

pRogReSsion



News & Information for CADS Clients from CADS Consumer Team

Issue 64
July—Oct
2020

Greetings all

Well it's been a weird few months. Right before we sent out the last issue of pRogReSsion the country went into lockdown so apologies if you didn't receive a copy. We did send the newsletter out to all the usual community pharmacies but if you usually grab a copy from a CADS unit chances are you didn't get one.

You can access the last issue (along with other previous issues) which contains the results of the Opioid Service and Counselling Service 2019 surveys and some other interesting articles at www.cads.org.nz/more-info/news/

Speaking of surveys: when you visit a CADS unit/ service you will see a notice for a new survey.

People familiar with CADS will be aware that the Consumer Team already runs surveys with AOTS, medical detox in-patient and CHDS, PPS, and CADS Counselling to find out what your experience is of CADS.

This new survey has been put together by the mental health and addictions services group to get feedback across all the DHB's mental health and addictions services.

We encourage you to take part in this one; it asks some different questions than what we ask so will add to the information we can work with to advocate at a system level on your behalf.



You can complete a paper version or you can use the QR code on the poster

The code will take you directly to the survey which you can then do online at any time that suits you.

And we will report back to you just as we already do with the CADS surveys. You will find the 2019 results of the medical detox unit survey on p.7.

If you would rather talk with one of the Consumer Team about your experience we welcome that too. We have finally moved into the 21st century and the Consumer Liaisons now each have a cellphone you can call or text to and they can call you back. Their numbers are on the back page.

As you are probably aware we have a significant referendum happening in Sept about reforming cannabis laws. As employees of the DHB which is a government service we can't advise or recommend how you should vote—what we can do tho is

recommend that you get informed and vote.

There's good info on the NZ Drug Foundation website at <https://www.drugfoundation.org.nz/>

Or you can find the drug foundation on Facebook and Twitter.

William White's latest blog is about the ebb and flow of society's support for different substances. White supports the decriminalization of drug use per se but only if it is counter-balanced with public health measures that limit drug promotion and restrict public use.

An abridged version of his blog is on p.6. He writes of the need for safe spaces for people that go beyond traditional treatment programs and formal recovery organizations. In Auckland we have seen the advent of Haven, a pop-up space on K Rd that Renee writes about on p. 3

There's lots happening in the detox space which Marc describes on p.4. Covid-19 has pushed back the opening of Mission HomeGround—if you go along Hobson St you can see the building work is back underway.

And there's exciting news on the naloxone front—check out Andrew's article on p.4

If there's anything in particular you'd like us to write about, let us know. Til our next issue in November, play safe

Sheridan (CADS Consumer Advisor)

COVID-19 AND CADS ABSTINENCE PROGRAMME & MEDICAL DETOX SERVICES - MARC (CONSUMER LIAISON)

Feels like a long time since our last pRogReSsioN because lots has happened. The Pitman House IPU shut down—along with most of the country—then reopened at alert level one. This was a big decision for CADS. It's obvious that people need the service. So the nurses who usually work in the in-patient unit began supporting the people on the IPU wait list and people coming into the hospitals with alcohol and drug withdrawal.

CADS also started supporting more people thru a managed withdrawal in the community. Mostly this was a great success and some of the initial safety concerns didn't really appear to be an issue.

Doing this gave detox services a chance to shorten the waitlist significantly and opened some new ways of working.

One of these is the closure of the CHDS (Community Home Detox Service) clinic at Pitman House.

Instead of coming to Pitman House people can attend a walk-in clinic at any CADS unit or can call the Detox referral coordinator on 815 5830 ext. 45028.

Running the clinic each day took at least 3 nurses; now those nurses are out in the community helping people undergo managed withdrawals. We hope this new way of working will help people get their needs met a bit quicker than was happening pre-Covid.

HOMEGROUND

A lot of work is happening with the planned move to Auckland City Mission's new building 'Mission HomeGround' in Hobson St (pictured below).



Artist's impression: Auckland City Mission

The actual construction stopped for a while during lockdown and that's pushed the completion date out again until around September 2021.

I have been involved in the model of care workshops that have been run by a group called the Innovation Unit. I would like to thank the clients and whanau who have also been involved; their experience of CADS services has been invaluable to this work.

We are just about to start the co-design process which I am looking forward to. Co-design is a participatory design process where clients, whanau, staff and others work together to create a system that works for all involved.

'UNPRECEDENTED'

The CAP team did great work during the lockdown. They were pretty much straight onto Zoom and continued to run their groups all the way through lockdown. They have now gone back to their normal way of running groups in person.

Moving from a system that is all face to face contact to contact by phone and Zoom was a significant change for CADS.

'Unprecedented' would probably be a good way to describe what has happened over the last few months. For me in my consumer liaison position, I wanted to know what was happening out there for people with addictions. Normally I could just go talk to some clients and start to get a feel for the thoughts and concerns that clients have but lockdown made this type of conversation impossible.

This was a unique situation and we needed to know more about what was happening for CADS clients so first off I talked to the clinicians who'd been talking to clients on the phone. What I heard at that early stage was many CADS clients had decided that lockdown was a chance to act on the recovery plans they had been think about up until then.

Our team used the CADS website as a way to inform people what was happening with our weekly info sheets and to collect feedback from clients.

Part of my role is calling people who have undergone a managed withdrawal with CHDS so as I started to get the phone numbers of people who'd detoxed in the community I was able to collect feedback about what lockdown was like for clients. Most were very pleased to have been able to undertake a managed withdrawal during lockdown and were very grateful for the support they had received.

KEEN TO ZOOM? WE'RE KEEN TO HEAR WHAT U THINK -

RENEE (COUNSELLING SERVICES—NORTH, WEST, SOUTH & CENTRAL CONSUMER LIAISON)

Hello to all pRogResSioN readers!
I am back!

It has been a very long and slow journey for me. It has been five months since my accident and I am still on crutches. I don't do things in halves that's for sure.

As frightening as the lockdown was, I was pretty happy to have my family home with me. I was still incapable of taking care of myself so great timing.

My boys are teenagers now, so spending locked in time with them was great. We had lots of late night chats and bonding. It was very heart warming. I am a proud mama.

Lots happened during the lockdown; we were all introduced to Zoom

meetings. Under the circumstances, this was a great way to keep in touch with clients. It is a good way to expand availability for service and communication in the future.

A situation like the one I have just endured is the perfect excuse to communicate over Zoom.

Sometimes there are reasons why clients cannot make it to group, whether it be travel reasons or sick children, so this would be a good thing to keep moving forward with.

I have found through feedback that most people would prefer to come to a face to face group, but Zoom as a back up would be great. What do you think?

Perhaps going to CADS for a 5.30pm group wouldn't work for you but a Zoom at that time would work from home? Or even just adding an extra appointment to your recovery plan?

This is something we would love to hear from you about. Our clients come first.

I am back to my normal hours now, which is Monday to Thursday 8.30-2.30 and would love to hear from you. My number is 021 592 143. Or pop a suggestion or comment in the suggestion box and I will be the first person to read it.

On and upward my friends



HAVEN—POP UP SUPPORT AT 453 KARANGAHAPE ROAD

Haven is a peer led, safe, warm space for weekends at Merge Café in K Rd. for anyone having a rough time after taking substances, if you are feeling distressed, or if you just want to feel less alone.

I happen to work at Haven myself, along with peers from Mind and Body, Odyssey and Lifewise. We are there to listen, or just give a bowl of hot soup and or a coffee or tea. We all have lived experience so if you are seeking advice in addiction, mental health and homelessness come and have a chat. We are open Friday 6pm to 10pm, Saturday 8.30am to 10pm and Sunday 8.30 to 7pm.

Unfortunately over the COVID-19 lockdown we had to close. Though the work didn't stop, not for the Lifewise crew anyway. Every day at 10am there was a shuttle outside

Merge to transport our homeless to shelter. For some it had been a long time since they had a real bed and bathroom with a shower. The people I had spoken to when we re-opened were looking great and were quite chuffed and inspired.

Unfortunately this was only temporary for some, though others were shifted out of hotels and into permanent housing. Being homeless is a choice in a lot of cases. There is a certain freedom involved. It is not uncommon that homelessness comes with coexisting issues with addiction and mental health. Haven is a safe place that they enjoy to visit regularly.

Haven re-opened during level 2 and we had a lot of new faces, a lot of people who were misplaced through COVID-19. The numbers we are

seeing average on 300 patrons per weekend.

It can be very hard waiting on a date for a detox program or entering a rehab centre, especially if it isn't something you have experienced before. Haven is a great place for support. Someone to talk to, or just a place to sit and be. Change can be, in my experience, a very isolating time to begin with.

After a three month pilot, Haven has just been granted a three year contract which is wonderful. We are hoping to expand into other communities so more people have access to us. We are looking forward to working in collaboration with other organizations.

If you are passing by, do come in for a hot drink and say hello!

Hello to all readers of pRogReSsion. This is our mid-winter issue and the first since C19 lockdown ended.

Regular routines are returning here at CADS and it is nice to see clients now come in for appointments and groups etc. It was uncharacteristically quiet around Pitman House and CADS units during the lockdown.

NASAL NALOXONE

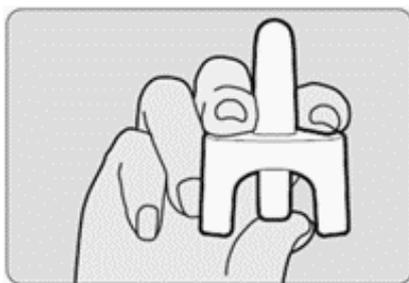
The last issue featured some discussion about service provision of Naloxone. There is now quite a bit more to say on the matter as much has changed since then.

Naloxone (a drug that reverses opioid overdose) is now available, without charge, to AOTS clients.

AOTS doctors will write clients a script for Naloxone and it can be picked up straight away at the AOTS pharmacy at Pitman House.

The Naloxone is now being issued in a nasal spray form called Nyxoid.

The nasal spray is considered to be, more or less, as effective as the injectable form. And it's definitely easier for people to use, especially if they're not familiar with using syringes and ampoules.



Nyxoid comes in single dose units, contained in small bottles which have a nozzle to deliver the medication into the patient's nostril.

And of course it comes with written instructions and AOTS doctors and pharmacists will offer clients 'how-to-use' guidance.

AOTS has long been eager to make Naloxone available to clients. The barriers to doing so have been removed as a result of the Covid-19 pandemic.

Being a serious respiratory ailment Covid-19 heightens overdose risks. Also (due to decreased pharmacy opening hours and lockdown regulations) OST services had to relax guidelines around takeaway doses which is seen as additional increased risk to the client group and wider community.

These factors have combined to persuade the Ministry of Health to

provide specific funding to New Zealand's OST services for the provision of naloxone.

AOTS strongly encourages clients to take advantage of Nyxoid availability. It is free and it may save a life.

Even if it is extremely unlikely an overdose will occur around you, it is still worth having on hand—just in case.

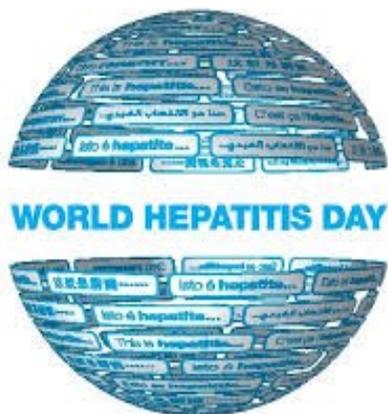
There are indications that Naloxone will, within a year or so, be available off the shelf in New Zealand's community pharmacies.

This should come as welcome news to anyone interested in reducing harms associated with substance use. There is an in-depth and informative article on the history of naloxone non/availability in the NZ Drug Foundation's magazine 'Matters of Substance' available at

www.drugfoundation.org.nz/matters-of-substance/february-2015/underdosing-naloxone/

That issue is five years old but is still relevant and gives a really thorough account of the various issues around overdose and naloxone.

CADS HEPATITIS C TESTING



CADS is about to embark on a test and treat pilot project which will run for 2 years. One day every month a liver nurse specialist from the local District health Board (DHB) and a peer worker will be available in each of the CADS' units . The plan is to be there on the day when the most groups are held so as to be available to as many people as possible.

The peer worker will provide information about the project and the liver nurse specialist will do the tests including a Fibroscan if necessary.

Most importantly, anyone identified as having hep C will be able to start treatment that same day. PS. The treatment is funded by the government.

We don't care how you got hep C; we just want to make sure everyone has access to testing and treatment. So join in: *Get tested. Get treated. Get cured.*

DETERMINING WHAT'S 'RISKY' ANDREW CONTD.

When AOTS clients describe negative experiences they have had with the service there is one commonly heard grievance that warrants some discussion. It usually goes something like this: *'I can't believe they have done this' or 'This is totally unfair' ... followed by 'I have always been completely honest with my key worker / doctor at CADS.'*

Here *"this"* usually refers to a clinical decision such as changing takeaway (TA) doses to consume on the premises (COP) or requesting a serum (blood) test.

Such decisions are not intended as punishments. They are made in the interest of the client's safety and the community's safety.

Being honest with your treatment team (key worker, doctor, and pharmacist) is recommended.

Anything less makes it difficult for client and key worker to put together

a meaningful and realistic recovery plan. Of course this can lead to clinical decisions clients aren't happy with (i.e. the cancelling of takeaways etc.).

Certain behaviours like using illicit drugs or hazardous alcohol use, diversion of medication, and unsafe injecting practises tend to be seen as unsafe or 'risky' by opioid services who then take actions considered necessary to remove or reduce the perceived risk – and this can be at odds with the client's wishes and despite any honest declarations.

It is important to note here that there is sometimes a big difference between what the client considers unsafe and what the client's treatment team consider unsafe.

This is often one of the reasons clients contact the consumer team so if you have any questions or feedback about this aspect of

treatment please feel free to call me for more detail and discussion. Phone 09 815 5830 ext. 45568 or 021 325 597.

AOTS MANAGING MOOD GROUP

The Managing Mood Group is starting a new intake on July 30th.

This group is facilitated by AOTS clinicians and has proved very popular with the AOTS clients who have taken

part. It is open to all CADS clients and it a ten week course that meets once a week.

If you are interested just ask your key worker for details.

That's all for now....stay warm...stay safe.



INTERNATIONAL OVERDOSE AWARENESS DAY AUGUST 31

International Overdose Awareness Day is a global event held on 31 August each year and aims to raise awareness of overdose and reduce the stigma of a death related to drugs.

It also acknowledges the grief felt by families and friends remembering those who have died or had a permanent injury as a result of drug overdose.

International Overdose Awareness Day spreads the message that the tragedy of overdose death is preventable.

It is important to be aware of the signs of an overdose from opioids.

The signs include:

- † No response to stimuli
- † Shallow/stopped breathing
- † Can't be woken up
- † Unusual snoring/gurgling sounds
- † Blue/grey lips or finger tips
- † Floppy arms and legs



If you think someone is overdosing you need to call an ambulance

Try to get a response by calling their name and /or rubbing knuckles across their sternum and, if they don't respond, put them in the recovery position.

If you have naloxone (a drug that will bring people out of an opioid overdose) then use it.

There is no excuse for not trying to help someone who is overdosing.

Learn more about the signs of OD from different substances and how to respond by going to www.overdoseday.com and check out the info available in CADS reception

RECOVERY-FRIENDLY SPACES IN LOCAL COMMUNITIES - BILL WHITE (JULY 2 2020)

No culture is neutral about psychoactive drugs. Substances are placed into four overlapping categories:

- celebrated (ritualized, promoted, and commercialized)
- instrumental (regulated as to who, when, where, and how use can occur)
- tolerated (available but discouraged and socially stigmatized)
- or prohibited (stigmatized and severely punished).

These designations change over time ...

At present, there are several historically important trends in the United States regarding the cultural status of psychoactive drugs e.g.:

- Caffeine is achieving unprecedented levels of ritualization and celebration within the culture.
- Cannabis is being increasingly destigmatized, decriminalized, medicalized, legalized, and commercialized.
- Tobacco products and the tobacco industry are facing increased stigmatization and control efforts ... [and] the

physical and social spaces in which tobacco products can be purchased and used are shrinking at the same time the spaces for cannabis are expanding.

Several trends are related to the expansion of sober spaces in local communities.

There is an expansion of recovery support institutions and activities beyond addiction treatment programs and formal recovery organizations such as AA ...



New institutions include recovery community organizations (focused on advocacy, peer recovery support, and harm reduction), recovery churches, recovery cafes, recovery-focused sports to name a few.

They are creating a social world in which people seeking escape from addiction can live, love, learn, work, worship, and play.

The “sober-curious” and related movements whose members are seeking a healthier and more enjoyable alternative to alcohol/drug

-saturated social activities. These include ... “Dry January” and other activities that give people an organized way to try on sobriety as a healthy lifestyle.

This moves our vision beyond that of supporting the personal recovery journeys of individuals and families to creating physical and social worlds that accept and welcome a drug-free lifestyle.

... Physical places and sociocultural contexts exert profound effects on human behavior—a reality too often ignored within biological models of addiction...

So, do we continue to send fragile recoveries into environments in which only the strongest recoveries survive? Or do we build recovery-friendly communities in which even the most fragile recoveries have a chance of survival?

Those are the questions we face as a country and as people working in the addiction/recovery arenas.

We must always attend to recovery at a personal level, but we must also think about recovery in its local, regional, national, and global contexts [because] both addiction and recovery are a reflection of the ecologies in which they are nested.

To read the whole article go to <http://www.williamwhitepapers.com/blog/>

William L. White is an emeritus senior research consultant at Chestnut Health Systems / Lighthouse Institute in Illinois. He has a Master’s degree in Addiction Studies and has worked full time in the addictions field since 1969 as a street worker, counsellor, clinical director, researcher and well-travelled trainer and consultant. He has authored or co-authored more than 400 articles, monographs, research reports and book chapters and 20 books.

WHAT PEOPLE WHO WERE ADMITTED TO THE MEDICAL DETOX UNIT HAD TO SAY IN 2019

Everyone who is admitted to Medical Detox Services' in-patient unit is offered a survey before they leave.

Last year a third of the people admitted to IPU between 1 Jan and 31 Dec 2019 took part. Here's what those 162 people told us:

1. 97% found getting into IPU a satisfactory process; 4% did not
2. 22% Indicated they were admitted to the unit within 1 week
52% Indicated they waited 3 or more weeks
3. 70% were satisfied with the waiting time and a quarter were not
4. 84% entered IPU with the goal of detoxing from alcohol
5% entered IPU to withdraw from opioids and 5% to withdraw from other drugs
97% felt they achieved their goal while in IPU
5. 98% felt involved in their treatment planning
6. 88% found the education groups helpful and 6% did not
People would like the groups to have more about building social and community capital, continuing care, and would like help with relationships especially how to talk with people about their recovery from alcohol and drug issues and how to deal with people when sober
7. 83% felt encouraged to involve family/whanau in their treatment and 12% did not
62% felt family/whanau was important to them and 21% indicated it was not
8. 91% felt their cultural and spiritual needs were respected by the service and 2% did not
9. 88% felt well informed about what happens with the information they provide to the service
- 10, 11 98% felt they were always or usually supported by the staff and were always or usually treated with dignity and respect
12. 61% rated the food as fair and good and 29% rated it very good/ excellent
13. 93% would recommend the Detox unit to others
14. 31% had used the sensory room whilst in IPU mainly for calming/ managing anxiety and 27% felt it met their needs



Who took part?

- 38% identified as female and 61% as male. No other genders were identified
- 74% identified as NZ European/Pakeha or European
- 7% identified as Maori, 6% as Pacifica and 9% did not indicate their ethnicity
- 64% of the clients were aged over 40 and 29% were in their 20s and 30s



People suggested the **service could be improved by having:**

- ↑ More outdoor time including walks and use of the courtyard/ garden
- ↑ Better heating and air conditioner
- ↑ Access to counselling support (this has consistently been requested by IPU clients)
- ↑ Better orientation to the unit **when they arrive**
- ↑ More support from staff in helping develop a plan

All the results have been presented to the leadership of the detox services and will be shared with IPU staff. Please note—no names are mentioned— all info is anonymous.

Call 09 815 5830 for CADS Consumer Team

Andrew Consumer liaison for Akld Opioid Treatment Service
Tues – Fri ext. 45568 or 021 325 597

Renee Consumer liaison for Counselling Services
@ North, West, Central and South
Mon – Thurs
ext. 45175 or 021 592 143

Marc Consumer liaison for Medical Detox Services
and CADS Abstinence Program
Mon – Wed and Fri ext. 45108 or 021 982 432

Sheridan Consumer advisor for all CADS services
Mon – Fri ext. 45520 or 845 7520

Please leave a message if there's no reply.

We answer texts and calls during our work hours only

If your call is urgent we recommend you call our landline number

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 »



An easy way to access the CADS website is with this QR code.



You can also make a complaint on-line.

If you'd prefer to talk with someone about your concerns give the Consumer Team a call; if you want to make a complaint we can help with that too.

Although all online complaints come to the consumer advisor and quality co-ordinator they are managed and investigated by the manager of the service not by the consumer team.



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

cadsconsumeradvisor@waitematadhb.govt.nz

And if you want to give feedback about your experience you can do so via the Specialist Mental Health and Addictions Services survey which you can access via this QR code



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.