

# pRogReSsion

## NewS & Information for CADS Clients from CADS Consumer Team



Issue 66  
April—July  
2021

Greetings as we move into the cooler months (my favourite time of year).

Covid-19 has continued to affect CADS. Every time the government changes Alert levels the staff—and clients—have to quickly adapt.

We have received some feedback that the changes to CADS services are not always meeting every client's needs and thank you for providing that feedback because we need to hear it.

CADS is trying hard to be flexible and responsive to what can sometimes be unexpected or sudden changes and acknowledge that getting it right every time can be a challenge especially when you factor in public holidays, staff absences, etc.

One of the first things that happens when alert levels change is that the website is updated. The front page has a Covid-19 heading and links you to a fact sheet which outlines what is happening at that particular alert level. Some changes happen immediately such as front doors locking as that is managed by the

WDHB security system while other changes can take 24 hours to happen such as changing groups from Zoom to on-site or vice versa as all clients need to be contacted and that can take some time.

We had a lot of communication with clients last year even though we were in unusual circumstances. A big thank you to the people who agreed to be contacted by the team to speak with us about your experiences of CADS during the first lockdown—we got so much useful information which we continue to draw on.

Also a big thank you to the clients who took part in the IPU and AOTS surveys; the results are on pages 6 and 7.

For some reason we had very few surveys completed by clients of AOTS North so we do not have a good sense of how clients are experiencing the service. If you would like to provide some feedback about the service please contact Andrew (contact details on p.5)

It is with much sadness that I need to let you know about the loss of Pat, a CADS North staff member. A number of clients will have met and been supported by Pat. When I started here she was with AOTS and then moved to CADS North where she had been for 15 years. Pat was always cheerful, and put her 'heart and soul' into her work. Like the lovely Rachel who we lost last year, Pat was a strong social justice advocate and we will miss her.

As Marc describes on p.2 the in-patient unit will be moving to Hobson St later this year.

CADS South and AOTS will also be moving as the lease on the current premises expires at the end of July. They will relocate to temporary premises for about 4 months while the new building is prepared. Keep your eye out at CADS South for notification about the changes.

We will aim to have the next newsletter to you in July; fingers crossed. Til then, play safe

Sheridan

CADS consumer advisor



Please tell us about your experience of CADS by taking part in the Specialist Mental Health and Addictions Services survey which you can access via this QR code



## WHAT'S HAPPENING IN CHDS AND IPU?

### MARC—MEDICAL DETOX SERVICES & CADS ABSTINENCE PROGRAM CONSUMER LIAISON

---

This year is looking like a busy year - the big event is the moving of the Inpatient Detox (IPU) from its current location in Pitman House where it has been for many years.

IPU will move to its new site Homeground. The building is currently being finished on the site of the City Mission and social detox in Federal Street.

This will be a purpose made building which, along with other things, will house both the City Mission's social



detox and CADS' medical detox (though there are discussions about getting rid of the 'd' word and changing it something else like 'managed withdrawal' which is how

it is used in the international literature).

The other things Homeground will offer are the Calder health centre and dentists plus many other City Mission services.

The building will also offer housing for the clients of the City Mission. Currently it is looking like CADS will move to the new premises in September/October; here's hoping a lockdown doesn't push it out further.

#### THE 2020 IPU SURVEY

We just finished the annual CADS IPU client survey report 2020. This is the survey that everybody who goes through the IPU gets as they are preparing to leave. It is a good chance for people to comment on how they found being their stay in IPU.

This survey is one of the ways we can find out about people's experience of coming and staying in IPU. It was great to see some big numbers of people agreeing on their experience of IPU. Here are some of them:

- ★ 94% found getting into IPU a satisfactory process
- ★ 98% felt they achieved their goal
- ★ 98% felt involved in their treatment planning
- ★ 98% felt they were always or usually supported by staff
- ★ 99% felt they were always or usually treated with dignity and respect

- ★ 97% said they would recommend the detox unit to others

It is great to see these results especially when 2020 was such a challenging year for everybody what with a level 4 shutdown and then changing alert levels.

So to see the survey results improve is nicely surprising and speaks to the staff who were holding it all together and supporting people during these trying times.

That being said it was clear that wait times have been longer than we would like with the consequences of that being clear in the unit and health of those arriving.

Clients also continue to request one on one counselling while in IPU.

There is a project to see ways this can happen and a proposal has been made so hopefully soon people in IPU can get one on one counselling during their stay.

Some of the other findings were:

- † that clients need to be informed about the medications and tests including the vitamins they use.
- † Staff need to communicate as soon as possible with clients when there are unexpected changes.
- † There is a need to look at some ways to maintain the group program despite alert level restrictions.
- † Clients want more outdoor time
- † There is a need to look at the buddy system for those arriving at IPU to orientate people to the unit.

The service will be looking at all these and making plans to improve all of them—some will take a bit more work than others.

## **FIRST TIME AT CADS? FROM RENEE**

### **—COUNSELLING SERVICES NORTH, WEST, SOUTH & CENTRAL CONSUMER LIAISON**

---

First time at CADS? Good for you, this could well be the start of something life changing and you just might feel like you finally belong. Nobody judges you here, in fact they all recognise how hard it can be making it through these doors.

Groups. There are a few ground rules which I will give you a heads up so you already know.

We share the air, which means we all get our turn to speak, so no interrupting.

Of course we show respect to everyone in the room, even if we don't agree. We try not to swear too much. What's said in the room stays in the room - including people's privacy of being there.

We don't glorify or name drop. We speak from the 'I'. 'I feel this is what needs doing'. No one can speak for others or pretend they know anyone else's feelings or past.

There is no coming to group under the influence mainly because it can be triggering for others. Just ring in and say you will be there next week.

And when you're in the room - best turn off your phone or at least put on silent.

You will notice there is no standard way of what your journey will look like. There are no two the same.

Harm reduction is an option if stopping completely is not your goal. They might advise you that it'd be a good idea to stop completely but the decision is yours.

The folk who work here will work out a plan with you that you feel happy with. They are very helpful and passionate about what they do. If you are feeling alone, being here can change that somewhat.



If there is anything you don't feel comfortable with while you are engaged with this service, and you don't really want to share with your case worker, we have this box in this waiting room with 'Suggestions' written on it.

Write what you like on those pads next to it, fold it and put in the box. It gets collected by the consumer team. We will read it and if you would like

us to contact you just leave your number on the bottom there.

Or if it's a question you would like an answer to and you don't want to speak to anyone, just keep your eye on the board in reception because chances are we will answer you there – and sometimes we might ask you, on the board, to give us more info to help find the answer for you.

I hope you noticed all the brochures. Please do help yourself to anything. There's plenty of great information so don't be shy.

Ooh, and CADS have a fantastic family support programme too. Alcohol and other drug problems can affect a lot of people around you, especially loved ones. It can be really helpful for them to understand addiction too, and how they can help you and look after themselves.

There are cultural services too: Te Atea Marino and Tupu and CADS have staff with a focus on Asian and Rainbow communities.

Did I tell you I'm proud of you? And remember, there is no judgement here, you can open up, it's ok. You are the most important person here and you are in the right place. Was that your name that just got called?

---

### **AND IN THE COMMUNITY AND HOME DETOX SERVICE ...**

The Community Home Detox Service (CHDS) has been looking at how people come into the service and the processes they use.

This has just started but is very timely as within the next 6 months the IPU will have moved out of Pitman House

and this will change some of the ways the services currently work. For example staff won't be able to just pop upstairs to IPU to check out what is happening.

It will also affect the way meetings are held between CHDS and IPU,

where they discuss client care. To attend meetings in person will require travel to or from the city.

So we are looking to rejig the way we work rather than rewrite the system currently used.

## TIPS AND NEWS FROM ANDREW

### - AUCKLAND OPIOID TREATMENT SERVICE (AOTS) CONSUMER LIAISON

---

Greetings to all readers of pRogRe-sioN.

Operations at AOTS/CADS are moving along, almost, as normal.

With the Covid-19 vaccinations being rolled out, it feels like the end ... or beginning of the end of Covid-19 ... has started.

Over the C19 period there were a lot of disruptions at CADS, just like everywhere else.

One such disruption was processing some of the feedback that comes through the suggestion boxes. We are only now processing some of the

comments and suggestions that came in over the last year and responses to these suggestions are now being written and posted on consumer noticeboards.

Apologies to anyone wondering what happened with their suggestion.

Clients of the Auckland Opioid Treatment Service (AOTS) should be aware that they can text AOTS on 4769.

The number is checked regularly and texts are passed on to whichever key worker the sender is assigned to. The system is good for clients to confirm

or cancel up-coming appointments or to request a call from your key worker.

It cannot be used for clinical matters such as requesting takeaways or dose changes etc. For that kind of thing you need to call and speak to your key worker in person.

*Also it is important that you include **your name and key worker's name**.*

A few messages have been arriving without the key worker or client's name. This makes it impossible to pass on to anyone, so unfortunately end up disregarded.

---

## NEW RESOURCES ABOUT OST

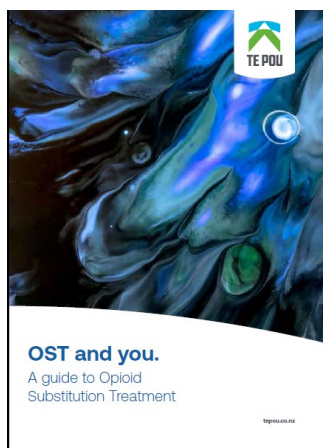


Many who have visited AOTS and CADS units will have noticed booklets called 'Real People share their recovery stories' and 'We are family'.

These have been created by the Addictions Consumer Leadership Group—Te Pou and they have just published one containing stories from people who are or have been OST clients.

It is called 'Real People share their stories of opioid substitution treatment' (OST). Keep an eye out for that next time you visit AOTS.

It is pleasing to see OST stories get some space—so many of the stories online, in popular culture and in social media are about abstinence based journeys—and while it is important to hear those voices it is vital that the many pathways to recovery are acknowledged. The stories shared in this booklet acknowledge that OST can facilitate a full blown process and that people can achieve recovery status that is as valid as any other recovery journey.



Also new to our shelves is the reprint of OST and You—the client-friendly version of the national OST guidelines.

Hopefully this version will be easier to read: we'd had feedback that the colours used in the original version were difficult to read especially if you are colour-blind.

Help yourself to a copy or ask your key worker for one.

**Always attend AOTS appointments scheduled for you**

- † DNAs (service speak for “Did Not Attend”) are one of the biggest problems for the service internally. If clients DNA, scheduling gets mixed up and resources (i.e. doctor time) get wasted. If you repeatedly DNA, you will definitely experience problems as appointments get harder to get.
- † **Tip:** use your mobile phone calendar app. to schedule and remind yourself of AOTS appointments.

**Try really hard not to miss doses or fail to provide urinalysis samples.**

- † Dosing daily is the cornerstone of effective treatment and missing doses (especially if it happens repeatedly) is a sign that the service interprets as all is not well as far as stability goes. If you miss more than three doses you need to go through the whole admissions process again which means booking a doctor’s appointment—and there may not be one available for a week or two.

**Try to limit requests for changes to your scripts.**

- † Changes to scripts (i.e. extra takeaways because you’re going travelling) means current scripts need to be cancelled and a new one prepared. It’s quite a lot of work. Of course the service will happily do it for clients and so they should, but excessive

requests will cause problems.

- † **Tip:** allow three days’ time for the service to make the change if you can.

**AOTS clients need to take responsibility for their own scripts.**

- † Whether an AOTS client is with the specialist service or in shared care (GP program) be aware of when your current script is ending and a new one needs to begin.
- † Opioid Substitution Treatment needs to be normalised in the eyes of the community, the health sector and amongst clients themselves. Just as with any other chronic health condition (like diabetes or depression) that requires on-going medication clients (not AOTS or GPs) are responsible for ensuring their new script arrives at the right pharmacy and at the right time.



**Don’t make the mistake of taking clinical decisions personally.**

- † Sometimes clients respond angrily when something doesn’t go their way, i.e. takeaways decisions etc. At worst it can be an explosion of anger that can seem disproportionate to what has happened. After all it may be

inconvenient to have to go to the chemist to consume a dose instead of taking it at home, but it is not the end of the world (you are still getting the medication) and doesn’t really justify a fit of rage and abuse. When this happens it raises questions about stability and probably won’t help achieve hassle free treatment.

Last but not least (I probably should have given this number one spot):

**Don’t present at AOTS appointments or dispensing excessively high.**

- † When clients lose takeaways etc. this is possibly the most common reason that clinicians point to. The problem with presenting sedated is that it immediately raises concerns about client safety re. potential overdose.

Of course there are other hoops you can jump through to minimise problems in OST provision. But these six I have chosen on the basis of more than ten years observing AOTS in action, taking complaints, analysing client feedback and talking to clients about their experiences with OST.

If you can follow these steps in your dealings with AOTS, you should have a reasonably hassle free journey through treatment.

If you would like to discuss any of this in relation to you own experience, please give Andrew a call on

**815 5830 ext. 45568  
or 021 325 597**

## WHAT AOTS CLIENTS TOLD US ABOUT THEIR PERCEPTIONS OF AUCKLAND OPIOID TREATMENT SERVICE 2020

A big thank you to the 154 people who took part in the Treatment and Service Perceptions Questionnaire which ran throughout September—October 2020. This equates to 25% of the clients who completed a face-to-face contact with AOTS taking part which is a great result especially when we were in Alter level 2 for part of the time.

Having clients participate in the survey means Andrew and Sheridan are better positioned to better advocate for systems, practices and policies which take your thoughts and experiences into account.

Unfortunately we received very few completed surveys from AOTS North which is a shame as we are left not really knowing how people are experiencing that part of the service.

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
23%	agreed that they and their key worker had different ideas about the client's treatment goals
73%	had been able to speak to another key worker if their key worker was unavailable
85%	feel they have had support to sort out their problems
91%	feel respected and treated as an individual by staff
83%	felt involved in decision-making about their treatment
92%	believe methadone or Suboxone® is helping them
90%	had left doctor's appointments happy and satisfied over the past 12 mont...
82%	had seen their key worker as often as they would like over the last year
82%	find most of the service's rules or policies reasonable and understandable
70%	knew they were able to contact AOTS by texting 4769
46%	find texting makes communication with AOTS easier
82%	would recommend AOTS to others they think might benefit from OST and 5% would not
71%	rated their own progress over the past year as very/good and 62% thought their key worker would agree
19%	rated their progress as stable/ no change and 23% thought their key worker would rate their progress as stable/ no change
4%	Only 7 people rated their progress as poor/very poor and 8 thought their key worker would agree.



**Perceptions of treatment:** The vast majority of people indicated they had benefitted from opioid substitution meds. Those who didn't feel they were doing well on OST were most likely to say they would not recommend the service to others.

For the first time there were no comments that OST is simply swapping one addiction for another.

**Perceptions of the service:** Client comments were overwhelmingly positive about the service; people spoke about the importance of having a responsive service and a mutually respectful relationship with staff, both important aspects of recovery oriented care.

Clients appear to be more satisfied with doctors' appointments than they were a couple of years ago and

have been able to speak with another key worker when theirs is not available. Although more clients are aware of texting and find it makes communication with AOTS easier there is still work to do ensuring all clients know they can text AOTS.

A small number of people made suggestions for improvements to the service including:

- ★ *Would be good to be able to email my case worker instead of pharmacy messages [good idea]*
- ★ *Further flexibility with OST dosing regimes would be helpful for employment opportunities*

Andrew and Sheridan will continue to use this information in our discussions with the service and will continue to advocate for your good ideas.

## WHAT PEOPLE WHO WERE ADMITTED TO THE MEDICAL DETOX UNIT HAD TO SAY IN 2020

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

Last year 141 people admitted to Medical Detox Services' in-patient unit completed a client satisfaction survey, a third of the total number of people admitted to IPU. Covid-19 lockdowns and alert levels affected people's experience through the year.

Here's what they told us:

1. 94% found getting into IPU a satisfactory process; 4% did not
2. 17% were admitted to the unit within 1 week  
34% waited between 1 and 3 weeks, and 46% waited 3 or more weeks
3. 76% were satisfied with the waiting time and 19% were not
4. 86% entered IPU with the goal of detoxing from alcohol  
3% entered IPU to withdraw from opioids and 4% to withdraw from other (unnamed) drugs  
3% entered IPU to stabilise on prescribed drugs  
4% had an 'other' reason to enter IPU
- 4a. 98% felt they achieved their goal while in IPU
5. 98% felt involved in their treatment planning
6. 81% found the education groups helpful
7. 74% felt encouraged to involve family/whanau in their treatment and 17% did not  
60% indicated this was important to them and 21% indicated it was not
8. 91% felt their cultural and spiritual needs were respected by the service
9. 89% felt well informed about what happens with all the information they provide to the service
10. 98% felt they were always or usually supported by the staff
11. 99% felt they were always or usually treated with dignity and respect
12. 29% rated the food as excellent and very good  
61% rated the food as fair and good and 9% as poor
13. 97% respondents said they would recommend the Detox unit to others
14. 27% indicated they had used the sensory room mainly for calming and to help manage distress  
19% indicated the sensory room met their needs



### Who took part?

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>‡ 45% of the participants identified as female and 55% male. None identified as gender diverse</li> <li>‡ 67% identified as NZ European/Pakeha or European (Other or Not further defined) or as Other European or European (Not further defined)</li> <li>‡ 6% identified as Maori and 2% as Pacifica and 8% as Indian</li> <li>‡ 76% of the clients were aged over 40 and 18% were in their 20s and 30s</li> </ul> | <ul style="list-style-type: none"> <li>‡ Access to counselling support which has been a consistent suggestion by IPU clients</li> <li>‡ Sticking to the unit schedule and informing clients when things <b>change</b></li> <li>‡ <b>Better</b> orientation to the unit with several people saying the <i>buddy system doesn't seem to work</i></li> <li>‡ there were quite a few requests for more and later smoking times</li> <li>‡ environmental changes such as better heating and air conditioner</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

85 people gave their thoughts on **ways to improve the service which included:**

- ‡ More outdoor time including walks and use of the courtyard which has been a continuous theme in survey findings since 2016

Thanks heaps for your input. We will continue to draw on this information in our interactions with the in-patient unit and advocate for the changes you would like to see.



---

## CONTACTING THE CONSUMER TEAM

- † Sheridan works with all the CADS teams and is available 8.30-5pm Mon—Fri. You can call her directly on 845 7520
- † 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



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

Each of the consumer liaisons can be contacted by calling or texting us on:

Andrew ext. 45568 or 021 325 597

Marc ext. 45108 or 021 982 432

Renee ext. 45175 or 021 592 143

---

## 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](http://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](mailto: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

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.