

1 June 2023

C167186

[REDACTED]

Tēnā koe [REDACTED]

Thank you for your Official Information Act 1982 (OIA) request of 6 April 2023 to the Department of Corrections – Ara Poutama Aotearoa, requesting information about substance use disorders and alcohol and other drug (AOD) programmes.

Public safety is Corrections' top priority and we are committed to helping people we manage to live safely in the community. Corrections has a wide range of programmes available to address people's specific rehabilitative and reintegration needs. Each year we deliver programmes and interventions to thousands of people under our management in prison and the community.

Our research shows that people in prison have much higher rates of mental health and substance use disorders than the general population. In 2016, Corrections completed research into the comorbid substance use disorders and mental health disorders among people in prison in New Zealand. This found the percentage of the prisoner population identified with either alcohol abuse or dependence was 30 percent with 12-month prevalence and 78 percent with a lifetime prevalence. Because these individuals are less likely to seek help in the community, the disorders are often undetected or not treated properly. Mental health needs can be further complicated by other health needs such as substance use disorders, traumatic brain injuries or foetal alcohol syndrome. You can view this research [here](#).

The programmes and interventions each individual undertakes and when, will depend on their assessed risk, needs, readiness, the nature of their offending, and programme availability.

Some of your questions have been reordered for ease of response:

The percentage of prisoners with an underlying alcohol or drug addiction broken down by ethnicity and by year from 2019

People in prison are not required to disclose all health conditions to Corrections. Where Corrections health professionals treat, diagnose or otherwise become aware of a substance use disorder, this information will be stored in individual medical files.

Providing information since 2019 will require manual collation or research, therefore, this question is partially refused under the following sections of the OIA:

- section 18(f) as answering your question would require us to undertake substantial collation or research.

However, a snapshot taken of the prison population on 30 November 2022 found 75 percent of the female prison population had been screened using the Alcohol, Substance Involvement Screening Tool (ASIST). Of these women, 63 percent have been identified as having a high risk of substance use related harm. 80 percent of the male population had been screened using the ASIST and of these men 58 percent were identified as having a high risk of substance use related harm. As was found in previous prison surveys and prevalence studies polysubstance use and coexisting mental health conditions are the norm. The analysis was not broken down by ethnicity.

The ASIST is a modified version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) developed by the World Health Organisation. This version does not include tobacco, as prison health services already have a comprehensive screening process linked to the provision of nicotine replacement therapy. The ASIST screens for a range of substances and determines a risk of harm score for each substance. The score helps inform the level of intervention required (i.e. lower, moderate or high) to reduce the risk of harm. It involves asking people questions about their AOD use across their lifetime and in the past three months.

If this information is not available, then please provide, the percentage of prisoners convicted for a drug offence broken down by ethnicity, gender and by year from 2019

The table below shows the percentages of new prison sentences started where one of the offences the person was sentenced for was a drug offence.

The 'All sentence starts' column shows the percentage of total new sentences which included drug offences. Other columns show the percentage of new sentences started by people with a particular ethnicity or gender which included a drug offence. For example, 16% of new prison sentences started by people whose ethnicity is recorded as European in 2022/23 included a drug offence.

Statistics are reported by financial year, 30 June, in accordance with reporting conventions. People will be counted more than once if they started multiple sentences in a given year.

Year	Ethnicity					Gender		All sentence starts
	Māori	Pacific	European	Asian	Not recorded	Female	Male	
2018/19	14%	12%	18%	23%	14%	21%	15%	15%
2019/20	13%	16%	21%	26%	14%	24%	15%	16%
2020/21	13%	13%	17%	20%	17%	17%	14%	14%
2021/22	11%	15%	17%	26%	11%	18%	13%	13%

2022/23*	12%	12%	16%	22%	14%	16%	13%	13%
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The number of prisoners, broken down by ethnicity and gender, who were eligible for an AOD programme

The main criteria for AOD programmes are that a person be at least 18 years of age and have a score of 16 or more for a particular substance on the ASIST. They must also have enough time on their sentence to complete the programme.

Following screening with the ASIST, a person's case manager will engage with them regarding any substance use indicated. Where they have a score of 16 or higher, this will include assessing the suitability of an intensive intervention.

Approximately 2,200 people met the ASIST eligibility criteria according to the November 2022 ASIST snapshot. A proportion of these will have attended or be attending an AOD programme.

How many programmes and facilities are available outside of prison for those with alcohol or drug addiction related offending?

Corrections funds or is involved with multiple AOD programmes and facilities in the community.

These programmes include Te Ira Tangata, a 12-week community AOD programme in the Auckland region, funded by Corrections. The programme is available for both tāne and wāhine and is underpinned by a kaupapa Māori approach to trauma-informed rehabilitation.

Corrections and the Ministry of Health have purchased Packages of Care through a joint procurement process. Packages of Care are for people serving sentences in the community who have a high need for treatment, a high risk of dependence, and will probably be experiencing health, social, financial, legal and relationship problems as a result of their AOD use.

A Package of Care, also referred to as a treatment bed, is made up of withdrawal management, residential treatment, and continuing care. The length of stay for each service varies from eight to 52 weeks.

Packages of Care have been purchased from the following specialist AOD treatment providers: The Salvation Army; Te Whare Ruruahau; Ngati Hine Health Trust; Higher Ground; Manaaki Ora Trust; Mash trust; St Mark's Society; He Waka Tapu; Odyssey House Trust Christchurch; and Moana House.

Corrections also funds 19 beds with two services provided by Odyssey House Trust Christchurch. Eleven of these beds are with He Kete Oranga o te Mana Wahine (He Kete), a service that takes women who are either on bail, or at a pre-sentence stage, and who have experienced harmful substance use. The other eight beds are part of Te Whare Waimariiri, a continuing/respice care service for women who have graduated from He Kete.

The percentage of prisoners with an underlying alcohol or drug addiction who reoffended in the 2 years after their release broken down by ethnicity, gender and by year from 2019

For each AOD programme [in prison], the percentage of those who completed the treatment programme that reoffended in the 2 years following, broken down by ethnicity.

For each of these programmes [outside of prison], the number of those who went through the programme, for each year from 2019, broken down by ethnicity?

For each of these programmes [outside of prison], the percentage of those who completed the treatment programme that reoffended in the 2 years following, broken down by ethnicity?

Corrections carries out research on reoffending rates to calculate the Recidivism Index and the Rehabilitation Quotient, reported in our Annual Report. Corrections' Annual Reports are available at https://www.corrections.govt.nz/resources/strategic_reports/annual-reports.

The Recidivism Index and Rehabilitation Quotient are Appendices Two and Three, beginning on page 174, in the 2021/22 Annual Report.

Providing information which is not already included in the Annual Report, including further breakdowns or combinations of breakdowns, and programmes which are not already included in the Rehabilitation Quotient, would require us to undertake significant further research.

Therefore, these questions are refused under the following sections of the OIA:

- section 18(d) as the information is publicly available, and
- section 18(f) as answering your question would require us to undertake substantial collation or research.

For each AOD programme available in women's prisons, the number of prisoners, who went through each programme for each year from 2019, broken down by ethnicity

Corrections provides four AOD programmes in women's prisons.

The Intensive Alcohol and Other Drugs Treatment Programme (ITP) is an eight-week recovery-focused intensive group programme. The goal of the ITP is to provide participants with the knowledge, attitudes and skills required to address their substance use. Graduates of the ITP receive ongoing support for six to twelve months from an AOD Aftercare Worker.

ITPs are run at both Christchurch Women’s Prison and Auckland Regional Women’s Corrections Facility.

Te Ira Wāhine is a kaupapa Māori intensive AOD programme designed specifically for women in prison. It is delivered by experienced AOD practitioners employed by a contracted kaupapa Māori provider, Te Hā Oranga. While the programme is primarily focused on addressing AOD needs, it follows a trauma-informed approach. Facilitators will be able to recognise the signs and symptoms of trauma and respond appropriately. Te Ira Wāhine is available to both sentenced and remand-convicted women at ARWCF with a high security classification.

Te Ira Oranga is the kaupapa Māori framework delivered by Te Hā Oranga. It has been developed to strengthen wellbeing by focusing on “healing and recovery” through the enhancement of cultural identity and sense of belonging. The programme has a strong presence of tikanga and a culturally strengthened model to support co-existing problems (CEP). Although the programme is primarily focussed on addressing wāhine’s alcohol and other drug needs, it also follows a trauma and tikanga-informed approach and is responsive to mental health. Te Ira Wāhine is available to sentenced women at ARWCF with a low-medium security classification.

Delivery of the three-month DTP at Arohata Prison (DTP3) was stopped in 2022/23. It was identified that Arohata Prison was no longer the best location for the long-term treatment option for women as it had a significant increase in the remand population. Te Ira Oranga at Auckland Region Women’s Corrections Facility replaces the Arohata DTP as the long-term option, offering treatment to meet the continuum of AOD needs.

The delivery of these programmes has been affected by COVID-19 and Corrections’ current challenges with staffing levels. The safety of people in prison, and our staff, is our highest priority.

For people that have been impacted by a decrease in programme availability, we have tried to accommodate them via other means, such as using self-directed learning via audio-visual links, using prepared workbooks or delivered interventions remotely. This type of adapted delivery is not consistently captured in the figures below.

We are making a concerted effort to recruit staff and are continually reviewing our plans to ensure that all activities, including programmes, are resumed across the prison network as soon as it is safe to do so.

The table below presents the number of unique women prisoners, who had started an Addictions Programme in prison between 01/07/2018 and 30/04/2023

Programme/Ethnicity	2018/19	2019/20	2020/21	2021/22	2022/23*
DTP3 Drug Treatment Programme	63	47	47	36	-
Māori	33	27	30	21	-
Pacific	1	1	4	2	-

Programme/Ethnicity	2018/19	2019/20	2020/21	2021/22	2022/23*
European	27	18	13	12	-
Other (incl. Asian)	1	-	-	1	-
Not recorded	1	1	-	-	-
Intensive AOD Treatment Programme (8 weeks)	55	69	88	28	32
Māori	29	37	42	18	17
Pacific	5	2	6	1	2
European	18	29	39	9	13
Other (incl. Asian)	3	1	1	-	-
TIW Te Ira Wahine	26	22	34	15	10
Māori	21	19	27	11	8
Pacific	4	2	1	-	2
European	1	1	6	3	-
Other (incl. Asian)	-	-	-	1	-

* 2022/23 financial year as at 30/04/2023

Please note that this response may be published on Corrections' website. Typically, responses are published quarterly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Please be advised that should you have any concerns regarding this response you have the right to ask the Ombudsman to investigate our decision to extend the timeframe. Contact details are: Office of the Ombudsman, PO Box 10152, Wellington 6143.

Ngā mihi



Dr Juanita Ryan
Deputy Chief Executive
Health Services