

The Magistrates Early Referral into Treatment (MERIT) program

2014 Annual Report

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Key findings

This report has been prepared by Criminal Justice Interventions, NSW Department of Justice to provide an overview of the activities of the Magistrates Early Referral Into Treatment (MERIT) program during 2014, and its efficacy in achieving program objectives.

The program aims to decrease offending behaviour and drug use, improve health and social functioning, increase community protection and result in sentences that reflect the improved rehabilitative prospects of successful participants.

The report structure mirrors the format used in previous Annual Reports to enable comparison.

The key findings are:

- Between 1 January and 31 December 2014 there were 3,251 referrals to the program; a 3.7 per cent decrease (of 120 referrals) on the previous year. Solicitors and Magistrates accounted for 76 per cent of the referrals to MERIT during 2014. The decrease in referrals between 2013 and 2014 may be partially attributable to the cessation of the Alcohol MERIT trial in 2014, which saw Alcohol MERIT offered at eight fewer courts in 2014 than 2013. Several referral sources recorded decreased rates compared to 2013 including NSW Police (with 12.8% fewer referrals in 2014 than 2013), Solicitors (6.5% fewer referrals) and Magistrates (7.5% fewer referrals).
- Of the 3,251 defendants referred to MERIT in 2014, 61 per cent (n=1,996) were accepted onto the program. The most common reasons for non-acceptance included a defendant having no demonstrable drug problem or being unwilling to participate and program entry not being endorsed by the Magistrate. About one in four (26.2%) defendants referred during 2014 had previously been referred to MERIT – a rate commensurate to that of 2013 (25.5%).
- The average (median) age of those both referred and accepted was 31 years. In line with recent years, around one in five referrals (19.7%) and acceptances (20.1%) to the MERIT program during 2014 were female. Women were accepted into MERIT at a slightly lower rate (62.8%) than men (63.1%). Almost one in five (21.8%) defendants referred to MERIT during 2014 identified as Aboriginal and/or as a Torres Strait Islander. This is a slight increase from 2013 (19.1%) and reflects the highest proportion of Aboriginal and Torres Strait Islander referrals since the program commenced in 2000.
- Cannabis was the principal drug of concern in nearly two in five cases (38.7%) of all accepted defendants during 2014. There was a slight decrease in the proportion of clients who principally used cannabis in 2014 (38.7%) compared to 2013 (40.0%). In contrast, 2014 saw a further increase in accepted defendants for whom amphetamines/methamphetamines were the principal drug of concern (35.1%) compared to 2013 (28%), steadily increasing from 15.6 per cent in 2010. Opiate users accounted for around one in eight cases (13%). Heroin was the principal drug of concern for most opiate using defendants. There was almost no change in the proportion of principal heroin users in 2014 (11.1%) compared to 2013 (10.8%), although the proportion had decreased steadily since 2010 (18.1%). In 2014, there was also a decrease in accepted defendants for whom alcohol was the principal drug of concern (7.9%) relative to 2013 (12.4%), which would be expected given the reduction in the number of courts offering Alcohol MERIT in this period.
- Illicit drug offences, theft and related offences and acts intended to cause injury were the most common charges faced by MERIT defendants in 2014 – for both those referred to and accepted into the program. Principal cannabis users comprised the largest group charged with illicit drug offences (48.9%) in 2014, however this was closely followed by stimulant users at 37.2 per cent (up from 21.3% in 2010). Principal users of stimulants were the group most likely to be charged with theft and related offences (comprising 45.6% of all participants charged with these offences), an increase of over 100 per cent from 19.5 per cent in 2010. Whilst principal users of cannabis were the group most likely to be charged with acts intended to cause injury in 2014 (38.0%), the proportion of stimulant users charged with these offences in 2014 (35.1%) has more than doubled since 2010 (14.9%).

- 65.1 per cent of the 2,004 MERIT participants who exited the program during 2014 had met all program requirements. This represents an increase in rate of completion from 2013 (63.3%) and 2012 (63.1%). The rate at which defendants failed to complete MERIT due to non-compliance with program conditions in 2014 (20.5%) was slightly lower than that in 2013 (23.7%), with 73 fewer participants failing to complete for this reason.
- There were significant reductions in both the frequency and intensity of all forms of self-reported substance use at program exit compared to program entry amongst accepted MERIT participants in 2014. The largest reductions were recorded for the reported use of heroin, cannabis and amphetamines. However, the level of dependence on illicit drugs upon exit from MERIT for most principal users of heroin (83.1%), cannabis (77.8%) and amphetamines (64.3%) continued to exceed established thresholds for dependency using validated measures.
- Reductions in the level of self-reported psychological distress experienced by MERIT defendants following their contact with the program were also observed.
- 12 months after exiting the MERIT program in 2013, 34.6 per cent of defendants (whether completers or non-completers) had been reconvicted for a further offence. Program non-completers were reconvicted for another offence at a higher rate during the 12 weeks on the MERIT program (38.4% vs. 12.0%), and in the six (34.4% vs. 19.4%) and 12 months (44.1% vs. 29.1%) following program exit than program completers. These findings are broadly consistent with the previous year (see Table 8.3)

1. Introduction

1.1 Background to the program and previous research

MERIT operates as a pre-plea program targeting adult defendants appearing in NSW Local Courts who have a demonstrable illicit drug use problem. The program aims to use drug treatment and related health and social welfare support to tackle any links that might exist between defendants' use of illicit drugs and their offending behaviour.

Further information about MERIT's eligibility and suitability requirements, processes and research related to program outcomes can be found at www.merit.justice.nsw.gov.au.

1.2 Program eligibility criteria

MERIT was established to target defendants with demonstrable illicit drug issues. However, since July 2009, defendants citing alcohol as their principal drug of concern were accepted into MERIT at Orange, Bathurst, and Wellington Local Court. (Such defendants had been accepted under programs similar to MERIT that operated at these courts prior to this date).

Defendants with primary alcohol issues have been accepted at Wilcannia and Broken Hill Local Courts since the commencement of MERIT in these courts in June 2004 and May 2005 respectively.

The eligibility criteria of the existing MERIT programs at Dubbo, Manly and Wollongong Local Courts were expanded to include defendants with primary alcohol issues in October 2009, March 2010 and June 2010 respectively.

In 2012, referrals for primary alcohol issues were extended to Hornsby, Ryde, Bankstown, Campbelltown, Fairfield and Newcastle Local Courts for a set period of time under the Alcohol MERIT trial. These sites were included in the NSW Bureau of Crime Statistics and Research (BOCSAR)'s evaluation of the trial.

On 30 January 2014, BOCSAR released a Bureau Brief entitled *Health and wellbeing outcomes for defendants entering the Alcohol MERIT program*. The report concluded that two months after commencing the Alcohol MERIT program, there were significant improvements in social functioning, lower levels of psychological distress and lower levels of dependence on alcohol amongst the Alcohol MERIT participants interviewed. These results were sustained at six months. However, BOCSAR determined that these changes cannot be conclusively attributed to Alcohol MERIT as there was no comparison control group.

On conclusion of BOCSAR's evaluation, referrals for primary alcohol issues ceased at Hornsby, Ryde, Bankstown, Campbelltown, Fairfield, Newcastle, Manly and Wollongong Local Courts.

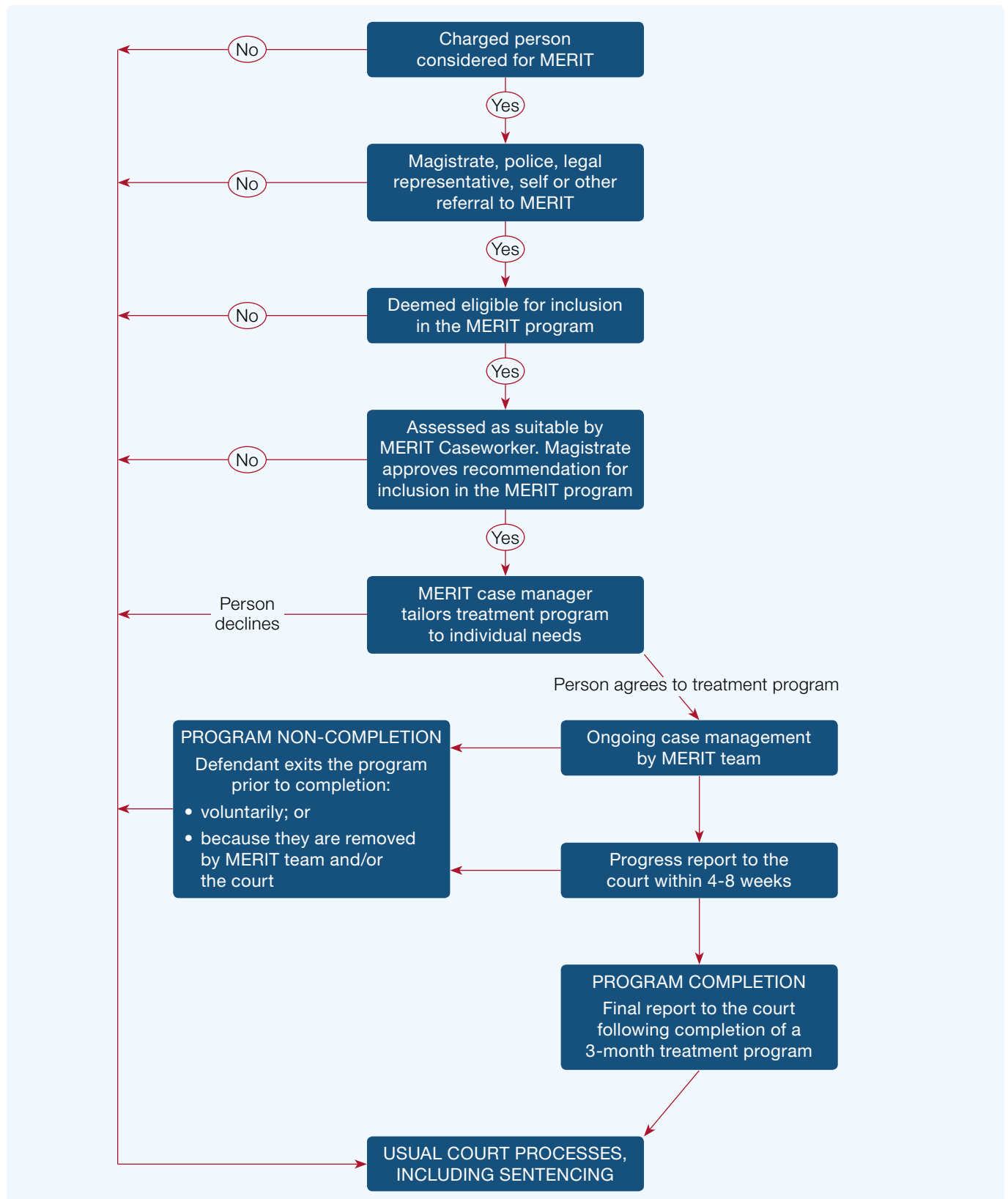
Local Courts which continued to accept defendants with primary alcohol issues in 2014 included Broken Hill, Wilcannia, Bathurst, Orange, Wellington and Coffs Harbour Local Courts.

2. How merit operates and the scope of its coverage

2.1 The MERIT process

Figure 2.1 illustrates a defendant's progress through MERIT from charge and referral through to final hearing and sentencing.

Figure 2.1: The MERIT process



2.2 The scope of MERIT's coverage

During 2014 MERIT operated in 43.3 per cent (n=65) of all 150 NSW Local Courts. In terms of the total charge population in 2014, the MERIT program was potentially available to 88,619 or 81.2 per cent of finalised cases appearing before the NSW Local Court during this period.

Please refer to Table 2.1 for court coverage information.

Table 2.1: MERIT coverage of NSW Local Courts by geographic area, as at 31 December 2014

Geographic area	Courts contained within Local Health District (LHD) boundaries	Court coverage ¹
South East Sydney LHD Illawarra Shoalhaven LHD	Wollongong, Albion Park, Kiama, Port Kembla, Nowra, Sutherland, Kogarah, Downing Centre, Central ² , Waverley, Milton, Moss Vale	98.5%
South Western Sydney LHD Sydney LHD	Liverpool, Campbelltown, Camden, Burwood, Fairfield, Bankstown, Newtown, Picton, Balmain	96.8%
Nepean Blue Mountains LHD Western Sydney LHD	Parramatta, Katoomba, Penrith, Blacktown, Mt Druitt, Windsor	96.2%
Hunter LHD New England LHD	Tamworth, Cessnock, Muswellbrook, Newcastle, Maitland, Raymond Terrace, Toronto, Singleton, Belmont, Kurri Kurri, Scone, Dungog, Armidale, Glen Innes, Gunnedah, Inverell, Moree, Narrabri, Quirindi, Walcha, Wee Waa, Boggabilla, Tenterfield, Mungindi, Warialda,	71.2%
Far West LHD Western NSW LHD	<u>Bathurst</u> , <u>Broken Hill</u> , <u>Orange</u> , <u>Dubbo</u> , Parkes, Oberon, Blayney, Forbes, <u>Wilcannia</u> , <u>Wellington</u> , Condobolin, Cowra, Dunedoo, Grenfell, Lithgow, Rylstone, Peak Hill, Lake Cargelligo, Bourke, Brewarrina, Walgett, Warren, Nyngan, Lightning Ridge, Wentworth, Narromine, Gulgong, Gilgandra, Coonamble, Coonabarabran, Cobar, Mudgee, Balranald	57.1%
Mid North Coast LHD Northern NSW LHD	Lismore, Byron Bay, Ballina, Casino, Kyogle, Port Macquarie, Kempsey, Wauchope, Mullumbimby, Murwillumbah, Tweed Heads, Grafton, Maclean, <u>Coffs Harbour</u> , Forster, Macksville, Taree, Bellingen, Gloucester	81.2%
Southern NSW LHD Murrumbidgee LHD	Queanbeyan, Wagga Wagga, Junee, Cooma, Albury, Cootamundra, Corowa, Deniliquin, Finley, Moama, Tumut, Hay, Temora, Tumbarumba, Lockhart, Moulamein, Griffith, Gundagai, Hillston, Holbrook, Leeton, Narrandera, West Wyalong, Batemans Bay, Bega, Narooma, Bombala, Eden, Crookwell, Yass, Goulburn, Moruya, Young	29.9%
Northern Sydney LHD Central Coast LHD	Gosford, Manly, Wyong, North Sydney, Hornsby, Ryde, Woy Woy	100%

Note: Courts with MERIT appear in **bold**

Underlined courts offered services for participants with alcohol as primary substance in 2014

1 The percentage in the 'Court Coverage' column represents the volume of finalised cases in MERIT local courts as a proportion of finalised cases in all NSW Local Courts, by geographic area. These figures were calculated using 2013 court.

2 The Central Court registry works in conjunction with the Downing Centre.

3. Research objectives and methods

3.1 The report's aim and objectives

The main aim of this report prepared by Criminal Justice Interventions, Department of Justice is to ascertain the uptake and efficacy of the MERIT program during 2014.

The report offers comparisons to the previous year's data and also considers trends since 2010 (the last year a MERIT Annual Report was published).

3.2 Research methods

Administrative data have been collated from three sources: the MERIT Information Management System (MIMS), Local Court Database (Justice Link) and the NSW Bureau of Crime Statistics and Research (BOCSAR) Re-Offending Database (ROD).

3.2.1 MERIT operational data

MIMS was developed with the intention of facilitating the ongoing monitoring and evaluation of the MERIT program and records a range of information pertaining to the demographic profile of participants, their relevant court dates, program entry and exit dates, and the types of intervention received as part of the program.

MIMS is also used to routinely collate assessment data of consenting participants relating to self-reported patterns of substance use, related risk behaviours, and self-reported psychological distress. Assessment data collated on the self-reported health status of defendants at entry to and exit from the program is also recorded on MIMS.

3.2.2 Criminal justice data

BOCSAR provided anonymised and aggregated data on re-convictions for defendants exiting the MERIT program.

As with previous Annual Reports, sentence outcome data were assembled by matching MERIT participant information to sentence outcomes on Justice Link. For this Annual Report, 91.5 per cent of relevant MERIT defendants exiting between 2010 and 2013 had sentence outcome information available having been successfully matched against Justice Link. This is higher than the match rate for the 2010 Annual Report (88.1%). The 2014 Annual Report assesses the sentence outcomes and re-conviction rates for MERIT defendants exiting from the program between 2010 and 2013, not just the previous year, because these have not been previously analysed.

Re-conviction rates were calculated by matching a defendant's Criminal Name Index (CNI) number and date of birth to BOCSAR's ROD. For the 2014 Annual Report covering MERIT defendants exiting between 2010 and 2013, 94.7 per cent of cases were successfully matched to the ROD.

3.2.3 Baseline data

In line with the approach adopted for previous reports two baseline reference points have been employed. The baseline for considering MERIT inputs (referrals and acceptances) and outputs (completion rates) is 1 January to 31 December 2014 inclusive. This reflects the MERIT program's activity for that calendar year.

By contrast, sentence outcome and reconviction data are presented for the cohort of MERIT defendants exiting the program during the *previous* calendar year. Measuring program outcomes in this way is necessary to allow for a sufficient period of time to have elapsed in order to measure reconviction outcomes.

3.2.4 Data analysis

Data were subject to analysis using Ms Access and IBM SPSS (the Statistical Package for the Social Sciences). Descriptive statistics were used to profile the characteristics of the MERIT cohort during 2014. Missing data are recorded where appropriate in order to aid interpretation of results. All percentages have been calculated with missing data excluded.

To determine the factors associated with program completion, levels of association between binary dependent and independent variables were tested using Pearson correlations (chi-square tests).

Unlike previous reports, data relating to changes in substance use and health outcomes as reported by participants and data on re-convictions have not been tested for statistical significance. This should be considered when interpreting and comparing results.

4. MERIT program activity in 2014

This chapter provides a descriptive overview of MERIT program activity during the 2014 calendar year.

4.1 MERIT referral and acceptance rates

4.1.1 Number of MERIT referrals

Between 1 January and 31 December 2014 there were 3,251 referrals to the program. Whilst 2013 marked the highest level of referrals since 2000, there was a 3.6 per cent decrease (of 120 referrals) in 2014, which may be partially attributable to the cessation of the Alcohol MERIT trial. Referrals from police decreased by 12.8 per cent (8 referrals) between 2013 and 2014. The proportion of referrals from self and family member/friend sources increased in this period.

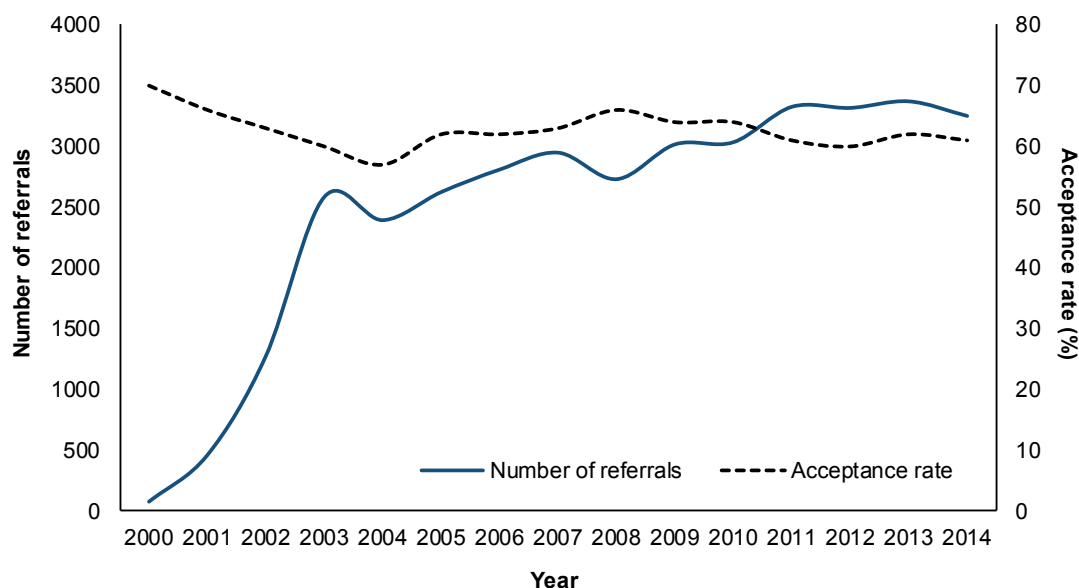
4.1.2 MERIT acceptance rates

Of the 3,251 referrals in 2014, close to three fifths (n=1,996) were accepted onto the program. Figure 4.1 charts referral and acceptance rates over time.

There was overall growth in the number of referrals to MERIT between 2000 and 2011, followed by a reduction of nine referrals between 2011 and 2012, an increase of 54 between 2012 and 2013 and then a reduction of 120 referrals between 2013 and 2014.

Acceptance rates have remained relatively stable since 2010.

Figure 4.1: Number of MERIT referrals and percentage acceptance rates, 2000-2014 (N=37,230)



In 2014, 38.6 per cent of referred defendants (n=1,255) did not end up participating in MERIT; 218 (6.7%) failed to attend for an assessment (referral only), 143 (4%) were unwilling to participate (before eligibility/suitability were able to be considered) and 50 (1.5%) were pending acceptance into the program or pending assessment. The remaining 844 referred defendants who did not access MERIT had contact with a MERIT caseworker but were not accepted onto the program for various reasons (see Section 4.1.3). When compared to the previous year's activity, the proportion of referrals not attending for assessment and declining to participate decreased very slightly (by 0.9 percentage points).

4.1.3 Non-acceptance by the MERIT program

As above, just over one quarter (n=844; 26%) of those referred to MERIT during 2014 were not accepted to participate in the program – a slightly lower rate when compared to 2013 (28.4%). As illustrated in Table 4.1, the most common reasons for non-acceptance were being unwilling to participate, having no demonstrable drug problem, and the Magistrate not endorsing program entry. Although small in number, the proportion of defendants who did not access the program due to their mental health more than doubled between 2013 and 2014 (from 1% to 2.6%) – there may benefit to further investigation of this trend.

Table 4.1: Reasons for non-acceptance of MERIT program referrals, 2014 (n=843³)

Reason for non-acceptance		2014	
		No.	%
Not eligible	No demonstrable drug problem	203	24.1
	Not eligible for bail	39	4.6
	Strictly indictable offence(s)	21	2.5
	Not an adult	1	0.1
	Sub total	264	31.3
Not suitable	Unwilling to participate	228	27.0
	Mental health concern	22	2.6
	Already in court ordered treatment	5	0.6
	Sub-total	255	30.2
Program logistics	Resides outside of effective treatment area	9	1.1
	Program full	19	2.3
	Sub-total	28	3.3
Program entry not endorsed by Magistrate	Sub-total	168	19.9
Other	Sub-total	128	15.2
Total		843	100.0

³ Data on reason for non-acceptance was missing in 1 case.

4.2 MERIT referral

4.2.1 MERIT referral sources and acceptance rates

Solicitors and Magistrates accounted for over three quarters of the referrals to MERIT during 2014 (Table 4.2). Self-directed referrals were the only source of referral to MERIT which measured a proportional increase between 2013 and 2014 (up from 8% in 2013).

Table 4.2: Sources of referral and acceptance rates, 2014

Referral source ⁴	Referrals by source		Acceptances by source	
	No.	%	No.	%
Solicitor	1580	48.8	1044	66.1
Magistrate	902	27.9	542	60.1
Self	346	10.7	198	57.2
Other ⁵	255	7.9	131	51.4
Police	60	1.9	35	58.3
Corrective Services NSW, Community Corrections	59	1.8	28	47.5
Family/friend	33	1.0	15	45.5
Total	3,235	100.0	1,993	

Those referred to the program by solicitors during 2014 were more likely to be accepted into the program than those referred from other sources. Referrals from the Community Corrections and family/friend sources were the least likely groups to be subsequently accepted onto the program during this period.

4.2.2 Previous referrals to MERIT

Given the chronic, relapsing nature of drug dependency, a previous referral to MERIT does not render a defendant ineligible for a subsequent referral at a later date. It is also possible that a defendant might not have been accepted into or completed the program following an earlier referral.

Over one in four (n=836; 26.1%) referred defendants during 2014 had previously been referred to MERIT. This rate is similar to that recorded in 2013 (n=858; 25.4%). Those who had no previous referrals were just as likely to be accepted into the program (62.2%) as those who had one or more previous referrals (62.9%).

Table 4.3: Program status by number of referrals to MERIT, 2014

Extent of past contact with MERIT	Program status ⁶								
	Accepted		Declined		Not accepted		Referral only		Total
	No.	%	No.	%	No.	%	No.	%	No.
No previous referrals	1,470	62.2	114	4.8	629	26.6	152	6.4	2,365
1 previous referral	337	62.6	16	3.0	140	26.0	45	8.4	538
2+ previous referrals	189	63.4	13	4.4	75	25.2	21	7.0	298
Total	1,996	62.4	143	4.5	843	26.3	218	6.8	3,201

4 Data on referral source were missing in 16 cases.

5 As noted in earlier Annual Reports (for example, Martire and Larney, 2009: 14), 'Other' MERIT referrals are typically made by health care professionals.

6 50 referrals were either 'pending assessment' or 'pending acceptance'.

4.3 The demographic profile of referred/accepted defendants

4.3.1 Gender

In line with recent years, around one in five referrals (n=640; 19.7%) and acceptances (n=402; 20.1%) to the MERIT program during 2014 involved female defendants⁷. Women were accepted into MERIT at a slightly lower rate (62.8%) than men (63.1%) in 2014.

The gender ratio of defendants referred to MERIT during this period is consistent with that of those found guilty before all NSW Local Courts in 2014 (NSW Bureau of Crime Statistics and Research, 2015).

4.3.2 Age

Defendants referred to the program during 2014 ranged in age from 18 to 68 years. The average (median) age of those both referred and accepted was 31.8 (over 1 year younger than the median age in 2013). The largest proportion of referred defendants in 2014 were aged between 25-29 years, accounting for almost one in five referrals (18.6 %). This was followed by the 30-34 (17.7%) and 40-49 (17.1%) age groups. As shown in Table 4.4, collectively, these groups accounted for 53.5 per cent of all referrals to the program during this period. This age distribution is broadly consistent with the pattern followed throughout the lifetime of MERIT, however, in 2013 the largest proportion of referred defendants were aged between 40-49 years.

Table 4.4: Age at referral and acceptance as a proportion of referrals,⁸ 2014

Age group	Referred		Accepted within each age group	
	No.	% of all referrals	No.	% of all referrals
17 or under	0	0	0	
18-20	414	12.8	268	64.7
21-24	501	15.5	299	59.7
25-29	602	18.6	375	62.3
30-34	572	17.7	342	59.8
35-39	435	13.5	285	65.5
40-49	553	17.1	338	61.1
50+	151	4.7	89	58.9
Total	3,228	100.0	1,996	

⁷ Data on gender were missing or inadequately described in 84 cases.

⁸ Due to missing data age at referral could not be calculated for 23 cases.

4.3.3 Indigenous status

As illustrated in Table 4.5, 21.8 per cent (n=647) of referrals to MERIT during 2014 identified as Aboriginal or as a Torres Strait Islander⁹. This is higher than the 2013 rate (19.1%) and is the highest proportion of referred defendants identifying as Aboriginal or as a Torres Strait Islander since the program commenced in 2000. This figure is also higher than the proportion of such defendants who appeared before all Local Courts in 2014 (16.0%) (NSW Bureau of Crime Statistics and Research, 2015).

There was a difference in the proportion of acceptances into MERIT between Indigenous defendants (63.4%) and non-Indigenous defendants (67.4%) in 2014. The main reason recorded for non-acceptance of Indigenous defendants was program entry was not endorsed by the Magistrate (3.1%; 2.8% of non-Indigenous defendants had this reason recorded). Non-Indigenous defendants were more likely than Indigenous defendants to have no demonstrable drug problem (6.3% vs. 3.1%).

Table 4.5: Indigenous status of referred defendants, 2014

Indigenous status	Referred	
	No.	%
Indigenous ¹⁰	647	21.8
Non-indigenous	2,315	78.2
Total	2,962	100.0

4.3.4 Country of birth

The majority of participants referred to the MERIT program during 2014 were born in Australia (91.6%).¹¹ This is similar to the figure for 2013 (91.3%). The most common countries of origin for defendants born outside Australia in 2014 were New Zealand (n=42), Vietnam (n=30) and England (n=16).

4.3.5 Educational attainment

As has been the case since commencement of the MERIT program, the majority of referred defendants in 2014 were those for whom the highest level of educational attainment was equivalent to Year 10 or less (68.7%)¹². Around one in five (n=347; 21.4%) were educated to the level of Year 11 or 12; 6.7 per cent (n=109) had trade or TAFE qualifications and only a small proportion (3.2%; n=52) were tertiary-level educated.

9 Data on indigenous status were missing (n=177) or not stated (n=112) in 8.9 per cent of cases.

10 Includes those identifying as Aboriginal (n=616), Torres Strait Islander (n=11) or Aboriginal and Torres Strait Islander (n=20). Data on Indigenous status was missing or not stated for 289 cases.

11 Data on country of birth was missing in 223 (6.9%) cases in 2014.

12 Data on educational attainment were missing in 1,626 (50%) cases in 2014

4.4 Principal drug of concern

Information relating to the principal drug of concern to be addressed by the MERIT program between 2010 and 2014 is provided in Tables 4.6 and 4.7 and Figure 4.2. Cannabis was the principal drug of concern for about two fifths (n=773; 38.7%) of all accepted defendants during 2014. As indicated in Figure 4.2, this is almost twice the proportion of cannabis users who accessed MERIT when the program commenced in 2000 (21.8%). However, Figure 4.2 also shows a steady decline in the proportion of cannabis users accessing the program in latter years (from 46.9% in 2010 to 38.7% in 2014). Figure 4.2 illustrates the marked increase in the proportion of stimulant users participating in MERIT between 2010 and 2014 – from 17.9 per cent in 2010 (n=348) to 38.1 per cent (n=760) in 2014. This increase can be mainly attributed to the increase in amphetamine/methamphetamine use (including drugs such as ‘Speed’ and ‘Ice’). Amphetamine/methamphetamine was the principal drug of concern for 15.6 per cent of MERIT participants in 2010 and 35.1 per cent of participants in 2014 (see Table 4.6 and 2010 Annual Report). Opiate users accounted for one in eight of cases accepted in 2014 (n=259; 13.0%), a decrease of 7.1 per cent of total accepted cases when compared to 2010 (n=353). Opiate use has shown decline across the life of the program.

Alcohol use was recorded as the principal drug of concern for less than one tenth (n=158; 7.9%) of accepted defendants in 2014. There was an increase in primary alcohol users between 2009 and 2011. However, there has been a fall in primary alcohol users of more than 7 per cent of total cases in 2014 when compared to 2011 (n=303; 14.8%), which may be partially attributable to the changes in the availability of Alcohol MERIT described in Section 1.2.

When considering polydrug use (not just principal drug of concern), the number of different drugs (including alcohol) misused by each accepted defendant in 2014 varied. At least one defendant used up to eight different substances, with an average (median) of two substances per defendant.

Figure 4.2: Trends in principal drug of concern addressed by MERIT, 2000-2014 (n=23,083)

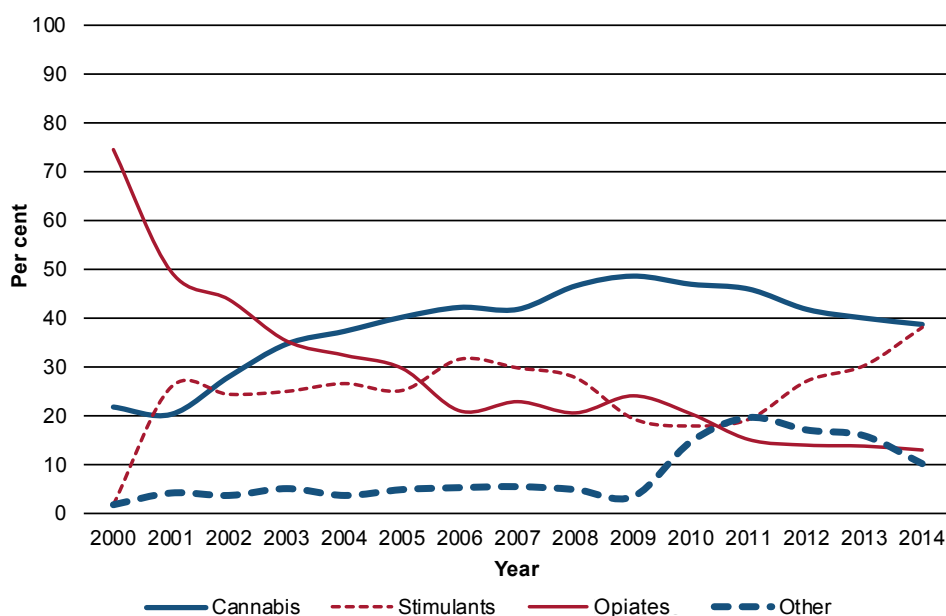


Table 4.6: Principal drug of concern for accepted MERIT defendants, 2014

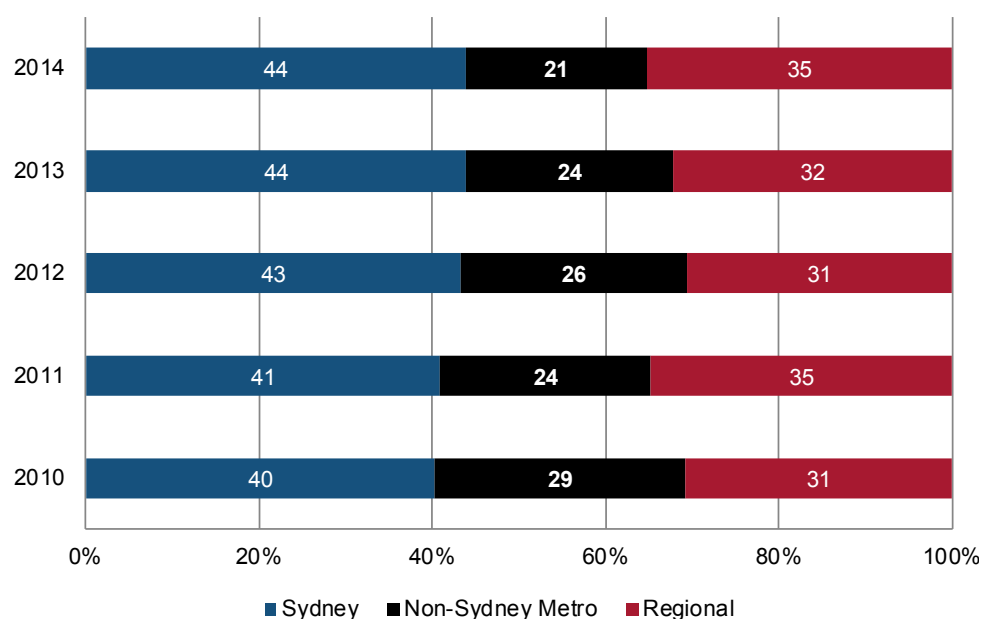
Principal drug of concern		No.	%
Cannabis		773	38.7
Stimulants	Amphetamines/Methamphetamines (inc. 'Speed', 'Ice')	701	35.1
	Cocaine	33	1.7
	MDMA (ecstasy)	26	1.3
	Other	0	0
	Sub-total	760	38.1
Opiates	Heroin	221	11.1
	Methadone	8	0.4
	Morphine (inc. MS Contin, Opium)	15	0.8
	Buprenorphine	2	0.1
	Other	13	0.7
	Sub-total	259	13.0
Sedatives/anaesthetics	Benzodiazepines	42	2.1
	Gamma-hydroxybutyrate (GHB)	0	0
	Other	4	0.2
	Sub-total	46	2.3
Other	Alcohol	158	7.9
	Sub-total	158	7.9
Total		1,996	100.0

4.4.1 Principal drug of concern by region¹³

The distribution of MERIT participants by region from 2010 to 2014 is set out in Figure 4.3. The proportion of MERIT participants living in non-Sydney metropolitan areas has steadily fallen since 2010, with corresponding rises in the proportions of regional and Sydney-based participants.

¹³ In keeping with the approach adopted in previous MERIT Annual Reports (Martire & Larney, 2010), the 'Urban region' comprises the Northern Sydney, Western Sydney, South Eastern Sydney, South Western Sydney, Central Sydney and Wentworth MERIT teams. For this report, this grouping has been renamed 'Sydney'. The 'Non-Sydney Metropolitan' region consists of the Hunter, Illawarra and Central Coast MERIT teams. The 'Regional' region is made up of the New England, Mid West, Far West, Macquarie, Mid North Coast, Northern Rivers, Southern and Greater Murray MERIT teams. It should be noted that participants in the Regional group may live in rural or remote areas.

Figure 4.3: MERIT participant distributions by region, 2010-2014



Significant change has occurred in the distribution of the principal drug of concern on the basis of NSW region in this period. As illustrated in Table 4.7, there has been a decrease in cannabis users in MERIT in regional and non-Sydney metropolitan areas which has corresponded with a sizeable increase in stimulant users in these areas between 2010 and 2014. The proportion of stimulant users almost tripled in regional areas (9.9% to 27.7%), more than doubled in non-Sydney metropolitan areas (20.6% to 47.6%) and nearly doubled in Sydney (21.7% to 41.9%) between 2010 and 2014. All areas have seen slight decreases in MERIT participants using opiates and 'other drugs' relative to 2010.

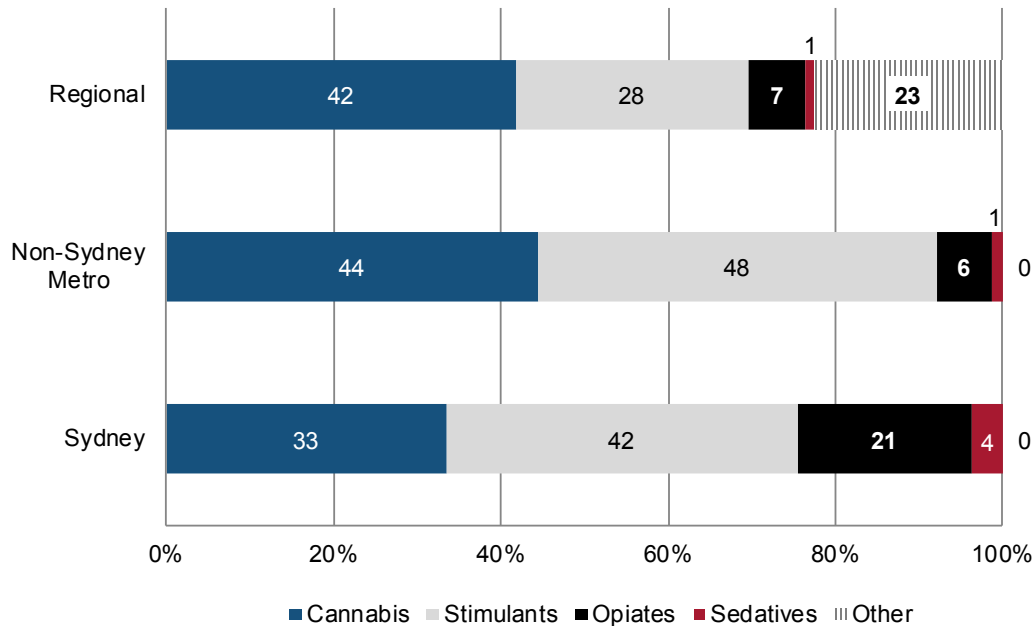
Table 4.7: Principal drug of concern for accepted defendants by region, 2010-2014

Principal drug of concern	2010			2011			2012		
	SYD	NSM	Reg	SYD	NSM	Reg	SYD	NSM	Reg
Cannabis	34.4%	56.7%	55.7%	39.6%	56.4%	46.1%	32.9%	48.1%	48.9%
Stimulants	21.7%	20.6%	9.9%	24.4%	20.0%	12.8%	32.8%	31.7%	15.4%
Opiates	32.2%	15.0%	9.8%	25.7%	9.9%	6.3%	22.1%	7.3%	8.5%
Other	11.6%	7.8%	24.7%	10.3%	13.7%	34.7%	12.2%	12.9%	27.3%
No.	723	540	584	836	495	711	863	518	612
Principal drug of concern	2013			2014					
	SYD	NSM	Reg	SYD	NSM	Reg			
Cannabis	34.2%	42.3%	46.2%	33.5%	44.5%	41.8%			
Stimulants	34.7%	36.8%	19.4%	41.9%	47.6%	27.7%			
Opiates	20.6%	8.3%	8.7%	20.9%	6.5%	7.0%			
Other	10.4%	12.6%	25.7%	3.7%	1.4%	23.5%			
No.	911	492	669	875	416	705			

Note: Syd = Sydney; NSM = Non-Sydney Metropolitan; Reg = Regional

In 2014, whilst cannabis has remained the most common principal drug of concern in regional areas, stimulants are now the most common principal drug of concern in Sydney and non-Sydney metropolitan areas (Figure 4.4).

Figure 4.4: Principal drug of concern for accepted defendants by region, 2014



4.5 Number of charges and type of offence

4.5.1 Number of charges

There were a total of 6,398 charges against 3,006 defendants¹⁴ referred to MERIT during 2014. Less than one per cent (22 defendants or 0.73%) of defendants were recorded as receiving 10 or more charges; the range of remaining charges was one to nine.

The average (median) number of charges was one¹⁵. The number of charges against a defendant was associated with the likelihood of being accepted onto the program in 2014; those with one charge had an acceptance rate of 64.5 per cent whereas those with two or more charges had an acceptance rate of 68 per cent.

4.5.2 Type of offence and previous custodial experience¹⁶

Illicit drug offences, theft and related offences and acts intended to cause injury were the most common charges faced by MERIT defendants – for both those referred to and accepted into the program in 2014. More than four-fifths of the defendants at referral (80.7%) and acceptance (81.8%) stages of the MERIT process had pending charges relating to these offences. Amongst those accepted onto the program in 2014, those assessed as having cannabis as their principal drug of concern comprised the largest group charged with illicit drug offences (48.9%; n=425). Users of stimulants were the group most likely to be charged with theft and related offences (45.6%; n=185). Between 2010 and 2014 there was a steady shift in the group most likely to be charged with theft and related offences from opiate to stimulant users (see Table 4.8).

¹⁴ Data on charges were missing for 245 of referrals; data for all accepted cases were available.

¹⁵ Analysis of averages uses a median score when the data is not normally distributed. The median provides a more accurate estimate of the average compared to the mean in these cases.

¹⁶ The offences considered have been structured according to the Australian Bureau of Statistics' Australian Standard Offence Classification (ASOC) system.

Further, whilst users of cannabis were the group most likely to be charged with acts intended to cause injury (38.0%, n=130), the proportion of stimulant users charged with these offences has more than doubled between 2010 (14.9%, n=44) and 2014 (35.1%, n=120) (see Table 4.9).

Table 4.10 on page 22 sets out the nature and extent of the offences for which those referred and accepted into the MERIT program during 2014 were awaiting sentence.

Table 4.8: Theft and related offences by principal drug of concern (PDC), 2010-2014

PDC	2010		2011		2012		2013		2014	
	No.	% of offence	No.	% of offence	No.	% of offence	No.	% of offence	No.	% of offence
Cannabis	133	27.4	137	30.8	121	26.9	117	25.4	91	22.4
Opiates	195	40.1	143	32.1	143	31.8	152	33.0	103	25.4
Other	63	13.0	57	12.8	48	10.7	42	9.1	27	6.7
Stimulants	95	19.5	108	24.3	137	30.5	149	32.4	185	45.6
Total No.	486		445		449		460		406	

Table 4.9: Acts intended to cause injury by principal drug of concern (PDC), 2010-2014

PDC	2010		2011		2012		2013		2014	
	No.	% of offence	No.	% of offence	No.	% of offence	No.	% of offence	No.	% of offence
Cannabis	150	50.8	177	49.4	152	44.3	143	39.3	130	38.0
Opiates	27	9.2	27	7.5	19	5.5	36	9.9	29	8.5
Other	74	25.1	108	30.2	97	28.3	97	26.6	63	18.4
Stimulants	44	14.9	46	12.8	75	21.9	88	24.2	120	35.1
Total No.	295		358		343		364		342	

Just over two-fifths of those referred (n=554; 43.2%) and accepted (n=472; 42.8%) onto the MERIT program in 2014 had previously served a custodial sentence¹⁷.

Those engaging with MERIT for support principally around their use of stimulants (including amphetamines/methamphetamines use) were less likely to report having previously been imprisoned (41.6%) than others (58.4%) accepted during this period.

¹⁷ Information on previous experience of prison was missing in a total of 1,970 referrals; this included missing data for 894 accepted cases.

Table 4.10: Offence types for referred and accepted MERIT defendants, 2014

Offence type	Referred (n=3,006) ¹⁸		Accepted (n=1,996)	
	No.	% of defendants	No.	% of defendants
Acts intended to cause injury	524	17.4	342	17.1
Against justice procedures, government security/operations	420	14.0	258	12.9
Dangerous or negligent acts endangering persons	387	12.9	256	12.8
Deception and related offences	75	2.5	50	2.5
Illicit drug offences	1,276	42.4	870	43.6
Miscellaneous offences	210	7.0	135	6.8
Property damage and environmental pollution	261	8.7	165	8.3
Public order offences	78	2.6	61	3.1
Road traffic and motor vehicle regulatory offences	433	14.4	304	15.2
Robbery, extortion and related offences	58	1.9	41	2.1
Sexual assault and related offences	3	0.1	0	0
Theft and related offences	625	20.8	406	20.3
Unlawful entry with intent/burglary, break and entry	176	5.9	111	5.6
Weapons and explosives offences	153	5.1	101	5.1

¹⁸ Data on charges were missing in 245 referred cases; data for all accepted cases were available.

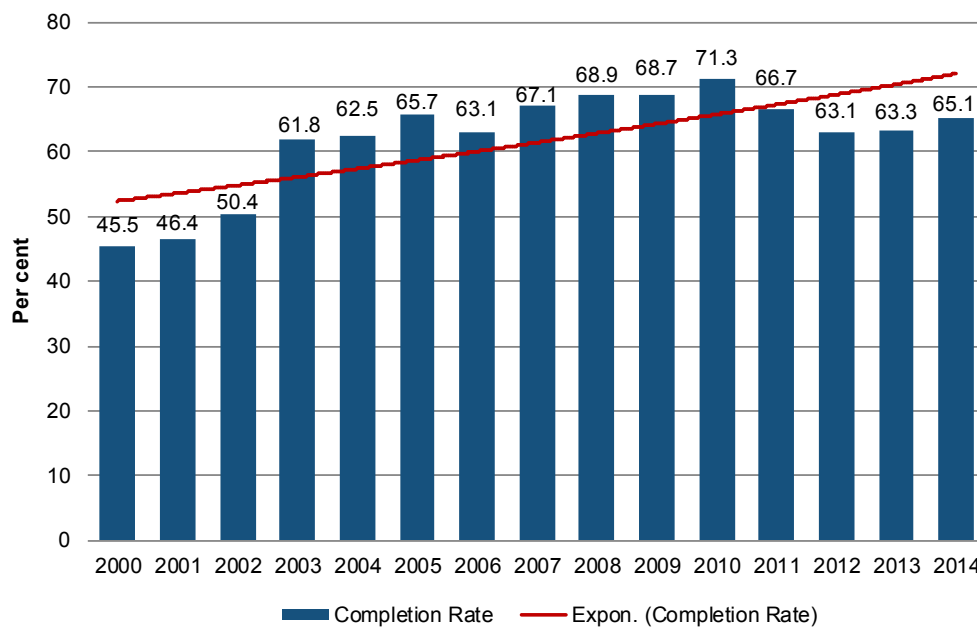
5. MERIT program exits

This chapter considers the 2,004 defendants who were accepted into MERIT and subsequently exited the program during 2014. Around one in four of these participants (n=512; 25.5%) accessed the program during 2013. The remainder engaged with MERIT during 2014 (n=1,492). This cohort includes defendants who completed program requirements (completers), as well as those not completing requirements (non-completers).

5.1 Exit status of defendants accepted into MERIT

65.1 per cent of MERIT participants exited the program during 2014 having met all program requirements. As illustrated in Figure 5.1, there was a decline in the program completion rate between 2010 and 2012 (71.3% to 63.1%). This decline prompted the Department of Justice and the NSW Ministry of Health to develop a plan in 2013 to investigate and address the trend. The plan helped to identify factors that may have been contributing to the decline and identified possible solutions. Since commencement of the plan activities the completion rate has risen to 63.3 per cent in 2013 and 65.1 per cent in 2014.

Figure 5.1: MERIT program completion rates for accepted defendants, 2000-2014 (n=22,578)



The remaining participants who exited MERIT during 2014 did not complete the program for a range of reasons. As indicated in Table 5.1, these included non-compliance with program conditions, withdrawing from the program voluntarily and being removed from the program by the Court. Compared to 2013, there was a small increase in the proportion of participants who were removed by the Court. The rates at which defendants failed to complete MERIT due to non-compliance with program conditions reduced from 23.7 per cent in 2013 to 20.5 per cent in 2014.

Table 5.1: Status of participants exiting the MERIT program, 2010-2014

Exit status	2013		2014	
	No.	%	No.	%
Completed program	1,295	63.3	1,304	65.1
Court matters finalised/dismissed prior to completion	9	0.4	14	0.7
Non-compliance with program conditions	484	23.7	411	20.5
Other	16	0.8	15	0.7
Removed by Court	59	2.9	76	3.8
Withdrew voluntarily	179	8.8	184	9.2
Died	3	0.1		
Total No.	2,045		2,004	

5.2 Program duration

Although it is anticipated that MERIT defendants will typically be engaged with the program for a three-month period, in practice the nature and extent of this contact will vary considerably. Decision-making on this issue is at the discretion of the Magistrate dealing with each individual case, in consultation with the MERIT team, the defendant and his/her legal representative.

The average (median) length of time completers spent on the MERIT program¹⁹ in 2014 was 88 days; as expected, this is a longer period of contact time than non-completers (49 days). This trend is consistent with previous years. Completers in 2014 had more overall contact with staff during their time engaged with MERIT (median 16 contacts) than non-completers (9 contacts), but had a similar average (median) rate of service access (one contact every 5.5 days) than non-completers (one contact every 5.4 days) during their engagement with the program.

5.3 Treatments and services

This section considers both the nature and extent of any previous treatment exposure defendants had prior to accessing MERIT, as well as the range of treatment services delivered by external providers to participants as part of their contact with the program.

5.3.1 Treatment history prior to MERIT

Data on previous exposure to substance use treatment services were available for 90 per cent (n=1,805) of the 2,004 MERIT participants who exited the program in 2014. Just over forty per cent of participants (n=728; 40.3%) reported MERIT as their first contact with drug treatment services; this was an increase from 2013 (33.9%) and the highest proportion recorded over the past five years. Amongst those reporting having accessed specialist support prior to their contact with MERIT (n=1,078; 59.7%), the number of different types of intervention accessed range from one to 14, with a majority of participants accessing one or two treatment types (n = 823; 76.3%) with an average (median) of one. The main treatment modalities accessed in the past by participants who exited MERIT between 2010 and 2014 are set out in Table 5.2.

¹⁹ Calculated using program entry and exit dates as recorded in MIMS database.

Table 5.2: Previous substance use treatments received by exiting MERIT participants, 2010-2014

Previous treatment modality ²⁰	2010		2011		2012		2013		2014	
	No.	%	No.	%	No.	%	No.	%	No.	%
Counselling	774	63.4	803	63.6	701	59.0	843	67.2	747	69.3
Pharmacotherapies	605	49.5	495	39.2	405	34.1	368	29.3	331	30.7
Withdrawal management	427	35.0	467	37.0	438	36.8	407	32.5	352	32.7
Residential rehabilitation	328	26.9	356	28.2	383	32.2	385	30.7	302	28.0
Support and case management	86	7.0	66	5.2	74	6.2	112	8.9	111	10.3
Information and education only	44	3.6	25	2.0	24	2.0	32	2.6	33	3.1
Consultation (not withdrawal management)	62	5.1	63	5.0	48	4.0	74	5.9	57	5.3
Other	131	10.7	146	11.6	171	14.4	150	12.0	155	14.4
Total No.	1,221		1,262		1,189		1,254		1078	
	2010		2011		2012		2013		2014	
	No.	%	No.	%	No.	%	No.	%	No.	%
No previous treatment	630	34.1	721	36.4	723	37.9	641	33.9	728	40.3

5.3.2 Treatment received whilst on MERIT

Individual treatment plans are developed by MERIT caseworkers, tailored to the specific needs of defendants. More than 98 per cent of the participants who exited the program in 2014 received what might be described as a generic ‘support and case management’ approach. Defendants can also receive individual counselling and can be referred to a range of external treatment providers for additional services as required (for example, substitute prescribing or mental health support) as part of MERIT. However, different MERIT teams and Local Health Districts have different arrangements in place for funding and commissioning services locally and the demand for, and availability of, external treatment providers varies.

Just over a third (37.6%; n=741) of the 2,004 defendants who exited the program in 2014 received a referral to an external treatment provider. Information about these referrals was available for 625 (84.3%)²¹ of the 741 defendants who received one. This group of 625 participants accessed support from 1,153 separate service providers during their time with the program; around one third (n=201) continued to access support beyond their contact with MERIT. The number of different providers accessed ranged from one to eight with an average (median) of one. The median length of time defendants were engaged with the providers was 10 days (ranging from 0 to 282 days). The most common forms of support received were, as set out in Table 5.3:

- withdrawal management (34.7%; n=252);
- residential rehabilitation (33.1%; n=240);
- other interventions (for example, mental health, education and employment support, health services) (49.7%; n=361);
- pharmacotherapies (18.6%; n=135); and
- counselling (22.7%; n=165).

²⁰ Defendants may have received more than one treatment modality.

²¹ With the exception of inpatient treatments (rehabilitation and detoxification), other interventions and services provided by agencies external to the MERIT team are often poorly recorded on MIMS.

Relevant information about the nature and extent of this support was available for 625 (84.3%)²¹ of these 741 defendants. The group accessed support from 1,153 separate service providers during their time with the program; around one third (n=201) continued to access support beyond their contact with MERIT. The number of different providers accessed ranged from one to eight with an average (median) of one. The median length of time defendants were engaged with the providers was 10 days (ranging from 0 to 282 days). The most common forms of support received were, as set out in Table 5.3:

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- residential rehabilitation (33.1%; n=240);
- other interventions (for example, mental health, education and employment support, health services) (49.7%; n=361);
- pharmacotherapies (18.6%; n=135); and
- counselling (22.7%; n=165).

The external services accessed by participants who exited MERIT between 2010 and 2014 are set out in Table 5.3. Based on recorded data, there has been a clear decrease in the use of pharmacotherapy in MERIT with 40.2 per cent of defendants receiving this type of treatment in 2010 and only 18.6 per cent in 2014. This would be expected given the corresponding decline in opiate users entering the program²².

Table 5.3: Treatment interventions received whilst on MERIT, 2010-2014

Type of treatment received	2010		2011		2012		2013		2014	
	No.	%	No.	%	No.	%	No.	%	No.	%
Withdrawal management	227	31.3	217	29.9	285	39.3	243	33.5	252	34.7
Residential rehabilitation	234	32.2	239	32.9	247	34.0	279	38.4	240	33.1
Other interventions	337	46.4	397	54.7	387	53.3	438	60.3	361	49.7
Pharmacotherapies	292	40.2	238	32.8	212	29.2	179	24.7	135	18.6
Counselling	139	19.1	118	16.3	123	16.9	157	21.6	165	22.7

²² Use of pharmacotherapy as part of treatment for stimulant use is still a developing area.

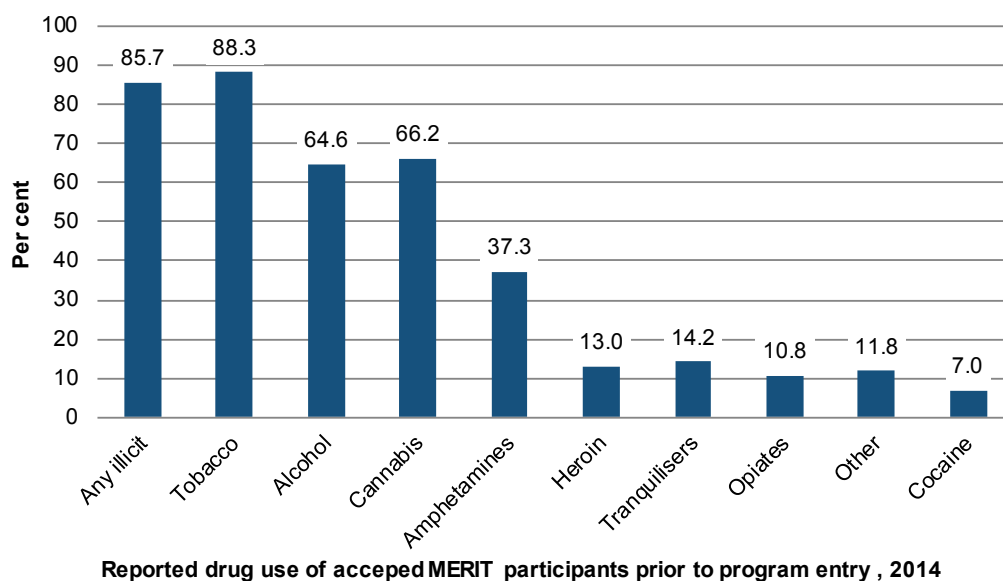
6. Substance use and health outcomes

This section provides information on the 1,996 defendants accepted by MERIT in 2014 and trends in the nature and extent of drug use among accepted MERIT defendants between 2010 and 2014. Self-reported substance use and psychological health information is collected upon entry to and exit from the MERIT program, where possible²³.

6.1 Substance use

Slightly more than eight out of 10 defendants accepted by MERIT (and for whom data were available) had reportedly used an illicit²⁴ drug in the 30 days prior to program entry²⁵ (n=1,353; 82.3%). Cannabis was the most commonly used illicit substance, consumed by around two-thirds of all defendants (n=1,085) (66.2%). Figure 6.1 illustrates substance use among MERIT participants upon entry to the MERIT program during 2014. Participants may have reported using more than one substance, not just their principal drug of concern.

Figure 6.1: Reported drug use among MERIT participants prior to program entry, 2014*



* Each analysis of drug items involved differing total group size and number of missing cases. Group sizes: any illicit (1645), tobacco (1645), cannabis (1643), alcohol (1644), amphetamine (1640), heroin (1642), tranquilisers (1641), other (1563), opiates (1644), cocaine (1644). Percentages are calculated against the total available number of cases per substance type.

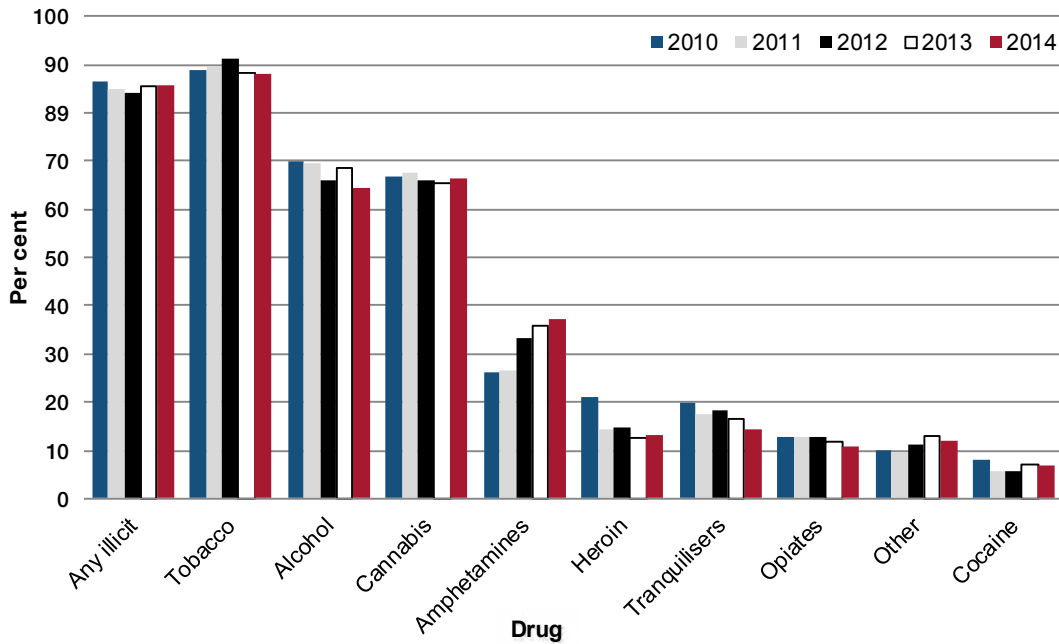
²³ For a range of different reasons exit data on substance use and health outcomes are almost exclusively restricted to program completers and should not be considered representative of all program participants. Reasons include: non-completers fail to re-engage with MERIT after non-compliance with program conditions, being removed or withdrawing from the program; they may be detained in custody for further offences; or they might leave the program shortly after entering it.

²⁴ With the exception of alcohol and tobacco, an assumption has been made that other substances (for example, tranquilisers and opiates) were being used for non-medical purposes and were not prescribed, or if prescribed, were not used in line with the prescription.

²⁵ Data on drug use prior to entry to MERIT were missing for 348 cases.

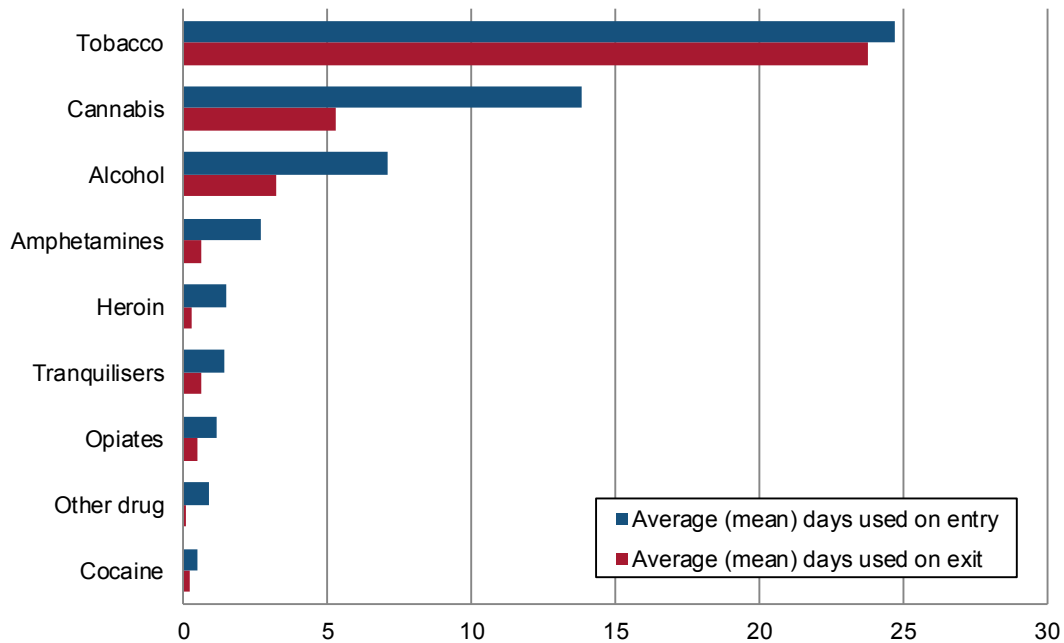
Figure 6.2 shows the trends in drug use among accepted MERIT participants from 2010 to 2014. A steady rise in amphetamine use is noted over this period.

Figure 6.2: Substance use as a percentage of the individual drug group, 2010-2014



At entry to MERIT around half (46.6%) of the 2014 cohort reported consuming illicit drugs on 25 days out of the last 30 (median 20 days). As shown in Figure 6.3, using data for those accepted defendants for whom substance use information was available upon entry to and exit from the program in 2014, reductions in the self-reported frequency of use across all nine drug types were recorded²⁶.

Figure 6.3: Average (mean) frequency of substances used upon entry to and exit from the program, 2014²⁷



²⁶ It is noted that information on substance use is gathered by respondent self-report. As a result it is possible that ratings may be affected by respondent incentives to underreport or minimise actual use.

²⁷ Figures 6.2 and 6.3 relate to use of any substance, not just principal drug of concern. Participants may report using more than one substances.

As per Table 6.1, reductions in both the frequency and intensity²⁸ of self-reported substance use were observed across all drug types for this sub-sample of accepted MERIT participants in 2014. In particular, significant reductions in average days of use for both cannabis and amphetamine is noted.

Table 6.1: Changes in the number of days using substances and the intensity of use in the month on entry to and exit from the MERIT program, 2014

Substances	Group size	Average (mean) days used on entry	Average (mean) days used on exit	Group size	Average (mean) intensity score on entry	Average (mean) intensity score on exit
Alcohol	724	7.1	3.2	724	90.2	19.6
Tobacco	724	24.7	23.8	721	411.0	329.6
Cannabis	724	13.8	5.3	723	249.4	42.6
Opiates	724	1.1	0.5	724	5.1	1.8
Heroin	721	1.5	0.3	719	4.4	0.7
Cocaine	723	0.5	0.2	722	5.5	0.4
Amphetamines	722	2.7	0.6	722	15.4	1.6
Tranquillisers	723	1.4	0.6	723	5.4	1.6
Other drug	690	0.9	0.1	682	4.1	0.1
Any illicit drug	584	20.37	7.72	577	327.4	56.1

6.2 Severity of dependence

The degree to which MERIT participants' substance use could be considered dependent was assessed using the Severity of Dependence Scale (SDS) (Gossop et al., 1995). As shown in Table 6.2, those seeking support from MERIT principally around their use of opiates had higher average (mean) SDS scores than defendants using other substances, followed closely by those using sedatives. The average overall SDS score for 2014 (8.0) is consistent with the figure for the 2013 MERIT cohort (7.9). The average dependency scores increased for both opiate users (from 9.1 to 9.4) and for sedative users (from 9.0 to 9.3) between 2013 and 2014. Between 2010 and 2014, the total number of stimulant users increased by 102 per cent (from 292 to 591). This was mainly due to an increase in amphetamine/methamphetamine (including 'Speed', 'Ice') users (from 303 in 2010 to 701 in 2014). However, the average dependency scores for stimulant users remained the same (7.9).

²⁸ An intensity score was calculated by multiplying the number of days in the month a substance was used by the units consumed per day.

Table 6.2: Average (mean) Severity of Dependence Scale scores for accepted defendants during 2013 and 2014

Principal substance	2013			2014		
	No.	Mean	Standard deviation	No.	Mean	Standard deviation
Cannabis	712	7.5	3.5	645	7.6	3.6
Opiate users	226	9.1	3.1	200	9.4	3.3
Stimulant users	507	7.9	3.4	591	7.9	3.4
Alcohol	223	7.4	3.7	147	7.5	3.7
Sedatives/anaesthetics	51	9.0	3.1	32	9.3	3.2
Other	1	11		1	3	
Total	1720	7.9		1,616	8.0	

Those accepted MERIT defendants for whom SDS data were available both on entry to the program in 2014 and upon exit (n=713) recorded a 37 per cent reduction in overall dependency scores. This is comparable to the percentage reduction in 2013 (35.4%). As illustrated in Table 6.3, these reductions in SDS scores were apparent for all types of principal problem substance, except 'Other'.

Table 6.3: Changes in average (mean) Severity of Dependence Scale score upon entry to and exit from the MERIT program, by principal drug, 2014

Principal drug	No.	Average (mean) SDS on MERIT entry	Average (mean) SDS on MERIT exit	Total of Entry SDS Score	Total of Exit SDS Score
Cannabis	334	7.8	5.1	2,600	1,700
Opiate users	83	9.2	5.8	763	485
Stimulant users	199	7.5	4.7	1484	945
Alcohol	85	7.8	4.0	659	342
Sedatives-anaesthetics	11	10.7	6.2	118	68
Other	1	3.0	3.0	3	3
Total	713	7.9	5.0	5,627	3,543

When considering levels of dependency, most principal users of opiates (scoring 3+; 83.1%; n=69), stimulants (scoring 4+; 64.3%; n=128) and cannabis (scoring 3+; 77.8%; n=260) continued to score above the relevant dependency thresholds on the SDS upon exiting the MERIT program, as shown in Table 6.4 (González-Sáiz et al., 2009; Topp & Mattick, 1997; Swift, Copeland & Hall, 1998). This highlights the need to ensure that MERIT participants are linked to ongoing support and services following completion of the 12 week program.

Table 6.4: Number and percentage of MERIT participants exceeding dependency thresholds on exit from the MERIT program between 2013 and 2014

Principal drug	SD Threshold	2013		2014	
		No.	%	No.	%
Cannabis	3+	328	75.4	260	77.8
Opiates	3+	94	83.9	69	83.1
Stimulants	4+	161	62.9	128	64.3

6.3 Injecting behaviour

Just under half (n=713; 43.5%) of all accepted defendants during 2014 had self-reported injecting at some point in the past. Most of those with a history of injecting had also done so during the three months prior to their contact with MERIT (71.7%; n=511)²⁹.

6.4 Psychological health³⁰

Levels of psychological distress amongst accepted MERIT defendants during 2014 were measured using the Kessler-10 (K-10) Psychological Distress Scale (Kessler et al., 2002). With possible scores ranging from 10 to 50, lower K-10 scores are indicative of lower levels of psychological distress. The average (median) score for accepted MERIT defendants during 2014 was 25³¹. This is the lowest threshold for moderate psychological distress (scores in the region of 25-29 indicate moderate levels of distress). However, 33.1 per cent (n=237) of defendants had severe levels of psychological distress on admission to MERIT.

Amongst those defendants with K-10 data on entry to and exit from the program during 2014 (n=717) there was a reduction in overall scores: from 24.6 to 18.5 (that is, from mild-moderate levels of psychological distress to no distress). As shown in Figure 6.4, there were also falls in the proportion of MERIT defendants experiencing moderate and severe levels of distress following their contact with the program. This is a similar pattern to that observed in 2013.

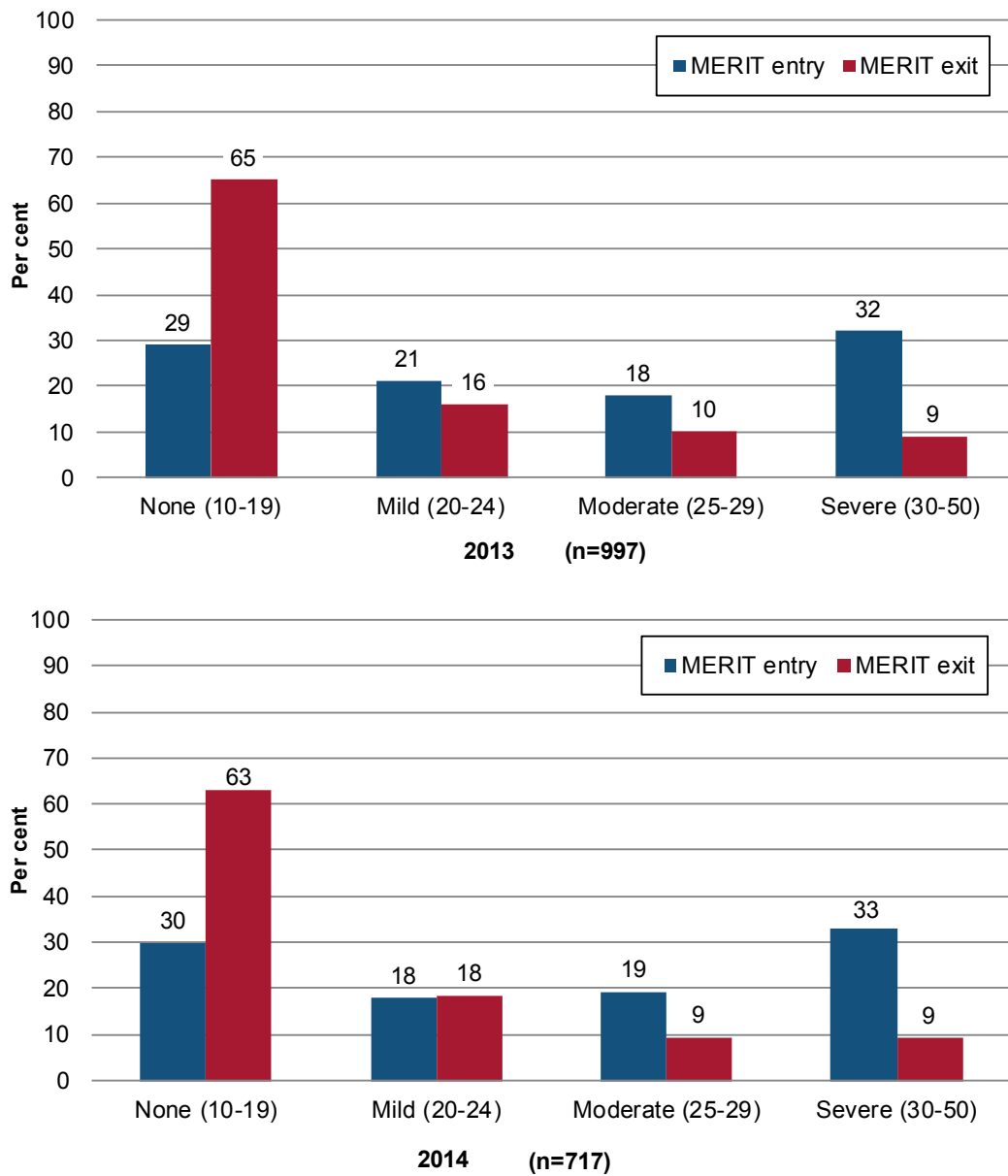
This indicates benefits in completing MERIT through improvements in levels of psychological distress on exit from the program.

²⁹ Data for injecting behaviour was missing or inadequately described for 53 participants.

³⁰ Information on the self-reported physical and mental health of MERIT participants (assessed using the SF-12 Health Survey) has been included in previous MERIT Annual Reports. This information has not been included in the 2014 Annual Report at the request of the NSW Ministry of Health.

³¹ K-10 scores were missing in 383 cases on entry to MERIT.

Figure 6.4: Changes in levels of psychological distress on entry to and exit from MERIT during 2013 and 2014



7. Factors associated with program completion

This chapter considers the factors related to program completion amongst the 2,004 accepted defendants who exited MERIT during 2014 (that is, considering both completers and non-completers). Developing a better understanding of the issues affecting completion outcomes is important for improving the overall effectiveness of the program since completion of MERIT has been shown to significantly reduce the likelihood of committing subsequent offences (Lulham, 2009).

There were a number of variables contained within the MIMS dataset that could be hypothesised as potential factors influencing program completion, including:

- demographics (for example, age, gender, indigenous status);
- personal circumstances (for example, marital status, dependents, educational attainment, housing, employment, current offence and prior prison time);
- substance use (principal drug of concern)

From among the variables described above, the factors found to be most significantly associated with program completion during 2014 were³²:

- being employed ($\chi^2 = 34.7$; $df=1$; $p=0.000$);
- being of non-Indigenous status ($\chi^2 = 10.4$; $df=1$; $p=0.001$);
- receiving education to the level of Year 11 or higher ($\chi^2 = 11.4$; $df=1$; $p=0.001$);
- seeking support principally for use of alcohol ($\chi^2 = 24.7$; $df=1$; $p=0.000$);
- seeking support principally for use of cannabis ($\chi^2 = 11.6$; $df=1$; $p=0.001$).

Conversely, the factors most significantly associated with non-completion of MERIT in 2014 included:

- being in receipt of temporary benefits ($\chi^2 = 28.8$; $df=1$; $p=0.000$);
- being aged younger than 34 years ($\chi^2 = 9.7$; $df=1$; $p=0.002$);
- seeking support principally for use of stimulants ($\chi^2 = 37.4$; $df=1$; $p=0.000$);
- having been previously sentenced to custody ($\chi^2 = 13.5$; $df=1$; $p=0.000$).

³² These results were tested against a more conservative error rate of $p = .01$ in order to control for inflationary effects of multiple analyses. As a result variables were only reported as significant here if $p < .01$.

8. Criminal justice outcomes

In order to ensure consistency with the approach adopted in previous Annual Reports, sentence outcome and reconviction data are presented here for defendants completing MERIT in the previous calendar years (that is, during 2010, 2011, 2012 and 2013).

By matching unique attributor codes for MERIT participants to Local Court and re-offending databases, BOCSAR was able to provide measures of criminal justice outcomes by comparing post-program sentences and reconviction rates for program completers and non-completers during the relevant years. More specifically, this process provided information on:

- the principal penalty received by MERIT defendants;
- the number of defendants reconvicted within 12 weeks of commencing MERIT; and
- reconvictions within 6 and 12 months of exiting the program.

From the 8,007 defendants who exited the program between 2010 and 2013 for whom information was sent to BOCSAR, 7,328 (91.5%) were successfully matched to the relevant court and reconviction datasets. The breakdown of these matches are set out in Table 8.1:

Table 8.1: BOCSAR match of defendants exiting from MERIT between 2010-2013 with ROD data

	2010	2011	2012	2013	Total 2010-2013
Number of defendants exiting from MERIT	1,938	2,045	1,979	2,045	8,007
Number of defendants matched with ROD	1,778	1,829	1,821	1,900	7,328
% matched with ROD	91.7	89.4	92.0	92.9	91.5

8.1 Sentence outcomes

There were considerable differences between the principal penalty outcome for program completers and non-completers in each cohort from 2010 to 2013. The most common sentence outcomes for MERIT program completers were a bond with supervision (25.2%; n=288) or a bond without supervision (17.5%; n=200). By comparison, the most common sentence outcomes for program non-completers were a term of imprisonment (20.9%; n=131) or a fine (19.1%; n=120). Sentence outcomes for the 7,328 MERIT defendants exiting from MERIT between 2010 and 2013 and matched by BOCSAR are set out in Table 8.2.

Table 8.2: Sentence outcomes for MERIT defendants, 2010-2013 (n=7,328)³³

Principal penalty ³⁴	Program exit year							
	2010				2011			
	Completed		Not completed		Completed		Not completed	
	No.	%	No.	%	No.	%	No.	%
Imprisonment (adult)	59	5.0	112	24.9	50	4.3	116	22.7
Juvenile control order (juvenile)	1	0.1	0	0.0	0	0.0	0	0.0
Home detention	3	0.3	1	0.2	1	0.1	0	0.0
Periodic detention	9	0.8	2	0.4	0	0.0	0	0.0
Intensive Correction Order	3	0.3	2	0.4	10	0.9	2	0.4
Suspended sentence with supervision (adult)	146	12.3	40	8.9	140	11.9	36	7.0
Suspended sentence without supervision (adult)	71	6.0	14	3.1	57	4.9	18	3.5
Suspended control order without supervision (juvenile)	0	0.0	0	0.0	0	0.0	0	0.0
Community service order (adult)	64	5.4	16	3.6	85	7.2	16	3.1
Bond with supervision (adult)	341	28.7	77	17.1	315	26.9	87	17.0
Bond without supervision (adult)	202	17.0	41	9.1	211	18.0	73	14.3
Probation with supervision	0	0.0	0	0.0	0	0.0	1	0.2
Probation without supervision	0	0.0	1	0.2	0	0.0	0	0.0
Fine	105	8.8	98	21.8	124	10.6	96	18.8
Bond with supervision (juvenile)	0	0.0	0	0.0	1	0.1	0	0.0
Nominal sentence	25	2.1%	5	1.1	18	1.5	10	2.0
Bond without conviction	94	7.9	14	3.1	96	8.2	15	2.9
No conviction recorded	32	2.7	6	1.3	28	2.4	4	0.8
No action taken	9	0.8	3	0.7	6	0.5	6	1.2
No penalty	26	2.2	17	3.8	31	2.6	31	6.1
Total	1,190		449		1,173		511	

33 Sentencing data were not available for 407 of the 7,328 cases matched to ROD for defendants exiting between 2010 and 2013 (5.1%). The total cases matched included multiple counts for persons who had been previously referred to MERIT. In those instances, BOCSAR has selected the person's first relevant court appearance, and this is counted only once in the results. This brings down the number of individual sentence outcomes to 6,794 distinct persons.

34 Where the first court appearance was finalised within the six months after program exit in 2013, or in the month before program exit.

Table 8.2: Sentence outcomes for MERIT defendants, 2010-2013 (n=7,328)³⁴, cont.

Principal penalty ³⁵	Program exit year							
	2012				2013			
	Completed		Not completed		Completed		Not completed	
	No.	%	No.	%	No.	%	No.	%
Imprisonment (adult)	54	4.9	112	18.6	74	6.5	131	20.9
Juvenile control order (juvenile)	0	0.0	0	0.0	0	0.0	0	0.0
Home detention	2	0.2	0	0.0	1	0.1	1	0.2
Periodic detention	0	0.0	0	0.0	0	0.0	0	0.0
Intensive Correction Order	22	2.0	3	0.5	35	3.1	7	1.1
Suspended sentence with supervision (adult)	128	11.7	48	8.0	144	12.6	71	11.3
Suspended sentence without supervision (adult)	65	5.9	30	5.0	51	4.5	27	4.3
Suspended control order without supervision (juvenile)	0	0.0	1	0.2	0	0.0	0	0.0
Community service order (adult)	83	7.6	18	3.0	71	6.2	26	4.1
Bond with supervision (adult)	295	26.9	108	17.9	288	25.2	116	18.5
Bond without supervision (adult)	187	17.0	72	12.0	200	17.5	56	8.9
Probation with supervision	0	0.0	0	0.0	0	0.0	0	0.0
Probation without supervision	0	0.0	0	0.0	0	0.0	0	0.0
Fine	95	8.7	134	22.3	121	10.6	120	19.1
Bond with supervision (juvenile)	0	0.0	0	0.0	0	0.0	0	0.0
Nominal sentence	27	2.5	5	0.8	12	1.0	12	1.9
Bond without conviction	78	7.1	14	2.3	94	8.2	20	3.2
No conviction recorded	15	1.4	5	0.8	13	1.1	3	0.5
No action taken	5	0.5	8	1.3	9	0.8	6	1.0
No penalty	41	3.7	44	7.3	32	2.8	31	4.9
Total	1,097		602		1,145		627	

Between 2010 and 2013, although the proportion of MERIT non-completers receiving penalties involving imprisonment decreased (from 24.9% to 20.9% in 2013), it remained the most common sentence outcome for non-completers. The proportion of non-completers for whom the Local Court imposed bonds with supervision increased gradually from 17.1 per cent in 2010 to 18.5 per cent in 2013. During this time the proportion of non-completers sentenced to bonds without supervision, and the use of suspended sentences with supervision remained relatively steady.

The proportion of program completers subsequently imprisoned increased between 2010 and 2013 from 5.0 per cent to 6.5 per cent, and the rate at which completers received no penalty increased from 2.2 per cent to 2.8 per cent in 2013.

When interpreting these sentencing 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 needs, circumstances, levels of risk posed (both of harm and re-offending), seriousness of the current offence(s), not just compliance or otherwise with MERIT.

8.2 Re-offending

As with previous Annual Reports, details of finalised court appearances for new charges and consequent convictions following entry to the MERIT program serve as a proxy measure of re-offending³⁵.

8.2.1 Reconviction within 12 weeks of commencing MERIT³⁶

Consistent with findings from previous Annual Reports, program non-completers in 2013 were more likely to be reconvicted for another offence in the 12 weeks following commencement of MERIT than program completers. Table 8.3 shows the number and proportion of MERIT participants from 2010 to 2013 who were convicted for a new offence during this period. Figures 8.1 and 8.2 show this information in chart form.

When interpreting these figures it is important to note that some defendants may have exited MERIT in less than 12 weeks and consequently may not have been in receipt of MERIT interventions at the time of the new offence. Furthermore, re-offending while on MERIT can be cause for a defendant to be removed from the program and/or for having their bail withdrawn.

8.2.2 Reconvictions post-MERIT contact³⁷

Six months after exiting the MERIT program in 2013, 24.7 per cent of exited defendants had been convicted for a further offence (n=438). By the time 12 months had elapsed this figure had increased to 34.6 per cent (n=462). Consistent with findings from previous research examining the impact of MERIT on rates of recidivism, program completers were less likely than non-completers to have been reconvicted 6 and 12 months after exiting the program (see Table 8.3). The frequency and severity of any re-offending in the follow-up period was not considered.

Reconviction rates at six months and 12 months for program completers and non-completers are represented in chart form in Figures 8.3 to 8.6.

35 Although the use of convictions data is an internationally established benchmark with which to measure rates of re-offending, previous estimates in other jurisdictions have indicated that only 3 in every 100 offences committed will result in a caution or conviction (Barclay and Tavares, 1999: 29).

36 This refers to any subsequent convictions where the re-offence date was within 12 weeks of commencing MERIT.

37 Based on the number of subsequent convictions where the re-offence date was within 6 or 12 months of the MERIT program completion date. These data have not been adjusted to take into account 'time at reduced risk' (that is, periods of imprisonment or inpatient treatment).

Table 8.3: Rate of conviction/re-conviction within the 12-week program period or at 6 and 12 months of exiting from the MERIT program, 2010-2013

Convictions / re-convictions		Program exit year							
		2010				2011			
		Completed		Not completed		Completed		Not completed	
		No.	%	No.	%	No.	%	No.	%
Within 12 weeks of program entry date	Yes	135	11	157	35	115	10	192	38
	No	1,055	89	292	65	1,058	90	319	62
	Total	1,190		449		1,173		511	
Within 6 months of program exit date	Yes	317	27	149	33	240	20	163	32
	No	873	73	300	67	933	80	348	68
	Total	1,190		449		1,173		511	
Within 12 months of program exit date	Yes	446	37	227	51	370	32	239	47
	No	744	63	222	49	803	68	272	53
	Total	1,190		449		1,173		511	
Convictions / re-convictions		2012				2013			
		Completed		Not completed		Completed		Not completed	
		No.	%	No.	%	No.	%	No.	%
		Within 12 weeks of program entry date	Yes	142	13	211	35	137	12
No	955		87	391	65	1,008	88	386	62
	Total	1,097		602		1,145		627	
Within 6 months of program exit date	Yes	244	22	209	35	222	19	216	34
	No	853	78	393	65	923	81	411	66
	Total	1,097		602		1,145		627	
Within 12 months of program exit date	Yes	373	34	285	47	247	29	215	44
	No	724	66	317	53	601	71	273	56
	Total	1097		602		848		488	

Figure 8.1: Rate of conviction within the 12-week program period, defendants who completed MERIT, 2010-2013

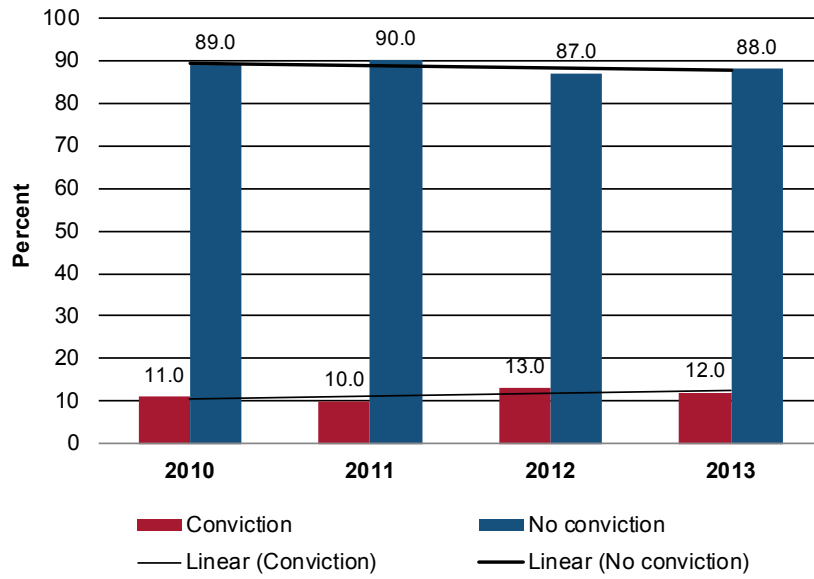


Figure 8.2: Rate of conviction within the 12 week program period, defendants who did not complete MERIT, 2010-2013

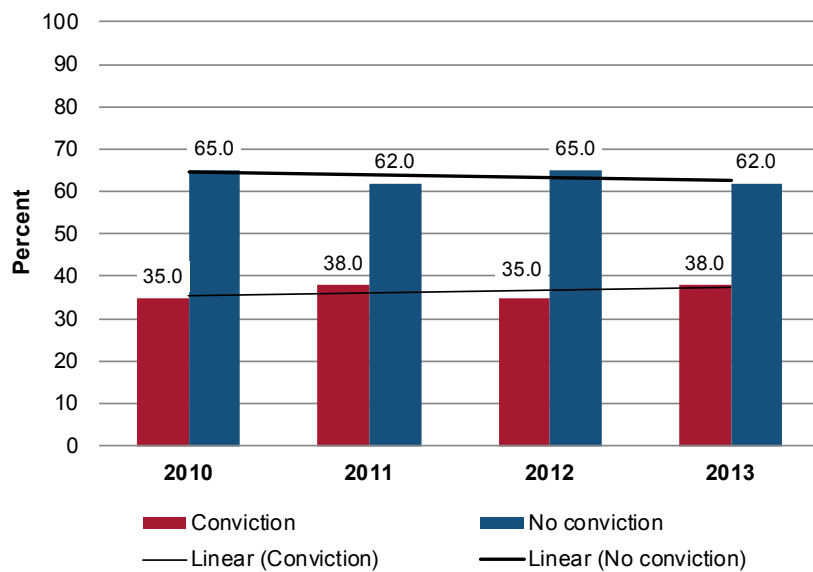


Figure 8.3: Rate of conviction 6 months following program exit, defendants who completed MERIT, 2010-2013

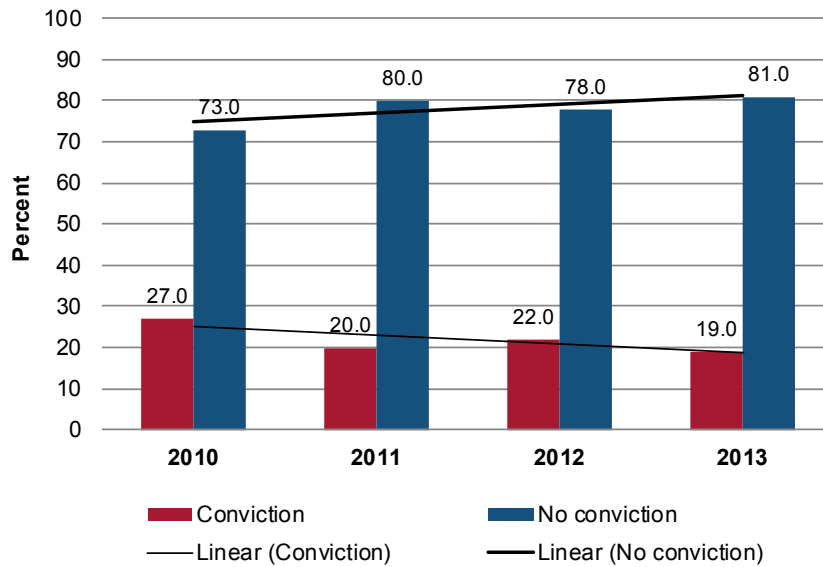


Figure 8.4: Rate of conviction 6 months following program exit, defendants who did not complete MERIT, 2010-2013

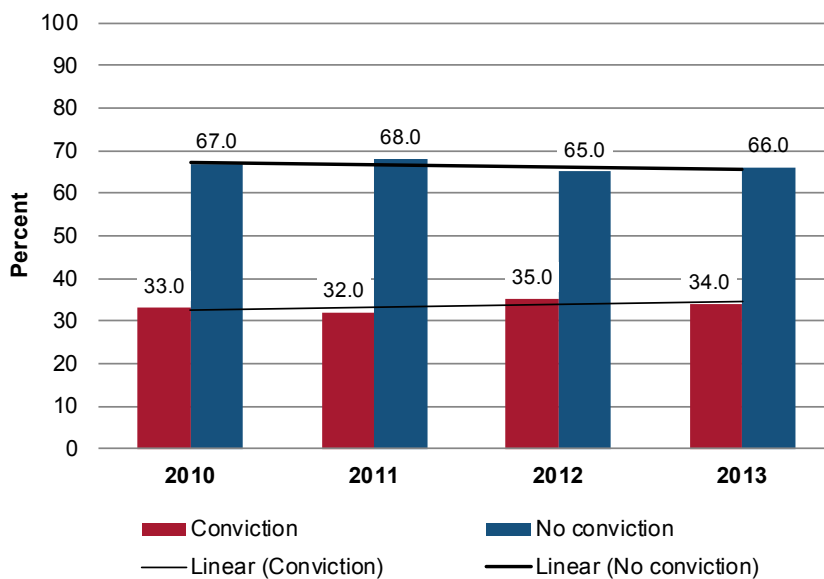


Figure 8.5: Rate of conviction 12 months following program exit, defendants who completed MERIT, 2010-2013

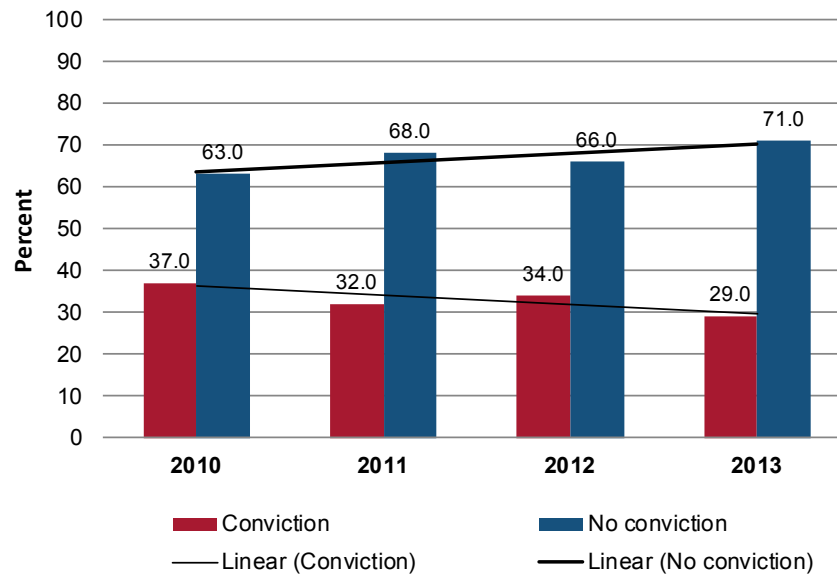
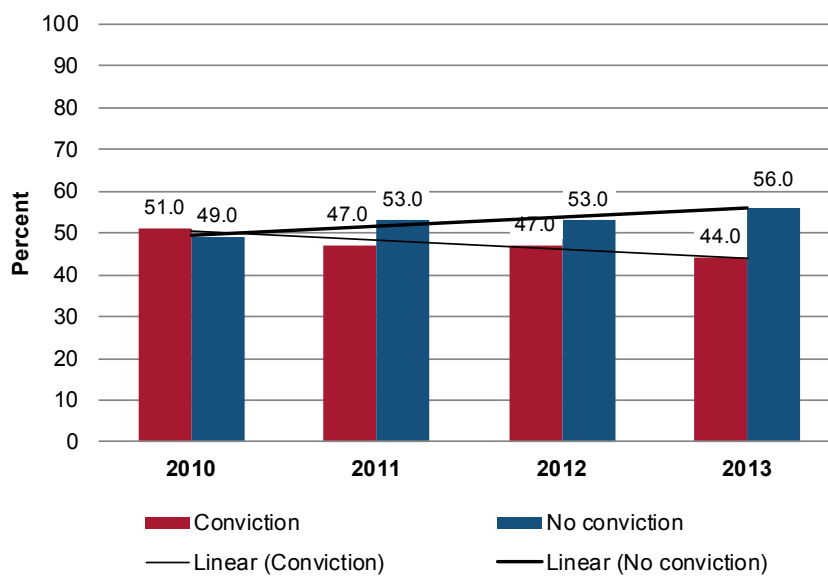


Figure 8.6: Rate of conviction 12 months following program exit, defendants who did not complete MERIT, 2010-2013



9. Discussion and conclusions

This report identifies a number of positive developments within the MERIT program from 2010 to 2014:

- Increasing referral rates overall between 2010 and 2013, with a slight decrease of 3.7 per cent in 2014. Referrals for Indigenous defendants have steadily increased since 2010, and in 2014 were at the highest rate since program commencement (21.8%);
- High levels of engagement with defendants with a history of previous MERIT episodes (26.2%) and those reporting no previous contact with treatment services (40.3%);
- While there was a fall in program completion rate in 2011 and 2012, the rate has since increased to 65.1 per cent in 2014, and is being regularly monitored;
- Significant reductions in the self-reported frequency and intensity of all forms of substance use, and improvements in the self-reported psychological distress among MERIT participants following contact with the program; and
- Ensuring that program completers (between 2010 and 2013) were less likely to be reconvicted for another offence following their contact with the program, compared to those who do not complete the program.

From the inception of the MERIT program in 2000 until the time of the current 2014 cohort, 37,234 defendants have been referred for intervention; referral numbers have increased over time from 79 in 2000 to 3,251 in 2014. Sixty-two per cent (n=23,082) of referred defendants were accepted into the program, and throughout the life of the program an average of 64 per cent of those accepted have gone on to complete MERIT. Over a number of years of evaluation, participation in and completion of MERIT has been consistently associated with reductions in drug or alcohol use, improvements in self-reported psychological distress among MERIT participants and decreased reconviction rates.

The most notable change in the MERIT program since 2010 has been the significant increase in the proportion of participants who access the program owing to issues with stimulant drugs. The drug category includes cocaine, MDMA and amphetamine/methamphetamine. Whilst it is noted that the overall use of methamphetamine in Australia is relatively stable, a shift within this use from powdered form to crystal form ('Ice') has been evident.³⁸

Within MERIT, stimulants are now the principal drug of concern for the majority of MERIT participants in Sydney and non-Sydney metropolitan areas, and whilst cannabis remains the most common drug of concern in regional areas, the proportional increase in stimulant users, particularly in regional and remote areas is particularly marked. The observed complex needs of these clients, and the availability of suitable treatment service for them, presents a challenge for the MERIT program.

Stimulant users presented to MERIT in 2014 with a lower likelihood than other participants of having previously been imprisoned, but accounted for almost half of the MERIT participants who came to the program that year facing charges for theft and related offences. There has also been a sharp rise in the proportion of MERIT participants charged with acts intended to cause injury who use stimulants.

³⁸ <http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>

Participation in MERIT appears to provide positive outcomes for stimulant users (with improvements noted in frequency and intensity of drug use at program exit), however, stimulant users are statistically less likely to complete MERIT than those presenting with other principal drugs of concern. Further research into the demographic profile of stimulant users who participate in MERIT and how best to ensure their engagement with the treatment aspects of the program would both increase the number of stimulant users who benefit from MERIT and help sustain the recent improvements in completion rates observed across the program.

An ongoing challenge for MERIT, and for the health and justice sectors more broadly, will be responding quickly and effectively to changing trends in drug use. Ensuring treatments, services and the program itself continue to effectively support drug-using defendants will maximise the benefits to the community of improved justice and health outcomes for program participants.

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