

Tackling Methamphetamine: Indicators and Progress Report

April 2010

DEPARTMENT
of the PRIME MINISTER
and CABINET



Policy Advisory Group





Contents

Part 1: Introduction	1
1.1 Recording data and measuring progress on actions	1
1.2 Latest data and reports on progress to be provided six monthly	1
1.3 Data should be used with caution	1
1.4 Overview of expected results and indicators	1
Part 2: Progress on actions	4
2.1 Crack down on precursors	4
2.2 Break supply chains	5
2.3 Provide better routes into treatment	6
2.4 Support communities	8
2.5 Strengthen governance	9
Part 3: Expected results indicators	10
3.1 Overview of trends and status	10
3.2 Methamphetamine supply is controlled	12
3.3 Demand for methamphetamine is reduced	15
3.4 There are fewer frequent users	19
Part 4: Intermediate results indicators	23
4.1 Manufacturers can't access the products necessary to make methamphetamine	23
4.2 People are deterred from the methamphetamine trade	27
4.3 The ability to generate profits is reduced	32
4.4 Communities are aware of risks	33
4.5 Users know how to find help	33
4.6 Communities and government agencies help users into treatment	34
Appendix I: Descriptions of information sources	39
Key sources of information	39
Other sources of information	40



Part 1: Introduction

1.1 Purpose

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

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

Reports on progress against the Action Plan will be provided to the Prime Minister and the Ministers of Health, Police, Customs, Justice, Corrections and Maori Affairs by Chief Executives every six months from October 2009 to October 2012. DPMC will coordinate the reporting process and the Methamphetamine Steering Group, made up of senior officials from the relevant agencies, will meet to approve the reports. This is the first report back due on April 30th 2010.

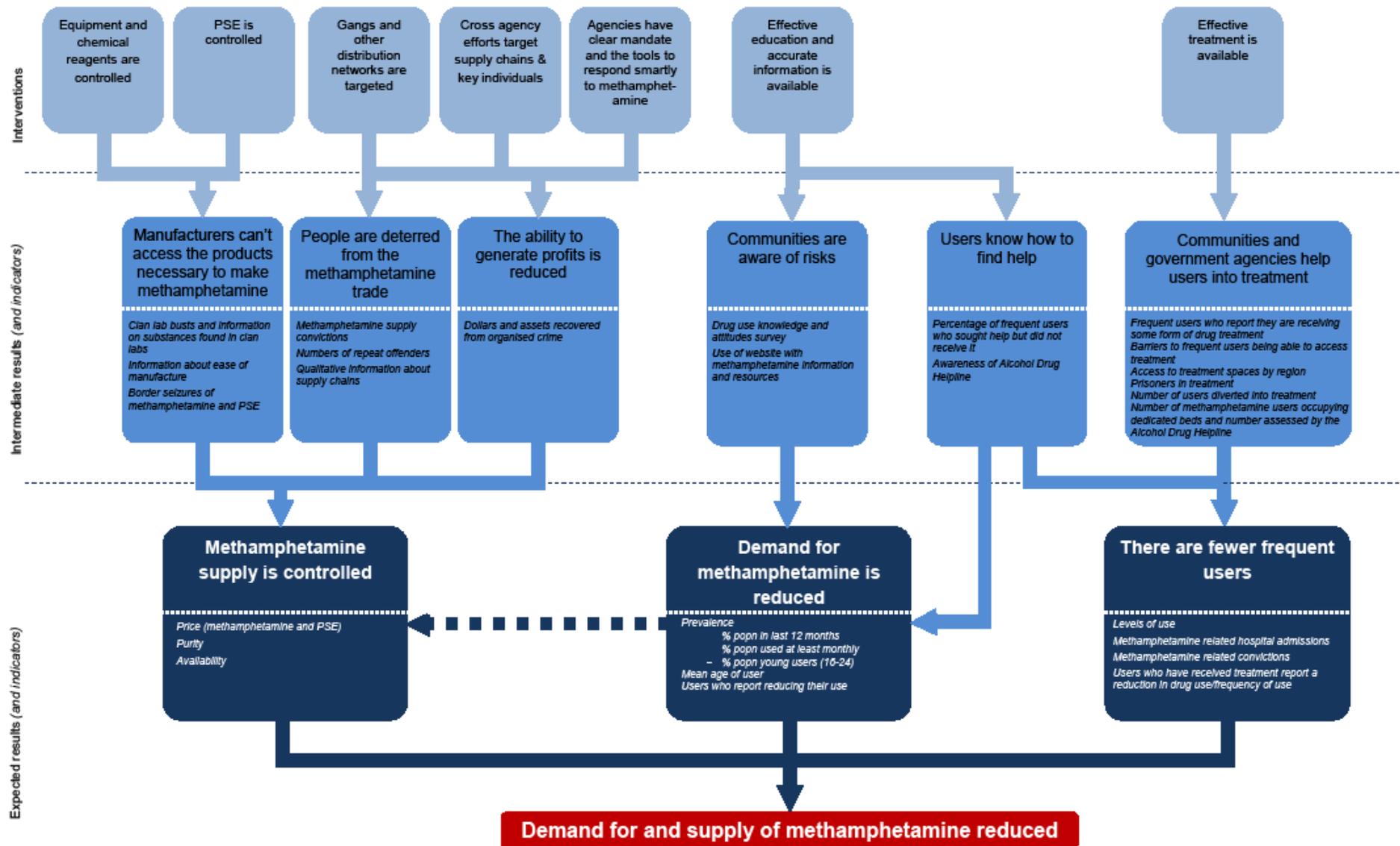
1.3 Data should be used with caution

Descriptions of information sources and further details are provided in appendices. It should be noted that some data is provisional (e.g. 2007/08 NZ Alcohol and Drug Use Survey and 2009 conviction statistics provided by the Ministry of Justice) and other data may have been collected but not yet analysed. Therefore some changes may be evident when it is confirmed and will be corrected in subsequent reporting if necessary. Where the tables refer to 'latest data' – this is the most recent data available as at early April 2010, which has a comparable time period to that included in the baseline report to enable comparisons to be made.

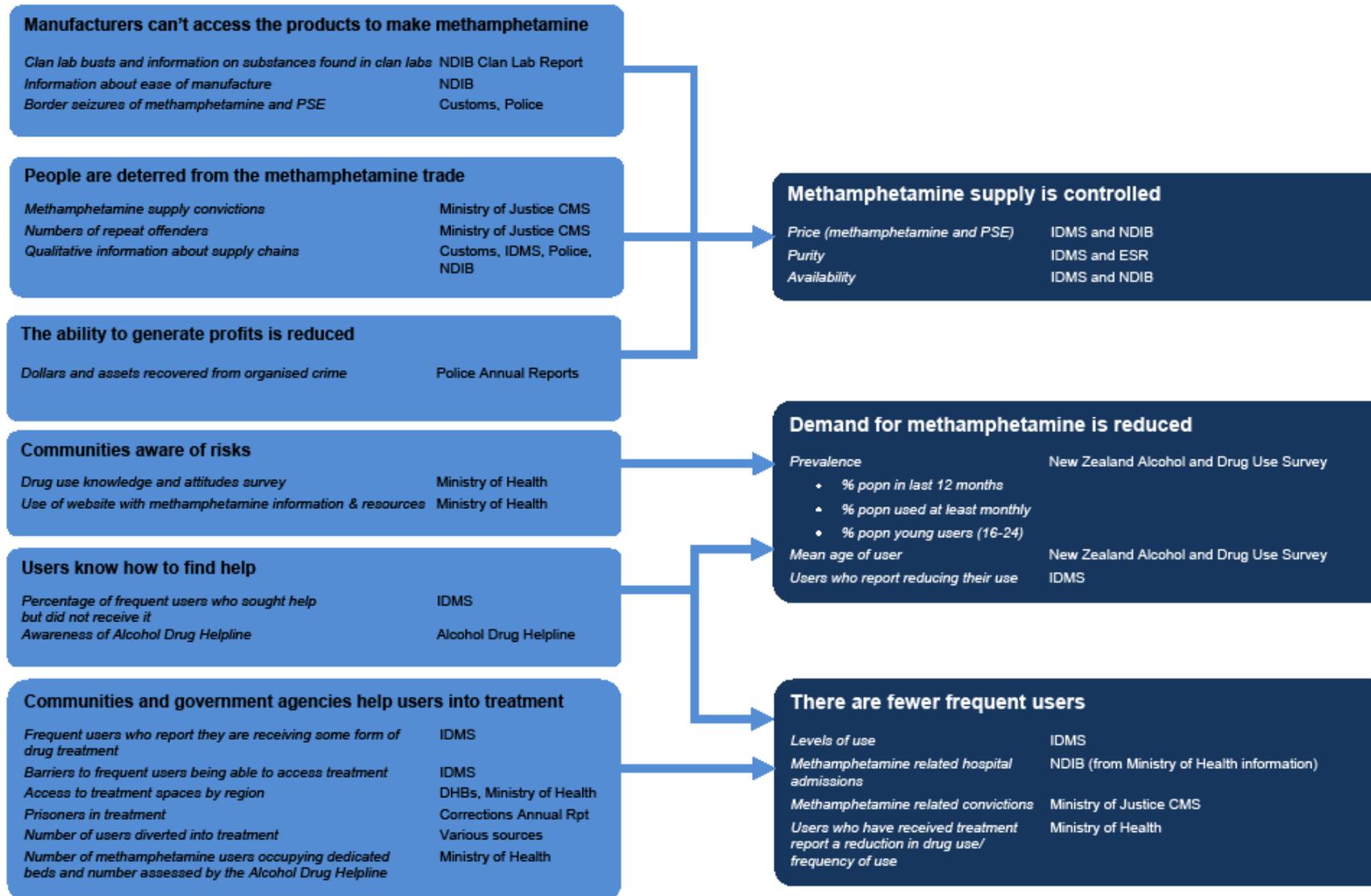
1.4 Overview of expected results and indicators

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

Tackling Methamphetamine: an Action Plan - Expected Results



Sources for indicators





Part 2: Progress on actions

All actions agreed under the Plan are on track.

Intervention group	Action	Progress to date	Status	Plan to remedy (if required)
2.1 Crack down on precursors	End the availability of over the counter pseudoephedrine from pharmacies	<ul style="list-style-type: none">The Bill to classify pseudoephedrine was introduced into the House on 22nd April 2010If passed, commencement is to be from 1 March 2011	On track	-
	Establish a Precursor Working Group to investigate stronger controls on other precursor chemicals and other products used in the manufacture of methamphetamine	<ul style="list-style-type: none">The Precursor Working Group (PWG) has been set up, and has agreed a work programme based on identifying existing information gaps, as well as assessing the benefits of an awareness raising campaign aimed at retailers and distributors of precursor chemicals	On track	-
	Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures	<ul style="list-style-type: none">Scientific study on drug signature programmes undertaken by ESR in November 2009Paper recommending pilot of analysis of 100 methamphetamine samples approved by Cabinet in February 2010Pilot programme begins in May 2010. To be completed in October/November 2010Information gained from the 100 samples may assist the PWG to fill information gaps regarding the most common chemicals used to manufacture methamphetamine in New Zealand	A revised report back date was agreed to by Cabinet. The drug signature programme is on track for this report back date	-



POLICY ADVISORY GROUP

2.2 Break supply chains	Develop and action a Police Methamphetamine Control Strategy	<ul style="list-style-type: none"> The Police Methamphetamine Control Strategy has been operating since November 2009 	On track	-
	Introduce measures to increase interception rates of methamphetamine and precursors at the border through better risk profiling and targeting	<ul style="list-style-type: none"> Blitz operation involving 140 staff from across Customs was carried out in October/November 2009. During this operation Customs seized 230kgs of pseudoephedrine (150 intercepts) compared with 67kgs (61 intercepts) over the same period in 2008. 15 arrests were made Further blitzes are planned as well as work to refine border targeting practices in cargo, mail and passenger streams Customs has also been working closely with overseas authorities which has resulted in some significant interceptions (e.g. 4 kgs of methamphetamine ex Hong Kong in March 2010) 	On track	-
	Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border	<ul style="list-style-type: none"> Additional staff were assigned to Customs Investigation Units during the enquiry phase of the October/November exercise Development work is underway on surveillance capability 	On track	-
	Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance	<ul style="list-style-type: none"> Since the Criminal Proceeds (Recovery) Act came into force in December 2009 Police has identified \$36 million worth of assets believed to have been obtained through criminal activity Of the \$36 million assets under investigation, \$11 million has been successfully restrained under the new legislation and is under the control of the Official Assignee pending court processes \$25 million of the \$36 million has been gained through drug offending – of which \$14 million is identified as methamphetamine related The Search and Surveillance Bill currently at Select 	On track	-



POLICY ADVISORY GROUP

		Committee is due to be reported back in October 2010		
	Allocate, via the normal Budget process monies forfeited under the Criminal Proceeds (Recovery) Act 2009 to fund expansion of alcohol and other drug treatment, including methamphetamine and continuing care services and Police/ Customs initiatives to fight organised criminal groups dealing in methamphetamine and other drugs.	<ul style="list-style-type: none"> Awaiting next set of decisions about process to allocate funds obtained under the Criminal Proceeds (Recovery) Act 	On track	-
	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"> Immigration staff were attached to Customs throughout the warrant phase following up on precursor seizures in September-November 2009 A number of Immigration overstayers were identified during the warrants and removal notices were served 	On track	-
2.3 Provide better routes into treatment	Increase the capacity of alcohol and drug treatment services to provide more spaces for methamphetamine users	<ul style="list-style-type: none"> An additional 30 residential treatment beds and 10 social detox beds contracted November 2009 For the period Jan to March 2010: <ul style="list-style-type: none"> 36 users accessed these residential beds 17 users accessed these social detox beds 	On track	-
	Increase alcohol and drug workforce capacity and capability to respond effectively to methamphetamine	<ul style="list-style-type: none"> 30 scholarships for 2010 granted Scoping plan for workforce initiatives commencing 1 July 2010 under development Guidelines on working with methamphetamine users under development 	On track	-
	Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the justice system	<ul style="list-style-type: none"> Current pilot projects with AOD Nurses in Police Watch Houses, and AOD clinicians providing brief assessments in Courts are to continue Agencies and providers are improving efficiencies in referrals. Work is underway to: <ul style="list-style-type: none"> clarify future demands from the justice sector clarify the supply of addiction treatment 	On track	-



POLICY ADVISORY GROUP

		<p>services for alcohol and other drug users, including workforce issues</p> <ul style="list-style-type: none"> ○ examine the effectiveness of treatment services for offenders <ul style="list-style-type: none"> ● Specific attention will be given to methamphetamine as part of this work 		
	<p>Improve routes into treatment through contact with frontline government funded services</p>	<ul style="list-style-type: none"> ● Matua Raki, contracted by Health, has provided training on an assessment tool (Substances and Choices Scale – SACS) to frontline CYF staff in Auckland (x2) and Hawke's Bay. One further training session is to be provided to CYF staff in Northland ● A draft paper prepared by Health has been circulated to other agencies to identify opportunities for other frontline staff to be trained in AOD screening tools 	On track	-
	<p>Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment</p>	<ul style="list-style-type: none"> ● Policy work and consultation is being aligned with the Law Commission ● Law Commission final report due July 2010 ● Health is to prepare a policy paper to CAB by 30 Nov 2010 	On track	-



POLICY ADVISORY GROUP

2.4 Support communities	Strengthen best practice community programmes, such as CAYADs.	<ul style="list-style-type: none"> • Evaluation of CAYADs shows most are meeting their main objectives of increasing informed community debate about drugs, encouraging effective local policies to reduce harm and increasing support for young people in education, employment and recreation • Young people's engagement in CAYAD initiatives is a chance to reach parents and wider whānau. Some CAYAD sites have reported that wider whānau engagement in CAYAD initiatives is influencing adults' attitudes and behaviour regarding drugs and alcohol. In addition, some sites (at least 4 communities) have reported a significant reduction in youth crime 	On track	-
	Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource	<ul style="list-style-type: none"> • MethHelp and DrugHelp websites to be launched 10 May 	On track	-
	Promote the new Drug Education Guidelines	<ul style="list-style-type: none"> • The Guide to Drug Education in Schools has been published on the Ministry of Education website with links from Ministry curriculum and leadership sites • This will be promoted to schools through the Education Gazette, in Principal news pages and in a feature later this year 	On track	-
	Increase the reach of school programmes targeted to at-risk youth and families to reduce demand	<ul style="list-style-type: none"> • The Odyssey House Stand-up programmes in metro-Auckland are continuing to be delivered, although funding from the private sector and one DHB has ceased • CAYADs are planning to work with Boards of Trustees on how to respond to drug-using children 	On track	-
	Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand	<ul style="list-style-type: none"> • The results from the first Hauora Programme, the Salvation Army's whanau-based treatment programme for gang members are being evaluated 	On track	



POLICY ADVISORY GROUP

	for methamphetamine	and preparations are underway for the next programme, tentatively scheduled for July/August 2010		
2.5 Strengthen governance	Improve official coordination of drug policy	<ul style="list-style-type: none">• Inter-Agency Committee on Drugs (IACD) reformed with tighter membership and a more focused work programme. First meeting held 16 March 2010• IACD agreed that alcohol, methamphetamine, precursors and the Law Commission's reviews of the Misuse of Drugs Act 1975 and the regulatory framework for the sale and supply of liquor are the current high priority drug-related areas for all IACD agencies	On track	-
	Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act 1975	<ul style="list-style-type: none">• Law Commission has released a discussion document, submissions close on 30 April• Final report to CAB due July 2010	On track	-



Part 3: Expected results indicators

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

3.1 Overview of trends and status

Result	Indicator	Baseline data	April 2010	Change
Supply is controlled	Price	<ul style="list-style-type: none"> - Median (mean) price per point: \$100 (\$96) (2008) - Median (mean) price per gram: \$700 (\$698) (IDMS – 2008 calendar year) 	<ul style="list-style-type: none"> - Median (mean) price per point: \$100 (\$100) - Median (mean) price per gram: \$700 (\$738) (IDMS – 2009 calendar year) 	The mean price paid for a point of methamphetamine is slightly higher than 2008 (\$100 vs \$96) as is the mean price per gram (\$738 vs \$698)
	Purity	<ul style="list-style-type: none"> - ESR reported that meth samples were 68.9% pure (2006-2009) - 39% of frequent drug users reported purity was "fluctuating", 36% reported purity as "high" (2008) 	<p><i>Purity data from the first four months of the pilot drug signature monitoring programme will be available by October 2010</i></p> <p>39% reported purity was "fluctuating", 32% reported purity was "high" (2009)</p>	No significant change over the past year according to frequent users. More accurate comparisons based on samples will become available later in the year from the Drug Signature Monitoring Programme pilot
	Availability	<ul style="list-style-type: none"> - Average availability score 1.7 (1=very easy – 4=very difficult) - Change in availability: Average score: 2.1 (1=easier – 3=more difficult) - Police report a shortage of PSE for production (2009) 	<ul style="list-style-type: none"> - Average availability score 1.7 (2009) (1=very easy – 4=very difficult) - Change in availability: Average score: 1.9 (1=easier – 3=more difficult) 	The availability of methamphetamine may have become slightly easier in the middle of 2009 compared with the same point in 2008
Demand is	Prevalence (used in last 12 months)	- 2.1% (2007/2008)	<i>Next prevalence survey 2011/12</i>	



POLICY ADVISORY GROUP

reduced	Prevalence (used at least monthly)	- 0.4% (2007/2008)	<i>Next prevalence survey 2011/12</i>	
	Prevalence: young users (used at least monthly)	- 16-17 year olds – numbers too low for reliable estimation (2007/2008) - 18-24 year olds – 0.8% (2007/2008)	<i>Next prevalence survey 2011/12</i>	
	Mean age of user	<i>Data not available</i>	<i>Data available next prevalence survey 2011/12</i>	
	Users who report reducing their use	- Used 38 days in past 6 months (2008)	<i>Next prevalence survey 2011/12</i>	
Fewer frequent users	Levels of use	- <i>Data available for 2005-8 but not yet analysed</i>	39% of frequent methamphetamine users were using less and 13% had stopped (2009 IDMS)	
	Methamphetamine related hospital admissions	- 610 hospital admissions for stimulants including methamphetamine - Principal diagnosis: 199 ; Secondary diagnosis: 411 (2008)	- 690 hospital admissions for stimulants including methamphetamine - Principal diagnosis: 221 stimulants incl 100 methamphetamine; Secondary diagnosis: 469 incl 207 methamphetamine (2009)	Hospital admissions for stimulants increased from 2008 to 2009. Approximately 45% of stimulant admissions in 2009 were for methamphetamine. <i>Note: 'Stimulants' category includes all stimulant substances (incl. amphetamine-type substances and MDMA/ecstasy). Methamphetamine-related data now available due to change in coding practice</i>
	Methamphetamine related convictions	- Convictions for possession/use: 1,175 - Convictions for supply/deal (incl import/export): 409 - Convictions for manufacture: 505 - Total convictions: 2,089 (2008)	- Convictions for possession/use: 1,455 - Convictions for supply/deal (incl import/export): 463 - Convictions for manufacture: 518 - Total convictions: 2,436 (2009 provisional data)	As anticipated, the increased focus by Police and Customs in this area may have led to an increase in convictions. However, it is difficult to attribute direct cause and effect in this area
	- Users who have received treatment report a reduction in drug use/frequency of use	- <i>Data will be gathered for new social detox and residential beds</i>	<i>Information will be available when users have completed three to four months of residential treatment</i>	



POLICY ADVISORY GROUP

3.2 Methamphetamine supply is controlled

3.2.1 Summary

Indicator	Definition	Baseline data	Period	Latest data (at April 2010)	Period	Source	Desired direction	Change in indicator and notes
Price	Methamphetamine Price per point (10th of gram) and price per gram of finished product. Determined through interviews with Police drug squads, who have discussed with users	\$100 per point \$800-1,000 per gram	Sept 2009	\$100 - \$120 per point \$700 - \$1200 per gram	Jan-March 2010	Police and Customs intelligence reports received by the NDIB Police drug squads gather price details from a variety of sources	Successful supply control leads to an increase in price Price changes are usually temporary	Police note that prices have fluctuated over the past 6 months with visible distinctions between Districts.
	Price per point (10th of gram) and price per gram of finished product	Median price per point: \$100 Mean price per point: \$96 Median price per gram: \$700 Mean price per gram: \$698	2008	Median price per point: \$100 Mean price per point: \$100 Median price per gram: \$700 Mean price per gram: \$738	2009	IDMS (annual)		
	<u>PSE</u> Price per capsule or equivalent of pseudoephedrine in	A set of ContacNT (equiv to 1,000 capsules) \$12,000 - \$16,000	Sept 2009	Street prices for PSE have remained stable over the past six months. Police	Jan - March 2010	NDIB		ContactNT contains 90mg of PSE. Domestic products usually have 30-60 mg of PSE



POLICY ADVISORY GROUP

	the illegal market (not over the counter purchase price)	1 packet Contact NT (10 capsules) - \$90-100 1 packet Domestic PSE (24 tablets) - \$100		intelligence indicates PSE is more difficult to obtain in the Auckland area				
Purity	Perception of overall level of purity as reported by frequent drug users	39% reported purity was "fluctuating" 36% reported purity as "high"	2008	39% reported purity was "fluctuating" 32% reported purity was "high"	2009	IDMS (annual)	Successful supply control leads to a decrease in purity	No significant change over the past year according to frequent users Note: purity can fluctuate. There are health risks associated with a decrease in purity, depending on what methamphetamine is adulterated with.
	Methamphetamine percentage in seized samples, tested by ESR	68.9% (2006-2009)	2009	<i>Data not available until later in the year</i>		ESR (ESR Drugs Group Report June 2009)		Accurate data on purity of methamphetamine is not currently available but may be accessed when a comprehensive drug signature programme is developed. This figure is based on tested samples, with purity figures provided as an indication to NDIB
Availability	Overall availability of methamphetamine as reported by frequent drug users Change in availability of methamphetamine over the last six months as reported by frequent drug users	42% of frequent drug users reported the availability of methamphetamine was "very easy" 0% reported it was "very difficult" Average availability score 1.7 (1=very easy – 4=very difficult) Change: 23% of users	2008	37% reported availability of methamphetamine is "very easy" 2% reported it was "very difficult". Average availability score 1.7 (2009) (1=very easy – 4=very difficult) Change: 20% of	2009	IDMS (annual)	Successful supply control leads to more difficulty obtaining methamphetamine Changes in availability are usually temporary	Availability is difficult to measure. The average availability score taken from surveys of users suggest little change between 2008 and 2009. However, when asked how the market has changed, users report that the availability of methamphetamine may have become slightly easier in the



POLICY ADVISORY GROUP

		reported methamphetamine becoming more difficult to get, 57% reported no change in availability, 14% reported easier. Average change score: 2.1 (1=easier – 3=more difficult)		users reported methamphetamine becoming more difficult to get, 43% reported no change, 28% reported easier. Average change score: 1.9 (1=easier – 3=more difficult)				calendar year 2009 compared with 2008. After becoming more difficult to get in 2008 compared with previous years, availability appears to have returned to previous levels in 2009
		There is a shortage in illicitly imported PSE-based medications intended for the production of methamphetamine within NZ, according to Police reports	Mid-late 2009	Eastern and Canterbury are reporting fewer pill shoppers.	Jan - March 2010	NDIB		Drawn from Police and Customs sources

Price trends

Prices for methamphetamine (IDMS)

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

Source: IDMS



POLICY ADVISORY GROUP

3.3 Demand for methamphetamine is reduced

Indicator	Description	Baseline data	Period	Latest data	Period	Source	Desired direction	Notes
Prevalence (last 12 months)	Users of amphetamines, including methamphetamine as a percentage of the 16-64 population in the past 12 months	2.1%	2007/08	-	<i>Next updated 2011/12</i>	New Zealand Alcohol and Drug Use Survey	Successful demand reduction and problem limitation measures lead to a decrease in percentage of population using	The next prevalence survey is likely to be conducted in 2011/2012
Prevalence (used at least monthly)	Users of amphetamines, including methamphetamine as a percentage of the 16-64 population who used at least monthly in the past year	0.4%	2007/08	-	<i>Next updated 2011/12</i>	New Zealand Alcohol and Drug Use Survey	Successful demand reduction and problem limitation measures lead to a decrease in percentage of population using	People who use methamphetamine at least monthly can be considered frequent or semi-frequent users
Prevalence: young users (used at least monthly)	16-17 year old users as a percentage of the 16-64 population who used at least monthly	<i>Numbers too low for reliable estimation</i>	2007/08	-	<i>Next updated 2011/12</i>	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	The next prevalence survey is likely to be conducted in 2011/2012
	18-24 year old users as a percentage of the 16-64 population who used at least monthly	0.8%	2007/08	-	<i>Next updated 2011/12</i>	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	The next prevalence survey is likely to be conducted in 2011/2012
Mean age of user	Mean age of monthly using population	<i>not available</i>	2007/08	-	<i>Next updated 2011/12</i>	New Zealand Alcohol and Drug Use Survey	Successful demand reduction measures lead to an upward shift in the age of the using population, as this suggests there are fewer new people	A targeted survey is to be undertaken in 2010/2011 to provide enhanced data



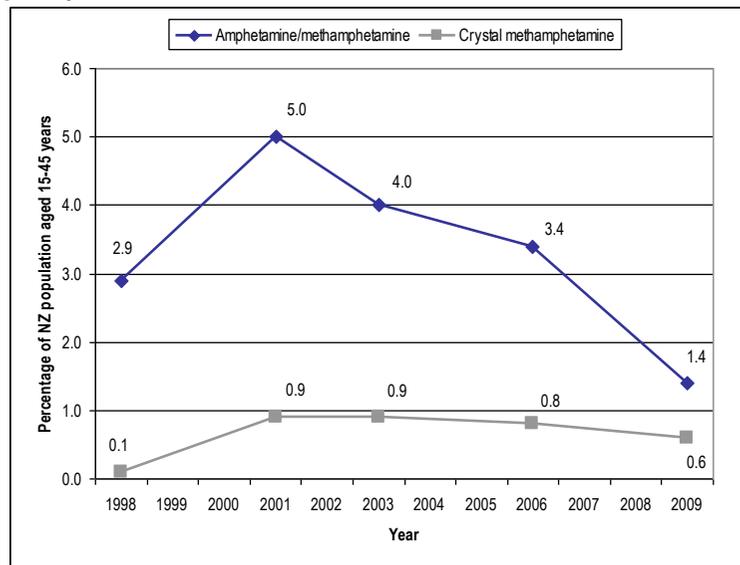
POLICY ADVISORY GROUP

Users who report reducing their use	Frequent users reporting number of days methamphetamine used in the past six months	Mean use of 38 days in past 6 months (68 days in 2007)	2008	39% of frequent methamphetamine users were using less and 13% had stopped.	2009	IDMS (annual)	using Lower mean number of days in past 6 months	
--	---	--	------	--	------	---------------	---	--



Prevalence (12 months)

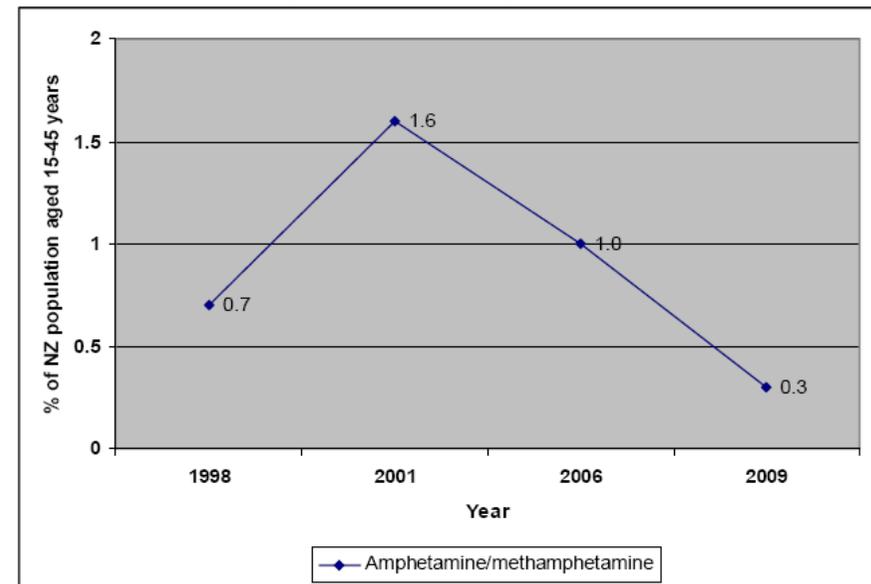
Percentage of the New Zealand population aged 15-45 who used amphetamine/methamphetamine and crystal methamphetamine in the past year



Source: Wilkins, C. and Sweetsur, P. 2009. A brief report on amphetamine trends in New Zealand: Preliminary findings from a national survey of drug use in 2009. Auckland: Massey University

Prevalence (used in the past month)

Percentage of the New Zealand population aged 15-45 years who used amphetamine/methamphetamine in the past month



Source: Wilkins, C. and Sweetsur, P. 2009. A brief report on amphetamine trends in New Zealand: Preliminary findings from a national survey of drug use in 2009. Auckland: Massey University

*Age distribution of users*

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

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

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

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



POLICY ADVISORY GROUP

3.4 There are fewer frequent users

Indicator	Description	Baseline data	Period	Latest data	Period	Source	Desired direction	Notes
Levels of use	Changes in methamphetamine use of frequent drug users who reported using methamphetamine in the past six months		2005-2008	39% of frequent methamphetamine users were using less and 13% had stopped	2009	IDMS (annual)	Successful demand reduction and problem limitation measures lead to a decrease in levels of use	
Methamphetamine related hospital admissions	Number of people who are admitted to a public hospital with 'stimulants' as a diagnosis	610 - 199 principal stimulant admissions - 411 secondary stimulant admissions	2008	690 - 221 principal stimulant admissions (100 were meth specific, 45%) - 469 secondary stimulant admissions (207 were meth specific, 44%)	2009	Ministry of Health	Successful demand reduction and problem limitation measures lead to a decrease in hospital admissions	'Stimulants' category includes all stimulant substances (incl. amphetamine-type substances and MDMA/ecstasy). Methamphetamine-related data now available due to change in coding practice.
Methamphetamine related convictions	Total convictions for: a) possession/use; b) supply/deal (including import/export); c) manufacture/possession of	a) 1,175 b) 409 c) 505 d) 2,089	2008	a) 1,455 b) 463 c) 518 d) 2,436	2009 (provisional data)	Ministry of Justice CMS	Successful demand reduction and problem limitation measures lead to a decrease in convictions for possession and use; an initial increase in convictions for	



POLICY ADVISORY GROUP

	equipment to manufacture. d) all categories combined The two key indicators are a) and d)						supply, dealing and manufacture	
Users who have received treatment report a reduction in drug use/frequency of use	Users who have received treatment report a reduction in drug use/frequency of use	-	-	-	<i>Data on outcomes will not be available until the next report once users have completed the 3-4 months of treatment.</i>	Ministry of Health using Alcohol and Drug Outcomes Measure, a validated screening tool.	Successful problem limitation measures lead to a reduction in drug use/frequency of use	

Methamphetamine related hospital admissions

Numbers of admissions for stimulants (including methamphetamine) peaked in 2006/07 at 700-800, with a decline in 2008, particularly in the number of secondary admissions, to a total of 610. The 2009 data indicate a rise in total numbers to 690.

Hospital admissions for stimulants

Hospital admissions for stimulants	2004	2005	2006	2007	2008	2009 ¹ All stimulants incl meth	2009 ² Meth only
Principal diagnosis	211	269	268	208	199	211	100
Secondary diagnosis	255	315	515	531	411	469	207
Total diagnosis	466	584	783	739	610	690	307

¹ All stimulants: includes admissions associated with the use of all amphetamine-type substances, MDMA/ecstasy, BZP and related piperazines, and products containing caffeine.

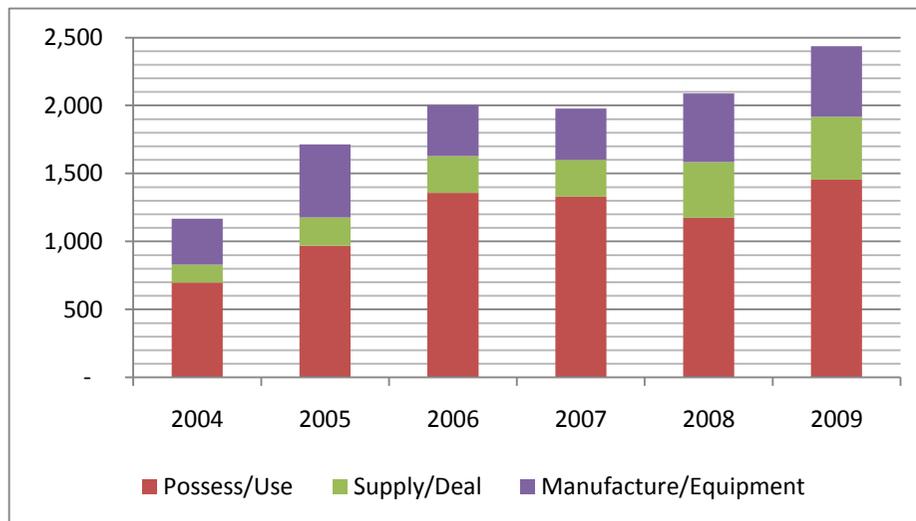
² Methamphetamine specific data.



Number of methamphetamine related convictions

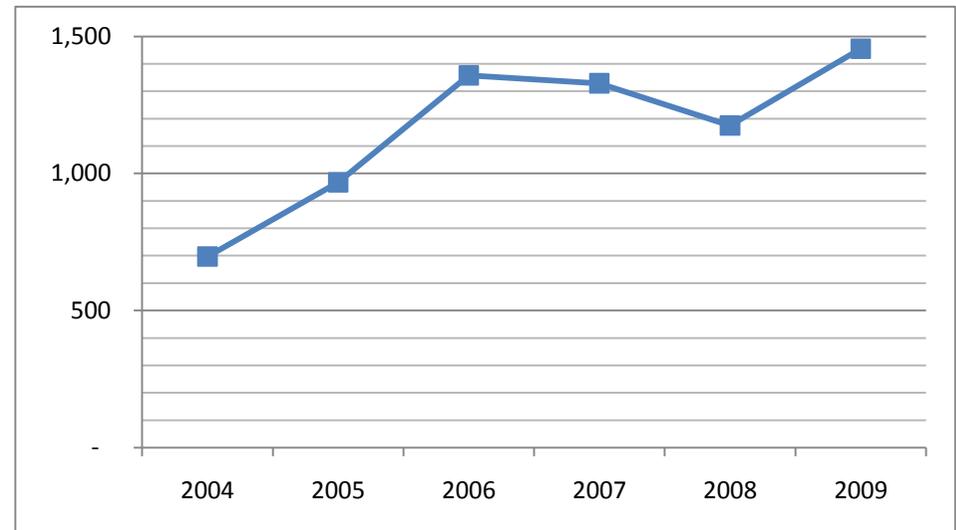
The charts below show methamphetamine convictions or recorded offences by category for the last six years. The 2009 conviction data is provisional only, and can be confirmed for the next report back. 2009 recorded offence data will be available for the next report back. Note that the supply/deal category includes import/export of methamphetamine.

Methamphetamine convictions, 2004-2009



Source: Ministry of Justice Case Management System Note: 2009 data is provisional.

Possession/use of methamphetamine convictions, 2004-2009



Source: Ministry of Justice Case Management System Note: 2009 data is provisional.



POLICY ADVISORY GROUP

Methamphetamine convictions and recorded offences by category

Methamphetamine convictions	2004		2005		2006		2007		2008		2009 (provisional data)	
	Recorded offence	Conviction	Recorded offence	Conviction								
Possession and/or use	1,276	697	1,694	968	2,133	1,358	1,988	1,329	1,653	1,175	<i>Data not yet available</i>	1,455
Supplying and/or dealing	220	132	351	209	344	270	321	271	437	409	<i>Data not yet available</i>	463
Manufacturing and/or in possession of equipment for manufacture	382	338	409	538	443	375	480	378	448	505	<i>Data not yet available</i>	518
Total	1,878	1,167	2,454	1,715	2,920	2,003	2,789	1,978	2,538	2,089	<i>Data not yet available</i>	2,436

Source: Ministry of Justice Case Management System Note: 2009 data is provisional.



Part 4: Intermediate results indicators

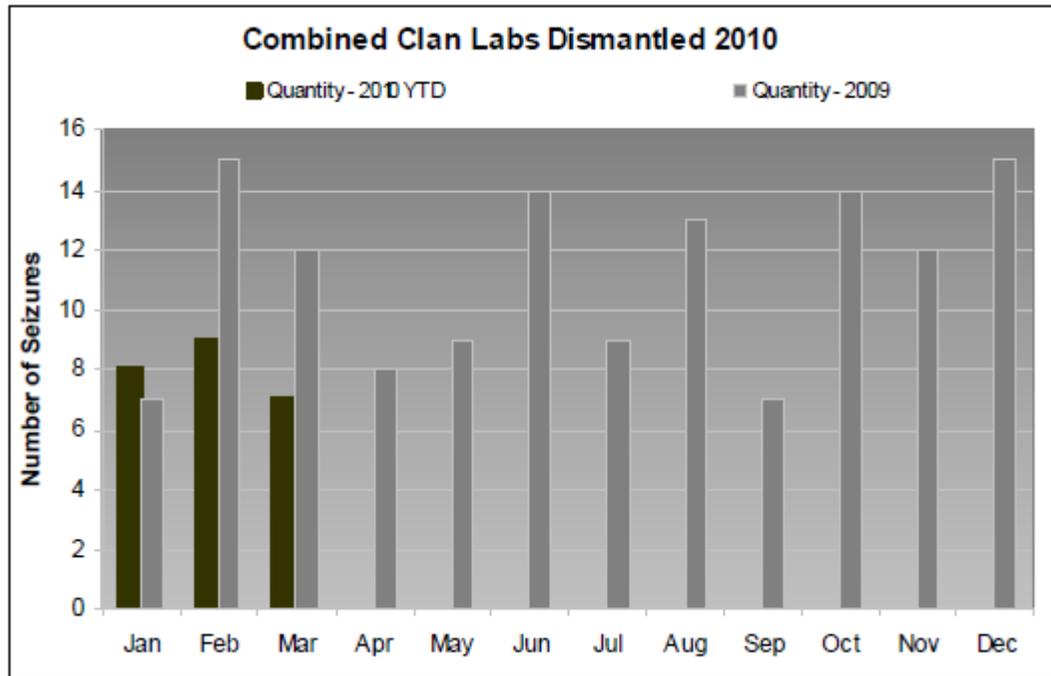
4.1 Manufacturers can't access the products necessary to make methamphetamine

Indicator	Definition	Baseline data	Period	Latest data	Period	Source	Desired direction	Notes
Clan lab busts and information on substances found in clan labs	The number of clandestine laboratories detected and dismantled by Police	133	2008	135 <i>27 clan labs detected in the period to end March 2010</i>	2009 <i>Jan-March 2010</i>	National Drug Intelligence Bureau (NDIB) Clan Lab Report (annual)	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 comparison to the last quarter of 2009 the number of clan lab detections in the first two months of 2010 has not been sustained. (see graph below)
Information about ease of manufacture	Qualitative information about methamphetamine manufacture sourced from Police	There appears to be a current shortage in illicitly imported PSE-based medications intended for the production of methamphetamine within New Zealand	Sept 2009			NDIB. Based on information from drug squads and tactical assessments [May be included in NZ-ADUM in future]	Successful supply control would result in more difficulty in manufacturing and/or obtaining the precursors required to manufacture	Answers in a Police environment may be different from more anonymous surveys. Note public discussion on stricter controls on PSE may have driven these changes
Seizures of methamphetamine and PSE	Ephedrine and pseudoephedrine seizures over the past 12 months	1,071kg precursors	Sept 2008 – Aug 2009	1,390 kg precursors	April 2009 – March 2010	Customs	Successful supply control would result in an increase in seizures, in the interim, and eventually a long term decrease in seizures	Note that, as domestically sourced PSE is made more difficult to obtain, it is expected that foreign-sourced PSE



POLICY ADVISORY GROUP

								would increase.
	Number of precursor seizures over the last 12 months	878 seizures	Sept 2008 – Aug 2009	996 seizures	April 2009 – March 2010	Customs		
	Methamphetamine seizures	23,971g	2008	17,944g <i>Year to date 4,947g</i>	2009 <i>Jan – March 2010</i>	Customs/Police		
	Number of methamphetamine seizures by Police and Customs	668 seizures	2008	631 seizures <i>Year to date 162 seizures</i>	2009 <i>Jan – March 2010</i>	Customs/Police		





POLICY ADVISORY GROUP

Border seizures of ephedrine and pseudoephedrine

Year	2004	2005	2006	2007	2008	2009	2010 (1 Jan to 31 March)
Amount seized (tablets) - converted to equivalent of 90mg tablets	1,313,179	1,664,228	2,667,068	1,766,200	3,289,233	5,580,843	1,450,115
Equivalent in kilos of precursors	292	371	594	393	733	1245	323
Number of seizures	576	678	284	454	766	923	246
Potential methamphetamine yield (kilos)	59-82	74-104	120-168	79-111	147-207	251-351.5	65-91

Source: Customs

2010 Statistics* are year to date 01 January-28 February 2010

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

Seizures of methamphetamine

Year	2006	2007	2008	2009	2010ytd ^[1]
Methamphetamine (g)	121,839	39,304g	22,106	17924g	4948g
Number of seizures	673	468	546	602	162

Source: NDIB

^[1] Note that the figures for 2010 are provisional and need to be confirmed by agencies.



POLICY ADVISORY GROUP

4.2 People are deterred from the methamphetamine trade

Indicator	Definition	Baseline data	Period	Latest data	Period	Source	Desired direction
Methamphetamine supply convictions	Convictions for supplying/dealing in methamphetamine (including importing and exporting); and convictions for manufacturing or possessing the equipment to manufacture methamphetamine.	Supplying/dealing convictions: 409 Manufacturing convictions: 505	2008	Supplying/dealing convictions: 463 Manufacturing convictions: 518	2009 (provisional data)	Ministry of Justice CMS	Expect to see an initial increase in supply convictions as methamphetamine enforcement is given high priority, then decrease as deterrent effect occurs
Numbers of repeat offenders	Offenders convicted of methamphetamine offences since 1997, who reoffend in subsequent years. Two offences in the same year are not classified as reoffences.	In 2008, 1,202 convictions for methamphetamine offences were handed down. Of these, 268 (or 22%) were handed down to individuals previously convicted of a methamphetamine offence and 182 (or 15%) previously charged but not convicted.	2008	In 2009, 1,396 convictions for methamphetamine offences were handed down. Of these, 408 (or 29%) were handed down to individuals previously convicted of a methamphetamine offence and 185 (or 13%) previously charged but not convicted.	2009 (provisional data)	Ministry of Justice CMS	Expect to see an initial increase in supply convictions as methamphetamine enforcement is given high priority, then decrease as deterrent effect occurs <i>Note: figures were recalculated in 2010 removing stimulant/depressant offences, as these are no longer used for methamphetamine cases and may distort results</i>
Qualitative information about supply chains	Description of methamphetamine supply chains, including importation,	While ContacNT from China remains the dominant precursor encountered by Customs	2009	Further increases in interceptions of Chinese ContacNT being sent from Western Europe.	2009-2010	Customs NDIB Methamphetamine	N/A



POLICY ADVISORY GROUP

	<p>manufacture, distribution and retail. For example:</p> <ul style="list-style-type: none"> - Changes in manufacturing methods - Size of labs detected - Trend of lab detections for the last 6 months - Pattern of seizures (e.g. multi-kilo or small seizures) 	<p>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. Intelligence suggests there have been fluctuations in the availability of methamphetamine over the past six months.</p>		<p>There have also been a number of seizures of ephedrine from SE Asia. These trends may be in response to increased interdictions of shipments from China</p>		Supply Report	
--	---	--	--	--	--	---------------	--

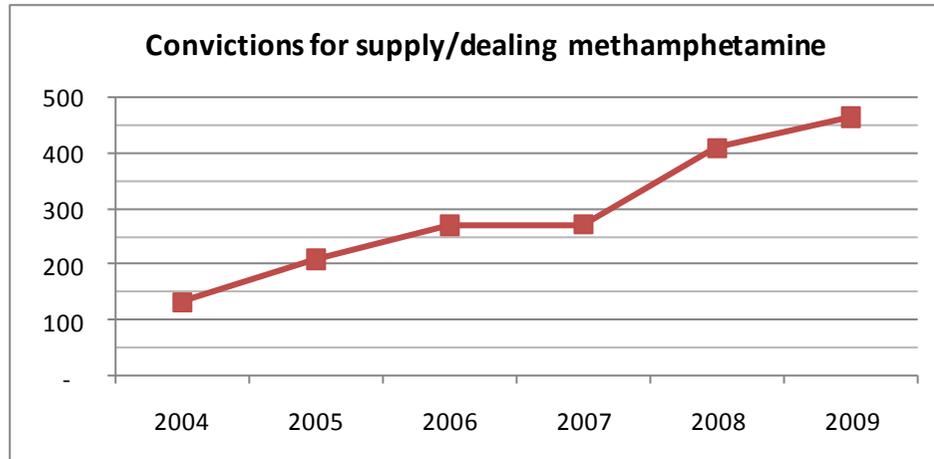
Methamphetamine supply convictions

The graph below (left) shows convictions for supplying/dealing methamphetamine.

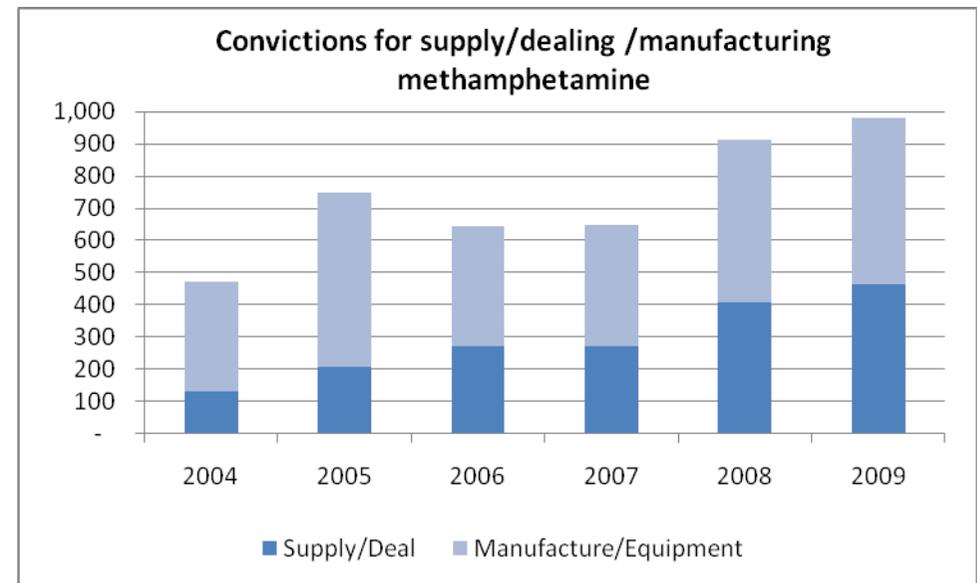
The graph below (right) shows combined convictions for supply/dealing methamphetamine and manufacturing methamphetamine or possession of the equipment to manufacture methamphetamine. These two measures combined provide a good indication of total convictions for supply. The 2009 data is provisional.



POLICY ADVISORY GROUP



Source: Ministry of Justice Case Management System Note: 2009 data is provisional.



Source: Ministry of Justice Case Management System Note: 2009 data is provisional.

Conviction data for methamphetamine supply offences

Methamphetamine supply convictions	2004	2005	2006	2007	2008	2009
Supply/Deal	132	209	270	271	409	463
Manufacture/Equipment	338	538	375	378	505	518
Total	470	747	645	649	914	981

Source: Ministry of Justice Case Management System. Note: 2009 data is provisional.



POLICY ADVISORY GROUP

Repeat offences since 1997 for methamphetamine convictions

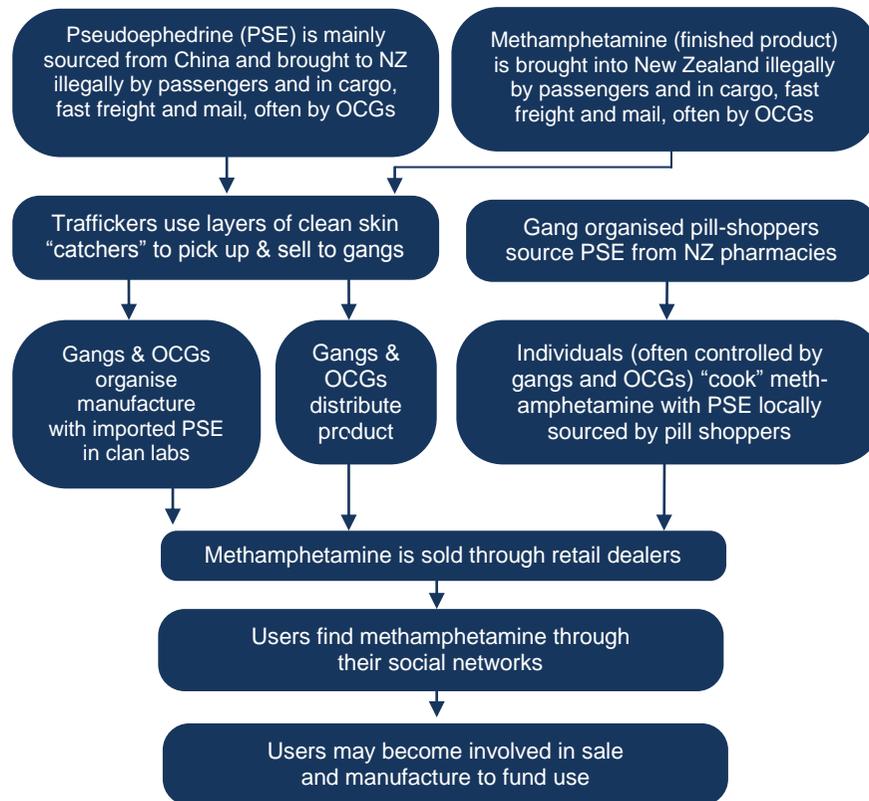
Methamphetamine convictions	2004	2005	2006	2007	2008	2009
Offenders with previous methamphetamine conviction	61	133	176	265	268	408
<i>% of offenders with previous conviction</i>	8%	13%	14%	21%	22%	29%
Offenders with previous charge, but no conviction	59	117	143	131	182	185
<i>% of offenders with previous charge</i>	8%	12%	12%	10%	15%	13%
Total convictions	759	998	1,238	1,253	1,202	1,396

Source: Ministry of Justice Case Management System Note: 2009 data is provisional.



Methamphetamine supply chains

The diagram below describes current supply chains.





POLICY ADVISORY GROUP

4.3 The ability to generate profits is reduced

Indicator	Definition	Baseline data	Period	Latest data	Period	Source	Desired direction	Notes
Dollars and assets recovered from organised crime	Dollars and assets recovered from organised crime	<p>Approximately \$1.8m was recovered in 2007/8 under the legislation</p> <p>At the end of the last financial year /approximately \$41m 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 came into force in December last year Police has identified \$36 million worth of assets believed to have been obtained through criminal activity</p> <p>Of the assets under investigation \$11 million has been successfully restrained under the new legislation and is under the control of the official assignee pending court processes</p> <p>Of the \$36 million under investigation, \$25 million has been gained through drug offending – of which \$14 million is identified as methamphetamine related.</p>	1 Dec 09 – Mar 10	Police Annual Reports	Successful supply control measures would lead to an increase in dollars and assets recovered from organised crime, in order to deter involvement in the drug trade	These dollars and assets are frozen, until decisions are made through the courts



POLICY ADVISORY GROUP

4.4 Communities are aware of risks

Indicator	Definition	Baseline data	Period	Latest data	Period	Source	Desired direction	Notes
Drug use knowledge and attitudes survey	New Zealanders' attitudes to illegal drugs and drug use	94% of respondents said that methamphetamine is a drug causing serious harm (compared with 58% for cannabis and 39% for alcohol)	2008	-	<i>Data is not available for 2009</i>	Ministry of Health	Increased awareness of effects of methamphetamine use and how to access help/support	Health is developing a programme of research and evaluation that will establish an improved evidence base to underpin the range of services, activities, and approaches it takes to reduce the harm caused by methamphetamine. It is anticipated that the detail of this programme will be available by the next reporting milestone (October 2010)
Use of website with methamphetamine information and resources	Methamphetamine-specific resources (e.g. print, DVD) to be developed as part of development of Drug Information and Help website	<i>Data will be provided in future when website active</i>	-	Websites to go live from 3 May 2010	-	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 websites to go live 3 May. Website addresses to be: www.drughelp.health.nz and www.methhelp.health.nz

4.5 Users know how to find help

Indicator	Definition	Baseline data	Period	Latest data	Period	Source	Desired direction
Percentage of frequent users who sought help but did not receive it	Percentage of frequent users who reported they sought help but did not receive it.	22% of frequent users surveyed by Massey University (32% in 2007)	2008	21% of frequent users surveyed by Massey University	2009	IDMS (annual)	Lower percentage of frequent users reporting not having received help



POLICY ADVISORY GROUP

Awareness of Alcohol Drug Helpline	Awareness of Alcohol Drug helpline by methamphetamine users	1,256 methamphetamine related calls, including 424 self calls and 832 concerned other calls	2008/2009	262 methamphetamine related calls, including 98 self calls and 172 concerned other calls	Jan to Mar 2010	Alcohol Drug Helpline	Higher number of calls suggests greater awareness of Helpline
---	---	---	-----------	--	-----------------	-----------------------	---

Methamphetamine callers 2006-2009 - Call comparison between self calls and concerned other calls

Year	2006/2007	2007/2008	2008/2009
Self calls	480	355	424
Concerned other calls	1215	851	832
All methamphetamine calls	1695	1206	1256

Source: Alcohol Drug Helpline

4.6 Communities and government agencies help users into treatment

Indicator	Definition	Baseline data	Period	Latest data	Period	Source	Desired direction	Notes
Frequent users who report they are receiving some form of drug treatment	Frequent methamphetamine users who report they are receiving some form of drug treatment	21% of frequent methamphetamine users were in treatment	2008	21% of frequent methamphetamine users were in treatment	2009	IDMS (annual)	Increase as a measure of availability of treatment services; decrease as a measure of need for treatment, as prevalence decreases	2008 Survey included 137 frequent methamphetamine users.
Barriers to frequent	Frequent	22% of frequent	2008	21% of frequent	2009	IDMS	Decrease in	2008 Survey included



POLICY ADVISORY GROUP

users being able to access treatment	methamphetamine users report barriers to being unable to find help for their drug use.	users reported barriers to finding help, including: - fear of what might happen once contact made with service (32%) - social pressure to keep using (26%) - fear of losing friends (26%) - fear of police (23%) - long waiting lists (22%) - didn't know where to go (20%)		users reported barriers to finding help including: - fear of what might happen once contact made with service (15%) - social pressure to keep using (19%) - fear of losing friends (14%) - fear of police (10%) - long waiting lists (18%) - didn't know where to go (22%)		(annual)	percentage of those reporting barriers, particularly those reporting 'long waiting lists' and 'didn't know where to go'	137 frequent methamphetamine users.
Access to treatment spaces by region	AOD (not methamphetamine specific) treatment waiting times by region as reported by community alcohol and drug services	Waiting times between referrals to a DHB Community Alcohol and other Drug Service and first appointment Northern DHBs 4.25 wks Midland DHBs 2.6 wks Central DHBs 1.3 wks Southern DHBs 8.75 wks	ADANZ – May 2009	Waiting times between referrals to a DHB Community Alcohol and other Drug Service and first appointment Northern DHBs 0.5 wks Midland DHBs 0.4 wks Central DHBs 1.3 wks Southern DHBs 1.1 wks	Ministry of Health – April 2010	DHBs, Ministry of Health data collection, ADANZ	Lower waiting times	Demand may rise due to more unmet need being revealed through better connection to treatment
	Data on waiting times for residential treatment as	Waiting times range from 2.5 weeks to 36 weeks	As at October 2009	Waiting times range from 4 weeks to 12 weeks	As at December 2009	Information direct from providers	Lower waiting times	



POLICY ADVISORY GROUP

	reported by providers							
Prisoners in treatment	Total prisoners who start a substance abuse programme in a Drug Treatment unit	499	2008/2009 Fiscal year	362	2009/10 Year to date (to end March 2010)	Source is 2008/09 Annual Report of the Department of Corrections (to be published October 2009).	To ensure that the highest number 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	Note this is measuring DTUs. It does not cover prisoners who do not get access to a DTU or support provided after completing DTU and reverting to mainstream prison section. Work is on track to provide three new Drug Treatment Units delivering three month intensive programmes for prisoners on shorter sentences. The first programme started in March 2010 at Otago Corrections Facility, and the remaining two units will be at Auckland Prison (commencing early 2011) and Wanganui Prison (commencing late 2011)
	Total hours in treatment	106,097		81,092				
	Completion rates (% of those in treatment who complete it)	58%		59%				
Numbers of users diverted into treatment	Number of Adult Police Diversion Scheme diversions with alcohol and other drug assessment,	At least 1,056 diversions with AOD treatment as a condition	2008	There were 134 referrals for AOD counselling or assessment made as a condition of diversion for those	2010	Police	Higher number of diversions with AOD treatment as a condition of diversion	AOD as a condition is currently collected in a text field in the National Intelligence Application, meaning that it is not



POLICY ADVISORY GROUP

	treatment or counselling as a condition of diversion. This is broader than just methamphetamine.			who have completed diversions between 1 January 2010 and 31 March 2010 No referrals were made where the person did not complete diversion; and only one person who had a condition of diversion to attend AOD counselling failed to complete their diversion and was referred back to court				mandatory to complete. It is therefore likely to underestimate the number of diversions with treatment as a condition
	Number and percentage of methamphetamine convictions with Alcohol and Drug Assessment as a condition of sentence	161 (or 13.4%) methamphetamine convictions with AOD assessments as a condition of sentence	2008	244 (or 17.5%) methamphetamine convictions with AOD assessments as a condition of sentence	2009 (provisional data)	Ministry of Justice	Higher percentage of convictions with AOD assessments	Note: variation in figures from 2008 from Baseline Report due to change from charges to cases (hence no double counting). E.g. 3 charges for possession, and 3 treatment orders for same person, now counted as 1
Number of methamphetamine users occupying dedicated beds and number assessed by the Alcohol Drug Helpline	Measures whether beds being utilised appropriately for methamphetamine users	-	-	36 users accessed residential treatment 17 users accessed social detox	Jan to Mar 2010	Ministry of Health via dedicated contracts – from reports by providers		



POLICY ADVISORY GROUP

Methamphetamine convictions with an Alcohol and Drug Assessment as a condition of sentence

	2004	2005	2006	2007	2008	2009
Convictions with AOD assessment sentence conviction	73	78	112	144	161	244
Percentage of total methamphetamine convictions	9.6%	7.8%	9.0%	11.5%	13.4%	17.5%

Source: Ministry of Justice Case Management System Note 2009 data is provisional.



Appendix I: Descriptions of information sources

Key sources of information

Publicly available sources of information are described below.

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

Description: NZ-ADUM measures drug and alcohol use among people who have been recently apprehended and detained in watch houses by Police
Owner: Police
Researcher: Health Outcomes International
Frequency: Reported annually
Release dates: February 2010 (for 2009 data)
Population: Approximately 800 interviewees
Key reports: New Zealand Arrestee Drug Abuse Monitoring Annual Report
Location: www.police.govt.nz

Illicit Drug Monitoring System (IDMS)

Description: IDMS is conducted annually to provide a "snapshot" of trends in illegal drug use and drug related harm by interviewing frequent drug users
Owner: Police
Researcher: Centre for Social and Health Outcomes Research and Evaluation (SHORE), Massey University
Frequency: Annually
Release dates: April/ May 2010 (for 2009 data)
Population: Approximately 400 interviewees
Key reports: Recent Drug Trends on Illegal Drug Use in New Zealand 2006-08 Findings from the 2006, 2007 and 2008 Illicit Drug Monitoring System (IDMS)
Location: www.shore.ac.nz/
www.massey.ac.nz/

Alcohol and Drug Use Survey/National Health Survey

Description: 2007/08 New Zealand Alcohol and Drug Use Survey
Owner: Ministry of Health
Researcher: Health and Disability Intelligence Unit, HDSS, Ministry of Health
Frequency: One-off survey. A continuous New Zealand Health Survey (starting in 2011) will include a module on alcohol and drug use. This module will be included at some point in the first five years of data collection (2011–2016), but not in the first year. Planning of the modules is at an early stage and no other decisions around timing of modules have been made
Release dates: Drug Use report (reporting results of the 2007/08 NZADUS) expected by end of 2009



- Population:** New Zealand adult population aged 16–64 years (who were usually resident and living in permanent private dwellings)
- Key reports:** Report likely to be called: Drug Use in New Zealand: Key results of the 2007/08 New Zealand Alcohol and Drug Use Survey
- Location:** There will be a specific webpage when the publication is released
Likely to be available on www.moh.govt.nz

Other sources of information

Ministry of Justice conviction statistics

- Description:** Sourced from the Ministry of Justice's Case Management System (CMS). Includes all recorded offences, convictions and sentences imposed.
- Owner:** Ministry of Justice
- Researcher:** Ministry of Justice
- Frequency:** Data collection is ongoing
- Release dates:** Data is publicly released in June each year, for example 2009 data will be released in June 2010. While the Ministry of Justice has access to this data, it is not allowed to be used publicly until released. The 2009 conviction data included in this report is provisional only.
- 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

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). Quantitative component can be repeated relatively simply; may be useful to repeat full survey in 3-5 years
- Release dates:** July 2009
- Population:** New Zealand adult population; recruitment split between general public and people with experience of illegal drug use
- Key reports:** Research into knowledge and attitudes to illegal drugs: a study among the general public and people with experience of illegal drug use
- Location:** National Drug Policy website: www.ndp.govt.nz/

Alcohol Drug Helpline

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

Police Annual Reports

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

*Population prevalence surveys*

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

DHB/MOH – Access to treatment spaces by region

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

Department of Corrections Prisoners in Treatment

Description: Number of prisoners receiving treatment including:
- Total prisoners who start a substance abuse programme in a drug treatment unit
- Total hours prisoners spend attending substance abuse programmes in a drug treatment unit
- Percentage of prisoners who complete a substance abuse programme
Owner: Department of Corrections
Researcher: Department of Corrections
Frequency: Annual report released annually
Progress reports will be released to agencies quarterly
Release dates: Annual report released in October. Information in this first report is from the 2008/09 Annual Report of the Department of Corrections (to be published October 2009).
Progress reports will be released quarterly from late February 2010
Population: New Zealand prison population
Key reports: Department of Corrections Annual Report
Department of Corrections progress reports will be reported quarterly from late February 2010
Location: Annual report available from Corrections website:
www.corrections.govt.nz/news-and-publications/statutory-reports/annual-reports.html



Progress reports will be made available to central agencies (including DPMC) and to the Corrections Minister (from the Corrections Policy Strategy and Research team)

New social detox and residential beds

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