

Substance Addiction (Compulsory Assessment and Treatment) Act 2017

Data for 1 January to 30 June 2020

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Substance Addiction (Compulsory Assessment and Treatment) Act 2017

In February 2018, the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 (the Substance Addiction Act) came into force, replacing the Alcoholism and Drug Addiction Act 1966. The Substance Addiction Act is designed to help people with a severe substance addiction and impaired capacity to make decisions about engaging in voluntary or compulsory treatment. This new legislation is better equipped to protect the human rights and cultural needs of patients and whānau and places greater emphasis on a mana-enhancing and health-based approach.

Section 119 of the Substance Addiction Act requires the Ministry to publish the following information:

- the number of people who were detained under the Substance Addiction Act
- the length of their detention
- the number of compulsory treatment orders made
- the number of compulsory treatment orders extended
- the number of discharged patients who chose to have voluntary residential treatment and outpatient services.

This information has previously been published in the Office of the Director of Mental Health and Addiction Services Annual Report. Data from 1 July 2020 onwards will be included in the Ministry of Health's Annual Report. The Ministry of Health's Annual Report covers a financial year, whereas the Office of the Director of Mental Health and Addiction Services Annual Report typically covers a calendar year, with the most recent being 2019 information. This difference means there is a 'gap' for the 1 January to 30 June 2020 reporting period. This report addresses that time period.

There may be cases where a person started the early stages of the Substance Addiction Act at the end of 2019 and continued through 2020, or first came under the Act in June 2020. The data in this report covers only activities that occurred from 1 January to 30 June 2020. Due to this, there are discrepancies in reporting, where a higher number of people had compulsory treatment orders made or extended than were detained under the Substance Addiction Act.

Severe substance addiction

Section 8 of the Substance Addiction Act states the meaning of severe substance addiction. It is a continuous or intermittent condition that is of such severity that it poses a serious danger to the health and safety of the person and seriously diminishes

their ability to care for themselves. It manifests itself in the compulsive use of a substance that is characterised by at least two of the following features:

- neuro-adaption to the substance
- craving for the substance
- unsuccessful efforts to control the use of substance
- use of the substances despite suffering harmful consequences.

Criteria for compulsory treatment

Section 7 of the Substance Addiction Act states the criteria for compulsory treatment, all of which must apply:

- the person has a severe substance addiction; and
- the person's capacity to make informed decisions about treatment for that addiction is severely impaired; and
- compulsory treatment of the person is necessary; and
- appropriate treatment for the person is available.

Key stages of the treatment process under the Substance Addiction Act

Application

Section 14

An applicant who believes that a person has a severe substance addiction may apply to the Director of Area Addiction Services to have the person assessed.

Assessment

Section 22

An approved specialist assesses whether a person has a severe substance addiction. If the approved specialist considers that the person has a severe substance addiction, they must then assess whether that person's capacity to make informed decisions about treatment has been severely impaired.

Certification

Section 23

After assessment, if the approved specialist considers that the person meets the criteria for compulsory treatment, they sign a compulsory treatment certificate. The person is detained at a health care service for a period of stabilisation while arrangements are made to admit them to a treatment centre.

Treatment plan

Section 29

The responsible clinician must prepare a treatment plan for the patient, arrange for the patient to be admitted into a treatment centre and apply to the court for a review of the compulsory status of the patient.

Detention

Section 30

The responsible clinician must direct that the patient be detained and treated in a treatment centre. The primary treatment centre is Nova Supported Treatment and Recovery (Nova STAR) in Christchurch.

Review

Section 32

The court reviews the compulsory status of the patient. If the judge is satisfied the patient meets the criteria for compulsory treatment, they can make a compulsory treatment order (CTO), which lasts 56 days. These orders may be extended for a further 56 days.

Statutory roles within this process ensure that health professionals involve family and whānau, help the person to engage in voluntary treatment, and take a mana-enhancing approach. These roles include authorised offices, approved specialists, responsible clinicians, Directors of Area Addiction Services, and district inspectors.

For more information about the Substance Addiction Act and these roles, visit the Ministry of Health website (health.govt.nz) and search 'SACAT resources'.

Nova Trust

Nova Trust is the primary approved provider of treatment for people detained under the Substance Addiction Act. The Trust operates a treatment centre, comprising of a nine-bed inpatient unit in Christchurch (Nova STAR) that offers medical care, cognitive assessments, remediation interventions, occupational therapy and relapse prevention support. Health care services can be designated as approved providers if they meet certain criteria under section 92 of the Substance Addiction Act.

Substance Addiction Act usage from 1 January to 30 June 2020

In this period, eight people were detained under the Substance Addiction Act.¹ This report interprets 'detained' to mean an approved specialist has signed a compulsory treatment certificate for the person.² After an approved specialist has signed a compulsory treatment certificate, most patients first need detention in a medical ward or a specialist withdrawal management facility for a period of stabilisation because of their co-occurring physical health needs.

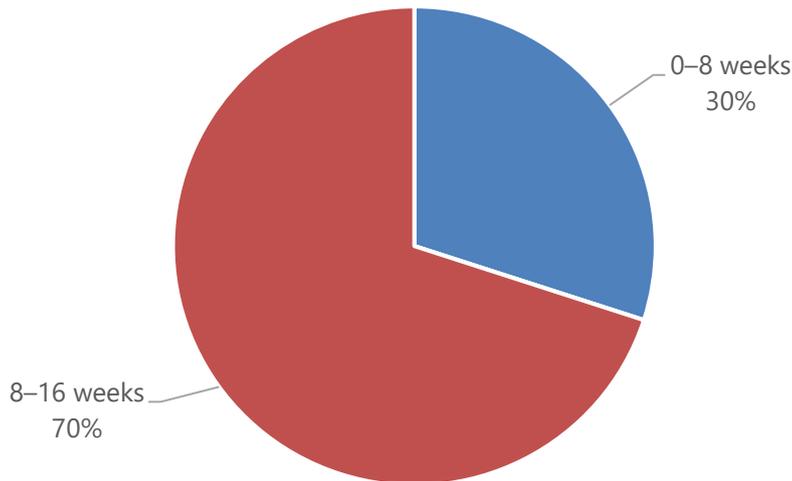
Ten compulsory treatment orders were made during this period.

The average length of detention for those who had compulsory treatment orders made or extended was 10 weeks (70 days). Among these patients, 30 percent were detained for a period of less than eight weeks, which is within the first period of compulsory treatment set out in the Substance Addiction Act. Seventy percent of patients were detained for a period of between 8 and 16 weeks, requiring a compulsory treatment order extension (see Figure 1).

¹ PRIMHD data, extracted 15 April 2021.

² Note that 'detention' may not solely refer to treatment at Nova STAR.

Figure 1: Percentage of patients subject to compulsory treatment certificates, by number of weeks in detention, 1 January to 30 June 2020



Source: PRIMHD data, extracted 15 April 2021.

Section 43 of the Substance Addiction Act describes the threshold for release from compulsory status. The responsible clinician must order the release of a patient if the responsible clinician is satisfied that the patient no longer meets the criteria for compulsory treatment or that no useful purpose would be served by continuing with compulsory treatment of the patient. Section 43 does not use the term 'discharge'. However, we use it in this report to mean that a patient is no longer under a compulsory treatment certificate, compulsory treatment order or compulsory treatment order extension.

PRIMHD records show that from 1 January to 30 June 2020, among service users who were discharged from the Substance Addiction Act:

- 0 percent received additional inpatient care³
- 68.75 percent engaged with individual treatments in outpatient services
- 31.25 percent had family meetings arranged
- 18.75 percent had Supplementary Consumer Records⁴
- 18.75 percent had wellness plans.⁵

Caveats

Due to the small number of people who were detained under the Substance Addiction Act from 1 January to 30 June 2020, it would not be appropriate to report their

³ PRIMHD data, extracted 15 April 2021.

⁴ Supplementary Consumer Records identify social indicators that can impact on the recovery of tangata whaiora.

⁵ PRIMHD data, extracted 15 April 2021.

demographic information as this could breach their privacy and make them identifiable.

During the first half of 2020, as a result of the COVID-19 pandemic and resulting alert levels, Nova STAR limited admissions into their facility to protect the health of people and staff. This meant that less people were able to be detained under the Substance Addiction Act and indicates why the number of people detained was low in this period.

Additionally, note that if a service user was discharged in late June, they are unlikely to have had enough time to engage with outpatient services during the reporting period. For this reason, it may be difficult to draw meaningful conclusions about a service user's recovery journey from the information above.

Data from PRIMHD is only able to measure mental health outcomes, so these results may not fully encompass other sources of support for people recovering from severe substance addiction – for example, support for access to housing.