

2003

MERIT

MAGISTRATES EARLY REFERRAL INTO TREATMENT

ANNUAL REPORT



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department of nsw



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Executive Summary

The MERIT program expanded significantly in 2003. Court coverage expanded from 37% (end 2002) to over 59% of finalised cases in Local Courts.

In total there were 2445 referrals to the program in 2003, over double the number of 2002. Of these, 1,490 referrals (61%) were accepted into the program.

Of accepted clients, 920 (62%) completed the program. This represents a higher completion rate than in 2002 (50%).

There has been a growing trend toward solicitor referrals and these now make up a proportion (34%) nearly as large as magistrates (41%). Police referrals continued to fall with the proportion half that of 2002.

MERIT is successful in getting offenders into treatment with a significant proportion of program participants (23%) reporting undertaking formal treatment for the first time for their drug problems.

A greater number of defendants are participating in the program more than once, although their proportion of overall participation has remained constant at 12%.

Participant demographic profiles in 2003 were similar with those previously reported in 2002. There was a noticeable growth in the proportion of younger people (18 to 20 years old) accepted onto the program from 11% in 2002 to 15% in 2003.

Aboriginal participation remains relatively high. Of all participants, 16% identified as Aboriginal compared with 9% known to be Aboriginal in the participating Local Courts.

The completion rate for Aboriginal participants rose from 40% in 2002 to 57% in 2003. This remains slightly lower than others (63%) but the difference is no longer statistically significant.

There has been a marked change in the main problem drug reported by participants. Cannabis became as common as heroin in the period. The proportion of participants with heroin as their problem drug was 33% in 2003 compared with 44% in 2002. The proportion of participants reporting cannabis as their main problem drug grew from 25% in 2002 to 33% in 2003.

Participants with heroin or amphetamines as their main problem drug were less likely to complete the program than those with cannabis as their principal problem drug.

Re-offending data indicates that successful participation in MERIT is associated with a reduced likelihood of re-offending. 40% of those completing had appeared in court again within one year, compared with 60% of non-completers.

Sentence outcome data indicate a lower incidence of custodial sentences for those who completed the program (4.5%) compared with non-completers (34%).

Introduction

This is the second annual report on the Magistrates Early Referral Into Treatment (MERIT) program. The report is based on referrals and participants who had completed contacts or treatment episodes with MERIT in 2003. These include people who were referred to but did not enter the program as well as participants who were already on the program, but exited in 2003. The report is a specified output of the MERIT program evaluation strategy. It supplements the monthly and quarterly reports that have been produced since program inception. Monthly reports provide cumulative numbers entering and leaving the program, presenting relative acceptance and completion rates across health areas. Quarterly reports are part of standard diversion reports and contain a greater depth of information on participant characteristics, drug use and criminal justice items. These reports are limited to the quarter and do not carry any cumulative program information.

Program Description

Background

The Magistrates Early Referral Into Treatment Program arose out of the NSW Drug Summit of 1999. The program was rolled out in Lismore in July 2000 and was expanded to Illawarra and South West Sydney in 2001 and rolled out to 16 of the 17 health areas over 2002 and 2003.

MERIT Process

The target population of MERIT consists of adult defendants appearing at participating Local Courts who have a demonstrable drug problem. They need to be eligible and suitable for release on bail, and be motivated to engage in treatment and rehabilitation for their illicit drug problems.

The entry criteria are intentionally quite broad. Participants are not required to be 'drug dependent' to enter the program. But they should have an illicit drug use 'problem' which is sufficient to justify the significant treatment interventions available through MERIT.

Magistrates, NSW Police, Probation and Parole, the Legal Aid Commission solicitors and private legal practitioners operating in the participating courts may refer potential clients. They may also refer themselves or be referred by family and friends. Eligibility for bail (Police bail or court bail) is a condition for entry into MERIT.

When the MERIT Team receives a referral, they undertake a thorough clinical assessment of the defendant. This covers drug use behaviours, drug use problems,

family relationships and family drug history, social situation, legal issues, medical problems associated with drug use, mental health, motivation for change, and potential to engage in treatment for drug use problems.

At the next court hearing, the Team provides a written report to the Magistrate, recommending whether or not the defendant should enter the MERIT program and an appropriate drug treatment plan. The Magistrate has discretion to determine whether any given defendant is accepted into MERIT. If the defendant is accepted into MERIT, the Team receives a copy of the bail order.

Because there is typically a three to four-week period between the charging of a person and the initial court appearance, the defendant may agree to participate in a drug treatment program after the assessment but before formally being enrolled into MERIT.

The Area Health Service within which the court(s) are located employs MERIT Teams. There was one MERIT Team for each Area Health Service operating in 2003, often servicing multiple courts. The number of workers in each MERIT Team varies according to the volume of referrals expected from courts in each Health Area.

MERIT workers have a range of professional backgrounds, including probation and parole, drug and alcohol counselling, psychology and nursing. Training is provided to ensure that MERIT workers have the necessary blend of criminal justice and health knowledge required for their position.

A range of health and welfare services may be provided to meet the complex needs of this group of defendants. These needs range from varying levels of drug dependence, mental health disorders, disabilities, unemployment, finance, housing, family dysfunction, children at risk, and health problems, as well as their legal problems.

Participants are matched to appropriate illicit drug treatments, including detoxification, counselling, pharmacotherapies (eg. methadone, buprenorphine, naltrexone, etc), residential rehabilitation, community outpatient services, and case management.

In addition to the specialised drug treatment services, a wide range of ancillary services may be accessed, as appropriate. These include medical and primary health care services, accommodation and housing, employment and vocational services, education and training, family counselling, and psychiatric and psychological interventions.

Magistrates are encouraged to undertake an increased level of judicial supervision as a core element of the MERIT program. Typically this judicial supervision involves an additional "mention" or two to establish how a defendant is progressing. It allows

the magistrate the opportunity to offer encouragement, as appropriate. On the other hand, if a defendant is not going well, judicial supervision can have a salutary effect in emphasising the consequences of non-compliance with the program.

Where possible, the same Magistrate deals with the defendant throughout the bail period. The greater involvement of the judiciary - and a consistent voice - adds an important element to the management of offenders and the success of the MERIT program.

Breaches are defined as commission of further offences, non-compliance with bail conditions, or failure to appear. The consequences are that the Magistrate may remove the defendant from MERIT for breaches of program conditions and may withdraw bail for commission of further offences or failure to appear.

As an "opt-in" program, participants may withdraw from MERIT or decline to participate and have their case determined by the magistrate without prejudice.

The completion of the MERIT program generally coincides with the final hearing and sentencing of the person. Wherever possible, the MERIT case manager contacts the defendant by telephone to attend a personal appointment prior to the sentencing hearing. The Magistrate hearing the case receives a detailed report from the MERIT Team, containing information on the defendant's participation in drug treatment and any further treatment recommendations. A representative of the MERIT Team may attend the sentencing hearing, if requested by the Magistrate or the defendant.

The weight attached to compliance or non-compliance with the MERIT program in the determination of final sentence is totally within the discretion of the Magistrate.

Method

Program Data

The MERIT Information Management System (MIMS) is the purpose-designed database used to gather program participant data since inception.

It was designed to be both an operational management tool and a means of collecting a large amount of quantitative data for the ongoing monitoring and evaluation of the program.

Data are collected at Area Health Service level and downloaded regularly for analysis purposes. For this report data from sixteen health areas were collected in April 2004 and then read into SPSS for analysis. The growth of the program, both in terms of the rollout to further areas and in the numbers of referrals and

acceptances, has increased the base for analysis and has allowed greater comparison by health area.

Data quality reports are issued each quarter and occasionally there are a small number of records that are duplicated (approximately 1%). Therefore, there maybe a slight over counting of referrals and acceptances. Given the large numbers in the period this has an insignificant effect on the overall results.

The NSW Bureau of Crime Statistics and Research (BOCSAR) have provided data on re-offending and sentence outcomes. This has been provided in an aggregated format in keeping with BOCSAR's privacy policy. The means for measuring re-offending is BOCSAR's Re-Offending Database (ROD). This matches people by name, date of birth and CNI (Criminal Name Index). Unit record data collected at a State level for this report had names removed to protect the privacy of individuals.

Sentence outcome data are collected by flagging referrals at Local Courts on the GLC (Local Courts database). This information is provided to BOCSAR who in turn are able to provide aggregated data on sentences relating to the MERIT participant's court episode that is the reason for their contact with MERIT.

Previously there was a data item on number of previous convictions. This was dropped due to the difficulty of verification and produced a large number of missing responses.

Data Collection Changes on Drug Use

Data is no longer collected routinely on the MIMS database about frequency of use, type of use and length of use. This collection of this data was dropped as it was not generally well recorded and was part of a move to streamline data collection to improve quality. Furthermore, a health outcomes study is being implemented which collects more detail on drug behaviour. This will provide better data in future on these areas.

Sentence Outcomes

MERIT workers previously collected sentence outcomes for the MIMS database. The output from this was reported in the 2002 Annual Report. The need to streamline the information collected and the frequent difficulty of access to the information, which had previously been collected by MERIT staff, lead to the development of alternative methods.

A modification was made to the GLC (Local Courts database). This was in the form of a flag to indicate that the defendant had been referred to or accepted onto the MERIT program. The flag is recorded as part of the bail conditions recorded on the Local Courts database (GLC) and in some courts this has resulted in a large proportion of MERIT cases being flagged. The information is provided to the NSW Bureau of Crime Statistics and Research (BOCSAR). In order that certain characteristics can be matched to the data (such as age, gender, Aboriginal status, previous jail, completion status and principal drug of concern), some data from the

MIMS (MERIT) database must be matched with these records. This matching is done using the Criminal Name Index (CNI) of the defendant.

There are still issues with this data collection at court and matching this with program data by using a CNI. This method identified 180 cases for those who exited the program in 2003. This number is relatively low as there were more cases flagged in the period. Reports from the GLC for May to December 2003 indicated 749 referrals and 374 acceptances. Clearly these numbers also indicate under reporting and the differences between courts are considerable with some recording only fractional numbers of actual MERIT cases and others recording a significantly high percentage of these. A number of requests have been made to court staff to record MERIT referrals or participants however this must often compete with other more pressing data needs of the courts and the indications are this will not change significantly in the short term.

Description of data collected

There are a large number of data items collected on MIMS. These cover the areas of participant characteristics, medical treatment episodes and criminal justice information. There are a number of data items that must be captured for reporting as part of the National Minimum Dataset (NMDS) provided to the Commonwealth as part of the Illicit Drug Diversion Initiative funding agreement.

Base for analysis

The base for analysis is those who had a completed contact activity with the MERIT program. This could be someone referred to and not accepted onto the program in 2003. It also includes those who were accepted onto the program and finished their involvement with the program during 2003 whether they met or did not meet the requirements. This operational definition was to reflect the concept of a 'closed treatment episode' that refers to a contact with defined dates of commencement and cessation.¹ This is the base that has been used in reporting for NMDS. This was the base used with the MERIT Annual Report for 2002.

Data Quality

The extent of data collection varied by health area. Apart from those items requiring collection for reporting purposes, such as the NMDS different sites collected varying detail. More detail was generally available for those who entered the program, rather than those who were referred but did not enter, as there was a greater opportunity to collect this information.

The extent of missing data varied greatly by item. The level of missing data is described with the results of the various analyses and is shown on tables in the body

¹ 'Alcohol and other treatment services in Australia 2000-01 – First report on the National Minimum Data Set' (2002) AIHW, Canberra

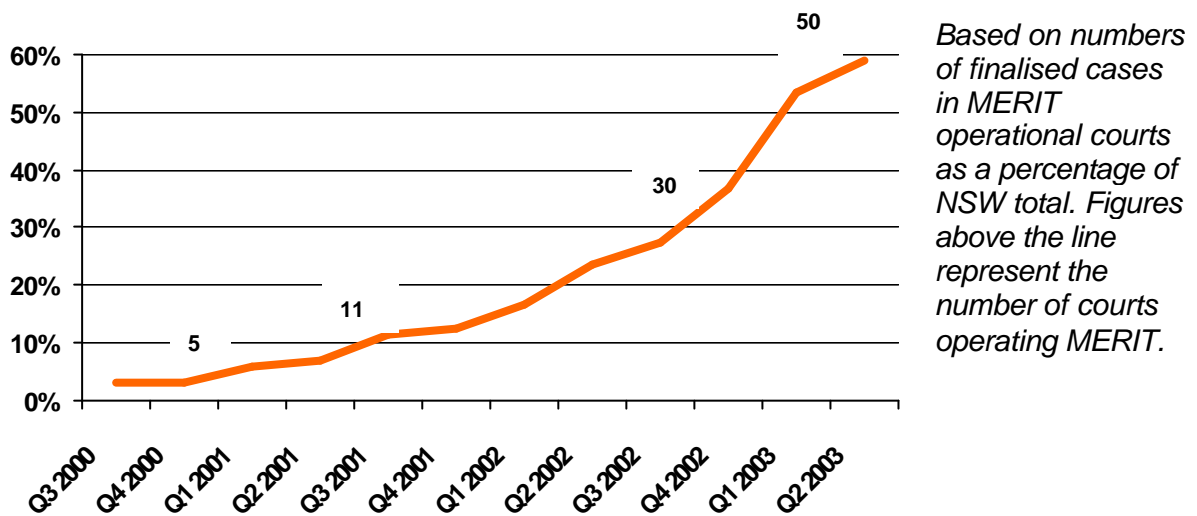
of the report. Missing data, particularly for those accepted into MERIT was generally low for important demographic items. Criminal justice data items tended to have significant missing data.

The inherent difficulties and time lag problems associated with the collection of criminal justice data has meant that data on sentence outcomes is limited. Collection involves capturing information often some time after a client has left the program and that may have a number of charges with different outcomes. Alternative methods of gathering this information were instituted in December 2002. These should yield more reliable and complete results in future.

Program Implementation

The coverage of the MERIT program expanded significantly during 2003. The last Local Courts to start the program were Hornsby (Northern Sydney Health Area) and Toronto (Hunter Health Area) in June 2003. Their inclusion brought the total number of Local Courts with MERIT available to 50. These 50 courts accounted for 64% of all finalised NSW Local Court cases. This level of coverage had increased from 37% of cases at the end of 2002.²

Figure 1 : Growth in Court Coverage of MERIT to 2003



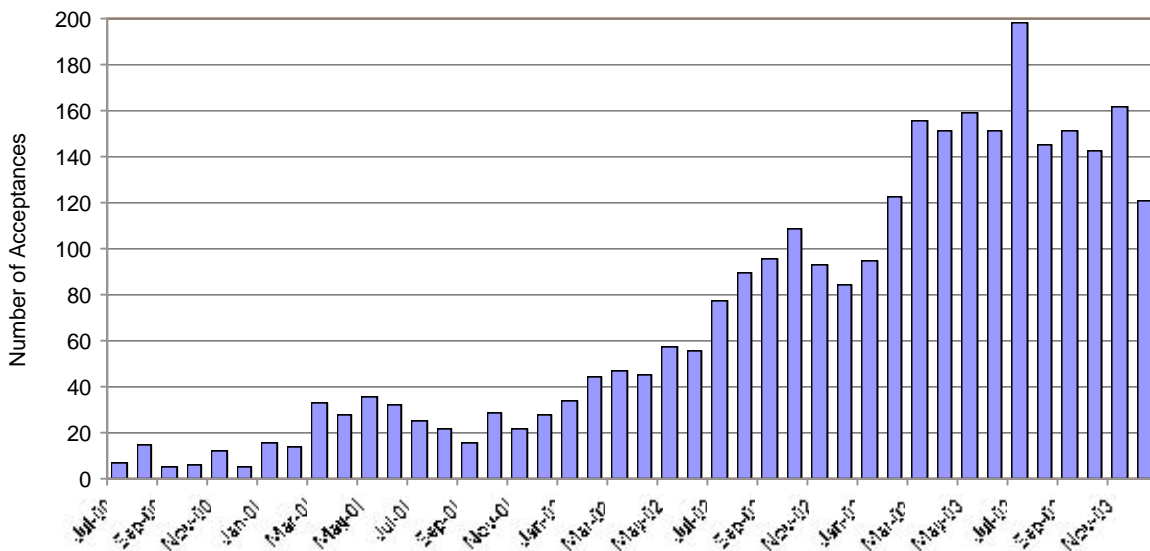
² Based on NSW Bureau of Crime Statistics (BOCSAR) finalised cases figures for 2003.

Program Activity

Program Activity Since Inception

The number of participants has grown steadily since the program started at Lismore in July 2000 largely as a result of expansion to additional courts. Monthly acceptances peaked at 198 in July 2003 but remained high for most of that year (Figure 2). The fall in December 2003 is likely to be a reflection of seasonal factors, and more importantly, funding uncertainty that lead to several areas suspending referrals. The fall in numbers is reduced somewhat by the lagged effect of time that referrals take to enter the program.

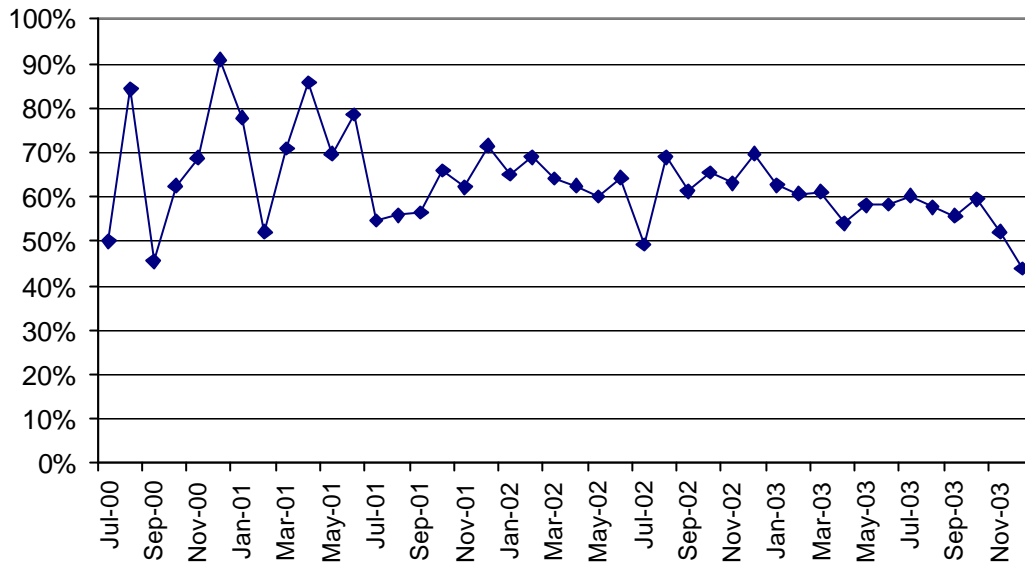
Figure 2: Acceptances per Month – July 2000 to December 2003



Source: MIMS

Acceptance rates (the percentage of referrals accepted) since program inception show early fluctuations due to relatively small numbers (see Figure 3). The acceptance rate became more stable as program numbers grew; however, the rate has gradually fallen since mid-2003.

Figure 3: Acceptance Rate per Month – July 2000 to December 2003



Source: MIMS

Program Activity in 2003

Using the same base as 2002 (i.e. people who finished their contact with the program), the number referred to the program doubled in 2003. The larger numbers allow a much better area-by-area comparison than was possible in the 2002 report.

Table 1: Program Status by Area 2003

	Accepted into program	Declined program	Not accepted into program	Referral only	Total
Northern Rivers	199	8	69	1	277
Hunter	163	6	43	33	245
South West Sydney	130	16	29	66	241
Illawarra	169	7	30	29	235
Central Coast	136	4	35	9	184
South East Sydney	93	3	81	0	177
Central Sydney	88	5	69	9	171
Mid North Coast	102	8	43	0	153
Northern Sydney	72	5	15	52	144
Mid West	73	6	49	7	135
Western Sydney	62	4	32	10	108
Wentworth	56	2	29	6	93
Greater Murray	50	6	31	0	87
New England	23	16	20	13	72
Southern	47	4	18	0	69
Macquarie	27	0	27	0	54
Total	1490	100	620	235	2445

Source: MIMS

Reasons for Non-Acceptance

Non-acceptance is for suitability and/or eligibility reasons. Unwillingness to participate, no demonstrable drug problem and mental health problems are among the most frequent suitability exclusion criteria (Table 2). Not being eligible for bail, living outside the designated treatment area, already undergoing court ordered treatment, charged with a current violence or sexual offence, charged with a wholly indictable offence or entry not endorsed by the court are other reasons for exclusion. Reasons for non-acceptances (N= 620) were recorded on the program database. Reasons were not entered for 'Referral Only' and for those who declined entry.

The reasons shown in Table 2 are broadly similar to the 2002 participants. Unwillingness to participate remains the most common reason (30.5%). The percentage for the corresponding period in 2002 was 27%.

Table 2: Reasons for Non-Acceptance

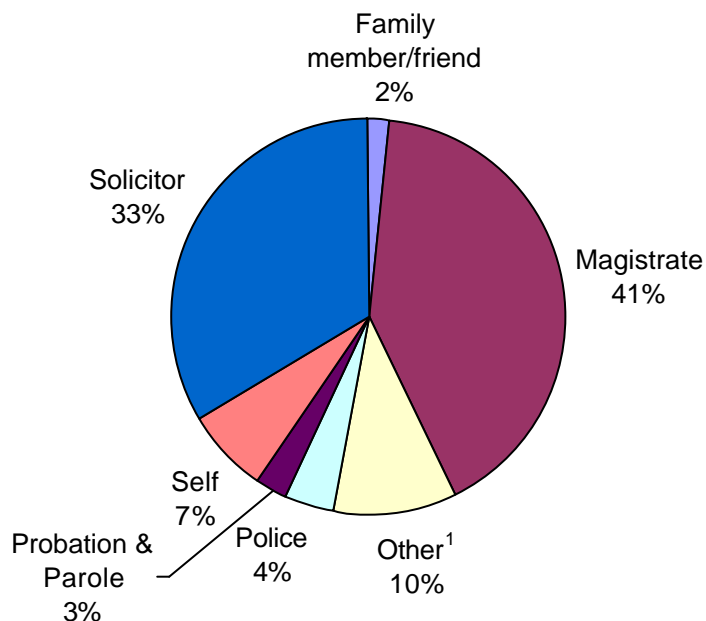
Reason	Number	%
Unwilling to participate	189	30.5
Not eligible for bail	104	16.8
No demonstrable drug problem	95	15.3
Other ^a	84	13.6
Program entry not endorsed by magistrate	62	10.0
Strictly Indictable offence(s)	23	3.7
Resides outside of effective treatment area	23	3.7
Missing	19	3.1
Mental health problem	13	2.1
Already in court ordered treatment	6	1.0
Program full	2	0.3
Total	620	100.0

^a Previously this was listed as "Sexual or violent offences". There had been some confusion over this item as previously the prompt in the program database had been labelled "Sexual or violent offence history". While not an exclusion criterion in itself it could be interpreted as a suitability criteria for acceptance. It was decided that this item would be listed as "Other" but it relates largely to other criteria that exclude the defendant on the grounds of suitability or eligibility.

Source of Referral

The proportion of referrals from each source in 2003 is shown in Figure 4. The proportion of referrals from police has fallen from 8% in 2002 to 4% in 2003. The most striking trend since the program was originally rolled out in 2000 has been the large growth in solicitor referrals as a proportion of all referrals. Rural areas tend to show a larger proportion of solicitor referrals compared with urban and fringe metropolitan areas (Illawarra, Hunter and Central Coast).

Figure 4: Source of Referrals 2003



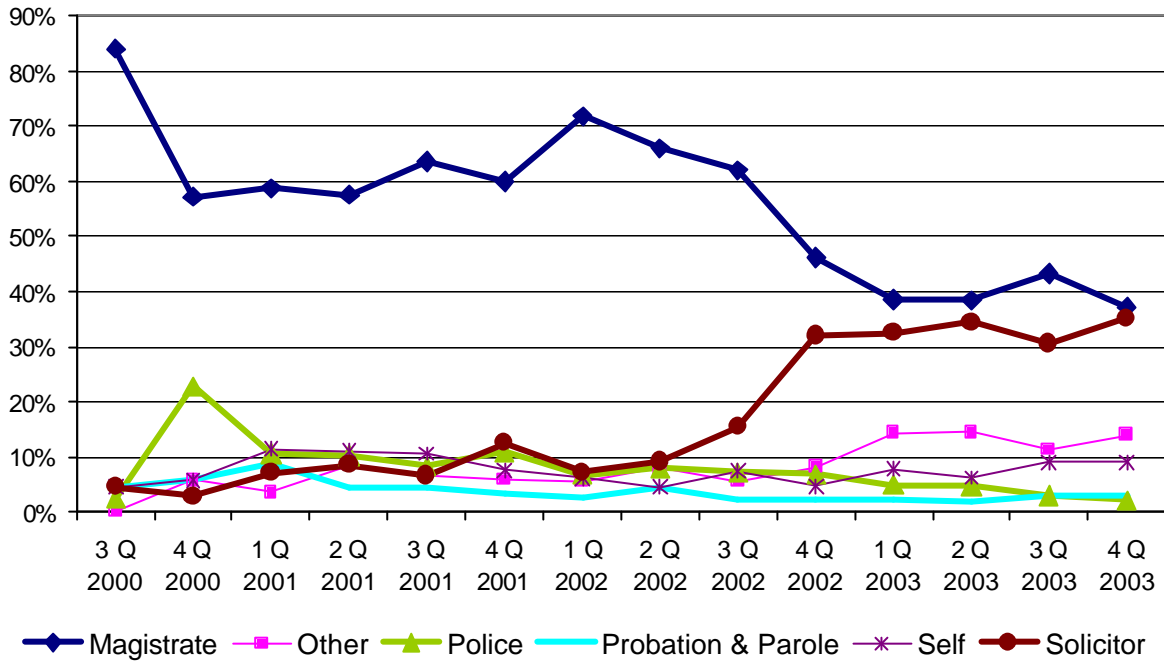
¹ Other includes GP's and other health practitioners
Source: MIMS

Police referrals were higher in the program's earlier stages but this share has continued to decline as the other areas have rolled out. Police referrals vary significantly by area with Greater Murray, Central Sydney, Wentworth and Northern Rivers showing higher proportions. The considerable variation of referral source by area may reflect local relationships with the MERIT team.

A detailed area breakdown is shown in Table 3. Overall the proportion of Magistrate referrals (41% in 2003) has fallen from last year when the proportion was 64%. The recorded proportion of solicitor referrals more than doubled from the 2002 figure of 14%. Referrals from police continued to decline, down to 4.2% from 8% in 2002. This does vary by area as, for example, the proportion of police referrals in Northern Rivers grew over the same period. In Illawarra however the proportion of police referrals, which was already low, fell further. In two other areas large enough for comparison in 2002 – South West Sydney and Hunter – police referrals declined as a proportion relative to 2002. It is clear that referral rates can be influenced by local

factors, which may explain some of the large differences. The growth of the program to different courts in the period also is a confounding factor in direct comparison.

Figure 5: Source of Referrals in 2000 to 2003



Source: MIMS

Table 3: Source of Referral by Health Area

Area Health Service (Number of referrals in parenthesis)	Magistrate	Solicitor	Self	Police	Probation & Parole	Family member/ friend	Other
South West Sydney (237)	84%	2%	0%	4%	0%	0%	10%
Western Sydney (121)	69%	17%	6%	1%	1%	0%	7%
Central Coast (186)	65%	19%	2%	3%	1%	0%	10%
Illawarra (226)	61%	18%	6%	1%	4%	2%	8%
Mid West (134)	57%	25%	5%	2%	3%	2%	7%
Hunter (237)	55%	27%	3%	4%	5%	0%	5%
Greater Murray (86)	48%	26%	5%	15%	2%	0%	5%
Wentworth (93)	43%	24%	9%	7%	3%	2%	13%
Mid North Coast (152)	24%	51%	5%	3%	5%	2%	11%
South East Sydney (176)	20%	34%	10%	3%	2%	7%	23%
Central Sydney (171)	20%	49%	20%	7%	0%	0%	4%
Northern Sydney (143)	17%	46%	8%	5%	2%	3%	19%
Southern (69)	16%	61%	10%	6%	1%	1%	4%
New England (71)	11%	76%	9%	0%	0%	1%	3%
Northern Rivers (277)	10%	55%	11%	7%	4%	3%	11%
Macquarie (54)	2%	70%	15%	0%	6%	0%	7%
Total (2433)	41%	34%	7%	4%	3%	2%	10%

Source: MIMS

Multiple Episodes

The number of people referred to or accepted into MERIT on more than one occasion has increased from 2002. This would be expected as the longer the program is in operation and expands. The overall percentage of both referrals and acceptances on their second or subsequent episode has remained static at around 12%.

Detecting those who have been referred to or entered the program in different areas is more difficult. A universal identifier such as a CNI is not always known at the referral stage and is not always accurately recorded. However, 20 instances of people having a second episode in another health area can be identified.

Those entering the program on a second or subsequent episode had a lower completion rate than all other entrants at 43%. Those on multiple episodes were more likely to have heroin or amphetamines as a principal problem drug. This factor in itself would lead to lower expectations of completion.

Table 4: Multiple Episodes by Area – Program Acceptances

Area	Number of Multiple Episodes			Total
	2nd	3rd	4th	
Northern Rivers	29	4	1	34
Illawarra	28	5	0	33
South West Sydney	15	1	0	16
Hunter	14	1	0	15
Central Coast	13	2	1	16
Mid North Coast	12	3	0	15
South East Sydney	10	1	0	11
Mid West	8	0	0	8
Greater Murray	7	0	0	7
Northern Sydney	6	1	0	7
Southern	4	0	0	4
Western Sydney	3	0	0	3
New England	3	0	0	3
Wentworth	2	0	0	2
Central Sydney	2	0	0	2
Macquarie	1	0	1	2
Total	157	18	3	178

Participant profiles

Demographic data on the 1,490 program participants in the period were of a similar standard to that used for the 2002 Annual Report. Generally the data for participant characteristics have fewer missing cases and the standard of data collection remains high.

Descriptive profile of 2003 Participants

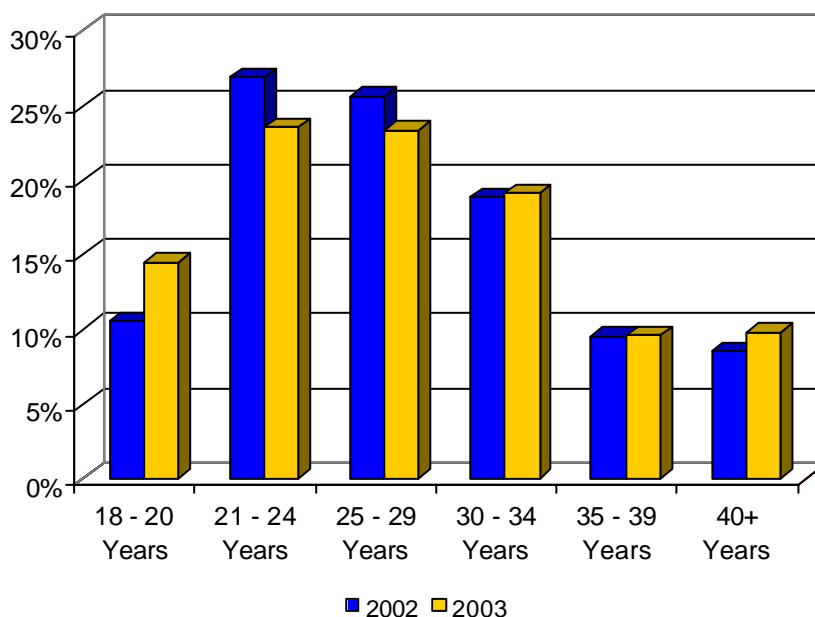
The description of participants in 2003 concentrates more on program participants rather than a comparison of referrals to participants. An examination of the data shows no great difference in the profile of referrals compared with those accepted onto the program. Some comparison is made between those who exited the program in 2003 and 2002.

Age and Gender

The proportions of males and females in the program and their mean ages were very similar to that of all referrals. Women accounted for 21% of participants in MERIT in 2003 and had a mean age similar to all participants at 29 years. As indicated in Figure 6, these figures are almost identical to the profile in 2002.

A comparison of age groups of participants shows some differences between 2002 and 2003. Participants in the 20 years old and younger age group has increased as an overall proportion.

Figure 6: Participant Age Group Comparison 2002 and 2003



Source: MIMS

Country of Birth and Preferred Language

Most participants were Australian born (89%). This compares with 84% in 2002. There were 41 recorded different countries of birth; however, only Vietnamese, New Zealand or UK born accounted for more than 1% each. The proportion of Vietnamese born was half that of 2002 although the number of cases remained at a similar level.

English was the preferred language for 97% of those entering the program and this was similar to 2002. There were a similar number reporting Vietnamese as their preferred language as in 2002, however the overall proportion of these fell largely due to the growth in size of the program.

Living Arrangements and Household Structure

Marital status of participants in 2003 is similar to that of 2002 with 54% reporting having never been married. At 13%, a slightly higher proportion than 2002 (10.8%) report being separated or divorced.

The largest proportion of participants lives with their parents (25%). This is a drop from 30% in 2002 despite the greater proportion of younger people (20 years or under) in 2003. A slightly larger proportion was living alone in 2003 (17% v 13% in 2002) and similar proportion was living with a spouse or partner. Around 17% were known to have dependents however there is large amount of missing data for this item.

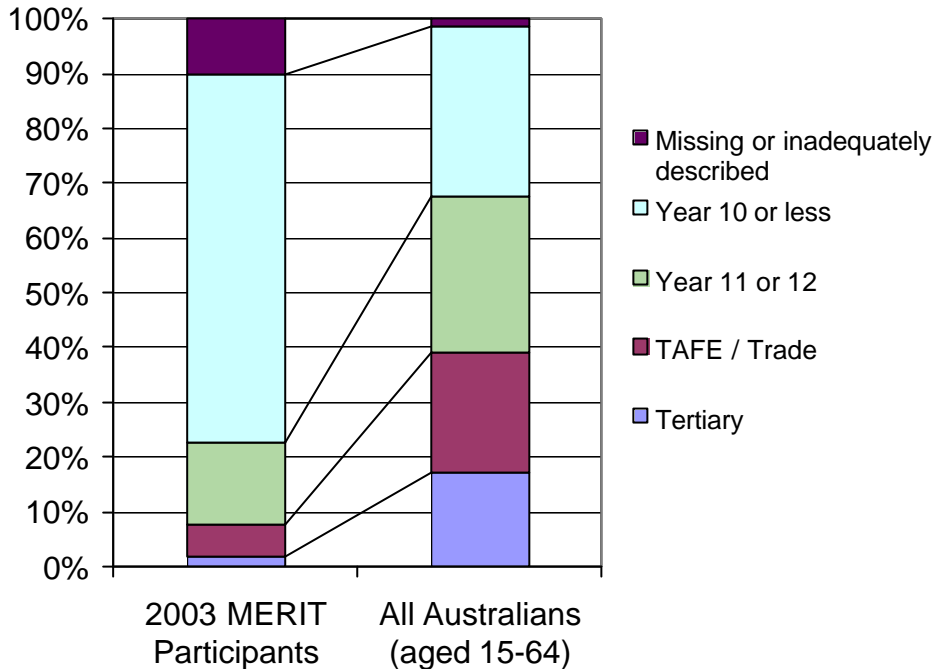
The profile of accommodation type was little changed from last year. A similar proportion of participants lived in privately owned accommodation (25%).

Educational Level

The profile of educational level is quite different than the overall Australian population. Two thirds of participants who exited the MERIT program in 2003 have a highest level of education of Year 10 or lower. This compares with less than a third of Australians aged 15 to 64 years. This comparison is shown in Figure 7.

There is a greater proportion of program participants with a maximum educational level of Year 10 or lower in 2003 than 2002. In fact, the greater proportion of missing data in 2002 on this item may mean the profiles are again quite similar.

Figure 7: Comparative Educational Level Profile of MERIT Participants



Source: MERIT figures MIMS. All Australian figures from ABS.

Source of income

Over 13% of program participants reported their main source of income as either full or part time employment in 2003. This is an increase on the figure for 2002 of 9.5%. Otherwise the profile remained fairly similar, with 54% reporting a temporary benefit (e.g. unemployment) and 21% a pension (eg aged, disability) as their main income source.

Demographic Trends Since Program Inception

Much of the demographic descriptors of the program have remained fairly consistent since inception despite the rapid expansion of the program.

A large part of this expansion has occurred in Sydney areas. While Sydney and fringe metro areas (Central Coast, Hunter and Illawarra) have differing demographic profiles, they do not differ to such an extent that large differences can be noticed between 2002 and 2003.

The mean age of MERIT participants throughout each quarter of the program has stayed within a 2 to 3 year range – between 28 and 30 years. The age group breakdown for 2003 does show an increase in the proportion of participants 20 years and under. Sydney areas tend to have a younger profile and the increasing weight

of these cases in future as MERIT expands further may have some effect on the age profile.

As comparisons with 2002 have shown, many of the descriptors such as living arrangements, main income source, accommodation type and gender ratio have remained consistent despite the expansion of the program in size and geographical area.

Aboriginal Participation

Of the 2445 referrals in the study period, 367 (15%) identified as being Aboriginal. As this was a self-report category, it is possible that there was an under reporting of Aboriginal participation. The indigenous status of 476 (19%) referrals is unknown or not stated. In 2003, Aboriginal people accounted for 8% of finalised court cases in MERIT operational courts.³ The 2002 Annual Report also reported that Aboriginal people accounted for a greater proportion of MERIT referrals than court cases.

The acceptance rate for Aboriginal referrals (63%) was slightly, but not significantly, higher than for all other referrals (61%). This compares to 2002 when 55% of Aboriginal referrals and 58% of all other referrals were accepted. When the category of "Referral only" is excluded – that is where a referral did not undergo a complete assessment, the proportions are slightly different with 65% of Aboriginal referrals and 68% of all others being accepted. For those who were assessed the comparative breakdown is shown in Table 5.

In 2003, there were 231 defendants accepted into MERIT who identified as Aboriginal compared with 77 in 2002. The main differences in reasons for not being accepted in to program were for unwillingness to participate. Aboriginal referrals were less likely to be unwilling. The other difference is for "Other". As discussed earlier, this is generally applied to those who have current offences (usually involving violence) that are considered to make them unsuitable for participation.

Table 5: Reasons for Non-Acceptance

Reason for Non-Acceptance	Aboriginal		All others	
	Number	%	Number	%
Unwilling to participate	27	24.3%	162	33.1%
Not eligible for bail	18	16.2%	86	17.6%
No demonstrable drug problem	17	15.3%	78	15.9%
Other	29	26.1%	55	11.2%
Program entry not endorsed by magistrate	11	9.9%	51	10.4%
Strictly Indictable offence(s)	2	1.8%	21	4.3%
Resides outside of effective treatment area	2	1.8%	21	4.3%
Mental health problem	4	3.6%	9	1.8%
Already in court ordered treatment	1	0.9%	5	1.0%
Program full	0	0.0%	2	0.4%
Total	111	100.0%	490	100.0%

*There were 19 missing cases. Percentages reflect the proportion of known reasons.
Source MIMS*

³ Source: BOCSAR New South Wales Criminal Courts Statistics 2003 (latest available)

Overall, as in 2002, demographic profiles from the MERIT database do not reveal any large differences between known Aboriginal and all other participants. As in 2002, Aboriginal participants have a younger profile than other program participants although this was not statistically significant. The mean age for Aboriginal participants was 28 years, however the proportion of Aboriginal participants falling into the 25 years or under age group is 42%, which is higher than other program participants. Aboriginal participants had a lower level of education with 75% having a highest level of Year 10 or less. The comparable figure for all Indigenous people in NSW is 68%⁴.

Aboriginal participants were more likely to report cannabis as their principal drug of concern. This was also the case in 2002. However the difference was more marked in 2003 with 42% of indigenous participants assessed as having cannabis as their main problem drug compared with 32% of all others.

The nature of the charges faced by known Aboriginal participants is broadly similar to that of all other participants. Aboriginal participants faced a lesser proportion of illicit drug charges but faced a greater proportion of road traffic and justice procedure charges.

The proportion of Aboriginal participants that completed the program (57%) was much higher than in 2002 (40%). While it was still lower than all other participants (63%), this was not statistically significant.⁵

Table 6: Comparative Charge Types Faced By Aboriginal And Other Participants

Charge category	Indigenous	All Others
Theft and related offences	28.3%	28.4%
Drug offences	10.8%	19.6%
Road traffic and motor vehicle regulatory offences	15.2%	12.3%
Against justice procedures, govt. security and operations	11.7%	7.2%
Deception and related offences	4.6%	6.7%
Unlawful entry with intent/burglary, break and enter	6.7%	5.9%
Acts intended to cause injury	8.0%	5.7%
Other	14.8%	14.2%

A greater proportion of Aboriginal participants report having served time in jail – 55% against 44% of all others. There is missing data for 20% of all participants on this

⁴ AUSTRALIAN BUREAU OF STATISTICS 2001 Census of Population and Housing (aged 15 and over)

⁵ At the .05 level

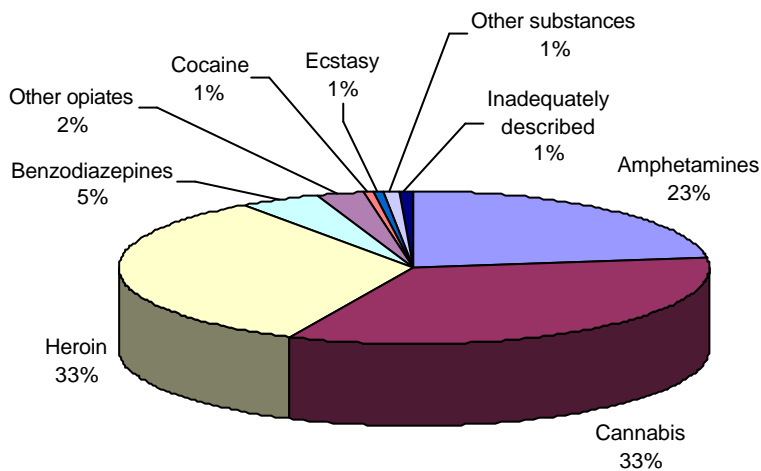
item so differences should be treated with caution. There was a higher proportion in 2002 reporting serving time in jail (60%) however the data was not as well recorded. Data for previous periodic detention was not well recorded with over 60% of cases not known.

Drug Use

Principal Drug of Concern

The principal drug of concern (PDC) is the main problem drug for participant. The breakdown for the principal drug of concern is shown in Figure 8.

Figure 8: Principal Drug of Concern for MERIT Acceptances

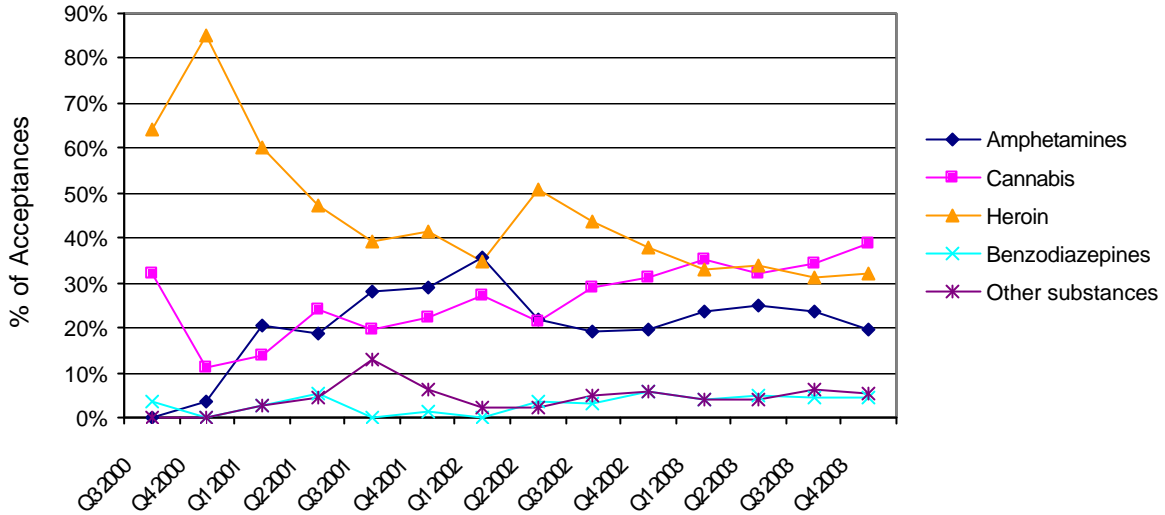


Source: MIMS

The most noticeable change from 2002 is the relative decline in the proportion of participants with heroin as their PDC. This declined from 44% to 33% in 2003, while the proportion of those with cannabis as their PDC rose from 25% to 33%. The proportion of those with amphetamines as their PDC remained stable (23%) and those with benzodiazepines rose very slightly from 2% to 5%.

Trends for PDC's since program inception are shown in Figure 9. Early figures are dominated by small numbers and confined to Northern Rivers and fluctuate markedly. Since the second quarter of 2002 the proportion of participants reporting heroin has declined markedly and cannabis has risen as a proportion. In final half of 2003 cannabis was the most common PDC.

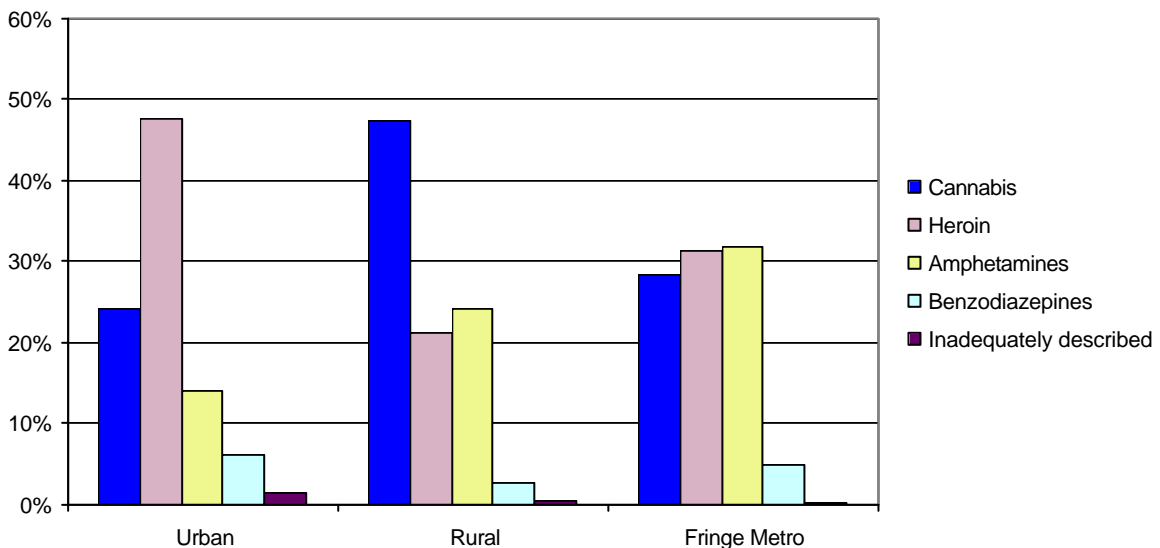
Figure 9: Principal Drug of Concern for MERIT Participants Since Program Inception



Source: MIMS

When viewed on a regional basis (Figure 10), urban areas report a higher prevalence of heroin as a PDC, while cannabis dominated in rural areas. Amphetamines are most significant in fringe metropolitan areas directly bordering Sydney.

Figure 10: Principal Drug of Concern for MERIT Participants By Region⁶



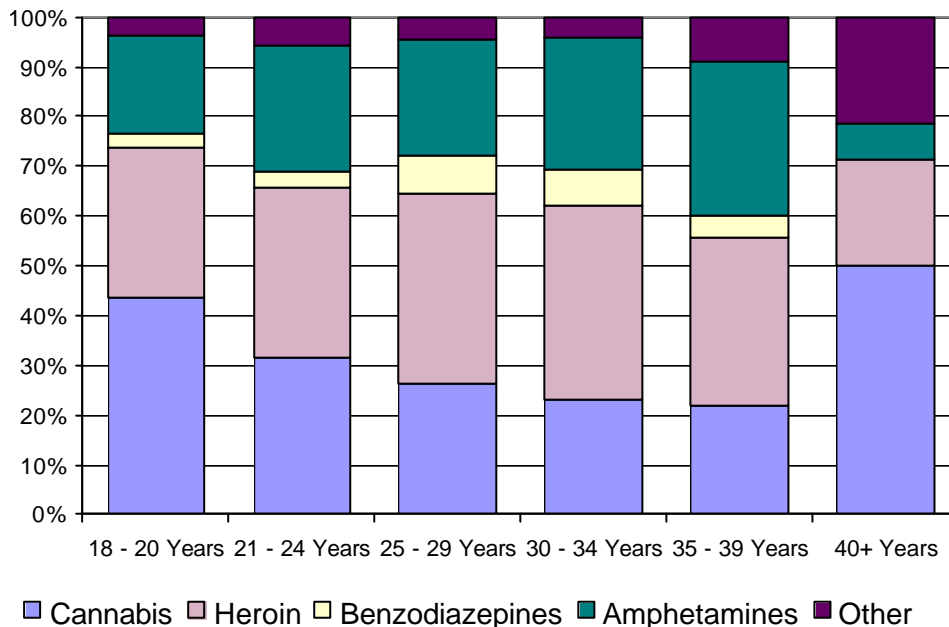
Source: MIMS

⁶ Urban region (Northern Sydney, Western Sydney, South Eastern Sydney, South Western Sydney, Central Sydney and Wentworth Health Areas), Fringe Metro (Hunter, Illawarra, Central Coast), Rural (all other areas)

On a health area basis the regional area contrasts are also clear (Figure 11). All Sydney areas (with the exception of Wentworth) have more than 40% of participants reporting heroin as their PDC, this ranges up to 70% in South West Sydney. While the Southern area is primarily rural, the MERIT program there operates only at Queanbeyan and it shows a similar profile to fringe metro areas.

As reported in 2002, PDC shows a relationship with age with cannabis being more of a problem drug with younger participants. Except for the over 40-year age group (which has a small number of participants N=14) the proportion with cannabis falls as the participants grow older.

Figure 11: Principal Drug of Concern for MERIT Participants By Age



Source: MIMS

Method of Use

Method of use describes the usual way in which the principal drug of concern is consumed. Overall 52% of participants reported injecting as their favoured method of use. This fell from 61% in 2002 which reflects the greater proportion of participants with cannabis as a PDC.

The injecting behaviour of participants showed a much higher level of recent use of this method. Of participants in 2003, 59% reported having injected in the last three months – the comparative figure in 2002 was 63%. This included 20% whose PDC was cannabis.

Other Drugs

All but 17% of MERIT participants had other problematic drugs. Table 7 shows that cannabis and alcohol were the most common other drugs of concern. For example for the 502 participants for whom heroin was their main problem drug, 31% also had problems with their cannabis use. Alcohol was a problem drug for 18% however this figure was 27% for those whose PDC was cannabis and 33% for those whose PDC was benzodiazepines. These figures are broadly similar to 2002.

Table 7: Other Drugs of Concern By Principal Drug

Other Drug of Concern	Principal Drug of Concern					Total (N=1490)
	Amphetamines (N=345)	Cannabis (N=502)	Heroin (N=502)	Benzodiazepines (N=64)	Other (N=77)	
Amphetamines	-	23%	23%	25%	14%	14%
Cannabis	36%		31%	44%	38%	24%
Heroin	10%	10%	-	8%	16%	6%
Benzodiazepines	10%	11%	9%	-	14%	6%
Alcohol	24%	27%	25%	33%	26%	18%
Methadone and other opiates	6%	5%	5%	5%	8%	3%
Ecstasy	5%	5%	4%	6%	8%	2%
Cocaine	4%	6%	3%	3%	9%	3%
Other	18%	14%	17%	25%	14%	17%

Source: MIMS. Percentages for each Principal Drug of Concern total more than 100% due to multiple other problem drugs.

Criminal Justice Profile

Data are still collected on whether participants had served time in jail. This is a self-report item with associated problems of potential under-reporting. It is also possible that some respondents may have reported time on remand as time in jail.

Overall 46% of participants report having served time in jail. This figure is the same as 2002, although there are fewer missing data in 2003. Proportions by sex, age and completion status are shown in Table 8.

Table 8: Percentage Reporting Having Served Time in Jail by Gender, Completion Status and Age Group

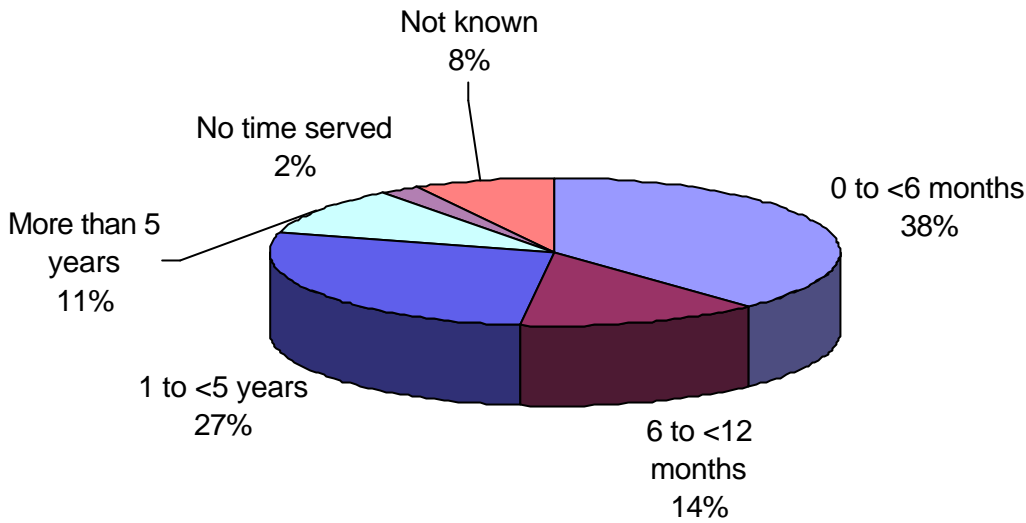
	Yes		No		Not known	
	Number	%	Number	%	Number	%
Male	575	49.2%	376	32.2%	218	18.6%
Female	110	34.5%	126	39.5%	83	26.0%
Completed	414	45.0%	331	36.0%	175	19.0%
Did not complete	271	47.5%	172	30.2%	127	22.3%
18 - 20 Years	52	24.1%	109	50.5%	55	25.5%
21 - 24 Years	142	40.6%	140	40.0%	68	19.4%
25 - 29 Years	170	49.0%	107	30.8%	70	20.2%
30 - 34 Years	157	55.1%	68	23.9%	60	21.1%
35 - 39 Years	87	60.8%	39	27.3%	17	11.9%
40 Years & Over	77	52.7%	39	26.7%	30	20.5%
Total	685	46.1%	503	33.8%	302	20.2%

Source: MIMS.

Males were more likely than females to have served time in jail. Greater proportions of older age groups have served time in jail. There was little difference between completers and non-completers on this variable.

Of those reporting having served time in jail, the profile was similar to that of 2002. Around two-thirds in both years reported spending less than six months in jail. The profiles were very similar between completers and non-completers of the program. Figure 12 shows the breakdown of jail time reported.

Figure 12: Breakdown of Time Served in Jail



Court Orders

Of all referrals, 9% were known to have some form of current court order at their time of contact with MERIT. However, there are substantial missing data with only 37% of referrals having data recorded for this item. For those accepted into MERIT, 573 (38%) people had current court orders. The corresponding figure for 2002 was 33%. 110 of these had more than one court order against them. The breakdown for the type of current court orders is shown in Table 9.

Table 9: Current Court Orders (MERIT Participants)

Type of Court Order	Number of Orders
AVO	180
Bond Section 9	239
Suspended sentence	129
Parole	118
Community Service Order	73
Other	27
Periodic Detention	19
Bond Section 10	15
Bond Section 11	6
Interstate Bond	6
Outstanding warrants interstate	3
Not known	110

Charges

Theft and related offences (28.4%) are the most common type of charge faced by program acceptances. This category, illicit drug offences and road traffic offences accounted for around 60% of charges. In 2002 these three major charge groups accounted for 65% of all charges.

A breakdown of major offence groups is shown in Table 10. Overall, the proportions are similar to those of 2002.

Table 10: Breakdown of Number of Charges Against Participants

Charge Category	% of Charges Against Participants
Theft and related offences	28.4%
Drug offences	18.2%
Road traffic and motor vehicle regulatory offences	12.8%
Against justice procedures, govt. security and operations	8.0%
Deception and related offences	6.3%
Acts intended to cause injury	6.1%
Unlawful entry with intent/burglary, break and enter	6.0%
Miscellaneous	5.1%
Dangerous and negligent acts endangering persons	2.7%
Weapons and explosives offences	2.5%
Property damage and environmental pollution	2.4%
Other offences	1.7%

A notable difference was that a higher proportion of women (44%) had theft and related charges than males (26%) with slightly lower proportions of drug charges and road traffic charges.

The pattern of charge category differed by the principal drug of concern of the participant. People with heroin had a greater proportion of theft and related offences charges (39%). This was also the case for people who had benzodiazepines as a PDC (43%). Participants with cannabis as a PDC had a greater proportion of illicit drug charges (32%), and consequently less theft and related charges (19%).

Re-offending

The re-offending study for this report used those accepted into the program that exited in 2002 as a base. There were 610 people in this group. Of this group 553 people had a Criminal Name Index (CNI) recorded. The NSW Bureau of Crime Statistics and Research (BOCSAR) used their Re-offending Database (ROD) to identify post program court appearances of MERIT participants. BOCSAR used the dates of birth and CNI's to identify individual participants. Court appearances were measured at six month and twelve-month intervals after program exit. Court appearances were for an offence committed on a date after MERIT participation was finalised.

Of these records 531 were identified as distinct persons using the Re-offending Database. If a person participated in the MERIT program more than once, only their most recent exit date was used. People were matched by CNI and date of birth first.

Aggregated data only was provided and broken down by completion status, area, age group, gender, age group, and drug type.

The results shown in Table 11 suggest that successful program completion is associated with reduced re-offending within the timeframe.

Table 11: Post Program Court Appearance of 2002 Participants by Completion Status

	Number	Did not appear within 6 months	Appeared within 6 months	Did not appear within 12 months	Appeared within 12 months
Completed	276	71%	29%	60%	40%
Did not complete	255	55%	45%	40%	60%

Source: MIMS, BOCSAR

Females were less likely to re-offend than males with 44% of female participants were recorded as appearing in court twelve months after program completion. The corresponding figure for males was 51%.

The 68 known Aboriginal participants showed a higher rate of reappearance as 56% had appeared in court within twelve months compared with 47% of non-Aboriginal participants.

These between group differences are relatively small given that there were 79 people not identified.

There appears to be no clear relationship with age and the proportion re-offending. The rate of appearances within twelve months was slightly higher as the age group got older but the differences are small. The most noticeable difference was for the 40+ years age group of whom only 33% had appeared in court again within the twelve-month period.

With only four areas having participant numbers in excess of 50, making comprehensive valid inter area comparisons was not possible. A comparison between the four largest areas is shown in Table 12. Rural areas have a lower rate of re-offending and most of this is made up of Northern Rivers participants. Fringe metro areas had the highest rates of re-offending although there was some difference between Hunter and Illawarra.

Table 12: Post Program Court Appearance of 2002 Participants by Four Largest Areas

	Number	Did not appear within 6 months	Appeared within 6 months	Did not appear within 12 months	Appeared within 12 months
Northern Rivers	153	64%	36%	54%	46%
Illawarra	123	66%	34%	53%	47%
Hunter	84	54%	46%	36%	64%
South West Sydney	71	63%	37%	54%	46%

Source: MIMS; BOCSAR

The reoffending patterns in different areas may be influenced by other factors. Rural area participants tend to be older and more likely have cannabis as a problem. Both these factors may be a source of variance in re-offending patterns. Participants in fringe metropolitan areas such as Illawarra and Hunter were more likely to have a principal drug of concern (such as amphetamines) which has a higher incidence of reoffending.

Sentence Outcomes

A stated aim of MERIT is improved sentence outcomes for those completing due to improved rehabilitation prospects. The matching process returned the principal penalty for the offence(s). Table 13 shows the principal penalty for those cases that could be matched.

Previous data from 2002 (collected in MIMS) also showed a higher proportion of non-completers receiving prison sentences. There are other factors that make sentence comparisons difficult as there maybe a number of matters heard together that predate any involvement with MERIT.

The data represent only a small proportion of defendants who have participated in MERIT. The missing cases are a result of several factors: the flag not being recorded by court staff, CNI's on the MERIT Information Management System are not always well recorded. Additionally, there may be a lag in recording of sentence outcomes, some of which may be delayed by other matters or not recorded on 2003 court statistics.

Table 13: Principal Penalty For Matched Cases

Principal penalty	Completed		Did not complete	
	Number	%	Number	%
Offence proved, dismissed, S.10 or 19B (Commonwealth)	1	1%	-	-
Offence proved, discharged with recognizance, S.10 or 19B	4	3%	1	2%
Fine	12	9%	15	32%
Driving licence disqualification / suspension	1	1%	-	-
S.9 Good Behaviour Bond	37	28%	2	4%
S.9 Good Behaviour Bond with supervision	26	20%	7	15%
Community Service Orders	15	11%	3	6%
S.12 suspended sentence	9	7%	1	2%
S.12 suspended sentence with supervision	20	15%	2	4%
Imprisonment total term	6	5%	16	34%
Home Detention total term	2	2%	-	-
Total	133	100%	47	100%

Source: BOCSAR

Those completing MERIT are less likely to receive custodial sentences and this outcome is an important rationale for the program.

Treatment

Data are collected on main and other treatment services provided by the MERIT team and external services. The MERIT team provides case management and support as its main service type.

For those receiving treatments from MERIT Teams – 75% were recorded as receiving D&A counselling, 37% attended day programs and 9% received outpatient withdrawal management.

Table 14: External Treatments Provided (Acceptances)

Treatment Type	Completed (N = 914)		Did Not Complete (N = 565)		Total	
	Number	%	Number	%	Number	%
No external services ⁷	318	34.8	329	58.2	647	43.7
D&A Counselling	221	24.2	48	8.5	269	18.2
Other Services (non D&A) ⁸	215	23.5	49	8.7	264	17.8
Inpatient / Residential withdrawal management	118	12.9	77	13.6	195	13.2
Residential rehabilitation activities	120	13.1	54	9.6	174	11.8
Methadone	116	12.7	34	6.0	150	10.1
Health Services (non D&A)	94	10.3	15	2.7	109	7.4
Mental Health Services	84	9.2	25	4.4	109	7.4
Buprenorphine	68	7.4	20	3.5	88	5.9
Day program	63	6.9	22	3.9	85	5.7
Employment Services	61	6.7	15	2.7	76	5.1
Education Services	49	5.4	9	1.6	58	3.9
Outpatient withdrawal management (inc.home detox)	43	4.7	9	1.6	52	3.5
Outpatient consultation (excluding withdrawal management)	21	2.3	10	1.8	31	2.1
Other (D&A outpatient)	10	1.1	6	1.1	16	1.1
Naltrexone	5	0.5	2	0.4	7	0.5
Other maintenance pharmacotherapies	3	0.3	2	0.4	5	0.3

Source: MIMS. Data are missing for 11 acceptances.

⁷ Consists of one or more "None" or "no other services" recorded with no other valid external services (N=63) and no associated external service record (N=255)

⁸ Other may include: Day program, Family/General Counselling, Legal services, Financial counselling/services, Dental, Information and education, Sexual Health, Voluntary and Emergency services (eg Smith Family, Salvos etc), Women's Services (e.g. refuges), Naltrexone, Specialist ATSI services, Specialist NESB services.

Table 14 shows the types of treatment services provided externally and the numbers and percentage of completers and non-completers who received these treatments. The bulk of these are additional drug and alcohol counselling, non-drug and alcohol services and residential rehabilitation activities.

Previous treatment history

A substantial proportion of acceptances, 341 (23%), reported having had no previous treatment. This proportion was similar regardless of completion status) with missing data for 28 (2%). Table 15 shows a breakdown of treatment types of program participants reporting them.

Table 15: Proportions of Previous Treatment Types

Type of Treatment	Proportion of All Treatment Types
Counselling	25.8%
Methadone	17.4%
Inpatient / residential withdrawal management	16.6%
Residential rehabilitation activities	12.9%
Outpatient withdrawal management	5.4%
Buprenorphine	5.2%
Day program rehabilitation activities	2.6%
Naltrexone	2.6%
Support and Case management	2.6%
Other	8.8%

Source: MIMS

Time On Program

The mean number of days spent on the program was 92.7 days for completers. This varies by area as is shown in Table 16. The median time spent on program for this group was 91 days and the most common time spent on MERIT by successful completers was 84 days, which is the standard 12 weeks.

This figure compares with a mean of 99 days recorded in 2002 completers. The median that year was also 91 days and most people spent 84 days on program.

Table 16: Average Time Spent on Program - Completors

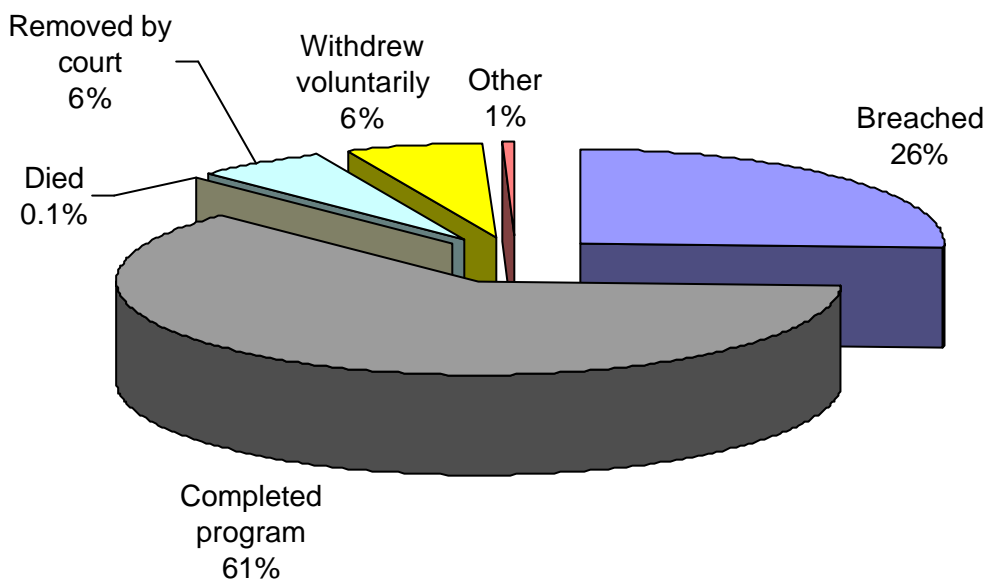
Area	Average Time On Program (Days)
Greater Murray	105.7
Northern Rivers	105.5
Hunter	100.0
New England	95.7
Mid North Coast	95.4
Southern	95.2
Wentworth	92.3
Central Coast	90.7
Illawarra	90.3
Mid West	89.0
Northern Sydney	87.4
South East Sydney	87.2
Central Sydney	85.9
South West Sydney	85.8
Western Sydney	84.9
Macquarie	84.1
Average for all program	92.7

Source: MIMS

Completion Status

Completion is the term applied to those who have satisfactorily met the program requirements. This does not necessarily imply success in addressing their long-term drug using behaviour. Figure 13 shows the exit status of the 1,490 who left the program in 2003.

Figure 13: Exit Status of Program Acceptances (N= 1,490)



The proportion (26%) who was breached or who voluntarily withdrew was very similar to 2002 (23%). The largest changes in exit status over this period were a higher completion rate (61%) compared with 50% in 2002, and a lower proportion (6%) removed by the court (14% in 2002).

A slightly higher proportion of males completed the program in 2003 (62%) than females (59%). This was not statistically significant. In 2002 females were more likely to complete than males.

Completion status varied by area over the period as shown in Table 17. Some area numbers are small and caution should be exercised in comparing these rates with other areas.

Table 17: Completion Rate by Area

Area	Number Accepted Onto MERIT	Number Completed	% Completed	Difference from Total Program Completion Rate
Northern Sydney	72	55	76.4%	14.6%
Central Sydney	88	66	75.0%	13.3%
Mid North Coast	102	73	71.6%	9.8%
Southern	47	33	70.2%	8.5%
Mid West	73	50	68.5%	6.7%
Wentworth	56	38	67.9%	6.1%
Illawarra	169	112	66.3%	4.5%
Central Coast	136	89	65.4%	3.7%
Hunter	163	96	58.9%	-2.8%
South East Sydney	93	54	58.1%	-3.7%
South West Sydney	130	73	56.2%	-5.6%
Western Sydney	62	33	53.2%	-8.5%
New England	23	12	52.2%	-9.6%
Macquarie	27	14	51.9%	-9.9%
Greater Murray	50	25	50.0%	-11.7%
Northern Rivers	199	97	48.7%	-13.0%
Total	1490	920	61.7%	0.0%

As in 2002, the program participant's principal drug of concern (PDC) had a significant relationship with completion status.⁹ Table 18 shows that those whose PDC was cannabis were more likely to complete the program while those whose PDC was amphetamines or heroin were less likely to do so. The overall completion rate has risen since 2002 from 50% to 61%. This was also the case for those with amphetamines or heroin as their PDC. The relative rise in the completion rate for amphetamine PDC is quite marked (36% v 57%). Benzodiazepines were not included as a separate category in 2002 due to small numbers. Those participants with this drug as their PDC had a completion rate similar to cannabis.

⁹ ($\chi^2 = 24.076, df = 4, p = .000$)

Table 18: Completion Status By Principal Drug of Concern

Principal Drug of Concern	Number Accepted	2003		Completion rate 2002
		Completed	Did not complete	
Amphetamines	345	56%	44%	36%
Cannabis	502	69%	31%	63%
Heroin	502	59%	41%	49%
Benzodiazepines	64	70%	30%	-
Other ^a	77	49%	51%	62%
Total	1490	62%	38%	50%

^a Other in 2002 included benzodiazepines

There appeared to be a relationship with age group and completion status in 2003 that was not evident in 2002.¹⁰ Older age groups had higher completion rates and for those 20 years or under had significantly lower rate. This is shown in Table 19. As noted previously, a greater proportion of the younger age group had cannabis as a PDC, which was generally associated with a higher completion rate.

Table 19: Completion Status By Age

Age Group	Number Accepted	Completed	Did not complete
18 - 20 Years	216	55%	45%
21 - 24 Years	350	60%	40%
25 - 29 Years	347	60%	40%
30 - 34 Years	285	62%	38%
35 - 39 Years	143	69%	31%
40 Years & Over	146	72%	28%
Total^a	1487	62%	38%

^a Three cases had missing age values

As in 2002, previous treatment history showed no significant relationship with program completion.

¹⁰ ($\chi^2 = 14.495, df = 5, p = .013$)

Measurement of Health Outcomes

A standard interview is conducted with MERIT participants in order to assess the impact of the MERIT program on the health and social functioning of program participants. Interviews are conducted at program entry and exit.

The interviews involve the use of standardised assessment instruments with provision to assist in client assessment and case management. Changes in scores on these repeated measures will assist in determining the degree of success of the MERIT program in meeting its objectives.

All MERIT teams commenced administration of the Health Outcome interviews in September 2003, on a trial basis. In the period 1 Sept 2003 to 30 June 2004, 881 persons were given a Health Outcomes entry interview. This is 63.2% of the 1282 persons accepted into the MERIT program for that period. Of the 506 clients who completed the program in that period, 243 (48%) were interviewed at program exit.

In the three month period 1 April to 30 June 2004, 242 of the 376 persons accepted into MERIT were interviewed; that is, 64.4%. If the 189 persons who completed the program in that period, 116 were interviewed; that is, 61.4%.

A benchmark completion rate of 80% has been set for both the entry and exit interviews. Local AHS issues have been reflected in a considerable variation in the interview rate for individual MERIT teams; their resolution should result in an enhanced interview success rate overall.

This study has not been running for a sufficient time to get meaningful results. Results should become available by next year.

Discussion and Conclusions

Program Activity

MERIT program greatly expanded in 2003 both in its court coverage, from 37% to 64% of all finalised Local Court cases. The number of referrals (2445) and acceptances (1490) was also significantly larger than the corresponding 2002 figures of 1072 and 610 respectively. Funding problems appear to be the main explanation for the dramatic fall-off in referrals towards the end of 2003. This varied by area; some programs were closed to new referrals while others had the resources to continue.

Referral Source

There have been changes in the recorded source for referral. The proportion of referrals from solicitors has grown dramatically from less than 5% in the early months of the program. At the end of 2003 was of a similar proportion to those of magistrates at around 35%. Police referrals have continued to decline and at 4% in 2003 were at half the level they were in 2002.

Multiple Episodes

The overall number of those undertaking the program more than once has increased but has still remained relatively static as a proportion of all referrals and acceptances. Of the 178 people known to be on the second or subsequent episode the completion rate is substantially lower at 43%, compared with 61% of all program acceptances.

Participants

The demographic profile of participants (and referrals) remains similar despite the substantial growth of the program. Participants show lower levels of education and employment than the overall population. The most noticeable difference from 2002 is the larger proportion of participants aged 20 years or under. This has made little difference to the average age of participants, which has remained relatively constant at 29 years since 2002. Similarly the proportion of males and females is virtually unchanged over the period.

There was a noticeable decline in the proportion of participants with heroin (33%) as their principal drug of concern (PDC) in 2003. This compares with 44% in 2002. The proportion with cannabis as a PDC increased grew to be of equal proportion to those with heroin as their main problem drug. This has been an ongoing trend since program inception especially noticeable over the 18 months to the end of 2003. PDC varies by region and health area with heroin more prevalent in urban areas,

amphetamines in fringe metro areas and cannabis in rural areas. The differences are also noticeable by health area.

Those whose PDC's were heroin or amphetamines had lower completion rates (59% and 56% respectively) than people with cannabis (69%) as their principal problem drug. This is still the case and the difference is significant however it is less pronounced in 2003 when completion rates were higher for all groups.

MERIT continues to be successful in attracting significant Aboriginal participation. This has increased since 2002 and at 16% remains significantly higher than their overall representation in the Local Courts system (8%). The acceptance rate for Aboriginal referrals is approximately the same as for all others. Importantly, the completion rate for this group increased dramatically from 2002 from 40% to 57%. While this is slightly lower than for all others (63%), this difference is marginal and not statistically significant.

MERIT continues to bring larger numbers of people into treatment for the first time. The proportion of participants reporting not having received previous treatment fell from 29% in 2002 to 23% in 2003 however this represents over double the number of people.

The available data suggests that successful completion of MERIT reduces the likelihood of appearing in court within a year of exiting the program. The outcomes for 2002 participants shows lower rate of offending for those who completed.

Data

Many of the data items collected by MERIT teams for the MERIT Information Management System (MIMS), continued to show improvement in terms of data quality. There was in general less missing data than for the same period last year. Improved systems for collection and management of data in the program are a major factor in this change. Variable collection of data by different health areas is still in evidence however.

The changed method for data collected on sentence outcomes has not proved as successful as was anticipated. The proportion of sentence outcome data for those who have participated in the program has fallen from 2002. Previously MERIT teams collected data. This was an extra burden especially given the time lag in sentencing and often the difficulty of finding out the result from court staff. The success of the flag is dependent on court staff to ensure that it is recorded. They also have a number of other data items to be recorded and the result has been variable. The flag may provide more information the longer it is in place. As the new Courtlink database is being developed, efforts are being made to improve recording of diversion episodes.

Conclusions

MERIT has continued to grow and bring greater numbers of people into treatment, many for the first time. Many of the demographic descriptors of the program have remained consistent despite the growth in size and geographical spread within the State since 2002.

There have been marked changes in the source of referral with solicitors becoming more significant. There have also been changes also in the main problem drug, with a growth in the numbers with cannabis as their PDC, that have brought defendants in contact with the program. All completion rates have risen, including for those whose PDC were heroin and amphetamines, compared to 2002.

Aboriginal people continue to access the program in larger numbers than might be expected given their over-representation in the criminal justice system. Completion rates for this group have improved markedly since 2002 and are no longer significantly lower than all other participants.

While the evidence is limited, it appears successful completers of the program are less likely to re-offend within a year after completion than those who did not complete.

Further monitoring and evaluation of MERIT will continue to produce other studies that will inform future reports. Further data will be available for the next annual report as the health outcomes study progresses.

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