

# pRogReSsion

## News & Information for CADS Clients from CADS Consumer



Issue 73  
Dec 2023–  
Feb 2024

Greetings CADS clients,

Another year bites the dust, and as always a lot has happened throughout the year.

The team has been involved in a wide range of activities within CADS such as managing the evaluation of the CADS groups and client experience surveys, taking part in the recruitment and training of new staff, and more.

One of the best things that has happened this year has been the employment of more people into peer support roles into CADS counselling and medically managed withdrawal services.

Amber has joined the team at CADS North and Noel is now working at the Medically Managed Withdrawal unit. We have had people leave too: Jordan was only with the MMWU a short time and Lyneese left CADS West. By the time you read this we may have a new peer support specialist for the West counselling service and we are adding a part-time role at Central. Sadly we are about to farewell Ben from MMWU so will be recruiting for that role in the new year.

Every person who comes into a peer support role not only helps individual clients but also helps CADS progress as a service and for that we say an enormous thank you.

A couple of months ago the consumer team did a project looking at the impact of introducing peer support into CADS. A number of clients took part so if you want to know what they said check out p6.

This year the team took part in a couple of external projects, one looking at clients' (and their whanau's) experience of the Substance Addiction (Compulsory Assessment and Treatment) Act and another looking at people's experience of pregnancy and parental services. A big thank you to everyone who took part.

We continue to be involved in various activities external to CADS such as the NZ Drug Foundation's Acute Drug Harm Community of Practice which provides an opportunity to meet (via Zoom) with people providing or linked to addiction services and learn about issues coming up nationally. This is especially important re the new psychoactive substances appearing in NZ.

On occasion you might notice signs from High Alert in reception and in doorways. This is one way we can alert you to some of the problematic substances that are showing up in Tamaki Makaurau and beyond.

We are also strong advocates for drug checking as a harm reduction strategy. One of the consequences of prohibition is that there are no guarantees that what you are taking is safe. Drug checking is one way to mitigate that risk.

Andrew talks a bit about the new nitazines that showed up in Wellington and are being used in Auckland. And Renee has some handy advice about staying safe through the festival season. And on p.7 there is some info about Fentanyl, another very strong opioid which is showing up locally.

It might sound geeky but your best protection against things going horribly wrong is being well-informed. Know what you are using, know where to get help, and know who your friends are.

Til the next issue **play safe out there** Sheridan (CADS consumer advisor)

# High Alert

AN EARLY  
WARNING  
SYSTEM FOR  
DANGEROUS  
DRUGS



## CHANGES TO ACCESSING CADS MEDICALLY MANAGED WITHDRAWAL SERVICES

### MARC —MEDICALLY MANAGED WITHDRAWAL SERVICES CONSUMER LIAISON

Some of you might have noticed that the way to access both the Community Home Detox Service (CHDS) and Medically Managed Withdrawal Service (MMWS) has changed.

The first step to getting a withdrawal in either in the community or in the medical withdrawal unit is at your local CADS unit (listed below).

You can walk into a CADS unit without an appointment between 10am—1pm and ask for an assessment. This is when you can talk to the clinician about what you are wanting; they will have questions for you as well.

The assessment information goes to the CHDS nurses to have a look at; they might contact you if they need more info.

The CHDS nurse consults with their team which helps determine what your options might be and what they can offer you. This could be a home detox or a stay in MMWS or something else like counselling support or a CADS group.

This new process has been a big change for CADS counselling, CHDS and MMWS.

So why make this change? The big reason is to connect people to the CADS services closer to where people are in the community rather than centralising everything at Pitman House in Pt Chevalier.

Accessing your local service means you can access CADS counselling supports.

We have found that people often aren't using the other services available to them in the community and one of the hopes is that people will use CADS groups and supports as well as having a medical withdrawal.

What we know is that a medical withdrawal is very successful at what it does. But it is more of a reset than a "magic pill".

*The real work comes when the withdrawal stops.*

The things that a withdrawal won't fix is your emotional world, the thoughts you have, or your social world.

Fixing or improving each of these takes a bit of work and life tends to trip us up with the most unexpected things.



Having people in recovery in your life is important—they help to give us perspective and can share how they have dealt with some of the challenges.

Having good support networks is one of the things that will help recovery. It can be hard knowing where to start but if you're in MMWS or the Counselling teams you can start with the peer support specialists.

They all have their own experience; they've been through it and come out the other end. They are really good at sharing what they found helpful.

Another way to start is by joining a CADS group. We know going into a group with strangers can be a bit intimidating; the good thing to know is everyone else is feeling the same way.

Connecting is one of the most important ways to work recovery. Groups are a good place to be with others who also are working their recovery—whatever that means to them.

Groups can be inspiring place to get new ideas for how to move forward. It is easy to get isolated in addiction so it is important to connect up and

have meaningful relationships and activities because in the end recovery is about you having a life that is meaningful and fulfilling to you.

For more info about groups go to [www.cads.org.nz/what-we-do/groups/](http://www.cads.org.nz/what-we-do/groups/)

Our CADS units are at:

CADS West: 1 Trading place, Henderson

CADS South: 7 Ronwood ave, Manukau

CADS Central: 409 New north road, Kingsland

CADS North: 44 Taharoto road, Takapuna

## IS IT THAT TIME OF YEAR AGAIN?

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

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For a lot of us, Christmas and new year is a time of stress, triggers and time for a much-needed holiday. This time can be isolating, depressing, a time to let loose and even tip over.

If this is the first Christmas you have been sober, or have boundaries to hold with loved ones, may I suggest this is a time to use the tools from your kete and put them to action. Have your exit plan. Your selfcare routine. Communicate your needs and boundaries. Have your support system.

Maybe, before events, there are some whanau you need to have a conversation with.

Remember what your triggers are and how to avoid or manage them.

Remind yourself of what makes you feel safe and happy, where you feel comfortable and uncomfortable.

Remember that lapse is not relapse, if you slip, try not to be too disappointed. Learn from the experience and get back with your goal as soon as you can. You don't have to stay there.



Look for how it happened. Look for silver linings. Look at how much you have achieved.

Reach out. Do some consequential thinking. Be assertive. Practice mindfulness. Get your workbook out from groups and remember what is helpful to you.

Set goals. Use sunblock. Reflect. Get some vitamin D. Wash it away in the ocean. Scream into the wind on a hilltop. Pat yourself on the back. Look after yourself and your peers. Check your thoughts and count your blessings. You deserve it.

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## STAYING SAFE THRU THE HOLIDAY SEASON

If you are thinking about attending a festival/events. If you are considering using substances. If you are trying a substance for the first time, please be safe!

You can avoid unexpected problems and potential overdoses if you have a few things in place. May I suggest:

**LOOK AFTER EACH OTHER:** Keep an eye on your mates, have a meeting spot, a check in time, a sober driver. Remember it is ok to say no. And if your mate says no respect their choice.

**HAVE A PLAN:** If things go wrong, know where the medical tents and drug checking tents are. Educate yourself on recognising overdose and what you need to do if it happens.

**HYDRATE:** Eat and drink water. Notice your body temperature.

**CONDOMS:** Some drugs make you horny, use protection.

**MOST IMPORTANTLY CHECK YOUR DRUGS!**

There will be a free, legal and confidential drug tent to check yourself, your drugs and resources around drugs at various festivals this summer including Northern Bass and Twisted Frequency.

As we know the drug in your hand might not be what you think it is. It might be riskily potent and even lethal.

A number of providers have been approved to carry out drug checking including The Drug Foundation, New Zealand Needle Exchange Programme, and KnowYourStuff so keep an eye out for them.

They are all friendly folk you can visit at your festival to test with you.

Better to be safe than sorry right?

It may be a good idea to subscribe to **HIGH ALERT**. They will let you know what's out there that is potentially dangerous or advertised as something different.

The Level is another good resource to consider. You can go to their website and how to help others and supports that are available. They run pop up clinics all over New Zealand and have a list of dates and places where you can visit them to test yourself, your drugs and get educated on substances and resources. Just go to p7 for the links

Look after yourselves and each other and have a safe Christmas and new years from me!

See you next year x

## WORD AROUND THE CAMPFIRE ISN'T ALWAYS RELIABLE

- ANDREW AUCKLAND OPIOID TREATMENT SERVICE (AOTS) CONSUMER LIAISON

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Greetings to all readers of pRogReSsioN. It has been a busy time at AOTS. The service has just been audited by the Ministry of Health, thank you to all who helped by completing audit interviews.

The Christmas holidays are coming soon. To all AOTS clients if you expect to need special help with scripts, please make your requests in plenty of time for your key worker to organise things.

### COMING OFF OST

Recently I supported a client who had been through a difficult experience withdrawing from OST and being discharged from AOTS. This was a planned withdrawal for someone who had been on methadone for a few years.

At first things went well on methadone: stable, not hanging out, don't have to wake up worrying about scoring etc. However, after a time they got sick of having to go to the chemist most days and they had trouble getting the kind of takeaway arrangements they wanted.

So they decided to come off OST. They had heard that Buprenorphine/Naloxone (formerly "Suboxone") was easier to come off.

The person talked to the doctor, who organised a switch to buprenorphine. Once they had made the change in medications they began reducing doses fairly quickly. Mild withdrawals began as soon as they switched. The client said they did not realise how different buprenorphine was. They came off. And guess what? It was **not** easy.

They described the whole withdrawal period as a nightmare. They came off way too quickly and described the 6 weeks after discharge as a nightmare.

When I discussed this issue with AOTS lead doctor he said he had had numerous clients who had come in to clinic asking to be switched to buprenorphine because they had



heard, round the campfire style, that 'it's easier to come off'. Most had run into difficulty.

To state it clearly: *Buprenorphine is not easier to come off.*

In the early days of Suboxone, when it was being used primarily for withdrawal, we were told it would be easier for people than coming off methadone.

So the consumer team did a small project which found that yes, some people found it easier but that certainly wasn't the common experience. And just because one person had an easy time of it does not mean that'll be the case for everyone. You just have to look at the many chatrooms about coming off opiates to see the myriad of different experiences that people have had.

There is no magic potion that makes withdrawal easy. The truth is that *withdrawing from opioid maintenance medications is usually challenging.*

(It is important that individuals' circumstances, reasons for doing it, general health etc are in the right place.)

If methadone has been working for you, why change to buprenorphine? Even if you want to go on a reducing dose. The more relevant and important advice is to do it slowly...right down to one or two mgs.

It is important that OST clients gather information about the treatment from a reputable source and word round the campfire can sometimes be questionable.

Talk to your key worker at the service and an AOTS doctor.

When supporting another client I learned that their reason for hurriedly coming off OST (methadone in their case) was they had heard from a friend it would be viewed favourably by the judge when they got to court. This is another common piece of 'wisdom' that emerges during 'round the campfire' discussions. (The same advice may be heard from a lawyer or family member)

It is best to come off when treatment goals have been reached, when you are stable, when scoring is not part of your daily routine, when you have built up some useful recovery capital and when doing so is part of your recovery plan.

Don't come off on the basis of what some judge may or may not believe; the potential harms of ending treatment prematurely are too serious and life threatening to take such a risk.





## DENTAL PROBLEMS

Another topic that often features when OST clients discuss the pro and cons of the treatment is that of dental problems.

You hear alarming comments like “Methadone rots your teeth”. That’s not really true.

Methadone does impact the state of your teeth like many drugs and medications. This is because opioids

(which includes methadone and buprenorphine) dehydrate your mouth, gums and teeth. This dehydration is due to a reduced production of saliva which is a side effect of the medications.

There are a few things people can do to improve the state of one’s dental health and fight the periodontal disorders that can result.

- ☺ Maintain a healthy diet and stick to regular meal times
- ☺ Try to reduce the intake of sugary foods and drinks which, for some reason, become even more enticing than normal for the opioid dependent
- ☺ Drink plenty of water

- ☺ Brush your teeth thoroughly after eating
- ☺ Use dental floss too. Use an electric tooth brush
- ☺ You can use a moisturising gel especially designed for dry mouth conditions. This type of product can be found in most chemists.

There is one called **Biotene Dry mouth relief**. It’s an oral gel. This product had an online price of \$22.50.

Unfortunately, there is no funding available to make this cheaper for AOTS clients. If you google Gum and Mouth Moisturiser, you will see there are quite a few such products which would be helpful.

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## BE CAREFUL OUT THERE!

Readers may be aware of recent warnings issued on Highalert.org (an organisation that monitors and informs the public about dangerous substances in the community) and also present in hard copy in CADS and AOTS premises about nitazenes.

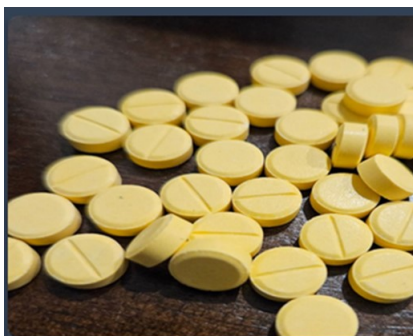
Nitazene compounds are increasingly available in New Zealand and can come in a variety of forms including pills, powders, gel caps and liquids.

Nitazenes are highly potent and there is no way to accurately dose these substances, and injecting has increased risk.

Metonitazene has shown up in the form of small yellow pills with a bevelled edge and a break line through the middle. There are no other markings on these tablets.

It’s been sold on-line as 40mg of oxycodone. *It is not oxycodone.*

Please note this substance could also be available as a yellow powder made of crushed tablets.



People need to exercise extreme caution if they come across this substance.

It is a highly potent synthetic opioid as strong as fentanyl. *But fentanyl test strips cannot be used to detect nitazenes.*

It quickly produces a sedative effect and possibly overdose, even in people with an opioid tolerance.

Anyone who decides to use this substance needs to be very careful. It would better to give it a miss.

You need to be sure to not use alone, nor on top of any other substance and it is a good idea to have plenty of naloxone on hand.

Apparently it has been overdosing people with substantial tolerances and it will probably take more than one dose of naloxone to reverse an overdose.

There’s also been warnings about an orange powder being sold as butonitazene. High Alert urges extreme caution should you choose to use orange powders.

## WHAT COUNSELLING & MMWS CLIENTS THINK ABOUT PEER SUPPORT

In July 2022 the first peer support specialist started at the Medically Managed Withdrawal Service (MMWS). Since then we have employed 3 peer support specialists (PSS) for MMWS, 2 at CADS Counselling South, 1 at Central (though we have another one on the way) 1 at West and 1 at North.

In August 2023 we started a project to look at:

1. The impact of peer support on clients
2. The impact of peer support on the service and staff
3. The things that support or create barriers to effective peer support.

This article focuses on the first point—what clients think the impact of peer support has been for them.

Sixteen Counselling service clients provided feedback via a survey along with 4 of the peer support specialists and a number of other CADS staff including leaders and managers.

Clients were overwhelmingly positive in their feedback about PSS describing them as informative, understanding, relatable, positive, encouraging, knowledgeable, unassuming, non-judgmental, supportive, kind, professional, experienced, sensitive, like-minded, innovative, inspiring, kind, accommodating, proactive, responsive, accepting, comfortable,

helpful, empathetic, incredibly easy to speak honestly with, and caring.

People attending the Counselling Service said they found engaging with the PSS has been very helpful and they now felt more connected to other supports because the PSS:

- † helped me make important decisions
- † share tools with me
- † understand what I'm going through
- † don't judge or rush me
- † go the extra distance and make an effort to provide support
- † taught me how to provide feedback
- † can defuse situations with kindness and skill
- † cared and wanted me to succeed
- † pushed me in the right direction while ensuring I was in control of the direction I took
- † show integrity, kindness and care and are always engaging, accessible, supportive and friendly.

People said the peer support specialist had helped them to:

- † feel more positive about making changes
- † see that they have strengths
- † make sense of their AOD use
- † identify their needs and find their own solutions.

Clients appreciate the way PSS work alongside their clinician and help to make CADS a comfortable and safe space to speak their thoughts, feelings, and difficulties freely.

Since last August the MMWS survey has included a question about peer support. 102 clients have said they found it helpful to engage with the PSS whether 'just to have a chat', to share their lived experience, or to engage in an activity such as an art or craft group. Engaging with the PSS meant clients were able to

- † Talk openly with people who understand
- † Hear other perspectives; get other insights
- † Kill the boredom
- † Get artistic
- † Talk about future pathways and how I am feeling
- † Feel welcome and more accepted.

These are great results and give us confidence that implementing peer support into the teams was the right thing to do. Of course there are things we can do differently and we will continue to ensure people are able to share their experiences of engaging with our dynamic peer support team. And we hope there will be an opportunity to keep growing the roles so that clients of other CADS services will also have access to this invaluable support.



## FACTS ABOUT FENTANYL\*

There is so much information, disinformation and misinformation about fentanyl that we decided to do some myth-busting and get to the facts.

### MEDICAL FENTANYL AND “STREET” FENTANYL

When you hear talk of ‘fentanyl’ it can be difficult to know if they are talking about ‘street’ fentanyl or medical fentanyl which is prescribed for pain management.

When people talk about fentanyl in relation to ‘the overdose crisis’ especially in North America, they are often referring to illicitly manufactured fentanyl which has been mixed into the heroin and counterfeit pill supply. In some parts of America it has replaced heroin altogether.

### STRONG and FAST-ACTING

Fentanyl is 50-100 times more potent than morphine and is much stronger than other opioids like heroin and oxycodone.

People feel the effects of fentanyl more quickly and the effects wear off much faster than other commonly used opioids.

### FENTANYL ANALOGUES

Fentanyl analogues are opioids that are chemically similar to fentanyl. For example Carfentanyl is an example of a fentanyl analogue that is more potent than fentanyl. Acetylfentanyl is an example of an analogue that is less potent than fentanyl and some fentanyl analogues have no psychoactive effects at all. There are thousands of different fentanyl analogues.

### HOW LONG DOES FENTANYL STAY IN THE SYSTEM?

Fentanyl effects can be felt for several hours especially when fentanyl skin patches are used as they slowly release the drug over time.

If you have recently used fentanyl you can test positive on a urine drug test for several days after consuming the drug.

### MIXING FENTANYL WITH OTHER DRUGS

Taking fentanyl with other drugs increases the risk of an overdose, especially if the other drugs are opioids or depressants. This includes alcohol, benzodiazepines, sedatives, and tranquilizers. Taken together with fentanyl can lead to drowsiness, sedation, unconsciousness, overdose, and death.

### WILL NALOXONE WORK IF SOMEONE OVERDOSES ON FENTANYL?

Maybe. Most overdoses involving fentanyl and other opioids like heroin can be reversed if the person is **immediately** given oxygen and/or naloxone.

However, overdoses that involve fentanyl and depressant drugs could require additional medical attention because naloxone cannot reverse the effects of depressants.

Some people take fentanyl with stimulant drugs like methamphetamine or cocaine. *Stimulants cannot reverse opioid overdoses.*

### HARM REDUCTION STRATEGIES FOR PEOPLE WHO USE FENTANYL

Get your drugs checked: Go to [Drug checking clinics - The Level](#) to find your nearest drug checkers. Or get some fentanyl test strips via [Fentanyl Test Strips \(nznep.org.nz\)](#) They can show if there’s fentanyl in the substance or not but cannot show how much fentanyl there is.



Get up-to-date information: Connect to High Alert at [www.highalert.org.nz](http://www.highalert.org.nz) so you know when dodgy gear is around.

Avoid using alone: Make sure someone has naloxone (the opioid reversal medication) on hand in case of an overdose.

Go slow: Take a little bit at a time to reduce the risk of an overdose by accidentally taking too much.

Avoid combining with other drugs including alcohol. This can increase the risk of an overdose

Use clean and sterile equipment: Fentanyl can be injected, smoked, or snorted. To reduce potential harms use sterile and new syringes, cookers, pipes, and straws

And never share equipment with others.

\*Adapted from Facts about Fentanyl [2023.04.05\\_fentanyl\\_factsheet.pdf \(drugpolicy.org\)](https://www.drugpolicy.org/fentanyl-factsheet)

## CONTACTING THE CONSUMER TEAM OVER XMAS—NEW YEAR

Phone 09 815 5830 & reception will connect you to someone from the Consumer Team except when we are on leave or you can call or text us at the numbers below

	Call or text	Available	Not available
<b>Renee</b> (CADS Counselling Service and CADS Abstinence Programme)	021 592 143 No landline	Mon—Thurs 9am—4pm and can meet up with clients at any CADS unit	18 Dec - 15 Jan
<b>Marc</b> (Medically Managed Withdrawal Services)	021 982 432 No landline	Mon, Tues, Wed 9am—5pm and Fri 9am—3pm Based at Medically Managed Withdrawal Service and Pitman House	25 Dec—30 Jan
<b>Andrew</b> (AOTS/Opioid Treatment Service Consumer Liaison)	021 325 597  09 815 5830 ext. 45568	Tues - Fri 9am—4pm Altho based at Pitman House Andrew can meet up with clients at any CADS unit	25 Dec - 9 Jan
<b>Sheridan</b> (all CADS teams)	021 760 319  09 845 7520 or 09 815 5830 ext.45520	Mon—Fri 9am—5pm Based at Pitman House	25 Dec—16 Jan



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 »

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



You can also make a complaint on-line though if you'd prefer to talk with someone first about your concerns or you're not sure what to do with your concerns, feel free to give the Consumer Team a call.

Although we are not advocates we can hear your concerns and help work out some options and if you choose to make a complaint we can help with that too.  
(Although all online complaints come to the consumer advisor and quality co-ordinator they are managed and investigated by the manager of the service not by the consumer team.)

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

[cadsconsumeradvisor@waitematadhb.govt.nz](mailto:cadsconsumeradvisor@waitematadhb.govt.nz)

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



We need to hear from you if we are to accurately present consumer opinions and experiences so please feel free to get in touch. We look forward to hearing from you.