

pRogReSsion

News & Information for CADS Clients from CADS Consumer Team



Issue 58

August
2018

Greetings all

Hope you are coping with the cooler winter months.

Firstly, a big thanks to the 444 people who throughout May took part in the evaluations of CADS Counselling Service groups.

All your feedback has been given (anonymously) to the group facilitators and the 'clinical leadership' - the staff who decide what interventions CADS offer.

Overall the results were very good. We were especially interested to see if people were finding the client workbooks helpful and for most people, yes, they are.

We found a couple of groups where people hadn't been given the workbooks so please do ask your group facilitator if you do not receive a workbook *at your first group*.

Group evaluations is just one of the ways the Consumer Team find out how people are experiencing CADS. Last year over 1400 people provided feedback to CADS through a range of activities which also included:

- ☑ the annual CADS Counselling Service client survey
- ☑ the in-patient detox service survey which is offered to all clients before they leave the unit
- ☑ the Community & Home Detox Service telephone survey

- ☑ focus groups with clients of the Auckland Opioid Treatment Service
- ☑ and through suggestion boxes, the website and Real Time Feedback.

Some of the results are included in this issue on pages 6-7.

We are currently running the opioid service Treatment and Service Perceptions Questionnaire so hopefully will be able to report those results back to you next issue. If you have not seen or been offered an AOTS questionnaire please ask for one from your key worker or doctor or at reception.

One of the tasks of the Consumer Team is to raise awareness around issues related to drug and alcohol use. When you enter a CADS site you may notice posters promoting different campaigns.



www.supportdontpunish.org

For example in June you may have seen the **Support. Don't Punish Global Day of Action** posters.

On 26 June thousands of people in over 220 cities of 98 countries mobilised to call for an end to the war on drugs.

Even though the challenges we face in our communities will differ we are united by the realisation that drug policies cause harm and need to be based on public health and human rights. See the back page for more info.

Then at the end of July we promoted **World Hepatitis Day**. The exciting thing about this is that elimination of the hep C virus is on the horizon!

We encourage *everyone* to get tested. Yes there are some people defined as 'high risk' but people may have been exposed to the virus without even knowing. Ever shared a toothbrush or a razor?

Our message to everyone is simple: *Get tested. Get treated.* Astrid and Andrew talk more about hep C on pages 3 and 4.

At the end of August we are

promoting **International Overdose Awareness Day**.

People often think of overdoses happening only to people who use heroin/ opiates. In fact you can OD on just about anything so find out how easy it is to save a life on pages 3 and 5.

Take care out there!

Til the next issue (Oct-Nov) play safe, Sheridan



TURNING A NEGATIVE INTO A POSITIVE—THE (UNEXPECTED) POWER OF EXCUSES

- MARC (COUNSELLING SERVICES CONSUMER LIAISON)

One of the things I have learnt in my time in recovery is that the skills I learnt in my addiction can be transferable.

The challenge is how to turn these skills from something that has helped your addiction to something that will help you in recovery.

I often wonder at the entrepreneurial skills people have used to maintain their addiction. These skills can also be used in your recovery world—if you can find how to make them work in new ways—and with some creative thinking.

So here is a bit of a story about how I use one of these skills in my life.

One thing I know about myself is that I can make excuses, some are believable and seem honest, some maybe not so much.

Without a doubt I can make an excuse and make it stick. I don't think it is a particularly unusual skill amongst those of us who have addiction issues; people who don't have addiction issues do it too.

People often make excuses to put off some less pleasant task or situation or to cover for not having done some task or be at some event.

Excuses can be the reason for any postponement or cancellation of most things. They often go like "I forgot" "I was too tired" "I was going to..." or the classic "You wouldn't believe what happened...".



All of these end up with a similar outcome - you get off the hook—well, it seems that way.

So how do you turn this skill of avoiding stuff into something useful?

Well for me recovery is about learning to control some of my behaviours and being more connected to those around me.

Excuses have been instrumental in my addiction.

They have given me the space to do what I wanted most often—to consume drugs and alcohol.

I have explained away many no shows and not completed tasks, sometimes I even believe them myself.

So at some point for me I decided to stop making excuses to avoid the more difficult or unpleasant parts of my life.

This could have been where I took a skill and stopped using it, or?

I didn't stop making excuses but I guess I became more aware of where I used them and why I use them.

These days I'm more likely to make an excuse to help my recovery. To turn my skill on myself and to give myself excuses on why I should delay or change my focus on to something else.

So if I feel compelled to do something that I know isn't a good idea I tell myself one of my favourite lines—that is "I can do that once I have done ..."

This often ends up in some kind of infinite delay tactic: I just end up adding more excuses and more tasks til I have pretty much moved on from my compulsion and I am happy doing what I am doing.

Like all excuses your recovery excuse needs to be only vaguely plausible just enough for you to accept it and then follow through.

Follow your distraction, don't be afraid to make another recovery excuse if you need.

I think as people with addiction we are inclined to want instant fixes but often the world doesn't work that way; sustained effort is needed for many parts of life. So making excuses needn't be a negative thing—tho we need to be aware they can also be a part of what pulls us back into the life.

Excuses can be one of the skills we can adjust to make the lives we want to live.

Skills can be transferable even if they don't seem useful on our first look.

TIME TO
REMEMBER.
TIME TO
ACT.

 **International Overdose
Awareness Day**
prevention and remembrance

A Penington Institute Initiative

For more information visit
www.overdoseday.com

ASTRID (CADS SOUTH & DETOX SERVICES CONSUMER LIAISON) ON OVERDOSE

International Overdose Awareness Day is a global event held all around the world in many different forms from remembrance days (to remember those we have lost) to educational workshops. You will see posters and fact sheets around CADS. Please help yourself to this information—it could save a life—including your own.

This time can bring up memories for many of us and I encourage you to discuss your feelings with someone you can trust.

You may want to get a small group of friends together on the day or the weekend following and hold your own remembrance for those you have lost in this way. There is no set way to do this. A group I know is



planning to meet, share a positive story about their loved one and light a candle.

It is very important that

we all educate ourselves to respond to overdoses that may happen in our presence. Also educating our children and families is important.

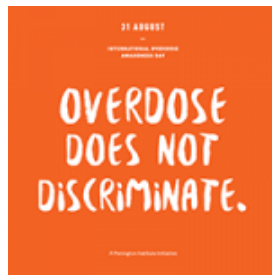
So what is an overdose?

⇒ An overdose means having more of a drug (or combination of drugs) than your body can cope with.

Do you know what an overdose looks like?

⇒ There are a number of signs and symptoms that show someone has overdosed. ***These differ depending on the type of drug used.***

For more info on the various signs and symptoms go to www.overdoseday.com



Which drugs cause someone to OD?

⇒ *All drugs can cause an overdose* including prescription medications prescribed by a doctor.

It is important to know the right amount and the right time to take your medication.

⇒ It is also vital to know what drugs should not be mixed. ODs are often caused by mixing substances especially central nervous system depressants. Opioids, benzodiazepines and alcohol are all central nervous system depressants so combining them can cause overdose simply from the interaction of all three.

⇒ ODs are commonly caused by people not being aware of their reduced tolerance. When you're using all the time you need to use more of the drug to get the same effect. However, just as a person can develop tolerance they may also lose it if they haven't used a drug for a while and when people take their usual amount of drugs after a break from using, it can be too much for their body to cope with and this may lead to an overdose.

If you have had a period of abstinence due to your own recovery goals, imprisonment or live-in treatment services this is a very good thing.

It is important to remember however that your tolerance will have dropped.

This means that if you use the amount of substance that you did previous to that period of abstinence, you are putting yourself at risk of overdose.

What are the consequences of an OD?

⇒ One of the consequences of overdose is hypoxic brain injury which can lead to coma, seizures and death.

The long-term consequences of hypoxia depend on how long the brain is without an adequate supply of oxygen. The longer a person is not breathing, the more damage is being done to their brain. A brain injury can result in impaired:

- † Movement, balance and co-ordination
- † Senses - hearing or vision
- † Spoken and written communication
- † Thinking, concentration and memory
- † In severe cases brain injuries from overdoses can leave



people in a vegetative state

And that is why we decided to devote a lot of space to this issue in this pRogReSsiON.

If you're going to use alcohol and other drugs you need to know the risks and how to avoid them for you, your friends, whanau, family, etc.

Greetings to all readers of pRogReSsioN. Thank you to all who have sent in feedback over the last few months and thanks also to those who attended the focus groups we ran over the first few months of the year.

At the moment we are running AOTS Treatment & Service Perceptions Questionnaire. If you see those in AOTS waiting areas please go ahead and fill them out.

To all AOTS GP clients, we hope the funding granted by the DHB is making OST a little easier.

In this issue there is some discussion of two important issues: Hepatitis C and overdose awareness.



WORLD HEPATITIS DAY SATURDAY 28TH JULY 2018

On World Hepatitis Day various public health organisations/ stakeholders use radio, social media and print to educate people about hepatitis and also to encourage people to get tested. Which is actually a good idea ... getting tested that is.

In New Zealand there are estimated to be 50,000 people currently infected with Hepatitis C (HCV).

It has been estimated that 30,000 of those infected with HCV in New Zealand have not been diagnosed.

Within this group are a number of people, now 45 – 65 years old, who injected drugs between 1970 and 1990 and who have been chronically infected with HCV for 20+ years.

In terms of disseminating health information this is a hard to reach group of people who are at risk of serious health complications because of the untreated infection.

One of the doctors at Auckland Opioid Treatment Service (AOTS) did an audit to explore the HCV status of AOTS 1145 clients.

She found 1035 clients have been tested for HCV anti-bodies—that’s 90% of the clients—and 729 of that number (70%) had tested positive for HCV antibodies.



To be considered to “have” HCV you need to have an active viral load. Of the 729 clients with antibodies 242 showed an active viral load—in other words a third have Hepatitis C/ HCV.

People who have had HCV successfully treated will still be positive for antibodies but will be negative for viral load. This means they no longer have an active infection.

Of the 242 AOTS clients with an active viral load:

- ‡ About 60 (25%) are in treatment
- ‡ Another 60 are waiting for treatment
- ‡ 40 have missed appointments so are in limbo
- ‡ and another 80 have had no treatment or referral.

If you are one of the 242 with an active viral load and are, for whatever reason, not in treatment it is probably a good idea to think about getting treatment.

For a while now there has been a restriction on who is eligible for treatment depending on the genotype of your HCV infection.

The good news is that this restriction will be a thing of the past from October 1st 2018 when a new non-genotype specific anti-viral medication (known as ‘pangenotypic’) becomes available.

The liver clinic and other health services are expecting people who may have been waiting for this drug to arrive for treatment once this medication is fully funded.

For the estimated 21,000 people who have not had access to government fully funded treatment because they have the ‘wrong’ (unfunded) genotype, the wait will now be over.

They will be able to get simple, hassle free treatment that is almost 100% effective.

Experts in the HCV field are hoping that by 2030 hep C will be eliminated from the world.

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 narkan/naloxone (a drug that will bring people out of an overdose) then use it.

Various harm reduction services are discussing ways to make narkan easily available to people who use IV. Until that happens you can get it prescribed by a GP. It is a good idea to be ready, if need be.

There are numerous myths around overdoses.

Number one is that if you call an ambulance or drop a person at hospital you could get in trouble with the police. This is complete rubbish. You could be in worse trouble if you let them die without helping.

If you have other people with you get them to clear the way for the ambulance staff to get into the building (open gates, clear pathway, steps, etc.) and clear a pathway to the person who has collapsed.

Many people we know have been

through this experience and so long as the ambulance staff are not threatened they will not call police.

Many readers of pRogReSsiON will be aware that if an individual is opiate naïve -

that is they don't have a tolerance for whatever reason (just come off OST, just out of prison, new to opiate use etc) - then the danger is heightened significantly.

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

Other myths around overdose include:

- * Hold the person up and repeatedly punch them in the stomach/ribs to "bring them round". This does absolutely nothing to help them and could hurt them
- * Inject them with speed or other stimulants. Almost certain to make things worse
- * Inject them with salt or milk. Only if you want to add blood poisoning and vein damage to the list of problems
- * Leave them to "sleep it off". If the overdose looks serious, this could result in their death.
- * Stick ice cubes (or anything else) in any particular orifice. Does not help at all.

This article has focused only on opioid overdose. It is a good idea to learn about overdose from other substances like stimulants, alcohol etc.

You will find a lot of accurate and informative resources at www.overdoseday.com

That's all for now. Any feedback, complaints or compliments please call Andrew on 815 5830 ext: 45568.

As mentioned earlier, please take the time to complete AOTS Treatment & Service Perceptions Questionnaire.

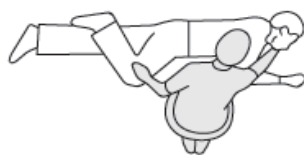
Until our next issue: take care of yourselves and those around you. Stay safe.

The Recovery Position

Support face Place the arm nearest to you at right angles to the body. Place their other hand against their cheek.



Lift Leg Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground.



Roll over Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side.



WHAT CONSUMERS TOLD US OF THEIR 2017 CADS EXPERIENCE

A big thank you to the 1400+ people who provided feedback to CADS last year. Some of the things you told us are :

301 people attending **CADS Counselling Service** completed a client survey where participants rate 14 statements. Eleven of the 14 statements received an overall average of 85% or higher which is pretty good!

The one area where there had been a decrease in satisfaction was with completing the V-ADOM though 90% of people attending CADS West found it helpful.

People think the Counselling Service could be improved by:

- ↻ involving people in recovery in CADS groups and encouraging peer support amongst group participants
- ↻ later start times for groups particularly at CADS North and Central
- ↻ easier access to one-to-one counselling.

During the year 134 people admitted to **Medical Detox Services' in-patient unit (IPU)**

undertook the client survey. Over $\frac{3}{4}$ said they waited more than a week to enter IPU and while a small number found the wait extremely difficult most people expressed understanding about the reasons for the delay.

As usual most people entered IPU to withdraw from alcohol and felt they achieved their goal. However, several people said they personally did not feel physically mentally and/or emotionally strong enough when they left or noticed the fragility of others who were leaving the unit.

Unsurprisingly people feel the IPU service would be improved by



allowing people to stay longer than the current 7-10 days.

People said they found the education groups helpful especially the ones about sleep strategies, managing cravings, recovery goal setting, identifying strengths, and building supports. They would like more of the groups which provide practical advice and support re behaviour change and recovery planning.

After responding to continual client dissatisfaction with the food it is great that changes to the menu mean more people thought the food was excellent and very good. It just goes to show change is possible, even if it takes a while!

Ongoing themes in IPU client feedback are requests for one-to-one counselling while in the unit and people's inability or difficulty in accessing counselling at CADS Counselling Service once they leave IPU. Conversations are occurring as to how this can be improved.

Most of the people who have undertaken a withdrawal with the **Community & Home Detox Service** were very positive about their experience of the service and found the assessment and withdrawal or stabilisation process very helpful.

Some would like more info about the detox process and about the medication prescribed.

For the second year people spoke of problems with the CHDS Clinic waiting area at Pitman House—we were unable to implement all the suggestions but hope people will find the environment less cramped now. Thanks so much for telling us how that space affected your experience.

During 2017 we decided to do focus groups with the **Auckland Opioid Treatment Service** clients so we could focus on particular issues raised by clients in earlier surveys.

Andrew spoke with AOTS clients in all 4 sites about their experiences of script collection and preparation for moving from specialist to primary care; community pharmacies; and about whether people experienced AOTS as responsive and flexible.

There was a mixed response to script pickups. Overall people would like more flexibility round script pickups and appointments with key workers. We are doing some work on that with the AOTS team at the moment.

Clients would like better communication from AOTS (especially re scripting) and to be able to use other communication options. We agree entirely however AOTS (like the rest of CADS) is currently limited in the technology available to support this. We live in hope ...

Several clients spoke of not feeling supported by AOTS to withdraw from or reduce their dose of opioid medication so felt frustrated, like they hadn't been heard.

Perhaps unsurprisingly this same frustration was found throughout NZ OST services in a study done last year.



WHAT CONSUMERS TOLD US OF THEIR 2017 CADS EXPERIENCE CONTD.

There was also frustration about some community pharmacists and GPs who seem confused about the role and responsibilities of locums. The AOTS pharmacists have clarified this with community pharmacists so please let us know if this continues to be an issue.

Everything that comes through **Suggestion boxes** in the CADS units, the in-patient detox unit, AOTS

Pitman House and Pitman House reception is looked at by the Consumer Team.

If you think we have missed something from you please let us know!



Feedback shows that people really appreciate it when staff especially those on reception are friendly polite and kind. However, not everyone had a positive experience of people on reception.

WDHB is currently focussing on the WDHB values and compassionate care for everyone so all staff are being reminded of the impact of a negative experience for people visiting the services.

If your experience is not satisfactory please let us know!

If you don't want to talk with us directly you can leave a msg in the suggestion box—and please include the date and time you had an unsatisfactory experience so we can follow up.

Several CADS sites are not disability-friendly; people with disabilities expressed their frustration about the environment and that people ignore the needs of people with disabilities. This is something CADS need to do better.



Thank you so much for providing feedback, ideas and comments throughout the year. Your experience of CADS is what matters most to the Consumer Team.

Sheridan, Andrew, Astrid, and Marc

GLOBAL DRUGS SURVEY 2018

Regular readers of pRogReSsioN will be familiar with the Global Drugs Survey, an annual stocktake of people's drug use around the world which we report on each year.



GLOBAL DRUG SURVEY

department on synthetic cannabis products is at least 30 times higher than natural high potency cannabis

Other results showed that gram for gram cocaine remains the most expensive commonly used drug in the world.

Over three thousand Kiwis (3223) took part in the last survey and what they said shows we still have a long way to go in terms of people understanding the risks associated with alcohol. For example:

- ↑ Over 60% of women under 25 did not know drinking less reduced the risk of mouth, upper throat, oesophageal, breast and bowel cancers
- ↑ 1 in 3 people did not believe alcohol causes cancer
- ↑ 40% of people said they were unaware that alcohol has few or no health benefits
- ↑ 1 in 3 women under 25 would think about drinking less because of the calories
- ↑ Nearly a third of NZ drinkers whose drinking was classified as very high risk still thought their drinking was average or less than average

- ↑ If you're using coke here you are paying more than \$360 on average for a gram—that's about \$30 more than they pay in Australia and 4 times more than they pay in America
- ↑ LSD and MDMA also cost heaps more in NZ than anywhere else
- ↑ Compared to people in other countries only a small number of Kiwis buy drugs via the Dark Net
- ↑ NZ has high rates of prescription opiate misuse, tramadol use, benzo use, and our number 8 wire mentality means lots of Kiwis cook up their own sort of drugs like crystal meth or poppy seed tea
- ↑ Nearly 10% of Kiwi cannabis users said they smoke a joint within an hour of waking
- ↑ 25% of Kiwis using cannabis said they aimed to use less in the coming year

Throughout the world serious harms are being caused by synthetics. The risk of turning up to a hospital emergency

The harms being caused by the war on drugs can no longer be ignored.

It is time to leave behind harmful politics, ideology and prejudice. It is time to prioritise the health and welfare of affected populations, their families and communities.

Support. Don't Punish is a global advocacy campaign calling for better drug policies that prioritise public health and human rights.

The campaign aims to promote drug policy reform, and to change laws and policies which impede access to harm reduction interventions.



The **Support. Don't Punish** campaign aligns with the following key messages:

- The drug control system is broken and in need of reform
- People who use drugs should no longer be criminalised
- People involved in the drug trade at low levels, especially those involved for reasons of subsistence or coercion, should not face harsh or disproportionate punishments
- The death penalty should never be imposed for drug offences
- Drug policy in the next decade should focus on health and harm reduction
- By 2020 10% of global resources expended on drug policies should be invested in public health and harm reduction

For more information go to <http://supportdontpunish.org>

CADS CONSUMER TEAM AVAILABILITY

- ☎ 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 (Counselling Service) is available Mon, Tues, Wed and Fri 9am -3pm
- ☎ Sheridan (all CADS services) works 8.30-5pm Mon—Fri



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

TELL US WHAT YOU THINK

Providing feedback to CADS is easy: you can phone 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. All complaints come to the Consumer Advisor who are investigated by the manager of the service not by the Consumer Advisor.

You can also 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

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.