pRogReSsioN

NewS & InformatioN for CADS Clients from CADS ConsumeR TeaM

Issue 65
Nov 2020—
Jan 2021

Greetings all. Well, what a year. It's not easy to find the words to describe it.

Just as the consumer team was about to send out our first issue of the year the world turned upside down and inside out. None of us have ever experienced anything like it before.

It was amazing to see how quickly we had to work differently: all of a sudden we were in lockdown, no-one coming in or out of any CADS sites, no clients to see or talk to—which felt v weird.

The consumer team quickly took on a communications role within CADS: finding out what was happening with other services, and ensuring that info got to the staff as well as putting together the info that needed to go to clients.

The only way for us to communicate with clients in those early days was via the website so each week I was given the task of updating an info sheet which became increasingly important as we moved between alert levels and things changed in how CADS had to operate.

I'm sure it wasn't perfect but feedback so far suggests that overall CADS did well in managing to continue providing a service during lockdown.

Before lockdown most CADS groups had been face-to-face and suddenly staff were having to learn how to Zoom and how to run a group when people are in their own lounge car or bedroom. After some expected teething issues most groups were able to continue and people adapted quickly to our new reality.

During the lockdown Renee spent a lot of time talking with clients about their experience which proved invaluable; we were able to use that client feedback to inform the staff about what was working and what needed to change—so an enormous THANK YOU to all the people who spoke with the team during that time.

Each year the team has a workplan which outlines the work we need to undertake through the coming year—well, this year's plan got totally munted. We've managed to do some of the work but there are gaps such as undertaking all the surveys we are usually responsible for.

So we are encouraging everyone to take part in the new DHB survey we promoted in the last issue. The QR code below makes it really easy to take part if you have that capability in your phone. If not contact us for a paper version.

We have started the AOTS Treatment and Service Perceptions Questionnaire but that has been slow going compared to last year. Please get in touch with Andrew if you haven't been offered a survey and would like to take part—we really want to hear from AOTS clients about their experience of the service.

Alongside all the Covid stuff CADS work has carried on: on the next page Marc outlines some of the work that's been happening re the move of the in-patient unit. Renee is still engaging with clients about CADS groups and Andrew has an update about naloxone availability.

So, regardless of pandemics and world crises, we carry on … so unsurprisingly we are looking forward to a break.

Til the next issue in Feb, enjoy your summer, and 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

What's Happening in IPU? MARC—Medical Detox Services & CADS Abstinence Program Consumer Liaison

Plans for HomeGround (the Auckland City Mission including the medical detox unit) are well underway.

We had a group called the Innovation Unit working on a Model of Care project which broadly defines the way health services are delivered.

As part of this Model of Care the Innovation unit consulted with a number of people: clients, staff, and others and then presented their findings back to both CADS and the Auckland City Mission.

Talking with all these people and looking at other models of detox care provided some key insights.

It is important to point out that these insights are simply ideas to take into account—they have not been accepted in their entirety as the way forward.

What the Innovation Unit found was:

1. It is staff, not facilities, that have the biggest impact on people's service experience
2. Managed withdrawal needs peer engagement, a recovery focus, and cultural competence
3. Most people detox at home – well resourced support with varying intensity will help
4. Hospitals need better addictions support capacity
5. Loneliness and stigma have significant impacts on well-being before and after managed withdrawal
6. Poor transitions set people up to relapse
7. One residential service will enable greater flexibility

It is great to see that peer support and recovery focussed and culturally aware services are recognised as important for the work of detox services as these are things that have been at the core of many people's recovery.

Having peers and staff focussed on and aware of people's recovery and cultural needs is a good step toward a different way of operating services.

CADS Community & Home Detox Service (CHDS) are already working with number 3 because the team has already increased the amount of managed withdrawals they are doing at people's homes since the first lockdown.

We look forward to the work that will be done in the hospitals to support people with their dependence as this has not really been good in the past and some of the treatment of our clients leaves a lot to be desired.

As far as stigma goes the CADS consumer team has always seen this as a major priority to address if people are to receive a good service.

Loneliness has long been an issue for many clients so it will be good to see how this is going to be addressed in future. (Peer support would help.)

'Transitions' - this is service jargon meaning when people move from one part of a service to another or move to a different service altogether.

We know that it is when people move that services and clients lose each other and people "fall thru the cracks" created by the systems and may slip off into old ways with little support. It would be great if all services looked at how to avoid losing people as they move between services.

The last insight—that one residential service will enable greater flexibility—is the most radical because it is suggesting that social detox (currently provided by the City Mission) and medical detox (currently provided by CADS) become one service.

Discussion is still going on about how CADS will fit into the new HomeGround building and how the service will be provided and as I said earlier the key insights will be taken into account as we move forward so we will keep you informed as things become clearer.

Artist's impression: Auckland City Mission

What's Happening with CADS Groups from Renee —Counselling Services North, West, South & Central Consumer Liaison

Hello readers of pRogReSsioN! Hasn't it been a crazy year?!

The first lockdown certainly felt like a team building for New Zealand exercise. Compared to other places in the world I think we really came together and looked after each other.

From face to face, to zoom, then face to face then back to zoom. Who knows whether this will keep bouncing. At least now we all have a better idea of what we are doing.

I for one have learnt some new pc skills. Zoom was definitely a saving grace to keep ourselves in touch.

Since this Covid ordeal I have been gathering information from clients and found that face to face groups

are, for most, the preferred choice, but there is definitely a bunch of people who prefer Zoom because of issues like mobility, transport, time factors and traffic.

CADS still have some Zoom groups running at the moment and are looking at what Zoom will look like for the future.

Of course there is always the issue of resources, as times are definitely busy.

At the moment there is a Getting the Facts group via zoom that we get nothing but amazing feedback for. And some Getting Started zoom groups have continued.

I have received requests for a Maintaining Change zoom group. Perhaps this could be a regional support group? I can advocate for this to management if enough people are keen. I would love to get more feedback about this.

I would love your feedback about anything! You can call me or text on 021 592 143 or landline 09 8155830 ext. 45175

Have a safe xmas all!

Other In-Patient News from Marc

There has been a lot of feedback about the food in the in-patient unit, so when the kitchen recently sent us a survey I completed one with all the feedback that I had received from clients in the last 6 months.

After this I talked to the kitchens and had a meeting with the nutritionist and kitchen manager who were both new to the roles and wanted to find out more about what people in our IPU need. This was a very productive meeting and they took the feedback that in the past the food has been very carb heavy, lacking in leafy greens and lacking variety in the fruit. So in the next couple of weeks the food should be changing a bit with more salads a greater variety in the fruit and some new mains.

As we come up to summer and daylight savings has started I was getting some feedback about the return of a later smoke break. After talking to Keryn our charge nurse the last smoke break has been pushed out and is most definitely after dinner which seemed that main issue for the smokers in the unit.

Finally, and sadly, our long term doctors Paraic and Carolyn in the in-patient unit are leaving. There was a staff send off with lots of Hawaiian shirts being worn at Paraic's going away. And Carolyn is leaving soon.

I know they will be sorely missing by many of the clients who have worked with them both over many years. We have a couple of new doctors arriving soon.

Thank you to everyone who has talked with me and provided feedback about their experience of the in-patient unit and Community & Home Detox. We'll report on your feedback in the next issue of pRogReSsioN.

And if you want to get in touch you can call or text me on 021 982 432 or landline 09 815 5830 ext. 45108

Naloxone Update & Using Other Drugs from Andrew - Auckland Opioid Treatment Service Consumer Liaison

Hello to all readers of pRogReSsioN. This is the last issue in what you would have to call a very strange year.

CADS/AOTS has faced a number of challenges to continue operating through all the C19 disruption. For AOTS it has mainly been about changes to community pharmacy hours and/or changes to the way GPs have been working. Thanks to AOTS clients who have shown patience and understanding throughout this period.

One good thing to come out of Covid 19 is that it spurred the Ministry of Health into providing funding for Opioid Substitution Treatment (OST) services to offer their client group free Naloxone (which some of you will know as 'Narcan' the medication that saves people from overdosing on opioids).

So far AOTS has been able to offer clients Naloxone in ampoules for intra-muscular (IM) injections and also in a nasal spray called Nyxoid.

Nyxoid is the service's preferred medication. It is much easier to use and equally effective.

For someone who is not used to give injections, preparing and administering an IM injection when a family member, flatmate or loved one is turning blue on the floor is a daunting prospect. The nasal spray is a simple squirt in the nostril.

Unfortunately the 200 odd doses of Nyxoid that AOTS purchased earlier this year has run out and there won't be any more available until early 2021.

So in the meantime AOTS is making the IM naloxone solution in ampoules available to clients. Just ask your key worker and they will see that you get some.

The good news is that AOTS will be able to make Naloxone available into the future which is sure to save a few lives. We know already from client feedback that the medication has been used successfully in overdose emergencies.

For AOTS clients, who are planning on leaving town over the holiday period, please inform your key worker as early as possible about any changes to prescribing you require due to travel arrangements and holiday plans.

Thank you to those who have provided the Consumer Team with feedback over the last year. It really is appreciated. We need your feedback on how you are experiencing the treatment. Please call Andrew (AOTS Consumer Liaison) if you have feedback: 021 325 597 / 09 815 5830 ext. 45568.

Best wishes to all. Have a safe and happy summer.

OST and the Use of Other Drugs

Using drugs other than opioids is common amongst opioid users. Opioid Substitution Treatment (OST) services (and GPS) are expected to help clients reduce or stop drug use and reduce the harms associated with using alcohol and other drugs. Cannabis, alcohol, benzos and methamphetamine are all quite widely used in the community.

Alcohol and benzos can be particularly harmful for people on OST because they are both central nervous system (CNS) depressants - same as opioids like heroin or methadone.

Using two or three CNS depressants at the same time significantly increases the chances of overdose. So when AOTS learns that clients are using alcohol or benzos it will try to support them to avoid associated harms.

Methamphetamine is widespread in our community and definitely causes harms—quicker than most.

Clients sometimes complain when AOTS has stopped takeaway doses of methadone because of methamphetamine use. After all, methamphetamine is a stimulant therefore, when used at the same time as an opioid, does not increase the likelihood of overdose—in the respiratory depression sense.

I understand why AOTS clients are mystified by this….there doesn't seem to be much connection between the two and stopping (methadone)

Nobel Prize in medicine awarded for work on hepatitis C

The Nobel Prize in medicine this year has been awarded to British and American researchers for their work on hepatitis C.

Although hepatitis B had been discovered in the 1960s people who received blood transfusions were still coming down with severe liver disease even though the donor blood had been screened for hep B.

Harvey J. Alter (a clinical scientist) led a project, storing blood samples and tracking people who, before 1970, developed hepatitis after receiving a blood transfusion. He found that nearly a third of the people who got heart transplants came down with liver disease though it wasn't caused by the A or B virus meaning there had to be something else causing the disease.

In 1978 he showed that plasma from these patients could transmit the disease to chimpanzees (poor monkeys) and that this 'infectious agent' was so small it could slip through filters. That indicated it was a tiny virus rather than a bacterium.

Years later a virologist Michael Houghton found a way to clone the virus and to identify antibodies created against it by the immune system. That led to the development of a test for screening hepatitis C in blood and since screening began in 1992, the risk of infection from a transfusion has reduced considerably.

Then genetic analysis researcher Charles M. Rice characterized the machinery of the virus. His team found that animals injected with the virus became ill which provided the final evidence needed to show Hep C was the cause of the disease. This set scientists on a path to finding a cure.

Together the work of these three men (and their teams) helped identify the virus, almost eliminate the risk of getting hepatitis C through blood transfusions, and led to the development of antiviral medications that can clear the virus from the bodies of people infected with Hep C.

The antiviral drugs used now are able to eliminate the virus in more than 95% of treated patients. You'd be hard pressed to find other viral diseases that have such an effective cure. From the time Alter began his experiments, it took almost two decades to identify the hepatitis C virus and nearly a half century to develop a cure.
(www.washingtonpost.com)

And during that time some of us lost friends and family along the way. It is heart-breaking that they weren't around long enough to receive the new life-saving meds.

And some people still don't know they've got hep C. Because of the stigma associated with hep C many people are reluctant to be screened let alone engage in treatment.

CADS is providing free screening, testing and treatment. Info is available in reception or talk to your group facilitator, key worker, counsellor, nurse or doctor to find out more.

It doesn't matter how you got it; the past is exactly that—past. The new meds give you a very good chance of a future.

OST and the Use of Other Drugs contd.

takeaways because of meth-amphetamine use is puzzling. To put it mildly.

CADS uses policy documents to guide clinical practice and decision making. In the document on 'Principles of takeaway provision' it says "Other drug use may prompt an assessment of risk, but should not in itself exclude takeaways."

What this means is that takeaway changes *may* result if the risk assessment establishes that the person's overall recovery and stability are negatively affected by the other drug use (which could well be methamphetamine).

It also means that takeaway changes are not the automatic first port of call in a situation like this. So if you feel you are having problems with this aspect of treatment please contact me for discussion and advice.

More info about Using other drugs is on page 34 of *OST and You.*

Just a reminder: this booklet is a plain language version of the national

guidelines that underpin the work of all OST services in NZ. If you don't already have a copy grab one from reception or access at www.tepou.co.nz/resources/ost-and-you-a-guide-to-opioid-substitution-treatment/500

A Message from the NZ Drug Foundation

The final results from the cannabis legalisation referendum were bitterly disappointing. Despite many months of concerted effort promoting a positive health-based approach to cannabis, not everyone was won over.

The margin was razor slim, and 1.4 million people voted for change. 48.4% voted yes, a significant increase over polling from three years ago, when only 28% said they supported legalisation. In public debates on the referendum we noted a widespread acknowledgement that the status quo is not working. Even those who campaigned for a 'no' vote publicly accepted that cannabis use should be treated as a health and social issue, and decriminalised...

This shows there is wider appetite for some kind of cannabis law reform, even if the specific bill did not find favour with a majority. At the very least, the Government has an overwhelming mandate to end criminal penalties for those who use cannabis and other drugs, and for those who grow small quantities of cannabis at home for personal use.

Even though we didn't achieve what we set out to do, public understanding of health-focused drug law reform has moved ahead in leaps and bounds.

Once again, we'd like to thank everyone who contributed. We will move ahead on this issue once we've taken time to reflect and regroup. For now, we can take heart in the fact that many New Zealanders voted to change a law they are not personally affected by. That's a real sign of hope in these troubled times.

Stephen Blyth, Communications Manager

Voters Choose Decriminalization in USA Elections

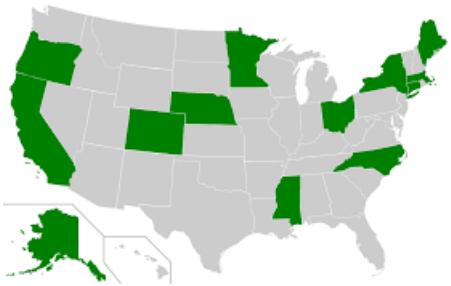
While most of the attention had been focused on the battle for the presidency there was something interesting happening behind the scenes …

A number of US states voted to decriminalise drugs in what has been called "an unprecedented overhaul of American drug laws".

In every state where the ballot was proposed, people voted to abolish criminal penalties for possession.

People in Arizona, Montana, New Jersey and South Dakota voted to decriminalize recreational marijuana while there was overwhelming support to legalise medical marijuana in Mississippi and South Dakota. So 15 states have changed their marijuana laws. And in Washington DC, psychedelic plants will be decriminalized. (hmm, interesting in itself…)

Oregon voted to decriminalize all illegal drugs – including heroin, cocaine and methamphetamines –



and psilocybin (shrooms) will be legalized for therapeutic use.

It is hoped that these changes will reduce overdose deaths; reduce racial disparities in drug sentencing and arrests; and drastically improve services for drug users across the country. Apparently Oregon has some of the highest substance use and mental health problems and access to services is amongst the worst in America.

The Drug Policy Alliance, which drafted and funded the measures in Oregon, say that $100m could be saved each year from fewer arrests and incarceration and increased tax revenue from drugs sales.

The money will go towards treatment and social services for people who use drugs – such as addiction recovery centers, housing and healthcare.

In 1973 Oregon was the first state to decriminalize marijuana possession so is obviously a progressive state when it comes to drug law reform.

A handful of countries including Portugal, the Netherlands and Switzerland have already decriminalised possession of small amounts of "hard" drugs.

In Portugal decriminalisation did not lead to a sustained surge in drug use and the number of deaths associated with drug use fell while the number of people engaging in treatment rose by 20% from 2001 to 2008 and then stabilised.

Slowly, slowly, there is a shift to a health-based approach instead of criminal punishment.

https://www.theguardian.com/us-news/2020/nov/04/us-drug-laws-decriminalization-voters-us-elections

MARC on Surviving Christmas and Recovery

It's coming up to Christmas so I thought it would be a good time to talk about Christmas and what that means in recovery.

Christmas can be a challenging time of year for those in recovery. It's a time where lots of people get some time off work, everything shuts down, there are social gatherings and there are lots of expectations on all of us.

This can be hard when family isn't necessarily picture perfect—or even if it is. There can lots of pressure to live up to the expectations of ourselves and others.

It feels like a good time to talk about all of this and some ideas on how to negotiate our way through this time of year.

Our lives in recovery are a work in progress rather than a done deal. It's an ongoing process and times like Christmas can lead us to reassess ourselves—what we want and what we needs.

Events like Christmas can show us where we are at; sometimes it can show us how far we are from what we want and that can be difficult and painful. It can also show us how far we've come and the progress we've made.

One of the major challenges for many is the temptation to join in with all the Christmas parties.

It can be easy to just go with the flow but I know where that ends up and to tell the truth I am sick of picking myself up and starting the process again.

For me the big difference is having a plan. First off I have a think about Christmas: what does it mean to me? What have past Christmases been like?

I don't get too into it but it gives me a good idea of what Christmases can be like: sometimes good and sometimes not so much.

Then, how can I get the best out of this time of year? How can I keep myself safe? What do I need to avoid? How can I look after myself?

Some of this will be obvious but without having some idea of answers to these questions it is hard to know what I want and need.

What are some things you could add to your plan?

Keep busy and get rest? Might seem contradictory but true. Often in active addiction we can isolate ourselves which can be a real trap so get out and spend time with people and friends but don't burn the candle at both ends.

Get your rest and remember HALT- Hungry Angry Lonely and Tired—all can be triggers.

Think also about how you can enjoy yourself perhaps with some nice food and drink (it doesn't have to alcohol) to celebrate as well.

Recovery is not about not having fun and enjoying life—it's about doing things a bit differently.

When you are going to family and other events, think about your plan.

Watch out for those difficult relationships and avoid spending too much time with people who stir you up inside.

Maybe have someone with you who knows where you are at and will have your back.

Before you go talk to someone who is going to be there about your concerns about socialising.

Also plan an excuse to leave if you need/ want to - it is good to have an escape plan before you need it.

Another idea that could be good for parties is to arrive late and leave early; arriving late means people will already be on it and showing lots of reasons you choose not to use plus they probably won't notice that you are gone when you leave early.

Make sure you can leave when you want— take transport or have money for a cab or ride a bicycle there; nothing is worse than being stuck at a party when you want to go home.

Above all look after yourself and reach out for support when you need it.

(From Issue 56 Nov 2017—Feb 2018)

Herbal Zest

30ml lemon and ginger cordial

150ml Chi

I slice cucumber

Ice

Place cucumber in a long glass, top with ice.

Add liquid and give a quick stir.

Tropical Taste

50ml pineapple juice

50 ml cranberry juice

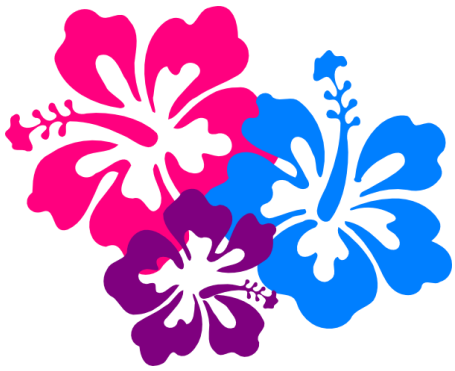
10ml passionfruit pulp

2 orange wedges

Ice

Fill tall glass with ice then add ingredients in order listed.

We're All Going on a Summer Holiday .....



- Sheridan's away from Dec 24 returning Tuesday Jan 25
- Renee and Marc are away from Dec 24 and will return on Monday Jan 11
- Andrew's away from Dec 19 back on Jan 11

And once we're all back on board in January our hours will be:

- Sheridan works 8.30-5pm Mon—Fri. You can call her directly on 845 7520
- Andrew (AOTS Consumer Liaison) works Tues, Wed, Thur and Fri 9am—4pm. Altho based at Pitman House Andrew can meet up with clients at any CADS unit
- Marc (Medical Detox Services and CADS Abstinence Programme) is available Mon, Tues, Wed and Fri 9am—3pm
- Renee (CADS Counselling Service) is here Mon—Thurs 9am—3pm

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

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

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.