

# pRogReSsion

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



Issue 51  
March-June  
2016

Hello CADS clients

Hope everyone had a safe and happy xmas and new year; feels like ages ago now.

Since our last issue there has been change within the CADS Consumer Team : Megan has left us to complete her studies and we are in the process of recruiting for a new AOTS Consumer Liaison.

We will introduce that person in the next issue.

A big thank you to everyone who provided feedback of any sort last year.

On p4 are the results of the annual AOTS Treatment and Service Perceptions Questionnaire and on p5 are the results of the CADS Counselling Service Client Survey.

Reports have been written for CADS management on the findings of the surveys and recommendations made as to where improvements could be made. The Consumer Team is committed to ensuring your voices are heard throughout CADS so we will continue to present your feedback and follow up on those recommendations.

We will report back any outcomes in upcoming newsletters or on unit consumer noticeboards.

Which leads nicely into one outcome which has taken a long time to reach.

One of the constant requests that's come thru the suggestion boxes and surveys for the last few years has been for a text reminder service.

Well, it has finally happened! You wouldn't believe the amount of time and work that has gone into this so a big thank you to the manager of AOTS and CADS' IT queens who have led the whole process and made it happen.

### **OPT IN to CADS TXT REMINDERS**

**See the back page for more info**

Rather than just putting every client into the system (as happens in most text to remind systems) CADS is taking an 'opt in' approach – for a while at least.

So you need to decide whether you get reminders from CADS or not. The info on the back page may help you make that decision.

Eventually everyone's numbers *will* be entered into the system. When that happens you will need to opt out if you don't want to receive texts but for now you need to opt in.

Some of you may have seen Sanho Tree on TV when he was in NZ recently. Marc attended a session hosted by the NZ Drug Foundation where Sanho talked about the need to end the war on drugs (which is essentially a war on people) and replace it with policies that promote public health and safety. See p.2 and p4 for more info on what's happening at the moment in international drug policy.

On p.3 Astrid has written about what CADS can offer for clients and their support people and on p.4 Ruby has shared her story of engaging with CADS' family groups. A big thank you for being willing to share your story.

Til the next issue—probably July - stay safe,

Sheridan (CADS Regional Consumer Advisor)

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### **CADS CONSUMER TEAM AVAILABILITY**

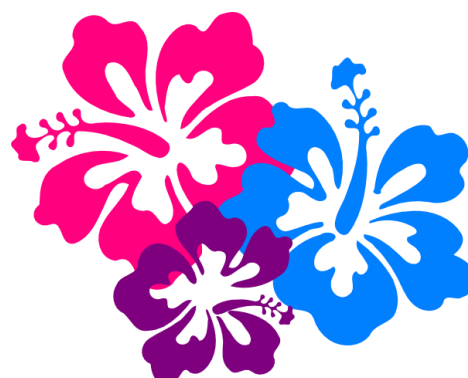
If you need to speak with one of us phone 815 5830 & reception will connect you to someone from the Consumer Team

✂ **Astrid** is at South one day a week and at Pitman House Detox Services (IPU and CHDS) Tues and Thurs

✂ **Marc** is here Monday Tuesday Wednesday and Friday till 3pm

✂ **Sheridan** is here during business hours Mon–Fri

✂ The AOTS Consumer Liaison will be available 28 hours a week. The days and times will be announced in the next issue



## MARC (COUNSELLING SERVICES CONSUMER LIAISON) ON INTERNATIONAL DRUG POLICY AND THE POWER OF YOUR FEEDBACK

One of the most interesting opportunities I had recently was spending a morning listening to Sanho Tree who is currently director of the Drug Policy Project which works to end the “War on Drugs” and replace it with policies that promote public health and safety.

This is part of the upcoming UN General Assembly Special Session (UNGASS).

UNGASS is the chance for countries to debate international drug policy.

The last UNGASS session was in 1998. Its focus was to “totally eliminate drugs from the world”.

As many of you will realise this is an impossible task which has caused a worldwide problem and an unwinnable war with many victims and few solutions.

Sanho Tree is currently travelling the world talking to people who are affected by the “War on Drugs” and drug policy in general. This could be

groups as diverse as the people who heard him speak at the Splore festival to indigenous peoples who have used coca along with many other natural plants as medicine for many generations with little problem, to people like myself involved in the drug and alcohol treatment field in little old New Zealand.

International policies affect all these people as the US is finding now that their prisons are overflowing with their 3 strikes laws and states making their own drug policies.

The time has come for a real conversation on what is going to work, and hopefully not some moralistic wish list but a workable policy that makes the lives of those who use drugs and those affected by drugs healthier and safer.

It will be an interesting conversation between countries that still execute people for drug crimes and

others which have moved or are moving towards decriminalisation and legalising some drugs.

What does this mean to us here in New Zealand? Well we are signed up to a lot of international agreements which limit the ability of the New Zealand government to do much outside of the status quo.

Laws like the 2013 Psychoactive Substances Act leave the door open to other substances that are currently illegal but due to the international agreements NZ toes the line and follows international policy.

If you are interested check out UNGASS online. There is a lot of

information. It seems that the questions being asked are not so much “if” questions and more ‘when’ and ‘how’ which is promising.

PS. NZ has a delegation attending UNGASS 2016.



### The power of your feedback

The big win for our team so far this year must be the Text reminder service which I can take little credit for except for asking again and again what was happening with the text service?

But that seems like my job most of the time: continuing to ask the difficult questions again and again and not forgetting so I can ask again later to hopefully get a different answer.

The Text Reminder service is definitely one of those things you have all have been asking for in the surveys, in the suggestion box, and when we meet in person, and it has taken a couple of years to make it happen.

Sometimes it seemed so close and then something would happen that delayed it again but our persistence as

a team helped it happen. So I hope you all use it as we know we need this type of service as not all of us find it so easy to keep track of appointments.

On this note people at CADS Central will notice that the gross ashtray in the carpark that has been the object of many comments over the last couple of years has finally been removed.

This is thanks to your ongoing feedback and the persistence of the team leader at Central working with the building manager to get it removed.

I have been lucky enough to collect a couple more recovery stories. We now have about 15 or so stories that we have been able to collect for our waiting rooms over the last couple of

years. I have been lucky enough to help people tell their story. It can be very difficult for people coming into CADS especially if it is your first time. The stories are there to offer hope to those sitting with their hopes and fears waiting to see someone.

If you think this is something that you would like to be a part of— it doesn't have to be a story; it could be a song, poem or maybe even some art—give me a call.

If you want to give feedback about CADS I would like to hear from you. We can talk on the phone or we can meet for coffee, my shout—well CADS' shout really. I can be contacted on 815-5830 ext. 5108 Leave a message and I will get back to you.

## RUBY SHARES HER RECOVERY STORY

I started my journey in groups when I was a young person and my brother was at the Bridge.

My family and I attended a family group and I was made to feel like I did not count - this was not a great start.

I went on to keep secrets of my family for longer 'til I got to CADS West where I met a wonderful counsellor who helped me detach from my younger brother as we were enmeshed. It was the hardest thing I ever did I cut the umbilical cord; he was my child I was his mother.

I did some brief work in a Family and Friends group there but did not go back to CADS till 2013.

I went to CADS Mt Eden and met a counsellor who made me see things very differently and did an intensive out-patient group (now CADS Abstinence programme) as there was

stuff coming up for me and I thought I would give the group another go.

I met a wonderful counsellor at CADS West who changed my life. She made me realise I was not alone and that I did not have to keep secrets any more.

I was able to realise for the first time to let some of it go and feel freer for doing so.

I was able to make friends in the group with other family and friends members. I was able to find freedom and peace in my life so I could feel better.

My counsellor and the group changed my life.

I learnt things from other group members and how not and how to do things.

I learnt to take stock and watch and wonder.

I learnt to see the good amongst the shame of drugs and alcohol use.

I saw the situation as it was and I was able to wholly detach from my little brother's alcohol use and see him as the brother I had lost.

He is doing well now and he still loves me. My other brother I have very little contact with and I choose to do this it is unhelpful for me to see him and that is okay with me.

The group changed and moulded my thinking to an easier way and a time out of the dark.



## MORE ON UNGASS 2016 & INTERNATIONAL DRUG POLICY

It will probably come as no surprise to many of you that the Consumer Team has an interest in international drug policy.

We keep up with what's happening in places like Portugal and Colorado and have yet to see the dire forecasts by prohibitionists come to fruition. At the moment we are closely following events in Vienna where preparations are being made for the United Nations General Assembly Special Session on drugs happening in April.



If this is the kind of thing that floats your boat and you're not already hooked in—following tweets etc—there are some great websites you can look at. Just google UNGASS 2016.

The following comes from the Open Society Foundation ([www.opensocietyfoundations.org](http://www.opensocietyfoundations.org))

### *What is UNGASS?*

The United Nations General Assembly Special Session is a meeting of UN member states to assess and debate global issues such as health, gender, or in this case, the world's drug control priorities.

The last time a special session on drugs was held, in 1998, its focus was the total elimination of drugs from the world.

Today, political leaders and citizens are pushing to rethink that ineffective and dangerous approach.

### *Why does this summit matter?*

Never before have so many governments voiced displeasure with the international drug control regime ... Never before have the health benefits of harm reduction approaches—which prevent overdose and transmission of diseases like HIV—been clearer.

For the first time, there is significant dissent at the local, national, and international levels.

UNGASS 2016 is an unparalleled opportunity to put an end to the horrors of the drug war and instead prioritize health, human rights, and safety.

### *But what does a UN meeting like this have to do with ordinary people's lives?*

The simple fact is that if your government wants to introduce drug policy reform, it may have to wrestle with the stewards of the drug control system in the UN.

Great articles on [www.opendemocracy.net/drugpolicy](http://www.opendemocracy.net/drugpolicy):

- Unravelling the human cost of global drug policy by Gabriel Kletzel and Luciana Pol (14 March 2016)
- 9 things we've learned from a 50-year war on drugs
- Myths moralism and hypocrisy drive international drug policy by Julia Buxton

## ASTRID (DETOX AND COUNSELLING SERVICES CONSUMER LIAISON) ON FAMILIES WHANAU AND FRIENDS

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During our recovery it is important that we are well supported by both natural and professional supports.

- 🌳 Natural supports are the significant family/ friends whanau with whom we have relationships
- 🌳 Professional supports are the people who work alongside us who are paid for the service they provide: counsellors, peer support workers, nurses, doctors, key-workers, etc

While professional supports can be very important in our lives it is the natural supports we have or build relationships with who are there for us in our everyday lives.

Many of us have behaved in ways that were damaging to our whanau before we started our recovery journeys. This behaviour may have been caused by a range of things – but we all know that drugs and alcohol is why some of our relationships have been damaged or challenged.

Also we may have felt that our own whanau/ friends' behaviours were damaging or challenging to us.

Recovery is a time when we may wish to look at who are the people in our lives that love and support us, and how we might go about ensuring that we can find a way to get through recovery together.

CADS are well aware that having the support of the people who are important to us is crucial to recovery—as is healthy relationships with them.



For clients who are parents there is often the feeling of stigma. As a mother in recovery myself, this is something I deeply understand.

I often felt shamed and stigmatised due to being a mother with a drug problem – as though I should 'be better than that'.

There are now many programmes and services available for people in situations like I was.

CADS provide 'Family and Friends' groups at each CADS unit. There is also a Family Services Co-ordinator (like a family advisor) who works hard to ensure that families or natural supports are recognised and able to get help just like CADS consumers can.

Not everybody wants to have their family/ friends/ whanau involved in their treatment and that is o.k. But many clients do and may not realise that CADS support our significant others (whatever friends/ whanau/ family is to you) with the issues that may have arisen for them also.

When one person in a whanau/family (whatever that may mean to you) is unwell from the causes of drugs and alcohol, this impacts the whole whanau in a range of ways.

By supporting one another we can find ways to get through the difficult times together – just as we would when a family member is going through adversity in any form.

By making our significant others aware of the support that CADS can provide for them, we can all have that support available to us whether we are the client or the support person.

Not only does CADS provide groups for 'Family and Friends' it also provides one-on-one counselling and significant others' can be 'clients' in their own right.

Some CADS units also provide 'facts and effects' groups, where people can learn about the facts and effects of drug use/misuse/abuse.

Te Atea Marino and Tupu also provide whanau inclusive treatment plans where you can have your support people with you at each step.

For clients who have children under the age of 3 (regardless of custody) and are seeking support with harmful use of alcohol and/or other drugs the CADS Pregnancy and Parental Service may be able to support you.

If you or your whanau/family/friends/ significant others are interested in this type of support just give CADS a call or ask your counsellor, who can guide you to find the right services for you.

On another note I would like to extend our thanks from the CADS Consumer Team to everyone who has been writing their CADS Recovery Stories and especially to the family members who wrote great pieces to add to our folders.



## WHAT CLIENTS TOLD US ABOUT AOTS/ AUCKLAND OPIOID TREATMENT SERVICE 2015

Every year we use the Treatment and Service Perceptions Questionnaire (TSPQ) to ask AOTS clients how they feel about the service and the treatment provided.

Last year 287 clients completed a survey though 2/3 were people attending AOTS Pitman House and South which means the results are weighted towards those two parts of the

service. It was great that 69% of the clients attending AOTS South during the time the survey was running took part—thank you!!

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:

- 89% strongly agree or agree that their key worker has understood the kind of help they want
- 70% disagreed that they and their key worker had different ideas about the client's treatment goals
- 68% had been able to speak to another key worker if their key worker was unavailable
- 85% feel they have had support to sort out their problems
- 88% feel respected and treated as an individual by staff
- 77% felt involved in decision-making about their treatment
- 86% believe methadone or Suboxone® is helping them
- 81% had left doctor's appointments happy and satisfied over the past 12 months
- 86% had seen their key worker as often as they would like over the last year
- 78% find most of the service's rules or policies reasonable and understandable
- 72% knew they were able to contact AOTS by texting 4769
- 50% find texting makes communication with AOTS easier
- 82% would recommend AOTS to others they think might benefit from OST. This is a slight increase since 2014. 4% (11 people) would not recommend the service. Of the 198 people who added comments about their response to this question most were positive but there was clearly dissatisfaction with some staff and with some aspects of service delivery. All provide food for thought. And a number of people said they would also recommend people develop a relationship with the AOTS Consumer Liaison and other members of the Consumer Team. (thanks for that!)



### Perceptions of treatment

Many people talked about the many benefits of OST : stable lives, improved relationships etc. A couple of people expressed frustration with being 'parked' on OST and felt the service could offer/do more, e.g.:

- ✕ *Getting support to help achieve my issues other than AOD would be really helpful, e.g. vocational/ employment focus ...*

### Perceptions of the service

We've been doing these surveys for 11 years now and never before have there been so many positive comments about people's experience of the service. For the first time people wrote about perceiving (most) staff as genuinely caring about the clients and experiencing a positive change in staff attitude :

- ✕ *Pleasantly surprised to notice CADS no longer seem to be on the "persecution" angle*
- ✕ *Treatment services is like "back to the future" - treatment today is far superior to what it was some years back (for the better)*

Not everyone shared such a favourable view. Several people commented on unsatisfactory interactions with key workers and doctors and pointed out the importance of having 'the right person' as your key worker or doctor.

People described CADS/ AOTS as:

- ✕ *highly functioning with multi-disciplined practitioners*
- ✕ *thorough and based on sound treatment research*
- ✕ *spearheading AOD service / maintenance / abstinence / recovery in New Zealand*
- ✕ *deserves a better reputation but isn't rated highly as it should by society who value abstinence-based programmes far too highly*

The few comments about takeaways related to balancing work commitments with service requirements; some people thanked AOTS for responding well to their work needs and others were frustrated that their work is hampered by AOTS.

Big thanks to everyone who took part—and please keep the feedback coming! It helps us enormously to hear from you about your experience of AOTS—and your feedback does make a difference to how things are done. Cheers.

## WHAT CLIENTS TOLD US ABOUT CADS COUNSELLING SERVICE

During Oct – early Nov last year 364 people attending a CADS Counselling unit completed the Client Satisfaction Survey. This is 21% of the 1714 people who came into a CADS unit during this time. Most people were attending CADS for their own issues and 5% (18 people) were attending as a support person.

The aim of the survey is to find out about the experience of people attending the Counselling Service: whether they feel respected, well informed, supported and involved in their treatment, and have their needs met by the service.

The survey results help the Counselling Service review what it is doing to ensure it is meeting people's needs as well as our own expectations of what makes a good service.



Here are the percentage of people who agreed or strongly agreed with the following statements:

95%	said the limits of confidentiality had been explained to them
98%	felt they were treated with respect by staff
92%	think the staff understand the kind of help they want
89%	have had help to identify clear goals
87%	are greeted in a friendly and professional manner when they phone
93%	are greeted in a friendly and professional manner when they enter the unit
79%	find CADS' hours fit with their schedule
95%	feel staff are knowledgeable about alcohol and drug issues
91%	receive culturally appropriate care
88%	feel involved in making decisions about their treatment/ care
78%	feel encouraged to involve family/ whanau/ support people in their treatment/ care
91%	feel encouraged to give comments, complaints and compliments to the service
89%	feel that doing the visual ADOM (alcohol and other drug measure) helps them see 'how it's going'
92%	Would recommend the service to others

### How the service could be improved

The predominant themes in how people think CADS Counselling Service could be improved were:

- ✕ providing after hours support including follow-up for people after they've done a detox and/or engaged with the Counselling Service
- ✕ Different or more flexible hours for groups and one-to-one counselling
- ✕ Greater access to one-to-one counselling
- ✕ and text reminders. (See the back page for info on this!)

One way to get after hours support is from the alcohol drug helpline. You can contact them on 0800 787 797 or [www.alcoholdrughelp.org.nz/](http://www.alcoholdrughelp.org.nz/)

One of the projects the CADS Consumer Team has been running is follow-up phone calls to people who've engaged with the Community and Home Detox Team and people who've left the opioid service. The Consumer Liaisons contact people who have left those services to see how they experienced the service and see how they are doing. There is now research available showing the benefit of such calls:

- ✕ most people appreciate the call and are significantly more likely to return to treatment if they're finding being AOD-free difficult
- ✕ people return to treatment sooner because of getting the call and having a conversation about what's going on for them. Returning to treatment sooner means people are less unwell and things haven't gotten as out of control as they could become if they had waited to come back
- ✕ People have significantly fewer substance-related problems 3 months after treatment and are significantly less likely to be in need of additional treatment 2 years later\*.

Now the challenge is to see how continuing care calls can spread to other parts of CADS. As you might imagine nothing happens quickly in a bureaucracy so we don't expect this to happen any time soon. However you can be assured that the Consumer Team will be working with staff and management to look at ways to make this happen.

Feedback about the timing of groups has been fed back to the facilitators of those groups. Please continue to let us know if the timing of groups doesn't work for you. This is an important issue for a lot of people. And if you want one-to-one counselling please speak with the group facilitator.

\* Godley, M. & White, W. (2011) Telephone recovery check-ups: An assertive approach to post-treatment continuing care. *Counselor*, 12(4): 28-31

McKay, J. et al. (2005) The Effectiveness of Telephone-Based Continuing Care for Alcohol and Cocaine Dependence. *Archives of General Psychiatry* 62: 199-207

## **SUBSTANCE ADDICTION (COMPULSORY ASSESSMENT AND TREATMENT) BILL**

Over the last 15 years there has been a lot of discussion in the addiction treatment sector about the need to review the 1966 Alcoholism and Drug Addiction Act.

The Law Commission undertook an impressive piece of work in 2010 and produced a document called *Alcohol in Our Lives* which included the recommendation that the ADA Act be replaced.

Finally a Bill has been drafted which has just had its first reading in parliament. The Bill focuses on managing a small group of people who lack the capacity to engage in treatment because their addiction is severe.

It focuses on compulsory treatment for a much shorter time than the 2 years of the ADA Act, and aims to move people into voluntary treatment. People also have their rights protected under this proposed system—something that wasn't thought about in 1966!

The Bill will now go to the select committee. That's when anyone can make a submission either in person or in writing. The Health Committee will then report back to parliament (the second reading)—and if there is enough votes we will finally have a new Act. About time!

For more info go to

<http://disclosure.legislation.govt.nz/bill/government/2015/116/>

## **RAINBOW SUPPORT GROUP @ CADS WEST**

For all people who identify as lesbian, gay, bisexual, transgender, takataapui, fa'afafine or intersex and who:

- want ongoing support to make and maintain changes to their substance use
- want to explore sexual orientation, gender diversity and how it interweaves with substance use
- want skills to manage difficult times and prevent relapse

The group will provide a supportive environment to:

- look at relationships with family and friends
- learn ways to cope with internal and external homophobia/ transphobia
- enhance a sense of identity and
- develop a sense of community away from the bars and club scene.

**If you're interested contact CADS West**

**Ph 845 1818**

## **CADS INFORMATION FOR CLIENTS**

In recent months a lot of the work of the Consumer Team has been on updating and creating information for clients.

Megan and Sheridan led the review of all the AOTS client info sheets. Now that clients have access to the *OST and You* booklet we have been able to reduce the number of AOTS info sheets so they focus more on how AOTS does things. They look different than the previous sheets too—all info sheets produced by CADS now have the Waitemata DHB banner across the top.

The big project we are involved in is developing workbooks for CADS groups.

All of the group names are now 'action statements' - for example instead of 'Action' group the booklet is called 'Taking Action' - because that's what clients are doing—and 'Maintenance' becomes 'Maintaining change'.



So all the titles are much more client-focused rather than being clinical or describing what the service does in terminology that means more to the service than it does to the people doing the group.

In the CADS Abstinence Programme the titles are :

- 'Starting the Journey' (used to be 'pre-entry')
- 'Making change happen' replaces 'IOP' and
- continuing care is 'Maintaining my recovery'.

The title of the Family and friends groups booklet is 'Reclaiming our lives'.

All of the booklets contain quotes from people who have taken part in the CADS groups—so a huge thanks to everyone who has provided feedback in surveys and group evaluations. You might just spot your own words in there! (and of course all quotes are anonymous.)

It'll take about a year for all the workbooks to be completed and available but chances are that if you attend a CADS group in 2016 you will receive one of these new booklets.

When we come to evaluate the groups later in the year we will be particularly interested in getting your feedback about these!. Of course you are welcome to let us know before then—you can comment on a suggestion slip or go to [www.cads.org.nz](http://www.cads.org.nz) and click on Email us now.

## OPT IN to CADS TXT REMINDERS



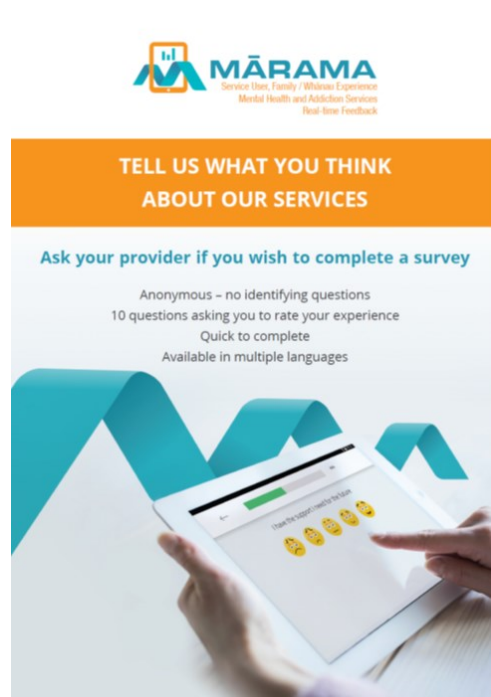
If you would like to receive a txt reminder about your appointments with CADS please tell your key worker, counsellor, or group facilitator

- ⇒ They will check with you that CADS have your correct mobile phone number
- ⇒ You will receive a text the day before your appointment is due
- ⇒ Reminders won't contain any identifying information – for privacy reasons only first names will be used and CADS won't be mentioned. Messages will look like this:

*Hi Fred, u hv a meeting w Wilma 2moro Wed 22 Apr at 11:00am. If u can't come pls txt back or call 845-1818 or use <http://bit.ly/1DvPAIs> ref1163053*

The website link has been added for clients who have no money to reply and no access to a freephone but who might have internet access available.

## MARAMA: REAL TIME FEEDBACK



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.**

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.