

# Magistrates Early Referral Into Treatment (MERIT) Program

## 2017 Annual Report



# Table of Contents

<b>2017 Annual Report</b>	<b>3</b>
Overview	3
Key Performance Indicators	3
Methodology	3
2017 Year in Review	5
The delivery of MERIT services	5
<b>Our Progress</b>	<b>7</b>
Increasing access to MERIT for focus populations	7
<b>MERIT Participants</b>	<b>8</b>
Health Outcomes	8
Justice Outcomes	8

# 2017 Annual Report

This Annual Report describes the performance of the Magistrates Early Referral Into Treatment (MERIT) Program in 2017. The Annual Report has been prepared by Community Corrections, NSW Department of Justice.

For general information about MERIT or specific information about the 2017 Annual Report and data, email [merit@justice.nsw.gov.au](mailto:merit@justice.nsw.gov.au)

## Overview

Since being established in 2000, MERIT has grown to operate in sixty-two Local Courts across NSW. More recently, the MERIT Alcohol Program has been introduced to eligible defendants in seven NSW Local Courts.

MERIT provides the opportunity for adult defendants experiencing drug dependence to work on a voluntary basis towards rehabilitation as part of the bail process.

MERIT is designed to allow defendants to focus on drug and/or alcohol treatment on a pre-plea basis, with court matters adjourned while treatment and case management services are provided over a 12 week period.

The defendant will only be accepted into MERIT if they are charged with a non-indictable offence and are eligible for bail.

### The outcomes for participants and for the community are:

- decreased offending behaviour
- decreased drug use
- improved health and social functioning
- increased community protection
- sentences that reflect the improved rehabilitation prospects of successful MERIT participants.

MERIT operates through the cooperative efforts and contribution of several NSW agencies. The agencies are:

- the Department of Justice (lead agency)
- NSW Health (including some NGOs)
- Chief Magistrate's Office
- the NSW Police Force.

## Key Performance Indicators

Key Performance Indicators (KPIs) of MERIT have recently been developed. The KPIs monitor service delivery and aim to ensure MERIT is achieving optimal outcomes and equity. KPIs are reported annually and include:

- MERIT completion rates
- MERIT referral, acceptance and completion rates for focus populations
- Frequency of drug use (measured pre and post MERIT intervention)
- Psychological status (measured pre and post MERIT intervention)
- Recidivism of MERIT completers and non-completers.

## Methodology

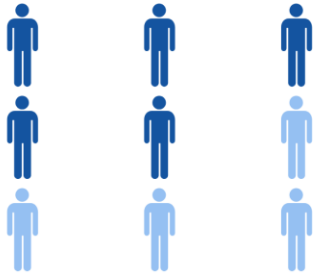
Administrative data have been collated from a number of sources that include:

- MERIT Information Management System (MIMS)
- Local Court Database (Justice Link)
- NSW Bureau of Crime Statistics and Research (BOCSAR)
- Re-offending data (ROD).



## A snapshot

# Emerging trends in 2017

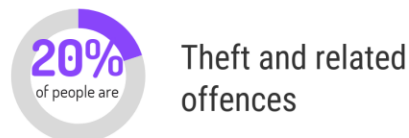


### ACCEPTANCE AND COMPLETION BASED ON LOCATION

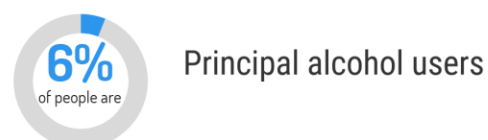
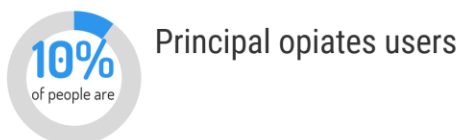
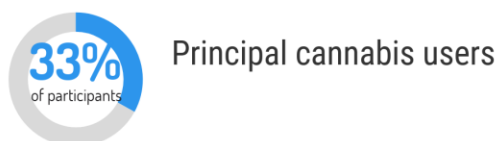
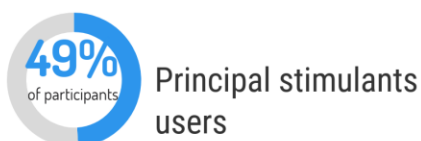
The acceptance rates of participants into MERIT was slightly higher in non-Sydney Regions and Regional NSW (55.64%) than in Sydney (54.25%).

The completion rates of participants in MERIT was slightly higher across non-Sydney Regions and Regional NSW (61.89%) than in Sydney (60.17%).

### TYPE OF OFFENCE AMONG PARTICIPANTS ACCEPTED INTO THE PROGRAM



### DETAILS ON PARTICIPANT'S PRINCIPAL DRUG OF CONCERN UPON ENTRY TO MERIT



# 2017 Year in Review

## The delivery of MERIT services

The number of days between initial assessment and comprehensive assessment is used to benchmark the timeliness of MERIT service delivery. In 2017, 79% of clients completed the comprehensive assessment within 14 days of the initial assessment.

The average number of days a MERIT service has been suspended provides a further indication of the ability of MERIT teams to meet service demands across the state. MERIT Teams may suspend taking new referrals due to factors such as sudden staff absences, increases in referrals and increased client complexity levels requiring more intensive case management. In 2017, the state-wide average number of days a MERIT service has been suspended was 23. This was higher when compared with the 2016 figure of 14.7 days.

### Entry into MERIT

In 2017, there were 4,082 people referred into MERIT. In comparison to 2016, there was a 4.64% (n=213) increase in referrals.

The most common sources of referral were:

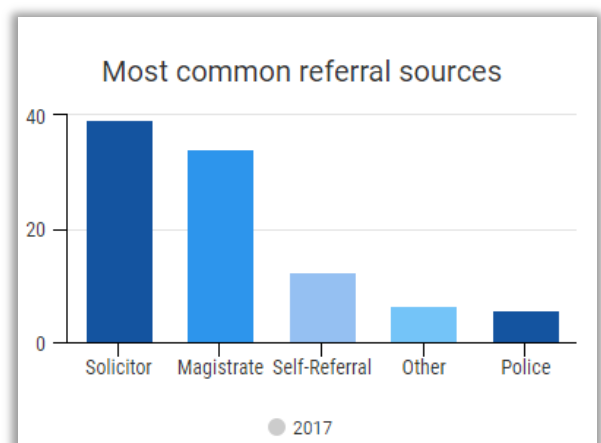
1. Solicitor (39%) – decreased from 45% of referrals in 2016
2. Magistrate (34%) – increased from 30% of referrals in 2016
3. Self-Referral (12%) – remained consistent with 12% in 2016
4. Police (6%) – remained consistent with 6% in 2016
5. Other (6%) – increased from 5% in 2016.

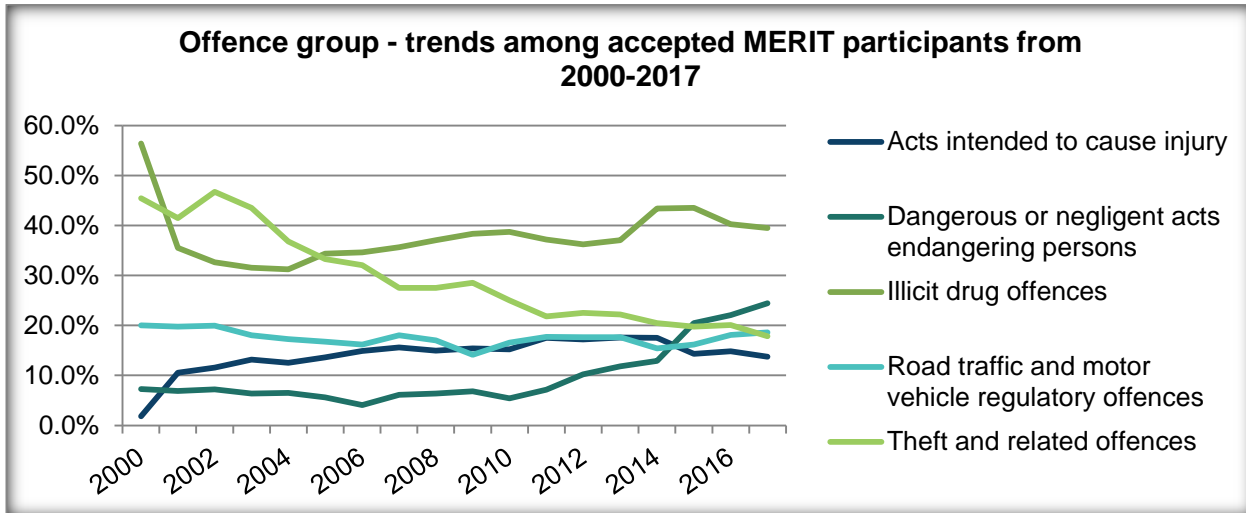
Of the total number of people referred into MERIT in 2017, approximately 55% were accepted. The acceptance rate for MERIT in 2017 (55%) is slightly lower when compared to 2016 (56.5%). In 2017, the completion rate for MERIT was 61.1%. This was consistent with the 2016 completion rate (61%) for MERIT participants

In 2017, 45% of referrals to MERIT did not lead to entry into the program. This is slightly higher than 43.6% in 2016. The most common reasons for referrals did not lead to entry included clients who were unwilling to participate (39%), no treatable drug problem (16%) and no suspicion or history of drug use (11%). Offence Groups among MERIT participants

In 2017, the most common offence group accepted into MERIT were:

1. Illicit Drug Concerns (39%) – decreased from 40% in 2016
2. Dangerous or negligent acts endangering persons (22%) – increased from 22% in 2016
3. Road traffic and motor vehicle regulatory offences (19%) – increased from 18% in 2016
4. Theft and related offences (18%) – decreased from 20% in 2016
5. Acts intended to cause injury (14%) – decreased from 15% in 2016





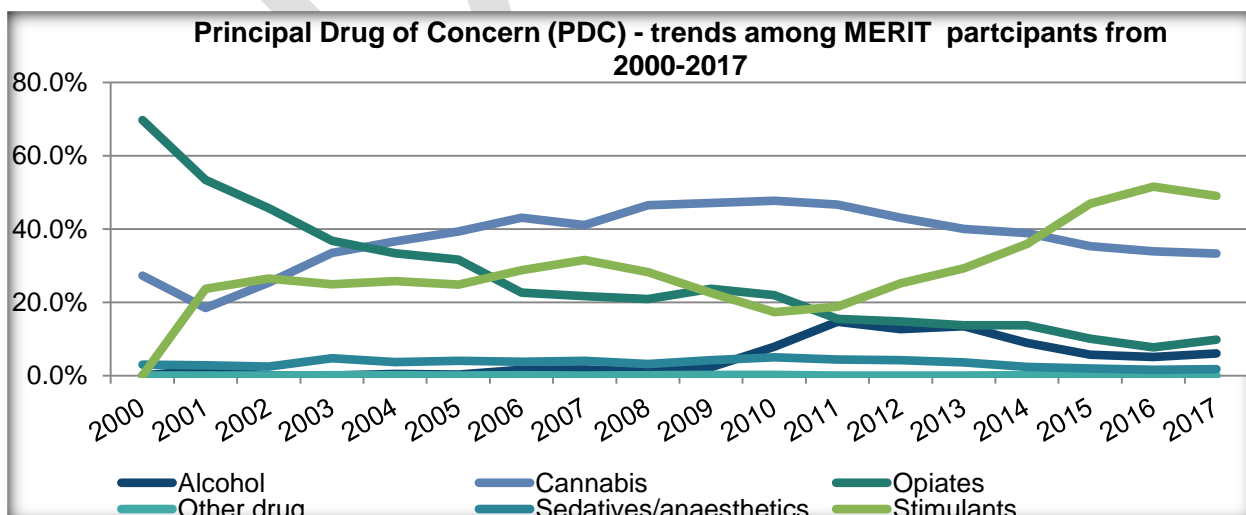
### Principal Drug of Concern among MERIT participants

Defendants participate in an initial suitability assessment and, if found eligible for MERIT by the Magistrate, a comprehensive assessment is conducted by MERIT staff. The MERIT process determines each participant's principal drug of concern (PDC).

The most common principal drug of concern among accepted participants were:

1. Principal stimulant users accounted for 49% of accepted participants – a decrease from 52% in 2016
2. Principal cannabis users accounted for 33% of accepted participants – a decrease from 34% in 2016
3. Principal opiates users accounted for 10% of accepted participants – a increase from 8% in 2016
4. Principal alcohol users accounted for 6% of accepted participants – a increase from 5% in 2016
5. Principal Sedatives/Anaesthetics accounted for 2% of accepted participants – consistent with 2% in 2016.

When MERIT began in 2000, 75% of participants were principal opiate/heroin users. In 2017, principal opiate/heroin users accounted for only 10% of MERIT participants. In 2000, there was no intake of principal opiates users into MERIT. In 2017, this group accounted for 49% of MERIT participants.



## Our Progress

### Increasing access to MERIT for focus populations

The MERIT team is committed to ensuring Program equity. Generally, women and Aboriginal people have lower referral, acceptance and completion rates in comparison to the rest of MERIT participants. In addition, the principal use of stimulants has been increasing in MERIT participants, with 18% in 2010 to 49% in 2017. Participants with stimulants as their principal drug of concern have a lower completion rate compared to other participants. As a result key focus populations for MERIT are:

- Women
- Aboriginal people
- People with stimulant concerns.

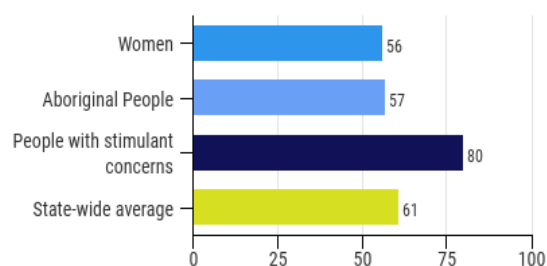
In 2017, the proportion of women who were referred into MERIT was 22%. 56% of referred women were accepted into MERIT. In this period, 55% of women completed MERIT, which is below the state-wide average of 61%.

In 2017, the proportion of Aboriginal people who were referred into MERIT was 19%. Of which, 57% of Aboriginal people were accepted into MERIT. In this period, 54% of Aboriginal people completed MERIT, which is below the state-wide average of 61%.

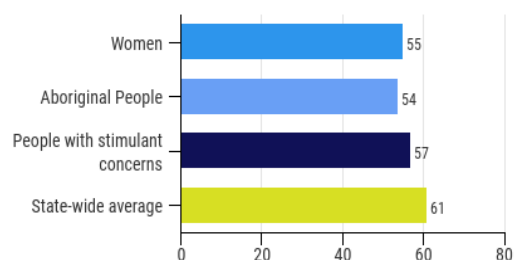
In 2017, the proportion of people with stimulant concern/s who were referred into MERIT was 49%. 80% of these referrals were accepted into MERIT. In this period, 57% of people with stimulant concern/s completed MERIT, which is below the state-wide average of 61%.



Acceptance rates of focus populations in 2017



Completion rates of focus populations in 2017



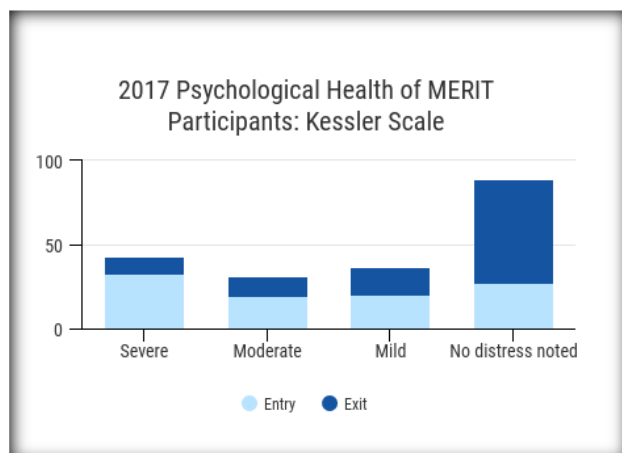
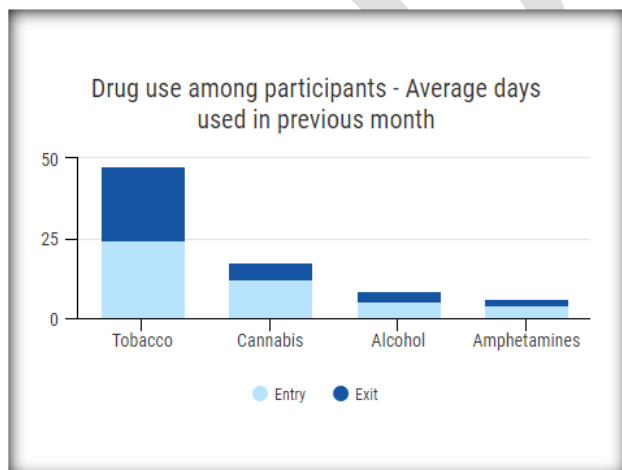
# MERIT Participants

## Health Outcomes

One of the aims of MERIT is to improve the health and social functioning of participants. MERIT clinicians assess the mental health, quality of life and frequency of drug use of MERIT participants on program entry to develop a treatment plan. Psychological health and frequency of drug use are measured at program entry and exit.

Psychological health was measured using the Kessler-10 (K-10) Psychological Distress Scale. Over half of participants (52%) had moderate to severe levels of psychological distress on entry to MERIT. This proportion reduced to 21% on exit from MERIT.

Frequency of self-reported substance use at program exit was compared to program entry (for program completers). In particular there was a notable reduction in the frequency of self-reported use of the following substances: Cannabis (by 6.92 days), Amphetamines (by 2.42 days), Tobacco (by 0.94 days) and Alcohol (by 1.91 days).



## Justice Outcomes

Consistent with findings from previous reports, program completers were less likely than non-program completers to have been reconvicted 12 weeks, 6 months and 12 months after exiting.

There were considerable differences among the number of program completers who re-offend compared with non-completers. In 2017, approximately 22% of program completers and 40% of non-completers were convicted of a further offence within six months. A similar trend was noted among program completers who re-offend in a 12 month period. Approximately 32% of program completers and 52% of non-completers were convicted of a further offence within twelve months.

There were notable differences between the principal penalty outcome for program completers and non-completers<sup>1</sup>. The proportion of program completers that received a term of imprisonment (5%) was significantly lower than non-completers (18%). This is in line with trends observed in the 2016 annual report, with 5.6% of program completers receiving a term of imprisonment compared with 20% of non-completers. The most common sentence outcome for program completers was a bond with supervision (18%). For non-completers the most common sentence outcome was a fine (27%).



Received a term of imprisonment



Received a term of imprisonment



Received a bond with supervision

<sup>1</sup> When interpreting this data it is important to note that the penalties imposed against both program completers and non-completers will be influenced by a broad range of factors including: defendant's needs, circumstances, levels of risk posed (both of harm and reoffending), seriousness of the current offence (s) and compliance with MERIT.