

  
MINISTRY OF HEALTH  
HAKA MATI HAKAORA

## Midland Regional Addiction Forum


Ministry of Health  
Presentation  
Meeting 7 July 2010



## Ministry/Sector Changes

2010 Sector Restructuring:

- Ministry of Health
- National Health Board
- Workforce
- Quality and Safety
- Shared Support Services




## Population Health

- The Mental Health, Alcohol and Drug Policy Group (MHADP) will cover all the issues from prevention, promotion, and intervention services in the areas of mental health, problem gambling, alcohol and other drugs
- Combines former Mental Health Group and Minimising Harm Group



## Mental Health, Alcohol and Drug Policy


- National Drug Policy
- Problem Gambling
- Addiction Treatment Services
- Mental Health Policy
- Mental Health Programme Development
- Mental Health Protection
- Office of the Director of Mental Health



## Functions

The Group will have functions for:

- Policy development including overview and evaluation of the impact of mental health, alcohol and drug policy implementation
- Responsibility for regulatory and legislative frameworks
- Provide national leadership to the mental health, addiction, drug and alcohol sectors
- Funding functions to be aligned with NHB



## Drivers of Crime

- Launched by Hon Simon Power, Minister of Justice and Hon Pita Sharples, Minister of Māori Affairs
- A new approach to dealing with offending and victimisation
- Means getting serious with how to stop crime from happening
- Shifts response from after crime has happened

## Drivers of Crime Meeting 3 April 2009

- Over 100 invited only attendees
- Included those at the frontline of offending prevention and intervention, researchers and academics, MPs, and officials
- Keynote presenter was Professor Richie Poulton
- Agenda set to discuss identifying drivers of crime – addressing them to come later
- Ministry of Justice to lead response

## Address by Richie Poulton What can the evidence tell us?

- Nature vs nurture debate is dead
- While genes may play a part, the most important factor is the environment
- It is the combined effects of multiple adversities that drives criminal behaviour

## Developmental Pathways to Antisocial Behaviour

Two major pathways to crime:

- First group display antisocial behaviour very early in life – this behaviour persists and generally worsens as they get older
- Other much larger group starts antisocial behaviour in adolescence, is typically influenced by peers, and generally stops in early adulthood

## Bad Behaviour = Bad Outcomes

- Antisocial behaviour that starts early in life and persists over time is not only associated with poor mental health, bad relationships, and criminal behaviour, but also with a wide range of physical health problems
- The child abuse and domestic violence we are concerned about is perpetrated by individuals who have shown antisocial behaviour since childhood
- It is possible to identify them early in life

## The Implications of Intervention

- Interventions must be tailored specifically to each of these two groups to be effective
- For early on-set, must be as early as possible, for both child and family
- For adolescent onset, must be at individual level, given that behaviour is driven by peer influence – group intervention, including prison, is the worst possible response


## Summary of Discussion by Participants

- No one simple answer
- Involves interplay between family, community, educational environments
- Issues of alcohol, drug use and the justice system response further exacerbate situation



## Family, Community and Education Environments

- Poor parenting, poor education attachment and disconnectedness from wider society contribute to crime
- These issues more concentrated in some communities
- Transferred across generations within some families



## Underlying Drivers of Crime


- Same for Māori and non-Māori
- Prevalence of some risk factors such as poverty, transience, young mothers, sole parent families tends to be higher for Māori
- Appropriate responses may need to be different for Māori, including giving Maori ownership and voice in the development of responses taking whānau concepts into account and building resilience



## Two Other Influences


While not drivers of crime, these factors influence responses to any of the drivers

- How the reporting of crime in the media affects the public perception of crime
- How Government policies are often fragmented and lack commitment to longer term approaches




## Alcohol

- Discussed by most groups as a contributor or facilitator to crime, rather than a driver
- Lowering the age limit has opened access to even younger individuals
- Increasing numbers of liquor outlets, particularly in marginalised & vulnerable communities
- Perceived lack of AOD treatment



## Other General Discussion

- Many of the issues in service provision are around transitions between services and stages: between schools, from kohanga to mainstream, from prison to community, between agencies
- Mental Health issues and crime – maternal mental health, undiagnosed mental health issues in young people, the role of the justice system in dealing with the effects of mental illness, and the use of prisons to house mentally ill
- Value for money in government funding – need to be cost effective, stop funding what doesn't work



## Progress to Date

Four Work Streams Established:

- Improving the quantity, quality and effectiveness of maternity and early parenting support services, particularly for those most at risk
- Addressing conduct and behavioural problems in childhood
- Reducing the harm from alcohol, and improving the availability and accessibility of AOD treatment services
- Identifying alternative approaches to manage low-level repeat offenders and offering pathways to success

## Common Themes to Date

- Need to take a more client-driven approach to government service delivery
- Includes changing the way that services are contracted and delivered so that they are better integrated and more responsive to individual, family / whānau and community needs
- Examples of relevant developments include: Whānau Ora; Better, Sooner, More Convenient Primary Health Care; and Integrated Service Response / Community Link

## Next 6 months for Drivers of Crime

Focus will be on:

- Continuing the implementation of solutions that are already underway;
- Completing the design of further solutions to address identified issues and barriers; and
- Continuing to work on the significant challenge of improving outcomes for Māori.

## Solutions

- Some solutions involve relatively minor changes to existing policy and programmes, e.g. improving skills and capacity in non-health sector agencies to address low level alcohol problems
- Other solutions involve substantive changes to current legislation and policy settings (e.g. sale and supply of liquor) and expansion of services (e.g. services to address conduct and behaviour problems)

## Working Together in a New World Workshop

For Justice Sector -

- Identify current level of access
- Understand CJS clients treatment needs
- Identify future demand
- Understand barriers to treatment
- Develop evidence

## Workshop Question

- What is the demand for your services from CJS – some many most all
- Is the AOD treatment needed for CJS clients different from other peoples, if so how?
- What is your relationship like with Courts, Probation, Police, Parole Board – what works/ what doesn't?
- Aware there are challenges, barriers, but what are the solutions?