

Tackling Methamphetamine: Indicators and Progress Report

October 2011

DEPARTMENT
of the PRIME MINISTER
and CABINET



Policy Advisory Group





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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 fourth report back, due by October 2011.

1.3 Data should be used with caution

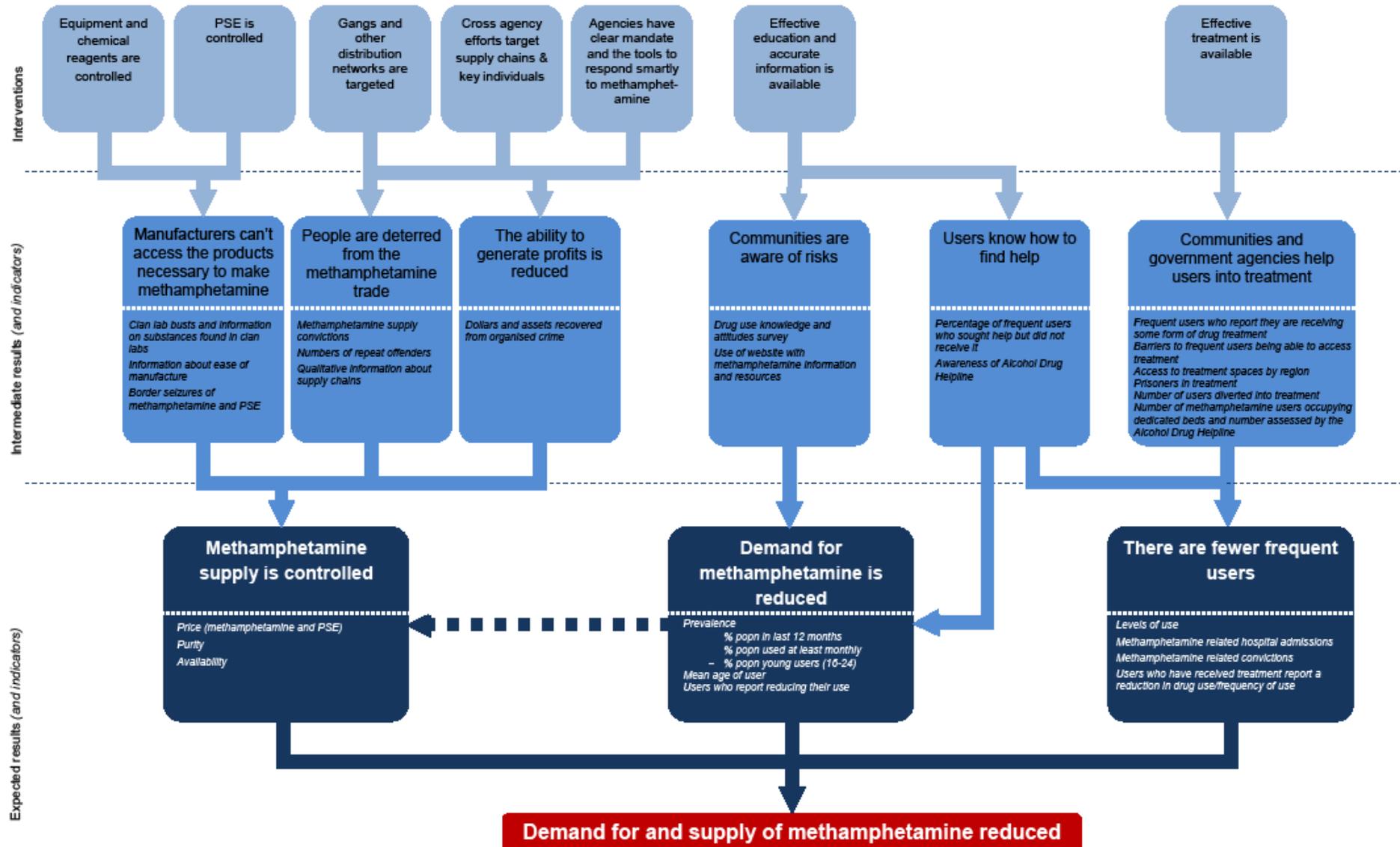
Descriptions of information sources and further details are provided in appendices. It should be noted that some data is provisional and other data may have been collected but not yet analysed. Therefore some changes may be evident when it is confirmed and will be corrected in subsequent reporting if necessary. Where the tables refer to 'latest data' – this is the most recent data available as at October 2011, 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

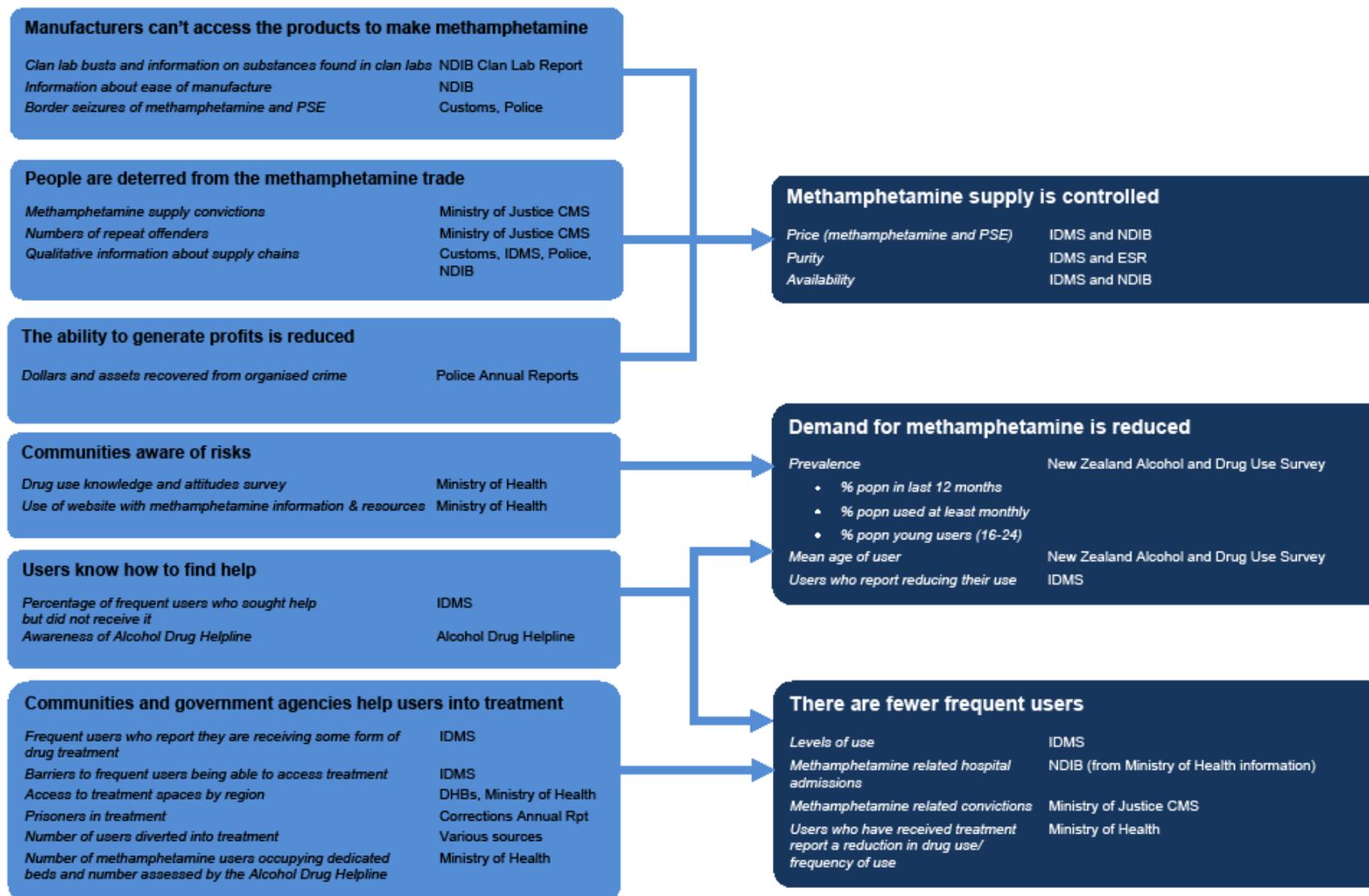
The summary of expected results, indicators and sources of indicators are shown on the next two pages.



Tackling Methamphetamine: an Action Plan - Expected Results



Sources for indicators



Part 2: Progress on actions

All actions agreed under the Plan are on track.

Action	Progress to date	Status	Plan to remedy (if required)
Intervention group 2.1 Crack down on precursors			
End the availability of over the counter pseudoephedrine from pharmacies	<ul style="list-style-type: none"> The Act to reclassify pseudoephedrine came into effect in September 2011. Many pharmacists reported voluntarily withdrawing PSE products from shelves ahead of the legislation. 	Completed	
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 PWG involving Government and industry representatives has been established. A key task currently underway is work with the Environmental Protection Agency to develop enhanced controls on the supply, storage and use of certain precursor chemicals under the Hazardous Substances and New Organisms Act 1996. 	Completed	
Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures	<ul style="list-style-type: none"> ESR's Drug Signature pilot programme has provided its final report to NDIB, Customs and Police. Purity remains high. Police and Customs are finalising details for a continuation of the programme with ESR, and are considering requesting ESR to test meth 'points' sold at street level. 	Completed	
Intervention 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 (MCS) was launched in 2009. It aims to: <ol style="list-style-type: none"> use co-ordinated operations to reduce methamphetamine importing, manufacturing and dealing; target the proceeds and assets of methamphetamine importers, manufacturers and dealers; work with domestic and international partners to disrupt methamphetamine-related organised crime groups' activities both on and offshore; and provide confidence and assurance to Government, partner agencies and the public that Police are directing their efforts against methamphetamine importing, manufacturing and dealing. The MCS contains concrete, evidence-based and measurable actions that Police Groups and Districts must undertake and report against. The MCS is reviewed bi-annually to ensure that it anticipates and responds to emerging trends. 	Strategy ongoing	
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"> There have been four blitz operations undertaken for the period 2010/11. Further operations are being planned for 2012. 	Ongoing	
Expand Customs investigations team and technical surveillance	<ul style="list-style-type: none"> Additional staff have been assigned to Customs Investigation Units during the enquiry phase of the targeting exercises to follow-up on the 	On track	

Action	Progress to date	Status	Plan to remedy (if required)
capacity to enable more effective follow up to precursor interceptions at the border	<ul style="list-style-type: none"> increased numbers of interceptions. Enhanced tracking and surveillance equipment will be rolled out over 2011 and 2012. This technology will assist in identifying participants in drug importing syndicates. 		
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 effect in December 2009 NZ Police have investigated an estimated \$92 million worth of assets suspected to have been obtained or derived through criminal activity. \$45 million of this relates specifically to methamphetamine offending. 	On track	
	<ul style="list-style-type: none"> The Video Camera Surveillance (Temporary Measures) Act was passed in October 2011. These measures will operate for six months only from 18 October 2011. The wider Search and Surveillance regime that was introduced into the House in September 2010 is likely to be enacted early in the next Parliamentary term. Regulations under the Anti-Money Laundering (AML)/Countering the Financing of Terrorism (CFT) Act 2009 were promulgated in June 2011. These largely finalise legislation for the first phase of the AML/CFT reforms and confirm commencement of obligations under the AML/CFT Act in June 2013. 	Underway	Legislation to be enacted next Parliamentary term
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"> Net funds held by the Official Assignee have been limited to date, as expected in the initial years of the policy. Cabinet agreement will now be sought for the allocation mechanisms for the funds held by the Official Assignee, in time for Budget 2012. 	Behind schedule	By Budget 2012
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"> This is now considered to be part of business as usual, for example, Immigration staff are routinely attached to work with Customs as part of intensive targeting operations. 	On track	
Intervention group 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"> Since November 2009, 60 residential treatment beds for methamphetamine users in addition to those funded through DHBs have been contracted by MOH; all 60 residential beds are now operational. Since start up there have been over 320 new admissions into residential treatment, as at Sep 2011. Since November 2009, 20 social detox beds for meth users in addition to those funded through DHBs have been contracted by MOH. Over 100 people have been through social detox.B 	Completed	
Increase alcohol and drug workforce capacity and capability	<ul style="list-style-type: none"> Focus has been on expanding AOD treatment services with the capacity and capability to treat 	Ongoing	

Action	Progress to date	Status	Plan to remedy (if required)
to respond effectively to methamphetamine	<p>methamphetamine users, through training (including formal education), guidelines and recruitment initiatives.</p> <ul style="list-style-type: none"> Increasing the numbers of frontline people with the ability to screen and provide brief interventions for polydrug (including methamphetamine) abusers. 		
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"> Agencies and providers are improving efficiencies in referrals. The number and proportion of offenders with methamphetamine convictions receiving AOD assessments as a condition of sentence has increased steadily in recent years (201 or 16.8% of total in 2008 rising to 314 or 20.2% of total in 2010). In October 2011, Cabinet approved an additional \$10 million per year for AOD assessments and interventions (including methamphetamine) treatment under the Drivers of Crime programme. These measures should over time reduce demand for methamphetamine. Key initiatives include additional low cost, high volume community-based treatment for offenders with AOD problems; AOD treatment and support as part of a drug court pilot in Auckland, and additional money for training and workforce development. 	Ongoing	
Improve routes into treatment through contact with frontline government funded services	<ul style="list-style-type: none"> Matua Raki delivered training workshops for Police youth development staff on brief AOD interventions in June and July. Ministry of Health and Matua Raki have had further meetings with the Department of Corrections to discuss the possibilities of training Probation Officers, Prison Case Managers, and Primary Health Care Nurses working in Prisons. A training programme and timeframe for delivery will be developed by the first half of 2012. 	Ongoing	
Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment	<ul style="list-style-type: none"> Cabinet approved policy proposals for new legislation in November 2010, which once enacted will enable Court-ordered compulsory treatment for serious substance abusers. Drafting instructions are being prepared, and consideration is being given to implementation issues with relevant stakeholders. 	Behind schedule	Advance in next Parliamentary term
Intervention group 2.4 Support communities			
Strengthen best practice community programmes, such as CAYADs.	<ul style="list-style-type: none"> CAYAD sites around the country continue to initiate and deliver community approaches on alcohol and drug issues including methamphetamine. A national hui of CAYAD providers was held in September this year and included other stakeholders such as NZ Drug Foundation and ALAC, and drug researchers. The Auckland CAYAD sites helped initiate a forum led by Mayor Len Brown to develop a methamphetamine strategy for Auckland. 	Ongoing	

Action	Progress to date	Status	Plan to remedy (if required)
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 continue to be well accessed. ▪ Between August 2010 and September 2011, there have been 20,539 visits to DrugHelp and 9,613 visits to MethHelp. ▪ During May – August a pop-up on-line survey was run on <i>DrugHelp.org.nz</i>. 29 people successfully completed the survey. Results indicate that <i>DrugHelp</i> is achieving its target audience – and positive feedback was received about the real life situations and language used. 	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. The guide continues to be downloaded on a regular basis, but at much lower rates than when it was initially published. 	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. ▪ CAYADs in the Auckland region are continuing to work in the education sector to ensure the best outcomes for students involved with alcohol and drug use. ▪ Police Youth Education Services (YES) includes drug education programmes to schools. These programmes are delivered to 550 – 600 schools each year. 	Ongoing	
Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine	<ul style="list-style-type: none"> ▪ A third Hauora Programme delivering a 7 week intensive methamphetamine -treatment programme to gang members is expected to commence in February 2012. 	Ongoing	
Intervention group 2.5 Strengthen governance			
Improve official coordination of drug policy	<ul style="list-style-type: none"> ▪ In late 2009, the Inter-Agency Committee on Drugs (IACD) was reformed with tighter membership and a more focused work programme. ▪ IACD is meeting in December to agree its work programme for next year, with high priority areas including the renewal of the 2007 – 2012 National Drug Policy, responding to the Law Commission review of the Misuse of Drugs Act, and other emerging drug issues. 	Ongoing	
Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act 1975	<ul style="list-style-type: none"> ▪ The incoming government will consider the issues arising from the Law Commission review of MODA. 	On track	

Part 3: Expected results indicators

Many of the indicators below are unchanged since the baseline data was published in October 2009, 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, 2011 data is likely to be more valuable than 2010 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

Indicator	Baseline data	October 2010	April 2011	October 2011	Change on baseline
Result: 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) 		<ul style="list-style-type: none"> ▪ Median (mean) price per point: \$100 (\$104) ▪ Median (mean) price per gram: \$700 (\$780) (IDMS – 2010) 	<ul style="list-style-type: none"> ▪ Not Available 	As noted in the April 2011 report, the IDMS price data shows a statistically significant increase in the mean price of a 'point' and gram of meth from 2006 to 2010. The mean price per gram increased from \$610 in 2006 to \$780 in 2010. Strong regional variations in prices are observed – with Auckland being lower than Wellington and Christchurch. NDIB data indicates gram prices remain stable except in the Auckland region where there may have been a slight decrease. Point and ounce prices remained stable nationally.
Price		<ul style="list-style-type: none"> ▪ Median (mean) price per point: \$100 (\$107) ▪ Median (mean) price per gram: \$700 (\$723) (NZ-ADUM – 2010)¹ 		<ul style="list-style-type: none"> ▪ Median (mean) price per point: \$100 (\$101) ▪ Median (mean) price per gram: \$750 (\$768) (NZ-ADUM – 2011) ² 	NZ-ADUM data shows prices have remained high and relatively stable over 2010-2011. The mean price per point of methamphetamine is unchanged over this period. It is possible that the weight of what is sold as a point will change before any significant price changes will be noted. There was a statistically significant increase in gram prices in Christchurch, where gram prices rose from \$750 in 2010 to \$1023 in 2011. However, the number of gram prices reported in Christchurch was very low.

¹ October data is based on New Zealand Arrestee Drug Use Monitoring (NZADUM) which covers a different sub- population of drug users than the Illicit Drug Monitoring System (IDMS), i.e drug users detained by police vs. frequent drugs users in the community. Care should therefore be used in making strong conclusions about trends; however it is reasonable to compare drug prices from the two reporting systems as drugs are purchased from the same general illegal drugs market.

² Methamphetamine prices tend to be higher in Christchurch than the North Island sites, and have been pushed even higher as a result of the earthquake; comparisons with NZ-ADUM and IDMS results from previous years should be treated with caution.

Indicator	Baseline data	October 2010	April 2011	October 2011	Change on baseline
Purity	<ul style="list-style-type: none"> ESR reported that meth samples were 68.9% pure (2006-2009) 	<ul style="list-style-type: none"> Twenty samples have tested so far with purity ranging from 20%-80%. The majority had purity levels between 70-80%. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> 100 samples have been tested, with purity ranging from trace amounts (less than 1%) to 80%. 73 of the 100 samples were more than 70% pure. (ESR report) Maximum purity for the hydrochloride form of the drug is 80%. 	ESR testing is considered to provide more reliable evidence than interviews with drug users. Purity remains high at the wholesale level; purity at 'street level' (e.g. a point) has not been assessed by ESR.
	<ul style="list-style-type: none"> 39% of frequent drug users reported purity was "fluctuating", 32% reported purity as "high" (IDMS – 2009) 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> 37% of frequent drug users reported purity was "fluctuating", 28% reported purity was "high" (IDMS – 2010) 	<ul style="list-style-type: none"> N/A 	Methamphetamine purity at the retail level, as perceived by frequent drug users interviewed through the IDMS, has declined, and the difference is close to being statistically significant.
Availability (4 = very easy – 1 = very difficult)	<ul style="list-style-type: none"> Average availability score 3.3 Change in availability: Average score: 1.9 Police report a shortage of PSE for production (2009) 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Average availability score 3.1 Change in availability: Average score: 2.0 (IDMS – 2010) 	<ul style="list-style-type: none"> N/A 	There was no change in the current availability between 2011 and 2010 in the North Island (3.1 both years, p=0.9783). There was also no change in the change in availability in 2011 compared to 2010 in the North Island (2.1 vs. 2.1, p=0.7123).
		<ul style="list-style-type: none"> Average availability score 3.0 Change in availability. Average score: 2.0 (NZ-ADUM –2010) 		<ul style="list-style-type: none"> Average availability score 3.0 Change in availability. Average score: 2.0 (NZ-ADUM – 2011) 	NZ-ADUM data shows a similar trend as IDMS, in that availability has remained stable/easier over the past two years.

Indicator	Baseline data	October 2010	April 2011	October 2011	Change on baseline
Result: Demand is reduced					
Prevalence (used in last 12 months)	<ul style="list-style-type: none"> 2.1% (2007/2008) 	<ul style="list-style-type: none"> 1.4% (2009) National Household Drug Survey³ 	<i>Next prevalence survey 2011/12</i>		The New Zealand Alcohol Drug Use Survey is confirmed for 2012. The results will be available late 2012 or early 2013.
Prevalence (used at least monthly)	<ul style="list-style-type: none"> 0.4% (2007/2008) 		<i>Next prevalence survey 2011/12</i>		
Prevalence: young users (used at least monthly)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Data not available 		<i>Data available next prevalence survey 2011/12</i>		
Users who report reducing their use	<ul style="list-style-type: none"> Used 38 days in past 6 months (2008) 		<i>Next prevalence survey 2011/12</i>		
Result: Fewer frequent users					
Levels of use	<ul style="list-style-type: none"> 39% of frequent methamphetamine users were using less and 13% had stopped (2009 IDMS) 		29% of frequent methamphetamine users were using less and 5% had stopped (2010 IDMS)		This trend remains as reported in April 2011 as there is no new data. At that time, it was noted that frequent methamphetamine users were using a statistically significantly greater amount of methamphetamine in 2010 compared to 2009. This may reflect the exit of occasional users from the market leaving a residual number of heavier users.
Methamphetamine related convictions⁴	<ul style="list-style-type: none"> Convictions for possession/use: 1,156 Convictions for supply/deal (incl import/export): 398 	<ul style="list-style-type: none"> Convictions for possession/use: 1,327 Convictions for supply/deal (incl import/export): 451 	Data not available.	<ul style="list-style-type: none"> Convictions for possession/use: 1,557 Convictions for supply/deal (incl import/export): 1,134 	The number of supply /dealing convictions in 2010 is just over 2.5 times greater than in 2009. The Police Methamphetamine Control Strategy has led to more offenders going through the justice system and being charged with multiple offences. The recent shifting of methamphetamine trials from the High Court to

³ Massey University National Household Drug Use Survey results show a decline in methamphetamine use in the population aged 15-45 years (3.4% in 2006 vs 1.4% in 2009).

The use of telephone-based interviewing may result in under-representation of frequent users in the survey.

⁴ A change in reporting criteria means conviction data vary slightly from those provided in the previous update report. Please see Appendix 1 for an explanation of the change.

Indicator	Baseline data	October 2010	April 2011	October 2011	Change on baseline
	<ul style="list-style-type: none"> Convictions for manufacture: 482 Total convictions: 2,036 (2008) 	<ul style="list-style-type: none"> Convictions for manufacture: 492 Total convictions: 2,270 (2009) 		<ul style="list-style-type: none"> Convictions for manufacture: 497 Total convictions: 3,188 (2010) 	the District Courts where there is greater capacity has also led to shorter waiting times.
Users who have received treatment report a reduction in drug use/frequency of use	<ul style="list-style-type: none"> Data will be gathered for new residential beds. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	Average days per month of amphetamine use before treatment: 8.7 days. Average days per month of amphetamine use one month after completing treatment: 1.6 days (Ministry of Health)	Due to the small number of clients seeking treatment and the inability to maintain contact with clients post-treatment, it is difficult to reliably comment on trends in drug use.

3.2 Methamphetamine supply is controlled

3.2.1 Summary

Definition	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Change in indicator and notes
Indicator: Price							
Price per point (10th of gram) and price per gram of Methamphetamine – Police sources – as determined through interviews with Police drug squads, who have discussions with users.	\$100 per point \$800-1,000 per gram	Sept 2009	<ul style="list-style-type: none"> \$100 per point. \$680 is the average price for a gram although there are significant variations in the price range reported. 	April - Sep 2011	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 reporting indicates that prices remain relatively stable except in the Auckland region, where there appears to have been an increase in reports of lower (\$600 or below) gram prices. ⁵ It is likely that meth being sold at cheaper prices is of lower purity, or not a full gram, or reliant on the dealer-buyer relationship. Pricing of meth at the ounce and point level tends to remain relatively stable.

⁵ NDIB data is not systematically collected with a consistent methodology, and the sources (and their reliability) vary. The reported prices can also be affected by regional variations and a small reporting sample. As such, these prices are considered indicative only until verified by further reporting.

Definition	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Change in indicator and notes
Price per point (10th of gram) and price per gram of methamphetamine – IDMS survey data	Median price per point: \$100 Mean price per point: \$96 (n=166) Median price per gram: \$700 Mean price per gram: \$698 (n=54)	2008	Median price per point: \$100 Mean price per point: \$104 (n=155) Median price per gram: \$800 Mean price per gram: \$780 (n=69)	2010	IDMS 2010		IDMS data indicates that from 2006 to 2010 there has been a statistically significant rise in the price of both a point and a gram of methamphetamine. However, there is significant regional variation, with the rate of increase in Auckland levelling out.
Price per point (10th of gram) and price per gram of methamphetamine – NZ-ADUM data	Median (mean) price per point: \$100 (\$107) Median (mean) price per gram: \$700 (\$723) (NZ-ADUM – 2010)	2010	Median (mean) price per point: \$100 (\$101) Median (mean) price per gram: \$750 (\$768)		NZ-ADUM, 2011		NZ-ADUM data for the period 2010 – 2011 shows prices remaining high and relatively stable, except for Auckland, where prices may be falling slightly.
Price per capsule or equivalent of pseudoephedrine in the illegal market (not over the counter purchase price) - Police Data	A set of ContacNT (equiv to 1,000 capsules) \$12,000 - \$16,000; 1 packet ContacNT (10 capsules) - \$90-\$100; 1 packet domestically sourced PSE (24 tablets) - \$100	Sept 2009	Typically \$10,000-\$12,000 per set but prices range from \$9,000-\$16,000	April – Sep 2011	NDIB	Successful restriction leads to a rise in price.	Ephedrine/pseudoephedrine (EPH/PSE) prices appear to have remained stable and consistent in line with previous reporting, although this is difficult to ascertain as the number of reports received is low. ContacNT is available in bulk and at lower than normal prices; this suggests that ContacNT remains widely available (especially in Auckland).
Indicator: Purity							
Perception of overall level of purity as reported by frequent drug users	48% reported purity was "fluctuating" 36% reported purity as "high"	2008	37% reported purity was "fluctuating" 28% reported purity as "high"	2010	IDMS (annual)	Successful supply control leads to a decrease in purity.	Frequent drug users interviewed through the IDMS perceive that the strength of methamphetamine is declining.
Methamphetamine percentage in seized samples, tested by ESR	68.9% (2006-2009)	2009	73% of the samples tested contained methamphetamine with a purity of 70% or higher (80% is the highest possible purity due to manufacturing methods).	April - Sep 2011.	ESR (ESR Pilot Drug Signature Programme Final report, August 2011)		Purity, as established by forensic testing, remains high at the wholesale (a gram or more) level.

Definition	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Change in indicator and notes
			The median methamphetamine purity across all samples was 75%.				
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 3.3 Change: 23% of users reported methamphetamine becoming more difficult to get, 57% reported no change in availability, 14% reported easier. Average change score: 1.9	2008	34% of frequent drug users reported the availability of methamphetamine was "very easy" 2% reported it was "very difficult" Average availability score 3.1 Change: 17% of users reported methamphetamine becoming 'more difficult' to get, 60% reported no change in availability, 16% reported 'easier'. Average change score: 2.0	2010	IDMS 2010	Successful supply control leads to more difficulty obtaining methamphetamine.	Although NZ-ADUM and IDMS respondents are from different sub-populations (i.e. frequent drugs users in the community versus police detainees) it is reasonable to compare drug availability as drugs are obtained from the same illegal market environment. However, detainees are likely to be more connected to the criminal underground and hence illegal drug markets than some drug users. Overall, the police detainees in NZ-ADUM reported a similar high level of availability of methamphetamine as the frequent users in the IDMS. Both groups report availability has been largely stable in recent years. Almost all police reporting suggests that methamphetamine remains widely and easily available.
	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			NDIB		The limited updated new information that has been received on EPH/PSE indicates availability is unchanged.

Price trends

Prices for methamphetamine (IDMS)

Methamphetamine price Median (mean)	2006	2007	2008	2009	2010	2011
1 Point	\$100 (\$96)	\$100 (\$97)	\$100 (\$96)	\$100 (\$100)	\$100 (\$104)	\$100 (\$101)
1 Gram	\$600 (\$610)	\$600 (\$676)	\$700 (\$698)	\$700 (\$738)	\$800 (\$780)	\$750 (\$768)

Source: IDMS for 2006-2010; NZ-ADUM for 2011.

3.3 Demand for methamphetamine is reduced

Indicator	Description	Baseline data	Period	Latest data (at October 2011)	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	N/A		New Zealand Alcohol and Drug Use Survey	Successful demand reduction and problem limitation measures lead to a decrease in percentage of population using Meth.	Next survey results will be available 2012/2013
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	N/A		New Zealand Alcohol and Drug Use Survey	Successful demand reduction and problem limitation measures lead to a decrease in percentage of population using Meth.	Next survey results will be available 2012/2013
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	N/A		New Zealand Alcohol and Drug Use Survey	A reduction in younger users is likely to result in fewer new users overall and an aging user population	Next survey results will be available 2012/2013
	18-24 year old users as a percentage of the 16-64 population who used at least monthly	0.8%	2007/08	N/A		New Zealand Alcohol and Drug Use Survey	A reduction in younger users is likely to result in fewer new users overall and an aging user population.	Next survey results will be available 2012/2013
Mean age of user	Mean age of monthly using population	<i>not available</i>	2007/08	N/A		New Zealand Alcohol and Drug Use	Successful demand reduction measures lead to an upward shift in the	Next survey results will be available 2012/2013

Indicator	Description	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Notes
						Survey	age of the using population, as this suggests there are fewer new people using Meth	
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 in 2008 (68 days in 2007)	2008	Mean use of 45 days in past 6 months in 2010 (45 days in 2009)	2010	NZ-ADUM	Lower mean number of days in past 6 months.	This data is unchanged from that reported in April 2011.

Age distribution of users

Percentage of the New Zealand population aged 16–64 years, by age group and gender 2011 that used amphetamines 2007⁶

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. Table will be updated with next survey (2012/2013)

⁶ This will be updated with the next survey, results will be available 2012/2013

3.4 There are fewer frequent users

Indicator	Description	Baseline data	Period	Latest data (at October 2011)	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	21% using 'more'; 28% 'the same'; 39% 'less' and 13% 'stopped' in 2009 -IDMS	2005-2008	35% using 'more'; 16% 'the same'; 41% 'less' and 8% 'stopped' in 2011 –NZ-ADUM	2011	NZ-ADUM 2011	Successful demand reduction and problem limitation measures lead to a decrease in levels of use.	There was no change in levels of use between 2011 and 2010 in the North Island (2.8 vs. 2.7, p=0.3995) where 4=more and 1=stopped
Methamphetamine-related convictions	Total convictions for: a) possession/use b) supply/deal (including import/export) c) manufacture/possession of equipment to manufacture d) all categories combined The two key indicators are a) and d)	a) 1,156 b) 398 c) 482 d) 2,036	2008	a) 1,557 b) 1,134 c) 497 d) 3,188	2010	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 supply, dealing and manufacture.	The number of supply/dealing convictions in 2010 is just over 2.5 times greater than in 2009. The Police Methamphetamine Control Strategy has led to more offenders going through the system and being charged with multiple offences. The recent shifting of methamphetamine trials from the High Court to the District Courts where there is greater capacity has also led to shorter waiting times.
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	Average days per month of amphetamine use before treatment: 8.7 days	2010	Average days per month of amphetamine use one month after completing treatment: 1.6 days	Nov 2009 to Sep 2011	Ministry of Health	Successful problem limitation measures lead to a reduction in drug use/frequency of use.	This data is very preliminary due to difficulties in maintaining contact with clients after the first month after treatment. Sample size is small.

Methamphetamine related hospital admissions⁷

The table below indicates that hospital admissions for methamphetamine-related causes have increased since recording began in July 2008 (prior to this methamphetamine was included among 'stimulants' in hospital admissions). The reasons for this increase are unknown, but could indicate an increase in the use of these substances in the wider population, riskier drug-taking practices or impurities/other psychoactive substances in the methamphetamine, or more willingness by users to seek medical help. The main reasons people were hospitalised for methamphetamine use were psychotic disorder or other mental & behavioural disorders as a result of methamphetamine use. Most of the admissions were in hospitals in the upper North Island, particularly Auckland. NZ/Europeans accounted for 50% of all methamphetamine admissions, followed by Maori, who were significantly over-represented at 42% and Pacific Islanders at 4%. Seventy-one percent were aged between 20 and 39 (55% between 20 and 34), with the largest single age-group (by a small margin) being those aged 30-34 (20%). Only 10% of admissions were for people aged 19 or younger. This data is collected from publicly-funded hospitals only, and does not include figures from the emergency departments. The actual numbers of people admitted with methamphetamine-related disorders is higher than those noted below; however, accurate trend analysis requires the removal of a number of records.⁸

Hospital admissions for Methamphetamine trend analysis	Jul - Dec 2008	Jan - Jun 2009	Jul - Dec 2009	Jan - Jun 2010	Jul-Dec 2010	Jan-Jun 2011
Principle Diagnosis ⁹	21	23	32	31	21	22
Secondary diagnosis	49	83	65	85	97	80
Total	70	106	97	116	118	102
Calendar year	N/A	203		234		N/A

⁷ Please note the table tracking hospital admissions for stimulants has not been included in this report. This is because data prior to 2009 did not specify Methamphetamine, instead it included all stimulants such as caffeine etc.

⁸ Between 2000 and 2010, hospital admission policies were not consistent between hospitals or for the same hospitals over a period time. Some emergency department patients were admitted to hospital as a rule if they have been in the ED for three hours, which meant that hospital admission numbers appeared to increase significantly, when in fact it reflected a change in admission policies. To counter this and ensure accurate trend data, the figures shown here do not include short-stay admissions from emergency departments. Therefore the actual numbers of people admitted with methamphetamine related disorders is higher than noted here (by approximately a third), but these admissions have not been included as they skew the data.

⁹ The primary diagnosis is the one established to be chiefly responsible for causing the patients' episode of care in hospital. The secondary diagnosis is a condition or complaint either co-existing with the primary diagnosis or arising during the episode of care.

Number of methamphetamine related convictions

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

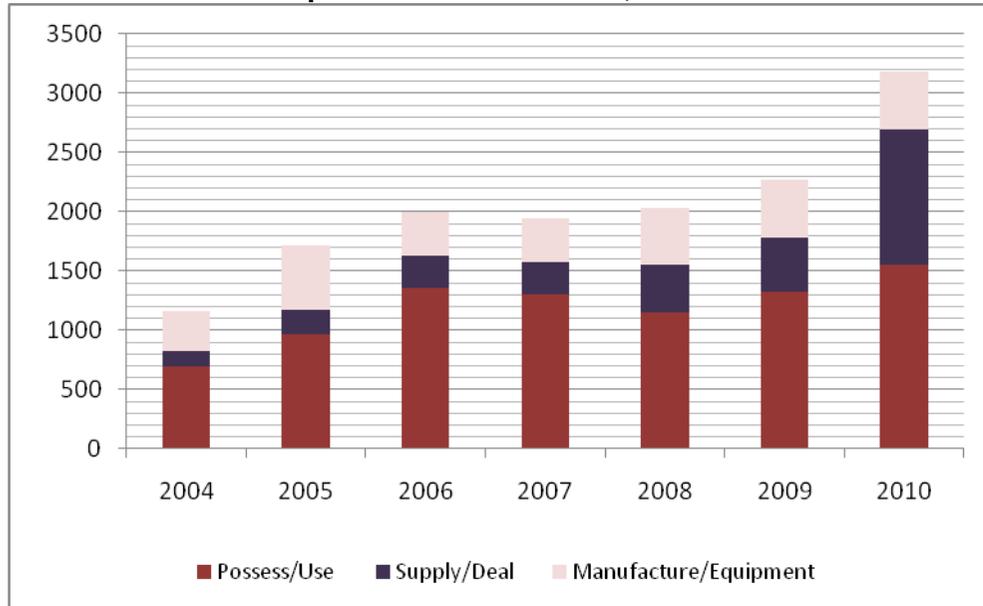
Methamphetamine convictions and recorded offences by category

Methamphetamine convictions	2004		2005		2006		2007		2008		2009		2010	
	Recorded offence	Conviction	Recorded offence	Conviction										
Possession and/or use	1276	697	1694	968	2133	1357	1988	1300	1653	1156	2007	1327	1850	1557
Supplying and/or dealing	220	132	351	209	344	270	321	271	437	398	569	451	754	1134
Manufacturing and/or in possession of equipment for manufacture	382	338	409	537	443	373	480	378	448	482	524	492	420	497
Total	1,878	1,167	2,454	1,714	2,920	2,000	2,789	1,949	2,538	2,036	3,100	2,270	3,024¹⁰	3,188

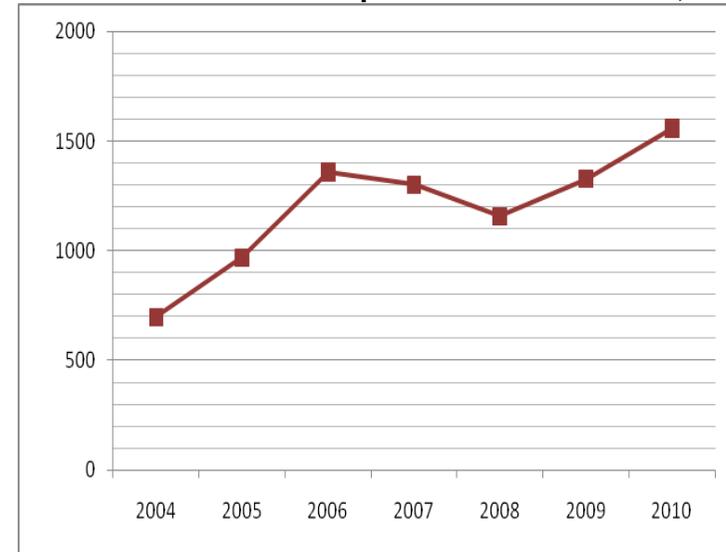
There is no direct link between the charges laid and convictions finalised for any given year. The total number of convictions for each year represents convictions that were received that year. They include convictions that have yet to be (or will not be) appealed and convictions that have been finalised following exhaustion of appeal options for each individual case. The figures are therefore subject to adjustment each subsequent year as case outcomes are finalised. This explains why the number of total convictions in 2010 is currently greater than the number of recorded offences for 2010. Once the final number has been adjusted then it is likely that the total number of convictions will fall below the total number of recorded offences. Based on previous trends, we expect this to fall by approximately 5 – 7%.

¹⁰ Source: Ministry of Justice Case Management System

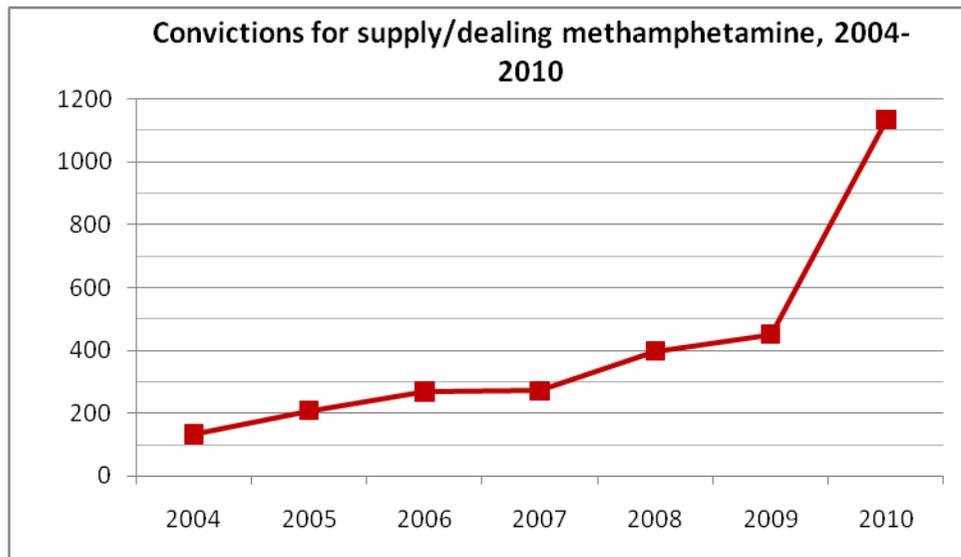
Methamphetamine convictions, 2004-2010



Possession/use of methamphetamine convictions, 2004-2010

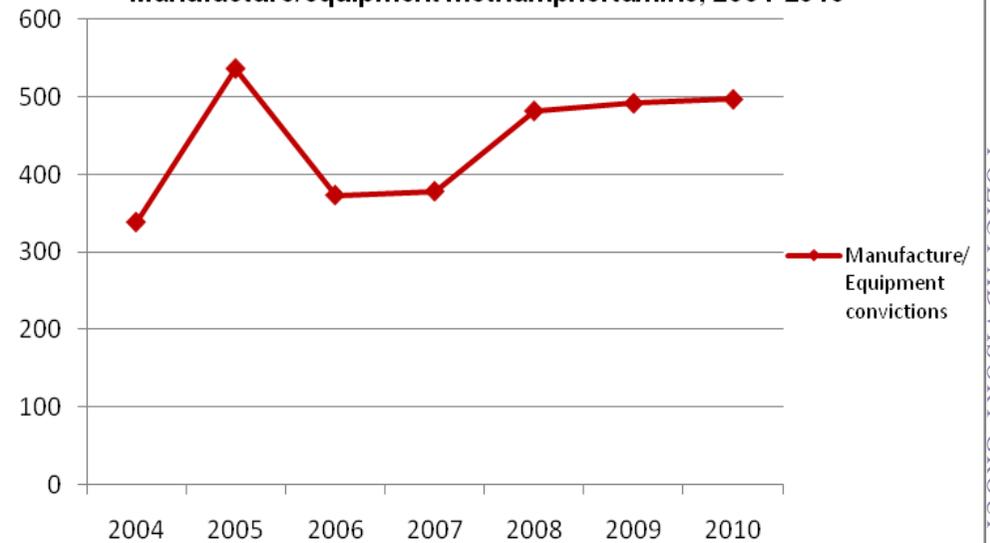


Convictions for supply/dealing methamphetamine, 2004-2010



Source: Ministry of Justice Case Management System

Manufacture/equipment methamphetamine, 2004-2010



Source: Ministry of Justice Case Management System

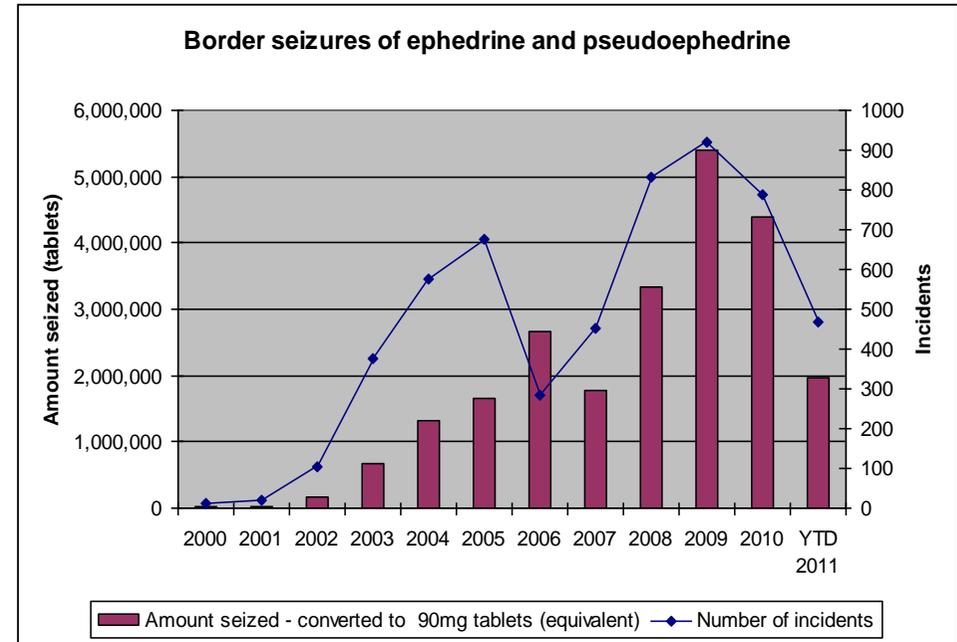
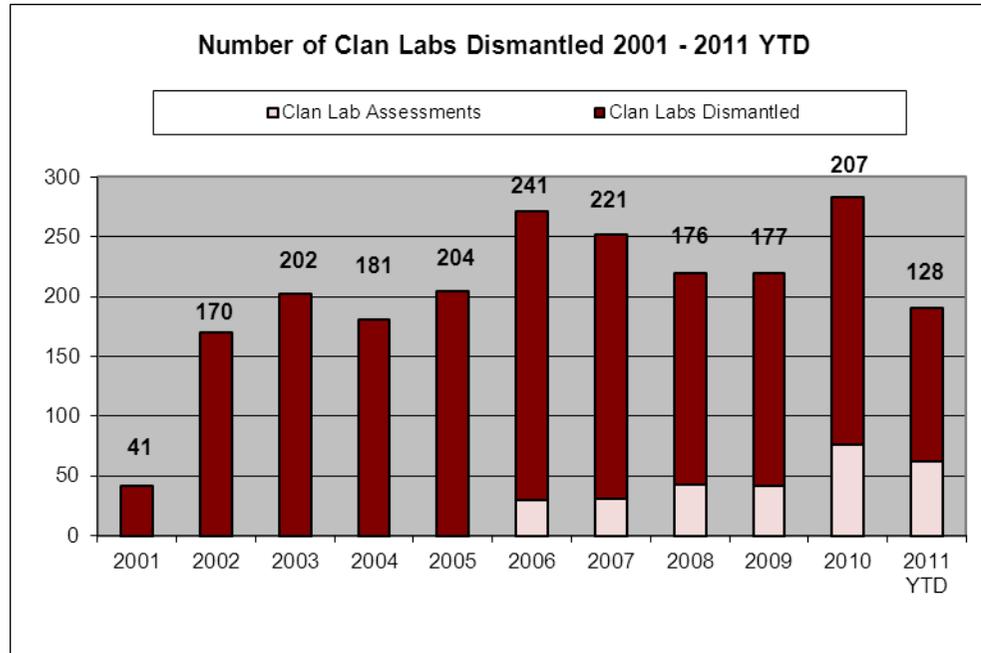
Part 4: Intermediate results indicators

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

Indicator	Definition	Baseline data	Period	Latest data (at October 2011)	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	176 (43 clan lab assessments made and 133 clan labs dismantled)	2008	177 (86 assessments & 91 clan labs dismantled)	1 Oct 2010 - 30 Sep 2011	NDIB from National Clandestine Laboratory Response Team reporting	Successful supply control would result in a decrease in clan labs discovered that coincided with a decrease in methamphetamine availability. However, in the interim, rising clan lab busts are also a measure of enforcement success.	<p>In 2011, to the end of September, there has been a 37% decrease in the number of clan labs dismantled but a 19% increase in clan lab assessments made, compared with the same period in 2010.</p> <p>This trend indicates that law enforcement targeting is having an impact, with criminal groups reacting and changing their modus operandi to avoid detection. However, this does not necessarily mean supply has reduced.</p>
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	<p>Following proactive Police engagement, some retailers (hardware stores) are restricting bulk sales of key manufacturing chemicals.</p> <p>There has been further experimentation with alternative sources of precursors.</p>	August 2010	NDIB August 2011 Illicit Drug Assessment and NDIB monthly reporting	Successful supply control would result in more difficulty in manufacturing and/or obtaining the precursors required to manufacture.	<p>A restriction of manufacturing chemicals is likely to impact on the ease with which manufacturers can make methamphetamine.</p> <p>It is considered that there are a high number of methamphetamine manufacturers who do not typically come to law enforcement attention but who are significant contributors to the stable supply of meth.</p>

Indicator	Definition	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Notes
Seizures of methamphetamine and PSE	Ephedrine and pseudoephedrine seizures over the past 12 months. ¹¹	5,586,330 tablets	Sept 2008 – Aug 2009	642,623 tablets (598,451 Customs & 44,172 Police)	Oct 2010 – Sep 2011	NDIB (Police and Customs)	Successful supply control would result in an increase in seizures, in the interim, and eventually a long term decrease in seizures.	There is a continued reduction in the amount of EPH/PSE seized, with a 44% decrease in 2011-to-date (Jan–Sep), compared with the same period in 2010, and a 28% decrease in the number of seizure incidents.
	Number of precursor seizures over the last 12 months	878 seizures	Sept 2008 – Aug 2009	675 (628 Customs & 47 Police)	Oct 2010 - Sep 2011	NDIB (Police and Customs)		
	Methamphetamine seizures by Police and Customs	22,106g	2008	32,011g (25,344g Customs and 7,667g Police)	Oct 2010 – Sep 2011	NDIB (Police and Customs)		2011 seizures to date have surpassed 2009 levels and almost match that seized in 2010. Most of these seizures are occurring at the border. In the first nine months of 2011, Customs seized 23 kg of methamphetamine. This trend may be attributed to transnational criminal groups that have identified New Zealand as a lucrative market.
	Number of methamphetamine seizures by Police and Customs	546 seizures	2008	953 seizures (932 Police & 21 Customs)	Oct 2010 – Sep 2011	NDIB (Police and Customs)		

¹¹ This field previously only measured seizures at the border; this has been changed to include domestic seizures (by Police) as well to ensure a more accurate portrayal of the data available.



Border seizures of ephedrine and pseudoephedrine

Year	2004	2005	2006	2007	2008	2009	2010	2011 (1 Jan – 30 Sep)
Amount seized (tablets) - converted to equivalent of 90mg tablets	1,313,179	1,664,228	2,667,068	1,766,200	3,336,978	5,392,886	4,383,594	1,975,975
Equivalent in kilos of precursors	292	371	594	393	744	1203	978	441
Number of seizures	576	678	284	454	831	923	788	469
Potential methamphetamine yield (kilos)	59-82	74-104	120-168	79-111	150-210	242.5-340	197 - 276	89-125

Source: Customs

2011 statistics are year to date from 01 Jan 2011 to 30 September 2011 (table and chart)

2011 statistics are preliminary figures and are yet to be confirmed (table and chart)

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

Interceptions are subject to change due to circumstances, such as quantities being updated as substances are further tested or the drugs being reweighed as the relevant investigation proceeds to prosecution.

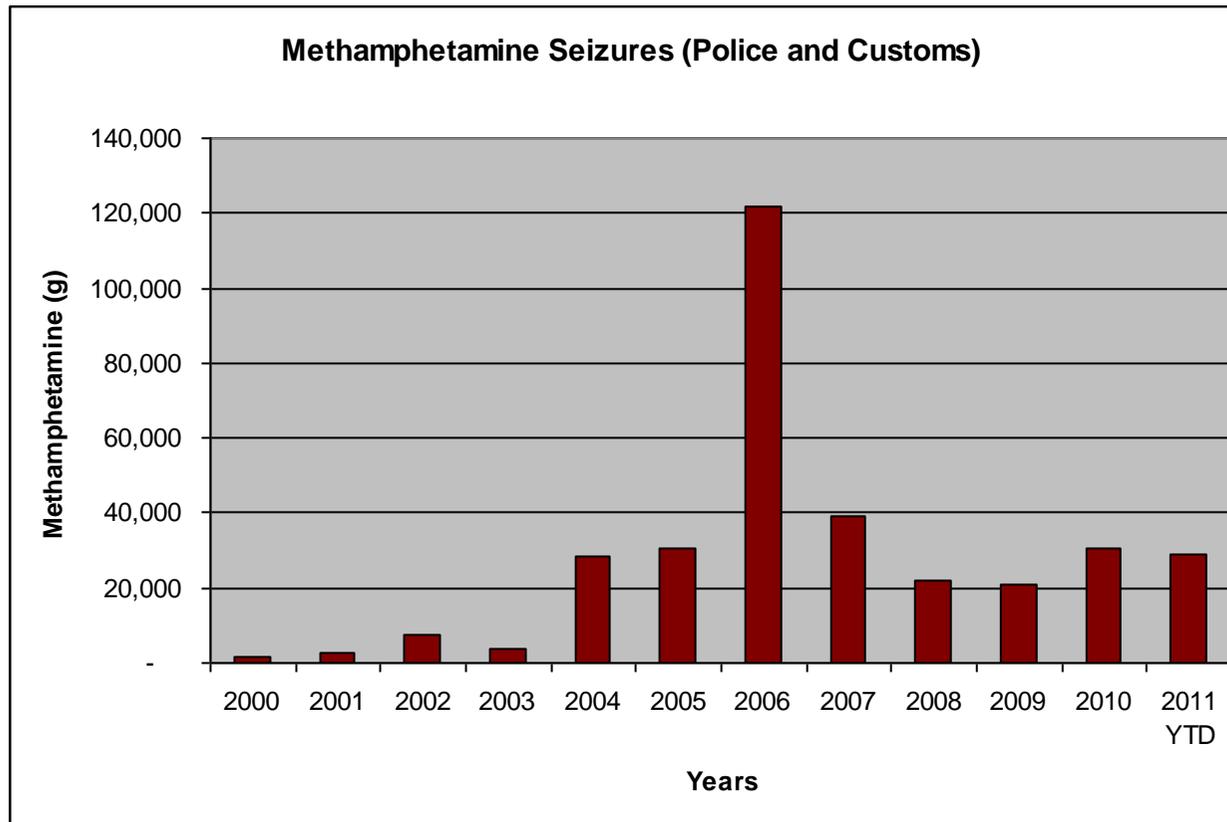
The information contained in this document has been obtained from the New Zealand Customs Service CusMod database. The information is considered correct at the time/date the data was extracted (October 2011).

Please note the information contained within CusMod may be amended or reviewed at any time.

Seizures of methamphetamine (Police and Customs)

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011 YTD
Methamphetamine (g)	1,370g	2,631g	7,720g	3,632g	28,460g	30,693g	121,838g	39,304g	22,106g	20,779g	30,400g	29,195g *
Number of seizures	N/A	N/A	N/A	N/A	N/A	N/A	673	468	546	763	805	741*

*2011 figures are for January to end September only.



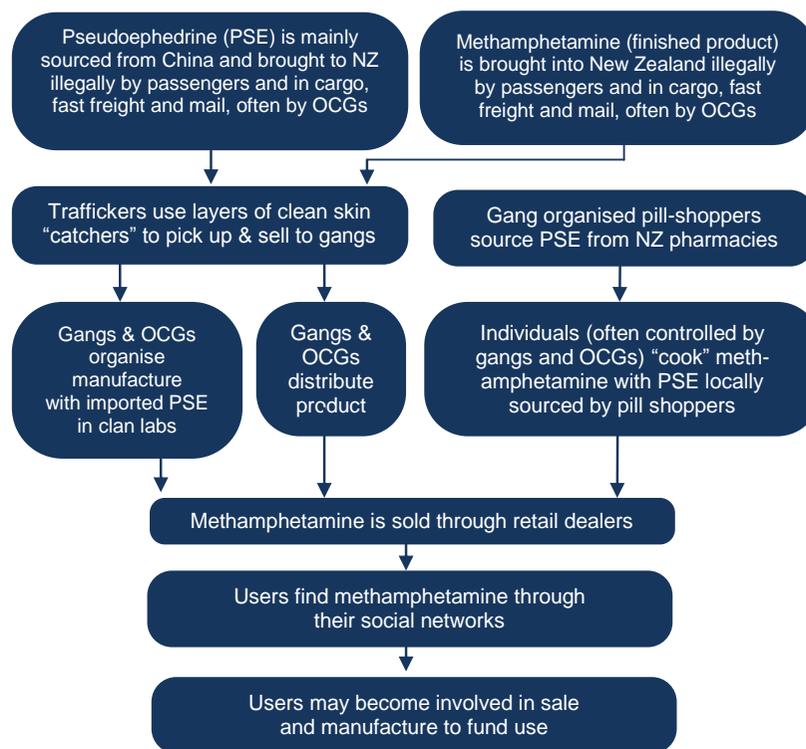
Source: NDIB (Police and Customs data)

4.2 People are deterred from the methamphetamine trade

Indicator	Definition	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Notes
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: 398 Manufacturing convictions: 482	2008	Supplying/dealing convictions: 1134 Manufacturing convictions: 497	2010	Ministry of Justice CMS	Expect to see an initial increase in supply convictions as methamphetamine enforcement is given high priority and then a 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 re-offences.	In 2008, 1,166 convictions for methamphetamine offences were handed down. Of these, 249 (or 21%) were handed down to individuals previously convicted of a methamphetamine offence and 182 (or 15%) previously charged but not convicted.	2008	In 2010, 1,479 convictions for methamphetamine offences were handed down. Of these, 436 (or 30%) were handed down to individuals previously convicted of a methamphetamine offence and 194 (or 13%) previously charged but not convicted.	2010	Ministry of Justice CMS	Expect to see an initial increase in supply convictions as methamphetamine enforcement is given high priority and then a decrease as deterrent effect occurs.	
Qualitative information about supply chains	Description of methamphetamine supply chains, including importation, manufacture, distribution and retail. For example: <ul style="list-style-type: none"> ▪ Changes in manufacturing methods ▪ Size of labs 	While ContacNT from China remains the dominant precursor encountered by Customs there are signs of an increasing divergence of sources and trafficking routes for methamphetamine	2009	A range of exporting countries continues to act as sources of EPH and PSE. This is primarily in the form of pharmaceutical products. While China and Hong Kong remain the main export points for precursors there are a variety of secondary tier sources including North America and Europe. A	Apr – Sep 2011	Customs & NDIB	N/A	This has partly been covered in section 4.1 'Information about ease of manufacture' Transnational organised crime groups are increasingly coming to note for the importation,

Indicator	Definition	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Notes
	<p>detected</p> <ul style="list-style-type: none"> Trend of lab detections for the last 6 months Pattern of seizures (e.g. multi-kilo or small seizures) 	<p>precursors.</p> <p>There are reports of New Zealand drug manufacturers having difficulty in obtaining PSE products.</p>		<p>recently terminated operation involving the export of ephedrine from Thailand reinforced the risk of exports from Southeast Asian countries.</p> <p>No further reports of shortages</p>				<p>and domestic manufacture, of methamphetamine in NZ.</p>

Methamphetamine supply chains



4.3 The ability to generate profits is reduced

Indicator	Definition	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Notes
Dollars and assets recovered from organised crime	Dollars and assets recovered from organised crime	Approximately \$1.8m was recovered in 2007/08 under the legislation At the end of the last financial year approximately \$41m was under Police Proceeds of Crime action In future it will be reported through the Police Methamphetamine Control Strategy	Annual	<ul style="list-style-type: none"> ▪ Since the Criminal Proceeds (Recovery) Act came into effect in December 2009 New Zealand Police have investigated an estimated \$92 million worth of assets suspected to have been obtained or derived through criminal activity. ▪ As at 30 September 2011 New Zealand Police held Restraining Orders over an estimated \$41 million worth of assets believed to have been obtained or derived through criminal activity. ▪ An additional estimated \$8 million worth of assets have been made subject to Forfeiture Orders. ▪ Investigations are on-going in many other cases. ▪ Of the estimated \$92 million investigated, an estimated \$71 million is attributed to drug offending. \$45 million of this relates specifically to methamphetamine offending. 	1 December 2009 – 30 September 2011	Police Financial Crime Group	Successful restraint and forfeiture of assets acquired and derived from drug offending will act as a deterrent to criminal behaviour and will erode the economic base of offenders, reducing their ability to fund further drug crime. This would lead to a decrease in supply as offenders lack the means to continue their criminal behaviour.	

4.4 Communities are aware of risks

Indicator	Definition	Baseline data	Period	Latest data (at October 2011)	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 2011</i>	Ministry of Health	Increased awareness of effects of methamphetamine use and how to access help/support.	New data will be available following 2012/2013 survey
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	11,451 visits to DrugHelp and 3,164 to MethHelp Nearly 4,000 copies of the MethHelp booklet have been distributed.	August 2010 – February 2011	20,539 visits to DrugHelp and 9,613 to MethHelp Orders received for 6,538 MethHelp booklets	Aug 2010 – Sep 2011 Oct 10 – Sep 11	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.	

4.5 Users know how to find help

Indicator	Definition	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Notes
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	24% of frequent users in 2010 (21% in 2009)	2010	IDMS - 2010		No change in 2010 compared to previous three years
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	2008/09	1,822 methamphetamine related calls since Nov 2009. This includes 604 self-calls and 1,218 concerned other calls.	2010/11	Alcohol Drug Helpline	Higher number of calls to Helpline.	

4.6 Communities and government agencies help users into treatment

Indicator	Definition	Baseline data	Period	Latest data (at October 2011)	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	18% of frequent methamphetamine users were currently in treatment in 2010 (23% in 2009)	2010	IDMS - 2010 ¹²	Increase as a measure of availability of treatment services; decrease as a measure of need for treatment, as prevalence decreases.	
Barriers to frequent users being able to access treatment	Frequent methamphetamine users report barriers to being unable to find help for their drug use.	22% of frequent users reported barriers to finding help, including: <ul style="list-style-type: none"> ▪ Fear of what might happen once contact made with service (45%) ▪ Social pressure to keep using (36%) ▪ Fear of losing friends (34%) ▪ Fear of police (27%) ▪ Didn't know where to go (21%) <ul style="list-style-type: none"> ▪ Long waiting lists (14%) ▪ Fear of CYF's (14%) ▪ No transport (11%) 	2008	24% of frequent users reported barriers to finding help, including: <ul style="list-style-type: none"> ▪ Social pressure to keep using (39%) ▪ Didn't know where to go (32%) ▪ Fear of what might happen once contact made with service (26%) ▪ Fear of losing friends (16%) ▪ Fear of police (25%) ▪ No transport (25%) ▪ Concern about impact on job/ career (23%) ▪ Costs too much (23%) ▪ Fear of CYF's (9%) ▪ Couldn't get appointment at good time (22%) ▪ Long waiting lists (19%) 	2010	IDMS – 2010 ¹¹		Small numbers of frequent methamphetamine users answered these questions (i.e. 31=2008, 22=2009 and 31=2010) so some caution should be exercised when interpreting percentage findings. MOH note their contracted meth treatment providers also find similar reasons as barriers to help as the IDMS survey. Providers note that many users disliked the lengths they had to take to finance their habit (e.g. going into debt, committing crime, prostitution).

¹² No new data from NZ-ADUM.

Indicator	Definition	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Notes
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	Northern region 85% seen within 4 weeks Midland region 49% seen within 4 weeks Central region 64% seen within 4 weeks Southern region 67% seen within 4 weeks (Nationally: 70% seen within 4 weeks of referral)	2010/11	DHBs, Ministry of Health data collection, ADANZ	Lower waiting times	No significant difference in waiting times, as noted in the April report.
	Data on waiting times for residential treatment as reported by providers	Waiting times range from 2.5 weeks to 36 weeks	As at October 2009	The major AOD residential providers have been contracted by the Ministry of Health as part of the dedicated methamphetamine treatment pathway. Waiting times for such services are 4-6 weeks.	Sep 2011	Information direct from providers	Lower waiting times	Waiting times are unchanged from last reported in April 2011.
Prisoners in treatment	Total prisoners who start a substance abuse programme in a Drug Treatment unit	499	2008/09	720	2010/11	Department of Corrections	To ensure that the highest numbers of prisoners who need treatment are accessing it, the desired direction is an increase in the number of prisoners in DTUs, number of hours completed in a DTU and percentage of prisoners who complete a substance abuse programme.	Drug treatment units in prisons have consistently shown significant reductions in rates of re-imprisonment amongst participants over the last seven years. The most recent results indicate that rates of re-imprisonment amongst programme graduates, within two years of release, reduced by 20%. This is based on an expected re-imprisonment rate of 52%, versus a recorded rate of 41%, or an eleven percentage-points fall.
	Total hours in treatment	106,097		142,951				
	Completion rates (% of those in treatment who complete it)	58%		71% (511 out of 720)				

Indicator	Definition	Baseline data	Period	Latest data (at October 2011)	Period	Source	Desired direction	Notes
Number of users diverted into treatment	Number of Adult Police Diversion Scheme diversions with alcohol and other drug assessment, treatment or counselling as a condition of diversion. This is broader than just methamphetamine.	At least 1,056 diversions with AOD treatment as a condition	2008	263 This data may not be reliable. The actual number of those completing AOD programmes is likely to be higher than the number identified. Diversion conditions may not be consistently interpreted when data is entered into the National Intelligence Application. This inconsistency in data entry means that comparison of data from year to year may not be accurate.	1 April - 30 September 2011	Police	Higher percentage of users with AOD treatment as a condition of diversion.	The "low" number of AOD diversions compared to the baseline data is a result of: -the increased issuing of formal warnings as part of the Alternative Resolutions initiative ; -diversions no longer being issued for Class A and B offences since March 2011; and -no diversions being made in Christchurch since the earthquake due to damage to infrastructure and a reduction in available service providers.
	Number of offenders with methamphetamine convictions who received an Alcohol and Drug Assessment as a condition of sentence ¹³	201 (or 16.3% of total methamphetamine convictions)	2008	314 (or 20.2% of total methamphetamine convictions)	2010	Ministry of Justice	Higher percentage of convictions with AOD assessments.	The number and percentage of total methamphetamine convictions with an AOD assessment has increased steadily in recent years.
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 – Mar 2010	Between November 2009 and September 2011, over 320 people were admitted to residential treatment and over 100 people for social detoxification.	Nov 2009 to Sep 2011	Ministry of Health via dedicated contracts – from reports by providers	More users seeking treatment	The average length of stay in dedicated methamphetamine residential treatment services has been 66.5 days, with 58% of clients achieving planned discharge (ie completing treatment).

¹³ Data on alcohol and drug assessment as a condition as sentencing is based on a greater number of codes than data presented in the previous update report. Please see Appendix 1 for further information.

Appendix I: Descriptions of information sources

Key sources of information

Publicly available sources of information are described below.

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

- Description:** NZ-ADUM measures drug and alcohol use among people who have been recently apprehended and detained in watch houses by Police
- Owner:** Police
- Researcher:** Social and Health Outcomes Research and Evaluation (SHORE), School of Public Health, Massey University
- Frequency:** Reported annually
- Release dates:** February 2011 (for 2010 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:** Social and Health Outcomes Research and Evaluation (SHORE), School of Public Health, Massey University
- Frequency:** Annually
- Release dates:** July 2010 (for 2009 data)
- Population:** Approximately 400 interviewees
- Key reports:** Recent Trends in Illegal Drug Use in New Zealand 2006-09
Findings from the 2006, 2007, 2008 and 2009 Illicit Drug Monitoring System (IDMS)
- Location:** www.shore.ac.nz/
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) published January 2010
Population:	New Zealand adult population aged 16–64 years (who were usually resident and living in permanent private dwellings)
Key reports:	Drug Use in New Zealand: Key results of the 2007/08 New Zealand Alcohol and Drug Use Survey
Location:	There will be a specific webpage when the publication is released http://www.ndp.govt.nz/moh.nsf/indexmh/drug-use-in-nz-key-results-of-the-0708-nzadus

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 2010 data will be released in June 2011. While the Ministry of Justice has access to this data, it is not allowed to be used publicly until released.
Population:	Accused and offenders in criminal justice courts
Key reports:	An Overview of Conviction and Sentencing Statistics in New Zealand 1999 – 2008
Location:	www.justice.govt.nz/publications/crime/conviction-and-sentencing

Changes in numbers of Methamphetamine convictions and charges from previous report

- (1) The Ministry of Justice has recently changed the basis on which court data is reported. Conviction data was previously reported against the year in which the case was resolved (whether or not a conviction is entered). The year of a case is now based on the last court hearing date for the case, which may be the sentencing date. For example, the case for a person convicted in entered 15 December 2008 and

sentenced in 15 January 2009, would previously have been attributed to 2008. Such a case would now be attributed to 2009. The numbers of convictions by year in this update report and the April 2011 report reflect the new reporting protocol; there are therefore minor differences between the data in this update, compared with those shown in the April 2010 update.

- (2) The number of charges resulting in a conviction is 165 lower (6.8%) than that for the 2009 report. This is due to the charges datasets being updated so that these 165 cases that seemed to be finalised in 2009 actually had another court hearing in 2010 and are therefore to be recorded as finalised in 2010. The number of convictions in 2008 has also changed, though to a smaller degree of 22 cases. Based on previous trends, the number of convictions for 2010 should be approximately 5 – 7% lower for the 2011 report
- (3) Some additional codes for AOD treatment introduced in 2007 have been applied to the data for this update. Numbers in this update are therefore higher than data previously reported for 2007-2009.

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:	Acquamen 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, 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) as captured by the Ministry of Health
Owner:	Ministry of Health and District Health Boards
Researcher:	Ministry of Health
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: <ul style="list-style-type: none">- 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 reports released in October each year on the Department of Corrections website. Progress reports are 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