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CHRISTCHURCH

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Committee Secretariat, Health  
Parliament Buildings  
WELLINGTON

Tēnā koe i nga ahuatanga o te wa

**Substance Addiction (Compulsory Assessment and Treatment) Bill 2015**  
***Submission to the Health Select Committee***

**Introduction: Te Pūtahitanga o Te Waipounamu**

Te Pūtahitanga o Te Waipounamu writes in response to the *Substance Addiction (Compulsory Assessment and Treatment) Bill 2015* regarding the implementation of a new Bill to provide clarity to those who have an identified need for compulsory treatment for substance dependency issues.

Te Pūtahitanga o Te Waipounamu is a limited partnership, supported by the nine iwi of Te Waipounamu through a Shareholders Council known as Te Taumata. Te Pūtahitanga o Te Waipounamu was launched in July 2014 as the South Island Commissioning Agency for Whānau Ora. Te Taumata has appointed an independent governance board which is responsible for the investment strategy. The name, Te Pūtahitanga o Te Waipounamu, represents the convergence of the rivers of Te Waipounamu, bringing sustenance to the people, and reflecting the partnership's founding principle of whānaungatanga.

Commissioning in the context of Whānau Ora is the process of identifying the aspirations of whānau and investing in them whether they are new or existing initiatives. These whānau-centred initiatives are expected to best reflect progress towards Whānau Ora outcomes.

Whānau Ora is an inclusive approach to support whānau to work together as whānau, rather than separately with individual family members. We consider that Whānau Ora outcomes will be met when whānau are:

- Self-managing;
- Living healthy lifestyles;
- Participating fully in society;
- Confidently participating in Te Ao Māori;
- Economically secure and successfully involved in wealth creation;
- Cohesive, resilient and nurturing;
- And able to act as responsible stewards of their living and natural environments.



## Submission

Te Pūtahitanga o Te Waipounamu supports the introduction of the Substance Addiction (Compulsory Assessment and Treatment) Bill 2015.

The current legislation (the Alcoholism and Drug Addiction Act 1966) is fifty years old and does not reflect modern treatment techniques for those facing addiction issues. It is also complicated to use, and does not adequately protect the rights of those persons for whom it is responsible. It is appropriate that it was updated, and it is extremely positive to see that the Government has taken steps to undertake this.

Te Pūtahitanga o Te Waipounamu supports the range of sections in the Bill which protect the rights of patients, from the right to have legal advice to the respect and recognition of culture and ethnicity. However, Te Pūtahitanga o Te Waipounamu submits that the legislation should be amended to allow for greater involvement of whānau, hapū and iwi in the implementation of service models and to be provided for in the range of therapeutic support available.

Beyond the confines of the Bill, Te Pūtahitanga o Te Waipounamu also has significant concerns regarding the addiction issues faced by Māori, and the resourcing available to provide appropriate treatment of patients in compulsory treatment. A lot will depend on the effectiveness of the therapeutic services available. For Māori, culturally competent services are essential. This may require significant investment by the government, given the numbers who have addictions and the lack of appropriate therapeutic services at present.

There are a range of positive measures included in the Bill that are heartening to see. The protection of the rights of patients, in Sub-part 12, including the right to appoint a person to protect the interests of the patient (s49) and the right to legal advice (s57), ensure that the patients are respected and informed throughout the compulsory treatment process. Furthermore, the clear statement that the interests of the patient should be at the centre of any decision making (s12(d)) reflects the intention of the legislation to ensure that all services and supports are patient-driven. We would add in to this, the strong preference to also ensure any support and services are driven by a whānau centred approach.

These protections are especially important given the nature of the actions that are anticipated by the Bill. Te Pūtahitanga o Te Waipounamu accepts that there are some cases where it is in the best interests of the individual to undertake compulsory treatment, especially where the nature of their addiction has caused that person to lose the capacity to make decisions for themselves.

We recognise that alcohol and drug abuse are major drivers of crime, with two-thirds of offenders who enter prison having dependency issues. But we believe that more energy should be invested in effective and enduring prevention strategies to influence a change in drinking culture and ultimately prevent hazardous drinking from escalating. While such an approach is necessary to reduce offending and victimisation it is even more important to achieve an effective whānau-centred approach in supporting whānau wellbeing.

Te Pūtahitanga o Te Waipounamu also recognises that compulsory treatment is a significant action to undertake, and will likely involve some overriding of the patient's rights under Code of Health and Disability Services Consumers' Rights Regulation 1996 (for example, Right 7) and the New Zealand Bill of Rights (especially, s11). While Te Pūtahitanga o Te Waipounamu has



reservations about the over-riding of any individuals, it is recognised that the Bill includes a range of safeguards to ensure that the balance between the requirements of compulsory treatment and the rights of the patient is respected and protected.

Te Pūtahitanga o Te Waipounamu is pleased with the recognition in the Bill of the central importance of maintaining connections with whānau, hapū, iwi and the recognition and respect of a patient's cultural and ethnic background (s12(e)). Whānau Ora rests on the key premise that the support from and connection with the whānau is crucial to any positive life changes made by the individual. Because they have influential, close and enduring relationships with each other, whānau are in unique positions to promote lifestyle changes that can lead to optimal health and wellbeing.

### Specific Considerations

It is submitted that the more extensive engagement with family, whānau, hapū, iwi and family group required when the patient is under the age of eighteen (s13) should be extended to all patients. It is recognised that engagement with immediate members of the family and / or whānau may be difficult for a range of reasons; however, often there are members of the wider family, whānau, hapū or iwi who are available to provide timely and appropriate guidance and support for those in compulsory treatment which may be received in a more effective manner than from any other source of authority. The nature of addiction, particularly where compulsory treatment is required, means that all those facing treatment should be provided with a wide range of support mechanisms, including those provided by their whānau, hapū and iwi.

Te Pūtahitanga o Te Waipounamu also submits that the Select Committee, in deliberating over the Bill, should consider more widely the issues faced by Māori in relation to addiction and treatment. Statistics state that Māori are twice as likely as non-Māori to have consumed a large amount of alcohol at least weekly (*Table 11, Tatau Kahukura: Māori Health Chart Book 2015, 3<sup>rd</sup> edition, Ministry of Health*), four times more likely than non-Māori to have used amphetamines in the past year (*Amphetamine Use 2012/13: Key Findings of the New Zealand Health Survey, Ministry of Health*), and were 2.2 times more likely than non-Māori to have used cannabis in the past year (*Cannabis Use 2012/13, New Zealand Health Survey, Ministry of Health*).

The Select Committee should consider whether, given those challenges, the treatment facilities available adequately reflect the needs of Māori, and whether the actions taken by health providers and Government as a whole are addressing the underlying issues influencing the negative addiction statistics for Māori.

Finally, Te Pūtahitanga o Te Waipounamu submits that the Select Committee should more widely consider whether the resources available to provide the addiction treatment services are sufficient to the need. During the first reading of the Bill, several MPs raised concerns regarding the level of funding provided for treatment services. The Bill introduces a clearer and more user-friendly mechanism for providing compulsory treatment, which could likely increase the number of individuals undertaking this level of addiction treatment.

Legislation is only the first step. While this revision of the legislation is extremely positive, it is only an illusory step forward if it is not adequately supported by proper funding and other resourcing. As a case in the point, in the justice sector we notice the establishment of Treatment Courts in recognising and addressing some of the underlying causes of offending.



Treatment courts, applying the principles of restorative justice, could align well with a Whānau Ora approach. The courts could mobilise and co-ordinate specialist services so the whānau can support the offender to overcome an addiction, helping the whānau to take control of their situation by taking responsibility for themselves and each other.

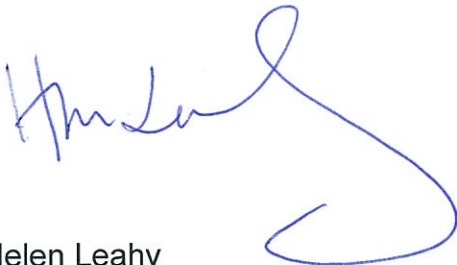
All of those patients seeking treatment for addiction issues deserve to be provided with the best supports available to ensure that they are able to make positive changes in their lives.

Te Pūtahitanga o Te Waipounamu is open to any future engagement on the *Substance Addiction (Compulsory Assessment and Treatment) Bill 2015*, and appreciates the opportunity provided by the Health Select Committee to engage in the consultation process.

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Heoi ano



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