

Alcohol and drugs: A perspective from New Zealand

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As a small country of less than four million people, New Zealand has only one national corrections system dealing with incarcerated and community-based offenders and those held in custody on remand. There are around 6,000 people incarcerated including approximately 800 on remand and 300 women.

New Zealand has a range of sentence alternatives between fines and imprisonment including home detention, compulsory program attendance and work in the community. There are approximately 21,000 offenders undergoing non-custodial sentences at any point in time.

New Zealand has problems with drugs and alcohol within its corrections' system similar to other countries. Research shows that 83% of prison inmates have had a problem with alcohol or drugs at some point in their lives compared to about 32% of the general population. Within the prison system, 15% of women and less than 8% of men show drug offending as their most serious offence.

These statistics under-report the overall influence of drugs and alcohol on offences and offenders. A review of new offender assessment processes in New Zealand indicated that 80% of offenders had used drugs or alcohol immediately prior to committing offences. Between 130 and 150 people are in prison at any point in time for driving while under the influence of alcohol. In 1999, 36% of drug offences resulted in a community-based sentence with a further 55% receiving a fine or other non-custodial sanction.

Philosophically, Corrections in New Zealand see alcohol and drugs as:

- A medical problem;
- Part of the offence cycle; and
- Within prisons, an issue in the safe management of institutions in terms of contraband, and anti-social behaviour.

Considerable effort has gone into managing the supply of drugs into prison. These include use of drug detection dogs, improved physical security, visitor restrictions and searching, and drug intelligence. These initiatives often involve working in collaboration with the police.

When random drug testing was introduced in March 1998, 35% returned a positive sample. The most

recent monthly result is down to 16%. Of those testing positive; 97% are for cannabinoids.

This reflects New Zealand's fortunate situation as a small and isolated country that has escaped some of the impact of harder drug use in both the community at large and in the correctional system. There is growing use of harder drugs within the correctional system including amphetamine/metamphetamine and so called "party drugs" such as GHB (gamma-hydroxybutyrate). The increase to some extent reflects the impact of drug testing and enforcement initiatives forcing inmates to switch to substances which are easier to smuggle and harder to detect.

Managing offenders with drug and alcohol problems is done through the Integrated Offender Management (IOM) process. IOM involves the use of structured decision tools to determine the management of offenders. Such tools cover inmate security classification, risk of reoffending and need for intervention. Management in both a prison and community environment involves the development of a comprehensive sentence plan involving induction, assessment, sentence management and re-integration.

Key interventions are around a suite of cognitive-behavioural programs designed to address criminogenic need, although the quality of staff interaction, the offender's environment and other (not strictly criminogenic) interventions are also important. Drug and alcohol abuse is a core criminogenic need and IOM seeks to address these problems in a number of ways.

New Zealand currently spends \$NZD1.9 million (approx. USD800,000) on drug and alcohol programs covering both incarcerated and community-based offenders. This covers a variety of treatment programs including three drug treatment units within the prison system of which two are contracted to an external agency.

Using the IOM framework, those offenders at high risk of reoffending and with a high need for treatment for drug and alcohol problems are identified. For those assessed as needing treatment, three levels of intervention are envisaged for both incarcerated and community-based offenders:

- Brief harm reduction involving group treatment. The cost of this is approximately \$100 NZD per intervention.
- Group treatment plus some individual therapy. This costs approximately \$700 NZD per intervention.
- Intensive treatment in a 182 day residential program. The 400 people a year expected to be targeted for this intervention will cost approximately \$20,000 NZD each.

As government funding and our own ability to reallocate expenditure permit, we expect to move over time to treating up to 14,000 offenders a year. The majority of these will be treated in the community.

While difficult to measure, it is anticipated that each \$1 spent on program delivery in this area will yield \$19 in benefits over a five-year period. Half of these benefits relate to savings to Corrections from reduced recidivism and half to reduced workloads of Police, Courts, Welfare and Health Departments. Other benefits to society at large are not included.

In addition to drug programs and treatment units, we also have a number of drug-free units within the prison system where inmates receive additional privileges for adopting a drug-free life-style. This is part of a deliberate strategy to adopt a more normalized and pro-social environment to mitigate the adverse effects of a custodial environment.

Some drug and alcohol interventions are delivered as part of a treatment process by psychologists and some as part of Maori culturally-based interventions.

Within the overall offender population, there are three distinct sub-sets:

- Maori. New Zealand's indigenous population make up 50% of the offender population but only 12% of the overall population.
- Women. Women make up only 5% of the prison population and 24% of those on community-based sentences. They are over-represented in drug and alcohol abuse statistics and are more likely than men to be involved in harder drugs.
- Community-based offenders.

There are a number of programs which use Maori culture as the basis of intervention. Many of these include a drug and alcohol component. An example is "Te Wairua o nga Tangata" (The Spirit of the People), a 70 to 80 hour program for Maori offenders. Two of the seven modules in this program deal with drug and alcohol abuse. This program was delivered to almost 400 Maori on community based sentences in the 2000/01 year.

Standard programs include material and examples to enable Maori offenders to relate better to course material.

Within the prison system, there are four Maori focus units throughout the prison system which house 220 Maori inmates in dedicated units. These units promote the use of cultural values to address offending and aid rehabilitation. Part of the participation in these units involves a commitment to remain drug free.

Women inmates have access to a drug free unit following completion of an intensive drug and alcohol program. This program is operated by the National Society for Alcohol and Drug Addiction.

Community based sentences involve both alternatives to incarceration and the post-release supervision of prison inmates. These sentences are operated from over 100 locations nationally. Treatment programs are generally run by local providers and are frequently generic programs not designed for a correctional context. These programs are being gradually phased-out in favour of dedicated programs designed to operate within the IOM framework.

The future of drug and alcohol treatment for offenders in New Zealand holds many challenges.

- The IOM process is still in the implementation stage. Reintegration of offenders, and relapse prevention, are particular areas within IOM where further development of the model is occurring. Formal evaluation of the success of IOM in reducing re-offending will be undertaken.
- Interagency cooperation in the management of drug and alcohol offenders merits further attention.
- There is potential for increased service delivery by Maori and community groups.
- Further work is needed on program design to determine whether the substance abuse needs of specific groups including Maori, Pacific people, women and youth are sufficiently different to warrant different or modified programs.
- Consideration is being given to "drug offender units" to house persistent drug users in a more restrictive environment. These will supplement existing "drug free" and "drug treatment" units.

As mentioned earlier, New Zealand faces similar issues with respect to treatment of offenders with drug and alcohol problems as other countries. Integrated Offender Management is the key to New Zealand's strategy to address these issues. ■

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