

LITMUS

Final Process Evaluation for the Alcohol and Other Drug Treatment Court

Te Whare Whakapiki Wairua

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1. Executive summary

Introduction

The Alcohol and Other Drug Treatment Court (AODT Court) is a specialist court that operates within the District Court under general legislation and judicial discretion. The intended outcomes of the AODT Court are to: reduce reoffending, AOD consumption and dependency, the use of imprisonment; positively impact on health and wellbeing; be cost-effective. The AODT Court began operating in November 2012. Figure 1 shows an overview of the AODT Court stakeholders involved in the court.

The Ministry of Justice commissioned a formative evaluation, and interim and final process evaluations, to assess and inform the implementation of the AODT Court. This document reports on the findings from the final process evaluation, which assessed the actual operation of the AODT Court and its evolution against the intended design to inform the interpretation of programme outcomes. The final process evaluation is based on: a document review; AODT Court administrative data; interviews or group discussions with 23 AODT Court participants (including current, exited and graduated participants) and six whānau members; and interviews or group discussions with 64 stakeholders associated with the AODT Court. Data collection was undertaken in April 2016.

Evaluation findings

Overall, the implementation of the AODT Court is broadly consistent with its original design and the ten international best practice components for drug courts (Carey et al 2012). Variations in the design have occurred, reflecting implementation lessons over the last three-and-a-half years and the need to be relevant in the New Zealand context. Key design variations are the inclusion of CADS assessors in the Determination Hearing, the establishment of Te Pou Oranga role, and involvement of community probation pre-sentence to facilitate graduates' transition between the AODT Court and the Probation Service.

With the introduction of Te Pou Oranga role, tikanga Māori protocols are now a normal and essential part of the AODT Court and its day-to-day operations. For participants and whānau, the use of tikanga Māori in the court signals its uniqueness and enhances their sense of inclusion and participation.

A key success for the AODT Court is the strengthening of the judicial and therapeutic interface at local and national levels. The AODT Court team is effective and able to negotiate their role and inter-agency boundaries. However, care is needed to maintain the boundaries between judicial and treatment decisions. At a national level, the multi-agency AODT Court Steering Group is a good example of an effective multi-agency governance body.

The processes for identifying defendants and determining eligibility are working as intended and have strengthened over the duration of the pilot. CADS' quality AOD assessment reports are essential to inform the District Courts' and AODT Court's decisions. In April 2016, the AODT Court was near the cap of 100 participants. Sustaining the number of participants in the AODT Court close to or near the cap is driving the frequency and intensity of the promotion of the court, and potentially the use of the discretionary elements of the eligibility criteria.

The Determination Hearing process is comprehensive and working well. Participants referred to and accepted into the AODT Court align with the court's eligibility criteria.

Participants are making an informed decision when entering the court and are moving through the three phases as expected. While the length of time participants are taking to progress through the court (18 months on average) is at the upper end of what was expected, it aligns with international drug court training.

AODT Court processes are working well, although the efficiency of the court day can be further improved. The resource required to implement the AODT Court design was underestimated, particularly in relation to: (1) the time required by the judges, court coordinators, case managers, peer support workers and police prosecutors; and (2) the number of places needed in supported accommodation.

The workload pressure for case managers continues and is dependent on the size of their caseload and the number of their participants who are brought forward early for court hearings. Consideration needs to be given to reviewing the frequency of monitoring to create a more sustainable workload for case managers.

Due to issues with the JAX database, court coordinators continue to maintain a separate operational spreadsheet to inform the court's operation. This appears to be a duplication of effort. Further investigation is needed to determine the requirement for two separate databases.

Throughout the pilot, accessing residential treatment beds and safe and sober housing for participants accepted into the AODT Court was a challenge. As a result, offenders accepted into the court can be remanded in custody and wait up to two months before suitable accommodation becomes available. In response, a treatment readiness programme for participants remanded in custody was developed. This has proved useful in preparing high-need, high-risk offenders to cope with the demands of treatment programmes. A housing coordinator has also been appointed and the number of places available in residential treatment and safe housing has increased.

Treatment services, networks and collaborations have strengthened through involvement in the AODT Court pilot. There is a perception that the intensive resourcing of the AODT Court has created inequity of provision for community-based AOD clients and other offenders

seeking access to, and support from, AOD treatment services. Given the success of the AODT Court, some treatment providers now think that the AODT Court sets the resource benchmark to be replicated for other AOD treatment services.

Analysis across the two courts highlights differences in the application of incentives, sanctions, exits and graduations. It is possible this reflects the differing offender population, with stakeholders reporting that participants in the Auckland AODT Court present with more complex needs. It may also reflect differences in judicial decisions, although given the use of policies to guide practice and that one of the lead AODT Court judges sat in both courts for at least a year, this seems less likely.

Over the course of the pilot, the process for informing victims that their case is within the AODT Court has become more systematised. Court Victim Advisors' enhanced work with victims of family violence, who in some cases may be living with the AODT Court participant, is vital for the safety and wellbeing of victims and their children. Few victims are engaging with the court; bringing restorative justice hearings forward from phase three to phase one may engage more victims and improve their understanding and perceptions of the court.

The AOD sample collection and testing regime of the AODT Court has improved. Communication between the court and the provider has become clearer and more systematic, and testing within treatment facilities has become more consistent. At this point in the pilot, the system for monitoring alcohol consumption electronically is changing. It will need to be reviewed to assess its ongoing efficiency and effectiveness within the AODT Court.

Experience of the AODT Court for participants and their whānau is positive and substantially different from their previous court experiences. Participants and whānau describe the AODT Court as inclusive, caring and non-judgemental; court processes are perceived as fair, with clear and consistent sanctions when breaches occur. AOD testing and judicial monitoring are regarded as important to the success of participants' recovery journey. Graduates experience leaving the court as a challenging time and draw on their whānau, the 12-Step fellowship and their own graduates' group for support.

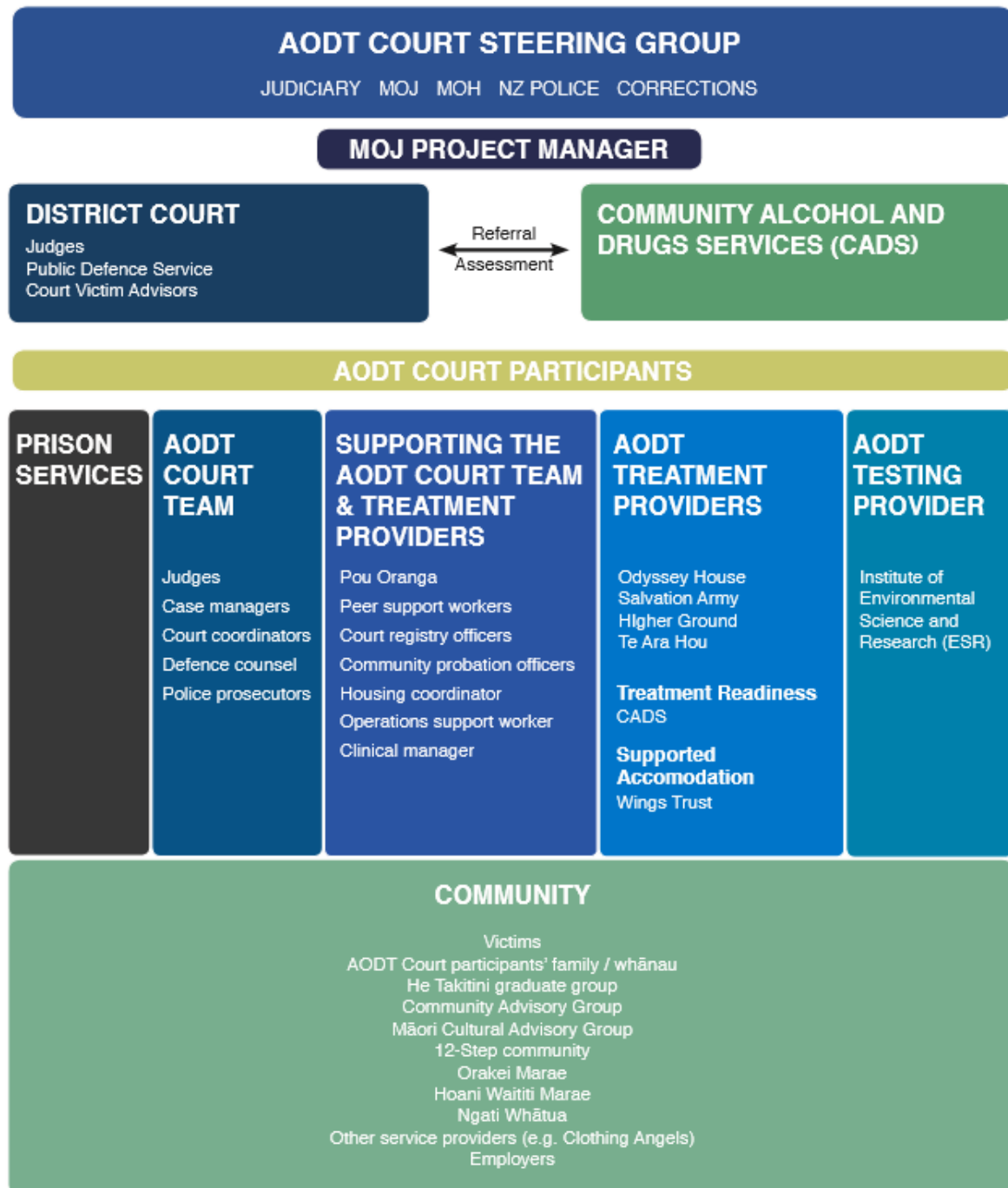
The evaluators sought to identify the critical elements of the AODT Court in achieving its successes to date. However, it is not possible to isolate the one or more components of the AODT Court that drive its success. Feedback from stakeholders acknowledges that it is the AODT Court's fidelity to all design components that creates holistic, therapeutic and wrap-around support for participants and whānau, which is embedded in a tikanga Māori approach.

Conclusion

The AODT Court is seen as giving high-risk and high-needs offenders the opportunity and tools to change their lives through access to, and engagement in, AOD treatment. The consensus amongst stakeholders, participants and whānau is that the AODT Court is resulting in transformational change for graduated participants and their whānau. For current participants and some of their whānau members, the court has reduced AOD-related

harm. Exited participants also benefited from the AODT Court, in particular understanding the recovery journey and services available like the 12-Step programme. More time is needed to determine whether the outcomes achieved by graduates can be sustained.

Figure 1: AODT Court stakeholders



2. Introduction

The New Zealand AODT Court

The Alcohol and Other Drug Treatment Court (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 alcohol and other drug (AOD) dependency by providing judicial oversight of their engagement with treatment programmes and rehabilitation support services before they are sentenced.

The AODT Court pilot (the pilot) is a joint initiative between the judiciary, the Ministry of Justice (the ministry), the Ministry of Health, NZ Police and the Department of Corrections, and 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 intended outcomes of the court are to: reduce reoffending, AOD consumption and dependency, the use of imprisonment; positively impact on health and wellbeing; be cost-effective.

The design of the AODT Court has drawn on ten components of best practice identified from research by the US National Drug Court Institute (NDCI) (Carey et al 2012).¹ The court also has components unique to the New Zealand context, including the incorporation of Māori cultural practices and support from peer support workers from the health sector. The court is a pre-sentence rather than a post-sentence initiative, and includes participants charged with driving while intoxicated.

The interim process evaluation provides a detailed description of the AODT Court (Litmus 2015). The following is an overview of the AODT Court pathway drawn from the Ministry's design plan and handbook (Ministry of Justice 2012a; 2014):

- Potential AODT Court participants are identified by those involved in proceedings at the Auckland or Waitakere District Courts.²
- A District Court Judge decides on referrals to the AODT Court based on a full AOD assessment by the Community Alcohol and Drug Services (CADS) and other criteria in the eligibility check list such as RoC*RoI score,³ previous and current offences, willingness to participate, likely plea and sentence.

¹ The interim process evaluation describes the top ten practices for reducing recidivism and practices that increase cost savings for drug courts (Litmus 2015).

² In this report the term 'District Court' refers to those courts using standard court processes.

³ Risk of re-conviction and Risk of re-imprisonment score, provided by Community Probation.

- The AODT Court team receives the referral (including the clinical assessment) and discusses the defendant's eligibility for, and potential acceptance into, the AODT Court at the pre-court team meeting.
- Defendants appear at the AODT Court Determination Hearing and the AODT Court judge accepts or declines entry. Defendants must consent to participate and plead guilty to be accepted into the AODT Court. Where the AODT Court is not offered, the standard District Court process is followed.
- AODT Court participants work through three phases in the court; the AODT Court handbook states that the programme is expected to vary depending on the needs of the participant and could last between 12 and 18 months.
- AODT Court participants exit the court through graduation for those who successfully complete all three phases, or through termination or voluntary exit. Graduates take part in a graduation ceremony and sentencing event at the court, and are invited to take part in the He Takitini graduation celebration at a marae or other suitable community venue.

Final process evaluation

The ministry commissioned Litmus Limited to undertake formative and process evaluations, and a cost-effectiveness analysis⁴ of the AODT Court being piloted in the Auckland and Waitakere District Courts. The ministry will be undertaking an outcome evaluation. The aims of the evaluation are to:

- provide informative and timely feedback on the implementation of the AODT Court to support the ministry and the judiciary and ensure that processes are fit-for-purpose
- describe how the AODT Court operates in practice
- assess whether the AODT Court is meeting desired outcomes
- assess whether the AODT Court is cost-effective.

The formative evaluation was undertaken during November–December 2013 (Litmus 2014). The process evaluation was carried out in two phases. The interim process evaluation was undertaken during March–May 2015 (Litmus 2015). This report presents the findings of the final process evaluation.

The Glossary provides a translation of Māori terms, and explains the acronyms and technical terms used in this report.

⁴ Litmus has subcontracted Sapere Research Group to undertake the cost-effectiveness analysis.

3. Evaluation methodology

Process evaluation design

The purpose of the final process evaluation was to assess the actual operation of the AODT Court against the intended design and its evolution to inform the interpretation of programme outcomes.

Data collection

The process evaluation draws on a mixed-method data collection approach. The project plan outlines the objectives, methodology, and timeframe of the final process evaluation (Litmus 2016). Below is a summary of the data collection methods used.

Interviews with AODT Court participants

In total, 23 AODT Court participants were interviewed in April 2016. Participants interviewed were a mix of gender, age, ethnicity, offence type (EBA or not EBA⁵), and court. Six whānau members of AODT Court participants were interviewed (Table 1).

All interviews followed an informed consent process and adhered to Litmus' interview safety policy. The project plan and progress report detail the recruitment process used (Litmus 2016, 2016a). The technical report contains the research tools (Litmus 2016b).

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

AODT Court status	Total
Current phase 1 or 2	3
Current phase 3	5
Graduated participants	2
He Takitini (graduate alumni)	7 (1 group)
Terminated/voluntary exit	6
Whānau	6
Total	29

Interviews with AODT Court team members and key informants

A total of 33 AODT Court team members and key informants participated in individual interviews, and 31 people participated in six group discussions, in April 2016 (Table 2). In the report, AODT Court team members and key informants are referred to collectively as

⁵ Driving with excess breath/blood alcohol.

stakeholders. All interviews followed the agreed recruitment and informed consent processes (Litmus 2016, 2016a,b).

Table 2: Number and type of stakeholder interviews

Stakeholder type	Number achieved
Community Alcohol and Drug Services (CADS)	5
Community Probation	4
Court coordinators	2
Defence counsel	2
Judges	4
Police prosecution	2
AOD testing provider	2
Treatment providers	7
Victim advisors	2
Other stakeholders	3
Group discussions	Number per group
AODT Court Steering Group: group and individual interviews	7
Case managers	3
Community Advisory Group: group and individual interviews	5
Māori Advisors hui	4
Peer support workers	4
Treatment providers	8
Total participants	64

AODT Court administrative data

AODT Court administrative data show the flow and demographic profile of participants through the AODT Court pathway. The ministry's Research and Evaluation Team analysed the administrative data to a specification prepared by Litmus. The JAX data cover the period from November 2012 to 13 April 2016, with the exception of AOD testing which is up to May 2015.

Evaluation caveats

The Litmus team is confident that this report accurately represents the range of views and perceptions of the participants, whānau and stakeholders who contributed to the evaluation. In considering the findings for the process evaluation, some caveats are acknowledged. AODT Court participants interviewed were identified by case managers, peer support workers and Te Pou Oranga. Sample selection bias is therefore possible. Victims were not included in the evaluation. Insights into victims' perspectives of the AODT Court are provided by Court Victim Advisors and police prosecution. The ministry put in place quality assurance processes to minimise data entry and analysis errors in relation to the JAX data.

Evaluation findings



4. Governance, management, training

Changes from the original design

Over the last three-and-a-half years that the AODT Court has been operating, the governance and management structures of the AODT Court have, generally, remained consistent with the original court design. A national multi-agency Steering Group based in Wellington governs the AODT Court. The ministry's Operations Support Team supports the day-to-day operation of the pilot. The AODT Court teams undertake the day-to-day operation of the court (refer section 6).

Odyssey House, contracted by the Ministry of Health, is the lead provider of a comprehensive AOD assessment and treatment service to support the AODT Court. The Community Advisory Group (CAG), a voluntary group of community representatives, continues to generate local support for the AODT Court using their networks to forge relationships across the court, public agencies and community-based organisations.

Membership across the different groups has remained fairly consistent and committed across the pilot's duration. The exception is the ministry's project manager role, which has seen a number of changes in personnel, and at times the role was vacant. This role enables the appropriate management of the intersection between judicial, treatment and government policy needs. For interviewed stakeholders, the lack of consistency in project management meant there was no clear pathway to determine whether operational issues required discussion at a Steering Group meeting or whether resolution could be sought via an alternative process.

AODT Court Steering Group

Over the three-and-a-half years, the AODT Court Steering Group has moved from monthly meetings to two-monthly meetings to govern the planning, design and early implementation of the AODT Court. This change was made when the AODT Court reached a steadier state. Steering Group members' perceive that the group is working well, with commitment from across the five agencies involved in the pilot. Membership and attendance at the Steering Group has been relatively consistent.

The AODT Court Steering Group plays an important role in considering and balancing the perspectives of the five agencies involved in the AODT Court pilot, and negotiating the roles of the judiciary, treatment and government. The group offers high-level oversight of: (a) the

AODT Court; (b) how it intersects across five government agencies; and (c) the need to mitigate the risks associated with the AODT Court.

The AODT Court Steering Group focuses on making decisions and policies relating to the AODT Court based on evidence from the evaluation and/or other reviews. For example, the Ministry of Health-initiated reviews of the case manager and peer support worker roles were noted as useful in determining whether changes were needed to ensure their sustainability.

Since the pilot's inception, a key challenge for the AODT Court Steering Group is defining the boundary between governance level and operational level policy decisions. The group has overseen key changes to the court's design for eligibility criteria, additional Court Coordinator resource, and Te Pou Oranga role (refer sections 5, 6 and 7 respectively) (AODT Court Steering Group 2014, Ministry of Justice 2014). In the evaluation, the Steering Group questioned whether operational policy changes are being made at the AODT Court level that should be discussed with and agreed by the Steering Group. The example given was the revision of the participant consent form, which occurred at the AODT Court level without input from the Steering Group. Without governance level review, the Steering Group believe the wider implications of the policy change for the AODT Court pilot may not be fully considered from the perspectives of all agencies involved in the pilot.

Feedback from a Steering Group member suggests that over the course of the pilot, the decision-making of the AODT Court Steering Group has been constrained by a lack of real-time monitoring data to understand participant progression through the court. As noted by one stakeholder, the lack of monitoring data means the Steering Group is not kept up to date on emerging trends that may require the use of the different agency levers to address them. The lack of monitoring data reflects the challenges relating to the functionality of the JAX database (refer section 6). In 2015, recognising the need for the group to be more informed of the court's operation, one of the lead AODT Court judges started preparing a report summarising progress and highlighting any issues of concern relating to the AODT Court. Feedback from the Steering Group indicates that these reports are useful in keeping the AODT Court Steering Group up to date.

The Steering Group noted the AODT Court has not yet reached a 'steady' state, as new issues continue to arise requiring governance level review and consideration.

We keep thinking it will settle and it will be BAU [business as usual] but it never does, there are always issues that require gritty thought. There is always something that pulls us back together. We need to mitigate risk, as it is risky business. The Steering Group's objectivity makes it able to make good decisions and hold government agencies accountable. Stakeholder

Community Advisory Group (CAG)

In line with the original AODT Court design, the CAG continues to have a diverse mix of community representatives to provide practical support for, and advice on, the work of the AODT Court. Initially, the CAG focused on supporting the judges in their role, primarily through fundraising for the reward and sanction programme. CAG funding has been used for transport, driving licences, defensive driving courses and other items such as dental care that are not covered by the pilot or the associated agencies.

Over the last three-and-a-half years, the role of the CAG in the AODT Court has matured, and the CAG has taken greater self-determination of its role. The CAG describes itself as the community observers of the AODT Court. The AODT Court judges regularly attend the CAG meetings to present updates on the AODT Court.

The CAG fundraises for items such as the He Takitini graduation celebration. The CAG financially supports He Takitini as it is an important rite of passage for AODT Court graduates back into the wider community. Funding the He Takitini places pressure on funds available for other items (e.g. helping with CVs, interview training). The CAG stated their preference that He Takitini is paid for out of the government funding pool to free funds for other activities. The CAG manages its resources carefully, and as a group weighs up judicial requests for funds to support AODT Court participants.

Feedback from other court stakeholders highlight the importance of the CAG in funding items to support AODT Court participants' recovery and rehabilitation journey back into the wider community. The CAG is also a conduit to the community, quietly engendering support for the AODT Court in a way that is respectful towards victims and supportive of the recovery journey. For the AODT Court team, and in particular the judges, the CAG offers a sounding board that represents the diverse views of the community in which the court is located.

I think what the CAG gives them is a whole eight or nine sets of advising brains to make the court as good as it can possibly be, and grow organically within its own community. I think there's a big focus from us that the court should recognise tangata whenua, that it should recognise Pasifika, that it should recognise LGBT, because those are the people participating in that court. Stakeholder

Training

The AODT Court is fundamentally different from the standard District Court, although it is acknowledged there are other therapeutic courts operating in New Zealand. Given the uniqueness of the AODT Court, for the AODT Court team, treatment providers and allied

stakeholders,⁶ the process of induction into the AODT Court and ongoing training is important to understand the intersections of the AODT Court processes, cultural competencies, the nature of AOD addiction and treatment options (Ministry of Justice 2012a).

At the inception of the AODT Court in November 2012, the ministry arranged training days for the two AODT Court teams on the effects of alcohol and substance abuse, treatment and testing. The teams visited a number of treatment and testing facilities and attended 12-Step meetings. Feedback from AODT Court members indicates these visits were important for justice sector staff to gain a better understanding of addiction and the recovery process. In the early stages of the AODT Court's implementation there were frequent follow-up sessions on topics such as motivational interviewing, probation, the role of psychologists, the role of the NZ Police, ESR and the Secure Continuous Remote Alcohol Monitoring (SCRAM) anklet.

An annual workshop supports the ongoing training of the AODT Court team, treatment providers and wider stakeholders, and offers an opportunity to celebrate successes and collectively reflect on issues arising and changes being introduced. Stakeholders find the annual workshops particularly useful.

The AODT Court has been supported by an international AODT Court expert – Judge Hora – who has acted in the role of the 'critical friend' to the judges and the wider AODT Court team. Judge Hora has ensured that the AODT Court is kept informed of international research about drug courts in other jurisdictions. Judge Hora is particularly complimentary about the AODT Court's commitment to keeping up to date and aligning with the existing evidence base on best practice. Feedback from a range of stakeholders has highlighted that having Judge Hora involved in the pilot has been a useful sounding board and advisor to the court, particularly at the judicial level.

Given the three-and-a-half year duration of the pilot, there has been turnover of staff in the AODT Court team and wider stakeholders supporting the AODT Court.⁷ Induction for new AODT Court team members, treatment providers and allied stakeholders (e.g. probation officers) tends to involve shadowing their predecessor for a period of two to four weeks. This process of induction is particularly useful for understanding the processes and dynamics within the AODT Court, getting to know participants and appreciating that the recovery journey is unlikely to be a linear one. New judges to the AODT Court also talked of personal study to prepare for the AODT Court, in particular learning about addiction and visiting the range of treatment providers, including 12-Step meetings.

⁶ The AODT Court team consists of the AODT Court judge, case managers, court coordinator, defence counsel and police prosecution. The team is supported by Te Pou Oranga, the team leader of the case managers, peer support workers, the housing coordinator, operation support for case managers, CADS, community probation, Court Victim Advisors, treatment providers and the AOD testing provider.

⁷ There is no evidence that turnover of staff is excessive within the AODT Court, with the exception of case managers in Waitakere Court as discussed in section 6.

Feedback from those new to the AODT Court highlights that the induction process could be further strengthened through a training manual describing the court, its processes, the role of recovery versus sentencing, and the subtleties and implications a therapeutic court has for different AODT Court team roles.

In seeking to strengthen training, Odyssey House is working with the Ministry of Health and Te Pou Oranga to develop an orientation training package for case managers and peer support workers who are going to be involved in the AODT Court. Peer support workers are seeking career pathways from working in the AODT Court, and the opportunity for court graduates to be trained to become peer support workers. Peer support workers interviewed note that appropriate training is important to work in a therapeutic court (e.g. Certificate in Peer Support NZQA level 4).

We have lots of people going through drug court that want to be peer support workers...And how powerful for them to be able to give back as people that have been through the drug court. They're the only ones that really know what it's like to go through drug court so far. That's extremely powerful. Stakeholder

Evaluative assessment

The overall governance of the AODT Court is mainly working as intended against the pilot's design, with ongoing commitment from across the five agencies. The CAG has a valuable role linking the court to the community, acting as a sounding board for the judiciary, and enabling participants' reconnection to the wider community. Annual training is ensuring the AODT Court team and other stakeholders are aware of the latest literature, and are collectively reflecting on how to resolve issues. It is positive that some AODT Court graduates are seeking training to become peer support workers to contribute back to their communities.

Areas to strengthen include:

- Ensure the project support role is clearly defined and that there is continuity of staff in this role at the ministry, to allow a clear pathway for raising issues that may require resolution through the AODT Court Steering Group.
- Resolve the tension around who is accountable for policy revisions relating to the design of the AODT Court. Effective policy making requires the involvement of the AODT Court Steering Group and operational input, and needs to recognise the centrality of treatment within the AODT Court. The enhanced communication between the Steering Group and the court via the judge's report may have partly addressed this issue.
- Develop an induction manual for new AODT Court members and wider stakeholders. The overarching induction manual would support the shadowing system used by agencies and could be an updated version of the AODT Court handbook.

- Clarify the career pathways for peer support workers supporting the AODT Court, and for AODT Court graduates seeking to become peer support workers.

5. Determining eligibility

Changes from the original design

Since the inception of the AODT Court, the processes for identifying defendants and determining eligibility for the AODT Court have strengthened (Litmus 2014, 2015). The knowledge of defence lawyers and District Court judges about the AODT Court has increased, although referral flows to the court are inconsistent. CADS involvement in pre-court team meetings has enhanced the Determination Hearing and relevancy of the CADS assessment reports. The AODT Court team's deliberation on defendants referred to the AODT Court has matured. The informed consent process for participants to enter the AODT Court has been enhanced.

The following changes or developments have been implemented since the inception of the AODT Court in November 2012:

- The eligibility checklist for referring defence counsel and District Court judges was updated to ensure relevant referrals to the AODT Court (Ministry of Justice 2014).
- The CADS reporting template was updated, following a review by CADS and the court coordinator, to ensure the information in the report informs decisions on whether or not to admit a defendant to the AODT Court. Some items were removed, and additions included information on family gang association and/or criminality and a cultural assessment form. CADS notes that while they are piloting the cultural assessment form, it may not always be possible to complete this form within the time available.
- CADS assessors attend the pre-court team meetings when new referrals are being considered. This change was initiated after the formative evaluation (Litmus 2014) so CADS assessors could gain insight into how their reports are used to inform decision-making and to enable them to contribute to the discussion.
- Updated participant agreement to ensure defendants are fully aware of their obligations and the consequences should they not meet those obligations. The AODT Court team decided to update the participant agreement to ensure it was comprehensive and addressed emerging issues (e.g. gang affiliations, expected attendance at 12-Step meetings).
- The participant handbook was updated in 2014.
- Community probation officers attend the pre-court team meetings and Determination Hearings (refer section 12).
- Te Pou Oranga attends pre-court team meetings and Determination Hearings (refer section 7).

- Judicial discretion may be used in the application of the RoC*RoI score (in the eligibility criteria) to include cases with a score below 0.5 where all other criteria are met (Ministry of Justice 2014).
- Introduction of treatment readiness groups run by CADS. This change reflects that discharging AODT Court participants from prison into residential treatment programmes without preparation created difficulties for both the treatment providers and participants. This additional activity was undertaken within the original funding for four CADS positions. CADS runs:
 - two treatment readiness groups in Mount Eden Remand Prison, one for segregated prisoners, and the other for mainstream prisoners who are accepted into the AODT Court and remanded into custody while they are waiting for a residential treatment bed.
 - one treatment readiness group at Wings Trust, which is an abstinence-based residential service providing support pre- and post-AOD treatment; CADS runs this group when they have the capacity to do so.
 - one-on-one sessions with women AODT Court participants remanded in the Auckland Region Women's Prison. CADS plans to start running a treatment readiness group for women.

Identifying potential participants

Number of referrals to the AODT Court

Potential AODT Court participants are identified at Waitakere and Auckland District Courts. The District Court Judge refers defendants for a full AOD assessment by CADS, if they meet the eligibility criteria for the AODT Court (Ministry of Justice 2014). The District Court Judge makes a decision on whether to refer to the AODT Court based on the AOD assessment and other eligibility information. Some cases are declined at the list court stage, and do not reach the Determination Hearing.

Between November 2012 and 13 April 2016, 548 defendants received an AOD assessment by CADS, of which 463 (84 percent) were recommended to be referred to the AODT Court for a Determination Hearing (Table 3).

Fifty defendants were not recommended to be referred for a Determination Hearing, mainly because it was recommended they attend another programme or AOD service (Table 4). Two defendants were not recommended as they did not require AODT treatment services.

Table 3: Outcome of CADS assessment for cases referred from the District Court from November 2012 to 13 April 2016

Outcome of CADS assessment	Auckland		Waitakere		Total	
	Count	%	Count	%	Count	%
Total	275		273		548	
Recommended for Determination Hearing	244	89%	219	80%	463	84%
Not recommended for Determination Hearing	17	6%	33	12%	50	9%
Defendant did not attend CADS assessment	14	5%	21	8%	35	6%

Source: CADS data.

Note: Percentages may not add up to 100% due to rounding.

Table 4: Reasons CADS did not recommend cases from District Court to the AODT Court for a Determination Hearing

Reason not recommended for Determination Hearing	Auckland		Waitakere		Total	
	Count	%	Count	%	Count	%
Total	17		33		50	
Recommended another programme/other AOD services	17	100%	31	94%	48	96%
No AODT treatment required	0		2	6%	2	4%

Source: CADS data.

Note: Percentages may not add up to 100% due to rounding.

Lower than expected referrals, higher than expected acceptance ratio

Promotion of the AODT Court has predominantly been driven by the judges and the defence lawyers appointed to the court at a local level.

Judges and the Public Defence Service (PDS) are the main referrers to the AODT Court. Referrals from defence lawyers and judges are lower than originally expected by CADS (discussed further below), although the number of referrals accepted into the AODT Court is higher than anticipated. The AODT Court is operating at, or just under, their capacity of 50 participants in each court, therefore the lower than expected flow of potential participants has not adversely affected the court (Table 13).

Having a slow build-up of participants into the AODT Court was useful in the early implementation stages as it enabled the AODT Court team to develop their capabilities in this new environment. It also avoided placing unmanageable pressure on treatment providers as they adjusted to having AODT Court participants in their residential settings.

Awareness and understanding of the AODT Court is growing through activities such as training sessions, led by the judges, as part of defence lawyers' continuing professional development. However, feedback from stakeholders indicates that some judges and defence lawyers are not philosophically supportive of therapeutic courts, and some do not fully understand the eligibility criteria for the AODT Court.

Stakeholders perceive that it is more challenging to promote and increase referrals to the AODT Court at the Auckland Court due to the larger number of judges and defence lawyers, some of whom are visiting the court. Comments have been raised that there is a disincentive for defence lawyers to refer to the AODT Court, as on admission their client is handed over to an AODT Court-appointed defence lawyer. There was no evidence that this behaviour is occurring.

For the pilot, the AODT Court was capped at 100 participants; 50 participants in each court. Based on overseas research, a caseload of 50 per court is well within the best practice parameters of less than 125 participants (Carey et al 2012). The judges comment that the cut-off at 50 participants per court affects referrals. When the court approaches 50 participants this is signalled and some referrals drop off. The judges suggest the use of a band from 45–55, with 50 participants per court as the desirable level, for a smoother flow of referrals. Increasing the number of participants per court beyond 50 will increase the workload of other AODT Court team members, which may not be sustainable.

Waiting lists for the AODT Court are not permitted. The ten best practice principles state that the shorter the time from a participant's arrest to drug court the better (Carey et al 2012). The court coordinators are proactively monitoring the number of referrals and participants in the AODT Court to keep to the cap. Sustaining the number of participants in the AODT Court is driving the frequency and intensity of the promotion of the court, and potentially the use of the discretionary elements of the eligibility criteria.

There is no doubt in my mind that there are sufficient numbers to keep us busy. One of the issues that we've had is because we've had this cap of 50 in each court and we are not allowed to have a waiting list... When we've reached 50 or we've been close to reaching 50, we've communicated that and the tap seems to go off a bit. So I think some people who would be eligible are discouraged from applying or the lawyers won't bother making an application... I'm thinking it would have been better if we'd had a little bit of flexibility where maybe we'd had a band where we could say, okay 45–55, but aim for 50 but not have it as such a hard and fast rule. Stakeholder

Managing the tension between assessment and clinical services

In establishing the AODT Court, some assumptions were made about the number of referrals and thus the number of assessments that would need to be completed by CADS. The referral conversion rate in mainstream AOD treatment services of five referrals to achieve one admission was used. On this basis, CADS assumed that to achieve 100 participants in the AODT Court would require the completion of 500 assessments. Reflecting this assumed referral level, CADS has four full-time positions dedicated to the AODT Court. Other CADS staff have been trained to undertake assessments and complete reports to cover for leave and absences. Having four staff available means they have the capacity to meet the fluctuating demands of the AODT Court. However, as CADS notes, having a small team is challenging if one or two people become unavailable for whatever reason.

For CADS, the unpredictability of referrals was challenging in ensuring the team were fully occupied, and in creating effective systems to manage the referrals. There was spare capacity in the CADS team when the number of referrals to the AODT Court declined. Given the spare capacity, the AODT Court requested that CADS become involved in delivering a treatment readiness programme for those remanded in custody following acceptance into the AODT Court. Programme providers and the AODT Court team all commented these programmes are helpful to prepare participants to engage with treatment programmes. Participants who had received treatment readiness programmes found them helpful in preparing for residential treatment. Feedback from treatment providers highlights the importance of treatment readiness programmes, particularly for those with a history of untreated trauma.

For CADS, this shift in role raised a number of management and clinical challenges. If there is an influx of referrals to the AODT Court, CADS has to ensure their completion as a priority, which may impact on their availability for clinical work. Having a clinical role changes the relationship CADS staff have with referred defendants. Instead of being a neutral assessor, CADS staff view referred defendants as clients and become their advocates. Further, if CADS staff undertakes clinical groups with AODT participants within other treatment provider premises, the line of clinical responsibility for the participant is ambiguous. In prison this is less of an issue as the prison takes clinical responsibility.

CADS also notes an ongoing clinical risk in the assessment process. CADS is primarily tasked with assessing referred defendants. However, during the assessment process, health and wellbeing issues may be raised that require further action or referral to other services. Many of the defendants being assessed do not have a primary health care provider; therefore, there is no referral pathway. The wait between assessment and the AODT Court's Determination Hearing means that CADS has had to take on this clinical responsibility, despite not having formal systems in place to undertake this. The need to assess and address the physical health and wellbeing of defendants referred to the AODT Court has been raised by other stakeholders. Defendants can have a number of ongoing health issues, which may need to be managed while they are in the AODT Court (e.g. heart conditions, cancer).

Turnover of staff in the CADS team has been high. This reflects the CADS role is primarily an assessment and reporting function which clinical staff do not find satisfying long term. For a period of time the CADS team dropped to two staff members supported by contractors to ensure the timely completion of reports.

Importance of quality AOD assessment

CADS has worked closely with the AODT Court to ensure their reports are tailored to inform decision-making in the court. This has been achieved through the ongoing dialogue with the AODT Court team, and in particular the judge, and being invited to attend the pre-court meeting where the reports are discussed. The reports tend to be around ten pages in length and take up to six hours to write. All reports are peer reviewed before they are submitted to

the AODT Court. Delivering quality reports requires specially trained staff who understand the AODT Court.

CADS' reports on defendants who may benefit from the AODT Court have been highly praised by the AODT Court team for their level of detail and usefulness in informing admission decisions. CADS' reports on defendants not admitted to the AODT Court are held in the District Court so they can be used in sentencing. CADS has received feedback that defence lawyers have used the findings of the report to support the defendants to access AOD treatment via a different pathway.

If CADS does not recommend a defendant for the AODT Court, their referring counsel can still request the defendant is reviewed at the Determination Hearing. In these instances, it is up to the judge's discretion about whether the defendant is accepted into the AODT Court.

Delays in getting referrals to the AODT Court

Administratively, the process of receiving referrals from the District Court to the AODT Court can be delayed if information is missing in the referrals. On receipt of a referral, the AODT Court coordinator goes through the checklist to make sure all information is attached before booking a CADS assessment. Delays are created if an address is missing or the judge has not signed the referral – the files then have to be returned so they can be completed. To address this issue, the AODT Court coordinators have developed a flyer outlining the information needed and requesting that they are emailed about the referral so they can follow up files if needed.

Number and profile of cases attending Determination Hearings

The AODT Court team receives the referral (including the CADS' AOD assessment) and discusses the defendant's eligibility and potential acceptance into the AODT Court at the pre-court team meeting. The defendant appears at the AODT Court Determination Hearing and the AODT Court judge accepts or declines entry into AODT Court. Those accepted begin with the AODT Court; those not accepted revert back to the District Court sentencing list.

Between November 2012 and 13 April 2016, 439 defendants who received an AOD assessment by CADS were referred for a Determination Hearing to the AODT Court.⁸ Of those, 242 (55 percent) were at Auckland AODT Court and 197 (45 percent) were at

⁸ The CADS data states that 463 defendants were assessed and recommended to be referred to the AODT Court for a Determination Hearing (Table 3), while the JAX data shows 439 defendants actually proceeded to a Determination Hearing (Table 5). It is assumed that 24 defendants did not proceed to a Determination Hearing due to the deliberation of the District Court Judge, the defendant refusing the referral, or the defendant's circumstances changing so they no longer met the eligibility criteria for the AODT Court.

Waitakere AODT Court.⁹ Fourteen of these defendants have been referred for a CADS assessment more than once.

Most (97 percent) defendants were recommended for referral to the AODT Court for a Determination Hearing by their CADS assessment (Table 5). Twelve defendants were not recommended for a Determination Hearing (Table 5). CADS recommended ten of the 12 for another programme or AOD service (Table 6). Two defendants were not recommended for a referral as they did not require AOD treatment services (Table 6). Table 7 details the demographic profile of those appearing for a Determination Hearing. It shows:

- overwhelmingly more men are appearing (88 percent are male)
- high representation of Māori (41 percent of defendants are Māori)
- fewer younger people (12 percent aged 18–24) and older people (5 percent aged 55 and over); the majority of defendants are aged 25–44 years (69 percent)
- over a quarter are for EBA offences only (29 percent)
- just under two thirds (61 percent) had a RoC*RoI score recorded within range.¹⁰ Of those appearing for a Determination Hearing, 16 percent were not in range and were EBA offences, and 12 percent were not in range and had other offences.

Table 5: Outcome of CADS assessment for cases which proceed to an AODT Court Determination Hearing from November 2012 to 13 April 2016

Outcome of CADS assessment	Auckland n=242		Waitakere n=197		Total n=439 ⁽²⁾	
	Count	%	Count	%	Count	%
Recommended for Determination Hearing	236	98%	189	96%	425	97%
Not recommended for Determination Hearing	6	2%	6	3%	12	3%
Defendant did not attend CADS assessment	0	0%	1	1%	1	0%
Outcome of CADS assessment is unknown ⁽¹⁾	0	0%	1	1%	1	0%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Each defendant that proceeds to a Determination Hearing has had a CADS assessment. In cases where a defendant is referred to a Determination Hearing more than once they will have a new CADS assessment for each referral.

1. This assessment is unable to be located.

2. The CADS data (Table 3) notes that 463 cases were recommended to be referred to the AODT Court for a Determination Hearing. JAX has 439 cases which had a Determination Hearing. The difference of 24 cases may reflect that the defendant withdraws voluntarily from attending AODT Court, the District Court Judge decides not to refer the defendant to AODT Court, or the defendant's circumstances change and they no longer meet the eligibility criteria.

⁹ Data is presented on the number of cases, not people, as one person may have been into the AODT Court more than once.

¹⁰ The Risk of re-conviction and Risk of re-imprisonment (RoC*RoI) score is used in the AODT Court to identify the medium- to high-risk offenders. The RoC*RoI score is not used for applicants with recidivist drink driving offences, as their scores are consistently too low to meet this criteria. All other applicants are usually required to have a RoC*RoI score of 0.5 up to but not including 0.9. In December 2013, the AODT Court Steering Group decided to allow the AODT Court judges to admit someone with a score below 0.5 provided all other eligibility criteria are met.

Table 6: Reasons cases were not recommended for AODT Court at the Determination Hearing from November 2012 to 13 April 2016

Reason not recommended for AODT Court	Auckland n=6		Waitakere n=6		Total n=12	
	Count	%	Count	%	Count	%
Recommended another programme/other AOD services	5	83%	5	83%	10	83%
No AODT treatment required	1	17%	1	17%	2	17%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Note: Percentages may not add up to 100% due to rounding.

Table 7: Demographic profile of cases appearing for Determination Hearings from November 2012 to 13 April 2016

Profile	Auckland		Waitakere		Total	
	Count	%	Count	%	Count	%
Total	242	55%	197	45%	439	100%
Gender						
Male	211	87%	174	88%	385	88%
Female	30	12%	21	11%	51	12%
Unknown	1	0%	2	1%	3	1%
Age						
Under 18 ⁽¹⁾	1	0%	0	0%	1	0%
18–24	27	11%	26	13%	53	12%
25–34	93	38%	82	42%	175	40%
35–44	77	32%	49	25%	126	29%
45–54	38	16%	26	13%	64	15%
55+	6	2%	14	7%	20	5%
Ethnicity⁽²⁾						
European	106	44%	88	45%	194	44%
Māori	94	39%	87	44%	181	41%
Pacific peoples	28	12%	20	10%	48	11%
Asian	10	4%	1	1%	11	3%
Other	2	1%	0	0%	2	0%
Unknown	2	1%	1	1%	3	1%
Offending type						
EBA ⁽³⁾	61	25%	66	34%	127	29%
Not EBA (other) ⁽⁴⁾	181	75%	131	66%	312	71%
RoC*RoI range						
In target range	149	62%	118	60%	267	61%
Not in target range	56	23%	65	33%	121	28%
RoC*RoI unknown	37	15%	14	7%	51	12%

Profile	Auckland		Waitakere		Total	
	Count	%	Count	%	Count	%
RoC*RoI score						
0	4	2%	1	1%	5	1%
0.1	8	3%	11	6%	19	4%
0.2	9	4%	22	11%	31	7%
0.3	15	6%	13	7%	28	6%
0.4	20	8%	18	9%	38	9%
0.5	29	12%	26	13%	55	13%
0.6	49	20%	43	22%	92	21%
0.7	44	18%	25	13%	69	16%
0.8	24	10%	24	12%	48	11%
0.9	3	1%	0	0%	3	1%
Unknown	37	15%	14	7%	51	12%
RoC*RoI not in range by offence						
Not in range and EBA offences	28	12%	41	21%	69	16%
Not in range and other offence	28	12%	24	12%	52	12%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

1. Person under 18 years old was declined entry into the AODT Court.

2. Ethnicity as recorded in the CADS assessment.

3. Participant's current charge/s are EBA charge/s and they have no additional non-driving related charges, or participant's current charge is a 'refusing to provide sample' charge, and there are no additional non-driving related charges.

4. Participant's current charge/s are non-EBA charges or they have non-driving related charges as well as an EBA charge.

Acceptance into the AODT Court

Number of cases accepted into the AODT Court

From the 439 cases appearing for Determination Hearings, 282 cases (64 percent) were accepted into the AODT Court, as of 13 April 2016. Of the 282 cases, 146 (52 percent) were in Auckland AODT Court, and 136 (48 percent) in Waitakere AODT Court (Table 8).

Table 8: Proportion of cases accepted and declined from Determination Hearings from November 2012 to 13 April 2016

Base: Those cases who had a hearing	Auckland n=242		Waitakere n=197		Total n=439	
Cases	Count	%	Count	%	Count	%
Accepted	146	60%	136	69%	282	64%
AODT Court not offered	92	38%	59	30%	151	34%
Other ⁽¹⁾	4	2%	2	1%	6	1%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

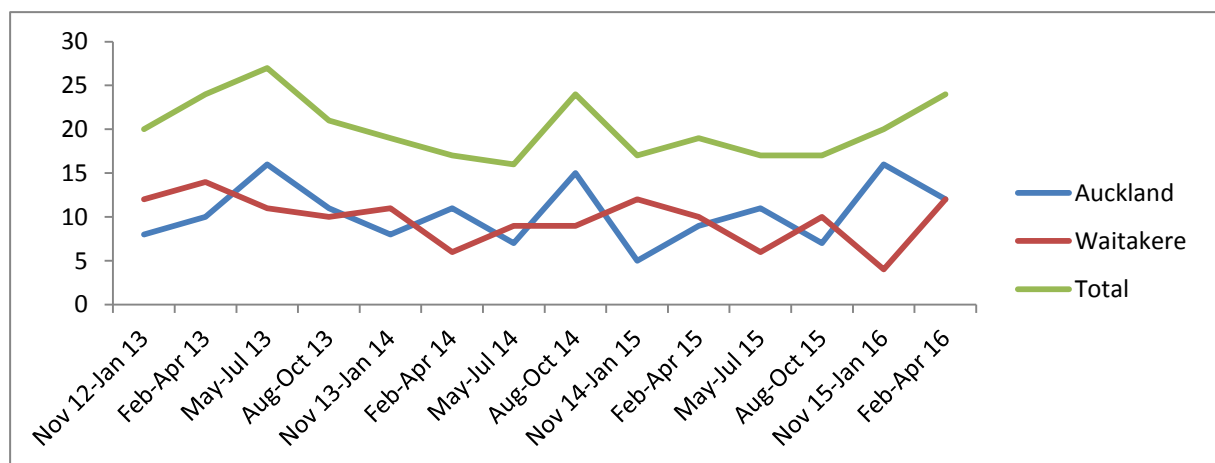
1. Includes four defendants who were offered entry into the AODT Court but declined the offer, one defendant where no AODT action was required, and one defendant who was never admitted for an unknown reason.

On average, three cases are accepted per month into each AODT Court. Cases accepted into the AODT Court per month range from zero to nine for the Auckland AODT Court and from zero to seven for the Waitakere AODT Court.

Figure 2 demonstrates the flow of cases into the AODT Court on a three-monthly basis from commencement to 13 April 2016. No seasonal trends relating to the level of cases accepted into the AODT Court are evident. The spikes of cases being accepted into the AODT Court may reflect increased referrals due to presentations to the PDS by the judges, or places becoming available in the AODT Court through exits or graduation.

As the AODT Court has matured, there is greater acceptance that it is appropriate for participants who are exited from the AODT Court to be offered another opportunity. As at 13 April 2016, two people have been accepted into the AODT Court more than once.

Figure 2: Number of participants accepted into the AODT Court per quarter between November 2012 and 13 April 2016



Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Profile of cases accepted into the AODT Court

The demographic profile of those accepted into the AODT Court (Table 9) is similar to those appearing for a Determination Hearing (Table 7), and is fairly consistent across the two AODT Courts. The exception is that more cases accepted into the AODT Court have a RoC*RoI score in the target range (68 percent) compared with those at Determination Hearings (61 percent).

Part of the eligibility criteria for acceptance into the AODT Court is a RoC*RoI score of 0.5 up to but not including 0.9, for cases that are not recidivist drink driving (EBA) offences. Since 2014, judicial discretion can be applied to accept non-EBA offence cases below 0.5 where all other eligibility criteria are met. Thirty-three non-EBA cases (17 percent) have been accepted into the AODT Court with a RoC*RoI score below 0.5 (Table 10).

Overall, 30 percent of those accepted into the AODT Court had only EBA charges. Stakeholders comment that the inclusion of participants with EBA offences in the AODT Court has not been problematic. They note participants with EBA offences tend to graduate within 12 months. Feedback from stakeholders was mixed on whether all participants with EBA offences met the high-risk, high-need eligibility criteria.

While the demographic profile of accepted defendants is similar across the two courts, feedback from stakeholders suggests that the participants differ. Auckland AODT Court is seen to have more cases with complex issues such as significant mental health issues, heroin addiction, deportees from Australia and more people with transient circumstances. Housing is also problematic. In contrast, the Waitakere AODT Court draws on a more settled community with deeper links to the area.

Table 9: Demographic profile of those accepted into the AODT Court from November 2012 to 13 April 2016

Profile	Auckland n=146		Waitakere n=136		Total n=282	
	Count	%	Count	%	Count	%
Gender						
Male	127	87%	119	88%	246	87%
Female	18	12%	15	11%	33	12%
Unknown	1	1%	2	1%	3	1%
Age						
18–24	21	14%	17	13%	38	13%
25–34	58	40%	63	46%	121	43%
35–44	45	31%	31	23%	76	27%
45–54	19	13%	17	13%	36	13%
55+	3	2%	8	6%	11	4%

Profile	Auckland n=146		Waitakere n=136		Total n=282	
	Count	%	Count	%	Count	%
Ethnicity⁽¹⁾						
European	57	39%	60	44%	117	41%
Māori	62	42%	63	46%	125	44%
Pacific peoples	18	12%	12	9%	30	11%
Asian	6	4%	1	1%	7	2%
Other	1	1%	0	0%	1	0%
Unknown	2	1%	0	0%	2	1%
Offending type						
EBA ⁽²⁾	38	26%	46	34%	84	30%
Other ⁽³⁾	108	74%	90	66%	198	70%
RoC*RoI range						
In target range	103	71%	89	65%	192	68%
Not in target range	32	22%	42	31%	74	26%
RoC*RoI unknown	11	8%	5	4%	16	6%
RoC*RoI score						
0	2	1%	1	1%	3	1%
0.1	5	3%	7	5%	12	4%
0.2	5	3%	14	10%	19	7%
0.3	8	5%	8	6%	16	6%
0.4	12	8%	12	9%	24	9%
0.5	23	16%	21	15%	44	16%
0.6	36	25%	38	28%	74	26%
0.7	28	19%	17	13%	45	16%
0.8	14	10%	13	10%	27	10%
0.9	2	1%	0	0%	2	1%
Unknown	11	8%	5	4%	16	6%
RoC*RoI not in range by offence						
Not in range and facing EBA offences	15	10%	26	19%	41	15%
Not in range and facing other offences	17	12%	16	12%	33	12%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

1. Ethnicity has been coded and output using Statistics New Zealand's prioritised ethnic response method.

2. Participant's current charge/s are EBA charge/s and they have no additional non-driving related charges, or participant's current charge is a 'refusing to provide sample' charge, and there are no additional non-driving related charges.

3. Participant's current charge/s are non-EBA charges or they have non-driving related charges as well as an EBA charge.

Table 10: RoC*RoI score for those accepted into the AODT Court with an 'not EBA (other)' offence type from November 2012 to 13 April 2016

RoC*RoI score	Auckland n=108		Waitakere n=90		Total n=198	
	Count	%	Count		Count	%
0	2	2%	1	1%	3	2%
0.1	2	2%	1	1%	3	2%
0.2	1	1%	8	9%	9	5%
0.3	4	4%	1	1%	5	3%
0.4	8	7%	5	6%	13	7%
0.5	17	16%	15	17%	32	16%
0.6	29	27%	28	31%	57	29%
0.7	24	22%	16	18%	40	20%
0.8	12	11%	12	13%	24	12%
0.9	1	1%	0	0%	1	1%
Unknown	8	7%	3	3%	11	6%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes: Percentages may not add up to 100% due to rounding.

Reasons for not being accepted into the AODT Court

Not meeting one or more of the eligibility criteria are the common reasons listed in the AODT Court administrative data (JAX) for not accepting defendants into the AODT Court. In particular, not being suitable for AODT Court (16 percent), sentence indication does not meet criteria (12 percent), and active charges of serious violence (9 percent) (Table 11). For five defendants, their case was outside the 50-day guideline between arrest, offending, or violation, and entry into the AODT Court.¹¹

Nine defendants were excluded due to their mental health conditions. Feedback from treatment stakeholders reiterated this is an important exclusion criterion as participants need to have the cognitive capacity to benefit from the AODT Court.

The reasons for declines differ to a small extent across the two AODT Courts. In Auckland AODT Court, 13 percent of cases are declined due to the sentence indication not meeting the criteria, compared with 8 percent in Waitakere AODT Court. Two in ten cases (22 percent) in Waitakere AODT Court are declined due to the defendant being unsuitable, compared with 12 percent in Auckland AODT Court.

¹¹ The 50-day guideline states that it is important to ensure referrals to, and acceptance into, the AODT Court takes place preferably within 50 days from the arrest/offending, but in any event at the earliest possible opportunity. Research indicates that optimum AODT Court results are obtained when the period between arrest, offending or violation and entry into the AODT Court is no more than 50 days (Ministry of Justice 2014).

Table 11: Reasons for cases not accepted into AODT Court at Determination Hearing from November 2012 to 13 April 2016

Reasons ⁽¹⁾	Auckland n=97		Waitakere n=59		Total n=156	
	Count	%	Count	%	Count	%
Not suitable for AODT Court	12	12%	13	22%	25	16%
Sentence indication does not meet criteria	13	13%	5	8%	18	12%
Active charges of serious violence	7	7%	7	12%	14	9%
Sexual offending precluding treatment access	8	8%	2	3%	10	6%
Mental health condition/s precluding engagement	5	5%	4	7%	9	6%
Resides outside of AODT Court catchment areas	7	7%	2	3%	9	6%
Eligibility criteria not met	3	3%	2	3%	5	3%
Age of case (too old)	3	3%	2	3%	5	3%
Medical condition/s precluding engagement	3	3%	2	3%	5	3%
Gang affiliation precluding treatment access	1	1%	3	5%	4	3%
Not found to be high-risk/high-need target group	3	3%	2	3%	5	3%
Crown/non-police prosecution	2	2%	1	2%	3	2%
CADS assessment not recommending entry	0	0%	2	3%	2	1%
No place available ⁽²⁾	0	0%	2	3%	2	1%
Arson offending precluding treatment access	2	2%	0	0%	2	1%
Did not appear for Determination Hearing	1	1%	1	2%	2	1%
Not found to be substance dependant	1	1%	0	0%	1	1%
Other AOD services recommended	1	1%	0	0%	1	1%
Other	12	12%	5	8%	17	11%
Reason unknown	13	13%	4	7%	17	11%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Reasons not offered AODT Court are for cases appearing at the Determination Hearing. This does not include cases referred for AOD assessment and subsequently not referred to the AODT Court, or cases declined by a list judge before Determination Hearing.

Unknown responses are possible where incomplete information has been provided.

1. Multiple reasons can be given for each case being declined. Each reason is counted here so the total number of reasons for declined entry may be greater than the total number of cases declined.

2. It is not known if this reflects that there was no place in the AODT Court due to the court being at capacity (i.e. 50 participants) or no place in treatment.

Stakeholder feedback on the Determination Hearing

Timely and comprehensive Determination Hearing process

Overall, stakeholders report that time management and processes within pre-court team meetings have continued to improve across the pilot. Meetings have quickened as processes are bedded in. The team reviews the reports before the meeting and are more familiar with

the issues requiring in-depth discussion. All members of the AODT Court team have an opportunity to contribute to the discussions. The presence of probation officers is acknowledged as useful, as they provide information that contributes to the decision on whether a defendant is a suitable candidate for the AODT Court.

I think it's very thorough. It's great to see everybody given their chance to have their say... People acknowledge that everyone is coming from their own perspectives.... It's encouraging to see a healthy professional robust discussion when people may not agree with each other's opinions. Stakeholder

Ongoing role clarification in the Determination Hearing

During the Determination Hearing, the judge may require further information about the referred defendant to determine whether they should be admitted to the AODT Court. Stakeholder feedback indicates that there is ongoing confusion about who is responsible for seeking this information, whether it is the AODT Court case manager, CADS, or the referring defence lawyer. Some questions were also raised about the level of information being sought about defendants during the Determination Hearing process and its relevancy.

Eligibility criteria – managing discretion and risk

This evaluation does not have access to data to directly assess the application of the eligibility criteria in 2016. The demographic profile of those accepted at the Determination Hearing (Table 9) demonstrates alignment with the RoC*RoI score requirements. Reasons for not being admitted reflect the application of the eligibility criteria (Table 8). Qualitative feedback also confirms the criteria are being used and met. The AODT Court team is generally satisfied with the decision-making process on who is accepted into the AODT Court.

I have no doubt that all the people that have been assessed by us and been accepted by the court have serious alcohol and drug problems that impact on the psychological and social and criminal and physical aspects of their life. Stakeholder

Stakeholder feedback indicates that the residential address criterion is important in enabling participation through relatively easy access to treatment, testing and AODT Court commitments, and it can enable support from family, friends, and peers. On graduation from the AODT Court, these are critical supports to have in place given the possibility of relapse in the long term.

The level of discretion in the application of the eligibility criteria was raised by stakeholders. For some, the ability of judges to exercise discretion was important as it is difficult to determine who will or won't succeed through the AODT Court. However, others feel the criteria should be more rigidly applied (e.g. 50-day guideline).

The AODT Court Steering Group agreed that the RoC*RoI score does not need to be applied for EBA offences, and judicial discretion can be applied to accept non-EBA offence cases below 0.5 where all other eligibility criteria are met. However, the application of the

RoC*RoI score continues to be an area of debate. A few stakeholders raised concerns about admitting participants with low RoC*RoI scores as this is contrary to the risk-need-responsivity model, in which the level of service should match an offender's risk of reoffending, their criminal risk factors and their ability to learn from a rehabilitative intervention. Judicial feedback suggests this concern may reflect a misunderstanding in how the RoC*RoI score is calculated.

Effective informed consent processes to take part in the AODT Court

Great care is taken to ensure that defendants are aware of what the AODT Court involves, their obligations and the consequences if these obligations are breached, so they can make an informed decision on whether or not to enter the AODT Court. Defendants are required to sign a consent form to be referred for a CADS assessment. For defendants who are offered a place in the court, the judge explains what the court will involve and that it is not an easy option, to ensure the defendant makes an informed decision. The defendant is then stood down to go through the participant agreement with their defence lawyer and the AODT defence lawyer. If the participant agrees, they then sign the participant agreement. The defendant also receives the participant handbook.

I think we do have a very thorough process. At the beginning, the duty lawyer will show them what the court looks like, we have that handbook which is given to them to consider... how the participant progresses through the different phases, what's going to be involved, of them wearing a SCRAM bracelet, having to test five times a fortnight, attending to NA, AA meetings, perhaps having to leave their employment because they've got to go into residential rehab, all that sort of thing. Stakeholder

To be accepted into the AODT Court, defendants must plead guilty to all charges, and a sentence indication is given based on the guilty pleas. Those convictions are then entered into the system. During the course of the pilot, there has been one instance where an exited participant's lawyer sought to withdraw some of the guilty pleas made on entry to the AODT Court. The issue was contested, and the AODT Court is looking at whether the participant agreement needs to be further clarified to avoid this situation arising again.

Stakeholders acknowledge that initially a prime motivator for defendants in seeking access to the AODT Court is avoiding prison. Feedback indicates that while an informed consent process is followed, participants do not always fully comprehend the demands of the AODT Court and the treatment programme involved. Stakeholders involved in providing treatment comment that this is part of the cycle of change in addiction with participants moving through the stages of pre-contemplation to action.

Remand in custody

Once accepted into the AODT Court, participants may remain remanded in custody or on bail while waiting for a bed in a suitable residential treatment programme or a place in a community-based programme. AODT Court administrative data show 58 percent of cases are on remand in custody when they are accepted into the AODT Court, with remand in custody being slightly higher in the Auckland AODT Court at 62 percent (Table 12). Data were not available on the length of time in custody.

Table 12: Remand status for those accepted into the AODT Court from November 2012 to 13 April 2016

Status	Base	Auckland n=146		Waitakere n=136		Total n=282	
		Count	%	Count	%	Count	%
Custody		90	62%	74	54%	164	58%
On bail		52	36%	60	44%	112	40%
At large		1	1%	0	0%	1	0%
Unknown		3	2%	2	1%	5	2%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

The counts are of remand in custody at acceptance into the AODT Court. Remand status whilst a participant is not shown.

As in 2015, stakeholders continue to raise concerns about the implications of participants remaining on remand in custody. They note it can make the transition to and motivation towards treatment more difficult. For participants who have already served a reasonable proportion of their likely sentence, there is less incentive to complete the AODT Court programme. For AODT Court case managers, visiting participants in prison is time consuming. The judges are aware of the 50-day rule and weigh up the implications for success if participants remain in custody for a significant period of time before a residential treatment bed becomes available.

The CADS treatment readiness programme has been established to aid the transition from a correctional environment to a treatment environment. Despite the addition of this programme, concerns remain about the time spent on remand in custody. The idea of exploring the feasibility of an AODT Court treatment wing in prison to support participants remanded in custody has been raised, as the prison environment can be counterproductive to participants' recovery journey.

Consideration is being given to the AODT Court's use of residential treatment beds and whether it is consistent with the level of care needed, or whether it is a response to participants being homeless.

100 cap manageable

Feedback highlights that the AODT Court cap of 100 participants is manageable for the AODT Court team and treatment providers. However, it was noted by stakeholders that the AODT Court case managers were under pressure, particularly during the early implementation phase when roles were being clarified. New positions have relieved this pressure to some extent (i.e. housing coordinator and operations support worker).

Participant experience: deciding to take part in the AODT Court

As in the formative and interim process evaluations, the ways in which participants became aware of the AODT Court varied (Litmus 2014, 2015). In 2016, the majority of interviewed participants¹² were informed about the court by their defence lawyer or the judge in the District Court. One participant was informed by the arresting police officer, and a few had heard about the AODT Court when in custody.

The police officer told me that I would be going to jail for my crimes... He gave me the pamphlets with the information about it, which I had a look through... The police officer told me he thought I was a good guy underneath the drug use and told me, 'why don't you try this programme?' Participant

Interviews with participants confirm that an informed consent process is being used to enter the AODT Court. Most participants recalled receiving the AODT Court Participant Handbook. Participants' lawyers explained the AODT Court to them. They recalled having to stand in front of the judge, being told about the court, what was expected about treatment, random drug testing and being open and honest, the consequences if rules were broken, and that it would not be easy. Participants recalled reading and signing the participant agreement. At this stage, participants reported feeling nervous about whether they could do it, and whether they would be accepted into the court.

One exited participant claimed their defence lawyer made the decision to enter the court for them and they just '*wanted to do their time*'. This participant acknowledged that he had gained useful tools to try and manage his addiction through being in the AODT Court.

Many participants acknowledged that they initially saw the AODT Court as a way to get out of their prison sentence. For these participants adjusting to the significant demands of the AODT Court was challenging and some actively resisted the process. For those who remained in the AODT Court, there came a point when they realised that they had to stop resisting and '*surrender to the process*'.

I thought this will keep me out of jail, I can carry on manipulating the system I will carry on just doing what I was doing...It took me 12 months of being in the drug court

¹² Feedback from current, exited and graduated participants on the AODT Court processes was similar so, unless stated, the term 'participants' refers to their collective feedback.

before I surrendered. Then I thought this is a good thing, people are patting me on the back, here is a judge clapping because I did something right. Graduate Participant

In contrast, other participants recognised from the outset that the AODT Court was an opportunity to change their lives and break a generational cycle of addiction and crime.

Participants are aware that there are limited places available in the AODT Court. Most participants, including those exited from the AODT Court, feel privileged to have been given the opportunity to take part in the court.

The process of being accepted into the AODT Court was surprising for many participants. For all, it was the first time they were asked to speak with the judge in court. Participants were surprised by the applause, and gained a sense that the AODT Court team members had faith in them. The welcome to the AODT Court from Te Pou Oranga and the explanation of the tikanga of the court highlighted the uniqueness of the court for participants.

It was really good; Ra was there when they took me in. He has a speech where he points to the three taongas on the wall, courage, serenity and wisdom; it wasn't even like I was at court. It was very enlightening; it was a great feeling to get accepted. It was very welcoming, as long as you are open and honest everything is going to be good. Participant

Evaluative assessment

Overall, the processes for identifying defendants and determining eligibility are working as intended and have strengthened over the duration of the pilot. Referrals to the court are lower than originally expected by CADS, although the number of referrals accepted into the AODT Court is higher than anticipated. CADS' quality AOD assessment reports are essential in informing the District and AODT Courts' decisions. The spare capacity CADS had due to lower than expected referrals has been effectively used in running treatment readiness programmes to meet the unforeseen needs arising from placing participants on remand in custody.

Sustaining the number of participants in the AODT Court close to or near the cap is driving the frequency and intensity of the promotion of the court, and potentially the use of the discretionary elements of the eligibility criteria.

The Determination Hearing process is comprehensive and working well. Participants referred and accepted into the AODT Court align with the court's eligibility criteria. Informed consent processes are used effectively to ensure participants understand their obligations before entering the AODT Court. There are some differences in the participants accepted into the two courts. The Auckland Court tends to have participants with more complex issues which can affect their flow through and duration in the court.

Areas to strengthen include:

- Consider the strategies to have a more consistent flow of referrals to the court to enable more efficient AOD assessment processes.
- Ensure the ongoing promotion of the AODT Court to District Court judges and defence lawyers.
- Review the areas of clinical risk identified by CADS, in particular clarify which agency has clinical responsibility for treatment provided in non-CADS settings, and between the CADS assessment and the Determination Hearing.
- Clarify who is responsible for providing further information sought in the Determination Hearing.
- Determine whether further actions can be undertaken to decrease the time participants remain on remand in custody, while waiting for a residential treatment programme or safe housing.

6. AODT Court programme

Changes from original design

Since the pilot began, a process of reflective practice, supported by input from Judge Hora and the international evidence base, has been used to strengthen the day-to-day operation of the AODT Court. Feedback from members of the AODT Court team emphasised that collectively they have more clarity and understanding about their roles and the team's collective contribution to the AODT Court processes. Overall the AODT Court processes are seen to be effective, although the efficiency of the processes can be further improved.

Structurally the design of the AODT Court programme is fairly consistent with the original pilot design. The key changes to the AODT Court team are the presence of Te Pou Oranga and community probation officers at the AODT Court.

The resources required to operate the AODT Court were significantly under-estimated. Resource allocation has increased for the following roles:

- Judges have an additional half day to prepare for the AODT Court.
- The court coordinator capacity has increased from one to two full-time equivalents (FTE).
- Te Pou Oranga role was introduced (refer section 7).
- Case managers, following a review of their role, have received an operations support worker and a housing coordinator to support their role.
- Police prosecution's original one-day allocation to the AODT Court has been increased to three days (one day preparation, one day AODT Court and one day write up).
- Community probation increased their resourcing to have two probation officers allocated to each AODT Court to cover for leave/sickness, and to manage the workload and stresses of the role (refer section 12).

The number of defence counsel has declined in the last 12 months due to ill health. A new initiative for Auckland AODT Court is the introduction of a non-drug court roster to have defence counsel from the AODT Court available to attend arrest matters and breaches for AODT Court participants that occur outside of the AODT Court days. This initiative is working well in supporting appropriate actions for unscheduled participant appearances in the District Court.

An effective AODT Court team

A key strength of the AODT Court is having a number of judicial, cultural and treatment levers to encourage participants to initially engage and remain engaged with their recovery journey. Having the judiciary, justice sector agencies and treatment agencies at the pre-court meeting enables coordinated inter-agency communication to ensure a considered response to support the recovery journey. The addition of community probation at these meetings has strengthened information about participants' living environments. Two areas where the AODT Court tends to lack information are: (1) participants' whānau and their potential support or otherwise; and (2) an overview of participants' physical health. These issues can affect recovery.

Over the last three-and-a-half years, the AODT Court team have learnt how to work effectively together by listening, collaborating and negotiating from their differing organisational perspectives. AODT Court team members feel they have an opportunity to contribute and be listened to in the pre-court meetings. The AODT Court team note that they have more confidence in managing the subtleties of the AODT Court (e.g. exiting participants who are not progressing, appreciating that relapses do happen and how to manage these appropriately through the three AODT Court phases).

Negotiating the potential tensions between judicial and treatment priorities is an ongoing focus. Feedback indicates that a balance between priorities is usually being achieved, although at times some feel that judicial priorities are crossing into the treatment domain.

New Zealand has appeared to find a good balance between therapy and judicatory process. We were very fortunate with the people that became committed to the programme. If you fail in the therapeutic area, it's no good. In New Zealand, they [treatment] have a strong voice, and this is not as strong in the States and Australia. The connection between therapy and justice works well sometimes, but still needs work. Stakeholder

Having the 'right' people on the AODT Court team is seen as critical to sustaining an effective working relationship. The 'right' people are described as believing that recidivist offenders with AOD addiction can change, and having the experience and confidence to work collaboratively in an inter-agency team, while working to the goals of their organisation. Having a relatively consistent AODT Court team is noted by the team as useful as, over time, team members gain an understanding of participants' recovery journey. This appreciation enables appropriate responses when relapses occur. However, some stakeholders noted this could raise the risk of being 'captured' by participants.

Judge

The judges set the philosophy and working style of the AODT Court. The AODT Court judges are seen as hugely committed to the vision and goals of the court. They lead with the

international evidence base and ensure practices are fit for the New Zealand context, particularly through the use of tikanga Māori in the court. In interviews, the passion and drive of the AODT Court judges is widely acclaimed by stakeholders, and participants and their whānau.

The AODT Court judges are known for actively seeking to address perceived barriers to access treatment or other services (e.g. transport). At times, this drive can create tensions with treatment where requests are at odds with building participants' self-efficacy.

The AODT Court judges have a special relationship with participants, which contributes positively to their recovery journey.

Their [the participants'] relationship with the judge here is fundamentally different, and it is vital to the working of the court. I've seen the way they talk about the judge and their respect and the expectation she has of them, and their response to that, is fundamental to how the court works.... they have so much respect for her, they don't want to disappoint her. Stakeholder

Efforts are made to ensure relieving judges are kept informed of changes to policies and processes to ensure consistency within the court, as they attend court infrequently. However, this was noted by some as an area to strengthen further.

Court coordinator

The court coordinators continue to have an important role in connecting the AODT Court Team, facilitating the flow of information, and strengthening the processes and systems of the court. Both coordinators work across the two courts and each holds responsibility and oversight for different components of the role. As intended, working across both courts has ensured consistency, shared learning on common issues, and provided collegial support.

At the outset of the pilot, the coordinator role sat in the open court sessions. This changed in 2014 with one coordinator now sitting in the pre-court team meeting and being available for, but not attending open court. The court coordinators would prefer to be present in the open court session as this ensures they are kept informed and can answer any questions, particularly on AOD testing.¹³

The court coordinators are responsible for maintaining JAX – the AODT Court database that was designed to monitor participants' progress through the AODT Court. The formative evaluation highlighted a number of challenges with the JAX database, resulting in JAX being reviewed and revised (Litmus 2014). In 2015, the JAX database was backfilled to ensure the completeness and quality of the data. In 2016, further work was undertaken to ensure all the autofill uploads from ESR and CADS were on the database. This process continues to be time

¹³ During the review process, reviewers of this report stated that the court coordinators have returned to sitting in open court.

consuming for the coordinators. The JAX database continues to be difficult for the coordinators to use (e.g. the individual uploading of testing data), which may reflect a lack of training.

The JAX database is seen as a tool that informs the evaluation. Due to the initial issues with the JAX database, a separate operational spreadsheet was set up to inform the court's operation. The coordinators continue to use this spreadsheet. In effect, the coordinators are keeping two similar databases, which is a duplication of effort.

Case managers

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.

Over the course of the pilot, the case manager role has been under pressure, which may have contributed to staff turnover in one of the roles in the Waikatore Court. Like all small teams in the AODT Court, the case manager team is vulnerable when people leave. Recently, a case manager left and the housing coordinator has stepped into the case manager role.

The case manager role has been reviewed and further support has been put in place. In 2016, case managers report that while the role continues to be busy, it is more manageable than in the early implementation stages of the pilot. This change reflects an increase in resources, greater clarity about their role and its boundaries with other AODT Court team roles, and the streamlining of the case manager report. Case managers and their clinical leader are now more confident in refusing to undertake inappropriate requests that create unnecessary pressure in their role (e.g. assessing changes in bail addresses, continuing care for graduates).

For case managers, the monitoring of participants through the phases creates workflow peaks. In some weeks, a case manager can have up to 12 participants appearing, and the following only six. Workflow for the week is further compounded when a number of participants are brought before the AODT Court for early review. In weeks where they have 12 participants being monitored, the additional work of participants brought forward creates an unsustainable workload. The case managers recognise that some participants will need to be brought on due to the urgency of the issue. However, they question whether more participants could wait until their next appearance. Consideration is needed on whether the monitoring of participants could be more evenly spaced, to create an even workflow for case managers that can more easily accommodate the work associated with participants brought before the court early.

Visiting participants held on remand in custody was described as an inefficient process. Case managers can spend between one and three hours at prison waiting to see the participant. As a result, some case managers have resorted to communicating with participants in prison via email.

Peer support workers

Peer support workers support the AODT Court team. Peer support workers have a crucial role in the AODT Court, by offering participants access to support from those living in recovery. Participants comment that through their interactions with peer support workers they become more convinced that the AODT Court could support their recovery.

Feedback from peer support workers indicates a number of ongoing challenges in maintaining the integrity of their role. Due to their close working relationship with case managers, peer support workers can feel compelled to offer support to case managers when they are under pressure. This can detract from their role. Further, in the past they have been called on to help with providing transport or other support to participants. This does not build participants' self-efficacy and contravenes the principles of peer support.

Peer support workers also note that their caseload is high at 20 plus participants, and time to undertake peer support work is reduced by attendance at the AODT Court. Some peer support workers comment on feeling over worked and at risk from burnout.

Following a review by the Ministry of Health, peer support workers continue to wait for direction on how they can develop a career pathway from working in the AODT Court.

AODT Court defence counsel

The role of the defence counsel has matured over the course of the pilot. Defence counsel are more comfortable negotiating the boundary between lawyer/client privilege and the need for information sharing to enable participants' recovery journey. Defence counsel note the need to frequently remind participants that the AODT Court is based on honesty, trust and transparency and that if they are informed of inappropriate activities this will be discussed with the AODT Court team so appropriate action can be taken. While comfortable with information sharing, defence counsel would appreciate discussion/refresher training on lawyer/client privilege in the AODT Court.

Some stakeholders question the effectiveness and efficiency of having defence counsel rostered on alternative weeks. Preference was noted for having a smaller pool of defence counsel so there is consistency and a regular presence for the participants. However, other stakeholders note a potential risk of defence counsel becoming 'captured' by participants to the detriment of the honesty and transparency principles of the court.

Change in the supervisor role has opened discussion on how best to structure this role. To date, defence counsel supervisors have only held a few cases due to the high level of

administration in allocating cases, sitting in court each week, overseeing cases and preparing the rosters. However, one stakeholder questioned whether the supervisor could hold a caseload. This is an area for further investigation.

Police prosecution

At the outset, some in the Police Prosecution Service were skeptical about the AODT Court. In seeing the significant transformation of participants through the AODT Court and the impact this has on offending, police prosecutors are now supportive of the court. The key challenge for the NZ Police is whether the AODT Court is cost-effective in achieving these results. As indicated above, the role of the police prosecution in the court is significantly more time intensive than originally anticipated. Under the current resource allocation, the police prosecution role in the AODT Court is not sustainable.

The Police Prosecution Service has reviewed the allocation of prosecutor and administration support resources in comparison to caseload and the category of offences within the service. This resulted in some districts losing resources, while extra staff were appointed in other areas. A focus of the review was to create greater fairness in the allocation of files across police prosecutors, regardless of where they are based.

During the review, the Police Prosecution Service noticed that the prosecutor in the districts with an AODT Court spends a large amount of time on court matters, relative to the low number of defendants who go through the court system. The prosecutor spends one day preparing for the court sitting day, one day in the court, and one day writing up police file notes. The prosecutor is also expected to reply to a large number of emails, and assist when a participant is arrested or hands themselves in to police because they have broken the law. The time the prosecutor spends on AODT Court matters puts pressure on other prosecutors to pick up extra cases.

Police prosecutors working in the AODT Court tend to be more experienced, given the complexity of the court and the need for confidence to argue against referred defendants who the NZ Police perceive as a significant risk to public safety. Given the amount of time to be allocated to the AODT Court, this creates further pressure on an increasingly scarce resource.

Participants' experience of the AODT Court Team

In general, participants spoke positively about the AODT Court team members and the trust and faith they had in them. Genuine relationships were forged with the AODT Court team based on clear expectations of openness, transparency, and honesty, and clear consequences if expectations were not met.

The passion, commitment and knowledge of the judges were acknowledged by participants. The impartiality and fair treatment by judges was a consistent theme. Participants cited that when relieving judges were used, there was consistency of approach and process in the court.

Some participants noted that they were initially intimidated about speaking to the judge in front of the court. Over time, participants said they were able to build relationships with the judges.

... rather than just you know standing there, nodding head, you could actually build a relationship with the judge. You know, let them in, and let them in your life a little bit. Not too much, but you know. Current Participant

Reflecting the turnover of staff in Waitakere Court, participants cited frustration when their case manager changed. Some said they had up to three case managers. Feedback from participants on case managers is they work the participants hard, and tend to be firm and fair in their dealings.

For participants, peer support workers are critical to their recovery journey, given their experience of recovering from addiction and being involved in crime. Participants shared that they are able to ring their support people at any time. For example, one participant said that he had contacted his peer support worker at 2 am when he felt the desire to use again.

[Best thing?] The support from the people who're just like you. The people who know what it's like to be you and that's been there, you know. Cause those are the only people you can relate to and take things on board from, because they've walked that life. Exited participant

Participants also comment that through the AODT Court, their perceptions of the NZ Police changed. This reflects the acknowledgement and praise they received, or that others received, when they graduated from phases or the AODT Court.

Participants did not seem to have as strong a relationship with the lawyers, partly as they only saw them in court. A few participants did not like their lawyer, feeling the lawyer was intimidated by them or not interested in them.

More efficient AODT Court processes

A frequent criticism of the AODT Court is that the court day regularly runs late and that breaks are not consistently given during the day. The court running late adds to the cost of the court as some team members are entitled to time-off-in-lieu when this occurs. Given the nature of the AODT Court as a therapeutic court focusing on a high-risk, high-needs group, a number of unexpected events will arise each week that will require participants to be brought forward early to address the issue in the AODT Court. If too many participants are brought forward early, it can add to the length of the court day.

That's the nature of the beast. You've got 40–50 people and high-risk, high-needs, in a court at any one time. I mean, to get through a week with nothing happening it just won't happen, so there's always going to be things happening, always the unexpected, or the expected unexpected. Stakeholder

Overall, AODT Court team members acknowledge that time management within the court day has improved since the early stages of the pilot. Practices implemented to improve efficiencies include addressing bail application and SCRAM issues in advance of court, ensuring all AODT Court team members have the necessary information before the pre-court meeting to focus the conversation on critical issues, and where possible sorting any matters in advance by email. While the latter helps on the AODT Court day, feedback highlights that the court produces a significant amount of email which creates a steady stream of work for team members that can interrupt other work commitments.

Interviews with AODT Court team members highlight a number of potential pressure points in the court day. If the pre-court meeting runs late this then flows on to the open court starting late. The number of participants who are brought before the court before their scheduled appearance to review urgent issues adds to the workload of the court, including the court registry. Whether the frequency with which participants are seen at court could be decreased was raised. The intended frequency of participants' appearance in the AODT Court across the phases (Ministry of Justice 2014) aligns with international best practice (NADCP 2013).¹⁴ No data are available on the actual frequency of appearance to assess whether the guidelines are being adhered to.

Shortening the amount of time judges spend with each participant is also suggested by stakeholders. In line with international best practice, judges seek to spend more than three minutes with each participant (Carey et al 2012). To tailor these conversations, case managers are now preparing a message of the day for the judges to use in their conversation with each participant. The messages are described as useful because they enable the judges to support case managers' work by reinforcing key points. AODT Court Judges are aware of the need to balance competing interests to ensure an efficient court day.

Determination Hearings and graduations are also time consuming. AODT Court team members are reluctant to see these activities shortened as they appreciate their relevance and importance for defendants in making an informed decision to join the court, and in fully acknowledging participants' successful graduation. Suggestions are to limit the number of Determination Hearings and graduations on one AODT Court day, and to have fewer members of the AODT Court team addressing the participant in the graduation ceremony.

The Auckland AODT Court sitting on a Friday is not ideal because, following the court, there are usually a number of issues that different AODT Court team members need to follow up which will not be actioned until Monday.

¹⁴ In phase one, participants have fortnightly appearances; in phase two, three weekly appearances; in phase three, four weekly appearances. In each phase the AODT Court judge can determine the frequency of participant appearance to the AODT Court.

Profile of current participants

The AODT Court pilot is capped, by design, at 100 participants. The Auckland and Waitakere AODT Courts are unable to take more than 50 participants each at any one time, nor can they wait-list entries. As at 13 April 2016, Waitakere AODT Court is at capacity with 50 participants, and Auckland AODT Court is close to capacity at 45 participants.

The demographic profile of current participants as at 13 April 2016 was (Tables 13 and 14):

- current participants are overwhelmingly male (85 percent)
- just under half of the current participants are Māori (45 percent)
- most current participants are aged 25–44 years (72 percent); there are few young people currently in the court (11 percent are aged 18–24 years)
- just over three quarters (76 percent) of the current participants are recorded with an offence type of ‘not EBA (other)’
- six in ten (61 percent) have a RoC*RoI score within range compared with less than half (45 percent) in 2015 (Litmus 2015). Of the 34 cases not in range, 24 are other offences (not EBA).

Table 13: Demographic profile of cases currently participating in the AODT Court as at 13 April 2016

	Auckland		Waitakere		Total	
	Count	%	Count	%	Count	%
Total	45	47%	50	53%	95	100%
Gender						
Male	37	82%	44	88%	81	85%
Female	8	18%	5	10%	13	14%
Unknown	0	0%	1	2%	1	1%
Age						
18–24	4	9%	6	12%	10	11%
25–34	19	42%	22	44%	41	43%
35–44	15	33%	12	24%	27	28%
45–54	5	11%	9	18%	14	15%
55+	2	4%	1	2%	3	3%
Ethnicity⁽¹⁾						
European	20	44%	25	50%	45	47%
Māori	20	44%	23	46%	43	45%
Pacific peoples	3	7%	2	4%	5	5%
Asian	1	2%	0	0%	1	1%
Unknown	1	2%	0	0%	1	1%
Offending type						
EBA ⁽²⁾	7	16%	16	32%	23	24%
Other ⁽³⁾	38	84%	34	68%	72	76%
RoC*RoI range						
In target range	25	56%	33	66%	58	61%
Not in target range	19	42%	15	30%	34	36%
RoC*RoI unknown	1	2%	2	4%	3	3%
RoC*RoI score						
0	2	4%	0	0%	2	2%
0.1	3	7%	1	2%	4	4%
0.2	3	7%	7	14%	10	11%
0.3	4	9%	1	2%	5	5%
0.4	7	16%	6	12%	13	14%
0.5	6	13%	9	18%	15	16%
0.6	6	13%	13	26%	19	20%
0.7	8	18%	4	8%	12	13%
0.8	5	11%	7	14%	12	13%
Unknown	1	2%	2	4%	3	3%
RoC*RoI not in range by offence						
Not in range and EBA offence	5	11%	5	10%	10	11%
Not in range and other offence	14	31%	10	20%	24	25%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

1. Ethnicity has been coded and output using Statistics New Zealand's prioritised ethnic response method.

2. Participant's current charge/s are EBA charge/s and they have no additional non-driving related charges, or participant's current charge is a 'refusing to provide sample' charge, and there are no additional non-driving related charges.

3. Participant's current charge/s are non-EBA charges or they have non-driving related charges as well as an EBA charge.

Table 14: RoC*RoI score for cases that are not an EBA offence, currently participating in the AODT Court as at 13 April 2016

Base	Auckland n=38		Waitakere n=34		Total n=72	
	Count	%	Count	%	Count	%
0	2	5%	0	0%	2	3%
0.1	2	5%	0	0%	2	3%
0.2	1	3%	7	21%	8	11%
0.3	4	11%	0	0%	4	6%
0.4	5	13%	3	9%	8	11%
0.5	6	16%	5	15%	11	15%
0.6	5	13%	7	21%	12	17%
0.7	7	18%	4	12%	11	15%
0.8	5	13%	6	18%	11	15%
Unknown	1	3%	2	6%	3	4%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Note: Percentages may not add up to 100% due to rounding.

Flow of participants through the court

Overview of participant status

Table 15 provides an overview of the total number and status of cases in the AODT Court between November 2012 and 13 April 2016. Since the pilot began, 282 defendants have been accepted into the AODT Court of which (Table 15):

- 95 (34 percent) are currently participating in the AODT Court
- 108 (38 percent) have been exited from the court: 27 percent were terminated and 10 percent voluntarily left (refer section 11)
- 79 (28 percent) participants have graduated (refer section 12).

Table 15: Overview of participant status in the AODT Court as at 13 April 2016

Cases	Auckland n=146		Waitakere n=136		Total n=282	
	Count	%	Count	%	Count	%
Current	45	31%	50	37%	95	34%
Exited	72	49%	36	26%	108	38%
Graduated	29	20%	50	37%	79	28%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Note: Percentages may not add up to 100% due to rounding.

The flow of participants through the AODT Court needs to be considered in the context that the court started with no participants. The court was developing new processes for the AODT Court team and stakeholders. The first graduate from the AODT Court was about 18 months after the court began, although participants were exited before this time. During the initial set-up phase in the AODT Court, participants entering and in the court had no role models. In 2016, current participants in the AODT Court benefit from the learnings through the pilot, by observing others at different phases in the AODT Court, and from the support and role modelling of the He Takini alumni group.

Number of participants per phase

Of the 95 participants currently in the AODT Court as at 13 April 2016, half are in phase one (54 percent), a quarter in phase two (27 percent), and 17 percent are in phase three working towards graduation.

Table 16: Profile of cases currently in the AODT Court by phase 1, 2, and 3 as at 13 April 2016

	Auckland n=45		Waitakere n=50		Total n=95	
	Count	%	Count	%	Count	%
1	23	51%	28	56%	51	54%
2	15	33%	11	22%	26	27%
3	5	11%	11	22%	16	17%
Unknown	2	4%	0	0%	2	2%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Note: Percentages may not add up to 100% due to rounding.

Time per phase

The length of time participants were expected to spend in the AODT Court was between 12 and 18 months (365–547 days). Each of the three phases was expected to last approximately four to six months (91–182 days).

As noted in Tables 17 to 20, participants are at the upper end of the expected time scale with participants spending on average 543 days in the AODT Court before they graduate (Table 17). The time that participants spend in the Auckland court is slightly longer, reflecting the reportedly different participant profile. International drug court training notes that high-need and high-risk participants can take up to 18–24 months in a drug court (NDCI 2015). The time spent by participants in the AODT Court pilot is consistent with international drug court training.¹⁵

Time spent across phases varies with more time being spent in phase one and three than expected. The average number of days for phase one is 236 days, phase two is 188 days, and

¹⁵ It is assumed that the figures quoted in the NDCI 2015 training manual are based on international research.

for phase three it is 207 days (Table 18). The minimum amount of time spent (52 days) was in phase two, and the maximum was 476 days in phase one (Table 20).

The time spent in the AODT Court programme varies in each phase depending on the needs of each participant. Stakeholders comment that it is valid that participants may spend a long period of time completing a phase, particularly those who are facing a number of complex issues. The need for flexibility in timing across the phases is also noted in the AODT Court handbook (Ministry of Justice 2014 p.15).

Table 17: Average and median number of days taken to complete all three phases of the AODT Court for those who graduated from the AODT Court as at 13 April 2016

Number of days	Auckland	Waitakere	Total
Average	556	535	543
Median	525	518	525

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Table 18: Average length of time spent in each phase as at 13 April 2016

Number of days	Auckland	Waitakere	Total
Phase 1	239	234	236
Phase 2	182	191	188
Phase 3	223	197	207
Total average time spent in any one phase	222	212	216

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Table 19: Median length of time spent in each phase as at 13 April 2016

Number of days	Auckland	Waitakere	Total
Phase 1	224	209	217
Phase 2	168	168	168
Phase 3	217	181	182
Total median time spent in any one phase	203	182	196

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Table 20: Range from minimum to maximum length of time spent in each phase as at 13 April 2016

Number of days	Auckland	Waitakere	Total
Phase 1	105–392	84–476	84–476
Phase 2	67–294	52–392	52–392
Phase 3	56–413	70–342	56–413

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Note for Tables 18–20: The base is participants who completed a phase.

Stakeholder feedback on phases

AODT Court team members are aware some participants progress more slowly through the phases than initially anticipated. Some preliminary work was undertaken to identify reasons for the longer than expected transition. In phase one, reasons for taking longer to progress to phase two included underlying health or mental health issues that affected the recovery journey. Younger participants with a methamphetamine addiction tend to make slower progress through the phases.

In phase three, gaining access to full-time employment, while meeting the AOD testing, treatment and judicial requirements of the court is challenging. Participants' lack of skills and experience to gain employment can make transition through phase three challenging.

A participant may accelerate in phase one but they have a rocky time in phase two. They slow them down and support them to make sure that they're ready to engage in the next step. I think that's one of the success stories of the court, is that rather than moving them through from a volume perspective... they're actually taking time and helping these people into the right stages of recovery. Stakeholder

Participants' experience of monitoring and court phases

Participants acknowledged the importance of the monitoring to remain focused and accountable for their recovery. They spoke of being initially nervous of standing up in court and talking about their progress or challenges. They recognised the need to be open and transparent if they make the wrong choices, although at times their fear of being exited from the court may mean they do not fully disclose. As participants progress through the phases they gain self-confidence in speaking in public.

At first I thought she was intimidating, because I am not used to talking in front of a lot of people. In my first phase I was always nervous every time I went to court, but then I thought about it and realised there was nothing to be nervous about because I wasn't going to get locked up. Participant

Participants in phases two and three, and graduates, reflected that monitoring in court was uplifting as they could share their progress and milestones, and receive praise and recognition from the AODT Court team, other participants and whānau.

Generally, participants understood the different phases of the AODT Court. Participants could describe the expectations set for each phase, and the progress required to get to the next phase. Participants who had progressed beyond phase one spoke of their pride of being recognised by the AODT Court team and peers when they transitioned into a new phase. Receiving the phase reward of a \$30 supermarket voucher is also appreciated. Those in phase three recognise they have come a long way and expressed their confidence in the court and the support they have received to get to phase three.

They (phases) were just rewarding every time. I just felt proud of myself because I achieved something each stage. It would take about three months for each stage, some of them I would stay longer because I had more charges, so I was looking at an exit hearing. I thought I was going to be thrown out, that is when I turned my life again.
Participant

Incentives and sanctions

The AODT Court has a system of graduated incentives and sanctions, with the ultimate sanction being an exit from the court. The AODT Court handbook gives examples of appropriate incentives and sanctions to be handed down in court hearings (Ministry of Justice 2014). Sanctions and incentives are determined at the pre-court meeting.

Incentives

Of the 282 participants accepted into the AODT Court between November 2012 and 13 April 2016, 184 (65 percent) participants received one or more incentives: 29 percent in the Auckland Court and 36 percent in the Waitakere Court. The profile of those receiving incentives (Table 21) is similar to the profile of those accepted into the AODT Court (Table 9).

Between November 2012 and 13 April 2016, 1,123 incentives were handed out: 405 (36 percent) in the Auckland Court and 718 (64 percent) in the Waitakere Court. A third of the incentives (33 percent) were sobriety medals, phase rewards made up 29 percent and 9 percent were meetings rewards. The remainder are unknown (Table 22).

Incentives given to graduates from the AODT Court were evenly distributed across the three phases (Table 23). All graduates received at least one incentive.

For exited participants, 50 (46 percent) out of the 108 exited cases received an incentive (28 cases from Auckland and 22 from Waitakere).

Sanctions

Of the 282 participants accepted into the AODT Court between November 2012 and 13 April 2016, 169 (60 percent) participants were sanctioned: 28 percent in the Auckland Court and 32 percent in the Waitakere Court. This highlights that most AODT Court participants have a relapse during their time in the AODT Court.

In total, 686 sanctions were given (43 percent in the Auckland Court and 57 percent in the Waitakere Court). From a range of sanctions, the most commonly used were: a verbal reprimand from a Judge (24 percent), additional court appearances (23 percent), written work (19 percent), and return to custody (14 percent) (Tables 24 and 25).

The distribution of sanctions to graduates varied across the phases and courts. In Auckland AODT Court, most sanctions were given in phase two (54 percent compared with 35 percent

in Waitakere AODT Court). Waitakere AODT Court handed out the most sanctions in phase three (39 percent compared with 19 percent in Auckland AODT Court) (Table 26).

Sixteen (20 percent) graduated cases did not receive a sanction (7 cases from Auckland and 9 from Waitakere).

Half of exited cases (52 percent or 56 of 108 cases) did not receive a sanction other than an exit from the AODT Court (42 cases from Auckland and 14 from Waitakere). This may reflect that six in ten exited cases leave voluntarily or fail to appear, and thus no sanction is applied.

The frequency of application of incentives and sanctions varies across the two AODT courts, which may reflect the different participant profile that stakeholders reported and/or differences in judicial practice. Given that one judge has sat across both AODT courts for a year, and the use of policies to guide practice, it is more likely that the difference reflects the reported population differences across the courts.

Table 21: Profile of those who received one or more incentive per case between November 2012 and 13 April 2016

	Auckland n=83		Waitakere n=101		Total n=184	
	Count	%	Count	%	Count	%
Gender						
Male	71	86%	87	86%	158	86%
Female	12	14%	13	13%	25	14%
Unknown	0	0%	1	1%	1	1%
Age						
18–24	9	11%	8	8%	17	9%
25–34	31	37%	48	48%	79	43%
35–44	27	33%	25	25%	52	28%
45–54	13	16%	13	13%	26	14%
55+	3	4%	7	7%	10	5%
Ethnicity⁽¹⁾						
European	34	41%	43	43%	77	42%
Māori	33	40%	47	47%	80	43%
Pacific peoples	9	11%	9	9%	18	10%
Asian	4	5%	1	1%	5	3%
Other	1	1%	1	1%	2	1%
Unknown	2	2%	0	0%	2	1%
Offending type						
EBA ⁽²⁾	26	31%	36	36%	62	34%
Other ⁽³⁾	57	69%	65	64%	122	66%
RoC*RoI range						
In target range	56	67%	64	63%	120	65%
Not in target range	22	27%	33	33%	55	30%
RoC*RoI unknown	5	6%	4	4%	9	5%
Remand status⁽⁴⁾						
Custody	45	54%	54	53%	99	54%
On bail	37	45%	47	47%	84	46%
At large	1	1%	0	0%	1	1%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

1. Ethnicity has been coded and output using Statistics New Zealand's prioritised ethnic response method.

2. Participant's current charge/s are EBA charge/s and they have no additional non-driving related charges, or participant's current charge is a 'refusing to provide sample' charge, and there are no additional non-driving related charges.

3. Participant's current charge/s are non-EBA charges or they have non-driving related charges as well as an EBA charge.

4. Remand status is at the time of acceptance into the AODT Court.

Table 22: Types of incentives received between November 2012 and 13 April 2016

Base: number of incentives received	Auckland n=405		Waitakere n=718		Total n=1123	
	Count	%	Count	%	Count	%
Sobriety medal	136	34%	231	32%	367	33%
Phase reward	130	32%	199	28%	329	29%
Meetings reward	55	14%	49	7%	104	9%
Removal/relaxation of previous sanctions	2	0%	0	0%	2	0%
Unknown	82	20%	239	33%	321	29%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

Table 23: Total number of incentives received by phase for cases graduated from the AODT Court

Base: number of incentives received	Auckland n=190		Waitakere n=523		Total n=713	
	Count	%	Count	%	Count	%
Phase 1	60	32%	153	29%	213	30%
Phase 2	69	36%	180	34%	249	35%
Phase 3	61	32%	190	36%	251	35%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Note: Percentages may not add up to 100% due to rounding.

Sanctions

Table 24: Profile of those who received one or more sanction per case between November 2012 and 13 April 2016

	Auckland n=78		Waitakere n=91		Total n=169	
	Count	%	Count	%	Count	%
Gender						
Male	66	85%	79	87%	145	86%
Female	12	15%	10	11%	22	13%
Unknown	0	0%	2	2%	2	1%
Age						
18–24	10	13%	13	14%	23	14%
25–34	29	37%	41	45%	70	41%
35–44	24	31%	21	23%	45	27%
45–54	12	15%	10	11%	22	13%
55+	3	4%	6	7%	9	5%
Ethnicity⁽¹⁾						
European	33	42%	41	45%	74	44%
Māori	29	37%	40	44%	69	41%
Pacific peoples	11	14%	10	11%	21	12%
Asian	3	4%	0	0%	3	2%
Other	1	1%	0	0%	1	1%
Unknown	1	1%	0	0%	1	1%
Offending type						
EBA ⁽²⁾	23	29%	33	36%	56	33%
Other ⁽³⁾	55	71%	58	64%	113	67%
RoC*RoI range						
In target range	55	71%	59	65%	114	67%
Not in target range	18	23%	29	32%	47	28%
RoC*RoI unknown	5	6%	3	3%	8	5%
Remand status⁽⁴⁾						
Custody	38	49%	47	52%	85	50%
On bail	39	50%	44	48%	83	49%
At large	1	1%	0	0%	1	1%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

1. Ethnicity has been coded and output using Statistics New Zealand's prioritised ethnic response method.

2. Participant's current charge/s are EBA charge/s and they have no additional non-driving related charges, or participant's current charge is a 'refusing to provide sample' charge, and there are no additional non-driving related charges.

3. Participant's current charge/s are non-EBA charges or they have non-driving related charges as well as an EBA charge.

4. Remand status is at the time of acceptance into the AODT Court.

Table 25: Types of sanctions received between November 2012 and 13 April 2016

Sanction type	Auckland n=295		Waitakere n=391		Total n=686	
	Count	%	Count	%	Count	%
Verbal reprimand from Judge	37	13%	128	33%	165	24%
Additional court appearances	75	25%	82	21%	157	23%
Written work	70	24%	61	16%	131	19%
Custody	31	11%	62	16%	93	14%
Additional volunteer work	35	12%	1	0%	36	5%
Loss of clean time	7	2%	26	7%	33	5%
Delayed phase application/certificate	9	3%	3	1%	12	2%
More restrictive bail conditions	6	2%	5	1%	11	2%
Additional treatment requirements	6	2%	3	1%	9	1%
Denied other leave ¹	0	0%	1	0%	1	0%
Diary keeping	0	0%	2	1%	2	0%
Other	5	2%	8	2%	13	2%
Unknown	14	5%	9	2%	23	3%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

1. The JAX data dictionary defines 'denied other leave' as "denied leave for weekend away/overnight stays as direct response to noncompliant behaviour/s NOT due to being in early phases of court, or lack of bail address."

Table 26: Total number of sanctions received by phase for cases graduated from the AODT Court

Phase	Auckland n=78		Waitakere n=176		Total n=254	
	Count	%	Count	%	Count	%
Phase 1	21	27%	45	26%	66	26%
Phase 2	42	54%	62	35%	104	41%
Phase 3	15	19%	69	39%	84	33%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Note: Percentages may not add up to 100% due to rounding.

Stakeholder feedback

Stakeholder feedback on the use of rewards is mixed. Some comments are favourable as it reinforces 'good' behaviour and for many participants it is the first time they have received recognition. In contrast, some treatment stakeholders are critical of the rewards system as it does not promote participants' self-efficacy, and receiving cash rewards can place abstinence at risk.

A new incentive introduced in 2013 was being placed in the 'A Team' as a visible recognition for participants in achieving their immediate goals or tasks. These participants are seen first in the court, and have the opportunity to win a prize draw for a \$30 supermarket voucher. Those participants who have not complied are seen at the end of the day.

He gave it [supermarket voucher] to his mother who is looking after his children and he just said to me afterwards 'I feel like I've got some worth, giving back'. It was just amazing to see. He felt the confidence in that. Stakeholder

Another new incentive introduced was the 30-day tag, which is a tag participants receive when they reach their first 30 days of sobriety.

Over the duration of the pilot, the use of sanctions has become more consistent. The application of sanctions is more streamlined through the use of a graduated scale ending in termination from the AODT Court.

The AODT Court is based on the values of openness, honesty and transparency, and a recognition that relapses will occur through the recovery journey. If a breach occurs, the judges are looking for an open and honest discussion with the participant about the occurrence. As participants move through the phases, there is an expectation that they will use their tools to avoid relapse. Some stakeholders voice caution, as participants tend to have a long history of manipulating the justice system, and can adopt the 'language of recovery' to avoid sanctions – telling the AODT Court what they feel it wants to hear.

The application of sanctions for AOD relapse is an area where there is potential for judicial and treatment priorities to clash. As noted by the judges, in these situations they seek advice from treatment providers about an appropriate sanction and treatment response.

Internationally, some drug courts have faced criticism for remanding participants in custody as a sanction when they break their obligations, with little or no access to proven treatment services to assist through AOD withdrawal (Csete and Tomasini-Joshi 2015). Feedback from the international AODT Court expert indicates that, compared to international drug courts, remand to custody in the AODT Court is not overused as a sanction when there are breaches.

Participant experience

In 2016, feedback from participants and whānau continues to support earlier findings that incentives and sanctions contribute to modifications in participants' behaviour (Litmus 2014, 2015). Participants reported being aware of what actions can result in an incentive and those that trigger a sanction. Participants perceived that sanctions and incentives tended to be consistently applied.

Participants greatly appreciate receiving rewards such as vouchers, and being part of the 'A Team'. The rewards make participants feel special and worthy. While the financial rewards make a difference to everyday life such as groceries or new shoes, receiving positive feedback is also important.

Similar to the last three-and-a-half years, participants do not enjoy getting sanctions. However, they acknowledge sanctions are consistent reminders of the boundaries of the AODT Court, and that they are necessary.

I think they are necessary, when you come from a world of drug use there are not a lot of consequences. Consequences help me keep on track. Participant

12-Step community

The participant agreement notes that participants are expected to attend support meetings in the recovery community (such as 12-Step meetings like AA and NA). On AODT Court days, 'Friends of the Court' are rostered to actively support participants and their families. 'Friends of the Court' will also speak with those not offered a place in the court. Family members can gain assistance from Al Anon Family Groups. Stakeholder feedback highlights their belief that attending community support meetings is critical in sustaining a long-term recovery journey.

I think the 12-Steps are very valuable, and I always encourage the participants to start doing them as soon as they can. It's a lifetime recovery journey. Stakeholder

In keeping with their principles, the 12-Step community has no affiliation with the AODT Court, so that they can remain a neutral and a safe place for all people. The 12-Step community offers anonymous support to participants while they are in the AODT Court and, importantly, a long-term fellowship community to support their ongoing recovery journey.

Feedback from participants highlighted there can be initial resistance to attending 12-Step meetings, due primarily to a denial of their addiction. Over time, participants appreciated the fellowship, hope and support gained from the meetings both while in the court and after they had graduated or exited.

They are just normal people that attend the meetings. It is about sharing your experiences, gaining hope and strength from addiction. It is really cool because there are people who have 15–20 plus years without using. We all have the same struggles and can relate about them. Listening to their struggles ...it gives me information on how I could do something differently. Participant

A few stakeholders perceive there is an over-reliance on this recovery model as it may not be suitable or wanted by all participants.

Evaluative assessment

The operation of the AODT Court largely aligns with its original design. The AODT Court team are working effectively. Generally, the team are effectively negotiating the boundaries between judicial and treatment priorities to enable participants' recovery.

To achieve an effective AODT Court process has required a significant increase in resources: staff FTE, judges, the court coordinator, police prosecution, and community probation time.

A housing coordinator and an operations support worker were introduced to make the case manager role more sustainable.

While there are improvements in the efficiency of the AODT Court process, there is further room to improve.

The time spent in the AODT Court programme varies in each phase depending on participants' needs. Overall the length of time spent in the AODT Court is at the upper end of what is expected, although it aligns with international drug court training. Participants understand the expectations of the different phases and find the judicial monitoring beneficial. Incentives and sanctions are being used as intended, and appear to be effective in reinforcing desired participant behaviour.

While the 12-Step community has no affiliation with the AODT Court, 12-Step meetings like AA and NA have an important role in sustaining the long-term recovery journey.

Areas to strengthen include:

- Continue to monitor and maintain the appropriate boundaries between judicial and treatment decisions.
- Ensure relieving judges are kept informed about any policy changes in the court.
- Determine whether it is appropriate and efficient for the court coordinators to be maintaining both the JAX database and their spreadsheet.
- Ensure peer support workers are able to work in a way that supports the development of self-efficacy in participants and the sustainability of their role.
- Review the defence counsel and supervisor role to determine the most effective and efficient structure (e.g. two-weekly rotation, the supervisor carrying a caseload), and consider holding some refresher training on lawyer/client privilege in the AODT Court.
- Consider further resources for the Police Prosecution Service to ensure the sustainability of their AODT Court role within the wider context of the service.
- Review the frequency of monitoring of participants to ensure this is in line with best practice standards. Then consider whether the process of monitoring participants and bringing them before the court earlier than scheduled can be changed (within the best practice guidelines) to create a more even and sustainable workload for case managers.
- Explore whether there are other efficiencies to be made in the AODT Court day to ensure a timely and effective process (e.g. review of time spent on Determination Hearings and graduation, and the time the judge spends with each participant).

7. Tikanga in the AODT Court

Te Tiriti o Waitangi

The AODT Court (Te Whare Whakapiki Wairua) has embraced and integrated tikanga practices into its day-to-day operations. From a Māori perspective when tikanga has been acknowledged and embedded, the practice of tikanga is now considered as kawa/protocol.¹⁶ The embedding of kawa within the AODT Court can be viewed as an acknowledgement by the Crown of their commitment to taha Māori. Symbolically in the AODT Court, the Court Crest that is in all courts represents both Māori and the Crown being on equal footing with one another. In this way, the right of Māori to practice their customs/tikanga, accorded to them under article 3 of Te Tiriti o Waitangi, is being played out in the court.

The Cultural Framework for Te Whare Whakapiki Wairua was developed by the Māori Cultural Advisory Group for Te Pou Oranga (Māori Cultural Advisor). The Cultural Framework provides a Māori cultural context for the AODT Court. The courtroom setting, with its speaking and seating domains, mirrors the interior domains of the wharenui. Te Pou Oranga is aligned with the central column or pou in the wharenui, without which the whare would not stand. This analogy highlights the importance of Te Pou Oranga in the AODT Court, and also provides a context for Māori tikanga/practices to occur.

The value of Te Pou Oranga role sits with the intangible elements of tikanga Māori, whereby for Māori, participating in tikanga Māori practices becomes more of a personal experience that can either be empowering or overwhelming. Te Pou Oranga has significant value, as this role provides the pathway for Māori participants to reconnect with their Māori identity and ultimately whānau re-engagement. The role transcends across all cultures, with many non-Māori engaging with and seeking assistance from Te Pou Oranga.

Continued effort is made to ensure that waiata and karakia are available in written texts in both Te Reo Māori and English in the AODT Court and also at He Takitini celebration venues. This ensures everyone is able to participate in these practices.

A more formalised process of welcoming new staff to the AODT Court has been introduced. This involves Te Pou Oranga undertaking a Mihi Whakatau/informal welcome ritual. This tikanga practice is consistent with the way in which many government agencies and organisations operate when welcoming new staff to their work environment.

¹⁶ Kawa/protocol: this concept varies from iwi to iwi. Hirini Moko Mead (2013) in his book *Tikanga Māori* clarifies that some iwi view tikanga as the matauranga or knowledge base, and the practice of it is kawa. However, for Te Arawa, kawa deals with the knowledge base and the tikanga is the practice of that knowledge.

In summary, over the last three-and-a-half years, tikanga practices have been normalised within the AODT Court.

Changes from original design

The original design of the AODT Court (Ministry of Justice 2012) noted the importance of dealing with issues of tikanga but, beyond working with Māori community representatives, did not make this process explicit. Following initiatives by the judges to incorporate tikanga practices, the revised AODT Court handbook (Ministry of Justice 2014) references Te Pou Oranga, acknowledging the importance of this role in creating cultural pathways and support for Māori and other AODT Court participants and their whānau.

Since the start of the AODT Court pilot, the following key changes strengthen tikanga Māori in the AODT Court:

Te Pou Oranga role was established in October 2013 to work part time (20–30 hours) across both courts.¹⁷ The position is now almost a full-time role in the AODT Court, and the incumbent is employed to provide an additional eight hours per week at an AOD treatment provider. Te Pou Oranga role is to establish Māori cultural processes and procedures (tikanga) within the AODT Court, support the AODT Court treatment team as required, develop collaborative relationships with local iwi and marae in the AODT Court region, and develop Māori cultural and AOD recovery pathways for Māori participants.

In the last 12 months, consideration has been given to succession planning through starting the mentoring and training of a potential Māori candidate who is now employed in a cultural advisory capacity by one of the AODT Court treatment providers.

The Māori Cultural Advisory Group was established in 2014 to provide advice and cultural support to Te Pou Oranga. The group continues to provide their time and knowledge freely to the AODT Court. The Māori Cultural Advisory Group includes two treatment provider representatives, who are also the cultural advisors to their organisations. The representatives from treatment providers have initiated cultural practices in their organisations such as powhiri/mihi whakatau or welcoming ceremonies, and also Te Reo Māori classes for staff.

The Cultural Framework for the AODT Court is based on a Māori world-view and mirrors the domains of the courtroom with the wharehau or meeting house on a marae. The Cultural

¹⁷ The contract for Te Pou Oranga role is held by Odyssey House, funded by the Ministry of Health. The current Pou Oranga is an employee of Higher Ground.

Framework is the result of a series of consultations with key stakeholder groups involved in the AODT Court, including Mana Whenua and AODT Court whānau.

Matua Raki: Takarangi Competency Framework¹⁸ has been used in initial training by Te Pou Oranga to increase the AODT Court team's Māori cultural competence.

The Cultural Assessment Tool was developed to collect information to assist Te Pou Oranga in providing appropriate cultural advice and interventions, as well as reconnecting Māori participants with their whānau. The Cultural Assessment Tool is being piloted by CADS during their assessment of participants. The tool has recently been simplified so participants can indicate their level of interest (from one to five) in re-engaging with their culture. The revised tool is being reviewed and further refined by the He Takitini graduates and Te Pou Oranga.

He Takitini (the many who stand together) celebration began in November 2014, with Orakei Marae hosting the inaugural ceremony. This celebration is now held every six months rotated around Hoani Waititi marae, Orakei Marae, treatment provider facilities or another suitable community venue. He Takitini is a celebration of the work and focus of the AODT Court graduates. It is attended by kuia, kaumatua, the AODT Court team and wider stakeholders, Ministerial officials and senior staff, treatment providers, community dignitaries, current and intended participants of the AODT Court, past graduates, and whānau. Selected speakers address the attendees, graduates receive their graduation pounamu, haka is performed, and the ceremony ends with sharing of kai.

He Takitini graduate group, the AODT Court's graduate group, has been established by Te Pou Oranga to identify and address gaps for AODT Court graduates. The He Takitini graduate group is a support network of graduates who meet monthly to korero/talk and tautoko/support one another. The group gives back to the AODT Court by providing a participant perspective on matters relating to addiction and the court. He Takitini graduates also provide support to current AODT Court participants in the court. To support the contribution of this group, Te Pou Oranga initiated fundraising activities to cover transport costs and parking at the AODT Court. Initiatives include selling kai, such as hangi, and producing a publication for prisoners about the experiences of AODT Court graduates to encourage others to take part.

¹⁸ The Takarangi Competency Framework provides a framework against which AOD practitioners can measure their professional capacity, capability and personal competency to work with Māori. The framework provides a basis for creating workforce and service development pathways for individuals and organisations.

Stakeholder feedback on court tikanga

Stakeholders are strongly supportive of the normalisation of tikanga Māori protocols in the AODT Court. Overall, stakeholders believe that tikanga Māori practices in the AODT Court play a significant role in supporting the cultural needs of Māori participants in their recovery. They also have a positive impact on the recovery of non-Māori participants.

New Zealand is leading the world

Feedback from the international AODT Court expert highlights that New Zealand is leading the world with ensuring cultural competency and safety in the AODT Court. The international judge is recommending judges in other jurisdictions visit the New Zealand AODT Court as it is an example of one of the best and most culturally competent drug courts in the world.

You're going to see a level of cultural competence that is unparalleled ... because of the judges who are involved starting the session with Māori cultural....procedures, for the lack of a better word. All sets the tone that I think really affects the way everybody acts...trying to do the best job they can. Stakeholder

Judicial leadership key

From the outset, the judges have led with a commitment to Te Tiriti o Waitangi, and the principles of partnership, participation and protection that underpin the relationship between the Crown and Māori. They established Te Pou Oranga role and built a relationship with Hoani Waititi marae in Waitakere, and Ngati Whātua in Auckland. The judges' commitment to tikanga Māori protocols and the use of Te Reo Māori in the court is appreciated and commended by stakeholders.

Te Pou Oranga's central role

Te Pou Oranga role has enabled tikanga Māori to be a normal part of the AODT Court – a way of being for the court. Te Pou Oranga's use of tikanga Māori protocols and Te Reo Māori in the AODT Court creates a safe, welcoming and inclusive environment. The approach of Te Pou Oranga is one of including and connecting to Māori and non-Māori in the court to help gain their trust and engagement. The role is essential to meeting the cultural needs of Māori in the court.

The stakeholders believe Te Pou Oranga role is very much a part of the treatment team and the court. Stakeholders acknowledged the work of Te Pou Oranga stretching beyond the normal court hours, and some feel this work is undervalued. Te Pou Oranga role is seen by all stakeholders as having a positive influence on supporting Māori and other participants in the AODT Court, and as making a substantial difference to the recovery of AODT Court participants.

We've got a higher Māori participation and someone with his mana makes a huge difference to a lot of participants, especially in the early days. To have the official welcome when they get accepted into the court – it reduces a lot of them to tears, it's a very emotional process. Stakeholder

There is the knowledge and wisdom that he has, which I think is essential to the success of the court. I think it's a vitally important part of the process to have someone with that cultural and spiritual knowledge and input, because it is often that which is [the] most important thing to the engagement of people... it's one of the great strengths of the court. Stakeholder

The success of Te Pou Oranga role lies in the combination of knowledge and experience of Te Ao Māori, experience in the recovery journey, treatment experience, and community connections. This combination of skills gives Te Pou Oranga credibility with participants, the AODT Court team, and Te Iwi Māori.

Strengthening providers' cultural competency

Stakeholders feel that tikanga practices in the AODT Court have played a significant role in improving their own knowledge and awareness of how to meet the cultural needs of their clients, both Māori and non-Māori. The majority of the stakeholders comment that the components of their own organisations' bicultural programme and policies have improved as a result of the tikanga practices in the AODT Court. As result, they are more confident on how to align the treatment needs of participants around their cultural needs. Further, some have developed an interest in Māori health initiatives.

While there is overwhelming support for tikanga Māori in the court, a few stakeholders question whether non-Māori participants should have the opportunity to include practices from their culture, especially when it comes to graduation.

Some stakeholders feel that, although their resources are stretched, strengthening cultural competencies is a worthwhile investment to ensure they meet the cultural needs of both Māori and non-Māori participants.

Strengthening tikanga Māori practices in all aspects of the AODT Court

Feedback indicates that not all AODT Court treatment providers have an in-house Māori cultural advisor. To try to reduce this gap, one treatment provider is using staff who identify as Māori on an as-needed basis. Having a dedicated and senior Māori cultural advisor is seen by some stakeholders as important in ensuring the cultural needs of Māori are being met.

Having Te Pou Oranga is essential for the cultural safety of the AODT Court. However, all staff are responsible for being culturally competent within their practice areas, especially as Māori make up a significant proportion of court participants. As noted, Te Pou Oranga has initiated training for AODT Court staff using the Takarangi Competency Framework.

Feedback suggests further training for staff is required. However, as AODT Court staff and treatment providers are employed by a range of agencies, it is unclear whether this is the responsibility of Te Pou Oranga, or the individual agencies associated with the AODT Court.

Participant and whānau experience of court tikanga

Like stakeholders, both Māori and non-Māori participants and their whānau are overwhelmingly supportive of tikanga Māori in the AODT Court. All interviewed participants and whānau spoke of how different the AODT Court is from other district courts they had experienced. This difference is demonstrated by the use of tikanga to create a sense of welcome, inclusion, caring and non-judgement for participants and their whānau.

Participants who had contact with Te Pou Oranga acknowledge his guidance on tikanga Māori in the court, and their positive and uplifting interactions with him. Māori participants reflect that the use of tikanga Māori in the court makes them feel safe and that their needs as Māori were met. For some Māori participants, interaction with Te Pou Oranga strengthens their connection back to their culture.

He is an amazing soul, never judges me, comes up and gives me a kiss hello and you know when I go through stuff he says 'it is alright', then gives me some words of wisdom. Participant

Whānau feel that Te Pou Oranga plays a pivotal role within the AODT Court and that Māori whānau look up to him as a role model. Interviewed Māori whānau believe that their cultural needs are met as the feeling in the court is similar to being on a marae. Experiencing Te Ao Māori and tikanga Māori within the AODT Court helped Māori whānau to reconnect with their Māori identity. All whānau regardless of ethnicity feel that the tikanga practices in the AODT Court – whakatau, mihimihi, karakia and waiata – are positive and important to the AODT Court process.

The normal court system is very 'Pākehā-fied'. Moving into the drug court it is engaging around whatever feels right whether you're Māori or non-Māori which was great. Whānau

An AODT Court haka

The haka performed in the AODT Court at graduation and the He Takitini graduation celebration ceremony is described by stakeholders as emotional and uplifting. Recognising the importance of the haka in celebrating graduation, some stakeholders suggest that the AODT Court have their own haka performed only by AODT Court participants as this would have more impact. A few feel that the haka was being performed on too many occasions, thus diminishing its significance.

Whānau involvement

Whānau context

Whānau engagement and involvement in the AODT Court varies for a range of reasons. Some whānau are not present in their whānau member's¹⁹ journey through the AODT Court as they feel whakamā/shy or embarrassed due to their whānau member's repeat offending. Other whānau are frustrated and distrustful of their whānau members due to issues arising from the past. A number of whānau are engaged and support their whānau member in the AODT Court. Several whānau expressed remorse that, while they were focusing on their whānau member with addictions, their other children had missed out on their attention. These whānau remain committed to seeing the participant overcome their addictions.

Whānau engagement with the AODT Court process

All whānau had negative experiences of the New Zealand criminal court system, and expected the AODT Court would be the same. As a result, when whānau entered the court for the first time, they were apprehensive. Whānau describe the court as open, transparent, and authentic, particularly in the celebration of success for participants and their whānau. Whānau were surprised to be invited to speak in the court; they feel they are respected and listened to.

The best thing ... for me it was the fact that I was able to participate. In the normal criminal system you're sitting in the court but you can't say anything you just watch the process. So for me the biggest and best thing of the drug court was that we could talk and participate and be involved in the process. Whānau

All whānau feel that the AODT Court environment is inclusive, positive, supportive and encourages the full participation of everyone involved from the judges, court officials, lawyers, whānau and participants. Whānau recognise the special qualities of the AODT Court judges and their influence on the success of the court process and their whānau member's recovery.

The judges are amazing people. Like you can't just be any judge to be the judge, you have to hold some type of love and passion for what you are doing. I have met the judges personally....they have humour, they have seriousness, they have good advice and recommendations and support and they mean it from their heart, they do their job from their heart. Whānau

¹⁹ This section refers to AODT Court participants as whānau members to reflect the whānau perspective being given.

Whānau deeply appreciated it when judges, lawyers and court team members openly acknowledged their support as being important to the success of their whānau member's recovery.

Some whānau acknowledged they are unable to attend court sessions because they cannot take time off work. These whānau did recognise how important their support was for their whānau member's recovery. All whānau were able to attend a graduation ceremony and continue to actively support their whānau member's transition back into their whānau environment.

She graduated with so much support, her family turned up, her dad and her mum turned up, her daughters turned up, and for them to turn up to such a public event, that was just, you just don't hear that, she didn't even expect it. Whānau

As a result of their participation in the AODT Court, whānau feel informed about their whānau member's recovery journey and are optimistic for their future as whānau.

Effect of the AODT Court on whānau

Whānau acknowledge that the AODT Court has a significant influence on transforming the lives of their whānau member and their whānau as a whole. All whānau acknowledge varying degrees of personal change in their whānau member as a result of their participation in the AODT Court, in particular their behaviour. Whānau frequently cited that their whānau members were aggressive, selfish and intolerant when on drugs or drunk. As a result of the AODT Court, whānau note that their whānau member is more relaxed, engaging and sociable.

Whānau comment that as a result of their involvement in the AODT Court process and recovery of their whānau member, they are more cohesive as a whānau. For some whānau, the participant has re-engaged with them and the wider whānau and has also re-established relationships with their children. Most participants also note that through taking part in the AODT Court, their communication and connection with their whānau strengthened, particularly with their children. Participants are now spending more time with children who had once been estranged from them or had been neglected.

Before the drug court she was homeless. Her kids were with her parents... she was invisible to them.....now she is a mother full time with more responsibilities and accountabilities. She is a lot happier, she's more grounded. Whānau

Whānau members are extremely proud of their graduated whānau member. Whānau acknowledge the hard work required to complete the AODT Court and to sustain these changes in their lives.

He has been clean for 18 months. He now has the tools to be able to know the triggers, whereas in the past if it had got too bad he would have just thought this is too hard and gone back to whatever. Whānau

Challenges of the AODT Court for whānau

Interviews with whānau identified a number of challenges or issues:

Too strict: Several whānau struggled with the rules and sanctions imposed by treatment providers. On one level, there is an understanding of the need for their whānau member to be accountable for their behaviour, and that the rules are part of the recovery process. On another level, whānau appear to be challenged by the connection between their whānau member's drug use and criminal behaviour. One whānau defended their whānau member by providing reasons for their continued reoffending and the sanctions imposed by the court.

Access barriers: Whānau commented about the difficulty in supporting their whānau member when they lived in another town. While they want to be involved, the cost of travel and the time involved travelling to the AODT Court means they are unable to personally support their whānau member.

Poor communication: Some whānau received late notification of the marae graduation and were unable to attend. They were disappointed as the marae graduation had more significance and meaning to their whānau, but they were only able to attend the court graduation.

Improvements to the AODT Court suggested by whānau and stakeholders

Overall, all whānau interviewed feel that the AODT Court and its processes are working well. However, more information could be given about tikanga Māori, the recovery process, treatment providers and their expectations of AODT Court participants using their services.

The key improvement suggested by whānau is more support for AODT Court graduates when transitioning back into the community. Whānau suggest introducing a financial rewards programme similar to that in the AODT Court as graduates often have limited finances. One suggestion was rewards for continued sobriety and being drug free. They also suggest an extended care programme where graduates can re-connect with the court, and share their current experiences in the community. Whānau believe this additional support will help to sustain their whānau members' recovery. Any initiatives and programmes would need further investigation.

A treatment focus for AODT Court participants is to disassociate with any people and environments that are not conducive to recovery, and in some cases those people may be whānau, particularly those with gang associations.

Some stakeholders suggest that the next area of focus for AODT Court is to consider family therapy to create more holistic, sustained and intergenerational changes in AOD recovery while strengthening whānau.

The other part is to engage with families of these participants as well, and involve their whole family into some sense of recovery to support the person and all the work and time and effort that's gone into the person individually, to support them naturally when they come back into their natural environment. Stakeholder

Evaluative assessment

Over the course of the pilot, the AODT Court (Te Whare Whakapiki Wairua) has successfully embraced and integrated tikanga practices into its day-to-day operations. Te Pou Oranga and judges' roles were critical in normalising tikanga Māori in the court. Stakeholders believe that tikanga Māori practices in the AODT Court play a significant role in supporting the cultural needs of Māori and non-Māori participants in their recovery. Māori and non-Māori participants and their whānau are overwhelmingly supportive of tikanga Māori in the AODT Court. The use of tikanga Māori demonstrates to participants and whānau the therapeutic nature of the court by creating a sense of welcome, inclusion, caring and being non-judgemental.

Areas to strengthen for tikanga Māori include:

- Further cultural competency training for AODT Court team members and wider stakeholders.
- Continue to investigate succession planning for Te Pou Oranga role.
- Where treatment providers do not have a dedicated Māori cultural advisor in place, clarify how the needs of Māori are being met.

Whānau have an important role in the AODT Court and participants' recovery journey. The AODT Court has been successful in supporting whānau to be involved in the court. Interviewed whānau feel informed about their whānau member's recovery journey, enabled to support them and are optimistic for their future. Involvement in the AODT Court has also increased the cohesiveness of some whānau, and encouraged some to start their recovery journey.

Areas to strengthen for whānau include:

- Review and update information provided to whānau on the AODT Court to cover tikanga Māori, the recovery process, treatment providers and their expectations of AODT Court participants using their services.
- Ensure whānau are informed early about He Takitini and, if possible, live-stream or record the ceremony for whānau who cannot attend.
- Explore the feasibility of introducing an extended care programme and financial rewards programme to support graduates.

8. Victim engagement

Changes from the original design

As per the AODT Court handbook, victims and people affected by crime committed by an AODT Court participant are able to take part in the AODT Court process (Ministry of Justice 2014). However, few victims engage in the AODT Court in the ways outlined in the handbook: attending AODT Court hearings; asking to be kept informed about the defendant's progress; providing their views to the court, attending sentencing, applying to the court to read their Victim Impact Statement at sentencing; choosing to be involved in a restorative justice conference with the defendant.

Over the duration of the pilot, improvements have been made to keep victims informed and offer them the opportunity to engage in the AODT Court process.

Keeping victims informed

The process for informing victims that the defendant for their case has been admitted to the AODT Court has become more systematised during the course of the pilot. For charges that are not on their priority list, the Court Victim Advisors write to victims after the defendant's first appearance in the District Court and invite them to call an 0800 number if they want to be kept informed of the progress of the case. Only those who respond to this letter will be informed that the defendant has been admitted to the AODT Court and kept updated on their progress through the court. The letter from the Court Victim Advisor may be received months before the defendant is admitted to the AODT Court.

Victim Advisors can only recall two occasions where they have prepared a memorandum for the AODT Court stating the victim's wishes in relation to bail conditions. The few victims who contact the Court Victim Advisors want to be informed when the participant graduates or exits from the AODT Court. The victims generally do not want to know about every hearing. To keep Victim Advisors informed, the AODT Court coordinators send the Victim Advisors a list of those appearing at each AODT Court date, including those exiting or graduating.

The police prosecutors have also developed a letter template to ensure victims are informed that the defendant in their case has been admitted to the AODT Court. The letter informs victims about the charge, the defendant's guilty plea, addiction, and acceptance into the AODT Court, and that this will delay sentencing as the process takes a minimum of 18 months. Victims are given the option of liaising with the Officer-in-Charge of the case. However, victims' views are seldom presented at a Determination Hearing.

Following discussions between an AODT Court judge and Victim Advisors, a pamphlet is being developed to inform victims about the role of the AODT Court and the ways victims can be involved, if they so choose.

Family violence victims

Victims of family violence are a priority for Court Victim Advisors and are contacted via telephone. Court Victim Advisors have noticed an increase in the number of participants with family violence offences being admitted to the AODT Court. Victim Advisors are engaged with the victims of family violence well before the Determination Hearing. Victims of family violence vary in the support they are seeking, including:

- Being informed if the participant breaches the AODT Court conditions or is exited from the court as this is a safety issue for them.
- Being informed by text about every hearing with the option of phoning the Victim Advisor. Some victims (who may be living with the participant) will ring for confirmation that the participant's account of their progress is correct.
- Wanting to attend every hearing in support of the participant's recovery. In these cases, Victim Advisors meet and support the victim each time.

Family violence victims often have a protection order, and may be referred to the Ministry of Justice Strengthening Safety Service for safety planning. Family violence victims can also be referred to agencies to support their cultural, emotional and financial needs. They are also offered counselling for themselves and their children. For support in understanding their partner's addiction, victims can be referred to Al Anon Family Groups or a CADS group for families of people receiving AOD treatment.

Restorative justice and reparation

With increasing numbers of participants graduating from the AODT Court, more are engaged in restorative justice processes as this is a statutory requirement.²⁰ Victim Advisors and police prosecutors state victims are frequently disappointed when informed a defendant is entering the AODT Court. Victims perceive that the offender is not being held to account for their offending. Victims are also disappointed to learn that reparation will not be made for some time, if at all. Victim Advisors and police prosecutors are often in the position of defending the role of the AODT Court.

Initially, restorative justice processes were occurring in phase three of the AODT Court, because it was thought restorative justice would be more meaningful for victims once the

²⁰ Before the statutory change, all participants were referred to restorative justice processes where there was an identifiable and contactable victim.

participant was established in their recovery journey. However, as noted by stakeholders, asking victims to take part in restorative justice more than 18 months after the offending is not appropriate or helpful. And when contacted after 18 months, few victims want to take part in restorative justice.

Following discussions between one of the lead AODT Court judges and Victim Advisors, it is proposed that restorative justice processes will generally be conducted when the participant first enters the AODT Court. It is hoped that by moving restorative justice processes to phase one, the victim will be more likely to take part, and have a better understanding of the AODT Court and the recovery process the participant is committing to.²¹ Issues of reparation will also be clear from the outset. One restorative justice process has successfully taken place with victim engagement in phase one.

For participants, having the restorative justice process in phase one will help them understand the reparation and other amends they need to make to their victim. This is an important part of the 12-Step process. For participants who exit from the court this means it is more likely they will have gone through the restorative justice process.

A number of restorative justice hearings have been held at Hoani Waititi marae before a panel of community members. These occur when there is no victim or the victim does not want to take part in restorative justice. The restorative justice hui are reported to be successful – with participants being given an opportunity to be challenged, make an apology for what they have done, be affirmed for their progress, and to reflect on their journey.

Evaluative assessment

The process of informing victims that their case is within the AODT Court has become more systematised, although few victims are engaging with the court. The opt-in approach that police prosecutors and Court Victim Advisors use to invite victims to take part in the AODT Court process, is appropriate.

Court Victim Advisors' enhanced work with victims of family violence, who in some cases may be living with the AODT Court participant, is vital for the safety and wellbeing of victims and their children.

The proposal to arrange restorative justice hearings in phase one is likely to engage more victims and improve victim understanding and perceptions of the AODT Court. The development of the pamphlet for victims about the AODT Court will also assist understanding. It will be useful to review whether moving the restorative justice process to phase one has the desired outcomes for victims.

²¹ Reviewers of this report stated that restorative justice conferences are being directed in phase one. The reviewers have observed a higher take-up of conferences amongst victims since this change.

9. Treatment

Changes from original design

Strengthened treatment

Over the last three-and-a-half years, treatment provided within the AODT Court has evolved as understanding of the support required by AODT Court participants has increased. Treatment and other support in the AODT Court is undertaken by a range of providers with differing philosophies and services. Connections between treatment providers and the AODT Court have generally improved. As outlined below, feedback suggests that involvement in the AODT Court has strengthened treatment services.

As in other areas, the resource required for treatment provision in the AODT Court was initially under-estimated, and a number of changes have been made through the pilot. The main changes to the treatment process are the development of treatment readiness groups (section 5); an increase in the number of places in the 90-day programme²²; an increase in the beds available at the Wings Trust²³; and the introduction of Moral Reconciliation Therapy (MRT).²⁴ New roles within the AODT Court treatment team include Te Pou Oranga, a clinical manager, a housing coordinator and an operations support position. All providers have made adjustments to their programmes, as detailed below.

AODT Court Treatment Network Steering Group: Odyssey House is contracted to lead an AODT Court Treatment Network Steering Group, which includes the main treatment providers of the Salvation Army, Higher Ground and Odyssey House, one of the lead AODT Court judges, and cultural representatives. As of March 2016, this group meets quarterly and CADS has joined the meetings. Members say the group collaborates over operational issues rather than having a governance function. Demands on treatment providers' time have reduced over the pilot period as initial implementation issues have been addressed.

Adjustments to treatment programmes to include recidivist offenders: Treatment providers were initially challenged on how to bring high-risk and high-need participants with a tendency for anti-social behaviour into their treatment programmes with community-based clients. To ensure an effective recovery environment, treatment providers had to adjust their programmes to manage anti-social behaviours and to meet the AODT Court participants' needs.

²² This is a dedicated non-residential programme for AODT Court participants.

²³ The Wings Trust is a residential support service for people in recovery from addiction.

²⁴ MRT leads to better moral reasoning, decision-making and behaviour (see <http://www.moral-reconciliation-therapy.com/aboutmrt.html>).

Change toward a ‘real recovery’ approach: Treatment providers in particular commented on a gradual change in the AODT Court’s approach from reliance on treatment services to a ‘real recovery’ approach. This involves having AODT Court participants engaging in the community in meaningful activity, taking more responsibility for their own lives, engaging with the recovery community, and engaging with their culture. This change reflects the AODT Court’s increased confidence and understanding of participants’ needs, which has enabled it to put more resources into those with the greatest need, and to be less restrictive on those who pose less risk.

Increased number of Wings Trust beds: By March 2016, Wings Trust is funded to provide ten of its 45 beds for AODT Court participants, an increase of six beds from the original contract. The change was prompted after the first year of the pilot when the need for more sober and supportive accommodation became apparent. Wings also have 13 sober house beds which AODT Court participants, along with other Wings residents, can apply to use following their stay with Wings.

90-day non-residential programme: The Salvation Army was originally contracted to provide a dedicated 90-day²⁵ non-residential programme to 24 AODT Court participants per year (approximately six participants per group) with one full-time clinician. Demand for places on these groups increased during the pilot. By March 2016, the programme is catering for 40 AODT Court participants per year (approximately 10 per group) with two full-time clinicians. The additional clinician is seen as valuable in running groups which generally cater for medium- to high-risk recidivist offenders. The additional places have reduced the waiting time for the programme. The cost of the additional staff member is covered by the Salvation Army from other contracts.

Referral to Kaupapa Māori treatment programme: Given the high proportion of Māori participants in the AODT Court, the need to include a Kaupapa Māori AOD treatment service in the mix of treatment providers is recognised. In 2015, Te Ara Hou – a large South Auckland kaupapa Māori health service provider which provides as part of its services AOD treatment programmes for Māori – started to receive referrals from the AODT Court.

Te Ara Hou is an 18-bed facility, with eight beds for methamphetamine users from around New Zealand and ten beds allocated to other AOD clients. Currently, there is no contract to provide services to the AODT Court. Te Ara Hou has accepted the AODT Court participants under their National Methamphetamine Contract. Feedback from Te Ara Hou indicates the relationship with the court is evolving and working well.

New roles: During the pilot, the Odyssey House AODT Court treatment leader, in consultation with the judges and AODT Court Treatment Network Steering Group, established four new positions (additional to the project manager role and four case

²⁵ This programme length was reportedly based on best evidence from US drug courts.

managers specified in the original contract). These roles are regarded as critical to the operation of the AODT treatment team, the project manager and four case managers:

- **Te Pou Oranga** (refer section 7).
- **A clinical manager** has been employed to manage ten treatment staff (case managers, peer support workers, operations support and housing coordinator), and as a stand-in case manager as required. The funding for this role has been absorbed by Odyssey House.
- **An operations support worker** has been employed to maintain records and take notes in court when case managers are absent. The funding for this role is absorbed by Odyssey House, although the Ministry of Health is to fund this position from mid-2016. Early feedback from case managers indicates that having this role is creating more time to work more effectively.
- **A housing coordinator** has been employed to assist participants into independent housing. This role is fully funded through the Ministry of Health contract.

Moral Reconciliation Therapy: In 2015/2016, following advice from the international AODT Court expert, conference attendances and an evidence review, MRT was introduced. MRT is based on theories of moral development and works towards participants taking responsibility for their actions and having empathy for others. MRT is thought to be particularly effective with offenders.

The Odyssey House AODT Court treatment leader obtained funding from the Ministry of Health for Matua Raki, a national addictions workforce development organisation, to bring an international expert to New Zealand to train MRT trainers. The Quality Manager at Odyssey House oversees the use of MRT and is one of the trainers. MRT is being used by Odyssey House and Higher Ground, and four MRT community-based groups for 24 participants are led by the peer support workers. The widespread adoption of MRT is seen as ensuring participants receive a consistent therapeutic approach across a range of treatment types.

Ongoing costs, including the cost of workbooks and manuals, have been absorbed by providers or obtained from the AODT Court flexible funding pool.

Treatment programme data

From November 2012 to 13 April 2016, the average time from joining the AODT Court to receiving treatment was approximately six weeks (41 days), and the median time five weeks (Table 27).

Table 27: Time from joining AODT Court to first treatment between November 2012 and 13 April 2016

Number of days between joining AODT Court and first treatment ^{1, 2}	Auckland	Waitakere	Total
	Days	Days	Days
Mean	43	40	41
Median	38	32	35

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

1. Table excludes two participants who are recorded as having started their treatment before joining the AODT Court.

2. Table shows the length of time between joining the AODT Court and starting a treatment (not an 'other service').

From November 2012 to 13 April 2016, over half of all treatment programmes started were community-based AOD programmes (58 percent) and over a third were residential AOD treatment programmes (38 percent). More community-based programmes were started in the Waitakere AODT Court (65 percent) than the Auckland AODT Court (51 percent). However, more residential programmes were started in the Auckland AODT Court (45 percent) than in Waitakere Court (30 percent) (Table 28).

Overall, 58 percent of community-based and residential treatment programmes started were completed (excluding the 52 treatment programmes currently being undertaken and 29 programmes superseded).²⁶ More than two thirds (71 percent) of community-based treatment programmes started were completed (excluding the 32 community based treatment programmes currently being undertaken and 20 community based programme superseded). More than a third (38 percent) of residential treatment programmes started were completed (excluding the 20 residential treatment programmes currently being undertaken and 5 residential programmes superseded).²⁷

Table 28: AOD treatment type for treatment started between November 2012 and 13 April 2016

Base: Treatment started	Auckland n=346		Waitakere n=359		Total n=705	
Treatment type	Count	%	Count	%	Count	%
Community-based AOD treatment	176	51%	235	65%	411	58%
Residential AOD treatment	156	45%	109	30%	265	38%
Cultural, religious or spiritual	0	0%	2	1%	2	0%
Health	11	3%	3	1%	14	2%
Unknown	3	1%	10	3%	13	2%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

²⁶ Completion rates are calculated as (treatments completed) divided by (treatments started minus treatments currently undertaken minus treatments superseded).

²⁷ A review of international literature on drug treatment therapeutic communities indicates that completion rates have varied between 9 percent and 75 percent with a midpoint around 30 percent (Vanderplasschen et al 2014 cited in Kinnect Group 2014).

Table 29: AOD treatment type currently being undertaken as at 13 April 2016

Treatment type	Auckland n=24		Waitakere n=33		Total n=57	
	Count	%	Count	%	Count	%
Community-based AOD treatment	9	38%	23	70%	32	56%
Residential AOD treatment	11	46%	9	27%	20	35%
Health	4	16%	1	3%	5	9%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Table 29a: AOD treatment type superseded as at 13 April 2016

Treatment type	Auckland n=17		Waitakere n=12		Total n=29	
	Count	%	Count	%	Count	%
Community-based AOD treatment	10	59%	10	83%	20	69%
Residential AOD treatment	5	29%	0	0%	5	17%
Unknown	2	12%	2	17%	4	14%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Table 30: AOD treatment type for completed treatment as at 13 April 2016

Base: Cases that completed treatment		Auckland n=152		Waitakere n=209		Total n=361	
Treatment type		Count	%	Count	%	Count	%
Community-based AOD treatment		99	65%	157	75%	256	71%
Residential AOD treatment		47	31%	44	21%	91	25%
Cultural, religious or spiritual		0	0%	2	5%	2	2%
Health		5	11%	2	5%	7	8%
Unknown		1	1%	4	2%	5	1%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes to Tables 28–30:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

Data presented are indicative only. Treatment data are entered into the JAX database from case management reports, which at times have been incomplete and/or incorrect.

Data on other services used

AODT Court participants had access to a range of other non-treatment based services to assist and support their recovery process. The services most commonly received were housing and Stopping Violence programmes, followed by training (Tables 31 and 32).

Table 31: Other service types for those who started to use another non-treatment service between November 2012 and 13 April 2016

Service type	Auckland n=146		Waitakere n=182		Total n=328	
	Count	%	Count	%	Count	%
Housing	58	40%	61	34%	119	36%
Stopping violence	17	12%	40	22%	57	17%
Training	6	4%	13	7%	19	6%
Literacy	2	1%	7	4%	9	3%
Budgeting	0	0%	1	1%	1	0%
Other	63	43%	60	33%	123	38%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Table 32: Other service types for those who completed another non-treatment service between November 2012 and 13 April 2016

Service type	Auckland n=75		Waitakere n=87		Total n=162	
	Count	%	Count	%	Count	%
Housing	26	35%	29	33%	55	34%
Stopping violence	10	13%	25	29%	35	22%
Training	3	4%	11	13%	14	9%
Literacy	1	1%	4	5%	5	3%
Other	35	47%	18	21%	53	33%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes to Tables 31 and 32:

Percentages may not add up to 100% due to rounding.

Data presented are indicative only. Treatment data are entered into the JAX database from case management reports, which at times have been incomplete and/or incorrect.

Stakeholder perceptions of treatment

A collaborative and effective interface between health and justice

Many stakeholders observed that a strength of the AODT Court is the good communication and effective collaboration among the treatment providers, between treatment providers and the AODT Court team, and within the AODT Court team. The AODT Court Treatment Network Steering Group is a strong collaborative forum, an important conduit to enable shared learnings, and a bridge between criminal justice and health sectors in the AODT Court. Over time, lines of communication between treatment providers and the court team, about individual cases, have improved and are effective.

Sober and safe housing is key for long-term recovery

The main challenge mentioned by many stakeholders is a shortage of suitable treatment places with supported accommodation. Because of this, sometimes up to 20 accepted AODT Court participants wait in custody for a suitable placement. Because AODT Court participants

are a relatively high-risk group, a suitable bail address in the form of supported accommodation or a residential treatment programme is needed.

Stakeholders acknowledged the substantial value of the Wings Trust facility in providing a safe and sober home for AODT Court participants while they are engaging in community-based therapeutic support. The facility is seen as easing the transition from custody into the community by allowing AODT Court participants to engage with the community and learn pro-social skills from role models within the community. The sober houses some participants move on to are also valuable. Feedback suggests that participants who begin a residential programme following a period at Wings, tend to do better than those who go straight from prison.

The introduction of the housing coordinator is assisting in addressing the shortage of sober and safe housing. The housing coordinator has initiated an early housing needs assessment for new AODT Court participants and encourages proactive searches by participants for accommodation. Encouraging participants to build up a good track record (e.g. by improving their debt record), seek references from their community work, apply for social housing, and act decisively in the private market has resulted in some success in participants finding suitable accommodation.

While the introduction of the housing coordinator and increase in Wings Trust beds have improved the situation, safe accommodation continues to be an unmet need. One transition house provided by Housing New Zealand and supervised by an AODT Court graduate has been established for three participants who have completed treatment. The Treatment Network Steering Group has applied to Housing New Zealand for a second AODT Court recovery house in seeking to address this need.

Diverse mix of treatment provision offered

In the Auckland region there is a mix of treatment types and styles, which offers choice to the AODT Court to meet the diverse needs of participants. For example, the Salvation Army's Bridge Programme²⁸ is described as open and community-facing. In contrast, Odyssey House and Higher Ground use withdrawal from the wider community as an essential part of treatment. The mix of residential and community-based programmes is valuable.

Over time, stakeholders believe that treatment types and styles are being better matched to the needs of participants. Also, more is being learnt about the most appropriate mix of participants with different backgrounds in a programme at one time.²⁹

²⁸ The Bridge Programme is the Salvation Army's alcohol and other drug treatment service.

²⁹ Feedback from reviewers of this report highlight that programmes with the highest graduation rates may be those that are less resource intensive. The reviewers note that non-residential programmes account for about half of the graduates to date, and the balance have attended short-term residential programmes.

The 90-day programme supports living productively in the community

The 90-day programme developed for the AODT Court is seen as a strength of the court by many stakeholders. The 90-day programme uses a Community Reinforcement Approach that encourages participants to live productively in the community, and cognitive behavioural therapy for behavioural change. The programme is particularly suited to participants who do not cope well in a residential environment and for recidivist drink driving offenders. Participants are involved in community work one day a week, through a mutually beneficial relationship with an environmental initiative set up specifically to support the court.³⁰ More work is needed to strengthen the cultural component of the programme.

Mixed reviews about use of MRT

Community-based MRT groups were intended to be facilitated by the AODT Court case managers. This additional role became unsustainable for case managers, and peer support workers are now facilitating the groups. While peer support workers are trained as co-facilitators in MRT, they do not believe they have the skill set to be facilitators. Peer support workers also note that this role can conflict with their peer support role. Currently, the number of MRT groups running concurrently is not sustainable as facilitators cannot take sick or annual leave without burdening their colleagues.

The treatment providers using MRT believe there are significant benefits from the therapy. Benefits identified include participants engaging for longer in treatment, and doing better in residential treatment. Some stakeholders believe that MRT is contributing to an increase in employment, reduction in crime and more participants staying abstinent.³¹

People are starting to think about their thoughts and their actions and their future: what's around them, their environment, their family, the way that they treat people around them, needing to make amends to bad behaviour and be honest... Developing a conscience. Stakeholder

Some stakeholders questioned the focus on MRT as it seemed to duplicate the work done in other therapy and within the 12-Step fellowship. Some thought the emphasis on MRT encouraged participants to follow one treatment modality rather than focusing on living well in the community. Others believed the evidence base was not as strong for MRT as for other therapies.

³⁰ Reviewers of this report note that through this initiative some participants have gained paid employment.

³¹ The evaluation is unable to determine whether or not MRT is having the impact reported by some stakeholders. This investigation is not in scope, and causation of these effects solely to MRT would be difficult to prove, given the number of other treatments and services.

Pressure on community AOD needs

All programme providers are now taking more AODT Court participants than they were originally funded for, by using beds funded from other sources. The focus on meeting the needs of the AODT Court can put pressure on the services available for community-based referrals. For example, Higher Ground has a waiting list from a range of referral sources of up to 70 at any one time. Providers also note that they need to balance the mix of AODT Court participants and community clients in their programmes.

Addressing participants' underlying issues

During their time in the AODT Court many participants reveal significant underlying issues related to their substance abuse and offending. Examples include complex mental health issues, post-traumatic stress disorder (PTSD), and many disclose a history of childhood sexual abuse.³² Participants with complex underlying issues require extra case management and referral to specialist services. Referral options include the Odyssey House beds for those with co-existing disorders (which are in high demand), sessions with a psychologist or psychiatrist or other expert help, and ACC funded counselling. Early identification of these issues and referral is important for the recovery of these participants in the AODT Court. It is suggested that when participants with these types of needs are accepted into the AODT Court, a reduction in the overall numbers in the court should be considered.

Gaps in other services

Service provision gaps continue:

- Programmes for those with children are scarce so the Odyssey family centre is in high demand.
- While treatment providers work hard to ensure their facilities are safe places for women, programmes dedicated to women are needed.
- Assisting participants to find suitable training or study.
- Physical health assessments in the early phase of the AODT Court.
- Assessing affordable dental treatment.

Ongoing tension between assisting and self-efficacy

Some stakeholders think the AODT Court is doing too much for participants with the provision of transport, accommodation, jobs and other assistance such as help with moving house. These activities are seen as fostering dependency and raising entitlement expectations amongst participants. One example is participants' reliance on the AODT Court

³² Reviewers of this report also note that many participants had been previously injured in road traffic and other accidents. Since the commencement of the court, no participants have been involved in any accidents. The sobriety gained through being in the court has also had a positive impact on other health conditions.

funded HOP card to get to 12-Step meetings. This reliance can mean that participant attendance stops when the funding stops on graduation. Some stakeholders also perceive that participants are attending 12-Step meetings only to receive monetary rewards. This approach is at odds with stakeholders who had come through the 12-Step fellowship with none of these incentives, where there was emphasis on building self-efficacy and forming one's own support community. In contrast, other stakeholders believe this dependency is a necessary step to re-parent and re-socialise participants who have long been disconnected from pro-social influences.

Treatment and justice

As noted, the interface between the judiciary and treatment is a point of negotiation and at times, tension. The judiciary are well connected to the international drug court evidence-base and want to ensure that treatment models available in New Zealand meet international standards. At times, the judiciary seek to introduce new treatment modalities deemed successful in US drug courts, such as MRT. Treatment providers are open to suggestions to new treatment modalities as AODT Court participants are largely a new client group with complex needs. However, some stakeholders think there should be limits to the extent to which judiciary are involved in determining treatment models as it blurs the boundaries of their role and expertise.

Participants' treatment experience

Participants had varied experiences of AOD treatment services received during their time in the AODT Court. Many participants, particularly those new to receiving AOD treatment, initially struggled with the structure, rules and boundaries imposed by the treatment provider. Participants spoke of trying a range of treatments, and the challenges of finding one that best suited their needs.

I went to Wings, then to the Bridge, and then I had a slip on the alcohol and went back to Wings. That was a rough week so I tried drinking again, I was then put into police custody again and they tried me on Higher Ground. Higher Ground was too much for me, I found it hard to breathe in there. I know it is a really good programme; it is just too much for me. I lasted two months in Higher Ground before being discharged. I then went to jail for another five weeks, then I was let out to a support house which has been really awesome, they support us with other recovering addicts. From there I then entered into the 90-day programme. Participant

Female participants noted the challenges of finding treatment programmes that included their children and said that they did not have access to all treatment programmes. Participants who had received MRT found it challenging but gained a better understanding of their moral behaviour.

For some participants, becoming comfortable and being able to engage in treatment was a staged process.

My mind was really fuzzy back then when I got into my first treatment, so I just tried my best and tried to learn something different every day. I remember telling my counsellor I found it really hard to concentrate. He said as long as you take something out each day it means you're learning something, you can't learn everything at once.
Participant

Some spoke of actively struggling against the treatment process until they eventually realised they had to simply go with the process. Participants also struggled with the need to open up, and be tolerant of others in treatment.

All participants acknowledged changes in themselves as a result of their participation in the AODT Court. The break away from 'negative' people in their original social network was said to have resulted in a positive change in behaviour and attitude. For those graduated from the AODT Court, being able to access ongoing treatment and community support was helpful (e.g. 12-Steps, CADS abstinence programme).

People who were positive and that really want to change their ways. That really helped me. That was the best part about it and going to recovery church...It's like church but it's for addicts. Go there and support each other and talk about our problems.
Participant

Participants commented on the social aspect of the AODT Court. This includes appearances at AODT Court where they are able to listen to others' experiences, attendance at 12-Step meetings, as well as participation in camps and outdoor events sometimes organised for AODT Court participants and their families.

Other services are important to assist participants to rehabilitate back into their whānau and community. A number say they are helped by anger management services. Being able to access a psychologist or therapist and other health related services is also helpful.

Participants are grateful for the financial support offered by the AODT Court to cover travel costs through petrol vouchers or HOP cards. This relieved the financial burden created by the demands of the AODT Court in having to travel to treatment, testing and the court. The work of the 'Clothing Angels' – people who helped participants to access donated clothing – is also acknowledged.

Evaluative assessment

The pilot provides a model for effective collaboration between the justice and AOD treatment sectors in dealing with offenders whose offending is driven by AOD addictions. Differences in some areas, such as treatment approaches and the extent of self-efficacy expected of AODT

Court participants, are constructively debated within the treatment/judicial network. By the end of the pilot all spoke positively about the benefits of collaboration.

The increase in resourcing of the dedicated community-based programme and the supported accommodation at Wings Trust during the pilot appears to be warranted, as a shortage of supported accommodation and treatment beds continues to be the main unmet need. New roles including a clinical manager, a housing coordinator and an operations support worker have eased pressure on the AODT Court treatment team.

At a time of considerable demand for AOD treatment, meeting the needs of the AODT Court has put pressure on the services available for community-based referrals.

Although caution needs to be exercised in making international comparisons, completion rates for residential treatment are generally in line with international experience.

Areas to strengthen in the treatment area:

- More safe accommodation and residential beds.
- Strengthen the cultural component of the 90-day programme.
- Consider whether an evaluation of MRT is required to inform use in other regions if the AODT Court is rolled out.
- Review the role of peer support workers in facilitating MRT groups.
- Consider whether service gaps for participants with children can be better met.

10. AOD testing

Changes from original design

All participants in the AODT Court are required to undergo regular and random AOD testing through all phases of the AODT Court programme. Both the AODT Court team and participants observed that the AOD testing regime is an essential part of the AODT Court and the recovery process. Over the course of the pilot, the AOD testing process has improved considerably. The AODT Court team is more confident that the testing service provided is consistent and to a quality standard. The quality and timeliness of reporting between the provider and the court has improved, with the AODT Court coordinators being the main point of contact with ESR (the provider of AOD testing).

The following changes have been made to AOD testing processes over the course of the pilot.

Change in provider from subcontractor to ESR: Until July 2014, B-Safe consultancy, a workplace AOD testing company, operated two clinics, one in each AODT Court area, and treatment providers undertook sample collection in their premises. ESR liaised with each provider to ensure testing could be accommodated within their programme schedules.

Since July 2014, ESR has directly collected samples from community-based participants and those in residential treatment. For community-based participants, ESR runs ten four-hour collection clinics per fortnight from one central location accessible by public transport. Due to accessibility issues at this location, alternative locations for participants with disabilities are now available in residential facilities. When a participant cannot test at the clinic for disability reasons, the court explores other options such as SCRAM.

ESR visits each residential facility five times per fortnight. ESR sends a monthly schedule of testing days to authorised staff in each residential facility to facilitate the availability of residential participants for testing. The change in sample collection reflected that testing conflicted with treatment providers' therapeutic role, and that collection and testing were not meeting the required standards for evidence.

For the collection service, ESR has developed a team of five staff with mixed backgrounds such as prison service, security service, and nursing. All have undertaken the NZQA qualification for AOD sample collection. A security service is also contracted to provide one security guard at each clinic, and this is regarded positively both by staff and AODT Court participants. ESR stated that the collection and testing service is provided to the Australasian Standard 4308 for workplace AOD testing.

Increase in frequency of collection: From April 2014, the frequency of testing increased from four to five times per fortnight. This change ensures that there are not more than four days between tests, as after four days the drugs are less likely to be detectable.

Change from on-site to ESR laboratory testing: From April 2014, all samples have been tested at the ESR laboratory, to detect a wider range of drugs.

Changes to SCRAM provision: ESR assumed direct provision of the SCRAM service in December 2015, following G4S exiting the country and leaving no SCRAM agent. ESR has subcontracted First Security to fit and remove the SCRAM bracelets in the short term. In March 2016, ESR was considering who would be responsible for these tasks and the maintenance of the equipment in the longer term. The case managers had experienced difficulties in communication with the SCRAM service and had observed no improvements in the fitting of bracelets or maintenance of equipment since G4S had stopped providing the service.

Because SCRAM operates through a cellular network, there have been frequent problems with participants failing to correctly set up base stations and modems, interference, and the power supply to the base station being unplugged. Data are physically stored in the bracelet and transmitted to Alcohol Monitoring Systems (AMS) in the United States, who provide reporting back to ESR. Problems with mobile network coverage can cause issues with the information transmission. ESR is now working through downloading the data from the SCRAM bracelets directly to the AMS secure monitoring site during clinic attendance, to reduce communication errors and other issues. This change would achieve cost savings, as the base stations and modems would not need to be set up in participants' homes, and they would no longer be able to abscond with or destroy the equipment. This change would also reduce the costs of retrieving equipment once a participant is no longer using SCRAM.

The length of time that participants are fitted with SCRAM has reduced during the course of the pilot, although the length of time it is used by individual participants varies. ESR states that 90 days is the length of time recommended by SCRAM, as servicing needs to be carried out on the units at the end of this time. The reduction in time SCRAM is fitted to individual participants also means that SCRAM is available to more participants.

Change to indirect observation: Initially, sample provision was not observed. As a result of submissions from the judiciary, who drew on overseas drug court practice, indirect observation with the use of mirrors was agreed. This was mainly to reduce the likelihood of sample substitution or tampering. This change meant that two staff members need to be present for each collection.

Change in funding: From July 2015, there was an increase in funding for sample collection and testing to reflect the changes in this service (e.g. ESR is now collecting all the samples). Funding moved from a unit basis to a flat fee, since the service is provided regardless of the number of participants in the AODT Court.

AOD test results

Overall, 96 percent of AOD tests conducted are reported as negative. A similar percentage of AOD tests were reported negative in the Waitakere and Auckland AODT Courts (Table 33).

Four percent of cases (104) have reported a positive result. This total is relatively evenly divided between the Auckland AODT Court (53) and the Waitakere AODT Court (51). Of those participants with a positive test, just over half had one to three positive tests (54 percent) (Table 34). The number of positive tests per case ranged from one to 76.³³

Table 33: Number of AOD tests November 2012 – May 2015

Result	Auckland n=6,651		Waitakere n=7,621		Total n=14,272	
	Count	%	Count	%	Count	%
Negative	6,310	95%	7,349	96%	13,659	96%
Positive	341	5%	272	4%	613	4%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Table 34: Number of positive tests per case November 2012 – May 2015

Number of positive tests	Auckland n=53		Waitakere n=51		Total n=104	
	Count	%	Count	%	Count	%
1	14	26%	17	33%	31	30%
2	9	17%	6	12%	15	14%
3	5	9%	5	10%	10	10%
4–9	16	30%	13	25%	29	28%
10–19	7	13%	8	16%	15	14%
20 or more	2	4%	2	4%	4	4%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes to Tables 33 and 34:

Base is number of cases with a positive test result.

Percentages may not add up to 100% due to rounding.

Testing data have not been provided to the Ministry of Justice since May 2015.

³³ The high number of positive tests per case reflects: 1) in the court's early days heavy cannabis users entered the court and it took some time for their THC levels to clear and negative tests to be achieved; 2) participants have entered the court with a heavy dependence on benzodiazepams, which must be reduced under supervision, and thus have reported a positive result.

Stakeholder feedback on testing

ESR stakeholders observe that participant behaviour around testing has improved. For example, children are no longer being brought to the clinic. They also note healthy peer pressure amongst participants not to 'cheat' the system. Many participants told ESR stakeholders and fellow participants that cheating would jeopardise the existence of the AODT Court. While the AOD testing process has improved over the course of the pilot, a number of challenges and issues continue.

Integrity of the testing regime

Two main issues are seen to threaten the integrity of the AOD testing regime. One is the court's willingness to act on the testing reports. Several AODT Court team members believe the court spends too much time investigating the reasons participants give for testing anomalies rather than promptly dealing with lapses.

The other issue is the tactics used by participants to evade detection. Some participants confessed to evading detection after anomalies became apparent or after they had exited. Tactics known to the team include:

- Predicting the patterns of test days. For example, early in the pilot Sunday was less likely to be a test day.
- Substituting samples; usually detected by the temperature of the sample being too cold or too warm (where a substituted sample had been warmed artificially).
- Diluting samples by drinking copious amounts of water before the test.
- Missing tests.
- Giving explanations for positive tests, such as the use of prescription drugs or perfume.

Stakeholders in the AODT Court team believe that the randomness and observation of testing needs to be improved. Seeking to introduce observed testing is an area of ongoing debate and disagreement. Observed testing to detect substitution of samples is consistent with international best practice (NADCP 2015). Based on their experience, ESR state substitution is possible even with direct observation. ESR also comment that if direct observation was used there would be resourcing implications. There is ongoing discussion between the AODT Court Steering Group and judges about the use of direct observed testing in the court.

Requests for flexibility

The AODT Court team has occasionally asked ESR to provide testing facilities at different locations, such as on a marae where a special programme was being conducted and at the Te Ara Hou facility in South Auckland. There have also been requests for 'spot tests' in the court environment on hearing days. ESR sought to accommodate these requests. However,

meeting these requests has disrupted the regular service and cannot be sustained. The spot tests at court have ceased. Instead, in a recent case the clinic was kept open to enable a participant to be tested immediately following their court hearing at the request of the AODT Court judge.

Offering flexibility in the time of day for testing, to participants who are working, is challenging. Feedback from the AODT Court team, participants and whānau highlight the need for more flexibility and possibly more convenient testing sites.

Broadening the panel of drugs being tested and thresholds used

The panel of drugs tested for and the thresholds used are those specified in the Australasian Standard 4308 for workplace AOD testing, plus ethyl glucuronide (EtG, for detecting alcohol), and synthetic cannabinoids which are constantly changing. ESR suggests consideration is needed on whether this is a sufficiently wide panel of drugs, and whether the thresholds set are at the appropriate level for testing in the AODT Court. Guidelines are also needed on the use of prescribed medications.

ESR observes there are new techniques continually emerging in the field of AOD testing, from which the AODT Court could potentially benefit. One example is the development of saliva testing for use in the workplace.

Clarifying the responsibility for following up anomalies in testing

Case managers are required to contact participants to find out the reasons for missed or refused tests, and inform the AODT Court promptly. Case managers are also asked to find out what medications are prescribed by participants' doctors. These tasks are time consuming and detract from more important case management work. Case managers did not perceive these tasks to be their role.

Establishing when testing should cease

Some AODT Court team members are concerned with participant testing ceasing at graduation as this places some participants at risk of lapsing. The Probation Service is looking at instituting an AOD testing regime for selected offenders in their service. Some stakeholders expect that this will eventually be available to AODT Court graduates who need it. Conversely, some stakeholders questioned the need to continue testing up to graduation, and suggested a more tapered approach in phase three to encourage self-efficacy.

Participants' experience of AOD testing

All participants interviewed were aware of the random AOD testing process and the AODT Court expectations relating to testing. As in the earlier evaluations, the accountability created by random AOD testing and the use of sanctions helped participants to abstain. Even when they were sanctioned for testing anomalies, participants supported the actions taken.

At the beginning I used and admitted it when I went to testing. I thought I would get consequences for this but at least I am being honest. That is what they want – honesty and transparency. Ever since then I have gone and done the testing, it provides you with structure and stability. Participant

While there is support for random testing, getting to the testing clinic can be challenging to fit into days already busy with treatment and court appearances. For those living in Waitakere, the testing clinic is not convenient, and they would prefer a clinic to be located in West Auckland.

Why is the testing so close to Auckland? For the people in Waitakere you have to bus all the way into town and it's a nightmare. If there was testing in West Auckland it would be so much easier. Participant

Whānau acknowledged that drug testing was required. However, whānau also talked about the physical barriers to drug testing such as travelling long distances, having no money to pay for transport, or difficulty in getting time off work.

Evaluative assessment

Over the pilot period, there have been considerable improvements to the AOD sample collections and testing regime of the AODT Court. Communication between the court and the provider has become clearer and more systematic, and testing within treatment facilities has become more consistent. At this point in the pilot, a new provider is being identified for the SCRAM system. This system will require review to assess its ongoing efficiency and effectiveness within the AODT Court.

Despite the improvements to the collection and testing service there are still concerns about the integrity of the system. Examples have been given where participants are able to evade detection, sometimes over a long period of time. Solutions proposed such as directly observing the sample collection will not address all evasion tactics.

The merit of spending time investigating testing anomalies has been questioned. Given the pressure on case managers' time, consideration is needed on whether the follow-up of testing anomalies could sit elsewhere.

11. Exit and termination

Changes from original design

Several stakeholders said that policies on the criteria leading to a participant being exited from the AODT Court have become clearer. In the early stages of the pilot, there was a tendency to try and keep participants in the AODT Court as long as possible. By 2016, the AODT Court team is clearer about the exit points relating to participants failing to comply with the court, or where there is nothing more the court can offer the participant. Examples of non-compliance that trigger exit hearings are:

- Participants absconding or being exited from a treatment facility. In this case, an exit hearing involving an AODT Court team discussion will be held to agree an appropriate response. The participant has the opportunity to be heard; if they want to keep their place in the court they need to explain why they deserve this. In cases where there are differing views, the judge decides whether the participant is to be exited.
- Where a participant fails to appear in court. Early in the pilot, participants were given a month to appear before the court, and if they didn't appear they were exited at the direction of the court. Within the first year of the pilot, this period had reduced to 14 days, although it is still possible for the judge to exercise discretion.
- When participants miss testing. These participants are required to present for testing the following day. Stakeholders said that some relapse is expected and is a beneficial learning opportunity. Few participants are exited due to AOD use. Rather, it is the failure of the participant to be open, honest and transparent about the relapse that triggers an exit hearing.

I'm almost a little bit anxious if we have someone who has sailed through... It can actually be hugely productive if someone hits a rough patch, because the court can help to support them through that and they can see, "Oh yes, I am still an addict, I do still have to be careful about people, places and things. This is an ongoing problem, I do have to still keep going to my meetings and doing all these things. But actually I can get back on the bike and carry on". Stakeholder

Number and profile of cases exited

Of the 187 participants who left the AODT Court through graduation or exit, 79 (42 percent) graduated and 108 (58 percent) were exited from the AODT Court by 13 April 2016. Most exits were at the direction of the AODT Court (39 percent), followed by failure to appear (32 percent), and voluntary exits (27 percent)³⁴ (Table 35). The Auckland AODT Court accounted for twice as many exits (67 percent) as the Waitakere AODT Court (33 percent of exits).

In a review of 37 evaluations of drug courts between 1999 and 2001, Belenko (2001) reports that completion rates (graduations) from drug courts were around 47 percent. This suggests that, on average, 53 percent of participants did not complete. This international comparison suggests that a termination rate of 58 percent is acceptable. Care is needed in making international comparisons as other jurisdictions use different eligibility and termination criteria.

The majority (79 percent) of exits occurred in phase one of the AODT Court process (Table 35). The time spent in the AODT Court before exit ranged from one to 119 weeks. Table 36 shows that 59 percent of exits occurred before 30 weeks and 14 percent occurred after 69 weeks.

Comparing the demographic profile of those exited (Table 37) with those accepted into the AODT Court (Table 9) indicates that gender, ethnic and risk profiles³⁵ are similar, except for:

- a slightly higher percentage of those exited were within the target risk range (81 percent of participants exited compared with 68 percent of participants accepted)
- a slightly higher percentage were EBA offenders (23 percent of participants exited compared with 30 percent of participants accepted)³⁶
- a higher percentage of those exited had been remanded in custody (67 percent of participants exited compared with 58 percent of participants accepted) (refer Table 12).

³⁴ Reviewers of this report note that a distinction needs to be made between participants who have chosen to exit and those who have been exited by the court. Many who have chosen to exit have done so in circumstances where they have been advised of the judge's intention to exit them, so make the decision themselves before being exited by the judge.

³⁵ A comparison by age group cannot be made because of low numbers in each category.

³⁶ Caution needs to be exercised in acting on these comparisons as they are based on relatively small numbers.

Table 35: Reason for and phase of exit from the AODT Court November 2012 and 13 April 2016

Base: Total exited	Auckland n=72		Waitakere n=36		Total n=108	
	Count	%	Count	%	Count	%
Reason for exiting the AODT Court						
Exited at direction of AODT Court	29	40%	13	36%	42	39%
Exited because failed to appear	25	35%	10	28%	35	32%
Exited voluntarily	17	24%	12	33%	29	27%
Unknown	1	1%	1	3%	2	2%
Phase at exit						
1	54	75%	31	86%	85	79%
2	13	18%	4	11%	17	16%
3	5	7%	1	3%	6	6%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Table 36: Time spent in AODT Court until exited between November 2012 and 13 April 2016

Base	Auckland n=72		Waitakere n=36		Total n=108	
	Count	%	Count	%	Count	%
1–9 weeks	10	14%	6	17%	16	15%
10–19 weeks	17	24%	11	31%	28	26%
20–29 weeks	10	14%	10	28%	20	19%
30–39 weeks	7	10%	1	3%	8	7%
40–49 weeks	8	11%	1	3%	9	8%
50–59 weeks	1	1%	4	11%	5	5%
60–69 weeks	5	7%	1	3%	6	6%
70 weeks or more	13	18%	2	6%	15	14%
Unknown	1	1%	0	0%	1	1%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes for Tables 35 and 36:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

Table 37: Profile of cases exited from AODT Court between November 2012 and 13 April 2016

	Auckland n=72		Waitakere n=36		Total n=108	
	Count	%	Count	%	Count	%
Gender						
Male	64	89%	32	89%	96	89%
Female	7	10%	3	8%	10	9%
Unknown	1	1%	1	3%	2	2%
Age						
18–24	15	21%	9	25%	24	22%
25–34	31	43%	19	53%	50	46%
35–44	20	28%	6	17%	26	24%
45–54	5	7%	1	3%	6	6%
55+	1	1%	1	3%	2	2%
Ethnicity⁽¹⁾						
European	24	33%	16	44%	40	37%
Māori	31	43%	17	47%	48	44%
Pacific peoples	12	17%	3	8%	15	14%
Asian	4	6%	0	0%	4	4%
Other	1	1%	0	0%	1	1%
Offending type						
EBA ⁽²⁾	18	25%	7	19%	25	23%
Other ⁽³⁾	54	75%	29	81%	83	77%
In target range	58	81%	30	83%	88	81%
Not in target range	7	10%	6	17%	13	12%
RoC*RoI unknown	7	10%	0	0%	7	6%
RoC*RoI score						
0.2	1	1%	0	0%	1	1%
0.3	2	3%	3	8%	5	5%
0.4	4	6%	3	8%	7	6%
0.5	12	17%	6	17%	18	17%
0.6	25	35%	13	36%	38	35%
0.7	13	18%	8	22%	21	19%
0.8	6	8%	3	8%	9	8%
0.9	2	3%	0	0%	2	2%
Unknown	7	10%	0	0%	7	6%
RoC*RoI not in range by offence						
Not in range and EBA offence	5	7%	4	11%	9	8%
Not in range and other offence	2	3%	2	6%	4	4%

	Auckland n=72		Waitakere n=36		Total n=108	
	Count	%	Count	%	Count	%
RoC*RoI score for cases that are not an EBA offence						
Base	n=54		n=29		n=83	
0.2	0	0%	0	0%	0	0%
0.3	0	0%	1	3%	1	1%
0.4	2	4%	1	3%	3	4%
0.5	9	17%	4	14%	13	16%
0.6	20	37%	12	41%	32	39%
0.7	11	20%	8	28%	19	23%
0.8	5	9%	3	10%	8	10%
0.9	1	2%	0	0%	1	1%
Unknown	6	11%	0	0%	6	7%
Remand status⁽⁴⁾						
Custody	50	69%	22	61%	72	67%
On bail	21	29%	14	39%	35	32%
Unknown	1	1%	0	0%	1	1%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

1. Ethnicity has been coded and output using Statistics New Zealand's prioritised ethnic response method.

2. Participant's current charge/s are EBA charge/s and they have no additional non-driving related charges, or participant's current charge is a 'refusing to provide sample' charge, and there are no additional non-driving related charges.

3. Participant's current charge/s are non-EBA charges or they have non-driving related charges as well as an EBA charge.

4. Remand status is at the time of acceptance into the AODT Court.

Stakeholder perceptions of exit process

Timely exit hearings are important if they are to be an effective intervention for participants who are not exited to support their ongoing recovery. Delays in exit hearings can delay the opportunity to support a participant to get back on track and to return to treatment. Feedback from stakeholders indicates that it can take between two and three weeks to have an exit hearing after it is triggered. This delay is seen to be too long, particularly for participants who are not exited as they are wasting time which could otherwise be spent in treatment.³⁷

Some stakeholders believed that despite improved policies relating to exiting participants from the court, inconsistencies remain. Some thought that participants are being given too many chances, particularly around testing anomalies.

A number of stakeholders, including treatment providers, probation staff, accommodation providers and the Community Advisory Group, observed that participants who are exited have benefited from the court. Some exited participants are seen as having new hope, and a better understanding of recovery tools. Exited participants' self-esteem may have also improved, and some continue on their recovery path. Within prison, exited participants may encourage new AODT Court participants who are remanded in custody to make the most of the opportunity.

Even though they do get exited from the court... it's not like they haven't got anything out of the court. Quite often some of these guys, they do go on to manage their sobriety and remain abstinent... because they had a taste of life away from alcohol and drugs and the positive influences it had on their relationships with their families and their ability to get jobs and that, so even though they haven't graduated the court they still take a lot away from the court. Stakeholder

Stakeholders reported that, in seeking to strengthen the AODT Court, exit interviews with exited participants are being requested to enable the AODT Court team the opportunity to refine and improve practices.

³⁷ Reviewers of this report highlight that the reasons for an exit hearing are varied. Where an exit hearing is prompted due to a discharge from or absconding from treatment, the participant is usually in custody. The remand time is needed to give participants the opportunity to produce work to justify their continuation in the AODT Court. A revised potential treatment pathway will also need to be explored by the case manager. In such cases, a minimum of two weeks is usually needed to advance these matters and to allow the judge to make a considered decision as to whether to exit the participant. Where an exit hearing is triggered for other reasons, and if the participant is on bail, they are still expected to meet their requirements, such as meetings, testing, courses and programmes.

Exited participants' feedback

Context

The interviewed exited participants included those who had voluntarily exited and those who had been exited by the AODT Court. The length of time that exited participants had been in the court ranged from two to 18 months. All of these participants had a long association with the criminal justice system through a history of repeat offending and AOD use. Common reasons for being exited from the AODT Court were reoffending, additional AOD-related charges/breaches, and leaving treatment facilities. In situations where participants voluntarily exited the AODT Court, they had reoffended and had been given a period of time by the judge to reconsider their withdrawal but had decided to stay out of the court.

The AODT Court is a useful experience

The majority of exited participants acknowledged the value of the AODT Court and appreciated the support structures put in place to assist them in their recovery journey. Similar to current and graduated participants, exited participants commented positively on aspects of their experience in and of the AODT Court. Exited participants enjoyed being around positive people in the AODT Court, who were committed to seeing them change. One participant noted that his day had been structured from the time he woke until he went to bed, and by being kept 'active and busy' he did not think about using.

Exited participants acknowledged that they had learnt tools to assist them with their recovery. A number of exited participants said they continued to use the skills and tools acquired from the AODT Court after being exited to sustain their recovery.

Even though I didn't graduate I got a lot from it. I've done treatment and I lived in a halfway house... I'm a member of narcotics anonymous and I've got a sponsor. I'm in jail now because I relapsed for about three or four days. I made the wrong choice and exited myself from the drug court, which I regret now. I'm still in recovery and I'll be continuing my recovery when I get out. Exited participant

Only two exited participants interviewed were less favourable towards the court. One didn't like the environment and the other denied that he had done anything to warrant the exit. Both participants felt they had been unfairly accused of events in residential treatment centres and their explanations were ignored. These events triggered their exit and a return to prison.

Indecisive about changing their lifestyle

Several exited participants observed they were indecisive about whether they want to fully change their addiction lifestyle. While these exited participants gained from the experience, they did not appear to be as 'motivated' as current or graduated participants.

I've seen people that enter the drug court and they don't really want to get clean they just want a free ticket out and it doesn't work for them. They're only in for a few months too, two, three, four months and they use too much and they get exited and then they have to come to jail. Exited participant

Wrong choices lead to exit

Most exited participants accepted their exit was due to making '*wrong choices*'. At least half of the participants made the 'wrong choices' when they were in situations where they were tempted to use, usually in the company of friends, family members and their partners.

In my heart I wanted to change but it's hard because of my addiction, and people that came around me that had the same addiction weren't really supportive or trying to change. Kind of led me off track...But it's a good programme, I like it. I was thinking of trying to get back into WINGS when I get out, go there myself. Exited participant

Easy access to liquor stores while out in the community awaiting a treatment bed was also considered too much of a temptation and a deterrent to recovery. In this regard, participants considered being placed in a residential treatment facility as helpful in their recovery.

Prison not conducive to recovery

Participants who had been remanded back into prison spoke about their return to a prison environment of drug use, intimidation and negativity that was not supportive of their recovery. One participant suggested being bailed to an address or an AODT Court treatment facility with conditions would have been more appropriate.

Worst thing was coming back to prison. When we're out there we're trying to change, we're feeling good. Once we make a mistake we get sent straight back to jail... I was getting angry... when you put us back into this place it [...] with our head and makes us think: what's the point of doing that and then chucking us back to where other gangsters and people that are using are. Exited participant

Evaluative assessment

Compared to the early days for the pilot, there is more clarity about the triggers for exit hearings and exits from the AODT Court. However, some stakeholders feel improvements are needed to ensure consistency in the use of exits. Exit rates between the Auckland and Waitakere AODT Courts vary. This may reflect the differing population or inconsistent decision-making between the two courts. The exit rates from the AODT Court are similar to international rates, although care is needed in making international comparisons.

The perception that the experience of the AODT Court was beneficial for exited participants confirms that it will be worthwhile including this group in the outcome evaluation, particularly in comparing reoffending rates with graduated participants.

In seeking to strengthen the AODT Court, exit interviews with exited participants would assist the AODT Court team to refine and improve practices.

12. Graduation

Changes from the original design

The graduation and aftercare system has developed and improved as more participants have graduated from the AODT Court. Stakeholders observed graduates are better prepared for graduation and returning to life in the community with, for example, more support around employment, literacy and driver licensing. As outlined later in this section, the AODT Court relationship with the Probation Service has gradually become more focused and all agreed the relationship has improved.

Increased use of the sentence of intensive supervision

By 2016, following feedback from graduates on a need for more support after graduation, and after the relapse of some graduates, a sentence of 12 months' intensive supervision with judicial monitoring as a condition of sentence (s54F, Sentencing Act 2002) has become the common sentence for graduates. Intensive supervision involves weekly meetings with the Probation Officer for the first three months, reducing to fortnightly and then monthly.

The focus of the intensive supervision period is to gradually loosen the ties to the AODT Court and encourage graduates towards independence in their recovery. Typical conditions of the intensive supervision order include maintaining abstinence from drugs and alcohol, the disclosure of any use to the Probation Officer, continuing to engage with the 12-Step fellowship, and undertaking any other treatment determined by the Probation Officer.

The Probation Officer is directed to produce Judicial Monitoring Reports, initially three-monthly. More recently, the first report is provided one month after sentencing. Probation Officers can also request a face-to-face meeting between the judge, the participant, the participant's defence lawyer, the AODT Court lawyer and the Probation Officer. The possibility of further appearances before the judge is a helpful tool for those at risk of relapse.

Where a graduate admits relapse, a charge of breaching the conditions of intensive supervision is entered, the graduate appears before the judge with a relapse prevention plan, and may be monitored fortnightly by the judge. Once the graduate engages with the plan, the charge of breach of the conditions is withdrawn.

Enhanced Community Probation role

Initially, Probation Officers had no role in the AODT Court team as they did not have a legislative mandate to be involved with defendants pre-sentence. In the second year of the pilot, as the first group of participants drew near to graduation, Probation Officers (whose role is to prepare a pre-sentence report) were invited to sit in the pre-court team meeting and graduation hearings. This developed to one dedicated Probation Officer sitting in each AODT

Court each week and subsequently managing the intensive supervision sentences of graduates.

As caseloads increased (to more than 30), during 2016, two dedicated Probation Officers have been allocated to each AODT Court, sitting with the AODT Court team on alternate weeks and managing the graduates' intensive supervision sentences. During phase three, the Probation Officers meet monthly with the participants and their case managers. The purpose of the meeting is to ease the transition between the AODT Court and the Probation Service, and to identify needs during the supervision period, for example with obtaining or continuing work or study.

The Probation Officers' role in the AODT Court, on sitting days, is said to be outside the baseline funding for the Probation Service since it falls into the category of pre-sentence work. However, there are other areas of their work outside the AODT Court where the Probation Service is becoming more involved at the pre-sentence stage, for example working with deferred sentences under s25 of the Sentencing Act 2002. The work with AODT Court graduates also aligns with the Department of Corrections' goal of reducing the reoffending of high-risk, high-needs offenders.

During graduation ceremonies held within the AODT Court, the Probation Officer is invited to welcome the graduate on their probation journey and congratulate them. Following the graduation ceremony, the Probation Officer meets with the graduate to induct them into intensive supervision, reiterating the conditions of the sentence.

....we think it's important to step out of the court with them once they've graduated. They're on a bit of a high, and just remind them that, 'we'll be coming round to see you next week, stay clean and sober over the weekend'. They all get a condition not to consume alcohol or drugs and the expectation from the court is that they do that.
Stakeholder

Probation Officers meet with graduates in their workplace or home to avoid the possibility of meeting old associates on Probation premises. The supervision role includes monitoring the conditions of the sentence and the ongoing assessment of risk.

Graduation data

Of the 187 participants who have left the AODT Court through exit or graduation, 108 (58 percent) were exited from the AODT Court and 79 (42 percent) had graduated by April 2016. A higher percentage had graduated from the Waitakere AODT Court (63 percent) than from the Auckland AODT Court (37 percent) (Table 38).

Comparing the demographic profile of those graduated (Table 38) with those accepted into the AODT Court (Table 9) indicates that gender, ethnic and risk profiles³⁸ are similar, except for:

- a slightly lower percentage of those who graduated were within the target risk range (58 percent of participants who graduated compared with 68 percent of participants accepted)
- a slightly higher percentage of graduates were EBA offenders (46 percent of participants who graduated compared with 30 percent of participants accepted).³⁹

The time spent in the AODT Court until graduation ranged from 53 to 121 weeks. It was anticipated that the AODT Court programme would take between 52 and 78 weeks (12–18 months) to complete, or longer if warranted (Ministry of Justice 2014). To date, 56 percent of graduations are occurring within this expected time period.⁴⁰ A further 30 percent of graduated cases are taking between 80 and 99 weeks to complete and 14 percent are taking 100 weeks or more (Table 39).

The majority of graduates receive a sentence of intensive supervision, although for graduates whose most serious offence is EBA, sentences are evenly divided between intensive supervision and supervision (Table 40). As discussed earlier, sentencing graduates to intensive supervision has become more common over the course of the pilot.

³⁸ A comparison by age group cannot be made because of lower numbers.

³⁹ Caution needs to be exercised in acting on these comparisons as they are based on relatively small numbers.

⁴⁰ The 11 cases that took less than 60 weeks are within the expected time period.

Table 38: Profile of cases graduated from the AODT Court between November 2012 and 13 April 2016

	Auckland n=29		Waitakere n=50		Total n=79	
	Count	%	Count	%	Count	%
Gender						
Male	26	90%	43	86%	69	87%
Female	3	10%	7	14%	10	13%
Age						
18–24	2	7%	2	4%	4	5%
25–34	8	28%	22	44%	30	38%
35–44	10	34%	13	26%	23	29%
45–54	9	31%	7	14%	16	20%
55+	0	0%	6	12%	6	8%
Ethnicity⁽¹⁾						
European	13	45%	19	38%	32	41%
Māori	11	38%	23	46%	34	43%
Pacific peoples	3	10%	7	14%	10	13%
Asian	1	3%	1	2%	2	3%
Unknown	1	3%	0	0%	1	1%
Offending type						
EBA ⁽²⁾	13	45%	23	46%	36	46%
Other ⁽³⁾	16	55%	27	54%	43	54%
RoC*RoI range						
In target range	20	69%	26	52%	46	58%
Not in target range	6	21%	21	42%	27	34%
RoC*RoI unknown	3	10%	3	6%	6	8%
RoC*RoI score						
0	0	0%	1	2%	1	1%
0.1	2	7%	6	12%	8	10%
0.2	1	3%	7	14%	8	10%
0.3	2	7%	4	8%	6	8%
0.4	1	3%	3	6%	4	5%
0.5	5	17%	6	12%	11	14%
0.6	5	17%	12	24%	17	22%
0.7	7	24%	5	10%	12	15%
0.8	3	10%	3	6%	6	8%
Unknown	3	10%	3	6%	6	8%
RoC*RoI not in range by offence						
Not in range and EBA offence	5	17%	17	34%	22	28%
Not in range and other offence	1	3%	4	8%	5	6%

	Auckland n=29		Waitakere n=50		Total n=79	
	Count	%	Count	%	Count	%
RoC*RoI score for cases that are not an EBA offence						
Base	n=16		n=27		n=43	
0	0	0%	1	4%	1	2%
0.1	0	0%	1	4%	1	2%
0.2	0	0%	1	4%	1	2%
0.3	0	0%	0	0%	0	0%
0.4	1	6%	1	4%	2	5%
0.5	2	13%	6	22%	8	19%
0.6	4	25%	9	33%	13	30%
0.7	6	38%	4	15%	10	23%
0.8	2	13%	3	11%	5	12%
0.9	1	6%	1	4%	2	5%
Remand status⁽⁴⁾						
Custody	14	48%	26	52%	40	51%
On bail	14	48%	24	48%	38	48%
Unknown	1	3%	0	0%	1	1%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Notes:

Percentages may not add up to 100% due to rounding.

Unknown responses are possible where incomplete information has been provided.

1. Ethnicity has been coded and output using Statistics New Zealand's prioritised ethnic response method.

2. Participant's current charge/s are EBA charge/s and they have no additional non-driving related charges, or participant's current charge is a 'refusing to provide sample' charge, and there are no additional non-driving related charges.

3. Participant's current charge/s are non-EBA charges or they have non-driving related charges as well as an EBA charge.

4. Remand status is at the time of acceptance into the AODT Court.

Table 39: Length of time between acceptance into the AODT Court and graduation between November 2012 and 13 April 2016

Base	Auckland n=29		Waitakere n=50		Total n=79	
	Count	%	Count	%	Count	%
Less than 60 weeks	2	7%	9	18%	11	14%
60–69 weeks	7	24%	13	26%	20	25%
70–79 weeks	7	24%	6	12%	13	16%
80–89 weeks	5	17%	14	28%	19	24%
90–99 weeks	3	10%	2	4%	5	6%
100 weeks or more	5	17%	6	12%	11	14%

Source: JAX data Ministry of Justice Research and Evaluation, May 2016.

Note: Percentages may not add up to 100% due to rounding.

Table 40: Sentence received for cases graduated from AODT Court between November 2012 and 13 April 2016

Most serious sentence	Court		Offending type		Total n=79
	Auckland n=29	Waitakere n=50	EBA n=36	Other n=43	
Intensive supervision	17	30	17	30	47
Supervision	11	19	19	11	30
Deferment	0	1	0	1	1
Discharge	1	0	0	1	1

Source: JAX and case management system data Ministry of Justice Research and Evaluation, May 2016.

Stakeholders' feedback on graduation

While graduation is an important milestone, the period immediately after graduation can be a challenging transition time for graduates in their recovery. Stakeholders are aware that graduates can feel a sense of abandonment as the regular support and encouragement from the AODT Court and the wider team are removed.

Probation Officers state that many of the graduates have reintegrated into the community well, and are using their recovery tools to maintain their new life, even with an occasional relapse. Graduates are working, have healthy routines, and are attending 12-Step meetings. Graduates as members of the He Takitini are contributing back as role models to AODT Court participants by being present in court, and visiting participants in treatment centres.

Probation Officers comment that graduates who stop going to meetings and engaging with their support networks are more likely to relapse. These graduates tend to have no or limited whānau support and can become isolated and difficult to contact. Graduates who relapse while under probation are referred for judicial monitoring. These graduates are reminded they have the tools to resume their recovery journey. Sometimes meetings with the judge, and attempts to re-engage them into treatment and 12-Step meetings, has no effect. The only alternative then is a sentence of imprisonment.

The stage where the supervision period is completed can also be a risky transition. A few graduates have reoffended after supervision is completed.

Graduates' experience of graduation

Transitioning to graduation

Phase three is the transition towards graduation. Participants are expected to gain employment or start education. Feedback from graduates highlights the importance of finding suitable employment that supports their recovery journey.

You have to be straight up with your case manager about what kind of work you are going into, what are going to be the triggers, an awareness of the environment you are going to be going into. Some people will try to go back to their old jobs but there is a drinking culture. I really liked my work as there is no tolerance for drugs or alcohol. This job keeps me safe. Graduate

Experiences of the graduation ceremonies

The graduation ceremony in the AODT Court and the He Takitini celebration has profound effects on graduates. Being recognised by the judge and the other members of the AODT Court team and other participants is empowering and uplifting for graduates and their whānau. The presence of whānau is important to continue to strengthen these ties and links back to the community. Receiving the pounamu is particularly special for graduates.

It is very powerful, being recognised for your journey, for making that change in your life and continuing your support for others in the earlier phase. I think it is special what they do, giving participants recognition of the hard work we have done, because it is a hard journey. Those pounamu are really special, and to be given one is really special. The graduation in court is really awesome to hear others speak of your journey, those that have travelled alongside you, and for those to say nice things about you, things that you don't normally think about yourself. For myself I have had issues with low self-esteem so to be given praise, and told you have done the hard yards, is encouraging. Graduate

The benefits of participating in the AODT Court

Overall, graduates are positive about the AODT Court and the benefits they have gained from it. Graduates talked about their change in attitude and that they had gained honesty, integrity, and trust.

A lot more honesty, I can own the decisions I make; I still get counselling. Graduate

Participants report their relationship with others has improved by being able to listen and respect others. Graduates report feeling they are part of the community again.

Participants reported their whānau had greater trust in them, leading to more involvement in caring for family members. Participants have been able to rebuild relationships with their children.

Responsible parent, being present for kids, being a role model for my kids, having my family is a great gift, being trusted; [before] they would never let me stay in the house. Graduate

Establishing good boundaries in relationships is also considered a significant outcome of participating in the AODT Court. This was particularly important when other family members and former associates were still using drugs and alcohol. For some graduates this meant severing relationship with associates or staying away when family were drinking.

Experiences since graduation

Graduates spoke of the early days of graduation being a particularly vulnerable time. Graduates described the importance of 12-Step meetings and being vigilant about their environment and associates to stay on their recovery journey.

For me when I went into the court I didn't know anything about AA or NA. When I graduated from the court I knew where to go, I didn't have that before. I would get stuck and go back to the bottle whereas now if I get down I go to a meeting, they are everywhere and I know that they happen so that's been good for me. Graduate

I realised that I have to have huge boundaries around, I can't really be around anyone drinking because not only are they on a completely different wavelength, I don't speak the same lingo. I don't walk into bars anymore; I learnt that from scratch because we weren't allowed to do that from the beginning. There is no way I can be around any drug addicts; it's saying goodbye to all the old associates and starting a brand new life really. Graduate

Through the He Takitini group, graduates are keen to contribute back to the AODT Court through role modelling in the court, being mentors to new participants, and developing a book on their experiences of the court for new participants.

A mentoring role... We have a graduate support group, a continuing care group, when you finish your court sentencing and that it's not just all over. Graduate

Evaluative assessment

Seventy-nine participants have graduated from the AODT Court, and many remain in recovery. Graduation rates are higher in the Waitakere AODT Court than Auckland AODT Court which may reflect differences in the background of court participants, their case management, their treatment pathway, and/or judicial decision-making.

Data show that the proportion of Māori participants who graduate is similar to the proportion accepted into the AODT Court. The success of the court in engaging Māori participants through to graduation reflects the extent to which the AODT Court has integrated and embraced tikanga practices and kawa into its processes.

Overall, graduates report the AODT Court is a successful and positive experience which has resulted in significant life changes. Discussions with graduates highlight that they are aware that recovery is a life-long journey. The need for aftercare for graduates, identified in the first process evaluation report (Litmus 2015), appears to have been addressed through strengthening the role of the Probation Service in the AODT Court, sentencing graduates to intensive supervision, and the mutual support graduates receive from and give to each other.

13. Perceived court impact

Intended outcomes

The intended outcomes of the AODT Court are to: reduce reoffending, AOD consumption and dependency, the use of imprisonment; positively impact on health and wellbeing; be cost-effective.

The ministry is undertaking the outcome evaluation for the AODT Court with a particular focus on whether the court has reduced reoffending and reimprisonment. Sapere Research Group is assessing the cost-effectiveness of the court.

Interviews with stakeholders, participants and whānau offer insight into their perceptions of the outcomes being achieved by the AODT Court at a system level and, importantly, for participants and whānau.

System impact

The AODT Court pilot has enabled the justice system and therapeutic treatment system to connect and work together to seek to achieve better outcomes for offenders with AOD addiction and their whānau. At a systems level, the introduction of the AODT Court pilot has strengthened judiciary and justice sector stakeholders' understanding of AOD addiction.

The introduction of the AODT Court has affected the court system in a number of ways. The AODT Court's holding of files for 12–18 months is skewing file completion times in Auckland and Waitakere Courts. Some comment that the AODT Court and other special courts should be excluded from this calculation. Stakeholders involved in the District Court comment the impact of the AODT Court within the District Court is manageable at one day a week. However, it would create significant pressure on the District Court if more AODT Court days were requested to address the long AODT Court day. The AODT Court has required additional resource from the judiciary, NZ Police and community probation, so increasing the number of court days would add further pressure to these agencies.⁴¹

Treatment services, networks and collaborations have strengthened through involvement in the AODT Court pilot. Some treatment providers perceive that the AODT Court is creating service inequities as they believe that the court is over-resourced compared to other AOD treatment services. This resource disparity is creating a perception of an inequity of access for community-based AOD clients and other offenders due to long wait-lists for AOD

⁴¹ Agency staff involved with the court (e.g. Police Prosecutors, court registry) currently spend 0.5–1 day preparing for the court sitting day and 0.5–1 day following up actions arising from the court sitting day.

treatment services.⁴² On entry to an AOD treatment service, other AOD clients do not receive the same level of assistance to remain engaged with the service as AODT Court participants (e.g. HOP cards). Given the success of the AODT Court, some treatment providers' thinking has shifted from perceiving unfairness to one where their services are seen as under-resourced. These providers perceive that the AODT Court sets the resource benchmark to be replicated for other AOD treatment services.

Perceived outcomes for participants

Access to AOD treatment has improved. Since the pilot began, 282 participants have accessed a range of AOD treatment services through the AODT Court. It is assumed by stakeholders that these participants would have struggled, due to wait-lists, to access AOD services through the District Court. Further, judicial monitoring has ensured ongoing engagement with treatment services through the AODT Court phases.

The consensus for stakeholders, participants and whānau is that the AODT Court is resulting in transformational change for graduated participants and whānau. The AODT Court is seen as giving offenders the opportunity and tools to change their lives. Feedback from stakeholders, participants and whānau demonstrate that the perceived outcomes achieved by graduates and current participants align with the intended outcomes of the AODT Court, specifically perceptions of:

- reduced reoffending – feedback from NZ Police highlights that frontline staff have noticed substantial reductions in crimes, such as burglary and car theft, by specific offenders who are in the AODT Court and are alcohol and drug free.
- reduced AOD consumption and dependency – this is evidenced by only 4 percent of cases having a test result reported as positive for alcohol or drugs while in the AODT Court, the progress of participants through the court phases, and the number of court graduations.
- reduced use of imprisonment – 282 participants have been kept out of prison for some period of time while in the AODT Court. Most graduates through their recovery journey have remained out of prison. Graduates and those in phase three are working, in education and/or contributing back to their community.
- positive impact on health and wellbeing – pre- and post-photographs of participants clearly demonstrate the health and wellbeing benefits from being in the AODT Court through their improved appearance. Stakeholders, participants and whānau all noted the health and wellbeing benefits for participants.

⁴² It is likely that the AODT Court has raised awareness within the wider justice system around addiction and treatment which may have caused an increase in the number of referrals from the District Court to treatment services.

Other perceived positive outcomes for graduated participants are a significant change in their attitude, including improved self-esteem and increased respect for the judicial system, in particular NZ Police. Graduated participants are also more social, able to regulate their emotions so are less aggressive, and are more open and honest. The AODT Court has also had positive outcomes for whānau through reconnecting and strengthening whānau ties, and for Māori linking back to their culture. Through watching the journey of their whānau member, some whānau have also started their own recovery journey.

Those exited from the AODT Court are seen to have gained an understanding of recovery and the tools to support AOD recovery.

Based on the qualitative feedback, the AODT Court has reduced AOD-related harm for participants in the court and for some of their whānau members. However, it is not known at this stage, the extent to which outcomes achieved can be sustained over time. It can take up to six or seven attempts for sustained AOD recovery, so relapses will occur. The AODT Court is focused on giving participants the tools so if they relapse they can continue their recovery. Discussions with exited participants suggest this is occurring, as after they were exited from the court, due to AOD relapses, some have continued their recovery journey.

Critical elements of the AODT Court

Consideration was given to the critical elements of the AODT Court in achieving its successes to date. It is not possible to isolate the one or more components of the AODT Court that drive success. Feedback from stakeholders acknowledges that it is the AODT Court's fidelity to all design components that creates holistic, therapeutic and wrap-around support for participants and whānau within a tikanga Māori approach.

Stakeholders comment the AODT Court has clarity of purpose and a sense of realism in acknowledging that the recovery process is a difficult one and that participants will often relapse. A range of stakeholders agree the AODT Court balances therapeutic approach with judicial monitoring. Stakeholders also acknowledge that the significant contributions of Te Pou Oranga, and the support gained from those who are living in recovery (i.e. peer support workers and the 12-Step fellowship). The AODT Court team and wider stakeholders are committed to reviewing and reflecting on their practice, which enables a quality improvement process for the court.

All stakeholders, participants and whānau are supportive of the AODT Court and what it is achieving. A critical question for stakeholders is whether or not the outcomes achieved are cost-effective.

Transferability of the court

Interviewed stakeholders, participants and whānau highlighted the following considerations in relation to the transferability of the AODT Court to other District Courts:

Design fidelity and local modifications: Consider the extent to which the tested court design can be modified to fit with the mix of services and different judicial styles in other regions, and the components where design fidelity is needed.

Governance: Consider the AODT Court Steering Group's role in managing the balance between maintaining the court's design fidelity, and enabling changes required to fit with the local context.

Resource allocation: Consider whether a less resource intensive AODT Court design is needed. NZ Police and treatment providers have indicated that the tested AODT Court design is not sustainable without additional funding allocation.

Determining location: Consider where there will be sufficient participant numbers and cross-agency services to ensure efficient referral, assessment, court and treatment processes. Stakeholder feedback questions the feasibility of running an AODT Court in smaller District Courts due to limited treatment providers and probation services.

Tikanga Māori: Consider how to work with local iwi to replicate the normalisation of tikanga Māori in other AODT Courts.

AODT team: Consider how to select, induct and train the AODT Court team to enable a collaborative inter-agency approach that can effectively negotiate judicial and treatment boundaries.

The CAG: Consider how the success of the CAG in the pilot can be replicated in other areas to ensure the AODT Court is grounded in the community, and linked to the local 12-Step fellowship community.

Promotion: Consider how the AODT Court will be promoted, if rolled out to another area, to encourage regular flow of referrals to the court.

Referral and assessment: Consider which organisation will be responsible for AOD assessments. Feedback from the pilot indicates that the organisation should be impartial (e.g. should not have a vested interest in the outcome of the assessments), that AOD assessments should be undertaken by clinical psychologists and there is likely to be a shortage of these psychologists, or a reluctance to undertake a solely reporting role.

Inclusion of victims: Consider how AODT Court police prosecutors and Court Victim Advisors can establish an effective communication protocol for contacting victims.

Range of treatment and recovery options: Consider the combination of supported accommodation and community-based treatment programmes required in different locations.

Quality and efficiency of testing: Consider whether there are economies of scale and consistent quality standards in using a single testing provider.

Conclusions

14. Conclusions

Overall, the implementation of the AODT Court is broadly consistent with its original design, and the international ten best practice components for drug courts (Carey 2012). Variations in the design have occurred, reflecting implementation lessons over the last three-and-a-half years and the need to be relevant in the New Zealand context.

With the introduction of Te Pou Oranga role, tikanga Māori protocols are now a normal and essential part of the AODT Court and its day-to-day operations. For participants and whānau, the use of tikanga Māori in the court signals its uniqueness and enhances their sense of inclusion and participation. The other key element of the AODT Court, which appears to benefit participants, is the assistance and guidance of those living in recovery.

A key success for the AODT Court is the strengthening of the judicial and therapeutic interface at local and national levels. The AODT Court team is effective and able to negotiate their role and agency boundaries. However, care is needed to maintain the boundaries between judicial and treatment decisions. AODT Court processes are working well, although the efficiency of the court day can be improved.

Treatment services, networks and collaborations have also strengthened through involvement in the AODT Court pilot. There is a perception that the intensive resourcing of the AODT Court has created inequity of provision for community-based AOD clients and other offenders seeking access to, and support from, AOD treatment services. Given the success of the AODT Court, some treatment providers now think that the AODT Court sets the resource benchmark to be replicated for other AOD treatment services.

The resource required to implement the AODT Court design was under-estimated in relation to: (1) the time required by the judges, court coordinators, case managers, peer support workers, and police prosecutors; and (2) the number of places needed in supported accommodation.

The AODT Court is seen as giving offenders the opportunity and tools to change their lives. Access to and engaging with AOD treatment for high-risk and high-needs offenders has been improved. The consensus amongst stakeholders, participants and whānau is that the AODT Court is resulting in transformational change for graduated participants and their whānau; the court has reduced AOD-related harm for participants and some of their whānau members. Exited participants also benefited from the AODT Court, in particular understanding the recovery journey and services available like the 12-Step programme. More time is needed to determine whether the outcomes achieved can be sustained.

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Glossary

AA	Alcoholics Anonymous
AOD	Alcohol and other drug
AODT Court	Alcohol and Other Drug Treatment Court
AODT Court Steering Group	Wellington-based steering committee made up of national level representatives from the justice and health sectors, chaired by the Ministry of Justice, District Courts representative
AODT Court Treatment Steering Group Network	Auckland-based steering group network made up of treatment provider CEOs, one of the lead AODT Court judges, cultural representatives, managers of CADS
BAU	Business as usual
CADS	Community Alcohol and Drug Services
CAG	Community Advisory Group; a voluntary group of community representatives based in Auckland to support the AODT Court
CV	Curriculum vitae
District Court	Refers to those courts using standard court processes
EBA	Driving with excess breath/blood alcohol
ESR	Institute of Environmental Science and Research
FTE	Full Time Equivalent
G4S	Former provider of the electronic alcohol monitoring anklets, known as SCRAM (Secure Continuous Remote Alcohol Monitor)
Haka	A fierce rhythmical dance that expresses pride, strength and unity
Hangi	A traditional New Zealand Māori method of cooking food using heated rocks buried in a pit oven
He Takitini	The graduate alumni group from the AODT Court. He Takitini graduate group was established by Te Pou Oranga to identify and address gaps for AODT Court graduates. The He Takitini graduate group is a support network of graduates who meet monthly to korero/talk and tautoko/support one another
Hoani Waititi marae	Urban marae in Waitakere
HOP card	Travel card
JAX	Justice Application Express, a Ministry of Justice repository

	for AODT Court data
Kai	Food
Karakia	Prayer
Kaumatua	Elders in Māori society
Kaupapa	Purpose, topic
Kawa	Protocol
Korero	Talk
Kuia	Elderly woman, grandmother, female elder
LGBT	Lesbian, gay, bisexual, and transgender
Mana	Authority, control, influence, prestige or power
Mana whenua	Refers to the mana held by local people who have ‘demonstrated authority’ over land or territory in a particular area
Māori tikanga	Correct Māori procedure, custom, meaning, practice and convention
Marae	The marae (meeting grounds) is the focal point of Māori communities throughout New Zealand. A marae is a fenced-in complex of carved buildings and grounds that belongs to a particular iwi (tribe), hapū (sub tribe) or whānau (family)
Matauranga	Knowledge base
MCAG	Māori Community Advisory Group
Mihimihi	Basic introduction to let people know a little bit about yourself. It tells people where you are from and who you are, linking you to the land
ministry	Ministry of Justice
NA	Narcotics Anonymous
NADCP	National Association of Drug Court Professionals
NDCI	National Drug Court Institute
Ngati Whātua	A Māori iwi (tribe) of the Northland Peninsula and Auckland in New Zealand
Pākehā	European
Participant	Offender who is part of the AODT Court
Pou	Central column
PDS	Public Defence Service
PTSD	Post-traumatic stress disorder

RoC*RoI	Risk of re-conviction and Risk of re-imprisonment score (a computer-based statistical model used by the Department of Corrections)
SCRAM	Secure Continuous Remote Alcohol Monitor
Taha Māori	The Māori side (of a question) or the Māori perspective as opposed to the Pākehā or European side or perspective
Takarangi Competency Framework	A framework against which AOD practitioners can measure their professional capacity, capability and personal competency to work with Māori
Tangata whenua	Peoples of New Zealand – literally means ‘people of the land’
Tautoko	Support
Te Ao Māori	Māori world
Te Iwi Māori	Māori tribes
Te Pou Oranga	Māori advisor to the AODT Court
Te Reo Māori	Māori language
Te Tiriti o Waitangi	The Treaty of Waitangi, the founding document of Aotearoa/New Zealand
Te Whare Whakapiki Wairua	Alcohol and Other Drug Treatment Court
Tikanga	Practice of that knowledge
Tikanga Māori	Māori custom or lore
The pilot	The AODT Court pilot
Waiata	Song
Whakamā	Shy
Whakatau	Welcome, to settle
Whānau	Extended family, family group, a familiar term of address to a number of people. May also include friends who may not have any kinship ties to other members
Whare	A Māori dwelling place
Wharenui	A communal house of the Māori people of New Zealand, generally situated as the focal point of a marae

Appendix: Summary tables

Table 41: Summary of evaluative assessments and areas to strengthen by domains

Domain	Evaluative assessments	Areas to strengthen
Governance	<ul style="list-style-type: none"> The overall governance of the AODT Court is mainly working as intended against the pilot's design, with ongoing commitment from across the five agencies. The CAG has a valuable role linking the court to the community, acting as a sounding board for the judiciary, and enabling participants' reconnection to the community. Annual training is ensuring the AODT Court team and wider stakeholders are aware of the latest literature, and are collectively reflecting on how to resolve issues. Some AODT Court graduates are seeking training to become peer support workers to contribute back to their communities. 	<ul style="list-style-type: none"> Ensure the project support role is clearly defined and that there is continuity of staff in this role at the ministry, to allow a clear pathway for raising issues that may require resolution through the AODT Court Steering Group. Resolve the tension around who is accountable for policy revisions relating to the design of the AODT Court. Effective policy making requires the involvement of the AODT Court Steering Group and operational input, and needs to recognise the centrality of treatment within the AODT Court. The enhanced communication between the Steering Group and the court via the judge's report may have partly addressed this issue. Develop an induction manual for new AODT Court members and wider stakeholders. The overarching induction manual would support the shadowing system used by agencies and could be an updated version of the AODT Court handbook. Clarify the career pathways for peer support workers supporting the AODT Court, and for AODT Court graduates seeking to become peer support workers.
Determining eligibility	<ul style="list-style-type: none"> The processes for identifying defendants and determining eligibility are working as intended and have strengthened over the duration of the pilot. Referrals to the court are lower than originally expected by CADS, although the number of referrals accepted into the AODT Court is higher than anticipated. CADS' quality AOD assessment reports are essential in informing the District and AODT Courts' decisions. The spare capacity CADS had due to lower than expected referrals has been effectively used in running treatment readiness programmes to meet the unforeseen needs arising from placing participants on remand in custody. Sustaining the number of participants in the AODT Court close to or near the cap is driving the frequency and intensity of the promotion of the court, and potentially the use of the discretionary elements of the eligibility criteria. The Determination Hearing process is comprehensive and working well. Participants referred and accepted into the AODT Court align with the court's eligibility criteria. Informed consent processes are used effectively to ensure participants understand their obligations before entering the AODT Court. There are some differences in the participants accepted into the two courts. The Auckland Court tends to have participants with more complex issues which can affect their flow through and 	<ul style="list-style-type: none"> Consider the strategies to have a more consistent flow of referrals to the court to enable more efficient AOD assessment processes. Ensure the ongoing promotion of the AODT Court to District Court judges and defence lawyers. Review the areas of clinical risk identified by CADS, in particular clarify which agency has clinical responsibility for treatment provided in non-CADS settings, and between the CADS assessment and the Determination Hearing. Clarify who is responsible for providing further information sought in the Determination Hearing. Determine whether further actions can be undertaken to decrease the time participants remain on remand in custody, while waiting for a residential treatment programme or safe housing.

Domain	Evaluative assessments	Areas to strengthen
	duration in the court.	
AODT Court programme	<ul style="list-style-type: none"> The operation of the AODT Court largely aligns with its original design. The AODT Court team are working effectively. Generally, the team are effectively negotiating the boundaries between judicial and treatment priorities to enable participants' recovery. To achieve an effective AODT Court process has required a significant increase in resources: staff FTE, judges, the court coordinator, police prosecution, and community probation time. A housing coordinator and an operations support worker were introduced to make the case manager role more sustainable. While there are improvements in the efficiency of the AODT Court process, there is further room to improve. The time spent in the AODT Court programme varies in each phase depending on participants' needs. Overall the length of time spent in the AODT Court is at the upper end of what is expected, although it aligns with international drug court training. Participants understand the expectations of the different phases and find the judicial monitoring beneficial. Incentives and sanctions are being used as intended, and appear to be effective in reinforcing desired participant behaviour. While the 12-Step community has no affiliation with the AODT Court, 12-Step meetings like AA and NA have an important role in sustaining the long-term recovery journey. 	<ul style="list-style-type: none"> Continue to monitor and maintain the appropriate boundaries between judicial and treatment decisions. Ensure relieving judges are kept informed about any policy changes in the court. Determine whether it is appropriate and efficient for the court coordinators to be maintaining both the JAX database and their spreadsheet. Ensure peer support workers are able to work in a way that supports the development of self-efficacy in participants and the sustainability of their role. Review the defence counsel and supervisor role to determine the most effective and efficient structure (e.g. two-weekly rotation, the supervisor carrying a caseload), and consider holding some refresher training on lawyer/client privilege in the AODT Court. Consider further resources for the Police Prosecution Service to ensure the sustainability of their AODT Court role within the wider context of the service. Review the frequency of monitoring of participants to ensure this is in line with best practice standards. Then consider whether the process of monitoring participants and bringing them before the court earlier than scheduled can be changed (within the best practice guidelines) to create a more even and sustainable workload for case managers. Explore whether there are other efficiencies to be made in the AODT Court day to ensure a timely and effective process (e.g. review of time spent on Determination Hearings and graduation, and the time the judge spends with each participant).
Tikanga in the court	<ul style="list-style-type: none"> Over the course of the pilot, the AODT Court (Te Whare Whakapiki Wairua) has successfully embraced and integrated tikanga practices into its day-to-day operations. Te Pou Oranga and judges' roles were critical in normalising tikanga Māori in the court. Stakeholders believe that tikanga Māori practices in the AODT Court play a significant role in supporting the cultural needs of Māori and non-Māori participants in their recovery. Māori and non-Māori participants and their whānau are overwhelmingly supportive of tikanga Māori in the AODT Court. The use of tikanga Māori demonstrates to participants and whānau the therapeutic nature of the court by creating a sense of welcome, inclusion, caring and being non-judgemental. <p>Whānau</p> <ul style="list-style-type: none"> Whānau have an important role in the AODT Court and participants' recovery journey. The AODT Court has been successful in supporting whānau to be involved in the court. Interviewed whānau feel informed about their whānau member's recovery journey, enabled to 	<ul style="list-style-type: none"> Further cultural competency training for AODT Court team members and wider stakeholders. Continue to investigate succession planning for Te Pou Oranga role. Where treatment providers do not have a dedicated Māori cultural advisor in place, clarify how the needs of Māori are being met. <p>Whānau</p> <ul style="list-style-type: none"> Review and update information provided to whānau on the AODT Court to cover tikanga Māori, the recovery process, treatment providers and their expectations of AODT Court participants using their services. Ensure whānau are informed early about He Takitini and, if possible, live-stream or record the

Domain	Evaluative assessments	Areas to strengthen
	<ul style="list-style-type: none"> support them and are optimistic for their future. Involvement in the AODT Court has also increased the cohesiveness of some whānau, and encouraged some to start their recovery journey. 	<ul style="list-style-type: none"> ceremony for whānau who cannot attend. Explore the feasibility of introducing an extended care programme and financial rewards programme to support graduates.
Victim engagement	<ul style="list-style-type: none"> The process of informing victims that their case is within the AODT Court has become more systematised. The opt-in approach that police prosecutors and Court Victim Advisors use to invite victims to take part in the AODT Court process, is appropriate. Court Victim Advisors' enhanced work with victims of family violence, who in some cases may be living with the AODT Court participant, is vital for the safety and wellbeing of victims and their children. The proposal to arrange restorative justice hearings in phase one is likely to engage more victims and improve victim understanding and perceptions of the AODT Court. The development of the pamphlet for victims about the AODT Court will also assist understanding. It will be useful to review whether moving the restorative justice process to phase one has the desired outcomes for victims. 	<ul style="list-style-type: none"> Few victims are engaging with the court.
Treatment	<ul style="list-style-type: none"> The pilot provides a model for effective collaboration between the justice and AOD treatment sectors in dealing with offenders whose offending is driven by AOD addictions. Differences in some areas, such as treatment approaches and the extent of self-efficacy expected of AODT Court participants, are constructively debated within the treatment/judicial network. By the end of the pilot all spoke positively about the benefits of collaboration. The increase in resourcing of the dedicated community-based programme and the supported accommodation at Wings Trust during the pilot appears to be warranted, as a shortage of supported accommodation and treatment beds continues to be the main unmet need. New roles including a clinical manager, a housing coordinator and an operations support worker have eased pressure on the AODT Court treatment team. At a time of considerable demand for AOD treatment, meeting the needs of the AODT Court has put pressure on the services available for community-based referrals. Although caution needs to be exercised in making international comparisons, completion rates for residential treatment are generally in line with international experience. 	<ul style="list-style-type: none"> More safe accommodation and residential beds. Strengthen the cultural component of the 90-day programme. Consider whether an evaluation of MRT is required to inform use in other regions if the AODT Court is rolled out. Review the role of peer support workers in facilitating MRT groups. Consider whether service gaps for participants with children can be better met.
AOD testing	<ul style="list-style-type: none"> Over the pilot period, there have been considerable improvements to the AOD sample collections and testing regime of the AODT Court. Communication between the court and the provider has become clearer and more systematic, and testing within treatment facilities has become more consistent. At this point in the pilot, a new provider is being 	<ul style="list-style-type: none"> Despite the improvements to the collection and testing service there are still concerns about the integrity of the system. Examples have been given where participants are able to evade detection, sometimes over a long period of time. Solutions proposed such as directly observing the sample collection will not address all evasion tactics. The merit of spending time investigating testing

Domain	Evaluative assessments	Areas to strengthen
	identified for the SCRAM system. This system will require review to assess its ongoing efficiency and effectiveness within the AODT Court.	anomalies has been questioned. Given the pressure on case managers' time, consideration is needed on whether the follow-up of testing anomalies could sit elsewhere.
Exit and termination	<ul style="list-style-type: none"> Compared to the early days for the pilot, there is more clarity about the triggers for exit hearings and exits from the AODT Court. The exit rates from the AODT Court are similar to international rates, although care is needed in making international comparisons. The perception that the experience of the AODT Court was beneficial for exited participants confirms that it will be worthwhile including this group in the outcome evaluation, particularly in comparing reoffending rates with graduated participants. 	<ul style="list-style-type: none"> Some stakeholders feel improvements are needed to ensure consistency in the use of exits. Exit rates between the Auckland and Waitakere AODT Courts vary. This may reflect the differing population or inconsistent decision-making between the two courts. In seeking to strengthen the AODT Court, exit interviews with exited participants would assist the AODT Court team to refine and improve practices.
Graduation	<ul style="list-style-type: none"> Seventy-nine participants have graduated from the AODT Court, and many remain in recovery. Data show that the proportion of Māori participants who graduate is similar to the proportion accepted into the AODT Court. The success of the court in engaging Māori participants through to graduation reflects the extent to which the AODT Court has integrated and embraced tikanga practices and kawa into its processes. Overall, graduates report the AODT Court is a successful and positive experience which has resulted in significant life changes. Discussions with graduates highlight that they are aware that recovery is a life-long journey. The need for aftercare for graduates, identified in the first process evaluation report (Litmus 2015), appears to have been addressed through strengthening the role of the Probation Service in the AODT Court, sentencing graduates to intensive supervision, and the mutual support graduates receive from and give to each other. 	<ul style="list-style-type: none"> Graduation rates are higher in the Waitakere AODT Court than Auckland AODT Court which may reflect differences in the background of court participants, their case management, their treatment pathway, and/or judicial decision-making.

Domain	AODT Court pilot NZ	International best practice
AODT Court programme	Intended frequency of participants' appearance in the AODT Court across the phases aligns with international best practice.	NADCP 2013
AODT Court programme	In line with international best practice, judges seek to spend more than three minutes with each participant.	Carey et al 2012
AODT Court programme	The time spent in the AODT Court pilot aligns with international drug court training.	International drug court training notes that high-need and high-risk participants can take up to 18–24 months in a drug court (NDCI 2015).
AODT Court programme	AODT Court's use of remand to custody is not overused as a sanction when there are breaches.	Feedback from the international AODT Court expert.
Tikanga in the AODT Court	New Zealand is leading the world with ensuring cultural competency and safety in the AODT Court.	Feedback from the international AODT Court expert.
Treatment	Completion rates for residential treatment are in line with international experience.	A review of international literature on drug treatment therapeutic communities indicates that completion rates have varied between 9-75 percent with a midpoint around 30 percent. (Vanderplasschen et al 2014 cited in Kinnect Group 2014).
AOD Testing	Observed testing to detect substitution of samples is consistent with international best practice.	NADCP 2015
Exit and termination	The international comparison suggests that a termination rate of 58 percent is acceptable.	In a review of 37 evaluations of drug courts between 1999 and 2001, Belenko (2001) reports that completion rates (graduations) from drug courts were around 47 percent. This suggests that, on average, 53 percent of participants did not complete.

Table 42: International research mentioned in the report

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