Drivers of Crime Investment Package

Alcohol and other drug abuse contributes to a wide range of harms, including crime, public disorder, victimisation, accidents, injuries, motor vehicle crashes, illness, disease, absenteeism, lowered productivity, family violence, and child abuse and neglect. About 20% of the New Zealand population drinks in a way that is potentially hazardous or harmful. A high proportion of people with alcohol disorders also have other drug or mental health problems. Around a quarter of those with alcohol dependence meet criteria for drug dependence (23.5%) or drug abuse (28.1%).

The Drivers of Crime is a whole-of-government approach to reducing offending and victimisation. Reducing the harm from alcohol is one of four priority areas.

Work on the alcohol priority area includes:

- Reducing reoffending and victimisation by improving assessment and treatment options for people whose offending is related to their drinking and promoting a greater range of alcohol and other drug (AOD) interventions within justice and community settings.

- Prevention and harm reduction by increasing the use of alcohol screening and brief interventions (BIs) for people with hazardous drinking behaviours. The Ministers of Justice, Health, Police, Corrections and Maori Affairs received advice from officials in September 2011 on the next steps for increasing the use of alcohol screening and BIs across justice and health settings.

- Responding to the Law Commission's recommendation to pilot a Drug Court for adults in Auckland. The Minister of Justice and Minister for Courts received advice from officials in September 2011 on the model, costings and cost-effectiveness of piloting a Drug Court for adults in greater Auckland and agreed to support a pilot proceeding, subject to the availability of funding.

The Government has introduced a range of other initiatives to address the harm caused by AOD, including:

- Fresh Start (to address the needs of serious and persistent young offenders).
- The Safer Journeys Action Plan 2011-2012 and legislation to address drink driving [the Land Transport (Road Safety and Other Matters) Amendment Act 2011].
- Actions to reduce the harm from methamphetamine, including a Cabinet decision to update the legislation enabling compulsory AOD treatment.

Other work under way has the potential to reduce AOD-related harm in the future, including the Injury Prevention Strategy (the five-year evaluation has increased the cross-agency focus on alcohol-related injury), and work to develop a new service development plan for mental health and addiction services.

Current situation

There is a high demand for AOD treatment, particularly for offenders:

- Young offenders can now be ordered to attend AOD treatment. The Fresh Start legislation, including the power to make AOD related orders, came into effect on 1 October 2010. There were 152 placements of young people into AOD treatment programmes in the period 1 July 2010 to 31 May 2011.

- There has been an increase in the number of adult offenders being ordered to attend AOD treatment as a condition of sentence. In 2010, 12,271 offenders had AOD treatment ordered as a condition of sentence, compared with 5,102 in 2006.

- In many areas, Community Probation Services (CPS) report difficulty in obtaining access to AOD treatment for offenders.
- There are lengthy waiting lists (eg, 2-6 months) for specialist AOD treatment in many communities.

There are missed opportunities for the identification of AOD issues in the justice and health sectors and additional AOD assessments and interventions are needed to meet the demand. Health currently spends $120 million on AOD addiction treatment services and training per annum. Corrections spends $4.7 million on Drug Treatment Units within prisons per annum. MSD forecasts that it will spend $1.075 million on AOD treatment for youth under the Fresh Start Programme in 2011-12.

The Health, Corrections and MSD-funded AOD services are all focused on meeting the needs of people with the most severe addiction issues (ie, AOD dependence or severe abuse). The biggest treatment gap is for people with 'mild to moderate' AOD issues. This includes people with hazardous drinking, AOD abuse, and AOD addiction that is not severe.

The Ministry of Health provides funding of $23.8 million across all Primary Health Organisations (PHOs) to deliver primary mental health care services, which includes extended GP consultations, BIs and 1-6 session packages of care. These services have the potential to improve access to brief talking therapies for people with mild to moderate AOD issues, but to date, they have focussed more on treating mental health problems than AOD problems. In addition, the demand for primary mental health care services is high, and young people and offenders are less likely than the general population to access them.

Outcomes sought

To reduce the impact of alcohol as a driver of crime, it was recognised that there needed to be a balanced continuum of services to address the high volume of people with AOD problems and a much bigger focus on prevention and early intervention.

As part of the Drivers of Crime work programme, it was proposed that the bulk of the $10 million be used to fund a package of effective and affordable interventions that enables much better access to AOD interventions for hazardous drinkers, young people, drink drivers and other offenders who have mild to moderate AOD issues.

The funded package aims to:

- Influence a change in drinking culture.
- Prevent hazardous drinking from escalating to dependency and offending.
- Reduce young people's risk of alcohol-related harm, suicide and offending.
- Reduce drink driving and the harm to others.
- Reduce the road toll.
- Reduce overall AOD use.
- Reduce offending and victimisation.
- Improve sentence compliance.
- Increase AOD referral options for offenders ordered to undertake AOD treatment as a condition of their sentence.

Over time, the package is expected to contribute to positive changes around in-flow into the justice system and recidivism, with some potential to impact positively on the time it takes for cases to progress through the courts.

To achieve these outcomes it was recognised that there needs to be more focus on prevention, early identification of AOD issues, and delivering effective community-based services to young

people and adults with mild to moderate AOD problems. This will allow us to reach a much larger number of people and prevent problems from escalating.

Five-point plan

1. Screening and brief alcohol interventions

The Government proposes to invest $1 million a year to increase the use of alcohol screening and BIs across a range of settings such as: primary health care, Accident and Emergency Departments, Youth Health Centres, school counselling services, District Courts, CPS and prisons.

This could influence the drinking culture and achieve up to a 30% reduction in alcohol use rates for thousands of hazardous drinkers who receive BIs. Officials will consult the primary health-care leadership and specialist AOD services on their readiness and capacity to deal with an increase in screening and BIs in primary health care.

Background

About 20% of the population aged 16 and over (800,000 people) drink in a way that is potentially hazardous or harmful to themselves or others and 35% of injury presentations to Accident and Emergency are alcohol-related.

Alcohol screening and BIs can identify people who are likely to be drinking in a risky or harmful manner and motivate them to moderate their alcohol use. A BI typically includes: feedback on the person's alcohol use, brief advice and information on what constitutes low-risk alcohol consumption and the harms associated with risky alcohol use, and referral to more intensive assessment and treatment options if necessary.

A BI takes only a few minutes and does not require a specialist workforce. It can be delivered by a wide variety of people (eg, community probation officers, youth justice workers, prison nurses) and may be suitable for time-pressured environments such as GP practices and emergency departments.

Overseas studies have shown that BIs in primary care settings can reduce total alcohol consumption and episodes of binge drinking in hazardous drinkers, for periods lasting up to a year. Some studies have identified reductions in the average number of drinks per week of between 13% and 34% relative to controls. Studies have also identified that alcohol screening and BIs are a cost-effective approach to reducing risky and harmful alcohol use.

A trial at Whanganui Regional PHO demonstrates reductions in hazardous drinking, particularly for Maori. Alcohol screening and BIs have begun in a few districts and settings around New Zealand (eg, Whanganui Regional PHO; Wellington Emergency Department; Northland Police; CYF youth justice workers), but expanding their use across both health and justice settings represents an opportunity to prevent hazardous drinking from escalating to dependency and offending.

2. Nationally consistent, enhanced youth AOD services

The Government proposes to invest $2 million a year to deliver nationally consistent, enhanced youth AOD services based on best practice for young people.

By reconfiguring services to specifically address youth AOD issues and purchasing additional capacity and training as required, an additional 2000 young people per year could be reached and the waiting time between referral and AOD treatment reduced (target is 80% seen by an AOD counsellor within three weeks of referral), leading to lower risk of AOD-related harm, suicide and offending.

Using the Waitemata CADS service as an exemplar (see below), DHB Funding and Planning arms will be asked to reconfigure DHB and NGO providers to deliver youth AOD services that are:

- Interesting to youth
- Responsive to young people and families and whanau
- Equipped to respond to the developmental needs of youth
- Capable of managing co-existing AOD and mental health problems
- Flexible: (1) mobile and not office-bound, (2) provide realistic goal setting, practical support and after-care, (3) utilise a range of evidence-based approaches that match individual need, and (4) facilitate both formal and semi-formal contact, group and family work.

Background

One of the biggest challenges in reducing the harm from AOD for youth is attracting young people into AOD treatment. Best practice both internationally and within New Zealand for reaching and helping youth with AOD issues involves mobile, community-based, youth friendly, early intervention services with clear links, when required, into specialist services.

In New Zealand a key barrier to young people accessing services is the lack of a nationally consistent model for AOD services tailored specifically for young people and their families and whānau. In some areas AOD services for youth are a small part of the larger adult mental health or AOD services and in other areas they stand alone.

Long waiting times between referral and treatment are another significant barrier to engagement and effective AOD treatment for youth. Currently, about 40% of young people between 0-19 years have to wait more than three weeks to see an AOD counsellor from the time they are referred into youth AOD services.

The Waitemata Community Alcohol and Drug Service (CADS) for the metro-Auckland region has developed a model for youth AOD services that is separate from adult AOD services and incorporates many best practice elements. It has the critical mass (16 staff) to manage the volume of young people coming into the service and has developed strong working relationships with Youth Justice North (for youth offenders) and other NGO youth AOD services in the area. It also provides access to information and advice for people who may be concerned about a youth's AOD issues, and is readily accessible for parents, carers, other youth, or anyone in contact with someone who is affected by AOD issues.

3. Locally accessible programmes for drink drivers

The Government proposes to invest $1 million a year to provide locally accessible programmes for drink drivers. This could achieve up to 9% reduction in repeat drink driving rates for 1400 drink drivers per year who receive treatment. This proposal will be supported by increasing alcohol screening and BIs in court settings to identify people on first, second or subsequent drink driving charges who have alcohol-related problems.

Background

There are more than 30,000 prosecutions for drink-driving per year (20% of prosecutions in court). Almost half of these are for repeat offenders. Alcohol is a factor in around a third of all vehicle crashes.

Group drink-driver programmes (eg, 12 or more sessions) can be effective. Repeat drink-drivers who participated in the New South Wales Sober Driver Programme were 43% less likely to re-offend over 2 years compared with community controls who had received legal sanctions alone. Programme participants also demonstrated improved knowledge, attitudes and skills regarding

drink driving. An analysis of 215 studies involving drink driving programmes demonstrated reductions in repeat drink driving of between 7-9%.

In New Zealand, group drink-driver programmes are available in only a few areas. A locally designed 12-week 'Drive Sober' group programme is delivered through the community mental health and addiction service in Northland and a 12-week Repeat Drink Driving group programme is delivered by an independent provider in Wellington. Anecdotally both programmes are making a difference but there are long waiting lists and offenders are not typically ordered to attend AOD treatment as a condition of their sentence until their third or subsequent charge.

4. Community based treatment for offenders with AOD problems

The Government proposes to invest $3.5 million a year to deliver low-cost, high-volume community-based treatment for offenders with AOD problems. This would involve developing AOD offender teams to deliver the key services described below. This package could reach an additional 5800 offenders a year and increase the range of referral options for offenders ordered to undertake AOD treatment as a condition of their sentence.

Background

The majority of offenders have AOD problems and about 30% of recorded crime involves drinking in the few hours prior to offending. The link is strongest for violent offences. Maori are over-represented amongst offenders and hazardous drinkers.

DHB-funded specialist services (often called Community Alcohol and Drugs Services, or CADS) are available in all regions. Over 30% of all clients in specialist AOD services are from the justice sector. AOD services in many areas have adapted to the demand from justice sector clients by offering group programmes (some specifically for offenders). Despite this, many AOD services report being overwhelmed with the volume of justice sector referrals and need more resources to meet the increasing demand.

Across all outcome studies the most effective specialist AOD treatments tend to reduce offending on average by 5-10%. However, given the high cost of offending for victims and taxpayers, community based AOD interventions which produce reductions in recidivism in the range 2-5% still have a positive cost benefit.

One of the most promising services for addressing the AOD issues of justice sector clients is the CADS Offender Team, run by CADS Waitemata, which services the wider Auckland region (three DHBs) and treats approximately 5,000 justice sector clients each year. This service accepts all justice sector referrals into a 4 session group programme called 'Getting Started'. More resources are needed to increase the provision of services like the CADS Offender Team, which is specifically for offenders.

Ideally, AOD offender teams should provide a range of culturally responsive services including the following:

- **Group programmes for offenders**
    - The group format (eg, 4-6 weeks) increases the efficiency and sometimes effectiveness of AOD interventions and has the potential to help meet the huge demand for AOD treatment from the justice sector.
    - A Ministry of Health commissioned evaluation of the four-week Getting Started programme provided by the Waitemata CADS Offender Team showed 'some reduced substance abuse' and a 'modest positive effect' on reoffending among those offenders serving community sentences who completed their AOD treatment.

- Group AOD programmes are offered in many areas but require additional resources to cope with the increased demand from justice sector clients.

- **Relapse prevention support**

  - Many offenders who are released from prison still have severe AOD dependency but do not get the support needed to access specialist AOD services in their community. Other offenders who have not had anything to drink for several months while in prison may fail to meet the criteria for entry into AOD services but are still at high risk of relapse when they are released back into their communities.

  - Relapse prevention support encompasses a range of psychosocial or pharmacological interventions, eg, one-to-one counselling, one-off group sessions, prescribing medication to reduce cravings, reminding people about their local supports, connecting them with Alcoholics Anonymous (AA) or peer support.

  - Relapse prevention is effective, particularly for those with alcohol problems. Ensuring offenders have access to relapse prevention support following release from prison potentially helps to support the investment made in AOD treatment provided through Drug Treatment Units in prisons.

- **Clinicians located with Courts and with Community Probation Services**

  - Currently, in-court AOD clinicians are available in only 11 of the 63 District Courts. These clinicians enhance identification of offenders with AOD problems by providing same day AOD assessments and BIs to offenders when appropriate (pre-sentence). Having an AOD clinician in court provides a more efficient alternative to judges ordering comprehensive pre-sentence AOD assessments because the assessment provided by in-court clinicians is briefer, provides judges with enough information to decide whether to make AOD treatment a condition of sentence, and does not involve lengthy stand down periods.

  - Similarly, offenders are more likely to get access to AOD assessment and treatment when AOD clinicians are co-located with CPS, at least for one or more days per week. In the handful of areas where this arrangement is in place (eg, Auckland, Hastings, Nelson), AOD providers and CPS report that the communication between them is enhanced, and the 'did not attend' rate of offenders is lower.

- **Intensive community-based linkage support**

  - Many offenders require practical support to access AOD and other services they need (eg, mental health, work and income, training and employment, housing, transport, driver's licence). This 'linkage' support may be needed pre-sentence, while serving community-based sentences, or following release from prison.

  - MSD funds a Community Link Worker in Court (CLiC) in three Family Violence Courts to put people in touch with services they may need pre-sentence. Corrections contracts with reintegrative services providers to link people with services following release from prison. Salvation Army Services, too, which are present in many courts, often help to connect offenders with available services.

  - However, the majority of offenders do not receive any linkage support and many require more intensive support than what they do receive.

  - The Whanganui-a-Tara Courts and Health (WATCH) project offers intensive linkage support where 'link workers' work actively with offenders to increase their

engagement and participation in services needed to address their needs. The service uses a strengths-based approach, known as 'Client-directed, Outcome informed' (CDOI), which has international evidence of effectiveness. Every contact with the offender provides an opportunity to: provide a brief intervention, maintain engagement, and provide a positive role-model. The WATCH link workers also work closely with family and whānau. An evaluation of the WATCH project in 2008 showed that the service succeeded in assisting 'hard to reach' young offenders make tangible gains in their lives and there were positive behaviour changes with respect to AOD use and offending. This type of linkage support is available only through Wellington and Porirua.

- The Ministry of Health nationwide service specification, *Peer Support Service for Adults*, could provide the basis for rolling out link workers further.

5. A pilot Drug Court for adult offenders in Auckland

The Government proposes to invest up to $2 million a year for five years for the AOD treatment services associated with the pilot Drug Court for adults in greater Auckland. The recommended target group is offenders with AOD dependence who are facing up to 3 years in prison for offences where AOD has been a contributing factor (includes repeat drink driving).

The pilot Drug Court could reduce AOD use and achieve up to a 10% reduction in offending rates for approximately 100 recidivist offenders per year.

The judiciary has indicated that a Drug Court could be established by mid-2012 (at the earliest) in the Auckland and/or Waitakere District Courts, with an expected caseload of around 100 offenders in total per year. Given the substantial costs associated with Drug Courts, the pilot will be fully evaluated after four years to assess offenders' rates of recidivism and AOD use and determine the cost-effectiveness, and the Minister of Justice and the Minister for Courts will report back to the Cabinet Social Policy Committee by 31 December 2016 with recommendations on the future of Drug Courts in New Zealand.

Background

In September this year, the Minister of Justice and Minister for Courts agreed to support a Drug Court trial in Auckland and/or Waitakere District Courts, subject to Cabinet agreeing to fund the AOD treatment component. This followed a recommendation by the Law Commission, in its report *Controlling and regulating drugs: A review of the Misuse of Drugs Act 1975*.

Drug Courts are aimed at offenders who have severe AOD dependence and involve pre-sentence judicial monitoring of the AOD treatment. The treatment approach is intensive and includes residential and community-based AOD treatment, frequent drug testing, and a coordinated strategy to deal with non-compliance with treatment. Currently there is no Drug Court for adults in New Zealand.

International evidence suggests that Drug Courts produce larger reductions in recidivism and AOD use than conventional courts, or AOD treatment in prison or while on home detention for offenders with serious AOD needs. One meta-analysis of adult Drug Courts found that they reduced recidivism on average by 8% relative to no treatment or treatment as usual, and are therefore cost-effective.

6. Training and workforce development

The Government proposes to invest $0.5 million per year to provide training and workforce development to support the delivery of the proposed programmes, including: (1) alcohol screening and BIs, (2) working with young people and their families and whānau, (3) programmes for drink

drivers, (4) group interventions for offenders, (5) relapse prevention support, and (6) intensive linkage support. Training could be provided to over 500 front-line personnel per year (eg, Whānau Ora providers, AOD clinicians in Court, NGOs) to deliver the interventions in this package.

Background

AOD workforce development and expansion through the Ministry of Health and Matua Raki, the national addiction workforce development centre, has resulted in the AOD workforce increasing by about 5% each year since 2000. Many of the programmes in this package are new, and the clinical and non-clinical workforce will require additional training to be able to deliver them.

Table of recommended interventions and investment

Proposal	Outcomes Sought	Invest-ment ($)
1. Screening and brief alcohol interventions (BIs) for tens of thousands of New Zealanders	Influence the drinking culture and up to 30% reduction in alcohol use rates for thousands of hazardous drinkers who receive BIs	**1.0 M**
2. Nationally consistent, enhanced youth AOD services	An additional 2000 young people access youth AOD services each year and 80% of young people referred are seen by an AOD counsellor within three weeks of referral, leading to lower risk of AOD-related harm, suicide and offending	**2.0M**
3. Locally accessible programmes for drink drivers	Up to 9% reduction in repeat drink driving rates for 1400 drink drivers who receive treatment and consequent reduction in harm to others	**1.0 M**
4. Low cost, high volume community based treatment for offenders with AOD problems	Reduce AOD use, offending and victimisation by reaching an additional 5800 offenders	**3.5 M**
5. A pilot Drug Court for adult offenders in greater Auckland, fund AOD treatment component	Reduce AOD use and achieve up to a 10% reduction in offending rates for 100 recidivist offenders	**2.0 M**
6. Training and workforce development	Workforce with the clinical and cultural skills to deliver a range of effective AOD interventions	**0.5 M**[1]
TOTAL		**10.0 M**