pRogReSsioN

NewS & InformatioN for CADS Clients from CADS ConsumeR TeaM

Issue 57

March — May 2018

Greetings CADS clients

Here we are 3 months into 2018 already. You may know that in February the Substance Addiction (Compulsory Assessment and Treatment) Act (aka SACAT) came into effect.

SACAT replaces the Alcoholism and Drug Addiction Act of 1966. How dated is that language?!!

In fact everything about that Act was dated which was why it needed reviewing. It didn't take human rights into consideration at all; this new Act does.

SACAT will not affect the overwhelming majority of people who come to CADS. The criteria people have to meet to be placed into compulsory treatment is very strict and even then they can only be held for 56 days at which point they are reviewed and can only be held for 56 days more. Astrid describes the new Act on p3.

Marc and I have been involved in discussions here about how CADS provides treatment for people who are choosing or aiming to be completely drug and alcohol free.

If you have some thoughts on how CADS do this please get in touch with Marc and let him know.

And now for something completely different ...

From the excellent news pile: last year 9 people were treated for hepatitis C at the AOTS HCV clinic and every single person is now cured!

Congratulations!! That is fantastic!!

The Clinic is up and running again so make an appointment if your mum had hepatitis C when you were born or if you have ever:

- Had a tattoo or body piercing done with unsterile equipment
- Injected drugs
- Lived or received medical attention in a country deemed high-risk such as South East Asia, China, Eastern Europe (including Russia), or the Middle East
- Had a blood transfusion or received blood products before 1992
- Been in prison.

Actually it's a good idea for anyone born between 1945 and 1965 to be tested for Hep C as these were "the risky years".

You may have heard that the new government has implemented a review of mental health and addictions. Anyone can make a submission—contact Astrid if you would like some help with this.

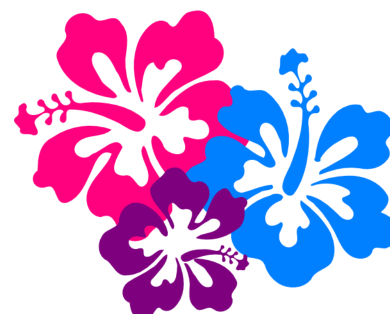
Til next time (sometime in July) play safe

Sheridan (CADS Consumer Advisor)

CADS Consumer Team Availability

If you need to speak with one of us phone 815 5830 & reception will connect you to someone from the Consumer Team

- Andrew AOTS Consumer Liaison is available Mon, Tues, Wed and Fri 9am—4pm
- Astrid is at Pitman House Detox Services (IPU and CHDS) Tues and Wed and CADS South each Friday
- Marc is available Mon, Tues, Wed and Fri 9am -3pm
- Sheridan works 8.30-5pm Mon—Fri



ASTRID (CADS South & Detox Services Consumer Liaison) talks Political Action, CHDS Continuing Care Calls and SACAT

Getting politically active

As part of the government's strategy of their '100 day plan' there is going to be a ministerial inquiry to look at our mental health and addictions crisis.

They are also looking at other very important issues such as 'introducing legislation to make medical cannabis available for people with terminal illnesses or chronic pain'.

You may be interested in these or one of the other parts of the 100day plan and wish to write a submission when the time comes for each one.

It may feel to some of us that writing a submission is a huge and insurmountable task, I often feel that way. However I try to look at it like knitting a scarf.

If I was to think about the whole scarf it would be easy to give up, however if I just work at knitting one row at a time, I will get there. Just like recovery – it's about breaking it down into small pieces and having a plan.

Making a submission is simply the presentation – written or oral – of your own views, thoughts, and ideas on a particular subject.

Often oral submissions have a greater impact due to the passion we will have for our topic.

Often groups like the Drug Foundation, Community Action and consumer organisations or groups will get together and make a submission together. This way they share the load as well as the number of voices included in the submission document.

When the government calls for submissions they will advertise in newspapers, TV, billboards and the internet where they have 2 sites showing dates for submissions: www.parliament.nz and www.legislation.govt.nz/

The Drug Foundation has an informative online guide and is also running workshops around the country to support people with learning how to make a submission.

You can contact them if you are keen at www.drugfoundation.org.nz/

If there are CADS clients who are interested in making a submission on the ministerial inquiry into mental health and addictions or you would like to know more about this subject let us know by calling me or leave a note with your contact details in the suggestion box.

Perhaps we could get together to go through the process.

PS. You can get info about the review at www.dia.govt.nz/Government-Inquiry-into-Mental-Health-and-Addiction

Calling CHDS Clients

Part of my role at CADS is to follow up with clients of the Community and Home Detox Service when they have completed their detox to ask some questions about their experiences and to see how things are going.

This is a part of my job I really enjoy and also find quite difficult at times.

The difficulty lies in getting hold of people who have ten minutes or more to give me their feedback.

It is always great to chat to people about their experiences and to hear what they think of the service and to hear about how things are going now.

I often find myself talking to people about ongoing recovery options or online supports in their area too.

It can take some time to get hold of people and not everyone wants to take part—and that's ok. That is part of our rights as people using services.

Everyone who participates gives us valuable information on how we as a team can do our best and make changes when needed.

Only their feedback is recorded on a computer-based survey system. We don't record names or anything that can identify people.

(continued on page 7)

ASTRID EXPLAINS SACAT—WHAT IS IT & DOES IT AFFECT ME?

SACAT stands for the Substance Addiction (Compulsory Assessment and Treatment) Act 2017.

It officially came into effect in NZ on February 21 2018.

It replaces the Alcoholism and Drug Addiction Act 1966. being over 50 years old the old Act does not reflect modern treatment delivery nor does it protect the rights of people subject to compulsory assessment and treatment.

The new Act was passed by government to support people with alcohol and other drug issues under very particular circumstances. In other words this Act will not affect most people.

I will explain the background and the 4 things that must be present for anyone to be placed under the Act.

SACAT This is how the government defines SACAT:

The Substance Addiction (Compulsory Assessment and Treatment) Act provides for the compulsory assessment and treatment of individuals who are considered to have severe substance addiction as it is defined in the legislation, and who do not have the capacity to participate in treatment.

I would like to keep this simple and clear so I will explain the main components that will come into play.

- In Auckland CADS is the regional organisation that will work with anyone assessed as appropriate for this Act.

- SACAT has some similarities to the Mental Health (Compulsory Assessment and Treatment) Act.

- It has no age restriction and other Acts may be more appropriate. E.g. For young people Acts under Oranga Tamariki may apply or for adults the PPPR (Protection of Personal and Property Rights) Act.

The purpose of SACAT is:

- To protect someone from harm
- Comprehensive assessment
- To stabilise a person's health
- To plan for treatment and
- An opportunity to engage in voluntary treatment after the person is deemed capable of making their own decisions regarding treatment.

The 4 circumstances that must be occurring to place a person under SACAT are:

- Severe substance disorder
- Severely impaired capacity to make informed decisions
- Compulsory treatment is necessary
- Appropriate treatment is available

These are assessed by an Approved Specialist—a CADS doctor or psychiatrist.

In order to get as much information as possible to determine whether someone meets these criteria the Approved Specialist will look at a person's clinical/ medical notes, will talk to the person and their whanau, communicate with other health professionals involved with the person and more.

There is an information sheet about SACAT available in CADS and on our website and you can call 8451818 for more information.

Remember SACAT is for people who have a **severe substance disorder and have a severely impaired capacity to make informed decisions as well as the other criteria stated.**

It is not for people who binge drink on occasion or who have never engaged in treatment before.

And just because you might have a severe substance disorder doesn't mean you can be held under SACAT for 56 days. **SACAT is a last resort. And all 4 criteria must be met.**

Anyone placed under the Act has rights—Sections 49-60 of the Act are all about people's rights.

These kinds of processes can be stressful and CADS are here to help. Family whanau support is available.

My words of wisdom would be to choose your own recovery on your terms.

Build your recovery capital so that you do not end up in a situation where substance misuse and lack of healthcare leaves you in this position at some time in your life. Recovery is personal to each of us and we all have a different view on our recovery values.

Andrew (Auckland Opioid Treatment Service Consumer Liaison) Talks About Coming Off OST, Other People and OST, and Upcoming Focus Groups and Survey

Hello to all readers of pRogReSsioN. I hope you are well and safe.

A big thank you to everyone who has offered feedback over the last 3 or 4 months about their experience of AOTS be it through the focus groups, phone calls to AOTS Consumer Liaison or as a note in the suggestion box.

It is impossible to overstate the value of this feedback. It serves as a guide for analysing and improving service delivery. Please keep the feedback coming … it is greatly appreciated.

In the last issue of pRogReSsioN (number 56) among other things, funding for GP clients receiving OST was discussed.

Doctor's appointments for GP OST clients have been funded since May 1st 2017.

This means your doctor's appointments to get your OST script should now be free of charge.

I hope everyone is benefitting from this. If you are still being charged by your doctor—you shouldn't be. If that is the case please call me on 815 5830 ext. 45568 to discuss the matter.

Withdrawing from OST

Most OST clients will be aware how difficult it can be to end opioid substitution treatment.

The best way to end OST is to do it slowly. As it says in Matua Raki's guide OST AND You (available at all AOTS units)

> *"People do best when their withdrawal is planned and gradual and they are able to control how often and by how much their dose is reduced, rather than 'jumping off' or reducing their dose rapidly."*

Key workers and doctors will always advise clients along these lines.

If an AOTS client requests a rapid withdrawal, they will definitely be cautioned against such a plan. However despite this well founded advice, clients DO have the right to withdraw at the rate they wish to, even if their plan is at odds with what is considered best practise.

From time to time clients complain that an AOTS doctor has refused to allow them to withdraw at the rate they have requested.

People tell me the doctor has said "No, you cannot reduce at 10mgs per week. That is too fast. You need to do it slower than that."

In a recent project into The Consumer Experience of OST Services 5 out of 6 people from Wellington, Auckland and Whanganui said coming off had been a challenging process; they had to negotiate or state their case in order to come off.

Doctors have a duty to advise clients according to best practise. At the same time clients have the right to be active participants in their own treatment.

If a client, despite the doctor's advice, still wants to come down at 10mgs a week then that is the withdrawal regime they want.

We find that situations like this are often more of a misunderstanding than anything else. The client hears what the doctor is saying as a dismissal of what the client wants to do. Or the client defers to the doctor and leaves the appointment feeling they haven't been heard and have been denied their rights.

Again, as it says in OST and You *"…ultimately the rate of reduction is up to you".*

If you find yourself in this kind of situation it is okay to thank the doctor for their advice and to reiterate that you have thought about this carefully and would like the doctor to support you with the reduction rate you have chosen.

If you are still not happy with the doctor's response you can talk with your key worker or give the consumer team a call.

The fact is that clients often have perfectly valid reasons to embark on a rapid withdrawal and these reasons are often enough to insist on exercising their right to manage their own voluntary withdrawal as they choose.

Andrew Continues with Other People!

"I am pretty much stable…working the programme and from time to time I have a taste. My occasional using doesn't really bother me … but it sure bothers other people."

I wish I had a dollar or two for every time I have heard an AOTS client say something along these lines.

One of the big challenges for people who develop a dependence on opioids is how to deal with various reactions from other people once they learn of this such as fury, disappointment, worry, curiosity, fear etc etc.

For most of us it is friends and family who matter to us most.

One of the big problems in telling one's family members that you are on Opioid Substitution Treatment (OST) is the widespread lack of understanding and often out-right rejection of the treatment.

The significant others who object to their loved ones undergoing OST often do so on the basis of well-worn and mistaken notions of OST, for example:

- Associating reductions in dose with recovery so pressuring the individual to decrease their dosage levels. *Reductions in dose before the client is properly ready can be harmful and negatively affect their stability.*
- Criticism of OST as just going from one addiction to another. *This position rests on a lack of understanding of the difference between addiction and dependence. In terms of potential harms and recovery status there is a significant difference between someone having a taste of illicit opiates and someone going to the chemist to drink their prescribed medication.*
- Insisting *against mountains of evidence to the contrary* that a short spell in OST is the way to go and that staying on OST is a sign of failure, deepening addiction or denial or some other similar nonsense. Getting to a place of stability takes time and maintaining stability is the real challenge. *There is less evidence supporting short term OST than there is supporting long term OST.*
- Pressure to switch to or use Suboxone as the substitution medication rather than methadone simply because of the latter's negative connotations.

This last one has been heard more commonly since Suboxone was funded.

We are aware of clients being forced to switch to Suboxone by a partner who doesn't like the idea of methadone. This is not a good reason to switch medications. Suboxone is not for everyone and to transfer to it for the wrong reasons can be destabilising.

The protestations of family members are at their worst when an OST client is forced out of treatment because of (ill-informed) pressure. The family might mean well and think they are helping their son, daughter, partner etc.

But if their actions result in the client leaving treatment before they feel ready the family is actually putting their loved one in danger of increased instability and potential risk of overdose.

If any AOTS clients reading this are experiencing these kinds of issues with family who are struggling to understand OST, here are a number of things that might help.

AOTS have some useful information resources that will answer a lot of questions:

- there's a brochure specifically designed for family called *"What is opioid substation Treatment? Information on OST for family, whanau and support people."*
- Also *"OST and you. A guide to Opioid Substitution Treatment"* is good. It is written for clients or people thinking about OST but it explains the pros and cons of OST very clearly to anyone wanting more info. Both of these are produced by Matua Raki and are available in AOTS waiting areas, through your key worker or from the consumer team.
- There is a CADS information sheet called *"How can you be included? Info for family and support people."*

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MARC (Counselling Services Consumer Liaison) On How CADS Supports People Looking to Be Alcohol & Drug (AOD) Free

Over the last few years we have heard that some people can find it hard to stick to their goals of abstinence when they are in a CADS group where other group members choose to control their drinking.

There are people who want to be able to control their use of drugs and alcohol even though continued use is not really a viable option for them because they have a dependence and for some "one is too many and a thousand is not enough".

There are arguments for and against people all being together in one group regardless of their long-term goal so CADS have been looking at how our services can best support people who choose to be AOD-free

There is the CADS Abstinence Programme (CAP) also known in the past as CADS Mt Eden or Intensive outpatient program (IOP).

CAP is the 12 step facilitation model which warms people up to be a part of the 12 step fellowship, which is probably the largest mutual support community in the world.

People will start to work the Steps, in fact everybody who has completed the programme will have completed Step 1 at least.

There is strong encouragement for people to go to 12 step meetings and to get a sponsor. This is great if this works for you, yet it isn't for everyone.

One of the units has been trialling a "Nil use" group. This is basically the standard CADS programme but as people start to identify that they want abstinence as their goal, they are moved into a group where everybody else also has the goal of abstinence.

One of the challenges is that some of the content can be pitched to those who are on a controlled drinking journey and although the facilitators tweak the content it is an ad hoc process.

CADS want to offer relevant groups that are pitched to where people are

at in their journey of recovery.

And its important that people get the same kind of groups no matter where in Auckland you go to CADS.

So we have been looking at the evidence around some other models.

One I've been reading about is SMART / Self-Management And Recovery Training.

SMART recovery groups run all over the world but it is not yet well-established in New Zealand.

SMART groups can be run by an organisation like CADS or as a community peer support group. Currently there are online groups, a message board and a 24 hour chat room.

Perhaps this is another way CADS could support clients wanting to be AOD-free?

SMART has a 4 point programme:
Point 1: Building and maintaining motivation

Point 2: Coping with urges

Point 3: Managing thoughts, feelings and behaviors

Point 4: Living a balanced life

I'm guessing these points would sound pretty familiar to anybody that has done CADS groups as a lot of the work that CADS does could fit under these headings.

If you're interested in knowing more here is a good place to start:

https://www.smartrecovery.org/get-started/

Check out the resources page. There is a wealth of information including YouTube clips on the 4 points, what to expect from groups and more.

If you want to join the forums and online groups you will have to register; you can browse the forums without registering.

My job is to advocate at a system level for people who use CADS, so I need to know what you think—and

I am interested in your thoughts about how CADS supports people looking at remaining alcohol and drug free.

You can contact me through the Suggestion box or call me on 8155830 ext 45108

The information you give me will help inform me as CADS continue these discussions.

Andrew Continues …

Twice a year AOTS hold a friends and family evening to accurately inform people, dispel misinformation and take pressure off clients so they can get on with their own recovery.

This meeting is facilitated by AOTS clinicians and is great for family members or friends who have a lot of questions about OST.

And of course I, along with AOTS key workers, am always happy to talk to family and support people who have questions about treatment.

Focus Groups and Surveys

The Consumer Team is currently in the process of running Focus Groups at all AOTS units to speak with clients about how the service is from their point of view.

If you want to get involved please call Andrew on 815 5830 ext 45568.

In June we are going to run the AOTS Treatment and Service Perceptions Questionnaire.

Many clients will remember this survey from past years. Last year we did not run it and instead did the focus groups.

The Questionnaire will be available from key workers and placed in waiting areas. It is a vital part of how feedback is gathered from clients.

That is all for now. Take care and stay safe. If any AOTS clients reading this want to meet Andrew to relate stories of their experience with OST please call on 815 5830 ext. 45568.

I can meet you at Pt Chev for coffee … and it's on CADS.

Astrid on Calling CHDS Clients contd.

This is a way clients/ consumers can make a difference to the planning and implementation of our services.

Your voice counts and can contribute to a change in the way CADS or in this case the CHDS team works with people.

Your information gives us new ideas and ways of doing things to better suit clients, helps to put these ideas into practice and then with the on-going surveys, allows us to evaluate how any changes are working for the people using the service.

An example is how client feedback led to CHDS looking at how to work with another service on developing the best experiences for clients.

We had a meeting to discuss the feedback, changes were made and ongoing feedback shows us that by listening to the people using the service people's experiences of a community detox have improved.

Over the last year I have been so lucky to have amazing conversations about recovery and to hear how people are building their recovery capital.

Sometimes the conversations are not so positive and we look for the strengths in people's lives and how to make the most of them.

Making phone calls for CHDS is one of my favourite things to do at work. If you are a CHDS client who wants to give feedback, and you have not heard from me please feel free to give me a call on 815 5830.

P.S. Happening on www.drugfoundation.org.nz/news-media-and-events/

Kathryn Leafe, Director of the NZ Needle Exchange Programme, made a statement from NZ NGOs (non-government organisations) to the 61st Commission on Narcotic Drugs (CND) in Vienna on Friday 16 March 2018.

This was an official gathering of countries discussing global drug control. Also involved in international drug policy is Rt. Hon. Helen Clark. She has been appointed to the Global Commission on Drug Policy.

Kiwis and Alcohol. Did You Know …?

In an average year Kiwis drink **475 million litres** of alcoholic beverages -	That's an average of 2 standard drinks EVERY DAY for every person aged 18 and over
More than **62,000 physical assaults and 10,000 sexual** assaults occur every year which involve a perpetrator who has been drinking -	That's approximately 200 people affected EVERY DAY
Approximately $400,000 is spent EACH DAY promoting alcohol in New Zealand -	That's $150 million dollars per year
Car crashes involving someone else's drinking were responsible for an annual average of **5,535 injuries** to innocent victims including **60 deaths** -	That equates to over 15 people hurt or killed EVERY DAY
Some people think the European model of introducing young people to alcohol at an early age is effective in reducing alcohol-related harm	Liver cirrhosis rates among the French are 400% higher than NZ rates and binge drinking is still a major problem
Alcohol causes cancer. Drinking alcohol increases the risk of many cancers including breast cancer, bowel cancer and cancers of the liver and upper digestive tract (mouth, throat, larynx and oesophagus)	Breast cancer is the number one cause of death related to alcohol in New Zealand women
Did you know New Zealanders spend **$85 million dollars** on alcohol a week?	That's $4.5 BILLION dollars per year (and where does it all end up?)
For more info see https://www.alcohol.org.nz/resources-research/facts-and-statistics/nz-statistics/new-zealand-drinking-patterns	

Alcohol Related Social Embarrassment

Different things motivate different groups to change behaviour. Global Drug Survey researchers found that social embarrassment is a huge motivator for people to change their drinking (especially the Germans, Swiss Austrians and Aussies apparently). If you want to see how drinking affects your behaviour you could try taking ARSE test: (ARSE stands for Alcohol Related Social Embarrassment) by going to www.onetoomany.co

PS. You don't have to share the results. This is something you might prefer to do in the privacy of your own home, car, wherever.

Tell Us What You Think

Providing feedback about CADS is easy: you can use the suggestion boxes, the complaints process or you can email us:

Go to www.cads.org.nz and click on Email Us Now

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

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

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 look forward to hearing from you.