

# pRogReSsion

## NewS & Information for CADS Clients from CADS Consumer TeaM



Issue 51

Nov 2015—

Feb 2016

Hello CADS clients. Can you believe another year is over already?!

An enormous thank you to the 400+ clients and family and friends who completed this year's evaluation of CADS groups. The feedback is enormously helpful to all the group facilitators and to the service as a whole. Some of the findings are on p5.

Also thank you to the clients of the Opioid Treatment Service who took part in this year's Treatment and Service Perceptions Questionnaire.

Megan and I are currently working on data entry and analysing the results so we will have those results for you in the first pRogReSsion of 2016 when we also hope to include the CADS Counselling Service Survey results. Marc is beavering away at the data entry now.

Regular readers of pRogReSsion will know how much we value your input and how hugely important it is that CADS gets your views on your experience of the services they provide. Your feedback counts.

On page 2 Marc describes how this year we have had a drop off in the number of suggestions coming through our suggestion boxes and why they are an important part of the communication link with CADS.

For the Consumer Team being well-armed with information about your experiences has helped us work for change.

Don't be shy to tell us what you think we might already know and don't hesitate to point out the gaps in the

service or information that we might not have thought of. Oh, and please feel free to tell us what you think CADS do well too.

There is info on the back page about the various ways you can provide feedback.

Astrid and I were fortunate to attend this year's national addictions conference in Nelson. The topic was "It's all about Whanau" and Astrid shares her experience of the conference and its effects on p3.

There's been a lot in the news recently about sugar and on p4 Megan talks about the relationship between sugar and OST.

Megan has relocated offices and is now based with the CADS North team at Taharoto Road. That doesn't mean her role has changed tho.

She is available to all AOTS clients regardless of which unit they are with and can come and meet with clients at Pitman, West and South—just give her a few days' notice.

Marc and I will soon be taking a break (details below). Megan and Astrid will be available should you require Consumer Team support.

We will aim to have the next pRogReSsion available in February.

Til then fingers crossed that everyone has a safe xmas-new year period. And be careful on the roads!!

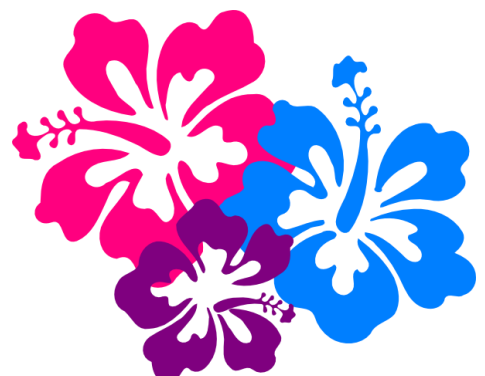
-Sheridan (CADS Regional Consumer Advisor)

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### CADS CONSUMER TEAM AVAILABILITY OVER XMAS – NEW YEAR

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

- ✂ **Astrid** will be here throughout Xmas-New Year as she is only taking the stat days off. She is at South one day a week and at Pitman House 2 days
- ✂ **Megan** is based at North (Taharoto Rd) and will be available throughout apart from public holidays
- ✂ **Marc** is away from Dec 21—Jan 11. After that he will be here Monday Tuesday Wednesday and Friday till 3pm
- ✂ **Sheridan** will be away from 23 Dec—26 Jan.



## **MARC (COUNSELLING SERVICES CONSUMER LIAISON) ASKS WHY GIVE FEEDBACK THROUGH THE CADS SUGGESTION BOX?**

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If you have been a CADS client for a while you have probably been asked to give some kind of feedback.

You can give feedback through our annual surveys, group evaluations or our newest strategy—the Marama Real Time Feedback tablet.

The most obvious option for people who use our service is the suggestion box as its available at all times throughout the year.

We greatly appreciate all the positive feedback we get about CADS staff and the service. These really let us know when CADS are on track with the service we provide.

Not all of it is like that and some of these other pieces of feedback and suggestions have changed the service and the way it works.

Some things were simple to fix like the time comments came through the suggestion box when CADS West changed the seating arrangements so the seats meant people were sitting all facing each other.

The message was very clear that people waiting in reception did not want to be sitting eyeballing each other. This created an unnecessarily uncomfortable situation for the people waiting. This was easily changed and a L shaped seating arrangement was used.

Some suggestions are reoccurring and have popped up over the years and continue to show up in various forms.

The classic for me is the hours the service is available. This comes in many forms.

The original one would be that people wanted to have night groups as CADS was originally just a 9 to 5 service.

As you can imagine this took a lot of work from both management and staff to make this happen.



Night groups have become the way we work today with groups running most nights in all the CADS units.

We have also tried weekend groups in at least one unit due to feedback but this group had very sporadic attendance and didn't really work out as a good use of limited resources, so it was stopped and CADS don't currently offer any weekend groups.

One of changes we made a long time ago due to feedback was what CADS originally called 'Triage'. We had a lot of feedback that people didn't like the name Triage as it had connotations of a medical emergency or of some MASH unit neither of which resonated well with people coming in to our service to get help with their alcohol and drug problems. The name was changed to CADS walk-in clinic which people seem happy with.

The detox pre admission booklet is regularly reviewed based on the information people tell us they need.

Then there are the suggestions that we get again and again and despite our want to change we just can't get the changes we—and some of you—would like.

Requests for biscuits would have to be in this category along with many other requests for food.

While CADS would very much like to be able to provide biscuits with the coffee and for breaks this is outside our budget and has been for many years.

The few groups that do have biscuits or other food is usually because someone in the group has gifted them to the group.

The most important thing about feedback is that people give us their thoughts on how the services work.

Which brings me to why I am writing this article.

We have had a drop off in the number of suggestions coming through our suggestion boxes.

I want to encourage people to use them as they are a very real way of changing the services.

We try to get our replies up on our consumer boards as soon as we can so people know a bit about what has happened to the suggestions and the changes we have made.

Also the more suggestions that we get on a theme the stronger position the Consumer Team is in to promote change for you all. That is what we are here to do.

So in finishing I want to encourage you all to use the suggestion box to help us advocate for the service that you all want.

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### **CADS PREGNANCY AND PARENTAL SERVICE HAS A NEW PEER SUPPORT WORKER**

Angela who used to be in a team support role at CADS North has followed her heart and moved into the PSW role with PPS. Angela says "I am learning so much and enjoying the team environment here at PPS. What I am most looking forward to in my new role is to witness Mums accessing their resilience and skills and moving towards a happier, healthier future for their family".

The expansion of the Pregnancy and Parental Service means the team will now have 2 peer support workers one fulltime and one part-time.

## ASTRID (CADS SOUTH & DETOX SERVICES CONSUMER LIAISON) ATTENDS

### CUTTING EDGE: 'IT'S ALL ABOUT WHANAU'

This year I was very lucky to attend the National Addiction Conference Cutting Edge in Nelson.

The theme this year was 'It's All About Whanau' and we were treated to a range of speakers on the topic of the role of whanau in addiction services, their experiences and other great meetings, research findings and workshops.

The entire conference was wonderful and I was glad not to miss a moment.

I had a great opportunity to network with other consumer leaders from throughout the country and to hear about their experiences and projects.

Of course I also got to see how lucky we are at CADS to be able to provide what we do and to be the only alcohol and other drug service in the country that has a Consumer Team.

I thought I would share some of my learnings and the things I enjoyed the most.

To quote the indomitable Suzy Morrison (Consumer Leader and ex-CADS clinician)

*It's wonderful, but it has been like having open-heart surgery for 2 full days.*

In this she was referring to the personal effects on us of listening to humbling stories of people like

- ✧ Henare O'Keefe QSM (a NZ Community Hero of the Year in 2012)
- ✧ Lotta Dann (blogger, author and founder of the online Tool 'Living Sober')
- ✧ Dr Byron Malaela Sotiata Seiuli who presented research on the subject of 'Negotiating Boundaries in Talanoa research in Pacifica Families'

There were many others including George Hickton a father who spoke of his journey as a whanau member of someone experiencing addiction and

Michael Bird who spoke of the experiences of children growing up in households impacted by substance use/abuse.

Listening to research, information and people's experiences was exciting, heartbreaking, inspiring, funny and sad.

The main message of the conference was that our families/whanau play an important part in many of our recoveries and have journeys of their own.

It made me realise how lucky we are at CADS to have our diverse range of services to try to meet these needs, including the Rainbow Group, family and friends groups, and also that our family/whanau are 'clients' in their own right if they choose that. We can also include them in our recoveries if we wish.



George Hickton spoke about his journey of being a parent to a child with alcohol issues. It was inspiring and sad at the same time. It was interesting for me watching from 'the other side' so to speak.

Since I am the 'person in recovery' in my family, I got to hear how my dad may have felt and I wished I had included him in my recovery when I had the chance.

Lotta Dann spoke of using online recovery tools and how she used blogging as a way to recovery.

Basically Lotta used writing each day and then made it a publicly available blog which is now a website called Living Sober.

I have looked at it myself and I see an important place in today's world for online recovery groups and/or blogging.

Dr Byron Malaela Sotiata Seiuli spoke of his work with Pasifika peoples who had gone through grief and trauma through natural disasters and youth suicide. He spoke of his research and the insights he gained working with families/whanau/communities and what he learned about how they respond to the journey through these life situations.

Consumers at the conference got together at lunchtime on Friday for an informal meeting and got to celebrate Jo's (consumer leader from the West Coast) birthday which was a cheerful event with yummy cake and serious discussion.

I was lucky to be able to attend a workshop on the Saturday which was amazing. I learned so much about the use of storytelling in suicide 'post-vention'. It reminded me that suicide (much like addiction) doesn't discriminate even when whanau are all about whanau.

It is hard to put into words how much I learned and how much it affected me personally, deep in my heart.

I strive to be the best Consumer Liaison I can be and to live my own recovery. The time spent at Cutting Edge reminded me of the pain my own family felt, of the journey of recovery and inspired me to think of us and all of our families as well as to continue to do the best work I can going forward.

I hope one day I can be as much of a community leader as the amazing people I saw speak.

I loved every moment and have given you such a brief snapshot of my experience so if you want to know more go to [www.cmnzl.co.nz/cutting-edge-2015/](http://www.cmnzl.co.nz/cutting-edge-2015/)

Hello readers, here we are, nearly the end of another year.

Earlier this year I wrote about one of the least talked about but most annoying (for some) side effects of methadone - constipation. (It's great to know some people found that really helpful!)

The basic message in that was – don't suffer. There is a really good remedy, a tablet—Laxsol or sometimes it's under a name like Flaxol - so just ask the doctor at your next appointment.

Another side-effect of opioids that is often talked about is sugar cravings.

I've had a look online to see what literature is out there, what the experts say, and what can we learn about it.



The most relevant research to come my way is "*The relationship between opioid and sugar intake: review of evidence and clinical application*" by Columbia University

(available for free online, just google search the title).

It's very academic and wordy but the main gist I can share with you is this:

- Evidence from studies show daily use is associated with increased consumption of sugar
- People on methadone assessed at entry to treatment, 9 months later and then 4 years into treatment increased their intake of sugary food while consuming less fruit and vegetables and fats from fish or vegetables and fewer complex carbohydrates. (Bearing in mind this study was done in America and I am suspicious of their diets overall!). Of course this can lead to weight gain
- Studies have also shown clients maintained on methadone can have delayed insulin response to food ingestion with associated mild hyperglycemia—in other words high blood sugar – and chronic hyperglycemia can lead to health problems

Also, new research suggests there is a connection between carbs and cravings.

Sugar triggers an increase in the hormone serotonin – a mood-elevating hormone. The body and brain get used to this higher level of serotonin and even depend on it for a sense of well-being.

So, when the serotonin level dips, the person craves sugar to "correct" the situation. The cycle continues and in time you make the association between food and mood and believe that sweets ensure well-being.

Another group of hormones - endorphins—are also implicated in food cravings. Sugar triggers the release of endorphins—the brain's natural narcotics— helping you to relax when stressed.

Endorphins are another part of the biochemical explanation for feelings of well-being.

Exercise and sex also trigger endorphin release so one or the other of these may be a better choice than another bag of lollies!

So the experts say: Go for a walk, have sex, ride a bike, drink lots of water, try substituting lollies with dried fruit— AND— apparently the following nine foods help sugar cravings so try: Tomatoes, Chicory Greens, Cinnamon, Fish, Apples, Oats, Eggs, Beans and Lettuce.

You can use the same techniques for all cravings

### **Delay – Distract – Decide**

This can be applied to sugar as well. Remembering cravings do peak but then subside.

There is anecdotal evidence that some people find that once they have been on OST for a while the sugar cravings do calm down – especially if you stick to a healthy diet of whole foods, fruits and grains and stay away from sugary drinks, especially the ones with sugar and alcohol!

RTDs like Woodstock/ 'woodies' are a craving in a can for people who seem

prone to needing 'something else'.

Another things sugar does is kill our teeth!

Along with poor diet, opioid use causes teeth problems because opioids dry your mouth out.



Bad teeth can be a real constant reminder of taking drugs over the years, and can have such a profound effect upon self-esteem, self-confidence and self-worth.

Help is available and you deserve the opportunities it can bring.

Remember that AOTS doctors can do a fast track referral to Greenlane Clinical Centre where you can get subsidized dental treatment (\$40 tooth extraction with a community services card). Also there is help available from WINZ with Special Needs Grants or advances on benefits, so money may not have to be an obstacle.

Go on – find out, it may just change your life massively.

### **AOTS & HOLIDAY SCRIPTING**

With Christmas and the summer just right around the corner, a reminder to try and give AOTS (or your GP) as much notice as possible if you are wanting changes or holiday arrangements, to avoid any last minute hassles.

Christmas Day falls on a Friday this year, and as Boxing Day then falls on a Saturday, to make up for it Monday Dec 28<sup>th</sup> will be a stat holiday – then the same again the next week for New Year's Day. Some pharmacies will be open on the Monday, some won't.

Ask them what days they are open and shut this year and talk to your key worker as soon as you can if you are planning on getting out of Auckland.



## WHAT CLIENTS TOLD US ABOUT CADS GROUPS

A few months ago everyone attending a CADS group was invited to complete a Group Evaluation. In total over 457 people took part in evaluating 55 groups.

Marc and Sheridan managed the process and put together the results which have gone back to all the group facilitators.

As you can imagine it takes a while to enter and analyse all the data (we don't have fancy computer software to do it for us!)

### WHAT PEOPLE FIND MOST USEFUL IN THE GROUPS

Across all the groups people said what they found most useful was sharing experiences, learning from others and support from peers and facilitators.

Several people said they were able to *talk open and honestly in a safe environment where people felt comfortable to speak and listen*

People said the **Getting Started** groups were easy to understand and they got helpful tools and awesome support. The other things they said they found useful was learning about:

- \* addiction and dependency
- \* the effects of alcohol / what drugs and alcohol does to the brain
- \* the Wheel of change
- \* strategies and tools like breathing exercises

One person said *it has really opened my eyes as to how much I was drinking; this group has helped change my life*

In the **Action** groups people said what was most useful was:

- skills and valuable tools like flowcharts, cognitive skills to overcome crisis, mindfulness, communication, self-management
- Realising I am not alone
- Being confronted by facilitators
- Hearing others' success stories

*This group has given me excellent insight into my own processes and every week builds beautifully on the previous week. I feel lucky to have been part of this group*

People who attended the **Family & Friends** groups said what they found most useful was learning:

- 👉 new skills to use for myself and my family members
- 👉 strategies for dealing with addicted person, the addiction and self-care
- 👉 information about other supports available

*The group has been a great balance between sharing issues that are troubling me, being listened to and given facts, and handouts for more at home*

*I have come to the realization that we can't control another's behaviour no matter how much we want to*

The time it takes is worth it tho as we become very familiar with the feedback coming through. And get a good sense of how people are experiencing the various CADS groups.

In each of the groups almost all participants said the pace of the groups was 'just right' which was good to see. And everyone indicated they felt heard and understood.

Here's some of the other things you told us:



### HOW THE GROUPS ARE RUN

Most people rated how the groups were run as 'excellent' or 'good'.

People described the facilitators as *very kind*

- 👉 *understanding and supportive*
- 👉 *welcoming and forthcoming with feedback and knowledge*
- 👉 *intuitive, amazing,*
- 👉 *smart, having intelligent humour & wise words*
- 👉 *encouraging participation*

A number of people commented that it was the quality of the facilitation which they found most useful in the group

### THE RESOURCES/ HAND-OUTS

Most people found the resources 'very helpful' or 'good' though in some groups and units it appears the resources were not used regularly.

Lots of people said they liked referring to the books at home:

- 👉 *It's info you can always go back to when in need*
- 👉 *The booklet is helpful to revise and to record usage and feelings etc*
- 👉 *I like handouts as can look at later; sometimes too much info is overwhelming*

### SUGGESTED CHANGES

We always ask people for suggestions to how the groups could be improved/changed. Some of the suggestions were:

- \* Include someone in recovery as a co-facilitator or as part of the group
- \* Maintain the consistency of facilitators; don't chop and change
- \* One on one counselling to be available alongside group attendance
- \* Provide information about what other CADS groups come next
- \* Provide a visual picture of how CADS groups work together
- \* A later start time for the CADS West Family & Friends group

Hepatitis C is estimated to affect 50,000 New Zealanders. Are you one of them?

The worrying thing about this number is that up to 30,000 will not know they have the blood borne virus because the symptoms can be non-specific and difficult to diagnose and because Hep C is not routinely screened for in NZ.

At CADS we want to do what we can to eliminate Hep C and that starts with identifying people with active Hep C infection.

Step one consists of asking every client coming into CADS if they have ever injected drugs in the 1960s or 1970s and were born between 1945 and 1965 -

Why this group? Well, it's the baby boomers who currently account for nearly 75% of all Hep C infections.

Even if you only injected once it's worth being screened as injecting drugs is one of the most common ways people contract hep C.

And treatment has changed. Treatment can be highly effective, preventing liver damage and liver cancer.

CADS clinicians can provide you with an info sheet which explains the testing and for more detailed info you are welcome to access this wonderful resource written by consumers for consumers.

Big thanks to the Hepatitis NSW (Australia) and Hepatitis C Trust Te Waipounamu for putting this together.

Please ask for a copy if there are none in reception.



### TELL US WHAT YOU THINK ABOUT OUR SERVICES

Ask your provider if you wish to complete a survey

Anonymous – no identifying questions  
10 questions asking you to rate your experience  
Quick to complete  
Available in multiple languages



Keep an eye out for the Real Time Feedback survey—done on a tablet.

Currently CADS only has one tablet which means we have to move it around the different part of the services. We are waiting on more tablets so that a tablet will be available in each CADS unit and in several of the other CADS teams.

It is a good way to pass on how you found our service and to give CADS and the Health and Disability Commission feedback about CADS.

### TELL US WHAT YOU THINK

Providing feedback about CADS is easy.

To give your feedback to the Consumer Team you can use the suggestion boxes, meet us for Coffee & Conversation, ring us or email us on [cadskonsumeradvisor@waitematadhb.govt.nz](mailto:cadskonsumeradvisor@waitematadhb.govt.nz)



You can also provide feedback online as well as make a complaint by going to

[www.cads.org.nz](http://www.cads.org.nz)

To make it quicker to get to [www.cads.org.nz](http://www.cads.org.nz) just use this QR code. **Keep an eye out at CADS services for QR codes which link to the Real Time Feedback you can now do on your phone.**

Once on the CADS homepage click on Email Us Now

This opens another page where you can give feedback

about...

- ☐ a Group »
- ☐ the service »
- ☐ the website »



**All of the Consumer Team can be contacted on 815-5830 or the Consumer Advisor can be called direct on 845-7520**

Do leave a message if there's no-one there as we regularly clear our voicemail

If you like, you can give us your phone number and then we can call you as we need to – for example, if we need ideas about a specific issue it can be good to have a handful of clients we can contact to discuss the issue with

Your voice counts. We look forward to hearing from you.