

LITMUS

Final Report

Qualitative components of the outcomes
evaluation of the Alcohol and Other Drug
Treatment Court Pilot
Te Whare Whakapiki Wairua

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Ehara taku toa i te toa takitahi, i te toa takitini

My strength/success is not that of a single warrior, but that of many

E ngā mana, e ngā reo, e ngā karangaranga o te motu nei, tēnā koutou katoa.

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Executive summary

This report presents the findings of the qualitative components of the outcomes evaluation of the Alcohol and Other Drug Treatment (AODT) Court. This report should be read in conjunction with the Ministry of Health and Ministry of Justice outcomes evaluation reports.

Evaluation background, rationale and method

The AODT Court seeks to reduce AOD-based offending

The AODT Court is a specialist court that operates within the District Court under general legislation and judicial discretion. The AODT Court is designed on international best practice with features unique to New Zealand. The intended outcomes of the AODT Court are to: reduce reoffending, reduce AOD consumption and dependency, reduce the use of imprisonment, positively impact on health and wellbeing and be cost-effective.

A multi-faceted and multi-agency outcomes evaluation was completed

The AODT Court has been operational for six years. In 2018, the Ministries of Justice and Health began an outcomes evaluation of the AODT Court. The Ministry of Justice assessed the impact of the AODT Court on reoffending and cost-effectiveness. The Ministry of Health assessed the treatment outcomes for graduates and cost-effectiveness.

Litmus completed a qualitative outcomes evaluation to support this wider evaluation

The Ministry of Health commissioned Litmus to undertake a qualitative outcomes evaluation. The analysis explores participant health and wellbeing outcomes, comparison of outcomes to other offenders with AOD issues, ongoing implementation learnings and transferability.

We used multiple qualitative information streams which have some limitations

We interviewed 21 AODT Court participants (14 graduates and seven exited participants) and 10 whānau members. We interviewed 22 people from treatment providers and 19 justice stakeholders. We reviewed 52 court files to identify differences in outcomes between AODT Court participants (28) and a comparable sample of offenders (24).

The findings from across the data streams triangulate strongly. We identified potential selection bias in participant feedback, and limited comparable information in the file review.

We developed a health and wellbeing outcomes model to frame our analysis

The holistic and culturally appropriate outcomes model for the AODT Court is based on Te Whare Tapa Whā (Durie 1985) and the Recovery Capital model (White and Cloud 2008). The model has four inter-related outcome domains: taha hinengaro (mental health), taha whānau (family health), taha tinana (physical health) and taha wairua (spiritual health).

AODT Court participant outcomes

Before the AODT Court, participants were driven by their addiction needs

Before entering the AODT Court, participants had low self-esteem. Participants wanted to change but did not know how. Most participants had multiple previous convictions and long-term AOD use. Most felt marginalised and isolated from their communities. They described using AOD to cope with difficult events or past trauma. Participants had low awareness of the impact of their offending. Māori participants described a loss of identity and the impact of colonisation on their mental wellbeing.

Graduates from the AODT Court experienced positive health and wellbeing outcomes

Through being in the AODT Court, graduates built self-esteem, better understood recovery, and developed skills to stay in recovery (taha hinengaro). Graduates were more connected and capable of caring for and engaging with whānau (taha whānau). Graduates experienced positive health outcomes, becoming healthier as they gained sobriety (taha tinana). Graduates valued connecting and building taha wairua through the AODT Court. Graduates interviewed maintained these positive outcomes for up to four years after leaving the AODT Court.

Exited participants experienced some short-term outcomes through the AODT Court

Exited participants struggled to comply with justice and treatment requirements of the AODT Court. All exited participants interviewed had relapsed since exiting the AODT Court. Some were current AOD users, two were maintaining recovery and one had reoffended.

Through being in the AODT Court, most exited participants interviewed had developed a sense of honesty, greater ability to trust and were aware of recovery pathways. Some had developed skills to cope with their addictions (taha hinengaro). Some exited participants were reconnecting with whānau, and others remained disengaged (taha whānau). Exited participants health improved, when they maintained sobriety (taha tinana). Exited participants experienced limited taha wairua outcomes.

Comparison of AODT Court participant outcomes

The comparison offender group did not have access to the treatment available to AODT Court participants pre-sentence

In the court file review, both AODT Court participants and the comparison group offenders expressed motivation to address their AOD issues. AODT Court participants accessed a wide range of AOD treatment and other support to assist their recovery journey pre-sentence. In contrast, the comparison group received very limited treatment pre-sentence.

Limited information is available on the four taha outcomes for the comparison group

We cannot assess the effect of AOD treatment or other support received against the four taha of the AODT Court outcomes model. The comparison group court file provided an overview of the offender pre-sentence, it lacked information on whether any treatment was received or outcomes from the intervention post-sentence.

AODT Court graduates would not be in recovery without the AODT Court

All stakeholders including graduates were adamant graduates would not have achieved the health and wellbeing outcomes within the four taha without the intervention from the AODT Court. Graduates had been cycling through the courts for years. Most had received some AOD treatment previously with minimal or no success in achieving or sustaining recovery. Without the intervention of the AODT Court, participants would have continued to cycle through the justice system.

Lessons from the ongoing implementation of the AODT Court

The AODT Court is being implemented as intended and stakeholders are positive

The AODT Court continues to be broadly consistent with its design principles and international best practice principles. All stakeholders interviewed continue to be positive about the ongoing implementation of the AODT Court.

The AODT Court processes have continued to change

Actions have been taken to address improvement areas identified in the 2016 process evaluation. These included changes to restorative justice, refining CADS role, addressing some resource pressure points, and strengthening the role of probation and defence lawyers.

The AODT Court has integrated unique Māori cultural practices and values

Tikanga Māori has enriched the AODT Court and provides a model for working in partnership to achieve positive treatment and justice outcomes. Cultural practices such as integrating tikanga Māori and te reo Māori enhance the AODT Court processes, while Māori values are embedded throughout. Cultural leadership from the judge, the Pou Oranga and engagement with Ngāti Whātua were critical to embedding tikanga practices.

Some stakeholders are seeking to balance therapeutic and judicial decision-making

Tensions continue over the boundary between judicial and clinical treatment decisions. Treatment providers are seeking the judiciary to be less involved in treatment decisions. International research highlights collaboration and communication across the AODT Court team is key to effectively negotiating in a complex and adaptive space.

Stakeholders identified other ongoing process issues since 2016

Stakeholders identified several ongoing issues that are unresolved since the 2016 process evaluations. These include frustrations with the drug testing processes and its associated costs, limited residential treatment beds, variable application of the eligibility and exit criteria, and the resource-intensive nature of the AODT Court, particularly for case managers.

Transferability of the AODT Court

Stakeholders support transferring the AODT Court with some caveats

Many stakeholders interviewed supported transferring the evidenced-based AODT Court design to other District Courts in larger urban centres. However, stakeholders agree efficiently implementing the AODT Court will require a large target population group, available treatment services in the selected areas, additional testing facilities and additional resources for Police Prosecution, Probation Service, and Court staff.

Components of the AODT Court may be useful for District Courts in provincial settings

Given the level of unmet need, some treatment stakeholders are concerned the AODT Court creates inequitable access to AOD services for other offenders. These stakeholders support exploring other less intensive variations of the court. However, the impact of implementing components of the AODT Court is unknown. Research indicates these courts may be less effective.

Stakeholders suggest the following components are critical in supporting positive AOD outcomes: inclusive and affirming relationship with the judge, tikanga Māori and the role of the Pou Oranga, a range of treatment options, a drug testing regime and collaboration across all AODT Court stakeholders.

Overall qualitative evaluation assessments

The following overall assessments are based only on the qualitative evaluation components in this report. Further work is needed to complete the summative evaluation assessment across the evaluation activities of Ministry of Health, Ministry of Justice and Litmus.

We have made the following evaluation assessments:

1. The AODT Court contribution to improving graduates and exited participants lives is good.
2. We cannot compare participant outcomes to other offenders with AOD issues based only on qualitative data.
3. The AODT Court implementation is excellent.
4. We cannot assess transferability based only on qualitative data.

Introduction

This report presents findings of the qualitative outcomes evaluation of Te Whare Whakapiki Wairua, the Alcohol and Other Drug Treatment Court (AODT Court) Pilot.¹

Addiction is a serious health issue and contributing factor to crime

Alcohol and Other Drug (AOD) addiction is a serious health issue and a significant contributing factor to crime and other social harm in New Zealand. The prevalence rates for addiction issues in the prison population are higher than the rest of the New Zealand population (Brinded et al 2001). Approximately 60% of community-based offenders have an identified AOD need. Over their lifetime, 87% of prisoners have experienced an AOD problem. The Department of Corrections estimates people under the influence of AOD commit approximately 50% of crime (Department of Corrections 2016).

The AODT Court Pilot seeks to address AOD issues and reduce reoffending

The AODT Court pilot is a joint initiative between the judiciary, the Ministry of Justice, the Ministry of Health (the Ministry), New Zealand Police (Police), and the Department of Corrections. The AODT Court pilot is part of government's Addressing the Drivers of Crime work programme (Ministry of Justice 2011). The AODT Court began operating in November 2012.

The AODT Court is a specialist court that operates within the District Court under general legislation and judicial discretion. The AODT Court is designed to supervise offenders whose offending is driven by their AOD dependency. The AODT Court provides judicial oversight of offenders' engagement with treatment programmes and rehabilitation support services before they are sentenced.

The intended outcomes of the AODT Court are to:

- reduce reoffending and reduce the use of imprisonment
- reduce AOD consumption and dependency
- positively impact on health and wellbeing
- be cost-effective.

¹ The AODT Court is most commonly referred to by the English language abbreviation. For consistency we have referred primarily to the AODT Court. However, we acknowledge the importance of the reo Māori name. Where especially relevant, we have referred to Te Whare Whakapiki Wairua.

The AODT Court pilot is delivered through the Auckland and Waitakere District Courts. Each AODT Court has a cap of 50 participants at any time. The AODT Court duration is between 12 and 24 months.

Between 2012 and 2018, 705 people were referred to the AODT Court. Of these, 482 were admitted. To date, 382 people have left the AODT Court, 155 (41%) participants graduated from the AODT Court.

Overall, 227 (59%) participants were voluntarily or judicially exited from the AODT Court. This is comparable to the 2016 rate of 53%.² The completion and exit rates of the AODT Court are similar to international drug treatment courts (Cheesman et al 2016; National Center for State Courts 2012; Kralstein, 2011, KPMG 2014).³

The AODT Court is designed on international best practice with features unique to New Zealand

The AODT Court design is based on ten components of best practice identified from research by the US National Drug Court Institute (NDCI) (Carey et al 2012).⁴ The AODT Court also has components unique to the New Zealand context, including the incorporation of Māori cultural practices⁵ and support from peer support workers from the health sector. The AODT Court is a pre-sentence rather than a post-sentence initiative and includes participants charged with driving while intoxicated.

The AODT Court requires cross-agency governance and operational collaboration

The AODT Court is supported by multiple stakeholder groups. The Steering group, including representatives from the Judiciary, the Ministry of Health, the Ministry of Justice, Police, and the Department of Corrections, oversees the pilot.

Operationally, AODT Court teams include the AODT Court judges, court coordinators, case managers, Police Prosecutors, and defence counsel. AOD treatment is provided through a treatment network. Odyssey House is the lead treatment provider. An associated team (for example, the Pou Oranga, housing coordinator, peer support workers) supports court staff, treatment providers, and participants. A Community Advisory Group (CAG) provides practical support and input to the AODT Court. Other community groups provide community-based support.

² Complete data analysis will be reported in separate quantitative analysis by the Ministry of Justice.

³ For example, the Drug Court Victoria had a 61% non-completion rate (KPMG 2014)

⁴ The interim process evaluation describes the top ten practices for reducing recidivism and practices that increase cost savings for drug courts (Litmus 2015).

⁵ This recognises that Māori are over represented in the prison population. In 2018, 10,645 people were in prison or corrections facilities (Department of Corrections 2018). Of these, 50% were Māori.

11 stakeholders work together to deliver the AODT Court. Collaboration and communication are essential to effectively delivering the AODT Court and is enhanced through pre-team court meetings on the morning of court sittings. Throughout the AODT Court pilot, cross-agency relationships have evolved and the scope of different roles has been clarified. The following diagram presents the stakeholders in the AODT Court.

Figure 1: AODT Court stakeholders



Previous AODT Court evaluations identified strengths and areas for improvement areas

The Ministry of Justice commissioned a formative evaluation (Litmus 2014), and interim and final process evaluations (Litmus 2015, 2016), to assess the implementation of the AODT Court. The findings from the evaluations informed the implementation of the AODT Court. The Ministry of Justice also commissioned a cost-effectiveness analysis of the AODT Court (Sapere 2016).

The AODT Court was implemented as intended

In 2016, the final process evaluation found the AODT Court's implementation was broadly consistent with its original design and the evidence-based best practice components for drug courts (Carey et al 2012). Some key variations enhanced the AODT Court processes and aligned the AODT Court to the New Zealand context.

Some challenges were ongoing throughout the AODT Court implementation

Negotiating potential tensions between judicial and treatment priorities was an ongoing focus. Stakeholders reported improvements over time with more work needed.

Efficiencies were needed around the time and resources required from all stakeholders. AODT Court days tended to run over time. Some stakeholders, such as case managers and Police Prosecutors experienced high workload pressures.

Shortages in supported accommodation and residential treatment beds created challenges for AODT Court stakeholders and resulted in long wait times for AODT Court participants held in remand. Ongoing work was needed to increase victim involvement in restorative justice processes in the AODT Court.

AODT Court participants and whānau/family had a positive AODT Court experience

Overall, AODT Court participants and their whānau had a positive and substantially different experience compared to their previous court experiences. The AODT Court normalised the inclusion of tikanga Māori cultural practices, adding value for participants and their whānau.

Graduated participants were sober, healthy, and in employment or training

Stakeholders, participants and whānau considered the AODT Court resulted in a transformational change for graduated participants and their whānau. Exited participants were also noted to have benefited from the AODT Court, including an improved understanding of the recovery journey.

A holistic and tikanga Māori approach supported participant success

In 2016, stakeholders considered fidelity to all design components of the AODT Court important for its success. AODT Court components created holistic, therapeutic and wrap-around support for participants and whānau, that was embedded in a tikanga Māori cultural approach.

Internationally, drug and alcohol treatment courts focus on reoffending and sobriety outcomes

Internationally, AOD treatment court outcome measures are typically quantitative and reflect policy-driven goals (Liang et al 2016). In the United States, the set of best-practice in-programme performance measures as defined by the National Association of Drug Court Professionals (NADCP) are retention, sobriety, recidivism, units of service and length of stay (National Association of Drug Court Professionals, 2015).⁶

Overseas, numerous AOD treatment court evaluations and cost analyses have identified cost-effectiveness or cost savings in AOD treatment courts (Logan et al 2004; Goodall et al 2008; KPMG 2014). However, AOD treatment courts are considered expensive in international jurisdictions.

A recent review of Australia's drug courts found they reduced recidivism compared to conventional processes. However, the review noted limitations in the evidence base and limited evidence of long-term sustainability (Kornhauser 2018). AOD treatment courts in Australia have seen:

- reductions in reconviction rates (Weatherburn et al 2008)
- delays in reconvictions for graduates compared to exited participants (Payne 2008)
- reduced offending (Department of the Attorney General 2006).

Other international studies have shown graduate and exited participants in AOD treatment courts are significantly less likely to reoffend up to three years after leaving the court (Gifford et al 2014; National Center for State Courts 2012).

There is evidence drug treatment courts have a positive impact on wellbeing, social networks and employment. Some evidence shows that AOD treatment courts can have beneficial impacts on child welfare and employment outcomes (Wittouck et al 2013). Participation in AOD treatment courts may also increase engagement with community health and social support (Rezansoff et al 2015). However, only a small number of the analysed AOD treatment court evaluations included 'life domain' related outcomes (Wittouck et al 2013).

⁶ The NADCP have identified nine other areas for best-practice monitoring and evaluation.

Outcomes evaluation approach

A multi-faceted and multi-agency outcomes evaluation was completed

The AODT Court has been operational for six years. In 2018, the funding agencies (the Ministries of Justice and Health) began an outcomes evaluation of the AODT Court.

The objectives of the AODT Court outcomes evaluation are to:

1. determine whether the AODT Court reduces reoffending and incarceration
2. determine whether the AODT Court reduces AOD consumption and dependency
3. determine whether the AODT Court positively impacts on the health and wellbeing of graduates and their whānau
4. assess whether the AODT Court is cost-effective.

Within these broad outcomes, the Ministry of Justice is assessing the impact of the AODT Court on reoffending and reconsidering the cost-effectiveness of the court process compared to other court processes. The Ministry of Health is assessing the treatment outcomes for graduates from the AODT Court, and cost-effectiveness of the outcomes compared to other treatment pathways. Both agencies are evaluating the social impact of the AODT Court process on participants and their whānau.

The Ministry of Health commissioned Litmus to undertake a qualitative analysis for the outcomes evaluation. This report should be read in conjunction with the Ministry of Health and Ministry of Justice outcome evaluation reports.

This qualitative evaluation answers the following key evaluation questions

The Ministry of Health identified the following three key evaluation questions:

- Is the AOD treatment for offenders in the AODT Court environment effective, that is, does this environment help participants to reduce/cease their AOD consumption and dependency on alcohol and/or drugs?
- Are participants enabled to make decisions that impact positively on their health and wellbeing such as choosing abstinence from drug/alcohol use in their lives, cease offending, reconnecting with whānau/family and making better health decisions?
- What are the positive features (if any) of the AODT Court that can be replicated (if not already) outside of the AODT Court for alternative AOD treatment pathways with positive outcomes?

Through the data collection and analysis, we refined the key evaluation questions into four broad investigation areas.

1. How well does the AODT Court improve participants' lives (i.e., what are the outcomes)?
2. How do participant outcomes compare to other offenders with AOD issues?
3. How effective is the AODT Court process?
4. What learnings from the AODT Court are transferrable to other District Courts?

This evaluation report directly addresses the key evaluation questions and investigation areas.

We used a multi-data stream qualitative evaluation approach

To address the evaluation questions, we completed the following evaluation activities.⁷

We interviewed treatment providers

We interviewed 22 people from AODT Court treatment providers and other associated health provider organisations. The interviews explored treatment providers roles in the AODT Court, treatment options for AODT Court participants, and treatment outcomes expected from the AODT Court.

We interviewed treatment provider stakeholders in September 2018. All interviews were up to one hour long, conducted face-to-face, and were transcribed and analysed. We presented key findings to treatment providers at a hui in October 2018.

We interviewed AODT Court participants and whānau⁸

We interviewed 21 AODT Court participants, including 14 graduates and seven court-ordered and voluntarily exited participants. The purpose of participant interviews was to assess how well AODT Court related health and justice outcomes were achieved. We also assessed the sustainability of the outcomes across time. We interviewed 10 whānau members. Whānau were interviewed to triangulate the findings and assess wider whānau outcomes.

We held a one-day hui with graduates, their whānau and kaupapa whānau⁹ to further understand outcomes from the AODT Court. Most hui attendees were Māori. Graduates and

⁷ Detailed methods are in Appendix A.

⁸ Throughout this report we have referred to whānau rather than family. This incorporates the diversity of whānau-like relationships among AODT Court participants, and centres the experiences of Māori in the AODT Court. W

⁹ Family-like relationships based on common interests, purpose or goal. In the AODT Court, kaupapa whānau includes the recovery community. Whānau toto refers to family with direct blood relationships (see Glossary).

their whānau welcomed the opportunity to reflect on their successes and the strategies sustaining their recovery. We also observed the AODT Court in Auckland and Waitakere.

All participants interviewed were a mix of gender, age, ethnicity, offence type (EBA10 or not EBA) and had graduated or exited the AODT Court between one and four years previously.

Our sample frame, and context, is in table 1.

Table 1: Number and type of AODT Court participant and whānau interviews

Qualitative interview participant sample						AODT Court total participants, 2012/18		
Role	Profile	Graduate ^[1]	Voluntary exit	Judicial exit	Total	Graduates	Exits	Admitted
Gender	Male	8	1	3	12	137	199	424
	Female	2	2	1	5	17	26	55
	Unknown							3
Ethnicity	European	7	1	3	11			179
	Māori	2	2	1	5			226
	Pacific peoples	1	-	-	1			58
	Other							19
Offending type	EBA	4	1	3	8			138
	Other	6	2	1	9			344
Sub-total		14	3	4	21			
Whānau		7	1	2	10			
Total Interviews					31	Total participants		482

At the time of the interviews, all 14 graduates interviewed were in recovery and maintaining sobriety and none had reoffended. In contrast, of the seven exited participants interviewed:

- two had achieved active recovery since exiting the AODT Court and were maintaining sobriety and had not reoffended
- two had relapsed or were using AOD but were engaged in treatment or other AOD support
- three were using AOD substances and not engaged in treatment
- one had returned to prison on new offences since exiting the AODT Court.

¹⁰ Driving with excess breath/blood alcohol.

All interviews followed an informed consent process and adhered to Litmus’ interview safety policy. Most were conducted face-to-face¹¹ in Auckland and were up to one hour long.

We conducted a brief survey with participants to assess their outcomes. Survey data supplemented the insights from the qualitative interviews. Appendix B contains the survey findings.

We undertook a rigorous content and thematic analysis of observations, interview notes, and transcripts. We triangulated findings with the survey data. We analysed the findings against the agreed outcomes model. A Māori evaluator led the analysis and reporting on interviews with Māori participants and their whānau.

We reviewed AODT Court files and comparison court files

We reviewed 52 court files to identify differences in health and justice outcomes between AODT Court participants (28) and a comparable sample of offenders who had not accessed the AODT Court (24). The Ministry of Justice identified the comparison sample using equivalent criteria for entry to the AODT Court.

Two evaluators reviewed the court files using a coding frame to identify key health and justice outcomes. The coding framework aligned with the AODT Court outcomes model.

We reviewed four files in Wellington to develop a coding frame. The remaining 48 files were reviewed at the Waitakere and Auckland District Courts in December 2018. The Māori evaluator peer-reviewed the coding frame design and court files throughout the review process.

The AODT Court files and comparison files were similar

Overall, offender characteristics in the AODT Court files and the comparison files were similar. However, AODT Court files showed that these offenders had more than one addictive substance at entry than offenders in comparison files. Table 2 details the AODT Court file sample.

Table 2: Court file review sample (n=52)

	Graduate (n=10)	Exited (n=18)	Comparison (n=24)
Court			
Auckland	4	9	16
Waitakere	6	9	2
Other	-	-	6

¹¹ We interviewed three whānau members and two exited participants by phone. These participants were not available for face-to-face interviews during our fieldwork timeframe or not based in Auckland.

	Graduate (n=10)	Exited (n=18)	Comparison (n=24)
Gender¹²			
Male	8	18	19
Female	2		4
Ethnicity¹³			
Māori	6	12	11
Pākehā	4	3	3
Pacific	4	2	4
Other/unknown	-	3	8
Cultural assessment completed	-	2	1
Age			
20 – 44	4	14	20
45+	5	1	2
Unknown	1	3	2
Number of addictive substances at entry			
1	4	5	16
2 – 4	6	10	5
5+	-	3	1 ¹⁴
Most common addiction substances (number of people)			
Methamphetamine	4	16	9
Cannabis	5	12	7
Alcohol	8	10	12
Number of offences at charging			
1 – 4	9	9	17
5+	1	9	7
Received treatment or courses in remand	10	18	5
Sentence type and length			
Home detention/intensive supervision/community work	10	3	-
Prison <1 year	-	9	7
Prison >1 year	-	6	13
No data	-	-	4

¹² Data on gender was missing for one comparison file.

¹³ Total is greater than 52 as some participants had more than one ethnicity recorded.

¹⁴ Two files had missing addiction information

We interviewed justice stakeholders

We interviewed 19 justice stakeholders. All interviews were up to one hour long, conducted face-to-face, and were transcribed and analysed. We interviewed justice stakeholders in December 2018.

The purpose of the justice stakeholder interviews was to assess changes and improvements in the AODT Court process since 2016, identify participant outcomes, and assess the transferability of the AODT Court.

The evaluation has the following data limitations

This report presents the qualitative findings from the evaluation. We are confident this evaluation report accurately presents findings from each information stream. The findings from across the data streams triangulate strongly. Feedback from court participants, whānau, treatment providers, justice stakeholders, and information in court files was consistent.

We identified a potential positive bias in the participant recruitment process

A known limitation of face-to-face research on treatment programme outcomes is selection bias. Treatment programme participants who are doing well are more likely to be traceable and to participate in evaluation interviews than participants who are not doing well.¹⁵

We sought to mitigate this potential positive recruitment bias by drawing on multiple data streams. We acknowledge the following areas for potential bias in the recruitment process:

- All graduate interviews were recruited by working with case managers, the Pou Oranga and recovery groups affiliated with the AODT Court. Participants doing well in recovery are more likely to be engaged with support and agree to take part in an interview.
- The EBA offence type makes up about half of our interview sample of exited and graduated participants. This is not representative of the AODT Court. Feedback from treatment providers suggested EBA participants may have higher success rates.
- Due to time constraints, we did not interview participants in prison. We do not think this affected our evaluation assessment. We interviewed exited participants who had recently been in prison. We also drew on insights from the 2016 process evaluation to supplement our analysis.
- Exited participants doing well in recovery may be more likely to participate in an evaluation interview. We mitigated the risk of positive self-selection bias in exited

¹⁵ See King and Stephenson (2016) for methodological challenges assessing AOD treatment programme outcomes.

participant interviews by recruiting from a list of all exited participants regardless of engagement with recovery or treatment support.¹⁶

We identified limitations with the AODT Court file comparison process

The evidence in the court file review depended on the information in the files. We identified considerable differences between the quality and depth of information in AODT Court files and comparison files.

The AODT Court files are comprehensive, reflecting the AODT Court is a pre-sentence court and involvement with the AODT Court can last up to two years. In general, the AODT Court files contained CADS assessments, case manager notes, court appearance notes and sentencing notes. Some also held letters of support, restorative justice reports, and letters from participants, including applications to graduate.

In contrast, the court files of the comparison offender group with AOD issues contained much less information. Files contained the charge sheet information, demographic information and the judge's sentencing notes. The court file ends on sentencing. We do not know if the comparison offender group accessed or could access the recommended treatment and if they received treatment, the benefits gained.

Both the AODT Court and comparison files included little information relating to cultural factors. Three files included a completed cultural assessment form. This form was introduced by the Pou Oranga in 2016.

The AODT Court and comparison files recorded information only to the sentencing stage. Where outcome information was recorded it only reflected progress toward the long-term outcomes sought for offenders with AOD addictions.

The process evaluation did not include interviews with all stakeholders

Interviews for this high-level process evaluation focussed on updating key findings from 2016 and stakeholders' views on transferability. We did not systematically step through the AODT Court process from referral to graduation or exit in detail.

We did not interview all AODT Court stakeholders for this high-level process review. Compared to 2016, we did not interview members of the AODT Steering Group, victim advisors, or the community advisory group.

¹⁶ Appendix A describes our recruitment approach. Exit participant recruitment was difficult as contact information was frequently out of date and interest in participating was low. Several recruited participants failed to attend scheduled interviews and did not want to reschedule.

The AODT Court's health and wellbeing outcomes model

We developed a health and wellbeing outcomes model to frame our data collection and analysis

We developed an outcomes model (figure 2) to identify the health and justice outcomes expected from participating successfully in the AODT Court. The model acknowledges the complexity of AODT Court participants' lives and moves away from a binary assessment of success (i.e., sober or not). The model incorporates Māori health and wellbeing frameworks and other recovery frameworks.

We drew on AOD recovery literature and treatment provider interviews to identify expected outcomes from the AODT Court. We tested the model with treatment providers at a hui in October 2018, and with kaupapa whānau at a support meeting. At the one-day hui in November 2018, graduates and their whānau further tested and developed the model.

We worked collaboratively with a Māori evaluator, Māori stakeholders and Māori knowledge holders to assess the suitability of the model. We further validated the model through interviews with participants and justice stakeholders.

The outcomes model framed our analysis of court files and qualitative interviews with participants, whānau and other stakeholders.

The AODT Court outcomes model weaves together Māori and western science health frameworks

The outcomes model is based on two conceptual frameworks, Te Whare Tapa Whā (Durie, 1985) and the Recovery Capital model (White and Cloud 2008) (figure 1). We used a braided rivers approach to weave together the conceptual frameworks (Arago-Kemp & Hong, 2018).

Te Whare Tapa Whā (Durie, 1985) is a Māori model of health. The model identifies four equal and inter-related components of health and wellbeing. Broadly, these are taha tinana (physical health), taha hinengaro (mental health), taha whānau (family health) and taha wairua (spiritual health). The model included AODT Court outcomes such as reduced reoffending, reimprisonment, and AOD consumption and dependency.

The Recovery Capital Model describes a strength-based approach to recovery from AOD addiction (White and Cloud 2008; White and Sanders 2008). The Recovery Capital model identifies three types of recovery capital including personal, social and community capital.

The model builds on four taha or domains relevant to AOD recovery

We describe below the four taha or domains of the AODT Court outcomes model (figure 2). The four taha or domains are interlinked and overlapping. For the purposes of analysis and reporting, we have presented findings separately under each domain.

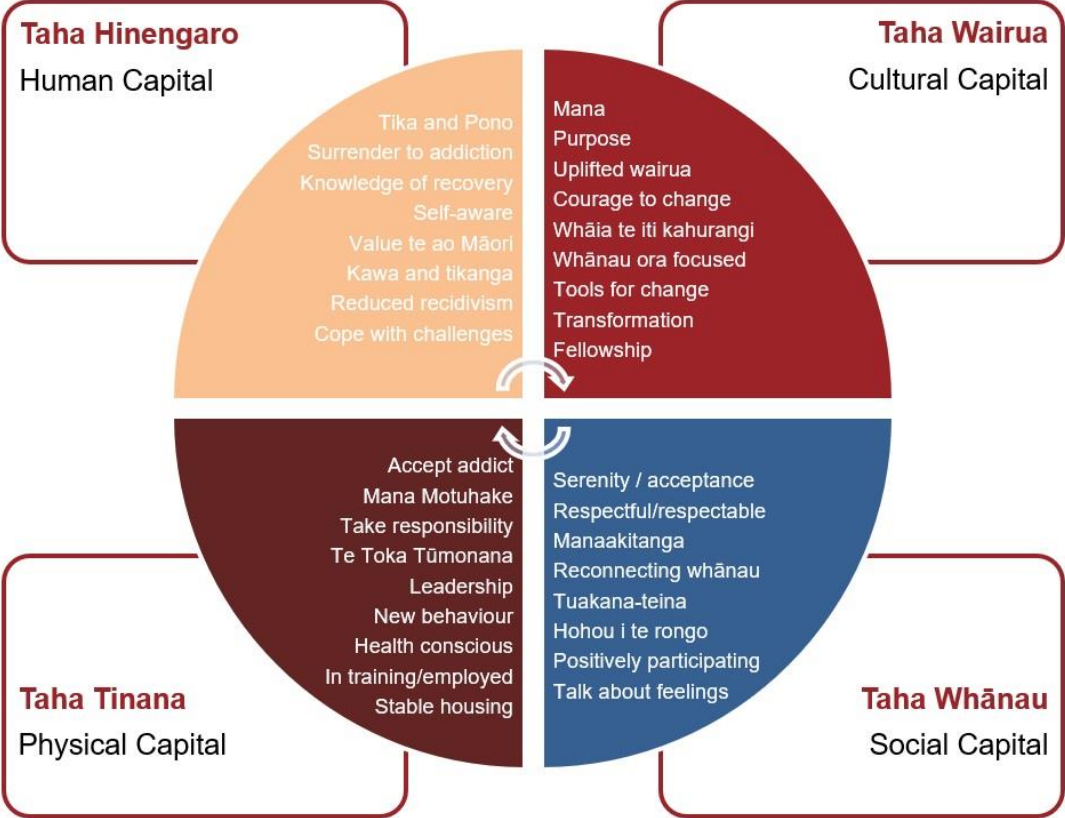
Taha hinengaro or human capital outcomes are outcomes around mind, thought, intellect, consciousness, or awareness. For example, acknowledging addiction, improved self-esteem, coping with challenges, and being self-aware.

Taha whānau or social capital outcomes are about social relationships and connections to others, particularly family or whānau. These include reconnecting to and making peace with whānau, positively participating with and respecting others, and generous hospitality.

Taha tinana or physical capital outcomes are based on the capacity for physical growth and development. In the AODT Court, these include improved physical health behaviours, safe and stable housing and training and employment. It also includes a sense of self-determination or responsibility (mana motuhake) and being a leader in the recovery space.

Taha wairua or cultural capital concerns identity, values and culture. In the AODT Court, this taha acknowledges the spiritual components of recovery. Outcomes are uplifted wairua, having the courage, tools and hope for change, acknowledging and supporting mana and purpose, and the recovery fellowship.

Figure 2: The AODT Court outcomes model





**Investigation area one:
How well does the AODT Court
improve participants' lives?**

LITMUS

Overview of investigation area 1: AODT Court participant outcomes

This section presents the evaluation findings on AODT Court participants outcomes. This section addresses the following investigation area:

- How well does AODT Court improve participants' lives (ie., what are the outcomes of the AODT Court)?

The key evaluation questions, from the Ministry of Health, are:

- Is the AOD treatment for offenders in the AODT Court environment effective, that is, does this environment help participants to reduce/cease their AOD consumption and dependency on alcohol and/or drugs?
- Are participants enabled to make decisions that impact positively on their health and wellbeing such as choosing abstinence from drug/alcohol use in their lives, cease offending, reconnecting with whānau/family and making better health decisions?

This information comes from interviews with court participants, treatment providers, and justice stakeholders and court file information from 28 court participants.

We present our AODT Court participant findings in three parts

1. **Background experience:** provides insights into participants lives before entering the AODT Court. This section gives a baseline against which to assess participant outcomes from the AODT Court.
2. **Graduate outcomes:** describes graduates' outcomes against the four health and wellbeing taha.
3. **Exited participant outcomes:** describes exited participant outcomes against the four taha.

AODT Court participants come from difficult backgrounds

This section describes the lives of participants before entering the AODT Court. We describe their lives across the four outcomes taha.

Evaluative assessment

AODT Court participants were isolated and had a sense of hopelessness. They had low self-worth and self-esteem and limited coping skills. Many had extensive criminal histories. They were disconnected from whānau or family and felt isolated from pro-social community support. Participants had poor physical health. Many were homeless and had long-term unemployment histories. Many were culturally disengaged. They had no future aspirations or plans. Māori participants felt isolated from their Māori identity. Disconnected

Key findings

Taha hinengaro: Participants were driven by addiction needs and had low self-esteem

Many participants had extensive prior offending with a considerable negative impact on themselves, their whānau, and the community. Before entering the AODT Court, participants had low-esteem and low self-worth. They did not feel able to change, although they wanted to address their AOD dependence.

Participants felt unable to cope with challenges and many described using AOD to manage the way they felt or to deal with difficult events. Participants described low awareness of the impact of their offending.

Māori participants described a loss of identity and the impact of colonisation on their mental wellbeing. This loss compounded their sense of isolation and low self-esteem. Treatment providers and justice stakeholders also described low self-esteem, historical trauma, and limited ability to cope with challenges amongst AODT Court participants.

'The self-worth aspect. We've got people with low self-esteem finding their worth, they're valued. If they feel valued, they look at other things around them. They recognise value in themselves, particularly those with families, the value of the family around them. Many feel ashamed within the family, and therefore their family doesn't regard them very highly. They become more involved with the family.' (Justice stakeholder)

Taha whānau: Most participants were disconnected from whānau or family before entering the AODT Court

Most AODT Court participants had difficult or complex whānau/family contexts before entering the AODT Court due to their AOD use and offending behaviours. Most frequently, AODT Court participants reported separation from spouses or partners.

Many participants with children were separated from their children, including adult children. Some had their children taken into care or living with other whānau before they entered the AODT Court. Some participants described difficult relationships with siblings and parents. Information from court files confirmed experiences described by AODT Court participants.

AODT Court participants reported whānau, particularly their children, were a strong motivator to change. Many entered the AODT Court hoping to restore relationships with whānau, especially for those who had lost custody of their children. They also wanted to be positive role models and have their children be proud of their achievements. The court files also identified whānau and restoring relationships with whānau, particularly with children as a strong motivation to enter the AODT Court and successfully complete it.

Participants felt disconnected and disengaged from positive support before entering the AODT Court. Many described not caring about others, including their children or other whānau members. They felt ashamed or whakamā about their relationships. They also felt unable to communicate how they felt to family members or others. Some participants interviewed were connected to gangs before entering the AODT Court either personally or through family connections. Court files of some participants also identified gang affiliations.

In the court file information, several participants identified historic family abuse, including sexual abuse. They also described a family history of addictions and growing up in an environment where AOD use was widespread and normalised. Treatment providers and justice stakeholders identified many participants had been disconnected from whānau or had harmful whānau and peer relationships.

'A lot of them have to face up to a lot of trauma they've experienced in their past, difficulties with upbringing, dysfunctional families and a lack of role models ... What does a child do when given alcohol aged five on a regular basis? And your uncle is growing cannabis and giving it to you aged seven to eight. Or an eight-year-old having to stop his step-father beating his mother.' (Justice stakeholder)

Taha tinana: Participants experienced poor health before entering the AODT Court

Participants had poor physical health and wellbeing before entering the AODT Court. They were frequently drunk or high. Some were unwell due to the impact of their addiction, for example, liver disease from alcohol over-consumption. Some also had Hepatitis C, contracted through unsafe drug use practices. For a few participants, poor health had been a motivator to enter and succeed in the AODT Court.

Many participants experienced housing insecurity or homelessness before entering the AODT Court. Housing insecurity severely impacted their health and wellbeing. Many participants did not have a full driving licence or their licence was suspended due to their AOD consumption or criminal activity.

Some participants were unemployed when they entered the AODT Court. Some had limited or no work experience. Some had limited education experience, including having left school before achieving NCEA or School Certificate. Participants considered their behaviour anti-social and felt society and those in authority also perceived them as anti-social.

Treatment providers and justice stakeholders described the physical impact of AOD addictions on AODT Court participants. Treatment providers noted that AOD use often masked other health issues for many participants. When participants entered the AODT Court these issues became more apparent as they stopped using AOD.

'What happens is they're no longer taking the substance so suddenly all the aches and pains that have been amassed from drugs or alcohol come to the fore. They have a lot of physical aches and pains, pulled muscles, strained things, lesions on their skin, dental work when they're in serious pain. We try to get them to the local dentist as soon as possible. All of these things would've been masked by the drugs.' (Treatment provider)

Taha wairua: Court participants were culturally disconnected and felt hopeless

Before entering the AODT Court, participants felt lost and disconnected. They felt a sense of hopelessness and had no future aspirations or plans. Many also felt a lack of spiritual connectedness.

Māori participants considered they were disconnected from their Māori identity. Many had little knowledge of their whakapapa or sense of identity as Māori. They were not connected to their marae or whenua. Some felt whakamā or embarrassed about their lack of knowledge. However, many were also interested in building their understanding of te Ao Māori.

Treatment providers and justice stakeholders recognised participants came to the AODT Court with multiple prison sentences, were disconnected from their community and lacked a sense of purpose.

'By the time we see these people before the drug court, they've usually had significant prison time. They've lost [...] a lot of connections with people, recovery, well-being, sense of identity, meaning in the community. [...] That's the difficult stuff to get back in AOD treatment. Your sense of purpose and community. I'm a brother, a sister, a wife, a worker, a neighbour, those things take years to get back [...] They're disconnected, by and large, that's the number one thing that happens.' (Treatment provider)

Graduate outcomes

The following section describes graduate participant outcomes against the AODT Court outcomes model.

Evaluative assessment

Graduates experienced positive outcomes across the four AODT Court health and wellbeing taha

The AODT Court supported graduates to achieve positive short and medium-term outcomes across the four taha/domains. All stakeholders endorsed this finding. Graduates interviewed demonstrated they were maintaining sobriety gained through the AODT Court up to four years after graduation.

All graduates interviewed were in recovery. We do not know how many graduates have relapsed or reoffended. The findings below represent the best-case scenario of positive outcomes achieved for AODT Court graduates.

Graduates experienced strong positive outcomes in taha hinengaro

The AODT Court fostered graduates' self-belief and awareness and helped them build self-esteem. Graduates developed AOD recovery skills and knowledge. They learned empathy for others, took responsibility for their actions, and learned to be more open and honest in their communications. Through the AODT Court, graduates changed their attitude to and trust in the justice system.

Graduates experienced fewer and less serious AOD relapses. They also reported their offending had greatly reduced or stopped as a result of their participation in the AODT Court.

Graduates had strong positive outcomes in taha whānau

Restoring whānau relationships was an important part of graduates' recovery and was celebrated as a success in the AODT Court. Some whānau supported graduates through the AODT Court. Graduates participated more in whānau activities and supported their whānau.

Through the AODT Court, graduates developed respectful whānau and community relationships and considered others respected them. However, not all graduates restored whānau relationships due to previous damage or whānau members addictive behaviours.

Positive peer relationships contributed to graduate success. Through participation in the AODT Court, graduates learned to limit their interaction with anti-social or addicted peers and whānau.

Graduates experienced positive taha tinana outcomes

Graduates physical health improved since being in the AODT Court. They valued their health and looked after themselves. The AODT Court helped graduates into stable and secure housing and helped them achieve their driving licences. All graduates interviewed were in training, studying, working or seeking work.

Graduates experienced strengthened cultural capital or wairua

AODT Court tikanga Māori cultural processes connected graduates to cultural and spiritual values. This strengthened graduates' recovery processes and wellbeing. Graduates gained hopes and aspirations for the future through participation in the AODT Court. Some graduates were connected to the recovery fellowship and valued its ongoing support after leaving the AODT Court.

Māori graduates considered the AODT Court tikanga Māori cultural processes reconnected them to their taha Māori. This process strengthened their recovery and fostered a positive sense of identity.

Graduates experienced strong positive outcomes in taha hinengaro

Graduates considered achieving taha hinengaro outcomes a key step to begin the recovery journey

For graduates, recovery involved clearing their mind by being free of addiction and focussing exclusively on their recovery. Graduates reported the importance of acknowledging and accepting they were an addict. These early steps allowed them to forgive themselves and begin their recovery.

Graduates considered the AODT Court fostered self-belief and awareness

Graduates interviewed reported their attitudes and sense of self-belief changed through engagement in the AODT Court and associated treatment. Graduates learned about themselves and became more self-aware. This contributed to their recovery as they learned about the drivers and triggers of their addictive behaviours.

'I could better understand what was going on with myself. How my thoughts, beliefs and values were formed and how to challenge my thinking. That was a big thing for me because I was raised a certain way where all I knew was this environment, way of thinking, and how I viewed my life. To be shown a different way, and to be shown it's not all black and white; there are other ways of thinking. It blew my mind.' (Graduate)

The AODT Court built-up graduates' self-esteem

Graduates considered treatment and AODT Court processes lifted their sense of self-esteem. For example, having the judges talk to them and being able to talk directly with the judge. The attitude and support from Police, treatment providers, and peers lifted graduates sense of self-esteem. Graduates reported a strong sense of pride and achievement in graduating. This sense of pride helped them maintain their recovery after leaving the AODT Court.

'I was watching the way they were communicating with us even in the courtroom. My first time going in that courtroom and not being looked down at, sort of people looking at me ... supporting, cheering and clapping. [...] The clapping was the first thing that got me, what the hell are they doing?' (Graduate)

Graduates learned to be open and honest

Graduates were more open and honest about their reasons for using AOD or not complying with AODT Court requirements. Before participating in the AODT Court, many graduates would not admit fault and would seek to blame others. Stakeholders considered increased honesty, and a positive attitude to honesty, to be a key outcome from the AODT Court.

'[In the normal process] they're not being held to account. Whereas in this [AODT] Court they actually are. In a completely different fashion, however. They're made to think about their actions, and they have consequence. We encourage them to think and be honest; front up when they've done wrong, something completely alien to them, as they've spent most of their life trying to conceal things. So that changes their mindset, which has spinoff benefits down the track. Future interactions with the Police are more positive. Many spend longer in the court than if they were doing their sentence. Even when sentenced at the end they have intensive supervision, so that's a considerable amount of time being monitored, which is far tougher than doing your time and being free. They receive a lot of oversight, and it is genuinely tougher.' (Justice stakeholder)

Graduates developed AOD recovery skills and knowledge

Graduates considered the AODT Court provided knowledge and skills to support their AOD recovery. Graduates learned about recovery pathways and triggers to relapse through treatment providers. They identified their triggers for AOD use. This knowledge helped them develop strategies to cope with challenges. Graduates described strategies they used to avoid using AOD when experiencing stress, such as going for a walk.

'I was using alcohol as a quick fix to deal with life, its up and downs, and stresses and strains and that had been a lifetime condition really. Because and it had got worse and worse and worse. Whereas now, I'm employing smart tools that were always available to me but I made the effort to bring them into my life to manage my life more effectively.' (Graduate)

Graduates were more able to ask for help, identify when they needed help, and know where to find help. Graduates learned to ask for help while they were in the AODT Court. Being able to ask for help has maintained their recovery after court-mandated treatment and

accountability ended. When challenged, some graduates will attend AODT Court sessions to gain strength to continue their recovery journey.

'And I know, 'hey I can reach out'. I never used to do that before you know. I just used to sit and dwell on things like a time bomb that wanted to explode basically. But hey, there is help out there you know.' (Graduate)

Graduates were better able to control their emotions, such as controlling anger. They learned how to manage their emotions through participation in the AODT Court treatment programmes. Treatment providers also considered graduates had increased knowledge about recovery and treatment as a result of the AODT Court.

Graduates developed a sense of empathy and learned responsibility for their actions

Graduates considered the AODT Court helped them develop a sense of empathy, particularly with victims of their crimes. They developed an understanding of how their addictive behaviours affected their whānau, family and friends.

Graduates were more able to take responsibility for their actions and the consequences of their actions. In the court files, case managers, judges and other allied stakeholders considered graduates developed a sense of responsibility through the AODT Court.

Graduates demonstrated increased responsibility when they took part in whānau hui or restorative justice processes, including writing letters or attending hui where they expressed remorse for the impact of their actions. A sense of responsibility included taking leadership roles within their communities and the recovery community.

Graduates developed a sense of trust in the justice system

Graduates developed greater trust in authority and justice processes. Treatment and justice stakeholders interviewed also considered graduates' attitudes changed through the AODT Court, particularly towards the Police and the judiciary. They noted a shift in graduates world view. Court stakeholders, particularly justice stakeholders, considered graduates changed attitude to people in authority was a positive outcome from the AODT Court.

'An overall change in behaviour. When they come in, they're erratic. Subdued. They don't really want to talk, they don't like being told what to do. They ask 'why' a lot. So, their behaviour changes completely, and they form more positive relationships with people in the courts.' (Justice stakeholder)

Graduates reported fewer and less serious AOD relapses

Most graduates interviewed reported they had maintained sobriety after graduating from the AODT Court. The overall rate and severity of graduate relapses are unknown.

Some graduates struggled to maintain sobriety. However, the strategies learned from the AODT Court helped maintain sobriety. For example, graduates did not associate with people

from their AOD past, or whānau who were still in addiction. Participation in AOD recovery groups also helped graduates maintain sobriety, such as AA or He Waka Eke Noa. Graduates also used ‘consequential thinking’ in their recovery.

Some graduates interviewed had relapsed and discussed their strategies to maintain their recovery following relapse. Graduates who had relapsed reported their use to the judiciary or their probation officer. These graduates considered the lessons from the AODT Court helped them be honest about their AOD use and gave them the tools to continue their recovery journey after relapsing.

Treatment and justice stakeholders interviewed recognised relapse was a part of AOD recovery for graduates. They considered graduates had gained the knowledge to help them return to recovery if they relapsed. When relapses occurred, treatment and justice stakeholders thought the impact was not as severe as it had been before graduates entered the AODT Court. The skills and honesty learned helped graduates restart their recovery pathway.

‘Some [graduates] do end up lapsing. Hopefully, with enough resource, we can support them not to totally relapse but with some of them, they will totally relapse. I think it would have been different though if they had not gone into the drug court. Even if they relapse, they have a whole set of skills there which hopefully helps protects them from going completely down to where they were before.’ (Justice stakeholder)

Graduates reduced or stopped reoffending

Graduates interviewed reported they had not reoffended since exiting the AODT Court.¹⁷ Previously, they had not managed to stop reoffending. Graduates were proud of their achievement.

Court files supported graduate views on reoffending, although they did not contain information on offending following graduation. When assessed before treatment, most graduates’ risk of reoffending was high. However, at sentencing, most graduates were considered a low or low-to-medium risk of reoffending (Appendix C, Table 21).

Treatment and justice stakeholders interviewed considered graduates had reduced reoffending. Some justice stakeholders acknowledged a few graduates do reoffend after graduating from the AODT Court. This reoffending can be triggered by financial pressures or peer pressure from old associates. Justice stakeholders considered reoffending was usually at a less serious level than participants’ offending when they entered the AODT Court. Although this was not ideal, these justice stakeholders considered the impact on society of this reoffending was reduced by participation in the AODT Court.

¹⁷ Overall rates of reoffending are reported in the Ministry of Justice quantitative analysis report.

Graduates had positive outcomes in taha whānau

Restoring whānau relationships was an important part of many graduates' recovery

Graduates reported whānau or family re-engagement or connection emerged after they had developed their self-awareness and recovery skills and knowledge (taha hinengaro). Having these skills and wellbeing meant they were able to reconnect with whānau in a positive and affirming way.

For many graduates, recovery involved making amends (hohou i te rongu) with whānau. These graduates reported restoring whānau relationships as they progressed through treatment in the AODT Court. Restoring relationships or making amends required acknowledging the damage caused to whānau through addiction. Restoring relationships required time, patience and perseverance.

'It takes you step-by-step through the things you've done to people, the hurt you've done, what you can do to fix it, make amends, the goal setting for yourself for a month, six months and a year, that was huge for me. Higher Ground was huge because it linked my family back up with me' (Graduate)

For Māori, restoring whānau connections was particularly important. For some, this involved learning more about their whakapapa, connecting to their marae, and whanaungatanga across their whānau. This was a key part of their recovery and links also to restoring taha wairua (discussed below).

Graduates considered they would not have restored relationships with their whānau members if they were still using AOD.

'[Before going through the AODT Court] my family didn't want to know me. They just knew me as repeating the old cycle, "you're going back in jail, you'll do a dumb crime and go back in jail". So [when] they saw me being supported by a whole team through the courts [...] actually supporting their mum, supporting me making changes is what helped them see me in a different way. [...] I was sent straight from jail to Higher Ground and my kids were able to come on the weekends and every Sunday to visit. They were slowly coming as ones, and then twos then big bunches. Next minute, my first grandchild, my granddaughter, was bought in at a month old. So that was huge!' (Graduate)

Treatment providers also considered the AODT Court strengthened whānau connections.

Graduates began participating more in whānau activities and events

Graduates interviewed described with pride being able to offer hospitality to their whānau. They identified how their stability had strengthened and provided whānau with a sense of security in the relationships. Court files noted the importance of holding family dinners, watching children play sport, attending tangihanga (funerals) and unveiling events, or going to other whānau occasions.

'You say that your drinking had in the past prevented you from being a good father but now you look forward. Relationships have been reformed. You see your sons at their rugby games and you keep in contact with them. They are a big part of your sobriety, knowing they are there and that they need you.' (Court files, justice stakeholder)

Graduates contributed to and supported their whānau and community

Graduates valued being able to help others and positively contribute to their community. Doing so fostered a positive sense of belonging and identity. Some graduates became leaders within their whānau. They advised and supported young people in their family and within the community. They reported whānau members knew they were now reliable and trustworthy people. In contrast, before entering the AODT Court they were not trusted or respected.

'They know that I'm the go-to uncle. I'm the one that won't be drinking. I'm the one that will be at home with the kids. I'm the go-to when everyone's busy.' (Graduate)

Some graduates became a guardian for other whānau members' children following graduation. This reflected their changing role within their whānau, after their graduation. For the graduates, this showed people with authority saw them as trustworthy and responsible.

Graduates described positive community relationships formed through the AODT Court. They valued contributing to their community by playing sport in community teams, chairing recovery community meetings, volunteering, and providing peer support in the AODT Court. They valued this newly found community respect.

'We appreciate the positive role modelling and leadership you have demonstrated for other participants; you have many recovery-based friendships who describe you as a real friend.' (Court file, justice stakeholder)

Whānau were a motivating part of recovery after graduation

Graduates interviewed were motivated by their whānau and their responsibility to their children to maintain their sobriety. Graduates reported whānau continued to support them after graduation.

Graduates considered their restored whānau relationships helped keep them responsible and accountable in their recovery. Those with children were particularly aware of the impact a return to addiction would have on their children. They wanted to provide a safe and sober home for their children. Some graduates were also aware of the impact their addiction had on their children emotionally, and they sought to make amends. These reflections demonstrated graduates' consequential thinking.

'Always in the back of my mind is my kids. [...] I remember my son walking up to the dock and I was standing there. He was walking up and banging on the glass door, going "Mama open the door, mama open the door, hold me." And I always remember that. He's 10 now, but that's a big memory that pops in my head. And then there's the other bits, the other kids'

emotions that I've played with over the years. And I don't want to put them through that. My kids are stable and I know if I start picking up, I'll lose my house, my kids will lose their house, they'll end up back at my mum's.' (Graduate)

Some graduates had whānau members who supported them through the AODT Court

Supportive whānau helped some graduates succeed in the AODT Court. These whānau members attended whānau hui at treatment providers, court sittings, and other events such as restorative justice sessions. Whānau also attended graduation ceremonies and spoke at these events.

'In the past, you kept [whānau] at a distance but now you are close and they are clearly proud of your achievements and the rightful place that you now have in their lives. You now see yourself more as a family man and being more present in the lives of those who you hold close' (Court files, justice stakeholder)

Whānau of graduates noted their whānau member had changed through participating in the AODT Court.

Graduates built positive peer relationships

Graduates developed positive peer relationships by trusting others. Pro-social peer support was a strategy to achieve success and a positive outcome from the AODT Court. Pro-social peer relationship would not have been possible without graduates changing their attitude and behaviour.

Peer support in the community helped graduates maintain outcomes. Graduate groups and fellowship groups were identified as kaupapa whānau. These peers supported graduates throughout their recovery.

'I had a lot of back up and ... it got to the point where I didn't want to let this lot down. Turned up to drug court and I was thinking don't screw this up, it's on the mend.' (Graduate)

Treatment providers and justice stakeholders also noted the value of peer support in supporting positive graduate outcomes. They considered the ongoing graduate peer support important for maintaining recovery after graduation.

'The requirement to attend support groups whether they are 12-step groups, smart recovery, various other groups. That connecting back into society in a pro-social way, I think that's hugely significant. [...] That graduates of the drug court continue to be involved and support their peers. When we go to graduations, it's common that you have other graduates that come along to support them.' (Treatment provider)

A few graduates noted AODT Court peers could sometimes be unsupportive. Peers were unsupportive when they were judgemental about relapses.

Graduates limited interaction with anti-social or addicted peers and whānau

Some graduates interviewed had entered the AODT Court with partners or other whānau members who were addicts. These graduates changed their relationships, either ending relationships or changing how they interacted, to maintain their sobriety during the AODT Court and after they graduated.

Graduates interviewed recognised maintaining relationships with anti-social or addicted peers was unsustainable for their recovery. They reported before the AODT Court they would not have been able to avoid returning to these relationships.

'You know I haven't gone back to my old company, ok I'm having a drink, but I'm drinking ... I'm drinking my drink by myself [...] but I haven't gone back to my old circle' (Graduate)

Some graduates moved suburb, or city, to avoid old associates or addicted peers and whānau.

Not all graduates restored whānau relationships

Graduates recognised whānau members had experienced significant pain through their addiction. They acknowledged whānau may not want to restore relationships or be able to engage with the graduate's recovery. For example, some graduates had permanently separated from their partner. Some graduates with older children reported their children were not willing to re-engage at the time of the interview. However, for many graduates interviewed, restoring and maintaining these relationships remained a long-term goal.

Court files confirmed graduate experience. Not all graduates were able to restore whānau relationships due to previous negative experiences. For some, re-engaging with whānau was considered unwise as whānau members were in active addiction

Treatment providers and justice stakeholders considered the AODT Court contributed to intergenerational whānau change

Treatment and justice stakeholders identified the potential inter-generational effect for whānau, particularly children, through AOD recovery.

'Seeing them down, and then engaged with whānau, being respectful and appreciative is profound and moving. Not something you can quantify. You can't crunch those numbers, but it gives people their lives back.' (Justice stakeholder)

Treatment providers considered involvement in the AODT Court strengthened graduates' ability to support and provide stability for their children. Treatment providers and justice stakeholders also noted participants role-modelled positive recovery processes for whānau. A few whānau members of graduates interviewed began AOD treatment and recovery after seeing their whānau member participate in the AODT Court.

'What the Drug Court has done for me is it has given me my self-worth back, I know who I am and I know I'm worthy. I've got an awesome relationship back with my whānau now, my children are back in my care.' (Graduate)

Although infrequent, these experiences provided an example of how the AODT Court can affect wider whānau change. These stakeholders considered the AODT Court opened a pathway for intergenerational change through this process.

'In terms of outcomes, we see people who are graduating from the court but who have connected back with their families. It was really moving a couple of weeks ago, there was a graduation at Auckland Court of a man whose daughter, age 23 to 26 or something, who said "I hated him because he was never here, missed Christmas, birthdays etc., and now he's part of the family and every Friday he spends looking after my son – his grandchild." That reconnection back into the family, having his brothers, his daughters, his sons, that's really significant. Actually, picking up those roles within the family is really important, particularly if one takes a generational view.' (Treatment provider)

Graduates had positive taha tinana outcomes

Graduates physical health improved from being in the AODT Court

Graduates felt healthier and ate healthier. Those with serious conditions had received medical treatment. Several graduates considered they would be dead without the treatment they received in the AODT Court.

'I'd either be dead. In prison. Those were my only two options dead or in prison.' (Graduate)

Treatment and justice stakeholders noted substantial physical health improvements. Photos of participants taken on entry to the AODT Court and at graduation demonstrated a marked improvement in physical appearance. At entry, participants were dishevelled, wan and ill-looking. At graduation, participants looked healthy and confident. Court-ordered dental treatment improved health outcomes and instilled a sense of pride in their appearance.

'They look a lot better, get more colour back. The ones who are traditionally meth users look healthy and eat more. Dental, they get a lot of dental work. A lot of tattoo removals.' (Justice stakeholder)

Treatment providers and justice stakeholders noted physical changes for graduates. Graduates enrolled with a GP, attended GP appointments, and took prescription medication. They considered graduates had improved mental health and some had reduced smoking.

'We get physical changes. By the time they come in here [...] their nutritional level is usually pretty poor. Dental is a big issue, particularly if they're meth users. [...] By the time they leave, they're usually in a better state. We have a GP that comes in once a week. We send people to hospital as things come up. We have a reasonable amount of people that go into hospital to get issues sorted out now that they're clean and sober. Forcing them not to smoke, helps a lot. Some people do take up the NRT and reduce their smoking while they're

here. Even though it's a short period, their general health, physical health is better than when they arrived.' (Treatment provider)

Graduates valued their health and looked after themselves

Graduates attitudes to being healthy changed through the AODT Court. They became more aware of the importance of looking after their health. They attended gyms or took up a sport. Court file information from graduates also indicated a changed attitude to health and wellbeing.

'This is as simple as going to sleep, praying, and exercise as well as eating the right food, all helps me to focus properly on all that I do' (Court file, graduate application)

The AODT Court helped graduates into stable and secure housing

Most graduates had safe and secure housing. Graduates valued having a place of their own, where they could be independent and show hospitality to others. For those with children, permanent accommodation meant they could care for their children and gave their children stability. Court files also identified the importance of stable accommodation for graduates of the AODT Court.

'My house is my main thing because I just want to be responsible for my own. I don't want to live off other people I want to be... Independent is the word. I love it, and everyone that comes over, they go what a lovely house, and I say I know.' (Graduate)

Not all graduates had secure housing. High rent or lack of suitable accommodation threatened graduate's stability and challenged their recovery. Court files also noted ongoing housing insecurity for some participants at graduation. Treatment and justice stakeholders considered secure housing important for graduates. However, they also identified how difficult it could be to achieve housing security in Auckland.

Driving licences were an important AODT Court outcome for graduates

Gaining a licence contributed to graduates being able to work, train or study. Gaining valid driving licences also changed a cycle of fines and disqualifications experienced by many participants. Police Prosecutors were particularly supportive of participants gaining full driver's licences as it changed road safety behaviour. For example, Police described offenders running from Police when they did not have a valid licence.

Treatment and justice stakeholders considered graduates getting a full driver's licences a key AODT Court outcome. They noted the flow-on effect as graduates with licences could then teach, support and be a positive role model for other whānau.

Graduates were in training, studying, working or seeking work

Being in employment, study or training is a condition for graduation from the AODT Court. Many graduates began training or study, while in the AODT Court. Not all graduates interviewed were employed as of December 2018.

Graduates interviewed, who were working or studying, were proud of their achievements. They enjoyed their work or study and had future plans. They noted staying busy and occupied supported their recovery.

Treatment providers and justice stakeholders considered employment or study contributed to building graduates' capacity to maintain their independence and recovery.

'What we've been looking at in terms of outcomes is everybody who graduates is either in study or employment. [...] I think the drug court does that very well. That's important for so many different things. It's about their social connection, about their self-esteem, about putting structure into their day, about being financially independent, paying taxes, learning to be a good citizen.' (Treatment provider)

Graduates' taha wairua strengthened

Graduates gained hopes and aspirations for the future

Graduates felt hope for the future. The AODT Court helped them have choices and make plans for their future. Treatment and justice stakeholders also considered graduates gained a sense of hope and future aspirations.

'So what changed at this moment, in these things, was the acknowledgement and I suppose the support that I could do something different than the status-quo. Change was possible even though I didn't know what change was about.' (Graduate)

The kaupapa-focused and wairua-driven approach supported recovery

The te reo Māori name for the AODT Court is "Te Whare Whakapiki Wairua", the House that Heals the Spirits. This name acknowledges the spiritual dimension of the AODT Court that helps to heal and facilitate positive change in the lives of graduates. When in addiction, Māori participants were unable to connect with te Ao Māori. However, once free of their addictions, they were able to fully appreciate and connect with their taha Māori.

"Well, it brought me back to paying attention to my own spirituality, which had certainly been missing in action. That something that has certainly come back into my life not in a religious sense but in a much more holistic and philosophical sense, you know, the meaning of life, and just basically being a good guy, you know basically getting back to my core values and principles..." instead of having them compromised for the sake of work and earning a dollar and surviving" (Graduate)

The tikanga and spiritual practices embedded throughout the AODT Court process were important to graduates' recovery. These processes strengthened graduates' sense of identity and value.

Māori graduates considered the AODT Court reconnected them to their taha Māori

Māori graduates restored connections to their Māori identity (taha Māori) through participation in the AODT Court. Reconnection occurred through the tikanga processes in the AODT Court as well as the support of the Pou Oranga. This process helped them understand and take pride in their identity as Māori. Learning tikanga, whakapapa, kapa haka, te reo Māori and Māori history through the AODT Court and support of the Pou Oranga was particularly significant for Māori graduates.

'I've never had anything to do with my Māori side all my life, I was brought up with my Irish nana, so I was like I'll just sit out with the rest, watching [... after a while] I thought I'll just join it. Next minute they're making us do karanga, and haka and that was all new to me.'
(Graduate)

Reconnection to whānau and whakapapa also reconnected people to whenua and, sometimes marae. Whenua holds a significant place in Māori identity. Reconnection to marae and whenua provided graduates with a place to stand, turangawaewae. This process enhanced graduates' sense of wellbeing by strengthening their cultural identity.

'[Through the AODT Court process] I linked back through the marae, because [Name] works down at Hoani Waititi. She's seen me in and out and supported me all throughout. She always said "I was waiting for you to come back and stay" because I'd be staying then little bit going then coming back.' (Graduate)

Treatment and justice stakeholders considered re-connection to culture and cultural identity an important component of the AODT Court. They saw a restored sense of mana through participation in the AODT Court.

'You have taken back control of your life and have been addressing your issues ... you have grown in stature and dignity... though humble you now stand as a man of mana and have become a real role model and contributor in this court.' (Court files, justice stakeholder)

Graduates were connected to the recovery fellowship and valued its support

Graduates connected to the recovery fellowship during their time in the AODT Court and some maintained a strong connection after graduation. Others did not maintain this connection. These graduates nevertheless valued the sense of connection to spirituality during their recovery. Court files showed that connection to the recovery fellowship was an important part of graduates' experience.

For treatment and justice stakeholders, connection to recovery fellowship groups helped graduates maintain outcomes. They thought participants who did not establish these networks struggled to maintain their recovery journey after graduation.

Exited participant outcomes

The following section describes exited participant outcomes using the AODT Court outcomes model.

Evaluative assessment

Exited participants experienced some short and medium-term outcomes

The AODT Court contributed to exited participants achieving some positive outcomes across the four identified health and wellbeing taha/domains.

Exited participants in recovery achieved similar outcomes to graduates. This section provides the collective experience of exited participants.

Exited participants experienced some positive outcomes in taha hinengaro

Exited participants struggled to comply with justice and treatment requirements of the AODT Court. All exited participants had relapsed since exiting the AODT Court.

Most exited participants learned about taking responsibility for their actions and were more honest and trusting as a result of participation in the AODT Court. They also experienced sobriety and learned about the recovery pathway. Exited participants considered their offending had reduced since exiting the AODT Court as a result of their participation. However, one had returned to prison for new offences since exiting the AODT Court.

Exited participants experienced limited taha whānau outcomes

Exited participants were aware they needed to focus on their recovery before building relationships with whānau. Restoring whānau connections after exiting the AODT Court was challenging and not possible for all exited participants. Exited participants were aware of the positive and negative effects of peers on their recovery and some sought to limit negative peer engagement.

Exited participants experienced limited outcomes in taha tinana

Exited participants experienced some positive health outcomes when maintaining sobriety in the AODT Court. However, exited participants not in recovery did not maintain these health outcomes.

A few exited participants were in active recovery. These participants had maintained health benefits, had secure housing and were employed or studying. Employment was important to exited participants but few were working.

Exited participants experienced varied taha wairua outcomes

As with graduates, the tikanga Māori cultural processes in the AODT Court grounded some exited participants in their recovery and provided a positive recovery experience. A few Māori exited participants remained disconnected from their taha Māori. Connection to a higher power or spiritual practices were important to a few exited participants.

Exited participants experienced some positive taha hinengaro outcomes

Exited participants were unable to comply with AODT Court requirements

In the main, exited participants recognised their behaviour and continued AOD use had led to exiting the AODT Court. Of those interviewed, AOD use, positive tests or non-compliance with court requirements, such as absconding from treatment facilities led to their exit. In addition, exited participants identified other factors leading to exit, including:

- Difficulty staying motivated, particularly when completing multiple treatment programmes over a long time. Some participants considered it would be easier and faster to complete their jail time rather than complete treatment.
- Setting unrealistic goals and pushing themselves too hard to achieve change quickly. These participants were disappointed when they were unable to complete treatment or reach milestones as quickly as they had hoped.
- Continued AOD use by whānau and peers, including some peers in treatment, meaning they lacked additional support or motivation to change.

*So, I bailed. I thought to myself, 'Well, instead of doing two years of this crazy carry-on, I can go to jail, I can do probably 18 months instead of two years of this.' So, I went back to jail.
(Exited participant)*

A few participants exited the court because they needed health-related treatment that meant they were unable to comply with the AODT Court conditions. The court file information aligned with qualitative interviews on the reasons for exiting the AODT Court.

Despite exiting, participants experienced some positive taha hinengaro outcomes

Exited participants acknowledged some positive changes in taha hinengaro due to participation in the AODT Court. This finding is consistent with the 2016 evaluation where exited participants said the AODT Court was a useful and positive experience where they

gained skills and tools for recovery. Feedback from all stakeholders and the AODT Court files also highlights positive outcomes for exited participants.

Despite positive gains, all exited participants had relapsed when they exited the AODT Court. Of those interviewed, two were in recovery at the time of the interview.

Most exited participants considered they needed to change

As with graduates, exited participants were motivated to change. Many exited participants had unsuccessfully attempted to stop using AOD previously. Court files showed that judges acknowledged exited participants motivation to change at sentencing.

'I have seen a demonstrated motivation to change in the drug court and you are someone with obviously good family support, someone with a good educational background, real sporting achievements and I know you to be a very hard worker when given the chance.'
(Court file, justice stakeholder)

Treatment providers and justice stakeholders recognised exited participants were initially motivated to change. They noted many exited participants regretted the actions leading to exiting the AODT Court.

'When they talk about their time in the court, they just feel bad and have a real longing and regret that they didn't make it. And affection for everyone that's worked with them, the judge, Matua, their peers. It's a big part of their life no matter whether they get through or not.'
(Treatment provider)

Exited participants learned to be more honest and trusting

Exited participants were more honest and able to trust others. They were more open about AOD use or breaking court conditions as they progressed through the AODT Court.

After exiting, a few participants remained honest with people, especially those in authority. For example, an exited participant described reporting her AOD use while on parole to Oranga Tamariki social workers.

'I like the way that if you are honest about it before you're caught out with it, then they don't shut you down. So, it's what I've learnt – a big thing I've learnt. I find it really hard to be dishonest these days. Which is good.' (Exited participant)

Exited participants described being better able to trust whānau and friends. Previously, their relationships were often undermined through their lack of trust.

Many exited participants also described increased trust in justice and treatment stakeholders. Exited participants realised their success in the AODT Court was important to others, including the judge, Police, defence lawyers and treatment providers. This boosted their sense of hope and self-esteem.

'I felt like I had nothing, but they gave me all the opportunities. They showed me directions of where to go' (Exited participant)

Most exited participants learned about taking responsibility for their actions

Exited participants learned to take responsibility and be accountable for their actions. They were more aware of the implications of their behaviour and learned to see things differently.

'You can't say, you know, 'Damn. If only I'd parked around the corner' and you know. [...] 'If only that cop wasn't on that corner. If only I'd gone the other way.' You know, you can't blame that. It's talking about being responsible. You shouldn't have been in the car in the first place. Full stop. Period. (Exited participant)

Treatment providers and justice stakeholders considered exited participants learned to take responsibility for their actions. They noted exited participants wanted to demonstrate their achievements to the AODT Court even after exiting.

'I had one a few weeks ago that got exited because he used again. He came back to say hello and let us know that he's 90 days clean again. That says relationship. They want to be seen doing well, and for us to see that.' (Treatment provider)

Exited participants learned strategies to help them maintain recovery gains

Exited participants learned strategies in the AODT Court to respond to AOD use triggers or cope with difficult situations. Some participants applied these tools after leaving the AODT Court to continue their rehabilitation.

'I've got the right tools in place. I've got everything in place to, you know, get it all sussed out [...] I think maybe 40 to 50% is from the drug court and the rest is what I've learnt from jail and what I've learnt from myself.' (Exited participant)

Exited participants considered the AODT Court taught them to communicate better. They could talk about their feelings and process their emotions. This was demonstrated in their participation in an evaluation interview.

'Before I wouldn't talk to you like I'm talking to you now. I wouldn't talk about my feelings and what've achieved. Like, I can deal with my emotional things. Before I was always stressed about how I was going do things.' (Exited participant)

Exited participants learned an alternative pathway

Exited participants developed hope for the future. Participating in the AODT Court opened up the possibility of an alternative lifestyle. Many had not considered there was a pathway for them to be sober.

'I think Higher Ground did help me a little bit. [...] Just looking at things differently. I think there were underlying issues that I had to deal with. And they did sort of help me deal with that.' (Exited participant)

Treatment and justice stakeholders interviewed considered exited participants had gained experience of what life could be like sober and not offending.

Exited participants AOD dependence may have reduced

All exited participants interviewed had relapsed following exit from the AODT Court. Some were active AOD users at the time of the interview. Several described recent AOD use but were also taking active steps in recovery, such as attending recovery meetings or attending the methadone programme. Some commented their use was not at the level it was before they entered the AODT Court.

Exited participants reported reduced reoffending

Some exited participants reported they had stopped reoffending. However, one had returned to prison on new offences since exiting the AODT Court. Unlike graduates, most exited participants risk of offending at sentencing was medium to high in the court files.

Whānau members interviewed supported feedback from exited participants

Whānau members noted changes in exited participants' openness, awareness and control of their behaviour and emotions, and knowledge of recovery tools.

'Trust is probably the biggest thing. I think having been able to trust – cos like I said, I didn't feel like he participated 100%. So, maybe it's being able to trust others enough to participate 100%. And maybe you will never ever have that. You know?' (Whānau, exited participant)

Whānau reported improved self-esteem in exited participants and improved ability to ask for help. They thought their whānau member had learned better judgement and was more aware of their responsibilities.

'I think that had something to do with getting people used to talking about things and communicating things. So, they could reach out when they needed help. A lot of people, they won't reach out, so they'll feel they've failed and they haven't. We saw a lot of people like that.' (Whānau, exited participant).

Exited participants experienced mixed taha whānau outcomes

Exited participants were aware they needed to focus on their recovery, not whānau

Unlike graduates, most exited participants had not reached a stable point in their recovery, particularly in taha hinengaro. This meant they were unable to begin rebuilding relationships with their whānau.

A few exited participants in recovery knew they needed to focus on their recovery before their whānau. They avoided whānau members who were in active addiction. One exited

participant separated from a former partner to avoid re-entering a space where AOD use was normalised.

'During that time my partner died, a raging addict. Had I gone to her tangi, I wouldn't be sitting here to talk to you today. This is a 30-year relationship, and I've lost someone dear to me. I haven't even been to her grave yet. They're the things I've had to do to stay clean.'
(Exited participant)

Some exited participants were rebuilding whānau relationships

These participants had meetings with children or parents. They sought to reassure their whānau they had changed and were working to recover from their addiction. Exited participants, who were in recovery, reported the joy of connecting with whānau, especially children, now they were not in addiction.

'I think it's just my kids. When I see them now, I'm like not how I was. Before, you know, I had my kids in my mind. My kids were dressed well and clean. We had food and a house and a car and everything. Looks good. But like, I was – like, 'Mummy's busy, go watch TV.' Always having people around me and stuff like and always – always on drugs. They could just tell. And now, like, I know that they're looking at me and studying me. They'll look at me to see how my eyes. Like, am I on drugs? No, I'm not. When I see, that they see that I'm not on drugs. I'm not a threat. They just relax. Like their whole body relaxes.' (Exited participant)

Court file information confirmed some exited participants restored family connections. These participants described having family back in their lives through the AODT Court process.

Restoring whānau connections post-exiting the AODT Court was challenging

Not all exited participants restored whānau relationships. Some were unable to maintain the relationships rebuilt during their time in the AODT Court. Some were aware that their continued behaviour or AOD use was damaging their whānau relationships.

'It resulted in me not getting my other kids back. The drug court – I did, like, three years of it because it took me so long to learn certain things. But what I really did it for was to get my other kids back, and when it was time, like, when I wanted to get them back, I probably had a year clean, I couldn't.' (Exited participant).

Others had damaged whānau relationships through their exit. Exited participants in recovery were working rebuild whānau connections.

'I lost my family, was one thing. They didn't sort of trust me anymore. I'm starting to get that trust back now. Even though I've been clean for a year and I've got everything – like a job, new car and ... [...]. My mum thinks it just so I can get my licence and my car, and then I'm gonna go back to my old ways.' (Exited participant).

Exited participants were aware of the positive and negative effects of peers on their recovery

Exited participants had peers with positive and negative influences. Some exited participants reported avoiding or cutting off connections with peers who hindered their recovery, either through addiction or continued criminal activity. These participants were aware that involvement with anti-social or addicted peers would threaten their recovery. They were able to recognise this risk and put strategies in place to maintain their recovery.

'I threw all my old friends out. I don't have any friends anymore. I don't have any friends. All I do is go to work and go home. Work and home. I don't go anywhere. I do go places with my daughter and things. But I don't go socialising [...] That's what I needed to do. To get rid of people. Cos I was always putting other people first.' (Exited participant)

However, some exited participants were still connected to peers who used AOD or were involved in criminal activity. They were less aware of or concerned about the impact these relationships had on their recovery.

Exited participants had limited taha tinana outcomes

Exited participants experienced some short-term health outcomes from not using AOD in the AODT Court

Exited participants experienced some positive short-term health outcomes while participating in the AODT Court. From maintaining a period of sobriety, they were able to think and act more clearly and could remember what they had done.

Following exit, a few participants who stopped using AOD experienced improved health. A few exited participants sought further health treatment after exiting the AODT Court, for example, Hepatitis C treatment.

'My health changed a lot. Like, when I went for my medical so I could get my licence back, I was actually surprised. Like, the doctor said that even though I used to drink so heavily, my liver and everything is fine.' (Exited participant)

A few exited participants had secure housing

The exit process did not support exited participants in to secure housing. Most participants went to prison when they exited the AODT Court. Exited participants considered secure housing an essential component of recovery. Lack of secure housing affected their ability to recover after leaving the AODT Court.

Exited participants valued regaining licences through the AODT Court

Some exited participants regained their driver's licence, either during their time in the AODT Court or since exiting. Regaining their driver's licence was a significant achievement. Those who gained their licence attributed this success to the AODT Court. As with graduates, regaining licences helped exited participants be active in society and improved road safety.

Employment was important to exited participants but few were working

A few exited participants interviewed were working. Employment was an important success marker for them. Being employed had positively contributed to their recovery. However, one exited participant was an active AOD user while also employed. Others were not working but seeking to work or focussing on their ongoing recovery.

A few participants exited due additional to health needs

Some exited participants also identified significant health issues before, and during their time in the AODT Court. Two people interviewed had exited the AODT Court due to significant health needs that were beyond the scope of the court. One had maintained a recovery journey despite exiting.

Exited participants experienced varied taha wairua outcomes

Tikanga processes in the AODT Court grounded some exited participants in their recovery

For some exited participants, the tikanga processes had a profound impact on their experience of the AODT Court and their AOD recovery.

'That's a really good thing about the AODT Court. [If] you're Māori, or whatever. You don't have to be Māori [...] When you're on drugs and you're lost, it's really spiritual to bring yourself back the way they do. And [name]. She talks in Māori. So it's really special. It just makes you feel – for me, and actually for a lot of peers and stuff – it brought them back to reality. They'd been in this crappy world doing all these crappy things for so long. Just to be brought back.' (Exited participant)

Court processes helped them connect to taha Māori. Speaking te reo and the ability of the judges to speak te reo was an important component of the AODT Court. For one exited participant, speaking te reo Māori in the AODT Court helped her express herself and explain her experiences.

'When we talk Māori, I see life through the eyes of a Māori woman. [...] I wanted to put it across to the judge how I see life, but I couldn't get it across in a Pākehā sense' (Exited participant)

Connection to Orakei Marae was also important for Māori participants. This connection linked them to whenua and a place to be Māori. Participants who had been disconnected from their Māori identity and whakapapa considered the link to a marae particularly significant

Whānau of exited participants agreed the AODT Court tikanga processes grounded their whānau member and allowed them to participate in further recovery processes.

'It kind of washes away breath, that ceremony. It gives you – not a name – but a new identity. This is your identity in the drug court now. So, you can start off with that identity.'
(Exited participant whānau)

A few Māori exited participants remained disconnected from their taha Māori

A few Māori exited participants interviewed struggled with the tikanga processes. They did not consider themselves worthy of participating in the tikanga processes. This was particularly the case when they thought they were going to reuse AOD. Others who were not connected to their taha Māori felt they were not entitled to participate in these processes.

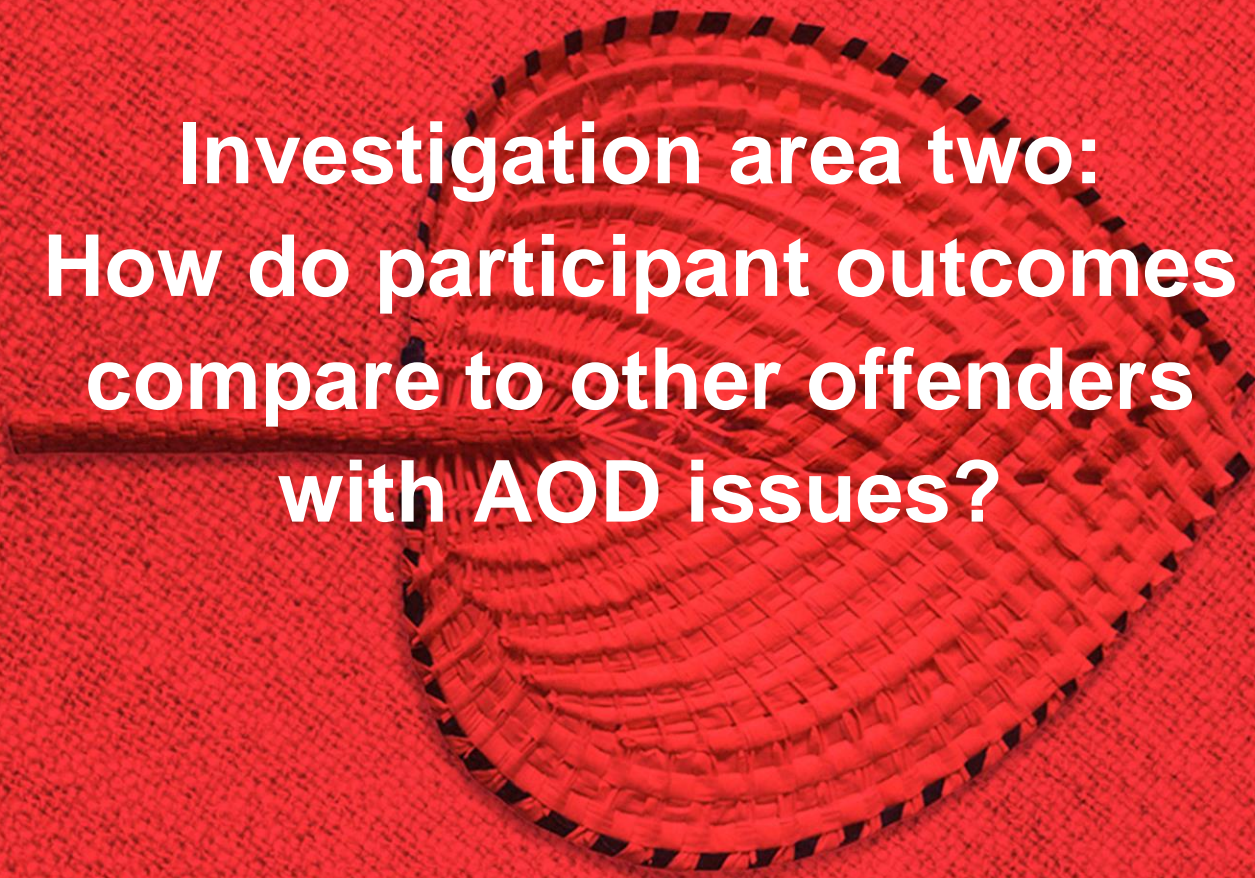
'I wanted to feel that. It was a good, empowering thing when I saw the boys doing the haka in drug court, you know? I feel – I felt 'Wow.' That feels good, you know? But I felt fake if I jumped on board, 'cos I knew I'm gonna go back.' (Exited participant)

Connection to a higher power or spiritual practices were important to some exited participants

Spiritual practices, including Māori spirituality, were important for some exited participants in their recovery. For two participants, church attendance was essential to their recovery.

'I never used to believe in religion before. As soon as I started going to church [...] everything started falling into place for me.' (Exited participant).

Some exited participants described a sense of hope for the future and were making plans (for example saving money to buy a car, getting a driver's licence). However, hopefulness was not commonly identified in interviews with exited participants.



**Investigation area two:
How do participant outcomes
compare to other offenders
with AOD issues?**

Investigation area 2: The comparison offender group

This section presents the evaluative assessment and findings of a comparative analysis between an AODT Court participant cohort and a similar group of offenders with AOD issues.

This section addresses the key evaluation question:

- How do participant outcomes compare to other offenders with AOD issues?

Data for this section is drawn from:

- The comparative analysis conducted through the AODT Court file reviews
- Feedback from treatment and justice stakeholders on whether AODT Court graduates could have achieved equivalent outcomes going through the standard court process.

The Ministry of Justice is completing analysis on reoffending outcomes for a cohort of AODT Court graduates and a comparison sample.

Evaluative assessment

The qualitative evidence for comparing outcomes achieved by AODT Court participants with other offenders with AOD addictions is limited. In the court file review, both AODT Court participants and the comparison offender groups expressed motivation to address their AOD addictions. AODT Court participants accessed a wide range of AOD treatment and other support to assist their recovery journey pre-sentence.

In contrast, it is unknown whether the comparison group of offenders accessed recommended AOD treatment or other support after sentencing. We cannot, therefore, compare the outcomes achieved by the two groups against the AODT Court outcome model.

We explored with treatment and justice stakeholders and AODT Court graduates whether graduates could have achieved the same positive outcomes going through the standard court process. All stakeholders including graduates were adamant AODT Court graduates would not have achieved the outcomes (described in the graduate outcomes section). Many cited the AODT Court graduates had been cycling through the courts for years with minimal or no success in achieving sobriety and recovery.

Key findings

Comparing the comparison and AODT Court sample

Comparison and AODT Court participant groups had extensive offending histories

Both AODT Court participant and the comparison sample generally showed long histories of offending of all types, including theft, burglary, fraud, driving offences, offences against Police (including fleeing Police), and some violent offences. The picture is one of significant community and family disruption and distress arising from the offending histories of offenders with AOD addictions.

The comparison offender group did not have access to the level of treatment and support available to AODT Court participants pre-sentence

Information in the AODT Court files and comparison files highlighted a very different court process and treatment experience. These files provided rich detail on the support received by AODT Court participants including coordinated support from court staff, treatment providers, and allied support (Pou Oranga, peer support workers, probation officers, housing support, and for some, whānau support). AODT Court participants received this help pre-sentence for up to two years.

Exited participants received less support as they did not graduate from the AODT Court. However, they received more treatment and support than the comparison group. The comparison group received much less support pre-sentence for their AOD issues. Pre-sentence, the comparison group had access to prison services, if remanded in custody. Five offenders (out of 24) in the comparison group accessed pre-sentence programmes in prison (e.g. 'Manhood, Marriage and Fatherhood', short rehabilitative programmes, counselling).

Most of the comparison group had delayed access to treatment

Around half of the comparison group (12) claimed they were motivated to seek help for their AOD addiction. Similar to AODT Court participants, their claim may have been driven by a desire to minimise their sentence or avoid prison (Litmus, 2016).

Access to treatment for most of the comparison group was delayed until after sentencing or for some on completion or nearing completion of their prison sentence. Delay in accessing AOD treatment is known to reduce motivation and treatment effectiveness (Carey et al 2012).

While not evident in their court files, the comparison group may have received in-prison support or treatment after sentencing. For eligible prisoners, intensive AOD treatment is available through Drug Treatment Programmes or Intensive Treatment Programmes. Nine

Drug Treatment Units exist throughout New Zealand. In 2017–2018, 1,068 people completed intensive AOD treatment programmes in prison (Department of Corrections, 2018).

The Ministry of Justice has found in-prison AOD treatment delivered through the Drug Treatment Units effectively and consistently reduced re-imprisonment by a small but statistically significant margin (Ministry of Justice 2016). This is in line with international evidence. However, voluntary programmes are more effective and treatment in the community is more effective than in-prison treatment when combined with sanctions for non-compliance (Ministry of Justice 2016).

Some AODT Court participants also faced treatment delays as they were remanded in custody until a residential treatment bed became available. In 2016, 58% of AODT Court participants were remanded in custody when accepted into the AODT Court.

Some AODT Court participants can wait up to three months in remand for a treatment bed. However, work by the AODT Court case managers seeks to minimise the delay for a residential bed. In 2018, AODT Court participants could access support groups facilitated by the Pou Oranga in prison while waiting for a treatment bed.

Limited information is available on the four taha outcomes for the comparison group

Based on the information in the court files for the comparison group, we cannot accurately assess the effect of AOD treatment or other support received against the four taha of the AODT Court outcomes model. The court file lacked information on whether any treatment was received or outcomes from the intervention.

AODT Court participants achieved positive outcomes against the four taha, but we do not know if the results are similar or different from the comparison group

Based on the information in the AODT Court files, graduates and some exited participants achieved positive outcomes against the four taha. These positive gains are detailed in the previous two sections.

The comparison group court files contain some evidence at sentencing about offenders' willingness to start or recommence their recovery journey. We cannot determine whether they go on to achieve the same or different outcomes after accessing AOD treatment as AODT Court participants.

About half of the comparison group demonstrated some early outcomes associated with Taha Hinengaro

Those in the comparison group who were motivated to start recovery accepted their addiction and the need for change. Like AODT Court participants, some comparison offenders wanted to change to benefit their children.

Some in the comparison group were remorseful, taking responsibility for their actions and acknowledging the impact of their offending on victims. Some were also aware of the adverse impact of their addiction on their whānau, friends and victims. A few identified the impact of their low self-esteem on their ability to cope. This information was noted in judge's sentencing notes, in Probation's pre-sentencing reports, and occasionally in letters or documents from the offender or their whānau.

However, others in the comparison group had:

- limited awareness of their responsibility, some blamed others for their offending
- limited remorse for their actions
- limited or no ability to see the consequences of their actions
- previous non-compliance with court conditions.

Evidence on taha whānau, taha tinana and taha wairua outcomes was very limited in the comparison group files

The comparison group faced a similar challenging starting point for their recovery journey as faced by the AODT Court participants. Some offenders had experienced historic child abuse, including sexual abuse and a childhood background where AOD use was normalised. A few had supportive whānau and friends, while others had whānau and friends with addictions or offending behaviours.

Comparison group offenders also had mixed housing and employment circumstances. A few comparison offenders had entered training, while in custody. Poor health was evidenced amongst some comparison offenders. Very few offenders in the comparison group described having hope for the future. A few wanted to learn more about tikanga Māori or learn te reo Māori.

AODT Court participants would not have achieved the results without the AODT Court

We explored whether participants in the AODT Court could have achieved positive outcomes against the four taha through the standard court and treatment process. Most treatment providers and justice stakeholders commented that AODT Court participants had been cycling through the courts for years. They considered the standard process had not resulted in positive sustainable outcomes.

AODT Court participants (both graduated and exited) also commented that without the AODT Court they would not have achieved the positive changes. They considered without the AODT Court they would not have the skills to continue their recovery journey, even after a relapse.

Offenders sometimes achieved sobriety through the standard court process. However, the prison system is not a therapeutic environment. A peer support worker noted it requires great strength by the offender to maintain recovery in this environment, and in the community when they may not have built up pro-social support.

'[Achieved these changes without the AODT Court?] I don't think so. Not in the majority of cases, anyway. I think a lot of the ones that don't graduate but get close were almost ready. The ones that graduate are the ones who are at a point in their lives where they're ready to make some sort of positive change and the AODT Court provides that support to get them through it. The court addresses not just addiction but also their social circles, their lifestyle they're a part of and puts all those things together. The AODT Court at least attempts to provide a mechanism to work on all of those things. The whole package.' (Justice stakeholder)



**Investigation area three:
How effective is the AODT
Court process?**

Overview of investigation area 3: Assessment of AODT Court processes

This section presents the evaluation findings on the ongoing implementation of the AODT Court. This section draws on data from interviews with treatment providers, justice stakeholders and AODT Court participants. We also draw on findings from the 2016 final process evaluation of the AODT Court.

This section addresses the following key evaluation question

- How effective is the AODT Court process?

We present our process evaluation findings in four parts

Each section provides an evaluative assessment and relevant key findings.

Key changes to AODT Court processes: presents key changes to the AODT Court process since the 2016 process evaluation (Litmus 2016).

Māori cultural components of the AODT Court: describes and discusses the unique Māori cultural components of the AODT Court (Te Whare Whakapiki Wairua).

The ongoing need to balance therapeutic and judicial decision-making: discusses ongoing tensions and negotiations between AODT Court stakeholders. We describe how this relationship has changed since 2013 and the implications for the AODT Court.

Other ongoing issues in the implementation of the AODT Court: identifies additional process issues identified by stakeholders in 2018.

Key changes to the AODT Court process since 2016

This section presents key changes to the AODT Court process since the 2016 process evaluation (Litmus 2016). We used the Ministry of Justice (2012) handbook on the AODT Court's design to assess ongoing implementation. The handbook is based on the best practice components of drug courts as identified by the US National Drug Court Institute (Carey et al 2012).

Evaluative assessment

As in 2016, the AODT Court continues to be implemented in accordance with its design and the ten best practice components of international drug courts. Stakeholders interviewed continue to be positive about the ongoing implementation of the AODT Court.

The AODT Court processes have continued to evolve. Stakeholders have addressed some improvement areas identified in the 2016 process evaluation. These changes include changes to restorative justice, refining CADS role, addressing some resource pressure points, and strengthening the role of probation and defence lawyers.

Key findings

The AODT Court continues to be implemented as intended

Based on interviews completed, the AODT Court continues to be broadly consistent with the design and international best practice principles. We detail below key changes in the AODT Court processes from the 2016 evaluation. The 2016 final process review provides a detailed analysis of the AODT Court roles and processes from referral to graduation or exit (Litmus 2016).

Stakeholders are mainly positive about the AODT Court and its processes

Overall, stakeholders are mostly positive about their involvement in the AODT Court. Stakeholders commented relationships across the AODT Court are mostly effective.

We've got a good [AODT Court] team. Everyone's voice is heard in my view, equally. I think we all defer to one another. It's a fairly settled team, and therefore we've built up a trust relationship, which is a big thing. (Justice stakeholder)

Treatment providers and justice stakeholders are strongly invested in working to ensure the AODT Court's success. Treatment providers questioned whether this intensity was sustainable over the long-term.

The AODT Court processes have evolved to meet needs

CADS resources have changed to reflect referral flows to the AODT Court

CADS complete a full AOD assessment of offenders referred by the District Court to the AODT Court, and they attend the pre-court Determination Hearing meetings. The 2016 evaluation identified the need to adjust CADS resourcing to align with the variability of the referrals to the AODT Court.

Following a review in 2018, CADS reduced staffing from four to two full-time equivalent with a maximum completion of 15 reports per month. This change improved workflow management within CADS and improved efficiency of completing CADS assessment for referrals to the AODT Court.

CADS assessment reports for the AODT Court are very detailed. In 2016, reports were around 10 pages long and took on average six hours to write. Questions continue to be raised about the level of detail required in the reports, especially as other treatment providers are also doing their AOD assessments.

In 2016, CADS ran pre-treatment readiness groups in prison for AODT Court participants on remand, waiting for a treatment bed. These groups were introduced to maintain participant motivation while waiting for a treatment bed. The groups were also to address the challenges of transitioning from prison to a residential treatment setting. With the restructure, CADS no longer has the allocated capacity to provide this service. Currently, the Pou Oranga holds group meetings with participants on remand in prison to sustain their commitment to the AODT Court programme.

Some AODT Court team members have changed their resource allocation

In 2016, we found the resources required to implement the AODT Court design was underestimated, particularly for case managers, peer support workers, judges, court coordinators and Police Prosecutors. To some extent, these challenges have been addressed.

Compared to 2016, Police capacity increased from two to four days a week for each Police Prosecutor. This change allows Police to have more time to contribute to their AODT Court activities. Police Prosecutors increased capacity for the AODT Court is funded through the Ministry of Justice.

Since 2016, defence lawyers have been restructured from eight lawyers to four permanent lawyers. Caseloads for defence lawyers have increased from nine or ten to 15 to 17 AODT

Court participants. Having designated and more consistent defence lawyers has improved communication and relationships with AODT Court participants. Defence lawyers commented the dedicated role has improved their knowledge of treatment processes and their ability to support AODT Court participants' recovery.

Restorative justice conferences take place in phase two to improve victim experiences

Up to 2015, restorative justice conferences occurred in phase three of the AODT Court. The rationale was, with sustained sobriety and AOD treatment, participants would offer victims a genuine apology. Given the time delay of up to 18 months, many victims did not want to take part.

In 2015, restorative justice conferences were moved to phase one. The rationale was to encourage more victims to take part and to gain an understanding of the AODT Court and the recovery journey. Feedback indicates having the conference in phase one was too early in the participants' recovery journey and victims struggled to understand the benefits of the AODT Court.

In 2018, restorative justice conferences now occur in phase two. Justice stakeholders consider this change will improve victim engagement and experience. Restorative justice meetings are seen as an important step on AODT Court participants' recovery journey.

'We want it [restorative justice conferences] to happen for the AODT Court participants ... The end result for a successful AODT Court participant is that they don't go to prison. There are victims of serious offending that want to know 'why is the person who burgled my house not going to prison? What has happened?' Restorative justice I think is a way that can help restore or keep peoples' confidence if they can see a defendant who's actively working on some drug or alcohol issue, who seems genuinely sorry as opposed to just seeing that they've received a lesser sentence.' (Justice stakeholder)

We do not know the number of restorative justice meetings that have taken place. However, justice stakeholders are disappointed more victims are not taking part. In 2018, an intense focus was placed on ensuring victims can attend a restorative justice conference. Police Prosecutors are working to provide restorative justice facilitators with victims' correct contact details. Setting up a restorative justice conference process is challenging as some AODT Court participants can have over 30 identified victims. A few justice stakeholders voiced concerns restorative justice facilitators do not have the capacity or are not putting enough effort into contacting victims.

'We've done a big push on restorative justice, I'm always disappointed with the response which isn't as good as I've always hoped... It's just disappointing for me that there isn't a better opportunity. Because I think a face-to-face apology – they (participants) say it's the hardest thing to do. To confront the victims, they're terrified. But after they did it, it was wonderful.' (Justice stakeholder)

Probation support is integrated within the AODT Court to support the transition to the community and ongoing recovery

In 2016, the Probation Service became involved pre-sentence to facilitate the transition between the AODT Court and Probation Services. Having the Probation Service in the AODT Court pre-sentence was a variation from the original AODT Court design. Probation Services play a critical role in participants' transition from the AODT Court to the community. By sitting in the AODT Court, Probation Officers understand participants' recovery journey and gain insight into how to best support in the community. There are mixed opinions on whether having a Probation Officer sitting in the AODT Court is a good use of their time.

'When they come out of the court after a couple of years, or however long they've been through there, I think it's a big change for them. Like when they graduate and enter society. It's good [...] that we can spend more time with them and just walk with them a bit longer on the pathway. For support in their new part of their recovery.' (Justice stakeholder)

In 2018, two Probation Officers continue to work with the AODT Court. AODT Court participants receive intensive supervision from Probation Services with judicial monitoring. Meetings with Probation Officers are held at Odyssey House, graduates' homes or workplace to avoid risking contact with old anti-social associates at Probation Offices.

Probation Officer's role in the AODT Court varies from normal probation duties. This variation is not well understood within the Probation Service.

Māori components of Te Whare Whakapiki Wairua

This section describes the distinctively Māori cultural components of the AODT Court (Te Whare Whakapiki Wairua) and identifies their value in court processes. The distinct Māori cultural components of the AODT Court are:

- Māori cultural practices are included throughout court practices
- Māori values integrated into the AODT Court
- the role of the Pou Oranga.

Evaluative assessment

The AODT Court has integrated distinctive Māori cultural practices and approaches. These practices enriched the AODT Court and provide a model for working towards a partnership to achieve positive AOD treatment and justice outcomes. Tikanga Māori practices and processes create a strength-based environment to support participants' recovery journey.

Key findings

Māori cultural practices are integrated into AODT Court processes

Te Whare Whakapiki Wairua has integrated Māori cultural practices and tikanga Māori into court processes. Incorporating Māori cultural practices recognises Te Tiriti o Waitangi and the important relationship between Māori and the crown. Te Tiriti o Waitangi provides a framework for accountability for Te Whare Whakapiki Wairua.

Three tikanga Māori values are central to Te Whare Whakapiki Wairua. These are:

- Tumanako (hope): participants' hopes, desires and aspirations for their future.
- Whakapono (faith): participants having faith and belief in themselves, the AODT Court processes, the treatment programmes and support mechanisms which aid and assist them on their journey of recovery.
- Aroha (love): participants having self-love and self-worth and receiving aroha from people from within and outside of the AODT Court.

'Belief in themselves. Faith in themselves, their higher power, whatever their denomination is, the connection to something bigger than themselves. Aroha. Drug use and that dark world disconnects people from aroha, their compassion. It makes them selfish. That's aroha for themselves, children, communities and the process. It's also gratitude, hope for a better future. When they're in a criminal cycle, there is no hope. Hope their children won't turn out

like them, and that they have a good future. We teach that in the Drug Court. Those are the positive outcomes I've seen.' (Justice stakeholder)

Tikanga Māori is integrated with court processes

For Māori participants, the use of tikanga Māori and te reo Māori in the AODT Court validates their identity as Māori and empowers them to reconnect with te Ao Māori. Te Whare Whakapiki Wairua encourages Māori participants to embrace and take pride in their taha Māori.

'Knowing part of them is Māori. The tikanga processes help them discover and acknowledge that. They have a place and are significant to the court. They matter to the judge and the lawyers...and they discover that their own identity is important and has value. They want to be able to get up and kōrero to their own in Māori.' (Justice stakeholder)

Cultural practices of karakia, waiata, mihimihi or mihi whakatau and haka are part of the normal AODT Court proceedings. These practices ground Te Whare Whakapiki Wairua participants in their recovery and connect Māori and non-Māori to their cultural identity.

The use of tikanga Māori has a positive flow-on effect in educating and engaging all those involved in Te Whare Whakapiki Wairua on Māori cultural practices. Stakeholders and court participants considered the use of tikanga Māori practices provides dignity and respect in the AODT Court.

'I love how it's [tikanga Māori] non-negotiable. It applies irrespective of who you are. Everyone is welcomed and sent out the same. That hasn't always been consistent, but we can improve. They're applicable for all, and people develop a sense that tikanga is not Māori only. They can be explained. The more non-Māori involve themselves in the process, they gain a greater understanding of the relevancy of tikanga and Māori processes, irrespective of the cultural background. They're not expected to kōrero te reo, but they are expected to participate in the waiata and karakia ... You can't have tikanga and only apply it to a few.' (Justice stakeholder)

Te Whare Whakapiki Wairua integrates te reo Māori into court processes

Māori AODT Court participants valued hearing te reo Māori spoken throughout the court by different stakeholders. For these participants, hearing te reo Māori spoken and seeing tikanga Māori being used in the AODT Court environment validated their identity as Māori. For example, the judges' use of te reo Māori made Māori participants feel that te reo Māori and Te Ao Māori are valued.

Through the use of te reo Māori, participants consciously and unconsciously connected with Te Ao Māori. For many Māori graduates, this was the first time they had connected to their taha Māori.

'When I first interacted with the Court what blew me away was that they spoke te reo Māori. And the openness, they connected with you eye to eye, they spoke to you and not at you. If there was one word it would be aroha and manaaki, and straight tika, pono.' (Graduate, Hui)

Te Whare Whakapiki Wairua builds whakawhanaungatanga

Whakawhanaungatanga is the process of making meaningful connections and establishing links to each other in culturally appropriate ways. Whanaungatanga describes extended family-like or whakapapa relationships. It includes relationships with people who have shared experiences who may act and feel like kin, kaupapa whānau.

Te Whare Whakapiki Wairua builds whanaungatanga by weaving together support from treatment providers, justice stakeholders, non-government organisations, peer support workers, support groups, and whānau. These stakeholders provide tautoko (support), aroha (love) and āwhina/awhi (help and guidance), until AODT Court participants can function on their own. Weaving this support together in meaningful relationships helps bring about change for AODT Court participants.

'As a Māori man that I can be successful and I've graduated from the Drug Court and they've given me all these programmes to do and I've graduated from all of them. And they've given me tools for the new life I've got.' (Graduate, hui)

As AODT Court participants progress through treatment they learn personal accountability and responsibility. Through whakawhanaungatanga, they learn to give back to the community that supported them (awhi atu). Graduates who return to support new participants in Te Whare Whakapiki Wairua demonstrate this process.

'There are networks out there, but without that understanding and full support that it offers in there [Te Whare Whakapiki Wairua], from the leadership of the judges to the lawyers to the team and whānau inclusion and Matua Ra (Whānau, hui)

Tuakana-teina relationships help AODT Court participants sustain outcomes

Tuakana-teina is about the relationship between an older person or one with experience and that of a younger person or one with less experience. Tuakana-teina relationships are an important aspect of growing a community who support one another.

'I am 328 days clean and sober. [...] I have been around for a little while, I have done lots of studying so I have lots of knowledge and I am able to help my fellow brothers out through their struggles, through tikanga, through kōrero, and that's how I do it' (Graduate, hui)

In the kaupapa whānau relationship, the person receiving support has a responsibility to provide reciprocal support. A commonly used whakataukī to describe these reciprocal relationships in Te Whare Whakapiki Wairua is:

*“Ehara taku toa i te toa takitahi, i te toa takitini”
My strength/success is not that of a single warrior, but that of many*

Te Whare Whakapiki Wairua graduates often return to the AODT Court to support new participants in their recovery journey by providing guidance and support. Graduates often return to celebrate with newly graduated participants on graduation day. For participants and their whānau, graduates are an example of what they want to be like.

Iwi relationships strengthen Te Whare Whakapiki Wairua processes

The connection of Te Whare Whakapiki Wairua to tangata whenua (Ngāti Whātua) and marae (Orakei and Hoani Waititi) in the AODT Court areas is well established. Iwi representatives have attended Court hearings. AODT Court participants who have engaged with Iwi and local marae report a profound and positive effect. Marae provide a connection to place and identity.

“[Orakei Marae] was instrumental in helping me stay clean. It wasn’t just whānau, but it was all the people up there. Just being able to roam the whenua when I was suicidal. Those things are really important. (Exited participant)

The Pou Oranga role is integral to Te Whare Whakapiki Wairua

The Pou Oranga role was established in October 2013 as a part-time position across both courts. In 2016, the process evaluation found the Pou Oranga role enabled tikanga Māori to be normalised throughout the court and was essential to meeting the cultural, health and wellbeing needs of Māori in the court.

In 2018, the Pou Oranga role was a full-time position. The Pou Oranga supports treatment providers as required, develops collaborative relationships with local iwi and marae, and develops Māori cultural and AOD recovery pathways for Māori participants. The Pou Oranga role is a positive role model for Māori participants and is a visible symbol of the relationship between the Crown and Māori.

‘[The Pou Oranga] put me into that way of thinking in the Drug Court. He reminded me of my grandfather, which took me back to my youth. [...] It’s pushed me to reconnect with my whānau. I’ve been going back home to them once a month, we’ve been finding out our history and where we’ve come from. [...] It was a really blessed journey for me.’ (Graduate)

The success of the role comes from knowledge of Te Ao Māori, lived experience in the recovery journey, treatment experience, and community connections. These skills give the Pou Oranga credibility with participants, the AODT Court team, and Iwi Māori.

Ongoing need to balance therapeutic and judicial decision-making

This section describes the ongoing need to balance therapeutic and judicial decision-making in the AODT Court.

Evaluative assessment

Interagency stakeholder collaboration and communication are a core component of successful AOD treatment courts internationally. The 2016 process evaluation identified boundary issues between judicial and treatment decisions. In 2018, this concern remains. Treatment providers are frustrated when clinical therapeutic decisions are overridden by judicial decisions. AOD treatment courts operate in adaptive and complex systems. Care is needed to ensure the negotiated space between judicial and therapeutic decision-making is balanced and role boundaries are maintained.

Key findings

Ongoing boundary issues between judicial and treatment decisions

AOD treatment courts operate within 'complex adaptive system[s]' (Hughes and Shanahan 2019). In this context, treatment and judicial decision-making is a constantly negotiated space. Other AOD treatment courts have identified the need to balance judicial and therapeutic decision-making (NPC Research 2008; Carswell 2005; Wolfe et al 2004).

The 2016 evaluation identified the need to monitor and maintain appropriate boundaries between judicial and treatment decisions. At times, some stakeholders considered judicial priorities impinging on treatment decisions. However, the 2016 process evaluation found overall AODT Court stakeholders were effectively negotiating these boundaries.

Treatment providers identified increasing tensions in negotiating therapeutic and judicial decision-making spaces. Treatment providers were particularly frustrated when therapeutic decisions were seen to be overridden by judicial decisions or felt their clinical perspective was not heard.

To be effective, the AODT Court team needs to negotiate differing roles and responsibilities. Feedback indicates more work is needed in creating a balance between treatment and judicial boundaries.

AODT Court process issues in 2018

This section identifies ongoing implementation challenges and areas for further improvement in the AODT Court processes.

Evaluative assessment

Overall, implementation of the AODT Court aligns with best practise principles. However, there is a need to address the following process issues, some of which have persisted since the inception of the AODT Court.

- Stakeholders want the eligibility criteria to be more consistently applied to exclude participants with significant mental health needs.
- Exit criteria are not always consistently applied.
- The AODT Court continues to be resource intensive. AODT Court case managers, in particular, feel overloaded.
- Frustrations continue with the drug testing processes and the associated costs.

Stakeholders identified other issues including the need to clarify some roles, shortage of treatment beds and housing options, a lack of kaupapa Māori treatment provider and the continued maintenance of two databases.

Key findings

Greater adherence to the eligibility criteria is needed to exclude offenders with significant mental health issues

As in 2016, we do not have access to data to directly assess the application of the eligibility criteria. Feedback from treatment providers and justice stakeholders confirmed the eligibility criteria continues to be used and is mostly met. The AODT Court team continue to be generally satisfied with the decision-making process on who is accepted into the AODT Court.

As in 2016, stakeholders noted the mental health exclusion criterion was important to maintain. However, treatment providers commented participants with significant mental health needs have been accepted into the AODT Court. Treatment providers stated they do not have the qualifications to support participants with serious mental health needs. Supporting participants with significant mental health needs adds considerable pressure to case managers and treatment providers' workloads.

Case managers are frustrated access to one-on-one counselling is more limited for these participants. The court file review and interviews highlighted some AODT Court participants

have experienced serious childhood abuse, including sexual abuse, indicating a potential need for one-to-one counselling. Some AODT Court participants also said they did not like sharing deeply personal trauma in a group setting.

Exit criteria are not always consistently applied

In 2016, several stakeholders said policies on the exit criteria for the AODT Court were clearer. In the early stages of the pilot, there was a tendency to try and keep participants in the AODT Court for as long as possible.

In 2018, some treatment and justice stakeholders want an agreed exit threshold for the AODT Court. Treatment providers, in particular, felt AODT Court participants were given too many chances to remain in the AODT Court following ongoing non-compliance to Court or treatment directives.

Some stakeholders commented the inconsistencies in the application of exit criteria created a sense of unfairness, which was also noted by participants. Some stakeholders advocated for clearly defined exit criteria like the one used in Australian drug courts.

AODT Court case managers reported ongoing workload pressures

Case managers co-ordinate specialist AOD treatment and other services for participants, retain an overview of their treatment programme, and report to the AODT Court on participants' progress. They are employed by the lead treatment provider, Odyssey House. Stakeholders and participants describe case managers as motivated, dedicated and strengths-based in their approach. In 2018, workload pressure reported in earlier evaluations continues for case managers (Litmus 2015, 2016).

Workload pressures for case managers escalated in 2018 due to increased quarterly reporting requirements. Case managers reported the level of paperwork as demoralising, particularly given the level of reporting.

Stakeholders consider drug testing an important accountability tool but have concerns with process and costs

All participants in the AODT Court undergo regular and random AOD testing through all phases of the AODT Court programme.

In 2016, the AODT Court increased the number of tests per fortnight and introduced 'indirect observation'. Some stakeholders raised concerns about the challenges for participants in accessing testing facilities and identified a need to test a wider range of drugs. Some stakeholders interviewed also wanted greater consistency in the application of sanctions for testing anomalies.

In 2018, stakeholders and participants continued to acknowledge the importance of drug testing as an accountability measure. As in 2016, more flexibility in testing locations was sought to minimise the impact of drug testing on participants' AOD treatment, work or training. Stakeholders continue to debate the need for observed testing.

Residential treatment providers noted the duplication in testing, as they already test residents for drug use. They also highlighted the emergence of cheaper and more efficient testing processes.

Some stakeholders questioned the cost of drug testing for the AODT Court.

The limited number of available treatment beds results in participants waiting in remand and having delayed access to treatment

In 2016, six in ten AODT Court participants were remanded in custody, while waiting for a bed in a suitable residential treatment programme. As a result, participants accepted into the AODT Court had to wait before starting treatment. In 2018, the limited number of treatment beds in residential settings continues to result in AODT Court participants waiting in remand.

Unlike 2016, acceptance is growing that AODT Court participants may achieve similar results in a community setting without the need for residential treatment.

The AODT Court no longer has a kaupapa Māori treatment provider

In 2016, stakeholders recognised the need for a kaupapa Māori treatment provider. Te Ara Hou was receiving referrals from the AODT Court under their National Methamphetamine contract. However, in 2018 Te Ara Hou was limited to their contract. As such they could not receive AODT Court participants. Stakeholders considered a kaupapa Māori treatment provider important for Māori participants.

'Higher Ground and other programmes are great, but they're not Māori. Māori need Māori programmes. The marae is where people find healing.' (Justice stakeholder)

Suitable pro-social community housing is limited for AODT Court participants

Despite the appointment of a housing coordinator, access to suitable housing in Auckland remains a challenge for AODT Court participants. Auckland housing shortages continue to create added pressure for AODT Court participants. Stakeholders noted many AODT Court participants, as single men, do not meet Housing New Zealand priority requirements. AODT Court participants, with their history of offending and AOD use, are frequently considered less desirable tenants in the private market. The shortage of suitable housing creates challenges when AODT Court participants are entering the court and seeking accommodation following residential treatment.

The AODT Court continues to maintain two databases which raise questions on data quality

In 2016, the final process evaluation identified court coordinators are operating two databases due to data concerns. This appeared to be a duplication of effort.

In 2018, the AODT Court continues to operate two databases due to ongoing concerns about inaccuracies in JAX data. Court staff consider the internal database easier to manage and a useful way to check JAX data accuracy. Maintaining two databases raises ongoing questions about efficiency and data quality.

The Court Registry Officers' and the AODT Court Coordinators' roles need clarification

The challenges of negotiating the roles and responsibility of the AODT Court were highlighted in the roles of the Court Registry Officer and the AODT Court Coordinator. Feedback indicated some overlap and confusion in the roles relating to court files, preparing the list for the AODT Court, and following up items (for example, bail conditions). They also noted a lack of back-up to cover the Court Registry Officer for the AODT Court.

A woven basket, likely made of natural fibers, is positioned in the lower half of the frame. It has a semi-circular shape and a dark, striped border. The basket is set against a solid, vibrant red background.

**Investigation area four:
What learnings from the AODT
Court are transferrable to other
District Courts?**

Investigation area 4: AODT Court transferability

This section presents stakeholders' interviewed feedback on the transferability of the AODT Court to other District Courts based on the current best practice design. The section then explores if the AODT Court is not transferable to a District Court, whether aspects could be replicated, to support offenders with AOD issues.

This section responds to the key investigation area:

- What learnings from the AODT Court are transferrable to other District Courts?

The key evaluation question we answer is:

- What are the positive features (if any) of the AODT Court that can be replicated (if not already) outside of the AODT Court for alternative AOD treatment pathways with positive outcomes?

This section draws on information from:

- Interviews with treatment and justice stakeholders
- Interviews with AODT Court participants and whānau
- Findings from the 2016 Process Evaluation.

Our analysis presents qualitative feedback on transferability and replication. We acknowledge decisions on transferability must consider whether the AODT Court is cost-effective in delivering the desired outcomes. The decision must also consider whether other interventions to reduce AOD use and offending are more effective and provide better value for money. This reflects the AODT Court pilot sits in a dynamic context, where other agencies are seeking to improve their AOD services for offenders. Based on the Government's Mental Health Inquiry, it is likely multiple pathways are needed to address the high levels of unmet mental health and addiction need (Government Inquiry into Mental Health and Addiction, 2018).

Evaluative assessment

Many stakeholders interviewed support transferring the evidenced-based AODT Court design to other District Courts. However, stakeholders believe the AODT Court is best suited to District Courts in larger urban centres. To efficiently implement the AODT Court requires:

- a large target population group
- available treatment services in the selected areas
- additional testing facilities

- additional Police Prosecution, Probation Service, and Court staff.

Given the level of unmet need, some treatment stakeholders are concerned the AODT Court in its current form creates inequity of access to AOD services for offenders. These stakeholders are supportive of exploring other less intensive variations of the AODT Court to increase access to AOD services.

A few stakeholders acknowledge components of the AODT Court may be useful for District Court in provincial settings. However, no evidence exists on whether implementing these components will result in positive outcomes for participants and their whānau. Participants, whānau and stakeholder feedback in 2016 and 2018 stated all components had an important role in achieving successful outcomes. With this caveat, stakeholders suggest the following components are critical in supporting positive AOD outcomes:

- Participants having strength-based recovery-focused conversations with judges and the inclusive and affirming behaviour of the judges based on tikanga Māori
- Tikanga Māori components of the AODT Court and the role of the Pou Oranga
- Access to a range of treatment options
- A rigorous drug testing regime
- A collaborative working approach across all stakeholders, particularly between treatment and justice stakeholders.

Key findings on transferability of the AODT Court

Strong support exists for transferring the AODT Court to other District Courts

As in 2016, all stakeholders, participants and whānau strongly support and advocate for the AODT Court to be introduced into other District Courts, given graduates' observed success. This strong advocacy reflects frustrations with ongoing limitations in the current justice system in creating positive and sustained change for offenders with AOD issues.

The transfer of the AODT Court to other courts needs to align with the evidence-base

Stakeholders commented the AODT Court is an evidence-based court. Setting up AODT Courts in other regions needs to have fidelity to the international best practice design and the unique Aotearoa features.

The AODT Court is best located in larger urban centres with sufficient referrals

Stakeholders agreed the AODT Court is best placed with District Courts in urban centres. Selecting larger centres will ensure sufficient referrals to the AODT Court. A cohort of participants provides a protective factor for successfully completing the court. Participants role model and support each other's recovery and create pro-social groups on graduation.

Treatment and allied stakeholders need to be adequately resourced

As in 2016, AOD treatment facilities in Auckland do not meet current treatment needs. Stakeholders observed treatment facilities are scarcer in other parts of Aotearoa New Zealand. Expanding the AODT Court to other regions will add pressure to limited AOD treatment resources. Smaller District Courts may have insufficient access to treatment. Additional treatment resources will be needed to support the introduction of the AODT Court in other urban locations.

Stakeholders also noted allied stakeholders need to be adequately resourced if the AODT Court was introduced in other regions. For example, Police Prosecution Services and Probation Services in smaller centres may struggle to find resources to be as intensively involved in the AODT Court. peer support

Tikanga Māori is central to the AODT Court's success

Stakeholders commented if the AODT Court is introduced into other District Courts, the tikanga of the area needs to be a part of the Court. Cultural leadership from the judge, the Pou Oranga and engagement with local iwi are critical to embed tikanga practices. All AODT Court team and wider stakeholders have a responsibility to be familiar with and adhere to tikanga Māori practices. Stakeholders also identified the need for appropriate kaupapa Māori treatment providers.

AOD testing is an important, but costly, accountability mechanism for participants

AOD testing is costly. Stakeholders noted consideration is needed on the accessibility of drug testing. In areas without accessible and affordable public transport, or in rural areas, participants may struggle to get to testing facilities.

Key findings on replicating AODT Court components

The AODT Court may increase access inequities for offenders with AOD issues

The AODT Court provides comprehensive support to a small number of high needs participants. Some treatment stakeholders questioned whether the AODT Court provides the best use of funding, given the level of unmet AOD treatment needs amongst offenders. Some stakeholders suggested a less resource intensive AODT Court model or components of the AODT Court could be adopted in other District Courts. These stakeholders suggested changes to the AODT Court model may create better equity in resource use.

The impact of implementing components of the AODT Court is unknown

Some stakeholders suggested implementing components of the AODT Court in District Courts, particularly in smaller centres where the full AODT Court may not be feasible. Some justice stakeholders note these courts would not meet the criteria of being an AODT Court as

defined internationally. Variation from the ten best practice components is associated with lower graduation rates, higher recidivism and lower cost savings (Thom 2017).

As in the 2016 process evaluation, stakeholders commented it is not possible to isolate one or more components of the AODT Court to deliver positive outcomes for graduates. Stakeholders continue to agree the benefits from the AODT Court derive from its holistic, strength-based, collaborative and coordinated approach.

We detail below some areas that stood out in interviews as particularly valuable to participants and whānau. We do not know if on their own or collectively they will support positive change or whether other important items have been excluded.

Judges' strength-based engagement builds participants' self-belief and supports their recovery journey

Stakeholders, participants and whānau agreed the engagement with the AODT Court judges was a unique and important factor in supporting the recovery journey. Judges were described as having strength-based recovery-focused conversations and were inclusive and affirming in their use of te reo Māori.

'I have a funny feeling it's to do with the judge. She's at the helm and everyone follows her. Almost every graduate thanks her, they thank the team but mostly her. You can feel the connection she makes with every participant, whether she's happy or angry... The judge herself leads by example. She shares in court, she's the example.' (Justice stakeholder)

AODT Court participants developed a strong respect and connection with the judge. Participants discussing their successes and failures with the judge fostered an honest, open and transparent line of accountability. AODT Court participants considered this engagement lifted their self-esteem as they saw that the judge (and other members of the AODT Court team) believed in their ability to achieve positive outcomes.

*'I suppose the critical elements for me was a judge having a conversation with me. When this judge was talking directly to me it was like 'what the f***'. What's going on here?' [...] So I think that was important to me, it was really mind-boggling actually to be going through that and I just thought wow!'* (Graduate)

Tikanga Māori components of the AODT Court are inclusive and therapeutic

Stakeholders agreed the tikanga Māori components of the AODT Court create a positive environment. Stakeholders also consider tikanga Māori enhances the court experience for all. The Pou Oranga and AODT Court judges are central to normalising tikanga Māori processes in the AODT Court.

A range of treatment options to support participants' complexity of need

Stakeholders noted the importance of the AODT Court having a range of treatment pathways to meet the complexity of need. AODT Court participants valued having a choice of different

options to support their recovery journey (e.g. residential and community-based treatment). Access to kaupapa Māori treatment providers is important. Treatment stakeholders advised access to different treatment options may be difficult in some areas. The fellowship of AA and NA are also critical to participants' recovery journey.

A rigorous AOD testing regime keeps participants' honest and accountable

AODT Court participants considered AOD testing kept them accountable. Random AOD testing helped participants to maintain sobriety, especially when feeling challenged in the early phases of the AODT Court. Stakeholders also considered testing important. Treatment providers noted testing is part of their residential treatment services.

'I think the alcohol testing was amazing, that really alcohol testing alcohol really made me, gave me the determination not to.' (Graduate)

A collaborative approach across all AODT Court team members creates a holistic and wraparound service to support recovery

All stakeholders, including AODT Court participants, stressed the holistic and collaborative nature of the AODT Court contributed to recovery success. The collaborative approach is facilitated by pre-court stakeholder meetings, strong coordination across treatment providers, and communication between all stakeholders. Collaboration is time and resource intensive.

A woven fan with a wooden handle, set against a red background. The fan is made of light-colored material, possibly bamboo or straw, and has a dark border. The text "Qualitative evaluation assessments" is overlaid on the fan.

Qualitative evaluation assessments

Overall qualitative evaluation assessments

This section provides the overall evaluation assessments for the qualitative components of the AODT Court outcomes evaluation.

To assess the achievement of AODT Court outcomes, we developed the following success criteria (table 3).¹⁸ The intended outcomes of the AODT Court are to:

- reduce reoffending and reduce the use of imprisonment
- reduce AOD consumption and dependency
- positively impact on health and wellbeing
- be cost-effective.

This evaluation focussed primarily on health and wellbeing outcomes with qualitative assessments of AOD dependence and reoffending. Based on this scope we assessed outcomes in the four investigation areas.

Table 3: Proposed qualitative success criteria for the AODT Court

	Data unavailable/ poor quality	Poor	Acceptable	Good	Excellent
Intended outcome	Data is unavailable, of poor quality or too limited to make an evaluative assessment.	No change in the intended outcomes. No difference with the comparison group at two years.	Positive change in the intended outcomes at graduation or exit.	Considerable change in the intended outcome sustained at least two years after graduation or exit.	Substantial and sustained change in the intended direction four years or more after graduation or exit.

Investigation area one: How well does the AODT Court improve participants' lives?

The AODT Court graduation rate is acceptable against international benchmarks and graduation from other treatment options in New Zealand. Around 41% of each AODT Court cohort graduate. Hughes and Shanahan (2019) noted that a low retention rate in Australian drug treatment courts is a common challenge. Between 2000 and 2003, the South Australian Drug Court had a 26% completion rate (Skrzypiec 2006). A 2014 evaluation of the Drug Court Victoria found the court had a 39% completion rate. In the US, a recent evaluation of

¹⁸ These criteria have not been agreed with the AODT Court stakeholders.

the Virginia Adult Drug Treatment Courts reported 52% successfully completed the court (Cheesman et al 2016).

Treatment providers interviewed stated relapse is part of recovery. Participation in the AODT Court will, therefore, not always lead to graduation. Treatment providers interviewed considered the AODT Court graduation rate acceptable. They noted AODT Court participants have complex needs making treatment particularly challenging. This group are likely to access support late and have additional health and wellbeing needs. Treatment providers stated the graduation was rate similar to a non-offender treatment cohort.

Qualitative data indicated the AODT Court contributed to improving participants' lives. Graduate and exited participants had been through the criminal justice system multiple times. They had demonstrated sustained and destructive addictive and criminal behaviours. Many came from severely deprived backgrounds. Some did not have high school education, were homeless or regularly unemployed. Many had tried other AOD interventions which had not affected positive and sustained change in their AOD addiction or criminal behaviour.

The qualitative evaluation demonstrated the AODT Court is making a strong positive difference in the lives of graduates who remain in recovery. While limited, exited participants also experienced positive outcomes through the AODT Court by gaining a deeper understanding of recovery pathways and experiencing alternative lifestyles. AODT Court participants, treatment providers and justice stakeholders considered graduates and exited participants would not have achieved similar outcomes without the AODT Court.

Overall qualitative evaluation assessment: The AODT Court contribution to improving graduates and exited participants lives is good

Investigation area two: How do participant outcomes compare to other offenders with AOD issues?

The comparison court file review cannot answer this question due to the limited information in the comparison files.

The court file review demonstrated AODT Court participants received timely and a wide range of AOD treatment options while the comparison offender group did not.

Overall qualitative evaluation assessment: We cannot directly answer this question

Investigation area three: How effective is the AODT Court process?

This high-level process evaluation found the AODT Court is being implemented as intended and against the best practice evidence base. Since 2016, the AODT Court processes have continued to address improvement areas identified in the 2016 process evaluation.

In 2018, decision-making boundaries between judicial and treatment decisions remain a concern for treatment providers. AOD treatment courts operate in adaptive and complex systems. Further work is needed to maintain the balance between judicial and therapeutic decision-making. International research suggests maintaining a climate of open collaboration and communication is key.

The distinctive Māori cultural practices and approaches in the AODT Court have enriched the AODT Court and provide a model for working in partnership to achieve positive AOD treatment and justice outcomes.

Overall qualitative evaluation assessment: The AODT Court implementation is excellent

Investigation area four: What learnings from the AODT Court are transferrable to other District Courts?

Broad support from those interviewed exists for transferring the AODT Court to District Courts in urban centres, if treatment providers, Police Prosecution Services and Probation services are adequately resourced. To determine whether or not the AODT Court should be transferred requires costing analysis and the quantitative outcome measures.

The AODT Court is an evidence-based court. Implementing only some components of the AODT Court in other District Courts requires careful consideration. Research shows implementing only some components can decrease the court's effectiveness.

Overall qualitative evaluation assessment: We cannot directly answer a transferability question

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Glossary

AA	Alcoholics Anonymous
Allied Stakeholder(s)	Stakeholders who are part of the AODT Court team: defence lawyers, Probation Officers, Police officers, housing support, peer support workers, victim advisors.
AOD	Alcohol and Other Drugs
AODT Court participants	Anyone accepted into the AODT Court
AODT Court	Alcohol and Other Drug Treatment Court
Āwhina/awhi	To help
CADS	Community Alcohol and Drug Services. The assessment provider for the AODT Court
EBA	The charge for driving with Excess Breath Alcohol
ESR	Institute of Environmental Science and Research. In the AODT Court ESR is the drug testing provider for the AODT Court
Exited participant(s)	Someone who exited from the AODT Court, either through a court-ordered (judicial) or voluntary exit. Refers exclusively in this report to an exited participant who was interviewed or whose court file was reviewed
Graduate(s)	Someone who graduated from the AODT Court. Refers exclusively in this report to a graduate who was interviewed or whose court file was reviewed
Haka	Traditional Māori dance
He Takitini Graduate Group	A graduate support group established by the AODT Court
He waka eke noa	A support group for graduates and whānau.
Hohou i te rongō	To make peace
Justice stakeholder(s)	Justice stakeholders listed in Figure 1 who were interviewed for the evaluation
Karakia	Prayer
Karanga	A formal ceremonial or welcome call.

Kaupapa whānau	Family-like relationships based on common interests, purpose or goal. In the AODT Court, kaupapa whānau is the recovery community.
Kawa	Protocol, particularly on the marae
Mana Motuhake	Self-determination and control over your future
Mana	Prestige and authority
Manaakitanga	Hospitality
Mihimihi or mihi whakatau	Greetings
Pono	to be honest.
Stakeholders	All stakeholders in the AODT Court interviewed for the evaluation including treatment and justice stakeholders, AODT Court participants and whānau
Taha hinengaro ¹⁹	Refers to health and wellbeing around mind, thought, intellect, consciousness, or awareness
Taha tinana ²⁰	Refers to physical health and wellbeing outcomes
Taha wairua ²⁰	Refers to identity, value, culture and spiritual connectedness
Taha whānau ²⁰	Refers to health and wellbeing related to social relationships and connections with others, particularly whānau
Tangi	Funeral
Tautoko	To support
Te toka tū moana	A stable rock in rough seas. A figurative term to describe a person who is there for you through thick and thin, a strong leader.
Teina	Younger sibling (of the same gender)
Tika	To be correct or true.
Tikanga	Correct procedures and practices
Treatment provider(s)	The AODT Court contracted treatment providers: Odyssey House, Higher Ground, Salvation Army, and Wings Trust

¹⁹ Durie (1985) describes these taha (sides) as interconnected facets of health and wellbeing.

Treatment stakeholders	Stakeholders interviewed for the evaluation from an AODT Court treatment provider
Tuakana	Older sibling (of the same gender)
Tuakana-teina	Supportive and learning relationships between older and younger siblings
Turangawaewae	Domicile, a standing, place where one has the right to stand. A place where one has rights of residence and belonging through kinship and whakapapa
Waiata	Song
Whāia te iti kahurangi	To pursue treasure/dreams
Whakapapa	Genealogy
Whakataukī	Proverb or saying where the author is unknown
Whakawhanaungatanga	The process of building relationships
Whānau toto	Family relationships with direct blood relationships or whakapapa
Whānau	Any family or whānau member of an AODT Court participant. Whānau includes wider family relationships and kaupapa whānau
Whanaungatanga	Relationships

Appendix A: Detailed evaluation approach

To address the evaluation questions, we conducted the following key evaluation activities.

We interviewed treatment providers

We interviewed 22 people from treatment provider organisations and other associated health provider organisations. The interview purpose was to understand:

- treatment providers' perception of their role in the AODT Court
- differences between AOD treatments and alcohol and drug testing available in the AODT Court and other treatment pathways for offenders
- AOD treatment options available for other offenders²⁰
- AOD treatment outcomes expected from the AODT Court and other AOD treatment options for offenders.

Interviews were semi-structured, up to one hour long and audio recorded. Interviewees provided informed consent to participate. We developed and followed a question guide to inform our discussion. We interviewed treatment provider stakeholders in September 2018. All interviews were conducted face-to-face. We transcribed and analysed all interviews.

We interviewed AODT Court participants and whānau

We interviewed 31 participants and members of their whānau, including graduates and court-ordered and voluntarily exited participants.

The purpose of participant interviews was to assess the sustainability of AODT Court related health and justice outcomes across time. Whānau were interviewed to triangulate the findings and assess wider whānau outcomes in terms of social impact.

The interviews also explored participants journey through AODT Court and identified the outcomes attributed to the AODT Court. In addition, the interviews explored the components of the AODT Court that participants and whānau considered most significant in leading to those outcomes.

²⁰ 'Other offenders' means offenders who receive AOD treatment services but are not in the AODT Court.

We had a two-staged approach to graduate participant interviews

1. **We held a one-day hui** with four graduates, their whānau and members from their support network. In total 11 people attended the hui. The Pou Oranga invited the Māori evaluator to speak at a kaupapa whānau hui (an AODT Court support group). An overview of the intended hui was discussed and participants, graduates and their whānau invited to attend. The hui was held in November 2018. We used tikanga Māori practices of karakia, mihi, waiata throughout the hui. We also used a range of kaupapa Māori processes such as whiriwhiri kōrero (discussion), whakawhiti kōrero (feedback). We invited participants to draw their stories and then kōrero to them. We also sought consent to audio, video and photograph different components of the hui. Participants were invited to share their stories one on one and kano ki te kano (face-to-face).
2. **We interviewed ten graduates.** The Pou Oranga requested a list of graduates from the AODT Court case managers. We invited graduates on the list to participate in an interview. All interviews were conducted kano ki te kano (face-to-face), in Auckland and were up to one hour long. All participants provided informed consent. We used a method of story-telling by pictures. Participants were asked to draw a picture describing “before” and “after” the drug court. We also asked participants to describe their successes after the drug court and strategies to maintain these. Interviews were audio-recorded, drawings were returned to the interviewee or consent given for them to be kept as part of this evaluation.

All graduate participants had graduated from the AODT Court at least 12 months previously. Most were between two and four years since graduation.

We recruited exited participants through the Ministry of Justice database

We interviewed three participants who voluntarily exited the AODT Court and four participants who were judicially exited from the AODT Court.

As expected, the recruitment of exited participants was difficult. We recruited one exited participant through the list of participants provided by the Pou Oranga. The Ministry of Justice provided a list of all exited AODT Court participants who had exited within the required timeframe and contact details for these participants (n=109).

To recruit exited participants, we contacted 40 people:

- living in the community (not in correctional facilities)
- based in Auckland
- with a valid contact phone number

We texted all eligible participants at least twice to invite them to participate. We called participants who had not responded to our text to invite them to take part in the evaluation. We were unable to speak to 30 people (phone engaged, no answer, wrong number).

We called all participants who agreed to participate. We explained our evaluation approach and arranged an interview time.

We interviewed three whānau members of exited participants. We ‘snow-balled’ whānau recruitment by asking AODT Court participants if they had a whānau member who would be able to take part in an interview.

We conducted six exited participants interviews face-to-face and one interview by phone. The Māori evaluator interviewed Māori participants. All exited participant and whānau interviews were recorded and transcribed for analysis.

Our achieved sample frame for exited and graduated participants is in table 4 below.

Table 4: Interview sample frame for participants and whānau

Role	Profile	Graduate ²¹	Voluntary exit	Judicial exit	Total
Gender	Male	8	1	3	12
	Female	2	2	1	5
Ethnicity	European	7	1	3	11
	Māori	2	2	1	5
	Pacific peoples	1	-	-	1
Offending type	EBA	4	1	3	8
	Other	6	2	1	9
Sub-total		14	3	4	21
Whānau		7	1	2	10
Total Interviews					31

We undertook a rigorous content and thematic analysis of observations, interview notes, and transcripts. The Māori evaluator led the analysis of and reporting on Māori interviews.

²¹ Profile details for four graduates who participated in the hui is unknown.

We reviewed AODT Court files and comparison files

We reviewed 52 court files for the evaluation, 28 AODT Court files and 24 comparison files. Comparison files were selected as cases which would meet the criteria for the AODT Court but which were dealt with in the District Court.

The purpose of the file review was to:

- to examine the evidence for different health and justice outcomes between AODT Court participants in comparison to the other group
- to understand the contribution of the AODT Court process to delivering justice and health outcomes.

Research analysts from the Ministry of Justice identified a possible 50 AODT Court and 50 comparison cases for the file review. Of these, the AODT Court staff identified 52 court files that were available for review. These were provided to the evaluation team to review.

All files were randomly selected. Case review files were identified as matched pairs (i.e., each AODT Court file was matched with a specific comparison file). The comparison files were matched to the AODT Court files based on Ministry of Justice requirements. This process reflected the Ministry of Justice's quantitative data analysis for the outcomes evaluation.

Due to court file availability, it was not possible to review matched pairs for all cases. We reviewed 16 matched pairs (i.e., 32 files were part of a matched pair). For the 20 files without a matched pair, we selected the next available unmatched file from the pre-identified list of available files to review.

Comparison court files were drawn from cases that had appeared in the Auckland, Waitakere, Manukau, North Shore, and Papakura District Courts between 2012 and December 2017. All comparison file participants met the eligibility criteria for the AODT Court (e.g., participants had AOD addictions, convictions relating to AOD use, and their sentence length was likely to be under three years).

The file review had two stages

An exploratory phase identified available information to assess health and justice outcomes and tested and refined the coding frame. The draft coding frame was developed based on the treatment provider interviews on expected outcomes from the AODT Court.

In the exploratory phase, we reviewed four files in Wellington. At least two evaluators viewed each court file in this phase. Evaluators then discussed their analysis to quality check and validate findings. Our Māori evaluator also reviewed court files and discussed findings to

validate findings within the kaupapa Māori model. Following the exploratory phase, the coding frame was finalised for use on the remaining court files.

During the second stage of the file review, two evaluators reviewed the remaining court files in Auckland and Waitakere District Courts in December 2018. The Māori evaluator provided peer review throughout this stage.

All information from the court files was de-identified and entered in an Excel spreadsheet. Information was stored on a password protected file on password protected laptops. Names and contact details were not recorded. Case review data was analysed against the key health and justice outcomes identified.

We interviewed justice stakeholders

We interviewed 19 justice stakeholders. The purpose of the justice stakeholder interviews was to assess the AODT Court process after six years of operation and to understand to what extent the AODT Court process help improve life overall, learnings from the process and the value of the AODT Court oversight.

Interviews were semi-structured, up to one hour long and audio recorded. Interviewees provided informed consent to participate. We developed and followed a question guide to inform our discussion. We interviewed treatment provider stakeholders in December 2018. All interviews were conducted face-to-face. We transcribed and analysed all interviews.

Appendix B: Survey results (outcomes for graduates and whānau)

Survey approach

We tested the proposed AODT Court outcomes using a short survey. The survey was tested by attendees at the one-day Hui in November 2018. Towards the end of the hui, photocopies of the survey were distributed to attendees. They were asked to fill out the survey and comment on whether:

- they agreed with the outcomes
- the outcomes resonated with them,
- anything was missing, could be added to or amended

Survey results

Table 5: TAHA HINENGARO: Thinking, understanding and ability to follow processes

	Not at all	Sometimes	Most times	All the Time
Wisdom to know the difference (n=19)	0	2	6	11
Surrendered to the addiction (n=19)	0	1	5	13
Understand recovery more (n=19)	0	0	3	16
Appreciate the value of te Ao Māori (n=19)	0	2	1	16
Self awareness and mindfulness (n=19)	0	1	2	16
Thinking more positively (n=19)	0	1	5	13
Follow tikanga and recovery processes (n=19)	0	3	7	9
Cope with challenging situations (n=19)	0	1	11	7
Reduction in repeat offending (n=19)	0	0	3	16

Table 6: TAHA WHĀNAU: Caring, considerate, positive relationships

	Not at all	Sometimes	Most times	All the Time
Granted serenity and acceptance of change (n=19)	0	0	7	12
Honourable and passionate about recovery (n=19)	0	0	7	12
Respectful and respectable (n=19)	0	0	6	12
Take care of self and others (n=19)	0	0	9	10
Reconnecting with whānau (n=19)	0	1	6	12
Encourage and support others (n=19)	0	0	5	14
Have a sense of inner peace (n=19)	0	1	8	10
Positive relationships (n=19)	0	1	6	12
Can talk about my feelings and emotions (n=19)	0	2	7	10

Table 7: Taha Tinana: Focus on self and positive recovery outcomes

	Not at all	Sometimes	Most times	All the time
Acceptance of addiction (n=19)	0	0	5	14
Driven & focused on recovery (n=19)	0	1	6	12
Responsibility for actions & behaviour (n=19)	0	0	5	14
Do what needs to be done (n=19)	0	0	5	14
Leadership & role modelling (n=19)	0	2	5	12
Demonstrate new behaviour (n=19)	0	3	5	11
Health conscious & living clean (n=19)	0	0	6	13
In training or studying (n=19)	4	3	6	6
Looking for a job (n=17)	3	1	3	10
In stable accommodation (n=19)	0	1	1	17

Table 8: TAHA WAIRUA: Positive and hopeful changes

	Not at all	Sometimes	Most times	All the time
Courage to change (n=19)	0	0	9	10
Have a sense of hope and purpose (n=18)	0	1	7	10
Uplifted wairua and spirit (n=19)	0	2	6	11
Strengthened connection with te Ao Māori (n=19)	0	2	6	11
Value myself (n=19)	0	1	6	12
Want for something better and different (n=18)	0	0	2	16
Focused on being well (n=19)	0	0	7	12
Using tools to support change (n=19)	0	0	7	12
Personal transformation (n=19)	0	1	6	12
Connection to a higher power (n=19)	0	2	5	12

Table 9: What have been the greatest barriers to achieving these outcomes?

Response	Count	%
My thinking and behaviour	13	81%
Things out of my control	5	31%
My offending	5	31%
Lack of support	5	31%
Stress and challenges	7	44%
My addiction	7	44%
My living situation	5	31%
Other people's views of me	3	19%
Other (please specify)	3	19%
Total	16	

Table 10: Role in the AODT Court

Response	Count	%
Participant	2	11%
Graduate	10	56%
Whānau support	9	50%
Total	18	

Table 11: Connection to te Ao Māori

Response	Count	%
Strongly connected to te Ao Māori	13	81%
Not strongly connected to te Ao Māori	3	19%
Total	16	

Table 12: Ethnicity

Response	Count	%
Māori	16	84%
Pākehā	7	37%
Pacific	1	5%
Asian	0	0%
Other	4	21%
Total	19	

Table 13: Age

Age	Count	%
20's	4	21%
30's	7	37%
40's	5	26%
50's	2	11%
60's	1	5%
Over 60	0	0%
Total	19	

Appendix C: Court file data tables

AODT Court files (n=28)

- Graduates: 10 people
- Judicial: 7 people
- Voluntary: 5 people
- Not recorded: 6 people

Files were evenly distributed between Waitakere and Auckland courts (9 each).

Demographics

Table 14: Total files reviewed by type

	Total	%
Exited	18	35%
Graduate	10	19%
Comparison	24	46%
Total	52	100%

Table 15: Court where cases were heard

Court	Graduate	Exited	Comparison	Total	%
Auckland	4	9	16	29	56%
Waitakere	6	9	2	17	33%
Manukau			3	3	6%
North Shore			1	1	2%
Papakura			2	2	4%
Total	10	18	24	52	100%

Table 16: Ethnicity

Ethnicity	Graduate	Exited	Comparison	Total	%
Pacific	4	2	4	10	17%
Māori	6	12	11	29	48%
Pākehā/European	4	3	3	10	17%
Unknown		3	8	11	18%
Total	14	20	26	60*	100%

* Total is greater than 52 as some participants had more than one ethnicity recorded

Table 17: Gender

Gender	Graduate	Exited	Comparison	Total	%
Female	2		4	6	12%
Male	8	18	19	45	88%
Total	10	18	23	51	51*

*One comparison file did not have gender recorded (file review data missing)

Table 18: Age at sentencing

Age	Graduate	Exit	Comparison	Total	%
20-24	1	2	3	6	12%
25-34	1	10	12	23	44%
35-44	2	2	5	9	17%
45-54	2	1	2	5	10%
55+	3			3	6%
Data missing	1	3	2	6	12%
Total	10	18	24	52	100%

Table 19: Number of different listed offences

Number offences listed	Total	% total	Total AODT	Graduate	Exited	Comparison
1	7	13%	4	3	1	3
2	8	15%	5	1	4	3
3	16	31%	7	4	3	9
4	4	8%	2	1	1	2
5	5	10%	3	1	2	2
6	4	8%	1		1	3
7	2	4%	2		2	0
8	5	10%	4		4	1
9	0	0%			0	0
10	1	2%			0	1
Total	52	100%	28	10	18	24

Table 20: Total number of addictions

Number of substances	Total	% total	Total AODT	Graduates	Exited	Comparison
1	25	48%	9	4	5	16
2	9	17%	6	3	3	3
3	7	13%	5	2	3	2
4	5	10%	5	1	4	
5	3	6%	2		2	1
6	1	2%	1		1	
N/A	2	4%	0			2
Total	52	100%	28	10	18	24

N/A = not listed or not specified

Risk of reoffending for Graduates

Table 21: Graduate risk of reoffending before and after AODT Court participation

	Risk BEFORE treatment	Risk AFTER graduation
Low	0	5
Low-medium	0	1
Medium	0	2
Medium-high	1	0
High	6	0
Very high	0	0
Unknown	3	2
Total	10	10

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