

pRogReSsion

News & Information for CADS Clients from CADS Consumer Team



Issue 55

August—
Nov 2017

Greetings CADS clients

Firstly apologies for the delay. We wanted to get this to you before August but time ran away on us. So what have we been doing?

A lot of time between May and July went on collecting and collating feedback about CADS groups.

As you may know a lot of the work that happens in the Counselling Service happens in groups. (The stats for last year show that 43% of face-to-face interactions happen in groups.)

So it's really important that CADS find out if the content and workbooks are helpful or not, whether the groups are well run, what people find helpful and what they don't.

The group evaluations are very different to the CADS Counselling Service client satisfaction survey which covers things like client rights (confidentiality, being treated with respect etc), consumer participation and Waitemata DHB values—that you are treated well when you phone or enter a CADS service.

We will start running the CADS Counselling Service client satisfaction survey sometime in September.

You can see what clients said in last year's survey over the page.

We greatly appreciate all the feedback you give us—it does make a difference to the way CADS do things, as Astrid describes on p. 4.



A lot of time especially for Marc and me has been spent on the new CADS groups workbooks.

As well as providing input into the content we are, with the Waitemata DHB graphic designer, responsible for the 'look' of the workbooks.

So we arrange the layout with the clinical staff who write the content, make sure the photos are ok and we find the quotes to match the content.

All of the quotes are genuinely from people who have taken part in one of those groups.

Some of the workbooks have been available for a year now so we decided it was time to find out what people thought of them.

Thank you to all the people who spoke with Astrid and Marc or who commented on the workbooks in their group evaluations. All of that info has been collated and shared with the people who manage the content.

We will use your feedback as we review the workbooks in the future. And you can see some of the feedback on the back page.



New to the CADS reception areas is a booklet "We are family" a companion piece to "Real people share their recovery stories"

Again this has been developed by the Matua Raki Consumer Leadership Group. We gathered the stories from all around Aotearoa. An enormous thank you to everyone who shared their experiences.

The next booklet we are developing is OST stories so if you are interested in sharing your (short) story please contact me on 815 5830

Til next time play safe Sheridan (CADS Consumer Advisor)

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

- ✕ Andrew AOTS Consumer Liaison is 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
- ✕ Marc is available Mon, Tues, Wed and Fri 9am -3pm
- ✕ Sheridan works 8.30-5pm Mon–Fri

WHAT CLIENTS TOLD US ABOUT CADS COUNSELLING SERVICE



Last year 501 people took part in the 2016 CADS Counselling Client Satisfaction Survey.

Most were attending CADS for themselves tho 35 identified as a support person—someone attending CADS because of their concern for someone else's use of alcohol and other drugs.

The surveys are done at all 4 CADS Counselling Service units—Central, South, North and West. Below are the results for all the units combined.

We also analyse the results for each unit (not included here tho) and in doing that we found that the times for some groups are a problem for many clients at West and North especially if they have to struggle thru rush hour traffic to get to the groups on time. West has already changed some group times as result of that feedback.

As you can see from the percentages below people seem to have a better experience when they enter the service than when they phone. And that's if they manage to actually get through to someone! This was especially the case for people attending the CADS Abstinence Programme.

Several were frustrated with the CAP phone system which they found confusing and in some cases people only ever got voicemail. This is being looked into as we speak ...


There has been a noticeable decrease in the number of people who agreed that doing the Visual ADOM helps them see how they're doing. For example, less than 50% of the Abstinence Programme clients felt it was helpful.

One person said I'm not filling in the ADOM form as nothing has changed; I'm still abstinent from all AOD use [so] filling in the form is of no value to me!!

The ADOM (Alcohol and Drug Outcome Measure) measures more than use of alcohol and drugs. It can help people see what other changes are happening—or not—relationships, finances etc. And sometimes no change is worth celebrating because let's face it, making change is hard but it's maintaining change which is **really** hard.

To find out why opinion about ADOM had changed Marc and Astrid spoke with some clients about it as part of this year's group evaluations. Most of the people they spoke with said they like doing ADOM and find it really helpful. However we are also aware that some people were unaware of why they fill out the ADOM. We will pass this feedback on.

Combining the results from CADS West, North, Central and South and the Abstinence programme we found out the following:

- | | |
|---|---|
| ☞ 97% said the limits of confidentiality had been explained to them | ☞ 78% feel encouraged to involve family/whanau/support people in their treatment/ care |
| ☞ 98% of people said they were treated with respect by staff | ☞ 87% feel involved in making decisions about their treatment/ care |
| ☞ 93% felt that staff understand the kind of help they want | ☞ 86% feel encouraged to give comments, complaints and compliments to the service |
| ☞ 91% have had help to identify clear goals | This is a slight decrease on the year before when 91% felt encouraged to give feedback to the service |
| ☞ 82% felt they are greeted in a friendly and professional manner when they telephone |  |
| ☞ 93% indicated they are greeted in a friendly and professional manner when they enter the unit | |
| ☞ 97% felt the staff are knowledgeable about alcohol and drug issues | ☞ 75% said the service's hours fit with their schedule |
| ☞ 77% said that doing ADOM helps them see how they are doing | ☞ 90% feel they receive culturally appropriate care |
| This is a 12% drop since 2015 when 89% of people said that doing ADOM helps them see how they are doing | ☞ 93% would recommend CADS to other people |

- A big thank you to everyone who took part!!

CONSUMER PARTICIPATION

Improving services through the use of suggestion boxes

Working in the Inpatient Detox Unit I get a lot of different suggestions/feedback and I would have to say most of the negative feedback is about the food.

I understand this has been an ongoing issue and have reported the client feedback to management over the last 3 years.

Clients repeatedly say they want more appetising and healthy food delivered at lunch and dinner.



We already have plenty of breakfast options on-site so have received only positive feedback about that which is great to hear.

After meeting with the Waitemata DHB food services manager and showing her YOUR FEEDBACK she showed me a way to ensure she hears your feedback immediately. So I tried this for the first time yesterday and got a great response!!

Already they are replacing a very unpopular meal due to the number of comments on that particular dish. Also 'mince on buns' has been replaced with lasagne!

Another example of consumer participation making change happen is that there is now a sign at the start of the driveway so CADS South can be found more easily.

CADS have been trying to get this for quite some time but it required support from others in the space and of course from the owners.

I think this is another great example of how CADS really does listen to consumers and action your feedback to the best of our ability – Consumer Participation in Action – so please keep giving us your ideas and comments in the suggestion boxes.

You may not realise how powerful your words, comments and suggestions are. We read every one and action everything we can immediately or as soon as we can wherever possible. Of course we can't do everything you suggest but we do try.

Sometimes things do take time but it's the fact that they happen when viable and possible is what is most important.

Preparing for change. The new workbook for detox clients

Preparing for Change is the new workbook made especially for consumers doing a detox. It is a great workbook for people to read and work on alone or with others. It can inform, guide and resource people while they are detoxing.

It is a great personal learning tool with space for making plans and goals for after detox. This is so important as detox is just the start of a recovery journey – a place to detoxify your body from substances with medical support and also a great programme to

- ☞ learn the steps to take after detox
- ☞ learn ways to deal with cravings, post-detox issues
- ☞ get information about other CADS resources
- ☞ start building your recovery capital
- ☞ find your passions, the things that are meaningful to you and create a sense of purpose in your own life.

You can take the book home to remind

you of things like looking forward into the future, working out what is important in your life, goal planning, learning new skills and most importantly – NEXT STEPS!

As a person with lived experience I know that detox is really hard and a brave decision to make to make. It is however just the start of a recovery journey which can bring you so many rewards as well as the opportunity to improve your health and see a way forward into a new or improved life.

It's important to remember that CADS offers a range of tools and resources in their one to one counselling and groups which are a great part of next steps after detox.

When I tried out the book myself I had 2 favourite parts:

One was the beginning – this looks at what our hopes and expectations are and also our strengths. Sometimes we may feel at our weakest at that point but we



all have many strengths and it is really important to remember that.

I also really enjoyed 'Building supports with family, whanau and friends'.

As many of us know this can be a difficult part of our lives with huge changes for some and much smaller changes for others. Taking a hard look at this part of our lives can help us to reduce setbacks and increase our chances of success. There is space to write ideas and thoughts about this.

So if you are undergoing a detox with CADS, whether it be in the inpatient unit or a Community Home Detox ask for the Preparing for Change booklet if you haven't been given one. It can increase all of our chances for success and provide support that is personal to us and can stay with us.

Greetings to all readers of pRogReSsion. Thanks to everyone who has rung or written in with comments about the content—your feedback is welcome.

If there is any aspect of treatment you think we should be writing about please let us know.

Later this year we plan to hold some focus groups to gather feedback. This will be a great opportunity for clients to have input into the service. We will put notices up a couple of weeks before the groups happen or you can call the Consumer Team for details in late September (Andrew – 09 815 5830 ext. 5568)

Benzos and OST

The Consumer Team has received a significant amount of feedback from AOTS clients with questions about benzos and Opioid Substitution Treatment (OST).

Benzodiazepines are one of the most commonly prescribed medicines in the world. They are usually used to treat anxiety, insomnia and alcohol withdrawal.

Sometimes they are misused to accentuate an opiate high. I'm told they can be very effective in this sense.

From an OST provider's point of view use of benzos, either illicitly or with a legitimate script, is a concern because it increases the risk of overdose.



The 2014 "New Zealand Practice Guidelines for Opioid Substitution Treatment" (the Ministry of Health document that shapes OST providers' practises and policies in) expresses the concern this way:

Although benzodiazepines have minimal effect on cardio respiratory depression when used in isolation, mortality rates in cases of combined opioid and benzodiazepine use are markedly raised.

Concurrent prescribing or use should be avoided wherever possible.

If a client uses benzodiazepines at any level, or alcohol in excess, service providers may need to closely supervise OST, imposing greater dispensing restrictions, employing caution in dose determination and paying attention to treating the other substance use. (4.4 Drug Interactions)

In other words using benzos and opiates at the same time can be dangerous. It increases the chance of overdose and OST services should be cautious about it. It is not only cardio respiratory depression (overdose) that concerns treatment providers.

Long term use of benzos has also been shown to cause cognitive harm.

Many clients of AOTS have benzo scripts as well as a script for methadone or suboxone. It is common enough but these risks mean the service would prefer it if clients reduce or come off benzos.

Although some clients have had such scripts for years without any or much input from the service, it doesn't take much for AOTS doctors to start a reduction.

For example attending an appointment sedated will almost certainly draw the doctor's attention to a client's benzo use and a fresh assessment of associated risks. And this is where changes to scripts start happening.

In some cases people will be offered alternative meds especially for things like anxiety or mood disorders and the client may be offered psychological treatment like counselling or an appointment with a CADS psychologist or psychiatrist.

Great news! Reimbursement for GP appointments

Since 1 May 2017 AOTS shared care clients are able to claim reimbursement for 4.5 GP visits per year.

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 don't pay!

Bear in mind though that if the appointment concerns an in grown toe nail or sinus infection you could be charged for this.

To qualify for the funding it must concern your OST *only* (writing the script for methadone or suboxone, changes in dose or dispensing etc).

It is great news for the AOTS clients in shared care (the GP program).

People identified cost as the main burden and barrier for those in shared care.

Clients can thank some determined and heroic voices from within primary care who have doggedly lobbied for this a few years now.

The new funding arrangement makes no difference to the fact that AOTS oversees the client's treatment—that is why it is called *Shared Care*.



Shared care clients are still required to come to an annual appointment with their AOTS key worker (sometimes this visit involves an appointment with the AOTS doctor as well).

Shared Care clients can still book an appointment with their key worker if they want to.

Doctors' appointments affected by DNA ("Did Not Attend")

Recent feedback reveals some client frustration at the difficulty of scheduling a doctor's appointment at AOTS.

The other day I spoke to a client who had fallen off the programme due to missing several doses in a row ... by accident sort of.

Then they were shocked that they could not see the AOTS doctor for a week. (No script can be restarted until they see the doctor ... it's a legal requirement). Then they missed the next appointment and there was nothing available for three weeks.

For anyone on OST delays like this or starting and stopping medications can mean unbearable periods of withdrawal.

The treatment requires daily consumption of medication. Without that consistency it doesn't work the way it is meant to.

Managing doctor and key worker resources is a major service concern.

AOTS only has so many doctors available and there are only so many 30 minute



doctor appointments available in any given week or month.

DNA (when clients "Do Not Attend") rates for doctor appointments at AOTS are roughly about 30% (though staff guesstimate it's probably a bit higher than that).

That means every third appointment or so the doctor has half an hour with no client.

This wastage puts quite a strain on the system.

The client that has DNAed the appointment needs to be re-booked for another appointment, which they may or may not attend. If they DNA repeatedly the service might feel forced to withhold the client's medication until they comply.

AOTS strongly urges clients to make an effort to attend scheduled appointments.

Doing so usually means treatment goes smoother. It also means less strain on the scheduling system so there are more appointments available. Clients who have fallen off, like the one mentioned above, would not be faced with a three week wait if the DNA rate wasn't so high.

Appointments are announced by mail or sometimes by message through a client's pharmacy. Text reminders are sent to those who have opted in to the text system.

So the simple message is—if you can't make an appointment it has a knock-on affect on other clients.

Any AOTS clients who wish to give feedback or simply have queries about treatment please go ahead and call Andrew (AOTS Consumer Liaison) on 09 815 5830 ext 5568.

Until next time stay well and stay safe.

WHAT THE AOTS CLIENTS LOOK LIKE

Every 6 months the manager of Auckland Opioid Treatment Service has to report to the Ministry of Health on a number of different factors. The information is always big picture stuff—it doesn't refer to individuals or give any names.

Toni (the manager) has just completed the report for Jan-June 2017 and shared the info with Andrew and Sheridan and we are able to share it with you.

As of June 30th 2017 AOTS had 1148 clients

459 clients were in shared care with their GP, 674 still with AOTS and 15 in prison



Talk about an ageing population: only 76 clients are aged under 30

398 people are aged less than 45 and 750 (or 65%) of the clients are aged over 45

Most clients (619 of us) are aged between 45—59

437 clients are female (38%) and 711 male (62%)

AOTS currently authorises 188 GPs to prescribe OST

990 clients are prescribed methadone and 122 are prescribed Suboxone®

WAYS TO CONTACT AOTS

Did you know AOTS clients can text and email the service?

The text number is **4769**

Please include your and your key worker's name in the txt

Another option is to use the generic email address which is

aots.support@waitematadhb.govt.nz

This can be really helpful if you are in a situation where you can't use the phone but have access to email.

The staff can't get into a back and forth exchange about clinical matters but it's still a good option for letting them know if you are running late or can't make an appointment or you want them to contact you.

Please note that anything you send by email is recorded into your file.



I'm sure most people have heard the shocking news that 10 people died using what is termed and thought to be "synthetic cannabis".

I say 'thought to be' synthetic cannabis because— in all my digging to find out what the drug was or if it even was a drug— it seems nobody knows or nobody is saying.

And the term 'synthetic cannabis' got used because initially the synthetic chemicals sprayed onto the plant/vegetable matter acted similarly to cannabis. But this stuff has nothing to do with natural cannabis.

I guess what is important is that there are some bad drugs out there—and some real and deadly harms if you choose to take 'synthetic cannabis'.

As always the safest use is to not use at all. But as we know in a world that prohibits most drugs, people will still choose to use drugs.

So what do you need to know about synthetics?

Most important is it could kill you or make you so sick as to need to go to hospital. That sounds pretty dramatic but unfortunately it is true.

So if all that isn't enough to stop you or make you think twice you might want to ask some questions.

- † Find out about the batch if you know others who have tried it. It might be less dangerous.



- † A new batch that nobody knows about is a much higher risk. You become a guinea pig—and that could go either way.

The big problem is that the plant product (which can be Damiana) could have anything sprayed on it.

Even if it's a relatively safe synthetic cannabinoid much can go wrong in the production process. A poorly mixed solution or an uneven spray job can cause chemical "hot spots" - dangerously potent areas of the batch. The unlucky customer who happens to buy a bag with this concentrated chemical hot spot is likely to experience some pretty terrible effects.

It's my guess that the makers of synthetics are less worried about quality control and more interested in selling product—and we have recently seen what happens when the market is not regulated.

Part of the problem is that prohibition— rather than stop all problems— gives free reign to anybody willing to break the law to buy sell and manufacture drugs however they like.

This is a big problem for people who choose to use drugs: they have no real way of knowing what they are taking and if it is good quality (safe) or not.

Although there are machines to test drugs for content and purity they are very expensive and not easily available. Also there are questions about the legality of even providing this service.

This is where prohibition falls down. It fails to keep people safe.

Telling us "just say no" and "drugs are bad" is too simplistic. When half of the people in this country have tried some kind of illicit drugs and some even maybe enjoyed them, this somewhat undermines the law and people's respect for it.

In 2013 the NZ government introduced the Psychoactive Substances Act to regulate the availability of psychoactive substances in NZ. The goal of the Act was to protect the health of and minimise harm to people who use psychoactive substances.

So the Act was going to be a form of regulation that created a framework for new drugs to be assessed as somewhat safe for people to use as well as marketed and distributed.

Unfortunately it ran into problems with the idea of product-testing (and a media campaign) and that was pretty much the end of the Psychoactive Substances Act.

This is becoming a problem worldwide.



The poster above was published in Colorado in 2015— a state which has since legalised pot.

New substances are constantly appearing on the dark net with one European agency reporting a new substance every week.

These new drugs are showing up at our borders and police are constantly finding them in their work. This begs the question would this happen if we had some regulated substances?

I don't know the answer but I do know that synthetics and meth are sometimes easier and cheaper to get than cannabis. This seems unbelievable!

How can we reduce harm caused by addiction when the most harmful substances are the easiest to get?

In this upside down topsy turvy world some new thinking would go a long way. What we have done in the past hasn't worked particularly well—it's made some individuals very rich while leaving thousands of people labelled as criminals with lifelong consequences.

We need a new way of thinking about the place of drugs in our society—thinking based in reality not moral judgement, that deals with the fact people will and do use drugs.

How can we make it work rather than writing off people and writing off lives?

WHAT CLIENTS TOLD US ABOUT CADS GROUPS

During May—June most people attending CADS groups were invited to take part in this year's group evaluations. A big thank you to the 431 people who completed a group evaluation form.

As part of the evaluation Marc and Astrid also spoke with people attending different groups to find out:

- † Whether the new client workbooks are helpful
- † What they like about the workbooks
- † What they would like to be different about the workbooks
- † Whether doing the Visual ADOM is useful

They spent the next 3-4 weeks collating all the results and results for each group were sent to the facilitators in each CADS unit.

We also analyse the results for all the different groups, so take a look at what all clients doing the Getting Started groups had to say, all the people doing Managing Mood etc. That way we get a sense of how people are experiencing those particular groups, whether the content is helpful, whether there's anything missing or improvements clients think could be made.

For example we found out that for the majority of people attending CADS groups the pace of the groups I just right

What clients said about the workbooks is over the page ...

What people said about the **Getting Started** groups:

- ☺ 95% found the content of the groups helpful or very helpful and 84% found the written info helpful or very helpful. People commented

⇒ *I really learnt a lot of tips; enjoyed listening to others challenges and learning from it*

⇒ *Things I learnt in rehab were made clear again*

- ☺ 97% thought the way the groups were run was excellent or good and 86% felt heard and understood
- ☺ 77% thought the groups were interesting and 46% thought they were clear
- ☺ 77% would recommend the group to others and 8% don't know if they would

People would like *more ice-breakers, little games to get us more interactive e.g. games that get us moving* and *Possibly more assistance with dealing with relapse or situations that may take us off track (more assistance/classes)*

What people said about the **Taking Action** groups:

- ☺ 98% found the content of the groups helpful or very helpful. People commented

⇒ *It was good to put the nature of addiction in context and provide useful tools in understanding and dealing with addiction and consequences*

⇒ *A lot of helpful info I will apply what I've learnt to maintaining my controlled use*

- ☺ 94% found the written info helpful or very helpful
- ☺ 98% thought the way the groups were run was excellent or good and 89% felt heard and understood
- ☺ 90% thought the groups were interesting and 47% thought they were fun and clear

What people found most useful were the group interactions, sharing and support - being with and learning from other people in a similar situation

What people said about **Reclaiming our lives: Family whanau and friends** group:

- ☺ 99% found the content of the groups helpful or very helpful and 98% found the written resources helpful. People said things like *I enjoyed the workbook and find it helpful to look over as homework* and *Enjoy these a lot*
- ☺ 99% thought the way the groups were run was excellent or good and 100% felt heard and understood
- ☺ 93% thought the groups were interesting, 61% thought they were clear, 58% found them challenging and 55% thought they were fun
- ☺ 100% of participants would recommend the group to others

WHAT CLIENTS TOLD US ABOUT THE CADS GROUPS WORKBOOKS

What people said about the **Getting Started** booklet

- They are colourful
- Gives you something to read
- Good information
- Workbooks should be given at start of group
- Was great to get a little book about getting started - handy



What people said about **Reclaiming our lives: Family whanau and friends** workbook

- Useful to show family
- Easy to read
- I find it helpful to look over as homework
- I like the pictures
- It would be great to do more workbook activities while in group and assign homework each week as sometimes it is left blank

What people said about the **Taking Action** booklet

- Workbook had good challenges and information inside that I worked through
- Very interesting to read and the quotes are meaningful
- Was helpful to read to keep me focussed on my goals and being aware of what is happening to me
- Contents simple precise concise and relevant
- I like the pictures and the small booklet is handy to carry around

People said about the **Managing Mood** booklet

- Like the layout, the pictures, the colour innovative, well explained and large variety
- Well written and succinct. Full of useful practical applicable information that can be immediately put to good use
- The stories on the post-it notes are great
- Has helped me understand myself and helped with mental development

TAKEN THE ALCOHOL RELATED SOCIAL EMBARRASSMENT (ARSE) TEST?

Different things motivate different groups to change behaviour. Global Drug Survey researchers found that social embarrassment is a huge motivator for people to change their drinking (especially the Germans, Swiss Austrians and Aussies apparently).



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

PS. You don't have to share the results. This is something you might prefer to do in private.

TELL US WHAT YOU THINK

Providing feedback about CADS is easy: you can use the suggestion boxes, the complaints process or 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@waitemataadhb.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.