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| **Substance Addiction (Compulsory Assessment and Treatment) Act 2017**  **Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017  **Medical Certificate Supporting an Application for Assessment** (Section 17 - Model certificate) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| To: The Director of Area Addiction Services (Area Director) at [name of service] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of person to be assessed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name | | | | | | | | | | | | |  | First name | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | NHI | | | | | | | | | | | Phone number | | | | | | | | | | | | | |
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| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Postcode | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
|  |  | | | |

I examined the person to be assessed on [date of examination].

I consider there are reasonable grounds for believing that the person to be assessed may have a severe substance addiction and severely impaired capacity to consent to treatment for that addiction. My reasons for that opinion in relation to the statutory definition of severe substance addiction and severely impaired capacity (see overleaf) are:

|  |
| --- |
| [Particulars of the reasons for opinion on the condition of the person to be assessed] |

This certificate is to accompany an application for assessment either completed by a medical practitioner or a person associated with the proposed patient who has seen the proposed patient within the last five days (see section 15).

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| **Contact details of the medical practitioner who examined the person to be assessed** | | | | | | | | | | | | | | | | | | | |
| Last name |  | First name | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | |  | Postcode | | | | | | |
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| Email address | | |  | Contact phone number | | | | | | | | | | | | | | | |
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| Signature |  | Date of application | | | | | | | |

I am not a relative of the person examined

(See overleaf)

# Substance Addiction (Compulsory Assessment and Treatment) Act 2017

**Criteria for compulsory treatment**

**7 A person may be subject to compulsory treatment under this Act only if:**

(a) the person has a severe substance addiction; and

(b) the person’s capacity to make informed decisions about treatment for that addiction is severely impaired; and

(c) compulsory treatment of the person is necessary; and

(d) appropriate treatment for the person is available.

**8 Meaning of severe substance addiction**

(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 two of the features listed in subsection (2) below; and

(b) is of such severity that it poses a serious danger to the health and 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.

**9 Capacity to make informed decisions**

For the purposes of section 7(b), 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 that information as part of the decision-making process; or

(d) communicate the decisions.

**10 Compulsory treatment to be option of last resort**

For the purposes of section 7(c) compulsory treatment is necessary only if voluntary treatment is unlikely to be effective in addressing the severe substance addiction.