



**NADA**  
network of alcohol and  
other drugs agencies

# Access and equity

Working with diversity in the  
alcohol and other drugs setting

2nd edition

## Acknowledgement of country

NADA proudly acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the lands and waters throughout Australia. Our office stands on the land of the Gadigal people of the Eora Nation.

We recognise, respect and value the deep and continuing connection of Aboriginal and Torres Strait Islander people to land, water, community and culture.

We look to and celebrate Aboriginal and Torres Strait Islander people for their cultural guidance, leadership and expertise.

We pay our respects to Elders past, present and future.



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## About NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non government alcohol and other drugs (AOD) services in New South Wales. As a member driven peak body, NADA's decisions and actions are informed by the experiences, knowledge and concerns of its membership.

We represent close to 100 organisational members that provide a broad range of AOD services including health promotion and harm reduction, early intervention, treatment, and continuing care programs. Our members are diverse in their structure, philosophy and approach to AOD service delivery.

Together, we improve the health and wellbeing of people who use, or have used, AOD across the NSW community.

NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).



NADA is supported by funding from the NSW Ministry of Health and the Australian Government Department of Health.

## About this resource

This resource focuses on access and equity and best practice for the following populations:

- Aboriginal and Torres Strait Islander communities
- culturally and linguistically diverse communities
- gender and sexuality diverse communities
- older people
- people with disabilities.

It provides information on how to improve access and equity in the following areas:

- workforce development for AOD service staff
- service access
- retention
- outcomes.

This resource is not intended to be exhaustive of diverse groups in AOD settings. Indeed, NADA recognises that there are other populations that have not been included such as young people and women. With regards to improving access and equity for women in AOD services, see: [\*Working with women engaged in alcohol and other drug treatment.\*](#)

## A note on language used in this resource

Language is a powerful tool. As a peak body, NADA understands that its work presents both an opportunity and a responsibility to shape how we, as a sector, discuss AOD and the people that use them. NADA is committed to using language and imagery that aligns with the needs and preferences of the people and communities we work with and for, and that demonstrates respect for the agency, dignity and worth of all people. See the [Language matters](#) guide, which NADA developed with NUAA, for further information and tips.

## Acknowledgements

NADA gratefully acknowledges all the people and groups who contributed to the development of this resource, particularly the following:

- those with lived experience of accessing AOD services, including Ahmad, Kevin, Alex, Basem and Gail
- Drug and Alcohol Multicultural Education Centre (DAMEC)
- ACON Health
- Aboriginal Drug and Alcohol Network (ADAN)
- Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN)
- People with Disabilities Australia

## How this resource relates to the AOD workforce capability framework

Preventing and reducing AOD related harm in Australia requires a skilled, effective and adaptable workforce.<sup>1</sup> The NSW non government AOD sector's *Workforce capability framework* (NADA, 2020) establishes a common language and shared understanding of the knowledge, skills and attributes that workers in the sector are expected to have in order to carry out their work efficiently and appropriately. This resource plays an important role in promoting many of the core capabilities expected of the AOD sector to work effectively and meaningfully with diverse populations.

The framework is organised into six areas of professional responsibility, referred to as domains. Each domain requires specific capabilities—or the knowledge, skills, and attributes that a worker in the sector is expected to have to carry out their work effectively, efficiently, and appropriately within that domain.

In particular, this resource promotes and addresses the following core capabilities as set out in the *Workforce capability framework*:

- 2.1 Communicate and engage effectively with people accessing AOD services.
- 2.3 Contribute to team and organisational effectiveness.
- 3.3 Work respectfully and inclusively with people from diverse backgrounds.
- 3.4 Understand, respect, and promote the history, culture, and rights of Aboriginal and Torres Strait Islander peoples.
- 5.3 Engage in continuing professional development.

1 Nicholas, R, Adams, V, Roche, A, White, M, Battams, S, 2013, *A literature review to support the development of Australia's alcohol and other drug workforce development strategy*. Adelaide: National Centre for Education and Training on Addiction, Flinders University.

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# 1 Introduction and overview

## 1.1 Understanding the barriers to treatment for people from diverse populations

Research commissioned by NADA, and conducted by the Centre for Social Research in Health, found, 'one of the key compelling issues for those working in the...[AOD] sector concerns the reported difficulties that clients have in accessing treatment, sustaining their engagement with treatment, and maintaining their positive outcomes in the post-treatment period' (Bryant et al. 2020, p.9).

For people from diverse populations, there are often additional barriers to accessing AOD services. Factors that can inhibit the accessibility of services include ageism, discrimination towards people with disabilities, a lack of awareness about gender and sexuality diverse identities, and a lack of cultural safety for Aboriginal and Torres Strait Islander people and for people from culturally and linguistically diverse backgrounds. Thus, improving access and equity for those seeking AOD treatment is crucial for its effectiveness.

## 1.2 Defining access and equity

### **Access**

Access refers to the methods or opportunities people have to use AOD services. 'Access' to AOD services can be impacted by: the physical accessibility of the service, the places available within a service, and how warm and welcoming staff are (Bryant et al. 2020). Various barriers to client access, and ways to address these barriers, are explored later in this guide.

### **Equity**

Equity in AOD healthcare means that fair access to services is available to all people in the community, and unfair and avoidable barriers to treatment are removed (Department of Health 2021). Equity in healthcare is about giving people what they need, in order to make things fair (Social Change UK 2021). Inequities in health systematically put groups of people who are already socially disadvantaged at further disadvantage with respect to their health (Braveman and Guskin 2003). Population groups at greater risk of poor health include: Aboriginal and Torres Strait Islander people, people who are socio-economically disadvantaged, people living with a physical or intellectual disability, people affected by discrimination, social exclusion, incarceration, and people from culturally or linguistically diverse backgrounds (Department of Health 2021).

## Equity and equality—the difference

It is important to note that equity and equality are not the same. Although both promote fairness, equality achieves this through treating everyone the same regardless of need, while equity achieves this through treating people differently dependent on need (Social Change UK 2021). Equity is about giving people what they need, in order to make things fair and potentially achieve equality (Social Change UK 2021). This is demonstrated in the picture below.



In the first image, it is assumed that everyone will benefit from the same supports. **They are being treated equally.**



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. **They are being treated equitably.**



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. **The systemic barrier has been removed.**

A picture illustrating the concepts of equality, equity and justice. Courtesy of [City for All Women Initiative \(CAWI\)](#)

## The intersectionality of people's identities

We note that while we have separated out the various sections of this guide for ease of reference, the various groups and identities in this guide inevitably intersect. This creates new and unique ways of experiencing the world, and by extension, AOD services. For instance, being an older person who is gender and sexuality diverse, in addition to being culturally and linguistically diverse, is a different way of experiencing the world in comparison to, say, someone who is a younger sexuality and gender diverse person, who does not identify as being culturally and linguistically diverse. We encourage you to consider the fact that people have multiple intersecting identities and encourage you to refer to multiple appropriate sections of this guide (or outside of it if the specific sections you're looking for aren't here) to best assist people accessing your AOD services.

### 1.3 Data collection to inform good practice

Data can be collected by AOD service providers in various ways, including at client intake, assessment and through client and staff surveys. It is important that data collected is inclusive of diverse populations, as this will inform more effective AOD treatment and service delivery.

Collecting data about diverse populations can help AOD services to:

- be informed about the most useful service delivery and treatment approaches for specific diverse communities
- inform the outcomes of clients in diverse populations in their treatment journey
- acknowledge all people accessing their program (for example, it is a barrier to access if someone cannot identify themselves at intake or on assessment or other forms because their gender identity isn't recognised)
- identify training needs of the service provider to build their capacity for working with diverse communities
- deliver treatment and services that are evidence based
- better advocate for diverse communities experiencing AOD issues
- acquire needed funding to best service diverse populations.

### 1.4 Importance of continuous professional development

Undertaking continuous professional development to update and improve one's knowledge of diverse communities and their needs is crucial. One reason for this is that the language used to describe diverse communities—such as gender and sexuality diverse communities—is constantly changing, in line with the emergence of new identities and feedback from gender and sexuality diverse people.

Continuous professional development is also important to contribute to a culturally 'fit' workplace in relation to knowledge and practice regarding Aboriginal and Torres Strait Islander communities. 'Cultural fitness' has been described as, 'applying oneself to the daily exercise of self-reflection, personal engagement, and active learning as they relate to reconciliation, cultural safety, white privilege and valuing diversity' (The Australian Institute of Social Relations 2018).

### 1.5 Promoting access and equity

The next points consider the key recommendations for improving access to AOD services and treatment from research commissioned by NADA (Bryant et al. 2020), and how they particularly correlate to people from diverse populations.

- Provide readily available and clear information online about the service. For example, have information about the service available in languages other than English. If your service provides culturally specific practices, describe these on your website and in your intake referral information.
- Consider increasing the peer workforce and ensuring diversity amongst the peer workforce. For example, have peer workers from diverse populations including older people and people with disabilities.
- Including the person's family and personal networks in treatment. For example, ensure the concept of 'family' is explored to allow the person accessing treatment to describe their close and intimate relationships, rather than assuming traditional definitions of family.



- Provide holistic and better integrated service provision. For example, connect the person with additional support services if your program does not provide these, such as transcultural mental health support, and traditional healing practices for Aboriginal and Torres Strait Islander people.
- Services not being overly regulated. For example, review your program's rules and consider if these regulations are necessary or how your service can better work with people with regards to these requirements. Such as, if a person needs to contact your service every week to stay on the waiting list for treatment—is this realistic for that person, what may be barriers for them being able to do this?
- Thought and care being given to maintaining the quality of physical space in facilities. For example, having a service that is accessible, for example with ramps, and handrails. Have a space wherever possible that is child-friendly with books and activities children can do while their parent or carer is accessing your service.

The next sections of this resource build on these key recommendations, providing specific advice about ways to enhance equitable access for diverse populations. The advice provided in this resource has been informed by consumer perspectives and specialist organisations working with each diverse group.

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Stock image: posed by models

## 2 Inclusive practice for diverse populations

### 2.1 Aboriginal and Torres Strait Islander communities

*'The history of the treatment of my people in this country... sets the tone...for a sense of unsafety... you come into contact with discrimination or waiting lists to get into a safe place...[there's also] the stigma [of asking for help]... like you're seen as weak, or you're meant to try to do that stuff on your own'* (Gail shares her experience as a Gumbaynggirr and Wiradjuri woman who has experience accessing AOD support services).

#### **Workforce development**

##### **Why it's important to have a skilled workforce**

Having a culturally proficient workforce is important to create inclusive and well-informed service provision for Aboriginal and Torres Strait Islander people. Notably, Aboriginal people are, 'over four times more likely than other people to be hospitalised for alcohol related mental and behavioural' health concerns (Purdie et al. 2010 as cited in Wallace and Allan 2019, p.4). Having a skilled workforce is important to support Aboriginal and Torres Strait Islander people who seek out services in relation to AOD use, and address health disparities.

A skilled workforce is also needed to promote person centred practice that is informed by knowledge of the specificities of Aboriginal and Torres Strait Islander experiences. The impact of 'racism, dispossession and discrimination' (Wallace and Allan 2019, p.4) on Aboriginal and Torres Strait Islander people's health is important knowledge for AOD service providers to have in their service provision. Also, it's been noted that, 'Aboriginal people tend to have a different view of health and wellbeing compared to non-Aboriginal people. For instance, many Aboriginal people view health in a holistic way that includes spiritual connections to community, culture and Country' (Wallace and Allan 2019, p.4). Having a skilled AOD workforce, informed by practices like training, can better provide person centered AOD support.

##### Training available

- Felicity Ryan training: <https://bigriverconnections.com.au>
- Tracey Westerman training and cultural competence assessment: <https://indigenoupsychservices.com.au>
- Centre for Cultural Competence Australia: <https://www.ccca.com.au>

## **Service access**

### How to encourage people to engage with services

#### **Promote cultural competency, safety and security**

For workers and services, cultural competency can be understood to involve working within a framework that recognises and respects the central importance of culture and identity to Aboriginal and Torres Strait Islander people and communities. Cultural competency involves working in ways that safeguard the importance of culture, and supports Aboriginal and Torres Strait Islander people's capacity to strengthen the place of culture and identity in promoting social and emotional wellbeing. Mutual understanding, respect, collaboration and partnership between non-Indigenous community services and Aboriginal and Torres Strait Islander organisations and communities are the keys to a non-Indigenous organisation's capacity to develop its Aboriginal and Torres Strait Islander cultural competence (Secretariat of National Aboriginal and Islander Child Care Inc. 2010).

Cultural safety refers to an environment that is free from assault, challenge or denial of a person's identity, of who they are, and what they need. Shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening are key components (Williams 1999). Access to culturally safe treatment interventions greatly influence Aboriginal and Torres Strait Islander people's decision to seek assistance (National Congress of Australia's First Peoples 2013).

## **Retention**

### How to support people to maintain/complete treatment

#### **Family and community involvement**

In general, family and community relationships play an important role in the lives of Aboriginal and Torres Strait Islander people. Accordingly, when working with Aboriginal and Torres Strait Islander people, involvement of family and community members can be pivotal in achieving best outcomes for an individual (Nagel et al. 2009). Families and communities may also need assistance in their own right in responding to those with an AOD problem (Lee et al. 2012). Family and community involvement should be discussed at the time of assessment and, depending on the wishes of the person being assessed and the needs of the family and community, incorporated into further treatment planning. Consideration of carers should also be given where they are involved.

#### **Evidence based and evidence informed**

Evidence informed treatment is required, and this involves integrating existing evidence with professional expertise to develop optimal interventions, including new innovative approaches in a given situation. This allows room for clinical experience as well as the constructive and imaginative judgements of practitioners and clients, who are in constant interaction and dialogue with one another, to be considered (Ministerial Council on Drug Strategy 2011).

Adaptations of evidence based mainstream interventions that integrate culturally specific practices, including traditional values, spirituality and activities have been shown to be more effective than mainstream services. These elements increase the credibility and relevance to Aboriginal and Torres Strait Islander people (Terrell 1993; Anderson 1992; McCormick 2000; Brady 1995b; Gray et al. 2014).

Literature indicates a number of elements that are important to developing cultural adaptations of interventions. These include:

- workers and services need to be flexible, open and culturally sensitive to the needs of people seeking treatment. For example, Aboriginal and Torres Strait Islander people often find it difficult disclosing information in group settings, so provision of one-to-one counselling options may be more effective. Likewise, aftercare is often best provided face to face with the person rather than over the phone. People should be offered the most effective approach for their circumstances
- interventions need to be delivered in culturally meaningful ways
- traditional healing practices should be utilised
- respect for cultural differences is important (Draguns cited in Smith et al. 2011).

## **Outcomes**

How to support people to reduce harms that can be associated with AOD use

### **Aboriginal and Torres Strait Islander ownership of solutions**

Aboriginal and Torres Strait Islander ownership of solutions was overwhelmingly identified as being an important principle in the consultations held by the National Indigenous Drug and Alcohol Committee (NIDAC) to inform the development of the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy. Aboriginal and Torres Strait Islander people have a right to self-determination and to determine their own pathways out of poverty. An added dimension was the importance of this ownership being community focused and led (commonly referred to as community-controlled) rather than just being left to individuals. Indigenous ownership of solutions was identified as needing to occur from inception and planning, through to implementation and provision, and then monitoring and evaluation of any solutions. This understanding is consistent with international research (see Marmot 2011) and the United Nations Declaration on the Rights of Indigenous Peoples (United Nations 2007).

### **The importance of integrated services and partnerships**

Given the complex, multiple needs of people with AOD issues, it is important for specialist AOD treatment services and others to be well integrated to ensure that people receive all the services and support they need in a timely fashion, and in a way that is easy to access. No one organisation is generally able to provide all required services. People accessing specialist AOD treatment may come via many different pathways. They have generally had a lot of contact with other services, particularly primary health care services, which are extremely important as they play a key role in the prevention, screening, treatment and management of a range of health and social issues. They also help prevent the need for more complex and expensive specialist services.

## Resources

### **Aboriginal Drug and Alcohol Network (ADAN)**

The establishment of the ADAN in May 2003 represented a significant step forward in progressing some of the key recommendations of the NSW Aboriginal and Torres Strait Islander Substance Misuse Plan. It brought together an important group of people working in the Aboriginal AOD sector to support the Aboriginal AOD workforce.

Aboriginal AOD workers are encouraged to join ADAN to network with others, participate in training, develop opportunities, and be supported by their peers. ADAN holds an annual symposium to bring people from around the state together. The ADAN Leadership Group meets quarterly to identify regional issues and advocate for Aboriginal AOD workers and their communities. For more click [here](#).

### **Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN)**

ADARRN is a network comprising representatives of Aboriginal residential rehabilitation services across Australia. The network meets quarterly to support each other and advocate for issues, to share and develop culturally sound best practice principles, knowledge and experience. It also aims to be the key consultative group at both a state and national level with regards to Aboriginal residential rehabilitation services.

Aboriginal governance and Aboriginal people's involvement in program delivery is critical to ADARRN members. At the local level, ADARRN services consult with, and are governed by, the local Aboriginal community including Elders and local Aboriginal leaders. Thereby, ADARRN services are accountable to the community they serve. For more information on the ADARRN model of care click [here](#).

### **Working with Aboriginal and Torres Strait Islander people in a non-Aboriginal setting**

A NADA guide created by Raechel Wallace and Julaine Allan. It's accessible [here](#).

### **Handbook for Aboriginal alcohol and drug work**

A handbook written with and for Aboriginal and Torres Strait Islander health professionals. It is a comprehensive resource to help clinicians address AOD issues. The resource is written specifically for Aboriginal and Torres Strait Islander health professionals. Click [here](#).

### **Indigenous worker wellbeing resource kit**

The Indigenous Worker Wellbeing Resource Kit, developed by the National Centre for Education and Training on Addiction (NCETA) addresses the very specific needs of Indigenous workers in the sector. The resource provides practical strategies to improve Indigenous worker wellbeing at the individual, group, organisational, and community levels. To view the resource kit, click [here](#).

### **Australian Indigenous HealthInfoNet: Alcohol and Other Drugs Knowledge Centre**

The Knowledge Centre provides a dedicated web resource for reducing potential harms from AOD use in Aboriginal and Torres Strait Islander communities. Click [here](#) to access the resource centre.

### **Social and emotional wellbeing**

The resource aims to provide the Indigenous social and emotional wellbeing (SEWB) workforce and related workers with access to quality information about the SEWB of Aboriginal and Torres Strait Islander peoples, including key facts, publications, health promotion resources, assessment tools, and practice resources. To view the site, click [here](#).

## Our Healing Ways resources: Supporting the healing of people with both mental health and drug and alcohol issues from an Aboriginal perspective

The Our Healing Ways project aimed to discover what skilled, experienced Aboriginal workers do to support the healing of people with both mental health and AOD issues, and develop culturally appropriate resources that are based on the experiences, successful strategies, processes, skills and qualities of Aboriginal workers. Details on these resources are below:

- **Project manual** Available [here](#) [PDF]. This manual explores working with co-existing mental health and AOD issues from an Aboriginal best practice perspective. The manual takes into account the complexities involved with working with community—often with dual relationships with people accessing services. It is a celebration and validation of the enormous skill set required for this work.
- **Resource book** for Aboriginal workers available [here](#) [PDF]. This resource includes background information, holistic assessment, setting up a recovery plan together, stages of change, interventions, resources and services.
- **Supervision: A culturally appropriate model for Aboriginal workers (guide)** Accessible [here](#). This model has been developed to help meet the need for culturally appropriate supervision models for workers.

## Standards for creating culturally responsive AOD and human services

These standards, available [here](#), are by the Western Australian Network of Alcohol and Other Drug Agencies (WANADA) and include:

- [Alcohol and other drug and human services standard](#)
- [Alcohol and other drug and human services standard: Interpretive guide](#)
- [Alcohol and other drug and human services standard: Transition guide](#)

## Working with Aboriginal people: Enhancing clinical practice in mental health care e-toolkit

This toolkit is accessible [here](#). Understanding the significance of culture, family, community, and spirituality in the healing journey for Aboriginal people is important. It can assist services in designing, delivering, and evaluating care that improves mental health and wellbeing outcomes for Aboriginal children, youth and their families.

## References

### Versions of this guide

The first edition of this guide was written by the National Indigenous Drug and Alcohol Committee (NIDAC), and much content in this edition of the guide has stayed the same. It has been reviewed by ADAN and ADARRN. The original version of this guide was adapted from the paper entitled, 'Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples' by NIDAC (accessible [here](#) [PDF]). *Please access this resource to locate any references not included in the below reference list.*

Australian National Council on Drugs 2014, 'Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples'. Paper by the National Indigenous Drug and Alcohol Committee (NIDAC), viewed 23 June 2021, <https://nidac.org.au/wp-content/uploads/2020/11/AOD-Treatment-report.pdf>

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## 2.2 Culturally and linguistically diverse communities

*'the stigma is... people are worried about community. They're not worried about their health; they just don't want to get a bad name'* (Ahmad is an Afghan man, who shared his thoughts on AOD treatment and access and equity for this resource).

### **Workforce development**

#### Why it's important to have a skilled workforce

Cultural responsiveness needs to be embedded within AOD education, training, professional development and practice standards to ensure enhanced health and wellbeing outcomes for CALD clients seeking treatment. Being culturally responsive contributes to the equity of health access and outcomes for all.

Cultural diversity training, along with workplace policies and procedures that support and enhance working with diverse communities, is integral to working with CALD clients. Clear and effective communication underpins every aspect of good clinical practice, and understanding cultural differences will aid in understanding communication styles from different backgrounds.

### **Service access**

#### How to encourage people to engage with services

- CALD communities, particularly newly arrived groups, may be unfamiliar with health services in Australia. Make time to patiently explain treatment options, rationale and processes to your client on more than one occasion. Explanations using metaphors or stories may be useful.
- While access to interpreters may not always be easy and may require more resources, using trained interpreters is particularly important when explaining confidential or sensitive issues, when clients and/or caregivers are distressed, at discharge, when providing referral information, and when working with children and young people. Utilise cultural and family support systems as desired by clients.
- In some cultures, talking about certain subjects with a member of another gender or a younger person might be inappropriate. You might let your client know that you understand that they may have concerns about appropriate gender and age relations and try to offer your client some options.
- Be flexible about how intake and assessment are done. Prioritise addressing your client's concerns and earning trust. Explain what intake and assessment processes involve, what information will be recorded and what duty of care means. Your client might be particularly concerned about confidentiality. You can assure them that their information will be kept safe by explaining the service's protocols for securely storing information.
- Make your service more welcoming for CALD clients by using signage that reflects culturally diverse clients and recruiting a diverse workforce.

## Retention

### How to support people to maintain/complete treatment

- Culture shapes the way in which we see the world, our environments, the opportunities open to us, and our preferences. Finding out about your client's cultural background, migration and settlement experiences (including refugee experiences), and the expectations that their family and community may have of them, can help you to assess complex needs and provide trauma informed, client centred treatment. Enquire about the importance of a client's cultural identity to them, without making assumptions.
- Use suitable materials and resources, both in terms of language and also social demographics such as age and gender. Aim to provide AOD resources (including the service's principles and treatments offered) in major community languages or in easy-read formats. Where no appropriate language resources can be found, consider reading English language materials with your client. The best resources are a good match in terms of age and gender, not just language.
- The 'teach back' method can be helpful in ensuring shared understanding, where you ask your client to describe how they understand the treatment process or particular terms integral to their therapy. Where possible, integrate elements of cultural philosophy, practices, and communication styles into treatment.
- Keep in mind that your client may have had negative experiences when accessing health and welfare agencies in the past. You might find it useful to make space to discuss prior experiences. This can help you to build trust with your client and their caregivers, as well as learn from mistakes others have made.
- Clinicians should work in partnership with CALD health professionals and/or agencies to improve treatment access and appropriateness of care.

## Outcomes

### How to support people to reduce potential harms associated with AOD use

- Drugs are understood in many ways across cultures. You can enhance outcomes in treatment by learning about the way your client understands drugs, pleasure and addiction.
- Many people from migrant backgrounds come from collectivist communities in which decisions involve family and community. Be aware that your client's family might view some harm reduction measures, such as pharmacotherapy, as ongoing drug dependence. Understand the family's role in your client's decision-making process, and whether it would support your client's outcomes in treatment.
- Collecting more detailed information on cultural background (such as ancestry, and length of time in Australia) better enables your service to plan for the needs of potential future clients, as well as identify service gaps. High-level standard data collection also enhances the capacity of the AOD sector to assess state-wide needs.
- Offer to connect your client with additional support services, including specialist agencies such as the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Transcultural Mental Health Centre, culturally specific agencies (if available), women's or LGBTQI+ services. If your client accepts, consider making the referral in the presence of your client.

## Resources

### **Drug and Alcohol Multicultural Education Centre (DAMEC)**

The [Drug and Alcohol Multicultural Education Centre](#) (DAMEC) is a non government organisation that works to reduce harms associated with the use of AOD within culturally and linguistically diverse (CALD) communities in New South Wales.

DAMEC provides:

- culturally appropriate support services for individuals and families from a CALD background affected by AOD related issues
- education for CALD communities and services on AOD issues
- research
- training for other AOD services to help them provide culturally appropriate treatment and support to people from CALD backgrounds.

### **Australian refugee health practice guide**

<https://refugeehealthguide.org.au>

### **NSW refugee health services guides**

[https://www.swslhd.health.nsw.gov.au/refugee/rhs\\_guides.html#Interpreters](https://www.swslhd.health.nsw.gov.au/refugee/rhs_guides.html#Interpreters):

### **Conversations matter: Supporting CALD communities to talk about suicide**

<http://www.conversationsmatter.com.au/professional-resource/resources-for-cald-communities>

### **Competency standards framework culturally responsive clinical practice**

Working with people from migrant and refugee backgrounds

<https://culturaldiversityhealth.org.au/competency-standards-framework>

### **MYAN national youth settlement framework**

<https://myan.org.au/resources/national-youth-settlement-framework>

### **Framework for mental health in multicultural Australia: Towards culturally inclusive service delivery**

<https://www.embracementalhealth.org.au/service-providers/framework-landing>

### **Talking therapies, best and promising practice guides for mental health and addiction services**

<https://www.tepou.co.nz/initiatives/talking-therapies/54>

### **A toolkit for working in a culturally diverse workplace**

<https://www.ecald.com/assets/Resources/Toolkit-Staff-CALD-Environment.pdf>



## 2.3 Gender and sexuality diverse communities

*'In the Middle Eastern community... it's not so welcome to be queer or gay yet... and I think that is a barrier in terms of reaching out for support... when I came out... where I felt safe was in the community [often bars and nightclubs] that allowed me to be myself... one of the barriers within that though is, when does it become unhealthy for a person? When do we... reach out and offer someone support if we think they're self-destructing, or if something is just recreational?' (Basem has experience accessing AOD support services, and discusses some of the barriers to seeking AOD support from a queer and Middle Eastern perspective).*

### **Workforce development**

#### **Why it's important to have a skilled workforce**

Organisational change happens best when the actions taking place effect from the bottom up and the top down. For example, training and support for leadership and those working with clients to increase knowledge, skills and confidence in working with sexuality and gender diverse people, and implementing strategic inclusive practices and policies. It is important for leadership to champion cultural changes and provide systems that support inclusive practice.

To best meet the needs of sexuality and gender diverse people, it is recommended that staff throughout the AOD sector participate in ongoing professional development to incorporate inclusive practice for LGBTQ people.

### **Service access**

#### **How to encourage people to engage with services**

- Allow people to self-describe their gender where this information is required, rather than assume. The same goes for people's pronouns. Pronouns are the words we use to describe someone instead of their name, like he/him/his, she/her/hers or they/them/theirs. Be aware that it isn't possible to definitively know someone's gender or pronouns just by looking at them.
- Develop intake and assessment questions that allow for clients to describe their close and intimate relationships, rather than assuming traditional definitions fit everyone.
- Include sexual health and wellbeing questions as part of your assessment process so that you can build an understanding of your client's health needs without making assumptions.
- Audit the language, written and verbal, used in your service (forms, scripts, website, etc.) to ensure that it is inclusive of lesbian, gay, bisexual, trans and queer people.
- AOD treatment settings displaying posters, pictures and other resources that reflect positive sexuality and gender diverse images are important. So too is promoting materials that encompass narratives that support the inclusivity of treatment practice and create a welcoming environment.

## Retention

### How to support people to maintain/complete treatment

- Acknowledge that sexual identity and diversity is a strength to be celebrated. The intention should be to extend a clinician's practice from being 'accepting', to one that reflects on the significance of being sexuality and gender diverse in a society that continues to promote heteronormative and cisnormative values. The term 'cisnormative' refers to the assumption that everyone is cisgender. 'Cisgender' is a term used to describe people who identify with the gender they were assigned at birth.
- Be aware of the specific issues within sexuality and gender diverse communities. An awareness of HIV and hep C is essential to assess each client's specific health and wellbeing. If sexual history is taken, it is important to understand that sexual practices and how people identify are not necessarily aligned, so it is important to use open ended questions.
- Be mindful that in discussing a client they may inadvertently out someone's sexual or gender identity, or disclose HIV status. Some people may feel vulnerable and more reluctant to disclose, for example, those in rural and regional areas, Indigenous people, immigrants or people with disabilities. It is important that sharing this information is with consent of the client, that services convey safety, acceptance and uphold confidentiality.
- Ensure that interactions with clients embrace inclusive language. Offer your own names and pronouns first, and ensure you ask, and then always use the correct names and pronouns for all clients. Become familiar with the words that the client is most comfortable with in describing themselves and their worlds.
- Mistakes will be made and most often, clients will forgive unintentional errors if they are acknowledged, if regret is sincerely expressed, and the commitment to do better is clear.

## Outcomes

### How to support people to reduce potential harms associated with AOD use

- If the sexuality and gender diverse community doesn't know you are an inclusive service, how will they know it is safe to attend your service or that you will provide appropriate services? Remember that sexuality and gender diverse people are also Aboriginal and/or Torres Strait Islander, are of different faiths, are from diverse cultural and language backgrounds, are people living with a disability, are parents, grandparents, sisters, brothers and siblings, and of different ages. These intersections overlap.
- If you don't know what you could do better for your sexuality and gender diverse clients, ask them. Where and when possible, consult with your sexuality and gender diverse clients, and encourage feedback to improve communication and systems, as well as the individual client services. There are a variety of methods to ensure client feedback, such as an anonymous survey or a consumer advisory group.
- Inclusive practice means setting standards of service delivery for staff and embedding accountability and performance reviews in order to maintain those standards. Entrench sexuality and gender diverse friendly practice into organisational policy. These standards of behaviour apply to other clients accessing the service—for example, zero tolerance for gender or sexuality slurs—to ensure a safe physical and digital/online environment, and community culture for everyone accessing treatment and services.
- There are free audit and benchmarking tools that organisations can use to assess their current level of sexuality and gender diverse inclusive practice. These can identify strengths and areas for improvement.

The Rainbow Tick supports organisations to understand and implement sexuality and gender diverse inclusive service delivery. It also reassures consumers and staff that Rainbow Tick organisations will be aware of, and responsive to, their needs.

## Resources

### **ACON Health**

ACON Health is Australia's largest HIV and sexuality and gender diverse health organisation. ACON Health runs several programs related to AOD. These programs span: harm reduction services, like the needle syringe program and the ACON Rovers; tailored resources and information for sexuality and gender diverse communities hosted on the AOD website [Pivot Point](#); and a substance support counselling service. For details, visit the ACON Health website: <https://www.acon.org.au>

### **ACON Pride Training**

<https://www.pridetraining.org.au>

### **AOD LGBTIQ inclusive guidelines for treatment providers**

<https://nada.org.au/resources/aod-lgbtiq-inclusive-guidelines-for-treatment-providers>

### **Pivot Point—community resources, assessment tools, and articles**

<https://pivotpoint.org.au>

### **Pride in Health + Wellbeing**

<http://www.prideinhealth.com.au>

### **TransHub**

<https://www.transhub.org.au>

### **The Gender Centre**

<https://gendercentre.org.au/about-us>

### **Pride in Health + Wellbeing**

<http://www.prideinhealth.com.au>

### **Health + Wellbeing Equality Index—free benchmarking tool**

<http://www.prideinhealth.com.au/index-benchmarking/about-hwei-benchmarking-index>

### **Leave no-one behind: FAQ on health and sexual diversity, an introduction to key concepts**

<https://www.who.int/gender-equity-rights/news/sexual-gender-diversity-faq.pdf>

### **Trans-affirming language guide**

[https://www.transhub.org.au/s/Trans-Affirming-Language-Guide\\_2020.pdf](https://www.transhub.org.au/s/Trans-Affirming-Language-Guide_2020.pdf)

[https://www.acon.org.au/wp-content/uploads/2017/11/External\\_Language-Guide-17396\\_print\\_V12A.pdf](https://www.acon.org.au/wp-content/uploads/2017/11/External_Language-Guide-17396_print_V12A.pdf)

### **LGBTQ clients in therapy**

<https://wnorton.com/books/LGBTQ-Clients-in-Therapy>

### **The Welcome Here Project**

<https://www.welcomehere.org.au>

**HIV/AIDS Legal Centre Inc. resources**

<http://halc.org.au/publications/guides-to-hiv-and-the-law/#sthash.MXvpAzFP.dpbs>

**LGBTIQ+ Health Australia**

<https://www.lgbtiqhealth.org.au>

**Australian GLBTIQ Multicultural Council**

<https://www.agmc.org.au>

**LOVE Project—Living older visibly and engaged**

<https://www.loveproject.org.au>





## 2.4 Older people

*'I've had people say to me "what you're 60 and still using, haven't you gotten over it, yet?" or people have said "you're too old to be doing this" and... things like that... Attitudes need to change and [people need] to understand that our drug using community is getting old' (Kevin, 60 years, shared his experiences and thoughts on how services can improve access and equity for older people).*

### Workforce development

#### Why it's important to have a skilled workforce

There is an ageing population of people who use drugs. There are varied important areas of need for ageing populations, such as the health needs of those on opioid treatment programs, the needs of those using pain and other medication, as well as the needs of those combining medication with AOD. There has also been an increase in drug-induced deaths among older people since 1999 (Australian Bureau of Statistics 2017 cited in Australian Institute of Health and Welfare 2021).

- The mixed age makeup of many AOD services can mean that the specific motivations for AOD use for older people are incorrectly assumed, which can be a barrier to accessing services for older people (NSW Health 2015, p.65).
- Consuming alcohol presents specific risks for older people and is connected to more than 60 diseases. A number of these are more likely to be experienced by older people, such as, 'cardiovascular disease, dementia, and various cancers' (Bareham et al. 2019).

### Service access

#### How to encourage people to engage with services

- Work to optimise the physical accessibility of AOD support services, to accommodate older people who have physical accessibility needs (NSW Health 2015, p. 65). See the section of our guide on disability for further information on how to do this.
- Display and provide health resources that target older people. AOD research shows that health promotion materials tend to be geared towards younger individuals, and that more effort needs to be invested in clearly communicating information to older people around topics like safe alcohol consumption (NSW Health 2015, p.3). Age-appropriate health resources can play an important role in changing attitudes and behaviours around AOD use.
- Further tips provided by AOD research on creating resources for older people include:
  - a) 'Use communication processes that rely on heuristics and intuition. These processes may be more effective than those that rely on large amounts of information processing and thinking' (WHO 2015a cited in Wilkinson 2018, p.80).
  - b) 'Trial positive messaging for older adults. Many older adults are motivated to avoid processing negative information. Emphasising gains to promote preventive behaviours... may be more effective in older adults' (WHO 2015a cited in Wilkinson 2018, p.80).
  - c) 'Manage emotional distress. Emotional distress can be both a catalyst for and a saboteur of change; hence, it needs to be managed successfully to encourage behavioural change and maintenance of that change' (WHO 2015a quoted in Wilkinson 2018, p.80).

## Retention

### How to support people to maintain/complete treatment

- Challenging ageism: ageism, both on the part of the person accessing therapy and the practitioner, is a barrier to a good therapeutic outcome. Ageist beliefs should be explored and challenged.
- Person centred care is essential. The role of a therapist, for instance, is to facilitate the resourcefulness of the person accessing therapy and to assist them to live well in the presence or absence of health difficulties.
- Cognitive style: consider factors such as cognitive style (for example, cohort influences and life-stage development) and cognitive change (such as dementia). Therapy, as one form of treatment for those accessing AOD services, may need to be adapted accordingly.
- Taking time: older adults may be uncomfortable discussing psychosocial issues, due to perceived stigma or shame. Health professionals can inadvertently create barriers through factors such as seeming to rush or not taking the time to listen.
- Cultural factors: consider that you may be from a different cultural background to the person accessing therapy. Remember that beliefs and attitudes can vary widely within a cultural group.
- Family support: involving family or other support people in the process is essential, particularly where they have a carer role. This may challenge accepted views of what constitutes a therapeutic relationship.
- Changing social structures: social challenges can be drastic and include changes in networks/social supports, loss of familiar roles, changes in family structure, relocation, and mobility issues. These mean older adults are more vulnerable to loneliness and social isolation.
- Pace and repetition: it is important to pay attention to each session's pace—within and across sessions (such as shorter timeframes, more repetition, more sessions, follow up and booster sessions).

All above points are from the resource 'Talking therapies for older adults: Best and promising practice guide for mental health and addiction services'. See the references section for more information.

## Outcomes

### How to support people to reduce potential harms associated with AOD use

- Recognising people's agency in AOD treatment is particularly important. As Kevin, a consumer stated, 'they're mature, they know what they want and can be set in their ways. They don't want to be treated like a young child being told what to do...It rubs people up the wrong way'.
- Workforce development and audit, ensuring AOD programs for older people are tailored to their needs.
- 'Understanding ageing specific issues, which include falls and falls risk; conducting cognitive screening and assessment; being able to engage older people using their own goals, which might include hospital avoidance or harm minimisation; and knowing how to engage, assess and provide services for clients who have cognitive... [disabilities]. Trauma informed care, and developing workforce capacity to identify and address separate elements such as pain and depression were further specific suggestions' (NSW Health 2015, p.66).

## Tailor AOD programs to older people's needs

- 'Be age-specific, supportive, non-confrontational, aim to build self-esteem and create a culture of respect.
- Address depression, loneliness, and loss (e.g., death of a spouse, retirement) and rebuilding social support networks.
- Be flexible and conducted at an appropriate pace.
- Involve families and carers.
- Involve staff members who are interested and experienced in working with older adults.
- Involve case management and create linkages with medical, ageing and referral services.
- Take a broad, holistic approach to treatment incorporating age-specific psychological, social, and health problems.

The above points are from 'Grey matters: Preventing and responding to alcohol and other drug problems among older Australians' by the National Centre for Education and Training on Addiction. See the references section for more information.

## Peer support for older people

Investigating and resourcing older peer support workers, where feasible, in your organisation. For instance, the Australian Injecting & Illicit Drug Users League (AIVL) made this recommendation in relation to, 'older opioid injectors to ensure access to relevant and timely information and self-empowerment approaches for individuals and networks' for older people who inject opioids' (AIVL 2011, p.35).

## Training available

AOD training relating to older LGBTQ people

Contact ACON Health at [pridetraining@acon.org.au](mailto:pridetraining@acon.org.au)

### Silver Rainbow: LGBTIQ+ aged care awareness training

Focusing on older people who are LGBTIQ+. This training is managed by LGBTIQ+ Health Australia and delivered collaboratively with Twenty10. Contact [education@lgbtiqhealth.org.au](mailto:education@lgbtiqhealth.org.au)

## Resources

### Australian Institute of Health and Welfare report on older people and AOD use

<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/older-people>

### Older gender and sexuality diverse people

'Older people' section of ACON Health's website: <https://www.acon.org.au/who-we-are-here-for/older-people>

### **The Love Project (Living older visibly and engaged) by ACON Health**

<https://www.loveproject.org.au>

### **Silver Rainbow: Ageing and aged care, LGBTIQ+ Health Australia**

[https://www.lgbtiqhealth.org.au/silver\\_rainbow](https://www.lgbtiqhealth.org.au/silver_rainbow)

### **Double jeopardy: Older people who inject opioids in Australia**

Discussion paper from the Australian Injecting and Illicit Drug Users League (AIVL). The paper primarily sets out to document the existence of a cohort of people who inject drugs aged 40 years or more in Australia, and to estimate the possible size of this group. It also aims to explore the experience of advancing age from the perspective of those who use drugs and to examine the interrelationship between ageing and illicit drug use. [Click here](#) [PDF] to access the report.

### **Working with older Aboriginal and Torres Strait Islander people**

This is a briefing prepared by Sharon Wall and the Koori Growing Old Well Study Project Team at Neuroscience Research Australia, in partnership with The Benevolent Society. It is accessible [here](#).

### **Supporting older people from culturally and linguistically diverse backgrounds**

A review of the current literature focusing on community care workers in their day- to-day work with older people from culturally and linguistically diverse backgrounds. Prepared in partnership with The Benevolent Society and the Social Policy Research Centre. [Click here](#) for the paper.

### **Review of Australian research on older people from culturally and linguistically diverse backgrounds**

It's a project funded by the Australian Government Department of Social Services, and is available [here](#) [PDF].

### **Supporting older people experiencing mental distress or health needs**

Overview of the literature on how those who work in the community aged care sector can support people who show signs of mental health needs. Prepared in partnership with The Benevolent Society and the National Ageing Research Institute. [Click here](#) for the paper.

### **Caring for older Australians**

The Productivity Commission has commissioned a report on caring for older Australians. The report is available [here](#).

### **Royal Commission into Aged Care Quality and Safety**

Final report: Care, dignity and respect is accessible [here](#).

### **Talking therapies for older adults: Best and promising practice guide for mental health and addiction services Guide** by Te Pou (2010), available [here](#) [PDF]

Finally, the Australian Institute of Gerontology has a comprehensive literature library on their website, which has a wealth of health resources about older people. It also provides a breakdown of information on specific areas relating to ageing, including: social and economic disadvantage, gender and sexuality diversity, and Aboriginal and Torres Strait Islander people. It can be found here: <https://www.aag.asn.au/education/aag-grey-literature-library>

## References

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- Australian Injecting and Illicit Drug Users League 2011. 'Double Jeopardy': Older injecting opioid users in Australia—AIVL Discussion Paper', viewed 25 May 2021, [https://nceta.flinders.edu.au/application/files/5915/0646/7770/AVIL\\_2011.pdf](https://nceta.flinders.edu.au/application/files/5915/0646/7770/AVIL_2011.pdf)
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- Te Pou 2010, 'Talking therapies for older Adults: Best and promising practice guide for mental health and addiction services'. Guide prepared by Te Pou o Te Whakaaro Nui in Auckland, New Zealand, viewed 21 May 2021, <https://www.tepou.co.nz/uploads/files/resource-assets/Talking-Therapies-for-Older-Adults.pdf>
- Wilkinson, C 2018, 'Older Australians: Trends and impacts of alcohol and other drug use'. Report prepared for the Australian Government, Department of Health, viewed 26 May 2021, <https://ndri.curtin.edu.au/ndri/media/documents/publications/T281.pdf>



## 2.5 People with disabilities

*'there's often skepticism from the outset in AOD settings when you're trying to deal with pain issues... If I've got to provide so much verification, then it starts everything off on the wrong foot. Because... you want these services to help you, and that does require mutual trust... I need to trust them, as much as they need to believe me. So often, by the time we start, I'm quite disenfranchised and despondent to the whole process'* (Alex shared his experiences of accessing and engaging in AOD services, as someone with a chronic pain issue)

### **Workforce development**

#### Why it's important to have a skilled workforce

- Working with people with disability means being conscious of not othering. This is part of anti-discriminatory practice and anti-oppressive practice.
- People with disability have often experienced prejudice, bigotry, silencing, abuse and neglect by service providers and health professionals. This has often caused immense trauma for disabled people. Be mindful that many disabled people have suffered at the hands of institutions and experienced violence by so called 'health care providers'. Thus, it is most important to understand this context when working with disabled people.
- Developing trust and rapport is vital in ensuring that disabled people feel supported and safe when accessing a service.
- Disability awareness training is encouraged and can be sourced via PWDA.
- Accreditation as a Disability Aware business can also be attained from the Australian Network on Disability.

### **Service access**

#### How to encourage clients to engage with services

- Ensure any information about the service is fully accessible. That is, print materials in Easy English and Braille, large print, telephone hearing loop and Auslan videos.
- Ensure the service is physically accessible—this includes ramps, handrails, and lifts if above one story. It also includes a green space being available nearby for service animals. Ensure lighting is suitable for vision impaired people, and that the environment is not over stimulating for people with Autism.

### **Retention**

#### How to support clients to maintain/complete treatment

- Try to ensure that the person does not become overwhelmed with the treatment plan. This is especially important when working with people with intellectual disability.
- Take a 'walking with' approach rather than a directive approach.



- Be aware of ‘gatekeepers’—these may be the disabled person’s carer, family members, guardians or support workers. Often these people ‘speak for’ disabled people or speak over them. Sometimes they assume a decision-making role.
- Support the disabled person to speak for themselves, to own their experience and journey for themselves, all as part of their personhood, will and preference.

## Outcomes

### How to support clients to reduce potential harms associated with AOD use

- People with disability have the same right to support and information about substances as any other citizen, as per Article 25: Health, of the Convention on the Rights of Persons with Disabilities (CRPD), which is an international human rights instrument ratified by the Australian government.
- Ensure information about harms is clear, concise and in an accessible format.
- Support the disabled person in their choice to be risk aware.

## Resources

### People with Disability Australia

People with Disabilities Australia (PWDA) is a leading disability rights, advocacy and representative organisation of and for all people with disability. PWDA are the only national, cross-disability organisation—they represent the interests of people with all kinds of disability. They are a non-profit, non government organisation. PWDA’s primary membership is made up of people with disability and organisations primarily constituted by people with disability.

PWDA is a national peak organisation and founding member of Disabled People’s Organisations Australia (DPO Australia), along with Women With Disabilities Australia, First Peoples Disability Network Australia, and National Ethnic Disability Alliance. Disabled Peoples Organisations (DPOs) are organisations that are led by, and constituted of, people with disability. The key purpose of DPO Australia is to promote, protect and advance the human rights and freedoms of people with disability in Australia, by working collaboratively on areas of shared interests, purposes, strategic priorities and opportunities. For more details click [here](#).

### Universal design

<https://universaldesignaustralia.net.au/easy-read-uncrpd>

### Working with autistic people

<https://autisticadvocacy.org/wp-content/uploads/2016/02/Easy-Read-OSF-4-CRPD-v3.pdf>

### Language guide

<https://pwd.org.au/resources/disability-info/language-guide>

### Social model of disability

<https://pwd.org.au/resources/disability-info/language-guide/whats-the-social-model-of-disability>

### **What is ableist language**

<https://pwd.org.au/resources/disability-info/language-guide/ableist-language>

### **Etiquette and people with disability**

<https://www.and.org.au/pages/etiquette.html>

### **Training resources**

<https://www.nds.org.au/events-and-training/all-events-and-training/working-with-people-with-disability-2737>

## **References**

Disability Discrimination Act 1992: <https://www.legislation.gov.au/Details/C2016C00763>

UNCRPD Article 25 Health: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-25-health.html>

Australian Human Rights Commission: <https://humanrights.gov.au>

## 3 Further resources and guidance

### 3.1 NADA and other AOD sector resources

See NADA's other access and equity related resources below. For a full range of our resources, visit [our website](#).

#### **Alcohol and other drugs treatment guidelines for working with Aboriginal and Torres Strait Islander people—in a non-Aboriginal setting**

Read this NADA resource [here](#).

#### **Access and equity research**

Read [this report](#), commissioned by NADA and written by the Centre for Social Research in Health, about improving access and equity in AOD settings.

#### **Language matters**

Check out [this guide](#) by NADA and NUAA, which gives examples of person centred, non-stigmatising language that can be used in relation those who consume AOD, and seek support for AOD use.

#### **AOD LGBTIQ inclusive guidelines for treatment providers**

[This guide](#), created by NADA, ACON Health and PHN, is a guideline on how to make AOD spaces more inclusive for LGBTIQ people.

#### **Consumer participation audit tool: User guide and tools**

NADA developed [this resource](#) to support members with gauging where they are currently situated in relation to consumer participation in service delivery, policy and program development, access and equity, and capacity building.

