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| **Information on the**  **Substance Addiction (Compulsory Assessment and Treatment) Act** |

The Substance Addiction (Compulsory Assessment and Treatment) Act 2017 is new legislation which will provide treatment for people with a severe substance addiction even if they don’t want it, but only if they meet criteria defined in the Act. It will commence on 21 February 2018.

Living with a family and whānau member’s addiction issues is distressing and worrying. Deciding to place someone under the Act is a big step, and this can be made worse if the process is unclear, or if the person does not meet the legal criteria in the Act. This may be particularly true for parents of young people as it is extremely unlikely that anyone 16 or younger will meet the criteria for use of the Act.

**The Act will not apply to everyone**

It is intended to be used as a last resort with people with the most severe addiction, as part of a planned process and not in response to a crisis.

The aims of compulsory assessment and treatment are to:

* protect the person from harm; and
* allow a comprehensive assessment of their addiction; and
* stabilise their health (including medically managed withdrawal); and
* protect and enhance their mana and dignity and restore their capacity to make informed decisions; and
* facilitate continued treatment and care on a voluntary basis; and
* provide an opportunity to engage in voluntary addiction treatment.

Most people who use alcohol and/or other substances do not automatically require compulsory treatment, and most do well when they engage in a treatment programme.

In cases when the Act does not apply to someone, services will explain why not and discuss alternatives available in their local area. Services will continue to work with the family and whānau to provide support as needed.

Ongoing efforts will be made to encourage the person to voluntarily engage in treatment.

**Capacity to make an informed decision about treatment**

Having severe addiction and the inability to make decisions about engaging in treatment for addiction are two essential features for using the Act with someone. Every person is assumed to be able to decide if they want to engage or not engage in treatment until it can be shown that they are unable to make that decision.

Having capacity to make decisions about treatment means being able to understand and remember that there are options for treatment available to them and to be able to communicate this. If the person can weigh up the consequences of getting treatment versus the consequences of continuing to use alcohol and/or other substances, then they have capacity as defined under the Act. Accepting that someone has the ability to make decisions does not always mean agreeing with those decisions.

However, some people with severe addiction are incapable of making decisions about treatment for themselves because of impaired capacity.

**What happens once someone decides to make an application?**

* Anyone over the age of 18 years can make an application.
* The application can be made by a family or whānau member, or they may ask someone like their general practitioner or other person who knows their family and whānau member to make an application.

The first step is to involve an “authorised officer”, who is a health professional appointed under the Act, to conduct an initial assessment of the person and their circumstances. An authorised officer may be employed by a District Health Board (DHB) or a local non-government organisation (NGO) addiction service.

The authorised officer will review the application and the person and if they believe that the person is likely to meet the relevant criteria of the Act they will arrange for an approved specialist to make the determining assessment.

An approved specialist is also a health professional who has been appointed under the Act. They have expertise and experience in working with people with addictions, and have the final say in committing someone for compulsory treatment.

If a compulsory treatment certificate is signed the person will be taken for a medical examination. This may be in the local hospital and in most cases the next step will be managed withdrawal (or “detox”) over several days to stabilise their immediate health needs.

While the person will initially be involved with addiction treatment services, a variety of different health professionals may become involved with their care, for example if the person has had falls and injuries or has not been eating well for some time.

**Will the person be sent away?**

Once the compulsory treatment certificate is signed the person will be assigned a responsible clinician who will collaborate with family, whānau and other health providers to develop an initial tailored treatment plan. Most probably the person will go to a “Treatment Centre”, which has been specially designated under the Act. It is likely that there will initially be only one designated centre under the Act as of 21 February 2018, but that does not preclude others being set up once demand is better understood.

Arrangements will be made to transport the person to the Treatment Centre and, when needed, to return them home. Family and whānau can keep in contact with the person while this happens and will be kept informed of where he or she is. It may also be possible for family and whānau members to visit and stay at the centre.

If the person leaves the Treatment Centre without consent while under the Act, they will be returned to the Treatment Centre, with the assistance of Police if necessary.

**How long is someone under the Act?**

The legislation provides for an initial 8-week (56 day) period of compulsory assessment and treatment. This means that the person will have ongoing assessment, be stabilised physically and medically, and have a treatment plan developed. The person will be reassessed regularly by a responsible clinician and if capacity is restored during this period, the person will be discharged from the Act and encouraged to engage in a full programme of addiction treatment.

There is the potential for a further 8-week period (another 56 days) for those with suspected brain injury. Where evidence of brain injury, as shown through formal cognitive assessment, emerges over the treatment period, planning for appropriate long-term care for the person will be done.

**What happens when the person is returned home?**

Options for continuing care will be developed collaboratively by the responsible clinician, the person, family, whānau and other support people and/or agencies. This may include the person going into residential treatment, returning home, deciding what assistance is required to support that, or moving to supported accommodation.

**For more information you can:**

* Contact the Alcohol Drug Helpline: [www.alcoholdrughelp.org.nz](http://www.alcoholdrughelp.org.nz);

phone 0800 787 797; text 8681

* Go on-line to the Ministry of Health to see various guidelines – [www.health.govt.nz](http://www.health.govt.nz)
* Contact your local DHB or NGO addiction treatment service and ask to speak to someone about the Act: \_\_\_\_\_\_\_\_\_\_\_\_