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Response to your request for official information

Thank you for your request for information under the Official Information Act 1982 (the Act) on 9 July 2019 for:

"On behalf of the Auckland District Law Society Mental Health and Disability Law Committee, I'd like to make an OIA request regarding the Substance Addiction (Compulsory Treatment and Assessment) Act.

Please provide the following information:

- 1. The number of people who have had compulsory treatment under the Act and the duration of their treatment.
- 2. What happened once these people were discharged, for example, did they stay voluntarily and, if so, for how long.
- 3. Any legal or operational guidelines in relation to the Act"

Information held by the Ministry of Health (the Ministry) pertaining to your request is outlined below.

1. The number of people who have had compulsory treatment under the Act and the duration of their treatment.

The Substance Addiction (Compulsory Assessment and Treatment) Act commenced in February 2018 and as of 30 June 2019, the number of people who had compulsory treatment under this Act was 27.

The table below outlines the duration of Compulsory Treatment Orders (CTOs) with a start and finish date, and the number of people who had compulsory treatment up until 30 June 2019.

Duration of Compulsory Treatment	Number of people
0-7 days	2
8-14 days	4
15-28 days	3
29-49 days	5
50-63 days	27
64-98 days	4
99-119 days	6
still current	4

2. What happened once these people were discharged, for example, did they stay voluntarily and, if so, for how long.

There is an identifiable National Health Index (NHI) number assigned to every person given a CTO. Using the NHI, the Ministry can access health treatments the person has had since the close-off of the CTO. The table below outlines how many of those people had Alcohol and Other Drug (AOD) and non-AOD activities after their treatment.

Patient	Number of AOD activities	Number of non AOD activities
1	3	78
2	1	0
3	86	0
4	31	0
5	56	31
6	2	0
7	85	2
8	0	10
9	18	28
10	24	0
11	8	53
12	128	8
13	25	1
14	632	14
15	13	1
16	52	10
17	72	3
18	0	15
19	260	14
20	15	0
21	0	16
22	2	2
23	40	1
24	29	63

For three patients the data indicates a high level of activity. To assist with your understanding of the sort of activities involved, I have included the types of addiction related treatment for the three high level activity patients.

Patient 12: The majority of activities were care, liaison and co-ordination contacts

- Care/liaison co-ordination contacts
- Contact with family/whanau, consumer not present
- Individual treatment attendances: family/whanau not present

Patient 14: The majority of activities are care, liaison and co-ordination contacts and individual treatment attendances (over 200 activities each)

- Peer Support
- Community Support Contacts
- Completed needs assessment
- Care/liaison co-ordination contacts
- Group programme session attendances
- Contact with family/whanau, consumer present
- Contact with family/whanau, consumer not present
- Individual treatment attendances: family/whanau not present

Patient 19: The majority were individual treatment attendances (over 100)

- Completed needs assessment
- Care/liaison co-ordination contacts
- Group programme session attendances
- Contact with family/whanau, consumer present
- Contact with family/whanau, consumer not present
- Individual treatment attendances: family/whanau not present

3. Any legal or operational guidelines in relation to the Act

All guidelines, forms, and general advice on the Substance Addiction (Compulsory Assessment and Treatment) Act are available on the Ministry's website at: https://www.health.govt.nz/our-work/mental-health-and-addictions/preparing-commencement-substance-addiction-compulsory-assessment-and-treatment-act-2017

I trust this information fulfils your request. You have the right, under section 28 of the Act to ask the Ombudsman to review any decisions made under this request.

Please note that this response, with your personal details removed, may be published on the Ministry website.

Yours sincerely

Robyn Shearer

Deputy Director-General
Mental Health and Addiction