Tackling Methamphetamine: Indicators and Progress Report

October 2013

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 Methamphetamine Steering Group, made up of senior officials from the relevant agencies approves the reports. The Interagency Committee on Drugs will oversee this report in future, although DPMC will continue to lead it.

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.

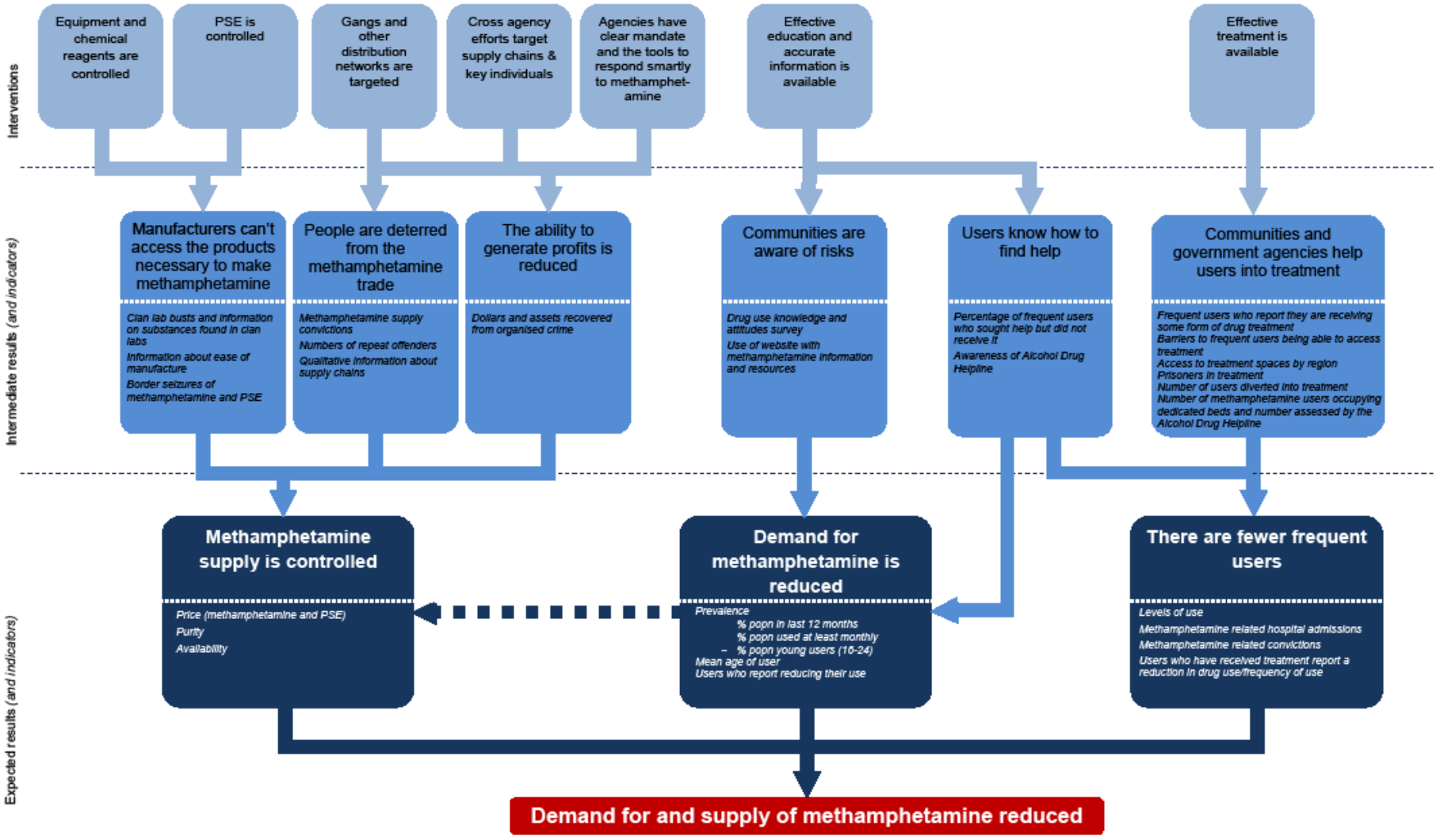
1.3 Data should be used with caution

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. Therefore some changes may 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 EPA for consideration. The PWG reviewed the application on 18 November 2013.
2	Expand the programme of detailed chemical and purity analysis of drug seizures.	The results of the Drug Signature pilot programme to date are outlined on page 7. CPRA funding will expand the programme, including improving tracing and source identification.
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 has announced the first set of proposals to receive CPRA funding (see page 13). Proposals that relate to actions in the plan are outlined in this table. Police will receive some CPRA funding for legal costs for civil recovery actions under the CPRA.
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 has initiated a new multi-year sequence of operations and initiatives, including testing non-traditional import pathways and targeting new routings. CPRA funding will enhance frontline screening capability.
6	Work with China to reduce the supply of methamphetamine and precursors to New Zealand.	The Prime Minister highlighted the need for increased engagement between New Zealand and Chinese enforcement agencies in a visit to China in April 2013. During this visit, a Memorandum of Arrangement (MOA) on precursor controls was signed between China and New Zealand. At the Sino - New Zealand Crime Cooperation Bilateral in September 2013, there was discussion about operational progress made since the MOA was signed and processes for drug specialists to meet and discuss operational tactics.
7	Introduce measures to increase interception rates of cash associated with drug supply.	CPRA funding will be used to train Police search dogs to detect cash. This will prevent funds being reinvested in the supply and manufacture of controlled drugs and organised criminal activity.
Provide better routes into treatment		
8	Maintain the capacity of alcohol and drug treatment services to provide more spaces for methamphetamine users.	As a result of the Action Plan, 60 residential treatment beds for methamphetamine users have become operational (in addition to services purchased by DHBs) as have an additional 20 social detox beds. Since November 2009, over 660 individuals have entered

Action		Comment
		residential treatment through the dedicated methamphetamine pathway. Over 600 people have also accessed community-based detox services. CPRA funding will provide 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.
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 continues to increase from 8% in 2004 to around 20% in 2012. The five year AODT Court Pilot commenced in the Auckland and Waitakere District Courts on 1 November 2012. As at 11 October, a total of 63 participants had been accepted. CPRA funding will fund counsel costs for the AODT Court next year. Following training in 2012, prison nurses and case managers are now routinely delivering AOD screenings and brief interventions at all 16 prison sites. In the year to June 2013, Corrections delivered 1,168 AOD screenings, 1,026 prisoners participated in a Drug Treatment Unit programme, and an additional 715 prisoners received either a brief, intermediate or intensive intervention. A total of 4,129 brief AOD interventions were delivered by Probation Officers, who also facilitated the participation of 6,723 offenders in AOD programmes in the community.
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 2013 (but unlikely to be introduced before 2014).
Support communities		
11	Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource.	MethHelp and Drug Help continue to report high frequency of visits, which often lead to direct enquiries for MethHelp hard copy resource or referrals to support services. The Ministry of Health intends to refresh the MethHelp site and resources.
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 moving from a programme approach (i.e. Police-owned and published teaching guides) to an approach where Police supports schools to develop an intervention to deal with a targeted problem in a school (e.g. drug use). The new approach will be trialled in 2014. Choice (formerly known as DARE) will continue to operate while the new approach is being implemented.

Action		Comment
	Strengthen governance	
13	Improve official coordination of drug policy.	The Interagency Committee on Drugs (IACD) has been refreshed. A key focus is on developing a new National Drug Policy. The IACD has also taken on oversight of the National Drug Intelligence Bureau, the allocation of the Criminal Proceeds Recovery Act funds and the development of this plan.
14	Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act 1975 (MoDA).	The Psychoactive Substances Act, which 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 early-mid 2014).
15	Investigate the costs of harmful alcohol and other drug use.	Cost of harm figures were last calculated in 2009.

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 is 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 first phase of the Anti-Money Laundering and Countering Financing of Terrorism (AML/CFT) Act 2009 came into full effect in June 2013. Agencies are prepared to utilise and comply 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 are 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 is 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. However, after a steep fall between October 2012 and April 2013, gram prices appear to have increased again. According to Police intelligence though, the price of precursors has continued to fall. When asked in 2012, 16 per cent of police detainees thought that price has been increasing, while 54 per cent thought it was stable and 7 per cent thought it was decreasing. These perceptions have been stable over the past 4 years (NZ-ADUM).

Indicator	Source	Baseline	April 2013 data	October 2013 (new data)
Mean price per point	IDMS	$96 (2008)	$106 (2012)	No new data available.
Median price per point		$100 (2008)	$100 (2012)	No new data available.
Mean price per point	NZ-ADUM	$107 (2010)	$109 (2012)	$109 (2013)
Median price per point		$100 (2010)	$100 (2012)	$100 (2013)
Mean price per gram	IDMS	$698 (2008)	$678 (2012)	No new data available.
Median price per gram		$700 (2008)	$700 (2012)	No new data available.
Mean price per gram	NZ-ADUM	$723 (2010)	$691 (2012)	$757 (2013)
Median price per gram		$700 (2010)	$650 (2012)	$700 (2013)
Mean price per gram	Police and Customs intelligence reports.	$800-$1,000 (Sept 2009)	$1,000 (Nov 2012 – Jan 2013)	$1,000 (Feb 2013 – Apr 2013)
Price per 1000 capsules (ContacNT)	NDIB	$12,000-$16,000 (2009)	$8,000-$12,000 (May-Oct 2012)	$8,000-$8,500 (2013)

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 but samples from early 2013 show high purity levels. Testing by both Customs and Police also suggests that purity remains high. By contrast, it is hard to discern a trend from the responses of Police detainees and frequent drug users on their perceptions of purity.

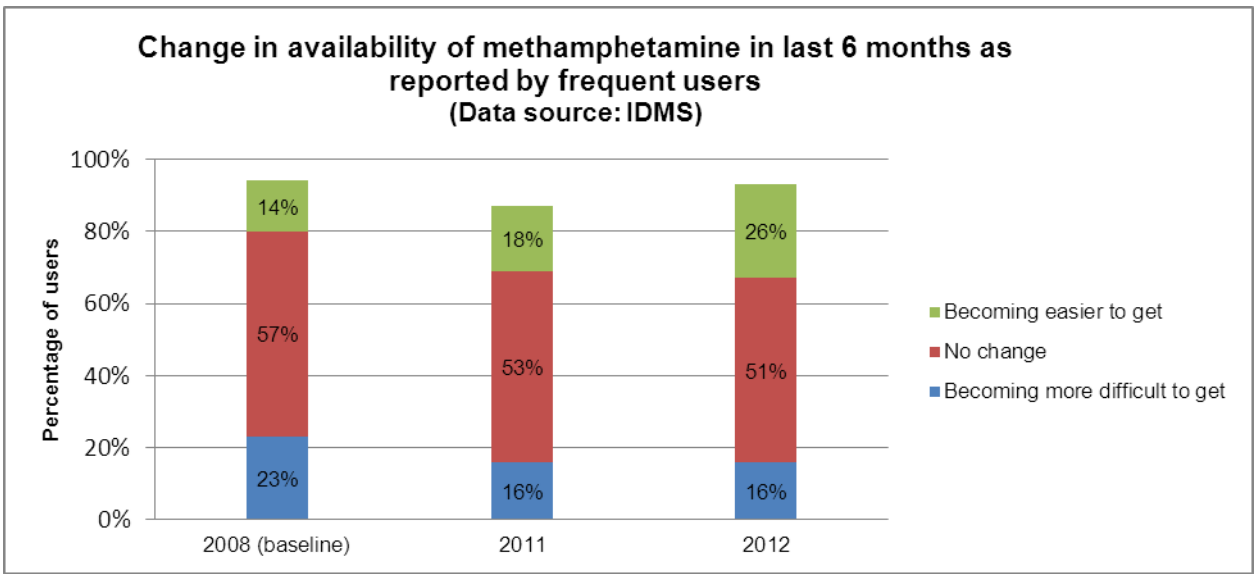
Indicator	Source	Baseline	April 2013 data	October 2013 (new data)
Methamphetamine percentage in seized samples (maximum purity is 80%)	ESR	Methamphetamine samples were 68.9% pure. (2006-2009)	40 samples from 2011/12 were tested. Preliminary results for the average purity of the 15 border seizures was 72% pure and for domestic seizures 60% pure. Overall average purity was 65%. (2012)	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)
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. (Jul-Dec 2012)	No new data available.
		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". (Jul-Dec 2012)	No new data available.
	NZ-ADUM	No data available.	35% of police detainees reported purity as "high", 13% as "low", 21% as "fluctuates". (2012)	40% of police detainees reported purity as "high", 17% as "low", 25% as "fluctuates" (2013)
		Not applicable – questions on purity were included in NZ-ADUM for the first time in 2012.	11% of police detainees reported purity as "increasing", 42% as "stable", 24% as "fluctuating" and 23% "decreasing". (Mar-Jul 2012)	13% of police detainees reported purity as "increasing", 39% as "stable", 25% as "fluctuating" and 23% "decreasing". (Mar-Jul 2013)

2.3 Availability

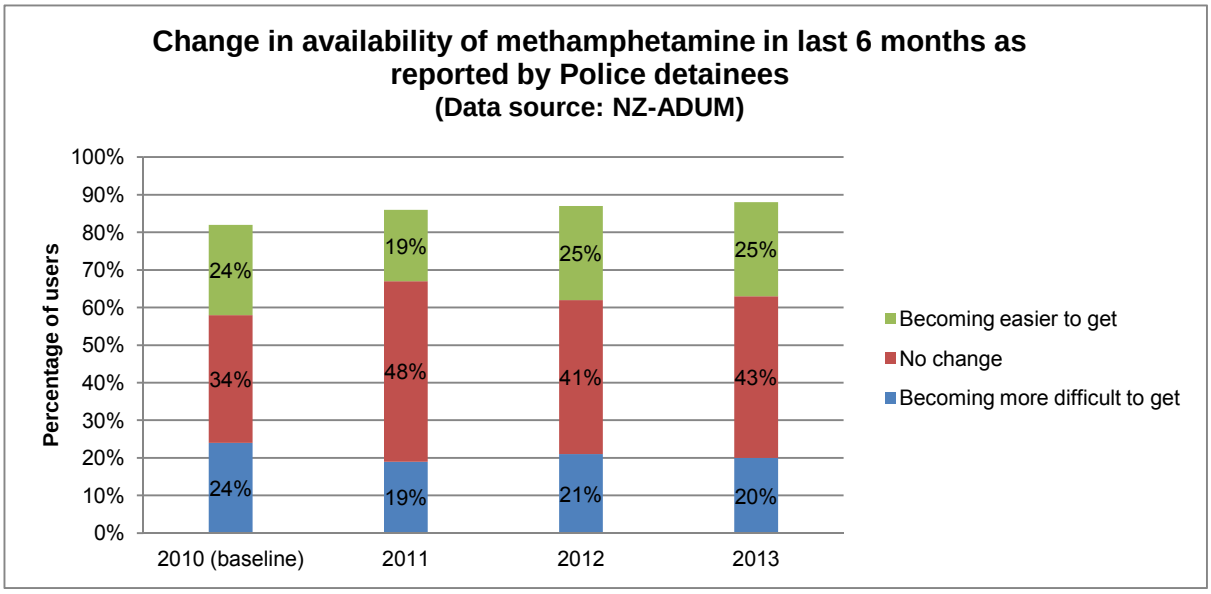
Desired Trend: Supply control makes it harder to obtain methamphetamine.

Comment: These indicators track changes in the perceptions of frequent drug users and Police detainees about the availability of methamphetamine. According to them, methamphetamine availability has been fairly stable in Auckland and Wellington over the past five years. In contrast, they report a steady decline in the availability of methamphetamine in Christchurch since 2007 (which conforms with the higher prices reported there).

Indicator	Source	Baseline	April 2013 data	October 2013 (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". (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". (Jul-Dec 2012)	No new data available.
Overall availability of methamphetamine as reported by police detainees (availability scores: 4 = very easy – 1 = very difficult)	NZ-ADUM	No data available.	Average availability score 3.0. Change in availability average score: 2.0. (Mar-Jul 2012)	Average availability score 3.0. Change in availability average score: 2.1. (Mar-Jul 2013)



Note: This graph indicates responses in the six months prior to the survey (not in the last six months). The most recent survey took place between July and December 2012.



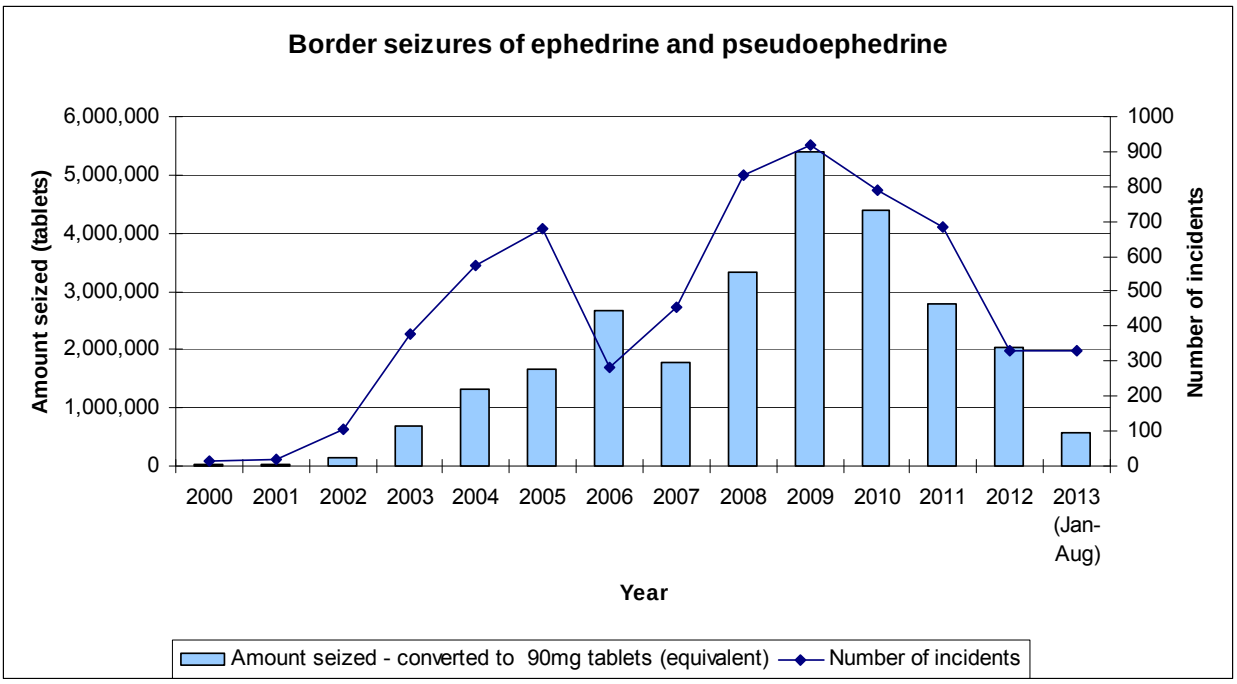
Note: This graph indicates responses in the six months prior to the survey (not in the last six months). The most recent survey took place between March and July 2013.

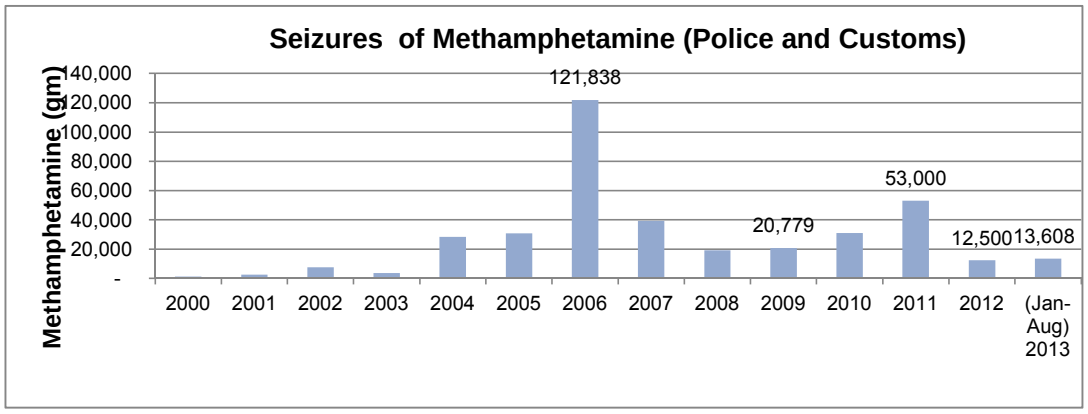
2.4 Manufacturers can't access the products necessary to make methamphetamine

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 (even though there have been more border interceptions between January and August this year than in all of 2012). 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 methamphetamine have increased so far this year, reversing the trend from last year. 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 has been 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.



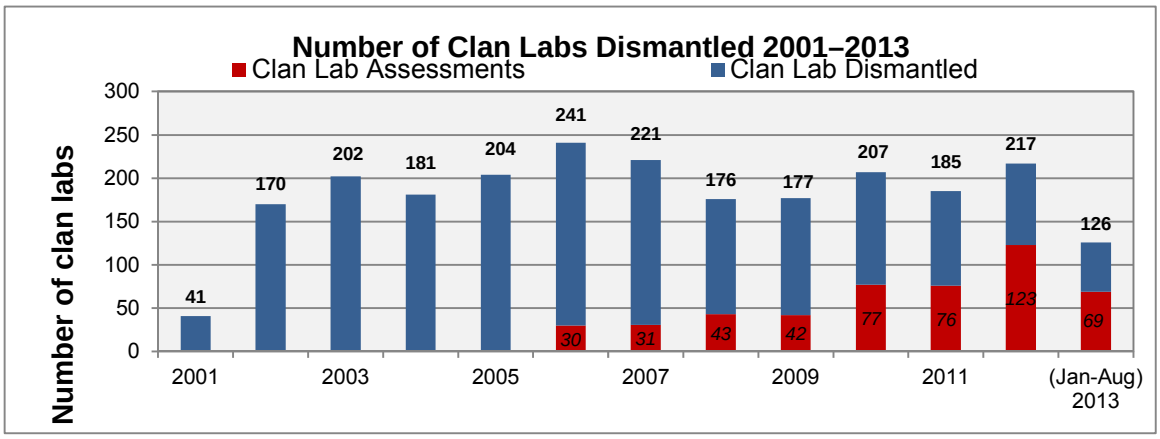


2.4.2 Clandestine lab detections and busts

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

Comment: The overall number of clan labs dismantled has been decreasing. However, much bigger "commercial" labs have been dismantled, which probably explains the increasing number of seizures of methamphetamine and the increasing quantity of methamphetamine being seized. Clan lab assessments have increased steadily over the last four years.[1] This may reflect a change in the modus operandi of manufacturers i.e. regularly moving equipment and precursors or solvents to evade detection.

[1] Clan lab assessments are where Police have investigated a location where they suspect that methamphetamine is being made. They may find some evidence (equipment or ingredients) that suggest that people have been making methamphetamine but they do not find the finished product and they cannot establish that it is an operating production lab.



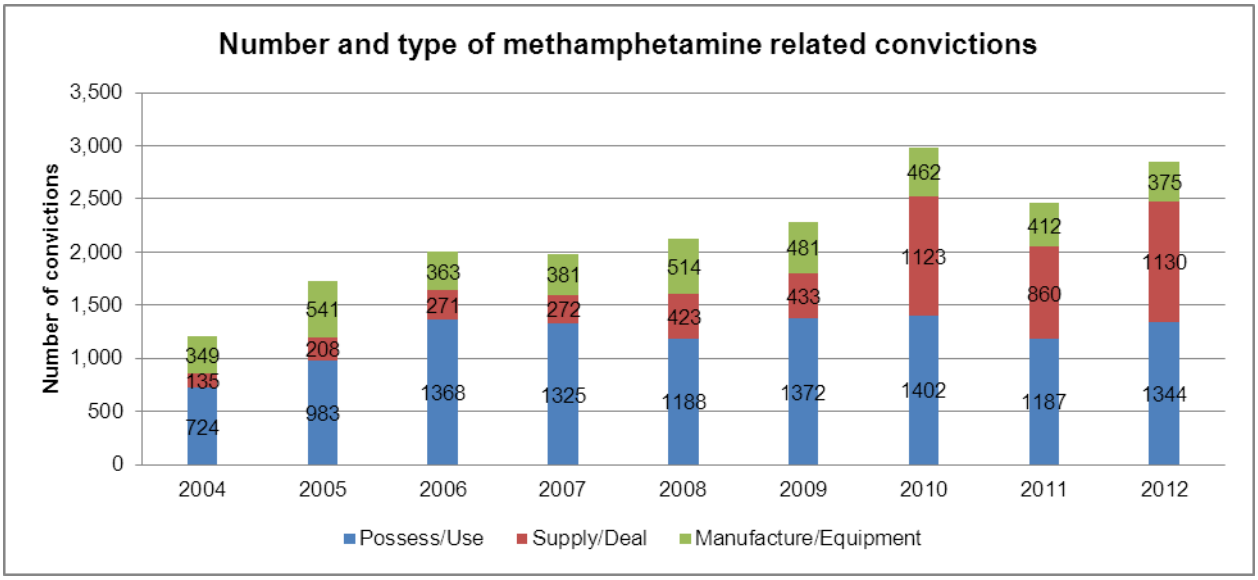
Note: The number of clan lab assessments conducted prior to 2006 was not documented. The 2013 clan lab data are provisional.[2]

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: Convictions for manufacturing methamphetamine fell slightly in 2012 from 2011 levels, while convictions for supply and/or dealing and possession and/or use rose slightly. The April 2014 report will contain 2013 data.



Note: Figures for 2012 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 2012 conviction data represents around 1,319 offenders.

[2] The clan lab assessment figures are part of the total figures, e.g. in 2013 to date there were 69 clan lab assessments and 57 clan labs dismantled, for a total of 126 known or suspected clan labs.

Indicator	Source	Baseline	April 2013 data	October 2013 (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. (2008)	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. (2012)	No new data

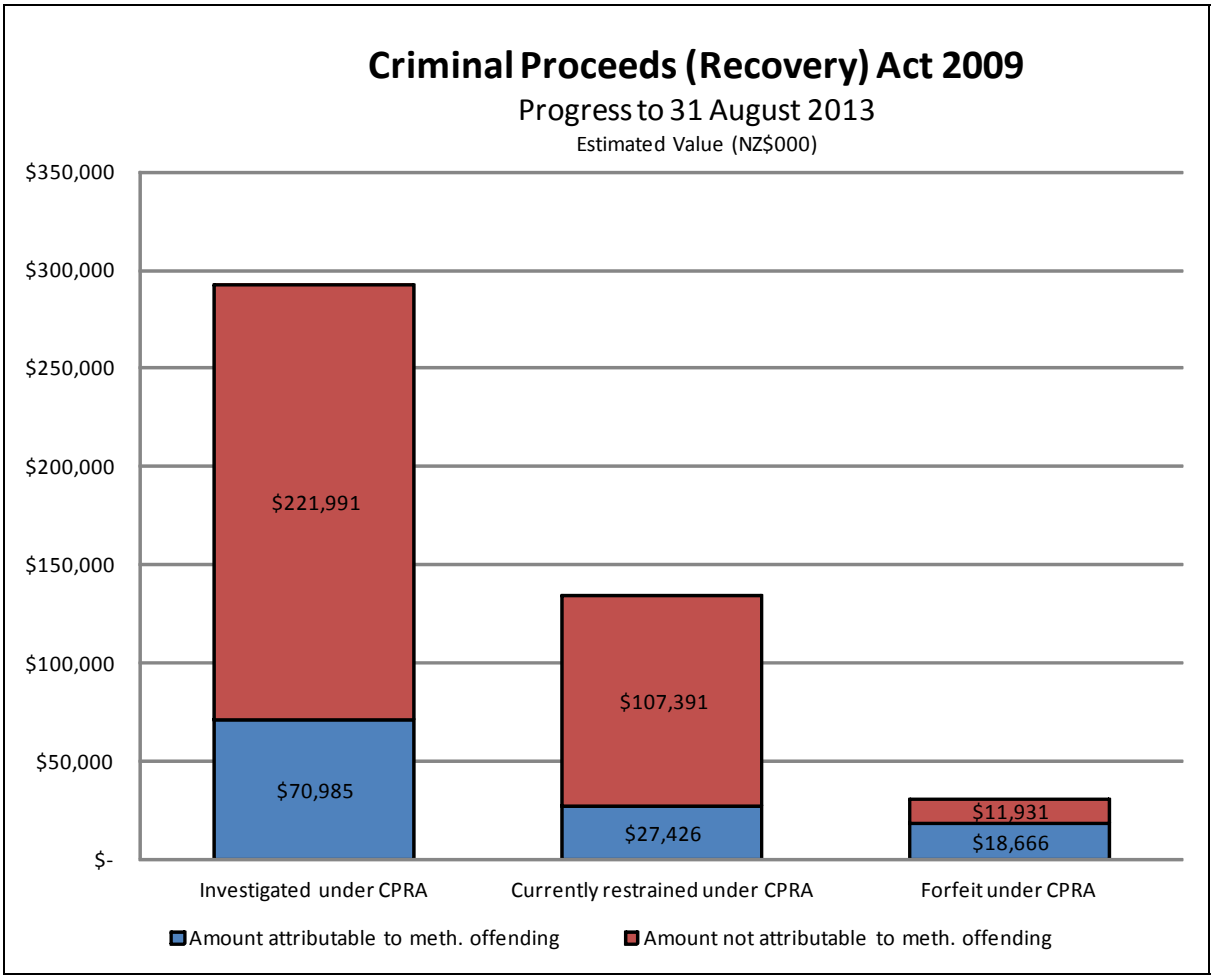
2.5.2 The ability to generate profits is reduced

Comment: The Criminal Proceeds (Recovery) Act 2009 (CPRA) came into effect on 1 December 2009. Since then, Police have investigated assets worth an estimated $293 million. Around $70.9 million of this total is associated with methamphetamine offending. Police currently hold Restraining Orders over assets worth an estimated $135 million. Around $27.4 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 $30.5 million (this is an increase of around $3.6 million since the April 2013 Progress and Indicators Report) - $18.7 million of this forfeited total is associated with methamphetamine offences. Due to a number of procedural factors[3], just over $7 million is currently available 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.

The initial set of proposals to receive CPRA funding includes:

- analysis of 300 seized methamphetamine samples to assess purity (building on a successful pilot)
- enhanced frontline screening capability for Customs, including the purchase of a portable substance identifier and set up of a laboratory
- increasing the number of transitional and supported accommodation beds for residential and day treatment services, especially in Auckland where there is a particular shortage of these beds
- funding for counsel to support people accepted into the Alcohol and Drug Treatment Court Pilot
- training for drug search dogs to detect cash as well, helping to generate more CPRA funds
- recovery of the legal costs for civil recovery actions under the CPRA for Police, thereby supporting the work to disrupt drug, organised crime and gang offending and increasing the amount of money that can be returned to the CPRA fund
- initiatives to reduce the impacts of 'huffing' volatile substances, e.g. media guidelines for reporting instances of 'huffing'.

[3] 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.


Criminal Proceeds (Recovery) Act 2009
Progress to 31 August 2013
Estimated Value (NZ$000)
$350,000
$300,000
$250,000
$200,000
$150,000
$100,000
$50,000
$-
$221,991
$70,985
$107,391
$27,426
$11,931
$18,666
Investigated under CPRA
Currently restrained under CPRA
Forfeit under CPRA
Amount attributable to meth. offending
Amount not attributable to meth. offending

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%[4] prevalence we remain close to the global average (0.7% 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%). This is a change from last year (2011/12), where people aged 25–34 years were the most likely to report having used amphetamines in the past year (1.9%). The decreased monthly usage figure might indicate a smaller population of regular users.

Indicator	Baseline	Oct 2012 data	October 2013 (new 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 25,800 New Zealanders). Past year amphetamine use was highest among 25-34 year olds (1.9%) and higher for males (1.3%) than females (0.5%). Use did not differ significantly by ethnic group. (NZ Health Survey 2011/12)	0.9% total NZ population 16-64 years (approx 25,000 New Zealanders). Past year amphetamine use was the 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%).[5] (Provisional NZ Health Survey 2012/13 data)
Prevalence (used at least monthly)	0.4% total NZ population 16-64 years. (2007/08 NZ Alcohol and Drug Use Survey)	No data available.	0.2% of total population 16-64 years; 0.1% among females and 0.3% among males.[6] (Provisional NZ Health Survey 2012/13 data)
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)	No data available.	16-17 year olds – numbers too low for reliable estimation. 18-24 year olds – 0.8% (Provisional NZ Health Survey 2012/13 data)
Mean age of user (past year)	No data available.	No data available.	28.6 years for the total NZ population aged 16-64 years. 26.5 – Female[7] 29.9 – Male (Provisional NZ Health Survey 2012/13 data)

[4] Note these data are provisional and subject to change.

[5] The difference between males and females is not statistically significant and none of the prevalences reported in this box are significantly different from last year.

[6] The difference between males and females is not statistically significant.

[7] The difference between males and females is not statistically significant.

3.2 Frequency of use

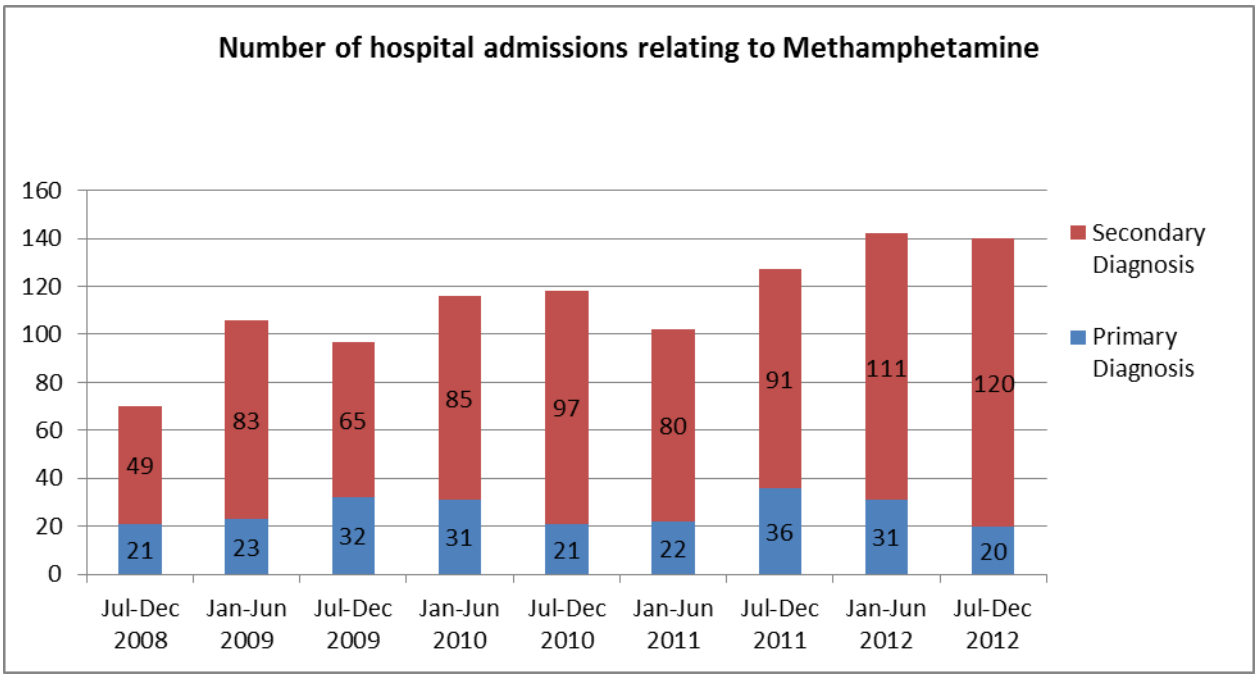
Desired Trend: Demand reduction and problem limitation measures lead to a decrease in levels of methamphetamine use and frequency of use.

Comment: There is no new data about the frequency of methamphetamine use among regular users. However, 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.[8] 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 more willingness by users to seek medical help.

Indicator	Source	Baseline	April 2013 data	October 2013 (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. (Jul-Dec 2012)	No new data available.
Levels of methamphetamine use	IDMS until 2010. NZADUM from 2011.	39% of frequent users were using less and 13% had stopped. (2009)	41% of users detained by Police were using less and 8% had stopped. (2011)	This question was discontinued in the 2013 NZ-ADUM (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: 7.4 days. Average days per month of amphetamine use one month post treatment: 0.9 days. (Nov 2009 – Mar 2012)	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[9]– June 2013)

[8] 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 patients' episode of care in hospital. The presence of a drug in the secondary diagnosis does not imply that it caused the hospitalisation.

[9] Data is cumulative from the start of the Methamphetamine programme on 1 November 2009, so is not broken out by each time period of 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: There appears to be a good level of awareness regarding the availability, and use of, information and resources.

Indicator	Source	Baseline	April 2013 data	October 2013 (new data)
New Zealanders' attitudes to illegal drugs and drug use	Ministry of Health	94% of respondents said that methamphetamine is a drug causing serious harm (compared with 58% for cannabis and 39% for alcohol). (2008)	No new data available.	No new data available.
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 Meth-Help booklet have been distributed. (Aug 2010-Feb 2011)	27,500 visits to MethHelp. Orders received for 13,000 MethHelp booklets. MethHelp hard-copy resource (with DVD) is distributed widely through treatment settings and some public health units. It is also provided directly to affected individuals and families/ whānau. (Aug 2010 - Apr 2013)	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)

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 accessed. 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	April 2013 data	October 2013 (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 July-December 2012 (29% in 2011). (July-December 2012)	No new data available.
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)	3,612 methamphetamine related calls since November 2009. Over 1,228 of those have been concerned about their own use, and nearly 2,384 have been calls concerned about someone else's use. (Nov 2009 - Apr 2013)	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)

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 fall in the proportion of frequent methamphetamine users reporting that they were in treatment (from 17% in 2011 to 14% in 2012). Frequent users report some increases to the barriers to treatment (e.g. long waiting lists). 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.

Indicator	Source	Baseline	Last reported data	October 2013 (new data)[10]
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 - 88.8% seen within 3 weeks. Midland region - 54.7% seen within 3 weeks. Central region - 60.9% seen within 3 weeks. Southern region - 72.7% seen within 3 weeks. Nationally: 72.8% were seen within 3 weeks of referral. (Oct 2011 - Sep 2012)	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)
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. (Apr 2013)	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)
Number of methamphetamine users occupying dedicated beds	Ministry of Health	36 users accessed residential treatment. 17 users accessed social detox. (Jan-Mar 2010)	528 people accessed residential treatment. Over 500 people accessed social detox. (Nov 2009 - Dec 2012)	Over 660 people have accessed residential treatment, and over 600 people accessed social detox (Nov 2009-Sept 2013)
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.[11] (Jul-Dec 2012 data)	No new data available.

[10] This is for the full 12 months from July 2012 to June 2013, so there is an overlap with the last reported data.

[11] The last report had 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.

Indicator	Source	Baseline	Last reported data	October 2013 (new data)
Frequent methamphetamine users report barriers to being able to find help for their drug use[12]	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)[13]	No new data available.

[12] Reported data is from frequent users of all drug types.

[13] 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. The Department of Corrections has recently achieved its target of at least 1000 prisoners per year commencing rehabilitation in Drug Treatment Units (DTU) to address problem alcohol and drug use, although completion rates fell slightly last year. The number of Police diversions with alcohol and other drug assessment, treatment or counselling 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	Last reported data	October 2013 (new data)
Total prisoners who start a substance abuse programme in a Drug Treatment Unit	Corrections	499 (2008/09)	907 (2011/12)	1,026 (2012/13)
Total hours in treatment for prisoners	Corrections	106,097 (2008/09)	172,750 (2011/12)	195,865 (2012/13)
Completion rates (% of prisoners in treatment who complete)	Corrections	58% (2008/09)	82% (655 out of 802). Not all participants who commenced in 2011/12 completed in that year. (2011/12)	78% (765 out of 985) Not all participants who commenced in 2012/13 completed in that year. (2012/13)
Number of Adult Police Diversion Scheme diversions with alcohol and other drug assessment, treatment or counselling as a condition of diversion	Police	At least 1,056 diversions with AOD treatment as a condition. (2008)	141 - these data may not be reliable, due to inconsistent data entry. The actual number of those completing AOD programmes is likely to be higher. (1 Sep 2012– 30 Jan 2013)	128- 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 ▪ diversions no longer being issued for Class A and B offences since March 2011 (1 Feb - 31 Aug 2013
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)	301 (22% of total methamphetamine convictions). (2012)	No new data

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 NZ-ADUM data.

Both studies have relatively small sample sizes. The 2012 IDMS interviewed a total of 330 frequent drug users, of which 100 were frequent methamphetamine users. The 2013 NZ-ADUM had a total of 848 participants. It is important to note that not all participants answer every survey question.

New Zealand Health Survey

All data are provisional and therefore could be subject to change.

The sample size for those aged 16-64 years in the 2012/13 NZ Health Survey was 9853 (4113 males and 5740 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 April 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 April 2014 report. These include the following indicators:

- number of repeat offenders (page 12)
- convictions data (page 12)
- number of offenders with methamphetamine convictions who received an Alcohol and Drug Assessment as a condition of sentence (page 20).