Tackling Methamphetamine: Indicators and Progress Report

April 2014

DEPARTMENT
of the PRIME MINISTER
and CABINET

Policy Advisory Group

DEPARTMENT OF CORRECTIONS
ARA POUTAMA AOTEAROA

NEW ZEALAND CUSTOMS SERVICE
TE MANA ĀRAI O AOTEAROA

MINISTRY OF HEALTH
MANATŪ HAUORA

MINISTRY OF JUSTICE
Tāhū o te Ture

NEW ZEALAND POLICE
Nga Pirihimana O Aotearoa

Te Puni Kōkiri
REALISING MĀORI POTENTIAL

Introduction

1.1 Purpose

This report provides a progress update on the Government's *Tackling Methamphetamine: an Action Plan* (the Action Plan). It specifically:

- records changes against the Action Plan's baseline data of 2008 or 2009, and
- details progress on the Action Plan's activities.

1.2 Latest data and reports on progress provided six monthly

Reports on progress against the Action Plan are provided to the Prime Minister and the Ministers of Justice, Health, Police, Corrections, Customs and Māori Affairs every six months. DPMC coordinates the reporting process; and the Interagency Committee on Drugs, made up of chief executives and senior officials from the relevant agencies, approves the reports.

This Indicators and Progress Report uses the same streamlined Indicators and Progress Report introduced with the April 2013 Report. The data sources remain the same.

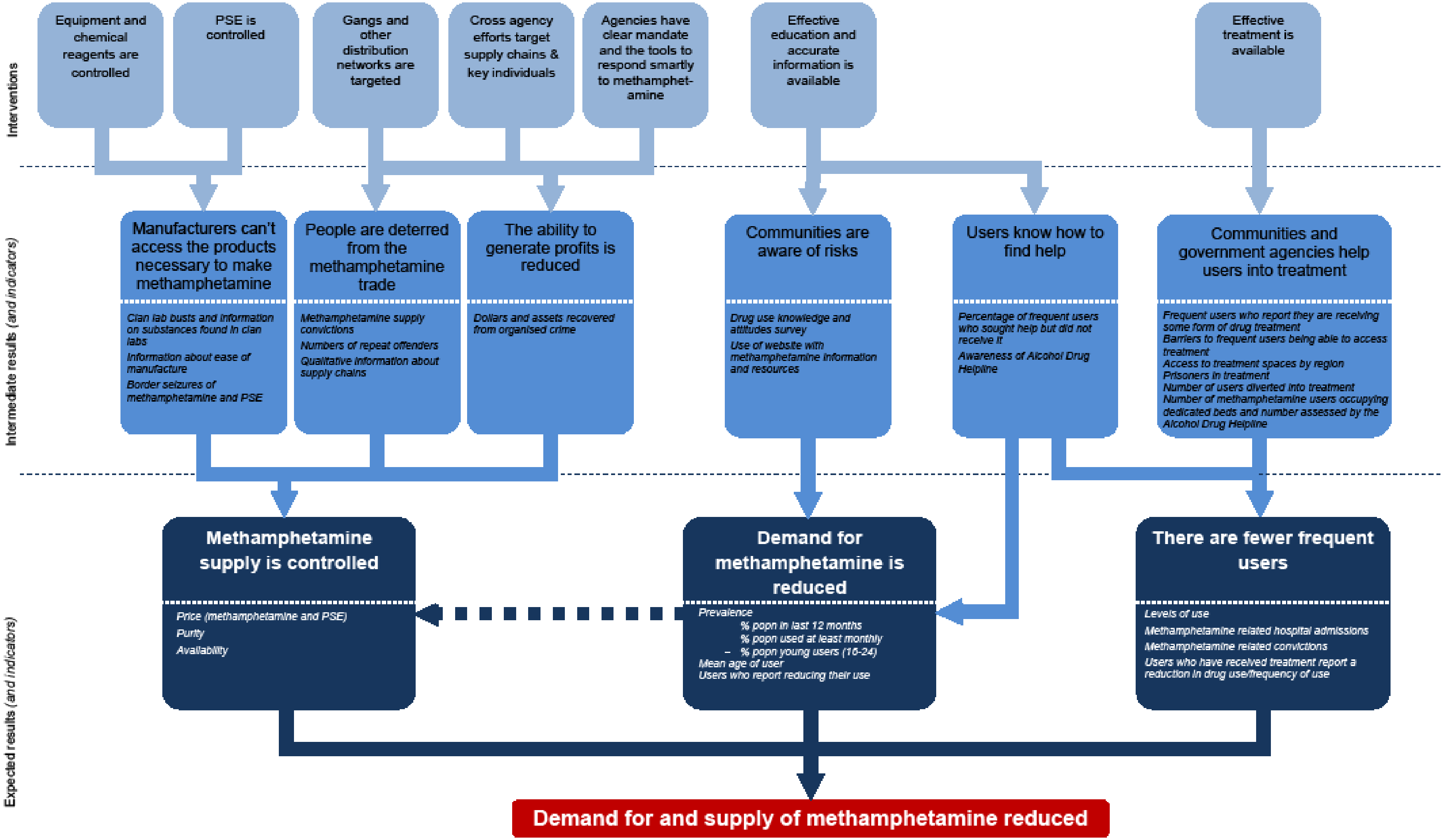
1.3 Data should be used with caution

Descriptions of data sources can be found in *Tackling Methamphetamine: Baseline Indicators Report* at http://www.beehive.govt.nz/sites/all/files/baseline_indicators.pdf. It should be noted that, due to various recording and release dates, some data are provisional and other data may have been collected but not yet analysed. Some changes may therefore be made in subsequent reporting if necessary. Annex 1 has a high-level description of the differences between some of the key data sources.

1.4 Overview of expected results and indicators

An overview of the actions, expected results and the indicators set can be found in the Action Plan available at http://www.beehive.govt.nz/sites/all/files/ActionPlan.pdf. Previous Progress and Indicator Reports can be found at http://www.dpmc.govt.nz/dpmc/publications/methamphetamine. The following page provides an outline of the expected results from the Action Plan and how the indicators set fits within these.

Tackling Methamphetamine: an Action Plan - Expected Results



Part 1: Progress on cross-agency actions

	Action	Comment
Crack-down on precursors		
1	The Precursor Working Group (PWG) to investigate stronger controls on other precursor chemicals and products used in the manufacture of methamphetamine.	The National Drug Intelligence Bureau has submitted an application to the Environmental Protection Authority (EPA) for consideration. The EPA is considering the application.
2	Expand the programme of detailed chemical and purity analysis of drug seizures.	Criminal Proceeds (Recovery) Act 2009 (CPRA) funding will support chemical and purity analysis of 300 methamphetamine seizures samples (from Oct 2013 to Mar 2015). The first batch of results will be ready in October 2014.
Break supply chains		
3	Allocate, via the normal Budget process, monies forfeited under the Criminal Proceeds (Recovery) Act 2009 (CPRA) 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.	The Prime Minister announced the first set of proposals to receive CPRA funding in November 2013 (http://beehive.govt.nz/release/over-3m-criminal-proceeds-fund-anti-p-initiatives). Proposals that relate to actions in the plan are outlined in this table. A second set of proposals to receive CPRA funding, described on page 13 of this report, has been announced by the Prime Minister.
4	Annually review and action a Police Methamphetamine Control Strategy (MCS).	Police launched the MCS in 2009. It is a restricted document, reviewed annually to ensure that it anticipates and responds to emerging trends in the methamphetamine market. The 2013/2014 MCS has the same focus as the 2012/2013 strategy on: enhancing national intelligence, targeting highest risk manufacturers and suppliers, and using tailored interventions to prevent and combat manufacture and supply.
5	Introduce measures to increase interception rates of methamphetamine and precursors at the border through better risk profiling and targeting.	Customs is continuing with a multi-year sequence of operations and initiatives which focus on non-traditional import pathways, addressing intelligence gaps and targeting new routings. This work has been informed by a review of data on trade in methamphetamine and precursors. Work is also under way to install a satellite Institute of Environmental Science and Research (ESR) laboratory at the Customs cargo facility in Auckland. This will assist the preliminary testing of unknown substances.
6	Work with China to reduce the supply of methamphetamine and precursors to New Zealand.	CPRA funding was allocated in 2013 to strengthen New Zealand's drug enforcement relationship with China. On 8 April the Minister of Police announced that CPRA funding would be used to place a Police attaché position in Guangdong Province, Southern China, for a two-year trial period. The officer will work with Chinese enforcement agencies to help identify individuals who are responsible for illicit drug or precursor chemical imports into New Zealand. The initiative aims to reduce the supply of precursors and methamphetamine into this country.

Action		Comment
		As a result of the Memorandum of Arrangement on precursor controls signed between China and New Zealand last year, New Zealand and Chinese law enforcement agencies held bilateral meetings in March 2014. The meetings aim to support best practice through the sharing of intelligence and forensic evidence associated with recent criminal cases of Chinese-based offenders involved in smuggling precursors into New Zealand. These meetings will continue to occur.
7	Introduce measures to increase interception rates of cash associated with drug supply.	CPRA funding has been used to train 8 Police drug search dogs to detect cash. Drug offending is a cash intensive enterprise. By detecting hidden cash, Police can prevent reinvestment into the supply of methamphetamine and other drugs. To date, the search dogs have been successful in locating cash, especially smaller amounts of $10,000-$20,000. One notable success located $168,000 in a car that had already been searched.
Provide better routes into treatment		
8	Maintain the capacity of alcohol and drug treatment services to provide more spaces for methamphetamine users.	60 residential treatment beds for methamphetamine users have become operational (in addition to services purchased by District Health Boards) as have an additional 20 social detox beds. Since November 2009, over 660 individuals have entered residential treatment through the dedicated methamphetamine pathway. Over 770 people have also accessed community-based detox services. CPRA funding has provided additional supported and residential treatment beds in Auckland for participants (including but not limited to methamphetamine users) in the Alcohol and Other Drug Treatment (AODT) Court. The AODT Court will have its first participants completing their treatment programme in mid-2014.
9	Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the justice system. Improve routes into treatment through contact with frontline government funded services.	The number and proportion of offenders with methamphetamine convictions receiving alcohol and drug assessments as a condition of sentence continued to increase from 8% in 2004 to around 20% in 2013. The five year AODT Court Pilot commenced in the Auckland and Waitakere District Courts on 1 November 2012. As of 4 March 2014, a total of 116 participants had been accepted. CPRA funding will fund counsel costs for the AODT Court this year. The Department of Corrections is continuing to increase the number of programmes it delivers to offenders. This includes: an additional 3,700 alcohol and drug treatment places each year in prison (bringing the total to 4,720); 4,300 offenders each year receiving brief alcohol and drug interventions delivered by health staff; 5,100 additional alcohol and drug treatment places each year for community offenders (up to a total of 11,800); and, 22,000 brief alcohol and drug interventions delivered by probation officers to community offenders each year (up from 4,100 last year).

Action		Comment
10	Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment.	The Substance Addiction (Compulsory Assessment and Treatment) Bill will repeal and replace the Alcoholism and Drug Addiction Act 1966 in line with the Law Commission's recommendations. The Bill is category 3 on the legislative programme, to be passed if possible in 2014.
Support communities		
11	Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource.	The MethHelp and DrugHelp websites continue to report high frequency of visits, which often lead to direct enquiries for MethHelp hard copy resource or referrals to support services. The MethHelp website and resources have been refreshed by the Ministry of Health, and will be optimized for mobile use in 2014.
12	Increase the reach of school community interventions targeted to at-risk youth and families to reduce demand.	Police School Community Services deliver education programmes, including drug education programmes, to between 550-600 schools each year. Police is developing an online school portal (an online resource) to enable schools to access Police education programmes. Police School Community Officers are also trialling a new education programme throughout 2014, where they partner with schools to develop school-wide interventions to address issues identified by the school, such as drugs. Police School Community Services will also continue to deliver drug education programmes to schools such as 'Choice' (formerly known as D.A.R.E.).
Strengthen governance		
13	Improve official coordination of drug policy.	The Interagency Committee on Drugs (IACD) was refreshed in 2013. Focus areas for IACD are: developing a new National Drug Policy, and oversight of the National Drug Intelligence Bureau, the allocation of CPRA funds and the development of this report.
14	Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act 1975 (MoDA).	The Psychoactive Substances Act, which was passed in July 2013, responds to the Law Commission's recommendations on emerging substances. Work on the rest of the recommendations, including developing a new MoDA, will commence once the new National Drug Policy is in place (likely to be in late 2014).
15	Investigate the costs of harmful alcohol and other drug use.	Cost of harm figures were last calculated in 2009. CPRA funding has been approved to update the cost of harm from alcohol and other drug use.

Completed actions

Action	Comment
End the availability of over-the-counter pseudoephedrine from pharmacies.	Completed in 2011.
Expand Customs investigations and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border.	Training on use of the new tracking and surveillance capabilities has been completed and the equipment has been deployed. During surge operations, additional staff are assigned to Customs Investigations Units if required.
Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance.	The Search and Surveillance Act 2012 is now in force. Police and other enforcement agencies are using the tools in the Act. The Anti-Money Laundering and Countering Financing of Terrorism (AML/CFT) Act 2009 came into full effect in June 2013. Agencies are already

	utilising and complying with this legislation. Work continues to look at the effectiveness of legislation enabling interagency cooperation on the detection and targeting of organised crime. This work includes facilitating improvements in relation to information sharing, increasing financial reporting to Police and amending the money laundering offence.
Increase alcohol and drug workforce capacity and capability to respond effectively to methamphetamine.	Workforce initiatives have continued over the past six months. In 2013, there were 81 approved bursars undertaking study, and 11 intern placements.
Improve coordination to ensure that Immigration is alerted when individuals in breach of permit conditions appear to be involved in drug operations.	Immigration staff are routinely attached to work with Customs and Police as part of intensive targeting operations.
Strengthen best practice community programmes, such as Community Action Youth and Drugs (CAYADs).	CAYADS continue to provide a range of services across 20 communities.
Promote the new Drug Education Guidelines.	The Guide to Drug Education in Schools has been published on the Ministry of Education website, with links to the Guide posted on relevant curriculum and leadership sites.
Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine.	A fifth Hauora Programme, delivering a seven week intensive methamphetamine programme to gangs, has been completed.

Part 2: Indicator data for controlling supply

2.1 Price

***Desired Trend*:** Supply control leads to an increase in price over time.

Comment: These indicators track changes in the prices that frequent drug users and police detainees report paying for methamphetamine. The data show a small but steady increase in the retail price of methamphetamine (point price) since around 2008, with reported prices higher in Christchurch than in Auckland and Wellington. When asked in 2013, frequent drug users described the gram price as stable (NZ-ADUM). After a steep fall between October 2012 and April 2013, gram prices have increased again (IDMS). According to Police intelligence, the price of precursors (ContacNT) remains steady.

Indicator	Source	Baseline	Previous data	April 2014 (new data)
Mean price per point	IDMS	$96 (2008)	$106 (Aug-Dec 2012)	$106 (Aug-Dec 2013)
Median price per point		$100 (2008)	$100 (Aug-Dec 2012)	$100 (Aug-Dec 2013)
Mean price per point	NZ-ADUM	$107 (2010)	$109 (Mar-Jul 2013)	No new data available.
Median price per point		$100 (2010)	$100 (Mar-Jul 2013)	No new data available.
Mean price per gram	IDMS	$698 (2008)	$678 (Aug-Dec 2012)	$684 (Aug-Dec 2013)
Median price per gram		$700 (2008)	$700 (Aug-Dec 2012)	$700 (Aug-Dec 2013)
Mean price per gram	NZ-ADUM	$723 (2010)	$757 (Mar-Jul 2013)	No new data available.
Median price per gram		$700 (2010)	$700 (Mar-Jul 2013)	No new data available.
Mean price per gram	Police and Customs intelligence reports	$800-$1,000 (Sept 2009)	$1,000 (Feb-Apr 2013)	$450-$1,200 (Aug 2013–Jan 2014)
Price per 1000 capsules (ContacNT)	NDIB	$12,000-$16,000 (2009)	$8,000-$8,500 (2013)	$9,000 (Aug 2013–Jan 2014)

2.2 Purity

Desired Trend: Supply control leads to a decrease in purity.

Comment: The purity of methamphetamine remains high. Data from Environmental Science and Research (ESR) testing show purity was declining from 2009 to 2012. However, testing by both Customs and Police between December 2012 and March 2013 found that purity remains high. While frequent drug users reported a slight decline in the purity of methamphetamine from 2006 to 2012, reporting in 2013 suggests that purity levels have increased. There has also been an increase in users reporting that purity levels are stabilising.

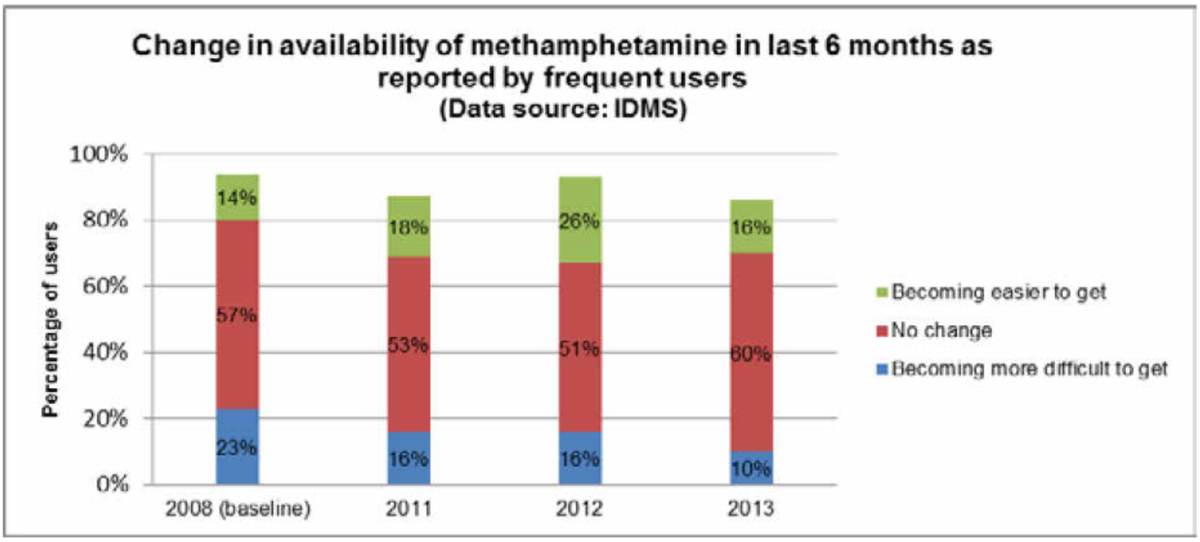
Indicator	Source	Baseline	Previous data	April 2014 (new data)
Methamphetamine percentage in seized samples (maximum purity is 80%)	ESR	Methamphetamine samples were 68.9% pure. (2006-2009)	20 point samples seized between Dec 2012 and Mar 2013 by NZ Police were analysed. The median purity was found to be 77%. Final results from 40 samples taken at the border and domestically in 2012 showed median purity of 70%. (Aug 2013)	No new data available.
Perception of overall level of purity as reported by frequent drug users or Police detainees	IDMS	36% of frequent drug users reported purity as “high”, 7% as “low” and 39% “fluctuates”. (2008)	30% of frequent drug users reported purity as “high”, 13% as “low” and 31% as “fluctuates. (Aug-Dec 2012)	40% of frequent drug users reported purity as “high”, 7% as “low” and 28% as “fluctuates. (Aug-Dec 2013)
		48% of frequent drug users reported purity as “fluctuating” in the last 6 months and 29% as “stable”. (2008)	30% of frequent drug users reported purity as “fluctuating” in the last 6 months and 34% as “stable”. (Aug-Dec 2012)	27% of frequent drug users reported purity as “fluctuating” in the last 6 months and 44% as “stable”. (Aug-Dec 2013)
	NZ-ADUM	No data available.	40% of police detainees reported purity as “high”, 17% as “low”, 25% as “fluctuates”. (Mar-Jul 2013)	No new data available.
		Not applicable – questions on purity were included in NZ-ADUM for the first time in 2012.	13% of police detainees reported purity as “increasing”, 39% as “stable”, 25% as “fluctuating” and 23% “decreasing”. (Mar-Jul 2013)	No new data available.

2.3 Availability

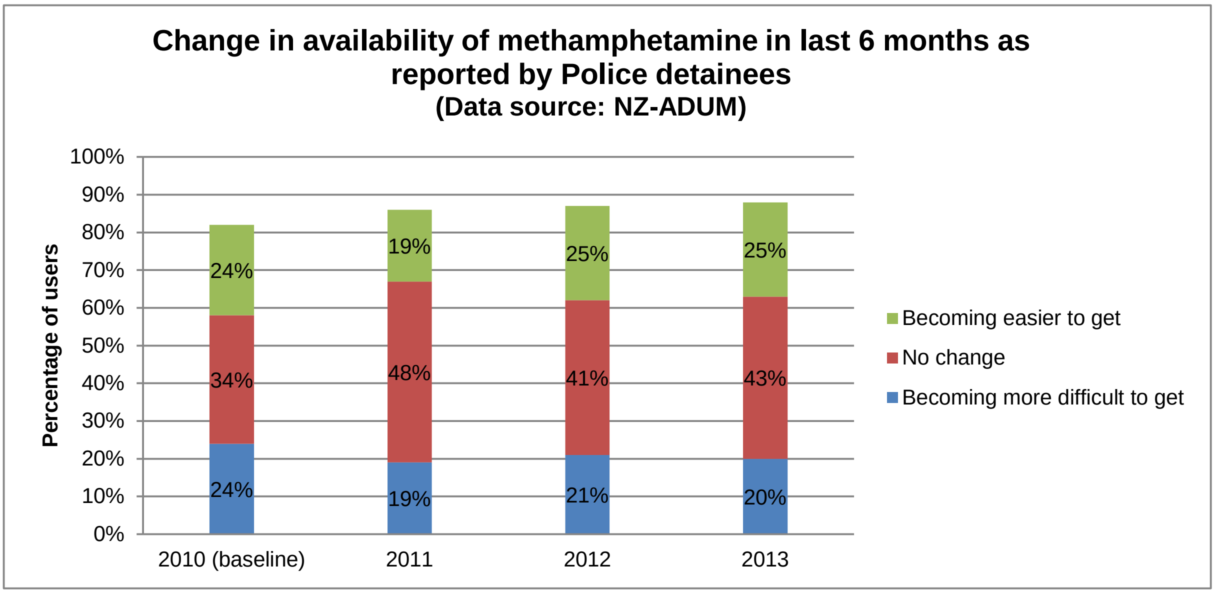
Desired Trend: Supply control makes it harder to obtain methamphetamine.

Comment: These indicators track changes in the perceptions of frequent drug users and Police detainees about the availability of methamphetamine. According to them, there has been a slight decline in the availability of methamphetamine in recent years. This was seen between 2008 and 2011 when a marked reduction in availability was recorded (from 3.3 to 3.1).The decline in the availability of methamphetamine has been strongest in Christchurch over recent years (which conforms to the higher prices reported there).

Indicator	Source	Baseline	Previous data	April 2014 (new data)
Overall availability of methamphetamine as reported by frequent drug users (Average availability scores: 4 = “very easy” – 1 = “very difficult” to obtain) (Average change in availability score: 1 = “more difficult” – 3 = “easier” to obtain)	IDMS	Average availability score 3.3. Change in availability average score: 2.1. (2009) 42% of frequent drug users reported availability as “very easy”, 0% “very difficult”. (Aug-Dec 2008)	Average availability score 3.2. Change in availability average score: 2.0. 44% of frequent drug users reported availability as “very easy”, 2% “very difficult”. (Aug-Dec 2012)	Average availability score 3.2. Change in availability average score: 2.1. 39% of frequent drug users reported availability as “very easy”, 2% “very difficult”. (Aug-Dec 2013)
Overall availability of methamphetamine as reported by police detainees (Availability scores: 4 = “very easy” – 1 = “very difficult” to obtain)	NZ-ADUM	No data available.	Average availability score 3.0. Change in availability average score: 2.1. (Mar-Jul 2013)	No new data available.



Note: This graph indicates responses in the six months prior to the survey. The most recent survey took place between July and December 2013.



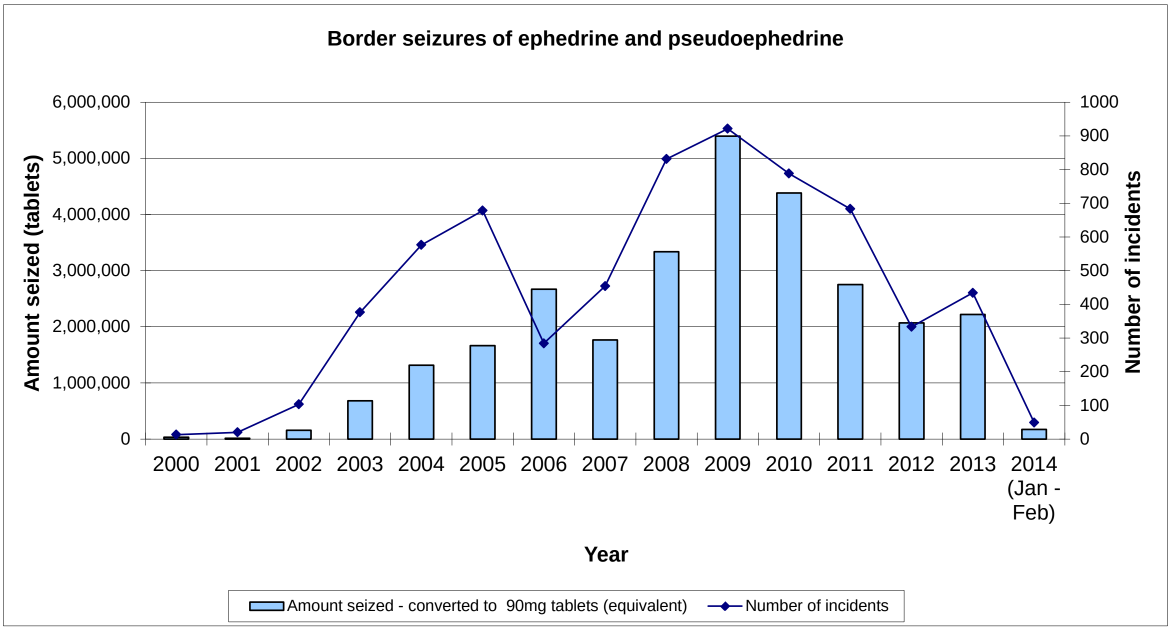
Note: This graph indicates responses in the six months prior to the survey. The most recent survey took place between March and July 2013.

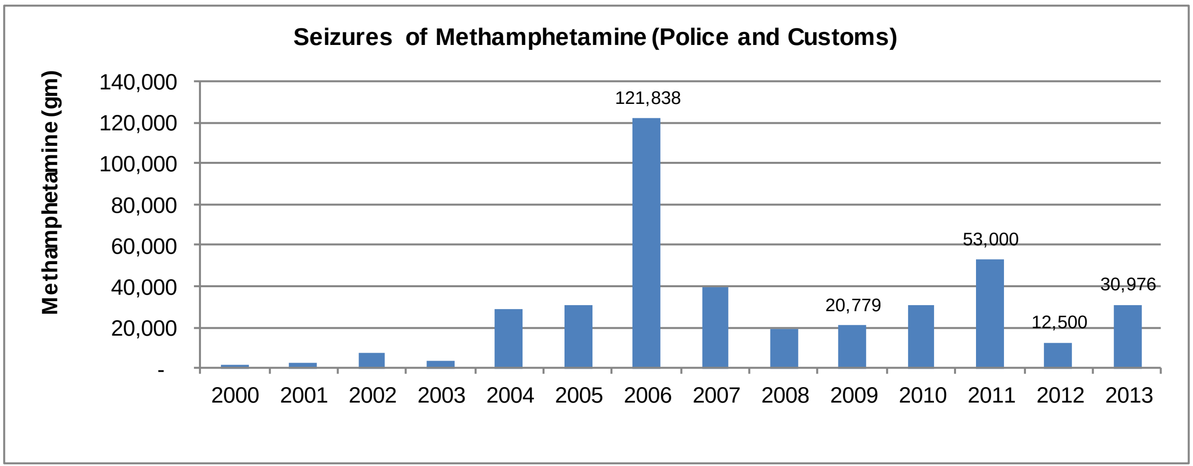
2.4 Manufacturers can't access the products necessary to make methamphetamine

2.4.1 Seizures

Desired Trend: Supply controls result in an increase in seizures in the interim and eventually a long term decrease in seizures.

Comment: The amount of ephedrine and pseudoephedrine seized at the border continues to decrease overall. The ongoing decline in the quantity of precursors seized is likely to be a reflection of a change in modus operandi by the syndicates involved rather than an indication of reduced quantities entering New Zealand. However, seizures of both methamphetamine and its precursors increased in 2013, reversing the trend recorded since 2009. China continues to be a major source of methamphetamine and its precursors, but China has been strengthening controls over the manufacture, distribution and trade in pseudoephedrine. There continues to be a shortage of iodine and hypophosphorous - the substances required to manufacture methamphetamine in New Zealand. This is likely to result in increased attempts at importing finished methamphetamine, involving international criminal syndicates.

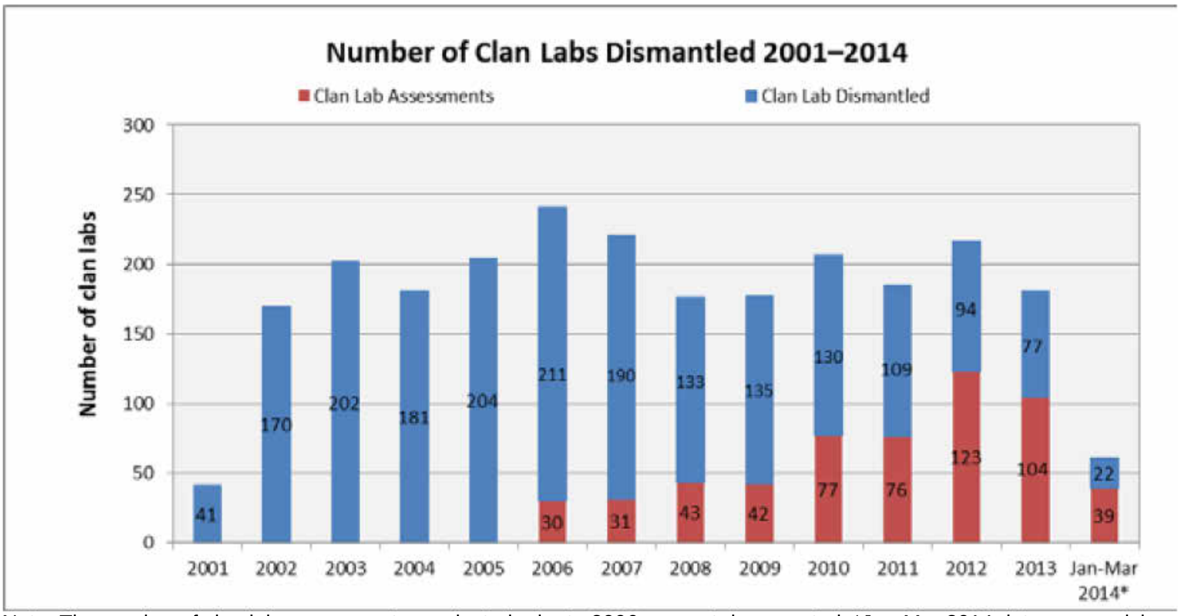




2.4.2 Clandestine lab detections and busts

Desired Trend: The number of clandestine labs (clan labs) dismantled falls over time as the size of the methamphetamine market reduces.

Comment: There was an 18 per cent reduction in the number of clan labs dismantled in 2013, when compared with 2012 (from 94 down to 77). There was also a 15 per cent decrease in the number of clan labs assessed[1] in 2013 relative to 2012 (104, down from 123). The decline in the number of clan labs being dismantled is likely to be due to offenders changing their modus operandi, making it more difficult for Police to detect them. For example, offenders are now manufacturing in short timeframes (hours) and regularly moving equipment, precursors and solvents to evade Police. There has been an increase in large, commercial scale clan labs. It is possible that these operations have absorbed the output of smaller operators who are unable to source precursors from Asia. Six commercial clan labs were dismantled in 2013.



Note: The number of clan lab assessments conducted prior to 2006 was not documented. *Jan-Mar 2014 data are provisional.

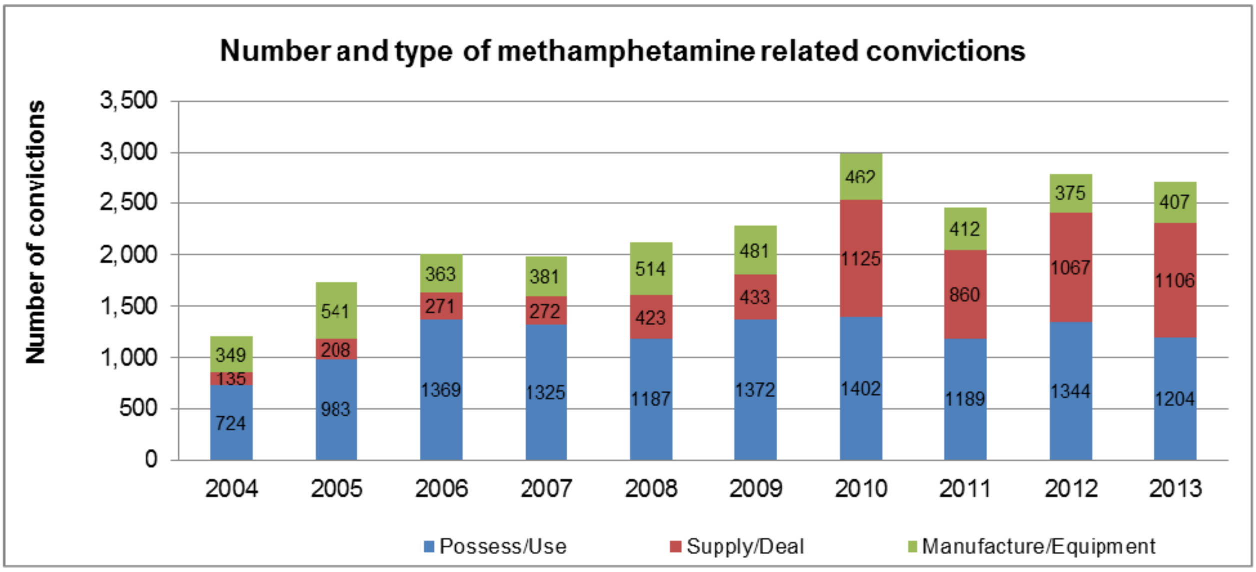
[1] A clan lab assessment is where Police investigate a location where it is suspected that methamphetamine is being manufactured but there is no finished product to confirm the existence of an operating clan lab.

2.5 People are deterred from the methamphetamine trade

2.5.1 Methamphetamine-related convictions

***Desired Trend*:** Supply control increases convictions for supply, dealing and manufacture. Demand reduction reduces convictions for possession/use.

Comment: In 2013, overall convictions for methamphetamine offences reduced by 2.5 per cent from 2012 (2,786 down to 2,717). While there was a small increase in convictions for supplying and/or dealing, there was a decrease in convictions for possession and/or use.



Note: Figures for 2013 include convictions that have yet to be appealed so are subject to change. Number of convictions is based on number of charges. A single offender can have multiple charges and convictions. The 2013 conviction data represent around 1,246 offenders.

Indicator	Source	Baseline	Previous data	April 2014 (new data)
Numbers of repeat offenders	Ministry of Justice	In 2008, 1,208 offenders were convicted for methamphetamine offences. Of these, 267 (or 22.1%) had previous methamphetamine convictions and 189 (or 15.6%) had been previously charged but not convicted.	In 2012, 1,319 offenders were convicted for methamphetamine offences. Of these, 421 (or 31.9%) had previous methamphetamine convictions and 160 (or 12.1%) had been previously charged but not convicted.	In 2013, 1,246 offenders were convicted for methamphetamine offences. Of these, 447 (or 35.9%) had previous methamphetamine convictions and 151 (or 12.1%) had been previously charged but not convicted.

2.5.2 The ability to generate profits is reduced

Comment: The CPRA came into effect on 1 December 2009. Since then, Police have investigated assets worth an estimated $333 million. Around $85.8 million of this total is associated with methamphetamine offending. Police currently hold Restraining Orders over assets worth an estimated $154 million. Around $22.7 million of this total has been restrained from respondents associated with methamphetamine offences. Since 2009, Police have obtained Forfeiture Orders over assets worth an estimated $37.6 million (this is an increase of $7.1 million since the October 2013 Progress and Indicators Report). $23.6 million of this forfeited total is associated with methamphetamine offences.

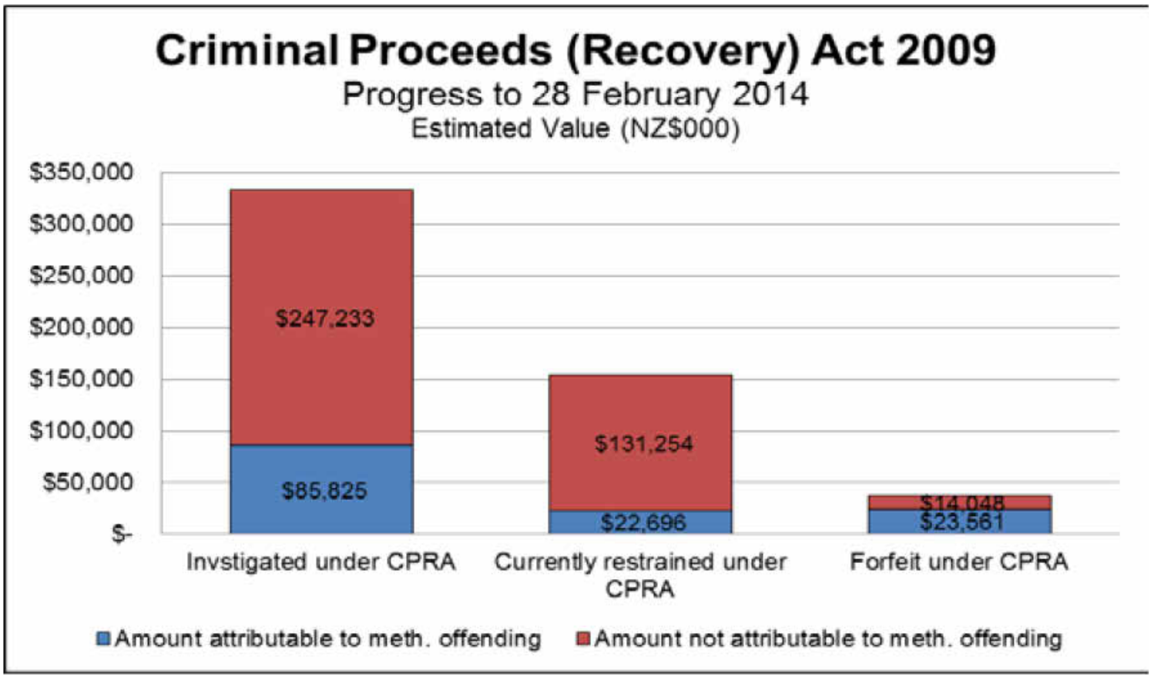
After procedural factors[2] are taken into account, around $10 million will be available by the end of the fiscal year to allocate to proposals to fund the expansion of alcohol and other drug treatment and additional law enforcement initiatives to fight organised criminal groups dealing in methamphetamine and other drugs.

CPRA funding has already supported:

- enhanced engagement with China by New Zealand Customs and Police
- analysis of seized methamphetamine samples to assess purity
- enhanced frontline unidentified substance screening capability for Customs
- increased numbers of accommodation spaces for residential and day treatment services
- funding for counsel to support people accepted into the Alcohol and Drug Treatment Court Pilot
- training for drug search dogs to also detect cash, which is already producing positive results
- development of media guidelines for reporting on the use of volatile substances.

The Prime Minister has approved a second set of proposals which will:

- expand Police's asset recovery capability to increase disruption of organised crime and drug syndicates
- double existing support to improve outcomes for pregnant women and mothers with substance abuse disorders
- support offenders with alcohol and drug issues to reconnect and re-integrate into their communities
- improve the evidence base that supports treatment services for offenders, to reduce reoffending rates
- provide up to date information about the costs of harm from alcohol and other drug use
- increase Police's capability to disrupt cannabis and other drug supply chains, and recover digital evidence from devices seized under warrants, to support identification of additional offenders and criminal activity
- continue to provide support for the Alcohol and Drug Treatment Court Pilot and civil recovery actions under the CPRA.



[2] The estimated value of an asset reported is the value of that asset at the point that it is restrained. The final value of the asset can only be known at the point of realisation i.e. at the point that the Forfeiture Order is final, all appeals are exhausted, and the asset is sold by the Official Assignee. Its final value is only what the buyer is prepared to pay for it. The estimated value of the asset reported is its total value. It does not take into account any third party interests that, in line with the legislation, need to be paid out prior to any funds being returned to government. This includes spousal interests, mortgages held over an asset, payments made to Legal Aid, any fines or reparations owed by the respondent, and the costs incurred by the Official Assignee. Finally, investigations take on average two to three years to complete, so there is always an unavoidable lag between the point of restraint to the point of forfeiture. Post forfeiture processes also incorporate a minimum of six months to allow for appeals to be heard and possible interested third parties to be identified.

Part 3: Indicator data for reducing demand

3.1 Prevalence

Desired Trend: Decrease in percentage of population using amphetamine (including methamphetamine).

Comment: At 0.9 per cent prevalence we remain close to the global average (0.7 per cent based on UN World Drug Report 2013) for prevalence of use of amphetamine-type substances. People aged 16-24 years of age had the highest past year amphetamine use (2.0 per cent). This is a change from 2011/12, where people aged 25– 34 years were the most likely to report having used amphetamines in the past year (1.9 per cent). The decreased monthly usage figure might indicate a smaller population of regular users.

Indicator	**Baseline**	**Previous reported data** (Provisional NZ Health Survey 2012/13 data)	**April 2014** (Published NZ Health Survey 2012/13 data)
Prevalence (used in last 12 months)	2.2% total NZ population 16-64 years. (2007/08 NZ Alcohol and Drug Use Survey)	0.9% total NZ population 16-64 years (approx. 25,000 New Zealanders). Past year amphetamine use was highest among 16-34 year olds (2.0% for 16-24 and 1.3% for 25-34) and higher for males (1.1%) than females (0.7%).[3]	0.9% of NZ population 16-64 years (approx. 25,000 New Zealanders). Past year amphetamine use was highest among 16-24 year olds at 2.0%, and lowest among 55-64 year olds at 0.1%. Reported use was higher for males (1.1%) than females (0.7%).
Prevalence (used at least monthly)	0.4% total NZ population 16-64 years. (2007/08 NZ Alcohol and Drug Use Survey)	0.2% of total population 16-64 years; 0.1% among females and 0.3% among males.[4]	0.2% of total population 16-64 years (approx. 6000 New Zealanders); 0.3% among females and 0.1% among males.
Prevalence: young users (used at least monthly)	16-17 year olds – numbers too low for reliable estimation. 18-24 year olds – 0.8%. (2007/08 NZ Alcohol and Drug Use Survey)	16-17 year olds – numbers too low for reliable estimation. 18-24 year olds – 0.8%.	No data published for 16-17 year olds. Numbers too low for reliable estimation.
Mean age of user (past year)	No data available.	28.6 years for the total NZ population aged 16-64 years. 26.5 – Female[5] 29.9 – Male	29 years for the total NZ population aged 16-64 years. No data published by gender.

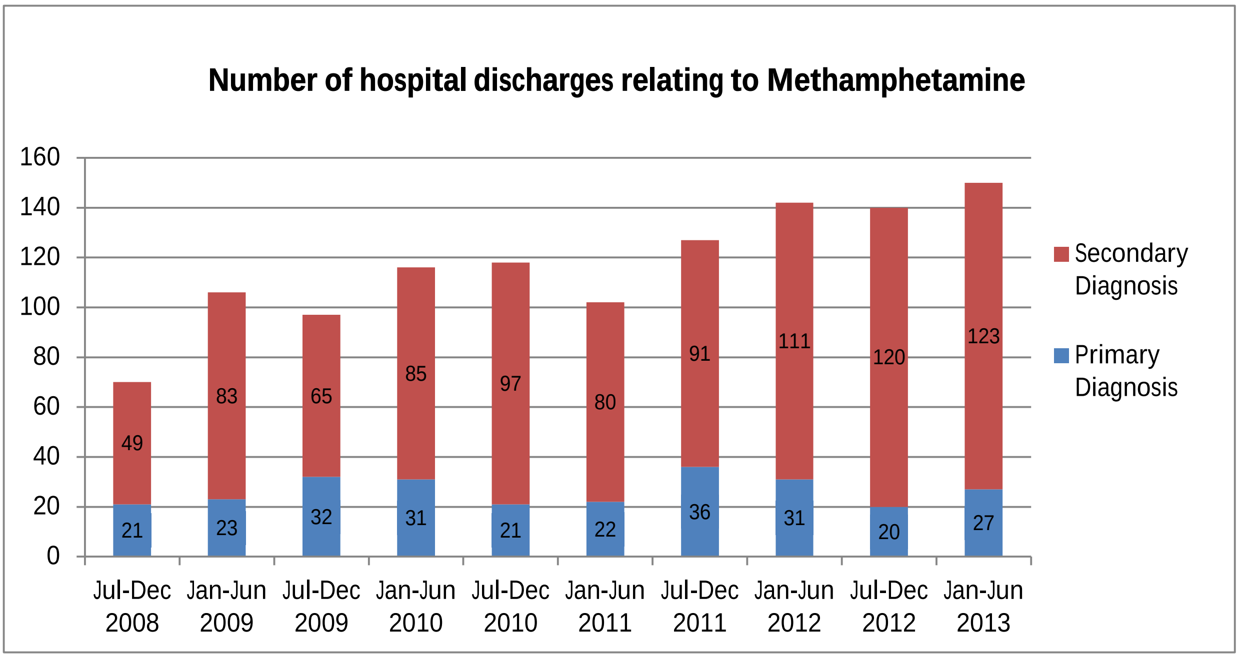
[3] The difference between males and females is not statistically significant.
[4] The difference between males and females is not statistically significant.
[5] The difference between males and females is not statistically significant.

3.2 Frequency of use

Desired Trend: Demand reduction and problem limitation measures lead to a decrease in levels of methamphetamine use and frequency of use.

Comment: Users continue to report a significant reduction in average frequency of use post-treatment. Although hospital data indicate that admissions for methamphetamine-related causes have increased since recording began, there is no discernible trend yet with fluctuating admission numbers.[6] Any increase in admissions could point to an increase in the number of people using methamphetamine. However, it could equally be due to: riskier drug taking practices; and/or impurities/other psychoactive substances in the methamphetamine; and/or greater willingness by users to seek medical help.

Indicator	Source	Baseline	Previous data	April 2014 (new data)
Users who report reducing their use	IDMS	Mean use of 38 days in past 6 months in 2008 (68 days in 2007). (2009)	Mean use of 51 days in past 6 months in 2012. (Aug-Dec 2012)	Mean use of 64 days in past 6 months in 2013. (Aug-Dec 2013)
Users who have received treatment report a reduction in drug use/frequency of use	Ministry of Health	Average days per month of amphetamine use before treatment: 8.7 days. (2010)	Average days per month of amphetamine use before treatment: 6.7 days. Average days per month of amphetamine use one month post treatment: 0.7 days. (Nov 2009[7]-June 2013)	No new data available.



[6] The number of hospitalisations is not a count of the number of people, since people can be counted more than once. The primary diagnosis is the one established to be chiefly responsible for the patient's episode of care in hospital. The presence of a drug in the secondary diagnosis does not imply that it caused the hospitalisation.

[7] Data are cumulative from the start of the Methamphetamine programme on 1 November 2009, so is not broken out by each time period in this report.

3.3 Communities are aware of risks

Desired Trend: Increased awareness of the effects of methamphetamine use and how to access help.

Comment: Awareness of the availability, and use of, information and resources remains good.

Indicator	Source	Baseline	Previous data	April 2014[8] (new data)
Use of methamphetamine information and resources	Ministry of Health	11,451 visits to DrugHelp and 3,164 to MethHelp. Nearly 4,000 copies of the MethHelp booklet have been distributed. (Aug 2010-Feb 2011)	36,240 visits to MethHelp. Orders received for 15,500 MethHelp booklets. Booklets distributed to a range of services including Police, treatment providers, as well as to individuals and concerned others. (Aug 2010-Sept 2013)	56,662 visits to MethHelp. Orders received for 17,218 MethHelp booklets. Booklets distributed to a range of services including Police, treatment providers as well as to individuals and concerned others. (Aug 2010-March 2014)

3.4 Users know how to find help

Desired Trend: Increased awareness and access to help and support.

Comment: Resources available to increase awareness and access to help are well used. Connections are being promoted between services to increase awareness. For example, the Drug Foundation continues to refer direct enquiries about support for methamphetamine issues to the Alcohol and Drug Helpline, as well as providing MethHelp booklets to callers.

Indicator	Source	Baseline	Previous data	April 2014 (new data)
Percentage of frequent users who reported they sought help but did not receive it	IDMS	22% in 2008 (32% in 2007).	34% in August - December 2012 (29% in 2011).	35% in August - December 2013.
Awareness of Alcohol Drug helpline by methamphetamine users	Alcohol Drug Helpline	1,256 methamphetamine related calls, 424 concerned about their own use and 832 concerned about someone else's use. (2008/09)	4,180 methamphetamine related calls since November 2009 (an extra 568 since April 2013). Of the additional callers, 180 were calling about their own use, and 388 were calls concerned about someone else's use. (Nov 2009-Jun 2013)	5,390 methamphetamine related calls since November 2009 (an extra 990 since July 2013). Of the additional callers, 281 were calling about their own use, and 709 were calls concerned about someone else's use. (Nov 2009-March 2014)

[8] Data is cumulative so is not broken out by each time period in this report.

3.5 Communities and government agencies help users into treatment

3.5.1 Access to treatment

Desired Trend: People seeking treatment are able to access appropriate services as soon as possible.

Comment: There has been a slight increase in the proportion of frequent methamphetamine users reporting that they were in treatment (from 14% in 2012 to 15% in 2013). Frequent users reported an overall decrease in the barriers to treatment; though a number of barriers increased (e.g. fear of what might happen once contact was made with a service, social pressure to keep using). Administrative data show slight improvements in average wait times across the country for all alcohol and drug treatment.

A growing number of Police detainees have reported participating in an alcohol and drug treatment programme, which the justice system has played an important role in through referrals, diversions and sentencing conditions. The proportion of Police detainees who had ever been in a treatment programme increased from 38% in 2010 to 46% in 2012 and to 48% in 2013. The proportion who had been in treatment in the previous 12 months increased from 16% in 2010 to 21% in 2012, but dropped back to 17% in 2013 (NZ-ADUM).

Indicator	Source	Baseline	Previous data[9]	April 2014 (new data)
Alcohol and other drug (AOD) treatment waiting times by region as reported by community alcohol and drug services	DHBs, Ministry of Health data collection, ADANZ	Northern DHBs – 4.25 weeks. Midland DHBs – 2.6 weeks. Central DHBs – 1.3 weeks. Southern DHBs – 8.75 weeks. (May 2009)	Northern region – 89.4% seen within 3 weeks. Midland region – 67.9% seen within 3 weeks. Central region – 59.7% seen within 3 weeks. Southern – 71.5% were seen within 3 weeks of referral. Nationally: 76.3% were seen within 3 weeks. (July 2012-June 2013)	Northern region – 89.9% seen within 3 weeks. Midland region – 67.7% seen within 3 weeks. Central region – 60.8% seen within 3 weeks. Southern – 72.2% were seen within 3 weeks of referral. Nationally: 76.9% were seen within 3 weeks. (Oct 2012-Sept 2013)
Data on waiting times for residential treatment as reported by providers	Information direct from providers	Waiting times range from 2.5 weeks to 36 weeks. (Oct 2009)	Most clients are gaining access to dedicated residential treatment in less than 4 weeks. From time to time some are waiting longer than 8 weeks. (Sept 2013)	Most clients are gaining access to dedicated residential treatment in less than 4 weeks. From time to time, some are waiting longer than 6 weeks. (April 2014)
Number of methamphetamine users occupying dedicated beds	Ministry of Health	36 users accessed residential treatment. 17 users accessed social detox. (Jan-Mar 2010)	Over 660 people have accessed residential treatment, and over 600 people accessed social detox. (Nov 2009-Sept 2013)	Over 660 people have accessed residential treatment, and over 770 people accessed social detox. (Nov 2009-Jan 2014)

[9] This was for the full 12 months from July 2012 to June 2013, so there was an overlap with previously reported data.

Indicator	Source	Baseline	Previous data[9]	April 2014 (new data)
Frequent methamphetamine users who report they are receiving some forms of drug treatment	IDMS	21% of frequent methamphetamine users were currently in drug treatment. (2008)	14% of frequent methamphetamine users were currently in drug treatment in 2012.[10] (Aug-Dec 2012)	15% of frequent methamphetamine users were currently in drug treatment in 2013. (Aug-Dec 2013)
Frequent methamphetamine users report barriers to being able to find help for their drug use[11]	IDMS	22% of frequent users reported barriers to finding help, including: · fear of what might happen once contact made with service (45%) · social pressure to 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 (14%) · no transport (11%). (2008)	34% of frequent users reported barriers to finding help, including: · other (38%) · fear of what might happen once contact made with service (21%) · social pressure to keep using (30%) · fear of police (24%) · didn't know where to go (27%) · long waiting lists (32%) · no transport (23%) · concern about impact on job/career (30%) · costs too much (21%). (2012)[12]	29% of frequent users reported barriers to finding help, including: · other (9%) · fear of what might happen once contact made with service (38%) · social pressure to keep using (40%) · fear of police (34%) · didn't know where to go (31%) · long waiting lists (37%) · no transport (24%) · concern about impact on job/career (27%) · costs too much (17%) · fear of social welfare (28%) · couldn't get an appointment (23%). (2013)

[10] The April 2013 report used a figure of 30%, which related to users who had ever been in treatment and were currently in treatment, rather than methamphetamine users currently in treatment.
[11] Reported data is from frequent users of all drug types.
[12] The data reported in April 2013 Indicators and Progress Report were incorrect – the correct data are now given.

3.5.1 Assistance through the Justice System

Desired Trend:. The number of prisoners and offenders who come in contact with the justice system who are referred to treatment or diversionary schemes will increase initially. However, it is expected that there will be a fall in numbers in the longer term as treatment leads to fewer frequent users.

Comment: The shifting of methamphetamine trials from the High Court to the District Courts, where there is greater capacity, has resulted in shorter waiting times. In 2012/13, the Department of Corrections achieved its target of at least 1000 prisoners per year commencing rehabilitation in Drug Treatment Units (DTU) to address problem alcohol and drug use. The number of offenders with methamphetamine convictions receiving an alcohol and other drug assessment as a condition of sentence has declined due to pre-charge warnings being used more, with only the more serious offences proceeding to court before being considered for diversion.

Indicator	Source	Baseline	October 2013 (Last reported data)	April 2014 (new data)
Total prisoners who start a substance abuse programme in a Drug Treatment Unit	Corrections	499 (2008/09)	1,026 (2012/13)	No new data available.
Total hours in treatment for prisoners	Corrections	106,097 (2008/09)	195,865 (2012/13)	No new data available.
Completion rates (% of prisoners in treatment who complete)	Corrections	58% (2008/09)	78% (765 out of 985) Not all participants who commenced in 2012/13 completed in that year. (2012/13)	No new data available.
Number of offenders with methamphetamine convictions who received an Alcohol and Drug Assessment as a condition of sentence	Ministry of Justice	218 (17.2% of total methamphetamine convictions). (2008)	295 (21.6% of total methamphetamine convictions). (2012)[13]	266 (20.5% of total methamphetamine convictions). (2013)

[13] Note that the number of charges for all methamphetamine offences for 2012 is 114 lower (2%) than reported in October 2013. This is due to the final dataset for 2013 being revised and updated in early-2014.

Glossary

Police detainee – a person held in custody at a Police station for less than 48 hours

Frequent methamphetamine user – someone who uses methamphetamine or crystal methamphetamine on a monthly basis

Precursor – substances (like pseudoephedrine (PSE) and ephedrine) that are used to make methamphetamine

ContacNT – a cold and flu preparation that is manufactured for China's domestic market, which consists of 90mg of pseudoephedrine

Purity – the extent to which methamphetamine hydrochloride is diluted with another substance (Note: the maximum purity is 80%)

Clandestine Lab – a location in which methamphetamine is produced

Clan Lab Assessment – Police investigation of a location where it is suspected that methamphetamine is being made, equipment or ingredients are found but no finished product or sufficient evidence to confirm the existence of an operating production lab

ANNEX 1: KEY DATA SOURCES

New Zealand Arrestee Drug Use Monitoring System (NZ-ADUM) and Illicit Drug Monitoring System (IDMS)

The NZ-ADUM and IDMS datasets have different samples and have different purposes. The aim of the IDMS is to track recent trends in illegal drug use. It recruits *active* frequent methamphetamine users. Participants in the study have used methamphetamine at least monthly in the previous six months. This ensures that the participants have current knowledge of the methamphetamine market based on recent 'first hand' experience. It also means that they will typically not be in (residential) drug treatment.

The aim of NZ-ADUM is broader – to investigate levels of alcohol and other drug use among police detainees. The main criterion for eligibility for the study is detention in a police station for no more than 48 hours. The arrestee population has high levels of alcohol and drug use, but not all are frequent drug users. As a result, the researchers (who administer both studies) conclude that they know less about current drug trends than the frequent drug users in the IDMS study.

Results from each of these studies are available annually; NZ-ADUM data in time for the October six-monthly reports and IDMS data in time for the April six-monthly report. As a result, this progress report only has updated IDMS data. (Note: both studies have relatively small sample sizes and not all participants answer every survey question).

New Zealand Health Survey

The sample size for those aged 16-64 years in the 2012/13 NZ Health Survey was 13,009 (5460 males and 7549 females). The use of a screening question in 2011/12 could mean that a small number of people inadvertently screened themselves out from responding to the subsequent questions about amphetamine use (meaning that the 2011/12 prevalence could be a slight underestimate). The questions about past year amphetamine use and mean age of amphetamine user were collected face-to-face with an interviewer, while past month amphetamine use was self-completed on a computer.

Indicators that will be updated in the October 2014 report

A number of the indicators in this report use data that are reported annually. As a result, they will not be updated until the October 2014 report. These include the following indicators:

- mean and median price per point and per gram (page 7)
- purity data (page 8)
- availability data as reported by Police detainees (page 9)
- data on prisoners receiving substance abuse treatment (page 19).