Submission to the Government Inquiry into Mental Health and Addiction

The Salvation Army New Zealand, Fiji and Tonga Territory, with Samoa

OUR BACKGROUND

1. The Salvation Army is an international Christian and social services organisation that has worked in New Zealand for over one hundred and thirty years. The Army provides a wide-range of practical social, community and faith-based services, particularly for those who are facing injustice or those who have been forgotten and marginalised by mainstream society.

2. The Salvation Army's interest in the Inquiry into Mental Health and Addiction stems from our concern for the forgotten and marginalised who members of the Inquiry Panel will already appreciate are often suffering mental illness and addictions. This concern is informed and directed by the programmes which we provide mainly in addiction services through our Addictions Supportive Accommodation and Reintegration Services (ASARS)

3. This submission has been prepared by the Social Policy and Parliamentary Unit of The Salvation Army. This Unit works towards the eradication of poverty by encouraging policies and practices that strengthen the social framework of New Zealand. ASARS staff members have contributed greatly to the development of this paper. This submission has been approved by Commissioner Andrew Westrupp, Territorial Commander of The Salvation Army's New Zealand Fiji Tonga and Samoa Territory.

THE SALVATION ARMY'S INTEREST AND PERSPECTIVE FOR THE INQUIRY

4. The Army is not specifically involved in providing mental health services but is one of the leading providers of publicly funded programmes in the addictions sector. These programmes are delivered through our Addictions Supportive Accommodation and Reintegration Services (ASARS) which operates nationally from 30 sites. ASARS delivers the Bridge programme which works primarily with people with alcohol and other drug addictions and the Oasis programme which supports people suffering from gambling addictions. ASARS also offers reintegration programmes for recently released prisoners.

5. In addition to these publicly funded programmes, with its own resources The Army also facilitates Recovery Church as part of our spiritual mission to recovering addicts and their whanau. Recovery Church is an open and voluntary programme running from 13 sites nationally and offers spiritual support and opportunities for fellowship to anyone and particularly those on a journey of recovery from addiction.

6. The Salvation Army encourages a healthy spiritual, emotional, mental, physical and social lifestyle without the recreational use of drugs, including alcohol and tobacco. While The Salvation Army believes total abstinence is the only certain guarantee against the harmful effects of alcohol, tobacco and other drugs, it does not condemn people who use these substances.

7. ASARS staff work closely with others in the addictions services sector and are active contributors to the National Committee for Addiction Treatment (NCAT). The Salvation Army broadly supports the policy perspectives and advocacy positions offered by NCAT and the New Zealand Drug Foundation especially in the need to take a harm minimisation approach rather than a legalistic one to dealing with the risks and damages around alcohol and drug use.

8. The links between many mental illnesses and addictions are in our view well understood and accepted and it is not our intention in this submission to rehearse or reiterate these as we expect the Inquiry Panel to be very familiar with them. However addictions and addictions treatment are not a sub-set of mental health treatment and care and it is important to acknowledge significant differences here. For the reference of the Inquiry Panel we wish to highlight the main differences which are as follows:

- The most common addictions are to alcohol, nicotine and gambling which are legal normalised commodities which cause harm to hundreds of thousands of New Zealanders and their families - there are no equivalent risk factors in the sphere of mental health.
- Addictions and addictive behaviours have strong support within New Zealand culture especially around our still prevalent binge culture – there are no equivalent cultural practices which normalise mental illnesses.
- While addictions have health impacts on those affected they also have other impacts including violence, corruption, poverty and social disruption – these wider impacts are much less prevalent with health illnesses.
- Treatment approaches for those with mental illnesses and those with addictions are much different - mental illness treatments are based on care and protection from risk while addictions treatment is based on self-responsibility around pervasive risks

9. There is a risk too that mental health care and addictions treatment are seen as rival programmes in budgetary terms perhaps with an outcome that one is funded at the other's expense. We have no doubt that a common submission the Inquiry will receive will be around the adequacy and distribution of resources and in fact a later part of this submission does just this. The resourcing question is almost intractable especially given the many social deficits we face as a country. However, in addressing this question we believe the Inquiry Panel in its recommendations needs to offer a vision for an Aotearoa - New Zealand as a national community which is happy with itself. That is a society where people have fewer reasons to be depressed or suicidal or inclined to use drugs harmfully. In such a society we would be more aware of the symptoms and contributors to mental illness and more understanding and supportive of those with mental illnesses and/or addictions. In such a society finding the resources to support addictions treatment and mental health care adequately would be far less of a problem.

10. We also acknowledge the importance of the synergies between addictions treatment and mental health care and the potential for more holistic approaches to support treatment and recovery. As Panel members will know addiction is often both the cause and consequence of mental illness creating a wretched circle of hopelessness and diminished life chances. This is well illustrated by the life experiences of many of those people in prison. Ideally the overlaps between mental illness and addictions need to be reflected in the design and delivery of programmes. This may in turn require those delivering these contracts to be more collaborative, less competitive and perhaps even combined organisationally.

11. As noted above The Salvation Army delivers treatment programmes for people with alcohol, drug and gambling addictions. With all these forms of addictions environmental factors make up an important part of the risk of addiction some people and especially poor people face. These factors include the easy availability of Class 4 gambling opportunities (aka pokie machines), the sale of cheap alcohol from neighbourhood liquor stores and the commonplace dealing of illicit drugs. These factors create greater risk for people in some neighbourhoods and communities than others. Most commonly these higher risk communities are poorer and more likely to be home for Maori and Pacific Island people. The Salvation Army believes that the closer regulation of these social hazards is necessary and ask that the Inquiry Panel pay some attention to worthwhile legislative changes around gambling and sale of alcohol. The specific law changes which The Salvation Army seek include:

- Closure of Class 4 gaming venues where it is apparent that such gambling is their only commercial purpose.
- Higher taxation of alcohol in order to reduce levels of harmful consumption by younger people in particular.
- Standard nationwide operating hours for off-licence premises
- Greater community influence on local licensing decisions especially where liquor outlets are concentrating
- Tougher penalties for those breaking sale of alcohol laws including outright closure of premises.

12. The remainder of our submission will not follow the format of the questions posed in the consultation document but instead concentrate on four key areas of concern to us which are as follows:

- the need for legislative change to reduce the harm and discrimination which those suffering from addictions face;
- the need to build on the family/whanau focus of mental health care and addictions programmes;
- under-investment in the addictions treatments sector, and
- the provision of equitable access to treatment services.

POSSIBLE LEGISLATIVE CHANGE

13. New Zealand's drug laws especially as they relate to personal possession of drugs and of drug related utensils create barriers both to addiction recovery and addicts wellbeing. Such laws have not been successful in deterring people from using illicit drugs and the criminalisation of drug users limits their ability to participate fully in society because of their criminal convictions. This stigmatisation is especially pertinent for young Maori men who are disproportionately represented in minor drug offending.

14. The Salvation Army does not have a view on whether or not presently illicit drug use should be decriminalised in some way. The Army does however believe that as a nation we need to have an informed debate on the pros and cons of decriminalisation of Class C drugs such as Cannabis. The Army suggests the Inquiry and its recommendations assist in initiating such a debate in the lead up to the proposed referendum sometime before the 2020 General Election.

15. Specifically we ask that the Inquiry focus on the following issues or opportunities in changing current illicit drug legislation.

- The current impacts of criminalisation of drug users in terms of their sentencing, recidivism and mental health problems.
- The health promotion and harm minimisation approaches available to address drug use and their effectiveness in reducing harmful drug use.
- Health risks relating to illicit drug use including those associated with dirty needles and contaminated drugs.

A FAMILY–WHANAU APPROACH TO ADDRESSING MENTAL HEALTH & ADDICTIONS CHALLENGES

16. Recently addictions and mental health services have been asked to make a paradigm shift in the way they offer addiction and mental health support to individuals and their families/whānau. Specifically this shift requires more effective engagement and support for family, whānau and the children of the people they work with. *Supporting Parents Healthy Children* (SPHC) was launched by the Ministry of Health in 2015. These guidelines outline expectations (primarily for adult mental health and addiction services) and recommendations in order to increase family and whānau participation in services. These recommendations include a particular focus on parenting and earlier intervention for children of parents with addiction and or mental health issues.

17. In addition, the Substance Addiction (Compulsory Assessment and Treatment) (SACAT) Act 2017 has now made its way through the parliamentary process and has Royal Assent. The new Act has clear requirements for addiction staff and services to involve and inform family and whānau throughout the statutorily determined process. Services also have obligations to family members when people do not meet the high threshold for compulsory assessment and treatment.

18. These changes are necessary, appropriate and supported by all those working in the addictions treatments sector including The Salvation Army. An unresolved problem for

service providers is that these requirements have more or less been bolted onto existing programmes and budgets which is unfair both to providers and the family/whanau of people with mental illness and/or addictions. It is unfair to expect providers to work within existing resources on a more comprehensive and by all accounts more complex set of responses to people with mental illness and addictions. In addition, it is reasonable to expect that a greater focus on whanau/family and particularly children will result in programmes being delivered directly to them as well. Under present resourcing this is not possible.

UNDER INVESTMENT IN THE ADDICTIONS TREATMENT SECTOR

19. The Salvation Army agrees with and supports submissions made by NCAT around the past under-investment in addictions treatment services. We believe that this under-investment arises around three main features of the present funding structures.

20. While it is difficult to determine the desirable or justifiable balance between funding for mental health services and for addiction treatment is does appear that addiction services receive a disproportionately low share of the total public spend on these services. In 2014/15 the Government spent $152 million on addiction treatment services which is around 11% of the total spend on mental health and addiction treatment services. This $152 million budget was roughly equally distributed between services provided by DHB' and NGO's This budget funded a wide range of addictions related services including counselling, detoxification, residential treatment, health promotion, harm reduction, opioid substitution and prison based services.

21. An inequality exists between funding for NGO addiction treatment programmes and those funded and operated by DHB's. There are funding disparities for the same services provided by DHB's and NGO's with DHB services being funded more generously. This creates a competitive disadvantage for NGO's as their staff cannot be paid as well and are not paid as well as DHB staff meaning a continual attrition of skilled and experienced staff to DHB services.

22. Additionally the services provided by NGO's through MoH and MSD funding have often not received CPI based increases to reflect rising costs. Some MSD contracts have not been increased for inflation since 2007. Against this slow erosion in the real value of contracts, has been a gradual increase in the complexity of reporting accountabilities and with this a rise in compliance costs. This complexity is due in part to the different reporting requirements of different funding and in part to a prevailing culture of mistrust between funders/specifiers and NGO providers.

23. The Salvation Army and most likely other NGO providers of services and programmes in the addiction treatment sector are not active in this sector for profit making but to provide social value to the people we believe that we are called to serve. However the declining real value of contracts, the rising compliance costs and often the only short term nature of contracts make it difficult for NGO providers to sustain the organisational capacity needed to provide good quality and effective addiction treatment services.

24. The Salvation Army believes that the presence of NGO providers in the addictions treatment field is effective and efficient for the Crown as a funder and service specifier and meaningful

and useful for those who need and use these services. Most NGO's active in addictions treatment are driven by a philosophy which they believe is of value and relevant to the needs of those they are trying to assist. This philosophy frequently has a spiritual dimension which is not present in State provided services. This spiritual dimension is desirable if we are to offer people insights into the multi-faceted nature of addictions and some other mental illnesses. This approach is consistent with cultural considerations and aligns with the Maori model Te Whare Tapa Wha

25. We ask the Inquiry to not only consider the nature of present contract arrangements between the Crown and NGO's in the addiction treatment sector, but whether or not NGO's offer value and unique approaches in this work which cannot be captured by State provided services. If the Inquiry Panel believes that such value is offered, then we ask you consider what advocacy you can offer to ensure that these services are better recognised by the Crown and fully supported by them.

EQUITABLE ACCESS TO TREATMENT SERVICES

26. The question of equity of access to services for those with addictions has a number of dimensions which we ask the Inquiry to investigate. These inequities relate to the interface between mental health services and addiction treatment services, to the pre-existing condition or position of people before they gain access to addiction treatments and to the inability of people with addictions to access the most appropriate treatment because of funding rules.

27. Somewhat ironically a large portion of the Crown's spend on addictions treatment is made by the Corrections Department, is provided inside prison and to a small fraction of the people with addictions problems. The irony here is that it takes imprisonment to gain access to these services and even on the outside it is often the commission of a crime which allows people access to publicly funded addiction treatment programmes. If a harm reduction approach, rather than a criminal justice approach was taken to drug use and addiction, it could be the case that access to addiction treatment would occur much earlier in an individual's descent into drug and alcohol related offending. This is especially so for young offenders – those under 18, who have very limited access to alcohol and drug awareness programmes and to addiction treatment options where appropriate.

28. Further, The Salvation Army strongly promotes the provision of additional services delivered earlier and in the community closer to where people are. Evidence supports interventions delivered at the first signs of problematic behaviours and in the least intrusive manner thus allowing people to address the issue and maintain a life as a functioning member of he community.

29. Some great work has been done on de-stigmatising mental illness through the 'Like Minds Like Mine' campaign although this campaign is now 21 years old and perhaps requires re-invigoration or re-focus. An un-addressed issue is that the same attempts at de-stigmatising addictions have not been made and in fact addictions and addicts continue to carry significant stigmatisation. Addictions may be seen as a sign of a character weakness or of people making wilful choices about their lives. Unless a person has suffered addiction or had someone close to them do so they have little knowledge of the pathways to addiction or the

consequences and complications of them. Such stigmatisation creates shame for addicts and their whanau and may lead to them hiding themselves or their problems. Such responses are unhealthy and unnecessary if as a society we could have a more open conversation around addictions. Such a conversation could give us opportunities to acknowledge and accept that addiction is a widespread problem which requires a whole-of-society approach. This approach extends from appropriate regulation around risk and harm reduction, to easier access to support and treatment , to us adopting more sympathetic attitudes to addictions as individuals, whanau and communities. The Salvation Army asks the Inquiry to consider starting such a conversation.

30. As noted above it is often the case that addiction and mental illness co-exist in a person's life. Although this is the frequent case, people's access to services can be haphazard and disjointed. Those working in the addictions treatment services believe that this access or pathway is often through mental health services rather than addictions programmes and that this pathway is often not as easy or convenient as it could be. In some ways this is a result of the different ways in which mental health services and addictions programmes are designed, funded and delivered. The Salvation Army believes that more could be done in the design, funding and delivery of mental health and addiction services to ensure the services and support offered to people is more integrated and seamless. While such calls are commonplace across many public services, the response required in this case may be a more fundamental change than merely requiring parties to be more collaborative. The response required might be a radical re-design of interventions so that the inter-relationships between mental illnesses and addictions are more accurately identified and more completely addressed.

31. The Salvation Army believes that a number of more practical barriers to addiction treatment exist which might be overcome through better design of services with adequate budgets. Such barriers include how initial contact with treatment programmes and support is triggered and made, how responsive services are to this initial contact and the extent to which lack of access to a full range of appropriate servcies is a barrier to someone's progress. The Army asks that the Inquiry pays close attention to the extent and impact of such barriers.

CONCLUSIONS

32. The Salvation Army welcomes this opportunity to participate in the Government Inquiry into Mental Health and Addictions. We think that this is a unique chance to not only raise our broad concerns around the design and provision of addiction services, but to also encourage the Inquiry Panel to see this as an opportunity to start a public discussion around addictions, its links with mental illness and its structural or societal causes. In our opinion people suffering from addictions have been poorly treated and their plight and that of their families/whanau have been misunderstood and somewhat maligned. The Salvation Army sees addictions primarily as a public health issue which should be addressed through legislation and policies which look to minimise harm and encourage addicts to seek help at any time. The Inquiry Panel in our opinion is well placed to provide leadership in addressing these failures and in starting a public discussion around how as a society we may remove the stigmatisation of addictions and addicts. We encourage the Panel to take this role.