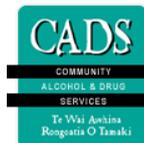


pRogReSsion

News & Information for CADS Clients from CADS Consumer Team



Issue 67
August—
Nov 2021

Greetings CADS clients

As usual the team are keeping busy—there's so much going on including the big ticket items like the move of CADS South and the in-patient detox unit into the city.

Being involved in these processes and seeing how things play out at high levels of the DHB has been quite an education. I've known for a long time that there is no such thing as a simple idea around here but being involved in planning and decision-making re these moves has shifted that to another level!

Marc provides some detail about the new in-patient unit on p2. We were able to do a walk-through of the building site so got to see the bare bones of the new unit. It is v different to the Pitman House unit: for example, every bedroom has its own en suite so there'll be no more shared showers and toilets. Bliss.

Personally I enjoyed working in the city years ago, so am looking forward to heading in there for meetings etc.

It's looking like the building will officially open in November but we

still don't have a definite date for the closure of the Pitman House unit and the opening of the new one. Once we know we will put notices up in all CADS reception areas.

As Renee describes on p3 CADS South is also moving as the lease came to an end at the current site. Unfortunately the new home of CADS South, Tupu and Te Atea Marino isn't going to be ready for a wee while so the teams are moving to temporary sites for a few weeks.

Over the years we have received a lot of feedback about the size of the rooms at Lambie Drive so you will be pleased to know that the new permanent site at Ronwood Ave will have much larger group rooms— a BIG thank you for raising that issue with us. Although there was nothing that could be done to change that at Lambie it was definitely helpful to have the client feedback when designing the new building.

This is our reality —sometimes clients raise issues which can't be responded to in the way we would hope—but when an opportunity does arise you can be sure that we advocate

strongly based on that feedback, and it's always gratifying to see that sometimes (tho not always) it does make a difference.

Also featured in this issue is a bit about a NZ Drug Foundation event I attended focused on shifting to health-based drug policy. I had the privilege of being invited to speak about the elephant in the room when it comes to any discussion about drugs—the elephant being stigma. (Many people are unable to engage in a sensible rational discussion because their prejudices get in the way.)

One thing we can all do to reduce stigma is to think critically about the language we use when talking about drugs, drug use and the people who use drugs. On p4 Andrew talks about this particularly in relation to the area he works in—opioid treatment.

Our aim is to get this out in the open, face it in the eye and challenge it—and that is something everyone can play a part in.

Til the next issue in Nov, 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



**MEDICAL MANAGED WITHDRAWAL (DETOX) IS ON THE MOVE
—FROM MARC—MEDICAL DETOX SERVICES & CAP CONSUMER LIAISON**

So it has been busy for all the services I work with. We've just completed our annual survey reports and overall people found the services welcoming and described staff as helpful, consistent, compassionate and understanding, supportive, friendly, respectful, approachable, honest, professional, empathetic, encouraging, kind, caring and knowledgeable.

There is a bit more of a wait for the Detox Services tho people say they understand why there are longer wait times. For some the extra wait gave them time to prepare more thoroughly. Others found they became much sicker with hospital visits and other health problems while waiting.

- ↑ 98% of people coming to IPU felt involved in their treatment planning
- ↑ 98% felt they achieved their goal coming to IPU
- ↑ 99% felt always or usually treated with dignity and respect
- ↑ 97% said they would recommend the Detox unit to others

On the flip side people still want:

- ↑ to get outside for walks more
- ↑ groups to be more consistently available
- ↑ treatments to be explained
- ↑ test results to be reported back to clients more consistently
- ↑ new arrivals to be oriented to the unit a bit more consistently at times.

So there are some things to work on as well, mainly around consistency and having enough staff for the amount of work coming through CADS doors. We can work with that.

As some of you will know the in-patient detox unit is moving to new premises—Mission HomeGround—which is currently being finished.

The building is on the same site as was the Federal Street social detox which will be familiar to some of you. I have provided some photos of the new place from my walk around I had earlier last month.

The new unit will be on the same site as social detox giving us some good opportunities to do what we do better by working more directly with the social detox service.

Each room has its own on suite providing a bit more privacy for people during their stays.

The focus of medical managed withdrawal will go on the medical part of the process—which is CADS' specialty.

As people start to feel a bit better the idea is that people will move into social detox where they can access more groups and other activities.



We are due to move in before the end of the year if there are no more delays.



JULY 28 2021

The only way to know if you have hepatitis C is to get tested. This involves two simple blood tests.

The first will show if you have hep C antibodies. If this test is positive, it means that you've been exposed to the hep C virus sometime in your life, either within the past few months or many years ago.

To confirm if you have a current infection, a second test checks for the hepatitis C virus in your blood. **It's very important to have this second test.**

IF YOU HAVEN'T DONE IT ALREADY GET TESTED THIS WORLD HEPATITIS DAY

UPDATE FROM ANDREW (AOTS) CONSUMER LIAISON- AUCKLAND OPIOID TREATMENT SERVICE (AOTS) CONSUMER LIAISON

Hello to all readers of pRogReSsion. A few points to update you on:

1. Thank you to AOTS clients who have provided feedback to the service over the last few months. We will be conducting our annual survey soon. Please keep an eye out for that. The feedback from the survey is vital in finding out about client's experience of treatment with AOTS.
2. Some readers may be aware that CADS South is preparing to move to a new location in Manukau: 7 Ronwood Ave. However CADS South (AOTS included) will be temporarily based in Mangere before setting up in Ronwood Ave.

There is more detail on this move in Renee's article below.

3. AOTS has recently stocked up on the Naloxone nasal spray (the medication that reverses an opioid over-dose. It is named Nyxoid).



Supplies ran out for a while due to shipping delays because of COVID-19. You can have some Nyxoid without charge. Just ask your key worker.

AOTS has also distributed doses to ADIO (Auckland Drug Information Outreach....the needle exchange) so people can also obtain Nyxoid free of charge from ADIO.

4. If you are a client of AOTS and change your phone number, please let the service know as

soon as possible. Also, if you send texts to AOTS 4769 number, please remember to include your name and the name of your key worker.

5. One final thing....we have received feedback that not all AOTS clients are given a copy of pRogReSsion at their pharmacy even though we post copies to all the pharmacies that dispense OST medications. It may be that at some pharmacies they get binned with the junk mail so clients miss out on the news. If you know of AOTS clients who are NOT given pRogReSsion at their pharmacy, could you please call and let us know

Andrew 09 815 5830 ext. 45568 or 021 325 597 That is all for now. Stay safe and best wishes.

CADS SOUTH IS ON THE MOVE! FROM RENEE

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

From 2nd August 2021 CADS South including AOTS South will be temporarily based at 12 Waddon Place Mangere (see picture).

We are located between Mangere Heath Centre and Labtests.

Some daytime groups, the walk-in clinics, and booked appointments will happen at this location —please confirm with your facilitator which groups will be carried out from here.

Phone 09 263 2000 for anything urgent.



Evening groups will be held at MIT/ Manukau Institute of Technology (cnr of Manukau Station Rd and Davies Ave, Manukau).

There is plenty of parking on both sites.

We appreciate this is a significant change for everyone and hope to make this change as easy as possible.

If you have any questions please speak to your counselor, group facilitator or key worker.

This move is temporary while we wait on the completion of our new home which will be at 7 Ronwood Ave.

Will keep you posted.

Opioid substitution treatment is one of the most heavily stigmatized types of treatment in the entire health sector. This will not come as news to many clients of the Auckland Opioid Treatment Service (AOTS).

Why is OST (Opioid Substitution Treatment) so stigmatized? Well....that really is a long story.

Partly because many in the wider community, in the health sector and even (sometimes) in the addictions treatment field have come to believe that the only plausible measure of treatment's success is abstinence in the strictest sense. Some people are 'all or nothing' type people and struggle to get to grips with harm reduction or with the idea that medication can be an essential part of someone's recovery.

Part of the job of CADS Consumer Team is to work to decrease the stigma attached to addiction and the treatment of addiction. Central to this is paying attention to the way we talk about addiction because the way people talk about addiction can perpetuate or challenge the stigma that surrounds it.



Our language reflects our values and plays a role in shaping our values.

Our team trains CADS staff in person-centered recovery oriented language and sometimes need to remind staff there are less stigmatizing and more supportive words and phrases they

can use.

For example, the consumer team would tend to say things like 'He is an OST client' rather than saying, 'He is a methadone client'.

Why? Because "methadone" is so misunderstood and carries the weight of social stigma due to decades of misinformation and myth about its use and widespread lack of understanding of OST.

By saying 'methadone client' or 'the methadone pharmacist' or 'methadone doctor' or 'methadone clinic' or 'methadone service' or 'he/she is on methadone' the most stigmatized term is kept central with all negative stereotypes and connotations on display. The person gets lost behind the 'methadone' label.

Saying 'OST client' shifts the emphasis to 'opioid substitution treatment' rather than 'methadone'. After all, the medication used in OST (usually either methadone or buprenorphine) is just one part of treatment. It is the over-all quality of the treatment that allows clients to advance their recovery.

An even better way to phrase it is to say "s/he is receiving opioid treatment" – put the person first and the treatment second. That is a more person-centered approach.

It also makes a difference when talking about groups of people. It is often useful to identify, describe and discuss groups of people who have aspects of their behaviour or their personal situation, or other characteristics in common. This can support insight and understanding and improve the way people are treated and supported.

However, in describing groups of people, the language used can sometimes become very impersonal and this may contribute to depersonalisation, 'othering' and stigma.

So we use terms like 'people who use drugs' rather than impersonal terms like 'drug users.' It is a way of separating behaviours and people.



If someone is described as a 'drug user' there is an implication that all they are is a drug user. This in turn can cause the person who uses drugs to internalise the stigma and define themselves only in these terms. It is negative and demeaning and research shows it has a harmful effect in terms of people reaching out and asking for help. However, if you say "people who use drugs" there is emphasis that it is people, first and foremost, who happen to use drugs.

Studies have shown that health professionals respond much more positively to a patient with a substance use disorder than to a 'substance abuser'. Same patient, different label, different response.

All this can sound a little overly PC to some. But that's fine when you consider that being PC means you avoid forms of expression or action that are perceived to exclude, marginalize, or insult groups of people.

As mentioned, how we talk makes a difference. It is important to be aware of this in the interests of combatting the ever present stigma that surrounds addiction.

What we say matters. It makes a difference.

RENEE TAKES PART IN THE LET'S KICK BUTT CHALLENGE!

So at the end of last year, I decided to join 'the butt challenge' with CADS West. It certainly was attractive to me that we would blow into a tester and possibly be rewarded with a \$20 voucher each week. Our team was called 'the blow hards' and we were in competition with CADS North. And we won ... tee hee. We have a \$300 voucher to put to good use.

Each week we started with a Carbon Monoxide reading. It's a blow test much like reading alcohol levels. This is how we track progress when quitting. Heavy smokers blow into red, amber is getting there and green is carbon free. If it's green you received a voucher.

I had been smoking for 38 years. Or I could say since the womb. My parents were big smokers. Back then smoking was everywhere, bars, malls, in cars and homes. There were no warning labels on packets, no education about the harm cigarettes cause.

I have just learnt what is in a cigarette- Nicotine (insecticide), Toluene (industrial solvent), Steraric Acid (candle wax), Cadmium (batteries) Butane (lighter fluid), Paint, Hexamine (barbeque Lighter), Mithanol (rocket fuel), Arsenic (poison), Ammonia (toilet cleaner), Acetic acid (vinegar), Methane (sewer gas) and Carbon monoxide. Wow. Kind of creepy don't you think?

The blow hards were a lovely bunch of people and it was great to share my journey with them along the way. We indulged in patches, lozenges and Nicorette gum along the way and cheered each other along.

If I were to stop and think about it, what is it I actually like about smoking? I can't actually think of anything. I know it's in the family only to lead to emphysema.

I don't want to die from not being able to breath.

Smoking affects the whole body including the brain, heart, lungs, circularity system, bones, skin, reproductive system, mouth and throat, just to name a few.

I haven't brought a packet of cigarettes since the butt challenge. I am vaping with a 6% nicotine level which costs me around \$40 a month. I am proud of my self and my fellow Blow Hards.

You should give it a go when it comes around again later this year.

If you can't wait that long, ask for some free NRT and make yourself a plan. Your clinician or doctor can help and there is also Ready Steady Quit 0800500 601 or Quitline me mutu 0800 778778 if you are interested to join making new Zealand smoke free

 **Quitline**
0800 778 778



CALLING IT QUILTS—BY ROSIE (ANOTHER BLOW HARD)

Thank you Rosie for sharing your poem with us all. Rosie completed the Smoke Free "Let's Kick Butt Challenge" in 2020 with her partner and both remain smoke free. Well done team!

*There's a fog around my head
That fills me with dread
Every second of every hour
Reminding me it has the power
It takes all my money and my time
It is also the reasons for the rhyme
There's a foul odour in the air
I didn't use to notice ti was there
My worries and anxieties melted away
And this time I felt it would stay
The handcuffs have gone, I feel so free*

*I never knew this could be me
My family and friends deserve to have more
I have so much more time than before
There's more money in the bank
I'm so proud to say I have myself to thank
So pick your target
Pick your date
You can do it don't leave it too late
I'm so happy to have quit forever
If you ask me to smoke
I'll say never!*

THROUGH THE MAZE: ON THE ROAD TO HEALTH NZ DRUG FOUNDATION SYMPOSIUM MAY 11-12 2021

In early May over 200 people—current and previous users of drugs, academics, Police, people who work in drug treatment services, prisons, homelessness and housing services, Ministry of Health, etc etc. - gathered at the Beehive for two days of presentations and discussions about implementing a health-based approach to drugs.

The symposium was hosted and organised by the NZ Drug Foundation (NZDF) and was opened by the Minister of Health Andrew Little. He spoke about the result of last year's cannabis referendum and acknowledged the need to address people's fears about decriminalisation and legalisation. (A lot of people in the room are still coping with the grief of - so narrowly - losing the referendum.)

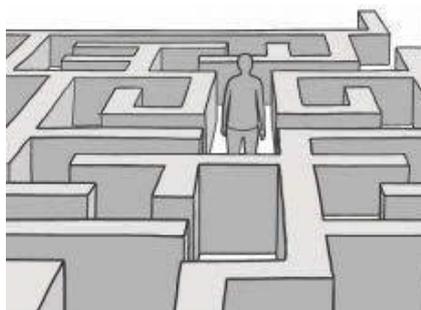
This was followed by an interview with former PM Helen Clark who spoke about the current global shift towards a health-based approach to drug policy and practice. She is now chair of the Global Commission in Drug Policy which was formed 10 years ago to lift the taboo of even talking about drug policy reform within the UN and beyond.

Helen argued that drug policy is a human rights issue but people who use drugs (PWD) are singled out for criminal sanctions and in some places are subject to barbaric treatment, torture and execution. This 'war on drugs' actually translates to a war on people who use drugs which disproportionately affects people of colour.

She spoke about the enlightened approach of Latin American countries which, to deal with increasing crime associated with drugs, moved away from a prohibitionist response to a health-based approach. As a result, the violence previously associated with

drug use in those countries has significantly decreased.

She suggested we look to what is happening in Canada which is more willing to experiment with its harm reduction approach. She spoke of the need for safe using spaces and wider availability of Naloxone in our communities, wherever people use opioids and suggested it would be good if one of our churches in NZ supported drug consumption rooms as happened in Sydney 20 years ago!



Fiona Patten is leader of the Reason Party in Australia. She outlined the numerous hurdles she and others had to overcome to get support for a safe injecting space in Melbourne. Having visited that space I can say her effort was well worth it. Nobody has died as the result of an OD at that space – nor has anyone died at the Sydney safe injecting space. These spaces save lives.

Chester Burrows used to be a National MP and has been a lawyer and a cop so has a unique experience of the justice sector and the drugs policy debate. It was a good reminder that MPs are often voting in the House on things they have little knowledge or experience of. Burrows recommended that people talk to their local MPs about the need to reform drug policy – and keep up the pressure!

That afternoon we heard some great examples of promising health-based approaches including **Haven** here in Auckland's K Rd, **High Alert** warning

system, **Know Your Stuff** drug checking and **Tuturu** a school-based programme.

This was followed by a session on stigma in which I spoke about the elephant in the room when it comes to drug policy—the elephant being stigma. There was a great presentation about how there is a need to extend the Clean Slate Act so people aren't still being affected by drug convictions 30 years after their youthful indiscretions.

Day two started with a panel presenting on what services, interventions and approaches to drug harm would be in place if NZ had a comprehensive health-based approach to drugs. This included **Speed Freaks** a running group at Odyssey Christchurch which connects the residential service with the wider community.

Phillipa Jones, the national Operations Manager of NZ Needle Exchange Programme spoke of her desire to see the exchanges as more than outlets for injecting equipment for example, having health services available onsite.

After lunch came the real challenge – trying to put our thoughts into action. It's very easy to complain about the current state of things and to spout ideas on how things could be better but not so easy to actually come up with ways to make it happen in the real world!

It was a great two days and an honour and privilege to speak about how the current approach to drug policy affects us.

Check out more info at <https://www.drugfoundation.org.nz/news-media-and-events/symposium-2021/>

WHAT COUNSELLING SERVICE CLIENTS TOLD US ABOUT THEIR EXPERIENCES WITH CADS IN 2020



Last year 229 people took part in the WDHB Specialist Mental Health and Addictions Services Client Survey. This was different to the usual CADS Counselling Service Client Experience Survey but we thought we would trial this one to see if clients found it easier to do a survey on their phones or tablets and to see if it met our needs in terms of finding out whether people had found CADS responsive, whether the support they received was from knowledgeable, professional and friendly staff who actively encouraged clients to be involved in their own care and to involve whānau and support people in their treatment and to provide feedback to the service.

So what did we find out? Well, firstly, fewer people than usual took part. Maybe Covid-19 lockdowns and changing alert levels had something to do with that? Secondly, we discovered that clients are much more likely to take part by filling out paper surveys than by using their phones. Very few people took part electronically and if paper versions of the survey hadn't been made available in the units we wouldn't have had many participants at all.

Finding these things out is SO important. The move to mobile phones has seen a corresponding increase in e-surveys but if it isn't the clients' preferred way of engaging with CADS we need to take

note of that and advocate for the continued use of paper.

The results showed most people have a positive experience with CADS Counselling Service with all statements receiving a measure over 3.5. (they went from 1 meaning 'not at all' to 5 meaning 'very much'.)

People find the staff to be welcoming, friendly, respectful of culture and beliefs, and supportive; and they communicate with others when it is needed. All participants would recommend the service to others. More detail is available in the box below:

Statements	Overall score
I would recommend this service to friends and family / whānau if they needed similar care or treatment	4.52
The staff were welcoming and friendly	4.63
I feel respected	4.59
My culture and beliefs have been acknowledged and respected	4.44
Information about my care was explained in a way that I understood	4.46
I am involved in decision making	4.3
The people I see communicate with each other when I need them to	4.17
My family / whānau are given information and encouraged to be involved	3.7
I have the support I need for the future	4.15
Our plan is reviewed regularly	3.9

Comments indicate people would appreciate continuing care calls which align with comments received from CADS suggestion boxes.

The results have been shared with the leadership of the Counselling

Service and the report (which is of course confidential and anonymous) is available to all the staff. We will run another survey before the end of the year so watch out for it. And a big thank you to the 226 people who took part last year—the information

you share with us is so important as we continue to advocate for the positive changes you would like to see.

So please take part when the 2021 questionnaire comes around!

CONTACTING THE CONSUMER TEAM

- † Sheridan works with all the CADS teams and is available 8.30-5pm Mon—Fri. You can call her directly on 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

Each of the consumer liaisons can be contacted by calling or texting us on:

Andrew ext. 45568 or 021 325 597

Marc ext. 45108 or 021 982 432

Renee ext. 45175 or 021 592 143

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.