

DEPARTMENT OF
CORRECTIONS
ABA POUTAMA AOTEAROA

◇ Drug and Alcohol Strategy 2009-2014



Drug and Alcohol Strategy 2009-2014

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Chief Executive's Foreword

Drug and Alcohol misuse is an ongoing issue for offenders. Addressing offenders' drug and alcohol issues contributes to the Department's core business of improving sentence compliance and reducing re-offending, which helps us to achieve our vision of improved public safety.

This is the fourth Drug and Alcohol Strategy the Department has produced.

Over the past few years we have invested in new resources to help staff reduce prisoners' misuse of drugs and alcohol. For example, we have doubled the number of Drug Detection Dog Teams since 2004 and doubled the number of Drug Treatment Units in prisons since 2007. As a result of this investment we are now better at preventing drugs and alcohol getting into prisons and we have increased the number of prisoners receiving intensive drug and alcohol treatment.



This year the Government has given us funding to double the number of prisoners receiving drug and alcohol treatment. This will increase annual participation from 500 to 1,000 prisoners. To achieve this we will be building three new Drug Treatment Units, and introducing condensed alcohol and drug treatment programmes so that those prisoners serving shorter sentences can attend.

Over the next few years we will also be building on our success and ensuring that we are getting the best value from our investment. We will reduce the harm created by offenders' drug and alcohol misuse through:

- intelligence-led targeting and use of staff and resources
- improving the effectiveness of Drug Dog Detection Dogs
- increasing participation in drug and alcohol treatment and services in prisons and in the community
- ensuring all staff understand how they can contribute to our vision, and are well equipped to deal with drug and alcohol issues
- improving our systems and reporting.

We also need support from our partners in government and in the community such as District Health Services, the Ministry of Health, New Zealand Police, the New Zealand Customs Service, and Maori. By sharing resources and expertise we will be more effective at achieving our mutual goal of reducing drug and alcohol related harm in our communities.

Barry Matthews
Chief Executive

Introduction

Drug and Alcohol Misuse in New Zealand

Drug and alcohol misuse is a major driver of crime. Seven out of ten offenders apprehended by Police in 2007 were under the influence of drugs in the period leading up to their arrests.¹ In 2008, approximately two-thirds of New Zealand prisoners had ongoing drug or alcohol problems.²

Drug and alcohol misuse also creates relationship difficulties and financial hardship and causes health risks, including drug dependency, heart and liver disease and the risk of mental illnesses such as depression. Drugs and/or alcohol were factors in 30 per cent of all fatal road accidents during 2005-2007³, and 70 per cent of all weekend Accident and Emergency admissions are related to alcohol use.⁴ The cost to society of harmful drug and alcohol use is estimated at \$1.5 billion per year.⁵

The National Drug Policy 2007-2012 sets out the Government's policy concerning tobacco, alcohol, illegal and other drugs. Its three key objectives are:

- Objective 1: Control or limit the availability of drugs (supply control)
- Objective 2: Limit the use of drugs by individuals, including abstinence (demand reduction)
- Objective 3: Reduce harm from existing drug use (problem limitation).

The Government recognises that there is no single approach or strategy that can, on its own, reduce drug-related harm. This has led to the development of specific strategies by individual government agencies. These strategies contribute to achieving the National Drug Policy's objectives and focus particularly on the specific needs of Māori and Pacific peoples and youth, because of the over-representation of these groups among those with drug-related problems.

Every five years the Department of Corrections (the Department) is required to produce a drug and alcohol strategy.⁶ The Drug and Alcohol Strategy 2009-2014 has been developed within the framework of the National Drug Policy and supports the Government's aim of improving the well-being of New Zealanders by reducing drug-related harm.

Drug and Alcohol Misuse and Offending

Although illicit drug use is criminal in itself, drug and alcohol misuse also increases the likelihood of other crimes being committed. By impairing judgement, reducing inhibitions and heightening emotions, drug and alcohol misuse contributes to all types of offending, including driving offences, property-related offences, sexual and violent offences.

A large proportion of offending is committed under the influence of drugs and/or alcohol. Offending is also committed in order to support a habit or addiction, or is related to the sale and distribution of drugs. In New Zealand:

- 71 per cent of arrestees drug-tested by Police tested positive for one or more drugs⁷
- 65 per cent of sentenced prisoners were identified as having ongoing drug- or alcohol-related problems.⁸

Drug and alcohol misuse has historically been a factor in offending in New Zealand. Patterns of misuse among offenders evolve over time and consequently our efforts to address these problems must also evolve to remain effective. There is evidence that methamphetamine has been an increasing problem both in New Zealand communities and in prisons over the past few years.

¹ Of a potential 2,208 detainees available to participate in the NZ-ADAM data collection process, 561 (59 per cent) interviewees agreed to provide a urine sample, and of these 557 provided samples acceptable for analysis. Arrestee Drug Abuse Monitoring Annual Report (NZ-ADAM), 2007. <http://www.police.govt.nz/resources/2007/nzadam-annual-report>

² Survey of prisoner sentence plans, October 2008.

³ Alcohol/Drugs: Crash Statistics for the year ended Dec 2007. Crash Factsheet 2008: <http://www.transport.govt.nz/assets/Katrina-09/Alcohol-and-Drugs-Crash-Facts-2008.pdf>

⁴ 'Culture Change in New Zealand.' ALAC. The Alcohol Advisory Council of New Zealand. <http://www.alac.org.nz>

⁵ 'Costs of Harmful Alcohol and Other Drug Use'. Bert Economics. Report to Ministry of Health/ACC. March 2009. Page 2.

⁶ In accordance with section 123 of the Corrections Act 2004.

⁷ 69 per cent tested positive to cannabinoids. Amphetamines were the second most commonly detected drug (11 per cent). Other substances were detected at rates below 4 per cent. New Zealand Arrestee Drug Abuse Monitoring Annual Report (NZ-ADAM), 2007. <http://www.police.govt.nz/resources/2007/nzadam-annual-report/>

⁸ Survey of all prisoner sentence plans in October 2008.

Drug and Alcohol Misuse and the Department of Corrections

The link between drug and alcohol misuse and crime means a significant number of offenders managed by the Department have drug and alcohol problems.

The continued misuse of drugs and alcohol by offenders being managed by the Department undermines the integrity of sentences and orders, compromises offenders' ability to comply with sentence and order conditions, and increases security risks in prisons. The ongoing misuse of drugs and alcohol also makes it more likely that offenders will re-offend. By reducing offenders' drug and alcohol misuse we make it easier for offenders to reintegrate into the community, hold down employment, and make it less likely that they will re-offend.

The Department has significantly reduced the availability of drugs and alcohol in prisons. In 1998, when random drug testing was first introduced in prisons, 35 per cent of prisoners tested positive for illicit drug use – by 2009 this figure had fallen to 10.5 per cent.⁹

The flow chart on the next page shows how the Department's specific initiatives within the Drug and Alcohol Strategy 2009-2014 support both the National Drug Policy's objectives and the Department's goal of improving public safety by *ensuring sentence compliance* and *reducing re-offending*.

The Department recognises that we can only achieve our goal by enhancing the capability of staff and strengthening our partnerships in the community and with other government departments.



⁹ Drug testing can detect a wide range of drugs. However, the majority of positive drug test results relate to cannabis because it can be detected for longer periods after use than other drugs. In order to obtain a full picture of drugs and alcohol in prisons, the Department compares relative increases in drug types through testing and contraband finds, and operational intelligence.

NATIONAL DRUG POLICY 2007-2012

Control or limit the availability of drugs (supply control)

To control or limit the availability of drugs, we:

- identify, target, and prevent criminal activities in prisons, and improve the safety of staff and prisoners through Operational Intelligence
- patrol with Drug Detection Dog Teams prison perimeters, employment areas, visit areas and cells
- drug test prisoners randomly and on suspicion of use
- charge prisoners with misconduct when they are found to have used or possess drugs or alcohol
- operate CCTV surveillance, X-rays and visitor scanners in prisons
- operate the 0800 JAILSAFE number
- enhance prison perimeter security and reduce the number of points of entry to prisons
- effectively manage prisoners with Identified Drug User status
- ensure prisoners wear overalls in visitor areas, and search prisoners after visits to prevent smuggling of contraband
- check the backgrounds of all potential prison visitors
- arrange prison visit areas for easy surveillance
- provide non-contact visit booths for high-risk offenders and Identified Drug Users
- ban prison visitors found with contraband
- direct where offenders in the community can live and work
- direct offenders in the community about who they can and cannot associate with
- develop new policies to reduce the supply of drugs into prisons
- block cellphones from operating in all prisons
- monitor prisoner telephone calls and correspondence.

Limit the use of drugs by individuals including abstinence (demand reduction)

To limit the use of drugs by individuals, we:

- run intensive Drug Treatment Unit programmes in prisons
- refer offenders to drug and alcohol treatment delivered by District Health Boards in the community
- evaluate the effectiveness of a specialised Alcohol and Other Drug Offender Team pilot with the Community Alcohol and Drugs Services, to cater specifically for offenders in prisons and in the community
- run a suite of core rehabilitative programmes (Short Rehabilitation Programmes, Medium Intensity Rehabilitation Programmes etc), which include drug and alcohol education components
- run the Special Treatment Unit Rehabilitation Programme for high-risk prisoners, which includes an alcohol and drug component
- screen offenders for drug and alcohol problems using industry-standard AUDIT and DAST screening tools
- deliver core rehabilitation programmes with drug and alcohol education components
- develop, with the Ministry of Health, effective tools for assessing offenders' drug- and alcohol-related needs
- support offenders who attend Alcoholics Anonymous and Narcotics Anonymous, both in prisons and in the community
- develop new policies to assist staff to reduce offenders' demand for drugs and alcohol.

Reduce harm from existing drug use (problem limitation)

To reduce harm caused from existing drug use, we:

- provide methadone maintenance treatment for opioid-dependent prisoners, as per protocols agreed with the Ministry of Health
- support risk reduction and humane treatment for prisoners with blood-borne viruses such as HIV/AIDS
- maintain strict control of the dispensing of prescription medication in prison (in line with Ministry of Health protocols)
- establish addiction treatment programmes
- contribute to the development of consistent and mutually supportive across-government policies and programmes that minimise drug-related harm in New Zealand
- provide harmony units for prisoners who agree to more frequent drug tests
- educate offenders about the health risks of drug and alcohol misuse
- implement systems for managing and supporting offenders who relapse
- train staff to recognise drugs, related paraphernalia and signs of usage
- run health promotion campaigns in prisons.

Sentence Compliance

Reducing Re-offending

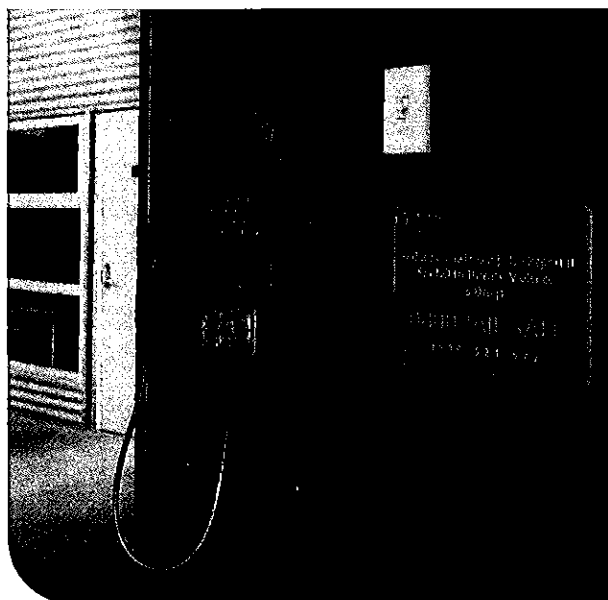
Improved Public Safety

Sentence Compliance

Ensuring sentence and order compliance is critical to the integrity of sentences and orders and is part of the Department's core business. Drug and alcohol misuse affects users' motivation and ability to function, and can impair offenders' ability to follow sentence and order conditions. By reducing the number of offenders misusing drugs and alcohol, we expect more offenders to comply with their sentences and orders.

Although drugs and alcohol are prohibited in prisons, some prisoners attempt to continue misusing these substances and are unmotivated to change their behaviour. Therefore, to achieve sentence compliance in prisons, our staff focus their efforts on preventing the supply of drugs and alcohol to prisoners. If we stop this harmful pattern of behaviour, we make it easier for prisoners to reintegrate into the community, hold down employment, and make it less likely that they will re-offend.

Without 24-hour surveillance, it is difficult to prevent offenders in the community accessing drugs. Therefore, our efforts at achieving sentence and order compliance for community-based offenders are focused on referring them to drug and alcohol treatment. As well as referring offenders to drug and alcohol treatment services, probation officers need to ensure offenders complete treatment in accordance with their sentence and order obligations, and face appropriate consequences if they do not.



Progress to Date

The Department has implemented a range of activities in order to improve sentence compliance aimed predominantly at **limiting the supply of drugs in prisons**, including:

- Operational Intelligence to identify, target, and prevent criminal activities in prisons, improving the safety of staff and prisoners
- patrolling prison perimeters, employment areas, visit areas and cells with Drug Detection Dog Teams
- conducting random manual searches of visitors, staff, their vehicles and property
- using scanners and X-ray machines to enhance staff searches in prisons
- enhancing prison perimeter security and reducing the number of points of entry to prisons
- operating CCTV surveillance and deploying staff to oversee prison visit rooms, perimeters and entry points
- conducting background checks on all potential prison visitors
- banning visitors who attempt to bring contraband into prisons
- deploying prison staff to oversee visits in visitor centres
- requiring prisoners to wear closed overalls when entering visiting areas, and searching prisoners after visits to prevent the smuggling of contraband
- drug testing prisoners randomly and on suspicion of use¹⁰
- charging prisoners with misconduct when they are found to have used drugs or are in possession of drugs or paraphernalia
- operating an 0800 JAILS SAFE anonymous telephone service.

Through such measures we have significantly reduced the availability of drugs and alcohol in prisons. In 1998, when random drug testing was first introduced in prisons, 35 per cent of prisoners tested positive for illicit drug use – by 2009, this had fallen to 10.5 per cent.

¹⁰ Drug testing also screens for evidence of alcohol use.

Looking Forward

Over the past few years we have done well to reduce the supply of drugs and alcohol into prisons. To build on our success we will increase our use of our most effective strategies.

Over the next four years the Department's focus for improving sentence compliance will be on:

- intelligence-led targeting of staff and resources (for example searching and drug testing)
- improving the effectiveness of our Drug Detection Dog Teams
- maintaining the integrity of, and improving the efficiency of, our drug testing and disciplinary systems
- promoting and encouraging the use of the Department's 0800 JAILSAFE service
- investigating the effectiveness of introducing contraband amnesty bins and/or electronic detection devices into prisons.

Operational Intelligence staff based at each prison collect, collate and analyse information about criminal activity in prisons, enabling us to target our local and national resources where they will have the most impact. We will also be increasing awareness of our 0800 JAILSAFE number, which enables prisoners, visitors, and members of the public to provide information anonymously about criminal activities, including those related to drug misuse or supply. This is an invaluable method for gathering intelligence.

Our Drug Detection Dog Teams' mobility and flexibility means they can assist in the searching of facilities (visitor areas, cells, and mailrooms), vehicles, and individuals (prisoners, contractors, staff) in order to detect any concealed drugs. The visibility of the dog teams means they also act as a deterrent to those attempting to bring drugs into prisons. Therefore, we need to ensure that these teams are visible, are working together to meet local and national objectives, and are following best practices.

Our current urinalysis¹¹ drug testing regime is the most accurate technology available for our purposes. A review of the disciplinary system for drug misconduct charges aims to make the prosecution process more effective in order to free up staff and resources. We will also be monitoring the success of other initiatives and technology being used overseas, such as electronic detection devices and contraband amnesty bins, to determine whether these might be effective in New Zealand prisons.

In the community we are increasing staff and resources to manage the increasing number of community-based offenders, many of whom are required to undertake drug and alcohol treatment as part of their sentences and orders.

What Progress will Look Like

We will know we are successful when we see:

- fewer prisoners returning positive drug tests
- drug test result monitoring improved by distinguishing between different drug types
- increased effectiveness at finding contraband inside prisons and at checkpoints
- monitoring of contraband finds improved by distinguishing between different drug types
- fewer prisoners with Identified Drug User (IDU) status
- fewer Māori prisoners with IDU status
- fewer delays in the disciplinary system relating to positive drug test results
- increased use of the 0800 JAILSAFE number.



¹¹ An accurate evidential method of drug testing that analyses urine samples.

Reducing Re-offending

Drug and alcohol misuse contributes to a wide range of criminal activities. Crimes are committed under the influence of drugs and alcohol, in order to raise money to support a habit or addiction, or relate to the sale and distribution of drugs. Therefore, we can make a significant contribution to reducing re-offending by addressing offenders' drug and alcohol misuse.

Apart from contributing to re-offending, drug and alcohol misuse affects users' functioning and therefore acts as a barrier to the benefits of rehabilitative and re-integrative activities. Consequently, motivating and assisting offenders to live drug- and alcohol-free lifestyles, or reducing the use of drugs, is a priority for all staff. We must also ensure that appropriate and adequate treatment is available for those offenders motivated to address their drug and alcohol problems.

Progress to Date

The Department is reducing re-offending by **reducing offenders' demand for drugs and alcohol** and helping them through a number of initiatives, including:

- providing intensive drug and alcohol treatment in prison Drug Treatment Units
- piloting the Specialised Alcohol and Other Drug Offender Team with Community Alcohol and Drugs Services (CADS)
- referring offenders in the community to drug and alcohol education and treatment programmes funded by District Health Boards
- undertaking comprehensive screening assessments of offenders' drug- and alcohol-related needs
- introducing a new suite of core rehabilitative programmes (Short Rehabilitation Programmes, Medium Intensity Rehabilitation Programmes etc) that include drug and alcohol education components
- introducing the Special Treatment Unit Rehabilitation Programme for high-risk prisoners, which includes a drug and alcohol component
- providing harmony units for prisoners who agree to more frequent drug tests
- supporting prisoners and community-based offenders to attend Alcoholics Anonymous and Narcotics Anonymous programmes, both in prisons and in the community.

The Department's rehabilitation programmes are producing significant reductions in recidivism that are comparable with the most effective programmes internationally. A 2006 evaluation of the 24-week Drug Treatment Unit programmes in prisons showed a reduction in the re-conviction rate of about 10-14 per cent. There were about 30 per cent fewer re-imprisonments among women participants, and positive outcomes for Māori were equal to the benefits for non-Māori.¹²

Offenders with drug and alcohol problems who are managed in the community are referred to treatment services funded by District Health Boards, or take part in the Department's own suite of rehabilitative programmes. Because District Health Boards have the expertise and funding to provide drug and alcohol treatment in the community, probation officers must work closely with them to ensure that offenders are referred to the appropriate services and treatment.

Supporting offenders with drug and alcohol addictions also means providing sufficient harm-minimisation education and resources. The Department is working to **limit the harm caused by drug and alcohol misuse** by:

- providing methadone maintenance treatment for opioid-dependent prisoners as per the protocols agreed with the Ministry of Health
- managing detoxification in line with clinical needs
- maintaining strict control of the dispensing of prescription medication in prison (in line with Ministry of Health protocols)
- implementing measures to support risk reduction and humane treatment for prisoners with blood-borne viruses such as HIV/AIDS and Hepatitis C
- implementing health promotion activities.

All prisoners with addictions who are on government-funded registered methadone maintenance treatment programmes at the time of their imprisonment are able to continue this treatment, which is then delivered by health services in prison. By maintaining these prisoners on methadone we make it less likely that they will re-offend upon release or try to obtain illegal drugs while in prison, and minimise the risks associated with the transfer of communicable diseases in prisons through health safety promotion activities.

¹² Review of Drug Treatment Units, Ministerial Briefing, Department of Corrections December 2006.

Looking Forward

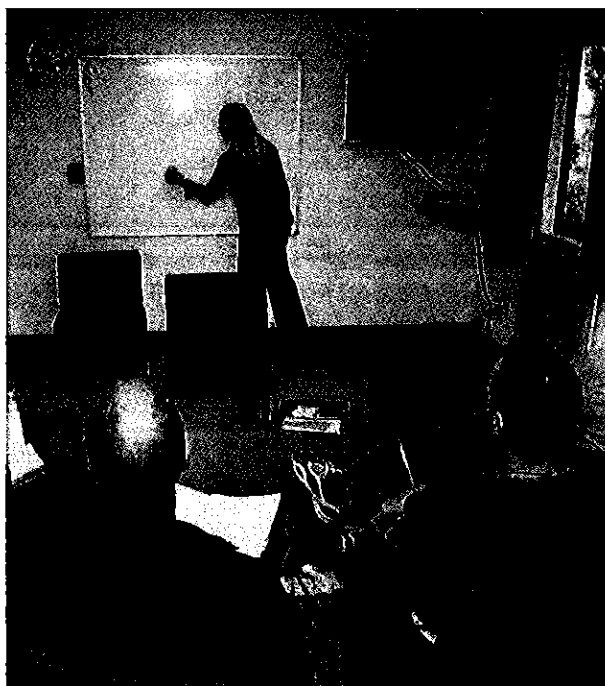
Over the next four years, our focus will be on increasing the number of offenders who successfully complete drug and alcohol treatment. By 2011, we aim to have doubled the number of placements for prisoners in Drug Treatment Unit programmes to 1,000 per year. We will achieve this by introducing shorter but equally intensive programmes to cater for those prisoners serving shorter sentences. Because continuity of care is also important, prison staff must continue to work alongside District Health Board professionals to ensure that prisoners about to re-enter the community can access drug and alcohol treatment.

We also need to ensure that community-based offenders are getting access to the drug and alcohol treatment they require. This usually means staff working more closely with District Health Boards. Early indications suggest that the CADS Specialist Alcohol and Other Drug Offender Team, currently being piloted in prisons and in Community Probation & Psychological Services service centres in the Auckland region, is an effective way of motivating and directing offenders to address their drug and alcohol needs. If the Auckland pilot proves successful, it will be considered for duplication in other areas in 2010.

What Progress will Look Like

We will know we are successful when we see:

- reduced re-conviction and re-imprisonment rates for offenders who have completed drug and alcohol treatment
- more offenders participating and successfully completing treatment in prisons and in the community
- more Māori participating and successfully completing treatment in prisons and the community
- fewer clinical diagnoses related to the effects of drug and alcohol misuse
- programmes that are shown to be effective for all groups of offenders, including those on shorter sentences, irrespective of their age or ethnicity.



Enhanced Capability

Staff are our most valuable resource for increasing sentence compliance and reducing re-offending. Each staff member in his or her interactions with offenders has the opportunity to promote positive change. This may involve motivating offenders to undertake treatment programmes, supporting them to live drug-free lives, or initiating disciplinary measures for non-compliance.

The Department will support staff by ensuring they have the appropriate training, legislation, tools, technologies, and working environment, to carry out their duties effectively.

Progress to Date

The Department has enhanced its capability through a number of initiatives, including:

- introducing Operational Intelligence staff to assist with local and national crime prevention strategies and to target the use of the Department's existing resources
- doubling the number of Drug Detection Dog Teams searching prisons since 2004
- doubling the number of Drug Treatment Units in prisons since 2007
- introducing an annual health promotion schedule and nurse health promotion portfolio managers
- introducing cellphone blocking technology in most prisons (intended to be in all prisons by the end of 2009)
- improving prison perimeter security and reducing the number of points of entry into prisons
- enhancing the security of prisons through the use of X-rays, visitor scanners, and CCTV cameras
- designing prison visitor rooms for easy surveillance during visits
- providing non-contact visit booths for high-risk prisoners
- training staff to recognise drugs, related paraphernalia, and signs of usage
- training probation officers to motivate offenders to seek treatment and attend rehabilitation programmes
- training staff for specialised roles such as intelligence gathering, drug testing and drug-related prosecutions
- introducing legislation to enhance staff ability to search and monitor correspondence.

We have already made significant improvements in our capability to reduce re-offending. We have doubled the number of Drug Treatment Units in prisons to six, and doubled the number of Drug Detection Dog Teams to 12. These search teams patrol prison perimeters, visitor areas, and cells, making it easier for staff to detect and prevent contraband being brought into prisons. Our increased resources are being better targeted through the use of operational intelligence and we have seen an increase in confiscations, particularly at visitor checkpoints, while fewer prisoners are returning positive drug tests. In 2003, the number of contraband finds was 698 – in 2006 staff found 1,509 items.

All new front-line staff are trained to recognise drugs and drug-related paraphernalia and their effects, and prison staff use narcotics identification kits to test suspicious substances. Further training is also provided to those undertaking specialised roles such as drug-test-related prosecutions, crime prevention, programme facilitation, work in Drug Treatment Units, and drug detection dog handling. Training is also provided to all staff to increase their responsiveness to Māori offenders.

The development of new legislation also enhances staff capability. The Corrections Amendment Act 2009, for example, authorises staff to read all prisoners' correspondence, enhances search powers, and increases the penalties for those caught bringing contraband into prisons.

Looking Forward

Over the next few years we will be enhancing the effectiveness of our investment in staff and resources. Our focus will be on ensuring our Drug Detection Dog Teams, Drug Treatment Units, and drug-testing regime are operating as effectively as possible – helping us to ensure sentence compliance and reduce re-offending.

Probation officer training now includes a greater emphasis on motivating offenders to address factors such as drug and alcohol misuse. Prison Services will be evaluating the drug and alcohol training available to prison staff to ensure staff maintain a strong focus and capability in this area.

We will be introducing an improved method of recording data from contraband finds so that evidence of emerging trends can be identified and analysed, along with drug test results and other operational intelligence, to target effectively the deployment of staff and other resources.

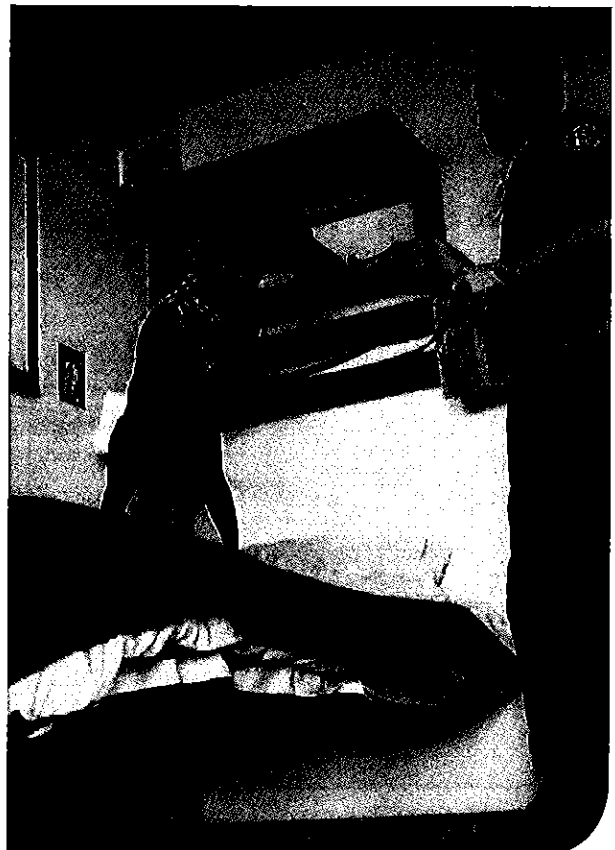
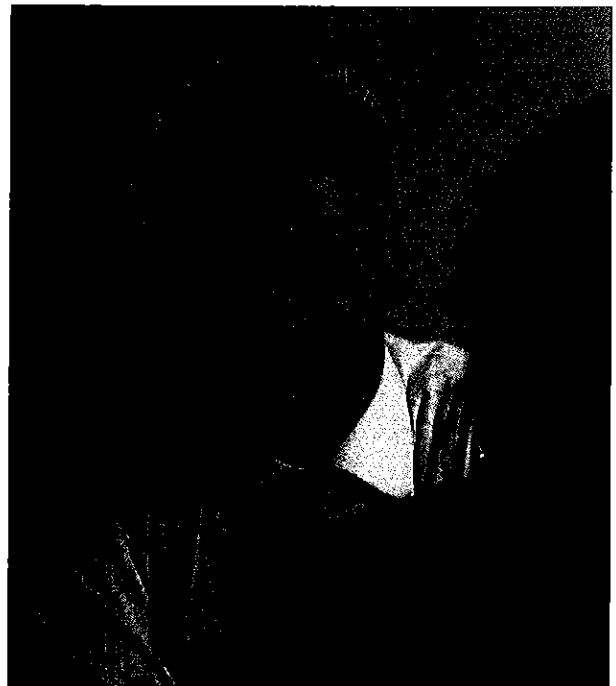
Our Drug Treatment Units have proved effective at reducing re-offending, and have shown particularly good outcomes for medium-risk prisoners and those aged over 25 years. In the future we will be looking to make improvements so that our Drug Treatment Units are just as effective for high-risk and youth offenders. We will be looking at ways to ensure that eligibility rules and operational requirements do not prevent prisoners with needs from accessing treatment, and introducing shorter but equally intensive programmes so that prisoners on shorter sentences can participate.

We will also be focusing on increasing offender participation in drug and alcohol treatment in the community. The rapid growth in the number of offenders being sentenced to both prison and community sanctions has necessitated significant recruitment for both Community Probation & Psychological Services and Prison Services. Consequently, we have a large number of staff with less than two years' experience in front-line, managerial and support roles. We need to ensure these staff have formal training and receive ongoing support and advice from their more experienced colleagues. This is a priority for every staff member, so we can maintain our high service standards and be effective at making safer communities, including our commitment to succeed for Māori.

What Progress will Look Like

We will know we are successful at enhancing capability when we see:

- staff expressing their understanding of their role in limiting the supply and use of drugs and alcohol
- increased staff awareness of drug- and alcohol-related harm
- prison infrastructure designed and configured to prevent the supply of drugs.



Strengthening Partnerships

The Department cannot achieve its goals on its own. We need to continue to build and maintain strong partnerships with other groups such as the Ministry of Health, District Health Boards, New Zealand Police (Police), community groups, contracted service providers, iwi, hapū and, whānau/families.

Strengthening these partnerships will enable us to make use of each other's expertise and share resources to address offenders' drug and alcohol problems.

Progress to Date

The Department works with a number of groups, including Police, the Ministry of Health, the New Zealand Customs Service (Customs), and community groups to reduce offenders' drug and alcohol misuse. To date these partnerships have involved:

- contracting professionals to run Drug Treatment Unit programmes in prisons
- working with the Ministry of Health and District Health Boards to implement effective screening tools such as the "AUDIT"¹³ and "DAST"¹⁴ to identify and measure the severity of offender drug and alcohol misuse, dependence and addiction
- working with the Ministry of Health and District Health Boards to improve the availability of appropriate drug and alcohol treatment for offenders
- developing and implementing the Prison Opioid Substitution and Detoxification Protocol
- establishing addiction treatment programmes and harm-minimisation initiatives in prisons that are in line with health sector strategies, protocols and guidelines
- piloting the Specialised Alcohol and Other Drug Offender Team with the Community Alcohol and Drugs Services to cater specifically to offenders in prisons and in the community in Auckland

- sharing information with Police, Customs, and the Ministry of Health to prevent the supply of drugs in prisons¹⁵
- contracting the expertise and technology of Environmental Science and Research to assist with urinalysis drug testing and related prosecutions
- contributing to the development of consistent and mutually supportive across-government policies and programmes that minimise drug-related harm in New Zealand.

Inter-agency partnerships allow us to share expertise and resources to increase our ability to control or limit the availability of drugs, reduce the demand for drugs by individuals, and reduce the harm caused by existing drug use. The Department is committed to developing policy that is consistent with the goals of the Inter Agency Committee on Drugs, the World Health Organization's Global Alcohol Strategy and the United Nations Office on Drugs and Crime.

While intensive treatment in prisons has proved effective, through-care is also important, so we need to ensure that prisoners with drug and alcohol problems who are about to re-enter the community are referred to the appropriate services. The Ministry of Health and District Health Boards have the expertise and resources to address offenders' drug and alcohol misuse. Consequently, we need to work closely with them to maximise offenders' ability to access treatment and services.

At a local level, both Prison Services and Community Probation & Psychological Services have a number of relationships with national and local voluntary and community bodies that provide re-integrative and educational services. On an individual level, staff work with whānau/families to ensure that offenders being released into the community, or who are receiving treatment in the community, are in a supportive environment to maximise the benefits of any interventions.

¹³ AUDIT: Alcohol Use Disorders Identification Test.

¹⁴ DAST: Drug Abuse Screening Test.

¹⁵ These three bodies make up the National Drug Intelligence Bureau

Looking Forward

Offenders in the community should receive treatment on the same basis as the general public and be given access to healthcare resources on the basis of the severity of their clinical needs. Offenders on waiting lists may relapse and ultimately re-offend while waiting for healthcare in the community. Consequently, over the next four years we will work more closely with the Ministry of Health and District Health Boards to ensure offenders receive timely drug and alcohol treatment.

Given the over-representation of Māori, both in the offender population, and among those prisoners with drug- and alcohol-related problems, the Department will continue to strengthen its ties and consult with iwi and hapū to ensure that programmes and initiatives are effective for Māori.

The Department will continue to work co-operatively with government agencies and community groups to ensure offenders receive appropriate drug and alcohol treatment. We will also continue to work with Police and Customs in order to prevent drugs being supplied into prisons. We all share the common goal of wanting to reduce the harm caused by drug and alcohol misuse in the community.

What Progress will Look Like

We will know we are successful when we see:

- consistent and effective healthcare practices shared by the Department, the Ministry of Health, and District Health Boards
- continued consultation with and use of appropriate external providers with specialised knowledge, expertise, and resources
- the establishment of more inter-agency initiatives to increase the availability of drug and alcohol treatment in the community
- increased interaction and inter-agency operations with Police, Customs, and the Ministry of Health to prevent the supply of drugs into prisons
- effective reintegration planning with other agencies and services in the community
- the development of innovative programmes with the Māori community.



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