

## Alcohol Related Problems

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This information is not intended to replace qualified medical or professional advice. For further information about a condition or the treatments mentioned, please consult your health care provider.

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## Introduction

The Mental Health Foundation's mission is to improve the mental health of all people and communities in New Zealand. Mental health is a positive sense of emotional, psychological and spiritual wellbeing. We define mental health as being the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

People who have information can make informed choices. It is up to each person to decide what mental health is and what it means for them. We believe that providing accurate and helpful information is vital to the process of enabling people to gain control over and enhance their mental health and wellbeing. This includes considering factors that determine our mental health status such as age, gender, ethnicity, income, education, housing, sense of control over life circumstances and access to health services.

The aim of this Mental Health Information New Zealand (MHINZ) project is to provide people with a range of information that can be a starting point for ongoing learning and personal development. It is primarily designed to meet the needs of people working with the discovery that they or those close to them may have a mental health problem sufficiently distressing to warrant medical intervention. This may carry with it some of the stigma associated with mental illness and a loss of personal power in the face of medical labelling and control. So while for some, being given a diagnosis may be a relief, for others it may be upsetting.

We have developed this resource for a range of people including those who have been given a diagnosis, family, whanau, friends and others involved in support and treatment. The information provided is largely from a clinical perspective as it includes psychiatric diagnosis and information on current medical treatment options. We acknowledge that this is one perspective and that different cultures define mental health and wellbeing in a variety of different ways. We invite people to use the resources, references and contacts listed in these booklets to find further information.

Fact sheets summarising information from some of the booklets are available from the foundation's resource centre or may be downloaded from the foundation's website.

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## Alcohol problems

Alcohol is the most widely used mind-altering drug in New Zealand. It is legal, it is readily available and it is generally socially acceptable.

Alcohol has stimulating, depressing and mood-altering functions that leave practically no circuit or system of the brain untouched. This range of effects is what sets alcohol apart from many other drugs. It acts as a stimulant when it directly stimulates those brain cells, which lead to feelings of pleasure and euphoria. It is a depressant when it slows the brain down and reduces tensions and worries. It can affect our judgement and make us do things we would not usually do when sober. Alcohol acts as an anaesthetic when it slows down our reflexes and our co-ordination. It can put us to sleep, it can induce a coma and it can kill.

Alcohol's effects are dose related - the more alcohol you drink, the greater the effects that may occur. The effect that alcohol has on you can also be related to your mood and your expectations. If we get the dose of alcohol right, it can be a pleasant and sometimes useful drug. If the dose is wrong, then alcohol can cause a wide range of harmful effects. Some of these are discussed below.

### What alcohol problems are

A number of different terms are used to describe alcohol problems. Sometimes the terms can be confusing.

**Hazardous drinking** means drinking at levels or in situations that are likely to cause harmful consequences.

**Alcohol abuse** refers to the idea that alcohol causes harmful consequences for a person, and that the person continues to drink alcohol despite these consequences.

**Alcohol dependence** is a more technical term indicating that either the body or the mind has become hooked or addicted to alcohol.

**Psychological dependence** occurs when the mind seems to take over the control of a person's drinking. The person feels that they have to drink to feel good or normal. Psychologically dependent people start to act in ways to ensure that their addiction is satisfied - they think a lot about alcohol, they always ensure that they have enough alcohol to drink and they plan their activities around alcohol.

**Physical dependence** occurs when the body adapts to the high use of alcohol and requires this level of use to feel right or maintain its balance. There are two main signs of physical dependence.

- Tolerance, which means that a person has to progressively drink more alcohol to achieve the same effect that was previously achieved with smaller amounts.
- Withdrawal, which is a state that people can experience if they go without alcohol. Here the body reacts against the absence of alcohol by going through a period of shaking and sweating. If this progresses to a more severe stage, delirium tremens (DTs) may occur, with people becoming confused and experiencing hallucinations (seeing things or hearing things when there is nothing to be seen or heard).

**Alcoholism or alcoholic** are descriptions that mean different things to different people. Usually alcoholism relates to a state of alcohol dependence, but many people can have severe alcohol-related problems without having signs and symptoms of dependence.

Alcohol use is very common. Estimates are that over 90 percent of New Zealanders drink alcohol. Studies suggest that over 20 percent of the population drinks excessively and that, at any one time, seven to ten percent of us have a problem with dependence on alcohol. It is further estimated that about 30 percent of people who are admitted to a general medical hospital have an alcohol-related health problem. Around 40 per cent of people in contact with the mental health services drink in a hazardous way.

Many people drink heavily for brief periods at different times and are then able to reduce or control their drinking. Severe drinking problems can become long-term ones if they are left unchecked or untreated. People who continually drink heavily can expect to have a disruptive life with more social problems than moderate and non-drinkers. They can expect more health problems and they can expect to die earlier.

## **Signs of an alcohol problem**

How much a person drinks, or whether or not they are hooked on alcohol is perhaps less important than looking at the whole picture of a person's drinking and whether the way in which a person drinks causes problems both to themselves and to others. If this is the case, managing the drinking will need to be part of the solution.

In deciding whether or not drinking is a problem, it is useful to look at the following areas.

### ***How much can be drunk safely***

The amount of alcohol that we drink can be measured in a number of ways. The most commonly used method is to refer to a standard drink. There are about one and a half standard drinks in the smaller size can of average strength beer; there is one standard drink in a small (100ml) glass of wine, and there is one standard drink in a hotel or bar size double nip of spirits.

There are no hard and fast rules as to what constitutes responsible drinking. Current advice is that up to 14 standard drinks a week for women and 21 standard drinks a week for men are at the upper limit of safer drinking. This does not mean that if you drink below these levels you will never have any alcohol related problems, or that above these levels you will necessarily run into problems. People's ability to handle alcohol varies enormously. Evidence suggests, however, that as alcohol consumption rises above these recommended levels, the incidence of alcohol related problems rises proportionally.

### ***Drinking patterns***

Drinking two cans of beer a night might be within these limits. Drinking 14 cans of beer a night, once a week, would also be within these limits but the effects would be quite different. The advice is for men to keep to less than six standard drinks on any one occasion and for women to drink less than four standard drinks.

## **Do you have an alcohol problem?**

Think about how much you drink. Do you drink regularly? Do you drink in binges? Do you have a criterion/measure for getting drunk? How often are you unsafe to drive? Does the amount of alcohol you drink seem to be enough to call your drinking a problem or not?

The following questions are a guide to deciding whether you think you may have an alcohol problem.

**Psychological effects.** Do you think your drinking is out of control? Does the prospect of missing a drink make you anxious or worried? Do you worry about your drinking? Do you wish you could cut down, or stop? How difficult would you find it to cut down, or stop?

**Physical effects.** Do you need increasing amounts of alcohol to get the same effect from it? Do you start to withdraw or hang out for it if you go without alcohol? Have you ever been sweaty, shaky or confused when you have gone without alcohol for any length of time? Do you have to drink throughout the day to keep your body physically stable? Do you ever have to have a drink as soon as you wake up to stop the shakes (this is sometimes called an 'eye opener')? In these ways, does it now seem that your body is controlling your drinking?

**Other negative effects of drinking.** Some people may never drink above accepted safe limits and may never become hooked either psychologically or physically. Alcohol can cause a number of disruptions or problems in many areas of life. Some of these include

- Legal problems, eg, trouble with the police through drinking, or drink driving charges.
- Relationship problems, eg, with your partner, friends, or other family and whanau members, or at work.
- Family and whanau problems, such as family or whanau violence, disruptive relationships, financial difficulties through drinking.
- Social problems, eg, social embarrassment because of drunkenness.
- Occupational problems, eg, time off work, poor work performance, job loss.
- Physical health problems. Moderate drinking can be protective for middle-aged men and women who are at risk of some forms of heart disease. However, alcohol affects every part of the body, the heart included, and excessive amounts of alcohol can cause physical damage and a wide range of physical diseases.
- Other health problems. Alcohol can cause brain diseases (eg, a dementia similar to Alzheimer's disease); it can trigger illnesses like depression and schizophrenia, and its use can make the management of almost all psychiatric problems more difficult.

Think, then about any problems that might be caused by, or through, your drinking. Is your drinking causing problems for people you love or care about? Are you in legal or money trouble because of your drinking? Is your drinking causing any kind of health problem? Is your drinking endangering your job? Are you concerned about how much you drink?

### **If you think you may have a problem with alcohol**

It is useful to draw up a list of the good things and the less good things that you experience with your own drinking. Write down all the good things that you can think of. For example, that drinking alcohol makes you feel better; that it means you have a good time with your friends, or whatever. Make up your own list and include everything good that you can think of. In terms of the less good things, consider any of the negative effects that might be affecting your life. Consider what your family or whanau is saying about your drinking. Consider the effect that your drinking might have on them. Consider any effects that alcohol might be having on your health. Look at the balance of the good things and the less good things. Is your drinking a problem for you or for other people? Do you need to change something about it? If your drinking is causing problems in your life, are you ready to do something about it?

What you do about your drinking may depend on your answers to the above questions.

## **Causes of Alcohol Problems**

A number of factors can contribute to alcohol problems. There can be a genetic component to severe alcohol problems, that is, we can inherit a tendency to develop them. This does not mean it will always happen, but severe alcohol problems do tend to run in families and whanau and if you have a family or whanau member who has been dependent upon alcohol, you are at greater risk of developing a problem with alcohol yourself.

Certainly, our physical make up can contribute to the development of drinking problems as life progresses. People who become very sick when they first drink alcohol (or who cannot hold their drink) are unlikely to go on and develop a regular drinking pattern. On the other hand, people who drink heavily and who can hold their booze are more likely to carry on drinking and therefore to possibly develop problems.

Social patterns are important too. You are less likely to drink heavily if no one in your peer group, family or whanau or social group drinks heavily.

How we are conditioned towards alcohol is important. If we grow up in a family, whanau, or society that drinks, we are more likely to drink. If we get drunk at a party and make fools of ourselves in front of our friends, we might not drink so much the next time. Advertising can have powerful effects on our thinking, attitudes and behaviour. If we grow up in a community where we are told that the All Blacks drink one kind of beer and the Kiwis another, then we might drink differently because of that. Much of today's advertising normalises alcohol consumption, and increases community acceptance of high consumption.

Some people develop drinking problems simply because they develop an unchanging regular pattern of drinking. They always drink at the same time and place, every day, rarely changing the type or amount of drink. Others drink because they are stressed, depressed, or they have some other kind of problem in their life. Drinking can start as a way of coping with problems or trauma but, unless properly controlled, it can develop into a problem in its own right.



# Living with an Alcohol Problem

## Consumer views<sup>1</sup>

Realising we have a dependence on alcohol is a very difficult first step to recovery. We often drink to create a sense of wellbeing that we cannot achieve in ordinary life. A new car, relationship or house can give us a temporary feeling of wellbeing but cold, grey reality inevitably returns. Slowly, our ability to resolve life's difficulties withers. It is much easier to drown a problem with drink than to do the hard work of sorting it out. Over the years, alcohol becomes the main focus of our lives and we find we need more and more alcohol to get the same feeling of wellbeing. In order to maintain our habit we become dishonest and this can lead to self-hatred. Our relationships with friends, family or whanau and employers fall apart through our irresponsible actions. We may start to feel desperate or even suicidal. This is often the point at which we start to reach out for help. This is when our recovery begins.

Sometimes it is hard for people with an alcohol problem to seek help, either because they feel ashamed and want to hide their drinking, or because they feel well and do not agree that they have a problem. Acknowledging their addiction and need for help can be very scary. However, many people with alcohol problems eventually go to see their GP or a counsellor, or they are referred to specialist services. **If you fear you might harm or kill yourself, it is vital that you seek help immediately.**

## *Support and information*

People with alcohol dependence need a lot of support to maintain their recovery. Some get their best support from others who have been through the same kind of experience. Other people find a supportive health professional, or their friends, family and whanau may offer good support. People with alcohol dependence can make choices that are more informed if they educate themselves about their condition and the types of treatment and support that are available. It is also useful to know about your rights.

People who have alcohol problems have found the following strategies important, and useful.

- Learn about alcohol problems.
- Realise that families, whanau and friends are often placed in difficult situations by people with drinking problems. It is appropriate for your family, your whanau, or your friends to give you clear information about problems as they see them, even though you may not appreciate being told. If they do this, it is not that they do not love you, understand you or care for you. Pointing out problems is more helpful than keeping quiet about them and hoping that they will somehow go away. If your drinking is making someone else's life miserable, it is fair enough for them to do something about it.

## Family and whanau views

Alcohol problems can tear families and whanau apart. Families and whanau may find their relative secretive, withdrawn, disruptive or even violent. They often feel powerless

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<sup>1</sup> A consumer is a person who experiences or has experienced mental illness, and who uses or has used mental health services. The term also refers to service user, survivor, patient, resident, and client.

and embarrassed at their relative's drinking. Their feelings for their relative can swing from compassion for their difficulties, to grief at the loss of the person they once knew, to hostility towards their relative for disrupting their lives. Other family or whanau members can develop their own mental health problems if they cannot change the impossible situation they are in.

### ***Support and information***

Families and whanau often feel drained and stressed and need support to look after themselves as well as their relative with alcohol problems. Their other family or whanau relationships can be neglected when the needs and disruptive behaviour of the person with alcohol problems take over. There are several ways families and whanau can get support. They can get in touch with other families and whanau who have had similar experiences. Some drug and alcohol services provide good support options for families and whanau. Families and whanau need information on the person's condition, their options for treatment and their rights.

### ***Experiences with services***

Ideally, families and whanau who are involved in caring for someone with alcohol problems need to be able to communicate freely with professionals about their relative. This can sometimes be a problem as professionals may not always give families and whanau information about their relative, particularly if they are an adult and don't want their family or whanau to receive the information. Families and whanau may also need some professional help to mend any damage that has occurred in the family or whanau relationships, because of their relative's drinking.

## **Important strategies for living with someone with an alcohol problem**

It can be difficult to know how to deal with your family or whanau member or friend's drinking. Some people have found these suggestions helpful.

- Remember that neither you nor anyone else can make someone cut down or stop drinking, but you can encourage them and help them to make changes.
- Talk to the person about your concerns but make sure it is at a time when they are sober and you are both calm.
- Be clear about what behaviour you will not accept.
- Be consistent, do not keep changing your mind about what you are saying, and do not say one thing and do another.
- Listen and find out how your family or whanau member, or your friend feels about their drinking.
- Encourage the person to concentrate on the effects the drinking is having on their life rather than use a label such as alcoholic.
- Do not make it easier for the person to drink by buying it for them or always agreeing to go to the pub with them. It is difficult to break these habits but he or she is likely to take you more seriously if your actions match what you are saying.
- Remember to encourage and praise the person if they do manage to cut down or stop their drinking.

### *Take care of yourself*

Worrying about a family or whanau member or friend with a drinking problem can leave you drained of energy for yourself or anyone else. It is important that you take care of yourself.

- Keep in touch with friends. Discuss your worries with someone you can trust.
- Seek support and advice from professionals such as your doctor, a counsellor or groups such as Al-Anon or Al-a-Teen or other culturally appropriate services.
- Look after your own health. Make sure you are getting enough sleep and a healthy balanced diet.
- Learn some relaxation techniques.
- Make sure you treat yourself by doing something you really enjoy every now and then.
- Be clear about what you are prepared to accept or not accept from the person who is drinking and having a plan for what you will do if they overstep the boundaries. This is especially important if there is any risk of violence.

## **Treatment of Alcohol Problems**

### **Getting help**

Sometimes, if you let them, family, whanau and friends can help you with your drinking without needing to involve outside help. Listen to what they have to say to you and see if you can come up with an agreement or a plan to make things different. Perhaps you might agree to drink only on certain days or to reduce your level of drinking on any one day to a certain amount. Perhaps you might need things from those around you to help you change your drinking pattern. Maybe, in talking it through with others, you might agree that you need some professional help or some outside help. There are a number of people available who can help you with your drinking problems.

Your family doctor will be able to give you advice about safer drinking levels for you, and will be able to assess whether or not your drinking has caused any physical damage.

A public drug and alcohol service is available in each region. Those services are free, and anyone is allowed to contact them without a referral, but your family doctor will be able to tell you where local services are located and how you can contact them. There are about 150 alcohol services throughout New Zealand.

If you prefer some anonymity at this stage, you can ring the **Alcohol Helpline on 0800 787 797**. This is a free call and you are contacting trained volunteers who provide information, advice, and some brief counselling if appropriate. They can talk with you about your nearest services. If you wish, the Alcohol Helpline can send you a self-help booklet. (See the booklist in the 'Further Information section.)

**Alcoholics Anonymous (AA)** is a self-help support network available throughout New Zealand for people who want to stop drinking. If you want to meet someone who has recovered from their alcohol problem, you are likely to meet them at AA.

## **Summary of treatment options**

If you want to do something about your drinking, you need to get back the control that has been taken away from you by alcohol. You also need to take responsibility for your own drinking and for any problems your drinking is causing and make the changes that are needed. This might involve a controlled drinking programme or stopping drinking completely, at least for a time.

Some people will choose to give drinking away forever. This is a plan of action that you can discuss and work out with your family or whanau, doctor, counsellor, therapist or anyone involved in helping you.

Whether you are stopping drinking, cutting down, making other drinking changes or maintaining the changes you have made, there are a number of things that you can do to make it less likely that you get back into the old difficulties or problems. Options include the following.

- Treatment for physical dependence on alcohol, such as detoxification; sometimes taking disulfiram (Antabuse) although this on its own is not a treatment for alcohol problems.
- Treatment of other health problems.
- Counselling and/or support networks.
- Stress management.
- Other complementary therapies that may enhance your life and help you to maintain a non-problematic relationship with alcohol.

Any type of therapy or counselling and support should be provided to people and their families and whanau in a manner that is respectful of them and with which they feel comfortable and free to ask questions. It should be consistent with and incorporate their cultural beliefs and practices.

### ***Detoxification***

If you have become physically dependent on alcohol (that is, you show increasing tolerance to alcohol or you have withdrawal symptoms when you stop drinking) you might need a detoxification or detox from alcohol. This means using medications to help you to get through the withdrawal stage. There can be a danger in stopping alcohol suddenly and going into a withdrawal state. Some people who have been heavy drinkers can have epileptic type fits or delirium tremens (DTs). These are serious complications and the reason that medical supervision is recommended.

Some cases of minor withdrawal can be managed with support and without the use of medications. As long as you don't drink again, the physical withdrawal symptoms will pass and you will start to feel better within four or five days.

If your withdrawal is more complicated, or it looks as if you might run into problems if you suddenly stop drinking, a medical detox may be needed. If this is the case, you need to be assessed by a doctor who can prescribe you medication. If your alcohol dependence is mild to moderate, you have no serious medical problems, and you have good social supports it may be possible to have a detoxification programme at home. If your alcohol dependence is severe, you have additional medical problems or few social supports admission to your local hospital or detox centre may be necessary to have your withdrawal managed.

A medical detox works in the following way. If you drink regularly, the alcohol you drink has the effect of slowing your brain down. If the alcohol is then taken away, the brain rebounds and becomes very overactive. This rebound produces the symptoms of withdrawal that you might have - sweatiness, shakiness, fits, confusion and hallucinations. In a medical detox, you will be given a sedative drug to slow you down, which the doctor will substitute for your alcohol. The amount of the sedative drug can be controlled and then adjusted to cover the period of your alcohol withdrawal.

A medical detox is usually designed to run over five to seven days, the period of time over which you would have had withdrawal symptoms if you had not used a sedative drug.

The sedative should not be used for longer than this, even though some people feel that they need the medication for longer to feel more normal. In a medical detox, medications are given to prevent unpleasant physical things from happening to you. Continuing to use them would mean that you are just substituting a new drug for an old one - alcohol.

The medication that is most commonly used in a medical detox is diazepam (Diazemuls Inj, D-Pam Tab, Pro-Pam Tab, Stesolid Rectal Tube). In the doses used for a medical detox, it is not addictive, but diazepam is a medication that can be addictive if taken for a longer period. Another drug that may be used for detox is chlormethiazole (Hemineurin). The chief side effect of either of these medications is sedation (feeling sleepy). Your doctor can adjust the dose to ensure that sedation is not a problem. The vitamin thiamine is also given to avoid potential nervous system damage from the detox process.

Once you have stopped your drinking, or have finished your detox, you have made a good start. If you have decided on abstinence, and if you have needed a detox, stopping drinking is probably the easiest option. The craving, or strong desire to return to drinking, might last for a long time. You will need to plan the changes in your life that will replace the dependency on alcohol.

## **Medication**

Medications to reduce alcohol use or reduce the craving for alcohol are only used as part of a comprehensive psychosocial rehabilitation programme.

### ***Disulfiram (Antabuse)***

Disulfiram (Antabuse) is a drug that can sometimes be helpful for people who find it hard to resist the urge to drink. You only need to take disulfiram once a day and, if you take it, it means that you will feel sick if you drink alcohol because disulfiram interferes with metabolism of alcohol and causes a build up of the toxin acetaldehyde. People who drink alcohol the same day as taking disulfiram are likely to experience a range of uncomfortable symptoms including, flushing, headache, shaky feeling (tremor), racing pulse, dizziness nausea and vomiting. Generally, the intensity of the reaction is proportional to the amount of alcohol that has been used. The reaction can last from thirty minutes to several hours.

Disulfiram is not a treatment for drinking problems on its own and it only works if you take it every day. For some people, however, it means that you only have to make a decision not to drink once a day.

Your doctor will need to prescribe disulfiram and check out your general health before you start on it. People who have a history of cardiac problems, liver problems or psychosis should take care using disulfiram. People with these conditions should discuss with their doctor the benefits and risk of taking disulfiram. It is not safe to use during pregnancy.

As disulfiram can affect liver enzymes, your doctor will monitor these with regular blood tests.

The following side effects are occasionally experienced by people taking disulfiram:

- acne or skin eruptions
- drowsiness or fatigue
- reduced sex drive (libido)
- headache
- unpleasant aftertaste (this may mean that the dose needs to be reduced).

People taking disulfiram should be careful not to have alcohol in disguised forms, such as in sauces and cough mixtures.

### ***Naltrexone (Revia)***

Naltrexone is a medication that blocks the opioid system in the brain and for some people can reduce the craving for alcohol and therefore the risk of heavy drinking. It can also be used in a detox programme. Studies have shown that it can result in less of a high when drinking alcohol and can lead to reduced use of alcohol and reduced rates of relapse. Although available in New Zealand, it is not currently subsidised by the Government and, depending on dose, may cost up to \$300 per month.

### ***Acamprosate (calcium acetyl homotaurinate)***

This medication is used in Europe to promote abstinence from alcohol. It seems to block the reinforcing effects of alcohol. Acamprosate has recently become available in Australia, but is not currently available in New Zealand.

### ***Ondansetron***

Ondansetron is a medication used to treat nausea, particularly in cancer patients. It acts on the serotonin neurotransmitter system and is being investigated in overseas studies for its potential usefulness in reducing craving for alcohol.

## **Treatment of other health problems**

There is no pill or other drug that can fix your drinking problem or make sure that it will never come back. Get a doctor to check out your physical health. Drinking may have caused a number of health problems and it is very important to get these attended to. Feeling bad might make it difficult to regain control over your drinking. Avoid taking another drug to make you feel better as it only replaces an old problem with a new one. Try not to smoke more than you used to and avoid the use of other tranquillising drugs.

The relationship between alcohol abuse and depression is complex. However, if depressive symptoms persist despite a period of abstinence from alcohol your doctor may prescribe antidepressant medication (for further information on antidepressants see the MHINZ booklet ***Depression***). Similarly further treatment may be required in the case of co-existing generalised anxiety disorder, panic disorder or other anxiety-related disorders.

## **Psychosocial treatments**

### ***Support networks and/or counselling***

There are going to be times when you will feel like drinking again. You are probably going to have a lot of spare time on your hands and there might be occasions when you start to forget why you stopped drinking. If people see that you are starting to make changes, many will be happy to try to help you. There may be some members of your family, whanau or friends whom you would like to spend time with, talk to about how you are feeling, or who could support you through the times when you have bad cravings for alcohol. Ask them for help. See if you can get a team on board who can help you beat your drinking problem. If you are seeing a counsellor or you are in therapy, try to involve your team in this.

Alcoholics Anonymous (AA) can be a good form of support for many people who are giving up their drinking. The people at AA will understand how you are feeling as they have also been there. They will be able to give you good advice on how to make sure you do not drink again. AA can arrange a buddy system to give you extra support.

There is also an organisation called Al-Anon. This is for the families and whanau of people with drinking problems. Family or whanau members can get support and help from Al-Anon even if you do not go to AA.

Do not feel ashamed to seek the help of drug and alcohol counsellors. They should not judge or lecture you and can help by providing support and advice on cutting down or

giving up drinking. They can help you develop new skills to help you cope with the problems you are having as well as help to identify and sort out some of the things which may have led to you developing a problem with alcohol.

### ***Triggers for drinking***

You will come across a number of situations that trigger the feelings of needing to have a drink. People who have been drinking for a long time usually have a life that is built around drinking. The people you know usually drink. The places you go to are usually associated with alcohol. Your responses to a number of feelings are usually associated with having a drink. You and your support team and/or your counsellor will need to look at ways in which you can make these patterns different. Think about the different things you could do instead of having a drink and have a plan in place for the next time you are faced with a situation in which you would usually have had alcohol.

### ***Stress management***

Look for better ways of controlling your stress levels. One part of this will involve sorting out other situations that exist in your life that are not as good as they might be. If these are not dealt with, they might be triggers for you to increase or start drinking again. Are there any family or whanau relationship, legal, job, or social problems that you need to do something about? Use the people in your support group, your counsellor, and/or people from outside agencies to start sorting these things out.

Think of things that you can do when you start to feel stressed and think of the best ways for you to relax. If you feel very tense, your doctor or your counsellor could suggest a relaxation technique for you or suggest some relaxation tapes. Make use of these practices if you find them helpful. The self-help booklets mentioned below include many good tips for helping with stress, and with other problems.

## **Complementary Therapies**

Health, healing and healing practices are varied, and differ according to how people view illness. Any health-related practice that increases an individual's sense of wellbeing or wellness is likely to be of benefit. Talking things over with people you feel comfortable with can be useful and may help to define a problem and ways to begin to tackle it.

The term complementary therapy is generally used to indicate therapies and treatments which differ from conventional western medicine and which may be used to complement, support or sometimes replace it. There is an ever-growing awareness that it is vital to treat the whole person and assist them to find ways to address the causes of mental health problems rather than merely alleviating the symptoms. This is often referred to as an holistic approach. Complementary therapies often support an holistic approach and are seen as a way to address physical, nutritional, environmental, emotional, social, spiritual and lifestyle needs.

Many cultures have their own treatment and care practices that many people find helpful and which can often provide additional benefits to health and wellbeing. Rongoa Maori is the indigenous health and healing practice of New Zealand. Tohunga Puna Ora is a traditional healing practitioner. Traditional healing for many Pacific Islands' people involves massage, herbal remedies and spiritual healers.

In general, meditation, hypnotherapy, yoga, exercise, relaxation, massage, mirimiri and



aromatherapy have all been shown to have some effect in alleviating mental distress. Complementary therapies can include using a number of herbal and other medicinal preparations to treat particular conditions. It is recommended that care is taken as prescription medicines, herbal and medicinal preparations can interact with each other.

When considering taking any supplement, herbal or medicinal preparation we recommend that you consult a doctor to make sure it is safe and will not harm your health.

Women who may be pregnant or breastfeeding are advised to take extra care and to consult a doctor about any supplements, herbal or medicinal preparations they are considering using, to make sure they are safe and that they will not harm their own or their baby's health.

For more information, see the MHINZ booklet *Complementary Therapies in Mental Health*.

## Legislation

New Zealand has laws with specific implications for people who experience mental illness. The following information is a brief introduction to some of these Acts, and gives details on where to get specific information or assistance.

More information may be obtained from the local Community Law Centre or Citizen's Advice Bureau – look in a telephone directory for details. The local library is a useful place to obtain information or books and resources on the law. Copies of New Zealand legislation are available from government bookshops and can be seen at most public libraries, or on the internet at [www.rangi.knowledge-basket.co.nz/gpacts/actlists.html](http://www.rangi.knowledge-basket.co.nz/gpacts/actlists.html)

### ***Recommended publication***

*Mental Health and the Law: A Legal Resource for People who Experience Mental Illness*, Wellington Community Law Centre, 2002. Available from Wellington Community Law Centre, Ph 04 499 2928.

Government agencies can provide advice, information and publications in relation to mental health and the law.

#### **Ministry of Health**

133 Molesworth Street  
PO Box 5013  
WELLINGTON

Ph 04 496 2000  
Fax 04 496 2340  
Email [EmailMOH@moh.govt.nz](mailto:EmailMOH@moh.govt.nz)  
Web [www.moh.govt.nz](http://www.moh.govt.nz)

#### **Mental Health Commission**

PO Box 12479  
Thorndon  
WELLINGTON

Ph 04 474 8900  
Fax 04 474 8901  
Email [info@mhc.govt.nz](mailto:info@mhc.govt.nz)  
Web [www.mhc.govt.nz](http://www.mhc.govt.nz)

#### **Department for Courts**

PO Box 2750  
WELLINGTON

Ph 04 918 8800  
Fax 04 918 8820  
Email [family@courts.govt.nz](mailto:family@courts.govt.nz)  
Web [www.courts.govt.nz/family](http://www.courts.govt.nz/family)

*More contact details for government agencies are listed in the following sections.*

## **The Health and Disability Commissioner Act 1994**

This Act governs all actions taken by the Health and Disability Commissioner, the office and advocacy services. It is the legal document that gives the authority to ensure the rights are delivered. The purpose of the Act is

*"To promote and protect the rights of health consumers and disability services consumers, and, to that end, to facilitate the fair, simple, speedy, and efficient resolution of complaints relating to infringements of those rights" (Section 6).*

The Act's objective is achieved through

- the implementation of a Code of Rights (see below)
- a complaints process to ensure enforcement of those rights, and
- ongoing education of providers and consumers.

## **Code of Health and Disability Services Consumers' Rights**

There are ten rights set out in the code and these rights apply to all health and disability support services in New Zealand, both public and private services. The code gives rights to all people who use health and disability services and describes the obligations of all providers of health and disability services. The Health and Disability Commissioner contracts advocates in each region to ensure the code is upheld.

To make a complaint to the advocate in your region, contact the office of the Health and Disability Commissioner.

### **The Health and Disability Commissioner**

Freephone     0800 11 22 33  
E-mail        [hdc@hdc.org.nz](mailto:hdc@hdc.org.nz)  
Web            [www.hdc.org.nz](http://www.hdc.org.nz)

AUCKLAND  
Level 10, Tower Centre  
45 Queen Street  
PO Box 1791  
Auckland

Ph     09 373 1060  
Fax    09 373 1061

WELLINGTON  
Level 13, Vogel Building  
Aitken Street  
PO Box 12 299  
Wellington

Ph     04 494 7900  
Fax    04 494 7901

## **The Human Rights Act 1993**

Discrimination because of disability is illegal under the Human Rights Act. If you feel you have been discriminated against, you can make a complaint to the Human Rights Commission.

### **Human Rights Commissioner**

Freephone 0800 496 877

TTY (teletypewriter) access number 0800 150 111

Email [infoline@hrc.co.nz](mailto:infoline@hrc.co.nz)

Web [www.hrc.co.nz](http://www.hrc.co.nz)

### **AUCKLAND**

4th Floor, Tower Centre  
Corner Queen & Custom Streets  
PO Box 6751, Wellesley Street  
Auckland

Ph 09 309 0874

Fax 09 377 3593

### **WELLINGTON**

Level 8, Vogel Building  
8 Aitken Street  
PO Box 12411, Thorndon  
Wellington

Ph 04 473 9981

Fax 04 471 0858

### **CHRISTCHURCH**

7th Floor, State Insurance Building  
116 Worcester Street  
PO Box 1578  
Christchurch

Ph 03 379 2015

Fax 03 379 2019

## **The Privacy Act 1993**

The Privacy Act sets out general rules about the protection of our personal information. Extra rules have been developed to protect health information. These rules are set out in the Health Information Privacy Code, which is contained within the Privacy Act.

The Health Information Privacy Code sets out 12 rules that agencies must follow when dealing with health information. These rules cover the collection, storage, use and disclosure of health information, and give you the right to access and correct your health information.

The code applies to you whether you are receiving health services voluntarily or under the Mental Health Act.

Under the code, health services can develop their own policies for dealing with health information. You are advised to ask for a copy of their policies. Health services must appoint a Privacy Officer, so find out who that person is in the service you are dealing with. You may request information from or make a complaint to the service's Privacy Officer.

### **The Privacy Commissioner.**

Freephone 0800 803 909

### **Office of the Privacy Commissioner**

PO Box 466

AUCKLAND

Ph 09 302 8655

Email [privacy@iprolink.co.nz](mailto:privacy@iprolink.co.nz) (Auckland)

[privacy@actrix.gen.nz](mailto:privacy@actrix.gen.nz) (Wellington)

Web [www.privacy.org.nz](http://www.privacy.org.nz)

### ***Further information***

*On the Record: A Practical Guide to Health Information Privacy*, Office of the Privacy Commissioner, 2<sup>nd</sup> edition, July 2000.

*Protecting Your Health Information: A Guide to Privacy Issues for Users of Mental Health Services*. Mental Health Commission, 1999.

## **The Mental Health (Compulsory Assessment and Treatment) Act 1992**

For a person to be compulsorily assessed and treated it must first be determined that they have a mental disorder. The definition of 'mental disorder' is described in the Act.

The Act sets out clear procedures that must be followed when a person is compulsorily assessed and treated. People under the Act lose their right to choose and consent to assessment and treatment. All other rights as described in the Health and Disability Commission's Code of Rights remain.

To ensure a person's rights are upheld and correct procedures are followed the Minister of Health appoints District Inspectors for each area. They are lawyers and you may request information from or make a complaint to them. You can find out who the District Inspector for your area is by contacting the Ministry of Health or your local community law centre. (Contact details are at the front of this section)

In general, the Act gives young people (16-19 years) the same rights as adults. For people under 16 there are additional protections.

The Ministry of Health publishes helpful user information guidelines on the Mental Health Act. Contact details for the Ministry are at the front of this section.

### ***Further information***

*The Mental Health Act: Information for Families and Whanau*, Schizophrenia Fellowship.

### **The Schizophrenia Fellowship (SF)**

Freephone 0800 500 363

National Office

PO Box 593

Christchurch

Ph 03 366 1909

Fax 03 379 2322

Web [www.sfnat.org.nz](http://www.sfnat.org.nz)

Email [office@sfnat.org.nz](mailto:office@sfnat.org.nz)

Look in your telephone directory for the local Schizophrenia Fellowship.

## **The Children, Young Persons and Their Families Act 1989**

This Act applies in two situations.

- When it is decided that children and young people are defined as needing care or protection and,
- where children or young people offend against the law.

This Act defines a child as someone under the age of 14, and a young person as someone who is 14 or over but less than 17 years of age. If concerns have been raised about a child or young person's care or protection in the first instance, an informal meeting is usually called with the family and a social worker.

Formal options available through this Act are:

- family group conference
- application to the Family Court
- removal of the child or young person.

Care and protection issues may mean the involvement of The Child Youth and Family Service (CYFS). Look in your telephone directory under Government Agencies for contact details for your local CYFS.

For more information, it may be helpful to contact:

### **The Office of the Commissioner for Children**

PO Box 5610  
WELLINGTON

Ph 04 471 1410  
Fax 04 471 1418  
Email [children@occ.org.nz](mailto:children@occ.org.nz)  
Web [www.occ.org.nz](http://www.occ.org.nz)

### **Youthlaw Tino Rangatiratanga Taitamariki**

Provides free, confidential legal information and advocacy for young people under 25, anywhere in Aotearoa New Zealand.

PO Box 7657  
Wellesley Street  
AUCKLAND

Ph 09 309 6967  
Fax 09 307 5243  
Email [youthlaw@ihug.co.nz](mailto:youthlaw@ihug.co.nz)  
Web [www.youthlaw.co.nz](http://www.youthlaw.co.nz)

## **The Criminal Justice Act 1985**

This Act sets out rules that apply to people who have been charged with, or found guilty of committing some kind of criminal act.

One part of the Act applies to situations where a person is experiencing a mental illness AND has been charged with or found guilty of committing some kind of criminal act. A person in this situation can become a 'special patient' under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

## **The Protection of Personal Property Rights Act 1988**

This Act describes what can happen legally when a person is unable to make all or some of their own decisions about their personal and property matters. This is called a lack of capacity. The Family Court decides if a person lacks capacity.

In some cases, the Family Court may appoint a welfare guardian for someone who is unable to make these decisions. A welfare guardian has the power to make a wide range of decisions, such as where a person lives and how they should be cared for. A welfare guardian can act and consent to treatment on that person's behalf.

Family Court contact details are listed at the front of this section.



## Further Information

### Groups, organisations and websites

#### **ADA - Alcohol Drug Association, New Zealand**

Confidential information, advice and referral service for people with questions about their own or someone else's drinking or drug use.

Freephone 0800 787 797, 10am – 10pm daily.

[www.adanz.org.nz](http://www.adanz.org.nz)

#### **ALAC (Alcohol Advisory Council)**

Information, resources and very comprehensive links to other sites.

Freephone 0508 258 258

[www.alcohol.org.nz](http://www.alcohol.org.nz)

#### **Alcoholics Anonymous (AA)**

A self-help organisation for alcoholics. This is a nation-wide number where you will be directed to an AA contact in your area.

Freephone 0800 229 675

#### **Al-Anon**

For friends, family, whanau and supporters of someone with an alcohol problem.

Freephone 0508 425 2666

#### **Alcohol and Public Health Research Unit**

Surveys, statistics, and research on current issues.

[www.aphru.ac.nz](http://www.aphru.ac.nz)

#### **Care NZ (formerly NSAD)**

Offices in Wellington, Auckland and Hamilton. Support and treatment for those at risk or dependent on alcohol and drugs, in the community and the workplace.

6<sup>th</sup> Floor, Polo House

267 Wakefield Street

WELLINGTON

Ph 04 385 1517

Fax 04 385 1516

Web [www.carenz.co.nz](http://www.carenz.co.nz)

#### **FADE**

Training, information and resources

[www.fade.org.nz](http://www.fade.org.nz)

#### **The New Zealand Drug Foundation**

Information for organisations and individuals

[www.nzdf.org.nz/intro.htm](http://www.nzdf.org.nz/intro.htm)

#### **Alcohol and Drug Centres**

Most areas have a drug and alcohol centre which will have some pamphlets and information sheets. Contact the Citizen's Advice Bureau or your GP for details.

## **Books**

*Drug and Alcohol Abuse: a Clinical Guide to Diagnosis and Treatment* by Marc A Schuckit. Plenum, 2000.

*Adolescent Drug & Alcohol Abuse: How to Spot It, Stop It, and Get Help for Your Family* by Nikki Babbit. O'Reilly, 2000.

*Buzzed: the Straight Facts About the Most Used and Abused Drugs from Alcohol to Ecstasy* by Cynthia Kuhn, Scott Swartzwelder, Wilkie Wilson, Jeremy J. Foster, Leigh Heather Wilson. W.W. Norton & Co., 1998.

*A Time to Heal: the Road to Recovery for Adult Children of Alcoholics* by Timmen L. Cermak. Jeremy P. Tarcher, 1998.

*Alcoholics Anonymous*. Alcoholics Anonymous World Services. (Still one of the most popular self-help books for alcoholism.)

*The Recovery Book* by Al J. Mooney, Arlene Eisenberg and Howard Eisenberg. Workman, 1992.

*The Truth about Addiction and Recovery* by Stanton Peele, Archie Brodsky, and Mary Arnold. Fireside, 1992. (For people seeking an alternative to the 12-step approach.)

## Mental Health Foundation Resource & Information Centre

The Mental Health Foundation Resource and Information Centre is at the Foundation's Auckland offices and is open to the public. Information and resources are available in a range of formats including pamphlets, books, journals videos, research papers and directories. Anyone living in Auckland may borrow books and videos are lent throughout New Zealand. The extensive collection includes resources on

- Mental Health ▪      ▪ Mental Illness ▪      ▪ Mental Health Services ▪
- Depression ▪      ▪ Discrimination ▪      ▪ Workplace Wellbeing ▪
- Stress ▪      ▪ Maori Mental Health ▪      ▪ Support Groups ▪
- Recovery ▪      ▪ Relaxation ▪      ▪ Self-Help ▪
- Older People's Mental Health ▪      ▪ Young People's Mental Health ▪

The centre is open Monday to Friday, 9am to 4.30pm.

### Mental Health Foundation of New Zealand

PO Box 10051  
Dominion Road  
Auckland

81 New North Road  
Eden Terrace  
Auckland

Ph 0064 9 300 7010  
Fax 0064 9 300 7020  
Email [resource@mentalhealth.org.nz](mailto:resource@mentalhealth.org.nz)  
Web [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

### Titles in the MHINZ series of booklets

<i>Attention Deficit / Hyperactivity Disorder</i>	<i>Dementia</i>
<i>Alcohol Problems</i>	<i>Depression</i>
<i>Anorexia Nervosa</i>	<i>Depression in Children and Young Adults</i>
<i>Attachment Disorder</i>	<i>Obsessive-Compulsive Disorder</i>
<i>Autism</i>	<i>Panic Disorder</i>
<i>Bipolar Affective Disorder</i>	<i>Personality Disorders</i>
<i>Brief Psychotic Disorder</i>	<i>Phobias</i>
<i>Bulimia Nervosa</i>	<i>Postnatal Depression &amp; Psychosis</i>
<i>Cannabis Problems</i>	<i>Problems with Tranquilliser Use</i>
<i>Conduct Disorders</i>	<i>Schizophrenia</i>
<i>Complementary Therapies in Mental Health</i>	<i>Separation Anxiety Disorder</i>
	<i>Solvent and Inhalant Problems</i>

<i>Delusional Disorders</i>	<i>Tourette Disorder</i>
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