



Magistrate Early Referral into Treatment Program

2018 Annual Report

December 2020

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**Henry Deane Building, 20 Lee Street
Sydney NSW 2000**

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1 Introduction

1.1 MERIT Annual Report

The purpose of this report is to provide information about the performance of the Magistrates Early Referral Into Treatment (MERIT) Program in 2018.

This report has been prepared by the Justice Strategy and Programs Branch in the Department of Communities and Justice.

1.2 Objectives

The objectives of the report are to provide information in relation to the MERIT program that is reported annually, including:

- Participant drug usage frequency and intensity (measured pre and post MERIT program intervention);
- Participant psychological status (measured pre and post MERIT program intervention); and
- Recidivism of MERIT program completers and non-completers.

1.3 Methodology

A number of data sets have been analysed to prepare this report including:

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

1.4 What is MERIT?

MERIT is a voluntary program for adults in the Local Court who have problematic alcohol and/or other drug use. The program provides access to a wide range of alcohol and other drug treatment services for 12 weeks.

This program has operated since 2000 and is currently available in 62 of the 137 NSW Local Courts:

- Drug MERIT is available in 55 courts; and
- Drug and Alcohol MERIT (D&A MERIT) is available in 7 courts, where alcohol is the Principal Drug of Concern (PDC) for participants.

1.5 MERIT Program partners

MERIT is an inter-agency initiative of the Department of Communities and Justice (DCJ), the Chief Magistrate's Office, NSW Health and NSW Police. MERIT also receives strategic and operational support from Legal Aid NSW and the Aboriginal Legal Service NSW/ACT.

1.6 Aims of the MERIT program

MERIT aims to intervene in the cycle of drug use and crime by addressing health and social welfare issues that may bring defendants into contact with the criminal justice system, including:

- Decreased drug related crime
- Increased community protection
- Decreased illicit drug use
- Improved health and social functioning
- Facilitate sentences that reflect better rehabilitation prospects.

The long-term outcomes of MERIT aim to ensure that participants have:

- Improved health and wellbeing outcomes; and
- Prevented and minimised harms from AOD use, as a result of tailored treatment.

MERIT participants who complete the program are also likely to understand the changes they need to make towards their offending behaviour, which may lead to reduced imprisonment and reduced contact with the criminal justice system.

1.7 Eligibility and Suitability

Eligibility and suitability requirements determine whether a defendant referred to MERIT will be accepted into the program.

Generally, a Magistrate, Solicitor or the Police will refer a defendant to MERIT. Defendants may also refer themselves to the program.

To be eligible for MERIT the participant must:

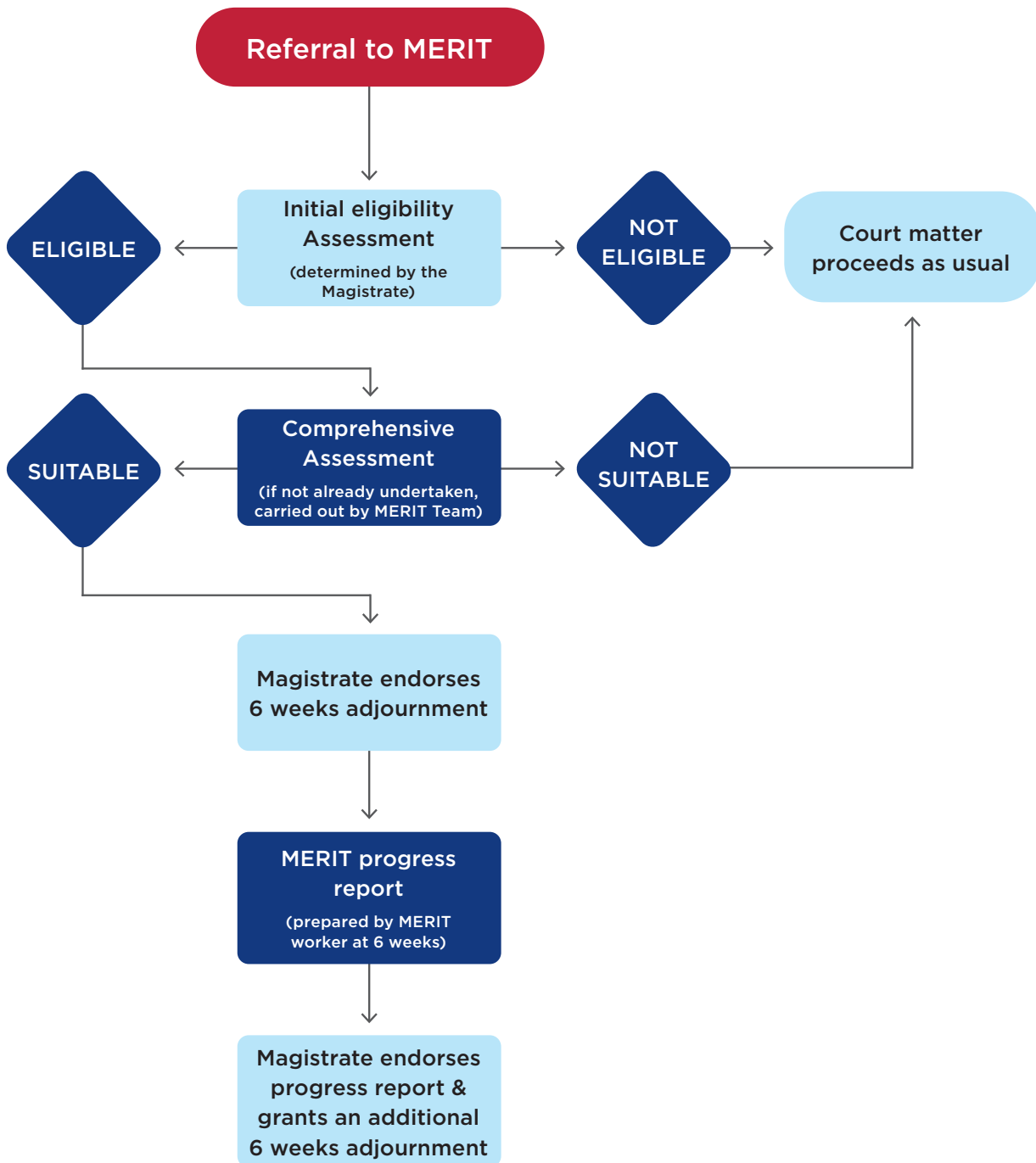
- be an adult defendant;
- be released on bail or do not require bail;
- not have any sexual assault matters, or any offence that will be heard in the District Court.

A participant must also:

- be suspected of drug use or have a known history of problematic drug or alcohol use;
- have a treatable alcohol and/or other drug problem;
- live in or have a connection to an area (e.g. full-time work) that provides MERIT; and
- consent to participate.

The MERIT process is described in Figure 1 below.

Fig 1: MERIT process



2 Year in focus

2.1 Program snapshot in 2018

60% of defendants referred were accepted onto the program



63% of defendants who exited MERIT completed the program



2.2 Participant profile snapshot



Most participants were in the **age ranges** of **25-29** and **40-49** years.



77% of participants **identified as male**.



21% identified as **Indigenous**.



The **two most common principal drug of concern (PDC)** were **Cannabinoids** (plant extract) (30%) and **Methamphetamine** (incl. Speed) (37%). Just over a third (34%) to participants in Non-Sydney Metro and Regional NSW were principal cannabis users, followed by just over quarter (27%) of participants in Sydney. Over half of participants in Sydney are principal stimulant users with that figure rising to 61% in Non-Sydney Metro areas but falling to under half (44%) in Regional NSW. Principal opiates users mainly resided in Sydney (15%) compared to 4% in NSW and 3% in Regional NSW. Regional NSW was the only area to have participants with Alcohol as their PDC as MERIT Alcohol is only available in Regional NSW Local Courts.



Most **common offences** committed by program completers were **Illicit drug offences** (41%), **Dangerous or negligent acts endangering persons** (26%) and **Road traffic and motor vehicle regulatory offences** (21%).

2.3 Program Outcomes

2.3.1 Frequency of alcohol and drug use

- From MERIT entry to exit, reductions in the average frequency of PDC use was reported for all alcohol and drugs:
- Cannabis use reduced by more than 50% (from 22.8 to 9.8 days per 30 days);
- Amphetamine use reduced by nearly 80% (from 14.4 to 3.4 days per 30 days);
- Alcohol use reduced by almost 75% (from 16.3 days to 4.2 days per 30 days); and
- Heroin use reduced by more than 75% (from 16.6 days to 3.9 days per 30 days).

2.3.2 Change in psychological status

- At program entry 49% of MERIT participants (with exit data available) self-reported high to very high psychological distress.
- At program exit, this number reduced to 18.3% of participants who self-reported high to very high psychological distress.

2.3.3 Criminal Justice Outcomes

The most common sentencing outcomes for MERIT program completers were:

- *bond with supervision* (i.e. 18% of completers received this penalty; whereas, 16% of non-completers received this penalty),
- *bond without supervision* (i.e. 17% of completers received this penalty; whereas, 12% of program non-completers received this penalty).

MERIT program completers were convicted of less offences following completion of the program:

- 14% of program completers were reconvicted of a new offence in the 12 weeks following commencement of MERIT compared to 38% of program non-completers.
- 23% of program completers were reconvicted of a new offence six months after exiting the program compared to 41% program non-completers.
- 35% of program completers were reconvicted of a new offence 12 months after exiting the program compared to 56% program non-completers.

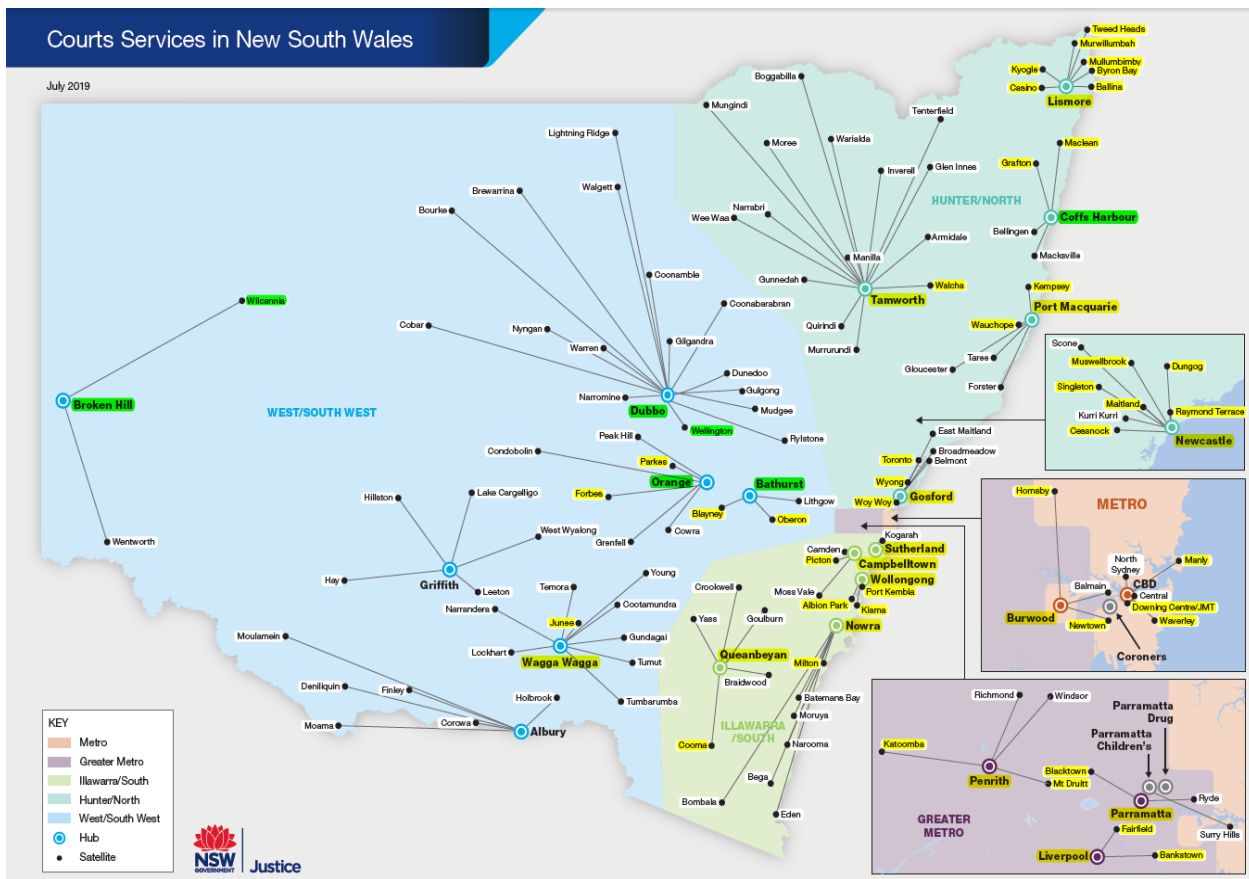
3 NSW State-wide data

3.1 State-wide coverage

In 2018, Drug MERIT operated in 62 Local Courts and Alcohol MERIT operated in seven Local Courts (Wilcannia, Broken Hill, Coffs Harbour, Orange, Dubbo, Bathurst, and Wellington).

There were 4073 referrals to the MERIT program in 2018 (i.e. a -0.2% (n=4081) decrease in referrals when compared to 2017). However, the program acceptance rate increased from 55% in 2017 to 60% in 2018.

Fig 2: MERIT program available across NSW Local Courts



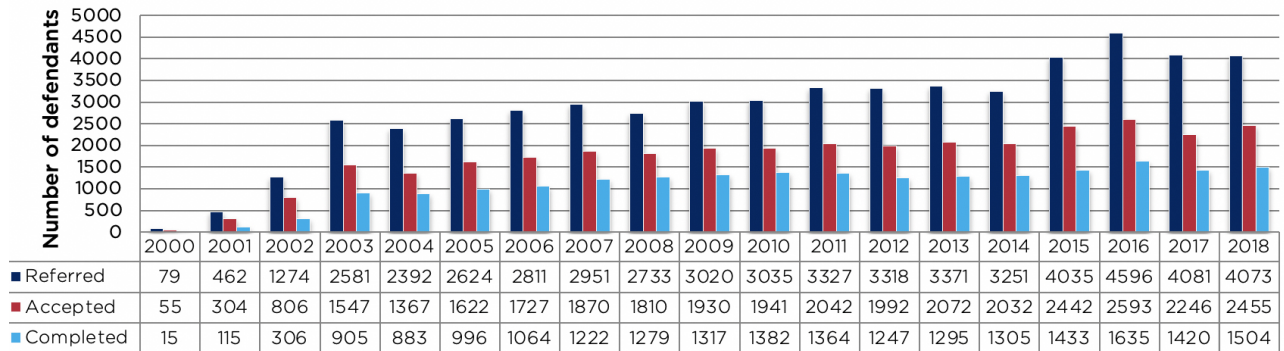
Key:

- Alcohol MERIT
- Drug MERIT

3.2 NSW Data in 2018

In 2018, there were 4073 referrals made to the MERIT program. 2455 people were accepted on to the program and 1504 people successfully completed the program.

Figure 3 MERIT Program – High Level Statistics between 2000-2018



MERIT was first established in 2000 and had 79 defendants referred to the program, 55 defendants were accepted on to the program and 15 defendants completed the program. The number of referrals from 2003 to 2014 increased by a relatively modest 25% over 11 years. However, in 2015 referrals increased by 24% (n=784).

4 Referral and acceptance

4.1 Source of referrals

In 2018, *Solicitors and Magistrates* accounted for almost 80% of the 4,073 referrals made to the program, which was similar to the 2017 data. *Police* referrals decreased by 3% compared to 2017. *Self-referrals* also saw a slight decline of 2% compared to 2017. Referrals from *Community Corrections*, along with *Family member/Friend* remained low. NSW Police, Community Corrections and Family members/Friends continue to make the lowest number of referrals (6% and 2% respectively).

Table 1 Referral and acceptance by referral source for 2018

Referral Source	No. Referred	Referred %	No. Accepted	% Accepted (within each source category)
Solicitor	1659	41%	1047	63%
Magistrate	1556	38%	912	59%
Self	436	11%	263	60%
Other	245	6%	135	55%
Police	87	2%	48	55%
Probation & Parole	43	1%	23	53%
Family member/friend	41	1%	22	54%
Not recorded	6	0%	5	83%
Total	4073	100%	2455	60%

The highest rate of accepted referrals were from a defendant's solicitor, self-referring defendants, from Magistrates and the Police i.e. 63%, 60%, 59% and 55%, respectively.

4.2 Program Entry Status

In 2018, 60% of defendants referred to MERIT were accepted into the program (compared to 55% in 2017). When compared to 2017, the proportion of those not accepted into the program decreased by 2%, those who *declined to participate* in the program remained consistent at 4%, and those that were *referral only* decreased by 2%. In 2018, 30% of defendants did not get accepted into the program because they were not found *eligible and/or suitable* for the program.

4.3 Reason for non-acceptance into MERIT

In 2018, 30% of defendants referred did not get accepted into MERIT (i.e. 1219 of 4073 referrals not accepted), a 3% increase when compared to 2017 (i.e. 1105 of 4081 referrals not accepted). The most common reasons for non-acceptance were because a defendant was not eligible (33%), not suitable (48%), program logistics (2%), program entry not endorsed by Magistrate (10%) and other (6%). See table below for more details.

Table 2 Reason for non-acceptance onto the program for 2017-2018

Non- Acceptance category	Reason for non-acceptance	N	2017%	N	2018%
Not Eligible	No demonstrable drug problem	217	20%	297	24%
	Not eligible for bail or release	62	6%	84	7%
	Strictly Indictable offence(s)	33	3%	27	2%
	Not an adult	2	0%	3	0%
Not Suitable	Unwilling to participate	502	45%	548	45%
	Mental health problem	37	3%	28	2%
	Already in court ordered treatment	4	0%	8	1%
Program logistics	Resides outside of effective treatment area	19	2%	17	1%
	Program full	23	2%	10	1%
Program entry not endorsed by Magistrate	Magistrate Decision	77	7%	118	10%
Other	Other	129	12%	79	6%
Total		1105	100%	1219	100%

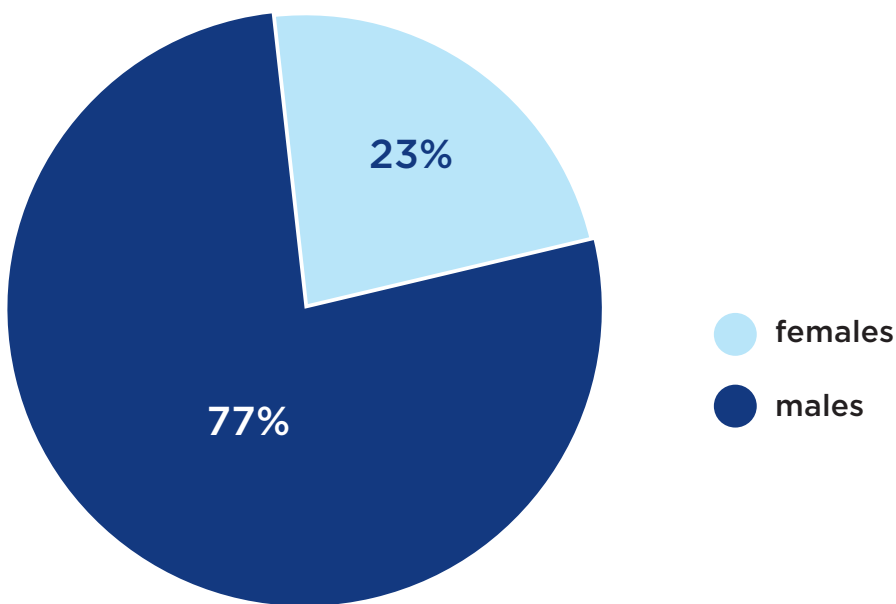
Appropriate referrals facilitate access for participants and allow MERIT teams to focus on clinical treatment. MERIT teams monitor the appropriateness of referrals by reviewing the proportion of referrals that result in non-acceptance and reasons associated on a quarterly basis. By monitoring referrals, MERIT program partners ensure effective referral pathways are in place and identify and address issues as they arise. See Appendix A for the list of MERIT Monitoring Indicators.

4.4 Gender

In 2018, 74% of all defendants referred onto the program were male (n=3002), 23% were female (n= 949) and 3% defendants (n= 122) did not state their gender. 77% of the total participants accepted on to the program were male (n=1881) and 23% of the total accepted participants were female (n=574).

In 2018 the ratio of male to female defendants accepted onto the program was 3:1. Referral and acceptance rates are monitored on a quarterly basis and these indicators were used to inform local and state-wide strategies to improve access for women into the MERIT program. See Appendix A for the list of MERIT Monitoring Indicators.

Figure 4 Gender proportions of accepted participants



4.5 Age

In 2018, most MERIT referrals fell between the 40-49 years old age group (n=758), this was a slight increase from 2017. The number of people accepted onto the program in this age category also increased by 5% from 2017 to 2018, see Table 3 below.

The age group with the highest acceptance rate in 2018 was for participants between 35 to 39 years (i.e. at 65%) followed by participants over 50 years (64%) and participants between 25-29 years (63%).

Table 3 Proportion of accepted MERIT participants by age for 2017 and 2018

Age	2017			2018		
	Referred	Accepted		Referred	Accepted	
	(within the specific age group)			(within the specific age group)		
	N	N	%	N	N	%
17 or under	5	1	20%	4	0	0%
18-20	416	221	53%	460	255	55%
21-24	632	337	53%	638	368	58%
25-29	745	408	55%	699	437	63%
30-34	697	398	57%	672	405	60%
35-39	629	354	56%	590	381	65%
40-49	738	404	55%	758	454	60%
Over 50	210	123	59%	243	155	64%
Total	4072	2246	55%	4064	2455	60%

4.6 Indigenous Status

In 2018, of the 836 defendants referred to MERIT who identified as Aboriginal and Torres Strait Islander (Indigenous), 61% were accepted onto MERIT. This was a slight increase from the 58% accepted on to MERIT in 2017.

As MERIT participants who identify as Indigenous have historically had lower acceptance rates, MERIT teams monitor the proportion of Indigenous people referred and accepted on a quarterly basis. These indicators inform local and state-wide strategies to improve access for Indigenous people onto MERIT.

Table 4 Indigenous status by acceptance rate for 2018

ATSI Status	2017			2018		
Indigenous Status	Referred N	Accepted N	Accepted %	Referred N	Accepted N	Accepted %
Indigenous	779	447	58%	836	513	61%
Not Indigenous	2863	1728	60%	2927	1887	64%

4.7 Principal Drug of Concern

Once a defendant is assessed as suitable and accepted into the program, their PDC is identified and an individually tailored treatment plan is designed for them by the MERIT team.

Since the commencement of the program the use of Opiates as PDC for MERIT participants has progressively decreased. However, the use of stimulants as PDC for MERIT participants has continued to increase.

Over the 18 years of the program's operation the use of Cannabis, Alcohol and Sedatives/ Anaesthetics as PDC for MERIT participants has remained stable, while there has been a consistent increase in the number of participants with stimulants as their PDC accepted on to MERIT. MERIT teams monitor these proportions on a quarterly basis and these indicators inform local and state-wide strategies to improve access for stimulant users onto MERIT.

Table 5 PDC for accepted clients onto MERIT – 18 year trend

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Alcohol	0%	1%	0%	0%	1%	1%	1%	2%	1%	3%	10%	15%	13%	12%	8%	5%	5%	6%	6%
Cannabis	22%	20%	28%	35%	37%	40%	42%	42%	47%	49%	47%	46%	42%	40%	38%	35%	33%	34%	31%
Opiates	75%	50%	44%	35%	33%	30%	21%	23%	21%	24%	21%	15%	14%	14%	13%	9%	9%	9%	8%
Other drug	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Sedatives/ anaesthetics	2%	3%	4%	5%	3%	4%	4%	4%	4%	5%	5%	5%	4%	3%	2%	2%	1%	2%	2%
Stimulants	2%	26%	25%	25%	27%	25%	32%	30%	28%	20%	18%	19%	27%	30%	38%	49%	51%	49%	53%

Note: PDC is identified once a defendant is assessed as suitable and accepted onto the program not at time of referral.

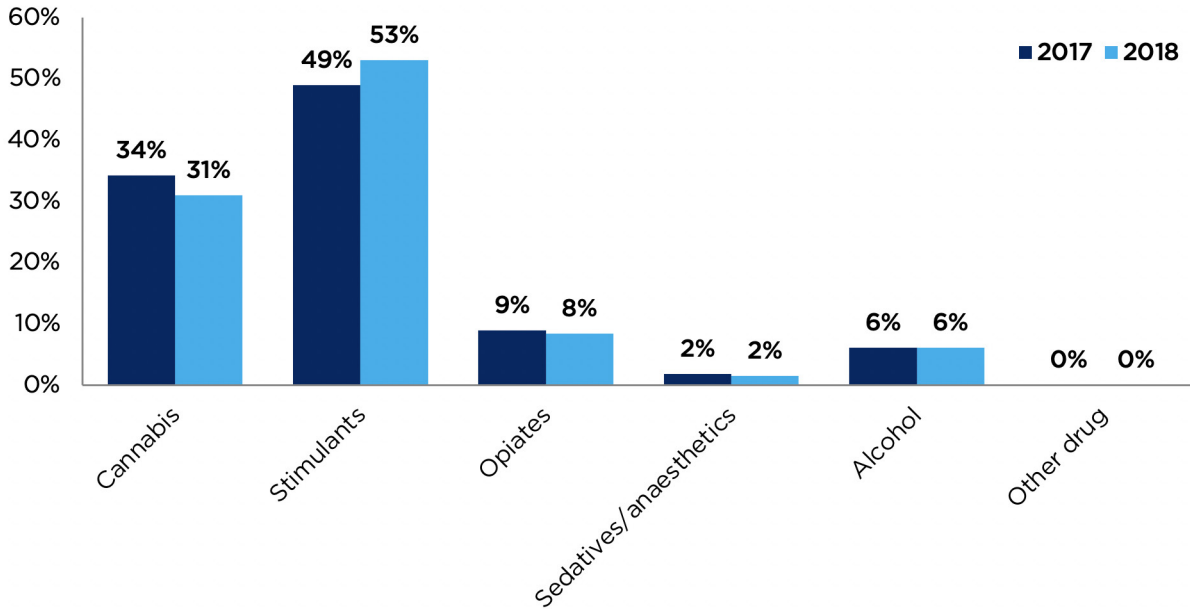
Cannabis usage declined by 3% in 2018 when compared with 2017. Overall the use of stimulants such as cocaine and methamphetamine increased. Principal amphetamine nfd (no further description) usage has been on an upward trend and has increased by 3% from 2017 to 2018. Three categories that remained stable over the last two years were principal alcohol, opiate/heroin and sedative/anaesthetics users.

Table 6 PDC of participants accepted onto MERIT in 2017 and 2018

Principal Drug of Concern	Substance	Accepted N	Accepted 2017%	Accepted N	Accepted 2018%
Cannabis	Cannabinoids (plant extract)	753	33%	734	30%
	Cannabinoids nfd	6	0%	18	1%
	Cannabinoids (synthetic)	7	0%	9	0%
Stimulants	Methamphetamine (incl. Speed, Ice)	850	38%	900	37%
	Amphetamines nfd	175	8%	261	11%
	Amphetamine	9	0%	20	1%
	Cocaine	44	2%	90	4%
	M.D.M.A. (Ecstasy)	20	1%	29	1%
	Lysergic acid diethylamide (LSD)	0	0%	1	0%
Opiates	Heroin	168	7%	175	7%
	Opioid analgesics nfd	8	0%	8	0%
	Morphine (incl. MS Contin, Opium)	5	0%	6	0%
	Buprenorphine		0%	4	0%
	Codeine (incl. Codral Forte, Disprin Forte, Panadeine)	1	0%	3	0%
	Oxycodone (incl. Endone)	3	0%	3	0%
	Fentanyl	10	0%	3	0%
	Methadone	5	0%	3	0%
	Psychostimulants nfd	0	0%	1	0%
Sedatives/ anaesthetics	Benzodiazepines nfd	34	1%	33	1%
	Gamma-hydroxybutyrate (incl. Liquid Ecstasy)	6	0%	4	0%
	Ketamine	0	0%	1	0%
	Sub total	2109	94%	2306	94%
Alcohol	Ethanol (Alcohol)	136	6%	149	6%
Other drug	Anabolic Androgenic Steroids		0%	0	0%
	Ketamine	1	0%	0	0%
Total		2246	100%	2455	100%

Figure 5 shows that the most common PDC for MERIT participants in 2018 was stimulants at 53%, which has increased by 4% from 2017. Cannabis remains the second highest PDC, despite a 3% decrease in prevalence from 2017.

Figure 5 Comparison of PDC accepted onto MERIT in 2017 and 2018



Note: MERIT Alcohol was only available in 7 out of the 62 courts..

5 Program completion

MERIT is generally a 12-week program which cycles through three stages:

- Program entry and commencement of treatment
- Ongoing treatment
- Program completion and exit at 12 weeks (community referral and completion).

Participants accepted onto MERIT are eventually exited from the program. Reasons for program exit may include:

- Completion of program
- Non-compliance with program conditions
- Voluntary withdrawal
- Removed by Court
- Court matters finalised/dismissed prior to completion
- Death

It is noteworthy that the annual number of MERIT completers is not proportionate to the annual number of program referrals. This is because MERIT is a 12-week program and some participants referred after September 2018 will still be on the program at 31 December 2018, thus these participants cannot be accounted for in calendar year completion figures.

Therefore, annual MERIT completion rates are calculated by comparing the proportion of program completers with the total number of participants who exited the program. This is also the case while calculating completion rates for most of the subsections under Section 4.

5.1 Completion status

In 2018, a total of 2379 participants exited MERIT, including 1504 participants (63%) who completed the program.

Participants that complete the program demonstrate reduced recidivism^{1,2,3} and increased health and wellbeing outcomes^{4,5} in comparison to non-completers. As a result, completion rate is included as a monitoring indicator. This allows early intervention to address any issues at the local and state-wide level (e.g. staffing changes that lead to slower program access for participants).

¹^t Passey, M. et al. (2007). The Magistrates Early Referral Into Treatment (MERIT) Pilot Program: Court Outcomes and Recidivism. Australian & New Zealand Journal of Criminology. 40(2): 199-217.

²^t Lulham, R. (2009). The Magistrates Early Referral Into Treatment Program: Impact of program participation on re-offending by defendants with a drug use problem. (Crime and Justice Bulletin NSW. No 131).

³^t Weatherburn, D et al. (2008). The NSW Drug Court: A re-evaluation of its effectiveness. (Crime and Justice Bulletin NSW. No 121).

⁴^t NSW Health. (2007). The Magistrates Early Referral Into Treatment (MERIT) program: Health Outcomes. NSW Health: North Sydney.

⁵^t Jessimer, M. et al. (2014). Magistrates Early Referral Into Treatment Program Follow-up Pilot Study. SAGE Open. 8 April 2014.

Women, Indigenous people and participants with stimulants as a PDC have consistently demonstrated lower completion rates. As a result, the completion rate for these populations is also monitored. See Appendix A for the list of all the MERIT Monitoring Indicators.

Table 7 Participant completion rates for 2018

Exit Status	2018	
	N	%
Participant completion status		
Completers	1504	63%
Non-completers	875	37%
Total participants exited	2379	100%

In 2018, 2,379 participants exited the program. For approximately one-quarter (24%) of MERIT participants who did not complete the program in 2018 it was due to non-compliance with program conditions (i.e. a decrease of 2% when compared with 2017).

From 2014 to 2017, non-compliance increased as a reason for non-completion, increasing from 20% in 2014 to 26% in 2017.

All other categories related to program exit remained stable as outlined below in table 8.

Table 8 Exit status of MERIT participants for 2017 to 2018

Exit Status	2017	%	2018	%
Completed program	1420	61%	1504	63%
Non-compliance with program conditions	615	26%	574	24%
Withdrew voluntarily	186	8%	172	7%
Removed by Court	70	3%	91	4%
Court matters finalised/dismissed prior to completion	19	1%	29	1%
Other	11	0%	9	0%
Died	2	0%	0	0%
Total Exited	2323	100%	2379	100%

In both 2017 and 2018 the average length of a participant on the program was 93 and 91 days, respectively. This corresponds with the expected length of the program i.e. 84 days or 12 weeks. The average length of time for program non-completers was 56 days, in both 2017 and 2018.

Table 9 Average number of days that participants were on MERIT for 2017 and 2018

Days On Program	2017	2018
	Average days	Average days
Completers	93	91
Non-Completers	56	56

5.3 Demographic overview of program completers vs. non-completers

5.3.1 Gender

Of the total number of participants who completed MERIT in 2018, 79% were male (n=1188) and 21% were female (n=316).

Table 10 shows that male participants are more likely to complete the program than female MERIT participants. As females are less likely to complete the MERIT program in comparison to males, the female completion rate is monitored by the program and insights help inform local and state-wide strategies to improve completion rates for females in the MERIT program. See Appendix A for the list of MERIT monitoring indicators.

Table 10 Exited vs. program completers by Gender

Gender	2018		
	Exited N	Completed N	%
Female	571	316	21%
Male	1808	1188	79%
Total	2379	1504	100%

5.3.2 Age

In 2018, the largest proportion of participants to complete the program were aged between 20-24 years (18%), followed by 25-27 years (17%) and 35-39 years (17%).

Table 11 Exited vs. program completers by Age

Age	Exited N	Completed N	Proportion %
Under 20	139	75	5%
20-24	458	276	18%
25-29	412	251	17%
30-34	375	219	15%
35-39	388	251	17%
40-44	244	160	11%
45-49	204	138	9%
50-64	156	131	9%
Over 64	3	3	0%
Total	2379	1504	

5.3.3 Indigenous Status

Table 12 shows that in 2018, of the 1504 participants who completed MERIT, 18% identified as Indigenous (269 of 1504) and 80% identified as non-Indigenous (i.e. 1197 of 1504).

Indigenous participants remain less likely to complete MERIT than non-Indigenous participants. As a result, the Indigenous completion rate is monitored to inform local and state-wide strategies. At the local level this has led to strategies such as one MERIT team partnering with Aboriginal Liaison Officers for all Aboriginal MERIT participants to enhance program retention.

Table 12 Exited vs. program completers by Indigenous Status

Indigenous status	2018		
	Exited N	Completed N	%
Indigenous	477	269	18%
Non-Indigenous	1850	1197	80%
Not Stated	52	38	2%
Total	2379	1504	100%

5.4 Offence type associated with program completers

Table 13 sets out the proportion of each key offence type for program completers in 2018, to do so the numerator used is the total number of offences in a particular offence type and the denominator as the total number of completers (n=1504).

While a total of 2379 participants exited MERIT in 2018, these participants may have been charged under several different offence types. Thus, the numbers of charges do not correspond with the number of exited participants. Similarly, a total of 1504 participants completed MERIT in 2018; however, the charges against participants will not correspond with the number of program completers.

For program completers 41% of charges related to *Illicit drug offences*, 26% related to *Dangerous or negligent acts of endangering persons* and 21% to *Road traffic and motor vehicle regulatory offences* (21%), while 14% related to *Theft and related offences*.

Table 13 Type of offence associated with program completers

Offence type	2018		
	Exited N	Completed N	%
Acts intended to cause injury	311	200	13%
Against justice procedures, government security/operations	265	153	10%
Dangerous or negligent acts endangering persons	599	390	26%
Deception and related offences	44	24	2%
Illicit drug offences	974	611	41%
Miscellaneous offences	139	70	5%
Property damage and environmental pollution	165	100	7%
Public order offences	42	28	2%
Road traffic and motor vehicle regulatory offences	453	312	21%
Robbery, extortion and related offences	25	15	1%
Theft and related offences	405	218	14%
Unlawful entry with intent/burglary, break and enter	108	62	4%
Weapons and explosives offences	149	90	6%

Note: The numbers indicate the number of charges under each offence category.

5.5 Employment status

Table 14 sets out the employment status of participants who completed the program in 2018.

The largest number of program participants are receiving temporary benefits (e.g. employment benefits) (1152 participants), and the least number of participants are utilising retirements (3 participants).

Part-time and full-time employment had the largest proportion of participants completing the program (73% and 72%, respectively). Participants least likely to complete the program were participants on student allowance and who had no income (50% and 52%, respectively).

Table 14 Employment status of program participants

Principal source of income	2018		
	Exited N	Completed N	Completed %
Dependent on others	13	9	69%
Full-time employment	351	252	72%
No income	153	79	52%
Not stated/not known/inadequately described	51	28	55%
Other	67	41	61%
Part-time employment	180	132	73%
Pension (e.g._ aged, disability)	395	268	68%
Retirement fund	3	3	100%
Student allowance	14	7	50%
Temporary benefit (e.g._ unemployment)	1152	685	59%

5.6 Type of accommodation

Table 15 lists the accommodation type for program participants. Most participants live in a rented house or flat (public or private), followed by privately owned house.

A number of categories indicate less stable types of housing, such as shelter/refuge, boarding house, or a caravan on a serviced site. One of the largest barriers to participation in drug and alcohol treatment services is stable accommodation.

Table 15 Accommodation type of program participants

Accommodation type	2018	
	Exited N	Completed N
Alcohol/other drug treatment residence	3	3
Boarding house	43	29
Caravan on a serviced site	20	18
Hostel/supported accommodation services	18	14
No usual residence/homeless	66	28
Not known	22	10
Other	100	60
Prison/detention centre	0	0
Privately owned house or flat	528	380
Psychiatric hospital	0	0
Rented house or flat (public or private)	1573	959
Shelter/refuge	6	3

5.7 Principal Drug of Concern

Table 16 provides the principal drug of concern (PDC) for participants who exited and completed the program, and provides insight into how PDC effects program completion.

Table 16 Principal Drug of Concern (PDC) for participants who exited and completed the program in 2018

PDC	Exited N	Completed N	Completed %
Alcohol	145	107	74%
Cannabis	761	530	70%
Opiates	204	124	61%
Sedatives/anaesthetics	36	28	78%
Stimulants	1233	715	58%
Total	2455	1504	63%

Approximately half of participants (48%) who completed the program in 2018 had stimulants as their PDC, followed by Cannabis at 35%, Opiates at 8%, Alcohol at 7% and Sedatives/Anaesthetics at 2%.

The completion rate for participants who had stimulants as their PDC was 58% (715/1233), this is 8% lower than the completion rate for participants with non-stimulant PDC at 65% (789/1222).

Table 17 (below) provides the PDC for MERIT participants who completed the program in detail.

The main PDC that MERIT addressed for program completers are stimulants, which include Methamphetamines and Amphetamines (48%), followed by Cannabis (35%), followed by Opiates (8%), Alcohol (7%) and Sedatives (2%).

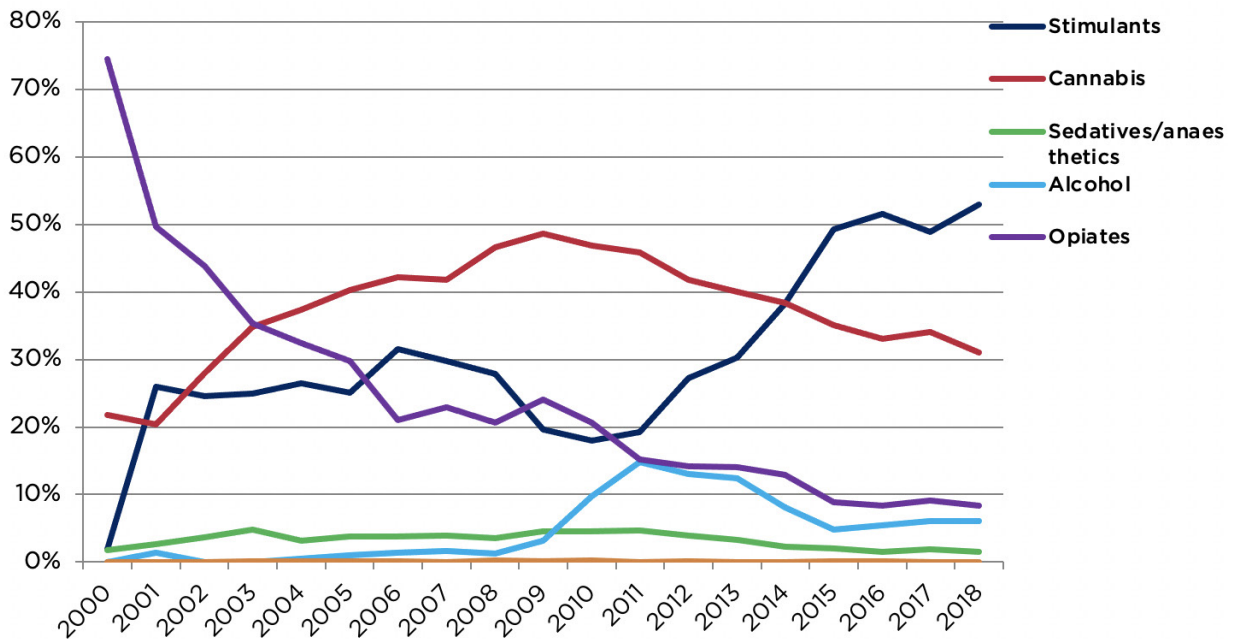
Table 17 Exited vs. Completers by PDC in 2018

Principal Drug of Concern	Substance	Exited N	Completed N	Completed %
Alcohol	Ethanol (Alcohol)	145	107	74%
Cannabis	Cannabinoids (plant extract)	736	514	70%
	Cannabinoids (synthetic)	11	7	64%
	Cannabinoids nfd	14	9	64%
Opiates	Heroin	171	105	61%
	Buprenorphine	4	2	50%
	Codeine (incl. Codral Forte, Disprin Forte, Panadeine)	2	1	50%
	Fentanyl	3	2	67%
	Methadone	3	2	67%
	Morphine (incl. MS Contin, Opium)	6	3	50%
	Opioid analgesics nfd	10	7	70%
	Oxycodone (incl. Endone)	4	1	25%
Other drug	Opioid Antagonists	1	1	100%
Sedatives/ anaesthetics	Gamma-hydroxybutyrate (incl. Liquid Ecstasy)	5	2	40%
	Ketamine	1	1	100%
	Benzodiazepines nfd	30	25	83%
Stimulants	Amphetamines nfd	252	131	52%
	Methamphetamine (incl. Speed, Ice)	882	502	57%
	Cocaine	73	64	88%
	Lysergic acid diethylamide (LSD)	1	1	100%
	M.D.M.A. (Ecstasy)	25	17	68%
Total		2379	1504	63%

Figure 6 PDC trend from the program start in 2000 to 2018

Since 2000 stimulants and Cannabis have remained the highest PDC for MERIT participants. Although stimulants have generally remained constant there was a decrease in stimulants as PDC from 2009 and 2011. Cannabis as PDC has gradual increased over the 18 years and has remained consistent.

All other PDC including Sedatives/Anaesthetics, Alcohol, Opiates and Other Drugs have gone down over the years since 2000.



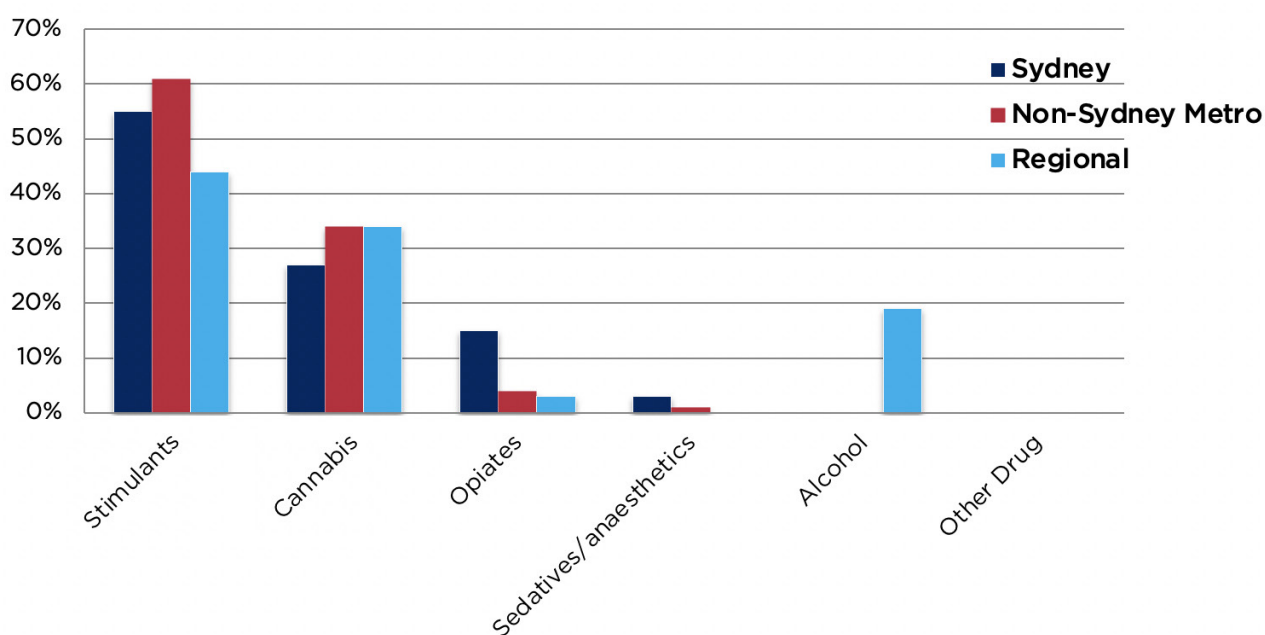
Note: MERIT Alcohol was only available in 7 out of 62 MERIT Drug Courts.

5.7.1 PDC by Region (Sydney, Non-Sydney Metropolitan and Regional)

Table 18 PDC of MERIT participants accepted by Region

PDC	Sydney N	Sydney %	NSM N	NSM %	Regional N	Regional %
Stimulants	571	55%	387	61%	343	44%
Cannabis	278	27%	217	34%	266	34%
Opiates	157	15%	24	4%	25	3%
Sedatives/anaesthetics	30	3%	5	1%	3	0%
Other drugs	0	0%	0	0%	0	0%
Alcohol	0	0%	0	0%	149	19%
Total	1036		633		786	

Figure 7 shows the PDC of MERIT participants by Region



Just over a third (34%) of participants in Non-Sydney Metro and in Regional NSW were principal cannabis users, followed by just over a quarter (27%) of participants in Sydney. Over a half of participants in Sydney are principal stimulants users with that figure rising to 61% in Non-Sydney Metro areas but falling to under half (44%) in Regional NSW. Principal opiates users mainly resided in Sydney (15% compared to 4% in NSW and 3% in Regional NSW). Regional NSW was the only area to have participants with alcohol as their PDC as MERIT Alcohol is only available in Regional NSW Local Courts.

5.7.2 Type of offence by PDC

Just over half (58%, a decrease of 1% compared to 2017) of principal stimulant users were charged with a Theft related offence followed by Illicit Drug Offences (55%) and Dangerous or negligent acts (55%).

The most popular offence for Cannabis users was Dangerous or negligent acts, around two in five (35%) users were charged with this offence type, which was closely followed by Illicit drug offences (34%). Only 17% principal Cannabis users were charged with Theft related offences.

Principal Opiate users (20%, a decline of 1% compared to 2017) were more likely to be charged with Theft related offences than any other offence.

Table 19 Type of PDC by offence for 2017 and 2018

PDC	Illicit Drug offences				Dangerous or negligent Acts				Theft-related offences			
	2017 N	2017 %	2018 N	2018 %	2017 N	2017 %	2018 N	2018 %	2017 N	2017 %	2018 N	2018 %
Alcohol	4	0%	7	1%	25	4%	32	5%	5	1%	3	1%
Cannabis	324	36%	334	34%	238	41%	211	35%	73	17%	68	17%
Opiates	90	10%	85	9%	39	7%	24	4%	92	21%	83	20%
Sedatives/ anaesthetics	18	2%	12	1%	12	2%	5	1%	15	3%	15	4%
Stimulants	473	52%	536	55%	272	46%	327	55%	251	58%	236	58%
Total	909		974		586		599		436		405	

5.7.3 Demographic make-up by PDC

5.7.3.1 Gender

A higher proportion of females who were accepted onto MERIT were principal stimulant users compared to males (59% vs. 51% respectively). The case was also the same for principal opiate users (12% of females vs. 7% of males). Females also represented a greater proportion of principal Sedatives users compared to males (1.9% vs. 1.4%).

More males were principal Cannabis users compared to females (33.8% vs. 21.8% respectively), the case was also the same for alcohol where 6.4% of males were principal users compared to 4.9% for females.\

5.7.3.2 Indigenous

A larger proportion of Indigenous participants were principal alcohol users compared to Non-Indigenous participants (10.5% and 4.8% respectively). A greater proportion of non-Indigenous participants than Indigenous participants were principal stimulant users (53.3% and 51.1% respectively).

6 Alcohol and other drug use and health outcomes

At MERIT program entry and exit, information is collected from participants about their health, well-being and alcohol and other drug use behaviour. This information is used to understand individual participants' treatment needs and trends in MERIT participants and the program over time.

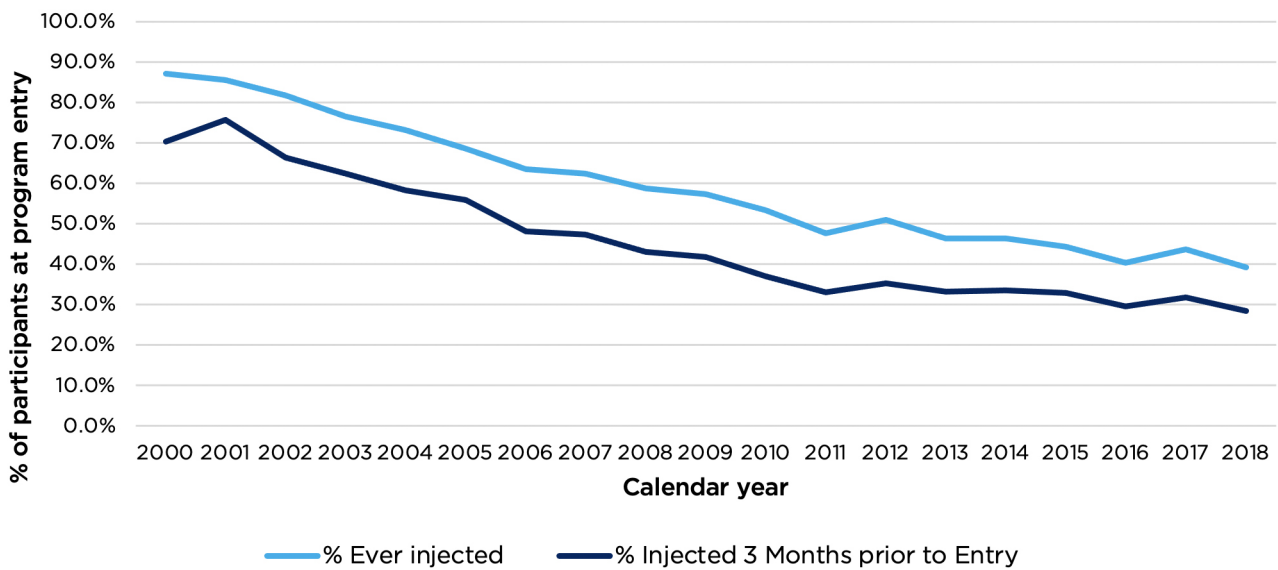
6.1 Injecting drug behaviour (Entry)

In MERIT self-reported injecting behaviour is recorded at program entry. In 2018, information about injecting drug behaviour was available for 2306 participants. Of MERIT participants with information on injecting drug behaviour, 39% (n = 902) injected at some point in the past, and around three-quarters (n = 654) of those with past of injecting had done so in the past three months.

Figure 8 displays trends in injecting drug behaviour at program entry from 2000-2018. In 2000, 87% (n = 47/54) of MERIT participants, with information on injecting drug behaviour, reported injecting at some point in the past. This percentage has declined consistently over time.

The percentage of participants who injected in the previous three months also declined from 2000-2018. In 2000, 70% (n = 38/54) of MERIT participants with information on injecting drug behaviour, reported injecting in the past three months. In 2018 the proportion that reported injecting in the past three months reduced to 28% (n= 654/2306). See Appendix B for the data table.

Figure 8 Trends in injecting drug use at program entry, 2000-2018



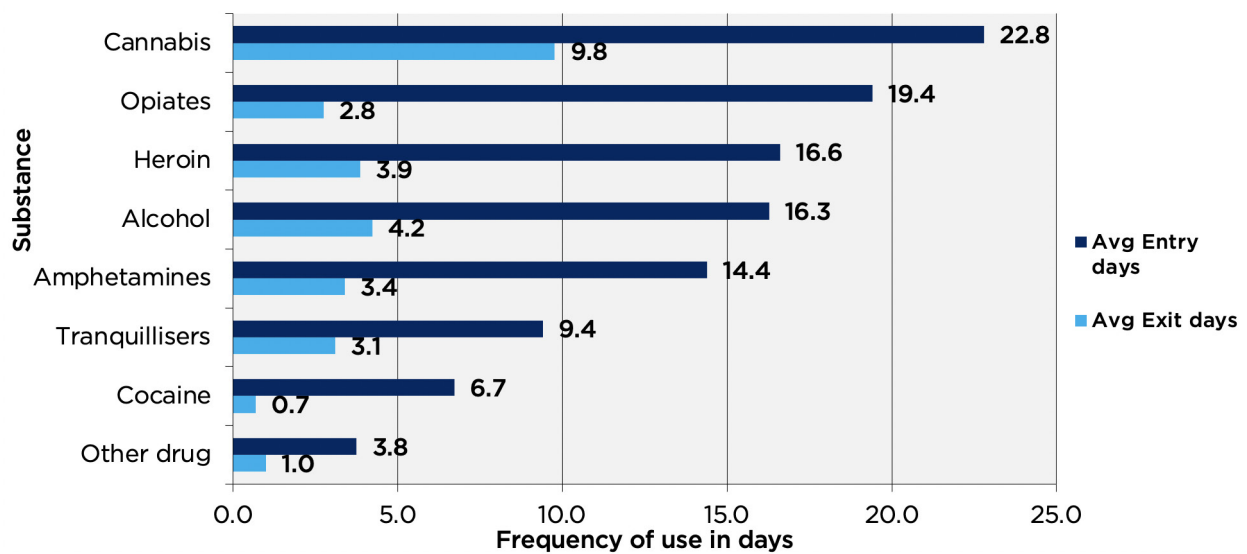
6.2 Frequency of alcohol and other drug use (Entry and Exit)

Frequency of alcohol and other drug use is the self-reported number of days where substance use occurred in the previous 30 days. In 2018, 870 MERIT participants had PDC frequency of use information collected at entry and exit. Upon entry, 42% (n=366) had Cannabis, 36% had amphetamines (n=315), 9% had alcohol (n=78), and 6% had heroin (n=49) as their PDC.

From MERIT entry to exit, reductions in the average frequency of PDC use was reported for all alcohol and drugs. As seen in Figure 9, the frequency of:

- Cannabis use reduced by more than half (from 22.8 to 9.8 days per 30 days);
- Amphetamine use fell nearly 80% (from 14.4 to 3.4 days per 30 days);
- Alcohol use reduced by almost three quarters (from 16.3 days to 4.2 days per 30 days); and
- Heroin use reduced by more than three quarters (from 16.6 days to 3.9 days per 30 days).

Figure 9 2018 Average Frequency of Substance use for PDC at Entry and Exit



6.3 Psychological Health (Entry and Exit)

Levels of psychological distress amongst accepted MERIT participants is measured using the Kessler-10 (K10) Psychological Distress Scale (Kessler et.al., 2002). K10 is a 10-item questionnaire that measures anxiety, depression, agitation, and psychological fatigue in the most recent 4-week period. Possible scores range from 10 to 50: the higher the K10 score, the higher the levels of psychological distress.

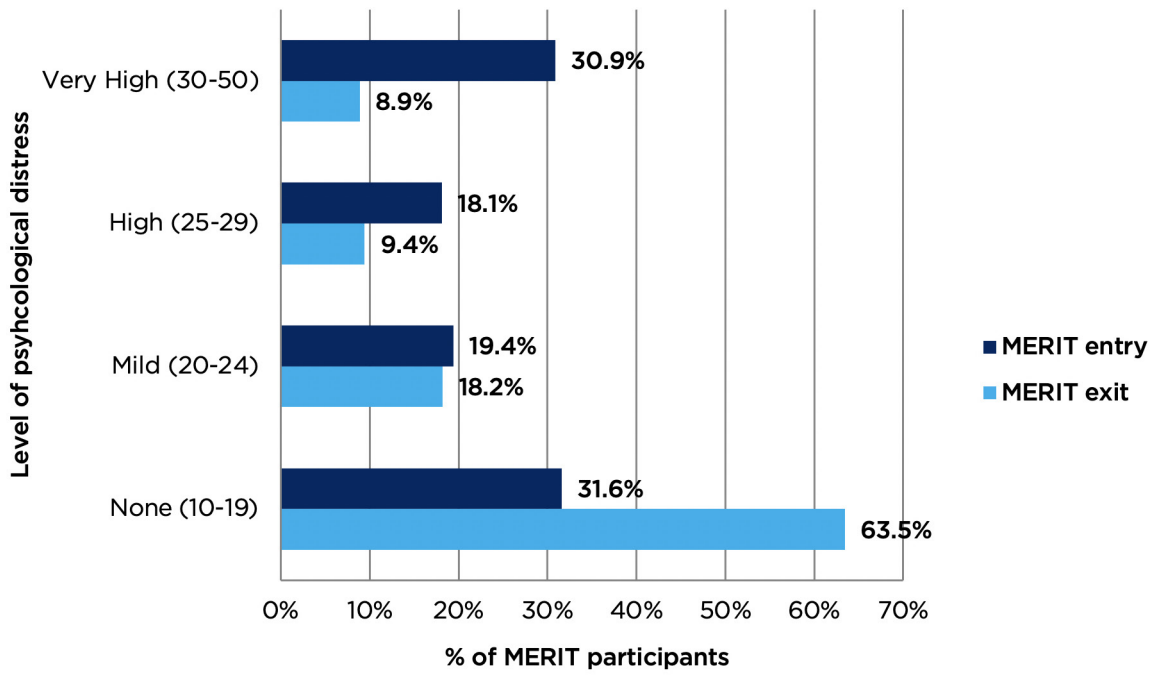
In 2018, 933 MERIT participants had K10 data available on entry to and exit from the program. On entry to the program, 49% (n=451) of participants had high (25-29 K10 score) to very high (30-50 K10 score) psychological distress. On exit this proportion reduced to 18% (n=171) of participants with high to very high psychological distress. These numbers are similar to 2017, where data was available for 853 participants. On entry to the program, 52% (n= 443) of participants had high to very high psychological distress, on program exit this number reduced to 22% (n=187) of -participants with high to very high psychological distress. See Figure 10 for more information.

Levels of psychological distress for NSW adults is measured every second year via the K10 as part of the NSW Population Health Survey. In 2017, 15% of adults in NSW reported high (22-29 K10 score) or very high (30 -50 K10 score) psychological distress⁶. This number is similar to the 18% of MERIT participants with high to very high psychological distress at program exit in 2018⁷, and reinforces participant’s very high level of psychological distress at program entry.

⁶ NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

⁷ Please note for comparison: the different cut off criteria for K10 high between NSW Population Health Survey (22 K10 score) and MERIT (25 K10 score). An adult in the NSW Population Health Survey is defined as persons aged 16 years and over. Adults in MERIT are defined as persons aged 18 years and over.

Figure 10 2018 Psychological Distress (K10) Entry and Exit Scores



7 Criminal Justice Outcomes

In order to ensure consistency with the approach adopted in previous Annual Reports, sentencing outcomes and reconviction data are presented in this section for defendants completing MERIT in the previous calendar year, i.e. during 2017.

By matching unique attributor codes for MERIT participants to Local Court and re-offending databases (ROD), the Bureau of Crime Statistics and Research (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. This process provided information on the:

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

7.1 Record matching

From the 2,319 defendants who exited the program in 2017, 87% were successfully matched to the relevant court and reconviction datasets, which is a 3% lower match rate than 2016. 13% of the records that did not match were due to duplications, incorrect data entries and incorrect CNI numbers.

The breakdown of these matches is set out in Table 20.

Table 20

Record matching categories	No.	% match
Matched to ROD	2023	87.24%
Invalid CNI	220	9.49%
Not matched	76	3.28%

7.2 Proven charges prior to entry into the program

Relevant court datasets were studied to determine the proportion of participants with prior convictions within six months before entry into the MERIT program.

It is noteworthy that 81% of MERIT participants had prior proven charges, 99% of these participants (n=1860) were charged with non-custodial sentences and only 1% (n=25) participants were charged with custodial sentences.

7.3 Sentencing Outcomes for participants

There were considerable differences between the principal penalty outcome for program completers and non-completers as can be seen in Table 19.

The most common sentencing outcome for MERIT program completers was a *bond with supervision* (i.e. 18% of completers received this penalty, while 16% of program non-completers received this penalty). This is closely followed by the penalty of *bond without supervision* wherein 17% of completers received this penalty, while 12% of program non-completers received this penalty.

It is noteworthy that 18% of MERIT program non-completers, compared to only 5% of program completers received the *imprisonment* penalty.

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 reoffending), seriousness of the current offence(s) and compliance with MERIT.

Table 21 Principal penalty for program completers and non-completers

Principal Penalty	Program Exit Year 2017			
	Completed (n)	Completed %	Not-completed (n)	Not-completed %
Imprisonment	59	5%	122	18%
Home detention	2	0%	1	0%
Pre-reform Intensive Correction Order	32	3%	18	3%
Suspended sentence with supervision	112	10%	53	8%
Suspended sentence without supervision	62	5%	29	4%
Pre-reform or Children's Community Service Order	64	6%	19	3%
Bond with supervision	208	18%	107	16%
Bond without supervision	196	17%	78	12%
Fine	177	15%	192	28%
Conviction only	37	3%	14	2%
Bond without conviction with supervision	18	2%	3	0%
Bond without conviction without supervision	166	14%	28	4 %
No conviction recorded	18	2%	2	0%
Other penalties	11	1%	11	2%
Total	1162		678	

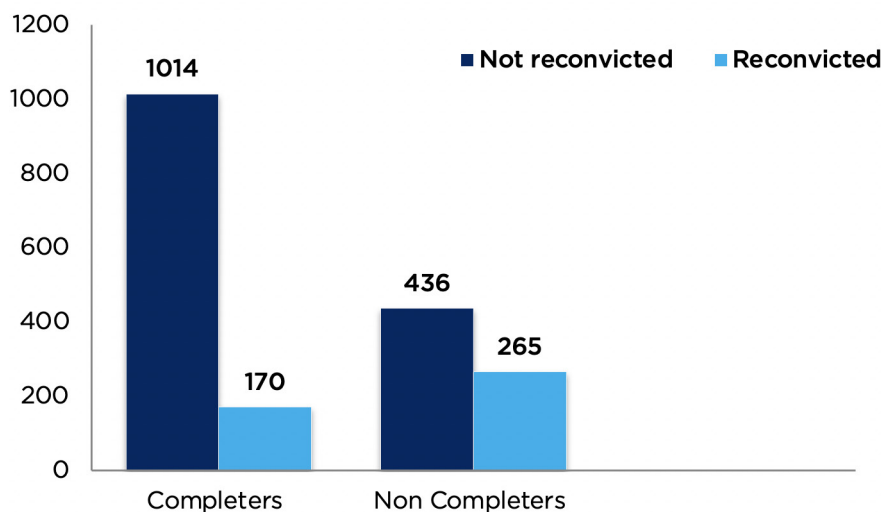
7.4 Reconviction within 12 weeks of commencing MERIT

Consistent with findings from previous Annual Reports, 38% of program non-completers and 14% of program completers were reconvicted of a new offence in the 12 weeks following commencement of MERIT.

It should be noted that when interpreting this data a re-offence by a MERIT participant can be cause for them to be removed from the program and/or for having their bail withdrawn.

Fig 11 displays a comparison of program completers and non-completers who were reconvicted versus those who were not reconvicted during the 12 weeks following commencement of MERIT in 2017.

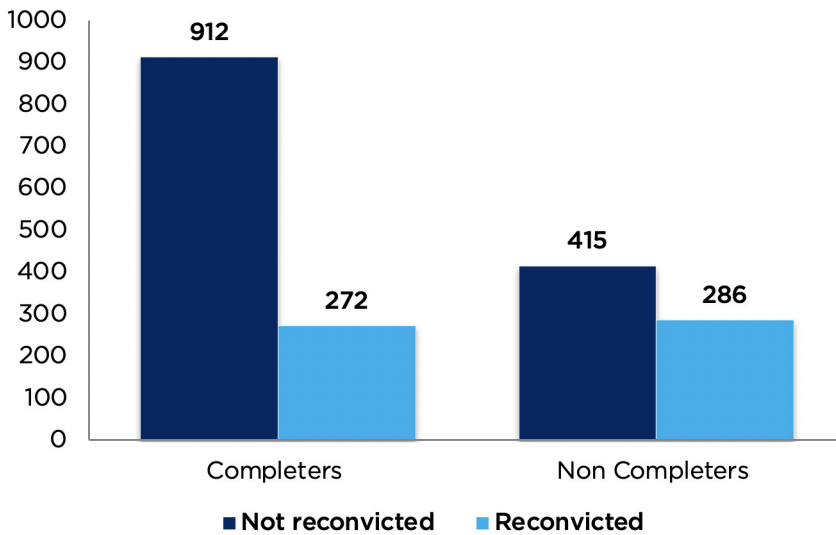
Figure 11 Comparison of reconviction and non-reconviction rates for a new offence 12 weeks after completing MERIT



7.5 Reconviction 6 months from program exit

41% of program non-completers and 23% of program completers were reconvicted of a new offence 6 months after exiting the program.

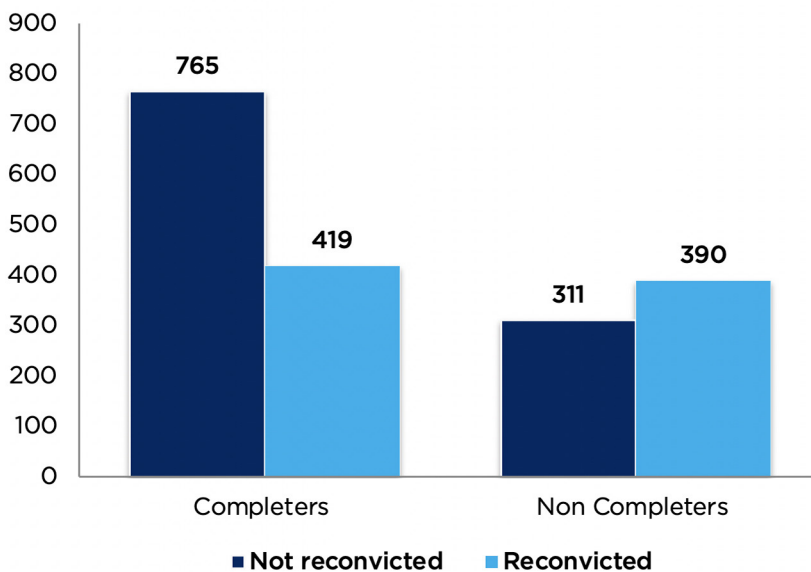
Figure 12 Comparison of reconviction and non-reconviction rates for new offence 6 months after completing MERIT



7.6 Reconviction 12 months from program exit

56% of program non-completers and 35% of program completers were reconvicted of a new offence 12 months after exiting the program.

Figure 13 Comparison of reconviction and non-reconviction rates for a new offence 12 months after completing MERIT



Appendix A

MERIT Operational and Strategic Monitoring Indicators

1. Operational Monitoring - Service Access and Patient Flow		
Focus	Objectives	Performance indicators
Completed Clients	To provide an effective MERIT program	Proportion of accepted clients who completed MERIT
Timeliness of the assessment process	Provide appropriate assessment and timely entry into the program.	Number of days between initial assessment and comprehensive assessment
Suspension of MERIT services	To provide the MERIT program	Number of days a service has been suspended in a quarter
Appropriateness of referral	Referrers to MERIT to provide appropriate referrals	Proportion of referrals which do not lead to entry on to MERIT and reasons for non-acceptance
2. Strategic Monitoring- Focus populations		
Focus	Objectives	Performance indicators
Women	To provide MERIT to all populations (i.e. Equitable access policy)	Proportion of women- referred, accepted and completed.
Aboriginal people	To provide MERIT to all populations (i.e. Equitable access policy)	Proportion of Aboriginal clients - referred, accepted and completed.
Clients with stimulant dependence	To monitor the growth of stimulant users	Proportion of clients with stimulant concerns - referred, accepted and completed.

Appendix B

Data Table for Figure 10

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Ever Injected	47	242	603	1125	988	1077	1065	1131	1046	1065	986	935	981	930	907	1001	998	901	902
Injected 3 Months	38	214	489	918	787	878	805	859	766	774	682	649	679	666	655	741	729	656	654
Number with injecting data at entry	54	283	738	1472	1350	1572	1676	1815	1782	1857	1847	1966	1926	2006	1959	2259	2474	2063	2306

