

pRogReSsion

NewS & Information for CADS clients from CADS consumer team



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Hello CADS clients

Can you believe it? Yet another year is coming to an end ... and what a year it's been. The team has kept busy with our collective fingers in many different pies such as:

- † The CADS groups workbooks project which is not far off completion. That's been a 2 year project which this year included talking with people about the booklets and getting feedback to ensure they work for people.
- † We also asked people about ADOM—the Alcohol and Drug Measurement Tool. While many people said they found it helpful just as many have since said they don't really know about it or what it is for. So there's obviously work to be done in CADS about making this a meaningful process and the team will expect to be part of that work.
- † We met with every team in CADS to look at ways to help clients identify their possible supports—their 'social capital'.

This has confirmed to us that apart from 12 step there is little AOD support in the community so that is something we will be looking at in the coming year.

† Hepatitis C screening has become available throughout all CADS units and there is a liver health clinic happening now too. Most of the team are very familiar with Hep C either personally or through other jobs so we have worked alongside CADS doctors and others to increase CADS' responsiveness to Hep C. Andrew talks about it on p.4

† As always clients have been very involved in providing their thoughts about the services. Many of you have taken part in the CADS Counselling Service survey, group evaluations, the CHDS telephone follow-up, IPU client survey, used the suggestion boxes, met us for Coffee and Conversation, and taken part in the audits of AOTS and of other CADS teams.

During the recent audit of AOTS we were a bit surprised that many clients talked about recovery as being off meth/ Suboxone® - in other words, to be in recovery you couldn't still be on OST— so we've written a bit about this on p.6

Everything we do relies on your participation so a huge thanks to all of you who have made your voices heard. Regardless of whether the feedback is good or not we need to hear it because CADS needs to know how people are experiencing the services it provides.

And on a grander scale you might like to take part in the Global Drug Survey (GDS) 2018.

The GDS team researches key issues of relevance and importance to people who use drugs and those involved in developing and implementing public health and drug policy.

It's interesting to compare Kiwi drug use with other peoples and to see how drug use here differs to or is the same as other countries.

Til next time (sometime in Feb-March) play safe, Sheridan (CADS Consumer Advisor)

CADS CONSUMER TEAM AVAILABILITY OVER SUMMER

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

- ††† Andrew AOTS Consumer Liaison will be away from 25 Dec—3 Jan. After that he's available Mon, Tues, Wed and Fri 9am—4pm
- ††† Astrid is at Pitman House Detox Services (IPU and CHDS) Tues and Wed and CADS South each Friday and is only taking the stat days off over Xmas—New Year
- ††† Marc is available Mon, Tues, Wed and Fri 9am -3pm
- ††† Sheridan will be away from 25 Dec—25 Jan after which she'll be here Mon-Fri 8.30—5pm



ASTRID (CADS SOUTH & DETOX SERVICES CONSUMER LIAISON) - IT'S CHRISTMAS TIME ...

We are coming up to that time of year again known as 'The Festive Season'.

For many of us this is a great time of food, whanau, friends and presents. For others it can be a triggering or lonely time that can challenge our recovery values, whatever they may be.

I am going to give a few reminders of community supports that are open on statutory days when CADS is not.

It is a good idea to check with your local service e.g. CADS AOTS or CADS Counselling Service to see what will be available to you over this time, because CADS IS ONLY CLOSED ON PUBLIC HOLIDAYS. Other than that it is business as usual at all CADS units and services.

It could be a good idea to get a copy of the phone support cards available in some CADS units

It could be a great idea to find out about local peer support groups in your area which are run by a range of people and organisations like NA, AA, and other NGO peer support groups such as Mondays at the Manurewa Botanical Gardens at 10am

Prepare, prepare, prepare!!!!

The City Mission has it's yearly day lunch, you could attend and maybe volunteer there

Volunteering in general can be helpful and rewarding. If you need ideas you can contact your local Citizens Advice Bureau for more information or Volunteering Auckland at volunteeringauckland.org.nz/

Spoil yourself!

There are many ways to make this festive season enjoyable so why not be prepared and think about what you can do for you! It may be getting your favorite food and watching movies or going to a beach or park with a bag of goodies like chocolate, sunscreen, a



good book, or using online supports. Remember it's about enjoying this time in a way that suits you and that does not risk your recovery values.

Keep an eye out for the many free events such as Christmas In The Park or your local Santa Parade and ask family/whanau/friends to join you or just go and enjoy the atmosphere.

We all have our own recovery and recovery values, so let's keep it real and remember for those triggered, tempted or craving alcohol it will be at many private or work events, the supermarket and perhaps at your dinner table on Christmas day.

There are many great alternatives that are alcohol free so have a look on the net or try some of the recipes below.

Food lovers has some great and unusual options as does Pinterest, Claire Turnbull and many others just type in non alcoholic festive drinks nz and browse.

Also having a safety plan around a safe ride home, a buddy, remembering to eat and spacing your drinks with a water or juice, if you do plan to use alcohol or other substances is worthy of a mention here.

I sincerely hope everyone has a great Christmas and that simple planning and not getting caught up in unsafe stations can be key to a safe and happy Christmas and New Year period.

What did we learn from the Global Drug Survey 2017? An overview of key findings



Last year 3800 Kiwis took part in the Global Drug Survey. (115,523 people took part worldwide)

The average age of Kiwi participants was 42—somewhat older than the international mean age of 29.

Over 2/3 of Kiwis had used at least one illegal drug in their lifetime and nearly all had used had used legal drugs (including alcohol and prescription medicines)

Alcohol was the most used drug by Kiwis with over 90% saying they had drunk alcohol in the past year

Nearly 40% said they had used cannabis in the past year

More Kiwis (4.3%) had used cocaine than had used methamphetamine (3.1%). That probably tells us more about the people who took part in the survey than giving any indication on what drugs are used more by NZers

Although nearly 40% wanted to cut back on their drinking they would rather use an app than get face-to-face help. This could suggest there is stigma attached to seeking help for alcohol use

Cont. on p.7

MARC (COUNSELLING SERVICES CONSUMER LIAISON) 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 be 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 need.

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 to 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 be 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.



The NZ Drug Foundation has developed free videos and other resources that contain everything (but not too much) a Kiwi teenager needs to know about alcohol and other common drugs. There's info on synthetics, methamphetamine, alcohol and volatile substances.

And if you're an adult **Did You Know** contains tools to give you the confidence to start those difficult but essential conversations with young people about drugs. You can order printed copies of the posters and booklet. All of the resources are in English and some are also available in Te Reo Māori and Chinese.

Check it all out on www.drugfoundation.org.nz/info/talk-with-young-people/

Greetings to readers of pRogReSsiON. Thanks to all who have provided feedback over the last few months.

The topics discussed in this article are in response to issues AOTS clients have raised.

The Christmas/New Year holidays are rushing towards us in that unstoppable way they always do. It is a busy time for AOTS.

If you haven't done it already, AOTS clients need to let their key workers know if you have any special takeaway requests for the holiday period as soon as possible. Clients also need to check with their pharmacies for changes of hours etc. Sometimes clients need to pick up at different pharmacies to accommodate Christmas schedules. The AOTS pharmacy is open 9 to 12 on public holidays and 10 to 1 on other days.



Over the last year AOTS has been running a **Managing Mood Group** on Fridays from 11 to 1pm.

When Megan was Consumer Liaison for AOTS she did some work to find out what kind of groups clients would be interested in and in early February this year two AOTS clinicians (Michelle and Jenny) started the Managing Mood Group at Pitman House.

The group is open to all CADS clients, but since it is facilitated by AOTS key workers it has filled up with mostly AOTS clients and has proved a really popular and useful recovery resource.

The plan is to make the group a permanent AOTS feature, available to any client who is interested.

The group starts up again (after a Christmas break) in February 2018 though will be on Thursday instead of Friday. Call Jenny or Michelle on 815 5841 for more information.

The team would like to remind clients about the **Hepatitis C clinic** that runs at Pitman House on Thursdays between 1:30pm and 4:30pm.

The service offers a liver fibroscan, hep C blood test and diagnosis, advice, treatment and information. The direct anti-viral drugs now used to treat the virus have an amazing success rate. Almost 100%. Side effects are few, if any. Even if you have been shown to be clear of the virus in the past, it is still a good idea to visit the clinic to get tested ... to be sure.

Methamphetamine and OST

The Auckland Opioid Treatment Service (AOTS), as the name implies, helps people who have acquired dependence to opioids.

Sometimes clients of the service express dismay when the service takes an interest in their methamphetamine use. There is a feeling that since methamphetamine is a stimulant and doesn't raise the same concerns about increasing risk of overdose (as with alcohol or benzos), then AOTS shouldn't concern itself with this aspect of clients' lives.

Some clients have also questioned why should the Urine Drug Screens (UDS) taken by the service even include a strip for methamphetamine.



It is understandable that clients raise this question. It is true that the service is far more concerned about alcohol and benzos which can cause respiratory depression like opioids do so are a significant danger.

However when it comes to methamphetamine and other such substances, OST services are expected (by the Ministry of Health) to take a kind of holistic approach to proceedings and monitor clients for harms associated with methamphetamine use for example: anxiety, psychosis, depression, impulsive high risk behaviour, financial harms, picking holes in your face, crime, etc. etc.

OST services work from a harm reduction model of treatment. Methamphetamine use can cause harms.

So this is why AOTS sometimes focus on the issue. The service tries to work with clients to decrease the harms drug use may be causing in their lives.

Also, regular methamphetamine use can raise alarm bells with regard to methadone takeaways.

There is a concern that takeaways might be diverted/traded to acquire methamphetamine. Whether it is true or not doesn't really matter. Sometimes once people have this notion in their head, it simply cannot be dispelled.

Given this last point, clients should not be surprised if their takeaways get cancelled in response to a positive UDS for methamphetamine.

AOTS clients need to be aware of this when working with AOTS key workers and doctors.

Risk and Stability

After assessing the nature of some of the issues clients talk about, it might be timely to remind clients that OST as a treatment leads services to be risk averse.

OST services operates under tight legislative regulations due to the provision of controlled substances—this is at the heart of AOTS's work.

It can help to keep this in mind when attempting to get what you need out of the service.

Any AOTS client looking for take away doses or to go into shared care with their GP should be aware of what AOTS considers as an indication of stability.

The following is a list of the kind of stability related factors the service considers:

- ✦ That you're not using in a harmful or risky way
- ✦ You don't DNA (did not attend) appointments
- ✦ Urinalysis/blood tests done on time.
- ✦ Physical and mental health problems are well managed
- ✦ Relationships/housing is stable

- ✦ No criminal activity
- ✦ Don't make frequent requests for changes in dosing and dispensing arrangements
- ✦ Can ensure that takeaways will be stored safely
- ✦ Have a GP or are looking for one.
- ✦ The potential for diversion and overdose is limited.

(You will find this info in the client booklet *OST and You*.)



It is not necessary to tick all of these boxes but a few for sure. The more that apply to you the more stable you will be considered to be. Clients just need to think about these issues as they relate to their particular situation.

For example the first point should be considered in the context of what AOTS feels is risky or harmful. It probably won't surprise you that AOTS have a

threshold for this which is often way lower than what clients might consider risky or harmful.

Another example: If you are looking for takeaways the service wants to know you are in stable housing (5th point) where your meds will be safe (8th point). Saying say you are homeless or couch-surfing is unlikely to help your case.

It's helpful to be mindful of this in your interactions with the service.

Left the service? Expect a call

Next year I will be aiming to follow up with every client that leaves the service. The Consumer Team wants to find out from you why people leave: as there are a lot of assumptions about it but few facts. So don't be surprised if I give you a call if you have left AOTS.

Best wishes for Christmas and the New Year

That is all for now. Any AOTS client who would like to provide feedback on the service delivery they have experienced please call me on 815 5830 ext 45568

Have a safe and happy summer.

Shared Care clients no longer have to pay for OST appointments with their GPs but ...

Since 1 May 2017 AOTS shared care clients have been able to have 4.5 GP visits per year free of charge (as long as it's only about OST).

However we keep hearing stories from clients who are having difficulties with this at their GP's.

For example one person was told that subsidised appointments "might" be available soon but there had been a "delay in confirmation" of the funding—first, subsidised appointments ARE available and secondly, there has been NO DELAY in confirmation of the funding.

Another client was charged for the appointment AND the practise claimed the funding as well—double dipping—while yet another was told he had to pay first then a claim would be submitted.

It is up to the GPs to claim for this funding so essentially clients don't have to do anything.

Just turn up to the appointment. And as long as it's ONLY about your OST you don't pay!

So that means NOT talking about your in-grown toenail or sinus infection



because then you can be charged for the appointment.

PS. Shared care clients still need to attend an annual appointment with their AOTS key worker (sometimes this visit involves an appointment with the AOTS doctor as well) though you can book an appointment with your key worker at any other time.

METHADONE, SUBOXONE® + OTHER POSITIVE CHANGES = RECOVERY

What does recovery mean to you?

In the recent audit of the Auckland Opioid Treatment Service we were a bit surprised that so many clients equated 'recovery' with having to come off OST.

It seems that many people on OST still think that recovery equals abstinence from any drugs—including medications like methadone or Suboxone®.

However, *abstinence is not a reliable indicator of recovery.*

Let's face it: Not using alcohol or other drugs any more doesn't mean your life is better or you have a life you are contented with. In fact you could be right miserable.

And that is why a narrow definition of recovery is being challenged because people are now recognising that recovery is about having a life that is better in a number of ways than when you were using.

So what does recovery mean in CADS?

There is only one part of CADS that aligns recovery with abstinence and that is CAP—the CADS Abstinence Programme.

CAP is firmly grounded in the 12-steps to the point that people who are engaged in medication assisted treatment like OST cannot access the CADS Abstinence Programme and they are often excluded from taking part like everyone else in many NA meetings. (Please note: this is not a criticism. It is simply how it is.)

Within the rest of CADS—including AOTS—*recovery is a much broader concept than whether someone's using or not.*

Worldwide there has been a dynamic conversation going on about recovery and what it means. The one thing everyone agrees on is that there is no one definition of recovery that everyone agrees on!



However there are some clear indications of recovery - living a meaningful life, taking part in the community, finding a purpose. Put simply recovery within CADS is understood as:

- ⇒ a unique and deeply personal *process* of changing one's attitudes, values, feelings, and goals
- ⇒ *moving beyond* the often-catastrophic effects of the problems caused by drug (and alcohol) use
- ⇒ being able to live a life that is *meaningful, hopeful, contributing and satisfying*—and each person gets to decide what is meaningful to them—other people don't decide it for you
- ⇒ developing an awareness of what Recovery Capital is (the things in our life that are of value), what recovery capital we have, and planning to use and develop it to perpetuate meaningful change in our life.

An example of recovery capital is education or qualifications or a skill in arts or trade we can use or develop.

Developing an interest can be recovery capital: surfing, playing a musical instrument, a sport—playing football/running, creative

writing, keeping a journal, cooking, yoga, etc.

- ⇒ having input into and control over your own life. Staff are there to support you. As the now -defunct NZ Mental Health Commission stated: "Recovery happens when we regain personal power and a valued place in our communities. *Sometimes we need services to support us to get there*"

So what does recovery mean in OST?

Well-delivered opioid substitution treatment can provide people with a stability that allows us the time and space we need to make positive changes—and we don't have to come off methadone or Suboxone® to do that.

All the research (and personal experience) shows that the longer people stay on OST the better they do in terms of creating a life they are happy with.

But even then, people can recover their life without necessarily 'recovering' from the desire to use drugs.

They might still use on occasion but they're no longer having to score every day (or several times a day) just to get thru the day; their home life is stable, they work or look after their kids or take part in activities that are meaningful to them.

Those people are—whether on OST or not—in recovery.



In parts of the USA they now refer to MAT: Medication Assisted Treatment and MAR: Medication Assisted Recovery.

So who knows?

Maybe one day we will have Auckland MARs? Auckland Medication Assisted Recovery Service?

Lol

Could you be addicted to your pain medication?

Some of you may remember Carina—she used to be one of the AOTS pharmacists.

She is now doing her PhD and is looking to interview people who are regularly taking an opioid medication and have found it difficult to stop—this includes meds like morphine, codeine, oxycodone, fentanyl, methadone, DHC, pethidine, tramadol, Nurofen Plus® or Panadeine®.

Carina needs 20 volunteers for her study.

If you can answer yes to all of the questions below you may be eligible to take part in the study:

- † Do you live in Auckland?
- † Do you think you may have developed addiction to an opioid pain medication?



- † Are you aged 18 years or over?
- † Can you speak English well?
- † Did your regular use of opioids start through being prescribed opioid medication or purchasing over-the-counter opioid medications?

If you choose to contact Carina, she will ask you some questions to find out whether you are likely to have opioid pain medication addiction.

Your details will be kept strictly confidential.

If you are eligible for the study you can then think about whether you want to be involved in the study or not.

Actually, you can choose not to be involved at any time.

In recognition of the time and costs to attend the interviews, participants will receive a \$40 MTA or Westfield voucher at the completion of each interview.

People who would like to be considered can contact Carina in confidence at:

✉ cj.walters@auckland.ac.nz

☎ 09 923 9129

☎ 021 024 99710

🌐 Or visit the study website at www.painmedicinstudy.auckland.ac.nz

Want help to stop smoking?



University of Auckland researchers are looking for users of addiction and/or community mental health services to take part in a study looking at a new way of helping them to quit smoking cigarettes.

The study is looking at whether combining e-cigarettes with a smoking cessation treatment called Champix will be more effective

than Champix alone.

Taking part in the study is free. If you want to become smoke free and would like to know more about the study:

☎ (free) 0800 367 644

✉ Text (free) "STATUS" + your name to 4073

🌐 Or visit the study website: [@STATUStrial](https://status.nihi.auckland.ac.nz)

What did we learn from the Global Drug Survey 2017? An overview of key findings contd.

- ✍ Kiwis and Colombians get their magic mushrooms the ol' fashioned way—we pick our own
- ✍ A significant reduction in the price of MDMA (from \$306 a gram in 2016 to \$75 this year) strongly suggests Kiwis are buying something with no or v little MDMA in it—but very few people use drug-checking services so they don't actually know what they're buying or consuming
- ✍ Only 23% of Kiwi cannabis users add tobacco to their dak whereas in Italy, Greece, Hungary, Denmark, Switzerland and The Netherlands over 90% of people add tobacco
- ✍ 25% of Kiwi dak users would like to use less in the next year tho only 7.8% would seek help to do so
- ✍ Methamphetamine and Synthetic cannabinoids are the drugs which cause people to seek emergency medical treatment
- ✍ Females are more likely to seek emergency medical treatment than males



For more info and to take part in this year's survey go to <http://www.globaldrugsurvey.com/>

WOULD YOU BE WILLING TO SHARE YOUR STORY OF CHANGE THROUGH OST?

Dear people with experience of OST

The Matua Raki Consumer Leadership Group (MRCLG) is gathering recovery stories of people who are taking or who have benefited from opioid substitution treatment (OST).

The stories will be published in a booklet that will be available free in addition and other services for people to read while they wait and/or take away.

You may have noticed in reception the other booklets already published by MRCLG: *Real people share their recovery stories* and *We Are Family*

Everyone who's used addiction services has their own BIG story. For the purposes of this booklet we are looking for stories of change about:

What difference did opiate treatment make to you?

And to your family or the people you care about?

Each story needs to be half a page to a full A4 page (about 500 words) and submitted to Suzy Morrison (Project Lead at Matua Raki) by the end of January.

We may need to edit stories and will aim to do this in collaboration with the authors. You can decide if you want your story to be anonymous or not.

All stories need to be sent to Suzy who can also answer any queries you might have.

: Email her on suzy.morrison@matuaraki.org.nz

(Or phone her on 09 301 3730

Ë Or if you prefer you can phone Sheridan or Andrew on 09 815 5830

By sharing our stories we hope that others who are thinking about OST or seeking support and the families and whanau of people on OST get to see that change is possible!

We look forward to hearing from you,

Suzy & Sheridan

From Matua Raki Consumer Leadership Group

PS. If you want to find out what the Matua Raki Consumer Leadership Group is about go to www.matuaraki.org.nz/workforce-groups

HAVE YOU DONE THE ARSE TEST? ALCOHOL RELATED SOCIAL EMBARRASSMENT



Global Drug Survey researchers found that social embarrassment can be a huge motivator for people to change the way they drink.

If you want to see how drinking affects your behaviour you could try taking ARSE test by going to www.onetoomany.co

TELL US WHAT YOU THINK

Providing feedback about CADS is easy: you can use the suggestion boxes, the complaints process or you can email us:

- † Go to www.cads.org.nz and click on Email Us Now
This opens another page where you can give feedback about...
- ☐ a Group »
 - ☐ the service »
 - ☐ the website »

Or you can email the Consumer Team via Sheridan (the Consumer Advisor) on (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

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.

We look forward to hearing from you.



Please note we make every effort to ensure the info we provide is accurate and up-to-date. Any opinions are our own and do not necessarily reflect those of CADS or Waitemata DHB.