

# pRogReSsion

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



Issue 70  
Dec 2022—  
Feb 2023

Greetings CADS clients,

Can you believe another year is at an end? (Or—if you are reading this in 2023—is just beginning)?!

It's been so exciting to welcome more new staff into CADS:

- After more than 20 years in CADS Toni retired as manager of Auckland Opioid Treatment Service (AOTS) and Altered High Youth Service (AHYS). Both those services have new managers:

Anne, who was the team leader at AHYS, moved into the manager position and Morgan became team leader

Karen, charge nurse for AOTS Pitman House and South, became manager of the whole of AOTS (Pitman House, South, West and North)

- Melissa, who previously worked at Ember, joined CADS as new manager for the Counselling Service

- And CADS took over the Waitemata Smokefree Service so we welcome Bede the new Smokefree Co-ordinator who is busy building a team. He introduces himself on page 5.

Even more exciting for our team is the arrival of another 3 peer support specialists, this time for three of our Counselling teams: Luke at CADS South, Sarah at Central, and Lyneese at West. You can find out a little about them on page 2.

And on p6 Renee talks about how having someone with their own experience gave her hope and ultimately led to her becoming part of the consumer workforce.

Marc who spends a lot of time at the Medically Managed Withdrawal Unit in Hobson St reiterates the importance of building connections and supports—recovery capital.

One of the areas people often feel the need to rebuild is their relationships with family friends and whanau as dependence on alcohol and other drugs can disconnect us from those people.

In this issue we are delighted to have a piece from Melissa CADS family advisor. The consumer team works closely with Melissa because, just like we are here to ensure CADS is responsive to the needs of clients, Melissa works to ensure CADS is responding to the needs of family and whanau. She has a piece on p3 about family whanau meetings.

And Andrew's article this issue focuses on health issues because, as we get older, we are losing more personal friends as well as clients to long-standing health issues.

It's heart-breaking to think that some people would still be around if they had just gone to the doctor a bit earlier—or, they had been to the doctor but hadn't said anything about their concerns. He has some info about the main health issues clients on OST are dealing with.

Thanks for all your comments, ideas, complaints and suggestions throughout 2022. We value your input and look forward to more in 2023.

Til the next issue **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



## HELLO FROM OUR CADS COUNSELLING SERVICE PEER SUPPORT SPECIALISTS!

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Peer support is based on the concept that people who have had a lived experience of addiction and have experienced recovery can engender hope to others by providing support and demonstrating change, recovery and wellbeing.

Of course everyone who joins in a consumer or peer role usually has a range of other personal and work experiences which we are often able to draw on in the work we do here.

The consumer team is rapt to introduce you to the three peer support specialists who have joined CADS Counselling Service at South West and Central:



Kia Ora Koutou. My name is Luke, I am the new and the first Peer Support Specialist to be allocated to the CADS South unit based in 'Manukau' 'South Auckland'.

Prior to working at CADS, I was working night shifts at Puna Whakataa an— AOD respite in Manurewa and studying Addictions and peer support.

I have a recovery journey within both addictions and mental health. I have also overcome some of life's greatest challenges and have been a client at CADS in the past.

I am motivated and enthusiastic to be in this new role and I am looking forward to applying my skills and sharing my recovery experiences.

If you're a South Counselling client and want to get in touch text or call me on **021 764 987**



Kia ora koutu. My name is Sarah and I am the new peer support specialist at CADS Central Counselling team.

I have lived experience of both addiction and mental health challenges. I have been in recovery eight years and have been working in the addiction sector going on 6 years. I have worked in a few different residential settings. In my first couple of years of working in the field I worked within a peer-led service.

I have a passion for supporting individuals and being able to use my lived experience where it is necessary to normalize the process for the clients.

If you're a Central Counselling client you can text or call me on **021 336 104** and my landline number is 09 845 1879.



Hi. I'm Lyneese. A few weeks after starting here at CADS West I am settling in and starting to talk to our whanau on this journey through addiction. My own recovery included time with CADS, now I'm really happy to be here.

Before coming to work here I was working in retail as a store manager. I completed peer support training several years ago but wanted to work with addiction as the focus rather than mental health exclusively.

I have respect and experience of CADS as a client so when the role came up I was eager to engage.

If you're a client of CADS West Counselling and would like to have a chat you can ask for me at reception or text or call on **021 982 761** or call CADS West on 09 837 9400

## A MESSAGE FROM RENEE

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

Kia ora folks!

Well hasn't this year flown by?! We are nearly out the other side of the effects of Covid. Seems a lot of clients are settled into Zoom, though all of our sites are slowly bringing back face to face.

Smaller groups have started due to the need to maintain safe distancing.

There are few clients we have heard about who cannot make it to face to face. If this is you, please speak with your clinician or group facilitator to find out if there is a regional Zoom group you could attend.

It is important to us that the service is doing its best to meet your needs. However, there is limited space and the group you attend may be full or not running, so please ask.

I am thrilled that we have peer support specialists working with our team now.

Currently there are 2 at HomeGround (Medically Managed Withdrawal Service), and now we have 1 at CADS West Counselling, 1 at Central Counselling and 1 at South Counselling Service.



This is new to CADS and very exciting.

You may be greeted in the waiting area or reception by either Luke (South), Sarah (Central) or Lyneese (West).

They can help you with forms, chat about what they do, and what they can do for you if you are interested in someone walking alongside you who is in recovery themselves.

I know for my journey at the beginning, having someone with lived experience gave me hope and I felt like a peer was someone who 'got' me.

It can be very scary the first time you walk through these doors, so a warm welcome and perhaps a little help filling out a form or finding out whether CADS is for you can be so helpful.

If you choose to have Peer Support embedded in your journey, you can ask them about what you may like your road to look like.

They work transparently with clinicians, just from a different lens. They are not there to tell you what you should do, but walk alongside you while you find your way.

It's great to have a peer to explain things to you in your language lol. Personally I find when I am nervous and someone uses words I'm not familiar with, I just click off.

If you do not happen to see them in reception, and you are interested in some peer support, please just ask. It is a real bonus to have some extra support.



My final thing that I would like to touch on is feedback. Please remember that your experience is very important to us.

*If there are things you feel unhappy with, we won't know unless you tell us.*

It can be anonymous via the feedback box in reception, or on the [cads.org](http://cads.org) webpage.

I am looking to refresh our recovery stories folder in receptions. It can be a poem, art or how your journey through CADS succeeded. This is a great way to give back when you are ready to leave CADS.

I see so many people reading from this folder as they wait. You don't put your name on it, so your privacy is respected.

All you need to do is give me a call or email (which is on the back page), and we can talk about what you would like to put forward. It is a good feeling!

Hope everyone has a safe and wonderful xmas!

## LOOKING AFTER OUR HEALTH - ANDREW AUCKLAND OPIOID TREATMENT SERVICE (AOTS) CONSUMER LIAISON

Greetings to all readers of pRogReSsion.

In mid-2019, Auckland Opioid Treatment Service (AOTS) was providing treatment to 1124 clients. That number includes specialist service clients (637) and those in GP Shared Care (477). Of that total, 550 were aged 45 – 49 and 187 were aged 60 or over. So well over half of AOTS client group would be counted as of the 'baby boomer' generation.

Each year, or half year, more AOTS clients die than during the preceding period.

For most people, from age 45 and over, there is a tendency to give more thought to taking care of their general health.

For AOTS clients there are specific health issues that can require monitoring. Methadone can cause changes in the electrical system of some people's hearts. The heartbeat can become too fast or too slow, regular or irregular. This condition is called 'arrhythmia.'

Clients are advised about the potential risk of 'arrhythmia' when they sign informed consent after admissions. For clients in GP Shared Care, their GP is responsible for ongoing prescribing of OST medications and taking care of clients' general health ... which should include heart care.

One way to avoid this is to maintain with buprenorphine instead of methadone but this only works if buprenorphine satisfies the client's needs re the primary characteristics of how they experience the medication i.e. *is it therapeutic?*

From time to time, the service might invite clients to submit to an ECG to assess electrical activity of the heart. Such an invitation is made exclusively based on the client's *own* history.

A few other issues are not difficult to stay on top of:



**Blood-borne viruses (BBV)** Hep. C is a major one for anyone who has used drugs intravenously (all this is true *times ten* if you shared injecting equipment) in the last few decades here in NZ and/or any place abroad. Hepatitis C rampaged through the Intravenous Drug Using Community (IVDU) in NZ. The new anti-viral medication for Hep. C is called Maviret. Maviret is good for treating all the different genotypes and has a very high success rate.

**Dental health** is also a concern for OST clients. Sometimes you hear people say things like "methadone rots your teeth". This is not true.

Opioids do, however, decrease the production of saliva in your mouth. If you add to that, poor diet, increased intake of sugary foods and average dental care including infrequent visits to the dentist over the years, all of those factors rolled in together definitely result in an impact on your dental health.

Sometimes people search for a single thing that can be identified as the reason something happens (i.e. meth-

adone rots your teeth), however in health care there are usually a combination of factors that come together to produce a specific outcome ... and it usually happens at a specific age.

Hence the relevance of these health issues on AOTS aging baby boomers.

**Pain management.** Several times over the last year or two we've featured articles on Pain Management for OST clients. I cannot count the number of clients I have spoken to about unsatisfactory encounters with hospitals and clinics where pain management is required. In short, these presentations can be a nightmare for OST clients.

The way to get effective treatment is to be proactive and do not be shy about advocating for yourself.

If you are planning to undergo surgical, medical or dentistry treatment you need to inform the service or your GP so that they can liaise with hospital staff or your dentist about your pain management. It pays to make sure this happens. This is what I mean by advocating for yourself.... you need to be proactive ...without being rude preferably!

### Aging and OST

In order to take care of your health needs you need the help of a good GP who you are comfortable with and, of course, one who is authorised to prescribe for OST medications and understands how OST works. Ideally a doctor who can see that the treatment works. Getting a doctor who suits your needs is a priority.

If you are a 'list person', you may want to write a list of your personal health concerns.

Prioritise the items if you wish. I am a 'list person'...shopping lists, top ten lists, health issue lists. It helps me organise and get ready to address certain issues.



I have been cautioned though when it comes to 'health issue' lists and GPs. Some of them do not like it. Probably because each item on the list represents another 15 minutes on the clock!

This can be an issue for clients prescribed by their GP where 4.5 visits per year are funded. One problem we've heard from client feedback, GP feedback and key worker feedback alike is that clients are a little unwilling to accept the cost of extending the appointment in order to discuss more items on the list. OST needs take centre stage. The script is written, then, script in hand, the client leaves and the GP puts through the claim for the funding.

The harsh reality of this is that all health consumers have to pay for the

time with their doctor. Unless you can find one who is prepared to cram issues into a 15-minute appointment ... seems unlikely. At the end of the day, you have to pay for the service. I suppose

that makes prioritising the issues even more important.

### Smoking

On that note (prioritising health issues) I have put stopping smoking at the top of my health needs list.

I am 60 years old and have been smoking since my late teens. I stopped for about 3 years around aged 50. Then started again. Now I am trying again. Until last night, I had not had a smoke for 6 weeks ... but yesterday I had two. Cravings overwhelmed me and I gave in: 'Don't fight it! I murmured soothingly to myself! It is not easy.

I think there are quite a few people among AOTS client group with similar smoking stories. Therefore, it is a real

pleasure to welcome Bede Skinner to CADS.

Bede has taken up a role as Smoke free Educator. He will put together a team of health professionals who will be a great asset to CADS and CADS clients. AOTS clients keep an eye out for further information about smoke free initiatives from the smoke free teams.

### Lab tests

AOTS has started using Labtests for Urine Drug Screen (UDS) collections. There will still be the odd little pot used at Pitman House and other AOTS units but many requests will also be directed to Labtests.

The change is cost-related but the nature of the collection procedure will not change at all.

That is all for now.

We welcome comments and feedback of all types. My work mobile number is 021 325 597.

## HI FROM BEDE -SMOKEFREE SERVICES TEAM LEADER FOR TE WHATU ORA, WAITEMATA

My name is Bede Skinner and I am the new Smokefree Services Team Leader for Te Whatu Ora, Waitemata.

The Smokefree service will now be looked after by CADS and is based at Pitman House in Point Chevalier.

A little about me: my background is in pharmacy and I have been a pharmacist for many years.

My favourite part in my role as a pharmacist was always the interaction with the customers. It really did make my day.

I've also dabbled in clinical support for orthopaedic surgery, that was a

bit gruesome, and as an actor on TV, but not a very successful one haha.

More recently I have been a health and wellbeing coach, helping people improve their lifestyles to improve their health. This is where my passion lies, in preventative health. And Smokefree is a massive part of that.

Quitting smoking isn't easy. It can take many attempts and that's OK. My aim is to have the best Smokefree support and tools available for people whenever they need it.

And we have a collaborative and aligned network across the many health services in our community so

we can have the strongest Smokefree support going. This way everyone who decides to quit smoking has the very best chance of doing so, and they can achieve their personal goals and wishes, for themselves and their whānau.

It's a privilege to have this position and I really hope to do the very best I can for people. So if you see me around, please say hi. I'm always up for a yarn, and I love a good funny story.





## FAMILY & WHĀNAU MEETINGS AT CADS FROM MELISSA—CADS FAMILY ADVISOR

CADS clinicians know that having family, whānau and other people who are important to you involved in your recovery journey can be of huge benefit and can help sustain positive long term recovery outcomes.

It is also true that there can be huge challenges and concerns about having family and whānau involved in your treatment with CADS or any part of your journey. It is not always straight forward.

Over the past few years we have been trying to offer more opportunities for people to have sessions that involve family and support people in a new and different way: you get to decide who attends and what would be most helpful to focus on and we help create a structured conversation about that issue.

CADS staff have the most up to date training in how to facilitate these sessions to ensure that you and your family and whānau get the most benefit. Since 2019 we have facilitated 142 of these family and whānau meetings.



Like everything we do here, it is important for us to know how people have experienced these meeting so we can continue to improve our service.

We have been asking people to give feedback following their family sessions and overall the feedback

from clients and their family and whānau have been positive with people often being surprised at the difference it made to their relationships and recovery.

*“The family meeting gave us an opportunity to discuss our common concerns. It is a good step towards building strong trust between us and our daughter”. (mother)*

*“There was no blaming or shaming, we were both able to helpfully identify our “patterns” so we can hopefully start to change them” (client)*

*“I found it helpful to learn ways to talk and listen to each other about the issues and have help in creating a plan” (client)*

If having one of these meetings is something you and or your family/whānau and support people are interested in, please talk to your clinician.



Visitors to CADS will be aware of the range of information we have available in our reception and other areas.

Some of the most popular material available are these three booklets which offer stories of courage and hope, and provide an antidote to the shame and stigma that can keep people isolated. *We are connected through story.* We see ourselves on the page and know we are not alone. There is hope. Please feel free to take these booklets home with you and share with the people who matter to you.

## PREPARING TO LEAVE THE MEDICALLY MANAGED WITHDRAWAL UNIT - MARC —MEDICALLY MANAGED WITHDRAWAL (DETOX) SERVICES CONSUMER LIAISON

When I talk to people at the Medically Managed Withdrawal Service (MMWS) I discover people have often been very focused on getting to us.

While they wait, they find maintenance drinking is difficult and many people struggle with the effects of drinking during this time. So by the time they get to MMWS it's not surprising that most people feel like they have crossed the finish line and in some ways this is true. A withdrawal from alcohol and drugs can be a start of a new recovery in life, but...

It would be more true to say that a stay in MMWS is more like a reset.

As with any reset, what happens after this can determine the outcome.

The journey to dependence is very different for each person, but each person will have some parts of their life that drive their addiction. Without looking into and working around these drivers of addiction, it is very possible that addiction will present itself again.

So I often hear from people on their first withdrawal, "I have good family support and a busy life so I will be ok once I get out of here—I will be ok".

And yes, I am sure this happens for some people, and yet I notice it isn't unusual for these people to come and visit us again.

I can understand why people do this. Often we need to learn by experiencing life.

One thing that comes from this experience can be an openness to try something different. This can be a

good place to start, as doing the same thing often gets the same results.

So what do people find useful when leaving MMWS?

The research shows getting alcohol and drug support from a trained alcohol and other drug (AOD) professional for the first three months after a withdrawal increases chances of maintaining your goal. It makes sense that having someone with skills and knowledge about addiction would help in those early days as early recovery usually comes with both perks and struggles.



An AOD professional can help you work some of these good and more difficult bits because each comes with its own challenges. Places like CADS can be a good place to pick up some of these skills to make it a bit easier.

I don't think most people come to MMWS wanting their lives to then become focussed on alcohol and drug treatment. Addiction has already taken over a large part of people's lives; often people have neglected parts of their lives because of their AOD use. Normal pastimes and hobbies have dropped off long ago.

Recovery is an opportunity to look at this—to look at the things you may have lost that you want to find again, to take up new pastimes and reignite old passions.

Or it might not be doing something you've never done before—recovery might open the door to a totally new world. So maybe learning from what others are doing and trying new activities is a good way to find out what is for you.

One of the other things to think about is reaching out and connecting to the community.

Many people coming through MMWS have been isolating in various ways. Recovery is a chance to break out of the world of "me myself and I" - a chance to connect with others and meet new people.

I want to acknowledge that this is a big thing, many of us struggle with social phobias of various types. So be easy on yourself. Sometimes just being somewhere with others can connect us to our community. So as with all of these suggestions be kind and encouraging to yourself when challenging yourself, and be ready to hold your boundaries as you need.

Recovery is about moving toward the life you want. It can be slow progress at times but that's ok—just keep moving forward. There will always be hurdles and challenges and sometimes you might feel you are going backwards or standing still and there may be times you have to go back and understand why it doesn't fit with the life you are working towards.

Always remember recovery isn't a destination it is a journey.

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## CONTACTING THE CONSUMER TEAM OVER XMAS—NEW YEAR

- † Sheridan works with all the CADS teams and is available 8.30-5pm Mon—Fri. You can call her directly on 09 845 7520 or text or call 021 760 319 tho not between 23 Dec—23 Jan. when she is on leave
- † Marc (Medical Detox Services ) is available Mon, Tues, Wed and Fri 9am—3pm tho is on leave from 21 Dec til 16 Jan
- † Renee (CADS Counselling Service and CADS Abstinence Programme) is here Mon—Thurs 9am—3pm . She is on leave from 21 Dec —9 Jan
- † 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 tho not between 23 Dec—23 Jan. when he is on leave



If you need to speak with one of us **phone 09 815 5830** & reception will connect you to someone from the Consumer Team

Each of the consumer team 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

Sheridan ext. 45520 or 021 760 319

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## 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 09 845-7520**

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.