**Substance Addiction (Compulsory Assessment and Treatment) Act 2017**

**Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017

**Memorandum by Authorised Officer –**

**Supporting an Application for Assessment**

(Section 18)

(1) If attempts made by the authorised officer to have a medical practitioner examine the person have been unsuccessful, the authorised officer

must, in a memorandum,—

(a) describe the attempts that have been made to have the person examined by a medical practitioner; and

(b) explain why the attempts have been unsuccessful; and

(c) state that the authorised officer considers that there are reasonable grounds to believe that the person meets the criteria set out in [section 7(a)](http://www.legislation.govt.nz/act/public/2017/0004/23.0/link.aspx?search=sw_096be8ed814d0659_18_25_se&p=1&id=DLM6609141" \l "DLM6609141)

and (b); and

(d) set out full particulars of the grounds.

(2) The authorised officer must date and sign the memorandum.

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| To: The Director of Area Addiction Services at [location] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact information of the patient** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name | | | | | | | | | | | | |  | | First name | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | NHI | | | | | | | | | | | Phone number | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Postcode | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
|  |  | | | |
| I examined the person to be assessed on: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | (date of examination) | | | | | | | | | | | | | | | | | | | | | | | |
| I have made the following attempts to have the person named above examined by a medical practitioner, and those attempts have been unsuccessful for the reasons listed below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Reasons for unsuccesful examination] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have reasonable grounds to believe that the person named above meets the criteria set out in section 7(a) and (b) of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 as listed below:  Severe substance addiction  Severely impaired capacity to consent to treatment for that addiction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Particulars of the grounds for opinion on the condition of the person to be assessed] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Contact details and signature of the authorised officer** | | | | | | | | | | | | | | | | | | | |
| Last name |  | First name | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | |  | Postcode | | | | | | |
|  | | | | | | | | | | | |  |  | |  | |  | |  |
|  |  | | | | | | |
| Email address | | |  | Contact phone number | | | | | | | | | | | | | | | |
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|  | |  |  |  |  |  |  |  |  |  |
| Signature of authorised officer |  | | Date | | | | | | | |

# Substance Addiction (Compulsory Assessment and Treatment) Act 2017

**7 Criteria for compulsory treatment**

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 or weigh 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.