February 2011 (for 2010 data)
- Population:** Approximately 800 interviewees
- Key reports:** New Zealand Arrestee Drug Abuse Monitoring Annual Report
- Location:** www.police.govt.nz

Illicit Drug Monitoring System (IDMS)

- Description:** IDMS is conducted annually to provide a "snapshot" of trends in illegal drug use and drug related harm by interviewing frequent drug users
- Owner:** Police
- Researcher:** Centre for Social and Health Outcomes Research and Evaluation (SHORE), Massey University
- Frequency:** Annually
- Release dates:** July 2010 (for 2009 data)
- Population:** Approximately 400 interviewees
- Key reports:** Recent Trends in Illegal Drug Use in New Zealand 2006-09
Findings from the 2006, 2007, 2008 and 2009 Illicit Drug Monitoring System (IDMS)
- Location:** www.shore.ac.nz/
www.massey.ac.nz/

Alcohol and Drug Use Survey/National Health Survey

Description:	2007/08 New Zealand Alcohol and Drug Use Survey
Owner:	Ministry of Health
Researcher:	Health and Disability Intelligence Unit, HDSS, Ministry of Health
Frequency:	One-off survey. A continuous New Zealand Health Survey (starting in 2011) will include a module on alcohol and drug use. This module will be included at some point in the first five years of data collection (2011–2016), but not in the first year. Planning of the modules is at an early stage and no other decisions around timing of modules have been made
Release dates:	Drug Use report (reporting results of the 2007/08 NZADUS) published January 2010
Population:	New Zealand adult population aged 16–64 years (who were usually resident and living in permanent private dwellings)
Key reports:	Drug Use in New Zealand: Key results of the 2007/08 New Zealand Alcohol and Drug Use Survey
Location:	There will be a specific webpage when the publication is released http://www.ndp.govt.nz/moh.nsf/indexmh/drug-use-in-nz-key-results-of-the-0708-nzadus

Other sources of information

Ministry of Justice conviction statistics

Description:	Sourced from the Ministry of Justice's Case Management System (CMS). Includes all recorded offences, convictions and sentences imposed.
Owner:	Ministry of Justice
Researcher:	Ministry of Justice
Frequency:	Data collection is ongoing
Release dates:	Data is publicly released in June each year, for example 2010 data will be released in June 2011. While the Ministry of Justice has access to this data, it is not allowed to be used publicly until released.
Population:	Accused and offenders in criminal justice courts
Key reports:	An Overview of Conviction and Sentencing Statistics in New Zealand 1999 – 2008
Location:	www.justice.govt.nz/publications/crime/conviction-and-sentencing

Changes in numbers of Methamphetamine convictions and charges from previous report

- (1) The Ministry of Justice has recently changed the basis on which court data is reported. Conviction data was previously reported against the year in which the case was resolved (whether or not a conviction is entered). The year of a case is now based on the last court hearing date for the case, which may be the sentencing date. For example, the case for a person convicted in entered 15 December 2008 and sentenced in 15 January

2009, would previously have been attributed to 2008. Such a case would now be attributed to 2009. The numbers of convictions by year in this update report reflect the new reporting protocol; there are therefore minor differences between the data in this update, compared with those shown in the April 2010 update.

- (2) Some additional codes for AOD treatment introduced in 2007 have been applied to the data for this update. Numbers in this update are therefore higher than data previously reported for 2007-2009.

Border seizures of drugs

Description:	Interceptions of drugs and precursors made at the border, almost exclusively involving shipments arriving in New Zealand from overseas (as opposed to being exported) carried by passengers, concealed in mail or concealed in freight
Owner:	Customs
Researcher:	Customs and NDIB
Frequency:	Monthly
Release dates:	As required
Population:	N/A
Key reports:	Monthly Reports from Customs, Monthly NDIB Reports
Location:	From NDIB and also via Customs Intelligence Planning and Coordination Group

Drug use attitudes survey

Description:	Research into knowledge and attitudes to illegal drugs
Owner:	Ministry of Health
Researcher:	Acquamen Limited/UMR Research Limited
Frequency:	One-off survey (for Demand Reduction Programme). Quantitative component can be repeated relatively simply; may be useful to repeat full survey in 3-5 years
Release dates:	July 2009
Population:	New Zealand adult population; recruitment split between general public and people with experience of illegal drug use
Key reports:	Research into knowledge and attitudes to illegal drugs: a study among the general public and people with experience of illegal drug use
Location:	National Drug Policy website: www.ndp.govt.nz/

Alcohol Drug Helpline

- Description:** Telephone based assistance for people enquiring about drug and alcohol information, advice and support, which includes treatment service information
- Owner:** Ministry of Health/Alcohol Advisory Council (ALAC)
- Researcher:** Alcohol Drug Helpline - Addiction Treatment Services Team, Ministry of Health
- Frequency:** Quarterly reporting
- Release dates:** According to when contract implementation starts
- Population:** Those who self identify with methamphetamine use concerns
- Key reports:** Contract reporting
- Location:** Not publicly available – reported to Ministry of Health

Police Annual Reports

- Description:** Outlines strategic context, service performance, financial statements, warrants, organisational information and statistical information. In the 2007/2008 Annual Report the relevant part was “Focusing on illicit drugs and alcohol”, under the section “Reducing Inequalities and Managing Risk”.
- Owner:** Police
- Researcher:** Police
- Frequency:** Annually
- Release dates:** October/November
- Population:** N/A
- Key reports:** Annual Report
- Location:** www.police.govt.nz/resources/index.html#annualreport

Population prevalence surveys

- Description:** New Zealand National Household Drug Survey
- Owner:** Centre for Social and Health Outcomes Research and Evaluation (SHORE)
- Researcher:** Massey University
- Frequency:** Every 2-3 years
- Release dates:** 2009 survey due by end of 2009
- Population:** New Zealand population aged 15-45 years
- Key reports:** 2009 National Household Survey of Drug Use in New Zealand
- Location:** Available from SHORE, including website: www.shore.ac.nz/

DHB/MOH – Access to treatment spaces by region

Description:	General waiting list by time (days) and volume (to be confirmed) as captured by the Ministry of Health
Owner:	Ministry of Health and District Health Boards
Researcher:	Ministry of Health, Infrastructure and Improvement Team
Frequency:	Quarterly
Release dates:	Information available up to 8 weeks after figures received – quarterly is identified as end June, end September, end December, end March
Population:	Those who have been admitted into formal AOD treatment. This excludes most NGO's
Key reports:	Supplied by services on a quarterly reporting template
Location:	Not publicly available – reported to Ministry of Health

Department of Corrections Prisoners in Treatment

Description:	Number of prisoners receiving treatment including: <ul style="list-style-type: none">- Total prisoners who start a substance abuse programme in a drug treatment unit- Total hours prisoners spend attending substance abuse programmes in a drug treatment unit- Percentage of prisoners who complete a substance abuse programme
Owner:	Department of Corrections
Researcher:	Department of Corrections
Frequency:	Annual report released annually Progress reports will be released to agencies quarterly
Release dates:	Annual report released in October. Information in this first report is from the 2008/09 Annual Report of the Department of Corrections (to be published October 2009). Progress reports will be released quarterly from late February 2010
Population:	New Zealand prison population
Key reports:	Department of Corrections Annual Report Department of Corrections progress reports will be reported quarterly from late February 2010
Location:	Annual report available from Corrections website: www.corrections.govt.nz/news-and-publications/statutory-reports/annual-reports.html Progress reports will be made available to central agencies (including DPMC) and to the Corrections Minister (from the Corrections Policy Strategy and Research team)

New social detox and residential beds

- Description:** Methamphetamine dedicated beds for “standalone social detox” and residential (which includes a social detox component)
- Owner:** Ministry of Health
- Researcher:** Addictions Treatment Services Team, Ministry of Health
- Frequency:** Quarterly
- Release dates:** As of implementation of contract
- Population:** Those admitted to a “standalone social detox” and admitted to a residential bed (which includes a social detox)
- Key reports:** Contract reporting
- Location:** Not publicly available – reported to Ministry of Health