

# pRogReSsion

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



Issue 69  
Aug—Nov  
2022

Greetings CADS clients, hope you are managing through this very changeable winter. So much has happened since our previous issue ...

Most excitedly we have welcomed three fulltime peer support specialists— Skyler, Lisa and Darrell—to CADS Medically Managed Withdrawal Service.

Altho CADS have had peer support roles in the Pregnancy and Parental Service for several years now it has taken several more to expand into other CADS teams—until now.

And we are about to employ into CADS Counselling Service starting with Sarah joining us at CADS Central. We are also recruiting for CADS South and West. Eventually we hope to have peer support available in most if not all the services CADS offers.

You may be aware of the significant changes happening in the health sector. There are no longer any District Health Boards so CADS is no longer part of Waitemata DHB. Now, all CADS staff work for Te Whatu Ora-Health New Zealand, Waitemata.

This means that over time our letterheads, posters, leaflets, info sheets etc will change to reflect this - but there is so much to change that it's going to take some time to change everything.

The change to Te Whatu Ora has also introduced the Code of Expectations—signed off by the government. This document sets out how health and disability services need to involve, share decision making and work effectively in partnerships with consumers/whānau.

This includes applying the principles of Te Tiriti o Waitangi in every engagement with consumers/whānau. So again you will see some changes happen over time in regards to implementing the Treaty throughout CADS.

For now, you will probably not notice a lot of change but we expect changes to happen over time and we will endeavour to keep you informed about what's happening.

And now for something completely different ...

Regular readers may be familiar with the way i always sign off this introduction to the newsletter—“play safe” is a phrase i became familiar with back in the early days of the campaigns re HIV/AIDS.

It was acknowledged early on that even tho HIV was around, people weren't going to stop having sex so the focus had to be on reducing the risk of contracting the virus—not telling people to “just say no to sex”.

This harm reduction message fitted well with AOD use: people aren't going to stop drinking and drugging so let's focus on reducing the harms that can happen instead of telling people not to drink or use. In other words, play safe.

In June a dozen people in the Wairarapa were expecting to enjoy themselves with some coke only to discover what they had used was in fact laced with fentanyl. That must've been pretty scary for those people.

For some info on fentanyl and ways to reduce the potential risk of using it unknowingly check out p.7

Til the next issue in Nov, **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 new QR code



## CADS WELCOMES PEER SUPPORT SPECIALISTS!

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.

How is it different to the counsellors or key workers?

Peer support uses *mutuality* in peer relationships. This means peer support specialists use and share their own experience to help others—and that's not something which people in clinical roles do.

So what will the peer support specialists actually do?

One of the significant advantages of peer roles is that they offer *flexibility*—there's variety in the kinds of support peers can provide.

For example, in the Medically Managed Withdrawal unit the peer support specialists might contact

people while they are waiting for their admission, meet them when they come into the unit and help clients settle in. They might do activities with the clients like artwork, or playing games, or run a group.

Running groups is something the peer support specialists might also do in the Counselling Service. These would focus on recovery and include activities to help clients identify and build their recovery capital through personal, social and community connections.

In the units they might greet people as they enter the unit, answer any questions people may have about the service and admissions process and if necessary they can assist clients to fill out forms.

So is it like having a friend?

Although peer support is not like clinical support, it's also not about being friends even though the

relationship you have with a peer support specialist might be 'friendly'.

Peer support specialists have to maintain appropriate boundaries for their and your safety; for example they won't give clients their home address or private phone number or meet clients after work to socialize.

And while their work is able to be flexible there are still clear *limits* to what peer support specialists can do (just like clinicians); e.g. they are not a taxi service simply driving people around.

What would be really helpful is to know what you would find helpful: what support do you think would help you that can't be provided by your counsellor or group facilitator or key worker or nurse? You can provide your thoughts by dropping them into the feedback/ suggestion box or by contacting the consumer team (numbers on the back page).



There is an exciting new group in Auckland, Speed Freaks, which began in Christchurch in 2017. It's a recovery based activity supported by volunteer coaches and peer support champions and brings together people in recovery to run or walk.

Connection plays a huge part in recovery and getting healthy is a great way to go. Being part of a group that cheers you on and gets you out there is fantastic. Social networks are proven to bring change and help people build and maintain their recovery.

You can become a Speed Freak by

joining one of their running or walking groups; even once a week is a good start.

They are popping up all over Auckland, so you can choose which time or place suits you best.

If you attend 3 runs or walks in a row, you earn yourself a 'Speed freaks' t-shirt. This helps change the narrative, is an equalizer and brings courage and commitment.

Speed Freaks has their own Spotify playlists to run or walk with as well.

You don't have to engage with others if you're not in the mood, though

there are experienced peers in the group to talk with if you want about any issues you may want to share or would like some advice about.

If you are interested in joining or giving it a go, this friendly bunch will be excited to have you.

For more info go to:

★ <https://speedfreaks.org.nz>

[The Speed Freaks – Running for Recovery](#)

★ Facebook @speedfreakrunners

★ Instagram @the\_speed\_freaks

## WELCOME TO OUR PEER SUPPORT SPECIALISTS FROM MARC —MEDICALLY MANAGED WITHDRAWAL (DETOX) SERVICES CONSUMER LIAISON

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There have been lots of changes at the Medically Managed Withdrawal Service (MMWS previously known as Pitman House detox in the past).

It is great to have a brand new building to settle into. Everything has been running mostly to plan, despite the odd disruption due to COVID.

The big change is the addition of Peer support specialist (PSS) roles in our unit. We had our first peers start a couple of weeks ago and another still to join so we will have three Peer support specialists being available to

people in our unit.

So far they are orientating to the new role and to CADS and are starting to get out and talk to the clients and be in the occasional group.

As someone who has been advocating for Peer support in CADS it has been a joy to help orient them to the service, and watch them connect with the clients and talk about recovery with clients.

We are warming them up to help support people as they arrive to the unit and to help with recovery

planning while clients are here.

They may also support people who are waiting to get into MMWS, so if you are one of the people waiting to come here they might give you a call and have a chat about coming in.

Our long term plan is for a peer support specialist to welcome people arriving to MMWS and being available to support people as they need through the admission process.

So here is a little something from two of our new Peer support specialists ...

### ***Introducing Lisa ...***

Kia ora koutou. My name is Lisa and I'm so happy to be joining CADS Medically Managed Withdrawal Service as one of the three new Peer Support Specialists.

This is my first position working in Peer support and I am really looking forward to sharing my own experience, strength and hope with others here at CADS.

I have struggled with addiction since 2012, spending a lot of time in residential rehabilitation organisations and various other services.

I fell over many times and even though I kept getting up, I could never stop drinking and before long, I knew that I was on the fast track to losing everything.

I am grateful for my past experiences and learnings during my time in treatment centres, as this time, I made the difficult decision to give up my full time job and focus solely on getting well.

Something had to change at this point, so I connected with the people at CADS South.

I immersed myself in many different groups, some of which were Managing Moods and a women's group.

Giving myself time over the next two years helped me fill up my tool box with the things I needed to deal with my triggers and cravings. I began to build my new life in recovery which is now such a full life.

After my Peer support training I went on to complete my NZ Certificate in Health and Well-being specialising in mental health and addiction.

I am so happy to be part of the team here at the new city mission, HomeGround and I'm excited to be part of building this new workforce here at CADS.

Nga mihi, Lisa



I value the connections I have made and I feel so passionate about wanting to empower others, going through similar challenges.

### ***Introducing Skyler ...***

Kia ora koutou katoa

I'm Skyler and I am one of the new Peer Support specialists with the MMW unit.

I came to Tamaki Makaurau two years ago from Wellington to study psychotherapy at AUT and have been working in mental health support work.

Most recently I have worked with the 1737 peer support line.

I am excited to be part of peer support at this early stage of integrating with the team and look forward to sharing what has worked for me in my recovery journey.

## UPDATE FROM ANDREW AUCKLAND OPIOID TREATMENT SERVICE (AOTS) CONSUMER LIAISON

Hello to readers of pRogReSsion. The work of AOTS has been continuing on despite the disruption caused by the global pandemic. Actually, dealing with it has become the norm. As is the case for the entire community. It does not appear to be ending any time soon.... hope I am wrong there, I doubt it though.

For Opioid Substitution Treatment (OST) providers, the health crisis has meant services must employ increased flexibility in most aspects of treatment provision.

Fewer clients are presenting for face to face appointments; there has been an increase in telephone and Zoom consultations.

The service has made efforts to reduce the number of pharmacy visits clients are making esp. during the lockdowns when staff began delivering doses to clients at home. Also the service increased the

number of takeaway doses if it was considered safe to do so.

All of these adaptations to service delivery have been a great learning for OST services around the country. They have realised there is room for flexibility, and that responsibility can be handed to clients.

Some rural services made an impressive effort to deliver doses to areas far from pharmacies in order to keep people safe and keep their petrol bills down. It has been inspiring to see services work in this way.

As mentioned above, some clients were given extra takeaway doses during the worse part of the pandemic.

Now that lockdowns have passed, it is interesting to observe the response of OST services. Bear in mind there appeared to be no evidence of increased harms from

the extra doses around in the community.

Some services retained the changes to clients prescribing regimes, others reverted all scripting back to its pre-Covid state and other services adjusted on the case by case basis. AOTS belongs with the later; all prescribing regimes were reviewed case by case.

Slowly, now, the number of face to face appointments are increasing again. From my point of view, it is welcome to see clients back at Pitman House.

The Consumer Team is planning to conduct our usual survey soon so clients have the opportunity to offer feedback about their AOTS experience.

*Please keep an eye out for the survey and take part. It's your chance to have a voice!*

**International Overdose Awareness Day** is a global event held on 31 August each year.

The aim is 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 helps to know the signs of an overdose and how to respond. Different substances including alcohol produce different symptoms and what works to bring someone round from an OD from one substance won't necessarily work for a different substance.

*Regardless of what someone has used or taken, 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.



**International Overdose Awareness Day**  
**31 August**

*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](http://www.overdoseday.com) and check out the info available in CADS reception areas

**A MESSAGE TO PEOPLE USING METHAMPHETAMINE FROM RENEE**  
**—COUNSELLING SERVICES NORTH, WEST, SOUTH, CENTRAL & CAP CONSUMER LIAISON**

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If you're using Meth a lot, then there is something you should be aware of. Psychosis can happen to you. You won't know this at first because it isn't something you can see. It is very scary for you and the people around you, because the dark thoughts haunting you will seem so very real.

Two very common themes to watch out for are:

- † thinking there are cameras hidden and people are watching you, talking about you, laughing behind your back
- † if you have a partner, you may be plagued by thoughts that they are cheating on you, whispering about you, every time they are out of your sight. This can be very distressing for both of you as your partner will be exhausted by your accusations and won't know what to do to help you.

If these kind of thoughts are taking up your time, if you feel alone and can't trust anyone, you could well have psychosis. A very dangerous place to be. Suicidal thoughts are common in this state.

If this is you, or a loved one, please seek help from CADS or your doctor. Having contact with someone professional is extremely important. Someone that knows what you are experiencing and isn't going to judge can help explain what is happening to you. This will not go away by itself.

Here are some tips to help you

- † Sleep as much as possible. Especially at night. The more hours you are awake, the worse psychosis becomes. Try to get regular sleep, a sleep routine will

be extremely helpful. You may think you are going to miss out on something, but you are not and you are doing yourself and the people around you good by lots of sleep



- † Cut down your Meth use as much as you can, if not stop all together and have a break. If you do still need to use, try not using after midday. This will help you to sleep at night
- † If your method of use is injecting, cut down the dosage and don't smoke it as well. Choose one or the other. It seems that people who use both via both methods tend to use more meth overall, which is associated with increased risk of psychosis
- † Communication. You need to tell someone what is happening for you. Let them help you with a plan. Make sure you explain how real your thoughts are to you so they bring some patience. Instead of telling you that nobody is outside and that you are nuts, ask them to show you, come with you outside

- † If it is at all possible, take a break from where you are living. Go and stay with a friend or family member. Somewhere you feel safe and quiet. This may not be an option for everyone, but if you can, this will give you and your household a much needed break.

If you can achieve only a few of these, it will help.

Psychosis will not go away by itself though you can come back from it if you know what it is and do something about it. It is a scary and dark place for you and the people around you. It is very confusing and exhausting.

Having more understanding of the drug and its effects is very helpful.

Here at CADS we have lots of information you can take home and of course you would benefit from joining our groups.

CADS can teach you a lot about your use and give you tools to manage these kinds of situations.

You don't have to feel alone, come and have a chat to see if joining a group is something for you. Or just having a chat to one of our counsellors.

If you are a loved one, the partner parent or friend of someone who is using meth, come and get some education about meth and ways to deal with your loved one's usage. It can be just as traumatic for you to witness what the person you care about is experiencing.

Addiction has a ripple effect that touches a lot of people around it.



## LONG ACTING INJECTABLE BUPRENORPHINE (LAIB)

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Pharmaceutical companies have developed a subcutaneous injection depot form of buprenorphine naloxone (formally known by the brand name 'Suboxone').

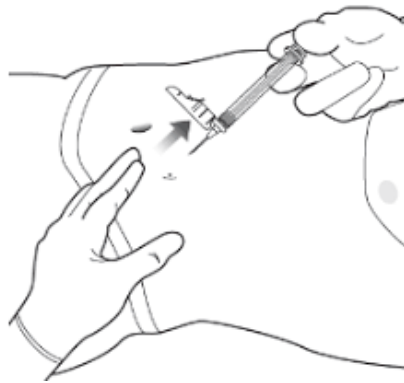
As most AOTS clients will know buprenorphine naloxone (bupnx) has been funded and available for years now.

This new depot form is already being used in Australia and elsewhere. A handful of clients in New Zealand are being prescribed it on compassionate needs grounds as it is not funded for general use just yet. It will probably be funded and available to OST clients sometime next year.

Clients can receive a depot injection weekly or monthly. This injection lasts weeks.

The obvious advantage is there are very few visits to a clinic or pharmacist.

For people working fulltime or who have to travel this form of OST could be ideal; a fisherman, airline steward, working in film production, travelling sales etc... for anything like that - fantastic. But there are numerous pros and cons.



Of course, before choosing which medication (bupnx or methadone), clients need to be well informed and sure they want to change from one to the other.

*All things are NOT equal with these two medications and consumers experience them quite differently.*

The other thing to bear in mind is that BOTH medications are challenging to come off once someone is dependent. To say one is easier than the other to come off is to misrepresent the facts.

Anyway, AOTS will be sure to keep clients informed re the availability of the bupnx depots. It is great that the number of options OST clients have is increasing.

Please, if you have any feedback about your experience of treatment with AOTS feel free to ring me (Andrew) pn 09 815 5830 ext. 45568 or text me or call 021 325 597

Stay safe.

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## A MESSAGE TO PEOPLE USING METHAMPHETAMINE CONTD.

CADS have groups especially for family and friends which can help you find solutions and people to talk to that are in your same position.

Psychosis is real and a very frightening experience. You can make it go away if you seek help or understand what it is and how to help yourself.

Psychosis can come back anytime, so cutting down and lowering your tolerance is an important step to beat it.

Sleep is a very important healing process. Stopping of course is the best option; you can always go back to using.

Ask yourself what is the harm in taking a break? It won't hurt to try and give it a go, especially if it helps stop your negative mind chatter.

Another great option, come and see us, and you will be halfway there.

Give us a call 0800 845 1818

Meth help 0800 6384 4357

Alcohol and Drug Helpline 0800 787 797



## FENTANYL HITS THE WAIRARAPA

Chances are you will have heard of Fentanyl. It's hit the news many times over the past few years and has been linked to the deaths of musos Tom Petty and Prince amongst others.

Fentanyl (or fentanil) is a potent opioid used as a pain medication and as an anaesthetic. It is 80–100 times stronger than morphine. It's taken over from heroin and oxycodone in "The North American Opioid Epidemic".

According to Rolling Stone magazine black-market fentanyl pills became common in the past decade after doctors cut back on prescribing OxyContin in 2007, when the government sued its manufacturer for misleading the public about the drug's addictive risks.

Opioid users had to look elsewhere, and turned to heroin, which dealers started mixing with fentanyl for a faster-acting, more euphoric and addictive high.

A fatal fentanyl overdose can happen in barely one minute. "The dose you require is minuscule, like a grain of salt," says Dr. Nora Volkow of the National Institute on Drug Abuse. "A tiny difference in your content can mean someone dying. You need a very sophisticated lab in order to measure a concentration that would be safe."

One of the biggest risks with fentanyl is that it is sometimes mixed with non-opioids like cocaine, benzos or methamphetamine. This is what happened in NZ in late June when 12 people ended up on hospital.

They thought they were using coke but experienced something very different.

Fortunately there had already been some thinking about what needed to happen should NZ suddenly and unexpectedly experience a number of localised opioid overdoses.

Each month the NZ Drug Foundation hosts an Acute Drug Harm meeting which is attended by a wide range of health and social services as well as the Police and the National Illicit Drug Monitoring System amongst others including CADS consumer team.

Last August the Acute Drug Harm meeting did an exercise looking at what would be needed if there was a sudden avalanche of opioid-related overdoses. Together we came up with a range of responses we thought would be needed including providing local communities and services with info about the incidents as well as getting out there with physical resources like fentanyl test strips and naloxone.



2 mg of fentanyl (as seen in comparison with U.S. penny) proves lethal for most individuals Public domain/Drug Enforcement Administration

While it would be necessary to get the media on board to get the word out it was also accepted that there needed to be caution around involving the police and media. A punitive police response or moral panic in the news could have negative effects and drive people away from accessing harm reduction tools.

So when people starting O'Ding in the Wairarapa the Drug Foundation was able to step in quickly, connecting with the local community, offering drug checking and fentanyl test strips, and distributing naloxone.

If you or someone you know uses drugs please ensure they know about where to find good information and harm reduction tools. It could save a life.

## DRUG CHECKING—Know Your Stuff

It's best not to use untested drugs especially if you're not sure what they are. You can buy reagent tests or fentanyl test strips online from The Hemp Store or Cosmic Corner. These tests can only tell you if a drug is present, not whether it's mixed with something else - but they're better than not testing at all.

For more harm reduction strategies when using drugs check out [The Level](https://thelevel.org.nz) at [thelevel.org.nz](https://thelevel.org.nz)

Keep an eye on [Drug Foundation](https://www.drugfoundation.org.nz) or [KnowYourStuffNZ](https://www.knowyourstuffnz.org.nz) social media for updates

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## 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 ) is available Mon, Tues, Wed and Fri 9am—3pm
- † Renee (CADS Counselling Service and CADS Abstinence Programme) 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

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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 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.