



[2] In terms of the hearing today, [EH]'s daughter has also been present. She was the original applicant for seeking the order today. There has been an opportunity to hear from everybody and there has also been the opportunity for some questions to be asked of the medical professionals.

[3] The submissions received by Ms Davis which refer to the application made by [WM] on 6 December 2019 confirm a trajectory of what has happened since then. She confirms that [EH] had been served earlier with a notice on 27 October to attend an assessment at Pitman House on 3 November and that that appointment was attended. She was not admitted to Pitman House on 3 November however, she was admitted following her admission to [Hospital] for oversight of detox on 7 November. She was in hospital for the three days under medical supervision which required IV medication during that process. It is noted that there was previously a detox by [EH] in 2008, but she has continued to drink more since then.

[4] There is an acceptance from [EH]'s point of view that she has a problem with alcohol. However, she does not believe she needs further rehabilitation. From her point of view, she wants to go home today. She has said to me that she is [in her early fifties] and understands that drinking is not her future life. She wants to stop drinking and has stopped consuming alcohol. She has a friend who has introduced her to AA and is eager to start AA and involvement with CADS, but on discussion today it is clear that that is something she is intending to do and is aspirational rather than something that is already set up.

[5] For the purposes of today [EH] accepts that she had an addiction, but she does not accept that she needs compulsion to rehabilitate. She wishes to do that alone. What I have heard from the medical professionals today however, in terms of the grounds that need to be established in ss 7 and 8, is that there is a substance addiction. There is no doubt in their mind other than there is evidence of neuro adaptation to the substance, craving for the substance, unsuccessful prior attempts to control the use of the substance, and the use of substance despite suffering harmful consequences. Here the substance being alcohol.

[6] What we have heard today is that at the point she was admitted to hospital she was unable to walk. While improving and able to walk now, it is clear and obvious that [EH] is still experiencing difficulties with that. Certainly, her daughter is most concerned that this really is the last chance as she has said, for there to be an input that will help her mother. She has made the heart-breaking decision to make application under this Act and has said today that she is concerned her mother is manipulating the situation to return home to drink. Her mother vehemently denies. What [WM] does say is that she is incredibly proud of her mother, but she is concerned that there is manipulation being exercised at this time.

[7] I hear that there is steady progress being made but that it is slow and that what is needed is a longer period of residential recovery in terms of rehabilitation. The placement that is suggested is Nova in Christchurch. There has been discussion today that there could be other opportunities in terms of Odyssey or the Bridge or Higher Ground here in Auckland, but there is not the same level of oversight and specificity in terms of those programmes such as is assessed to be required.

[8] The real gritty point for analysis today is the capacity to make informed decisions under s 9. It is clear that [EH] does understand the information relevant to the decision. She has been able to convey to me that she does have a substance addiction and is aware of what this hearing is about. There are, however, concerns about the s 9(b), (c) and (d) criteria which are the retention of information and the use or weight of the information as part of the process of the decision making.

[9] There is evidence of cognitive impairment and the assessment of the doctor today is that there is current impairment in terms of that informed decision making. Certainly, from an addiction point of view when somebody is seized by an addiction, the addiction hijacks the brain to such a degree that there is, at the early stages, an inability to make any decision beyond getting the next fix of whatever the substance is for addiction.

[10] In discussion today [EH] has said that a recent incidence of overdose was related to her drink being spiked. I am not satisfied that that really is the situation at

all, but independently of that, I am satisfied that there is insufficient insight and there is not capacity held by [EH] to make informed decisions.

[11] I am satisfied, therefore, that the statutory grounds are established for a compulsory treatment order to be made. The criteria continue to be met and I am satisfied that [EH] suffers from a brain injury as defined by s 4 of the Act and that this order really is a last and only resort that is required in these circumstances. An order is made accordingly.

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Judge E B Parsons  
Family Court Judge

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