

# Tackling Methamphetamine: Indicators and Progress Report

October 2012

DEPARTMENT  
*of the* PRIME MINISTER  
*and* CABINET



*Policy Advisory Group*





<b>Part 1: Introduction</b> .....	<b>1</b>
1.1 Purpose .....	1
1.2 Latest data and reports on progress provided six monthly .....	1
1.3 Data should be used with caution .....	1
1.4 Overview of expected results and indicators .....	1
<b>Part 2: Progress on actions</b> .....	<b>5</b>
<b>Part 3: Expected results indicators</b> .....	<b>10</b>
3.1 Overview of trends and status .....	10
3.2 Methamphetamine supply is controlled .....	14
3.3 Demand for methamphetamine is reduced .....	18
3.4 There are fewer frequent users .....	20
<b>Part 4: Intermediate results indicators</b> .....	<b>25</b>
4.1 Manufacturers can't access the products necessary to make methamphetamine .....	25
4.2 People are deterred from the methamphetamine trade .....	29
4.3 The ability to generate profits is reduced .....	31
4.4 Communities are aware of risks .....	32
4.5 Users know how to find help .....	33
4.6 Communities and government agencies help users into treatment .....	34
<b>Appendix I: Descriptions of information sources</b> .....	<b>38</b>
Key sources of information .....	38
Other sources of information .....	39



## Part 1: Introduction

### 1.1 Purpose

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

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

### 1.2 Latest data and reports on progress provided six monthly

When the Action Plan was launched, Chief Executives from DPMC, Health, Customs, Justice, Police, Corrections and Te Puni Kokiri were charged with reporting on progress every six months from October 2009 to October 2012. DPMC coordinates the reporting process and the Methamphetamine Steering Group, made up of senior officials from the relevant agencies, meets to approve the reports. This is the sixth and final of the originally scheduled progress reports.

### 1.3 Where to next

Six-monthly progress reports will continue to be released to provide visibility of the methamphetamine problem and actions to address it. In order to make the progress reports more user-friendly, future reports will be simplified.

The need for changes to the Action Plan will be considered in the second half of 2013 once the National Drugs Policy is finalised.

### 1.4 Data should be used with caution

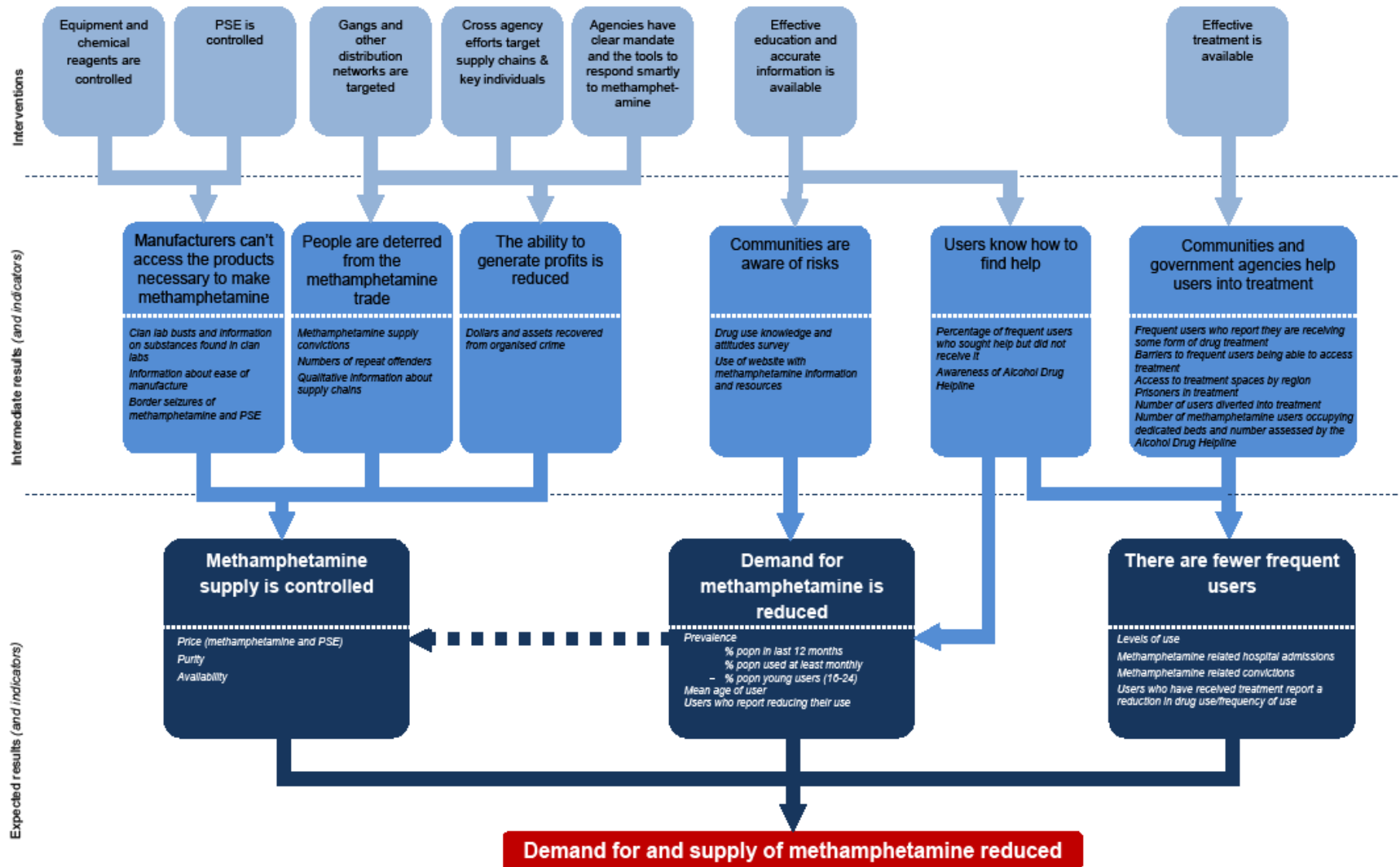
Descriptions of information sources and further details are provided in appendices. It should be noted that, due to various recording and release dates, some data is provisional and other data may have been collected but not yet analysed. Therefore some changes may be evident when all data is confirmed and this will be corrected in subsequent reporting if necessary.

### 1.5 Overview of expected results and indicators

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

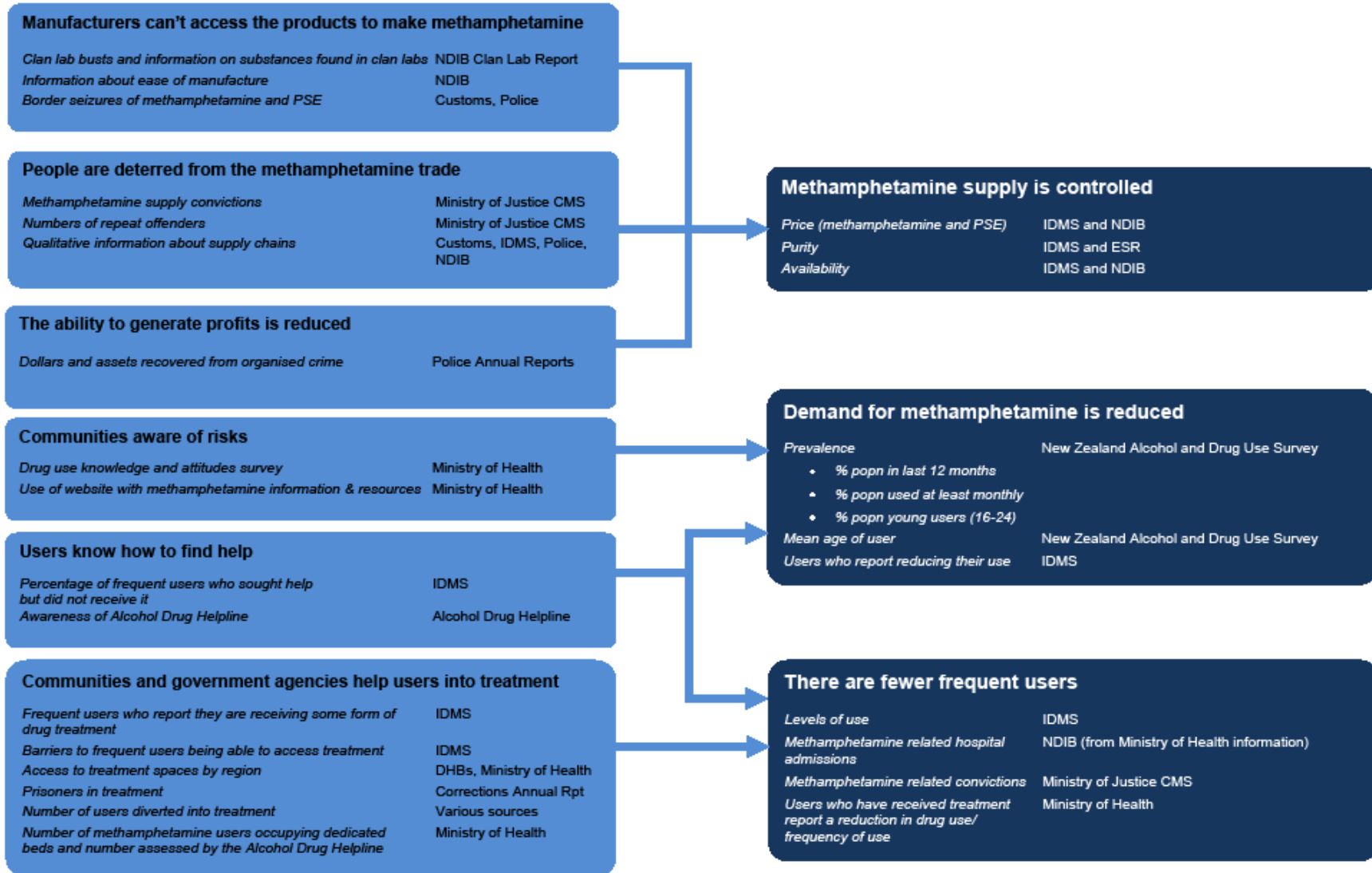


## Tackling Methamphetamine: an Action Plan - Expected Results





Sources for indicators



## Part 2: Progress on actions

Action	Progress to date	Status	Plan to remedy (if required)
<b>Intervention group 2.1 Crack down on precursors</b>			
End the availability of over the counter pseudoephedrine (PSE) from pharmacies.	<ul style="list-style-type: none"> <li>The Act to reclassify pseudoephedrine as a Class B2 drug came into effect in September 2011.</li> <li>Many pharmacists voluntarily withdrew PSE products from shelves ahead of the legislation.</li> <li>One major branded product is now available <u>by prescription only</u>.</li> </ul>	Completed	
Establish a Precursor Working Group (PWG) to investigate stronger controls on other precursor chemicals and other products used in the manufacture of methamphetamine.	<ul style="list-style-type: none"> <li>The PWG involving government and industry representatives has been established. Work is currently underway with the Environmental Protection Authority (EPA) to develop enhanced controls on the supply, storage and use of certain precursor chemicals under the Hazardous Substances and New Organisms Act 1996.</li> </ul>	Ongoing	
Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures.	<ul style="list-style-type: none"> <li>Environmental Science and Research (ESR) provided the final report from its Drug Signature pilot programme to National Drug Intelligence Bureau (NDIB), Customs and Police. Purity remains high at a gram level.</li> <li>To further test purity another 50 sample programme is underway, which involves more detailed testing methodologies than were used in the original pilot. The samples are based on Customs and Police seizures from the past 12 months. It is hoped this will provide further strategic and tactical intelligence about the methamphetamine scene. The testing will include smaller samples, to assist us in determining whether street quantities of methamphetamine (points) have been 'cut' prior to sale.</li> </ul>	Ongoing	
<b>Intervention group 2.2 Break supply chains</b>			
Develop and action a Police Methamphetamine Control Strategy (MCS).	<ul style="list-style-type: none"> <li>The Police MCS was launched in 2009. It is a restricted document that contains concrete, evidence-based and measurable actions that Police Groups and Districts must undertake and report against. The MCS is reviewed annually to ensure that it anticipates and responds to emerging trends.</li> <li>The 2012/13 MCS was launched on 1 July 2012. It focuses on the following four themes: enhancing national intelligence to better inform priorities and targets; targeting highest risk methamphetamine manufacturers and suppliers; using tailored interventions to prevent and combat methamphetamine manufacture and supply; and supporting communities to reduce and prevent methamphetamine use.</li> </ul>	Ongoing	
Introduce measures to increase interception rates of methamphetamine and precursors at the border through	<ul style="list-style-type: none"> <li>Blitz operations occur regularly.</li> </ul>	Ongoing	

Action	Progress to date	Status	Plan to remedy (if required)
better risk profiling and targeting.			
Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border.	<ul style="list-style-type: none"> <li>Additional staff have been assigned to Customs Investigation Units.</li> <li>The enhanced tracking and surveillance equipment capability project is nearing completion. Training on use of the new capabilities will be completed by the end of 2012 and operating guidelines have been developed and verified against international guidelines. Initial trial deployments of the tracking and surveillance equipment in live cases have met expectations.</li> <li>This technology will become an important element of future drug enforcement work and will improve the ability of agencies to successfully target higher-end drug importing syndicates.</li> </ul>	Ongoing	
Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance.	<ul style="list-style-type: none"> <li>Since the Criminal Proceeds (Recovery) Act came into effect in December 2009 New Zealand Police have investigated an estimated \$208 million worth of assets suspected to have been obtained through or derived from criminal activity.</li> <li>Of the estimated \$208 million investigated, an estimated \$136 million is attributed to drug offending, of which, \$57.4 million relates specifically to methamphetamine offending.</li> <li>The NZ Financial Intelligence Unit (FIU) continues to fully engage with partner agencies on the work streams identified in 'Strengthening New Zealand's Resistance to Organised Crime'. As part of this initiative, the first phase of the Anti-Money Laundering and Countering Financing of Terrorism (AML/CFT) Act 2009 comes into full effect in June 2013. To meet responsibilities under the AML/CFT Act the FIU will have a new suspicious transaction reporting system in place prior to this deadline (the United Nations produced 'goAML').</li> <li>The second phase of this legislation will widen the number of reporting entities that will be covered by the AML/CFT Act. At this stage there is no firm timeframe for when this work will commence.</li> <li>All parts of the Search and Surveillance Act 2012 have now been enacted. Provisions relating to surveillance devices came into force on 18 April 2012, and the remaining provisions, including those relating to Police and other enforcement officers' powers, came into force on 1 October 2012.</li> <li>Police and other enforcement agencies have completed training on the Act's provisions.</li> </ul>	Ongoing	
Allocate, via the normal Budget process monies forfeited under the Criminal Proceeds (Recovery) Act 2009 to fund expansion of alcohol and other drug treatment, including methamphetamine and continuing care services and Police/ Customs initiatives to	<ul style="list-style-type: none"> <li>Net funds are being held by the Official Assignee. No monies have been allocated to agencies to fund anti-drug activities as yet.</li> </ul>	On-going, but transfer of monies is behind schedule	Officials are working through options to address this action next year.



Action	Progress to date	Status	Plan to remedy (if required)
fight organised criminal groups dealing in methamphetamine and other drugs.			
Improve coordination to ensure that Immigration is alerted when individuals in breach of permit conditions appear to be involved in drug operations.	<ul style="list-style-type: none"> <li>Immigration staff are routinely attached to work with Customs and Police as part of intensive targeting operations.</li> </ul>	Ongoing	
<b>Intervention group 2.3 Provide better routes into treatment</b>			
Increase the capacity of alcohol and drug treatment services to provide more spaces for methamphetamine users.	<ul style="list-style-type: none"> <li>Since November 2009, 60 residential treatment beds for methamphetamine users, in addition to those funded through District Health Boards (DHBs), have been contracted by the Ministry of Health (MOH). All 60 residential beds are now operational. Since 2009 there have been over 540 new admissions into residential treatment, as at 30 September 2012.</li> <li>Since November 2009, 20 social detox beds for methamphetamine users, in addition to those funded through DHBs, have been contracted by MOH. As of 30 September 2012, over 500 people have been through social detoxification.</li> <li>Contracts for services were renewed from 1 July 2012. There has been some re-distribution of contracts based on observed use/need, with additional capacity provided in Northland, Bay of Plenty, and Otago.</li> </ul>	Complete	
Increase alcohol and drug workforce capacity and capability to respond effectively to methamphetamine.	<ul style="list-style-type: none"> <li>Focus has been on: <ul style="list-style-type: none"> <li>expanding alcohol and other drugs (AOD) treatment services with the capacity and capability to treat methamphetamine users, through training (including formal education), guidelines and recruitment initiatives</li> <li>increasing the numbers of frontline people with the ability to screen and provide brief interventions for polydrug (including methamphetamine) users.</li> </ul> </li> </ul>	Ongoing	
Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the justice system.	<ul style="list-style-type: none"> <li>The number and proportion of offenders with methamphetamine convictions receiving AOD assessments as a condition of sentence has increased steadily in recent years, 213 (16.8% of total) in 2008 rising to 267 (21.3% of total) in 2011.</li> <li>In October 2011, Cabinet approved an additional \$10 million per year for AOD assessments and treatment interventions (including methamphetamine) under the Drivers of Crime work. Key initiatives include additional low cost, high volume community-based treatment for offenders with AOD problems; AOD treatment and support as part of a pilot AOD Court in the Auckland metro area; and additional funding for training and workforce development. The \$10 million investment package will be implemented over the 2012/13 year.</li> <li>The design of the pilot AOD Court is currently</li> </ul>	Ongoing	

Action	Progress to date	Status	Plan to remedy (if required)
	underway in consultation with key stakeholders and judiciary. It is expected to operate from November 2012 and will run for five years. Methamphetamine users will be eligible for participation in the programme.		
Improve routes into treatment through contact with frontline government funded services.	<ul style="list-style-type: none"> <li>An earlier action, involving Department of Corrections, Ministry of Health and Matua Raki, developing a training programme for Probation Officers, prison Case Managers, and primary healthcare nurses working in prisons, has been integrated into a wider Corrections-led AoD Strategy. A training programme for prison nurses and case managers has been developed. Following delivery of the training, AoD screening and brief interventions will commence at two pilot prison sites in November 2012.</li> </ul>	Ongoing	
Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment.	<ul style="list-style-type: none"> <li>Cabinet approved policy proposals for new legislation in November 2010 which, once enacted, will enable Court-ordered compulsory treatment for serious substance users.</li> <li>A draft Bill has been prepared by Parliamentary Counsel Office and is awaiting introduction to the House. In the meantime, officials continue to work with the sector on how implementation will work.</li> </ul>	Behind schedule	The Bill is priority 4 – to be referred to Select Committee in this Parliamentary year.
<b>Intervention group 2.4 Support communities</b>			
Strengthen best practice community programmes, such as Community Action Youth and Drugs (CAYADs).	<ul style="list-style-type: none"> <li>CAYAD sites around the country continue to initiate and deliver community approaches on alcohol and drug issues including methamphetamine.</li> <li>A review of the CAYAD programme was completed in October 2011. The review was broadly supportive of the work of local CAYAD sites to address the impact of alcohol and drugs in communities, including methamphetamine where this is a drug of concern. Funding for current CAYAD sites has been confirmed until 2015.</li> <li>In September 2011, the Auckland Council released its Auckland Regional Methamphetamine Action Plan. The Plan was established by the Auckland Regional Methamphetamine Working Group (ARMWG). The three Auckland CAYAD sites play an integral role in leading and coordinating ARMWG and actions under the Plan.</li> <li>On 25 May 2012 ARMWG held a Methamphetamine Awareness Seminar at the University of Auckland. ARMWG is also developing a communications plan with key prevention and harm reduction messaging and has initiated training days to provide information on each of the work streams under the Plan.</li> </ul>	Ongoing	
Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource.	<ul style="list-style-type: none"> <li>MethHelp and DrugHelp websites continue to be well accessed. There have been over 25,000 visits to the MethHelp site and 10,000 MethHelp booklets have been ordered since they became available in August 2010.</li> </ul>	Ongoing	
Promote the new Drug Education Guidelines.	<ul style="list-style-type: none"> <li>The Guide to Drug Education in Schools has been published on the Ministry of Education website,</li> </ul>	Ongoing	

Action	Progress to date	Status	Plan to remedy (if required)
	with links to the Guide posted onto relevant curriculum and leadership sites. Between April 2012 and September 2012 the webpage was viewed 141 times and the Drug Education Guidelines downloaded 54 times.		
Increase the reach of school programmes targeted to at-risk youth and families to reduce demand.	<ul style="list-style-type: none"> <li>Police Youth Education Services (YES) includes drug education programmes to schools. These programmes are delivered to between 550 and 600 schools each year.</li> </ul>	Ongoing	
Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine.	<ul style="list-style-type: none"> <li>Since April 2012, a fourth Hauora Programme delivering a seven week intensive methamphetamine treatment programme to gangs has been completed, and the fifth programme commenced. Training has also been provided to graduates to support participants in this fifth programme. This fifth programme, with a further 12 participants, is due to be completed by early November 2012.</li> </ul>	Ongoing	
<b>Intervention group 2.5 Strengthen governance</b>			
Improve official coordination of drug policy.	<ul style="list-style-type: none"> <li>The Inter-Agency Committee on Drugs (IACD) is responsible for providing oversight of drug policy and various action committees (including the Precursor Working Group).</li> <li>The IACD is also responsible for overseeing the review of the National Drug Policy (NDP).</li> <li>In 2009, the IACD was reformed with tighter membership and a more focused work programme in an effort to improve coordination and governance. Further work is necessary for the group to be fully effective. Ensuring the governance framework is robust will be a key to the successful review of the NDP.</li> </ul>	Ongoing	The Ministry of Health has reviewed the effectiveness of the IACD and has plans in place to refresh its operation.
Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act 1975 (MoDA).	<ul style="list-style-type: none"> <li>In September 2011 the Government responded to the Law Commission's recommendations arising from its review of MoDA. IACD will have oversight of any proposed changes to MoDA as a result of the review and will report to the Government at a later date.</li> </ul>	Ongoing	

# Part 3: Expected results indicators

## 3.1 Overview of trends and status

Indicator	Baseline data	October 2011	April 2012	October 2012	Change on baseline
<b>Result: Supply is controlled</b>					
Price <sup>1</sup>	<ul style="list-style-type: none"> <li>Median (mean) price per point: \$100 (\$96)</li> <li>Median (mean) price per gram: \$700 (\$698)</li> </ul> IDMS – 2008	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>Median (mean) price per point: \$100 (\$106)</li> <li>Median (mean) price per gram: \$800 (\$815)</li> </ul> IDMS – 2011	<ul style="list-style-type: none"> <li>No data available</li> </ul>	The IDMS price data shows a small but statistically significant increase in the mean price of a 'point' and gram of methamphetamine from 2008 to 2011. The mean price per gram increased from \$698 in 2008 to \$815 in 2011. Strong regional variations in prices are observed – with Auckland being lower than Wellington and Christchurch.
	<ul style="list-style-type: none"> <li>Median (mean) price per point: \$100 (\$107)</li> <li>Median (mean) price per gram: \$700 (\$723)</li> </ul> NZ-ADUM –2010	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>Median (mean) price per point: \$100 (\$101)</li> <li>Median (mean) price per gram: \$800 (\$785)</li> </ul> NZ-ADUM – 2011	<ul style="list-style-type: none"> <li>Median (mean) price per point: \$100 (\$109)</li> <li>Median (mean) price per gram: \$650 (\$686)</li> </ul> NZ-ADUM – 2012	There was no significant change in the mean price of a point of methamphetamine from 2010-2012. The mean price of a gram of meth decreased from \$785 in 2011 to \$686 in 2012. Prices in Christchurch have changed. The point price increased from \$110 in 2010 to \$125 in 2012, while the gram price was down from \$1,023 in 2011 to \$826 in 2012. These changes may reflect market shocks and recovery from the earthquakes there.

<sup>1</sup> Comparison of NZ-ADUM and IDMS price data should generally be made with caution, as they are drawn from different population samples. The Illicit Drug Monitoring System (IDMS) is an annual survey of frequent drug users. The New Zealand Arrestee Drug Use Monitoring (NZ-ADUM) survey provides information routinely collected from drug users who have been detained by Police in a particular year. NZ-ADUM shows two upper North Island sites where methamphetamine is cheaper (i.e. Auckland and Whangarei) whereas the IDMS has one (Auckland).

Indicator	Baseline data	October 2011	April 2012	October 2012	Change on baseline
<b>Purity</b>	<ul style="list-style-type: none"> <li>Methamphetamine samples were 68.9% pure</li> </ul> ESR 2006-2009	<ul style="list-style-type: none"> <li>100 samples have been tested, with purity ranging from trace amounts (less than 1%) to 80%. 73 of the 100 samples were more than 70% pure.</li> <li>Maximum purity for the hydrochloride form of the drug is 80%.</li> </ul> ESR report	<ul style="list-style-type: none"> <li>No further testing has been carried out.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	ESR testing is considered to provide more reliable evidence than interviews with drug users. Purity remains high at the wholesale (gram or more) level; purity at 'street level' (e.g. a point) has not been assessed by ESR yet.  A proposal to test up to 20 'point' samples is currently being considered by ESR.
	<ul style="list-style-type: none"> <li>36% of frequent drug users reported current purity as "high", 7% as low.</li> <li>39% reported purity currently "fluctuates".</li> </ul> IDMS – 2008	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>33% of frequent drug users reported current purity as "high", 14% as low. 35% reported purity currently "fluctuates".</li> </ul> IDMS – 2011	<ul style="list-style-type: none"> <li>No data available</li> </ul>	Frequent drug users interviewed through the IDMS perceive that the current strength of methamphetamine has declined slightly from 2008 (2.3, where 1=low and 3=high) to 2011 (2.2). 14% said it was 'low' in 2011 compared to 7% in 2008.
	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>35% of arrestees reported current purity as "high", 13% as "low". 21% reported purity currently "fluctuates".</li> </ul> NZ-ADUM – 2012	This question is now asked as part of the New Zealand Arrestee Drug Use Monitoring survey (to supplement the IDMS information). Comparisons between different survey results should be made with caution due to differences in survey methodologies.
<b>Availability (4 = very easy – 1 = very difficult)</b>	<ul style="list-style-type: none"> <li>Average availability score 3.3.</li> <li>Change in availability: Average score: 1.9.</li> <li>Police report a shortage of PSE for production.</li> </ul> IDMS – 2009	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>Average availability score 3.1.</li> <li>Change in availability: Average score: 2.0.</li> </ul> IDMS – 2011	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	The current perceived availability of methamphetamine has remained 'easy/very easy'. There was a slight decrease in availability from 3.3 in 2008 to 3.1 in 2011.  Declines in availability were more significant in 2008 to 2011 in Auckland (down from 3.5 to 3.2) and Christchurch (down from 3.2 to 2.9).
	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>Average availability score 3.0.</li> <li>Change in availability: Average score: 2.0.</li> </ul> NZ-ADUM – 2011	<ul style="list-style-type: none"> <li>Average availability score 3.0.</li> <li>Change in availability: Average score: 2.0.</li> </ul> NZ-ADUM – 2012	Overall there was no change in availability. However, if we examine availability by site we see a decline in availability in Auckland, an increase in availability in Christchurch (which may represent a recovery in availability following the impact of the earthquakes).



Indicator	Baseline data	October 2011	April 2012	October 2012	Change on baseline
<b>Result: Demand is reduced</b>					
<b>Prevalence (used in last 12 months)</b>	<ul style="list-style-type: none"> <li>2.2% total NZ population 16-64 years.</li> </ul> 2007/08 NZ Alcohol and Drug Use Survey	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>1% total NZ population 16-64 years. This equates to approximately 28,000 New Zealanders.</li> <li>The prevalence of use was highest amongst those aged between 18-24 and 25-34 years.</li> </ul> NZ Health Survey Preliminary findings May-Dec 2011	<ul style="list-style-type: none"> <li>0.9% total NZ working age population. This equates to approximately 25,000 New Zealanders</li> <li>Past-year amphetamine use was highest amongst 25-34 year olds (1.9%) and higher for males (1.3%) than females (0.5%).</li> <li>Past-year amphetamine use did not differ significantly by ethnic group.</li> </ul> NZ Health Survey 2011/12	<p>The baseline survey data was re-analysed to ensure comparability with the 2011/12 NZ Health Survey. Baseline prevalence subsequently increased from 2.1 to 2.2 percent.</p> <p>The latest results are a strong indicator of overall prevalence reducing. This is in line with trend.</p> <p>The 2009 National Household Drug Survey also showed a decline in methamphetamine use in the population aged 15-45 years (1.4%, down from 3.4% in 2006). However, the use of telephone-based interviewing may have resulted in under-representation of frequent users.</p> <p>The next New Zealand Health Survey (taking place between July 2012 and June 2013) includes a drug use module that will provide more robust data for this indicator. Results are due in March 2014.</p>
<b>Prevalence (used at least monthly)</b>	<ul style="list-style-type: none"> <li>0.4% total NZ population 16-64 years.</li> </ul> 2007/2008 NZ Alcohol and Drug Use Survey	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<p>The next New Zealand Health Survey (taking place between July 2012 and June 2013) includes a drug use module that will provide data for these indicators. Results are due in March 2014.</p>
<b>Prevalence: young users (used at least monthly)</b>	<ul style="list-style-type: none"> <li>16-17 year olds – numbers too low for reliable estimation.</li> <li>18-24 year olds – 0.8%.</li> </ul> 2007/2008 NZ Alcohol and Drug Use Survey	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	
<b>Mean age of user</b>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	
<b>Users who report reducing their use</b>	<ul style="list-style-type: none"> <li>Mean use of 38 days in past 6 months in 2008 (68 days in 2007).</li> </ul> 2009 IDMS	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>Mean use of 40 days in past 6 months in 2011.</li> </ul> 2011 IDMS	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<p>Mean days of methamphetamine use have fallen since the 2010 baseline. This continues an overall downward trend in use that has been occurring since 2007.</p>

Indicator	Baseline data	October 2011	April 2012	October 2012	Change on baseline
<b>Result: Fewer frequent users</b>					
<b>Levels of use</b>	<ul style="list-style-type: none"> <li>39% of frequent methamphetamine users were using less and 13% had stopped.</li> </ul> 2009 IDMS	<ul style="list-style-type: none"> <li>29% of frequent methamphetamine users were using less and 5% had stopped.</li> </ul> 2010 IDMS	<ul style="list-style-type: none"> <li>41% of frequent methamphetamine users <i>detained by Police</i> were using less and 8% had stopped.</li> </ul> 2011 NZ-ADUM	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	This question was not asked in the 2011 IDMS survey due to concerns about its validity, so NZ-ADUM data is presented instead. However, data between the surveys may not be comparable due to different sample populations (frequent drug users vs. Police detainees).
<b>Methamphetamine related convictions<sup>2</sup></b>	<ul style="list-style-type: none"> <li>Convictions for possession/use: 1,188.</li> <li>Convictions for supply/deal (including import/export): 423.</li> <li>Convictions for manufacture: 514.</li> <li>Total convictions: 2,125 (2008).</li> </ul> Ministry of Justice Case Management System	<ul style="list-style-type: none"> <li>Convictions for possession/use: 1,401</li> <li>Convictions for supply/deal (including import/export): 1,123</li> <li>Convictions for manufacture: 468</li> <li>Total convictions: 2,992 (2010).</li> </ul> Ministry of Justice Case Management System	<ul style="list-style-type: none"> <li>Court data for 2011 is not available until June 2012. This information will be provided in the October 2012 report.</li> </ul>	<ul style="list-style-type: none"> <li>Convictions for possession/use: 1,187</li> <li>Convictions for supply/deal (including import/export): 860</li> <li>Convictions for manufacture: 413</li> <li>Total Convictions: 2,460 (2011).</li> </ul> Ministry of Justice Case Management System	Baseline and 2010 numbers have changed slightly due to the completion of trials, including appeals over the last year.  There has been a significant increase in the total number of convictions since 2008, largely due to the increase in supply/deal convictions. Convictions for possession have remained relatively stable, while there has been a decrease in convictions for manufacture.
<b>Users who have received treatment report a reduction in drug use/frequency of use</b>	<ul style="list-style-type: none"> <li>Average days per month of amphetamine use before treatment: 8.7 days.</li> </ul> Ministry of Health, 2010	<ul style="list-style-type: none"> <li>No data available.</li> </ul>	<ul style="list-style-type: none"> <li>Average days per month of amphetamine use pre-treatment was 7.4 days.</li> <li>Average days per month of amphetamine use one month after completing treatment: 1.1 days.</li> </ul> Ministry of Health	<ul style="list-style-type: none"> <li>Average days per month of amphetamine use pre-treatment was 7.4 days.</li> <li>Average days per month of amphetamine use one month after completing treatment: 0.9 days.</li> </ul> Nov 2009 to June 2012, Ministry of Health	Due to the small number of clients seeking treatment and the inability to maintain contact with clients post-treatment, it is difficult to reliably comment on trends in drug use post-treatment.

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

## 3.2 Methamphetamine supply is controlled

### 3.2.1 Summary

Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Indicator: Price</b>							
<b>Price per point (10th of a gram) and price per gram of Methamphetamine</b>	<ul style="list-style-type: none"> <li>\$100 per point.</li> <li>\$800-1,000 per gram.</li> </ul>	Sept 2009	<ul style="list-style-type: none"> <li>\$100 per point.</li> <li>\$842 is the mean price for a gram although there are significant variations in the price range reported.</li> </ul>	Feb-May 2012	Police and Customs intelligence reports received by the NDIB. Police gather price details from a variety of sources including interviews/discussion with users and informants.	Successful supply control leads to an increase in price. Price changes are usually temporary.	Police reporting indicates that prices remain relatively stable except in the upper North Island region, where there appears to have been an increase in reports of lower (\$600 or below) gram prices. <sup>3</sup> It is likely that methamphetamine being sold at cheaper prices is of lower purity, or not a full gram, or reliant on the dealer-buyer relationship. Pricing of methamphetamine at the ounce and point level tends to remain relatively stable.

<sup>3</sup> NDIB pricing data is primarily dependent upon the submission of details obtained from persons arrested in relation to drug offences. As such the sources (and their reliability) vary. The reported prices can also be affected by regional variations and a small reporting sample. It is recommended that these prices are considered indicative only until verified by further reporting.

Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
Price per point (10th of a gram) and price per gram of methamphetamine	<ul style="list-style-type: none"> <li>Median price per point: \$100.</li> <li>Mean price per point: \$96 (n=166).</li> <li>Median price per gram: \$70.</li> <li>Mean price per gram: \$698 (n=54).</li> </ul>	2008	<ul style="list-style-type: none"> <li>Median price per point: \$100.</li> <li>Mean price per point: \$106 (n=161).</li> <li>Median price per gram: \$800.</li> <li>Mean price per gram: \$815 (n=69).</li> </ul>	2011	IDMS	Successful arrests and seizures lead to high prices.	There have been increases in the price of both a point and a gram of methamphetamine in recent years. The mean price of a gram increased from \$698 in 2008 to \$815 in 2011. However, there is significant regional variation, and there has been some levelling out of price in 2011 compared to 2010.
Price per point (10th of a gram) and price per gram of methamphetamine	<ul style="list-style-type: none"> <li>Median (mean) price per point: \$100 (\$107) (n=156).</li> <li>Median (mean) price per gram: \$700 (\$723) (n=71).</li> </ul>	2010	<ul style="list-style-type: none"> <li>Median (mean) price per point: \$100 (\$109) (n=154).</li> <li>Median (mean) price per gram: \$650 (\$686) (n=83).</li> </ul>	2011	NZ-ADUM		The slight rise in point price was largely due to an increase in Christchurch (up from \$110 in 2010 to \$124 in 2012). The decline in the gram price was also influenced by a decline in Christchurch (down from \$1,023 in 2011 to \$826 in 2012). The changes in Christchurch may reflect market shocks and recovery from the earthquakes.

Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
Price per capsule or equivalent of pseudoephedrine in the illegal market (not over the counter purchase price) - Police Data	<ul style="list-style-type: none"> <li>A set of ContacNT (equivalent to 1,000 capsules) \$12,000 - \$16,000.</li> <li>1 packet ContacNT (10 capsules) - \$90-\$100.</li> <li>1 packet domestically sourced PSE (24 tablets) - \$100.</li> </ul>	Sept 2009	<ul style="list-style-type: none"> <li>Prices range from \$8,000-\$14,000.</li> </ul>	Feb-May 2012	NDIB	Successful restriction leads to a rise in price.	Pricing reports relating to pseudoephedrine are very limited, and caution should be exercised in interpreting results.
<b>Indicator: Purity</b>							
Perception of overall level of purity as reported by frequent drug users	<ul style="list-style-type: none"> <li>36% of frequent drug users reported current purity as "high", 7% as low. 39% reported purity currently "fluctuates".</li> <li>48% reported purity in the last six months was "fluctuating", 29% said purity was "stable" over that time.</li> </ul>	2008	<ul style="list-style-type: none"> <li>35% of frequent drug users reported current purity as "high", 13% as low. 21% reported purity currently "fluctuates".</li> <li>24% reported purity in the last six months was "fluctuating", 42% said purity was "stable" over that time.</li> </ul>	2011	IDMS	Successful supply control leads to a decrease in purity.	Frequent drug users interviewed through the IDMS perceive that the current strength of methamphetamine has declined slightly from 2008 (2.3, where 1=low and 3=high) to 2011 (2.2). 14% said it was 'low' in 2011 compared to 7% in 2008.
Methamphetamine percentage in seized samples, tested by ESR	<ul style="list-style-type: none"> <li>68.9%</li> </ul>	2009	<ul style="list-style-type: none"> <li>73% of samples tested contained methamphetamine with a purity of 70% or higher (80% is the highest possible purity due to manufacturing methods).</li> <li>The median methamphetamine</li> </ul>	April - Sep 2011	ESR Pilot Drug Signature Programme Final report, August 2011.		Purity, as established by forensic testing, remains high at the wholesale (a gram or more) level.



Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
			purity across all samples was 75%.				
<b>Indicator: Availability</b>							
<b>Overall availability of methamphetamine as reported by frequent drug users</b>	<ul style="list-style-type: none"> <li>42% of frequent drug users reported the availability of methamphetamine was "very easy".</li> <li>0% reported it was "very difficult".</li> <li>Average availability score 3.3.</li> </ul>	2008	<ul style="list-style-type: none"> <li>32% of frequent drug users reported the availability of methamphetamine was "very easy"</li> <li>2% reported it was "very difficult"</li> <li>Average availability score 3.1</li> </ul>	2011	IDMS	Successful supply control leads to more difficulty obtaining methamphetamine.	<p>There has been a slight decline in the current availability of methamphetamine from 2008 to 2011 (down from 3.3 in 2008 to 3.1 in 2011, where 1=very difficult and 4=very easy).</p> <p>Almost all police reporting suggests that methamphetamine remains widely and easily available.</p>
<b>Change in availability of methamphetamine over the last six months as reported by frequent drug users</b>	<ul style="list-style-type: none"> <li>Change: 23% of users reported methamphetamine becoming more difficult to get, 57% reported no change in availability, 14% reported easier.</li> <li>Average change score: 1.9.</li> </ul>	2008	<ul style="list-style-type: none"> <li>Change: 16% of users reported methamphetamine becoming 'more difficult' to get, 53% reported no change in availability, 18% reported 'easier'.</li> <li>Average change score: 2.0</li> </ul>	2011	IDMS		

Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Qualitative information from enforcement agencies</b>	<ul style="list-style-type: none"> <li>There is a shortage in illicitly imported PSE-based medications intended for the production of methamphetamine within NZ, according to Police reports.</li> </ul>	Mid-late 2009	<ul style="list-style-type: none"> <li>No further shortages reported.</li> </ul>	2012	NDIB		The limited new information that has been received on EPH/PSE indicates availability remains relatively stable.

### Price trends

#### Prices for methamphetamine (IDMS)

Methamphetamine price Median (mean)	2007	2008	2009	2010	2011	2012
1 Point	\$100 (\$97)	\$100 (\$96)	\$100 (\$100)	\$100 (\$104)	\$100 (\$106)	No data available
1 Gram	\$600 (\$676)	\$700 (\$698)	\$700 (\$738)	\$800 (\$780)	\$800 (\$815)	No data available

Source: IDMS for 2007-2011

### 3.3 Demand for methamphetamine is reduced

Indicator	Description	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Prevalence (last 12 months)</b>	Users of amphetamines, including methamphetamine as a percentage of the 16-64 population in the past 12 months.	2.2%	2007/08	<p>The 2011/12 New Zealand Health Survey shows a prevalence rate of 0.9% for the 16-64 age group.</p> <p>The result was higher for males (1.3%) than females (0.5%).</p>	2011	<p>New Zealand Alcohol and Drug Use Survey (2007/08)</p> <p>New Zealand Health Survey (2011/12)</p>	Successful demand reduction and problem limitation measures lead to a decrease in percentage of population using methamphetamine.	Two different surveys have been used to provide prevalence information. Data from the New Zealand Alcohol and Drug Use Survey (2007/08) was re-analysed to enable comparison of results.
<b>Prevalence (used at least monthly)</b>	Users of amphetamines, including methamphetamine as a	0.4%	2007/08	No data available.	N/A	New Zealand Alcohol and Drug Use	Successful demand reduction and problem limitation measures lead to	The next New Zealand Health Survey (taking place between July 2012 and June

Indicator	Description	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
	percentage of the 16-64 population who used at least monthly in the past year.					Survey	a decrease in percentage of population using methamphetamine.	2013) includes a drug use module that will provide robust data for this indicator. Results are due in March 2014.
<b>Prevalence: young users (used at least monthly)</b>	16-17 year old users as a percentage of the 16-64 population who used at least monthly.	Numbers too low for reliable estimation.	2007/08	No data available.	N/A	New Zealand Alcohol and Drug Use Survey	A reduction in younger users is likely to result in fewer new users overall and an aging user population.	
	18-24 year old users as a percentage of the 16-64 population who used at least monthly.	0.8%	2007/08	No data available.	N/A	New Zealand Alcohol and Drug Use Survey		
<b>Mean age of user</b>	Mean age of monthly using population.	No data available.	2007/08	No data available.	N/A	N/A	Successful demand reduction measures lead to an upward shift in the age of the using population, as this suggests there are fewer new people using methamphetamine.	
<b>Users who report reducing their use</b>	Frequent users reporting number of days methamphetamine used in the past six months.	Mean use of 38 days in past 6 months in 2008 (68 days in 2007).	2008	Mean use of 40 days in past 6 months in 2011 (45 days in 2010).	2011	IDMS	Lower mean number of days in past 6 months.	Mean days of methamphetamine use have increased slightly since the 2008 baseline. However, longer term data shows that an overall downward trend in use has been occurring since 2007.

## Age distribution of users

### Percentage of the New Zealand population aged 16–64 years, by age group and gender that used amphetamines 2007

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

Note the 2007/08 baseline data (shown left) was re-analysed to enable comparison with 2010/11 survey data. Baseline prevalence increased from 2.1 to 2.2 percent as a result.

It was not possible to re-analyse prevalence by age group or gender due to the low number of reported users. However, general trends indicate:

- past year amphetamine use is now highest amongst 25-34 year olds, compared with 18-24 year olds in the 2007/08 survey
- prevalence continues to be higher amongst males than females

The 2011/12 survey also indicates that prevalence does not differ significantly between ethnicity groups.

Source: Results from the 2007/08 New Zealand Alcohol and Drug Use Survey, Chap 5: Stimulants/Amphetamines. Ministry of Health

Notes: A dash (–) indicates that numbers were too low for reliable estimation.

## 3.4 There are fewer frequent users

Indicator	Description	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Levels of use</b>	Changes in methamphetamine use of frequent drug users who reported using methamphetamine in the past six months.	21% using 'more'; 28% 'the same'; 39% 'less' and 13% 'stopped' in 2009.	2009	32% using 'more'; 19% 'the same'; 41% 'less' and 8% 'stopped' in 2011. (NZ-ADUM)	2011	IDMS for baseline 2009.  NZ-ADUM for 2011 data.	Successful demand reduction and problem limitation measures lead to a decrease in levels of use.	This question was not asked in the 2011 IDMS survey due to concerns about its validity, so NZ-ADUM data is presented instead. However, data between the surveys may not be comparable due to different sample populations (frequent drug users vs. Police detainees).
<b>Methamphetamine-related convictions</b>	Total convictions for: a) possession/use b) supply/deal (including	a) 1,188 b) 423 c) 514	2008	a) 1,187 b) 860 c) 413	2011	Ministry of Justice's Case Management	Successful demand reduction and problem limitation measures lead to a decrease	Baseline and 2010 numbers have changed slightly due to the

Indicator	Description	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
	<p>import/export)</p> <p>c) manufacture/ possession of equipment to manufacture</p> <p>d) all categories combined.</p> <p>The two key indicators are a) and d).</p>	d) 2,125		d) 2,460		System	in convictions for possession and use; an initial increase in convictions for supply, dealing and manufacture.	completion of trials, including appeals over the last year.
<b>Users who have received treatment report a reduction in drug use/frequency of use</b>	Reports from users receiving treatment from dedicated drug treatment services.	Average days per month of amphetamine use before treatment: 8.7 days.	2010	<p>Average days per month of amphetamine use pre-treatment was 7.4 days.</p> <p>Average days per month of amphetamine use one month after completing treatment: 0.9 days.</p>	Nov 2009 to March 2012	Ministry of Health	Successful problem limitation measures lead to a reduction in drug use/frequency of use.	It is encouraging to note there is a marked drop-off 1 month after treatment. However, there is a small increase in use at 3 months post-discharge. This is not surprising as some people can relapse/resume use. A message for treatment providers is that longer term support post discharge needs to be in place. Some 21 clients have been traced 12 months after completing treatment. The average numbers of days of amphetamine use decreased from 5.5 days to 1.1 days for these clients.



### *Methamphetamine related hospital admissions*

The table below indicates that hospital admissions for methamphetamine-related causes have increased overall since recording began in July 2008 (prior to this methamphetamine was included among 'stimulants' in hospital admissions), but there is no discernible trend, with admission numbers fluctuating. Any increase could be due to, riskier drug-taking practices or impurities/other psychoactive substances in the methamphetamine, or more willingness by users to seek medical help. The main reasons people are hospitalised for methamphetamine use are psychotic disorder or other mental and behavioural disorders as a result of, or related to, methamphetamine use.

Data is collected from publicly-funded hospitals only, and does not include figures from the emergency departments. The actual numbers of people admitted with methamphetamine-related disorders is higher than those noted below; however, accurate trend analysis requires the removal of a number of records.<sup>4</sup>

Hospital admissions for Methamphetamine trend analysis	Jul - Dec 2008	Jan - Jun 2009	Jul - Dec 2009	Jan - Jun 2010	Jul-Dec 2010	Jan-Jun 2011	Jul – Dec 2011	Jan-Jun 2012
Primary Diagnosis <sup>5</sup>	21	23	32	31	21	22	36	31
Secondary diagnosis	49	83	65	85	97	80	91	111
Total	70	106	97	116	118	102	127	142
Calendar year	N/A	203		234		229		N/A

Analysis of data for the period July 2008 – December 2010 showed that most of the admissions were in hospitals in the upper North Island, particularly Auckland. New Zealand/Europeans accounted for 50% of all methamphetamine admissions, followed by Maori, who were significantly over-represented at 42% and Pacific Islanders at 4%. Seventy-one percent were aged between 20 and 39 (55% between 20 and 34), with the largest single age-group (by a small margin) being those aged 30-34 (20%). Only 10% of admissions were for people aged 19 or younger.

<sup>4</sup> Between 2000 and 2010, hospital admission policies were not consistent between hospitals or for the same hospitals over a period time. Some emergency department patients were admitted to hospital as a rule if they have been in the ED for three hours, which meant that hospital admission numbers appeared to increase significantly, when in fact it reflected a change in admission policies. To counter this and ensure accurate trend data, the figures shown here do not include short-stay admissions from emergency departments. Therefore the actual numbers of people admitted with methamphetamine related disorders is higher than noted here (by approximately a third), but these admissions have not been included as they skew the data.

<sup>5</sup> The primary diagnosis is the one established to be chiefly responsible for causing the patients' episode of care in hospital. The secondary diagnosis is a condition or complaint either co-existing with the primary diagnosis or arising during the episode of care.

### Number of methamphetamine related convictions

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

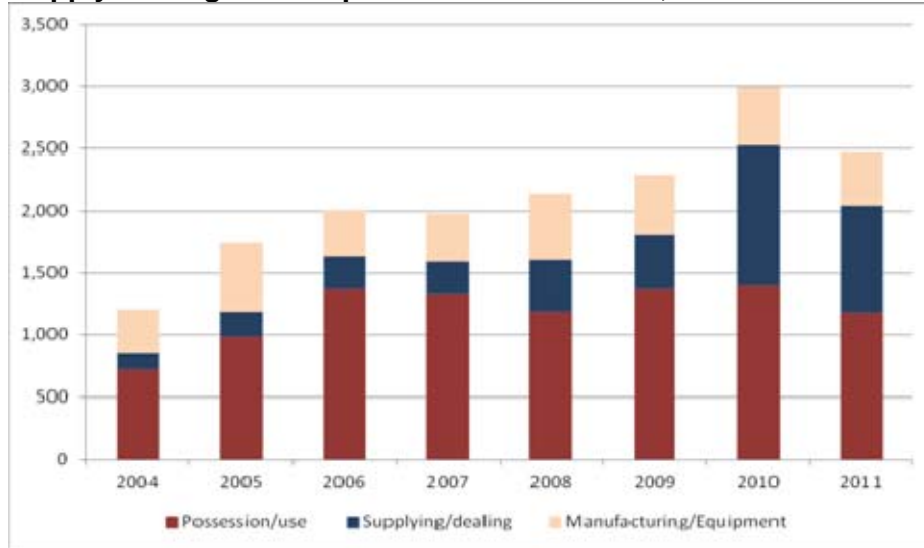
#### Methamphetamine convictions and recorded offences by category<sup>6</sup>

Methamphetamine convictions	2005		2006		2007		2008		2009		2010		2011	
	Recorded offence	Conviction	Recorded offence	Conviction	Recorded offence	Conviction	Recorded offence	Conviction	Recorded offence	Conviction	Recorded offence	Conviction	Recorded offence	Conviction
Possession and/or use	1,694	984	2,133	1,369	1,988	1,325	1,653	1,188	2,007	1,372	1,850	1,401	1,784	1,187
Supplying and/or dealing	351	208	344	271	321	272	437	423	569	433	754	1,123	524	860
Manufacturing and/or in possession of equipment for manufacture	409	541	443	363	480	381	448	514	524	481	420	468	300	413
<b>Total</b>	<b>2,454</b>	<b>1,733</b>	<b>2,920</b>	<b>2,003</b>	<b>2,789</b>	<b>1,978</b>	<b>2,538</b>	<b>2,125</b>	<b>3,100</b>	<b>2,286</b>	<b>3,024</b>	<b>2,992</b>	<b>2,608</b>	<b>2,460</b>

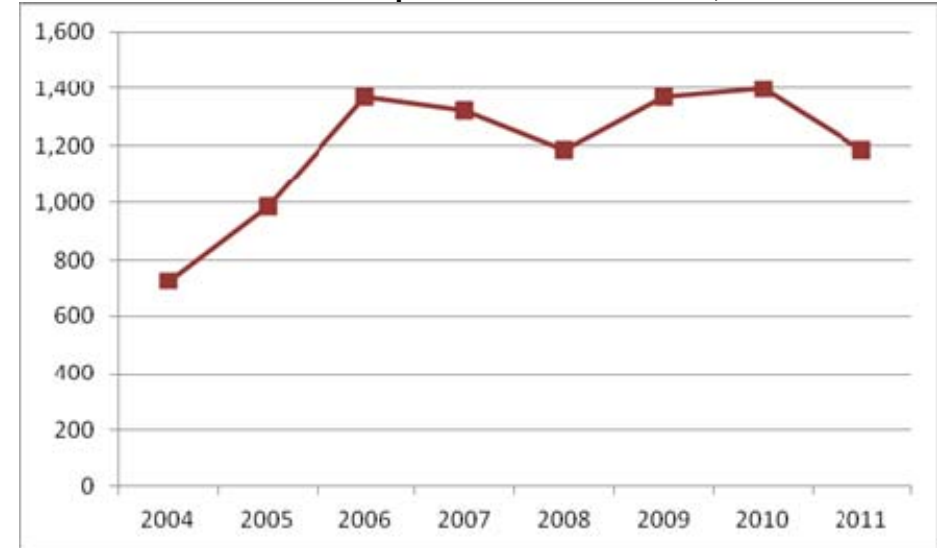
There is no direct link between the charges laid and convictions finalised for any given year. The total number of convictions for each year represents convictions that were received that year. They include convictions that have yet to be (or will not be) appealed and convictions that have been finalised following exhaustion of appeal options for each individual case. The figures are therefore subject to adjustment each subsequent year as case outcomes are finalised.

<sup>6</sup> Source: Ministry of Justice Case Management System

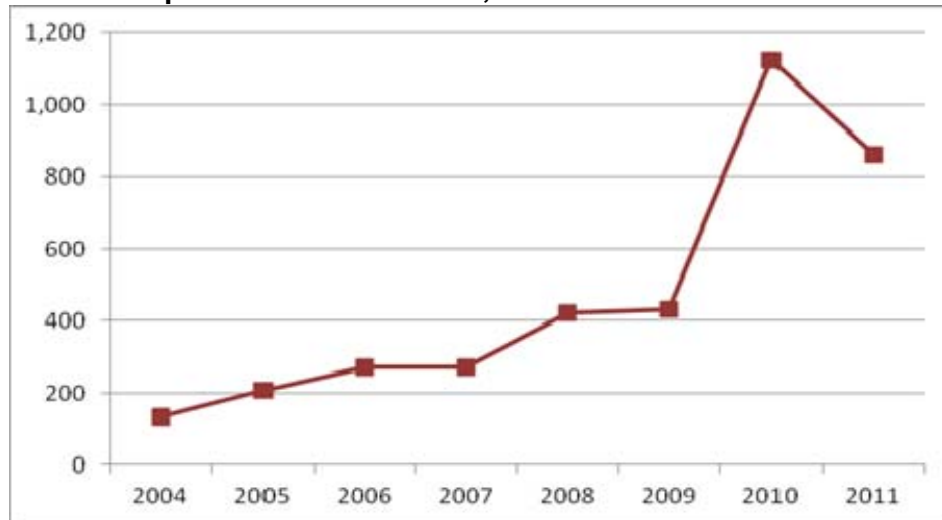
**Supply/dealing methamphetamine convictions, 2004-2011**



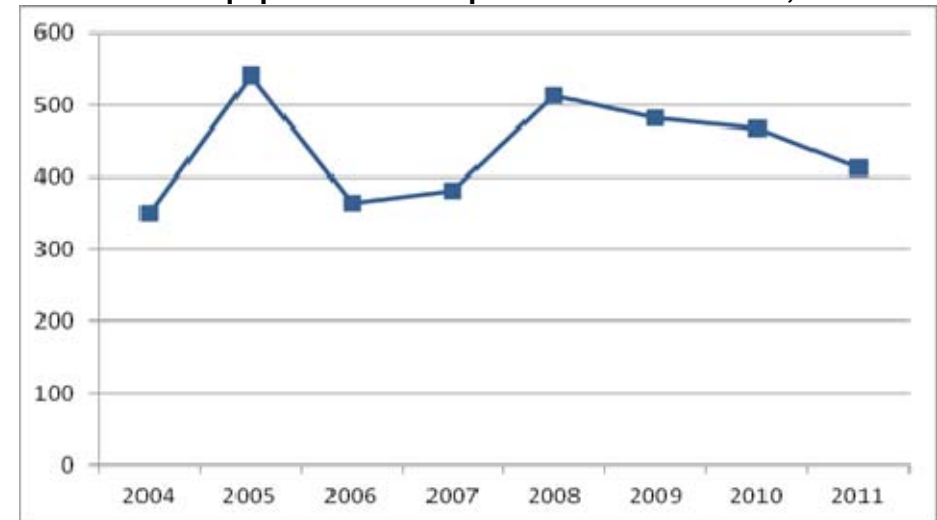
**Possession/use of methamphetamine convictions, 2004-2011**



**All methamphetamine convictions, 2004-2011**



**Manufacture/equipment methamphetamine convictions, 2004-2011**



Source: Ministry of Justice Case Management System

## Part 4: Intermediate results indicators

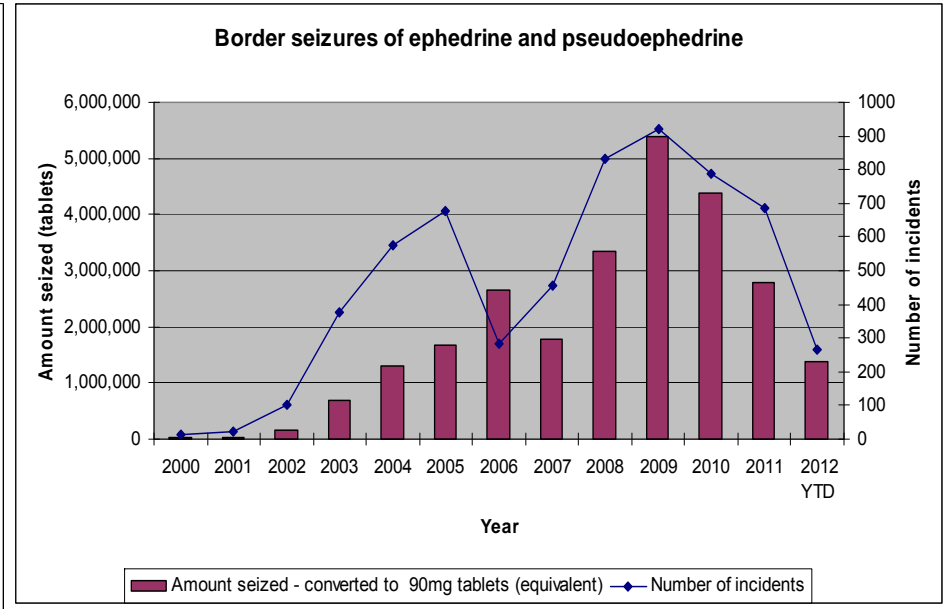
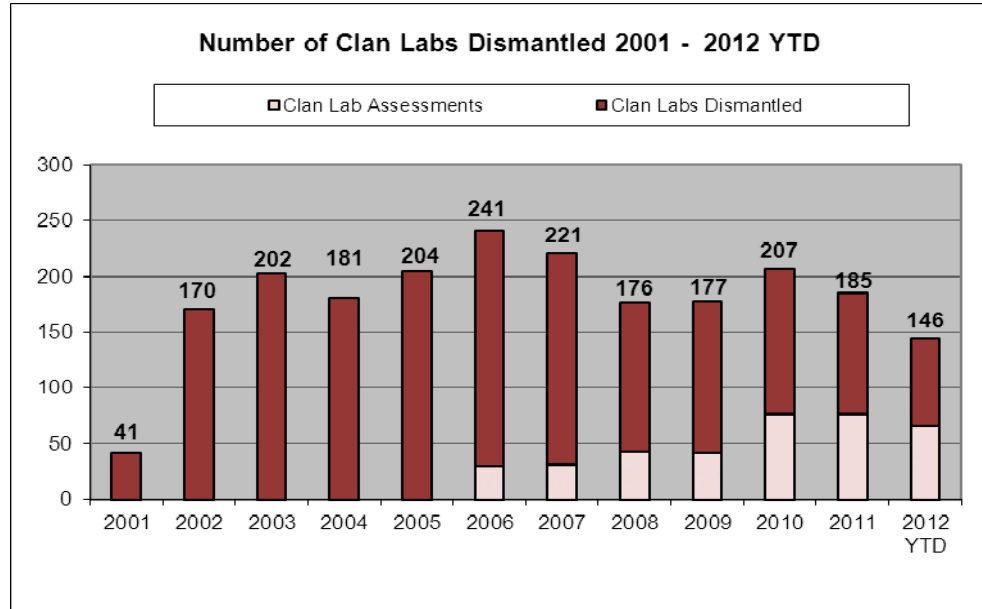
### 4.1 Manufacturers can't access the products necessary to make methamphetamine

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Clan lab busts and information on substances found in clan labs</b>	The number of clandestine laboratories detected and dismantled by Police.	176 (43 clan lab assessments made and 133 clan labs dismantled).	2008	146 (79 assessments & 65 clan labs dismantled).	1 Jan 2012-30 September 2012	NDIB, from National Clandestine Laboratory Response Team reporting.	Successful supply control would result in a decrease in clan labs discovered that coincided with a decrease in methamphetamine availability. However, in the interim, rising clan lab busts are also a measure of enforcement success.	In the 2012 year to date, there has been a 12% decrease in the number of clan labs dismantled and a 27% increase in clan lab assessments, compared with the same period in 2011. 85% of all clan labs dismantled so far in 2012 were found in the upper North Island (from Waikato and Bay of Plenty areas to Northland).
<b>Information about ease of manufacture</b>	Qualitative information about methamphetamine manufacture sourced from Police.	There appears to be a current shortage in illicitly imported pseudoephedrine-based medications intended for the production of methamphetamine within New Zealand.	Sept 2009	Following proactive Police engagement, some retailers (hardware stores) are restricting bulk sales of key manufacturing chemicals.	April 2012	NDIB monthly reporting.	Successful supply control would result in more difficulty in manufacturing and/or obtaining the precursors required to manufacture.	A restriction of manufacturing chemicals appears to be impacting on the ease with which manufacturers can make methamphetamine. However, Police reporting indicates manufacture remains widespread, with a higher prevalence in the upper North Island.

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Seizures of methamphetamine and PSE</b>	Ephedrine and pseudoephedrine seizures over the past 12 months. <sup>7</sup>	5,586,330 tablets (1,245,751 grams).	Sept 2008 – Aug 2009	385,563 grams (345,470 grams Customs & 40,093 grams Police).	September 2011 – 31 August 2012	NDIB (Police and Customs)	Successful supply control would result in an increase in seizures, in the interim, and eventually a long term decrease in seizures.	In the 2011 calendar year, there was a 37% reduction in the amount of ephedrine/pseudoephedrine seized compared to the previous year. Seizures in 2012-to-date remain comparatively low; with a 69% drop in the quantity of seized in comparison to the same time period in 2011.
	Number of precursor seizures over the last 12 months.	878 seizures.	Sept 2008 – Aug 2009	510 (472 Customs & 38 Police).	September 2011 – 31 August 2012	NDIB (Police and Customs)		There has been a 47% decrease in the number of seizure incidents in 2012 compared to the same period in 2011.
	Methamphetamine seizures by Police and Customs.	22,106 grams.	2008	18,432.25 grams (4,774.02 grams Customs and 13,658.23 grams Police).	September 2011 – 31 August 2012	NDIB (Police and Customs)		Seizures of methamphetamine are down 83% compared to the same period last year. While Police seizures have remained relatively consistent a decline in seizures at the border has a significant impact on the total quantity of methamphetamine seized.
	Number of methamphetamine seizures by Police and Customs.	546 seizures.	2008	1,023 seizures (1,004 Police & 19 Customs).	September 2011 – 31 August 2012	NDIB (Police and Customs)		There has been an 89% decrease in seizures compared to the same period last year.

<sup>7</sup> This field previously only measured seizures at the border; this has been changed to include domestic seizures (by Police) as well, to ensure a more accurate portrayal of the data available.





Year	2005	2006	2007	2008	2009	2010	2011	2012 (1 Jan-30 September 2012)
Amount seized (tablets) - converted to equivalent of 90mg tablets	1,664,228	2,667,068	1,766,200	3,336,978	5,392,886	4,383,594	2,789,964	1,371,668
Equivalent in kilos of precursors	371	594	393	744	1203	978	622	329
Number of seizures	678	284	454	831	923	788	686	287
Potential methamphetamine yield (kilos)	74 - 104	120 - 168	79 - 111	150 - 210	242.5 - 340	197 - 276	126 - 176	62 - 86

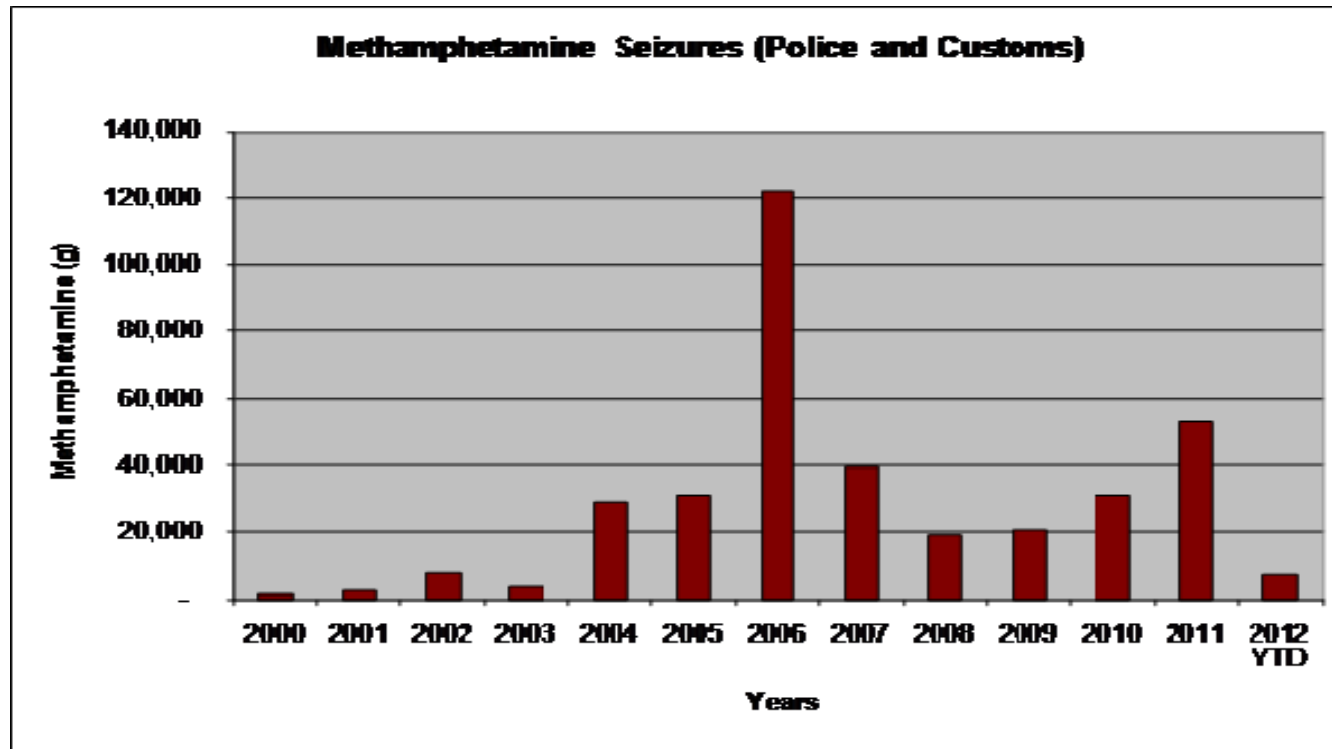
Source: Customs

- 2012 statistics are year to date from 01 Jan 2012 to 30 September 2012 (table and chart). These are preliminary figures and yet to be confirmed.
- Methamphetamine yield is calculated on 50%-70% purity.
- Interceptions are subject to change due to circumstances, such as quantities being updated as substances are further tested or the drugs being reweighed as the relevant investigation proceeds to prosecution.
- The information contained in this document has been obtained from the New Zealand Customs Service CusMod database. The information is considered correct at the time/date the data was extracted (October 2012). Please note the information contained within CusMod may be amended or reviewed at any time.

### Seizures of methamphetamine (Police and Customs)

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012 YTD
Methamphetamine (grams)	2,631	7,720	3,632	28,460	30,693	121,838	39,304	19,300	20,779	30,900	53,891	7,510*
Number of seizures	N/A	N/A	N/A	N/A	N/A	673	468	666	763	833	1064	734*

\* Figures up to 30 September 2012



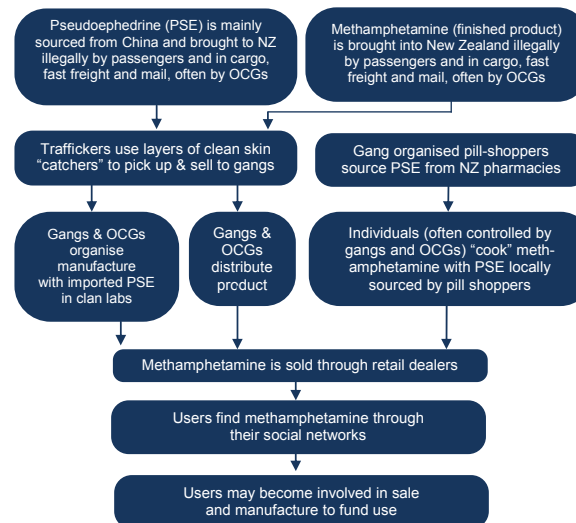
Source: NDIB (Police and Customs data)

## 4.2 People are deterred from the methamphetamine trade

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Methamphetamine supply convictions</b>	Convictions for supplying/dealing in methamphetamine (including importing and exporting); and convictions for manufacturing or possessing the equipment to manufacture methamphetamine.	Supplying/dealing convictions: 423. Manufacturing convictions: 514.	2008	Supplying/dealing convictions: 860. Manufacturing convictions: 413.	2011	Ministry of Justice Case Management System	Expect to see an initial increase in supply convictions as methamphetamine enforcement is given high priority and then a decrease as deterrent effect occurs.	
<b>Numbers of repeat offenders</b>	Offenders convicted of methamphetamine offences since 1997, who reoffend in subsequent years. Two offences in the same year are not classified as re-offences.	In 2008, 1,208 offenders were convicted for methamphetamine offences. Of these, 267 (or 22.1%) were individuals previously convicted of a methamphetamine offence and 189 (or 15.6%) previously charged but not convicted.	2008	In 2011, 1,214 offenders were convicted for methamphetamine offences. Of these, 393 (or 32.4%) were individuals previously convicted of a methamphetamine offence and 147 (or 12.1%) previously charged but not convicted.	2011	Ministry of Justice Case Management System	Expect to see an initial increase in supply convictions as methamphetamine enforcement is given high priority and then a decrease as deterrent effect occurs.	

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Qualitative information about supply chains</b>	<p>Description of methamphetamine supply chains, including importation, manufacture, distribution and retail. For example:</p> <ul style="list-style-type: none"> <li>changes in manufacturing methods</li> <li>size of labs detected</li> <li>trend of lab detections for the last 6 months</li> <li>pattern of seizures (e.g. multi-kilo or small seizures).</li> </ul>	<p>While ContacNT from China remains the dominant precursor encountered by Customs there are signs of an increasing divergence of sources and trafficking routes for methamphetamine precursors.</p> <p>There are reports of New Zealand drug manufacturers having difficulty in obtaining PSE products.</p>	2009	<p>While China and Hong Kong remain the main export points for precursors, there continues to be a number of secondary tier sources including South-East Asia, North America and Europe.</p> <p>No further reports of shortages.</p> <p>Recent operational activity indicates new trends in the receipt of ephedrine/pseudoephedrine shipments and traffickers becoming more responsive to law enforcement interventions.</p>	Oct 2011 – March 2012	Customs & NDIB	N/A	<p>This has partly been covered in section 4.1 'Information about ease of manufacture'.</p> <p>Law enforcement agencies note the on-going role of trans-national organised criminal groups in the importation, manufacture and supply of methamphetamine in NZ.</p>

### Methamphetamine supply chains



### 4.3 The ability to generate profits is reduced

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Dollars and assets recovered from organised crime</b>	Dollars and assets recovered from organised crime.	<p>Approximately \$1.8 million was recovered in 2007/08 under the legislation.</p> <p>At the end of the last financial year approximately \$41 million was under Police Proceeds of Crime action.</p> <p>In future it will be reported through the Police Methamphetamine Control Strategy.</p>	Annual	<p>Since the Criminal Proceeds (Recovery) Act (CPRA) came into effect in December 2009, New Zealand Police have investigated an estimated \$208 million worth of assets suspected to have been obtained through or derived from criminal activity.</p> <p>As at 30 September 2012 New Zealand Police held Restraining Orders over an estimated \$106 million worth of assets believed to have been obtained through or derived from criminal activity. An additional estimated \$18.5 million worth of assets have been made subject to Forfeiture Orders. Investigations are on-going in many other cases.</p> <p>Of the estimated \$208 million investigated, an estimated \$136 million is attributed to drug offending; \$57.4 million of this relates specifically to methamphetamine offending.</p>	1 December 2009 – 30 September 2012	Police Financial Crime Group		The restraint and forfeiture of assets acquired and derived from drug offending is proven to act as a deterrent to criminal behaviour as well as eroding the economic base of offenders, reducing their ability to fund further crime. The CPRA has provided New Zealand with effective legislation with which to tackle drug offending, and the high levels of success that have been achieved since the CPRA came into effect are expected to continue for the foreseeable.

## 4.4 Communities are aware of risks

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Drug use knowledge and attitudes survey</b>	New Zealanders' attitudes to illegal drugs and drug use.	94% of respondents said that methamphetamine is a drug causing serious harm (compared with 58% for cannabis and 39% for alcohol).	2008	Data is not available for 2011.	N/A	Ministry of Health	Increased awareness of effects of methamphetamine use and how to access help/support.	
<b>Use of website with methamphetamine information and resources</b>	Methamphetamine-specific resources (e.g. print, DVD) to be developed as part of development of Drug Information and Help website.	11,451 visits to DrugHelp and 3,164 to MethHelp.  Nearly 4,000 copies of the MethHelp booklet have been distributed.	August 2010 – February 2011	25,000 visits to MethHelp.  Orders received for 10,000 MethHelp booklets.	Aug 2010 – September 2012	Ministry of Health	Drug Information and Help website will provide information on site visits relating to methamphetamine component and a potential survey of those accessing methamphetamine information.	MethHelp and DrugHelp engage with the audience through the use of genuine stories from New Zealanders who have "been there".  There have been more than 9,000 visits to the MethHelp site since the April 2012 report.  The interrelationship between the various treatment initiatives is demonstrated by the way MethHelp generates a significant number of calls to the AlcoholDrug Helpline. It also encourages people to contract treatment agencies, particularly through the recently completed "Treatment Options" section. The MethHelp DVD is used extensively in community settings through CAYAD's and other community providers.

## 4.5 Users know how to find help

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Percentage of frequent users who sought help but did not receive it</b>	Percentage of frequent users who reported they sought help but did not receive it.	22% of frequent users in 2008 (32% in 2007).	2008	29% of frequent users in 2011 (24% in 2010).	2011	IDMS		No change in 2011 compared to the previous three years.
<b>Awareness of Alcohol Drug Helpline</b>	Awareness of Alcohol Drug helpline by methamphetamine users.	1,256 methamphetamine related calls, including 424 self-calls and 832 concerned other calls.	2008/09	2,800 methamphetamine related calls since Nov 2009. Over 1,000 of those have been concerned about their own use, and nearly 2,000 have been calls concerned about someone else's use.	to 30 September 2012	Alcohol Drug Helpline	Higher number of calls to Helpline.	Demand for Helpline services remains high and consistent. Overall there hasn't been any significant change in patterns over this period other than an increase in calls from adult children with regards to their parent's use of methamphetamine. Self-callers within the 40–60 age group also appear to be more highly represented than previously.



## 4.6 Communities and government agencies help users into treatment

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
<b>Frequent users who report they are receiving some form of drug treatment</b>	Frequent methamphetamine users who report they are receiving some form of drug treatment.	21% of frequent methamphetamine users were currently in drug treatment.	2008	17% of frequent methamphetamine users were currently in treatment in 2011 (17% in 2010).	2011	IDMS	Increase as a measure of availability of treatment services; decrease as a measure of need for treatment, as prevalence decreases.	There was no change in the proportion of frequent methamphetamine users who were currently in drug treatment in 2011 compared to 2010 (17% in both years). There was also no change in proportion currently receiving treatment from 2008 to 2010 (21% to 17%). It is important to note that to be eligible to be interviewed for the IDMS you have to be a current frequent drug user. This requirement tends to bias against those in treatment as treatment requires drug abstinence.
<b>Barriers to frequent users being able to access treatment</b>	Frequent methamphetamine users report barriers to being unable to find help for their drug use.	22% of frequent users reported barriers to finding help, including: <ul style="list-style-type: none"> <li>• fear of what might happen once contact made with service (45%)</li> <li>• social pressure to keep using (36%)</li> <li>• fear of losing friends (34%)</li> <li>• fear of police (27%)</li> <li>• didn't know where to go (21%)</li> <li>• long waiting lists (14%)</li> <li>• fear of CYF's (14%)</li> <li>• no transport</li> </ul>	2008	29% of frequent users reported barriers to finding help, including: <ul style="list-style-type: none"> <li>• fear of what might happen once contact made with service (33%)</li> <li>• social pressure to keep using (48%)</li> <li>• fear of losing friends (27%)</li> <li>• fear of police (20%)</li> <li>• didn't know where to go (21%)</li> <li>• long waiting lists (33%)</li> <li>• fear of CYF's (20%)</li> <li>• concern about</li> </ul>	2011	IDMS		Small numbers of frequent users answered these questions (i.e. 31=2008, 22=2009, 31=2010, 33=2011) so some caution should be exercised when interpreting comparisons.  There was a decline in the proportion of frequent users who nominated 'fear of police' and 'fear of what might happen after contacting a service' as barriers to finding help from 2007 to 2011.  MOH note their contracted methamphetamine treatment providers also find similar reasons as barriers to help as the IDMS survey. Providers note that many users disliked the lengths they had to take to finance their habit (e.g. going into debt, committing crime, prostitution).

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
		(11%).		impact on job/ career (23%) <ul style="list-style-type: none"> <li>costs too much (21%)</li> <li>couldn't get appointment at good time (20%)</li> <li>no transport (14%).</li> </ul>				
<b>Access to treatment spaces by region</b>	Alcohol and other drug (AOD) treatment waiting times by region as reported by community alcohol and drug services	Waiting times between referrals to a DHB Community Alcohol and other Drug Service and first appointment: <ul style="list-style-type: none"> <li>Northern DHBs - 4.25 weeks</li> <li>Midland DHBs - 2.6 weeks</li> <li>Central DHBs - 1.3 weeks</li> <li>Southern DHBs - 8.75 weeks.</li> </ul>	May 2009	<ul style="list-style-type: none"> <li>Northern region 83.2% seen within 3 weeks</li> <li>Midland region 49.5% seen within 3 weeks</li> <li>Central region 56.9% seen within 3 weeks</li> <li>Southern region 64.6% seen within 3 weeks.</li> </ul> Nationally: 66.7% are seen within 3 weeks of referral.	January - March 2012	DHBs, Ministry of Health data collection, ADANZ.	Lower waiting times.	Target times for first contact have been reduced from less than 4 weeks to less than 3 weeks.
	Data on waiting times for residential treatment as reported by providers.	Waiting times range from 2.5 weeks to 36 weeks.	As at October 2009	The major AOD residential providers have been contracted by the Ministry of Health as part of the dedicated methamphetamine treatment pathway. 68% of clients are gaining access to dedicated residential treatment providers in	January - March 2012	Information direct from providers.	Lower waiting times.	Waiting times are unchanged from last reported in April 2011.

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
				less than 4 weeks. However, 28% are waiting longer than 8 weeks.				
<b>Prisoners in treatment</b>	Total prisoners who start a substance abuse programme in a Drug Treatment Unit (DTU).	499	2008/09	907	2011/12	Department of Corrections	To ensure that the highest numbers of prisoners who need treatment are accessing it, the desired direction is an increase in the number of prisoners in DTUs, number of hours completed in a DTU and percentage of prisoners who complete a substance abuse programme.	DTU's in prisons have consistently shown significant reductions in rates of re-imprisonment amongst participants over the last seven years. The most recent results indicate that rates of re-imprisonment amongst programme graduates, within one year of release, reduced by 20%. This is based on an expected re-imprisonment rate of 32%, versus a recorded rate of 25%, or a seven percentage-point fall.
	Total hours in treatment.	106,097		172,750				
	Completion rates (% of those in treatment who complete).	58%		82% (655 out of 802) NB Not all DTU participants who commenced in 2011/12 completed in that year.				
<b>Number of users diverted into treatment</b>	Number of Adult Police Diversion Scheme diversions with alcohol and other drug assessment, treatment or counselling as a condition of diversion. This is broader than just methamphetamine.	At least 1,056 diversions with AOD treatment as a condition.	2008	531 This data may not be reliable. The actual number of those completing AOD programmes is likely to be higher than the number identified. Diversion conditions may not be consistently interpreted when data is entered into the National Intelligence Application. This inconsistency in data	1 April – 31 August 2012	Police	Higher percentage of users with AOD treatment as a condition of diversion.	The "low" number of AOD diversions compared to the baseline data is a result of: <ul style="list-style-type: none"> <li>the increased issuing of formal warnings as part of the Alternative Resolutions initiative</li> <li>diversions no longer being issued for Class A and B offences since March 2011.</li> </ul>

Indicator	Definition	Baseline data	Period	Latest data (at October 2012)	Period	Source	Desired direction	Change in indicator and notes
				entry means that comparison of data from year to year may not be accurate.				
	Number of offenders with methamphetamine convictions who received an Alcohol and Drug Assessment as a condition of sentence.	213 (or 16.8% of total methamphetamine convictions).	2008	267 (or 21.3% of total methamphetamine convictions).	2011	Ministry of Justice	Higher percentage of convictions with AOD assessments.	The number and percentage of total methamphetamine convictions with an AOD assessment has increased steadily in recent years.
<b>Number of methamphetamine users occupying dedicated beds and number assessed by the Alcohol Drug Helpline</b>	Measures whether beds being utilised appropriately for methamphetamine users.	36 users accessed residential treatment.  17 users accessed social detox.	Jan – Mar 2010	Between November 2009 and March 2012, over 440 people were admitted to residential treatment and over 400 people for social detoxification.	Nov 2009 to March 2012	Ministry of Health via dedicated contracts – from reports by providers.	More users seeking treatment.	The average length of stay in dedicated methamphetamine residential treatment services has been 66.5 days, with 58% of clients achieving planned discharge (i.e., completing treatment).

# Appendix I: Descriptions of information sources

## Key sources of information

Publicly available sources of information are described below.

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

- Description:** NZ-ADUM measures drug and alcohol use among people who have been recently apprehended and detained in watch houses by Police.
- Owner:** Police
- Researcher:** Social and Health Outcomes Research and Evaluation (SHORE), School of Public Health, Massey University.
- Frequency:** Reported annually.
- Release date:** Varies, generally between July and September.
- Population:** Approximately 800 interviewees.
- Key reports:** New Zealand Arrestee Drug Abuse Monitoring Annual Report
- Location:** [www.police.govt.nz](http://www.police.govt.nz)

### *Illicit Drug Monitoring System (IDMS)*

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

### *New Zealand Alcohol and Drug Use Survey/New Zealand Health Survey*

- Description:** 2007/08 New Zealand Alcohol and Drug Use Survey (NZADUS).
- Owner:** Ministry of Health
- Researcher:** Health and Disability Intelligence Unit, Population Surveys, Ministry of Health.
- Frequency:** NZADUS was a one-off survey. A continuous New Zealand Health Survey will include a new, periodic and comprehensive module on alcohol and drug use. The first module will be in the field from July 2012 to June 2013.
- Release dates:** Results of the 2007/08 NZADUS were published January 2010. Data from the 2012/13 New Zealand Health Survey will be available March 2014.
- Population:** New Zealand adult population aged 16–64 years (who were usually resident and living in permanent private dwellings).
- Key reports:** Drug Use in New Zealand: Key results of the 2007/08 New Zealand Alcohol and Drug Use Survey.
- Location:** <http://www.health.govt.nz/publication/drug-use-new-zealand-key-results-2007-08-new-zealand-alcohol-and-drug-use-survey>

### Other sources of information

#### *Ministry of Justice conviction statistics*

- Description:** Sourced from the Ministry of Justice's Case Management System (CMS). Includes all recorded offences, convictions and sentences imposed.
- Owner:** Ministry of Justice
- Researcher:** Ministry of Justice
- Frequency:** Data collection is on-going
- Release date:** Data is publicly released in June each year, for example 2011 data will be released in June 2012. While the Ministry of Justice has access to this data, it is not allowed to be used publicly until released.
- Population:** Accused and offenders in criminal justice courts
- Key reports:** An Overview of Conviction and Sentencing Statistics in New Zealand 1999 – 2008.
- Location:** [www.justice.govt.nz/publications/crime/conviction-and-sentencing](http://www.justice.govt.nz/publications/crime/conviction-and-sentencing)

#### **Changes in numbers of Methamphetamine convictions and charges**

In 2009, the Ministry of Justice changed the basis on which court data is reported. Conviction data was previously reported against the year in which the case was resolved (whether or not a conviction is entered). However, since 2009, conviction data is based on the last court hearing date for the case (i.e. the sentencing date). For example, the year of a case for a person who was convicted on 15 December 2008 and sentenced on 15 January 2009, would previously have been attributed to 2008. Such a case would now be attributed to 2009. This means that the data sets reported since 2009 differ from those used to establish baseline data.

Figures include convictions that have yet to be (or will not be) appealed, and convictions that have been finalised following exhaustion of appeal options for each individual case. They are therefore also subject to adjustment each subsequent year as case outcomes are finalised.

### *Border seizures of drugs*

**Description:** Interceptions of drugs and precursors made at the border, almost exclusively involving shipments arriving in New Zealand from overseas (as opposed to being exported) carried by passengers, concealed in mail or concealed in freight.

**Owner:** Customs

**Researcher:** Customs and NDIB.

**Frequency:** Monthly

**Release dates:** As required.

**Population:** N/A

**Key reports:** Monthly Reports from Customs, Monthly NDIB Reports.

**Location:** From NDIB and also via Customs Intelligence Planning and Coordination Group.

### *Drug use attitudes survey*

**Description:** Research into knowledge and attitudes to illegal drugs.

**Owner:** Ministry of Health

**Researcher:** Acqumen Limited/UMR Research Limited.

**Frequency:** One-off survey (for Demand Reduction Programme). Note that the quantitative component can be repeated relatively simply.

**Release date:** July 2009

**Population:** New Zealand adult population; recruitment split between general public and people with experience of illegal drug use.

**Key reports:** Research into knowledge and attitudes to illegal drugs: a study among the general public and people with experience of illegal drug use.

**Location:** National Drug Policy website: [www.ndp.govt.nz/](http://www.ndp.govt.nz/)

### *Alcohol Drug Helpline*

**Description:** Telephone based assistance for people enquiring about drug and alcohol information, advice and support, which includes treatment service information.

**Owner:** Ministry of Health/Alcohol Advisory Council (ALAC).

**Researcher:** Alcohol Drug Helpline - Addiction Treatment Services Team, Ministry of Health.

**Frequency:** Quarterly reporting.

**Release date:** Not publicly released – reported to Ministry of Health.

**Population:** Those who self-identify with methamphetamine use concerns.

**Key reports:** Contract reporting

**Location:** N/A



### *Police Annual Reports*

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

### *Population prevalence surveys*

<b>Description:</b>	New Zealand National Household Drug Survey.
<b>Owner:</b>	Centre for Social and Health Outcomes Research and Evaluation (SHORE).
<b>Researcher:</b>	Massey University
<b>Frequency:</b>	Has been repeated approximately every 2-3 years.
<b>Release date:</b>	2009 survey, end of 2009.
<b>Population:</b>	New Zealand population aged 15-45 years.
<b>Key reports:</b>	2009 National Household Survey of Drug Use in New Zealand.
<b>Location:</b>	Available from SHORE, including website: <a href="http://www.shore.ac.nz/">www.shore.ac.nz/</a>

### *DHB/MOH – Access to treatment spaces by region*

<b>Description:</b>	General waiting list by time (days) as captured by the Ministry of Health.
<b>Owner:</b>	Ministry of Health and District Health Boards.
<b>Researcher:</b>	Ministry of Health
<b>Frequency:</b>	Quarterly - end June, end September, end December, end March.
<b>Release date:</b>	Not publicly released – reported to Ministry of Health.
<b>Population:</b>	Those who have been admitted into formal AOD treatment. This excludes most NGO's.
<b>Key reports:</b>	Supplied by services on a quarterly reporting template.
<b>Location:</b>	N/A

### *Department of Corrections Prisoners in Treatment*

<b>Description:</b>	Number of prisoners receiving treatment including: <ul style="list-style-type: none"><li>- total prisoners who start a substance abuse programme in a drug treatment unit</li><li>- total hours prisoners spend attending substance abuse programmes in a drug treatment unit</li><li>- percentage of prisoners who complete a substance abuse programme.</li></ul>
<b>Owner:</b>	Department of Corrections

**Researcher:** Department of Corrections  
**Frequency:** Data collection is on-going.  
**Release date:** Annual reports released in October each year on the Department of Corrections website.  
**Population:** New Zealand prison population.  
**Key reports:** Department of Corrections Annual Report.  
Department of Corrections progress reports will be reported quarterly from late February 2010.  
**Location:** Annual report available from Corrections website:  
[www.corrections.govt.nz/news-and-publications/statutory-reports/annual-reports.html](http://www.corrections.govt.nz/news-and-publications/statutory-reports/annual-reports.html)

### *New social detox and residential beds*

**Description:** Methamphetamine dedicated beds for “standalone social detox” and residential (which includes a social detox component).  
**Owner:** Ministry of Health  
**Researcher:** Addictions Treatment Services Team, Ministry of Health.  
**Frequency:** Quarterly  
**Release date:** Not publicly released – reported to Ministry of Health.  
**Population:** Those admitted to a “standalone social detox” and admitted to a residential bed (which includes a social detox).  
**Key reports:** Contract reporting.  
**Location:** N/A