

Guideline on the Role and Function of Approved Specialists and Responsible Clinicians Appointed under the Substance Addiction (Compulsory Assessment and Treatment) Act 2017

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Published with the permission of the Director-General of Health, pursuant to section 116 of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017.

Citation: Ministry of Health. 2017. *Guideline on the Role and Function of Approved Specialists and Responsible Clinicians Appointed under the Substance Addiction (Compulsory Assessment and Treatment) Act 2017* Wellington: Ministry of Health.

Published in November 2017
by the Ministry of Health
PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-98-853923-2 (online)
HP 6728

This document is available at health.govt.nz



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Use of the word ‘patient’

The preferred language for referring to someone receiving addiction treatment is ‘person’. The Substance Addiction (Compulsory Assessment and Treatment) Act uses the word ‘person’ to refer to an individual prior to a compulsory treatment certificate being issued.

Once a compulsory treatment certificate is issued, the Act uses the word ‘patient’.

This guideline uses the language of the Act, while acknowledging that people who use or provide addiction treatment services rarely use the term ‘patient’.

Introduction

An approved specialist has a critical role in determining whether a person should be subject to compulsory treatment under the Substance Addiction (Compulsory Assessment and Treatment) Act (the Act).

Section 28(2) of the Act requires that wherever practicable, the Director of Area Addiction Services (Area Director) must not assign the approved specialist to be the responsible clinician who signed the compulsory certificate for the patient. However, the approved specialist may also be assigned as the patient's responsible clinician if this is the only feasible option. The responsible clinician will be the person who develops and arranges treatment plans and ensures patients receive appropriate care while subject to the Act and when returned to their homes for ongoing treatment or care. The purpose of this guideline is to set out the tasks required to fulfil the duties of an approved specialist and responsible clinician, and to provide guidance on the key skills, knowledge and attitudes needed for these roles.

The guideline is not intended to be a position description, but may be useful in assisting Area Directors in nominating health professionals for approval by the Director of Addiction Services, and for assigning responsible clinicians.

This guideline sits alongside the other guidance relating to the Act, including:

- *Introductory Guideline to the Substance Addiction (Compulsory Assessment and Treatment) Act 2017*
- *Guideline on Assessing Capacity to Make Decisions about Treatment for Severe Substance Addiction*
- *Guideline on the Role and Function of Directors of Area Addiction Services appointed under the Substance Addiction (Compulsory Assessment and Treatment) Act 2017*
- *Guideline on the Role and Function of Authorised Officers appointed under the Substance Addiction (Compulsory Assessment and Treatment) Act 2017*
- *Criteria for Approved Providers designated under the Substance Addiction (Compulsory Assessment and Treatment) Act 2017*
- *Manaaki Mana Enhancing and Mana Protecting, a practitioner resource.*¹

¹ <http://teraumatatini.com/manaaki-mana-enhancing-and-mana-protecting>

Purpose of the Substance Addiction (Compulsory Assessment and Treatment) Act

The Act replaces the Alcoholism and Drug Addiction Act 1966 and is designed to require people to receive compulsory assessment and treatment if they have a severe substance addiction and their capacity to make decisions about treatment for that addiction is severely impaired, in order to:

- protect them from harm
- facilitate a comprehensive assessment of their addiction
- stabilise their health through the application of medical treatment (including medically managed withdrawal)
- protect and enhance their mana and dignity and restore their capacity to make informed decisions about further treatment and substance use
- facilitate planning for their treatment and care to continue on a voluntary basis
- give them an opportunity to engage in voluntary treatment.

Approved specialists

Approved specialists are health professionals designated for the purposes of the Act by the Director of Addiction Services under section 95.

Approved specialists are crucial in ensuring that appropriate clinical decisions are made in respect of persons for whom an application for assessment has been made under section 14 of the Act. Approved specialists may also be assigned to patients as responsible clinicians by the Area Director, where this is the only feasible option.

In summary, a health professional is defined in section 4 of the Act as:

- a medical practitioner
- a registered psychologist
- a registered nurse
- a registered social worker or a social worker who has expertise in treating persons suffering from severe substance addiction and who is registered on account of that expertise with a body corporate designated under section 96(2) of the Act²
- a practitioner who has expertise in treating persons suffering from severe substance addiction and who is registered on account of that expertise with a body corporate designated under section 96(1) of the Act.

Section 96(1) of the Act enables the Minister of Health to designate a body corporate for the purposes of the definition of a health professional (as defined in section 4(d) and (e)) if the Minister is satisfied that the body sets appropriate standards for classes of practitioners who treat, or assist in the treatment of, persons who suffer from severe substance addiction and has reliable systems for identifying practitioners who meet the standards.

The Minister may also designate a body corporate for the purposes of social worker membership if satisfied that the body sets appropriate standards for social workers and has reliable systems for identifying social workers who meet the standards.

Principles applying to exercise of powers over patients

Section 12 of the Act sets out the guiding principles applying to the exercise of powers over patients. An approved specialist must be guided by these principles in all their dealings with patients and be able to demonstrate that they have been considered. In summary, the principles are:

- to use the least restrictive level of coercion possible to enable effective treatment
- to ascertain and take into account the views of the patient, their principal caregiver, welfare guardian (if the Court has appointed one) and nominated person (if the patient has nominated

² Note: At the time of publishing this guideline, no body corporate has applied to be designated under section 96 of the Act.

one), prior to exercising powers under the Act, unless it is not reasonably practicable³ or it is not in the best interests of the patient to do so

- interferences with the rights of patients should be kept at a minimum
- the interests of patients should remain at the centre of any decision-making
- powers should be exercised with proper recognition of the importance and significance to the patient of their ties with family, whānau, hapū, iwi and family group and the contribution those ties make to the patient's wellbeing, and proper respect for the patient's cultural and ethnic identity, language and religious or ethical beliefs.

Principles applying to the exercise of powers over children or young persons

Section 13 of the Act sets out additional provisions in relation to the exercise of powers over children and young people. These are:

- to involve, and have due regard to, the views of the family, whānau, hapū, iwi and family group wherever possible in making decisions affecting the child or young person
- to maintain and strengthen, wherever possible, the ties of the child or young person with their family, whānau, hapū, iwi and family group
- decisions affecting the child or young person should be considered in light of the impact of the decision on the welfare of the child or young person, and the stability of the family or whānau.

³ This term is further discussed in the *Introductory Guideline to the Substance Addiction (Compulsory Assessment and Treatment) Act 2017*.

Duties of approved specialists

Conducting assessments

Approved specialists have a pivotal role in assessing people who have been the subject of an application for compulsory assessment under the Act. This means that the assessment process must consider all the criteria for compulsory treatment set out in section 7 and section 10:

- the person has a severe substance addiction
- the person has severely impaired capacity to consent to treatment for that addiction
- compulsory treatment is necessary
- appropriate treatment is available (for example, the person may be more appropriately placed in rest home care, or be admitted to hospital under the Mental Health (Compulsory Assessment and Treatment) Act 1992)
- whether voluntary treatment is unlikely to be effective in addressing the substance addiction.

Assessing for the presence of severe substance addiction will include consideration of the definition set out in section 8 of the Act:

- (1) A severe substance addiction is a continuous or an intermittent condition of a person that –
 - (a) manifests itself in the compulsive use of a substance and is characterised by at least 2 of the features listed in subsection (2); and
 - (b) is of such severity that it poses a serious danger to the health or safety of the person and seriously diminishes the person’s ability to care for himself or herself.
- (2) The features are –
 - (a) neuro-adaptation to the substance;
 - (b) craving for the substance;
 - (c) unsuccessful efforts to control the use of the substance;
 - (d) use of the substance despite suffering harmful consequences.

Assessment tools (such as the comprehensive assessment template in Matua Raki’s 2016 *Mental Health and Addiction Screening and Assessment Guidelines*)⁴ may be helpful. The record of the assessment should indicate the extent to which each of the elements of the statutory definition of severe substance addiction have been considered.

⁴ <https://www.matuaraki.org.nz/resources/mental-health-and-addiction-screening-and-assessment-guideline/363>

Capacity to make informed decisions

The definition of ‘capacity to make informed decisions’ in section 9 of the Act is defined in very specific terms, as follows:

... a person’s capacity to make informed decisions about treatment for a severe substance addiction is severely impaired if the person is unable to –

- (a) understand the information relevant to the decisions; or
- (b) retain that information; or
- (c) use or weigh that information as part of the process of making the decisions; or
- (d) communicate the decisions.

Note that the ‘capacity test’ is not a *general* assessment of functional capacity, such as that used in making an application for an order under the Protection of Personal and Property Rights Act 1988 (the PPPR Act). While such an assessment may be needed to develop a treatment plan once someone has become a patient (section 29 of the Act), it is unlikely to be adequate for the purposes of assessing an individual against the definition of ‘severely impaired capacity’ in the context of severe substance addiction.

Repeating capacity assessments

A central feature of the Act is the expectation that treatment under the Act will contribute to restoring the person’s capacity to make informed decisions about treatment for severe substance addiction, with an emphasis on engaging the person in voluntary treatment if possible.⁵ Once a person’s capacity is restored, they can no longer be held for compulsory assessment and treatment under the Act and must be discharged from the Act.⁶ In practice, this means that repeated capacity assessments will need to be carried out when the patient is in a treatment centre.

Detailed guidance for health professionals on capacity testing is provided in the document *Guideline on Assessing Capacity to Make Decisions about Treatment for Severe Substance Addiction*.

Assessing capacity in children and young people

The Guardianship Act 1968 states that people over the age of 16 can consent (or withdraw consent) to health-care procedures. However, the converse of this (that those under 16 cannot consent) does not hold. Children’s competence to consent to treatment in New Zealand is regulated by the Code of Health and Disability Services Consumers’ Rights 1996 and case law, most notably the *Gillick* case (House of Lords, 1985).⁷ Together these represent what the Ministry of Health (Ministry of Health, 1998)⁸ refers to as a ‘maturity approach’ to consent.

Young people who have used substances long and heavily enough to develop severe addiction will, in almost all cases, have life experience, maturity and understanding, such that they can normally be assumed to have capacity to make decisions about treatment for addiction.

⁵ Section 35 of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017: ‘Objective of compulsory treatment ... (b) if possible to restore the patient’s capacity to make informed decisions about the patient’s treatment and to give the patient an opportunity to engage in voluntary treatment’.

⁶ Section 43 of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017:

⁷ *Gillick v West Norfolk & Wisbeck Area Health Authority* [1986] AC 112 House of Lords.

⁸ Ministry of Health. 1998. *Consent in Child and Youth Health: Information for practitioners*.

However, there is potential for confusion as the legal framework in the area of capacity, and consent to treatment for children, is not straightforward. Authorised officers and approved specialists may find themselves in the situation of having to manage inappropriate applications for compulsory assessment and treatment from distressed parents and caregivers, desperate for their young person to get help.

Wherever practicable, a specialist assessment of a child or young person must be conducted by an approved specialist who practises in the field of child or adolescent psychiatry or child or adolescent psychology.

Guidance to assist authorised officers and approved specialists in applying the Act to young people under the age of 16 years has been developed and forms part of the general protocol on assessing capacity, *Guideline on Assessing Capacity to Make Decisions about Treatment for Severe Substance Addiction*.

‘Compulsory treatment is necessary’

The Act requires that consideration be given to whether ‘compulsory treatment is necessary’. This provision should be read together with section 10, which clarifies that compulsory treatment should be necessary only if voluntary treatment is unlikely to be effective in addressing the severe substance addiction.

The approved specialist should consider any record of previous treatment received by the person and any information provided by family and whānau members about the person’s previous engagement with addiction treatment services. This should include:

- the nature and duration of previous treatment
- location (residential or community)
- whether treatment took place under the Alcoholism and Drug Addiction Act 1966 or as a result of a disposition by the Court
- the willingness and ability of the person to engage in treatment
- evidence of periods of reduced severity of addiction and/or periods of abstinence and recovery.

Appropriate treatment for that person is available

Section 7(d) requires that appropriate treatment be available for the person. This is not simply a reference to the availability of a place in a treatment centre, but is included in the Act with the intention of ensuring that the approved specialist considers whether the condition of the person requires treatment that could be better provided without using the Act.

For example, a person may have a severe substance addiction and severely impaired capacity, but their condition may be such that the most appropriate way of managing their care is in a rest home environment, or through the provision of palliative care. Other people may need compulsory treatment for a mental health disorder under the Mental Health (Compulsory Assessment and Treatment) Act 1992, before treatment for severe substance addiction can be safely considered.

Compulsory treatment to be option of last resort

As noted above, section 10 reinforces the requirement in section 7(c) that compulsory treatment is necessary where voluntary treatment is unlikely to be effective. Section 10 recognises that addiction is a chronic, relapsing condition and that most people with an addiction will have a better outcome if they are supported to engage in treatment on a voluntary basis. It also recognises the seriousness of placing people under compulsory treatment and the limits that such treatment place on the rights of the individual.

In determining whether compulsory treatment is the option of last resort, the approved specialist should consider the individual's history of contact and engagement with addiction treatment services, the steps that could be taken to support that person to engage with services and treatment on a voluntary basis, and the extent to which that person is able to be supported to remain engaged.

Appointment of approved specialists / responsible clinicians

The Director of Addiction Services (the Director) is responsible for designating health professionals to fulfil the role of approved specialists and for maintaining a register of approved specialists. This is published on the Ministry of Health's website (www.health.govt.nz/ to come) and is updated on the appointment, change of location or resignation of an approved specialist.

This section refers to approved specialists and responsible clinicians. However, not all approved specialists will be required to act as responsible clinicians.

The Area Director is responsible for recommending individuals to the Director for consideration for designation as approved specialists. To designate someone as an approved specialist, the Director must be satisfied that the health professional has significant experience in the treatment of severe substance addictions and is suitably qualified to conduct specialist assessments and to fulfil the duties of a responsible clinician as set out in the Act.

In making a recommendation to the Director, the Area Director should consider the extent to which the recommended individual meets the criteria set out in the Act and the competencies set out below:

- a specialist knowledge of substance addiction
- the ability to conduct an examination to determine capacity to consent to treatment for severe substance addiction
- skills in engagement, conflict resolution, problem-solving, behaviour management, de-escalation and interpersonal skills
- highly developed communication skills (both written and oral)
- an ability to make decisions and act independently
- an ability to consult and work with the family and whānau of individuals undergoing assessment and as patients.

Nomination does not mean automatic designation. District health boards and other providers need to be aware that if nominees do not meet the Director's expectations for the role of approved specialists, they will not be appointed.

Duties of responsible clinicians

Sections 28 and 94 of the Act requires the Area Director to ensure that a responsible clinician is assigned to every patient. Wherever practicable, the responsible clinician should not be the approved specialist who assessed the person and signed the compulsory treatment certificate in respect of the patient.

Because a responsible clinician may not necessarily be employed by a treatment centre, the Act specifies that they may visit a patient in a treatment centre at any time and must be given access to the patient, to the patient's records and any other information on that person that is held by the treatment centre (section 94(2) of the Act).

The duties of a responsible clinician include:

- developing a treatment plan
- arranging for admission of the patient to a treatment centre
- applying to the Court for a compulsory treatment order and, if appropriate, an extension of a compulsory treatment order
- ensuring the patient's wishes are taken into account in providing treatment
- ensuring families and whānau are actively included in the treatment process
- keeping the condition of the patient under review
- ongoing capacity testing
- treatment plan review if capacity is restored or not restored.

In line with the purpose and objectives of the Act, the responsible clinician should also arrange for withdrawal management if the approved specialist has not done so.

Developing a treatment plan

Section 29 sets out the initial steps to be taken by the responsible clinician, within seven days of the dating of the compulsory treatment certificate. The first of these steps is the development a treatment plan. This should include (at a minimum), the proposed treatment of the patient including any medication, recognition and plans for engagement of family and whānau, a record of the patient's wishes and interests and the steps that need to be taken to engage the patient in ongoing treatment once they are no longer subject to the Act. The treatment plan will be an active record of treatment, and should reflect the progress of the patient throughout the treatment period.

Arranging for admission to a treatment centre

Under section 30, the responsible clinician must arrange for a patient to be admitted to a treatment centre. This involves ensuring that:

- the manager of the treatment centre agrees to the patient being admitted

- consideration of the wishes and preferences of the patient and the views of their principal caregiver, welfare guardian (if appointed) and nominated person (if the patient has made such a nomination).

Consideration of the wishes and preference of the patient and significant others does not oblige the responsible clinician to fulfil those wishes. However, that requirement emphasises the importance of engaging with the people who play a significant role in supporting a person on their recovery journey.

If the manager of the treatment centre does not agree to the patient being admitted, it may not be possible to continue to detain the person under the Act. In such an event, the responsible clinician must examine other options for treatment, and for support of the patient and their family and whānau. If the manager of a treatment centre does not agree to a patient being admitted, they should provide clear reasons for declining their admission.

Applications for review of the compulsory status of the patient

Section 29(c) requires the responsible clinician to apply to the Court for a review of the compulsory status of the patient. Provisions detailing court procedure are set out in detail in Subpart 6 of the Act (sections 68–85).

Section 72 identifies the requirements on a responsible clinician who has made an application to the Court for a review of a patient’s compulsory status. In summary, those requirements include:

- as soon as practicable, serving the application and associated documents (see section 72(2)) on the patient and the district inspector, and
- taking reasonable steps to provide the application and associated documents to every other person entitled to be heard in respect of the application (see section 72(1)).

If the application to the Court is accepted, the responsible clinician will be expected to provide any information required by the Judge and will be consulted by the Judge. Furthermore, section 78 empowers the Court to call for a report on the patient. The report may only deal with the question of the extent to which the patient meets the criteria for compulsory treatment, if that report is prepared by an approved specialist (section 78(2) of the Act).

Application for extension of a compulsory treatment order

A patient’s responsible clinician may apply to the Court for an extension of a compulsory treatment order (sections 45, 46), if that clinician considers that there are reasonable grounds to believe that the patient has a brain injury (defined in section 4, as ‘an acquired, enduring neurocognitive impairment’).

The purpose of this provision is to facilitate ongoing treatment for individuals who, because of brain injury, may take longer to regain capacity and for whom it can be more difficult to arrange ongoing care and treatment on a voluntary basis. Some of these people may need to be the subject of an order under the Protection of Personal and Property Rights Act 1988.

Condition of the patient to be kept under review

The Act does not specify intervals at which a patient must be reviewed, but section 42 requires that such reviews be ‘regular’. This points to the need for the responsible clinician to maintain active engagement with the patient and their care, as well as emphasising the importance of frequent consultation with other health professionals involved in the care and treatment of the patient. The provisions of section 42 also reinforce the concept that the patient’s treatment plan is a dynamic document.

Leave and transfer to another treatment centre

A patient’s responsible clinician can approve leave of absence from a treatment centre in certain circumstances (section 39) and transfer a patient to another treatment centre (section 41) and care of another responsible clinician if in a different area.

Release from compulsory status

A patient must be released from compulsory status if the responsible clinician is satisfied that the criteria for compulsory treatment are no longer met, or that no useful purpose would be served by further compulsory treatment of the patient.

Such an order must be in writing (section 43).

Plan for future treatment and care

Section 44 states that where practicable, the responsible clinician must prepare a plan for the patient’s release from compulsory treatment status. That plan must include the responsible clinician’s recommendation for future treatment, follow-up care and any other action that the clinician thinks appropriate. In developing the plan, the responsible clinician is required to take reasonable steps to ensure that key participants in, and potential providers of, the patient’s care are consulted (section 44(3) of the Act) and to provide those individuals with appropriate information about future treatment and follow-up care.

The Director of Addiction Services' protocol for appointment of approved specialists and responsible clinicians

A nominee for appointment as an approved specialist must be a health professional with significant experience in the treatment of severe substance addictions and be suitably qualified to conduct specialist assessments and reviews under the Act.

Although the Act is silent on the qualifications required, such qualifications should be recognised by an organisation that specialises in the education of health professionals working with people with addictions (such as, the Addiction Practitioners' Association of Aotearoa New Zealand (dapaanz) and the Fellowship of the Australasian Chapter of Addiction Medicine (FACHAM), member of the Faculty of Addiction Psychiatry (RANZCP). Other registered health professionals (as defined in the Act) can be nominated as approved specialists where evidence of experience in the treatment of severe substance addictions can be provided.

Appointment criteria

The criteria for appointment as an approved specialist can be viewed as comprising three broad categories:

- knowledge
- skills
- attitudes.

These criteria reflect national sector standards and guidelines informing the application of powers under the Act including *Let's Get Real*⁹ and *Te Whare o Tiki*.¹⁰

Knowledge

An approved specialist must have a sound knowledge and understanding of:

- the development, implementation and practice of effective approaches to the assessment and treatment of people with severe substance addiction
- the statutory definitions of 'severe substance addiction', 'severely impaired capacity' and 'acquired brain injury'

⁹ Ministry of Health. 2008. *Let's Get Real: Real skills for people working in mental health and addiction.*

¹⁰ Matua Raki and Te Pou o te Whakaaro Nui. 2013. *Te Whare o Tiki: Co-existing Problems knowledge and skills framework.*

- relevant practice guidelines, including those issued by professional organisations dealing with treatment of severe substance addiction
- issues of cultural perspectives, the principles of the Treaty of Waitangi and the implications of partnership, and a sensitivity to cultural identity and personal beliefs
- Māori concepts of mental health and addiction
- an understanding of trauma-informed care
- mana-enhancing practice
- the relationship between substance addiction and other mental health problems
- the role of family and whānau in the assessment and treatment of people with substance addiction
- all relevant aspects of the Act, including:
 - the intent and meaning of relevant sections and the specific paperwork and records required of approved specialists/responsible clinicians by each part of the Act
 - prescribed interactions with other roles designated in the Act, especially district inspectors, authorised officers, Area Directors, other approved specialists/responsible clinicians and the Director
- interfaces and familiarity with other legislation (eg, the PPPR Act)
- arrangements for supervision and peer review.

Approved specialists should have a general understanding of other legislation that impacts on the care of people with severe substance addiction, including:

- rights of health and disability service consumers (Code of Health and Disability Services Consumers' Rights 1996)
- constitutional rights and obligations (New Zealand Bill of Rights Act 1990, Human Rights Act 1993)
- privacy and dealing with health information (Privacy Act 1993, Health Information Privacy Code 1994)
- the provisions and use of the Mental Health (Compulsory Assessment and Treatment) Act 1992
- use of force and powers of arrest generally (Crimes Act 1961)
- adult guardianship (Protection of Personal and Property Rights Act 1988)
- care and protection of children, including treatment for substance use (Oranga Tamariki Act 1989)
- suspension of the motor vehicle licences of certain patients (Land Transport Act 1998, section 19)
- Health and Safety at Work Act 2015.

Skills

Approved specialists/responsible clinicians must have the following skills:

- the ability to carry out a comprehensive assessment for severe substance addiction
- the ability to assess for capacity to consent to treatment for severe substance addiction and to determine the extent to which capacity is impaired

- the ability to carry out a mental status examination and to assess the extent to which the person requires treatment for co-existing mental and/or physical health problems and to facilitate appropriate treatment if necessary
- excellent interpersonal, mana-enhancing and relationship skills
- clinical skills in engagement, problem-solving and conflict resolution
- the ability to negotiate and discuss management plans with treatment centres and responsible clinicians
- good written and oral presentation skills
- cultural competency
- the ability to liaise with community agencies including iwi, marae committees, Pacific communities and church groups and to work with them in a cooperative manner
- the ability to work collaboratively with a wide range of addiction and mental health services
- the ability to work collaboratively with people who use or have accessed addiction services, including those employed as peer support workers or in similar roles
- the ability to deal appropriately with members of the public and with patients' families and whānau
- the ability to investigate complaints
- the ability to educate other health professionals and allied workforces about the Act
- the initiative to seek specific and specialist advice when appropriate
- the ability to prepare reports and other documentation for the Court and to provide evidence when required to do so by a judge.

Attitude

The following attitudes should be evident in an approved specialist/responsible clinician:

- an understanding of how the principles set out in section 12 of the Act should be applied in all dealings with people subject to the Act and their families and whānau
- a strong recovery and wellbeing focus
- sensitivity to other people, their experience and their context
- a focus on human and consumer rights
- respect for and an understanding of the value of input from those in other roles including advocates, nominated persons and interpreters, and a willingness to enable people to gain access to such supports
- respect for privacy and confidentiality
- a best-practice and purposive approach to compulsory treatment for severe substance addiction
- respect for the intent of the Act.

Additional factors

The following additional factors may also be taken into account at the discretion of the Director of Addiction Services:

- length of time a nominee has resided in New Zealand

- potential conflicts of interest
- a need to understand the broad New Zealand cultural landscape and understand New Zealand treatment arrangements, systems and legislation (eg, demonstrated through duration of experience in an addictions treatment service in New Zealand – ideally a minimum of 36 months)
- demonstrated confidence from peers and others that the nominee could carry out the role of an approved specialist/responsible clinician
- demonstrated ability to develop key relationships
- references from at least two addiction specialists.

Review of appointees

The Director of Addiction Services may seek feedback on the performance of an approved specialist/responsible clinician. Feedback may be sought from other specialists, Area Directors, people who are or who have been patients under the Act and other office holders such as district inspectors.

An approved specialist can be removed or suspended from their position under section 95(4) of the Act if any of the following is proved to the satisfaction of the Director of Addiction Services:

- failure to perform adequately the duties of the office
- neglect of duty
- misconduct
- inability to perform the duties of the office.