

## Solvent and Inhalant 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](mailto:resource@mentalhealth.org.nz)  
Web [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

## Table of Contents

<b>Solvent and Inhalant Problems .....</b>	<b>5</b>
Solvents and inhalants .....	5
How solvents and inhalants work .....	5
Solvent and inhalant users .....	5
Types of solvent and inhalant use .....	6
Effects of solvent and inhalant misuse .....	7
Signs of solvent and inhalant abuse .....	9
<b>Living with Solvent and Inhalant Abuse .....</b>	<b>10</b>
Consumer views .....	10
Family and whanau views .....	11
<b>Treatment of Solvent and Inhalant Problems .....</b>	<b>12</b>
Emergency management .....	12
Getting help and support .....	12
Psychosocial treatments .....	12
<b>Complementary Therapies .....</b>	<b>13</b>
<b>Legislation .....</b>	<b>14</b>
The Health and Disability Commissioner Act 1994 .....	15
Code of Health and Disability Services Consumers' Rights .....	15
The Human Rights Act 1993 .....	16
The Privacy Act 1993 .....	17
The Mental Health (Compulsory Assessment and Treatment) Act 1992 .....	18
The Children, Young Persons and Their Families Act 1989 .....	19
The Criminal Justice Act 1985 .....	20
The Protection of Personal Property Rights Act 1988 .....	20
<b>Further Information .....</b>	<b>21</b>
Groups and organisations .....	21
Websites .....	22
Books .....	22
<b>Mental Health Foundation Resource &amp; Information Centre .....</b>	<b>23</b>
Titles in the MHINZ series of booklets .....	23

# **Solvent and Inhalant Problems**

## **Solvents and inhalants**

Solvents are substances produced from organic chemicals. They have a large number of household, commercial and industrial uses as, for example, fuels, cleaning fluids, toiletries, glues, fillers, paint and thinners.

A common characteristic of all these substances is their volatile nature - that is, they evaporate rapidly when exposed to air and give off chemical fumes. Some solvents are gaseous by nature, some fume at room temperature and some vaporise if heated.

People use solvents to get high or out of it. Because solvents are sniffed or inhaled they are also called inhalants. People have inhaled substances over thousands of years, so this is not a new behaviour.

Since the 1950s the number of products that contain volatile solvents has increased dramatically. Households contain a large number of solvents, including such things as petrol, glues, spray paint, thinners, propellant gases used in aerosols, hair spray, air fresheners, cigarette lighter fuels, nail polish remover, correction fluid and thinners, marker pens and aftershave.

## **How solvents and inhalants work**

When inhaled, solvents enter the bloodstream directly from the lungs. The chemicals in solvents are fat soluble and rapidly reach the brain and other body organs, so the effects are felt very quickly.

Solvents have a central nervous system depressant effect - that is, they slow down the brain functions. Even in small doses, solvents produce temporary distortions to how people sense and see things.

Some solvents are broken down and excreted through the kidneys, while many are breathed out through the lungs. Because of this, the solvent smell may remain on the person's breath for several hours after they have inhaled.

## **Solvent and inhalant users**

Children and teenagers are the usual users of solvents. It is not illegal to use solvents in New Zealand.

In 1990 a large survey of drug use in New Zealand found that only 0.9 percent of those surveyed had ever tried solvents. Two percent of those aged 15 to 17 reported having tried solvents, with no use in the past 12 months for women over 17 and men over 19 years of age. This survey did not include young people under 15 years of age, but did confirm that solvent use is usually confined to children and teenagers.

This study and other research and anecdotal evidence indicates that very few people try solvents and, of those who do, only a very small percentage develop serious problems from using them.

### ***How solvents and inhalants are used***

Usually solvents are inhaled directly from their container or a bag of some kind. Alternatively a rag or handkerchief soaked in solvents is held over the nose or mouth. It is not uncommon for people using solvents to increase the effects by concentrating the fumes in an enclosed space - a cupboard, room, or area under the house. A really dangerous method of using solvents is to cover the head and shoulders with a plastic bag. If the solvent is heated a more concentrated vapour can be produced.

Aerosols can be sprayed directly into the mouth and are highly dangerous when used like this.

## **Types of solvent and inhalant use**

### ***Experimental use***

Experimental use is usually by children or young people who try solvents because others are doing it. They are curious and solvents are available and cheap. Sniffing doesn't go beyond a few episodes and they are usually not harmed by experimentation. There can be exceptions to this, as some solvents can be dangerous the first time they are used.

The biggest risk facing experimental users of solvents is their inexperience and lack of good information about both the products they are sniffing and the least harmful ways of sniffing.

Only a very small proportion of those who try sniffing continue. Most young people stop after a short period of time. If you find children or friends sniffing, it is highly likely this is experimental use, so it is important to keep a perspective on the behaviour and wait for the young person to recover before discussing the situation.

### ***Social use***

Social use includes young people who, after experimentation, continue to use solvents occasionally in a recreational or social way with friends.

People who sniff socially tend to know more about solvents than experimental users so are less likely to be damaged by their use. Social use tends to stop by mid adolescence when other drugs such as alcohol and tobacco may be used.

### ***Problematic use***

Solvent use can be considered problematic when people start to see their solvent use as more important than other activities or if problems from solvent use arise. Indicators of problematic use include hassles with friends or family, health effects, financial pressure and beginning to use solvents as a way to manage difficult feelings, stresses or situations.

### ***Chronic use***

Only a very small number of those who ever use solvents will become chronic users. With chronic use, more regular and increasing amounts need to be taken to get the same effect. They may use alone or with others.

Those who use chronically often have difficulties at home, such as instability, disruption, family poverty and/or drinking problems, behaviour problems, low

achievement at school, depression and anxiety. They often use solvents as a way of managing their problems. Chronic solvent use can be viewed as a symptom of underlying problems.

The decision about what is chronic use depends on the amount and type of solvents used, how often, the reasons why they are used and the degree of damage to the person that can be seen.

## **Effects of solvent and inhalant misuse**

The effects of solvent misuse vary from person to person and situation to situation, so it is hard to predict what one individual's reaction will be.

Any drug effect depends on a combination of the drugs taken; the way they are taken; the strength of the drug; how experienced the person using them is; their general and mental health; the person's mood when they take the drug; their individual responses and the setting in which use occurs.

### ***Short-term effects***

The person using solvents will often experience an initial feeling of wellbeing and relaxation. They may feel excited, exhilarated, dizzy, be disinhibited (behaving in ways that are not usual for them), have blurred vision, experience flashes of light, ringing in the ears or become agitated.

Acute intoxication with solvents is similar to being drunk on alcohol, but comes on more quickly and lasts a much shorter time. The physical effects of solvent use may last up to 45 minutes, however the high usually lasts only seconds or minutes. Experienced users may prolong the effects by concentrating the drug inside a plastic bag.

If more solvents are used people can become much dizzier, restless, confused and lose control of their body and feelings. This loss of control can be dangerous as people can injure themselves. At times solvents encourage aggressive or dangerous behaviour.

Other likely effects of continued use of solvents are sleepiness, vomiting, chest pains, nose bleeds, bad headaches, breathing problems (especially if the person has asthma), muscle weakness, hallucinations and unconsciousness.

Most solvent users recover quickly from these effects which usually disappear within a few minutes to half an hour if sniffing is stopped. The after effects of solvent misuse may be a hangover-like feeling for up to 24 hours, including headaches, tiredness, looking pale, poor concentration and nausea.

The harm most often associated with volatile substances is how and where they are used. Accidents or death can be the result of people sniffing in stressful or unsafe places, such as on a busy road, near a railway line or on a roof. Sudden death due to cardiac arrest has been known to occur on rare occasions, particularly if the person using solvents engages in sudden strenuous activity or gets a significant shock. It is also likely to occur with certain solvents that have additives to increase their effectiveness as a solvent.

### ***Long-term effects***

With continued use, tolerance to the effects of solvents develops, that is, the body adapts to the solvent use and people need more and more to get the desired effect.

Psychological dependence develops in a small number of people, as they come to rely on solvents more to manage their life. This sort of dependency means that solvents can become central to a person's thoughts and actions. They may spend large amounts of time thinking about solvents, about how they are going to get them and when they are next going to use them.

Physical dependence (where the person develops withdrawal symptoms such as sweating, shaking or confusion) on solvents is rare, but can occur.

As well as the effects described in the section above, constant use of solvents can cause nose bleeds, bloodshot eyes, bad breath and thirst. Continued use can cause weight loss, trembling and depression. These effects are likely to clear up once sniffing stops.

Regular use over a long period of time can be serious because the side effects can become more permanent. Memory loss, brain damage and personality changes can occur, as well as nerve damage, weakness and fatigue.

Heavy solvent use over a long period of time (five or more years) has resulted in a number of reports of brain and nervous system damage. Long term use of aerosols and cleaning fluids has been known to cause lasting kidney and liver damage and to cause hallucinations. Repeated sniffing of leaded petrol can cause lead poisoning which can cause various types of cancers.

Some solvent products, particularly aerosol gases and cleaning fluids, can make the heart sensitive and cause heart failure, especially if people physically exert themselves when using. Because many inhalants contain more than one volatile solvent it can be difficult to identify the specific chemicals that do damage. On rare occasions people do die from sniffing solvents, sometimes from cardiac arrest.

The only products that are known to cause death in even first-time users are aerosols and fire extinguishers - the fluorocarbons in these products can cause heart or respiratory failure.

### ***Other possible effects of solvents***

Because of the large variety of solvents there can be a wide range of problems blamed on solvent use.

There is no evidence that sniffing will progress to the use of other drugs. However, solvent use does indicate the young person is willing to try substances.

There is mixed evidence that the chronic or long-term use of solvents causes withdrawal symptoms when stopped.

The permanent effects resulting from specific solvents are somewhat unknown. There are some indications that solvents can damage the liver, kidneys, eyes, heart and bone marrow. However the true prevalence and nature of brain damage, even among chronic users, is not fully clear, especially when other drug use and injuries are put into the equation.

Little is known about the effects of solvents on pregnancy and the growth of the developing baby. One study found that babies whose mothers used toluene (found in



some paints and glues) when pregnant had developmental delays, behaviour problems and some head and limb abnormalities.

There has been little research on the mental health effects of solvent use. However it is likely that solvent use will worsen existing mental health problems and may produce problems where none have previously been evident.

## **Signs of solvent and inhalant abuse**

Some of the possible signs of solvent use include:

- rashes around the nose and mouth, eye redness or swelling, irritation of the chest and throat with coughing or gagging
- nausea, vomiting and weight loss
- headaches
- skipping school and disappearance from home
- hangover-type symptoms, e.g slurred speech or uncoordinated behaviours; a change in sleeping patterns; staying up late and not wanting to get out of bed
- moody, irritable or withdrawn behaviour.

Some of these signs like staying up late, withdrawing from the family or whanau, and acting up - are part of being an adolescent. It is important not to over-interpret these things as a definite sign of drug taking. More direct evidence that children or adolescents are sniffing might include:

- the disappearance of aerosols, glues, perfumes and petrol from around the home
- empty solvent containers or plastic bags
- the remains of solvents on bedclothes or the lingering smell of solvents
- a definite smell of solvents detectable on the breath
- glue stains on clothes.

Parents and family or whanau members will react differently when they find out that their child has been sniffing. If possible, it is worth considering the best way to react and not instantly punish the child. Most young people will become defensive about their sniffing and setting up conflict and confrontation is not useful.

Many young people change their drug use when they come to better understand the possible harm to themselves or others. Most sniffers are young and don't know a lot about the effects of sniffing, so providing information about solvents is useful.

Young people discovered sniffing also need to know that they have the security around them to make changes. Talk to your child about what is going on, your concerns, assure them of your love and that you want to help.

# Living with Solvent and Inhalant Abuse

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

Realising we have a problem with sniffing glue or other solvents is a very difficult first step to recovery. We often sniff 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 sniff our problems away than to do the hard work of sorting them out. For some of us, sniffing 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 with major solvent-use problems 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 friends and family or whanau may offer good support. People who sniff solvents can make more informed choices if we educate ourselves about our condition and the types of treatment and support that are available. It's also useful to know about your rights.

Support, compassion and understanding are critical. It is great if you have family or whanau or friends to support you when the going gets hard. You might like to spend more time with people who don't use at all or don't use heavily. You might talk to someone, such as a supportive adult, about your not so good feelings.

## *Using services*

Some people who have solvent-use problems 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 sniff solvents to seek help, either because we want to hide their sniffing, 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.

---

<sup>1</sup> 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.

### ***Reducing the risks***

If you've made up your mind to try solvents and nothing is going to change this, here are a few things to remember so that you can be as safe as possible.

- Make sure you are with friends or people who can look after you if something goes wrong.
- Don't sniff on your own or wander off alone. The effects of solvents will hit you so quickly you might not be able to handle them and could feel out of control.
- Never spray aerosols directly down your throat. They are extremely cold and can freeze your throat and cause your breathing to stop. This is very serious and you could die.
- Many solvents are flammable, so never use lighters or matches around solvents.
- Putting plastic bags over your head can cause you to suffocate.
- Don't drive after you have used solvents, as your responses will be affected.
- If you have a mental health problem or a family history of mental health problems it may be more risky for you to use drugs of any kind, including solvents.
- If you are using solvents because you want to block out feelings of pain, sadness, depression or anger it may be better to talk to a friend or supportive adult about what's going on for you.

### **Family and whanau views**

Solvent abuse can tear families and whanau apart. Families and whanau may find their relative secretive, withdrawn, moody and irritable. 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 who sniffs. Their other family or whanau relationships can get neglected when the needs and disruptive behaviour of the person who sniffs 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 who sniffs solvents 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 the family or whanau because of their relative's sniffing.

# Treatment of Solvent and Inhalant Problems

## Emergency management

If someone is high on solvents and needs help:

- try to keep calm
- stay with them as long as the situation is safe
- remove the solvents from them
- don't light a smoke or give them a cigarette
- try to sit them upright
- if they are unconscious put them in the recovery position, if you know it
- reassure the person that they are going to be okay
- call an ambulance and don't be afraid to tell the emergency workers what has been taken.

## Getting help and support

It is important to remember the great majority of young people found using solvents do not need intensive treatment, they need good information, support and understanding.

If you are concerned about your own or another person's solvent/inhalant 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 solvent abuse or 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 worker or other counsellor skilled in drug/alcohol treatments.

## Psychosocial treatments

### *Counselling or psychological help*

You might need to consider other problems or difficulties in your life which cause you worry or stress. Some people misuse solvents because they have had painful or difficult experiences. Sometimes people who have grown up with violence, verbal or other types of abuse, use drugs as a way of coping with unpleasant memories or emotional pain. Using drugs 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 other problems or difficulties.

Drug and alcohol services referred to 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 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.

Girls 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 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](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 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](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

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 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](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.org.nz](http://www.youthlaw.org.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

#### **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  
Phone 09 309 4792

#### **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.

### **Ministry of Youth Affairs**

Information and material available. Can put people in touch with local resources.

Ph 04 471 2158 (Sandra Meredith)

### **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](http://www.mentalhealth.org.nz)

Urge/Whakamanawa

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

Re-Solv

[www.re-solv.org/index2.htm](http://www.re-solv.org/index2.htm)

Trashed

[www.trashed.co.uk/](http://www.trashed.co.uk/)

National Inhalant Prevention Coalition

[www.inhalants.org/](http://www.inhalants.org/)

### **Books**

*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 (Contributor), Leigh Heather Wilson (Contributor). W.W. Norton & Company, 1998.

*Inhalant Drug Dangers* by Judy Monroe. Enslow Publishers Inc., 2002.

*Inhalants* by Myra Weatherly. Enslow Publishers Inc., 2001.

## 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>

*Complementary Therapies in Mental Health*  
*Delusional Disorders*

*Separation Anxiety Disorder*  
*Solvent and Inhalant Problems*  
*Tourette Disorder*