Evaluation of ACON’s Substance Support Service

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• Evaluation report available on CSRH website
Background

• LGBTI people report disproportionately higher rates of AOD use and harms
• Stigma towards sexual and gender minorities creates additional barriers to treatment
• Limited research on AOD treatment outcomes for LGBTI people, especially trans and gender diverse people
• ACON has a long history of LGBTI community engagement and provides AOD treatment
Aims of the study

• Evaluation of ACON’s Substance Support Service, an outpatient counselling service for LGBTI and other sexually and gender diverse people, and those affected by HIV, experiencing problems with AOD use

• Examine treatment outcomes among clients
  - experience reductions in substance use?
  - improved psychosocial wellbeing?
  - reaching different target groups in need of assistance?
Method

• Mixed methods design
  ➢ Quantitative analysis of treatment outcomes
  ➢ In-depth interviews with clients, staff & key stakeholders
  ➢ Cost analysis of ACON’s service

• Quantitative phase:
  ➢ Retrospective analysis of client records, January 2016 - December 2018
  ➢ Repeated measures analyses (GEE models) of Severity of Dependence Scale, Quality of Life, K10 (anxiety/depression), days of use of principal drug of concern from baseline and sessions 4, 8 and 12
  ➢ Cross-service comparisons between ACON clients (n=284) and non-government clients (n=1,011)
• Qualitative phase:
  - Interviews between September 2018 and May 2019
  - Current and former clients (n=22)
  - LGBTI clients attending mainstream AOD counselling services (n=12)
    - recruited via ACON’s social media & newsletters
    - aim to recruit LGBTI people who had current / prior experience of outpatient AOD counselling at mainstream services.
  - ACON staff and key stakeholders (n=18)
  - NVivo software & thematic approach to analysis

• Higher no. of challenges than usual in this project, forcing delays and revisions during the study
Quantitative Results

• Mean age of ACON clients 38 years
• Abstinence increased from 14% at treatment entry to 28% at the 4th counselling session and 39% at the 12th session
• Median number of days that the principal drug of concern was used in the previous 4 weeks reduced from 8 days to 4 days at session 4 & 5 days at session 12
• Reductions in psychological distress
• Improvements in perceived QOL between treatment entry and at each assessment during treatment
• Comparison between ACON and mainstream clients was judged to be difficult/inappropriate
  - gender/sexuality generally not recorded at mainstream services
  - clients differed in terms of employment, housing, principal drugs of concern, recent substance use, and source of referral into treatment
Quantitative Results Severity of Dependence Scale

![Graph showing mean SDS score over sessions for all substances, methamphetamine, and alcohol. The scores decrease from baseline to session 12.]

- Blue line: All substances
- Red line: Methamphetamine
- Green line: Alcohol
Quantitative Results Quality of Life

![Graph showing mean QoL scores over sessions for different substances: All substances, Methamphetamine, Alcohol.](image-url)
Quantitative Results K10 (anxiety/depression)
Quantitative Results Days of use

The graph shows the median days used in the past month for different substances over several sessions. The y-axis represents the number of days, while the x-axis represents different sessions: Baseline, Session 4, Session 8, and Session 12.

- **All substances** are represented by blue lines.
- **Methamphetamine** is represented by red lines.
- **Alcohol** is represented by green lines.

The graph indicates a decrease in the use of all substances over the sessions, with Methamphetamine showing a more significant decrease than Alcohol.
Qualitative Results – Client interviews (n=34)

- ACON clients 22, non ACON clients 12
- Majority identified as gay
- Majority aged 40-50 years
- Majority white / Anglo-Australian
- Methamphetamine & alcohol most common principal drugs of concern
Service experiences – ACON clients

• supported
• gaining life skills
• “queer friendly” service

[My counsellor] gives me a lot of resources, like would give me podcasts and links to things, so it’s an ongoing thing [to be supported between sessions], rather than go in and then go out. They … I really like the reception staff and the fact that it’s such a queer friendly office, like I don’t feel awkward being in the… like waiting for my therapy appointment […] like with the stigma of mental health, and addictions…[...] I tell all my friends to come here. The counsellors have good knowledge about LGBT issues. It’s good.

Dawn (20s, non-binary, polysubstance use)
Service experiences – mainstream clients

• Not motivated to access tailored LGBTI services
• Emphasis on the degree of support they needed
• Low-cost psychological services
• Some disappointed in responses to sexual identity

Initially when I had a WorkCover psychologist he was extremely dismissive in relation to like my identity and stuff like that, just treated me like horribly. He was like a 90-year-old man… it was just really bizarre, but then I only saw this guy like a few times, then when I went to the guy who was bulk billing me […] I really was appreciative of the services he was giving me […] but they were both like old men that just had pretty much no idea, had their lives and their general life and haven’t looked outside the box so I definitely would never refer any of my friends on to them ever even though he bulk billed me and he was such a blessing, at the same time he was such a burden because I was in such a fragile place. He was a burden to my mental health.

Jarrah (20s, cisgender woman, cannabis),
Service experiences cont.

• Preference for a “gay counsellor”
• Would rather pay than be randomly assigned in mainstream service

I prefer to see a gay one, through work you could see a free one, but that’s luck of the draw, so I had to pay for mine privately, which is annoying but I guess it’s a good investment… I Googled it, “gay counsellor Sydney” and then two or three popped up, but it’s hard to you know shop around because when you shop around, you have to give them a go, like one or two sessions, tell them about the problems again from scratch...

Antonio, (30s, cisgender man, alcohol)

• Had he been aware of the free tailored service offered at ACON, he would have accessed support there
Participants’ broader experiences of being LGBTI and effects on help-seeking

• concerned about potential discrimination related to their gender or sexual identity
• felt they would be welcome at services like ACON
• Some mainstream clients did not feel the need to seek out LGBTI services (changed social attitudes & comfort with mainstream services)
Participants’ broader experiences of being LGBTI and effects on help-seeking cont.

• Some mainstream clients felt that LGBTI-specific services better at addressing needs of LGBTI people
• Need for LGBTI-specific residential services
• Public resi rehab services unsuitable for gay men

* I always thought that they need a rehab just for gay people… a lot of these private rehabs are good, but you know they are a bit more relaxed, a bit more comfortable but the public rehabs can be a bit harsh and I think what happens is that they can be quite intimidating to a lot of gay men, like I went to one at (removed for confidentiality) and it’s full on, it’s hardcore, you know you are coming down trying to do all this stuff and they are pretty intense. If someone could come up with a gay rehab I think they could make a lot of money.

  Brian (40s, cisgender man, methamphetamine)
Participants’ broader experiences of being LGBTI and effects on help-seeking cont.

• Felt that there is an interplay between LGBTI experiences and service choices

• People who needed solidarity of a shared understanding more likely to want LGBTI-specific services

Having an LGBTQ counsellor is very important. It takes a lot of courage being where I am and where I live. I’m experiencing a hell of a lot of conflict from my Christian neighbours to the point where I can’t park my vehicle on or around my property anymore.

Shannia (ACON client, 40s, trans woman, alcohol)
Improving AOD services for LGBTI people

- ACON clients generally had positive appraisal
- Maintain the level and quality of current services
- Increasing limit on the number of sessions
- Some concern around confidentiality and anonymity at ACON
- “Ramp it up”
Professional stakeholder interviews

• Professional stakeholders (n=18)
• Interviewed August 2018 - May 2019
• Counsellors or other staff of ACON’s Substance Support Services (n=3)
• Staff of other ACON services (n=3)
• External stakeholders (n=12), worked in a wide range of roles
• Ranged in age 25 - 61
• Majority in current role > five years
Perceptions and experiences of ACON’s Substance Support Service

• Not known among some of the external professionals

• ACON was thought to be “very well-known and respected within the LGBTI community” (Bobbie, external professional), many had attended ACON’s capacity building workshops or training events.

• Knowledge about ACON’s AOD programs, however, appeared to be minimal.
Perceptions and experiences of ACON’s Substance Support Service

• Holistic approach at ACON valued
• Offered a range of services for LGBTI people
• More aware of minority stress, historical trauma & the risk of misgendering clients

Trauma, and I mean, we are lucky in as much our particular service has a care coordination team, so the social, financial, legal aspects that come up for people [can be managed]. We have a lot of internal support, and that’s fortunate because the services that we have in here... it’s working across managing all of those things and how they impact on someone’s substance use.

(Marion, ACON staff member)
Substance use and service needs of LGBTI people

- Role for mainstream AOD services in working with LGBTI clients
- Adequate inclusivity training

We cannot service the whole LGB community in NSW, we cannot do it. We don’t have enough. We need mainstream services to jump on board, but I think the only time we should allow them to jump on board is if they’ve had pride diversity training [provided by ACON]. (Bob, external professional)
Substance use and service needs of LGBTI people

• For mainstream service - knowledge, awareness and training are requirement for staff who work with LGBTI people

• Need to do more to attract and engage LGBTI clients
  ➢ promoting their services as LGBTI-inclusive
  ➢ highlighting training staff have undertaken
Aims, outcomes and impacts of ACON’s Substance Support Service

• Good feedback from clients referred to the ACON Substance Support Program
• ACON well known among LGBTI communities
• Trust the various services and programs on offer

They have a really robust and effective community engagement strategy for marketing all of their programs. So, that awareness and understanding within the local LGBTI community should be there and I think the benefit is the ACON name. People know and trust it.

(Bobbie, external professional)
Stakeholder suggestions for service improvement

- Enhanced promotion of the service
- Better inter-agency communication
- More funding and longer-term funding cycles
Conclusion

- Quantitative analysis showed significant improvements in SDS, QOL, K10, days of use
  - Shows analysis of client records possible/useful for evaluation
  - Comparison with mainstream clients not possible
  - Collecting gender/sexuality at all AOD services recommended

- Clients who had accessed ACON’s Substance Support Service generally very satisfied

- Motivated to access a tailored service as more likely meet their needs

- Client perspective on mainstream AOD services was generally satisfactory

- But need more visual signifiers of being LGBTI-inclusive and staff to have more training
Conclusion

• Health professionals agreed that tailored AOD services beneficial for LGBTI people

• Still value in mainstream AOD support for LGBTI clients - these services need to be equipped to provide culturally appropriate care

• LGBTI-specific services play an NB role in understanding & responding to their health needs & reducing barriers to accessing services
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