

pRogReSsioN

News & Information for CADS Clients from CADS Consumer Team



Issue 71
March – July
2023

Greetings CADS clients,

First things first—communication. Only Andrew and I now have landlines. Renee and Marc have ditched theirs and are only available by cellphone (numbers on back page). If you're wanting to talk to any of us but money or data's a bit tight just text and we can call you back.

Second thing: there's been changes within the peer support specialist team since the last newsletter. Lisa left her position with the Medically Managed Withdrawal unit and will soon be replaced by Ben who joins us from Care NZ.

If you would like some info about becoming a peer support specialist or other ways to join the growing CPSLE (Consumer, Peer Support and Lived Experience) workforce feel free to give Renee or Marc a call. We love supporting people to get into this work and there are always different opportunities available in the wider addictions sector.

The Consumer team puts out pRogReSsioN three times a year

which means we sometimes miss the opportunity to share important news in a timely way so I am getting in early to let you know about a couple of campaigns happening before the next issue (due July-Aug):



Support. Don't Punish happens every year on June 26th and is a global advocacy campaign calling for drug policies based on health and human rights.

The campaign includes a photo project where you take a photo or selfie with the SDP logo and upload to their website which you will find at <https://supportdontpunish.org>

And July 28 is **World Hepatitis Day** which aims to raise awareness of the real-life effects of living with hepatitis, accelerate the fight against

viral hepatitis and promote the importance of testing and treatment.

Testing and treatment is available throughout CADS so please speak with your counsellor, group facilitator, peer support specialist, doctor, nurse or key worker if you would like more information or would like to be tested.

A big thank you to the 220 people who took part in the AOTS Treatment and Service Perceptions Questionnaire and the 128 who completed the Medically Managed Withdrawal Service survey last year. The results have been analysed, reports written and now we are sharing the (anonymous) results with the teams. And to every individual who provided feedback via a group evaluation, Coffee and Conversation or through a suggestion box, thank you. Every comment and completed survey helps paint a picture of how people are experiencing CADS and contributes to service improvement.

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



And if you take part in a CADS group you can provide feedback via www.cads.org.nz/feedback/feedback-about-a-group/

This month I thought it would be good to talk about rebalancing your life in addiction using Te Whare Tapa Wha as a backbone for this article.

I like that it talks about balance of the four pillars and that they are the Pou (pillars or poles) that hold up the house that is our wellbeing.

Te Whare Tapa Wha is a part of many CADS groups and **Te Ātea Marinō** do a group that takes a very deep look at this model of wellbeing. That said I do not have the deepest understandings of this model but I hope you all get interested and want to find out more for yourselves, this is my taster.

The first Pou is the Physical:
Taha tinana

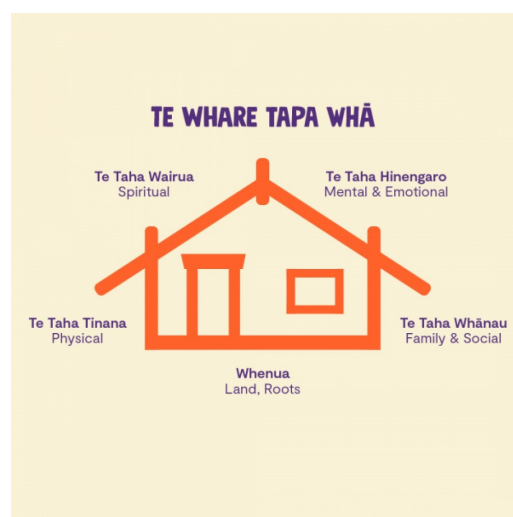
For many people this would be the one they think of. Sure, substances are something you physically put in your body and maybe the goal is to not do that. Often though, addiction can leave you with a physical deficit. I know for myself I am still working on my teeth, and I need more exercise. It is easy to put off seeing the doctor ...

When you make a decision to change your substance use it is a good time to revisit those physical needs, to eat well and look after your body so it can support you in your life. I often find that if my body is not well it can be challenging to deal with life and its big and little dramas.

The second Pou is Mind/Emotional:
Taha hinengaro

This is one that people are often acutely aware of because strong emotions and thoughts often drive addictions. Self-awareness and mindfulness can be good tools to learn here; CADS groups are a great place to pick up some of these tools and skills. Knowing yourself and how to work with your emotions and thoughts can be a challenge.

I also know that being able to work your thoughts and feelings can give you much more potential in the choices you can make.



Addiction can often be a collection of difficult feelings with a repetitive thought which, at the time, feels like a solution. Unfortunately this doesn't really work well for me and many others, because the thought was just "get wasted".

The alternative is to learn about feelings and thoughts, to be comfortable with them even when they are hard to handle; maybe get the mind working on something more useful. It is good to know ourselves, which is one of the benefits of recovery.

The third Pou is Family/Whanau:
Taha whānau

This is a tough one for many people, so I want to take it out a bit further than the family you grew up with, as sometimes this can be hurt people hurting people.

I want to talk about family as a group of people that you are a part of and are supportive of you and your life. I can think of times in my life when I have found family in my close friends and in others that I identify with because my family of origin did not feel like this.

One family/fellowship that is open for us all to join is AA and NA and the other A's. That is just one of the types of groups we can find from social to sports to activity to interest based to gender and sexuality groups.

It is important for us all to connect with others, to see them and to be seen by them.

So while our family of origin might not be a place we can go for support there are other people we can find. Sometimes families need time to see the new you. CADS has groups just for families and whanau that focus on their needs and people find those really helpful.

The fourth Pou is the Spiritual: **Taha wairua**

This is a tough one to talk about because it is so personal to each of us so I want to just say it is up to you, but I want to encourage you to think about how you feed your spirit. What is it that inspires and fulfils you? Maybe it's something more religious and organised. It is important to feed our spirits, connect with the nature around us,

A MESSAGE FROM RENEE

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

It's been great having our new peer support specialist roles on board, you might even get to bump into them in the reception area during our walk in clinic. A lot of our groups are now back to face to face too which is great news, as it's been such a long time for some!

And I would like to thank all the lovely people who have utilized the

suggestion box, it is so great to receive any feedback and may I reassure you that all feedback through the boxes are read. Being specific around certain things is helpful for example – if you were talking about a group, which group was that? Or the date? Or if you are up for it, please leave your number so someone can give you a call to discuss what your

needs in the suggestion are about. Keep your eye on the feedback board too. We would love to talk to you! Keep it coming!



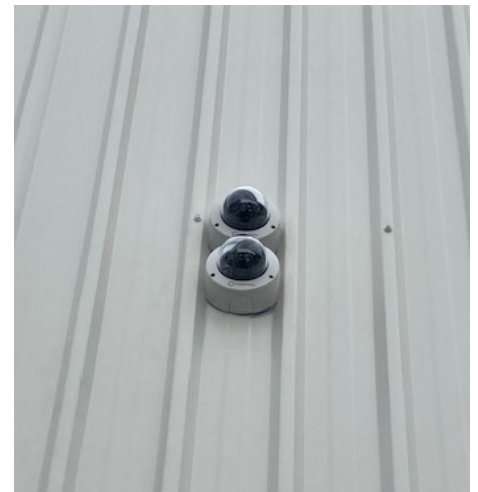
CAMERAS AT CADS SOUTH

All of us were hugely saddened when one of the clinicians a working at CADS South was brutally attacked as she left work one afternoon last year.

Such a cruel thing to happen to anyone let alone someone who spends every working day helping people ...

A review of security was undertaken and as a result, cameras have now been added to the back and front car parks at CADS South.

Please note —They are only for security reasons—they are not there to spy on anyone or check parking or anything else. We hope this helps keeps everyone safe.



MARC CONTD. REBALANCING LIFE WITH TE WHARE TAPA WHA

take time to connect with our higher aspirations and be thankful for the things we have, and to have hope for a better future.

So whatever that is for you, the bit of life that makes you connect up to this inter-connected world and feel a part of the world, we are all a part.

What I like about te whare tapa wha is the image of balancing a house. It's no good if you have one or two strong pou. All of them must be strong to hold a house.



Addiction can leave you with some work to strengthen and reconnect to some of these pillars.

I want to encourage you to take a wider look at your life.

Addiction can often be a sign that something in your life is not in

balance and your substance of choice is helping you deal with what is going on.

I want to encourage you to set your personal house in order find the balance that you need that suits you and your life.

Above all, I want to say recovery is not only possible, it is probable if you or others have hope and you move towards wellness and balanced life.

GETTING OLDER ON OST

- ANDREW AUCKLAND OPIOID TREATMENT SERVICE (AOTS) CONSUMER LIAISON

Hello to all readers of pRogReSsioN

In mid March Sheridan and I (and other staff from AOTS) attended the National Association of Opioid Treatment Providers (NAOTP) meeting in Wellington.

This meeting is attended by all of the OST

service providers around the country. Also present were representatives from the Ministry of Health, Te Whatu Ora, the Needle Exchange Program, Corrections and various other stakeholders.

Part of the agenda was dedicated to the topic of aging and OST. It was noted that as people age their ability to metabolise drugs and medications changes significantly. Some AOTS clients will know what I mean. It is definitely something people who use drugs need to be cautious about.

What you can 'handle' today may not be true tomorrow.

There are many other health issues for people as they get older and some issues are especially important for those on OST.

I wrote a bit about this in the last issue of pRogReSsioN. OST clients need to

monitor their heart to check they are not vulnerable to 'arrhythmia' or irregular heartbeat. This can occur if you are maintaining on methadone and can cause serious health impacts.

Your GP or AOTS doctor will be able to advise clients about this.

Then there are a multitude of health issues/risks that need to be checked on: dental health, Hepatitis C and smoking are a few of the areas the



OST clients need to be careful about as well as:

- ⇒ Increased potential risk of falls and fractures due to drowsiness, lower blood pressure and poorer coordination
- ⇒ Decreased lung function which happens to all of us as we age
- ⇒ Increased risk of pneumonia through lower immunity
- ⇒ Higher rates of mental illness, pain and physical health issues might require multiple meds and that can be a problem when combined with OST
- ⇒ Possible difficulty getting to appointments due to loss of driving ability and access to a vehicle

Sounds depressing aye? But it needn't be. Having good connections, a strong sense of identity and meaning in your life, keeping as healthy as you can, can minimise these risks.

Also on the agenda at the NAOTP meeting was a review of the New Zealand Practice Guidelines for Opioid Substitution Treatment. These guidelines have not been reviewed since 2014 so it is long overdue.

At the meeting we held a kind of brainstorming session on various topics central to the Guidelines including dose related issues,

takeaways, induction onto OST and client choice —the sort of things you might expect.

I don't think there will be massive changes but it's good to be able to use all the feedback you give us to put forward client perspectives on these things.

There will be a new section on the long acting injectable form of buprenorphine (LAIB) which is already available through special arrangements with the drug company in some parts of the country. It is not being prescribed by the Auckland service yet.

With LAIB clients can take the medication in injectable form every 4 to 6 weeks. So it is a good option for people who are traveling a lot or live a long way from pharmacies. Being a new form of the medication it is not covered in the old guidelines, so that is a big part of the review.

That's all for now. Stay healthy. Stay safe.

CONTINUING CARE CALLS

When clients end treatment with AOTS it is our goal to call clients a while after they have had their last dose. The purpose of this call is to ask clients about their treatment experience and to ask them if there is anything they think the service could do better.

So if you have finished treatment recently don't be surprised if you get a text or phone call from Andrew, AOTS Consumer Liaison. It is just a call to check in with clients and gather feedback. We look forward to talking with you.

WHAT AOTS CLIENTS TOLD US ABOUT THEIR PERCEPTIONS OF AUCKLAND OPIOID TREATMENT SERVICE 2022

A big thank you to the 220 people who took part in the Treatment and Service Perceptions Questionnaire. That's nearly 1/3 of all the clients who had a face-to-face contact with AOTS between October—December 2022.

It was especially cool to have more people from the CADS North satellites taking part. We'd had feedback that clients weren't being offered the surveys so it's excellent that they got the chance this time—and thank

you for raising the issue with us. If you hadn't told us we wouldn't have known you were missing out!

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

The survey asks people to rate sentences depending on how strongly they agree or disagree with them or they can indicate 'don't know'. The overall results were:

83%	strongly agree or agree that their key worker has understood the kind of help they want
21%	agreed that they and their key worker had different ideas about the client's treatment goals
64%	had been able to speak to another key worker if their key worker was unavailable
80%	feel they have had support to sort out their problems
88%	feel respected and treated as an individual by staff
75%	felt involved in decision-making about their treatment
83%	believe methadone or buprenorphine with naloxone is helping them
81%	had left doctor's appointments happy and satisfied over the past year
83%	had seen their key worker as often as they would like over the last year
77%	find most of the service's rules or policies reasonable and understandable
63%	knew they were able to contact AOTS by texting 4769
52%	find texting makes communication with AOTS easier
79%	would recommend AOTS to others they think might benefit from OST and 5% would not
37%	rated their own progress over the past year as very/good and 27% thought their key worker would agree
26%	rated their progress as stable/ no change and 36% thought their key worker would rate their progress as stable/ no change
5%	rated their progress as poor/very poor and 4% thought their key worker would agree.



Perceptions of treatment: There's been a slight decrease in the percentage of clients who believe OST is helping them and an increase in the percentage who aren't sure. Some people said they could do with more psychosocial support including peer support, and there were requests for more flexibility in how the service is delivered. One person said *It's a complex issue: the drug is useful but the way its dispensed is not. It's hard to fit my life around it*

Perceptions of the service: Client comments were overwhelmingly positive about the service. People spoke about how important it is to have a mutually respectful relationship with staff, though some feel they

are unable to speak up or 'be honest' without what they perceive as punishment and repercussions for doing so. The main thing people felt could be improved was greater flexibility with takeaways especially for people who are working.

One of the most notable aspects of the responses was how many people answered the questions with 'don't know' which suggests there's some doubt and uncertainty amongst the clients. Not sure why that is: maybe that's because the way the service does things changed with Covid; maybe some people feel less connected to the service than pre-Covid? If you have any thoughts about this we'd love to hear them.

CHANGES TO DRIVING LAWS 2023

On 11th March some new offences and penalties were introduced focusing on drugs and driving.

This doesn't just refer to illicit drugs – the list of drugs that come under the legislation contains 25 drugs/medications that are seen to have the highest risk of impairing the ability to drive safely. The list includes strong painkillers as well as medications for depression, heart problems, allergies, sleeping, anti-psychotics, nausea, anxiety and medications for addiction treatment such as buprenorphine and methadone.

To see the whole list of drugs included in the legislation go to [Medication and illegal drugs | Waka Kotahi NZ Transport Agency \(nzta.govt.nz\)](https://www.nzta.govt.nz/safety/driving-safely/medication-and-illegal-drugs/) or www.nzta.govt.nz/safety/driving-safely/medication-and-illegal-drugs/

There are new enforcement levels

(or limits) with a lower (threshold) and higher (high-risk) level for each drug/medication listed.

According to the NZTA website, you need to understand and follow the instructions given to you by your doctor, pharmacist or the manufacturer of the medication when you are prescribed medications.

If you don't know whether your meds can affect your driving, ask!

It is illegal to drive if you are unable to do so safely and ignorance is no defence.

The Police still aren't doing random roadside drug testing but it's on the cards so keep an eye or ear out for that. You could check out the Police website for more info.



Waka Kotahi drug driving posters spotted in K Rd

Police can ask you to undertake a compulsory impairment test. If you refuse or you've been admitted to hospital after a crash, or you have been involved in an incident where you were not in control of your vehicle or the Police aren't satisfied with the compulsory impairment test they can ask you to do a blood test.

The blood test analysis will now confirm either the presence or level

of a qualifying drug from the list of 25.

So, if you are receiving medications for addiction treatment or use meds like Zopiclone, codeine, diazepam, lorazepam, fentanyl, Tramadol, or drugs including MDMA, amphetamine, and GHB you need to be aware that your driving may be affected.

I have a friend who drops benzos on occasion but never drives when they do this because the risks are too high. That's good harm reduction! Like someone who's going to be drinking leaving their car keys at home and getting to and from the pub by Uber.

The new legislation also allows for tougher penalties for driving after consuming qualifying drugs, mixing with other qualifying drugs, and/or alcohol.

According to info in the NZ Herald, Police data collected from fatal crashes shows the

presence of impairing drugs in a driver's blood is now generally about equal to alcohol – and this has more than doubled since 2015.

If you want more info google Amendments to Land Transport (Offences and Penalties) Regulations 1999

Stay safe out there.

And a big thank you to the client who raised this issue with their key worker who passed your idea onto us. Much appreciated.

According to the NZ Drug Foundation you are **23** times more likely to be involved in a fatal crash if you're affected by alcohol, drugs or prescription medications when driving

[Drive drug free | NZ Drug Foundation - At the heart of the matter](#)

WHAT CLIENTS TOLD US ABOUT THEIR EXPERIENCES IN 2022 WITH CADS MEDICALLY MANAGED WITHDRAWAL IN-PATIENT UNIT

Everyone who is admitted to Medically Managed Withdrawal Services' in-patient unit is offered a survey before they leave. The aim of the survey is to find out how people in feel about the service provided and whether their needs were met and to use their feedback and thoughts to inform potential service improvements. During 2022 just over a quarter of the total number of people admitted to the CADS Medically Managed Withdrawal unit completed a client survey and this is what they told us:

93%	found getting into IPU a satisfactory process; 4% did not
15%	were admitted to the unit within 1 week
30%	waited between 1 and 3 weeks, and 42% waited 3 or more weeks
77%	were satisfied with the waiting time and 17% were not (that's 5% less than in 2021)
86%	entered IPU with the goal of withdrawing from alcohol
8%	entered IPU to withdraw from other (unnamed) drugs and only 2% to withdraw from opioids
2%	had an 'other' reason to enter IPU including cigarettes and cannabis
97%	felt they achieved their goal while in IPU and 2% did not
91%	felt involved in their treatment planning and 4% did not
79%	found the education groups helpful
73%	felt encouraged to involve family/whanau in their treatment and 19% did not
62%	indicated this was important to them and 22% indicated it was not
82%	felt their cultural and spiritual needs were respected by the service
84%	felt well informed about what happens with all the information they provide to the service
96%	felt they were always or usually supported by the staff
96%	felt they were always or usually treated with dignity and respect
35%	rated the food as excellent/ very good and 52% rated the food as fair/ good and 12% as poor
95%	would recommend the MMW unit to others
29%	had used the sensory equipment or room mainly for calming and to help manage distress and 22% felt it met their needs



Since mid-July we have had peer support specialists (PSS) in the unit so we asked in the survey if clients had engaged with PSS and whether it was helpful. 17 out of 19 people said they had engaged with PSS and all found it helpful whether it was just to have a chat or to engage in an activity such as an art or craft group. Clients added comments including:

- † *It was just helpful to be able to talk openly with people who understand/ to talk and hear others perspectives*
- † *Quality time was spent talking /engaging on many levels, great understanding of where I was at!*
- † *Informative and with time to engage with clients*
- † *It always helps to talk and listen to suggestions ... makes one think!*

Nearly 3/4 of the people who took part in the survey gave their thoughts on ways to improve the service: with a lot of the comments relating to the new MMWS environment esp the showers and toilets. This feedback fits with what we have heard in Coffee and Conversation and via the suggestion/ feedback boxes. We continue to advocate for longer showers and better water pressure etc and will keep doing so until this gets sorted.

20% of the suggestions were for more activities to stave off boredom and bring people together with a number of people requesting walks and physical exercise. This is definitely more challenging in the inner city and there isn't the space in the unit to have a gym. We have raised these concerns with the MMWS leadership and asked that they look at ways to ensure people aren't bored. Having a new Groups Co-ordinator at the unit should help too!

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 09 845 7520 or text or call 021 760 319
- † Marc (Medical Detox Services) is available Mon, Tues, Wed and Fri 9am—3pm and is based at Medically Managed Withdrawal Service and Pitman House
- † Renee (CADS Counselling Service and CADS Abstinence Programme) is here Mon—Thurs 9am—3pm and can meet up with clients at any CADS unit
- † Andrew (AOTS Consumer Liaison) works Tues - Fri 9am—3pm. Altho based at Pitman House Andrew can meet up with clients at any CADS unit



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 09 8155830 ext. 45568 or 021 325 597

Marc 021 982 432 (no landline)

Renee 021 592 143 (no landline)

Sheridan 09 915 5830 ext. 45520 or 021 760 319

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 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

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.