

# pRogReSsion

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



Issue 75  
July—Oct  
2024

Greetings CADS clients

First things first: welcome Liam! New consumer liaison for Medically Managed Withdrawal services.

Marc left us a few months ago and is now living the life of an art student in another part of the country, very different to what he'd been doing here.

Liam joined us on July 1st, and while he is still orienting to the role and taking part in a number of necessary trainings, he is already engaging with clients and taking an active part in various activities both at the in-patient unit and with the Community and Home Detox team. He tells you more about himself on the next page.

A big thank you to all the people who provided feedback about CADS groups. Most people chose to take part via the paper surveys though a few came via the new online option.

The consumer team collates all the feedback you provide then passes that on to the team leader in each unit, who then shares it with the different group facilitators. Getting your feedback can help the facilitators adapt and update how they facilitate the group.

Your feedback is also helping inform a review of the whole group programme. CADS have been offering the groups for 10 years so it's a good time for a review: do the groups still meet client needs? Is there something else that could be offered? What could be done differently?

Reviewing how CADS does things and what it offers is high on the agenda right now—like most areas of health.

When the consumer team takes part in reviews and other planning, we take with us all the feedback clients have provided over time.

We are able to speak with relative confidence about client experiences of many aspects of the services CADS provide, because you share your experiences with us. *We could not do our jobs without your input.*

Whatever CADS does needs to work for the clients, the staff (there's no point offering something if none of the staff can provide it), and for the wider 'system'.

CADS might be the largest provider of addiction services in NZ, serving the largest population in the country, but whatever CADS does still needs to align with the wider addiction sector

and with the government's health agenda.

Bringing all that together can be challenging. Sometimes we don't get exactly what we want, and we have to compromise which, TBH, can be difficult. But at least the hopes and preferences of clients and whanau are taken into consideration when most decisions are made.

So, as with the wider health system, there are bound to be changes in CADS over the next year or two and of course we will keep you informed about those. So watch this space.

### **Contacting the team**

If you have phone numbers for any of the consumer team in your Contacts, they may need updating.

Each of us have a mobile number but only Andrew and I still have landlines—and our extension numbers have changed, as has my direct dial number.

**Please look on the back page for the correct numbers.**

Til the next issue **play safe out there** Sheridan (CADS consumer advisor)

# HIGH ALERT

**AN EARLY  
WARNING  
SYSTEM FOR  
DANGEROUS  
DRUGS**



## LIAM JOINS CADS MEDICALLY MANAGED WITHDRAWAL SERVICES (IN-PATIENT & COMMUNITY & HOME DETOX)

Kia ora everyone! I'm Liam, and I've stepped in for Marc as your new consumer liaison for CADS Medically Managed Withdrawal Services.

You'll find me at Pitman House with the Community and Home Detox Service (CHDS) on Mondays and Wednesdays, and at the inpatient unit in the city on Tuesdays and Thursdays.

A bit about me: I come from a nursing background with experience in both community and hospital settings.

I'm a big fan of nature and love hiking in places like Hunua and the Waitakere Ranges.

I'm also passionate about health and wellness, with a special interest in meditation and mindfulness.

Having been a client of CADS myself, I'm really thankful for the chance to give back in this role.



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I'm here to support the service and make sure it helps others just like it helped me. I'm keen to hear your thoughts and feedback to help us keep improving.

If you're using CHDS, expect a phone call from me after you've wrapped up with the service. I'd love to hear about your experience and any feedback you have.

For those at the medically managed withdrawal unit, I hope to meet you in person to chat about what's working well and where improvements might be made.

You can also find a feedback survey via QR codes in your rooms and common areas. If tech isn't your thing, just ask a staff member for a paper copy.

There's also a suggestion box in the groups room with a pad (and hopefully a pen!) for any ideas or feedback you want to share.

I'm also working on setting up the 'Ongoing Supports' group, which will keep you updated on groups and services available to support your recovery after you leave the unit.

Feel free to reach out to me from Monday to Thursday between 8:30 am and 4:30 pm at 021 241 6859.

I'm really looking forward to getting started and hearing from you all!

### WHAT CLIENTS TOLD US ABOUT THEIR EXPERIENCE OF THE COMMUNITY & HOME DETOX SERVICE/CHDS

After people have engaged with CHDS the Consumer Liaison tries to speak with them to find out about their experience of the service, and whether they have continued to access treatment and recovery supports.

Twenty people provided their thoughts which showed most of them found the assessment very or kind of useful when they first came to CHDS, especially in helping them see they needed medical support for alcohol dependency, and in developing a plan.

Clients commented that while the assessment was very comprehensive, it was done in a friendly informal way, which felt, for some, like chatting to a friend. They described the staff as non-judgemental,

empathetic, welcoming, calming, caring and supportive.

Two thirds of the clients had accessed other recovery supports after completing their treatment with CHDS.

Nearly half attended groups at CADS Counselling Service and a quarter engaged with 12 step fellowships in the community.

As Liam says above, he will be in touch with people who receive treatment with CHDS tho you are welcome to give him a call at any time during your time with CHDS.



## WHAT CLIENTS SAID ABOUT CADS GROUPS

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

We would like to thank all of you who participated in the group evaluations.

Every year, the consumer team aims to get a snapshot of how you are finding the CADS groups. Are they as effective in helping you as they can be?

The evaluation is a chance to give feedback on the content and structure and any other ideas or disgruntles you may have.

Of course we receive feedback at any time via the website or suggestion boxes, but this is a group focused snapshot.

The evaluation runs for a month, then the consumer team gather all the forms and load them into Qualtrics, the software database which allows us to capture numbers,

themes and percentages for each question.

My favourite part is reading the comments. It gives me an idea of how you are feeling about the service.

*The main theme that came through was connection.*

People appreciate not feeling alone, and sharing their journeys with others facing similar experiences is what people find very helpful.

For some people, this may be the first time they have spoken about their challenges with substances.

Some of us feel shame or embarrassment.

I know for myself, I never really shared how out of control I was until I sought help.

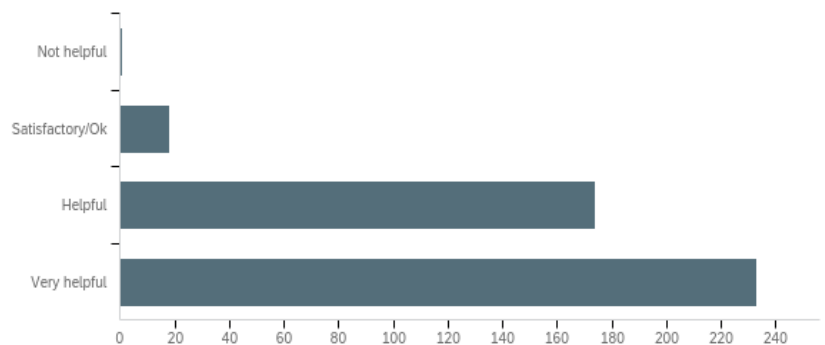
CADS groups are carefully designed to educate and offer tools that can help people change their use of alcohol and other drugs, and cope with problematic situations.

People can choose to reduce their use or stop completely - every journey is different and people lead their own path. There is no one way to make change but it definitely helps to have some tools if you want to change your relationship with alcohol and drugs.

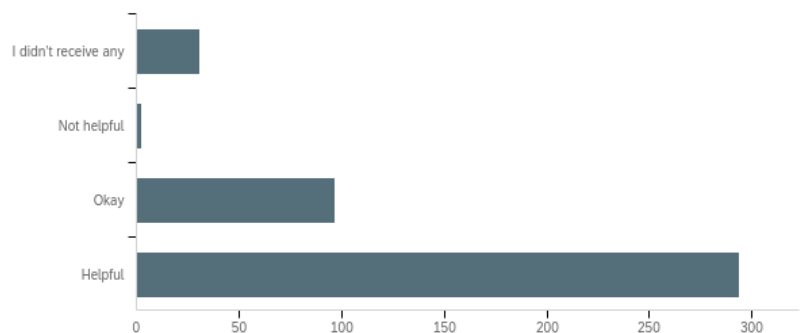
Here is a snippet of what 429 people told us about your experience of some of the CADS groups.

PS. Even tho we received 429 evaluations, not every person answered every question so the totals don't always add up to 429

What people learned (the content of the groups) ranged from not helpful to very helpful:



What people thought about the materials (hand-outs, workbooks etc) ranged from "I didn't receive any" to helpful:



175 said group was fun, 273 said group was interesting, 124 challenging, 195 said group was clear, 8 boring, 12 said nothing new for me, 6 said confusing and 8 dull.

Only 3 people marked that they would not recommend the service and the rest said they would.

## HEP C TESTING AND USEFUL RESOURCES FOR AOTS CLIENTS

### - ANDREW AUCKLAND OPIOID TREATMENT SERVICE (AOTS) CONSUMER LIAISON

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Hello to readers of pRogResSion.

Welcome to issue # 75!

My name is Andrew. I am the Consumer Liaison at Auckland Opioid Treatment Service (AOTS).

I am an employee of the service and a client of the service.

There is a Consumer Team embedded in CADS working to

see that the needs of clients are given equal weight to the needs of the service.

It is my job here to find out what AOTS clients are saying about their experience of the service. What is working? What is not working? And then working to improve how treatment is offered and see that what is offered meets client needs. So if you are an AOTS client and want to talk about your experience, call me on 021 325 597.

### BIG NEWS ON HEP C TREATMENT AND BLOOD TESTS

There has been big news on this front. If you are like many AOTS clients, myself included, and can not find veins, you may be reluctant to go for blood tests because you know they will be challenged to get a vein.

Some OST clients have not progressed Hep C treatment for this reason. Do not do this anymore!

You can now come to AOTS , drop five drips of blood on to a piece of paper and from that, establish whether or not you have an active viral load.

Before clients needed to submit a sample of blood at the lab....not anymore! If this information is relevant to your personal situation, and you are an AOTS client, please talk to your key worker.



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### USEFUL RESOURCES

On Tuesdays from 3 – 5pm there is a Harm Reduction Nurse available at ADIO (the needle exchange at 10 East St, just off K' Rd).

Advice is offered on:

- ⇒ caring for veins
- ⇒ injecting or smoking more safely
- ⇒ wounds or abscesses
- ⇒ Using Naloxone and overdose prevention.

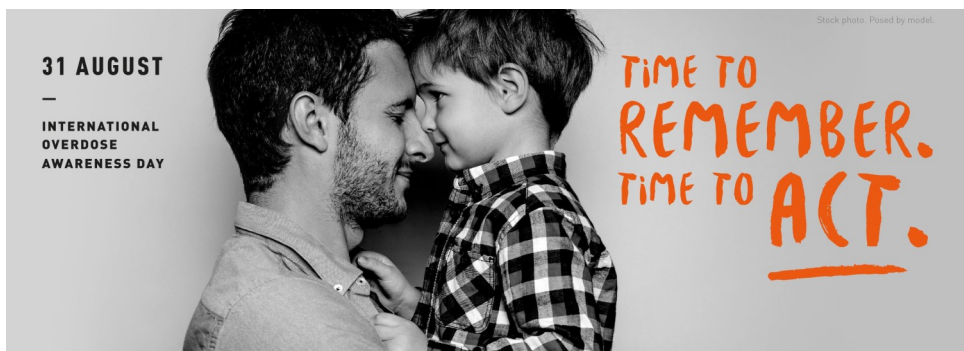
This is a great service; the nurse is **awesome and very** experienced. They do not share information with CADS at all.

Also of interest is the availability of a Smoke Free Service within Te Whatu Ora.

If you smoke and want to stop, this is a great service. They offer expert support, nicotine replacement therapy and other incentives.

You can text “Now” to 590 and they will return information on how to engage with them or you can call them on 0800 569 568.

They have a drop in clinic at CADS North on Mondays 10:30 – 12:30. Or



## THE IMPACTS OF DNA

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No, I am not referring to the molecule that carries a code of genetic information unique to us all ... no, not that DNA.

In a lot of health services (such as CADS) DNA stands for 'Did Not Attend'.

Lately AOTS has been recording high numbers of DNAs for AOTS doctor clinics. About one third of booked appointments are DNAs meaning a third of the people booked to come in, don't.

I spoke with one CADS doctor who has had a few clinics at AOTS West (Henderson) where they have had 50% DNAs. So half the number of expected clients haven't turned up for their appointments.

So why is the DNA rate so high? There are numerous reasons and theories.

- During COVID the number of face-to-face appointments decreased significantly, for obvious reasons. People got out of the routine of coming in to see their key worker or doctor so that has probably had an on-going effect on the current DNA rate.
- Also the way AOTS generates scripts may have had a bearing. They are now done electronically so clients don't have to come in to collect their script.

Having 20 people booked to attend and only 10 turning up impacts clients and client journeys in a number of different ways.

DNAs are recorded in client files. If a client misses a booked appointment with an AOTS doctor, DNA is written in the file. It will also be recorded if it is a first, second or third DNA in a row.

If a client misses an appointment, say 3 times in a row, does not respond to letters from the service handed to them by their pharmacy, and doesn't answer key worker phone calls and texts, eventually the service may instruct the pharmacist to withhold doses until the client can be seen by the doctor at the service.

And the reason for this? Under the National Guidelines for OST, the service cannot continue to provide a controlled substance without seeing the client in appointments.

So for individual clients DNAs can have a significant impact. Suddenly your day looks very different than what you'd expected as you try to re-organise everything to get to the unit and get your OST sorted. In short this is not the way to hassle free treatment.

The other impact of this high percentage of DNAs is that it stretches the resources available within the service. Especially access to doctors. All those empty slots where someone didn't turn up could've been used by someone else.

For example, instead of waiting 2 to 3 weeks for a doctor's appointment clients could get on the programme in a few days.

Likewise for clients needing an urgent review. They wouldn't have to wait and go through a re-admission process. So turning up would make a huge difference in terms of doctor availability and clients getting their needs met.

If you can't make an appointment let the service know—then someone else might be able to use that slot.



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International Overdose Awareness Day (IOAD) – held on **August 31** every year – is the world's largest annual campaign to end overdose, remember without stigma those who have died and acknowledge the grief of family and friends left behind.

Our theme for 2024 is **"Together we can"**, highlighting the power of our community when we all stand together.

#TogetherWeCan #IOAD2024 #EndOverdose

## WHAT CLIENTS TOLD US ABOUT THEIR PERCEPTIONS OF AUCKLAND OPIOID TREATMENT SERVICE?

Late last year people engaged with the Auckland Opioid Treatment Service were invited to take part in the Treatment and Service Perceptions Questionnaire.

This is done each year to give clients the opportunity to share with the service their thoughts about opioid treatment and the service provided.

All the completed surveys come to the consumer team and we enter the data, analyse it and write a report which goes to the manager, lead doctor, charge nurses, lead pharmacist and psychologist so they can then work out how the service can best respond to client needs.

We are about to start the 2024 survey which will run through to late November, so please use this opportunity to have a voice.

During the survey period last year, 112 people who attended a face-to-face contact with AOTS took part and this is what they told us:

- 87% strongly agree or agree that their key worker has understood the kind of help they want
- 23% agreed that they and their key worker had different ideas about the client's treatment goals
- 63% had been able to speak to another key worker if their key worker was unavailable
- 83% feel they have had support to sort out their problems
- 88% feel respected and treated as an individual by staff
- 80% felt involved in decision-making about their treatment
- 90% believe methadone or buprenorphine with naloxone is helping them
- 83% had left doctor's appointments happy and satisfied over the past year
- 88% had seen their key worker as often as they would like over the last year
- 83% find most of the service's rules or policies reasonable and understandable
- 93% would recommend AOTS to others they think might benefit from OST and 6% would not

The small percentage of people who said they wouldn't recommend the service explained their reasons in their comments. People felt they are stereotyped as "a typical junkie" rather than having their individual circumstances taken into account.

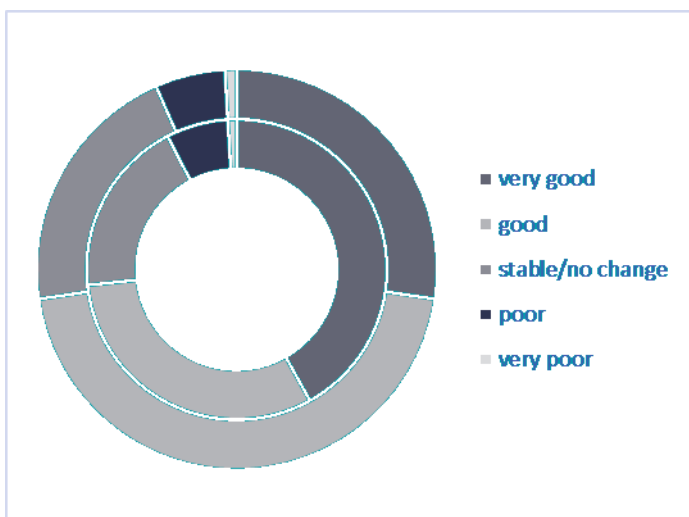
There was also a feeling that "the honest patients get treated as criminals or children that can't be trusted". One person said the

actions of a few "trigger ridiculous policies that affect many of us that are trying to recover. Why are we, why am I, any less of a person than any of you working here?" Fair call.

In the questionnaire clients are able to rate their own progress over the past year, and to indicate how they think their key worker would rate their progress.

The inner circle below shows how clients' rated their own progress and the outer circle shows how they think their key worker would rate the clients' progress.

Over time there has been a steady but sure decrease in the gap between what clients think and how they think their key worker sees their progress.



It's interesting to note that the largest difference between what a client thinks of their own progress and how they think their key worker will see it comes at the positive end of the continuum: 44 clients felt their progress has been very good but only 29 thought their key worker would see it as positively.

It'd be interesting to know why there's a gap there. Maybe we think the steps we take aren't seen as significant or important by other people. But they are; every step forward is progress—else we'd be going backwards or standing still.

**DROP THE STIGMA**

**LET'S TALK  
ABOUT DRUGS**

**CHAT ABOUT:**

**DRUGS,**

**DRUG USE,**

**OR LEARNING TO SUPPORT  
WHANAU AND FRIENDS.**

**SAFE SPACE**

**NO JUDGEMENTS HERE, JUST AROHA.**

**Chat with us over a free hot cuppa**

**When : 1st & 3rd Third Wednesday  
every month, 9 'til noon**

**Where : The HUB, Auckland City Mission**

- \* Also available : Drug Testing Service**
- \* See how we find out what's in drugs,  
or bring something to get checked.**

**In collaboration with**



**HARM REDUCTION SAVES LIVES**

## CONTACTING THE CONSUMER TEAM

Phone 09 815 5830 & reception will connect you to someone from the Consumer Team except when we are on leave or you can call or text us at the numbers below

	Call or text	Available
<b>Renee</b> (CADS Counselling Service and CADS Abstinence Programme)	021 592 143 No landline	Mon—Thurs 9am—4pm Based at Pitman House and can meet up with clients at any CADS unit
<b>Liam</b> (Medically Managed Withdrawal Services)	021 241 6859 No landline	Mon—Thurs 9am—4pm Based at Medically Managed Withdrawal Service and Pitman House
<b>Andrew</b> (AOTS/Opioid Treatment Service Consumer Liaison)	021 325 597 09 815 5830 ext. 44468	Tues - Fri 9am—4pm Altho based at Pitman House Andrew can meet up with clients at any CADS unit
<b>Sheridan</b> (all CADS teams)	021 760 319 09 837 9420 or 09 815 5830 ext. 44420	Mon—Fri 9am—5pm Based at Pitman House



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](http://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 »



An easy way to access the CADS website is with this QR code.



You can also make a complaint on-line though if you'd prefer to talk with someone first about your concerns or you're not sure what to do with your concerns, feel free to give the Consumer Team a call.

Although we are not advocates we can hear your concerns and help work out some options and if you choose to make a complaint we can help with that too. (Although all online complaints come to the consumer advisor and quality co-ordinator they are managed and investigated by the manager of the service not by the consumer team.)

You can also email the Consumer Team via the Consumer Advisor at (it's a long email address sorry)

[cadsconsumeradvisor@waitematadhb.govt.nz](mailto:cadsconsumeradvisor@waitematadhb.govt.nz)

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.