

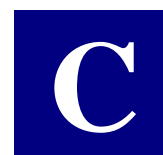
NEW ZEALAND POLICE

NZ-ADAM

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EXECUTIVE SUMMARY

THE NZ-ADAM PROGRAMME

The New Zealand Arrestee Drug Abuse Monitoring (NZ-ADAM) programme measures drug and alcohol use among people who have recently been apprehended and detained in watch houses by police. NZ Police funds NZ-ADAM data collection at four sites (Whangarei, Henderson, Hamilton and Dunedin). Health Outcomes International (HOI) has been contracted by NZ Police to collect and analyse data for the programme. The programme is managed from the Office of the Commissioner and is informed by a multi-agency Advisory Committee, comprising members from Ministry of Health, Ministry of Justice, Department of Corrections, Accident Compensation Corporation, Alcohol Advisory Council and NZ Police.

Participants in the NZ-ADAM programme comprise persons detained at the participating watch house who consent to participate at the time the interviewers are present, except those who meet the following exclusion criteria:

- Persons less than 17 years of age.
- Persons unfit for interview due to the effects of alcohol/drugs/medication.
- Persons considered unsuitable to participate due to mental health issues.
- Persons unable to complete the interview due to language difficulties.
- Persons considered to have violent tendencies.
- Persons who have been held in custody in excess of 48 hours.
- Persons deemed ineligible for other reasons at the discretion of watch house personnel.

This is the second annual report for NZ-ADAM and covers the operation of the second full year of the NZ-ADAM programme in which all four participating sites (Whangarei, Henderson, Hamilton and Dunedin) were covered. The period commenced on 1 July 2006 and continued through to 30 June 2007. In some instances, the report presents trend data for the complete two years of operation of the programme

PROGRAMME THROUGHPUT AND PARTICIPATION

A total of 2,386 detainees were available to participate in NZ-ADAM during the current year. Of these, 989 met the inclusion criteria and agreed to be interviewed, with 895 completing the interview. A total of 565 (63%) interviewees agreed to provide a urine sample, and of these, 496 provided samples acceptable for analysis.

The proportion of available detainees who proceeded to interview varied across the four sites, Whangarei 55%, Henderson and Dunedin each 36%, and Hamilton 31%. Reasons for the variation in participation rates included such factors as detainee profiles, and how busy the watch houses were at the time the interviewers were present.

The highest numbers of participants were obtained over the weekend period (Friday through to Sunday) with over 50% of participants interviewed during this period, and with just over a third presenting on Sundays.

DEMOGRAPHY

Of the 895 interviewees, 87.3% were male and 12.5% were female; mean age was 26.7 years (males 26.7 years, females 27.7 years). The majority (60.8%) reported that they were single and had never married (59.5% of males and 65.2% of females). Fifty-two percent reported being New

Zealand Māori, 32.7% identified as New Zealand European/Pakeha and 2.9% as Samoan. Forty-four percent had completed some high school but did not complete compulsory years, and 24% completed compulsory high school. Almost 30% were working in full-time employment and a further 11% were working part-time, whilst 26% were unemployed but looking for work and 6% were unemployed and not looking for work.

EMPLOYMENT AND INCOME

The majority (62%) of respondents who were employed (either full-time or part-time) worked as manual workers/labourers and a further 23% worked as craftsmen/skilled tradesmen.

The most common sources of income in the 30 days prior to detention were welfare or government benefits (45% of respondents), family or friends (37%), and full-time work (32%). Of all sources of income identified, 17% related to illegal activities.

Almost one quarter (24%) of participants had received Unemployment Benefits in the last 12 months and 19% had received Sickness or Invalids Benefits. However, almost half (42%) reported not having received any government benefits in the previous 12 months.

LIVING ARRANGEMENTS

Just over half (55%) of participants reported living in someone else's house or apartment most of the time in the last 30 days, whilst 38% reported living in their own house or apartment. Just over half of those interviewed (55%) reported that between 3 and 5 persons lived in their household, including themselves. Seventeen percent indicated that they lived in a household of 6 to 10 people and a further 16% lived with one other person. Two-thirds (66%) reported that they had no dependent children, 28% reported having between 1 and 3 dependent children and 6% reported having more than 4 dependent children.

DRUG AND ALCOHOL AND PSYCHIATRIC HOSPITAL TREATMENT

Thirty-four percent of those interviewed had at some time participated in drug or alcohol treatment programmes, and 6% were currently participating in a treatment programme. Among those interviewed, 8% reported having previously been a patient in a psychiatric ward or hospital for an overnight stay or longer.

OFFENDING

The most common first recorded charge was "Offence against Justice", with 45% of all interviewees being charged with this offence, which includes "Breach of Bail". Other main first recorded offence types were "Serious Assaults" (9% of participants) and "Burglary" (6%).

Just under a third (32%) of those interviewed reported that they had not been previously arrested during the preceding 12 months; 58% reported having been arrested between 1 and 5 times; and 6% reported having been arrested between 6 and 10 times. Only 3% reported having been arrested more than 10 times in the previous 12 months.

POSITIVE DRUG TESTS

Of the 496 participants who provided a usable urine sample, 351 (71%) tested positive to one or more illicit drugs. Urinalysis indicated that 56% of the participants providing a usable sample tested positive to one drug, 6% tested positive to two drugs, 7% tested positive to three drugs and 2% tested positive to more than three drugs.

Cannabis was the most commonly detected illicit drug, with 69% of the samples testing positive to cannabinoids. Amphetamines were the second most commonly detected drug (11%). A range of other substances were detected at rates below 4%.

SELF-REPORTED DRUG USE

Only 4 participants (0.4%) reported that they had never tried any drug, including alcohol, and only 6% reported having tried only one drug. Just over a quarter (28%) reported having tried two drugs, but the majority (66%) reported having tried three or more drugs. Alcohol and cannabis had almost universally been tried, by 99% and 93% of participants respectively, and were also the most

commonly used drugs in the 30 day and the 48 hour periods preceding detention. Whilst hallucinogens had been tried by more participants (52%) than methamphetamines (44%), amphetamines (36%) or ecstasy (33%), methamphetamines were reported to have been used by more participants (18%) in the last 30 days than hallucinogens (7%) and amphetamines (6%) or ecstasy (4%). Six percent of participants reported having used methamphetamine in the 48 hours prior to detention, making it the third most commonly used drug after alcohol and cannabis during this period.

Of those who had ever tried alcohol, 93% reported having first tried it under the age of 18 years; 91% of those who had ever tried cannabis also reported having first tried it aged less than 18 years. Similarly, large proportions of those who had ever tried hallucinogens (61%), amphetamines (49%), tranquilisers (43%), heroin (41%) or cocaine (35%) had done so for the first time aged under 18 years. Conversely, methamphetamines and methadone were most commonly first tried at over 20 years of age (45% each). First use of ecstasy was relatively evenly distributed across the three age groups.

Alcohol was used by 730 participants at some time during the past 30 days, making it the most widely used drug, but cannabis (used by 597 participants) was the most frequently consumed drug, with 56% of users reporting its use on 11 or more days out of the last 30 (41% reported using on at least 21 days). Methamphetamines were reportedly used by a relatively large number of participants (159) and also relatively frequently, with 29% of users reporting its use on 11 or more days in the last 30.

An analysis of the demographic and other characteristics of those who reported the use of cannabis or methamphetamine in the previous 30 days indicated that methamphetamine users had the following characteristics compared to cannabis users:

- A slightly lower proportion are male (86% compared to 89%);
- Are a little older (27.4 years compared to 25.5 years);
- Are slightly less likely to be of Maori descent (49% compared to 54%);
- Are less likely to be working full-time (24% compared to 28%);
- Used for the first time at an older average age (21.8 years compared to 13.3 years of age);
- Used less often in the last month (9 days compared to 16.2 days); and
- Are more likely to sell drugs to others (13% compared to 5%).

CORROBORATION OF SELF REPORTED DRUG USE AND URINALYSIS RESULTS

The corroboration of self-reported drug use and positive urinalysis results was highest for cannabis, with 90% of those testing positive also reporting its use in the previous 30 days, and 63% reporting its use in the previous 48 hours. Among those who tested positive for methamphetamines the corresponding figures were 69% and 40% respectively.

DRUG DEPENDENCE

Overall, 37% of all participants reported having felt dependent on at least one drug (including alcohol) in the past 12 months. Almost a quarter (24%) of participants indicated that they had felt dependent on cannabis in the past 12 months, whilst 15% reported a dependence on alcohol and 7% reported a dependence on methamphetamines.

DRUGS AND ANGER

The drugs most frequently reported to make users more or much more likely to get angry were methamphetamines, amphetamines and alcohol. Cannabis, tranquilisers and ecstasy were the drugs most frequently reported to make users less or much less likely to get angry.

DRUGS AND DRIVING

Users of methadone, amphetamines, methamphetamines and cannabis most often reported driving at least sometimes whilst under the influence. The percentage (31%) of alcohol users who reported driving while under the influence was lower than the percentage of users of each of these drugs who reported driving whilst under the influence.

REPORTED DRUG USE AND CRIMINAL ACTIVITIES

Of the 401 participants detained for an offence "Against Justice" (mainly breach of bail), 91% reported using alcohol in the previous 12 months, 77% reported using cannabis in the previous 12 months and 52% reported using methamphetamines in the previous 12 months. In addition, 84% reported using alcohol in the previous 30 days, 68% reported using cannabis in the previous 30 days and 16% reported using methamphetamines in the previous 30 days.

Forty-eight percent of participants reported that they had been using at least one drug at the time of their arrest. Thirty-six percent reported using alcohol, 18% cannabis and 6% reported using methamphetamines.

More than 50% of users of all drugs other than cannabis indicated that their drug use had contributed to their involvement in criminal activity to some extent. Twenty-seven percent of cannabis users reported that their drug use contributed to between "some" and "all" of their criminal activities.

Just over a third (34%) of participants reported that "none at all" of their criminal offending was caused by the need to buy illegal drugs and a half (51%) responded that they did not commit criminal offences to obtain money. However, 13% of participants reported that their offending was caused to some degree by their need to buy illegal drugs.

BUYING AND SELLING DRUGS

Just over a half (55%) of the participants reported that they had not spent any money on illicit drugs in the 30 days prior to their detention. However, 19% reported spending \$100 or less; 6% spent between \$101 and \$200; 9% spent between \$201 and \$500; and 6% spent between \$501 and \$1,000. A small minority (3%), claimed to have spent over \$2,000 on illicit drugs in the past 30 days.

- Among all participants, 70% reported that they had acquired (but not necessarily paid for) illicit drugs in the 30 days prior to their detention. A majority (66%) reported having acquired cannabis during this period; 21% reported acquiring amphetamines (including methamphetamines); 5% had acquired ecstasy; and 3% heroin.

An analysis of site specific data highlights the fact that drug use and drug acquisition tend to be localised activities occurring in markets that are subject to local conditions and influences.

A private house or flat was shown to be the main location at which drugs were acquired across all drug types, particularly amphetamines. Overall, cannabis was the drug acquired from the widest range of locations. The methods by which participants contacted the person from whom they last acquired drugs varied by drug type.

Nine percent of all participants reported having sold cannabis; 4% reported having sold amphetamines (including methamphetamines); and 1% reported having sold ecstasy. Less than 1% of respondents reported having sold heroin.

- Selling drugs was considered to present more risks from Police activity than buying in all drug markets.
- The amphetamine market was reported by participants to involve the greatest risk from Police activities whether buying or selling and was also perceived to be the most violent illegal drug market.
- Buying cannabis was perceived by participants to be the drug-related transaction at least risk from Police activities.
- The cannabis and ecstasy markets were perceived to be the least violent of the four drug markets.



INTRODUCTION

New Zealand Arrestee Drug Abuse Monitoring (NZ-ADAM) is a programme which seeks to measure drug and alcohol use among people who have recently been apprehended by Police. The programme operates at four sites (Whangarei, Henderson, Hamilton and Dunedin), and is conducted by Health Outcomes International (HOI) under contract to NZ Police. The programme is managed from the Office of the Commissioner and is informed by a multi-agency Advisory Committee comprising members from Ministry of Health, Ministry of Justice, Department of Corrections, Accident Compensation Corporation, Alcohol Advisory Council and NZ Police.

This is the second annual report for NZ-ADAM, covering the twelve months from 1 July 2006 to 30 June 2007. Trend data is also presented in some instances covering the period since the inception of the programme across all participating sites in July 2005.

1.1 INTERNATIONAL PROGRAMMES

Equivalent arrestee drug use monitoring systems operate in around 14 other countries, including the Drug Use Monitoring in Australia (DUMA) programme, and the United Kingdom's New England and Wales Arrestee Drug Abuse Monitoring Research (NEW-ADAM). Collectively, the different national variations of such research projects form the International Arrestee Drug Abuse Monitoring (I-ADAM) programme. I-ADAM was developed in response to recognition of the gaps in information sources about illicit drug use patterns among the offender population.

I-ADAM involves independent researchers interviewing persons held in police custody to determine patterns of drug use, and corroborating the interview information on drug usage with forensic testing of urine samples. The samples are tested by an independent laboratory for the prior use/presence of six illicit drugs (cocaine, opiates, cannabis, methadone, benzodiazepines and amphetamines).

Other key elements of I-ADAM are that:

- Participation is voluntary (in most sites, more than 80% of detainees approached agree to the interview and, of those, about 70% agree to give urine specimens);
- Participation is confidential (i.e. names and addresses of those participating are not kept, and assurances are given that responses/results will not be used in any subsequent proceedings); and
- Data are presented in aggregate form only.

Data from I-ADAM are used to examine issues such as the relationship between drugs and property crime or violent crime, to monitor patterns of drug use over time, and to help assess the need for drug treatment among the apprehended offender population. By providing insight into drug use patterns, I-ADAM provides a powerful tool for policymakers, and is used by law enforcement agencies for monitoring and resource allocation purposes. For example, access to aggregated data about the level of illicit drug use in the offender population can help in evaluating the effectiveness of specific policy initiatives, such as crackdowns on particular local drug markets.

1.2 THE NZ-ADAM PROGRAMME

1.2.1 OVERVIEW

New Zealand's participation in the I-ADAM programme is seen as an important way for Police to monitor drug trends in New Zealand and to assess the impact of illicit drug use on different types of criminal behaviour. The inclusion of alcohol in the programme also enables Police to assess its impact on criminal behaviour.

The **aims** of the New Zealand Arrestee Drug Abuse Monitoring (NZ-ADAM) programme are to:

- Collect illicit drug and alcohol prevalence data from offenders at selected sites in New Zealand;
- Improve the quality of data available on illicit drug and alcohol use in the offender population;
- Provide aggregated data in a timely fashion to New Zealand law enforcement agencies on the level of alcohol and illicit drug use within the offender population;
- Establish a mechanism whereby local and national law enforcement agencies can evaluate policy initiatives; and
- Provide an early warning system for changes in patterns of illicit drug use among the offender population.

The key **objectives** of the NZ-ADAM pilot include:

- Gathering information about arrestees' alcohol and other drug use prior to their apprehension by police;
- Corroborating self-reported information about the link between substance use and offending with urinalysis results;
- Profiling drug use and criminal activity;
- Gathering information regarding the sources and means employed to acquire illicit drugs;
- Gathering information on the perceived risks from Police activity of buying and selling drugs and the perceived violence associated with four key drug markets; and
- Preparing quarterly reports, and an annual report, on the results of the research cycles and the overall findings of the NZ-ADAM programme.

The key **outcomes** sought from the NZ-ADAM pilot include:

- Improved quality of (aggregated) data available on alcohol and other drug use among the offender population;
- Greater responsiveness of law enforcement agencies to emerging trends, based on a more sophisticated understanding of the drug-crime nexus; and
- An increased knowledge base upon which to base policy development and resourcing decisions in related areas (e.g. the treatment services sector).

Data from NZ-ADAM are used to examine issues such as the relationship between drugs and property and violent crime, to monitor patterns of drug use over time, and to help assess the need for drug treatment amongst the offender population. NZ-ADAM is expected to be an invaluable aid to community planning, monitoring, and resource allocation and represents an important source of data for NZ policy makers. Data collected through NZ-ADAM sites also provide a research and evaluation tool for local analysts, policy makers and practitioners.

The NZ-ADAM programme commenced across all participating sites in July 2005 on a twelve-month trial basis. In late 2006, New Zealand Police advised that the decision had been made to continue with the programme for a further three years to the end of 2009.

1.2.2 ELIGIBILITY CRITERIA

Potential participants in the NZ-ADAM programme comprise all persons detained at the participating watch houses at the time the interviewers are present, except those who meet the following exclusion criteria:

- Persons less than 17 years of age.
- Persons unfit for interview due to the effects of alcohol/drugs/medication.
- Persons considered unsuitable to participate due to mental health issues.
- Persons unable to complete the interview due to language difficulties.
- Persons considered to possess violent tendencies.
- Persons who have been held in custody in excess of 48 hours.
- Persons deemed ineligible for other reasons at the discretion of watch house personnel.

1.2.3 INTERVIEW PROCESSES

Interviewers attend the watch houses on a rotating shift basis covering approximately twelve hours per week at each site throughout the quarter. The shifts are scheduled to include every day of the week and a range of hours across each day to ensure completeness of coverage.

The interview process is as follows:

- Watch house officers assess each detainee to determine if they should be excluded from the study on the basis of any of the above criteria.
- All detainees who do not meet any of the exclusion criteria are escorted by police, one at a time at appropriate intervals, to a secure and private interview room. The researchers then explain the purpose and content of the study and the ethical processes in place. The detainee is advised that participation in the study is voluntary and that participation in the interview does not imply consent to provide a urine sample. The detainee is given an information sheet (jointly signed by the Research Director and the Commissioner of Police) which guarantees the confidentiality and the integrity of the research process.
- Detainees who agree to participate are asked to sign a consent form. Detainees who decline to participate are escorted back to the cells.
- The interview commences once the consent form is signed. The researcher asks each question in the questionnaire in turn and the participants' answers are recorded on a response form which preserves the participants' anonymity. If it becomes apparent at any time during the interview that the participant is in need of referral to a support service (e.g. because of mental health or drug/alcohol issues), then contact information for an appropriate agency is provided to them.
- On completion of the interview the participant is asked to provide a urine sample. Consenting participants are then escorted to a bathroom to produce the sample. The sample pot is bar-coded with the same identification number as the survey form to enable subsequent matching of the results. Participants who do not consent to provide a urine sample are escorted back to the cells at the completion of the interview.

Participants are offered a non-alcoholic drink and a snack at the completion of the process and can take these when they are escorted back to the cells.

1.3 SCOPE OF THIS REPORT

This report covers the operation of the second full year of the NZ-ADAM programme in which all four participating sites (Whangarei, Henderson, Hamilton and Dunedin) were covered. Data collection for this period commenced on 1 July 2006 and continued to 30 June 2007.

Section 2 presents an outline of the main activities undertaken in establishing the programme in its first year, and the operational activities during the second year of its operation. Comments in regard to the data collection and quality assurance processes are also provided, together with suggestions for future considerations of pertinent issues in these areas.

Section 3 presents aggregated quantitative data across the four sites for the year 1 July 2006 to 30 June 2007, together with selected data for the individual participating sites. Trend data is also presented in some instances covering the period since the inception of the programme across all participating sites in July 2005.

In presenting these data, we have provided a wide selection of the outputs from the collection, covering each of the main subject areas and the majority of questions included in the questionnaire. The results are presented in both tabular and graphical form.

Section 4 presents some comparative data for NZ-ADAM for the 12 months to 30 June 2007 and DUMA for the calendar year 2006.

Appendix A presents a copy of the NZ-ADAM questionnaire used during the study period covered herein.



OUTLINE OF ACTIVITIES

2.1 DEVELOPMENT AND PREPARATION

The 2006 Annual Report for NZ-ADAM provided a detailed description of the activities undertaken to establish the programme. A brief summary of key activities undertaken follows:

- A multi-Departmental Advisory Committee was established to oversee the implementation of the programme.
- The content of the NZ-ADAM questionnaire has been based on the Australian DUMA instrument, with some changes made to cater for particular interests in New Zealand
- Ethics approval for NZ-ADAM was provided by the Multi-Regional Ethics Committee (MREC) in April 2005.
- The four sites to host the NZ-ADAM pilot programme, at least initially, were agreed as Whangarei, Henderson, Dunedin and Hamilton.
- ESR was selected to perform the urine testing for all four sites.
- Data collection commenced at two sites (Whangarei and Henderson) in April 2005, followed by Dunedin and Hamilton in July 2005.

Extensive programme documentation was developed to assist interviewers in the conduct of their duties and as part of the quality assurance processes established for the programme. In addition, a step-by-step summary of the process ("Standard Operating Procedures for Site Personnel") is available for Police at each site.

Throughout the development process, and subsequently throughout the ongoing operation of the programme, the cooperation and support from local Police personnel at all levels has been extremely good and has been a major contributing factor to the successful implementation of the programme.

2.2 DATA COLLECTION

2.2.1 DATA COLLECTION PROCESSES

The data collection processes established across all four participating sites have been found to be working effectively, as reflected by the fact that overall participation targets have continually been met or exceeded, together with the quality of the data collected.

One of the differences between the NZ-ADAM approach and the Australian DUMA approach is that NZ-ADAM allows for continuous data collection, whereas DUMA conducts its data collection over a three-week period within each quarter. NZ-ADAM interviewers are required to ensure that their presence in the watch house provides cover over each day of the week, as well as time of day for each quarterly reporting period. They also need to cater for the workload of the watch house and the most suitable timing for their presence to coincide with the peaks and flows of that workload. Interviewers submit their proposed shifts in advance of each month to ensure that these requirements are met. This strategy is designed to maximise the representativeness of the sample.

Each site has a target of 200 completed interviews over the year, a target that has been exceeded by three of the four sites in the current year. The exception was Dunedin, where 132 interviews were completed during the year. The main reason for the low number of interviews at

Dunedin was the relatively low level of throughput at that site. During the year, additional shifts for interviewers were arranged, but this was not sufficient to reach the target at that site. However, higher levels of participation at the other three sites during the year enabled the total number of participants to exceed the national target. As illustrated in the following section, a total of 895 interviews were completed across all sites during the 12 month period, exceeding the target of 800 by 12%.

2.2.2 URINE SAMPLING

Of the 895 participants completing the interview in the current year, 565 (63%) agreed to provide a urine sample. Of these, 496 (88%) provided a sample that was suitable for analysis, representing 55% of all participants interviewed. This compares to 77% of DUMA participants providing a sample in 2006, and a reported average of approximately 70% across all I-ADAM programmes.

Rates in NZ-ADAM varied between sites, from 53% at Hamilton and Henderson to 61% at Whangarei. The reasons for the lower rate in NZ-ADAM are uncertain, but it has been suggested that it may have some basis in cultural resistance to the provision of body samples. However, this does not appear to be supported by the data, where, for example, Whangarei had the highest proportion of Maori participants, but also achieved the highest rate of participants providing a urine sample.

A more likely contributing factor seems to be the experience and approach adopted by individual interviewers, and their capacity to engage with the participant. This was confirmed at a meeting of interviewers in June 2007, where the issue was discussed and reasons for non-provision of a sample explored. Ongoing efforts are made to ensure that interviewers seek to maximise the level of compliance among detainees, while respecting their rights and the procedures specified in the ethics approval. Strategies that have been found to be more successful among some interviewers are continuing to be explored, and interviewers are encouraged to adopt them consistently.

2.2.3 QUALITY ASSURANCE PROCESSES

A robust quality assurance process has been established to maximise the reliability and validity of the data collected by the NZ-ADAM interviewers. The interviewers are required to check each questionnaire on completion of the interview to ensure that all relevant questions have been completed correctly. If not, the participant is re-interviewed to obtain the missing information (if possible).

The questionnaires are then independently audited for errors such as omissions, incorrect skip patterns, incorrect codes and inconsistencies. Wherever possible, any errors are corrected before the questionnaires are sent for data entry. Data entry is governed by business rules to ensure, for example, that only valid codes are entered and that inter-code logic patterns are applied. An error report is then created and sent to all interviewers and site managers in New Zealand. This forms the basis for further training, feedback and discussion about the objectives of particular questions that may be causing problems.

Error rates have been found to vary considerably between interviewers, usually depending on how comfortable they first feel in the watch house setting. The more experience they have working with offenders, the more 'energy' they have to give to the completion of the questionnaire. Errors have been found to reduce dramatically following receipt of the first few error reports and accompanying explanation from the NZ site manager. All interviewers know that the quality of the entire NZ-ADAM project rests on their ability to accurately explain what each question is looking for and to transcribe what the respondent tells them.

Data quality has also been positively affected by the ongoing data collection process in NZ-ADAM rather than the periodic data collection process adopted in DUMA. Interviewers retain their skills and are able to maintain their expertise under the current arrangements. Commentary provided by DUMA managers indicates that the periodic data collection process requires repeated training and retraining of staff to maintain their skills.

2.2.4 QUESTIONNAIRE DEVELOPMENT AND REFINEMENT

The NZ-ADAM questionnaire is a long and difficult questionnaire to administer. It has a series of multiple questions and numerous skip patterns to follow (a copy of the current NZ-ADAM questionnaire is provided at Appendix A). This complexity, coupled with the often harsh interview setting and potentially volatile respondents, means that the interviewers need to be highly trained and experienced.

Two complete years of data collection across all four sites has enabled the opportunity to analyse a large body of work and to see where the questionnaire could benefit from refinement. At a meeting of interviewers in June 2007, a series of questions were identified that could be removed and others which would benefit from rewording. This would help to streamline the questionnaire, reduce the opportunity for errors, and reduce the time taken to administer it.

The Australian DUMA questionnaire is revised on a regular basis, so long as the underlying objectives of the essential questions are not lost. It is suggested that the NZ-ADAM questionnaire also be periodically reviewed for the currency of its content, and efficiency of data collection

2.3 REPORT PRODUCTION

Quarterly reports have been produced since the inception of the programme presenting results in both aggregated form and for individual sites. These have been presented to the NZ-ADAM Advisory Committee for comment and feedback, which in turn has further informed their development and presentation.

In addition, a series of "snapshot" reports have been prepared presenting a selection of key statistics for each participating site. These have been provided to each participating watch house to illustrate the types of data available and to stimulate local interest in the programme.

This is the second annual report from NZ-ADAM, which presents data on an aggregated basis across all participating sites for the year, together with trend data on key issues across the two years of data collection.

2.4 ON-LINE ACCESS

During the year, Health Outcomes International developed a prototype programme (provisionally called the "ADAM Analyser") that enables selected data from NZ-ADAM to be accessed and presented interactively. The programme enables the data to be viewed in both graphical and tabular form over any selected period and for any of the participating sites or New Zealand as a whole. The programme has been demonstrated to NZ Police, and considerable interest has been expressed in its further development and application. Health Outcomes International is further developing the prototype to full operational status, with a view that it will eventually replace the quarterly reports. Further investigation is also proposed to provide access to the programme to approved users on-line, which would provide for improved timeliness and greater flexibility in the use of the data.

2.5 FUTURE DIRECTIONS

Looking to the future, a number of issues should be considered, as discussed below.

2.5.1 REVIEW/CONFIRM PARTICIPATING SITES

The selection of the original four participating sites was based primarily on a requirement to provide geographic representation of the country, together with their capacity to provide the required 50 interviews per quarter. There were a number of factors present at the commencement of the programme that precluded the participation of a number of other sites that may no longer be relevant. As one of the issues to be considered in the ongoing monitoring and development of

the programme, consideration should be given to the participation of sites to ascertain whether any changes should be made, and if so, which other sites should be considered.

2.5.2 REVIEW QUESTIONNAIRE

As noted above, the current NZ-ADAM questionnaire is very long and complex in its design which impacts on both its efficiency and the quality of data. Other I-ADAM sites review their questionnaire periodically to improve them, without altering the underlying objectives of the key questions. It is suggested that a periodic review be undertaken of the current NZ-ADAM questionnaire to further improve its application and data collection processes.

2.5.3 DISSEMINATION OF REPORTS

To date the various reports produced from the NZ-ADAM programme have had limited circulation and distribution. This may have limited the extent of potential interest in their content and their capacity to inform the decisions of policy-makers and service providers. It is suggested that the reports be disseminated to a wider audience to ascertain their wider value and contribution.

2.5.4 DEVELOPMENT OF THE ADAM ANALYSER

As noted previously, Health Outcomes International has developed a prototype of an interactive system for the presentation and analysis of NZ-ADAM data, called the ADAM Analyser. Further development of this programme is planned, with a view to bringing it to full operational status. Further discussions with NZ Police are also to be held to determine who should have access to this programme, mechanisms for ensuring access and security provisions, and who should host the programme.

RESULTS ACROSS ALL SITES JULY 2006 – JUNE 2007

3.1 INTRODUCTION

This section presents the aggregated NZ-ADAM data collected across the four participating sites (Whangarei, Henderson, Hamilton and Dunedin) for the twelve months to 30 June 2007.

Data is presented thematically, covering the following areas:

- Programme throughput and participation.
- Participant profile.
- Requests for urine samples and urinalysis results.
- Self-reported drug use.
- Reported drug use and criminal activities.
- Acquiring drugs.
- Selling drugs.
- Perceived risks of drug markets.

3.2 PROGRAMME THROUGHPUT AND PARTICIPATION

A total of 2,386 detainees were available at the time interviewers attended the watch houses during the year, and hence were considered for participation in the NZ-ADAM data collection process. Of these, 989 met the inclusion criteria and agreed to be interviewed, and 895 completed the interview process. This compares to a target of 800 participants established for the study and 950 interviews conducted in 2005/06. A total of 565 interviewees agreed to provide a urine sample, and of these 496 provided a sample suitable for analysis. Figure 1 depicts the proportions of all detainees who participated in each stage of the data collection procedure.

The proportion of available detainees who proceeded to interview varied across the four sites (Whangarei 55%, Henderson and Dunedin 36% and Hamilton 31%). In Dunedin, there was quite a variance between quarters in the numbers of detainees taking part in the programme. Consistently the numbers in Dunedin were lower compared to other sites, but particularly in December 2006 there were only thirteen detainees that took part in the study. As such, results for Dunedin in this annual report should be viewed with care when comparing them to the other sites.

Reasons for the variation in participation rates included such factors as the profiles of the detainees, how busy the watch house was at the time the interviewers were present and the capacity of interviewers to access detainees.

Figure 1: Programme Throughput and Participation

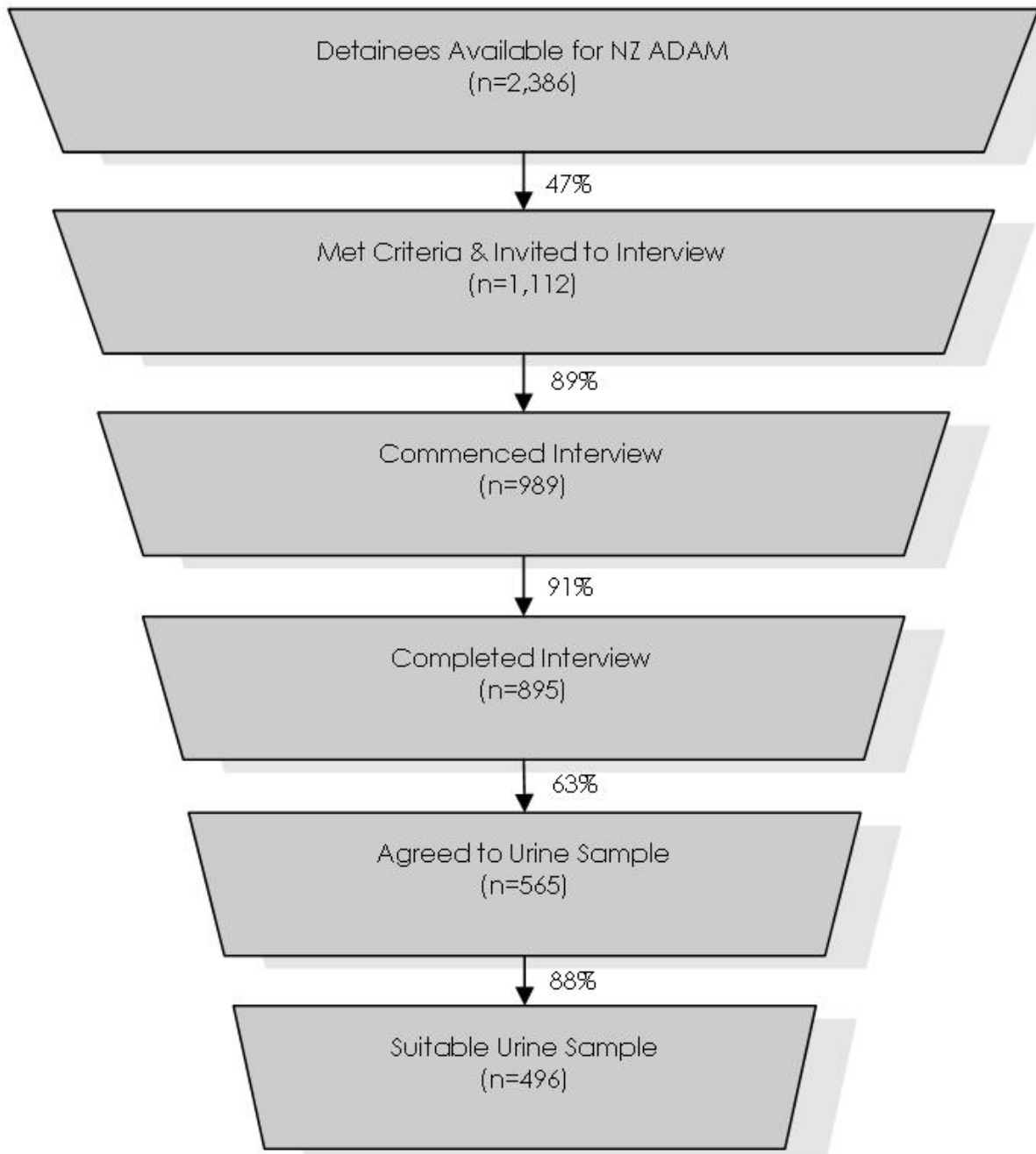


Table 1 summarises the reasons detainees did not participate in the study. The primary reason for non-participation was that the detainee met one of the exclusion criteria (n=1,274 or 53% of all detainees available at the time interviewers were present in the watch house).

Table 1: Detainees' Eligibility and Participation in NZ-ADAM

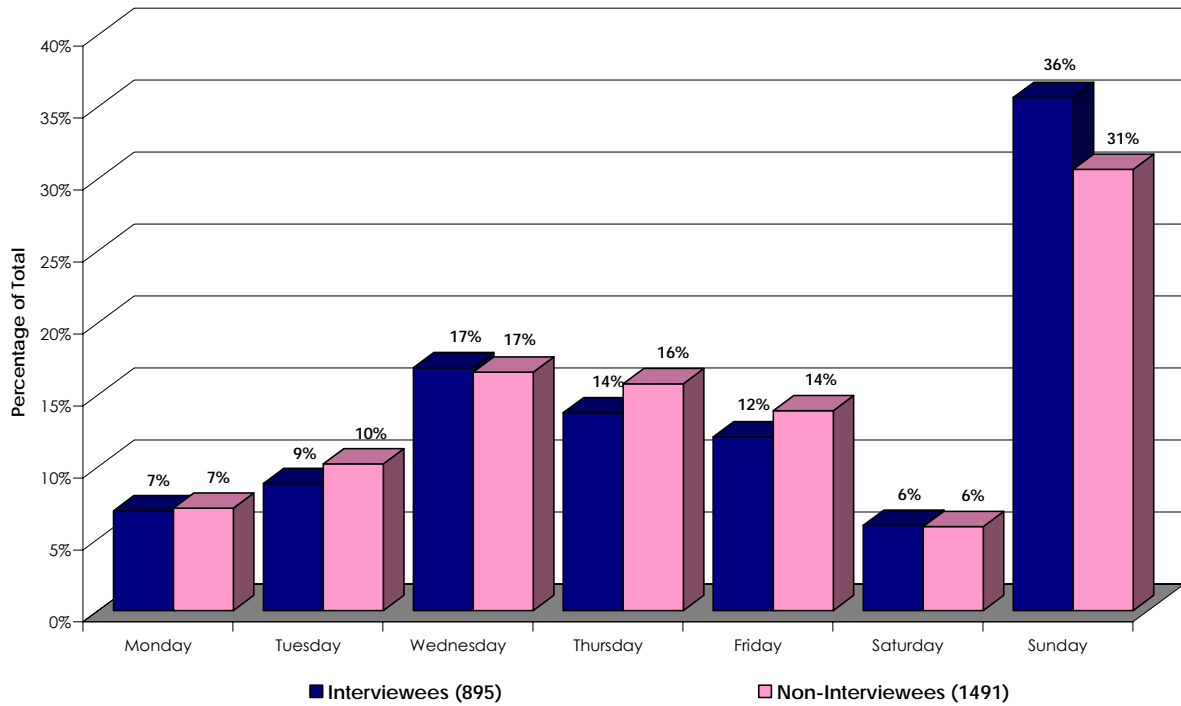
Status	Outcome of Process	Number	%
Met exclusion criteria	Watch-house constraints	298	12.5%
	Under 17 years old	187	7.8%
	Taken to court/detention	169	7.1%
	Violent or uncontrolled behaviour/security risk	169	7.1%
	Too intoxicated	152	6.4%
	Released/Bailed	99	4.1%
	Other	93	3.9%
	Medical reasons	90	3.8%
	Not answered	8	0.3%
	Language problem	8	0.3%
	Booked over 48 hours ago	1	0.0%
Declined to Police	Declined to Police	123	5.2%
Declined to participate	Presented - declined to be interviewed	89	3.7%
	Presented - declined to be sign consent form	5	0.2%
Proceeded to interview	Participated in NZ-ADAM	895	37.5%
Total		2,386	100.0%

3.2.1 DAY OF THE WEEK PROFILE

Analysis was undertaken into which days of the week detainees were available for the study. It was expected that the majority of detainees would be interviewed over weekends and this occurred with just over half of all detainees (54% of interviewees and 51% of non-participants) presenting between Friday and Sunday, with over a third of all detainees (36% of interviewees and 31% of non-participants) presented on a Sunday. This pattern was relatively consistent across all participating sites.

A breakdown of detainees' presentation by day of the week is shown in Figure 2.

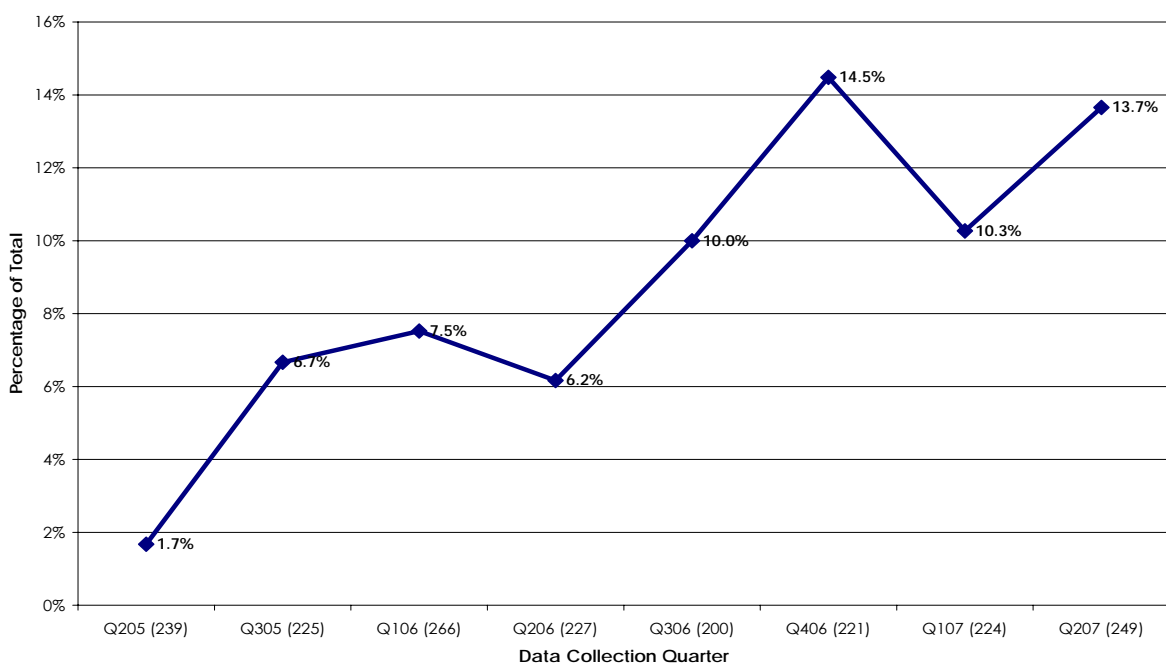
Figure 2: Detainees Presented by Day of the Week



3.2.2 REPEAT PARTICIPANTS

Participants are asked to identify if they have taken part in the study on a previous occasion. Over the course of the study in two years to date, 162 participants (9%) have previously taken part in the NZ-ADAM study. As expected, there has been an increase in repeat participants over time, with a couple of minor drops in the June 2006 and March 2007 quarters (refer Figure 3). As the study continues we expect to see these numbers rise further.

Figure 3: Proportion of Repeat Participants by Quarter



3.3 PARTICIPANT PROFILE

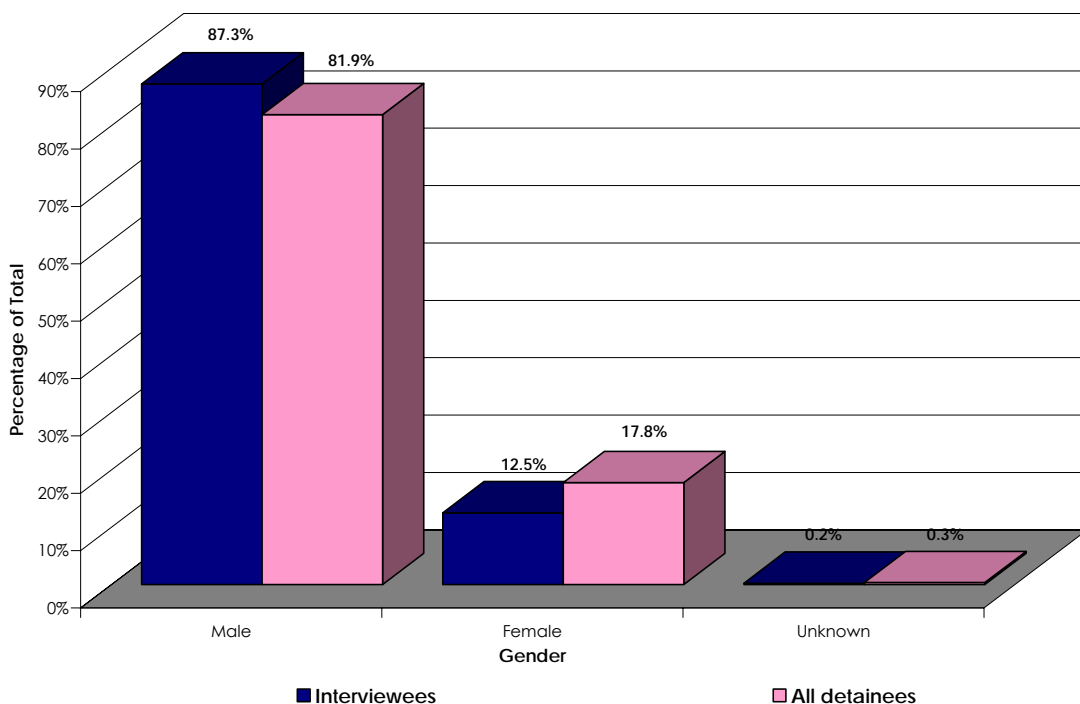
The following sections describe the demographic and other characteristics of participants in the NZ-ADAM programme over the past year.

3.3.1 DEMOGRAPHY

GENDER

Of the 895 detainees who proceeded to interview, 87.3% were male and 12.5% were female (gender was not recorded for two interviewees.) These proportions are consistent with the 81.9% male and 17.8% female proportions recorded for all detainees in the watch house at the time the interviewers were present (gender information was not recorded for five detainees). 4 illustrates the gender ratios.

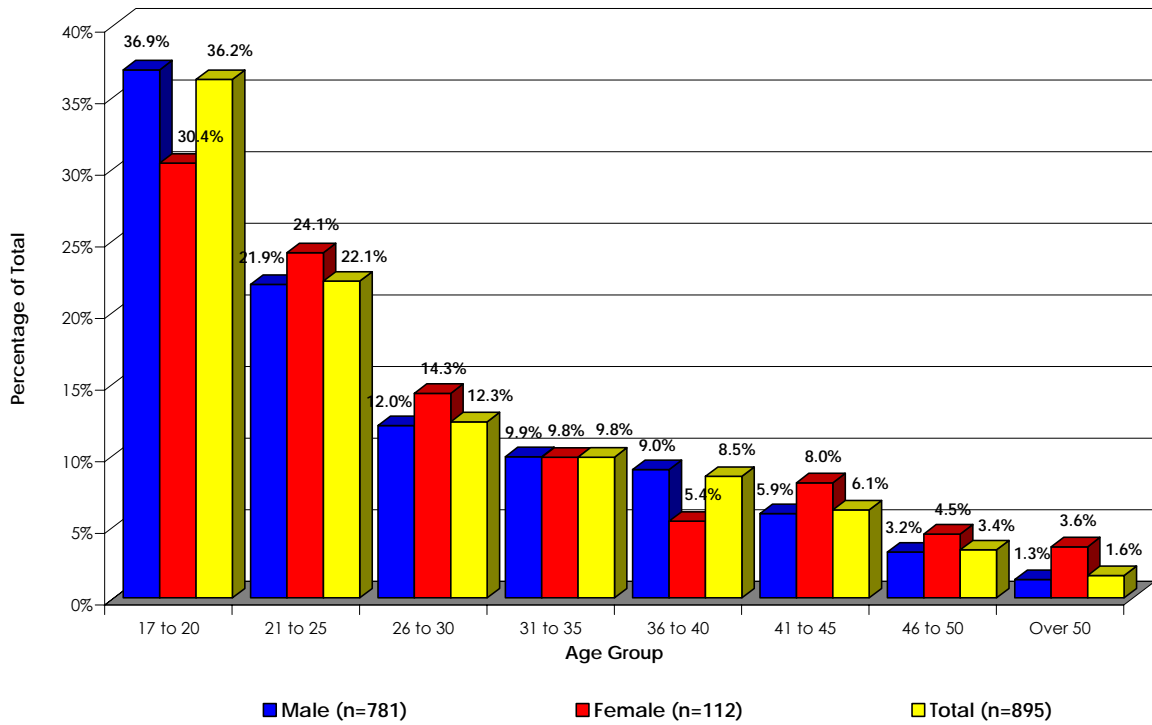
Figure 4: Detainee and Participant Gender



AGE

The mean age of participants was 26.7 years (males 26.7 years, females 27.7 years). Among all participants 36.2% (36.9% of males and 30.4% of females) were aged 17-20 years, and a further 22.1% (21.9% of males and 24.1% of females) were aged 21-25 years. Age profiles for males, females and all participants are shown in Figure 5.

Figure 5: Participant Age Profile#

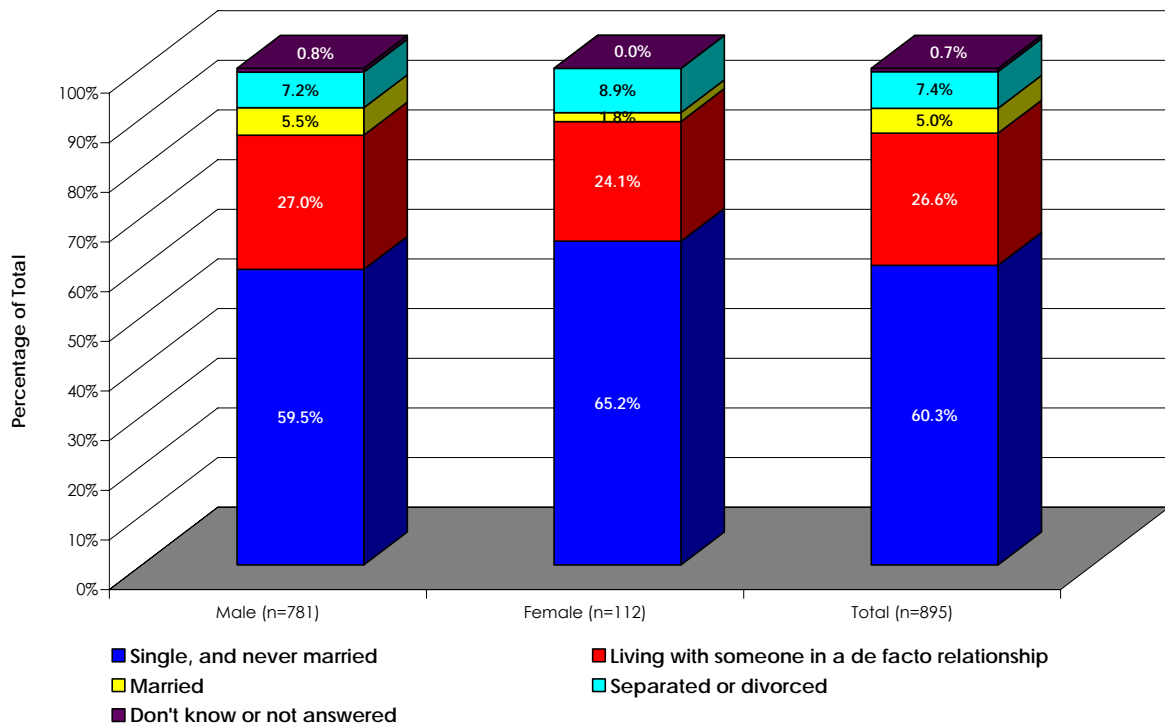


Note: 2 records were excluded due to gender not being stated.

MARITAL STATUS

The majority (60.8%) of participants reported that they were single and had never married (59.5% of males and 65.2% of females). Figure 6 displays the proportion of males and females in each marital status category.

Figure 6: Participants' Marital Status

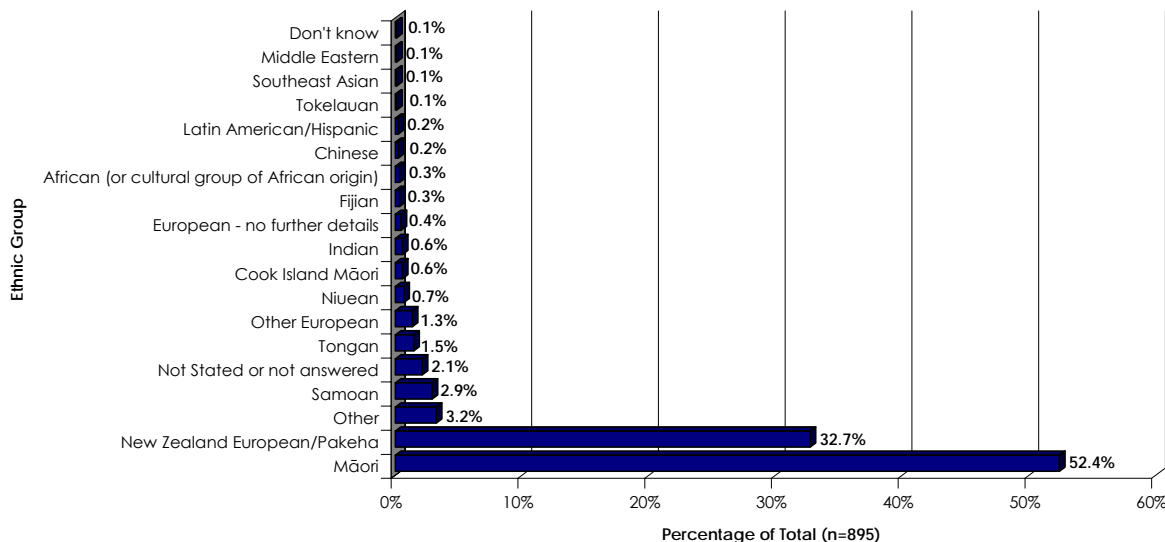


Note: 2 records were excluded due to gender not being stated.

ETHNICITY

Participants were asked to identify the ethnic group with which they primarily identified. Over half (52.4%) of participants reported being New Zealand Māori and 32.7% identified as being New Zealand European/Pakeha. **Error! Reference source not found.** 7 illustrates the ethnic profile of all participants.

Figure 7: Participants' Principal Ethnicity

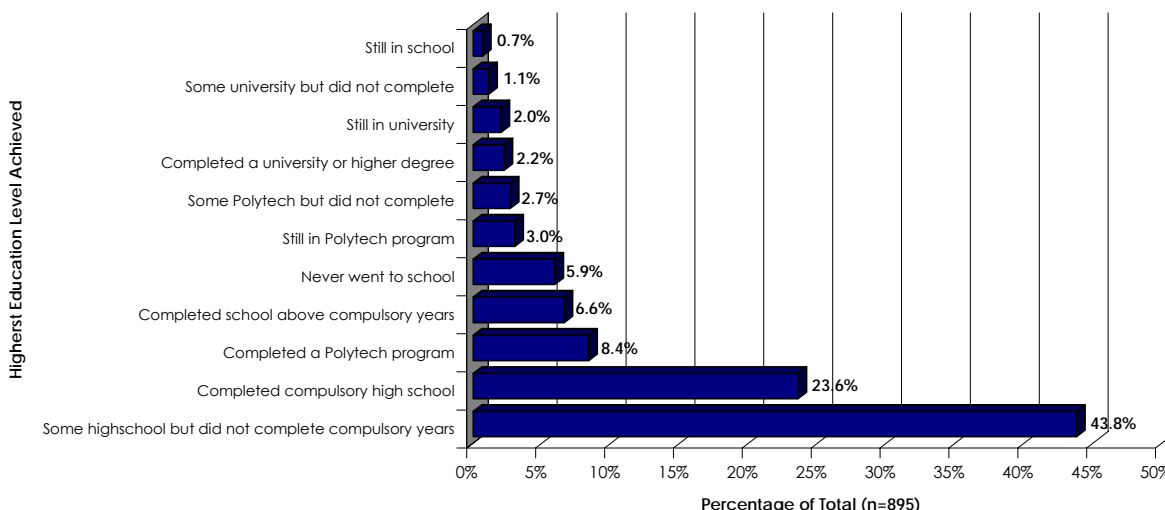


3.3.2 EDUCATION AND EMPLOYMENT

EDUCATIONAL STATUS

Figure 8 presents details of the highest educational level attained by NZ-ADAM participants. Almost half (43.8%) had completed some high school but did not complete compulsory years, and 23.6% had completed compulsory high school.

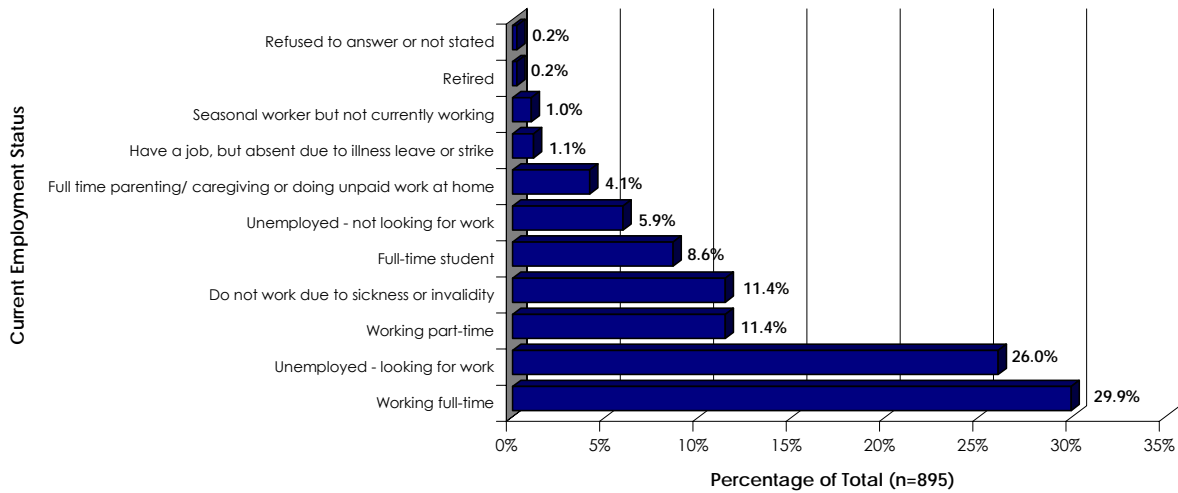
Figure 8: Participants' Highest Educational Level Achieved



EMPLOYMENT STATUS

The current employment status of participants is depicted in Figure 9. Almost 30% were working in full-time employment and a further 26% were unemployed but looking for work. Just over 11% were working part-time or not working due to sickness or invalidity and 8.6% were full-time students.

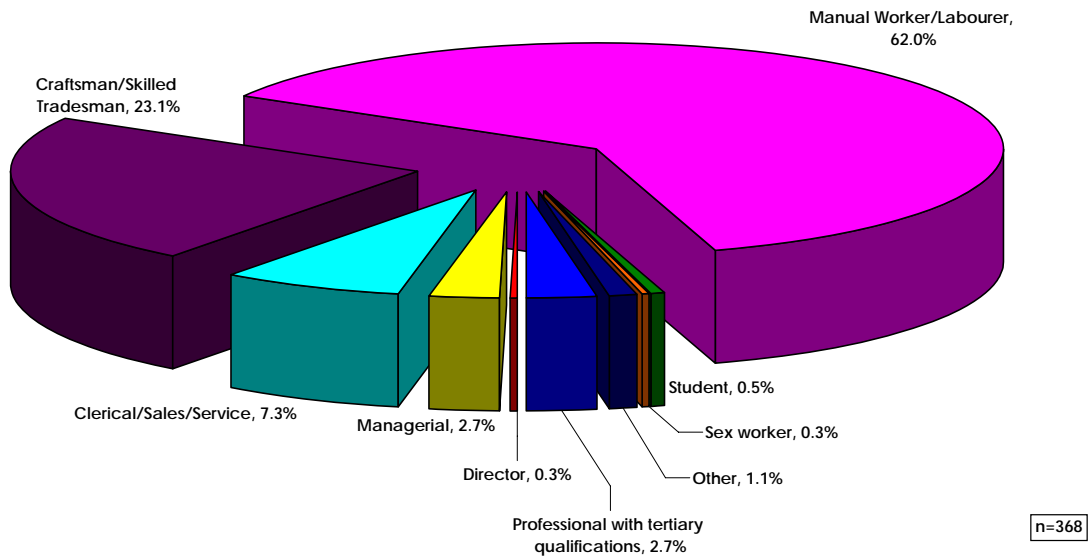
Figure 9: Participants' Employment Status



TYPE OF WORK

Participants who were employed (either full-time or part-time) were asked to describe the main type of work they do. The majority (62%) of respondents worked as manual workers/labourers and a further 23.1% worked as craftsmen/skilled tradesmen. The work profile of all employed participants is illustrated in Figure 10.

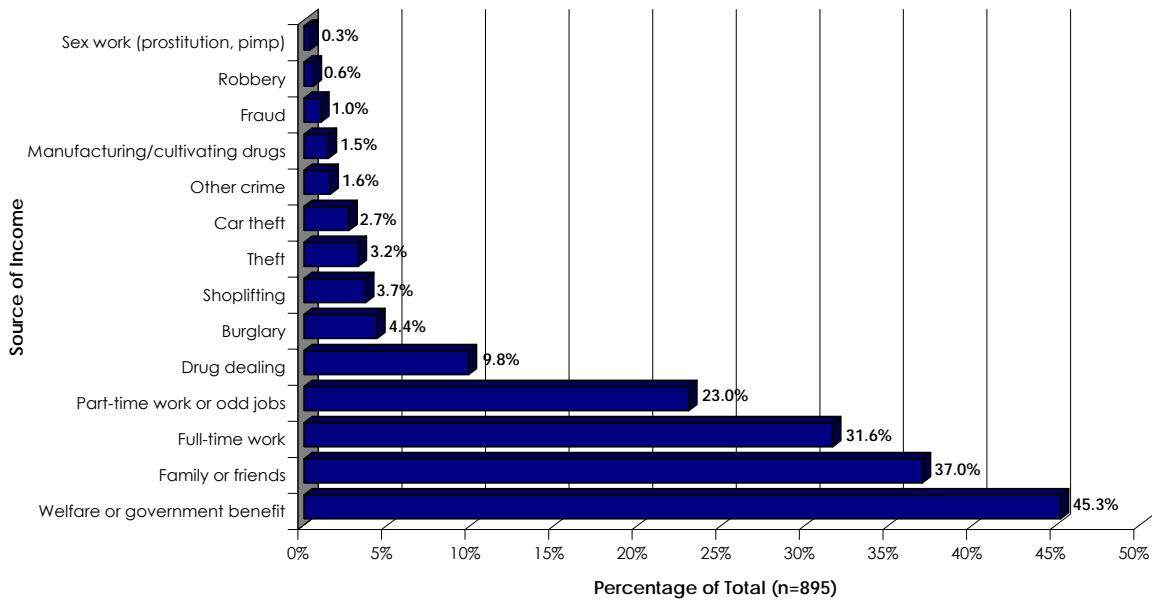
Figure 10: Participants' Type of Work



SOURCES OF INCOME

Participants reported a range of income sources in the 30 days prior to their detention, as detailed in Figure 11 (note that respondents could identify multiple sources of income). The most common sources of income were welfare or government benefits (45.3% of respondents), family or friends (37%), and full-time work (31.6%). Of all sources of income identified, 17% related to illegal activities.

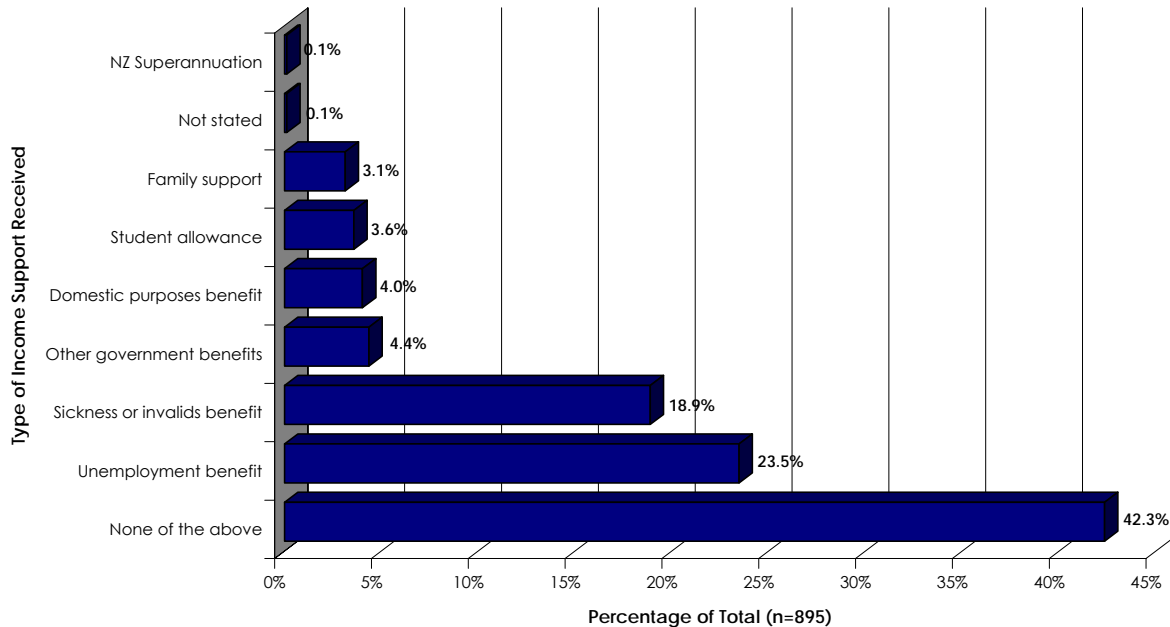
Figure 11: Sources of Income in Past 30 Days



GOVERNMENT BENEFITS RECEIVED

Almost one quarter (23.5%) of participants had received Unemployment Benefits in the last 12 months and 18.9% had received Sickness or Invalids Benefits. However, almost half (42.3%) reported not having received any government benefits in the past 12 months (other government benefits nominated included “Accommodation Supplement”, “Youth Allowance” and “Steps to Freedom”). The range of government benefits received by all participants in the past 12 months is illustrated in Figure 12.

Figure 12: Government Benefits Received by Participants



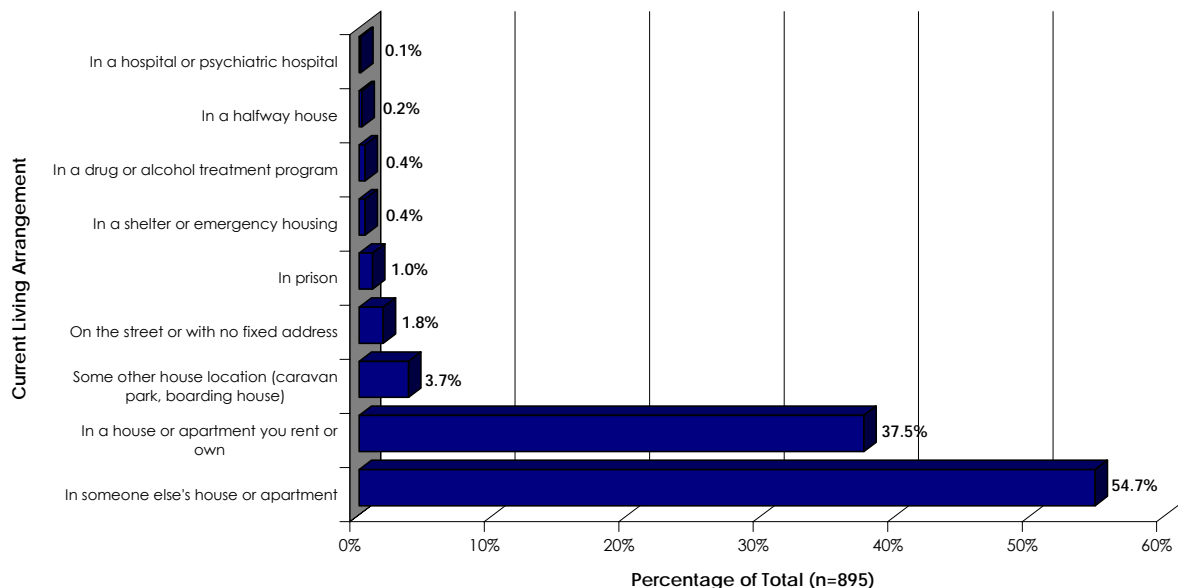
3.3.3 LIVING ARRANGEMENTS

RESIDENCE

When asked to describe where they had lived most of the time in the last 30 days, just over half (54.7%) of participants reported having lived in someone else's house or apartment, while 37.5% reported living in their own house or apartment. Figure 13 illustrates the reported living arrangements of all participants during the last 30 days.

Almost a quarter (23%) of participants reported living in subsidised housing (data not shown).

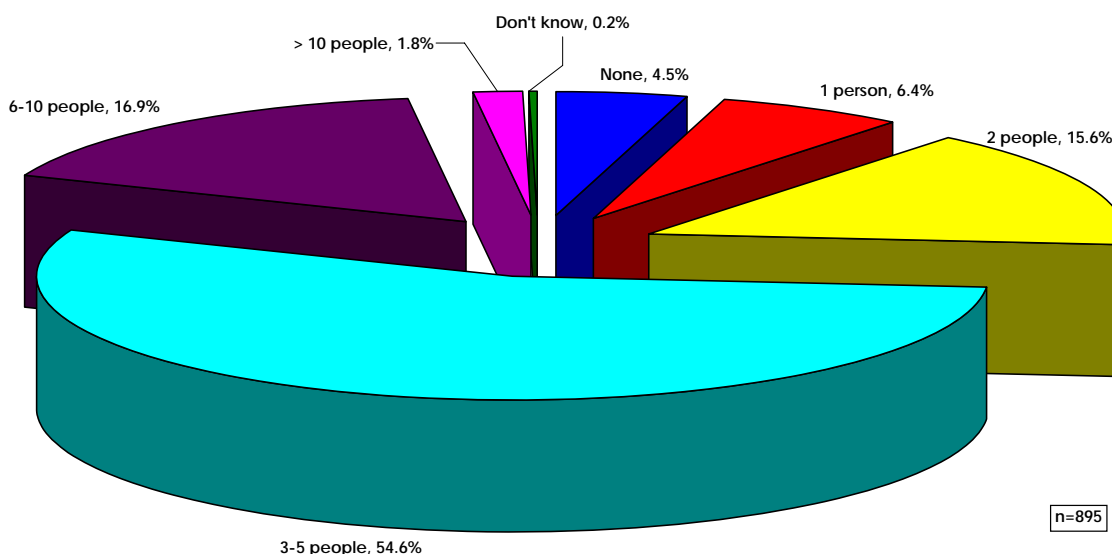
Figure 13: Participants' Place of Residence last 30 Days



NUMBER OF PEOPLE LIVING IN HOUSEHOLD

Just over half of participants (54.6%) reported that between 3 and 5 persons lived in their household, including themselves. Seventeen percent of respondents indicated that they lived in a household of 6 to 10 people and a further 15.6% lived with only one other person. The numbers of people reported as living in all participants' households are presented in Figure 14.

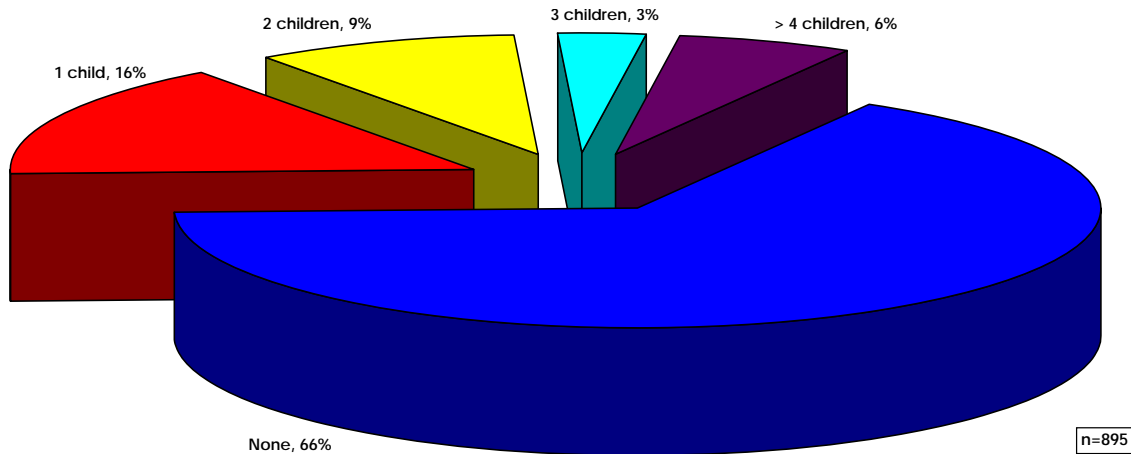
Figure 14: Number of Persons Living in Participants' Households



DEPENDENT CHILDREN

Two-thirds (66%) of participants reported that they had no dependent children, 28% reported having between 1 and 3 dependent children and 6% reported having more than 4 dependent children, as illustrated in Figure 15.

Figure 15: Participants' Number of Dependent Children



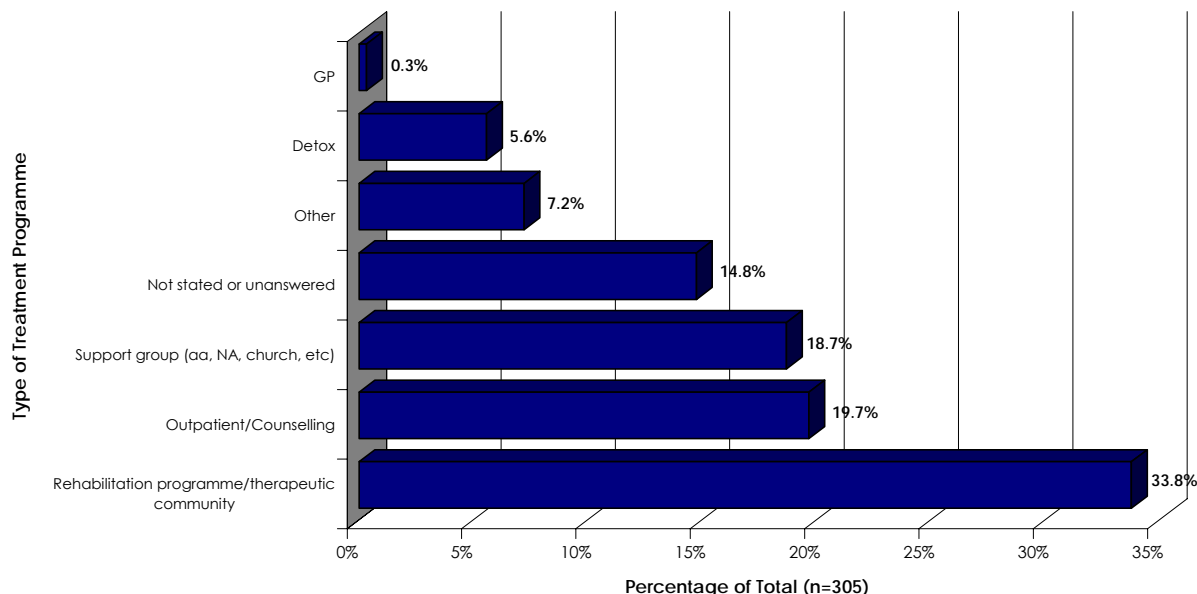
3.3.4 DRUG AND ALCOHOL TREATMENT

DRUG AND ALCOHOL AND PSYCHIATRIC HOSPITAL TREATMENT

Participants were asked a number of questions regarding their participation in drug and alcohol treatment programmes and whether they had ever been a patient in a psychiatric ward or hospital. The responses indicate that 34% of participants had at some time participated in drug or alcohol treatment programmes and that 6% were currently participating in a treatment programme.

Of the 305 participants who reported that they were not currently, but had previously, participated in a treatment programme, 34% reported they had most recently participated in a Rehabilitation Programme/Therapeutic Community, 20% reported attendance at an Outpatient/Counselling Programme, and 15% reported membership of a Support Group. These responses are presented in Figure 16.

Figure 16: Most Recent Drug or Alcohol Treatment Programme Attended by Participants



Among all participants, 8% reported having previously been a patient in a psychiatric ward or hospital for an overnight stay or longer.

3.3.5 OFFENDING

CURRENT OFFENCE

Participants were detained for a wide range of offences. Figure 17 presents the percentage of participants for whom each offence type was recorded first on the charge sheet at the watch house. (In the majority of cases, the first offence recorded is the most serious offence.)

The most common first recorded charge was "Offence against Justice", with 44.8% of all participants being charged with this offence, which includes "Breach of Bail". Unfortunately the data does not always contain the original offence for which the participant was bailed. Other main first recorded offence types were "Serious Assaults" (9.1% of participants), "Burglary" (6.3%).

Figure 17: First Offence Recorded for Current Episode of Detention

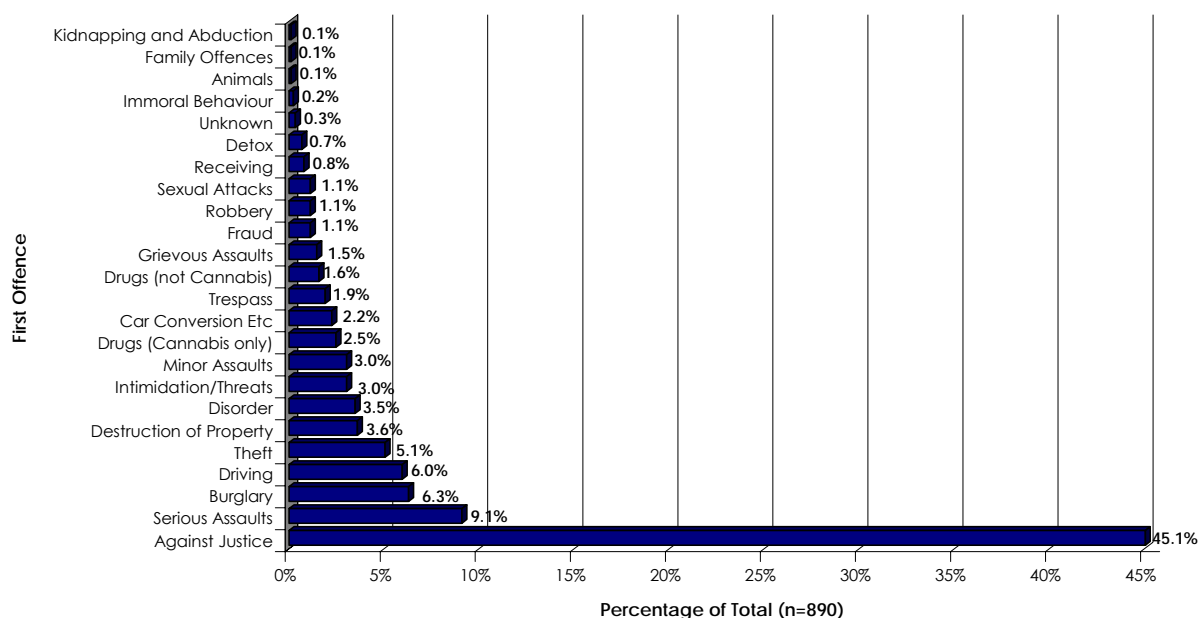


Table 2 provides a comparison of the first offence recorded for detainees who were interviewed and those who were not interviewed. The comparison confirms that the first offence profile of the participant sample closely resembles that of the total detainee population present at the time the interviews were held.

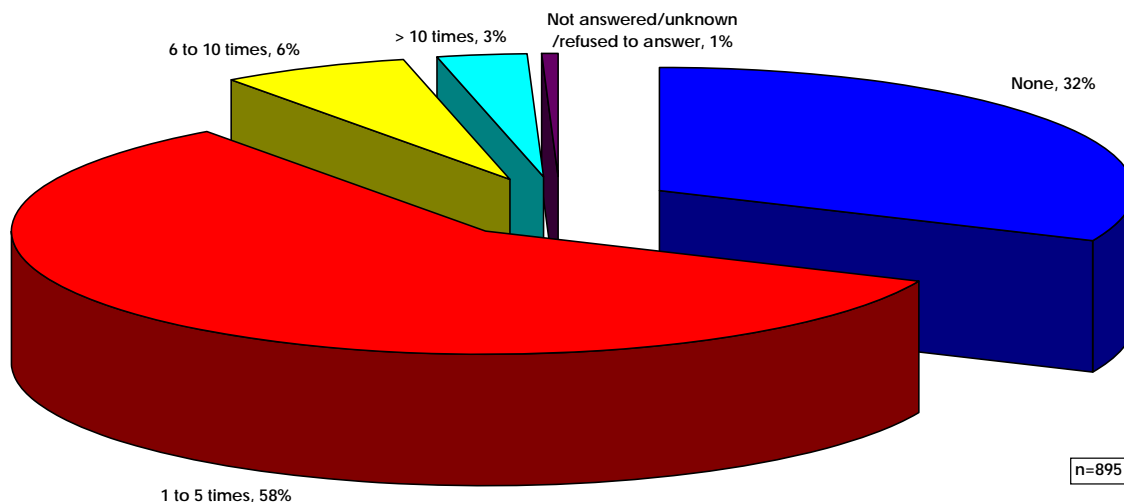
Table 2: First Offence Recorded, Participating and Non-participating Detainees

Type of Charge	Interviewees		Non-Participating Detainees	
	Number	%	Number	%
Against Justice	401	45.1%	543	36.4%
Serious Assaults	81	9.1%	118	7.9%
Burglary	56	6.3%	71	4.8%
Driving	53	6.0%	67	4.5%
Theft	45	5.1%	95	6.4%
Destruction of Property	32	3.6%	48	3.2%
Disorder	31	3.5%	119	8.0%
Intimidation/Threats	27	3.0%	57	3.8%
Minor Assaults	27	3.0%	54	3.6%
Drugs (Cannabis only)	22	2.5%	46	3.1%
Car Conversion Etc	20	2.2%	42	2.8%
Trespass	17	1.9%	30	2.0%
Drugs (not Cannabis)	14	1.6%	23	1.5%
Grievous Assaults	13	1.5%	24	1.6%
Fraud	10	1.1%	25	1.7%
Robbery	10	1.1%	19	1.3%
Sexual Attacks	10	1.1%	18	1.2%
Receiving	7	0.8%	12	0.8%
Detox	6	0.7%	58	3.9%
Unknown	3	0.3%	8	0.5%
Immoral Behaviour	2	0.2%	0	0.0%
Family Offences	1	0.1%	3	0.2%
Kidnapping and Abduction	1	0.1%	2	0.1%
Animals	1	0.1%	0	0.0%
No Charge	0	0.0%	7	0.5%
Homicide	0	0.0%	2	0.1%
Total	890	100.0%	1491	100.0%

PREVIOUS ARRESTS AND PRISON HISTORY

Among participants, just under a third (32%) reported that they had not been arrested at all during the previous 12 months; 58% reported having been arrested between 1 and 5 times in the previous 12 months; and 6% report having been arrested between 6 and 10 times in that period. Only 3% reported having been arrested more than 10 times in the previous 12 months. Details are shown in Figure 18.

Figure 18: Number of Previous Arrests in Last 12 Months

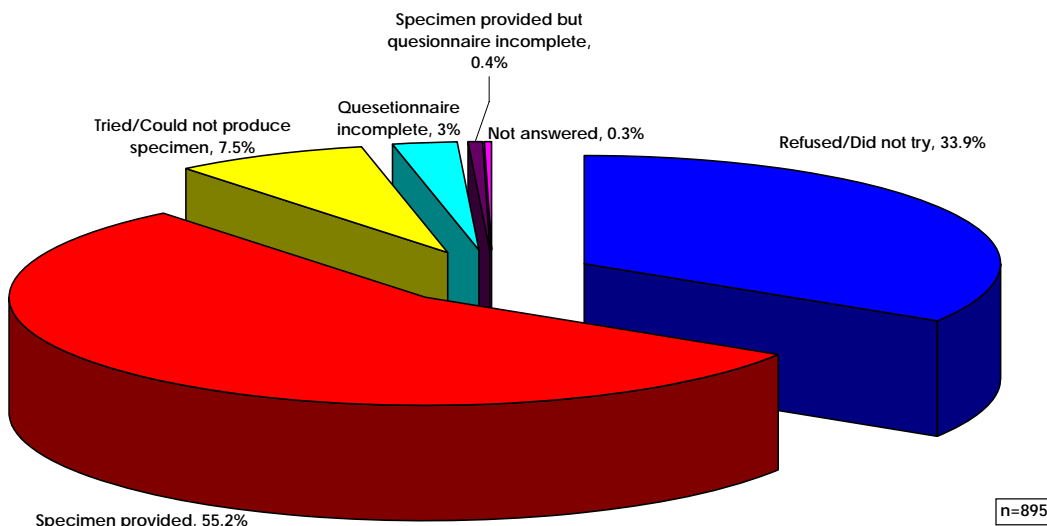


Participants also reported whether they had been in prison during the last 12 months. Overall, 20% of participants reported having been in prison during this period, with 3% imprisoned for a drug offence and a further 17% for other offences.

3.4 REQUESTS FOR URINE SAMPLES AND URINALYSIS RESULTS

Figure 19 presents participants' responses to the request for a urine sample for drug testing. Of those who completed the interview, 55.2% provided a urine sample, 7.5% agreed to the request but could not produce a sample and 33.9% refused to provide a sample.

Figure 19: Urine Sample Provision

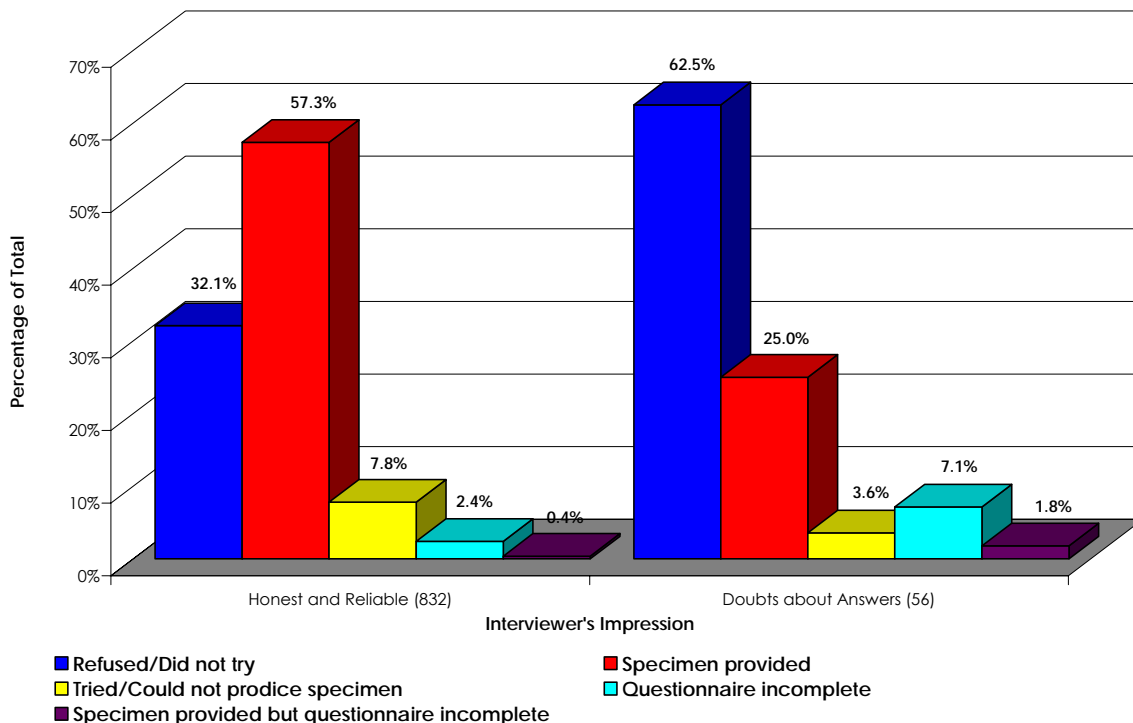


INTERVIEWER IMPRESSIONS

The NZ-ADAM interviewers were asked to give their overall impression of the reliability of the information provided by each participant at the conclusion of the interview. The majority (93%) indicated that the answers generally seemed 'honest and reliable'. Of the 6% (1% did not record data for this question) that indicated that they 'had serious doubts about the quality of answers' a correlation was made with their preparedness to provide a urine sample given the negative impression by the interviewers. Not surprisingly of those whose answers were considered 'doubtful or inconsistent' almost two thirds (62.5%) refused to give a urine sample, compared to only a third

of those whose answers were deemed 'honest or reliable'. A full breakdown of interviewer's impression for urine sample provision is shown in Figure 20.

Figure 20: Interviewer's Impression by Urine Sample Provision*



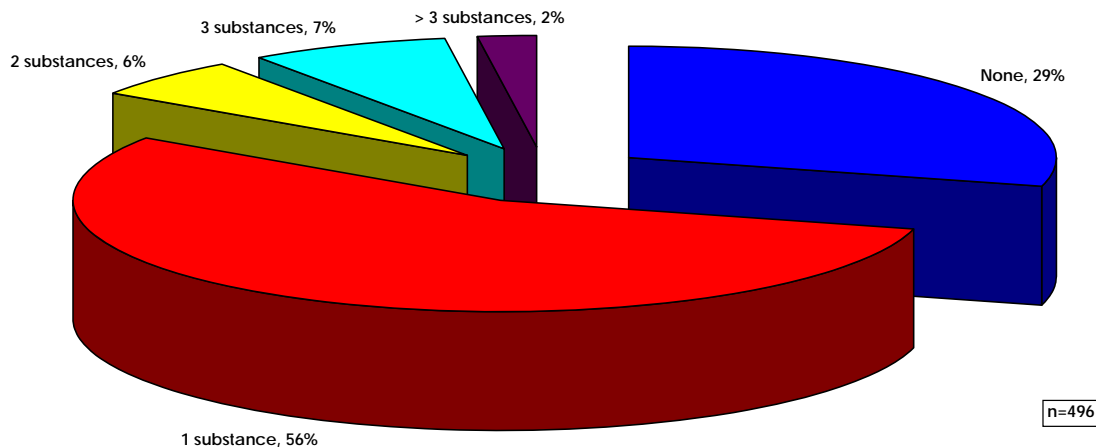
* 7 records were excluded due to the interviewer's impression not being recorded.

NUMBER OF DRUGS TESTING POSITIVE

Of the 496 participants who provided a usable urine sample, 351 (71%) tested positive to one or more illicit drugs. Urinalysis indicated that 56% of the participants providing a usable sample tested positive to one drug, 6% tested positive to two drugs, 7% tested positive to three drugs and 2% tested positive to more than three drugs.

Urinalysis results describing the number of drugs testing positive among the 496 participants who provided a usable sample are presented in Figure 21.

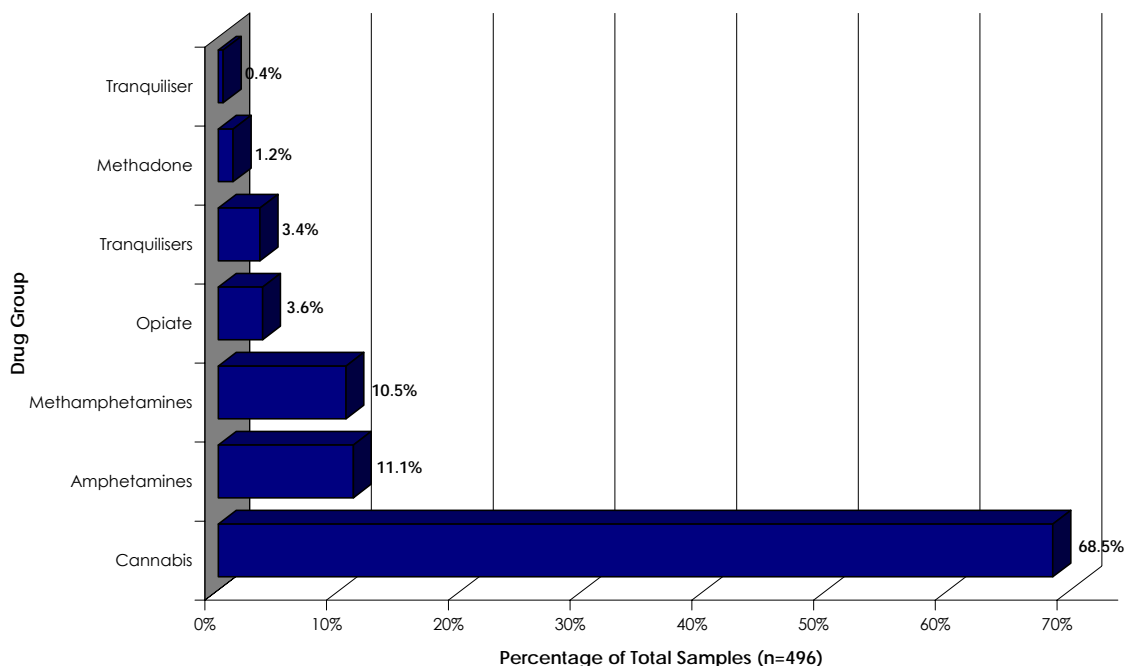
Figure 21: Proportion of Participants who provided a Urine Sample Testing Positive to Drugs



TYPES OF ILLICIT DRUGS TESTING POSITIVE

As noted previously, of the 496 participants who provided a useable urine sample in the last twelve months, 351 tested positive to at least one drug. Because some participants tested positive to more than one drug, a total of 490 positive drug tests were recorded. Across all samples provided (496), cannabis was the most commonly detected illicit drug, with 68.5% of the samples testing positive to cannabinoids. Amphetamines were the second most commonly detected drug (11.1%) followed closely by methamphetamines (10.5%). It should be noted that the high rates of detection of cannabis could be partly due to the fact that urine testing can detect its use for up to 30 days compared with fewer than four days for some other drugs. Results are illustrated in the following figure.

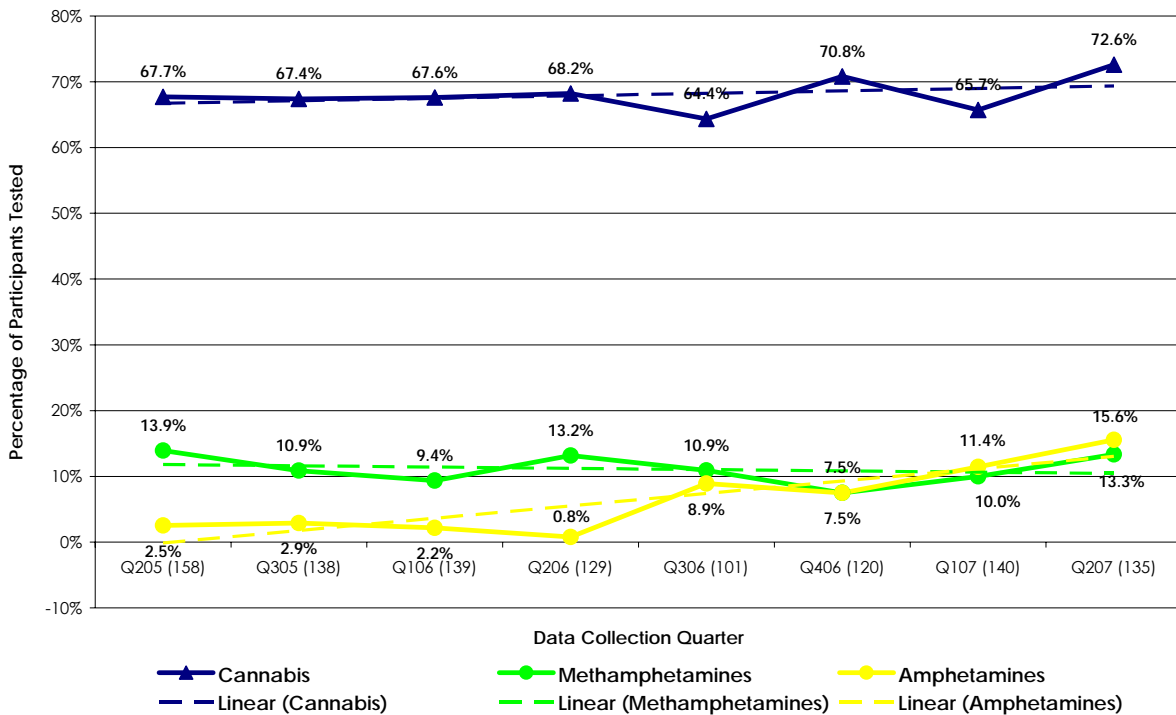
Figure 22: Illicit Drugs Detected in Urine Samples



The following figure illustrates that the proportion of participants testing positive to different illicit drugs has shown more variance in the last four quarters compared to the first four quarters of data collection. For ease of illustration, only the top three detected illicit drugs are presented.

Whilst the proportion of participants testing positive for cannabis and methamphetamines has been relatively constant throughout the period of data collection, the proportion testing positive for amphetamines has increased steadily over the past four quarters from around 2% to over 10% in the last two quarters.

Figure 23: Proportion of Participants who provided a Urine Sample Testing Positive to Illicit Drugs – Time Series (Top 3 drugs)



This data is further dissected in the following figures to show the results for individual sites. Comments in regard to individual sites include:

- In Whangarei, after a downward trend in the prevalence of cannabis during the first five quarters of data collection, the rate of cannabis detection then rose for two quarters and in the most recent quarter showed another slight decrease. Methamphetamine prevalence showed a rise to the end of 2006 but has been in decline in the last year of data collection, while amphetamines demonstrated an upward trend during the data collection period.
- Henderson has shown a fairly volatile but generally increasing rate of cannabis detection, with methamphetamines being relatively steady, but amphetamine detection showing a steady increase during the data collection period.
- Hamilton exhibited a reducing level of cannabis detection for four quarters (although the overall trend line was relatively flat) with methamphetamine and amphetamine detection rising consistently over the last four quarters.
- Dunedin exhibited a steady rate of detection of cannabis over the data collection period. Dunedin continues to be the only site to show a detection rate for tranquilisers greater than 2%, but less than 2% for methamphetamines. The detection rate for tranquilisers showed a downward trend over the data collection period, while amphetamines showed a slightly increasing trend.

Figure 24: Whangarei - Proportion of Participants who provided a Urine Sample Testing Positive to Illicit Drugs – Time Series (Top 3 drugs)

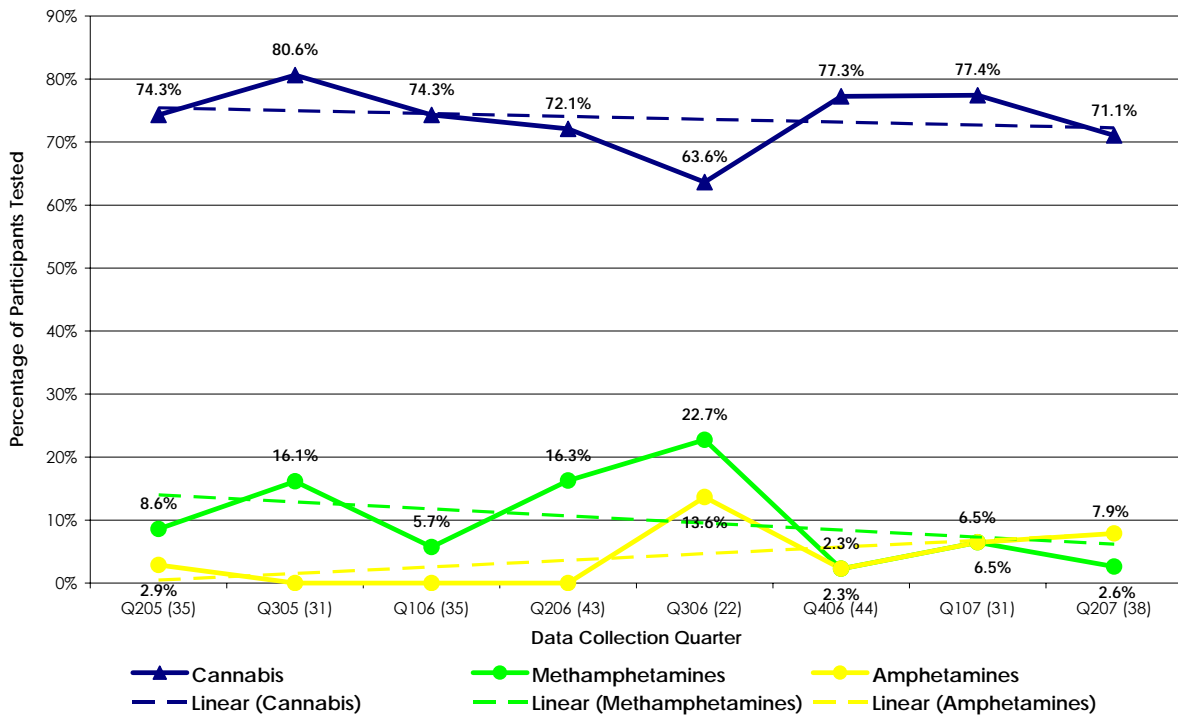


Figure 25: Henderson - Proportion of Participants who provided a Urine Sample Testing Positive to Illicit Drugs – Time Series (Top 3 drugs)

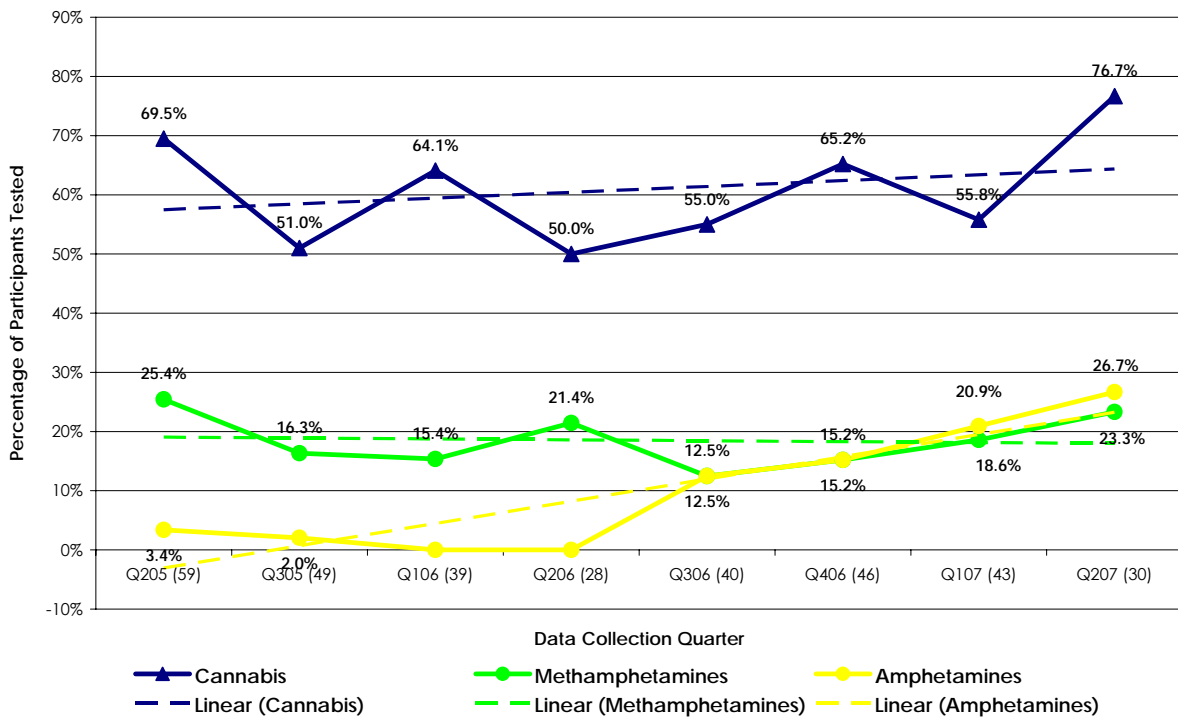


Figure 26: Hamilton - Proportion of Participants who provided a Urine Sample Testing Positive to Illicit Drugs – Time Series (Top 3 drugs)

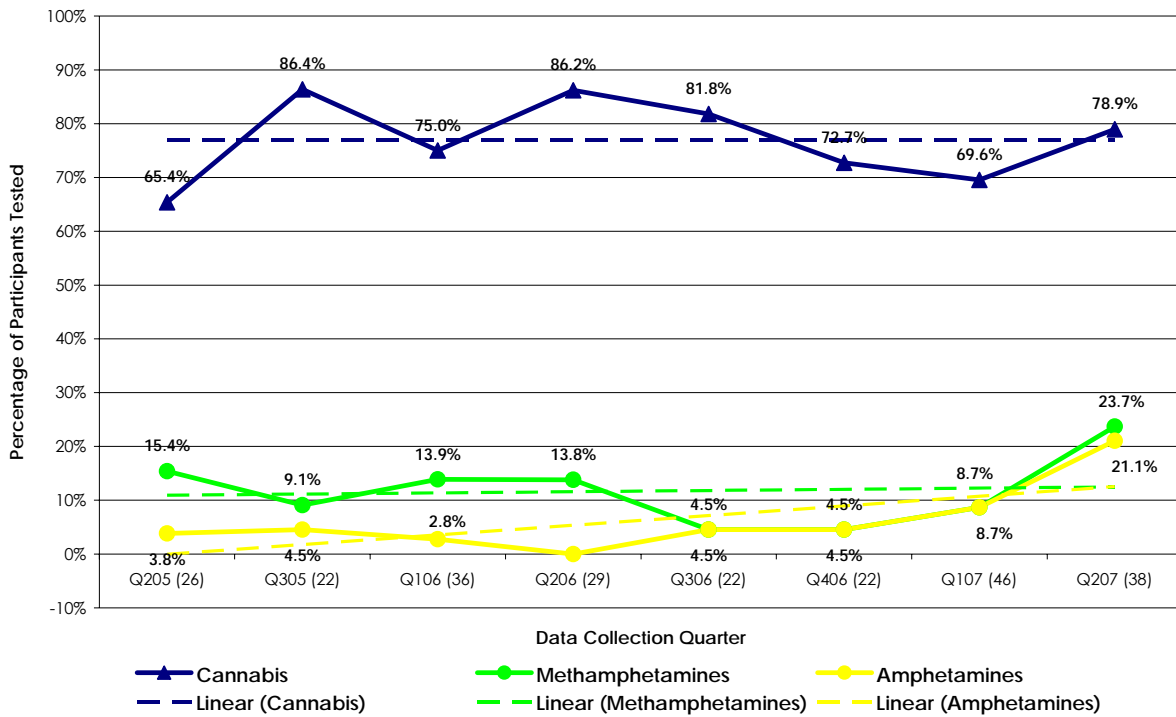


Figure 27: Dunedin - Proportion of Participants who provided a Urine Sample Testing Positive to Illicit Drugs – Time Series (Top 3 drugs)

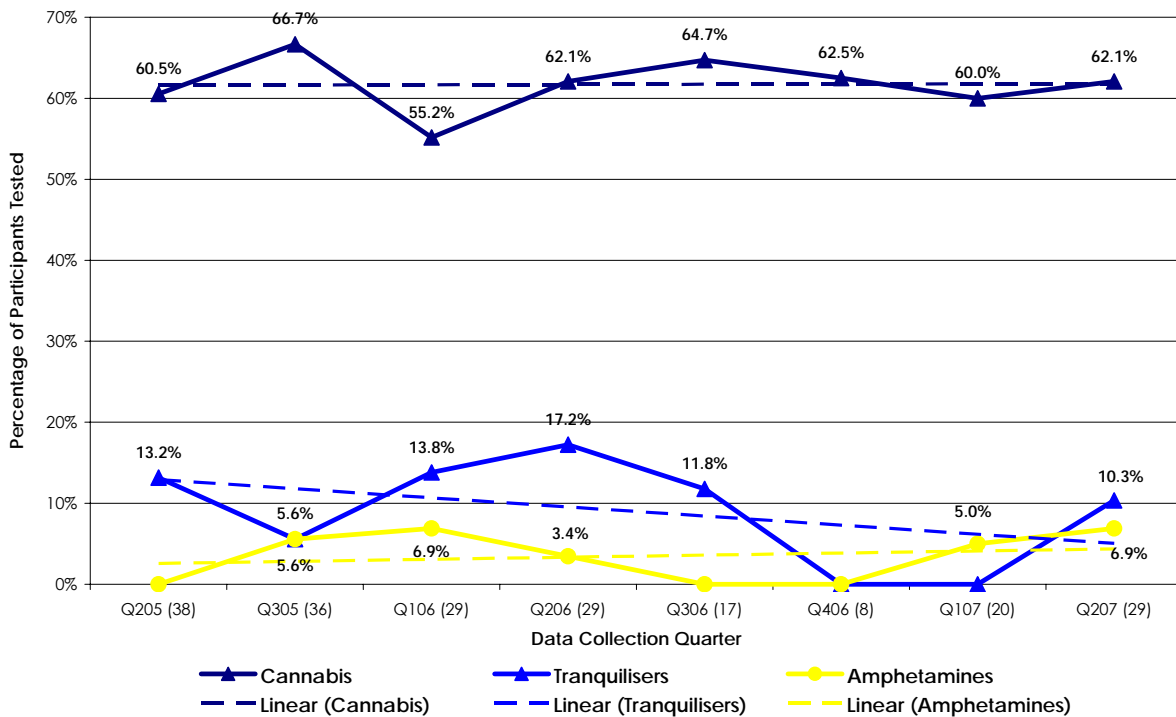


Figure 28 and Figure 29 present the time series for the detection of cannabis and methamphetamines respectively for all of the study sites over the eight quarters of data collection. The graphs illustrate:

- Hamilton consistently had the highest rate of detected cannabis, while Dunedin had the lowest. The trend lines across all sites exhibit only slight variation upwards or downwards.
- Whangarei had the second highest rate of detected cannabis, and a variable, though declining, detected rate of methamphetamines.
- Henderson had the second lowest detected rate of cannabis and displayed a downward trend. However, it also had the highest detected rate of methamphetamines.

Figure 28: Proportion of Participants who provided a Urine Sample Testing Positive to Cannabis by Site – Time Series

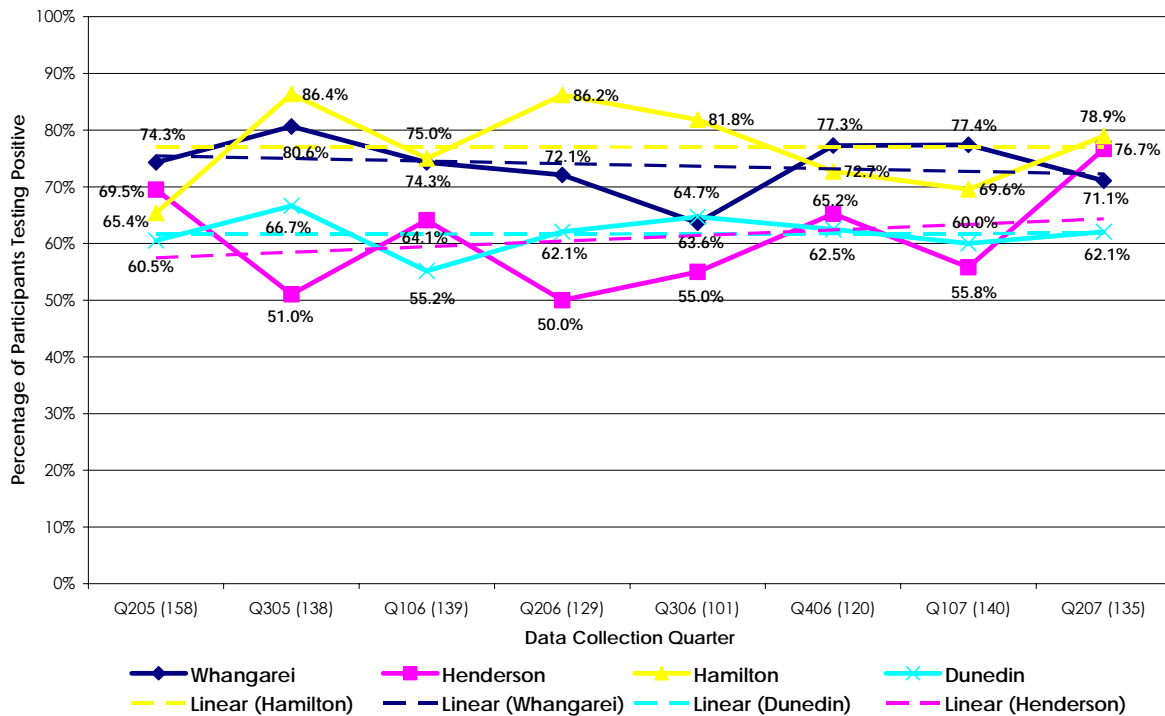
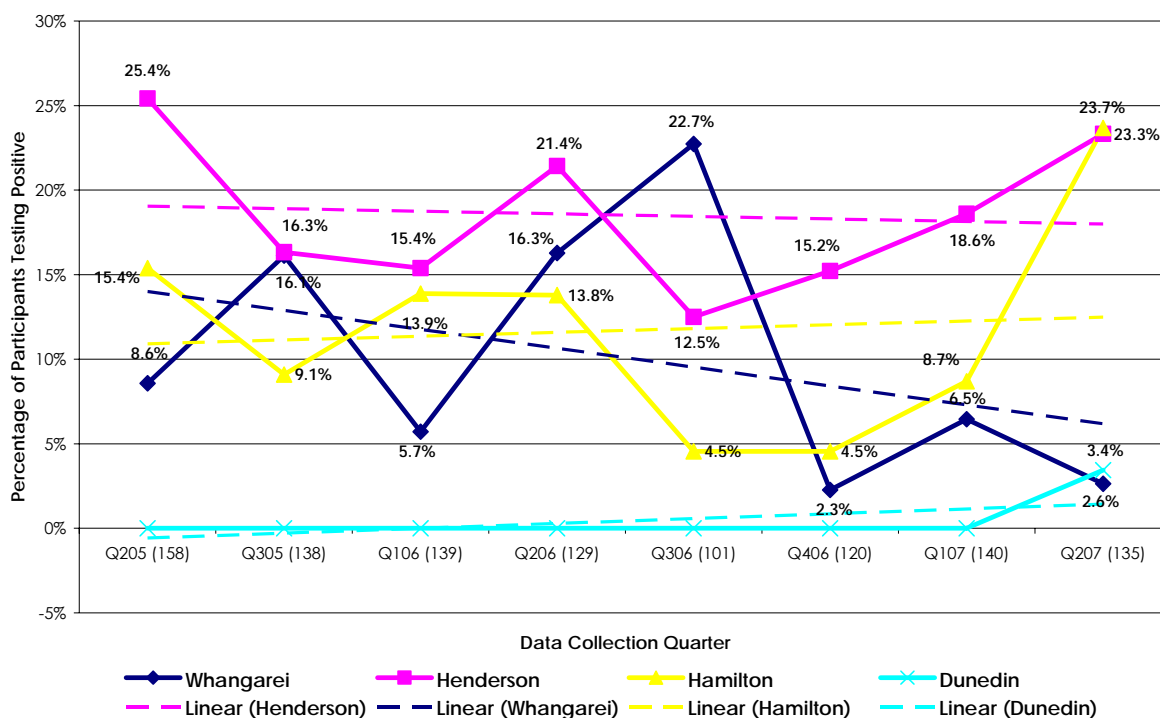


Figure 29: Proportion of Participants who provided a Urine Sample Testing Positive to Methamphetamines by Site – Time Series



3.5 SELF-REPORTED DRUG USE

Participants were asked a series of questions regarding their drug use patterns. The following section summarises their responses.

DRUGS EVER USED, USED IN LAST 30 DAYS AND LAST 48 HOURS

Participants were asked to indicate if they had ever tried each of a range of drugs, including alcohol, or had used any of them in the last 30 days or the last 48 hours.

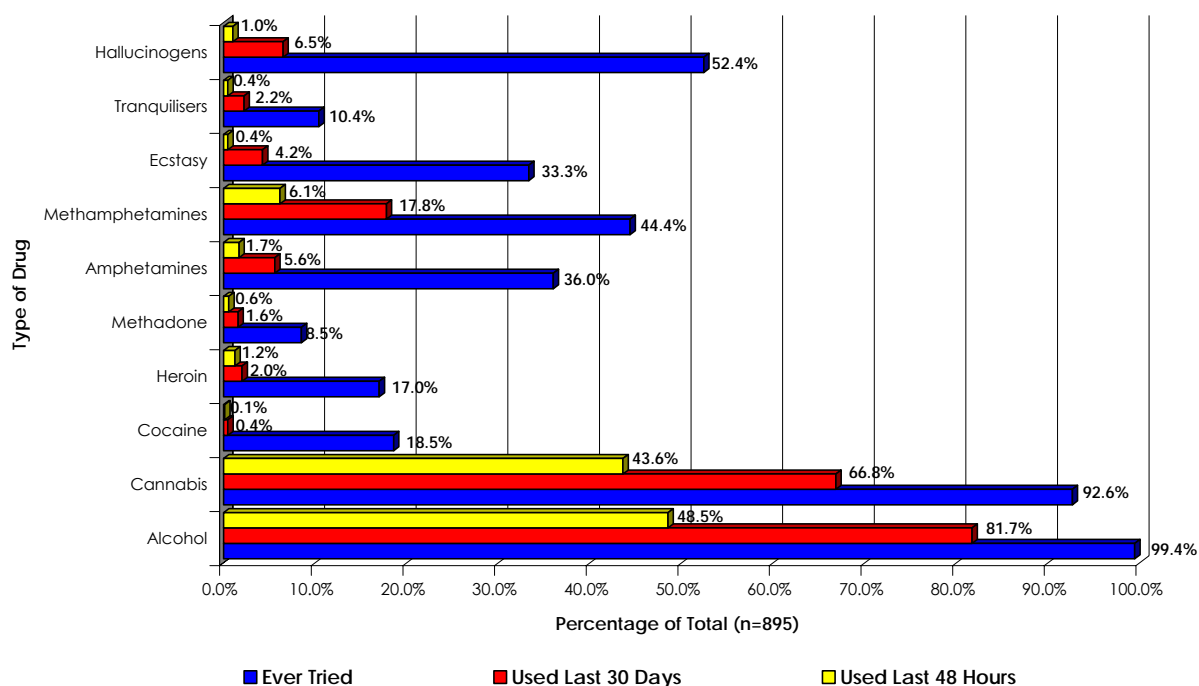
Alcohol and cannabis had almost universally been tried, by 99.4% and 92.6% of participants respectively, and were also the most commonly used drugs in the 30 day and the 48 hour periods preceding detention.

Whilst hallucinogens had been tried by more participants (52.4%) than methamphetamines (44.4%), amphetamines (36%) or ecstasy (33.3%), methamphetamines were reported to have been used by more participants (17.8%) in the last 30 days than hallucinogens (6.5%) and amphetamines (5.6%) or ecstasy (4.2%).

In the 48 hours prior to detention methamphetamines were the third most commonly used drug after alcohol and cannabis, with 6.1% of participants reporting having used this drug within this time period.

Detailed results for self-reported drug and alcohol use are presented in Figure 30.

Figure 30: Drugs Ever Used, Used in Last 30 Days and Last 48 Hours

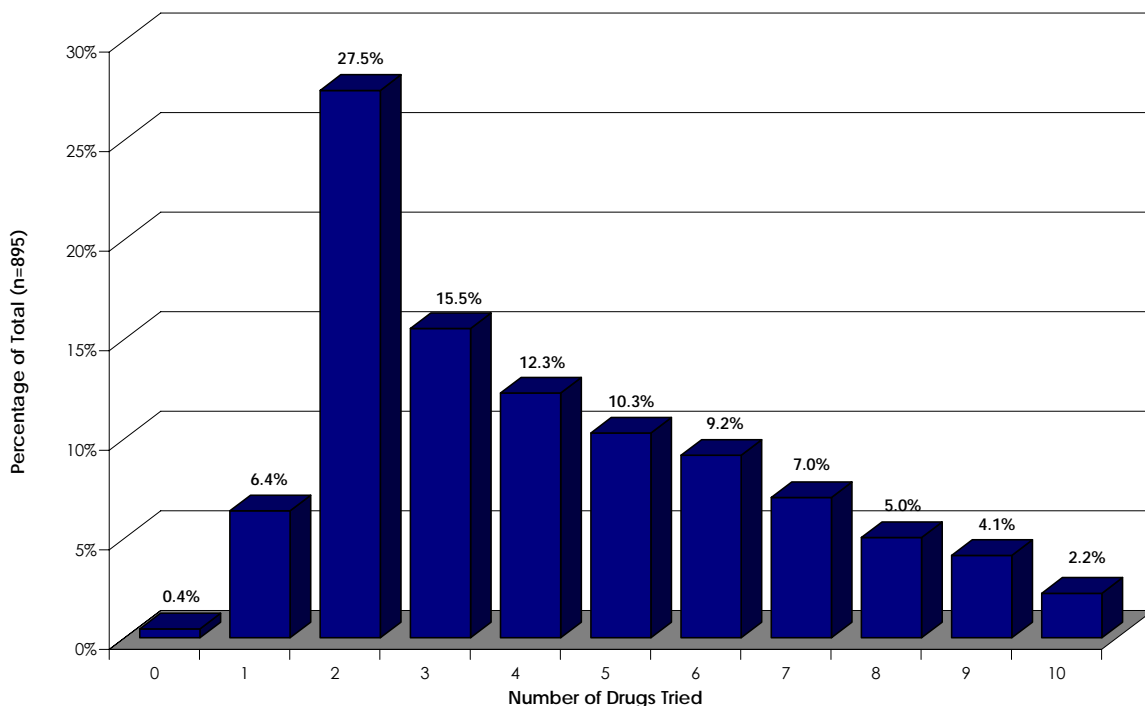


NUMBER OF DRUGS EVER TRIED

From the responses to the question regarding which drugs that participants had ever used, it was possible to identify the number of different drugs that each participant had tried at least once.

Only four participants (0.4%) reported that they had never tried any drug, including alcohol, and only 6.4% reported having tried only one drug. Just over a quarter (27.5%) of participants reported having tried two drugs, but the large majority (65.7%) reported having tried three or more drugs. The results relating to multiple drug use are presented in Figure 31.

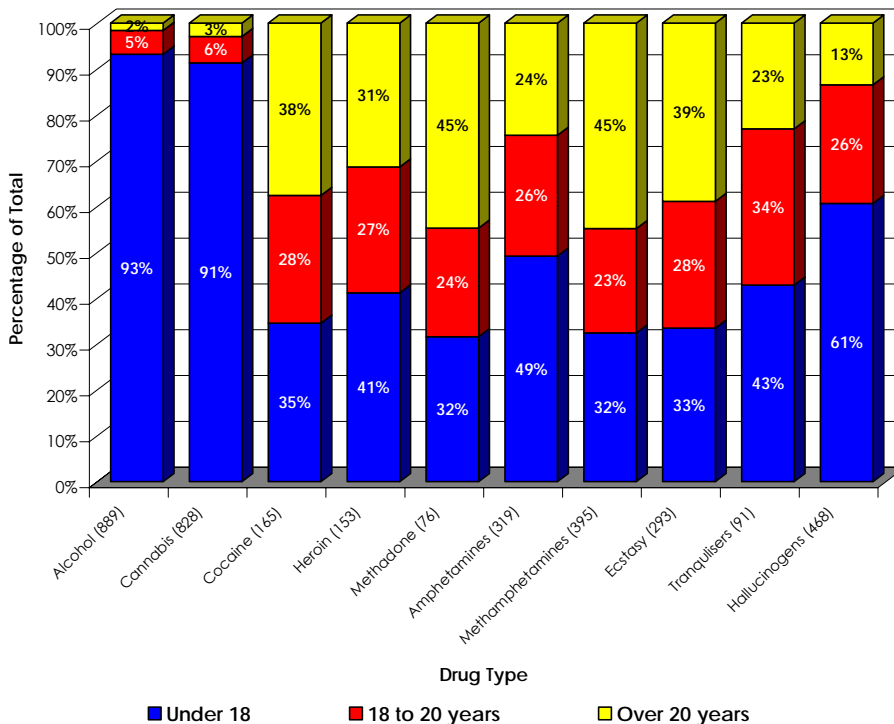
Figure 31: Number of Drugs Ever Used



AGE AT WHICH DRUGS FIRST TRIED

Participants were asked to report the age at which they had first tried each drug. The responses, expressed as a proportion of the number of respondents who reported ever having used each drug type, are summarised in Figure 32. The number of respondents reporting having ever used each drug is contained in parentheses following each drug name on the horizontal axis.

Figure 32: Age at which Drugs First Tried



Of those reporting having ever tried alcohol, 93% reported having first tried it under the age of 18 years; 91% of those ever trying cannabis reported first doing so aged less than 18 years. Similarly, hallucinogens (61%), amphetamines (49%), tranquilisers (43%), heroin (41%) and cocaine (35%) were also tried for the first time in this age group. Methamphetamines and methadone were most commonly first tried at over 20 years of age (45% each). Persons having used ecstasy were distributed relatively evenly across the three age groups when first trying it.

FREQUENCY OF DRUG USE IN THE PAST 30 DAYS

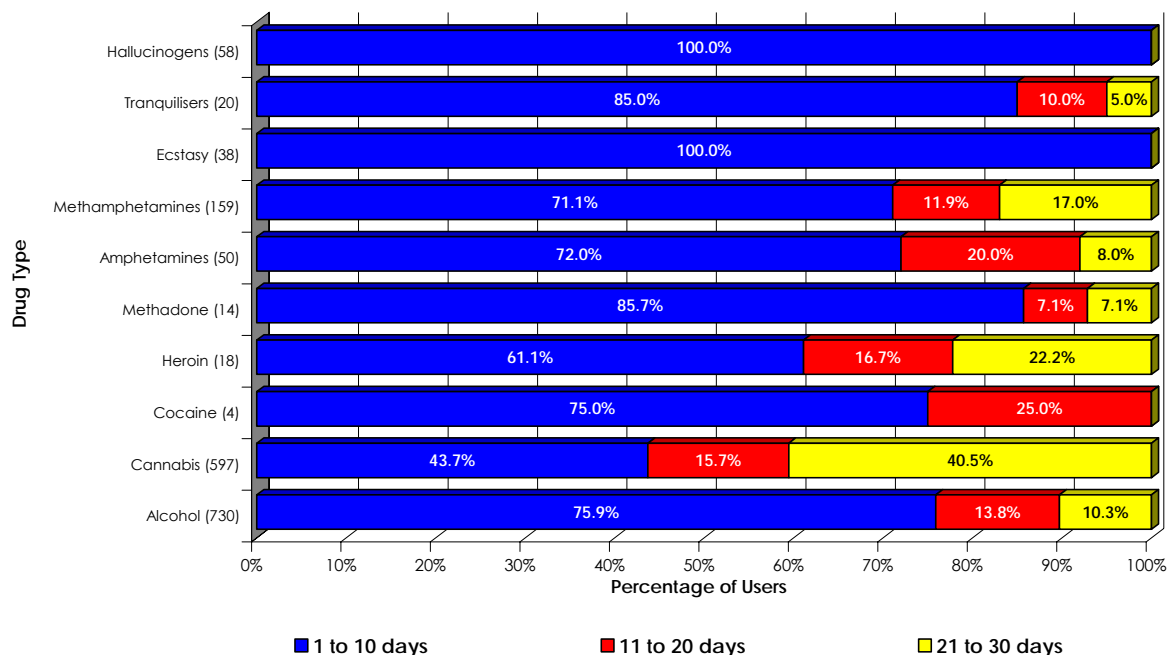
Participants were asked the frequency with which they used different drugs in the preceding 30 days. Their responses, which detail the number of days that each drug type was used over the last 30 days, are illustrated in Figure 33.

The number of participants who reported having used each drug at least once in the last 30 days is presented in parentheses after each drug name on the vertical axis. The percentages included in the body of the graph indicate the proportion of those participants who had used each drug during the last 30 days who reported having used the drug with the nominated frequency.

Whilst alcohol was the most widely-used drug (used by 730 participants at some time during the past 30 days), cannabis (used by 597 participants) was the most frequently consumed drug, with 56.2% of these users reporting that they had used it on 11 or more days out of the last 30 (40.5% reported using it on at least 21 days).

Methamphetamines were reportedly used by a relatively large number of participants (159) and also relatively frequently, with 28.9% of users reporting that they had used the drug on 11 or more days in the last 30.

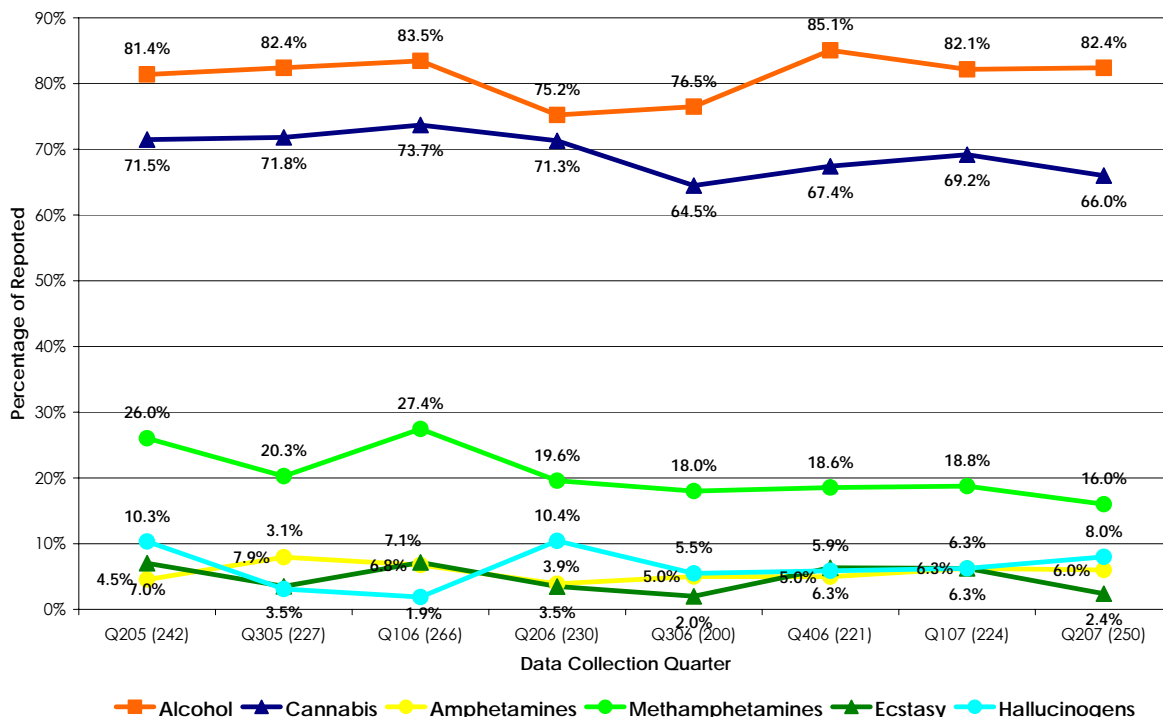
Figure 33: Number of Days Drugs Used in the Past 30 Days



The drug use data are presented as a series over the eight quarters of the study in Figure 34, based on the number of participants who reported use of each drug in the previous 30 days. For ease of illustration, those drugs with a reported proportion of participants using them of less than 3% have been excluded.

Figure 34 is representative of all participants over the eight quarters of the study. Alcohol and cannabis remain the highest reported substances used over the last two years of data collection with variances between quarters within 5%.

Figure 34: Proportion of Participants Using Drugs in the Past 30 Days – Time Series



The following figures illustrate these findings for individual sites over the eight quarters of the study.

Figure 35: Whangarei - Proportion of Participants Using Drugs in the Past 30 Days – Time Series

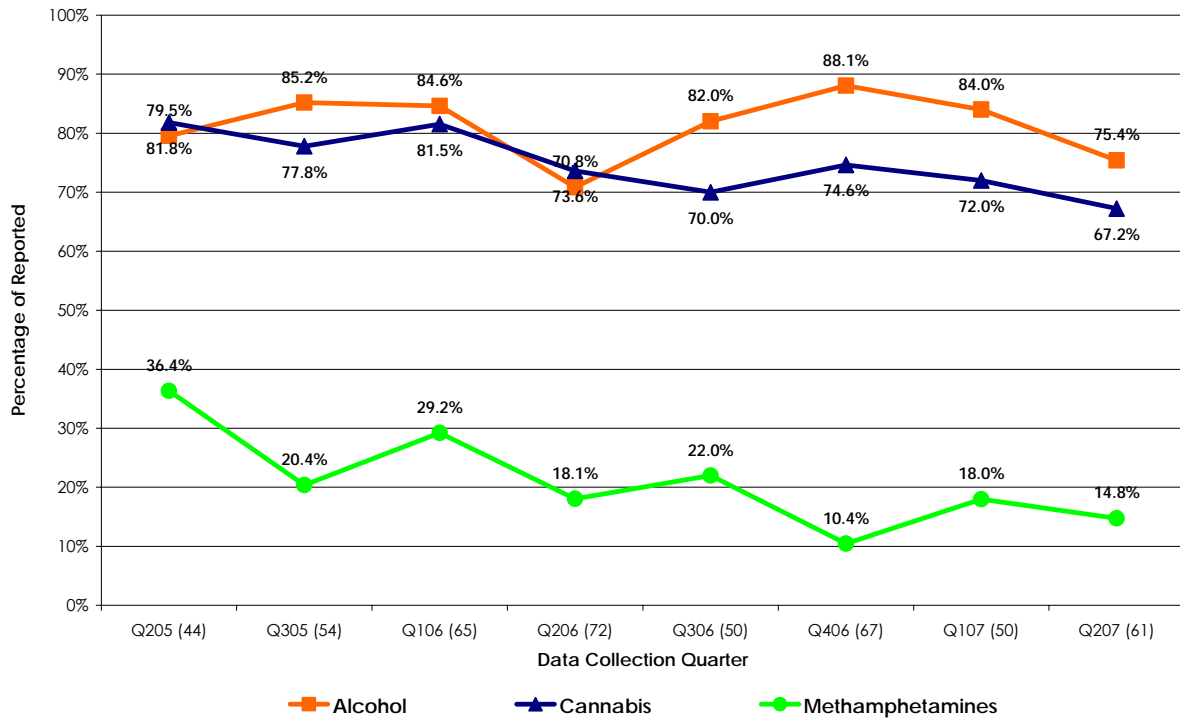


Figure 36: Henderson - Proportion of Participants Using Drugs in the Past 30 Days – Time Series

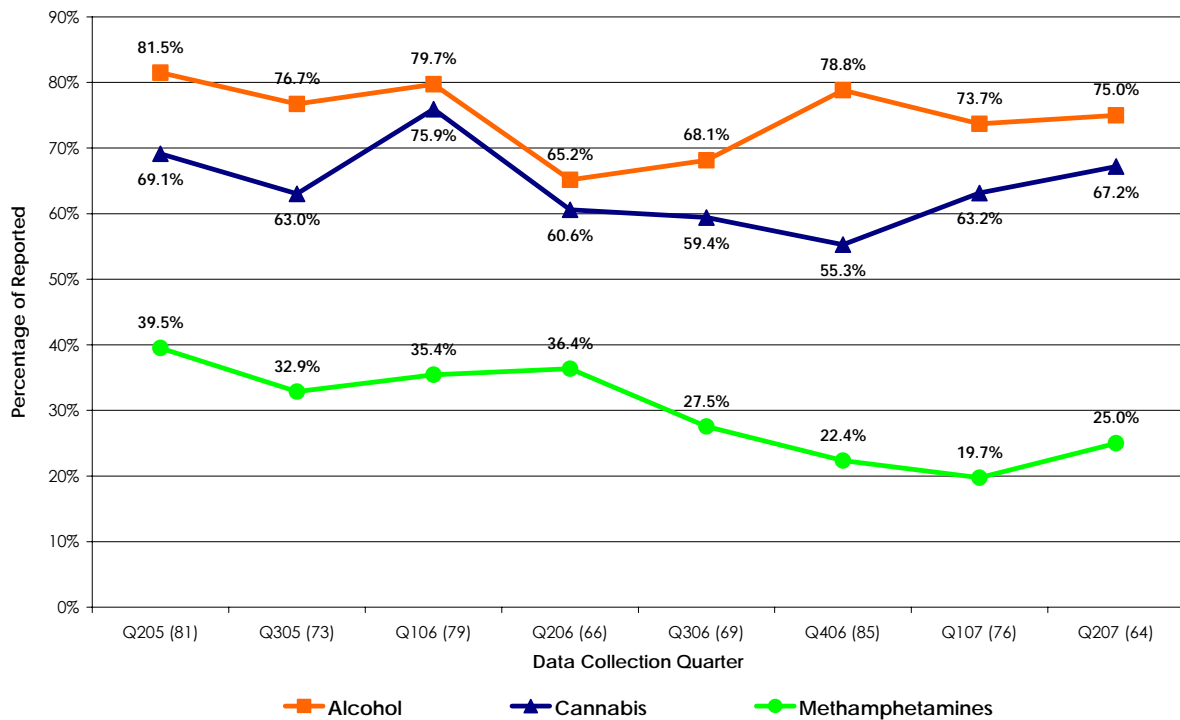


Figure 37: Hamilton - Proportion of Participants Using Drugs in the Past 30 Days – Time Series

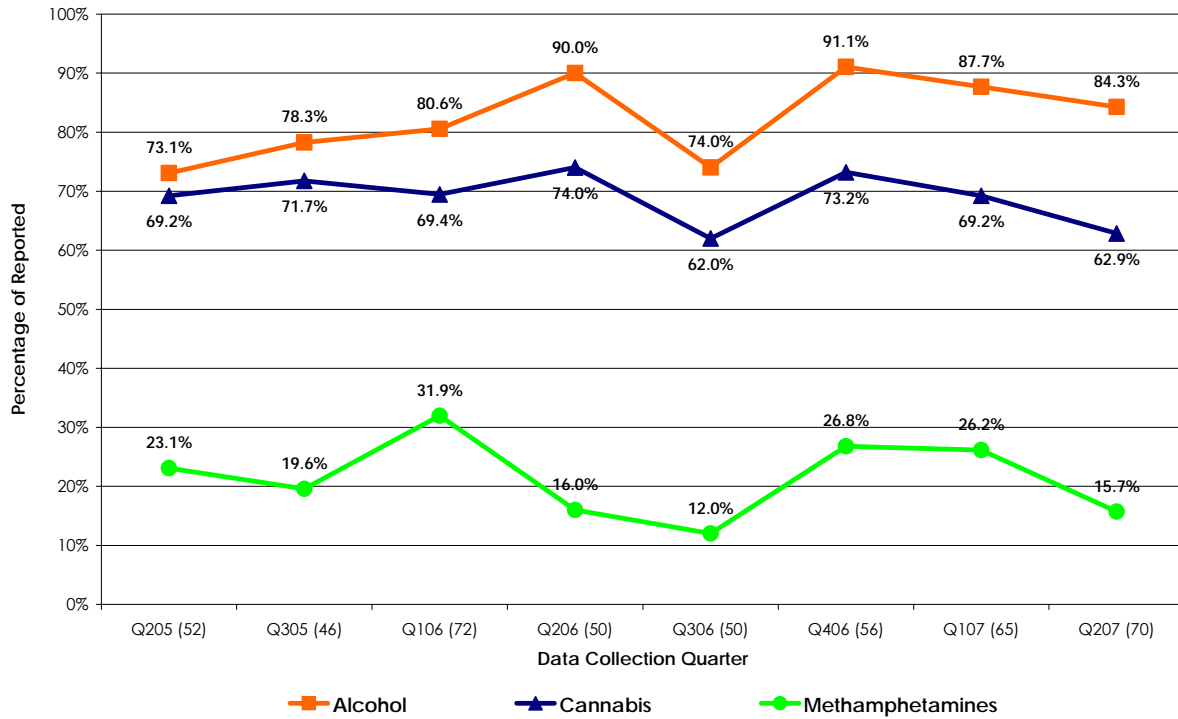
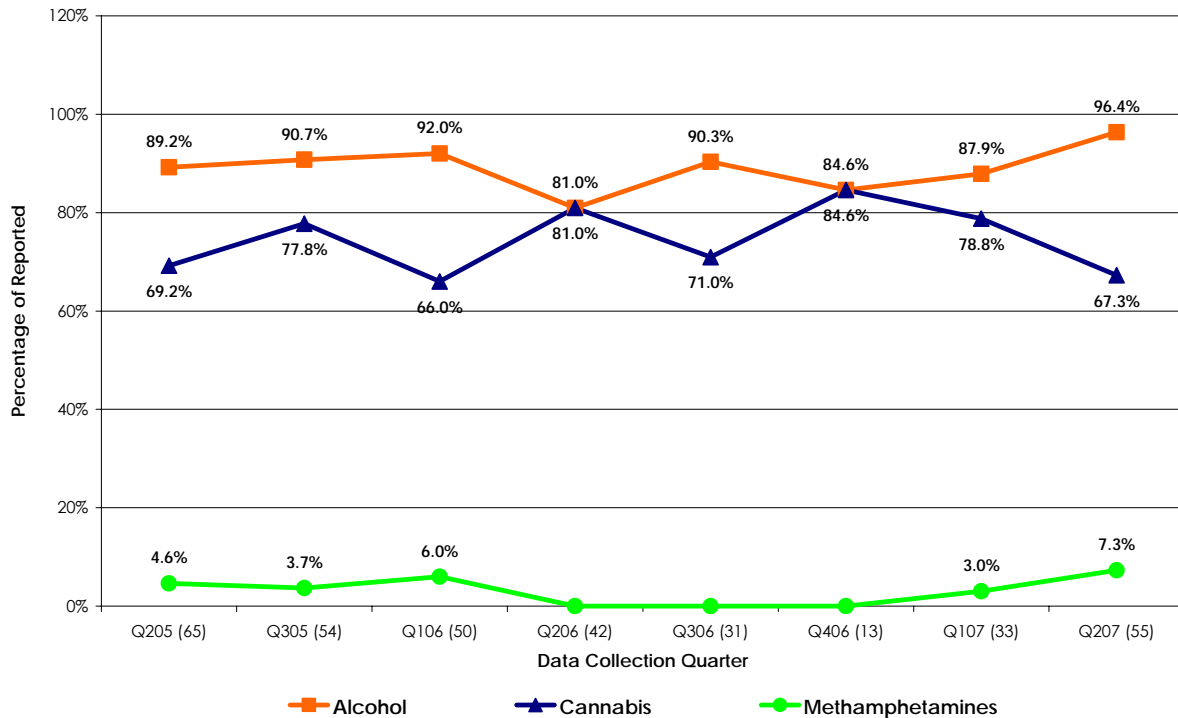


Figure 38: Dunedin - Proportion of Participants Using Drugs in the Past 30 Days – Time Series



Comments in regard to each site include:

- In Whangarei, alcohol use exceeded cannabis use in all but two quarters during the data collection period. Both drugs display similar patterns of use during the period. Methamphetamine use has shown a relatively steady decrease throughout the period.
- Henderson also demonstrated similar patterns of alcohol and cannabis use during the two year period, with the exception of the December 2006 quarter where they diverged. Again, methamphetamine use has shown a relatively steady decrease throughout the period, although there was a slight increase in the last quarter.
- Alcohol and cannabis use in Hamilton demonstrate a similar pattern with a dip in the June 2006 quarter, and a steady decline in the last three quarters. Methamphetamine use has fluctuated from quarter to quarter, but the overall trend is relatively stable.
- Dunedin recorded two convergences between reported alcohol use and cannabis use in the March and December 2006 quarters. In the last two quarters, however, alcohol use has risen while cannabis use has dropped. After a period of no reported methamphetamine use in Dunedin there has been a slight increase in the last six months.

CORROBORATION OF SELF REPORTED DRUG USE AND URINALYSIS RESULTS

The self-reported use of drugs over the previous 48 hours and 30 days was compared with the urinalysis results to ascertain the extent of corroboration between the two measures of recent drug use. Table 3 presents the percentages of participants who tested positive in the urinalysis for each type of drug who also self-reported use of that drug in the previous 48 hours and the previous 30 days.

The corroboration of self-reported drug use and positive urinalysis results was highest for cannabis, with 90% of those testing positive reporting having used the drug in the previous 30 days, and 63% reporting having used cannabis in the previous 48 hours. Among those who tested positive for methamphetamines the corresponding figures were 69% and 40% respectively. Some caution should be used when interpreting the results for amphetamine and methamphetamine use, as the self-report figures reflect the drugs participants believed they had used, whilst the urinalysis results provide a measure of the drugs actually consumed. The self-report and urinalysis results may therefore differ, at least in part because the drugs supplied to users may not necessarily be the drugs they believe they are taking.

Table 3: Comparison of Urinalysis Results and Self-Reported Drug Use

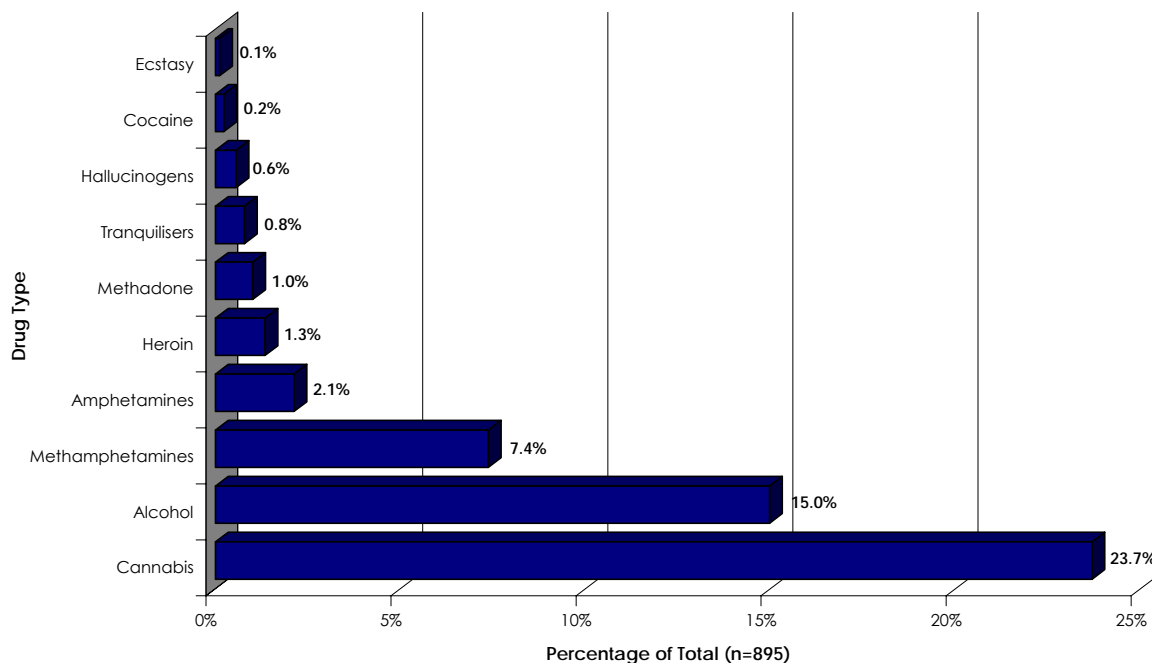
Drug	Number testing positive, urinalysis	Percentage of those who tested positive who reported use in the last 30 days	Percentage of those who tested positive who reported use in the last 48 hours
Cannabis	340	90.0%	62.9%
Methamphetamines	52	69.2%	40.4%
Heroin	7	14.3%	14.3%
Tranquilisers	19	31.6%	10.5%
Methadone	6	16.7%	0.0%
Amphetamines	57	15.8%	10.5%
Cocaine	0	0.0%	0.0%

DEPENDENCE ON DRUGS

Participants were asked whether they felt that they needed or were dependent on the drugs that they used in the past 12 months. Overall, 37% of all participants reported having felt dependent on at least one drug (including alcohol) in the past 12 months.

The responses relating to each drug are summarised in Figure 39. Almost a quarter (23.7%) of participants indicated that they had felt dependent on cannabis in the past 12 months, whilst 15% reported a dependence on alcohol and 7.4% reported a dependence on methamphetamines.

Figure 39: Reported Dependence on Drugs in Last 12 Months

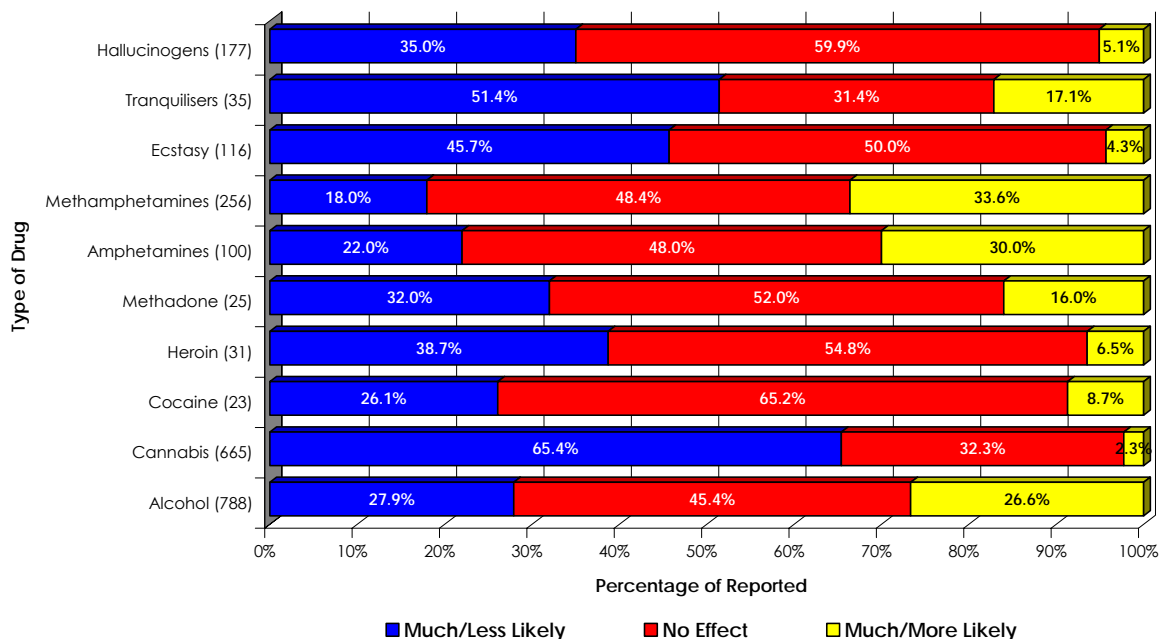


IMPACT OF DRUGS ON ANGER

Participants were asked what effect each of the drugs that they used had on their likelihood to get angry. The responses differed between the different types of drugs, as illustrated in Figure 40.¹ The drugs most frequently reported to make participants more or much more likely to get angry were methamphetamines, amphetamines, and alcohol. Cannabis, tranquilisers and ecstasy were the drugs most frequently reported to make users less or much less likely to get angry.

¹ For ease of comprehension, the categories "much less likely" and "less likely" have been incorporated into one category ("much/less likely") and the categories "much more likely" and "more likely" have been incorporated into one category ("much/more likely").

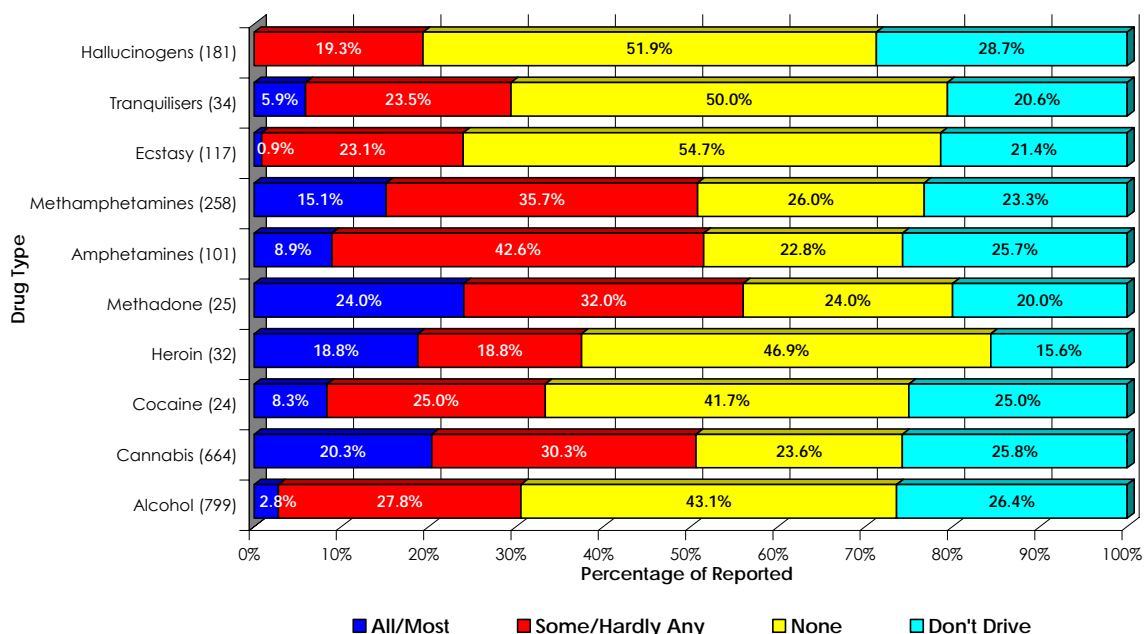
Figure 40: Impact of Drugs on Anger



DRUGS AND DRIVING

Participants were asked how much of their driving was done whilst under the influence of drugs. The responses are presented in Figure 41.² Users of methadone, amphetamines, methamphetamines and cannabis most often reported driving at least sometimes whilst under the influence. The percentage (30.6%) of alcohol users who reported driving while under the influence was lower than the percentage of users of each of these drugs who reported driving whilst under the influence.

Figure 41: Driving Under the Influence of Drugs

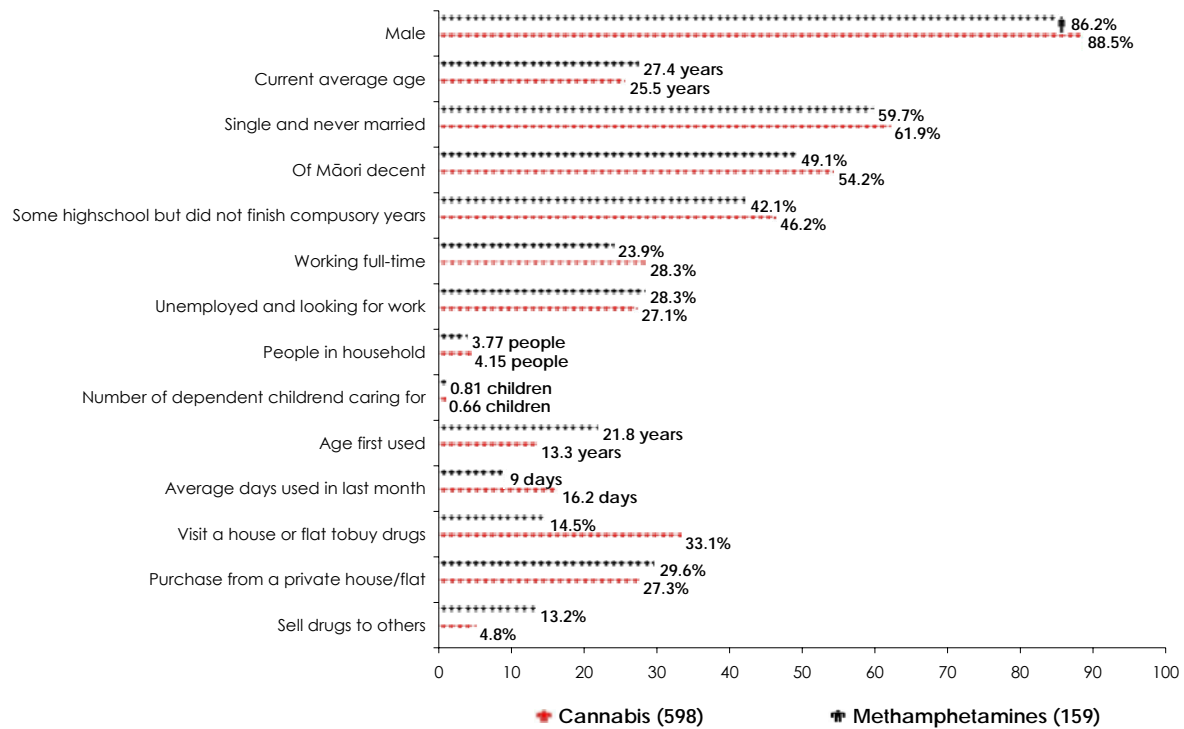


² For ease of comprehension, the categories "All" and "Most" have been incorporated into one category ("All/Most") and the categories "Some" and "Hardly Any" have been incorporated into one category ("Some/Hardly Any").

3.6 COMPARATIVE PROFILE

An analysis has been undertaken of the demographic and other characteristics of participants who identified as having used cannabis and those who reported as having used methamphetamines in the previous 30 days. The results are presented in Figure 42.

Figure 42: Key Characteristics of Cannabis and Methamphetamine Users



Overall, methamphetamine users had the following characteristics compared to cannabis users:

- A slightly lower proportion are male (86.2% compared to 88.5%);
- Are a little older (27.4 years compared to 25.5 years);
- Are slightly less likely to be of Maori descent (49.1% compared to 54.2%);
- Are less likely to be working full-time (23.9% compared to 28.3%);
- Used for the first time at an older average age (21.8 years compared to 13.3 years of age);
- Used less often in the last month (9 days compared to 16.2 days); and
- Are more likely to sell drugs to others (13.2% compared to 4.8%).

3.7 REPORTED DRUG USE AND CRIMINAL ACTIVITIES

FIRST RECORDED CURRENT OFFENCE AND SELF-REPORTED DRUG USE

An analysis of participants' self-reported drug use by the current offence first recorded in the watch house records is presented in the following three tables.

Table 4 details the nature of the first recorded current offence, the number of participants charged with each offence and the percentage of those participants who reported using each drug in the previous 12 months. For example, of the 401 participants detained for an offence "Against Justice" 91% reported using alcohol in the previous 12 months, 77% reported using cannabis in the previous 12 months and 52% reported using methamphetamines in the previous 12 months. Table 4 thus details self-reported drug use in the previous 12 months as a percentage of

the number of participants detained for each offence. (Some of these results should be treated with caution, given the small sample sizes associated with the use of some drugs.)

Table 5 details the nature of the first recorded current offence, the number of participants charged with each offence and the percentage of those participants who reported using each drug in the previous 30 days. Thus, of the 401 participants detained for an offence "Against Justice", 84% reported using alcohol in the previous 30 days, 68% reported using cannabis in the previous 30 days and 16% reported using methamphetamines in the previous 30 days. Table 5 thus details self-reported drug use in the previous 30 days as a percentage of the number of participants detained for each offence. (Some of these results should be treated with caution, given the small sample sizes associated with the use of some drugs.)

Table 6 details the nature of the first recorded current offence, the number of participants charged with each offence and the percentage of those participants who reported using each drug in the previous 48 hours. Thus, of the 401 participants detained for an offence "Against Justice", 47% reported using alcohol in the previous 48 hours, 45% reported using cannabis and 6% reported using methamphetamines. Table 6 thus details self-reported drug use in the previous 48 hours as a percentage of the number of participants detained for each offence. (Some of these results should be treated with caution, given the small sample sizes associated with the use of some drugs.)

Table 4: First Recorded Offence by Self-Reported Drug Use in the Past 12 Months

Offence	Alcohol	Cannabis	Cocaine	Heroin	Methadone	Amphetamines	Meth-amphetamines	Ecstasy	Tranquilisers	Hallucinogens
Against Justice (401)	90.8%	76.8%	2.5%	3.5%	3.2%	37.9%	52.4%	14.0%	4.0%	45.6%
Animals (1)	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Burglary(56)	92.9%	87.5%	5.4%	7.1%	3.6%	8.9%	37.5%	21.4%	3.6%	30.4%
Car Conversion etc (20)	90.0%	85.0%	5.0%	10.0%	0.0%	20.0%	45.0%	25.0%	10.0%	30.0%
Destruction of Property (32)	96.9%	81.3%	12.5%	3.1%	0.0%	15.6%	37.5%	31.3%	6.3%	28.1%
Detox (6)	100.0%	83.3%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	50.0%
Disorder (31)	100.0%	71.0%	6.5%	9.7%	3.2%	6.5%	19.4%	12.9%	0.0%	19.4%
Driving (53)	90.6%	71.7%	1.9%	3.8%	3.8%	7.5%	24.5%	13.2%	3.8%	20.8%
Drugs (Cannabis only) (22)	68.2%	86.4%	0.0%	0.0%	0.0%	9.1%	27.3%	13.6%	4.5%	27.3%
Drugs (not Cannabis) (14)	71.4%	85.7%	7.1%	7.1%	7.1%	14.3%	64.3%	21.4%	7.1%	28.6%
Family Offences (1)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Fraud (10)	100.0%	90.0%	0.0%	20.0%	10.0%	40.0%	50.0%	30.0%	0.0%	20.0%
Grievous Assaults (13)	92.3%	69.2%	0.0%	0.0%	0.0%	0.0%	23.1%	15.4%	7.7%	23.1%
Immoral Behaviour (2)	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intimidation/Threats (28)	88.9%	66.7%	0.0%	0.0%	3.7%	18.5%	33.3%	3.7%	3.7%	11.1%
Kidnapping and Abduction (1)	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%
Minor Assaults (27)	92.6%	70.4%	0.0%	0.0%	3.7%	7.4%	29.6%	7.4%	0.0%	22.2%
Receiving (7)	85.7%	85.7%	0.0%	0.0%	14.3%	28.6%	42.9%	28.6%	0.0%	0.0%
Robbery (10)	80.0%	70.0%	10.0%	0.0%	0.0%	0.0%	20.0%	0.0%	10.0%	10.0%
Serious Assaults (81)	88.9%	55.6%	1.2%	1.2%	1.2%	8.6%	23.5%	7.4%	4.9%	12.3%
Sexual Attacks (10)	80.0%	40.0%	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	10.0%
Theft (45)	82.2%	77.8%	0.0%	6.7%	4.4%	11.1%	37.8%	6.7%	6.7%	17.8%
Trespass (17)	100.0%	82.4%	0.0%	0.0%	0.0%	5.9%	29.4%	5.9%	0.0%	11.8%
Unknown (3)	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%	66.7%

Table 5: First Recorded Offence by Self-Reported Drug Use in the Past 30 Days

Offence	Alcohol	Cannabis	Cocaine	Heroin	Methadone	Amphetamines	Meth-amphetamines	Ecstasy	Tranquilisers	Hallucinogens
Against Justice (401)	83.5%	68.1%	0.5%	1.7%	2.2%	5.7%	15.7%	4.2%	2.5%	5.5%
Animals (1)	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Burglary(56)	85.7%	80.4%	0.0%	5.4%	0.0%	3.6%	23.2%	5.4%	1.8%	10.7%
Car Conversion Etc (20)	70.0%	75.0%	0.0%	5.0%	0.0%	10.0%	40.0%	5.0%	5.0%	10.0%
Destruction of Property (32)	93.8%	75.0%	3.1%	0.0%	0.0%	12.5%	28.1%	9.4%	6.3%	9.4%
Detox (6)	100.0%	83.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%
Disorder (31)	90.3%	48.4%	0.0%	6.5%	0.0%	3.2%	3.2%	0.0%	0.0%	0.0%
Driving (53)	73.6%	60.4%	0.0%	3.8%	1.9%	7.5%	18.9%	7.5%	3.8%	5.7%
Drugs (Cannabis only) (22)	50.0%	86.4%	0.0%	0.0%	0.0%	4.5%	18.2%	9.1%	0.0%	18.2%
Drugs (not Cannabis) (14)	64.3%	78.6%	0.0%	7.1%	7.1%	7.1%	50.0%	14.3%	7.1%	7.1%
Family Offences (1)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Fraud (10)	80.0%	70.0%	0.0%	0.0%	0.0%	10.0%	30.0%	0.0%	0.0%	10.0%
Grievous Assaults (13)	92.3%	61.5%	0.0%	0.0%	0.0%	0.0%	7.7%	15.4%	7.7%	7.7%
Immoral Behaviour (2)	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intimidation/Threats (28)	77.8%	66.7%	0.0%	0.0%	0.0%	7.4%	18.5%	0.0%	0.0%	0.0%
Kidnapping and Abduction (1)	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Minor Assaults (27)	85.2%	59.3%	0.0%	0.0%	0.0%	3.7%	14.8%	3.7%	0.0%	7.4%
Receiving (7)	85.7%	71.4%	0.0%	0.0%	14.3%	14.3%	28.6%	14.3%	0.0%	0.0%
Robbery (10)	80.0%	70.0%	10.0%	0.0%	0.0%	0.0%	20.0%	0.0%	10.0%	0.0%
Serious Assaults (81)	79.0%	49.4%	0.0%	0.0%	1.2%	6.2%	9.9%	2.5%	0.0%	3.7%
Sexual Attacks (10)	80.0%	40.0%	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%
Theft (45)	80.0%	73.3%	0.0%	4.4%	2.2%	4.4%	24.4%	44.4%	2.2%	11.1%
Trespass (17)	100.0%	82.4%	0.0%	0.0%	0.0%	0.0%	17.6%	0.0%	0.0%	11.8%
Unknown (3)	100.0%	66.7%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%	33.3%

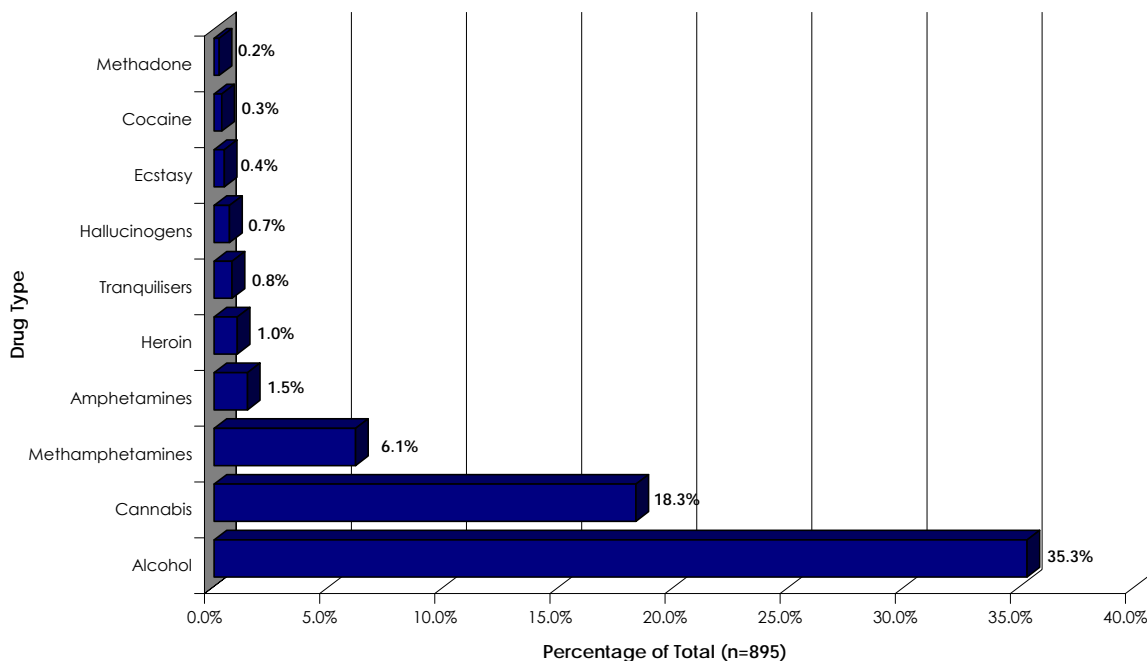
Table 6: First Recorded Offence by Self-Reported Drug Use in the Past 48 Hours

Offence	Alcohol	Cannabis	Cocaine	Heroin	Methadone	Amphetamines	Meth-amphetamines	Ecstasy	Tranquilisers	Hallucinogens
Against Justice (401)	46.9%	44.9%	0.0%	1.0%	1.0%	2.2%	6.0%	0.5%	0.2%	0.5%
Animals (1)	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Burglary(56)	44.6%	62.5%	0.0%	3.6%	0.0%	1.8%	8.9%	1.8%	0.0%	1.8%
Car Conversion Etc (20)	45.0%	45.0%	0.0%	0.0%	0.0%	5.0%	15.0%	0.0%	0.0%	0.0%
Destruction of Property (32)	75.0%	50.0%	0.0%	0.0%	0.0%	3.1%	6.3%	0.0%	3.1%	3.1%
Detox (6)	100.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Disorder (31)	83.9%	38.7%	0.0%	6.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Driving (53)	47.2%	218.9%	0.0%	1.9%	1.9%	1.9%	5.7%	0.0%	1.9%	0.0%
Drugs (Cannabis only) (22)	22.7%	68.2%	0.0%	0.0%	0.0%	4.5%	18.2%	0.0%	0.0%	0.0%
Drugs (not Cannabis) (14)	28.6%	57.1%	0.0%	0.0%	0.0%	0.0%	28.6%	0.0%	0.0%	7.1%
Family Offences (1)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Fraud (10)	30.0%	50.0%	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%
Grievous Assaults (13)	69.2%	38.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Immoral Behaviour (2)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intimidation/Threats (28)	51.9%	37.0%	0.0%	0.0%	0.0%	0.0%	3.7%	0.0%	0.0%	0.0%
Kidnapping and Abduction (1)	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Minor Assaults (27)	44.4%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Receiving (7)	57.1%	28.6%	0.0%	0.0%	0.0%	0.0%	14.3%	14.3%	0.0%	0.0%
Robbery (10)	50.0%	30.0%	10.0%	0.0%	0.0%	0.0%	10.0%	0.0%	10.0%	0.0%
Serious Assaults (81)	55.6%	27.2%	0.0%	0.0%	0.0%	1.2%	3.7%	0.0%	0.0%	0.0%
Sexual Attacks (10)	10.0%	30.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Theft (45)	35.6%	44.4%	0.0%	4.4%	0.0%	0.0%	4.4%	0.0%	0.0%	4.4%
Trespass (17)	41.2%	47.1%	0.0%	0.0%	0.0%	0.0%	5.9%	0.0%	0.0%	5.9%
Unknown (3)	100.0%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%

USING DRUGS WHEN ARRESTED

When asked whether they had been using drugs at the time of their arrest, 48% (n=432) of participants reported that they had been using at least one drug at the time. Thirty-six percent of participants reported using alcohol at the time, 18% reported using cannabis and 6% reported using methamphetamines (Note that participants could report using more than one drug). Responses relating to all drug types are provided in Figure 43.

Figure 43: Reported Drug Use at Time of Arrest



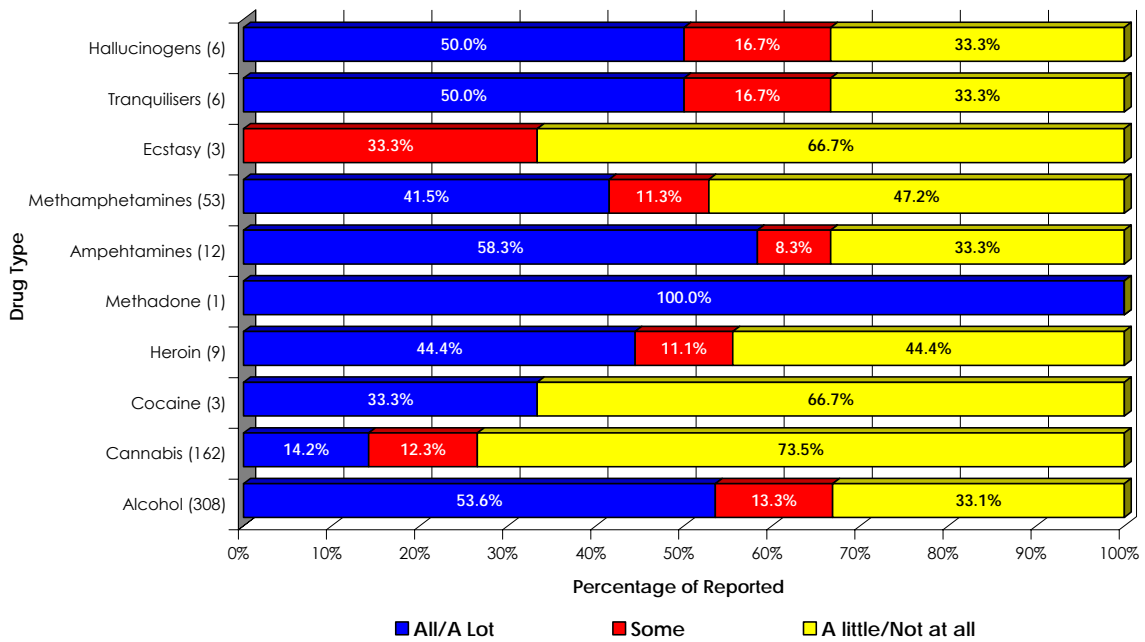
CONTRIBUTION OF DRUG USE TO CURRENT OFFENCE

Participants who stated that they had been using drugs when they became involved in the activities for which they were arrested were then asked the extent to which they believed their use of these drugs contributed to their involvement in these activities.

The responses provided by the 432 participants who were using at least one drug at the time of their arrest and who answered this question are presented in Figure 44. (Note that participants could report using more than one drug.)

Two-thirds (66.9%) of those using alcohol at the time of their arrest considered that its use had contributed “some” to “all” of their offending. Similarly, a quarter (26.5%) of cannabis users reported that their drug use contributed between “some” and “all” to their criminal activities. (Some of these results should be treated with caution, given the small sample sizes associated with the use of some drugs.)

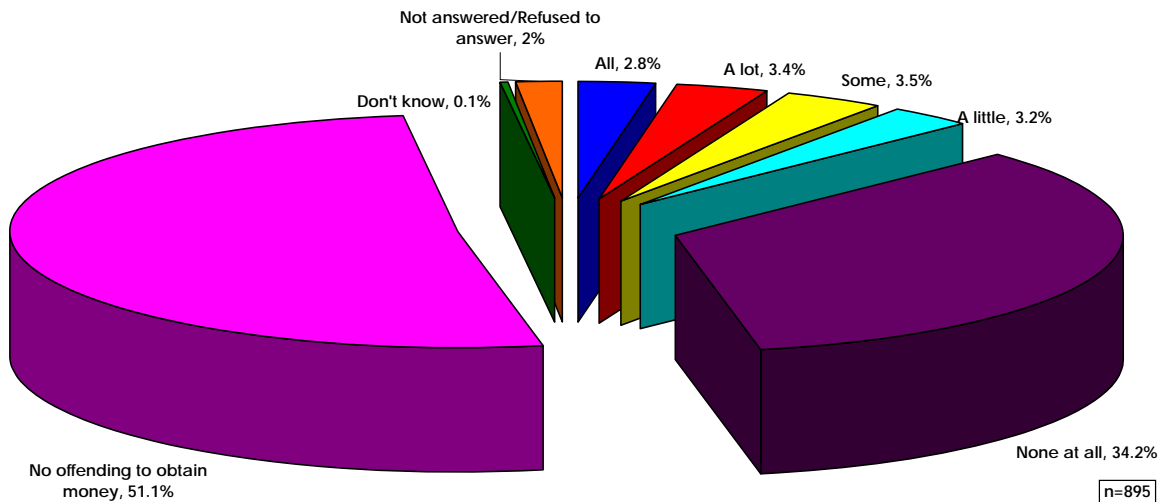
Figure 44: Contribution of Drug Use to Current Criminal Activity



NEED TO BUY DRUGS AS CAUSE OF OFFENDING

Participants were asked to describe how much of their criminal offending was caused by the need to buy illegal drugs, to which just over a third (34.2%) of participants responded "none at all", and a half (51.1%) responded that they did not commit criminal offences to obtain money. However, 13% of participants reported that their offending was caused to some degree by their need to buy illegal drugs. Figure 45 depicts the responses to this question.

Figure 45: Offending Caused by Need to Buy Drugs



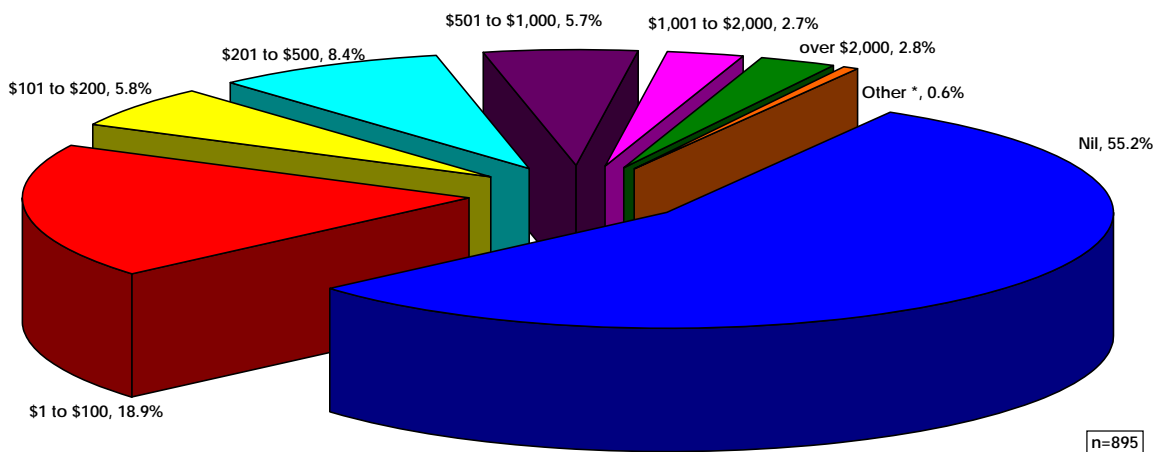
3.8 ACQUIRING DRUGS

EXPENDITURE ON DRUGS

When participants were asked how much they had spent on illicit drugs in the 30 days prior to their detention, just over half (55%) reported that they had not spent any money on drugs during that period. However, 19% of participants reported spending \$100 or less; 6% spent between \$101 and

\$200; 9% spent between \$201 and \$500; and 6% spent between \$501 and \$1,000. A small minority, 3%, claimed to have spent over \$2,000 on illegal drugs in the past 30 days, this included one participant who indicated having spent \$70,000 on illegal drugs in the past 30 days. Figure 46 depicts the responses to this question.

Figure 46: Amount Spent on Illicit Drugs in Past 30 Days



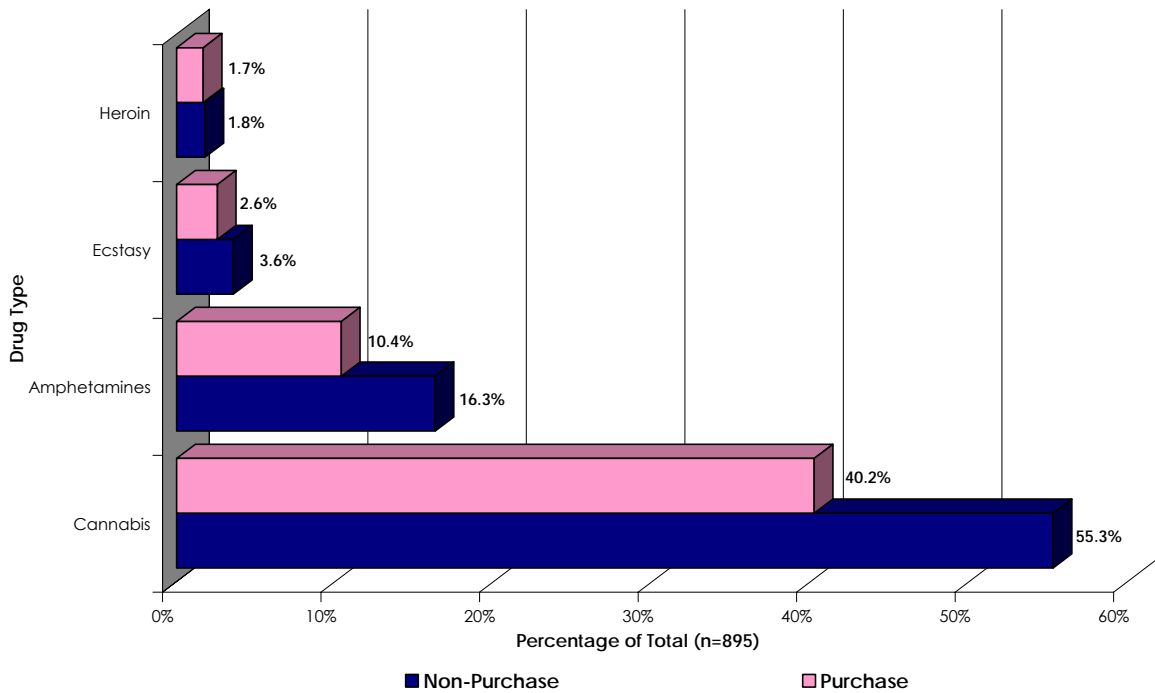
*This includes 5 records where no data was collected

DRUG PROCUREMENT

Among all participants in the 2007 data collection period, 70% reported possessing illicit drugs at some time in the month preceding their detention, whether or not they actually used drugs. Drugs could be procured either through purchase or through non-cash transactions such as trading drugs for property (stolen or otherwise), self production/cultivation, having someone else share their drugs, or trading sex for drugs.

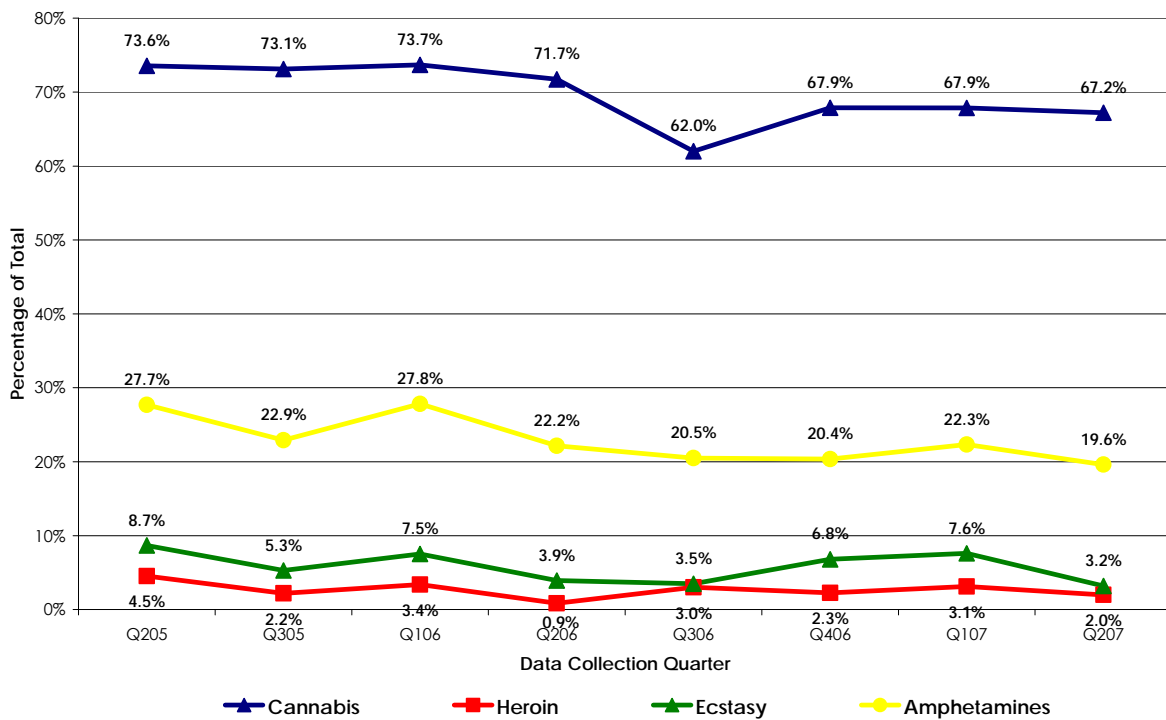
Participants were asked about their drug purchases and the drugs they acquired by other means. Figure 47 presents details of the percentages of participants who reported procuring drugs in the 30 days prior to detention via purchase or other means. It is noteworthy that in all cases larger proportions of participants reported acquiring drugs through means other than purchase. (Note that participants could nominate that they acquired drugs by both means.)

Figure 47: Drugs Acquired in Past 30 Days by Method of Acquisition



Further analysis was conducted on these variables and is presented as a time series over the course of the study in the following figure. It illustrates that there was a slightly declining trend over the period for those acquiring different drugs for all drug types. Note that the following time-series figures represent drug acquisition in total (i.e. participants may have acquired the drugs through purchase or non-purchase methods).

Figure 48: Proportion of Participants Acquiring Drugs in Past 30 Days – Time Series



These variables were further analysed on a site by site basis to determine whether there were any geographical differences. The results are presented in the following figures, which reveal:

- Whangarei demonstrated a steady decline in the acquisition of cannabis with a particularly noticeable drop in the September 2006 quarter. A similar pattern is evident with amphetamines with a drop occurring in the December 2006 quarter. Ecstasy acquisition fluctuated for the first four quarters of data collection with a decline in the last three quarters (although the numbers are small).
- Henderson displayed a decrease in cannabis acquired until the December 2006 quarter whereafter it has been increasing steadily. Amphetamine acquisition has been in decline since the June 2006 quarter until the last quarter when it rose by 7%. Heroin and ecstasy acquisition have remained fairly consistent over the period of the study, albeit at very low levels.
- Hamilton's acquisition rates for cannabis have declined slightly over the reporting period. Amphetamine acquisition dropped dramatically in the June 2006 quarter for six months before returning to nearly 30%, before decreasing again in the last quarter. Ecstasy showed a decrease in the September 2006 quarter before rising by 8% and has been in steady decline in the last three quarters.
- Dunedin exhibited an increasing trend in cannabis acquisition, with a dramatic rise in the December 2006 quarter (however care must be taken when interpreting this rise due the low participant rate for this quarter). Amphetamine and heroin acquisition have remained fairly stable (at low rates) with ecstasy showing a rise in the March 2007 quarter and a large decline in the last data collection quarter.

The data highlights the fact that drug use and drug acquisition tends to be a localised activity, with markets that are subject to local conditions and influences.

Figure 49: Whangarei - Proportion of Participants Acquiring Drugs in Past 30 Days – Time Series

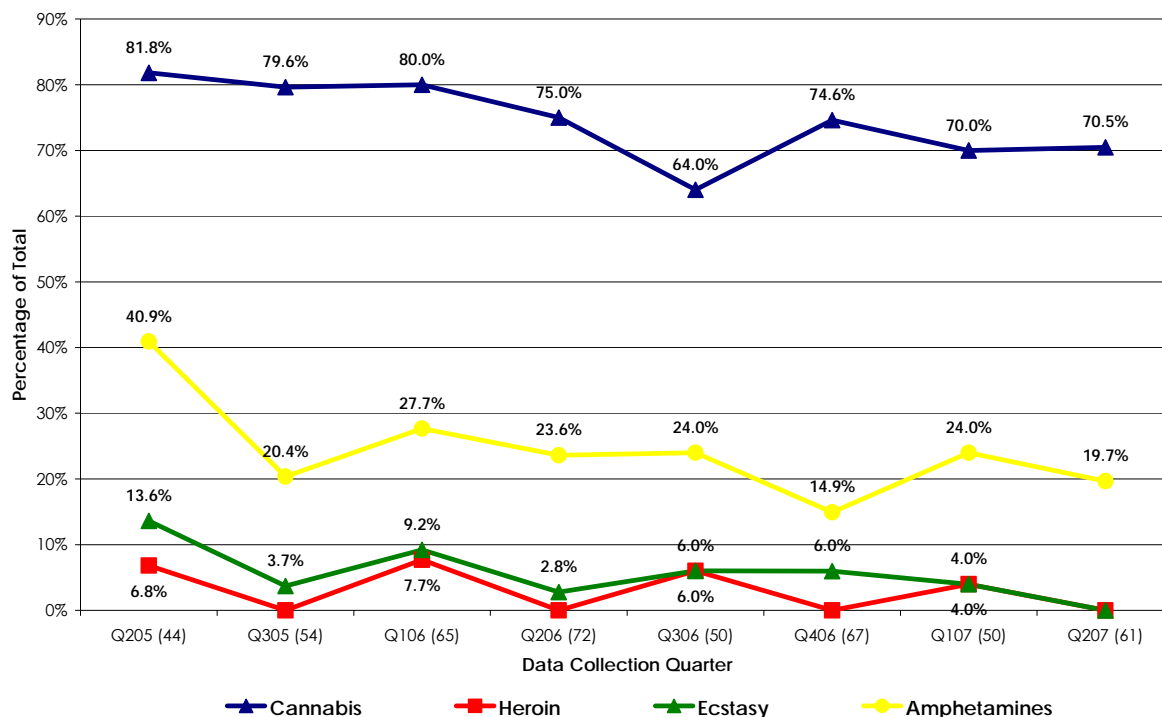


Figure 50: Henderson - Proportion of Participants Acquiring Drugs in Past 30 Days – Time Series

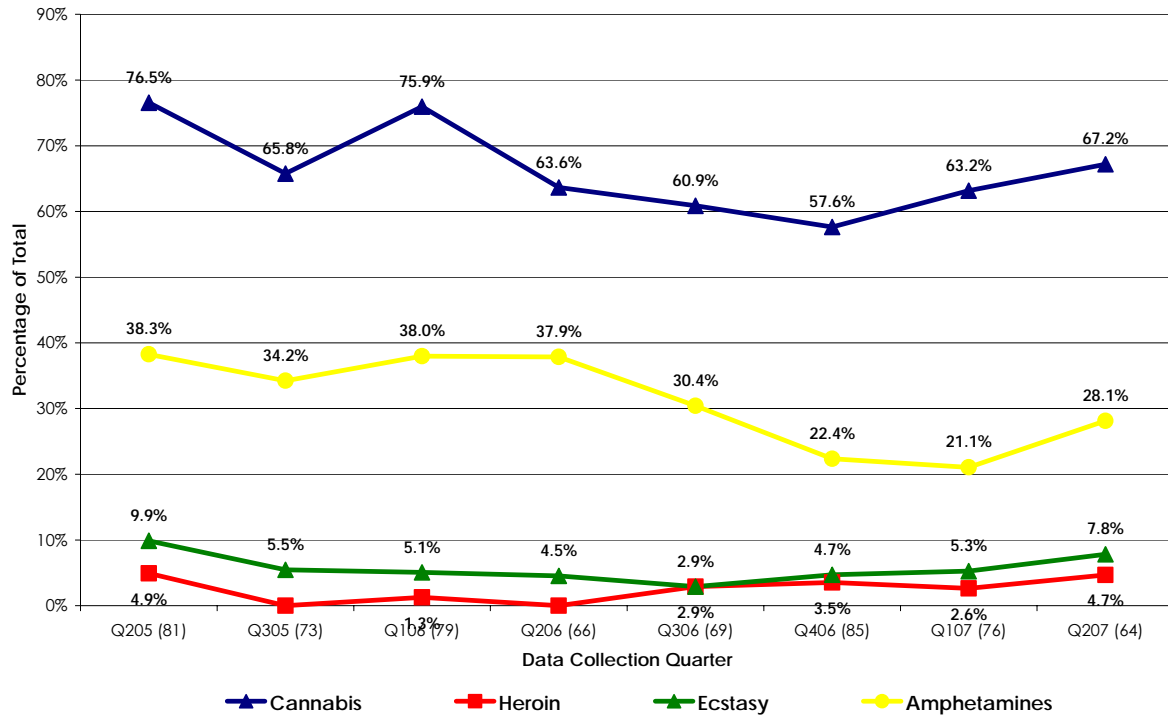


Figure 51: Hamilton - Proportion of Participants Acquiring Drugs in Past 30 Days – Time Series

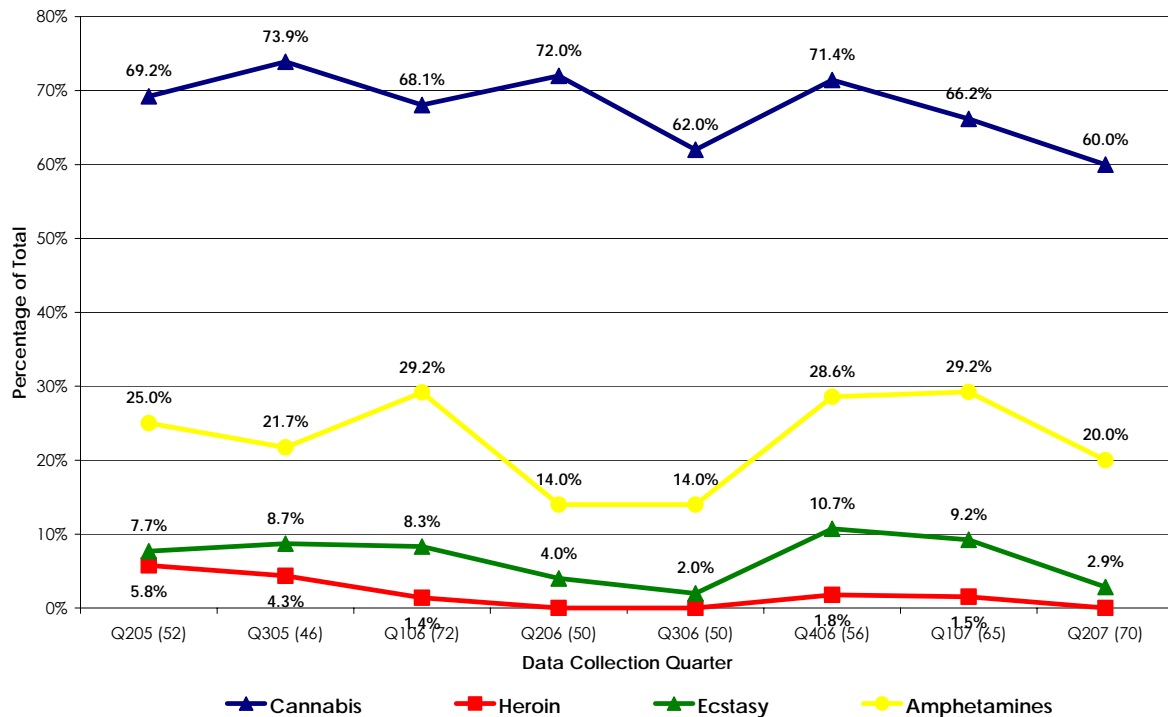
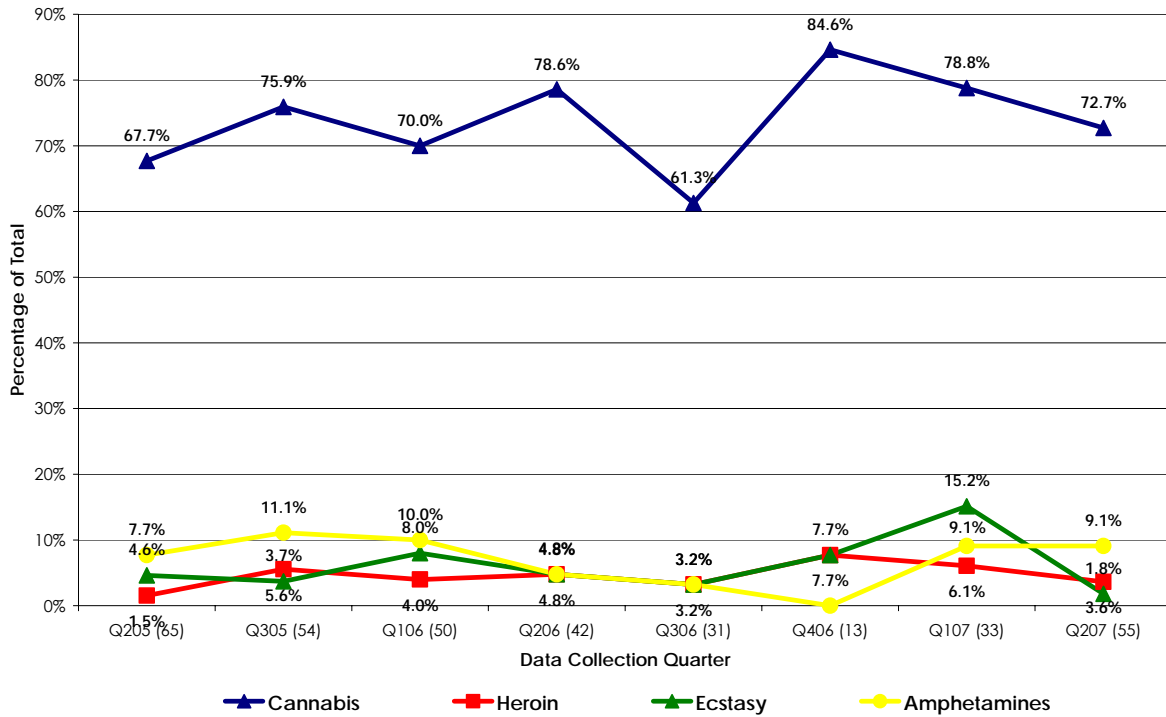


Figure 52: Dunedin - Proportion of Participants Acquiring Drugs in Past 30 Days – Time Series



METHOD OF CONTACT TO ACQUIRE DRUGS

The methods by which participants contacted the person from whom they last acquired drugs varied by drug type. Visiting a house or flat was the most common method of acquiring cannabis (56% of this drug was acquired by this method). All other drugs showed that call/text them on a mobile phone was the most common method of contact, heroin (40%), ecstasy (39%) and amphetamines (including methamphetamines) (34%). Responses to this question are presented in the following figures.

Figure 53: Method of Contact to Acquire Drugs - Cannabis

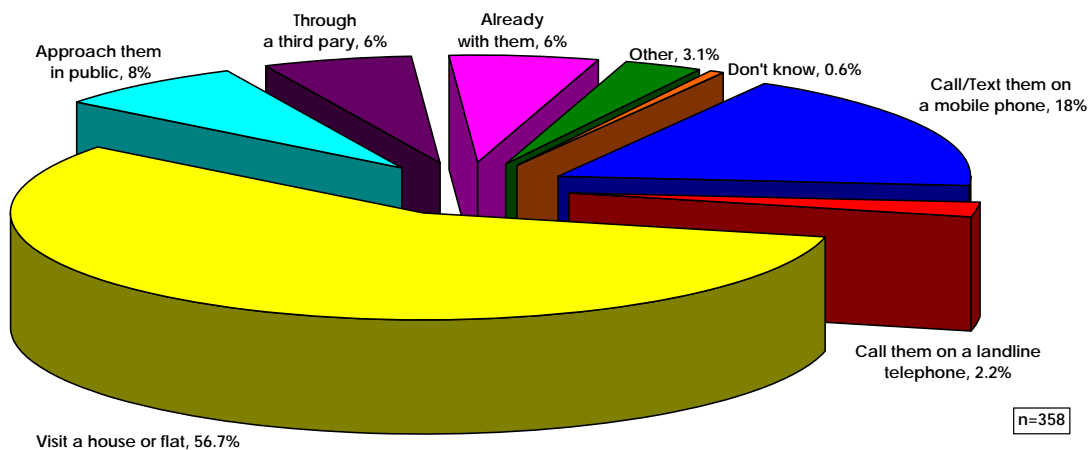


Figure 54: Method of Contact to Acquire Drugs - Heroin

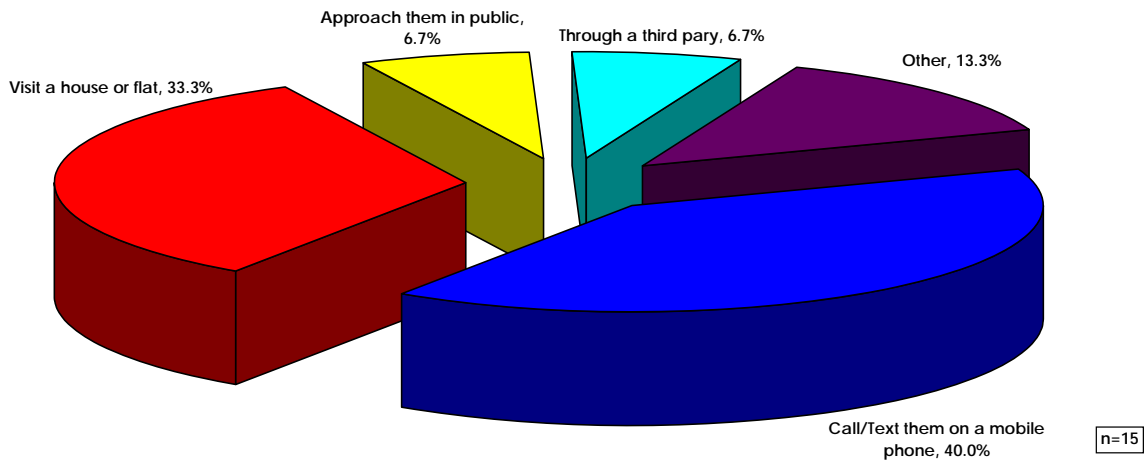


Figure 55: Method of Contact to Acquire Drugs - Amphetamines

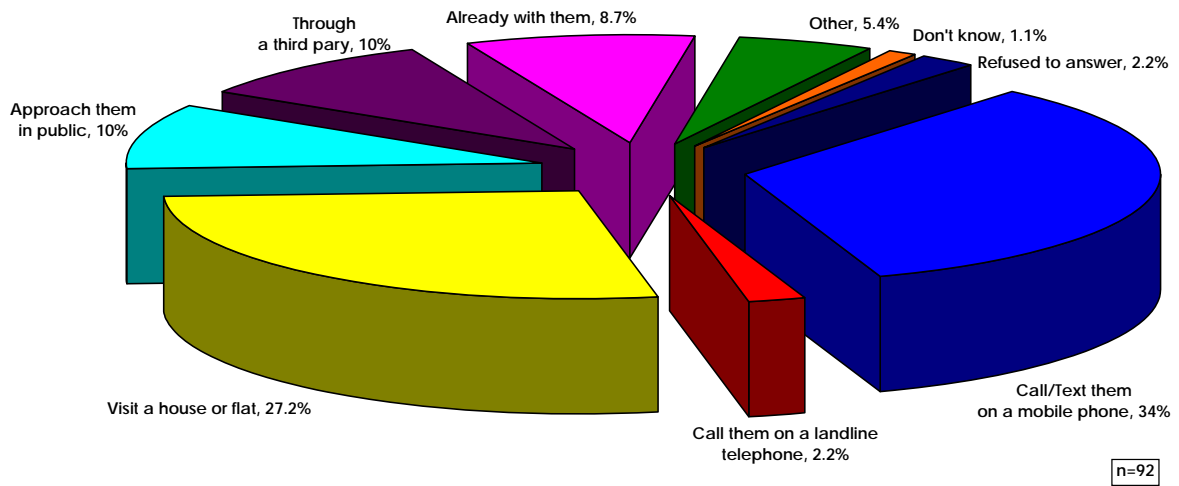
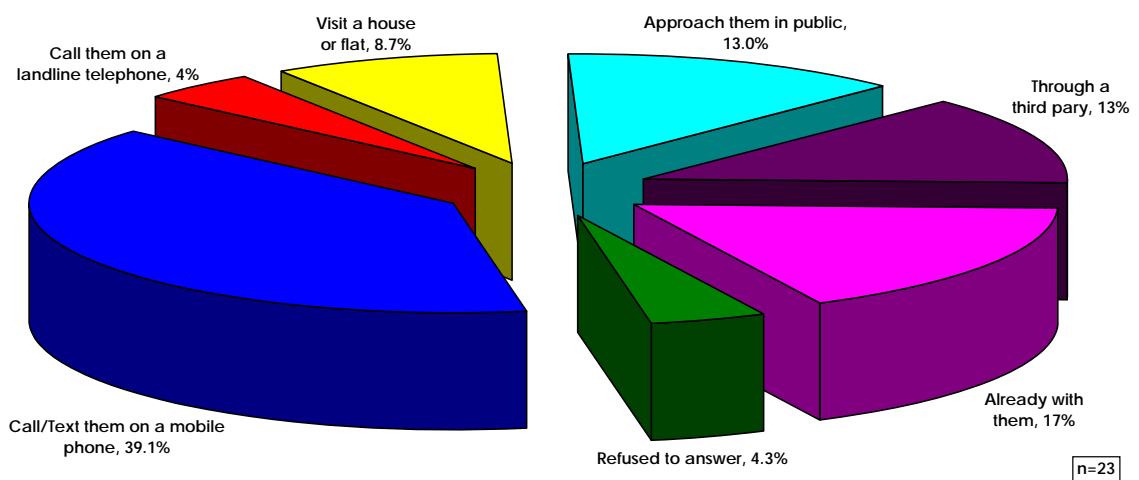


Figure 56: Method of Contact to Acquire Drugs - Ecstasy



LOCATION AT WHICH DRUGS ACQUIRED

A private house or flat was reported to be the main location at which drugs were acquired across all drug types, particularly heroin and amphetamines. Overall, cannabis was the drug acquired from the widest range of locations. Responses to this question are shown for each drug in the following figures.

Figure 57: Location Where Drugs Last Acquired - Cannabis

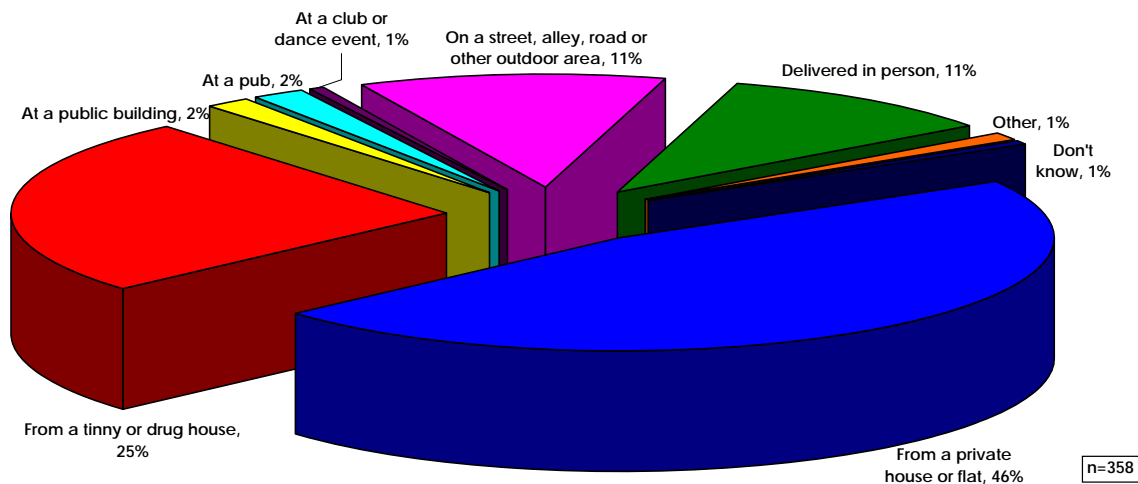


Figure 58: Location Where Drugs Last Acquired - Heroin

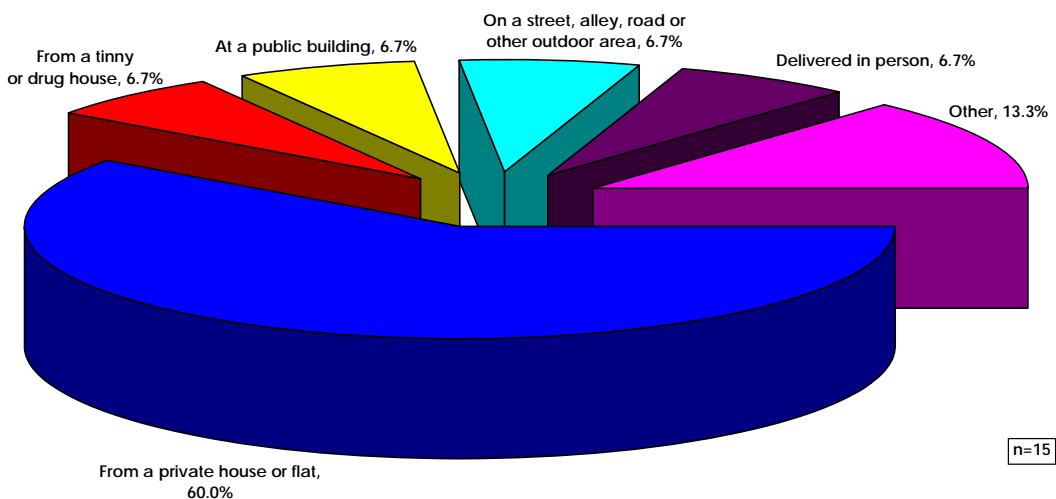


Figure 59: Location Where Drugs Last Acquired - Amphetamines

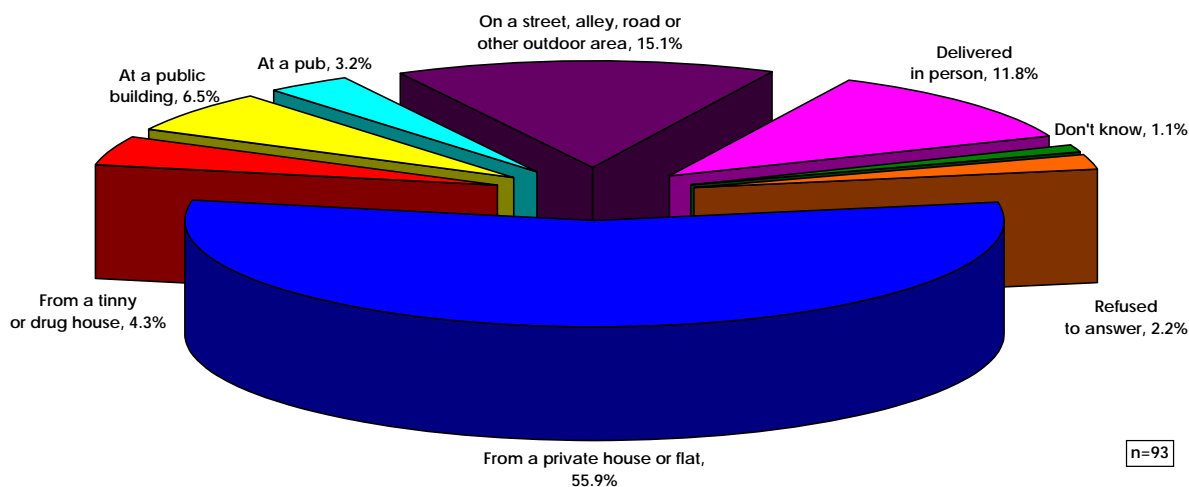
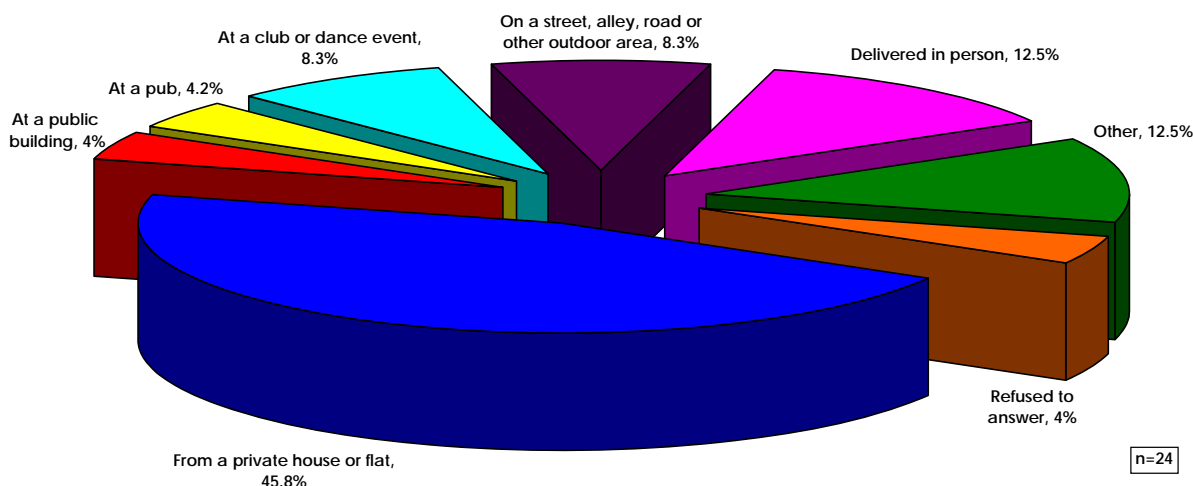


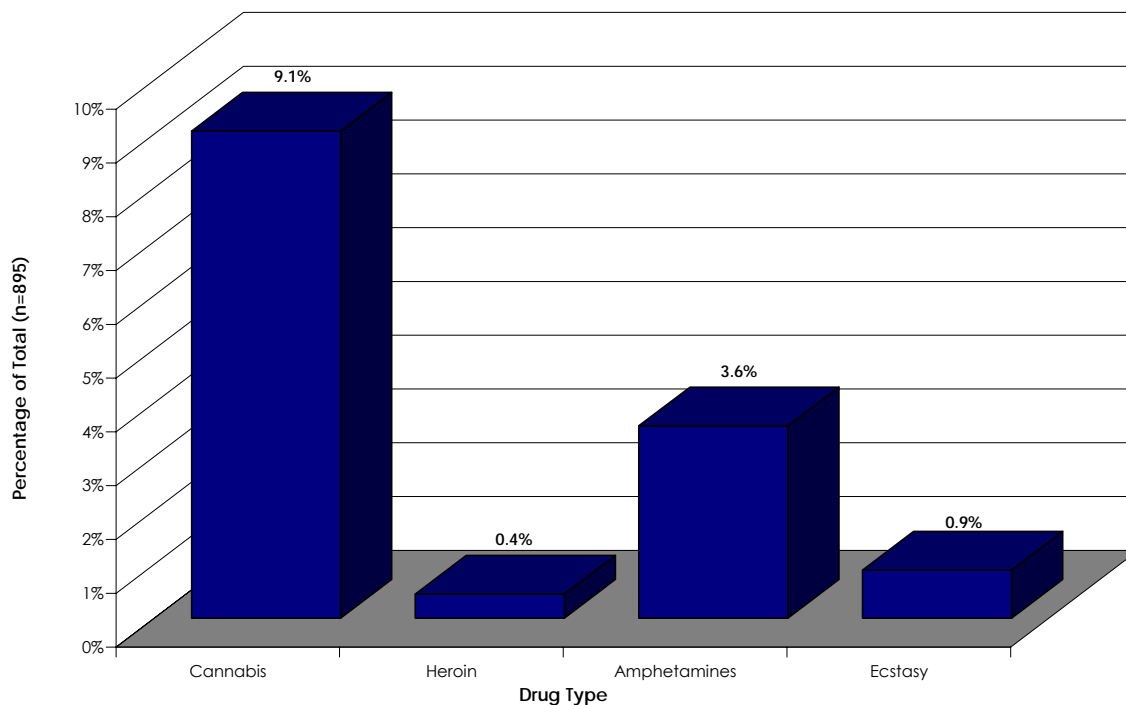
Figure 60: Location Where Drugs Last Acquired - Ecstasy



3.9 SELLING DRUGS

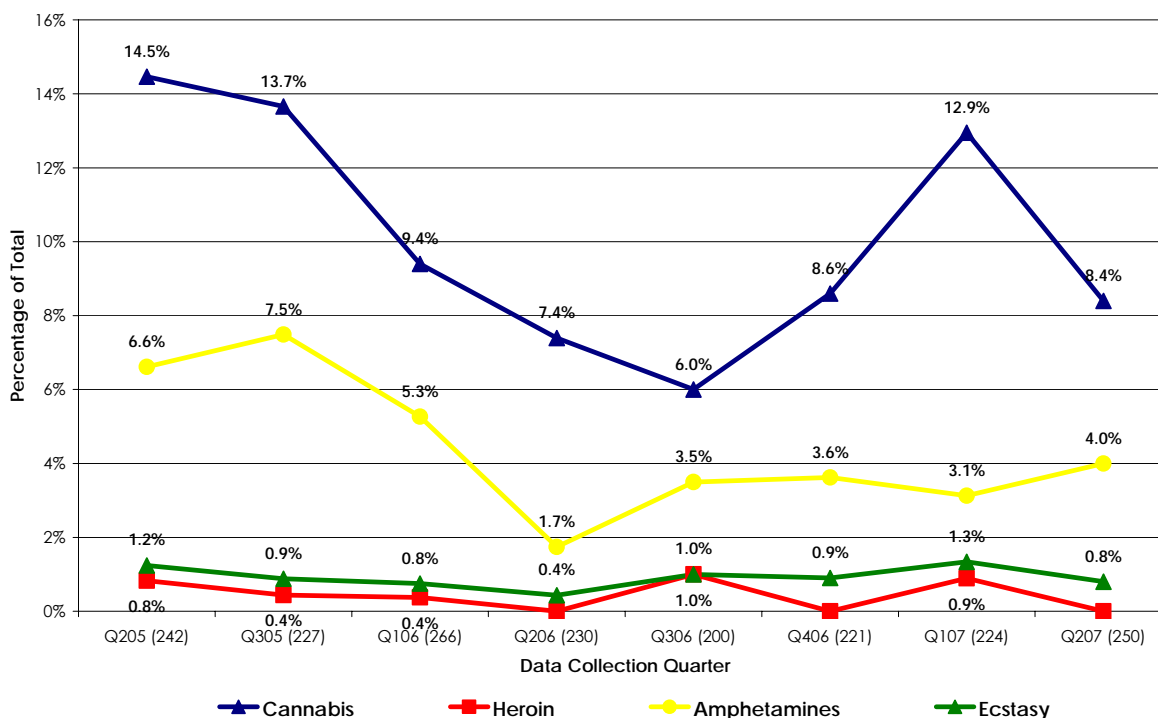
Participants were asked whether they had sold any drugs in the previous 30 days. Just over nine percent (9.1%) of participants reported having sold cannabis, 3.6% reported having sold amphetamines (including methamphetamines), almost 1% reported having sold ecstasy and less than 1% of respondents reported having sold heroin. These results are depicted in Figure 61.

Figure 61: Proportion of Participants Selling Drugs



Further analysis was conducted on these variables and is presented as a time series over the eight quarters of the study. Figure 62 shows a distinct downward trend for cannabis over five quarters to March 2007, followed by an increase for two quarters. Amphetamine selling declined to the end of the first year and has remained fairly stable around 3.5% since then. Heroin and ecstasy sales have remained stable throughout the study at less than 2% of participants.

Figure 62: Proportion of Participants Selling Drugs – Time Series



These variables were further analysed on a site basis to determine whether there were any geographical differences. All sites presented the same general downward trend in the first year with mixed trends in the last year's data collection. These results are shown in the following figures for each site.

Figure 63: Whangarei - Proportion of Participants Selling Drugs – Time Series

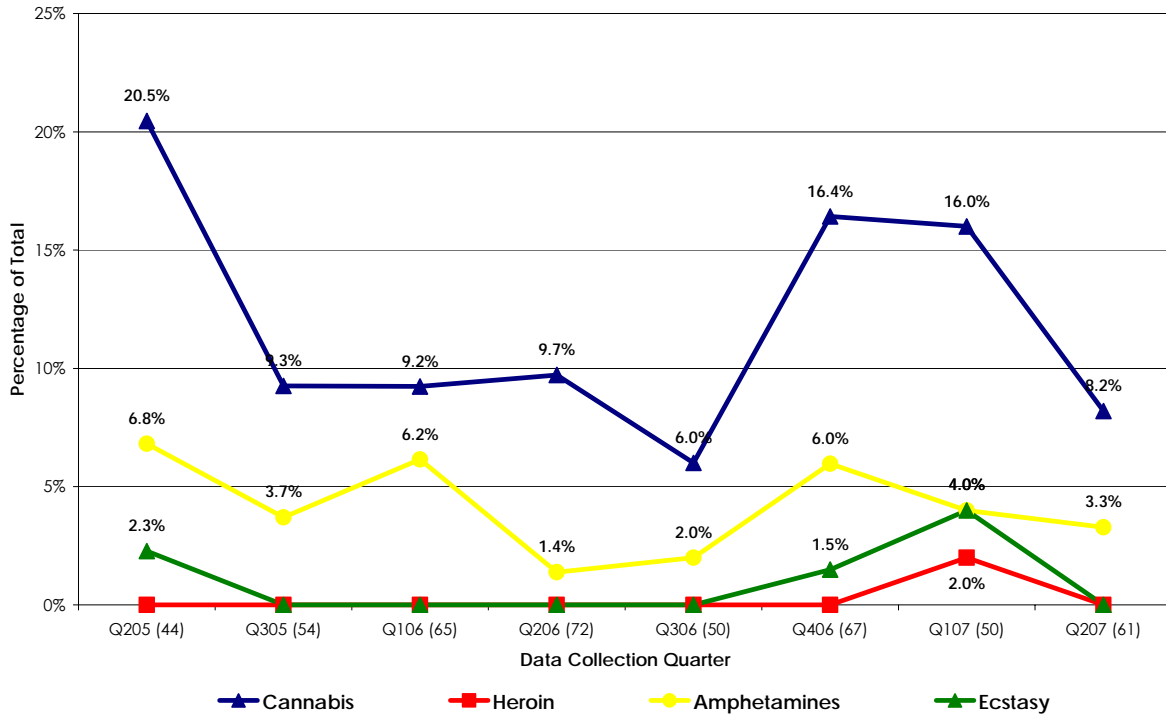


Figure 64: Henderson - Proportion of Participants Selling Drugs – Time Series

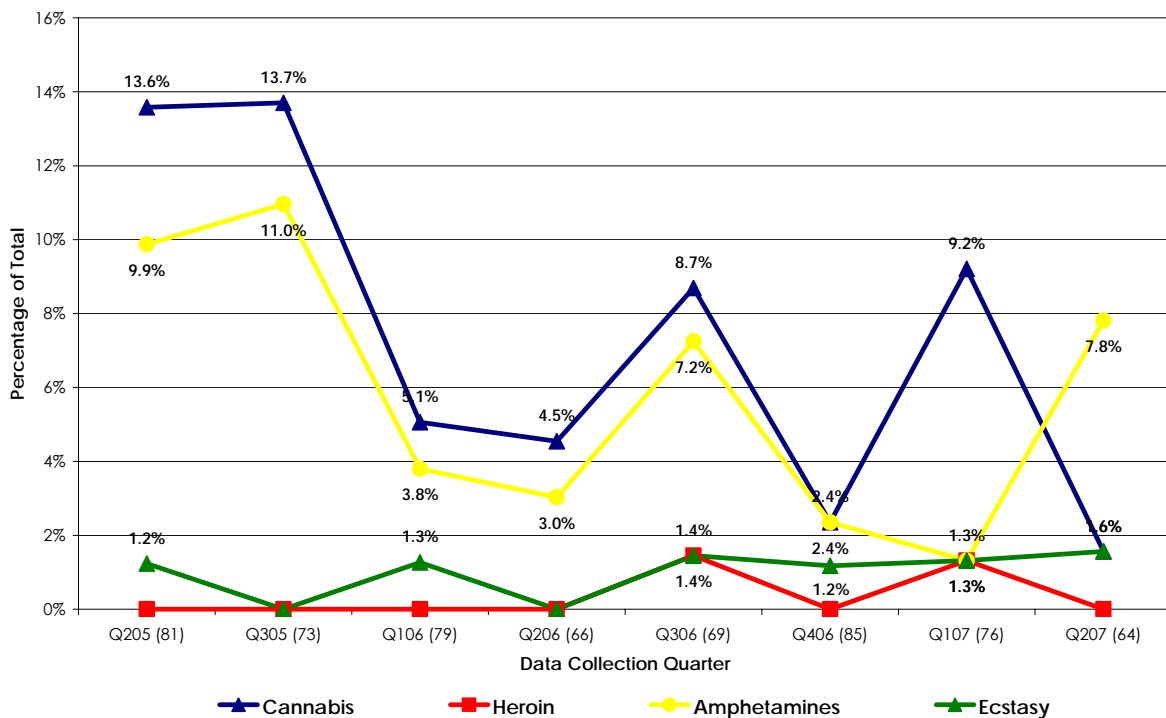


Figure 65: Hamilton - Proportion of Participants Selling Drugs – Time Series

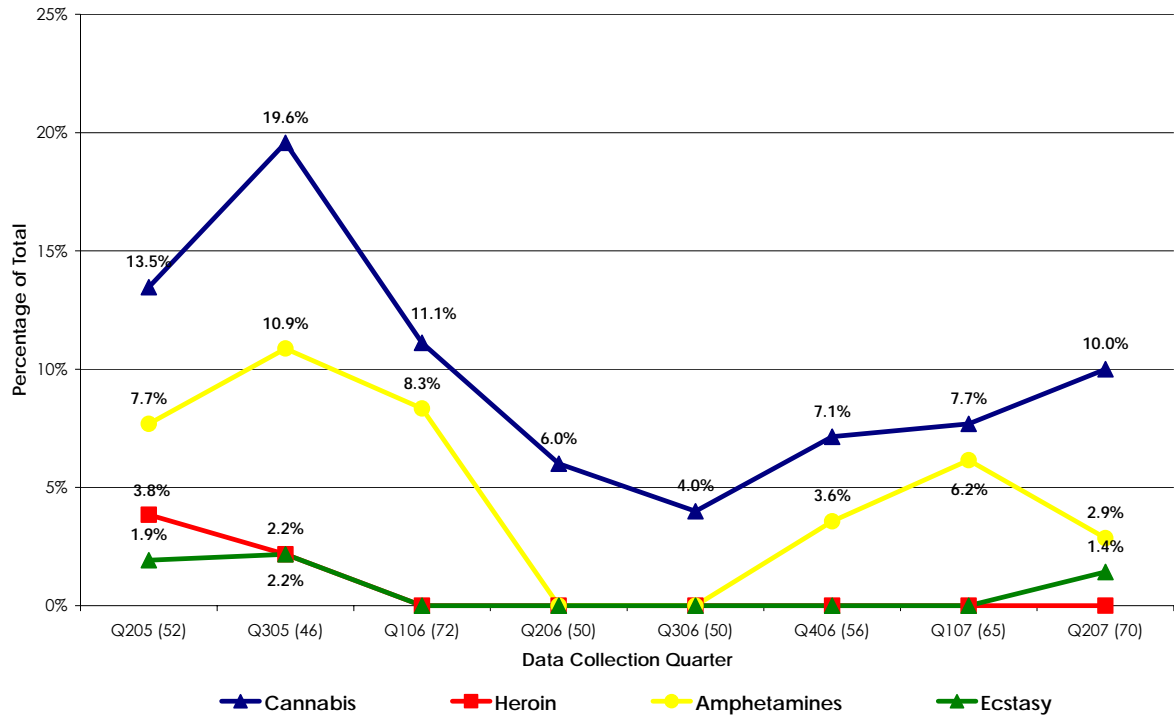
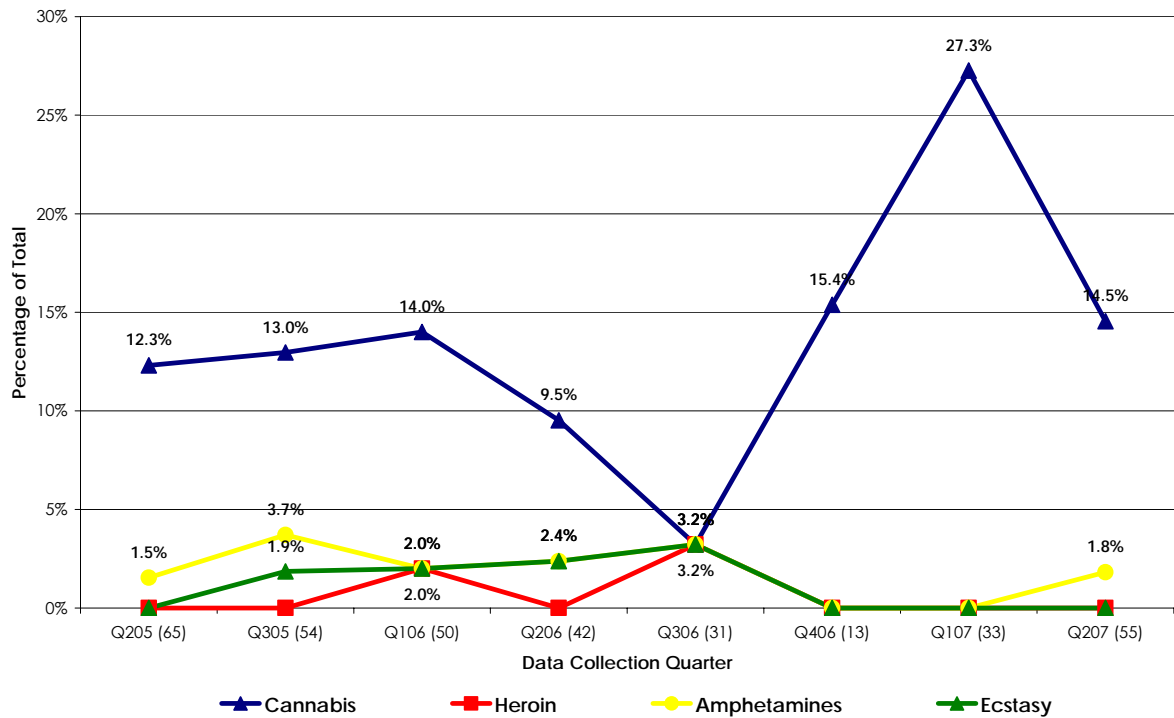


Figure 66: Dunedin - Proportion of Participants Selling Drugs – Time Series



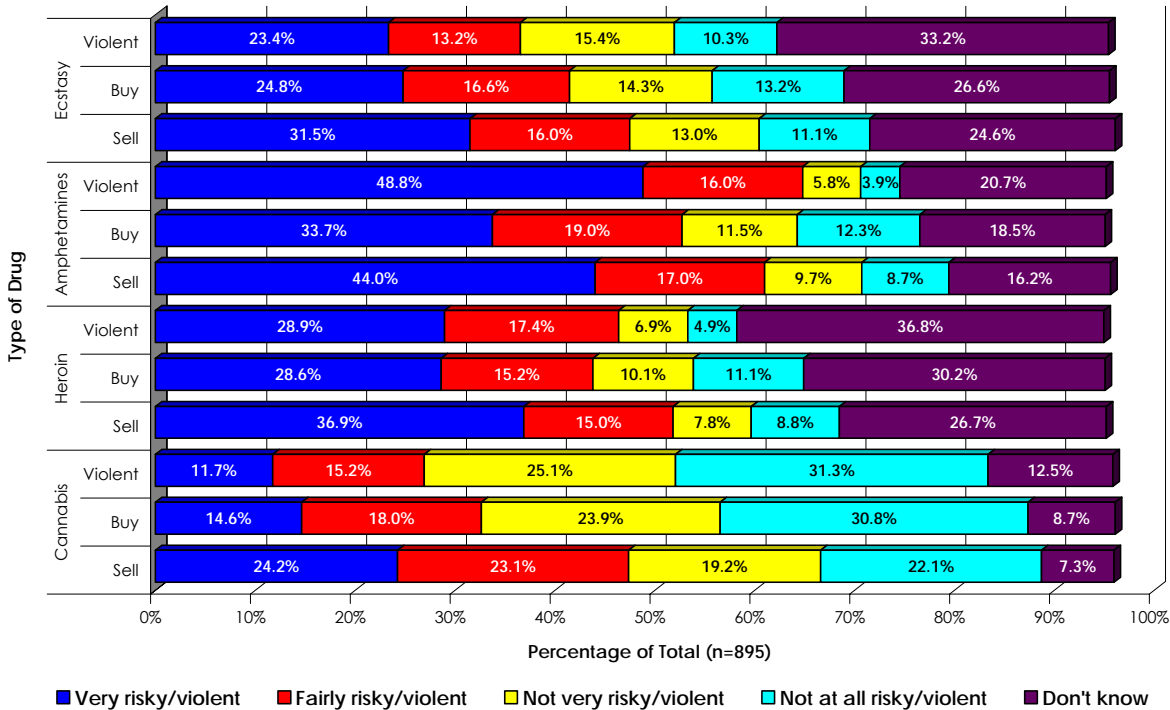
3.10 PERCEIVED RISKS OF DRUG MARKETS

Participants were asked to describe the drug markets for cannabis, heroin, amphetamines (including methamphetamines) and ecstasy in their local areas by commenting on:

- the degree of perceived risk from Police activities associated with **selling** each type of drug in the area;
- the degree of perceived risk from Police activities associated with **buying** each type of drug in the area; and
- the degree of **violence** associated with the market for each type of drug in the area.³

The responses detailing the perceived risks and violence associated with each of the four nominated illegal drug markets are presented in Figure 67.

Figure 67: Perceived Risks and Violence of Illicit Drug Markets



For ease of illustration, where participants refused to or did not provide an answer to the question, their responses have been excluded.

The following observations summarise the findings from this analysis:

- Selling drugs was considered to present more risks from Police activity than buying in all drug markets.
- The amphetamine market was reported by participants to involve the greatest risk from Police activities whether buying or selling and was also perceived to be the most violent drug market.
- Buying cannabis was perceived by participants to be the drug-related transaction at least risk from Police activities.
- The cannabis and ecstasy markets were perceived to be the least violent of the four drug markets.

³ For ease of comparison, the responses "Very Risky", "Very Violent" and "Fairly Risky" and "Fairly Violent" have been grouped into the category "Very Risky/Violent & Fairly Risky/Violent". The responses "Not very Risky", "Not very Violent" and "Not at all Risky" and "Not at all Violent" have been grouped into the category "Not very Risky/Violent & Not at all Risky/Violent"



NZ-ADAM AND DUMA COMPARISONS

4.1 INTRODUCTION

The New Zealand Arrestee Drug Abuse Monitoring (NZ-ADAM) programme is one of a number of similar international programmes which seek to measure drug and alcohol use among people who have recently been detained by police. Of particular interest is the Drug Use Monitoring in Australia (DUMA) programme which, like the NZ-ADAM programme, involves the collection of self-reported and urinalysis data from people detained in police watch houses (or their Australian equivalent). This section draws some comparisons between the two studies on a number of levels including detainee profiles and drug use by participants. The DUMA data has been derived from the report by Mouzos, Hind, Smith and Adams⁴.

4.2 PROFILE OF PARTICIPANTS

GENDER

A comparison of gender across both studies shows that the large majority of detainees were male with 87.3% in NZ-ADAM and 84% in DUMA.

AGE

There are some significant variances in the age profile between the two studies. The largest proportion of NZ-ADAM participants was in the 18 to 20 year age group (36%), compared to 14% for DUMA. DUMA's largest represented age group was between 21 and 30 years (42%), compared to just over a third (34%) in NZ-ADAM. Overall, DUMA participants were older than NZ-ADAM participants. The age distribution of the participants in both studies is shown in Table 7 below. However, this may be a reflection of different policies between Australia and New Zealand in the detention of young people, rather than differences in the sub-population participating in DUMA and NZ-ADAM.

Table 7: Comparative Age Profile between NZ-ADAM and DUMA

Age Group	NZ-ADAM	DUMA
18 to 20 years	36%	14%
21 to 30 years	34%	42%
31 to 35 years	10%	16%
Over 35 years	20%	28%

INDIGENOUS STATUS

There is a marked difference between the two studies in the area of indigenous status. Just over half of all participants in NZ-ADAM were of Māori decent compared to 20% of participants in

⁴ Mouzos J, Hind N, Smith L, Adams K. *Drug use monitoring in Australia: 2006 annual report on drug use among police detainees*. Research and Public Policy Series No. 75. Australian Institute of Criminology, 2007.

DUMA indicating that they were indigenous. However, further adjustment of these rates to allow for the background prevalence of indigenous persons across the two countries is required to provide a better comparison of their representation in these studies.

EDUCATIONAL STATUS

In making comparisons in the area of educational status of participants in NZ-ADAM and DUMA, it was assumed that Polytech courses in New Zealand are commensurate with Australian TAFE courses.

The highest percentage of participants in both studies were found to have completed some high school but had not completed the compulsory years (in the DUMA study this was stated as participants having had less than 10 years of formal education). These comparisons are shown in Table 8.

Table 8: Comparative Educational Status between NZ-ADAM and DUMA

Education Level Acquired	NZ-ADAM	DUMA
Some high school but compulsory years not completed	44%	48%
Completed Polytech (TAFE) course	8%	17%
Currently at Polytech (TAFE) or University	5%	10%
Completed University	2%	4%

PLACE OF RESIDENCE

When asked to describe where they had lived most of the time in the last 30 days, 38% of NZ-ADAM participants reported living in a house or apartment they owned or rented, compared to 48% of DUMA participants. Two percent and six percent reported to have been living on the street in both the NZ-ADAM and DUMA studies.

GOVERNMENT BENEFITS RECEIVED

Among DUMA participants 62% reported obtaining money through government benefits compared to 58% of NZ-ADAM participants.⁵

4.3 DRUG USE AMONG DETAINEES

4.3.1 URINALYSIS RESULTS

The following section presents detailed results of urinalysis testing by different drug types. In DUMA, 77% of interviewed participants provided a urine sample, compared to 55% of NZ-ADAM participants.

CANNABIS

Cannabis was the most commonly detected drug across both studies, but was considerably higher among NZ-ADAM participants. Over half (54%) of DUMA detainees tested positive for cannabis, compared to 69% of the New Zealand detainees.

METHAMPHETAMINES

The NZ-ADAM results show that 11% of detainees tested positive for methamphetamines compared to 25% in the DUMA study.⁶

⁵ Note that the figures reported on for NZ-ADAM are for 12 months. No time period was stated for the DUMA figures.

HEROIN

There was a considerable difference in the results for heroin between the two studies. A very small percentage of New Zealand participants (4%) tested positive for opiates whereas 13% of the Australian detainees tested positive for opiate use.

TRANQUILISERS

A comparison between the two studies on tranquiliser use is more difficult as the method of reporting varied between the studies. NZ-ADAM reported that overall 3% of detainees tested positive to various forms of tranquilisers. The DUMA study presented its findings by gender, with 20% of males and 36% of females testing positive. Despite the variance in data presentation, it is apparent that there is a much higher proportion of tranquiliser use in Australia compared to New Zealand.

COCAINE

Cocaine was found to be the least likely of all drugs to be used in both studies, with DUMA reporting 2% of detainees testing positive, while in the NZ-ADAM study where no detainees testing positive to cocaine.

ECSTASY

Positive tests for ecstasy were low in the DUMA study with only 2.5% of participants testing positive. There were no New Zealand participants testing positive to ecstasy.

4.3.2 SELF-REPORTED DRUG USE

Both studies collected data relating to the self-reported drug use by detainees. The DUMA report found that 47% of detainees reported having used drugs prior to their arrest, while the NZ-ADAM study found that almost half (48%) of detainees reported that they had been using at least one drug at the time of their arrest. Ninety-eight percent of DUMA participants reported every having drunk alcohol, compared to 99% of NZ-ADAM participants.

AGE DRUG ACTIVITY COMMENCED

Detainees in both studies were asked to identify the age at which they had first tried drugs. The results across the two studies were quite similar. Alcohol and Cannabis were the drugs that were tried at the youngest age across both studies. A comparison is shown in Table 9.

⁶ The figure stated for methamphetamine use is based on the study finding 23% of males (860) and 37% of females (264) testing positive to methamphetamines.

Table 9: Mean Age of First Drug Use⁷

	Males		Females	
	NZ-ADAM	DUMA	NZ-ADAM	DUMA
Alcohol	13	14	14	14
Cannabis	14	14	15	15
Cocaine	20	19	19	17
Heroin	19	19	21	20
Methadone	22	25	27	20
Methamphetamines	22	19	23	19
Ecstasy	21	19	20	18
Tranquillisers	19	19	17	19
Hallucinogens	17	16	18	16

4.3.3 ACQUIRING DRUGS

Both studies reported that the large majority of detainees had acquired drugs in the last 30 days (70% in NZ-ADAM and 66% in DUMA). A number of questions were also asked to ascertain the method of contact as well as the place of purchase of these drugs. A summary of these findings is presented in the table below.

Table 10: Drugs Acquired in the Past 30 Days, NZ-ADAM and DUMA⁸

	Cannabis		Heroin		Amphetamines	
	NZ-ADAM	DUMA	NZ-ADAM	DUMA	NZ-ADAM	DUMA
Method of Contact						
Mobile phone	18%	20%	40%	42%	34%	31%
Landline phone	2%	12%	0%	24%	2%	20%
Visit a house or flat	57%	37%	33%	11%	27%	26%
Approach them in public	8%	14%	7%	14%	10%	10%
Place of Purchase						
House or flat	46%	60%	60%	26%	56%	53%
On the street	11%	22%	7%	55%	15%	29%
Delivered to individual	11%	11%	7%	11%	12%	10%

Generally the methods and places of acquisition were comparable across the two studies, with some minor variations, for example the greater use of landline phones in DUMA and the higher prevalence of acquiring drugs on the street in DUMA.

⁷ Note that DUMA figures only relate to detainees who tested positive to drug use.

⁸ Note that some results were omitted due to differing reporting categories – comparisons were made only on matching drugs, matching method of contact and place of purchase.

SOURCE OF ILLICIT DRUGS

Participants were asked about the source from which they acquired drugs. Both studies showed that drugs were acquired from a regular source. A more detailed breakdown is provided in Table 11.

Table 11: Type of Source, NZ-ADAM and DUMA

	Cannabis		Heroin		Amphetamines	
	NZ-ADAM	DUMA	NZ-ADAM	DUMA	NZ-ADAM	DUMA
Regular source	47%	57%	71%	65%	48%	57%
Occasional source	33%	26%	14%	18%	34%	25%
New source	19%	17%	7%	17%	14%	18%

4.3.4 DRUG TREATMENT

Comparisons between the two studies indicated that across all detainees about one-third had been in treatment at some stage in their lives (34% NZ-ADAM and 31% DUMA). Only 6% of New Zealand detainees reported currently being in treatment compared to 14% in Australia.

4.3.5 DRUGS AND CRIME

Offences committed by detainees in both studies were categorised according to an offence hierarchy for both countries. The comparisons made in the table below use the NZ-ADAM offence categorisation.⁹ Where there is no data for DUMA it is not evident where they would fit using the NZ-ADAM offence classification.

Table 12: Current First Recorded Offence Committed by NZ-ADAM and DUMA Participants

Offence Category	% of Participants	
	NZ-ADAM	DUMA
Administrative (includes Breaches)	45	16
Violence	18	26
Dishonesty	16	-
Driving (includes drink driving)	6	13
Property	6	26
Drugs and Anti-social Offences	4	8
Disorder	3	6
Other	1	5
Sexual Offences	1	

Comparisons between the offence for which participants were detained and the proportion of these participants who self-reported drug use in the previous 30 days across both studies are shown in the table below. The proportion of participants using cannabis was consistently higher across all offence types in NZ-ADAM compared to DUMA, while the reverse occurred for heroin and tranquilisers. Methamphetamine use varied between the different offence types across the two studies.

⁹ NZ-ADAM used the offence hierarchy provided by the NZ Police where as the DUMA study was based on the Australian Standard Offence Classification scheme (Australian Bureau of Statistics 1997).

Table 13: Offence Committed by Self-Reported Drug Use in Previous 30 Days for NZ-ADAM and DUMA Participants¹⁰

Offence Category	Admin.		Disorder		Driving		Drugs		Property		Violence	
	NZ	AUS	NZ	AUS	NZ	AUS	NZ	AUS	NZ	AUS	NZ	AUS
Cannabis	68%	56%	48%	54%	60%	52%	83%	55%	78%	58%	57%	55%
Heroin	2%	12%	7%	3%	4%	7%	3%	18%	0%	17%	0%	5%
Methamphetamines ¹¹	21%	24%	6%	13%	26%	30%	36%	44%	34%	30%	18%	18%
Tranquilisers	3%	17%	0%	16%	4%	10%	3%	25%	4%	28%	1%	19%

OFFENDING AND DRUG USE

There is a noticeable difference between the two studies when participants were asked if their drug use contributed to their offence. The NZ-ADAM study found that more than 50% of users of all drugs other than cannabis, cocaine and heroin indicated that their drug use had contributed to their involvement in criminal activity to some degree. Twenty-seven percent of NZ-ADAM cannabis users reported at least some of their offences were drug related.

However, although the DUMA study does not break these results down by drug type, it was found that overall 32% of participants reported at least some of their offending was drug-related (excluding alcohol), while 64% of participants did not attribute any of their offending to drugs.

CRIMINAL HISTORY

In DUMA, 56% of detainees reported having been previously arrested in the previous twelve months, compared to 68% of NZ-ADAM detainees. Similarly, 16% of DUMA detainees reported having been in prison in the previous 12 months (3% for drug offences) while in NZ-ADAM 20% had been in prison, with 3% being imprisoned for drug offences.

¹⁰ Note that the DUMA data shown is only on male detainees.

¹¹ The figures shown for NZ-ADAM include amphetamines in line with the DUMA method of data presentation.



NZ-ADAM QUESTIONNAIRE

NZ-ADAM

Interview Questionnaire

(Version 2.2 – 1 July 2005)

CHARGE INFORMATION

(COMPLETE AFTER INTERVIEW)

- F5. Year of Birth: _____
- F6. Suburb of offence location _____
- F7. Offender's usual suburb of residence _____
- F8. Was the person detained for a warrant only? 0 - NO 1 - YES
 (Answer "NO" if the person was arrested during commission of a crime or police pursuit)

- F9. Was the person detained for?
 CIRCLE NO OR YES FOR EACH CATEGORY
- | | NO | YES |
|------------------------------------|----|-----|
| Breach periodic detention | 0 | 1 |
| Breach bail | 0 | 1 |
| Breach drug court program | 0 | 1 |
| Brach restraining order | 0 | 1 |
| Breach release on own recognisance | 0 | 1 |
| Warrant | 0 | 1 |
| Breach probation | 0 | 1 |
| Breach parole | 0 | 1 |
| Breach CSO | 0 | 1 |
| None of the above | 0 | 1 |

WRITE IN CHARGE (OR REASONS FOR DETAINING), WITH NO ABBREVIATIONS

- | | Simple/
Summary | Indictable | Warrant |
|-------------------------------|--------------------|------------|---------|
| F10. First charge: _____ | S | I | W |
| F11. Second charge: _____ | S | I | W |
| F12. Third charge: _____ | S | I | W |
| F13. Any other charges: _____ | S | I | W |

- F14. Person's status?
1. Detained no charge 2. Arrested and charged 3. Remand
 4. Sentenced 5. Caution or conference
 6. Other (please specify _____)

- F15. 1 Male 2 Female

INVITATION TO INTERVIEW

COMPLETE THIS FORM FOR ALL DETAINEES WHO CONSENT TO PARTICIPATE IN NZ-ADAM.

ENSURE THAT ALL DETAINEES WHO AGREE TO BE INTERVIEWED SIGN THE INFORMED CONSENT FORM, THEN PROCEED TO COMPLETE THE FOLLOWING INTERVIEW QUESTIONNAIRE.

IF THE DETAINEE REFUSES TO BE INTERVIEWED OR TO SIGN THE INFORMED CONSENT FORM, TERMINATE THE INTERVIEW IMMEDIATELY AND COMPLETE A "BLUE" FORM.

(PLACE BARCODE HERE)

F1 Interviewer's Initials _____

F2 Interview Date _____

F3 Interview Start Time _____ (USE 24-HOUR CLOCK)

F4 Site ID _____

FACE-TO-FACE INTERVIEW

(NOTICE FOR INTERVIEWER): Information contained on this form which would permit identification of any individual or establishment has been collected with an assurance that it will be held in strict confidence, will be used only for the purposes stated in this study, and will not be disclosed or released to others without the consent of the individual or HOI. Collection of information is estimated to average 20 minutes per interview.

NOTE: INTERVIEWER INSTRUCTIONS ARE IN CAPITAL LETTERS. READ ANSWER CHOICES TO THE RESPONDENT (R) ONLY WHEN INSTRUCTED TO DO SO. EVERYTHING ELSE IN LOWER CASE OR INITIAL CAPS MUST BE READ TO RESPONDENT.

USE PEN, NOT PENCIL TO COMPLETE INTERVIEW.

SECTION I - DEMOGRAPHICS

To begin with I am going to ask you some questions about yourself:

1.	What day and time were you arrested? (DETERMINE IF LESS THAN 48 HOURS AGO. IF LONGER THAN 48 HOURS, CEASE INTERVIEW)	__/__/____ (USE 24-HOUR CLOCK) LESS THAN 48 HOURS AGO?: 0 – NO 1 – YES __ HOURS AGO 98. DON'T KNOW. <input type="checkbox"/> LESS THAN 48 HOURS AGO? 99. REFUSED. <input type="checkbox"/> LESS THAN 48 HOURS AGO?
2.	How old are you? (WRITE AGE, MUST BE 17 OR OLDER)	_____ YEARS OLD 98. DON'T KNOW...Are you 17 or over? Y N 99. REFUSED ...Are you 17 or over? Y N (MUST BE 17 OR OLDER, OTHERWISE TERMINATE INTERVIEW)
3.	What is the highest education level you are <u>in</u> or have completed? (CIRCLE ONE)	1. Never went to school. 2. Some high school but did not complete compulsory years. 3. Completed compulsory high school. 4. Completed school above compulsory years. 5. Still in school. 6. Some Polytech but did not complete. 7. Completed a Polytech program. 8. Still in Polytech program. 9. Some university but did not complete. 10. Completed a university or higher degree. 11. Still in university. 98. DON'T KNOW. 99. REFUSED TO ANSWER.
4.	What is your current marital status? Are you... (READ AND CIRCLE ONE)	1 Single, and <u>never</u> married. 2 Living with someone in a de facto relationship. 3 Married. 4 Separated or divorced. 5 Widowed. 98 DON'T KNOW. 99 REFUSED TO ANSWER.

11.	In the last 12 months have you received any of the following types of income support? (READ ALL AND CIRCLE AS REQUIRED)	1 NZ Superannuation. 2 Family support. 3 Unemployment benefit. 4 Domestic purposes benefit. 5 Sickness or invalids benefit. 6 Student allowance. 7 Other government benefits. (specify _____) 8 None of the above. 98 DON'T KNOW. 99 REFUSED TO ANSWER.
(READ AS WRITTEN) The following questions deal with prescription or over the counter medications you might have taken in the past fortnight.		
12.	Have you taken any prescription or over the counter medications in the past fortnight?	0 NO. <u>(SKIP TO Q.14)</u> 1 YES. 98 DON'T KNOW. 99 REFUSED TO ANSWER.
13.	<u>(IF YES TO Q.12)</u> What prescription or over the counter medications have you taken in the past fortnight?	_____ _____ _____ _____ 98 DON'T KNOW. 99 REFUSED TO ANSWER.

CONTINUE ON NEXT PAGE

SECTION II - DRUG USE PATTERNS

14. Now I am going to ask you about different drugs you may have used. Remember, everything you tell me is confidential. You do not have to tell me anything specific about what happened or why.

(ASK FOR EACH DRUG TYPE ACROSS THE FIRST ROW THEN GO DOWN THE COLUMN FOR EACH "YES")

(0 No 98 DON'T KNOW 14.	1 YES 99 REFUSED TO ANSWER)	<u>Alcohol</u>	<u>Cannabis</u> (dak, weed, dope)	<u>Cocaine</u> (coke, snow, blow)	<u>Heroin, Morphine,</u> <u>Opiates</u> smack, skag, junk (misties)	<u>Street</u> <u>Methadone</u>	<u>Amphetamines</u> (uppers, speed)	<u>Methamphetamines</u> (crystal meth, Ice, P, pure)	<u>Ecstasy</u> (‘E’, MDMA)	<u>Illegal use of</u> <u>Tranquillisers</u> (Benzodiazepines)	<u>Hallucinogens</u> (LSD, magic mushrooms)
A. Have you ever tried any of the following drugs? (READ ALL) (IF "NO" FOR ALL, SKIP TO Q16A)		0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
PROCEED DOWN THE COLUMN FOLLOWING QUESTIONS B TO O FOR EACH DRUG EVER TRIED											
B. When you first tried (DRUG) how old were you? (WRITE AGE)		Yrs	Yrs	Yrs	Yrs	Yrs	Yrs	Yrs	Yrs	Yrs	Yrs
C. Had you been using (DRUG) when you got involved in the activities for which you were just arrested? (IF "NO", SKIP TO Q.E (IF ON WARRANT, AT TIME OF ORIGINAL OFFENCE)		0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
D. How much do you think the fact that you had been using (DRUG) contributed to the activities you were arrested for? (IF NOT AT THE TIME, IN THE PREVIOUS 48 HOURS) (READ ALL – ENTER ONE FOR EACH DRUG USED) 1 – All. 2 - A lot. 3 – Some. 4 - A little. 5 - Not at all. 6 – Only drug related activities. 98 - DON'T KNOW. 99 - REFUSED TO ANSWER.		1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
E. Have you used (DRUG) in the past 12 months? (IF "No", SKIP TO Q.B FOR THE NEXT DRUG EVER TRIED) (IF "NO" FOR ALL, SKIP TO Q.15)		0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
F. During the past 30 days, on how many of those days did you use (DRUG)? (WRITE NUMBER OF DAYS) (IF NONE, SKIP TO Q.K)		Days	Days	Days	Days	Days	Days	Days	Days	Days	Days
G. (FOR ALCOHOL ONLY – MALES) During the past 30 days, on how many days did you have 5 or more drinks? (FOR ALCOHOL ONLY – FEMALES) During the past 30 days, on how many days did you have 3 or more drinks? (WRITE NUMBER OF DAYS)		Days									

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(0 No 98 DON'T KNOW 14. 1 YES 99 REFUSED TO ANSWER)	<u>Alcohol</u>		<u>Cannabis</u> (dak, weed, dope)		<u>Cocaine</u> (coke, snow, blow)		<u>Heroin, Morphine, Opiates</u> smack, skag, junk (misties)		<u>Street Methadone</u>		<u>Amphetamines</u> (uppers, speed)		<u>Methamphetamines</u> (crystal meth, Ice, P, pure)		<u>Ecstasy</u> (‘E’, MDMA)		<u>Illegal use of Tranquillisers</u> (Benzodiazepines)		<u>Hallucinogens</u> (LSD, magic mushrooms)			
H. On a day you used (DRUG) how much (DRUG) would you typically use? (WRITE AMOUNT USED)																						
I. In the past 48 hours have you used (DRUG)? (IF “No”, SKIP TO Q.K)	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
J. How much (DRUG) did you use in the past 48 hours? (WRITE AMOUNT USED)																						
K. When you’re using (DRUG) what effect does it have on your likelihood to get angry? Are you: (READ ALL – ENTER ONE FOR EACH DRUG USED)	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
1 Much less likely to get angry.																						
2 Less likely to get angry.	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
3 No effect on likelihood to get angry.																						
4 More likely to get angry.																						
5 Much more likely to get angry.	5		5		5		5		5		5		5		5		5		5		5	
98 - DON'T KNOW. 99 - REFUSED TO ANSWER																						
L. Have you felt that you needed or were dependent on (DRUG) in the past 12 months?	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
M. How much of your driving would you do while you are under the influence of (DRUG)? (READ ALL – ENTER ONE FOR EACH DRUG USED)	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
1 – All. 2 – Most. 3 – Some.	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
4 – Hardly any. 5 – None. 6 – Don’t drive.																						
98 – DON'T KNOW. 99 - REFUSED TO ANSWER.	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6
N. Have you injected (DRUG) in the past 12 months? (IF “No” SKIP TO NEXT DRUG)					0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
O. How many times have you injected (DRUG) in the past 30 days? (WRITE NUMBER OF TIMES)																						

SECTION IV – DRUG PROCUREMENT

The next series of questions asks about ways that people sometimes obtain drugs. This is completely confidential and no information will be used to identify you in any way. Please do not tell me specific details about people, places, times or events. This is to ensure neither you nor anyone else can be indirectly identified at any time.

17. Regardless of whether you used it yourself, did you get any illegal drugs during the past month?

0 – NO. 1 – YES. 99 – REFUSED TO ANSWER.

(IF “YES” GO TO Q.18. IF “NO” SAY ‘SO YOU HAVEN’T BOUGHT OR BEEN GIVEN ANY DRUGS IN THE LAST 30 DAYS?’

IF “YES” GO TO Q.18. IF STILL “NO” SKIP TO Q.20.)

(ASK FOR EACH DRUG ACROSS THE FIRST ROW, THEN GO DOWN THE COLUMN FOR EACH “YES”)

(0 NO 1 YES 98 DON'T KNOW 99 REFUSED TO ANSWER)	<u>Cannabis</u> (dak, weed, dope)			<u>Heroin, Morphine,</u> <u>Opiates</u> (smack, skag, junk misties)			<u>Amphetamine/</u> <u>Methamphetamine</u> (uppers, speed, P, pure)			<u>Ecstasy</u> (‘E’, MDMA)		
18.												
A. In the past 30 days, did you buy any (DRUG) by paying cash for it? <u>(IF “No”, GO TO NEXT DRUG)</u>	0		1	0		1	0		1	0		1
<u>(PROCEED DOWN THE COLUMN FOLLOWING QUESTIONS B TO Q FOR EACH DRUG BOUGHT)</u> <u>(IF “No” TO ALL, SKIP TO Q.19)</u>												
B. The LAST time you bought (DRUG) how did you contact the person you bought it from? (READ ALL AND CIRCLE ONE)	1	2	3	1	2	3	1	2	3	1	2	3
1 – Call/text them on a mobile phone. 2 – Call them on a landline telephone.												
3 – Visit a house or flat. 4 – Page them on a beeper.	4	5	6	4	5	6	4	5	6	4	5	6
5 – Approach them in public. 6 – Through a third party.												
7 – You were with them already. 8 – Other (specify _____)	7	8		7	8		7	8		7	8	

(0 No 1 YES 98 DON'T KNOW 99 REFUSED TO ANSWER)	<u>Cannabis</u> (dak, weed, dope)			<u>Heroin, Morphine, Opiates</u> (smack, skag, junk misties)			<u>Amphetamine/ Methamphetamine</u> (uppers, speed, P, pure)			<u>Ecstasy</u> (‘E’, MDMA)		
18.												
C. The LAST time you bought (DRUG) what type of place did you get it from? (READ ALL AND CIRCLE ONE) 1 – From a private house or flat. 2 – From a tinny house or drug house. 3 – At a public building. 4 – At a pub. 5 – At a club or dance event. 6 – In an abandoned building. 7 – On a street, alley or road or other outdoor area. 8 – It was delivered to me in person. 9 – Other (specify _____)	1	2	3	1	2	3	1	2	3	1	2	3
D. The LAST time you bought (DRUG) was it: 1 – In the suburb you live in, or 2 – Outside your suburb?	1		2	1		2	1		2	1		2
E. Once you are ready to buy (DRUG), how long does it usually take you to buy some? (READ ALL AND CIRCLE ONE) 1 – Months. 2 – Weeks. 3 – Days. 4 – About 1 day. 5 – Hours. 6 – About 1 hour. 7 – Less than 20 mins. 8 – Less than 10 mins.	1	2	3	1	2	3	1	2	3	1	2	3
F. How much would you spend on (DRUG) on a typical occasion? (ENTER AMOUNT)												
G. How much (DRUG) would that purchase? (ENTER AMOUNT)												
H. About what percentage of the (DRUG) you purchase do you typically sell to others? (ENTER AMOUNT – IF NONE WRITE 0)			%			%			%			%
I. Is the person you got (DRUG) from the LAST time: 1 – Your regular source. 2 – An occasional source. 3 – A new source for (DRUG)?	1	2	3	1	2	3	1	2	3	1	2	3
J. Does this person usually deal in (DRUG) only? (IF “YES” SKIP TO Q.L)	0		1	0		1	0		1	0		1
K. What other drugs do they sell? (WRITE DRUGS)												

(0 No 1 YES 98 DON'T KNOW 99 REFUSED TO ANSWER) 18.	<u>Cannabis</u> (dak, weed, dope)	<u>Heroin, Morphine, Opiates</u> (smack, skag, junk misties)	<u>Amphetamine/ Methamphetamine</u> (uppers, speed, P, pure)	<u>Ecstasy</u> ('E', MDMA)
L. During the past 30 days, on how many days did you buy (DRUG)? (ENTER NUMBER)				
M. During the past 30 days, how many different people have you bought (DRUG) from? (ENTER NUMBER)				
N. How many times during the last 30 days have you been robbed or assaulted while buying (DRUG)? (ENTER NUMBER – IF NONE WRITE 0)				
O. How many times during the last 30 days have you been sold a worthless substance or a lower quality of (DRUG) when trying to buy (DRUG)? (ENTER NUMBER – IF NONE WRITE 0)				
P. How many times in the last 30 days have you had to use threats or intimidation to settle a dispute over buying (DRUG)? (ENTER NUMBER – IF NONE WRITE 0)				

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(ASK FOR EACH DRUG ACROSS THE FIRST ROW, THEN GO DOWN THE COLUMN FOR EACH "YES")

(0 No 1 YES 98 DON'T KNOW 99 REFUSED TO ANSWER) 19.	Cannabis (dak, weed, dope)		Heroin, Morphine, Opiates (smack, skag, junk misties)		Amphetamine/ methamphetamine (uppers, speed, P, pure)		Ecstasy (‘E’, MDMA)	
A. In the past 30 days, did you get any (DRUG) without paying cash for it? (IF "No", GO TO NEXT DRUG)	0	1	0	1	0	1	0	1
(PROCEED DOWN THE COLUMN FOLLOWING QUESTIONS B TO F FOR EACH DRUG OBTAINED WITHOUT PAYING CASH) (IF "No" TO ALL, SKIP TO Q.20)								
B. The LAST time you got (DRUG) without paying cash for it, did you (READ ALL AND CIRCLE ONE) 1 – Produce/cultivate the (DRUG) yourself. 2 – Get it on credit for personal use only (pay cash later). 3 – Get it on credit to sell some of it (pay cash later) 4 – Trade other drugs. 5 – Trade your own property/merchandise. 6 – Trade stolen property/merchandise. 7 – Transport drugs. 8 – Steal the drug. 9 – It was shared with you. 10 – Trade sex for it. 11 – Receive it as a gift. 12 – Exchange it for items/chemicals needed for drug production, such as Sudafed. 13 – Other (please specify _____)	1	2	1	2	1	2	1	2
	3	4	3	4	3	4	3	4
	5	6	5	6	5	6	5	6
	7	8	7	8	7	8	7	8
	9	10	9	10	9	10	9	10
	11	12	11	12	11	12	11	12
	13		13		13		13	
C. During the past 30 days, on how many days did you get (DRUG) without paying cash? (ENTER NUMBER)								
D. How much (DRUG) would you typically get without paying cash for it? (ENTER AMOUNT)								
E. About what percentage of the (DRUG) you got without paying cash for it do you typically sell to others? (ENTER AMOUNT – IF NONE WRITE 0)		%	%	%				
F. How many times in the last 30 days have you had to use threats or intimidation to settle a dispute over receiving (DRUG) without paying cash? (ENTER NUMBER –IF NONE WRITE 0)								

CONTINUE ON NEXT PAGE

20. Now I am going to ask you some questions about selling drugs. Again, everything you say is confidential and nothing you say can be traced back to you or used against you.

(ASK FOR EACH DRUG ACROSS THE FIRST ROW, THEN GO DOWN THE COLUMN FOR EACH "YES")

(0 No 1 Yes 98 DON'T KNOW 99 REFUSED TO ANSWER) 20.	<u>Cannabis</u> (dak, weed, dope)	<u>Heroin, Morphine,</u> <u>Opiates</u> (smack, skag, junk misties)	<u>Amphetamine/</u> <u>methamphetamine</u> (uppers, speed, P, pure)	<u>Ecstasy</u> (‘E’, MDMA)
A. Have you sold any (DRUG) in the past 30 days? <u>(IF "NO", GO TO NEXT DRUG)</u>	0 1	0 1	0 1	0 1
(PROCEED DOWN THE COLUMN FOLLOWING QUESTIONS B TO L FOR EACH DRUG SOLD <u>(IF "NO" TO ALL, SKIP TO Q.21)</u>				
B. During the past 30 days, on how many days did you sell (DRUG)? (ENTER NUMBER)				
C. How many different people did you sell (DRUG) to in the last 30 days? (ENTER NUMBER)				
D. During the past 30 days, what weight/quantity of (DRUG) did you mostly sell? (ENTER AMOUNT - IF NONE WRITE 0)				
E. How many of the people you sold (DRUG) to in the last 30 days are <u>close friends or family members</u> (READ ALL AND CIRCLE ONE) 1 –All. 2 – Most. 3 – Some. 4 – Hardly any. 5 – None. 98 - DON'T KNOW. 99 – REFUSED TO ANSWER.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
F. How many of the people you sold (DRUG) to in the last 30 days are <u>friends or friends of friends</u> (READ ALL AND CIRCLE ONE) 1 –All. 2 – Most. 3 – Some. 4 – Hardly any. 5 – None. 98 - DON'T KNOW. 99 – REFUSED TO ANSWER.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
G. How many of the people you sold (DRUG) to in the last 30 days are <u>casual acquaintances</u> (met them once or twice before) (READ ALL AND CIRCLE ONE) 1 –All. 2 – Most. 3 – Some. 4 – Hardly any. 5 – None. 98 - DON'T KNOW. 99 – REFUSED TO ANSWER.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

(0 No 1 YES 98 DON'T KNOW 99 REFUSED TO ANSWER) 20.	<u>Cannabis</u> (dak, weed, dope)	<u>Heroin, Morphine,</u> <u>Opiates</u> (smack, skag, junk misties)	<u>Amphetamine/</u> <u>methamphetamine</u> (uppers, speed, P, pure)	<u>Ecstasy</u> ('E', MDMA)
H. How many of the people you sold (DRUG) to in the last 30 days are <u>complete strangers</u> (never meet them before and may not meet them ever again) (READ ALL AND CIRCLE ONE) 1 –All. 2 – Most. 3 – Some. 4 – Hardly any. 5 – None. 98 - DON'T KNOW. 99 – REFUSED TO ANSWER.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
I. How many times during the last 30 days have you been robbed or assaulted for selling (DRUG)? (ENTER NUMBER IF NONE WRITE 0)				
J. How many times during the last 30 days have you been threatened or intimidated for selling (DRUG)? (ENTER NUMBER IF NONE WRITE 0)				
K. How many times in the last 30 days have you had to use threats or intimidation to get money owed to you from those who buy (DRUG) from you (ENTER NUMBER IF NONE WRITE 0)				
L. How many times in the last 30 days have you had to use threats or intimidation to deal with a rival (DRUG) dealer (ENTER NUMBER IF NONE WRITE 0)				

CONTINUE ON NEXT PAGE

CONTINUE ON NEXT PAGE

SECTION VI – INCOME SOURCES AND ARREST HISTORY

<p>23. We are interested in knowing the kind of things you did to get money in the last 30 days. (FOR EACH INCOME SOURCE, ASK)</p> <p>23a. Did you receive money from (INCOME SOURCE) in the last 30 days? (CIRCLE RESPONSE THEN ASK)</p> <p>23b. About how much did you get in the last 30 days? (WRITE \$ AMOUNT)</p>	<p>(INCOME SOURCE)</p> <p>1 Family or friends</p> <p>2 Welfare or government benefit</p> <p>3 Full-time work</p> <p>4 Part-time work or odd jobs</p> <p>5 Sex work (prostitution, pimp)</p> <p>6 Shoplifting</p> <p>7 Drug dealing.....</p> <p>8 Manufacturing/cultivating drugs</p> <p>9 Burglary</p> <p>10 Car theft</p> <p>11 Theft.....</p> <p>12 Robbery</p> <p>13 Fraud</p> <p>14 Other crime</p> <p>98 DON'T KNOW</p> <p>99 REFUSED TO ANSWER.</p>	<p>(No)</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	<p>(YES)</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>(WRITE DOLLAR AMOUNT)</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p> <p>\$.....</p>
<p>24. How much money have you spent on illegal drugs in the last 30 days? (WRITE \$ AMOUNT)</p>	<p>\$</p>			
<p>25. How much of your criminal offending is caused by the need to buy illegal drugs? (READ ALL AND CIRCLE ONE)</p> <p>1 All. 2 A lot. 3 Some.</p> <p>4 A little. 5 None at all.</p> <p>6 No offending to obtain money.</p> <p>98 DON'T KNOW. 99 REFUSED TO ANSWER.</p>	<p>1 2 3 4 5 6</p>			
<p>26. How many times have you been arrested in the past 12 months – excluding the arrest you are here for now? (ENTER NUMBER - IF NONE WRITE 0)</p>	<p>_____ Number of arrests</p> <p>(IF NONE, SKIP TO Q.28)</p>			

27a.	What were you arrested for? How many times did that happen?	TYPE OF ARREST	NO. OF TIMES
		_____	/ _____
		_____	/ _____
		_____	/ _____
		_____	/ _____
		_____	/ _____
		_____	/ _____
		_____	/ _____
27b.	If arrested for a drug offence, what drugs did it involve? (WRITE ALL DRUGS)	_____ _____ _____	
28.	How old were you the first time you were ever arrested, regardless of whether you were charged, by the Police?	Age: _____	
29a.	In the past 12 months, have you served time in prison for a drug offence?	0 – NO	1 – YES
29b.	(IF "YES") What drug(s) did it involve? (WRITE ALL DRUGS)	_____ _____ _____	
30.	In the past 12 months, have you served time in prison, for any other offence?	0 – NO	1 – YES

34. Thank you very much for helping us with the study, we really appreciate it. We are suggesting to everyone that if they are concerned about their alcohol or drug use they contact the Alcohol and Drug Helpline on 0-800-787-797.

35. (READ) Finally, as mentioned earlier, we are collecting a urine sample from all consenting participants as part of the survey. Will you provide us with a sample?

(If "No") Your participation is completely voluntary, but I would like to remind you that no names will appear on the specimens and the results will not be given to the Police or affect the outcome of your case. An independent laboratory will perform the analysis, and the sample will be destroyed as soon as the tests have been done. There is no way that the results can be traced back to you. Would you agree to provide a sample?

0 – REFUSED/DID NOT TRY.

1 – SPECIMEN PROVIDED.

2 – TRIED/COULD NOT PRODUCE SPECIMEN.

3 – QUESTIONNAIRE INCOMPLETE. (SPECIFY REASON _____)

4 – SPECIMEN PROVIDED BUT QUESTIONNAIRE INCOMPLETE.

END OF INTERVIEW

INTERVIEW END TIME _____ (USE 24-HOUR CLOCK)

36. (DON'T READ) INTERVIEWER'S OVERALL IMPRESSION OF THE RESPONDENT:

0 – ANSWERS GENERALLY SEEMED HONEST AND RELIABLE.

1 – HAD SERIOUS DOUBTS ABOUT QUALITY OF ANSWERS (POSSIBLY LYING, INCOHERENT, INCONSISTENT ETC).

-REMEMBER TO COMPLETE THE "CHARGE INFORMATION" SHEET ON PAGE 1 OF THIS QUESTIONNAIRE-

