

Tackling Methamphetamine: Indicators and Progress Report

May 2012

DEPARTMENT
of the PRIME MINISTER
and CABINET



Policy Advisory Group





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Part 1: Introduction

1.1 Purpose

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

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

1.2 Latest data and reports on progress provided six monthly

Reports on progress against the Action Plan are 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 coordinates the reporting process and the Methamphetamine Steering Group, made up of senior officials from the relevant agencies, meets to approve the reports. This is the fifth report back, for May 2012.

1.3 Data should be used with caution

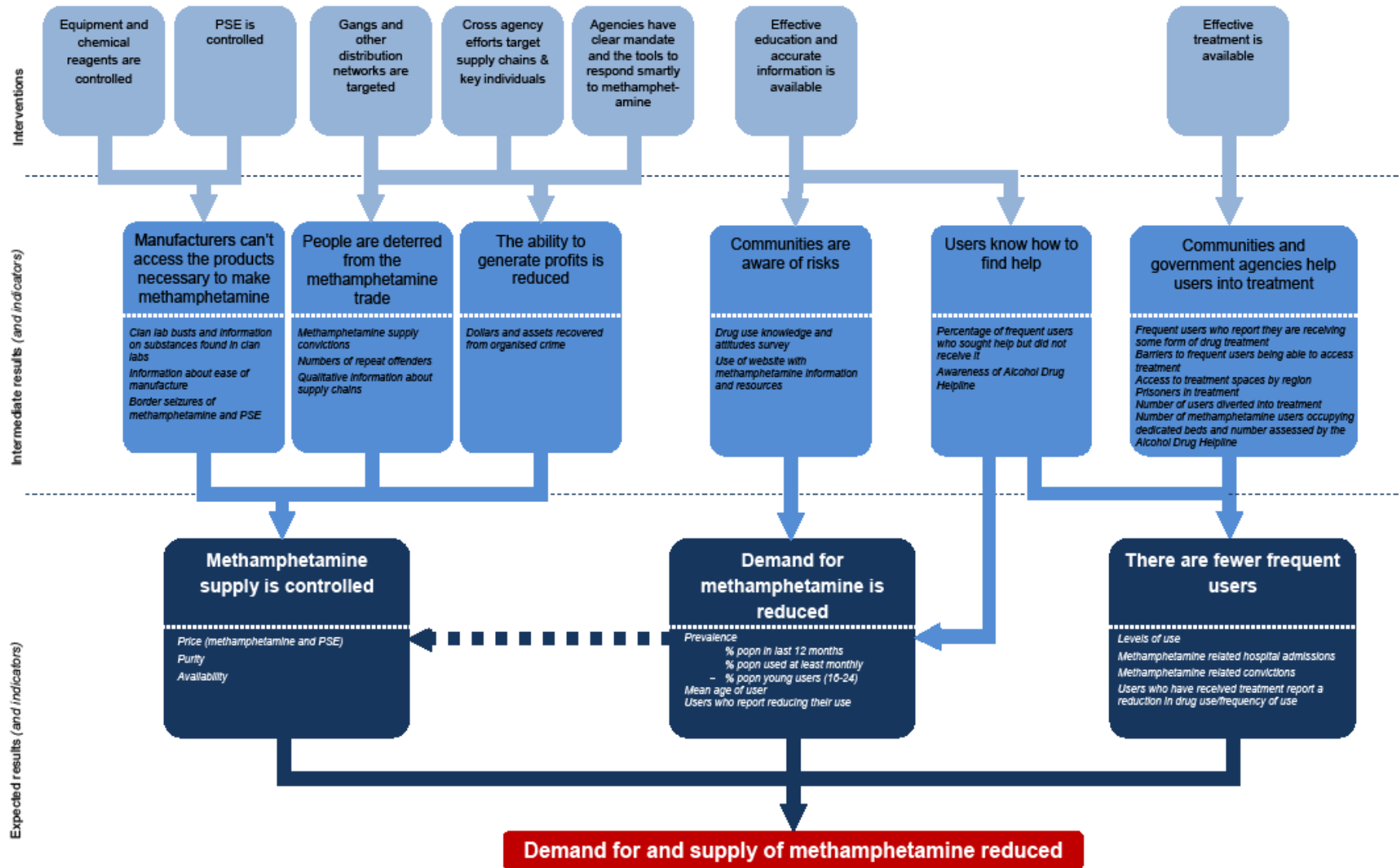
Descriptions of information sources and further details are provided in appendices. It should be noted that, due to various recording and release dates, some data is provisional and other data may have been collected but not yet analysed. Therefore some changes may be evident when all data is confirmed and this will be corrected in subsequent reporting if necessary. Where the tables refer to 'latest data' – this is the most recent data available as at 31 March 2012.

1.4 Overview of expected results and indicators

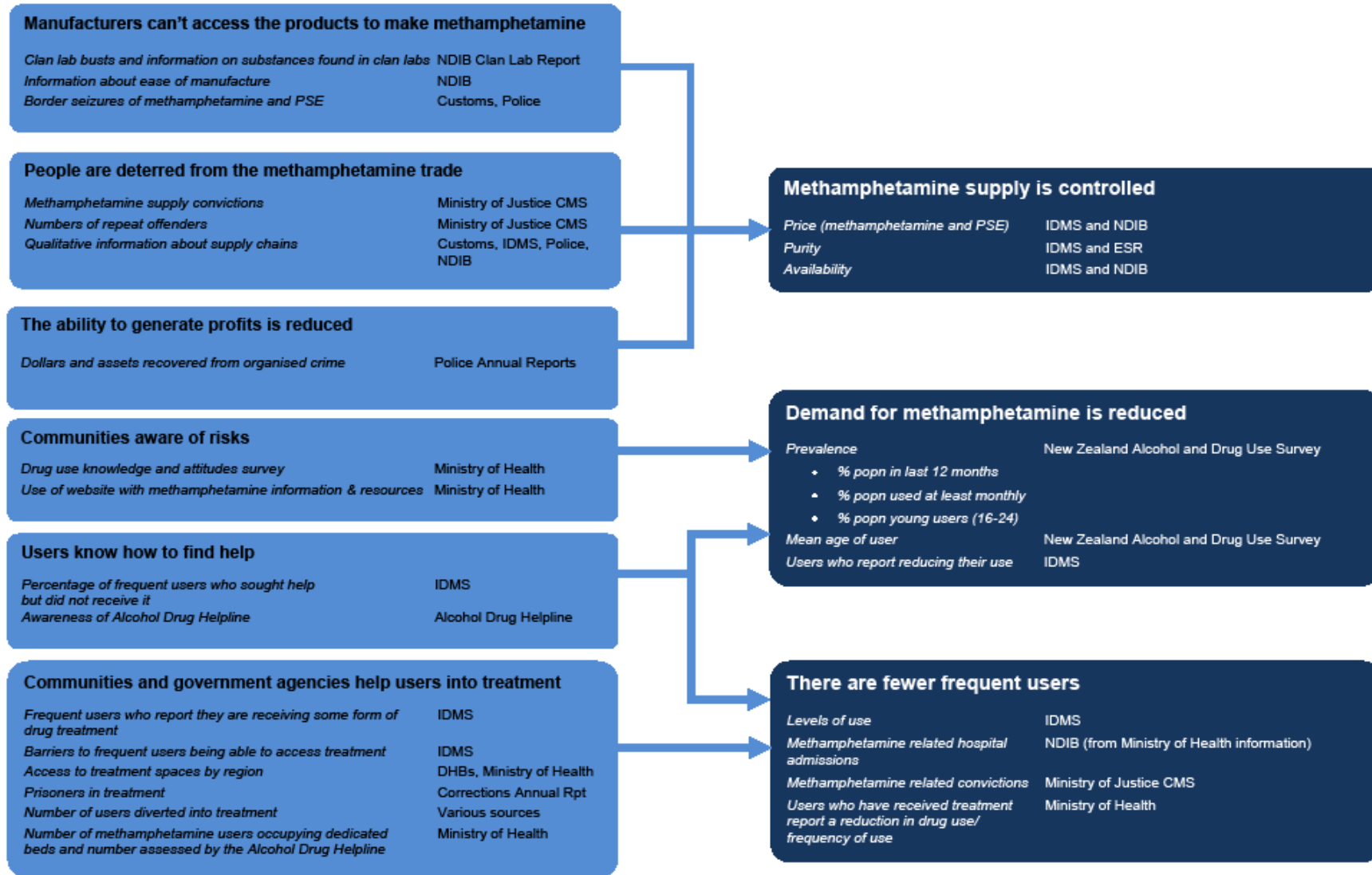
The summary of expected results, indicators and sources of indicators are shown on the next three pages.



Tackling Methamphetamine: an Action Plan - Expected Results



Sources for indicators



Part 2: Progress on actions

Action	Progress to date	Status	Plan to remedy (if required)
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 voluntarily withdrew 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 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. 	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 the continuation of the full ESR programme in 2012/2013. The programme may include ESR testing methamphetamine 'points' sold at street level. In lieu of decisions regarding the full ESR programme in 2012/2013, Customs is funding an interim initiative, 50 sample programme based on samples collected at the border by Customs and domestically by NDIB from seizures of the past 12 months. 	Ongoing	
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 is a restricted document that contains concrete, evidence-based and measurable actions that Police Groups and Districts must undertake and report against. The MCS is reviewed annually to ensure that it anticipates and responds to emerging trends. The 2012/13 MCS will be launched in July 2012. It will align with the Police's Prevention First approach by undertaking activity that seeks to prevent (and thereby reduce) people becoming involved in the manufacture, supply and use of methamphetamine. 	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"> Blitz operations occur regularly. 	Ongoing	
Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border	<ul style="list-style-type: none"> Additional staff have been assigned to Customs Investigation Units during the enquiry phase of the targeting exercises to follow-up on the increased numbers of interceptions. The enhanced tracking and surveillance 	On track	

Action	Progress to date	Status	Plan to remedy (if required)
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 District Health Boards (DHBs) have been contracted by the Ministry of Health (MOH). All 60 residential beds are now operational. Since start up there have been over 440 new admissions into residential treatment, as at 31 March 2012. Since November 2009, 20 social detox beds for methamphetamine users in addition to those funded through DHBs have been contracted by MOH. As of 31 March 2012, over 400 people have been through social detoxification. 	Ongoing	
Increase alcohol and drug workforce capacity and capability to respond effectively to methamphetamine	<ul style="list-style-type: none"> Focus has been on expanding alcohol and other drugs (AOD) treatment services with the capacity and capability to treat methamphetamine users, through training (including formal education), guidelines and recruitment initiatives. Increasing the numbers of frontline people with the ability to screen and provide brief interventions for polydrug (including methamphetamine) users. 	Ongoing	
Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the justice system	<ul style="list-style-type: none"> 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 work. Key initiatives include additional low cost, high volume community-based treatment for offenders with AOD problems; AOD treatment and support as part of a pilot AOD Court in the Auckland metro area; and additional funding for training and workforce development. The \$10 million investment package will be implemented over the 2012/13 year. The design of AOD Court is currently underway in consultation with key stakeholders and judiciary. It is expected to operate from late 2012 and the pilot court will run for five years. Methamphetamine users will be eligible for participation in the programme. 	Ongoing	
Improve routes into treatment through contact with frontline government funded services	<ul style="list-style-type: none"> 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	

Action	Progress to date	Status	Plan to remedy (if required)
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 users. ▪ Drafting instructions are being prepared, and consideration is being given to implementation issues with relevant stakeholders. 	Behind schedule	The proposed Bill is to be developed and referred to Select Committee in this Parliamentary year.
Intervention group 2.4 Support communities			
Strengthen best practice community programmes, such as Community Action Youth and Drugs (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 review of the CAYAD programme was completed in October 2011. The review was broadly supportive of the work of local CAYAD sites to address the impact of alcohol and drugs in communities, including methamphetamine where this is a drug of concern. Funding for current CAYAD sites has recently been confirmed until 2015. ▪ In September 2011, the Auckland Council released its Auckland Regional Methamphetamine Action Plan. The Plan was established by the Auckland Regional Methamphetamine Working Group, made up of representatives from a broad range of relevant sectors and organisations. The Plan is comprised of four workstreams: supply; community norms; housing; and treatment and actions under these workstreams are now underway. The three Auckland CAYAD sites play an integral role in leading and coordinating the Working Group and actions under the Plan. 	Ongoing	
Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource	<ul style="list-style-type: none"> ▪ MethHelp and DrugHelp websites continue to be well accessed. There have been over 14,000 visits to the MethHelp site and 8,000 MethHelp booklets have been ordered since its inception in August 2010. 	Ongoing	
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 to the Guide posted onto relevant 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. Between October 2011 and March 2012 there were 72 downloads of the guide. 	Ongoing	

Action	Progress to date	Status	Plan to remedy (if required)
Increase the reach of school programmes targeted to at-risk youth and families to reduce demand	<ul style="list-style-type: none"> Police Youth Education Services (YES) includes drug education programmes to schools. These programmes are delivered to 550 – 600 schools each year. The government's recently announced Youth Mental Health package includes an initiative to review government-funded Alcohol and other Drug (AOD) education programmes, to ensure they are being delivered in line with best practice. This will include programmes relating to methamphetamine. 	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 was completed on 30 March 2012. Two further programmes are scheduled. 	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 also oversees the work of action committees, including the Precursor Working group. Officials are working to determine what other changes, if any, are required to current governance arrangements in the drugs space beyond methamphetamine, to ensure that efforts remain focused and forward-looking. The lessons from <i>Tackling Methamphetamine: an Action Plan</i> are informing that work. IACD is also considering priorities for its 2012/13 work programme. A major work item will be re-setting the National Drug Policy (NDP). The current NDP is dated 2007-2012. Its framework is strongly consistent with the Methamphetamine Action Plan. There are lessons from the Action Plan that will also inform the NDP. 	Ongoing	
Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act 1975 (MoDA)	<ul style="list-style-type: none"> In September 2011 the Government responded to the Law Commission's recommendations arising from its review of MoDA. IACD will have oversight of any proposed changes to MoDA as a result of the review and will report to the Government. 	Ongoing	

Part 3: Expected results indicators

3.1 Overview of trends and status

Indicator	Baseline data	April 2011	October 2011	April 2012	Change on baseline
Result: Supply is controlled					
Price ¹	<ul style="list-style-type: none"> Median (mean) price per point: \$100 (\$96) 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: \$800 (\$780) (IDMS – 2010) 		<ul style="list-style-type: none"> Median (mean) price per point: \$100 (\$106) Median (mean) price per gram: \$800 (\$815) (IDMS – 2011) 	The IDMS price data shows a small but statistically significant increase in the mean price of a 'point' and gram of methamphetamine from 2008 to 2011. The mean price per gram increased from \$698 in 2008 to \$815 in 2011. Strong regional variations in prices are observed – with Auckland being lower than Wellington and Christchurch.
	<ul style="list-style-type: none"> Median (mean) price per point: \$100 (\$107) Median (mean) price per gram: \$700 (\$723) (NZ-ADUM –2010) 			<ul style="list-style-type: none"> Median (mean) price per point: \$100 (\$102) Median (mean) price per gram: \$750 (\$769) (NZ-ADUM – 2011) 	The mean price per point of methamphetamine is relatively unchanged since baseline. It is likely that the weight and purity of what is sold as a point will change before any significant nominal price changes will be noted. There was an increase in gram price in Christchurch, where gram prices rose from \$750 in 2010 to \$967 in 2011 – perhaps as a result of the disruptions caused by the earthquakes. However, the number of gram prices reported in Christchurch was very low.

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

Indicator	Baseline data	April 2011	October 2011	April 2012	Change on baseline
Purity	<ul style="list-style-type: none"> ESR reported that methamphetamine samples were 68.9% pure (2006-2009) 	<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%. 	<ul style="list-style-type: none"> No further testing has been carried out 	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"> 36% of frequent drug users reported current purity as "high", 7% as low. 39% reported purity currently "fluctuates". (IDMS – 2008) 	<ul style="list-style-type: none"> 28% of frequent drug users reported current purity as "high", 14% as low. 37% reported purity currently "fluctuates". (IDMS – 2010) 		<ul style="list-style-type: none"> 33% of frequent drug users reported current purity as "high", 14% as low. 35% reported purity currently "fluctuates". (IDMS – 2011) 	Frequent drug users interviewed through the IDMS perceive that the current strength of methamphetamine has declined slightly from 2008 (2.3, where 1=low and 3=high) to 2011 (2.2). Fourteen percent said it was 'low' in 2011 compared to 7% in 2008.
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 (IDMS - 2009) 	<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"> Average availability score 3.1 Change in availability: Average score: 2.0 (IDMS – 2011) 	<p>The current perceived availability of methamphetamine has remained 'easy/very easy' over time. There was a slight decrease in availability from 3.3 in 2008 to 3.1 in 2011 (where 1=very difficult and 4=very easy).</p> <p>Declines in availability were more significant in 2008 to 2011 in Auckland (down from 3.5 to 3.2) and Christchurch (down from 3.2 to 2.9).</p>
		<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	April 2011	October 2011	April 2012	Change on baseline
Result: Demand is reduced					
Prevalence (used in last 12 months)	<ul style="list-style-type: none"> 2.1% total NZ population 16-64 years. (2007/2008 NZ Alcohol and Drug Use Survey) 			<ul style="list-style-type: none"> 1% total NZ population 16-64 years. This equates to approximately 28,000 New Zealanders. The prevalence of use (1.8%) was highest amongst those aged between 18-24 and 25-34 years. (NZ Health Survey Preliminary findings May-Dec 2011) 	<p>There are encouraging indications of reducing overall prevalence, although this is yet to be confirmed. The most recent data is still preliminary as it is not based on a full year's data, and there are some differences in methodology from the survey used for baseline.</p> <p>The 2009 National Household Drug Survey also showed a decline in methamphetamine use in the population aged 15-45 years (1.4%, down from 3.4% in 2006). However, the use of telephone-based interviewing may have resulted in under-representation of frequent users.</p> <p>The next New Zealand Health Survey (taking place between July 2012 and June 2013) includes a drug use module that will provide robust data for this indicator. Results are due in March 2014.</p>
Prevalence (used at least monthly)	<ul style="list-style-type: none"> 0.4% total NZ population 16-64 years. (2007/2008 NZ Alcohol and Drug Use Survey) 			<ul style="list-style-type: none"> No data available 	
Prevalence: young users (used at least monthly)	<ul style="list-style-type: none"> 16-17 year olds – numbers too low for reliable estimation 18-24 year olds – 0.8% (2007/2008 NZ Alcohol and Drug Use Survey) 			<ul style="list-style-type: none"> No data available 	
Mean age of user	<ul style="list-style-type: none"> Data not available 			<ul style="list-style-type: none"> No data available 	<p>The next New Zealand Health Survey (taking place between July 2012 and June 2013) includes a drug use module that will provide robust data for this indicator. Results are due in March 2014.</p>

Indicator	Baseline data	April 2011	October 2011	April 2012	Change on baseline
Users who report reducing their use	<ul style="list-style-type: none"> Mean use of 38 days in past 6 months in 2008 (68 days in 2007) 	<ul style="list-style-type: none"> Mean use of 45 days in past 6 months in 2010 (2010 IDMS) 		<ul style="list-style-type: none"> Mean use of 40 days in past 6 months in 2011 (2011 IDMS) 	Mean days of methamphetamine use have increased slightly since the 2008 baseline. However, longer term data shows that an overall downward trend in use has been occurring since 2007.
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) 		<ul style="list-style-type: none"> 29% of frequent methamphetamine users were using less and 5% had stopped (2010 IDMS) 	<ul style="list-style-type: none"> 41% of frequent methamphetamine users <i>detained by Police</i> were using less and 8% had stopped (2011 NZ-ADUM) 	This question was not asked in the 2011 IDMS survey due to concerns about its validity, so NZ-ADUM data is presented instead. However, data between the surveys may not be comparable due to different sample populations (frequent drug users vs Police detainees).
Methamphetamine related convictions²	<ul style="list-style-type: none"> Convictions for possession/use: 1,156 Convictions for supply/deal (including import/export): 398 Convictions for manufacture: 482 Total convictions: 2,036 (2008) 	<ul style="list-style-type: none"> Convictions for possession/use: 1,327 Convictions for supply/deal (incl import/export): 451 Convictions for manufacture: 492 Total convictions: 2,270 (2009) 	<ul style="list-style-type: none"> Convictions for possession/use: 1,557 Convictions for supply/deal (including import/export): 1,134 Convictions for manufacture: 497 Total convictions: 3,188 (2010) 	<ul style="list-style-type: none"> Court data for 2011 is not available until June 2012. This information will be provided in the October 2012 report. 	As noted in the October 2011 report, the number of supply /dealing convictions in 2010 is just over 2.5 times greater than in 2009. 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	<ul style="list-style-type: none"> Average days per month of amphetamine use before treatment: 8.7 days (2010) 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Average days per month of amphetamine use pre-treatment was 7.4 days Average days per month of amphetamine use one month after completing treatment: 1.1 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.

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

3.2 Methamphetamine supply is controlled

3.2.1 Summary

Definition	Baseline data	Period	Latest data (at April 2012)	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	<ul style="list-style-type: none"> \$100 per point \$800-1,000 per gram 	Sept 2009	<ul style="list-style-type: none"> \$100 per point \$603 is the mean price for a gram although there are significant variations in the price range reported. 	Oct 2011-Mar 2012	Police and Customs intelligence reports received by the NDIB. Police gather price details from a variety of sources including interviews/discussion with users and informants.	Successful supply control leads to an increase in price. Price changes are usually temporary.	Police reporting indicates that prices remain relatively stable except in the upper North Island region, where there appears to have been an increase in reports of lower (\$600 or below) gram prices. ³ It is likely that methamphetamine being sold at cheaper prices is of lower purity, or not a full gram, or reliant on the dealer-buyer relationship. Pricing of methamphetamine at the ounce and point level tends to remain relatively stable.
Price per point (10th of gram) and price per gram of methamphetamine – IDMS survey data	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Median price per point: \$100 Mean price per point: \$106 (n=161) Median price per gram: \$800 Mean price per gram: \$815 (n=69) 	2011	IDMS	Successful arrests and seizures lead to high prices.	There have been increases in the price of both a point and a gram of methamphetamine in recent years. The mean price of a gram increased from \$698 in 2008 to \$815 in 2011. However, there is significant regional variation, and there has been some levelling out of price in 2011 compared to 2010.
Price per point (10th of gram) and price per gram of methamphetamine – NZ-ADUM data	<ul style="list-style-type: none"> Median (mean) price per point: \$100 (\$107) (n=156) Median (mean) price per gram: \$700 (\$723) (n=71) (NZ-ADUM –2010) 	2010	<ul style="list-style-type: none"> Median (mean) price per point: \$100 (\$102) (n=170) Median (mean) price per gram: \$750 (\$768) (n=87) 	2011	NZ-ADUM		NZ-ADUM data for the period 2010 – 2011 shows prices remaining high and relatively stable, except for Christchurch, where prices may be increasing as a result of disruptions caused by the earthquakes.

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

Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and notes
Price per capsule or equivalent of pseudoephedrine in the illegal market (not over the counter purchase price) - Police Data	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Prices range from \$8,000-\$14,000 	Oct 2011 – Mar 2012	NDIB	Successful restriction leads to a rise in price.	Pricing reports relating to EPH/PSE are very limited, and caution should be exercised in interpreting results.
Indicator: Purity							
Perception of overall level of purity as reported by frequent drug users	<ul style="list-style-type: none"> 36% of frequent drug users reported current purity as "high", 7% as low. 39% reported purity currently "fluctuates". 48% reported purity in the last six months was "fluctuating", 29% said purity was "stable" over that time. 	2008	<ul style="list-style-type: none"> 33% of frequent drug users reported current purity as "high", 14% as low. 35% reported purity currently "fluctuates". 38% reported purity in the last six months was "fluctuating", 33% said purity was "stable" over that time. 	2011	IDMS	Successful supply control leads to a decrease in purity.	Frequent drug users interviewed through the IDMS perceive that the current strength of methamphetamine has declined slightly from 2008 (2.3, where 1=low and 3=high) to 2011 (2.2). Fourteen percent said it was 'low' in 2011 compared to 7% in 2008.
Methamphetamine percentage in seized samples, tested by ESR	<ul style="list-style-type: none"> 68.9% (2006-2009) 	2009	<ul style="list-style-type: none"> 73% of the samples tested contained methamphetamine with a purity of 70% or higher (80% is the highest possible purity due to manufacturing methods). The median methamphetamine purity across all samples was 75%. 	April - Sep 2011.	ESR Pilot Drug Signature Programme Final report, August 2011.		Purity, as established by forensic testing, remains high at the wholesale (a gram or more) level.

Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and notes
Indicator: Availability							
<p>Overall availability of methamphetamine as reported by frequent drug users</p> <p>Change in availability of methamphetamine over the last six months as reported by frequent drug users</p>	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 32% of frequent drug users reported the availability of methamphetamine was “very easy” 2% reported it was “very difficult” Average availability score 3.1 Change: 16% of users reported methamphetamine becoming ‘more difficult’ to get, 53% reported no change in availability, 18% reported ‘easier’. Average change score: 2.0 	2011	IDMS	Successful supply control leads to more difficulty obtaining methamphetamine.	<p>There has been a slight decline in the current availability of methamphetamine from 2008 to 2011 (down from 3.3 in 2008 to 3.1 in 2011, where 1=very difficult and 4=very easy). There was no change in the current availability of methamphetamine in 2011 compared to 2010 (3.1 in both years).</p> <p>Almost all police reporting suggests that methamphetamine remains widely and easily available.</p>
Qualitative information from enforcement agencies	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> No further shortages reported. 		NDIB		The limited updated new information that has been received on EPH/PSE indicates availability remains relatively stable.

Price trends

Prices for methamphetamine (IDMS)

Methamphetamine price Median (mean)	2007	2008	2009	2010	2011
1 Point	\$100 (\$97)	\$100 (\$96)	\$100 (\$100)	\$100 (\$104)	\$100 (\$106)
1 Gram	\$600 (\$676)	\$700 (\$698)	\$700 (\$738)	\$800 (\$780)	\$800 (\$815)

Source: IDMS for 2007-2011

3.3 Demand for methamphetamine is reduced

Indicator	Description	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and 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	Preliminary data from the 2011 New Zealand Health Survey shows a prevalence rate of 1.0% for ages 16-64. This should be interpreted with caution because it is not based on a full year's data. Confirmed 2011 data will be available by the end of 2012.	2011	New Zealand Alcohol and Drug Use Survey (07/08) New Zealand Health Survey (2011)	Successful demand reduction and problem limitation measures lead to a decrease in percentage of population using methamphetamine.	The next New Zealand Health Survey (taking place between July 2012 and June 2013) includes a drug use module that will provide robust data for this indicator. Results are due in March 2014.
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	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 methamphetamine.	
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	Numbers too low for reliable estimation	2007/08	N/A	N/A	New Zealand Alcohol and Drug Use Survey	A reduction in younger users is likely to result in fewer new users overall and an aging user population.	
	18-24 year old users as a percentage of the 16-64 population who used at least monthly	0.8%	2007/08	N/A	N/A	New Zealand Alcohol and Drug Use Survey		

Indicator	Description	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and notes
Mean age of user	Mean age of monthly using population	Not available	2007/08	N/A	N/A	N/A	Successful demand reduction measures lead to an upward shift in the age of the using population, as this suggests there are fewer new people using methamphetamine.	The next New Zealand Health Survey (taking place between July 2012 and June 2013) includes a drug use module that will provide robust data for this indicator. Results are due in March 2014.
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 40 days in past 6 months in 2011 (45 days in 2010)	2011	IDMS	Lower mean number of days in past 6 months.	Mean days of methamphetamine use have increased slightly since the 2008 baseline. However, longer term data shows that an overall downward trend in use has been occurring since 2007.

Age distribution of users

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

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

Source: Results from the 2007/08 New Zealand Alcohol and Drug Use Survey, Chap 5: Stimulants/Amphetamines. 2010. Ministry of Health
 Notes: A dash (–) indicates that numbers were too low for reliable estimation. Updated comparative results will be available from end 2012.

3.4 There are fewer frequent users

Indicator	Description	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and 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)	2009	32% using 'more'; 19% 'the same'; 41% 'less' and 8% 'stopped' in 2011. (NZ-ADUM)	2011	IDMS for baseline 2009. NZ-ADUM for 2011 data.	Successful demand reduction and problem limitation measures lead to a decrease in levels of use.	This question was not asked in the 2011 IDMS survey due to concerns about its validity, so NZ-ADUM data is presented instead. However, data between the surveys may not be comparable due to different sample populations (frequent drug users vs Police detainees).
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 (Annual data to end of Dec 2010)	2010	Ministry of Justice's Case Management System	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.	Court data for 2011 is not available until June 2012. This information will be provided in the next 6-monthly update report (October 2012). The number of supply/dealing convictions in 2010 is almost 3 times greater than in 2008. 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	Reports from users receiving treatment from dedicated drug treatment services.	Average days per month of amphetamine use before treatment: 8.7 days	2010	Average days per month of amphetamine use pre-treatment was 7.4 days Average days per month of amphetamine use one month after completing treatment: 1.1 days	Nov 2009 to March 2012	Ministry of Health	Successful problem limitation measures lead to a reduction in drug use/frequency of use.	Note that the sample size for this data is small, as it draws from users who were able to be followed up post-treatment.

Methamphetamine related hospital admissions

The table below indicates that hospital admissions for methamphetamine-related causes have increased overall since recording began in July 2008 (prior to this methamphetamine was included among 'stimulants' in hospital admissions), but there is no discernable trend, with admission numbers fluctuating. Any increase could be due to 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 are hospitalised for methamphetamine use are psychotic disorder or other mental and behavioural disorders as a result of, or related to, methamphetamine use.

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

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

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

⁴ 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.

⁵ 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. Data for the 2011 period will not be available until June 2012 and will be included in the next six-monthly indicators report (October 2012).

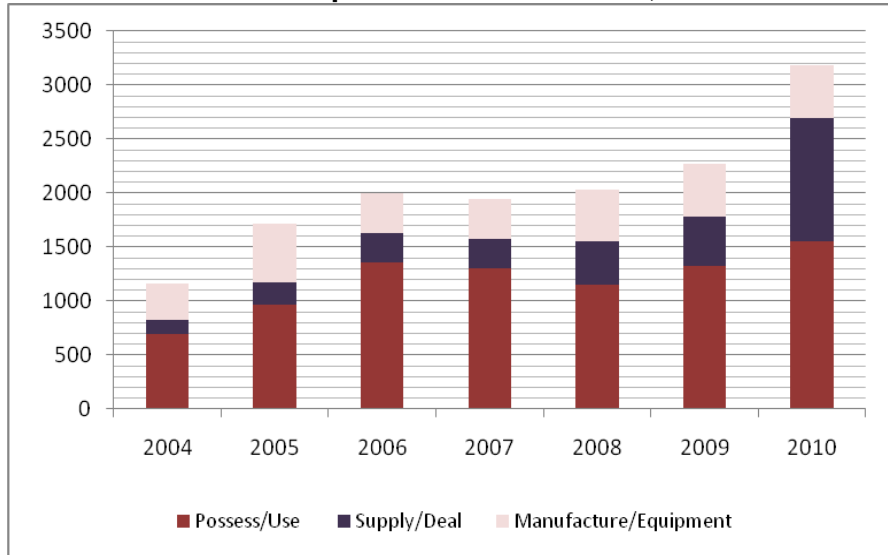
Methamphetamine convictions and recorded offences by category⁶

Methamphetamine convictions	2005		2006		2007		2008		2009		2010		2011	
	Recorded offence	Conviction	Recorded offence	Conviction	Recorded offence	Conviction	Recorded offence	Conviction	Recorded offence	Conviction	Recorded offence	Conviction	Recorded offence	Conviction
Possession and/or use	1694	968	2133	1357	1988	1300	1653	1156	2007	1327	1850	1557	Not available	Not available
Supplying and/or dealing	351	209	344	270	321	271	437	398	569	451	754	1134	Not available	Not available
Manufacturing and/or in possession of equipment for manufacture	409	537	443	373	480	378	448	482	524	492	420	497	Not available	Not available
Total	2,454	1,714	2,920	2,000	2,789	1,949	2,538	2,036	3,100	2,270	3,024	3,188	N/A	N/A

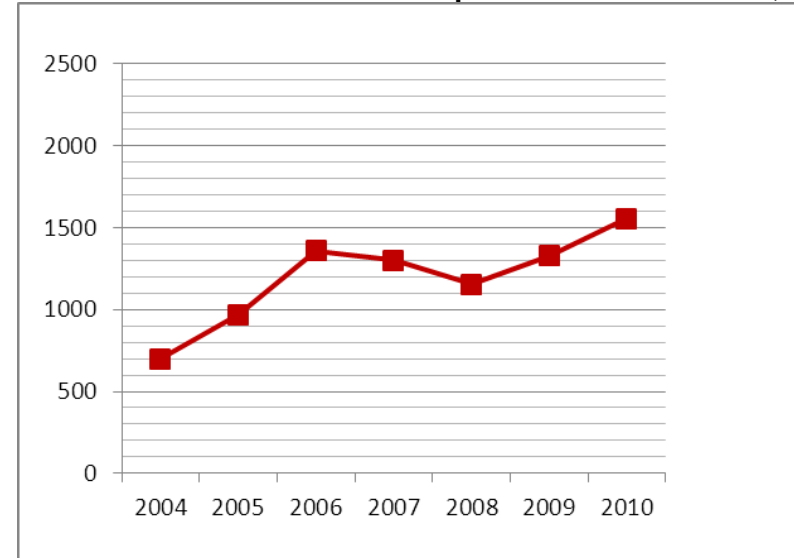
There is no direct link between the charges laid and convictions finalised for any given year. The total number of convictions for each year represents convictions that were received that year. They include convictions that have yet to be (or will not be) appealed and convictions that have been finalised 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%.

⁶ Source: Ministry of Justice Case Management System

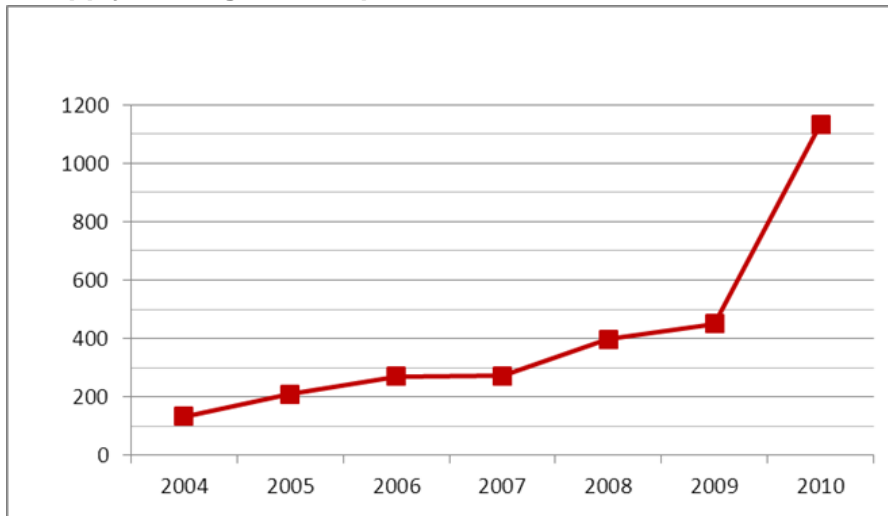
All methamphetamine convictions, 2004-2010



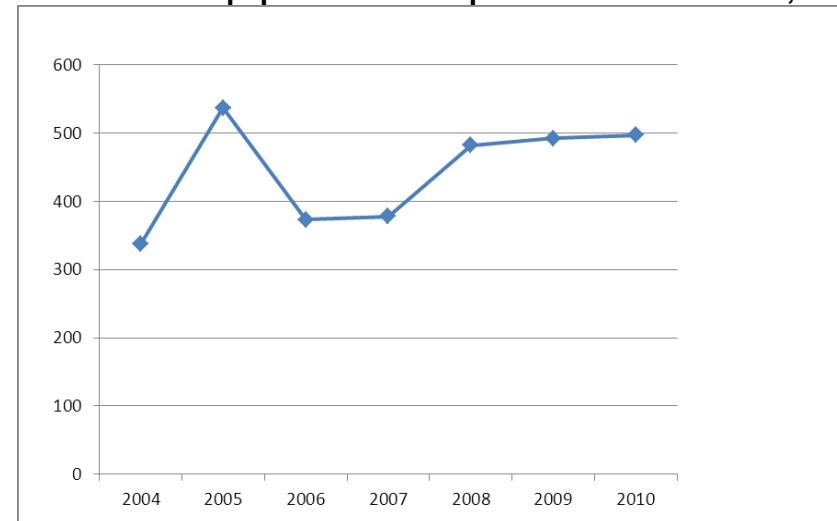
Possession/use of methamphetamine convictions, 2004-2010



Supply/dealing methamphetamine convictions, 2004-2010



Manufacture/equipment methamphetamine convictions, 2004-2010



Source: Ministry of Justice Case Management System

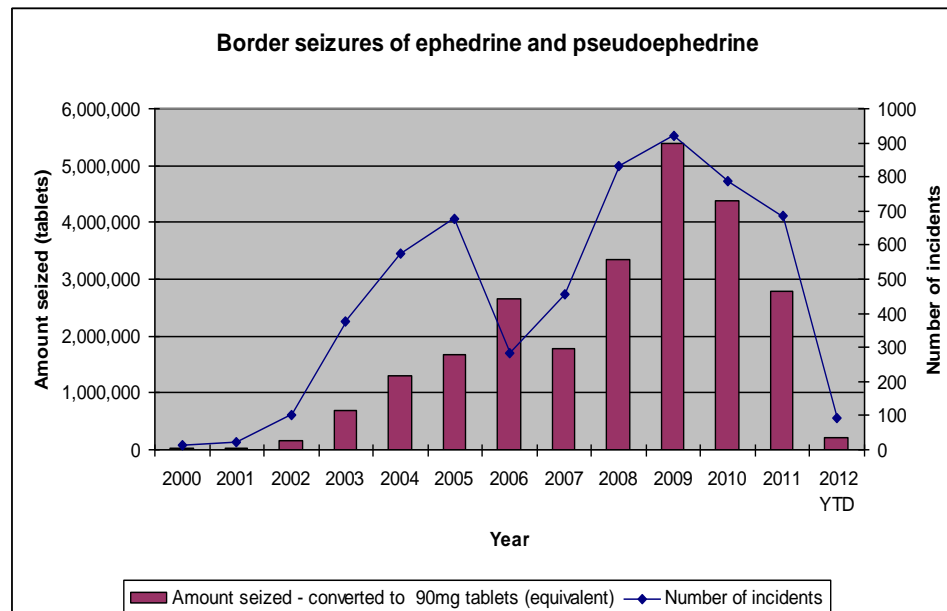
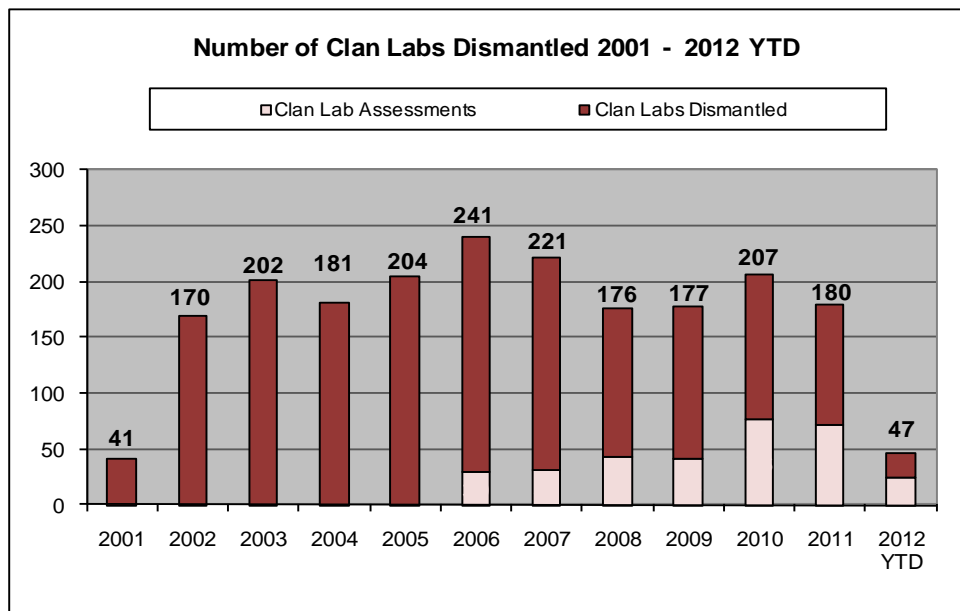
Part 4: Intermediate results indicators

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

Indicator	Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and 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	205 (93 assessments & 112 clan labs dismantled)	1 April 2011-31 March 2012	NDIB, from National Clandestine Laboratory Response Team reporting.	Successful supply control would result in a decrease in clan labs discovered that coincided with a decrease in methamphetamine availability. However, in the interim, rising clan lab busts are also a measure of enforcement success.	In the 2012 year to date, there has been the same number of clan labs dismantled but a 140% increase in clan lab assessments made, compared with the same period in 2011. 82% of all clan labs dismantled in 2011 were found in the upper North Island (from Waikato and Bay of Plenty areas to Northland).
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	Following proactive Police engagement, some retailers (hardware stores) are restricting bulk sales of key manufacturing chemicals.	April 2012	NDIB monthly reporting	Successful supply control would result in more difficulty in manufacturing and/or obtaining the precursors required to manufacture.	A restriction of manufacturing chemicals appears to be impacting on the ease with which manufacturers can make methamphetamine. However, Police reporting indicates manufacture remains widespread, with a higher prevalence in the upper North Island.

Indicator	Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and notes
Seizures of methamphetamine and PSE	Ephedrine and pseudoephedrine seizures over the past 12 months. ⁷	5,586,330 tablets (1,245,751 grams)	Sept 2008 – Aug 2009	583,063 grams (546,831 grams Customs & 36,250 grams Police)	April 2011 – 31 March 2012	NDIB (Police and Customs)	Successful supply control would result in an increase in seizures, in the interim, and eventually a long term decrease in seizures.	In the 2011 calendar year, there was a 37% reduction in the amount of EPH/PSE seized compared to the previous year. Seizures in 2012-to-date remain comparatively low, with almost half as much seized as in the equivalent period last year
	Number of precursor seizures over the last 12 months	878 seizures	Sept 2008 – Aug 2009	647 (600 Customs & 47 Police)	April 2011 – 31 March 2012	NDIB (Police and Customs)		There was a 17% decrease in the number of seizure incidents in 2011 compared to 2010.
	Methamphetamine seizures by Police and Customs	22,106 grams	2008	28,872 grams (22,434 grams Customs and 6,439 grams Police)	April 2011 – 31 March 2012	NDIB (Police and Customs)		2011 seizures surpassed those of 2010. The proportion of methamphetamine seized at the border has increased. 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	1,046 seizures (1,019 Police & 27 Customs)	April 2011 – 31 March 2012	NDIB (Police and Customs)		There was an 18% increase in the number of seizure incidents in the 2011 calendar year compared to 2010. In 2012 year-to-date, there has been a 49% increase compared to the same time last year.

⁷ 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	2005	2006	2007	2008	2009	2010	2011	2012 (1 Jan-31 Mar)
Amount seized (tablets) - converted to equivalent of 90mg tablets	1,664,228	2,667,068	1,766,200	3,336,978	5,392,886	4,383,594	2,789,964	218,420
Equivalent in kilos of precursors	371	594	393	744	1203	978	622	49
Number of seizures	678	284	454	831	923	788	686	95
Potential methamphetamine yield (kilos)	74 - 104	120 - 168	79 - 111	150 - 210	242.5 - 340	197 - 276	126 - 176	10 - 14

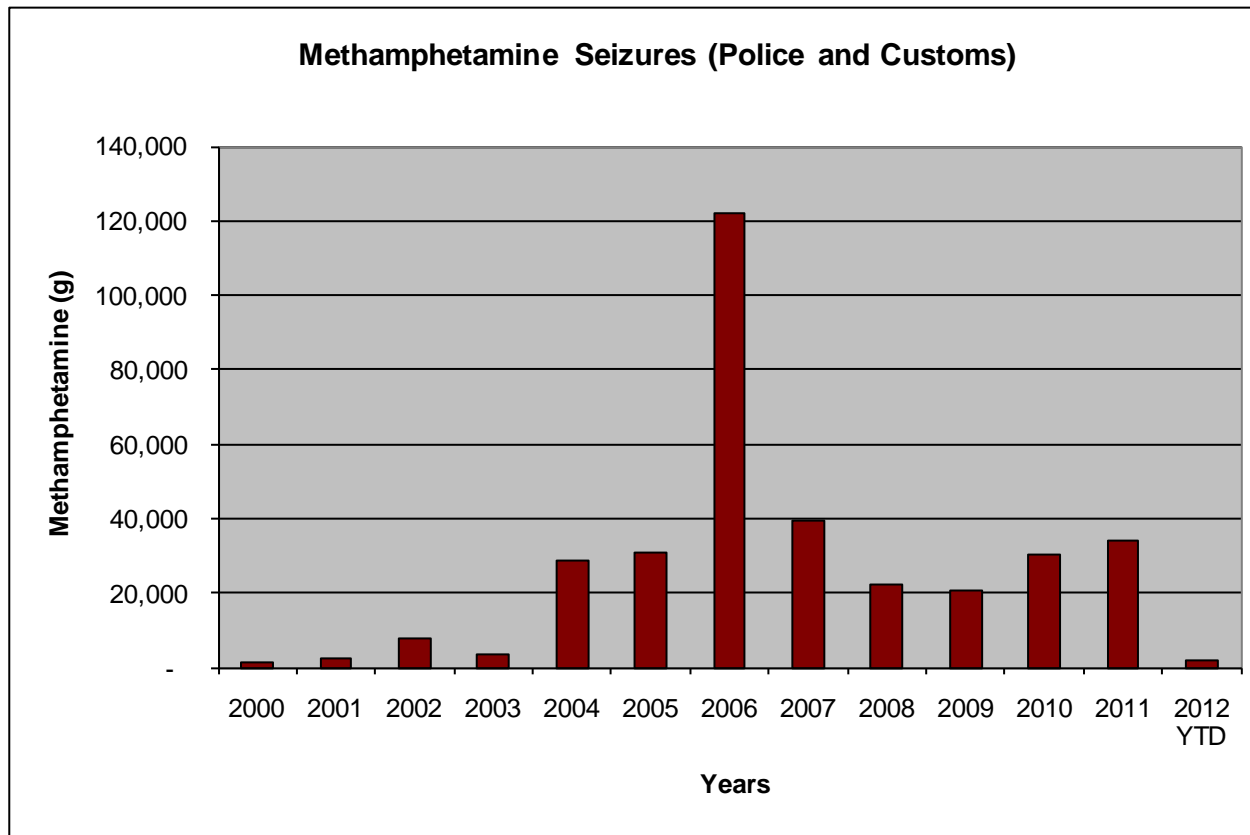
Source: Customs

- 2012 statistics are year to date from 01 Jan 2012 to 31 March 2012 (table and chart).
- 2011 and 2012 statistics are preliminary figures and are yet to be confirmed (table and chart).
- Methamphetamine yield is calculated on 50%-70% purity.
- Interceptions are subject to change due to circumstances, such as quantities being updated as substances are further tested or the drugs being reweighed as the relevant investigation proceeds to prosecution.
- The information contained in this document has been obtained from the New Zealand Customs Service CusMod database. The information is considered correct at the time/date the data was extracted (April 2012). Please note the information contained within CusMod may be amended or reviewed at any time.

Seizures of methamphetamine (Police and Customs)

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012 YTD
Methamphetamine (grams)	2,631	7,720	3,632	28,460	30,693	121,838	39,304	22,106	20,779	30,400	35,891	1,742*
Number of seizures	N/A	N/A	N/A	N/A	N/A	673	468	546	763	805	1001	243*

*2012 figures are for January to end March.



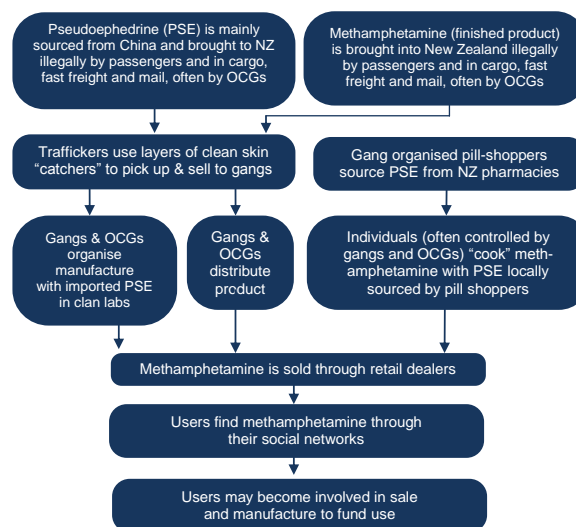
Source: NDIB (Police and Customs data)

4.2 People are deterred from the methamphetamine trade

Indicator	Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and 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's Case Management System	Expect to see an initial increase in supply convictions as methamphetamine enforcement is given high priority and then a decrease as deterrent effect occurs.	Court data for 2011 will not be available until June 2012. This information will be updated in the October 2012 Indicators report.
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 Case Management System	Expect to see an initial increase in supply convictions as methamphetamine enforcement is given high priority and then a decrease as deterrent effect occurs.	

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

Methamphetamine supply chains



4.3 The ability to generate profits is reduced

Indicator	Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and notes
Dollars and assets recovered from organised crime	Dollars and assets recovered from organised crime	<p>Approximately \$1.8m was recovered in 2007/08 under the legislation.</p> <p>At the end of the last financial year approximately \$41m was under Police Proceeds of Crime action.</p> <p>In future it will be reported through the Police Methamphetamine Control Strategy.</p>	Annual	<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 \$179 million worth of assets suspected to have been obtained through or derived from criminal activity. ▪ As at 31 March 2012 New Zealand Police held Restraining Orders over an estimated \$85 million worth of assets believed to have been obtained through or derived from criminal activity. ▪ An additional estimated \$13.5 million worth of assets have been made subject to Forfeiture Orders. ▪ Investigations are on-going in many other cases. ▪ Of the estimated \$179 million investigated, an estimated \$114 million is attributed to drug offending. \$49 million of this relates specifically to methamphetamine offending. 	1 December 2009 – 31 March 2012	Police Financial Crime Group	Successful restraint and forfeiture of assets acquired and derived from drug offending is proven to act as a deterrent to criminal behaviour and erodes 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 April 2012)	Period	Source	Desired direction	Change in indicator and 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	14,000 visits to MethHelp Orders received for 8,000 MethHelp booklets	Aug 2010 – March 2012	Ministry of Health	Drug Information and Help website will provide information on site visits relating to methamphetamine component and a potential survey of those accessing methamphetamine information.	A visit to MethHelp and its parent DrugHelp show that these sites engage with the audience through the use of genuine stories from New Zealanders who have "been there". There have been more than 2,500 visits to the MethHelp site since the last report. Over 1200 of those accessing MethHelp to date have completed a self-assessment test to determine their risk.

4.5 Users know how to find help

Indicator	Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and 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 in 2008 (32% in 2007).	2008	29% of frequent users in 2011 (24% in 2010).	2011	IDMS		No change in 2011 compared to the previous three years.
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	2,435 methamphetamine related calls since Nov 2009. This includes 829 self-calls and 1,606 concerned other calls.	to 31 March 2012	Alcohol Drug Helpline	Higher number of calls to Helpline.	There is a continued demand for information.

4.6 Communities and government agencies help users into treatment

Indicator	Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and 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 currently in drug treatment	2008	17% of frequent methamphetamine users were currently in treatment in 2011 (17% in 2010)	2011	IDMS - 2011	Increase as a measure of availability of treatment services; decrease as a measure of need for treatment, as prevalence decreases.	There was no change in the proportion of frequent methamphetamine users who were currently in drug treatment in 2011 compared to 2010 (17% in both years) There was also no change in proportion currently receiving treatment from 2008 to 2010 (21% to 17%). It is important to note that to be eligible to be interviewed for the IDMS you have to be a current frequent drug user. This requirement tends to bias against those in treatment as treatment requires drug abstinence.

Indicator	Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and notes
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%) ▪ Long waiting lists (14%) ▪ Fear of CYF's (14%) ▪ No transport (11%) 	2008	29% of frequent users reported barriers to finding help, including: <ul style="list-style-type: none"> ▪ Social pressure to keep using (48%) ▪ Fear of what might happen once contact made with service (33%) ▪ Long waiting lists (33%) ▪ Fear of losing friends (27%) ▪ Concern about impact on job/career (23%) ▪ Didn't know where to go (21%) ▪ Costs too much (21%) ▪ Fear of police (20%) ▪ Fear of CYF's (20%) ▪ Couldn't get appointment at good time (20%) ▪ No transport (14%) 	2011	IDMS		Fairly small numbers of frequent methamphetamine users answered these questions (i.e. 31=2008, 22=2009, 31=2010, 33=2011) so some caution should be exercised when interpreting comparisons. There was a decline in the proportion of frequent methamphetamine users who nominated 'fear of police' and 'fear of what might happen after contacting a service' as barriers to finding help from 2007 to 2011. MOH note their contracted methamphetamine treatment providers also find similar reasons as barriers to help as the IDMS survey. Providers note that many users disliked the lengths they had to take to finance their habit (e.g. going into debt, committing crime, prostitution).

Indicator	Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and 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 79.6% seen within 3 weeks Midland region 47.6% seen within 3 weeks Central region 57.6% seen within 3 weeks Southern region 62.8% seen within 4 weeks (Nationally: 64.1% are seen within 3 weeks of referral)	January - March 2012	DHBs, Ministry of Health data collection, ADANZ	Lower waiting times	Target times for first contact have been reduced from less than 4 weeks to less than 3 weeks.
	Data on waiting times for residential treatment as reported by providers	Waiting times range from 2.5 weeks to 36 weeks.	As at October 2009	The major AOD residential providers have been contracted by the Ministry of Health as part of the dedicated methamphetamine treatment pathway. 68% of clients are gaining access to dedicated residential treatment providers in less than 4 weeks. However, 28% are waiting longer than 8 weeks.	January - March 2012	Information direct from providers	Lower waiting times	Waiting times are unchanged from last reported in April 2011.

Indicator	Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and notes
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-point fall.
	Total hours in treatment	106,097		142,951				
	Completion rates (% of those in treatment who complete)	58%		71% (511 out of 720)				
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	229 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.	October 2011 - March 2012	Police	Higher percentage of users with AOD treatment as a condition of diversion.	The "low" number of AOD diversions compared to the baseline data is a result of: <ul style="list-style-type: none"> 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 low numbers of diversions being made in Christchurch since the earthquake due to damage to infrastructure and a reduction in available service providers.

Indicator	Definition	Baseline data	Period	Latest data (at April 2012)	Period	Source	Desired direction	Change in indicator and notes
	Number of offenders with methamphetamine convictions who received an Alcohol and Drug Assessment as a condition of sentence	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.	Court data for 2011 will not be available until June 2012. This information will be provided in the October 2012 report. However, 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 March 2012, over 440 people were admitted to residential treatment and over 400 people for social detoxification.	Nov 2009 to March 2012	Ministry of Health via dedicated contracts – from reports by providers.	More users seeking treatment.	The average length of stay in dedicated methamphetamine residential treatment services has been 66.5 days, with 58% of clients achieving planned discharge (i.e., completing treatment).

Appendix I: Descriptions of information sources

Key sources of information

Publicly available sources of information are described below.

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

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

Illicit Drug Monitoring System (IDMS)

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

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

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

Other sources of information

Ministry of Justice conviction statistics

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

Changes in numbers of Methamphetamine convictions and charges

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

Figures include convictions that have yet to be (or will not be) appealed, and convictions that have been finalised following exhaustion of appeal options for each individual case. They are therefore also subject to adjustment each subsequent year as case outcomes are finalised. For example, in the October 2010 report, the number of charges resulting in a conviction was 165 lower (6.8%) than that reported in the October 2009 report. This would indicate that those 165 cases had a further court hearing in 2010 and are therefore to be recorded as finalised in 2010.

Border seizures of drugs

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

Owner: Customs

Researcher: Customs and NDIB

Frequency: Monthly

Release dates: As required

Population: N/A

Key reports: Monthly Reports from Customs, Monthly NDIB Reports

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

Drug use attitudes survey

Description: Research into knowledge and attitudes to illegal drugs

Owner: Ministry of Health

Researcher: Acqumen Limited/UMR Research Limited

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

Release date: July 2009

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

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

Location: National Drug Policy website: www.ndp.govt.nz/

Alcohol Drug Helpline

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

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

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

Frequency: Quarterly reporting
Release date: Not publicly released – reported to Ministry of Health
Population: Those who self-identify with methamphetamine use concerns
Key reports: Contract reporting
Location: N/A

Police Annual Reports

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 date: 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: Has been repeated approximately every 2-3 years
Release date: 2009 survey, 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 - end June, end September, end December, end March
Release date: Not publicly released – reported to Ministry of Health
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: N/A

Department of Corrections Prisoners in Treatment

- Description:** Number of prisoners receiving treatment including:
- Total prisoners who start a substance abuse programme in a drug treatment unit
 - Total hours prisoners spend attending substance abuse programmes in a drug treatment unit
 - Percentage of prisoners who complete a substance abuse programme
- Owner:** Department of Corrections
- Researcher:** Department of Corrections
- Frequency:** Data collection is ongoing
- Release date:** Annual reports released in October each year on the Department of Corrections website.
- Population:** New Zealand prison population
- Key reports:** Department of Corrections Annual Report
Department of Corrections progress reports will be reported quarterly from late February 2010
- Location:** Annual report available from Corrections website:
www.corrections.govt.nz/news-and-publications/statutory-reports/annual-reports.html

New social detox and residential beds

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