

pRogReSsion

News & Information for CADS Clients from CADS Consumer Team



Issue 63

March—
June 2020

Greetings all

Well the year started with a hiss and a roar including having a new manager for the Counselling Service. Mags Ross, who had been the manager, last year moved into the position of overall CADS manager after the retirement of Robert Steenhuisen.

So now we are joined by Cynthia Brown who had previously worked as General Manager for Hearing Association Auckland. And we welcome back Duncan Poole who used to be clinical team leader at CADS South Counselling Service and is now clinical team leader at CADS West.

And within the Consumer Team Marc had settled into his new role as Consumer Liaison for CADS Detox Services (and is still working with the CADS Abstinence Programme.)

And we welcomed Renee who took over as Consumer Liaison for the North, Central, West and South Counselling units.

After welcoming new people into senior roles we came to a sudden standstill with the unexpected death of one of our colleagues Rachel Penny due to an undiagnosed cardiac condition. Rachel was charge nurse for the Auckland Opioid Service at Pitman House and CADS South.

Many AOTS clients will know Rachel from her time as the Pitman House stabilisation nurse.

Andrew and I worked with Rachel as part of the governance group for AOTS and I think it may take some time for us all to recover from the shock.

Rachel was committed to providing a non-judgemental service as she recognised the challenges many people who use opiates face because of stigma and discrimination.

She saw OST as a health response to a health problem and did what she could to encourage and promote that way of thinking in her interactions with the many services she interacted with in her role as charge nurse.

The week before Rachel's passing Renee was knocked off her motorbike by an unobservant car driver. So she has been in hospital undergoing surgery for a badly broken leg.

Renee had been getting out and about to the Counselling units meeting with clients and staff. Unfortunately this is on hold as we wait for her to recover.

So the year has started with good and sad things happening—which is kinda what life is about.

Things are ramping up re planning for the move of the in-patient unit into the new Auckland City Mission building in Hobson St. That is expected to actually happen mid-2021. If you have thoughts about this please get in touch with Marc and he can let you know of any workshops you might like to take part in or can pass on your ideas as he will very much be involved in planning for the move.

Longtime readers of pRogReSsion will know that we usually start the year reporting back to you the findings of the previous year's surveys so on pages 5,6, and 7 are the results of the AOTS Treatment and Service Perceptions Questionnaire, and the Counselling survey. Next time we'll include the results of the Detox IPU survey.

As always an enormous **thank you** to everyone who took the opportunity to take part. Your feedback makes a huge difference to how CADS operates. When discussions are happening it is common practice in CADS for 3 viewpoints to be sought: the clinical perspective (the doctors, nurses, key workers, counsellors etc); the managerial perspective (the people who make sure the services keep running by managing budgets, staff, etc.) and the consumer perspective (what you tell us). So keep it coming! Your voice counts.

Til next time play safe

Sheridan (CADS Consumer Advisor)

WANT TO MAKE A CHANGE? - RENEE (COUNSELLING SERVICES—NORTH, WEST, SOUTH & CENTRAL CONSUMER LIAISON)

I was alone in my struggle because I had to be. I didn't want to be honest with anyone, including myself, because I wasn't ok. I kept a job. I ran a household, I had two kids that were fed and at school, doing well. My father had depression and I didn't want to upset them. Mum knew, we just didn't talk about it. They sold my home and built a house on their property to keep an eye on me. Not that it was said.

I would've loved to go residential. Be open, taken care of, quit my best friend. Meth to me masked. Everyone always said how great I was looking/doing when I was high. Not when I wasn't. I have low blood pressure and find it real hard to conjure energy. So for me, I seemed normal. Like the rest of the world. My house was reasonably tidy and I seemed to be coping as a solo mum of two boys. This went on for many years. My partner at the time was in and out of rehabs and I always felt left behind. If only I had support and had a time out to be fed, come down and out the other side with people going through the same thing as me. I couldn't even get a day: I had work, dinners to cook,

boys to collect and league teams to manage.

I often wondered how many mothers are in that same boat. Well, I'm writing this for them.

To those of you who are just holding it together: are you tired of living a lie? Look at yourself in the mirror. Does it show? When was the last time you had a good belly laugh or felt happy - alive? Does anyone know what's going on with you? Are you feeling desperate? Damaged?

Coming to CADS is a great start. It is a place where you can be accepted and stand up and make your self and family proud. You can bring back their mum/ daughter/ son/ friend and show our future generations that change is possible. In fact let me tell you, you have a very great qualification ... lived experience.

Did you know that people who are in recovery (whatever that means for you) from problems with alcohol and other drugs are "better than well"? True. People in long term recovery have better scores for wellbeing than people who've never been through an addiction so people like us make for

stronger communities. So, the world needs you because you have knowledge that can change things and let's be honest, this isn't something you can go to school for.

I'm 48, finally free of drugs and now for the first time in my life passionate about a job and career. I know it's hard to see when you're in active addiction but change isn't only possible – it's probable. You can always go back, though I bet you won't want to. It's a new high being me. Refreshing.

Not everyone has a two-income family and not everyone has help. Not everyone has money in a savings account to fall back on. Every parent does not have a reliable babysitter or a reliable vehicle. Some people only have themselves. Some people only have themselves. Some people live paycheck to paycheck. These people also deserve respect. The world is cruel enough as it is ... So before telling people how they should deal with situations in their life, just don't. Show kindness instead. Most of us are already doing the best that we can.
(Positivity Vibrations)

ADDICTION RECOVERY WALK: HE HIKOI MĀTŪTŪ

On Saturday December 7th—a blisteringly hot day—the Consumer Team (along with other CADS staff) attended the inaugural Addiction Recovery Walk which started at Albert Park, went down Bowen St, up Queen St and finished at Myers Park.

Hundreds of people attended: people with their own experience of recovery, whanau of people in recovery, and people who work in AOD services and community support networks.

The photos in this issue of pRogReSsioN are from that wonderful day starting with people gathering at Albert Park. (and more info on p.5)



WHAT'S HAPPENING IN MEDICAL DETOX SERVICES? - MARC (CONSUMER LIAISON)

I hope your year is going well. I've greatly appreciated spending time with and getting to meet people as they come to CADS in-patient detox unit.

While Polly was away, I had a chance to try changing some of my groups: that is the On-going Supports group and Coffee and Conversation, but I talk a little bit about that later.

I would like to thank those who took the time to fill in the survey while in IPU. We have been going through the results and looking for the themes in the comments that you all gave us.

People report that overall detoxing is a good experience, and people feel treated with respect and treated with dignity.

That being said there are some things that came through loud and clear for example:

- † People would like more time from staff, to spend time with someone who could help them create or go through their recovery plans and to prepare to go back home; to spend some more time one on one with their nurses to answer questions and a number of people wanted to be

able to talk to a counsellor about some of the issues that arose during their detox.

- † People would like to get outside the unit—to go on green walks and have access to the garden downstairs at Pitman House.



Most clients in IPU can go down to the garden and spend some time there to get some fresh air and to have visits with family etc. It is particularly nice at this time of year with both sunny spots as well as some shady spots you can choose from.

I have been trying to encourage people to take some leadership of the weekends. As some of you will know, Saturday and Sunday are pretty quiet in the unit.

There is only morning and evening groups as usual but the daily groups don't run. So I have been encouraging people to take some leadership and make something happen, to create events for themselves and the others in the unit.

This has been things like movie nights: clients can ask for popcorn and clients tell me they have had a great time doing this.

Some people did games nights, with pool and table tennis tournaments. It is good to practice spending sober time with others and to try new things. One of the recovery tasks people can struggle with after detox is what do I do with my time now that I don't use? This is a big recovery question.

Each of us needs to find our own answers to that question as it is something that must suit us personally.

IPU in the weekends can be a good place to start to be with a bit of boredom and find some ways to fill that time without drugs and alcohol.

FOLLOW UP PHONE CALLS WITH CHDS CLIENTS

I've also been calling the people who come through our Community Home Detox Service (CHDS) and who have completed a managed withdrawal at home. The point of this is to see how people found the service and to find out what they are doing now in terms of their recovery.

So far all the people that I have talked with say they have had a very good experience while withdrawing at home or at Elm St and some have

come into IPU for a day stay.

One person was somewhat surprised that information was passed on to another medical professional, though they also acknowledged that they were told this would happen, they didn't hear and understand that sharing of health info would happen.

Sharing health info happens especially with GPs to make sure all clinicians involved in your healthcare

are informed of issues that could affect that care.

If you have any questions or want to know more about how your health information is stored and shared check out the WDHb brochure *Your health information* and/or speak with Detox Services staff.



WHAT'S HAPPENING IN AUCKLAND OPIOID TREATMENT SERVICE? - ANDREW (AOTS CONSUMER LIAISON)

Greetings to readers of pRogReSsion

I am sorry to have to begin with acknowledgement of the passing of Rachel Penny. Rachel was the Clinical Charge Nurse of AOTS Pitman House and South. Rachel's death was sudden and unexpected and has left staff at the service in shock. Rachel was a wonderful presence at AOTS and she is already hugely missed by both AOTS clients and staff. Our thoughts are with Rachel's family.

The last few months have been a busy time here at the Auckland Opioid Substitution Service (AOTS). One time-consuming job has been to substitute any reference to 'Suboxone' in client information sheets etc with the name 'buprenorphine /BNM', because of the recent switch from the original medication called 'Suboxone' to a generic called 'buprenorphine NM' tho sometimes it is simply referred to as "buprenorphine with naloxone".

Changing all the documents is a big job as the word 'suboxone' is all over the place through AOTS documents and brochures. Really, we are just beginning and you will see the word 'suboxone' around for a while yet, but over time it will disappear from scripts and clinical notes.

TAKEAWAYS

Takeaways (TAs) are any dose of opioid substitution treatment (OST) medication that is not consumed at the pharmacy where it is dispensed. Takeaways can make a huge difference to how an OST client experiences treatment. Daily attendance at the pharmacy is time consuming and a real pain for some

OST clients. Takeaways can improve quality of life and independence.



AOTS latest survey results and general feedback show an increase in perceived lack of flexibility in the granting of takeaways. This warrants some discussion of takeaways in this issue of pRogReSsion.

In order to get takeaways the treatment team (key worker, doctor and pharmacist) need to assess the client as stable, reliable and able to comply with safety requirements of the service and Ministry of Health. It is unusual for takeaways to be given early in treatment.

'Stability' for the service means the following:

- † Not using in a harmful or risky way
- † Attending appointments
- † Lab tests (urine drug screens etc) are completed and the results are favourable, i.e. prescribed methadone (and/or other prescribed drugs are present), negative for illicit or unprescribed drugs
- † Physical/mental health issues are well managed
- † Relationships, employment and housing are stable
- † No evidence of criminal activity
- † No excessive number of requests for changes in dose or

dispensing arrangements

- † TAs are/can be safely stored
- † Client is enrolled with or looking for a GP
- † Potential for diversion of medication and overdose is limited.

Clients don't have to achieve everything on the list, but the more that apply then the more stable someone is considered.

TAs should not be withdrawn or not granted as some kind of punishment for unfavourable behaviour. They should be given (or not given) on the basis of stability and safety.

Quite a few long term clients of AOTS have provided feedback that over the last ten years (or more) they have witnessed a shift toward less flexibility in the granting of TAs - and it is true. There are far fewer clients under specialist care who have more than four or so TAs per week.

This has happened because there has been a concerted effort to bring prescribing regimes into line with what is recommended in the national OST guidelines.

Clients who are stable enough have the option of moving into shared care (also known as the GP Programme). Approximately 45% of the entire AOTS client group are currently getting their OST prescribed by their GP.

In shared care there is the possibility of more TAs especially clients who are employed fulltime can get the TA arrangements they need in order to maintain a normal working schedule.

WHAT'S HAPPENING IN AUCKLAND OPIOID TREATMENT SERVICE? CONTD.

Among the feedback we have received on TAs is the repeated complaint that once a client has lost TAs for some reason (i.e. missed appointments, unfavourable urine drug screen results, suspected diversion) it can be very difficult to get the TAs back. Some I have spoken to lost their TAs over a year ago and are still, over a year later, visiting the pharmacy daily for their medication.

If a client has re-stabilised—and for many people it does not take that long to re-stabilise after a relapse—then the client needs to advocate for themselves. Talk with your key worker about the fact you have been consuming in the pharmacy daily for so many weeks/months and would like your TA situation reviewed.

It is important that you state what you want if you are in this position. If you ask and still have problems, call me on 815 5830 ext. 45568 and I can provide some assistance.

SAVE A LIFE



It feels like a good idea to remind clients that AOTS now provides naloxone kits.

Naloxone is a drug that will reverse overdoses so can be—and is—used to save lives.

AOTS doctors will write a script for the naloxone kits which contain 2 ampoules of naloxone, syringes and needles and everything you need to save a life. Talk to your key worker if you are interested and they will be able to help you get a prescription.

Please send feedback to AOTS Consumer Liaison: Andrew 815 5830 ext: 45568. I am really interested to hear client stories about their experience with AOTS. It is so valuable to hear what clients have to say. By listening to these stories we start to develop plans for new and improved service delivery.....your feedback makes a difference.

That's all for now....so long and stay safe.

ADDICTION RECOVERY WALK: HE HIKOI MĀTŪTŪ CONTD. FROM P.2

There was a great sense of camaraderie at the hikoi.

Undeterred by a light rain this feeling built and compounded as several hundred of us were called together by the team from Odyssey House sounding their tohu (conch).



We milled around at Albert Park waiting for the walk to begin. Again the team from Odyssey led the charge and with a cry and raising of the tokotoko (traditional carved ceremonial walking stick) off we all went.

One of the aims of the walk was to raise the profile of addictions (AOD) and in the name of this we made quite a bit of noise as the hikoi moved down Victoria Street towards Queen street and on to Myers Park. It felt good and I think a lot of participants went home that Saturday looking forward to this year's walk.

WHAT AOTS CLIENTS TOLD US ABOUT THEIR PERCEPTIONS OF AUCKLAND OPIOID TREATMENT SERVICE 2019

A big thank you to the 374 people who took part in the Treatment and Service Perceptions Questionnaire which ran throughout July and Aug 2019. This the first time we have had such a large number of clients taking part which is fantastic. Being able to draw on this wealth of info means Andrew and Sheridan are better positioned to better advocate for systems, practices and policies which take your thoughts and experiences into account. Having said that we appreciate **any** input—every piece of feedback has value and helps us do our jobs which aim to ensure the service is responsive to what you need. The survey asks people to rate sentences depending on how strongly they agree or disagree with them or they can indicate 'don't know'. The overall results were:

- 89% strongly agree or agree that their key worker has understood the kind of help they want
 - 25% agreed that they and their key worker had different ideas about the client's treatment goals
 - 58% had been able to speak to another key worker if their key worker was unavailable
 - 68% feel they have had support to sort out their problems
 - 88% feel respected and treated as an individual by staff
 - 79% felt involved in decision-making about their treatment
 - 87% believe methadone or Suboxone® is helping them
 - 80% had left doctor's appointments happy and satisfied over the past 12 months
 - 81% had seen their key worker as often as they would like over the last year **though** one PH client said *I would like to see my key worker less* while another said *Mostly but often not, because I have not the resources or cash to see her more often ...*
 - 73% find most of the service's rules or policies reasonable and understandable
 - 60% knew they were able to contact AOTS by texting 4769
 - 36% find texting makes communication with AOTS easier though a couple of people indicated they had experienced problems with the texting facility saying *I tried texting once -the message didn't get through and every time I use text no answer*
 - 76% would recommend AOTS to others they think might benefit from OST and 5% would not.
- A number of people said they would recommend AOTS though warned against *getting stuck on the program*. Several said they felt OST became another addiction and some were finding it difficult to reduce or come off and would like more support from AOTS with this.



When asked to rate their own progress over the past year clients tend to see their own progress as better than how they think their key worker would see it.

Perceptions of treatment: Although several people feel OST is just swapping one addiction for another the vast majority of people indicated they had benefitted from opioid substitution meds and several spoke of becoming a better parent now that they were on OST.

Perceptions of the service: Most of the comments about the service and staff were positive, with many people talking about the benefits of a positive and mutually respectful relationship.

However, not everyone felt this way; several people perceive AOTS to be distrusting of clients, treating clients with suspicion which makes it difficult to establish or maintain a positive and mutually respectful relationship.

And for the first time in several years there were more expressions of frustration with takeaways. People would like the service to be more flexible so they have the same opportunities to live like people not on OST: to go away for weekends when asked, to not be late for work several days a week or to have to leave worksites where their absences are noticed etc.

The report has been shared with AOTS leadership and teams and we will continue to advocate for the positive changes you would like to see.

WHAT CLIENTS TOLD US ABOUT THEIR EXPERIENCE OF CADS COUNSELLING SERVICE

Last year 257 people took part in the 2019 CADS Counselling Client Experience Survey. 88% of the participants identified as a CADS client and 9% as a support person.

Results show most people have a very positive experience when engaging with CADS Counselling Service.

Over three-quarters of the people who did the survey agreed or strongly agreed with all but one of the 14 statements. This doesn't mean the service can rest on its laurels tho.

For example results show less than $\frac{3}{4}$ of people felt encouraged to involve support people in their care in all but one team and the percentage of people feeling encouraged to involve

others decreased in three teams since the 2018 survey.

It is information like this that helps us look at what is happening to cause this kind of shift and what might be done to improve things.

A big thank you to the people who took part in this year's survey) because the info you provide is invaluable and help Renee, Marc and Sheridan advocate for your needs.

Overall percentage	Statements
94%	Strongly agree or agree that the limits of confidentiality had been explained to them
95%	Strongly strongly/ agree they were treated with respect by staff
91%	Strongly / agree the staff understand the kind of help they want
84%	Strongly / agree they have had help to identify clear goals
79%	Strongly / agree they are greeted in a friendly and professional manner when they telephone
92%	Strongly / agree they are greeted in a friendly and professional manner when they enter the unit
75%	Strongly / agree the service's hours fit with their schedule
94%	Believe the staff are knowledgeable about alcohol and drug issues
89%	Strongly / agree they receive culturally appropriate care
91%	Feel involved in making decisions about their treatment/ care
72%	Feel encouraged to involve family/ whanau/support people in their treatment/
88%	Feel encouraged to give comments, complaints and compliments to the service
75%	Strongly / agree that doing the ADOM (alcohol and other drug measure) helps them see 'how it's going'
92%	Would recommend the service to others



It is great to see that people feel they are greeted in a friendly and professional manner when they enter the unit especially those attending North, Central and South. However this is not the case when they telephone.

A number of people commented on the difficulty in letting group facilitators know when they are unable to attend group as there is no-one to take their call if they phone after 5pm. And while there have

been attempts to improve responsiveness the number of comments from people attending the CADS Abstinence Programme indicates there are still problems.

It's important that people can easily access the service so this issue will be taken to CADS leadership for discussion with the aim of coming up with some solutions.

Another issue for CADS leadership based on your feedback is CADS' hours. We know we will never get 100% agreement in the survey that the service's hours fit with your schedules but we can still review the hours to ensure groups, counselling etc. are available at hours that best suit you.

We know we can't please everybody all of the time but we can try to respond to the majority. 😊

Contact CADS Consumer Team on:

Our landline **815 5830**

Or call or text us on **021 562 289**

Only available during business hours Mon—Fri 9am—5pm

Please note: If your call is urgent we recommend you call our landline number

- 👤 Andrew (AOTS Consumer Liaison) works Tues, Wed, Thur and Fri 9am—4pm
Altho based at Pitman House Andrew can meet up with clients at any CADS unit
- 👤 Marc (Medical Detox Services and CADS Abstinence Programme) is available Mon, Tues, Wed and Fri 9am—3pm
- 👤 Renee (CADS Counselling Service) is here Mon—Thurs 9am—3pm
- 👤 Sheridan works 8.30-5pm Mon—Fri. You can call her directly on 845 7520

If you need to speak with one of us **phone 815 5830** & reception will connect you to someone from the Consumer Team or you can call or text us on **021 562 289**



TELL US WHAT YOU THINK

Providing feedback to CADS is easy: you can phone or text us, use the suggestion boxes, the complaints process or you can email us by going to www.cads.org.nz and clicking on Email Us Now

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

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



You can also make a complaint on-line. Although all online complaints come to the Consumer Advisor they are managed and investigated by the manager of the service not by the consumer team).

You can email the Consumer Team via the Consumer Advisor at (it's a long email address sorry)

cadsconsumeradvisor@waitematadhb.govt.nz

All of the Consumer Team can be contacted on 815-5830 or the Consumer Advisor can be called direct on 845-7520

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

Or you can text us on 021 562 289

We need to hear from you if we are to accurately present consumer opinions and experiences so please feel free to get in touch.

We look forward to hearing from you.

