

*Committee Secretariat  
Social Services  
Parliament Buildings  
Wellington*

A Submission

Children, Young Persons, and Their Families  
(Youth Courts Jurisdiction and Orders)  
Amendment Bill

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A Submission to  
*Social Services Select Committee*

1. This Submission is from the Alcohol Drug Association New Zealand (ADANZ).
2. Cate Kearney, Chief Executive Officer, Alcohol Drug Association New Zealand is the contact person. ADANZ requests that Ms Kearney have the opportunity to present the submission in person. She may be contacted at ADANZ, PO Box 13-496 Armagh, Christchurch, telephone 03 3798626, fax 03 3775600, email [cate.kearney@adanz.org.nz](mailto:cate.kearney@adanz.org.nz) .
3. (ADANZ) is a not-for-profit organisation, and has been operating in the South Island since 1982. ADANZ recognises and is committed to the principles of the Treaty of Waitangi and will work in partnership with the Tangata Whenua of Aotearoa.

ADANZ's statement of purpose is:

*"Improving the health of the people of Aotearoa New Zealand by minimising harm associated with alcohol and other drugs".*

4. Our Role:

Providing information, challenging thinking and stimulating action on alcohol and drug issues through:

- Coordination  
Bringing people together to help services work together.
- Advocacy  
Identifying issues and actions to raise awareness or influence decision making at a policy level through submissions and direct lobbying that will lead to the reduction in the harms associated with alcohol and other drugs in Aotearoa, New Zealand.
- Information  
Providing excellence in alcohol, other drug and addiction information to the people of Aotearoa, New Zealand.

- Early Intervention  
Encouraging and supporting people to access interventions and addiction treatment services.

5. ADANZ is governed by the ADANZ Board, a voluntary board, drawn from the ADANZ membership. The board is responsible for the financial and functional operation of the organization. ADANZ board has a commitment to the promotion and protection of Māori health ideals at governance level. The ADANZ board will work in partnership with the people of this region mana whenua, while acknowledging that ADANZ is a national organization and as such will work towards the benefit of all Māori, tangata whenua.

This submission begins with a general position statement followed by a list of the main points and recommendations, followed by the rationale for ADANZ's opinion.

The next section comprises detailed referenced comments that cover the main points and recommendations.

### ***General Position***

ADANZ supports the intention of the Bill to acknowledge the multiple needs of youth offenders and their families and whanau by both extending the jurisdiction of the Youth Court and strengthening and expanding the orders available to Youth Court judges in order to provide more effective treatment and rehabilitation services

However, it is our considered opinion that the orders contained within the expanded orders are too prescriptive, are not based on overseas and New Zealand research or on the twenty plus years of experience of the addiction treatment sector in New Zealand in working with disadvantaged young people with both criminal offending and addiction related issues.

We believe this Bill could be strengthened if the following areas of concern are addressed.

## **Main points**

The following main points concern the proposed introduction of a new sentence in the Youth Court whereby a Judge can order a young person to attend an alcohol and drug rehabilitation programme (s283 (j) (c)).

**1: The complex needs of the group targeted must be addressed** and the high number of Maori and Pacific youth in this group

**2: Youth specific developmental needs must be included in any Programme for this target group.**

Healthy development, including engagement in pro-social rather than antisocial behaviours, has little to do with strict discipline and regimented activity and a lot to do with connectedness to self, other and community as seen in existing services<sup>1,2</sup>.

**3: Use youth-specific alcohol and other drug treatment models that include family/whanau in the treatment.**

Models and programmes that are established and successfully applied include Positive Youth Development (PYD), Therapeutic Community (TC), New Zealand wilderness and adventure programmes, Family Inclusive Practice (FIP), and Multi-systemic Treatment (MsT).

**4: Court Mandated Treatment.**

There is a need for more robust research into the effectiveness of mandated treatment for this age group. There is evidence from the evaluation of the Christchurch Youth Drug Court pilot (YDC)<sup>3</sup> to suggest that court mandated alcohol and drug treatment can be effective but findings from the follow-up evaluation suggested changes are needed to improve outcomes.

**5: Military style camps.**

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<sup>1</sup> Mossman, Susan E (2005) *What works with youth? : an evaluation of the adventure development counselling programme*. University of Canterbury. School of Educational Studies and Human Development <http://hdl.handle.net/10092/1791> .

<sup>2</sup> R.N Schroder, J.D. Sellman & D. Deering. (2007) *National Addiction Centre Improving Addiction Treatment Retention for Young People: A Research Report from the National Addiction Centre ALCOHOL ADVISORY COUNCIL OF NEW ZEALAND* Kaunihera Whakatupato Waipiro o Aotearoa, Wellington

<sup>3</sup> Dr Sue Carswell (2004) *Process Evaluation of the Christchurch Youth Drug Court Pilot*. Ministry of Justice Wellington

There is no theoretical basis or reliable research to support this model or the punitive style framework.

**6: Treatment Sector capacity.**

It is essential the committee recognise that current services must be extended to meet the needs and numbers in the target group and that the recruitment of staff is a serious challenge facing youth services presently in New Zealand.

**Recommendations**

- a) All youth programmes for the target group must meet the multiple needs of the young people and their families/ whanau, and that these programmes are based on well-researched models that are effective with the target group.
- b) Established services using proven effective models of treatment including Kaupapa Māori and Pacific services to be contracted and supported to deliver programmes before new ones are established.
- c) Sustainable funding must be available in order to meet the necessary facility, staffing and programme requirements to ensure the viability of these programmes.
- d) That a clear, evidence-based and well referenced action plan is written and feedback is sought from the addiction treatment sector and other major stakeholders.

**Rationale for Opinion**

Addiction treatment is cost-effective. In general, reviews are consistent in finding that most addiction treatment yields net economic benefits to society. It is estimated that for every dollar spent on addiction treatment programmes, there is a \$4 to \$7 reduction in the cost of drug-related crimes. With some non-residential programmes, total savings can exceed

costs by a ratio of 12:1.<sup>4</sup> Addiction treatment can achieve positive effects on a number of outcome measures, including health status, criminal behaviour, family functioning, mental health, and employment.

It is acknowledged that there are clear benefits to addressing the underlying causes of offending by adding parenting, mentoring and alcohol and other drug treatment orders. There are a number of points surrounding some of the suggested changes that are important and useful to the Social Services Select Committee to consider.

### **Detailed Comments**

Many of the comments in this submission are based on this picture of young people in New Zealand. In the 2001 census<sup>5</sup> there were 283,584 males of which 56,501 identified as Māori, 24,459 as Pacific Island; and 272,439 females 55,839 identified as Māori, 10,785 as Pacific Island aged between 10 and 19 years.

The ethnic diversity of the youth population has been increasing in recent years. Over the past three censuses, the proportion of young people who were European fell from 77.2 percent to 66.8 percent, while the proportion of Māori, Pacific Islands, Asian and other young people increased.

Prevalence of substance abuse and mental health disorder is shown in the New Zealand Mental Health Survey<sup>6</sup> (the Survey) and in recent years there has been higher prevalence for younger people over all and in particular those with less education, from families with less income and who live in more deprived areas.

Māori and Pacific peoples had a higher prevalence of disorder and serious disorder than those who did not identify as Māori or Pacific Island, but

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<sup>4</sup> NIDA National Institute on Drug Abuse 2006

<sup>5</sup> <http://www.stats.govt.nz/census/2001-census-data/default.htm>

<sup>6</sup> MA Oakley Browne, JE Wells, KM Scott (eds). 2006. Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health

much of this was accounted for by socio-demographic differences, particularly for Pacific peoples. Of the two groups, Māori have the highest prevalence. Some of the differences arise because of the youthfulness of the Māori and Pacific populations but when educational qualifications and equivalised household income are taken into account Māori still had the highest prevalence.

Ethnicity is related to access to treatment, whereas socio-economic correlates are not. Considering their need for treatment, the Survey also shows that Māori and Pacific people were less likely to seek help for their mental health problems. The recent release of Māori Mental Health Needs Profile supports the fact that Māori with mental health and substance use disorders accessing treatment has been identified as a major problem i.e. they are the group least likely to have contact with health care providers<sup>7</sup>. Services will need to be credible with these youth as well as being credible with Māori and Pacific Island communities.

The national apprehension figures<sup>8</sup> for the last 10 years show Māori are also over represented in the criminal indices provided by Statistics New Zealand when compared to European and Pacific Island groups for those aged between 10 to 16 years. Offences associated with alcohol and other drugs are in the top three offences with dishonesty and property damage for the 10 to 17 age group; an indication that alcohol and other drug have an impact as early as 10 years for some young people.

## **1: Complex Needs of Target Group**

It is important that the Committee recognize that the target group of youth will also experience a complexity of substance use, mental health and behavioural issues as illustrated above, as well as education, peer and family relationship issues, when considering the proposed introduction of a new sentence in the Youth Court whereby a Judge can order a young

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<sup>7</sup> Baxter, J.(2008). *Māori Mental Health Needs Profile, a review of the evidenc.* Palmerston North: Te Rau Matatini & MoH

<sup>8</sup> Statistics New Zealand, Apprehension Statistics - <http://www.stats.govt.nz/>

person to attend an alcohol and drug rehabilitation programme (s283 (j) (c). Section 297B defines the nature of these proposed programmes  
297B (1) programme: means a programme that is or includes all or any of the following (whether residential or non-residential in nature):

- A) psychiatric, psychological or similar counselling or therapy
- B) a medical psychiatric, psychological, social, therapeutic, rehabilitative, or re-integrative programme with a focus on alcohol and drug issues

## **2: Programmes to meet Developmental Needs**

There is a body of evidence that shows healthy development, including engagement in pro-social rather than antisocial behaviours, has little to do with strict discipline and regimented activity and a lot to do with connectedness to self, other and community as seen in existing services<sup>9, 10</sup>.

## **3: Successful Youth-specific Therapeutic Interventions**

Models that are established and successfully applied include Positive Youth Development (PYD), Therapeutic Community (TC). New Zealand wilderness and adventure programmes, Family Inclusive Practice (FIP), and Multi-systemic Treatment (MsT),

### *Positive Youth Development:*

A Positive Youth Development paradigm move from deficit approaches to strengths based approaches, viewing young people as valuable resources who should be actively engaged in the decision making of their own treatment/intervention, employing youth appropriate and youth friendly approaches to build and enhance relationships that youth have with themselves, their whanau, their friends their communities and society in general.

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<sup>9</sup> Schroder RN, Sellman JD, Frampton C, Deering D. *Youth retention: factors associated with treatment dropout from youth alcohol and other drug (AOD) treatment*. Drug and Alcohol Review (in press).

<sup>10</sup> Mossman, S. E. (2005). *What works with youth? : An evaluation of the adventure development counseling programme*. University of Canterbury.

This PYD approach has also been supported in recent research conducted by researchers the National Addiction Centre with youth attending AOD treatment in New Zealand. The profile of many of these youth<sup>11</sup> fits very closely with the profile of the youth targeted in the Fresh Start Programme<sup>12</sup> and as such make a useful comparison group for contemplating the type of processes that should be included in programmes that are needed to assist these youth. Schroder et al (in press), in a study of factors associated with treatment retention, found that youth with complex needs including a history of criminal offending, substance misuse and mental health issues were more likely to remain in treatment, and therefore receive a better dose of treatment (associated with better treatment outcomes, including reductions in offending), if they felt connected to the programme they were in, had a good relationship with staff and most importantly felt empowered to have a say in areas such as goal setting and what happened in treatment. These findings support existing international literature, which suggests that staff attitudes and abilities to form relationships with young people in treatment have a significant impact on treatment retention and therefore treatment outcomes.

*Therapeutic communities:*

The therapeutic community concept<sup>13</sup> of 'mutual self help' is composed of diverse individuals. Its primary goal is to foster change. The vehicle is a social learning process imposed mutually by a community of individuals committed to recovery. The "community", composed of all its members (staff and residents) serves as peer, therapist, teacher and role model in

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<sup>11</sup> Schroder R, Sellman D, Frampton C, Deering D. (2008) *Profile of young people attending alcohol and other drug treatment services in Aotearoa, New Zealand: clinical file search*. Australian and New Zealand Journal of Psychiatry 2008;42(11):963-968.

<sup>12</sup> *A fresh start for young offenders: regulatory impact statement*  
<http://www.msd.govt.nz/about-msd-and-our-work/newsroom/media-releases/2009/pr-2009-02-16.html>

<sup>13</sup> George De Leon, (2000) *The Therapeutic Community Theory, Model, and Method*. Springer Publishing Company, NY

the complex change process called recovery. It is a highly structured and therefore, supportive environment with definite moral boundaries encompassing a code of behaviour and a communal value system being trust, honesty, concern, integrity. This community uses both rewards and sanctions. When fully developed there is an intensive treatment regime emphasising group therapy, skills development and self-esteem that improves with useful functioning within the community.

*Wilderness and Adventure Programmes:*

New Zealand wilderness and adventure programmes have been shown over a period of time to be effective (Mossman 2005) and the research valued internationally for its quality.

*Family Inclusive Treatment:*

There is strong research to show that family inclusive treatment is effective for both the individual and the family. It is likely that, if the family is willing to participate in treatment, the client is more likely to pursue seeking help.<sup>14</sup> Family Inclusive Practice takes a contextual view of addiction. This allows for interventions to be used whilst ensuring significant members of the social environment in which the individual is located are included.

The FIP model as described by Kina Trust<sup>15</sup> supports the view that individuals influence other members in their environment, especially family, and that family members in turn have an impact on these individuals. Services can address these factors alongside medication and individual counseling. Unlike family therapy models, the focus is not exclusively on the systemic issues.

Inclusive approaches are based on these key ideas:

- Services are more effective and sustaining when they involve family and whanau.
- Interventions with clients include broader social issues.

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<sup>14</sup> Diamond, J (2002). *Narrative means to sober ends. Treating addictions and its aftermath.* Paperback version; London. Guilford Press.

<sup>15</sup> Kina Trust, (2004) *Family Inclusive Practice in the Addictions Field*

- Family and whanau members have a right to participate in, and receive services.
- Harms associated with addiction (such as marital problems) extend beyond the individual, and these can be addressed effectively.

Family Inclusive Practice is linked to ecological, resilience and systems theories as well as behavioural and cultural approaches to practice.

*Multi-systemic Treatment:*

The Multi-systemic Treatment website describes this intervention as an approach found to be effective in working with the families of young people with conduct disorder and alcohol and other drug issues.

Multisystemic Therapy<sup>16</sup> (MST) works with families struggling to manage young people with serious behavioural problems. The MST model has proven effective in reducing antisocial behaviour among diverse populations of antisocial youth.

MST is an intensive family and community based treatment that addresses the multiple determinants of serious antisocial behaviour in young offenders. The MST approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighbourhood) factors. Intervention may be necessary in any one or a combination of these systems. In MST this “ecology” of interconnected systems is viewed as the “client”.

**4: Court Mandated treatment.**

There is evidence from the evaluation of the Christchurch Youth Drug Court pilot (YDC)<sup>17</sup> to suggest that court mandated alcohol and drug treatment can be effective. The pilot has reinforced the clear message that relevant agencies can intervene more effectively when they work collaboratively and with a shared understanding of the factors influencing

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<sup>16</sup> <http://www.mstnz.co.nz/citations.htm>

<sup>17</sup> Dr Sue Carswell (2004) *Process Evaluation of the Christchurch Youth Drug Court Pilot*. Ministry of Justice Wellington

a young person's offending behavior (ibid). However the methodology used for assessing the next stage of evaluation was considered weak and it has been suggested that more research on the best way to work with mandated treatment is advised.

## **5: Military style camps**

"The use of military-style activity camp programmes to provide the most serious and recidivist young offenders with clear boundaries, and reinforcement of self-discipline, personal responsibility and community values... They will include mentoring and measures to address the underlying causes of offending, for example to address drug and alcohol issues, and improve literacy and innumeracy skills." (Fresh Start for Young Offenders, Regulatory Impact Report, p. 29).

There is very much reliable evidence to suggest that traditional style military activity camps are at best not effective in reducing rates of re-offending, and at worst actually increase rates of re-offending. It is important to note that we are not advocating that these styles of activity camps are necessarily ineffective for all youth, and in fact there are certain groups of youth who have been seen to make great improvements in such structured environments. It is clear however, that these programmes work best for youth who are not offending and who have not come from backgrounds of violence, deprivation or neglect<sup>18</sup>.

In addition there is now strong evidence that the second generation of military style camps that are accompanied by wrap around therapeutic services such as parent skills education, alcohol and other drug counselling and mentoring (such as those proposed by Fresh Start) are also ineffective when it comes to reducing youth offending and may even be detrimental to youth offenders<sup>19, 20</sup>. Furthermore analysis of why such

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<sup>18</sup> Workman, K. (2008). *Should children face responsibility at 12 years old?* UNICEF Youth Week Forum

<sup>19</sup> Lipsey M.C., and Cullen F.T. (2007). The Effectiveness of Correctional Rehabilitation. A Review of Systematic Reviews. *Annual Review of Law and Social Sciences*.

programmes appear to be problematic indicates that the opposing paradigms of a top down militaristic approach conflicts with a supportive therapeutic approach with the confrontational nature of military style programmes being seen to work against the environment necessary to facilitate behavioural change and personal development (Workman, 2008).

## **6: Treatment sector capacity**

### ***6:1 Treatment capacity***

It is essential the select committee recognise that staffing is a primary consideration and that recruitment of staff is a serious challenge facing youth services presently in New Zealand.

The staffing requirements that are required for these programmes will need increased funding for:

- Adequate numbers of staff i.e. a high ratio of staff to youth
- Ability to recruit suitable staff with required personal attributes and training and retaining them.
- Provision of ongoing supervision and training supervision.

### ***6:2 Service capacities***

Further requirements attached to these programmes also have implications for ensuring increased funding for

- Assessments
- Established effective outpatient, day patient and residential youth alcohol and drug programmes such as the Odyssey House Therapeutic Youth Programmes; Adventure Development Counselling; Mirror Youth Counselling and Day Programmes; Kaupapa Māori and Pacific Islands services.

Service options are required to meet the need and diversity of the targeted group and non-residential options must be considered. Non-residential programmes have shown the same results as residential

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<sup>20</sup> Andrews, D.A., Zinger, I. Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. (1990) Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28, 369-297.

options. Residential rehabilitation for this group requires highly skilled work and as noted requires a high ratio of staff to young people<sup>21</sup>.

## **Conclusion**

ADANZ is pleased to work with the Social Services Select Committee and to contribute the experience of the Addiction Treatment Sector to this process. As stated, NCAT supports the intention of the Children, Young Persons, and Their Families (Youth Courts Jurisdiction and Orders Amendment Bill) and acknowledges the Bill must meet the needs of a small but vulnerable, complex and diverse range of young people their family and whānau.

The submission presents a list of main points it considers vital for the Select Committee to consider and makes a number of recommendations. In the details section it lists a number of treatment options and brief descriptions to support what has been recommended to strengthen the Bill.

ADANZ believes that if this bill is to successfully reduce the level of crime and recidivism within this group of young people, that comprehensive alcohol and other drug treatment programmes designed for youth and their families will be more effective than any short term punitive style intervention.

ADANZ welcomes the opportunity to speak further to the Select Committee.

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<sup>21</sup> Zampese, L. (2007) *When the Bough Breaks, A literature based intervention strategy for young offenders* editor A Grey. Psychological Service Department of Corrections. Christchurch