

Akinihi's Story:

Opiate Substitution Treatment and the Transformative Power of Connection

By Nathan Frost

photo credit: Nathan Frost

For Ngā Puhi woman Akinihi Dawson, connection is about people supporting one another with empathy and respect. It's these deeply human connections to others she believes allow positive change to take root and flourish. This kōrero has relevance for the addiction treatment workforce who interact with people daily wanting to change their life circumstances, and it's a message Ms Dawson is uniquely qualified to deliver.

An Opiate Substitution Treatment (OST) consumer, Ms Dawson had the resilience to get clean and use her life experiences to help other women while working as a clinician for an OST service. However, while working in OST, Ms Dawson felt there was stigma directed at her due to her former drug use, and a culture of indifference towards clients of the service. She recounts, how negative attitudes displayed by colleagues in the form of blatant assumptions of her character and subtle daily puts downs slowly ground her down and led her to leave the service and eventually return to OST.

Things didn't change, and the way Ms Dawson felt about herself and her life didn't undergo a significant shift either until she was allocated a wāhine case worker with strong values who she says really saw the real her and connected with her being. While a recipient of this supportive relationship, the

first of its kind Ms Dawson said she'd ever received while in the care of an OST service, she changed from methadone to suboxone with immediate positive effects. However, there is much more to Ms Dawson's Story than merely the swapping of one drug for another.

“ I WAS DEVASTATED BY THE COMMENTS I READ. IT LEFT ME FEELING AS IF I'D BEEN KICKED IN THE GUTS ”

This is her story:

You've experienced a lot of stigma in your life, haven't you?

Oh yes, I being the eldest of ten brothers and sisters and having a Pakeha father to the rest of my sibling's, their dad was Māori. I loved my step dad very much but growing up, I was

keenly aware of that difference. As a child people would ask me, 'how come you're so fair?' I would say, I'm the eldest in my family and when we have a bath I go first, and then the rest follow. Being the eldest, I always felt responsible for looking after everyone and so when their big sister is out there doing drugs, obviously something has gone wrong! Some of my brothers and sisters were shocked to learn that I was using intravenously and despised the whole injecting drug scene.

One thing I find interesting about reading your story and probably quite unique is that you worked in the field as a methadone case worker and yet you were painfully aware of the stigma and judgement directed towards you as a former user.



The first position in OST I ever got was at the Auckland Methadone Clinic. I applied and was absolutely delighted when I was employed as a case worker. One day after the doctor's clinic I was putting away the files when I across the name Anne Dawson, (my name at the time) When I pulled out the file and began reading my notes, I was devastated by the comments I read. It left me feeling as if I'd been kicked in the guts. Here were these sentences describing me in some painful states and there was nothing, just cold and clinical observations. There was no connection whatsoever. As I continued to read with tears in my eyes, the hurt I felt was impossible to articulate.

“ I'VE ALWAYS THOUGHT OF YOU LOT AS JUST PEOPLE PICKING UP YOUR METHADONE AND BACK OUT THE DOOR BUT I SEE YOU AS REAL PEOPLE NOW ”

And it wasn't just notes either, I can still remember the putdowns! In the start I believed people were just a bit curious you know. I evoked interest due to the mere fact that I was a Māori woman who had cleaned up after using drugs intravenously, went to school and studied at the same institutions as they did and eventually became employed at the same services as they did! But whatever else they thought about me they internalised in their heads and it'd come out in these nasty comments directed at me. One guy would say to me, 'Oh the only reason you're working in methadone is because you want to give them what they want.' I would look at him and say what are you talking about?! And he'd say, 'oh you're only doing it because that's what you used to do.' I'd say, listen here, get a life. I'm not into that anymore! I'm here working next to you and, why are you working in methadone anyway and being so negative? Why not, go somewhere else and work if you don't like working with clients who are receiving methadone.

But it was just the constant undermining of my work you know, grinding me down all the time. It wasn't just him either. I remember sitting at my desk in Hawkes Bay and its nice and sunny and I've got a tattoo on my shoulder and a colleague said to me, 'I suppose you got one of your junkie friends to put that on you.' It was just awful stuff.

You talked of encountering an attitude of indifference towards clients of the service too.

I started a group for women on methadone and it was awesome! And this group went on for about 12-16 months and we met weekly. We heard of a conference being held down in ChCh and decided to fundraise to send down four women. The woman got together, had garage sales, did sausage sizzle, raffles and varies other things. It was quite the success! And, four of the women travelled down to Christchurch, the women enjoyed the conference! You want to see those women today, I was told that one did an accounting degree and the others changed their lives too and that's what it's all about.

I started putting out a magazine. And I'd get the clients to contribute, bring in their poetry, their stories, or whatever. We called the magazine The Score. I was doing these things for the clients, I was trying to build their self esteem and they used to feel great having their articles printed and getting read. The clients chose the name. None of my colleagues ever expressed much interest in the magazine.

Some of the women from group felt confident enough within themselves to stand and share their stories with the community. We put an advertisement in the local paper about the women presenting their stories. We set up a meeting for the public to attend and listen to their stories. Even some of the pharmacists came to the meeting that night and they were just blown away. I remember one guy saying, 'I've always thought of you lot as just people picking up your methadone and back out the door but I see you as real people now.' He was talking to the women who picked up from his pharmacy. When I think back on it, at the time it wasn't really heard of people sharing stories like these with the community and so I think we were ahead of time.

And you said that you felt stuff so keenly you actually got to a point where you wanted to go back on methadone because you were sick of feeling that way.

Well no, I didn't really know that I wanted to go back on methadone then, it just came right out of the blue. I went to my manager and I said I want to go on methadone, and she said, 'what?!' And I said again, I want to go on Methadone, and she said, 'have you been using? I told her no, I'm constantly miserable, and I don't feel ok. I just wanted to go back

on methadone without having to use and to feel better. And she said to me, 'Akinihi, you can't do that!' She got the doctor at the clinic in the room and he was just blown away because he was also my GP down at his practice. Anyway, we made an agreement that I'd go and see a psychiatrist out of the Hawkes Bay area.

When I saw the psychiatrist she said to me, 'Akinihi, why? Why do you want to go on methadone?' And I said it doesn't seem to matter what I do I just can't seem to feel happy. She said to me, 'Akinihi, when was the last time you've laughed, really laughed?' And I said, oh I don't know, probably when I was on methadone, and that's probably why I want to go on methadone again. I did all these positive things for others but nothing was helping me overcome the way I was feeling at the time about my life.

She prescribed me some anti-depressants to take. I took them for about six months but they had no impact on my mood. Then after a wee while John Marks came over from Scotland and he was the guy that set up the heroin programmes in London and he came over to NZ to give talks. He was sitting in the office with us one time talking and he said, 'oh well I suppose none of you would ever get into heroin if we had it legalised in NZ.' I said, you wanna bet? I would! And he looked at me and he was quite surprised. I knew it was still in me, I wanted to feel ok.

I quit working in OST and ended up working in a trust in Central Hawkes Bay and then at Arohata Women's Prison. I knew my heart was not in my work. One day I just decided to use, I asked my friend for some and that was it. I ended up back on OST after a person who worked in the field of Addiction spotted track marks on my hands during a meeting. She said, 'you've been using!' This wasn't the way I'd planned to expose my using but I just thought, oh well, its better now than later, at least I'm going to get some help now.

And you ended up with a case worker at the service who you really connected with, and there were some quite special outcomes in your life because of the respect this person showed you right?

Yes, Louise became my case worker. She did the best she could for me, which I really respected her for. She was open and explained each of goals that I worked through. She really listened with her puku,

not with her head you know? I mean she was brilliant. I'd never had that before someone being there for me. The respect she gave me, respect as a woman, and respect as an older Māori woman made a lot of difference. I couldn't believe it.

So this difference you're talking about, it's the difference of actually being seen by someone as a human being as opposed to just being seen as a druggie right?

Yes, having someone there supporting me without judgement, that was the main thing, having her there in my corner. Everybody else I saw at OST never acknowledged that I had a life away from drugs. She saw the qualities that I carried as well. Not just the mere fact I used drug again but how difficult it was for me to choose drugs again. It was because of her support that I successfully swapped over from methadone to suboxone. I was able to count down from 115 milligrams of Methadone to about 40mgs. And I think because I'm an older person and who has arthritis she ensured I was in a safe place for the changeover to happen. Her encouragement and support made the process of my swapping to suboxone so smooth. It was because of her that I had good medical care and support throughout that process.

So you're on the ward and obviously Louise was a staunch supporter, so did she visit you regularly while you were up there?

Oh yes, she would come and visit me daily, even if she was busy you know she'd rush in for a few minutes, she was connected with me throughout my entire time on the ward.

And did the respect and empathy she showed you contrast to doctors or nurses working on the ward? Did you find they were on board a bit more because of this person who obviously really believed in you, or did you find that they were a little bit less enthusiastic?

No, no, they were pretty good but it was different for them you know. I mean they don't know much about drugs, they're only doing their job but they were ok at the same time so I didn't feel like they were wary of me or didn't want to take my blood in case I gave them Hep C or something, you know, all that stuff.

But you didn't feel judged?

No, no, I didn't. I suppose I didn't feel it because I was just really open and I made an effort to be really pleasant to them and even the doctors used to say to me, 'what a brilliant patient you are!'

Suboxone has been a bit of a revelation for you hasn't it?

For me swapping to suboxone, it was like everything became a lot clearer, it was like a cloud had lifted and I was looking around me thinking the world seems like a happier place.

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How is your experience of OST services today?

So just a couple of months ago I had to go to another pharmacy to pick up my suboxone but the one I usually go to was closed on Queen's Birthday Monday, so I had to go across the road and when I went in they didn't have it. The pharmacist in there tried to give me 115 milligrams of methadone and I said I'm not on Methadone and he said, 'I know that, but this is the script they've sent in to us.' The pharmacist said, 'I'm really sorry but that's all there is here, and I can't prescribe you suboxone,' so I had to go without.

I wrote a letter of complaint and before I posted it to the OST service responsible, I went and saw a lawyer as I did not want any consequences from the service for making a complaint. A doctor rang me up to apologise and after I made some comments he then said, 'oh well we all make mistakes.' I got annoyed with that comment! We all make mistakes, really? I contacted the health and Disability Services. The OST service then sent me a letter and they apologised. It didn't really satisfy me but that was all I was going to get.

So, you don't really feel like things have changed?

Definitely not! Its still the same. And that's what I said to the team leader. If the shoe was on the other foot and it was me stuffing up my meds things would be different. I mean

people get punished on the programme if they stray from their prescribed meds, don't they? The GPs and doctors that write out the scripts ought to be vigilant, it's not on! 'Oh yes we agree, it's not on and this time round Akinihi, the doctors will be vigilant in writing out scripts.' It just felt like they were repeating what I'd written without any real commitment to change and it won't make a bit of difference and that's what I want to emphasise too. However, since having this conversation with them they have told me changes are on the way.

Having been a consumer and having also worked within OST services, what is your message about what must change?

One of the things that I did ask was whether they had a consumer in their meetings to advise them and provide a consumer perspective? And they replied that they didn't. Well that's got to be something that changes.

The way staff uses language with some of the people seeking treatment needs to be addressed too. People have skills. Whether they've actively used in the past, are currently receiving treatment, or have stopped using drugs altogether all people deserve to be treated with respect and dignity.

I want them to seriously address the problem of making mistakes with clients' scripts too. I mean not only did they stuff mine up this Queen's Birthday weekend but I've had so many problems when travelling up to Auckland with family.

I've been really seized up with arthritis in Auckland and had to wait until the next day for scripts because of mistakes. I understand that methadone is not a cure for arthritis, picking up your daily dose sure helps with pain. To them it doesn't matter, you can go without for a day and still manage, this is what they say.

Akinihi story reminds us that at the end of the day, it's all about connection. If case workers connect and respect the people, they are working with then transformation can and does occur. So, let's leave the last words to Akinihi.

I wouldn't be where I am today if it was not for Louise believing in me, seeing me, and seeing beyond the addiction to the person – Akinihi a strong, caring Māori wahine.

Check out Akinihi's presentation The Stigma of Dependence at Cutting Edge.