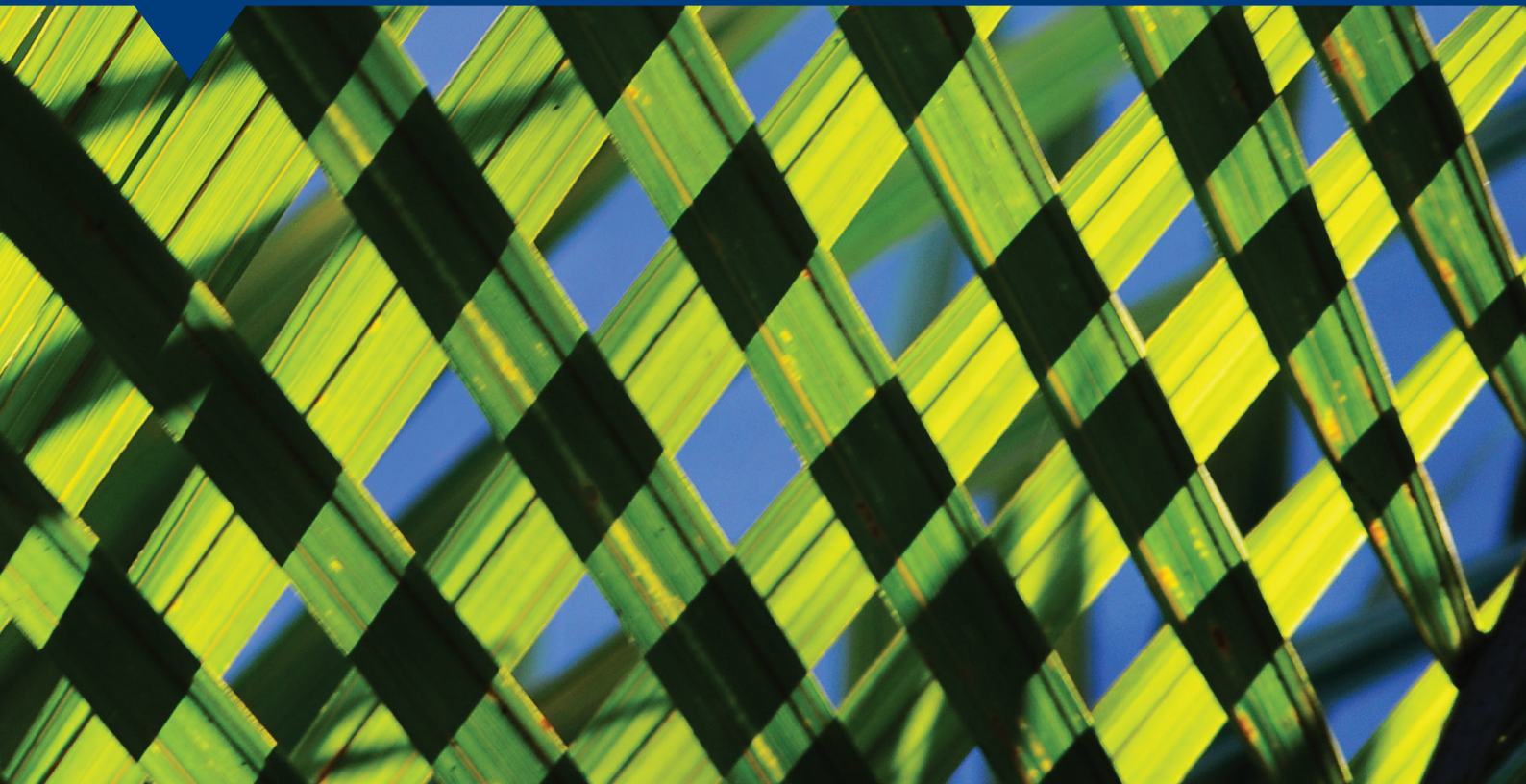


ALCOHOL & DRUG SUPPORT

for People in the Counties Manukau
Criminal Justice System

/ APRIL 2018



A REPORT FOR THE AOD PROVIDER COLLABORATIVE

aodcollaborative.org.nz
WORKING TOGETHER TO MAXIMISE POSITIVE OUTCOMES



AOD Provider
Collaborative

About the AOD Provider Collaborative

The Counties Manukau AOD Provider Collaborative was formed in 2009 to ensure providers within the Counties Manukau District Health Board catchment area are working together at a systems-level to maximise positive outcomes for AOD (alcohol and other drug) clients. Funded by Counties Manukau Health with additional support from Odyssey, the Collaborative brings together 17 organisations delivering alcohol and drug treatment or related services within the region.

This report was commissioned by the AOD Provider Collaborative to enhance understanding of the AOD supports available to people from Counties Manukau who are involved with the justice system.

Acknowledgements

The AOD Provider Collaborative would like to thank Catherine Kissel, who undertook the research and was a key contributor to the final report. It would also like to acknowledge all stakeholders who participated in the collection and reporting of the information, including the Collaborative's sub-committee.

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EXECUTIVE SUMMARY

Background

The New Zealand Justice sector has identified that substance use disorders are much higher for people involved with their services than in the New Zealand population. For example, the prevalence rate of a lifetime substance use disorder is 60% for people on community-based sentences¹, and 87% for those in prison, whereas it is 12% for the general population². The Department of Corrections has also identified that substance use disorders are a key contributor to offending, and it has therefore prioritised rehabilitation from substance use problems to reduce re-offending³. Over recent years, this has resulted in an increased provision of alcohol and other drug (AOD) treatment for those involved with the criminal justice system.

The Counties Manukau AOD Provider Collaborative commissioned this report to provide greater clarity for stakeholders about the range of AOD support for people during their involvement with the justice sector. The present report aims to:

- Identify the pathways of adults involved with the justice sector.
- Identify and describe the AOD support available to adults along these pathways.
- Identify strengths and gaps of this support, and potential opportunities for enhancing access to AOD support.

Information was collected through 22 interviews with key stakeholders in the addiction treatment sector as well as within criminal justice services who work with the Counties Manukau population. Emails and key documents were also used to provide further details.

The Alcohol and Drug Treatment Court (AODTC) and Youth Justice were not within the scope of this report. The AODTC operates in both Waitakere and Auckland Courts but not Manukau District Court and access pathways are well documented.

The identification and support for coexisting issues is a shared priority for the Health and Justice sectors. The focus of this report is substance use disorders however an overlap of services and interventions is acknowledged.

Key Findings

Both the AOD sector and Department of Corrections have been increasingly responsive in providing support for people at the different stages of their involvement with the criminal justice system. Corrections have initiated, and funded interventions aimed at both rehabilitation and reintegration focusing on AOD support to reduce reoffending and harm in the community. AOD services have reduced the barriers for people accessing support, in recognition that it can be difficult to engage in AOD treatment. AOD sector interviewees demonstrated a willingness to treat, and skilled methods of engagement, across the spectrum of support services. Examples from both sectors are the use of Motivational Interviewing, responsiveness to clients' needs, building programmes that begin with a small uptake, and providing on-site services in both prisons and community probation services. Accessing AOD support works most effectively when there is active cross-sector collaboration, as demonstrated within Community Probation and Prison services.

¹ Department of Corrections (2017). *Change lives shape futures – Investing in better mental health for offenders*. http://www.corrections.govt.nz/_data/assets/pdf_file/0009/880650/Investing_in_better_mental_health_for_offenders.pdf

² Indig D, Gear C, & Wilhelm K. (2016). *Comorbid substance use disorders and mental health disorders among New Zealand prisoners*. New Zealand Department of Corrections: Wellington at http://www.corrections.govt.nz/_data/assets/pdf_file/0011/846362/Comorbid_substance_use_disorders_and_mental_health_disorders_among_NZ_prisoners_June_2016_final.pdf

³ Correctional AOD Treatment Evidence Brief (Feb, 2016) <https://justice.govt.nz/assets/Documents/Publications/investment-brief-alcohol-and-drug-treatment.pdf>

When AOD services don't connect with clients, described as non-engagement, or there is a brief uptake of the services offered, this is most often due to clients' low levels of motivation for change. Therefore, it is useful to consider both people's motivation, and the opportunities to engage, across the criminal justice pathways.

Cross-Sector Collaboration

Both the Justice and AOD sectors support people to make changes, however the end-goals and processes used to achieve this are different, so the interface between these two systems has had to be understood and negotiated. Cross-sector collaboration is key to effectively negotiating these differences, and to providing AOD support for people within the Justice sector. Overall, the AOD treatment sector has been very responsive to the needs of Corrections' clients and Corrections' systems. As these systems continue to evolve, AOD services need to ensure that they review their programmes to continue responding to Corrections driven changes and AOD best practice.

Multiple AOD Services

Currently, the Justice sector has provided multiple opportunities for people to engage or re-engage with AOD treatment and support services, throughout the Justice system. The support is matched to treatment need, client resources, and severity or complexity of substance use. While this provides multiple opportunities, people are not always aware of the AOD services available and how to select the best match. The different services don't necessarily link with each other regarding someone's care over time. Matching client need to service delivery remains a focus.

Working with People's Motivation

People's motivation for engaging with AOD treatment can change over time, particularly as they move through the different stages of the Justice system. For example, people are more likely to access treatment when it may reduce sentencing or provide support for approval of parole. There could be value in ensuring AOD information and support are readily available at stages where people's motivation is likely to be higher.

Manukau District Court

District Courts can play a key role to support people to access AOD treatment as all stakeholders involved are likely to be supportive of this process. The Manukau District Court does not have an AOD clinician based there, as some District Courts do, and it is not clear how people know about the AOD services available and how to select which is most appropriate.

Prisons in the Auckland Region

People in prison are more likely to have AOD issues than the general population, and substance use is linked to re-offending. The Department of Corrections has therefore increased their investment into supporting people in prison with their AOD issues. An example is the recent treatment which targets methamphetamine use, due to increasing use and the significant harm associated with this substance. There are challenges in providing therapeutic interventions within a prison environment for external agencies, particularly when people are on remand, which Corrections and AOD services are working together to overcome. Once AOD use is identified, within a case management plan, Corrections actively support people to engage with AOD services. This may include referral and management of entry to residential care.

A key time for people to access support is just prior to, and after, release from prison (including applying for parole). Strengthening the approach and interface between prison-based services and those in the community pre-release, supports integration and safe transition. Corrections have a range of services to support people at this time and this investment is widely focused including literacy, employment, family support, mental health and engagement with primary care. The perspective of some interviewees was that AOD support is not always prioritised by those in prison, in early reintegration. People have often been abstinent, due to being in custody, and prioritise other life issues.

Community Probation Services

The roles and approaches undertaken by Community Probation Services (CPS) are closely aligned with the services provided by AOD services. CPS oversee people's conditions of sentencing (including AOD related ones); they assist people with their rehabilitation to reduce re-offending; as well as supporting people to re-integrate into the community (for those who have been in custody). The CPS offices in Counties Manukau closely liaise with specific AOD treatment services in the community, and also refer people to other AOD services where appropriate. The professional relationships between Probation Officers and staff from AOD services are key to enabling access to treatment for Community Probation clients. AOD service providers have responded well to the needs of Probation services and their clients and have employed several strategies to enhance access to AOD services, such as providing services on-site and assertive outreach.

Recommendations

Cross-sector Collaboration

Both sectors should continue to maintain cross-sector relationships, including sharing knowledge, expertise and support to work with people within the justice system who have substance use problems.

Enhancing Awareness and Coordination of AOD Services within the Justice System

It could be useful to consider:

- Enhancing the understanding of AOD services available to people involved with the Justice system, for Justice sector clients, families and professionals.
- Coordinating people's use of AOD services as they move through the Justice sector, in relation to other AOD services, as well as in relation to mental and physical health services and other community supports.
- Targeting information sharing and offers of support for AOD issues to people when they are likely to have higher levels of motivation for change. For example, for people involved with the court post-conviction and pre-sentencing, or people in prison prior to release.

Manukau District Court: Enhancing Access to AOD Support

It could be useful to explore whether there are opportunities to enhance access to AOD treatment through the Manukau District Court. This could occur through the AOD sector strengthening relationships with judges and lawyers and ensuring information about AOD services is readily available to all stakeholders. There could also be consideration of funding an AOD clinician based at court, as is done in other District Courts.

Prisons within the Auckland Region: Enhancing Utilisation of AOD Services

There could be further exploration into levels of participation with the range of AOD services now available, and whether these levels could be enhanced.

Continue AOD Treatment Responsiveness

AOD treatment providers could continue to refine their services to ensure they match the motivations of people at different stages of the Justice system. For example, using AOD treatment to support the broader life goals of people leaving prison, and considering the needs of people who re-represent many times through probation services.

CONTENTS

| | |
|--|----|
| Executive Summary | 2 |
| Background | 2 |
| Key Findings | 2 |
| Recommendations | 4 |
| Background | 6 |
| The New Zealand Justice Sector | 7 |
| National Overview | 7 |
| The Counties Manukau Justice System | 7 |
| AOD Services within the Justice Sector | 9 |
| Role of the Courts | 10 |
| Role of Prisons | 11 |
| Role of Community Probation Services | 12 |
| AOD Models of Practice and Treatment Pathways within the Justice Sector | 12 |
| AOD Support within Counties Manukau Justice Services | 14 |
| Manukau District Court | 14 |
| Prisons | 15 |
| Counties Manukau Community Probation Services | 16 |
| Extending AOD Services for Justice Clients in Counties Manukau | 17 |
| Key Findings and Considerations | 18 |
| Maintaining Cross-Sector Collaboration | 18 |
| Engaging People with AOD Support | 19 |
| The Manukau District Court | 20 |
| The Prisons | 21 |
| Community Probation Services | 23 |
| Recommendations | 23 |
| Appendices | 25 |
| Appendix A: Stakeholders Interviewed | 25 |
| Appendix B: AOD Services Provided With-in Auckland Prisons (As of March 2018) | 26 |
| Appendix C: Specialist AOD Services Provided On-site at Community Probation Service in Counties Manukau (As of June 2017) | 28 |

BACKGROUND

The previous New Zealand government implemented a social investment approach, requiring agencies to work together to enhance government efficiencies and improve New Zealander's lives. This Investment Approach has been applied to the justice sector, by using data and evidence to support crime prevention and reduce harm from crime in New Zealand communities. As part of this initiative, the Justice sector has identified that substance use is a key contributor to offending, and it has therefore prioritised rehabilitation from substance use to reduce re-offending⁴. Over recent years, this has resulted in an increased provision of alcohol and other drug (AOD) treatment for those involved with the criminal justice system.

In 2016, the Counties Manukau AOD Provider Collaborative commissioned a report to summarise recommended practice for supporting people involved with Justice and Correction services who also have substance use problems. Key recommendations included the mapping of services available so that there is greater clarity for stakeholders about the range of AOD support for people at the different stages of their involvement with the justice sector.

The present report is the response to this recommendation, and aims to:

- Identify the pathways of adults involved with the justice sector.
- Identify and describe the AOD support available to adults along these pathways.
- Identify strengths and gaps of this support, and potential opportunities for enhancing access to AOD support.

Information was collected through 22 interviews with key stakeholders in the addiction treatment sector as well as within criminal justice services who work with the Counties Manukau population. Additional information was requested in March 2018 from Corrections with a focus on programmes within prison. The people consulted are listed in Appendix A. Emails and key documents were also used to provide further details. The scope of this report did not include contacting service users, their families, communities or other supports.

⁴ Correctional AOD Treatment Evidence Brief (Feb, 2016) <https://justice.govt.nz/assets/Documents/Publications/investment-brief-alcohol-and-drug-treatment.pdf>

THE NEW ZEALAND JUSTICE SECTOR

National Overview

The Justice Sector in New Zealand consists of several entities which work together to ensure that both crime and reoffending are reduced. The Justice Sector includes:

- Ministry of Justice (which leads the Justice Sector)
- New Zealand Police
- Department of Corrections
- Crown Law Office
- Serious Fraud Office
- Ministry for Vulnerable Children

The 'Criminal Justice Pipeline' diagram below shows how the NZ Police, the Ministry of Justice and the Department of Corrections work together.



The agencies which are the focus of this report are the Ministry of Justice and the Department of Corrections, as it is usually through these agencies that people are linked with support for their AOD issues. The NZ Police support people's access to services, either in the context of the Criminal Justice system and so are integrated into this report, or prior to conviction which is outside the report's parameters.

The Ministry of Justice supports the judiciary to administer justice and deliver court services, including both civil and criminal courts. The criminal courts determine the sentence and conditions of sentencing for criminal offences, and this is then overseen and monitored by Corrections.

The Department of Corrections manage people serving sentences, as well their rehabilitation and reintegration into the community. Sentences can be either custodial (prison services) or community based (community probation services).

The Counties Manukau Justice System

Within Counties Manukau, the Manukau District Court provides civil, criminal, family and youth courts (as well as Rangatahi and Pasifika courts). The focus of this report is on people who have contact with the criminal court in Manukau.

There are two prisons within the district, but people living in Counties Manukau may also be held in other prisons across the Auckland region and nationally.

⁵ From the Ministry of Justice website <https://www.justice.govt.nz/justice-sector-policy/about-the-justice-sector/>

The four **prisons** in the Auckland region, which people from Counties Manukau could be held in are:

- **Mt. Eden Corrections Facility (MECF)**, Mt Eden.
Run by the Department of Corrections, this is the main reception prison for men on remand (awaiting a court date either pre-conviction or pre-sentence). Capacity is 1046 people.
- **Auckland Region Women's Corrections Facility (ARWCF)**, Wiri.
Run by the Department of Corrections, it is purpose built for female prisoners, covering minimum to maximum security prisoners. Capacity is 462 people.
- **Auckland South Corrections Facility (ASCF)**, Wiri.
Run under a public-private partnership between Serco NZ and the Department of Corrections. This has a capacity of 960 men, and covers minimum to high security prisoners.
- **Auckland Prison** (also known as Paremoremo), Albany.
Run by the Department of Corrections, this has a capacity of 667 men, and covers minimum to maximum security prisoners.

There are six **Community Probation Services** based within Counties Manukau:

- Franklin
- Mangere
- Otara
- Manukau
- Papakura
- Manurewa

Manukau Probation Services also provide a service specifically for people on Home Detention, which includes people from other probation offices within Counties Manukau. The Community Probation Services in Panmure, Otahuhu and Onehunga sites border both Counties and Auckland regions.

AOD SERVICES WITHIN THE JUSTICE SECTOR

The Department of Corrections has identified that people involved with their services have higher rates of substance use disorders than the New Zealand population and that this is a direct contributor to re-offending.

The prevalence rate of substance use disorder over a lifetime is 60% for people on community based sentences⁶, and 87% for people in prison, which is 7 times the rate found in the New Zealand population (12%)⁷. Higher rates of substance use disorders among people in prison compared to the general population, has been found for all measures, with the greatest difference being for drug dependency over the previous 12 months, which was 30 times that found amongst the general population.

The substances used by people involved with the justice sector are most typically alcohol, cannabis and methamphetamine. For those arrested, 78% reported that alcohol was most responsible for their substance use problems⁸. However, for those in prison there was a higher rate of drug dependency than alcohol dependency, and the use of methamphetamines has greatly increased over recent years^{7,8}.

In 2014, the Department of Corrections introduced a focus to reduce re-offending by 25%, by 2017, alongside a series of 5-year targets to support this, which included:

- Expanding AOD treatment for people in prison and on community sentences
- Expanding rehabilitation programmes that are proven to reduce re-offending
- Enhancing rehabilitation services provided by probation officers
- Delivering rehabilitation in partnership with iwi and community groups
- Implementing working prisons & increase prisoner participation in education and employment
- Working with employers to provide real jobs after release from prison
- Partnership with iwi and communities to establish reintegration centres

Law reform at this time, allowed for sentencing to include intensive supervision in the community, with the aim of reducing re-offending through targeted support in the community. There was also increased funding for the Department of Corrections to provide AOD screening and interventions, as well as contracting AOD specialist services to support their clients⁹. This initiative has seen a greater interface between AOD treatment services and the Justice sector and has resulted in the development of multiple AOD treatment initiatives in both custodial and non-custodial settings.

2016 saw a review of the targets, which found violent re-offending had reduced but not overall re-offending. A new Correction's strategy was released, *Breaking the Cycle: Our drug and alcohol strategy through to 2020*¹⁰ which shifted the focus to reducing serious crime.

⁶ Department of Corrections (2017). *Change lives shape futures – Investing in better mental health for offenders*.

http://www.corrections.govt.nz/_data/assets/pdf_file/0009/880650/Investing_in_better_mental_health_for_offenders.pdf

⁷ Indig D, Gear C, & Wilhelm K. (2016). *Comorbid substance use disorders and mental health disorders among New Zealand prisoners*. New Zealand Department of Corrections: Wellington at

http://www.corrections.govt.nz/_data/assets/pdf_file/0011/846362/Comorbid_substance_use_disorders_and_mental_health_disorders_among_NZ_prisoners_June_2016_final.pdf

⁸ Wilkins, C., Prasad, J., Moewaka Barnes, H., Parker, K. & Asiasiga, L. (2017). *New Zealand Arrestee Drug Use Monitoring (NZ-ADUM) 2016 Report*. SHORE & Whariki Research Centre, Massey University: Auckland.

⁹ Drivers of Crime Investment Package <https://www.beehive.govt.nz/sites/all/files/DriversofCrimeInvestmentPackage.pdf>

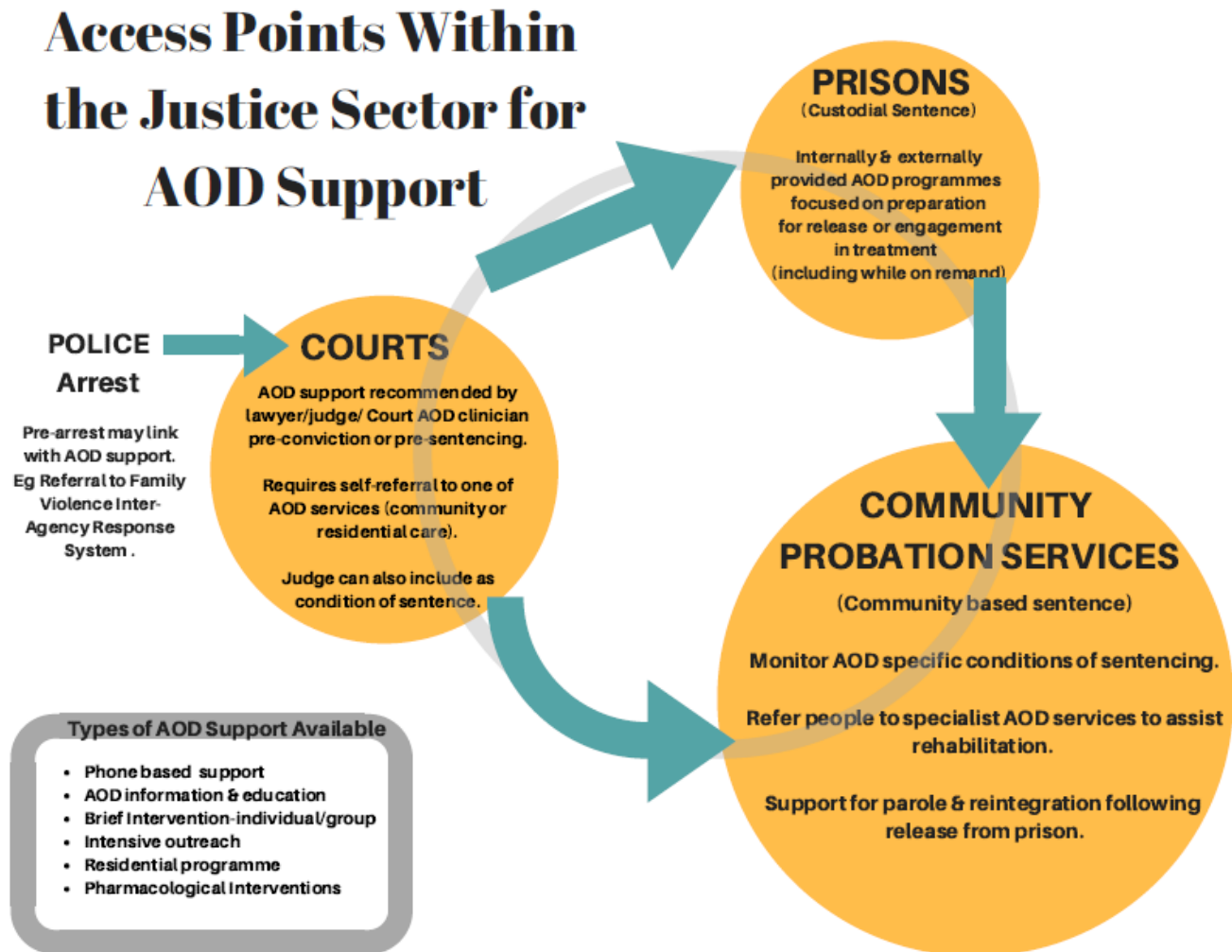
¹⁰ Department of Corrections (2016). *Breaking the cycle: Our drug and alcohol strategy through to 2020*.

http://www.corrections.govt.nz/_data/assets/pdf_file/0008/839195/COR_15146_Drug_and_Alcohol_Strat_Doc_v14_lowres.pdf

Key priorities for the Justice sector remain as being:

- Reducing re-offending and
- Maintaining community safety.

There is continued investment in AOD support and with this in mind, different components of the Justice sector can play an important role in providing people with access to AOD treatment, and encouraging them to engage with it. The figure below provides an overview of the key access points for AOD treatment within the justice sector.



Role of the Courts

There is increasing support among the judiciary for people to access treatment when substance use contributes to their offending. Of the 63 District Courts in New Zealand, 9 have an on-site, DHB funded, AOD clinicians who provide screening and brief assessment, and clinical advice for judges¹¹. Otherwise people involved with the courts are encouraged by the judge and/or their lawyers to contact specialist AOD services directly for assessment and support.

¹¹ Ministry of Justice (2016). *Alcohol and other drug (AOD) clinicians in court: Research report*. Wellington: Ministry of Justice.

There are three points in the court process which provide opportunities for people to engage with AOD treatment.

- 1) Prior to Conviction** (when someone has been charged with a crime by police, and not yet convicted in court). At this stage people could complete AOD treatment programmes either in the community or in residential settings. People can refer themselves to treatment, and could be advised of options through their lawyers.
- 2) Prior to Sentencing**
At this stage, the judiciary can recommend to people that they complete an AOD treatment programme prior to sentencing, and can delay sentencing (standing them down) so they can do this.
- 3) Sentencing**
The judiciary can reduce a sentence on satisfactory completion of an AOD treatment programme. They can also include AOD related conditions as part of someone's sentence e.g., abstinence, not drinking and driving, or attending an AOD treatment programme.

The type of AOD support which is appropriate depends on the recommendations (prior to conviction, or prior to sentencing) or conditions (as part of sentencing) that have been made during these stages. For example, prior to conviction, and prior to sentencing, people could be:

- On bail, or on bail with electronic monitoring.
- On remand-in custody while waiting for a court date (for men this would be at the Mt Eden Corrections Facility).
- Or in the community (either prior to being convicted and sentenced, or waiting for a court appearance)

Sentencing conditions could include:

- A custodial sentence (imprisonment) or
- A non-custodial sentence (community based). Which could take the forms of; Home detention with electronic monitoring, Community detention, Intensive supervision or Community work.

In recent years the Ministry of Justice has piloted the use of an Alcohol & Other Drug Treatment Court (AODTC) in two district courts (Auckland and Waitakere). The pilot has been running since 2012 based on best-practice in overseas drug courts, and is currently being evaluated.

Role of Prisons

In recent years, the Department of Corrections has implemented a new stepped approach which increases the role of prison staff to identify and support people with AOD issues¹²:

- Prison health and case management staff, as well as Community Probation staff, **screen people for AOD issues and provide brief interventions**. The aim is to screen all people who are imprisoned for longer than one month.
- Prison staff provide a **Brief Support Programme**, which is a 4-session psychoeducational and motivational programme.
- Prison staff provide an **Intermediate Support Programme**, which is an 8-session programme to introduce skills and goal setting.
- Specialist AOD services are contracted to provide **Intensive Treatment Programmes** within nine prisons, which includes the Drug Treatment Programmes.

¹² Correctional AOD Treatment Evidence Brief (Feb, 2016) (2nd ed.) <https://justice.govt.nz/assets/Documents/Publications/investment-brief-alcohol-and-drug-treatment.pdf>

Role of Community Probation Services

Community Probation services oversee the conditions of someone's sentencing in the community, which can include monitoring substance use or engagement with AOD treatment. As most people serving sentences do so in the community, rather than prison (approximately 30,000 on probation, compared to 10,000 in prison), Probation services provide the highest access to AOD treatment, support and integrated care within the Department of Corrections.

Probation Officers enhance access to AOD treatment through:

- Monitoring conditions of sentence: Probation Officers have a role in monitoring a person's conditions of sentence which are set down by the judge at the time of sentencing. These conditions can include completing AOD treatment (may be specified), being abstinent, or not drinking alcohol and driving. The conditions are managed through probation, and sanctions for non-compliance are applied in consideration with the level of risk.

The Department of Corrections prioritises monitoring of AOD related sentencing conditions for the people who have repeated offences and/or pose a risk to the community. Increased monitoring is being trialled e.g. an electronic bracelet to monitor substance use, which provides independent, objective data.

Monitoring of substance use enables Probation Officers to recommend referral to AOD treatment, and increases people's motivation to engage in treatment programmes. It can also enable Probation Officers to apply sanctions when people are not compliant with conditions of sentence e.g. returning to the courts where a custodial sentence may result. Mandated clients who present with a lower risk of re-offending or safety concerns are supported to attend without sanctions always applied for non-compliance.

- Referral to specialist AOD services: Community Probation Services actively support collaboration with health services; referring people for specialist AOD treatment rather than in-house AOD interventions. They see this as an opportunity to reduce client isolation, access current best practice, retain their core role, and utilise community resources. Support for services providing interventions and group programmes on-site further increases access to AOD services.
- Community re-integration following a custodial sentence: Where appropriate, follow up with AOD treatment is anticipated on release from prison and managed through probation services. Both the Department of Corrections and AOD treatment providers recognise that this is a vulnerable period where accessing support can improve the transition for people and their families. Recommended practice is that people in custody access support prior to release, then receive transitioned care when they move into the community. Corrections have some contracts with AOD services in place to provide pre-release AOD support. Where such contracts are not available, AOD services provide post-release support and link people to services if requested by individuals, or referred through Community Probation Services.

AOD Models of Practice and Treatment Pathways within the Justice Sector

A *Correctional AOD Treatment Evidence Brief* (2016)¹³ found that there is strong evidence that AOD treatment for people in the Justice sector is effective in improving their broader social outcomes as well as reducing crime, particularly for people at high risk of re-offending. Many of the AOD treatment services measure outcomes with tools, such as the ADOM, the Visual ADOM or the ASSIST, so impact of AOD treatment can be assessed.

¹³ Correctional AOD Treatment Evidence Brief (Feb, 2016) (2nd ed.) <https://justice.govt.nz/assets/Documents/Publications/investment-brief-alcohol-and-drug-treatment.pdf>

There is a range of validated therapeutic models of care across the AOD treatment sector which includes:

- Brief Intervention, with a focus on raising awareness, motivation and early behaviour change strategies
- Focused care or targeted intervention e.g. reducing recidivist drink driving
- More comprehensive and individualised care with both group and individual counselling
- Longer term residential and aftercare with the Therapeutic Community Model and Community Reinforcement Approach.
- There is also a more recent investment from the health sector in intensive outreach through mobile teams, with peer support and flexi-funding.

For people involved with Corrections, evidence based interventions are identified¹³ as being both pharmacological (e.g., Opioid Substitution Therapy) and psychological (e.g., Cognitive Behavioural Therapy and Motivational Interviewing). The residential Therapeutic Community programmes is one of the most effective approaches, and is provided by the Drug Treatment Programmes in nine New Zealand prisons (previously called Drug Treatment Units) and in some residential treatments in the community. The Evidence Brief also identifies certain conditions which enhance treatment effectiveness. For example, evidence indicates that the potential for swift sanctions for non-compliance enhances the effectiveness of AOD treatment in the community¹⁴. More recently, the introduction of the AOD Treatment Court, based on an American model, has introduced the use of Moral Reconciliation Therapy to complement the Therapeutic Community approach.

The entry criteria to AOD services for people in the justice sector, is a positive screen for substance abuse or dependence. However, assessors are mindful that people may have been abstinent because of incarceration, so screening and assessment processes need to take into account the period prior to incarceration as well as more recently. Community AOD services can be accessed without this potential barrier through a self-referral or a probation-based referral.

The Department of Corrections have identified value in having a range of treatment interventions that target the needs of people involved with their services. The ease of access to on-site programmes and provision of groups provide efficient and effective care. The ability to match need to duration and intensity of support promotes motivation and decreases access barriers.

The Justice sector is currently targeting the reduction of serious crime. This has implications for the delivery of AOD support through:

- Targeting resources for those most likely to re-offend, including more rigorous monitoring of the completion of treatment programmes and sentencing conditions.
- Favouring long-term residential treatment, being seen as the most effective for this group of people and aligning with the priority of community safety and maintaining monitoring. Beds in residential AOD services are therefore increasingly likely to be funded through Justice contracts.
- Sanctions for people at a higher risk of re-offending.
- Provision of wrap around care, including family support, at the time of release from correctional facilities and re-integration into the community.

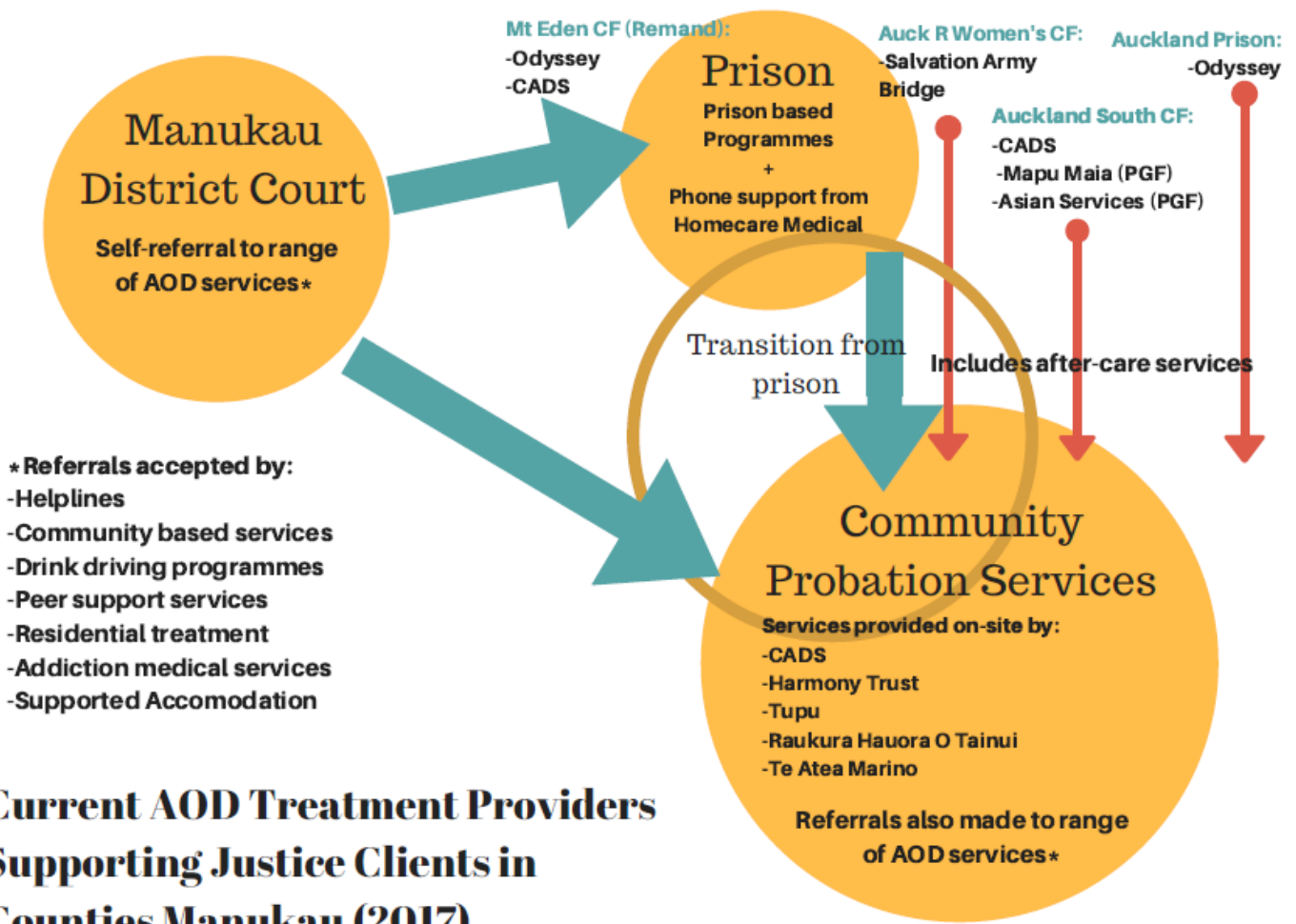
People with higher risk factors, including comorbid mental health issues and severe dependency, are also more commonly referred to residential services and longer treatment programmes. It is recognised that people who are transitioning back into the community are particularly vulnerable for relapse, and the Department of Corrections is addressing this through enhanced re-integration care.

The Department of Corrections is also interested in ensuring AOD services respond to the specific needs of gender and ethnic groups, and purchases AOD services to meet these needs.

¹⁴ Drake, E. (2012) *Chemical dependency treatment for offenders: A review of the evidence and cost-benefit findings*. Olympia: Washington State Institute for Public Policy.

AOD SUPPORT WITHIN COUNTIES MANUKAU JUSTICE SERVICES

People within the Counties Manukau Justice services have access to a range of AOD treatment services, provided both by staff within Corrections and specialist AOD treatment services. The following figure provides a visual overview of what is available, with more description provided below.



Current AOD Treatment Providers Supporting Justice Clients in Counties Manukau (2017)

Manukau District Court

People involved with the Manukau District Court can access a range of community and residential AOD treatment programmes, either prior to conviction, prior to sentencing or as part of sentencing. Treatment can be recommended by lawyers or the judge before sentencing has occurred or it can be included as a condition of sentencing. Electronic monitoring (e-bail or em-bail) is a new initiative and is being used when people attend community based programmes, such as CADS, when waiting to access residential programmes and throughout residential AOD treatment. Em-bail is imposed as a condition prior to sentencing and is reported to work well.

While the AOD treatment workforce are experienced at working with those in the Justice system, treatment programmes accessed at this stage are the same as those available for the general public, and are not targeted, or specific, to people referred through the courts, or motivated by court requirements. AOD services provide brief reports or letters of attendance to the courts, or their clients, as evidence of treatment completion.

However, the interface between AOD services and the Court does not seem to have been negotiated or formalised, as has been done with Community Probation and Prison Services.

The Manukau District Court does not have an AOD clinician on-site, like some of the other District Courts in New Zealand, and it is unclear how clients, lawyers and judges are informed about the AOD treatments available and which would be the most appropriate to recommend.

Prisons

The four prisons in the Auckland region, where people from Counties Manukau are most likely to be in custody are served by both internally and externally provided AOD treatment support. The details of what is provided in each prison are described in Appendix B. An overview of this is provided below.

All the prison services (run by either Department of Corrections or SERCO) provide at least one internal AOD group programme. These are described as being psychoeducational and build motivation, provide support and information as well as introducing people to as group format. Auckland South Corrections Facility (ASCF), Auckland Prison and Auckland Region Women's Correction Facility (ARWCF) also provide an intermediate level group to build AOD management skills. ASCF and MECF include gambling issues in a group format. Auckland prison is trialling a programme to assist people to maintain changes in reducing their AOD use, which begins in prison and continues in the community for several months.

Prison Interventions focus on both rehabilitation and reintegration. A recent Corrections report noted that the demand for AOD services, in rehabilitation, are close to being met.¹⁵ A nationally based contract allows treatment spaces (DTP) to be provided when need is identified. This may entail out of region transfer e.g. referring women to an Arohata Prison programme or Māori to a Kaupapa Māori programme.

All the prison services contract specialist AOD services to also provide in-house programmes. The programmes usually include assessment, individual and/or group counselling. However, the focus of these AOD programmes differ, as follows:

- At Mt Eden prison (for remand prisoners) the focus of programmes is preparing people for going to residential or community treatment. This includes the Alcohol & Drug Treatment Court. Assessments, prior to release to programmes accessed in the community through CPS, can be requested. Alcoholics Anonymous meetings are available.
- Auckland prison has the intensive Drug Treatment Programme.
- The Auckland women's prison programmes are focused on aftercare and maintaining changes through reintegration into the community.
- The South Auckland prison programmes include a group focused on preparing for re-entry into the community, and groups for people from specific cultures with gambling problems. Pre-release assessments facilitating access to community-based care treatment are available on request from prison services.

On release from prison, there is access to all AOD treatment programmes through self-referral, and with support from probation services. All AOD services within the prisons include a component of aftercare to support people with this process of re-integration (details provided in Appendix B).

¹⁵ Correctional AOD Treatment Evidence Brief (Feb, 2016) (2nd ed.) <https://justice.govt.nz/assets/Documents/Publications/investment-brief-alcohol-and-drug-treatment.pdf>

Counties Manukau Community Probation Services

Community Probation Services

The Department of Corrections' Psychological Services provide Cognitive Behavioural Therapy (CBT) based programmes to reduce re-offending through the Community Probation Services in Counties Manukau. While these programmes are not focused on providing AOD treatment, there is overlap in the content with approaches used in AOD treatment. Clients find both programmes valuable for the increased opportunities in learning and rehearsing strategies relevant to changing their substance use.

Probation Officers are also familiar with Motivational Interviewing and CBT based techniques from these programmes, and so can assist clients to identify their triggers for substance use and relapse prevention, within the context of re-offending. The ASSIST screening tool is used to measure progress. It is initially completed either pre-sentence, on reception to prison, or early in people's intervention planning process.

Probation services play an important role in monitoring conditions of sentencing with a focus on new initiatives to make this more effective:

- New legislation has enabled random testing of substance use to provide objective evidence of compliance for those sentenced and on bail. A 10-week use of this process was trialled in May 2017 at the Community Probation Services in Otara & Manurewa. Testing has recently been introduced across all CPS sites
- A 2-year project began in Manukau Probation Service whereby police and Corrections monitor people who have offended and those on bail who have been given abstinence conditions as part of sentencing. Monitoring includes; breath testing, utilising electronic monitoring bail, and following up on alcohol interlock violations.

Specialist AOD Services

In Counties Manukau, several AOD community based services provide on-site support at the Community Probation locations. The Community Alcohol & Drug Service (CADS) Offender Programme (COP) sees the highest number of Community Probation clients, which provides individual assessments and group programmes on each Community Probation site and links people to a range of AOD specialist services off-site.

Harmony Trust and Tupu also provide services to all probation sites. Raukura Hauora O Tainui and Te Atea Marino provide services to specific probation services. Appendix C provides more details of the AOD services provided at each probation service.

The Counties Manukau Community Probation Services also refer clients to a range of AOD treatment services located in the community, as presented in the table below.

| Type of Service | Providers in Counties Manukau |
|--|---|
| Peer Support Services | Connect |
| Drink Driving Programme | Harmony Trust, CADS |
| Education and awareness programmes | Harmony Trust, CADS |
| Assertive Outreach (Assessment, individual and group counselling, assertive outreach and holistic focus to engage clients. Includes Peer Support) | CareNZ, Phoenix Centre– Emerge Aotearoa |
| Intensive Community Programme | CADS, Salvation Army Bridge program, CareNZ, Tupu |
| Residential treatment | Odyssey, Salvation Army Bridge Program, Higher Ground |
| Supported Accommodation (Pre-& post residential treatment) | Wings Trust |

Services for Disqualified Drivers

To reduce re-offending, specialist AOD treatment interventions are provided to reduce *Driving under the Influence of Alcohol and other Substances*. Those with multiple such offences are more likely to access this treatment. People on indefinite disqualification can apply to regain their licence after a 12-month period, having completed an AOD treatment programme, and with a medical assessment and report. This service is provided by Care NZ, CADS, Harmony Trust, Wings Trust and a range of private providers, with a low but steady demand reported.

Extending AOD Services for Justice Clients in Counties Manukau

Recently, the Department of Corrections has purchased new AOD support services to enhance the rehabilitation and re-integration of people involved with Corrections, and includes:

- **Treatment:** Purchasing more community and residential AOD treatment. This includes places in residential services, as well as in intensive AOD Outpatient Programmes (5 days a week) for those unable to attend residential services.
- **Aftercare:** A 2-year pilot (which began in June 2016) in the *Auckland Region Women's Corrections Facility*, Wiri, where aftercare workers from the Salvation Army Bridge Programme provide community support to people for up to 6-12 months after they have left prison. Residential aftercare services are provided to Auckland Prison by Odyssey.
- **Phone-based Support:** There are more phone-based brief interventions, after hours support and aftercare follow-up through funding treatment agencies and support services to provide this. For example, providing access to phone support (managed by Homecare Medical) so that people in Correction services (in prisons or in the community) and their whanau and friends, can call or txt 24/7 for information, support or advice. This helpline provides links to further phone based support including support for health, mental health, smoking cessation and gambling issues.
- **Methamphetamine Treatment:** Methamphetamine psycho-education programmes have been provided within Mt Eden Corrections Facility and Auckland Prison (as part of the Drug Treatment Programme). As well as a voluntary methamphetamine screening, brief intervention and referral to treatment (SBIRT) for people on remand in Mt Eden Corrections Facility (using the '*Proceeds of Crime*' fund). This is a 2-year pilot programme ending June 2019. Both of which are provided by Odyssey.

There has also been increasing recognition of the value of cross-sector collaborations. For example, PARS (People at Risk Solutions) which supports people who have been in prison and their families, has established a collaboration with Turuki HealthCare Trust¹⁶. This arrangement is designed to improve people's access to primary healthcare and social services to enhance their physical and mental health (including substance use problems) prior to, and after, release from prison.

¹⁶ PARS and Turuki Health Care collaborate on health and services. 19 November, 2014, *Scoop*.
<http://www.scoop.co.nz/stories/PO1411/S00209/pars-turuki-health-care-collaborate-on-health-and-services.htm>

KEY FINDINGS AND CONSIDERATIONS

This report has described the adult criminal justice system in Counties Manukau, and the AOD support which is currently available for people as they move through this system. The information gathered from stakeholders also included discussions about some of the challenges of providing AOD support to people in the criminal justice system; the strengths of the different aspects of the current system in Counties Manukau; and potential opportunities for enhancing access to AOD support. The following section provides an overview of these findings in relation to the three key agencies which are involved (court, prison and probation) and explores potential further actions.

Maintaining Cross-Sector Collaboration

Interviewees were in no doubt that having an increased interface between the Department of Corrections and AOD treatment services has many benefits. The shift in Corrections' strategy has seen an increased financial investment in AOD services and people in the justice sector now have greater access to AOD treatment. The use of justice sector protocols to encourage people into AOD treatment, such as conditions on sentencing, monitoring and sanctions for non-compliance, increases the number of people engaging with and remaining in treatment. This provides a greater opportunity for people to experience a substance free environment, reduce harm from substance use, and enables a longer experience of treatment which provides a greater opportunity for it to be effective. The cross-sector collaboration also allows for a more responsive approach to supporting people, as the links between services can be negotiated to ensure service delivery is aligned to people's needs.

To be able to work closer together, AOD services and Corrections have had to overcome various challenges, particularly in the prison environment. While both sectors support people to make changes, the end-goals and processes used to do this are different, so the interface between these two systems has had to be understood and negotiated. For example, AOD services are based on health models which include client determined goals, reducing substance related harm and increasing wellbeing. Whereas Correction services focus on monitoring and enforcing court-imposed goals to reduce re-offending and increase community safety. AOD staff stated that they identify these differences and advocate with clients so they understand the sectors' different attitudes towards privacy and outcomes.

Delivering AOD services within justice settings requires adjustment to therapeutic practice. For example, people within the justice system are more likely to under-report their use of substances (either amounts used, or the use of illegal drugs) to improve the potential consequences they receive in sentencing or getting parole. However, these under-reported levels of substance use may not meet the threshold for accessing AOD treatment, and can also distort outcome measures after treatment. Another challenge is identifying treatment goals and approaches that match the stage of people's involvement with the Justice system. For example, AOD programmes which focus on maintaining changes to AOD use within the community, are not as relevant for people who are about to start a custodial sentence.

Some of the Corrections' service contracts have proven challenging for AOD services, particularly if they are short-term, provide minimal resources and include high levels of scrutiny. This type of contract doesn't support long term service development and responsiveness outside of the funding package, which in turn makes it difficult to prepare for future demand and anticipate consumer needs.

Stakeholders mentioned several factors which have supported cross-sector collaboration which includes:

- Building and maintaining personal relationships between staff in the justice and the AOD sectors.
- Knowledge and understanding of each sectors' focus, strategic directions and systems, e.g., booking systems to reduce non-attendance, reporting needs, outcome measures, referral systems and databases.
- Identifying how to dovetail the sectors' different administrative systems.
- Actively liaise regarding individual clients' treatment progress over time.

Turnover within staff, as well as system changes, can undermine the development of streamlined services when it relies on professional relationships and the accumulative knowledge base of each other's sectors. So, there is an ongoing need to develop and maintain professional relationships, as well as provide education and support across both sectors.

Overall, the AOD treatment sector has been very responsive to the needs of Corrections' clients and Corrections' systems. As these systems evolve, AOD services need to ensure that they continue responding to future changes.

Engaging People with AOD Support

Engaging people in the justice system with AOD treatment is key to its success, and through their experiences (including with the AOD Treatment Court) interviewees felt that the presence of the following elements have enhanced engagement, and therefore treatment effectiveness.

Multiple Treatment Options

Within the current justice system, there are multiple opportunities for people to engage or re-engage with AOD treatment and support services. There are also a range of care options for people's different phases of recovery, which allows for preparation for treatment and support over time. For example, the following AOD services are currently available; early intervention and pre-treatment exposure; community treatment; residential treatment; supportive aftercare; assertive follow-up and peer support. The availability of this range of services acknowledges the complexity and chronic nature of both offending and addiction, and offers a "best fit" over multiple presentations. Referral and support between treatment providers is widespread, facilitating support that best meets clients' expectations and needs.

More recently, Corrections have also started to use technological solutions to increase accessibility, responsiveness & cost efficiencies of AOD support. For example, AOD phone support has already been introduced, and it is likely that mobile applications will be introduced in the future. Interviewing people in prison using audio-visual links is also being trialled.

With different AOD support options available across different parts of the justice sector, the timing of when people attend them can be an issue. For example, sometimes people attend an AOD treatment programme before sentencing, and then receive a custodial sentence, or repeat a treatment programme as part of sentencing requirements. More consideration of matching AOD treatment to the stage people are at within the justice sector could be considered. These situations also raise the issue of whether continuity across different AOD treatments could be improved, while someone is involved with the justice system. Identifying a more coordinated approach to the provision of AOD support could be considered to target people's need and improve treatment outcomes.

Working with People's Motivation

People can access AOD treatment at different stages of their involvement with the justice sector, which are often associated with different sentencing and reporting requirements. These conditions can greatly influence people's motivations for being involved with treatment. While the justice sector can provide people with strong external motivations for initially attending treatment, the treatment process is designed to enhance people's internal motivations to continue with treatment and sustain changes.

Interviewees identified that people's lack of motivation is the primary reason for non-acceptance or non-engagement in AOD treatment programmes by clients of the justice sector. Approximately one third of those referred have limited engagement with treatment, noticed primarily when people do not attend appointments following referral, or they self-discharge. Both the AOD and Corrections sectors agree that voluntary AOD programmes are more effective, as people who engage with them will have higher levels of motivation for behaviour change, particularly when attendance is not monitored.

However, mandated attendance isn't seen as a barrier to an effective treatment outcome, and mandated clients often engage and achieve change within the process of treatment. Within the justice context, interviewees believe treatment can be enhanced by having judicial support for people to change their substance use (e.g., through conditions of sentencing) and on-going independent monitoring of progress by Corrections.

Both Corrections and AOD staff play a key role in supporting people to engage with AOD support. Motivational Interviewing is a core skill for staff in both sectors and is a valued part of workforce development. The AOD treatment sector also uses the following strategies to enhance engagement:

- Acknowledge people's differing motivations to attend, as part of developing a therapeutic relationship.
- Involve families, where appropriate.
- Assertive outreach¹⁷. While this is a resource intensive approach, it is used with a small number of clients who have complex issues, including high substance dependency, complex psychosocial issues, low literacy, and are at high risk of re-offending.

With people's motivation playing such a key part in whether they engage with AOD support, there could be value in reflecting on how their motivations change at the different stages of the justice system. This will be explored further in the sections below, to identify whether there are opportunities to enhance people's engagement in AOD treatment when their motivation is likely to be higher.

The Manukau District Court

In preparing this report, there have been challenges identifying what AOD supports are available through the Manukau District court, and how this occurs. This could indicate that professional relationships between AOD treatment services and the Manukau District Court could be enhanced and/or the process for how people access AOD support while involved with the court could be improved. Manukau District Court does not have an AOD clinician on-site, as some District Courts do.

The role which the courts play in the justice sector, places it in a key role to support people to access AOD support for several reasons:

- **Judicial Support & Monitoring:** The judiciary, increasingly recognise the importance and value of people accessing AOD treatment, and this has been emphasised by the impact of the AOD Treatment Court. Judges can recommend AOD assessment and treatment post-conviction and suspend the legal process to allow people to attend AOD treatment. The delayed sentencing process then allows the Judge to provide follow-up monitoring. Where someone has completed AOD treatment prior to sentencing, judges can reduce sentencing, which may mean a community sentence rather than prison. Judges also set conditions of sentencing, which is often the primary motivation for people to attend AOD treatment, with Probation services monitoring conditions, and sanctions if conditions are not met.

¹⁷ **Assertive outreach** recognises that other life issues eg employment, may be more of a priority to clients over reducing their substance use. Priority is therefore given to discussing with people how changing their substance use can support these priorities, and how AOD support can be provided to accommodate these priorities. For example, offering AOD programmes outside work hours to support people to keep their work.

- **Motivated Clients:** People are likely to have high motivation to engage with AOD treatment while they're involved with the court, particularly post-conviction and pre-sentencing, anticipating that this may reduce sentencing conditions.
- **Lawyer Advice:** Lawyers are also a key stakeholder in the court system, and advise clients about accessing AOD treatment to minimise the conditions of sentencing.
- **Family Member Support:** It is likely that where family members are supporting people in court, they would also encourage them to access AOD treatment if needed.

It would seem that during the court process, all stakeholders are highly motivated in supporting clients to access AOD treatment, and so this phase is an important access point.

People involved with the Manukau District Court can access the AOD treatment which is available for the public. This generally occurs through self-referral, encouragement by their lawyer, or judicial pre-sentencing recommendation or a condition of sentencing. There seems to be limited information about AOD treatment options available to people and their families through the court.

To enhance engagement with AOD support, it may be valuable to further explore:

- How people access AOD support while involved with the court and what is available to them. This could ensure clients, family members, and court staff have an enhanced understanding of how to access appropriate AOD services.
- Opportunities to provide earlier identification and intervention for people with AOD issues to reduce their risk of re-offending and facilitate access to AOD programmes either in custody or the community.
- Tailoring or targeting interventions that acknowledge the motivation, and provide support and coordination of treatment resources for the person throughout their sentencing. For example, for those who will be given custodial sentences, initiating case management at this time, and engaging the family and other supports for clients, may be more valuable than initiating contact during assessment prior to release from prison.

The Prisons

There are four prisons in Auckland where people from Counties Manukau may serve a custodial sentence. The Department of Corrections has identified that people in prisons are more likely to have AOD issues than the general population, and that substance use increases the chance of re-offending. The identification of people where AOD use is the driver for reoffending results in rehabilitation pathways becoming the priority while serving a sentence. They have therefore increased their investment into supporting people in prison with their AOD issues both through establishing screening and brief/ intermediate intervention programmes provided by Correction's staff and contracting external AOD specialist services to provide intensive treatment for people with more severe issues. This has mostly taken the form of Drug Treatment Programmes within prison and supporting people pre-release and on release to access further treatment (both community based and residential).

Providing AOD Treatment within Prison Conditions

The prison environment is necessarily restrictive and focused on the requirements of the justice system. This presents challenges when providing therapeutic AOD interventions within this context, which can be disruptive to access, continuity and efficiency of service provisions.

People in custody, particularly on remand, can find it difficult to attend assessment or treatment sessions within prison, or transition into residential treatment, due to legal processes, sometimes unexpectedly, taking precedent. For example, if a person is denied parole or bail, or if they have subsequent offending or further sentencing requirements. People's attendance at AOD treatment is also impacted by the fact that it is one of many social rehabilitation activities being offered in prison, sometimes at the same time, such as budgeting or family support services.

These situations can create inefficiencies in AOD service delivery within prisons, reducing the ability of AOD services to meet targets and can be costly in terms of resource provision.

Treatment Coverage

The Drug Treatment Programmes provide thorough and comprehensive AOD treatment in prisons for those who meet the entry criteria. However, while there is a high rate of substance use disorders within the prison population (47% report having a substance use disorder within the previous 12-months¹⁸) some may not meet the programmes' criteria, or access other sufficient support. While it may be true that AOD services are now in place and available, interviewees noted that these services had the capacity to support more people (whether provided by Corrections or by AOD specialist services), which may indicate some difficulties in people accessing less intensive treatment options. Some interviewees suggested that this may be because AOD treatment was not seen as a priority by prisoners or prison staff or due to a shorter length of the sentence.

The Comprehensive support offered by prison services, including nicotine replacement therapy (NRT), targeting literacy and numeracy and support for mental and physical health, further supports access and adds value to AOD treatment.

Applying for Parole

People are likely to have higher levels of motivation to attend AOD treatment prior to applying for parole, if it can increase the likelihood of parole being granted. People accessing an AOD assessment and/or a pre-release group, to facilitate transition into treatment or support following release may request a report for this purpose. The AOD provider provides assessments to facilitate on-going care in the community or residential programmes. However, if the report has a dual purpose (also being sent to the parole board), it can put the AOD provider in a difficult position.

Focusing AOD Support on Release

Re-integration back into the community from leaving prison, is a key transition for people and is recognised as a time when people can be most vulnerable to re-lapse in their substance use and/or offending. Accessing aftercare support in the community can improve this transition for people and their families. Corrections has recently invested in several AOD treatment programmes which begin in prison to prepare people for this transition and provide seamless, ongoing support once they are in the community.

When people want to attend residential AOD treatment, and beds are available, transition out of custody can be seamless as people's care is directly transferred to a residential setting on release. People can also always access AOD support in the community through self-referral, or referral by probation services.

While there are clear benefits of supporting people over this period of moving from prison into the community, interviewees identified some challenges due to people reducing/ stopping their substance use while serving their custodial sentence. Firstly, they may no longer meet the entry criteria for certain AOD treatment programmes (when they are based on shorter term screening tools). Secondly, the person themselves, and Corrections, may not see their past substance use problems as a priority, when they are providing wrap around support for a range of life issues, such as housing and employment. Support for addressing these other issues are therefore prioritised, even though people may be at risk for relapse to problematic substance use due to their changed circumstances. While AOD issues are often identified within funding packages, the impact or uptake is therefore reduced by the number of competing issues on release.

¹⁸ Indig D, Gear C, & Wilhelm K. (2016). *Comorbid substance use disorders and mental health disorders among New Zealand prisoners*. New Zealand Department of Corrections: Wellington at http://www.corrections.govt.nz/data/assets/pdf_file/0011/846362/Comorbid_substance_use_disorders_and_mental_health_disorders_among_NZ_prisoners_June_2016_final.pdf

Community Probation Services

There are six Community Probation offices in Counties Manukau, and these liaise closely with specific AOD treatment services based in the community. All probation sites have one or more AOD service providing on-site support to people. Probation Officers are also aware of how to link people up to other AOD services if required.

Part of Community Probation's role is to monitor people's sentencing conditions, which can include changes to their AOD use. The desire to adhere to conditions, and therefore avoid sanctions, can increase people's motivation to engage with treatment and provides an opportunity for them to develop internal motivation for change.

Besides monitoring of conditions, Probation also supports clients to access services which will assist with their rehabilitation and reduce their chance of re-offending. Interviewees reported that people have good access to AOD support through the community probation services. Probation services see large numbers of clients, and engage many of these people with AOD support, where needed.

Probation services have a well established system of providing AOD support to their clients, which is likely to be strongly influenced by the fact that the type of service they provide strongly aligns with AOD treatment approaches:

- They monitor conditions of sentence, which often includes limitations on AOD use.
- They use a case management approach to identify and match services to client's needs.
- They have established relationships with AOD treatment services.
- They are supporting people to make behavioural changes (in relation to re-offending) using the same approaches as used in AOD treatment.

It was also acknowledged that AOD service providers respond well to the needs of Probation and its clients, and maintain responsiveness to enhance access. A key strategy was delivering specialist AOD programmes at Probation services, which addresses transport issues, enhances engagement, and makes the service more visible for both clients and Probation Officers. There are low thresholds for accessing these services, with very few barriers to entry.

Relationships with Probation Officers were seen as key to maintaining delivery of AOD services and were seen as often underpinning variability in access and treatment provision for Community Probation clients. Probation Officers' are more likely to refer people to AOD treatment if they have professional relationships with staff from an AOD service. Other factors that increase referral from Probation Officers include: being reminded of the availability of AOD treatment by seeing service delivery on site; understanding the referral process; and receiving feedback about therapeutic progress from the client or the AOD service, particularly on completion.

Recommendations

1) Cross-sector Collaboration

Professional relationships between the justice sector and AOD treatment services have a great influence on how people involved with the justice system are able to access AOD support. Both sectors should continue to maintain cross-sector relationships, including sharing knowledge, expertise and support to work with people within the justice system who have substance use problems.

2) Enhancing Awareness and Coordination of AOD Services within the Justice System

Within current arrangements, there are multiple opportunities to engage with a range of AOD services during someone's involvement with the justice sector, particularly through the Department of Correction's services. However, awareness of the recent increase in AOD treatment options and knowledge of AOD services has not been established, particularly in the Court setting. It could therefore be useful to consider:

- Enhancing the understanding of AOD services available to people involved with the Justice system, for justice sector clients, families and professionals.
- Coordinating people's use of AOD services as they move through the Justice sector, in relation to other AOD services, as well as in relation to mental health services and community supports.

- Targeting information sharing and offers of support for AOD issues to people when they are likely to have higher levels of motivation for change. For example, for people involved with the court between post-conviction and pre-sentencing, or people in prison prior to parole.

3) Manukau District Court: Enhancing Access to AOD Support

The District Court provides a key opportunity for people to engage with AOD support, as all stakeholders are likely to be motivated to support this process i.e. service users, families, lawyers and judges. This can then set a strong foundation for people to make changes, if they go on to prison or probation. It could therefore be useful to explore whether there are opportunities to enhance access to AOD treatment through the Manukau District Court. This could occur through the AOD sector strengthening relationships with judges and lawyers and ensuring information about AOD services is readily available to all stakeholders. There could also be consideration of funding an AOD clinician to be based at court, as is done in other District Courts.

4) Prisons within the Auckland Region: Enhancing Utilisation of AOD Services

The Department of Corrections has financially invested in a range of AOD services for people within prisons, delivered both by Correction's staff and by external AOD services. Given 47% of prison population have a recent substance use disorder, there should be high demand for these services, however current numbers are low relative to the prison population. There could be further exploration into levels of participation, and how these levels could be enhanced. Once a client is engaged there is a high level of satisfaction with treatment reported.

As part of ongoing quality improvement, AOD treatment providers should continue to ensure their services are tailored to meet the needs of people in prisons. For example, supporting people who are more likely to be abstinent or have reduced use, due to being in custody and targeting methamphetamine use due to the increased likelihood of a custodial sentence.

5) Community Probation Services: Continue Responsive AOD Services

People's access to AOD services through Community Probation services works well, and is highly valued by stakeholders. As with any on-going service development, AOD services could continue to consider how to tailor their responses to meet the needs of specific client groups, such as people who re-represent many times through probation services.

APPENDICES

Appendix A: Stakeholders Interviewed

Information was gathered for this report from interviews (by phone and in person) with 22 stakeholders, listed below. All interviewees were provided with an opportunity to feedback on a draft before it was finalised.

Emails¹⁹ and documents outlining programmes and other details were also used for: Auckland prison (Paremoremo); Auckland Region Women's Corrections Facility; and Mt Eden Corrections Facility.

Consultation with Justice Services (2)

| | | |
|--------------|--|--|
| Atawhai Kapa | Lead Service Manager Community Corrections Manukau District | Community Probation Services |
| Joanne Reidy | Principal Facilitator | Psychological Services & Interventions. Auckland South Correctional Facility. |

Additional information was requested in March 2018 from Corrections with a focus on programmes within prison. Karen Gillies, Assistant Prison Director at Mt Eden Corrections Facility and Cheryle Mikaere, Prison Director Auckland Region Women's Corrections Facility were consulted.

Consultation with AOD Treatment Providers (20)

| | | |
|---------------------|--|---|
| Adria Welch | Clinical Manager | Odyssey |
| Duncan Poole | Operations Manager | Salvation Army Bridge Programme |
| Josh Walmsley | Team Leader | Salvation Army Bridge Programme |
| Robert Steenhuisen | CADS Regional Manager | CADS |
| Wolfgang Theuerkauf | Manager of CADS Services | CADS |
| Helen Schmidt | Clinical Team Leader: South | CADS |
| Bryce Hay | Coordinator of CADS Offender Programme | CADS |
| Linda Poynton | Clinical Manager | Care NZ |
| David Cutten | Service Manager | Connect |
| Johnny Dow | Director | Higher Ground |
| Maree Mathews | Community Manager | Higher Ground |
| Liz Kindberg | Team Leader of Ka Awatea | Raukura Hauora o Tainui |
| Kirk Vette | Project Lead | Homecare Medical |
| Alex Dawber | Clinical Director | Harmony Trust |
| Tina Dawber | Clinical Leader | Harmony Trust |
| Brian Andrews | Operations Manager | Harmony Trust |
| Netini Vaeau | Manager of Tupu Services | Tupu |
| Willise Ruha | Clinical Supervisor | Te Atea Marino |
| Ifo Faanana | Practice Leader, Mapu Maia | Problem Gambling Foundation (Mapu Maia & Asian Family Services) |
| Supriya Maharaj | Service Manager | Phoenix Centre- Emerge Aotearoa |

¹⁹ Including from Brent Diack, Chaplain for Salvation Army Manukau Bridge Programme, who supports people in Manukau District Court.

Appendix B: AOD Services Provided With-in Auckland Prisons (As of March 2018)

| Prison | Internally Correction Provided Addiction Treatment | Externally Provided Addiction Treatment by AOD Services | After-Care |
|--|--|---|--|
| <p>AUCKLAND SOUTH CORRECTIONS FACILITY (ASCF)</p> | <p><u>Brief intervention</u> for AOD/Gambling- 4 session group programme 5-12 men to build motivation, insight & problem concern.</p> <p><u>Intermediate Support Programme</u> for AOD/Gambling. 8 session group programme 6-12 men to build change talk and early substance use management skills.</p> <p><u>Support to attend Drug Treatment Unit</u> at other facilities if part of sentence.</p> | <p>CADS provides <i>Pre-release Assessments</i> and <i>Pre-release Groups</i> which run over 8 weeks to prepare people for re-entry into the community. This is voluntary for those 3 months or less prior to release. Offered 3-4x a year with focus on Motivational Interviewing, relapse prevention, social & communication skills.</p> <p>Problem Gambling Foundation: <u>Mapu Maia</u> (Pacific unit) hold national contract to deliver group programmes in prisons. 10-week group and individual intervention using Pacific framework for both Pacific and Māori men.</p> <p><u>Asian Family Services</u> offer 8 session group programme with focus on gambling.</p> | <p>CADS: Where someone has completed a CADS assessment and/or groups in custody, access to support following release is facilitated, and can include CADS probation-based AOD groups, or other CADS treatment services, including family support.</p> <p><u>Mapu Maia (PGF)</u> provide aftercare and follow-up for participants of their group programme and their families.</p> |
| <p>AUCKLAND REGION WOMEN'S CORRECTIONS FACILITY (ARWCF)</p> | <p>AOD group support programme for those in low security.</p> <p><u>Brief intervention</u> for AOD/NRT to build motivation, insight & problem concern.</p> <p><u>Intermediate Support Programme</u> for AOD/NRT to build change talk and early substance use management skills (2-week programme)</p> | <p>DTP can be accessed through referral to out of region programmes</p> <p>Salvation Army provides assessment, individual support and a group programme.</p> | <p>Salvation Army is funded to provide assessment and aftercare support in the community, for people recently released. This includes counselling, care coordination, and access to the Salvation Army Bridge Programme.</p> |

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| <p>MT EDEN CORRECTIONS FACILITY (MECF)</p> | <p><u>Brief intervention</u> for AOD to build motivation, insight & problem concern- 4 sessions</p> | <p>Odyssey provide pre-treatment assessment and a pre-admission weekly group to those accepted into residential care and SBIRT with a methamphetamine focus CADS provide a weekly group targeted at those participating in AOD Treatment Court and Getting Started -a weekly, 4-session group as an introduction to CADS run CPS groups</p> <p>ALCOHOLICS ANONYMOUS MEETINGS</p> <p>PGF: Asian Family Services offer 8 session group programme with focus on gambling.</p> | |
| <p>AUCKLAND PRISON- PAREMOREMO</p> | <p>AOD brief support motivational group programme-to enhance motivation and discuss options for change if desired.</p> <p>AOD Intermediate Support group programme- to support those willing to make changes. Introduces skills and strategies to support change - 8 sessions.</p> <p>AOD aftercare workers are contracted to provide a programme for people who are maintaining changes to their AOD use. This begins in prison and continues in the community for 6-12 months.</p> | <p>Odyssey provides a Drug Treatment Programme (DTP) – An intensive 3 month (treatment) + 3 month (maintenance)- programme with both group based and individual therapy.</p> <p>Odyssey also provides pre-release support: transfer to community-based treatment and aftercare support.</p> <p>There is a methamphetamine focus in the programmes provided</p> | <p>Odyssey provides aftercare for those who have completed the Drug Treatment Programme, with fast track access to residential care on release.</p> |

Appendix C: Specialist AOD Services Provided On-site at Community Probation Service in Counties Manukau (As of June 2017)

| Probation Service Location | AOD Specialist Services | | | | |
|----------------------------|---|---|---|---|---|
| | CADS | Harmony Trust | Tupu | Raukura Hauora O Tainui | Te Atea Marino |
| Otara | Assessment Getting Started Group – 8-week Motivational Interviewing, Relapse prevention and behavior change. Access to range of other CADS services are available | Community service AoD programme. A one-day group programme, education based to raise awareness & motivation | Assessment & group programme for AOD and Gambling, available in Samoan, Tongan and English. | | |
| Papakura | As above | As above | As above | | |
| Franklin | As above, and Stop Drink Driving group | As above | As above | | |
| Manukau | As above, and Stop Drink Driving group | As above | As above | | |
| Mangere | As above | As above | As above | Assessment, individual and group counselling. Assertive outreach to engage with programme. Include whanau and offer services in the evening. Kaupapa Māori model with 10-week group programme and follow up for 3-12 months | |
| Manurewa | As above, and a one off group for those on Community Service | As above | As above | | Assessment & group – Motivational Interviewing and early behavior change within cultural framework. |