Tackling Methamphetamine: an Action Plan

DEPARTMENT
of the PRIME MINISTER
and CABINET

Policy Advisory Group

NEW ZEALAND CUSTOMS SERVICE
TE MANA ĀRAI O AOTEAROA

MINISTRY OF JUSTICE
Tāhū o te Ture

MINISTRY OF HEALTH
MANATŪ HAUORA

NEW ZEALAND POLICE
Nga Pirihimana O Aotearoa

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Executive summary

New Zealand has a unique problem with methamphetamine. It is the only illegal stimulant commonly manufactured in the country and prevalence rates are high by international standards. A recent survey showed that just over 2% of the population had used methamphetamine in the last year. This may be due to the relative absence of alternative Class A drugs due to New Zealand's geographical isolation, and the ready availability of pseudoephedrine (PSE) – the precursor used in the manufacture of methamphetamine. PSE is purchased in over-the-counter cold and flu medications in New Zealand and is illegally imported in the form of ContacNT, mainly from China. Methamphetamine can be manufactured relatively simply with basic chemistry knowledge.

Methamphetamine harms individuals, families and communities. It increases the risk of cardiovascular problems, convulsions and mental health disturbances, including paranoia and violence. Methamphetamine use is associated with violent behaviour, particularly for those with mental health problems, issues with anger and a predisposition for violence. The illegal status of the drug contributes to social harms and makes some users unwilling to seek help. Gangs and organised criminal groups (OCGs) are closely involved with methamphetamine. Frequent users arrested by Police report that they obtain on average approximately $5,100 a month from drug dealing and $1,840 a month from property crime. Responding to methamphetamine takes considerable Police, Customs, Court, Corrections and Health resource. Methamphetamine also leads to a number of economic harms, such as lost productivity.

The National Drug Policy specifies a balance of supply controls, demand reduction and problem limitation measures to address drugs. Current approaches are as follows:

Supply controls

Methamphetamine is a Class A drug. New Zealand Police and Customs are focused on disrupting and closing down trade in the drug and its precursors. New Zealand's geographical isolation makes our border a natural choke point for the control of illegal imports. Customs uses a range of interventions and technologies to restrict imports of illegal drugs and precursors, including controlled deliveries of intercepted drugs and precursors in association with Police to identify and arrest key offenders and organisers.

Precursor trafficking, methamphetamine manufacture and supply, and the involvement of trans-national crime groups and gangs are a focus for both agencies. Police actively target dealers and dismantle clandestine laboratories.

Nearly 2,000 convictions were made for methamphetamine possession, use, supply, dealing and manufacture in 2007, and over 900 imprisonments resulted. Methamphetamine cases have placed a significant burden on High and District Courts, and over $5m of legal aid is funded annually.

Demand reduction

Demand reduction initiatives are designed to reduce an individual's desire to use drugs, in combination with supply control and problem limitation measures. Evidence of the effectiveness of mass education campaigns and school-based drug education is weak. To be effective school programmes should be classroom-based, and preferably provided by trained teachers from the school. The Ministry of Education has recently prepared guidelines for schools about best practice drug education.

The Community Action on Youth and Drugs (CAYAD) programme works in 29 sites across New Zealand to build community resilience against drugs. Evaluations to date are generally positive. A website providing information to educate families/whānau and drug users about the harms from drugs and the treatment options available is being developed.

Problem limitation

Treatment for methamphetamine is provided in detoxification centres, one-on-one counselling, group sessions and residential treatment. Treatment is similar to that provided for alcohol and other drugs. It is estimated that 24,000 people access treatment services each year for alcohol and other drug (AOD) treatment, but an estimated 160,000 have alcohol and other drug problems – a lack of spaces means that many are missing out. The lack of capacity means that the justice system is not referring enough users into treatment.

AOD treatment is provided in prisons in six Drug Treatment Units. Three more are planned. However, prisoners on shorter sentences may be missing out – and after care is not provided in an integrated way. Sending users to prison rather than diverting users to AOD treatment can make the problem worse. Pilots are underway to help the criminal justice system respond more effectively to methamphetamine users, by increasing

referrals for treatment post-arrest and in Court, through the provision of advice by AOD clinicians.

Tackling Methamphetamine: an Action Plan

The overall goal of this Action Plan is a significant reduction in methamphetamine use, which will lead to a reduction in the harms that it causes. This will be achieved through a reduction in supply by controlling precursors and breaking supply chains, a reduction in demand for methamphetamine through enhanced support for families and communities to resist the drug, and through helping users into treatment and supporting communities to help users into treatment. The following actions will occur:

1. **Crack down on precursors -** Stronger controls over methamphetamine precursors by restricting the availability of pseudoephedrine to the general public, combined with Customs and Police activities to disrupt the illegal importation of pseudoephedrine from China
2. **Break supply chains -** Break supply chains through the implementation of a Police Methamphetamine Control Strategy that proactively targets methamphetamine supply chains with intelligence-led policing. Active use of new legislative tools such as criminal proceeds recovery, with the forfeited funds being used to control the drug market and treat users
3. **Provide better routes into treatment -** More places in AOD treatment for problematic methamphetamine users and better routes into treatment. These services are central to the success of tackling the methamphetamine problem in New Zealand
4. **Support communities -** Strengthen best practice interventions already in place, such as CAYADs, and use Community Police to support communities to respond to methamphetamine locally. Build community resilience and ensure that effective education and information is available
5. **Strengthen governance -** Leadership of action on methamphetamine will be strengthened, to ensure that agencies work together to reduce the use of, and harm associated with, the drug in New Zealand. Clear frameworks will guide the work, to ensure that results are achieved.

A monitoring framework will be used to ensure that the Action Plan delivers results. The Department of the Prime Minister and Cabinet (DPMC) will be responsible for coordinating ongoing monitoring of the Action Plan and Chief Executives of relevant agencies will be

required to report on it to the Prime Minister and Ministerial Committee on Drug Policy. Agencies will be responsible for implementing the Plan.

As the supply of and demand for methamphetamine is reduced, other problems may intensify and new problems may emerge. The risks from established illegal drugs and emerging substances will need to be addressed. The actions, while focused on methamphetamine, will also help justice and social sector agencies respond to other drugs.

Part 1: The methamphetamine problem

1.1 New Zealand has a unique problem with methamphetamine

Methamphetamine is probably the most widely consumed synthetic stimulant in the world, with high rates of prevalence of use in North America, east and south-east Asia, South Africa, Australia and New Zealand in comparison with most other countries.

1.1.1 Manufacture in New Zealand

Methamphetamine is the only illegal stimulant commonly manufactured in New Zealand and its manufacture and sale are closely linked to organised criminal groups. Its level of availability, prevalence of use and the harms associated with its manufacture and use are of real concern. It is also the stimulant most commonly associated with violence, antisocial behaviour and mental health problems. Relatively high prevalence levels – 2% of the population report use of methamphetamine in the last year (2008) - may be due to New Zealand's geographical isolation and effective enforcement, which has led to a relative absence of alternative drugs. It is also due to the ease of availability of precursor substances, such as pseudoephedrine (PSE) and reagents and the ease with which these chemicals can be domestically manufactured into methamphetamine.

1.1.2 Precursor availability

Methamphetamine is a synthetic substance that acts as a powerful stimulant of the central nervous system, and is closely related to amphetamine. Although methamphetamine is more potent than amphetamine, in uncontrolled situations the effects are often difficult to distinguish. In New Zealand, methamphetamine, in the form of relatively high purity powder or paste ('pure', or 'base', and commonly known as 'P') is significantly more widely available than amphetamine sulphate (i.e. 'speed'). This is largely due to the availability of PSE and the corresponding absence of precursors to amphetamine. In New Zealand, PSE is both an over-the-counter pharmacy medicine (available in lower dose and slow release preparations) and a prescription medicine (for higher doses). A significant level of diversion for the purposes of methamphetamine production is occurring. However, large volumes of higher-content PSE are also illegally imported into New Zealand, mainly from China.

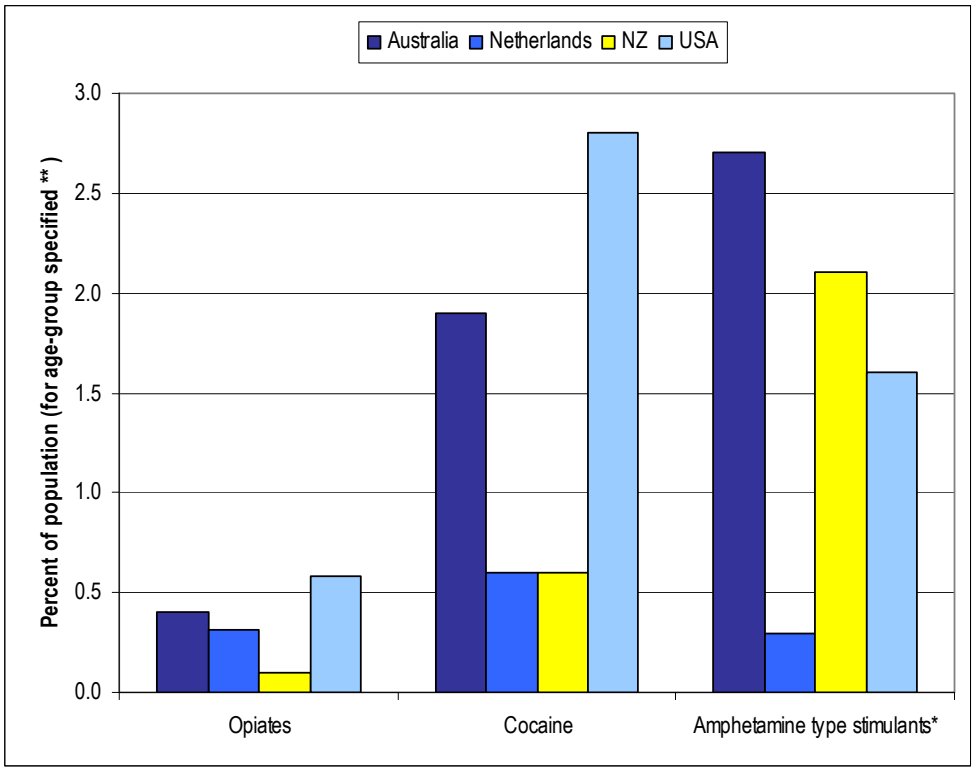
Most methamphetamine in New Zealand is sourced from domestic clandestine laboratories ('clan labs'), with levels of importation of manufactured 'base' or crystal methamphetamine ('ice' or 'crystal') considered to be comparatively small. The most common method of

domestic manufacture involves the inclusion of PSE as the main active ingredient, as well as a combination of other chemical agents with industrial and household uses variously available from chemical and hardware suppliers. The manufacture of methamphetamine is a relatively simple process for someone with a basic chemistry background or training to covert PSE to methamphetamine by removing a single oxygen atom from within the PSE molecule (a process known as 'reduction') and then adding other chemical agents.

1.2 Prevalence rates are high by international standards

Data from national household drug surveys and other population surveys suggests that last year use of methamphetamine in New Zealand 'peaked' about 2001 at around 5% of 15-45 year olds followed by a stabilisation and a gradual decline until 2009. Other countries in the OECD, with the exception of Australia, Canada and parts of the USA, report much lower rates of methamphetamine use. However, they report higher prevalence of other Class A drugs (notably cocaine and heroin).

Last year use of Class A drugs

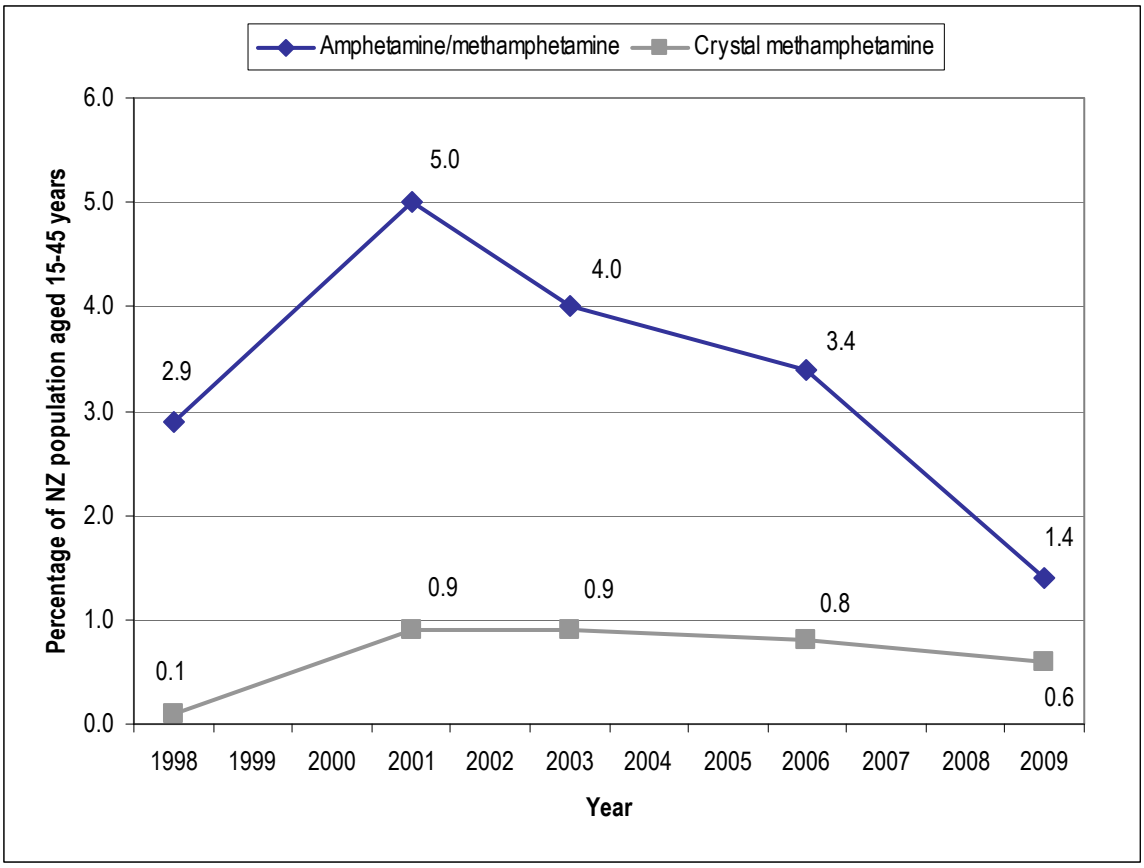


Sources: UN Drug Report 2009. Note 2007 data for Australia, NZ and USA. 2005 data for Netherlands
Ministry of Health. 2007/08 New Zealand Alcohol and Drug Use Survey - Provisional results

New Zealand household surveys suggest that use rose rapidly from 1998 to 2001 and then appears to have stabilised and may now be declining. Provisional figures from the 2007 Alcohol and Drug Use Survey showed that 2.1% of the population aged 16-64 reported using amphetamines, including methamphetamine in the last year. This equates to approximately 55,000 people.

A recent Massey University survey backs up this picture of declining methamphetamine use. Preliminary results indicate that last year use in the population aged 15-45 years fell to 1.4% in 2009 from 3.4% in 2006. The use of telephone-based interviewing may result in the under representation of frequent users in this survey.

Last year use of methamphetamine/crystal methamphetamine



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

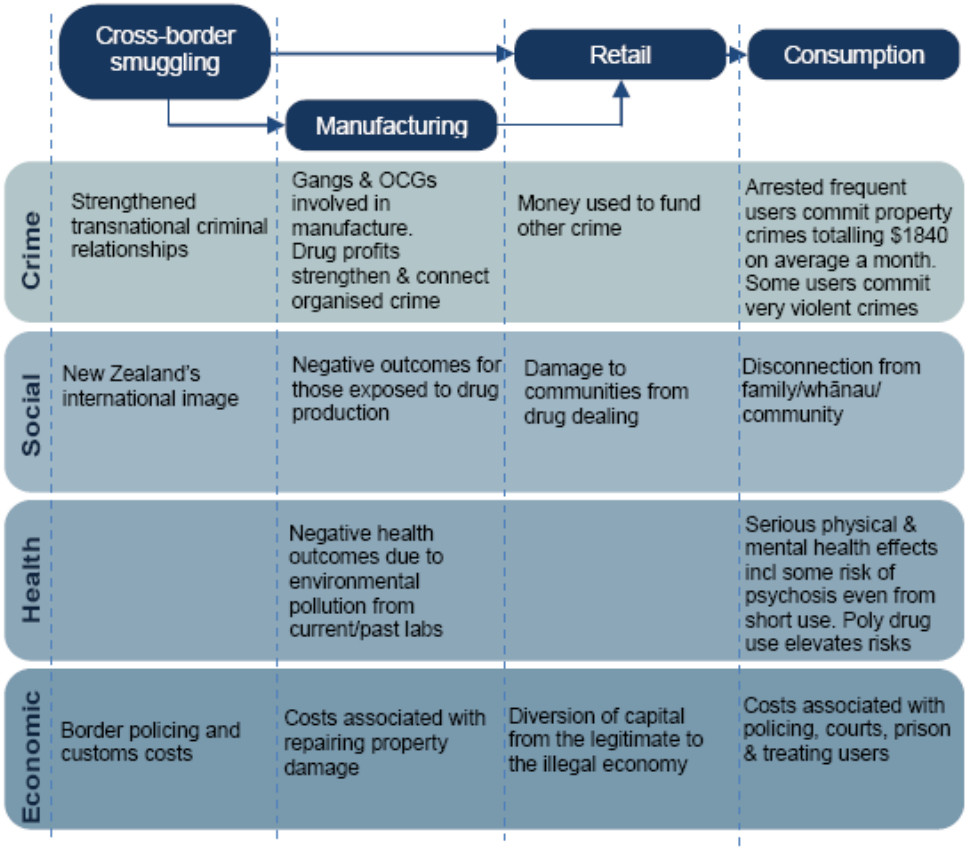
The 2007 Alcohol and Drug Use Survey also covered more frequent use with 0.4% reporting using any type of amphetamine at least monthly during the year, which equates to approximately 13,000 people. Monthly use was highest for those aged 25-34, higher for

males than females, and higher for Māori than non-Māori. Just over 1% of Māori reported using amphetamine, including methamphetamine at least monthly, compared with 0.5% for non-Māori.

Recent surveys of frequent drug users indicate that levels of use among those still taking the drug are increasing. This supports the suggestion by experts that New Zealand's methamphetamine market is now 'mature': one in which new, occasional and experimental users are put off the drug due to growing awareness of its damaging effects , leaving a residual user population of heavy and dependant users.

1.3 Methamphetamine harms individuals, families and communities

The diagram below summarises the harms methamphetamine smuggling, manufacture, retail and consumption cause to individuals, families and communities. There are crime, social, health and economic harms. These are described below.



1.3.1 Health harms

Methamphetamine may be swallowed, smoked, snorted or injected. The mode of administration may impact on the speed of onset and the level of euphoria experienced by users. In New Zealand smoking methamphetamine powder is the most common mode of administration. When smoked methamphetamine reaches the brain rapidly and the duration of effects is likely to last up to 8 to 10 hours.

Fatalities directly attributed to methamphetamine are rare, but risks are inherent with acute intoxication, such as cardiovascular problems, convulsions and mental health disturbances, including paranoia and violence. Methamphetamine overdose, if untreated, can potentially induce a stroke or cardiac arrest. Risks are compounded if other substances, such as alcohol, are ingested in combination with methamphetamine.

Long term, heavy or dependant users of methamphetamine may experience a number of psychotic features, including paranoia, hallucinations and mood swings. Problems may be compounded by existing mental health, physical, psychological and social problems.

In addition to health harms for the individual, there are wider public health harms. Methamphetamine manufacture causes environmental damage from the dumping of toxic pollutants in the waste water system. The volatile organic compounds generated during manufacture stay in the compound's porous substances such as fabrics and carpets, and if sites are not properly cleaned up, can cause long-term health problems for residents.

1.3.2 Social harms

Methamphetamine use is associated with violent behaviour, particularly if the user has a mental health problem, issues with anger, and a predisposition for violence. A number of high profile violent criminal acts committed by individuals using methamphetamine have caused widespread public concern.

Methamphetamine is damaging to relationships causing disconnection from family/whānau and community. Drug dealing damages communities. The illegal status of the drug also contributes to harm, including the dangers associated with manufacturing, buying and selling in a black market and the unwillingness of many users to acknowledge or report their use due to stigma and fear of their illegal activities being revealed. Communities face costs in repairing property damage from manufacture and replacing the property stolen to fund addictions and drug debts.

1.3.3 Crime and impact on the justice system

Organised criminal groups hold a major stake in methamphetamine supply in New Zealand. In 2007, Police identified that 73% of clandestine laboratories were connected to organised criminal groups. Weapons were found in just under one third of the clandestine laboratories detected. New Zealand Arrestee Drug Abuse Monitoring (NZ-ADAM) data indicates that an arrested frequent methamphetamine user obtains approximately $5,100 from drug dealing per month and $1,840 from property crime per month.

The impacts of methamphetamine on the criminal justice sector are discussed below. Almost 2,000 convictions were made for methamphetamine possession, use, supply, dealing and manufacture in 2007, and over 900 imprisonments resulted. In 2008 there were 2,089 convictions for possession, use, supply, dealing and manufacture, and 930 imprisonments resulted. Methamphetamine cases take a significant amount of Police, Customs, Courts and Corrections staff resources and attention.

While there is no specific data on the role of methamphetamine in crime, the Department of Corrections notes that overall drug and alcohol misuse is a major driver. “Seven out of ten offenders apprehended by Police in 2007 were under the influence of drugs in the period leading up to their arrests. In 2008, approximately two-thirds of New Zealand prisoners had ongoing drug or alcohol problems.”[1]

1.3.4 Economic harms

There are a number of wider costs other than crime, associated with the use of drugs, including methamphetamine. These include health care costs; road crashes; production lost to the economy as a result of premature death; injury and disability; lost productivity and resources diverted from beneficial consumption or investment to drug production. Intangible costs include: premature death as a result of drug misuse; and reductions in the quality of life due to pain, disability and lost well-being as a result of drug misuse. The National Committee for Addiction Treatment estimates a saving in social and community costs of $4 to $7 for every $1 spent on AOD treatment.[2]

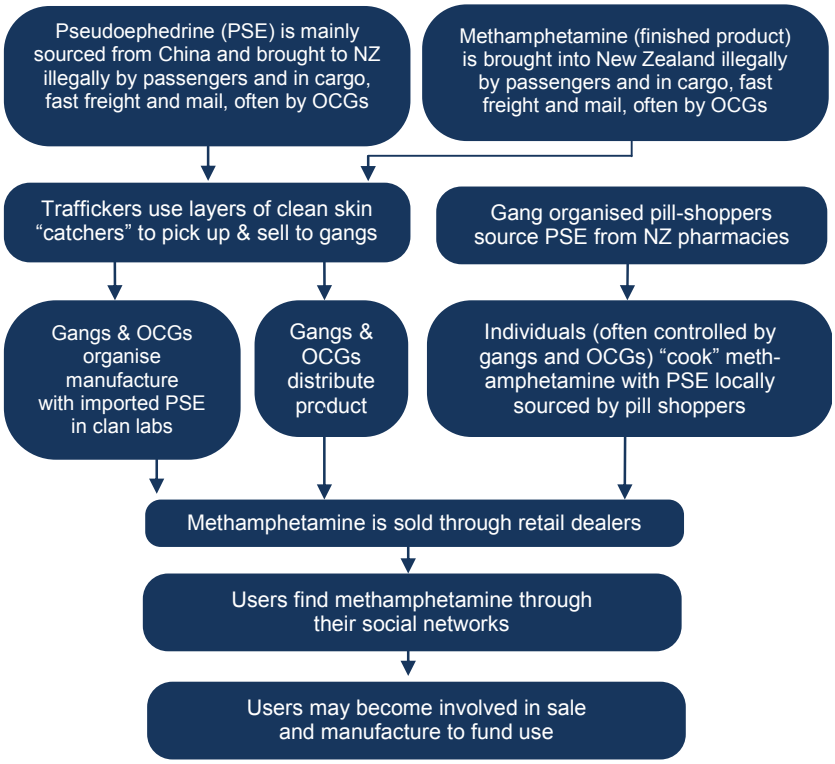
[1] Department of Corrections, Drug and Alcohol Strategy 2009-2014. First data from NZ-ADAM based on urine samples, 2007. Second data from survey of prisoner sentence plans, October 2008.
[2] The New Zealand National Committee for Addiction Treatment (NCAT) has estimated the costs of providing New Zealand specific specialist AOD treatment compared with New Zealand Police and Justice (prison) costs and averaged the quoted estimate based also on a comparison of UK costings of providing treatment compared with other social service costs.

Part 2: Current interventions

2.1 Supply control

Police and Customs deploy a range of interventions and responses along the methamphetamine supply chain to disrupt and close down this trade in New Zealand. Methamphetamine is a Class A drug. Precursor trafficking, methamphetamine manufacture and supply are a major focus for both Police and Customs.

The Police National Intelligence Centre and the joint agency National Drug Intelligence Bureau provide an important intelligence focus. The Criminal Proceeds (Recovery) Act 2009 has been passed and Bills currently before the House will increase the ability of Police to target gangs and organised criminal groups. These include the Search and Surveillance Bill, the Gangs and Organised Crime Bill and the Anti-Money Laundering and Countering Financing of Terrorism Bill, but there is still room for greater intelligence-led enforcement. Trans-national crime groups and gangs are involved in the importation and distribution of methamphetamine and are becoming increasingly sophisticated, which presents challenges for law enforcement. The diagram below shows a simplified version of the methamphetamine supply chain, including the role of organised criminal groups (OCGs).



2.1.1 Police

Daily Police work includes frontline staff such as General Duties officers, Police Drug Squads, Organised Crime Units and specialist clandestine laboratory teams who aim to seize drugs, arrest drug offenders, and dismantle drug laboratories. Investigations are conducted in a variety of ways and include human source intelligence, surveillance, electronic monitoring and covert deployments. The Police National Intelligence Centre provides the ability to take a co-ordinated approach across New Zealand. Police international liaison officers are posted in London, Sydney, Canberra, Washington DC, Suva, Jakarta, Beijing and Bangkok and provide information and links to international drug enforcement efforts.

2.1.2 Border interdiction

Customs uses a range of general border targeting and operational responses to address drug trafficking. There are 130 inspection staff nationally responsible for the inspection of mail, cargo and craft, as well as staff based at international airports. Fixed and mobile x-ray equipment is used to assist in examination of cargo and mail and 12 drug detector dog teams are used in the airport, seaport and cargo environments.

Only a small proportion of border transactions are physically screened. Risk-based targeting and profiling techniques are used to determine which transactions to screen. These methodologies are applied across air passengers, mail and cargo manifests to select border transactions of interest for further attention. The CusMod alert system allows for the identification of specific persons, cargo and craft of interest for further attention. All relevant information from border interactions, investigations and external sources is reported to Customs Intelligence Units for evaluation and analysis.

Customs has Drug Investigations Units in Auckland, Wellington and Christchurch with 34 Investigators. It has been estimated that 80-90% of Customs investigative resources is currently dedicated to methamphetamine and precursor enquiries. Customs “Police Liaison Officers” work alongside Police units to facilitate cooperation, information exchange and joint operational activity. Police and Customs drug and crime units work alongside each other to undertake investigations to identify and arrest high level drug importers and brokers and to break up trafficking networks. The controlled delivery technique is extensively used to follow up on major drug and precursor interceptions and is considered a key tactic in dealing with major drug traffickers. Most controlled deliveries are carried out as joint operations with the Police.

The National Targeting Centre established in 2006 involves staff from Customs, Ministry of Agriculture and Forestry, Maritime New Zealand and Immigration and has further enhanced operational collaboration amongst agencies at the border. This 24-hour operation located in Auckland provides risk targeting across goods, craft and persons using risk assessment methodologies and drawing on relevant information from across agencies to refine targeting. The National Targeting Centre has been successful in the identification of drug couriers and the use of new trade targeting rules to further refine risk profiling and selection in the cargo stream.

2.1.3 Courts and Corrections

The Courts deal with a number of methamphetamine cases. When methamphetamine was reclassified as a Class A drug in 2003 and the quantity required for a presumption of supply was lowered, methamphetamine related cases made up approximately 50% of High Court cases (for example, 47% of High Court cases as at 31 July 2008), before cases were "middle banded" – a process allowing the High Court to refer less complex cases to the District Court. In 2008/09, approximately $5.8 million was spent on legal aid for Class A drug cases. Methamphetamine constitutes a high proportion of these cases. In 2008:

- 1,175 convictions were handed down for methamphetamine possession/use, with 292 instances of imprisonment.
- 409 convictions were imposed for supply/dealing, with 341 instances of imprisonment.
- 505 convictions were handed down for manufacture/ possessing equipment to manufacture, with 297 cases of imprisonment.

2.2 Demand reduction

Demand reduction initiatives are designed to reduce an individual's desire to use drugs. They encompass a wide range of initiatives that aim to delay or prevent uptake, encourage drug-free lifestyles or create awareness of the risks involved with drug use. Government and community demand reduction activities are generally focused on preventing and delaying uptake of alcohol and other drugs. A few are methamphetamine specific. The benefits of demand reduction activities occur in communities and can take time to achieve any measurable change of behaviour. However, demand reduction efforts can produce the desired result in conjunction with supply control and problem limitation measures.

2.2.1 Drug education in schools

The international evidence for school-based drug education changing the behaviour of students and preventing and delaying the use of alcohol and other drugs is weak. This is not to say it should not be done, however. There is some evidence of success when well-designed programmes are incorporated into the school programme on an ongoing basis and delivered by trained teachers in the classroom setting.

New Zealand schools make independent choices on whether to provide drug education and who provides the service. Consequently, schools currently employ a variety of providers for drug education of varying quality. To assist schools, the Ministry of Education has recently released to schools *Promoting Student Health and Well Being: A guide to drug education in schools*. These guidelines recommend classroom-based programmes delivered by trained professionals, preferably teachers from within the school, to be taught as part of the Health and Physical Education component of the New Zealand Curriculum. The development of resources and professional training for teachers is the next stage in this process and is being considered by the Ministry of Education.

2.2.2 Community Action on Youth and Drugs Programme (CAYAD)

The CAYAD programme represents the most comprehensive demand reduction effort by the community. Thirty CAYAD projects funded by the Ministry of Health operate in 29 sites around New Zealand. The CAYAD Programme is aimed at building resilience in communities to harmful drug use through locally identified action. CAYADs focus on prevention activities and generally address alcohol and other drug (such as cannabis) problems experienced in their communities. For example, CAYADs promote informed community debate on drug issues, develop and promote safe policies, support best practice programmes in schools and sports clubs, and help different groups connect. Some CAYADs based in Auckland and the upper North Island are responding to methamphetamine-related issues, as these are apparent in their communities. There is also a national CAYAD project with a specific focus on New Zealand-based gangs involved in the manufacture, distribution and use of methamphetamine.

An evaluation of the CAYAD programme has been completed and a report is due in September 2009, in conjunction with a report containing more detailed case studies of eight CAYAD sites. The draft evaluation shows what is working, but it is still early to say whether they are having long term impacts on behaviour change. It is hoped that examples of best practice can be rolled out to ensure quality nationwide, and that CAYADs are able

to continue to focus on reducing demand for methamphetamine and other illegal drugs. They are not sufficiently resourced for a strong alcohol focus and their impact on other drug use may be diluted if they are diverted heavily towards alcohol demand reduction activities.

2.2.3 Demand Reduction Programme

New Zealand and overseas evidence suggests that providing information about treatment is more effective than general drug education social marketing campaigns. Research in the United States on mass communication or health education campaigns to increase public awareness and change behaviour suggests that while they may achieve the former, they have little to no effect on behaviour. For some groups, notably teenagers, these campaigns may actually decrease perceptions of the risks of taking drugs.

The Ministry of Health is developing a Demand Reduction Programme that aims to reduce the demand for, and harms associated with, illegal drugs in New Zealand. This involves the development of an independent website, the production of new resource materials and guidance on available sources of treatment and help. The website aims to educate family/whānau and users about treatment options. The new website will provide a centralised source of reliable information about harms and raise awareness of the impact on communities. It will also have strong links with the Alcohol Drug Helpline and treatment professionals, including on-line assessment tools. There is potential for future 'real-time' engagement between users and AOD counsellors.

2.3 Problem limitation

2.3.1 Treatment

Many people with methamphetamine dependence do not believe they have a problem; however the consequences of methamphetamine use can be devastating for some dependant users and their families. Treatment for methamphetamine requires a skilled approach to enable clients to change their behaviours and find solutions to address their drug use.

Actual numbers of methamphetamine related presentations are not available on a national basis; however the Auckland Community Alcohol and Drug Service estimates that 9% of its presentations in 2008 were methamphetamine related.

Various types of AOD treatment are available in New Zealand, including 'detox', one-on-one counselling, group sessions and residential treatment. There is a growing public perception that residential care is the treatment of choice. The reality for most people is that treatment will be provided though out-patient services as residential services are expensive, require fairly intensive counselling for a long time, and there are substantial waiting lists for such services. The alcohol and drug workforce numbers around 1,300 of whom one-third are estimated to be ex-users. There are 130 providers including DHB community-based services, NGOs and private providers.

Methamphetamine dependence is treated by the same services as provide treatment for other drug and alcohol dependency issues. Many people present with poly-drug issues and AOD services do not routinely record causes of addiction. There is no approved pharmacological substitution/treatment for methamphetamine dependence to date (as for example methadone is used for opioid dependence).

Some users are getting treatment, but a lack of spaces means many are missing out. In addition, the justice system is not referring enough users into treatment. At present, 24,000 people access alcohol and other drug services each year. The Law Commission in its recent report "Alcohol in our Lives", note that unmet need is high for AOD services. Waiting lists around the country can be lengthy and vary from a few days to up to three months for some residential programmes. Some DHBs also report waiting times for community based treatment.

There are approximately 630 District Health Board funded beds for AOD treatment. However, only around 100 of these are suitable for the most complex alcohol and other drug users including methamphetamine users. These intensive programmes are usually based on the therapeutic community model and provided by a small number of experienced non-governmental organisation AOD providers.

2.3.2 Prison based treatment

AOD treatment is also provided in prisons. The Department of Corrections funds Care NZ to provide services in six Drug Treatment Units (DTU) within New Zealand's 21 correctional facilities. Three more DTU are planned or being built.

Eligibility for treatment in DTU is usually limited to prisoners serving terms exceeding one year. Prisoners receiving treatment are scheduled to attend 6 month therapeutic

community programmes. Care NZ estimates that 35% of prisoners in DTU have methamphetamine related drug problems. There is no integrated system of after care for prisoners following their release from prison.

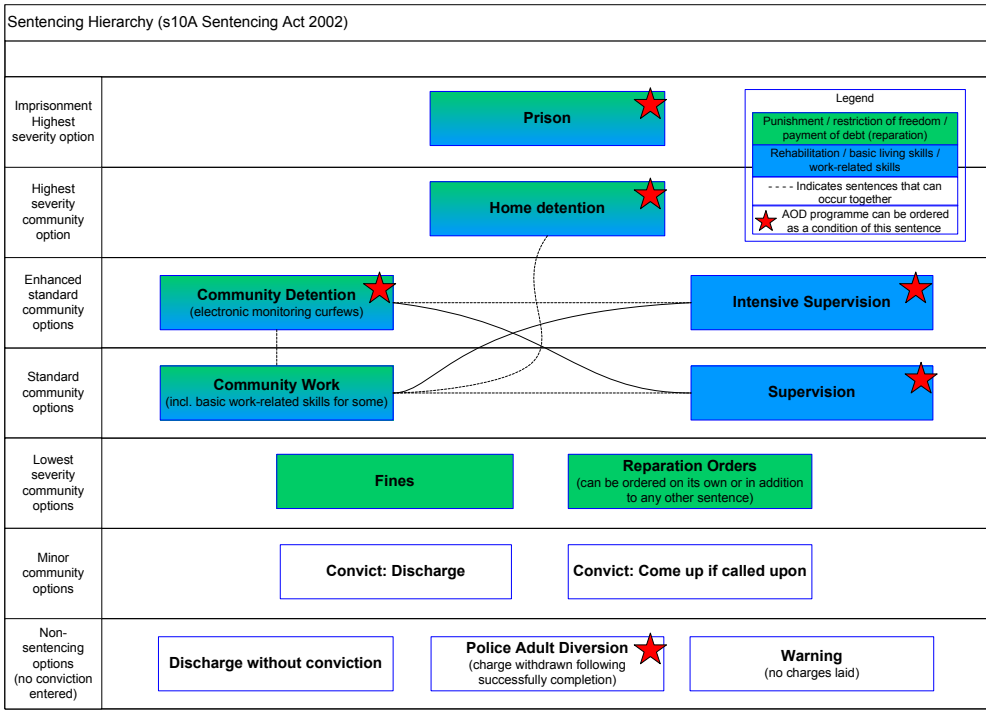
AOD treatment services are funded through Vote: Health at an approximate annual cost of $111 million. Treatment in prisons is funded by the Department of Corrections.

2.3.3 Criminal justice pilots

Sending users to prison can make the problem worse. There are pilots under way that will allow the criminal justice system to respond more effectively to methamphetamine users, including:

- Police Watchhouse Nurses Pilot to help identify alcohol and drug (including methamphetamine) problems on arrest at the station, and provide information about treatment and refer to treatment when available – however, statistics suggest that this is largely being used for alcohol, due to higher prevalence rates, rather than methamphetamine.
- Justice/Health pilot of AOD clinicians in the court room to assist judges with early identification of offenders with alcohol, methamphetamine and other drug problems and make recommendations for further assessment and treatment. A three year pilot began in April 2008 in Wellington, Porirua, Whangarei, Kaikohe and two youth courts.
- Justice/Health AOD Assessment Pilot to improve the quality of alcohol and other drug assessments by raising the capability of assessors and using a consistent template. A pilot began in four Wellington region district courts in August 2008.
- CADS Specialist AOD Offender Teams pilot provides outpatient group AOD counselling for offenders on community sentences and prison-based counselling within the Auckland metropolitan area. Over 2,000 clients are being engaged each month.

The diagram below shows the sentencing hierarchy and opportunities for AOD treatment are marked with stars.



2.4 Governance

Governance can be improved. The National Drug Policy 2007-2012 suggests a combination of supply control, demand reduction and problem limitation measures, with drug specific action plans (such as this) providing more detail. This updated methamphetamine specific action plan replaces the previous Methamphetamine Action Plan released in 2003.

Part 3: Expected results and indicators

The overall goal of the *Tackling Methamphetamine: an Action Plan* is a significant reduction in methamphetamine use, which will lead to a reduction in the harms that it causes. This will be achieved through a package of measures to increase the supply and demand side response, backed up by stronger problem limitation efforts.

3.1 Supply-side expected results

On the supply side, the Action Plan will reduce access to the products needed to make methamphetamine, deter people from becoming involved in the trade and reduce the ability to make profits from the drug. These measures will have an impact on drug use through raising price and decreasing supply.

The main indicators for methamphetamine supply control include:

Indicator	Desired direction of change	Notes
Price (methamphetamine and PSE)	Successful supply control leads to an increase in price	Price changes are usually temporary
Purity	Successful supply control leads to a decrease in purity	Purity changes are usually temporary There are health risks associated with a decrease in purity, depending on what methamphetamine is adulterated with
Availability	Successful supply control leads to more difficulty obtaining meth-amphetamine	Changes in availability are usually temporary

3.2 Demand-side and problem limitation expected results

On the demand-side and problem limitation area, the Action Plan will enhance community awareness of the risks, provide information to users on how to get help and use the resources of government to make routes into treatment easier, including referring users from the justice system.

The main indicators for methamphetamine demand reduction include:

Indicator	Sub-indicator	Desired direction of change
Prevalence (12 months)	Users as a percentage of the population in the last 12 months	Successful demand reduction and problem limitation measures lead to a decrease in percentage of population using
Prevalence (used at least monthly)	Users as a percentage of the population	Successful demand reduction and problem limitation measures lead to a decrease in percentage of population using each month
Prevalence (young users)	Young users (16-24) as a percentage of the population	A reduction in younger users is likely to result in fewer new users overall and an aging user population
Age of user	Mean age of using population	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
Users who report reducing their use	Users who report reducing their use in the past six months	Lower mean number of days of use in the past six months

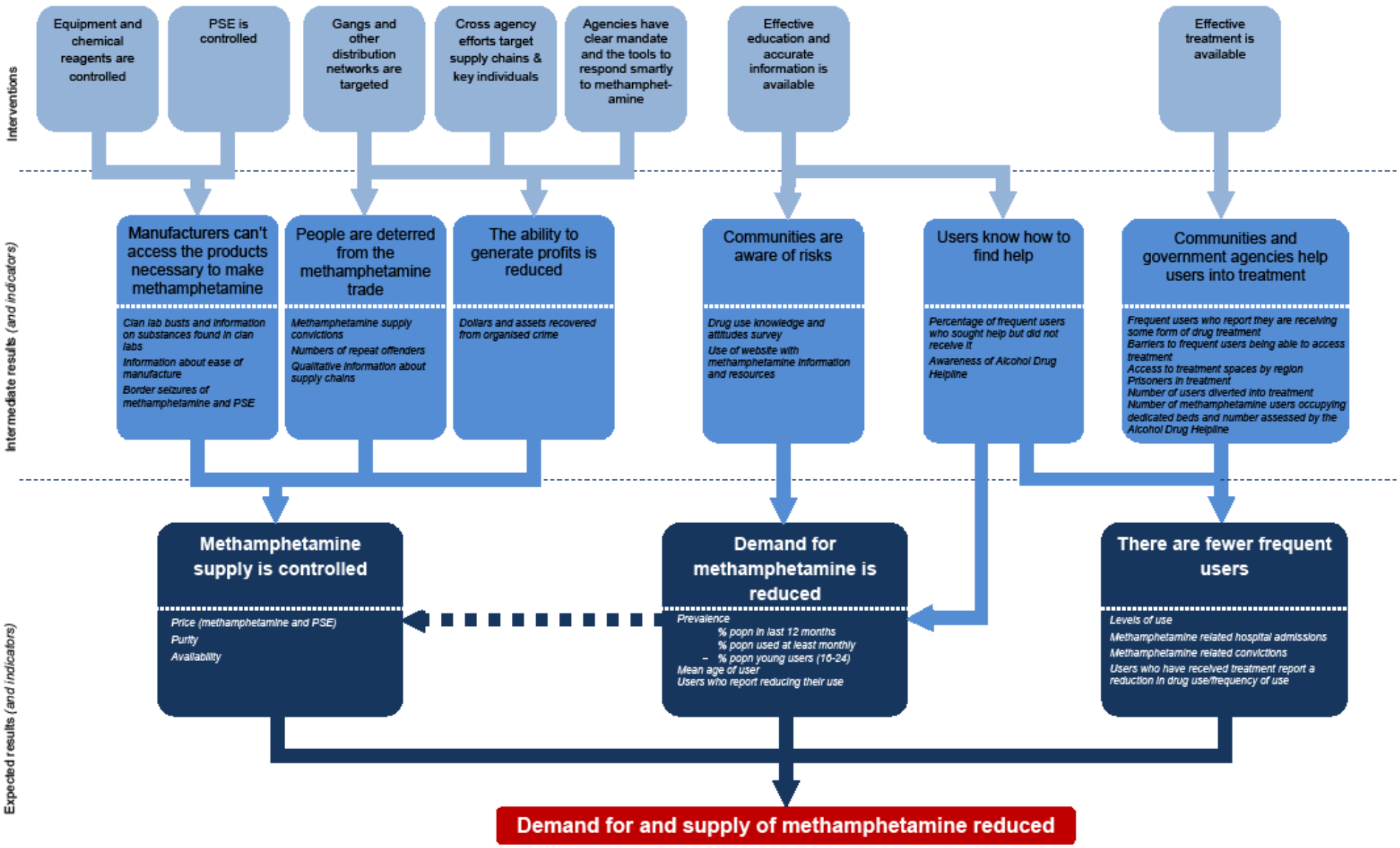
The main indicators for fewer frequent methamphetamine users include:

Indicator	Desired direction of change
Levels of use	Successful demand reduction and problem limitation measures lead to a decrease in levels of use
Methamphetamine related hospital admissions	Successful demand reduction and problem limitation measures lead to a decrease in hospital admissions
Methamphetamine related convictions	Successful demand reduction and problem limitation measures lead to a decrease in convictions for possession and use; and an initial increase in convictions for supply, dealing and manufacture
Users who have received treatment report a reduction in drug use/frequency of use	Successful problem limitation measures lead to a reduction in drug use/frequency of use

3.3 Overview of expected results

The diagram below summarises the expected results. Further detail is provided in Part 4. Information about sources of indicators is provided in Appendix I.

Tackling Methamphetamine: an Action Plan - Expected Results



Part 4: Actions to tackle methamphetamine

4.1 Overview of actions

New Zealand has a mature methamphetamine market, characterised by a hard core of frequent users and well established drug supply routes. Enforcement is more effective in the early stages of drug market development because it can choke off new supply lines before they become entrenched. In a mature market, treatment becomes relatively more important because the main lever for reducing demand is through exiting problematic users into treatment and preventing occasional users becoming problematic.

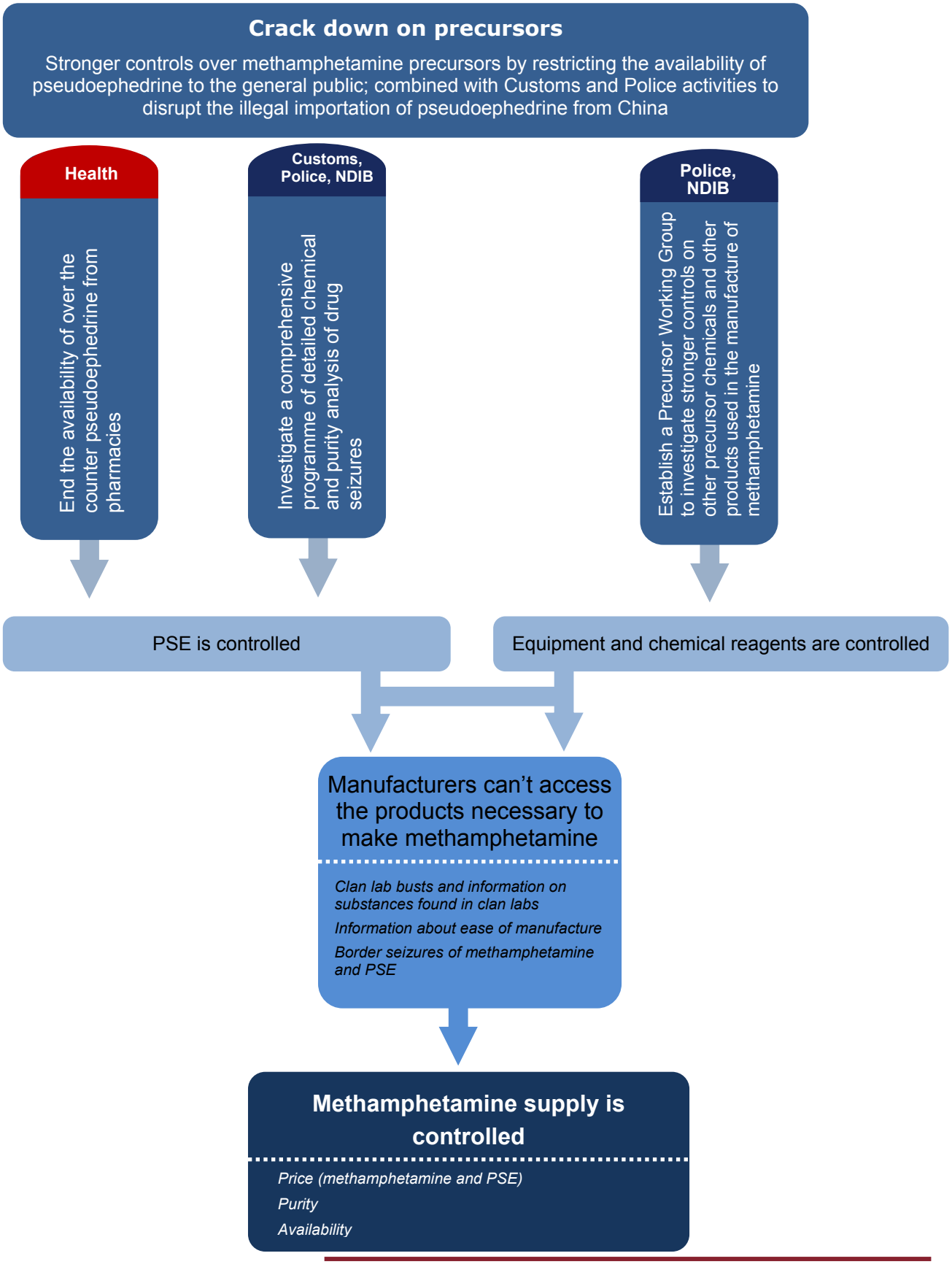
To achieve a substantial decrease in methamphetamine use, a package of actions has been developed, aimed at controlling supply, reducing demand and limiting problems. The package has five elements:

1. **Crack down on precursors:** Make PSE-based cold and flu remedies prescription-only, combined with targeted intensified border enforcement to make it hard for criminals to source the raw materials for manufacture;
2. **Break drug supply chains:** Ensure Police and Customs, with a new strategic and targeted enforcement strategy, focused on the organised criminal groups who dominate this trade;
3. **Provide better routes into treatment:** Expand treatment capacity, including a dedicated gateway into treatment in the form of social detox beds which will allow clinicians to assess how best to help dependent users. Use every opportunity offered by interaction with frontline government services to direct users towards treatment and recovery;
4. **Support communities:** Provide more resources for communities and information and education for families to help people resist drugs and assist users into recovery; and
5. **Strengthen governance of drug policy**: Make direction of drug policy a higher priority for Customs, Police, Justice and Health.

4.1.1 Summary of actions

The diagram on the next page shows the actions in summary form. The five diagrams on the following pages show how these actions are linked to the overall expected results described in the previous section.


Crack down on precursors
Stronger controls over meth-amphetamine precursors by restricting the availability of pseudoephedrine to the general public; combined with Customs and Police activities to disrupt the illegal importation of pseudoephedrine from China
Health
End the availability of over the counter pseudoephedrine from pharmacies
Police, NDIB
Establish a Precursor Working Group to investigate stronger controls on other precursor chemicals and other products used in the manufacture of methamphetamine
Customs, Police, NDIB
Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures
Potential manufacturers cannot access the precursors and other chemicals required
Result: Methamphetamine manufacture controlled and reduced
Break supply chains
Break supply chains through the implementation of a strategy that proactively targets supply chains with intelligence-led policing; and active use of new legislative tools such as criminal proceeds, with forfeited funds being used to control the drug market and treat users
Police
Develop and action a Police Methamphetamine Control Strategy
Customs
Introduce measures to increase interception rates of meth-amphetamine and precursors at the border through better risk profiling and targeting
Customs
Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border
Police, Customs
Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance
Health, Customs, Police
Monies forfeited under the Criminal Proceeds (Recovery) Act 2009 used to fund expansion of AOD treatment and Police/ Customs initiatives to fight organised criminal groups
Police, Customs, Immigration
Ensure that Police and Customs advise Immigration of any persons in drug and precursors investigations who are suspected of being in breach of their permit conditions
Methamphetamine supply chains are broken at key points, including entry to New Zealand
Result: Methamphetamine supply controlled and reduced
Provide better routes into treatment
More places in alcohol and other drug (AOD) treatment for problematic meth-amphetamine users and better routes into treatment. These services are central to the success of tackling the methamphetamine problem in New Zealand
Health
Increase the capacity of AOD treatment services to provide more spaces for methamphetamine users
Health
Increase AOD workforce capacity and capability to respond effectively to methamphetamine
Police, Justice, Health,Corrections
Improve routes into treatment through increased referral of meth-amphetamine users at an early stage of contact with the Justice system
Health with other agencies
Improve routes into treatment through contact with frontline government funded services
Health
Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment
Users encouraged to access effective treatment with ongoing support
Result: There are fewer methamphetamine users
Support communities
Strengthen best practice interventions already in place, such as Community Action on Youth and Drugs (CAYADs), and use Community Police to support communities to respond to meth-amphetamine locally; build community resilience; and ensure that effective education and information is available
Health
Strengthen best practice community programmes, such as CAYADs
Health
Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource
Health, DHBs
Increase the reach of school programmes targeted to at-risk youth and families to reduce demand
Education
Promote the new Drug Education Guidelines
Health
Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine
Communities do not tolerate methamphetamine and help users out
Result: Demand for methamphetamine is reduced
Strengthen governance
Leadership of action on meth-amphetamine will be strengthened, to ensure that agencies work together to reduce the use of and harm associated with the drug in New Zealand. Clear frameworks will guide the work, to ensure that results are achieved
IACD
Improve official coordination of drug policy
DPMC
Use the monitoring regime for the revised methamphetamine action plan
Law Commission
Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act
Agencies have clear mandate and the tools to respond smartly to meth-amphetamine
Result: Agencies focused on reducing supply & demand
Reduced supply and reduced demand
Social sector
Justice sector
DPMC and IACD
Law Commission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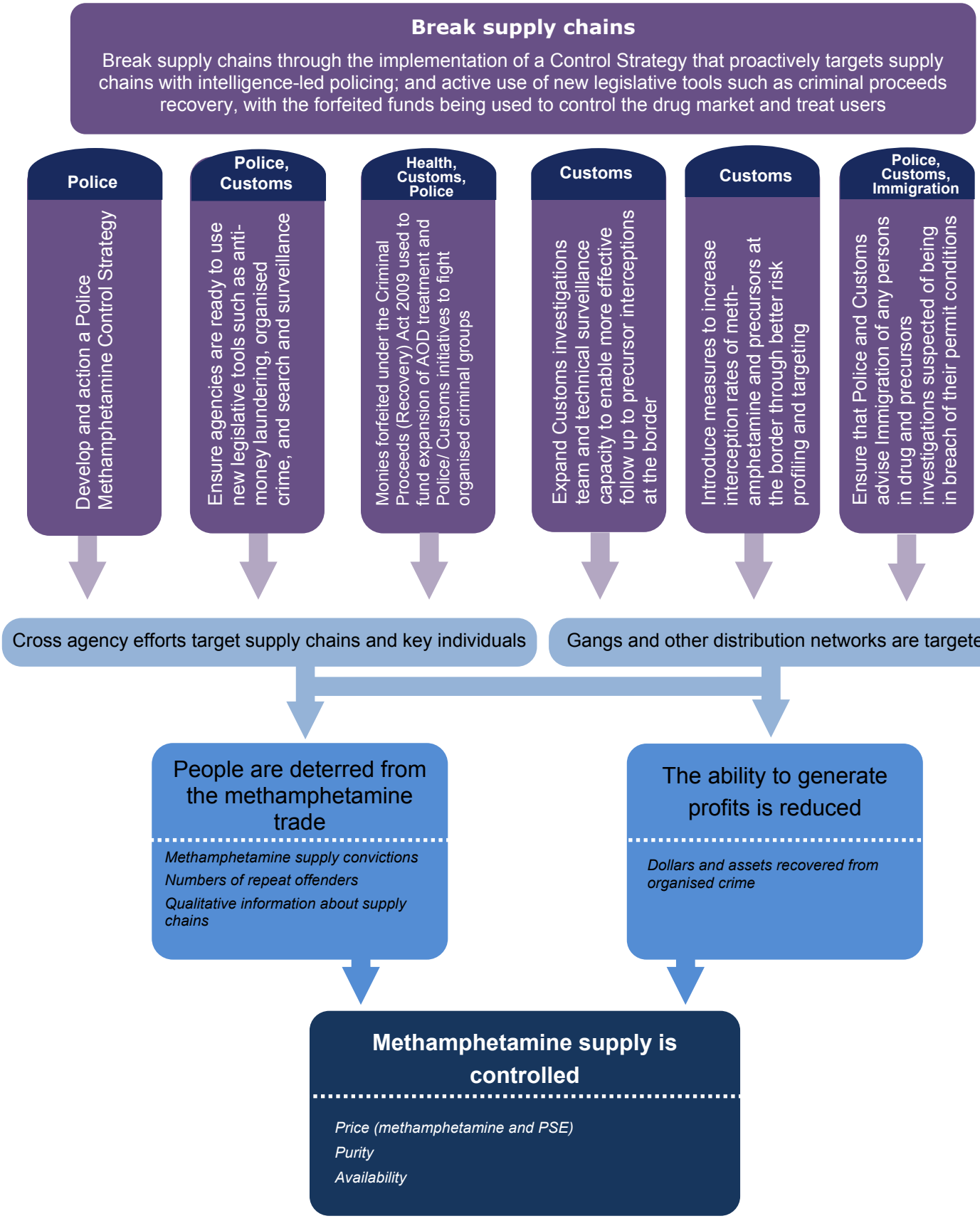
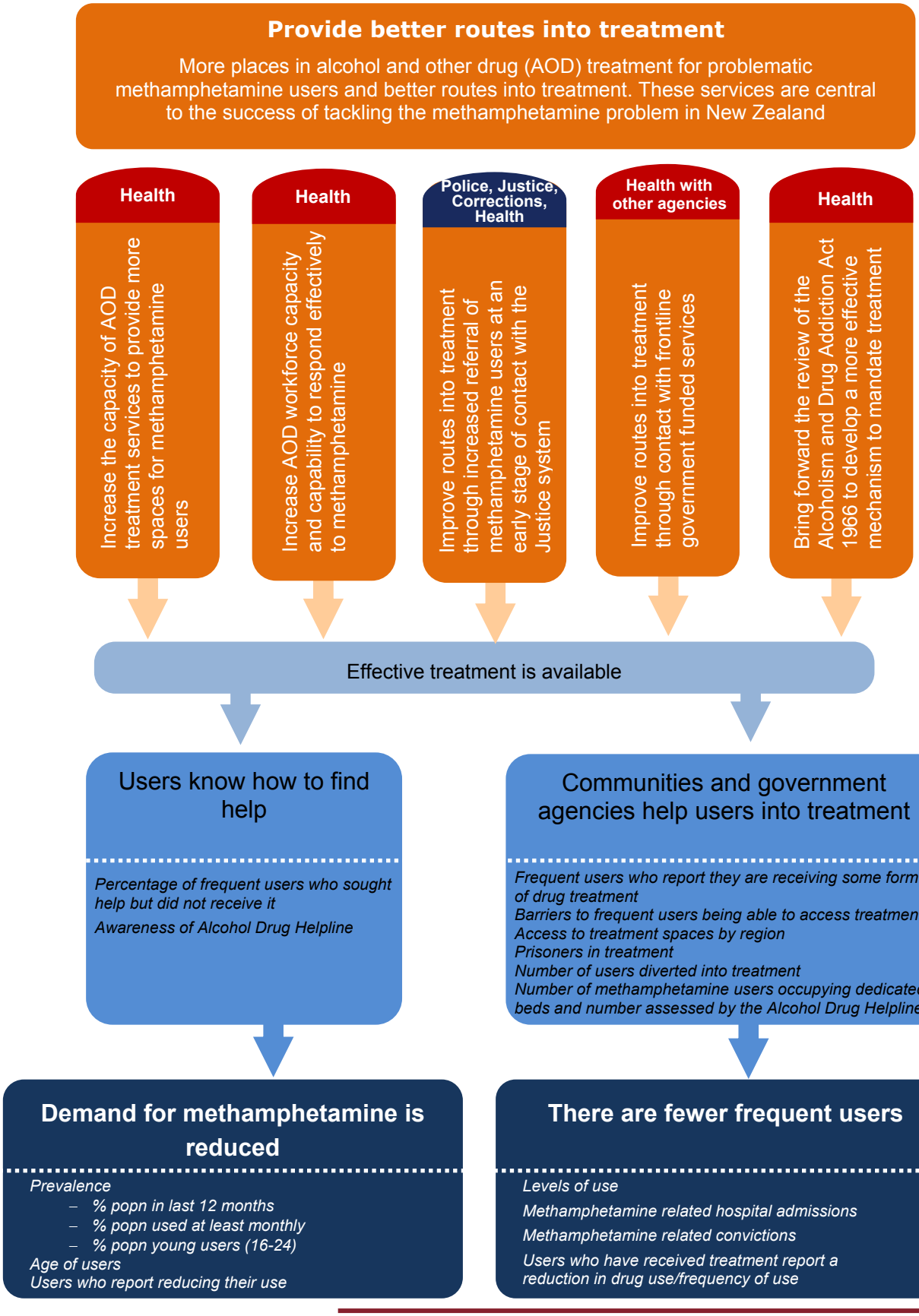
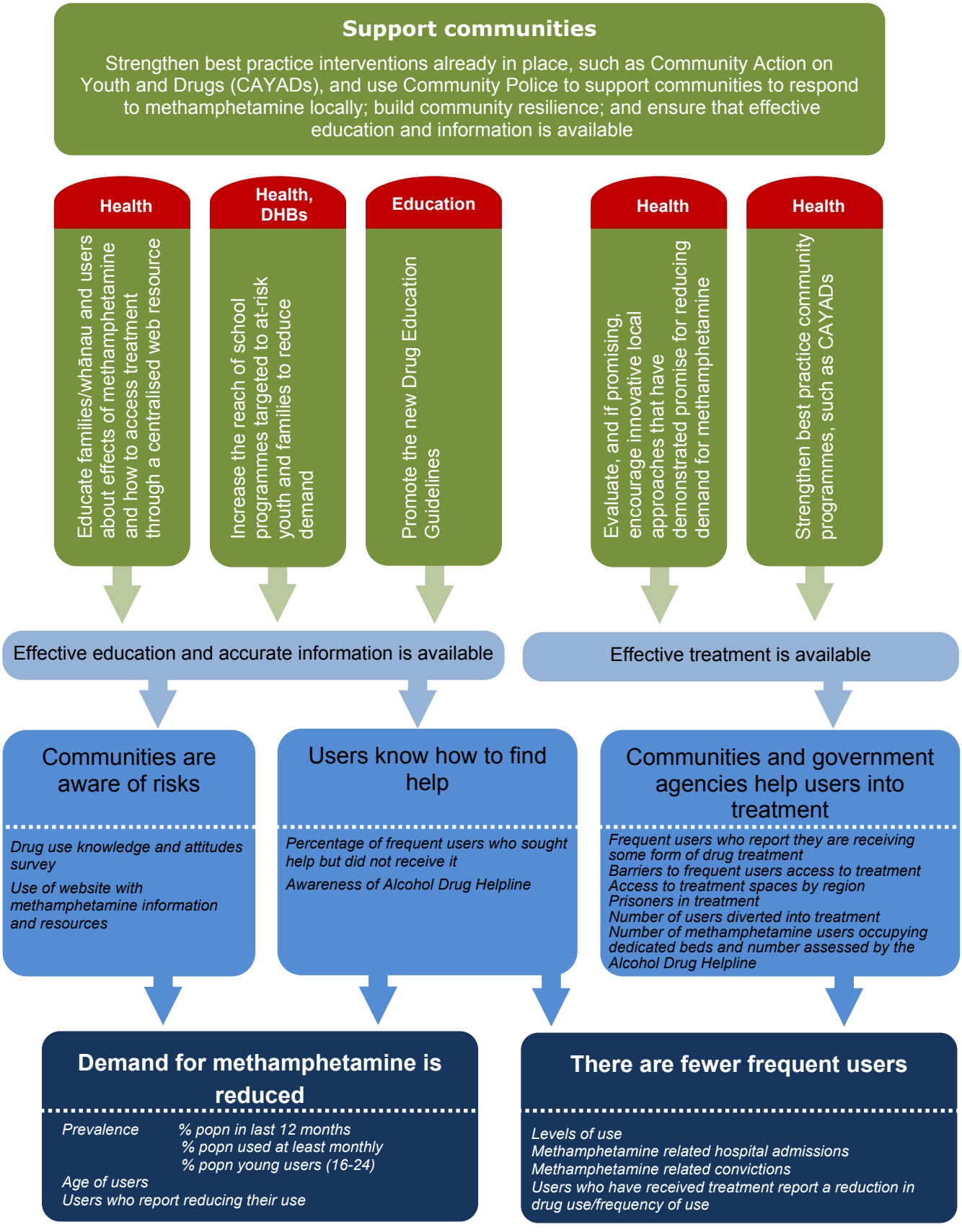
Health
End the availability of over the counter pseudoephedrine from pharmacies
Customs, Police, NDIB
Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures
Police, NDIB
Establish a Precursor Working Group to investigate stronger controls on other precursor chemicals and other products used in the manufacture of methamphetamine
PSE is controlled
Equipment and chemical reagents are controlled
Manufacturers can't access the products necessary to make methamphetamine
Clan lab busts and information on substances found in clan labs
Information about ease of manufacture
Border seizures of methamphetamine and PSE
Methamphetamine supply is controlled
Price (methamphetamine and PSE)
Purity
Availability


Break supply chains
Break supply chains through the implementation of a Control Strategy that proactively targets supply chains with intelligence-led policing; and active use of new legislative tools such as criminal proceeds recovery, with the forfeited funds being used to control the drug market and treat users
Police
Develop and action a Police Methamphetamine Control Strategy
Police, Customs
Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance
Health, Customs, Police
Monies forfeited under the Criminal Proceeds (Recovery) Act 2009 used to fund expansion of AOD treatment and Police/ Customs initiatives to fight organised criminal groups
Customs
Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border
Customs
Introduce measures to increase interception rates of meth-amphetamine and precursors at the border through better risk profiling and targeting
Police, Customs, Immigration
Ensure that Police and Customs advise Immigration of any persons in drug and precursors investigations suspected of being in breach of their permit conditions
Cross agency efforts target supply chains and key individuals
Gangs and other distribution networks are targeted
People are deterred from the methamphetamine trade
Methamphetamine supply convictions
Numbers of repeat offenders
Qualitative information about supply chains
The ability to generate profits is reduced
Dollars and assets recovered from organised crime
Methamphetamine supply is controlled
Price (methamphetamine and PSE)
Purity
Availability


Provide better routes into treatment
More places in alcohol and other drug (AOD) treatment for problematic methamphetamine users and better routes into treatment. These services are central to the success of tackling the methamphetamine problem in New Zealand
Health
Increase the capacity of AOD treatment services to provide more spaces for methamphetamine users
Health
Increase AOD workforce capacity and capability to respond effectively to methamphetamine
Police, Justice, Corrections, Health
Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the Justice system
Health with other agencies
Improve routes into treatment through contact with frontline government funded services
Health
Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment
Effective treatment is available
Users know how to find help
Percentage of frequent users who sought help but did not receive it
Awareness of Alcohol Drug Helpline
Communities and government agencies help users into treatment
Frequent users who report they are receiving some form of drug treatment
Barriers to frequent users being able to access treatment
Access to treatment spaces by region
Prisoners in treatment
Number of users diverted into treatment
Number of methamphetamine users occupying dedicated beds and number assessed by the Alcohol Drug Helpline
Demand for methamphetamine is reduced
Prevalence
– % popn in last 12 months
– % popn used at least monthly
– % popn young users (16-24)
Age of users
Users who report reducing their use
There are fewer frequent users
Levels of use
Methamphetamine related hospital admissions
Methamphetamine related convictions
Users who have received treatment report a reduction in drug use/frequency of use


Support communities
Strengthen best practice interventions already in place, such as Community Action on Youth and Drugs (CAYADs), and use Community Police to support communities to respond to methamphetamine locally; build community resilience; and ensure that effective education and information is available
Health
Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource
Health, DHBs
Increase the reach of school programmes targeted to at-risk youth and families to reduce demand
Education
Promote the new Drug Education Guidelines
Health
Evaluate, and if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine
Health
Strengthen best practice community programmes, such as CAYADs
Effective education and accurate information is available
Effective treatment is available
Communities are aware of risks
Drug use knowledge and attitudes survey
Use of website with methamphetamine information and resources
Users know how to find help
Percentage of frequent users who sought help but did not receive it
Awareness of Alcohol Drug Helpline
Communities and government agencies help users into treatment
Frequent users who report they are receiving some form of drug treatment
Barriers to frequent users access to treatment
Access to treatment spaces by region
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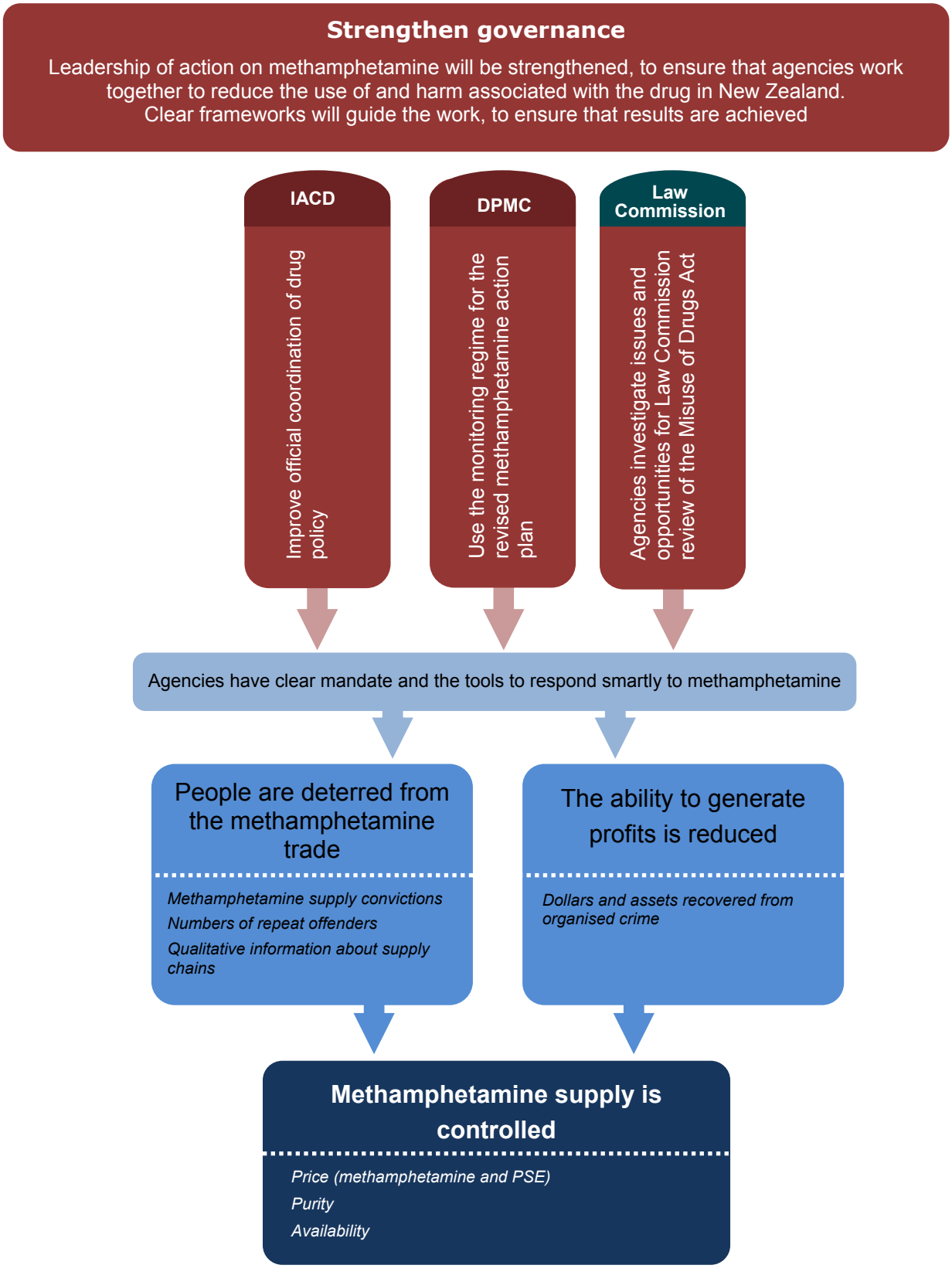
Strengthen governance
Leadership of action on methamphetamine will be strengthened, to ensure that agencies work together to reduce the use of and harm associated with the drug in New Zealand. Clear frameworks will guide the work, to ensure that results are achieved
IACD
Improve official coordination of drug policy
DPMC
Use the monitoring regime for the revised methamphetamine action plan
Law Commission
Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act
Agencies have clear mandate and the tools to respond smartly to methamphetamine
People are deterred from the methamphetamine trade
Methamphetamine supply convictions
Numbers of repeat offenders
Qualitative information about supply chains
The ability to generate profits is reduced
Dollars and assets recovered from organised crime
Methamphetamine supply is controlled
Price (methamphetamine and PSE)
Purity
Availability

Crack down on precursors

Overview:

Crack down on precursors through strengthening controls over methamphetamine precursors by restricting the availability of pseudoephedrine (PSE) to the general public from pharmacies; combined with Customs/Police activities to disrupt the illegal importation of PSE from China.

Rationale:

Methamphetamine can be made in basic laboratories from easily available precursor chemicals. In 2008, Customs and Police seized the equivalent of 3m PSE tablets, sufficient to make 150-200kg of methamphetamine with a street value of $150-200m. Strong controls over precursors and other inputs are needed at the border and within New Zealand.

Supply control measures can be used to remove precursors and disrupt supply chains. This makes it more difficult for potential manufacturers to access the precursors and other chemicals required to manufacture methamphetamine in New Zealand. Reduced supply will result, as methamphetamine manufacture is controlled and reduced.

Actions include:

- End the availability of over the counter pseudoephedrine from pharmacies
- Establish a Precursor Working Group to investigate stronger controls on other precursor chemicals and other products used in the manufacture of methamphetamine
- Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures

Action	**End the availability of over the counter pseudoephedrine from pharmacies**
Cabinet decision	Agreed in principle to amend the Misuse of Drugs Act 1975 to classify pseudoephedrine and ephedrine as Class B2 controlled drugs. Invited the Associate Minister of Health to direct the Expert Advisory Committee on Drugs (EACD) to give further advice about the amount, level and quantity at and over which PSE/EPH might be presumed to be for supply. Invited the Associate Minister of Health to report back to the Cabinet Social Policy Committee by 30 November 2009 following the further advice from the EACD with a view to progressing the classification of PSE/EPH. Invite Medsafe to review the status of PSE as a medicine with a view to delisting it.
Description	Making both PSE and EPH based medications prescription only (with tighter than normal prescribing procedures) would make it harder for potential manufacturers to access the key ingredients required to make methamphetamine. One in three clan labs Police discover have evidence of domestically sourced PSE. The EACD recommends that PSE and EPH should be reclassified as Class B2 controlled drugs under the Misuse of Drugs Act 1975, making them prescription-only medicines. The Prime Minister's Chief Science Advisor supports this recommendation, with the suggestion that PSE remain available in hospital pharmacies. As with other Class B2 controlled drugs, Ministerial approval (delegated to Medsafe) would be required before a medical practitioner could prescribe PSE to an individual patient. The prescription would require completion in triplicate, with copies retained by prescriber, pharmacist and Ministry of Health Medicines Control. A number of regulatory requirements would also be required, such as restrictions on dose, and recordkeeping and reporting requirements. The EACD has also made a preliminary recommendation that PSE be de-listed as a registered medicine from the Medicines Act. This would mean that it would not be available at all in New Zealand, including by prescription. While the available evidence suggests that the alternatives, particularly phenylephrine (which now fill 80% of the market) are as clinically effective, industry and public consultation would be required and may slow down reclassification. This measure needs to be taken alongside a crack down on the supply of imported PSE and methamphetamine.
Responsible agencies	Ministry of Health
Timing	Report back on classification to Cabinet by 30 November 2009.

Action	**Establish a Precursor Working Group to investigate stronger controls on other precursor chemicals and other products used in the manufacture of methamphetamine**
Cabinet decision	Invited the Associate Minister of Health and the Minister of Police to establish a Precursor Working Group comprising officials from Police, Health, Customs and Justice, and industry stakeholders to investigate stronger controls on precursor chemicals, reagents and other products used in the manufacture of illegal drugs. Directed the Working Group to report back to the Associate Minister of Health and the Minister of Police by 31 May 2010.
Description	The Associate Minister of Health Responsible for Drug Policy and the Minister of Police will establish a Precursor Working Group. The Working Group will sit under the Inter-Agency Committee on Drugs, with the secretariat function performed by the National Drug Intelligence Bureau. Police will draft governance documents and undertake consultation with key agencies. It will comprise officials from Police, Customs, Health and Justice and industry stakeholders to investigate stronger controls on precursor chemicals, reagents and other products used in the manufacture of methamphetamine and other illegal drugs. Chemical precursors are currently managed through a voluntary agreement between the New Zealand Chemical Industry Council and the NDIB (the Code of Practice for the Management of Illicit Drug Precursor Chemicals in New Zealand). This regime provides insufficient control over precursors. The Group will review this Code of Practice and consider how it could be strengthened. The Working Group will report back to the Associate Minister of Health Responsible for Drug Policy and the Minister of Police by 31 May 2010. The Working Group may also consider how to reduce the risk that medicines other than PSE-based remedies may be diverted for illegal purposes. Other jurisdictions report the increasing diversion of prescription medicines for illegal use. A key risk with tackling methamphetamine is that drug manufacturers will simply develop a new drug to replace methamphetamine, or develop new ways to manufacture methamphetamine using different precursors. This Working Group will help counter this, by assisting to identify new trends, and enabling key agencies to respond quickly.
Responsible agencies	New Zealand Police will develop terms of reference for the Working Group. National Drug Intelligence Bureau will provide secretariat functions
Timing	The Working Group will be established by 1 March 2010. First report back through IACD to joint Ministers (Associate Minister of Health Responsible for Drug Policy and Minister of Police) by 31 May 2010

Action	**Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures**
Cabinet decision	Invited Police and Customs to report back to Cabinet Social Policy Committee by 30 November 2009 on the costs and benefits of establishing a more comprehensive approach to analysing drug samples.
Description	Tracking down the manufacturing of synthetic drugs like methamphetamine is challenging for law enforcement as production is highly adaptable. It can be easily shifted close to consumer markets, close to precursor supplies or where there is perceived to be limited law enforcement attention. In addition the methods of manufacture and even the types of precursor chemicals can be changed. In overseas jurisdictions, drug signature monitoring programmes – comprehensive chemical analysis of seized drug samples - have proven very useful at both a tactical and strategic level in determining the source of drugs. The resulting information is used to inform a targeted enforcement response. The data obtained from drug signature monitoring programmes can enable better understanding of the methamphetamine importation and distribution networks, links together unconnected investigations and can alert agencies to any changes in manufacturing and supply. Such data can also be used to inform decision-making on policy, legislative and strategic initiatives around methamphetamine manufacture, supply and consumption and offers opportunities for more enhanced monitoring of the impact of interventions (purity of methamphetamine at street level is an indicator, for example). It would enable Police and Customs to build a more accurate picture of the proportion of domestically sourced precursors used in methamphetamine manufacture. This would enable the systematic and comprehensive analysis of methamphetamine seizures. Currently a low proportion of seized drugs are tested. More information is required on the costs and benefits of such a programme before decisions can be taken.
Responsible agencies	New Zealand Customs Service, New Zealand Police, National Drug Intelligence Bureau
Timing	Report back by 30 November 2009

Break supply chains

Overview:

Break supply chains through the implementation of a Police Methamphetamine Control Strategy that proactively targets methamphetamine supply chains with intelligence-led policing; and active use of new legislative tools such as criminal proceeds recovery, with the forfeited funds being used to control the drug market and treat users

Rationale:

Methamphetamine supply chains, largely controlled by gangs and organised criminal groups, have proven hard to break in New Zealand. Overseas experience suggests that well established drug networks can become more innovative in their response to increased enforcement.

Enforcement agencies need to work together in a focused way, led by intelligence, using the most appropriate tools, to break supply chains at key points, and reduce the supply of methamphetamine in New Zealand.

Supply control measures can disrupt markets, remove precursors and finished product, decrease purity and raise prices to reduce consumption. Police can disrupt supply chains with operations and arrests. To break cycles, Courts can divert users into treatment, rather than prison; and use asset forfeiture to discourage methamphetamine supply.

Actions include:

- Develop and action a Police Methamphetamine Control Strategy
- Introduce measures to increase interception rates of methamphetamine and precursors at the border through better risk profiling and targeting
- Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border
- Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance
- Enable monies forfeited under the Criminal Proceeds (Recovery) Act 2009 to be used to fund expansion of alcohol and other drug treatment and Police/ Customs initiatives to fight organised criminal groups
- Improve coordination to ensure that Immigration is alerted when individuals in breach of permit conditions appear to be involved in drug operations

	Develop and action a Police Methamphetamine Control Strategy
Cabinet decision	Noted that Police has developed a Police Methamphetamine Control Strategy which will be implemented by November 2009.
Description	Police has identified that increased national coordination is required to better identify and disrupt methamphetamine supply chains throughout New Zealand. By targeting methamphetamine and the funds of organised criminal networks it is also possible to make an impact on acquisitive crime. The Tasking and Coordination group within Police National Headquarters will be used to gather intelligence and turn it into operational activity that is focussed on identifying the most effective methods for reducing the availability of methamphetamine. The Police Methamphetamine Control Strategy will include specific actions on: Prevention; Intelligence; Enforcement; [Community] Reassurance; and Support. It will cover Police actions in the following areas: • Seeking international cooperation via Police International Services Group and international partner agencies. The aim is to identify overseas criminal enterprises who target New Zealand, allowing for interventions preventing such groups setting up in New Zealand • Taking a whole-of-Police approach to targeting manufacturers and dealers of methamphetamine including the use of Road Policing, General Duties Branch, CIB, Community Constables and Youth Aid • Strengthen mutual cooperation to ensure a whole-of-government approach is taken wherever possible • Post operational work using the Criminal Proceeds (Recovery) Act targeting the assets of persons involved in the methamphetamine trade It will include regular reporting to Police National Headquarters on success measures such as the dollar value of assets seized under the civil forfeiture regime within the Criminal Proceeds (Recovery) Act 2009 and the numbers of methamphetamine 'cooks' arrested.
Responsible agencies	New Zealand Police
Timing	The Police Methamphetamine Control Strategy has been developed. Implementation is expected by November 2009

	Introduce measures to increase interception rates of methamphetamine and precursors at the border through better risk profiling and targeting
Cabinet decision	Noted that Customs is introducing measures to increase interception rates of methamphetamine and precursors at the border through better risk profiling and targeting.
Description	Dealing with increasing volumes of trade, craft and passengers together with demands for faster clearance presents an ongoing challenge at the border. Customs employ a range of risk assessment methodologies and targeting techniques which are resulting in increasing interceptions of precursor chemicals and methamphetamine, especially in the cargo, fast freight and mail streams. These targeting methodologies and practices must be continually reassessed and evaluated to respond to changes in trafficking routes, concealments methods and smuggling modus operandi. Customs is introducing of package of targeting and risk assessment measures focussing specifically on stemming methamphetamine and precursor trafficking at the border. These include several related initiatives: • Establishing a Customs taskforce to enhance the accuracy of the general targeting and risk assessment practices (including any opportunities to expand intelligence sources to support border targeting). • A programme of intensive inspection exercises on risk cargo, mail and passenger streams. • Expanding the use of recently introduced “trade targeting rules” by the National Targeting Centre to further improve the identification of risk cargo shipments for inspection by Customs. In addition to this targeting work Customs will also consider any further options to lift inspection rates at the border.
Responsible agencies	New Zealand Customs Service
Timing	The revised targeting regime will be implemented in October 2009

	Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border
Cabinet decision	Noted that Customs is expanding its capability to follow up on border interceptions.
Description	The Customs investigative capacity to follow up on border interceptions, and to sustain operational activity for any significant amount of time has reached a limit. Increased interceptions of drugs at the border will have no discernable impact on the drug trafficking networks if they are left un-investigated and no effort is made to identify and arrest the persons responsible for the importations. By reprioritising resources Customs is intending to introduce an additional investigations team based in Auckland. This will expand and enhance Customs capacity to work with Police in order to: • Undertake follow-up enquiries and investigations of intercepted shipments of precursors and methamphetamine including controlled deliveries to identify and assist in dismantling the organised crime groups responsible for organising these importations. • Proactively gather and develop high quality intelligence to inform border targeting and risk assessment. Associated with this would be the ongoing expansion and upgrading of the technical platform used to facilitate monitoring, surveillance and communications activity leading to increased productivity and efficiency. This is a key component in running controlled deliveries.
Responsible agencies	New Zealand Customs Service (in cooperation with Police)
Timing	Report back on progress by 30 April 2010, as part of monitoring regime

	Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance
Cabinet decisions	Noted that from 1 December 2009, Police will actively seek to recover the proceeds of crime using the new powers in the Criminal Proceeds (Recovery) Act 2009. Noted that it is intended that the Gangs and Organised Crime Bill be passed before the end of the year.
Description	Ensure that operational agencies are ready to use the new legislative tools as they become available to break supply chains, by targeting the groups making the profits and using wider search and seizure powers. The new legislation includes: • The Criminal Proceeds (Recovery) Act 2009 which enables Police to more effectively seize the proceeds of organised criminal activity, including income generated from methamphetamine manufacture, through a civil forfeiture regime. Police are establishing four asset recovery units with a total of 40 staff that will be specifically dedicated to this task. • The Search and Surveillance Bill which provides an enhanced search and surveillance regime, new examination powers, a new surveillance device warrant regime and improved retrieval of electronic evidence. • The Gangs and Organised Crime Bill which better equips Police to investigate, prosecute and disrupt crime committed by gangs and other organised criminal groups. For example, with new powers to intercept gang communications and prosecute key gang figures directing others to manufacture and distribute methamphetamine. • The Anti-Money Laundering and Countering Financing of Terrorism Bill which will help detect, trace and seize the profits of domestic criminal groups.
Responsible agencies	New Zealand Police and New Zealand Customs Service (operational), Ministry of Justice (legislation)
Timing	Ready to use legislation immediately as it comes into force. For example, the Criminal Proceeds (Recovery) Act comes into force on 1 December 2009

	Monies forfeited under the Criminal Proceeds (Recovery) Act 2009 are used to fund expansion of alcohol and other drug treatment and Police/ Customs initiatives to fight organised criminal groups
Cabinet decisions	Agreed that monies forfeited to the Crown under the Criminal Proceeds (Recovery) Act 2009 be used to: a. Fund expansion of alcohol and other drug treatment including methamphetamine recovery and continuing-care services. This will mean that profits from the methamphetamine trade are used to reduce the demand for methamphetamine and other drugs. b. Fund additional Police and Customs initiatives to fight organised criminal groups dealing in methamphetamine and other drugs. This will mean that profits from the drug trade are used to control this drug market. Noted that the recovered proceeds of crime will be allocated to the uses outlined in the decision above via the normal Budget processes and that the Budget documentation will need to identify the funding that gives effect to these decisions.
Description	Use the proceeds of crime recovered from criminals to reduce the harms caused by methamphetamine and other drugs. Monies forfeited to the Crown, less disbursements, will be used to fund expansion of AOD treatment including methamphetamine recovery and continuing-care services; and fund additional Police and Customs initiatives to fight organised criminal groups dealing in methamphetamine and other drugs. Government departments would apply to use the proceeds recovered in the previous year, (less disbursements) through the normal annual Budget process. This would be in addition to the normal baseline funding for these activities. Police would report on the value of proceeds of crime recovered in their annual report each year. The Budget documents themselves are the means of achieving the necessary transparency around decisions on how proceeds of crime are used. There are a number of risks to be managed: the appropriateness of proceeds of crime being allocated to a particular use, rather than reverting to the Crown consolidated fund; the precedent effect; the potential for "double dipping"; and potential conflicts of interest. There is precedent for managing these risks through arms-length administration of the fund and transparent criteria.
Responsible agencies	Police (collecting proceeds/reporting), DPMC (monitoring), Health/Customs/Police (applications for use of funds), Treasury (Budget process)
Timing	Ongoing, with timing matched to annual Budget processes. There will be a time lag of approximately 2 years before Criminal Proceeds (Recovery) Act funds become available, and 3 years before these are allocated through the Budget process. However funds from the previous legislation would be available sooner if included in this process.

	Improved coordination to ensure that Immigration is alerted when individuals in breach of permit conditions appear to be involved in drug operations
Action	Police and Customs will ensure that Immigration is advised of any persons featuring in drug and precursors investigations who are suspected of being in breach of the permit conditions.
Description	A recent Customs analysis of offenders involved in major drug trafficking operations since 2006 indicates that 60% of persons arrested were in New Zealand on temporary visas and permits. Many of those involved at the lower levels of the methamphetamine and precursor trade (including "clean skins" with cover addresses etc.) are important in facilitating drug trafficking activity. A number of low level facilitators and "fringe" participants who are identified during the course of drug investigations and enquiries may not be charged with an offence and a number may be on short term permits, which in some cases have lapsed. Unless Immigration is alerted to this information and is able to make follow-up enquiries, this group is unlikely to be a priority for the limited removals budget.
Responsible agencies	Immigration New Zealand, New Zealand Customs Service, New Zealand Police.
Timing	Ongoing.

Provide better routes into treatment

Overview:

In an established drug market, moving problem users into treatment is central to reducing demand. More places will be made available in alcohol and other drug (AOD) treatment services for problematic methamphetamine users and better routes into that treatment will be provided. Treatment services will be central to the success of tackling the methamphetamine problem in New Zealand.

Rationale:

Just over 2% of New Zealanders aged 16-64 used methamphetamine in the last year. Evidence suggests that the New Zealand market is maturing, with a hard core of problematic users. Closing down a mature market by tackling this hard core of group of frequent users through treatment, is more effective than through supply side and demand reduction measures alone. Every $1 spent on addiction treatment brings a cost saving of $4 to $7 to society. At present, some users are getting treatment, but a lack of spaces in services means that many are missing out. Capacity problems may also deter judges from referring users into treatment. Sending users to prison rather than to treatment can make the problem worse.

Treatment must be available promptly when users reach crisis point – it is important for service providers to respond to the window of opportunity when users are ready to seek help. Problematic users may require intensive treatment, e.g. in a residential facility to help break methamphetamine and other substance addictions. Occasional early users may benefit from briefer interventions, such as those offered as outpatient community counselling.

These interventions focus on expanding addiction treatment and recovery capacity in New Zealand, including a dedicated treatment pathway for methamphetamine users, an expansion of residential beds and improving routes into treatment through the criminal justice system and any contact with government-funded services. This will encourage users to access effective treatment with ongoing support – ultimately resulting in fewer methamphetamine users.

Actions include:

- Increase the capacity of AOD treatment services to provide more spaces for methamphetamine users
- Increase AOD workforce capacity and capability to respond effectively to methamphetamine
- Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the justice system
- Improve routes into treatment through contact with frontline government funded services
- Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment

	Increase the capacity of alcohol and drug treatment services to provide more spaces for methamphetamine users
Cabinet decision	Agreed that Health develop a dedicated treatment pathway for methamphetamine dependent users comprising the following elements: i. An immediate investment in ten additional social detox beds for users to receive clinical help and assessment rising to 20 additional beds over the next three years; ii. An immediate investment in 30 additional longer term treatment beds for the most seriously affected users rising to 60 beds over the next three years; iii. A greater focus by DHBs on reducing waiting lists for community-based treatment; iv. Investment in dedicated methamphetamine capacity for the Alcohol Drug Helpline (2 clinical FTEs); v. Support for appropriate programme providing intensive residential treatment for gang members and their families.
Description	Approximately 24,000 New Zealanders are treated for alcohol and other drug dependence each year through the publicly funded health system. There are around 630 publicly funded AOD residential beds, around 100 of which are in more intensive therapeutic settings suitable for moderate to severe users. Provision does not meet need: there are long waiting lists in most parts of the country. An expansion of about 60% or 60 intensive beds over the next three years will provide an extra 180 residential treatment places a year by year three. The extra 20 social detox beds will provide an additional 1,200 social detox places per year by year three. As a result of this investment, over the next three years, an extra 2700 patients will be able to access the social detox beds, and an extra 400 patients will be able to access longer term treatment. The Ministry of Health will also support a programme being introduced by the Salvation Army that will provide dedicated intensive residential treatment for gang members and their families with a focus on methamphetamine dependence. The Ministry will fund this programme and an evaluation of the programme for a two year period (2010/2011 – 2011/2012). The Ministry of Health will work with DHBs to reduce community treatment waiting time issues and require DHBs to demonstrate through their existing accountability and performance arrangements that they are addressing the needs of methamphetamine users, including ex-justice system clients. Extra resources of 2.0 clinical FTE will be provided to work with methamphetamine users at the Alcohol Drug Helpline.
Responsible agencies	Ministry of Health to lead.
Timing	10 detox and 30 beds by November 2009, rising to 20 detox and 60 beds by July 2012.

	Increase alcohol and other drug (AOD) workforce capacity and capability to respond effectively to methamphetamine
Action	The Ministry of Health will increase AOD workforce capacity and capability to respond to methamphetamine
Description	In order to increase treatment capacity, workforce capacity and capability must be lifted. This will occur through increasing the number of internships for new workforce and training existing workforces to help users into treatment. Additionally, GPs could be trained to screen and provide brief interventions, such as motivational interviewing techniques to channel users into treatment. This will free up specialist AOD services clinically trained staff to provide treatment and recovery services. This needs further planning by the Ministry of Health. There is anecdotal consumer feedback that some community-based AOD counselling services say they do not address methamphetamine problems. Similarly, Turning Point AOD service, Melbourne, found that some of their staff needed some up-skilling about treatment approaches to methamphetamine use. The Ministry of Health will provide guidance to service providers regarding expected approaches to methamphetamine use. Given the increase in residential detoxification services, the Ministry of Health will devise a set of national guidelines for consistently delivered residential and social detoxification. The Ministry of Health will encourage residential providers to employ peer support workers for the continuing care component of the methamphetamine treatment pathway.
Responsible agencies	Ministry of Health.
Timing	Will be actioned in the 2010/2011 and 2011/12 Ministry of Health work plans.

	Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the justice system
Cabinet decision	Directed Justice and Health to report back to Cabinet Social Policy Committee by 30 November 2009 on a preferred model for Alcohol and Drug clinicians in Courts to increase referral for users from the justice system into treatment, including cost estimates.
Description	The criminal justice system provides an opportunity to assess whether individuals have a problem with drug use and help users into treatment. There are a number of routes into treatment available now, which could be used more once treatment capacity is increased. This would involve assessments by qualified AOD clinicians and information provided to decision-makers about the appropriateness of treatment and referral to treatment, particularly for those involved in offences due to their dependence problems. The Police Methamphetamine Control Strategy will monitor the number of first time offenders directed into alcohol and drug assessment. Police adult diversion may also make greater use of brief screening tools (see next action) and refer first time offenders to appropriate treatment, if required. This will require the Ministry of Health to develop a screening tool and a guide to routes into treatment and Police to train diversion officers in its use. This is contingent on Ministry of Health work priorities (see next action).
Responsible agencies	Ministry of Justice, New Zealand Police, Department of Corrections and Ministry of Health.
Timing	Some existing processes can be used more to see immediate results. Others will require development, with a report back to the Cabinet Social Policy Committee by 30 November 2009. Availability of treatment spaces will determine the timing of some changes.

	Improve routes into treatment through contact with frontline government funded services
Cabinet decision	Noted Health will work with agencies to improve routes into treatment through contact with frontline government funded services.
Description	Individuals with methamphetamine and other drug problems come into regular contact with government funded services. These interactions are an opportunity to identify possible drug problems and provide information about and support into treatment. For example, professionals in primary care, mental health, Police, Youth Justice, Child Youth and Family, Ministry of Social Development, Corrections, Ministry of Education, ACC and Work and Income New Zealand could be provided with screening tools and training in how to recognise problems, and guidance on how to help users into treatment. The Ministry of Health is undertaking planning for this.
Responsible agencies	Ministry of Health to lead and provide training. Agencies who may be involved include: Ministry of Social Development, Child Youth and Family, Work and Income New Zealand, New Zealand Police, Department of Corrections, Ministry of Education, Accident Compensation Corporation.
Timing	Further analysis and consideration of screening tools and training will be completed by April 2010.

	Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment
Cabinet decision	Invited the Minister of Health to report to the Cabinet Social Policy Committee in November 2010 with the results of a review of the 1966 Act and any recommendations for reforming the law with a view to: a. ensuring that compulsory assessment treatment for alcohol and other drug dependence is available by way of a civil court order in appropriate circumstances; and relevant safeguards are in place; and b. noting the implications for treatment capacity.
Description	There is a need for a mandated route into treatment for those with serious substance dependence, such that their ability to seek treatment is impaired. The Alcoholism and Drug Addiction Act 1966 performs this function by enabling another person, such as a family member or General Practitioner, to seek a Court order that compels the person to have treatment. However this Act is outdated and needs to be updated with modern legislation that enables Court-ordered compulsory treatment. Under the current Act, only approximately 75 people per annum are admitted into compulsory treatment. Further, it is widely accepted that the current Act does not meet the requirements of the New Zealand Bill of Rights Act 1990. An updated Act could mandate compulsory treatment in a detoxification facility for a short period of time, with a view to engaging the person in ongoing treatment programmes. The Ministry of Justice would need to help work through the Bill of Rights concerns. The review is on the Ministry of Health's work plan and Statement of Intent and will be completed during 2010/11.
Responsible agencies	Ministry of Health to lead. Ministry of Justice to support development of human rights aspects.
Timing	Report back to Cabinet due in November 2010.

Support communities

Overview:

Support communities by strengthening interventions already in place, such as Community Action on Youth and Drugs (CAYADs); using Community Police to support communities to respond to methamphetamine locally; helping build community resilience; and ensuring that effective education and information is available.

Rationale:

Methamphetamine harms individuals, families and communities. For example, methamphetamine manufacture can harm those who later live in ex-clandestine laboratories, drug dealing can damage communities and users can break connections with whānau. Families, schools and communities often want to help, but don't know how to find it.

Community action and education programmes can influence behaviour, reduce demand and help prevent the public from using methamphetamine. The evidence suggests that this must be done very carefully.

The aim of these interventions is to ensure that communities do not tolerate methamphetamine and help users to stop – this will reduce demand for methamphetamine.

Actions include:

- Strengthen best practice community programmes, such as CAYADs Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource
- Promote the new Drug Education Guidelines
- Increase the reach of school programmes targeted to at-risk youth and families to reduce demand
- Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine

	Strengthen best practice community programmes, such as CAYADs
Cabinet decisions	Noted that Health is strengthening the Community Action on Youth and Drugs (CAYAD) programme, based on identifying best practice from individual providers. Directed Health to reprioritise funding within the CAYAD programme to strengthen sites that need more resources.
Description	The CAYAD programme is the main government funded community demand reduction activity occurring in New Zealand. There is an opportunity to reprioritise how the $4m p.a. budget is spent, so that communities have the best chance of building resilience to harmful drug use through coordinated local action. There are currently 30 CAYAD projects operating from 29 sites nationwide, with sites chosen due to local drug problems and the strength of the provider. CAYADs focus on prevention activities and generally address alcohol and other drug (such as cannabis) problems experienced in their communities. For example, CAYADs promote informed community debate on drug issues, develop and promote safe policies, work to reduce school suspensions, support best practice programmes in schools and sports clubs, and help different groups connect. A current national draft evaluation of the CAYAD programme is positive with some sites showing improvements in attitudes and behaviour to drugs, increased community capacity, and decreases in drug-related school suspensions and in crime. While the majority of CAYAD projects are not exclusively targeted at methamphetamine they offer a foundation to influence the attitudes and behaviour of young people, in particular, with respect to the use of alcohol and other drugs. Improved national coordination will be led over the next three years by the Centre for Social and Health Outcomes Research and Evaluation (SHORE) at Massey University. Given the existing investment and financial constraints, additional funding is not sought at this time. However, there is an opportunity to strengthen the operation of the programme, through reviewing services in some sites and expanding others. For example, additional FTEs could be added to established sites in South Auckland.
Responsible agencies	Ministry of Health.
Timing	Renewal decisions on CAYAD contracts by 30 June 2011.

	Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource
Cabinet decision	Noted that Health is developing a centralised web resource with information to educate users and their families/whānau about methamphetamine and other drugs, and how to get access to treatment.
Description	Evidence suggests that providing accurate information about the effects of drugs and treatment options is a more effective way to reduce demand for drugs than general education or social marketing campaigns. The New Zealand Drug Foundation has been contracted by the Ministry of Health to develop a centralised website with information about the harms associated with drug use, impacts on communities, options about treatment and links into it. $1m (plus GST) has been committed over the three years to 2012 to develop a sector-led advisory group, build and manage the website, and source and develop reliable information resources. The website will contain specific resources for methamphetamine users and their families.
Responsible agencies	Ministry of Health.
Timing	Website live by April 2010.

	Promote the new Drug Education Guidelines
Cabinet decision	Noted that the Ministry of Education has developed new Drug Education Guidelines for schools. Noted that the Ministry of Education will work with schools to promote awareness of the new guidelines and to support their implementation.
Description	The evidence about drug education in schools is that it is at best only marginally effective in changing attitudes and behaviour. To have any impact, it is best delivered by teachers as part of a school-wide health and well being programme. There is a risk of it being done badly and actually increasing risk taking behaviour. The Ministry of Education has recently prepared *Promoting Student Health and Wellbeing: A Guide to Drug Education in Schools,* based on international best practice for school teachers and curriculum planners. It is expected that teaching resources and training will need to be developed and that the guidelines will need to be promoted to schools in order for them to be effective.
Responsible agencies	Ministry of Education.
Timing	The Guidelines will be distributed to schools when finalised. The Guidelines require promotion and support in schools, including teacher training and implementation.

	Increase the reach of school programmes targeted to at-risk youth and families to reduce demand
Action	To increase the reach of school programmes targeted at at-risk students.
Description	Programmes specifically targeted at at-risk groups have shown promise in reducing the demand for drugs and preventing uptake by groups that are traditionally hard to reach. While the level of methamphetamine use by students may not be significant, programmes focused on preventing and reducing individual substance use and addressing the influences and environment of at-risk student can help them make better choices. Odyssey House's Stand Up programme for at-risk youth is operating in 19 schools in Auckland to help prevent and reduce individual substance use and address the influences on the student. Early results demonstrate that over 80% of the young people who participated with the programmes showed improvements in several dimensions including attitudes towards school.
Responsible agencies	Ministry of Health through DHB funding.
Timing	Ongoing. Northern DHBs funding existing contracts and considering expansion.

	Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine
Action	The Ministry of Health will evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for methamphetamine
Description	There are innovative local programmes that have demonstrated promise for targeting at-risk groups and reducing demand for methamphetamine in New Zealand. For example: ▪ A number of projects in the lower North Island provide 'wrap around' interventions for young people and their families/whānau. ▪ A marae-based anti-methamphetamine drug education programme delivered to marae, iwi and schools in Auckland. These, and other programmes, need more rigorous evaluation, then could be considered for expansion to other parts of New Zealand. The first example noted above is currently being evaluated.
Responsible agencies	Ministry of Health. Linkages with community policing (New Zealand Police)
Timing	To be determined. One evaluation process underway. Selecting, implementing and evaluating programmes, then sharing what works will take time

Strengthen governance

Overview:
Leadership of action on methamphetamine will be strengthened, to ensure that agencies work together to reduce the use of and harm associated with the drug in New Zealand. Clear frameworks will guide the work, to ensure that results are achieved.

Rationale:
Governance can be improved. The previous Methamphetamine Action Plan set out what was happening in 2003. This *Tackling Methamphetamine: an Action Plan* will be used to ensure that action occurs. Chief Executives from the core agencies (Health, Police, Justice and Customs) will report on the plan to the Prime Minister at six monthly intervals. Governance must occur in a way that links with other Government activity, and which looks ahead to help respond to other drugs that may emerge.

It is important that agencies have a clear mandate and the tools to respond smartly to methamphetamine. The result of strengthened governance will be agencies focused on reducing the supply of and demand for methamphetamine in New Zealand.

Actions include:
- Improve official coordination of drug policy
- Agencies investigate issues and opportunities for the Law Commission review of the Misuse of Drugs Act 1975
- The monitoring regime included as part of this revised action plan

	Improve official coordination of drug policy
Cabinet decision	Invited the Associate Minister of Health to reconstitute the Inter-Agency Committee on Drugs with a more limited membership of senior officials from relevant agencies (Health, Justice, Customs and Police) with wider representation from other agencies and stakeholders on specific working groups as required.
Description	The Inter-Agency Committee on Drugs is a monitoring group of officials from 15 agencies which ensure that policies and programmes are consistent with the National Drug Policy. It makes recommendations to Ministers on new policy initiatives. Its scope is too broad to successfully shape a cross government work programme. The IACD has considered if its membership and focus could be improved and has recommended that it should be slimmed down to a smaller group of senior officials from the core agencies with responsibility for drugs issues (Health, Justice, Customs and Police) bringing in other agencies in working groups on specific issues as required.
Responsible agencies	Inter-Agency Committee on Drugs.
Timing	Expected by 1 March 2010.

	Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act 1975
Action	Agencies will be identifying any issues or opportunities associated the operation of the Misuse of Drugs Act 1975 and referring these to the Law Commission as part of its review of that legislation
Description	The Law Commission is reviewing the Misuse of Drugs Act 1975 and the penalties imposed under it. While the scope of the review deals with the broader legislative framework governing drugs, there are a number of issues that have emerged relating to responses to methamphetamine and other synthetic drugs. As an example agencies have identified a potential issue around "analogues" of scheduled precursor substances for methamphetamine manufacture. These substances (some of which have been identified here) are not adequately covered by the existing legislation. Agencies will be identifying and highlighting issues for consideration by the Law Commission in their individual responses.
Responsible agencies	Law Commission responsible for review. Ministry of Health, Ministry of Justice, New Zealand Police, New Zealand Customs Service and Department of Prime Minister and Cabinet responsible for providing input.
Timing	Within Law Commission consultation timetable.

4.2 Monitoring framework

This Action Plan will be monitored and reported on to the Prime Minister and the Ministerial Committee on Drug Policy by Chief Executives every six months from October 2009 to October 2012, with the first report back due on April 30th 2010.

The first report back will evaluate how successfully the actions described under this Action Plan have been implemented. If implementation is falling behind schedule, Chief Executives of the relevant departments will be asked to explain and to outline how implementation will occur. DPMC will coordinate the report back and will request the relevant information from agencies to determine progress and identify changes in the high level indicators. A baseline report, *Tackling Methamphetamine: Baseline Indicators Report*, on the indicators will be provided to the Prime Minister in October 2009, alongside the delivery of this report.

The key deliverables for the Action Plan are identified below:

- Police Methamphetamine Control Strategy
- Extra treatment capacity
- Better routes into treatment
- Criminal Proceeds (Recovery) Act funds used for AOD treatment and to strengthen Police and Customs capacity to investigate and fight organised criminal groups.

The main indicators that will be reported on are the following:

- Price (methamphetamine and PSE)
- Purity
- Availability
- Prevalence.

4.3 Future proofing

As the supply of and demand for methamphetamine is reduced, other problems may intensify and new problems may emerge. Other issues or opportunities may arise, which suggests that the Action Plan needs to change.

If intelligence from Police and Customs, and the indicators for the main expected results suggest that the Plan needs to be revised, DPMC will coordinate an interagency working group and provide a report back to the Prime Minister.

For example, possible issues or opportunities may include:

- Prevalence rates may continue to decline
- Prevalence rates may rise significantly
- Border seizures may rise significantly, with no corresponding rise in price
- New pharmacological treatment options may become available (e.g. methadone type substitutes), which may change treatment types required
- New inspection technologies may become available, meaning that more cargo can be inspected
- More laboratories may be discovered
- New methods of manufacture may be developed
- ContacNT may cease to become available
- A new synthetic drug may takes over the market from methamphetamine.

The risks from established and emerging illegal substances will need to be addressed. The actions, while focused on methamphetamine, will also help justice and social sector agencies to respond to other drugs.

Appendix I: Initiatives and responsibilities

Actions and indicators

Part three above describes the expected results from Government and community action on methamphetamine in New Zealand. The *Tackling Methamphetamine: an Action Plan - Expected Results* diagram shows the actions and intermediate expected results and final expected results sought.

Part four above describes the actions to tackle methamphetamine and achieve these desired results – a set of actions to crack down on precursors, break supply chains, provide better routes into treatment, support communities and strengthen governance.

The table below summarises these actions, the indicators that can be used to monitor progress and the responsible agencies. This will need to be updated regularly as progress is made.

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
CRACK DOWN ON PRECURSORS							
End the availability of over the counter pseudoephedrine from pharmacies	PSE is controlled	Manufacturers can't access the products necessary to make meth-amphetamine	• Clan lab busts and information on substances found in clan labs - NDIB Clan Lab Report • Information about ease of manufacture - NDIB • Border seizures of methamphetamine and PSE - Customs, Police	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	Ministry of Health	Report back on classification to Cabinet by 30 Nov 2009. If legislative amendment used, and Bill given priority, could be achieved by end of 2009.

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Establish a Precursor Working Group to investigate stronger controls on other precursor chemicals and other products used in the manufacture of methamphetamine	Equipment and chemical reagents are controlled	Manufacturers can't access the products necessary to make meth-amphetamine	• Clan lab busts and information on substances found in clan labs - NDIB Clan Lab Report • Information about ease of manufacture - NDIB • Border seizures of methamphetamine and PSE - Customs, Police	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	New Zealand Police will develop terms of reference for the Working Group. National Drug Intelligence Bureau will provide secretariat functions.	Working Group established by 1 March 2010. First report back through IACD to joint Ministers (Associate Minister of Health Responsible for Drug Policy, and Minister of Police) by 31 May 2010.
Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures	PSE is controlled	Manufacturers can't access the products necessary to make meth-amphetamine	• Clan lab busts and information on substances found in clan labs - NDIB Clan Lab Report • Information about ease of manufacture - NDIB • Border seizures of methamphetamine and PSE - Customs, Police	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	New Zealand Customs Service, New Zealand Police and National Drug Intelligence Bureau	Report back by 30 November 2009
BREAK SUPPLY CHAINS							
Develop and action a Police Methamphetamine Control Strategy	Cross agency efforts target supply chains & key individuals	People are deterred from the methamphet-amine trade The ability to generate profits is reduced	• Methamphetamine supply convictions - Ministry of Justice CMS • Numbers of repeat offenders - Ministry of Justice CMS • Qualitative information about supply chains - Customs, IDMS, Police, NDIB Dollars and assets recovered from organised crime - Police Annual Reports	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	Police	The Police Methamphetamine Control Strategy has been developed. Implementation is expected by November 2009

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Introduce measures to increase interception rates of methamphetamine and precursors at the border through better risk profiling and targeting	Gangs and other distribution networks are targeted	People are deterred from the methamphet-amine trade The ability to generate profits is reduced	• Methamphetamine supply convictions - Ministry of Justice CMS • Numbers of repeat offenders - Ministry of Justice CMS • Qualitative information about supply chains - Customs, IDMS, Police, NDIB • Dollars and assets recovered from organised crime - Police Annual Reports	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	Customs	The revised targeting regime will be implemented in October 2009.
Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance	Cross agency efforts target supply chains & key individuals	People are deterred from the methamphet-amine trade The ability to generate profits is reduced	• Methamphetamine supply convictions - Ministry of Justice CMS • Numbers of repeat offenders - Ministry of Justice CMS • Qualitative information about supply chains - Customs, IDMS, Police, NDIB • Dollars and assets recovered from organised crime - Police Annual Reports	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	New Zealand Police and New Zealand Customs Service (operational), Ministry of Justice (legislation), Department of Prime Minister and Cabinet (monitoring)	Ready to use legislation immediately as it comes into force. For example, the Criminal Proceeds (Recovery) Act comes into force on 1 December 2009.

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Monies forfeited under the Criminal Proceeds (Recovery) Act 2009 used to fund expansion of alcohol and other drug treatment &Police/Customs initiatives to fight OCGs	Cross agency efforts target supply chains & key individuals	People are deterred from the methamphet-amine trade The ability to generate profits is reduced	• Methamphetamine supply convictions - Ministry of Justice CMS • Numbers of repeat offenders - Ministry of Justice CMS • Qualitative information about supply chains - Customs, IDMS, Police, NDIB • Dollars and assets recovered from organised crime - Police Annual Reports	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	Police (collecting proceeds and reporting), DPMC (monitoring), Health/Customs/ Police (applications for use of funds) Treasury (management of Budget process)	Ongoing, with timing matched to annual budget processes.
Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border	Gangs and other distribution networks are targeted	People are deterred from the methamphet-amine trade The ability to generate profits is reduced	• Methamphetamine supply convictions - Ministry of Justice CMS • Numbers of repeat offenders - Ministry of Justice CMS • Qualitative information about supply chains - Customs, IDMS, Police, NDIB • Dollars and assets recovered from organised crime - Police Annual Reports	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	New Zealand Customs Service. Will work with Police to use information.	Report back on progress by 30 April 2010, as part of monitoring regime

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Ensure that Police and Customs advise Immigration of any persons in drug and precursors investigations who are suspected of being in breach of their permit conditions	Gangs and other distribution networks are targeted	People are deterred from the methamphet-amine trade The ability to generate profits is reduced	• Methamphetamine supply convictions - Ministry of Justice CMS • Numbers of repeat offenders - Ministry of Justice CMS • Qualitative information about supply chains - Customs, IDMS, Police, NDIB • Dollars and assets recovered from organised crime - Police Annual Reports	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	New Zealand Immigration Service New Zealand Customs Service New Zealand Police	Ongoing
PROVIDE BETTER ROUTES INTO TREATMENT							
Increase the capacity of AOD treatment services to provide more spaces for methamphetamine users	Effective treatment is available	Users know how to find help	• Percentage of frequent users who sought help but did not receive it - IDMS • Awareness of Alcohol Drug Helpline - Alcohol Drug Helpline	Demand is reduced	• Prevalence (% popn in last 12 months, at least monthly and young users 16-24) - • New Zealand Alcohol and Drug Use Survey • Age of users - New Zealand Alcohol and Drug Use Survey • Users who report reducing their use - IDMS	Ministry of Health to lead	5 detox and 25 residential beds by November 2009, rising to 20 detox and 60 residential beds by July 2012

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Increase AOD workforce capacity and capability to respond effectively to methamphetamine	Effective treatment is available	Users know how to find help	• Percentage of frequent users who sought help but did not receive it - IDMS • Awareness of Alcohol Drug Helpline - Alcohol Drug Helpline	Demand is reduced	• Prevalence (% popn in last 12 months, at least monthly and young users 16-24) - • New Zealand Alcohol and Drug Use Survey • Age of users - New Zealand Alcohol and Drug Use Survey • Users who report reducing their use - IDMS	Ministry of Health	Will be auctioned in the 2010/2011 and 2011/12 Ministry of Health work plans

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Improve routes into treatment through increased referral of methamphetamine users at an early stage of contact with the Justice system	Effective treatment is available	Communities and government agencies help users into treatment	• Frequent users who report they are receiving some form of drug treatment - IDMS • Barriers to frequent users being able to access treatment - IDMS • Access to treatment spaces by region - DHBs, Ministry of Health • Prisoners in treatment - Corrections Annual Rpt • Number of users diverted into treatment - Various sources • Number of methamphetamine users occupying dedicated beds and number assessed by the Alcohol Drug Helpline - Ministry of Health	There are fewer frequent users	• Levels of use - IDMS • Methamphetamine related hospital admissions - NDIB (from Ministry of Health information) • Methamphetamine related convictions - Ministry of Justice CMS • Users who have received treatment report a reduction in drug use/frequency of use – Ministry of Health	Ministry of Justice New Zealand Police Department of Corrections Ministry of Health	Some existing processes can be used more to see immediate results. Others will require development, with a report back to the Cabinet Social Policy Committee by 30 November 2009. Availability of treatment spaces will determine the timing of some changes

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Improve routes into treatment through contact with frontline government funded services	Effective treatment is available	Communities and government agencies help users into treatment	• Frequent users who report they are receiving some form of drug treatment - IDMS • Barriers to frequent users being able to access treatment - IDMS • Access to treatment spaces by region - DHBs, Ministry of Health • Prisoners in treatment - Corrections Annual Report • Number of users diverted into treatment - various sources • Number of methamphetamine users occupying dedicated beds and number assessed by the Alcohol Drug Helpline - Ministry of Health	There are fewer frequent users	• Levels of use - IDMS • Methamphetamine related hospital admissions - NDIB (from Ministry of Health information) • Methamphetamine related convictions - Ministry of Justice CMS • Users who have received treatment report a reduction in drug use/ frequency of use - Ministry of Health	Ministry of Health to lead and provide training. Agencies who may be involved include: Ministry of Social Development, Child Youth and Family, Work and Income New Zealand, New Zealand Police, Department of Corrections, Ministry of Education, Accident Compensation Corporation	Further analysis and consideration of screening tools and training will be completed by April 2010

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective mechanism to mandate treatment	Effective treatment is available	Communities and government agencies help users into treatment	• Frequent users who report they are receiving some form of drug treatment - IDMS • Barriers to frequent users being able to access treatment - IDMS • Access to treatment spaces by region - DHBs, Ministry of Health • Prisoners in treatment - Corrections Annual Report • Number of users diverted into treatment - Various sources • Number of methamphetamine users occupying dedicated beds and number assessed by the Alcohol Drug Helpline - Ministry of Health	There are fewer frequent users	• Levels of use - IDMS • Methamphetamine related hospital admissions - NDIB (from Ministry of Health information) • Methamphetamine related convictions - Ministry of Justice CMS • Users who have received treatment report a reduction in drug use/ frequency of use - Ministry of Health	Ministry of Health to lead. Ministry of Justice to support development of human rights aspects	Report back due in November 2010

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
SUPPORT COMMUNITIES							
Strengthen best practice community programmes, such as CAYADs	Effective treatment is available	Communities and government agencies help users into treatment	• Frequent users who report they are receiving some form of drug treatment - IDMS • Barriers to frequent users being able to access treatment - IDMS • Access to treatment spaces by region - DHBs, Ministry of Health • Prisoners in treatment - Corrections Annual Report • Number of users diverted into treatment - various sources • Number of methamphetamine users occupying dedicated beds and number assessed by the Alcohol Drug Helpline - Ministry of Health	There are fewer frequent users	• Levels of use - IDMS • Methamphetamine related hospital admissions - NDIB (from Ministry of Health information) • Methamphetamine related convictions - Ministry of Justice CMS • Users who have received treatment report a reduction in drug use/ frequency of use - Ministry of Health	Ministry of Health	Renewal decisions on CAYAD contracts by 30 June 2011

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Educate families/whānau and users about effects of methamphetamine and how to access treatment through a centralised web resource	Effective education and accurate information is available	Communities are aware of risks Users know how to find help	• Drug use knowledge and attitudes survey - Ministry of Health • Use of website with methamphetamine information & resources - Ministry of Health • Percentage of frequent users who sought help but did not receive it - IDMS • Awareness of Alcohol Drug Helpline - Alcohol Drug Helpline	Demand is reduced	• Prevalence (% popn in last 12 months, at least monthly and young users 16-24) - • New Zealand Alcohol and Drug Use Survey • Age of users - New Zealand Alcohol and Drug Use Survey • Users who report reducing their use - IDMS	Ministry of Health	Website live by April 2010

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Increase the reach of school programmes targeted to at-risk youth and families to reduce demand	Effective education and accurate information is available	Communities are aware of risks Users know how to find help	• Drug use knowledge and attitudes survey - Ministry of Health • Use of website with methamphetamine information & resources - Ministry of Health • Percentage of frequent users who sought help but did not receive it - IDMS • Awareness of Alcohol Drug Helpline - Alcohol Drug Helpline	Demand is reduced	• Prevalence (% popn in last 12 months, at least monthly and young users 16-24) - • New Zealand Alcohol and Drug Use Survey • Age of users - New Zealand Alcohol and Drug Use Survey • Users who report reducing their use - IDMS	Ministry of Health	Ongoing. Northern DHBs funding existing contracts and considering expansion

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Promote the new Drug Education Guidelines	Effective education and accurate information is available	Communities are aware of risks Users know how to find help	• Drug use knowledge and attitudes survey - Ministry of Health • Use of website with methamphetamine information & resources - Ministry of Health • Percentage of frequent users who sought help but did not receive it - IDMS • Awareness of Alcohol Drug Helpline - Alcohol Drug Helpline	Demand is reduced	• Prevalence (% popn in last 12 months, at least monthly and young users 16-24) - • New Zealand Alcohol and Drug Use Survey • Age of users - New Zealand Alcohol and Drug Use Survey • Users who report reducing their use – IDMS	Ministry of Education	The Guidelines will be distributed to schools when finalised. Resources need to be developed, their use promoted, teacher training undertaken and changes implemented by schools

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
Evaluate and, if promising, encourage innovative local approaches that have demonstrated promise for reducing demand for meth-amphetamine	Effective treatment is available	Communities and government agencies help users into treatment	• Frequent users who report they are receiving some form of drug treatment - IDMS • Barriers to frequent users being able to access treatment - IDMS • Access to treatment spaces by region - DHBs, Ministry of Health • Prisoners in treatment - Corrections Annual Report • Number of users diverted into treatment - Various sources • Number of methamphetamine users occupying dedicated beds and number assessed by the Alcohol Drug Helpline - Ministry of Health	There are fewer frequent users	• Levels of use - IDMS • Methamphetamine related hospital admissions - NDIB (from Ministry of Health information) • Methamphetamine related convictions - Ministry of Justice CMS • Users who have received treatment report a reduction in drug use/ frequency of use - Ministry of Health	Ministry of Health. Linkages with community policing (New Zealand Police).	To be determined. One evaluation process underway. Selecting, implementing and evaluating programmes, then sharing what works will take time

Actions	Intervention	Intermediate results	Indicator(s) & sources	Result	Indicator(s) & sources	Responsible agencies	Timeframes
STRENGTHEN GOVERNANCE							
Improve official coordination of drug policy	Agencies have clear mandate and the tools to respond smartly to methamphetamine	People are deterred from the methamphetamine trade The ability to generate profits is reduced	• Methamphetamine supply convictions - Ministry of Justice CMS • Numbers of repeat offenders - Ministry of Justice CMS • Qualitative information about supply chains - Customs, IDMS, Police, NDIB • Dollars and assets recovered from organised crime - Police Annual Reports	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	Inter-Agency Committee on Drugs	Expected by 1 March 2010
Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act	Agencies have clear mandate and the tools to respond smartly to methamphetamine	People are deterred from the methamphetamine trade The ability to generate profits is reduced	• Methamphetamine supply convictions - Ministry of Justice CMS • Numbers of repeat offenders - Ministry of Justice CMS • Qualitative information about supply chains - Customs, IDMS, Police, NDIB • Dollars and assets recovered from organised crime - Police Annual Reports	Supply is controlled	• Price (methamphetamine and PSE) - IDMS and NDIB • Purity - IDMS and ESR • Availability - IDMS and NDIB	Law Commission responsible for review. Ministry of Justice, New Zealand Police, New Zealand Customs Service, Ministry of Health and Department of Prime Minister and Cabinet responsible for providing input.	Within Law Commission consultation timetable

Sources for indicators

The diagram on the next page summarises the sources for the indicators summarised above and outlined in Parts 3 and 4.

Sources for indicators