

Cannabis Problems

Acknowledgements

The information that has been developed for Mental Health Information New Zealand (MHINZ) has occurred thanks to the significant contributions made by clinicians, consumers and families. Some of these participants include:

*Dr Peter Adams
Dr Nick Argyle
Jo Beck
Lorraine Burns
Joanne Chiplin
Dr Hugh Clarkson
David Codyre
Kate Cosgriff
Assoc. Prof. John Coverdale
Dell Coyte
Dr Sue Crengle
Annie Cripps
Diane Davidson
Rodney Davis
Sandra Duncan
Fuimaono Karl Pulotu Endemann
Mali Erick
Katherine Findlay
Jade Furness
Ani Goslyn
Chris Harris
Health & Disability Commissioner
Carmen Hodgson
Marie Hull-Brown
Beryl Jane
Virginia Lau
Shelley Mack
Dr Hylton Greig McCormack*

*Ian MacEwan
Dr Peter McGeorge
Dr Jan McKenzie
Dr Pam Melding
Jennie Michel
Sharon Milgrew
Dr Brandon Nementzik
James Nichol
Assoc. Prof Mark Oakley-Browne
Mary O'Hagan
Maureen O'Hara
Dr Tina Paige
Steven G Patterson
Janet Peters
Dr Chris Perkins
Julie Purdy
Sue Robertson
Schizophrenia Fellowship
Dr Rob Shieff
Dr Sandy Simpson
Kenneth Smedley
Suzy Stevens
Lorene Stewart
Alison Taylor
Cindi Wallace
Prof. John Werry
Rick Williment
Monique Wilson*

Disclaimer

While great care has been taken in the preparation of this text, the Mental Health Foundation cannot accept any legal responsibility for errors or omissions or for damages resulting from reliance on the information contained in this document.

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.

Provided the source is acknowledged, the information contained may be freely used.

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.

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
Web www.mentalhealth.org.nz

Table of Contents

Cannabis Problems	5
How cannabis works.....	5
Effects of cannabis use	6
Cannabis use	7
Reducing risks from cannabis use	9
Do you have a cannabis problem?	10
Living with a Cannabis Problem	11
Consumer views.....	11
Family or whanau views.....	11
Treatment of Cannabis Problems	13
Getting help	13
Making changes	13
Counselling or psychological help.....	13
Complementary Therapies.....	14
Legislation.....	15
The Health and Disability Commissioner Act 1994.....	16
Code of Health and Disability Services Consumers' Rights	16
The Human Rights Act 1993	17
The Privacy Act 1993	18
The Mental Health (Compulsory Assessment and Treatment) Act 1992.....	19
The Children, Young Persons and Their Families Act 1989.....	20
The Criminal Justice Act 1985	21
The Protection of Personal Property Rights Act 1988.....	21
Further Information	22
Groups and organisations	22
Websites.....	23
Books	23
Mental Health Foundation Resource & Information Centre	24
Titles in the MHINZ series of booklets	24

Cannabis Problems

Cannabis is the short name for the plant *cannabis sativa*. Cannabis contains a chemical called THC (Delta-9 tetrahydrocannabinol). THC is a mind altering drug. People usually take it for the effects that it has on their mood and their feelings. THC is also a depressant drug, that is, it slows the brain down, particularly if taken in high doses. It can give people hallucinations, make them feel sedated or sleepy or it can act as a stimulant.

Marijuana is the dried leaves and flowers of the cannabis plant. It may range in colour from green to grey or brown. It may be fine like dried tea, or leafy. Marijuana is usually smoked as a rolled cigarette, but it can be eaten if combined with food (for example, baked in cookies). Other names for marijuana include dope, pot, grass, spliff, dak, buds, ganga, hooch and weed.

Hashish, commonly referred to as hash, is made from the resin of the cannabis plant. Hashish is often sold in hard cubes and may be brown to black in colour. It is usually smoked with tobacco (rolled into a cigarette) but can be eaten as well. Hashish is more potent or powerful in its effects than marijuana.

Hashish oil is a concentrated form of hashish. It is very potent and small amounts can produce marked effects. Marijuana, hashish and hashish oil are often taken through a pipe or bong which cools the smoke through water. Sometimes hashish oil is taken by a process called spotting. Spotting involves heating implements to combine with hashish to produce smoke (often cutlery knives are used on a stove). Burnt tips of knives are usually a sign that they have been used for this purpose.

Improved cultivation of cannabis has produced significant increases in the amount of THC in marijuana over the past decade.

Cannabis use is illegal in New Zealand. People who use or sell it can be charged under the Misuse of Drugs Act (1975).

How cannabis works

When smoked, cannabis is rapidly absorbed through the lungs into the blood, its level peaking in the blood about 30 minutes after being taken. However, cannabis is highly lipid soluble - that means it is attracted to fat cells. It is quickly taken from the blood and stored in fat cells. The THC is then released very slowly, and unevenly, back into the blood. Different figures are sometimes quoted about how long THC can remain in the body's fat stores. The general answer is that it stays in the body for a very long period compared with other drugs, potentially for several months.

Effects of cannabis use

It is not possible to accurately summarise or predict the immediate effects of using cannabis because each person may experience individual and different effects. These effects will depend on:

- how much cannabis is taken, the way it is taken and the form in which it is taken
- how strong it is
- how experienced the user is
- the general physical health of the user
- the mental health of the user
- the user's mood when they start taking the drug
- the setting in which they take the drug
- whether other drugs are taken as well.

Short-term effects

Although cannabis is a depressant or brain slowing drug, people often say that being intoxicated (stoned, wasted, out of it) is a very stimulating experience. The user feels very happy or high, loose or uninhibited.

Some people find that using cannabis is a negative experience. They may feel anxious, self-conscious or have paranoid thoughts. Some experience acute anxiety and panic.

People who are intoxicated on cannabis usually feel more sensitive to things around them and sensations can seem different. For example, time can seem to slow down, colours seem brighter and richer and new details and meanings can be seen in things. People concentrate less well, often talk and laugh more than usual and can have problems with their balance. Physically the pulse rate increases (from between 20 to 50 percent above the usual heart rate), the eyes become bloodshot, appetite often increases (they get the 'munchies') and co-ordination can be affected, making activities such as driving a car or operating machinery difficult and dangerous.

If large doses of cannabis are taken, the resulting toxicity can cause symptoms of confusion, paranoia, panic attacks, hallucinations and feelings of unreality. New users may also experience acute paranoid experiences which usually stop after intoxication wears off.

Cannabis also often impairs short-term memory and attention and makes it harder to complete complex tasks, ie, tasks which involve doing several things at once. There is some evidence that women who smoke cannabis during the time of conception or while pregnant may increase the risk of their child being born with birth defects. Pregnant women who continue to smoke cannabis are probably at greater risk of giving birth to low birth weight babies.

Longer-term and chronic effects

A number of longer-term effects have been seen in people who use cannabis heavily. Some New Zealand researchers define heavy use as using ten times or more in a 30 day period. Heavy cannabis use effects can include the following.

- An increased risk of developing cancer of the respiratory tract. These risks are more likely to do with smoking as the method of taking cannabis, rather than the properties of the drug itself.
- An adverse effect on people with pre-existing cardiovascular disease, since cannabis use significantly raises the heart rate. (There is no evidence that cannabis use will cause permanent damaging effects to a normal, healthy cardiovascular system).
- A risk of developing chronic bronchitis, possibly irreversible obstructive lung disease, possibly lung cancer and cancers of the aero-digestive tract.
- Heavy use of cannabis is sometimes associated with a reduction in energy and drive. This has been referred to as amotivation (not having any motivation). This problem is more likely to be an acute effect which will go away if cannabis use stops. There is poor evidence of this syndrome existing even among heavy, long-term cannabis users.
- Heavy cannabis use affects the ability to learn. This is related to decreased concentration levels, reduced short-term memory and difficulties with thinking. These problems go away if cannabis use stops.
- Chronic heavy cannabis use can reduce sex drive in some people. It can lower sperm count in males and lead to irregular periods in females. This problem goes away if cannabis use stops.
- People can become dependent on cannabis (see section below on 'Problematic Use of Cannabis').

Many people with mental health problems also use cannabis. Generally, it is not a good drug for such people to use. People with mental health problems need to try and keep their brain level or stable. Cannabis excites and then slows the brain down. In particular, it can make anyone who has ever been paranoid, more paranoid.

Cannabis use

People who use cannabis include those:

- who have experimented once or twice, usually out of curiosity about the effects
- who use it occasionally or in a social situation
- whose use is problematic
- who experience serious cannabis and cannabis-related problems.

Experimental use

In a 1990 study of drug use in New Zealand, researchers surveyed about 5,000 people aged 15 to 45 years. Forty three percent of those sampled said that they had used cannabis at some time, but 23 percent said they had not used it more than five times. Only 12 percent of the group said they were currently using cannabis, with three percent saying they had used cannabis more than ten times in the past 30 days.

The study showed that a lot of this group of New Zealanders had tried cannabis but that, for about half, their use was experimental. They would be unlikely to develop problems with cannabis.

Social use

People who use cannabis socially do not feel a compulsion to use it, but rather choose to use it for its effects, which they enjoy. This use is generally relatively light and usually does not lead to health or social problems for the user. However, cannabis use is illegal in New Zealand, and people who use it socially may be charged with possession for personal use of a class B or class C drug under the Misuse of Drugs Act (1975).

Problem use of cannabis

Cannabis use can be considered a problem when people start to see cannabis use as more important than other activities, or if problems related to cannabis use arise. Indicators of problematic use include hassles with friends or family, health effects, financial pressure or using cannabis as a way to manage difficult feelings, stresses or situations.

Dependent use of cannabis

Relative to other drugs, cannabis is considered less addictive than opiates (heroin, opium, etc) cocaine or nicotine. It is thought to be more like alcohol in terms of risk of dependence.

Dependence on cannabis is the most common dependence on an illegal drug in New Zealand and Australia. When a person is dependent on cannabis he/she experiences problems controlling use, and continues to use it despite negative consequences. Cannabis use may assume more importance than other activities. Signs of dependence include the following.

Increased tolerance, which means that larger amounts of the drug are needed to get the same effect that was obtained previously from smaller amounts. If a person smokes regularly they will need more cannabis to get the same effect

Psychological dependence, which means that cannabis can become central to a person's thoughts and actions. They may spend large amounts of time thinking about cannabis, about how they are going to get their cannabis and about when they are next going to use it. Features of psychological dependence include craving cannabis; using more cannabis than was originally intended; being unable to control how much is taken and needing cannabis to feel normal, happy or good.

Physical dependence, which means both that tolerance can occur, as above, and that a person can go into physical withdrawal if they stop using cannabis. Withdrawal is often associated with flu-like feelings, irritability, mood swings, finding it difficult to sleep and headaches. Withdrawal from cannabis can take two weeks or longer for heavy, long-term users.

Reducing risks from cannabis use

Sometimes people feel a pressure to try cannabis if friends are doing it or talking about it. It is important that you do what is right for you rather than what you feel pressured to do when it comes to any risky behaviour. It is much better to say no or just ignore people's invitation to use cannabis if you're not entirely comfortable with going ahead. If you are in two minds about trying the drug it is probably more likely that you won't enjoy the experience anyway. If you have decided to experiment with using cannabis, consider these suggestions.

- Be with friends you trust and feel safe with. Before you use, acknowledge to those you are with that it is your first time and ask them to agree that if you or anyone wants comforting or other help that it is okay to ask for it.
- Use marijuana leaf rather than hashish or hashish oil since these products are much more potent. If you don't know what it is, ask. Also ask how strong it is. If you are told that it is strong, use very small amounts. Remember it takes a while to kick in so you may not feel any effect for three to five minutes.
- If you have a mental health problem or have a family with a history of mental health problems you may experience very nasty effects such as severe confusion, paranoia or panic. It is better that you don't use the drug at all if you are in this category. If you insist on using it, do so in very small doses (for example, try one or two puffs and leave it for another half hour or so) so that you can recover quickly if the experience is unpleasant. Some people panic because they cannot escape from the anxiety and fear they experience.
- Use the drug in an environment where you can relax. Don't experiment in a situation where you are pressured to perform, such as around exam time.
- Walk, take a cab or have a non-using person take you out. Driving after cannabis use is dangerous.
- Do not take cannabis with other drugs (including alcohol) at the same time. Taking more than one drug at once can make reactions worse.
- If you are emotionally low or vulnerable, put off your experiment for another time. Sometimes cannabis makes people more distressed.
- It is better not to take cannabis in front of children or invite young adolescents to join you. Don't tell kids afterwards what you did or what it was like, in a way that glamorises it.

Do you have a cannabis problem?

Whether or not cannabis is a good drug or a bad drug is not an issue when deciding if you have a problem with it. Here are some issues to think about in relation to your cannabis use.

- How much do you smoke?
- Does it seem that you are getting stoned too often?
- Are you using too much cannabis?
- Do you seem to be dependent on cannabis?
- Do you need to smoke more and more cannabis to get the same effect?
- Does your life, and the things that you do, seem to revolve around cannabis?
- Do you feel irritable if you do not have any cannabis?
- Is cannabis causing a problem in your life?
- Is it getting you into conflict with your family, whanau or friends, or interfering with your relationships?
- Is cannabis affecting your performance at work or at school?
- Is cannabis getting you into trouble with the law?
- Are you mixing only with people who also use cannabis?
- Is cannabis affecting your physical health?
- Is it connected to your feeling anxious, depressed, or confused?
- Are you having problems with your memory and concentration?
- If you are currently experiencing mental health problems, is your cannabis use making it harder for you?

If you answer yes to any of these questions you need to think about whether or not using cannabis is worth it. A useful thing to do is to draw up a list of the good things and the not so good things that you can think of to do with cannabis, and weigh them up. Write down all the good things you can think of, for example, that smoking dope makes you feel better, means that you have a good time with your friends or whatever. In terms of the less good things, consider any negative effects that cannabis is having on your life.

What does your family or whanau say about your drug use? Is it having any effect on them? On your relationships with others? What about your health? Playing sport? Look at the balance of the good things and the less good things. Is your drug-taking a problem for you or for other people? Do you need to change something about it? If taking marijuana or hashish is causing problems in your life are you ready to do something about it?

Living with a Cannabis Problem

Consumer¹ views

Realising we have a problem with cannabis is a very difficult first step to recovery. We often smoke marijuana to create a sense of wellbeing that we can't achieve in ordinary life. Slowly, our ability to resolve life's difficulties disappears. It's much easier to smoke our problems away than to do the hard work of sorting them out. For some of us, smoking dope becomes the main focus in our lives and we find we need more and more of it 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, teachers and employers fall apart. At this point we may start to feel desperate. This is often the point at which we start to reach out for help. This is when our recovery begins.

Support and information

People who are dependent on cannabis 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 professional who is supportive or their friends and family may offer good support. People who take cannabis can make more informed choices if they educate themselves about their condition and the types of treatment and support that are available. It's also useful to know about your rights.

Using services

A lot of people who are dependent on cannabis sooner or later go to see their GP or a counsellor or are referred to specialist services. If you fear you might harm or kill yourself it is vital that you seek help immediately. Sometimes it is hard for people who are dependent on cannabis to seek help, either because we want to hide our habit, or because we feel well and don't agree we have a problem. Acknowledging we have a problem and need help can be very scary.

Family or whanau views

Cannabis problems can tear families and whanau apart. Families and whanau may find their relative secretive, withdrawn and unmotivated. They often feel powerless to know what to do. Their feelings for their relative can swing from concern for their difficulties, to hostility towards their relative for disrupting their lives. Families and whanau often live through all this without support from their community or from health services.

Support and information

Families and whanau often feel drained and stressed and need support to look after themselves as well as their relative with a cannabis problem. Their other family or whanau relationships can get neglected. 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

¹ Consumer: A person who experiences or has experienced mental illness, and who uses or has used mental health services. Also refers to service user, survivor, patient, resident, and client.

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 a cannabis problem need to be able to communicate freely with professionals about their relative. They may also need some professional help to mend any damage that has occurred in family or whanau relationships because of their relative's dope smoking.

For family, whanau, friends or caregivers of people with a cannabis problem it can be difficult to know how to deal with your family or whanau member or friend's cannabis taking. Some people have found the following things helpful.

- Learn about cannabis and cannabis problems.
- Remember that neither you nor anyone else can make someone cut down or stop, 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 not under the influence of cannabis and you are both calm.
- Be clear about what behaviour you are prepared to accept or not accept from the person who is using cannabis. Have a plan for what you will do if they overstep the boundaries.
- Be consistent. Don't keep changing your mind about what you're saying. Don't say one thing and do another.
- Listen and find out how your family or whanau member or friend feels about their cannabis use.
- Encourage the person to concentrate on the effects that cannabis is having on their life.
- Remember to encourage and praise the person if they do manage to cut down or stop their cannabis use.
- Worrying about a family or whanau member or friend with a cannabis problem can leave you drained of energy for yourself or anyone else. It is important that you take care of yourself. Things that you can do to look after yourself include:
- Keep in touch with your friends. Discuss your worries with someone you can trust.
- Seek support and advice from professionals such as your doctor, a counsellor or culturally appropriate support groups which deal with cannabis abuse problems.
- 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.

Treatment of Cannabis Problems

Getting help

If you are concerned about your own or another person's cannabis use it may be useful to talk to someone who is trained to help. There are a number of alcohol and drug services to help people (and their family or whanau/partner when this is the choice of the person seeking help) to deal with their cannabis and any other drug problems. These services are free of charge and clients are entitled to confidentiality.

Help may also be available from a general practitioner, youth centre or school counsellor. Some schools have a policy of suspending pupils for using cannabis, so asking for help in this situation may not always be wise.

Making changes

If you decide that you want to do something about your cannabis use, the following things may be helpful to consider.

Reduce your use. If you think you might be dependent on cannabis, probably the best thing to do is to stop using it. If this is too hard then look at ways in which you can cut down

Get support. It is great if you have family or whanau or friends to support you when the going gets tough. You might like to spend more time with people who don't use cannabis or don't use heavily. You can choose to talk to someone you trust about how you are feeling when you are feeling bad. You may need someone to remind you about why you need to give up your smoking. If a lot of your family or whanau or close friends are also heavy users of cannabis it may be difficult for them to support you to stop or cut down. In this case you will probably need to look elsewhere for support

Avoid substituting other drugs. If you stop taking cannabis you may be inclined to increase other drug use, for example, alcohol or cigarettes. This is not a good idea

Manage withdrawal symptoms. You might notice that you're starting to feel irritable, have mood swings or trouble with sleeping. These symptoms may be related to withdrawal.

If you find that there are times when giving up or cutting down is hard, remind yourself why you are doing it.

Counselling or psychological help

You might need to consider other problems or difficulties in your life which cause you worry or stress. Some people use cannabis because they have had painful or difficult experiences growing up or at an earlier time in their life. Sometimes people who have grown up with violence, verbal or other abuse use drugs as a way of coping with unpleasant memories or emotional pain. Using drugs such as cannabis can seem to help ease the memories and the pain, but usually this is not a good long-term answer. After the drug wears off the problem is still there. It may be helpful to get counselling to talk about and help resolve these past issues. Particularly consider any things which might trigger you to increase your cannabis use again.

The drug and alcohol services mentioned above or at the end of this article will direct you to an appropriate counsellor or therapist. All types of therapy/counselling should

be provided in a manner which is respectful of you and with which you feel comfortable and free to ask questions. It should be consistent with and incorporate your cultural beliefs and practices.

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 which 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

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
Web 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
Web www.mhc.govt.nz

Department for Courts

PO Box 2750
WELLINGTON

Ph 04 918 8800
Fax 04 918 8820
Email family@courts.govt.nz
Web 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 which 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
Web 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 on the basis 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

Web 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 (Auckland)
privacy@actrix.gen.nz (Wellington)

Web www.privacy.org.nz

Further information

On the Record: A Practical Guide to Health Information Privacy, Office of the Privacy Commissioner, 2nd 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

Email 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 under 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
Web 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
Web 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 and organisations

Marijuana Anonymous

This is based on the AA (Alcohol Anonymous) model. The focus in this approach is on meetings of people who are also trying to deal with their cannabis problems. These groups sometimes also provide support to people who want it, outside of meetings. Ask your doctor or your counsellor if there is a group in your area.

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

Narcotics Anonymous (NA)

A self-help organisation for people with any kind of drug addiction.

Freephone 0800 628 6329

Web www.nzna.org

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.

6th Floor, Polo House

267 Wakefield Street

WELLINGTON

Ph 04 385 1517

Fax 04 385 1516

Web www.carenz.co.nz

Email Wellington@carenz.co.nz

FADE

Training, information and resources

www.fade.org.nz

The New Zealand Drug Foundation

Information for organisations and individuals

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.

Websites

The Mental Health Foundation's website has information about the mental health sector and mental health promotion, news of upcoming conferences both here and overseas, links to other sites of interest and the Foundation's on-line bookstore. It also contains the full text of all the MHINZ booklets which can be downloaded as pdf or Word files.

www.mentalhealth.org.nz

Australian Drug Information Network

www.adin.com.au/

Drugscope

www.drugscope.org.uk/home.asp

SAMHSA's National Clearinghouse for Alcohol and Drug Information

www.health.org/

Urge/Whakamanawa

www.urge.org.nz/index2.html

Books

Adolescent Drug & Alcohol Abuse: How to Spot It, Stop It, and Get Help for Your Family by Nikki Babbitt. Patient Centered Guides, 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 and Co, 1998.

Guidelines for Recognising, Assessing and Treating Alcohol and Cannabis Abuse in Primary Care, Wellington. National Health Committee, Ministry of Health, 1999.

Cannabis by Angela Royston, Lineman Library, 2000.

Cannabis: What's the Real Deal?

The Great Brain Robbery by Tom Scott and Trevor Grice. Aurum Press, 1998.

Marijuana Myths Marijuana Facts: a Review of the Scientific Evidence by Lynn Zimmer, John P. Morgan. Lindesmith Center, 1997.

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 •
- Depression •
- Stress •
- Recovery •
- Older People's Mental Health •
- Mental Illness •
- Discrimination •
- Maori Mental Health •
- Relaxation •
- Mental Health Services •
- Workplace Wellbeing •
- Support Groups •
- Self-Help •
- 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
Web 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 & 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>
-----------------------------	--------------------------