

Evaluation of the Hauora AOD treatment and rehabilitation programme

Final draft v2.0

5 September 2016

Acknowledgements

The authors of this report acknowledge those who contributed to this evaluation.

We thank programme participants who agreed to be part of the evaluation and who were open and forthcoming with often very personal information.

We acknowledge Notorious leadership, the Houhanga Rongo Trust, Te Ara Tika Trust and The Salvation Army who generously offered their time and energy to assist with the evaluation.

We are particularly grateful for the contribution of Sheryl Connell, who filled a vital liaison role between the evaluation team and Notorious leadership and the programme participants.

A mihi to Roy Dunn

Tēnā koe Roy, te tino rangatira o Notorious.

Te timatanga o te whakaaro nui.

Kua hua ake tōu whakaaro, ka whakawhārikitia mai he huarahi hou mō te whānau

Ka puāwai ngā tāngata.

Mā te pai hoki o tōu manaaki, ka haere tonu tēnei mahi mīharo.

Moe mai Roy.

Moe mai i te whakaruruhau o ngā tīpuna i haere atu i mua i a koe.

Moe mai, moe mai, moe mai rā.

Prepared by:

Louise Kirkwood, LCK Consulting Ltd

Roger Macky, Vertical Research Limited

Contents

EXECUTIVE SUMMARY	5
PROGRAMME BACKGROUND.....	5
EVALUATION METHODOLOGY.....	5
EVALUATION FINDINGS	5
<i>Quantitative – substance use</i>	5
<i>Quantitative – criminal records</i>	7
<i>Qualitative – programme participants</i>	7
<i>Qualitative – stakeholders</i>	8
CONCLUSIONS	8
PART 1: INTRODUCTION AND METHODOLOGY	10
INTRODUCTION	10
OBJECTIVES.....	10
<i>Background to the programme</i>	10
<i>Programme objectives</i>	11
EVALUATION METHODOLOGY.....	12
1. <i>Review of attendance and programme completion</i>	12
2. <i>Interviews with programme participants and family/whānau</i>	12
3. <i>Interviews with key stakeholder representatives</i>	12
4. <i>ADOM data</i>	13
5. <i>Ministry of Justice criminal conviction data</i>	13
6. <i>Houhanga Rongo Trust records</i>	13
<i>Permissions processes</i>	14
<i>Limitations</i>	14
Representation of participants participating in the qualitative interviews	14
Non-verification of interview information	14
Use of criminal conviction data	14
PART 2: EVALUATION FINDINGS	15
DESCRIPTION OF THE PROGRAMME	15
<i>Rehabilitation camps</i>	15
<i>Camp numbers and completions</i>	16
<i>Reintegration</i>	16
<i>Participation in reintegration</i>	17
<i>Participant experience of the process</i>	17
PARTICIPANT-REPORTED VIEWS ON PROGRAMME OUTCOMES	18
<i>Family</i>	18
<i>Becoming and staying “clean”</i>	19
<i>Cultural connections</i>	19
<i>Attitude/thinking</i>	20
<i>Wellbeing and strength/positive occupation</i>	20
<i>Health</i>	21
ADOM DATA ON AOD USE AND ASPECTS OF HEALTH AND FUNCTIONING.....	21
<i>Period of analysis</i>	22

<i>Substance use</i>	22
Methamphetamine use	25
Cannabis	26
Alcohol	26
Abstinence.....	27
Injected drugs.....	27
Per person ADOM analysis	27
<i>Lifestyle and wellbeing</i>	28
MINISTRY OF JUSTICE CRIMINAL CONVICTION DATA	28
POST-PROGRAMME METHAMPHETAMINE USE BASED ON HOUHANGA RONGO TRUST RECORDS	30
JUSTICE ISSUES BASED ON HOUHANGA RONGO TRUST RECORDS	33
<i>Charge status at the time of programme entry</i>	33
<i>Charges following camp completion</i>	33
<i>Incarceration since camp completion</i>	33
STAKEHOLDER-REPORTED VIEWS ON PROGRAMME EFFECTIVENESS	34
<i>Advances in partnership and programme</i>	34
Development of Salvation Army–Notorious partnership	34
Programme development	36
Commitment	37
<i>Other indicators of positive impact</i>	38
Positive interactions in communities alongside camps.....	38
Shifts for Notorious minders/leaders	38
PART 3: DISCUSSION AND CONCLUSIONS	39
OVERVIEW	39
PROGRAMME OUTCOMES	39
<i>Comparative data on completions</i>	39
<i>Changes to alcohol and drug use</i>	40
<i>Changes in criminal activity</i>	41
<i>Changes in general wellbeing and positive lifestyles</i>	42
FACTORS IDENTIFIED AS IMPACTING ON PROGRAMME SUCCESS.....	42
<i>Programme tailored to Notorious</i>	42
<i>Tikanga</i>	42
<i>Support from others</i>	43
<i>Partnership</i>	44
<i>Reintegration and ongoing post-rehabilitation support</i>	44
<i>Leadership and decision making</i>	46
CONCLUSION.....	46
APPENDIX 1: DETAILS OF REHABILITATION CAMPS	48
APPENDIX 2: THE PARTICIPANTS’ JOURNEY	49
<i>Getting involved in the programme</i>	49
<i>The rehabilitation experience</i>	51
APPENDIX 3: CASE STUDIES	52
APPENDIX 4: DETAILS OF CHANGES IN CONVICTIONS AND AOD USE BY PARTICIPANT	61
APPENDIX 5: ADOM LIFESTYLE AND WELLBEING RESPONSES	66

Executive summary

Programme background

The Hauora Alcohol and Other Drug (AOD) Treatment and Rehabilitation Programme (the programme) was developed and is delivered in partnership between The Salvation Army and the Notorious Chapter of the Mongrel Mob (Notorious). The Houhanga Rongo Trust provides support and oversight to the programme.

The motivation for setting up the programme grew from recognition of the detrimental effects that drug use, particularly methamphetamine, was having on Notorious members and their families, as well as its contribution to criminal activity and convictions.

The programme has a whānau-based approach and delivers AOD addiction treatment interwoven with tikanga learning. The key component of the programme is a residential rehabilitation camp of six or seven weeks, which is followed by a reintegration phase that provides ongoing support to camp graduates for up to and sometimes longer than a year.

Since October 2009, a total of 90 Notorious members and associates have participated in 10 completed programmes.

Evaluation methodology

This evaluation is based on qualitative methods, predominantly interviews with programme participants, Notorious leaders, case workers from The Salvation Army and other stakeholders. Some quantitative data was also used, notably:

- Alcohol and Drug Outcome Measure (ADOM) which records details regarding type and frequency of substance use, and aspects of health and functioning, both pre-camp and post-camp
- Ministry of Justice criminal convictions records
- Houhanga Rongo Trust records of participation in the programme as well as post-camp drug use and involvement with the justice system.

Evaluation data need to be considered cautiously. The bulk of data relates to a subset of participants who were actively involved in the evaluation, participating in interviews and/or allowing access to criminal convictions data. This group may not necessarily provide a view that is representative of all those who participated in the programme.

Evaluation findings

Quantitative – substance use

The camps have a 94% completion rate, which is impressively high when compared with other residential AOD rehabilitation programmes. Of the 90 participants who completed a camp, 80%

took part in residential reintegration and a further 5% attended reintegration programmes while living offsite, or received other support.

Data on methamphetamine use post-camp, provided by Houhanga Rongo Trust for all participants, indicated sustained abstinence from methamphetamine for a proportion of participants. A total 92% were not using methamphetamine six months post-camp. This proportion reduced to 62% at 12 months and 55% at over three years post-camp¹.

ADOM data, which was available for a subset (32%) of participants, indicated a marked reduction in AOD use. Post-camp ADOM data was collected after a period ranging from one month to six years after camp completion. The data records the participants' substance use during the previous 28 days.

Post-camp, no participant reported daily use of any drug. In contrast, daily use had been frequent prior to camp attendance, reported by 48% of methamphetamine users, 75% of cannabis users and 38% of those drinking alcohol.

From pre-camp to post-camp, there was a marked reduction in the reported use of drugs in the previous month. This reduction appears to have been maintained in the subset of participants who had been out of camp for at least a year and thus were also likely to have moved on from intensive reintegration support.

For example, 21 participants reported using methamphetamine in the pre-camp ADOM and had used an average of 18.3 days in the previous 28. Nineteen (90%) were using at least weekly, including 10 (48%) who reported daily use.

Post-camp, this group had used methamphetamine on a mean 1.5 days in the previous 28. Fourteen (67%) reported no use and the other seven used a mean 4.1 days out of the previous 28 (mean). No one was using daily.

In the group whose post camp use data was for more than one year or more after camp (11 participants), mean days of methamphetamine use decreased from 17.5 days in the pre-camp ADOM to 0.5 days in the post-camp ADOM.

ADOM data also showed a marked reduction in numbers of standard drinks on a typical drinking day for those drinking alcohol; again the reduction was sustained in the group of participants with data for longer than one year post-camp.

Based on post-camp ADOM data, approximately one-quarter of participants reported being abstinent of all substance and alcohol use in the past month. Notably, this figure was 61% in the subset of participants who had completed camp more than one year earlier.

Overall, ADOM data showed positive AOD use outcomes for 93%, all bar two participants.

¹ Figures exclude participants who were in prison or deceased.

In post-camp ADOM responses, participants generally reported a high level of satisfaction with progress towards achieving recovery goals, and a majority (89%) scored themselves in the top half of the scale of how close they were to where they want to be in recovery.

Quantitative – criminal records

Criminal convictions reports were received from the Ministry of Justice for 27 (30%) programme participants.

The analysis of criminal convictions involved examining the participants' records before and after the rehabilitation camp. The Ministry of Justice seriousness score was used to assess whether criminal behaviour had improved or worsened between the before and after period. The approach involved summing the seriousness score over a set period before and after the camp. As such, it considers both quantity and severity of recorded crimes.

Overall, if those who allowed access to their criminal convictions data are representative of all those who took part in the programme, there are indications of improved criminal behaviour following the programme.

A subjective review of records indicated an improvement for approximately three-quarters (78%; 21 out of 27). A further three had a good record both before and after the programme.

A less subjective approach which could only use data from 15 participants also indicated that criminal behaviour had improved for approximately three-quarters (73%; 11 of 15). Median seriousness score reduced from 80 before the rehabilitation camp to 0, ie, no convictions, after the camp.

The Houhanga Rongo Trust reports on convictions across the broader group of participants also indicated a reduction in criminal behaviour. Over one-half of participants had justice involvement at the time they entered camp compared with 22% facing new charges in the one-year period following camp completion. Of those participants with data for at least three years following camp completion, 45% faced new charges in the two-to-six year period from 12 months after camp completion until the time of data collation.

Qualitative – programme participants

In interviews, programme participants reported a variety of short-term and long-term changes in their lives which they attributed to involvement with the programme and the Notorious kaupapa in general. These were largely positive and can be grouped into several main themes.

- **Family** – beneficial effects on family life, particularly relationships with their children, spending more time with them and developing stronger bonds.

- **Cultural connections** – much stronger connection with and pride in their tikanga and whakapapa.
- **Attitude** – significant mind-shifts in terms of staying positive, valuing honesty and considering the effects their actions have on others.
- **Wellbeing** – improved wellbeing and personal strength, being able to stay out of trouble with the law and developing leadership.
- **Health/being drug-free** – having more energy, eating better and having a clearer mind.
- **Positive occupation/activities** – having more order in their lives and being more engaged in positive activities, including, for some, education and employment.

Qualitative – stakeholders

Stakeholders referred to a similar range of outcomes as those cited by participants. In particular they highlighted improved family relationships and general wellbeing in participants, as well as reduced AOD use. They also pointed to other outcomes that they saw as being indicators of programme effectiveness, particularly:

- ongoing strengthening of the relationship between The Salvation Army and Notorious
- improvements in the programme itself, particularly in the involvement of participants' whānau and the increased focus on tikanga as a foundation for learning
- enduring commitment of both Salvation Army and Notorious personnel to the programme
- positive advances in community perceptions of Notorious in camp locations
- the positive shifts that some Notorious leaders have made in their lives.

Conclusions

Overall evaluation results suggest that the programme is delivering effective AOD treatment and rehabilitation support for a group of individuals typically regarded as “hard to treat”.

The overwhelming feedback from the participants who provided feedback in the evaluation is that, because of their involvement with the programme, their lives are better and they have developed positive, life-changing beliefs, attitudes, understanding and skills.

Critically, these changes have included positive shifts with respect to AOD use and criminal offending behaviour.

From pre-camp to post-camp data, there was a marked reduction in the reported use of drugs in the previous month. This reduction appears to have been maintained in the subset of participants who had been out of camp for at least a year and thus were also likely to have moved on from intensive reintegration support.

Criminal records indicate that participants were less likely to commit crimes, or had reduced the rate and severity of their offending, following the programme.

Factors that appear to be critical to the success of the programme include:

- the programme being tailored to Notorious
- inclusion of tikanga as a foundation component of the programme
- attending the rehabilitation camps and the reintegration with whānau
- the supportive atmosphere and the bonds formed among participants
- reintegration and ongoing rehabilitation support
- the close working partnership between Notorious and The Salvation Army, and the caring, non-judgemental attitude of “the Sallies”
- robust Notorious leadership.

Potential risks to the effectiveness of the programme have included recent changes to the reintegration phase. The location has changed and there has been less involvement of Notorious leaders as “minders” in this phase. Notorious felt that they were not properly involved in these decisions and feel that there has been a change to the fundamental principles under which the reintegration phase operated. Confusion and differences of opinion about the roles and responsibilities for running the reintegration have affected recent programmes.

Notorious Chapter President Roy Dunn, who was the driving force behind the programme and was extremely important to its success, passed away in March 2016. His absence will be acutely felt and there is a question as to how this important role will be filled in Notorious and the impact this may have on leadership within the programme.

Part 1: Introduction and methodology

Introduction

The Hauora Alcohol and Other Drug (AOD) Treatment and Rehabilitation Programme (the programme) was developed to address methamphetamine use and associated issues faced by the Notorious Chapter of the Mongrel Mob (Notorious).

The programme was developed and delivered in a partnership between The Salvation Army and Notorious. Much of the work by Notorious was carried out through Te Ara Tika o Te Whānau Trust (Te Ara Tika) and the Houhanga Rongo Trust. Te Ara Tika Trust was established in 2005 by Notorious to be a vehicle that would assist in implementing the various changes that the Chapter was making. The Houhanga Rongo Trust was established in 1989 by Sam Chapman, a community development worker, and his wife Thelma. The Houhanga Rongo Trust has provided support and oversight to the operations of the programme.

The programme has been delivered to a total of 90 people, who participated in 10 rehabilitation camps between October 2009 and September 2015. Many of those who took part in the rehabilitation camps went on to the reintegration phase of the programme.

This report presents the findings of an evaluation of the programme, commissioned by The Salvation Army, with funding from the Ministry of Health, and completed by Louise Kirkwood and Roger Macky.

Objectives

This evaluation aims to:

- explore the experiences of participants who attended the programme to identify changes in behaviour that are potentially linked to the programme
- explore perspectives on programme effectiveness from other stakeholder viewpoints
- identify contributors and barriers to the success of the programme.

Background to the programme

The rehabilitation programme was developed as part of a broader approach to social change within Notorious.

In the early 1990s, some of the leading members of Notorious who were in prison came to realise that certain of their behaviours to date had been detrimental to themselves and to others. This led to a reassessment of their Chapter's values and how those values fitted into wider society. Also at this time, methamphetamine had "taken hold" of many Notorious members and their families, with negative consequences. The leaders began to consider how Notorious could address the methamphetamine problem. So while the leaders of the Chapter had been

considering its values and reassessing its focus, methamphetamine captured the attention of many of the members and proved to be a catalyst for change for the wider group.

Notorious began to change their approach to focus on pro-social activities and values. In particular the Chapter moved from a “patch first” focus to a “family first” focus. Notorious was assisted in this change by Sam Chapman in part via the Houhanga Rongo Trust which has played a role in the work that Notorious has been doing up to the present day.

Sam Chapman had been instrumental in the changes that the Chapter President, Roy Dunn, made in his life and the effect this had on the Chapter. The philosophy and mentoring programmes Sam has facilitated have contributed towards the change of direction and focus for Notorious whānau. Sam uses a process called Evaluation for Transformation (EFT) that encourages participants to focus on, and plan for, a better future.

A key element in the change process was to develop a rehabilitation programme for Chapter members.

Representatives of Notorious leadership approached The Salvation Army for support in developing a treatment programme for members of their Chapter who had significant issues with AOD. While methamphetamine was the key focus, the impact of harmful use of AOD in general was also acknowledged.

The Chapter advanced the concept of a whānau-based approach to AOD addiction treatment with The Salvation Army, and the programme was developed in partnership between the two groups.

AOD addiction treatment was seen as one part of a broader rehabilitative programme that sees Chapter members better integrated into communities and society as a whole.

Programme objectives

The Notorious leadership refers to a broad programme objective of “healing our people”. This objective has remained consistent throughout the programme’s lifetime.

More specific aims relating to the rehabilitation camps were documented by The Salvation Army in early process evaluation work.

- Provide whānau-based residential AOD addiction treatment for Notorious members that offers respite from AOD use and builds participants’ knowledge and skills for reducing AOD-related harm in their lives.
- Support participants to begin a process of recovery from AOD use and transition to self-sufficiency and positive community participation, through supported after care and processes to identify and begin to address ongoing requirements for social assistance.
- Develop an effective partnership between The Salvation Army and Notorious to develop and implement a programme that genuinely reflects the needs of the Notorious group.

Specific aims relating to the reintegration were included in Houhanga Rongo Trust documentation. Overall the reintegration phase aimed to provide follow-up care to participants and their whānau after the rehabilitation camp. The focus was on supporting participants to maintain their recovery and build and sustain positive life changes in areas such as parenting, employment, health, housing and education. In particular it aimed to enable and empower participants to break the cycle of drug dependency and associated crime by replacing it with positive choices towards health and wellbeing.

Evaluation methodology

The evaluation is based on predominantly qualitative methods supplemented by analysis of available quantitative data.

Data was collected over the period October 2015 to June 2016. The various data sources and methodologies are explained here.

1. Review of attendance and programme completion

Camp attendance information was collated to provide a context for the other information gathered. The data was obtained from The Salvation Army's SAMIS client database and verified with data held by Houhanga Rongo Trust and Salvation Army AOD treatment case manager records.

Reintegration attendance was based on information provided by Houhanga Rongo Trust.

2. Interviews with programme participants and family/whānau

Programme participants and family/whānau from across New Zealand attended a series of hui that were conducted in Auckland, Hasting and Paeroa. Those attending the hui came from throughout New Zealand and included participants from Auckland, Waikato, Northland, central North Island, Hastings/Hawkes Bay, Timaru and Dunedin.

Interview attendance was voluntary. It was largely arranged by Sheryl Connell of Houhanga Rongo Trust in her role as liaison for the evaluation project.

Information was collected through individual and group interviews. A total of 30 participants were involved, with around 12 accompanied by one or more family members or support people.

Two individuals and one family (which included several programme participants) were interviewed more extensively to provide case study material. The case studies provide a more detailed description of the types of issues facing participants and their whānau.

3. Interviews with key stakeholder representatives

Stakeholders were selected to represent those who knew about the programme and its operation and/or were aware of programme outcomes.

Stakeholder interviews followed a semi-structured format and focused on stakeholder experiences and perceptions of programme implementation and outcomes. Each interview was tailored to the stakeholder's role.

Input was collated from:

- six representatives of Te Ara Tika and Houhanga Rongo Trusts
- six Notorious leadership personnel, with three interviewed on two separate occasions
- six Salvation Army personnel representing senior management involved in the programme and the AOD case management team (the latter were involved in both individual interviews and a group interview).

All interviews were completed in person with the exception of interviews with The Salvation Army AOD case management team members, which were completed by teleconference.

4. ADOM data

Data matching that used in the Alcohol and Drug Outcome Measure (ADOM) was collated to record details regarding type and frequency of substance use, and aspects of health and functioning.

This data was compiled for participants based on their status pre-camp (at the time of initial assessment for camp entry) and post-camp (after their attendance on the camp).

ADOM data was available for 28 of the 30 participants who took part in interviews, and one other programme participant (29 participants total).

The pre-camp status data was compiled by backfilling the ADOM information from data on file from the assessment at camp entry. Post-camp information was collected using the ADOM questionnaire in all cases except two, which were compiled by Salvation Army AOD case managers from available participant information.

5. Ministry of Justice criminal conviction data

As part of the assessment of participant outcomes, Ministry of Justice criminal records were analysed for some participants. When these records were available they provided an independent view of the participants' criminal behaviour.

6. Houhanga Rongo Trust records

Houhanga Rongo Trust provided a summary of programme participants' history and current status including:

- methamphetamine use at 6 and 12 months post-camp and currently
- justice issues at 6 and 12 months post-camp and currently
- any incarceration since camp completion
- involvement in the reintegration phase of the programme.

Permissions processes

Participants in face-to-face interviews completed a consent form. This included agreement to allow evaluators to access their treatment records and case notes, and an assurance that discussion content would be managed confidentially with no identifying information used in the evaluation report.

A separate written consent was used to collate participant permissions to access criminal convictions reports from the Ministry of Justice.

Limitations

The following limitations need to be considered alongside the results of the evaluation.

Representation of participants participating in the qualitative interviews

A total of 30 participants were interviewed, which was 33% of those who have attended the rehabilitation camp. This group may not necessarily provide a view that is representative of all those who participated in the programme.

The interviews took place at various Notorious hui and there were no instances of participants refusing to take part in the interviews. However, some programme participants have lost contact with Notorious and therefore would not have attended the hui. Other participants may have chosen not to attend. This may have resulted in the group that was interviewed being different to participants as a whole (for example in terms of circumstances and opinions), and may have introduced a bias.

An effort was made to offset this potential issue by collating information that the Houhanga Rongo Trust had on ongoing methamphetamine use and justice issues for all participants. However, this information was limited to the knowledge that the Trust had about the programme participants' activities.

Non-verification of interview information

Information from interviews with programme participants, Notorious leaders, Houhanga Rongo Trust, Te Ara Tika and The Salvation Army was in general taken at face value and in many cases could not be verified.

Use of criminal conviction data

As noted above the criminal conviction data provided an independent view of participants' criminal behaviour. However, many participants could not be reached or were not available to give their permission for the criminal conviction data to be used. Clearly this creates a possibility for bias as those who could be reached and who did give permission could have different histories from those who did not.

Part 2: Evaluation findings

Description of the programme

The overall Hauora AOD treatment and rehabilitation programme includes various phases.

1. Notorious leadership identify potential programme participants.
2. Those who agree to participate undergo pre-programme work, including participant assessments and attention to outstanding social matters such as meeting existing and upcoming Corrections/Justice requirements, addressing medical needs, and ensuring social welfare benefits are in place. These tasks are shared between The Salvation Army and Houhanga Rongo Trust.
3. Participants then attend a residential rehabilitation camp, operated in partnership by The Salvation Army and Te Ara Tika Trust (see details below).
4. A reintegration phase provides support for participants who have completed the rehabilitation camps. This is operated by Te Ara Tika Trust under subcontract from Houhanga Rongo Trust (see details below).
5. Some limited AOD after care support is provided by The Salvation Army. This included a weekly AOD after care group for up to three months following the first five camps and sessions delivered in the reintegration setting by members of Salvation Army AOD case management team.
6. The Salvation Army also assists by linking some participants to Salvation Army social services available in other locations. This Salvation Army after care input complements the Te Ara Tika reintegration phase.

Rehabilitation camps

Residential rehabilitation camps were located in rural or semirural locations and operated over a seven- (Camps 1–5) or six-week (Camps 6–10) period between October 2009 and September 2015. Details of dates, locations and participant numbers are presented in Appendix 1.

Key aspects of the rehabilitation camp are:

- a process and approach developed in partnership between The Salvation Army and Notorious
- a whānau-based approach to rehabilitation – participants attend camps and reintegration accommodation with their whānau with the aim of taking whānau on the recovery journey
- delivery of The Salvation Army AOD addiction treatment alongside a tikanga approach, with significant interweaving of the two streams in later camps
- involvement of Notorious members as “mindors” to fill a supervision role at the camps
- delivering the rehabilitation support service to people within their own cultural (Chapter as whānau) setting.

Camp numbers and completions

In total, 95 people enrolled in the rehabilitation camps. A total of 90 (94%; 30 women and 60 men) completed the camp. Of these 90, eight completed a repeat camp and one completed two repeat camps (ie, 99 completed attendances in total).

Five people (two women and three men) did not complete the rehabilitation camp. One of the five transferred to a Salvation Army Bridge programme when the place she had been given in the camp needed to be made available to a prior enrollee. The remaining four were required to leave the camp because of behaviour issues. These four represent 3.8% of the original 104 enrolments. For the balance of 95.2% enrolments (99 of 104), the camp was completed.

Details of camp dates, locations and participant numbers are provided in Appendix 1.

Reintegration

The reintegration was set up to support participants to integrate back into everyday life without AOD dependency after the rehabilitation camps.

The Houhanga Rongo Trust holds the contract to provide this after care and subcontracts the task to Te Ara Tika Trust. Houhanga Rongo Trust is contracted to deliver reintegration services over 12 months but often supports participants over a longer period.

The reintegration process involves a period of residential support which most participants attend for some period.

The reintegration has a number of key features.

- After each camp, the aim was to keep the graduates together as a group in reintegration. Notorious minders from the rehabilitation camp resided with reintegration participants. This enabled the group to continue to operate as a whānau. The intention was that half of the camp minders would remain with the reintegration participants, but this has not always happened in practice.
- There was also an intention to offer participants a number of activities and courses during the day (although this was limited in the later camps). The courses included driver's licence training and tourism courses. Recreation activities were also available at times, largely to support the children of the participants. Participants (particularly those from the earlier camps) often talked of the reintegration being packed full of activities and courses.
- The Salvation Army and other reintegration personnel ran courses during reintegration.
- Administrative help was available for liaison with government agencies such as WINZ. In particular, The Salvation Army provided a lot of practical support around health services.

For the first six camps, the reintegration phase was run in Auckland. It then became clear that the facilities were too small but it was not possible to arrange affordable additional facilities in Auckland. Roy Dunn made special arrangements for most of the participants of the seventh camp

to be housed near Te Aroha and to undertake various reintegration sessions in Paeroa. One of the leaders from Auckland came to Paeroa as a minder.

From the eighth camp onwards Te Ara Tika Trust subcontracted reintegration services, to be operated in Turangi. Those running the reintegration had converted an old hospital in Turangi into a family home and made this and the adjoining houses available for the reintegration.

The reintegration support process changed after the fifth camp. The first five camps were spaced well apart in time and, as a result, participants were able to stay in reintegration accommodation for up to a year and in some cases for longer. However, the later five camps were operated over a 15-month period, with back-to-back cycles of a six-week camp and eight weeks of reintegration. Those in residential reintegration had to move out of that accommodation to allow for the next group of participants to move in.

Participation in reintegration

Of those participants completing the camp, 80%² took part in residential reintegration and a further 5%³ attended reintegration programmes while living offsite or received other support, such as through local Salvation Army AOD treatment services. The remaining 15% received no reintegration support. There were a variety of reasons for camp graduates not attending reintegration. For example, there may have been some pressing factor such as illness that prevented them from attending or they may have had to return to their families in another part of the country:

I suppose we could have come ... to Auckland. I opted to go back to ... my home town and, the rest of my other kids were [there], so that's why I went back.

After reintegration, participants (particularly those in the Auckland area) were still able to access support from the Notorious leadership:

The people need backup or they're just gonna fall off. Lucky that we cruise around where they live and happen to poke our head in and knock on the door. We tell them we're not spying on ya – we just wanna see how you are. And just with seeing our face reminds them about the rehab, where they came from, and it sort of gets them back on track.

Participant experience of the process

Information on the programme journey and how the participants experienced it are presented in Appendix 2. Overall, it highlights the process of participants coming to the realisation that help is needed to address AOD issues, the various motivators for this and the shifts in awareness that the programme contributed to. Appendix 2 also highlights the nature of the typical participant before the programme.

² Number based on 99 completed camp attendances (includes repeat attendances; refer section *Camp numbers and completions*, page 17 for repeat attendance details): 79 of 99 attendances.

³ 5 of 99 attendances – refer above footnote.

Case studies for two individual participants and a family of six who attended the programme are presented in Appendix 3. These provide a fuller picture of participants' experiences before, during and after involvement in the programme. They also provide insight into the complexities and challenges existing in the lives of many participants.

The case studies show recurring themes of heavy addiction and time spent in prison before participating in the programme. Gaining self-awareness and the understanding of how to manage the cravings for drugs were key factors in becoming clean. All those in the case studies felt very strongly about the value of the tikanga component of the programme in helping them to connect with who they were and who they wanted to be.

Although most of the case study participants have remained completely free from drugs, those who haven't report being able to control their use much better. The benefits of better health, a stable home life, successful study and employment, and staying out of prison echo the comments from most programme participants who took part in evaluation interviews.

Participant-reported views on programme outcomes

Programme participants reported a variety of short-term and long-term changes in their lives which they attributed to involvement with the programme and the Notorious kaupapa in general. These were largely positive and can be grouped into several main themes.

Family

Many participants stressed the beneficial effects on their family life, particularly their relationship with their children.

Participants who had their children with them on the programme could immediately see the benefits of being able to spend time with them and see them enjoying the various activities provided:

I had more bonding time. Like I could actually sit and bond with my kids more.

This provided a strong motivation to continue working on the relationship after the programme ended:

...my kids were a lot more stable, listening to me. Yeah, I could actually sit down and play with them instead of just telling them to go away. I could bond better.

With hindsight, one participant could clearly see how addiction negatively affected his family and how that changed after doing the programme:

When I was doing all that stuff it affected my family hard because I pushed my kids away because they were second. The alcohol and drugs were first. But now – well our bonding's different now. There's more love and aroha and that now. And we can communicate with each other much more. And my kids can live with me now compared to where they didn't want to be around me.

For another participant, going through the programme has meant he can re-establish contact with his daughter after five years, as his ex-partner would not let him see her while he was using drugs.

Being drug-free allows participants to spend time with their family that they would have previously spent on seeking out and taking drugs:

You know, we've got time – I suppose it gives us time to spend with them. Whereas rather than spending that time with the bros at the table on the bloody pipe or whatever, you know. So that's a really important thing for family building – building blocks.

Becoming and staying “clean”

The programme has provided the opportunity for all participants to experience a minimum six-week period off drugs, and off methamphetamine in particular. Many respondents made references about seeing the “clouds lift”, appreciating family, or understanding that there can be activities they enjoy sober and drug-free. Many had not had an experience like this for a very long time.

Staying off drugs was a source of pride for many participants, with some having stayed clean for several years since their programme. A common comment was that they had reduced their everyday drug and alcohol habit to social drinking.

For some, there was still one remaining addiction that they want to be free of:

All I do is smoke cigarettes. Another habit I'm trying to kick, but it's a bit harder than the rest.

Cultural connections

A large proportion of participants reported a much stronger connection to their “Māori side” as a result of the programme. This led to an increased pride in their knowledge of tikanga and their whakapapa:

Even just knowing who I was and knowing who my parents were and knowing who their parents were, you know, was something that grounded me.

I can speak te reo Māori on a pae tapu, and when I go home back to my marae I can walk through the front door instead of going around the back all the time.

The same participants often also emphasised that they had previously had little interest in that aspect of themselves and that tikanga provided a welcome awakening.

One participant talked about a spiritual awakening, in the sense that they had been brought up on a marae and spoke te reo as a child, but “everything else had taken over” and that side of their life was “asleep”:

...when we did tikanga programmes I had a spiritual awakening, like – I don't know how I can explain it. I had a kaitiaki [guardian] that just woke my wairua [spirit] up.

A simple statement by one participant sums up the importance of tikanga in the programme:

Yeah, I learned tikanga. It made me feel better.

Attitude/thinking

Participating in the programme caused some significant mind-shifts in some participants. The importance of staying positive, valuing honesty, and considering the effects of their actions on others were all mentioned as important changes in attitude:

It's broadened my mind. It's, it's brought a lot of things to attention – mainly surrounding myself around positive people. Pushing the negative away when it's around me So I just stayed positive.

I was more honest with people ... I can actually, yeah, own my stuff and say that yeah, I done that and that was wrong.

Like I always knew what was right and what was wrong, but I just didn't care. I didn't care. I just rolled with it, because everyone else rolled with it.

Used to just speak my mind [but now have] more empathy toward life itself and people, empathy, humility, patience, tolerance ... bit more compassionate towards others.

One participant appreciated being able to communicate better with others and being more aware of what's going on in his community and society.

Interestingly, one participant suggested that his conscience had been woken up by the programme, particularly in relation to his attitude towards drugs:

I touched it [drugs] again a couple of times for about the first six months afterwards. ... But, like I said, each time I did it, I felt more guilty ... and I thought all the stuff I've been through was all for nothing if I go back onto this ... it was my conscience, getting, coming back on me....

A new attitude towards crime was summed up by one participant:

I don't even think of doing any crime anymore, you know?

Wellbeing and strength/positive occupation

As well as a change in thinking and attitudes, participants reported improved wellbeing and personal strength. Some expressed pride in their newfound ability to stand up and lead, whether in their whānau or wider circle:

I see myself today as a leader and a role model for my children, a good husband to my wife and a good father. Those are the things I, I wanted.

I found my actual self again, because I was being someone that I wasn't all these years.

One participant was able to become a leader within the Mongrel Mob and start a new Chapter. He used the opportunity to “spread Roy’s word” about the dangers of drugs.

Improved personal strength has been a factor for some participants. In particular, being able to stay out of trouble with the law and move into employment:

And haven't looked back since and haven't been in trouble in the last four – three years. Since I been out of jail I haven't been in trouble with the law. I got my legit licence, my driver's licence back, my car, my motorcycle licence back as well. ... I live in [a medium sized town] now and I've got myself a job working for the Council. I own a company car ... I have three people working under me ... so, yeah, so things are starting to look up. And that's all thanks to this course.

A number of participants referred to improved order and structure to their lives. For some, positive lifestyle shifts have extended to active involvement in education and employment. The latter was identified as a goal by a number of participants, but is also recognised as very challenging.

Health

Health benefits from giving up drugs were mentioned more in passing than as a significant result. However, there were fairly frequent references to better energy levels.

You know, if you're not working and you're smoking more than you're eating ... And then if you're getting sick from smoking too much and not eating enough ... You gotta make an understanding there and work it out. But then working it out in our own household – well it was easy, because then we both gave up, and then what you get from that is more positive comments that, I feel better. And you know, you've got a bit more money and our kids don't see us smoking and, you know, all this sort of stuff happens.

A number of respondents referred to “eating better” and some participants talked of making healthy weight gains. However, there were also frequent reports of putting on too much weight as a result of coming off drugs.

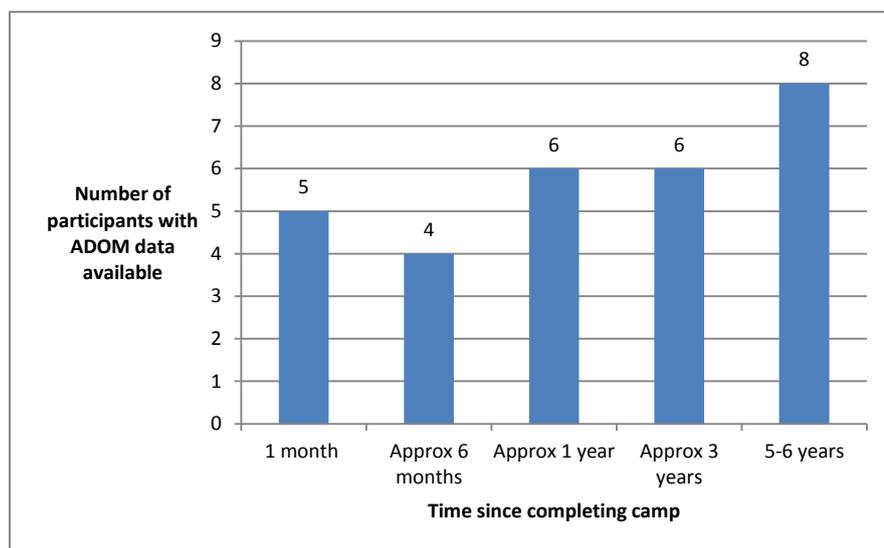
ADOM data on AOD use and aspects of health and functioning

ADOM data was available for 29 camp participants: 32% of all participants.

Period of analysis

Post-camp data was collected after a period ranging from one month to six years after camp completion, with the median period 13.3 months. Distribution of participants based on the period between finishing the camp and providing the post-camp ADOM data is shown in Figure 1.

Figure 1: Time since camp completion for participants with ADOM data available



Substance use

The ADOM reports on substance use in the following categories: alcohol, cannabis, amphetamine-type stimulants, opioids and sedatives/tranquilisers.

Participants self-report on their substance use and identify main substance(s) of concern (at least one agent and up to three in order of priority). Methamphetamine,⁴ alcohol and cannabis were the only substances reported as main substances of concern in ADOM data. There was no reported use of opioids or sedatives/tranquilisers.

A summary of data on substance use and drinking reported in the pre-camp and post-camp ADOMs is presented in Table 1.

⁴ Case worker conducting ADOMs identified that all participants reporting use of "amphetamine type stimulants" were referring to methamphetamine use, so this term is used throughout.

Table 1: Mean days of substance use reported in pre-camp and post-camp ADOMs

	Number reporting use in pre-camp ADOM	Use reported in pre-camp ADOM (pre-camp users only)		Use reported in post-camp ADOM (pre-camp users only)			Use reported in post-camp ADOM (all users)	
		Mean days use	Number using daily	Mean days use	No use	Number using daily	n	Mean days use
Methamphetamine (all)	21	18.3	10 (48%)	1.5	14 (67%)	0	22	1.1
Methamphetamine (those with ADOM > 1 year post-camp)	11	17.5	4 (36%)	0.5	7 (64%)	0	12	0.4
Cannabis (all)	20	22.5	15 (75%)	3.9	7 (35%)	0	21	5.8
Cannabis (those with ADOM > 1 year post-camp)	13	21.1	9(69%)	3.2	5 (38%)	0	14	2.6
Alcohol (all)	13	17.6 (15.1 standard drinks per typical day)	5 (38%)	1.7 (3.5 standard drinks per typical day)	5 (38%)	0	18	2.6 (5.0 standard drinks per typical day)
Alcohol (those with ADOM > 1 year post-camp)	9	14.6 days (14.0 standard drinks per typical day)	2 (22%)	2.2 (4.8 standard drinks per typical day)	2 (22%)	0	12	1.6 (3.2 standard drinks per typical day)

Figure 2 shows mean days of substance use and drinking reported in pre-camp and post-camp ADOMs.

Figure 3 also shows mean days of substance use and drinking reported in pre-camp and post-camp ADOMs, but only for participants whose post-camp ADOM data was collected more than one year after completing camp. This is intended to establish changes in use in those participants who have been out of the camp environment for more than one year and are likely to have moved on from intensive reintegration support.

In Figure 2 and Figure 3:

- pre-camp data is the mean days of substance use over the previous 28 days by participants
- the first set of post-camp data is the mean days of substance use over the previous 28 days by participants who reported use of that substance in the pre-camp ADOM
- the second set of post-camp ADOM data is mean days of substance use over the previous 28 days by all participants who reported using in the post-camp ADOM – ie, it also includes participants who reported use post-camp but not pre-camp.

Further details of use patterns by substance are provided in the following sections.

Figure 2: Mean days of substance use in previous 28 days

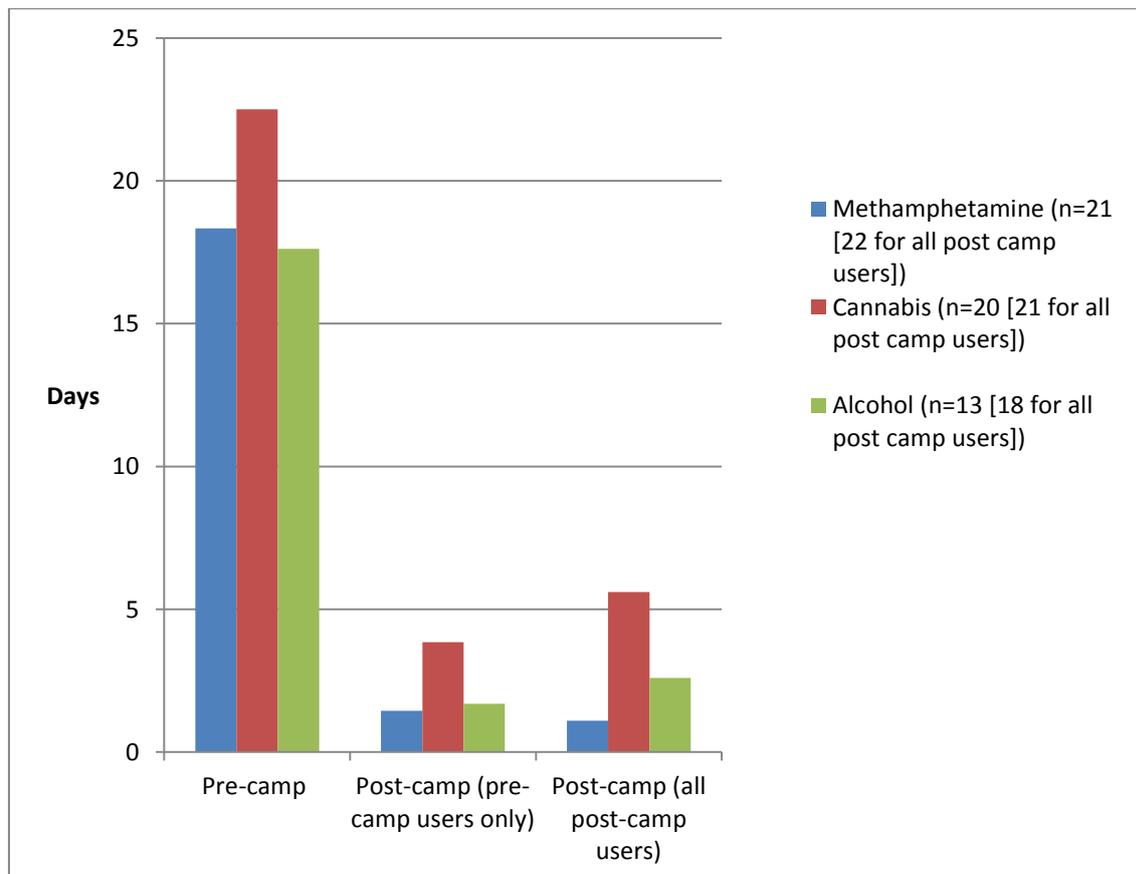
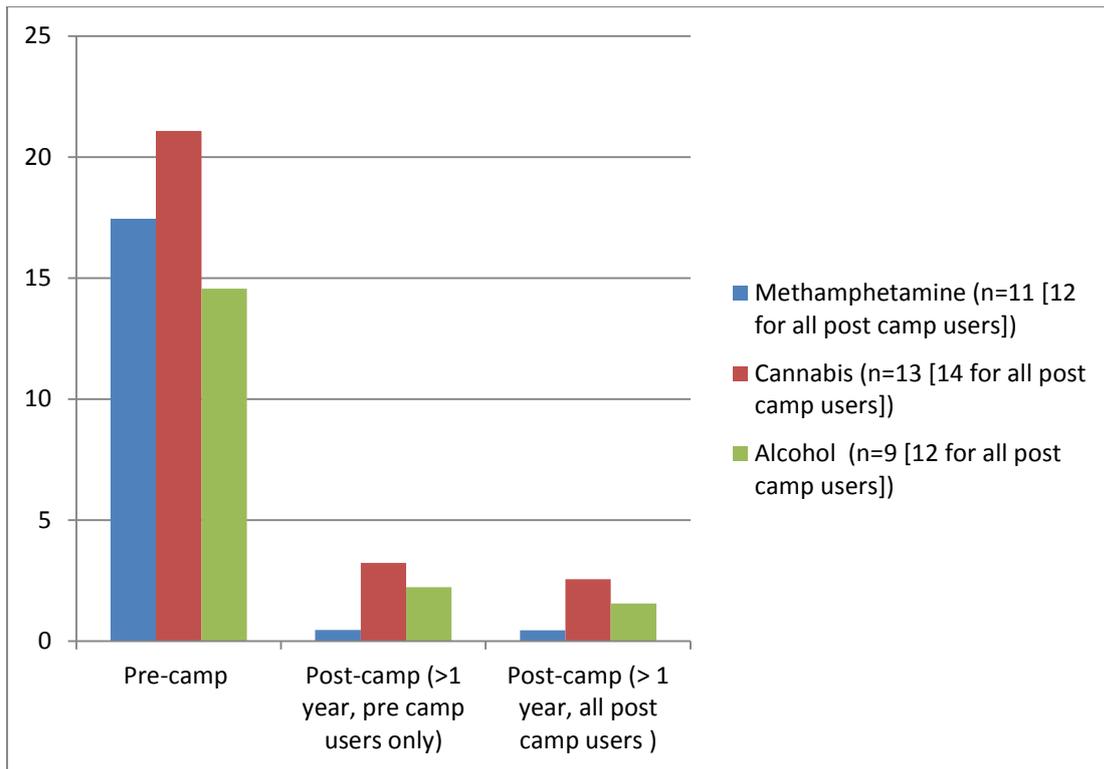


Figure 3: Mean days of substance use in last 28 days among those with post-camp ADOM data >1 year after camp)



Methamphetamine use

Twenty-one participants reported using methamphetamine in the pre-camp ADOM and had used an average of 18.3 days in the previous 28 days. Ten (48%) reported using daily, and the remainder had used on between 1 and 20 days (mean 9.5 days) in the previous 28. Overall, 19 (90%) were using at least weekly.

Following the camp, methamphetamine use in this group had decreased to a mean 1.5 days in the previous 28 days. Fourteen (67%) reported no use and the seven who were using reported use on between 1 and 15 days out of the previous 28 (mean 4.1 days). No one was using daily.

Note: One person who reported no methamphetamine use in the pre-camp ADOM reported methamphetamine use at the post-camp ADOM (three days in the previous 28 days). Including this person in post-camp data adjusted mean days use in the previous 28 days to 1.1.

In 11 of 21 participants who reported methamphetamine use in the pre-camp ADOM, post-camp ADOM data was for one year or more after camp. Mean days use in this group decreased from 17.5 days in the pre-camp ADOM to 0.5 days in the post-camp ADOM. Including the abovementioned additional post-camp user in this analysis adjusted the mean days use post-camp to 0.4 days in the previous 28.

Cannabis

Twenty participants reported using cannabis in the pre-camp ADOM and had used an average of 22.5 days in the previous 28 days. Fifteen (75%) reported using daily and the balance had used between 1 and 14 days in the previous 28. Overall 18 (90%) were using at least weekly.

Following the camp, cannabis use in this group had decreased to a mean 3.9 days in the previous 28 days. Seven (35%) reported no use and the balance reported use on between 1 and 14 days out of the previous 28 (mean 5.9 days). No one was using daily.

Note: One non-user in the pre-camp ADOM reported cannabis use in the post-camp ADOM (4 days out of 28). Including this person increased the mean days use post-camp to 5.8 days in the previous 28.

Of 20 participants who reported cannabis use in the pre-camp ADOM, 13 provided post-camp ADOM data one year or more after camp. Mean days use in this group decreased from 21.1 days in the pre-camp ADOM to 3.2 days in the post-camp ADOM. Including the abovementioned additional post-camp user in this analysis adjusted the mean days use post-camp to 2.6 days in the previous.

Alcohol

Thirteen participants reported drinking alcohol in the pre-camp ADOM and had drunk alcohol an average of 17.6 days in the previous 28 days. Five (38%) had drunk alcohol daily and the remainder had drunk alcohol on between 1 and 20 days (mean 11.1 days) in the previous 28. Overall 10 (77%) were drinking alcohol at least once every two days.

The mean number of standard drinks on a typical drinking day reported pre-camp was 15.1.

Following the camp, days drinking alcohol in this group had decreased to a mean 1.7 days in the past 28 days and the mean number of standard drinks on a typical drinking day had decreased to 3.5. Five (38%) reported no drinking and the balance of eight reported drinking on between 1 and 6 days out of the previous 28 (mean 2.8 days) and reported a mean 5.6 standard drinks on a typical drinking day.

A further five participants who did not report drinking in the pre-camp ADOM reported drinking in the post-camp ADOM (mean 2.4 days, mean 4 standard drinks on a typical drinking day).

Including this group in the post-camp analysis brings mean days drinking reported post-camp to 2.6 and mean numbers of standard drinks on a typical drinking day to 5.0.

Of 13 participants who reported drinking alcohol in the pre-camp ADOM, 9 provided post-camp ADOM data one year or more after camp. Mean days use in this group decreased from 14.6 days in the pre-camp ADOM to 2.2 days in the post-camp ADOM. Mean reported numbers of standard drinks on a typical drinking day decreased from 14.0 to 4.8. Including the above-mentioned additional three people who reported post-camp drinking in this analysis adjusted mean days use post-camp to 1.6 days in the previous 28, and mean drinks per typical drinking day to 3.2.

Abstinence

Rates of abstinence from any substance (ie, zero days of substance use in past 28 days for all substances considered in the ADOM) increased from 6.9% (2 of 29) pre-camp to 24.1% (7 of 29) post-camp.

Rates of abstinence from all substances except alcohol increased from 6.9% (2 of 29) to 38% (11 of 29).

Abstinence figures for the subset of participants whose post-camp ADOM data was for one year or more after camp were:

- 11% before camp (2 of 18)⁵
- 61% after camp (11 of 18)⁶

Injected drugs

One person reported having injected drugs in the previous 28 days in the pre-camp ADOM (3 days out of past 28) as did a different person in the post-camp ADOM (1 day out of previous 28).

Per person ADOM analysis

Table 2 shows a summary of the 29 participants for whom there was ADOM data. It presents an overall subjective assessment of the participants' using behaviour before and after the rehabilitation camp. Further details of reported ADOM results by participant are shown in Appendix 4.

The table shows overall positive AOD use outcomes for 93% (all except 2 participants) including:

- two-thirds (20 of 29) with reduced use
- four with reduced use overall but with some indication of possible substitution of other drugs/drinking
- three participants who maintained or strengthened a partial pre-camp remission.

⁵ Same with and without alcohol excluded.

⁶ Same with and without alcohol excluded.

Table 2: Subjective assessment of change in AOD use (n=29)

Subjective assessment		Numbers	
Reduced use	Marked reduction and abstinent all substances of concern	5	20
	Marked reduction and abstinent some substances of concern	9	
	Moderate to marked reduction	4	
	Moderate to marked reduction and abstinent some substances of concern	1	
	Reduced but still significant user	1	
Reduced use but possible substitution	Moderate or marked reduction but possibly some substitution	4	4
Same use	Maintained use	1	1
Same use remission	Maintained or largely maintained pre-camp partial remission	3	3
Increased use	Increased use	1	1

Lifestyle and wellbeing

Responses to questions in section 2 of the ADOM were only available for post-camp ADOMs. This means they only provide a snapshot of the group at the time that the post-camp ADOM was completed. Details are provided in Appendix 5.

In summary, participant responses to this part of the ADOM questionnaire indicated that:

- negative impacts of alcohol or drug use on their daily life were perceived as minimal
- participants' involvement in criminal or illegal activity was minimal
- 70% of participants were involved in some work, study and caregiving activity, including 10 of 27 (37%) who reported daily work
- in general, participants had a high level of satisfaction with progress towards achieving recovery goals and a majority (89%) scored themselves in the top half of the scale of how close they were to where they want to be in recovery.

Ministry of Justice criminal conviction data

An attempt was made to obtain records of criminal convictions for all the participants on the programme. However, many of the participants were no longer in contact with Notorious and others were unavailable or refused access to their records. Criminal convictions reports were received from the Ministry of Justice for 27 (30%) programme participants. Details are as shown in Table 3.

Table 3: Summary of response status to request for conviction data

	Number
Criminal records received	27
No contact with Notorious	27
Non-response (unavailable or refused)	20
In jail	7
Have died since attending the programme	2
Unknown	7

Those participants for whom criminal convictions data was analysed included:

- 17 participants who took part in interviews and for whom ADOM data was available (included both participants involved in individual case studies and two members of the family case study)
- a further 10 participants who were not interviewed but allowed access to their conviction data.

The Ministry of Justice seriousness score⁷ was used to assess criminal behaviour in the before and after periods. A sum of seriousness scores was calculated before and after the rehabilitation camp. The sum of seriousness scores can reduce if a person commits less-serious crimes, even if there are more of them. Conversely, the sum of scores could increase if a person commits a single more-serious crime. For the purpose of this analysis, a reduced score is considered to represent an improvement in behaviour.

Table 4 shows a summary of the 27 participants for whom there was criminal conviction information. It presents a subjective assessment of the participants' criminal behaviour in a three year period before and after the rehabilitation camp. Appendix 4 provides more details.

The table shows an improvement for approximately three-quarters of the group overall including 63% (17 of 27) who showed improvement and a further 15% (4) who showed improvement but whose levels of offending were still concerning. A further three had a good⁸ criminal record both before and after the rehabilitation camp.

Table 4: Subjective assessment of change in criminal offending (n=27)

Subjective assessment	Number	
Improved criminal behaviour	6	17
Improved criminal behaviour (relies on HHR information such as charge dates)	5	
Improved criminal behaviour (but still early days)	2	
Improved criminal behaviour (but still early days and relies on HHR information such as charge dates)	4	
Improvement but still concerning	2	4
Improvement but still concerning (but still early days)	1	
Improvement but still concerning (relies on HHR information such as charge dates)	1	
Deteriorated criminal behaviour	1	1
Similar good record before and after	2	3
Similar good record before and after (but still early days)	1	
Unclear whether there has been improvement; behaviour is still concerning	2	2

HHR: Houhanga Rongo Trust

⁷ Charles Sullivan & Ong Su-Wuen, 2013.

<http://www.justice.govt.nz/assets/Documents/Publications/justice-sector-offence-seriousness-score-faq.pdf>

⁸ ie, no or minimal convictions (ie, total seriousness score of zero or two).

A further less subjective approach was used but could only use data from 15 participants. It is outlined below and summarised in Table 5.

This analysis involved examining the criminal convictions of the participants during a two-year window before the rehabilitation camp and a two-year window after the rehabilitation camp. There was a gap of a year after the camp before the two year window began. This period was used so as not to overlap with the time when the participant was typically in reintegration (and therefore much less likely to commit crimes). It also meant that the results for the after period were less likely to be affected by convictions that occurred after the camp for charges that were laid before the camp.

There were 15 cases where sufficient time had elapsed to undertake this analysis. In 73% (11) of these cases, criminal behaviour improved, ie, sum of seriousness scores was lower in after period. Median seriousness score reduced from 80 before the rehabilitation camp to 0, ie, no convictions, after the camp.

The results are shown in Table 5.

Table 5: Changes in criminal behaviour before and after camps (n=15)

	Number
Criminal behaviour improved, ie, sum of seriousness scores was lower in after period	11
Criminal behaviour worsened, ie, sum of seriousness scores was higher in after period	2
Neither better nor worse	2
Median seriousness score before rehabilitation camp	80
Median seriousness score after rehabilitation camp	0 ⁹

In summary, if the (27) who did allow access to their criminal convictions data were representative of all those who took part in the programme, there are indications of an improvement in criminal behaviour following the programme.

Post-programme methamphetamine use based on Houhanga Rongo Trust records

Based on Houhanga Rongo Trust records at the time of evaluation (end March 2016), methamphetamine use after camp completion was as shown in Figure 4 and described below.

⁹ ie, no convictions.

All 90 participants had completed camp at least six months before evaluation. At six months after completing the camp:

- 91% (82 of 90) were not using methamphetamine
- 4% (4 of 90) were using methamphetamine
- balance of 1% (1) deceased, 3% (3) unknown.

A total of 76 participants had completed the camp at least 12 months before the evaluation (camps 1–8). At 12 months after completing the camp:

- 61% (46 of 76) were not using methamphetamine
- 24% (18 of 76) were using methamphetamine
- methamphetamine usage status was unknown for 13% (10)
- balance of 1% (1) deceased, 1% (1) jailed.

Longer-term data was available for 56 participants who had completed camps 1–5. All had completed the camp between three and seven years before the evaluation. At the time of data collation (March 2016), which was at least three years after camp completion:

- 50% (28 of 56) were not using methamphetamine
- 23% (13 of 56) were using methamphetamine
- methamphetamine usage status was unknown for 18% (10)
- balance of 4% (2) deceased, 5% (3) jailed.

The group of 28 participants who were identified as not using methamphetamine at least three years after camp completion included:

- 17 who had completed the camp between three and four years earlier (camps 3–5); this represents 53% (17 of 32) of attendees of those camps
- 11 who had completed the camp between five and seven years earlier (camps 1 and 2); this represents 46% (11 of 24) of attendees of those camps.

Figure 4 shows the distribution of participants across **all** categories. It shows that 91% were not using methamphetamine at six months. This proportion reduces to 61% at 12 months and 50% at over three years.

When those participants who were in prison or deceased are removed from the analysis (Figure 5), the proportion of participants not using methamphetamine was 92% at six months after camp, 62% at 12 months after camp and 55% at over three years after camp.

Note: All methamphetamine use data refers to use after the *first* camp for those participants who attended more than one camp. This effectively presents a worst case scenario, as ongoing use in this group was the trigger for repeat attendance.

Figure 4: Methamphetamine use post-camp completion (all participants)¹⁰

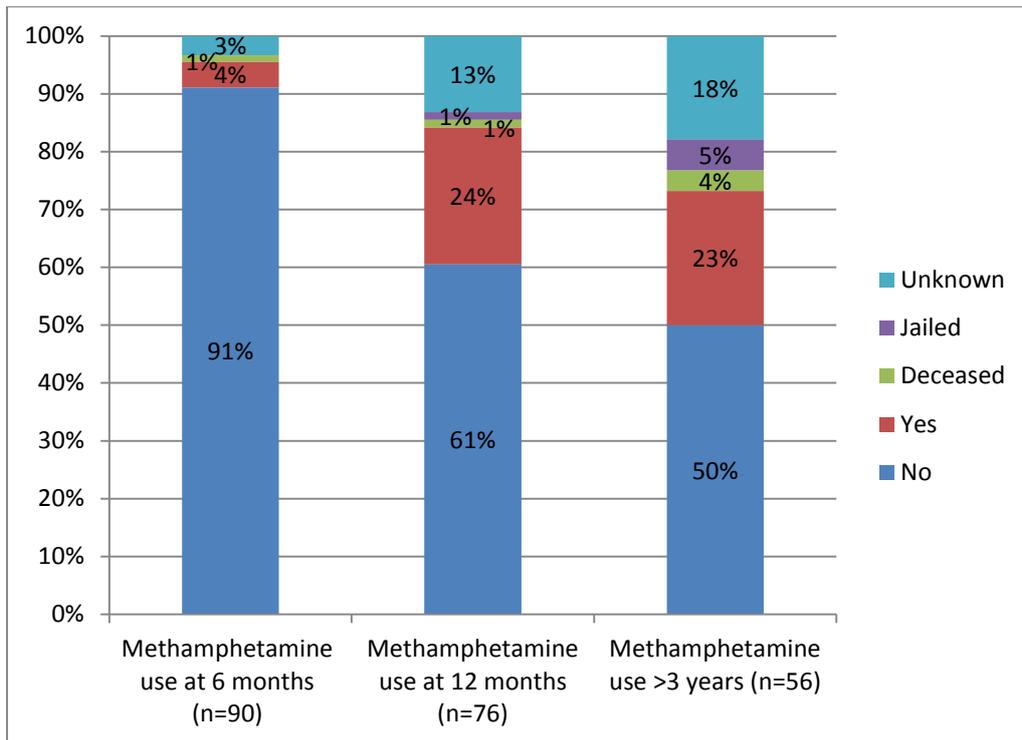
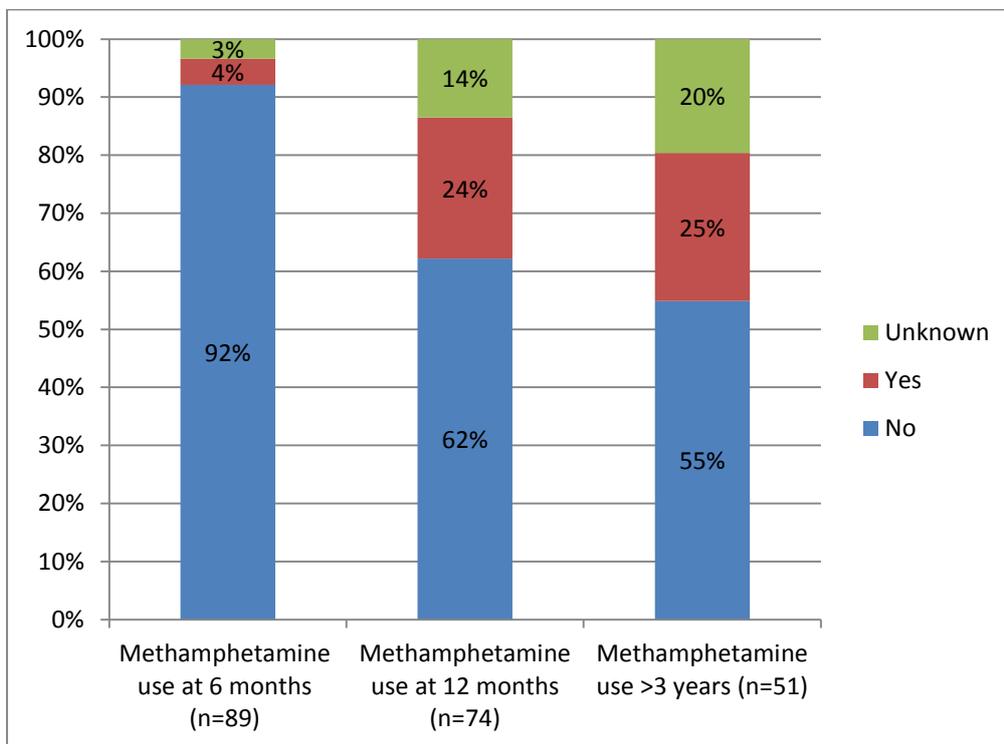


Figure 5: Methamphetamine use post-camp completion (omits those jailed or deceased)¹¹



¹⁰ Refers to use after first camp attendance for those eight participants who attended repeat camps.

¹¹ Refers to use after first camp attendance for those eight participants who attended repeat camps.

Justice issues based on Houhanga Rongo Trust records

Based on Houhanga Rongo Trust records at the time of evaluation (end March 2016), justice issues before and after camp were as described below.

Charge status at the time of programme entry

Of the 90 camp participants:

- 43% (39 of 90) had no charges at entry to their first camp
- 56% (50 of 90) had some justice involvement including 38 facing charges, 8 bailed to the programme and 4 paroled from jail.
- balance of 1% (1) had unknown charge status.

Charges following camp completion

Of 76 participants from camps 1–8 for whom there was data for at least 12 months following camp completion:

- 64% (49 of 76) faced no new charges in that time
- 22% (17 of 46) faced new charges within that time
- balance 11% (8) unknown, 1 (1%) jailed for pre-camp charges, 1 (1%) deceased.

Of 56 participants from camps 1–5 for whom there was data for at least three years following camp completion:

- 43% (24 of 56) had faced no charges in the period from 12 months after completion until the time of data collation (end March 2016; range two to six years)
- 45% (25 of 56) had faced new charges in the same period
- balance 9% (5) unknown, 4% (2) deceased.

Incarceration since camp completion

At the time of evaluation, 15 of the 90 camp participants (17%) were imprisoned or had had a period of incarceration for convictions related to charges taking place after the programme. A further eight (9%) had a period of incarceration post-camp but in relation to charges that were in place at the time they entered the programme.

Stakeholder-reported views on programme effectiveness

Stakeholders have had varying degrees of interaction with participants following their participation in the programme. All those who commented referred to a similar range of outcomes as those cited by participants. In particular they highlighted improved family relationships and general wellbeing in participants, as well as reduced AOD use.

Stakeholders also pointed to other outcomes that they saw as being indicators of programme effectiveness. In particular, stakeholders talked about:

- improvements in the relationship between The Salvation Army and Notorious
- improvements in the programme itself
- enduring commitment of both Salvation Army and Notorious personnel to the programme
- advances in community perceptions of Notorious
- the positive shifts that some Notorious minders (leaders) have made in their lives.

Advances in partnership and programme

Development of Salvation Army–Notorious partnership

What we have in common is more important than what sets us apart.

Notorious leadership

As noted above, stakeholders highlight the relationship and trust between Salvation Army and Notorious that has developed over the course of the 10 rehabilitation camps. In particular they identify an ongoing process of building an increasingly effective and respectful relationship between the two groups.

For both groups there was an element of “chance” in the initial decision to join forces. Representatives of Notorious leadership have referred to a “gamble” and those in Salvation Army to a degree of “faith” in agreeing to proceed.

Both groups report having worked together to build trust, and highlight that, after 10 camps, the relationship is robust and effective, and strongly built on mutual respect and trust.

They also cite the effective working relationship as underpinning significant programme development (refer next section):

The partnership with The Salvation Army. It has come a long way. Working side by side, working out our differences. We worked out policies, and risk management. Sat down with the process – and they listened and new rules came out.

Notorious leadership

Trust in place. Team [Notorious and Salvation Army] gels well.

Salvation Army senior management

The way the two parties collaborated to run the camps was given as an example of the effective partnership that was in place.

Reference was made to decisions genuinely being taken mutually in relation to day-to-day matters at the camp, such as specific incident management. The team comprising AOD case management team members, minders and tikanga teachers met daily to facilitate this. Joint decision-making also applied to wider-reaching decisions; for example, the transition to actively including participants' partners in AOD classes in the later camps was a joint decision taken by the AOD case management team leader and the Notorious President.

Additionally, Salvation Army and Notorious personnel continued to meet together as a team between camps and in the period pending a funding decision regarding possible future camps.

Stakeholders in both groups noted the need to be flexible in their respective approaches in order to make the partnership work. For example, flexibility was required from both sides to create a balance between Christian and tikanga concepts:

First when we started, Christianity was at the forefront with the Sallies. Tikanga came in after the second hui. The Sallies agreed to the tikanga. It might have been hard for them – the same as theirs was hard for us.

Notorious leadership

There is recognition from both sides of complementary contributions to the programme.

For example, those in The Salvation Army with responsibility for AOD treatment development and delivery reported operating with a strong sense that the Chapter “knows best” regarding their own recovery journey. They have actively engaged Notorious leaders in AOD treatment development and camp management decisions. Notorious leaders played a significant part in the recent developments in AOD treatment. The *Te Haerenga Whakaora – Journey to Wellness* programme, as it is now titled, robustly integrates tikanga concepts within AOD treatment work and allows the programme to reflect what it means both to be Māori and to be Mongrel Mob.

Salvation Army personnel reported that, over time, Notorious has shifted from simply “tolerating” AOD treatment work in the camp to understanding the value of AOD work and contributing to its development:

[The programme] would not work as [a Salvation Army programme] without [the Notorious leader and the] Notorious minders – [they] bring their culture and heart and mind.

Salvation Army senior management

In turn, feedback from Notorious leaders highlighted their increasing respect for the expertise and value that The Salvation Army brings. There is strong acceptance by Notorious of the current Salvation Army AOD case management team.

The AOD case management team members recognise that their acceptance by Notorious has taken time but now that it is in place they see the partnership as moving from “strength to strength”.

There is also a strong sense from Notorious that the acceptance of their whānau by The Salvation Army is much valued. Notorious reports this relationship as assisting them to see things from a different perspective and offering a “place to belong”.

Programme development

Stakeholders from The Salvation Army and Notorious have pointed to ongoing refinement and development of the programme and participants in the later rehabilitation camps benefitting from programme advances.¹²

The very active partnership discussed above has been fundamental to key aspects of programme development. Both parties recognise that getting the programme to its current status would not have happened with either group operating independently:

We worked to build an effective programme with what was available. They brought what they had in their kete and we brought what we had in our kete.

AOD team member

Some aspects of programme development were reported as significant.

- Interweaving of tikanga concepts into the AOD treatment stream – Initial camps included AOD treatment work delivered by The Salvation Army case management team and tikanga sessions coordinated by Notorious and provided by external moderators. The two streams largely operated separately, and in early camps there was some debate about time spent in each “part of the programme”. Over time, tikanga content has been increasingly woven into the AOD treatment delivery and the AOD case management team sees this as a positive development that adds to a more cohesive whole. The AOD case management team suggested that still more could be done to incorporate some of the principles of the AOD treatment into the tikanga sessions.
- Notorious extension of programme focus from methamphetamine only – In early camps, Notorious leaders saw methamphetamine use as the dominant focus, although Salvation Army AOD treatment approaches worked to extend coverage to other drugs. More recently, Notorious leadership has actively broadened the focus to all drug use and there have been discussions about whether it should also incorporate alcohol use.

¹² The original AOD treatment component of the camp was largely based on The Salvation Army Bridge Programme Model of Treatment.

- More active inclusion of partners – Partners have been included along with participants in class work for the last two camps.
- Incorporating domestic violence prevention work using Māori concepts – Couple and one-to-one work has taken place in the camps when needed to address issues affecting participants. The addition of a qualified couples’ counsellor has been identified as a key next development for the AOD case management team.

Commitment

The enduring commitment of both Salvation Army and Notorious personnel to the programme is cited by both Salvation Army and Notorious leadership as evidence that the programme is working.

In particular, Salvation Army personnel highlight the stability and ongoing involvement and commitment of the Notorious leadership group:

[The Notorious leadership group] have never stepped back from their original commitment.

Salvation Army senior management

Feedback also pointed to the dedication and commitment of the AOD case management team delivering the programme. For the last five camps, The Salvation Army has operated AOD treatment at the camps with a dedicated team.¹³ One staff member has been consistent throughout all 10 camps, operating as one of two case workers for the first five and as team leader for the rest.

Salvation Army senior management highlighted the team’s absolute commitment to continuing and improving the programme as evidence of effectiveness.

AOD case management team members themselves are vocal about their desire to see the programme continue and to continue to be involved. This enthusiasm links to their perception that the programme is proving effective:

[The] ongoing passion and commitment of team ... shows it’s working.

AOD team member

The Salvation Army commitment is demonstrated in the way they juggle their staff to retain case workers in anticipation of next camps.

¹³ Team manager, two AOD case management team members and a part-time nurse. In contrast, for earlier camps the team needed to be reappointed for each camp because of uncertainties regarding the venue and thus camp timing.

Other indicators of positive impact

The following were highlighted by stakeholders as additional positive programme outcomes.

Positive interactions in communities alongside camps

Stakeholders highlighted that effective relationships have been developed with communities at each of the camp locations including, for example, with the local primary care practice (GPs) in Taumaranui near the Kakahi camp site.

Stakeholders also highlighted positive shifts in the general community's willingness to have participants interact within their community.

Increased community acceptance is seen by stakeholders as evidence that efforts by camp leadership to model and promote participants' positive interactions in the community are working.

Shifts for Notorious minders/leaders

Stakeholders also pointed to the positive impact of the programme on the lives of those Notorious members who have not been camp participants but who have participated in the camps in leadership, minder, tikanga teaching and other roles.

Active engagement in the programme, both in its operation and set up, is seen to have provided positive occupation for these individuals and had an associated positive effect on their lives.

Part 3: Discussion and conclusions

Overview

Overall evaluation results suggest that the programme is delivering effective AOD treatment and rehabilitation support for a group of individuals typically regarded as “hard to treat”.

The overwhelming feedback from participants involved in the evaluation is that, because of their involvement with the programme, their lives are better and they have developed positive, life-changing beliefs, attitudes, understanding and skills.

Critically, these changes have included positive shifts with respect to AOD use and criminal offending behaviour.

Programme outcomes

Discussion on project outcomes follows. Evaluation data need to be considered cautiously. The bulk of data relate to a subset of participants who were actively involved in the evaluation, participating in interviews and/or allowing access to criminal convictions data. This group may not necessarily provide a view that is representative of all those who participated in the programme.

Comparative data on completions

A total 94% of those who enrolled in the camps completed the full duration.

Four participants (4%) were required to leave the programme in response to behaviour issues.

This completion rate is impressive when considered alongside completion rates for other residential AOD treatment programmes. For example, The Salvation Army Bridge programme, which is of similar duration, has a reported completion rate of 56%. This percentage increases to 69% if it includes participants who did not graduate from the programme but received a “therapeutic dose of Bridge Programme treatment”.¹⁴

No participant opted not to complete the Hauora camp. In contrast, around half of those who did not complete a therapeutic dose of Bridge programme treatment chose to withdraw.

Arguably, the high completion and graduation rate reflects the tailoring of the programme to this group, which traditionally has not fitted well into standard residential AOD treatment programmes. Strong leadership from Notorious also appears to be a key contributor.

¹⁴ Defined by the Otago research team as at least half of the Bridge programme treatment. University of Otago *Evaluation of the Effectiveness of The Salvation Army's Bridge Programme Model of Treatment*, draft report. July 2015.

Changes to alcohol and drug use

A primary goal of the programme was to create a sustained reduction in the use of methamphetamine specifically and other AOD in general.

At a minimum, participants experienced a six to eight week drug-free period during the camps. This gave them an opportunity for clarity and the ability to experience life without intoxication. It allowed them to enjoy other experiences such as quality time with family. For many this was a welcome experience that they had not had for an extended period.

For a proportion, this period has extended for up to a year and sometimes well beyond with involvement in the reintegration programme and ongoing sustained drug-free lives.

Participants interviewed for the evaluation typically reported decreased AOD use, enhanced recognition of the impact of drug use in their lives, and fewer problems associated with drug use.

As is typical with recovery, participants have on occasion relapsed into drug use but have also succeeded in regaining remission. Feedback from participants sometimes highlighted insight into their own drug use; for example, participants on occasions referred to having used methamphetamine after the programme but then questioned why they did this, or recognised that they had made a poor decision.

Data on methamphetamine use post-camp, provided by Houhanga Rongo Trust for all participants, indicated sustained abstinence from methamphetamine for a proportion of participants. Unsurprisingly this proportion decreased with time after the camp but over one-half were still reported as non-users at more than three years post-camp.

ADOM data, which was available for a subset of participants, indicated a marked reduction in AOD use. Post-camp, no participant reported daily use of any drug. In contrast, daily use had been frequent prior to camp attendance, reported by 48% of methamphetamine users, 75% of cannabis users and 38% of those drinking alcohol.

From pre-camp to post-camp, there was a marked reduction in the reported use of drugs in the previous month. This reduction appears to have been maintained in the subset of participants who had been out of camp for at least a year and thus were also likely to have moved on from intensive reintegration support.

ADOM data also showed a marked reduction in numbers of standard drinks on a typical drinking day for those drinking alcohol; again the reduction was sustained in the group of participants with data for longer than one year post-camp.

Based on post-camp ADOM data, approximately one-quarter of participants reported being abstinent of all substance and alcohol use in the past month. Notably, this figure was 61% in the subset of participants who had completed camp more than one year earlier.

Overall, ADOM data showed positive AOD use outcomes for 93%, all bar 2 participants.

Based on post-camp responses to section 2 questions in the ADOM, participants generally reported a high level of satisfaction with progress towards achieving recovery goals, and a majority (89%) scored themselves in the top half of the scale of how close they were to where they want to be in recovery.

Changes in criminal activity

Ministry of Justice criminal convictions data was used to assess criminal activity both before and after the rehabilitation camps. Permission from participants to access this data was only obtained for 30% of the participants. This means that independent data on criminal activity was not available for the remaining 70%.

That 70% included 27 participants who had lost contact with Notorious. Because the circumstances of lack of contact are unknown, it is not possible to conclude whether the loss of contact is positive or negative. It may be regarded by some as a positive indicator (ie, leaving the gang is a good thing). However, this could also be regarded as a negative indicator, as these people have moved away from the group that was trying to support them.

If those (27) who did provide access to criminal convictions data are representative of all those who took part in the programme, then the results in terms of the level of criminal activity are generally positive. The analysis was based on the Ministry of Justice seriousness score (which covers both quantity and severity of recorded crimes), and a reduced score is considered to represent an improvement in criminal behaviour.

A subjective analysis of the group of 27 concluded that approximately three-quarters showed improved behaviour. A further three had no, or minimal, criminal convictions both before and after their rehabilitation camp.

Another approach that was less subjective, but which could only use data from 15 participants, concluded that criminal behaviour had improved for 73% (11) participants, got worse for 13% (2), and stayed the same for 13% (2). It also showed reduction in median seriousness score from 80 pre-camp to 0, ie, no convictions, post- camp.

In summary, there are indications of an improvement in criminal behaviour following the programme.

To some extent, these findings were supported by other information collected.

- A reduction in criminal behaviour across the broader group of participants was indicated in information from Houhanga Rongo Trust. Over one-half of participants had justice involvement at the time they entered camp. In contrast, 22% faced new charges in the one-year period following camp completion. Of those participants with data for at least three years following camp completion, 45% faced new charges in the two-to-six year period from 12 months after camp completion until the time of data collation.
- Minimal involvement in criminal activity in the previous month was reported by those participants for whom there was post-camp ADOM data.

Changes in general wellbeing and positive lifestyles

Although difficult to quantify, qualitative feedback from participants and stakeholders indicates that at least a proportion of participants have an improved sense of wellbeing and are actively engaged in more positive activities and behaviours.

For some participants, positive lifestyle shifts have extended to active involvement in education and employment. The latter was identified as a goal by a number of participants, who also flagged how challenging this can be. Many referred to improved order and structure to their lives, even if this hadn't translated into work and/or training or education activities.

Even more difficult to quantify is the strong sense from a number of participants of increased self-awareness and a positive shift in mind set, which going forward can contribute to positive lifestyle shifts.

Participants and stakeholders identified improved relationships with families and a greater sense of cultural connectedness built through tikanga activities as typical programme outcomes.

Many participants also referred to the strong bonding built out of camp attendance and a shared journey with whānau and other attendees. A number of participants also highlighted a shift in attitudes towards organisations and “outside” people based on the positive relationship and experience they had with The Salvation Army through the rehabilitation programme. Providing participants with an experience of developing such relationships of trust outside their gang community can be seen as a significant achievement of the programme.

Factors identified as impacting on programme success

Several factors were identified as critical to the effectiveness of the programme.

Programme tailored to Notorious

Having the programme specifically designed for the Notorious Chapter appears to have been very positive and has kept participants on board both during and after the programme. This is seen not only through the qualitative data but also through the programme completion rates which, as noted earlier, are extremely high.

Tikanga

Tikanga is a central component of the programme.

The inclusion of tikanga in the programme was an early Notorious-driven input. It appears to have been a very positive collaboration between The Salvation Army and Notorious. It is now routinely identified as a core component of the programme by all parties.

An overwhelming majority of participants on the programme are Māori, some of whom have very little connection to their iwi and tikanga. The role of tikanga seems to be very powerful for many participants and is cited as one of the factors that makes the programme effective relative to

other initiatives. The impact of tikanga appears to have been beneficial in a number of ways. These include a greater sense of cultural connectedness and understanding of ancestral roots; a feeling of pride at having the skills to “walk through the front door” at a marae; and simply providing some relief during the rehabilitation from the general stresses of going through a withdrawal.

The interweaving of tikanga concepts into the AOD treatment stream, as part of the development in the camps to is also seen as a programme strength.

Support from others

The environment and atmosphere on the programme were key factors in helping participants start their journey. For some, this filled gaps they had had all their lives:

... love and respect and that's the main thing, I guess. You feel loved. It's something that yeah, I was lacking.

... see the leadership there have an influence on me, on my life. And filled in a few gaps for my whakapapa as well, you know? Reconnecting with my uncle's side, and, it was a whole, a whole new different journey ... it was like a self-healing as well, because it filled in the gaps that I'd been wondering all my life. And it made the recovery easier.

All the activities we did there, like going out, like, confidence courses, white-water rafting and all the luxury things families should be doing, that help – you know what I mean, cos we never got it growing up. So that was major help, just doing all those activities and bonding.

Being able to attend the reintegration camps and the reintegration phase of the programme with whānau was almost universally identified by participants as beneficial. It enabled them to take their whānau on the journey with them and that whānau understood what the participants had gone through.

The importance of bonding among the participants was also a strong theme, as was being able to relate to each other as they were going through the same process. The relationships that participants built provided ongoing support which helped them continue. Some participants also didn't want to let down those who had helped them:

I didn't want to let him [Roy] down and I didn't want to let The Salvation Army down and there was a – quite a few – a lot of people there what I didn't want to let down. So that gave me more encouragement to succeed.

Ongoing support from those involved in the programme after the camp and reintegration phases were completed was a significant help for participants trying to stay on track:

Everybody's just a phone call away. Every team leader, Roy, Willy, every Sallies worker, every counsellor, like every peer – you just have this big network of people.

Associates and friends were identified as having the capacity to be both a help and a hindrance to clean. Many participants recognised the need to avoid some past associates and situations that offered easy access to drugs – even though this could come at some personal cost. However, people who had also quit drugs and stayed clean could be a positive influence.

The approach of engaging family, whānau and Chapter throughout the rehabilitation and reintegration journey has also had the critical effect of role modelling positive change for a wide number of participants' associates. Those participants who have made and continue to maintain positive life changes demonstrate to others that such change is achievable. This positive role modelling increases over time as participants proceed in their post-rehabilitation journeys and increasing numbers attend the camp and reintegration.

Partnership

As noted above, stakeholders highlight the effective and respectful relationship and trust that has developed between The Salvation Army and Notorious. Both groups report having worked hard to build this relationship from what at first may have appeared a very unlikely partnership.

The programme has gone through some significant developments that are seen to have been possible because of the close working partnership between Notorious and The Salvation Army. Such changes include the enhanced tikanga content and tailoring of the AOD stream content to better meet Notorious participants' needs.

In addition, the involvement of The Salvation Army, which on the face of it might seem to have little in common with the Mongrel Mob, had a remarkable effect on many participants. Their non-judgmental attitude and personal interaction with the participants left a lasting imprint:

The Salvation Army ... their kaupapa alone is awesome. ... to get up and personal with them was really different – it was really – they just embraced us wholeheartedly, you know. ... It's like, oh well here's these people, some of them 80 years old, you know, little old white ladies and white hair, you know, that are embracing this kaupapa and embracing our people – that was pretty overwhelming. Pretty encouraging and inspiring as well, you know.

Reintegration and ongoing post-rehabilitation support

Participants recognised that the rehabilitation programme was only the start of the process:

... it's a small stepping stone, this programme, but it's a big stepping stone at the same time.

Reintegration into the real world with the skills to remain drug free and the desire to help themselves stay on the road of change is critically important.

The reintegration phase was widely regarded as a critical part of the overall programme. Participants often talked about the reintegration keeping them on the right track or being the most important part of the overall programme:

And you know what, the most important part of that course is actually the after-care when you leave the course. Cos that's when the trouble starts.

The relocation of the reintegration phase in Turangi involved some changes that may have been detrimental. There was confusion and differences of opinion about the roles and responsibilities for running the reintegration. Also, being physically separated from Auckland resulted in participants being isolated from Notorious leaders and their ongoing support.

Reintegration staff and The Salvation Army continued to run sessions at the reintegration in Turangi, but there was much less emphasis on the additional courses or recreation activities (such as the driver's licence courses, tourism course and recreation trips for the children). There were also notable changes in the roles of reintegration staff. As the reintegration was being run out of a family home, the reintegration leadership on site tended towards a host role.

The minder role that had been key to the success of the reintegration phase was severely scaled back in the eighth reintegration. There were no permanent live-in minders although some leaders travelled down from Auckland. In the ninth and tenth reintegrations the minders were not used at all. Not having minders appears to have had a detrimental effect on the smooth running of the reintegration. Reintegration staff talked of participants not turning up to sessions that had been arranged and did not see it as their role to chase them up.

There appears to be different views on who had the overall responsibility for running the last three reintegrations. This led to confusion, and in some instances concern, about the way the reintegration was being run.

Reintegration staff took on responsibility for hosting the reintegration and for running sessions. They also took on the general facilitation role in the ninth and tenth reintegrations. They did not, however, regard that they had responsibility for the overall running of the reintegration phase, but felt that responsibility rested with Houhanga Rongo Trust. Conversely, the Trust thought they had contracted out that responsibility.

Reintegration staff indicated a reluctance to take on the overall facilitation role or the minder role:

I was very hesitant to accommodate the role of the minder idea as being a policeman. ... Is there a need for someone to get them up in the morning? ... Maybe there is.

Roy Dunn and other Notorious leaders expressed strong concern that critical decisions were being made without their input. They spoke of being left out of the decision to move the reintegration to Turangi and not knowing what was going on at the reintegrations. There was concern that the transfer to Turangi, and in particular the lack of involvement of Notorious leadership and minders, had changed the fundamental principles under which the reintegration

phase operated, and moved it away from an approach that they knew would work in the Chapter setting.

Of particular concern was that the emphasis of leadership had been removed from the reintegration phase. In Turangi there was no longer a facilitator with the necessary mana. Although reintegration staff were highly regarded by many Notorious members, they did not have the mana of a Notorious leader. In addition, there were no longer Notorious leaders (or leaders of other chapters) taking the role of minders at reintegration and this led to participants “playing up”.

It appears that Houhanga Rongo Trust has become aware of these issues and is now reconsidering the changes. While there may, from time to time, be changes to the way the programme is delivered, it is suggested that it is necessary to ensure that decisions are consistent with what Notorious believe will work.

Leadership and decision making

One of the fundamental strengths in the programme is leadership from Notorious and the importance that this has for participants. This leadership is likely to be a large contributing factor to the high completion rate that the programme achieves.

When the Notorious leadership has not been involved in decision-making processes as much as they feel that they should be (such as in decisions about reintegration in Turangi) it appears to have had a negative impact on the smooth functioning of the programme.

Roy Dunn has been extremely important to Notorious and to the programme. He was instrumental in driving attendance, particularly in early camps. Roy died early in 2016 and his absence will be acutely felt. Roy provided very strong leadership and support that was very significant for members. It was very common to hear participants and other Notorious members say “I did it for Roy” (or words to that effect).

With the absence of Roy as the leader there is now a question as to how this important role will continue to be filled within Notorious and consequently how the leadership function will flow through into the programme.

Conclusion

The programme appears to have created sustained reduction in AOD use for a proportion of participants. There are also some indications of improved behaviour in terms of criminal offending overall following the camp.

A supportive environment and strong Notorious leadership appear to be fundamental to the programme. The programme uses strong whānau and cultural connections and the unique partnership between The Salvation Army and Notorious.

The camp achieves a very high completion rate relative to other residential programmes and this was achieved with a group that has historically not been served well in AOD treatment.

After 10 rehabilitation camps, the relationship between The Salvation Army and Notorious appears robust and effective. Mutual respect and trust are evident.

Roy Dunn's recent death is likely to result in a difficult transition for the programme. Strong Notorious leadership appears to be fundamental to the effective running of the programme and undoubtedly Roy's absence will be strongly felt. However, both Notorious and The Salvation Army show a commitment to continuing their work with the programme which bodes well for ongoing programme effectiveness.

Appendix 1: Details of rehabilitation camps

		<i>Duration</i>		<i>Participants</i>	<i>Repeat attendance from earlier programme</i>	<i>Running total of new participants – ie, excludes repeats</i>	<i>Total camp attendance (includes repeats)</i>
1	11 October to 26 November 2009	7 weeks	Ruapehu Christian Camp, Kakahi	12 (4 women)	0	12	12
2	18 July to 3 September 2010	7 weeks	Club Habitat, Turangi	15 (4 women)	3	24	27
3	11 February to 30 March 2012	7 weeks	Maungatoroto (1)	8 (4 women)	1	31	35
4	14 June to 3 August 2012	7 weeks	Maungatoroto (2)	10 (2 women)	1	40	45
5	22 September to 9 November 2012	7 weeks	Maungatoroto (3)	16 (2 women)	0	56	61
6	26 July to 6 September 2014	6 weeks	Whakamaru Christian Camp, Atiamuri	5 (2 women) NB: 10 started (4 women) but five did not complete programme (including one who transferred to Bridge programme)	0	61	66
7	27 October to 6 December 2014	6 weeks	Ruapehu Christian Camp, Kakahi	10 (5 women)	1	70	76
8	9 February to 23 March 2015	6 weeks	Ruapehu Christian Camp, Kakahi	8 (2 women)	2	76	84
9	11 May to 22 June 2015	6 weeks	Whakamaru Christian Camp, Atiamuri	9 (4 women)	0	85	93
10	10 August to 21 September 2015	6 weeks	Whakamaru Christian Camp, Atiamuri	6 (1 woman)	1	90	99

Appendix 2: The participants' journey

Programme participants were predominantly members of the Notorious Chapter of the Mongrel Mob and affiliated whānau.

Most participants had an extensive history with the Justice/Corrections systems and many had outstanding issues with the Courts and/or the Probations Service. Typically, these issues needed to be addressed before starting the programme.

In addition, many participants had a broad range of other areas where they required support. These included assistance with budgeting, self-care, parenting, education, training, employment, housing, and reconnection with family/whānau and iwi/hapū.

Participant feedback about getting involved in and participating in the rehabilitation programme further highlights these issues from their perspectives.

Getting involved in the programme

Some common themes emerge when reflecting on the ways participants became involved in the programme and their motivations to do so.

In many cases participants took some time, often decades, to realise and acknowledge that they had a problem with drugs and alcohol:

Oh, I just was just using hard-up. And I already knew about the programme, but I didn't admit that I had a problem and I needed the help.

Well I, I you know, at, at first I didn't think I had a problem, I thought that was just normal, eh? ... Drink. Soon as you get up in the morning you have a beer. Back then was wine, wine or whiskies was the, you know, top of the line stuff. And you just needed a few of those and that, to get your body into go mode. And what comes after that? Gotta have a puff of the old marijuana, or, or swallow a pill.

Eventually, some participants arrived at a realisation that they needed to change their way of life:

Oh, I was sick of my life the way it was going. I was heading back to go to jail again, you know, and, and gonna be in jail for a long time. My life was stuffed, cos I was losing my family left, right and centre. And when you get down that low, you know, you start to look at things differently. And, ... I started actually seeing a bit clearer, ... to realise, "Oh, you don't need those drugs to, to exist, sort of thing".

I went to the first two rehabs, to help with the work there. And then you know, watching the programme, you know how all the bros were coming out after it, and so I could see, so I jumped on the last programme in 2012. That was the third programme.

I looked at the actual prison sentence as a blessing from God actually, at the time in my life, because ... I'm using crack every day ... I didn't actually even know how emotionally

detached I'd become, probably desensitised, if you like, towards my family, towards my children. ... You know, I was just present in the house but actually no actual involvement with my family and my kids. ... I had a karakia and I says to God, you know, "enough's, enough. I need to stop doing this".

In one case that realisation came through observing the effects of drugs and alcohol on others:

... later on down the years ... "a lot of my bros are dying here" ... my bro looks like he lost a lot of weight, and ... you know, things like that were happening, and, started to make me think what was happening And I heard about the rehab they were doing, through our meetings we were having. And I just thought well, I might just go along and see what the, the rehab could do for me.

For some, the motivation came from thinking about their children or the desire to be a better parent:

Look at these girls. Who are they gonna have when I'm gone? So that's what helped me continue my journey to getting off the drugs and alcohol.

I think it was my first grandchild what was coming on board, and I sort of had to look at another angle because I missed a lot with my kids. And this was an opportunity to – not make things right – but just to be family-orientated again, but with ... grandchildren.

Other participants were encouraged by someone else to consider the programme. This helped break through resistance and motivated them to seek help:

There's a lot of my brothers [in the Chapter] were pretty concerned of the lifestyle what I was living, that was including drugs and alcohol, and they just realised that I was drinking myself and using myself into a hole, and that meant death.

*So I got a phone call and [it was recommended that I] go in for an assessment at The Salvation Army. And at the time I was under the influence of the crack, and I didn't want to, because I thought – cos I was cracking the kaupapa – I thought I was gonna ... come into a hiding or something ... Then I got another phone call and was told "get your f***ing arse there and do the f***ing assessment", so I went there and did it.*

For many, particularly in early camps, the encouragement was from "the boss" (Roy Dunn, Notorious President) and many referred to attending because he "told me to".

The desire to stay out of jail was a factor for some participants. They saw that involvement in the programme could count for them if they were on a charge:

And I was looking at going back to jail, so to start with, I thought, well, this will be a good way of staying out of jail, to be honest.

The rehabilitation experience

As noted above, the involvement in the programme usually began with recognising the need for change. This was a commonly expressed view:

Yeah, well I thought I was sweet as. I thought my kids were sweet; I thought I was sweet. ... Then you – that's when you start to actually own up and say, oh yeah, okay, I do have a problem – I did have a problem. And yeah. It's just cool to be fixed – oh not fixed, but you know, take the first step to being fix-, getting, getting there.

The switch from taking to not taking drugs is clearly also related to other factors such as a focus on general health issues and how to cope with stress while on the programme. Improved overall health and better understanding about stressors and triggers aided in the process of dealing with withdrawal and the ability to stay off drugs after the programme:

...getting attention for our health. Whereas on the outside I will make an appointment and don't turn up. Whereas with the camp it was hands-on, it was there, and all the opportunities were there that we didn't have.

For many participants, the programme helped them become more self-aware. They were able to understand their own thinking and how it needed to change:

... learning a lot more about myself, about my health. My tikanga.

The programme helped. That was to open my eyes. The programme opened my eyes. That's what it really did for me, you know.

This new mind set gave them strength to continue the process of change.

For some this learning was a gradual process, and the cycle of awareness and change was in itself a motivation to continue:

But then after a while I started to think, gee, this is not bad, I'm learning things – I'll give this a go. Then once you start giving it a go you learn things and once you get things right, you think – it gives you a good feeling, so you do another bit more and then before you, before you know it, one day leads to another day and then it's been a week and then it's been a month, and then it's been six months and you say ... And then you get to a stage, like, you don't want to break your good record.

Appendix 3: Case studies

Gary

Gary was a heavy drug user but is now drug free. He readily admits: “I’ve taken drugs all my life ... before the P came out, there was other drugs ... I just sort of like moved up the ladder”. At that point he didn’t believe he had a drug problem – the only problem was “getting enough of it”. Looking back, he can see how strong his addiction was and that he had no motivation to quit: “I couldn’t see anything wrong with them [drugs] and I was in my own little world and, you know, I couldn’t get off. Even [if] I wanted to”.

The turning point for Gary was his time in prison in 2011 and 2012. He had been on the first rehabilitation camp in October 2009 but had to leave after only a few days due to sickness. He admits that at that stage he was not ready to deal with his addiction and even if he had stayed on the programme he may not have succeeded. “... [at] number one – I was miles away from anything to do with, with the programme.I would have been hiding in the closet.”

Gary’s illness resulted in heart surgery and warnings from health professionals about his lifestyle.

He saw his time in prison as an opportunity to “make a positive out of a negative ... I can get my health right, I could get off, get off the drugs, get off the cigarettes – things I couldn’t do in the past”. Outside any programmes offered by Corrections, Gary went cold turkey from all drugs. The environment and prison regulations made it easier: “...you can’t smoke in there. ... when you smoke, if you’re sitting around people and they’re smoking, the whiff of the cigarette will make you want to smoke. But jail eliminated all that and there were no cigarettes...”.

Drugs were available in prison but they could not be used openly. Gary did not want to be hiding away and worrying about getting caught. He decided the risks were too high.

Another motivating factor was hearing about an associate who had been caught with drugs and ended up with a six-year prison sentence: “So that’s a wake-up call for me. Oh yeah that’s why I’m not in that game anymore. Those are the risks.”

Gary refers to the work that Roy Dunn had undertaken in developing the rehabilitation and reintegration programme: “...he made this programme for us, it was especially made for us, cos he could see what, what’s happening to us.” Although Gary had quit drugs in prison, he could see the benefit of attending the programme to help himself stay clean and to deal with the reasons behind his drug use:

It highlighted why – what triggers me. ... what emotions that I went through. Why I went through those emotions. It, it showed me the symptoms. ... I could compare a lot of the things, I, I used to do. Like I wouldn’t eat and I’d try to force myself to eat and after I’d done the programme, I realised where I was at certain stages in, through the time. Yeah, so it was helpful a lot.

[It] showed me ... why I was withdrawing for – what I was craving. Why, why, why I felt I needed it. It was like all the psychological effects that it used to have on me. So it was like a mind thing. When you realise that, it's – that you can do it – well then you sort of get past that. In, in, in your mind it seems hard, but once you've gone past there, you know it ain't.

Gary also found it satisfying to be further ahead of others on the programme in the sense that he had already been through the struggle to quit drugs.

The sense of being part of a team during rehab was important to him. There were around 15 on his programme and he felt that this offered the opportunity for a variety of views and experiences to be shared:

Well, as an example, when they ask you what you felt the reasons you did it or you felt like that, well you got all those answers – like the variety of answers. ... And then you can measure where you fit in that picture. Yeah, it's just like a team too.

Gary also found it helpful that those on the programme had come from a similar background and experiences, compared to, say, an independent programme that anyone could attend:

But ... when you're in your own environment or your own group, everyone sort of has the same experiences or similar experiences. And I think that the concept of, of what they do and how we do this too, it's different.

After the rehabilitation programme Gary moved to the reintegration phase at the Auckland house. He recalls rehabilitation as being a really busy time, including kapa haka, and courses in budgeting and tourism.

Gary can see many benefits through completing the programme and being free of drugs. One important motivation for wanting to quit drugs was to make sure he would be around for his mokopuna (grandchildren). And he can see his relationship with them has improved since then:

Now my mokos and my kids get to enjoy me more. Cos I'm not out partying with the mates all weekend, and I'm home with them. And I can spend quality time.

He hasn't noticed significant health benefits – his sense of taste has improved but the downside is that he has put on some weight.

Gary has stayed out of trouble with the law and sees that as a benefit in his life. He also recognises that it was important for him to break ties with old associates who are still on drugs and build friendships with others who are also working to stay clean, including some who were on the programme with him. Gary now works part time as a security guard. He got the job through a mate who knew him in jail.

Sharon

Sharon was a participant at camp five in 2012.

She had tried unsuccessfully to arrange release from prison to camp two in Turangi, which her partner attended in 2010. She was paroled to Te Poutama Tautoko Alcohol and other Drug Services in Hastings a few days after the Turangi camp started. She attended that programme for about six weeks before transferring to join her partner and the other participants from the second camp at the Auckland reintegration house.

Sharon and her partner stayed at the reintegration house for a year.

About a year later Sharon attended camp five in 2012. Plans for attending camp three had fallen through when there were delays with the camp taking place because of location issues. In the interim, Sharon had gone to prison on drug charges.

A sense of wellbeing is the first change that Sharon identifies when asked about the impact of the programme. She describes having “a better head space” and a changed mind set to life in general compared with when she was younger and before rehabilitation. She describes her younger self as having a “poor attitude” and now sees the importance of owning behaviours in order to change:

[I] don't like to put myself in a category where I'm testimony to overcoming a lot of things but my perspective and my whakaaro, my mind set is in a better head space ... my mind set on the whole and my outlook and that on life in general is in a better head space... I know what I need to be doing, I've got a toolbox that I need to keep applying so that keeps me safe.

I know in my heart and in my mind I'm in a better space – I'm in a better head space and I'm in a better emotional space. And spiritually – as long as I keep having a connection with God as I understand him, I'm gonna be okay.

Sharon also sees that she is physically very healthy and that her life has “better order”.

I still haven't got orderliness in my life – but I've got better order than it was.

She cites staying out of prison as her biggest achievement. Sharon has been in prison on five occasions, and for most of the 12-year period from the age of around 26, initially for drink-driving offences and more recently for drug-related offending.

She has been out of prison for five years and has had only one minor conviction (related to unlicensed driving) since 2012.

This is the longest I've been out of jail, even with the law ... I haven't had the Police knocking on my door for anything – apart from a couple of times for my children.

I've been out of prison for five years, so to me that's the biggest achievement that I've achieved through being with these guys and having this network for me and my family.

Sharon has had stable accommodation since reintegration; she and her family live in Housing New Zealand accommodation in South Auckland.

Sharon describes her earlier use of drugs as “just way out of control ... I'm using crack every day”.

Sharon has very occasionally used P since the programme. However she observed that on the last occasion, some months earlier, she wondered why afterwards.

I have used ... last time was around Christmas but I guess it's like, it's not even, yeah, it's not even cool, it's like I didn't even know why, it's just like, oh yeah, the bros and sis came over and they're “do you want to have a ...” and I'm “No”, then they're “C'mon it's Christmas”, then I'm “Oh yeah” then afterwards I was like that's dumb, that was dumb, don't know why I did that.

Sharon's observation is that she no longer has an issue with wanting P – this contrasts with her earlier use when if “it was on my mind, I would want to go get it”.

Sharon feels she “knows what to do” to stay clean. She has a “toolbox” not just from the programme but from her earlier experiences with treatment, including Te Poutama Tautoko in 2010 and two attendances in the prison Drug Treatment Units in 1996 and 1997 to address drinking issues. She also draws on her own experience in successfully giving up drinking in 2003.

Another change for Sharon has been insight about her earlier self and the role that drug use and drinking had for her. Sharon has learned about her own behaviour and recognises the “suppressed depression” she experienced after the loss of her first partner and its role in her drug use and drinking. She highlights how her attitudes have shifted. For example, she recognises that a younger Sharon would not have accommodated an interview for the programme evaluation in the way that she is now able to:

Once I actually owned my own behaviour, that's when I sort of took the steps to want to change, I really had quite a bad attitude, quite a poor attitude, I was quite antisocial.

Just dealing with things in general, dealing with people in general, having a different approach to things, being a bit more open minded than staying close minded ... used to just speak my mind ... [now] more empathy toward life itself and people, empathy, humility, patience, tolerance ... bit more compassionate towards others.

Sharon recognises that while she had detached herself from her family “emotionally and intellectually and all the rest of it”, she is grateful to now value these relationships. She highlights the change in the way she relates to her whānau, cherishing them rather than taking them from granted and attributes this to tikanga:

Definitely big impact where whānau as a whole concerned, grew so much love for my Mum, my Dad, my brothers and sisters, I just cherish them a bit more instead of taking them for granted. I suppose it's realising how precious your loved ones are. Tikanga did that for me, embracing my wairua, embracing my love for even God.

Relationships with her older children have taken time to heal since prison, in particular with her daughter who took on responsibility for her siblings while Sharon was in and out of prison.

Sharon is the primary caregiver for her younger children aged three and six. Her six-year-old son was born in prison and was key driver for Sharon trying to gain parole (on her sixth attempt) after her last imprisonment before the baby was due to be taken from her at age nine months.

Sharon sees the programme as more effective than other treatment programmes, attributing this to the tikanga component in both the rehabilitation and reintegration phases:

Gave me an understanding of myself ... embrace culture, heritage, ancestors and whānau as a whole.

I felt a sense of purpose of actually achieving something. ... Even just knowing who I was and knowing who my parents were and knowing who their parents were, you know, was something that grounded me.

Evaluation for Transformation workshops ... Hei Manaaki Tourism through the wanangas and Orakei Marae, te reo – just everything for me that was working for me at the time was tikanga-based.

Being in a programme with her own people was also important for Sharon:

Having this wider community of people that had been through stuff that I've been through made it easier to heal and to get through things.

To sit in a group with our own people, and gang members at that, it's quite empowering. Once you get past that ... when you're all sitting there in the room – everything's different – the feeling's different. The feeling's scary, but it's safe.

This programme can work with anybody that wants it. But first and foremost with our people, with Māori.

Sharon also identifies the value of being part of a network and a wider community of people with similar experiences as an ongoing factor in her wellbeing. She describes her experience as having “been on this programme” since she came to Auckland for the first reintegration in 2010:

[With the Notorious programme] Everybody's just a phone call away. Every team leader, ... every Sallies worker, every counsellor, like every peer – you just have this big network of people. You haven't got anyone that you can't pick up and call. Because you've just got everybody.

Another element that Sharon identified as particularly helpful was the aroha of The Salvation Army:

The Salvation Army, the love of the people. For me it was security, being safe.

[The Salvation Army] just embraced us wholeheartedly, you know. So that played a big part too. Little old white ladies and white hair, that are embracing this kaupapa and embracing our people – that was pretty overwhelming. Pretty encouraging and inspiring.

The Sallies, much love for the Sallies man, great people to come in and work with people like us with no judgement whatsoever...lots of aroha, just awesome.

Paula and family

This family of six and one family member's partner have all attended the programme.

Attendance was driven by Paula (mum). On release from a six-and-a-half-year prison sentence, she found that three of her four children aged in their mid-20s were addicted to P and her youngest child, aged 16 years, was using synthetic cannabinoids.

Paula had been told of the rehabilitation camps by a Mongrel Mob Notorious girlfriend she had met on a work-to-release programme. On her release, Paula approached a contact in the Notorious Chapter for support to get the family into the programme.

Paula and two of her children, Miriama (24) and her youngest son Cody (16), completed camp seven. Miriama attended with her partner Matiu, who was also P-addicted, and her young child.

Paula had been working on her own addiction issues, spanning 30 years. She had been a heavy daily user of methamphetamine and was in partial remission at the time she attended the camp. Her main reason for attending camp was to support and get to know her children.

Paula's two older sons then attended camp eight, motivated by the positive change they saw in their family.

Paula sees the support for the whole family as the primary strength of the programme. Being able to bring Miriama's daughter also removed any issue with trying to arrange childcare and took away this "outside stress":

Rehab offered everything I was looking for – support for the whole family.

Paula

The family was met on arrival at the camp and emphasised that they were instantly made to feel welcome. Paula noted that in her experience of other drug treatment programmes, this sense often did not develop for at least four weeks, if at all.

While they found detox difficult and parts of the rehab challenging, all family members felt they were provided with the tools they needed to help them both during and after the camps:

The learning was incredible.

Paula

Cody uses his awareness of triggers for use and how to manage these, both to stay clean himself and to try to help friends who smoke:

In the first week they gave us good strategies to deal with coming off.

Cody

After the camps, the family attended reintegration, which supported the next stage of their journey before returning to Napier.

The family's situation at about a year after the programme is a very different picture to the one Paula faced when she came out of prison.

Cody has not used synthetic cannabinoids since the camp. He became very engaged in the programme, attending later camps to support people there and building on his tikanga learning. He has formed strong links with Notorious camp minders and leaders who continue his tikanga education. Time spent on the East Coast with a tikanga teacher also involves hunting and diving, which Cody loves:

I have lots going on. No time to smoke anymore. Now I do stuff. I'm always busy.

Cody

Paula is delighted to see the support Cody has had and to see others "putting all that [tikanga] knowledge into my son". Part of this training will prepare Cody to speak for the family when they attend marae.

More recently, Cody has shifted to a small town in Southland and has work sheep shearing. He is part of a community who have completed the programme and work actively to support one another.

The tikanga component of the programme has also played a key role for other family members. Like all camp participants, each family member learned their pepeha and delivered this at their camp graduation ceremony.

In addition, Paula and her daughter Miriama learned the karanga. They were to do the karanga at their graduation. "[It was] amazing standing next to my daughter doing that."

Education is a big focus for Paula and her daughter, who are both actively studying.

Paula is very motivated to help others with effective reintegration. She is in her second year of study overall and in her first year studying addictions and mental health. Paula has been supported in her study by two facilitators from the camps. Through her placement she has acquired an on-call position, working at an addictions and mental health residence. Her aim after

58

completing the current year's study is to complete the Te Taketake two-year diploma in applied addictions counselling.

Miriama had tried taking several courses prior to the programme, but "never kept it up". She is now doing a money management course and due to graduate in the near future.

Miriama has not returned to using methamphetamine. She highlighted her learning from the camp about the mental, physical and social impact of using:

Feeling uplifted every day ... you don't realise how much of a toll it was taking on your body.

Miriama

As part of staying clean, Miriama has changed her "whole crowd" of friends, and family has been an important support:

[It was] only when I got to rehab that I realised everyone I socialised with was using.

Miriama

It's not easy to stay clean but Miriama feels she has the tools from rehab to do so and knows the triggers and how to manage these. Keeping busy is key for her; she makes sure she has things to do every day.

Miriama has also maintained a healthy weight gain she made during the programme.

Positive changes have extended to Miriama's daughter, who is much more outgoing than the very introverted child she was before the programme.

Miriama's partner Matiu had been an "all day every day" user. One year on from the camp, he reported keeping his use "in check" and feeling better as a result of that. However, he saw room for more improvement. He noted that staying clean is harder when he is "surrounded by it [methamphetamine] and has less to do". Matiu was very interested in finding work that he enjoys, but he has recently returned to prison.

Paula's older sons both had relapses in use by 12 months after the camp, but both reported generally being able to control their methamphetamine use.

Daniel identified that he has more energy when he is clean. Despite his lapses in use, he is adamant that he is "not going to use methamphetamine for ever":

More energy – every day feel lot better – easier to get up.

Daniel

Both Daniel and the family reported Daniel having more structure to his life and being more strongly linked into family since the programme. This includes a closer relationship with his

brother Shane, which was one of Daniel's aims. At one year after camp, Daniel was "clocking in" with the family every day, whereas in the past it was not unusual for him to disappear for a month at a time. However, a more recent incident has seen Daniel back in prison on remand.

Shane had a daily P habit from his young teens until entering the programme at 26 years old. For him, staying clean is difficult but he feels equipped to manage the lapses that occur. Better family links following rehab have included forming a relationship with his young son, with whom there was previously little contact. He has actively supported Paula in her study, babysitting her granddaughter to free her to study and vetting a speech prepared as part of her study. The family recognises the achievement of his consistent attendance at all classes in the camp and speaking in Māori at graduation.

Shane has been able to save money and purchase a motorbike and another recent achievement was a win in Fight for Life.

This family's involvement with the law has also changed significantly. Paula had been in and out of prison since the age 15. At one stage, all of the family with the exception of Cody had been in prison at the same time.

At one year after completing their camps, all of the family were clear of charges and release conditions. However, more recent incidents have seen Matiu back in prison and Daniel in prison on remand.

Paula was on release conditions when she started the programme and she came off probation during the camp. She has had no more interaction with justice since prison and intends never to do so, saying: "[there is a] lightness associated with not having law issues".

Miriama has had no charges since the rehabilitation camp. She highlights that being clean of drug use helps to avoid the "dumb" actions that can go with using. Gaining her driver's licence, which was part of reintegration, has been a big contributor to avoiding charges.

Cody has never had a criminal conviction and intends to continue that way.

Overall, all family members reported benefitting from the positive family, health and wellbeing effects of their changed lifestyle. They have become something of an example in their community and are frequently approached by others who see the changes they have made and want to achieve these for themselves.

Even now [nearly one year later] lots of family members come to Mum to see how they can get to rehab Ask about rehab and ask what can we do to combat this or that.

Miriama

Appendix 4: Details of changes in convictions and AOD use by participant

The table shows:

- an overview per participant of changes in substance use and drinking before and after camp based on ADOM data
- the total seriousness scores of criminal convictions three years before the rehabilitation camp and the three years after. For the more recent camps, three years have not passed since completion and this is noted in the table. Sometimes the convictions after the camp were the result of charges laid before the camp and this is recorded if it is known. Note that information about whether convictions after the camp related to charges before the camp was provided by Houhanga Rongo Trust (HHR), ie, not by the Ministry of Justice.

Approximate timing ADOM post-camp	Changes in substance use reported in ADOM	Overview substance use changes	Justice summary	Justice overview (subjective)
3–6 years	Reduced daily cannabis to 1 or 2 times a week Reduced drinking from every two days to twice in past month and reduced standard drinks per typical day from 18 to 2 Cut out methamphetamine from one use in past month pre-camp	Moderate to marked reduction including abstinent methamphetamine (after minimal use)	Pre-camp seriousness of criminal convictions = 1194; post-camp = 115 (1 point is said to relate to charges before the camp)	Improvement but still concerning
	Reduced daily methamphetamine to nil use. Reduced daily cannabis to 1 day in previous month	Marked reduction including abstinent methamphetamine	Pre-camp seriousness of criminal convictions = 1047; post-camp = 27 (12 points are said to relate to pre-camp charges)	Improved criminal behaviour
	Daily cannabis, methamphetamine and drinking reduced to nil use	Marked reduction to abstinent in 3 substances of concern		
	Daily use cannabis reduced to every two days. Circa weekly drinking post-camp (6 standard drink per typical day) vs nil pre-camp	Possible substitution – some reduction in cannabis but drinking post-camp		
	Reduced drinking from 4 days per week to once a week (maintained 4 standard drinks per typical day) Nil use cannabis post-camp versus once in month use pre-camp	Moderate to marked reduction in drinking (reduced days but maintained moderate volume)	Pre-camp and post-camp no convictions	Similar good record before and after

Approximate timing ADOM post-camp	Changes in substance use reported in ADOM	Overview substance use changes	Justice summary	Justice overview (subjective)
	Methamphetamine use reduced from every two days to nil Daily cannabis reduced to once in previous month	Marked reduction including abstinent methamphetamine		
	Reduced daily use of cannabis and methamphetamine every 2 days to nil use Drinking once in past 28 days (4 standard drinks) post-camp compared with nil pre-camp	Marked reduction including abstinent cannabis and methamphetamine	Pre-camp seriousness of criminal convictions = 69; post-camp = 267 (all relates to one conviction which is said to relate to pre-camp charges)	Improved criminal behaviour (relies on HHR info)
	Reduced methamphetamine use and drinking from 5 days per week to 2 days past in previous month. Standard drinks per typical day reduced from 12 to 8.	Moderate to marked reduction		
	Cut out drinking (was every 2 days and 10 standard drinks on a typical day) Reduced cannabis use from every 2 days to 3 times in previous month	Marked reduction in both substances of concern including abstinent in drinking	Pre-camp seriousness of criminal convictions = 192; post-camp = 8	Improved criminal behaviour
	Using cannabis weekly both pre- and post-camp Drinking alcohol 1 or 2 times per week both pre- and post-camp; some reduction in standard drinks on a typical day (from 18 to 15)	Effectively maintained moderate cannabis use and drinking	Pre-camp seriousness of criminal convictions = 224; post-camp = 311 (162 points are said to relate to pre-camp charges)	Improvement but still concerning (relies on HHR info)
	Reduced daily cannabis to nil use Reduced daily drinking to weekly drinking Standard drinks per typical day reduced from 30 to 5	Marked reduction including abstinent cannabis	Pre-camp seriousness of criminal convictions = 81; post-camp no convictions	Improved criminal behaviour
	Daily use of methamphetamine pre-camp and nil use post-camp Post-camp weekly use of cannabis and drinking 1 day in previous 28 (4 standard drinks)	Marked reduction to abstinent methamphetamine but possible substitution		
	Nil use pre and post (was paroled to camp from prison)	Maintained remission	Pre-camp seriousness of criminal convictions = 1872; post-camp no convictions	Improved criminal behaviour

Approximate timing ADOM post-camp	Changes in substance use reported in ADOM	Overview substance use changes	Justice summary	Justice overview (subjective)
	Reduced daily to twice weekly cannabis use Methamphetamine use 3 times in past month post-camp vs nil pre-camp	Moderate reduction cannabis, increased methamphetamine use – possible substitution	Pre-camp no convictions; post-camp seriousness of criminal convictions = 2	Similar good record before and after
1 year	Reduced methamphetamine from weekly to once in past month Drinking reduced from 2 days per month and 6 standard drinks per typical day to 1 day per month and 7 standard drinks per typical day Cannabis increased from 3 times to 5 times in previous month	Moderate reduction methamphetamine but possible substitution with increased cannabis Occasional drinking effectively maintained		
	Nil methamphetamine use pre- and post-camp (was in partial remission at start of camp)	Maintained remission		
	Nil methamphetamine use post-camp vs once in month pre-camp (was in partial remission)	Maintained remission largely in place before camp – abstinent methamphetamine	Pre-camp seriousness of criminal convictions = 1884; post-camp no convictions (less than three years since camp completion)	Improved criminal behaviour (but still early days)
	Cut out methamphetamine use every two days	Abstinent after regular use of methamphetamine	Pre-camp seriousness of criminal convictions = 2; post-camp no convictions (less than three years since camp completion)	Similar good record before and after (but still early days)
	Daily use cannabis and methamphetamine reduced to once and nil in previous month respectively	Marked reduction including abstinent in methamphetamine	Pre-camp seriousness of criminal convictions = 786; post-camp = 295 (less than three years since camp completion) Further details suppressed	Improvement but still concerning (but still early days)
Under 1 year	Daily cannabis (synthetic) reduced to 3 days in past month	Marked reduction		
	Cut out 3 days per week methamphetamine and daily cannabis.	Marked reduction to abstinent in both substances of concern		
	Nil methamphetamine use post-camp vs daily use pre-camp	Marked reduction to abstinent methamphetamine		
	Daily methamphetamine use pre-camp reduced to use every two days post-camp	Reduced methamphetamine use but still significant user		
	Cut out daily methamphetamine and drinking (2 standard drinks per typical day) and reduced daily cannabis use to circa every 2 days	Marked reduction including abstinent methamphetamine and drinking		

Approximate timing ADOM post-camp	Changes in substance use reported in ADOM	Overview substance use changes	Justice summary	Justice overview (subjective)
	Daily methamphetamine reduced to nil use Daily cannabis reduced to 3 days in previous month	Marked reduction including abstinent methamphetamine		
	Abstinent post-camp compared with daily cannabis and drinking (24 drinks per typical day) and weekly methamphetamine pre-camp	Marked reduction to abstinent in three substances of concern	Pre-camp seriousness of criminal convictions = 425; post-camp = 114 (all post-camp convictions are said to relate to pre-camp charges; less than three years since camp completion)	Improved criminal behaviour (but still early days) (relies on HHR info)
	Reduced daily methamphetamine to nil Reduced daily cannabis to 2 or 3 times per week Cut out drinking every second day (20 standard drinks per typical day)	Marked reduction in three substances of concern including abstinent drinking and methamphetamine	Pre-camp seriousness of criminal convictions = 84; post-camp = 544 (all post-camp convictions are said to relate to pre-camp charges; less than three years since camp completion)	Improved criminal behaviour (but still early days) (relies on HHR info)
	Reduced daily use of methamphetamine to twice in previous month Reduced daily drinking to twice in previous month; reduced drinks per typical day from 24 to 2	Marked reduction in both substances of concern	Pre-camp seriousness of criminal convictions = 391; post-camp = 377 (all post-camp convictions are said to relate to pre-camp charges; less than three years since camp completion)	Improved criminal behaviour (but still early days) (relies on HHR info)
	Increased methamphetamine use from weekly pre-camp to circa twice weekly post-camp Maintained circa weekly cannabis use Drinking post-camp 3 days out of previous 28 versus nil per camp	Maintained cannabis use and increased methamphetamine use and drinking		
			Pre-camp seriousness of criminal convictions = 236; post-camp no convictions	Improved criminal behaviour
			Pre-camp seriousness of criminal convictions = 732; post-camp = 449 (all post-camp convictions are said to relate to pre-camp charges)	Improved criminal behaviour (relies on HHR info)
			Pre-camp seriousness of criminal convictions = 42; no post-camp convictions (less than three years since camp completion)	Improved criminal behaviour (but still early days)

Approximate timing ADOM post-camp	Changes in substance use reported in ADOM	Overview substance use changes	Justice summary	Justice overview (subjective)
			Pre-camp no convictions; post camp seriousness of criminal convictions = 699 (all post-camp convictions are said to relate to pre-camp charges; less than three years since camp completion)	Improved criminal behaviour (but still early days) (relies on HHR info)
			Pre-camp seriousness of criminal convictions = 209; post-camp = 26 (all post-camp convictions are said to relate to pre-camp charges)	Improved criminal behaviour (relies on HHR info)
			Pre-camp seriousness of criminal convictions = 29; post-camp = 133 (less than three years since camp completion)	Deteriorated criminal behaviour
			Pre-camp seriousness of criminal convictions = 274; post-camp = 94 (relates to one charge said to have occurred pre-camp).	Improved criminal behaviour (relies on HHR info)
			Pre-camp seriousness of criminal convictions = 27; post-camp = 8	Improved criminal behaviour
			Pre-camp seriousness of criminal convictions = 56; post-camp = 3833 (all post-camp convictions are said to relate to pre-camp charges)	Improved criminal behaviour (relies on HHR info)
			Pre-camp seriousness of criminal convictions = 1639; post-camp = 538 (31 points are said to relate to pre-camp charges). Further details suppressed	Unclear whether there has been improvement; behaviour is still concerning
			Pre-camp seriousness of criminal convictions = 720; post-camp = 384 (92 points are said to be for pre-camp charges before the camp; less than three years since camp completion) Further details suppressed	Unclear whether there has been improvement; behaviour is still concerning.
			Pre-camp seriousness of criminal convictions = 341; post-camp = 15	Improvement but still concerning

HHR: Houhanga Rongo Trust

Appendix 5: ADOM Lifestyle and wellbeing responses

The following summarises responses to questions from section 2 of the post-camp ADOMs.

Impact of alcohol or drug use on daily life

Participants reported that negative impacts of alcohol or drug use on their daily life were minimal as shown in Table 6.

Table 6: Participant reports of the impact of alcohol or drug use on daily life (n=27)

	Not at all	Less than weekly	Three or four times a week	Once or twice a week	Daily or almost daily
How often has your alcohol or drug use led to problems or arguments with friends or family members?	23	3	0	1	0
How often has alcohol or drug use caused problems with work or other activities in any of the following: social, recreational, looking after children or other family members, study or other personal activities?	25	2	0	0	0

Involvement in criminal activity

Participants reported minimal involvement in criminal or illegal activity, as shown in Table 7.

Table 7: Participant reports of involvement in criminal or illegal activity (n=27)

	Not at all	Less than weekly	Three or four times a week	Once or twice a week	Daily or almost daily
How often have you been involved in any criminal or illegal activity such as driving a motor vehicle under the influence of alcohol or drugs, assault, shoplifting, supplying an illicit substance to another person (do not include using illegal drugs)	26	1	0	0	0

Engagement in work, study and caregiving activity

Participants' reports of engagement in work, study and caregiving activity were as shown in Table 8. Seventy per cent (19/27) reported some work, including 10 of 27 (37%) who reported daily work.

Table 8: Participant reports of engagement in work, study and caregiving activity (n=27)

	Not at all	Less than weekly	Three or four times a week	Once or twice a week	Daily or almost daily
How often have you engaged in any of the following: paid work, voluntary work, study, looking after children or other caregiving activities?	8	2	3	4	10

Satisfaction with recovery

Participants' self-rated scores of how close they were to where they want to be in recovery were available for 26 people, and are shown in Figure 6.

(10 is the best possible score). Nine rated their recovery 8–10 (33%) and 15 rated it 6–7 (56%). The remaining three (11%) had scores in the bottom half of the scale.

Participant reports regarding how satisfied they were with progress towards achieving recovery goals were available for 26 people (refer Figure 7). Six (23%) were extremely satisfied, 11 (42%) were considerably satisfied, and nine (35%) were moderately satisfied. None reported being slightly or not at all satisfied.

Figure 6: Participants score on where they are in recovery (10 is best possible)

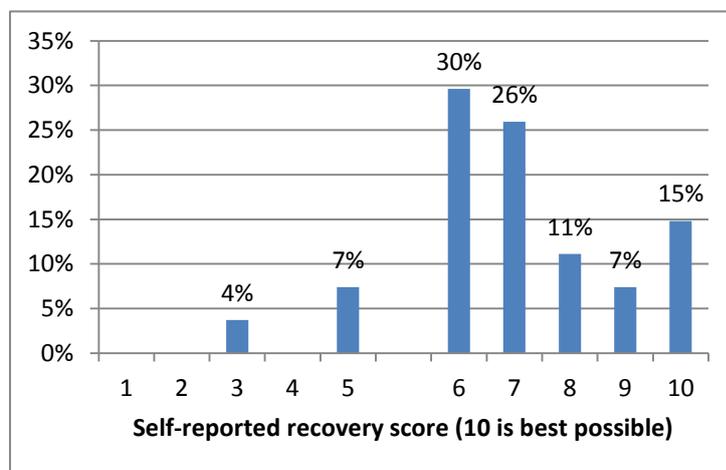


Figure 7: Participants level of satisfaction with progress towards achieving recovery goals

