

pRogReSsion

News & Information for CADS Clients from CADS Consumer Team



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Greetings all

There have been quite a few changes at CADS since our last issue.

The regional manager (the overall 'boss' of CADS) Robert Steenhuisen retired. Robert has been in the addiction sector since the 1980s (some of us have known him that long!) so it is strange not having him around.

The new regional manager is Mags Ross. Mags started at CADS last year as manager of the CADS Counselling Service. So now we are looking for a new Counselling Service manager.

The Consumer Team spends quite a lot of time involved in the recruitment process. As well as doing the shortlisting of applicants

we take part in interviews whenever we can.

Each person on the interview panel is looking at something different: the clinical person/ people are looking at the applicant's clinical skills and experience and views on different treatment models etc whereas the Consumer Team member of the panel is looking at how this person interacts with people, their attitudes towards the people who seek help at CADS etc.

Getting the right people is so important that we place a lot of value on being involved in this process. We have to admit we don't always get it right—but believe me, we do try.

We spent the first few weeks of the year reviewing the feedback we received from clients throughout 2018.

There's a summary of the client surveys from people who attended the CADS Counselling Service on p6 and from those who left the in-patient detox unit on p7.

We also reviewed all the comments we received thru the suggestion boxes and on-line and will report on those in the next issue.

Your feedback and ideas are invaluable to us; we couldn't do our jobs without them—se please keep them coming.

Til next time, play safe out there!
Sheridan (CADS Consumer Advisor)

HEALTH NOT HANDCUFFS

Announcing the launch of a new movement to change the way people who use drugs are treated.

NZ's criminal justice system has been used as a blunt instrument to punish people which has caused a lot of harm especially to young people and Māori. We can do so much better.

The NZ Drug Foundation has joined with seven other public health and social justice organisations to launch Health Not Handcuffs.

It's a way for all New Zealanders to tell the government we want a health



approach instead. This approach was also recommended by the Mental Health and Addiction Inquiry report.

Next year Kiwis will vote on whether to legalise the adult use of cannabis.

Health Not Handcuffs will be working hard to win the hearts and minds of all New Zealanders and will urge the

government to invest more in treatment, education and harm reduction.

You can sign the petition to double the budget for a health-based response to drugs at www.healthnohandcuffs.nz

You might promote the idea through conversation, having billboards outside your home, car stickers, t-shirts, meetings etc. Any other idea you may come up with.

Feel free to share your ideas with the Consumer Team by calling us or using the suggestion box.

One of the big issues coming up in 2020 is the cannabis referendum.

At the next election New Zealanders will get the chance to vote on cannabis and its legal status.

It sounds like we will be voting on whether the Act of Parliament that is being written is to be passed.

This is a major change that has been a long time coming. New Zealand, like many other countries, is looking to find a more realistic approach to cannabis.

NZ has had a harm reduction policy though this has mostly been reserved for the health sector. Sadly this has meant that often the greatest harms experienced by those who use drugs is from the justice system.

So it comes as no surprise that New Zealand would want to look at the laws that govern our most used illegal drug, and giving Kiwis a chance to have its say about laws that have affected so many New Zealanders.

So as New Zealand looks at our laws the government are getting advice from experts in other countries that are also looking at how to look at drugs laws in new ways.

Recently I was lucky enough to see Eric Costen who works for Health Canada and was the architect of Canada's new cannabis law.

Canada has slowly been changing its cannabis laws since 2001 starting with medicinal cannabis for about 8 or so conditions that slowly got expanded as time went on.

So by the time legalisation came around some medical cannabis users were a bit apprehensive that changes to the law could affect their ability to access Medicinal Cannabis.

As it has turned out so far that isn't a problem. This is one of the many issues that a new law like this can create.

One of the things they did early on (after looking at many different styles of regulation) was to look at other forms of regulation that could be used as a template. As it turned out the most similar type of legislation was Canada's Explosives Act.



Why? They realised that the official hoops that you would have to jump through if you wanted to access explosives to blow up that stump in the back field were significantly different to those that a company that wanted to run a mine and hold a large amount of explosives would have to go through.

So how does this relate to cannabis? If you are a boutique craft type grower—say you're growing only a small amount of cannabis—then the bar to jump over is smaller than if you are a larger company that wants to be able to grow thousands of plants for wide distribution.

They would have many more hoops to jump through like significant quality controls and testing as well as many other checks and balances.

So this is one of the many issues that are uncovered as countries attempt

to change the way drugs are legislated. One of the big issues in Canada is the fact that there is little to no relevant research to inform the conversation.

This is one of the few issues that most agree on, and also something that needs more work.

One of the issues that many thought would be a heated conversation was "should sales be co-located with alcohol?"

This turned out to be not an issue because everybody agreed that they should be sold from different premises.

Growing at home was one of the issues that people thought would be easy but turned into a big issue. Home grown cannabis was left to the individual states of Canada to decide and is legal in some and still illegal in some.

Issues like possession limits and intoxication limits for driving all needed to be looked at. The subject of high potency and edible products has been left for yet more on-going work.

One of the outcomes for harm reduction is that people in education and treatment can talk more openly about the fact that people use Cannabis without the fear of law enforcement.

What will happen here is still unknown but what I would guess is that it will mean that people can get the treatment they need.

Maybe one day drug laws will reflect the world we all live in not some old fashioned morality of the past.

ASTRID (CADS SOUTH COUNSELLING SERVICE AND MEDICAL DETOX SERVICES CONSUMER LIAISON) TALKS TIKANGA BEST PRACTICE & BEING A PARENT AT CADS

“Tawhitit rawa to tatou haerenga, te kore haere tonu, Nui rawa o tatou mahi, tem ahi tonu”

“We have come too far not to go further, we have done too much not to do more” – Sir James Henare

TE KAUPAPA—THE MISSION

Tikanga is about having the right intention to honour holistic Maori cultural practices as well as following specific protocols and procedures.

Tikanga Best Practice is focused primarily on Maori as it reflects Maori values and concepts.

Tikanga Best Practice Policy has been published by Auckland and Waitemata DHBs and He Kamaka Waioara.

It’s a policy that includes the best practice standards of care and is based on Maori health views, tikanga and Te Tiriti O Waitangi.

It outlines the tikanga key principles as well as a series of practical guidelines and processes for all staff to follow.

It is expected that implementing this policy will contribute to positive gains for Maori health.

How do you feel about how CADS puts this into practice currently?

How does CADS contribute to providing services where health care users are ALL treated with dignity and respect?

And in turn, do health users treat staff with dignity and respect?

I would like to hear from anyone (leave a piece of feedback or a note in the suggestion box) who has thoughts about this subject.

How are you treated culturally? In turn, how do you treat staff at CADS culturally?



I would be interested to know what you think and how we might improve this area of health and life. I look forward to your thoughts.

BEING A PARENT AT CADS

Once upon a time, long long long ago I was a parent who had to manage bringing a young child with me to CADS appointments due to a lack of support.

I found it quite a stressful situation but I did find that CADS went a long way to support me and my counsellor gave me many great ideas.

These days there is so much free day care and early childhood centres which are much more affordable than when I had a young’un’.

I have noticed through the feedback box that some parents are struggling with their children at CADS and I thought I would share some info and some useful tips.

Often clients will put notes in the suggestion box asking that we supply toys.

Due to Health and Safety reasons we are no longer able to supply toys at

the CADS units. (Did you know that the dirtiest thing in most waiting rooms are the children’s soft toys?)

We also cannot provide food for children due to issues like food allergies, funding and different ideas on what we would supply.



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I thought I would talk about my own plans for when I visited CADS with a child. When my son was young and I came to CADS fortnightly (when he was aged 1-4) I came fully prepared to save myself and my son anxiety and distress.

Below is a list of tools which you might find help spare yourself (and your child) any drama!

Food/Kai – I always made sure to bring a lunch box with kai in it as well as a drink or I would help my son to use the water machine to get a cup of water (he loved this – although there were spills)

Toys/Taonga Takaro – I always brought a few books, colouring in and a couple of his favourite small toys so that he was busy and occupied and I could concentrate (for the most part) on ME!!

Spare clothing/Kakahu e manawapa – When he was young a spare nappy and change of clothes was always included in his bag just in case of sillage—oops I meant spillage.

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ANDREW (AUCKLAND OPIOID TREATMENT SERVICE CONSUMER LIAISON) WITH AN INVITATION TO OST CLIENTS AND MORE ...

Hello and best wishes to all readers of pRogReSsioN.

CADS Consumer Team is working with Matua Raki Consumer Leadership Group to gather the stories of people who are currently receiving or who have benefited from Opioid Substitution Treatment (OST).

Matua Raki have already done this for people who've used addiction treatment services and also for family and whanau affected by someone else's use of various substances.

Those stories were compiled into two separate booklets which you can find in CADS reception areas.

These collections are full of courageous people's recovery stories. They really are an inspiration to read. Everyone's story is unique and can offer hope and direction to others.

We are hoping to put together a compilation that shows the variety of different ways OST journeys are experienced and unfold.



AOTS clients reading this who would like to tell their story please call me on 09 815 5830 ext 45568 for more detail or text me on **021 562 289**.

You can write the story yourselves or if you prefer you can tell me your story verbally and I will write it up for you.

MANAGING MOOD

The CADS Managing Mood group is on-going. The next one starts on the 23rd of May. It runs for two hours: 11.15am to 1.15pm.

This group is facilitated by AOTS clinicians and is very popular with the AOTS clients who have so far attended the group.

TALKING WITH CORRECTIONS

Recently AOTS has been having talks and meetings with staff from the Department of Corrections.

The provision of Opioid Substitution Treatment (OST) in the region's prisons has not always run smoothly.

The Consumer Team has received a lot of feedback over the years about clients on OST turning up in prison and being forced to miss doses.

The good news is AOTS is now working closely with Corrections Health Services to improve the delivery of OST in prisons.



If any clients reading this have stories about missing doses in prison or being urged by prison staff to come off OST, or any other poor or questionable provision of OST in prison, we would be very interested to hear this feedback.

Or if you had a good experience it would help for us to hear that too.

Please call me on 815 5830 ext. 45568 or text me on 021 562 289

Such stories can be really useful as we work together with Corrections to find solutions to the problems that have plagued the treatment for clients in jail.

That's all for now. Thanks and stay safe

Andrew

THE POWER OF STORIES—BY MARC (TAKEN FROM THE ORIGINAL VERSION IN PROGRESSION ISSUE 36 DEC 2010)

In many cultures telling stories is not just an entertaining and fun thing to do; it is also a way of teaching and learning about life.

Among these many stories there is one that stands out, the Hero's Journey.

This isn't just one story - it's a story about someone who leaves their

normal every day life to encounter trials dangers and fear; the hero overcomes these great trials and returns to everyday life a changed person with the gifts that they have gained through overcoming their trials.

So how does this story relate to the recovery journey?

Because in some way each of us is a hero on a journey of life, for many of us one of the trials that we must pass through is addiction.

The trial of addiction can be a personal hell. Passing through this hell can seem impossible leaving you

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UPDATE ON HEPATITIS C TREATMENT

As mentioned in our last issue the latest non-genotype specific anti-viral drug for hepatitis C is now available.

It is called Maviret.

Good news: With this medication it does not matter what genotype of hep C a person has.

Excellent news: It has a very high success rate (over 90%).

CADS is running hep C clinics attended by a nurse from the liver clinic at Auckland hospital.

There is a fibro-scan available.

The next one at Pitman House is on Wednesday April 24th.

Ask your local CADS unit for the dates of their upcoming liver clinics.

With Maviret now available health experts are now aiming to completely eradicate hep C from the community.



SAVE A LIFE! WITH AOTS NALOXONE EMERGENCY KIT

In other news AOTS is now able to provide clients with a Naloxone Emergency Kit.

Naloxone (also known as Narcan) is a medication that will immediately reverse an opioid overdose.

This is the same stuff paramedics use to save people when ambulances attend an overdose situation.

An AOTS doctor can write a prescription for this kit and clients can pick it up at a community pharmacy for \$20.

Each kit contains two ampoules of naloxone, two syringes plus needles suitable (23 or 25 gauge) for an intramuscular injection.

If you are interested in taking up this offer please ask your key worker and they will organise it.

There is no doubt that having naloxone kits out in the IV using community will save lives.

If there is any chance that someone may be injecting opioids where you live, it is a good idea to have naloxone around.



THE POWER OF STORIES CONTD.

feeling like you have wandered down some dark path that has left you lost, hungry and hoping for some kind of guidance or hope.

In a myth this would be where a guide would magic their way into the story with some knowledge of where the hero should go, then before the hero can ask questions they are gone.

In life of course this could be many things: a chance meeting with someone, a flyer for a group or service, or something unexpected.

This is the start of the Recovery Journey— those first steps (not to be confused with the 12 steps) are often shaky and hesitant, full of fear with a small glimmer of lost hope.



I'm sure that many reading this know this moment, the act of seeking help and what it takes to do that.

This first bit of the recovery path can be a challenge that sometimes feels overwhelming. The path of recovery sometimes does go through hell but once the door is opened time is the great healer.

... Stories are about giving that hope

to each other as that is one of the gifts that we find on our way back to who we are and the life we want to be living; of course each is different because each of us has our own way in life.

It is also a chance to affirm and feel good about how far you have come and give hope to others in those as they start their recovery.

If you'd like to share your story it's a chance to share hope with others that addiction is not an endless battle that never ends.

Addiction is a part of many of our lives - a part that can come with hard won gifts.

WHAT CLIENTS TOLD US ABOUT THEIR EXPERIENCE OF CADS COUNSELLING SERVICE

Last year 301 people took part in the 2018 CADS Counselling Client Experience Survey. 76% of the participants identified as a CADS client and 19% as a support person.

The results indicate that most people have a very positive experience when engaging with CADS Counselling Service.

Over three-quarters of the survey participants agreed or strongly agreed with all but one of the 14 statements and over

90% of the participants agreed or strongly agreed with half of the statements.

At an individual team level responses also reflect a high level of agreement with the statements and at CADS South there has been a significant increase since the survey in 2017.

A big thank you to the people who took part in this year's survey). The info you provide is invaluable.



Eighty-nine people provided ideas on how the service could be improved. Themes included:

- † Provision of food: A number of people especially those at North, West and CADS Abstinence Program requested biscuits and snacks during group and better chairs (an issue which has been raised before by clients of CAP)
- † Better reception and welcoming of people to the service and to groups especially from clients of West and North
- † Access to one-to-one counselling
- † Greater promotion of CADS to the wider community
- † Changed business hours and times of groups. This was especially noticeable in comments from CADS Central clients
- † Smaller groups

Statements	Overall percentage who agreed
1. The limits of confidentiality had been explained to them	95
2. They were treated with respect by staff	97
3. Staff understand the kind of help they want	93
4. They have had help to identify clear goals	89
5. They are greeted in a friendly and professional manner when they telephone	88
6. They are greeted in a friendly and professional manner when they enter the unit	92
7. The service's hours fit with their schedule	80
8. Staff are knowledgeable about alcohol and drug issues	96
9. They receive culturally appropriate care	93
10. They feel involved in making decisions about their treatment/ care	90
11. They feel encouraged to involve family/whanau/support people in their treatment/ care	79
12. They feel encouraged to give comments, complaints and compliments to the service	85
13. Doing the visual ADOM (alcohol and other drug measure) helps them see 'how it's going'	71
14. They would recommend the service to others	88

A small numbers of participants requested access to better parking esp at North; locating services in East Auckland and the CBD; and simplified systems to ensure people can access the service more quickly and easily.

Several people suggested CADS should receive more government funding *to enable you to increase resources available, and also to acknowledge the excellent work you do*

People are very grateful for the staff who they describe as *listening with an open heart in radical acceptance of us as*

clients with unacceptable behaviour and disability; excellent, knowledgeable, professional, varied, skilled, incredibly warm, friendly, very encouraging, helpful, supportive, and approachable, always keen to listen and offer helpful advice

The report has been presented to the Counselling Service clinical governance meeting and to each team, and plans will be developed to address agreed-to recommendations.

Astrid and Marc will review ongoing progress against the plans .

WHAT CONSUMERS TOLD US OF THEIR 2018 EXPERIENCE OF THE DETOX UNIT



During 2018 131 people completed a client survey before they left CADS Medical Detox Services' in-patient unit. That's just over a quarter (27%) of the total number of people admitted to IPU last year.

Although it appears people are waiting longer to enter the unit it's interesting to see that most people (72%) were okay about the wait time. People commented that they understand the reasons for the

wait—it is a relatively small unit so can only take 10 people at a time—and some appreciate the time to get themselves organised before they come here.

	Percentage who agreed	Statements
1.	94	found getting into IPU a satisfactory process; 4% did not
2.	14	Indicated they were admitted to the unit within 1 week
	43	Indicated they waited between 1 and 3 weeks
	42	Indicated they waited 3 or more weeks
3.	72	were satisfied with the waiting time; 24% were not
4.	78 people	entered IPU with the goal of detoxing from alcohol
	5 people	to withdraw from other (unnamed) drugs
	7 people	to stabilise on prescribed drugs and 3% to withdraw from opioids
	7 people	had an 'other' reason to enter IPU
4a.	95	felt they achieved their goal while in IPU and 6% did not
5.	92	felt involved in their treatment planning; 6% did not
6.	82	found the education groups helpful and 10% did not
7.	76	felt encouraged to involve family/whanau in their treatment and 20% did not
	59	indicated this was important to them and 23% indicated it was not
8.	83	felt their cultural and spiritual needs were respected by the service and 8% did not
9.	82	felt well informed about what happens with all the information they provide to the service
10, 11	97	felt they were always or usually supported and treated with dignity and respect by the staff
12.	36	rated the food as excellent and very good
	50	rated the food as fair and good and 12% rated it as poor
13.	96	respondents said they would recommend the Detox unit to others
14.	24	indicated they had used the sensory room whilst in IPU mainly for calming/ managing anxiety
	26	indicated the sensory room met their needs

All the findings have been reported to the Detox Services' clinical governance group (that includes the manager, lead doctor, clinical nurse educator and Consumer Liaison) and together we are looking at ways to make changes according to the client feedback.

BEING A PARENT AT CADS CONTD.



Pretty basic really, and not too much trouble. It caused him to be happy and me to be

focused on at least part of my appointment.

If possible I would leave my son with my sister but this was rarely possible and meant a big drive out of my way.

We all want our tamariki to be hari (happy) and we also want our needs met when we make the haul into CADS with a child.

I hope this is useful for you and that you have more pleasant time at CADS with your children.

I wish there had been more programmes like Te Puawai Aroha

which is a holiday programme for children and youth with parents experiencing mental health and/or addiction issues.

This programme is now available in different areas and has awesome added extras like hot lunch and a pick up/drop off service. Google Te Puawai Aroha for more information.

CONTACTING CADS CONSUMER TEAM

Sheridan is the only member of the team who works 8.30-5pm Mon—Fri. You can call her directly on 845 7520

The Consumer Liaisons work different days and hours:

☎ Andrew (AOTS Consumer Liaison) Tues, Wed, Thur and Fri 9am—4pm

Altho based at Pitman House Andrew can meet up with clients at any CADS unit

☎ Astrid is at CADS South each Friday 9am—3.30pm

On Mon 9am—3.30pm and Wed morning Pitman House Detox Services: CHDS/ Community & Home Detox

On Tues 9am—3.30pm and Wed afternoon at IPU/ detox in-patient unit

☎ Marc (Counselling Service) is available Mon, Tues, Wed and Fri 9am—3pm

If you need to speak with one of us **phone 815 5830** & reception will connect you to someone from the Consumer Team or you can call or text us on **021 562 289**

CADS Consumer Team mobile phone number

You can call or text us on **021 562 289**

Business hours Mon—Fri 9am—5pm

Please note: If your call is urgent we recommend you call our landline number

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 845-7520

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

Or you can text us on 021 562 289



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.