



DEPARTMENT OF  
**CORRECTIONS**  
AHA POUTAMA AOTEAROA

*Breaking the Cycle:*

# OUR DRUG AND ALCOHOL STRATEGY THROUGH TO 2020







## MINISTER'S FOREWORD



*Alcohol and other drug (AOD) addiction is a serious health issue that is a major factor contributing to crime and other social harm in our community. The prevalence rates for addiction issues in the prison population are much higher than the rest of the New Zealand population.<sup>1</sup> Approximately 60% of community based offenders have an identified AOD need and 87% of prisoners have experienced an AOD problem over their lifetime. Approximately 50% of crime is committed by people under the influence of AOD.*

In addition to having a harmful impact on individual health and wellbeing, AOD dependency can have a negative impact on families and wider society. Addressing an offender's problematic AOD use through high-quality and responsive treatment can have a positive impact on the offender, their children and wider whānau, and the community.

Successfully reducing re-offending will mean better lives for offenders, fewer victims, and safer communities. Many offenders we see in prison or on community sentences have serious AOD issues and return to environments where alcohol and other drug misuse is normalised. It is easy to see why people fall into their old ways. To achieve our goal, we need to influence and change behaviours towards AOD, address misuse among the offender population, and support offenders on their journey to recovery.

This strategy sets our approach over the next few years. We aim to deliver more effective AOD programmes that provide offenders with the skills and knowledge they need to live an offence-free lifestyle, as well as promote overall health and wellbeing.

We are well placed to make a positive impact on the lives of offenders and their families. Many offenders may have no experience with AOD treatment or support. Corrections and other justice sector agencies are in a unique position to assess and treat offenders, and help them take their first step towards recovery. We need to continue to work towards removing barriers to accessing treatment and ensuring offenders feel safe and are encouraged to seek help at whatever point they enter the Corrections system.

To make meaningful change in the lives of offenders we need to work collaboratively across the justice and wider social sectors. Though responsibility for reducing crime and re-offending sits with justice sector agencies, many of the tools to address factors that contribute to criminal offending are delivered by others, such as health, education, parenting support, housing, and community development. Reductions in re-offending will lead to improvements in other areas and help us to achieve a range of our Better Public Services targets. People on the pathway to recovery may be more likely to engage in education and be in gainful employment, making them less likely to commit further crimes.

**Hon Judith Collins**  
Minister of Corrections

<sup>1</sup> Brinded PM, Simpson AIF, Laidlaw TM, et al. 2001. Prevalence of psychiatric disorders in New Zealand prisons: a national study. *Australia and New Zealand Journal of Psychiatry* 35: 166-73.



## CHIEF EXECUTIVE'S FOREWORD



*Corrections is committed to creating lasting change in the lives of offenders and helping them turn their lives around. Our focus is on supporting offenders to develop the skills and knowledge they need to overcome problematic AOD use and lead law-abiding lives. We have made significant progress over the past several years in our management and response to AOD issues.*

We have expanded the number of AOD programmes we deliver so offenders now have better access to services tailored to their needs. Since 2008/09 we have:

- > developed a number of programmes to increase access to AOD interventions for short servers and remand prisoners, such as the AOD Intermediate Support Programme
- > added programmes that address low and medium intensity AOD needs
- > increased the number of offenders able to access treatment
- > increased the number of Drug Treatment Units (DTU) from four to nine, resulting in a fourfold increase in the number of offenders being placed in DTUs. More offenders are also successfully completing programmes; DTU completion rates rose from 58% in 2009/10 to 83% in 2013/14.

We have maintained a strong focus on improving the safety and security of prisons. In 2009, new legislation made it more difficult to smuggle contraband into prisons. The new search, detection, drug-testing and offence provisions increased search powers for Corrections Officers and increased penalties for prisoners using contraband.

Our ongoing investment in and improvements to prison security have seen positive prisoner drug tests fall consistently year on year. The number of positive random drug tests fell from 11% in 2008/09 to 4% in 2014/15. All of our prisons became smoke free on 1 July 2011, following an extended period of support for both prisoners and staff to quit smoking. For many sentenced and remand prisoners giving up smoking has led to a positive improvement in their lives, with better health and less money spent on tobacco products.

This strategy contains meaningful actions to help offenders tackle their addiction issues and turn their lives around. Over the next few years, we'll focus on improving the continuity of care and ensuring our programmes are effective and responsive to the needs of offenders. We know that support following AOD treatment is an essential part of maintaining gains made in prison.

This year the Justice Sector Fund has provided us with funding to boost the delivery of AOD aftercare support in prison and the community. Corrections will spend \$8.63 million over three years to develop and deliver an alcohol and other drug post-release programme to help offenders overcome their addictions and reduce re-offending. The aftercare package includes in-person mentoring, a remote support service, a community based maintenance programme, and residential treatment. This investment will help reduce the risk of relapse, improving outcomes for offenders and ensuring our communities are safer for all New Zealanders.

**Ray Smith**  
Chief Executive



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## INTRODUCTION



*Breaking the Cycle: Our Drug and Alcohol Strategy through to 2020 (the Strategy) sets out Corrections' plan for managing and treating alcohol and other drugs misuse among offenders over the coming years. The Strategy aligns with the National Drug Policy 2015 - 2020 (the Policy) which sets out the Government's response to AOD issues. The Strategy incorporates the Policy's aim of promoting and protecting health and wellbeing and minimising AOD related harm alongside our primary goal of reducing re-offending.*

The strategy is structured around the three key pillars set out in the Policy:

- > demand reduction
- > supply control
- > problem limitation.

Our priorities and actions can be categorised under one or more of these pillars. These pillars also guide the development of new initiatives.

The action plan accompanying this Strategy sets out what we will do over the coming years to support the Strategy's priorities and overall goals. These actions will be updated and reviewed periodically to ensure we are on track towards achieving our goals.

## Demand reduction

Offenders have the knowledge, skills and support to make good decisions about alcohol and other drug use

### COMMUNITY

#### Early intervention and prevention

- > Prevent offenders' uptake of AOD
- > Address offenders' mild and moderate alcohol and other drug problems early to prevent dependency and further offending

### Supply control

- > Reduce supply of alcohol and other drugs in prison
- > Safe and secure facilities
- > Staff have the skills, knowledge and resources to prevent drug contraband entering prisons
- > Disrupting organised crime

### PRISON

Offenders receive:

- > Screening and assessment for problematic alcohol or other drug use
- > High-quality and timely treatment

Offenders' access to alcohol and other drugs for harmful use in the community is minimised

- > Improve continuity of care and support for offenders released into the community to ensure gains in prison are maintained
- > Strengthen Corrections' relationships with community providers

## Problem limitation

### Remove barriers to accessing treatment faced by offenders

- > All parts of the Corrections system provide an entry point to alcohol and other drug referral, support, and treatment
- > Corrections' processes and sanctions do not act as a barrier to people seeking help

Increase sentence compliance

Offenders have the skills and support to lead law abiding lives

Decrease victimisation

# Reducing Re-offending

Minimise alcohol and other drug related harm

Promote and protect health and wellbeing



## DEMAND REDUCTION

*Demand reduction aims to reduce the desire to use alcohol and other drugs. This pillar includes activities that delay or prevent uptake of AOD, such as reducing AOD use through education and health promotion.*

Early identification and treatment of problematic AOD use helps to prevent AOD issues from escalating and is likely to reduce re-offending and minimise long-term costs to the health and justice sector.

### Successes so far

Brief interventions are a useful way to encourage offenders with low to moderate AOD issues to think about their behaviour and any associated risks and harms. Brief interventions are most effective for people who have low to moderate AOD needs, in other words people who are at risk of developing an addiction or people who are experiencing current AOD-related harm. In recent years, we have invested in brief intervention training for frontline staff in prisons and the community. Our frontline staff are delivering more brief interventions to offenders than ever before, increasing from 9,183 brief interventions in 2013/14 to 14,298 in 2014/15.

In the community, a number of service centres have partnered with NGOs and health promotion services to provide community based offenders with educational material and self-guided programmes to address problematic AOD use.

### What does Corrections want to achieve in this area?

#### *Preventing the uptake of alcohol and other drugs by offenders*

For offenders with little to no problematic use, our efforts will focus on preventing or delaying the uptake of alcohol and other drugs by offenders. Corrections is committed to encouraging and motivating offenders to prevent the uptake of AOD use through the provision of AOD education and health promotion. For those offenders with mild AOD problems, Corrections will provide brief interventions, and referrals to individual and group counselling. It is important that we create a Corrections environment that supports offenders to maintain a good level of overall health and wellbeing in prison and community settings.

#### *Intervening early to stop mild and moderate AOD problems from escalating*

Early intervention is more effective than later treatment as problems often escalate in severity over time and require more intensive interventions.<sup>2</sup> For offenders with mild problematic AOD use or addictive behaviour, our focus will be on ensuring offenders receive the right intervention targeted to their individual level of need.

<sup>2</sup> Riper, H., van Straten, A., Keuken, M., Smit, F., Schippers, G., & Cuijpers, P. (2009). *Curbing problem drinking with personalized-feedback interventions: a meta-analysis. American Journal of Preventive Medicine, 36(3), 247-255.*



### What role do staff have in supporting our goals?

Our staff have an important role to play in encouraging and motivating offenders to address AOD issues. This requires staff to demonstrate an awareness and understanding of problematic AOD use. Corrections will continue to invest in training for frontline staff to provide them with the skills to confidently deliver brief interventions and ensure AOD messaging is consistent in our management of offenders. Additionally, staff will continue to set a positive example for offenders by role-modelling responsible alcohol use and leading a drug-free lifestyle.

### What can offenders expect?

Offenders can expect to receive education about the harmful impact of problematic AOD on themselves and their communities. This will ensure offenders are equipped with the skills and knowledge to make responsible choices around AOD use. Additionally, AOD assessments and referrals will be made at the earliest possible opportunity.

### Our approach for the coming years

Our focus in this area will be on preventing the uptake of AOD among offenders with little or no problematic use and referring offenders with mild AOD problems to the right support. Our approach will involve providing education and health promotion materials to raise awareness about AOD and its harmful impacts on the offender, their family and the community.

Corrections will continue to use existing services in the community that provide AOD education and raise awareness about problematic use. In addition to these services, we have recently invested in our own Work and Living Skills drink-driving education programme that aims to reduce further drink-driving offences for first and second time drink-drive offenders (offenders sentenced to over 80 hours of community work can convert up to 20 percent of their sentence into Work and Living Skills programmes). Between October 2015 and June 2016, 1340 are expected to participate in the programme. In addition to this, we will continue to build links with health and other community information services to provide AOD education and community information sessions.

Brief interventions will continue to be an important tool in our dealings with offenders who have low AOD needs or are at risk of developing an addiction. We will continue to deliver brief interventions to offenders with low to moderate AOD-need. Screening and brief interventions can identify people who are likely to be using AOD in a risky or harmful manner and motivate them to moderate their use. Overseas studies have shown that alcohol screening and brief interventions are a cost-effective approach to reducing risky and harmful AOD use.<sup>3</sup>

<sup>3</sup> Moyer, A., Finney, J. W., Swearingen, C. E., & Vergun, P. (2002). *Brief interventions for alcohol problems: A meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations*. *Addiction*, 97(3), 279–292.



## SUPPLY CONTROL

*Supply control aims to prevent or reduce the availability of AOD. It includes controlling and reducing the availability of drugs in prison, as well as reducing access to alcohol and other harmful drugs in the community.*

Reducing the availability of drugs inside prison, together with initiatives such as Drug Treatment Units (DTUs), assists us in creating an environment more conducive to rehabilitation and recovery. This means offenders have a better chance of successful rehabilitation and are more likely to maintain gains made in treatment. Reducing the availability of AOD will result in less misuse in the community, minimise harm and improve public safety.

### **Our successes so far**

We have improved safety and security in prisons. This has helped to reduce the availability of AOD contraband in prisons and provide a safer environment for staff and offenders.

We use a range of screening methods to prevent contraband entering prisons. These include prison perimeter security, camera surveillance, scanners and x-ray machines, background checks on visitors, and specialist drug detection dog teams. Our operational intelligence teams play a vital role in providing quality intelligence that supports safe prisons and communities. Upgrading some prison units, and closing some of our oldest prisons and units has allowed us to concentrate on running a modern prison system with high quality security systems while also providing an environment that encourages successful engagement with rehabilitation programmes.

Levels of positive random drug tests have fallen in recent years as we have grown more successful at keeping contraband out of prison. The ongoing investment in, and improvements to, security in prisons has seen the percentage of prisoners returning positive random drug tests fall from 11% in 2008/09 to 4% in 2014/15.

The prisoner television rental scheme is an example of an innovation that has led to a reduction in contraband, as well as greater prisoner and staff safety. The scheme provides prisoners with see-through rental televisions for \$2 a week, making it harder to conceal AOD and other contraband. Before the introduction of the scheme, personal televisions could be used to smuggle contraband, as well as modify and run other unauthorised devices or access the internet.

### **What does Corrections want to achieve in this area?**

*Reduce the supply of alcohol and other drugs in prisons and the community*

We are committed to reducing the supply of AOD in prisons and the community. We will achieve this goal by continuously improving the safety and security of our facilities, effectively using intelligence operations, and ensuring staff have the skills, knowledge and resources to prevent AOD contraband entering prisons. Corrections aims to reduce the supply of AOD in the community, and minimise its harmful impact on offenders, their families, and the wider community.



### *Disrupting organised crime in prisons*

Gangs and other organised crime groups are often responsible for the manufacture and supply of drugs in prisons and the community. Our aim is to disrupt organised crime to reduce the supply of AOD and minimise the social harm caused to individuals and communities.

#### **What role do staff have in supporting our goals?**

Corrections is continuously working to improve the safety and security of our facilities so staff have a safe working environment. Staff receive appropriate and ongoing training to ensure they have the skills and knowledge to detect and prevent AOD contraband entering prison.

In prisons, we will provide adequate resourcing to staff to maximise their effectiveness at detecting contraband. Corrections will invest in new technology that improves the ability of our frontline staff to detect contraband and reduces the opportunity for smuggling.

#### **What can offenders expect?**

Offenders can expect a Corrections environment in which access to AOD is minimised and rehabilitation and recovery is encouraged. We will work to ensure prison environments are safe and secure and continue to improve our effectiveness at detecting AOD contraband. Drug testing will be used in prison to detect the prevalence of AOD and deter offenders from using alcohol and other drugs. In the community, drug testing of high-risk community based offenders will ensure sentence compliance with conditions imposed by the courts and the Parole Board that prohibit the use of alcohol and other drugs.



### Our approach for the coming years

Our focus will be on strengthening measures to stop contraband entering prisons through more co-ordinated methods of deterrence and detection, and ensuring staff are adequately resourced to undertake this important function. Rapidly changing technology provides opportunities to better manage offenders, to improve safety, and to work in more responsive and adaptive ways. We will seek new technology that improves safety and security, as well as respond to contraband risks posed by new and emerging technologies, such as drone technology.

We will continue to investigate the use of alcohol detection bracelets that allow us to better monitor high-risk offenders and bailees who have conditions prohibiting the use of alcohol and other drugs. It is also an opportunity for frontline staff to refer offenders with recurring breaches (indicating problematic AOD use) to AOD treatment.

Our intelligence operations will remain a key part of our approach to reducing the availability of AOD contraband. As we continue to improve safety and security in prison, we expect to increase our effectiveness at finding contraband and have fewer prisoners returning positive drug tests as a result.

We are working with Police to contribute to the Gangs Action Plan, a whole-of-government approach to tackling gangs. Corrections is contributing to the multi-agency Gangs Intelligence Centre (GIC), which provides a combined intelligence picture of gang activity. The information gathered will help us to disrupt supply chains and inform decision-making in this area.

#### *Alcohol interlocks*

Alcohol interlocks are an important technological tool we have to improve public safety and minimise the likelihood of people driving while under the influence of alcohol. We are using this new tool as part of our Work and Living Skills Road Safety Intervention package. Corrections will subsidise 175 offenders to receive alcohol interlocks over the coming year. This will help overcome the cost barrier to interlocks, which has been identified as one of the main barriers to participating in the programme. We will look at expanding the use of alcohol interlock technology to deter more people from driving while under the influence of alcohol and ensure repeat drink drivers are held to account.



## PROBLEM LIMITATION

*Problem limitation aims to minimise harm that is already occurring to those who use AOD or those affected by someone else's AOD use. It includes ensuring access to high-quality AOD treatment, services, and support for people in recovery.*

Treating AOD dependency minimises social harm, assists with reintegration, and can have a positive impact across other areas, such as employment and education. Successful rehabilitation and reintegration of offenders by Corrections helps to drive re-offending rates down and keep our communities safer.

### Our successes so far

In the last few years we have increased the number of DTUs from six to nine and introduced a shorter 3-month DTU programme to complement our existing service. As a result of this expansion, the number of prisoners placed in DTUs has doubled, increasing from 299 in 2008/09 to 1,023 in 2013/14. Our DTUs have a proven track record of reducing the likelihood of re-offending by prisoners with more serious AOD needs. In 2014/15, an evaluation of the 3-month DTU programme showed a reduction in the re-conviction rate of 5% and a 5.4% reduction in offenders receiving a sentence of imprisonment over a 12-month follow-up period.

We have built on the success of DTUs by expanding the number of AOD programmes and increasing the availability of treatment in prisons and the community. Corrections has improved access to AOD interventions for prisoners who previously had limited access to programmes such as short-servers, segregated, maximum security, and remand prisoners by introducing:

- > brief interventions for prisoners and community-based offenders
- > shorter-term interventions for prisoners with less chronic problems, such as the AOD brief support and intermediate support programmes
- > 8-week intensive treatment programmes targeted at offenders with high AOD needs
- > a shorter and more intensive 3-month DTU programme.

To effectively support offenders in their recovery we have focused on addressing the wider social determinants of health and their other reintegration needs. We are supporting offenders to successfully return to the community and reduce the risk of relapse through the provision of our Out of Gate reintegration service, which helps short-serving offenders to find suitable accommodation and stable employment.



## What does Corrections want to achieve in this area?

### *Improving the continuity of care*

Many prisoners need ongoing support to maintain the rehabilitation gains they made in prison. Other offenders who have not used alcohol or other drugs for several months while in prison are still at risk of relapse when they are released back into the community. Successful maintenance following AOD treatment programmes often requires a strong support network and a comprehensive pre-release plan in place that links with providers in the community and helps to prevent relapse. Ensuring offenders have access to post-treatment support following release from prison helps to ensure the investment in AOD treatment programmes has the greatest impact.

### *Offender-centric treatment*

Corrections aims to provide AOD programmes that are high quality, timely, and responsive to the needs of offenders. Our programmes need to be targeted and tailored to different populations and needs across life stages to be most effective. Corrections monitors and evaluates its programmes to ensure the delivery and content of our interventions are of a high standard and are responsive to the changing needs of offenders.

Māori are over-represented in the Corrections system, making up just over half of our prison population. To make meaningful progress in achieving our goal of reducing re-offending, we need to ensure programmes are culturally responsive and work effectively for Māori. Māori more frequently experience mental health and addiction issues than other groups and have poorer health outcomes compared to non-Māori across a wide range of areas.<sup>4</sup> We are in a unique position to work towards providing effective treatment and reduce disparities in health outcomes for Māori.

### *Strengthening relationships with community AOD providers*

The majority of AOD treatment in New Zealand is funded by District Health Boards (DHBs) and is delivered by AOD providers in the community. It can be difficult for offenders to access Health-funded AOD treatment or aftercare support in the community due to a lack of knowledge about available services, limited service availability in their area, or a lack of motivation to attend. Furthermore, offenders pose particular challenges that can be difficult to accommodate in community AOD services (e.g. behaviour problems requiring high levels of security and monitoring).

Additionally, delays between referral and treatment can act as a significant barrier to engagement and effective AOD treatment for offenders. This creates a risk that offenders may lose motivation on their pathway to recovery. We will work with the Ministry of Health and DHBs to ensure offenders have timely access to appropriate alcohol and other drug treatment in the community.

<sup>4</sup> Oakley Browne MA, Wells JE, Scott KM (eds). 2006. *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health.



#### *Enhancing AOD training for staff*

Comprehensive AOD training for staff that raises awareness of AOD-related harm and addiction is an important area of focus for Corrections. Continuous improvement to our AOD training and tools has provided staff with the skills they need to better manage offenders with AOD issues. This training has given our staff the skills to become more involved and confident in the use of AOD tools and the delivery of interventions, such as brief interventions, relapse prevention, and motivational interviewing.

#### *Removing barriers to accessing treatment*

To improve access to treatment we need to ensure every contact with the Corrections system provides an opportunity for AOD referral and assessment based on health need. We need to balance the need for sentence compliance with ensuring people are able to access treatment and support for AOD use. Corrections' processes and sanctions in dealing with AOD use among offenders should not act as barriers to offenders seeking help.

#### **What role do staff have in supporting our goals?**

Corrections will work to ensure that every offender contact with a staff member counts and that screening, assessment, and referral for problematic AOD use is available to offenders regardless of where they enter the Corrections system. Staff have a role to play in working with the offender to undertake comprehensive pre-release planning and ensure a seamless transition of care for offenders from prison to the community.

#### **What offenders should expect**

Offenders should expect screening and assessment for problematic AOD use and access to a wide range of high-quality and timely treatment programmes at the earliest opportunity. Programmes should be targeted, culturally responsive and tailored to each offender. Offenders have the right to receive the same standard of care enjoyed by people in the community; this includes access to post-treatment programmes such as AOD maintenance and support programmes.



## Our approach for the coming years

Our focus over the coming years will be on improving the continuity of care for offenders with AOD problems. This includes providing better follow-up support for offenders who have completed programmes, with a specific emphasis on improving the transition from prison to the community. We will continue to focus on targeted, cost-effective interventions that have been proven to effect change.

Over the coming year, we will invest in a number of AOD aftercare services in prison and the community. The aftercare services range from low-intensity to high-intensity interventions and are targeted according to need. This package includes:

- > in-person mentoring and a remote support service (low-intensity)
- > a community based maintenance programme that bridges the prison to community transition and supports prisoners to sustain the gains made in prison
- > residential treatment for approximately 60 high-risk offenders with significant substance use problems (high-intensity).

Corrections' future focus will ensure our services are offender-centric and tailored to need, and that our own processes and policies do not act as barriers to access. We are working to improve our existing DTU programmes and plan to:

- > revise eligibility criteria for 3 and 6-month DTUs to better target those with moderate to high AOD need
- > review our identified drug user (IDU) policy – currently, offenders participating in a DTU who have returned a positive drug test will receive an IDU status and may be exited from the programme. We will review processes around exiting in DTUs and look at what options are available to offenders who have received an IDU status
- > require providers to have explicit policies in place to ensure treatment is culturally competent and responsive to Māori, Pacific and special populations.

Corrections will continue to work closely with the Ministry of Health to improve access to AOD treatment in the community. As part of our AOD aftercare package, we will work with the Ministry of Health to develop and improve performance measures. We are researching access to treatment for community-based offenders. If, and where, shortfalls exist, we will work to strengthen relationships with DHBs and providers in the locations identified.

Successful recovery requires treatment of other underlying health issues that may be driving AOD misuse, such as depression and other mental illnesses. Over the next few years, we will work to provide more integrated AOD treatment that also responds to existing mental health needs. Corrections has recently completed research on co-existing substance misuse and mental illness. This research will help us to improve our screening, assessment and referral processes and to make changes to treatment options as appropriate.



