

Tackling Methamphetamine: Progress Report

October 2014

DEPARTMENT
of the PRIME MINISTER
and CABINET



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Introduction

1.1 Purpose

This report outlines the progress made since the launch of the Government's *Tackling Methamphetamine: an Action Plan* (the Action Plan) in 2009. It shows the changes against the Action Plan's baseline data of 2008 or 2009 and details progress on the actions identified in 2009.

1.2 Latest data and reports on progress

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

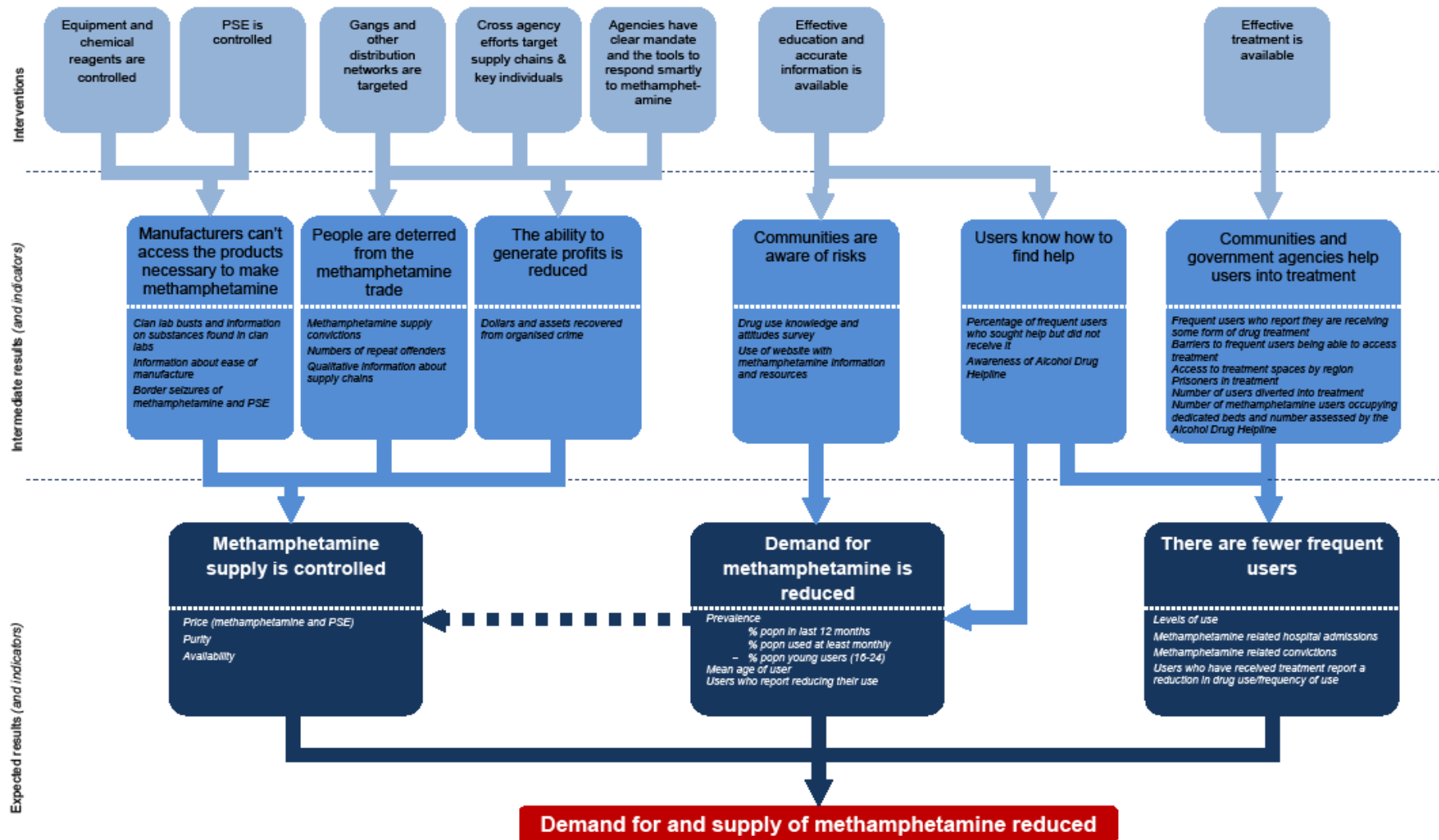
Given the completion of the 2009 action plan and stabilisation in the methamphetamine market, progress will be reported yearly against key demand and supply side indicators going forward. These indicators were identified as the expected areas of results in 2009. For these indicators, the data sources remain the same.

Data sources are described in *Tackling Methamphetamine: Baseline Indicators Report* at http://www.beehive.govt.nz/sites/all/files/baseline_indicators.pdf. Annex 1 has a high-level description of the differences between some of the key data sources.

1.3 Overview of expected results and indicators

An overview of the actions, expected results, and the indicator 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 indicators in this report measure the expected results from the Action Plan (as outlined in the next page).

Tackling Methamphetamine: an Action Plan - Expected Results



Part 1: Progress on cross-agency actions since 2009

Action		Status
Crack-down on precursors		
1	End the availability of over-the-counter pseudoephedrine from pharmacies	Complete
2	Establish a Precursor Working Group to investigate stronger controls on other precursor chemicals and other products used in the manufacture of methamphetamine	Complete
3	Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures	Complete. Results indicate high levels of purity
Break supply chains		
4	Develop and action a Police Methamphetamine Control Strategy	Complete. Annually reviewed
5	Introduce measures to increase interception rates of methamphetamine and precursors at the border through better risk profiling and targeting	Complete. Ongoing Customs activity
6	Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance	Complete
7	Monies forfeited under the Criminal Proceeds (Recovery) Act 2009 (CPRA) used to fund expansion of alcohol and other drug treatment & Police/Customs initiatives to fight organised crime groups	Complete. Ongoing process governed by Interagency Committee on Drugs (IACD)
8	Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border	Complete. Ongoing Customs activity
9	Ensure that Police and Customs advise Immigration of any persons in drug and precursors investigations who are suspected of being in breach of their permit conditions	Complete. Now part of intensive targeting operations
Provide better routes into treatment		
10	Increase the capacity of Alcohol and other Drug (AOD) treatment services to provide more spaces for methamphetamine users	Complete. CPRA funding has supported the Alcohol and other Drug Treatment Court (AODT) Pilot and a Pregnancy Support Service for women with alcohol and other drug (including methamphetamine) issues
11	Increase AOD workforce capacity and capability to respond effectively to methamphetamine	Complete. Ongoing workforce initiatives with scholarships and internships provided each year
12	Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the justice system	Complete. AoD assessments increasingly a condition of sentence, AODT Court pilot underway and increased programmes for prisoners
13	Improve routes into treatment through contact with frontline government funded services	Complete

Action		Status
14	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 is proposed to be introduced into Parliament in 2015 with priority 3
Support communities		
15	Strengthen best practice community programmes, such as Community Action - Youth and Drugs (CAYADs)	Complete. CAYADS continues to provide a range of services across 20 communities
16	Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource	Complete, with launch of MethHelp and DrugHelp websites
17	Increase the reach of school community interventions targeted to at-risk youth and families to reduce demand	Complete. Police School Community Services education programmes and online resources available
18	Promote the new Drug Education Guidelines	Complete. On Ministry of Education website
19	Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine	Complete
Strengthen governance		
20	Improve official coordination of drug policy	Complete. IACD in place
21	Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act 1975 (MoDA)	Partially complete, in relation to psychoactive substances and the AODT Court. Will be progressed as part of the National Drug Policy

Part 2: Methamphetamine supply is controlled

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 users¹ and police detainees² report paying for methamphetamine. The data show that the retail price of methamphetamine (point price) has remained stable since 2011. Reported retail prices are higher in Christchurch than in Auckland and Wellington (NZADUM). After a steep fall in gram prices between October 2012 and April 2013, gram prices increased again between August and December 2013 according to frequent drug users. According to Police intelligence, the price of precursors (ContacNT) remains steady.

Indicator	Source	Baseline	Previous data	October 2014 (new data)
Mean price per point	IDMS	\$96 (2008)	\$106 (Aug-Dec 2013)	No new data available.
Median price per point		\$100 (2008)	\$100 (Aug-Dec 2013)	No new data available.
Mean price per point	NZ-ADUM	\$107 (2010)	\$109 (Mar-Jul 2013)	\$108 (Mar – Jul 2014)
Median price per point		\$100 (2010)	\$100 (Mar-Jul 2013)	\$100 (Mar – Jul 2014)
Mean price per gram	IDMS	\$698 (2008)	\$684 (Aug-Dec 2013)	No new data available.
Median price per gram		\$700 (2008)	\$700 (Aug-Dec 2013)	No new data available.
Mean price per gram	NZ-ADUM	\$723 (2010)	\$757 (Mar-Jul 2013)	\$716 (Mar – Jul 2014)
Median price per gram		\$700 (2010)	\$700 (Mar-Jul 2013)	\$700 (Mar – Jul 2014)
Mean price per gram	Police and Customs intelligence reports	\$800-\$1,000 (Sept 2009)	\$450-\$1,200 (Aug 2013–Jan 2014)	\$850 ranging from \$400 - \$1,400 (Feb 2014 – Oct 2014)
Price per 1000 capsules (ContacNT) ³	NDIB	\$12,000-\$16,000 (2009)	\$9,000 (Aug 2013–Jan 2014)	\$9,000 (Feb 2014 – Oct 2014)

¹ Someone who uses methamphetamine or crystal methamphetamine on a monthly basis

² A person held in custody at a Police station for less than 48 hours

³ A cold and flu preparation that is manufactured for China's domestic market, which consists of 90mg of pseudoephedrine

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 of 72 samples under the NZ Police and NZ Customs Service Drug Signature Programme between October 2013 and March 2014 found that purity remains high. While frequent drug users and police detainees reported a slight decline in the purity of methamphetamine from 2006 to 2012, reporting in 2013 and 2014 suggests that purity levels remain high (IDMS and NZADUM). There has also been a slight increase in police detainees reporting that purity levels are increasing (NZADUM).

Indicator	Source	Baseline	Previous data	October 2014 (new data)
Methamphetamine percentage in seized samples NB: maximum purity is 80%	ESR (samples < 1g) Australian National Measurement Institute (samples > 1g)	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)	Purity of 31 street level samples (<1g) ranged from 68-80%, with a mean purity of 73%. Purity of 41 supply-level samples (>1g) ranged from 3-81% with a mean purity of 71%. [Note, there was only one supply level sample with purity of 3%. The remaining samples were over 40%. ⁴] (Oct 2014)

⁴ In the Misuse of Drugs Act 1975 supply is defined as 5 grams and over. However, for the purposes of the Drug Signature Programme, any amount over one gram has been defined as supply.

2.3 Availability

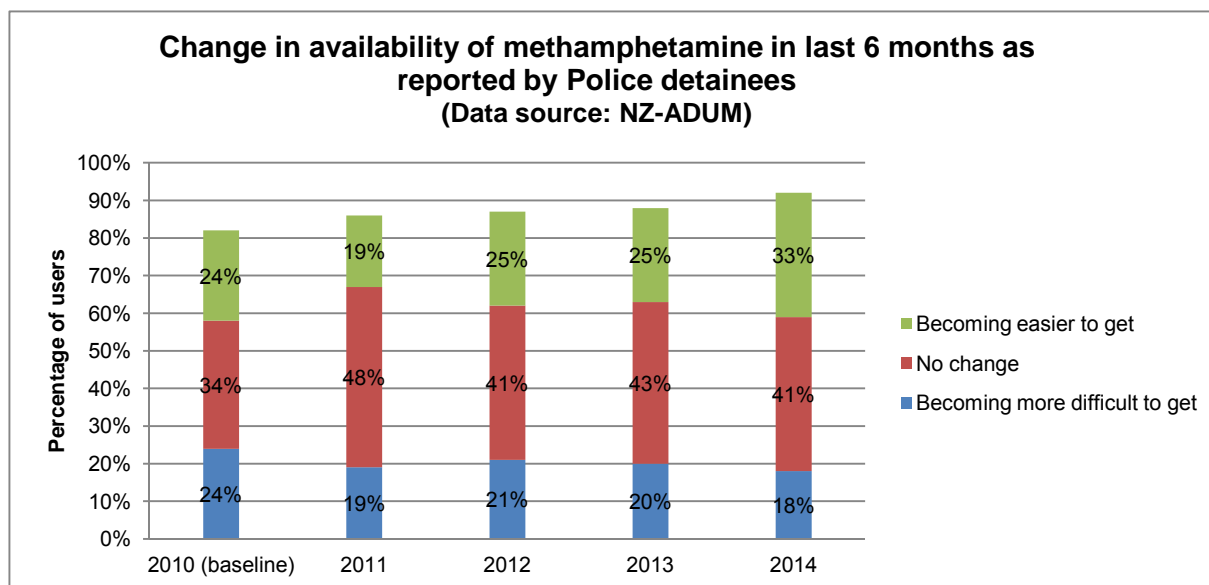
Desired Trend: Supply control makes it harder to obtain methamphetamine.

Comment: These indicators track changes in the perceptions of frequent drug users and police detainees about the availability of methamphetamine. According to police detainees, there has been an increase in availability from 2013 to 2014 (from a score of 3.0 to 3.1), particularly in Christchurch. This follows from a slight decline in the availability being reported in recent years.

NB: Average availability scores: 4 = “very easy”; 1 = “very difficult” to obtain

Average change in availability score: 1 = “more difficult”; 3 = “easier” to obtain

Indicator	Source	Baseline	Previous data	October 2014 (new data)
Overall availability of methamphetamine as reported by frequent drug users	IDMS	Availability: 3.3 Change in availability: 2.1 (Aug-Dec 2008)	Availability : 3.2 Change in availability: 2.1 (Aug-Dec 2013)	No new data available
Overall availability of methamphetamine as reported by police detainees	NZ-ADUM	No data available.	Availability : 3.0 Change in availability: 2.1 (Mar-Jul 2013)	Availability: 3.1 Change in availability: 2.1 (Mar – Jul 2014)



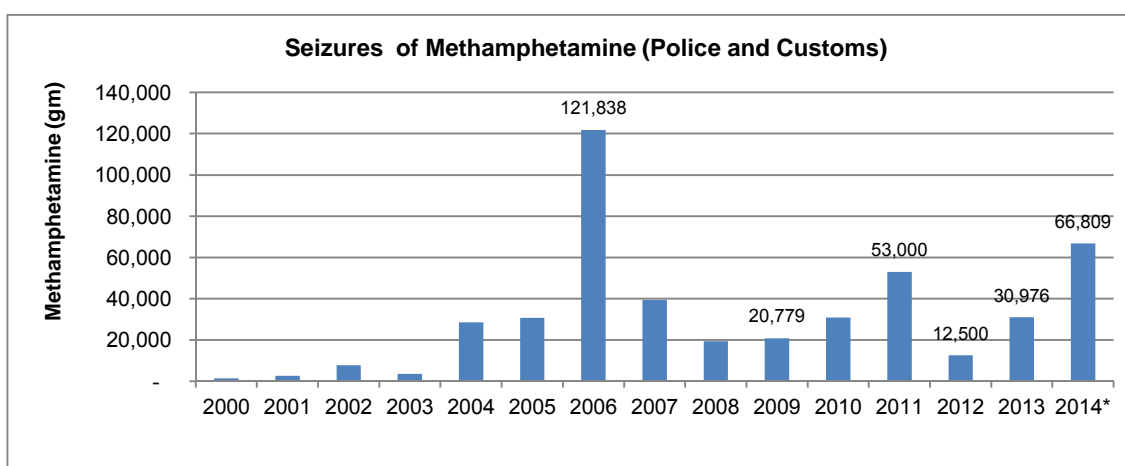
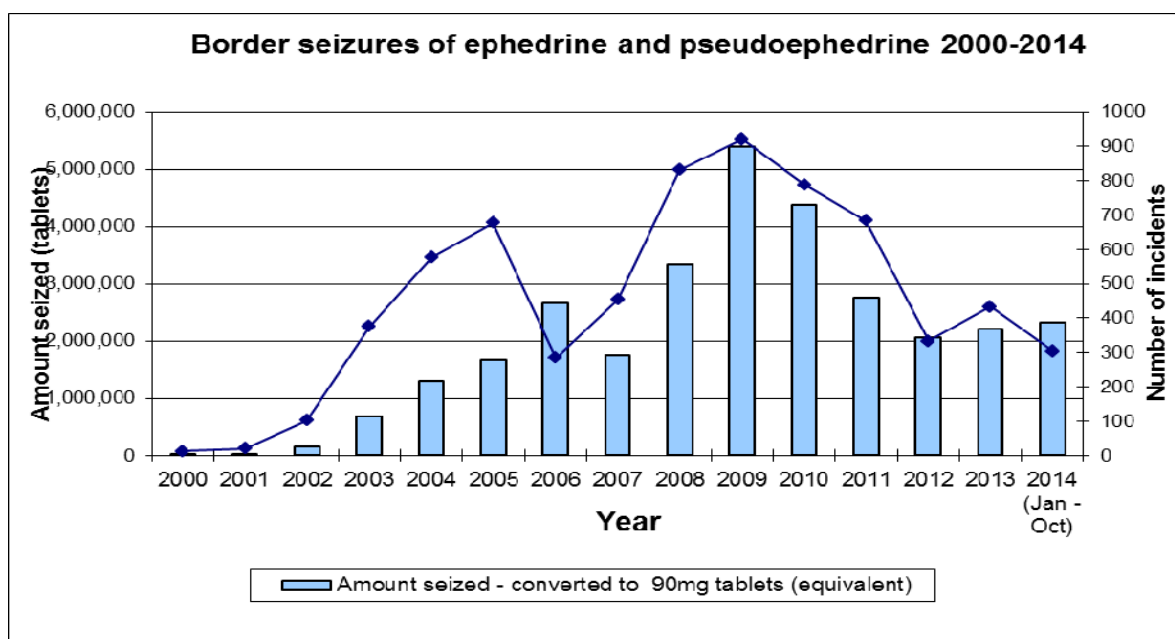
Note: This graph indicates responses in the six months prior to the survey. The most recent survey took place between March and July 2014.

2.4 Seizures

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

Comment: Methamphetamine seizure quantities and incidents continue to increase. There have been a number of police and Customs operations and border seizures this year responsible for some large quantities seized (e.g. 11 kg found during an air cargo inspection in metal containers exported from Taiwan). Provisional figures up to October 2014 indicate 67 kg of methamphetamine seized (of which 49kg was seized at the border). This is much higher than the 36 kg seized (of which 21 kg was seized at the border) during January to December 2013.

With the exception of seizures made in Taskforce Ghost, the amount of pseudoephedrine (ContacNT) seized has remained stable. However, the amount of ephedrine seized has increased significantly. In 2013, 28.8 kg of ephedrine was seized compared to 348.36 kg seized between January and October 2014.

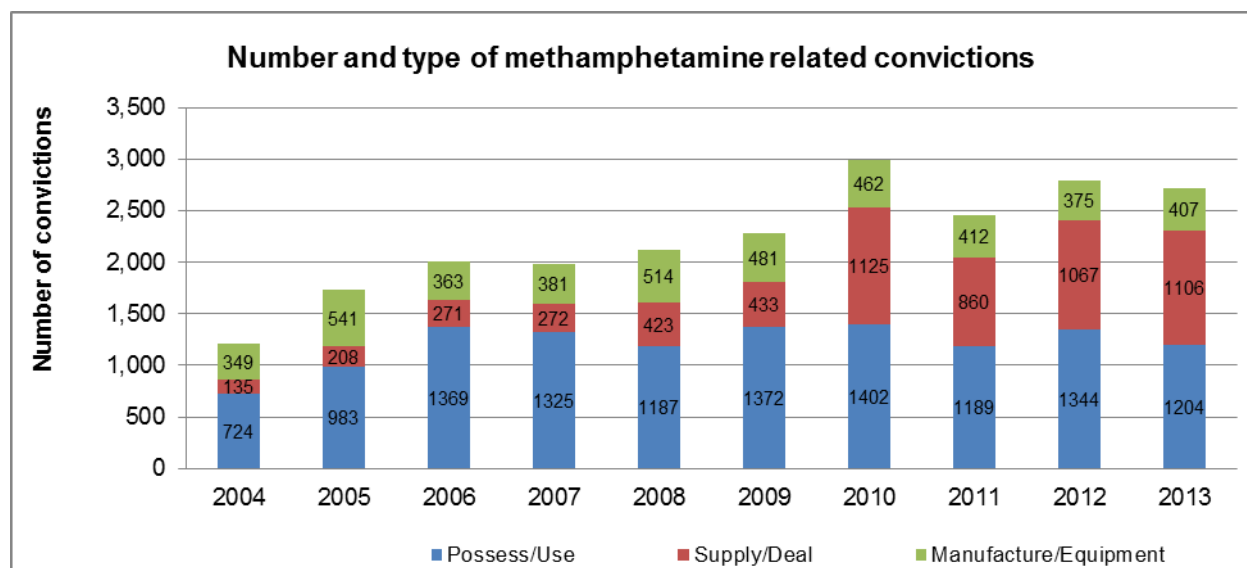


2.5 People are deterred from the methamphetamine trade

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% 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 represents around 1,246 offenders.

Indicator	Source	Baseline	Previous data	October 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. (2008)	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. (2013)	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 \$424 million. Around \$122 million of this total is associated with methamphetamine offending. Police currently hold Restraining Orders over assets worth an estimated \$180 million. Around \$38 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 \$50 million (this is an increase of \$12.4 million since the April 2014 Progress and Indicators Report). \$27.4 million of this forfeited total is associated with methamphetamine offences.

After procedural factors⁵ are taken into account, around \$1.74 million will be available by the end of the calendar year to allocate to proposals to fund the expansion of alcohol and other drug (AoD) treatment and additional law enforcement initiatives to fight organised criminal groups dealing in methamphetamine and other drugs.

CPRA funding of \$11.3 million has already supported:

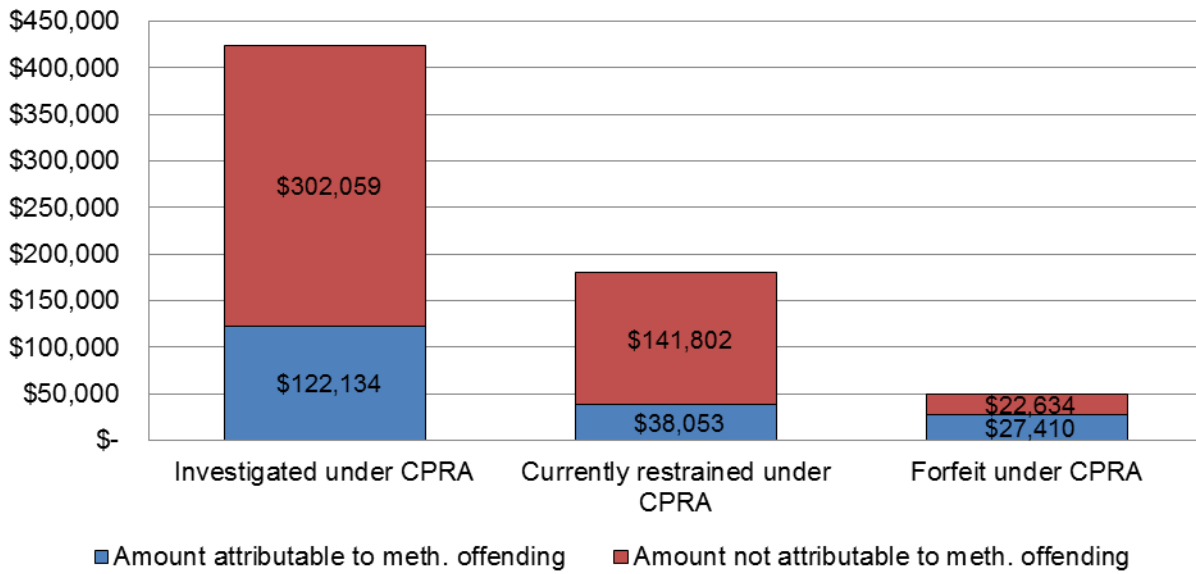
- enhanced engagement with China by Customs and Police
- analysis of seized methamphetamine samples to assess purity
- enhanced frontline screening capability for Customs, including the purchase of a portable substance identifier and set up of a laboratory
- more transitional and supported accommodation beds for residential and day treatment services
- funding for counsel and court co-ordinator for the Alcohol and Drug Treatment Court Pilot
- training for drug search dogs to detect cash, which is already producing positive results
- development of media guidelines for reporting on the use of volatile substances
- an expanded Police asset recovery capability to increase disruption of organised crime and drug syndicates and civil recovery actions under the CPRA
- expanded treatment for pregnant women and mothers with substance abuse issues
- offenders with alcohol and drug issues to reconnect and re-integrate into their communities
- an improved evidence base that supports treatment services for offenders, to reduce reoffending rates and provide up to date information about the costs of harm from alcohol and other drug use
- 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.

⁵ 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 30 November 2014

Estimated Value (NZ\$000)



Part 3: Demand for methamphetamine is reduced

3.1 Prevalence

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

Comment: At 1% 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 25-34 years of age had the highest past year amphetamine use (2.1%).

Indicator	Baseline	Previous reported data (Published NZ Health Survey 2012/13 data)	October 2014 (Provisional NZ Health Survey 2013/14 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%). ⁶	1% ⁷ of NZ population 16-64 years (approx. 30,600 New Zealanders) Past year amphetamine use was highest among 25-34 year olds at 2.1%, and lowest among 55-64 year olds at 0.2%. Reported use was higher for males (1.5%) 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 (approx. 6300 New Zealanders); 0.1% among females and 0.3% among males.	No new data available.
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 published for 16-17 year olds. Numbers too low for reliable estimation.	No new data available.
Mean age of user (past year)	No data available.	29 years for the total NZ population aged 16-64 years. No data published by gender.	30 years for the total NZ population aged 16-64 years. 30 – Female 31 – Male

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

⁷ The difference between 2012/13 and 2013/14 prevalence figures 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 (including frequency of use).

Comment: Users continue to report a significant reduction in average frequency of use post-treatment.

Indicator	Baseline	Previous data	October 2014 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 64 days in past 6 months in 2013. (Aug-Dec 2013)	No new data available.
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 ⁸ – June 2013)	No new data available.

3.3 Communities and government agencies help users into treatment

3.3.1 Access to treatment

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

Comment: Administrative data show marked improvements in average wait times across the country for all alcohol and drug treatment, although wait times have increased slightly in the Southern region.

Indicator	Source	Baseline	Previous data ⁹	October 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 – 89.9% 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)	Northern region – 90.4% seen within 3 weeks. Midland region 75.6% seen within 3 weeks. Central region – 69.1% seen within 3 weeks. Southern region – 71.1% were seen within 3 weeks of referral. Nationally: 80.8% were seen within 3 weeks (Jul 2013-June 2014)

⁸ 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.

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

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 6 weeks. (April 2014)	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. (October 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 770 people accessed social detox (Nov 2009-Jan 2014)	698 adult and 66 youth (new admissions) have accessed residential treatment, and 1621 (new admissions) people accessed social detox (Nov 2009 - Sep 2014)
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)	15% of frequent methamphetamine users were currently in drug treatment in 2013. (Aug-Dec 2013 data)	No new data available
Frequent methamphetamine users report barriers to being able to find help for their drug use ¹⁰	IDMS	22% of frequent users reported barriers to finding help (2008)	29% of frequent users reported barriers to finding help (2013)	No new data available

3.3.2 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 2013/14, the Department of Corrections continued to achieve its annual target of at least 1000 prisoners per year commencing rehabilitation in Drug Treatment Units 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)	October 2014 (new data)
Total prisoners who start a substance abuse programme in a Drug Treatment Unit	Corrections	499 (2008/09)	1,026 (2012/13)	1,023 (2013/14)
Total hours in treatment for prisoners	Corrections	106,097 (2008/09)	195,865 (2012/13)	179,466 (2013/14)

¹⁰ Reported data is from frequent users of all drug types.

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)	81% (2013/14)
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)	266 (20.5% of total methamphetamine convictions). (2013)	274 (21.3% of the total methamphetamine convictions). (2013/14)

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 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. (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 2013/14 NZ Health Survey was 10,221 (4460 males and 5761 females). The NZ Health Survey data were collected from July 2013 to June 2014 in face-to-face interviews conducted in people's homes. The adult survey response rate was 80%. Adults aged 16-64 years were asked " In the last 12 months, have you used any of the following drugs for recreational or non-medical purposes, or to get high?" Participants who selected "Amphetamines, for example, 'P' ('pure' methamphetamine), ice (crystal methamphetamine), speed" were counted as people who used amphetamines in the last year.