



pRogReSsioN

News & InFormaTioN for CADS CliEntS FroM
CADS ConSumeR TeaM



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Greetings all. It's hard to believe another year is over already. I find myself thinking that every Christmas tho!

Apologies for the lateness in getting this newsletter out to you. The year has sprinted away since September when I attended and presented at the national addictions conference held here in Akld. The conference was meant to be in Christchurch but of course that was no longer possible. The focus of the conference was Recovery and Wellbeing and featured both local and international keynote speakers. Unfortunately there was no consumer keynote speaker tho there were presentations by consumers in the conference programme including yours truly.

Amongst the interesting keynote presentations I attended were:

- 'How Public Health Influences Treatment Outcomes' by Graeme Ramsey, CEO of the Problem Gambling Foundation. Graeme explored the relationship—both real and perceived—between public health and treatment in the area of problem gambling. IMHO the public health practices of raising awareness, making submissions, community action, consumer stories, advocacy, etc are as relevant to and necessary for the alcohol and other drugs treatment sector.
- 'Wellness and Recovery: what is the meaning behind these two powerful terms?' by Dr Susanna Galea who is the Clinical Director here at CADS. As well as discussing the concepts of wellness and recovery from the perspective of the person with an AOD problem, Susanna also discussed these concepts within the treatment environment.

- 'The Co-morbidity of Alcohol and Trauma' by Dr Sandy McFarlane who asserted that the role of traumatic stress in the risk of alcohol use has been significantly under-estimated. According to an Australian study, post-traumatic stress disorder is the most common disorder, more so than depression (which is often thought to be the most common). He challenged AOD services to pay much more attention to lifetime trauma.

As usual I came away from the conference with lots of ideas on how services can do things differently for the betterment of people who use the services. If you're interested, you can access the Cutting Edge presentations (though not the Sandy McFarlane presentations) by going to www.cuttingedge.org.nz/

With the CADS senior governance team I have been looking at the future, what is likely to influence and impact on CADS and how CADS might respond. For example, if the government decides to tie welfare benefits to people undergoing alcohol and drug treatment, what will that mean for CADS?

Change is inevitable but it pays to have an eye on the future so that the services can be proactive rather than reactive.

For example, over the past 10 years CADS has become much more group-focused as a way to manage increasing numbers. The management and leadership knew change was needed when people were being kept waiting for treatment because there was only one-on-one counselling available. Now more people are able to engage with CADS by taking part in a group rather than waiting for a counselling

appointment. It pays to always be looking ahead ...

Speaking of looking ahead, there probably won't be much to tell you before the end of Feb , so we will aim to have the next issue of pRogReSsioN out in March.

If you're looking for some non-alcohol ways to enjoy the xmas and new year festivities, check out ALAC's website for some wonderful non-alcohol recipes at www.easeuponthedrink.org.nz/resources-and-help

Have a great summer, and play safe, Sheridan (CADS Regional Consumer Advisor)



CADS COFFEE & CONVERSATION

Will take a break from now until the end of January. After that:

- ☺ Detox (in-patient/IPU and Community and Home detox) clients can meet up with Hayley Wed mornings at Fiesta Coffee Lounge in Pt Chevalier
- ☺ AOTS clients can meet with Andrew the first Wed. of each month 10:30 - 11:30 upstairs at Fiesta Coffee Lounge Pt Chev.
- ☺ CADS Central and Mt Eden Counselling clients can call Petra (on Tuesdays) and CADS West, North and South clients can phone Marc on 8155830 to make a time
- ☺ Sheridan is available to meet up with clients of any CADS service. Call 815 5830 to make a time.



AN UPDATE ON CADS' AUCKLAND OPIOID TREATMENT SERVICE - from ANDREW (AOTS Consumer Liaison)

Hello to all readers of pRogReSsioN. The core business of the Auckland Opioid Treatment Service (AOTS), providing Opioid Substitution Treatment (OST), rolls on ... Keep it flowing. At last count the service had 1145 clients. That's just for Auckland. Nationwide there are approximately 4000 people receiving OST. Just under 50% of Auckland's 1145 clients are prescribed by their GPs in Shared Care. The rest are looked after by AOTS. If you are a client of AOTS I hope your treatment is going smoothly. If it is not, please give me a call. The Consumer Team welcomes the feedback and it helps to improve service delivery.

Judging by some recent client feedback I feel it is a good time to say something about the limits of consumer confidentiality when engaged with agencies like AOTS. It is a mistake to assume that confidentiality is absolute. If the service interprets certain information as representing a risk then it is entitled (sometimes obligated) to share that information with various third parties. All consumer information (at AOTS and in all health services) must be treated in compliance with the Privacy Act 1993 and the Health Information Code 1994. Both can be found online.

At the heart of the confidentiality issue is 'risk'. For example, say you told the doctor and/ or key worker something and asked them specifically not to pass that information on, only to discover that, after having been reassured that they would keep the info confidential, they had told your GP. How would you feel? Its like when

you ask someone to keep something quiet, they agree, you tell them, then they immediately jump on the phone and tell the very person you asked them not to tell! It's enough to make anyone angry.

The fact is though, if your key worker or AOTS doctor think disclosed information means there is a risk to the client or the wider public then they are entitled to (and probably will) share that information if they believe doing so will lessen that risk.

Please be aware that when you go to an AOTS appointment (or any health service) its worth remembering this—and that once you have said something it can't be taken back, staff can't pretend they haven't heard it. What you share with the service is up to you but you need to bear in mind the limits to confidentiality in the health sector.

Another example is when pharmacists phone AOTS to tell them AOTS clients have purchased injecting equipment. Most clients of AOTS who need to purchase clean needles and syringes will be aware that it is not a good idea to buy them at the pharmacy where they pick up their methadone. It is common sense. However recently someone said to me that it is illegal for pharmacists to report OST clients who buy fits to AOTS. Wrong.

Pharmacists can and do report this to AOTS. This is especially problematic in rural areas where there aren't many pharmacies that sell IV equipment. It is an unfortunate situation that increases the chance of consumers sharing or reusing unsafe IV equipment.

Again aversion to risk is at the heart of

this. Pharmacists worry that if they don't report this and some one overdoses they may get in trouble. AOTS worries that if they instruct pharmacists NOT to report it and a client subsequently ODs they will be hauled over the coals. We should all worry about a potential increase in the spread of infectious diseases associated with injecting drug use. Too much worrying going on there!



For clients of AOTS I advise you to get in as early as possible with summer Takeaway requests. Pitman House and CADS AOTS teams turn into a mad house in late December if clients leave holiday arrangements until the last minute.

I still run Coffee and Conversation at Fiesta Café in Point Chevalier on the first Wednesday of every month. 10:30 to 12:00. All welcome. I'm buying.

Thanks for all the suggestion box comments, ideas and criticisms this year. They get reported to the AOTS governance group (that's all the team leaders, lead doctor, manager, pharmacist, Consumer Advisor and me) and then to the whole AOTS team—all the key workers, all the pharmacists, doctors, etc.

The AOTS survey has been available in all the units since Sept so hopefully you have had your say there too. Keep the feedback coming. I'll be away over the xmas-new year break. Time for a holiday. But before or after then please phone me with any feedback you have on 09 815 5830 ext 5143 or e-mail me Andrew.gifford@waitematadhb.govt.nz

CADS' CONSUMER TEAM AVAILABILITY OVER XMAS 2011 – NEW YEAR 2012



The Consumer Team won't be around between xmas and new year. We're all taking a break. However, Marc will be back Wed 4th January. Andrew plans to be back around the 11th January and the rest of us will return to work the following week. If you need to talk to one of the Consumer Team phone 815 5830 and the receptionist will let you know who's available.

RECOVERY CAPITAL by MARC (Consumer Liaison for CADS Counselling Services North, South and West)

While trying to find a recovery tool that is more AOD (alcohol and other drugs) focused than WRAP/ Wellness Recovery Plan—which is good but very mental health focused - I found this great English AOD model so I thought I would write about it and how it works ...

As many of us know, addiction can have many effects in many parts of our lives. The longer our addiction the more of these effects can present themselves in our lives. But some people just bounce back, and for some people it's not so easy to bounce back. This is where Recovery Capital comes in. It is about the things in people's lives that assist with recovery (which is whatever you define it to be); the more recovery capital you have, the more these things assist in your recovery.

The first thing I liked about this model is it's very visual. If you go to the site below you will see what I mean, with all its colourful polka dots. Each circle represents an asset such as those listed below.

The first page is the example of what recovery capital could be:
www.theartoflifeitself.org/2010/03/24/working-with-recovery-capital/

"Working with Recovery Capital" is an easy way to create your own plan and work up some goals to grow your personal Recovery Capital.

There are three main types of Recovery Capital:

1. Social Resources: are things like Family, partner, friends, non-using friends, Employment, Skills, Workplace, Support networks, Social activities, Leisure and recreation.
2. Personal Resources: are things like Physical/Mental Health, Emotional Health, Personal values, Community values,

Financial Health, Coping strategies, Self awareness, Housing, Core beliefs, Attitude, spirituality, Goals and Aspirations.

3. Community Resources: are Community activity, Groups and networks, Access to education/training, Community assets, local recovery community, Mutual aid, community attitudes, coping in the community and BELONGING.



So these are just a brief overview of the types of Recovery Capital that you might have available to you.

Each Recovery Capital map will be different for each person. As each person has their own personal resources so each community will have differing community resources available. Once you have mapped out your recovery resources you can go on to the next part of the model; this is where you look at which resources you want to work and set goals around. It gives you a goal plan to work from to grow the recovery capital available to you.

What I like about this, is that by putting it on paper you can create your own map of the personal resources available to you. And in the second part of this model/plan you start to look at what parts of the map you have got that you want to grow and nurture.

This way you can start to grow the Recovery Capital you have available to you—this can also strengthen your Recovery.

What does a recovery-oriented service look like?

The NZ Health and Disability Services Standards clearly set out the expectations of a recovery focused service.

1. Hope is communicated at every level of the service
2. The relationship between the service and the people accessing it is based on compassion, understanding, and knowing each other as unique individuals and is the basis for good work to happen
3. Recovery is considered the purpose of the service, so recovery is promoted and expected
4. Staff work with individuals in ways that are purposeful and designed to assist people in their growth and recovery toward their dreams, desires and goals. The primary mechanism that supports this process is proactive and planned where goals are written down and reviewed
5. There is an emphasis on self-care, self-management and education so people are supported to become experts in their own care.
6. Clients are educated about the medications they take, about self-help, coping strategies and ways to manage their symptoms. Information is openly shared and people have access to information
7. 'Community integration' is the central focus of clinical practice. This means supporting people into 'normal' social experiences, linking people to the community, social and recreational activities that enhance their wellbeing and lessen the emphasis on using specialist mental health and addictions services
8. People are supported to take positive risks Peer support and mutual self-help is valued, promoted and encouraged
9. A proactive approach is taken by staff rather than reacting to crises and people are supported to develop skills to manage crises as part of their wellness plan.

(Standards New Zealand. NZS 8134:2008. Health and Disability Services (Core) Standard pp.7-8)



GREETINGS & HAPPY HOLIDAYS from HAYLEY (Detox Services and the Pregnancy)

Pregnancy and Parental Service (PPS)

I have been sending out surveys and invitations to give feedback about PPS, but alas, the response has been minimal. If you have received a survey in the mail we would greatly appreciate if you took the time to fill it out and send it back in the pre paid self-addressed envelope provided.

Your feedback is essential to how we shape the service which is ever growing. In order to represent your voice within PPS I need to know your thoughts about the service.

My other role within PPS as a peer support worker is going well. I am enjoying working with people on their strengths profiles and finding where their strengths are then supporting them to set and achieve goals. This role is immensely rewarding, and I feel truly honoured to be able to walk alongside some fantastic women on their journey of recovery and wellness.

Detox In Patient Unit (IPU)

Smoke free in IPU is generally going better than it was during summer and that is probably because people are allowed off site to smoke during daylight hours. During winter this often meant the doors were locked at 5.30ish (which smokers were not happy about).

Now with daylight saving the hours have naturally extended which is making things easier. There is still also of feedback about people having to go out in pairs. Please remember that this was set with your safety in mind.

Also, we decided on only 2 people going out at once so that people would not congregate outside, spending much of the day outside therefore missing out on the group programme within IPU.

Some of you will remember what a battle it was to get where we are with smoke free. There was a time when smoking was not allowed at all either on

or off the unit. Please respect the smoke free guidelines, for they are the best compromise we have been able to reach. Also please remember to clean up your butts outside. And please continue to utilise Nicotine Replacement therapy. As Tim Gunn on Project Runway would say "Make it work"!

Getting adequate ventilation in the bedrooms is something I have been working on for some time. In the last pRogReSsioN I reported that we are unable to get bedroom windows to open due to the building owner not willing to change the windows so that they can be opened.

Another approach was needed, so a request was put forward to the managers meeting to install some form of ventilation system in the hall area near the rooms. Turns out the current budget for such things has gone elsewhere within mental health services. So what do we do now?

Please continue to provide feedback about this issue, utilise the mechanisms available to you such as the Suggestion Box and complaints process. I shall continue raising it at a governance level and will consider other tacks.

It is clear in Standard 4.8 of the Health and Disability sector standards that *Consumers are provided with adequate natural light, safe ventilation and an environment that is maintained at a safe and comfortable temperature.*

If CADS as a service needs to improve then we need to know about it, use your voice!



Community and Home Detox Service (CHDS)

Thank you to those participating in the phone surveys that I have been undertaking over the past year to see how your experience with the CHDS team has been.

If you have completed a detox through CHDS either at home, through the Pitman House clinic, the community or at Federal St recently and would like to be surveyed via telephone, give me a call; it usually takes about 10 minutes to complete.

The CHDS team have started Intensive Community Support (ICS), a mobile outreach service for a small number of identified clients who have required multiple in-patient detoxes and who have other long standing chronic mental health and/or physical health conditions.

The overall goal is to limit the number of detoxes these clients experience, to enhance their quality of life and reduce the harm associated with substance use. They are offered intensive community support which may include visits to hospital, engaging with GP and other CADS services etc.

Referrals for ICS come via the inpatient unit team.

ICS is a new initiative and has come about by recognition that there are gaps that people fall through, people come to detox, they go home, they start using substances again, their mental and physical health deteriorates, then they come back to detox and the cycle goes on and on.

If you have been receiving support from the ICS team I would like to know how it is going for you and to see if the service is meeting your needs. Please feel free to contact me or tell your nurse that you would like me to call you.

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Coffee and conversation

Most Wednesdays at 11am I hold a Coffee and conversation at Fiesta café in Pt Chevalier. Anyone is welcome to join us especially if you have used any detox services.

CADS pay for the coffee and you give feedback. Lately we have been talking about the admission process in IPU. If you want to come give me a call. It would be great to see you there.

I would like to thank all the people who have come to Coffee and Conversation over the last year, your feedback has been ever so valuable and enables me to do my job which is to present your voice. Also thank you to all those who have filled out satisfaction surveys and to the many many suggestions that have come through the suggestion box.

Have a lovely xmas and new year and keep well. I'll be away over Christmas until 16th January. Hayley
ph 09 8155 830 ext 5007
hayley.theyers@waitematadhb.govt.nz



THE END OF HEAD START (funding to support AOTS clients into study)

Over the last three years it has been a great pleasure to manage the Head Start fund. Head Start was an initiative of the CADS Consumer Team, made possible by a generous bequest from someone we didn't know.

The aim of the fund has been to financially support AOTS clients to study towards a career in the alcohol and other drugs workforce.

The money we had available is running out so unfortunately we can no longer offer AOTS clients this assistance.

The people whose names we already have for 2012 are the lucky last. OST clients often consider making education part of their recovery—especially study in the AOD field—so it has been great to be able to help clients out with this.

For those who missed out, do not despair. There are plenty of other ways of funding study and we're happy to help you find them.

Studylink is usually the first port of call for New Zealanders looking to fund study. They have a great website www.studylink.govt.nz with information about student allowances and student loans. You can apply online.

Te Rau Matatini (which is the Maori addictions workforce development centre) offers the Hoe Tahī scholarship with support from Matua Raki (the addictions workforce development centre). The Hoe Tahī scholarship is for people (non-Maori and Maori) who are studying towards an addiction related qualification. For information go to www.matatini.co.nz or www.matuaraki.org.nz and go to "What's New".

BreakOut is a database of awards, scholarships and grants you can access at any Auckland City Public Library. BreakOut is designed to provide accessible funding information for New Zealanders. Amazingly they have 3500 scholarships to search through.

If you're a client of AOTS and interested in studying you are welcome to ring me (AOTS Consumer Liaison) to discuss the options. Your Key Worker may also be worth talking to about this.

Ring me, Andrew, on 815 5830 extn 5143 or Sheridan on extn 5520

HELP TO STOP SMOKING



Did you know that smoking cessation help and prescriptions are available in all CADS units? It's not only in the in-patient detox unit that you can get help to quit smoking.

Staff in the Counselling Service and the Opioid Treatment Service are happy to help if you're thinking that 2012 is going to be the year you give up ciggies.

You are welcome to talk to your counsellor or key worker or group facilitator. If they can't write you a script, they will arrange one for you from another clinician.

There's no charge other than \$3 for patches or gum. (CADS can't prescribe Champix or other smoking medication. You'll need to go to your GP for this.)

attitude

"The longer I live, the more I realize the impact of attitude on life. Attitude, to me, is more important than facts. It is more important than the past, the education, the money, than circumstances, than failure, than successes, than what other people think or say or do. It is more important than appearance, giftedness or skill.

... The remarkable thing is we have a choice everyday regarding the attitude we will embrace for that day.

We cannot change our past... we cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one string we have, and that is our attitude. I am convinced that life is 10% what happens to me and 90% of how I react to it ... We are in charge of our Attitudes."

- Charles Swindoll

CADS COUNSELLING UNITS CLIENT SATISFACTION SURVEY RESULTS 2011



A total of 532 people attending a CADS Counselling unit during August 2011 completed a Client Satisfaction Survey.

The aim of the survey is to find out how Counselling Service clients feel about the service provided: whether they feel respected, well informed, supported and involved in their treatment, and have their needs met by the service.

Overall, the results show:

- ✓ 95% agreed or strongly agreed that the limits of confidentiality had been explained to them
- ✓ 97% agreed or strongly agreed that they were treated with respect by staff
- ✓ 91% agreed or strongly agreed that the staff understand the kind of help they want
- ✓ 87% agreed or strongly agreed they have had help to identify clear goals
- ✓ 85% feel they are greeted in a friendly and professional manner when they telephone the service
- ✓ 95% agreed or strongly agreed that they are greeted in a friendly and professional manner when they enter the unit
- ✓ 81% feel the service's hours fit with their schedule
- ✓ 94% believe staff are knowledgeable about alcohol and drug issues
- ✓ 90% feel they receive culturally appropriate care
- ✓ 90% feel involved in making decisions about their treatment/ care
- ✓ 81% feel encouraged to involve family/whanau/support people in their treatment/ care
- ✓ 88% feel encouraged to give comments, complaints and compliments to the service
- ✓ 95% would recommend the service to others

The number of people finding out about CADS from people they know continues to grow with 110 people indicating that they had found out about CADS from family/friends.

- ✓ 101 found out about CADS from someone in Justice/ the legal system (Probation, courts, judges, and lawyers)
- ✓ 78 found out about CADS from another service
- ✓ 46 from health professionals including GPs
- ✓ 32 found CADS in the phone book
- ✓ 11 from the internet
- ✓ 32 indicated 'other' which included such things as newspaper advertising, radio, etc.

Suggestions about improving the service made by people at CADS South included:

- promoting the service more through television advertising or holding an open day or carnival
- decreasing the time it takes to be seen
- having more clinicians and providing services in outlying areas

CADS Central survey participants suggested:

- More client parking spaces
- Staff being on time for appointments
- Coffee and tea in reception
- Client email updates and notices about sessions times, what's going on, services etc.

Several people at CADS West requested having more one to one counselling appointments. Comments were also made about the difficulty in getting to groups on time and there were suggestions on how groups might be improved.

- *I recommend a repeat. One session is not enough to grasp properly.*

Suggestions for improving the CADS North service were better

communication and collaboration with CADS by mental health services as well as:

- *Make treatment more specific to drugs used rather than 'across the board' treatment.*
- And a couple of people requested service after hours with one person suggesting a 24 hour service is needed for clients who need help but aren't in need of the mental health crisis team.

Access to support by telephone was also requested by people at CADS Mt Eden:

- *Have a phone in person who could take the crisis call. You feel you are burdening a very busy person so you don't call unless you are desperate. Then you make your appointment for the next available time which is a week or two away.*

Overall themes identified in participant comments and suggestions included:

- *Have more staff* - particularly from people at Central and South;
- Some concern about information sharing and confidentiality from a small number;
- More involvement of and support for family and friends;
- Have separate groups for drug users and alcohol users;
- Out of hours and crisis support;
- Ongoing (post-treatment) communication and care.

The report with all the findings and recommendations will be tabled and discussed at the first Counselling Services senior meeting in 2012.

Thank you so much to everyone who took part; getting your feedback and perspectives is essential if the on CADS Counselling Service is to remain responsive to your needs.

MAKING A COMPLAINT: THE PROCESS & THINGS YOU NEED TO KNOW



Waitemata District Health Board/WDHB has a Complaints Management policy which all its services including CADS must follow.

Recently some changes have been made to the process so we thought it important to let you know what those changes are and to remind you of this policy.

Things you need to know if you want to make a complaint

- Making a complaint does not impact negatively on your current or future involvement with CADS.
- Complaint details are kept separate from your clinical file.
- There is always someone you can complain to. If you feel put off by the first person you speak to, there are others in the services available to assist you. You are welcome to contact us, the CADS Consumer Team on 815-5830.
- You can make a complaint on the CADS website. go to www.cads.org.nz, click on Email Us Now and a range of options will come up, one of them being "I would like to make a complaint". This will take you to a new page where you can enter your complaint and which includes info about making a complaint.
- Your complaint doesn't have to be in writing. You can tell somebody you want to make a complaint and they can record this for you.

An advantage of putting your complaint in writing is that it's a good way of putting your thoughts on paper in your own words.

If you want assistance drafting a complaint letter, contact a Health & Disability advocate on 0800 555 050 or the CADS Consumer Team.

- You don't have to give your name when making a complaint but

there are some downsides to this: it means the service may not then have all the relevant information it needs to find out what happened and why, and you don't get to find out the service's response to your complaint.

What happens with your complaint

- Your complaint goes to the manager of the service you are with. So, if you're a client of the Counselling Service your complaint goes to Wolfgang, the manager of the Counselling Service. If your complaint is about the opioid treatment service, it goes to Toni, the AOTS manager, and so on and so forth. (Note: If you're complaining about the manager, then someone else investigates.)
- The manager will send you an acknowledgement letter which also sets out the complaints process. This has to be done within 2 working days of their receiving the complaint.
- The manager then has 14 days (it used to be 20 working days) in which to investigate and respond to your complaint. The investigation may include reviewing your file and talking to you and/ or any staff involved.
- If it's going to take longer than 14 days the manager will let you know.
- The letter you receive from the manager in response to your complaint will generally include a summary of your complaint, the findings of their investigation, and what they're going to do as a result of your complaint.

If you're unhappy with the outcome of your complaint

- You can write to the Chief Executive Officer (CEO) of Waitemata District Health Board who can then request a formal review of the process and of the

information gathered.

- The CEO then advises you of the outcome of this review of the process. You can also contact the Health and Disability Commissioner.
- Contact details for both these options are included in the response letter.

How CADS and clients benefit from complaints

- CADS analyse complaints regularly to see if any trends or themes are emerging which might require further investigation or changes to how service is delivered.
- Every complaint offers the service a chance to improve what it is doing, and reduces the chance that the same problem will happen again. So if you have something to say, please say it – you never know, it could make a difference.
- If you don't want to communicate through the WDHB process you can approach the Health and Disability Advocacy Service and/ or the Health and Disability Commissioner's Office.

Suggestion or complaint?

- If you have a concern but don't want to make a complaint, or you want to comment on something, feel free to contact any members of the Consumer Team on 815 5830, or use the suggestion boxes in each unit.
- If you want a response to anything you put in a suggestion box, write your name and contact details for someone to get back to you.

If you have any questions about this process please speak to a staff member or contact the Consumer Team.

FAREWELL AMY WINEHOUSE

A few summers ago it wasn't unusual to hear people singing or humming along to 'Rehab' the hit single by the gorgeous Amy Winehouse. It was so sad to hear Amy had died but enormously frustrating to hear people leaping to conclusions about the cause of her death.



While many claimed she had died of a drug overdose, it was eventually found that the drug she had OD'd on was the legal one, alcohol. She allegedly had 5 times the legal drink drive limit (in England the legal limit is 80mg).

Funny guy and actor Russell Brand, who says he's consumed a phenomenal amount of drugs and alcohol in his time, wrote a lengthy tribute to Amy in which he urged the media and public to change the way addiction is perceived - "not as a crime or a romantic affectation but as a disease that will kill".

Amy was only 27 when she died so joins the "Forever 27" club which includes brilliantly gifted artists like Jimi Hendrix, Janis Joplin, Jim Morrison and Kurt Cobain. All died at that age in different circumstances after chaotic lifestyles associated with rock'n'roll careers.

Eric Segalstad, who wrote the book 'The 27s: The Greatest Myth of Rock & Roll' said "The thing that links them together is the fact that all of them have been pop cultural shifters, all of them have helped push the sound of modern music to new levels, and some of them have pushed it on a very large scale, be it Amy Winehouse, Jimi Hendrix, or Brian Jones".

TELL US WHAT YOU THINK!

Providing feedback about CADS is easy: you can use the suggestion boxes, the complaints process, or you can talk to us, the Consumer Team.

Or you can email us: go to www.cads.org.nz and click on Email Us Now (at the bottom left of the home page).

This opens another page where you can give feedback about...

- a Group »
- the service »
- the website »



Or you can email the Consumer Team via Sheridan (the Consumer Advisor) on (it's a long email address sorry) cadsconsumeradvisor@waitematadhb.govt.nz

We always need consumer opinions, ideas, and feedback about your experience of CADS.

You can phone the Consumer Liaisons on 815-5830 or the Consumer Advisor on 845-7520

Do leave a message if there's no-one there as we regularly clear our voicemail

If you like, you can give us your phone number and then we can call you as we need to – for example, if we need ideas about a specific issue it can be good to have a handful of clients we can contact to discuss the issue with.

We'd love to hear from you.

SPEAK YOUR MIND TRAINING

Have you ever thought that telling your story might help other people understand the consumer journey, what it's like to have a problem with drugs and alcohol ?

Sometimes we are contacted by the media and by different agencies and community groups looking for someone to 'tell their story'. A simple request perhaps but not always easy to fulfil. Someone telling their story is not always as simple as it sounds. It's different than speaking at an AA or NA meeting or peer support group where you're with people you may know and where the people listening understand, having shared similar experiences and are familiar with the issues.

Speaking publicly about your experience requires certain skills: the ability to articulate what you need and want to say with confidence and the ability to capture and hold the attention of your audience.

You might be talking to complete strangers and some might hold very different views than you about drugs and alcohol and about the people who use them; they might ask you questions you don't feel comfortable answering or make comments that make you squirm.

On the other hand though, telling your story can be one of the most satisfying and life-affirming experiences—your experience of drug and alcohol use can take on new meaning not just for the audience but for you as well.



If you would like to learn some strategies to tell your story you might like to consider taking part in this training being offered through the Regional Consumer Network. The training will teach you to develop and structure key elements of your story with particular emphasis on meeting the needs of the audience or the media and will help you build confidence by practising your skills with peers in a mutually supportive environment.

The training is happening 25th and 26th January. For more details phone Claire at the Regional Consumer Network on 623-1762 or 021 811 763