

# Tackling Methamphetamine: Indicators and Progress Report

April 2013

DEPARTMENT  
*of the* PRIME MINISTER  
*and* CABINET



*Policy Advisory Group*





<b>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 1: Progress on actions .....</b>	<b>3</b>
<b>Part 2: Indicator data for controlling the supply of methamphetamine .....</b>	<b>6</b>
2.1 Price.....	6
2.2 Purity – supply control leads to a decrease in purity .....	7
2.3 Availability.....	8
2.4 Manufacturers can't access the products necessary to make methamphetamine .....	9
2.5 People are deterred from the methamphetamine trade.....	11
<b>Part 3: Indicator data for reducing methamphetamine demand .....</b>	<b>13</b>
3.1 Prevalence.....	13
3.2 Frequency of use .....	14
3.3 Communities are aware of risks .....	15
3.4 Users know how to find help.....	16
3.5 Communities and government agencies help users into treatment.....	17
<b>Appendix I: Descriptions of information sources .....</b>	<b>.....</b>
Key sources of information .....	.....
Other sources of information .....	.....



# Introduction

## 1.1 Purpose

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

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

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

Reports on progress against the Action Plan are provided to the Prime Minister and the Ministers of Justice, Health, Police, Corrections, Customs and Māori Affairs every six months. DPMC coordinates the reporting process and the Methamphetamine Steering Group, made up of senior officials from the relevant agencies, meets to discuss progress and approve the reports.

As foreshadowed by the October 2012 Indicators and Progress Report, this is the first time a new streamlined Indicators and Progress Report is being used. The information reported remains the same.

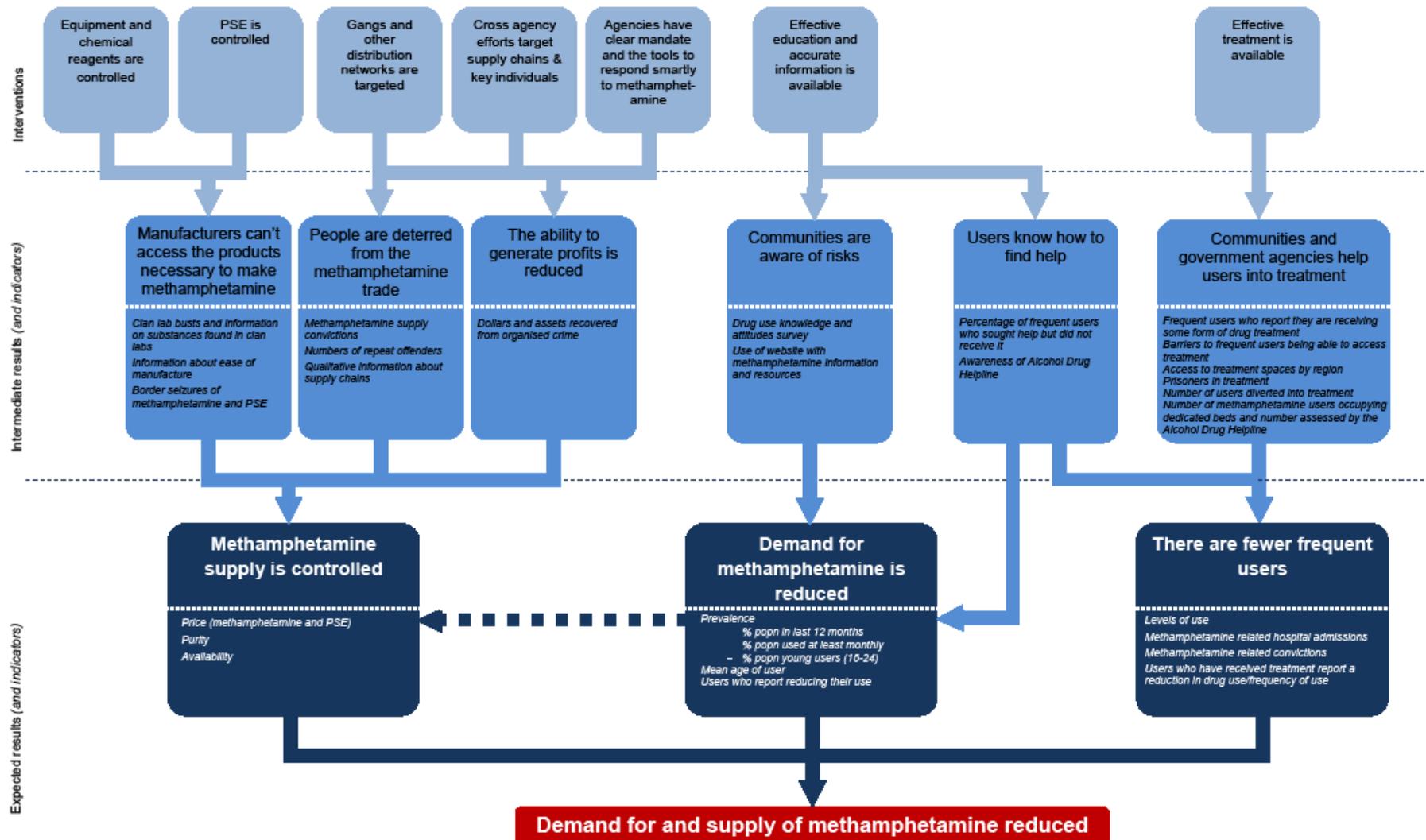
## 1.3 Data should be used with caution

Descriptions of information sources can be found in *Tackling Methamphetamine: Baseline Indicators Report* at [http://www.beehive.govt.nz/sites/all/files/baseline\\_indicators.pdf](http://www.beehive.govt.nz/sites/all/files/baseline_indicators.pdf). It should be noted that, due to various recording and release dates, some data is provisional and other data may have been collected but not yet analysed. Therefore some changes may be made in subsequent reporting if necessary. Where the tables refer to 'latest data', this is the most recent data available as at April 2013.

## 1.4 Overview of expected results and indicators

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

## Tackling Methamphetamine: an Action Plan - Expected Results



## Part 1: Progress on cross-agency actions

Action	Comment
<b>Crack-down on precursors</b>	
End the availability of over the counter pseudoephedrine from pharmacies.	Completed in 2011.
Establish a Precursor Working Group (PWG) to investigate stronger controls on other precursor chemicals and products used in the manufacture of methamphetamine.	The PWG is established. Work is 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.
Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures.	Environmental Science and Research (ESR) have provided findings from its Drug Signature pilot programme. Preliminary results from follow-up testing of a further 40 methamphetamine samples, using more detailed analytical techniques, are included in this report. Police and Customs are assessing options to progress and establish a more systematic methamphetamine analysis programme.
<b>Break supply chains</b>	
Develop and action a Police Methamphetamine Control Strategy (MCS).	Police launched the MCS in 2009. The MCS, which is a restricted document, is reviewed annually to ensure that it anticipates and responds to emerging trends in the methamphetamine market. The 2012/2013 MCS focuses on: enhancing national intelligence, targeting highest risk manufacturers and suppliers; using tailored interventions to prevent and combat manufacture and supply; and supporting communities to reduce and prevent methamphetamine use.
Introduce measures to increase interception rates of methamphetamine and precursors at the border through better risk profiling and targeting.	Customs is preparing a new multi-year sequence of operations and initiatives aimed at reducing the availability of methamphetamine and its precursors.
Expand Customs investigations and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border.	Additional staff may be assigned to Customs Investigations Units during surge operations. Training on use of the new tracking and surveillance capabilities is being completed this year in preparation for full deployment of the equipment.
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>The Search and Surveillance Act 2012 is now in force. Police and other enforcement agencies are using the tools in the Act.</li> <li>The first phase of the Anti-Money Laundering and Countering Financing of Terrorism (AML/CFT) Act 2009 comes into full effect in June 2013. Agencies are prepared to utilise, and comply with this legislation.</li> <li>Work continues to look at the effectiveness of legislation enabling interagency cooperation on the detection and targeting of organised crime. This work includes facilitating improvements in relation to information sharing, increasing financial reporting to Police and amending the money laundering offence. Enforcement agencies will be trained in relation to any future legislative changes prior to the legislation coming into force.</li> </ul>

Action	Comment
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.	In October 2012 this action was reported as “off-track”. Action has now been taken to rectify this and a process for allocating funding will be in place by June 2013.
Improve coordination to ensure that Immigration is alerted when individuals in breach of permit conditions appear to be involved in drug operations.	Immigration staff are routinely attached to work with Customs and Police as part of intensive targeting operations.
<b>Provide better routes into treatment</b>	
Increase the capacity of alcohol and drug treatment services to provide more spaces for methamphetamine users.	As a result of the Action Plan, 60 residential treatment beds for methamphetamine users have become operational (in addition to services purchased by DHBs) as have an additional 20 social detox beds. Since November 2009, 528 individuals have entered residential treatment through the dedicated methamphetamine pathway. Over 500 people have also accessed community-based detox services.
Increase alcohol and drug workforce capacity and capability to respond effectively to methamphetamine.	Workforce initiatives have continued over the past six months. In 2013, there are 81 approved bursars undertaking study, and 11 intern placements.
Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the justice system.	See commentary below under “Improve routes into treatment through contact with frontline government funded services”.
Improve routes into treatment through contact with frontline government funded services.	<p>The number and proportion of offenders with methamphetamine convictions receiving alcohol or and drug (AOD) assessments as a condition of sentence continues to increase as does drug and alcohol rehabilitation support for prisoners through the Department of Corrections.</p> <p>The AOD Treatment Court Pilot commenced in the Auckland and Waitakere District Courts from 1 November 2012. The Pilot will run for five years. Up to 100 participants will be referred to the Court each year for intensive judicial supervision and drug testing. Methamphetamine users will be eligible for participation in the programme.</p> <p>A training programme for prison nurses and case managers has been developed. Corrections commenced AOD screening and brief interventions at two pilot sites at the end of 2012.</p>
Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment.	The Bill is expected to be introduced this year, and referred to Select Committee for consideration.

<b>Support communities</b>	
Strengthen best practice community programmes, such as Community Action Youth and Drugs (CAYADs).	CAYADS continue to provide a range of services across 20 communities.
Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource.	MethHelp and Drug Help continue to report high frequency of visits. These visits often lead to direct enquiries for the MethHelp hard copy resource or referrals to support services.
Promote the new Drug Education Guidelines.	The Guide to Drug Education in Schools has been published on the Ministry of Education website, with links to the Guide posted on relevant curriculum and leadership sites.
Increase the reach of school community interventions targeted to at-risk youth and families to reduce demand.	Police School Community Services (SCS) include drug education programmes to schools, which are delivered to between 550-600 schools each year. Under a new system delivery of the education programmes will be based on a whole of community approach (i.e. working with parents, staff and community, as well as students).
Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine.	A fifth Hauora Programme, delivering a seven week intensive methamphetamine programme to gangs has been completed.
<b>Strengthen governance</b>	
Improve official coordination of drug policy.	The Interagency Committee on Drugs (IACD) is responsible for providing oversight of drug policy. Membership of the IACD was refreshed at the end of 2012. A key focus for this calendar year will be on developing a new National Drug Policy.
Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act 1975 (MoDA).	In September 2011 the Government responded to the Law Commission's recommendations from its review of the Misuse of Drugs Act 1975. The Government's initial focus has been on preparing the Psychoactive Substances Bill, which responds to the Law Commission's recommendations on emerging substances. The review of the bulk of the Act is expected to begin in the second half of 2013 and will be overseen by the Interagency Committee on Drugs.

## Part 2: Indicator data for controlling supply

### 2.1 Price

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

**Comment:** There has been a small but steady increase in the retail price of methamphetamine (point price) since around 2008, with reported prices higher in Christchurch than in Auckland and Wellington. There have previously been reported increases in the gram price of methamphetamine. Data obtained from frequent drug users and Police detainees suggests that the gram price may have started to decline – this is not supported by latest intelligence from Police and Customs. As discussed in the section 2.2 of this report, there are indications that purity of methamphetamine is declining - any reduction in gram price may be reflecting a lower purity product.

Indicator	Source	Baseline	Last reported data	April 2013 (new data)
Mean price per point	IDMS	\$96 (2008)	\$106 (2011)	\$106 (2012)
Median price per point		\$100 (2008)	\$100 (2011)	\$100 (2012)
Mean price per point	NZ-ADUM	\$107 (2010)	\$102 (2011)	\$109 (2012)
Median price per point		\$100 (2010)	\$100 (2011)	\$100 (2012)
Mean price per gram	IDMS	\$698 (2008)	\$815 (2011)	\$678 (2012)
Median price per gram		\$700 (2008)	\$800 (2011)	\$700 (2012)
Mean price per gram	NZ-ADUM	\$723 (2010)	\$769 (2011)	\$691 (2012)
Median price per gram		\$700 (2010)	\$750 (2011)	\$650 (2012)
Mean price per gram	Police and Customs intelligence reports.	\$800-\$1,000 (Sept 2009)	\$842 (Feb-May 2012)	\$1,000 (Nov 2012 – Jan 2013)
Price per 1000 capsules ( ContacNT)	NDIB	\$12,000-\$16,000 (2009)	\$8,000-\$14,000 (Feb-May 2012)	\$8,000-\$12,000 (May-Oct 2012)

## 2.2 Purity

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

**Comment:** The purity of methamphetamine remains fairly high. However, there has been a reported decline in purity since 2008. Preliminary data from the most recent Environmental Science and Research (ESR) testing supports the view that purity has declined since the start of the Action Plan. There has also been a drop in the percentage of frequent drug users reporting purity as “high” and an increase in the percentage reporting purity as “low”.

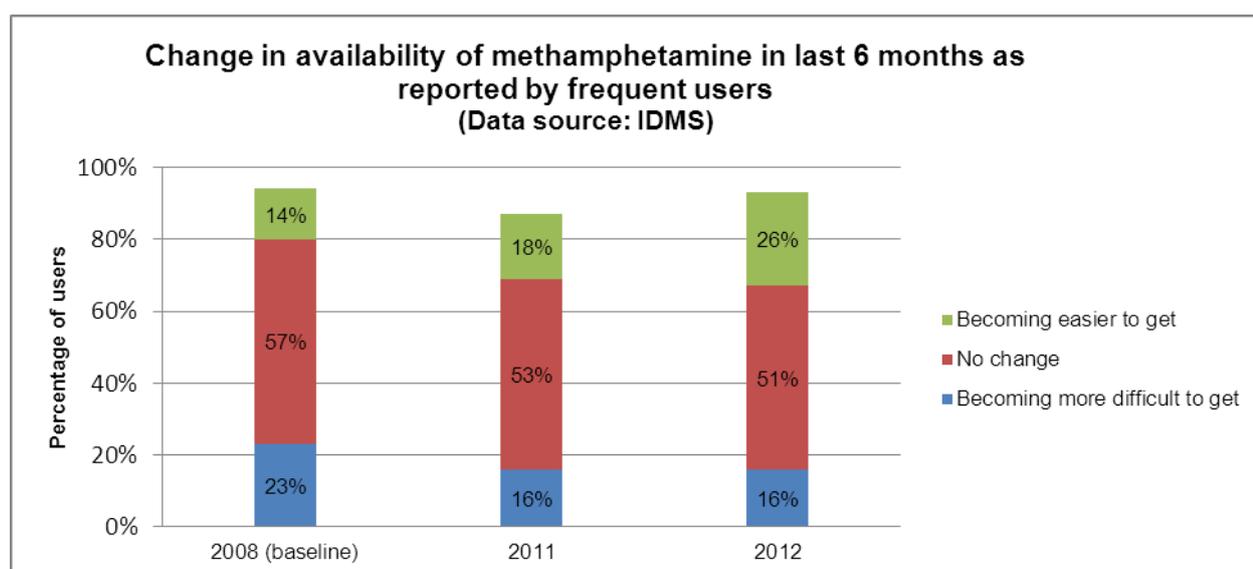
Indicator	Source	Baseline	Last reported data	April 2013 (new data)
Methamphetamine percentage in seized samples (maximum purity is 80%)	ESR	Methamphetamine samples were 68.9% pure.  (2006-2009)	73% of samples were more than 70% pure.  (2011)	40 samples from 2011/12 were tested. Preliminary results (subject to change) for the average purity of the 15 border seizures was 72% pure and for domestic seizures 60% pure. Overall average purity was 65%.  (2012)
Perception of overall level of purity as reported by frequent drug users	IDMS	36% of frequent drug users reported purity as “high”, 7% as “low” and 39% “fluctuates”.  (2008)	33% of frequent drug users reported purity as “high”, 14% as low and 35% as “fluctuates”.  (2011)	30% of frequent drug users reported purity as “high”, 13% as “low” and 31% as “fluctuates”.  (Jul-Dec 2012)
		48% of frequent drug users reported purity as “fluctuating” in the last 6 months and 29% as “stable”.  (2008)	24% of frequent drug users reported purity as “fluctuating” in the last 6 months and 42% as “stable”.  (2011)	30% of frequent drug users reported purity as “fluctuating” in the last 6 months and 34% as “stable”.  (Jul-Dec 2012)
	NZ-ADUM	No data available.	35% of arrestees reported purity as “high”, 13% as “low”, 21% as “fluctuates”.  (2012)	No new data available.
		Not applicable – questions on purity were included in NZ-ADUM for the first time in 2012.	Not applicable.	11% of frequent drug users reported purity as “increasing”, 42% as “stable”, 24% as “fluctuating” and 23% “decreasing”.  (Mar-Jul 2012)

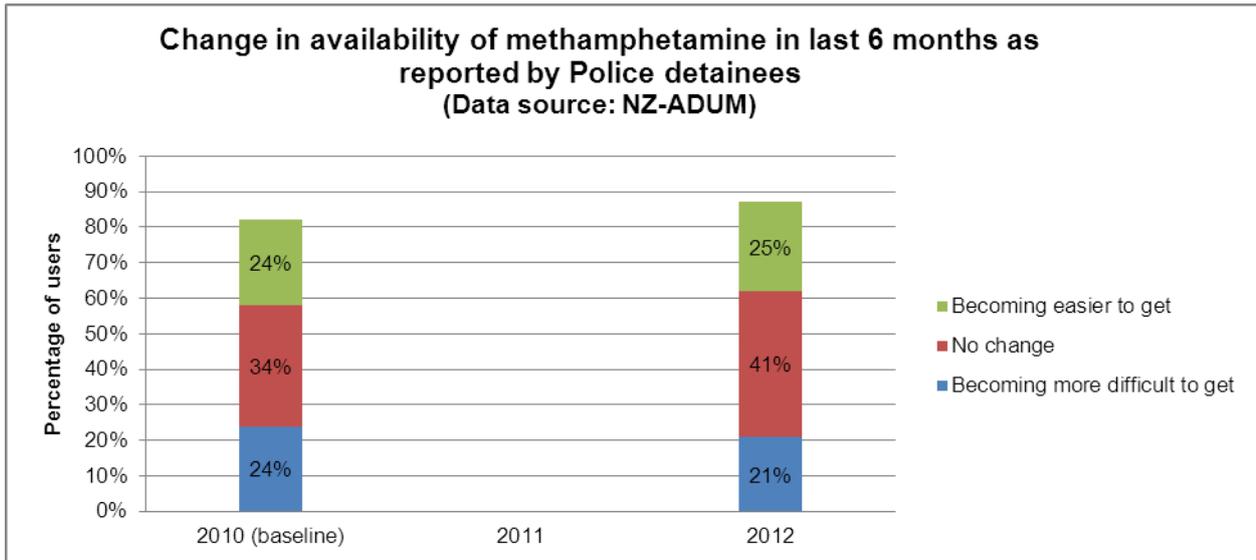
## 2.3 Availability

**Desired Trend:** Supply control leads to more difficulty obtaining methamphetamine.

**Comment:** The reported availability (by frequent drug users and Police detainees) of methamphetamine remains high. Overall, methamphetamine availability has been fairly stable over recent years in Auckland and Wellington. In contrast, there has been a steady decline in the availability of methamphetamine in Christchurch since 2007.

Indicator	Source	Baseline	Last reported data	April 2013 (new data)
Overall availability of methamphetamine as reported by frequent drug users  (Average availability scores: 4 = "very easy" – 1 = "very difficult" to obtain)  (Average change in availability score: 1 = "more difficult" – 3 = "easier" to obtain)	IDMS	Average availability score 3.3.  Change in availability average score: 2.1.  (2009)  42% of frequent drug users reported availability as "very easy", 0% "very difficult".  (2008)	Average availability score 3.1.  Change in availability average score: 2.0.  32% of frequent drug users reported availability as "very easy", 2% "very difficult".  (2011)	Average availability score 3.2.  Change in availability average score: 2.0.  44% of frequent drug users reported availability as "very easy", 2% "very difficult".  (Jul-Dec 2012)
Overall availability of methamphetamine as reported by frequent drug users (availability scores: 4 = very easy – 1 = very difficult)	NZ-ADUM	No data available.	Average availability score 3.0. Change in availability average score: 2.0.  (Mar-Jul 2012)	No new data available.



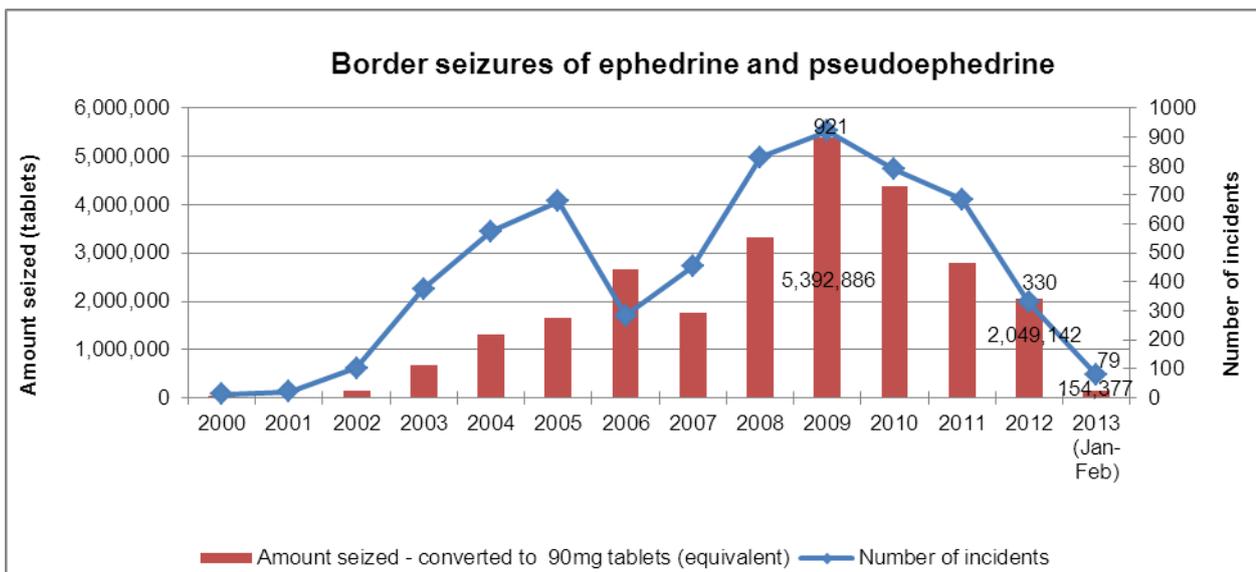


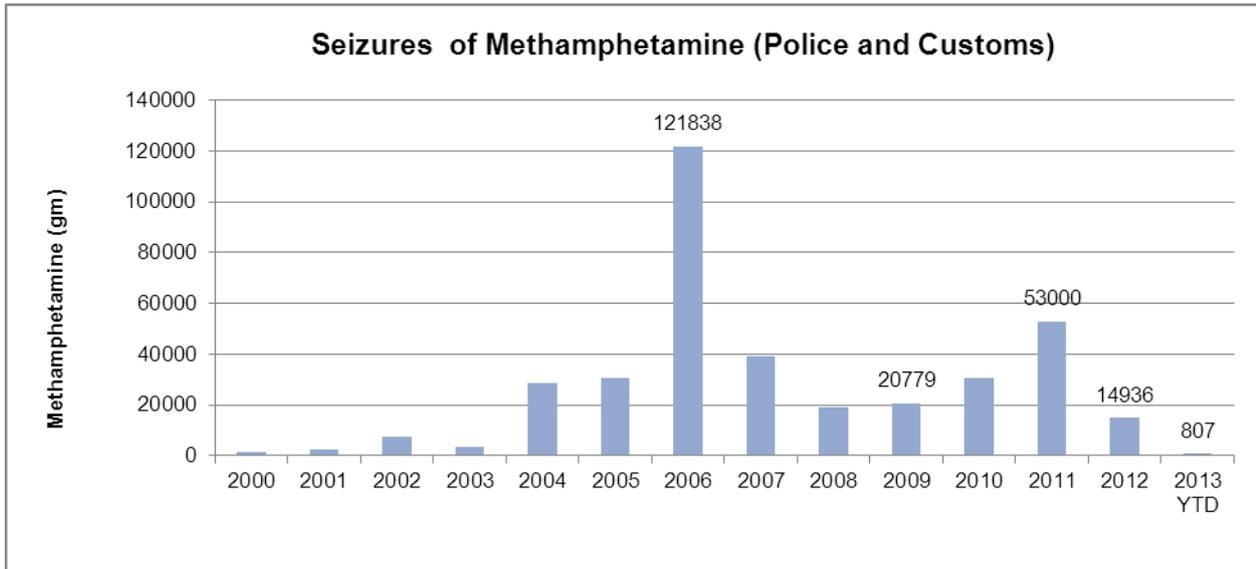
## 2.4 Manufacturers can't access the products necessary to make methamphetamine

### 2.4.1 Seizures

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

**Comment:** There has been a decrease in the amount of ephedrine and pseudoephedrine seized at the border, although regular interceptions are still being made. China has been a major source of methamphetamine and its precursors, but has been strengthening controls over the manufacture, distribution and trade in pseudoephedrine.

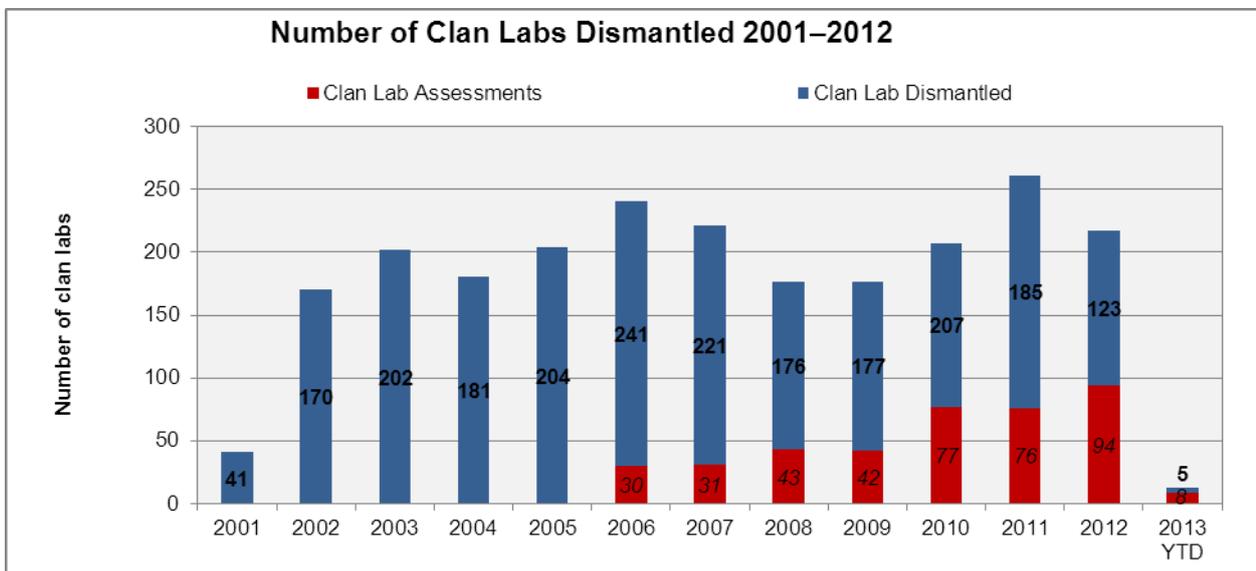




#### 2.4.2 Clandestine lab detections and busts

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

**Comment:** The overall number of clan labs dismantled has been decreasing. Clan lab assessments have increased over the same period. (Clan lab assessments are where Police have responded to a suspected clan lab, but subsequently deemed that it does not meet the grading criteria).



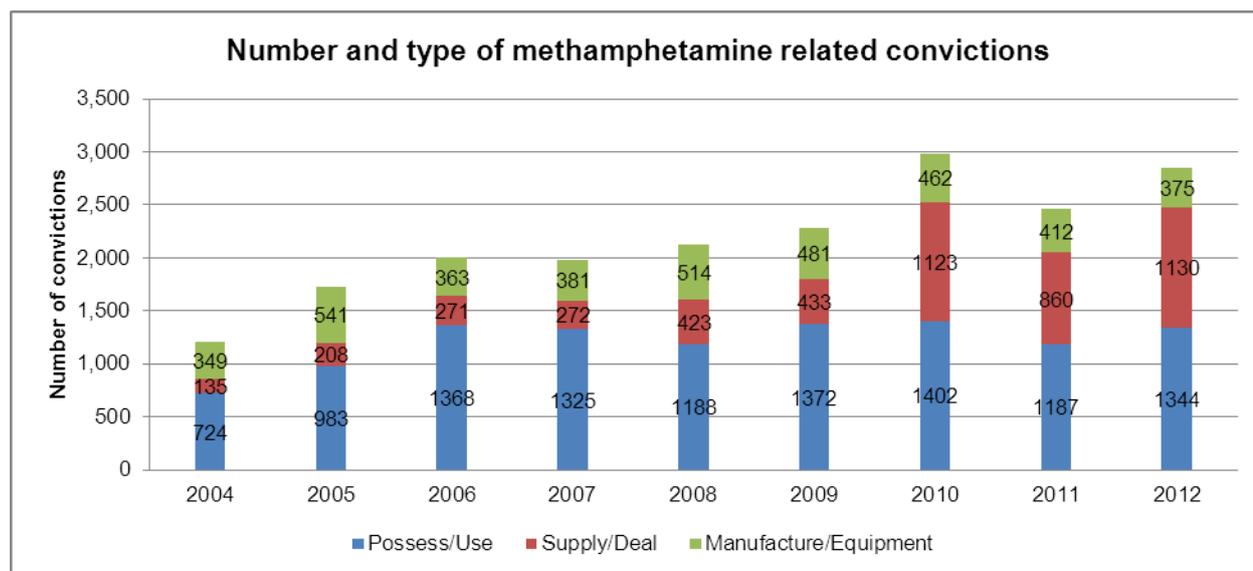
Note: The number of clan lab assessments conducted prior to 2006 was not documented. The 2012 clan lab data is provisional.

## 2.5 People are deterred from the methamphetamine trade

### 2.5.1 Methamphetamine related convictions

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

**Comment:** Convictions for manufacturing methamphetamine in 2012 have fallen slightly from 2011, while convictions for supply and/or dealing and possession and/or use have risen. The number of repeat methamphetamine offenders has remained relatively stable from the last reporting period.

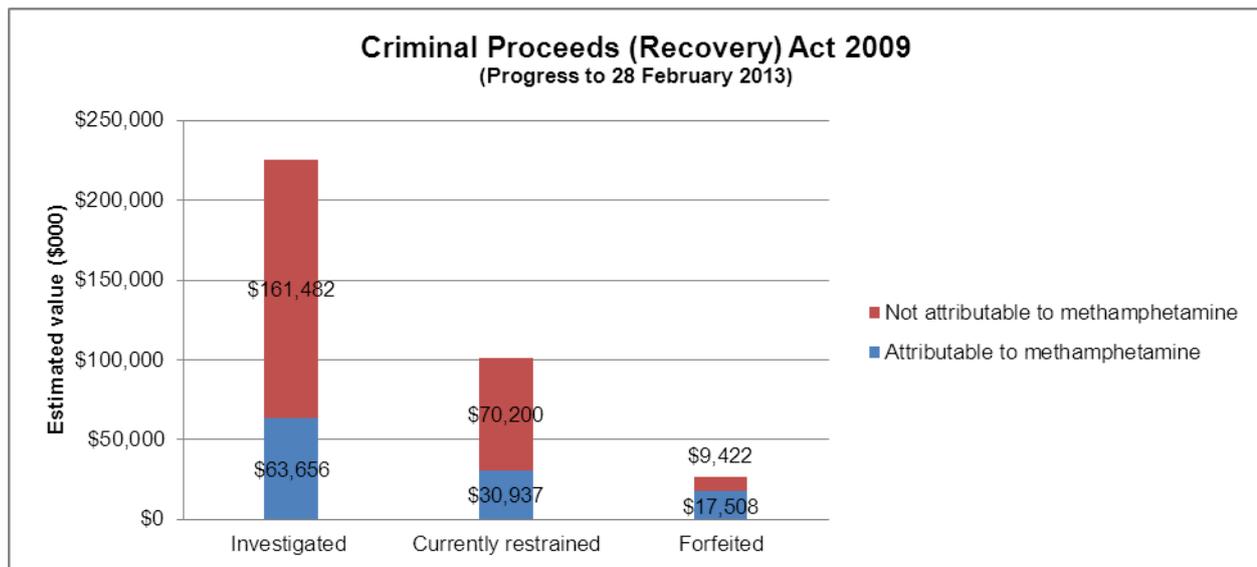


Note: Figures for 2012 include convictions that have yet to be appealed so are subject to change. Number of convictions is based on number of charges. A single offender can have multiple charges and convictions. The 2012 conviction data represents 1,319 offenders.

Indicator	Source	Baseline	Last reported data	April 2013 (new data)
Numbers of repeat offenders	Ministry of Justice	In 2008, 1,208 offenders were convicted for methamphetamine offences. Of these, 267 (or 22.1%) had previous methamphetamine convictions and 189 (or 15.6%) had been previously charged but not convicted.  (2008)	In 2011, 1,214 offenders were convicted for methamphetamine offences. Of these, 393 (or 32.4%) had previous methamphetamine convictions and 147 (or 12.1%) had been previously charged but not convicted.  (2011)	In 2012, 1,319 offenders were convicted for methamphetamine offences. Of these, 421 (or 31.9%) had previous methamphetamine convictions and 160 (or 12.1%) had been previously charged but not convicted.  (2012)

## 2.5.2 The ability to generate profits is reduced

**Comment:** The Criminal Proceeds (Recovery) Act 2009 (CPRA) came into effect on 1 December 2009. Since then Police have investigated assets worth an estimated \$225 million. Around \$63.7 million of this total is associated with methamphetamine offending. Police currently hold Restraining Orders over assets worth an estimated \$101 million. Around \$31 million of this total has been restrained from respondents associated with methamphetamine offences. Since 2009 Police have obtained Forfeiture Orders over assets worth an estimated \$26.9 million (this is an increase of around \$8.5 million since the October 2012 Progress and Indicators Report) - \$17.5 million of this forfeited total is associated methamphetamine offences.



## Part 3: Indicator data for reducing demand

### 3.1 Prevalence

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

**Comment:** At 0.9% prevalence we are now much closer to the global average (0.7% based on UN World Drug Report 2012) for prevalence of use of amphetamine type substances.

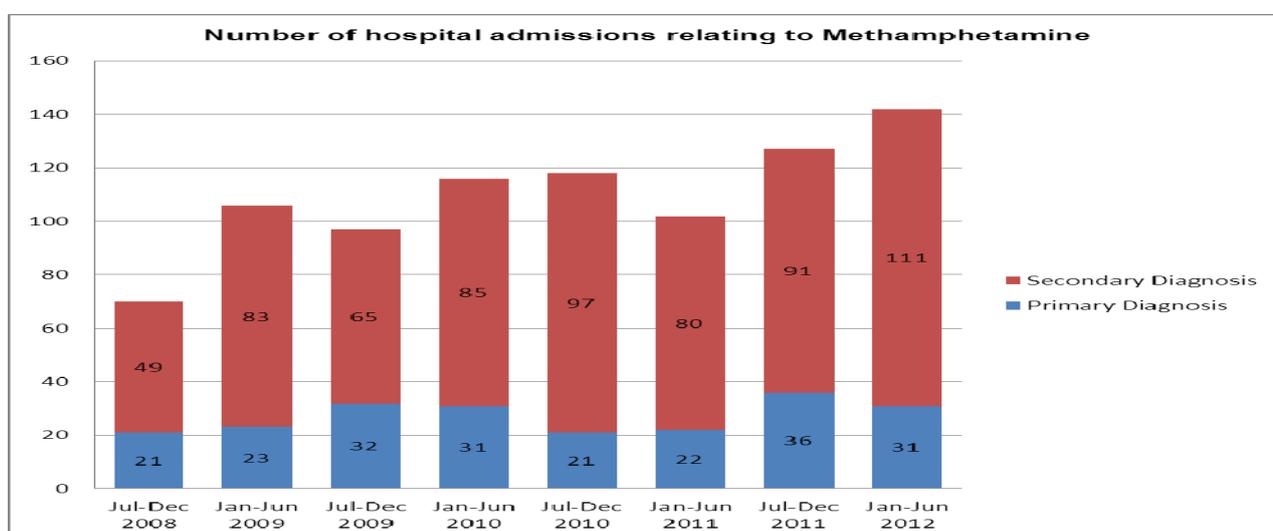
Indicator	Baseline	Last reported data	April 2013 (new data)
Prevalence (used in last 12 months)	2.2% total NZ population 16-64 years.  (2007/08 NZ Alcohol and Drug Use Survey)	0.9% total NZ population 16-64 years (approximately 28,000 New Zealanders).  Past year amphetamine use was highest amongst 15-34 year olds (1.9%) and higher for males (1.3%) than females (0.5%). Use did not differ significantly by ethnic group.  (NZ Health Survey 2011/12)	Data reported in October 2012 is the latest prevalence information. The next New Zealand Health Survey (taking place between July 2012 and June 2013) will provide new information.
Prevalence (used at least monthly)	0.4% total NZ population 16-64 years.  (2007/08 NZ Alcohol and Drug Use Survey)	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.	
Prevalence: young users (used at least monthly)	16-17 year olds – numbers too low for reliable estimation. 18-24 year olds – 0.8%.  (2007/08 NZ Alcohol and Drug Use Survey)		
Mean age of user	No data available.		

## 3.2 Frequency of use

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

**Comment:** There does not appear to have been a discernible change in the frequency of methamphetamine use reported by regular users. However, frequent users do report a significant reduction in average frequency of use post-treatment. Hospital data indicate that admissions for methamphetamine related causes have increased since recording began. However there is no discernible trend yet, with admission numbers fluctuating. While any increase in admissions could point to an increase in the number of people using methamphetamine it could equally be due to: riskier drug taking practices; and/or impurities/other psychoactive substances in the methamphetamine; and/or more willingness by users to seek medical help.

Indicator	Source	Baseline	Last reported data	April 2013 (new data)
Users who report reducing their use	IDMS	Mean use of 38 days in past 6 months in 2008 (68 days in 2007). (2009)	Mean use of 40 days in the past 6 months in 2011. (2011)	Mean use of 51 days in past 6 months in 2012. (Jul-Dec 2012)
Levels of methamphetamine use	IDMS until 2010. NZADUM from 2011.	39% of frequent users were using less and 13% had stopped. (2009)	41% of users detained by Police were using less and 8% had stopped. (2011)	No new data available.
Users who have received treatment report a reduction in drug use/frequency of use	Ministry of Health	Average days per month of amphetamine use before treatment: 8.7 days. (2010)	Average days per month of amphetamine use before treatment: 7.4 days. Average days per month of amphetamine use one month post treatment: 0.9 days. (Nov 2009 – Mar 2012)	No new data available.



### 3.3 Communities are aware of risks

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

**Comment:** There appears to be a good level of awareness regarding the availability, and use of, information and resources.

Indicator	Source	Baseline	Last reported data	April 2013 (new data)
New Zealanders' attitudes to illegal drugs and drug use.	Ministry of Health	94% of respondents said that methamphetamine is a drug causing serious harm (compared with 58% for cannabis and 39% for alcohol).  (2008)	No new data available.	No new data available.
Use of methamphetamine information and resources	Ministry of Health	11,451 visits to DrugHelp and 3,164 to MethHelp. Nearly 4,000 copies of the Meth-Help booklet have been distributed.  (Aug 2010-Feb 2011)	25,000 visits to MethHelp. Orders received for 10,000 Meth-Help booklets.  (Aug 2010-Sep 2012)	27,500 visits to MethHelp. Orders received for 13,000 MethHelp booklets.  MethHelp hard-copy resource (with DVD) is distributed widely through treatment settings and some public health units. It is also provided directly to affected individuals and families/whānau.  (Aug 2010 – Apr 2013)

### 3.4 Users know how to find help

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

**Comment:** Latest data shows a reported increase (from baseline data) in the percentage of frequent drug users who say they sought help but did not receive it. The 2012 IDMS data is based on interviews with 113 methamphetamine users. The reported increase represents around an additional 10 people who did not feel they received a satisfactory service. In all cases where services are not able to respond promptly the Ministry of Health expects other supports to be made available e.g. Alcohol Drug Helpline. Data included in section 3.5.1 of this report discusses improvements in access to treatment services.

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

Indicator	Source	Baseline	Last reported data	April 2013 (new data)
Percentage of frequent users who reported they sought help but did not receive it.	IDMS	22% in 2008 (32% in 2007).	29% in 2011 (24% in 2010).	34% (July-December 2012)
Awareness of Alcohol Drug helpline by methamphetamine users.	Alcohol Drug Helpline	1,256 methamphetamine related calls, 424 concerned about their own use and 832 concerned about someone else's use.  (2008/09)	2,800 methamphetamine related calls since November 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.  (Nov 2009 - Sept 2012)	3,612 methamphetamine related calls since November 2009. Over 1,228 of those have been concerned about their own use, and nearly 2,384 have been calls concerned about someone else's use.  (Nov 2009 - Apr 2013)

## 3.5 Communities and government agencies help users into treatment

### 3.5.1 Access to treatment

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

**Comment:** Treatment providers indicate a steady demand for services, which is supported by an increased percentage of frequent drug users reporting they were in treatment. While frequent drug users report some increases to the barriers to treatment (e.g. long waiting lists) this is not supported by administrative data, which shows good improvements in average wait times.

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

Indicator	Source	Baseline	Last reported data	April 2013 (new data)
Alcohol and other drug (AOD) treatment waiting times by region as reported by community alcohol and drug services.	DHBs, Ministry of Health data collection, ADANZ.	Northern DHBs – 4.25 weeks. Midland DHBs – 2.6 weeks. Central DHBs – 1.3 weeks. Southern DHBs – 8.75 weeks.  (May 2009)	Northern region - 83.2% seen within 3 weeks. Midland region - 49.5% seen within 3 weeks. Central region - 56.9% seen within 3 weeks. Southern region - 64.6% seen within 3 weeks.  Nationally: 66.7% were seen within 3 weeks of referral.  (Jan – Mar 2012)	Northern region - 88.8% seen within 3 weeks. Midland region - 54.7% seen within 3 weeks. Central region - 60.9% seen within 3 weeks. Southern region - 72.7% seen within 3 weeks.  Nationally: 72.8% were seen within 3 weeks of referral.  (Oct 2011 - Sep 2012)
Data on waiting times for residential treatment as reported by providers.	Information direct from providers.	Waiting times range from 2.5 weeks to 36 weeks.  (Oct 2009)	68% of clients are gaining access to dedicated residential treatment providers in less than 4 weeks. However, 28% are waiting longer than 8 weeks.  (Jan – Mar 2012)	Most clients are gaining access to dedicated residential treatment in less than 4 weeks. From time to time some are waiting longer than 8 weeks.  (Apr 2013)
Number of methamphetamine users occupying dedicated beds.	Ministry of Health	36 users accessed residential treatment. 17 users accessed social detox.  (Jan-Mar 2010)	Over 440 people accessed residential treatment. Over 400 people accessed social detox.  (Nov 2009 - Mar 2012)	528 people accessed residential treatment. Over 500 people accessed social detox.  (Nov 2009 - Dec 2012)

Indicator	Source	Baseline	Last reported data	April 2013 (new data)
Frequent methamphetamine users who report they are receiving some forms of drug treatment	IDMS	21% of frequent methamphetamine users were currently in drug treatment.  (2008)	17% of frequent methamphetamine users were currently in treatment in 2011.  (2011)	30% of frequent methamphetamine users were currently in treatment in 2012.  (Jul-Dec 2012)
Frequent methamphetamine users report barriers to being able to find help for their drug use <sup>1</sup>	IDMS	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 (14%)</li> <li>• no transport (11%).</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 (20%)</li> <li>• no transport (14%)</li> <li>• Concern about impact on job/career (23%)</li> <li>• costs too much (21%)</li> <li>• couldn't get appointment in good time (20%).</li> </ul> (2011)	34% 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 (49%)</li> <li>• social pressure to keep using (31%)</li> <li>• fear of police (32%)</li> <li>• didn't know where to go (32%)</li> <li>• long waiting lists (45%)</li> <li>• no transport (32%)</li> <li>• concern about impact on job/career (45%)</li> <li>• costs too much (40%).</li> </ul> (2012)

<sup>1</sup> Reported data is from frequent users of all drug types.

### 3.5.1 Assistance through the Justice System

**Desired Trend:** Supply control measures will result in initial increases in convictions for importation, supply, dealing and manufacture. However, it is expected that there will be a fall in the longer term.

**Comment:** The shifting of methamphetamine trials from the High Court to the District Courts, where there is greater capacity, has resulted in shorter waiting times. Corrections continue to provide increased levels of support for rehabilitation from problem alcohol and drug use. The number of Police diversions with alcohol and other drug assessment, treatment or counselling as a condition of sentence have declined due to pre-charge warnings being used more, with only the more serious offences proceeding to court before being considered for diversion.

Indicator	Source	Baseline	Last reported data	April 2013 (new data)
Total prisoners who start a substance abuse programme in a Drug Treatment Unit (DTU).	Corrections	499 (2008/09)	907 (2011/12)	No new data available.
Total hours in treatment for prisoners.	Corrections	106,097 (2008/09)	172,750 (2011/12)	No new data available.
Completion rates (% of prisoners in treatment who complete).	Corrections	58% (2008/09)	82% (655 out of 802). Not all participants who commence in 2011/12 completed in that year. (2011/12)	No new data available.
Number of Adult Police Diversion Scheme diversions with alcohol and other drug assessment, treatment or counselling as a condition of diversion.	Police	At least 1,056 diversions with AOD treatment as a condition. (2008)	531 - this data may not be reliable, due to inconsistent data entry. The actual number of those completing AOD programmes is likely to be higher. (1 Apr – 31 Aug 2012)	141 - this data may not be reliable, due to inconsistent data entry. The actual number of those completing AOD programmes is likely to be higher. (1 Sep 2012 – 30 Jan 2013)
Number of offenders with methamphetamine convictions who received an Alcohol and Drug Assessment as a condition of sentence.	Ministry of Justice	218 (17.2% of total methamphetamine convictions). (2008)	301 (22% of total methamphetamine convictions). (2011)	No new data available.